



**Republic of the Philippines  
Department of Health**

**Republic Act (RA) No. 11223  
UNIVERSAL HEALTH CARE ACT**

**CY  
2020  
IMPLEMENTATION REPORT**

**July 2021**

© Department of Health 2021

**Published by**

Health Policy Development and Planning Bureau  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila 1003, Philippines

The mention of specific companies or of certain products does not imply preferential endorsement or recommendation by the Department. This report may be reproduced in full or in part for non-profit purposes without prior permission, provided proper attribution to the Department is made. Furnishing the Department a copy of the reprinted or adapted version will be appreciated.

# Editorial and Publication Team

**Editors:**

Mario C. Villaverde, MD, MPH, MPM, CESO I  
Frances Rose Elgo-Mamaril, MPH  
Napoleon S. Espiritu II, MPP  
Lindsley Jeremiah D. Villarante RN, MPH  
Roland Philip C. Javier RMT, MPH

**Technical Writers:**

Emanuel Y. Gloria  
Ma. Reneelyn A. Pimentel  
Josant O. Lopez

**Graphics and Layout:**

Harvey T. Bislumbre

**Administrative Support:**

Jennifer A. Taguiam

# Acknowledgement

The development of the 2020 Universal Health Care Accomplishment Report was under the technical guidance and supervision of Undersecretary Mario C. Villaverde of the Department of Health-Health Policy and Systems Development Team.

This report would not be possible without the inputs of the following offices:

1. Philippine Health Insurance Corporation
2. DOH Central office
  - Bureau of Local Health System Development
  - Disease Prevention and Control Bureau
  - Epidemiology Bureau
  - Health Emergency Management Bureau
  - Health Facility Development Bureau
  - Health Facilities and Services Regulatory Bureau
  - Health Human Resource Development Bureau
  - Health Promotion Bureau
  - Health Policy Development and Planning Bureau
  - Knowledge Management and Information Technology Service
  - Administrative Service
  - Legal Service
  - Procurement Service
  - Pharmaceutical Division
  - Health Facilities Enhancement Program
  - Health Technology Assessment Unit
3. DOH Centers for Health Development

# Table of Contents

	Pages
EDITORIAL AND PUBLICATION TEAM	
ACKNOWLEDGEMENT	
EXECUTIVE SUMMARY	6
ACCOMPLISHMENTS PER UHC ACT PROVISION	6
CHAPTER II. UNIVERSAL HEALTH CARE	8
Sec. 5 Population Coverage	8
Sec. 6 Service Coverage	9
Sec. 7 Financial Coverage	10
CHAPTER III. National Health Insurance Program	12
Sec. 8 Program Membership	12
Sec. 9 Entitlement Benefits	12
Sec. 10 Premium Contributions	13
Sec. 11 Program Reserve Funds	14
Sec. 12 Administrative Expense	14
Sec. 13 PhilHealth Board of Directors	14
Sec. 14 President and Chief Executive Officer of PhilHealth	14
Sec. 15 PhilHealth Personnel as Public Health Workers	14
Sec. 16 Additional Powers and Functions of PhilHealth	14
CHAPTER IV. Health Services Delivery	16
Sec. 17 Population-based Health Services	16
Sec. 18 Individual-based Health Services	16
CHAPTER V. Organization of Local Health Systems	20
Sec. 19 Integration of Local Health Systems into Province-wide and City-wide Health System	20
Sec. 20 Special Health Fund	20
Sec. 21 Income Derived from PhilHealth Payments	20
Sec. 22 Incentives for Improving Competitiveness of the Public Health Service Delivery System	21
CHAPTER VI. Human Resources for Health	22
Sec. 23 National Health Human Resource Master Plan	22
Sec. 24 National Health Workforce Support System	24
Sec. 25 Scholarship and Training Program	26
Sec. 26 Return Service Agreement	28
CHAPTER VII. Regulation	29
Sec. 27 Safe and Quality	29
Sec. 28 Affordability	30
Sec. 29 Equity	31
CHAPTER VIII. Governance and Accountability	32
Sec. 30 Health Promotion	32
Sec. 31 Evidence-Informed Sectoral Policy and Planning for UHC	33
Sec. 32 Monitoring and Evaluation	35
Sec. 33 Health Impact Assessment	36
Sec. 34 Health Technology Assessment	37
Sec. 35 Ethics in Public Health Policy and Practice	38
Sec. 36 Health Information System	38
Sec. 37 Appropriations	39
CHAPTER XI. Miscellaneous Provisions	40
Sec. 40 Performance Monitoring Division	40
Sec. 41 Transitory Provision	41
Sec. 43 Implementing Rules and Regulations	42
Annex A. Konsulta Accreditation and Registration Status	43
Annex B. Status UHC Policy Agenda (as of 21 August 2021)	44
Annex C. Universal Health Care Act Budget (in billions PhP)	51
Annex D. Proposed National Subsidy for NHIP FY 2022 - Total (Indirect Contributors, PAMANA, Annex on Normalization Phase 3).	52
Annex E. Updates on the UHC Implementers' Course.	53
Annex F. Acknowledgement Receipt - DOH 2020 Staffing Proposals as of December 2020	56

## Executive Summary

Section 39 of Republic Act (RA) No. 11223 or the Universal Health Care (UHC) Act mandates the conduct of a regular review on its implementation. Pursuant to this, the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth), in this report, had outlined its accomplishments from the enactment of the UHC Act and promulgation of its IRR in 2019 up until 7 May 2021.

Aligned with the National Objectives for Health (NOH) 2017-2022, the medium-term roadmap of the Philippines towards UHC, initiatives anchored on the *FOURmula* One Plus for Health strategy have been implemented. They were with the end in view of increasing financial risk protection particularly for the poor, marginalized, and vulnerable; enhancing health system responsiveness to make Filipinos feel respected, valued, and empowered; and, improving health outcomes with no major disparity among population groups.

To **increase financial risk protection**, the PhilHealth had expanded population through the automatic inclusion of every Filipino in the National Health Insurance Program (NHIP), and primary care benefit coverage through the *Konsultasyong Sulit* at Tama (Konsulta) package (PhilHealth Circular No. 2020-0002). As of 2020, 87 percent of Filipinos have been registered to the NHIP database; while, pilot implementation of the Konsulta package (Annex A) had started in 2021, with possible expansion to non-pilot sites by the 2nd semester of the same year. To ensure prioritization of the marginalized, the DOH issued Administrative Order No. 2020-0023 which provides the guidelines on identifying Geographically-Isolated and Disadvantaged Areas or GIDA. It enabled the development of a GIDA information system and a profiling tool which allows GIDA barangays to be automatically identified, validated, and analyzed for gaps in technical assistance. An updated GIDA list will be released this November<sup>1</sup>; however, as of November 2020, there are a total of 4,317 barangays identified as GIDA.

To **enhance health system responsiveness**, the DOH works on catalyzing the transformation of local health systems to province- and city-wide health systems (P/CWHS) in order to meet the health needs of every Filipino. To date, a total of 58 Local Government Units (LGUs) declared their commitment to establish a P/CWHS. These LGUs form part of the UHC Integration Sites (UHC IS), which constitute 49 percent of the total provinces, highly urbanized cities, and independent component cities in the country. Following this, UHC operational policies (Annex B) including frameworks on integration were issued by the Department, and a national baseline assessment of the 58 UHC IS was conducted (Department Circular No. 2021-0071) over the year based on key result areas under different P/CWHS characteristics (Administrative Order No. 2020-0037). Following the results of the national baseline assessment and other needs identified by DOH programs, a menu of technical assistance and support for UHC IS (Department Memorandum No. 2021-0212) has been developed. This menu of technical assistance is classified into the following: 1) Policy, standards and technical guidelines; 2) Toolkits/Templates/guides; 3) Funding/logistic support; 4) Orientations/ capacity building/ learning development intervention; and, 5) Baseline Assessment/Performance monitoring tools and other technical output. This menu of technical assistance will serve as reference for Centers for Health Development (CHDs) in formulating a needs-based technical assistance package necessary for the maturity of the UHC IS that they manage.

---

<sup>1</sup> Department Memorandum No. 2021-0122 entitled Geographically-Isolated and Disadvantaged Areas (GIDA) List 2021

The Department has also mapped the service capability of eligible apex hospitals to serve as end-referral facilities of P/CWHS. For 2020, there are 10 government single specialty hospitals, 29 government level 3 general hospitals, and 16 private level 3 general hospitals (Department Circular No. 2020-0410) eligible apex or end-referral hospitals. Likewise, capacity building interventions were developed to augment the capacity of the CHDs and LGUs to implement UHC. This includes the creation of a UHC Implementers' Course (Annex E), which aims to educate the policy implementers on the requirements, systems and tools available in strengthening the health system. Currently, it is on its pilot implementation with two modules completed and uploaded as of April 2021. After the pilot implementation seven modules in total are expected to be completed by August of 2021.

To **ensure improvement of health outcomes**, the DOH designed its health and health-related programs and activities to adopt strategic planning and investing. The Local Investment Plan for Health (LIPH) was utilized for the implementation of the UHC Act at the local level. The LIPH served as the basis for the provision of financial and non-financial grants from the national government (Administrative Order No. 2020-0018). Likewise, funding support for UHC Act implementation was guaranteed and incorporated in the General Appropriations Act (GAA) for the DOH-Office of the Secretary (DOH-OSEC) and PhilHealth with a total of roughly PhP 184 billion and PhP 167 billion for 2020 and 2021, respectively (Annex C). For 2022, the proposal is PhP 343 billion or 80 percent of the combined DOH-OSEC and PhilHealth budget (Annex C and D). On the other hand, PhilHealth is financing individual-based health services, which are mostly inpatient benefit packages, through its case-based payment scheme. Other individual-based health services, such as outpatient health services, that are currently financed by the DOH, will be transitioned later on to PhilHealth in accordance with Administrative Order No. 2020-0040.

Further, with the advent of the COVID-19 pandemic, the Department has fast-tracked several UHC related internal developments and processes to mitigate the impact of the pandemic and ensure the attainment of the transitory provisions of the UHC Act. To highlight, the DOH had undertaken establishment of the Health Technology Assessment; restructuring (Annex F) to complement UHC implementation; and, issuance of guidelines for licensing and regulation of quality, safe, and affordable health products, services, and medicines among others. More importantly, despite the pandemic, the DOH and its partners have continuously provided support to LGUs for both UHC and COVID-19 matters.

# Accomplishments per UHC Act provision

## CHAPTER II. UNIVERSAL HEALTH CARE

Program/Activity	Accomplishment/s
Sec. 5 Population Coverage	<p data-bbox="507 521 1377 589">As of CY 2020, 87% of Filipinos are registered in the National Health Insurance Program (NHIP)</p> <ul style="list-style-type: none"> <li data-bbox="523 622 1433 947">• A Memorandum of Agreement (MOA) will be drafted with the Philippine Statistics Authority (PSA) for database sharing purposes to ensure accurate membership information in the PhilHealth database. This is targeted to be finalized this 2021. Local PhilHealth Regional Offices (PRO) have also coordinated with their local registry offices to implement database sharing mechanisms to facilitate validation of membership data between agencies. Initiatives to access the DOH databases for senior citizens, persons with disabilities, and other data repositories are also being pursued.</li> <li data-bbox="523 981 1433 2045">• Below are the list of PhiHealth initiatives to ensure 100% registration of all Filipinos to PhilHealth and ensure the accuracy and integrity of their records:             <ol style="list-style-type: none"> <li data-bbox="603 1115 1433 1664">a. Development and deployment of the Point Of Service -Updating and Registration System (POS-URS), an integrated membership and collection system to be provided to all accredited Healthcare Institutions (HCI), LGUs, organized groups and other partners to facilitate the enrollment and updating of the records of members to PhilHealth, including the registration to their preferred Konsulta providers, and generation of Statement of Premium Account (SPA) for direct contributors. Also, the deployment of online facilities through the PhilHealth Member Portal for self- assisted/ self-initiated registration, updating of personal records registration to their preferred Konsulta providers, generation of the Statement of Premium Account of Direct Contributors and payment of premium contributions through various online payment partners.</li> <li data-bbox="603 1697 1433 1843">b. Continuous negotiation on data sharing with various concerned government agencies (DSWD, DOH, DILG, DOTC, PCA, PRC, etc.), LGUs, organized groups, and other partners for the coverage of different sectors under the NHIP.</li> <li data-bbox="603 1877 1433 2045">c. Issuance of PhilHealth Circular No. 2020-0001 to standardize the requirements and procedure for registration using the New PhilHealth Member Registration Form (PMRF). This PC will be revised to further simplify the process of registration to the NHIP.</li> </ol> </li> </ul>



Program/Activity	Accomplishment/s
	<ul style="list-style-type: none"> <li>d. Forging of MOA with DBP-Data Center, Inc. for the deployment of PMRF Portal to the Province of Sorsogon and other LGUs nationwide to assist in the enrollment of unregistered Filipinos in the NHIP. Moreover, they shall assist PhilHealth in the design/ development of other pertinent application systems to address concerns on PhilHealth membership.</li> <li>e. Partnership with the Province of Sorsogon to pilot test various strategies on UHC implementation prior to nationwide roll out.</li> </ul>
<p>Sec. 6 Service Coverage</p>	<p><u>Comprehensive Outpatient Benefit Package</u></p> <p>As an initial step towards adopting a comprehensive approach to delivering primary care, PhilHealth issued PhilHealth Board Resolution No. 2479 expanding the primary care benefit package to cover all Filipinos. The resolution mandated the issuance of PhilHealth Circular No. 2020-0002 entitled <i>Governing Policies of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package: Expansion of the Primary Care Benefit to cover all Filipinos</i>. This package covers all eligible Filipinos and is open to all types of facilities both government and private.</p> <p>The pilot implementation of the Konsulta package is currently being done, with possible expansion to non-pilot sites by 2nd semester of 2021. Learnings on the implementation of the Konsulta package will serve as inputs for the development of the proposed comprehensive outpatient benefit package, which will be implemented no later than 2024.</p> <p>To ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and at the same time to give them the liberty to register to a primary care provider of their choice, Joint Administrative Order No. 2020-0001 entitled <i>Guidelines on the Registration of Filipinos to Primary Care Provider</i> by DOH and PhilHealth has been issued to provide the appropriate guidelines and processes. Similarly, the DOH, in coordination with PhilHealth, published Administrative Order No. 2020-0040 entitled <i>Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages</i> which defines comprehensive primary care service packages as either individual-based or population-based health service in order to guide DOH, Local Government Units (LGUs), and PhilHealth on financing and contracting mandatory for accredited or licensed primary care facilities.</p> <p><u>Accreditation, Licensing, Standards, and Certification Policies</u></p> <p>Following the development of the expanded primary care benefit package, known as Konsulta package, PhilHealth and the DOH issued pertinent guidelines on facility licensing and accreditation, service delivery design, primary care policy framework, and primary care worker certification.</p>

## 10 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
	<p>These policies are issued as follows:</p> <ul style="list-style-type: none"> <li>• <i>PhilHealth Circular No. 2020-0022 entitled Implementing Guidelines for the PhilHealth Konsultasyong Sulit At Tama (PhilHealth Konsulta) Package</i></li> <li>• <i>PhilHealth Circular No. 2020-0021 entitled Accreditation of Health Care Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package</i></li> <li>• <i>DOH Administrative Order No. 2020-0047 entitled Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines</i></li> <li>• <i>Administrative Order No. 2020-0019 entitled Guidelines on the Service Delivery Design of Health Care Provider Networks</i></li> <li>• <i>Administrative Order No. 2020-0024 entitled Primary Care Policy Framework and Sectoral Strategies</i></li> <li>• <i>Department Circular No. 2020-0176 entitled Circulation of the Manual of Standards for Primary Care Facilities</i></li> <li>• <i>DOH-Professional Regulation Commission Joint Administrative Order No. 2020 - 01 entitled Guidelines on the Certification of Primary Care Workers for Universal Health Care</i></li> </ul>
Sec. 7 Financial Coverage	<p><u>Funding of Population- and Individual-based Services</u></p> <p>The Department of Health issued Administrative Order 2020-0018 or the <i>Guidelines on Contracting Province-Wide and City-Wide Health Systems</i>. Through this guideline, the Local Investment Plan for Health (LIPH) shall be the medium-term strategic and investment plan for the implementation of the UHC Act at the local level. More so, it shall serve as the basis for the provision of financial and non-financial grants from the national government, and allocation and disbursement of funds from the Special Health Fund (SHF). To ensure the progressive realization of the UHC goals and objectives, the Department has issued the development guidelines of the LIPH through Administrative Order No. 2020-0022. Similarly, Joint Memorandum Circular No. 2021-0001 among DOH, Department of Budget and Management (DBM), Department of Finance (DOF), Department of Interior and Local Government (DILG), and PhilHealth on the <i>Guidelines on the allocation, utilization, and monitoring of, and accountability for, the Special Health Fund</i> was also issued to ensure the strategic allocation and use of the SHF.</p>

Program/Activity	Accomplishment/s
	<p>For 2020, funds for the population-based services have been programmed in the DOH General Appropriation Act with a total of roughly PhP 995 million. This includes the support of the national government in financing capital investments and the provisions of services. Specifically, P/A/Ps on Environmental and Occupational Health (PhP 352 million), Health Emergency Preparedness and Response (PhP 230 million), Health Promotion (PhP 297 million), and Epidemiology and Surveillance (PhP 116 million). Thus, population- based health services shall be financed and contracted by DOH and/or Local Government Units (LGUs) - who shall be supported by the national government (DOH Administrative Order 2020-0040).</p> <p>PhilHealth is financing individual-based health services, which are mostly inpatient benefit packages, through its case-based payment scheme. Other individual-based health services, such as outpatient health services, that are currently financed by the DOH will be transitioned later on to PhilHealth in accordance with Administrative Order 2020-0040 entitled <i>Guidelines on Individual-based and Population-based Primary Care Service Packages</i>.</p> <p><u>Prepayment Mechanism for Individual-based Health Services</u></p> <p>Currently, a Joint Administrative Order among DOH-PhilHealth-Insurance Commission (IC) with regard the <i>Guidelines on the Establishment of the Coordination Mechanism for the Complementation of Benefits for Individual-based Health Services under Republic Act No. 11223</i> or the Universal Health Care Act has been drafted, and it is currently being finalized.</p>

## 12 UHC 2020 Implementation Report

### CHAPTER III. National Health Insurance Program

Program/Activity	Accomplishment/s
<p>Sec. 8 Program Membership</p>	<ul style="list-style-type: none"> <li>• Existing policy on the Point-Of-Service Enrollment Scheme (PhilHealth Circular 2018-0008) shall be revisited to be aligned with the provisions of the UHC Act.</li> <li>• Senate Bill No. 1968 entitled <i>An Act Mandating the Suspension of the Scheduled Increase in PhilHealth Premium Contributions, Amending for the Purpose Section 10 of Republic Act No. 11223 Otherwise Known as the “Universal Health Care Act”</i> and for Other Purposes is being lobbied by the Senate to defer the Premium payment due to the COVID-19 situation in the country. Relative to this, the DOH has released a position paper acknowledging the challenges of the pandemic and recommending a supplemental funding to ensure alternative or additional sources of funding to the implementation of both individual- and population-based services. This recommendation is also aligned with Section 10 of the UHC Act, to wit, “That the DOH, in coordination with PhilHealth, may request Congress to appropriate supplemental funding to meet targeted milestones of this Act”.</li> <li>• PhilHealth strongly recommends the inclusion in the proposed deferral of premium increase, the waiving of interest for late payments of premium contributions of all Direct Contributors, as provided in Section 9 of RA No. 11223. This is recommended while the country is under the state of national calamity due to pandemic.</li> <li>• PhilHealth has issued PhilHealth Circular No. 2020-0001 entitled <i>The Revised PhilHealth Member Registration Form (PMRF)</i> last February 8, 2020 to ensure that membership registration forms will reflect the new membership types provided by the UHC Act.</li> </ul>
<p>Sec. 9 Entitlement Benefits</p>	<p><u>Benefit Availment</u></p> <p>Existing guidelines on the granting of immediate eligibility to members (PhilHealth Circular No. 2019-0010) is subject to be refined in order to align with the provisions of the UHC Act.</p> <p><u>Co-Payments and Co-Insurance</u></p> <p>Currently, a DOH-PhilHealth-IC Joint Administrative Order is being drafted to provide the Guidelines on the Establishment of the Coordination Mechanism for the Complementation of Benefits for Individual-based Health Services under Republic Act No. 11223 or the Universal Health Care Act. This policy includes a provision to require the DOH, PhilHealth, HMOs, and life and non-life private health insurance (PHIs) to regularly inform all members of the complementation and co-insurance policies as prescribed in Section 28.23 of the UHC Act.</p> <p>Implementation of the co-payment and co-insurance policies are dependent on the guidelines to be set forth by the Joint Administrative Order with DOH, IC, HMOs, life and non-life PHI companies. Nevertheless, initial desk review and consultations are being conducted for this year as preparatory work for the development of this policy.</p>

Program/Activity	Accomplishment/s
	<p><u>No Co-payment Policy</u></p> <p>On 30 December 2020, PhilHealth published Circular No. 2020-0024 entitled <i>Governing Policies on No Copayment/No Balance Billing for PhilHealth Benefit Packages</i> which aims to provide the governing policies on cost-sharing schemes including no co-payment and co-payment that PhilHealth shall implement as part of its various benefit packages.</p> <p><u>PhilHealth Benefits</u></p> <p>In line with the Section 11 of the UHC Act, particularly the provision on supplemental fund for direct contributors, PhilHealth is developing a product called PhilHealth Plus. The benefit design and premium schedule for this benefit package is targeted to be approved this 2021, with initial implementation in 2022.</p>
Sec. 10 Premium Contributions	<p><u>Direct Contributors</u></p> <p>Published the following circulars on contribution schedule:</p> <ul style="list-style-type: none"> <li>• PhilHealth Circular No. 2019-0009 and 2020-0005 entitled <i>Premium Contribution Schedule in The National Health Insurance Program (NHIP) Pursuant To R.A. No. 11223 Known As The Universal Health Care Act</i> published last 23 November 2019 and 5 March 2020, respectively, which provides for the general guidelines in implementing the contribution schedule</li> <li>• PhilHealth Circular No. 2020-0006 entitled <i>Premium Contributions of Accredited Health Care Professionals As Direct Contributors</i> published last 20 March 2020</li> <li>• PhilHealth Circular No. 2020-0014 entitled <i>Premium Contribution and Collection of Payment Of Overseas Filipino Members</i> published last 22 April 2020</li> </ul> <p><u>Indirect Contributors</u></p> <p>In accordance with the provision of Section 10, R.A. 11223 on Premium Contributions that “for every increase in the rate of contributions of direct contributors and premium subsidy for indirect contributors, PhilHealth shall provide for a corresponding increase in benefits.” PhilHealth is proposing an adjustment on premium subsidy for the indirect contributors from PhP 2,400.00 to PhP 4,200.00 in the National Expenditure Program for FY 2022.</p> <p>PhilHealth, with assistance from development partners, is developing a benefit development plan protocol – which provides a more systematic framework and process in the creation of new benefit packages in the future.</p> <p>Further, a Benefit Development Plan was also drafted by PhilHealth to identify different benefit packages to be rolled-out in the future based on UHC commitments, budget priorities, enabling laws, and other considerations.</p>

## 14 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
Sec. 11 Program Reserve Funds	The draft policy on the management of reserve funds and investment guidelines is being finalized. It is for completion of standard requirements on policy review and evaluation.
Sec. 12 Administrative Expense	For the CY 2022 budget proposal, PhilHealth is currently lobbying for the 7.5% administrative expense allocation to support big ticket programs and activities of the Corporation. This includes the full implementation of the Konsulta package, reorganization plan, ICT programs, fraud detection and prevention activities, and other benefit plans.
Sec. 13 PhilHealth Board of Directors	<ul style="list-style-type: none"> <li>• There are two remaining unfilled appointive Board member positions, namely, the Representative for the Elected Local Chief Executives, and a Member of the Expert Panel.</li> <li>• All appointive Board Members have complied with the training requirements pursuant to the Governance Commission for GOCCs (GCG) Memorandum Circular No. 2019-01 entitled <i>Selection and Nomination Process for the Appointive Directors of the Philippine Health Insurance Corporation (PhilHealth) Governing Board in Accordance with the Universal Health Care Act</i>. Newly appointed Board Member Dr. Rene Elias Lopez will complete his corporate governance training by the end of May 2021.</li> </ul>
Sec. 14 President and Chief Executive Officer of PhilHealth	President Duterte appointed Board Member Atty. Dante A. Gierran upon recommendation of the Board per PBR No 2541, s.2020. This is in consideration of his extensive experience in management and finance, as well as his legal and investigative background that will benefit the Corporation.
Sec. 15 PhilHealth Personnel as Public Health Workers	PhilHealth employees are now entitled to the benefits of a public health worker pursuant to Republic Act No. 7305 or the Magna Carta for Public Health Workers. This is justified since PhilHealth is not just a health financing institution providing health benefit packages, but also an employer of PhilHealth Cares (PCares). PCares are deployed in care facilities (including Malasakit Centers) to ensure the access of members to PhilHealth benefits. They also reach out to Health Care providers for policy and claims updating.
Sec. 16 Additional Powers and Functions of PhilHealth	<ul style="list-style-type: none"> <li>• PhilHealth is awaiting the implementation of the Compensation and Position Classification System (CPCS) for GOCCs by the GCG to align the compensation plan of the proposed Organizational Structure and Staffing Pattern of PhilHealth.</li> <li>• On February 28, 2019, the PhilHealth Board through Resolution No. 2432 series of 2019 approved the commencement of the reorganization of the Corporation immediately after the signing into law of the Universal Health Care Act of 2019.</li> </ul>

Program/Activity	Accomplishment/s
	<ul style="list-style-type: none"> <li>• In the previous year, the PhilHealth Board through Resolution No. 2394, series of 2018, approved the continuation of the review of the proposed 2017 PhilHealth Reorganization Plan submitted by the Development Academy of the Philippines.</li> <li>• The latest draft reorganization plan has been presented to the PhilHealth ExeCom last May 5, 2021, covering the macro perspective of the proposed Organizational Structure and Staffing Pattern - which highlights the changes in the organizational structure (present, interim, and proposed), changes in the staffing pattern (based on geographic location, employment status, salary grade, and position classification), and fund requirements.</li> <li>• The existing Provident Fund of PhilHealth shall be reviewed to align with the requirements of the UHC Act.</li> </ul>

## 16 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
<b>CHAPTER IV. Health Services Delivery</b>	
<p>Sec. 17 Population-based Health Services</p>	<p>The DOH through Administrative Order No. 2020-0018 entitled Guidelines on Contracting Province- and City-wide Health Systems, defined that contracting of Province- and City-wide Health System shall be through a legal instrument called Terms of Partnership (TOP). The TOP will be used to formalize the agreement between the DOH and LGU to implement their Annual Operational Plans (AOP). Per the aforementioned issuance, the TOP shall contain the following:</p> <ol style="list-style-type: none"> <li>a. Outputs and performance milestones to be attained;</li> <li>b. Roles and responsibilities of contracting parties;</li> <li>c. Amount of resources (financial or non-financial) that LGUs, DOH, development partners, and other institution shall provide; and,</li> <li>d. Conditions and requirements pertaining to the release of the said funds.</li> </ol> <p>The Department has also issued Administrative Order No. 2020-0021 entitled <i>Guidelines on Integration of the Local Health Systems into Province- wide and City-wide Health Systems (P/CWHS)</i> establishing the scope and minimum level of functionality of an integrated local health system as prescribed in the law, namely:</p> <ol style="list-style-type: none"> <li>a. Primary care provider network shall have patient records accessible through the health system;</li> <li>b. Accurate, sensitive, and timely epidemiologic surveillance systems;</li> <li>c. Proactive and effective health promotion program or campaigns; and,</li> <li>d. Timely effective and efficient preparedness and response to public health emergencies.</li> </ol>
<p>Sec. 18 Individual-based Health Services</p>	<p><u>Network Contracting</u></p> <ul style="list-style-type: none"> <li>• Initial assessments have been done to check readiness of possible health care provider networks (HCPNs). The policy on contracting HCPNs will be released by 2023.</li> <li>• On 14 December 2020, the DOH posted on the intranet Department Circular No. 2020-0410 entitled List of Eligible Apex or End- Referral hospitals for 2020. This contains the eligible Apex or End- Referral Hospitals surveyed and mapped by the Health Facility Development Bureau of the Department. The eligible facilities were assessed based on the following criteria: (1) quality, efficiency, and patient-centered clinical services, (2) HR development capacity (teaching and training), (3) functionality of referral system, and (4) clinical, public health, and operations research. This list was approved by the DOH Executive Committee on 13 October 2020.</li> </ul>



Program/Activity	Accomplishment/s
	<ul style="list-style-type: none"> <li>• As of 31 December 2020, the DOH and PhilHealth Joint Administrative Order on Mandatory Adoption and Use of National Health Data Standards was approved by concerned policy, legal, and technical offices of DOH and Philhealth. This policy was already routed to the President and CEO of PhilHealth for signing.</li> <li>• The Department has drafted the Primary Care Manual of Procedures and it will be finalized by the end of 2021.</li> </ul> <p><u>Financing of Individual-based Health Services</u></p> <p>Relative to the implementation of this provision, PhilHealth has developed the governing policies on PhilHealth costing and costing methodology, which provide guidelines on costing and costing methodologies for health services of HCPs to be contracted by PhilHealth. This was published as PhilHealth Circular No. 2020-0020 last 23 December 2020.</p> <p>Similarly, the following policies/initiatives are being developed and undertaken, respectively, by PhilHealth and its partners:</p> <ul style="list-style-type: none"> <li>• Governing and Implementing Guidelines on Diagnosis-Related Groups (DRG), which provide guidelines and system requirements on the development of benefit packages using DRGs. The DRG system will be pilot tested in 2023 and full implementation by 2024;</li> <li>• Governing and Implementing Guidelines on Global Budget Payment, which provide guidelines on provider payment mechanism to HCPNs through global budget. PhilHealth is pursuing a Joint Memorandum Circular on the Governing Guidelines on Provider Payment Mechanism to ensure that future guidelines on provider payment mechanisms are consistent or aligned with existing auditing rules and regulations; and,</li> <li>• PhilHealth, together with DOH, is also developing a Joint Administrative Order for the transitioning of public health commodities that are financed and procured by the national government to LGUs.</li> </ul> <p><u>Implementation of Telemedicine</u></p> <p>In the operations of Section 18.1 of the IRR of the UHC Act on remote access and delivery of individual-based health services through the use of digital technologies for health such as telemedicine, and in support to the government’s COVID-19 response, the DOH and the National Privacy Commission (NPC) issued Joint Memorandum Circular No. 2020-0001 entitled Guidelines on the Use of Telemedicine in COVID-19 Response, which now allows: (1) medical consultation via phone call, chat, short messaging service (SMS), or audio- or video-conferencing, among others; and (2) issuance of physicians of electronic clinical abstracts, referrals and prescriptions within a telemedicine consultation.</p>

## 18 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
	<p>Only physicians are authorized to provide telemedicine consultation. Specific health services provided are health advice/counseling, issuance of e- prescription, and referral to ER or a medical specialist.</p> <p>Initial implementation was through a sandbox approach, which took place during the period of Enhanced Community Quarantine in March-May 2020. During the sandbox implementation, provision of telemedicine consultations was done 24/7 and was free of charge. Post-sandbox implementation, telemedicine providers have started to charge consultation fees. Fees range from PhP 250 to PhP 500 for a consultation with a general practitioner, and from PhP 500 to more than PhP 1,000 for a consultation with a medical specialist. Program implementation report for the period of 31 March 2020 to 31 December 2020 is as follows:</p> <ol style="list-style-type: none"> <li>1. Total telemedicine consultations attended under the DOH Telemedicine Service Program: 78,478 telemedicine consultations attended, wherein 27,356 (34.86%) are COVID-19 related consultations, and 51,122 (65.14%) are non-COVID-19 related consultations.</li> <li>2. Medical interventions provided: (a) health advice and counseling: 46,124 (58.77%) (b) referrals to ER and/or medical specialist: 19,668 (25.06%); and (c) issued electronic prescription: 12,686 (16.17%).</li> <li>3. Total number of DOH-engaged 3rd party telemedicine service providers: 6 (i.e. KonsultaMD, Telimed &amp; Medgate, KonsultaMD; Telimed &amp; Medgate Consortium; CloudPx by Xynapx; SeeYouDoc; HealthNow; and SmartClinic).</li> <li>4. Total number of LGUs engaged: 5 (Quezon City, Caloocan City, Laguna, Muntinlupa City, Pateros); For implementation: Cebu City and Olongapo City.</li> <li>5. Total number of health care providers of telemedicine consultations: 219 licensed physicians, 37 tele-assistants, and 60 medical student volunteers.</li> </ol> <p>To strengthen accountability and facilitate performance improvement in the provision of telemedicine services among health care providers and telemedicine companies during the course of implementation, the DOH and the NPC also issued Joint Memorandum Circular No. 2020-0003 entitled Guidelines on the Monitoring and Evaluation (M&amp;E) of the Use of Telemedicine in COVID-19 Response). The policy provides for the implementation governance and the minimum requirements for DOH engagement of healthcare providers and telemedicine partners who intend to provide telemedicine services. Specific requirements include submission of performance commitments, needed documentations and reports using the DOH and NPC-provided templates, tools, and indicated set of indicators for performance monitoring. Reports are submitted weekly to DOH.</p>

Program/Activity	Accomplishment/s
	<p>Still, concerns have been raised that a number of physicians remain reluctant to practice telemedicine due to fear of violating existing regulations and lack of guiding policies and practice guidelines. This prompted the issuance by the DOH and the University of the Philippines Manila (UPM) of the Joint Memorandum Circular No. 2020- 0001 entitled Telemedicine Practice Guidelines, which provides for the minimum recommendations for setting up a telemedicine practice among physicians.</p> <p>To further strengthen the implementation of telemedicine in the country, pursuant to the vision indicated in the UHC Act, the DOH has commissioned a number of research projects with various research partners. Financing-wise, the DOH and PhilHealth have been working with ThinkWell Philippines to come up with an apropos telemedicine benefit package and reimbursement mechanism from PhilHealth. Parallel work is with the House of Representatives for the inclusion of telemedicine as part of the scope of practice of medicine, and institution of a certification for practice in the Substitute Bill on New Physician’s Act. In the eHealth Bill, telemedicine is subsumed under the Article on TeleHealth, which looks at standardizing the practice of telehealth, certification of individuals and entities providing telehealth services, and regulation of telehealth services and devices.</p>

## 20 UHC 2020 Implementation Report

### CHAPTER V. Organization of Local Health Systems

Program/Activity	Accomplishment/s
<p>Sec. 19 Integration of Local Health Systems into Province-wide and City-wide Health System</p>	<p>To provide the general procedures and mechanisms by which LGUs, NGAs, and stakeholders can integrate local health systems into P/CWHS, DOH Administrative Order No. 2020-0021 entitled <i>Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS)</i> was issued. Included in this issuance are the specifics defined in the law pertaining to this section.</p> <p>On 4 December 2019, a ceremonial signing of a Memorandum of Understanding between the Secretary of Health and Local Chief Executives (LCEs) was conducted to formally recognized selected Local Government Units as UHC Integration Sites (UHC IS):</p> <ul style="list-style-type: none"> <li>• A total of 58 LCEs of provinces, highly urbanized cities, and independent component cities declared their commitment to establish a province- and city-wide health system;</li> <li>• An amount of PhP 11.3 million and PhP 15 million for hiring of UHC IS support staff and other preparatory activities, respectively, were allocated; and,</li> <li>• LGU-Level UHC Project Management Teams were established to facilitate the localization and implementation of UHC and integration policies. Also, external health partners were tapped to provide direct assistance to the UHC IS.</li> </ul>
<p>Sec. 20 Special Health Fund</p>	<p>Dated 13 January 2021, the DOH, DBM, DOF, DILG, and PhilHealth issued Joint Memorandum Circular No. 2021-0001 entitled <i>Guidelines on the Allocation, Utilization, and Monitoring of, and Accountability for, the Special Health Fund</i> which shall provide the guidelines to ensure the strategic allocation, efficient utilization and monitoring, and clear accountability on the use of the SHF.</p> <p>The real-time collection, consolidation, and analysis on the use of such funds will be facilitated through a tracking system. However, this tracking system is still for development as of 31 December 2020. The tracking system will be developed with PhilHealth as the lead once the Global Budget/Prospective payment policies are finalized, since majority of funds that will be going into the SHF will be coming from PhilHealth payments.</p>
<p>Sec. 21 Income Derived from PhilHealth Payments</p>	<p>With the JMC on the Guidelines on the Allocation, Utilization, Monitoring of, and Accountability for, the Special Health Fund already issued, next step will be the development of a framework, in coordination with the Commission on Audit, on downloading PhilHealth payment to the Special Health Fund of LGUs through a prospective payment mechanism that is aligned with existing auditing rules and regulations.</p>

Program/Activity	Accomplishment/s
<p>Sec. 22 Incentives for Improving Competitiveness of the Public Health Service Delivery System</p>	<ul style="list-style-type: none"> <li>• Issuance of Administrative Order No. 2020-0023 entitled <i>Guidelines on Identifying Geographically-Isolated and Disadvantaged Areas and Strengthening their Health System</i> prioritizes the underserved and unserved areas, especially on the allocation of grants.</li> <li>• Issuance of Administrative Order No. 2020-0022 entitled <i>Guidelines on the Development of Local Investment Plans for Health</i> provides the guidelines on the development of the LIPH which serves as the medium-term strategic and investment plan for the implementation of the UHC Act at the local level. Per the general guidelines (C. Aligning DOH Plans and Budget to the Annual Operational Plans or AOPs) of this issuance, the yearly translation of the LIPH (also known as AOP) will be considered by the DOH in its yearly budget proposal and shall serve as the basis for the financial and non-financial grants from the National Government and other health partners.</li> <li>• Also, the provision of technical assistance is through the sub-allotment of funds to UHC IS. This will be used for, among others, the hiring of technical staff, support to Province or City DOH Office operations, and top-up fixed tranche.</li> </ul>

### CHAPTER VI. Human Resources for Health

Program/Activity	Accomplishment/s
<p>Sec. 23 National Health Human Resource Master Plan</p>	<p><u>Formulation and Implementation of the National Health Human Resource Master Plan</u></p> <p>The DOH, in consultation with the HRH Network and other relevant stakeholders, drafted and re-calibrated the National HRH Master Plan (HRHMP) 2022-2040. The development of the plan was supported by USAID-HRH2030 and WHO through technical assistance from key experts. The draft was completed in December 2020 with the following key components:</p> <ul style="list-style-type: none"> <li>• Proposed accountability framework;</li> <li>• Recalibrated strategies to incorporate experience and learning from the pandemic; and,</li> <li>• Integrated key components including revised strategies and results framework.</li> </ul> <p>During the 1st quarter of 2021, the draft Master Plan was presented to the HRH Network and other relevant stakeholders to solicit final inputs and recommendations on its contents. In April 2021, the National HRH Master Plan was approved by the DOH Executive Committee.</p> <p><u>Resources to Implement the HRH Master Plan</u></p> <p>The DOH ExeCom-approved National HRH Master Plan shall be presented to the NEDA Social Development Committee in June 2021 to advocate for the integration of HRHMP strategies in national and local development plans to ensure alignment of directions and investments</p> <p>Included in the Administrative Order No. 2020-0037 entitled Guidelines on Implementation of the Local Health Systems Maturity Level are the following indicators for National HRHMP:</p> <ol style="list-style-type: none"> <li>1. HRHMP strategies integrated in Local;</li> <li>2. Investment Plan for Health (LIPH) of P/CWHS and LGUs;</li> <li>3. Baseline assessment, gaps analysis and identification of corresponding investment needs (based on P/CWHS needs, and standards of DOH and other agencies);</li> <li>4. Distribution and staffing pattern (filled and unfilled positions) within the P/CWHS (disaggregated by hiring authority); and,</li> <li>5. Learning and development needs based on competency standards.</li> </ol> <p><u>DOH Restructuring</u></p> <ul style="list-style-type: none"> <li>• The indicative staffing proposals for Central Office and CHDs were submitted and currently on review of DBM.</li> </ul>

Program/Activity	Accomplishment/s																																				
	<ul style="list-style-type: none"> <li>Aside from the indicative staffing proposal, the DBM has already approved DOH proposals for creation of offices/division/units with corresponding permanent positions that paved the way to further expand/carry on the implementation of health programs. These proposal are as follows: <table border="1" data-bbox="555 472 1409 898"> <thead> <tr> <th data-bbox="555 472 1158 512">Name of Office/Division/Unit</th> <th data-bbox="1158 472 1409 512">No. of Positions</th> </tr> </thead> <tbody> <tr> <td data-bbox="555 512 1158 553">Mental Health Division</td> <td data-bbox="1158 512 1409 553">8</td> </tr> <tr> <td data-bbox="555 553 1158 593">Cancer Control Division</td> <td data-bbox="1158 553 1409 593">7</td> </tr> <tr> <td data-bbox="555 593 1158 633">Oral Health Division</td> <td data-bbox="1158 593 1409 633">7</td> </tr> <tr> <td data-bbox="555 633 1158 723">Performance Monitoring and Strategy Management Division</td> <td data-bbox="1158 633 1409 723">9</td> </tr> <tr> <td data-bbox="555 723 1158 763">Supply Chain Management Service</td> <td data-bbox="1158 723 1409 763">34</td> </tr> <tr> <td data-bbox="555 763 1158 804">Malasakit Program Office</td> <td data-bbox="1158 763 1409 804">15</td> </tr> <tr> <td data-bbox="555 804 1158 893">Philippine National Aids Council (PNAC) Secretariat</td> <td data-bbox="1158 804 1409 893">26</td> </tr> </tbody> </table> </li> <li>Relative to the hiring of DOH personnel, hereunder are the data table as of 31 March 2021: <table border="1" data-bbox="555 1077 1409 1480"> <thead> <tr> <th data-bbox="555 1077 911 1144">Office</th> <th data-bbox="911 1077 1078 1144">Total No. of Positions</th> <th data-bbox="1078 1077 1246 1144">Filled</th> <th data-bbox="1246 1077 1409 1144">Unfilled</th> </tr> </thead> <tbody> <tr> <td data-bbox="555 1144 911 1227">Central Office including FDA and BOQ</td> <td data-bbox="911 1144 1078 1227">2,051</td> <td data-bbox="1078 1144 1246 1227">1,638</td> <td data-bbox="1246 1144 1409 1227">413</td> </tr> <tr> <td data-bbox="555 1227 911 1310">Supply Chain Management Service</td> <td data-bbox="911 1227 1078 1310">2,470</td> <td data-bbox="1078 1227 1246 1310">2,276</td> <td data-bbox="1246 1227 1409 1310">194</td> </tr> <tr> <td data-bbox="555 1310 911 1350">Malasakit Program Office</td> <td data-bbox="911 1310 1078 1350">71,312</td> <td data-bbox="1078 1310 1246 1350">60,399</td> <td data-bbox="1246 1310 1409 1350">10,913</td> </tr> <tr> <td data-bbox="555 1350 911 1480">Philippine National Aids Council (PNAC) Secretariat</td> <td data-bbox="911 1350 1078 1480">2,087</td> <td data-bbox="1078 1350 1246 1480">1,533</td> <td data-bbox="1246 1350 1409 1480">554</td> </tr> </tbody> </table> </li> <li>Close monitoring of filling up of remaining resulting vacant positions were made as well as endorsement to DBM of the technical evaluation conducted/rendered by the HFDB for the proposed creation of positions from different hospitals.</li> </ul>	Name of Office/Division/Unit	No. of Positions	Mental Health Division	8	Cancer Control Division	7	Oral Health Division	7	Performance Monitoring and Strategy Management Division	9	Supply Chain Management Service	34	Malasakit Program Office	15	Philippine National Aids Council (PNAC) Secretariat	26	Office	Total No. of Positions	Filled	Unfilled	Central Office including FDA and BOQ	2,051	1,638	413	Supply Chain Management Service	2,470	2,276	194	Malasakit Program Office	71,312	60,399	10,913	Philippine National Aids Council (PNAC) Secretariat	2,087	1,533	554
Name of Office/Division/Unit	No. of Positions																																				
Mental Health Division	8																																				
Cancer Control Division	7																																				
Oral Health Division	7																																				
Performance Monitoring and Strategy Management Division	9																																				
Supply Chain Management Service	34																																				
Malasakit Program Office	15																																				
Philippine National Aids Council (PNAC) Secretariat	26																																				
Office	Total No. of Positions	Filled	Unfilled																																		
Central Office including FDA and BOQ	2,051	1,638	413																																		
Supply Chain Management Service	2,470	2,276	194																																		
Malasakit Program Office	71,312	60,399	10,913																																		
Philippine National Aids Council (PNAC) Secretariat	2,087	1,533	554																																		

## 24 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
<p>Sec. 24 National Health Workforce Support System</p>	<p><u>Guidelines of the National Health Workforce Support System</u></p> <p>On 28 August 2020, DOH issued Administrative Order No. 2020-0038 entitled Guidelines on the Deployment of Human Resources for Health (HRH) under the National Health Workforce Support System (NHWSS). The issuance specifies the priority areas for deployment which include Geographically Isolated and Disadvantaged Areas (GIDA) and prioritization of recipients of the DOH scholarship program in the selection of HRH for deployment. To highlight, this policy includes the following provisions:</p> <ul style="list-style-type: none"> <li>• The DOH shall deploy HRH to LGUs eligible to receive deployment augmentation from NHWSS during the prescribed period of integration of the province-/city-wide health system (P/CWHS); Provided, that the LGUs shall implement incremental creation of positions to hire the required number of health professionals and health care workers based on standards (Section V.C).</li> <li>• Provincial Health Board/City Health Board/Recipient LGUs and Hospitals under the P/CWHS shall implement incremental creation of positions to hire the required health care professional and healthcare worker based on the standards, as determined by the DOH (Sec. VII.C.8).</li> </ul> <p>While the DOH supports LGUs in need of HRH, evaluation and approval of requests for HRH augmentation by the DOH will highly consider the following: LGUs respective investment needs aligned with the local HRH Master Plan, commitment to fill up vacant plantilla positions, create plantilla positions and hire deployed HRH, and learning and development plans and interventions for HRH.</p> <p>The implementation of Mandanas-Garcia Supreme Court Ruling will result in an impending decrease in the national budget for hiring of HRH for augmentation and a subsequent decrease in the number of DOH HRH positions. However this will drive an increase in the fiscal capacity for LGUs to hire permanent HRH positions in their respective jurisdiction.</p> <p><u>Performance Assessment of the National Health Workforce Support System</u></p> <p>Annually, the DOH assesses the performance of the NHWSS and Local Government Unit health workforce complement based on the achievement of target human resource for health per population and the percentage of the target areas provided with human resource for health augmentation from DOH.</p> <p>In 2020, 100% of the target areas are provided with HRH under the NHWSS. This contributed to the achievement of the target 17 HRH per 10,000 population for the year. For the first quarter of 2021, the DOH achieved 88.13% (1,4431 out of 1,634 target areas) target areas that are provided with HRH augmentation from DOH. The agency aims to attain the 100% target by the end of 2021.</p>



Program/Activity	Accomplishment/s																																													
	<p>With the impending decrease in the national budget for HRH augmentation and a subsequent decrease in DOH HRH positions because of the implementation of the Mandanas ruling, the DOH plans to recalibrate its evaluation tool to further narrow down the augmentation to eligible municipalities with critical need for HRH augmentation.</p> <p>Moreover, the DOH plans to develop a comprehensive assessment tool to assess the performance of the NHWSS and LGU health workforce complement, including the feasibility of hiring additional human resources for health in permanent positions under Province- and City-wide health systems. The said tool will be utilized to assess the performance of NHWSS for the next 3-5 years of implementation.</p> <p><u>Deployment Program under the National Health Workforce Support System</u></p> <p>With the approval of the General Appropriations Act of 2021 and the inclusion of the Human Resource Deployment Program budget line item, the DOH was able to secure a total of 23,258 human resources for health positions under Personnel Services for deployment under the National Health Workforce Support System.</p> <p>Below is the breakdown of HRH positions per cadre for 2021:</p> <table border="1" data-bbox="461 1081 1321 1639"> <thead> <tr> <th>Cadre</th> <th>Number</th> <th>Compensation Rates</th> </tr> </thead> <tbody> <tr> <td>Physicians</td> <td>687</td> <td>Rural Health Physician - SG 24 (Php 86,742) and Medical Officer IV - SG 23 (Php 76,097)</td> </tr> <tr> <td>Nurses</td> <td>16,830</td> <td>SG 15 (Php 33,575)</td> </tr> <tr> <td>Dentists</td> <td>199</td> <td>SG 17 (Php 39,986)</td> </tr> <tr> <td>Pharmacists</td> <td>303</td> <td>SG 15 (Php 33,575)</td> </tr> <tr> <td>Medical Technologist</td> <td>592</td> <td>SG 15 (Php 33,575)</td> </tr> <tr> <td>Nutritionist-Dieticians</td> <td>189</td> <td>SG 15 (Php 33,575)</td> </tr> <tr> <td>Midwife</td> <td>4,391</td> <td>SG 11 (Php 23,877 )</td> </tr> <tr> <td>Physical Therapist</td> <td>67</td> <td>SG 15 (Php 33,575)</td> </tr> <tr> <td>Total</td> <td>23,258</td> <td></td> </tr> </tbody> </table> <p>Similarly, 100% of GIDAs were provided with HRH augmentation. A total of 13,853 physicians, nurses and midwives were deployed in 978 municipalities with GIDA barangays.</p> <table border="1" data-bbox="469 1807 1327 2027"> <thead> <tr> <th rowspan="2">Priority Area</th> <th rowspan="2">% with deployed HRH</th> <th colspan="3">Number of Deployed HRH</th> <th rowspan="2">Total</th> </tr> <tr> <th>Doctors</th> <th>Nurses</th> <th>Midwives</th> </tr> </thead> <tbody> <tr> <td>Municipalities with GIDA barangays (978)</td> <td>100%</td> <td>277</td> <td>10,603</td> <td>2,973</td> <td>13,853</td> </tr> </tbody> </table>	Cadre	Number	Compensation Rates	Physicians	687	Rural Health Physician - SG 24 (Php 86,742) and Medical Officer IV - SG 23 (Php 76,097)	Nurses	16,830	SG 15 (Php 33,575)	Dentists	199	SG 17 (Php 39,986)	Pharmacists	303	SG 15 (Php 33,575)	Medical Technologist	592	SG 15 (Php 33,575)	Nutritionist-Dieticians	189	SG 15 (Php 33,575)	Midwife	4,391	SG 11 (Php 23,877 )	Physical Therapist	67	SG 15 (Php 33,575)	Total	23,258		Priority Area	% with deployed HRH	Number of Deployed HRH			Total	Doctors	Nurses	Midwives	Municipalities with GIDA barangays (978)	100%	277	10,603	2,973	13,853
Cadre	Number	Compensation Rates																																												
Physicians	687	Rural Health Physician - SG 24 (Php 86,742) and Medical Officer IV - SG 23 (Php 76,097)																																												
Nurses	16,830	SG 15 (Php 33,575)																																												
Dentists	199	SG 17 (Php 39,986)																																												
Pharmacists	303	SG 15 (Php 33,575)																																												
Medical Technologist	592	SG 15 (Php 33,575)																																												
Nutritionist-Dieticians	189	SG 15 (Php 33,575)																																												
Midwife	4,391	SG 11 (Php 23,877 )																																												
Physical Therapist	67	SG 15 (Php 33,575)																																												
Total	23,258																																													
Priority Area	% with deployed HRH	Number of Deployed HRH			Total																																									
		Doctors	Nurses	Midwives																																										
Municipalities with GIDA barangays (978)	100%	277	10,603	2,973	13,853																																									

Program/Activity	Accomplishment/s
Sec. 25 Scholarship and Training Program	<p>Currently, the Department in coordination with CHED, TESDA, and PRC are in the works of developing and planning the expansion of degree and training programs through the HRH Network Philippines.</p> <p>Relative to the HRH needs of primary care, HRH projections and identification of such needs are already incorporated in the National HRH MP. As of late, the following health-related programs and training regulations were developed jointly by DOH and TESDA:</p> <ul style="list-style-type: none"> <li>• Barangay Health Services National</li> <li>• Certification (NC) II</li> <li>• Emergency Medical Services NC III</li> <li>• Contract Tracing NC II</li> </ul> <p>The Department also collaborates with the Philippine Academy of Family Physicians in assisting national and LGU hospitals in the establishment of Practice-Based Family Residency Training Program in different DOH government hospitals, and targets physicians, practicing in rural areas, district and provincial hospitals and those assigned in GIDAs.</p> <p>Moreover, other residency training programs are envisioned to be established in unserved and underserved areas to provide specialist services to the marginalized population. The following are the policy-related activities conducted by the Department through the Health Human Resources Development Bureau for the institutionalization of the Medical Residency Deployment Program (Espesyalista Para Sa Bayan) which intends to pilot initial areas for the establishment of accredited programs for medical residency in priority areas:</p> <ul style="list-style-type: none"> <li>• Series of Stakeholders' Consultation Meetings conducted in Luzon, Visayas and Mindanao</li> <li>• Drafted Policy Framework for the Medical Residency Deployment Program</li> <li>• Crafting of Administrative Order for the Medical Residency Deployment Program</li> <li>• Collaboration with HFDB, HFEP and WHO for the recalibration of existing evaluation tools in determining the criteria for the selection and prioritization of recipient hospitals for the Medical Residency Deployment Program.</li> </ul> <p><u>Registry of Medical and Allied Health Professionals</u></p> <p>On 20 January 2021, the DOH and PRC signed Joint Administrative Order No. 2021-0001 entitled Guidelines on the Establishment, Utilization, and Maintenance of the National Health Workforce Registry. Salient points of the policy include:</p> <ul style="list-style-type: none"> <li>• Creation of a multisectoral committee to facilitate collaboration, consultation, participation, and partnership for the implementation and sustainability of the NHWR <ul style="list-style-type: none"> <li>◦ Consensus was acquired from HRHN members to create the TWC on HRH Data and Information</li> </ul> </li> </ul>

Program/Activity	Accomplishment/s
	<ul style="list-style-type: none"> <li>• Set-up a mechanism for routine data collection and data sharing, between PRC and DOH, as well as other HRH data sources, for validation.               <ul style="list-style-type: none"> <li>◦ Ongoing collaboration with DOH-Knowledge Management and Information Technology Services (KMITS) for the:                   <ul style="list-style-type: none"> <li>• drafting of NHWR system design which includes priority data requirements, indicators and process flow</li> <li>• recruitment and selection of dedicated IT staff to develop the NHWR system</li> </ul> </li> <li>◦ Data collections for the NHWR                   <ul style="list-style-type: none"> <li>• Preliminary data collected from stakeholders such as DOH attached agencies, specialty societies, and other government agencies such as CFO, CSC, DBM, POEA, among others.</li> </ul> </li> </ul> </li> </ul> <p>To ensure engagement/compliance of stakeholders to the NHWR, the following measures were done:</p> <ul style="list-style-type: none"> <li>• Inclusion of registration to the NHWR in the draft implementing guidelines of the NHWSS, as a requirement for deployment of HRH</li> <li>• Inclusion of registration to the NHWR as an indicator of Local Health System Maturity Level Monitoring Tool (DM 2020-0469)</li> <li>• Ongoing coordination with HFSRB to include registration to the NHWR as a requirement for health facility licensing</li> </ul> <p>Furthermore, the Department has been in collaboration with various agencies, especially with CHED, PRC, and TESDA, for the sharing of HRH data and information such as but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Enrolled, assessed and certified skilled health workers: 2016-2020</li> <li>• No. of CHED-accredited schools and universities in the country specifically for medicine, nursing, and midwifery</li> <li>• No. of admissions in the 1st year of education and training programs for medicine, nursing, midwifery</li> <li>• No. of licensed health professionals</li> <li>• HRH projections for select health professions (supply and demand)</li> </ul> <p>HRH data statistics (national up to municipal level of disaggregation) is likewise published for public use. (<a href="http://bit.ly/doh-hrhstat">http://bit.ly/doh-hrhstat</a> )</p> <p><u>Scholarship Funds</u></p> <p>For School Year 2021-2022, the DOH will continue with the last batch of medical scholars under the Pre-Service Scholarship Program (PSSP). However, DOH will continue to propose funds for the PSSP until all the current scholars finish the course. While CHED will accept its first batch of scholars under the Doktor Para sa Bayan for SY 2021-2022. CHED has a PhP 250,000,000.00 budget for FY 2021. For the succeeding years, the DBM will directly provide funds to CHED for the implementation of the Medical Scholarship program.</p> <p>The DOH will expand its scholarship program to other cadres identified as in critical shortage, funding has been proposed for the 2022 budget.</p>

Program/Activity	Accomplishment/s
	<p><u>Reorientation of Medical and Allied Medical Profession Education for Primary Care</u></p> <p>A Joint Administrative Order among CHED-DOH-PRC on Guidelines on the Reorientation of Health Professions Education Curricula and Training Programs to Primary Health Care has been developed and already been signed by the Secretary of Health. This policy seeks for the review and reorientation of all health professions education programs towards the Primary Health Care approach, and production of Primary Care-ready HRH. Currently, this policy was sent last 13 January 2021 to CHED for approval and signing, and a copy was also sent to the PRC Chair for approval.</p> <p><u>Updates on Primary Care Worker Certification</u></p> <ul style="list-style-type: none"> <li>• Registered 3,138 health professionals in the National Registry of Primary Care Workers from September 2020 and 840 more for the first quarter of 2021.</li> <li>• Developed DOH Orientation Course for Primary Care Workers and launched on the DOH e-Learning platform in November 2020.</li> <li>• 3,982 PCW were enrolled to the DOH Academy E-Learning Platform and notified to access/enroll on the DOH Orientation Course for Primary Care Workers and Orientation to the Universal Health Care Law</li> <li>• 343 out of 763 enrolled Primary Care Workers Completed the E-Learning Module</li> <li>• 142 Primary Care Workers were issued with Provisional Certificates</li> </ul> <p>Standard primary care worker competencies aligned with UHC were identified and used in designing the Integrated Primary Care courses.</p> <ul style="list-style-type: none"> <li>• Drafted Competency Assessment tool for Primary Care Workers for consultation with stakeholders</li> <li>• Integration of training courses for Individual-based Primary Care services, in coordination with DPCB</li> <li>• Terms of Reference for the procurement of consultancy services for development of Online Primary Care Modules (currently at technical evaluation stage).</li> </ul>
<p>Sec. 26 Return Service Agreement</p>	<p>A Joint Administrative Order among DOH-CHED-PRC-TESDA-DOST-PCHRD on “Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for UHC” has been developed and already been signed by the Secretary of Health and TESDA Chair, and approved by CHED-UNIFAST Exec. Director. This policy seeks to integrate all government-funded scholarships for health professionals and redirect the production of HRH based on the country’s population health needs. Currently, this policy was sent to CHED for approval and signing.</p> <p>Based on this policy, there shall be a mandatory return service for all govt- funded scholarships. The DOH shall supervise the placement of scholars in Primary Care facilities in priority areas for their RSA.</p>

## CHAPTER VII. Regulation

Program/Activity	Accomplishment/s
Sec. 27 Safe and Quality	<p data-bbox="437 315 1337 349"><u>Licensing for Primary Care Facilities and Stand-Alone Health Facilities</u></p> <ul data-bbox="491 367 1455 1010" style="list-style-type: none"> <li data-bbox="491 367 1455 584">• On 14 October 2020, the Department published Administrative Order No. 2020-0047 entitled Rules and <i>Regulations Governing the Licensure of Primary Care Facilities in the Philippines</i> to set the guidelines and minimum standards and requirements for the licensing of primary care facilities. This issuance also highlights the validity of the License to Operate (LTO) for Primary Care Facilities to be pegged on three years.</li> <li data-bbox="491 607 1455 920">• The Department through the Health Facilities Services and Regulation Bureau has already established the following licensing guidelines for ambulatory and primary care services: <ul data-bbox="587 730 1455 920" style="list-style-type: none"> <li data-bbox="587 730 1455 831">• Administrative Order No. 183 s. 2004: Rules and Regulations Governing the Licensure and Regulation of Ambulatory Surgical Clinics</li> <li data-bbox="587 853 1455 920">• Administrative Order No. 2020-0047: Rules and Rules Governing the Licensure of Primary Care Facilities in the Philippines</li> </ul> </li> <li data-bbox="491 943 1455 1010">• HFSRB shall be developing the licensing standards of other services, based on the guidelines currently being developed by other relevant offices.</li> </ul> <p data-bbox="437 1032 791 1066"><u>Clinical Practice Guidelines</u></p> <ul data-bbox="491 1084 1455 1514" style="list-style-type: none"> <li data-bbox="491 1084 1455 1223">• To establish standards for clinical care, the DOH, through the AHEAD-HPSR program, is supporting the development of clinical practice guidelines (CPGs) on periodic health examinations (for PhilHealth Konsulta package), COVID-19, and Hepatitis B from 2020 up to 2022.</li> <li data-bbox="491 1245 1455 1424">• The mechanism for the development, adoption and dissemination of CPGs has been established through Administrative Order No. 2021-0020 also known as the <i>Revised Guidelines on National Practice Guideline Development, Adoption and Dissemination</i> which was published on 9 March 2021 in the Philippine Star.</li> <li data-bbox="491 1447 1455 1514">• The existing Health Care Provider Performance Assessment System (dubbed as HCP PAS) will also be revised to align with UHC mandates.</li> </ul> <p data-bbox="437 1536 767 1570"><u>PhilHealth Rating System</u></p> <ul data-bbox="491 1588 1455 1973" style="list-style-type: none"> <li data-bbox="491 1588 1455 1688">• The existing Benchbook for Hospitals 2<sup>nd</sup> ed. will be aligned to be consistent with the new mandates and reforms set forth by the UHC Act. The policy is expected to be released by 2023.</li> <li data-bbox="491 1711 1455 1850">• The policy for providing incentives to HCPs that provided excellent service delivery based on the assessment and scoring tools developed by PhilHealth will be released by 2023, concurrent with the issuance of updated Benchbook for Hospitals 2<sup>nd</sup> ed.</li> <li data-bbox="491 1872 1455 1973">• For third party accreditation, consultative meetings have been done with third party accreditors and other partners. Possible release of the policy will also be in 2023.</li> </ul>

Program/Activity	Accomplishment/s
Sec. 28 Affordability	<p>To develop and expand the National Price Reference Indices for Drugs, Medical Devices, and Supplies, the Department has developed the following policies:</p> <ul style="list-style-type: none"> <li>• Administrative Order No. 2019-0040 entitled <i>Revised Guidelines in the Implementation of the Philippine Drug Price Reference Index (DPRI) to all Public Hospital and Health Facilities</i> which sets the national guideline for the implementation of the Philippine DPRI that will improve the efficiency of procurement and sourcing of medicines in all public health facilities nationwide and government agencies procuring medicines;</li> <li>• Administrative Order 2020-0043 entitled <i>Guidelines on Ensuring the Affordability of Essential Medicines in DOH Facilities Through the Regulation of Price Mark-ups</i> which aims to provide mechanism in setting the allowable mark-ups on essential medicines; provide guidelines for the enforcement, implementation, and monitoring of the mark-u scheme; and align this policy in the implementation of the UHC Act and its IRR;</li> <li>• Administrative Order No. 2020-0039 entitled <i>Guidelines in the Implementation of Maximum Retail Price (MRP) on Drugs and Medicines</i> which sets the national guidelines for the implementation of MRP on drugs and medicines in the Philippines and provides policy recommendations and guidance to DOH. This is also to ensure implementation of appropriate measures that promote and ensure access to affordable quality drugs and medicines for all consumers in the Philippines created pursuant to Section 18 of RA 9502;</li> <li>• DOH has already issued Administrative Order No. 2021-0008 entitled <i>Guidelines in Public Access to Price Information of All Health Services and Goods in Health Facilities in the Philippines</i>. This policy will be incorporated in future accreditation or contracting policies of PhilHealth to health care providers; and,</li> <li>• A draft Administrative Order on the list of generic drugs in the Primary Care Formulary (PCF) with their corresponding fair prices is currently being finalized.</li> </ul> <p>The Joint Administrative Order No 2021-0001 entitled <i>Constitution of the Price Negotiation Board and Implementing Guidelines on Price Negotiation for Innovative, Proprietary, Patented and Single- sourced Health Commodities</i> has been issued for the creation of an independent price negotiation board for health technologies.</p> <p>A draft DOH-PhilHealth-IC Joint Administrative Order on the Guidelines on the Establishment of the Coordination Mechanism for the Complementation of Benefits for Individual-based Health Services under Republic Act No. 11223 or the Universal Health Care Act is also being drafted and currently undergoing finalization. This policy is already approved by the DOH Execom after several consultation meetings and write-shops with stakeholders.</p> <p>The DPRI for medicines has an online portal that is updated annually (accessible through <a href="http://www.dpri.doh.gov.ph">www.dpri.doh.gov.ph</a>), with a similar portal for medical devices currently being set up. There is also a regularly updated Drug Price Watch portal (accessible through <a href="http://www.dpw.doh.gov.ph">www.dpw.doh.gov.ph</a>) which refers to the consumer's guide that provides where to get the cheapest medicines within their area;</p>

Program/Activity	Accomplishment/s
Sec. 29 Equity	<p data-bbox="443 286 965 320"><u>Preferential Licensing of Health Facilities</u></p> <ul data-bbox="491 349 1452 779" style="list-style-type: none"> <li data-bbox="491 349 1452 566">• To improve the access to quality health care in geographically isolated and disadvantaged areas (GIDA), the Department issued Administrative Order No. 2020-0023 <i>Guidelines on Identifying Geographically-Isolated and Disadvantage Areas and Strengthening their Health Systems</i>. This policy aims to provide guidelines for identifying GIDAs and directions for strengthening their local health systems.</li> <li data-bbox="491 595 1452 779">• Administrative Order No. 2021-0029 also known as the <i>Guidelines on the Prioritization of Processing of Applications for DOH Authorizations of Health Facilities Located in the GIDAs in the Philippines</i> was also developed to promote and facilitate the establishment of health facilities by improving ease of regulatory transactions.</li> </ul> <p data-bbox="443 801 766 835"><u>Bed Capacity of Hospitals</u></p> <ul data-bbox="491 864 1452 1377" style="list-style-type: none"> <li data-bbox="491 864 1452 1014">• The Department issued Administrative Order No. 2021-0015, dated February 11, 2021, which stipulates the Standards on Basic and Non-Basic Accommodation in All Hospitals. This is to ensure quality and affordable hospital in-patient care for all Filipinos.</li> <li data-bbox="491 1043 1452 1377">• The DOH online reporting system is called the Online Health Facility Statistical Report System (OHSRS). The OHSRS is a web-based system where health facilities can report the required data to the DOH in compliance with licensing/accreditation of health facilities. It automates the submission of the annual statistical report of hospitals. However, it should be noted that the current system does not require data sets yet on allotment and actual utilization of the authorized beds for basic or ward accommodation. The current data being collected on bed capacity is limited to Bed Occupancy Rate and Authorized Bed Capacity at present.</li> </ul>

## CHAPTER VIII. Governance and Accountability

Program/Activity	Accomplishment/s
Sec. 30 Health Promotion	<p data-bbox="411 315 1433 353"><u>Health Promotion Bureau in the DOH</u></p> <p data-bbox="411 376 1433 667">The DOH issued Administrative Order No. 2020-0058 entitled <i>Guidelines on the Transformation of the Health Promotion and Communication Service (HPCS) to the Health Promotion Bureau (HPB)</i> which provides guidance on the transformation of the HPCS to a full-fledged Bureau by virtue of the UHC Act. Specifically, the Order reiterated the expanded mandates of the HPB per UHC Act and further clarified 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.</p> <p data-bbox="411 689 1433 1055">HPB submitted its proposed restructuring and staffing pattern responsive to the additional mandates under UHC Act and AO No. 2020-0058. Under its proposal, it reorganized the bureau's organizational structure and proposed the creation of two divisions, namely: (1) Policy, Planning and Standards Division, and (2) Program Implementation and Outreach Division. Likewise, the two existing divisions were proposed to be renamed from (1) Media and External Relations Division to Capacity Building and External Relations Division, and (2) from Communications and Multimedia Development Division to Campaign Strategy and Management Division. The said proposals were submitted to DBM for approval along with the proposed restructuring of other DOH Bureaus and Services.</p> <p data-bbox="411 1077 1433 1227">HPB submitted its budget proposal for FY2022 amounting to a total of PhP 665.2M, which is 1% of the DOH forward estimates by the DBM. This was approved by the DOH Executive Committee to be proposed under the adjusted Tier 1 budget proposal of the DOH.</p> <p data-bbox="411 1249 1433 1288"><u>Health Promotion Framework Strategy</u></p> <p data-bbox="411 1310 1433 1675">The Department also issued Administrative Order No. 2020-0042 entitled <i>Health Promotion Framework Strategy in Province-wide and City-wide Health Systems</i> which provides guidelines for operationalizing health promotion related programs and activities in Province-wide or City-Wide Health Systems. It also directs P/CWHS to establish Health Promotion Committees and Health Promotion Units. The Health Promotion Committee is composed of representatives from different sectors that aim to address social determinants of health and risk factors, while the Health Promotion Unit supports in the implementation and development of health promotion related policies, programs, and activities, and establishes partnerships with Local Government Units and Barangay Healthcare Workers.</p> <p data-bbox="411 1697 1433 1736"><u>Coordination with the School System to Address Public Health Problems</u></p> <p data-bbox="411 1758 1433 1796"><i>Healthy Schools</i></p> <p data-bbox="411 1818 1433 1995">The HPB conducted exploratory meetings with DepEd, CHED, and TESDA to discuss their health-related programs. Following this, the HPB developed the draft Joint Administrative Order on Establishing Healthy Schools to ensure a health promoting environment in schools for learners, teachers, and relevant stakeholders.</p>



Program/Activity	Accomplishment/s
	<p>Under the draft policy, a framework for governance, implementation, assessment and monitoring and evaluation is outlined. The framework is likewise anchored on the six pillars of the WHO Health Promoting Schools Framework: 1) healthy school policies, 2) physical school environment, 3) social school environment, 4) health skills and education, 5) links with parents and communities, and 6) access to health services and the Health Promotion Framework Strategy. The draft Policy Framework on the Guidelines on Establishing Healthy Schools was approved in principle in the 105th Regular Executive Committee Meeting dated December 15, 2020.</p> <p>An interagency committee, which is currently led by the DOH, was organized. Finalization of the draft policy and planning for implementation was slated for 2021.</p> <p><i>Healthy Communities</i></p> <p>The draft Joint Administrative Order on Establishing Healthy Communities provides a policy framework to set standards for Healthy Communities which are anchored on three key areas: health-promoting communities, local health system capacity, and UHC-readiness.</p> <p>The draft Policy Framework for Establishing Healthy Communities was approved in principle in the 105th Regular Executive Committee Meeting dated 15 December 2020.</p> <p><u>Integrated Annual Report on Health Promotion and Health Literacy Programs</u></p> <p>The draft Healthy Policy for Schools institutionalized a framework for healthy learning environments which include assessment and monitoring and evaluation mechanisms. The annual report can obtain data from such processes.</p> <p>The draft Healthy Policy likewise provides for a platform for sharing of best practices to be maintained by DOH and the national government agencies for education.</p>
<p>Sec. 31 Evidence-Informed Sectoral Policy and Planning for UHC</p>	<p>Strengthening Health Policy and Systems Research</p> <ul style="list-style-type: none"> <li>• General mechanism set for integrating explicit use of evidence in policy-making process, strengthening of health policy and systems research, and indirect support for research consortia is established in the DOH Department Order No. 2021-0206 also known as the Revised <i>Guidelines on Research Management in the Department of Health and All Other Concerned Offices</i>.</li> <li>• Counterpart funding support provided for the conduct of research and research-related activities of fellows under the DOH Regional Fellowship Program and Young Professional Program Fellowship amounting to PhP 15,120,000 for CY 2021.</li> <li>• DOH-CHED-PRC-TESDA-DOST-PCHRD Joint Administrative order entitled “<i>Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for UHC</i>”. This policy integrates the scholarships for Health Policy and Systems Research as provided by the DOH and DOST-PCHRD. The DOH and DOST- PCHRD shall supervise the provision of scholarships, based on need, as well as implementation of the RSA obligation of HPSR scholars.</li> </ul>

Program/Activity	Accomplishment/s
	<ul style="list-style-type: none"> <li>• A Joint Administrative Order entitled <i>Guidelines on Making all Health, Nutrition and Demographic-related Administrative and Survey Data Public Records Available and Accessible</i> has been drafted subject to approval of the Interagency Committee on Health and Nutrition Statistics (IACHNS) Committee tentatively on 6 May 2021 and for translation into a PSA Board Resolution.</li> <li>• A monitoring and evaluation tool has been developed by PhilHealth to determine whether completed research from each PhilHealth Studies cycle has been utilized for policy or decision-making processes. Existing internal policy on research management in PhilHealth will be revised in the future to institutionalize such feedback mechanisms among recipient offices for further improvement of each succeeding research agenda cycle.</li> </ul> <p><u>Submission of Health and Health-related Data</u></p> <p>As of 31 December 2020, ongoing revision of DOH and PhilHealth policies by PhilHealth-Information Management Sector (IMS) as the lead in the policy development on:</p> <ol style="list-style-type: none"> <li>1. Data management and governance framework; and,</li> <li>2. National health data access and sharing.</li> </ol> <p>To strengthen the submission of health and health-related data to the National Health Data Repository among health care providers, insurers, and health-related entities, PhilHealth, together with DOH and DICT, has endeavored to issue a Joint Administrative Order on the adoption of Standards Conformance and Interoperability Validation (SCIV) as a compliance-monitoring mechanism to achieve an integrated and interoperable health and health-related data and report processing and submission at all levels of healthcare utilization. As of 31 December 2020, the policy was approved by concerned policy, legal, and technical offices of DOH, PhilHealth, and DICT, and was already routed to the President and CEO of PhilHealth for signing.</p> <p><u>Participatory Action Research</u></p> <p>Participatory Action Research (PAR) for implementation with PCHRD and UP-Manila is through negotiated procurement. As of 23 April 2021, ongoing signing of the Memorandum of Agreement.</p> <p><b>Project Title:</b> Praxis of Participatory Action Research (PAR) for the Department of Health, Philippines: PAR Training and PAR Demonstration Projects</p> <p><b>Project Leader / Implementing Agency:</b> Dr. Laufred I. Hernandez, Department of Behavioral Sciences and Faculty of Health Policy Studies (Health Social Science), College of Arts and Sciences, University of the Philippines, Manila</p> <p><b>Budget Allocation:</b> PhP 10M</p>

Program/Activity	Accomplishment/s
Sec. 32 Monitoring and Evaluation	<ul style="list-style-type: none"> <li>• On 14 April 2021, the Department posted on the DOH Intranet the Department Circular No. 2021-0132 entitled <i>Interim Guidelines in the Estimation of Global Burden of Disease in the Philippines</i> which provide guidance on the procedures for Burden of Disease (BOD) estimation in the country. These criteria shall be used in the interim while the DOH prepares corresponding policies and systems, and while awaiting the establishment of the Philippine BOD Consortium to manage national BOD-related activities.</li> <li>• For FY 2021, the DOH allotted PhP 15 million for the conduct of the preparatory work of the 2022 National Demographic Health Survey. It is proposed for the 2022 NDHS to also collect some of the UHC Household Survey data.</li> <li>• A draft UHC Household Survey Module was presented to the IACNHS Committee on 10 February 2021. It will be further reviewed by a TWG to be composed of representatives of the IACHNS Committee members.</li> </ul> <p><u>BOD Institutional Capacity</u></p> <ul style="list-style-type: none"> <li>• A BOD workshop, facilitated by the Institute for Health Metrics and Evaluation (IHME), is targeted in the 2nd quarter of 2021 to capacitate EB staff and internal stakeholders in BOD estimation. Included this workshop are topics to promote and use BOD estimates for policy and planning at national and local levels.</li> <li>• The Memorandum of Understanding between DOH and IHME to improve the BOD estimates, injuries and risk factors for NCR and all 81 provinces of the Philippines using methods consistent with the overall Global Burden of Disease enterprise is pending signature of IHME.</li> <li>• Capacity for research, based on priorities identified, is part of the long-term (2025 onwards) goal of Philippine BOD, with the help of the BOD Consortium. Also, publication of capstone paper on major subnational results is part of the medium-term (2020-2025) goal of Philippine BOD.</li> </ul> <p><u>Improvement of Disease-specific Information Systems</u></p> <p>With the help of the BOD Consortium, information to improve existing disease-specific information systems can be done as needed based on BOD results (as soon as available). Currently, the following are on-going:</p> <ol style="list-style-type: none"> <li>1. Development of Hospital Sentinel Surveillance (HSS) System (online and offline software) and piloted in 3 sentinel hospitals (SLH, NCH, DJRMMC)</li> <li>2. Started Enhancement of PIDSR &amp; ESR Manual of Procedures</li> <li>3. Started drafting/revisions of policies:</li> </ol>

Program/Activity	Accomplishment/s
	<ol style="list-style-type: none"> <li>a. Draft Department Circular: Inclusion of Epidemic-prone Disease Case-based Surveillance (EDCS) and Event-based Surveillance and Response (ESR) as the Early Warning and Response Surveillance System under the Philippine Integrated Disease Surveillance and Response (PIDSRS) of the Epidemiology Bureau</li> <li>b. Draft PIDSRS Administrative Order: Revised Administrative Order No. 2007-0036 “Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSRS) framework” dated October 1, 2007</li> <li>c. Draft Epidemic-Prone Disease Case-Based Surveillance (EDCS) Manual of Procedure</li> <li>d. Draft Event-Based Surveillance and Response (ESR) Manual of Procedure</li> </ol>
Sec. 33 Health Impact Assessment	<p>On March 2021, the DOH and DILG issued Joint Administrative Order No. 2021-0001 entitled <i>Guidelines for the Operationalization of the Health Impact Assessment (HIA) Review Process for Development Projects</i> which provides the legal basis in: setting the standards on development projects that will require HIA; convening a review committee to evaluate submitted HIA reports; issuing a clearance certificate for projects upon positive recommendation of the review committee; and, mandating LGUs to include the clearance certificate in their requirements when they issue the permits allowing infrastructure developments to commence. Relative to this, other relevant and related policies were issued to complement HIA, namely:</p> <ul style="list-style-type: none"> <li>• DOH Department Personnel Order No. 2021-0593 entitled <i>Creation of the Selection Committee for the Composition of the Health Impact Assessment Review Committee (HIA RevCom)</i>; and,</li> <li>• DOH Department Circular No. 2021-0076 entitled <i>Call for Nomination and Expression of Interest for the Health Impact Assessment Review Committee</i>.</li> </ul> <p>The Health Impact Assessment Application System (HIAAPS) is currently being developed by the Knowledge Management and Information Technology Services. HIAAPS shall serve as the submission portal and interface of HIA Preparers and Project Proponents in tracking review progress and communicating with the HIA Review Committee. The System work plan and system design were already drafted and presented by KMITS to HPB.</p> <p>The Standard Operating Procedure Manual, Methods Guide on Conduct of Health Impact Assessment, and Process Guide are already drafted and currently being finalized. The SOP Manual shall serve as the internal document of the HIA Review Committee and the DOH which provides guidance and protocols in reviewing HIA Reports. The Methods Guide provides guidance to HIA Preparers, Project Proponents, and HIA practitioners in conducting a health impact assessment of a development project. The Process Guide provides the abridged version of the HIA Process and HIA Review Process for consumption of the general public.</p>

Program/Activity	Accomplishment/s
Sec. 34 Health Technology Assessment	<p>On 15 September, the DOH published Administrative Order No. 2020-0041 entitled <i>The New Implementing Guidelines on Health Technology Assessment to Guide Funding Allocation and Coverage Decisions in support of Universal Health Care</i> as part of its commitment towards achieving UHC. The policy sets the HTA framework through its annexes, the Process and Methods Guides, and delineates roles, responsibilities, and requirements for Offices and stakeholders involved in HTA. Specifically,</p> <ul style="list-style-type: none"> <li>• Process Guide details general steps the HTA Unit employs in conducting HTA. It describes the structure and transparency in processes the HTAC (see HTA Process Guide: <a href="https://hta.doh.gov.ph/philippine-hta-process-guide/">https://hta.doh.gov.ph/philippine-hta-process-guide/</a>)</li> <li>• Methods Guide provides researchers technical guidance in conducting HTA. It serves as the basis for producing reports anchored on clinical, economic, ethical, legal, social and health systems domains. (see HTA Methods Guide: <a href="https://hta.doh.gov.ph/philippine-hta-methods-guide/">https://hta.doh.gov.ph/philippine-hta-methods-guide/</a>)</li> </ul> <p>The Department sought to consult stakeholders (i.e., internal offices, government agencies, patient organizations, healthcare providers, the academe and industry) in finalizing the AO and its annexes, the Process and Methods Guides. Due to restrictions brought about at the onset of the COVID-19 pandemic, consultations proceeded virtually in March.</p> <p>As of December 2020, the Secretary of Health has approved the final HTAC recommendations on the following COVID-19 health technologies:</p> <ol style="list-style-type: none"> <li>1. AMTI uAI-Discover-PNA (Pneumonia) to facilitate diagnosis, assessment, and staging of COVID-19</li> <li>2. Cycloferon for the treatment of COVID-19</li> <li>3. Extracorporeal Machine Oxygenation (ECMO) for patients with Acute Respiratory Distress Syndrome (ARDS) in COVID-19</li> <li>4. Favipiravir for the treatment of COVID-19</li> <li>5. High-Flow Nasal Cannula (HFNC) Oxygen Therapy for the treatment of Acute Hypoxemic Respiratory Failure for COVID-19</li> <li>6. Huawei Cloud Artificial Intelligence (AI)-Assisted Diagnosis for COVID-19</li> <li>7. IgG and IgM Rapid Diagnostic Test (RDT) Kits for Mild and Asymptomatic At-Risk COVID-19 Cases</li> <li>8. Rapid Antibody-based Test Kits (RATs) for Various Use Cases for COVID-19</li> <li>9. SARS-CoV-2 RT-PCR Test Kits for the Diagnosis of COVID-19 Cases</li> <li>10. Pooled Testing for the Diagnosis, Screening, and Surveillance of COVID-19 Rapid Antigen Test Kits for the diagnosis of COVID-19</li> </ol> <p>HTA Philippines launched its official website (<a href="https://hta.doh.gov.ph/">https://hta.doh.gov.ph/</a>) on 01 September 2020 as part of continuous efforts to engage with key stakeholders. This project sought to introduce the Office, its mission, vision and goals, and communicate initiatives, recommendations and COVID-19 reviews. As the primary platform for HTA-related events, its key objectives also included increasing engagement with stakeholders.</p>

Program/Activity	Accomplishment/s
	<p>As HTA Philippines prepares for its transition as an independent entity attached to the DOST, coordination's to explore partnerships with institutions through the HTA Research Network have since commenced. Such partnership shall cover research topic commissioning, publication of an HTA journal and other dissemination activities, capacity building, academic programs, and the establishment of review centers.</p>
<p>Sec. 35 Ethics in Public Health Policy and Practice</p>	<p>On 12 January 2021, the Department published Administrative Order 2020-0061 entitled <i>Guidelines on the Public Health Ethics Review and Creation of the DOH Public Health Ethics Committee</i> which aims to operationalize public health ethics review to ensure that risks from conflict of interests (COI) from individuals, groups, organizations, and institutions and financial relationship with healthcare professionals and health care providers will not impact on the decision-making process relative to policy-determining activities of the implementing agencies and advisory bodies/committees of the UHC Act. For the ethics committee, a call for nomination through letters and announcements was facilitated to nominate members. Currently, nominations received are being processed.</p> <p>Similarly on 4 February 2021, the DOH also published Administrative Order No. 2021-0011 entitled <i>Implementing Guidelines of Section 35 of the Republic Act No. 11223, otherwise known as the "Universal Health Care Act", on Standards on Receipt, Assessment, and Management of Conflict of Interest</i>. This policy provides a clear, specific, and standard process in the declaration and management of COIs of all persons involved in the policy-determining activities of the implementing agencies and advisory bodies/committees of the UHC Act. This is to ensure integrity and impartiality in decisions, as well as to address potential graft and corruption practices.</p> <p>Further, an Administrative Order on the <i>Guidelines on Compliance with Sec. 35 (b) of RA No. 11223 on Disclosure of Financial Relationships with Health Care Providers and Health Care Professionals</i> has been drafted by the Food and Drug Administration. Currently this policy is undergoing review.</p>
<p>Sec. 36 Health Information System</p>	<p>As of 31 December 2020, the DOH and PhilHealth Joint Administrative Order on the Guidelines on the Implementation and Maintenance of an Integrated Health Information System (iHIS) was approved by concerned policy, legal, and technical offices of DOH and PhilHealth, and was already routed to the President and CEO of PhilHealth for signing. The policy aims to: (1) provide the guidelines and mechanisms in the standardization, implementation and maintenance of an HIS developed or adopted by health care providers, insurers, and/or health-related entities, and (2) define the implementation governance that will guide various stakeholders in the implementation and maintenance of an integrated HIS to improve data quality, enable efficient processes, and enhance health service delivery at all levels of healthcare utilization.</p> <p>The DOH's IHIS, which shall be made available at no cost to health care providers and insurers that have no capacity to develop and implement their own, is ongoing system development by KMITS for Phase 1 (Clinical Modules).</p>

Program/Activity	Accomplishment/s
<p>Sec. 37 Appropriations</p>	<p>The DOH-PhilHealth-DOF-DBM-PCSO-PAGCOR Joint Memorandum Circular on the Guidelines on the Operationalization of Section 37. Ap-propriations of Republic Act No. 11223 Otherwise known as The Uni-versal Health Care Act of 2019 (HPDPB) has been drafted. Currently, this is for legal comment by the Department of Justice.</p>

CHAPTER XI. Miscellaneous Provisions

Program/Activity	Accomplishment/s
<p>Sec. 39 Oversight Provision</p>	<p><u>Joint Congressional Oversight Committee on UHC</u></p> <p>The Joint Congressional Oversight Committee on UHC for the 18th Congress was established at its Organizational Meeting on 16 June 2020. It is currently jointly chaired by Sen. Christopher Lawrence “Bong” Go (Chairperson of the Senate Committee on Health and Demography) and Hon. Angelina “Helen” Tan (Chairperson of the House of Representatives Committee on Health) with the following appointed members:</p> <ol style="list-style-type: none"> <li>1. Sen. Ronald dela Rosa - (Senate)</li> <li>2. Sen. Francis Tolentino - (Senate)</li> <li>3. Sen. Risa Hontiveros - (Senate)</li> <li>4. Sen. Richard Gardon - (Senate)</li> <li>5. Hon. Michael Defensor - (House of Representative)</li> <li>6. Hon. Laarni Cayetano - (House of Representative)</li> <li>7. Hon. Yedda Romualdez - (House of Representative)</li> <li>8. Hon. Maricel Natividad - (House of Representative)</li> </ol> <p><u>Validation and Annual Report Funding</u></p> <p>For FY 2020 budget, PhP 5 million is earmarked for UHC evaluation by NEDA.</p> <p><u>Validation Studies</u></p> <p>PhilHealth, together with NEDA, DOH, PSA, and academic partners, have conducted preparatory meetings for the development of a roadmap to conduct the UHC Evaluation/ Validation Studies.</p>
<p>Sec. 40 Performance Monitoring Division</p>	<p>The Department has institutionalized the Performance Monitoring and Strategy Management Division through the issuance of DOH Department Order No. 2021-0172 wherein it is currently lodged in the Health Policy Development and Planning Bureau as its newly created division.</p> <p>Concurrently, through DOH Department Personnel Order No. 2021-0793, the staff of the division are designated staff from the Office of Strategy Management. However, the Department of Budget and Management has already issued the Notice of Organization, Staffing, and Compensation Action No. 002020-09-17 for the plantilla positions of the said division, and applications are on-going. These positions are expected to be filled-up by mid of 2021. In the interim a similar structure was created at the Centers for Health Development referred to as CHD Office of Strategy Management. This structure ensures the alignment of the CHD’s objectives to the UHC objectives.</p>



Program/Activity	Accomplishment/s
<p>Sec. 41 Transitory Provision</p>	<p><u>Establishment of Health Technology Assessment Council</u></p> <p>The Health Technology Assessment Council (HTAC) was constituted in November 2019 supported by the HTA Unit in crafting its Process and Methods Guides. The process of review of existing benefits and programs of DOH and Philhealth is done on identified health technologies which are prioritized by end-user programs and Offices.</p> <p>Current review of existing DOH health technologies include vaccines such as pneumococcal conjugate vaccines (2020) and inactivated polio vaccine (IPV). Drugs for HIV/AIDS and cancers are also currently under evaluation which could support existing mandates and programs of the DOH.</p> <p>COVID-19 health technologies are also undergoing rapid assessments in light of the public health emergency. PhilHealth has also referred topics to HTAC relevant to the review of its existing benefit package for COVID-19.</p> <p><u>National Government Support to LGUs</u></p> <p>For the year 2020, DOH Administrative Order No. 2020-0037 entitled <i>Guidelines on Implementation of the Local Health Systems Maturity Levels (LHS ML)</i> was issued to provide the general framework on the integration of local health systems. The baseline assessment using this framework was performed in the 58 UHC IS. In addition to their status on the key result areas of the ten P/CWHS Characteristics, the UHC IS had also identified their technical assistance needs. The results of this assessment were issued through DOH Department Circular No. 2021-0071 with the subject <i>FY 2020 Local Health Systems Maturity Level (LHS ML) National Baseline Assessment Report for the Universal Health Care Integration Sites (UHC-IS)</i>.</p> <p>While the appropriate actions to address the needs of the different UHC IS is being developed, the Department through its different offices have provided support to different LGUs in relation to UHC and at the same time in mitigating the impacts caused by the COVID-19 pandemic. Below are some of the support provided:</p> <p><i>Preparedness and Response to Emergencies</i></p> <ol style="list-style-type: none"> <li>1. Logistics augmentation provided             <ol style="list-style-type: none"> <li>a. Hygiene kits, collapsible water drinking container, first aid kits, cadaver bags, surgical masks and assorted medicines in response to Typhoon Rolly with the total amount of PhP 13,117,744.00. Also, logistics mobilized in response to Typhoon Ulysses amounting to PhP 21,291,555.00.</li> </ol> </li> <li>2. Response teams mobilized             <ol style="list-style-type: none"> <li>a. During Typhoon Ulysses aftermath, DOH- HEMB deployed HERTs to Cagayan Valley to provide Health services (Medical and Public Health, WASH, Nutrition and MHPSS)</li> <li>b. Deployment to Davao City for COVID-19 augmentation</li> </ol> </li> <li>3. Sub-allotment of funds             <ol style="list-style-type: none"> <li>a. In 2020, the Nutrition Cluster in Emergencies and Disasters, with NNC as the lead and funding support from DOH amounting to PhP 10 million, was able to conduct Nutrition in Emergencies and Information Management Training. It covered 226 local government units (province/city/municipality) with 785 participants. The training was mostly conducted through an online method.</li> </ol> </li> </ol>

## 42 UHC 2020 Implementation Report

Program/Activity	Accomplishment/s
	<p data-bbox="560 284 1434 483">b. In 2020 and 2021, HEMB has allotted funds to the 58 UHC Integration Sites (UHC IS) through the CHDs and MOH- BARMM. The fund allocated aims to ensure UHC ISs will establish an effective and efficient preparedness and response activities and ensure delivery of essential population-based health services. (2020 - PhP 30,450,000; 2021- PhP 38,250,000).</p> <p data-bbox="413 510 746 539"><i>Epidemiology and Surveillance</i></p> <p data-bbox="413 566 1434 864">The Epidemiology Bureau sub-allotted funds to various regions that have provided support to LGUs for (a) Taal Volcano Eruption Disaster Response, (b) COVID-19 surveillance and response, (c) program implementation of Field Health Services Information System, (d) Smart Verbal Autopsy, (e) hiring of Job Order personnel as Disease Surveillance Officers, (f) Intensified Active Acute Flaccid Paralysis (AFP) Surveillance, and (g) other epidemiology and surveillance-related PPAs. Kindly refer to the Financial Management Service (FMS) for the complete funds sub-allotted and utilized, with duly submitted Fund Utilization Report (FUR) chargeable against the Epidemiology and Surveillance Program line item.</p> <p data-bbox="413 891 606 920"><i>Health Promotion</i></p> <p data-bbox="413 947 1434 1178">To capacitate LGUs in operationalizing health promotion interventions, HPB launched the Health Promotion Playbooks in 2020. Each playbook targets a specific health promotion area and includes ready-to-use tools and resources such as intervention briefers, template ordinances, implementation and monitoring and evaluation plans, and communication materials that the LGUs can adopt and implement. Health Promotion Playbooks for active transport, healthy diet, hygiene and sanitation, smoking cessation, and mental health were developed in 2020.</p> <p data-bbox="413 1205 531 1234"><i>PhilHealth</i></p> <p data-bbox="413 1261 1434 1326">Initial meetings have been conducted with concerned stakeholders, with preparatory activities in place and planned for 2021 to 2022.</p> <p data-bbox="413 1352 1187 1382"><u>Co-payment System that Complements PhilHealth Benefit Package</u></p> <p data-bbox="413 1408 1434 1541">A Joint Administrative Order by DOH-PhilHealth-IC on the Guidelines on the Establishment of the Coordination Mechanism for the Complementation of Benefits for Individual-based Health Services under Republic Act No. 11223 or the Universal Health Care Act has been drafted, and it is currently on-going finalization.</p>
Sec. 43 Implementing Rules and Regulations	Following the enactment of the law, the Implementing Rules and Regulations of the UHC Act was signed on 10 October 2019.

*Note: The data/ information used in this report is from February 2019-as of May 7, 2021. Prepared by the Performance Monitoring and Strategy Management Division*

## Annex A. Konsulta Accreditation and Registration Status

PRO	No. of Accredited Provider*			No. of Registered Beneficiary**		
	Approved	On-Process	Total	Member	Dependent	Total
CAR	0	0	0	0	0	0
I	0	0	0	0	0	0
II	0	1	1	0	0	0
III	4	0	4	384	6	390
IV-A	5	0	5	898	68	966
IV-B	1	0	1	0	0	0
V	26	0	26	1294	0	1294
NCR	0	0	0	0	0	0
VI	4	2	6	0	0	0
VII	1	0	1	14	3	17
VIII	14	2	16	246	60	306
IX	1	0	1	0	0	0
X	0	0	0	0	0	0
XI	5	0	5	0	0	0
XII	1	1	2	0	0	0
CARAG A	0	0	0	0	0	0
BARMM	2	0	2	0	0	0
Total	64	6	70	2836	137	2978

Data Source:

\*Accreditation Department: as of May 3, 2021

\*\*TFI: as of April 30, 2021

## Annex B. Status UHC Policy Agenda (as of May 2021)

No.	UHC IRR Section	Policy	Date Approved
1.	6.2	[Philhealth Circular 2020-002] Governing Guidelines of the PhilHealth Konsultang Sulit at Tama (Konsulta) Package Expanding the Primary Care Benefit to All Filipinos	January 20, 2020
2.	6.2	[PhilHealth Circular 2020-0022] Implementing Guidelines of Konsulta Package	December 18, 2020 - Posted in PhilHealth website  December 24, 2020- Published in Manila Bulletin
3.	6.2	[PhilHealth Circular No. 2020-0021] Accreditation of Health Care Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package	December 16, 2020 - Posted in PhilHealth website  December 23, 2020- Published in Manila Bulletin
4.	6.2 6.3	[AO 2020-0024] Primary Care Policy Framework and Sectoral Strategies	May 28, 2020 – Posted on Intranet  June 3, 2020 – Published in Philippine Star
5.	6.6	[JAO 2021-0001] Guidelines for Registration of Filipinos to Primary Care Providers	January 08, 2021- Posted on the Intranet  January 12, 2021- Published on Philippine Star
6.	6.7	[DC 2020-0176] Manual of Primary Care Facility Standards	DC for the manual dated April 13, 2020 - Posted on Intranet
7.	9.4-9.9	[PhilHealth Circular 2020-0024] Governing Policies on No Co-payment/ No Balance Billing for PhilHealth Benefit Packages	December 28, 2020- Posted on PhilHealth Website  December 30, 2020- Published on Manila Bulletin
8.	17.3.b	Guidelines in Strengthening Epidemiologic Surveillance System	Covered under IRR RA 11332 Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act

No.	UHC IRR Section	Policy	Date Approved
9.	17.3.d	[AO 2020-0036] Institutionalization of DRRM-H into Province-wide and City-wide Health Systems - AO on Operational Guidelines in the Delivery of Essential Health Services Packages (EHSPs) for Medical and Public Health Services During Emergencies and Disasters	August 11, 2020- Posted on Intranet  August 17, 2020- Published on Philippine Star
10.	17-18	[AO 2020-0040] Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages	September 08, 2020- Posted on Intranet  September 11, 2020- Published on Philippine Star
11.	17.2 17.4 18.2	[AO 2020-0019] Guidelines on the Service Delivery Design of Health Care Provider Networks	May 14, 2020 – Posted on Intranet  May 22, 2020 – Published in Philippine Star
12.	17.5 22.5	[AO 2020-0018] Guidelines on Contracting Province-wide and City-wide Health Systems	May 14, 2020 – Posted on Intranet May 20, 2020 – Published in Philippine Star
13.	18.9	[PhilHealth Circular 2020-0020] Governing Policies on PhilHealth Costing and Costing Methodology	December 16, 2020 - posted in PhilHealth website  December 23, 2020- published in Manila Bulletin
14.	19.1	[AO 2020-0021] Guidelines on Integration of the Local Health System into Province-wide and City-wide Health System (P/CWHS)	May 22, 2020 – Posted on Intranet  May 27, 2020 – Published in Philippine Star
15.	19.1	[AO 2020-0037] Guidelines on Implementation of the Local Health Systems Maturity Levels	August 19, 2020- Posted on Intranet  August 27, 2020- Published on Philippine Star
16.	19.20 20.3 22.3 23.5 30.2.d 41.4.b.i	[AO 2020-0022] Guidelines on the Development of Local Investment Plans for Health	May 22, 2020 – Posted on Intranet  May 27, 2020 – Published in Philippine Star
17.	20.7 21.1 21.2 23.3	[DOH-DBM-DOF-DILG-PHIC JMC 2021-0001] Guidelines on the Allocation, Utilization, Monitoring of, and Accountability for the Special Health Fund	January 21, 2021- Posted on the Intranet  February 03, 2021- Published on Philippine Star

## 46 UHC 2020 Implementation Report

No.	UHC IRR Section	Policy	Date Approved
18.	23.1-23.8	National HRH Master Plan [DC 2021-0253] Dissemination of the National Human Resources for Health Master Plan 2020-2040	July 25, 2021- Posted on the Intranet
19.	29.2	[AO 2020-0023] Guidelines on Identifying Geographically Isolated and Disadvantaged Areas and Strengthening their Health Systems	May 27, 2020 – Posted on Intranet June 1, 2020 – Published in Philippine Star
20.	24	[AO 2020-0038] Guidelines on the Deployment of Human Resources for Health under the National Health Workforce Support System	August 20, 2020- Posted on Intranet August 28, 2020- Published on Philippine Star
21.	25.7-25.9	[JAO 2020-0001] DOH-PRC Guidelines on the Establishment, Utilization, and Maintenance of the National Health Workforce Registry (NHWR)	March 11, 2021- Posted on the Intranet March 15, 2021- Published on Philippine Star
22.	25.11	[JAO 2020-0001] Guidelines on the Certification of Primary Care Workers	August 24, 2020- Posted on Intranet August 28, 2020- Published on Philippine Star
23.	27.4 27.5	[AO 2020-0047] Licensing Primary Care Facilities	October 07, 2020- Posted on Intranet October 14, 2020- Published on Philippine Star
24.	27.7 27.8	[AO 2021-0020] Revised Guideline on National Practice Guideline Development, Adoption, and Dissemination	February 26, 2021- Posted on Intranet March 08, 2021- Published on Philippine Star
25.	28.1-28.7	[AO 2020-0043] Guidelines on Ensuring the Affordability of Essential Medicines in DOH Facilities Through the Regulation of Price Mark-ups	September 15, 2020- Posted on Intranet
26.	28.8 28.1 28.11	[AO 2021-0020] Revised Guideline on National Practice Guideline Development, Adoption, and Dissemination	February 26, 2021- Posted on Intranet September 22, 2020- Published on Philippine Star

No.	UHC IRR Section	Policy	Date Approved
27.	28.13	[JAO 2021-0001] Constitution of the Price Negotiation Board and Implementing Guidelines on Price Negotiation for Innovative, Proprietary, Patented and Single- sourced Health Commodities	February 26, 2021- Posted on Intranet March 08, 2021- Published on Philippine Star
28.	28.16	[AO 2021-0008] Guidelines in Public Access to Price Information of All Health Services and Goods in Health Facilities in the Philippines	January 19, 2021- Posted on the Intranet
29.	29.3	[AO 2021-0029] Guidelines on the Prioritization on Processing of Applications for DOH Authorization of Health Facilities Located in GIDAs in the Philippines	April 15, 2021- Posted on the Intranet <b>April 27, 2021- Published on Philippine Star</b>
30.	29.11	[AO 2021-0015] Standard of Basic and Non-Basic Accommodation in All Hospitals	February 16, 2021- Posted on the Intranet February 26, 2021- Published on the Philippine Star
31.	30.2	[AO 2020-0042] Health Promotion Framework Strategy in Province-wide and City-wide Health System	September 14, 2020- Posted on Intranet September 17, 2020- Published on Philippine Star
32.	30.2	[AO 2020-0058] Restructuring Health Promotion and Communication Service (HCPS) into Health Promotion Bureau	December 23, 2020-Posted on Intranet December 28, 2020- Published on Philippine Star
33.	32.3-32.5	[DC 2021-0132] Interims Guidelines on the Estimation of Burden of Disease in the Philippines	April 14, 2021- Posted on the Intranet
34.	33.1	[JAO 2021-0001] Guidelines on the Operationalization of the Health Impact Assessment (HIA) Review Process for Development Projects	February 19, 2021- Posted on the Intranet February 22, 2021- Published on the Philippine Star
35.	34	[DPO 2019-5496] Creation of the Health Technology Assessment Council Core and Subcommittees	October 10, 2019 - Posted on Intranet
36.	34	[DO 2020-0369] Guidelines on the Creation of Health Technology Assessment Council for the Implementation of the Universal Health Care Act	June 30, 2020 – Posted on Intranet

## 48 UHC 2020 Implementation Report

No.	UHC IRR Section	Policy	Date Approved
37.	34	[AO 2020-0041] The New Implementing Guidelines on Health Technology Assessment To Guide Funding Allocation and Coverage Decisions in Support of Universal Health Care	September 09, 2020- Posted on Intranet September 15, 2020- Published on Philippine Star
38.	35.3	[AO 2021-0011] Implementing Guidelines of Sec. 35 of the Republic Act No. 112233, otherwise known as the “Universal Health Care”, on Standards on Receipt, Assessment, and Management of Conflict of Interest	January 29, 2021- Posted on Intranet February 04, 2021- Published on Philippine Star
39.	35.7	[AO 2020-0061] Guidelines on the Public Health Ethics Review and Creation of DOH Public Health Ethics Committee	January 06, 2021- Posted on the Intranet January 12, 2021- Published on Philippine Star
40.	36.1	[JAO 2021-0002] Mandatory Adoption and Use of National Health Data Standards for Interoperability	April 22, 2021- Posted on the Intranet
41.	36.3-36.7	[JAO 2021-0001] Guidelines on the Implementation and Maintenance of an Integrated Health Information System	April 22, 2021- Posted on the Intranet April 30, 2021- Published on Philippine Star
42.	40	[DO 2020-0406] Revised Implementing Guidelines of Performance Governance System and the use of the Office Performance Commitment and Review as part of its Cascading Framework	July 15, 2020 – Posted on Intranet
43.	34	AO on the Monitoring and Evaluation Framework for Republic Act 11223, Otherwise known as the Universal Health Care Act	March 30, 2021- Posted on the Intranet April 06, 2021- Published on Philippine Star
44.	34	[AO 2019-0027] Guidelines on the Implementation of the Local Government Unit Health Scorecard	August 08, 2019- Posted on Intranet
45.	35.3	[AO 2020-0029] Roles, Functions, and Responsibilities of the Department of Health (DOH) Representatives	July 15, 2020 – Posted on Intranet July 17, 2020 – Published in Philippine Star
46.	35.4	[DM 2020-0275] Dissemination of the LGU Health Scorecard Manual of Procedures	June 23, 2020- Posted on Intranet
47.	35.7	[AO 2021-0006] Guidelines in Implementing Universal Health Care and Local Health Systems Integration by the International Health Partners	January 16, 2021- Posted on Intranet January 20, 2021- Published on Philippine Star



No.	UHC IRR Section	Policy	Date Approved
48.	36.1	DOH-CHED-PRC JAO on Guidelines on the Reorientation of Health Professions Education Curricula and Training Programs to Primary Health Care (PHC)(HHRDB)	EXECOM and On-going Policies
49.	36.1-36.2	DOH-CHED-PRC Joint Administrative Order on Scholarships and Return of Service for Universal Health Care (HHRDB)	EXECOM and On-going Policies
50.	36.3-36.7	DOH-PHIC-DICT Joint Memorandum Circular on Guidelines on the Implementation of Telemedicine in Delivery of Individual- based Service (KMITS)	EXECOM and On-going Policies
51.	40	JAO with DepEd: Guidelines on the Implementation of Healthy Settings in Schools (HPCS)	EXECOM and On-going Policies
52.		JAO with DILG: Guidelines on the Implementation of Healthy Settings in Communities (HPCS)	EXECOM and On-going Policies
53.		AO on Guidelines on Compliance with Sec. 35 (b) of RA No. 11223 on Disclosure of Financial Relationships with Health Care Providers and Health Care Professionals (FDA)	EXECOM and On-going Policies
54.		DOH & PhilHealth & DICT JAO on the Standards Conformance and Interoperability Validation (KMITS)	EXECOM and On-going Policies
55.		DOH-PhilHealth-DOF-DBM-PCSO-PAGCOR JMC on the Guidelines on the Operationalization of Section 37. Appropriations of Republic Act No. 11223 Otherwise known As The Universal Health Care Act of 2019 (HPDPB)	EXECOM and On-going Policies
56.		AO on Mandatory Provisions of Fairly Priced Generics in support of the Universal Health Care	EXECOM and On-going Policies
57.		JAO on Rationalization of Financing Schemes and Benefit Complementation for Individual-based Health Services with PhilHealth, Health Maintenance Organizations (HMOs) and Life and Non-life Private Health Insurers (PHIs)	EXECOM and On-going Policies

## 50 UHC 2020 Implementation Report

No.	UHC IRR Section	Policy	Date Approved
58.		AO on Framework for the Philippine Essential Medical Devices List and Prices Reference Index	EXECOM and On-going Policies
59.		DOH and PhilHealth JMC on Implementing Guidelines of Sec.31 of the UHC Act on the Processing and Submission of Health and Health-related Data	EXECOM and On-going Policies
60.		DOH-PSA-FNRI JAO on Guidelines on Making all Health, Nutrition and Demographic-related Administrative and Survey Public Records Available and Accessible	EXECOM and On-going Policies

*Note: Policies with no defined sections in the UHC Act IRR are tagged as UHC-related policie. This means that they are not cited in any provisions of the law.*

## Annex C. Universal Health Care Act Budget (in billions Php)

Agency	2020 <sup>a</sup>		2021 <sup>b</sup>		2022 DOH Proposal <sup>c</sup>	
	UHC Act Implementation - related Funding	Total	UHC Act Implementation - related Funding	Total	UHC Act Implementation - related Funding	Total
DOH-OSEC	<b>112.38</b> (65%)	173.94	<b>95.17</b> (55%)	173.71	<b>232.87</b> (73%)	317.96
Philhealth	<b>71.35</b> (100%)	71.35	<b>71.35</b> (100%)	71.35	<b>110.13<sup>d</sup></b> (100%)	110.13
<b>Grand Total</b>	<b>183.73</b> (75%)	<b>245.30</b>	<b>166.52</b> (68%)	<b>245.06</b>	<b>343.00</b> (80%)	<b>428.10</b>

\* - Tagging of line items is based on 2022 Budget Priorities Framework, includes RLIP and SAGF budget

a - For 2020, sources of fund include GAA, Bayanihan I, Bayanihan II and FAPs. However, it excludes the Php 2.5B Cash Donation, Php 2.92B QRF and Calamity Fund, Php 452M 2019 CONAP and 2020 Savings, Php 1.91B earlier release to RITM

b - For 2021, sources of fund include GAA, Bayanihan II and FAPs. However, it excludes the Php 70B Unprogrammed Funds c - For 2022, the amount indicated is based on the EXECOM approved budget as of April 13, 2021

d - PhilHealth Board approved budget

## Annex D. Proposed National Subsidy for NHIP FY 2022 - Total (Indirect Contributors, PAMANA, Annex on Normalization Phase 3)

Particulars	No. of Members	Premium Subsidy / Annum	Total
<b>A. Indirect Contributors (Subsidy Through Sin Tax)</b>			
NHTS	13,664,492	4,200	57,390,866,400
Senior Citizens	8,526,001	5,000	42,630,005,000
UHC Expansion	1,889,600	4,200	7,936,320,000
PWDs – unemployed	200,945	4,200	843,969,000
PWD – employed	19,999	2,100	41,997,900
SK Officials	246,572	4,200	1,035,602,400
National athletes/coaches	1,620	4,200	6,804,000
<b>Sub-Total</b>	<b>24,549,229</b>		<b>109,885,564,700</b>
<b>B. Locally-Funded Projects</b>			
PAMANA	45,219	4,200	189,921,600
Bangsamoro Normalization	14,000	4,200	58,800,000
<b>Sub-Total</b>	<b>59,219</b>		<b>248,721,600</b>
<b>TOTAL</b>	<b>24,608,448</b>		<b>110,134,286,300</b>

## Annex E. Updates on the UHC Implementers' Course

### Course Description:

This course aims to level off understanding of the law through the conduct of synchronous and asynchronous sessions, and work in unison towards: (1) progressively realizing UHC through a systemic approach and clear roles of key agencies and stakeholders for better performance in the health system; and (2) ensuring that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and are protected against financial risk.

### Target Participants:

Centers for Health Development, UIS Local Government Units, Philhealth, DOH Central Office

### Duration:

April – August 2021 (Pilot Implementation)

### Modules:

Title	Short Summary of Content	Updates
Module 1: Framework and Mandates of Universal Health Care	This module aims to provide an overview of the Universal Health Care Act and its implementing rules and regulations. The first part expounds on the Universal Health Care Framework, and will cover the sections on National Health Insurance, Health Service Delivery, and Local Health Systems. The second part includes the sections on Human Resources for Health, Regulation, Governance and Accountability, and other miscellaneous provisions.	Completed and uploaded  CPD accredited
Module 2: Organization of Local Health Systems	This module aims to expound on Chapter V of the Universal Health Care Act and its Implementing Rules and Regulations which focuses on organization and institutionalization of Local Health Systems. This will specifically discuss operational policies and guidelines to implement the provisions expressed in four Administrative Orders: <ol style="list-style-type: none"> <li>1. Service Delivery Design of Health Care Provider Network (AO 2020-0019)</li> <li>2. Integration of Local Health System into Province-wide and City-wide Health Systems (AO 2020-0021)</li> <li>3. Primary Care Policy Framework (AO 2020-0024), which defines primary care as the basic foundation of the health care provider network; and,</li> <li>4. Identifying Geographically Isolated and Disadvantaged Areas and Strengthening their Health System (AO 2020-0023)</li> </ol>	Completed and uploaded  CPD accredited


## 54 UHC 2020 Implementation Report

Title	Short Summary of Content	Updates
<p>Module 3: Local Health Systems Management Tools</p>	<p>This module aims to discuss four major management tools that can be used to guide the integration of the local health systems into province-wide and city-wide health systems and to track the progress of our efforts in realizing our goals for Universal Health Care through the following issuances:</p> <ol style="list-style-type: none"> <li>1. Local Health System Maturity Levels (AO 2020-0037)</li> <li>2. Local Investment Plans for Health (AO 2020-0022)</li> <li>3. Contracting Agreements (AO 2020-0018)</li> <li>4. LGU Health Scorecard (AO 2021-0002)</li> </ol>	<p>Completed and uploaded</p> <p>CPD accredited</p>
<p>Module 4: Basic Requirements for Primary Care Facilities</p>	<p>This module aims to discuss the four basic requirements below to ensure that primary care facilities are providing effective, equitable, and quality health services as mandated under the law.</p> <ol style="list-style-type: none"> <li>1. Licensing of Primary Care Facilities (AO 2020-0047)</li> <li>2. Philhealth Accreditation for Primary Care Benefit (Konsulta) Package (PhilHealth Circular 2020-0021)</li> <li>3. Certification of Primary Care Workers (JAO 2020-0001 (DOH-PRC))</li> <li>4. Registration of Patients to a Primary Care Provider (JAO 2020-0001 (DOH-PHIC))</li> </ol>	<p>Completed and uploaded</p> <p>CPD accredited</p>
<p>Module 5: Population-based Health Care Packages</p>	<p>This module aims to discuss the basic population-based health services such as health promotion, disease surveillance, and disaster risk reduction and management in health; discuss the classification of health services as either population-based or individual-based health service; and provide guidance on the best financing mechanism for such services through the following issuances:</p> <ol style="list-style-type: none"> <li>1. Classification of Individual-based and population-based primary care service packages (AO 2020-0040)</li> <li>2. Health Promotion Framework (AO 2020-0040)</li> <li>3. Epidemiology and Disease Surveillance (2020 Revised IRR of UHC Act)</li> <li>4. Institutionalization of the Disaster Risk Reduction and Management in Health (AO 2020-0036)</li> </ol>	<p>Completed and uploaded</p> <p>CPD accredited</p>
<p>Module 6: Individual-based Health Care Packages</p>	<p>This module aims to discuss the Individual-based Health Care Package through the following issuances:</p> <ol style="list-style-type: none"> <li>1. Philhealth Circular: Implementing Guidelines of the Konsulta Package (PhilHealth Circular No. 2020-0022)</li> <li>2. Guidelines on No Co-payment Policy to all Members Admitted in any Basic or Ward Accommodations (PhilHealth circular 2020-0024)</li> <li>3. PhilHealth Circular: Governing Guidelines of the PhilHealth Konsultang Sulit at Tama (Konsulta) Package Expanding the Primary Care Benefit to All Filipinos (PhilHealth Circular 2020-002)</li> </ol>	<p>Completed and uploaded</p> <p>Applied for CPD accreditation</p>

Title	Short Summary of Content	Updates
Module 7: Financing Mechanisms for P/CWHS	<p>This module aims to discuss the financing mechanisms for Province- and City-wide Health Systems through the following issuances:</p> <ol style="list-style-type: none"> <li>1. Joint Memorandum Circular: Guidelines on the Operationalization of Section 37, Appropriation of Republic Act No. 11223 otherwise known as the Universal Health Care Act of 2019.</li> <li>2. Allocation, Utilization, and Monitoring of, and Accountability for the Special Health Fund (DOH- DBM-DOF-DILG-PHIC Joint Memorandum Circular No. 2021-0001), which provides the guidelines to ensure the strategic allocation, efficient utilization and monitoring, and clear accountability on the use of the SHF.</li> <li>3. Costing and Costing Methodology (PhilHealth Circular No. 2020-0020), which aims to set the standard methodology of costing healthcare services that will inform provider payment reforms</li> <li>4. Global Budget</li> </ol>	Ongoing coordination with Resource Persons

# Annex F. Acknowledgement Receipt - DOH 2020 Staffing Proposals as of December 2020

2/4/2021



In following-up, pls. cite DMS ref #  
**2021-OP-0012469**

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF BUDGET AND MANAGEMENT  
GENERAL SOLANO STREET, SAN MIGUEL, MANILA

**ACKNOWLEDGEMENT RECEIPT**

The **DEPARTMENT OF BUDGET AND MANAGEMENT** hereby acknowledges the receipt of your letter/request which has been uploaded to the DBM-Document Management System and routed to the appropriate office/s with the following information:

Sender: DOH - PERSONAL DELIVERY

Document Title: DOH-2020 STAFFING PROPOSALS (CO AND CENTERS FOR HEALTH DEVELOPMENT) AS OF DECEMBER 2020

Document Reference No: 2021-OP-0012469

Date and Time Uploaded: Thursday, February 4, 2021 9:51:33 AM

Uploaded By: CRD RECEIVING RACHEL ANN

Routed To: OPCCB Jennylyn Fuentes


CC:

Total no of pages received: 1 copy and 390 pages

The determination of the completeness of the documentary requirements submitted, if any, is subject to the evaluation of the technical person in charge.

This receipt is system generated and does not require signature.

Received by:

 DOCUMENT MANAGEMENT SYSTEM



**This page is left blank**

