Philippines

Global Health Initiative

Strategy Document

2012-2016

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LIST OF ANNEXES

List of Acronyms

AFP	Armed Forces of the Philippines
AFRIMS	Armed Forces Research Institute of Medical Sciences
AMTSL	Active management of the third stage of labor
ANC	Ante-natal Care
ARMM	Autonomous Region in Muslim Mindanao
BCC	behavior change communication
CBO	community-based organizations
CCT	conditional cash transfers
CDC	US Centers for Disease Control and Prevention
CHD	Center for Health Development (17 Regional DOH offices)
COMRELS	community relations
CPR	contraceptive prevalence rate
DOD	US Department of Defense
DOH	Department of Health
DOTS	Directly Observed Treatment Short-course
DST	drug susceptibility testing
DSWD	Philippines Department of Social Welfare and Development
ENC	essential newborn care
EQA	external quality assurance
FP	Family Planning
GHI	Global Health Initiative
GP	Guaranteed Child Health or *Garantisadong Pambata*
GPH	Government of the Philippines
IMR	infant mortality rate
IPC/C	inter- personal counseling / communication
JSOTF	Joint Special Operations Task Force
JUSMAG	Joint United States Military Assistance Group
LAPM	Long Acting and Permanent Method
LGU	Local Government Unit
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MDR	multiple drug resistant
MED-CAPs	Medical and Civic action programs
MMR	Maternal Mortality Ratio
NDHS	National Demographic Health Survey
NFP	Natural Family Planning
NSO	Philippine National Statistics Office
NTDs	Neglected and Tropical Diseases
NTP	National Tuberculosis Program
OR	Operations Research
ORT	Oral Rehydration Therapy
PDP	Philippine Development Plan
PGR	Population Growth Rate
PhilPACT	Philippines Plan of Action to Control TB
PNHA	Philippine National Health Accounts
RHUs	Rural Health Units
SBA	Skilled Birth Attendance

TB	Tuberculosis
TBAs	Traditional Birth Attendants
UHC	Universal Health Care
USG	United States Government
USVA	US Department of Veterans Affairs
WHO	World Health Organization
WRA	Women of Reproductive Age

I. Global Health Initiative Vision

The goal of the USG in the Philippines is to contribute towards sustained, broad-based and inclusive economic growth, making the Philippines a more stable, prosperous and well-governed nation. Recognizing that the health status of Filipinos has implications for all components of the nation's development trajectory, including economic growth, transparent and accountable government, and peace and stability, health is a key component of the USG development assistance portfolio valued at approximately US$30 million per year. The vision of the Global Health Initiative (GHI) in the Philippines is improved health of Filipino families through increased access to and use of high-quality essential services in maternal and child health (MCH), family planning (FP), and tuberculosis (TB).

The GHI Strategy in the Philippines is part of the U.S. Mission's "whole-of-government" approach using development, diplomacy and defense, and in itself represents a whole-of-government health strategy. The GHI Strategy was developed with inputs from an interagency team including United States Agency for International Development (USAID) as the lead planning agency, the Department of Defense (DOD), Veteran's Affairs (VA), and Department of State offices including the Health Unit; the Public Affairs Section; and the Economic Section.

The GHI Goal for the Philippines will be achieved with concentrated efforts in three interrelated focus areas that address supply, demand and health policies and systems, as follows:

- **Improve the supply of integrated family health services**, including the availability and quality of public and private sector services.
- **Strengthen demand for essential health services** including the adoption of healthy behaviors within the home and appropriate care-seeking behavior for available health services.
- **Improve policies and health systems** focusing on removing policy and systems barriers to improved supply and demand for services.

Goals of the Government of the Philippines under its Philippines Development Plan (PDP) for 2011-2016:

- ***Increase contraceptive prevalence rate (for all methods) from 51 percent in 2008 to 63 in 2015***
- ***Reduce total fertility rate from 3.3 in 2008 to 2.96 in 2015***
- ***Reduce under five mortality rate from 34 per 1,000 live births in 2008 to 25.5 in 2016***
- ***Reduce maternal mortality ratio from 162 per 100,000 live births in 2006 to 50 in 2016***
- ***Reduce TB prevalence per 100,000 population from 486 in 2008 to 387 in 2016***

By systematically applying the GHI principles in these three focus areas, the USG aims to accelerate progress towards helping the Philippines achieve its Millennium Development Goals and targets in its Philippine Development Plan for 2011-2016 in FP, MCH, and TB (see box). The GHI Strategy supports GPH's goals of increasing the contraceptive prevalence rate, reducing maternal and child mortality, and controlling tuberculosis. These areas (FP, MCH, and TB) represent key public health priorities in the country and comprise over 90 percent of USG funding for health in the Philippines. Integrating FP as a standard part of good health care for women, a key feature of the Philippines' GHI Strategy, will stimulate progress toward reaching a number of targets including reduction of high-risk births, bringing down the maternal mortality ratio (MMR) more quickly, reduction of neonatal deaths that follow maternal deaths, and reduction of the population growth rate, a key government objective for economic growth and poverty reduction.

II. GHI Partner Country Priorities and Context

Health Overview: The country's health status is best summarized in the progress towards the Millennium Development Goals (MDGs). While the Philippines is on target for most of the MDGs, it lags behind in terms of reaching the maternal mortality ratio (MMR). The decline in neonatal mortality has also been very slow. The MMR and infant mortality rate (IMR) were still at 95 to 163 per 100,000 live births in 2010, and 25 per 1,000 live births in 2008 (National Statistics Office, 2008) as against the MDG targets of 52 and 19, respectively. The vast majority of maternal deaths are caused by hemorrhage, hypertensive diseases, sepsis, obstructed labor, and problems related to abortion (WHO, 2008) and over two-thirds of child deaths are due to pneumonia, diarrhea, and malaria. Full immunization coverage is at 80 percent (or 70 percent within 12 months) while adherence to exclusive breastfeeding for children up to six months is a low 23 percent (2008 NDHS).

For infectious diseases, the target for TB case detection rate has been met. However, even if the Philippines meets its MDG target for TB, the disease burden remains unconscionably high (the country ranked 9th worldwide in terms of composite TB burden in 2003) and the specter of multiple drug resistant (MDR) TB has increased. The prevalence of HIV and AIDS remains below 1 percent of total population, although the number of new HIV cases has been increasing annually. In the area of nutrition, underweight, stunting, wasting, and adult obesity continue to be serious problems including over a quarter of pregnant women who are nutritionally at-risk. Micronutrient deficiencies remain a public health concern, especially among young children and pregnant women. As in previous years, most of the ten leading causes of morbidity in 2008 were infectious diseases; in contrast, the leading causes of mortality in the country have mainly been non-infectious diseases. There remains a wide variance in the outcomes and program performance of priority health programs, due to demand side problems related to health care access especially by the poor, such as geographical barriers, financial constraints, and limited information on family health risks. The Autonomous Region in Muslim Mindanao (ARMM), for example, has historically shown the weakest health indicators in the country, standing today at only roughly 30 to 50 percent of national accomplishments. In health care financing, the 2007 Philippine National Health Accounts (PNHA) revealed that 54 percent of total health expenditures comprise out-of-pocket expenses, with only nine percent from social health insurance. The deterioration and poor quality of many government health facilities, which is particularly disadvantageous to the poor, is due to backlogs in upgrading of existing facilities; and the inability of public health facilities to meet demands from an increasing population base.

The current population growth rate (PGR) of 2.04 percent remains high with 1.8 million Filipinos added every year. The actual fertility rate of 3.3 children is one child more than the desired fertility rate of 2.4. The biggest difference between the actual and wanted fertility is most evident among women with lower education and income. Based on the 2008 NDHS, the country's total contraceptive prevalence rate (CPR) was 51 percent with a 34 percent CPR for modern methods. It is a source of concern that the level of unmet need has increased from 17 percent in 2003 to 22 percent in 2008. This large unmet need contributes to the persistence of a high maternal mortality ratio.

Although the Department of Health (DOH) continues to implement health systems reforms, more effective mechanisms are needed to further enhance the existing health systems. Areas needing improvement include health financing and health information system including research to ensure that policies and programs are based on evidence and limited resources are used effectively and efficiently.

Challenges to Achieving Country Priorities

A. Large unmet need for family planning

The 2008 NDHS estimates that as many as 5.3 million women of reproductive age have an unmet need for family planning. However, to be able to reach men and women with family planning (FP) information, services, and commodities, the following constraints need to be addressed:

- **Fears and myths about FP.** About 21 percent of women with unmet need expressed health concerns, while 14 percent of the same group expressed fear of side effects, as major reasons for non-use of FP. Unfounded fears, myths and misconceptions about FP persist.
- **Unattended need of young people.** Based on the 2008 Demographic Health Survey (DHS), 15 percent of women of reproductive age group are 15-24 years old, 27 percent of whom have unmet need for FP. Many adolescent boys and girls do not have adequate understanding of the risks of early and unintended pregnancy, and are not informed of available FP services.
- **Inadequate providers, provider training, and supervision.** Provider training and supervision is inadequate across the board.
- **Neglect for LAPM and NFP services.** The number of providers for long-acting and permanent methods (LAPM) and natural family planning (NFP) is particularly low. There is a need for a better functioning referral network for both LAPM and NFP.
- **Unstable FP supply.** FP financing was made a responsibility of local government units (LGUs). While some LGUs have adopted contraceptive self-reliance approaches, some localities have not, and in these LGUs, FP commodities are not readily available. The DOH now has funds for FP commodities and most of the DOH's 17 Regional Offices are purchasing FP commodities for those LGUs that are not able to purchase. In addition, they will receive donated commodities from UNFPA. However, they need assistance with the supply chain, including forecasting, distribution and supply management.
- **Missed opportunities.** Service providers and community volunteers do not include FP as a matter of course in their dealings with patients both in the facility and community settings. Strong bias of some sectors against artificial contraceptives contributes to the reluctance of some providers to promote FP.
- **Socio-economic constraints.** Unmet need is highest among women in the lowest economic quintiles due lack of financial and geographic access to services.

B. Large unmet need for MCH services

Six out of every ten births are delivered at home and four out of every ten deliveries in the Philippines continue to be assisted by non-skilled health professionals. The challenges that need to be addressed to improve the maternal and child health indicators include:

- **Socio-economic constraints to facility-based delivery.** The cost of transportation, medicine and other out-of-pocket expenses prevent women from giving birth in facilities. Other reasons why women do not deliver at the facility include preference for female providers, and not being able to get spousal consent.

- **Practice of home deliveries and use of traditional birth attendants (TBAs).** The participation of TBAs in promoting facility-based birthing and referring of pregnant women to health professionals needs to be promoted through the participation of TBAs in community health teams.

- **Poor health-seeking behavior of mothers and care-givers of under-5 children.** Around 20 to 25 percent of children do not receive the complete immunization package and vitamin A supplementation (2008 NDHS), despite these services being free and available all year-round in public health facilities. 2010 immunization coverage data indicate DTP3 coverage of 79% and first dose measles coverage of 80%, threatening the achievement of measles elimination in 2012. The 2012 hepatitis B control milestone of <2% chronic infection among 5-year old children will not be met due to low coverage with three doses of hepatitis B vaccine (77%) and a timely hepatitis B birth dose (37%). Child diarrhea and pneumonia continue to be among the top causes of under-5 mortality. These indicate lack of information among mothers and caregivers of under-5 children on the benefits and availability of immunization and supplementation to under-5 children and not having the motivation or understanding the urgency of seeking early treatment.

- **Poor quality of skilled birth attendance (SBA) and low adoption of the Essential Newborn Care (ENC) protocol.** Skills of midwives on active management of the third stage of labor (AMTSL), administration of life-saving drugs, and the DOH essential newborn care protocol need to be strengthened.

- **Limited promotion of breastfeeding.** Data indicates lack of support for breastfeeding by many skilled professionals and health facilities as compared to TBAs. Only 54 percent of newborns were started on breastfeeding within one hour of birth and only 23 percent of infants were exclusively breastfed in the first six months.

C. Large Residual TB Disease Burden and Rising Incidence of MDR TB

The priority of the DOH is to move towards increasing access, sustaining the improvements that have been made in the Directly Observed Treatment Short-course (DOTS) program, and reducing geographic variations in detection and treatment. Constraints that need to be addressed include:

- **Low awareness and stigma about TB.** There continues to be widespread misconceptions about the modes of transmission and causes of TB. In addition, TB is often perceived as a poor person's disease, and this often dissuades patients from seeking care.

- **Preference of patients for private providers.** Patients seek care in private clinics and pharmacies as a first point of contact, but these private providers often do not have staff with the proper training to diagnose and treat TB. Patients outside the reach of DOTS facilities also tend to self-medicate, as anti-TB medicines are poorly regulated and can be easily obtained in pharmacies.

- **Problems of drug compliance among certain TB patients.** A looming issue is the increasing drug resistance in TB treatment. There were an estimated 13,000 cases of MDR TB in 2008, making the Philippines one of the top MDR TB burden countries in the world. Intermittent and discontinuous use of TB drugs caused by limited reach of existing community support groups for TB, high cost of TB drugs if obtained outside of the public sector system, limited number of treatment partners, or poor motivation among clients engender increased incidence of MDR TB.

- **Lack of access to quality DOTS services.** Access problems include geographical distance to DOTS providers, lack of trained personnel who can appropriately manage the patients, lack of trained microscopists who can perform direct sputum microscopy and inadequate and erratic

supply of TB drugs and reagents. Problems in accessing TB Diagnostic Committees delay diagnosis confirmation and treatment of the patient.

- **Limited capacity in high-prevalence regions (such as ARMM) to manage TB programs.** Internal capacity of the Regional/Provincial Health offices to provide technical assistance to rural health units (RHUs) and other DOTS facilities is variable; thus provision of TB services is still limited in many areas, especially in remote islands, in areas with security concerns, in urban poor areas and among vulnerable groups such as children, prisoners and those with HIV/AIDS.

- **Delayed diagnosis and treatment of MDR TB cases.** Traditional techniques in diagnosing MDR TB, which involve conventional culture and drug susceptibility testing (DST), requires at least four months to be completed. This results in the delay in confirmatory diagnosis and the initiation of treatment of patients.

Strengths and Opportunities for Achieving Country Priorities

Despite the many challenges, opportunities that can provide an enabling environment for achieving country priorities and GHI goals include:

- **Positive political commitment and momentum.** The political commitment and support for attaining the MDGs has never been stronger than it is under the current administration. President Aquino has clearly voiced support for meeting the MDG targets, addressing inequalities in accessing health services, and supporting free and informed choice in FP. He also committed to providing conditional cash transfers (CCT) to the five million poorest households in the Philippines, linking them with essential health services and enrolling them in the health insurance program of the government. The Universal Health Care (UHC) initiative, the DOH's flagship program, specifically focuses on reaching the poorest, most disadvantaged populations and areas in the country.

- **New protocol and commitment to scale-up ENC.** The DOH launched its evidence-based ENC protocol in late 2009 that has shown a 50 percent reduction in newborn mortality in pilot sites. Though still unknown to many health service providers, the new protocol, called "The First Embrace," comprises a complete package of policies and training materials that can be rapidly scaled up.

- **Maternal Neonatal Child Health and Nutrition (MNCHN) Strategy.** In 2008, recognizing the slow decline in both MMR and NMR, and hoping to meet the MDG 4 and 5 targets by 2015, the DOH declared that universal access to a standard maternal and newborn health service package is a basic right of all women of reproductive age and updated the standards of care to meet WHO global standards using an integrated package of MCH services that included FP.

- **Strong support for a Child Health Strategy** – The Garantisadong Pambata (Guaranteed Child Health or GP) is a multi-sectoral child health information and services strategy for 0-14 year olds, focused on under-five children, launched by the DOH in 2010. The GP is a platform for improving health-seeking behavior and empowering families to practice healthy behaviors at the household level including healthy birth spacing.

- **Philippines Plan of Action to Control TB (PhilPACT)** is a five-year, evidenced-based government strategy and action plan to address tuberculosis.

Alignment of USG Programs and the application of GHI Principles and Government of the Philippines (GPH) Priorities

Attaining health-related MDGs, particularly on reduction of maternal mortality ratio and neonatal mortality rate; increasing access to family planning services; and reducing the TB burden are clearly common priorities between the Government of the Philippines and the USG. The achievement of the above priorities will be enhanced and accelerated through the application of the GHI principles as discussed below:

Focus on women, girls and gender equality: A core objective of GHI is to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities. Improving women's health also benefits the social and economic development of families, communities and nations. Gender assessments by USAID/Philippines and other donors have identified several persistent gender issues in the country. Major gender issues in health are the low involvement of men in family planning and gender inequality in household/family decision-making when it comes to health. Men's higher earnings generally translate to men often having the decision-making power in the family, including decisions on health-related concerns. Another significant gender issue is that many young people do not have adequate understanding of the risks of early and unintended pregnancy, and do not have access to family planning information and services. To address these gender issues, the USG will:

- Ensure the integration of gender and development considerations in USG-assisted projects and activities. The preparation of the Gender Plan of Action guided by the USAID gender guidance will be compliant with GPH's Harmonized Gender and Development Guidelines.

- Support the design of communication materials that will educate men and women (especially the socially and economically disadvantaged), the youth, as well as adolescent boys and girls to make informed decisions about reproductive health and family planning, when appropriate. Gender-sensitive messages that address men and women, the youth, and adolescent boys and girls shall be developed and disseminated.

- Ensure that health care providers' trainings include gender awareness and sensitivity particularly on how women's level of education, socio-economic status and cultural context affects their view on FP use. Availability of female health providers will be promoted especially in Muslim areas and resource poor communities.

- Advocate for the provision of appropriate high quality reproductive health services for adolescents as a component of the primary health care system.

Enhancing country ownership and investing in country led-plans: The U.S. is committed to aligning GHI investments with partner country plans and strategies and to engage with the host country officials and other key stakeholders in planning and carrying out development assistance. Specifically,

- GHI Philippines will invest in DOH evidenced-based plans and strategies. Specifically, the USG will support the scale-up and operationalization of the Department of Health's primary strategies for MCH and TB including: the new protocol on Essential Newborn Care (ENC); the Maternal, Neonatal, Child Health and Nutrition (MNCHN) Strategy; Child Health Strategy (Garantisadong Pambata), and the Philippine Plan of Action to Control TB (PhilPACT).

- The USG will continue to participate in the GPH-led Philippine Development Forum (specifically the working group on health) and DOH-led Health Development Partners Forum. Key health stakeholders, including the private sector, civil society, and bilateral and multilateral donors participate in the forum. The Department of Health coordinates donor inputs through a Sector Development Approach for Health (SDAH).

Strengthening and leveraging other efforts: Another key principle of GHI is to strengthen and leverage key multilateral organizations and global health partnerships. Global health partnerships engage and collaborate with civil society and the private sector, increasing access to resources for those in need. GHI in the Philippines will work closely with bilateral and multilateral partners as well as the Global Fund, the private sector, and Filipino corporate foundations to achieve GHI targets. To leverage non-USG resources for health, the USG will collaborate with bilateral and multilateral donors.

- Bilateral: Under a Memorandum of Agreement (MOU), USAID coordinates with JICA to improve MCH services in Eastern Visayas and with the AusAID-funded joint UN-DOH program on maternal and newborn death reduction. Areas of collaboration with the private sector will include continuing to expand the market for low-cost contraceptives and capacitating private midwives and health facilities to provide FP supplies and services.

- Multilateral: USAID coordinates with the World Bank on increasing the effectiveness of the National Health Insurance Program (Philhealth) which ensures that poor women and children have access to services. USG will continue to collaborate with the Global Fund on TB. The USG sits on the country coordination mechanism (CCM) of the Global Fund as well as the in-country technical working group for tuberculosis. GHI efforts will be coordinated with the Global Fund to maximize the provision of quality DOTS services, public-private mix DOTs, advocacy and social mobilization, MDT-TB, and TB laboratory strengthening. USAID also collaborates with UNFPA in identifying and targeting the poor who will be the beneficiaries of UNFPA donated commodities and services, and with WHO and UNICEF on promoting essential intrapartum and newborn care.

Increasing impact through strategic coordination and integration: Coordinating and integrating the delivery of health interventions is essential for achieving sustained improvements in health. Through GHI, the USG will support the delivery of integrated primary health care and prevention services, and promote joint programming and strategic coordination among USG agencies, various donor agencies, and government counterparts at all levels. Specifically, the USG will:

- Support the integration of family planning services into highly utilized maternal and child health care services like antenatal care and immunization. This will help address the vast unmet demand for family planning by offering FP services through facility- and community-based workers who provide child health, nutrition and immunization services. Successful FP-MCH integration interventions will be scaled-up using a client centered approach at the facility level and appropriate mechanisms like Community Health Teams (CHTs).

- Increase integration and coordination among USG agencies, including the Department of Defense. For example, USAID and DOD will coordinate on Medical and Civic Action Programs (MedCAPs) to reach remote areas with services and to contribute to the provincial level health targets.

Building sustainability through health systems strengthening: Under the GHI Strategy, the USG will support the Department of Health's Universal Health Care program to ensure that Filipinos, especially the poor, can access affordable health services; as well as strengthen service delivery and health information systems. To help improve and sustain health systems, the USG will:

- Improve the capacity of the DOH and LGUs to access and effectively utilize resources for health; provide technical assistance to advocate for increased health funding that will be effectively allocated and utilized to improve the financial protection of the poor and vulnerable sectors; and assist the National Health Insurance Program to improve coverage and utilization of health benefits.

- Support the generation of accurate and timely information and feedback on performance through provision of technical assistance on improving quality of data in support of program planning and decision-making.

- Continue to strengthen the decentralized health care system in mobilization of the private sector. Help build the capacity of local governments to strengthen public stewardship of the private sector and establish and evaluate their own public-private partnerships. In support of the decentralized healthcare system in the country, the bulk of USG programming in the Philippines is designed to build capacity at the provincial and local levels.

Promote learning and accountability through monitoring and evaluation: Under the GHI Strategy, the USG will promote learning and accountability through the conduct of more frequent national health surveys and high quality program evaluations, and by strengthening selected data from the Department of Health Field Health Service Information System (FHSIS) to track progress of health indicators and promote data-driven decision-making.

Innovations: A great majority of service providers in the Philippines, particularly midwives, have not been trained in new technologies practiced worldwide to save lives of mothers and children. Under the GHI Strategy, midwives will be trained in innovations like active management of the third stage of labor (AMTSL) and the use of Uniject to administer life-saving drugs. The use of zinc in the management of diarrhea will continue to be promoted. The use of cell-phone based technologies will be explored to improve health communications, care-seeking behavior, and referral systems. Implementation of innovations will be systematically studied and lessons as well as best practices appropriately documented. AFRIMS will continue conducting vaccine trials and building research laboratory capacity at select sites.

Current USG Health Programs

- USG has a long and successful history of working in the health sector in the Philippines. It is a trusted development partner of the GPH and recognized as a leader in the donor community. While USAID is the largest contributor to the GHI Strategy in the Philippines, several other USG agencies play a role in the health sector in the country.

- USAID program funds are obligated through projects that provide technical assistance to the DOH and local government units (LGU) at all levels. Assistance is provided to improve public health systems governance, particularly in the areas of financing, health information management, and health policy development at the national and LGU levels, including the ARMM; strengthen behavior change communications (BCC); and build the capacity of the private sector. USAID supports integrated MCH/FP/TB programs in the private sector through

improved access to services and information, support for private sector midwifery clinics, and work with local pharmaceutical companies to expand access to low-cost FP commodities and other key MCH commodities such as oral rehydration therapy (ORT) and zinc. USAID works within 5-year bilateral agreements with the DOH on FP, TB, MCH, HIV/AIDS and neglected and tropical diseases (NTDs).

- The Department of Defense (DOD) funds three different mechanisms conducting health related activities in the Philippines. DOD's main counterpart is the Armed Forces of the Philippines (AFP).

    - The Joint United States Military Assistance Group (JUSMAG) conducts several health related activities through joint military exercises such as *Balikatan*. The primary health activity is the Medical Civic Action Program (MEDCAP), which provides basic medical care to local communities. When planning operations, JUSMAG coordinates with USAID, AFP and DOH to decide where clinical services are needed.
    - The Joint Special Operations Task Force – Philippines (JSOTF-P) operates solely in Mindanao. JSOTF-P has conducted MEDCAPs in the past, but is shifting towards seminars which help *barangay* health workers attend training provided by USAID projects and the Provincial Health Offices on topics determined in consultation with the LGU-DOH. JSOTF-P has also supported some clinic construction and renovation as part of its humanitarian assistance efforts. When planning its activities, JSOTF-P coordinates with the AFP, LGUs and USAID to identify community needs.
    - The Armed Forces Research Institute of Medical Sciences (AFRIMS) develops medical products, epidemiologic studies, as well as research and clinical trials. It provides laboratory equipment, supplies and training with an aim to hand over to GPH counterparts. AFRIMS conducts electronic disease surveillance through regional DOH epidemiology offices. AFRIMS and USAID have begun dialog to better understand each other's in data management to determine how they can complement each other.
    - The DOD supports health activities in the ARMM. These activities are important components of the USG's 3D approach (diplomacy, development, and defense) to combating terrorism, and promoting peace and stability in conflict-affected areas like the ARMM. The 3D strategy includes opportunities to synchronize security and development efforts, health included, to achieve transformational change.

- The US Department of Veterans Affairs (USVA) in Philippines manages a grant-in-aid program to the Veterans Memorial Medical Center (VMMC) of the Philippines in Manila, which serves Filipino veterans and their families and is open to the general public.

- Peace Corps – Over 200 Peace Corps Volunteers are currently in the Philippines working in the areas of education, youth and family development, and costal resource management across the country. USAID/Philippines have collaborated with Peace Corps by providing funding for volunteers to implement small-scale HIV/AIDS education and awareness outreach activities in their communities. Volunteers and their host counterparts have been trained in basic HIV/AIDS information and were provided micro-grants to carry out education-related activities at their sites. In FY 2012 and beyond, programming will cover maternal and child health.

- Centers for Disease Control and Prevention (CDC) – Five U.S. CDC staff are seconded to WHO's Western Pacific Regional Office based in the Philippines. They focus on measles elimination and accelerating rubella control, hepatitis B control, new vaccine introduction and infectious disease surveillance and control, covering 37 countries and areas in the Asia Pacific region.

- The Millennium Challenge Corporation (MCC) - MCC has a $434 million compact with the Government of Republic of the Philippines aimed at reducing poverty through economic growth. A portion of the program seeks to improve lives in rural areas by targeting communities where poverty exceeds the national average for small-scale, community-driven development projects, some of which may involve health.

III. GHI Objectives, Program Structure and Implementation

USG/Philippines through its GHI Strategy will support the Department of Health (DOH) and the private sector to help the Philippines achieve its Millennium Development Goals (MDGs) for health. The Strategy aims to accelerate progress toward helping the Philippines achieve its Millennium Development Goals under two programmatic areas: Maternal and Child Health (MCH) including family planning (FP), and Tuberculosis (TB). Under the proposed GHI Strategy, the USG will support interventions under the following three interrelated focus areas:

- **Improve the supply of integrated family health services** including the availability and quality of public sector services and selective expansion of the private sector as primary care supplier.

- **Strengthen demand for essential health services** through encouraging adoption of appropriate healthy behaviors within families and appropriate care-seeking behavior for available health services. This includes better inter-personal communication and counseling (IPC/C), expanded use of mass media, and re-energized approach to communication mobilization, and expanded advocacy efforts.

- **Improve policies and health systems** with emphasis on removing policy and systems barriers to improved supply and demand for services.

The USG, in collaboration with the Government of the Philippines and other development partners, expects to contribute to the achievement of the GHI global targets on increasing modern contraceptive prevalence rate, reduction of under-five and maternal mortality rates, and reduction of the disease burden of TB in the Philippines. Specifically, the GHI Strategy will directly contribute to the achievement of the following indicators:

- Increase modern contraceptive prevalence rate (CPR) at national level from 34 % in 2008 to 42% in 2016
- Reduce unmet need for FP at national level from 22% in 2008 to 14% in 2016
- Increase percent of deliveries assisted by skilled birth attendants in USG-assisted programs from 62 % in 2008 to 70% in 2016
- Increase percent of facility-based deliveries in USG-assisted sites from 44% in 2008 to 60% in 2016
- Increase percent of pregnant women receiving at least four antenatal consultations (ANC) in USG-assisted sites from 74% in 2008 to 90% in 2016
- Increase percent of infants exclusively breastfed in the first six months in USG-assisted sites from 23% in 2008 to 30% in 2016
- Increase percent of under-five children with diarrhea treated with ORT in USG-assisted sites from 59% in 2008 to 70% in 2016
- Reduce TB prevalence in USG-assisted sites from 520/100,000 population in 2010 to 501/100,000 population in 2016
- Increase TB cure rate in USG-assisted sites from 83 percent in 2010 to 89 percent in 2016

- Increase TB case detection rate in USG-assisted sites from 73 percent in 2010 to 79 percent in 2016.

Geographically, the USG will expand its coverage to provinces with high unmet need for family planning and maternal and child health services, and TB prevention and management. These are also provinces with elevated levels of poverty and a high number of families enrolled in the government's conditional cash transfer (CCT) program. These populations have the least access to health information and services.

Integrated Maternal and Child Health and Family Planning

The GHI Strategy is aligned with the DOH's National Objectives for Health and MNCHN Strategy that aims to decrease the morbidity and mortality of mothers, newborns and children and increase modern contraceptive prevalence rate with a focus on the most vulnerable families. The GHI Strategy supports the scaling-up of internationally accepted best practices and high impact interventions in FP and MCH and the strategic integration of FP in the delivery of maternal and child health information and services. Local experience demonstrates that it is possible and accepted to integrate FP counseling and services into maternal and child health and that integration reduces unmet need for family planning. The value, vision and adoption of global standards by the DOH in maternal and newborn care are excellent. However, there are significant gaps and challenges in the implementation of the standards that need to be addressed. The lack of updated skills among midwives is one of the greatest impediments to improved maternal and neonatal care. In many instances, proven low-cost practices to improve maternal and newborn care are not routinely used. GHI/Philippines has only a small budget for maternal and child health, so it will focus on a limited set of interventions. Child mortality in the Philippines has dropped more sharply than maternal or neonatal mortality, declining from 40 to 34 deaths per 1,000 between 2003 and 2008. Given the improvement in child mortality, USAID/P will use its limited MCH funds primarily for maternal and neonatal activities. Activities for non-neonatal children will focus on improving mothers' health-seeking behaviors for under-five children, particularly through the community health teams. A logic model for reducing maternal and child health mortality as well as the high unmet need for family planning under the GHI Strategy is shown on page 15. As indicated in the framework, the USG will support interventions under the following three focus areas:

1. Increasing the supply of high quality MCH and FP services
2. Increasing the demand for MCH and FP services
3. Improving policies and health systems for MCH and FP services

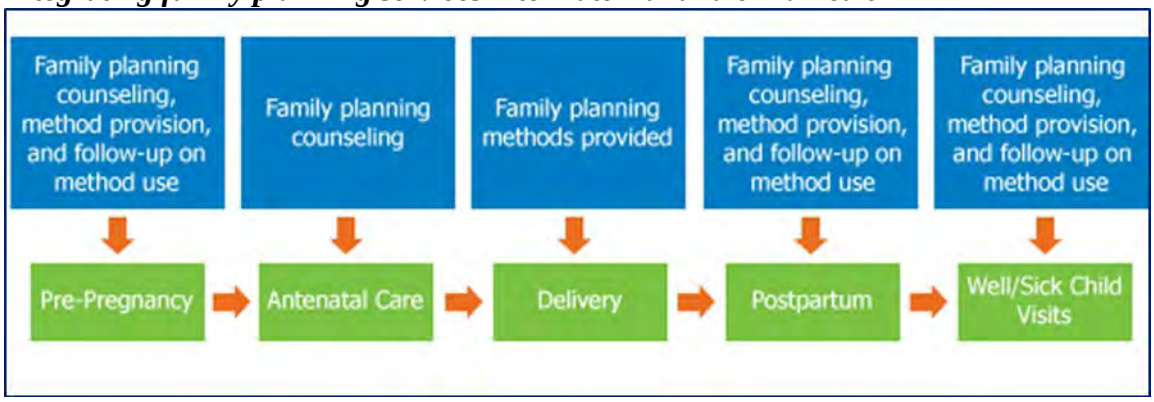
Increasing the Supply of High Quality MCH and FP Services

The utilization of MCH services in the Philippines is already relatively high, but there are many remaining missed opportunities for improving the quality and content of interventions. Moreover, there is a continuing large unmet need for FP which is not being adequately supplied. The previous GPH Administration's ambivalent posture on FP slowed down the supply of FP services, especially in the public sector. With the current administration, a more receptive enabling environment for larger-scale FP interventions has been established. Also, a strong maternal, newborn, child health and nutrition (MNCHN) policy that includes family planning is already in-place. With this much-improved climate for FP and MCH, the GHI Strategy will focus on increasing the availability of high quality and strategically integrated maternal, neonatal, and child health care services including family planning.

The USG will improve the capacity of midwives to provide high quality MCH services, increase the provision of family planning services, strengthen supportive supervision for the provision of MCH services including family planning, and support the scale up of strategic integration of FP and MCH. To help increase the supply of high quality MCH and FP services, the USG will:

- Enhance the skills of midwives to provide emergency obstetric care and essential newborn care.
- Scale-up the use of existing ENC protocol through classroom, internet, on-the-job training, and community dissemination.
- Support the scale up of innovative mechanisms and tools (e.g., AMTSL, Uniject for oxytocin) to improve life saving measures during skilled birth attendance.
- Expand the training on neonatal resuscitation and its appropriate application
- Establish service delivery networks to address the delays in the referral process (e.g., communication, transportation, provider incentives).
- Improve the quality of antenatal care through the provision of more services such as Vitamin A, and iron folate.
- Provide in-service training for new midwives on basic FP and make training for providers on post-partum contraceptive methods available on-site.
- Support ambulatory FP services that will deploy itinerant teams providing long-acting and permanent (LAPM) FP methods.
- Expand access to natural family planning (NFP) methods such as the standard days method (SDM), the two-day method (TDM), and LAM.
- Expand access to natural family planning (NFP) methods; in particular, promote cycle beads.
- Expand availability of low-cost private sector contraceptives through community-based outlets.
- Expand availability of private midwife-based clinics for working men and women.
- Support the design and implementation of innovative FP and reproductive health activities for men and adolescents.
- Provide training and appropriate tools on supportive supervision to health managers to reinforce on-the-job learning skills' enhancement of service providers.
- Scale-up the integration of FP and MCH services targeting women during prenatal, post-partum, and well-child visits following the integration model below.

Integrating family planning services into maternal and child health



Source: Karin Ringheim, "Integrating Family Planning and Maternal and Child Health Services: History Reveals a Winning Combination," Population Reference Bureau (2011).

Increasing the Demand for MCH and FP Services

The current practice for home deliveries and utilization of the services of traditional birth attendants remain unacceptably high. Poor health seeking behavior of mothers and caregivers of under-five children persists, resulting in the relatively low uptake of some basic child care services despite these services being free and available all year-round in public health facilities. Fully one-third of the women who do not use family planning make this decision because they have health concerns or fear of side-effects from contraceptives (2008 NDHS). Working with the DOH, LGUs, other development partners, the private sector, and communities, the USG will support an aggressive campaign to provide credible and accurate information and appropriate health messages on maternal, newborn, and child health care; nutrition; and family planning to men and women and other decision makers in the family through a variety of channels. Service providers will be educated about the positive health benefits of breastfeeding, spacing births, and about the dangers of high-risk births to both mothers and children, so that providers will be comfortable about incorporating FP as a routine part of good health care. The USG will support the scale-up of high quality MCH and FP counseling and strategic use of mass media for promotion of healthy MCH practices including FP; improve service providers' attitudes towards family planning, and minimize missed opportunities for FP promotion; design and support FP/RH communication programs for adolescents and males, and strengthen community mobilization and advocacy efforts. Towards this end, the USG will:

- Support the improvement of the content and quality of antenatal and post-partum counseling, capitalizing on the already high antenatal care visits in the Philippines.
- Scale-up one-on-one and group counseling sessions and conduct of health classes for increased uptake of birth planning, deliveries assisted by skilled birth attendants, deliveries in facilities, essential newborn care, and post-partum family planning.
- Promote healthy maternal and child care practices through mass media approaches including skilled birth attendance during delivery, exclusive breastfeeding for six months and encouraging continued breastfeeding up to two years and beyond.
- Improve health-seeking behavior among caregivers of under-five children to increase the uptake of basic child health care services like immunization and Vitamin A supplementation.
- Develop and disseminate child health messages on key child health interventions such ORT and zinc for diarrhea prevention and management; and early detection and treatment of pneumonia.
- Educate providers and volunteers about the health benefits of birth spacing and about the dangers of high-risk births to both mothers and children, so that providers and volunteers will be comfortable about incorporating FP as a routine part of good health care.

- Scale-up training on high-quality interpersonal counseling and communications (IPC/C) among providers and volunteers so that they are able to respond better to specific FP/RH needs of their clients.
- Strengthen supportive supervision of health managers to reinforce positive attitudes on family planning and its routine inclusion in facility-based and community level promotion.
- Promote adequate understanding of the risks of early and unintended pregnancy and information on available FP/RH services among adolescent boys and girls.
- Support innovative approaches to provide appropriate health information and services to men and enhance their involvement in maternal and child care including family planning.
- Support the training and mobilization of community health teams (CHTs) and other community-level volunteers for promotion of healthy behaviors and dissemination of health messages.

Improving Policies and Health Systems for MCH and FP Services

To improve the systems, policy and regulatory environment for the provision of MCH and FP services, USG will work with the DOH, LGUs, PhilHealth, NGOs and the private sector to identify new-generation policy and regulatory issues and craft responsive policies and regulations to address the issues identified. Appropriate mechanisms and tools will be developed and disseminated to improve policy implementation, health systems and financing. The USG will support policies and health systems to scale-up major DOH MNCHN initiatives, increase access to and financing for FP and MCH services, and improve the availability of good quality data for MCH and FP. Towards this end, the USG will:

- Strengthen appropriate health systems and implement policies to support the effective roll-out and expansion of DOH MNCHN initiatives like mobilization of community health teams (CHTs); and establishment of service delivery networks and referral systems; training on AMTSL and administration of life-saving drugs like oxytocin and magnesium sulfate by midwives; FP-MCH integration; and MCP accreditation of health facilities and service providers
- Increase access to and uptake of FP and MCH services, particularly among the poor by eliminating critical and policy-related barriers to supply and demand of FP and MCH services, e.g., strengthening contraceptive procurement and improving FP commodity supply chain up to the community level
- Work with the DOH, Department of Social Welfare and Development (DSWD) and LGUs to establish a platform for reaching women of reproductive age with unmet need for FP who are conditional cash transfer recipients
- Advocate for more liberal social health insurance coverage for and utilization of MCH and FP services in support of the Universal Health Care (UHC) thrust of the government
- Strengthen central-level (DOH) capacity for increased budget allocations and grants to LGUs and subcontracts to NGOs to scale-up and increase the coverage of FP and MCH services
- Review current policies on reproductive health for men; and adolescent/youth health care and update if necessary
- Work with the DOH and LGUs to establish a standard comprehensive patient record system that includes family planning
- Institutionalize USG-initiatives to improve the quality of MCH and family planning data for program planning and decision-making.

Logic model for reducing maternal and child mortality and the high unmet need for family planning in the Philippines


Challenges:
High Maternal Deaths
High Neonatal Deaths
High FP Unmet Need
•Supply Challenges: Need to strengthen skills of midwives on proven high impact interventions like active mangement of the third stage of labor (AMTSL), administration of life-saving drugs and adoption of the DOH essential newborn care protocol. Lack of trained FP providers and appropriate reproductive health (RH) services for men and adolescent boys and girls; unstable supply of FP commodities in the public sector, provider bias against FP.
•Demand Challenges: Practice of home deliveries and use of traditional birth attendants mostly due to socio-economic contraints (cost of transportation, medicines , etc.) associated with giving birth in facilities. Inadequate promotion of breastfeeding, lack of information and poor health seeking behavior of mothers and caregiviers of under-five children. Unfounded fears and misconceptions about FP methods and their side effects; strong bias of some sectors against artificial FP methods.
• Policy and Heath Systems Challenges: Ensuring the widespread adoption of proven best practices for maternal, neonatal and infant care. Increasing utilization of PhilHealth benefits for FP, maternity and newborn care. The need to strengthen health information system and improving systems and financing for procurement and distribution of FP and MCH commodities and service provider training.
Strategies:
Adopt/Scale-up best practices/interventions
Expand geographic coverage of USAID assistance
Strategic FP-MCH Integration
•Supply Strategies: Improve midwives' skills to provide FP, antenatal, post-partum, emergency obstetric and essential newborn care; introduce innovations like AMTSL , Uniject for oxytocin, and neonatal resuscitation during birth attendance . Support ambulatory LAPM services , NFP and community-level distribution of low-cost contraceptives; scale-up integration of FP during pre-natal, post-partum, and well-child visits. Support innovative RH activities for men and adolescents. Promote positive attitude towards FP and breastfeeding among service providers through innovative training approaches and supportive supervision.
•Demand Strategies: Improve the quality of antenatal and post-partum counseling and scale-up group counseling sessions for increased uptake of birth planning, deliveries assisted by skilled providers and deliveries in facilities, particularly for poor women enrolled under CCT and PhilHealth; exclusive breastfeeding, appropriate infant and young child feeding practices, diarrhea management, and FP with focus on correcting myths and misconceptions on modern FP methods. Strategic use of innovative media and community mobilization for behavior change communication.
• Policy and Health Systems Output: Strengthen appropriate systems and implementing policies to support the effective roll-out of DOH MNCHN initiatives like mobilization of community health teams (CHTs) and service delivery networks ; contraceptive procurement and efforts to improve the FP commodity supply chain up to the community level. Assist in operationalizing DOH's Universal Health Care thrust and DSWD's conditional cash transfer (CCT) program.
Outcomes:
Reduced Maternal Deaths
Reduced Under-Five Deaths
Increased Contraceptive Prevalence Rates
•Supply Outputs: Increase in deliveries assisted by skilled birth attendants, facility-based deliveries, and pregnant women receiving at least four antenatal consultantions. Increase in the appropriate use of life-saving interventions like AMTSL, uniject for for oxytocin administration, essential newborn care protocol,and neonatal resuscitation. Increase practice of exclusive breastfeeding and appropriate infant and yound child feeding practices, and proper diarrhea management. Increase use of FP including NFP and LAPM. Increase uptake of FP methods for men. Increase proportion of FP users in the 15-19 age group.
•Demand Outputs: Increase number of counseling visits for FP and MCH; Increase number of men, women and aolescents reached by appropriate FP and MCH messages. Increase community engagement in delivery of health information through CHTs. Increase in health-seeking behavior for <5 children.
• Policy and Health Systems Outputs: Increased access and uptake of FP and MCH services in general and among the poor, in particular due to the elimination of critical systems and policy-related barriers to supply and demand of FP and MCH services . Availability of good data for planning and decision making. Increased financing for FP/MCH services.

Tuberculosis Control and MDR TB Treatment

USG's GHI Strategy supports the medium-term strategic plan (or PhilPACT) of the National Tuberculosis Program (NTP) through the following strategies: scaling up of DOTS in cities and municipalities through public and private providers, and arresting MDR/XDR tuberculosis through strengthening diagnostic and treatment capability. The USG will support interventions in TB prevention and control under the following three focus areas:

1. Ensuring the supply of TB control and MDR TB services
2. Increasing the demand for TB control and MDR TB treatment
3. Improving policies and health Systems for TB Control and MDR treatment

A logic model to reduce TB burden in the country is shown on page 19. This framework illustrates the causal relationship among the supply, demand and health system challenges that need to be addressed comprehensively to ensure the achievement of desired health outcomes.

Ensuring the Supply of TB Control and MDR Services

Ensuring the supply of quality DOTS services will increase the utilization and access by the TB symptomatic cases and will ensure adherence to treatment. To achieve the desired outcomes in TB, the USG will increase availability as well as reach and coverage of quality DOTS and MDRTB services. Specifically, the USG will:

- Scale-up engagement of private sector partners, including pharmacies, workplaces and hospitals, to provide DOTS under a public-private partnership arrangement with DOH which will provide the drugs for free

- Support the continuous capacity building of frontline health workers on DOTS protocol

- Ensure the adherence of private medical practitioners to the International Standard for TB Care

- Provide technical assistance to LGUs to finance and implement their municipal and city TB control plans, and support quality supervision through the provincial and regional CHD teams to ensure availability of drugs, reagents and logistics.

- Strengthen the leadership capacity at the national level for programmatic management of MDR TB at the Lung Center of the Philippines and the National TB Reference Laboratory

- Widely reach special groups of population such as HIV positive cases, children, prisoners, indigenous populations, plantations, mining concessions, ARMM area and geographically isolated and depressed areas, and congregate settings of the urban poor. Approaches to intensify case-finding and treatment through sub grants with alternative providers, such as NGOs, that can penetrate these areas and groups, shall be implemented.

- Provide technical assistance to improve referrals of TB cases, especially MDR, between private and public facilities (e.g., Lung Center). Mechanism for the immediate dissemination of laboratory results within the lab network shall be strengthened to ensure early treatment of patients.

- Support the use of modern technology such as short-messaging system (SMS) through cellphones, to improve case-holding and cure rates for use in populations with high default or failure rates so that these patients do not become subject to drug resistance.

Increasing the Demand for TB Control and MDR TB Treatment

While TB seems to be a straightforward problem, it is quite complicated due to the population's low awareness of the disease and the stigma that continues to surround it. A comprehensive approach shall be developed for both the general and high TB risk populations to demand quality TB control services in both public and private settings. The knowledge of the general population on TB will be increased and misconceptions and stigma among the high risk and general population will be reduced. The engagement of NGOs and community based organizations for TB advocacy and information dissemination will be strengthened. Towards this end, the USG will:

- Support a national-level mass media campaign on TB, including production of communication materials for use at local DOTS providers in public and private facilities

- Work with the DOH National Center for Health Promotion and with the health education and promotion officers of CHDs and LGUs to assist them in development of communication messages that are customized to be more culturally sensitive and easily understood and adopting appropriate approaches for behavioral change communication

- Strengthen engagement of NGOs and community-based organizations (CBOs) to undertake community-based information and education campaigns, including IPC/C; to improve care-seeking behavior among households; reduce stigma attached to TB and to improve family and community participation in the treatment compliance of their patients.

- Support advocacy for TB among local officials for increased financial support as well as involvement of private sector health providers as partners in the management of local TB control programs

- Develop strong partnership with private physicians, pharmacists, workplaces and hospitals to create an environment where DOTS become the standard in all care settings

Improving Policies and Health Systems for TB Control and MDR Treatment

Although a considerable amount of work has been done to develop and adopt policies to control TB in the Philippines, political and financial challenges remain that prevent the country from fully operationalizing these policies. The USG will assist in developing approaches that will overcome these barriers and will support the identification, analysis, and resolution of emerging and new-generation policy issues for TB control based on DOTS. It will support the improved implementation of policies and guidelines to increase the utilization of the TB DOTS Package and to strengthen relevant health systems. To this end, the USG will:

- Bring together stakeholders in the development of supportive policies and guidelines to effectively implement the Philippine Plan of Action to Control TB (PhilPACT, 2011-2016). USG supported the development of this strategic plan which spells out the priority strategies and activities as well as multi-year investments needed for its implementation.

- Assist the DOH in the formulation of sustainable TB drug financing and procurement at the national and local levels, and ensure that these drugs are available in all DOTS health facilities, in both public and private sectors.

- Support the Universal Health Care agenda of reducing out-of- pocket expenses of TB patients, especially the poor by strengthening and harmonizing PhilCAT certification and PhilHealth accreditation requirements for DOTS services at local public and private health facilities. Accreditation of DOTS facilities as well as the providers will ensure that those who are enrolled with PhilHealth will be provided quality services without significant personal expenses.

- Support review and updating of policies and guidelines to ensure that support systems for TB control are in place (diagnostic system, TB information management system, and logistics system for TB drugs) and working well. USG will assist in the development of policies and implementation guidelines to ensure appropriate distribution and use of new TB diagnostic techniques/equipment to rapidly diagnose new MDR TB cases, for early treatment. It will also ensure that there is adequate population coverage for smear microscopy (at the municipal level), and culture - and drug susceptibility testing (at provincial and regional levels).

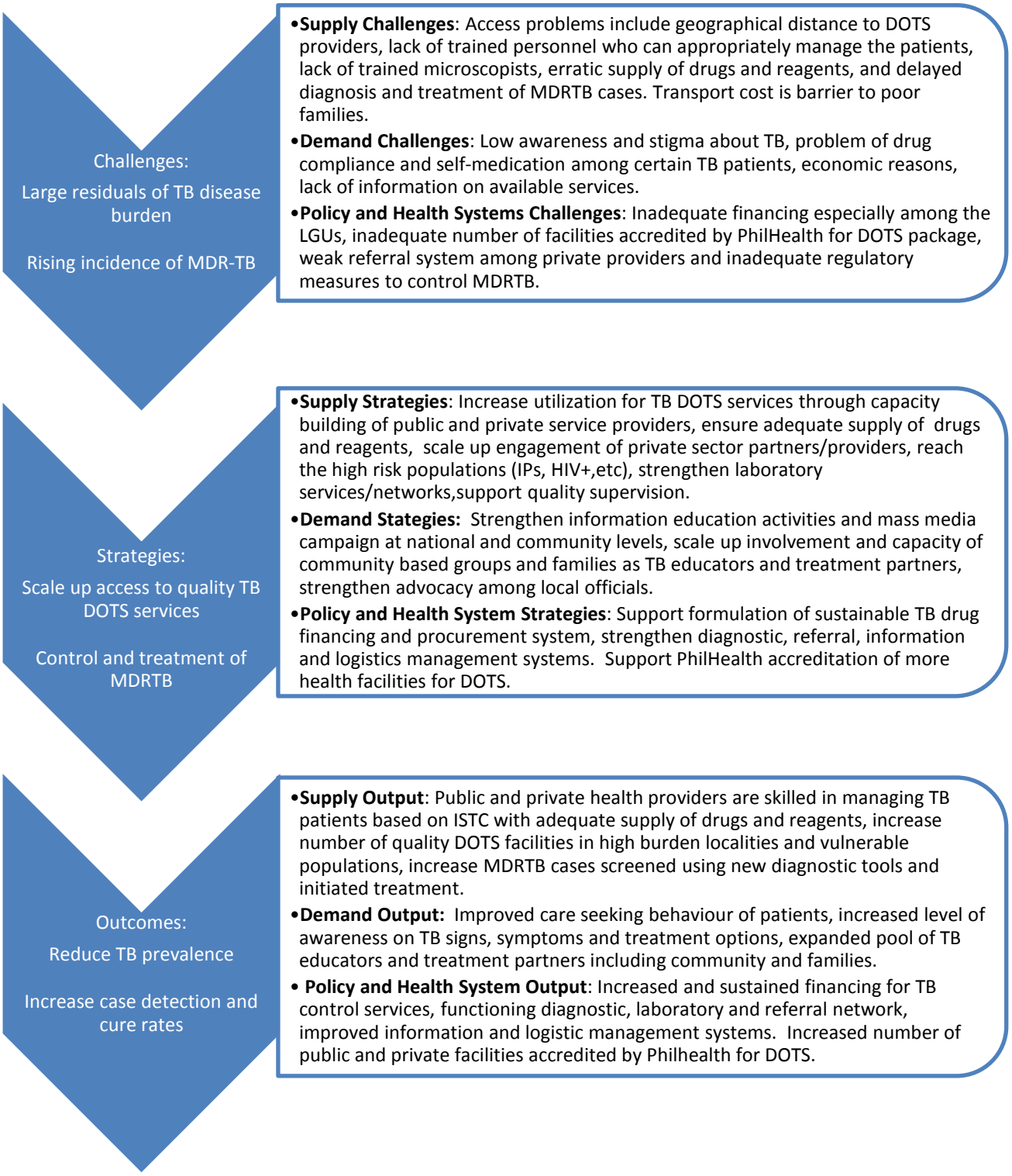
- Strengthen regulatory mechanism to control irrational prescription and dispensing of anti-TB drugs through coordination with the Philippines Food and Drugs Administration. Capability enhancement of the FDA will be supported to enable them to perform this regulatory function.

- Strengthen and expand the collection of information and their timely utilization. USG is currently assisting the DOH in setting up MDRTB registration which will later on be incorporated into the DOH Integrated TB Information System.

- Further strengthen the external quality assurance system not only to cover laboratory diagnosis but also treatment and management of patients.

Special considerations for operating in the Autonomous Region of Muslim Mindanao (ARMM) – There are special environmental and cultural factors to be addressed when implementing activities in ARMM. Behavior change and other implementation strategies will be tailored to meet the needs of isolated communities and island *barangays*. More focus will be given to support routine outreach services to expand access to services, focus on basic service delivery, and to exploring the possibility of allowing community volunteers to provide a limited set of health services. In addition, USAID houses a full-time DOD liaison from the Mindanao Joint Strategic Operations Task Force (JSOTF) that operates in the ARMM and other conflict affected areas of Mindanao. Post Manila employs a whole-of-government approach in the most insecure provinces with defense, development and diplomacy working together to increase access to government services in conflict-affected areas.

Logic Model for Reducing TB Burden in the Philippines



IV. Monitoring and Evaluation and Learning

A core principle of GHI is promoting learning and accountability through monitoring and evaluation and encouraging innovations for greater health impact. GHI/P will place emphasis on monitoring and evaluation of GHI activities at all levels and ensuring that baseline data is available before start of project implementation. The monitoring and evaluation framework for GHI will track progress on the three focus areas and GHI outcome indicators for maternal health, child health, family planning and TB. USAID health program management will regularly monitor the progress of GHI implementation, including relevant anecdotal information gathered from other USG agencies. On a regular basis the health team will conduct field monitoring visits and regional program implementation reviews. To measure country program performance, USAID will provide funds for the following surveys that provide the most reliable data for the GHI indicators:

a. *National Demographic Health Survey (NDHS).* USAID will support the conduct of the 2013 NDHS to monitor status of health outcomes in the country. The NDHS is conducted every five years – the last was the 2008 NDHS. The USAID support is provided through a centrally-managed global health project that assists various countries in the conduct of their national demographic and health surveys.

b. *Family Health Rider Surveys.* To provide data for monitoring and evaluating the FP/MCH and other selected health outcomes, particularly access of the poor to needed services, USAID will support the conduct of supplemental surveys in 2015 that would support a small subset of the health questions used in the NDHS onto Philippine quarterly household surveys to provide NDHS-comparable data on a small number of critical indicators in the intervals between national demographic and health surveys. The support is provided through the Philippine National Statistics Office (NSO).

Annual progress will be reported in the USG Performance Report using standard indicators developed by the Department of State's Office of Foreign Assistance. An annual program review will be conducted internally and with GHI stakeholders such as the Department of Health and local government units. An activity field monitoring schedule will ensure regular visits to oversee and monitor activities. Appropriate project evaluation activities will be undertaken as required under USAID's new Evaluation Policy.

Operations Research (OR): OR will be carried out as appropriate to inform programmatic decision making. Formative research on breastfeeding will be undertaken and findings will be used to develop appropriate communications messages to promote exclusive breastfeeding and related nutrition interventions.

The GHI Country Strategy Results Framework is in Annex A.

V. Management and Communication Plan

Management: GHI Philippines provides an opportunity to enhance the effectiveness of USG programming, planning, and evaluation across agencies and to ensure a whole of government plan which includes diplomacy, development and defense. The Management plan for GHI works within the existing management and interagency structures existing at post. The Ambassador and the USAID Mission Director will provide overall management and policy guidance to the GHI Strategy team. The GHI Philippines team includes USAID as the planning lead agency, and the following USG organizations: Peace Corps, the Department of Defense, Veteran's Affairs, and the Department of State offices including the Health Unit; the Public Affairs Section; the Economic Section. The components of this strategy have been developed with inputs from the GHI/P interagency team.

As the planning lead, USAID will organize periodic GHI interagency meetings to discuss program activities and facilitate exchange of information on USG health actions. USAID will also involve other USG agencies on procurements, technical inputs, field visits, and implementation of activities where feasible.

Relations with Government of the Philippines: Most GHI activities will take place under the auspices of a bilateral agreement. A new bilateral agreement will be negotiated with the Department of Health in the coming year and will be signed no later than September 2012. Coordination with the Department of Health and other donors will be ensured through active participation in the Health Partners Forum which is led by the Department of Health and involves bilateral and multilateral donors, NGOs, the private sector and other stakeholders in health.

Communication: GHI Philippines will support the public outreach efforts of the US Embassy to communicate the activities and successes of GHI and reflecting all fundamental principles of the President's initiative. The two main components of the communication approach below aim to enhance dialogue, learning, and recognition of the USG's partnership in the Philippines:

1. Internal USG Communications

- Through the country team, political-military working group, and periodic special meetings enhance internal communications and updates on GHI to ensure a commitment to inclusiveness, and enhance participation at all levels.
- Engage proactively with US Embassy's Public Affairs Section (PAS) staff to support their communication/outreach strategy with a focus on maximizing the use of innovative and social media and sharing the results of GHI.
- Institute regular meetings of the GHI inter-agency working group.

2. External Outreach

- Produce success stories and provide visual images such as photos and videos to contribute to Embassy Manila's whole-of-government media strategy as well as to share with USAID and other USG Agencies.
- Engage local and international media to enhance coverage and reporting of GHI Philippines initiatives.
- Collaborate with GHI Philippines partners, health sector stakeholders, and other donors to identify joint opportunities to promote health sector investment among both public and private sectors.
- Support VIP trips to GHI sites.
- Engage with the Department of Defense in community relation COMRELS activities and MedCAPs.

- Actively participate in donors' forum and the social sector working group led by the GPH's National Economic Development Authority under the Philippines Development Plan.

VI. Linking High Level Goals to Programs

The GHI Strategy aligns with other high level USG priorities and policies, including:

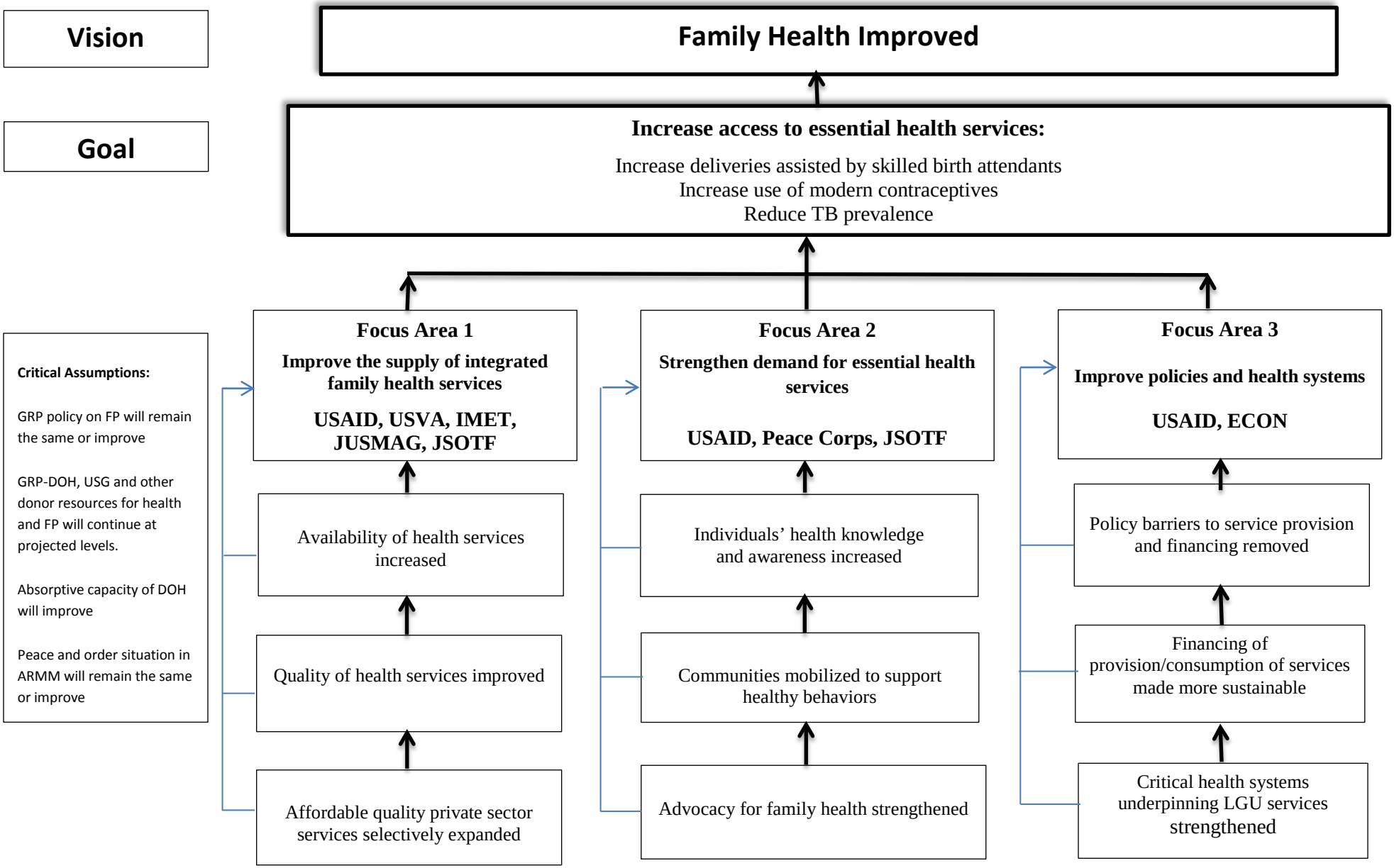
Country Development Cooperation Strategy (CDCS) - Improved health status for Filipinos has implications for all components of the nation's development trajectory, including economic growth, transparent and accountable government, and peace and stability. Recognizing the complex set of variables required for improving health status, the health objective of the CDCS focuses on building the capacity of the public and private sectors to reduce the threat of infectious diseases, improve maternal and child health and nutritional status, increase access to FP, and improve health systems.

Partnership for Growth (PFG) - Broad-based economic or inclusive growth is the primary outcome sought through the PFG. Under the current population growth rate, 1.8 million Filipinos are added every year and population will double in 34 years (PDP, 2011-2016). While the economy has grown steadily over the past decades, economic growth has not kept pace with the rapid population growth and poverty has remained the lot of many Filipinos. Over 40 percent of the population lives on less than US$2 a day, the international poverty line (World Bank, 2007). In the poorest region of the country, the Autonomous Region in Muslim Mindanao (ARMM), up to 70 percent of the population lives in poverty. Under the new health strategy, USAID will support interventions that contribute to reducing unintended pregnancy and helping the GPH attain its PGR goal of 1.8 by 2015.

BEST Action Plan (BEST) - As part of the GHI, USAID/Washington identified best practices that can lower maternal mortality rates, improve child health, and increase access to voluntary family planning. Worldwide, 28 missions in high-burden maternal and neonatal mortality countries were asked to develop five year action plans to implement these practices at scale while improving the capacity of health systems to sustain the interventions. USAID/Philippines completed its BEST Action Plan or Best Practices at Scale in the Home, Community and Facilities: An Action Plan for Maternal, Neonatal, Child Health, Nutrition and Family Planning in February 2011. It aims to improve the health of Filipino families by helping to expand access to integrated family planning and maternal, neonatal and child health and nutrition (FP/MNCHN) services at the community and facility level. It also aims to strengthen the capacity of the LGUs and enhance its collaboration with the private sector to implement FP/MNCHN programs. The BEST Action plan is part of the GHI Philippines Strategy.

USAID Forward - In support of local capacity development, USAID/Philippines will provide direct grants to local midwifery and medical associations to help contribute to the achievement of health outcomes while building the capacity of the local institutions in project management, implementation and monitoring. New scientific technology and approaches to health service delivery such as AMTSL and use of Uniject for administration of life-saving drugs, and use of cell phone-based technologies for health information dissemination will be supported through local grants. USAID/Philippines will also continue to strengthen its system for program monitoring and evaluation and fine tune its metrics for measuring program impact. It will allocate a portion of its annual budget for innovation and research particularly in health service delivery modeling and demand generation.

Annex A
Philippines Global Health Initiative Results Framework



Annex B
Global Health Initiative Country Strategy Matrix – Philippines

GHI Goal – Maternal Health

- **Reduce maternal mortality by 30% across assisted countries**
- **Reduce under-five mortality rates by 35% across assisted countries**
- **Prevent 54 million unintended pregnancies.**
- **Reach a modern CPR of 35% across assisted countries**

Relevant Key National Priorities/ Initiatives	Key Priority Actions/Activities Likely to Have Largest Impact	Baseline info/country-specific GHI targets	Key GHI Principles	Key Partners
PDP 2011-2016 • Decrease MMR (per 100,000 live births) from 95-163 (2010) to 50 (2016) • Increase proportion of births attended by skilled health personnel from 62% (2008) to 90% (2016) • Increase proportion of births delivered in health facilities from 44% (2008) to 90% (2016) • Reduce by 2/3, between 1990 and 2015, the U5 mortality rate PDP 2011-2016 • Decrease U5MR (per 1,000 live births) from 34 (2008) to 25.5 (2016) • Decrease IMR (per	**Increasing the supply of high quality MCH and FP services** *Support the scale up of strategic integration of FP and MCH.* Scale-up the integration of FP and MCH services targeting women during prenatal, post-partum, and well-child visits following the integration model on page 3 of the strategy paper. *Strengthen the capacity of midwives to provide high quality MCH services.* The skills of midwives to provide emergency obstetric care and essential newborn care will be enhanced. The use of existing ENC protocol, innovative mechanisms and tools like AMTSL, Uniject for oxytocin and neonatal resuscitation will be scaled-up. Service delivery networks to address the delays in the referral process will be established. The quality of ANC through the provision of more services such as Vitamin A and iron folate will be improved. *Increase the provision of family planning services.* Provide in-service training for new midwives on basic FP and make training for providers on post-partum contraceptive methods available on-site. Support ambulatory FP services for LAPM methods of FP. Expand access to NFP methods. Expand availability of low-cost private sector contraceptives through community-based outlets. Expand availability of private midwife-based clinics for working men and women. Support the design and implementation of innovative FP and reproductive health activities for men and adolescents. *Strengthen supportive supervision for the provision of MCH*	Increase percent of deliveries assisted by skilled birth attendants in USG-assisted sites from 62% (2008) to 70% (2016) Increase percent of facility-based deliveries in USG-assisted sites from 44% (2008) to 60% (2016) Increase percent of pregnant women receiving at least four ANC in USG-assisted sites from 74% (2008) to 90% (2016) Increase percent of infants 0-6 months old in USG-assisted sites who are exclusively breastfed from 23% (2008) to 30% (2016) Increase percent of	**Scale-up strategic integration of FP and MCH services** (e.g., pre-natal, post-partum and well-child visits like immunization). Scale-up integration of child care and nutrition information like breastfeeding and complementary feeding into maternal care counseling (e.g., pre-natal and post-partum) **Strengthen focus on women, girls, and gender equality** by scaling-up and further improving the quality of health information and counseling services as well as access to MCH and FP services of men, women and adolescents. **Strengthen country**	DOH, LGUs, Private Sector, UNFPA, JICA DOH, LGUs, UNFPA, Private Sector, Peace Corps, NGOs, CBOs

1,000 live births) from 25 (2008) to 17 (2016) • Reduce prevalence of underweight children 0-5 years from 20.6%	*services including FP.* Provide training and appropriate tools on supportive supervision to health managers to reinforce on-the-job learning skills' enhancement of service providers.	under-five children in USG-assisted sites with diarrhea treated with ORT from 59% (2008) to 70% (2016)	**ownership** by aligning GHI goals and strategies with the goals and strategies of the Government of the Philippines and supporting country-led strategies like MNCHN, UHC and ENC.	DOH, LGUs, Private Sector
Relevant Key National Priorities/ Initiatives	**Key Priority Actions/Activities Likely to Have Largest Impact**	**Baseline info/country-specific GHI targets**	**Key GHI Principles**	**Key Partners**
in 2008 to 12.7% in 2016 MDG Goal: Proportion of one year children immunized against measles increased from 77.9 in 1990 to 95 in 2015 PDP 2011-2016 • Increase CPR (all methods) from 51% (2008) to 63% (2015) • Reduce TFR from 3.3 (2008) to 2.96 (2015)	**Increasing the demand for MCH and FP services** *Scale-up the conduct of high quality MCH and FP counseling.* ANC visits are already relatively high in the Philippines. The USG will capitalize on this and support the improvement of the content and quality of antenatal and post-partum counseling. Group counseling sessions and conduct of health classes will be scaled-up for increased uptake of birth planning, deliveries assisted by skilled birth attendants, deliveries in facilities, essential newborn care, and post-partum FP. *Strengthen the strategic use of mass media for promotion of healthy MCH practices including FP.* Promote healthy MCH practices through mass media approaches including skilled birth attendance during delivery, exclusive breastfeeding for six months, encouraging continued breastfeeding up to two years and beyond, and healthy birth spacing. Improve health-seeking behavior among caregivers of under-five children to increase the uptake of basic child health care services like immunization and Vitamin A. Develop and disseminate messages on key child health interventions such as ORT and zinc for diarrhea prevention and management; and early detection and treatment of pneumonia. *Improve service providers' attitude towards FP and minimize missed opportunities for FP promotion.* Educate providers and volunteers about the health benefits of birth spacing and about the dangers of high risk births so that providers and volunteers will be comfortable about incorporating FP as a routine part of	Decrease unmet need for FP from 22% (2008) to 14% (2016) Increase modern CPR from 34% (2008) to 42% (2016) Increase modern CPR by one percentage point every year in all USAID-assisted provinces/cities	**Strengthen/leverage partner engagement and coordination** with GPH, LGUs, donor agencies, private sector, NGOs and CBOs to scale-up effective service delivery, demand generation, and health systems support and interventions. **Use of innovative technologies to** improve management of obstetric emergencies and save lives of mothers and newborns (e.g., AMTSL, Uniject for administration of life-saving drugs), and mobile technology for dissemination of MCH and FP messages. **Strengthen health systems** (allocation and utilization of	DOH, LGUs, UNFPA, Private Sector, Peace Corps, DOD, CBOs, CHTs, JICA, AusAID, World Bank DOH, Private Sector, Professional medical associations DOH, LGUs, Private sector, PhilHealth , DOLE, DSWD,

	good health care. Scale-up training on high quality IPC/C among providers and volunteers so that they are able to respond better to specific FP/RH needs of their clients. Strengthen supportive supervision of health managers to reinforce positive attitude on FP and its routine inclusion in facility-based and community level promotion. *Design and support FP/RH communication programs for adolescents and males*. Promote adequate understanding of the risks of early and unintended pregnancy and information on available FP/RH services among adolescent boys and girls. Support innovative approaches to provide appropriate health information and services to men and enhance their involvement in maternal and child care including family planning. *Strengthen community mobilization and advocacy efforts.* Support the training and mobilization of community health teams (CHTs) and other community-level volunteers for promotion of health behaviors and dissemination of health messages.		financing for MCH including grants to LGUs; support to CCT implementation, strengthening the health management information system)	CHTs, CBOs, World Bank, JICA, AusAid, EC,
Relevant Key National Priorities/ Initiatives	**Key Priority Actions/Activities Likely to Have Largest Impact**	**Baseline info/country-specific GHI targets**	**Key GHI Principles**	**Key Partners**
	Improving Policies and Health Systems for MCH and FP Services *Support the scale-up of major DOH MNCHN initiatives.* Strengthen appropriate health systems and implementing policies to support the effective roll-out and expansion of DOH MNCHN initiatives like mobilization of community health teams (CHTs); establishment of service delivery networks and referral systems; training on AMTSL for and administration of life-saving drugs like oxytocin and magnesium sulfate by midwives; FP-MCH integration; and MCP accreditation of health facilities and service providers. *Increase access to and financing for FP and MCH services.* Increase access and uptake to FP and MCH services, particularly among the poor by eliminating critical and policy-related barriers to supply and demand of FP and MCH services, e.g., strengthening contraceptive procurement and improving FP commodity supply chain up to the community level. Work with the DOH, Department of Social Welfare and Development			

	(DSWD) and LGUs to establish a platform for reaching women of reproductive age with unmet need for FP who are conditional cash transfer recipients. Advocate for more liberal social health insurance coverage and utilization of MCH and FP services in support of the Universal Health Care (UHC) thrust of the government. Strengthen central-level (DOH) capacity for increased budget allocations and grants to LGUs and subcontracts to NGOs to scale-up and increase the coverage of FP and MCH services. *Support policies for provision of FP/RH services to men and adolescents*. Review current policies on reproductive health for men; and adolescent/youth health care and update, if necessary. *Support efforts to improve the availability of good quality data for MCH and FP.* Work with the DOH and LGUs to establish a standard comprehensive patient record system that includes family planning. Institutionalize USG-initiatives to improve the quality of MCH and family planning data for program planning and decision-making.			

GHI Goal – Tuberculosis • **Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant (MDR) cases of TB** • **Contribute to a 50% reduction in TB deaths and disease burden relative to the 1990 baseline.**				
Relevant Key National Priorities/ Initiatives	**Key Priority Actions/Activities Likely to Have Largest Impact**	**Baseline info/country-specific GHI targets**	**Key GHI Principles**	**Key Partners**
MDG Goal: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases • Prevalence (per 100,000) associated with TB decreased from 246 (1990) to 0 (2015) • Death rate (per 100,000) associated with TB decreased from 39.1 (1990) to 0 (2015) • Proportion of TB cases detected under DOTS increased from 53% (2001) to 70% (2015) • Proportion of TB cases cured under DOTS increased from73% (2001) to 85% (2015) PhilPACT Goals: • Attain MDG Goals • TB Prevalence rate (per	**Ensuring the supply of TB control and MDR-TB services** Scale-up engagement of private sector partners (pharmacies, workplaces, hospitals) to provide DOTs under a public-private partnership arrangement with DOH in highly-populated LGUs where there are no alternative providers Ensure continuous capacity-building of frontline health workers on DOTS protocol and adherence of private medical practitioners to international standard of treatment and care for TB patients For indigenous populations, geographically isolated and depressed areas, urban poor, intensify case-finding and treatment through sub grants with alternative providers, such as NGOs Adopt special interventions to increase TB uptake, including TB screening among populations most at risk for HIV Ensure that laboratory supplies and first-line drugs are available for all TB patients including children and prisoners **Increasing the demand for TB control and MDR-TB treatment** Mount a national mass media campaign on TB Strengthen the advocacy for TB among local officials for increased financial support and for private sector	Case Detection Rate increased from 73% (2010) to 79% (2016) Case Notification Rate in USG sites increased from 98 (2010) to 104 (2016) Cure Rate increased from 83% (2010) to 89% (2016) No. of new MDR-TB patients diagnosed and initiated on treatment increased from 150 (2010) to 450 (2016)	**Strengthen country ownership** by aligning GHI goals and strategies with the goals and strategies of the Government of the Philippines (GPH) **Strengthen/leverage partner engagement and coordination** especially with the private sector, other donors and LGUs. **Strengthen health systems** In TB service delivery, quality assurance training of providers and treatment partners, TB financing, TB logistics, and monitoring/reporting Use of **innovative technologies** like the use of mobile technology for dissemination of TB messages	DOH, LGUs, WHO DOH, NTP, LGUs, WHO, Global Fund DOH, LGUs, WHO DOH, NTP, LGUs, WHO, CBOs, NGOs, Global Fund DOH, NTP, LGUs, Global Fund, Private Sector WHO, DOH, NTP, LGUs, Global Fund, Private Sector

100,000) decreased from 799 (1990) to 400 (2016) • TB mortality (per 100,000) decreased from 87 (1990) to 44 (2016)	health providers as partners in the management of local TB control programs Support NGOs and community-based organizations undertaking community-level information and education campaigns			
Relevant Key National Priorities/ Initiatives	**Key Priority Actions/Activities Likely to Have Largest Impact**	**Baseline info/country-specific GHI targets**	**Key GHI Principles**	**Key Partners**
• Achieve program targets • Case detection rate increased from 75% (2007) to 85% (2016) • Treatment success rate increased from 88% (2006) to 90% (2016) • Cure rate increased from 82% (2007) to 85% (2016) • No. of MDR-TB cases detected and treated increased from 500 (2008) to 15,000 cases in 7 years (2016) PDP 2011-2016 • TB prevalence rate (per 100,000) decreased from 486 (2008) to 387	**Improving Policies and Health Systems in TB control and MDR-TB treatment** Assist LGUs to finance and implement their local TB control plans Support the formulation of sustainable TB drug financing and procurement at the national and local levels and ensure that these drugs are available in all DOTS-providing health facilities, in public and private sectors. Review and update policies to ensure that support systems for TB control are in-place and working well Review and update policies to strengthen PhilCAT certification and PhilHealth accreditation for DOTS services at local public and private health facilities To control MDR TB: -Expand the use of modern communication technology, such as short-messaging system through cellphones to improve case-holding and cure rates in populations with high default or failure rates -Establish a mechanism for dissemination of laboratory results within the lab network to patients			DOH, LGUs, WHO DOH, NTP, LGUs, WHO, Global Fund

(2016) • TB mortality rate (per 100,000) decreased from 41 (2007) to 33 (2016) • TB case detection rate increased from 73% (2008) to 85% (2016) • TB cure rate increased from 79% (2008) to 85% (2016)	-Improve referrals of TB cases, especially MDR/XDR, between private and public facilities -Strengthen the leadership capacity at the national level for programmatic management of MDR TB at the Lung Center of the Philippines and the National TB Reference Laboratory -Review and update policies to ensure that there is adequate population coverage for smear microscopy, and culture- and drug susceptibility testing -Assist in the development of policies and implementation of guidelines to ensure appropriate distribution and use of the new TB diagnostic techniques/equipment to rapidly diagnose MDR/XDR TB cases			
Relevant Key National Priorities/ Initiatives	**Key Priority Actions/Activities Likely to Have Largest Impact**	**Baseline info/country-specific GHI targets**	**Key GHI Principles**	**Key Partners**
	Assist in the design and implementation of regulatory mechanisms to control irrational prescription and dispensing of anti-TB drugs -Review and update policies to improve the implementation of an external quality assurance (EQA) system			