

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: SESS

TA No. and Name TA 2354-PHI: Sustaining Health of the Working-Age Population		Amount Approved: \$575,000	
		Revised Amount: n.a.	
Executing Agency: Department of Health (DOH)	Source of Funding: JSF	TA Amount Cancelled \$207,165	TA Amount Utilized \$367,835
Date		Completion Date	
Approval 30 June 1995	Signing 10 October 1995	Fielding of Consultants 15 February 1996	Original Actual May 1996 June 2002
		Closing Date	
		Original May 1996	Actual November 2003
Description			
<p>In 1994 the Philippines' Department of Health (DOH) adopted a Ten-Year Investment Plan that included six priority investment packages. At the time, ADB's assistance to DOH already covered the two top priority investment packages of the Investment Plan, the Women's Health and Safe Motherhood (Loan 1331 PHI¹) and a sector review of Early Childhood Development undertaken jointly by the ADB and the World Bank.² Subsequently, the Government of the Philippines requested ADB to also support the third priority of the DOH Investment Plan that focused on sustaining health of the working-age population. TA 2354-PHI³ was approved in June 1995 to respond to this request. Consistent with ADB's assistance program for the health sector, the TA was to develop a master plan for sustaining the health of the working-age population and a framework for project assistance to prevent and control major diseases affecting economically active adults.</p>			
Objectives and Scope			
<p>The objectives of the TA were to assist the Government in identifying priorities by means of a master plan managing and financing the prevention of chronic diseases and to extending affordable health care to the working-age population. The master plan was to (i) provide a health situation analysis of the working-age population in the Philippines; (ii) analyze the impact of the shift from infectious to chronic and degenerative diseases on health services delivery, health management, and the affordability of health care; (iii) review related Government policies, goals, and intervention programs; (iv) support DOH's strategic change from service provider to regulator, coordinator of health planning, and quality control manager for health programs devolved to local government units (LGUs); (v) examine the technical and managerial challenges of devolution, particularly in public hospitals and rural health units, and recommend a strategy for the management and budgeting of adult health services by LGUs; and (vi) develop a medium-term investment plan for adult health services based on unit cost analysis, public expenditure reviews, and clearly delineated costsharing formula for the Government and LGUs, the private sector, and external agencies.</p> <p>The TA aimed at defining the public sector's role under devolution regarding the prevention of communicable diseases (e.g., tuberculosis [TB], malaria, schistosomiasis, and HIV/AIDS), the two non-communicable diseases, cancer and heart disease, and concerning the delivery of essential health services to working people, especially the poor. Following the master plan, DOH was to adapt new priorities for submission to the Government's Social Development Committee as the adult health strategy, and to the Government's Investment Coordinating Committee as the Adult Health Investment Plan. The latter was to include a description of ADB's possible role in financing the investment plan. The implementation of the TA was divided into three phases: (i) preparation of preliminary technical background studies by domestic experts under the guidance of ADB and a Technical Committee established by DOH; (ii) review of national policies and programs, data needs assessments, field surveys, and preparation of a preliminary report by consultants, DOH, and LGUs; and (iii) drafting of a sector plan using workshops involving with Government, industry, universities, NGOs, funding agencies, and leading experts. The TA was to be fielded for 9 months from September 1995 to May 1996.</p>			
Evaluation of Inputs			
<p>A contract was awarded to a firm on 30 October 1995 to field services from mid-February to end-November 1996. The composition of the consultant team changed from 17 person-months to 13.5 person-months for international experts, and from 13 person-months to 20.5 person-months for domestic consultants. The original areas of expertise were retained as outlined in the TA Paper. The individual consultants were recruited as planned. Phase 1 prepared a number of background studies, which provided a situation analysis, a review of existing programs, and an outline of key issues for consideration by the international experts. Numerous consultations and peer reviews were conducted with the active involvement of DOH, including the then Assistant Secretary who is currently the Secretary of Health, and by development partners like the International Labor Organization. Phase 2 was completed in October 1996 and was primarily the work of international consultants who provided responses to reviewers' comments on the various technical papers and who drafted a report on an Adult Health Model. Six technical working groups (TWGs) under the supervision of the Technical Committee assisted the consultants.</p>			

¹ ADB. 1995. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Philippines for Women's Health and Safe Motherhood*. Manila.

² Heaver, Richard, and Joseph Hunt. 1995. *Improving Early Childhood Development: An Integrated Program for the Philippines*. Manila: World Bank/ADB.

³ ADB. 1995. *Technical Assistance to the Philippines for Sustaining Health of the Working-Age Population*. Manila.

Three major issues emerged during the implementation of the TA. (i) The TA started with a delay of 5 months and by the intended completion date of the Consultant's contract, the TA had completed only two out of three phases. (ii) Deviating from the original design, the sector review of the first phase resulted in an attempt to produce a joint ADB/DOH publication, the *Adult Health Sector Review*, with nine chapters covering aspects of the current health situation, existing health trends, Government policies, private sector involvement, concepts of adult health, institutional and management issues, financing and managing change in the health sector. (iii) The amount of \$207,165 could not be disbursed because several experts were not fielded. Funds allocated for workshops, studies, and contingencies were not spent. Inputs of the TA were therefore incomplete.

Evaluation of Outputs

A number of good technical papers were produced by international and domestic consultants that were well received by DOH. Although these contributions were not suitable for a submission to the Government's Social Development Committee and the Investment Coordinating Committee as was originally intended, these technical papers were used by DOH for drafting the Health Sector Reform Agenda.

The original intent of developing a medium-term investment plan for adult health services in the Philippines was abandoned. Instead, the TA focused on a publication that was to cover a broad range of topics, most of which were beyond the TA scope and included numerous peer reviews of varying quality and additional reviews by consultants. The ADB Task Manager assigned several topics to himself, counting on significant contributions from DOH that did not materialize. Consultants were assigned sections of the publication that were never completed resulting in fragmented bits and pieces. The TA did not succeed to combine these fragments in a meaningful way and the publication did not materialize.

Overall Assessment and Rating

The performance of ADB in supervising the TA was unsatisfactory. The ADB Task Manager did not adhere to the intended time frame, objectives, and scope of the TA. Contracts of nonperforming consultants were not terminated in order to keep the TA open to allow the completion of a publication that never materialized. The third phase of the TA aiming at a sector plan for adult health was not implemented.

On the positive side, the TA provided technical papers on major communicable and non-communicable diseases affecting adults with sound reviews by experts and relevant agencies. DOH was very closely involved in contributing to these reviews. These papers provided substance for the Health Sector Reform Agenda published by DOH in 1999.

The TA did not achieve its original intention to develop a master plan and provide a framework for project assistance to prevent and control major diseases affecting adults of working age in the Philippines. Overall, the TA is therefore rated as unsuccessful.

Major Lessons Learned

The outputs regarding the five priority areas of the Government's health programs would have been more beneficial to DOH if they were kept more focused on the analysis of current issues and a medium-term investment plan. The disappointing outcome of the TA could have been avoided if the apparent difficulties to obtain the required contributions for the publication would have led the ADB Task Manager to return to a still possible subsector review as a major input for a master plan. A final attempt to salvage the TA with the help of one international consultant did not succeed.

Recommendations and Follow-Up Actions

Relevant technical information from this TA were used for the preparation of the Health Sector Development Program that is currently processed by SESS.

Prepared by Cecile L.H.F. Gregory Designation Principal Project Specialist, SESS