



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAY 22 2020

ADMINISTRATIVE ORDER
No. 2020 - 0024

SUBJECT: Primary Care Policy Framework and Sectoral Strategies

I. BACKGROUND

Primary Health Care (PHC), as articulated in the Alma Ata Declaration of 1978, is redefined in the Philippine settings as health in the hands of the people. The Department of Health (DOH) issued Administrative Order 11 s 1993, establishing primary care as the core strategy in program thrusts of government at national, local and community levels, in order to enable people's active participation and involvement for better health and self-reliance and create structures to oversee its implementation.

PHC signifies an important approach to health care organization in which the primary or the first contact level acts as the navigator, coordinator, and initial and continuing point of contact within the healthcare delivery system. The principle of providing as much care as possible at the first point of contact effectively backed up by secondary and tertiary level facilities that concentrate on more complex care remains the key purpose in integrating a local health system. From the perspective of the individual, primary care shall have service delivery mechanisms that encourage continuity of care for an individual across health conditions and across levels of care.

Strengthening the primary care level plays a crucial role in progressively realizing Universal Health Care (UHC). Republic Act 11223 or the "UHC Act" stipulates that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, protection against financial risk, and a health care delivery system that will afford every Filipino a primary care provider. This shift is consistent with global consensus that having a strong primary care system is necessary to accelerate UHC.

The primary care provider networks (PCPNs) shall serve as foundation of health care provider networks (HCPNs), whether public, private, or mixed, which the UHC Act mandates to be established. In order to ensure the delivery of quality, efficient and responsive primary care services in the PCPNs, a primary care policy framework is hereby issued.

II. OBJECTIVES

The objectives of this Order are as follows:

- A. To provide the framework, directions and strategies in the development and implementation of policies, plans and programs to strengthen primary care.

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- B. To delineate roles and responsibilities of different offices/bureaus in the DOH, attached agencies, local government units (LGUs), the private sector, and other stakeholders for a collective effort to ensure efficient and quality primary care.

III. SCOPE OF APPLICATION

This Order shall apply to DOH Bureaus/Offices and its attached agencies, LGUs, other national government agencies (NGAs), civil society organizations (CSO), health partners, academe, private institutions, and all others concerned.

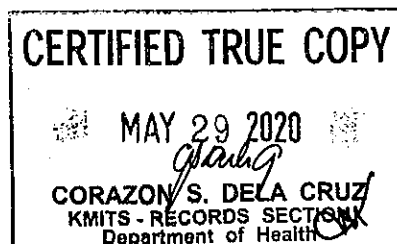
IV. DEFINITION OF TERMS

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

- A. **Health Care Provider Network (HCPN)** - refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with primary care provider acting as the navigator and coordinator of health care within the network.
- B. **Primary Care** - refers to initial-contact, accessible, continuous, comprehensive, and coordinated care that is available and accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.
- C. **Primary Care Facility** - refers to the institution that primarily delivers primary care services and licensed or certified by the DOH as such.
- D. **Primary Care Provider** - refers to a health care worker, with defined competencies, who has received certification in primary care as determined by the DOH; or any institution that is licensed and certified by the DOH.
- E. **Primary Care System** - refers to the structural characteristics of primary care which includes health systems financing; distribution of primary care resources; competency of primary care providers; accessibility of services; and continuity of care (longitudinal/vertical integration).
- F. **Primary Care Worker** - refers to health care workers, including health and allied health professionals and community health workers/volunteers, certified by DOH to provide primary care services.
- G. **Primary Health Care (PHC)** - refers to a whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services.
- H. **Primary Care Provider Network (PCPN)** - refers to a coordinated group of public, private, or mixed primary care providers, which serve as the foundation of a Health Care Provider Network (HCPN).

V. GUIDING PRINCIPLES

- A. PHC shall be the philosophy and approach of the health system in strengthening its primary care as the foundation of the health care delivery system.



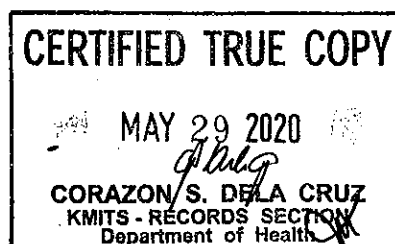
1. Individual and community health and wellbeing do NOT depend solely on effective health care services. Effective avenues for working closely with the community and in partnership with a diversity of stakeholders within and outside of the health sector shall be fostered.
 2. Investments shall be primarily directed to shaping and supporting primary care-led integration.
- B. People's needs shall be the centerpiece of the paradigm shift to primary care.
1. A people-centered approach to primary care shall ensure that Filipinos are empowered to make their own decisions on their health-needs, well-being, and provider preference.
 2. The right of every Filipino to quality, accessible, and affordable health care shall be ensured.
- C. Equity and fairness shall guide the path towards access and universality.
1. All Filipinos shall have access to quality primary care services covered by the same set of benefits under the UHC.
 2. Recognizing limited resources, access and universality shall be progressively realized by prioritizing the needs of the unserved, underserved and marginalized in a fair and transparent manner.

V. GENERAL GUIDELINES

- A. The health sector shall shift its efforts to attain a strong primary care-oriented system that delivers and provides access to credible, understandable, relevant, and timely information for primary care.
- B. The full realization of primary care shall be accelerated using three (3) strategies, namely:
1. Integrated and comprehensive primary care;
 2. Strategic financing; and,
 3. Quality, safe and affordable care.
- C. Primary care providers, both in the public and private sector, shall act as the navigator, coordinator, and initial and continuing point of contact in the healthcare delivery system. These providers shall ensure accessible, continuous, comprehensive and coordinated care regardless of conditions and concerns.

VI. SPECIFIC GUIDELINES

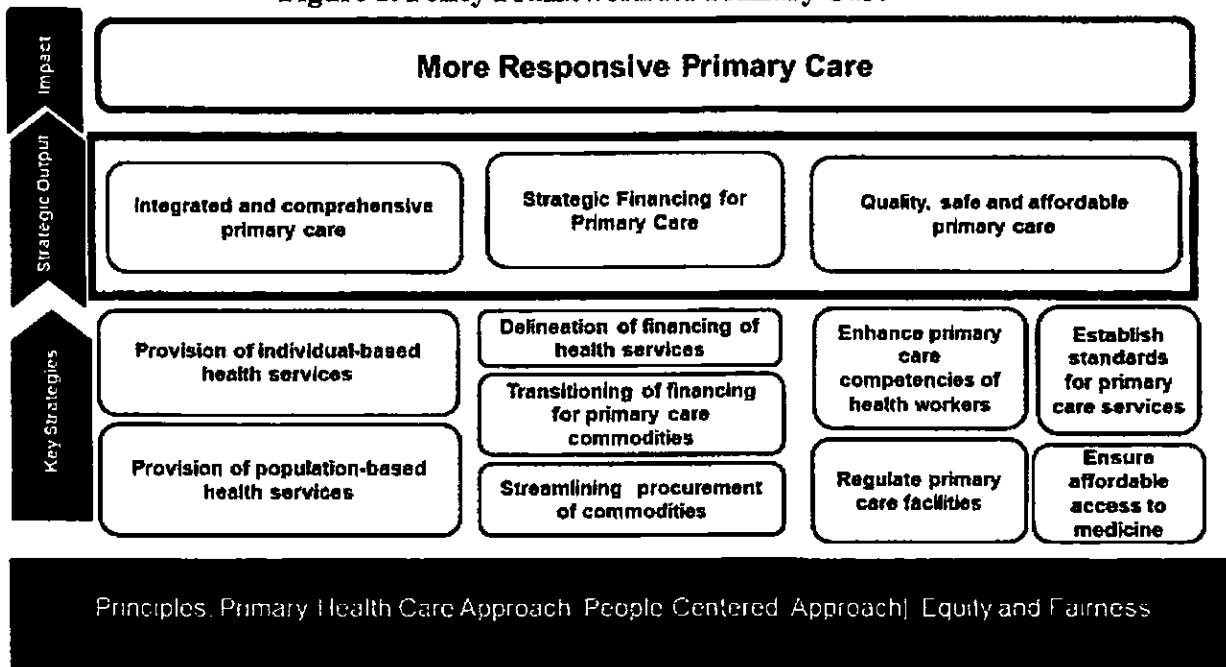
- A. All DOH bureaus/offices, units, hospitals, and attached agencies shall align their policies, programs, and activities to the Policy Framework on Primary Care and Sectoral Strategies (*Figure 1*). They shall also advocate the policy framework and



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strategies to all stakeholders and partners. Policies, programs and activities that are adherent to this Order shall be given priority in planning and budgeting.

Figure 1. Policy Framework for Primary Care



B. In pursuit of UHC, the primary care shall be strengthened through strategies that would lead to the following strategic outputs: Integrated and Comprehensive Primary Care Services; Strategic Financing for Primary Care; and, Quality, Safe and Affordable Care.

C. The Policy Framework for Primary Care provides the key strategies that lead to the realization of the following strategic outputs:

1. Integrated and Comprehensive Primary Care Services

a. Provision of population-based health services. Primary care shall be strengthened through the integration of public health functions in the local health systems by:

- i. Implementing proactive, effective and evidence-based health promotion programs or campaigns through the development of the following:
 - a) Communication plan that shall promote positive social and behavioral change to inform patients and providers of the shift to a primary care-centered health system, and the benefits which they can avail; and,
 - b) Health promotion framework that shall serve as the national health promotion roadmap and the basis of all health promotion policies and programs;
- ii. Setting-up accurate, sensitive and timely epidemiologic surveillance system; and,
- iii. Establishing a timely, effective and efficient preparedness and response to public health emergencies and disease;
- iv. Strengthening other programs and strategies to ensure delivery of population-based health services, such as vector control, water and sanitation, and nutrition, among others.

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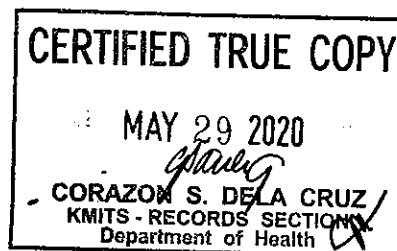
- b. Provision of individual-based health services. Access to individual-based primary care services shall be ensured by:
 - i. Setting up mechanisms for registration of every Filipino to a primary care provider of choice;
 - ii. Developing comprehensive outpatient benefit package; and,
 - iii. Fostering a technology-enabled primary care system through operationalization of electronic records management systems (electronic health records, e-prescription, and enterprise resource planning system) and telemedicine.

2. Strategic Financing for Primary Care

- a. Delineation of financing of health services as follows:
 - i. DOH shall contract the province-wide and city-wide health systems for the delivery of population-based health services, including those that impact the social determinants of health, as reflected in the investment plans for health; and,
 - ii. PhilHealth shall contract the public, private, or mixed HCPNs for the delivery of individual-based health services.
- b. Transitioning of financing for primary care commodities. Population-based health services that are currently being funded by DOH, which eventually be classified as individual-based services, shall be funded by PhilHealth through the development of benefit packages. (Annex A)
- c. Streamlining procurement of commodities. Pooled procurement platforms and mechanisms at appropriate levels such as national, regional, hospitals and HCPNs shall be supported through procurement and supply chain management capacity building.

3. Quality, Safe and Affordable Primary Care

- a. Enhance primary care competencies of health workers through:
 - i. Integration of primary care and public health in the curriculum of health professional education, with eventual incorporation into the licensure examinations;
 - ii. Development of learning packages as well as assessment and certification process for primary care workers based on identified competencies;
 - iii. Setting standards and processes for engaging primary care workers, both public and private, including mechanisms to ensure appropriate remuneration and incentives; and,
 - iv. Re-designing health worker education towards development of competencies for delivery of a patient-centered and comprehensive primary care services.
- b. Establish standards for primary care services through:
 - i. Development of primary care practice guidelines and other appropriate policies; and,
 - ii. Establishment of health technology assessment processes to determine cost-effectiveness of primary care interventions to be funded by the government.

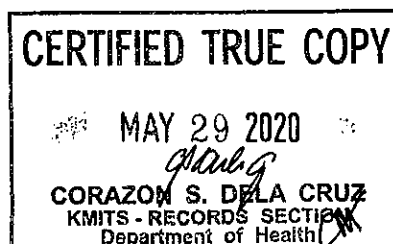


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- c. Regulate primary care facilities through:
 - i. Development of standards for primary care facilities; and,
 - ii. Institutionalization of licensing and regulatory system for stand-alone health facilities including those providing ambulatory and primary care services
 - d. Ensure affordable access to medicine through the establishment of appropriate measures for affordable and quality drugs and medicines
- D. The DOH shall use the following systems framework/dimension as a guide in strengthening primary care:
1. Structure – refers to the basic conditions that enable a good functioning of primary care, consisting of relevant policies and regulations as well as the availability of financial, human and material resources. It shall include the following features:
 - a. Governance;
 - b. Financing (economic conditions); and,
 - c. Human Resources (workforce development);
 2. Process – includes dimension relevant to the services that are delivered. It shall include the following features:
 - a. Accessibility (Access to services);
 - b. Continuity (Continuity of care);
 - c. Coordination (Coordination of care); and,
 - d. Comprehensiveness (Comprehensiveness of care);
 3. Core Outcome – improved health of the population. It shall include the following features:
 - a. Quality of care;
 - b. Efficiency of care; and,
 - c. Equity in health.

Please refer to the Systems Framework for Primary Care (Annex B).

- E. Concerned DOH Bureaus/Offices and attached agencies shall develop and establish the appropriate standards and guidelines, support mechanisms, technical assistance, capability building and indicators for monitoring purposes.
- F. Monitoring shall be in accordance with the directions and goals of Fourmula One (F1) Plus for Health (AO 2018-0014) and shall utilize available monitoring and evaluation mechanisms such as the F1 Plus for Health Monitoring and Evaluation Framework (AO 2019-0003), Field Health Service Information System (AO 2011-0010), LGU Health



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Scorecard, (AO 2019-0027) and other special surveys (e.g NDHS, NNS, etc). Other tools and indicators may be developed as needed.

VIII. ROLES AND RESPONSIBILITIES

A. The Department of Health and its attached agencies shall formulate, plan, implement, and coordinate policies and programs related to primary care.

1. Bureau of Local Health Systems Development (BLHSD)

a. Coordinate the implementation of this framework with other DOH offices, attached agencies, and other stakeholders

2. Centers for Health Developments (CHDs)

a. Coordinate and monitor the implementation of primary care policies and strategies at the LGU level.

b. Provide technical assistance and capacity building to LGUs in the integration of health systems which includes PCPN

3. Disease Prevention and Control Bureau (DPCB)

a. Spearhead the development of guidelines to define primary care services, which shall serve as the basis for comprehensive Primary Care Benefit (cPCB) Package development and DOH programs.

b. Develop criteria and schedule for transitioning of financing of commodities.

c. Develop primary care practice guidelines to define the parameters of primary care in terms of initial and continuing contact, coordinated and comprehensive care.

4. Epidemiology Bureau (EB)

Develop standards for the functionality of epidemiologic and disease surveillance system in the context of province-wide and city-wide health systems

5. Health Policy Development and Planning Bureau (HPDPB)

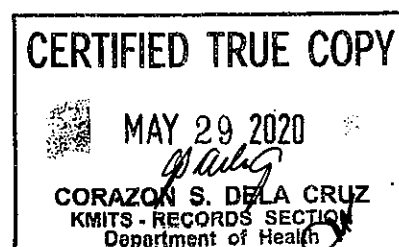
a. Ensure the alignment of sectoral policies and investments to the Primary Care Policy Framework.

b. Develop a health sector expenditure framework to include primary care

6. Health Human Resources Development Bureau (HHRDB)

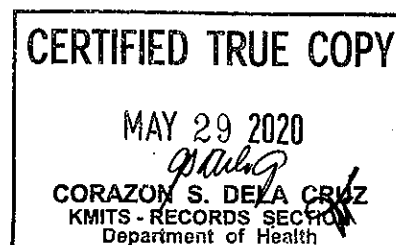
a. Develop and standardize the competencies of primary care workers, with the corresponding competency assessment tools and framework for certification of primary care workers.

b. Develop learning packages for primary care workers based on standard Primary Care competencies.



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- c. Develop an intensive course needed to certify existing health workers on Primary Care during the transition period.
 - d. Develop policies, standards and guidelines to incorporate Primary Care in the curriculum of health and allied-health education programs
7. Health Promotion Bureau (HPB)
- a. Develop a primary care communication plan in coordination with PhilHealth which shall include both internal and external communication strategies to ensure alignment within the DOH and the buy in of key stakeholders.
 - b. Develop the health promotion framework for the implementation of proactive and effective health promotion programs or campaigns.
8. Health Emergency Management Bureau
- a. Develop standards for the institutionalization of disaster risk reduction and management for health; and,
 - b. Ensure timely, effective and efficient preparedness and response during public health emergencies and other means to deliver population-based health services (UHC IRR Section 17.3d)
9. Health Facilities Development Bureau (HFDB)
- Develop standards for primary care facilities
10. Health Facilities and Services Regulatory Bureau (HFSRB)
- Develop licensing and regulatory system for stand-alone health facilities, including those providing ambulatory and primary care services.
11. Health Technology Assessment Unit
- Ensure primary care interventions seeking coverage from the government for PhilHealth reimbursement and budget allocation are in accordance with health technology assessment process.
12. Knowledge Management and Information Technology Service (KMITS)
- a. Standardize mandatory health data for IT systems that shall be adopted or implemented by the entire health sector.
 - b. Develop the standards for interoperable electronic management system such as but not limited to electronic health records, e-prescription, and enterprise resource planning system that shall be basic requirements for PCPNs to ensure continuity and coordination of care.
 - c. Develop guidelines for telemedicine.



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13. Pharmaceutical Division (PD)

- a. Ensure alignment of the Primary Care National Formulary with the comprehensive outpatient benefit package of PhilHealth.
- b. Recommend maximum retail prices over any or all drugs and medicines in accordance with RA 9502 or the Universally Accessible Cheaper and Quality Medicines Act of 2008 and other related policies.

14. Philippine Health Insurance Corporation (PhilHealth)

- a. Allocate resources to enable the shift towards primary care-oriented health system.
 - b. Develop a capitation-based, disease-agnostic comprehensive Primary Care Benefit Package (cPCB).
 - c. Develop standards for the accreditation/contracting of primary care providers.
 - d. Develop guidelines for registration of Filipinos to primary care providers, in coordination with DOH.
 - e. Develop communication plan related to primary care in coordination with DOH
- B. The Local Government Units shall implement policies and programs on primary health care, provide primary care and public health services and prioritize its investment on building and developing primary care as the foundation of the health care provider network.
1. Provide individual-based and population-based health services
 2. Align programs and projects on primary care with the primary care framework in this Order
 3. Ensure supply-side readiness through complementation of public and private health related entities in the provision of primary care services.
- C. Other Health Partners shall align all their objectives, initiatives and programs/projects with the primary care framework.

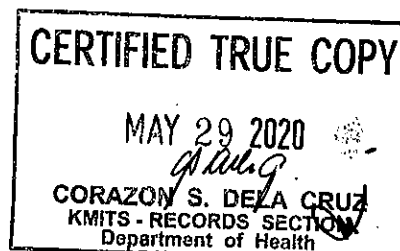
IX. TRANSITORY PROVISIONS

A. Delivery of Primary Care Services

The services outlined in the AO 2017-0012 or the "Guidelines for the Implementation of Primary Health Care Baseline Guarantees" shall be the basis of defining essential health service packages subject to the issuance of new guidelines.

B. Primary Care Benefit Package

PhilHealth shall cover select primary care services through KONSULTA (Konsultasyong Sulit at Tama) Package until December 2021. This benefit package shall



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progressively be expanded to include the existing MDG benefits, individual-based services funded by DOH, and other outpatient services as deemed appropriate through health technology assessment.

C. Certification of Primary Care Workers

For 2020 HHRDB shall orient the health workers performing primary care functions in the RHUs on primary care in the context of UHC thereafter a provisional primary care certification is provided. And in 2023, these primary care workers shall undergo primary care assessment and certification. While for non-RHU primary care workers, an assessment process shall be done prior to certification.

D. Licensing and Accreditation

The PhilHealth accreditation of primary care facilities shall remain in effect until the effectivity of a DOH licensing and regulatory system for primary care facilities.

X. SEPARABILITY CLAUSE

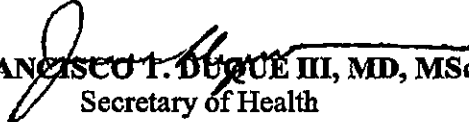
If any part or provision of this Order is rendered invalid, by any court of law or competent authority, the remaining parts or provisions not affected shall remain valid and effective.

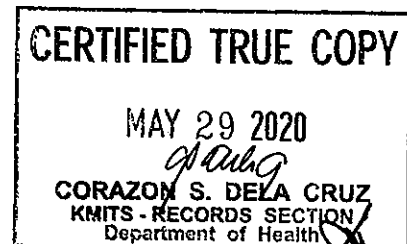
XI. REPEALING CLAUSE

All Orders, rules, regulations, and other related issuances inconsistent with or contrary to this 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.

XII. EFFECTIVITY

This order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



ANNEX A. Transition Framework for Financing of Individual-based and Population-based Services

Republic Act 11223 redefines health services as either individual-based health services or population-based health services. Individual-based health services are services which can be accessed within a health facility or remotely that can be definitively traced back to one recipient, has limited effect at population level and does not alter the underlying cause of illness such as ambulatory inpatient care, medicines, laboratory tests and procedures, among others. On the other hand, population-based health services are interventions such as health promotion, disease surveillance, and vector control, which have population groups as recipients.

Population-based health services shall be jointly financed by DOH and LGUs, while PhilHealth shall predominantly finance individual-based health services as a national single purchaser. This can be viewed based on either the type of services, or the expenditure class.

Intervention Classification (old)	PUBLIC HEALTH		PERSONAL CARE	
Intervention Classification (new)	POPULATION-BASED		INDIVIDUAL-BASED	
Level of Care	Primary Care		Primary Care	Secondary Care, Tertiary Care
Payer	National Government and Local Government Units		National Health Insurance Program HMO, Private Health Insurance Private Funds / Household Out-of-Pocket	
Examples	<ul style="list-style-type: none"> • Mass Interventions (community vaccination, vector control, water quality, sanitation, and others) • Health Promotion and Communication • Epidemiologic and Disease Surveillance • Disaster Risk Reduction and Management • Program management, research and development, monitoring and evaluation, capacity building and training 		<ul style="list-style-type: none"> • Screening and Diagnostics • Treatment • Rehabilitation • Palliation 	

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ANNEX B. Systems Framework for Primary Care

Primary Care Structure		
<p><u>Governance</u></p> <ul style="list-style-type: none"> • Government vision published • Policy environment enabling • Advocacy proactive • Data systems available 	<p><u>Financing</u></p> <ul style="list-style-type: none"> • Allocation sufficient • Benefit package available • Incentives and remuneration systems supportive 	<p><u>Human Resources</u></p> <ul style="list-style-type: none"> • Discipline recognized, responsibilities clear • Workforce diverse • Curriculum responsive • Professional and academic status held in high regard, adopted by universities



Primary Care Process			
<p><u>Accessibility</u></p> <ul style="list-style-type: none"> • Available (volume & type) • Accessible (distance) • Affordable (financial barriers) • Acceptable (satisfaction) • Accommodation of accessibility (appointment, after hour, home visit) 	<p><u>Comprehensiveness</u></p> <ul style="list-style-type: none"> • Range of services for the following defined <ul style="list-style-type: none"> ◦ First contact care and triage ◦ Diagnostic services ◦ Medical procedures ◦ Treatment and follow-up care ◦ Preventive, promotive ◦ Disaster risk reduction/management • Range of medical equipment required • Digital health 	<p><u>Continuity</u></p> <ul style="list-style-type: none"> • Longitudinal (taking care of cohort) • Informational (medical records shared across providers) • Relational (quality of relationship between provider and patient) 	<p><u>Coordination</u></p> <ul style="list-style-type: none"> • Within primary care team (skills mix) • With specialists/secondary care providers • With public health agencies • Strong patient navigation



Primary Care Intermediate Outcome		
<p><u>Quality of Primary Care</u></p> <ul style="list-style-type: none"> • Necessity of prescribing • Avoidable hospitalizations • Prevalence of chronic conditions 	<p><u>Efficiency of Primary Care</u></p> <ul style="list-style-type: none"> • Patient: waiting time, expenditure, outcome • PC team: number of consults, duration, frequency of prescribing, referral 	<p><u>Equity in Health</u></p> <ul style="list-style-type: none"> • Differences in health status across populations



Impact		
Better Health Outcomes	Financial Risk Protection	Health System Responsiveness

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