



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

**I. MANDATE**

The Department of Health (DOH) is mandated to be the over-all technical authority on health. The major mandate of DOH is to provide national policy direction and develop national plans, technical standards and guidelines on health. It is also a regulator of all health services and products; and provider of special or tertiary health care services and of technical assistance to other health providers specially to Local Government Units (LGU).

With other health providers and stakeholders, the DOH shall pursue and assure the following:

- Promotion of the health and well-being for every Filipino;
- Prevention and control of diseases among population at risk;
- Protection of individuals, families and communities exposed to health hazards & risks; and
- Treatment, management and rehabilitation of individuals affected by diseases and disability.

The 1987 Constitution, Article II, Section 15 declares that "The State shall protect and promote the right to health of the people and instill health consciousness among them. Also, Articles XIII, on Social Justice and Human Rights on Health, declares that it is the responsibility of the State to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers" (Section 12); "establish and maintain an effective food and drug regulatory system and undertake appropriate health, manpower development, and research, responsive to the country's health needs and problems" (Section 12); and "establish a special agency for disabled person for their rehabilitation, self-development, and self-reliance, and their integration into the mainstream of society"(Section 13).

Other statutes depicting the legal mandate of the Department of Health are: Executive Order 102, "Redirecting the Functions and Operations of the Department of Health," issued by the Office of the President on May 24, 1999; Republic Act 7160, or the Local Government Code; and Executive Order 272, Executive Order 292, Administrative Code of 1087, Section 2, Chapter 1, Title IX).

Based on Executive Order 102, issued by the Office of the President in May 24, 1999, the DOH is responsible for and serve as the:

- Lead agency in articulating national objectives for health, to guide the development of local health systems, programs and services;
- Direct service provider for specific programs that affect large segments of the population, tuberculosis, malaria, schistosomiasis, HIV-AIDS and other emerging infections and micronutrient deficiencies;
- Lead agency in health emergency response services, including referral and networking systems for trauma, injuries and catastrophic events;
- Technical authority in disease control and prevention;
- Lead agency in ensuring equity, access and quality of health care services through policy formulation, standards development and regulations;
- Technical oversight agency in charge of monitoring and evaluating the implementation of health programs, projects research, training and services;
- Administrator of selected health facilities at sub-national levels that act as referral centers for local health systems i.e., tertiary and special hospitals, reference laboratories, training centers, centers for health promotion, center for disease control, and prevention, regulatory offices among others;
- Innovator of new strategies for responding to emerging needs;
- Advocate for health promotion and healthy life styles for the general population;
- Capacity-builder of LGUs, the private sector, non-governmental organizations, peoples organizations, national government agencies in implementing health programs, services, through technical collaborations, logistical support, provision of grants and allocation and other partnership mechanism;
- Lead agency health and medical research;
- Facilitator of the development of health industrial complex in partnership with the private sector to ensure self-sufficiency in the production of biologicals, vaccines and drugs and medicines;
- Lead agency in health emergency preparedness and response;
- Protector of standards of excellence in the training and education of health care providers at all levels of the health care system;
- Implementer of the National Health Insurance Law; providing administrative and technical leadership in health care financing; and
- Expressing national objectives for health to lead the progress of local health systems, programs and services.

Essentially, the DOH has three specific roles in the health sector: leadership in health, enabler and capacity builder and administrator of specific services namely, national and sub-national health facilities and hospitals serving as referral centers, direct services for emergent health concerns requiring complicated technologies and assessed as critical for public welfare and health emergency response services, referral and networking systems for trauma, injuries, catastrophic events, epidemics and other widespread public danger. To accomplish its mandate and roles the Department has the following power and functions based on Executive Order 102:

- Formulate national policies and standards for health;
- Prevent and control leading causes of death and disability;

- Develop disease surveillance and health information systems;
- Maintain national health facilities and hospitals with modern and advanced capabilities to support local services;
- Promote health and well-being through public information and to provide the public with timely and relevant on health risks and hazards;
- Develop and implement strategies to achieve appropriate expenditure patterns in health as recommended by international agencies;
- Develop sub-national centers and facilities for health promotion, disease control and prevention, standards, regulations and technical assistance;
- Promote and maintain international linkages for technical collaboration;
- Create the environment for the development of a health industrial complex;
- Assume leadership in health in times of emergencies, calamities, and disasters and system failures;
- Ensure quality of training and health human resource development at all levels of the health care system;
- Oversee financing of the health sector and ensure equity and accessibility to health services; and
- Articulate the national health research agenda and ensure the provision of sufficient resources and logistics to attain excellence in evidenced-based intervention for health.

To perform these functions are the various central bureaus and services and sixteen (16) field offices called Centers for Health Development in every region including specialty hospitals and regional hospitals and medical centers. It also have provincial health teams made up of DOH representatives to local health boards and technical personnel for communicable disease control.

## **II. VISION STATEMENT**

A Global Leader for attaining better health outcomes, competitive and responsive health care systems, and equitable health care financing (Figure A)

## **III. MISSION STATEMENT**

To guarantee equitable, sustainable and quality health for all Filipinos, especially the poor, and to lead the quest for excellence in health (Figure A).

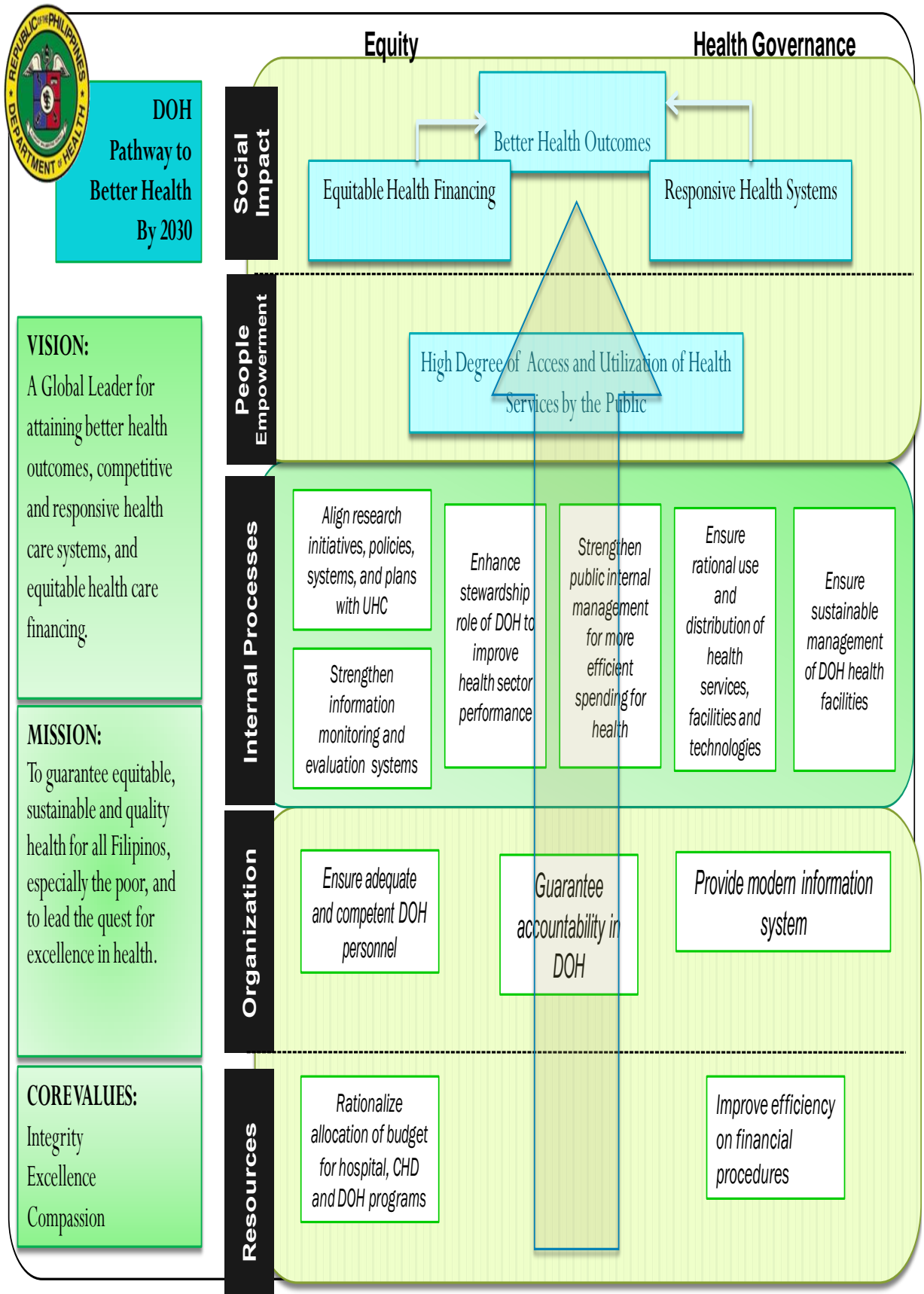


Figure 1: DOH Performance Governance System Framework

## IV. STRATEGIC THRUSTS AND PROGRAMS

### A. GOALS, OBJECTIVES, STRATEGIC THRUSTS & STRATEGIES<sup>1</sup> (Figure 2)

From various health sector reforms that were implemented in past decade, the current government shall continue addressing the problems on equity and access to critical quality health services. To successfully implement the Aquino Health Agenda (AHA), the Philippine health system will require the following components: enlightened leadership and good governance practices; accurate and timely information and feedback on performance; financing that lessens the impact of expenditures especially among the poorest and the marginalized sector; competent workforce; accessible and effective medical products and technologies; and appropriately delivered essential services.

Overall Goal: The implementation of Universal Health Care shall be directed towards ensuring the achievement of the health system goals of better health outcomes, sustained health financing and responsive health system by ensuring that all Filipinos, especially the disadvantaged group in the spirit of solidarity, have equitable access to affordable health care.

General Objective: Universal Health Care is an approach that seeks to improve, streamline, and scale up the reform strategies in Health Sector Reform Agenda (HSRA) and Fourmula 1 (F1) for Health in order to address inequities in health outcomes by ensuring that all Filipinos, especially those belonging to the lowest two income quintiles, have equitable access to quality health care.

This approach shall strengthen the National Health Insurance Program (NHIP) as the prime mover in improving financial risk protection, generating resources to modernize and sustain health facilities, and improve the provision of public health services to achieve the Millennium Development Goals (MDGs).

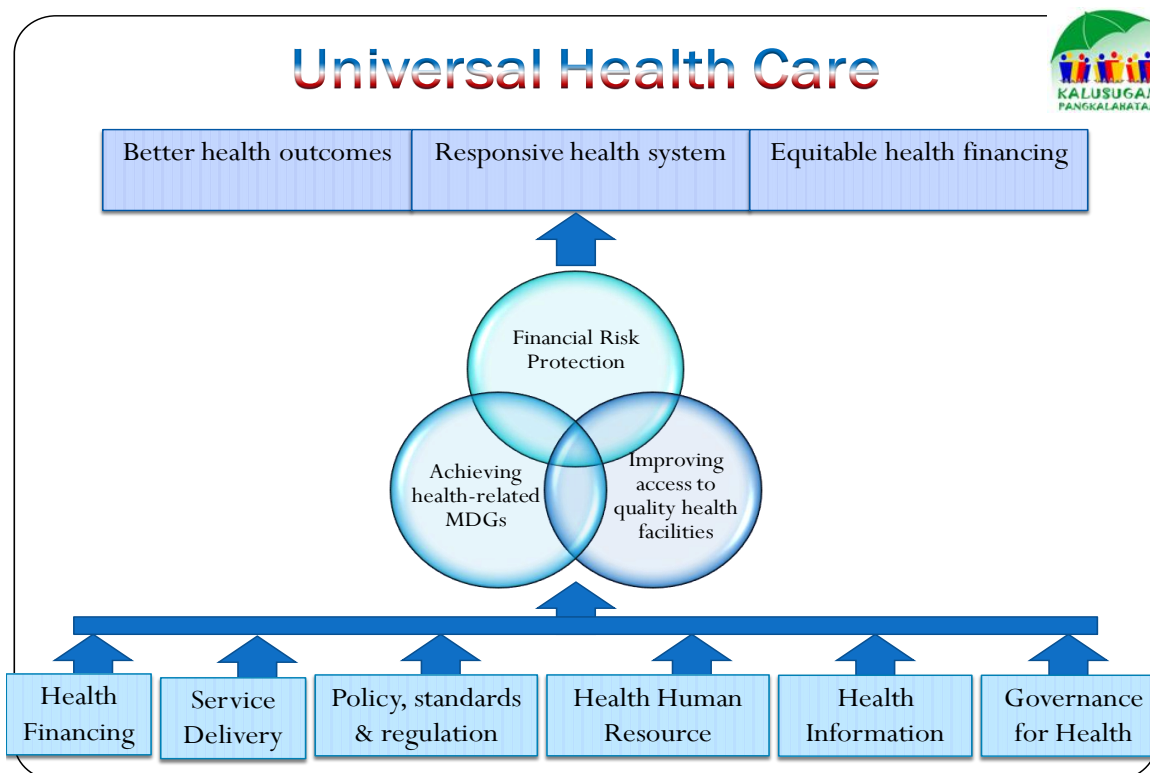
A. The Aquino Health Agenda (AHA) is a focused approach to health reform implementation in the context of HSRA and F1, ensuring that all Filipinos especially the poor receive the benefits of health reform. AHA shall be attained by pursuing three strategic thrusts (Figure 2):

1. Financial risk protection through expansion in NHIP enrollment and benefit delivery – the poor are to be protected from the financial impacts of health care use by improving the benefit delivery ratio of the NHIP;

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<sup>1</sup>Lifted from Administrative Order 2010-0036 dated December 16, 2010, issued on January 3, 2010)

2. Improved access to quality hospitals and health care facilities – government-owned and operated hospitals and health facilities will be upgraded to expand capacity and provide quality services to help attain MDGs, attend to traumatic injuries and other types of emergencies, and manage non-communicable diseases and their complications; and
3. Attainment of the health-related MDGs – public health programs shall be focused on reducing maternal and child mortality, morbidity and mortality from TB and malaria, and the prevalence of HIV/AIDS, in addition to being prepared for emerging disease trends, and prevention and control of non-communicable diseases.



**Figure 2: Kalahatan Pangkalusugan**

- B. The **six (6) strategic instruments** shall be optimized to achieve the AHA strategic thrusts:
1. **Health Financing** – instrument to increases resources for health that will be effectively allocated and utilized to improve the financial protection of the poor and the vulnerable sectors
  2. **Service Delivery** – instrument to transform the health service delivery structure to address variations in health service utilization and health outcomes across socio-economic variables
  3. **Policy, Standards and Regulation** – instrument to ensure equitable access to health services, essential medicines and technologies of assured quality, availability and safety
  4. **Governance for Health** – instrument to establish the mechanisms for efficiency, transparency and accountability and prevent opportunities for fraud
  5. **Human Resources for Health** – instrument to ensure that all Filipinos have access to professional health care providers capable of meeting their health needs at the appropriate level of care

6. **Health Information** – instrument to establish a modern information system that shall:
  - a. Provide evidence for policy and program development
  - b. Support for immediate and efficient provision of health care and management of province-wide health systems
- C. The success of AHA shall be measured by the progress made in preventing premature deaths, reduce maternal and newborn deaths, controlling both communicable and non-communicable diseases, improvements in access to quality health facilities and services and increasing NHIP benefit delivery rate, prioritizing the poor and the marginalized (such as the Geographically Isolated and Disadvantage Area (GIDA) population, indigenous population, older persons, differently-abled persons, internally-displaced population, and people in conflict-affected areas). These performance measures are the results of effective interaction between families and health care providers (both public and private) in local health systems.
- D. The DOH shall facilitate the implementation of the AHA by influencing the manner by which Provinces and component LGUs, and Cities govern local health systems.
- E. In implementing the Aquino Health Agenda, the DOH recognizes that LGUs have the primary mandate to finance and regulate local health systems, including the provision of the right information to families and health provides.
- F. Consistent with the Presidential commitment zero-corruption in the government, the implementation of UHC shall be founded on participatory governance, transparency and accountability at the national, sub-national, and local government levels to be better respond to the health needs of all Filipinos.
- G. Broad and sustained participation among all stakeholders shall be purposive, coordinative, harmonized and productive. UHC shall harness the strength of revitalized public-private partnership especially in services needing heavy capital investments.
- H. UHC shall be client-centered and respond efficiently to the medical needs and social expectations consistent with accepted standards of care.
- I. In order to implement the Aquino health Agenda, the DOH shall engage local health systems (Provinces and their component LGUs, Cities, private and public health care provides, local partners, and families) through the formation of regional clusters based on their catchment areas.

The specific strategies supporting the strategic thrusts include among others the following:

**A. Financial risk protection through improvements in NHIP benefit delivery shall be achieved by:**

1. Redirecting PhilHealth operations towards the improvement of the national and regional benefit delivery ratios;
2. Expanding enrolment of the poor NHIP to improve population coverage;
3. Promoting the availment of quality outpatient and inpatient services at accredited facilities through reformed capitation and no balance billing arrangements for sponsored members, respectively;
4. Increasing the support value of health insurance through the use of information technology upgrades to accelerate PhilHealth claims processing, etc.; and
5. A continuing study to determine the segments of the population to be covered for specific range of services and the proportion of the total cost to be covered/supported

**B. Improved access to quality hospitals and other health care facilities shall be achieved by:**

1. A targeted health facility enhancement program that shall leverage funds for improved facility preparedness to adequately manage the most common causes of mortality and morbidity, including trauma;
2. Provision of financial mechanisms drawing from public-private partnerships to support the immediate repair, rehabilitation and construction of selected priority health facilities;
3. Fiscal autonomy and income retention schemes for government hospitals and health facilities;
4. Unified and streamlined DOH licensure and PhilHealth accreditation for hospitals and health facilities; and
5. Regional clustering and referral networks of health facilities based on their catchment areas to address the current fragmentation of health services in some regions as an aftermath of the devolution of local health services.

**C. Health-related MDGs shall be attained by:**

1. Deploying Community Health Teams that shall actively assist families in assessing and acting on their health needs;
2. Utilizing the life cycle approach in providing needed services, namely family planning; ante-natal care; delivery in health facilities; essential



newborn and immediate postpartum care; and the *Garantisadong Pambata* package for children 0-14 years of age;

3. Aggressively promoting healthy lifestyle changes to reduce non-communicable diseases;
4. Ensuring public health measures to prevent and control of communicable diseases; and adequate surveillance and preparedness for emerging and re-emerging diseases; and
5. Harnessing the strengths of inter-agency and inter-sectoral cooperation to health especially with the Department of Education and Department of Social Welfare and the Department of Interior and Local Government.

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2/F Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila  
Trunk Line 651-7800 local 1111/1107/1125/1132; Direct Line: 711-6070; 711-9502; 711-9503;912-5244  
Fax: 743-1829 URL: <http://www.doh.gov.ph>; e-mail: [osec@doh.gov.ph](mailto:osec@doh.gov.ph)