



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 11, 2001

ADMINISTRATIVE ORDER
No. 58 s. 2001

SUBJECT: National Policy on Health Promotion

I. Background and Rationale

Health promotion is a process of enabling people to take action-to improve health. The traditional view of promoting health through the one-on-one communication between a doctor and a patient has already been found to be inadequate. A socio-ecological approach to health promotion is now seen to be more appropriate. This takes into consideration the complex environment affecting a person's well-being, to include lifestyles, behavior patterns, as well as, present and emerging technologies.

In the Philippines, the health situation still shows a high prevalence of infectious diseases like tuberculosis, measles, dengue, and malaria. There is also an increasing trends in degenerative and lifestyle diseases like cardiovascular diseases, diabetes, substance abuse, accident and violence, as well as mental disorders like depression, schizophrenia and anxiety; and the emergence of new diseases like AIDS.

Moreover, there are other factors that may influence health like globalization, which impact on food supply; transnational influences, which affect emerging infections, pollution and tobacco control, conflict, efficiency in governance, and lastly but more importantly the devolution of health services to the Local Government Units (LGUs). This health situation is compounded by these determinants of health. Determinants are factors that hinder or facilitate improvement in health status of an individual or population groups such as: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, equity, social security, social relations, empowerment of women, respect for human rights, and poverty. These determinants thus require a secure foundation as basic pre-requisites for health.

Health Promotion is needed in order to:

- Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions

and to accept their responsibilities for health.

- Create supportive environments

The links between people and their environment constitutes the basis for a socio-ecological approach to health. Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

- Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities — their ownership and control of their own endeavors and destinies.

- Develop personal skills

Health promotion supports personal and social development by information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

- Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

II. Coverage and Scope

The National Health Promotion Policy shall apply to all health facilities and agencies in the health sector throughout the Philippines. This policy will better serve its priority target clients namely: women, children, older persons, adolescents, indigenous people and the poor and marginalized Filipinos; the legislators; other government agencies; non-governmental organizations; people's organizations; and the academe. Likewise, it will serve the LGUs which are mandated by law as implementers of health programs and projects. Health promotion policies, therefore, put health in the agenda of implementers in the health sector at all levels making them aware of the consequences of their decisions and to accept their responsibilities to health.

III. Framework for Health Promotion

A. Vision for Health Promotion

By the year 2010, Filipinos are managing their own health.

B. Mission

To promote processes that will enable people to take action to improve health.

C. Goals

- Ensure implementation of major health promotion strategies such as: changing living conditions, changing lifestyles and reorienting health services.
- Provide leadership in the advocacy for the adoption of the 5 areas of health promotion by the health and health-related sector.
- Deliver appropriate and timely health information messages to as many target audiences.
- Produce appropriate creative materials based on acceptable standards set by the National Center for Health Promotion (NCHP).
- Organize patient/visitor education in all public hospitals.
- Establish networks with LGUs and partner agencies.
- Advocate for Local Chief Executives (LCEs) to provide funds for their health promotion facilities and activities.
- Build capacities of health workers at all levels of health care delivery on health promotion.

D. Major Strategies

Health promotion shall have the following major strategies: changing living conditions, changing lifestyles and reorienting health services.

IV. Policy Statements

A. General Policies

- Approaches to health promotion shall be comprehensive and shall include the following:
 - > building a healthy public policy
 - > creating supportive environments
 - > strengthening community action
 - > developing personal skills

> reorienting health services

- Healthy settings shall be promoted throughout the country pursuant to AD. 341 s. 1997 dated June 11, 1997. These include healthy cities, islands, municipalities, local communities like barangays — their markets, schools, workplace, hospitals, RHUs and health care facilities.
- People participation shall be encouraged because people have to be at the center of health promotion action and decision-making processes for it to be effective and sustainable.
- Health promotion practitioners shall foster participation and facilitate the peoples access to health education and information.
- All health facilities and agencies in the health sector shall undertake health promotion activities.
- Health promotion programs and materials shall be developed based on communication research. These shall be systematically and scientifically reviewed and tested for effectiveness and impact prior to mass production and dissemination.
- Every effort shall be taken to create and professionalize the career path of health educators, information officers, public relations officers and communication experts in health in order to maintain high standards for public information interventions for disease prevention and control as well as health promotion.

B. Sponsorships for health advocacy, campaigns and media placement

- Pharmaceuticals and drug companies engaged in the business or function of manufacturing and/or marketing a product within the scope of the Milk Code shall not be allowed to sponsor meetings, conferences, production of IEC materials and media placement using their products or company to endorse DOH ads on TV, radio and print.
- Commercial and industrial companies not covered by the Milk Code shall be allowed to sponsor health advocacy, campaigns and TV, radio and print ad placements but only the company name and not the product will be mentioned at the end of the tagline, e.g. "This message is brought to you by (name of company)."
- Fortified food products granted by DOH with Sangkap Pinoy Seal shall carry DOH seal to promote the products as approved by BFAD.
- Tobacco Industries shall not be allowed to sponsor DOH activities.

C. Development and Production of IEC Materials

- The development, pre-testing, production and distribution of all creative materials shall be based on the acceptable standards set by the NCHP.

- TV/radio commercials shall be an in-house production.
- The 26 health programs shall be integrated to 10-12 packages to avoid message clatters on the air and to increase retention of learned key messages on health.
- All IEC materials developed and produced by other 6303, N603 or business/commercial agencies which carry the DOH program or logo shall follow the specific provisions of A.O. 5 s. 1999 dated February 2, 1999.

D. Financial Support for Health Promotion

- The budget for health promotion shall be ensured to adequately support the development, production and placement of IEC materials, including TV and radio placement and print ads to allow a wide media coverage,
- The local governments shall be encouraged to mobilize/provide funds for health promotion (IEO and advocacy) for healthy settings, healthy lifestyles, Sentrong Sigla, Social Health Insurance and local health campaigns for prevention of diseases in their localities and for massive household teachings through the midwives.

E. Disasters / Calamities

Information and press releases regarding disasters and calamities shall be disseminated immediately to the different channels of communication by the Media Relations Unit. In the same manner, Information Officers (IOs) at the CHDs shall consolidate all information about the calamities for dissemination to be approved by the CHD Director.

V. Implementing Mechanisms

A. Department of Health

The Department of Health shall take the leadership in promoting health. It shall formulate policies in support of health promotion and advocacy through its offices.

1. National Center for Health Promotion (NCHP)

The National Center for Health Promotion shall be the lead office in health promotion and advocacy and shall perform the following functions:

- Formulate policies, standards, and guidelines pertaining to health promotion
- Provide technical assistance to Central Office cluster/bureaus, CHDs, and retained hospitals on health promotion
- Take the leadership in the planning and implementation of national campaigns as determined by

DOH management

- Develop, produce and provide prototype IEC materials to CO, CHDs, retained hospitals and other partners
- Establish networks with partners especially those involved in peace, shelter, livelihood, education, food, income, eco-system, social relations, equity, poverty, social justice, empowerment of women and human rights
- Provide capacity building opportunities on health promotion for health workers at the CO, CHDs, retained hospitals and LGUs, and Establish monitoring and evaluation networks and services.
- Clear all IEC materials developed and produced by other (303, NGOs or business/commercial agencies which carry the DOH program or logo to ensure technical correctness of the IEC materials pursuant to the specific provisions of A.O. 5 s. 1999 dated February 2, 1999.

2. Other Bureaus/Clusters/Centers

The other Bureaus/Clusters/Centers of the DOH shall perform the functions:

- Provide technical inputs for health campaigns, IEC materials, forum, and symposia.
- Assist the NCHP in the conduct of health promotion and advocacy activities.

3. Centers for Health Development (CHD)

The CHDs shall be responsible for the following:

- Translate HP National policies and framework for regional and local applications
- Provide technical assistance on health promotion to DOH Reps, Program Managers, Food and Drug inspectors, and provincial/city HEPOs/ IOs/ Designates
- Provide technical assistance in the development of the HP component of the Public Health Unit of Medical Center/Regional and devolved hospitals
- Provide technical assistance to LGUs in the development of communication plans and creative materials for their health campaigns
- Provide leadership in the implementation of Healthy Settings, Healthy Lifestyles and Patient Education at the regional and local levels
- Develop communication plans based on the thrusts of the DOH—NCHP and health/environmental situation of the regions
- Adapt and/or reproduce IEC prototype materials for regional and local health campaigns
- Establish network with media, 603, NGOs, LGUs and other partners
- Work closely with the HSRA clusters on Health Promotion
- Monitor implementation of HP program/projects in the region.

4. Retained Hospitals

All retained hospitals shall be responsible for the following:

- Organize PE in the outpatient and inpatient departments

- Organize the Public Health Units' HP component of the hospital
- Coordinate with the CHD's HEPOHIO for the development of EC materials of the hospital
- Provide regular orientations/briefings to watchers regarding patient care and hospital rules and regulations and other health tips
- Provide technical assistance to hospital staff on HP
- Promote the hospital as a healthy workplace and as a center of wellness
- Monitor and evaluate HP activities of the hospital.

3. Local Government Units (LGUs)

All LGU health facilities including the devolved hospitals, rural health units shall perform the following functions:

- Translate policies, regional guidelines for LGU applications
- Provide technical assistance on Health Promotion to the local health units
- Develop and implement a communication plan for the province/city or interlocal health zones and small islands based on local health problems
- Develop and produce local IEC materials and/or reproduce materials from the CHDs
- Establish network with media, other GOs, NGOs, Professional Organizations, POs, Local Government Units and other partners.
- Initiate HP activities with the PHO/leHOs in the development of healthy settings and healthy lifestyles, and advocacy for maternal and child care and the prevention of infectious diseases
- Work with the Provincial/City Health Staff in the advocacy for HSRA
- Monitor implementation of HP activities in the LGUs.

C. National Committee for Health Promotion

A National Committee for Health Promotion shall be organized by the NCHP, through the leadership of the Secretary of Health. This Committee shall be responsible for legislative agenda on healthy public policy. It shall be organized on January 2002 and shall meet regularly. This shall be replicated at the CHD level and henceforth meet regularly for health promotion advocacy.

D. NGOs and Other Partners

The private sector including the non-government organizations, people's organization and the academe; and other government agencies, shall be partners in the promotion of health. These partners shall be encouraged to help in all aspects of health promotion especially in its advocacy efforts, production and distribution of IEC materials and in building healthy public policy because promotion of health is a collaborative effort and not the sole responsibility of the health sector.

VI. Repealing Clause

Any existing provision or issuance found inconsistent with this Order shall be repealed.

VII. Effectivity

This Order shall take effect immediately.

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