



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 9, 2014

ADMINISTRATIVE ORDER
No. 2014 - 0025

SUBJECT: Guidelines on the Deployment of Human Resources for Health (HRH)

I. RATIONALE

Executive Order 102 s. 1999, "Redirecting the Functions of the DOH", mandates the Department of Health (DOH) to serve as the lead agency in ensuring equity, access, and quality of health care services. While the local government units (LGUs) have the primary mandate to finance and regulate the local health systems including the provision of Human Resources for Health (HRH) by virtue of sec. 16 and 17 of the Republic Act 7160, known as the "Local Government Code", the DOH also recognizes that some LGUs have limited capacity to achieve recommended HRH to support universal health care, due to several factors including but not limited to geographical location, income class of the municipality, presence of armed conflict and certain provisions of national policies on personal services limitation. Hence, select cadre of HRH are being deployed by the DOH, in accordance with its ascribed roles and functions, to marginalized populations and other areas of need for the purpose of HRH complementation and health service delivery. Currently, the DOH deploys nurses, doctors, midwives, and other health professionals. Despite these endeavors, equity and access to critical health services remains inadequately addressed.

Most of our HRH are primarily urban centered with 28% of them in the National Capital Region while other regions only have an average of 4% of the total HRH in health facilities. Autonomous Region of Muslim Mindanao has less than 1% share of these HRH (DOH NDHRHIS, June 2013). While there is no universal norm or standard for a minimum HRH density in any given country or region recommended by the World Health Organization, it was estimated that a density of fewer than 2.28 physicians, nurses and midwives per 1000 population generally fail to achieve a targeted 80% coverage rate for skilled birth attendance and child immunization (World Health Report, 2006). With the commitment to attain universal health care, HRH must be responsive to the needs of our country and support the achievement of our Millennium Development Goals (MDGs) targets. This would require the right quantity, quality and relevance of HRH to our health system needs. Therefore, there is a need to harmonize the policies and processes for the placement and distribution of health professionals through the deployment programs.

In order to ensure the success of HRH as a strategy for universal health care, there is a need to create standard operational and administrative directions for all HRH deployed by DOH.

This Order aims to provide the structure and mechanism for the deployment of HRH managed by DOH.

II. OBJECTIVES

A. General:

To provide policies and guidelines for the implementation of HRH deployment programs for the purpose of improving access and health service delivery towards attainment of Universal Health Care.

B. Specific:

1. To provide guidelines for implementation of HRH deployment programs at the national and local levels of governance.
2. To facilitate the implementation of HRH deployment by providing structure on the manner by which provinces and component LGUs and cities manage their local HRH.
3. To provide a mechanism for program monitoring and evaluation.

III. SCOPE

This Order shall apply to the entire public health sector, DOH bureaus, Regional Offices, hospitals, DOH attached agencies, and local government units that are involved in the management of deployment of human resources for health.

This Order shall cover the implementation of regular deployment programs of the different HRH including doctors, nurses, midwives, dentists, nutritionist dieticians, medical technologists, pharmacists, physical therapists, occupational therapists, and public health managers as needed. This involves the process of deployment from the pre-recruitment to program evaluation. It shall not cover deployment under case of nation emergencies and disasters or the movement of regular personal of the DOH by means of reassignment or transfers.

This intends to unify existing guidelines for deployment of health professionals for the purpose of Improving access and health service delivery through the provision of HRH

IV. OPERATIONAL DEFINITION OF TERMS

A. Deployment— means by which select health professionals are physically transferred to areas of need to complement the existing HRH in health facilities and for effective and efficient health service delivery.

B. Geographically isolated and disadvantaged area (GIDA)- communities with marginalized population, physically and socio-economically separated from the mainstream society such as island municipalities, up—land communities, hard-to reach areas, and conflict-affected areas.

C. Hospitals— refers to government hospitals either managed directly by the DOH or as defined and classified under Administrative Order 2012- 0012 known as “ Rules and Regulations Governing the New Classification of Hospitals and other Health Facilities in the Philippines” .

D. Human Resources for Health (HRH) - refers to health professionals currently engaged in actions whose primary intent is to enhance health. They include physicians, nurses, midwives, dentists, and allied health professions with valid license/registration from the Professional Regulation Commission (PRC). They work in the different domains of the health system including curative, preventive and rehabilitative care services as well as health education, promotion and research. Under UHC, it is an instrument to ensure that all Filipinos have access to professional health care providers capable of meeting their health needs at the appropriate level of care.

E. Indigenous cultural communities/indigenous peoples -as defined in Republic Act No. 8371, otherwise known as "The Indigenous Peoples Rights Act of 1997". Also refer to indigenous peoples who have retained some or all of their own social, economic, cultural and political institutions, but may have been displaced from their traditional domains or who may have resettled outside their ancestral domains as defined under DOH—NCIP-DILG Joint Memorandum Circular No. 2013-01 entitled “Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities / Indigenous Peoples” .

F. Learning and development intervention— a process of imparting skills, knowledge or competencies in order to improve performance and meet an agreed standard of proficiency. This includes continuing professional education, training and other non-training interventions.

G. Local Health Board— is an advisory body on health for local government units, established/ created in every province, municipality/ city, with composition and functions defined under Sec. 102 of Republic Act no. 7160, known as the “ Local Government Code of 1991” .

H. Medical Pool Placement and Utilization Program (MPPUP)- is a program that deploys physicians as medical officers or medical specialists to government hospitals to strengthen medical human resource for the delivery of quality health care responsive to the needs and priorities of the country.

I. National Database of Human Resource for Health Information System (NDHRHIS)- is a DOH web-based repository of data on facility-based HRH. It aims to collect, store, process, and generate aggregate data on the demographic and employment information of health providers and provide up-to-date statistics on the supply and geographic distribution of health providers.

J. Other Health Facilities- refer to smaller government facilities devoted to the promotion and maintenance of health. This includes primary care facilities (rural health centers, city health offices, BEMONC facilities/ birthing centers) managed by the local government units as defined and classified under Administrative Order 2012-0012 known as "Rules and Regulations Governing the New Classification of Hospitals and other Health Facilities in the Philippines".

K. Poor families— refers to families whose income fall below the poverty threshold as defined by the National Economic and Development Authority and/or cannot afford in a sustained manner to provide their minimum basic needs of food, health, education, housing and other essential amenities of life.

V. GENERAL GUIDELINES

A. All deployment programs shall be consistent with the DOH thrusts towards Universal Health Care.

B. All deployment programs shall make available cOmpetent HRH capable of meeting the health needs and improving the access of populations at the appropriate level of care.

C. The performance of the deployment programs shall be monitored in terms of progress in health outcomes, attainment of the MDGS, improvement in access to quality health facilities and services and improvement of local health systems.

D. The poor, marginalized, and indigenous cultural communities/ populations shall be prioritized as recipients of deployment programs.

E. The DOH shall deploy appropriate HRH to health facilities.

F. The deployment of HRH in hospitals shall be limited to physicians under the MPPUP, unless otherwise specified by another national priority program.

G. Where possible, HRH shall be deployed to their areas of origin or residence to promote retention.

H. The DOH-Health Human Resource Development Bureau (HHRDB), through the DOH Regional Offices, shall coordinate with the concerned local health boards and local health offices in the implementation of deployment programs.

I. DOH Regional Offices and other DOH health facilities shall endeavor to become effective instruments to influence local health systems through various means, such as but not limited to, establishment of referral systems and networks.

J. There shall be coordinated and harmonized participation of stakeholders to include: academe, professional societies, non-government organizations for support to program implementation and evaluation.

K. The implementation shall be consistent with the government's commitment to zero—corruption and anchored on participatory governance transparency and accountability at all levels. -

VI. SPECIFIC GUIDELINES/IMPLEMENTING MECHANISMS

A. Implementing Structure

1. Implementing Structure

B. Policies and Procedures 1. Selecting Priority Areas for Deployment

The DOH shall determine the ideal number and type of HRH needed for the delivery of health services based on the following criteria:

- a. Population of recipient or catchment area of the health facility
- b. Geographic location and socio-economic classification of the area (GIDA, ICC/IP areas, national priority areas for poverty reduction)
- c. For hospitals: Gaps in HRH based on number of unfilled positions Vis- a— Vis approved staffing standards as set by National Center for Health Facilities and Development (N CHFD)

- d. For LGUs: Gaps in current HRH vis-a—vis recommended HRH to population ratio
- e. Accreditation status of the hospital or health facility (PhilHealth, specialty training program, or others as may be applicable)
- f. National priority health facilities for upgrading of infrastructure and services to support achievement of health-related MDGS
- g. Need for specialized care or services as mandated by law (provisions under RA 10354 known as “Responsible Parenthood and Reproductive Health Act of 2012”, RA 10351 known as “Sin Tax Law”, and others as may be applicable)

2. Deployment of HRH to DOH hospitals a. Pre-recruitment

- i. Hospitals shall submit their requests for additional HRH to their respective DOH Regional Offices indicating the number and cadre of HRH needed. The request shall be accompanied by a hospital development plan in consonance with national hospital development plan.
- ii. DOH Regional Office shall evaluate and validate the request of the hospitals based on set criteria along with required documents.
- iii. DOH Regional Office shall submit to HHRDB a list of qualified recipients and recommendations.
- iv. HHRDB shall validate the list of qualified recipients and recommendations submitted by DOH Regional Offices and finalize the number of HRH to be allocated for the hospitals.
- v. HHRDB Shall inform DOH Regional Offices of the results of validation, list of approved recipients, and number of HRH allocated per hospital in their catchment areas.
- vi. DOH Regional Office shall inform the requesting hospitals of the status of requests.

b. Recruitment and Selection

The HHRDB/DOH Regional Office shall announce the start of application for the deployment programs on their prescribed schedule. Job posting/ publication shall be done through the web page, publication, media, Civil Service Commission bulletin, as deemed appropriate. '

Application Process:

- i. HRH shall accomplish the application form, submits directly to the hospital, and undergoes hospital’s recruitment and selection process.

- ii. Hospital shall endorse qualified HRH to their respective DOH Regional Offices.
- iii. DOH Regional Offices shall validate the list of selected applicants and submit to HHRDB.
- iv. HHRDB/DOH Regional Office/ DOH hospital shall process the appointment papers/ contracts of selected HRH as appropriate.

c. Pre-deployment

- i. DOH Regional Offices shall conduct regional pre—deployment orientations for HRH to be deployed in the hospitals within their catchment areas.
- ii. Recipient hospitals shall also conduct institutional pro-deployment orientations.

d. Deployment

- 1. Upon approval of appointment or contract, HHRDB / DOH Regional Office shall issue a Department Personnel Order (DPO)/ Regional Personnel Order (RPO) respectively and endorsement relevant to their places of assignment.
- ii. DOH Regional Office shall endorse HRH to respective areas of assignment.
- iii. HRH shall report to their areas of assignment.
- iv. HRH Shall submit daily time record (DTR) to Hospitals and provide copies to DOH Regional Office and HHRDB.
- v. HHRDB/DOH Regional Office/ DOH hospitals shall process payments for HRH as appropriate.
- e. Appointment/ Contracts may be renewed based on very satisfactory performance as prescribed by the program.

3. Deployment of HRH to LGUS (Hospitals, CHOs, RHUS, other health facilities)

a. Pre-recruitment

- i. LGUS shall submit requests for needed HRH to DOH Regional Offices along with necessary supporting documents.

The DOH may provide support to LGUS through the deployment programs upon request provided that the LGU has met the criteria set by this policy and submitted the requirements set by the program, including but not limited to the following:

-Signed request from the LCE addressed to the DOH Regional Office

- Signed Sanguniang Bayan (SB) or Sanguniang Panlalawigan (SP) resolution, whichever is applicable, supporting the request
- Copy of the latest health budget reflecting the percentage of budget allocated for health including for personal services (PS)
- PhilHealth accreditation certificate (if applicable)
- Evidence that all existing and available plantilla positions have been filled and opportunities provided under Sec. 325 of the Local Government Code have been fully exhausted (list of approved and filled plantilla positions, budget for personal services, other supporting documents)

ii. DOH Regional Offices shall evaluate and validate LGUS as qualified recipients and the request for additional HRH.

iii. DOH Regional Offices shall submit a list of qualified recipients to HHRDB.

iv. HHRDB shall evaluate and finalize the list of approved recipients based on their HRH allocation.

v. HHRDB Shall inform the DOH Regional Offices of the approved list of recipients and number of HRH allocated to LGUS.

Vi. DOH Regional Office shall coordinate status of request with requesting LGUS.

b. Recruitment and Selection

The HHRDB/DOH Regional Office shall announce the recruitment and selection period for the deployment programs. Job posting/publication shall be done through the web page, school announcements/ publication, contact persons, media, Civil Service Commission bulletin, as deemed appropriate. It shall include the requirements, core competencies, and benefit package. The information on where to apply shall also be included.

Application Process:

i. HRH shall accomplish the application form and undergo recruitment and selection process of their respective DOH Regional Office or through its extension offices. All regional applicants shall file a letter of application addressed to the Regional Director.

ii. DOH Regional Offices shall recommend qualified HRH to the Regional Director.

iii. DOH Regional Offices shall endorse the list of selected applicants to HHRDB.

iv. DOH Regional Offices / HHRDB shall process the appointment papers/ contracts of selected HRH as appropriate.

c. Pro-deployment

i. DOH Regional Offices shall conduct regional pre-deployment orientation for all HRH to be deployed in their catchment areas. A maximum of two-week regional orientation or exposure shall be observed provided that the necessary preparations in the area of deployment and other conditions for deployment have been met.

ii. HHRDB may provide additional orientation as deemed necessary by the program.

d. Deployment

i. Upon approval of appointment or contract, whichever is appropriate, HHRDB/ DOH Regional Office Shall issue a DPO or RPO relevant to their places of assignment.

ii. DOH Regional Offices shall conduct necessary LGU preparations and coordination which includes: orientation of LGU, Local Health Board, processing of MOA between DOH, LGU, and the HRH.

iii. DOH Regional Offices Shall conduct and endorse HRH to their respective areas of assignment.

iv. HRH shall report to their areas of assignment.

v. HRH shall submit daily time records to their respective LGUS and provide copies to DOH Regional Offices and HHRDB monthly.

vi. HHRDB/DOH Regional Office shall process payment of compensation for deployed HRH as appropriate.

e. Deployed HRH Shall be evaluated periodically as prescribed by the program.

f. Appointment/ Contracts may be renewed based on very satisfactory performance as prescribed by the program.

4. Continuing Education and Capacity Building

a. The DOH, through the HHRDB and the DOH Regional Offices, shall provide learning and development interventions to deployed HRH based on assessed learning needs pursuant to existing guidelines or as prescribed by the program.

b. The LGUs/ sending agencies shall shoulder the transportation and living expenses of HRH sent for capability building activities, within the duration of learning and development activities, unless otherwise stipulated in formal communication/ invitation.

c. Expenses incurred during attendance to learning and development activities shall be charged to

the sending office unless otherwise specified by a sponsoring agency, if any.

5. Monitoring and Evaluation

- a. Deployed HRH shall be monitored semi-annually by DOH Regional Offices and recipient hospitals using the prescribed monitoring tool for the program.
- b. The monitoring report shall reflect performances of HRH, factors hindering utilization of health services in relation to HRH, and contribution to the attainment of UHC.
- c. DOH Regional Offices shall also monitor retention of deployed HRH. Retention Shall refer to the stay of a deployed HRH within the municipality or province for a period of at least 2 years after the termination of the contract or service agreement.
- d. HHRDB shall validate and monitor compliance of DOH Regional Offices and Hospitals to the deployment guidelines.
- e. Results of the monitoring by the DOH Regional Offices shall be forwarded to the HHRDB through a memo with attached monitoring report prescribed by HHRDB. Likewise, recommendations and actions taken shall be included in the report.
- f. HHRDB shall evaluate the report and make necessary policy recommendations or actions.

6. HRH Retention Strategies

- a. The recipient of deployed HRH shall support and endeavor to retain the deployed HRH in their facility and abide by stipulations of their

signed MOAS.

- b. Recipient hospital shall endeavour to provide regular items for deployed HRH.
- c. Recipient LGUS shall implement ways and means to hire deployed HRH.
- d. Recipient facilities shall endeavor to ensure availability of needed HRH to maintain the following:
 - i. PHIC accreditation of health facility
 - ii. Continuation of development projects from funding of development partners
 - iii. Implementation of critical health programs related to attainment of MDGS and sustainability of HRH

C. Roles and Functions

1. Health Human Resource Development Bureau The HHRDB shall:

a. Manage the deployment of HRH and directly supervise the program implementation of the DOH Regional Offices.

b. Formulate policies and guidelines relevant to the deployment programs and their sustainability.

Determine the equitable allocation of deployed HRH. d. Maintain funds for implementation of deployment programs.

e. Provide technical assistance and support services to DOH Regional Offices and deployed HRH as may be necessary for the effective implementation of the program.

f. Ensure that all HRH being deployed possess the clinical, public health and management competencies required to deliver the health services in their facility or catchment area.

g. Provide learning and development interventions to deployed physicians and other HRH as necessary.

h. Coordinate with development partners for use of financial or non- financial instruments and strategies to motivate HRH and promote retention through grants, incentives, or similar means that would improve working environment/ conditions of deployed HRH.

i. Encourage development partners to provide support for the _ development of HRH and local health systems projects, scholarships, and research.

j. Engage development partners in the establishment of monitoring systems to track effectiveness of HRH development projects.

k. Monitor program implementation of DOH Regional Offices and DOH Hospitals based on the guidelines provided by this Order.

l. Evaluate relevant issues and recommendations from DOH Regional Offices.

m. Collect feedback from stakeholders of the program to determine client satisfaction for continuous quality improvement.

n. Utilize inputs from monitoring of program implementation for policy review and to facilitate development of an HRH plan for the country.

2. DOH Regional Offices The DOH Regional Offices shall:

- a. Coordinate with the LGUS, hospitals, and DOH for strengthening of local health systems in areas where HRH are deployed.
- b. Implement guidelines in utilizing funds for operationalization of deployment programs as allocated by DOH.
- c. Conduct regional pre-deployment orientation of HRH.
- d. Conduct pre-deployment community/social preparation and LGU coordination through their provincial health team offices.
- e. Endorse deployed HRH to their areas of assignment.
- f. Facilitate deployment of the HRH to areas of assignment.
- g. Determine the baseline competencies of the deployed HRH in relation to needed health services in their area and provide for learning and development interventions for the HRH relevant to health programs appropriate for regional health profile (e. g, training on Malaria Control Program for regions with malaria endemic provinces).
- h. Provide technical assistance and support services to LGUS and deployed HRH in their catchment area as may be necessary for the effective implementation of the program.
- i. Conduct regular monitoring and evaluation of deployed HRH and program implementation at the local and regional level.
- j. Provide feedback to HHRDB on the performance of deployed HRH and program implementation.
- k. Advocate for HRH retention and assist the LGU in the planning and implementation of retention strategies.

3. Recipient Hospitals (DOH and LGU) The recipient hospitals Shall:

- a. Ensure proper coordination with DOH through the DOH Regional Office and HHRDB for implementation of deployment programs.
- b. Implement HRH development plan in consonance with the national hospital development plan.
- c. Conduct facility pro-deployment orientation for deployed HRH.
- d. Provide necessary capacity building activities for deployed HRH.

e. Conduct regular monitoring and evaluation of deployed HRH as scheduled by the program and as necessary.

f. Register and regularly update HRH health facility data in the NDHRHIS.

4. Recipient Local Government Units The recipient LGUS shall:

a. Ensure that the deployed physician Shall be a member of a functional local health board.

b. Encourage and support projects and activities initiated by the deployed HRH for health systems development through financial and administrative means, such as provision of incentives by use of resources including but not limited to the following: internal revenue allotment, PhilHealth capitation fund, reimbursements, user's fees and other sources.

c. Provide appropriate financial and logistic counterparts for the benefit and welfare of the deployed HRH as stipulated in the governing laws for health workers including but not limited to transportation, lodging and miscellaneous expenses related to conduct of their duties.

d. Implement measures to promote safety and security of deployed HRH.

e. Support learning and development interventions and other related opportunities of deployed HRH by allowing them to attend such activities and providing needed allowances.

f. Support policies and plans aligned with the implementation of universal health care and adoption of national health laws.

g. Endeavor to hire an adequate number of HRH to attain recommended population ratios or staffing standards as prescribed by DOH.

h. Enter into and abide by a standard contract/ Memorandum of Agreement (MOA) with the DOH.

i. Provide feedback to DOH Regional Offices on the performance of deployed HRH and program implementation.

j. Ensure registration and regular updating of HRH health facility data in the NDHRHIS.

5. Deployed HRH The deployed HRH shall:

a. Ensure client-centered delivery of services.

b. Respond effectively and efficiently to the health needs consistent with approved standards of care.

- c. Promote healthy lifestyle to manage and prevent communicable and non-communicable diseases.
- d. Initiate and implement public health measures to prevent and control communicable diseases and emerging and re-emerging diseases.
- e. Lead in implementing health surveillance systems and health emergency preparedness.
- f. Promote inter-agency and inter-sectoral cooperation for health.
- g. Perform other functions as mandated under the existing pertinent national laws and protocol (e.g., Local Government Code, Hospital Institutional Policies, Civil Service Code).
- h. Enter into and abide by a standard contract/ Memorandum of Agreement (MOA) with the DOH.
- i. Submit reports to DOH Regional Offices as prescribed by the program.

D. Logistical Support, Funding Source, and Budget Utilization

- 1. All direct expenses related to deployment Shall be charged against DOH funds.
- 2. HHRDB shall sub-allot/ transfer funds to DOH Regional Offices/DOH hospitals/ DOH ARMM as appropriate, subject to subsequent guidelines.
- 3. All direct expenses for activities conducted by DOH Regional Office personnel related to conduct of technical assistance, capacity building, monitoring, and providing logistical support to deployed HRH shall be charged against DOH Regional Office funds.
- 4. All direct and incidental expenses on activities conducted by HHRDB personnel related to program implementation and monitoring shall be charged against HHRDB funds.

E. Other special provisions

- 1. Recruitment of HRH for deployment programs shall prioritize recipients of national scholarship programs. After having complied with the minimum requirements, graduates from the scholarship programs sponsored and managed by DOH shall be accepted in HRH deployment programs. Qualified members of the indigenous cultural communities, willing to serve the priority areas, Shall also be given priority for deployment in their place of origin.
- 2. Management of scholarship programs for HRH and their service obligations shall be covered by a separate issuance.

VII. TRANSITORY CLAUSE

All currently deployed HRH under the different deployment programs of the HHRDB Shall be allowed to finish in their assignments based on existing guidelines up to a maximum period of two years. Thereafter, this policy shall be applied to all subsequent deployment programs.

VIII. REPEALING CLAUSE

Provisions of AO No. 100-A s. 02 "Revised Operational Guidelines for the Implementation of the Doctors to the Barrios Program", AO No. 149 s. 02 "Medical Pool Placement and Utilization Program", AO No. 100-B s. 02 "Operational. Guidelines for the Implementation of the Rural Health Team Placement Program", DO No. 2012—0198 "Guidelines for the Implementation of the Rural Health Midwives Placement Program ", and all other issuances inconsistent with the provisions of this Order are hereby repealed/rescinded and modified accordingly.

IX. SEPARABILITY CLAUSE

If for any reason, any part or provision of this Order be declared invalid or unconstitutional, such shall not affect the other provisions which shall remain in full force and effect.

X. EFFECTIVITY' This Order shall take effect 15 days upon approval.

ENRIQUE T. ONA, MD
Secretary of Health