



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 24, 2008

ADMINISTRATIVE ORDER
No. 2008-0012

SUBJECT: Department of Health (DOH) Partnership with Department of Labor and Employment (DOLE) for Strengthening Support for Workplace Health Programs

I. BACKGROUND/RATIONALE

The Millennium Development Goals are eight goals envisioned to be achieved by the year 2015, responding to the world's main development challenges. These were drawn from the action and targets embodied in the "Millennium Declaration" adopted by the 189 nations and signed by 147 heads of state during the UN Millennium Summit in September 2000. These MDGs, significant of which are Goal 4 (reduction by two thirds the under five mortality rate among children) and Goal 5 (reduction by three quarters the maternal, mortality ratio by 2015) form the blueprint agreed to by all the world's countries and heads of states.

Recognizing the importance of these undertakings and the opportunity to address them through workplace programs, the DOH and DOLE are concerting efforts through this AO.

II. GOALS and OBJECTIVES

A. Goal

Improve the quality of life of the population by increasing access to affordable accessible, and quality family health services in the industrial and commercial sectors.

B. Objectives:

1. Adopt and implement the memorandum of understanding to provide an enabling environment for private sector investment in health

1.1. Harmonize the initiatives of the partners in support of the workplace Family Health programs

1.1.1. Identify and execute opportunities for collaboration with companies, donors, foundations, business sector partners,

local government units and other
community institutions

1.1.2. Optimize resources to support Family
Health programs

1.1.3. Establish and sustain linkages across
multiple government sectors to
encourage and support the
implementations of Family Health
programs

1.1.4. Establish referral system and network
between public and private health care
providers within the catchment area

1.2. Strengthen the expertise and capability of partners to provide training and technical assistance
at the workplace level

1.3. Ensure that clinic facilities are compliant with the Standards of
DOH and Philhealth

III. COVERAGE

This Administrative Order shall apply to all DOH offices within the DOH system including its
attached agencies. Also within the scope of this Order are offices and entities such as
non-government organizations and private providers
that commit to participate in the national family planning/MNCH programs.

IV. RELEVANT POLICIES

This framework is guided by the following policies:

1. Public and Private Partnership for Health as embodied in A0 No. 2006-0008: Guidelines on
Public Private Collaboration in the Delivery of Health Services
including Family Planning for Women of Reproductive Age.

It is the national policy to establish and sustain a supportive public and professional opinion climate
conducive regulatory regime fair health financing system and responsive operating and business
environment in the health sector that promote efficient, effective & equitable collaboration between
public and private sectors delivering services necessary for population wide coverage of essential
health services to women of reproductive age at levels sufficient to reduce risks of maternal deaths.

2. Provision of Reproductive Health Commodities and Services as Shared Responsibility AO 158 S

2004: Guidelines in the Management of Donated Commodities under the CSR strategy which provides for guidelines regarding the orderly, fair and beneficial disposition of declining quantities of donated contraceptives in a manner that maximizes the opportunities for domestic stakeholders of the national family planning programs to take appropriate pro-active steps to protect and assure continued access to contraceptives of all Filipinos especially the poor who need these vital health commodities.

This principle ensure that LGUS as well as employers have shared responsibility in providing reproductive health commodities and Services to women of reproductive age through better access and informed choice

3. Promotion and Implementation of RA 7600: The Rooming In and Breast Feeding Act of 1992

An act that mandates the provision of incentives to all government and private health institutions with rooming in and breastfeeding practices and for other purposes. It provides that the state adopts rooming in as a national policy to encourage protect, and support the practice of breastfeeding. It shall create an environment where the basic physical emotional and psychological needs of mothers and infants are fulfilled thru the practice of rooming in and breastfeeding.

Workplaces must ensure support to breastfeeding employees through provision of dedicated space for expressing breastmilk and its appropriate storage as defined by the DOH. It also provides the DOH with the assistance of other government agencies, professional & non-governmental organizations to conduct continuing information, education, re—education and training program for physicians, nurses, midwives, nutritional dietitians, community health workers, traditional birth attendants and other health personnel on current and updated lactation management.

V.GENERAL SPECIFIC GUIDELINES

A. Roles and Responsibilities

1. DOH through the National Center for Disease Prevention and Control (NCDPC) and the Centers for Health Development (CHDs) will undertake collaborative activities with DOLE thru its Family Welfare Program (FWP) at the national and regional levels to strengthen support for workplace programs,

2. DOH/CHDS will ensure information sharing With DOLE to address issues, barriers, and constraints. The DOH CHD coordinators for Reproductive Health (RH) or Family Planning/Maternal & Newborn Care Health (PP/MNCH) program have access to consistent and complete information about the collaborative partnership of DOLE/DOH. In particular they need to know on how to provide assistance to firms to set up and monitor workplace FP/MNCH programs.

3. DOH/CHDS Will identify focal persons who will be tasked to oversee the planning, implementation monitoring and evaluation and collaboration with DOLE FWP services.

4. DOH will build the capability of DOH/CHDS reproductive health and MCH coordinators together with the DOLE personnel of the Bureau of Women and Young Workers its regional and provincial implementers of the Family Welfare Program to provide technical assistance to firms to set up family health programs.

5. DOH, in consultation with DOLE, will develop monitoring and evaluation tools to assess success of the program.

6. DOH through the CHDs and DOLE thru its Family Welfare Program will provide feedback that will enhance its existing policies and formulate new policies that will strengthen support for the workplace health programs.

7. DOH thru the NCDPC shall ensure that personnel from the regional offices are engaged in the training of service providers in the firms in helping firms ensure that facilities are appropriate for service providers and to monitoring and evaluations of the quality of service provisions.

B. IMPLEMENTING MECHANISMS

1. Management

At the national level, the overall management of the collaborative partnership shall be the responsibility of a management committee of DOH/DOLE. The chair of the committee shall be the Undersecretary for Health Service Delivery Team of the DOH, while the Co-Chair will be designated by the Secretary of DOLE. The Directors or their alternates of the following DOH offices shall make up one half of the management committee team, with the other half to be assigned by DOLE.

- a. National Center for Disease Prevention and Control
- b. Philippine Health Insurance Corporation
- c. Health Human Resource Development Bureau
- d. Bureau of Local Health Development

The Family Health Office - NCDPC staff shall act as the Secretariat and convenor of the committee.

Focal persons from concerned offices shall be designated for the programs as follows:

- a. NCDPC
- b. CI-IDs
- c. Philippine Health Insurance Corporation. (PHIC)

2. Supervision, monitoring and evaluation

2.1 Periodic monitoring and evaluation of the progress of implementation and replication shall be institutionalized.

2.2. National as well as regional monitoring shall be strengthened and sustained to ensure the quality of service provision.

VI. REPEALING CLAUSE

Any issuance found inconsistent with this order shall be repealed/rescinded.

II. EFFECTIVITY

This order shall take effect immediately.

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Secretary of Health