



Republic of the Philippines  
DEPARTMENT OF HEALTH  
OFFICE OF THE SECRETARY

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*Back to records  
section*

January 15, 1998

**ADMINISTRATIVE ORDER**

No. 1-A s, 1998

**SUBJECT: Creation of a Philippine Reproductive Health Program.**

**I. Background**

The **1994 International Conference on Population and Development (ICPD)** directions for population programs emphasizes the link between population and sustainable development and a comprehensive concept or reproductive health in implementation of policies and programs.

The Philippines as signatory to the Programme of Action of the ICPD subscribes to a consensus which include the broadening of population policies and programs beyond family planning as the main program mechanism and a much closer collaboration between health and development agencies. This calls for changes in policies to address reproductive health morbidities and the attainment of reproductive intentions.

Moreover, the **1995 International Conference on Women in Beijing**, highlighted the importance of empowering women as the key to the improvement in the quality of life and called for the promotion of a reproductive health approach in dealing with the health concerns of both men and women and empowering them to lead healthy and productive lives.

**II. Rationale**

The Reproductive health care approach offers the following advantages:

1. **It may better meet the client's needs.** It will provide clients with high quality care by considering their perspective in the selection and delivery of services. It will also address the reproductive health needs not only of women and children but also the underserved groups such as men and adolescents.

2. **It may enhance the efficiency and effectiveness of service delivery.** Integration of reproductive health services will result in greater efficiency and effectivity by requiring fewer provider-client contacts, minimizing duplication, sharing facilities be realized, as this approach facilitates the use of existing facilities and program staff in a more effective manner.

### **III. Reproductive Health and RH Framework**

The **ICPD** defines **Reproductive Health**, as a *"state of complete physical, mental, and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes"*.

**Reproductive Health Care**, in line with the above definition, is then defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and managing reproductive health problems.

The reproductive health service package is broad and suggests linkages among the different health service delivery sectors. To operationalize the RH care perspective in the Philippines health department, concerned services in the DOH should:

1. Pursue common RH objectives through a convergence of efforts.
2. Design and implement RH care services that will be both family and woman-centered and at the same time emphasizing men's role and needs in reproduction.
3. Adopt the life cycle approach.
4. Ensure gender sensitivity across elements.
5. Use an incremental strategy for RH care provision.
6. Forge cooperation and collaborative efforts with other agencies.
7. Prioritize the development of newly identified RH elements.

The following are the priority health care services identified as the **Elements of Reproductive Health** care package:

1. **Family Planning**
2. **Maternal & Child Health, and Nutrition**
3. **Prevention and Management of Abortion Complications**
4. **Prevention and treatment of Reproductive Tract Infections (RTIs) including STDs, HIV and AIDS.**
5. **Education and Counselling on Sexuality and Sexual Health**
6. **Breast and Reproductive Tract Cancers & other Gynecological conditions**
7. **Men's Reproductive Health**
8. **Adolescent Reproductive Health**
9. **Violence Against Women**
10. **Prevention and Treatment of Infertility and Sexual Disorders**

The above RH framework will serve as a guide for the DOH's present and future policy directions on integrating the Services, Programs and Projects delivering reproductive health services.

## **IV. Management Structure**

### *A. National Level*

All DOH Services, Programs, Projects delivering health services under the Reproductive Health package will be integrated under the **Office of Special Concerns (OSC)**. The OSC takes overall responsibility for policy development, coordination and integration of all activities. This office is also tasked to ensure that all reproductive health services are given importance in terms of technical, logistics and other support systems. Furthermore, OSC will directly supervise the implementation of the UNFPA/FP-RH Project (PHI/94/PO5-PO7).

A Program Steering Committee will soon be set up to carry out these functions.

The OSC will convene a **National Reproductive Health Advisory Committee (NRHAC)** with the following composition. Officers and members of the NRHAC will be provided with alternates.

**Chairperson:** Asst. Secretary, Office for Special Concerns

**Chairperson:** Director, Family Planning Service

**Members:** Director, Maternal & Child Health Service

Program Manager, National STD-AIDS Prevention  
& Control Program

Program Manager, Womens' Health & Safe Motherhood Project

Director , Nutrition Service

Director ,Non-Communicable Disease Control Service

Programme Coordinator, UNFPA-PMT

The NRHAC will be expanded to include representatives from non-government organizations and the private sector as soon as they are identified.

The UNFPA FP/RH Project PMT will serve as Secretariat to the NRHAC.

Other support services may be called to provide assistance to the RH Advisory Committee as the need arises.

## *B. Regional Level*

The Regional Health Offices are directed to organize a structure patterned after that of the National level to carry out functions and oversee the program at the Regional and LGU levels.

### **The Regional RH Advisory Committee:**

**Chairperson:** Regional Health Director

**Vice Chairperson:** Asst. Regional Health Director

**Members:** Chief, Technical Division

Regional Program Coordinators concerned

Representative of NGOs with RH concerns

## **V. Operationalization**

The following DOH Services, Programs and Projects are tasked to spearhead the delivery of Reproductive Health service and establish necessary linkages with OSC, DOH, other Government Organizations, Non government organizations, private institutions including local and foreign donor agencies.

<u><b>RH Elements</b></u>	<u><b>Lead Office</b></u>	<u><b>DOH Network</b></u>
<b>1. RTI/STD/AIDS</b>	<b>NASPCP</b>	<b>MCHS, FPS, WHSMP, NCDCS</b>
<b>2. Men's Reproductive Health</b>	<b>FPS</b>	<b>NASPCP, NCDCS</b>
<b>3. Adolescent RH</b>	<b>MCHS</b>	<b>WHSMP, FPS, NASPCP</b>
<b>4. Family Planning</b>	<b>FPS</b>	
<b>5. Maternal, Child Care &amp; Nutrition</b>	<b>MCHS</b>	<b>Nutrition Service</b>
<b>6. Violence Against Women</b>	<b>WHSMP</b>	<b>MCHS, FPS, HOMS</b>
<b>7. Infertility</b>	<b>FPS</b>	<b>HOMS</b>

**8. Breast & Reproductive  
Tract Cancers**

WHSMP

NCDCS, NASPCP

**9. Education & Counselling on  
Sexuality & Sexual Health**

FPS

WHSMP, NASPCP

**10. Prevention & Management  
of Abortion Complications**

MCHS

WHSMP, FPS, HOMS

Other support services identified include: PIHES, HMDTS, and LGAMS. Participation of non-government organizations will have to be identified by the respective lead offices.

As initial activity, the DOH lead services/programs/projects are directed to prepare the following to be submitted to the NRHAC on or before February 28, 1998:


1. Inventory (status) of all efforts/initiatives/activities on reproductive health to include logistics, research and project-based activities.
2. A five (5) year Medium Term Plan.
3. An Operational Plan for 1998.

**VI. Funding.**

Funding to implement RH activities should be sourced out from the budgets of corresponding services/offices/programs/projects and partner agencies.

**VII. Effectivity**

This order shall take effect on January 15, 1998.

  
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Secretary of Health