Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 26 2021

ADMINISTRATIVE ORDER
No. 2021 - 0026

SUBJECT: **Monitoring and Evaluation Framework for Republic Act 11223, Otherwise known as the Universal Health Care Act**

I. BACKGROUND

Republic Act 11223 or the Universal Health Care (UHC) Act, aims to guarantee equitable access to quality and affordable health care goods and services and provide financial risk protection for all Filipinos. UHC requires a systemic approach and clear delineation of roles of key stakeholders in order to progressively realize universal health care.

Investments and reforms for UHC will be distributed in a span of several years. A monitoring and evaluation framework (M&E Framework) for UHC will describe the relationship and expected effects of these investments and reforms on identified health outcomes. It will be the basis in monitoring the progress of implementation and evaluating the impact of UHC in the country. In the short- and medium-term, the expected effects of UHC implementation will be primarily on the inputs and outputs of the health sector. Effects of UHC on the outcomes will be observed in the long-term.

The tracking of UHC implementation correlated with the M&E Framework indicators will ensure the timely action from the implementing units. Thus, targets and objectives will be achieved.

II. OBJECTIVES

The Objectives of this Order are as follows:

General Objective: To provide the M&E Framework for the UHC Act

Specific Objectives:

A. To identify the inputs, outputs, and desired outcomes for the UHC Act and illustrate their interrelationship
B. To clarify the responsibility of different stakeholders in the delivery of health services
C. To identify the indicators that will be monitored to track UHC implementation

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III. SCOPE OF APPLICATION

This Order shall apply to DOH offices and its attached agencies, bureaus and services, Centers for Health Development (CHDs), Ministry of Health - Bangsamoro Autonomous Region in Muslin Mindanao (MOH-BARMM) subject to the applicable provisions of Republic Act No. 11054, or the "Organic Law for the Bangsamoro Autonomous Region in Muslim Mindanao and the subsequent policies, rules and regulations, local government units (LGUs), health partners and donors, and all other concerned stakeholders.

IV. DEFINITION OF TERMS

For purposes of this Order, the following terms are defined as follows:

1. **Evaluation** – refers to rigorous, science-based analysis of information about program activities, characteristics, outcomes and impact that determines the merit or worth of a specific programme or intervention.

2. **Impact** – refers to measures of health status of the population, reflecting the effect of all efforts towards the achievement of the goal

3. **Indicator** – refers to summary measures that capture relevant information on different attributes and dimensions of health status and performance of a health system.

4. **Inputs** – refer to resources and investments from stakeholders such the national and local government, private sector, and development partners needed to implement UHC.

5. **Metadata** - refers to the set of data that describes and gives information about other data.

6. **Monitoring** – refers to routine collection and use of data to continuous activities to determine progress according to plan.

7. **Outputs** – refer to goods or services provided by the health system to the population, which are the results of all the inputs provided and processes done

8. **Outcomes** – refers to measures of coverage or access of health services among the general population or target population

9. **Scorecards** – refer to tools for measuring and reporting on comparative performance of stakeholders for outputs and outcomes which they are accountable for and to report on performance in a manner that clients and stakeholders can easily comprehend

10. **Tier 1 Sustainable Development Goal (SDG) indicator** – refers to the SDG indicator classification where an indicator is conceptually clear, has an internationally established

methodology and standards are available, and data are regularly produced by countries for at least 50 percent of countries and of the population in every region where the indicator is relevant

V. GENERAL GUIDELINES

A. Conduct of monitoring and evaluation activities for UHC shall be the responsibility of all stakeholders who are responsible for implementing the UHC Act, which includes the DOH and its attached agencies, LGUs, and public and private health facilities. The DOH, as the lead implementer of UHC, shall monitor its overall implementation and outcomes.

B. The UHC M&E Framework (Annex A) is a broad illustration of the relationship between inputs and outputs to the outcomes and impact of UHC.

C. The UHC M&E Framework shall be the basis of monitoring plans and evaluations for UHC at the national level. Implementing units, programs, and LGUs shall develop more specific frameworks based on the UHC M&E Framework to monitor local implementation of UHC.

D. Indicators reflect the status of UHC implementation at the national level. All health-related Tier 1 SDG indicators shall be included.

E. Indicators are disaggregated as applicable to measure equity.

F. The UHC M&E Framework shall be updated every medium-term to reflect changes in strategies to achieve UHC and new sources of data.

G. The UHC Act and its corresponding M&E Framework sets the long-term direction for health and shall be the anchor for medium term agendas of the DOH.

H. Monitoring and reporting indicators for the UHC Act shall be part of the routine activities of the responsible offices.

VI. SPECIFIC GUIDELINES

A. Monitoring

1. Monitoring of inputs and outputs of different stakeholders shall be done through their respective scorecards (Annex B). The Local Government Unit Health Scorecard shall be used to monitor the inputs and outputs of LGUs for UHC.

2. The metadata for each indicator shall be based on the official data sources identified in the Inventory of Statistical Standards in the Philippines (ISSiP) published by the

Philippine Statistics Authority (PSA). The indicators and data sources are summarized in Annex C.

3. Reporting units for each indicator shall regularly submit updated data to the DOH Performance Monitoring and Strategy Management Division (PMSMD) following the process of the monitoring and evaluation system where it is included (Annex C).

4. All official reports on the status of UHC implementation, such as updates to oversight agencies, official presentations to stakeholders, and reports to the general public, shall follow the M&E framework, including indicators and official data sources, and use the latest available data based on the indicated frequency of reporting for each indicator.

5. A UHC monitoring report shall be generated annually, reflecting the latest available data for the indicators.

6. The status of integration of UHC Integration Sites (UHC-IS) shall be monitored using the Local Health Systems Maturity Levels (Administrative Order 2020-0037 "Guidelines on the Implementation of the Local Health Systems Maturity Levels").

7. Additional indicators that will be collected through modules of annual household surveys to be designed and conducted by the PSA, as stated in the UHC Act Implementing Rules and Regulations Section 32.1, shall be included in the UHC M&E indicators.

B. Evaluation

1. Evaluations of UHC shall be based on, but not limited to, the M&E Framework.

2. An evaluation study for UHC, conducted by an independent institution, shall be developed at the beginning of implementation of UHC to assess the impact of UHC in the medium-term. The results of the evaluation study shall be made publicly available.

3. DOH units shall also conduct evaluations of components of UHC following Department Order 2016-0269 "Guidelines on Planning, Monitoring, and Evaluation of Programs, Activities, and Projects in the DOH".

4. Evidence of impact of UHC shall be generated through evaluation studies.

VII. ROLES AND RESPONSIBILITIES

A. Department of Health (DOH) and Ministry of Health - Bangsamoro Autonomous Region in Muslin Mindanao (MOH-BARMM)

1. **Field Implementation and Coordination Team (FICT)**
   a. Shall oversee and monitor progress of UHC implementation in UHC-IS and other LGUs) through CHDs
   b. Analyze monitoring reports submitted by CHDs as inputs to operational plans and strategies for UHC implementation

2. **Ministry of Health - Bangsamoro Autonomous Region in Muslin Mindanao (MOH-BARMM) and Centers for Health Development (CHDs) shall:**
   a. Provide the necessary technical support to LGUs and UHC-IS to utilize and adopt the M&E Framework
   b. Monitor progress of UHC implementation in UHC-IS and other LGUs
   c. Submit monitoring reports on UHC implementation in Integration Sites to the FICT
   d. Provide technical assistance to LGUs, especially UHC-IS, based on monitoring results

3. **Health Policy Development and Planning Bureau (HPDPB) shall:**
   a. Track progress of UHC implementation using indicators in the UHC M&E Framework through the PMSMD
   b. Develop a UHC monitoring report annually
   c. Contract out evaluation studies as needed
   d. Analyze and disseminate findings from monitoring and evaluation studies to pertinent offices/bureaus to ensure the responsiveness of the Department

4. **Health Promotion Bureau (HPB)** – shall develop communication materials and campaigns to disseminate the UHC M&E Framework to the general public

5. **Knowledge Management and Information Technology Service (KMITS) -** shall provide technical support in the development of systems and other relevant information and communication technology (ICT) tools needed for the transmission, storage and analysis of M&E related data and information

6. **Other DOH Units shall:**
   a. Use the UHC M&E Framework as basis in developing UHC-related M&E Frameworks for their office and/or program
   b. Submit updates to the HPDPB on the indicators (Annex C) as scheduled

VIII. REPEALING CLAUSE

Any orders, issuances, rules and regulations inconsistent with or contrary to this AO shall be repealed or amended accordingly.

IX. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.

X. EFFECTIVITY DATE

This Order shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

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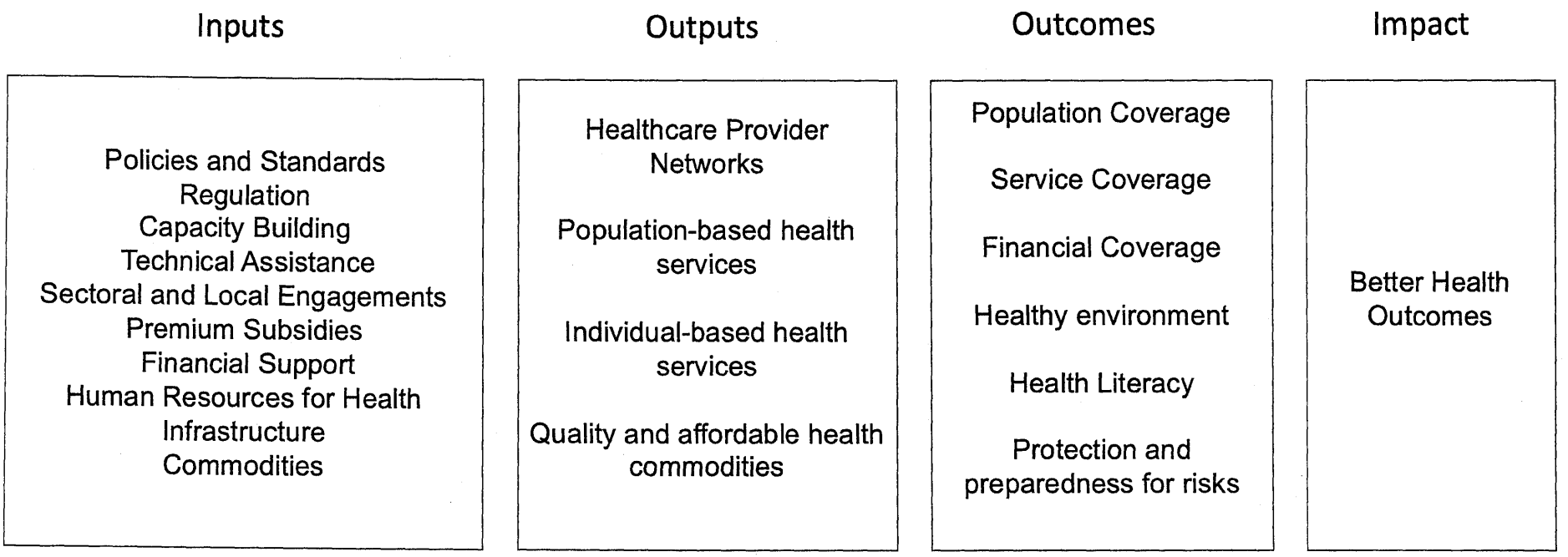
MAR 30 2021
CORAZON S. DELA CRUZ
KMITS - RECORDS SECTION
Department of Health

Annex A. UHC M&E Framework



The UHC M&E Framework identifies the main inputs to the health sector, the resulting outputs, and the expected outcomes and impact of the UHC Act. The identified outputs are the main provisions in the UHC Act. The outcomes are the dimensions of universal health coverage along with outcomes for social determinants that are also identified in the Act. The impact is better health outcomes, which is the main goal of the health sector.

Annex B. Stakeholder inputs and scorecards

Stakeholder	Main Inputs to Health System	Scorecard
DOH	Policies, Standards, and Regulation Capacity Building and Technical Assistance Sectoral and Local Engagements Funding support	DOH Scorecard Hospital Scorecard (for DOH Hospitals)
PhilHealth	Policies, Standards, and Regulation	PhilHealth Scorecard
Local Government Units	Policies Human Resources for Health Infrastructure Commodities	LGU Scorecard Hospital Scorecard (for LGU hospitals)
Health Partners	Technical Assistance	Health Partner Scorecard
Private Health Sector	Human Resources for Health Infrastructure Commodities	
Other sectors	Human Resources Infrastructure Commodities	

Identifying the different stakeholders involved in implementing the UHC Act and their major inputs and outputs is important in delineating the accountability of each. The different stakeholders for UHC include the DOH, including the DOH-retained hospitals and Government-owned and Controlled Corporation hospitals, PhilHealth, Local Government Units and their health facilities, Health Partners, Private Health Sector, and other sectors outside of health.

The identification of the major inputs for the different stakeholders is based on laws or policies that define their mandates or responsibilities, such as the UHC Act, 1987 Constitution, Local Government Code of 1991, and Executive Order 102, "Redirecting the Functions and Operations of the Department of Health," issued by the Office of the President on May 24, 1999, among others. Other sectors that are outside of health are also included in this framework, as there are health programs being implemented by other National Government Agencies, and because health can be considered in projects and programs of other sectors through a health-in-all-policies approach.

Annex C. Indicators

(Acronyms: AEM-Spectrum-AIDS Epidemic Model-Spectrum; APIS-Annual Poverty Indicators Survey; CRVS-Civil Registration and Vital Statistics; eNNS-Expanded National Nutrition Survey; GATS-Global Adult Tobacco Survey; NHES-National Health Expenditure Survey; NDHS: National Demographic and Health Survey; PNHA-Philippine National Health Accounts; WHO-World Health Organization)

	Indicator	SDG	Data Source	Current DOH Reporting Systems[1]	Frequency of reporting	Reporting unit
	Impact					
1	Average life expectancy		Census of Population	NOH	5 years	DPCB
2	Maternal mortality ratio	*	CRVS	NOH, FHSIS	Annual	DPCB
3	Under-five mortality rate	*	NDHS	NOH, FHSIS	5 years	DPCB
4	Neonatal mortality rate	*	NDHS	NOH, FHSIS	5 years	DPCB
5	Infant Mortality Rate	*	NDHS	NOH, FHSIS	5 years	DPCB
6	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	*	CRVS	NOH	Annual	DPCB
7	Mortality rate attributed to unintentional poisoning	*	CRVS	Program	Annual	DPCB
8	Death rate due to road road traffic accidents per 100,000 population	*	CRVS	NOH	Annual	DPCB
9	Number of new HIV infections (estimated)	*	AEM-spectrum	Program	Annual	DPCB
10	Tuberculosis incidence per 100,000 population	*	Program data	NOH	Annual	DPCB
11	Malaria incidence per 100,000 population	*	Program data	Program	Annual	DPCB
12	% of provinces that are Malaria-free		Program data	NOH	Annual	DPCB
13	% of provinces that are Filariasis -free		Program data	NOH	Annual	DPCB

[1] Indicators are currently reported in the major M&E systems of DOH: 1) NOH (National Objectives for Health) – Reporting system for NOH 2017-2022 indicators managed by the PMSMD; 2) FHSIS (Field Health Service Information System) – official system of the DOH, designated as national health statistics (provides health services data in the public sector); 3) Program – systems managed by different DOH units (sources of data includes national health surveys and special studies)

14	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	*	eNNS	NOH	Annual	DPCB
15	Prevalence of malnutrition for children under 5 years <-2 SD from the median of the WHO CGS (wasting)	*	eNNS	Program	Annual	DPCB
16	Prevalence of malnutrition for children under 5 years <+2 SD from the median of the WHO CGS (overweight)	*	eNNS	Program	Annual	DPCB
17	Prevalence of binge drinking	*	eNNS	Program	Annual	DPCB
18	Prevalence of current tobacco use	*	GATS	NOH	5 years	DPCB
19	Prevalence of raised blood pressure		eNNS	NOH	Annual	DPCB
20	Prevalence of micronutrient deficiencies (Vit. A, Iron)	*	eNNS	Program	Annual	DPCB
21	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	*	NDHS	NOH	5 years	DPCB
22	Healthier Populations Index		WHO	Program		HPDPB
	Outcomes					
23	Percentage of women ages 15-49 with a live birth in the five years preceeding the survey who received antenatal care, delivery assistance, and postnatal care from health personel for the most recent birth	*	NDHS	Program	5 years	DPCB
24	Percentage of all women and currently married women ages 15-49 who have ever used any contraceptive methods	*	NDHS	Program	5 years	DPCB
25	Percentage of population that visited a health facility or sought advice or treatment in the 30 days preceding the survey	*	NDHS	Program	5 years	DPCB

26	Proportion of births attended by skilled health personnel	*	NDHS	FHSIS	5 years	DPCB
27	Proportion of births delivered in a health facility	*	NDHS	FHSIS	5 years	DPCB
28	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied [provided] with modern methods	*	NDHS	Program	5 years	DPCB
29	Proportion of fully immunized children	*	NDHS	NOH, FHSIS	5 years	DPCB
30	Prevalence of exclusive breastfeeding	*	eNNS	Program, FHSIS	Annual	DPCB
31	Tuberculosis treatment coverage		Program data	NOH	Annual	DPCB
32	% of Antiretroviral therapy coverage		Program data	NOH	Annual	DPCB
33	Percentage of drug abuse cases or drug users who completed treatment	*	Program data	NOH	Annual	DDAPTP
34	% of disaster-affected area with no reported outbreaks		Program data	NOH	Annual	HEMB
35	Proportion of families with access to safe water supply	*	APIS		Annual	DPCB
36	Proportion of families with sanitary toilet	*	APIS		Annual	DPCB
37	Percent of population covered by the social health insurance	*	Program data	Program	Annual	PhilHealth
38	Out-of-pocket health spending as percentage of total health expenditure	*	PNHA	NOH	Annual	HPDPB
39	% of population who have spent <10% of their HH income on health		NHES	NOH		HPDPB
40	% of "No co-payment"-eligible patients with zero co-payment		Program Data	Program	Annual	PhilHealth
41	Client satisfaction rate		TBD	Program		MPO
42	Provider responsiveness score		Special study	Program		HFDB
43	Universal Health Coverage Index	*	WHO	Program		HPDPB
44	Health Emergencies Index		WHO	Program		HEMB

	Outputs					
45	Percent of UHC-IS at Maturity Level: 1) Level 1 2) Level 2 and 3) Level 3		Program data	Program	Annual	FICT
46	% of households with primary care provider		TBD	NOH		
47	Percentage of public health facilities properly stocked with selected essential medicines	*	Program data		Annual	PD
48	Median consumer price ratio of selected essential medicines		Special Study	NOH		PD
49	% of provinces with adequate hospital bed to population ratio		Program data	NOH	Annual	HFDB
50	% of provinces with adequate RHU/Health center to population ratio		Program data	NOH	Annual	HFDB
51	% of provinces with adequate BHS to population ratio		Program data	NOH	Annual	HFDB
52	% of provinces with adequate physician to population ratio		Program data	NOH	Annual	HHRDB
53	% of provinces with adequate Nurse to population ratio		Program data	NOH	Annual	HHRDB
54	% of provinces with adequate Midwife to population ratio		Program data	NOH	Annual	HHRDB