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A Scoping Review of DOH Policies on Selected Population Subgroups

EXECUTIVE SUMMARY

Abstract

Over the years, the administrative orders (AOs) in the DOH have accumulated, and the department itself is unable to monitor the many provision changes brought about by different administrations. There is no system present in identifying the duplicated provisions, inconsistencies, and gaps within these policies. Thus AOs that have been implicitly repealed remain to be a cause of confusion. Because of this, a policy review of all the existing AOs was conducted covering four life stages namely:

1. MNCHN or Maternal, Newborn, Child Health, and Nutrition
2. Adolescent Health
3. Geriatric Health, and
4. The Special Population group, which cover the PWDs, Children with Disabilities, Indigenous Peoples, and People in Conflict Areas.

Text mining was used to hasten the process and make it more efficient. A scoping review using the best-fit framework synthesis with thematic analysis was implemented. Through this policy review, we were able to create omnibus policies -- or collections of the existing policies -- and policy development plans - which propose steps towards addressing the gaps found during the review -- for each population.

For MNCHN, a total of 52 AOs were included with topics relating to nutrition, food fortification, micronutrient supplementation, immunization, dental health, communicable diseases, and non-communicable diseases.

For Adolescent health, 52 AOs were found to be relevant relating to lifestyle related non-communicable diseases such as mental health, substance abuse reduction, smoking regulation, and cancer; communicable diseases such as HIV/AIDs, STDs, family planning, and TB comorbidity; and reduction of injuries and violence.

For Geriatric Health, a total of 38 AOs were found to be relevant, AOs relating to influenza and pneumococcal immunization senior citizens as consumers, AOs on palliative care and hospice care, for NCDs AOs relating to lifestyle-related diseases such as diabetes, hypertension, cancer, dental, and mental diseases, and tuberculosis.

For Special Populations, there were a total of 58 AOs relating to vulnerable children, indigents, vulnerable women, and populations with behavioral risks; PWDS and CWDs had the most AOs; GIDA, schistosomiasis as a neglected tropical disease, conflict areas, and emergencies and disasters.

Despite the presence of these AOs per life stage, there remains gaps within each omnibus policy when seen through Health Impact Pyramid (HIP) and Philippine Health Agenda (PHA) lenses. There were numerous AOs directed towards developing Service Delivery for all levels of intervention were identified for all four life stages. However, it is consistent that there was a need for policies relating to health information systems. Policies on Health Workforce was also lagging behind.

Executive Summary

A. Introduction

The development of AOs is dependent on the department heads of the current administration. Through the development of AOs, the DOH is able to plan, implement, monitor, and evaluate its health programs. Over the years, the total number of AOs have accumulated to a total of around 2,000 policy documents. These AOs can be downloaded as PDF files, and filtered by the year it was issued from the existing database. Unfortunately, it is unable to filter inactive issuances or those that have been repealed or deemed inapplicable to the current context. Although the department has an existing system to organize the issuances, there are still functions that are lacking in execution, such as, the monitoring and evaluation of the implementation or progress of a program.

The difference in agenda of the administrations, and the lack of monitoring of these AOs has resulted in duplications, inconsistencies, and gaps within the policies. Thus, the database is not able to provide a complete depiction of the available updated guidelines, policies, and programs of the country. The reviewing and compilation of these into omnibus policies, will be able to help address such problems.

This study aims to conduct a policy review of all existing issuances covering areas on program implementation guidelines and policies. These areas are specific to adolescent health, geriatric health, special population groups (PWDs, IPs, Children with Disabilities, People in Conflict Areas), and Maternal, Newborn, Child Health, and Nutrition (MNCHN). Through this policy review, we were able to create omnibus policies – or collections of the existing policies – and policy development plans - which propose steps towards addressing the gaps found during the review – for each population.

B. Methods

A mixed methods scoping review using the 'best-fit' framework synthesis with thematic analysis was used for this study. This study took on the format of the Policy Analysis Triangle of Buse, Mays & Walt. The dynamic relationship among its four factors namely content, context, process, and actors show what might affect policy and can be applied in low income countries, such as the Philippines.

There were six steps involved :

1. *Thesaurus Building and Validation*

Using a small sample of AOs, important keywords/themes related to the population groups were lifted from these AOs and used to build the thesaurus. To further expand the list, VOSViewer, a visualization tool, was used to explore terms related to the initial search terms. The Administrative Orders were also manually encoded with the help of optical character recognition (OCR).

2. *AO Prioritization using Text Mining*

After the preparation of data through encoding and OCR, the IT staff and AO reviewers worked together to sort and prioritize the administrative orders according to relevance using text mining and automated classification algorithms. This was done to see which documents need to be included.

3. *Review of Relevant AOs and Data Encoding*

The actual review of relevant documents were done by the reviewers. Important texts were highlighted and were encoded into the Data Abstraction Tool (DAT).

4. *Qualitative and Quantitative Analysis*

The quantitative analysis consisted of 2 major parts: exploratory data analysis and data visualization. Exploratory Data Analysis (EDA) consists mainly of descriptive statistics. The statistician analyzed the frequencies, ratios and proportions. For this part, tabulated values of the themes gathered in all the AOs were presented. These would synthesize the general profile of the reviewed documents. With the tabulated values, the most emphasized and least emphasized themes, populations, and life stages of the reviewed AOs are highlighted. Qualitative data analysis was

done by doing a thematic synthesis using a Content Charting Tool (CCT), which demonstrates how the interventions were classified according to the degree of population health impact it has and the degree of individual effort needed.

5. *Omnibus Draft Writing and Policy Recommendations*

After thematic synthesis, valuable information from each AO was synthesized and used to develop the omnibus policy for each focus area. A policy development plan was also developed based on the synthesized findings during thematic synthesis.

6. *Consultations*

Initial results for the thematic synthesis and literature review were presented to PMs in separate consultations for further validation.

C. Results and Discussion

In total, there are 118 unique AOs included in the analyses across all life stages. For geriatric, there are 38 AOs; for special population, there are 59 AOs; for MNCHN, there are 51 AOs, and for adolescent, there are 53 AOs included. Special Population has the most policy support in terms of number of AOs, and geriatric having the least with 38. There were 61 AOs that were mentioned only once in the 4 life stages. For twice, there were 38. For those mentioned three times, there was a total of 16 AOs. And for AOs mentioned in all life stages, there were 4. Thus, there is considerable overlap of policies among life stages, showing the wide applicability of these AOs.

Across life stages, it can be seen that the focus of the provisions is service delivery through public health interventions changing the context of health. This is the 2nd tier in the Health Impact Pyramid. Interventions included here are food fortification, smoke-free laws, and promotion of physical activities. Note that these interventions are health services defined by WHO as "dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health." For the least discussed building block, it is common that the Health Information Systems has the least number of AOs ranging from a minimum of 0 to a maximum of 2. It is evident that the country lacks a system that can store and use quality and accessible health information. There is almost no intervention that highlights the organization of such system except for the AO on the Unified Registry Systems of DOH.

D. Conclusions

The life stages approach in creating the omnibus for all programs related to specific populations helped reveal the general profile of interventions being passed in the Philippines. We have discovered that most interventions are clustered under the Service Delivery building block (World Health Organization, 2010), through Public Health Interventions Changing the Context of Health, which is the 2nd tier of the Health Impact Pyramid. (Frieden, 2010) The results also revealed certain gaps and possible solutions to address these through the policy development plan.

Based on the produced Omnibus policies and Policy Development Plans for each life stage, it can be seen that DOH has robust policy especially for some disease areas that serve some life stages very well, and less so for others. The resulting documents (Omnibus and PDP) can guide future policy priorities and their subsequent design. The study provides a guide as well in framing gaps that need to be addressed most urgently and in what way to be comprehensive and effective, according to the frameworks used and the review of literature. Periodic review of the body of policy and the consequent policy gaps is encouraged in order to facilitate policy support for the DOH's programs and services for each life stage.

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