Concept Paper

Project Number: 55105-001
June 2021

Proposed Programmatic Approach and Policy-Based Loan for Subprogram 1
Republic of the Philippines: Build Universal Health Care Program

Asian Development Bank

CURRENCY EQUIVALENTS

(as of 31 May 2021)

Currency unit	–	peso/s (₱)
₱1.00	=	$0.0209
$1.00	=	₱47.7550

ABBREVIATIONS

ADB	–	Asian Development Bank
CHE	–	current health expenditure
COVID-19	–	coronavirus disease
DOH	–	Department of Health
IRA	–	internal revenue allotment
LGU	–	local government unit
OP	–	operational priority
OPE	–	out-of-pocket expenditure
PCWHS	–	province- and city-wide health system
PHIC	–	Philippine Health Insurance Corporation
PSA	–	Philippine Statistics Authority
RHU	–	rural health unit
SDG	–	Sustainable Development Goal
SRH	–	sexual and reproductive health services
UHC	–	universal health care

NOTE

In this report, “$” refers to United States dollars.

Vice-President	Ahmed M. Saeed, Operations 2
Director General	Ramesh Subramaniam, Southeast Asia Department (SERD)
Deputy Director General	Winfried Wicklein, SERD
Directors	Ayako Inagaki, Human and Social Development Division (SEHS), SERD Kelly Bird, Philippines Country Office (PHCO), SERD
Team leaders	Eduardo Banzon, Principal Health Specialist, SEHS, SERD Sakiko Tanaka, Principal Social Sector Specialist, SEHS, SERD Cristina Lozano Astray, Principal Country Specialist, PHCO, SERD
Team members	Meenakshi Ajmera, Principal Safeguards Specialist, Office of the Director General (SEOD), SERD Ruby Alvarez, Senior Project Officer (Infrastructure), PHCO, SERD Oscar Amiel A. Badiola, Senior Programs Officer, PHCO, SERD Andrew Bennett, Counsel, Office of General Counsel Elizabeth Burges-Sims, Senior Social Development Specialist (Gender and Development), SEHS, SERD Aekapol Chongvilaivan; Economist (Public Finance); Public Management, Financial Sector, and Trade Division; SERD Mariangela Paz Medina, Project Analyst, SEHS, SERD Antoine Morel, Principal Environment Specialist, SEOD, SERD Shekinah Wenceslao, Senior Operations Assistant, SEHS, SERD
Peer reviewer	Arindam Dutta, Senior Health Specialist, Health Sector Group, Sustainable Development and Climate Change Department

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PROGRAM AT A GLANCE

1. Basic Data — **Project Number:** 55105-001

Project Name	Build Universal Health Care Program (Subprogram 1)	**Department/Division**	SERD/SEHS
Country	Philippines	**Executing Agency**	Department of Health
Borrower	Republic of the Philippines		
Country Economic Indicators	https://www.adb.org/Documents/LinkedDocs/?id=55105-001-CEI		
Portfolio at a Glance	https://www.adb.org/Documents/LinkedDocs/?id=55105-001-PortAtaGlance		

2. Sector

	Subsector(s)	ADB Financing ($ million)
✓ **Health**	Health sector development and reform	400.00
	Total	**400.00**

3. Operational Priorities

- ✓ Addressing remaining poverty and reducing inequalities
- ✓ Accelerating progress in gender equality
- ✓ Tackling climate change, building climate and disaster resilience, and enhancing environmental sustainability
- ✓ Strengthening governance and institutional capacity

Climate Change Information

GHG reductions (tons per annum)	0.000
Climate Change impact on the Project	Low
ADB Financing	
Adaptation ($ million)	25.00
Mitigation ($ million)	25.00
Cofinancing	
Adaptation ($ million)	0.00
Mitigation ($ million)	0.00

Sustainable Development Goals

SDG 1.5, 1.b
SDG 3.2, 3.8
SDG 5.6
SDG 10.3
SDG 13.a

Gender Equity and Mainstreaming

Effective gender mainstreaming (EGM) ✓

Poverty Targeting

General Intervention on Poverty ✓

4. Risk Categorization: Complex

5. Safeguard Categorization **Environment:** C **Involuntary Resettlement:** C **Indigenous Peoples:** C

6. Financing

Modality and Sources	Amount ($ million)
ADB	**400.00**
Sovereign Programmatic Approach Policy-Based Lending (Regular Loan): Ordinary capital resources	400.00
Cofinancing	**0.00**
None	0.00
Counterpart	**0.00**
None	0.00
Total	**400.00**

Currency of ADB Financing: US Dollar

I. THE PROPOSAL

1. The Government of the Philippines enacted the Universal Health Care (UHC) Act on 20 February 2019[1] to ensure equitable access to quality health services for all Filipinos with financial protection. The UHC Act envisions a new health care financing and service delivery architecture with the national government, local government units and the private sector working together to achieve its objectives. The proposed Build UHC Program will support the implementation of wide-ranging policy, legal, regulatory, institutional, financing, service delivery and performance monitoring reforms envisaged in the UHC Act to achieve and sustain UHC. It is consistent with the updated Philippine Development Plan, 2017–2022; the country partnership strategy, 2018–2023 of the Asian Development Bank (ADB); and ADB's Strategy 2030.[2] The programmatic approach will provide long-term support to improve the sequencing and implementation of UHC policy reforms and harmonize national and local-level reforms.[3]

II. PROGRAM AND RATIONALE

A. Background and Development Constraints

2. The Philippine economy was hit hard by the coronavirus disease (COVID-19) pandemic and contracted steeply by 9.6% in 2020. Unemployment soared to a record high of 17.6% by April 2020 before easing to 8.7% by October 2020.[4] However, the economy is projected to recover to 4.5% growth in 2021 with modest fiscal expansion, especially through infrastructure spending and social assistance, supported by increasing COVID-19 vaccination coverage and a global economic recovery (footnote 4). With regard to health outcomes, life expectancy at birth has increased from 63.7 years in 1980 to 71.1 years in 2018, and infant mortality decreased from 53.0 per 1,000 live births in 1980 to 21.6 per 1,000 in 2019.[5] The share of deliveries at health facilities increased from 28% in 1993 to 78% in 2017, and the share of total births attended by skilled health providers rose from 53% to 84% during the same time.[6] However, maternal mortality remained high at 121 per 100,000 livebirths in 2017 (albeit a decrease from 180 in 1990),[7] and adolescent fertility was still high at 55% as of 2018 (up from 52% in 1980).[8] In addition, noncommunicable diseases now account for 68% of all deaths, at an estimated economic cost of around ₱756.5 billion per year.[9]

3. **Development constraints.** The core development problem is inequitable geographical and financial access to quality health services. Major constraints are insufficient government

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[1] Official Gazette. 2019. *Republic Act No. 11223—An Act Instituting Universal Health Care (UHC) for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor*. Manila.

[2] National Economic and Development Authority. 2021. *Updated Philippine Development Plan 2017–2022*. Pasig City; ADB. 2018. *Country Partnership Strategy: Philippines, 2018–2023, High and Inclusive Growth*. Manila; and ADB. 2018. *Strategy 2030. Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila.

[3] The program was included in the Country Operations Business Plan as part a $500 million sector development program but was revised to a stand-alone $400 million policy-based loan supporting UHC with the $100 million investment loan moved as a stand-alone investment project for 2023. ADB. 2020. *Country Operations Business Plan: Philippines 2021–2023*. Manila.

[4] ADB. 2021. *Asian Development Outlook 2021*. Manila.

[5] World Bank. 2021. World Development Indicators (accessed 23 April 2021).

[6] Philippine Statistics Authority (PSA) and ICF 2018. *Key Findings from the Philippines National Demographic and Health Survey (NDHS) 2017*. Quezon City and Rockville, MD.

[7] World Health Organization. 2017. *Maternal Mortality in 2000–2017*. Geneva.

[8] PSA and ICF. 2018. *Key Findings from the Philippines National Demographic and Health Survey (NDHS) 2017*. Quezon City and Rockville, MD; and World Bank. 2018. *Adolescent Fertility Rate (Birth per 1,000 Women Ages 15–19)—Philippines*. Washington, DC.

[9] World Health Organization. 2019. *Prevention and Control of Noncommunicable Diseases in the Philippines*. Geneva.

financing and uncoordinated health purchasing, inadequate and fragmented health services, and weak information management and accountability at the national and local government levels. These constraints have been highlighted during the ongoing COVID-19 pandemic by the insufficient hospital treatment capacity, poor contact tracing, and high hospital user fees.

4. **Insufficient and nonstrategic government health financing.** Current health expenditure (CHE)[10] has remained low at 4.1% of gross domestic product in 2019 compared to the 2018 global average of 9.8% and the middle-income country average of 5.1%.[11] Although general government health expenditure—comprising national and local government and social health insurance—has increased as a percentage of CHE from 36.4% in 2014 to 42.0% in 2019, this is still lower than the 2018 global average of 59.5%. The increase in government spending has been partly driven by the allocation of part of the excise tax revenues from tobacco and alcohol products to health, and increased population coverage and higher premium rates of the Philippine Health Insurance Corporation (PHIC). However, local government spending remained low at 8.4% of CHE in 2019. The resulting low overall and government spending for health, coupled with the persistently high share of individual out-of-pocket expenditure (OPE) (47.9% of CHE in 2019), have contributed to catastrophic and impoverishing health expenditures and inequity for many Filipinos.[12]

5. In addition, government health financing has not been properly leveraged to strategically purchase health services that generate the most value. Government health spending, specifically PHIC payments, has not prioritized the financing of primary care services, preventive health services, and health promotion, even though these are considered key components of UHC.[13] Health spending is inefficient, with financing from multiple sources being spent without coordination, resulting in the inability to pool government spending and use the resulting purchasing power to generate efficiencies, lower costs, improve quality, and attain better health outcomes.[14]

6. **Inadequate and fragmented health service providers.** Government and private health facilities are largely concentrated in urban areas. Limited access to well-equipped government health facilities forces many patients to use and pay for private health facilities in both urban and rural areas, adding to their high individual OPE, with women consistently experiencing a higher OPE burden than men because of non-coverage or limits on the coverage of sexual and reproductive health services (SRH).[15] In addition, people frequently forego medications because of high costs.[16] An estimated 47.2% of barangays lacked health stations in 2019.[17] Only 12 of 81 provinces meet the standard of one rural health unit (RHU) for every 20,000 residents, and around 51.6% of RHUs and city health units need to be rehabilitated and equipped. There is also limited hospital capacity with only 105,000 hospital beds nationwide and a bed density of 1.2 per 1,000 people, similar to levels in low-income countries.[18] The lack of primary care providers also contributes to preventing poor Filipinos from accessing health care services.

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[10] CHE includes health care goods and services consumed each year but excludes capital health expenditures.
[11] World Bank. 2021. Current Health Expenditure (% of GDP) (accessed 17 March 2021).
[12] PSA. 2021. Health Spending Grew by 10.9 Percent in 2019 (accessed 1 March 2021).
[13] D. Watkins et. al. 2017. Universal Health Coverage and Essential Packages of Care. In D. T. Jamison et al., eds. *Disease Control Priorities* (3rd ed.): Vol. 9, *Disease Control Priorities*. Washington, DC: World Bank.
[14] Sources of financing include Department of Health (DOH) and other national government agencies, PHIC benefit payments, subsidies from government lottery and casino revenues, and local government unit (LGUs).
[15] International Women's Health Coalition. n.d. *Universal Health Coverage for Women and Girls*. New York, NY.
[16] V. Ulep et al. 2013. Analysis of Out-of-Pocket Expenditures in the Philippines. *Philippine Journal of Development*. 72 (40) (1, 2).
[17] A barangay is the smallest legally organized local government unit in the Philippines.
[18] DOH. 2020. *Philippine Health Facility Development Plan 2020–2040*. Manila.

7. The devolution of health care services and the varying capacities and priorities of local government units (LGUs) have resulted in different levels of investments in health. Institutional constraints, inadequate referral systems, and a lack of coordination between the national and local governments and between LGU levels have undercut health service delivery in many LGUs. These also have limited access to basic health services in many LGUs, particularly in geographically isolated and disadvantaged areas, and contributed to limited investments in the climate and disaster resilience of health services and facilities, health promotion services, and primary care services. Since health is not a universal priority for all LGUs, the increased internal revenue allotment (IRA) from the Mandanas ruling will also not ensure increased LGU health spending.[19]

8. **Weak information management and accountability in the health sector.** Information technology solutions have not been fully applied to improve health systems and operations. For instance, this compounded the task of setting up effective COVID-19 contact tracing when the pandemic started. Inadequate data sharing and lack of digital health interoperability have contributed to weak accountability and performance management systems, and made it difficult to measure, monitor, and evaluate the performance and outputs of the Department of Health (DOH), PHIC, LGUs, and hospitals. Indeed, there is little available information on the types of services available in different regions or on the distribution of health professionals.[20] This also makes it difficult to determine the health contributions and adverse health impacts of non-health sector investments and interventions.

9. **Alignment with ADB operational priorities.** The proposed program will support operational priority (OP) 1 under ADB's Strategy 2030, in pursuing universal health coverage by improving the quality and coverage of government and private health care services, and supporting health financing and governance reforms (footnote 2). The reforms will also promote gender responsiveness in the health system, support climate- and disaster-resilient health services and facilities, and strengthen the implementation capacities of the DOH, PHIC, and LGUs, in alignment with OPs 2, 3, and 6 and Sustainable Development Goals (SDGs) 1, 3, 5, 10, and 13.[21]

B. Policy Reform, ADB's Value Addition, and Sustainability

10. **Government reform strategy.** The government aims to address these constraints by strengthening health service delivery, health financing, and the performance accountability of population- and individual-based health services at the national and local government levels through the UHC Act .[22] Within the overall UHC framework, the government has (i) mobilized increased financing for health care and made PHIC membership automatic with primary care

[19] Supreme Court of the Philippines. 2018. *G.R. No. 199802. Mandanas et al versus Ochoa et al 2 July 2018*. Manila. The Mandanas ruling stipulated that the mandated 40% share of IRA for LGUs against the national government revenues will be determined not only against the national internal revenue tax collections by the Bureau of Internal Revenue but should include other revenues including tariffs, customs duties, and other taxes collected by agents of the national government. As a result, it is estimated that the LGUs will receive an additional ₱234.6 billion of IRA in 2022 than had been expected.

[20] DOH. 2021. Health Facilities and Regulatory Bureau (accessed 23 May 2021).

[21] SDG 1: ending poverty in all its forms everywhere; SDG 3: ensuring healthy lives and promote well-being for all at all ages; SDG 5: achieving gender equality and empower all women and girls; SDG 10: reducing inequality within and among countries; and SDG 13: taking urgent action to combat climate change and its impacts.

[22] Population-based health services refers to interventions such as health promotion and disease surveillance, the recipients of which are population groups. Individual-based health services can be accessed within a health facility or remotely by an individual recipient of care.

services accessible to every Filipino; (ii) organized networks of adequately financed and well-staffed government and private health care providers to deliver needed health services for all Filipinos efficiently without risk of financial ruin to the patients; (iii) envisioned an interoperable national health information system informing health policies, decision-making, and implementation in the health sector; (iv) created a system of accountability by the DOH, PHIC, LGUs, and health care providers for efficient management, quality of care, and improved health outcomes; (v) committed to a whole-of-government approach led by the DOH and PHIC with support from the Department of Finance (DOF) and other national agencies,[23] LGUs, and the private sector; and (vi) planned to increase government financing for the DOH and PHIC from $3.95 billion in 2020 to $5.91 billion in 2023,[24] with LGUs expected to increase financing similarly.

11. **Program policy reforms.** The program comprises two subprograms[25] covering the following areas for reform: (i) sustainable financing and strategic purchasing for UHC, (ii) integrated delivery of quality health services, and (iii) information management and performance accountability for UHC.

12. **Reform area 1: Sustainable financing and strategic purchasing for UHC.** Under subprogram 1, the government is ensuring universal PHIC population coverage and access to needed health services with financial protection by boosting government financing for UHC. This is being achieved by increasing the earmarks of excise taxes on sugar-sweetened beverages, alcohol, tobacco, heated tobacco, and vapor products for UHC.[26] The government will also implement the mandated transfer of 50% of the income of the Philippine Amusement and Gaming Corporation and 40% of the charity fund of the Philippine Charity Sweepstakes Office (PCSO) to the national health insurance fund managed by the PHIC (footnote 1). The transfer from the charity fund will be attributed to PCSO's Gender Equality, Diversity, and Social Inclusion Program, subject to the applicable rules and regulations of Republic Act 9710, known as the Magna Carta of Women.[27] Special health funds will be established for province- and city-wide health systems (PCWHS),[28] which will pool local financing for UHC into a single fund to increase purchasing power and reduce inefficiencies. Strategic purchasing will be strengthened by expanding the covered population and health services of the PHIC primary care benefit package (Konsulta benefit). This will enable access to services such as family planning procedures (e.g., intrauterine device and subdermal implant insertion) and maternal care packages not otherwise available outside tertiary hospitals. Under subprogram 2, the government will encourage LGUs to increase their health spending with policy directions via an updated health financing strategy. Regulations for private health insurance providers including health maintenance organizations will be issued to align their benefit and coverage policies with those of PHIC, including coverage of diagnostic tests for women such as breast, cervical, and ovarian cancer screening and maternity care and

[23] The Commission on Higher Education, Department of Budget and Management, Department of Information and Communications Technology, Department of the Interior and Local Government, Department of Social Welfare and Development, Insurance Commission, National Economic and Development Authority, Philippine Amusement and Gaming Corporation, Philippine Charity Sweepstakes Office, PSA, and Professional Regulation Commission.

[24] DOH. 2020. *Universal Health Care Medium Term Expenditure Program, 2020–2023*. Manila.

[25] The government and ADB will undertake a joint assessment of the reform requirements upon completion of subprogram 1. If necessary, a third subprogram may be proposed with indicative reforms drawn up during the early stages of the roll-out of reforms under the second subprogram.

[26] Official Gazette. 2019. *Republic Act No. 11346—An Act Increasing the Excise Tax on Tobacco Products, Imposing Excise Tax on Heated Tobacco Products and Vapor Products, and Earmarking a Portion of the Total Excise Tax Collection for Universal Health Care* as amended by *Republic Act No. 11467.* Manila.

[27] As cited in Section 37.1.c of the Implementing Rules and Regulation of the UHC Act, Rule IX on Appropriations.

[28] PCWHS are collectively an integrated health system comprising provinces, component cities, and municipalities with technical supervision by the provincial health board (for provinces), and by city health boards (for city-wide health systems).

deliveries. This will ensure that the 10.1% of CHE flowing through private health insurance are supporting the objectives of the UHC Act. The roll out of the comprehensive PHIC outpatient benefit package consisting of improved *Konsulta* benefits and other outpatient benefits, as well as the implementation of diagnosis-related groups to pay hospitals and global budget payments,[29] will further strengthen strategic purchasing of health services.[30]

13. **Reform area 2: Integrated delivery of quality health services.** Under subprogram 1, the government is improving access to quality health services by (i) expanding the supply of doctors with scholarships and other incentives under the Doktor Para sa Bayan Law;[31] (ii) upgrading the supply and quality of health facilities under the updated Philippine Health Facility Development Plan, which incorporates low-carbon and disaster-resilient technology, and gender-responsive interventions, such as assigning at least one nurse or midwife per health station and birthing facility to provide barangay-level access to maternal and child health care services; (iii) issuing guidelines and mechanisms for organizing health care provider networks;[32] (iv) facilitating access to face-to-face, telemedicine, and online-based primary care services; and (v) requiring compliance with the Health Promotion Strategic Framework and its 7 priority areas and with the DOH policies on the continuous provision of essential health services during emergencies and pandemics, including SRH services for women, children, and adolescents.[33] Under subprogram 2, the delivery of quality health services by LGUs will be strengthened by revising hospital licensing rules and requiring local-level health facility development plans, with these rules and plans expected to govern local investments in low-carbon, disaster-resilient, and gender-responsive health facilities.[34] Increased supply of primary care workers is expected with the incorporation of a primary care focus in all health degree and training programs, and increased number and enhanced role of barangay health workers. This will be complemented by the promotion of healthy cities, workplaces, and schools and the expanded provision of online primary care services.

14. **Reform area 3: Information management and performance accountability for UHC.** Under subprogram 1, the government is ensuring performance accountability of the key players in UHC by (i) strengthening the technical expertise and gender balance of the PHIC board, (ii) expanding the use of digital health tools in the health sector including electronic claim submissions to PHIC and the use of electronic medical records, and (iii) requiring health impact assessments in LGU development projects to systematically identify their potential health impacts. Under subprogram 2, the government will support the development and implementation of an

[29] Diagnosis-related groups pay fixed amounts for hospital care based on costed payment categories regardless of the actual costs incurred. Global budget payments are fixed prepayments made to a group of providers or a health care system, covering most or all of a patient's care during a specified time period.

[30] Strategic purchasing of health services is using purchasing power to incentivize or motivate health care providers to be more efficient and to deliver high-quality care, while also directing the population through the health system to use services in the most cost-effective way.

[31] Official Gazette. 2020. *Republic Act No. 11509—An Act Establishing Medical Scholarship and Return Service*. Manila.

[32] Health care provider networks are groups of primary to tertiary care providers (whether public, private, or mixed) offering comprehensive care in an integrated and coordinated manner.

[33] The 7 priority areas of the DOH Health Promotion Strategic Framework include mental health, maternal health care, sexual and reproductive health, violence and injury prevention against women and children. DOH will coordinate with the Department of Social Welfare and Development in implementing health promotion activities among conditional cash transfers (4Ps) families in their family development sessions.

[34] Gender-responsive health facilities recognize the different health needs and experiences of males and females, such as dedicated triage areas for women's SRH needs, adequate screening for male- and female-specific noncommunicable diseases, and appropriate numbers of male and female health professionals.

interoperable national health information system, gender-sensitive[35] annual household surveys and reviews of UHC, and performance-based health-related transfers to LGUs and health facilities.

15. **Sustainability of reforms.** ADB-supported reforms will contribute to sustaining increased financing, expanding the supply and integration of health care providers, enhancing the use of digital tools in the health sector, improving the implementation capacity of the DOH and PHIC, and strengthening collaboration with other government agencies and the private sector, which are expected to help achieve and sustain UHC.

16. **ADB sector experience and lessons learned.** ADB's COVID-19 response assistance to the Philippines has stimulated a return of ADB support for the health sector after its last health project in the Philippines in 2009.[36] These new projects signal ADB's long-term support for the sector and reaffirm lessons learned from previous ADB-financed projects with respect to achieving a balance between decentralized health systems at the LGU level and a whole-of-government approach at the national level to implement reforms like UHC.[37]

17. **ADB value addition.** ADB has been supporting the development of the updated Philippine Health Facility Development Plan, Health Impact Assessment guidelines, and other policy reforms in health service delivery and information management. ADB has access to global and regional best practices and brings in its experience in supporting other developing member countries to design and implement health financing, health service delivery, and digital health innovations. ADB's program support for local government strengthening, COVID-19 response assistance (footnote 36), and ongoing and planned technical assistance complement the proposed support for UHC.[38]

18. **Donor coordination.** ADB will leverage ongoing technical support being provided to the DOH and PHIC by the World Health Organization, United States Agency for International Development, and other multilateral and bilateral organizations, by collaborating with them on UHC policy actions. To ensure that synergy with other donor support is maximized, donor coordination will be facilitated through the Bureau of International Health Cooperation of DOH, and the International and Local Engagement Department of PHIC.

C. Expected Outcome of the Reform

19. The program outcome will be equitable access to quality health services improved. It aligns with the country's development objectives of reducing poverty, inequality, and the vulnerability of individuals and families; and assuring health care for all Filipinos at all life stages (footnote 1).

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[35] Incorporating a gender-sensitive lens in the survey instrument and indicators includes taking into account the different roles, responsibilities, and access to resources of the respondents; recognizing their different health-related needs depending on their biological functions and lifestyle; disaggregating data by sex, age, and other variables; and identifying female-headed households, among others.

[36] ADB. Philippines: COVID-19 Active Response and Expenditure Support Program; ADB. Philippines: Health System Enhancement to Address and Limit COVID-19; and ADB. Philippines: Second Health System Enhancement to Address and Limit COVID-19 under the Asia Pacific Vaccine Access Facility.

[37] ADB. Philippines: Health Sector Development Program; and ADB. Philippines: Credit for Better Health Care Project. Summary of Lessons from Past ADB Assistance in Health for the Philippines (accessible from the list of linked documents in Appendix 4).

[38] ADB. Regional: Regional Support to Address the Outbreak of COVID-19 and Potential Outbreaks of Other Communicable Diseases; and ADB. Regional: Support for Human and Social Development in Southeast Asia. ADB is also exploring technical assistance support to be financed by the Japan Fund for Poverty Reduction and the Republic of Korea's e-Asia and Knowledge Partnership Fund to finance local UHC policy actions.

D. Development Financing Needs and Budget Support

20. For 2021, the government's projected total gross borrowing requirement is estimated to reach $62.3 billion. The government plans to raise about $53.3 billion from treasury bills and bonds, $3.2 billion from official development assistance, and $5.8 billion from other external sources.[39] It has requested $400 million each for subprograms 1 and 2.[40]

E. Implementation Arrangements

21. The DOF is the executing agency, with the DOH and PHIC as implementing agencies supported by a committee composed of government agencies supporting UHC (para. 10). The implementation period of subprogram 1 is January 2019 to May 2021. Subprogram 2 will cover June 2021 to May 2023.

III. DUE DILIGENCE REQUIRED

22. This will include (i) program impact assessment; (ii) economic and financial analysis; (iii) health sector assessment; (iv) review of procurement, financial management, governance, and institutional risks; (v) gender analysis; (vi) safeguards assessment; (vii) social and poverty analysis; (viii) disaster risk assessment of health facilities; and (ix) anti-corruption systems review.

IV. PROCESSING PLAN

A. Risk Categorization

23. The program is categorized *complex* because of its loan size. No adverse social or environmental impacts are anticipated. Initial safeguards categories are C for the environment, involuntary resettlement, and indigenous peoples as per ADB's Safeguard Policy Statement (2009).

B. Resource Requirements

24. In addition to ADB staff time comprising about 20 person-months for international staff and 20 person-months for national staff, consulting resources will be mobilized.

C. Processing Schedule

25. Concept clearance and loan fact-finding mission are expected in June 2021, followed by the informal Board seminar, management review meeting and loan negotiations in July 2021, and Board consideration in September 2021. Loan signing is expected in October 2021.

V. KEY ISSUES

26. Given the wide-ranging scope and complexity of the reforms, inter-ministerial coordination and consultations with nongovernment stakeholders will be challenging. ADB is providing technical support to relevant line ministries to improve coordination and facilitate consultations.

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[39] Department of Budget and Management. 2021. *Budget of Expenditures and Sources of Financing 2021*. Manila.

[40] As noted in footnote 25, ADB may consider subprogram 3 supporting further UHC reforms, subject to discussions with the government.

PRELIMINARY POLICY DESIGN AND MONITORING FRAMEWORK

Country's Overarching Development Objectives
Poverty, inequality, and vulnerability of individuals and families reduced and health care for all Filipinos at all life stages assured (Updated Philippine Development Plan 2017-2022)[a]

Outcome	**Risks and Critical Assumptions**
Equitable access to quality health services improved	Risk: Coordination and collaboration between different national agencies and local governments reduced or weakened by leadership changes in national agencies and LGUs, and other reasons Assumption: Key reform areas in the UHC Act are implemented as enacted and are not amended or the implementation postponed

Indicative Policy Actions: Subprogram 1 (January 2019-May 2021)	**Indicative Policy Actions: Subprogram 2 (June 2021-May 2023)**	**Outcome Indicators**
Reform Area 1: Sustainable financing and strategic purchasing for UHC		
Universal population coverage 1.1 To ensure universal population coverage, the government will mandate automatic membership of every Filipino in the National Health Insurance Program ***Increased financing for UHC*** 1.2 To increase sustained financing for UHC, the government will increase the earmarks of excise taxes on sugar-sweetened beverages, alcohol, tobacco, heated tobacco, and vapor products that will finance UHC implementation. 1.3 To increase sustained financing for UHC, the government through DOH, DBM, DOF, PCSO, PAGCOR, and PHIC will issue a joint memorandum circular to implement the transfer of 50% of income from PAGCOR and 40% of charity fund of the PCSO[b] to the national health insurance fund managed by the PHIC to finance UHC implementation. ***Strategic health purchasing*** 1.4 To strengthen strategic health purchasing, the government through DOH, DILG, DBM, DOF, and PHIC will jointly issue a memorandum circular establishing the Special Health Fund, which will pool local-level health financing and enable paying the remuneration for additional health workers of which majority are women. 1.5 To expand access to primary care services, the government through PHIC will implement expanded primary care benefit packages including family planning (e.g., intrauterine device and subdermal implant insertion),	***Universal population coverage*** 2.1 To sustain universal population coverage, the government through PHIC and PSA will integrate the information systems of NHIP and PhilSys[d] to ensure automatic PHIC membership for all Filipino adults and children (PHIC, PSA) ***Increased financing for UHC*** 2.2 To sustain increased financing for UHC, the government through DOH and PHIC will approve the National Health Financing Strategy 2021-2040, which lays out clear policy directions, performance benchmarks, and technical guidance to national and local governments on UHC financing 2.3 To align the private health insurance financing with the government financing for UHC, the government through DOH, PHIC, and the Insurance Commission will regulate the benefits and coverage rules of private health insurance providers including health maintenance organizations by mandating the coverage of diagnostic tests for women such as breast, cervical, and ovarian cancer screening, and maternity care and deliveries. ***Strategic health purchasing*** 2.4 To further strengthen strategic health purchasing, the government through PHIC will implement a comprehensive PHIC outpatient benefit package,[e] including sexual and reproductive health care services responding to the needs of women, for all members including senior citizens, of which 58.8% are women. 2.5 To ensure efficient use of UHC funds and improve the financial protection of those accessing health care services, the government will implement provider payment reforms[f] for health services including women's health services.	**By 2024:** a. Percentage of out-of-pocket expenditure decreased to 40.0% of current health expenditure[g] (2019 baseline: 47.9%) (Source: PSA, National Health Accounts, annual) b. Local government health expenditure as a percentage of current health expenditure increased by at least 5 percentage points[g] (2019 baseline: 8.4%) (Source: PSA, National Health Accounts, annual)

Indicative Policy Actions: Subprogram 1 (January 2019-May 2021)	Indicative Policy Actions: Subprogram 2 (June 2021-May 2023)	Outcome Indicators
maternal care packages,[c] and screening for cervical and breast cancers available to all PHIC members.		
Reform Area 2: Integrated delivery of quality health services		
Climate-smart, disaster-resilient, and gender-sensitive health care providers 1.6 To increase the supply of climate-smart, disaster-resilient, and gender-sensitive health facilities, the government through DOH will (i) implement the Philippine Health Facility Development Plan,[h] and (ii) require government and private health care providers to organize themselves into health care provider networks, which will incorporate gender-responsive interventions, disaster resilience, climate change adaptation and mitigation, and measures to implement medical waste management. ***Increased primary care providers*** 1.7 To increase the number of primary care providers and ensure continuous provision of essential health services such as SRH to women, children, and adolescents especially during pandemics and emergencies,[i] the government through DOH, PHIC, DILG, and DSWD will issue guidelines on: (i) primary care facility standards, (ii) registration for facility-based primary care services, (iii) integration of local health systems into province-wide and city-wide health care provider networks[j] with designated primary care providers; and (iv) provision of telemedicine and online primary care services. ***Enhanced health promotion services*** 1.8 To broaden the delivery of health promotion services, the government through DOH will implement the Health Promotion Strategic Framework[k] focusing on 7 priority areas including sexual and reproductive health, and safety and inclusivity, consistent with the UHC Act's vision of healthy living, schooling, and working environments. ***Increased health workers supply*** 1.9 To increase the availability of doctors in every municipality, especially the underserved, remote, economically underdeveloped, conflict-affected, and geographically disadvantaged areas, the government will enact the Doktor Para sa Bayan law providing scholarships for doctors and deployment guidelines for municipalities.	***Climate-smart, disaster-resilient, and gender-sensitive health care providers*** 2.6 To promote LGU investments in disaster-resilient, climate-smart, and gender-responsive health care facilities,[l] the government through DOH will approve hospital licensing rules, and through DOH and DILG will require the preparation of local-level health facility development plans. ***Increased primary care providers*** 2.7 To expand online primary care services, the government through DOH, DSWD, and LGUs will integrate the Wireless Psychosocial Support (WI-Support): Technology Based Mental Health and Psychosocial Support for Affected Individuals and Families of COVID-19 Pandemic and Other Crisis Situations program within the primary care services provided by PCWHS. ***Enhanced health promotion services*** 2.8 To expand the provision of health promotion services beyond the health sector, the government through DOH, DILG, and LGUs will implement the Health Promotion Strategic Framework through communities, schools, and workplaces with standards and services guided by the DOH GAD Strategic Framework for UHC and supported by training modules and capacity development activities—both face-to-face and online—for gender-responsive health service delivery.[m] ***Increased health workers supply*** 2.9 To increase the supply of health workers providing primary care services, the government through DOH and DILG will (i) formalize the role of BHWs with standardized definitions of BHW positions and a national registry of BHWs; (ii) accelerate LGUs' hiring and compensation of BHWs, who are 97% female; (iii) institute, through DOH, CHED and PRC, a retention and tenure system for BHWs to transition them from voluntary workers to a more secure nature of work, recognizing the central role that they play in the delivery of primary care services in LGUs, particularly those considered geographically isolated and disadvantaged areas; and (iv) require the incorporation of primary care modules into all health degree	c. UHC service coverage index increased by 10 percentage points[n] (2017 baseline: 61%) (Source: World Health Organization UHC Service Coverage Index, 2-3 years frequency of dissemination) d. Proportion of births attended by skilled health personnel increased by 5 percentage points[o] (2017 baseline: 84%) (Source: PSA, National Demographic and Health Survey, every 3 years)

Indicative Policy Actions: Subprogram 1 (January 2019-May 2021)	Indicative Policy Actions: Subprogram 2 (June 2021-May 2023)	Outcome Indicators
	and health training programs, including medical residency programs.	
Reform Area 3: Information management and performance accountability for UHC		
Interoperable health information systems 1.10 To accelerate making health information systems interoperable and improve performance monitoring of health care providers, the government through PHIC will implement (i) electronic PHIC hospital claim submission, and (ii) compliance with the electronic medical record system (eKonsulta) to access PHIC primary care benefits. ***Monitoring performance and health impacts*** 1.11 To improve gender parity and technical expertise of the PHIC Board[p] governing the performance of PHIC, the government will add 3 experts with expertise in public health, management, finance, and health economics, and will require at least 1 of the 3 experts, and at least 2 of the 5 sector panel members to be female. 1.12 To ensure systematic identification of potential health impacts of development projects, the DOH and DILG will jointly issue an administrative order setting the guidelines for the implementation of the Health Impact Assessment[q] on all local level development initiatives.	***Interoperable health information systems*** 2.10 To ensure interoperable health information systems, the government through DOH, DICT, and PHIC will implement data sharing and interoperability of public and private health information systems by (i) requiring electronic capture of health data at all health care levels, and (ii) making available individual-level electronic medical records as needed and in compliance with data privacy and related laws. ***Monitoring performance and health impacts*** 2.11 To ensure performance monitoring of the UHC Act, the government through DOH and PSA will formulate and conduct gender-sensitive annual household surveys,[r] and publish annual provincial burden of diseases. 2.12 To incentivize improved health system performance, the government through DOH, DILG, and DBM will provide performance grants (frequency to be determined) to LGUs, DOH hospitals, and other government health facilities based on LGU Health Scorecard, health-related indicators of the Seal of Good Local Governance, and CQI hospital quality scores, including their climate and disaster resilience, and gender responsiveness.[s]	e. Philippine Governance System progressed to Institutionalization stage[t] (2021 baseline: Philippine Governance System at Proficiency stage) (Source: Institute for Solidarity in Asia, Philippine Governance System) f. Global Digital Health Index overall score increased to 5[u] (2020 baseline: 4) (Source: Health Enabled and Global Development Incubator; Global Digital Health Index)
Budget Support Asian Development Bank Subprogram 1: $400 million (policy-based loan) Subprogram 2: $400 million (policy-based loan, indicative)		

BHW = *barangay* health worker, CHED = Commission on Higher Education, COVID-19 = coronavirus disease, CQI = continuous quality improvement, DBM = Department of Budget and Management, DICT = Department of Information and Communications Technology, DILG = Department of the Interior and Local Government, DOF = Department of Finance, DOH = Department of Health, DSWD = Department of Social Welfare and Development, GAD = gender and development, LGU = local government unit, NHIP = National Health Insurance Program, PAGCOR = Philippine Gaming Corporation, PCSO = Philippine Charity Sweepstakes Office, PCWHS = province- and city-wide health systems, PHIC = Philippine Health Insurance Corporation, PhilSys = Philippine Identifications System, PRC = Professional Regulation Commission, PSA = Philippine Statistics Authority, SRH = sexual and reproductive health services, UHC = universal health care.

[a] National Economic and Development Authority. 2021. *Updated Philippine Development Plan 2017–2022*. Manila.

[b] The transfer from the charity fund will be attributed to PCSO's Gender Equality, Diversity, and Social Inclusion Program, subject to the applicable rules and regulations of Republic Act 9710, known as the Magna Carta of Women.

[c] Under Section VII of the PHIC Administrative Order 2020-0021, the guidelines on the *Konsulta* package, the expanded PHIC primary care benefits, provide that: (i) health facilities should have trained health professionals on family planning procedures (e.g., intrauterine device and subdermal implant insertion); and (ii)

health facilities seeking accreditation to provide the *Konsulta* package are encouraged to also apply as providers for other benefits such as the maternal care package, TB-DOTs package, outpatient HIV antivirual treatment packages, and animal bite treatment package.

[d] PhilSys is the national ID information system of the Philippines.

[e] The *Konsulta* package, the expanded PHIC primary care benefit package, will improve the current primary care benefits by including improved access to diagnostic screening for women such as breast, ovarian, and cervical cancer screenings. This will also help address higher burden of out-of-pocket costs for health services experienced by women than men due to non-coverage or limits on coverage for sexual and reproductive health services.

[f] Provider payment reforms will be an expansion of both (i) case payments into diagnosis-related group (DRG) for hospital care and (ii) capitation payments into global budget payments for primary care. Case payment and DRGs pay fixed amounts for hospital care based on costed payment categories regardless of the actual costs incurred. DRGs are more sophisticated case payments which can make payment adjustment based on disease severity, treatment complexity and other reasons. Capitation payment is where a health care provider is paid a fixed amount per person assigned to the provider, with the per capita / capitation payment usually covering an agreed set of primary care services. Global budget payments are fixed prepayments made to a group of providers or a health care system, covering most or all of a patient's care during a specified time period.

[g] Philippine Statistics Authority. National Health Accounts (accessed on 1 March 2021). Current health expenditure includes health care goods and services consumed each year but excludes capital health expenditure.

[h] The Philippine Health Facility Development Plan institutionalized having one nurse or midwife per health station and birthing facility, recognizing the importance of every barangay's access to maternal and child health care services. The plan also includes ensuring that the barangay health stations have services for family visits, as well as birthing facilities. Polyclinics serving as intermediate care between primary care facilities and hospitals must contain outpatient specialty care which include obstetrics-gynecology services. In the area of providers and/or workers, the implementing rules and regulations of RA 11210 or the 105-Day Expanded Maternity Leave Law enacted in May 2019 extends paid maternity leave from 60 days to 105 days for female workers in the public sector, private sectors, and informal economy. Complementing this intervention for pregnant women is DOH Memorandum Circular 2020-027 which ensures that all workers in DOH, including hospital workers, are provided with health and/or psychosocial interventions, and that pregnant employees are given priority on their preferred schedules on alternative work arrangements during pandemics and emergencies.

[i] Primary care services include services addressing the sexual and reproductive health needs of men and women including family planning services and women and child protection services. DOH Department Circular 2020-0167 on the "Continuous provision of essential health services during the COVID-19 epidemic" specifically mentions the continuous provision of antenatal, post-partum care services; essential intrapartum and newborn care including promotion of exclusive breastfeeding; and sexual and reproductive health services including provision of family planning commodities and women and child protection services. Meanwhile, DOH Department Memorandum 2020-0341 on "Interim guidelines on continuous provision of adolescent health services during COVID-19 pandemic" recognizes the vulnerability of young people to experience psychosocial risks, gender-based violence, and reproductive health issues including difficulties in accessing services because of stigma, culture, economic, physical, or mental limitations; and provides for sexual and reproductive health services, nutrition services, mental health and psychosocial services, and HIV/AIDS and sexually-transmitted infections services.

[j] Health care provider networks are groups of primary to tertiary care providers (whether public, private, or mixed) offering comprehensive care in an integrated and coordinated manner.

[k] The 7 priority areas of the DOH Health Promotion Strategic Framework include mental health, maternal health care, sexual and reproductive health, violence and injury prevention against women and children. DOH will coordinate with DSWD in implementing health promotion activities among conditional cash transfers (4Ps) families in their family development sessions.

[l] In this context, gender-responsive health facilities recognize the different health needs and experiences of males and females: e.g., providing dedicated triage areas for women's sexual and reproductive health needs; providing adequate screening for male and female specific noncommunicable diseases; ensuring appropriate numbers of male and female health professionals in all specializations to respond to cultural care requirements such as female birth attendants for certain religion and/or ethnic groups.

[m] Gender-responsive health service delivery has several aspects of health service delivery such as testing, counselling, and actual services provided by the DOH health system with a gender lens.

[n] World Health Organization. UHC Service Coverage Index and Global Health Observatory Data (accessed on 1 March 2021).

[o] Philippine Statistics Authority, National Demographic and Health Survey 2018.

[p] Section 13 of the UHC Act specifically requires that at least 1 of the expert panel members and at least 2 of the sectoral panel members be women. The law preceding this, RA 10606 or the NHI Act of 2013, did not provide for gender parity in board membership and composition.

[q] The DOH-DILG Joint Administrative Order 2021-0001 on the guidelines for the operationalization of the health impact assessment review process for development projects defines health impact assessment as a "means of assessing the health impacts of policies, programs, and projects in diverse economic sectors before, during, and after implementation." These impacts range from positive to negative, and may affect different sectors of the population, from the elderly, pregnant and lactating women, children, persons with disabilities, indigenous peoples, etc.

[r] Incorporating a gender-sensitive lens in the survey instrument and indicators includes considering the different roles, responsibilities, and access to resources of the respondents; recognizing their different health-related needs depending on their biological functions and lifestyle; disaggregating data by sex, age, and other variables; and identifying female-headed households, among others.

[s] The indicators in the scorecard recognize the different needs and experiences of males and females, such as the inclusion of indicators on access to primary sexual and reproductive health services. The LGU Health Scorecard specifically includes indicators on modern contraceptive prevalence rate and adolescent birth rate to be reported at the levels of the municipal, highly urbanized cities, and provincial levels.

[t] Institute for Solidarity in Asia. Home (accessed on 1 March 2021). The stages of good governance are Initiation (the lowest), then Compliance and Proficiency with Institutionalization as the highest level.

[u] Health Enabled and Global Development Incubator. Global Digital Health Index (accessed on 1 March 2021).

Source: Asian Development Bank.

TECHNICAL ASSISTANCE FACILITY UTILIZATION UPDATE

1. The technical assistance (TA) for Strengthening Social Protection Reforms in the Philippines was approved on 9 February 2016 in the amount of $1 million from TA special funds resources (TASF)-Other sources of the Asian Development Bank (ADB). The TA was re-classified as a TA facility on 14 November 2018 to include implementation support for selected, ongoing social protection projects in the Philippines and the design of new ones. The TA amount was increased by (i) $1 million from ADB's TASF-Other sources on 10 July 2020, to include a new output for future ADB support initiatives related to education and health in the Philippines; (ii) $2.9 million ($0.8 million from TASF-Other sources, $1 million from the High-Level Technology Fund,[1] and $1.1 million from the Australian Government Department of Foreign Affairs and Trade, both administered by ADB); and (iii) $1.1 million funded by TASF-Other sources on 11 December 2000 to support the implementation of additional education and health projects, including the proposed policy-based loan. These increases brought the TA amount to $6 million. The TA facility was renamed Strengthening Social Protection, Education, and Health Reforms Facility to reflect its broader coverage more accurately. The original TA completion date of 31 December 2019 was extended to 31 December 2023, given its support for active and pipelined projects until 2023. As of 12 May 2021, contract awards totaled $2.68 million and disbursements totaled $1.08 million.

2. The TA facility will deliver the following outputs: (i) policy gaps in social protection identified and options developed, (ii) operational gaps and governance risks in social protection service delivery identified and action plans prepared, (iii) knowledge products on best practices in social protection prepared and disseminated, (iv) a new social protection project prepared and implemented, and (v) health and education projects prepared and implemented. The TA facility will provide consulting services support to prepare the proposed policy-based loan, Build Universal Health Care (subprogram 1).

3. **Resources under the technical assistance facility.** The updated consultants' input allocation from the TA facility is in Table A3.1, and the updated budget allocation is in Table A3.2. It is confirmed that (i) the TA facility has adequate resources, and (ii) the existing terms of reference for consultants are sufficient to undertake the activities required to deliver the outputs for the ensuing Build Universal Health Care Program (subprogram 1).

[1] Financing partner: the Government of Japan.

Table A2.1: Updated Consultants' Input Allocation from the Technical Assistance Facility
(person-month)

Item	Total	Project 1[a]	Project 2[b]		Project 3[c]	Project 4[d]	Project 5[e]
			A	B			
Individual Consultants							
International							
Architect/health infrastructure specialist	**5.0**				2.0	3.0	
Artificial intelligence expert	**2.0**			2.0			
Curriculum and pedagogy	**4.0**				4.0		
Data architect	**4.0**			4.0			
Digital identity (biometric) expert	**2.0**			2.0			
Economist/health economist	**8.0**				3.0	5.0	
Fourth industrial revolution expert	**4.0**				4.0		
IT specialist/IT security expert	**6.0**			6.0			
Financial management and operations risk specialist	**0.0**						
GRS expert	**6.0**			6.0			
PPP/finance specialist (industry engagement)	**3.0**				3.0		
Procurement specialist	**11.0**					5.0	6.0
Software engineer	**9.0**			9.0			
Social policy expert	**18.0**	3.0	4.0	11.0			
Social protection economist/social sector specialist	**11.6**	4.0	7.6		4.5		
TVET specialist	**4.5**						
Subtotal (international)	**98.1**	**7.0**	**11.6**	**40.0**	**20.5**	**13.0**	**6.0**
National							
Architect/health infrastructure specialist	**7.0**				4.0	3.0	
Civil engineer	**3.0**				3.0		
Communication and counselling specialist	**3.0**				3.0		
Digital health specialist	**3.0**					3.0	
Economist (health/survey/M&E specialist)	**13.0**		7.0		3.0	3.0	
Financial management and operations risk expert	**20.0**	6.0	6.0		5.0	3.0	
Gender	**30.0**				3.0	3.0	24.0
Governance and public finance specialist	**14.9**		9.9		5.0		
IT specialist/IT reform specialist	**14.0**	11.0			3.0		
Knowledge and communication specialist	**8.0**		4.0	4.0			
Organizational/institutional development specialist	**10.0**	6.0			4.0		
Procurement specialist	**17.0**	6.0	3.0		5.0	3.0	
Project coordinator	**24.0**			24.0			
Public health consultant	**6.0**						6.0

Item	Total	Project 1[a]	Project 2[b]		Project 3[c]	Project 4[d]	Project 5[e]
			A	B			
Risk communication/health promotion experts	**16.0**						16.0
Rural livelihood and development	**3.0**				3.0		
Training education or equipment specialist	**3.0**				3.0		
Safeguards specialist (environment/resettlement/IP)	**16.0**		4.0		3.0	9.0	
Social policy expert	**28.5**	16.5	12.0				
Social protection economist	**6.0**		6.0				
Software engineer (IT integration/GRS)	**62.0**		62.0				
Technical editor	**1.5**	1.5					
Subtotal (national)	**308.9**	**47.0**	**113.9**	**28.0**	**47.0**	**27.0**	**46.0**
Total (individual consultants)	**407.0**	**54.0**	**125.5**	**68.0**	**67.5**	**40.0**	**52.0**
Consulting firm (graduation approach)							
International							
Graduation approach expert/team leader	**4.0**			4.0			
Technical coordinator/deputy team leader	**0.0**			0.0			
Subtotal (international)	**4.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
National							
Monitoring and data expert	**24.0**			24.0			
Field manager	**24.0**			24.0			
Subtotal (national)	**56.0**	**0.0**	**0.0**	**56.0**	**0.0**	**0.0**	**0.0**
Total (consulting firm)	**60.0**	**0.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**
TOTAL (international, individuals and firm)	**102.1**	**7.0**	**11.6**	**44.0**	**29.5**	**13.0**	**6.0**
TOTAL (national, individuals and firm)	**364.9**	**47.0**	**113.9**	**84.0**	**47.0**	**27.0**	**46.0**
TOTAL (international and national)	**467.0**	**54.0**	**125.5**	**128.0**	**67.5**	**40.0**	**52.0**
TOTAL (individuals and firm)	**467.0**	**54.0**	**125.5**	**128.0**	**67.5**	**40.0**	**52.0**

GRS = grievance redress system, IP = indigenous peoples, IT = information technology, M&E = monitoring and evaluation, PPP = public–private partnership, TVET = technical and vocational education and training.

[a] Project 1 is the ongoing technical assistance supporting the Social Protection Support Program—Additional Financing.

[b] Project 2A is for the preparation of the Expanded Social Assistance Project, and Project 2B is for its implementation.

[c] Project 3 is for the preparation of the Integrating Innovation System in Philippine Technical and Vocational Education and Training Project.

[d] Project 4 is for the preparation of the Building Up Implementation and Local Drivers for Universal Health Care Sector Development Program.

[e] Project 5 is for the preparation and implementation of the Health System Enhancement to Address and Limit COVID-19.

Source: Asian Development Bank.

Table A2.2: Updated Budget Allocation from the Technical Assistance Facility

($'000)

Item	Project 1[a] (TASF)	Project 2[b]				Project 3[c] (TASF)	Project 4[d] (TASF)	Project 5[e] (TASF)[h]	Revised Total
	(a)	TASF[f]	DFAT[g]	HLT Fund[h]	Subtotal (b)	(c)	(d)	(e)	(a)+(b)+(c)+(d)+(e)
1. Consultants	**360.5**	**955.0**	**475.0**	**830.0**	**2,260.0**	**596.7**	**479.3**	**446.0**	**4,142.5**
(a) Remuneration and per diem									
(i) International consultants	80.0	350.0	180.5	594.0	**1,124.5**	261.8	202.6	108.0	1,776.9
(ii) National consultants	250.0	450.0	159.5	186.0	**795.5**	284.1	226.1	288.0	1,843.7
(b) International and local travel	30.0	150.0	95.0	50.0	**295.0**	48.8	48.3	50.0	472.1
(c) Reports and communications	0.5	5.0	10.0	-	**15.0**	2.0	2.4	-	19.9
(d) Office operations	-	-	30.0					-	-
2. Training, seminars, and conferences	**275.0**	**300.0**	**120.0**	**90.0**	**510.0**	**26.0**	**80.0**	**110.0**	**1,001.0**
(a) Facilitators and resource persons	45.0	150.0	100.0	50.0	**300.0**	160	40.0	30.0	431.0
(b) Meetings, seminars, and workshops	230.0	150.0	20.0	40.0	**210.0**	10.0	40.0	80.0	570.0
3. Studies and surveys	**2.5**	**30.0**	**55.0**	**30.0**	**115.0**	**10.0**	**60.0**	-	**187.5**
4. Equipment	**-**	**-**	**5.0**	**-**	**5.0**	**0.0**	**-**	-	**5.0**
5. Miscellaneous administration and support costs	**-**	**50.0**	**430.0**[i]	**-**	**480.0**	**5.0**	**15.0**	-	**500.0**
6. Contingencies	**2.0**	**25.0**	**15.0**	**50.0**	**90.0**	**12.3**	**15.7**	44.0	**164.0**
	640.0	**1,360.0**	**1,100.0**	**1,000.0**	**3,460.0**	**650.0**	**650.0**	**600.0**	**6,000.0**

DFAT = Australian Government Department of Foreign Affairs and Trade, HLT Fund = High-Level Technology Fund, TASF = Technical Assistance Special Fund.

[a] Project 1 is the ongoing technical assistance supporting the Social Protection Support Program—Additional Financing.

[b] Project 2A is for the preparation of the Expanded Social Assistance Project, and Project 2B is for its implementation.

[c] Project 3 is for the preparation of the Integrating Innovation System in Philippine Technical and Vocational Education and Training Project.

[d] Project 4 is for the preparation of the Building Up Implementation and Local Drivers for Universal Health Care Sector Development Program.

[e] Project 5 is for the preparation and implementation of the Health System Enhancement to Address and Limit COVID-19.

[f] Includes project preparation.

[g] Administered by the Asian Development Bank (ADB).

[h] Financing partner: the Government of Japan. Administered by ADB.

[i] This amount also includes ADB's administration fee, audit costs, bank charges, and provision for foreign exchange fluctuations (if any), to the extent that these items are not covered by the interest and investment income earned on this grant or any additional grant from the Government of Australia.

Source: ADB estimates.

LIST OF LINKED DOCUMENTS

http://www.adb.org/Documents/LinkedDocs/?id=55105-001-ConceptPaper

1. Initial Poverty and Social Analysis
2. Sector Assessment (Summary): Health

Supplementary Documents

3. Strategic Directions for ADB Assistance in Health for the Philippines
4. Summary of Lessons from Past and Ongoing ADB Assistance in Health for the Philippines