



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUN 22 2015

ADMINISTRATIVE ORDER

No. 2015 - 0027

SUBJECT: Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities Pursuant to the Responsible Parenthood and Reproductive Health Act

I. RATIONALE

The enactment of Republic Act No. 10354 otherwise known as the Responsible Parenthood and Reproductive Health Act of 2012 (RH Law) ensured the improvement of access to information, facilities and services through the service delivery network, capacitating both the facilities and the skilled health professionals.

The RH Law was declared by the Supreme Court as not unconstitutional except for eight (8) provisions which include: Section 7 and the corresponding provision in the RH-IRR insofar as they: a) require private health facilities and non-maternity specialty hospitals and hospitals owned and operated by a religious group to refer patients, not in an emergency or life-threatening case, as defined under Republic Act No. 8344, to another health facility which is conveniently accessible; Section 23(a)(3) and the corresponding provision in the RH-IRR, particularly Section 5.24 thereof, insofar as they punish any healthcare service provider who fails and/or refuses to refer a patient not in an emergency or life-threatening case, as defined under Republic Act No. 8344, to another health care service provider within the same facility or one which is conveniently accessible regardless of his or her religious beliefs; and Section 17 and the corresponding provision in the RH-IRR regarding the rendering of *pro bono* reproductive health service insofar as they affect the conscientious objector in securing PhilHealth accreditation.

The RH Law recognized the Constitutional right to the free exercise of religion and the Supreme Court upheld the rights of skilled health professionals to refuse to deliver reproductive health care services on the grounds that doing so is against their ethical or religious convictions. The Supreme Court declared that the obligation to refer imposed by the RH Law violates the religious belief and conviction of a conscientious objector. Once the medical practitioner, against his will, refers a patient seeking information on modern reproductive health products, services, procedures and methods, his conscience is immediately burdened as he has been compelled to perform an act against his beliefs.

The Department of Health, as the lead agency in the implementation of the RH Law, issues these guidelines for the registration and mapping of conscientious objectors and exempt health facilities to ensure delivery of the full range of reproductive health services and minimize encumbrance to clients seeking such services.

II. OBJECTIVE

This Order shall provide standards and management protocols for the registration of conscientious objectors and exempt health facilities pursuant to RH Law provided that the provision of the full range of reproductive health services shall not be impeded.

III. SCOPE OF APPLICATION

This Order shall apply to the entire health sector including the Department of Health and its Regional Offices, Bureaus, Services, and attached agencies, civil society organizations, local government units, and all health care facilities and health service providers, whether public or private.

IV. DEFINITION OF TERMS

1. **Affidavit** – refers to a written statement of facts voluntarily made by an affiant under an oath or affirmation administered by a person authorized to do so by law, in this case, a notary public.
2. **Conscientious Objector** - refers to a practicing skilled health professional who refuses to provide legal and medically safe reproductive health care within the scope of his or her professional competence, on the grounds that doing so is against his or her ethical or religious convictions.
3. **Emergency** - a condition or state of a patient wherein based on the objective findings of a prudent medical officer on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient.
4. **Exempt Health Facilities** – refers to private non-maternity specialty hospitals or health facilities owned and operated by a religious group that are exempt from the provision of the full range of modern family planning methods.
5. **Family Planning (FP)** - refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so, and to have access to a full range of safe, affordable, effective, non-abortifacient modern natural and artificial methods of planning pregnancy.

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6. **Public Health Care Service Provider** – refers to: (1) public health care institution, which is duly licensed and accredited and devoted primarily to the maintenance and operation of facilities for health promotion, disease prevention, diagnosis, treatment and care of individuals suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care; (2) public health care professional, who is a doctor of medicine, a nurse or a midwife; (3) public health worker engaged in the delivery of health care services; or (4) barangay health worker who has undergone training programs under any accredited government and NGO and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).
7. **Serious case** - refers to a condition of a patient characterized by gravity or danger wherein based on the objective findings of a prudent medical officer on duty for the day when left unattended to, may cause loss of life or cause permanent disability to the patient.
8. **Service delivery network (SDN)** - refers to the network of health facilities and providers within the province- or city-wide health systems, offering a core package of health care services in an integrated and coordinated manner. This is similar to the local health referral system as identified in the Local Government Code.

V. GENERAL GUIDELINES

1. Pursuant to the RH Law, skilled health professionals shall be allowed to be conscientious objectors provided that said objection is due to his or her ethical or religious convictions.
2. Private health care facilities classified as non-maternity specialty hospitals and those owned and managed by a religious group shall be exempt from providing the full range of family planning services but they have the option to provide such full range of modern family planning methods.
3. Conscientious objectors and exempt health facilities shall form part of the Service Delivery Network provided that said SDN provides full range of RH services.
4. Only duly licensed, trained, and practicing skilled health professionals can register as conscientious objectors. Hence, juridical persons such as local government units, organizations, and corporations cannot be categorized as conscientious objectors.
5. Conscientious objectors shall register in every Provincial or City Health Office where they are practicing their profession. Skilled health professionals who are not registered in the PHO/CHO as conscientious objectors cannot refuse to provide RH care in the province or city where they are not registered.
6. Any public officer who refuses to support RH programs or shall do any act that hinders the full implementation of a reproductive health program, regardless of his or her religious beliefs cannot be punished. If a public official refuses to support RH programs,

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he or she shall designate the officer to implement said programs and the duties and responsibilities of the LGU pursuant to Section 12.02 of the RH-IRR.

7. Provincial and City Health Offices shall be primarily responsible in the registration and mapping of the health facilities exempt from the provision of the full range of family planning methods, and the conscientious objectors from the public and private health sector.

VI. SPECIFIC GUIDELINES/IMPLEMENTING MECHANISMS

1. **Conscientious objectors** are exempted from providing RH information and services, referring clients for RH services, provided that the person seeking such services is not in an emergency condition or serious case. They are also exempt from the 48 hour pro bono services as requirement for PhilHealth accreditation. A conscientious objector:
 - a. Shall register in every Provincial/City Health Office where he/she practices his/her profession by submitting an affidavit stating the modern FP methods that he or she refuses to provide and his or her reason/s for objection;
 - b. Shall post a notice at the entrance of the clinic or place of practice, in a prominent location and using a clear/legible font, enumerating the RH services he or she refuses to provide;
 - c. Shall refer emergency or serious cases to a health care facility able to provide the RH service needed by the patient;
 - d. Shall inform the Provincial/City Health Office, within thirty (30) calendar days of any change/modification in the RH services that he or she refuses to provide;
 - e. Shall inform within thirty (30) calendar days the Provincial/City Health Office if he or she ceases to be a conscientious objector;
 - f. May be included in the Service Delivery Network provided that the SDN is able to provide full range of reproductive health services
2. **Exempt Health Facilities**
 - a. Shall register with the Provincial/City Health Office;
 - b. Shall submit proof of hospital ownership and management by a religious group or its status as a non-maternity specialty hospital;
 - c. Shall submit to the Provincial/City Health Office an affidavit stating the modern family planning methods that the facility refuses to provide;
 - d. Shall post a notice at the entrance of the facility, in a prominent location and using a clear/legible layout and font, enumerating the RH services the facility does not provide;
 - e. Shall refer emergency or serious cases to a health care facility able to provide the RH service needed by the patient;

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- f. Shall inform the Provincial/City Health Office within thirty (30) calendar days of any change in the ownership and/or management of the facility.

VII. ROLES AND RESPONSIBILITIES

1. DOH Disease Prevention and Control Bureau (DOH-DPCB) –

- a. Shall provide technical assistance to local government units in the establishment of the SDN and in ensuring that the full range of RH services is provided;
- b. Shall conduct/fund researches and craft policies to address identified gaps in the implementation of the RH Law provisions on conscientious objectors and exempt health facilities;
- c. Shall monitor, through the DOH Regional Offices, the functionality of SDNs and LGUs with conscientious objectors and exempt health facilities;
- d. Shall submit annual report to the RH Law National Implementation Team.

2. DOH Health Facilities and Services Regulatory Bureau –

- a. Shall ensure that in the issuance of license to health facilities, the RH services provided in Rule 5 of RH-IRR are delivered by the said facility except for the exempt health facilities;
- b. Shall issue license to operate to exempt health facilities according to prescribed standards.

3. DOH Knowledge Management and Information Technology Service –

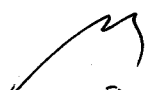
- a. Shall develop, maintain and make publicly available through the DOH website a database system for conscientious objectors and exempt health facilities;
- b. Shall update the database system as necessary.

4. DOH Health Human Resources Development Bureau –

- a. Shall deploy health care providers in an SDN where all health personnel are conscientious objectors. Said deployment shall be upon request of the Provincial/City/Municipal Health Officer and shall follow the guidelines on the deployment of human resources for health.

5. DOH Regional Offices –

- a. Shall be responsible in the mapping of the health facilities, per province and/or city, exempt from the provision of the full range of family planning methods, and the conscientious objectors from the public and private health sector;
- b. Shall ensure that each health care facility in their respective jurisdictions is able to provide RH services as appropriate per facility pursuant to Rule 5 of the RH-IRR;

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- c. Shall maintain a regional database of conscientious objectors and exempt health facilities and submit to the DOH-DPCB annually the list of conscientious objectors and exempt health facilities in their regions;
- d. Shall monitor, in collaboration with the PHO/CHOs, the functionality of SDN and LGUs with conscientious objectors and exempt health facilities.

6. Philippine Health Insurance Corporation -

- a. Shall accredit conscientious objectors and exempt health facilities based on PhilHealth accreditation standards;
- b. Shall require the certification from the PHO/CHO that they are registered conscientious objectors and exempt health facilities in the issuance of PhilHealth accreditation;
- c. Shall exempt the conscientious objectors from the forty-eight (48) hours annual pro bono services as a prerequisite in accreditation.

7. Provincial/City (chartered) Health Offices -

- a. Shall be responsible in the registration of conscientious objectors and exempt health facilities in their respective jurisdictions;
- b. Shall maintain a provincial/city database of conscientious objectors and exempt health facilities and submit to the DOH Regional Office and DOH-DPCB annually the list of conscientious objectors and exempt health facilities in their respective provinces or cities;
- c. Shall provide all members of the SDN in their respective jurisdictions a list of all the health facilities and skilled health professionals in the SDN including the exempt health facilities and conscientious objectors.

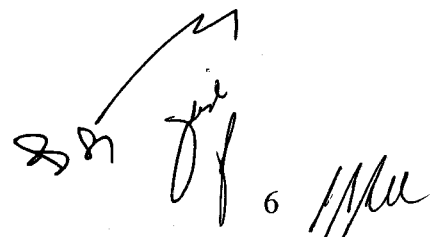
8. City (chartered) and Municipal Health Offices –

- a. Shall conduct an inventory of all the health facilities and skilled health professionals providing reproductive health services particularly family planning;
- b. Shall indicate in the inventory if the facilities are exempt from providing FP, and/or if the skilled health professionals are conscientious objectors.

VIII. REPEALING/SEPARABILITY CLAUSE

All orders, rules, regulations, and other related issuances inconsistent with or contrary to this Order are hereby repealed, amended, or modified accordingly.

If any part of this Order is held invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

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IX. EFFECTIVITY

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


JANETTE LORETO GARIN, MD, MBA-H
Secretary of Health

8/8/17
