



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

OCT 26 2016

ADMINISTRATIVE ORDER

No. 2016- 0038

SUBJECT: The Philippine Health Agenda 2016-2022

I. Rationale

The Philippine Health Agenda (PHA) builds on the gains of earlier reform policies such as the Health Sector Reform Agenda (1999), FOURmula One for Health (2005) and Kalusugan Pangkalahatan (2010). It aligns with the National Economic Development Authority's AmBisyon Natin 2040, and emphasizes the country's commitment to the global 2030 Agenda for Sustainable Development. The PHA aims to uphold every Filipino's right to health as enshrined in the 1987 Philippine Constitution - to make these rights explicit and tangible and in line with President Rodrigo Duterte's promise to the people of "*tunay na pagbabago*" or real positive change that people can feel.

PHA seeks to fulfill the global call for Universal Health Coverage, adopting "All for Health towards Health for All" as the rallying point to realize the vision of a Healthy Philippines by 2022.

II. Objectives

This issuance shall define the Philippine Health Agenda and provide guidance in the design and implementation of relevant policies, plans, and programs.

III. Scope and Coverage

This issuance shall apply to the DOH central office bureaus and units, DOH regional offices; DOH hospitals (Specialty, Special, Retained, Sanitaria and Treatment and Rehabilitation Centers); Food and Drug Authority, DOH attached agencies such as: the Philippine Health Insurance Corporation (PhilHealth), the Commission on Population (Popcom), the National Nutrition Council (NNC), Philippine National AIDS Council (PNAC) and the Philippine Institute of Traditional and Alternative Health Care (PITAHC); all public and private hospitals and health care facilities, health care providers and support staff; local government units (LGUs); other national government agencies (NGAs); development partners; civil society organizations; academic institutions; medical societies and organizations and all other institutions relevant for the implementation of the PHA.

IV. Policy Framework

- A. Goals:** The PHA aims to (1) ensure the best health outcomes for all, without socio-economic, ethnic, gender, and geographic disparities; (2) promote health and deliver healthcare through means that respect, value, and empower clients and patients as they interact with the health system; and (3) protect all families especially the poor, marginalized, and vulnerable against the high costs of healthcare.

B. Values : All actions shall be implemented in accordance with the values of equity, quality, efficiency, transparency, accountability, sustainability, and resilience.

C. Guarantees : The health system shall guarantee:

1. *Population- and individual-level interventions for all life stages that promote health and wellness, prevent and treat the triple burden of disease, delay complications, facilitate rehabilitation, and provide palliation*

- a. All Life Stages (ALS) refers to services for pregnant women, children, adolescents, adults, and older persons
- b. Triple Burden of Disease pertains to the (1) backlog of communicable diseases and neglected tropical diseases; (2) increasing challenges of noncommunicable diseases such as cancer, diabetes, heart disease, and their risk factors like obesity, smoking, poor diet, sedentary lifestyles, as well as malnutrition; and (3) problems related to globalization, urbanization and industrialization like injuries, substance use and abuse, mental illness, pandemics, travel medicine, and health consequences of climate change.

2. *Access to health interventions through functional Service Delivery Networks (SDNs) that:*

- a. Consist of primary care networks (PCNs) linked to Level 3 hospitals and specialty care, where each PCN is an aggrupation of one district or Level 1 or Level 2 hospital and between 5 to 10 rural health units or private outpatient clinics.
- b. Ensure well-equipped and fully-staffed network of health facilities, either static or mobile, that are close to the people
- c. Render services that are compliant with clinical practice guidelines, available 24/7, and are resilient during disasters
- d. Practice gatekeeping and utilize telemedicine to expand access to specialty services (e.g. tele-radiology, dermatology, pathology or psychiatry).

3. *Financial freedom when accessing these interventions through Universal Health Insurance* such that the:

- a. National Health Insurance Program (NHIP) enrolls 100% of Filipinos where formal sector premiums are paid through payroll and non-formal sector premiums are paid by tax subsidies
- b. NHIP's support value is 100% (or zero-copayment) for the poor and those admitted in basic accommodation; and a predictable (fixed co-payment) for those admitted in non-basic, private accommodation
- c. NHIP covers a comprehensive range of services and becomes the main revenue source of public health care providers.

D. Strategies : The strategies needed to fulfill the guarantees may be summarized by the word "ACHIEVE."

1. Advance quality, health promotion, and primary care;
2. Cover all Filipinos against health-related financial risk;
3. Harness the power of strategic human resources for health development;
4. Invest in eHealth and data for decision-making;
5. Enforce standards, accountability, and transparency;
6. Value All Clients and Patients, especially the poor, marginalized, and vulnerable;

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7. Elicit multisectoral and multistakeholder support for health.

V. General Guidelines

- A. All DOH offices, units, hospitals, and attached agencies shall align their policies, programs, and activities to the PHA. They shall advocate for the PHA to all stakeholders and partners.
- B. All national government agencies/entities with funds and activities related to health, such as but not limited to the Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office (PCSO), Philippine Amusement and Gaming Corporation (PAGCOR), Philippine General Hospital (PGH), Hospitals of State Universities and Colleges (SUCs), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), agencies under the Housing and Urban Development Coordinating Council (HUDCC), and Department of Labor and Employment (DOLE), are strongly encouraged to align their policies, programs, and funds for health with the PHA.
- C. The following essential policy documents shall be formulated by the DOH, upon issuance of this Order, to supplement the PHA :
 1. *Implementation Plan and Operational Guidelines* which shall describe the management arrangements to facilitate implementation, monitoring and evaluation, including accountabilities of all DOH offices, attached agencies, and stakeholders
 2. *National Objectives for Health 2016-2022* which will identify priorities and provide a compendium of indicators, corresponding targets and data sources that shall be used to track performance of the health sector
 3. *Health Research Agenda* which shall provide focus and direction on health research and development efforts and serve as basis for allocation of grants
 4. *PHA Monitoring & Evaluation System* which shall outline the logical framework, and the monitoring and evaluation plan for the PHA consisting of but not limited to indicators, targets, sources of data, collection mechanisms, and reports to track health sector and DOH performance
 5. *Ambisyon for Health 2040* which shall situate the PHA in the long term and provide strategic direction for the health sector in line with Ambisyon 2040.

VI. Specific Guidelines for Realizing the Guarantees

To realize the 3 Guarantees of the PHA, the DOH and its attached agencies shall develop policies, plans, and programs in support of ACHIEVE.

A. Advance Quality, Health Promotion and Primary Care

1. DOH shall require health providers to conduct annual health visits for all poor families, marginalized, vulnerable and special populations (eg. DSWD Listahanan-identified poor, Indigenous Peoples, Persons with Disabilities, Senior Citizens)
2. DOH shall develop an explicit list of primary care entitlements, along with clinical practice guidelines, that will become the basis for licensing/accreditation standards, contracting arrangements for PCNs, and benefit expansion of PhilHealth.
3. DOH shall transform select DOH hospitals in Luzon, Visayas, and Mindanao into mega-hospitals or hospitals with multi-specialty training capabilities and reference laboratory
4. DOH shall support LGUs in advancing local health policies (resolutions or ordinances) that improve access to lifesaving interventions and reduce exposure to

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risk factors for premature death and disability (e.g. city-wide smoke-free or speed limit ordinances)

5. DOH shall establish expert bodies for health promotion, surveillance, and response.

B. Cover all Filipinos against Health-related Financial Risk

1. DOH, PhilHealth, other NGAs, all LGUs, and all others concerned shall collectively work for revenue generating measures, such as but not limited to, further increasing excise taxes for tobacco and alcohol, imposing taxes on sugar-sweetened beverage and supporting other health-promoting taxes, increasing NHIP premium rates, and improving collection efficiency from the public and private formal sector.
2. DOH and PhilHealth shall lead in aligning all health financial programs (GSIS, MAP, PCSO, PAGCOR) to support Universal Health Insurance
3. PhilHealth shall expand benefits of NHIP to cover outpatient diagnostics, medicines, and blood and blood products, as guided by health technology assessment
4. PhilHealth shall review and update costing of current case rates to ensure that they cover the full cost of care and that they link payment to quality of service rendered
5. PhilHealth shall enhance and enforce its contracting policies (e.g. setting up of primary care trust funds, network based contracting, income retention for LGUs health providers with retained budget support incentives).

C. Harness the Power of Strategic Human Resources for Health (HRH) Development

1. DOH in coordination with the HRH Network shall review and revise the curriculum of health professionals to make it more primary care-oriented and responsive to local and global needs
2. It shall review and streamline HRH compensation packages, including financial and non-financial incentives for those serving in high-risk or geographically-isolated and disadvantaged areas (GIDA), and support the full implementation of Magna Carta for Health Care Workers
3. It shall update frontline staffing complement standards from profession-based to competency-based
4. It shall make available fully-funded scholarships for HRH hailing from GIDA areas or IP groups
5. It shall formulate mechanisms for mandatory return of service schemes for all health graduates.

D. Invest in eHealth and Data for Decision Making

1. DOH and PhilHealth shall mandate the use of electronic medical records in all health facilities
2. DOH, PhilHealth, FDA shall make online submission of clinical, drug dispensing, and administrative and financial records as prerequisite for registration, licensing, and contracting
3. DOH, PhilHealth, FDA shall commission nationwide surveys to supplement unavailable or incomplete administrative data, streamline information systems and administrative data collections systems, and support efforts to improve local civil registration and vital statistics
4. DOH, PhilHealth, FDA shall automate major business processes and invest in warehousing and business intelligence softwares
5. DOH in coordination with academic partners and research institutions shall facilitate ease of access of researchers to available data.


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E. Enforce Standards, Accountability and Transparency

1. DOH shall initiate publication of health information that can trigger better performance and accountability (e.g. prices of common drugs and services, non-compliant/erring providers, national objectives for health targets, and various health scorecards)
2. DOH shall set up a dedicated performance monitoring unit that will employ appropriate mechanisms to track performance or progress of reforms, including but not limited to medical audits and third-party monitoring.

F. Value All Clients and Patients, especially the poor and vulnerable

1. DOH shall ensure that the poorest 20 million Filipinos are prioritized in all health programs and supported in non-direct health expenditures (e.g. transportation subsidy)
2. DOH in coordination with other partners and stakeholders shall make all health entitlements simple, explicit, and widely published to facilitate understanding
3. DOH shall set up participation and redress mechanisms
4. DOH and its attached agencies shall reduce turnaround time and improve transparency of processes at all DOH offices and health facilities
5. All health care facilities shall eliminate queuing and guarantee decent accommodation and clean restrooms in all government hospitals.

G. Elicit Multi-sectoral and Multi-stakeholder Support for Health

1. DOH and PhilHealth shall harness and align the private sector in planning supply-side investments, forming SDNs, and expanding PhilHealth contracting to immediately include the private sector (e.g. Z benefits, primary care benefit)
2. DOH shall ensure convergence and develop a health policy agenda with other NGAs (DILG, DENR, DSWD, DepEd, HUDCC, among others) in addressing social determinants through Health in All Policies and other multisectoral approaches
3. DOH shall require health impact assessment and a corresponding public health management plan as a prerequisite for initiating large-scale, high-risk development projects in the areas of mining, power plants, oil rigs, etc.
4. DOH shall foster collaboration and partnership with CSOs and other stakeholders on budget development, and monitoring and evaluation.

VII. Key Roles and Responsibilities

- A. The DOH shall be the main policymaking and regulatory agency and lead convener for PHA. Along with its attached agencies, the DOH shall take the lead in developing specific policies, plans, programs and guidelines, raising and consolidating resources and using this to leverage performance, advocating for pro-health reforms, and informing the public and operating DOH-retained hospitals.
- B. PhilHealth, specifically, shall develop its technical, financial and administrative capacity to become the national purchaser for health services by the medium term.
- C. Local Government Units shall develop policies and plans in support of PHA, and as may be appropriate to their locality; mobilize and utilize resources; and, partner with the private sector to ensure adequate health investments and to make service delivery networks functional.
- D. The Development Partners, within the context of Sector Development Approach for Health and subject to agreements with the DOH shall provide official development assistance consistent with PHA, align and harmonize their systems and processes with government procedures and institutional reform processes to the best extent possible, cooperate in the

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- establishment of mechanisms to track development assistance for the PHA, and ensure the sustainability and institutionalization of assistance projects to appropriate agencies/offices.
- E. The Civil Society Organizations and other professional organizations shall promote good governance through advocacy, monitoring, community mobilization and education, and implementation of development projects.
 - F. The Academic and Research institutions shall assist the DOH, PhilHealth, LGUs, and all others concerned in the health sector in producing more responsive HRH and providing the best evidence for policy and decision making.

VIII. Repealing and Separability Clause

All orders, rules, regulations, and other issuances inconsistent with or contrary to this Order are hereby repealed, amended, or modified accordingly. All provisions of existing issuances which are not affected by this Order shall remain valid and in effect. In the event that any provision or part of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions or parts not affected by such declaration shall remain valid and in effect.

IX. Effectivity

This Order shall take effect effective immediately.


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Secretary of Health