



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

April 24, 2000

ADMINISTRATIVE ORDER  
No. 43 s. 2000

**SUBJECT: REPRODUCTIVE HEALTH POLICY**

**SUBJECT:**

**I- Background/ Rationale**

The 1994 International Conference on Population and Development (ICPD) emphasizes the link between population and sustainable development and recommends a comprehensive approach in formulating and implementing reproductive health policies and programs. Moreover, the 1995 International Conference on Women in Beijing, highlighted that empowering women is the key to a healthy and productive lives and called for the promotion of a reproductive health approach.

The Philippines as signatory to the Programme of Action of the ICPD subscribes to a consensus which include the broadening of population policies and programs beyond family planning and a much closer collaboration among development agencies as the primary mechanism to attain the reproductive health approach objectives. In line with this, the DOH has created the Philippine RH Program thru the Administrative Order # 1 — As 1998 dated January 15, 1998.

To strengthen the program, there is a need to refocus the implementation of RH thru the following approaches:

1. Integrating services, emphasizing quality and expanding coverage through partnership with local government units, non-governmental organizations and the private sectors within the framework of the Health Sector Reform Agenda.
2. Reproductive Health Theme will create an environment for participation of stakeholders in the health—sector to provide clients with high quality care by considering their perspective in the selection and delivery of services.

It will address the reproductive health needs not only of women and children but also the underserved groups such as men and adolescents. Special attention will be given to marginalized groups especially the poor.

Integration of RH services in all health facilities as part of a basic package of health services and ensuring a referral system between primary to tertiary, public and private facilities, will result in greater efficiency and effectiveness by requiring fewer provider—client contacts, sharing of facilities, and minimizing duplication.

Signed TEBCHJU

Reproductive Health Theme will also strive toward national self-reliance in providing services, medicines and supplies to support reproductive health services in the Philippines. Reforms in health financing for reproductive health will be a priority.

2. Improving the general health of all Filipinos, promoting personal responsibility and empowering communities to exercise reproductive health rights within the framework of the National Objectives for Health.

Reproductive Health will be consistent with national programs to improve the health of Filipinos in general by promoting personal responsibility, disseminating information and emphasizing freedom of choice in accessing to programs, services and information.

It recognizes that the goals of reproductive health cannot be achieved independent of national goals and objectives for health in general. Hence, reproductive health will be seen as a fundamental part of basic health services and the exercise of reproductive rights will be promoted to empower individuals and communities to actively participate in achieving reproductive health goals and objectives.

## II- Reproductive Health Framework

The ICPD defines Reproductive Health (RH), as a “state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Furthermore, Reproductive Health Care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving RH problems. The services includes Maternal and Child Health and Nutrition, Family Planning, Prevention and Treatment of Reproductive Tract Infections (RTI), Breast and Reproductive, Tract Cancers and other Gynecological Conditions, Prevention and Treatment of Abortion Complications, Men’s and Adolescent Health, Violence Against Women and Children, Prevention and Treatment of Infertility and Sexual Dysfunction, Education and Counseling on Sexuality and Sexual Health.

andA. GUIDING PRINCIPLES:

1. Pursue RH objectives within the framework of the National Objectives for Health;
2. Design and implement RH care services that is family centered emphasizing the role of women and men in reproduction;
3. Adopt the Life Course Approach (LCA) and underscore the importance of reproductive health

and rights at all stages of life regardless of gender, socio—economic background, political or religious affinity;

4. Ensure gender sensitivity as a cross-cutting intervention for all programs, projects and services;
5. Determine priorities in implementing various elements of reproductive health and if necessary to use an incremental strategy for RH care provision based on risk analysis;
6. Forge cooperation and collaborative efforts with other agencies, Local Governments and Non-Government Organizations
7. Ensure evidence—based processes in the prioritization of newly identified RH elements

#### B. VISION:

RH as a way of life for every woman and man.

#### C. MISSION:

The DOH is committed to:

- Undertake reforms to develop national self-sufficiency in achieving the goals;
- Create an environment for health providers to achieve the national goals and objectives;
- Mobilize resources and expertise to build capacity as well as to monitor and evaluate the progress of Reproductive Health

#### D. GOAL:

Universal access to quality RH care.

#### E. GENERAL OBJECTIVE.

By the year 2004, relevant RH services are available in all DOH retained hospitals, LGU health facilities.

#### F. SPECIFIC OBJECTIVES:

By the year 2004, the DOH will be able to :

1. Create awareness and demand for RH services.
2. Provide an integrated quality RH package at all Retained Hospitals and LGU health service facilities through capacity—building as well as through improved performance in standards and regulations.
3. Strengthen partnership with partners in the provision of reproductive health care services.
4. Integration of RH in the academic curriculum for medical and other allied medical professions.
5. Develop an integrated system of reporting and recording
6. Integrate reproductive health services in health financing and social insurance

#### G. TARGETS:

Each elements of RH shall set targets and define indicators.

#### H. ELEMENTS

The following are the priority health care services identified as the Elements of RH care package:

1. Family Planning (FF)
2. Maternal and Child Health and Nutrition (MCHN)
3. Prevention and Management of Abortion and its Complication (PMAC)
4. Prevention and Management of Reproductive Tract Infections
5. Education and Counseling on Sexuality and Sexual Health
6. Breast and Reproductive Tract Cancers and other Gynecological Conditions
7. Men's Reproductive Health
8. Adolescent and Youth Health
9. Violence Against Women and Children
- 10 Prevention and Management of Infertility and Sexual Dysfunction

### III- Implementing Mechanism

#### A. National Level

A National Reproductive Health Theme will be organized under the Center for Family Health which is under the Cluster on Disease Prevention and Control. A pool of technical experts and resource persons will be identified from all regions, hospitals and other facilities. A special multi—sectoral initiative called the “Contraceptive Independence Initiative" will be the priority of the National Theme.

#### National RH Program Management Committee

The Center for Family Health will convene a National RH Management Committee (NRHMC) and each element will have a TWG to be chaired by the head of Center for Family Health. The NRHMC will have the following composition:

Chair: Head, Center for Disease Prevention and Control

Co—Chair: Head, Center for Family Health

Members: Program Manager- Women's Health and Development Program

Program Manager, Children's Health and Development Program

Program Manager, Health and Development of Older Person

Program Manager, Infectious Disease

Program Manager, Degenerative Disease

4 Zonal Coordinators (to be designated from each of the regional zones)

2 Representatives from NGO's / Private Sector

2 Representatives from POPCOM, DSWD, NEDA, DECS

Academe

Representative from Center for Health Promotion

Secretariat: Women's Health and Development Program

Advisers: Undersecretary, Office for Health Operations  
Undersecretary, Office for External Affairs

The NRHMC will have the following functions:

- \* Provide policy direction
- \* Reviews and formulates standards and guidelines
- \* Assists in resource generation and mobilization
- \* Networking and Social Mobilization
- \* Advocacy to policy makers, legislators, for institutionalization of RH
- \* Assess and evaluate RH implementation and projects at the regional level
- \* Research and System Development
- \* Technical Advisor to Center for Health and Development (e.g. proposal development, clarifying issues).
- \* Ensure for Health Financing and Social Insurance packages in reproductive health
- \* Coordinate donors and funding agencies supporting different projects

Other support services include: Human Health Resource Development Institute, Bureau of Local Health Development, National Epidemiology Center, Health Policy and Planning Institute, Bureau of Health Facilities and Services, Center for Health Promotion, Philippine Health Insurance Corporation (PHIC) and projects which may be called to provide assistance to the NRHMC as the need arises.

#### B. Regional Health System

The Center for Health and Development (CHD) are directed to organize a Regional RH Management Committee to oversee the implementation of RH at the LGU levels. The Committee will be chaired by the CHD, Director who will also be responsible for designating the Vice—Chair and identifying the members to be guided by the composition at the national level.

The functions of the Regional RH Management Committee:

- \* Screen proposals for RH activities from NGOs and LGUs.
- \* Source and mobilize funds to support RH activities.
- \* Dissemination of RH policies, standards and guidelines
- \* Recommends regional thrusts and directions
- \* Advocacy to Local Chief Executives for:
  - Resource (Budgetary) Allocation, logistics, manpower facilities.
  - Local legislation
- \* Networking and Social Mobilization
- \* Monitoring and Evaluation of LGU program / project implementation
- \* Technical Assistance to Provincial Task Force (e.g. Local planning and proposal development, clarifying issues)
- \* Research and Development
- \* MIS and referral system
- \* Capability Building
- \* Sustainability initiatives (Resource generation and mobilization e.g. Local Health Financing)

\* Health Promotion and advocacy to include IEC activities

#### C. Networking

The Center for Family Health is tasked to spearhead the Operationalization of RH program and establish necessary linkages with other DOH services, Other Government Organizations, Non—Government Organizations, Academe, Professional Groups, Media and other Private institutions including local and foreign donor agencies.

#### D. Quality Assurance Program

To ensure a high level of standard for service delivery and implementation, the Reproductive Health Theme will be the central component of the DOH Quality Assurance Program: “The Sentrong Sigla Movement”. All standards and concepts to assure quality health services set by the Sentrong Sigla shall be applied to all aspects of RH implementation.

The NRHMC shall therefore coordinate closely with the Sentrong Sigla Steering Committee and its 4 pillars to ensure that quality standards are developed and updated to conform with program structure and directions.