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Republic of the Philippines
Province of Leyte

Item No.: 12
Date: APR 25 2023



Office of Honorable Raissa J. Villasin

April 18, 2023

SANGGUNIANG PANLALAWIGAN
RECEIVED
20 April 2023
Dwice
PROVINCE OF LEYTE

HON. LEONARDO M. JAVIER, JR.
Vice Governor
Province of Leyte

Dear Honorable Vice Governor:

Warm greetings!

Respectfully endorsing to your good office, the following resolutions and to request that these be included in our agenda:

- A RESOLUTION ADOPTING THE HEALTH PROMOTION FRAMEWORK STRATEGY 2030 IN THE PROVINCIAL HEALTH SYSTEM OF LEYTE;

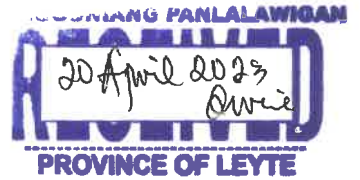
This is a request from the Provincial Health Office to complement the implementation of Universal Health Care Law.

Thank you very much and Best Regards!

Very Truly Yours,


HON. RAISSA J. VILLASIN
Chairperson, Committee On Health

Cc: Hon. Atty. Carlo P. Loreto, Floor Leader



RESOLUTION NO. _____
Series of 2023

A RESOLUTION ADOPTING THE HEALTH PROMOTION FRAMEWORK STRATEGY 2030 IN THE PROVINCIAL HEALTH SYSTEM OF LEYTE

WHEREAS, Republic Act No. 11223, otherwise known as the Universal Healthcare (UHC) Act and its Implementing Rules and Regulations mandates an integrated and comprehensive approach in ensuring that all Filipinos are health literate, provided with healthy schooling, living, and working environments, and are protected from any hazards and risks that could adversely affect their health status;

WHEREAS, Section 30 of the UHC Act directs Local Government Units (LGUs) to issue and implement effective health promotion policies, programs, and activities that promote health literacy and healthy lifestyle among their constituents, prioritizing interventions that address key risk factors to prevent and control disease, as well as to advance population and individual health and well-being;

WHEREAS, Section 17 of the UHC Act further emphasizes the critical role of LGUs in health promotion, and requires that Province-wide and City-wide Health Systems shall have proactive and effective health promotion programs and campaigns as components of its population-based health services;

WHEREAS, the Department of Health (DOH), in realizing the above mentioned provisions and as required by the UHC Act, formulated the DOH Administrative Order No. 2021-0063 or the Health Promotion Framework Strategy (HPFS) 2030 to serve as the overall national health promotion roadmap and basis for all health promotion policies, programs, and activities at the national, regional, and local levels;

WHEREAS, the HPFS 2030 requires that the development and implementation of health promotion policies, programs, and activities shall focus on the following priority areas and risk factors of: (i) *diet and physical activity*, (ii) *environment health*, (iii) *immunization*, (iv) *substance use, including use of tobacco, alcohol, and illicit drugs*, (v) *mental health*, (vi) *sexual and reproductive health*, and (vii) *violence and injury prevention*;

WHEREAS, the HPFS 2030, in implementing health promotion interventions on the above priority areas, requires the adoption and application of a settings-based approach strategically and comprehensively in key settings, including local residential or neighborhood communities at the barangay level, local schools and learning centers, and local workplace settings or environments;

WHEREAS, the HPFS 2030 requires the conduct of health literacy assessments to inform the planning, production, and implementation of interventions aimed at increasing health literacy levels and improving the population's knowledge, attitudes, and practices on the relevant priority areas;

WHEREAS, the HPFS 2030 requires whole-of-system, whole-of-government, and whole-of-society action through partnerships and collaborations with government instrumentalities, non-government, civil society or community-based groups and organizations, local academic institutions, the private sector and other entities whose goals and objectives are in line with the public health sector's strategic directions and standards;

NOW, THEREFORE, on the motion of _____ and seconded by _____ be it,

RESOLVED, that the Province, for its mandate to issue and implement effective health promotion policies, programs, and activities, shall adopt the provisions and principles of the DOH Administrative Order No. 2021-0063 or the Health Promotion Framework Strategy 2030;

RESOLVED FURTHER, that the Province shall work to progressively ensure dedicated local committees, offices, units and persons overseeing the implementation of health promotion policies, programs and activities in the Province as prescribed by the HPFS 2030;

RESOLVED FURTHER, that the Province shall integrate resource requirements for the implementation of local health promotion ordinances, policies, programs, and activities anchored on the HPFS 2030 into the Province's Local Investment Plan for Health and Annual Operational Plan;

RESOLVED FINALLY, that copies of this Resolution be furnished to the Province's component Cities, Municipalities, Barangays, and offices to assist their respective Local Chief Executives in this matter for their information and action.

ATTESTED:

[NAME]

[POSITION]



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 16 2021

ADMINISTRATIVE ORDER

No. 2021 - 0063

SUBJECT: Health Promotion Framework Strategy 2030

I. BACKGROUND

Republic Act No. 11223 or the Universal Health Care (UHC) Act, mandates the Health Promotion Bureau (HPB) to formulate a framework strategy which shall provide a comprehensive and coordinated approach to health promotion to ensure that every Filipino has access to information that build personal skills and opportunities that engage in strengthening community action, and also to ensure that all people are enabled to participate in the creation of supportive environments.

Towards this goal, the HPB, together with its partners and stakeholders, developed the Health Promotion Framework Strategy (HPFS) which serves as the national health promotion roadmap and the basis for all policies, programs, plans, and activities on health promotion. The HPFS provides foundational strategies for (1) increasing health literacy with focus on reducing non-communicable diseases, (2) implementing population-wide health promotion interventions across social determinants of health, (3) exercising policy coordination across government instrumentalities to ensure attainment of the framework strategy and its programs, and (4) providing technical support to local research and development relevant to the directions of the HPFS.

Relative thereto, and to guide all efforts on health promotion at the national, regional, and local platforms, the DOH issues these guidelines to provide the framework and strategies for the effective and efficient HPFS implementation.

II. OBJECTIVES

A. General Objective:

This Order aims to provide the framework, direction, and strategies for the planning, development, and implementation of health promotion policies, programs, plans, and activities.

B. Specific Objectives:

1. To provide strategic direction for the improvement of health literacy and the use of health literacy assessments in the planning and development of health promotion interventions;
2. To identify priority areas for health promotion and the settings in which the settings-based approach for health promotion shall be implemented;
3. To promote and provide basis for technical support to local research and development programs and projects on health promotion; and
4. To provide guidance on the roles and participation of the DOH, CHDs, LGUs, and other partners and stakeholders for health promotion.

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III. SCOPE OF APPLICATION

This Order shall apply to DOH Central Office Bureaus and Services, Centers for Health Development, all DOH attached agencies, Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao, LGUs and their respective health facilities, other National Government Agencies (NGAs), non-government organizations and civil society partners, development partners, academic partners, and all other concerned entities.

IV. GUIDING PRINCIPLES

The adoption and implementation of the provisions of this Order shall be guided by the following principles:

- A. **Equity** - The needs of all population groups (i.e. infants, children, adolescents, adults, and the elderly), especially the marginalised, shall be prioritised in the planning, development, and implementation of policies, programs, and activities, and in the delivery of services. The accessibility, affordability, and acceptability of resources and environments that can help minimize disadvantages shall be ensured.
- B. **Participation** - Community, stakeholder, or partner participation shall be an integral component in decision-making and problem-solving processes for health, to ensure that the development, implementation, monitoring and evaluation of policies, plans, programs, and activities are responsive, acceptable, and relevant to those that will be most affected.
- C. **Partnerships** - All policy-determining and implementing units, bodies, or committees in the public health sector, upon engagement with partners, shall ensure professional and ethical practice in championing and prioritizing the promotion and protection of the public health and well-being. Partnerships shall be conducted in ways that build public trust and confidence, and that protect the institution's integrity, independence, credibility, reputation, and effectiveness.
- D. **Responsiveness** - Health promotion policies, programs, plans, and activities shall be responsive to evolving needs and emerging determinants of health, and anchored on cost-effective strategies to ensure that resources are well-allocated and maximized to achieve the most benefit for Filipinos.

V. GENERAL GUIDELINES

- A. The Health Promotion Framework Strategy (HPFS) 2030 (*Annex A*) shall set the overall direction and strategies for health promotion towards achieving the goal of ensuring that (i) all Filipinos are health literate, (ii) settings are health-enabling, and (iii) public policies are supportive and protective of health.
- B. The development, implementation, monitoring, and evaluation of health promotion policies, programs, and activities shall foster whole-of-system, whole-of-government, and whole-of-society approach. All implementing entities, partners and stakeholders shall align their respective health promotion interventions with the HPFS for unified action.
- C. Implementation of all health promotion policies, programs, plans, and activities shall be guided by the strategies of the HPFS, namely: healthy governance, healthy settings, and health literacy.

D. In accordance with the HPFS, all health promotion policies, programs, and activities shall focus on the identified priority areas and action areas, and shall be implemented using the lifestage and settings-based approaches as provided for below:

1. **Priority Areas for Health Promotion.** All health promotion interventions shall be anchored on the following priority areas (PAs) or risk factors:

- a. *Diet and Physical Activity* - Nutrition shall be improved through healthy diets, and physical activity shall be increased to reduce all forms of malnutrition and prevent development of non-communicable diseases;
- b. *Environmental Health* - Sustainable lifestyles and resilient communities shall be fostered to minimize environmental risks and climate impacts on health;
- c. *Immunization* - Vaccine use shall be promoted to reduce the incidence of vaccine-preventable diseases, disabilities, and deaths;
- d. *Substance Use* - Tobacco use, illicit drug use, and harmful use of alcohol shall be prevented to reduce or eliminate the ill effects or associated health conditions;
- e. *Mental Health* - Psychosocial and mental well-being shall be increased and protected to reduce the burden of mental health disorders and incidence of suicide;
- f. *Sexual and Reproductive Health* - Positive sexual and reproductive behaviors shall be promoted to reduce early and unwanted pregnancies, incidence of HIV infection, and sexually-transmitted diseases; and
- g. *Violence and Injury Prevention* - Safe and inclusive communities shall be fostered to eliminate the various forms of violence and injuries, including interpersonal violence or gender-based violence, as well as road traffic, fireworks, and occupational related injuries.

2. **Action Areas for Implementation.** Guided by the Ottawa Charter and Bangkok Declaration for Health Promotion, provided are the implementation action areas on which health promotion efforts and interventions shall focus on:

- a. *Developing healthy public policies* - Legislation, fiscal measures, and/or organizational policies that promote health and wellbeing and that reduce health inequities shall be enacted at the national and local levels;
- b. *Creating supportive environments* - The natural and built environments shall be protected and conserved as part of the health promotion strategy. As such, assessing the potential health impacts of policies, programs, and projects that may have an impact on health or the health sector shall be an essential prerequisite in critical intersectoral collaborations;
- c. *Developing personal skills* - Appropriate and useful information, education, and life skills shall be provided to target individuals and population groups to enable the adoption of healthy behaviors, and increase options and control over their own health;
- d. *Strengthening community action* - Opportunities or platforms for meaningful participation shall be established and institutionalized to facilitate the active involvement of community members in local policy and decision-making processes that contribute to their health status; and
- e. *Reorienting health services* - Health services shall increasingly shift focus on health promotion and disease prevention.

3. **Implementing Approaches.** Recognizing the individual, social, and physical or structural influences on health and health-seeking behaviors, health promotion

interventions on the foregoing priority risk factors and action areas shall be anchored on the following:

- a. *Life course approach* - Health shall be promoted through the life course approach, recognizing that health behaviors are shaped by the presence or absence of social networks, support (or lack thereof) that they provide, social norms, cultures, inequalities, and other attributes of an entire population; and
- b. *Settings-based approach* - Health shall be accelerated by creating health-supportive environments where policies are health-promoting, physical structures are conducive to health, and quality and responsive health services are available, affordable, and accessible to all members of the community.

VI. POLICY FRAMEWORK

- A. **Vision** - The DOH envisions a Healthy Pilipinas wherein health-literate and health-seeking individuals, health-enabling settings, and health-supporting governance are present, and achieving optimum health is possible.
- B. **Mission** - The DOH, guided by the HPFS, shall make healthy behaviors the easier choice for everyone, everytime, everywhere.
- C. **Core Values** - The DOH in carrying out its mission shall embody at all times the values of integrity, excellence, commitment, professionalism, teamwork, compassion and respect for human dignity, and stewardship of the health of the people.
- D. **Goals** - The DOH, guided by the HPFS, shall ensure that all Filipinos are health literate, settings are health-enabling, and public policies are supportive and protective of health.
- E. **Implementation Strategies.** To accelerate the promotion of health at all levels, the HPFS provides the following key strategies:
 1. **Healthy Governance** - Recognizing that health and well-being are multifactorial which require actions from the whole of government and society, health promotion shall aim to influence governance in both health and non-health sectors at the national and local levels.
 - a. *Leadership and Governance in Health*
 - i. The Health Promotion Bureau (HPB) shall serve as the national lead office in-charge of the development, implementation, and monitoring and evaluation of health promotion policies, programs, and activities. The HPB, for this purpose, shall accelerate the goals of health promotion by exercising multisectoral policy coordination, facilitating capacity development for local implementation, and fostering partnerships, in line with the provisions of Section 30 of the UHC Act.
 - ii. At the local level, consistent with DOH AO No. 2020-0042 or the "Health Promotion Framework Strategy in Province-wide and City-wide Health Systems", LGUs shall ensure the following:
 - The Health Promotion Committee shall be created by the Local Health Board (LHB) to provide guidance to the LHB on matters related to health promotion, particularly on issues concerning the determinants of health and health risk factors;

- The Health Promotion Unit, which shall ensure the development and implementation of health promotion policies and programs in the LGU, shall be established as part of the Local Health Office with appropriate human resource complement in accordance with Section 30.5 of the UHC Act IRR; and
 - Barangay Health Workers shall be provided with necessary and appropriate capacities to serve as barangay-level health promotion officers.
- b. *Intersectoral Action* - Policy and program development and implementation in other sectors shall consider potential health outcomes and considerations, to promote health equity and address the various social determinants of health. The HPB, for this purpose, shall extend all necessary support to relevant NGAs and partners, and shall foster inter-agency collaborations to plan, develop, implement, and monitor policies, programs, and activities that promote co-benefits for both or all sectors involved.
- c. *Partnerships for Health* - Collaborations with other government agencies, non-government, civil society, or community organizations, professional societies, the academe, the private sector, or other entities shall be fostered in developing, implementing, and monitoring of health promotion policies, programs and activities, consistent with the principle of partnership as enshrined in the Bangkok Charter for Health Promotion. For this purpose:
- i. All partnerships with the public health sector shall be developed and implemented in accordance with the goals and objectives of the HPFS, and in conformity with the public health sector's strategic directions, technical norms, and standards.
 - ii. Conflicts of interest in relation to development and implementation of policies, programs, and activities of the partnership shall be effectively managed and, where appropriate, avoided to prevent any potential risks and undue influence, and to protect the independence and objectivity of the public health sector in the performance of its mandates.
 - iii. All engagements, projects, or activities with entities, including the tobacco and alcohol industries or milk industries within the scope of prohibition of the Executive Order No. 51 or the Milk Code, whose interests, goals, and objectives contradict those of the DOH or the public health sector shall not be permitted.
2. **Healthy Settings** - Consistent with the settings-based approach of the World Health Organization (WHO), health promotion initiatives shall be designed and implemented strategically in key settings, to ensure that the environments wherein individuals live, learn, and work are promotive and protective of health. For this purpose, the priority settings shall include, but are not limited to:
- a. *Healthy Communities* - LGUs, pursuant to Sections 17 and 30 of the UHC Act, shall enact stricter ordinances that strengthen and broaden existing health policies and shall implement proactive and effective health promotion programs that: (a) promote health literacy and healthy lifestyle among their constituencies, (b) reduce the prevalence of non-communicable diseases and their risk factors particularly tobacco use and alcohol use, (c) lower the incidence of new infectious diseases, (d) address mental health, and (e) improve health indicators.

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- b. *Healthy Schools* - Learning institutions, pursuant to Section 30 of the UHC Act and/or IRR, shall be designated as healthy settings, and shall formulate programs and modules on health literacy and health rights to be integrated in formal and/or informal curricula, programs, and co-curricular activities.
 - c. *Healthy Workplaces* - Health promotion measures shall be instituted in the workplace setting to promote and protect the health, safety, and well-being of the workforce. Areas of interventions, as based on identified needs, may include: physical work conditions, psychosocial environment, and personal health resources including lifestyle in the workplace.
3. **Health Literacy** - At the individual level, health literacy interventions shall be developed and implemented to improve people's ability to: (i) understand and use health-related information, (ii) inform health-related decisions, and (iii) increase health-seeking behaviors. For this purpose:
- a. Health literacy assessments shall be conducted to determine the baseline and changes in people's health literacy levels;
 - b. Findings from the health literacy assessments shall inform the planning, design and development, and implementation of targeted and responsive health literacy interventions; and
 - c. The scope of assessments shall include: health literacy; knowledge, attitudes, and practices or behaviors related to the seven priority areas of the HPFS; and pertinent social determinants of health.

VII. MONITORING AND EVALUATION

- A. The conduct of all monitoring and evaluation-related activities of the HPFS shall be the responsibility of all stakeholders responsible for its implementation, which include the DOH and attached agencies, other concerned NGAs, CHDs, LGUs, development partners, academic partners, and non-government organizations.
- B. The Monitoring and Evaluation (M&E) Framework in *Annex B* which illustrates the relationship between the inputs, activities, and outputs to the expected outcomes and impact of the HPFS, shall guide the monitoring and evaluation of the implementation of HPFS at the national, regional, and local levels.
- C. HPB shall lead the overall implementation of the monitoring and evaluation activities of the HPFS at the national level, while CHDs, through the Health Promotion Units, shall develop more specific frameworks to monitor local implementation of HPFS in coordination with relevant stakeholders.
- D. HPB shall regularly collect data and information on the progress of the HPFS using a list of health and health-related indicators. Monitoring of the indicators shall be conducted regularly by the reporting units, while evaluation of the HPFS shall be conducted in accordance with relevant policies and guidelines on planning, monitoring, and evaluation of programs, activities, and projects in the DOH.
- E. The HPFS M&E Framework and its indicators shall be reviewed and/or updated every medium-term to reflect new strategies and data sources. A report shall be generated reflecting the latest available data.

VIII. ROLES AND RESPONSIBILITIES

- A. The **Health Promotion Bureau** shall:
 - 1. Be responsible for healthy public policy and reorient health systems to prioritize health promotion and disease prevention, and increase health literacy;

2. Lead the formulation, implementation, and updating of the HPFS which serves as the basis for all health promotion policies, programs, and activities;
3. Implement population-wide health promotion policies and programs across social determinants of health and behavioral risk factors;
4. Promote and provide technical, logistical, and financial support to local research and development of local policies and programs based on the HPFS; and
5. Exercise multi sectoral policy coordination and enter into partnerships with the national government agencies, LGUs, private sector, civil society organizations, professional societies, and the academe, among others to ensure the attainment of the HPFS.

B. The Bureau of Local Health Systems Development shall:

1. Align the identified priorities of the HPFS with the priority local health systems programs through the Local Investment Plan for Health; and
2. Provide technical assistance in cascading health promotion interventions to local health systems.

C. The Disease Prevention and Control Bureau shall:

1. Coordinate plans, policies, programs, and activities for disease prevention and control with the HPB, especially for implementation of such using the healthy-settings approach;
2. Lead in enabling relevant health services on disease conditions related to the priority areas of the HPFS; and
3. Provide technical assistance and support in the implementation of the health promotion components of the disease programs.

D. Other DOH Bureaus and Services shall:

1. Provide technical assistance in the planning, implementation, and monitoring of health promotion policies, programs, and activities, where applicable.

E. The Centers for Health Development shall:

1. Establish a Health Promotion Unit for their respective regions;
2. Facilitate implementation of the HPFS and national policies for regional and local applications;
3. Provide technical assistance to LGUs for the implementation of health promotion initiatives aligned with the HPFS, including capacity-building and monitoring and evaluation;
4. Facilitate building of regional and local networks of health promotion champions and partners;
5. Monitor the implementation of health promotion policies, programs, and activities in area of assignment; and
6. Submit technical and evaluation reports in the implementation of health promotion activities and projects.

F. The Local Government Units are strongly enjoined to:

1. Develop local ordinances on the abovementioned priority areas for LGUs;
2. Align the planning, development and implementation of health promotion policies, programs, and activities with the priorities and strategies of the HPFS;
3. Foster a network of health promotion partners, movers, and stakeholders at the local level; and
4. Monitor the implementation of LGU-specific health promotion interventions.

IX. SEPARABILITY CLAUSE


Should any provision of this Order or any part thereof be declared invalid, the other provisions, insofar as they are separable from the invalid ones, shall remain in full force and effect.

X. REPEALING CLAUSE

Related issuances not consistent with the provisions of this Order, including DOH AO No. 58 s. 2001, are hereby revised, modified, or rescinded accordingly. Nothing in this Order shall be construed as a limitation or modification of existing laws, rules, and regulations.

XI. EFFECTIVITY

This Order shall take effect fifteen (15) days after publication to an official gazette or a newspaper of general circulation.


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

Annex A. Health Promotion Framework Strategy 2030

Vision *A Healthy Pilipinas wherein health-literate and health-seeking individuals, health-enabling settings, and health-supporting governance are present, and achieving optimum health is possible*

Mission *To make healthy behaviors the easier choice for everyone, everytime, everywhere*

Core Values *Integrity, excellence, commitment, professionalism, teamwork, compassion and respect for human dignity, and stewardship of the health of the people*

Goals *Filipinos are health literate, settings are health-enabling, and public policies are health-supporting*

Life Stage Approach

Settings-Based Approach

Implementation Approaches

Pregnancy, childbirth, neonatal
infancy and early years
Childhood
Adolescence
Adulthood
Older Adult



Healthy Communities
Healthy Schools
Healthy Workplaces



Priority Areas

Diet and Physical Activity	Environmental Health	Immunization	Substance Abuse	Mental Health	Sexual and Reproductive Health	Violence and Injury Prevention
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Action Areas

Developing Healthy Public Policies	Creating Supportive Environments	Developing Personal Skills	Strengthening Community Action	Reorienting Health Services
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