



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 21, 1993

ADMINISTRATIVE ORDER
No. 7A, s. 1993

SUBJECT : Implementing Guidelines and Procedures on the Transfer of Health Functions in the Autonomous Region in Muslim Mindanao (ARMM)

Pursuant to the pertinent provisions of RA 6734 relative to health in the Autonomous Region in Muslim Mindanao (ARMM) as implemented by Executive Order No. 39 issued on October 31, 1991, the following implementing guidelines on the transfer of health functions in the ARMM are hereby promulgated.

I. General Policy Guidelines

To ensure the effective and immediate operationalization of the ARMM Department of Health (ARMM—DOH), covering the provinces of Tawi—tawi, Sulu, Maguindanao, and Lanao del Sur, the following provisions of RA 6734 shall serve as the policy guidelines:

1. Powers devolved to the Autonomous Region shall be exercised through the Regional Assembly, the Regional Governor and the Special Courts provided (Art. IV, Section 2).
2. The Autonomous Region is a corporate entity with jurisdiction in all matters devolved to it including, among others, social development (including health) and the powers, functions and responsibilities now being exercised by the National Department of Health (Art. V, Section 2).
3. The Regional Government shall provide, maintain and ensure the delivery of basic health services (Art. III, Section 2) and promote social justice, including the provision of health services and adoption of measures to enhance health conditions (Art. XVI, Section 2}.

II. Mandate

Consistent with these policy guidelines, the Regional Government shall assume the primary mandate for the functions in the field of health. In order to operationalize the transition period and the assumption of the devolved health functions by the Regional government, the following mandate shall be observed:

1. Mandate of the Regional Government for Health in the ARMM

The Regional Governor, through the ARMM~DOH, shall assume the mandate of the National DOH as far as the area and population within the boundaries of the ARMM are concerned and shall be

vested with the following powers and functions:

1.1 Formulation, planning, implementation and coordination of health policies and programs;

1.2 Promotion, protection, preservation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services;

1.3 Enforcement of health rules and regulations; and,

1.4 Linkage with non-government organizations (NGOs) and other private organizations and entities in relation to health care delivery

2. Mandate of the Regional Legislative Assembly

The Regional Legislative Assembly shall assume the power to legislate on health matters in the ARMM particularly the structure, functions, budget and programs of the ARMM—DOH as well as health policies and priorities consistent with national laws and national health standards.

3. Duties and Responsibilities of the ARMM Secretary of Health

The ARMM Secretary of Health shall have the following duties and responsibilities:

3.1 Ensure the provision, maintenance and delivery of basic health education and services to all his constituents, particularly the marginalized, deprived, disadvantaged, underprivileged and disabled;

3.2 Initiate or support measures to expand health services, encourage the rational use of drugs, promote utilization of indigenous health resources, improve maternal and child health, and uplift the health status of indigenous population; and

3.3 Perform such other duties mandated by national and regional legislations, executive orders, and other rules and regulations promulgated in accordance with R.A 6734

III. Implementing Guidelines

To properly establish and develop the {administrative and Technical capabilities of the ARMM~DOH, its operation shall be implemented in two phases, namely, the Full Transfer Phase and the implementation Phase.

A. Full Transfer Phase

1. The Full Transfer Phase shall have a transition program which shall last until such time that the President shall have signed an Executive Order implementing full transfer of power and functions to ARMM. The implementation of this program shall attain the following objectives:

1.1 to establish the core staff that shall serve as the precursor of the ARMM-DOH and orient this

core staff on the policies, processes and procedures of the National DOH regarding regional health operations;

1.2 to arrange for the provision of essential technical, administrative, legal and financial assistance and support required by the ARMM—DOH;

1.3 to transfer the functions and powers of the National Secretary of Health, including control and supervision over all devolved National DOH personnel, units, facilities, programs, assets and liabilities, to the ARMM Secretary of Health; and

1.4 to devolve the powers and functions of the National Government relative to health to the ARMM Regional Government upon the signing by the President of an Executive Order to this effect.

2. Specific Procedures

2.1 Management of Records and Reports

a. All records of ARMM provinces still remaining in the National DOH and Regional Health Offices IX and XII shall be turned over to the ARMM DOH not later than March 1993.

b. The National DOH shall have access to pertinent ARMM-DOH records and reports necessary for monitoring and evaluation of health status and formulation of health standards and policies at the national level.

2.2 Appointment of Personnel

Effective June 1, 1993, the appointment papers of health personnel within the authority of the ARMM Secretary of Health shall be approved by him, subject to Civil Service rules and regulations, national laws, and legislations passed by the Regional Legislative Assembly.

All previous appointments prepared and signed by the ARMM Secretary of Health prior to June 1, 1993 shall be confirmed by the Regional Directors of RHO IX and RHO XII subject to Civil Service rules
And regulations.

2.3 Administrative Cases

a. Administrative cases that have been filed with and investigated by the National DOH shall remain with and decided by the National DOH until completion.

b. Administrative cases filed with but have not been investigated by the National DOH as of January 1, 1993 shall be turned over to the ARMM—DOH for proper disposition.

2.4 Inventory of Assets and Liabilities

a. The National DOH, through Regional Health Offices IX and XII, shall complete and transfer the inventory of assets and liabilities pertaining to the devolved provinces not later than March 1993.

2.5 Non-infrastructure Projects

a. The National DOH, through Regional Health Offices IX and XII, shall prepare a report on the status of all non-infrastructure projects in various stages of implementation to be submitted to the ARMM-DOH not later than March 1993.

b. All on-going non—infrastructure projects started by the National DOH shall be continued and completed. All subsequent fund releases for new non-infrastructure project starting January 1, 1993 shall be administered by the ARMM DOH,

2.6 Supplies, Materials and Equipment

a. The existing system of distribution of supplies, materials and equipment of national vertical programs and foreign-assisted projects_in the ARMM provinces shall continue. In this regard, the National DOH shall deliver such supplies, materials, and equipment directly to the ARMM—DOH whenever appropriate and feasible.

2.7 Bulk Procurement

a. The ARMM DOH shall decide on the most advantageous and convenient manner of undertaking regional bulk procurement based on standards developed by the National DOH.

2.8 Vaccines

a. Regional Health Offices IX and XII shall continue receiving and distributing vaccine supplies for ARMM, provinces until such time that the ARMM-DOH shall have established sufficient cold chain capabilities.

b. ARMM provinces shall request vaccine requirements to National DOH through Regional Health Offices IX and XII, with copy furnished to ARMM-DOH. Accordingly, existing system of distribution and consumption shall be followed.

2.9 Licensing of Hospital

a. The National DOH, through Regional Health Offices IX and XII, shall assist the ARMM-DOH in the issuance of licenses for hospitals until such time that a complete staff for ARMM~DOH shall have been established.

b. Issuances of licenses for Regional Hospitals, Medical Centers, and Training Hospitals shall remain with the National DOH.

c. Issuances of original licenses for primary, secondary, and tertiary Provincial Hospitals shall be approved by the National DOH.

d. Renewal of licenses for primary, secondary, and tertiary Provincial Hospitals to be issued in ARMM provinces shall be submitted to the ARMM Secretary of Health for his approval.

2.10 Training

a. All trainings to be conducted in the ARMM provinces shall continue to be managed by the National DOH through Regional Health Offices IX and XII until such time the ARMM-DOH can conduct its own training programs.

b. As a general principle, the schedule and participation of ARMM personnel shall be cleared by the ARMM Secretary of Health With the respective Directors Of Regional Health Offices IX and XII.

Annual schedule of training courses shall be provided to the ARMM-DOH by RHO IX and XII.

c. All necessary expenses incurred by trainees shall be shouldered by the sending agency subject to the usual accounting and auditing procedures.

2.11 Monitoring of Health Programs

a. The National DOH, through Regional Health Offices it IX and XII, shall assist the ARMM—DOH in the i9 monitoring and evaluation of health programs until ; such time that the ARMM—DOH shall have the necessary manpower to undertake this activity. Reports from Such activity shall be furnished the ARMM Secretary of Health.

b. The National DOH shall have access to health facilities, units, and institution as well as necessary records for purposes of monitoring and evaluation of health programs and projects.

c. The ARMM-DOH shall extend the necessary logistics and manpower assistance to personnel of the National DOH doing monitoring and evaluation activities in the ARMM.

2.12 Release of Funds

a. Regular appropriations for health in the four ARMM provinces, as reflected in the General Appropriations Act, shall be released direct to the respective ARMM provinces with proper identification to ensure proper accountability of funds subject to pertinent provisions of R.A. 6734 and subsequent Regional legislative enactments. Representation shall be made for this purpose by officials concerned of the National DOH and the ARMM—DOH with the Secretary of the Department of Budget and Management. Copies of such releases and representations shall be furnished to the Regional Governor.

b. To provide funds for the operationalization of the ARMM Regional Health Office Proper, the National DOH Regional Health Offices IX and XII shall share their appropriations by proportionately allocating the funds intended for the ARMM Regional Health Office Proper,

including the proportionate/specific shares from all the lump sum funds released direct to these National Regional Health Offices subject to the usual budget, accounting and auditing rules and regulations and the Memorandum of Agreement among these offices based on criteria set by the National DOH.

c. Funding support of health programs appropriated from the Foreign Assisted Projects being undertaken by the four ARMM provinces shall be transferred by the National DOH—Central Office to the ARMM~DOH as Trust Fund subject to the criteria set by the National Government for such projects.

B. Implementation Phase

1. In the implementation phase, the National DOH shall arrange for the full assumption of the ARMM-DOH of its full mandate as provided for in RA 6734. The powers, functions and structures of the ARMM-DOH shall be defined by the Regional Legislative Assembly.

1.1 The ARMM—DOH shall function as a line department under the Regional, Governor to be headed by a Regional Secretary of Health vested with the following functions subject to Sec. 3, Art. III of R.A. 6734:

- a. advise the Regional Governor and the Regional Assembly on health matters;
- b. establish policies and standards for the effective, efficient, and economical operations of the ARMM—DOH
- c. promulgate and enforce health regulations necessary to carry out national and regional health objectives, policies, plans, programs, and projects;
- d. exercise supervision and control over all functions and activities of the ARMM-DOH and its subdivisions;
- e. provide and implement basic health programs and services especially to the underserved and needy;
- f. provide technical support and necessary resources in the delivery of health services; and
- g. perform such other functions as may be provided by and in accordance with the national health plan and standards set by the DOH.

1.2 The ARMM—DOH shall be composed of the Regional Department of Health, all Provincial Health Offices including Provincial Hospitals, all District Health Offices including District Hospitals, Municipal

Hospitals, Rural Health Units/Health Centers, sanitaria, and all other local health agencies within the four component provinces of the ARMM.«

1.3 All personnel of the National DOH-working in the aforementioned facilities/units shall be transferred to the ARMM-DOH. Such transfer shall not entail any change of appointment status, nor involve any reduction in salaries and benefits, nor require any change in job description and employee qualification. The National DOH is mandated to transfer employees in the ARMM not otherwise placed in other units and the ARMM~DOH is likewise mandated to receive and employ them.

1.4 The budget of the National DOH corresponding to those offices/hospitals whose personnel, assets, equipment, properties and programs/projects were transferred to the ARMM-DOH shall be transferred to and accounted for by the ARMM-DOH subject to existing budget, accounting and auditing rules and regulations and the provisions of Sec. 6, Art. XIX of R.A. 6734 and Sec. 2.12 of this Administrative Order.

2. The following specific health functions shall be transferred to the ARMM with qualifications and limitations due to the complex nature and intricacies in the delivery system of some health services:

2.1 Assistance, coordination or collaboration with local communities, agencies and interested groups including international organizations in activities related to health, subject to the established rules on Official Development Assistance (ODA) by the Oversight Committee and approved by the President;

2.2 Administration of all laws, rules and regulations in the field of health, including quarantine laws and food and drug safety laws, provided that the National DOH retains control over all matters concerning quarantine and food and drug regulation;

2.3 Collection, analysis and dissemination of Health statistics and other relevant information on the health situation, and the requirement in the reporting of such information from appropriate sources, provided that the health data base shall conform with the National DOH information requirements as approved by the National Statistical Coordination Board for the purpose of maintaining national data base;

2.4 Conduct of health and medical research and training in support of its priorities, programs and activities, provided that the research shall be subject to the standards set by; the National DOH according to International Research Standards; and

2.5 Enforcement of rules and standards in the issuance of licenses and permits to government and private hospitals shall be the responsibility of the ARMM—DOH consistent with national policies and within the framework of the organic law.

a. The following functions shall be governed by specific Memorandum of Agreement (MOA) to be negotiated by the National DOH and the ARMM—DOH:

3.1 The services of Regional Hospitals, namely, the Cotabato Regional Hospital and the Zamboanga General Hospital in providing training services to personnel and referral services to patients coming from the ARMM;

3.2 The provision of laboratory and testing services not available in the health units and facilities of the ARMM;

3.3 The provision of specialized technical skills not yet available in the health units of the ARMM;

3.4 Foreign-funded projects contracted by the National DOH for implementation within the ARMM;

3.5 Components of national projects being implemented in the four provinces of ARMM which will be turned over to the ARMM—DOH; and

3.6 Availment of training and technical assistance provided by the National DOH or by international agencies which are coursed through the National DOH.

4. All regular locally funded projects of the National DOH being implemented by the Provincial, District, and Municipal Health Offices within the ARMM shall be transferred to the ARMM-DOH subject to the provisions of the Local Government Code of 1991.

5. The implementation of foreign-funded or assisted projects shall continue to be the responsibility of the National DOH.

6. As soon as the transfer of personnel, assets and properties to the Regional Government is effected, the corresponding budgetary outlays for the four provinces of the ARMM shall be released to the Regional Government and shall be subject to general budgetary policies of the Regional Government.

This Order shall take effect upon approval.

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