Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 10 2023

ADMINISTRATIVE ORDER
No. ~~2022~~ 2023-0002

SUBJECT: Institutionalization of the Expanded National Practice Guidelines Program

I. RATIONALE

The Department of Health (DOH), by virtue of Executive Order (EO) No. 102, s. 1999 titled, "Redirecting the Functions and Operations of the Department of Health", is mandated to serve as the national technical authority on health, one that will ensure the highest achievable standards of quality health care, health promotion, and health protection, from which local government units, non-government organizations, other private organizations, and individual members of civil society will anchor their health programs and strategies.

The passage of Republic Act (RA) No. 11223 "Universal Health Care Act" strengthened this mandate, wherein the DOH, together with other key stakeholders, is directed to ensure the functional and efficient linking of health service provision from primary to tertiary care, across different levels of facilities, care settings, and across a comprehensive spectrum of care, and to establish mechanisms that allow the explicit use of evidence in policy- and decision-making processes. Furthermore, as stipulated in Chapter VII. Sec.27.c of RA No. 11223, "the DOH shall set standards for clinical care through the development, appraisal, and use of clinical practice guidelines in cooperation with professional societies and the academe".

The Department initially institutionalized a standard process for CPG development, adoption, and utilization by establishing the National Clinical Practice Guidelines Program through AO No. 2018-0019: *Guidelines on the Institutionalization and Implementation of the National Clinical Practice Guidelines Program.* Provisions on governance and quality assurance were included in AO No. 2021-0020: *Revised Guidelines on National Practice Guidelines Development, Adoption, and Dissemination.*

Recent health sector reforms have heightened the call for evidence-based policies and decisions. These highlighted the need for a harmonized knowledge-to-action process of evidence generation, evidence synthesis, and translation into CPGs and other evidence-based policies, guidelines, and standards for health service delivery. In response to this, the DOH hereby issues this Order to provide an operational framework for the expansion of the National Practice Guidelines Program (NPGP).

II. OBJECTIVES

This Order aims to:

A. Provide an operational framework for the Expanded NPGP.

B. Identify the roles and responsibilities of all stakeholders involved in the implementation of the Expanded NPGP.

III. SCOPE

This Order shall apply to all DOH Central Office Bureaus and Services, Centers for Health Development (CHDs), DOH hospitals, public and private hospitals, treatment and rehabilitation centers, other health facilities, Local Government Units (LGUs), partners from national government agencies (NGAs), development partners, civil society organizations (CSOs) including non-government organizations (NGOs), community-based organizations (CBOs), advocacy groups, the academe, and all other stakeholders concerned.

In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of this Order shall be in accordance with RA No. 11054 or the "Bangsamoro Organic Act" and the subsequent laws and issuances to be issued by the Bangsamoro government.

IV. DEFINITION OF TERMS

The following terms are defined for the purposes of this Order:

A. **Clinical Practice Guidelines (CPG)-** refer to guidelines that include recommendations intended to optimize patient care that 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. **Capacity Building** - the development of knowledge, skills, commitment, structures, systems and leadership to enable *evidence-based health service delivery* through the advancement of knowledge and skills among public health workers (adapted from WHO, 2006).

C. **DOH-approved CPGs** - refer to local CPGs that have undergone quality appraisal by the Expanded NPGP and were evaluated to have met all quality requirements of the Expanded NPGP as National Practice Guidelines.

D. **Guidance Documents** - refer to documents containing evidence-based recommendations that do not fit the definition of CPGs but are developed with acceptable rigor and appraised using internationally validated appraisal tools. These include, but are not limited to, practice or consensus statements of local and international medical societies or experts, experimental research, systematic reviews, and government policy issuances.

E. **Guideline Development Group (GDG)** (previously CPG Task Force) - refers to the entire group of healthcare and other professionals, stakeholders, patients, carers, and research and technical staff who develop a CPG. The GDG shall consist of several task-specific subgroups or committees, such as the steering committee (or lead CPG developer), guideline panel, working group, and external review group.

F. **Evidence-informed Decision-making** - refers to the generation of decisions that

are informed by the best available evidence from research, together with other factors such as context, public opinion, equity, feasibility of implementation, affordability, sustainability, and acceptability to stakeholders. It is a systematic and transparent approach that applies structured and replicable methods to identify, appraise, and make use of evidence across decision-making processes, including for implementation (World Health Organization, 2022).

G. **Evidence Synthesis** - refers to the quantitative or qualitative synthesis of the findings of individual research studies within a larger body of evidence, based on rigorous, reproducible and transparent methodologies, to determine what is known in a given area or field and whether there are evidence gaps (World Health Organization, 2022).

H. **National Practice Guidelines (NPGs)** - refer to evidence-based and evidence-informed guidelines that establish the standards on how individuals should be given healthcare and health services, such as the Omnibus Health Guidelines, DOH-approved CPGs, and other equivalent standard guidelines including interim public health and clinical guidance documents for public health emergencies (PHEs) and emerging and re-emerging infectious diseases (EREID).

I. **Omnibus Health Guidelines (OHG)** - refer to the main policy reference to fulfill 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 (AO No. 2022-0018: *Development and Utilization of the Omnibus Health Guidelines per Lifestage*).

J. **Standards of Care (SOCs)** - refer to the specific actions, interventions, or processes found in NPGs, 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 (AO No. 2022-0018).

V. GENERAL GUIDELINES

A. The DOH shall develop and regularly update evidence-informed policies and standards. The Expanded NPGP shall set the basis of such policies, standards, and other evidence-informed decisions for service delivery.

B. The Expanded NPGP encompasses the **entire continuum** of processes that integrate **high-quality evidence** into the development and establishment of guidelines containing standards of care, inclusive of the retrieval of information, evidence generation, synthesis, appraisal, the creation of evidence-based guidelines, the translation of guideline recommendations into policies and standards, and the dissemination, implementation, utilization, and monitoring and evaluation of policies and standards, intended to ensure the delivery of quality services for disease prevention and control. **(Annex A)**

C. Standards of care shall be determined based on the recommended actions, interventions, or processes in the NPGs.

D. The NPGs shall include the Omnibus Health Guidelines, DOH-approved CPGs, and other equivalent standard guidelines including interim public health and clinical guidance documents for PHE and EREID.

E. NPGs shall be the official reference in the development of guideline implementation tools (GITs), such as but not limited to, manuals, algorithms, pathways, and capacity-building materials for service delivery.

F. All individuals involved in the processes of the Expanded NPGP shall declare their actual or potential conflicts of interest (COI) in accordance with relevant laws, policies, and guidelines, and uphold ethical principles and scientific integrity at all times.

G. All institutions and persons involved in the Expanded NPGP shall adhere to the operational guidelines described in the process and methods manuals of the Expanded NPGP.

VI. SPECIFIC GUIDELINES

A. Implementation Mechanisms

1. Governance

a. The DOH Disease Prevention and Control Bureau (DPCB) shall oversee the development and periodic updating of NPGs and their associated evidence generation and synthesis activities.

b. Different groups shall be created as necessary to perform technical vetting functions for the different products of the Expanded NPGP, such as an Oversight Committee which shall review the scope, key clinical questions, and membership in the GDG, among others; a multispecialty technical working group which shall review and provide technical inputs in the development and updating of standards of care in the OHG; and an EREID expert group which shall provide evidence-based technical assessment and guidance to the DOH on matters related to EREID and PHE and whose membership may be expanded as necessary. Other multi-disciplinary and multi-sectoral groups may be created to provide inputs or feedback to the Expanded NPGP and its NPGs.

c. The prioritization of CPG topics for development or updating shall be jointly developed by the DPCB, the Health Technology Assessment Council (HTAC) and Health Technology Assessment Division (HTAD), and the Philippine Health Insurance Corporation (PHIC). Relevant DOH offices, professional societies, and other stakeholders shall be invited to provide feedback on the identified priority topics.

d. The University of the Philippines Manila - National Institutes of Health (UPM - NIH) shall be designated as an institutional partner of the Expanded NPGP.

e. Partners such as academic institutions, hospitals, professional societies, and other relevant institutions may be engaged or contracted in the development and updating of NPGs and their associated evidence generation koand synthesis activities.

f. Process and methods manuals to guide the operationalization of the Expanded NPGP shall be developed and updated regularly to guide relevant stakeholders.

2. Agenda-Setting and Funding

a. Structured agenda for research and CPG development, aligned with the Department-level and national agenda, shall be established and updated every three (3) years or as frequently as necessary to guide the rational allocation of funds for the Expanded NPGP.

b. The DPCB, Philippine Health Insurance Corporation (PHIC), HTAC with HTAD, together with other relevant stakeholders, shall be involved in the joint agenda-setting for CPG development.

3. Management of Conflict of Interest

a. The Expanded NPGP shall provide oversight and guidance for the declaration of interests and the appropriate management of COIs of all involved individuals.

b. The Expanded NPGP shall institutionalize a COI Management Plan to ensure that declarations of interest are accurate and updated and that the principles of objectivity, impartiality and transparency are upheld.

c. All individuals involved in the Expanded NPGP processes shall adhere to the COI Management Plan provided in the Expanded NPGP manuals and other relevant laws and policies on COI declaration and management.

d. An individual that participates in the development of an NPG shall not participate in the clearinghouse process and vice versa.

4. Stakeholder Involvement, Networking, and Capacity-Building

a. Different stakeholders, including but not limited to other NGAs, professional societies, patient organizations, NGOs, and development partners, shall be invited to participate in the processes of the Expanded NPGP, as applicable, appropriate, and relevant to their expertise.

b. The Expanded NPGP shall foster institutional linkages to generate

high-quality research and evidence-based NPGs with partners such as the Philippine National Health Research System (PNHRS) Research Consortia and the forthcoming CPG Consortium, among others.

c. The Expanded NPGP shall regularly identify and lead capacity-building activities related to technical aspects such as research, evidence reviews, and CPG development. Other DOH offices, in collaboration with the Expanded NPGP, shall be responsible for providing capacity-building activities for implementers, health professionals, and other end-users of NPGs.

B. Processes of the Expanded National Practice Guidelines Program

1. Evidence and Other Information Sources

a. Information sources used by the Expanded NPGP shall include any of the following: (1) primary research, (2) secondary research such as evidence reviews and clinical practice guidelines, and (3) other guidance documents.

b. The generation of the Expanded NPGP-funded research and CPGs shall be aligned with the research and CPG development agenda, respectively.

i. The research agenda shall address knowledge gaps in the NPGs and shall align with the National Unified Health Research Agenda (NUHRA), DOH Medium-Term Research Agenda, DOH strategic thrusts, and other relevant policies and guidelines as applicable.

ii. The CPG development agenda shall be anchored on (1) the local burden of the disease (including magnitude, severity, and urgency, (2) the presence of policy and practice gaps, (3) alignment with national priorities, (4) equity, and (5) other criteria to be set as necessary, in consultation with relevant stakeholders. The DPCB shall initially prioritize funding of primary care topics and progressively expand priorities to include specialty care topics, in support of integrated service delivery to achieve Universal Health Care.

iii. Externally-funded researchers and CPG developers shall be encouraged to align with the above priorities.

iv. National Specialty Centers and Advanced and Basic Comprehensive Specialty Centers shall be enjoined to allocate funding for the development of CPGs, research, and research-related activities, with priority on specialty care.

v. The generation of the Expanded NPGP-funded research and CPGs shall follow internationally-accepted research methodologies and

the prescribed CPG development processes as stated in the Expanded NPGP Manual.

c. The development of interim PHE or EREID guidelines shall follow internationally-accepted methodologies for rapid guideline development.

d. The development and updating of the OHG shall follow the rational priority setting and criteria and processes outlined in AO No. 2022-0018.

2. Quality Appraisal

a. The Expanded NPGP shall ensure that all research, CPGs, and other types of evidence to be utilized for NPG development shall undergo a quality appraisal.

b. The Expanded NPGP shall be the clearinghouse for local CPGs. The Expanded NPGP shall endorse local CPGs for the approval of the Secretary of Health as DOH-approved CPGs based on the following criteria:

i. A CPG shall be designated as a DOH-approved CPG if it attains a minimum score of 75% across all domains of the Appraisal of Guidelines for Research and Evaluation II (AGREE II).

ii. A CPG with a score of less than 75% in any of the AGREE II domains shall be returned to the GDG with the appraisal report containing comments and suggestions on how to improve the manuscript for possible resubmission and re-appraisal.

c. International CPGs for policy development and decision-making of other DOH offices and external stakeholders shall be reviewed by their respective process owners. The AGREE II instrument may be used for determining high-quality CPGs for these purposes.

3. Standard Setting

a. To define local SOCs, the Expanded NPGP shall facilitate the translation of the recommendations from quality evidence sources into NPGs, which include DOH-approved CPGs, the OHG, and interim PHE or EREID guidelines.

4. Dissemination

a. The Expanded NPGP shall disseminate NPGs in the form of administrative issuances, and shall develop a communication plan detailing the utilization of appropriate and effective channels and methods to complement the issuance for its widest circulation to various stakeholders, such as but not limited to the following:

i. All research studies funded by the Expanded NPGP shall be compiled and published annually through an online compendium.

ii. DOH-approved CPGs shall be consolidated and published annually in a compendium. Written consent for the inclusion of externally-funded local CPGs in the compendium shall be secured from the relevant GDGs.

iii. Interim clinical and public health guidance for PHEs or EREIDs shall be published rapidly in response to the need for the guidance.

iv. The OHG shall be published as a living document in addition to the full update of the OHG, which shall be disseminated online every three (3) years, in accordance with AO No. 2022-0018.

v. The Expanded NPGP process and methods manual shall be published and updated regularly and disseminated online.

b. The Expanded NPGP shall explore and utilize additional dissemination strategies, such as but not limited to printed materials, publication in social media, the conduct of scientific fora, and skills-building activities, as appropriate.

c. Stakeholders are enjoined to disseminate NPGs through appropriate communication channels with proper citations.

5. Utilization and Implementation Strategies for Service Delivery

a. Concerned DOH offices and attached agencies shall incorporate NPGs into their policies and decision-making for purposes such as, but not limited to, the development or refinement of research or CPG topics, the development or expansion of health benefit packages, the promotion of market access for innovative products and services, the prioritization of health technologies for possible procurement and financing, and the updating of service delivery and competency standards for health facilities and health workers.

b. Healthcare workers and implementers shall use NPGs in the development of plans and strategies and the delivery of individual- and population-based health services in clinical and public health settings.

c. The DOH shall lead the translation of NPGs into user-friendly GITs such as Clinical Support Tools, Patient Support Tools, Implementation Support Tools, and Evaluation Support Tools in accordance with AO No. 2022-0018.

d. The DOH shall lead the development of integrated capacity-building programs and activities based on NPGs, to enable the stakeholders and

relevant end users to implement the service delivery standards in the Expanded NPGP.

e. Other stakeholders are enjoined to utilize the NPGs, as necessary and appropriate.

6. Monitoring and Evaluation

a. The monitoring and evaluation plan of the Expanded NPGP shall be designed to focus on defining, measuring, delivering, and improving the quality of health services through the use of scientific approaches, such as but not limited to process monitoring, practice surveys, evaluation research, quality improvement methodologies, and the development and monitoring of quality indicators and performance measures.

b. The Expanded NPGP shall ensure that NPGs are updated within three (3) to five (5) years of publication or earlier as deemed appropriate.

VII. ROLES AND RESPONSIBILITIES

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

1. Provide technical and administrative support dedicated to the Expanded NPGP;
2. Establish operational guidelines and methodological standards for the Expanded NPGP, including strengthening the engagement of stakeholders and appropriate COI management;
3. Strengthen institutional and external capacity for research, evidence synthesis, guideline development, and implementation tools design in coordination with UPM-NIH and other relevant institutions;
4. Lead the development of the Expanded NPGP's monitoring and evaluation plan; and
5. Coordinate the DOH plans and strategies for the implementation, utilization, monitoring, and evaluation of the Expanded NPGP and its NPGs.

B. The **Health Technology Assessment Division (HTAD)** and the **Health Technology Assessment Council (HTAC)** shall:

1. Collaborate in the joint agenda-setting for CPG development, as applicable, to ensure alignment of priority topics;
2. Consider the Expanded NPGP and PhilHealth policies and processes in the HTA process; and
3. Utilize NPGs as references in identifying local standards of care in fulfillment of their respective mandates regarding health technology assessment.

C. The **Philippine Health Insurance Corporation (PHIC)** shall:

1. Collaborate in the joint agenda-setting for CPG development, as applicable, to ensure alignment of priority topics;
2. Ensure alignment of policies and processes with those of the Expanded NPGP, DPCB, HTAD, and HTAC; and
3. Utilize NPGs as references in identifying local standards of care in

fulfillment of its mandate of developing benefit packages and other health financing strategies, and quality assurance.

D. The **Epidemiology Bureau (EB)** shall:

1. Provide local, updated, disaggregated data on disease burden, morbidity, mortality, primary care consults, and other necessary epidemiologic surveillance and health data, as references for the agenda-setting for research and NPG development; and
2. Utilize NPGs as references in the development of policies on disease surveillance, tracing, and triaging, among others, as applicable.

E. The **Health Policy Development Planning Bureau (HPDPB)** shall:

1. Lead the delineation of research roles between and among DOH offices and other relevant institutional partners;
2. Oversee a centralized call for health research to be funded by DOH, inclusive of the Expanded NPGP research agenda;
3. Provide technical support for the development of the capacity of stakeholders in the health sector to conduct high-quality and relevant health research;
4. Monitor and ensure the utilization of DOH-funded research by relevant stakeholders; and
5. Provide an enabling environment for evidence-based and evidence-informed policy-making and decision-making among DOH offices.

F. The **Health Human Resource Development Bureau (HHRDB)** shall:

1. Align and integrate NPGs to relevant learning and development interventions (LDI) in coordination with the Disease Prevention and Control Bureau; and
2. Advocate with the Commission on Higher Education (CHED) and Professional Regulation Commission (PRC) the inclusion of NPGs in health sciences education and licensure examination for health professionals, respectively.

G. The **Centers for Health Development (CHDs) and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) through the Field Implementation and Coordination Team (FICT)** shall:

1. Utilize NPGs as references in assisting LGUs and advocating for local planning and development of policies, plans, programs, strategies, and/or implementation tools;
2. Oversee the widest dissemination and technical assistance to the identified stakeholders within their geographical areas of jurisdiction, particularly in the implementation and utilization of the NPGs;
3. Provide stakeholder feedback on the applicability, contextualization, and implementation of the NPGs in the local setting; and
4. Encourage DOH-retained hospitals under their jurisdiction to participate in capacity-building and other relevant activities of the Expanded NPGP.

H. Other DOH Offices and attached agencies shall:

1. Participate in the agenda-setting for research and CPG development, as applicable, to ensure alignment of priority topics;

2. Utilize NPGs as reference in the creation or updating of policies, standards, and guidelines related to each office's mandates; and
3. Contribute towards efforts in the dissemination activities of the Expanded NPGP.

I. The **Department of Science and Technology (DOST) through the Philippine Council Division for Health Research and Development (PCHRD)** shall:
   1. Ensure alignment of research and development efforts with integrated health service delivery to achieve Universal Health Care;
   2. Facilitate linkage of the Expanded NPGP with the existing research consortia of the PNHRS, for the development of priority research in accordance with the Expanded NPGP research agenda, networking, and capacity-building, among others; and
   3. Establish an expedited mechanism for research and development to address PHE and EREID concerns.

J. Other **NGAs** are enjoined to align their health-related policies, programs, and services with the NPGs.

K. The **Local Government Units (LGUs)** are enjoined to:
   1. Utilize NPGs as references for their local issuances, strategic investment, and operational planning; and
   2. Ensure implementation of local health plans and issuances aligned with the NPGs, including quality assurance mechanisms and continuous quality improvement for all health care providers and facilities within their area of jurisdiction to meet the standards of health service delivery set by the NPGs.

L. The **University of the Philippines Manila - National Institutes for Health (UPM - NIH)** shall:
   1. Serve as the main institutional partner of the Expanded NPGP in CPG development, including the CPG development agenda-setting, networking, and capacity-building, among others;
   2. Provide technical management of the CPG Consortium to be established by the Expanded NPGP; and
   3. Conduct research that is aligned with the Expanded NPGP research agenda and that impacts policy-making and standards-setting of the Expanded NPGP.

M. The **National Specialty Centers (NSCs), DOH-retained Hospitals, Research Institutions, Medical Societies, Allied Health Professional Organizations, other Professional Organizations, and the Academe,** are enjoined to:
   1. Adhere to standard processes and methods set by the Expanded NPGP, such as, but not limited to, the conduct of research and the development of CPGs;
   2. Develop high-quality CPGs and research on integrated service delivery that impact policy; and
   3. Support utilization, dissemination, implementation, and monitoring and evaluation of the Expanded NPGP processes and its NPGs.

N. **Civil society organizations (CSOs) including non-government organizations (NGOs), community-based organizations (CBOs), development partners,**

advocacy groups, and other stakeholders are enjoined to:

1. Provide stakeholder feedback on the applicability, contextualization, and implementation of the NPGs in the local setting; and
2. Participate in the selected Expanded NPGP processes, as applicable and appropriate.

VIII. REPEALING CLAUSE

This Order repeals AO No. 2021-0020. All provisions of existing issuances or parts thereof inconsistent with this Administrative Order are hereby directly repealed or modified, accordingly.

IX. TRANSITORY PROVISION

For the criteria for endorsing local CPGs for the Secretary of Health's approval, there shall be a two (2) year transitory period from the date of effectivity of this Administrative Order. For this purpose, during this period, a CPG shall be designated as a DOH-approved CPG if it satisfies a minimum score of 75% in at least both Domain 3: Rigor of Development and Domain 6: Editorial Independence.

X. SEPARABILITY CLAUSE

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

XI. EFFECTIVITY

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

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO II
OIC-Secretary of Health

References

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Annex A. Expanded National Practice Guidelines Program Operational Framework