



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 21 2020

ADMINISTRATIVE ORDER
No. 2020 - 0058

Subject: Guidelines on the Transformation of the Health Promotion and Communication Service (HPCS) to the Health Promotion Bureau (HPB)

I. RATIONALE

Republic Act No. 11223 otherwise known as Universal Health Care (UHC) Act laid out the strategic reform agenda of the nation's health system to achieve our health goals equitably. It embodies the concept that health and social wellbeing are determined by the social determinants of health (SDH) which include many factors outside of the health systems – including socioeconomic factors, globalization and urbanization, demographic patterns, environments (physical, legal, economic, and political), patterns of consumption (food, technology, and natural resources), commercialization and trade, climate change, family structures, and the cultural and social fabric of societies.

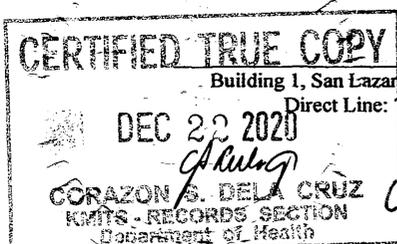
The UHC Act also operationalized the need to invest in health promotion and protection by mandating the (1) transformation of the existing Health Promotion and Communication Service (HPCS) to the Health Promotion Bureau (HPB); (2) requirement of health impact assessment (HIA) for policies, programs and projects that are crucial in attaining better health outcomes or those that may have an impact on the health sector as stated in Sec. 30 of the law; and, (3) support of participatory action research (PAR) on cost-effective high impact interventions on health promotion and social mobilization as stated in Sec. 31 of the law.

With this, there is a need to articulate the roles and responsibilities of the HPB, ensure that all other functions that are no longer congruent to the said mandates are transferred to respective DOH offices and bureaus, and that functions are clearly delineated with other offices.

II. OBJECTIVES

This Order aims to provide guidance on the transformation of the HPCS to a full-fledged HPB by virtue of the UHC Act. Specifically, this Order aims to:

1. Specify the expanded mandates of the HPB per UHC Act; and
2. Clarify HPB's roles and responsibilities *vis-a-vis* other DOH Bureaus and Services and Centers of Health Development (CHD) engaged in policy, research, capacity building, monitoring and evaluation and communication functions in the Department



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III. SCOPE OF APPLICATION

This Order shall apply to all DOH Central Office Bureaus and Services, DOH attached agencies, Centers for Health Development, DOH Hospitals, Local Government Units (LGUs), the Bangsamoro Autonomous Region in Muslim Mindanao, and all others concerned engaged in policy and program development, research, communication, monitoring and evaluation, and capacity building on health promotion and health impact assessment.

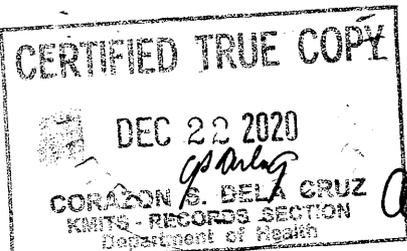
IV. DEFINITION OF TERMS

- A. **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
- B. **Disease Prevention** refers to measures adopted in the prevention of disease occurrence such as risk factor reduction, as well as prevention in disease progression
- C. **Health Literacy** refers to skills that empower individuals to gain access to, understand and use information in ways which promote and maintain good health outcomes
- D. **Health Policy** refers to official documents and procedures within government and non-government institutions which set health priorities in response to the needs of the population and other sociopolitical factors
- E. **Health Promotion** refers to the process of enabling people to increase control over the determinants of health, and to improve their health.
- F. **Risk Communication** refers to communication capacities used to encourage informed decision making, during the different phases of a serious public health event

V. IMPLEMENTING MECHANISMS

A. Transformation of HPCS to full-fledged HPB

1. The Health Promotion and Communication Service shall be transformed, renamed, and hereafter referred to as "Health Promotion Bureau (HPB)";
2. The DOH, together with the Department of Budget and Management (DBM) and other relevant agencies, shall identify and ensure appropriate organizational structure with corresponding human resource complement to support the mandate of the HPB; *Provided*, that health promotion, capabilities, financial capacities, and human resources to support the implementation of the Health Promotion Framework Strategy (HPFS) at the regional level shall be strengthened and expanded.
3. The HPB shall exercise the following additional mandates as enshrined in the UHC Act Sec 30. and its implementing rules and regulations:
 - a. Be responsible for healthy public policy and reorient health systems to prioritize health promotion and prevention, and increase health literacy;
 - b. Lead the formulation of a Health Promotion Framework Strategy (HPFS) which shall serve as the national health promotion roadmap and the basis of all health promotion policies and programs;
 - c. Develop population-wide health promotion policies and programs across SDH and behavioral risk factors;



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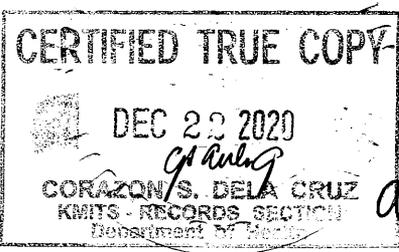
- d. Promote and provide technical, logistical and financial support to local research and development of local policies and programs on health promotion based on the HPFS and the local investment plans for health; and
- e. Exercise multi-sectoral policy coordination on health promotion and enter into partnerships with national government agencies, LGUs, the private sector, civil society organizations, professional societies and academe, among others, to ensure the attainment of the HPFS through adoption, implementation, enforcement and research of policies and programs.

Furthermore, to operationalize the mandates on Participatory Action Research (PAR) for health promotion and social mobilization and Health Impact Assessment (HIA) under Section 31 and 33 of the UHC Act respectively, the HPB shall exercise the following additional mandates:

1. Lead the development of policies and programs on HIA, and the management of the overall HIA review process for development projects, policies and programs; and
2. Lead the development of policies and programs to ensure conduct and funding of participatory action researches on cost-effective, high-impact interventions for health promotion and social mobilization, which shall form part of the national health research agenda of the Philippine National Health Research System.

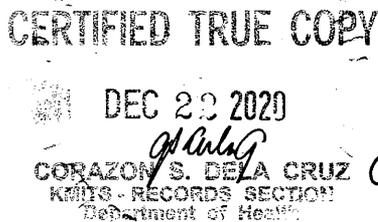
B. Delineation of HPB Roles and Functions vis-a-vis other DOH Bureaus and Services

1. Further to the mandates stipulated in Sec. V.A, the **HPB** shall perform the following roles and functions within the Department of Health in coordination with concerned DOH bureaus and services:
 - a. Lead in the development and coordination of health promotion and intersectoral strategies, policies, plans, programs, standards, and social and behavioral change campaigns (SBCC) directed to address (a) underlying behavioral risk factors such as but not limited to tobacco, alcohol and substance use, diet and physical activity, mental wellness, violence and injury prevention, hygiene and health-seeking behavior, (b) social determinants of health, (c) functional health literacy, and (d) healthy settings such as but not limited to schools, communities and workplace;
 - b. Lead in risk communication of all health risks and hazards;
 - c. Build sectoral and institutional capacity on health promotion, HIA, and PAR for health promotion and social mobilization;
 - d. Develop policy and research agenda for PAR on health promotion and social mobilization which shall form part of the NUHRA of the PNHRs, and implement mechanisms to provide adequate funding support for the conduct of PAR;
 - e. Ensure monitoring and evaluation of health promotion, HIA and PAR policies, plans and programs;
 - f. Provide clearance and support the development and implementation of SBCC plan for public health programs as prioritized and approved by the DOH Executive Committee;



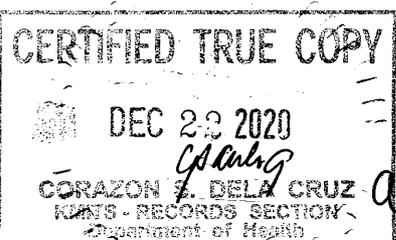
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- g. Provide content and materials for both social and behavioral change and disease prevention/ program communications; and
 - h. Perform functional analysis and organization design of HPB and health promotion units in hospitals, CHDs, and Province/City-Wide Health Systems (P/CWHS) and define competencies and develop competency-based job descriptions for health workers performing health promotion functions in coordination with HHRDB.
2. **The Disease Prevention and Control Bureau shall:**
- a. Lead in the development of disease prevention and control strategies, policies, programs, and metrics (e.g. epidemiology, supply side, demand side indicators) and provide technical inputs in the engagement of stakeholders for diseases resulting from poor behavior or specific disease-based programs;
 - b. Lead in enabling services at all levels of care such as: (a) development of Clinical Practice Guidelines, (b) inclusion of essential medicines into the Philippine National Formulary and availability of nationally-negotiated price, (c) inclusion into PhilHealth's reimbursement packages, (d) input to health care providers' education curriculum, and (e) proof-of-concept of for programs/services (e.g. quitline).
 - c. Provide technical inputs to environmental health and clinical health-related aspects of HIA Reports submitted by Project Proponents and HIA Preparers;
 - d. Lead in the Environmental Health Impact Assessment (EHIA) pursuant to the Implementing Rules and Regulations of the Code on Sanitation of the Philippines (Presidential Decree No. 856), in support to the Philippine Environmental Impact Statement System (Presidential Decree No. 1586) of the Department of Environment and Natural Resources (DENR); and
 - e. Develop setting-specific technical guidance on disease prevention and control strategies, if applicable.
3. **The Health Policy Development and Planning Bureau shall:**
- a. Lead in the coordination of organizational (DOH-wide) and sector-wide policies, plans and programs;
 - b. Provide technical inputs to health systems-related aspects of HIA Reports submitted by Project Proponents and HIA Analysts, and submit to HPB for consolidation; and
 - c. Provide technical assistance on the conduct of PAR for health promotion and social mobilization, as necessary.
4. **The Bureau of Local Health Systems Development shall incorporate health promotion principles and metrics of healthy communities into the local health systems development policies, manuals, tools, and scorecard, where applicable.**
5. **The Health Human Resource Development Bureau shall:**
- a. Provide technical assistance to HPB on the conduct of staffing studies using human resource management tools;



- b. In coordination with HPB, enhance and/or update existing competency catalog, which includes the competency models and competency-based job descriptions related to health promotion;
 - c. Provide technical assistance on the development of learning design and packages, and on the evaluation of health promotion-related curriculum, modules, courses and LDIs; and
 - d. Integrate health promotion initiatives in organizational and sectoral HRH management and development systems, policies and programs in collaboration with concerned offices.
6. The **Health Emergency Management Bureau** shall:
- a. Lead in DRRM-H promotion and advocacy activities including those for safe and resilient communities; and
 - b. Provide inputs to risk management strategies for all health hazards across the disaster cycle.
7. The **Knowledge Management and Information Technology Service** shall:
- a. Develop, manage, and maintain the official DOH website and other identified digital health solutions for health promotion and communication such as chatbot applications, online database systems, and non-social media platforms, among others. This includes digitalization of health promotion and communication materials into ICT applications;
 - a. Implement the layout and design of the official DOH website and other identified digital health solutions following the HPB functional and technical requirements;
 - b. Provide the necessary ICT infrastructure, security and user analytics data of the official DOH website and other identified digital health solutions; and
 - c. Analyze monitoring and evaluation data together with HPB and CMU.
8. **Media Relations Unit** shall be transferred to the Office of the Secretary to support public relations and communications of the DOH, and shall be renamed to the “**Communications Management Unit**” (CMU) to accurately reflect its functions. The CMU shall:
- a. Develop corporate and crisis communication plans and manage and facilitate the activation of crisis communication protocol for health risks and hazards, and institutional reputational risks;
 - b. Perform internal communication functions within the DOH Central Office and cascade to the regional Centers for Health Development and attached agencies;
 - c. Develop and facilitate the approval of communication materials as aligned with developed communication plans;
 - d. Facilitate the execution of editorial plans through coordination with the appropriate DOH offices;
 - e. Provide capability-building sessions/workshops for media practitioners and designated national and regional DOH spokesperson(s);
 - f. Assist in layout and design of the official DOH website and other identified emerging media platforms in reference to Internal Department branding, DICT guidelines, and other applicable policies;
 - g. Provide analysis of monitoring and evaluation of health information platforms together with KMITS;

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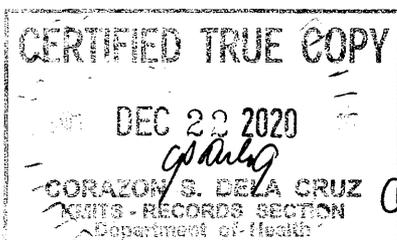
- h. Monitor and evaluate developed editorial plans and communication activities; and
- i. Administrative management of social media platforms.

9. Centers for Health Development shall:

- a. Establish a **Health Promotion Unit** under the supervision and management of the Local Health Support Division of CHDs with the following minimum four (4) dedicated or designated Health Program Officers (HPOs) and/or Health Education and Promotion Officers (HEPOs) to support the operationalization of health promotion in province/city-wide health systems, and to perform the following functions:
 - i. Lead risk communication within their respective jurisdiction;
 - ii. Facilitate implementation and evaluation of the HPFS and national policies and campaigns for regional and local applications;
 - iii. Provide technical assistance for the implementation of health promotion initiatives aligned with the HPFS to LGUs;
 - iv. Build regional and local capacity on health promotion, HIA and PAR for health promotion and social mobilization;
 - v. Monitor the implementation of health promotion activities and projects in the area of assignment;
 - vi. Submit technical and evaluation reports in the implementation of health promotion activities and projects; and
 - vii. Establish a regional network of health promotion champions and partners that will support the HPU carrying out its functions.
- b. Establish a **Communications Management Unit** under the supervision and management of the Office of the Regional Director of the CHD with a minimum of two (2) dedicated or designated HPOs to perform the following communications and media-related functions:
 - i. Lead crisis communication within their respective jurisdiction;
 - ii. Develop and adopt, localize, laymanize, reproduce and disseminate communication materials in various traditional and emerging media platforms;
 - iii. Develop and implement an external relations strategy that enhances the DOH's brand image among various stakeholders and ensure adherence to DOH Brand Manual at all times;
 - iv. Develop and implement strategies to keep DOH employees connected to the vision, mission and values and up-to-date on latest policies and initiatives; and
 - v. Manage media relations.

VI. SEPARABILITY CLAUSE

If any provision of this Order is declared invalid, unenforceable or unconstitutional, the validity or enforceability of the remaining provisions shall not be affected, and this Order shall be interpreted as if it did not contain the particular invalid, unenforceable, or unconstitutional provision.

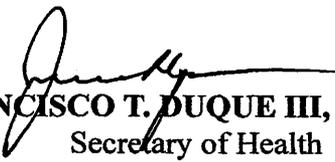


VII. REPEALING CLAUSE

All issuances inconsistent with the provisions of this Order are hereby revised, modified or rescinded accordingly. All other provisions of existing issuances not affected by this Order shall remain valid and in effect.

VIII. EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication to the Official Gazette or a newspaper of general circulation.


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

