



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 09 2021

ADMINISTRATIVE ORDER

No. ~~2020~~ 0025
2021

SUBJECT: National Policy and Strategic Framework on the Men's Health Program (MHP)

I. RATIONALE

More than two decades ago, global calls to promote men's active involvement in reproductive health (RH), attainment of gender equality, and improvement of men's and women's health were enshrined in the 1994 International Conference on Population and Development (ICPD) Program of Action and the 1995 Beijing Declaration and Platform of Action. This big push became the impetus for local advocacy for men's involvement in RH. Encouraging the active participation of men in RH eventually became embodied in the National RH Policy.

The Department of Health (DOH) Administrative Order No. 2006-0035 dated 15 November 2006, or the National Policy and Strategic Framework on Male Involvement in Reproductive Health set the initial strategic direction for the implementation of men's involvement in reproductive health. Moreover, the Responsible Parenthood and Reproductive Health Act of 2012 (R.A. 10354) emphasized male involvement and responsibility as key elements of reproductive health (RH), which also included men's own reproductive health.

Against this backdrop, this National Policy and Strategic Framework on the Men's Health Program (MHP) recasts men's involvement as three interrelated roles in nested life fields. Men are: (a) *clients* who have their own RH concerns that need to be addressed in conjunction with unique RH needs of women, (b) *partners* who recognize that their own health impacts their partner's well-being and (c) *change agents* who advocate for gender transformation.

This policy provides technical guidance to all stakeholders, Centers for Health Development (CHDs), Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), Local Government Units (LGUs), public and private hospitals and health facilities, national agencies and local government units, faith-based organizations, schools and the academe.

II. OBJECTIVES

This Administrative Order aims to:

- 1) Provide a strategic framework (Annex A) for men's involvement and responsibility in reproductive health, as well as men's reproductive health, that is anchored on the RPRH Law;
- 2) Provide policy direction for Department of Health (DOH) offices, its attached agencies, LGUs and other partners in terms of prioritizing activities related to MHP;

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CERTIFIED TRUE COPY

MAR 29 2021

Corazon S. Dela Cruz
CORAZON S. DELA CRUZ
KMITS - RECORDS SECTION
Department of Health

III. SCOPE OF APPLICATION

This Order shall apply to DOH at the Central Office, Centers for Health Development (CHDs), Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), local government units (LGUs), public and private hospitals and health facilities, non-government agencies (NGAs), faith-based organizations, schools and the academe, communities, transportation groups, labor sector, media, professional associations, civil society organizations, military, civilian defense, international development agencies, indigenous communities and other sectors that shall be part of MHP.

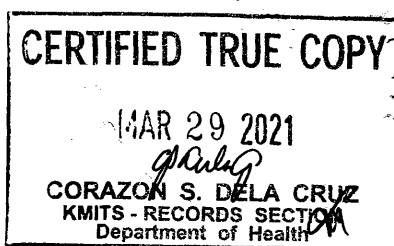
IV. DEFINITION OF TERMS

- A. **Male** – refers to a label assigned at birth based on the presence of a penis and related external, phenotypical sexual attributes. It is also associated with physiological features including chromosomes, gene expression, hormone levels and function, and reproductive anatomy.
- B. **Man/Men** – refers to a gender or a social construct relating to behaviors and attributes that align with labels of masculinity. The gendered label “boys” belongs to this category.
- C. **Gender Equality** – refers to the absence of discrimination on the basis of a person's sex in opportunities, the allocation of resources and benefits, or access to services.
- D. **Men's Responsibility** – refers to the involvement, commitment and accountability of men in all areas of sexual and reproductive health, as well as the management and care for their own reproductive health.
- E. **Men's Reproductive Health (MRH)** – refers to the reproductive health needs and concerns of Filipino men across all life stages. MRH-related service provisions focus on all of the 12 elements of reproductive health in the RPRH Law.
- F. **Reproductive Health (RH)** – refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

V. GENERAL GUIDELINES

The Men's Health Program (MHP) has two components: Men's Involvement and Responsibility in Reproductive Health (MIRRH) and Men's Reproductive Health (MRH).

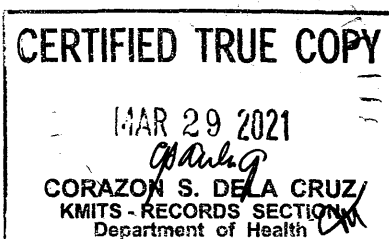
- A. Men's Involvement and Responsibility in Reproductive Health (MIRRH) shall link with all other elements of reproductive health, as indicated in the RPRH Law:
 - 1. Maternal, infant and child health;
 - 2. Nutrition and breastfeeding;
 - 3. Adolescent and youth reproductive health guidance and counselling;
 - 4. Family planning information and services;
 - 5. Prevention and treatment of RTI, including STI/HIV/AIDS;
 - 6. Proscription of abortion and management of its complications;
 - 7. Elimination of violence against women and children (VAWC), and other forms of sexual and gender-based violence;



8. Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;
 9. Education and counselling on sexuality and sexual health;
 10. Prevention, treatment and management of infertility and sexual dysfunction;
 11. Reproductive health education for all adolescents;
 12. Mental health aspects of reproductive health care.
- B. Men's Reproductive Health (MRH) covers all health-related concerns faced by men throughout their life cycle. A framework for men's health services across the lifespan is attached in the issuance as Annex B.
- C. The Men's Health Program shall respect the rights of all boys and men. Specific strategies for marginalized and vulnerable groups need to be put in place to promote equity and inclusion. Marginalized groups include, but are not limited to, the following: Indigenous Communities (RA 8371), Persons with Disability (RA 9442), Children in Conflict with the Law (RA 9344) and drug-dependents (RA 9165).

VI. SPECIFIC GUIDELINES

- A. The Men's Health Program (MHP) shall aim to achieve the following health outcomes: (1) Healthy Development; (2) Healthy nutrition; (3) Sexual and reproductive health; (4) Reduction of substance use; (5) Reduction of injuries and mortality, morbidity and the psychosocial consequences of injuries; (6) Reduction of all forms of violence and mortality, morbidity and psychosocial consequences of violence; and (7) Mental health.
- B. All public, private or mixed MRH service providers shall provide services to all population group with continuous health care from primary to tertiary level thru the Health Care Provider Network (HCPN) mechanism (DOH A.O. 2020-0019). MRH services shall be delivered in safe, efficient and coordinated mechanism.
- C. Specific program strategies shall include:
1. Health promotion and behavior change for boys and men to utilize health services, practice healthy behaviors, avoid risks and participate in governance and policy decisions affecting their health and development;
 2. Improving access to quality and men-friendly health care services and information for boys and men;
 3. Resource mobilization: The DOH, CHDs, and LGUs shall provide counterpart funds to implement the MHP within the scope of their responsibility and mobilize other sources of financing such as from the private sector, civil societies non-government organizations and development partners;
 4. Enhancing skills of both public and private service providers;
 5. Strengthening partnerships among men's groups, government agencies, civil societies and the private sectors, families and communities;



6. Strengthening policy at all levels to ensure that all boys and men have access to information and services.

D. Monitoring and evaluation systems shall be developed to improve access to strategic information to effectively assess the attainment of goals and utilize data in developing programs to promote men's health.

VII. ROLES AND RESPONSIBILITIES

The DOH shall act as the lead agency, along with the LGUs, for the implementation of this Order. The Disease Prevention and Control Bureau (DPCB) - Family Health Office (FHO) shall designate a sub-program manager for Men's Health. The DOH shall convene a Technical Working Group on Men's Health whose primary role is to oversee the implementation of the program and monitor progress based on the Monitoring and Evaluation framework.

The following offices shall have the following roles and responsibilities in implementing this Order:

A. Disease Prevention and Control Bureau (DPCB) shall:

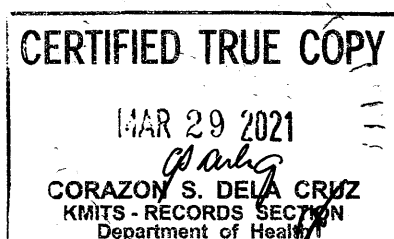
1. Serve as the lead office for the overall planning, management and evaluation of the MHP;
2. Provide technical leadership in all matters pertaining to MHP;
3. Advocate for men's health in national and local public forums;
4. Ensure meaningful participation of boys and men at all ages of the program cycle;
5. Create, strengthen and maintain interagency links and public-private partnerships;
6. Develop and monitor the implementation of a communications and advocacy plan for Men's Health, in collaboration with Health Promotion Bureau (HPB);
7. Provide data necessary for monitoring and evaluation of results of the MHP, in collaboration with Epidemiology Bureau (EB).

B. Centers for Health Development (CHDs) shall:

1. Localize and disseminate this Order;
2. Provide technical assistance to LGUs in implementation;
3. Monitor results and report these to the DOH DPCB;
4. Create inter-agency links to support LGUs in the implementation of the MHP;
5. Advocate for policies and resources at the local level;
6. Ensure that hospitals and healthcare facilities under CHD management meet the standards for men's health services.

C. Philippine Health Insurance Corporation (PhilHealth)

The Philippine Health Insurance Corporation shall develop and provide health coverage package for boys and men, particularly marginalized subsectors.



D. Professional medical and allied medical associations, academic institutions, non-government agencies, faith-based organizations, civil society organizations, the United Nations (UN), other development partners and private sector representatives working with and for boys and men shall:

1. Develop members' capacity to provide men-friendly health services, if applicable;
2. Provide technical assistance in the formulation of policies, guidelines and tools for men's health and development;
3. Contribute to research on men's health and development;
4. Participate in monitoring and evaluation of results of the MHP;
5. Participate in the design and implementation of men's health and development programs;
6. Advocate, mobilize and generate resources for men's health and development;
7. Implement men's programs and outreach services in communities.

E. Local Government Units (LGUs) shall:

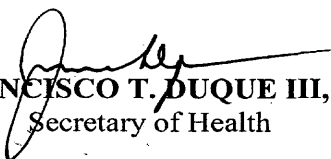
1. Provide men's health information, care and supplies;
2. Translate the national MHP policy into local policies or ordinances for implementation at the community level;
3. Facilitate the fund allocation and generation in cooperation with partners in the field;
4. Mobilize the participation of other government and NGAs, families, communities and other stakeholders for a unified action towards MHP promotion and implementation.

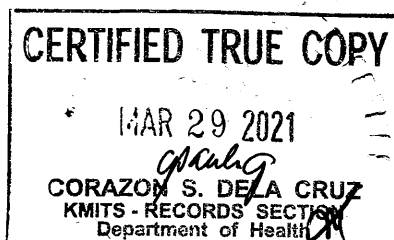
VIII. REPEALING CLAUSE

The National Policy and Strategic Framework on Male Involvement in Reproductive Health or AO 2006-0035, all issuances, rules and regulations, or parts thereof, inconsistent with this Act are hereby repealed or modified accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication in a newspaper of general circulation and upon filing ~~there~~ ^{three} (3) certified copies to the University of the Philippines Law Center.


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



Annex A: Strategic Framework

The strategic framework of the *National Policy and Strategic Framework on the Men's Health Program* shall consist of three programmatic areas: (a) *men as clients* who have their own RH concerns that need to be addressed in conjunction with unique RH needs of women, (b) *men as partners* who recognize that their own health impacts their partner's well-being and (c) *men as agents of change*. Listed below are these three programmatic areas, their descriptions as well as programmatic objectives under each area.

Area	Description	Programmatic objectives
Men as clients	Address men's comprehensive RH needs	<ul style="list-style-type: none"> • Increase men's knowledge of reproductive health issues and options • Encourage men's responsibility in promoting and living a healthy lifestyle • Promote increased demand for male methods of contraception and improve accessibility, acceptability, and use of RH options and services which requires men's active participation as a cooperative method • Ensure quality in provision of RH services available to men.
Men as partners	Engage men as supportive partners	<ul style="list-style-type: none"> • Improve healthy communication and joint decision making between couples • Promote men's responsibility over their own sexual behaviours • Expand men's knowledge of and participation in their partner's contraceptive planning and use (e.g., knowledge of partner's method, fertility, and desired family size) • Increase shared responsibility for decisions around contraception and protection against sexually-transmitted infections and HIV • Promote men's supportive and enabling role before and during pregnancy and childbirth • Emphasize men's responsibility as parents and caregivers in the family, and in the prevention of violence against women and children.
Men as agents of change	Promote gender equality as a means of improving men's and women's RH as an end in itself	<ul style="list-style-type: none"> • Promote gender-equitable fatherhood among men • Support advocacy against discriminatory sexual and reproductive health laws and policies • Encourage reflection on and challenge attitudes about gender roles to help shift assumptions and values that drive gender inequality. • Encourage men to advocate for MIRRH and MRH

Source: Modified from Margaret Greene's *Male Engagement in Family Planning Framework* (2006)

Annex B: Life Cycle Framework for Men's Reproductive Health Services

Boy Child	Adolescent Men	Adult Men	Elderly Men
Vaccine-preventable diseases	Vaccine-preventable diseases	Vaccine-preventable diseases	Vaccine-preventable diseases
Nutrient-deficiency/Oral disorders	Nutrient deficiency/Oral disorders	Nutrient deficiency/Oral disorders	Nutrient deficiency/Oral disorders
Infectious Diseases	Infectious Diseases	Infectious Diseases	Infectious Diseases
Mental health disorders	Mental health disorders	Mental health disorders	Mental health disorders
Developmental disorders	Substance abuse	Substance abuse	Substance abuse/accidental poisoning
	Sexually-transmitted disorders	Sexually-transmitted disorders	Sexually-transmitted disorders
		Reproductive organ diseases	Reproductive organ diseases

YOUNG ----- **→ OLD**