



Republic of the Philippines  
 Department of Health  
**OFFICE OF THE SECRETARY**

SEP 11 2020

**ADMINISTRATIVE ORDER**

No. 2020 - 0042

**SUBJECT: Health Promotion Framework Strategy in Province-wide and City-wide Health Systems**

**I. RATIONALE**

Health Promotion is defined as the process of enabling people to increase control over, and to improve their health by addressing its risk factors, determinants and root causes of ill health (World Health Organization, 2005). Health Promotion covers a diverse range of behavioral, environmental and legislative interventions that are designed and structured to protect the community's and individual's health and quality of life by addressing the root causes of ill health and health risk behaviors. Hence, the Philippines is compelled to broaden the health sector's perspective of health promotion to pursue an integrated and comprehensive approach in ensuring health literacy, healthy living and protection from risks of all Filipinos.

Guided by the Republic Act No. 11223 or the Universal Health Care (UHC) law, the Department is shifting its health promotion strategy by simultaneously transforming the Department's organizational structure and management of health promotion and cascading the implementation of health promotion in the Local Government Units (LGUs), specifically in province-wide and city-wide health systems (P/CWHS). It has also mandated the DOH to formulate a framework strategy for health promotion which shall serve as the basis for DOH programs in increasing health literacy with focus on reducing non-communicable diseases, implement population-wide health promotion programs and activities across the determinants of health, exercise policy coordination across government instrumentalities to ensure the attainment of the framework strategy and its programs, and promote and provide technical support to local research and development programs and projects.

**II. OBJECTIVE**

This Order aims to provide guidance and direction for P/CWHS to operationalize health promotion as envisioned in the UHC law. It shall define the Health Promotion Framework Strategy (HPFS) and provide guidance in the design and implementation of strategic policies, plans, and programs for Health Promotion in P/CWHS.

**III. SCOPE AND COVERAGE**

This Order shall apply to DOH Central Office bureaus and units, DOH Centers for Health Development, DOH Hospitals including the Bangsamoro Autonomous Region of Muslim Mindanao, and shall cover all levels of local governance, concerned government sectors, civil society organizations, academic institutions, private sector, health facilities within the P/CWHS and all others concerned.

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#### IV. DEFINITION OF TERMS

- A. **Capacity Building for health promotion** refers to the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion.
- B. **Health Promotion** refers to the process of enabling people to increase control over, and to improve their health by addressing its risk factors, determinants and root causes of ill health (WHO, 2005).
- C. **Health Promotion Framework Strategy (HPFS)** refers to a 10-year national roadmap on health promotion, which shall be the basis of implementation of health promotion in the country, nationwide and locally.
- D. **Health Risk Behaviors** refers to behaviors that potentially have negative effects on health such as but not limited to smoking, alcohol drinking, unhealthy diet, absence of physical activity, risky driving, substance use, etc.
- E. **Healthy Public Policies** refers to an approach to public policies across sectors that systematically account for the health implication of decisions, seeks synergies and avoid harmful health impacts in order to improve population health and health equities (Helsinki Statement, 2013).
- F. **Province-wide or City-wide Health System** refers to an integrated local health system composed of all health systems within its jurisdiction. A province-wide health system (PWHS) is composed of municipal and component city health systems. A city-wide health system (CWHS) refers to Highly Urbanized City (HUC)- and Independent Component City (ICC)-wide health systems.
- G. **Determinants of Health** refers to those factors that have a significant influence, whether positive or negative, on an individual or population's health, which can include biological, political, and social factors, among others.

#### V. GENERAL GUIDELINES

- A. All P/CWHS health promotion policies, programs and activities shall be anchored on the Health Promotion Framework Strategy (HPFS).
- B. The envisioned P/CWHS health promotion goals shall be the following:
  - 1. That all individuals are empowered to make healthy choices and choose healthy lifestyles to curb risk factors;
  - 2. That communities are informed, engaged, and mobilized in ensuring their health and wellbeing;
  - 3. That all settings wherein an individual lives, schools, and works foster an environment that promotes health
- C. P/CWHS shall implement the five action areas of the Ottawa Charter as the underlying framework. These action areas are all interwoven and linked with one another, which if implemented, can bring synergized and compounded impact on the

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health and health outcomes of Filipinos in line with the UHC's goals. The following shall be the action areas:

1. **Implementing healthy public policies to promote health and wellbeing.** Establishing healthy public policies that promote health and wellbeing for all is critical in the implementation of health promotion. Healthy public policies will promote healthier individual choices and eliminate barriers to behavioral change.
2. **Reorienting health services and communities to health promotion.** For effective behavioral change to happen, a reorientation and rebalancing of resources among promotion, prevention and treatment services must be made at all levels of the health sector.
3. **Strengthening personal and community health promotion capacity.** Personal skills and community development are necessary for health promotion action to be successfully undertaken.
4. **Fostering supportive and conducive environments/settings through the life course.** Environments and settings are influential in determining societal and individual behavioral patterns. Conducive environments/settings for health are necessary to lessen health inequities in a community.
5. **Development of strong collaborative intersectoral partnerships and collective efforts in the local setting.** As factors influencing health are diverse and numerous, collaboration and collective action among various stakeholders and community members are vital to effectively address determinants of health, and health risk behaviors promotion strategies and interventions.

D. P/CWHS shall provide population-based health promotion interventions, activities and initiatives in the following strategic approaches:

1. **Life-course Approach.** All health promotion policies and programs shall consider all life course stages.
2. **Lifestyle and Behavioral Approach.** All health promotion policies and programs shall target the behavior of individuals to promote enabling and healthy choices to curb risk factors.
3. **Sociological Approach.** All health promotion policies and programs shall consider the environment in which an individual lives, schools and works in, as this determines his or her overall well-being.

E. The Health Promotion and Communication Service (HPCS) shall be transformed and hereinafter referred to as "Health Promotion Bureau (HPB)."

## VI. SPECIFIC GUIDELINES

### A. Governance

1. The Provincial/City Health Board (P/CHB) shall oversee the implementation and evaluation of local health promotion policies and programs in the P/CWHS.
2. A Health Promotion Committee (HPC) shall be created by P/CWHB to provide guidance to the Local Health Board on health promotion-related issues particularly involving the determinants of health and health risk factors. It shall be composed of representatives of different sectors and organizations, such as but not limited to the following:
  - a. Budget and Finance
  - b. Interior and Local Government
  - c. Social Welfare

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- d. Education
- e. Transportation
- f. Communication
- g. Environment and Natural Resources
- h. Trade and Industry
- i. Private sector
- j. Civil organizations
- k. Provincial DOH Representative

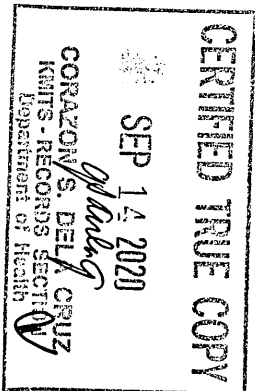
*Provided That*, the representatives from the private sector and civil society organization shall represent no more than one-third of the committee membership, and that the Health Promotion Committee shall be headed by the Provincial/City Health Officer.

3. If a sub-provincial/city health system is formed in consideration of the size, population and geography of the province, a sub-provincial Health Promotion Committee shall also be formed.
4. The P/CWHB shall establish a Health Promotion Unit (HPU) under the Health Service Delivery Division of the Provincial Health Office staffed with adequate human resources for health complement. The HPU shall ensure the development and implementation of health promotion policies and programs in P/CWHS, and exercise coordination with local government and hospital Health Promotion and Education Officers (HEPOs) and Barangay Health Workers (BHWs) as barangay-level HEPOs.
5. A Manual of Procedures will be issued to include the following:
  - a. Functions of the Health Promotion Unit
  - b. Composition and functions of the Health Promotion Committee
  - c. Roles of Health Promotion and Education Officers and Barangay Health Workers as the designated-barangay level HEPOs

**B. Policy, Planning and Program Implementation**

1. The P/CWHS, through its LGUs, shall enact ordinances that strengthen existing health promotion policies and programs;
2. It shall strengthen existing and develop new partnerships across all sectors to ensure a comprehensive, consistent and effective approach to health promotion by:
  - a. Involving all concerned sectors in the development and implementation of healthy public policies including but not limited to counterpart government agencies, civil organizations, private sector and education institutions.
  - b. Engaging, empowering and mobilizing the community to implement any societal action and behavioral change required.
  - c. Ensuring continuous and meaningful dialogue to address people's issues and concerns, and promote collective community participation and behavioral change.
3. As mandated in the UHC law, the P/CWHS shall prioritize the following policies and programs in communities, schools, workplaces and health facilities:
  - a. Ensuring measures to ban the sale of, and prevent access to, tobacco products, alcohol and illicit drugs in schools and in the immediate vicinity;
  - b. Promoting healthy lifestyle through physical activity, proper nutrition, injury prevention and mental health programs;

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- c. Intensifying the fight against the spread of communicable diseases through promotive and preventive programs that include among others, personal hygiene, oral health, access to safe water and sanitation, environmental measures to prevent vector-borne diseases, and vaccinations;
- d. Strengthening existing health promotion policies and programs towards the improvement of health indicators.

**C. Financing**

- 1. The management, operations, and implementation of health promotion policies, programs and activities shall be funded from the Special Health Fund and other local budgetary sources.
- 2. The DOH, through the Health Promotion Bureau, shall provide or facilitate the provision of necessary support and incentives to assist P/CWHS. The assistance shall include financial and non-financial matching grants through the Local Investment Plan for Health (LIPH).
- 3. The P/CWHS may accept grants and sponsorships for health promotion from development partners, the private sector, and organizations, *Provided that* such grants and sponsorship are compliant with existing rules and regulations.

**D. Monitoring and Evaluation**

- 1. Provincial/City Health Board, through the HPC and HPU, shall monitor and evaluate the implementation of health promotion in P/CWHS, and shall submit a semestral report to DOH and DILG detailing the progress and impact of health promotion policies.

**VII. ROLES AND RESPONSIBILITIES**

**A. The Health Promotion Bureau shall:**

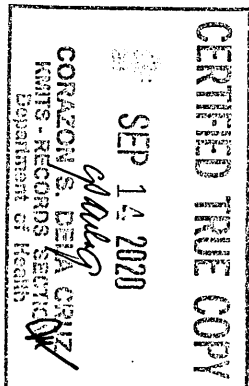
- 1. Formulate policies, standards, guidelines and capacity building programs for the operationalization of health promotion in P/CWHS
- 2. Provide technical assistance to DOH Bureau and Services, CHDs, hospitals and LGUs in the implementation of national policies, programs, projects and initiatives on health promotion, healthy settings and the determinants of health
- 3. Monitor and continue to update the HPFS to include suggestions from the evaluation reports of CHDs, LGUs and other concerned bodies
- 4. Establish a coordination mechanism with CHD - HPUs and the P/CWHS HPUs

**B. The Bureau of Local Health Systems and Development shall:**

- 1. Align the identified priorities based on HPFS with the priority local health systems programs through the Local Investment Plan for Health
- 2. Provide technical assistance and support in cascading health promotion interventions to local health systems

**C. The Disease and Prevention Control Bureau shall:**

- 1. Coordinate plans, policies, programs and projects for disease prevention and control with the HPB, especially for implementation of such using the healthy-settings approach
- 2. Provide technical assistance and support in the implementation of health promotion components of disease programs



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**D. The Centers for Health Development shall:**

1. Establish a health promotion unit (HPU) for their respective regions
2. Facilitate implementation of the HPFS and national policies for regional and local applications
3. Provide technical assistance for the implementation of health promotion initiatives aligned with the HPFS to LGUs
4. Monitor the implementation of health promotion activities and projects in area of assignment
5. Submit technical and evaluation reports in the implementation of health promotion activities and projects

**E. The Local Government Units and Province-wide/City-wide Health Systems shall:**

1. Develop counterpart local ordinances to ensure compliance with national directives at the local level
2. Coordinate with other LGUs and NGAs in carrying out these guidelines
3. Monitor the implementation of LGU-specific health promotion activities

**VIII. REPEALING CLAUSE**

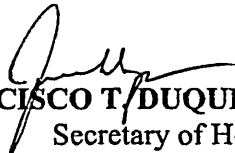
Other related issuances not consistent with the provisions of this Order are hereby revised, modified, or rescinded accordingly. Nothing in this Order shall be construed as a limitation or modification of existing laws, rules and regulations.

**IX. SEPARABILITY CLAUSE**

Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

**X. EFFECTIVITY**

This Order shall take effect fifteen (15) days after publication to an official gazette or a newspaper of general circulation.

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

