Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 22, 2006

ADMINISTRATIVE ORDER
No. 2006-0003

SUBJECT: Strategic Framework and Operational Guidelines for the Implementation of Health Programs for Persons With Disabilities (PWDs)

I. RATIONALE

Republic Act No. 7277, "An Act Providing for the Rehabilitation, Self-Development, and Self-Reliance of Disabled Persons and Their Integration into the Mainstream of Society and for Other Purposes." and otherwise known as "The Magna Carta for Disabled Persons," was passed in July 19, 1991. This specifically required the Department of Health (DOH) to, (1) institute a national health program for PWDs, (2) establish medical rehabilitation centers in provincial hospitals, and (3) adopt an integrated and comprehensive approach to the health development of PWD which shall make essential health services available to them at affordable cost.

Rule IV, Section 4, Paragraph B of the implementing rules and regulations (IRR) of this Act required the Department of Health to address the health concerns of seven (7) different categories of disability, which includes the following: (1) Psychosocial and behavioral disabilities, (2) Chronic illnesses with disabilities, (3) Learning (cognitive or intellectual) disabilities, (4) Mental disabilities, (5) Visual / seeing disabilities, (6) Orthopedic/moving, and; (7) Communication deficits.

In compliance thereof, the DOH piloted in 1995 a community based rehabilitation program in 112 (7.5%) out of 1, 492 towns nationwide. Between 1992 and 2004 it had upgraded DOH hospital facilities to include rehabilitation and allied medical services for PWDs. Today there are about 21 DOH hospitals that have a rehabilitation program/units/centers representing 22% of all DOH hospitals. It had registered 508,270 PWDs in 2004 or about 12% of the target PWD population. (Source: DOH Report 2004). The turn out was influenced by the presence, absence or inadequacy of health services for PWDs at the local or regional level and in DOH health facilities..A Social Weather Station (SWS) survey commissioned by DOH last 2004 revealed that around 7% of the households under the study have at least one family member who is disabled. (Source: SWS Survey 2004) . With the frontline services of the Department of Health devolved to the local government units, the final implementation of this Act now rests with the Local Government Units (LGUs). This Order prescribes the guidelines in the formulation, implementation, and evaluation of health programs for PWDs.

II. DECLARATION OF POLICIES

The Program shall be guided by the following basic policies defined by the Magna Carta for Disabled Persons:

1. The delivery of health services to disabled persons shall be the responsibility and concern of both the government and the private sector and the members of the community at large.

2. Health services for PWDs should be an integral part of all basic health services.

3. Health services should be accessible, appropriate, acceptable, affordable and timely.

4. Services shall incorporate mechanisms for the promotion and protection of the human rights of PWDs and their care-givers as a prerequisite for health care delivery.

The health programs for PWDs should be aligned with the thrusts of the National Objectives for Health, and the Medium Term Development Goals of the Department of Health:

1. More, better and sustained health financing packages for PWDs. All basic and advanced medical, paramedical, allied medical, public health, health administration and health—related services available within the country shall focus on critical interventions to be implemented as a single package to remove handicapping situations surrounding the PWD. It shall develop financing packages appropriate to the economic status of the PWD. Rates of discount shall be given to deserving PWDs according to the criteria set by the Department of Health in accordance with Administrative Order No. 51, s. 2001, entitled, “Implementing Guidelines on the Classification of Patients and on Availment of Medical Social Services in Government Hosptials," which was mandated by RA 747, s. 1954, “An Act to Regulate Fees to be charged Against Patients in Government and Charity Clinics Classifying patients according to their financial condition."

2. Assure the quality and affordability of the services. These services should be appropriate sector—wide and adopt holistic, flexible and relevant ethical practices of the highest caliber without compromising specialized health or health-related care services.

3. Ensure that the services are accessible and available. It shall ensure availability of providers, equipment and procedures for critical and essential health and health—related services in all localities but specially in distant or marginalized areas or situations.

4. Improve performance. All PWDS shall receive, without prejudice to their condition, the appropriate out-patient, in—patient and public health services available in any health institution within the country.

5. Enhance public-private, public-public, and private-private initiatives. The services should generate public, private and multiple stakeholder acceptance and support. They shall act

synergistically with each other at all levels and sectors of the Philippine society to contribute to the total health of the PWDs that is superior to the output of each stakeholder acting individually, sharing resources, knowledge, opportunities, referrals and contacts through an “open communication system of policy and program development, implementation and review within this system.

6. Adopt the primary health care and community based rehabilitation approaches in the local setting.

7. The Department of Health shall serve as the focal organization for this program and will coordinate and integrate the activities, plans and programs of the various stakeholders into an effective and efficient system.

III. OBJECTIVES

This Order defines and establishes the strategic and operational framework for the development, implementation and monitoring of an effective, and efficient promotive, preventive, curative, rehabilitative and palliative health services from conception, birth, growth, maturity and in the terminal phase in the life of PWDs.

IV. SCOPE AND SPHERE OF APPLICATION

This Order shall apply to all stakeholders in the health sector which includes specialty societies, non—govemment organizations, pe0ple’s organizations, business, the academe; local government units, government agencies and others who are delivering primary, secondary, tertiary and / or terminal medical, paramedical, and allied medical care or referral of the PWD at the national, regional and at the local government or private level.

V. DEFINITION OF TERMS

1. Chronic illness — any disease that lasts for six months or more, which may cause one or more forms of disability, e.g. stroke, diabetes, cancer, etc.

2. Communication disability fl hearing & speech impairments leading to disabilities.

3. Community based rehabilitation 7 a strategy to address the social, physical and mental determinants of health of PWDs.

4. Disabled child — child with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments or specific learning disabilities who by reason thereof need special education and related services that might last 12 months or more or may be a cause of death

5. Disabled person - one suffering from restriction of different abilities as a result of a mental, physical or sensory impairment, in performing an activity in the manner within the range considered normal for a human being (regardless of age).

6. Disability shall mean (1) a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such an individual, (2) a record of such an impairment; or (3) being regarded as having such an impairment.

7. Disability types — the 7 types of disabilities mentioned in RA 7277 such as psychosocial disability, disability due to chronic illness, learning disability, mental disability, visual disability, orthopedic disability, communication disability.

8. Health — the presence of complete physical, social, and mental well-being and not merely the absence of disease or infirmity.

9. Hearing disability — moderate or worse hearing impairment in the better ear; that is, the permanent unaided hearing threshold level of the better ear of 41 or 31 decibels or grater in age over 14 or under 15 years old.

10. Hearing impairment - the complete or partial loss of the ability to hear from one or both ears; this is mild or worse hearing impairment, 26 decibels or greater hearing threshold, averaged at frequencies 0.5, 1.0, 2.0, and 4.0 kiloHertz.

11. Impairment — any loss, diminution or aberration of psychological, or physiological function with or without an accompanying anatomical structural defect.

12. Learning disability — any disorder in one or more of the basic psychological processes (perception, comprehension, thinking, etc.) involved in understanding or in using spoken or written language

13. Mental disability — disability resulting from organic brain syndrome (ie. Mental retardation, acquired lesions of the central nervous system, or dementia) and or mental illness (psychotic or non-psychotic disorder).

14. Multiple disability — a PWD with one or more ofthe 7 types of disabilities.

15. Orthopedic disability 7 disability in the normal functioning of the joints, muscles or limbs.

16. Person with disability (PWD) — any person with an impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such an individual based upon the functional assessment of a trained health personnel.

17. Psychosocial disability 7 any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary for effective interpersonal transactions and other

civilizing process or activities for daily living.

18. Registration of PWDs — the process of collecting, storing, analyzing, reporting and using health information as in the Philippine Registry for PWDs.

19. The Philippine Registry for Persons with Disabilities (PRPWD) — a recording and reporting system prescribed by RA 7277 for the different types of disabilities.

20. Special populations of PWDs i shall refer to PWDs who are physically or socially marginalized, or who are at greater health risk than most PWDs due to certain social or physical factors such as indigent PWDs, PWDs from cultural communities, PWDs who are victims of disasters, PWDs with comorbid health conditions, children with disabilities, women with disabilities, care—givers of PWDs, and elderly disabled.

21. Special areas — socially or physically marginalized or unreachable areas like urban slums, etc.

22. Visual disability — person whose better eye cannot see 3/60 or cannot count fingers at 3 meters.

VI. STRATEGIC FRAMEWORK

A. Vision, Mission, Goal

Vision. Improve the total well—being of Persons With Disabilities.

Mission. The Department of Health, as the focal organization, shall ensure the development, implementation and monitoring of relevant and efficient health programs and systems for PWDs that are available, accessible, affordable, and acceptable.

Strategic Goal
1. Reduce the prevalence of all types of disabilities
2. Promote, and protect the human rights and dignity of PWDS and their caregivers.

B. Strategic Objectives

1. Develop an integrated national health and human rights program and local models to serve the special health needs of PWDs.

2. Pursue the implementation and monitoring of laws and policies for PWD such as the accessibility law, human rights and other related laws.

3. Ensure that the health facilities and services are equitable, available, accessible, acceptable and affordable to PWD through the development and implementation of essential health package that is suitable to their Special needs and enrollment of into the National Health Insurance Program.

4. Initiate and strengthen collaboration and partnership among stakeholders to improve the facilities devoted to the management and rehabilitation of PWD and upgrade the capabilities of health professional and frontline workers to cater to their special needs.

5. Continue and fast—track the registration of PWD in order to generate data for accurate planning and implementation of programs. The Philippine Registry for Persons With Disability will be continued, monitored and evaluated and developed into an information system that will be incorporated into currently used health service information system.

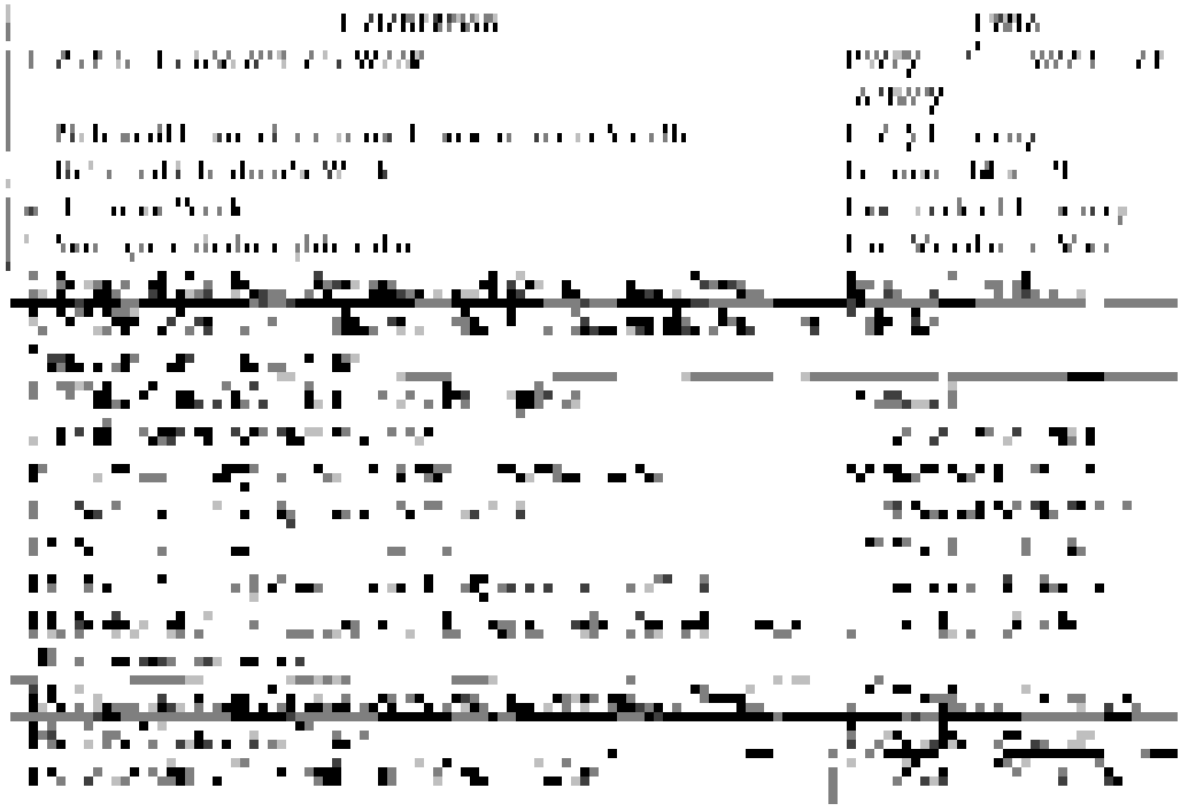
C. Program Components

A health program shall be developed for each tyme of disability and special population which must contain all of the following essential components:

A. Health promotion

This component shall include patient and caregiver information and education, public information and education and intersectoral collaboration on disability health promotion on the nature and extent of impairments particularly its risk factors, complications and the need/ urgency of early diagnosis and management.

This component shall ensure the advocacy for the following promulgated observances on the following specified time each year as per issuances from the Office of the President:



Future related observances promulgated by the Office of the President shall also become part of this component.

B. Capability Building

This component shall focus on ensuring the capability of national, regional and local health personnel in delivering the appropriate institutional, community or out—reach health care services especially to special areas and special populations. This component shall provide training for regional and local levels; will ensure the availability of and access to training programs by program implementers. It shall include strengthening treatment / management capabilities of existing personnel and operating capabilities of facilities rendering services to PWDs, taking into utmost consideration basic quality assurance and standardization of procedures and techniques appropriate to each facility/locality.

C. The Philippine Registry for Persons with Disabilities (PRPWD)

This component shall make certain that a recording and reporting system for the different types of disabilities shall be established and institutionalized at national, regional and local levels. An information system shall be developed for this purpose. The registry shall record and report the current epidemiologic data, health services, health status, needs and circumstances of PWDs in the country. This is to provide an effective basis for a national health program. All stakeholders of the different types of disabilities or special population shall cooperate and coordinate with the DOH in

the reporting of PWD.

D. Networking, Inter—organizational linkages, and Resource Mobilization

This component shall make certain that networking and inter—organizational linkages are available at the local, regional and national levels. This shall include public-private and public-public partnerships aimed at building useful coalitions and networks for the delivery of appropriate health care services at affordable cost especially to the special populations of PWDs. This component shall also focus on ensuring that the highest appropriate quality services are made available and accessible to the people.

E. Monitoring and Evaluation

This component shall compare the accomplishment of implementing units, facilities, organizations or localities with the targets set forth by the health programs for each of the different types of disabilities. Targets and accomplishments shall be jointly agreed upon in proper consultation with the focal point and appropriate implementing units, facilities, organizations or localities taking into consideration the provisions of the local government code as well as the organic act of Muslim Mindanao, and any similar issuances/laws that will be passed in the future.

A review process shall also be a component of each program and be conducted as needed. Results of program evaluation shall be used in formulating policies, program objectives and action plans. The following parameters shall be used in formulating the M & E component:

1. Financial resources allocated
2. Human resources assigned
3. Information and knowledge resources
4. Program or project activities, their outputs, outcomes, and impacts

Appropriate actions and sanctions shall be identified by stakeholders of each group and special populations during the design and implementation of the M & E component. These should be jointly agreed upon at the national, regional and local levels.

F. Accreditation, and equitable health financing packages.

This component shall be aimed at any legal entity, organizations, localities, or facilities that are implementing medical rehabilitation programs. A system of identifying and classifying these entities, organizations, localities or facilities shall be developed. Parameters for describing their capabilities, infrastructure, and other information prescribed by the DOH shall be identified. A fair and due process of accreditation with the Department of Health shall be developed in consultation with the various stakeholders and in accordance with existing laws and regulations. Accredited organizations shall be entitled to utilize the benefits of health financing packages developed for this purpose.

Accredited legal entities, organizations, localities or facilities shall be allowed rational compensation by the Philippine Health Insurance Corporation (PHIC) for those expenses considered reimbursable by the PHIC based on the equitable health financing packages jointly developed for the PWD by each group and special populations in consultation with the Department of Health and PHIC.

G. Research and Development

This component shall promote the conduct of researches for purposes of developing local competence in health care and for other purposes that may be necessary.

An annual research agenda for psychosocial, chronic illnesses, learning, visual, orthopedic, speech and hearing impairments or disabilities shall be agreed upon by the various inter—disciplinary teams for each disability typology or specialpopulation. The research agenda shall also include researches about community based rehabilitation, medical assistive devices, clinical assessment of functioning, health and disability, human rights, marketing and investment research and other relevant themes. The agenda will be forwarded to the Health Policy Development Bureau for approval. The various teams shall also incorporate in their program plans creativity enhancement strategies to increase the innovative potential of each team.

The program shall endorse the support of researches / studies in the clinical, epidemiological, public health and knowledge management (trends) areas. It also aims to acquire information that is utilized for continuing public health information and education, policy formulation, planning and implementation.

H. Service Delivery

Service delivery for the specific disabilities at every phase of the disease process, including primary, secondary, and tertiary stages, shall be covered by the principle of best practices while protecting and promoting the human rights of PWDs, their caregivers, and other stakeholders. In collaboration with the government and private sectors and stakeholders, this component shall include systems and procedures for the integration and provision of services at the community level. Each program shall periodically issue clinical practice guidelines that will be developed in consultation with various stakeholders.

This means primary prevention (ie,: health education, or advocacy and other related interventions); secondary prevention (ie: screening, early detection, basic management, counseling, behavioral modification, referral and/or definitive care); and tertiary prevention (ie: management of complications, continuing care and follow up including rehabilitation) and terminal or palliative care. The following areas will be the priority areas for services to be developed for implementing facilities, localities, or organizations:

1. Community based and institution-based rehabilitation program
2. Clinical assessment of functioning, health and disability

3. Medical assistive devices

Timely and early interventions shall be provided to PWDs such as, but not necessarily limited to the following:

1. Healthy lifestyle and control of other non—communicable diseases
2. Control of communicable and infectious diseases
3. Nutrition
4. Immunization
5. Family health
6. Environmental health and occupational safety
7. Dental health
8. Psychosocial and mental health

Separate activities for the following special populations shall be handled by the appropriate stakeholders aside from the regular 7 types of disabilities:

1. Children with Disabilities
2. Disabled women
3. Mothers with disabled children
4. Elderly disabled.
5. PWDs in Special areas

A Referral System shall form part of the services delivered by this component. This is to ensure that all patients receive quality health care at appropriate levels of health care delivery system. All rural health units should be linked to a referral center specific and appropriate to the type of disability or special population.

A sample matrix for a Health Program for each stage of human development from womb to tomb for each type of disability or special population is shown below:

Program components	Levels of Care				
	Primary	Secondary	Tertiary	Rehabilitative	Palliative
Health Promotion					
Capability building					
PRPWD					
Networking,Inter-organizational,resource mobilization					
Monitoring & Evaluation					
Accreditation & health financing					
Research & Development					
Services					

VII. Implementing Mechanisms

A. National Structure (Annex 1)

1. Under the Policy and Standards Develoment Team for Service Delivery Office, a Health and Disability Committee shall be established in accordance with Administrative Order No. 2005—1862. . Specifically, it shall be lodged at the Degenerative Diseases Office, National Center for Disease Control and Prevention (NCDPC).

a. Composition:

Chair — Director
NCDPC, Department of Health

Secretariat Degenerative Diseases Office,
National Center for Disease Prevention and Control

Members:
Family Health Office, NCDPC
National Center for Health Promotion
National Center for Health Facilities Development
Bureau of Health Facilities and Services
National Epidemiology Center
Information Management Service
Bureau of Local Health Development
Chairpersons from program development and management committees for disability types or special populations.
National Anti—Poverty Commission - PWD sector
Commission on Human Rights

b. Functions:

1. Acquire and integrate the various programs, projects and activities from the various program development and management committees for each type of disabilities and special populations.

2. Recommend to the Secretary of Health a master plan for disability and health aligned with the various government agencies and their thrusts.

3. Facilitate and coordinate the establishment of medical rehabilitation centers in the various provinces, localities and other organizations within the health system.

4. Assure the development of programs specific for the different disability types and special populations with the participation of the various stakeholders.

2. The Program Development and Management Committee (PDMC).
Stakeholders from each of the 7 disability groups and 5 special populations shall be organized into a PDMC for that particular group or population.

a. Composition:

Chairperson
Vice—chairperson
Members

Membership to the PDMC shall be initially identified by the Degenerative Diseases Office or other NCDPC offices concerned in consultation with the various medical, allied medical, paramedic-a1 or public health stakeholders for the first three years of implementation, after which the PDMC will be evaluated and allowed to choose their members or those nominated by their respective organizations. The details about the PDMC for each disability group or special population including their membership and other matters shall be spelled out in a Department Personnel Order issued regularly for this purpose.

b. Functions:

1. Develop a health program for their particular concern in consultation with CHDs and affected or concerned stakeholders in accordance with the guidelines prescribed by this Order.

2. Recommend the health program to the HDS.

3. Develop and disseminate clinical or public health practices, standard operating procedures and guidelines

4. Implement the program

5. Monitor implementation of the program

B. Regional Structure (Annex 2)

l. The health program for PWDs shall be the responsibility of the CHD Director. The Director or his or her designate shall represent the CHD in regional affairs for PWDs.

2. PWD Health Program Point Person. A person shall be identified in each region or DOH hospital. The person shall be responsible for planning, implementing, and monitoring the plans and programs of the various groups and special populations. The point person shall be assisted by a PWD for health program assistant. The point person shall be responsible to the Director.

3. In the region a PWD for health program assistant shall be designated in accordance with the provisions of Title 2, Chapter 1, Section 5 of the Magna Carta of Disabled persons which states

that, “ Five percent (5%) of all casual, emergency and contractual positions of the Department of Health among others shall be reserved for disabled persons." The National Anti—Poverty Commission PWD Sector Commissioner shall search and identify a qualified regional PWD assistant and recommend the person to the CHD Director or hospital chief who shall retain the prerogative to accept said regional PWD assistant and apply the usual procedure observed in the Department. The PWD assistant shall report to the CHD Health Program Point Person.

4. Multi-disciplinary team. Various medical, allied medical, or paramedical specialty societies and other stakeholders concerned with any type disability or population of PWD and who have duly registered national organizations who are members of the PDMCs shall also be organized into a regional multi-disciplinary team.

a. Organization:

Chairperson - CHD Director
Secretariat PWD health program point person
Members Medical, allied medical or paramedical specialty groups
Others deemed necessary by CHD

b.Funcfions

l. Prepares and recommends regional activities to implement the national health program to the PWD point person
2. Implements the regional program
3. Monitor and evaluate the regional program

C. Roles and Responsibilities

1. Department of Health — Central Office shall develop systems, policies and guidelines that will facilitate the implementation of this Program including the monitoring and evaluation of program strategies. Develop the capacity of CHD personnel in assisting the LGUs in implementing the National Health Program for PWD at the local level. As such, the following offices shall have the following responsibilities:

a. The National Center for Disease Prevention and Control (NCDPC) shall (a) develop the plans for the implementation of the National Health Program for PWDs; (b) monitoring and evaluate program operation; (0) lead in the formulation of the health intervention and rehabilitation programs and strategies that will reduce the burden and consequences of risk factors and disabilities and promote health among PWDs; and ((1) ensure the participation of other DOH offices in program activities where needed.

b. The National Center for Health Promotion shall assist the NCDPC in the formulation of standards and development of information, education and communication (IEC) and advocacy strategies for the prevention of disabilities program to ensure the promotion of a healthy and less

stressful lifestyle for the Filipinos, as well as to help in ensuring that the public has knowledge of services being offered as part of the program.

c. The National Epidemiology Center and the Information Management Service shall assist NCDPC in the development and institutionalization of a national reporting and surveillance system as well as the development of methodologies for the generation, collection and distribution of information and knowledge on the Philippine Registry for PWDs.

d. The Health Policy Development and Planning Bureau shall (a) assist in the proper and effective implementation, monitoring and evaluation of the National Health Program for PWDs; (b) ensure its formulation into a national program plan of action; (c) assist in developing a health financing scheme/protocol for health care services together with the Philippine Health Insurance Corporation; and (c) the inclusion of the disability prevention in the priorities for the health research agenda.

e. The Health Human Resource Development Bureau shall assist in (a) the development of standards in the curriculum and the training of all types of health professionals, practitioners, and care providers who are responsive, sensitive, which should be consistent with the national and local human development goals and culture; (b) the adequate and equitable distribution of health manpower through provision and protection of plantilla positions in the health care delivery system at the national and regional levels; and (c) the provision of a good incentive and benefit program to attract health caregivers in the unserved and underserved areas.

f. The Bureau of International Health Cooperation shall ensure that the program has strong linkages with international health institutions, agencies, units that will continually ensure the inclusion, participation, cooperation and collaboration of the Philippines in the global scene for the prevention of disabilities.

g. The National Center for Health Facilities and Services shall work towards the development of medical rehabilitation units in local government hospitals or health centers as part of a Philippine Hospital System that is responsive to the health needs of PWDs. It shall facilitate the implementation of capability building of government hospitals for delivering services to PWDs. It shall ensure the development and implementation of policies and standards for the establishment or upgrading of health facilities to provide a comprehensive and holistic quality services to PWD and assure an equitable distribution, effective management and efficient operation of said facilities. They shall serve as referral centers and shall be responsible for certifying PWDs who require such services. They shall ensure the development of medical rehabilitation programs within their facilities. DOH hospitals and medical centers shall ensure the availability of quality rehabilitation care services to its clients through the establishment of appropriate capabilities and competencies in their respective units. It shall be responsible for certifying disabilities in accordance with Administrative Order 16-A s, 1999.

h. Bureau of Health Facilities and Services shall ensure the development of guidelines for the accreditation of legal entities, organizations, facilities or localities that conduct community, institutional or out-reach medical rehabilitation programs in consultation with various stakeholders.

It shall also develop the capability of regional CHDs to accredit said rehabilitation services.

i. The Bureau of Local Health Development shall assist in the integration of quality health care for PWDs into local health system development.

j. The Centers for Health Development shall lead the region or zone in. implementing the health programs developed for each disability type or special population. It shall:

- Convene and coordinate a multi-disciplinary team of regional health or medical stakeholders for the various types of disabilities or special populations as the case may be.
- Collate the implementation plans for the various health programs for the different disability types or special populations developed in consultation with the the multi—disciplinary teams
- Provide technical assistance
- Designate Health Program for PWD Point Person
- Advocate the health programs for PWDs
- Develop the capability of local government units
- Facilitate the implementation of the national health programs for PWDs ground working and situational analysis in finalizing the commitment of the stakeholders (DOH, LGU, PHIC, private sector, NGOs, etc.)
- Assist the LGUs in coordinating the actual implementation of the chosen program strategies and activities.

k. The Philippine Health Insurance Corporation shalljointly with the DOH develop and implement guidelines for a health financing package for accredited facilities rendering rehabilitation services to qualified PWDs.

2. Local Government Units- should organize themselves into inter-local Health zones that will manage the implementation of the Program strategies and activities. LGUs shall pass the necessary local legislation (ordinances, resolutions) to implement program strategies. Provide counterpart funds for implementing their investment plan.

3. Non—government organizations and other organizations GOs, NGOs and academe shall be involved in addressing general concerns prevention of the PWDs and promotion of health programs, activities and projects.

4. Professional Organizations for PWD health care, specifically but not limited to the various medical specialties and the different paramedical and / or allied medical organizations, shall ensure the availability of competent, efficient and culturally and gender sensitive health professionals in all provinces in the Philippines.

5. Civil Societies — shall (1) assist the Local Government Units in achieving their health objectives, (2) shall identify the health needs of the people and bring to the attention of the inter—local health zones, and (3) enhance accountability and transparency of inter-local health zonal management.

6. Donor Agencies - shall provide funding assistance according to the investment plan developed for the health programs.

VIII. Funding

The Department of Health, the Centers for Health Development, and DOH Hospitals shall allocate funds for the provision oftechnical assistance, conduct of regular monitoring and advocacy campaigns or activities in partnership with other stakeholders in the health system. These Offices shall assure that line items in the total General Appropriations Act for the Department of Health shall be for PWD Health Program development, implementation, and monitoring & evaluation

The local government units, NGOs and stakeholders shall also provide counterpart funds to ensure the implementation of the various programs subject to availability of funds and the usual auditing and accounting rules and regulations.

IX. Repealing Clause - all DOH issuances not consistent with the provisions of this Order are hereby repealed or modified accordingly.

X. Effectivity - This Order shall take effect immediately.

FRANCISCO T. DUQUE III, MD, MSC.
Secretary of Health

Annex 1. Organization of the Health & Disability Subcommittee

Annex 2. Regional DOH hospital structure