



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 12 2021

ADMINISTRATIVE ORDER

No. 2020- DDO6
2021 re

SUBJECT: Guidelines in Supporting Universal Health Care and the Local Health System Integration by the International Health Partners

I. RATIONALE

The passage of the Universal Health Care (UHC) Act of 2019 is a breakthrough health reform which ensures Filipinos equitable access to quality and affordable healthcare services and are protected against financial risks. The health sector shall realize the aspirations of the UHC by integrating local health systems into province/city-wide health systems (P/CWHS), by virtue of primary health care philosophies. Such a gargantuan task of integrating into P/CWHS, which aims at delivering seamless healthcare services, entails the grouping of providers and facilities into primary care provider networks and linking them to secondary and tertiary care facilities as networks. Furthermore, it involves delineating healthcare services between individual and population-based services and reinforcing the basic public health functions such as health promotion, DRRM-H, and epidemiology and surveillance, as stipulated in the Implementing Rules and Regulations of the UHC Act of 2012.

Given this perspective, the investments would involve maximizing the potential resources such as from the official development assistance (ODA) and other forms of international assistance to complement national and local health efforts toward this integration goal. Existing policies such as the Administrative Order (AO) 2020-0005 or the Philippine Health Development Cooperation Framework and the Administrative Order 2020-0021 or the Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS) recognizes that the international health partners (IHPs) should respect health reform priorities of the local government units in their aspirations towards implementing the UHC Act provisions.

It is therefore imperative to guide how the ODA will be directed to efficiently implement the local health system integration in due consideration of the health development cooperation principles and the health sector structure as defined in the Local Government Code of 1991 and the UHC Act of 2012.

II. OBJECTIVES

The objective of this Order is to provide guidance on how international health partners, through their existing and prospective development cooperation, can assist the Universal Health Care Integration Sites (UHC-IS) in their endeavor towards realizing the P/CWHS. This could be achieved through the following specific objectives:

- A. To outline the areas of cooperation between international health partners (IHPs) and the UHC-IS in line with the P/CWHS,

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- B. To define the roles and responsibilities of the IHPs and other stakeholders in development cooperation partnerships with the UHC-IS, and
- C. To provide the process and mechanisms for the partnership between IHPs and UHC Integration Sites

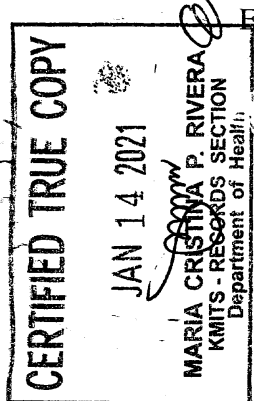
III. SCOPE OF APPLICATION

This Order shall apply to all DOH Offices, Centers for Health Development (CHDs), and its attached agencies such as the National Nutrition Council, Philippine Health Insurance Corporation, Philippine National AIDS Council, Philippine Institute for Traditional and Alternative Healthcare; other national government agencies; local government units; IHPs such as bilateral and multilateral organizations including other international non-government organizations and philanthropic institutions. This shall also apply to other government institutions and stakeholders in line with the whole-of-society and whole-of-government approaches.

This order shall also apply to the IHPs and other LGUs. In the case of Bangsamoro Autonomous Region for Muslim Mindanao (BARMM), the partnership with the UHC Integrated Sites and the policy framework for integrated P/CWHS shall be in accordance with Article IX, Section 22 of Republic Act 11054 or the Bangsamoro Organic Law and subsequent laws and issuances to be enacted by the Bangsamoro Government.

IV. DEFINITION OF TERMS

- A. City-wide health system (CWHS) – refers to Highly Urbanized City (HUC)- and Independent Component City (ICC)-wide health systems. This includes the City Health Office, health facilities and services, human resources, and other operations relating to health under the administrative and technical supervision of the City Health Board (CHB).
- B. 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 providers acting as the navigator and coordinator of health care within the network.
- C. Integration of Health Services - the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.
- D. International Health Partners – composed of multilateral and bilateral international organizations, international development banks, international NGOs, global health initiatives, and international philanthropic organizations, with a formal agreement with the Philippine government, supporting and contributing to the implementation of health programs, projects, and activities in achieving the health sector goals and priorities.
- E. Non-ODA International Partnerships - refers to forged partnership agreements with international institutions assisting the health sector, which is not traditionally classified as official development assistance. This may include, but not limited to, partnerships with philanthropic groups, international civil society organizations, humanitarian organizations, international service organizations, academic and research organizations.



- F. Official Development Assistance – is either a loan, a grant or a mixture of both, administered to promote sustainable social and economic development and welfare of the Philippines.
- G. Philippine Health Development Cooperation (PHDC) Framework - is a partnership framework between the Philippine health sector and the IHPs that is based on the principles of the Busan Partnership Agreement and the Sustainable Development Goals. It sets the strategies and mechanisms for collaboration with international health partners in providing assistance to the health sector.
- H. Primary care provider networks (PCPNs) – 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).
- I. 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.
- J. Province-wide health system (PWHS) - is composed of municipal and component city health systems. This includes the Provincial, Component City and Municipal Health Offices, health facilities and services, human resources, and other operations relating to health under the administrative and technical supervision of the Provincial Health Board (PHB).
- K. Universal Health Care-Integration Sites (UHC-IS)- refer to provinces, HUCS and ICCs that have signified their commitment to the DOH to integrate their local health systems into P/CWHS.
- L. Joint Assessment, Monitoring and Evaluation (JAME) - shall organize multi-stakeholder site monitoring or evaluation initiatives to gather insights on project implementation, with focus on results (i.e. outputs, outcomes and impact), towards an evidence-informed operational and policy improvement on development cooperation.

V. GENERAL GUIDELINES

The partnership between the IHPs and the UHC-IS shall abide by the following:

- A. Primary Health Care shall be the overarching philosophy and approach in forging international development cooperation focused on local health system strengthening, by acknowledging primary care as the foundation of the healthcare delivery system. Moreover, the IHPs shall participate in and fully support the multi-stakeholder consultation for planning, organization, operation, and control of the LGUs.
- B. The partnership between the IHPs and the UHC-IS shall exemplify the principles and strategies espoused in the AO 2020-0005 or the Philippine Health Development Cooperation Framework. IHPs shall respect the LGU's ownership of health reforms and shall align to its identified priorities, with due consideration of multi-sectoral collaboration and the needs of the most vulnerable and marginalized population.
- C. Assistance to the UHC-IS shall ensure that all people living in the geographically isolated and disadvantaged areas (GIDAs) and the Indigenous Cultural Communities/Indigenous Peoples (ICC/IPs) have access to basic health services by improving the core health system functions as defined in the AO 2020-0023 or the Guidelines on Identifying Geographically-Isolated and Disadvantaged Areas and Strengthening their Health Systems.

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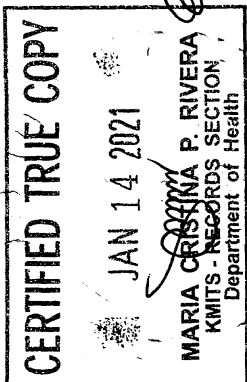
- D. The support of IHPs must be geared towards the integration of local health systems into province-wide health systems, either indirectly by providing support at the national and sub-national levels, or directly through site-level assistance.
- E. For site-level assistance, the provision of support should be guided by the identified needs of the LGUs, as reflected in their local health systems maturity level (LHS ML) assessment result, local investment plans for health (LIPH), and LGU scorecard performance, among others. Support provision should also be guided by existing policies and frameworks on local health systems development and integration, such as, but not limited to, the following:
 1. AO 2020-0021 entitled, "Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)"
 2. AO 2020-0037 entitled, "Guidelines on the Implementation of the Local Health Systems Maturity Levels (LHS ML)"
 3. AO 2020-0019 entitled "Guidelines on the Service Delivery Design of Health care Provider Networks"
 4. AO 2020-0024 entitled, "Primary Care Policy Framework and Sectoral Strategies"
 5. AO 2020-0023 entitled, "Guidelines on Identifying Geographically-Isolated and Disadvantaged Areas and Strengthening their Health Systems."

VI. SPECIFIC GUIDELINES

A. Scope of Assistance

The IHPs shall support the national, sub-national (regional) and local level initiatives in pursuit of successfully demonstrating local health system integration, specifically on:

1. **National and sub-national (regional) assistance** - With due consideration on their comparative advantage, the IHPs may provide assistance at the national and sub-national levels through innovative approaches in areas of evidence-based policy development, implementation research, knowledge management platforms, human resource development, monitoring and evaluation tools and other systems that will enable the national and sub-national offices to efficiently and effectively undertake their roles in local health system integration.
2. **Site-level assistance** - The roles of the IHPs is to support the UHC-IS towards technical, managerial and financial integration as defined in AO No. 2020-0021 on Guidelines on Integration of the Local Health Systems into Province-Wide and City-Wide Health Systems (P/CWHS) and AO No. 2020-0037 on Guidelines on Implementation of the Local Health Systems Maturity Levels (LHS ML). The assistance shall be non-prescriptive and be based on the evolving needs of the LGUs, as reflected in the Local Investment Plan for Health (LIPH) and corresponding Annual Operational Plans (AOPs), with due consideration on the equitable access of those from GIDAs.



The IHPs shall enable and assist the UHC-IS to deliver the desired outputs and outcomes of the P/CWHS within its resources and capacities. As such, the IHPs shall prioritize comprehensive institutional capacity building reform and provide technical assistance with a long-term and sustainable systemic impact.

B. Areas of Cooperation for the P/CWHS

The IHPs shall provide full support and assistance to achieve the three integration areas:

1. **Managerial integration** - refers to the consolidation of administrative, technical, and managerial functions of the P/CWHS over its resources such as health facilities, human resources for health, health finances, health information systems, health technologies, equipment, and supplies.
2. **Technical integration** - refers to the functional and efficient linking of health service provision from primary to tertiary care, when appropriate, across different levels of facilities, care settings, across a comprehensive spectrum of care with primary care as the foundation and inter-sectoral participation as one of its key principles.
3. **Financial integration** - refers to the consolidation of financial resources exclusively for health services and health system development under a single planning and investment strategy by the P/CWHS, i.e. LIPH and AOP.

The general procedures and mechanism, by which stakeholders can integrate local health systems into P/CWHS, is specified in AO 2020-0021 entitled "Guidelines on Integration of the Local Health Systems into Province-wide and City-Wide Health Systems (P/CWHS)" and is further supplemented by AO 2020-0037 entitled "Guidelines on the Implementation of the Local Health Systems Maturity Levels (LHS ML)." The LHS ML defines the Key Results Areas of the P/CWHS.

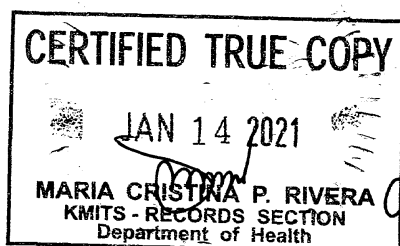
The AOs shall serve as the references on the list or priority assistance to the UHC IS. Furthermore, recognizing the unique characteristics and needs of every local health system, the LGU requirements for the P/CWHS shall be based on the baseline assessment conducted by the LGUs, as assisted by the DOH, prescribed in the AO 2020-0022 on Guidelines on the Development of Local Investment Plans for Health.

C. Implementation Arrangements

The provision of technical assistance in the selected UHC-IS shall be anchored on the specific phases identified for organizing P/CWHS.

1. Preparatory Works

- I. Commitment setting at the national level
 - a. For ongoing partnerships that can be realigned to assist UHC-IS, the IHPs shall signify its commitment through a Letter of Intent (LOI) to the DOH addressed to the Undersecretary of Health Policy and System Development Team.
 - b. For new ODA loans and grants covering UHC-IS, the IHPs shall follow the negotiation procedure mandated in the Official Development Assistance (ODA) Act of 1996 and Office of the President's Memorandum Circular 16 s. 2017.
 - c. For non-ODA international partnerships, the IHP may forge a Memorandum of Agreement (MoA) with the Secretary of Health.



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II. Site prioritization

- a. The selection of the sites to be supported and assisted by the IHPs shall be determined in consultation with the DOH Central Office and the Centers for Health Development.
- b. A site prioritization criteria shall guide the DOH and the IHPs to its selection:
 - i. Sites with no other health partners providing full assistance on the integration;
 - ii. Sites with a Board Resolution on UHC local health system integration;
 - iii. Sites with the highest funding gaps, as reflected in the LIPH, which involves the medium-term LGU health allocation, vis-a-vis annual internal revenue allotment and multi-year DOH funding assistance; and
 - iv. Sites with Geographically Isolated and Disadvantaged Areas (GIDAs) or most number of GIDAs

2. Organization of the P/CWHS

I. Co-creation activities with the UHC-IS

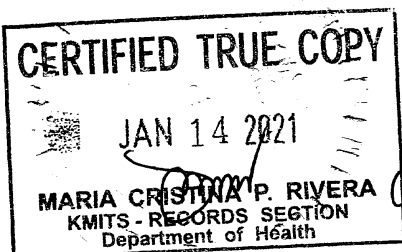
- a. In ensuring the provision of comprehensive assistance, the IHPs shall support and participate in the consultation activities with different stakeholders, especially with the non-health LGU divisions, community-based organizations, leaders from the indigenous communities, if applicable, and representatives from the geographically isolated and disadvantaged areas with assistance from the CHD.

II. Integration in the existing planning mechanism

- a. The Local Investment Plan for Health (LIPH) and the Annual Operational Plan (AOP) shall contain the specific assistance and activities to be undertaken with the IHPs. The IHPs shall align their programs, projects and activities with the LIPH and AOP of the LGUs.
- b. A joint work plan (JWP), which is based on the LIPH and the AOP, shall be signed between the LGU and the IHPs. It shall contain the following information:
 - i. project site(s) to be supported
 - ii. the area/s of cooperation as defined in Section VI-B
 - iii. activities to address the gaps identified in the LIPH/AOP
 - iv. corresponding budget
- c. The JWP shall be endorsed to the designated CHDs and BIHC

III. Integration in the existing implementation reviews

- a. The implementation reviews shall be the venue for different stakeholders to discuss the progress of the P/CWHS implementation and raise prevailing risks, issues, challenges and opportunities.

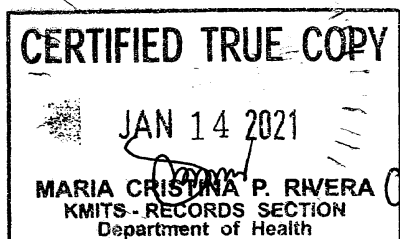


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- b. Implementation reviews shall be done at all levels of governance platforms of the P/CWHS program, as follows:
 - i. At the local level, the UHC-IS shall invite the IHPs in the conduct of their implementation reviews, wherein the progress of P/CWHS is deliberated, including the commitments of IHPs based on the JWP. Any changes in the agreed deliverables between the UHC-IS and the IHPs shall be reflected in the revised LIPH, AOP and JWP.
 - ii. At the sub-national (regional) level, the CHDs shall organize reviews with IHPs and other relevant stakeholders at least once a year to assess the progress of the UHC integration and how the CHDs can maximize partnerships in providing assistance to the UHC-IS.
 - iii. At the national level, the IHPs shall include in their regular progress reporting to the BIHC the updates on the implementation of UHC-IS assistance in their project sites. Moreover, the overall progress of UHC-IS including the new policies related to the local health system integration shall be discussed in the Thematic Coordination Meetings (TCMs) between DOH and IHPs.

3. Performance Monitoring and Evaluation

- a. Monitoring of development cooperation performance
 - i. The UHC-IS shall be prioritized in the conduct of Joint Assessment, Monitoring and Evaluation (JAME), which is a multi-stakeholder, site level, health sector assessment led by the BIHC and participated by the DOH units, IHPs, LGU leagues, CSOs and oversight agencies. The reports generated from the existing M&E activities at the UHC-IS shall be considered in the progress review.
 - ii. The UHC-IS assistance performance shall be an important consideration in scoring for the International Health Partner Scorecard, specifically in determining the breakthrough commitments to be measured.
- b. Evaluation of the functionality of the local health system integration
 - i. The IHPs shall assist the UHC-IS in tracking the progress of the local health system integration based on the Key Result Areas identified in the LHS ML.
 - ii. The IHPs shall be encouraged to fund an end-line evaluation to assess the attainment of both the integration outputs vis-à-vis health outputs and outcomes, as prescribed in the LGU Scorecard.
- c. Documenting lessons learned and good practices
 - i. The CHDs and the UHC-IS shall be responsible for documenting good practices and lessons learned. A separate policy shall be released to provide specific details.



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- ii. The IHPs shall be encouraged to assist the UHC-IS in documenting their experience of UHC-IS.

VII. ROLES AND RESPONSIBILITIES

A. Bureau of International Health Cooperation (BIHC) shall:

1. Facilitate the partnership between IHPs and the UHC-IS
2. Provide a venue for discussion and dialogue through the Thematic Coordination Meetings
3. Monitor the commitments of the IHPs in this health system integration through existing monitoring mechanisms

B. Bureau of Local Health Systems and Development (BLHSD) shall:

1. Provide policy directions on the integration of local health systems
2. Formulate policies, standards, and tools on LIPH and AOP development

C. Center for Health Development (CHD) shall:

1. Coordinate with the IHPs in providing assistance to the UHC IS
2. Conduct regular review and monitoring of the performance of LGUs vis-a-vis IHP assistance
3. Provide relevant information on UHC-IS with LGU as reference for IHP assistance

D. Field Implementation Coordination Team (FICT) shall:

1. Coordinate with BIHC and BLHSD thru HPSDT and CHDs for the efficient implementation of IHP assistance to the UHC integration
2. Monitor the overall progress of implementation of the local health system integration together with the CHDs

E. Health Policy and Systems Development Team (HPSDT) shall:

1. Lead the development of needed macro-level policies that will address health systems bottlenecks
2. Provide the overall direction in the partnership with the UHC-IS by the IHPs

F. International Health Partners (IHPs)

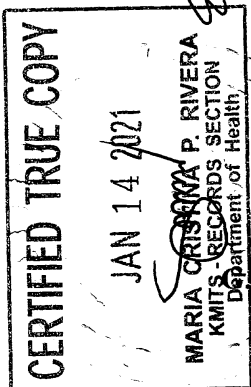
1. Consult the UHC-IS, CHDs, and other key stakeholders to prioritize the technical assistance needs
2. Develop a Joint Work Plan together with UHC-IS that is aligned with the LGU's LIPH/AOP
3. Provide regular reports to the UHC-IS, CHDs, and BIHC on the progress of the implementation
4. Participate in different implementation reviews and monitoring activities

UHC Integration Sites (UHC-IS)

1. Ensure that gaps and priority investment needs are reflected in the LIPH/AOP to be used as a reference by the IHPs
2. Develop a Joint Work Plan with the IHPs
3. Monitor commitments and deliverables as reflected in the JWP
4. Coordinate with their respective CHDs on the performance of the IHPs

VIII. SEPARABILITY CLAUSE

Any portion or provision of this Order that is declared unconstitutional shall not have the effect of nullifying other portions or provisions hereof as long as such remaining portions can still subsist and be given effect in their entirety.




In the event that any provision or part of this Order is declared invalid by any competent authority or court of law, those provisions or parts not affected by such declaration shall remain valid and in effect.

IX. REPEALING CLAUSE

DOH issuances that are inconsistent with the provisions of this Order shall be implied or expressly repealed, amended, or revoked.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication in the Official Gazette or a newspaper of general circulation. Copies of this Order shall be filed with the U.P. Law Center of the National Administrative Register.


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Secretary of Health

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