

POLICY SCAN ON KNOWLEDGE MANAGEMENT IN THE DEPARTMENT OF HEALTH

Prepared by the Health Policy Development Program



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Acronyms and Abbreviations

BIHC	Bureau of International Health Cooperation, DOH
CBPP	Commons-Based Peer Production
CHD	Center for Health Development
CMM	Capability Maturity Model
DOH	Department of Health
DOST	Department of Science and Technology
FHO	Family Health Office
FHSIS	Field Health Services Information System (or eFHSIS: Enhanced FHSIS)
FP/MNCHN	Family planning/Maternal, neonatal, child health, and nutrition
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH
HERDIN	Health Research and Development Information Network
HFEP	Health Facilities Enhancement Program
HLGP	Health Leadership and Governance Program
HOMIS	Hospital Operation Management Information System
HPDP	Health Policy Development Program (Note: The current policy project awarded by the USAID is the Health Policy Development Project 2, or the HPDP2.)
HPDPB	Health Policy Development and Planning Bureau
ICT	Information and communications technology
IMS	Information Management Service
IRR	Implementing Rules and Regulations
ISO	International Standards Organization
KM	Knowledge management
KMD	Knowledge Management Division
KPOM	KP Operations Monitoring
KPI/UHC	<i>Kalusugan Pangkalahatan</i> /Universal Health Care
LCE	Local Chief Executive

LGU	Local Government Unit
MDG	Millennium Development Goal
M&E	Monitoring and evaluation
MNHTS- WOMB	Maternal and Neonatal Health Tracking System – Watching over Mothers and Babies
NEC	National Epidemiology Center
NHFR	National Health Facility Registry
PDSA	Plan-Do-Study-Act cycles
PHIC	Philippine Health Insurance Corporation
PIDS	Philippine Institute for Development Studies
PQA-CPE	Philippine Quality Award Criteria for Performance Excellence
QMS	Quality Management System
RLC	Resource and Learning Center
RPRH	Responsible Parenthood and Reproductive Health
SCBKM	Support to Capacity Building and Knowledge Management Technical Group
SEIP	Task Force for Support to the Establishment of an Institutional Platform for KP Strategic Management
TB	Tuberculosis
UHMIS	Unified Health Management Information System
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

This policy scan, commissioned by the Health Policy Development Program and the UPecon Foundation, Inc., reviews and evaluates the status of existing knowledge management (KM) policies and practices in the Department of Health (DOH). The main purpose is to clarify and improve the DOH's KM processes in support of improved policy development.

Our scan of the DOH environment suggests that there has been some progress in KM since the development of the KM4Health strategic framework in 2007. However, more work needs to be done for the DOH to become a learning organization that consistently values knowledge as an essential link to effective health systems.

The DOH needs to take advantage of the positive forces prevailing in the DOH as a result of the accelerated health reform associated with the DOH flagship program, the *Kalusugan Pangkalabatan*/Universal Health Care (KP/UHC). Foremost among these is the strong demand at the highest levels of government for timely, accurate, high quality, and accessible information for KP/UHC planning, monitoring, and evaluation.

At the same time, it needs to overcome negative forces and weaknesses that have constrained the advancement of KM for policy, foremost among which is centered around the low investments in building the human resource capacity for data and policy analyses.

In terms of KM processes, the DOH will need to ramp up KM processes in the entire organization to promote a widely-felt “knowledge culture.” Although it is already employing a variety of knowledge sharing activities, there is room for improvement in terms of other proven KM tools such as communities of practice and effective mentoring. For KM, for health policy development specifically, the recommended priority actions are to:

1. Consider the revival of the “KM Team for Policy” as a community of practice for health policy, involving key players from different offices and bureaus;
2. Resuscitate the Resource Center for Health Systems Development as a vibrant knowledge hub for health policy and systems development; and
3. Consider the creation of externalities such as awards and recognition of outstanding performance as positive reinforcements for building a knowledge culture.

In terms of information technology to support KM, there are laudable and ambitious plans for eHealth as a multisectoral strategy. It remains to be seen how this unfolds, but effective implementation will be of tremendous benefit to the DOH in terms of knowledge acquisition and timely sharing of data and information. KM for health policy

development should work hand in hand with the architects of the eHealth strategy so that these initiatives are harmonized and effectively harnessed.

The laggard is the investment in the real core of KM: human resources. There should be sustainable people development, particularly the cadre of knowledge workers who can manage and analyze data for decision-making and policy. The ongoing training programs for health policy associates and interns can be a rich pool for recruiting a new crop of DOH staff that can perform or manage health policy development work.

However, to develop a deep bench of researchers from various disciplines who can do strategic and operational research, as well as program reviews and evaluations in response to the DOH policy agenda, there is a need to go beyond short-term solutions. As proposed by an HPDP-commissioned Task Force in 2013, the systemic solution is to create, support, and institutionalize a semi-autonomous Health Financing and Systems Research Consortium involving the DOH and its institutional partners.

“ “ *To recruit and retain smart people,
you need to make it easy for them to
collaborate with other smart people.*

- Bill Gates

” ”

1.0 Introduction

The Health Policy Development Program (HPDP) is a policy project implemented by the UPecon Foundation, Inc. to strengthen the policy and financing environment in the country, thereby contributing to the attainment of health-related Millennium Development Goals (MDGs). The HPDP also supports the execution and implementation of the DOH flagship program on *Kalusugan Pangkalahatan*/Universal Health Care (KP/UHC), and in particular, the scaling up of family planning, maternal, neonatal, child health and nutrition (FP/MNCHN), and tuberculosis interventions¹.

Fundamental to the HPDP's approach is the promotion and use of timely, relevant, and accurate information and knowledge for policy development. In its second year of project implementation, the HPDP has organized itself into eight technical groups, using a matrix approach to implement its various functions. One technical group, the Support to Capacity Building and Knowledge Management (SCBKM), works to support the DOH and the HPDP technical groups in the cross-cutting area of knowledge management in order to strengthen evidence-informed policy-making and execution.

As part of its mandate, the SCBKM group of the HPDP commissioned this policy scan on the knowledge management policy of the DOH. The policy scan aims to review and evaluate the status of existing DOH knowledge management policies and practices in the past 10 years in order to assist the DOH in clarifying and improving its processes, activities, tools, and systems related to knowledge management, especially in support of the KP/UHC. The policy scan also examines various frameworks and strategies that could improve how the DOH creates, shares and transfers, and uses knowledge for policy development including implementation.

Specifically, the policy scan includes the following:

1. Review of existing DOH knowledge management policies and practices in the past 10 years;
2. Taxonomy and initial inventory of existing DOH policy-relevant knowledge products in relation to the KP/UHC and Family Health;
3. Rapid assessment of current DOH channels and modalities for knowledge dissemination to DOH staff, up to the Centers for Health Development (CHDs) and the Philippine Health Insurance Corporation (PhilHealth);
4. Recommendations for increasing DOH demand for policy-relevant knowledge, as well as the supply of good-quality information and evidence for policy and action; and

¹ In line with the HPDP's strategic objective of "Family health improved", interventions for FP/MNCHN and TB in this concept note will also be referred to as "Family Health."

5. A concept note outlining a knowledge sharing mechanism for policy-relevant knowledge products related to FP/MNCHN and TB services in the form of an online interactive platform such as a Wiki-like content management system.

There are many definitions of “knowledge management” but no universally accepted definition. A common and simple definition of knowledge management is the creation, capture, sharing, and leveraging of the “right knowledge, in the right place, and at the right time.” For this policy scan and from a health and development perspective, we have adapted the definition used by the USAID Knowledge Management Program (<http://www.usaid.gov/results-and-data/information-resources/knowledge-management-support>) to refer to:

“*Strategies for capturing, sharing, and applying the right knowledge to help the organization adapt to rapidly changing events by incorporating lessons learned and past experiences into decision-making and program planning decisions.*”

The above definition works for a dynamic organization such as the DOH, which has to deal with a variety of strategic, operational, and transactional issues on a daily basis and which require knowledge-based policy and program decisions. This definition is also compatible with the DOH strategic framework for knowledge management, which will be described next, but with a focus on knowledge for policy development, particularly for the KP/UHC and Family Health. Based on this broad concept of knowledge management, the scan also reviews DOH activities that promote the mobilization and conversion of tacit (subjective) knowledge to explicit knowledge (generally based on empiric evidence).

2.0 Framework for Knowledge Management for Health Policy Development

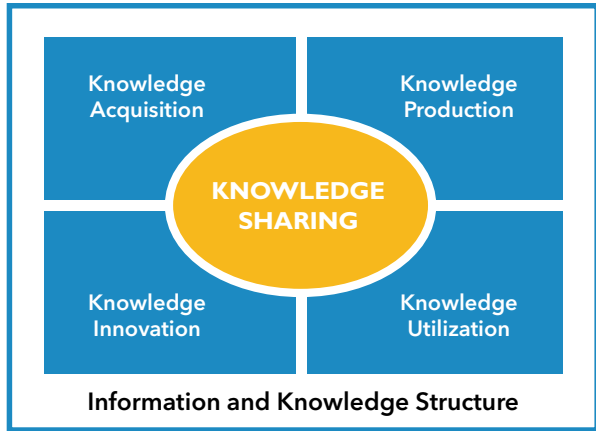
The DOH strategic framework for knowledge management, dubbed KM4Health, has the Vision of “making knowledge work for a healthy nation.” Its Mission is to “foster a culture of knowledge management in the health system.” The KM4Health framework introduced five interrelated and interdependent core concepts: knowledge acquisition, production, innovation, utilization, and sharing. These are defined and elaborated in Table 1 and illustrated in Figure 1.

Table 1.
*Core Concepts of
the KM4Health
Framework*

KM4Health Core Concept	Definition (DOH, 2007)	Examples
Knowledge acquisition	“Knowledge that is available or derived from various sources”	Best practices, practice guidelines, experts, data repositories, and resource centers
Knowledge production	“Creation of new knowledge and the acquisition of new knowledge created by other entities”	Health policy research, health systems research
Knowledge innovation or adaptation	“Tweaking and refining of knowledge for easy integration and utilization by the stakeholders, especially the various health knowledge workers”	Simplified or modified evidence-based algorithms or health care bundles for community health teams
Knowledge sharing	“Different modalities of knowledge dissemination and distribution”	Newsletters, policy briefs, portals, interpersonal communications, fora, communities of practice
Knowledge utilization	“Application of knowledge to improve the health sector’s performance”	Translation of health research results into policy or for program improvement

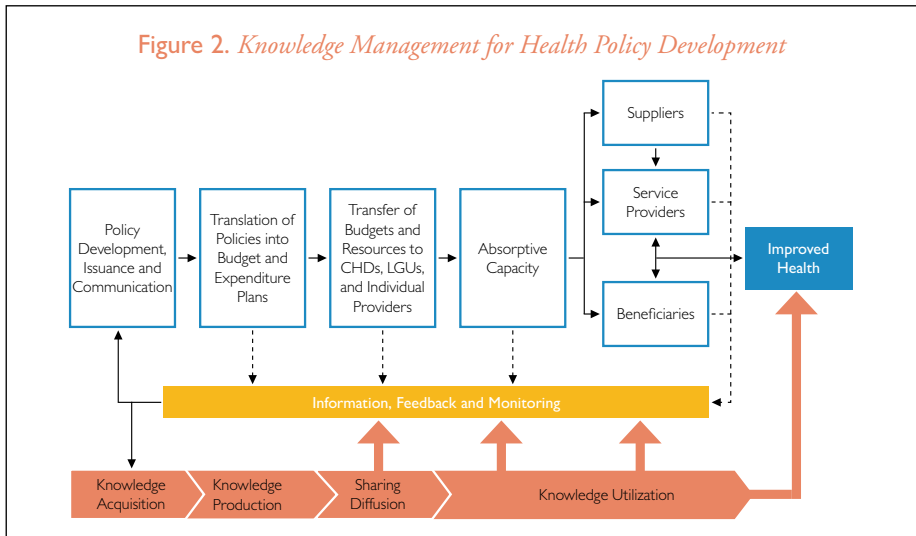
Figure 1. *The KM4Health Framework*

Source:
DOH, 2007. Knowledge
for Health: A Knowledge
Management Framework
of the Department of
Health. Manila, Philippines



Our framework for knowledge management for *health policy development*, as seen in Figure 2, draws on the DOH’s KM4Health Framework, as seen in Figure 1, but enhances this by adapting the health value chain that the HPDP uses as a reference point for its policy support work. The framework underscores the influence of knowledge management on all phases of the health value chain.

Figure 2. *Knowledge Management for Health Policy Development*



This framework for the policy scan underscores the importance of a comprehensive view of knowledge management—any weakness in the knowledge management value chain (whether in the acquisition and production of knowledge, diffusion and sharing, or utilization)—will weaken the chain towards the development and implementation of evidence-based health policy. The fundamental concept of knowledge innovation cuts across the value chain, allowing the application of new knowledge acquired or produced in improving health system functions and outcomes. Well-functioning knowledge management processes and linkages of these processes across the various DOH offices, bureaus, levels, and programs will facilitate the use of the best available evidence for policy development and ultimately achieve the goals of the KP/UHC.

The framework also emphasizes the key feature of a learning organization: that the issuance of an evidence-informed policy is only one step in the KM value chain, and that additional information, feedback, lessons learned, and monitoring data gathered from its implementation are equally important in refining or revising the policy, retooling for improved implementation, or developing new policies. In fact, a foundational concept for the entire knowledge management value chain is *knowledge innovation* so that knowledge and learnings are able to foster new and transformative approaches to addressing complex problems.

3.0 Design and Approach

3.1 General Approach

Based on the conceptual framework for knowledge management for health policy development, the policy scan used rapid assessment methods to describe knowledge practices for three processes: knowledge acquisition and production, knowledge sharing, and knowledge utilization in relation to policy.

The status of knowledge management in DOH in the last three years was reviewed and compared to weaknesses identified during a DOH knowledge management audit conducted in 2005-2006. We analyzed what went well and should be continued and/or scaled up, what should be improved, what new strategies should be introduced, and what should be dropped. We also attempted to identify and describe best practices in the knowledge management processes.

The scan focused on:

1. The context of the KP/UHC (FP/MNCHN and TB services in particular) and the demand for evidence, information, and knowledge;
2. Relevant structures and resources to support the full spectrum of knowledge management, including DOH online channels for knowledge sharing; and
3. Leadership and capacity building efforts to promote a knowledge culture within the DOH.

3.2 Data Collection Methods

Rapid assessment techniques were employed for the policy scan, consisting of a desk review of available documents related to knowledge management in the DOH, semi-structured interviews, consultations, and triangulation and analysis of information/data gathered.

Appendix A provides a list of the persons interviewed for the policy scan. The interviewees were purposively selected from available DOH senior staff across different offices that have the main responsibilities for acquiring, producing, analyzing, sharing and/or utilizing data, information, and knowledge related to the KP/UHC: the Office of the DOH Secretary and Executive Committee (ExeCom) members, the Information Management Service (IMS) including the Knowledge Management Division (KMD), the Health Policy Development and Planning Bureau (HPDPB) and the Research Reference Hub, the National Epidemiology Center (NEC),

the Bureau of International Health Cooperation (BIHC), and the Family Health Office (FHO). Three regional directors of Centers for Health Development (CHDs) and an official and senior manager at the Philippine Health Insurance Corporation (PHIC) were also interviewed. In addition, group discussions were done with the senior staff of the HPDP, as well as some of the HPDP Health Policy Fellows.

For the desk review and the preliminary inventory of DOH knowledge products related to the KP/UHC and Family Health, we conducted a focused search of the DOH Library, the NEC Library, relevant vertical files and databases of the KMD, the Resource Center for Health Systems Development (RCHSD), the DOH public website, the DOH Intranet, and the health sector review archive of the HPDP. We surfed the Internet for other publicly available documents, including those from USAID-supported projects. We also used the snowball method to gather additional documents from citations and references. For the inventory, we categorized documents by adapting a taxonomy proposed by Kowalewski (2012) for policy-relevant documents and assigned draft keywords (and acronyms commonly used by the DOH and HPDP) for searching the Excel database. We excluded research studies and journal articles, as there is already a functioning electronic research database for these, hosted by the Health Research and Development Information Network (HERDIN), available at www.herdin.ph.

In addition to interviews and consultations on existing channels of knowledge sharing within the DOH, we conducted an online survey among DOH Central Office staff regarding their experience with the DOH Intranet. Using Google Survey, we emailed all staff listed in the current DOH email directory provided by the KMD² and invited them to participate in the online survey. The survey questionnaire, which could be accomplished in approximately 15 minutes, had closed questions on the quality and usefulness of content, ease of use, lay-out and design, and interface with the DOH public website. Most of the questions required rating the respondent's experience based on a five-point Likert scale, but there were open-ended questions on strong and weak features of the Intranet and suggestions for improving the site. The online survey was open from February 11 to March 10, 2014.

² The DOH personnel directories provided were for 2013 and 2014, but the functional status of email addresses provided was not known.

The results of the Intranet survey also informed the development of a concept note³ for an interactive and dynamic model for knowledge sharing of policy-relevant knowledge products using a Wiki-like content management system. We also explored the feasibility, sustainability, and user readiness for this option through the interviews conducted.

3.3 Limitations and Caveats of the Policy Scan

Given the limited level of effort and the tight timelines, the policy scan provides an overview of the knowledge management efforts in the DOH, and only in the context of the policy cycle, specifically for the KP/UHC and Family Health. Hence, it should not be seen as a comprehensive evaluation of KM4Health in the DOH. Moreover, the scan was not meant to be a detailed knowledge management audit or knowledge mapping exercise. According to Charity Tan, head of the KMD, the terms of reference for a knowledge management audit will soon be prepared. However, the policy scan will hopefully feed into one of the most important aspects of knowledge management: the development of evidence- and knowledge-based policy development.

Although the Knowledge Audit on Policy Processes in 2005-2006 identified LGUs as a bottleneck for policy implementation and knowledge management, it is not within the scope of this policy scan to review and map best practices at the LGU level. At the CHD level, only three regional directors were interviewed; the limited timeframe for the scan constrained us from reviewing in detail the status of knowledge management efforts at the CHD level, which would require site visits, face-to-face interviews with CHD staff, and consultation meetings on site. At the outset, we have recommended that a second phase of the policy scan be considered to address this critically important aspect of knowledge management, particularly knowledge application at the LGU and CHD levels.

Lastly, the perspective taken in this policy scan was knowledge management for policy development within the DOH. The scan did not cover knowledge acquisition and sharing with other stakeholders such as the public, other government agencies (with the exception of knowledge sharing with the PHIC), other government sectors, and DOH partners.

³ The concept note on a Wiki-based knowledge sharing system is a separate deliverable due in mid-April 2014. At that time, it will be annexed to this report as Appendix F.

4.0

Knowledge Management Policies and Practices in the DOH

4.1

Context: The KP/ UHC and Family Health

4.1.1. The KP/UHC

The imperative for knowledge management has never been more important as it is during this era of unprecedented investments for universal health care. Administrative Order 2010-0036 (“The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos”), released in December 2010, provided the guidelines for the KP/UHC as well as the background and rationale for this flagship program.

The goal of the KP/UHC is to ensure that all Filipinos, especially the poor, are provided affordable, accessible, and quality health care, which will be achieved within five years through three strategic thrusts:

1. Financial risk protection through expansion in National Health Insurance Program (NHIP) enrollment and benefit delivery;
2. Improved access to quality hospitals and health care facilities; and
3. Attainment of the health-related Millennium Development Goals (MDGs).

The investments for the above three pillars of the KP/UHC have been considerable and increasing over the years, in billion pesos: 24.6 (2010), 31.9 (2011), 42.2 (2012), 53.1 (2013) and 80.1 (2014) (External Review Panel: Tangcharoensathien et al., 2013). For 2015, the DOH budget proposal is estimated at PHP105 billion (Ona, 2014).

Although the KP/UHC builds on previous DOH efforts for health sector reform, such as the FOURmula One for Health and its associated KM4Health Strategy, the surge of investments for the KP/UHC has created a new climate of increased demand for credible data, information, and knowledge to guide decision-making and implementation, feedback, and further program redesign. No less than the Secretary of Health has championed the use of timely and accurate intelligence to guide policy decisions and actions (Support to the Establishment of an Institutional Platform Task Force (SEIP-

TF), 2013). At the second meeting for the KP/UHC stocktaking review, the External Review Panel (2014) emphasized the critical need for capacities at all levels of the health system to produce, share, and use knowledge derived from monitoring and evaluation systems as well as health technology assessment.

4.1.2. Family Health

The third strategic thrust of the KP/UHC is towards the attainment of health-related MDGs, in particular, MDGs 4 (reduce infant and child mortality), 5 (improve maternal health and reduce maternal mortality), and 6 (reductions in mortality and morbidity from HIV/AIDS, tuberculosis, and malaria). Although the investments for financial risk protection and the Health Facilities Enhancement Program (HFEP) have surpassed that for health-related MDGs, the yearly DOH allocation for the latter has ranged from PHP8.6 billion to PHP13.5 billion for the period 2010-2014. In addition, HFEP expenditures include upgrading of birthing facilities.

On the other hand, the HPDP has also kept its eye on the ball with its strategic objective of improving Family Health through strengthening a supportive policy and financing environment for the KP/UHC, including FP/MNCHN and TB. Its technical group for Support to Field Operations provides technical assistance, including support to gathering and analyzing data at the field level, on the implementation of FP/MNCHN and TB interventions. Information and lessons learned from the field feed into the HPDP technical group for Support to Policy, Regulations, and Financing in order to assist the DOH and PhilHealth in the delivery and financing of quality Family Health interventions. Additional information about the performance of the KP/UHC and Family Health interventions is produced and analyzed by the technical group for Support to Implementation Research, Monitoring, and Evaluation.

In its first year of implementation, the HPDP has produced several knowledge products to support DOH policy development in the area of MNCHN and TB (HPDP, 2013). Examples of these are:

1. Support to KP Operations Monitoring: Baseline Report (DOH, 2013)
2. Technical reports in support of the drafting of the Implementing Rules and Regulations (IRR) of the

Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 (Republic Act 10354)⁴

3. Technical advisories on trends, factors, and drivers of the FP/MNCHN and financial risk protection performance using the 2006 Family Planning Survey, the 2008 National Demographic and Health Survey, and the 2011 Family Health Survey
4. Technical reports on developing and testing of standards and guidelines for a quality assurance mechanism for birthing homes (baseline data from a study in Quezon City)
5. Technical reports on reviewing training methodologies to improve FP skills and capacity at scale
6. Technical reports on adopting implants and post-partum intrauterine devices as new FP program methods
7. Technical reports on developing a manual of procedure for bilateral tubal ligation through mini-laparotomy under local anesthesia
8. Technical advisory on determining the trade-offs in pulling out TB drugs from the private market
9. Technical advisory on improving the use of the TB budget for local government units (LGUs) and TB performance grants at the local level

In collaboration with the other HPDP technical groups, the SCBKM technical group is mainly responsible for ensuring that there are regular and effective channels and platforms for communicating and sharing timely information and knowledge on Family Health with the SOH, other policy makers, and program managers. At the same time, the SCBKM is helping to strengthen and institutionalize the capacity of the DOH for knowledge management for the KP/UHC and Family Health. As mentioned earlier, this policy scan is a critical step in the pathway towards strengthening the DOH KM for health policy development.

⁴ The RPRH Law IRR was promulgated in March 2013 but there is a Status Quo Ante Order from the Supreme Court.

4.2

Overview of KM4Health

4.2.1. KM4Health Strategies

Recognition of the key role of knowledge and information in health systems development rose during the second wave of health sector reform in the DOH in 2005-2010.⁵ To achieve “FOURmula One for Health” with its four thrusts (financing, regulation, service delivery, and governance), work towards the development of a knowledge management strategic framework began in 2005-2006, with support from the World Health Organization (WHO), complemented by a knowledge management audit of policy processes supported by the German Technical Cooperation (GTZ). In the global scene, the World Report on Knowledge for Better Health (World Health Organization, 2004) vigorously advocated for bridging the “know-do” gap in health policy and practice through knowledge translation, challenging nations to improve health systems performance towards the MDGs.

These events converged towards the development of the DOH strategic framework for knowledge management: KM4Health as seen in Figure 1. The three specific objectives of KM4Health are to:

1. Provide easily accessed knowledge, both tangible and intangible, to support the health knowledge workers’ work performance;
2. Build the skills and expertise of health workers in producing, sharing, and utilizing health knowledge; and
3. Ensure a robust and efficient health information and knowledge infrastructure (DOH, 2007).

Corresponding to the three KM components of people, processes, and technology, the following strategic areas for KM4Health were identified:

- Strategy 1:** Develop and implement policies and programs for the institutionalization of KM in the health sector.
- Strategy 2:** Improve information and knowledge infrastructure.
- Strategy 3:** Build the capacity of human resources for health on KM.

⁵ The Knowledge Management Division existed as early as 2000, but information management at that time was largely paper-based. Between 2000–2005, there was a gradual transition to move to computerized and digitized information management systems, followed by plans towards the development of a Knowledge Management strategic framework in 2005 (Personal communication, C. Tan, DOH Knowledge Management Division).

These KM strategies were then linked to the core functions of a re-engineered DOH at that time. Under the core function of formulating national policies and standards for health,⁶ some of the activities envisioned were:

4. Establish a health policy resource and learning center where knowledge and information critical to the development of clear and sound policies are available and accessible;
5. Develop communities of practices (CoPs) through the DOH and the health sector as a way of sharing, developing, honing expertise and competencies, and building knowledge networks;
6. Make available and accessible a health portal with a comprehensive knowledge base to the policy formulators; and
7. Develop a health policy process protocol so that stakeholders would know how policies are crafted, what standards are set, and their involvement in it.

An implementation plan to improve the knowledge management support system for health policy processes was then developed to act on the above-mentioned main recommendations. The primary responsibilities for action were fielded to the Information Management Service (IMS) including its Knowledge Management Division (KMD), the Health Policy Development and Planning Bureau (HPDPB), and the Bureau of Local Health Development.

4.2.2. Looking Back: Weaknesses in KM Processes

In order to understand the status of KM today, it is necessary to review the weaknesses in KM processes identified prior to the development of the KM4Health strategic framework and the “KM roadmap”. The top weaknesses identified at a DOH KM audit are summarized as follows:

1. No updated health statistics and databases and inconsistencies in statistics;
2. Manual routine administrative and health systems not documented;
3. Difficulty in obtaining health information;

⁶ Details of proposed activities linked to other DOH core functions are found in the Knowledge for Health document (DOH, 2007).

4. Weak mechanism for identifying best practices within the health sector;
5. Inadequate system of preservation of institutional memory and no efficient documentation of organizational and sectoral history;
6. Inadequate competencies of staff on KM;
7. Needed knowledge assets mostly not encoded because they are mostly in tacit form held by a few experts in the DOH;
8. Skills and competencies of DOH employees not known within the organization;
9. Difficulty in recruiting good quality human resource;
10. Not enough collaboration among the different DOH units in the central office and regional offices; and
11. Health workers lack or need further training on specific subjects.

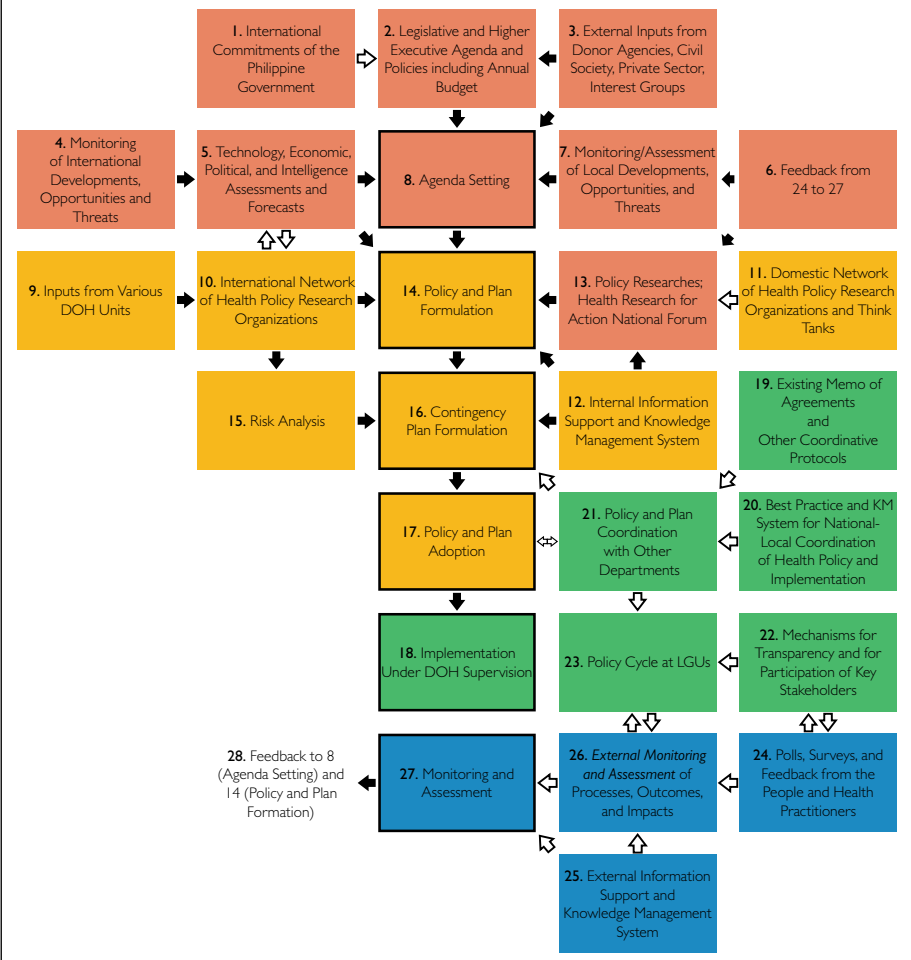
On the other hand, the KM audit specific to the policy cycle of the DOH identified the following major weaknesses (Schneider, 2005):

- **Creation and capture of knowledge**
Weak monitoring and evaluation (M&E) systems in the policy making cycle of the DOH, consequently constraining learning and identification of good and best practices from the implementation and effects of previous policies.
- **Storage of knowledge**
Lack of updated databases of various information systems, lessons learned, best practices, and databases of inter-local health zones; lack of clarity on who is responsible for maintaining and updating the databases.
- **Sharing of knowledge**
Insufficient access to monitoring results of what were then called “convergence sites” and inter-local health zones; poor dissemination of “lessons learned”; weak processes for making tacit knowledge explicit; lack of an expertise database or “pointers to people.”

The KM Audit on the policy processes also diagnosed that the weakest link leading to the broken policy cycle in the DOH is weak implementation of DOH policies by local government units (LGUs), given that most DOH policies and administrative issuances are not mandatory for the LGUs. The audit also noted a weak feedback and learning loop from implementing LGUs to DOH policy development (Beltran, 2005; Schneider, 2005).

As a consequence of the KM Audit on the policy cycle, a participatory study was commissioned by the DOH to examine how the management of health policy processes could be improved to support evidence-based policymaking at all levels of the health system (Center for Conscious Living Foundation, 2006). Responding to the observation in the 2005 KM Audit about the lack of approved health policy process descriptions on which to base a formal audit of processes, the study developed a framework for an “ideal” health policy process cycle in the DOH as seen in Figure 3. The different processes were categorized into where and how they fit into the different stages of the policy cycle: agenda setting (Processes 1-8, 13); policy and plan formulation (Processes 9-12, 14-17); policy implementation (Processes 18-23); and M&E (Processes 24-27).

Figure 3. *Processes in the Health Policy Cycle*



Source: Center for Conscious Living Foundation, Inc., 2006. Improvement of the Health Policy Process in Support to FOURmula One for Health

This participatory policy audit reinforced the findings of the KM Audit on the policy cycle. Referring specifically to the information and knowledge support system for policy,⁷ workshop participants (consisting of senior staff from the old Sectoral Management Coordination Office including then Undersecretary Mario Villaverde, the HPDPB, “DOH in-house experts” from various offices, and the CHDs) observed that many of the policy processes were informal and undocumented, and that there were no organizational learning processes.

⁷ Refer to the full report, “Improvement of the Health Policy Process in Support to FOURmula One for Health” (Center for Conscious Living Foundation Inc., 2006), for findings on other aspects of the health policy processes.

4.2.3. The Resource and Learning Center

In terms of recommendations for KM for policy, the policy process audit prioritized the development of the Resource and Learning Center for Health Reforms (RLC). This was an initiative that had already started, even as the policy process audit was ongoing. A five-year plan for the RLC was developed in collaboration with the Asian Institute of Management and with initial support from the Asian Development Bank (DOH, 2006).

The objectives of the RLC were to:

1. Provide a knowledge base for acquiring, defining, and disseminating information/guidance on health sector reforms;
2. Facilitate and provide a venue for policy discussions and information exchange for continuing education and learning on health sector reforms;
3. Profile and pool trained experts for knowledge exchange or developmental undertakings in the field of health sector reforms; and
4. Facilitate the development and maintenance of the communities of practice in health sector reforms.

The HPDPB was designated to lead the development of the RLC.

The RLC products and services initially identified were:

- A repository library of soft copies of project documents, researches, and publications on health sector reforms at national, regional, and local levels, largely in electronic format, made available to the public via Internet, and linked to websites of other national and international institutions that specialize on health sector reform
- A knowledge desk to assist RLC users in navigating the RLC resources
- A knowledge brokering service, designed to facilitate knowledge translation through roundtable discussions and video conferences, and to develop an experts locator on various health sector reform issues
- A resource for providing technical advice and assistance in establishing and sustaining communities of practice related to health sector reform
- Facilitator of customized blended learning programs related to health sector reform through training needs assessment and course designs

4.3 Current Status of KM for Health Policy Development

The initial years following the formulation of the KM4Health strategic framework saw a series of workshops and activities to implement the DOH KM work plan. The KM Team was established as a working group distinct from (but coordinated by) the Knowledge Management Division (KMD) to oversee the implementation of the DOH KM Plan. It was composed of senior staff from different bureaus, offices, and programs who met periodically during the term of then Secretary Francisco Duque, Jr. to present and review progress on activities outlined in the KM Roadmap and KM Action Plan. However, minutes from the meetings of the KM Team were not available for review. Based on the key informant interviews, it appears that the KM Team eventually lost steam, faced with the challenges of competing priorities, coordinating schedules of members across bureaus and offices, and the pervasive vertical approach to program implementation. In addition, there were changes in the senior staff of the HPDPB and other offices that diminished ownership in the implementation of the KM Action Plan, and confined much of the responsibility to the KMD, which had a limited budget and scope in terms of knowledge sharing activities.

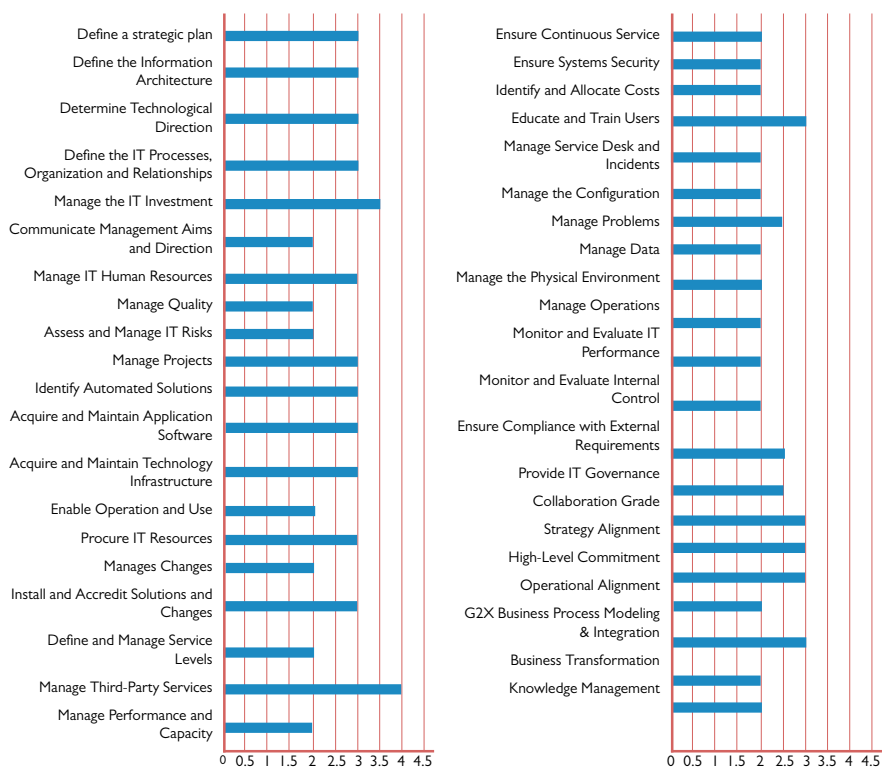
In terms of the current DOH management (2010 and onwards), the key drivers to the escalation of health sector reform have been the Aquino Health Agenda and the KP/UHC. The KM4Health strategic framework has not featured highly in the current DOH rhetoric, but several components of KM for health policy development have received the attention and commitment of the DOH leadership. The SOH's demand for timely, accurate, high-quality, and accessible information for KP/UHC planning and M&E is perhaps the most important factor which guarantees that KM for health policy development is kept on the DOH agenda.

4.3.1. Overview of Current KM Status

The KM big picture can be indirectly inferred from an assessment in 2011 of the DOH's capability with regard to e-Government. Conducted by the Asian Development Bank in collaboration with the now-defunct Commission on Information and Communications Technology, it used an e-Government Capability Maturity Model (CMM) to allow DOH staff to rate DOH capabilities on various organizational aspects using a 5-point scoring system (IMS DOH,

2011). Figure 4 shows the DOH CMM scores. The score on capacity to manage third-party IT services scored highest at 4, followed by capacity to manage the IT investment. Notably, KM⁸ rated low at a score of 2 (meaning: “repeatable but intuitive” capacity), as did capacity to manage data.⁹

Figure 4. *DOH Organizational Capability using the CMM Tool*



Source: Information Management Service, DOH, 2011. Enterprise Architecture, Version 1.0

⁸ In CMM, KM is defined as the “existence and usage of procedures to access, store, share, use, and update the knowledge related to IT and e-Government initiatives and services.” Key considerations were: Are there any formalized processes to share knowledge? Are experts and users regularly sharing experiences and providing insights? Is knowledge sharing actively encouraged? Has any IT infrastructure been made available to share knowledge? Any formalized processes to use KM tools? (ADB, 2011)

⁹ In CMM, “manage data” is defined as the capability to identify data requirements and establish effective procedures on how to manage the media library; back up and recover data, and properly dispose of media, all of which help to ensure the quality, timeliness and availability of business data.

There are, however, positive forces (both existing and potential) that suggest that KM for health policy development can advance to the next levels of KM maturity within the next three to five years. Some of the major positive forces, as gleaned from the desk review and interviews, are listed in Figure 5 and described below. In addition to the SOH's leadership, these are:

- **The Philippines eHealth Strategic Framework and Plan, 2013-2017 (DOH and DOST, 2013).** Although this ambitious plan is focused on ICT for health and not on the entire spectrum of KM for policy, the successful implementation of eHealth has a strong potential to improve ready access to data and information (currently a major weakness) and will allow standardization and interoperability among the two agencies and across different levels of the health system. This is a much-needed initiative. As of March 2013, the DOH has 61 different information systems on record, in contrast to 39 in January 2005.¹⁰ The implementation of the eHealth plan began in 2013 and has already seen several accomplishments relevant to KM (DOH and DOST, 2014), for example:
 - a. Signing of A.O. 2013-0025 – National Implementation of Health Standards for eHealth Standardization and Interoperability
 - b. Updated National Health Data Dictionary (Version 3.0)
 - c. DOH ClinicSys electronic medical record (EMR) development for rural health units (RHUs) and barangay health stations. The Maternal and Neonatal Health Tracking System – Watching over Mothers and Babies (MNHTS-WOMB), which is currently being piloted in Oriental Mindoro, will be linked with ClinicSys EMR, among others. The estimated budgetary requirement for 2014-2015 to scale up to 3,160 RHUs is PHP957 million.¹¹
 - d. Updated HOMIS (Hospital Operation Management Information System) to conform to the new requirements of the PhilHealth eClaims System (case rate). The estimated budgetary requirement

¹⁰ Lists available on request.

¹¹ It should be noted, however, that in the forum to celebrate the 31st Anniversary of the Philippine Council on Health Research and Development (March 14, 2015), Undersecretary Ted Herbosa said that work related to revenue-generating information systems such as pharmacy, laboratory, and radiology data is being prioritized over EMR development and scale-up.

for 2014-2015 to implement or expand HOMIS in 43 hospitals in 2014 and 28 hospitals in 2015 is PHP52 million.

- e. mHealth applications for MNCH – MNHTS in 5 regions in 2013 and 12 regions planned for 2014; WOMB in 1 province in 2013 (Oriental Mindoro) and 8 regions planned for 2014.

Figure 5. Positive and Negative Forces Affecting KM Processes for Health Policy Development

Degree of Positive Influence on KM Processes					Towards Improved KM for Health Policy Development	Degree of Negative Influence on KM Processes				
Positive Forces	Process/es Impacted*	5	4	3		2	1	Process/es Impacted*	Negative Forces	
High-level demand for evidence	All	█	█	█	█				All	Lack of Understanding of KM
eHealth Strategic Plan	KAP		█	█	█				All	Rationalization Plan
ISO 9000:2008	KAP, KS			█	█				All	Lack of Institutional Memory
KP/UHC M&E (Dashboard & OM)	KAP, KU		█	█	█				KAP	Delayed & Incomplete Data from IGUs & Hospitals
Leadership training for local chief executives	KU		█	█	█				KS	Silo Mentality in Programs and Offices
Potential: Institutional Platform for KP Strategic Management**	All	█	█	█	█				KAP, KU	Insufficient Capacity for Data/Policy Analysis

* KAP-KM acquisition/production, KS-KM sharing; KU-KM utilization; All-refers to all KM processes

** Proposed by HPDP (SEP Task Force, 2013)

- **DOH ISO 9001:2008 Certification.** The DOH was certified in July 2012, just over a year after the SOH expressed the DOH intention to have the entire DOH certified. The “Quality Policy” of the DOH, disseminated across the entire organization was:



We at the DOH, together with our partners, shall ensure the highest standards of health care in compliance with statutory and regulatory requirements; And shall continually improve our quality management systems to the satisfaction of our clients.



Although the focus of ISO certification is mainly on business processes, the achievement of a quality management system is complementary to and supportive of knowledge management, particularly in the codification of tacit knowledge and in preserving institutional memory. With the DOH planning for the next level of continued quality improvement, there will be more focus on content; hence, there is an opportunity to exploit this initiative for KM and capacity building. The ISO certification story is further described in Subsection 4.3.3.

- **KP/UHC M&E Activities.** This is exemplified by the KP Dashboard and the KP Operations Monitoring, as well as the recent UHC stocktaking review. The KP Dashboard provides the DOH ExeCom with an easily understood visual graphics display of the KP Dashboard indicators using the business intelligence software, Tableau. However, most of the data and information displayed are based on routine health statistics (with the associated problems of delays, incompleteness, and/or poor reliability). On the other hand, staff from the Corporate Planning Department of the PHIC are allowed to directly upload PhilHealth data on five KP Dashboard indicators, but they have found the data entry process a bit difficult because the software requires conversion into a CSV format instead of the available Excel format of the PhilHealth. There may also be changes in the KP Dashboard indicators given the PHIC plan in 2014 to focus much more on PhilHealth coverage rather than enrollment.

The KP Operations Monitoring is meant to complement the KP Dashboard data by using surveys of samples of DOH health facilities, as well as parent leaders and Community Health Team members, to measure implementation on a smaller set of output and outcome indicators. The dissemination of the baseline report released in January 2014 was delayed in several regions. However, it took center stage at the 8th National Staff Meeting held on March 17, 2014, when the SOH reviewed some of the key findings for the KP/UHC and Family Health and challenged the meeting participants to review and validate

the report and act on the findings in their respective regions and hospitals (Ona, 2014).

Another form of assessment was the KP/UHC stocktaking review, which enabled local experts to share their information with an External Review Panel for further analysis and mid-course corrections and planning. The findings and recommendations received the attention of both the SOH and PhilHealth CEO. Similar exercises will promote a culture of KM in action, allowing knowledge exchange and policy analysis to inform planning and decision-making.

- **Leadership Training for Local Chief Executives (LCEs).** The Regional Directors interviewed for this policy scan identified the USAID-supported Health Leadership and Governance Program (HLGP) as a strategy for KM at the LGU level. The three-year program (2013-2016), which is a public-private partnership between the DOH and the Zuellig Family Foundation, aims to strengthen leadership and governance in 609 priority municipalities and cities identified by the Anti-Poverty Commission, thereby promoting knowledge-based decision-making at the local level. The challenge is how to motivate the targeted LCEs to participate in a year-long training and to apply learnings in health policy and planning in their respective areas.
- **Proposed Institutional Platform for KP Strategic Management.** This was recommended by the SEIP Task Force (2013) in response to the need for improved capacity for providing credible and timely “intelligence” for decision-making for the KP/UHC, which is the very essence of KM: quality information to the right people at the right time. The platform consists of short- and long-term strategies: a Special Response Team (for health information, as needed) linked with the Office of the SOH and supported by the HPDP (ongoing); strengthening the DOH capacity for outsourcing and contracts management with support from the HPDP (in process); and for the long term, the establishment of an independent (or semi-autonomous) Health Financing and Systems Research Consortium (not yet in the design stage).

This proposal for an institutional platform is an essential component of KM for health policy development. Despite the hundreds of millions of investments planned for eHealth, ISO certification, and similar laudable initiatives, the fact is that not one of these is addressing the critical insufficiency of skills for data analysis, health technology assessment, and policy analysis in the DOH. The huge eHealth investments for short-term training of IT officers and other junior staff at all levels of the health system do not match up with long-term capacity building for people who will critically review and analyze the data and transform these into quality information and knowledge for health policy. There is a huge potential for this proposal to improve the KM system in the DOH – as yet unrealized.

Notwithstanding the presence of positive forces that can propel KM forward, there are equally strong negative forces and weaknesses that constrain KM progress. In fact, for many key informants interviewed, the weaknesses identified in 2005-2007 still hold true today, except for progress related to ICT, ISO certification, some knowledge sharing processes, and closer collaboration between the Central Office and the CHDs. Figure 5 lists some major and inter-related negative forces and weaknesses identified from the interviews.

First: a lack of understanding and/or appreciation of KM among some key players in health policy development. A DOH director likened KM to a black box. Although a few appreciated that KM was everybody's business, many observed that there was a disconnect between their respective offices and functions and the organic KMD, which has focused mainly on some knowledge sharing processes. Those in the CHDs felt that the concept and practice of KM had not yet 'trickled down' to the CHD and LGU levels.

Second: the Rationalization Plan is considered a negative force that has an impact on all KM processes. This has led to the reduction of staff in information hubs such as HPDPB, NEC and KMD. One official regarded the Rationalization Plan as "disastrous for institutional memory." In one entire service vital to KM, the director could think of only three senior staff with the capacity for data analysis. In another center, a number of epidemiologists with specific functions are also in danger of being co-terminus with the

incumbent if the appeal directed to the Department of Budget and Management is not heeded. In CHDs affected by the Rationalization Plan, as many as 30 to 40 percent of the staff will reportedly be separated from service, many of whom will walk away with the tacit knowledge they have acquired through the years.

Third: The negative effects of the Rationalization Plan will probably not be as severely felt if there were sufficient processes in place to preserve institutional memory. There is a rapid turnover of staff (particularly contractual or “job order” personnel) and few KM processes to preserve institutional memory. Although there are countless meetings, workshops, and forums for dissemination and sharing, few have organized files of workshop proceedings, and documented lessons learned or after-action reviews from project/program implementation. Program reviews, evaluations, and consultancy reports relevant to the KP/UHC and major DOH programs are not kept in a central repository, physical or virtual. Exit interviews, if at all, are done perfunctorily. However, there are notable exceptions, some of which are described in Subsection 4.3.3. And, as described earlier, ISO certification processes have led to improved recording of meeting minutes and documentation of routine DOH processes.

Fourth: A weakness that has continued to plague DOH is the delay in the completion and reporting of data from RHUs, provincial health offices, DOH hospitals, and CHDs. Thus, it has been a challenge to populate the KP Dashboard on a regular basis. Moreover, there continue to be problems with the validity and reliability of data reported. This could be due to a variety of factors such as the devolution and its associated governance issues, manual data entry systems at the periphery, insufficient implementation of national data standards, lack of staff for data entry and management, lack of training, lack of supervision and data quality checks, lack of data ownership, and poor appreciation of data for local decision-making. Some of these problems can be addressed in due course by the expansion envisioned in the eHealth Plan¹² but quality issues can be better addressed through sustained capacity development, effective mentoring, proper supervision and the promotion of a KM culture.

¹² For example, the Field Health Service Information System (Version 12) has been able to release the 2012 annual data in 2013 and expects to release the 2013 FHSIS in mid-2014. This is a distinct improvement from the delay of ~ 5 years as found in the 2005 KM audit.

Fifth: The silo mentality, or the tendency to view programs vertically, is a weakness still prevalent in DOH, detracting from a culture of knowledge sharing and exchange. This is reflected in the demise of the KM Team tasked to oversee the implementation of the DOH KM Plan. This is also reflected in the communication challenges that bureaus with crosscutting functions (such as the HPDPB) face in interacting with highly focused programs on policy-related matters. From the Regional Directors' point of view, the vertical orientation of programs is manifested in the tendency of programs based in the Central Office to directly liaise with corresponding program and technical officers at the CHD level, bypassing the Regional Director, and consequently missing opportunities for integrated programming and knowledge sharing.

Sixth: A major weakness is the insufficient capacity for data analysis and knowledge-informed policy development. The preceding weaknesses and negative forces contribute to the capacity shortage, but there is also a fundamental deficiency in finding the right people to train at an advanced level in the information and evaluation sciences and, even more importantly, to retain and motivate these highly skilled knowledge workers in a knowledge-reinforcing environment.

An example of how the combination of the above factors can lead to the near-death experience of a policy-related KM initiative is the Resource Center for Health Systems Development (RCHSD, formerly called the RLC for Health Sector Reform prior to 2009, see Subsection 4.2.3). Of the five products and services originally envisioned for the RLC, none are fully functioning at the present time. The repository library and electronic database of resources on health sector reform appear to have been started in 2007 with funding from the ADB and the DOH, but several factors led to its decline in 2010, namely: the restructuring of the Cluster and the HPDPB under the new administration and a shift in the Cluster's focus; dismissal of the responsible officer and attendant loss of equipment and electronic files; insufficient linkages with other offices and programs; and eventual use of the library and videoconferencing space as an executive office. The RCHSD website still exists (http://www.rchsd.ph/index.php?option=com_content&task=view&id=12&Itemid=28) but its contents have not been updated since 2010. There are currently attempts to revive the RCHSD with the ongoing recruitment of two contractual

staff for the knowledge desk and brokering service, a review of the rudimentary database of learning resources started in 2007, and initial discussions on capacity building for HPDPB staff.

In the current force field of positive forces versus negative forces, one can only conclude that the DOH has not yet achieved the tipping point towards an effective KM system for health policy development. More specifically, the DOH is moving toward, but has not yet fully reached, Level 3 in terms of KM maturity (see Appendix C for definitions). The succeeding sections provide examples of the best KM practices in relation to the KM value chain for health policy development. Stepping up to KM Level 3 and beyond requires organization-wide practice of such good practices and other KM approaches.

4.3.2. Knowledge Acquisition and Production

The implementation of the eHealth Plan is expected to facilitate the reporting and collection of health data and information from various sources and to streamline and reduce the 61 different information systems into integrated and interoperable systems. At present, some of the functioning information systems are accessible via the Unified Health Management Information System (UHMIS) portal (<http://uhmis.doh.gov.ph/about-executive-information-system.html>). However, there is a very uneven view of the different registries, with some the latest reports being as old as five years. Some of these are simply because the latest statistics have not been uploaded; others are because of absence of updated reports.

There are some interesting good practices worth mentioning. The Philippine Health Atlas, which can also be accessed through the UHMIS portal (<http://maps.doh.gov.ph/>), provides several GIS-based information sets helpful to visual tracking of KP/UHC progress, for example: the National Health Facility Registry (NHFR), which includes the NHFR Codes for PhilHealth purposes¹³, and the HFEP investments. At the height of the emergency response to Super-typhoon Yolanda, real-time information could be accessed on facilities and medical missions responding to the disaster. Unfortunately, except for HFEP data, these maps appear to have

¹³ Interestingly, the PhilHealth website has its own version of a GIS-based map of health facilities and providers at: <http://www.philhealth.gov.ph/partners/providers/institutional/map/>

been developed as one-shot deals and it is not clear how regularly these will be updated. In addition, there is a need for CHDs to provide feedback on the validity and usefulness of the maps.

Notwithstanding these data management tools for easy-read displays, further granularity and validation from routinely collected data are needed. The KP OM (DOH, 2014) is a good example of a complementary method for informing decision-makers on the progress of KP/UHC and Family Health interventions. The baseline survey, carried out by an independent third party, was supported by the HPDP; there is a need to institutionalize this effort within the DOH and allow a DOH working group to own, support, plan, and analyze data for decision-making, with technical support from the HPDP and other partners such as those linked with the DOH Research Reference Hub.

One cannot overemphasize the need to address the analytic capacity gap. A case in point is the INDEPTH Network, a global network of health and demographic surveillance system field sites in Africa, Asia, and Oceania. The Network has amassed a rich repository of longitudinal data from the field sites of network members through the years. The early years were devoted mainly to collecting surveillance data, with most of the analytic work done largely by third party contractors and international collaborators. Capacity building to improve analytic skills of member countries and to link research to policy then became a priority for the Network. This suggests that the DOH should plan ahead for strengthening of analytic skills through long-term capacity building, and anticipate the surge of health data and information that is expected with the implementation of the eHealth Plan. This is to ensure that the DOH does not simply become a health data warehouse but becomes actively involved with its partners in data analyses and knowledge creation for input into policy.

As part of the policy scan, we began a preliminary inventory of policy-relevant knowledge products of the DOH related to the KP/UHC and Family Health. This was a difficult exercise, given the time constraints for the scan, the far from developed status of the RCHSD database, and the fragmented and compartmentalized nature of document archiving within various offices and programs in the DOH. However, there has been progress in that all administrative orders, department orders, circulars, department personnel orders,

and the like can be accessed through the DOH Intranet, albeit with a rather slow and cumbersome search engine.

Appendix D, in the form of an Excel file, provides a list of the policy-relevant documents we could find in the time available, and our preliminary attempt at classifying them according to the taxonomy proposed in Appendix B. This does not include health research studies (biomedical and health systems research) that are already included in the HERDIN database maintained by the Philippine Council for Health Research and Development (PCHRD). It does include policy-relevant documents on the Internet, usually made available by DOH partners such as professional medical health societies and NGOs, bilateral agencies such as the USAID and its cooperating agencies (now known as implementing partners) such as the Philippine Business for Social Progress, and Management Sciences for Health; and multilateral agencies and banks such as the WHO and the Asian Development Bank.

Although not included in the preliminary inventory, it should be noted that there is also a wealth of information available at the CHD and local levels, facilitated by the CHD and its local and partners. Some examples of programs which support knowledge dissemination for health policy and family health are information blogs and knowledge management officers. These programs are implemented by USAID cooperating agencies at the local levels such as the HLGP, LuzonHealth, VisayasHealth, and MindanaoHealth, implemented by the Zuellig Family Foundation, RTI International, EngenderHealth, and Jhpiego Philippines, respectively.

4.3.3. Knowledge Sharing

The DOH has had substantive progress in relation to knowledge dissemination and diffusion processes compared to 10 years ago. Interviewees cited many examples of knowledge sharing activities within the DOH¹⁴. Table 2 lists commonly used practices of knowledge sharing and the estimated frequency of use, based on our interviews.

¹⁴ Knowledge dissemination to public and other clients is outside the scope of this policy scan.

Table 2.
Knowledge Sharing Activities within the DOH and with the PHIC*

REGULAR	SOMETIMES
<ul style="list-style-type: none"> ❑ Data on 5 KP Dashboard indicators provided by PHIC; other data as instructed by the SOH/Chair of the PHIC Board ❑ PHIC participation in National Staff meetings, DOH Execom meetings, semestral development partners' meetings with DOH, CHD meetings, and Research Reference Hub Board meetings 	<ul style="list-style-type: none"> • Awards for good performance (e.g., ISO awards, excellence awards at CHD level) • Best practices compendium (e.g., at Bureau of Local Health & Development) • 'Brown bag' lunch or 'Lunch and learn' sessions • Newsletters (e.g., HPDPB's Health Policy Series) • Policy briefs (e.g., HPDPB's Health Policy Series) • Program implementation reviews & evaluations • Stakeholders' forums (e.g., at CHDs) • Special lectures by experts • Storytelling (e.g., to legislators) • Team building 'away-days' • 'TED'-like talks or forums (e.g., at NEC) • Text/SMS blasts (e.g., at NEC and KMD) • Videoconferencing (e.g., remote system for CHD participants at National Staff Meetings) ❑ Joint participation of DOH and PHIC in various partners' conventions and annual meetings ❑ Informal channels, e.g., telephone calls, emails
VERY FREQUENT	
<ul style="list-style-type: none"> • Conferences and seminars • Consultants and written reports • Meetings (and minutes/records of meetings) 	
FREQUENT	
<ul style="list-style-type: none"> • DOH/CHD website • DOH intranet • Exit interviews • Manuals on core program activities and processes • Travel reports; training reports ❑ SOH presides over PHIC Board meetings as Chair 	
RARELY	
<ul style="list-style-type: none"> • "After-action" reviews or Plan-do-study-act (PDSA) cycles 	
NONE IDENTIFIED	
<ul style="list-style-type: none"> • Communities of practice • Online forums and blogs 	
	SOME
	<ul style="list-style-type: none"> • Apprenticeships or fellowships (e.g., health policy fellows; Field Epidemiology Training Program) • Mentoring schemes
	SHORTLIVED
	<ul style="list-style-type: none"> • Wiki pages or wiki space (e.g., RLC)
	TO START IN 2014
	<ul style="list-style-type: none"> ❑ Anonymized PhilHealth databases to be shared with DOH and academic/research institutions for policy-relevant research

❑ = Knowledge sharing with PHIC

* Based on interviews and desk reviews.

Despite the breadth of knowledge sharing methods used, the preservation of institutional memory seems to be inadequate. As mentioned in Subsection 4.3.1, one of the reasons for this could be the quality of the knowledge sharing activities. For example, as part of this policy scan, we conducted an online survey of the experience of DOH Intranet users and found that only 14 percent (33/233 respondents¹⁵) were satisfied overall with the DOH Intranet and 33 percent were somewhat satisfied. Appendix E describes the full results of the survey, including suggestions for improvement. Appendix F provides a brief concept note on improved knowledge sharing and building communities of practice through a more interactive and collaborative platform: a Wiki-like workspace for sharing ideas, dynamic (as opposed to static) information, knowledge, and feedback on specific themes such as the KP/UHC and Family Health.

A common perception expressed during the interviews was that the DOH staff generally fail to document and reflect on their experiences in writing, hence there is little leverage from many of the activities beyond the memory span of those directly involved (tacit knowledge). A best practice in the DOH that was cited by a number of interviewees was the ISO 9001:2008 certification of DOH in 2012. The intense processes leading to certification for the entire DOH contributed significantly to the conversion of tacit knowledge to explicit knowledge.

For example, DOH has produced a Quality Core Procedures Manual (2012), which covers the following areas:

1. Health policies, programs, systems, and standards development;
2. Health research management;
3. Capacity building;
4. Health regulations; and
5. Health program monitoring and evaluation (DOH, 2012).

There are also other Quality Management System (QMS) documents available on the DOH Intranet, such as the Quality Manual and Quality Procedures (see: http://home.doh.gov.ph/intral/quality_core_procedure.php). ISO compliance documentation also required systematic record filing systems, written SOPs, written minutes of

¹⁵ Total number of DOH and CHD email addressees: 801. However, DOH email directory for 2013-2014 does not distinguish between those still working for DOH and those no longer in service.

meetings, 5S training¹⁶, revisions of documents as needed, document tracking, and document sharing, among others.

Some ExeCom members interviewed told the story of how codification of key processes in Region 8 and storage into the centralized Quality Management System Office repository had actually saved valuable records when Typhoon Haiyan (Super-typhoon Yolanda) flooded the CHR office.

What can KM processes learn from the ISO experience? Some key factors that have led to the success of the ISO certification process were political will and championship by the SOH; strong advocacy campaigns within the DOH for the mantra of quality (i.e., the Quality Policy) and consequent open-minded attitude of the DOH staff to the policy; the existence of a functional Overall ISO Core Team and its leadership to implement the plans for a QMS; partnership with the Development Academy of the Philippines and investment in a management firm for training of DOH staff; institution of performance bonuses in certified DOH hospitals; and six quality awards for outstanding performance given at the Malacañang Palace in December 2013. Steps have been taken to maintain and sustain QMS through regular internal quality audits, regular management reviews, regular reports to the SOH, regular feedback on customer satisfaction (the goal of the Quality Policy), and annual surveillance.

The key factors for the success of ISO can also be considered for the KM strategy, which is a strategy closely related to QMS. The main differences between the two lie in the content focus of KM for health policy development, the essential need for capacity in data/policy analyses, and the strategies for knowledge translation and utilization for policy. As the DOH considers the next target for quality assurance where program content is also addressed, perhaps a closer interface in the strategies for quality management and KM might be considered.

¹⁶ The 5S principles for Sort, Systematize, Shine, Standardize and Sustain/Self-discipline (translated from Japanese) refer to a quality management method.

4.3.4. Knowledge Utilization

This aspect of KM is closely linked with knowledge sharing processes. The more effective and sustained is the latter, the higher the chances of knowledge utilization. There are many examples of knowledge-based DOH policies and IRRs in relation to the flagship program of the KP/UHC as well as Family Health as seen in Appendix B.

The KP/UHC itself was developed out of the compelling body of information that showed the massive inequities in health in the country, the high proportion of out-of-pocket expenditures, and the failure to provide financial risk protection for the health of the poor. Likewise, a huge body of evidence was compiled to contribute to the passage of the RPRH Act of 2012 (R.A. 10354)¹⁷ and the Sin Tax Law (R.A. 10351). It should be acknowledged that the knowledge base for these policies and others comes out of the collaboration of the DOH with its many partners.

There are other aspects of knowledge utilization beyond its obvious need for policy making. Effective implementation of policies also requires evidence-based guidelines and translation of tacit knowledge and experience into explicit knowledge and written training manuals and procedures. These do exist for some of the MNCHN and TB programs, as seen in Appendix D, but a few interviewees observed that some IRRs and manuals may be too difficult to understand at the health facility level.

The final aspect of knowledge utilization is the use of monitoring and evaluation data and information for improving policies and programs. The current DOH administration has time and again emphasized the need for timely and accurate data and information to monitor the progress of KP implementation and do strategic and operational corrections as needed. Other good practices have been the program implementation reviews for MDG-related programs. However, there is still a dearth of after-action reviews, plan-do-study-act cycles, and meaningful operational research to improve service delivery and client satisfaction, health financing, regulations, governance, and other functions of the DOH.

¹⁷ That the implementation of the RPRH Act has been stalled despite best efforts underscores the need to engage in policy analysis beyond the "rational actor model," given that policy making is also a political process.

4.3.5. Capacity Building for KM for Health Policy Development

In the 2007 KM4Health strategic framework and plan, the third key strategy was to “build the capacity of human resources for health on knowledge management.” Except for the early years of KM4Health, few capacity building initiatives are evident in spreading the “KM culture” throughout the organization, despite the acknowledgment that KM approaches, such as after-action reviews, PDSA cycles, root cause analyses, appreciative inquiry, and communities of practice are useful tools for all offices and programs.

For capacity building in general, selected DOH staff have been sent to various short-term training programs and courses, conventions, seminars, and meetings. While the choice of staff is generally based on competency and merit, interviewees acknowledged that there were many occasions where a DOH employee was sent for seminars or conferences because “it was their turn.” The productivity and staff learnings from such equity-based selections are therefore questionable and highly inefficient. More recently, the Secretary of Health is reported to have said that he or his office would review all requests to attend international conventions, seminars, and trainings.

For KM for health policy development specifically, selected DOH staff have also been sent to various short-term training programs and courses on policy (e.g., the Master in Public Policy course of the Lee Kuan Yew School of Public Policy) as well as on public health and field epidemiology. In the early years of the HPDP, some DOH staff joined the HPDP as senior policy fellows for a few months. Currently, there are ongoing activities to enhance the skills of selected HPDPB staff on portfolio management for health policy work. The HPDP Special Response Team deployed to the Office of the Secretary is also considering mentoring sessions with executive assistants in the Office of the Secretary and other key offices of bureaus.

For building the future cadre of policy development specialists and workers, the HPDP has deployed health policy associates to the CHDs. There are also DOH health policy associates and interns supported by the Research Reference Hub/HPDPB for joint training and supervision by the Philippine Institute for Development Studies (2012-2013) and the University of the Philippines Manila's National Institutes of Health (2013-2014). The HPDP has also offered yearly policy analysis workshops (2012 and 2013) to the DOH staff and academic institutions.

5.0

Conclusion and Recommendations

Our scan of the DOH environment suggests that there has been some progress in KM since the development of the KM4Health strategic framework in 2007, but far more needs to be done for the DOH to become a learning organization that consistently values knowledge as an essential link to effective health systems. Based on our limited round of interviews with some regional directors and the Knowledge Audit in 2005-2006, the need for KM competencies appears to be even more acute at the LGU level.

Hence, we recommend the extension of the policy scan to update the 2005 Knowledge Audit on Policy Processes at the CHD and LGU levels.

Without this, there would be an incomplete picture of KM for health policy development, since the outcomes and impact, as illustrated in Figure 2, depend largely on local engagement and policy/program implementation at the local levels. Specific areas that should be investigated, as suggested by our interviews of some regional directors, would be: local governance and policy formulation competencies; human resource capacity building and retention, particularly Community Health Teams and RNHeals; baseline and evolving competencies in information management and eHealth systems in relation to data needs for KP Dashboard and KP Operations Monitoring; communication flows among the Central Office programs, PhilHealth, CHDs, and local levels; and health policy and leadership skills of local chief executives. In addition, worth exploring would be the potential and actual contributions to knowledge management at the sub-national health system levels by USAID cooperating agencies, particularly those whose focus is at the CHD and local levels.

In terms of the three essential components of KM (People, Processes, Technology), the advances have been largely in the areas of Processes and Information Technology.

In terms of Processes, the DOH will need to ramp up KM processes in the entire organization to promote a widely felt “knowledge culture”. Although it is already employing a variety of knowledge sharing activities, there is room for improvement in terms of other proven tools such as communities of practice (face-to-face or virtual), after-action reviews, effective mentoring, and documentation of health systems thinking. For KM for health policy development, the recommended priority actions are to:

1. Consider the revival of the “KM Team for Policy” (formerly the more generic “KM Team”) as a community of practice for health policy, involving key players such as the Office of the Secretary, the HPDPB, the IMS especially the KMD, the NEC, the NCDPC, and the ISO Core Team;
2. Resuscitate the RCHSD as a vibrant knowledge hub for health policy and systems development; and

3. Learning from the ISO experience, consider the creation of externalities such as awards and recognition of outstanding performance as positive reinforcements for building a knowledge culture.

In terms of Technology, there are laudable and ambitious plans for eHealth as a multisectoral strategy. It remains to be seen how this unfolds, but effective implementation will be of tremendous benefit to the DOH in terms of knowledge acquisition and timely sharing of data and information. KM for health policy development should work hand in hand with the architects of the eHealth strategy so that these initiatives are harmonized and effectively harnessed.

The laggard is the investment in the real core of KM: People. There should be sustainable people development, not just investments in short-term training of field staff and IT operators, but also in people who can manage and analyze data for decision-making and policy. The one-year training programs for health policy associates and interns can be a rich pool for recruiting a new crop of DOH staff that can perform or manage health policy development work.

Lastly, for truly sustaining knowledge-based policy development and developing a deep bench of researchers from various disciplines who can do strategic and operational research, as well as program reviews and evaluations in response to the DOH policy agenda, there is a need to go beyond short-term solutions. As recommended by the SEIP Task Force (2013), the systemic solution is to create, support, and institutionalize a semi-autonomous Health Financing and Systems Research Consortium, involving the DOH and its institutional partners.

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Appendices

A. List of Persons Interviewed

Name	Designation/Office
DEPARTMENT OF HEALTH	
Mayleen V. Aguirre	Information Technology Officer II, Knowledge Management Division, IMS
Aida S. Aracap	Librarian III, Knowledge Management Division, IMS
Hon. Gerardo Bayugo	Assistant Secretary, Area Cluster for Northern & Central Luzon; Overall QMR, DOH Overall ISO Core Team
Maylene Beltran	Director IV, Bureau of International Health Cooperation
Jaime Bernadas	Director IV, Center for Health Development for Central Visayas
Myrna Cabotaje	Director IV, Center for Health Development for Ilocos
Lilibeth David	Director IV, Health Policy Development & Planning Bureau
Rosa Gonzales	Chief Health Program Officer, Health Policy Division, HPDPB
Leonita Gorgolon	Director IV, Center for Health Development for Central Luzon
Hon. Jaime Lagahid	Assistant Secretary, Office of the Secretary
Engr. Laurita Mendoza	Planning Officer IV, Health Policy Division, HPDPB
Dr. Stephanie Sison	Medical Pool Officer, Women, Children & Child Health Technical Cluster
Charity Tan	Information Technology Officer III, Knowledge Management & Information Technology Service
Asec. Enrique Tayag	Assistant Secretary & Director IV, National Epidemiology Center
Dr. Rosette Vergeire	Medical Officer V, Health Research Division, HPDPB
Crispinita Valdez	Director III, Information Management System
OTHERS	
Dr. Israel Francis Pargas	Vice-President for Corporate Affairs, Philippine Health Insurance Corporation
Vergel de Claro	Officer-in-Charge, Senior Manager, Corporate Planning Dept., Philippine Health Insurance Corporation
HPDP staff	

B. Draft Taxonomy for the Inventory of Policy-Related Knowledge Products of DOH for KP/UHC and Family Health¹⁹

The table below is an adaptation of the taxonomy of policy-relevant document types, as developed by Kowalewski (2012) in the context of healthcare renewal in Canada. Given the broad scope of the envisioned inventory of knowledge products and the different knowledge management context in the Philippines, this may be modified in the future.

Type of document	Criteria
Citizen/patient input	Describes citizens'/patients' inputs and experiences with KP/UHC and Family Health services
External evaluation	Describes the findings of an external evaluation of a large-scale KP- and Family Health-related effort
Framework	Provides a framework that policymakers, stakeholders and researchers can use to undertake or monitor progress in KP/UHC and Family Health interventions
Government discussion paper	Describes government's considerations related to KP/UHC and Family Health, or a policy issue or domain related to these
Government legislation	Articulate the law that provides the government authority to make regulations regarding KP/UHC and Family Health
Government policy	Describes a set of decisions or commitments to pursue courses of action aimed at achieving defined goals related to KP/UHC and Family Health
Government position paper	Describes government's plans for, or progress in, KP/UHC and Family Health (e.g., strategic plans, annual reports)
Government strategic plan for the health sector	Describes government's plans for the health sector as a whole, including any statements about health system goals and health sector development programs, that provides the context for KP/UHC and Family Health concerns
Government/third party accord	Describes a joint commitment by government and a third party (e.g., pharmaceutical or private health insurance company) to support KP/UHC or Family Health
Guidance	Provides systematically recommendations to policymakers and stakeholders about how to undertake or monitor progress in KP/UHC and Family Health
Health and health system data	Provides analyses of health (and health determinants) and health system data that provide the context for KP/UHC and Family Health
Health expenditure review	Provides data on public spending in the health sector in comparison to other social sectors, and against effectiveness, efficiency, equity and sustainability parameters that provide the context for KP/UHC and Family Health

¹⁹ Adapted from: Kowalewski K (2012). Mobilizing the use of policy-relevant documents in evidence-informed health policymaking: The development and contents of an online repository of policy-relevant documents addressing healthcare renewal in Canada. Open Access Dissertations and Theses. Paper 7352.

National health account	Provides information on the flow of all health funds from financing sources to end users in the health system, in a way that provides the context for KP/UHC and Family Health
Health system research priorities	Describes research priorities related to KP/UHC and Family Health
Health system research priorities	Describes research priorities related to KP/UHC and Family Health
Literature review/ policy scan	Summarizes the policy-relevant literature about KP/UHC and Family Health or a policy issue or domain related to these, but which does not meet the criteria for a systematic review
Systematic review	Systematic search and appraisal of the research literature on KP/UHC and Family Health interventions
Options framing	Provides a summary to policymakers and stake-holders on what is known about options on how to undertake or monitor progress in KP/UHC and Family Health
Performance review	Describes the performance of one or more DOH entities/offices/programs against specific KP/UHC and Family Health objectives
Situation analysis	Describes an analysis of a current policy issue or domain related to KP/UHC and Family Health in a specific setting/jurisdiction
Stakeholder input	Describes a stakeholder's views about and experiences with KP/UHC and Family Health or with a policy issue or domain related to these
Stakeholder position paper	Describes a stakeholder's recommendations for, or contributions to, KP/UHC and Family Health
Toolkit	Provides tools that policymakers, stakeholders and researchers can use to undertake or monitor progress in KP/UHC and Family Health interventions
Training modules	Provides training materials that program managers and stakeholders can use to scale up implementation or monitor KP/UHC and Family Health interventions

C. Levels of Knowledge Management Maturity based on the General KM Maturity Model by Pee & Kankanhalli (2009)

Maturity Level		General Description	Key Process Areas		
			PEOPLE	PROCESS	TECHNOLOGY
1	Initial	Little or no intention to formally manage organizational knowledge	Organization and its people are not aware of the need to formally manage its knowledge resources	No formal processes to capture, share and reuse organizational knowledge	No specific KM technology or infrastructure in place

Maturity Level		General Description	Key Process Areas		
			PEOPLE	PROCESS	TECHNOLOGY
2	Aware	Organization is aware of and has the intention to manage its organizational knowledge, but it might not know how to do so	Management is aware of the need for formal KM	Knowledge indispensable for performing routine task is documented	Pilot KM projects are initiated (not necessarily by management)
3	Defined	Organization has put in place a basic infrastructure to support KM	<ul style="list-style-type: none"> • Management is aware of its role in encouraging KM • Basic training in KM are provided (e.g., awareness courses) • Basic KM Strategy is put in place • Individual KM roles are defined • Incentive systems are in place 	<ul style="list-style-type: none"> • Processes for content and information management is formalized • Metrics are used to measure the increase in productivity due to KM 	<ul style="list-style-type: none"> • Basic KM infrastructure in place (e.g., single point of access) • Some enterprise-level KM projects are put in place
4	Managed	KM initiatives are well established in the organization	<ul style="list-style-type: none"> • Common strategy and standardized approaches towards KM • KM is incorporated into the overall organizational strategy • More advanced KM training • Organizational standards 	Quantitative measurement of KM processes (i.e., use of metrics)	<ul style="list-style-type: none"> • Enterprise-wide KM systems are fully in place • Usage of KM systems is at a reasonable level • Seamless integration of technology with content architecture
5	Optimizing	<ul style="list-style-type: none"> • KM is deeply integrated into the organization and is continually improved upon • It is an automatic component in any organizational processes 	Culture of sharing is institutionalized	<ul style="list-style-type: none"> • KM processes are constantly reviewed and improved upon • Existing KM processes can be easily adapted to meet new business requirements • KM procedures are an integral part of the organization 	Existing KM infrastructure is continually improved upon

Source:
Pee & Kankanhalli (2009). A Model of Organizational Knowledge Management Maturity based on People, Process, and Technology

D. Preliminary Inventory of Policy- Relevant Knowledge Products

This preliminary inventory is inserted as an Excel file to allow searchability and additional entries and enhancements in the future. Please double-click on the embedded file:

DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB					
DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Government policy	IYCF, infant and young child, feeding	Administrative Order No. 2005-0014	5/23/2005	National Policies on Infant and Young Child Feeding	Intranet
Guidance	FOURmula one for health, health reforms	Administrative Order No. 2005-0023	8/30/2005	Implementing Guidelines for FOURmula One for Health as Framework for Health Reforms	
Framework	Continuing quality improvement, hospitals	Administrative Order No. 2006-0002	1/23/2006	Establishment of the Continuing Quality Improvement (CQI) Program and Committee in DOH Hospitals	
Guidance	FP, PPP, maternal health	Administrative Order No. 2006-0008	5/10/2006	Guidelines on Public-Private Collaboration in Delivery of Health Services Including Family Planning for Women of Reproductive Age	
	Milk code, infant and young child, feeding	Administrative Order No. 2006-0012	5/15/2006	Revised Implementing Rules and Regulations (RIRR) of Executive No. 51, Otherwise Known as the "Milk Code", Relevant International Agreements, Penalizing Violations Thereof, and for Other Purposes	
	FOURmula one for health, budget for health	Administrative Order No. 2006-0023	6/30/2006	Implementing Guidelines on Financing FOURmula One for Health (F1) Investments & Budget Reforms	
	TB, NTP, DOTS certification	Administrative Order No. 2006-0026	7/4/2006	Implementing Guidelines in the Conduct of the National TB Control Program-DOTS Certification	
	Performance-based budgeting, hospitals	Administrative Order No. 2006-0027	7/12/2006	Implementing Guidelines for Performance-Based Budgeting for DOH Retained Hospitals	
	Sub-allotment, NTP, TB in children	Department Order No. 2006-0041	8/1/2006	Guidelines on the Utilization of the Fund Sub-Allotment from the National Tuberculosis Control Program Funds for the Conduct of Training on Childhood Tuberculosis in Valenzuela City	
Framework	ILHZ, incentive scheme	Administrative Order No. 2006-0017	8/3/2006	Incentive Scheme Framework to Enhancing Inter-LGU Coordination in Health Thru ILHZ & Ensuring their Sustainable Operations	
Government policy	Reproductive health, male involvement	Administrative Order No. 2006-0035	11/15/2006	National Policy and Strategic Framework on Male Involvement on Reproductive Health	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Guidance	Sub-allotment, TB, NTP, DOTS, training	Department Order No. 2007-0023	3/19/2007	Guidelines on the Utilization of the Fund Sub-Allotment for the Training of Untrained Staff on NTP DOTS	Intranet
	TB, NTP, sputum smear microscopy, quality assurance	Administrative Order No. 2007-0019	4/11/2007	Guidelines for the Implementation of the Quality Assurance System on Direct Sputum Smear Microscopy	
	Donations, emergency, disaster	Administrative Order No. 2007-0017	5/28/2007	Guidelines on the Acceptance and Processing of Local and Foreign donations During Emergency and Disaster Situations	
	TB, DOTS, NTP, MDR-TB, LCP	Department Order No. 2007-0048	7/9/2007	Guidelines on the Utilization of the Fund Transfer for the Implementation of the DOTS Plus Multi-Drug Resistant TB Patients and other NTP initiatives at the Lung Center of the Philippines	
	MNCH, mother-baby friendly hospital	Administrative Order No. 2007-0026	7/10/2007	Revitalization of the Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and Newborn Care Services	
	PIPH, investment plan for health	Administrative Order No. 2007-0034	10/15/2007	Guidelines in the Development of Province-Wide Investment Plan for Health	
	AOP, PIPH, FOURmula One for health, LGU, investment for health	Administrative Order No. 2008-0003	1/7/2008	Guidelines for the Preparation of Annual Operational Plan for 2008 & Yearly Thereafter Based on a Province-Wide Investment Plan for Health (PIPH) for the FOURmula One (F1) 16 Convergence and Roll-Out Sites & Other Provinces	
Government/ third party accord	DOLE, health in the workplace, partnership	Administrative Order No. 2008-0012	4/24/2008	DOH Partnership with DOLE for strengthening Support for Workplace Health Programs	
Guidance	PNHRS, health sector reform	Department Order No. 2008-0086	4/28/2008	Institutionalizing the Philippine National Health Research System (PNHRS) in support of the health sector reform efforts in the Department of Health	
	Policy guide, local health system, LGU	Administrative Order No. 2008-0020	5/2/2008	Policy Guide on Local Health Systems Development	
	TB, NTP; TB in children	Administrative Order No. 2008-0011	5/21/2008	Revised Guidelines for Implementing Tuberculosis Control Program in Children	
	TB, NTP, PMDT, MDR-TB, sub-allotment, LGUs	Department Order No. 2008-0106	5/23/2008	Guidelines on the Utilization of the Fund Sub-Allotment from the Funds of the Tuberculosis Control program for the Conduct of training on Programmatic Management of Drug Resistant TB (PMDT) and Orientation of PHOs and CHOs and NTP Coordinators on PMDT	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Guidance	TB, PMDT, MDR-TB	Administrative Order No. 2008-0018	5/26/2008	Guidelines for the Implementation of PMDT	Intranet
	TB-HIV, TB, HIV	Administrative Order No. 2008-0022	8/8/2008	Policies and Guidelines in the Collaborative Approach of TB HIV Prevention and Control	
	Information system, hospital	Department Memorandum No. 2008-0187	9/1/2008	Integration of the DOH Hospital Information Systems, Health Program Registries, and PHIC Related Information Systems	
	MNCH, maternal mortality, neonatal mortality, MDG	Administrative Order No. 2008-0029	9/9/2008	Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality	
	Newborn screening, newborn, newborn care, child health	Administrative Order No. 2008-0026-A	11/20/2008	Amendment to the Administrative Order No. 2008-0026 on Addendum to the Rules and Regulations Implementing Republic Act No. 9288, Otherwise Known as the "Newborn Screening Act of 2004"	
	TB, DOTS, TB in prison	Administrative Order No. 2009-0003	1/8/2009	Technical Guidelines for Implementing DOTS Strategy in Jails and Prisons	
	AOP, PIPH, FOURmula One for health	Administrative Order No. 2009-0008	3/12/2009	Guidelines for the Adoption of More Efficient and Effective Development Approval, and Implementation of PIPH/AOP under FOURmula One for Health	
	MNCHN, MOP	Department Memorandum No. 2009-0110	5/10/2009	Adoption of the MOP on MNCHN in the Implementation of Programs, Projects, and Initiatives for Women and Children	
	MNCH, HIV, PMTCT	Administrative Order No. 2009-0016	5/20/2009	Policies and Guidelines on the Prevention of Mother to Child Transmission (PMTCT) of Human Immunodeficiency Virus (HIV)	
	ETS, finance management	Department Order No. 2009-0277	1/11/2009	Institutionalizing Expenditure Tracking System in the DOH Planning and Finance Management	
	Essential newborn care	Administrative Order No. 2009-0025	12/1/2009	Adopting New Policies and Protocol for Essential Newborn Care	
	Health care financing	Administrative Order No. 2009-0029	12/2/2009	Guidelines for the Implementation of Health Care Financing Strategy 2010-2020	
	Local health account	Administrative Order No. 2009-0026	12/29/2009	Implementing Guidelines for Institutionalizing the Estimation and Use of Local Health Accounts (LHA)	
LGU, fund transfer	Administrative Order No. 2010-0006	1/6/2010	Amendment to Administrative Order No. 2009-0022- Guidelines on the Determination of Funds for Transfer to Local Government Units Year 2010		
Government policy	Quality in health, framework	Administrative Order No. 2010-0007	1/6/2010	National Framework for Quality in Health	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Guidance	Sub-allotment, HFEP	Administrative Order No. 2010-0005	1/7/2010	Guidelines for the Sub-Allotment and Utilization of Funds to Western Visayas Sanitarium under CY 2010 Health Facilities Enhancement Funds for Government Hospital Upgrading	Intranet
	MNCH, maternal mortality, neonatal mortality, maternal morbidity, neonatal morbidity	Administrative Order No. 2010-0014	1/7/2010	Administration of Life-saving Drugs and Medicines by Midwives to Rapidly Reduce Maternal and Neonatal Morbidity and Mortality	
	TB, NTP, World TB Day, sub-allotment, CHD, ARMM	Department Order No. 2010-0059	2/18/2010	Guidelines on the Utilization of Sub-Allotment/Transfer from the TB Control Program in all CHD and DOH-ARMM for the commemoration of World TB Day	
	NTP, TB, sub-allotment, RITM, NTRL	Department Order No. 2010-0049	2/22/2010	Guidelines on the Utilization of Sub-Allotment from the National Tuberculosis Control Program Funds for the payment of services for the Strengthening of TB Laboratory Network by the Research Institute for Tropical Medicine-National Reference Laboratory (RITM-NTRL)	
	Micronutrient supplementation, MNCHN, MDG, maternal mortality, under-five mortality	Administrative Order No. 2010-0010	4/19/2010	Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets To Reduce Underfive and Maternal Deaths and Address Micronutrient Needs of Other Population Groups	
	MNCHN, sub-allotment	Department Order No. 2010-0087	4/22/2010	Guidelines on the Utilization of Funds Suballotted to CHD-Central Visayas for the conduct of National Dissemination Forum on MNCHN Policy and Strategy	
	Child health, child nutrition, child growth	Administrative Order No. 2010-0015	6/8/2010	Revised Policy on Child Growth Standard	
Toolkit	FP, Communications	Department Memorandum No. 2010-0149	6/15/2010	Family Planning Communication Strategy and Family Planning Communication Package	
Guidance	EPI, AEFI, child health	Administrative Order No. 2010-0017	6/18/2010	Guidelines in Surveillance and Response on Adverse Events Following Immunization (AEFI)	
	FP, Contraceptive self-reliance, donated commodities	Administrative Order No. 2010-0027	6/25/2010	Amendment to Administrative Order No. 158, Series of 2004 entitled "Guidelines on the Management of Donated Commodities under the Contraceptive Self-Reliance Strategy"	
Toolkit	FP, Health Plus	Department Memorandum No. 2010-0152	6/28/2010	Family Planning Commodities in Health Plus Outlets	

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Guidance	BDR, PIPH	Department Order No. 2010-0156	7/2/2010	Adoption of the Benefit Delivery Rate (BDR) Approach as Basis of DOH Support to Health Investments at Provinces and Cities	Intranet
	Document tracking system, information system	Department Order No. 2010-0208	8/19/2010	Online Document Tracking Information System (DTRAK) Implementation Guidelines	
	Medical care	Administrative Order No. 2010-0026	9/13/2010	Implementing Guidelines on the Medical Care Assistance Program of the Department of Health	
	Philhealth, PHIC, NHIC, hospitals	Department Order No. 2010-0236	9/21/2010	Guidelines for Pro-Poor Specific Drug Fund for PhilHealth Sponsored Program Members and Dependent Admitted in Selected DOH-Retained Hospitals	
	Communications	Department Memorandum No. 2010-0236	9/28/2010	Furnishing the Office of the Secretary with Copies of All Advisories, Briefs, Updates, and Other Types of Communication to be Released to the Media	
	Performance-based grants, LGU, NHIP, indigents, NHTS	Department Order No. 2010-0244	10/2/2010	Guidelines on the Allocation of PHP500 Million as Performance Based Grants to LGUs in support of the National Health Insurance Program for Indigent Families identified through the National Household Targeting System for Poverty Reduction	
Others	FB, twitter, communications	Department Memorandum No. 2010-0248	10/12/2010	Official DOH Account on Facebook and Twitter	
Guidance	Sub-allotment, HFEP	Department Order No. 2009-0092-U	11/3/2010	Amendment to Department Order No 2009-0092-H dated August 14, 2009 on the Guidelines for the Release and Utilization of the Sub-Allotment of CY 2009 Health Facilities Enhancement Program Funds	
	TB, NTP, PhilPACT	Administrative Order No. 2010-0031	11/10/2010	Adoption of the 2010-2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT) and Its Implementing Structures	
	FP, Family health, BEmONC, CEmONC, sub-allotment, MNCH	Department Order No. 2010-0242	11/30/2010	Guidelines for the Release and Utilization of the Sub-allotment/ Fund Transfer of CY 2010 Family Health including Family Planning Funds for the upgrading of RHUs, BHS, and other health facilities to undertake BEmONC and CEmONC activities per SARO No. BMB-B-10-0027171 dated November 24, 2010	
	Expenditure tracking system, financial transactions	Department Memorandum No. 2010-0278	12/2/2010	Full utilization and implementation of the Expenditure Tracking System (ETS) for financial transactions	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Guidance	License to operate, hospitals	Administrative Order No. 2010-0035	12/14/2010	Re-Centralization of the Issuance of Permit to Construct (PTC) for All Levels of Hospitals, License to Operate (LTO) for All New Hospitals and Renewal of LTO for Levels Three (3) and Four (4) Hospitals	Intranet
Government policy	KP, UHC	Administrative Order No. 2010-0036	12/16/2010	The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos	
Guidance	Sub-allotment, HFEP, KP, UHC	Department Order No. 2009-0194-C	12/17/2010	Amendment to Department Order No. 2009-0194 dated August 14, 2009 on the Guidelines for the Release and Utilization of the Sub-Allotment of CY 2009 Health Facilities Enhancement Program Funds	
	KP, UHC	Department Order No. 2010-0251	12/30/2010	Functional Clustering of DOH Units and Attached Agencies for Implementation of the Aquino Health Agenda to achieve Universal Health Care	
	KP, UHC, RNheals, ARMM, CHD, sub-allotment	Department Order No. 2011-0021	1/20/2011	Sub-allotment Guidelines on the Disbursement of Funds for the Implementation of the RNheals Project in the Centers for Health Development and Autonomous Region for Muslim Mindanao (ARMM)	
	KP, UHC, RNheals	DOH-DSWD Joint Administrative Order No. 2011-0001	2/1/2011	Guidelines for the Implementation of Project RNheals	
	KP, UHC, AOP	Department Memorandum No. 2011-0034	2/7/2011	Guidelines for Incorporating Universal Health Care in the Formulation of 2011 AOP for all Province-Wide Health Systems (PWS) and Eight Cities for Joint Appraisal Committee (JAC) Review	
	KP, UHC	Department Memorandum No. 2011-0045	2/8/2011	Communication Guidelines and Flow for the Health Service Delivery Cluster in Support of Universal Health Care	
	Sub-allotment, RNheals, KP, UHC, CHD	Department Order No. 2011-0039	2/14/2011	Sub-Allotment Guidelines on the Disbursement of Funds for the Launching of RNheals Project in the Center for Health Development-Eastern Visayas	
	TB, TB referral	Department Memorandum No. 2011-0060	2/15/2011	Referral of Re-treatment TB Cases to Treatment Centers	
	HFEP, KP, UHC	Department Memorandum No. 2011-0053	2/22/2011	HFEP Validation and Monitoring Visits	
	TB, NTP, sub-allotment, CHD	Department Order No. 2011-0061	2/28/2011	Guidelines on the Utilization of Fund Sub-Allotment to CHD-Central Visayas from the Tuberculosis Control Program	

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Guidance	RNheals, ARMM, KP, UHC	Department Order No. 2011-0060	3/8/2011	Transfer of Funds for the Implementation of the RNheals project in Autonomous Region for Muslim Mindanao (ARMM)	Intranet
	RNheals, sub-allotment, CHD, GSIS, UHC, KP	Department Order No. 2011-0021-B	3/9/2011	Further Amendment to Department Order No. 2011-0021 dated January 20, 2011 and Department Order No. 2011-0021-A dated February 1, 2011 regarding the Guidelines on the Disbursement of Funds for the Implementation of the RNheals Project in the Centers for Health Development for additional sub-allotment for the Government Service and Insurance System (GSIS)	
	HFEP, KP, UHC	Administrative Order No. 2011-0007	3/10/2011	Implementing Rules and Regulations of RA No. 9421 otherwise known as "An Act Upgrading the Valenzuela General Hospital in the City of Valenzuela, Metro Manila into a 200-bed capacity Tertiary Level Hospital to be known as Valenzuela Medical Center"	
	EPI, AEFI	Administrative Order No. 2010-0017-A	3/17/2011	Amendment to Administrative Order No. 2010-0017 dated June 18, 2010 regarding Guidelines in Surveillance and Response to Adverse Events Following Immunization (AEFI)	
	MNCHN, LGU, manual of operations	Department Memorandum No. 2011-0117	5/6/2011	Adoption of the Manual of Operations to Assist and Support LGU in Implementation of Maternal, Newborn, Child Health and Nutrition (MNCHN) Strategy	
	Rnheals, KP, UHC	Department Memorandum No. 2011-0162	6/6/2011	Payment of Allowances for RNheals Project Nurses every end of the month	
	HFEP, KP, UHC	Department Order No. 2011-138	6/13/2011	Guidelines for the Utilization of the Residual Calendar Year (CY) 2010 Health Facility Enhancement Program (HFEP) Allocations	
	FP, delivery of FP services	Administrative Order No. 2011-0005	6/23/2011	Guidelines on Ensuring Quality Standards in the Delivery of Family Planning Program and Services through Compliance to Informed Choice and Volunteerism	
	PIPH, investment plan for health, LGU	Department Memorandum No. 2011-0202	7/1/2011	Revised Guideline for Investment Plan for Health in Provinces and Cities	
	RNheals, KP, UHC	Department Memorandum No. 2011-0198	7/7/2011	Reiterating the Duties and Responsibilities of the Nurse Volunteers Under the RNheals Project	
TB, WHO	Department Memorandum No. 2011-0218	7/19/2011	Provision of Anti-TB Drugs to All Forms of Tuberculosis Based on WHO's Recommendations		

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DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Guidance	MNCH, BEmONC, hospitals, medical centers	Administrative Order No. 2011-0011	7/25/2011	Establishment of Basic Emergency Obstetric and Newborn Care (BEmONC) Training Centers in Regional Hospitals and Medical Centers	Intranet
	KP, UHC	Department Order No. 2011-0188	8/3/2011	<i>Kalusugan Pangkalabayan</i> Execution Plan and Implementation Arrangement	
	KP, UHC, Family Health, MNCHN, CHD, ARMM	Department Order No. 2011-0219	8/10/2011	Guidelines on the Execution of the 2011 Family Health and Responsible Parenting Budget for MNCHN Grants to LGUs and ARMM Provinces and Cities and Support to CHDs and DOH-ARMM	
	KP, UHC, RNheals, RHM	Department Order No. 2011-0239	9/7/2011	Guidelines for the Implementation of the Learning and Deployment of Nurses and Midwives (Project RNheals II and RHM Placement)	
	KP, UHC, ComPack	Administrative Order No. 2011-0013	9/12/2011	Implementing Guidelines on the DOH Complete Treatment Pack to Ensure Sustainable Access to Essential Drugs and Medicines for the Marginalized Sectors	
	MNCH, BEmONC, HFEP, KP, UHC	Administrative Order No. 2011-0014	9/15/2011	Guidelines on the Certification of Health Facilities with Basic Emergency Obstetrics and Newborn Care (BEmONC) capacity	
	Performance-based grant, NHIP, NHTS	Department Order No. 2010-0244-A	9/26/2011	Amendment to DO 2010-0244 dated October 2, 2010, regarding "Guidelines on the Allocation of PHP500 Million as Performance Based Grants to LGUs in support of the National Health Insurance Program for Indigent Families identified through the National Household Targeting System for Poverty Reduction	
	Sub-allotment, ARMM, CHT, KP, UHC	Department Order No. 2011-0253	10/6/2011	Guidelines on the Disbursement, Utilization, and Liquidation of Sub-allotted funds to ARMM for the Conduct of Community Health Team (CHT) Mobilization	
	Sub-allotment, CHD, CHT, KP, UHC	Department Order No. 2011-0254	10/6/2011	Guidelines on the Disbursement, Utilization, and Liquidation of Sub-allotted funds to the 16 Centers for Health Development for the Conduct of Community Health Team (CHT) Mobilization	
	CHT, KP, UHC	Department Memorandum No. 2011-0286	10/18/2011	Guidelines on the Mobilization of Community Health Teams	
KP, UHC, GIDA, AOP	Department Memorandum No. 2011-0293	11/2/2011	Prioritization of GIDAs for Province-Wide AOPs for KP Execution Plan		

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Guidance	KP, UHC, RNheals, RHM	Department Order No. 2011-0239-A	11/21/2011	Amendment to Department Order 2011-0239 dated September 7, 2011 regarding the Guidelines for the Implementation of the Learning and Deployment of Nurses and Midwives (Project RNheals II and RHM Placement)	Intranet
	KP, UHC, HFEP	Administrative Order No. 2011-0020	12/23/2011	Streamlining of License & Accreditation of Hospitals	
	KP, UHC, RNheals, RHM	Department Order No. 2012-0008	1/25/2012	Guidelines for the Implementation of the Learning and Deployment of Nurses under the RNheals project Batch III and Rural Health Midwives Placement program Batch II	
Framework	KP, UHC, PPP	Administrative Order No. 2012-0004	3/1/2012	Policy Framework for Public-Private Partnerships in Health	
Guidance	KP, UHC, PPP, HFEP	Administrative Order No. 2012-0010	3/2/2012	Establishments of the Office of the DOH Center for Excellence on PPPs in Health (CEP3H) at the NKT Diagnostic Center	
	FP, community outreach	Department Memorandum No. 2012-0091	3/20/2012	Family Planning Community Outreach and Referral Activities	
	KP, UHC, ComPack	Administrative Order No. 2011-0013-A	3/22/2012	Amendment to AO 2011-0013 dated September 12, 2011 RE: Implementing Guidelines on the DOH Complete Treatment Pack to Ensure Sustainable Access to Essential Drugs and Medicines for the Marginalized Sectors	
	KP, UHC, RNheals, RHM, RHMPP, sub-allotment	Department Order No. 2012-0038	3/22/2012	Guidelines and Procedures Governing the Accounting and Handling of Sub-allotted Funds for the Stipend of Deployed Nurses under the Registered Nurses for Health Enhancement and Local Service (RNheals) and the Stipend/Salaries of Rural health Midwives (RHMs) under the Rural Health Midwives Placement Program (RHMPP)	
	MDG, Family Health, FP, HFEP, NHIP, PhilHealth	Department Order No. 2012-0058	4/23/2012	Guidelines on the Execution of FY 2012 Budgets on NHIP Premium Subsidy for Indigents, Health Facilities Enhancement Program, MDG & Family Health and Responsible Parenting	
	Sub-allotment, CHD, ARMM, CHT, KP, UHC	Department Order No. 2012-0077	5/21/2012	Guidelines on the Release and Utilization of Sub-allotment to Centers for Health Development and Fund Transfer to and Department of Health Autonomous Region of Muslim Mindanao for the Mobilization of Community Health Teams (CHTs)	
	HFEP, KP, UHC	Department Memorandum No. 2012-0170	6/15/2012	Creation of Teams for the Planning, Monitoring, and Evaluation of the Health Facility Enhancement Program (HFEP)	

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DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Government/ third party accord	DPWH, HFEP, KP, UHC	Department Memorandum No. 2012-0174	6/15/2012	DOH-DPWH Collaboration on HFEP 2012-2014 Projects	Intranet
Government policy	FP, MNCH, MDG	Administrative Order No. 2012-0009	6/27/2012	National Strategy Towards Reducing Unmet Need for Modern Family Planning as a means to Achieving MDGs on Maternal Health	
Guidance	HFEP, KP, UHC	Administrative Order No. 2012-0012	7/18/2012	Rules & Regulations Governing New Classification of Hospitals & Other Health Facilities	
Stakeholder input	KP, ILHZ, UHC	Department Memorandum No. 2012-0251	8/10/2012	Call for Good ILHZ Practices in Implementation of KP	
Guidance	Family Health, FP, MNCHN, LGU, CHD, ARMM	Department Order No. 2012-0120	8/23/2012	Guidelines on the Execution of the 2012 Family Health and Responsible Parenting Budget for Maternal, Neonatal, Child Health and Nutrition (MNCHN) Grants to Local Government Units (LGUs) and ARMM Provinces and Independent / Highly Urbanized Cities and Support to Centers for Health Development (CHDs) and DOH ARMM	
	Newborn screening	Administrative Order No. 2012-0017	9/19/2012	Guidelines on the Use, Retention and Storage of Residual Dried Blood Spots From Newborn Screening	
Others	Investment plan for health	Department Memorandum No. 2012-0278	9/27/2012	Advisory on the Investment Plan for Health	
Guidance	PHC, LCP, RNheals, KP, UHC	Department Order No. 2012-0170	10/1/2012	Transfer of Funds to Philippine Heart Center and Lung Center of the Philippines for the implementation of the RNheals Project Batch II	
	RNheals, KP, UHC	Department Order No. 2012-0184	10/29/2012	Guidelines for the Implementation of the Registered Nurses for Health Enhancement and Local Service (RNheals) Project Batch IV	
Government/ third party accord	Infant and young child, breastmilk	Joint DOH-DOJ-DTI-DSWD Administrative Order No. 2012-0027	12/3/2012	The Inter-Agency Committee (IAC) Guidelines in the Exercise of their Powers and Functions as Stated in Executive Order No 51 s. 1986, otherwise known as "The National Code of Marketing of Breastmilk Substitute, Breastmilk Supplements"	
Guidance	KP, UHC, surgical mission, medical missions	Administrative Order No. 2012-0030	12/20/2012	Guidelines on Foreign Surgical and Medical Mission Program in Support of Universal Health Care/ <i>Kalusugan Pangkalahatan</i>	

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Guidance	TB, PPMD, PhilPACT, NTP	Administrative Order No. 2013-0001	1/17/2013	Reconstitution of National and Regional Coordinating Committees on Public-Private Mix DOTS as PhilPACT Implementing Structures	Intranet
	HFEP, KP, UHC	Administrative Order No. 2013-0002	1/18/2013	Establishment of the Hospital Accreditation Commission as the National Accreditation Body for Hospitals in the Philippines	
Government policy	Unified registry system, women, children	Administrative Order No. 2013-0005	2/7/2013	National Policy on the Unified Registry Systems of the DOH (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities and Violence Against Women and Children Registry System)	
Guidance	NTP, DOTS certification	Administrative Order No. 2006-0026-A	2/22/2013	Amendment to AO No. 2006-0026 on the Implementing Guidelines in the Conduct of the National Tuberculosis Program -Directly Observed Treatment Short Course (NTP-DOTS) Certification	
	HFEP, KP, UHC	Department Memorandum No. 2013-0084	3/4/2013	Data Cleaning of National Health Facility Registry	
	Women, children, protection unit, hospital	Administrative Order No. 2013-0011	3/11/2013	Revised Policy on the Establishment of Women and Their Children Protection Units in all Government Hospitals	
	HFEP, KP, UHC	Administrative Order No. 2006-0004-C	3/22/2013	Amendment of Administrative Order No. 2006-0004, as amended, hereby requiring only the Certificate of Need (CON) to new government hospitals and providing additional requirements for new general hospitals	
Framework	KP, UHC, M&E	Administrative Order No. 2013-0016	5/7/2013	Establishment of System for Monitoring & Evaluation of <i>Kalusugan Pangkalabatan</i>	
Guidance	KP, UHC, KP Dashboard	Department Memorandum No. 2013-0151	5/8/2013	KP Dashboard Guidelines for Data Collection, Encoding, Updating and Data Uploading	
	KP, UHC, KP Dashboard	Department Order No. 2013-0047	5/9/2013	Implementing Guidelines for <i>Kalusugan Pangkalabatan</i> (KP) Dashboard	
Guidance	KP, UHC, LGU, manual of procedures	Department Memorandum No. 2013-0190	6/7/2013	MOP on Managing DOH Support to Local Health Systems for Local KP Implementation	
	LGU, scorecard, ILHZ	Administrative Order No. 2013-0024	7/28/2013	Guidelines on the Adoption of LGU Scorecard Institutional Validation System Through the Inter Local Health Zone (Cluster of Municipalities/ District Health System (DOH-ARMM)/ Sector-Wide (Cities)	

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DOH Administrative Orders and Department Orders related to KP/UHC, Family Health and TB

DOCUMENT TYPE	DRAFT KEY WORDS*	SUBJECT NO.	DATE ADOPTED	SUBJECT TITLE	LOCATION
Guidance	LGU, KP, UHC, human resource	Department Order No. 2013-0135	8/22/2013	Guidelines on the Implementation of the 2013 Locally-Funded Projects for Local Government Units on Bottom-Up Budgeting Projects on the Implementation of Human Resource for Health Deployment Program and Health Information Systems and Technology Development and Implementation	Intranet
Government policy	eHealth, KP, UHC	Administrative Order No. 2013-0025	9/10/2013	National Implementation of Health Data Standards for eHealth Standardization and Interoperability (eHSI release 001)	
Guidance	TB, Yolanda, disasters	Department Memorandum No. 2013-0347	12/2/2013	Guidelines in the Provision of TB Services in Post-Disaster Areas Affected by Super Typhoon Yolanda	
Framework	Scorecard, development partner	Administrative Order No. 2013-0032	12/10/2013	Strengthening the Implementation of the Development Partner Scorecard (DPS)	
Guidance	KP, UHC, KP Dashboard	Department Memorandum No. 2014-0018	1/22/2014	Reiteration of DM # 2013-0151 KP Dashboard Guidelines in Data Collection, Encoding, Updating and Data Uploading and Regular Publishing in the Office of the Secretary's Dual Big Screen Monitor	
	RNheals, KP, UHC, CHD, ARMM, sub-allotment, PhilHealth	Department Order No. 2011-0021-A	2/1/2014	Amendment to Department Order No. 2011-0021 dated January 20, 2011 regarding the Guidelines on the Disbursement of Funds for the Implementation of the RNheals Project in the Centers for Health Development and Autonomous Region for Muslim Mindanao (ARMM) for additional sub-allotment for the PhilHealth Insurance	
	Sub-allotment, Rnheals, RHM, RHMPP, KP, UHC	Department Order No. 2012-0038-A	9/13/2014	Amendment to Department Order No. 2012-0038 dated March 22, 2012 regarding the "Guidelines and Procedures Governing the Accounting and Handling of Sub-Alloted Funds for the Stipend of Deployed Nurses under the Registered Nurses for Health Enhancement and Local Service (RNheals) and the Stipend/Salaries of Rural Health Midwives (RHMs) under the Rural Health Midwives Placement Program (RHMP)	

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KP/UHC-Related Documents

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Performance review	KP, UHC	2010	Achieving Universal Health Care for All Filipinos 2010 Annual Report	DOH-HPDPB	RCHSD
National health account	KP, UHC, health care financing	July, 2010	HSRA Monograph No. 10-Toward Financial Risk Protection: Health Care Financing Strategy of the Philippines 2010-2020	DOH-HPDPB	http://www.rchsd.ph/images/Downloads/HCF/doh-hcf.pdf
Performance review	KP, UHC	2011	<i>Kalusugan Pangkalahatan</i> Annual Report 2011	DOH-HPDPB	RCHSD
	KP, UHC	2012	KP 2012 Milestones Annual Report		
Government strat plan for health sector	KP, UHC, National objectives for health	2012	HSRA Monograph No. 12: National Objectives for Health Philippines 2011-2016	DOH	HPDPB
Performance review	KP, UHC, MDG	August, 2012	Evaluation of the Impact of Health Reform on the Responsiveness of the Philippine Health System	DOH-CEPR	RCHSD
Literature review/policy scan	KP, UHC, systematic review, meta analysis	December, 2012	Application of Systematic Reviews and Meta Analysis in Synthesizing Relevant Studies Supporting Policies for Universal Health Care- Final Report	Almario ES, Macalintal MD	RCHSD
Health & health system data	KP, UHC, Operations Monitoring	December, 2013	KP Operations Monitoring Baseline Report	DOH, supported by HPDP & USAID	HPDPB
Government policy	eHealth, KP, UHC	2013	Philippines eHealth Strategic Framework and Plan 2013-2017	DOH, DOST	

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Family Health-related Documents

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Guidance	MOP, newborn care, newborn screening	2005	Manual of Operations of the National Comprehensive Newborn Screening System	DOH, UP-NIH	Central Library
Performance review	MCH	2006, 2007	Maternal and Child Health Project Annual Report	DOH, JICA	Central Library
Guidance	FP, Family health, clinical standards	2006	The Philippine Clinical Standards Manual on Family Planning	DOH with support from USAID	FHO
Government discussion paper	Family health, MNCHN	2008	Health Policy Notes: Accelerate the reduction of malnutrition among pregnant and lactating women and children 0-2 years old Vol. 1 (1)	DOH-HPDPB	http://www.doh.gov.ph/content/vol-1-1-6-april-2008.html
			Health policy Notes: Accelerate a unified strategy to save mothers, newborns and children Vol.1 (2)		

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Family Health-related Documents

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Guidance	MNCHN, MOP, maternal mortality, neonatal mortality, MDG	2009	Implementing Health Reforms Towards Rapid Reduction in Maternal and Neonatal Mortality- Manual of Operations	DOH	Central Library
Toolkit	Newborn care, clinical practice guide	2009	Newborn Care until the First Week of Life- Clinical Practice Pocket Guide	DOH, UNICEF, WPRO	Central Library
	FP, Family health, Facilitator's guide	2010	Family Planning Competency-Based Training: Basic Course Handbook-Facilitator's Guide	DOH-NCDPC	FHO
	Child health, IMCI	July, 2010	Facilitators Guide for Integrated Management of Childhood Illness Modules	DOH, WPRO, UNICEF	
Guidance	Micronutrient supplementation, manual of operations, Family health	2011	Micronutrient Supplementation Manual of Operations	DOH-NCDPC, USAID	FHO
Toolkit	Infant and young child, IYCF, counseling course, family health	May, 2011	Supplemental Manual for Lactation Management Training and Infant and Young Child Feeding Counseling Course	DOH-NCDPC	FHO
Government policy	Infant and young child, IYCF, family health	May, 2011	Philippine IYCF Strategic Plan of Action for 2011-2016	DOH-NCDPC	FHO
Guidance	MNCHN, manual of operations, MOP	2011	The MNCHN Manual of Operations 2011	DOH	FHO
Toolkit	CHT, FP, Family health, KP, UHC	October, 2011	Community Health Team (CHT) Guidebook: For CHT Partners	DOH	http://www.doh.gov.ph/sites/default/files/2%20Rev_CHT_Guidebook.pdf
	MNCHN, EINC	May, 2012	Maternal, Newborn, Child Health and Nutrition- Essential Intrapartum and Newborn Care (MNCHN-EINC) Implementation Manual for Hospitals For Safe & Quality care of Birthing Mothers & Their Newborns	DOH-NCDPC	FHO
Performance review	MCH, Family health	June, 2012	Inequality in Reproductive, Maternal, and Child Health in the Philippines- A Post-Workshop Report	DOH	http://www.who.int/healthinfo/country_monitoring_evaluation/Philippines_Equity_Report_June_2012.pdf

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Guidance	KP, UHC, FP, MNCHN, commodity self-reliance, PIPH, AOP, LGU, family health	November, 2012	Maternal, Neonatal and Child Health and Nutrition/Commodity Self-Reliance Plan and Policy Formulation Guide	DOH, USAID, RTI	http://www.rti.org/files/healthgov/MNCHN%20CSR%20Plan%20and%20Policy%20Formulation%20Guide_CHD2_Main.pdf
Toolkit	IYCF, community mobilization, infant & young child, feeding, family health	September, 2013	Guide on Mobilizing Community Support for Infant and Young child Feeding (IYCF) Program	DOH-NCDDPC-NNC	FHO
	FP, MNCHN, data quality check, M&E, MDG	September, 2013	Data Quality Check of Family Planning Current Users Data and Other Selected Maternal, Neonatal and Child Health and Nutrition Indicators: Trainer's Guide Version 2	DOH	
Training modules	FP, vasectomy	2013	No-Scalpel Vasectomy-A Skills Training Course for Vasectomy Providers and Assistants: Trainers' Guide	DOH	FHO
	FP, BTL, MLLA	September, 2013	Bilateral Tubal Ligation by Minilaparotomy Under Local Anesthesia: Participant's Handbook		
	FP, subdermal implant		Introducing the Subdermal Implant as New FP Program Method- Learning Module for Nurses and Midwives		
Health & health system data	MNCH, facility-based delivery, MDG	March, 2014	Six in Ten Births are Delivered in A Health Facility (Preliminary Results from the 2013 National Demographic and Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/six-ten-births-are-delivered-health-facility-preliminary-results-2013-national-demographic

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Documents Related to Tuberculosis

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Guidance	TB, NTP, manual of procedures	2005	Manual of Procedures for the National Tuberculosis Control Program	DOH	IDO
Toolkit	TB, DOTS, TB in workplace	2005	Managing Tuberculosis in the Workplace-A guide for companies implementing DOTS	PBSP, DOH, USAID	Central Library
	TB, DOTS, pharmacy	May, 2005	Revised DOTS Syllabus Modules for Pharmacy	DOH	IDO
	TB, NTB, NTP review	April, 2008	Joint Programme Review of the National TB Programme of the Philippines- An Introduction and Overview of the current NTP of the Philippines	VoniatiS MN in partnership with NTP	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Documents Related to Tuberculosis

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
External evaluation	TB, TB mortality	May, 2012	Final Consultancy Report: TB Mortality Study in the Philippines August 2011-April 2012	Bierrenbach AL	IDO
Toolkit	TB, TB culture, quality assurance	September, 2008	Interim Guidelines for Quality Assurance of TB Culture Services in the Philippines	DOH, RITM	IDO
	TB, ASCM, social mobilization	2008	The Health Promotion Handbook- A Guide to Doing Advocacy, Communication, and Social Mobilization for the TB Control Program in the Community	DOH, USAID-TBLINC	
	TB, DOTS, DOTS directory	2008	TB anywhere... DOTS service everywhere-TB DOTS Directory	PhilCAT with support from Global Fund	
Training modules	TB, MDR-TB, PMDT	2008	Management of Drug-Resistant Tuberculosis-Training for Health Facility Staff in the Philippines: Introduction (Module A-H, Ref)	TDF, DOH, WHO	IDO
			Management of Drug-Resistant Tuberculosis-Training for Health Facility Staff in the Philippines: Workbooks 1 & 2 for Participants		
			Management of Drug-Resistant Tuberculosis- Training for Health Facility Staff in the Philippines: Facilitator's Guide (Module FG)		
Training modules	TB, TB in children	2008	Training Modules for TB in Children: Facilitator's Guide	DOH	IDO
Performance review	TB, ASCM	2009	Analysis of TB Burden and TB Control Efforts in the Philippines	TDF	IDO
Training modules	TB, DOTS, TB in prisons	2009	Implementation of DOTS Strategy in the Management of TB in Jails/Prisons-Training Modules	DOH	IDO
Government strat plan for health sector	TB, PhilPACT	2010	HSRA Monograph No. 11: 2010-2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT)	HPDPB	IDO
Toolkit	TB, PhilPACT, M&E	December, 2011	National TB Monitoring and Evaluation Handbook: A Guide for Monitoring and Evaluation of PhilPACT 2010-2016 Implementation	NEC	IDO
Performance review	TB, electronic TB register	2011	Evaluation of the Philippine Electronic Tuberculosis Register- Final Report	Marcelo AB, Festin C, Festin S, et al.	IDO
	TB, DOTS, TB DOTS implementation, public hospitals		Results of the Rapid Assessment Survey on TB DOTS Implementation of Nine Public Hospitals in the National Capital Region March-May 2011	DOH-NTP with funding from GF-TB-PBSP	

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Citizen/pt input	TB, client satisfaction	August, 2012	TB Client Satisfaction Survey: Final Report	PBSP, DOH, TRIDEV Specialists Foundation, Inc.	IDO
Stakeholder input	TB, social mobilization	2013	10 Years, 10 Lessons: Social Mobilization on Tuberculosis Project August 2003-December 2013	World Vision Development Foundation, Inc.	IDO
Guidance	TB, HIV, TB-HIV	September, 2013	Standard Operating Procedures on TB and HIV Approach in San Lazaro Hospital	DOH	IDO
Toolkit	TB, NTP, TB diagnosis & treatment		Quick Reference Guide for the Diagnosis and Treatment of Tuberculosis (Based on the National TB Control Program Manual of Operations 2005)	TB LINC	IDO

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Other DOH documents related to KP/UHC, Family Health, Tuberculosis and Knowledge Management

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Government strat plan for health sector	Health development plan	July, 2006	National Health Development Plan 2006-2010	HPDPB	http://www.wpro.who.int/health_services/philippines_nationalhealthplan.pdf
Performance review	Annual report		DOH Annual Reports: 1997, 1989-1990, 1992-2012	DOH	http://www.doh.gov.ph/serial.html
Framework	KM, KM Framework	2007	Knowledge for Health- A Knowledge Management Framework of the Department of Health	DOH	http://www.doh.gov.ph/wiki/index.php/DOH_KM_Framework
Health & health system data	FHSIS, annual report		FHSIS Annual Reports 1995 to 2011, Executive Summary from 2004-2008	DOH	http://www.doh.gov.ph/serial.html
	Health statistics		Philippine Health Statistics 1960 to 2010	DOH	
Government strat plan for health sector	Objectives for health	2005	National Objectives for Health 2005 to 2010	DOH	http://www.doh.gov.ph/serial.html
			National Objectives for Health 2011 to 2016		
Guidance	RLC, RLC plan, RCHSD, RCHSD plan	July, 2006	DOH RLC Five Year Plan 2006-2011	DOH	RCHSD
Stakeholder input	Policy dissemination, health research	2007	Policy Forum for Stakeholders on Policy Development and Operationalization: Importance of Research to Policy Development	DOH-ADB-PNHRS	RCHSD
External evaluation	KM, KM Audit, health system support		Knowledge Management (KM) Audit for Improving Policies to Support Health Systems Development, Vol 2	Schneider, Winfried	RCHSD

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Other DOH documents related to KP/UHC, Family Health, Tuberculosis and Knowledge Management

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Guidance	RCHSD, RCHSD plan, RLC, RLC plan	June, 2008	DOH Expansion of the Resource Center for Health Systems Development- A Five Year Plan (2008-2013)	DOH	RCHSD
	RCHSD, RCHSD manual, RLC, RLC manual		RCHSD Operations Manual		
Government discussion paper	Staff meetings synthesis, NSM	2013	Notes To Live By: A Reference for Managers of Reforms- A Compilation of Synthesis in DOH National Health Sector Meetings delivered by Mario M. Taguiwalo	DOH	HPDPB

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Non-DOH documents related to KP/UHC, Family Health, Tuberculosis and Knowledge Management

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Government legislation	NHIP, PhilHealth	2004	Republic Act 7875: National Health Insurance Act of 1995		http://www.philhealth.gov.ph/about_us/ra7875.pdf
			Republic Act 9241: An Act Amending Republic Act No. 7875, Otherwise known as "An Act Instituting a National Health Insurance Program for all Filipinos and Establishing the Philippine Health Insurance Corporation for the Purpose"		http://www.gov.ph/2004/02/10/republic-act-no-9241/
Guidance	TB, TB in the workplace	March, 2005	DOLE DO 73-05 Series Of 2005: Guidelines for the Implementation of Policy and Program on Tuberculosis Control and Prevention in the Workplace	DOLE	http://www.dole.gov.ph/fndr/bong/files/DO%2073-05.pdf
Health & health system data	FR, Family health, contraceptive method	August, 2005	One in Three Filipino Women is Using a Modern Contraceptive Method, in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/one-three-filipino-women-using-modern-contraceptive-method
Performance review	TB, PPP, TB control, TIPS	July, 2006	Harnessing Public-Private Partnerships in TB Control: Philippines Tuberculosis Initiatives for the Private Sector (TIPS): Final Report	USAID	http://pdf.usaid.gov/pdf_docs/PDACJ356.pdf
Guidance	TB, PMDT, MDR-TB	2006	Guidelines for the programmatic management of drug-resistant tuberculosis	WHO	IDO

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Guidance	TB, TB control, PPMD	2006	Engaging All Health Care Providers in TB Control- Guidance on Implementing Public-Private Mix Approaches	WHO	IDO
Performance review	TB, PPMD, PhilCAT	2006	Our Journey Together-PPMD Phase I Project Report	PhilCAT	IDO
Guidance	TB, clinical practice guidelines	2006	Clinical Practice Guidelines for the Diagnosis, Treatment, Prevention and Control of Tuberculosis:2006 UPDATE	PSMID, PCCP, PhilCAT	IDO
	TB, TB in children, NTP		Guidance for national tuberculosis programmes on the management of tuberculosis in children	WHO	
	TB, TB care, international standards		International Standards for Tuberculosis Care	TBCTA funded by USAID	
Health & health system data	FP, Family health, contraceptive prevalence rate	May, 2006	Contraceptive Prevalence Rate remains at 49%, in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/contraceptive-prevalence-rate-remains-49-%
Guidance	TB, TB prevalence, TB prevalence surveys	2007	Assessing tuberculosis prevalence through population-based surveys	WHO	IDO
Toolkit	TB, TB control, ACSM	2007	Advocacy, Communication, & Social Mobilization for Tuberculosis Control- A Handbook for Country Programmes	WHO, Stop TB	IDO
Guidance	TB, TB diagnosis & treatment, TB in the adults/ adolescents	2007	Improving the diagnosis and treatment of smear-negative pulmonary and extrapulmonary tuberculosis among adults and adolescents	WHO	IDO
Performance review	Women's health, safe motherhood	2007	Philippines: Women's Health and Safe Motherhood Project	ADB	http://gate.unwomen.org/resources/docs/genderequality/ADB_Evaluation%20of%20the%20Womens%20Health%20and%20Safe%20Motherhood%20Project%20in%20the%20Philippines_2007.pdf
Health & health system data	FP, Family health, maternal mortality, MDG	March, 2007	Maternal Mortality Slightly Declined, MDG Target May Not Be Achievable, in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/maternal-mortality-slightly-declined-mdg-target-may-not-be-achievable

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Non-DOH documents related to KP/UHC, Family Health, Tuberculosis and Knowledge Management

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Health & health system data	FP, Family health, modern contraception	May, 2007	Prevalence Rate for Modern Methods Unchanged at 36%, in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/prevalence-rate-modern-methods-unchanged-36-%
Government legislation	Cheaper medicines, KP, UHC	2008	Republic Act No. 9502: Universally Accessible Cheaper and Quality Medicines Act of 2008		http://www.gov.ph/2008/06/06/republic-act-no-9502/
Toolkit	TB, chest radiography, hospitals, quality assurance	2008	Handbook for District Hospitals in Resource Constrained Settings on Quality Assurance of Chest Radiography: for better TB control and health system strengthening	USAID, TBCTA	IDO
Framework	TB, HIV, TB-HIV	2008	A revised framework to address TB-HIV co-infection in the Western Pacific Region	WHO	IDO
Toolkit	TB, TB control	2008	Implementing the WHO STOP TB Strategy- A Handbook for national tuberculosis control programmes	WHO	IDO
	TB, nurses, TB control, MDR-TB		TB Guidelines for Nurses in the Care and Control of Tuberculosis and Multi-drug Resistant Tuberculosis, 2 nd Edition	International Council of Nurses	
	TB, TB care, TB control, hospitals		Guiding Principles and Practical Steps for Engaging Hospitals in TB Care and Control	USAID, TBCTA	
	TB, TB prevention, TB control, air travel		Tuberculosis and air travel: guidelines for prevention and control- 3 rd Edition	WHO	
	TB, tobacco cessation, TB patients		Tobacco Cessation Interventions for Tuberculosis Patients- A Guide for Low-Income Countries	International Union against Tuberculosis and Lung Disease	
	TB, Stop TB, community, PhilHealth, OBP		Stop TB In Your Community- Manual on Accreditation and Claims for the Philhealth TB-DOTS Outpatient Benefit Package	PhilHealth	
Government legislation	Women, rights of women	August, 2009	Republic Act No. 9710: The Magna Carta of Women		http://www.gov.ph/2009/08/14/republic-act-no-9710/
Toolkit	TB, DTB	2009	Guidelines for surveillance of drug resistance in tuberculosis- 4 th Edition	WHO	IDO

* Draft key words are illustrative. Subject to change once a subject heading index is fully developed.

Health & health system data	U5M, MDG	April, 2009	Under-Five Mortality Down to 34 Deaths per 1,000 Births (Preliminary Results from the 2008 National Demographic and Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/under-five-mortality-down-34-deaths-1000-births-preliminary-results-2008-national
Government legislation	Breastfeeding, MNCHN	March, 2010	Republic Act No. 10028: Expanded Breastfeeding Promotion Act of 2009		http://www.gov.ph/2010/03/16/republic-act-no-10028/
Performance review	TB, NTRL, NTRL leadership & managerial capacity	June, 2010	An Assessment of the Leadership and Managerial Capacity of the NTRL to carry out its mandate and responsibilities for the national TB Laboratory Network of the Philippines	USAID, MSH, Strengthening Pharmaceutical Systems	IDO
Guidance	DILG, PHIC, Philhealth	September, 2010	DILG Memorandum Circular 2010-098: Support to Department of Health and Philippine Health Insurance Corporation in the Conduct of Nationwide Philhealth Membership Enrollment and Registration	DILG	http://124.6.155.253/issuancesArchive.php?issuancetype=xepyhiso&page=29
Government legislation	4Ps, conditional cash transfer, CCT	2010	Pantawid Pamilyang Pilipino Program Act of 2010		http://senate.gov.ph/lisdata/755560971.pdf
Toolkit	TB, TB treatment	2010	Treatment of tuberculosis: guidelines-4 th Edition	WHO	IDO
Government legislation	Immunization, infant health, child health	2011	Republic Act No. 10152- An Act Providing Mandatory Basic Immunization Services for Infants and Children, Repealing for the Purpose Presidential Decree No. 996, as Amended		http://www.gov.ph/downloads/2011/06jun/20110621-RA-10152-BSA.pdf
Toolkit	TB, TB suspect, district hospitals, Chest X-ray, quality improvement	January, 2011	Handbook for District Hospitals in Resource Constrained Settings for the Quality Improvement of Chest X-ray Reading in Tuberculosis Suspects	USAID, TBCTA	IDO
	TB, DRTB, community	October, 2011	Community-Based Care for Drug-Resistant Tuberculosis: A Guide for Implementers 1 st Edition	USAID	
	TB, TB prevalence	2011	Tuberculosis prevalence surveys: a handbook	WHO	
	TB, MDR-TB	September, 2011	MDR-TB Planning Toolkit version 1	WHO, USAID	
Government legislation	Sin tax, excise tax on alcohol & tobacco	2012	Sin Tax Law- Republic Act No. 10351: An Act Restructuring the Excise Tax on Alcohol and Tobacco Products, amending Sections 141-145, 8, 131 and 288 of Republic Act No. 8424, otherwise known as the National Internal Revenue Code of 1997, as amended by Republic Act No. 9334 and for Other Purposes		http://www.gov.ph/downloads/2012/12dec/20121219-RA-10351-BSA.pdf

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Non-DOH documents related to KP/UHC, Family Health, Tuberculosis and Knowledge Management

DOCUMENT TYPE	DRAFT KEY WORDS*	YEAR PUBLISHED	TITLE	AUTHOR	LOCATION
Performance review	TB, TB control, TB care	2012	Breaking New Ground- Sustaining TB Control and Ensuring Access to Comprehensive Quality TB Care Project: Accomplishment Report 2010 to 2011	PBSP with support from Global Fund	IDO
Government legislation	Family health, FP	2012	Republic Act No. 10354: Responsible Parenthood and Reproductive Health Law		http://www.gov.ph/downloads/2012/12dec/20121221-RA-10354-BSA.pdf
	HFEP, KP, UHC, QMMC, bed capacity		Republic Act No. 10345- An Act Increasing the Bed Capacity of the Quirino Memorial Medical Center from Three Hundred Fifty (350) to Five Hundred (500) Beds, Amending for the Purpose Republic Act No. 8313, Appropriating Funds Therefor and for Other Purposes		http://www.gov.ph/downloads/2012/12dec/20121204-RA-10345-BSA.pdf
Health & health system data	FP, Family health	May, 2012	Unmet Need for Family Planning Remains High (Results from the 2011 Family Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/unmet-need-family-planning-remains-high-results-2011-family-health-survey
External evaluation	TB, TB evaluation	June, 2012	USAID/Philippines: External Evaluation of the Tuberculosis Portfolio 2006-2011	USAID	http://pdf.usaid.gov/pdf_docs/pdact786.pdf
Health & health system data	FP, Family health	June, 2012	Women in Poor Household are Less Likely to Practice Family Planning (Results from the 2011 Family Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/women-poor-households-are-less-likely-practice-family-planning-results-2011-family-health
Health & health system data	TB, NTRL, LCP, human resource	July, 2012	Assessment of Human Resource Needs of the National TB Reference Laboratory and Lung Center of the Philippines TB Laboratory (Part 1)	USAID, SPS, RITM, NTRL	IDO
	U5M, Family health, MDG	September, 2012	Death among Children Under Five Years of Age Continues to Decline (Results from the 2011 Family Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/death-among-children-under-five-years-age-continues-decline-results-2011-family-health

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External evaluation	FP, Family health, MCH	December, 2012	USAID/Philippines: Performance Evaluation of the Family Planning and Maternal and Child Health Portfolio	USAID	http://www.camris.com/pdf/USAID_Philippines_Performance_Evaluation_of_the_FP_and_MCH_Portfolio.pdf
Government legislation	Appropriation of funds, KP, UHC	December, 2012	Republic Act No. 10352- General Appropriations Act of 2013		
Health & health system data	Family health, FP, MNCH, contraceptive prevalence rate	May, 2013	Contraceptive Use Among Filipino Women (Based from the Results of the 2011 Family Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/contraceptive-use-among-filipino-women-based-results-2011-family-health-survey-0
	Family income, family expenditure	October, 2013	Filipino Families in the Poorest Decile Earn Six Thousand Pesos Monthly, on Average in 2012 (Results from the 2012 Family Income and Expenditure Survey), in NSO Press Release		http://www.census.gov.ph/content/filipino-families-poorest-decile-earn-six-thousand-pesos-monthly-average-2012-results-2012
National health account	Health expenditure, health spending, health account	November, 2013	Philippine National Health Accounts 2005-2011	NSCB	http://www.nscb.gov.ph/stats/pnha/publication/NSCB_PNHA%202005-2011.pdf
Health & health system data	MNCH, facility-based delivery, MDG	March, 2014	Six in Ten Births are Delivered in A Health Facility (Preliminary Results from the 2013 National Demographic and Health Survey), in NSO Press Release	PSA-NSO	http://www.census.gov.ph/content/six-ten-births-are-delivered-health-facility-preliminary-results-2013-national-demographic
	Demographic, MCH, survey	1993, 1998, 2003, 2008	National Demographic and Health Surveys	NSCB	http://www.census.gov.ph/content/national-demographic-and-health-survey
Government policy	Philippine development plan		Philippine Development Plan 2011-2016	NEDA	http://www.neda.gov.ph/?p=1128
Health & health system data	Poverty indicator survey, FP, Family health, family expenditure		Annual Poverty Indicators Surveys (2000-2013)	PSA-NSO	http://www.census.gov.ph/content/results-2011-annual-poverty-indicators-survey-apis

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E. Results of an Online Survey of DOH Intranet Users

Objectives:

1. To determine the profile of DOH Intranet users
2. To determine the most common uses of the Intranet
3. To obtain feedback on the format and content of the Intranet
4. To solicit suggestions on how to improve the Intranet

Methods:

This was an online survey of DOH staff, including senior CHD officers, listed in the DOH Personnel Email Directory for 2013 and an ongoing update for 2014 provided by the KM Division. The directory does not distinguish between active DOH staff from those no longer in service, nor does it provide information on which of the email addresses are still functioning or up-to-date. Some of these email addresses appeared to be a common email address of an office, e.g., DOH coordination office or NCR office.

We developed the questionnaire using Google survey. It consisted of 18 closed questions, most of them using a five-point Likert scale to rate their experiences and feedback, while there were three open-ended questions to allow respondents to identify strengths and weaknesses of the Intranet and to provide suggestions to improve it. The estimated time to complete the questionnaire was 10 to 15 minutes. Responses were anonymized.

The questionnaire was emailed to 922 email addresses (or 912 staff or entities). Excluding messages that bounced, a total of 801 online survey questionnaires were sent to DOH staff listed in the directory (a mix of those in service and those recently separated). The online survey was open from February 11-March 10, 2014.

Results:

General profile. A total of 233 individuals (29.1% of 801 email addresses) responded to the survey. Tables 1A, 1B and 1C show the general work characteristics of the respondents. Ninety-four percent of the respondents were from the Central Office (largely owing to the nature of DOH and the DOH personnel directory), while majority have been working for DOH for 5 years for less. Only 41 percent of the respondents were Execom members or regular technical staff, 23 percent were contractual technical staff and 27 percent were administrative staff.

Table 1A.
Distribution of place of work of the DOH respondents (n=233)

Place of work	Number	Percentage
Central Office	220	94
Center for Health Development	10	4
DOH hospital	2	1
Other	1	0

Table 1B.
Duration of employment of the DOH respondents (n=233)

Duration of employment	Number	Percentage
Less than 1 year	4	2
1 - 5 years	119	51
6 - 10 years	26	11
11 - 20 years	28	12
21 - 30 years	46	20
More than 30 years	10	4

Table 1C.
Primary functions of the respondents within DOH (n=233)

Primary work responsibility	Number	Percentage
Administrative staff	34	15
Consultant	1	0
Contractual administrative staff	27	12
Contractual technical staff	54	23
EXECOM member	8	3
Technical staff	89	38
Other	20	9

General usage profile. Asked how often they used the DOH Intranet, majority of the respondents (64 percent) reported very frequent use at 5 days or more per week, 19 percent at least once a week, 10 percent at least once a month, while others (seven percent) seldom used the Intranet. The most frequent reasons for using the Intranet were:

- Search for a specific policy-related document (e.g., a Department Order) – 24 percent
- Download a DOH form – 19 percent
- Access to the DOH staff directory – 12 percent
- Access to the DOH databases, statistics and/or information systems – 11 percent
- Review the latest Health News or DOH press releases – nine percent

Other less frequent reasons (in order of frequency) were: read about specific DOH events/what's new in the DOH calendar (seven percent); potential job opportunities (seven percent); search for training manuals or tools (six percent); DOH webmail (two percent); and access to the Oxford journals and other references (two percent).

Based on their most recent access and use of the Intranet, the respondents were asked to describe their experience. Table 2 lists the results of their most recent Intranet use. Seventy-two percent found what they were looking for (fully or partially), but it should be noted that 13 percent logged out of the Intranet before their search was complete because of slow access.

Table 2.
Experience with the DOH Intranet, based on the most recent use (n=233)

Experience	Number	%age
I was able to find exactly what I was looking for.	104	45
I was able to find a part of what I was looking for.	63	27
I was able to find something better than what I was looking for.	4	2
I had no specific agenda in mind when I visited the Intranet.	1	<1
I was not able to find out what I was looking for.	13	6
I quit before I completed my search - access was too slow.	31	13
The DOH Intranet site was down.	4	2
Other	13	6

Ratings on various attributes of the Intranet. The respondents were asked to rate the DOH Intranet on the following attributes: quality of content, variety of content, accuracy of information, lay-out and design, ease of navigation and the search engine. Table 3 summarizes their ratings. Although majority of the respondents rated the quality and variety of content as 'good', there was a progressive decline in the 'good' rating in terms of the other attributes, with the search engine having the lowest frequency in terms of 'good' ratings. In the open-ended questions on the weaknesses of the DOH Intranet and the suggestions for improvement, the search engine for policy issuances, ease of navigation and the web lay-out also received many negative comments.

Table 3.
Users' ratings of the DOH Intranet (No., %)

* N/C: No comment

Rating	Quality of content	Variety of content	Accuracy of information	Layout & design	Ease of navigation	Search engine
Excellent	23 (10%)	22 (9%)	22 (9%)	12 (5%)	11 (5%)	9 (4%)
Good	130 (56%)	126 (54%)	115 (49%)	105 (45%)	86 (37%)	71 (30%)
Average	63 (27%)	66 (28%)	71 (30%)	78 (33%)	90 (39%)	92 (39%)
Below ave.	7 (3%)	11 (5%)	17 (7%)	21 (9%)	28 (12%)	35 (15%)
Poor	6 (3%)	5 (2%)	6 (3%)	12 (5%)	15 (6%)	19 (8%)
N/C*	4 (2%)	3 (1%)	2 (1%)	5 (2%)	3 (1%)	7 (3%)

Value added compared to the DOH public website and other resources. Asked whether the respondents visited the DOH public website or other websites less frequently because the information was already available on the Intranet, 39 percent fully or partly agreed and 22 percent partly or fully disagreed; 39 percent remained neutral (meaning they had no distinct preference for either). However, most respondents recognized that there were pieces of information that were only available on the Intranet (67 percent who fully or partly agreed; 10 percent fully or partially disagreed; 22 percent neutral).

On the other hand, on being able to find current and up-to-date information on the Intranet without having to go to other sources, only 40 percent fully or partly agreed with the statement; 21 percent fully or partly disagreed; and 39 percent were neutral on this matter.

Overall experience with the DOH Intranet. The overall satisfaction of the respondents with the DOH Intranet is shown in Table 4. Less than half (47 percent) were satisfied (partly or fully) with their overall Intranet experience, while 33 percent were neither satisfied nor dissatisfied with their experience. Twenty percent were not satisfied (fully or partly) with their experience.

Table 4.
Distribution of responses regarding the overall satisfaction of the respondents with the DOH Intranet (n=233)

Question: Do you agree with the following statement:
“I am satisfied with my overall experience with the DOH Intranet.”

Response	Number	%age
Agree	33	14
Somewhat agree	77	33
Neutral	77	33
Somewhat disagree	30	13
Disagree	16	7

The open-ended questions elicited a lot more observations on weaknesses and suggestions for improvement, presumably coming from the dissatisfaction of the respondents with some contents and features of the Intranet. In terms of weaknesses, the most frequently cited were (in order of frequency):

- Slow server, Intranet downtimes, and poor connectivity
- Difficulty accessing the DOH Intranet (ranging from no to slow accessibility), especially access from remote sites (e.g., home, field work)
- Sluggish/slow search engine for policy issuances and inadequacy of key words for searching. (There were divided opinions on whether the old or new Administrative Issuances Billboard was better in terms of search yields, but it is interesting that the Intranet hosts both billboards.)
- Outdated information on the Intranet (e.g., health statistics, announcements, program briefers, forms) and late posting of new issuances
- Poor layout and design of the Intranet. Corollary to this: cluttered and disorganized information; too much information

The list of strengths identified was considerably shorter. The most frequently cited strength was the availability of DOH policy issuances, albeit the issue of the search engine to retrieve the right issuance. Other strengths cited were:

- Access to official DOH forms
- Informative website
- Usefulness for day-to-day work
- Announcements on events and activities

Consistent with the weaknesses identified, the main suggestions elicited on website content were on the need to upload updated and timely health statistics and information. With regard to policies, respondents emphasized the need to post new issuances promptly and to develop a classification of policy documents in terms of themes, topics or Bureau/program. There was a variety of other suggestions on new contents for the Intranet (list available on request), but only 1-2 respondents raised these.

In terms of the functionality of the website, the most common suggestions were:

- Upgrade the server and to allow better access to the Intranet from remote sites
- Develop a quicker and more sensitive search engine
- Live notifications and RSS feeds

One respondent concluded with the statement: “Just improve the whole system.”

F. Concept Note: Is it time (again) for a Health Policy Wiki?

Background

As noted in the main report, there is no active “community of practice” in DOH that regularly shares knowledge on and discusses health policy issues and developments, particularly in relation to KP/UHC and/or Family Health. In the early years after the development of the KM4Health strategic framework and work plan, a Knowledge Management Team, composed of representatives from various offices and bureaus, was created to implement the KM4Health in a collaborative manner. However, the Team lost steam. There were also attempts in 2008-2009 to start up a Wiki-like space as part of the online system of the Resource Learning Center, but was also not sustained, reportedly because of hacking problems.

Despite these short-lived attempts, the potential of a Wiki to accelerate knowledge sharing and foster a health policy community of practice remains strong. Knowledge products in relation to health policy are growing, and these products come from many offices, bureaus, levels of the health system, and partners including HPDP. A 'push' technology exists for uploading some of these products to the DOH public website and the Intranet, which has the potential of reaching readers and users far and wide. To a certain extent, this allows information to be shared, but it is one-directional and static. In contrast, when Berners-Lee created the World Wide Web, he envisioned:

"... an information space through which people can communicate, but communicate in a special way: communicate by sharing their knowledge in a pool. The idea was not just that it should be a big browsing medium. The idea was that everybody would be putting their ideas in, as well as taking them out."²⁰

The Wiki, in fact, is the very essence of Berners-Lee's vision of "interactivity". Wiki allows interaction among a community of writers and users, allowing them opportunities to contribute content as well as edit and manage the Wiki's available content in a 'quick'²¹ fashion. This kind of 'active' interaction, rather than passive reading and downloading, fosters a sense of community around a topic/task/theme, in this case, a community of practice on health policy.

This concept note explores the Wiki as a potential means of facilitating active and sustained knowledge sharing and learning on health policy among a core of policy thinkers, makers and doers.

Content

Appendix D provides a preliminary inventory of policy-relevant knowledge products that could be a starting point for providing policy briefs on 'hot issues' such as the gaps identified by the recent KP/UHC stocktaking exercise or the RPRH Republic Act in relation to its IRR. There is also a wealth of knowledge products from HPDP that could be translated into policy briefs.

At any rate, the idea is to brainstorm on a list of topics or themes, which could be broken down further into sub-topics or sub-themes – equivalent to 'writing tasks' for health policy briefs or notes. These writing tasks could be prioritized or rank-ordered by the KM for Policy Team in collaboration with HPDP SCBKM (or vice versa). What is perhaps most critical in the choice of topics is the usefulness and relevance of the information being shared – otherwise the registered readers will quickly lose interest and fall out.

True to the nature of Wikis, these policy briefs are 'quick', relatively brief and easy-to-read notes that can be hyperlinked to full reports or other websites (e.g., CHD websites) as needed. From the basic 'seeder' policy brief, the idea is to attract registered readers to contribute or add content from their perspectives and backed up by evidence/ information they too would like to share. For example, they could elaborate or clarify certain RPRH implementation issues or provide their reflections on results from a periodic KP Dashboard or Operations Monitoring Report. Given the dynamic nature of a Wiki, the information can be updated by registered readers as needed so that the Wiki pages become living documents on selected policy issues. Indeed, this is very much aligned with the continuously evolving and fluid nature of events related to health policy and health systems.

Wiki Participation

Wikis can serve many purposes. In general, these can be: intra-organizational (e.g., within DOH staff only), inter-organizational (e.g., DOH, PhilHealth and Popcom), or a means for engaging the public.²² At this

²⁰ As cited in: David I (2007). Web 2.0 Wiki Technology: Enabling Technologies, Community Behaviors, and Successful Business Techniques and Models. Massachusetts Institute of Technology, February 2007. Available at: https://www.researchgate.net/publication/38002603_Web_2.0_Wiki_technology__enabling_technologies_community_behaviors_and_successful_business_techniques_and_models

²¹ 'Wiki Wiki' is a Hawaiian term for 'quick'.

²² Mergel I (2011). Using Wikis in Government: A Guide for Public Managers. IBM Center for the Business of Government. Available at: <http://www.businessofgovernment.org/sites/default/files/Using%20Wikis%20in%20Government.pdf>

early stage of Wiki development, it would be prudent to start small and be simple – i.e., create a Wiki with a core of committed DOH staff who are directly involved in health policy development for KP/UHC and/or Family Health, who have the time and interest to collaborate with HPDP, can write reasonably well and are comfortable with learning the basics of a simple Wiki software platform.

Since the Wiki is a Commons-Based Peer Production (CBPP), this internal community is essentially a volunteer group that is willing to contribute, write and edit. Finding these people in DOH (including CHDs) is no easy task, but there is no doubt that they do exist.²³ This core can be granted contributing/ editing privileges and be registered as such, while the rest of DOH could be users/readers.

The DOH core group of volunteers could be complemented by registered readers/users from HPDP (including its health policy associates) and perhaps a small pool of ‘seed’ writers engaged by HPDP. If contributions are sluggish, HPDP and contracted ‘seed’ writers could draft initial health policy briefs while the DOH core group could be invited to add, contribute and/or edit later on. However, the ‘seeded’ health policy briefs should not be so perfect and self-contained that other registered readers are hesitant to contribute or edit the Wiki contents.

HPDP may wish to consider some external reinforcements for contributions to the Wiki, for example, writing fees for a full initial draft of a health policy brief, earning and accumulating points for a gift voucher, or a time-bound contest for best contributions to a specific topic/theme, or prizes to general contributors with the highest points. These incentives may particularly be useful for the initial period of generating interest in the Wiki.

Although Wikis are generally self-policing communities, it is prudent to designate administrators to review and filter/edit contributions as needed. At least one of the administrators should probably come from the soon-to-be-resurrected Resource Center for Health Systems Development to ensure continuity beyond HPDP life, while the other/s could come from HPDP SCBKM. The administrators would also be in charge of access control (registration of readers, CAPTCHA security measures, IP sniffers), revision/version capture (in case revised files get corrupted and there is a need to revert to previous versions), and installing alert notifications for new contributions/edits.

One variation from the “general log-in” CBPP would be a very “owner-centric” model where only the Wiki owner or administrator enters the information or data to be shared after review by the administrator (or designated peer reviewers). Once the credibility and reliability of the contributor is established over time, s/ he can be granted direct contributing/editing privileges. The owner-centric CBPP, however, can be very time-consuming for the Wiki owner or administrator.

Some Technology Considerations

It should be noted that part of the national standardization process for eHealth includes a plan to enforce a uniform website template for all government agencies that are signatories to the eHealth Strategic Plan (e.g., DOH, DOST, PHIC, the Population Commission, the University of the Philippines Manila). According to the IMS Director, the target for compliance and migration to the new centralized system to be hosted by the server of the Information and Communications Technology Office of the DOST is the end of 2014. This is in response to the bigger effort for national harmonization of information across government agencies as part of the Medium-term Information & Communications Technology Harmonization Initiative (MITHI) of the Philippine government. It is not clear whether the training for this new template can be rolled out to the CHDs within the year, given that CHDs currently design their own websites after some basic training by the IMS.

Given the current upgrading and harmonization efforts, the proposed Wiki would probably be better housed initially on a server separate from DOH. In addition, although the Wiki’s main target audience is DOH and particularly the envisioned community of practice on health policy, participation will include non-DOH

²³ This volunteer group might even include the DOH Health Policy Associates and Interns who are recruited by HPDPB every six months.

individuals who will also need user access to the Wiki. An important consideration is the wariness of DOH against hackers, spam attacks, bots, etc., especially during critical periods where protests against public agencies are heightened. Finally, there are frequent downtimes and static images (in the evenings) in the current DOH website – factors that would discourage prospective Wiki contributors from actively participating.

Thus the advantages of having a separate domain/server would be: faster server; accessibility to readers; simple formatting that is not tied up to the uniform website template to be imposed on all government agencies; independent but linked to the DOH website and Intranet (perhaps through the portal of the Resource Center for Health Systems Development); and unencumbered by USAID rules on communications by cooperating agencies. It is suggested that the Wiki site be co-hosted by HPDPB (perhaps through the online Resource Center for Health Systems Development) and/or HPDP (perhaps through the Upecon Foundation, Inc. if the Resource Center is not yet “live”) – at least, during the life of the HPDP project. There can be further explorations later on regarding who will host the Wiki (for example, as part of the proposed semi-autonomous Health Financing and Systems Research Consortium, or possibly the DOH itself once the eHealth platform is stable).

The costs for putting up the Wiki would be minimized and become more sustainable if Wiki open source software were used from the outset. For a list of top Wiki open source software, refer to: <http://besthostingsearch.net/tutorial/best-wiki-software/>

In addition to ease of use, the software chosen should also be evaluated in terms of its security features.

On the other hand, the costs of setting up the Wiki would be further minimized and start-up would be less complicated if the Health Policy Wiki were to make use of an existing Wiki farm (e.g., Wikispaces, Wikispot or Wikidot). However, there can be restrictions imposed when using Wiki farms. In addition, the Wiki software used would have to be that adopted by the Wiki farm.

Some Factors for Success

A review of online literature on Wiki success factors showed the following important features:

- Engender and foster a sense of “community”
- Feature topics or themes that evoke interest or passion
- Establish credibility by providing evidence, information and hyperlinked references, not just opinions
- Make site accessible and easy to navigate, and use data entry/editing tools that are user-friendly
- Provide “writing tasks” – list of articles that need to be edited, expanded or written
- Make the community interesting by providing work recognition awards and incentives
- Use a robust and reliable server
- Regularly monitor the website by administrators, automatic alert notifications and security checks

Suggestions on Domain Name for the Wiki (if a Wiki farm is not used)

- HealthPolicyDev.org.ph.wiki
- HealthPolicyDevPhilippines.wiki
- HealthPolicy.org.ph.wiki
- HealthPolicyPhilippines.wiki
- HealthPolicyBriefs.org.ph
- HealthPolicyNotes.org.ph

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The Policy Scan on Knowledge Management in the Department of Health aims to review and evaluate the existing knowledge management policies and practices of the Department of Health (DOH). Ultimately, this policy scan aims to assist the DOH in improving its knowledge management processes, activities, and tools, especially in support of the *Kalusugan Pangkalahatan/Universal Health Care (KP/UHC)*.

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