



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

ADMINISTRATIVE ORDER
No. 2011 - 0003

APR 14 2011

SUBJECT: National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non Communicable Diseases

I. BACKGROUND AND RATIONALE

Cardiovascular diseases (CVD), cancers, chronic respiratory diseases and diabetes (DM) are among the top killers in the Philippines, causing more than half of all deaths annually. Hypertension and diseases of the heart are among the ten leading causes of illnesses each year. These diseases are collectively known as Lifestyle Related Non-Communicable Diseases (NCDs), as defined in the National Objectives for Health 2005-2010, particularly because these diseases have common risk factors which are to a large extent related to unhealthy lifestyle.

The risk factors involved are tobacco use, unhealthy diet, physical inactivity and alcohol use. The Food and Nutrition Research Institute (FNRI) National Nutrition and Health Surveys in 1998 to 2008 (Acuin and Duante, 2010) showed that there is increasing prevalence in the associated risk factors between 1998 to 2008: hypertension from 21% to 25.3 %; diabetes from 3.9% to 4.8%; among adults who are overweight, there has been a significant increase from 20.2% to 26.6%; and those with high blood cholesterol levels had increased from 4% to 10.2%. Furthermore, the study found out that the following groups are at risk for NCDs: age group from the 40's onwards and those with Body Mass Index (BMI) ≥ 23 , dyslipidemia, high waist circumference and waist hip ratios. Moreover, dietary intake trends show increasing consumption of energy dense foods high in fats and sugars, while almost the entire adult population has low levels of physical activity in all domains: occupation, non-occupation, leisure, transportation.

Children and adolescents are also exposed to the above-mentioned risks. Latest data from the Global Adult Tobacco Survey in 2009 shows prevalence of tobacco use (current smokers) among population 15 years old and above to be 28.3% (17.3 million Filipinos); 47.7% of these are men (14.6 million) and 9% are women (2.8 million). On the other hand, the prevalence of overweight among adolescents 9-11 years old has increased two folds from 2.4% in 1993 to 4.8% in 2005. Similarly, the prevalence rate of overweight for children 6-10 years old doubled from 0.8% in 2001 to 1.6% in 2005. (Source: *Philippine Nutrition Facts and Figures 2005*). About 30% of teenage students are physically inactive, spending three or more hours per day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities. (Source: *Philippines Global School-based Student Health Survey, 2007*). And, data shows that in 2008 hazardous alcohol intake stands at 26.9% (FNRI-NNHeS 2008).

The Philippine Renal Disease Registry (PRDR) illustrates that for 2009, diabetic nephropathy, a complication of diabetes remained the most common etiology of end stage renal disease while clinical hypertensive nephrosclerosis, a complication of hypertension ranked as the

second most common etiology of end stage renal disease. Unless something is done to control these non-communicable diseases, renal complications will escalate to a degree that will compromise the current capacity to care for these types of patients.

Other non-communicable diseases which are not lifestyle-related include violence and injury. These are also major problems in the country. Thus, a policy on the prevention of violence and injury came into effect through Administrative Order No. 2007-0010.

The cost of care of lifestyle-related non-communicable diseases may cause people to fall into poverty and create a downward spiral of worsening poverty and illness. They also undermine the country's economic development. In response to the increasing prevalence of lifestyle related diseases in the country, vertical programs on the prevention and control of cardiovascular diseases, cancers and diabetes were put in place in the mid 1990's. The individual programs however, were focused on treatment and management of those who were already sick and thus were competing with each other for resources and for attention upon field implementation.

Recent evidence shows that the most cost-effective way of controlling these non-communicable lifestyle related diseases is by the prevention of the emergence of the risk factors in an integrated manner, employing health promotion strategies across the life course and intervening at the level of family and community. This is essential because the causal risk factors causing these illnesses are deeply entrenched in the social and cultural framework of the society. Thus, an integrated comprehensive program for the prevention and control of these non-communicable lifestyle related diseases has to be put in place.

II. STATEMENT OF POLICY

The prevention and control of chronic lifestyle related non communicable diseases shall be guided by the following policy statements.

1. The country shall adopt an integrated, comprehensive and community based response for the prevention and control of chronic, lifestyle related NCDs.

The underlying causes of NCDs are multi-faceted and are deeply rooted into the community and individual's socio-economic status, cultural orientations and personal preferences. Key measures and interventions that help prevent and control NCDs lie beyond the health sector. An integrated, comprehensive and community-based approach shall be adopted in responding to these issues.

2. Health promotion strategies shall be intensified to effect changes that would lead to a significant reduction in mortality and morbidity due to chronic, lifestyle related NCDs.

There are three major changes that need to take place in order to achieve significant reduction in the morbidity and mortality due to NCDs. These require (i) changes in lifestyle of the individual and of the population, (ii) changes in the environment supportive to the desired improvement of lifestyles, and (iii) change in the way the overall health care delivery system works. It is believed that these three changes can be realized through health promotion. Health promotion entails 5 action areas which include (i) building healthy public policy (ii) creating

supportive environments, (iii) strengthening community action, (iv) developing personal skills through information and education (v) reorienting health care services toward prevention of illness and promotion of health.

3. Complementary accountabilities of all stakeholders must be ensured and actively pursued in the implementation of an integrated, comprehensive and community based response to chronic, lifestyle related NCDs.

With devolution, the primary mandate of delivering basic health services was transferred to the LGUs. The DOH shall encourage LGUs to perform adequately in the area of NCD prevention and control.

Also, since new directions in the health sector requires maximizing the participation of the private sector and other stakeholders, public-private sector collaboration shall be explored in the area of financing, service delivery, surveillance, capability building and other areas as necessary.

III. GUIDING PRINCIPLES

1. **Equity.** NCDs are highly prevalent among populations of low socio-economic status, thus the delivery of NCD prevention and control services should therefore be made accessible to all Filipinos with bias to those who are most vulnerable and disadvantaged.
2. **Sustainability.** The desired reduction of disease burden and death due to NCDs can only be attained through unified and sustained efforts by all the concerned sectors at various levels of operations thus it is important for sustainability measures to be built-in to every NCD prevention and control initiative.
3. **Rights-Based.** Respect of rights, gender and culture should characterize the delivery of NCD prevention and control services.
4. **Continuum of Care throughout the Life Cycle.** In order to generate optimum health for all, actions for NCD prevention and control should take into account the consistent practice of healthy lifestyle throughout the life cycle and must ensure that these are emphasized and pursued in various health programs using the life cycle approach.
5. **Evidenced-Based.** Designing and implementing approaches for NCD prevention and control in the country must be based on scientific evidence thus the capability of stakeholders to collect, analyze and utilize these evidences must be enhanced.

IV. SCOPE AND COVERAGE

This Administrative Order provides the framework for action for effectively implementing an integrated and comprehensive program for the prevention and control of lifestyle related diseases in the Philippines. It covers all units and instrumentalities including attached agencies of the DOH. It also applies to local government units (LGUs), nongovernment organizations (NGOs), professional organizations, private sector, and other relevant partners in the health sector.

V. DEFINITION OF TERMS

For purposes of this Order, the following terms are defined as follows:

1. **Alcohol control** – refers to a range of strategies that aim to improve the health of the population by eliminating or reducing their consumption of alcohol.
2. **Comprehensive** – refers to a feature of the lifestyle related diseases prevention and control program that uses a combination of strategies that encompasses health promotion, disease prevention, and control of disease targeted at entire population and at individuals who are high risk and those who are already sick.
3. **Healthy diet** - refers to balance of food intake which: (1) achieves energy balance and a healthy weight; (2) limits energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids; (3) increase consumption of fruits and vegetables, and legumes, whole grains and nuts; (4) limit the intake of free sugars; and (5) limit salt (sodium) consumption from all sources.
4. **Healthy lifestyle** - refers to having regular healthy diet, regular and adequate physical activity, and non-use of tobacco and alcohol.
5. **Healthy settings or settings for health** - The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing.
6. **Integrated** – refers to a feature of the lifestyle related diseases prevention and control program that uses a combination of strategies focused on common major risk factors that cut across specific diseases (tobacco use, alcohol use, unhealthy diet and physical inactivity) viewed from a life course perspective, and employing an intersectoral and collaborative approach.
7. **Lifestyle-related diseases** - refers to chronic, non-communicable diseases particularly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.
8. **MDG Max** – refers to the country's commitment to fight poverty by including the prevention and control of Non-Communicable Diseases as one of the Millennium Development Goals.
9. **Physical activity** - refers to any bodily movement produced by skeletal muscles that requires energy expenditure. It is recommended that individuals engage in regular and adequate levels of physical activity appropriate for age and conditions throughout their lifetime.
10. **Tobacco control** - refers to a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke



VI. GOALS AND OBJECTIVES OF THE PROGRAM ON THE PREVENTION AND CONTROL OF CHRONIC LIFESTYLE RELATED NON-COMMUNICABLE DISEASES:

Goals:

To reduce morbidity, mortality and disability rates due to chronic lifestyle related NCDs through an integrated and comprehensive program on the prevention and control of lifestyle related diseases.

Objectives:

1. To develop and promote an integrated and comprehensive program on the prevention and control of lifestyle related diseases in the country.
2. To engage all province-wide or city-wide health systems to adopt an integrated and comprehensive program on the prevention and control of lifestyle related diseases.
3. To achieve improvement in the following Key Performance Indicators from 2011 to 2016:

Common Risk Factors

- a. Reduction in prevalence of current smoking among adult males from 56.3 to 40.0.
- b. Reduction in prevalence of current smoking among adolescent female from 8.80 to 7.2
- c. Reduction in prevalence of adults with high physical inactivity from 60.5 to 50.8
- d. Increase in per capita total vegetable from 111.0 (g/day) to 133.0 (g/day)

Intermediate Risk Factors

- a. Reduction in prevalence of hypertension among adult males from 24.2 to 19.6.
- b. Reduction in prevalence of adults with high fasting blood sugar from 3.4 to 3.4.
- c. Reduction in the prevalence of central obesity (high waist circumference) among adult females from 18.3 to 12.81
- d. Reduction in prevalence of high total serum cholesterol among adults from 8.5 to 8.5

Disease Control

- a. Reduction in mortality from non-communicable diseases at 2% per year through the MDG max initiative.

VII. ACTION FRAMEWORK FOR THE PREVENTION AND CONTROL OF CHRONIC LIFESTYLE RELATED NON-COMMUNICABLE DISEASES:

The Action Framework for the National Program on the Prevention and Control of Chronic Lifestyle Related Non-Communicable Diseases is based on the Causation Pathway Model for Major Chronic Diseases as contained in the WHO Western Pacific Regional Action Plan for Addressing Non-Communicable Diseases, where the underlying determinants, common risk and intermediate risk factors that would lead to lifestyle-related diseases are identified (Figure 1).

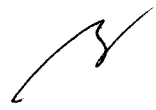
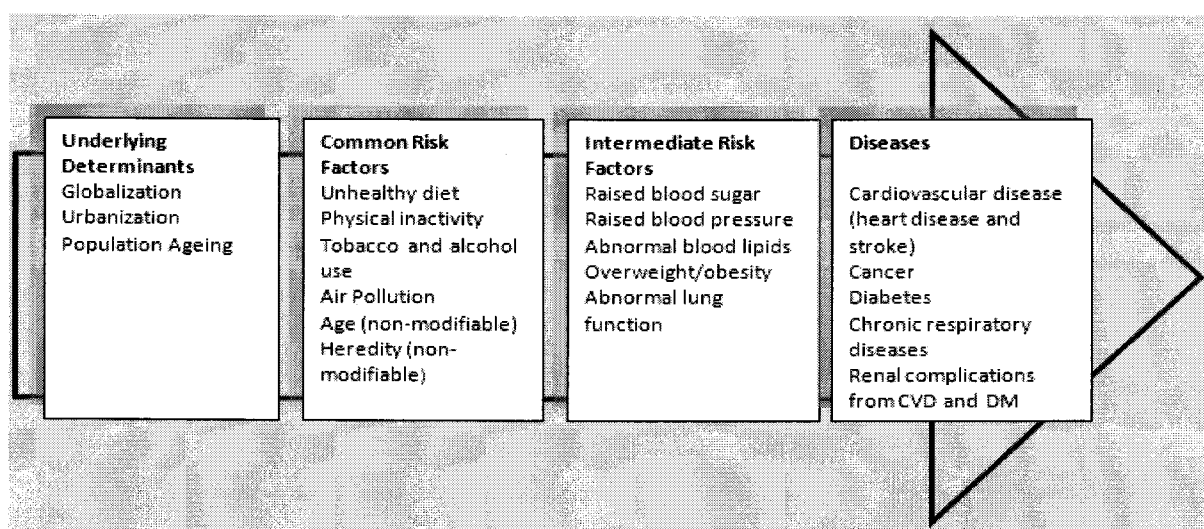


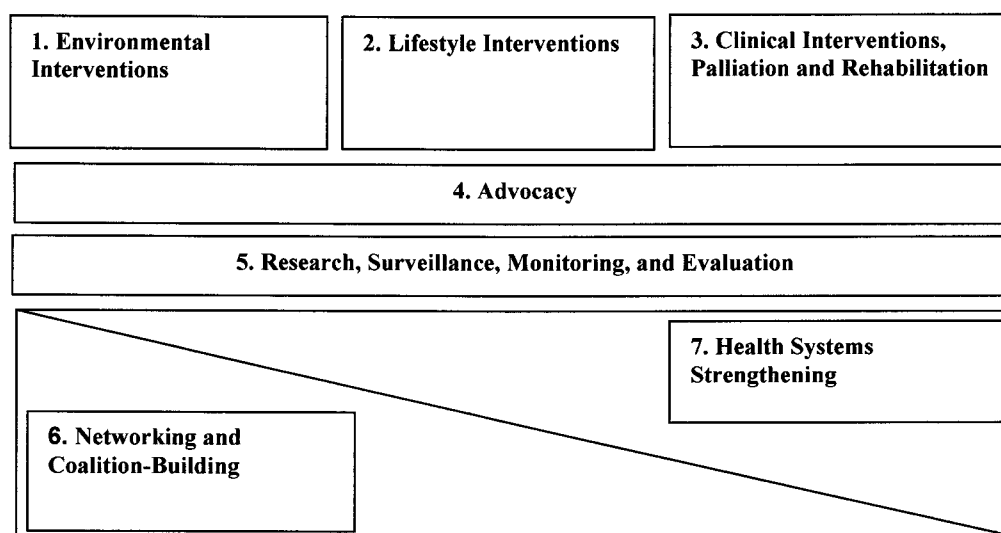
Figure 1. Causation Pathway Model for Major Chronic Diseases



Source: Adapted from *Preventing Chronic Disease: a Vital Investment*. Geneva. World Health Organization. 2005

The action framework (Figure 2) has seven action areas as follows: (1) Environmental interventions; (2) Lifestyle interventions; (3) Clinical interventions; (4) Advocacy; (5) Research, surveillance, monitoring, and evaluation; (6) Networking and coalition building; and (7) Health system strengthening. It draws primarily from the WHO Western Pacific Regional Framework for Addressing Non-communicable Diseases and emphasizes the requirement for integrated comprehensive approaches that encompass and address the various levels of determinants and risks for non-communicable lifestyle related diseases (Figure 2).

Figure 2: Action Framework for the Prevention and Control of Chronic Lifestyle-Related Non-communicable Diseases



The framework clearly identifies areas for intervention according to the causation pathway shown in Figure 1 by utilizing a comprehensive approach that simultaneously seeks to


effect change at three levels: 1) **Environment Interventions** such as policy and regulatory interventions seek to create a supportive environment for healthier choices. They address the multiple environmental determinants brought about, for example, by globalization and urbanization that give rise to the development of unhealthy lifestyles. 2) **Lifestyle Interventions** address the common risk factors and intermediate risk factors by providing population-based lifestyle interventions (for example, information and education and behavioural interventions for those who are already at risk). 3) **Clinical Interventions, palliation and rehabilitation** address the capacity of the health system to treat and manage diseases through screening, risk factor modification, clinical management, palliation and rehabilitation. To support change in these three levels of interventions, additional actions are needed in the following areas: advocacy; research, surveillance, monitoring and evaluation; networking and coalition building across all sectors of the government and society, and health system strengthening through primary health care to make it more responsive to chronic care.

The framework highlights the balance between "healthy choices" and "healthy environments" because it recognizes that supportive environments are needed to empower healthy choices. It also redistributes responsibility across the whole of society, with government, the health sector, the private sector, nongovernmental organizations, communities, families and individuals all sharing accountability for putting in place the necessary elements that promote healthy lifestyles and quality care for non-communicable lifestyle related diseases.

VIII. GENERAL GUIDELINES

1. The DOH shall develop systems, policies, and guidelines that will facilitate the operationalization of the program on the prevention and control of lifestyle-related diseases in the country.
2. Environmental interventions shall aim at providing and encouraging healthy choices for all to be implemented in three (3) major health promotion settings: community, school and workplace. As the underlying determinants of non-communicable diseases often lie outside the health sector, multi-sectoral actions shall be implemented involving both public and private sectors.
3. Program interventions shall include:

A. Population based lifestyle interventions and preventive strategies using the life course perspective and focused on major risk factors particularly tobacco use, unhealthy diet, physical inactivity, and alcohol use, and, include other relevant risk factors such as but not limited to the following: hypertension, high blood sugar, overweight and obesity, and impaired lung function. Strategies shall be integrated in other health programs and health-related initiatives to effectively address lifestyle-related non-communicable diseases and their social and economic determinants.



B. Service packages for clinical interventions of diabetes, cardiovascular diseases, cancers and chronic respiratory diseases addressing the following unique features of NCDs such as:

- i. The limitation of definitive treatment, the lifelong duration of management and the extensive self management involved must be addressed by service delivery providers.
 - ii. The multidrug regimens, drug interactions and drug cost that has to be regulated.
 - iii. The acute attacks and exacerbations from failed prevention, financial barriers in access to acute care and financial risk that must be addressed by adequate financing.
 - iv. The co-morbidities requiring coordination by various providers and teams that must be managed by proper governance infrastructure.
4. Health care settings shall provide access and availability of services that collectively span the care continuum and to include (a) prevention and health promotion; (b) lifestyle interventions to modify risk factors; (c) screening; (d) clinical interventions for high-risk individuals and groups and those who are already sick; (e) rehabilitation; and (f) palliation. A functional referral system shall be in place to facilitate access and ensure continuity of care across health facilities at various levels.
5. Primary level health facilities such as rural health centers and primary hospitals shall provide appropriate services particularly on early detection and screening and primary prevention. Community participation shall also be enhanced to strengthen awareness on prevention and control of lifestyle-related diseases and to provide a supportive environment conducive for behavior change towards healthy lifestyle.
6. Interventions shall address health equity concerns and take into consideration the needs of the most vulnerable and marginalized sectors.
7. Services shall cater to various age groups addressing age-related needs throughout the human life cycle.
8. Research, surveillance, monitoring, and evaluation shall be institutionalized for sound policy formulation, planning, and decision-making processes. Capability of stakeholders to collect, analyze, disseminate, and utilize evidences shall be enhanced.
9. Networking and partnership with other sectors shall be strengthened to ensure synergies, avoid overlapping and duplication of activities, and prevent unnecessary competition in the implementation of initiatives. Commitment of stakeholders to the national plan of action on addressing lifestyle-related diseases shall be strengthened.
10. Sustained funding and financial protection for the poor and vulnerable groups shall be pursued.

11. Monitoring and evaluation mechanisms shall be put in place to ensure effective implementation and planning for subsequent actions.

IX. SPECIFIC GUIDELINES

The DOH shall provide leadership in addressing lifestyle related non-communicable diseases and institute the following measures:

1. Develop a national program and plan of action on prevention and control of lifestyle-related diseases, advocate and provide template for the integration of the said program and plan into the annual health action plans of local government units and other partners.
2. Strengthen health systems by:
 - a. Establishing program structure and provide funding for addressing lifestyle-related diseases.
 - b. Strengthening human resources capacity and use innovative approaches to health workforce development, with a special focus on primary health care to equip health care providers with the necessary skills, knowledge and attributes to deliver effective services for lifestyle-related diseases.
 - c. Facilitating resource mobilization and establish sustainable financing mechanisms to channel funding to initiatives on prevention and control of lifestyle-related diseases, such as through earmarking tobacco and alcohol taxes for disease prevention and health promotion.
 - d. Promoting equitable access to and rational use of cost-effective health products and services related to lifestyle related disease prevention and management.
 - e. Strengthening referral mechanisms to ensure continuity of care and complementation of services within the health system.
3. Collaborate with local government units, private sector, and other partners to:
 - a. Deliver evidence-based and cost-effective primary, secondary, and tertiary prevention interventions for lifestyle related diseases with emphasis on primary health care.
 - b. Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, and integrate whenever feasible their management into primary health care.
 - c. Develop and disseminate health service frameworks and packages, clinical practice guidelines and evidence-based decision-making support tools to health care providers to ensure timely screening, diagnosis, and treatment of lifestyle related diseases.

- d. Establish and support programmes to empower individuals and communities to develop health literacy, to take on self-care responsibilities and to become resources for themselves and others in disease management and prevention.
- e. Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension, and other lifestyle-related diseases.
- e. Establish and support effective partnerships and develop collaborative networks with other stakeholder in order to encourage and promote community participation and grassroots mobilization and establish a broad base of support thus ensuring acceptability and effectiveness of policy and population-based interventions.

4. Engage in health promotion and advocacy initiatives through the following:

- a. Developing, implementing and sustaining health promotion initiatives on promoting healthy diet, physical activity, tobacco control, non-consumption of alcohol and other healthy lifestyle habits.
- b. Utilizing media and social marketing to promote healthy choices and to increase knowledge and awareness of risk factors of lifestyle-related diseases.
- c. Incorporating prevention and control interventions into the "Healthy Settings" approach.
- d. Operationalizing as appropriate the WHO Framework Convention on Tobacco Control (FCTC), Republic Act 9211 or Tobacco Regulation Act of 2003, WHO Global Strategy on Diet and Physical Activity, and WHO Western Pacific Regional Strategy for the Reduction of Alcohol-Related Harm.
- e. Designing and implementing an advocacy campaign to mobilize political and grassroots support and raise the priority accorded to lifestyle-related diseases.

5. Ensure the inclusion of lifestyle-related diseases in the national unified health research agenda by:

- a. Investing in epidemiological, behavioral and health system research for the prevention and control of lifestyle related diseases.
- b. Working with partners and academic institutions for implementation of research initiatives.
- c. Disseminating research findings and utilize the same for policy and program development and/or strengthening.

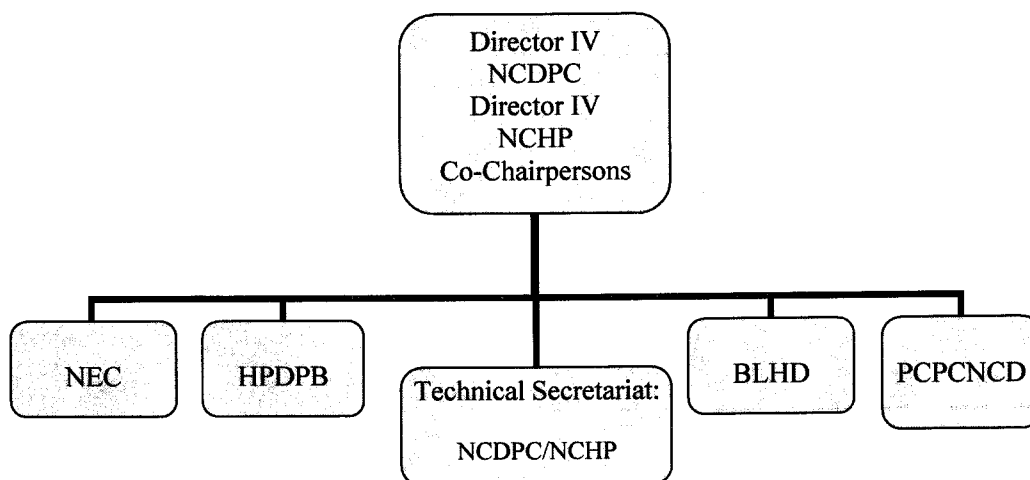
6. Strengthen surveillance, monitoring, and evaluation systems for lifestyle- related diseases and their determinants.

7. Advocate for the establishment and strengthening of regulatory mechanisms to include among others the following: (i) fiscal policies that reinforce healthy lifestyle choices through pricing, taxation, subsidies and other market incentives; (ii) regulation on the sale, marketing, advertising and promotion of unhealthy commodities; and (iii) regulation on the built environment to promote physical activity and social interaction and to protect people from hazardous exposures such as second hand smoke.

X. IMPLEMENTATION ARRANGEMENT

The oversight for the implementation of this Order shall rest with the Undersecretary for Policy, Standards Development and Regulation and Health Sector Financing Joint Clusters supported by the Technical Working Group (TWG) on Lifestyle Related Disease Prevention and Control chaired by the Director of the National Center for Disease Prevention and Control (NCDPC), and co-chaired by the Director of the National Center for Health Promotion (NCHP). The members of the TWG consist of representatives from the National Center for Health Promotion, NCDPC- Degenerative Disease Office, National Epidemiology Center (NEC), Health Policy Development and Planning Bureau (HPDPB), Bureau of Local Health Development (BLHD), and the Chairperson, Philippine Coalition for the Prevention and Control of Non-Communicable Diseases (PCPCNCD) and such other bureaus and offices deemed relevant and competent by the PSDR-HSF Cluster Head.

Figure 3: Composition of the Technical Working Group



XI. ROLES AND RESPONSIBILITIES

The following offices and institutions shall assume the following roles and responsibilities:

1. The TWG shall provide direction and technical support on policies and plans pertaining to the prevention and control of lifestyle related diseases. It shall also provide the forum for coordinating all aspects of the implementation of lifestyle related diseases policies and programs.

The NCDPC-Degenerative Disease Office and the National Center for Health Promotion shall provide the secretariat to the Technical Working Group.

2. The National Center for Disease Prevention and Control (NCDPC) shall:

- a. Oversee the implementation of the national policy and program on the Prevention and Control of Lifestyle-Related Diseases.
- b. Establish standards and package of services on lifestyle-related diseases and ensure their quality, access, and availability at all levels of the health system.
- c. Provide technical assistance to the LGUs and other partners on clinical interventions for lifestyle-related diseases.
- d. Support the design of health financing of personal care related to lifestyle related diseases in collaboration with PhilHealth and other partners.
- e. Conduct regular monitoring and evaluation of the burden of disease related to lifestyle related diseases.
- f. Ensure participation of other DOH offices and bureaus and coordinate with partners within and outside the health sector for the effective implementation of the national program.


3. The National Center for Health Promotion (NCHP) shall:

- a. Lead in the development and implementation of the National Healthy Lifestyle Program as a major strategy for the prevention and control of lifestyle-related diseases.
- b. Advocate with other government agencies, non-government organizations, private sector, development partners, and other relevant stakeholders for support in policy development and resource generation towards the creation of supportive environments for lifestyle modification.
- c. Provide technical assistance to ensure environmental interventions at the 3 health promotion settings: community, school and workplace.
- d. Facilitate organization and development of a multi-sectoral coalition for the prevention and control of lifestyle related diseases.

4. The Health Policy Development and Planning Bureau (HPDPB) shall:

- a. Support the development of relevant policies on NCD prevention and control.
- b. Assist in securing adequate funding for Prevention and Control of Lifestyle-Related Diseases.
- c. Facilitate and support program evaluation studies and researches.

5. The National Epidemiology Center (NEC) and the Information Management Service (IMS) shall:

- a. Establish and sustain public health and hospital surveillance systems including registries, for lifestyle-related diseases and other non-communicable diseases.
 - b. Facilitate collection, analysis, and dissemination of data on mortality, morbidity and risks on lifestyle-related diseases.
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- c. Support conduct of population-based surveys on risk factors and lifestyle-related diseases.
6. The Health Human Resource Development Bureau (HHRDB) shall:
 - a. Develop, update as necessary and implement training and development plan of health professionals, particularly those in primary health care facilities and hospitals on the prevention and management of lifestyle-related diseases.
 - b. Facilitate integration of prevention and control of lifestyle-related diseases in the academic curriculum of health professionals.
7. The National Center for Health Facility Development (NCHFD) shall:
 - a. Ensure access and availability to quality hospital and facility-based services on lifestyle-related diseases.
 - b. Establish standards for an efficient hospital referral system.
 - c. Facilitate development and implementation of hospital-based information and surveillance system to gather data particularly on mortality and morbidity from lifestyle-related diseases.
8. The National Center for Pharmaceutical Access and Management (NCPAM) shall develop guidelines and standards and provide mechanisms to ensure that affordable, but quality medicines for lifestyle-related diseases are always available, especially to the poor.
9. The Bureau of International Health Cooperation (BIHC) shall coordinate with international development partners and other countries for technical and resource assistance on prevention and control of lifestyle-related diseases.
10. The Philippine Health Insurance Corporation (PHIC) shall develop and implement health insurance package for clients at risk and afflicted with lifestyle-related diseases to reduce financial burden and impoverishment of individuals and families resulting from said diseases.
11. The National Nutrition Council (NNC) shall provide technical assistance and contribute to the advocacy on healthy lifestyle, particularly on healthy diet.
12. The Philippine Coalition for the Prevention and Control of Non-Communicable Diseases (PCPCNCD) shall provide support to the advocacy on healthy lifestyle.
13. The Centers for Health Development (CHDs) shall provide technical assistance and lead the regions to ensure local implementation of the National Program on Prevention and Control of Lifestyle-Related Diseases.
14. DOH hospitals shall ensure provision of quality promotive, preventive, curative, rehabilitative, and palliative care for patients with lifestyle related diseases;



15. The Local Government Units (LGUs) shall adopt and implement the National Program on Prevention and Control of Lifestyle-Related Diseases and provide services and products in primary health care facilities and hospitals in their localities.
16. Non-government organizations, professional groups, other government organizations, private sector, the Academe, and Civil Societies shall assist in the implementation of the National Program on Lifestyle-Related Diseases.

XII. FUNDING

The Department of Health Central Office and Centers for Health Development shall provide funds for technical assistance, monitoring, and health promotion campaigns to ensure the operationalization of this policy and program framework. Local government units shall provide funds to provide products and services in their respective communities. Other government agencies, nongovernment organizations and other stakeholders shall provide counterpart funds as appropriate to ensure the implementation of the National Program on Prevention and Control of Lifestyle-Related Diseases.

XIII. REPEALING CLAUSE

All previous Orders and other related issuances inconsistent or contrary to the provisions of this Administrative Order are hereby repealed, amended or modified accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

XIV. EFFECTIVITY

This Order shall take effect immediately.



ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health