

USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program

*Improved Access.
Improved Services.
Better Health Outcomes.*



eLMIS rollout team from Department of Health Supply Chain Management Services and MTaPS validates the inventory and location mapping of commodities at a warehouse. Photo credit: Estelamarie Papa, MTaPS

MTAPS COUNTRY SUMMARY REPORT PHILIPPINES (2018–2024)

About USAID MTaPS

The US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2024) enables low- and middle-income countries to strengthen their pharmaceutical systems, which are essential to establishing higher-performing health systems and achieving better health outcomes. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.

Learn more at <https://www.mtapsprogram.org/>

INTRODUCTION

The USAID MTaPS program enables low- and middle-income countries to strengthen their pharmaceutical systems, which are critical for ensuring access to and appropriate use of safe, effective, quality-assured, affordable medicines, vaccines, health technologies and products, and related pharmaceutical services to improve health. MTaPS' objectives are to (1) strengthen pharmaceutical sector governance, (2) increase institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products, (3) increase availability and use of pharmaceutical information for decision making and advance the global learning agenda, (4) optimize pharmaceutical sector financing, including resource allocation and use, and (5) improve pharmaceutical services, including product availability and patient-centered care, to achieve desired health outcomes.

MTaPS employs a pharmaceutical system–strengthening (PSS) approach to identify and implement strategies and actions that achieve coordinated and sustainable improvements to a pharmaceutical system to make it more responsive and resilient for achieving better health outcomes. The MTaPS approach emphasizes locally led development, country ownership, and self-reliance to support countries on the pathway to sustainability.

At the country level, the MTaPS approach is adapted to the specific context, national health system–strengthening strategies, and USAID's vision and support. In the Philippines, from 2018 to 2024, MTaPS provided technical assistance to the Department of Health (DOH) to strengthen pharmaceutical systems and capabilities, related specifically to governance; human resources



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CHALLENGES

- Diffused PSCM functional responsibilities and unclear accountability among stakeholders
- Inadequate logistics management information system and data visibility for PSCM decision making
- Poor procurement processes and a law with no provision for pooled procurement
- Inadequate supply chain structure and workforce to manage PSCM functions
- Weak PV system, including governance and information system implementation for TB and HIV programs
- Inadequate PSCM systems to manage health products including for TB, FP, and HIV

and institutional capacity strengthening; information systems; resource optimization and pharmaceutical services for improved tuberculosis (TB), family planning (FP), and HIV/AIDS procurement and supply chain management (PSCM) and pharmacovigilance (PV); and COVID-19 response.

COUNTRY CONTEXT

The Philippines' 2019 Universal Health Coverage (UHC) Act mandates health system reforms; consequently, DOH's direction has shifted from vertical to integrated public health program management in priority health areas such as TB, FP, and HIV. The Philippines remains one of the world's 30 high-TB-burden countries, with one million Filipinos estimated to be living with TB.¹ In 2022, the modern contraceptive prevalence rate among all women of reproductive age was low, at 42% for married women and 24% for unmarried women.² Furthermore, while the country has a relatively low HIV prevalence, it has the fastest growing HIV epidemic in the Asia-Pacific region.³ Introducing novel treatments, such as for HIV and TB programs, requires active drug safety monitoring and management (aDSM) to prevent patient harm and build confidence in the health system; however, the country's PV system, including information management and governance, has been limited.

The policy changes required to decentralize the health system have redefined the roles of the central DOH as technical leaders and local government units (LGUs) at the heart of managing health services, including PSCM. These changes require a decentralized but integrated PSCM system with improved data visibility, a professional supply chain workforce, and maximized private-sector capacity.

At the onset of the COVID-19 pandemic, DOH responded rapidly, setting up a task force and emergency operation center; however, health facilities were unequipped to handle the influx of patients, and workers were not trained in COVID-19-specific infection prevention and control (IPC) or health care waste management (HCWM). Moreover, the supply chain for COVID-19 commodities was not agile enough to handle the demand.

STRATEGIC APPROACH

MTaPS' approach in the Philippines centered on institutionalizing an integrated and efficient PSCM system for health program commodities, such as for TB, FP, and HIV, and supporting the introduction of novel treatments by establishing a fully functional PV system. The approach centered on diagnosing problems and working with stakeholders to develop strategies and tools to solve them and building the capacity of government counterparts to carry out those strategies. For example, focusing primarily on TB, FP, and HIV commodity supply, MTAps engaged with stakeholders to respond to the Philippines' health system devolution and conduct activities needed to integrate an efficient PSCM system, including developing a PSCM strategy and road map.

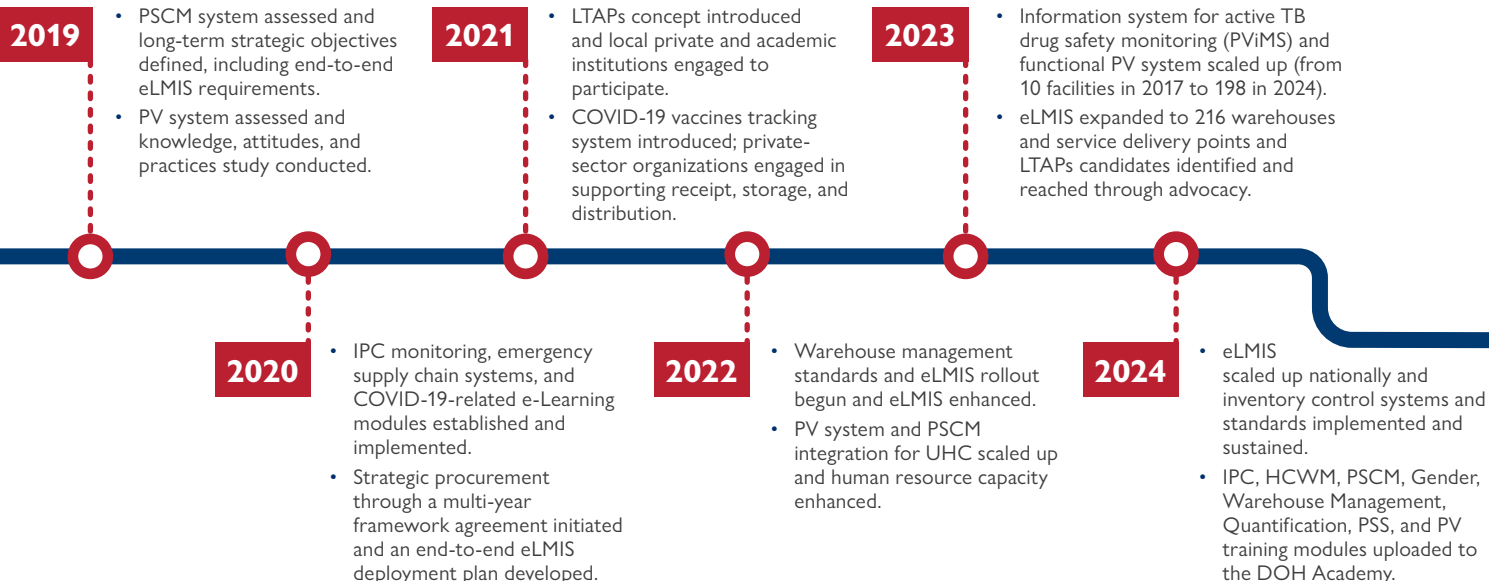
To establish a functional PV system, MTAps supported the development of a national strategy and guidelines to enhance patient safety monitoring and sustain use of the Pharmacovigilance

Monitoring System (PViMS). PViMS is a web-based application used by clinicians, regulatory bodies, and implementing partners to monitor the safety of medicines. It enables the implementation of active surveillance activities in low- and middle-income countries by addressing the entire data collection, data analysis, and reporting process.

The MTaPS program also helped to strengthen the governance, stewardship, and coordination mechanisms needed to lead reforms at the central and regional levels. To institutionalize the use of PSCM systems and tools, including an electronic logistics management information system (eLMIS) and quantification and procurement methods, an organizational and individual capacity-strengthening plan was instituted. In addition, MTaPS helped DOH to leverage private-sector capacity by introducing innovative approaches such as the Local Technical Assistance Providers (LTAPs) scheme, which matches nongovernmental entities to assist with PSCM-strengthening needs.

Building on its ongoing PSCM assistance, MTaPS responded to the COVID-19 pandemic by helping to build a national emergency PSCM system to ensure uninterrupted access to IPC products, develop policies and electronic tools to deploy COVID-19 vaccines, and strengthen health care workers' IPC and HCWM practices, including through modules uploaded to the DOH Academy e-Learning platform.

KEY ACHIEVEMENTS



PARTNERS

- Asian Development Bank
- Commission on Population and Development
- DKT International
- Philippines Department of Health (DOH)
- DOH Disease Prevention and Control Bureau
- DOH Health Facility and Development Bureau
- DOH Health Human Resource and Development Bureau
- DOH Health Policy Development and Planning Bureau
- DOH Knowledge Management and Information Technology Service
- DOH Pharmaceutical Division
- DOH Procurement Service
- DOH Supply Chain Management Service
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- IQVIA Philippines
- Philippines Business for Social Progress
- Philippines Department of Science and Technology, Health Technology Assessment (HTA) Unit
- Philippines Food and Drug Administration
- Pilipinas Shell Foundation, Inc.
- USAID Bangsamoro Autonomous Region in Muslim Mindanao for Health (BARMHealth) project
- USAID Collaborating, Learning, and Adapting for Improved Development (CLAimDev) Activity
- USAID ProtectHealth project
- USAID ReachHealth project
- USAID TB Platforms project
- USAID TB Innovations and Health Systems Strengthening project
- World Bank
- World Health Organization



... One of the challenges in the attainment of UHC is the need to streamline and strengthen supply chain management at all levels of the health system. But with the support of USAID through MTaPS, we have our eLMIS to solve and conquer this challenge.”

Undersecretary Maria Carolina Vidal-Taiño
DOH Management Support Cluster

KEY RESULTS

Working in collaboration with DOH and other stakeholders, MTaPS supported the Philippines in achieving the following key results:



Pharmaceutical Sector Governance

- Long-term PSCM strategy and road map and 10 policies and plans developed that considered government edicts and administrative orders, to enhance the PV and PSCM system based on industry best practices.
- PSCM stewardship and oversight mechanisms defined, and governance structures proposed to DOH leaders and key supply chain players to enhance coordination.
- National PV policy and implementation guideline updated to facilitate PV systems implementation.



Institutional and Human Resource Capacity to Regulate Medicines and Other Health Technologies

- The LTAPs scheme introduced as a private-sector engagement strategy to tap into local capabilities to support PSCM-strengthening initiatives; targeted outreach identified potential local technical assistance providers.
- Operational guide for outsourcing supply chain functions co-developed with DOH; the guide will contribute to an enabling environment for using supply chain best practices to leverage third-party logistics providers' capabilities.
- Competency mapping and capacity development plan created as part of the strategy to create a functional and sustainable PV system.
- Workforce capacity-strengthening plan for PSCM and PV developed to guide selection, hiring, and retention of qualified staff to support DOH's devolution.
- Nine e-Learning modules developed and uploaded to the DOH Academy to enhance access to training opportunities for health workers to register and complete on their own pace. Furthermore, e-Learning contents are accredited for continuing professional development points which encouraged health workers to register and complete available courses.
- More than 27,000 health care workers' capacity strengthened on PSCM, IPC, HCWM, and PV; 20,248 of them received nontraditional in-service training including online.

2,586

health workers trained on eLMIS



to digitalize PSCM, enhance efficiency, and increase stock visibility



Pharmaceutical Information for Decision Making

- eLMIS incorporated into UHC implementing rules and regulations and scaled up in all 17 regions at 216 warehouses and health facilities to increase supply chain visibility and efficiency:
 - 2,586 health workers trained on eLMIS to digitalize PSCM and enhance efficiency and increase stock visibility
 - 50 of 73 UHC implementing sites using eLMIS
 - 2,978 stock keeping units being managed through eLMIS
- Development partners and other PSCM stakeholders mobilized to leverage around USD 2 million for implementing and sustaining eLMIS.
- Quarterly stock data for TB, FP, and HIV commodities analyzed and presented to the DOH Executive Committee to inform decision making; the stock data analysis capacity strengthening enabled DOH to become independent in processing stock data.
- Annual couple-year protection analysis conducted from 2018 to 2023 for FP commodities provided through private and public FP stakeholders to inform progress on coverage and potential future investments.



50 of 73
UHC sites implemented and used eLMIS data for decision making

2,978

stock keeping units
managed through eLMIS



**USD
3.2 million**

mobilized from stakeholders to
expand eLMIS



- PViMS revitalized and sustained as an aDSM and reporting tool.
- PViMS made interoperable with the individual case safety report management system (VigiFlow) to ensure data exchange between the two tools for improved PV reporting.
- PViMS rolled out to 100% of 198 target facilities; staff trained and mentored to monitor TB medicines safety; 597 adverse events reported through PViMS and causality assessments conducted.

Pharmaceutical Sector Financing, Including Resource Allocation and Use

- Health technology assessment (HTA) guide for clinical equipment and devices developed that allows the country to make evidence-based decisions on choosing health technologies for government coverage.
- Around USD 3.2 million of additional resources to expand eLMIS mobilized from partners, leveraging USAID investments.
- Annual quantification of 42 TB and FP products for 2019–2026 generated to estimate quantity and budget requirements for the DOH's Multi-year Contractual Authority application to the Department of Budget and Management.

Patient-Centered Care



- More potent, tolerable, and easy-to-take fixed-dose combination antiretroviral (ARV) products, tenofovir/lamivudine/dolutegravir and tenofovir/emtricitabine for pre-exposure HIV prophylaxis, included in the Philippines National Formulary.
- Inventory control systems and policies designed to guide commodity flows, inventory holding levels, and allocation decisions at each level of the supply chain system.
- TB second-line commodity procurement and supply chain management transition plan developed to facilitate local ownership of the PSCM system.
- Industry and government dialog held on strengthening medicine and medical device regulation to increase public–private cooperation and accelerate access to innovative medicines and medical devices.
- Commission on Population and Development's ability to manage FP product logistics increased by developing and rolling out a Warehouse Operation Manual and training key staff on PSCM and warehouse management.

COVID-19



- Tracking system for mechanical ventilators and medical devices from hospitals established and transitioned to DOH Supply Chain Management Service, who will monitor the equipment and devices annually.
- Terms of reference to engage third-party logistics for COVID-19 vaccines improved to ensure service providers' compliance at central and LGU level.
- COVID-19 vaccine management integrated into eLMIS to produce logistics data consistency and COVID-19 vaccine supply chain efficiency.
- Over 15,600 learners completed COVID-19-related IPC, HCWM, and emergency supply chain courses developed by MTaPS through the DOH Academy's e-Learning platform to strengthen the frontline response to COVID-19 and ensure standard practices in responding to the pandemic.
- 14,076 health workers and military personnel trained on IPC, HCWM, and supply chain management for COVID-19 through direct MTaPS support.
- Capacity of 42 hospitals strengthened to comply with good COVID-19 IPC and HCWM practices thereby safeguarding patient and hospital staff health.

14,076

health workers and
military personnel
trained on IPC, HCWM, and
supply chain management for
COVID-19 through direct
MTaPS support



42 hospitals strengthened to comply with good COVID-19 IPC and HCWM practices



211 health workers from over 100 sites improved their capacity on HIV commodity supply chain and PV




HIV/AIDS

- HIV commodity supply chain assessed at selected priority sites of the US President’s Emergency Plan for AIDS Relief (PEPFAR) to support the start of differentiated service delivery, a person-centered approach to HIV prevention, testing, and treatment.
- HIV commodity supply chain management streamlined and standardized to support multi-month dispensing for differentiated service delivery; guidelines on best practices for managing HIV commodities for facilities published.
- Targeted spontaneous reporting mechanism developed and implemented for health facility staff to identify and share data on specified adverse events such as hepatitis related to selected ARVs following treatment using dolutegravir.
- 211 health workers from 52 priority PEPFAR and 59 non-PEPFAR sites in three regions increased their capacity on HIV commodity supply chain and PV to implement differentiated service delivery.
- 3-year (2022–2025) quantification of 9 HIV commodities completed, and budget developed for the medicine procurement and related supply chain system–strengthening activities, for inclusion in a Global Fund grant application.
- Arrival, clearance, and distribution of donor-procured HIV commodities facilitated to enable timely distribution to patients.
- 15 DOH staff mentored on the public procurement law, legal framework, and procurement process to bridge capacity gaps and improve procurement practices.



Integrating and Strengthening the Health Supply Chain on the Pathway to UHC in the Philippines

To achieve UHC, a country needs a robust PSCM system that ensures access to essential health commodities, and a comprehensive eLMIS is the backbone of that system. Recognizing its significance, PSCM was incorporated into the Philippines’ UHC law.

In June 2023, in Roxas City, Capiz, the eLMIS was launched nationally, recognizing a significant milestone in digitizing the country’s health commodity supply chain. The eLMIS standardizes the process for managing health commodities, which harmonizes and streamlines logistics operations across different levels of the supply chain. The eLMIS also integrates all public health supply chain information on a single platform, which provides supply chain visibility from the central level down to the health facility level, thereby increasing evidence-based decision making needed to provide an uninterrupted supply of lifesaving products.



Honorable Fredenil “Oto” Hernaez Castro, Governor of Capiz Province (left), and Hon. Ronnie Dadvivas, Mayor of Roxas City (right), signing the Wall of Commitment to support eLMIS rollout. Photo credit: Chesa Desano, MTaPS



FEATURED RESOURCES

- [Philippine HTA Methods Guide for Clinical Equipment and Devices](#)
- [Standard Operating Procedure on Targeted Spontaneous Reporting for Dolutegravir-based and Pre-exposure Prophylaxis Regimens](#)
- e-Learning modules via the [DOH Academy](#) on the following topics:
 - Health care Waste Management for COVID-19
 - Infection Prevention and Control for COVID-19
 - Supply Chain Management for COVID-19
 - PSCM Overview
 - Warehouse Management
 - Pharmaceutical Systems Strengthening
 - Gender and Development e-Learning Course
 - Introduction to Quantification of Health Commodities
 - PV Principles and Reporting
- [Warehouse Operations Manual, Commission on Population and Management \(POPCOM\), 1st edition 2022](#)
- [Warehouse Operations Manual, DOH Supply Chain Management Service, 2nd edition 2022](#)

[DOH Warehouse Operations Manual](#)



PATHWAY TO SUSTAINABILITY

MTaPS provides technical guidance and supports countries in establishing strategic direction and development of critical capacities on a pathway to sustainable and resilient pharmaceutical systems. Through its activities in country, MTaPS strengthened the capacity of local governments and organizations (public, private, and civil society) for improved, locally led, and more sustainable pharmaceutical service delivery, as highlighted below:

- The LTAPs initiative has enabled the use of local private-sector resources and capabilities, such as information technology experts, to scale up and sustain MTaPS' interventions through the Councils for Health and Development (CHDs) and at the LGU level.
- The eLMIS sustainability and transition plans co-developed with the DOH built DOH ownership of the system and allowed for further expansion and sustainability of the eLMIS at different levels of the supply chain.
- DOH mobilized partners to continue eLMIS scale up by securing more than USD 3.2 million in stakeholder commitments. Stakeholders included the Global Fund and its principal recipients, UN agencies, Asian Development Bank, World Bank, and other USAID implementing partners.
- New or revised policies, provisions, and guidelines on PSCM and PV, handed over to government counterparts, for example, DOH and the Food and Drug Administration, have institutionalized MTaPS' interventions within the health system, such as PV system strengthening and HTA.
- Early engagement of and co-development with counterparts (such as DOH, CHDs, and LGUs) and private sector (such as Procurement and Supply Chain Institute of Asia, InterCommerce Network Services, and IQVIA) during problem assessment/analysis, solution design, and strategy development led to initiatives' ownership and facilitated sustainability—exemplified in DOH's readiness to take over the eLMIS following MTaPS' closure.
- PSCM- and PV-related courses updated and uploaded into the DOH Academy, indicating ownership by national counterparts.

RECOMMENDATIONS

- DOH should officially establish the supply chain governance mechanism with roles and responsibilities by issuing department personnel orders for central, regional, and LGU offices by functional areas.
- DOH, CHDs, LGUs, and their stakeholders should continue to strengthen and expand the eLMIS by:
 - Approving and institutionalizing the eLMIS oversight structures
 - Facilitating active and routine meetings to ensure responsibility and accountability
 - Managing changes during the course of implementing the new system
 - Using evidence-based advocacy with partners and stakeholders to contribute resources and address gaps
 - Promoting a data-use culture by establishing a forum for organizing regular data validation, dissemination and use events

- DOH, CHDs, LGUs and development partners should take greater advantage of local private-sector capabilities by:
 - Accelerating ownership and expanding the application of LTAPs
 - Maximizing the use of third-party logistics services beyond warehousing and transportation
 - Increasing advocacy for private-sector involvement and implementing a change management strategy to facilitate a shift in public- and private-sector roles in the health supply chain

FUTURE CONSIDERATIONS

- Advocate for continued strengthening of PSCM governance by endorsing stewardship and oversight structures and monitoring implementation of an accountability policy that avoids diffused responsibilities at different levels—central, regional, LGU, and service delivery point—and harmonizes alignment between PSCM functions and political/geographical levels.
- Support the continued decentralization of PSCM by strengthening subnational capabilities and processes to procure quality-assured and efficacious medicines and use them appropriately and safely.
- Increase the visibility and agility of the pharmaceutical supply chain by expanding technologies such as eLMIS to the entire country.
- Expand private-sector involvement and partnership in public PSS initiatives ranging from the existing fee-for-service annual contracts to supply chain functions such as procurement, warehousing, distribution, inventory management, and eLMIS support at subnational levels.
- Expand aDSM beyond TB to include all innovative or newly marketed medications for national health programs (HIV, maternal, newborn, and child health, and noncommunicable diseases).

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RECOMMENDED CITATION

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