

CALL FOR PROPOSALS
Technical Assistance for the Healthy Hearts Project
Pharmacy Outsourcing Model



World Health Organization

Representative Office
for the Philippines

1. Summary

The World Health Organization (WHO) Philippines is looking for an institutional contractual partner to implement the Healthy Hearts Project pharmacy outsourcing model in District 1 of Iloilo Province, Western Visayas under a Technical Services Agreement (TSA) contract.

Proposals are due by **13 May 2022**.

2. Background

Cardiovascular diseases (CVDs) account for over one third of all deaths each year in the Philippines. Hypertension is the leading modifiable risk factor for CVDs, responsible for roughly half the strokes and myocardial infarctions globally. An estimated 20.9% of adult Filipinos are hypertensive, 65% are aware of their condition, 37% are aware and receiving treatment, and only 13% have controlled blood pressure (ENNS, 2018-2019; Philippine Heart Association – Council on Hypertension, 2013). These enormous gaps in effective hypertension treatment coverage signal the massive resource and service delivery challenges that lie ahead to lessen the health and economic burden of CVDs in the country.

Access to a reliable supply of quality-assured, affordable antihypertensive medicines at government primary health care (PHC) facilities is essential to meet the Department of Health's (DOH's) national hypertension control program targets of increasing effective hypertension treatment coverage from 13% to 50% by 2030.

Under the Department of Health's Devolution Transition Plan, starting in 2022, antihypertensive and diabetic medicines, specifically amlodipine, losartan and metformin, will no longer be procured centrally by the DOH. Anchored on the Universal Health Care Law, the transition plan further stipulates there will be no out-of-pocket payments by patients for medicines at government healthcare facilities. Local Government Units (LGUs) will therefore have to rely on their annual health budgets and the additional funds from the Mandanas ruling to procure amlodipine and losartan in addition to the other essential medicines on the PhilHealth Konsulta list.

A number of the most disadvantaged municipalities (Classes 4 to 6) have an FDA-licensed community pharmacy outlet that was built and capacitated as part of the DOH's Fourmula One Plus Botika ng Bayan (F1 Plus BnB) program to serve geographically isolated and disadvantaged areas (GIDAs) and the urban poor. Such LGUs have built their own pharmacy structure while the DOH has paid for the salary of a pharmacist or supervised pharmacy assistant, and for the procurement of low-cost generic medicines through the Philippines Pharma Corporation Inc (PPPI). The DOH's BnB program will be phased out in 2023 and LGUs will have to hire their own pharmacy staff and contract PPPI directly to keep their pharmacies operational.

The majority of LGUs, however, do not currently have the required human or physical infrastructure or stock management systems in place to run their own pharmacy services. Those who do, can adopt the BnB model and contract directly with PPPI for access to low cost generics. Alternately, they can establish a mechanism to pool funds and procure

medicines at higher levels of the health system (for e.g. at the provincial level) in order to achieve volume discounts.

For LGUs who do not have in-house pharmacy facilities, WHO will be modelling a public-private partnership that leverages the expertise, technologies and resources of the private pharmaceutical sector. According to this model, an LGU outsources all pharmacy services to include procurement, logistics and dispensing— to an FDA-licensed private pharmacy, or pharmacy chain, operating in their catchment area.

The proposed model addresses the existing shortage of pharmacists in the public sector and frees up nurses and midwives, to whom pharmacy tasks are often shifted, to refocus on patient care. The model also fulfills the PhilHealth Konsulta pharmacy service accreditation requirements and helps pave the way to full accreditation and much-needed capitation funds. Finally, the proposed model has the potential to broaden access to quality of government PHC services while also reducing costs, enhancing the image and credibility of government PHC facilities, and improving patient satisfaction.

3. Timeline

The implementation timeline for the project is from **23 May to 23 October 2022**.

4. Implementation Area

The pharmacy outsourcing model will be piloted in the Municipality of Oton, Iloilo Province, Western Visayas, Philippines

5. Scope of Work

Objectives

The overall goal of the pilot study is to ensure that hypertensive patients have access to an uninterrupted supply of safe, effective and affordable medicines to control their disease over a lifetime and reduce avoidable hospitalizations and mortality.

The purpose of the pilot study is:

- to assess the feasibility, acceptability, efficiency and cost-effectiveness of outsourcing pharmacy services at government PHC facilities to private pharmacies; and,
- to validate the 'outsourcing model' as meeting PhilHealth's Konsulta package accreditation requirement for pharmacy services.

Expected Outputs

In partnership with the RHU/LGU and WHO Philippines, the expected outputs for this APW are:

Output 1: Approved Inception Report

Deliverable 1.1: A detailed plan of action on how to conduct the project. The report should include the following, but not limited to, objectives, significance of the project, implementing framework, methodology, target participants, data collection tools, processes for data collection, analysis, validation, consultation, and presentation of findings. The inception report should also include a project management plan.

Deliverable 1.2: GANTT Chart with expected outputs and deliverables

Output 2: Development of a study protocol and obtain an approval from the DOH Single Joint Research Ethics Board

Deliverable 2.1: An outline of requirements for the application of ethical clearance submitted to the DOH SJREB

Deliverable 2.2: Approved ethical clearance/document from the ethics board/committee

Output 3: Pilot study implementation

Deliverable 3.1: Ensure biweekly tabulation of all electronic and/or paper prescriptions issued by the RHU for the treatment of hypertension with complete required information

Deliverable 3.2: Conduct monthly audit of the contracted pharmacy/pharmacy chain to include an audit of prescription records, dispensing records (paper and/or electronic), invoice records (paper and electronic), and inventory check following the provisions set forth in the contract agreement

Deliverable 3.3: Process monthly payments to the contracted pharmacy/pharmacy chain for medicines dispensed to patients against a signed prescription, upon verification of : bi-monthly invoices from the contracted pharmacy/pharmacy chain covering the 1st to 15th day and the 16th to the last day of the month; medications being billed for were dispensed at the pharmacy/pharmacy chain under contract; the medicines being billed are those recommended in the national treatment guidelines and in the contract agreement; the quantities of medicines being billed for correspond to the quantities duly prescribed; and only generic medications are being billed for and at the price cap indicated in contract agreement.

Deliverable 3.4: Develop appropriate data gathering tools to conduct a survey of patients' experience when receiving pharmacy services encompassing (but not limited to) patients' overall experience, substitution for originator brands, out-of-pocket purchasing, pharmacy counseling, pharmacy operating hours, waiting time, etc.

Output 4: Conduct pilot study implementation review to determine if pilot study objectives were met, how effectively, lessons for the future, and the actions required to maximize the benefits from the study outputs

Deliverable 4.1: Organize a technical consultation meeting/workshop with DOH, PHIC, and other relevant stakeholders to present and review the results of the pilot study implementation

Deliverable 4.2: Documentation of the proceedings (minutes of the meeting, technical report, among others)

Output 5: Technical narrative reports and financial statements.

Deliverable 5.1: Store all project materials (raw data, recordings, minutes of meetings, photos, references, etc.) on a cloud folder. All raw data and source documents shall be submitted to WHO Philippines and Local Government Unit of the project site

Deliverable 5.2: Submission of final technical narrative report that includes project implementation and financial report.

6. Qualifications

The institutional contractual partner must fulfil the following qualifications:

EDUCATION

Education of staff involved:

- Essential: Bachelor's degree medical and allied sciences in relevant fields
- Desirable: Master's degree or higher in public health, non-communicable diseases, pharmacy, research, healthcare financing and project management or business administration or management

EXPERIENCE

Experience required for key staff involved:

1. At least 5 years experience in public health program and project implementation and review such as but not limited to National Hypertension Program, PHIC Konsulta Package, and others
2. At least 3 years experience in research, medicines dispensing, and business administration

TECHNICAL SKILL & KNOWLEDGE

- Project Management
- Negotiation
- Monitoring and Evaluation
- Technical Writing

LANGUAGE

With excellent verbal and written communication skills in English and Filipino.

3. Other Requirements

Must not have a direct or indirect interest in the tobacco, alcohol, or breastmilk substitute industries.

4. Contract Time: 23 May to 23 October 2022

The work to be done under this Agreement for Performance of Work (APW) shall be completed as set out in the Terms of Reference, supported by the approved Inception Report. The contract will be completed in not more than **five months** from the commencement of the Work, or otherwise as agreed in writing among the Owner and the Contractor. The work shall be done in strict compliance with the Contract, Specifications, Schedules, and all other Contract documents and all Instructions. Failure to do so shall be at the Contractor's risk and account. Submission of Bid by the Contractor shall constitute an acknowledgment by the Contractor that it is aware of and concurs with all of the requirements or conditions incorporated in the Call for Proposal and the other documents.

As time is an essential element of this Contract, for failure to complete all work within the stipulated as set out in the Inception Report, the Owner shall charge the Contractor liquidated damages. This shall be in the amount of 0.5% of the total contract amount per day (Saturdays, Sundays, and holidays are included) but not to exceed 10% (ten percent) of the contract amount. These liquidated damages shall be for the added cost incurred by the Owner for such delay and also for the inconvenience caused to the users of the Work. It is understood that this is not a penalty but a fixed sum representing the liquidated damages for each calendar day of the delay. Delay shall be counted from the agreed completion date, considering further time extensions approved by the Owner, to the date of completion of work.

Management of Conflict of Interest

Any interest by an entity (organization/company), expert, or member of the project team that may affect or be perceived to (1) affect the expert's objectivity and independence in providing advice to WHO related to the conduct of a project, and/or (2) create an unfair competitive advantage for the expert or persons or institutions with whom the expert has financial or interests (such as adult children or siblings, close professional colleagues, administrative unit, or department).

Furthermore, the contractor must have no personal, family, professional relationship or financial interest with the pharmacy or pharmacy chains involved in this outsourcing pilot. The contractual partner will be required to declare which pharmacy/pharmacies have been selected based on the criteria agreed upon with the DOH and the LGU site/s.

WHO's Conflict of Interest Rules are designed to identify and avoid potentially compromising situations from arising thereby protecting the credibility of the Organization and its normative work. If not identified and appropriately managed such situations could undermine or discount the value of the expert's contribution, and consequently, the work in which the expert is involved. Robust management of conflicts of interest not only protects the integrity of WHO and its technical/normative standard-setting processes but also protects the concerned expert and the public interest in general.

Confidentiality Statement

All input from the contractual partner and all related documents about the project are kept strictly confidential and must **NOT** be handed over/shared to third parties. The contractual partner should also sign a Memorandum of Agreement with the Local Government Unit and a Non-Disclosure Agreement, outlining the confidentiality clause. Furthermore, the contractual partner should advise the participants on how to opt out or withdraw their statement(s) if needed during the conduct of patient experience surveys.

The Local Government Unit site of the pharmacy outsourcing will have exclusive ownership of all documents and patient data, and only the LGU has the right to disseminate any information outside the agreed project's scope.

9. Submission Requirements

Interested institutions should submit electronic copies of the following:

- Cover letter
- Technical proposal with financial details and proposed timeline
- Company profile and qualifications of team members, including a summary of similar assignments undertaken previously

Address cover letter and proposals to:

Dr. Rajendra Yadav

Acting WHO Representative in the Philippines

Ground Floor, Building 3, Department of Health San Lazaro Compound

Rizal Avenue, Sta Cruz, Manila

Please submit the electronic copy of the proposals with the title “**Outsourcing Pharmacy Services**” to Mrs. Ying Chen (cheny@who.int) and (wpphlwr@who.int). Only shortlisted applicants will be contacted by WHO Philippines.

The deadline for submission of proposals is on **13 May 2022**.