

Overview of National Health Policy for IP

23 October 2017, Ortigas Foundation Library, Pasig City

Ray Justin C. Ventura, RN, PHSAE

Chief Health Program Officer – Equity For Health Department of Health

Presentation Outline







JMC

- Strategic Plan, Accomplishments and Barriers
- IP Health Strategic Plan 2017 to 2022

GIDA

- New Policy
- GIDA information system
- Last Mile Initiative

JMC 2013-01 on IP Health







Dated 10 April 2013



 Joint policy declaration and formalization of partnership between DOH, NCIP and DILG on IP Health

FOR

 All DOH, NCIP and DILG Units, Levels and Attached Agencies, Local Government Units, ICCs/IPs, and all concerned public, private sectors and Civil Society Organizations

SUBJECT

 Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities/Indigenous Peoples

Objectives







To address access, utilization, coverage, and equity issues in the provision of basic health care services for ICCs/IPs

Strat Plan: Vision and Mission





DOH DM 2014-0383 dated 4 Dec 2014 NCIP MO 074 s. 2015 dated 28 Jan 2015 DILG Memo dated 2 February 2015

Vision

- Empowered and self-reliant ICC/IPs
- Fundamental rights to quality health services and attaining optimum health outcomes are respected
- Quality health services provided through excellence in health governance.

Specific Guidelines/ Strategic Components







1. Health Governance

2. Human Resources for Health

3. Infrastructure and Equipment

4. Essential Medicines, Rational Use, Delivery and Its Alternatives

5. Service Standards

6. Financing Sources and Management

7. Management Systems

8. Collaboration and Partnership







IP Strategic Plan for Health Accomplishments

Summary of Greens, Yellows, and Reds

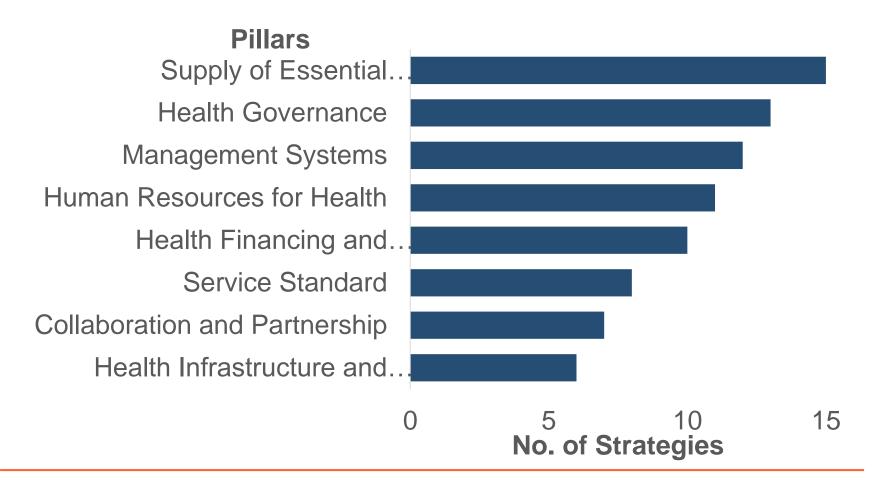
At a glance...







82 Strategies/Activities

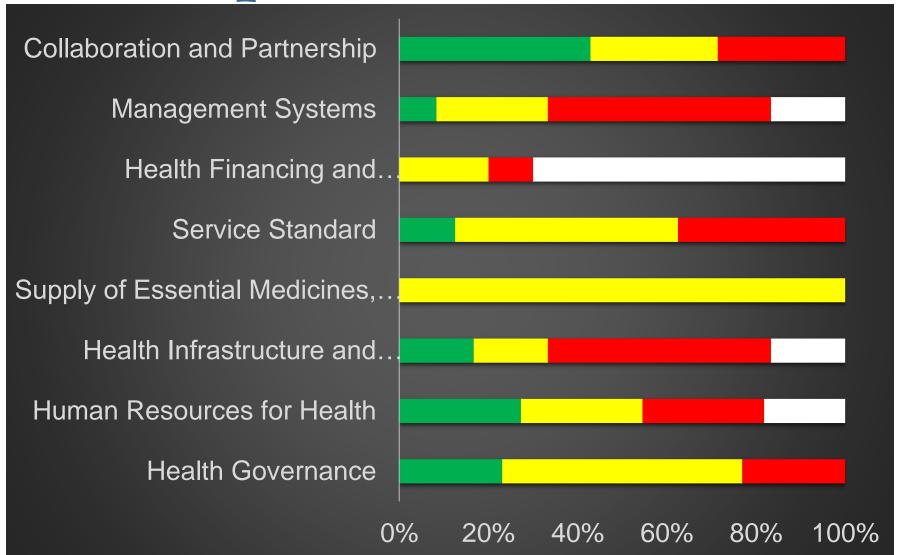


Accomplishment









Barriers to Implementation







- Lack of data disaggregation for IPs
- Listing/mapping/profiling of IP areas
- Feedback: DOH policy may not be IP-friendly
- Ancestral Domain covers several political boundaries
- Inclusion in Local Investment Plans for Health of IP health projects
- Absence of health facilities and health workers in ICC/IP areas
- No fund allocation specific for IP health

Moving Forward







- Formulate a Strategic Plan from 2017 to 2022
 - Learning from the lessons of the past Strategic Plan
 - Involving IP/ICC presentation during the IP Summit
- Focus on 3 Strategic Goals









- Designing the information system
- PSA 2020 IP Data Gathering
- Ethnicity data in national data collection systems
- Capacity-building for Info-system
- Strategy for IP health data disaggregation
- Data utilization for health policy, planning and service delivery

SG 2: Integration into all levels of Health Governance







- Local adaptation of JMC 2013-01
- Harnessing LGU champions for IP health
- Fully functional governance mechanisms at all levels
- LGU appropriating funds and resources for IP health
- ICCs/IPs determining own health agenda
- ADIPHs/integration of IP health agenda in LIPHs
- IP health indicators in LGU scorecard/SGLG

SG 3: True Access







- Culturally sensitive essential health service package
- Recognizing alternative and indigenous medicines and practices
- Culturally sensitive HRH

GIDA Policy







- GIDA AO 185-04
- Geographically Isolated and Disadvantaged Area
- 13 year old policy
- Physical and Socio-economic
- Socio-economic: Presence of vulnerable sector (i.e. IP)
- Focus on 4th to 6th Class municipalities
- Level of identification not mentioned

New GIDA Policy (Draft)







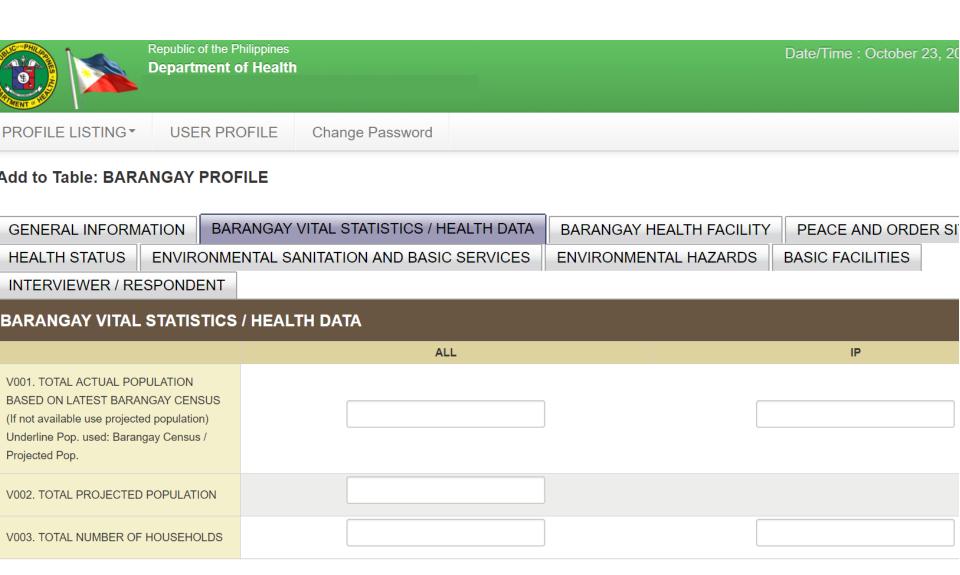
- Physical and Socio-economic
- Barangay Level
- GIDA Scoring
- Evidence based strategies
- Priority GIDA based on scoring
- GIDA information system (IP disaggregated)
- Barangay Level

GIDA Information System









BARANGAY VITAL STATISTICS / HEALTH DATA V001. TOTAL ACTUAL POPULATION BASED ON LATEST BARANGAY CENSUS (If not available use projected population) Underline Pop. used: Barangay Census / Projected Pop. V002, TOTAL PROJECTED POPULATION V003, TOTAL NUMBER OF HOUSEHOLDS V004, TOTAL NUMBER OF FAMILIES V006. TOTAL NUMBER OF LIVEBIRTHS V007. TOTAL NUMBER OF DELIVERIES (including facility and non-facility deliveries) V008, TOTAL NUMBER OF DELIVERIES ATTENDED BY SKILLED BIRTH ATTENDANT. V009. TOTAL NUMBER OF DELIVERIES (BOTH FACILITY AND NON-FACILITY) WITH LOW BIRTH WEIGHT V010, TOTAL NUMBER OF <15 YEARS OLD PREGNANCY V011, TOTAL NUMBER OF 15-19 YEARS OLD PREGNANCY V012. TOTAL NUMBER OF FETAL DEATHS (death in the womb after 22 weeks of pregnancy) V013. TOTAL NUMBER OF NEONATAL DEATHS (death during first 28 days of life)2 V014. TOTAL NUMBER OF INFANT DEATHS (death before first year of age) V015. TOTAL NUMBER OF UNDER 5 DEATHS (death from birth up to less than 5 years of age) V016. TOTAL NUMBER OF MATERNAL DEATHS (within 42 days after delivery/termination of pregnancy) V017. TOTAL NUMBER OF DEATHS (BASED ON PLACE OF RESIDENCE) V018. TOTAL NUMBER OF FULLY IMMUNIZED CHILD UNDER AGE 1 (one dose of BCG, three doses each of OPV, DPT, and Hepatitis B, and one dose of measles)

Last Mile Initiative (Draft)







- Adopt a Community Strategy
- Medium or long-term engagement with foreign-based or local organizations
- Provision of comprehensive health services
- Last mile population (GIDA, IP, IDP, Urban Poor)
- Making sure services reach the unserved population in a sustainable way.

Where we want to be in 2022







