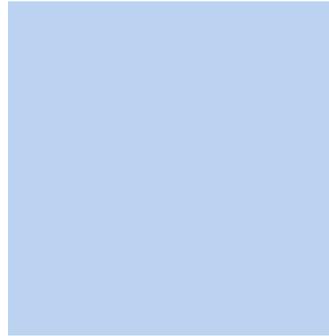
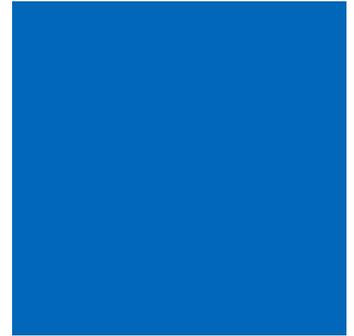




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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



DRAFT | JUNE 30, 2020

Process Documentation

HRH Philippine Masterplan 2020-2040

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Cover photo: Dr. Redentor Rabino, one of the first doctors to the barrios in Bongao, Tawi-tawi, conducts the Snellen's test to one of his patients. (Credit: Blue Motus, USAID HRH2030/Philippines)

DISCLAIMER

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Acronyms

ASEAN	Association of South East Asian Nations
BSC	Balanced
CFO	Commission on Filipinos Overseas
CHED	Commission on Higher Education
CSC	Civil Service Commission
DBM	Department of Budget and Management
DOH	Department of Health
DOLE	Department of Labor and Employment
FIES	Family Income and Expenditure Survey
FHSIS	Field Health Service Information System
HCHEEG	High Commission on Health Employment and Economic Growth
HLMA	Health labor market analysis
HHRDB	Health Human Resource Development Bureau
HRH	Human resources for health
HRH2030/Philippines	Human Resources for Health 2030 Philippines
HRHMP	Human Resources for Health Masterplan
ISLE	integrated survey on labor and employment
KMITS	Knowledge Management Information Technology System
LFA	Logical Framework Approach
LFM	Logical Framework Matrix
LGC	Local Government Code
LGU	Local Government Unit
MDG	Millennium Development Goals
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NOH	National Objectives for Health
PHC	Primary Health Care
PNHA	Philippine National Health Accounts
POEA	Philippine Overseas Employment Administration
PRC	Professional Regulation Commission
PSA	Philippine Statistics Authority
SDG	Sustainable Development Goals
TESDA	Technical Education and Skills Development Authority
UHC	Universal Health Care
UN	United Nations
UP	University of the Philippines
USAID	United States Agency for International Development
WHO	World Health Organization
WISN	Workload Indicators of Staffing Needs

Introduction

The Philippines recognizes the significance of human resources for health (HRH) in improving health systems and delivering health services to all Filipinos. With the extent of issues faced by the health workforce, the Philippine Human Resources for Health Masterplan (HRHMP) 2005-2030 was crafted in 2005 by a team of health human resource practitioners and academicians through the initiative of the Health Human Resource Development Bureau (HHRDB) of the Department of Health (DOH), with funding from the World Health Organization (WHO). The HRH Masterplan was reformulated in 2014 to adjust the assumptions and consider the socioeconomic and political changes, and health care and information technology developments that have influence in the execution of the plan. In 2018, the Universal Health Care (UHC) Act was enacted, which further articulates the importance of formulating and implementing an HRH Masterplan, especially in providing policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention and reassessment of the health workforce based on population health needs.

In response to the UHC Act provisions, the Human Resources for Health Masterplan 2020-2040 was crafted to serve as an overarching document that will guide the whole of society and whole of government approach to meet the desired HRH outcomes. The HRH Masterplan shall provide a picture of the current situation of the HRH sector in the Philippines, strategies that will address the issues that impact on the performance of the HRH and health sectors, an accountability mechanism among the HRH stakeholders, and a monitoring and evaluation system that will track the progress of the Masterplan's implementation. The Masterplan will be progressive, technically, economically feasible and sustainable, and will have sufficient details for implementation and operationalization to guide the health sector to achieve better HR management.

This process documentation is prepared by the Human Resources for Health 2030 Philippines (HRH2030/Philippines) Activity of the United States Agency for International Development (USAID) for the DOH to document the current effort as well as guide future reformulation of the HRH Masterplan. It provides a comprehensive overview of the HRH masterplanning process, so that the process of HRH Master planning can be replicated. The activity description, legal requirements, data analysis, and techniques, as well as the planning concepts used, are described in the succeeding sections. This report is designed for the use of officials both in the government and private sectors, planners, and key HRH stakeholders who will be involved in the process of preparing, updating, adopting, and implementing the masterplan.

This report is divided into the three sections described below.

1. Introduction – contains a brief background about the HRH Masterplan, its rationale and objectives, and the purpose and organization of the document.
2. Conceptual and methodological approach – contains the description of what a masterplan is and what its basic characteristics are. This section shall also include the methodology and approach adopted in developing the 2020-2040 HRH Masterplan, and a brief description of the key actors involved in its development. This section contains a conceptual discussion and a brief description of how the HRH Masterplan 2020-2040 was developed.
3. Developing the HRH Masterplan – describes the six-step process conducted to develop the 3rd version of the HRH Masterplan in response to the HRH provisions of the UHC Act. This section also contains the process documentation, learning and insight gained while developing the HRH Masterplan 2020-2040. Tips on what should be and should not be done while developing the masterplan are also included

Strategic Planning and HRH Masterplan Process

The HRH Masterplan 2020-2040 is a dynamic long-term planning document that will guide the development and management of the health workforce. It describes how, why, where, and when to implement HRH programs and initiatives. It provides guidance on making decisions on budgets, policies and interventions concerning HRH development and management. It will also provide an opportunity for leaders and decision-makers to look ahead, establish visions and directions, set goals, and map out plans for the future of the health workforce. Thus, this masterplan should function like a roadmap; it is a guide to the future of the Filipino health workforce.

As specified in strategic planning literature,¹ the the HRH masterplan should satisfy the following characteristics:

Physical plan. It is fundamentally a development guide. It should translate values and goals into a scheme that describes how, why, when, and where to implement strategies and interventions

Long-range. It covers a time period greater than one year. In this case, the present HRH Master Plan 2020-2040 covers a 20-year period

Comprehensive. Coverage is nationwide, encompasses the HRH development and management functions, and considers its interrelationships

Guide to decision-making. It can be used as reference for the national and local leaders, decision-makers, policy-makers, government officials and key stakeholders.

Statement of public policy. It translates values, desires, and visions into principles that can guide the HRH development and management. Policies arising from the plan can provide the basis upon which public decisions can be made.

Just like any strategic plan,² the it should contain the following components:

1. **Situation or context analysis.** A summary of the current situation including the issues/problems to be address and the existing context and environment
2. **Statement of vision, mission and goals.** The overarching expression of purpose and aspiration, and how it is intended to be fulfilled
3. **Objectives, strategies and operational considerations.** A description of the strategic focus areas that represent what needs to be concentrated on in order to make the vision a reality, strategies or the methods intended to be applied to reach the vision, and the operational considerations that presents the details on “who, what, when and how” the strategies can be implemented and objectives be accomplished.
4. **Measurement.** These are the means on how performance of objectives can be tracked and monitored
5. **Resources and financing.** These describes the resources and funding needed to implement the strategies and achieve the objectives

Aside from these general components the present HRH masterplan is unique because its content is responsive to the provisions indicated in Section 23 of the UHC Act implementing rules and regulation, which mandated the creation of the HRH Master Plan as well as required the inclusion of the following additional components:

6. **Comprehensive health labor market study adopting a whole of society approach**
7. **Standards for HRH, in both public and private sector, on staffing requirements, appropriate generation, recruitment, retraining, regulation, retention, productivity mechanisms, and reassessment of the health workforce that would be updated to accommodate population health needs**
8. **Outcomes pertaining to sustainable production, appropriate skill mix retention in the health sector, equitable distribution and practice ready training for HRH**

A participative planning approach is imperative in developing the HRH masterplan. Participatory planning is a process by which a community or a group of stakeholders undertake action to achieve their goal by consciously diagnosing problems and charting a course

¹ Hollander, Pollock, Reckinger, and Beal, 2d ed., Title? Washington: International City Management Association, 1988, So and Getzels, editors, pp. 60-61

² Olsen, Erica. “Major Components of a Strategic Plan” Strategic Planning Kit For Dummies Cheat Sheet. URL: <https://bit.ly/2VrvDpZ>. Accessed on June 19, 2020

of action to resolve those problems. By ensuring the participation of all relevant stakeholders, ownership and buy-in of the process and results can be ensured and should facilitate ease of implementing the plan.

Critical stakeholders and key actors that should be involved in the development of the HRH masterplan, along with expected roles, are enumerated in Table I.

Table I. Stakeholders that should be involved in the development of the HRH Masterplan

Key Actor	Role
Department of Health (Central Office and Centers for Health Development)	Led the development of the HRH Masterplan Solicit strategic and technical inputs and facilitate participation of all stakeholders in the HRH Masterplan development process
HRH Network (and its members)	Provide strategic and technical inputs in the formulation of the plan and its components, and actively participate in its review and finalization
Local Government Units (representatives, particularly the health officers)	Provide inputs on how the plan and its components can be cascaded to and adopted in the local levels
Development partners (i.e., USAID and WHO)	Support the HRH Masterplan development process and technical inputs
Non-government and grassroots organization (e.g., Barangay Health Worker federation, student organization), professional societies, academic institutions	Validate results of situation analysis, and provide inputs in strategy development

Developing the HRH Philippine Masterplan 2020-2040

In response to the UHC Act provision to formulate and implement a national HRH masterplan, preparing the HRH Masterplan 2020-2040 involved several major activities: conduct of a situation analysis, strategy development, drafting a blueprint, an omnibus policy review, preparing a communication plan, detailing the masterplan strategies utilizing logical framework matrix, developing monitoring and evaluation indicators using a balanced scorecard methodology, formulating an accountability framework, forecasting the staffing needs and estimating the indicative costs of the activities of the strategies and forecasted staffing needs. This Masterplan development was designed to be a co-development endeavor headed by DOH, through HHRDB, with all relevant stakeholders. It is important that consultations and validation activities be conducted with the DOH, the HRH network and other key stakeholders to derive a consensus on plan inclusions. Figure I illustrates the development process for the HRH Masterplan 2020-2040.

Figure 1. Process Diagram on developing the 2020-2040 HRH Masterplan



Key components

Considering the major activities involved in developing the present HRH Masterplan, the sections of the plan are briefly described below.

1. **Philippine context** – An environmental scan yielded description of the current context and situation of HRH in the Philippines. It contains the following:
 - a. Description of the country profile, including socio-demographic information, health situation, and emerging and infectious disease information
 - b. Overview of the Philippine health workforce, which includes supply and demand, structure and system of health service delivery, and health facility development
 - c. Discussion of the existing HRH challenges and issues
2. **Strategic plan** – An overview of the goals and identified strategies in addressing existing HRH challenges and issues. It defines the vision, mission and goals for HRH, the guiding principles that should be considered, the strategic objectives and

corresponding transformative and enabling strategies to support the HRH provisions of the UHC Act, address persistent HRH issues, facilitate synergy, and contribute to achieving national and international commitments

- a. Short-term plan – Describes the risk-based scenarios, strategic focus, strategies, implementation plan, budget and resource requirement, and monitoring measures for the first two years of implementing the masterplan
 - b. Medium-term plan – Describes the risk-based scenarios, strategic focus and strategies for Year 2023 to Year 2028.
 - c. Long-term plan – Describes the risk-based scenarios, strategic focus and strategies for Year 2029 to Year 2040.
 - d. Governance and accountability framework – A description of the governance, management, and accountability and collaboration mechanisms in implementing the masterplan
 - e. Policy environment and support – An excerpt of the result of the omnibus policy review report. It contains the summary of existing supportive policies and the proposed policy agenda to aid the implementation of the masterplan
 - f. Communication plan – An overview of the strategic communication approach that can be employed during the masterplan implementation
- Monitoring and evaluation mechanism – A description of the monitoring and evaluation indicators as well as sources of information and feedback loop

The HRH Masterplan development process

Step I: Conduct of Situation Analysis

Situation analysis is the process of evaluating the conditions that affect HRH. It will provide the information needed to identify the current strengths, weaknesses, opportunities and challenges that need to be considered in determining the HRH strategies to realize the specified vision, mission and goals. Having a situational analysis will define the nature and scope of persisting and emerging HRH issues and challenges and it will provide comprehensive information of the current situation and context surrounding the Filipino health workforce.

Described below are the steps in a conducting situation analysis. By completing these steps, a thorough understanding of the conditions and context of HRH will be established.

STAKEHOLDER ANALYSIS

Identify all key stakeholders, who have a vested interest and influence in the issues concerning HRH. Primary stakeholders are those who are most affected either positively or negatively by the strategic plans and policies. Secondary stakeholders are those indirectly affected. There can be tertiary stakeholders, who are impacted the least. It is important to map the stakeholders by determining the extent of their interest and influence. A stakeholder analysis can be useful in deciding who should be involved in the strategy development process.

The stakeholder analysis done by USAID's HRH2030 Philippines informed the situation analysis for the HRH Masterplan 2020-2040. Results of the consultation with various stakeholders was reported in the Policy Scoping Report prepared by USAID's HRH2030 Philippines. Three key stakeholders were identified to be involved in the development, implementation and monitoring of HRH policies in the Philippines.

ENVIRONMENTAL ANALYSIS

Identify all internal and external elements that can affect the implementation of the HRH Masterplan. This entails revisiting current strengths and weaknesses, and assessing the level and likelihood of opportunities and threats.

In order to develop the HRH Masterplan 2020-2040, the past master plans of 2005 and 2014 were reviewed in terms of their goals, objectives, and the process by which the Masterplans were prepared as well as determine their outcomes. Similar to the past Masterplans, the following were undertaken to present an updated situation analysis of HRH in the Philippines: a document, literature and policy review, analysis of secondary data, consultations, and meetings with HHRDB and members of the HRH Network.

- I. Document and literature review including:
 - a. Legislations that deal directly with or impact on HRH such as the UHC Act and the Local Government Code (LGC) of 1991;

- b. Policy documents from National Economic and Development Authority (NEDA), DOH, WHO, Association of South East Asian Nations (ASEAN), United Nations (UN) Millennium Development Goals (MDG) and Sustainable Development Goals (SDG);
 - c. Published studies such as on migration, the social impact of the competency-based and community-based curriculum of the University of the Philippines (UP) School of Health Sciences, and the Global Code of Practice on International Recruitment of Health Personnel; and the
 - d. Unpublished papers supported by USAID's HRH2030 Philippines such as the policy scoping review, a review of the DOH Deployment Program, and application of the WHO's workload indicators of staffing needs (WISN) and health labor market analysis (HLMA).
2. Secondary data analysis, specifically on:
- a. Number of health infrastructure from Knowledge Management Information Technology System (KMITS), Philippine Statistics Authority (PSA), Field Health Service Information System (FHSIS)
 - b. Number of health workers from HHRDB, Professional Regulation Commission (PRC), PSA, FHSIS
 - c. Vacancies of health workers from the integrated survey on labor and employment (ISLE)
 - d. Wages of health workers from the Department of Budget and Management (DBM), Occupational Wage Survey
 - e. Demand for health services from National Demographic and Health Survey (NDHS), Philippine National Health Accounts (PNHA), Family Income and Expenditure Survey (FIES), PSA
 - f. Health sciences education from Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), PRC, finduniversity
 - g. Migration of health workers: Commission on Filipinos Overseas (CFO), Philippine Overseas Employment Administration (POEA), payscale
 - h. Data in the National Objectives for Health (NOH) 2017-2022
3. Results of the initial consultations with CHED, Department of Labor and Employment (DOLE), NEDA, DBM, and Civil Service Commission (CSC) spearheaded by HHRDB have been incorporated in the situation analysis. Inputs from members of the HRH Network and other stakeholders during the validation workshop of the situation analysis, organized by USAID's HRH2030 Philippines last July 17, 2019 in Manila, were also included.
4. Policy scoping review and omnibus policy review was carried out by the USAID's HRH2030 Philippines project to assess the relevance and influence of current HRH policies on the health sector, determine important stakeholders to lead HRH interventions, identify barriers to effective HRH policy implementation, and identify critical information systems for decision making. About 135 HRH-related legislations and policies, were collected and reviewed.

PROBLEM IDENTIFICATION AND ANALYSIS

A problem can be regarded as a difference between the actual situation and the desired situation. This means that in order to identify a problem, desired outcomes should be considered while having a clear understanding of where it currently is in relation to the perceived problem. Problem analysis involves identifying what the main problems are and establishing the cause and effect relationships which result in, and flow from, these problems. The key purpose of this analysis is to try and ensure that 'root causes' are identified and subsequently addressed in the activity design, not just the symptoms of the problem(s). A clear and comprehensive problem analysis provides a sound foundation on which to develop a set of relevant and focused activity objectives.

For the HRH Masterplan 2020-2040, a problem tree analysis was done to determine the core problem faced by HRH and the health sector, its causes and effects. Taking off from the problem tree presented in the previous versions of the masterplan, identified core problem was contextualized to be more reflective of the current scenario, with its root causes and effects updated and further refined.

Step 2: Strategy identification and prioritization

Strategy is the path that takes an organization to their desired destination. Strategy formulation³ is the process by which an organization chooses the most appropriate courses of action to achieve its defined goals. This process is essential to a sector's success, because it provides a framework for the actions that will lead to the anticipated results. It involves the following steps:

DEFINE THE VISION, MISSION, GOALS AND GUIDING PRINCIPLES⁴

Once current situation is established, it is important to set the direction to achieve the desired outcomes. The articulation of this direction are the vision, mission and goal statements. Statements of vision and mission are important so that everyone involved, including stakeholders, understand what will need to be accomplished and how it will be done. This means "keeping everyone on the same page" so they are all "pulling in the same direction". Statements of vision and mission should be simple, concise and easy to remember. Use just enough words to capture the essence. The statements need to capture the very essence of what your organization or business will achieve and how it will be achieved. So, statements of vision and mission should be a single thought that can easily be recalled. The statements are not "cast in stone". They can be updated and modified if the organization changes its focus. It is often good to write the statements, use them for a specific period, and then revisit them as needed.

On the other hand, guiding principles are broad philosophies that encompass beliefs and values, and guide an organization in all circumstances, irrespective of changes in its goals, strategies or mandate. It guides the culture of the organization, where everyone is levelled off on what is important.

Vision Statement – A mental picture of what you want to accomplish or achieve

Mission Statement – A general statement of how the vision will be achieved. The mission statement is an action statement that usually begins with the word "to".

Goal – A goal is a general statement of what you want to achieve.

Guiding principles – broad philosophies that encompass beliefs and values

The statement of vision, mission and goal of the HRH Masterplan 2020-2040 is based on the vision and mission statement of HHRDB for the sector. HHRDB crafted three options for the statements of vision and mission, was presented, and validated with the HRH Network. The goals and guiding principles were drafted by USAID's HRH2030 Philippines based on the result of review of various literature and documents and was validated with HRH Network and regional representatives.

DEFINE THE STRATEGIC OBJECTIVES AND STRATEGIES

This step in the strategic formulation process requires an organization to identify the performance targets needed to reach clearly stated objectives. The strategic objectives will state the approach to use for the mission to achieve the desired vision. It is a group of strategies that are critical to the success of HRH Masterplan implementation. Strategic objectives must be communicated to all who needs to be involved, including key stakeholders, to ensure success. All must be made aware of their role in the process and how their efforts contribute to meeting the objectives. Three factors must be considered when determining the strategies: the current environment, the mandate, and the internal strengths and weaknesses.

For the 2020-2040 HRH Masterplan strategy development, the HRH Network members and representatives from across the regions were asked to identify strategies for the issues they validated. The strategies were summarized and compared with the literature on HRH strategies on recruitment, productivity, and retention. Where there was a WHO recommended HRH-related strategy for an issue identified in the situational analysis, this was adapted. Otherwise the strategies recommended by the HRH Network members were used. Another round of review of literature, this time focusing on the available evidence for each strategy, was undertaken. These strategies were also validated through consultations conducted with the HRH Network and regional and provincial

³ The Saylor Foundation. Strategy Formulation. URL: <https://bit.ly/2BzDTgu>. Accessed June 25, 2020

⁴ Hofstrand, Don (2016). Vision and Mission Statements -- A Roadmap of where you want to go and how to get there. URL: <https://bit.ly/2A2ehs9>. Accessed June 25, 2020

representatives from selected regions per island group, and prioritized. The criteria used in identifying these strategies and the prioritization process done is described below.

CRITERIA IN IDENTIFYING STRATEGIES OF THE HRH MASTERPLAN

Strategies that have been identified for the HRH Masterplan are distinguished between transformative and enabling strategies. Transformative strategies refer to those that will strengthen HRH to meet the desired health outcomes (i.e., production and workforce strategies), while enabling strategies refer to those that makes it possible for HRH to adapt to their environment (i.e., cross-cutting strategies). These satisfied the following criteria and expected to be implemented at the health system, facility or institutional, and individual levels:

- Supports the UHC Act provisions: expand scholarships, reorient curriculum to PHC, permanent employment, practice ready training, return service agreements, workforce registry and support system
- Addresses persistent HRH issues in order to create system changes and the effects of the core problem
- Builds on and reinforces other strategies to create synergistic effects
- Contributes to attainment of national and international policies and commitments

The suggested strategies from the 2nd Quarterly Meeting of the HRH Network were the starting point in the development of the HRH Masterplan's strategies. These were complemented by recommended strategies and actions from WHO and World Bank reports on retention, recruitment, and productivity; the WHO Global Workforce Strategy, and the report of the High Commission on Health Employment and Economic Growth (HCHEEG) on Working for Health and Growth.⁵

PRIORITIZING THE STRATEGIES OF THE HRH MASTERPLAN

During the regional consultations, quadrant analysis or a 2x2 matrix, was used to determine the short-, medium-, and long-term strategies. Typically, the two axes of the quadrant analysis are defined depending on the purpose. Since the objective was for the regions to prioritize the strategies, urgency was placed on the y-axis and relevance on the x-axis. Of the original 38 strategies, 32 were deemed necessary in the short-term, three in the long term, and two were not classified. In the 3rd Quarterly Meeting of the HRH Network, the priorities set by the regions were validated by Network members. The result was that all the strategies were deemed necessary to be undertaken in the short term. There are several reasons why rolling out all the strategies in the short term is not feasible: it is unlikely that there will be enough financial resources to do so; political support is not widespread e.g. health is not a priority in some LGUs; and, the need for preparatory activities such as research and policies for some strategies. Hence, the strategies were subjected to another prioritization exercise using the MoSCoW technique.

⁵ High Commission on Health Employment and Economic Growth (2016). Working for Health and Growth. World Health Organization. Geneva, Switzerland

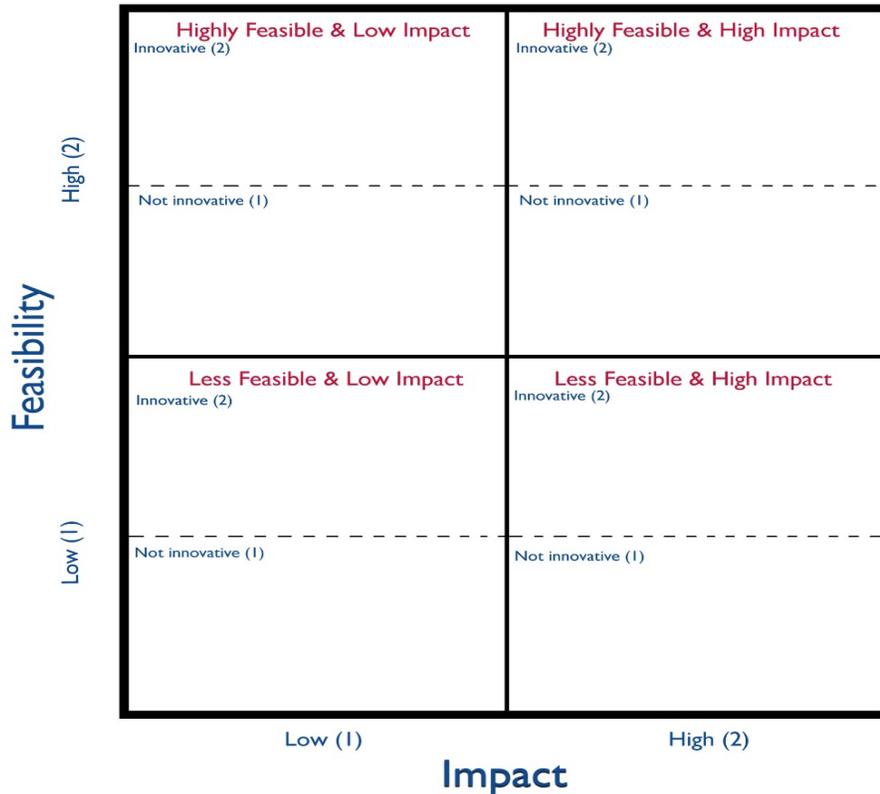


Figure 2. Quadrant analysis for strategies

MoSCoW is a prioritization technique practiced in management, business analysis, project management, and software development. It is applied with stakeholders to determine priorities collaboratively. The technique was developed in 1994 initially for use in rapid application development of software projects. MoSCoW is an acronym derived from Must have, Should have, Could have, and Won't have (at this time) with the 'o' added for readability and pronunciation. MoSCoW has been adapted for use in the Masterplan as follows:

- Must have refers to requirements that have highest priority for success and critical in terms of delivery timelines. In the context of the Masterplan, this refers to strategies that: directly address and/or directly support the provisions of UHC Law, have evidence, have impact and are innovative, and have less than or equal to three feasibility issues
- Should have are requirements that have higher priority for success and are less critical timewise. These strategies do not address UHC provisions, have evidence, have impact and are innovative, and and have less than or equal to three feasibility issues.
- Could have are requirements that are desirable but do not affect the success.
- Won't have are requirements that stakeholders want to have but can be put off. These two have been combined. These strategies do not address UHC provisions, have limited evidence, has impact, not necessarily innovative, and have more than three feasibility issues.

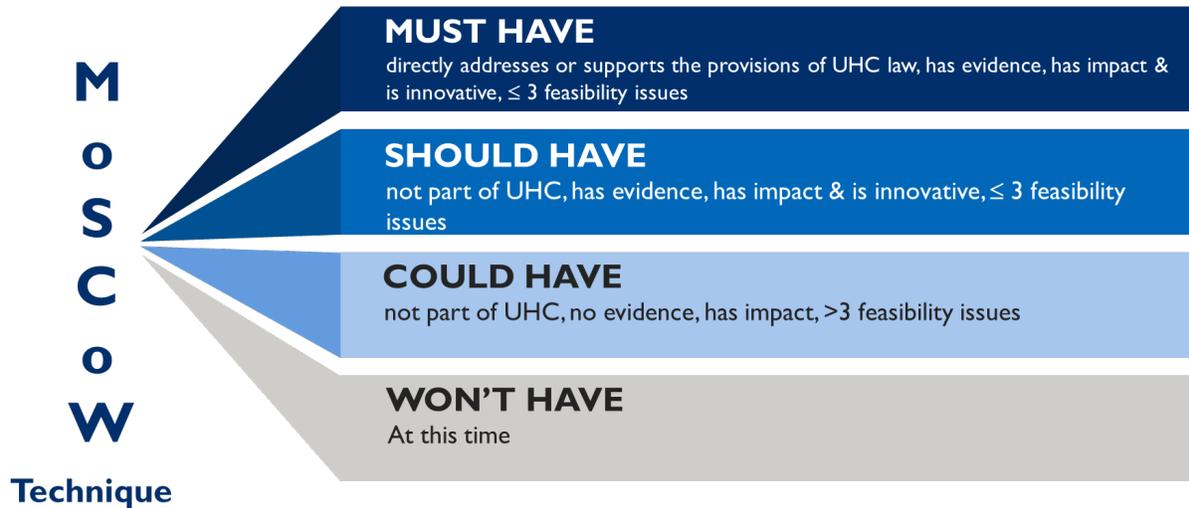


Figure 3. MoSCoW Technique

In the regional consultations, 32 strategies were deemed necessary in the short-term, 3 in the long-term, and 3 were unclear regarding the time frame (Figure 4). In the 3rd quarter meeting of the HRH Network, members categorized all the strategies as short-term. In applying the MoSCoW technique, 16 strategies were categorized as short-term, 5 as medium-term, and 10 as long-term. While prioritizing the strategies, several were combined so that from the original 38, the number of strategies was reduced to 31.

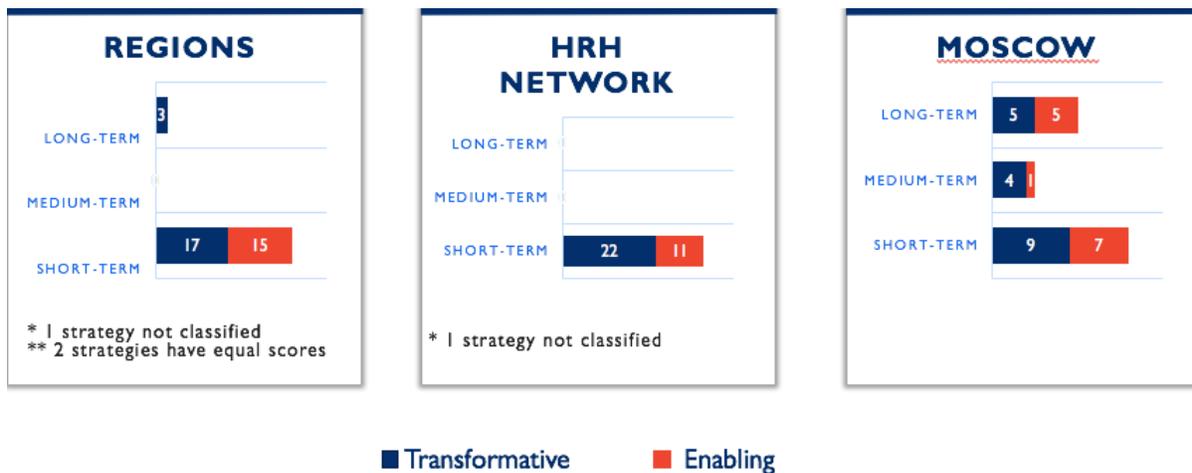


Figure 4. Results of strategy prioritization

Step 3: Defining the accountability framework and governance structure

Accountability is a form of liability that refers to who and for what and what is accountable, which is understood as the obligation of the holder of the trust to provide accountability, presenting and reporting all activities that are his/her responsibility to the party who provides the trust has the authority to hold such accountability like how decision-makers of the government, the private sector and community organizations are accountable to the public and to the agencies concerned.⁶ On the other hand, governance is the sound

⁶ Khotami (2017). "The Concept Of Accountability In Good Governance" Proceedings of the International Conference on Democracy, Accountability and Governance (ICODAG 2017). <https://doi.org/10.2991/icodag-17.2017.6>. Accessed on June 20, 2020

exercise of political, economic, and administrative authority to manage an organization's resources for development.⁷ It encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account.⁸

Given these, it was deemed important to define the accountability framework, and the governance and management structure for the implementation of the HRH Masterplan 2020-2040. Defining these two involved reviewing related literature and existing documents. For the accountability framework, the main resource document was the WHO Accountability Framework (2015) where the three key components (governance, results-based management and quality assurance) were derived. The draft accountability framework prepared by USAID's HRH2030 Philippines was reviewed and further refined during a series of discussions and feedback sessions with HHRDB. The accountability framework reflected in the HRH Masterplan 2020-2040 incorporates all technical inputs received.

The governance and management structure was defined by adapting the current committees of the HRH Network and reformulating its roles and responsibilities to be more aligned to the health worker lifespan strategy. These governance and management structure was developed to be less hierarchical to minimize layers and to promote collaboration among stakeholders. Like the accountability framework, the governance and management structure reflected in the HRH Masterplan 2020-2040 incorporates all technical inputs received by USAID's HRH2030 Philippines through the series of discussions and feedback done with HHRDB.

Step 4: Developing the short-term, medium-term and long-term plan

The short-term plan describes what needs to be done within the first three years of implementation in order to pave the way in accomplishing the vision, mission and goals. Development of the short-term plan has three major activities: developing the balanced scorecard and logical framework, defining the monitoring and evaluation methods and parameters, and identifying the indicative cost for implementation. The medium-term and long-term plan should be broadly defined and discussed in the HRH masterplan to outline what needs to be done in the succeeding period of the plan. Content of both component of the masterplan will guide the formulation of the operational plan when the designated year of implementation for those periods are near.

BALANCED SCORECARD AND LOGICAL FRAMEWORK ANALYSIS DEVELOPMENT

The Balanced Scorecard is a management system and a way of looking at the organization by focusing on big-picture strategic goals. It also helps in choosing the right things to measure so that goals can be achieved. The term "balanced scorecard" comes from the idea of looking at strategic measures in addition to traditional financial measures to get a more "balanced" view of performance. A balanced scorecard looks at your organization from four different perspectives to measure its health. Each of these perspectives focuses on a different side of your institution, creating a balanced view of your organization.

- **People** – The perspective that focuses on the people who actually benefits from the services. What is being done to keep customers happy and satisfied? How is your organization viewed by the industry? Customer satisfaction is a great forward-looking indicator of success. The way customers are treated directly impacts how successful implementation is viewed.
- **Processes** – The perspective that looks at how smoothly your implementation is running. Efficiency is important here. It's all about reducing waste, speeding things up, and doing more with less. Are there unneeded obstacles standing between new ideas and execution? How quickly can you adapt to changing implementation conditions?
- **Partnership and collaboration** – This perspective looks at actions made by consenting organizations to share resources to accomplish a mutual goal
- **Learning and growth** - The perspective that looks at overall organizational culture. Are people aware of the latest industry trends? Is it easy for people involved to collaborate and share knowledge? Does everyone have access to training and continuing education opportunities?
- **Financing** – refers to financial stewardship, fiduciary responsibility, and resource and budget effectiveness.

⁷ Lifted from the various definitions listed in the Philippine Ombudsman website content upload on The Concept and Theories of Governance. URL: <https://bit.ly/31aGgRq>

⁸ Governance Institute of Australia. What is governance? Accessed <https://bit.ly/2B68aTY> on June 20, 2020

The balanced scorecard for the HRH Masterplan 2020-2040 was developed based on the strategy map defined during the strategy development process (refer to the strategy paper for details). The strategic objectives were mapped to its corresponding objectives and to how it can contribute the the desired outcomes espoused in the DOH Scorecard, the Philippine Development Plan and AmbisyonNatin2040.

The logical framework analysis⁹ (LFA) is an activity design methodology used by a range of major multilateral and bilateral donors. It is based on a systematic analysis of the development situation, particularly key development problems, and of the options for addressing those problems. It is an analytical, presentational and management tool which can help planners and managers establish a logical hierarchy of means by which objectives will be reached, identify the potential risks to achieving the objectives, and to sustainable outcomes, establish how outputs and outcomes might best be monitored and evaluated, and monitor and review activities during implementation. It is a logic model that describes the key features of a project or intervention (objectives, indicators, measurement methods and assumptions) and highlights the logical linkages between them. One standard analytical product of the LFA is the Logical Framework Matrix (LFM). It consists of a matrix that summarizes selected aspect of an activity design like what the activity will do, and what it will produce (Activity Description), the activity's hierarchy of objectives and planned results (also Activity Description), the key assumptions that are being made (Assumptions), and how the activity's achievements will be measured, monitored and evaluated (Indicators and Means of Verification). The general structure of a Logframe Matrix is shown in Table 2.

Table 2. General structure and content of a Logframe Matrix

Activity Description	Indicators	Means of Verification	Assumptions
Goal or Impact – The long-term development impact (policy goal) that the activity contributes at a national or sectoral level	How the achievement will be measured – including appropriate targets (quantity, quality and time)	Sources of information on the Goal indicator(s) – including who will collect it and how often	
Purpose or Outcome – The medium-term result(s) that the activity aims to achieve – in terms of benefits to target groups	How the achievement of the Purpose will be measured – including appropriate targets (quantity, quality and time)	Sources of information on the Goal indicator(s) – including who will collect it and how often	Assumptions concerning the Purpose to Goal linkage
Component Objectives or Intermediate Results – This level in the objectives or results hierarchy can be used to provide a clear link between outputs and outcomes (particularly for larger multicomponent activities)	How the achievement of the Component Objectives will be measured – including appropriate targets (quantity, quality and time)	Sources of information on the Goal indicator(s) – including who will collect it and how often	Assumptions concerning the Component Objective to Output linkage
Outputs – The tangible products or services that the activity will deliver	How the achievement of the Outputs will be measured – including appropriate targets (quantity, quality and time)	Sources of information on the Goal indicator(s) – including who will collect it and how often	Assumptions concerning the Output to Component Objective linkage
Activities – specific tasks or actions to produce outputs	How the achievement of the Activities will be measured – including appropriate targets (quantity, quality and time)	Sources of information on the Goal indicator(s) – including who will collect it and how often	Assumptions concerning the Activities to Output linkage

A LFM was developed for the short-, medium-, and long-term strategies presented in the HRH Masterplan 2020-2040. The matrices developed contains the same information as presented in the basic table presented above. However, the LFM for the short-term strategies include more details (e.g., baseline, target, initiatives, stakeholders, timeline, estimated cost) to serve as reference for the plan's first three years of implementation. It is recommended that the LFM be prepared annually as it is also a useful tool in monitoring implementation of the plan and thus updating the plan regularly.

⁹ AusAID (2005). AusGuideline: The Logical Framework Approach. Accessed <https://bit.ly/3IdFsLB> on June 25, 2020

COSTING

Estimating the cost of implementing the strategies and activities defined in the LFM is also important. In determining cost of the activities, it is important to identify the resources and inputs needed. The major cost drivers, or factors that trigger change in the cost, that affects most activities are remuneration and operational cost. Remuneration refers to the amount allocated for labor work to carry out an activity, while operational cost is the amount allocated for direct cost (except labor) to implement an activity.

In cost estimation, it is also important to clearly define cost assumptions for each activity. The cost assumptions indicate the what was considered to compute the cost, like the cost items considered, quantity or volume of each cost item, and rates used. Table 3 presents a sample template to compute remuneration, while Table 4 shows a sample matrix to estimate operational cost.

Table 3. Sample matrix template for computing remuneration requirements

Activity (Description of activity)	Role (What is the staff function? Are they regular staff or consultant?)	Quantity (How many are needed?)	Staff input (What is the level of effort? How many staff months, days, or hours will they work?)	Salary rate	Subtotal
<i>Conduct data mapping</i>	<i>Technical staff (regular)</i>	<i>3</i>	<i>5 months</i>	<i>42,000.00</i>	<i>210,000.00</i>
	<i>Support staff (regular)</i>	<i>2</i>	<i>5 months</i>	<i>25,000.00</i>	<i>125,000.00</i>

Table 4. Sample matrix for estimating operational cost

Activity (Description of activity)	Cost item (What are the particular inputs needed to implement the activity?)	Unit (Unit of measure)	Quantity (How many?)	Unit cost (How much per unit of cost item?)	Subtotal
<i>Conduct data mapping</i>	<i>Meetings</i>	<i>Frequency</i>	<i>10</i>	<i>2000.00</i>	<i>20,000.00</i>
	<i>Transportation</i>	<i>Trips</i>	<i>5</i>	<i>200.00</i>	<i>1000.00</i>
	<i>Communication</i>	<i>Call minutes</i>	<i>120</i>	<i>10.00</i>	<i>1,200.00</i>
	<i>Others</i>				

For the HRH Masterplan 2020-2040, costing was only done for activities involving implementation of short-term strategies as it is important to determine the cost of implementing the first three years of the strategic plan. From the identified activities for each strategy in the LFM, remuneration and operational cost drivers were identified and its corresponding cost estimated. Other considerations during the cost estimation include:

- Salary standardization law rates to estimate remuneration
- Results of Workload Indicator of Staffing Needs Study done by USAID's HRH2030 Philippines to estimate number of health workers
- Attrition rates from available literature of physician, nurse, midwife and medical technologists

It is important to articulate the assumptions used in estimating cost as this will serve as a good reference during budget and finance discussions.

Step 5: Scenario building and development of the medium- and long-term plan

The premise is that the future is still in the making and can be actively influenced or even created. This is an empowering realisation for governments and citizens. Foresight permits governments and public administrations to construct contingency plans for undesirable but possible and probable scenarios, while creating policies that capitalise the transformational possibilities of preferred futures, moving from foresight and insight to strategy and action. Scenario building¹⁰ is one of the most well-known and most cited technique for thinking about the future. Scenarios are stories or narratives that are set in the future that explore how the world would change if certain trends were to strengthen or diminish, or various events were to occur. Scenario building does not attempt to predict what will happen, but through a formal process identifies a limited set of examples of possible futures that provide a valuable point of reference when evaluating current strategies or formulating new ones. This method questions assumptions about the future and creates confidence to act in a world of uncertainty.

Examples of tools that can be used for scenario building are:

1. Scenario Planning practice and guidance note (a “how to” guide) from the UK Government Foresight Horizon Scanning Centre accessible at http://www.eisf.eu/resources/library/foresight_scenario_planning.pdf
2. A Tool for Strategic Thinking (a systematic methodology drawn from practice) by Paul J. H. Schoemaker’s “Scenario Planning: A Tool for Strategic Thinking” accessible at <http://sloanreview.mit.edu/article/scenario-planning-a-tool-for-strategic-thinking/>
3. Mont Fleur Scenarios (transformative scenario planning) by Adam Kahane’s “Transformative Scenario Planning: Working Together to Change the Future” accessible at http://www.ssireview.org/articles/entry/transformative_scenario_planning_working_together_to_change_the_future
4. La Pointeuse: The Designator (a small-group collaborative scenario development from Re-acteur Public’s “Exploring the public administration of tomorrow” accessible at <http://reacteurpublic.fr/en/realisations/evaluation-engagee/>

In the case of the scenario building for the HRH Masterplan 2020-2040, economic considerations, information on the triple burden of disease in the country, vision statement from AmbisyonNatin 2040 and COVID response information were reviewed to inform scenarios identified. These scenarios were then validated with DOH prior to inclusion in the masterplan.

Step 6: Finalizing the HRH Masterplan

Once all the components of the HRH masterplan are complete, it is imperative to facilitate its review by critical stakeholders, especially those expected to have critical contribution during the plan’s implementation. Securing the buy-in of the stakeholders can be reinforced in this phase of the masterplan development. High-level meetings and technical workshops can be organized to review and refine the content of the masterplan, especially the BSC and the LFA.

Lessons learned and important considerations

There had been challenges and limitations encountered during the development of the 2020-2040 HRH Masterplan. This section presents the lessons learned and insights gained during the course of development and some important considerations that should be kept in mind.

1. Availability of all relevant data is critical for situational analysis across the HRH lifespan (entry, workforce, exit and re-entry). Ensure that datasets on all cadres of health worker are complete and covers at least the last 5 years to facilitate a more comprehensive analysis. Disaggregated data can provide granular information and can result to detailed insights that can be more useful in clearly defining the problem to come up with more specific strategies. Soliciting data from the private sector, although not a practice, can contribute in coming up with the whole picture of the current situation of HRH and is highly recommended.
2. All stakeholders should be consulted, with their inputs consolidated and considered. Participation of all critical government organizations, non-government institutions, academe, health worker groups, professional organizations, private sector

¹⁰ UNDP (2015). Foresight Manual. Accessed <https://bit.ly/2YxYWJf> on June 25, 2020

representatives, practitioners, patient support groups, and grassroots organization are vital to consider all perspectives. The participatory approach during the development process will encourage stronger stakeholder buy-in and HRH Masterplan ownership.

3. Scenario building approach should be given more time and focus. It is important to exhaust all potential scenarios to be able to come up with a more comprehensive plan more sensitive to uncertainties.
4. Strategies identified considers current context as defined in the situational analysis, should be revisited at a relevant period to ensure appropriateness and applicability to the issues that need to be addressed.
5. LFM and costing should be revisited and updated at a relevant period to be more effective in guiding the plan's implementation and investments.
6. Review of existing policies affecting HRH should be broadened to include implementation status of existing relevant policies, and international and regional policy instruments, like ASEAN declaration or commitments, that may have influence on the policy environment of Universal Health Care in the country, which were not included in the policy inventory done by USAID's HRH2030 Philippines.