



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JUN 30 2022

ADMINISTRATIVE ORDER

No. 2022 - 0018

SUBJECT: Development and Utilization of the Omnibus Health Guidelines per Lifestage

I. RATIONALE

In line with the constitutional mandate to protect and promote the health of Filipinos and pursuant to Executive Order (EO) No. 102 series of 1999, followed by EO No. 366 series of 2004, the Department of Health (DOH), as the national technical authority on health, seeks to establish the highest achievable standards of quality health care, health promotion and health protection, on which local government units (LGUs), non-government organizations (NGOs), other private organizations, and individual members of civil society will anchor their health programs and strategies.

Cognizant of the numerous policies on individual-based and population-based health services that the DOH has issued in the past decades, there have been challenges in the adoption, implementation, and utilization by the LGUs and government and non-government health care providers in terms of health systems planning and service delivery. Acknowledging the necessary resource requirements to adopt a whole-of-system, whole-of-government, and whole-of-society approach in the development of quality standards for clinical care for existing and emerging diseases, conditions, and disorders in all life stages and settings, there is a need to integrate existing policies on health services and to gradually incorporate and update standards across the entire spectrum of clinical care.

Strengthened by the enactment of the Republic Act (RA) No. 11223, also known as the "Universal Health Care (UHC) Act", current health reforms aim to provide an integrated and comprehensive set of quality and cost-effective services covering the spectrum of care from promotion, prevention, screening, diagnosis, treatment, rehabilitation, and palliation, and transform the health system focus from curative and hospital care to a primary care-oriented and people-centered care. With this, the DOH is mandated to institutionalize the process of standards setting for service delivery and to strengthen efforts to provide a comprehensive and coordinated approach to health.

The Omnibus Health Guidelines (OHG) per Lifestage are hereby developed to serve as the overarching policy issuance integrating key policy provisions governing various health programs and integrating various standards of care. These guidelines shall provide a life course approach for the delivery of services appropriate to each Filipino and guide the functional and efficient linking of health services across different levels of care, different care settings, and across the entire spectrum of care, with primary care as the foundation, and intersectoral participation as a key principle.

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II. OBJECTIVES

This Administrative Order (AO) aims to:

- A. Provide guidance on an integrated and consolidated approach to health service delivery across various life stages, across the continuum of care - from health promotion, prevention, screening, diagnosis, treatment, rehabilitation, to palliation, in various settings and levels of care; and
- B. Define the uses and process of updating the coverage of the OHG.

III. SCOPE

This Order shall apply to all DOH Central Office Bureaus and Services, Centers for Health Development (CHDs), including the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA No. 11054 or the “Bangsamoro Organic Act” and subsequent rules and policies issued by the Bangsamoro government, DOH-retained hospitals, public and private hospitals, treatment and rehabilitation centers, other health facilities, LGUs, partners from national government agencies (NGAs), development partners, civil society organizations (CSOs) including NGOs, community-based organizations (CBOs), advocacy groups, the academe, and all other stakeholders concerned.

IV. DEFINITION OF TERMS

- A. **Clinical Practice Guidelines (CPG)** - refer to evidence-based recommendations used to optimize patient care by reducing variations in practice and ensuring efficient use of resources, which are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. (Institute of Medicine, 2011).
- B. **Continuum of Care** - refers to the entire spectrum of health services, including promotive, preventive, screening, diagnostic, curative, palliative, and rehabilitative services.
- C. **Guideline Implementation Tools** - refer to tools that promote awareness and utilization of guidelines, such as but not limited to Clinician Support Tools (e.g. algorithms, flowcharts, clinical pathways, checklists), Patient Support Tools (e.g. guideline summary for patients, self-management support tools), Implementation Support Tools (e.g. manuals, human, infrastructure. and funding resources), and Evaluation Support Tools (e.g. audit tools, quality indicators, and performance measures) (Liang et al, 2017).
- D. **Lifestage** – refers to a phase in a person’s lifespan from infancy to advanced age that presents with specific health needs and concerns. For the purposes of this policy, the specific lifestage of a person is defined as follows:
 1. **Child** - refers to a person from newborn to below 10 years of age.
 2. **Adolescent** - refers to a person between the ages of 10 to 19 years of age who is in transition from childhood to adulthood. (RA No. 10354 “The Responsible Parenthood and Reproductive Health Act of 2012”).
 3. **Women of Reproductive Age** - refers to women (female sex) between 15 to

49 years of age.

4. **Adult** - refers to an individual aged 20 years to 59 years and 11 months.
 5. **Elderly or Senior Citizen** - refers to a person at least 60 years old (RA No. 9994 “Expanded Senior Citizens Act of 2010”).
- E. **Levels of Care** - refer to the different types of facilities that deliver health services, including primary care services, intermediate care services, and specialized care services, guided by the Resource Stratified Frameworks in the Philippine Health Facility Development Plan (PHFDP) 2020-2040 (DOH, 2020).
- F. **Life Course Approach** - refers to an approach that recognizes that all stages of a person’s life are intricately intertwined with each other, with the lives of other people in society, and with past and future generations of their families; that health and well-being depend on interactions between risk and protective factors throughout people’s lives; and that takes action early to ensure the best start in life, appropriately to protect and promote health during life’s transition periods, and together, as a whole society, to create healthy environments, improve conditions of daily life, and strengthen people-centered health systems (World Health Organization, 2018).
- G. **National Practice Guidelines (NPG)** - refer to DOH-endorsed CPGs, standard treatment guidelines, evidence-based guidelines, or any equivalent standard that sets how individuals should be given care and that meets all quality requirements as stipulated in the Appraisal of Guidelines Research and Evaluation II (AGREE II) (DOH Administrative Order No. 2021-0020 “Revised Guidelines on National Practice Guideline Development, Adoption and Dissemination”).
- H. **Primary care** - refers to initial-contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other healthcare providers in the health system, when necessary (RA No. 11223).
- I. **Primary care provider** - refers to a health care worker, with defined competencies, who has received certification in primary care as determined by the DOH or any health institution that is licensed and certified by the DOH (RA No. 11223 Implementing Rules and Regulations or IRR).
- J. **Primary care facility** - refers to an institution that primarily delivers primary care services which shall be licensed or registered by the DOH (RA No. 11223 IRR).
- K. **Quality appraisal** - refers to the methodological review of assessing the quality of reporting of clinical practice guidelines and assessing the results and data from research studies by applying the rules of evidence to factors such as directness and validity, among others. This usually involves the use of explicit and transparent methods and or tools such as the AGREE II tool and critical appraisal tools for CPGs and research studies, respectively (DOH Administrative Order No. 2018 - 0019: Guidelines on the Institutionalization and Implementation of the National Clinical Practice Guidelines Program; DOH-PhilHealth, 2018).

- L. **Settings-based care** - refers to the interventions that integrate multiple, interacting components to create supportive environments for optimal health to minimize risk factors and conditions that contribute to disease (Neufeld & Kettner, 2022).
- M. **Standards of care (SOCs)** - refer to specific actions, interventions, or processes, which are based on the best available medical evidence and are needed to 1) deliver safe, effective, and patient-centered care, and 2) achieve optimal health outcomes. SOCs shall be identified along the continuum of care, specifically (1) prevention, (2) screening (for well or asymptomatic individuals), (3) diagnosis (testing in sick individuals), (4) treatment (including medications and procedures), (6) palliation, and (7) rehabilitation.

V. GENERAL GUIDELINES

- A. The OHG shall be the main policy reference in the fulfillment of the mandate of DOH in setting standards of care to ensure the safety and quality of health services, based on CPGs and best available evidence, in cooperation with professional societies and the academe, as outlined in Section 27 of the UHC Act.
- B. The OHG shall define the standards of care using the life course approach in the provision of individual- and population-based services, along the continuum of care, in health facilities and settings.
- C. The OHG shall be developed and continuously updated through a whole-of-system, whole-of-government and whole-of-society approach, wherein all members of the government and society, in solidarity, are encouraged to participate and act in order to achieve its collective goals and objectives.
- D. The OHG shall be updated every three years or as necessary based on new evidence, new policy directions, and stakeholder and client feedback. Updates shall be prioritized, if necessary, based on strength of evidence, burden of disease, and practice variation. The evidence to be considered in the periodic updating of the OHG shall include the following: recommendations from NPGs and international high-quality CPGs, high-quality research studies, and supplementary references that pass quality appraisal, which address conditions that contribute significantly to the burden of disease per life stage.
- E. The OHG shall be developed with a focus on primary care service delivery, and progressively expanded to include standards for intermediate and specialized care, in order to guide integrated service delivery across different levels of care.
- F. The OHG shall be used as the main reference for developing guidance to individuals and households on self-care and household care; healthcare providers for clinical care; LGUs and primary care managers for community-based care; settings-based managers for care in schools, workplaces, or closed settings; and NGAs for national policies and incentives on quality health service delivery.
- G. The OHG and quality appraised CPGs shall be considered in the development of

health entitlements and expansion of benefit packages, but shall not replace the established processes for prioritization and evaluation by the Health Technology Assessment Council (HTAC) and the Philippine Health Insurance Corporation (PhilHealth).

- H. All individuals involved in the development of the OHG shall declare their conflicts of interest, including those related to breast milk substitutes, tobacco, vapor products, heated tobacco products, alcoholic beverages, and pharmaceutical products, in accordance with the National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements, and Other Related Products (EO No. 51 series of 1986), Protection of the Bureaucracy Against Tobacco Industry Interference (Civil Service Commission-DOH Joint Memorandum Circular No. 2010-001), 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 (DOH AO No. 2021-0011), Adoption and Implementation of “The Mexico City Principles for Voluntary Codes of Business Ethics in the Biopharmaceutical Sector” (Food and Drug Administration Circular No. 2013-024), and other relevant laws, policies and guidelines.
- I. This AO shall not preclude the DOH from releasing new policies on health service delivery and implementation, particularly in the context of disasters and public health emergencies. The relevant provisions in new policies shall be included in the updates of the OHG.

VI. SPECIFIC GUIDELINES

A. Technical Working Group Establishment and Stakeholder Consultation

- 1. The DOH - Disease Prevention and Control Bureau (DPCB) shall provide direction and oversight on the development and updating of the OHG and shall ensure the declaration, assessment, and appropriate management of the interests of all individuals involved in the development and updating of the OHG.
- 2. The DPCB shall regularly convene, at least biannually or as frequently as necessary, a Technical Working Group (TWG), which shall include representatives from DOH Offices, Medical and Professional Societies, Allied Health Professional Organizations, and other relevant stakeholders, whose clinical expertise and/or experiences are relevant to each lifestage. The TWG shall review, provide comments, and recommend technical inputs in the development and updating of the OHG and Guideline Implementation Tools.
- 3. The DOH may invite additional external experts to review and provide comments and technical inputs on topics that are beyond the expertise of the TWG.
- 4. The DOH shall invite other relevant stakeholders such as the representatives of other government agencies, NGOs, clinical experts, community leaders,

representatives of marginalized and underprivileged sectors, and the public, among others, to review and provide inputs on the OHG.

B. Development, Updating and Utilization of the OHG

1. The initial version of the OHG shall include SOCs from existing policies, which are valid, evidence-based, and consistent with UHC principles, and supplemented by quality local and international CPGs and other quality references, which are consistent with the best available evidence and international standards.
2. The DPCB shall perform rational priority setting in developing and updating the OHG based on the following criteria: burden of disease including magnitude, severity, and urgency; new or emerging evidence that passed quality appraisal; presence of practice variation; and stakeholder feedback.
3. Standards of care shall be derived from the recommendations of quality-appraised local and international CPGs, research studies, other evidence-based references, relevant laws, and evidence-based policies. All evidence sources utilized in the development and updates of the OHG shall be subjected to a quality appraisal process, using internationally validated and accepted appraisal tools. References that pass quality appraisal shall be utilized in updating the OHG.
4. The OHG per life stage and setting shall be issued as Department Circulars and divided as follows:
 - a. Omnibus Health Guidelines for Children
 - b. Omnibus Health Guidelines for Adolescents
 - c. Omnibus Health Guidelines for Adults
 - d. Omnibus Health Guidelines for the Elderly
 - e. Omnibus Health Guidelines for Managers of Various Settings
5. The OHG shall be translated into user-friendly Guideline Implementation Tools for the following target users, and shall be released through appropriate policy issuances, in order to facilitate their implementation and utilization:
 - a. Clinician Support Tools for Primary Care Providers and other healthcare professionals (e.g. algorithms, checklists, handbooks) to guide clinical service delivery;
 - b. Patient Support Tools (e.g. guideline summaries, self-management support tools) for individual Filipinos to guide self and household care; and
 - c. Implementation Support Tools (e.g. manuals) and Evaluation Support Tools (e.g. audit tools, performance measures) for LGUs, Provincial/City/Municipal Health Officers, Primary Care Managers, and Settings-based Managers.
6. The monitoring and evaluation of the OHG shall be led by DPCB and shall be a shared responsibility of all stakeholders involved in its implementation, including the different DOH offices and attached agencies, CHDs, LGUs, other concerned NGAs, schools and other learning institutions, workplaces,

development partners, academic and health professional partners, and other CSOs. The DPCB shall gather inputs on accomplishments or feedback from the respective mandated offices and stakeholders or their representatives, as listed in Section VII. Further guidelines on the methodologies of monitoring and evaluation, and other related details shall be provided by DPCB through a separate issuance.

VII. ROLES AND RESPONSIBILITIES

Specific roles and responsibilities shall be established in consideration of devolution and reassignment of roles and functions to different levels of the government.

- A. The DPCB shall lead the development and regular updating of the OHG based on the latest available evidence. Additionally, the DPCB shall:**
1. Scope, appraise, review, and synthesize evidence to formulate evidence-based provisions of the OHG;
 2. Conduct capacity building and strengthening activities on evidence synthesis and knowledge translation;
 3. Coordinate the formation, internal proceedings, and external relations of the TWG;
 4. Facilitate the declaration, assessment, and management of conflicts of interests of all individuals involved in the OHG development and updating;
 5. Develop and disseminate Guideline Implementation Tools, particularly Clinician Support Tools (algorithms, clinical pathways, flowcharts, forms, and checklists), Implementation Support Tools (manuals, human, infrastructure and funding resources), and Evaluation Support Tools (audit tools, quality indicators, performance measures), based on the OHG;
 6. Ensure the dissemination and advocate the adoption and implementation of the OHG and Guideline Implementation Tools by target users; and
 7. Lead the monitoring and evaluation of the implementation of the OHG.
- B. The Health Policy and Development and Planning Bureau (HPDPB) shall ensure alignment of the OHG to the general thrusts and directions of the DOH.**
- C. The Bureau of Local Health Systems Development (BLHSD) shall:**
1. Provide policy directions on local health systems development especially on strategic and investment planning; and
 2. Facilitate the monitoring of effectiveness and efficiency of LGUs in implementing health programs and managing health systems through the LGU Health Scorecard and Local Health Systems Maturity Level, among others.
- D. The Health Promotion Bureau (HPB) shall:**
1. Lead the development and coordination of policies, strategies, programs, and activities in various settings related to the promotion of health and increasing health awareness and literacy in the health promotion priority areas as stated in the OHG and in accordance with the Health Promotion Framework Strategy; and

2. Develop and disseminate Patient Support Tools, based on the provisions of the OHG, such as but not limited to OHG summaries, self-management tools (e.g. templates, action plans), and other health information, education, and advocacy materials, in collaboration with DPCB.
- E. The Health Facilities and Services Regulatory Bureau (HFSRB)** shall use the OHG as one of its references in setting the scope of services and the standards for the licensing of health facilities and services.
- F. The Health Human Resource Development Bureau (HHRDB)** shall lead initiatives to include the provisions of the OHG in Health Human Resource standards, capacity building, assistance, and networking, and utilize it to guide the development of integrated modules for primary care service delivery. The HHRDB shall advocate the utilization of OHG in the certification of professionals by the Professional Regulation Commission.
- G. The Health Facility Development Bureau (HFDB)** shall align plans, policies and strategies relative to the health facility development, planning, operation, and maintenance with the provisions of the OHG.
- H. The Health Emergency Management Bureau (HEMB)** shall align the protocols, guidelines and standards for disaster risk reduction and management in health (DRRM-H) with the provisions of the Omnibus Health Guidelines, with emphasis on health emergency preparedness and response.
- I. The Health Technology Assessment Division (HTAD)** and the Health Technology Assessment Council (HTAC) shall continue to utilize all available evidence, including the standards of care in the OHG, incorporating economic assessments and ethical, legal, social and health systems impact (when applicable), as reference in the implementation of the HTA process.
- J. The Food and Drug Administration (FDA)** shall:
1. Align plans, standards, and policies for the regulation of products with the provisions of the OHG.
 2. Prioritize the assessment and regulation of laboratory tests, medications, supplements, and other relevant products included in the OHG.
- K. The PhilHealth** shall use the OHG for prioritizing the costing of services and designing benefit packages, with due consideration given to the HTA process.
- L. The Centers for Health Development (CHD)** shall:
1. Participate in the stakeholder consultation of the OHG and Guideline Implementation Tools and regularly provide stakeholder feedback on the applicability, contextualization, and implementation of the OHG in the local setting; and
 2. Oversee the widest dissemination, monitor implementation, and provide technical assistance to the identified stakeholders within their geographical areas of jurisdiction, particularly in the adoption of the OHG in clinical practice, formulation of LGU policies, and incorporation of the OHG as a reference in related local planning tools, such as the Local

Investment Plan for Health.

M. The LGUs are enjoined to:

1. Adopt the OHG through the enactment into local issuances and ensure its implementation;
2. Utilize the provisions of the OHG in their strategic, investment, and operational planning; and
3. Implement quality assurance mechanisms and ensure continuous quality improvement for all health care providers and facilities within their area of jurisdiction.

N. Other NGAs are enjoined to align their policies, programs and services with the OHG.

O. The Medical Societies and Allied Health Professional Organizations are enjoined to:

1. Develop high-quality CPGs and researches that impact policy and participate in quality assurance and improvement mechanisms;
2. Provide technical inputs and comments in the development of the OHG and Guideline Implementation Tools;
3. Support the dissemination, advocacy, and implementation of the OHG and Guideline Implementation Tools; and
4. Support the monitoring and evaluation of the OHG.

P. The Development Partners and CSOs are enjoined to:

1. Participate in stakeholder consultations and regularly provide stakeholder feedback;
2. Provide inputs on the applicability, contextualization, and implementation of the OHG in the local setting; and
3. Support the dissemination, implementation, monitoring and evaluation of the OHG.

Q. Learning Institutions are enjoined to:

1. Participate in stakeholder consultations and regularly provide stakeholder feedback; and
2. Include the relevant provisions of the OHG in their educational curricula and facilitate their implementation.

R. Workplaces are enjoined to facilitate the inclusion of the provisions of the OHG as part of the services in occupational health.

S. Members of the private health sector are enjoined to align their policies, programs, and services to the OHG.

VIII. REPEALING CLAUSE

Relevant provisions or parts of issuances listed in Annex A and all other related issuances that are inconsistent with this Administrative Order are hereby amended, modified or repealed by succeeding Omnibus Health Guidelines to be released as Department Circulars.

IX. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.

X. EFFECTIVITY

This Order shall take effect immediately fifteen (15) days after publication to the Official Gazette or in any newspaper of general circulation.


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

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- Executive Order No. 102, s. 1997. *Redirecting the Functions and Operations of the Department of Health.*
- Executive Order No. 366, s. 2004. *Directing a Strategic Review of the Operations and Organizations of the Executive Branch and Providing Options and Incentives for Government Employees who may be affected by the Rationalization of the Functions and Agencies of the Executive Branch*
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ANNEX A: LIST OF POLICIES WITH AMENDED PROVISIONS

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Department of Health (2008). *Administrative Order No. 2008-0201 “Strategy for the Maternal Newborn Child Health and Nutrition (MNCHN)”*

Department of Health (2009). *Administrative Order No. 2009-0025 “Adopting New Policies and Protocol on Essential Newborn Care”*

Department of Health (2009). *Administrative Order No. 2009-0027 “Amendment to AO 2007-0029 re: Revised Guidelines on Management of Animal Bite Patients”*

Department of Health (2010). *Administrative Order No. 2005-0014 “National Policies on Infant and Young Child Feeding”*

Department of Health (2010). *Administrative Order No. 2010-0023 “Guidelines on Deworming Drug Administration and the Management of Adverse Events Following Deworming (AEFD)”*

Department of Health (2012). *Administrative Order No. 2012-0029 “Implementing Guidelines on the Institutionalization of Philippine Package of Essential NCD Interventions (PhilPEN) on the Integrated Management of Hypertension and Diabetes for Primary Health Care Facilities”*

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Department of Health (2016). *Administrative Order No. 2016-0035 “Guidelines on the Provision of Quality Antenatal Care in All Birthing Centers and Health Facilities Providing Maternity Care Services”*

Department of Health (2017). *Administrative Order No. 2017-0012 “Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos”*

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Department of Health (2020). *Administrative Order No. 2020-0040 “Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages”*