



Philippines: Health Sector Development Program

Project Name	Health Sector Development Program								
Project Number	33278-013								
Country / Economy	Philippines								
Project Status	Closed								
Project Type / Modality of Assistance	Loan								
Source of Funding / Amount	<table><tr><td colspan="2">Loan 2136-PHI: Health Sector Development Program</td></tr><tr><td>Ordinary capital resources</td><td>US\$ 200.00 million</td></tr><tr><td colspan="2">Loan 2137-PHI: Health Sector Development</td></tr><tr><td>Ordinary capital resources</td><td>US\$ 13.00 million</td></tr></table>	Loan 2136-PHI: Health Sector Development Program		Ordinary capital resources	US\$ 200.00 million	Loan 2137-PHI: Health Sector Development		Ordinary capital resources	US\$ 13.00 million
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Strategic Agendas	Inclusive economic growth								
Drivers of Change	Gender Equity and Mainstreaming Governance and capacity development								
Sector / Subsector	Health / Health sector development and reform								
Gender	Gender equity								
Description	Improving the health status of the poor in selected provinces (convergence sites) through better access to quality health services. The program will support the implementation of health sector reforms described in the Health Sector Reform Agenda of the Department of Health. The project will help selected LGUs develop a comprehensive and integrated local health system, in accordance with DOH policy and priorities but addressing local needs through adequate local solutions. The program will also help DOH and its regional offices (Centers for Health Development) better fulfill their role and functions in the context of devolution, and provide adequate support to LGUs in improving health services delivery.								
Project Rationale and Linkage to Country/Regional Strategy	To be determined.								
Impact	Improve health status of the population, especially of the poor and achievement of health related Millenium Development Goals (MDGs).								

Project Outcome	
Description of Outcome	Increase utilization of affordable and financially sustainable quality health services by the poor based on progressive implementation of the Health Sector Reform Agenda.
Progress Toward Outcome	There was a steep increase in the use of health services, in both project and control sites. This is confirmed by field visits during the project completion review mission which noted that newly expanded or constructed hospitals were already overcrowded.
Implementation Progress	
Description of Project Outputs	A. Health Financing Reform - Financial sustainability of the national health insurance improved and insurance coverage of the poor extended. B. Hospital Reform - Improved governance, operational efficiency, and service provision of public hospitals C. Public Health Reform - Increased utilization of cost-effective public health programs and primary health care services D. Regulatory Reform - Improved quality, accessibility, and safety of health care-related products, facilities, and services E. Local Health System Reform - Rational delivery of local health services through formation of interlocal health zones (ILHZs) and private sector partnerships F. Health Sector Governance - Increased public accountability and improved organizational effectiveness of health service providers

Status of Implementation Progress (Outputs, Activities, and Issues)	<p>The project consisted of six outputs implemented through two funding streams. DOH financed consultancy and capacity building activities and investment to support the health sector reform agenda. MDFO financed civil works activities undertaken by participating provinces in terms of upgrading health facilities.</p> <p>(i) Health Financing Reform the project developed and implemented both at national and local level an increase in membership coverage and utilization of PhilHealth benefits, information campaign, especially targeting the poor. At project completion there was (i) an increase in the health budget of participating provinces, however only a minimum increase in the percentage share of the provincial budget; (ii) an increased awareness in the National Health Insurance Program among the households in the participating provinces; and (iii) although there was a decrease in the number in PhilHealth sponsored membership but the percentage coverage vis-a-vis population of poor households exceeded 100% in the participating provinces. Utilization of benefits remains an issue.</p> <p>(ii) Hospital Reform HSDP supported the construction and upgrading of health facilities. At completion, (i) the project upgraded 8 health facilities. 5 in Ilocos Norte (Nueva Era RHU, Dingras RHU, Dingras District Hospital; Bangui District Hospital; Gen. Roque B. Ablan Sr. Memorial Hospital and 3 in Oriental Mindoro (Pinamalayan District Hospital, Roxas District Hospital Oriental Mindoro Provincial Hospital), consisting of 4 district hospitals, 2 rural health units, and 2 provincial hospitals, and 3 DOH retained hospitals (Batangas Medical Center, Batangas, Mariano Marcos Memorial Hospital and Medical Center, Ilocos Norte and Veterans Regional Hospital, Nueva Vizcaya. Civil works included construction of obstetric ward, emergency room, private wing, and others, and are fully operational. However, there are design problems in terms of space, location of services, and also quality problems of fixtures, floors and doors. Overall quality of civil works appears good; (ii) procured various medical equipment amounting to \$2.2 million for the 3 DOH retained hospital to improve the quality of maternal and child health services and emergency care, and enhance hospital operations. There was no change in the proportion of public hospitals with existing governing boards, however there was an increase in public hospitals with existing policy on hospital autonomy. With regard to the proportion of public hospitals/municipalities with a management information system (MIS), the project achieved an increase but lower than expected. It was however noted that RHUs and CHOs have an existing Field Health Service Information System that function as the MIS.</p> <p>(iii) Public Health Reform the project reviewed, developed and implemented social marketing and advocacy plans. It has also developed guidelines for planning and managing health programs for indigenous communities. It was noted that the proportion of LGU spending on health allocated to public health reform programs and activities, showed a decrease or no change at all; some eligible RHU staff were trained on management guidelines while a number of all eligible hospital staff were trained on clinical procedure guidelines (CPGs).</p> <p>(iv) Regulatory Reform - HSDP supported the approval of DOH AO No 2011-09 (National Pharmacovigilance Program) which outlines the general and specific guidelines on the implementation arrangements, identification of concerned government agencies to be involved and their respective responsibilities. It also facilitated the localization of some regulatory laws such as health codes, facility based delivery, newborn screening and accreditation of health facilities at LGU level. At completion, PhilHealth accreditation for OPB, MCP and TB-DOTS of sample RHUs increased.</p> <p>(v) Local Health System Reform there was limited progress achieved under this component. The basic overall functionality of ILHZs in the project provinces existed only in name where structural pre-requisites dominated over functional components. The indicator on ILHZs having a formal referral system is the same from 2007 to 2011. There was an increase in the public-private partnerships in project provinces.</p> <p>(vi) Health Sector Governance HSDP supported the development of two resource and learning centers in DOH. The Resource Center for Health Systems Development (RCHSD) has been operational since 2009 as the main resource center. It initiated various capacity building and knowledge sharing activities such as health expenditure tracking system, burden of illness and economic evaluation of diseases, standards of health and human rights-based approach, and performance governance system to strengthen capacity to support health sector reform implementation. It was noted that policies on accountability were already built in other agencies' guidelines such as Commission on Audit and Civil Service Commission. On the development of HSIS, there was no change for both the project and control provinces but both achieved the target of having at least one HSIS developed to improve the reliability of health data .</p>
Geographical Location	Bangui District Hospital, Batangas Medical Center, Dingras, Dingras District Hospital, Governor Roque B. Ablan Sr. Memorial Hospital, Luis Hora Medical Center, Mariano Marcos Medical Hospital, Nueva Era, Oriental Mindoro, Oriental Mindoro Provincial Hospital, Pinamalayan Community Hospital, Province of Ifugao, Province of Ilocos Norte, Province of Nueva Vizcaya, Province of Romblon, Roxas District Hospital, Veterans Memorial Medical Center
Safeguard Categories	
Environment	B
Involuntary Resettlement	
Indigenous Peoples	
Summary of Environmental and Social Aspects	
Environmental Aspects	
Involuntary Resettlement	
Indigenous Peoples	
Stakeholder Communication, Participation, and Consultation	
During Project Design	Key stakeholders were consulted during the project preparation phase.
During Project Implementation	Key stakeholders including government offices, development partners, and CSOs participate through health partners meetings, JAPI and other sector coordinating activities led by DOH
Business Opportunities	
Consulting Services	To be determined
Procurement	To be determined.
Responsible ADB Officer	Servais, Gerard
Responsible ADB Department	Southeast Asia Department
Responsible ADB Division	Human and Social Development Division, SERD
Executing Agencies	<u>Department of Finance</u> <u>Margarito B. Teves</u> <u>DOF Building</u> <u>Bangko Sentral ng Pilipinas Complex</u> <u>Roxas Blvd., Manila, Philippines</u>
Timetable	
Concept Clearance	02 Mar 2003
Fact Finding	01 Apr 2004 to 07 May 2004
MRM	01 Oct 2004
Approval	15 Dec 2004
Last Review Mission	-
PDS Creation Date	30 Nov 2006

Loan 2136-PHI

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
15 Dec 2004	10 Jan 2005	12 Jan 2005	30 Jun 2007	-	30 Jun 2007

Financing Plan			Loan Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	200.00		Cumulative Contract Awards			
ADB	200.00		17 Jun 2022	200.00	0.00	100%
Counterpart	0.00		Cumulative Disbursements			
Cofinancing	0.00		17 Jun 2022	200.00	0.00	100%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	-	Satisfactory	-	Satisfactory

Loan 2137-PHI

Milestones					
Approval	Signing Date	Effectivity Date	Closing		
			Original	Revised	Actual
15 Dec 2004	10 Jan 2005	12 Jan 2005	31 Dec 2011	30 Sep 2012	16 May 2013

Financing Plan			Loan Utilization			
	Total (Amount in US\$ million)		Date	ADB	Others	Net Percentage
Project Cost	13.00		Cumulative Contract Awards			
ADB	13.00		17 Jun 2022	12.60	0.00	100%
Counterpart	0.00		Cumulative Disbursements			
Cofinancing	0.00		17 Jun 2022	12.60	0.00	100%

Status of Covenants						
Category	Sector	Safeguards	Social	Financial	Economic	Others
Rating	Satisfactory	Satisfactory	-	Satisfactory	-	Satisfactory

Project Page <https://www.adb.org/projects/33278-013/main>

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