

Policy Unit

Inventory of Existing Policies  
Affecting the Provision of FP,  
TB-DOTS, HIV/AIDS and  
Vitamin A Supplementation

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# **Inventory of Existing Policies Affecting the Provision of FP, TB-DOTS, HIV/AIDS and Vitamin A Supplementation**

## **I. BACKGROUND**

Component 2 of the LEAD for Health Project aims to improve national policies to facilitate efficient delivery of quality FP and health services. To support this, the MSH/LEAD Policy Unit will formulate and recommend measures to improve legal and regulatory policies to facilitate efficient delivery of quality family planning and health services, particularly at the local level. As a starting point, legal and regulatory review team composed of experts from the Center for Economic Policy Research and Harvard School of Public Health was organized to conduct an inventory, review and analysis of existing policies, laws and regulations that affect the effective provision of family planning services, tuberculosis, HIV/AIDS and MCH (Vitamin A). The initial activities involved the gathering and compilation of laws, regulations and policies and the interview of key personnel of the DOH, POPCOM, PhilHealth, COA, provincial and municipal governments in Pangasinan and other concerned government agencies; representatives of the private and NGO sector like DKT, Organon, the League of Cities, League of Municipalities, etc.

## **II. RESULTS OF POLICY INVENTORY CONDUCTED**

The team reviewed, summarized and made initial comments on 59 laws, regulations and policies broken down as follows: family planning – 15, Anti-TB – 10, HIV/AIDS – 15, Vitamin – 9, and cross-cutting – 10. The final report on the review, analysis and recommendations will be submitted on or before the end of June 2004. The results of the review shall be used as basis in the formulation of follow-up studies and activities to pursue policy changes or the approval of appropriate legal instruments. For instance, the study will be presented to the multi-sectoral health forum to promote family planning, TB-DOTS, etc.

The matrix that follows includes (a) a brief description of relevant provisions of the policies that were initially reviewed and (b) a remarks-column with brief background and initial analysis.

**OVERALL SUMMARY OF LEGISLATIONS**  
As of 12 April 2004

AREA	TOTAL	I. POLICY	II. IMPLEMENTATION		
			PROGRAM MANAGEMENT	SERVICE DELIVERY	PROCUREMENT, DISTRIBUTION AND USAGE
Family Planning	15	8	2	3	2
HIV/AIDS	15	3	4	6	2
Anti-TB	10	1	2	3	4
Vitamin A	9	1	-	7	1
Cross-cutting	10	5	-	1	4
<b>Total</b>	<b>59</b>	<b>18</b>	<b>8</b>	<b>20</b>	<b>13</b>

**SUMMARY OF FAMILY PLANNING LAWS & ISSUANCES**  
As of 12 April 2004

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<b>I. Policy</b>		
1987 Constitution of the Republic of the Philippines	<p>Declares the following as State policies:</p> <p>Art. II, Sec. 12. - "The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception . . ."</p> <p>Art. II, Sec. 14. - "The State recognizes the role of women in nation-building and shall ensure the fundamental equality before the law of women and men."</p> <p>Art. XV, Sec. 3(1): "The State shall defend (i) the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood."</p>	No law or jurisprudence yet defining when "conception" begins.
Presidential Decree No. 79: Revising the Population Act of Nineteen Hundred and Seventy one ("Revised Population Act of the Philippines"), dated 8 December 1972	Section 2. – Declaration of Policy. – “The Government of the Philippines hereby declares that for the purpose of furthering national development, increasing the share of each Filipino in the fruits of economic progress and meeting the grave social and economic challenge of high	P.D. No. 79 amended Republic Act No. 6365, otherwise known as the “Population Act of the Philippines”, which was enacted into law on 15 August 1971. It essentially reiterated the policy in R.A. No. 6365 of establishing a family planning program “which respects the religious beliefs and values of individuals”.

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	rate of population growth, a national program of family planning involving both public and private sectors which respects the religious beliefs and values of the individuals involved shall be undertaken.”	<p>More significantly, it strengthened the Commission on Population (POPCOM) by expressly granting it the authority and responsibility providing” to employ physicians, nurses, and midwives to provide, dispense and administer <u>all acceptable methods of contraception</u> to all citizens of the Philippines desirous of spacing, limiting or preventing pregnancies”, provided only that these health workers, except physicians, have been duly trained and authorized by POPCOM in consultation with the appropriate licensing bodies. Further, POPCOM was authorized” to utilize clinics, pharmacies and commercial channels of distribution for the distribution of family planning information and contraceptives.” (Sec. 5)</p> <p>P.D. No. 79 was later amended by:</p> <ul style="list-style-type: none"> <li>(i) P.D. No. 1204, issued on 29 September 1977, which: <ul style="list-style-type: none"> <li>(a) granted POPCOM also the power to authorize participating agencies in the national family planning, health and welfare program to employ health workers to provide, dispense and administer all acceptable methods of contraception to all citizens of the Philippines, and (b) modified the powers and responsibilities of the Chairman and Executive Director of POPCOM;</li> </ul> </li> <li>(ii) Executive Order No. 160, issued on 13 April 1987, which expanded membership in PopCom’s Board of Commissioners from 5 to 14 (with 3 private sector representatives) and appointed Secretary of DSWD as Chairman.</li> </ul> <p>Notwithstanding the amendments, the basic policy declared by P.D. No. 79 remained in place.</p>
Department of Health Administrative Order No. 1-A s. 1998: Creation of a Philippine Reproductive Health	Declares adherence to the program of action of the 1994 International Conference on Population and	This was subsequently modified by DOH A.O. No. 24-A, s. 1999, but continues to be acknowledged in subsequent DOH issuances like A.O. No. 132, s. 2004, which cited it as source

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
Program, dated 15 January 1998	Development, which includes "broadening of population policies and programs beyond family planning as the main program mechanism." Identifies 10 elements of the Philippine RH Program, to wit: 1) Family Planning; 2) Maternal & Child Health, and nutrition; 3) Prevention and management of abortion complications; 4) Prevention and treatment of RTIs including STDs, HIV and AIDS; 5) Education and counseling 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; and 10) Prevention and treatment of infertility and sexual disorders.	document for the identification of family planning as one of the priority health care services of government.
Department of Health Administrative Order No. 24-A s. 1999: Strengthening The DOH Reproductive Health Program, dated 8 March 2000	Prescribes approaches to strengthen the Philippine Reproductive Health Program by (a) Integrating RH services, emphasizing quality and expanding coverage through partnership programs with LGUs, NGOs and the private sector within the framework of the Health Sector Reform Agenda; and (b) Improving the general health of all Filipinos by promoting personal responsibility, and empowering communities to exercise reproductive health rights through information dissemination the emphasize freedom of choice. It also expounds on the RH Program's vision, mission, goal,	

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	and general and specific objectives for 2004, implementing mechanism, and funding.	
Department of Health Administrative Order No. 43 s. 1999: Reproductive Health Policy, dated 24 April 2000	Translates A.O. No. 24-A into a health policy.	This A.O. is an exact replica of AO 24-A, with some changes incorporating the results of the writeshop on RH policy development initiated by the DOH, which was conducted on 8-10 December 1999. The writeshop resulted in a preamble, an enunciation of the DOH guiding principles with respect to RH, and strategies for the successful implementation of the policy.
Department of Health Administrative Order No. 50-A s. 2001: National Family Planning Policy, dated 17 September 2001	Prescribes the key policies for family planning services as an element of Reproductive Health. These policies are aimed at achieving by 2004 (a) targeted reductions in the MMR, IMR, under-5 Mortality Rate, and Total Fertility Rate from 1998 levels; and (b) targeted increase in the Contraceptive Prevalence Rate from the 1998 level. It declares that "family planning as a health intervention shall be made available to all men and women of reproductive age", and focuses on seven modern FP methods, namely: (a) natural family planning; (b) pills; (c) condoms; (d) hormonal injectables/Depo-Medroxyprogesterone Acetate; (e) intrauterine device; (f) lactational amenorrhea method; and (g) voluntary surgical sterilization such as bilateral tubal ligation and vasectomy.	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
Executive Order No. 118, s. 2003, dated 24 March 2003	Transfers POPCOM from the National Economic and Development Authority to the Office of the President “then attached to the Department of Health.”	<p>In 1971, POPCOM was placed by R.A. No. 6365 under the Office of the President. Under Letter of Implementation No. 37 dated 11 December 1975, it was attached to the Department of Health. On 30 January 1987, under E.O. No. 123, it was the attached to the Department of Social Welfare and Development. Three years later, on 18 June 1990, it was again transferred to the Office of the President by virtue of E.O. No. 408 dated 18 June 1990, but it was transferred again a year, this time to NEDA, under E.O. No. 476 dated 14 August 1991.</p> <p>The meaning of being “attached to DOH” was subsequently clarified in an advisory opinion of Hon. Manuel B. Gaité, Acting Deputy Executive Secretary for Legal Affairs, dated 21 May 2003 that it was only for purposes of policy and program coordination and will not affect the discharge by POPCOM of its functions under P.D. No. 79.</p>
Department of Health Administrative Order No. 132, s. 2004: Creating the DOH Natural Family Planning Program and its Program Management, dated 7 January 2004	<p>Establishes as a DOH mission to promote and teach, in partnership with local government units, NGOs, church groups and religious organizations, modern methods of natural family planning (NFP) to couples of reproductive age who prefer the approach over the use of artificial methods</p> <p>Declares the following NFP policies:</p> <p>(a) Recognition only of modern NFP methods that have been acknowledged by international authorities and NFP service providers, and subject to</p>	

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	<p>extensive testing to ascertain their efficacy and scientific validity (e.g., Billings Ovulation Method, Basal Body Temperature Method, Sympto-Thermal Method, and Lactational Amenorrhea Method)</p> <p>(b) Exclusion of methods that are not founded on fertility awareness on the part of the couple or of the woman whose ovulatory cycle is of concern</p> <p>(c) Use of Standard Days Method only as an adjunct with the other already established modern NFP methods</p> <p>(d) Fertility awareness as main mechanism of advocacy for NFP</p>	
<p><b>II. Implementation</b></p> <p><b>A. Program Management</b></p>		
<p>Department of Health Administrative Order No. 50-A s. 2001: National Family Planning Policy, dated 17 September 2001</p>	<p>Designates the DOH-Center for Family and Environmental Health as lead agency for family planning and management, with the POPCOM as primarily responsible for national population policy and advocacy.</p>	
<p>Department of Health Administrative Order No. 132, s. 2004: Creating the DOH Natural Family Planning Program and its Program</p>	<p>Mobilizes the DOH-Natural Family Planning Management Committee (DOH0NFPMC) to report to the Director of the National Center for Disease</p>	<p>The executive issuances ancillary to DOH A.O. No. 132, s. 2004, are:</p> <p>(a) DOH Department Order No. 107, s. 2004, issued on 5 January 2004, which created and identified the</p>

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Management, dated 7 January 2004	Prevention and Control and to coordinate the with the National NFP Committee. The DOH-NFPMC shall, among others, develop polices and guidelines for the strengthened implementation of the NFP Program and ensure that NFP is mainstreamed in all relevant DOH programs. Provides for the functions of the Regional NFP Program Manager.	composition of the DOH-NFPMC; (b) DOH Department Memorandum No. 152, s. 2003, issued on 24 November 2003, which, among others, directed the Centers for Health Development Directors and the Secretary of Health for ARMM to designate a point person as Regional NFP Program Manager who shall not, in any way, be connected with any existing FP Program associated with the use of artificial contraceptives or sterilization. The Memorandum emphasized that the "NFP Program is a distinct program that is totally independent of the Family Planning Program of the DOH." This should, therefore, be replicated throughout the entire DOH structure.
<b>B. Service Delivery</b>		
Department of Health Order No. 2-C, s. 1992: Voluntary Surgical Contraception (VSC) of PFPP, dated 2 July 1992	<b>Emphasizes the need to establish voluntary surgical contraception centers in all regional, provincial, city and district hospitals of government. However, determination, coordination and referral of cases will be made through the local government structures.</b>	
Department of Health Circular No. 33-B, s. 1994: Policy on Lactational Amenorrhea Method (LAM) as a Family Planning Method, dated 14 February 1994	<b>Directs the: a) Inclusion of LAM as an FP method option; b) Establishment of a set of implementing guidelines on FP delivery interface; training; LAM &amp; breastfeeding advocacy; supervision, monitoring and evaluation; IEC messages/materials; collaboration</b>	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
	among LGUs, NGOs, other GOs and the academe; c) Development of competencies at all levels to ensure effective breastfeeding & LAM implementation and monitoring; d) Maximization of the participation of women's, religious and other people-based groups in program implementation; and, e) Encouragement of further operational & clinical research on LAM/breastfeeding	
Department of Health Administrative Order No. 50-A s. 2001: National Family Planning Policy, dated 17 September 2001	Directs the DOH-CFEH to ensure the expansion of FP insurance benefits to include other FP services under the National Health Insurance Program. Requires all DOH-retained hospitals to ensure the provision of modern FP methods and to create itinerant teams available for dispatch to respond to the needs for surgical methods, especially in urban and rural poor communities.	
<b>C. Procurement, Distribution and Usage</b>		
Republic Act No. 7392, otherwise known as the "Philippine Midwifery Act of 1992", dated 10 April 1992	Defines the "practice of midwifery" as "performing or rendering, or offering to perform or render, for a fee, salary, or other reward or compensation, services requiring an understanding of the principles and application of procedures	This law supersedes R.A. 2644  The view that midwives cannot administer IUD without any written order from a physician has no basis under Republic Act No. 7392. The phrase "in carrying out the written order of physicians' refers to "antenatal, intra-natal and post-natal care

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	<p>and techniques in the supervision and care of women during pregnancy, labor and puerperium management of normal deliveries, including the performance of internal examination during labor except when patient is with antenatal bleeding; health education of the patient, family and community; primary health care services in the community, including nutrition and <u>family planning</u> in carrying out the written order of physicians with regard to antenatal, intra-natal and post-natal care of the normal pregnant mother in giving immunization, including oral and parenteral dispensing of oxytocic drug after delivery of placenta, suturing parietal lacerations to control bleeding, to give intravenous Vitamin K to the newborn . . .”</p>	<p>of the normal pregnant mother in giving immunization.” Hence, it may be argued that the authority granted by P.D. No. 79 to midwives to” provide, dispense and administer all acceptable methods of contraception” provided they have trained or authorized by POPCOM (or by its successor agency in the DOH) continues to hold. Further, the frontline role occupied by midwives in FP is evidenced by the fact that the definition of “practice of nursing” makes no express reference to family planning, unlike that of midwifery.</p>
<p>Department of Health Administrative Order No. 50-A s. 2001: National Family Planning Policy, dated 17 September 2001</p>	<p>Requires the Procurement and Logistics Service to ensure that quality, legally and medically safe contraceptives are available through the Contraceptive Distribution and Logistics Management Information System.</p>	

**SUMMARY OF HIV/AIDS LAWS & ISSUANCES**  
As of 12 April 2004

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<b>I. Policy</b>		
R.A. 8504: Philippine AIDS Prevention and Control Act of 1998 (Including Implementing Rules and Regulations issued by the Philippine National AIDS Council), approved 13 February 1998	Promulgates policies and prescribes measures for the prevention and control of HIV/AIDS in the Philippines; institutes a nationwide HIV/AIDS Information and Educational Program; establishes a comprehensive HIV/AIDS monitoring system, and strengthens the Philippine National AIDS Council (PNAC). Implementing rules and regulations were subsequently formulated by the PNAC.	
<b>DOH Administrative Order No. 2 s 1997: The National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases, dated 20 February 1997</b>	<b>Provides strategic directions for future activities and complements existing guidelines of the National AIDS/STI Prevention and Control Program</b>	
<b>DOH Administrative Order No. 7-C s. 1995: Revised Policies for the Prevention and Control of HIV Infections/AIDS in the Philippines, dated 30 March 1995</b>	<b>Amends Administrative Order No. 57-A s. 1989, and sets forth policies to prevent the spread of HIV in the country. The policy statements cover: Management of the National AIDS Control Program; Information, Education &amp; Communication; Protective Measures to contain the spread of HIV; blood and blood</b>	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
	<p>products; HIV anti-body testing; patient confidentiality; HIV/AIDS statistics; Health care services; Discriminatory practices; AIDS in the workplace; and Empowerment of people with AIDS</p>	
<p><b>II. Implementation</b></p> <p><b>A. Program Management</b></p>		
<p>Department Circular No. 51-A, s. 1987: Formation of Local AIDS Control Committee, dated 27 May 1987</p>	<p>Directs city and provincial health officers to form local AIDS control committees consisting of, among others, representatives from the Department of Education, Culture and Sports, Social Welfare and Development, and the Mayor's Offices. The Local AIDS Committee shall: a) Draft a local AIDS control plan; b) Formulate a rehabilitation plan for infected individuals; and c) Monitor the enforcement of the Sanitation Code.</p>	

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<p>Department Order No. 196, s. 1987: Designation of all City Health Officers as Ex-Officio Members of the AIDS Prevention and Control Committee of the Department of Health, dated 7 August 1987</p>	<p>Directs City Health Officers to assume responsibility over the local AIDS Control Committees</p>	
<p>Department of Health Order No. 52-B, s. 1993: Creation of the DOH-AIDS Prevention Committee, dated 8 February 1993</p>	<p>Creates the DOH-AIDS Prevention Committee</p>	
<p>Administrative Order No. 78 s 2002: Amendment to Administrative Order No. 7-C s.2001 Section A 1, 1.1, 2, 2.1 (Decentralization of some regulatory functions of the Bureau of Health Facilities and Services on Clinical Laboratories and HIV Testing Laboratories to the Centers for Health Development in the Transition Phase), dated 7 February 2002</p>	<p>Stipulates that the Bureau of Health Facilities shall conduct the inspection of clinical and HIV testing laboratories based in tertiary category hospitals, while those located in secondary and primary hospitals shall be inspected by the Centers for Health Development, prior to renewal of licenses to operate.</p>	<p>Amends DOH A.O. No. 7-C, s. 2001, which earlier decentralized to CHDs the renewal of license to operate clinical laboratories and accreditation for HIV testing laboratories in the Transition Phase.</p>

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<b>B. Service Delivery</b>		
Department Order No. 93-B, s 1987: Designation of the Research Institute for Tropical Medicine as National Reference Laboratory for Testing for Human Immunodeficiency Virus (HIV), dated 21 May 1987	Enumerates the functions of RITM as National Reference Laboratory for Testing for Human Immunodeficiency Virus	
Department Circular No. 47, s. 1987: Revocation of Licenses of Hospitality Girls found Positive for Antibody Against the Human Immunodeficiency Virus (AIDS Virus), dated 21 May 1987	Directs city health officers and rural health physicians to revoke licenses and provide counseling to commercial sex workers found positive for HIV/AIDS	
Administrative Order No. 18 s. 1995: Revised Guidelines in the Management of HIV/AIDS Patients in the Hospital, dated 21 November 1995 (Amended by Administrative Order No. 9 s. 1997)	Amends A.O. No. 27. Specific objectives are: (a) To organize HIV/AIDS Core Teams in each DOH hospital; (b) Formulate standardized guidelines in the management of HIV/AIDS; ( c) Provide holistic care to HIV/AIDS infected patients, their families and significant others, including referrals and networking with NGOs and GOs; (d) To develop human resources necessary to carry out the guidelines; (e) To implement and operationalize HIV/AIDS related programmes in the hospital	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
Administrative Order No. 9 s 1997: Amendment to Administrative Order No. 18 s. 1995 Regarding the Guidelines in the Management of HIV/AIDS Patients in the Hospital, dated 10 May 1997	Amends A.O. No. 18 to include provisions on: (a) Criteria for the selections of HIV/AIDS Core Team (HACT) leader and members; (b) Guidelines on the performance of HIV/AIDS Screening Test on the referral system	
Administrative Order No. 16-A s 1997: Guidelines for the Management of Asymptomatic Women with RTI/STD, dated 26 August 1997	Provides directions on early case finding of asymptomatic women with RTI/STD in order to provide early treatment and prevent complications; also establishes standards for risk assessment, training, and referral for managing asymptomatic women with RTI/STD	
Administrative Order No. 5-A s. 2003: Revised National Sexually Transmitted Infections (STI) Case Management Guidelines, dated 10 January 1993	Amends A.O. No. 5 s. 1998 by providing improved guidelines on the management of vaginal discharge in women. These guidelines are seen to be more cost-effective and have a better diagnostic validity than previous guidelines, and useful for health facilities with limited capabilities for etiological diagnosis of STI among patients with RTI and STI.	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<b>C. Procurement, Distribution and Usage</b>		
Republic Act No. 8293, otherwise known as the "Intellectual Property Code of the Philippines", approved 6 June 1997	Provides for strict patent rules.	Relevant if the required HIV/AIDS medicines are covered by Philippine patents. The Philippines has adopted the national exhaustion principle, which can be invoked by a patent owner to prevent the parallel import of patented drugs into the country.
Department Memorandum No. 5 s. 2002: Utilization of Family Planning Condoms for Use of the National AIDS/STD Prevention and Control Program and the Designation of Selected NGOs as Additional CDLMIS Condom Delivery Sites, dated 7 January 2002	Directs that FP condoms supplied through the Contraceptive Delivery Logistics Management Information System (CDLMIS) of the DOH should routinely be made available for use of the National AIDS/STD Prevention and Control Program, and designates selected NGOs as additional CDLMIS condom delivery sites	

**SUMMARY OF Anti-TB LAWS & ISSUANCES**  
As of 12 April 2004

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<b>I. Policy</b>	
<p>Department of Health Circular No. 238, s 2003: Guidelines on the Use of Fixed-Dose Combination (FDC) Anti-TB Drugs Under the National TB Program (NTP), dated 30 July 2003</p>	<p>Declares the policy shift of the National TB Control Program from single-drug formulation Short Course Chemotherapy to fixed dose combinations for the following reasons: (i) enhanced treatment compliance; (ii) simpler management of drug supply; (iii) prevention of monotherapy or selective intake of ant-TB drugs; and (iv) reduction of risk of using Rifampicin for conditions other than TB. The Guidelines for the shift to FDCs are likewise provided.</p>
<p><b>II. Implementation</b></p> <p><b>A. Program Management</b></p>	
<p>Administrative Order No. 2, s. 2000: Implementation Arrangement for the Project Entitled Establishment of the National Tuberculosis Reference Laboratory, dated 1 March 2001</p>	<p>Prescribes guidelines on implementation of the National Tuberculosis Reference Laboratory, particularly, the roles and responsibilities of the project's key players, namely, the heads of the Research Institute for Tropical Medicine (RITM) and the National Center for Health Facility Development, and the Bureau of International Health Cooperation. The definition of roles ensure that: a) the project objectives are in line with the overall objectives of the Health Sector Reform Agenda, particularly its Public Health Programs Reforms, and b) objectives of the project are accomplished on time, within budget, and in conformity with sound technical performance standards</p>

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<p>Department of Health Order No. 96-L, s.2003: Creation of Technical Working Groups for TB and Malaria Project Implementation Under the Global Fund for AIDS, TB and Malaria (GFATM), dated 21 May 2003</p>	<p>Creates Technical Working Groups for, among others, the TB Project to ensure project implementation and facilitate timely release of funds from the Global Fund for AIDS, TB and Malaria.</p>
<p><b>B. Service Delivery</b></p>	
<p>Department Circular No. 63, s 1988: Revised Manual of the National TB Control Program, dated 8 April 1988</p>	<p>Approves and directs the adoption of a new manual of procedures for the NTP.</p>
<p>Administrative Order No. 24-A s. 1996: Guidelines on the implementation of the Directly Observed Treatment of Short Course Chemotherapy (D.O.T.S.) or "Tutok Gamutan" of TB Patients, dated 8 July 1996</p>	<p>Defines: a) Target groups for DOTS; b) Persons who can serve as treatment partners of TB patients; c) Places and duration of supervised treatment; d) Procedures for carrying out DOTS; and e) End-of-treatment Assessment and evaluation.</p>
<p>Administrative Order No. 24-A s. 1997: Guidelines in the Implementation of Hospital-Based TB Control Program under the Hospitals as Centers of Wellness Program,</p>	<p>Defines how DOH retained hospitals should participate in the implementation of the National TB control Program under the Hospitals as Centers of Wellness Program. Among others, the guidelines direct the organization of a TB Committee in the hospital, and a TB Clinic to be part of the hospital's outpatient services. Drugs and supplies are to be provided by the DOH regional field offices, except in NCR where these shall be directly provided by the</p>

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
dated 21 October 1997	DOH-TBCS. Provisions on policies and procedures covered: a) TB prevention; b) Case finding; c) Treatment and Case holding; d) Health Education/Community Involvement; e)Supervision, Monitoring and Evaluation; e) Logistics; f) Records and reports; g) Referral System; and h) Research and training
<b>C. Procurement, Distribution and Usage</b>	
Administrative Order No. 25 s. 1998: Guidelines for the Procurement of Anti-TB Drugs at the Regional Health Offices Using the 1998 National Tuberculosis Program (NTP) Funds, dated 11 December 1998 (Amended by A.O. No. 26 s. 1998)	Addresses the problem of delays in the procurement of anti-TB drugs. Decentralization of procurement to the DOH Regional offices (or CHDs) was seen to fast-track purchase and distribution of TB drugs; hence funds of the National TB Control Program for drugs for 1998 were sub-allotted to the CHDs. The guidelines cover: a) The amount of funds to be sub-allotted per region, including criteria for allocation; b) The kinds of anti-TB drugs to purchase; c) procedure for allocation and distribution of drugs by CHDs; and d) central office monitoring arrangements
Administrative Order No. 19 s. 1999: Guidelines on the Utilization of Funds (Sub-Allotment) for the Procurement and Distribution of Anti-TB Drugs for the National TB Control Program Using 1998 CONAP and 1999 GAA, dated 11 June 1999	Prescribes a new procurement procedure for anti-TB drugs which will involve the conduct of two national competitive biddings by the DOH Central Office to determine: 1) the unit price of each anti-TB drug to be delivered by the supplier to each Regional Office, and 2) the distribution price (for delivery from the Regional Health Offices to the different RHUs). The Regional offices shall then be informed of the price of the drug and the distribution price, whereupon each office can place orders with the winning supplier, who shall deliver the goods directly to the RFHO warehouse. The RFHO shall effect payment to the supplier, and subsequently contract the services of the winning distributor for delivery of the drugs to the different RHUs.
Administrative Order No. 39, s 1999: Guidelines on the Utilization of Funds (Sub-Allotment) for the Procurement	Provides guidelines for procurement of TB staining kits by the 15 Regional Field Health Offices (RFHO). The supplier shall be the winning bidder in the national competitive bidding conducted by the DOH Central office in May 1998. DOH Central shall furnish the RFHOs

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<p>of TB Staining kits for the National TB Control Program Using 1998 Continuing Appropriations (P 9.6 M), dated 9 September 1999 (Amended by Administrative Order No. 150, s. 2000)</p>	<p>with the bidding document, whereupon the latter shall issue purchase orders to the supplier and be responsible for payment. Supplies shall be delivered directly by the supplier to the RFHOs, but distribution to provinces/cities shall be done by the RFHOs. The Bureau of Research and Laboratory (BRL) of DOH Central shall be responsible for the qualitative analysis of the TB kits prior to delivery of the items to the RFHOs, based on samples from the supplier's warehouse.</p>
<p>Administrative Order No. 1-A: Transitory Guidelines for the Utilization of DOH-Procured Anti-Tuberculosis Drugs; Blister-Packed and Loose Preparations, for Short-Course Regimens of Patient Classifications, dated 1 February 1995</p>	<p>Serves as a temporary guide to the allocation, distribution and utilization of anti-TB drugs by the DOH Central Office to DOH Integrated Regional Field Offices and NGOs, pending the circulation of the approved new Manual of Operations of the NTP.</p>

**SUMMARY OF VITAMIN A LAWS & ISSUANCES**  
As of 12 April 2004

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<b>I. Policy</b>	
Republic Act No. 8976 (Food Fortification Law)	Mandates the fortification of rice and flour with micronutrients, including Vitamin A.
<b>II. Implementation</b>  <b>D. Program Management</b>	
<b>E. Service Delivery</b>	
Department of Health Circular No. 197-A, s. 89: Guidelines on Vitamin A Supplementation for the Prevention of Vitamin A Deficiency, xerophthalmia and Nutritional Blindness (Superseded by DOH Circular No. 102-A, s. 1991), dated 13 October 1989	Provides guidelines for the classification and management of individuals identified as high risk for developing Vitamin A deficiency, xerophthalmia and nutritional blindness.
Department of Health Circular No. 102-A, s. 1991: Revised Guidelines	Revises the guidelines set forth in A.O. No. 197-A, s. 1989.

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<p>on Vit. A Capsule Supplementation for the Prevention of Vit. A Deficiency, Xerophthalmia and Nutritional Blindness (Superseded by Department of Health Circular No. 52-A, S. 1993), dated 14 June 1991</p>	
<p>Department Circular No. 60-A, s. 1992: Implementing Guidelines on the Giving of Vitamin A During Routine Measles Immunization of the Expanded Program on Immunization, dated 15 April 1992</p>	<p>Provides the implementing guidelines for giving Vitamin A during routine measles immunization.</p>
<p>Department of Health Circular No. 52-A, s 1993: Revised Guidelines on High Dose Vitamin A Capsule Supplementation for the Elimination of Vitamin A Deficiency, dated 23 March 1993 (Amended by Administrative Order No. 3-A s.2000) [DEEMED REPEALED BY A.O. NO. 199, s. 2003]</p>	<p>Supersedes Department Circular No 102-A s. 1991. Directs the adoption as principal preventive measures of Vit. A Deficiency, the periodic supplementation of target populations with large doses of Vit. A, and dietary and nutrition education of mothers to increase the family intake of Vit. A rich-foods. It identifies and ranks by order of priority the population for Vit. A supplementation, which includes Vit. A deficient children 0-83 months old, infants 9-12 months old, high-risk pre-schoolers and school children, and lactating mothers, and prescribes the supplementation protocol for each of these target groups. Other provisions relate to packaging, handling and storage of Vit. A capsules, and nutrition messages to be disseminated to each target group.</p>
<p>Department of Health Administrative Order No. 3-A s. 2000: Guidelines on Vitamin A and Iron Supplementation [REPEALED BY A.O. NO. 119, s. 2003]</p>	<p>Provides updated standards/guidelines for the prevention and control of micronutrient deficiencies, including Vitamin A</p>

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS
<p>Department of Health Administrative Order No. 102-A, s. 2002: Supplemental Guidelines on the Usage of 10,000 I.U. Vitamin A for Pregnant Women under the Vitamin A Supplementation Program, dated 22 April 2002</p>	<p>Provides supplemental guidelines to A.O. No. 3-A s. 2000, relating to: a) Preventive supplementation for pregnant women without signs and symptoms of Vitamin A deficiency; and b) Therapeutic Supplementation for pregnant women with signs and symptoms of Vitamin A deficiency like night blindness</p>
<p>Department of Health Administrative Order No. 119, s. 2003: Updated Guidelines on Micronutrient Supplementation (Vitamin A, Iron and Iodine), dated 2 December 2003</p>	<p>Repeals A.O. No. 3-A s. 2000. Provides updated guidelines on micronutrient supplementation, including for Vitamin A.</p>
<p><b>F. Procurement, Distribution and Usage</b></p>	
<p>Department Circular No. 77-C s. 2003: Use of Vitamin A 10,000 I.U., dated 7 March 2003</p>	<p>Prescribes that Vitamin A 10,000 IU procured by foreign-assisted projects which are near expiry dates be used for post-partum women, especially in areas with no or limited supply of Vitamin A 200,000 IU.</p>

**SUMMARY OF CROSS-CUTTING LAWS & ISSUANCES**  
As of 12 April 2004

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<b>I. Policy</b>		
1987 Constitution of the Republic of the Philippines	<p>Declares the right to health as a State policy:</p> <p>Art. II, Sec. 15. - "The State shall protect and promote the right to health of the people and instill health consciousness among them."</p>	<p>In <i>Oposa, et al. v. Factoran, et al.</i>, G.R. No. 101083 (30 July 1993), the Supreme Court declared Art. II, Sec. 15 as a source of positive right that is directly enforceable through judicial action. This despite its being under the Declaration of Principles and State Policies section of the Constitution and not under the Bill of Rights. The Court held that "[a]s a matter of fact, these basic rights [which include the right to health] need not even be written in the Constitution for they are assumed to exist from the inception of humankind. If they are now explicitly mentioned in the fundamental charter, it is because of the well-founded fear of its framers that unless the rights to a balanced and healthful ecology and to health are mandated as state policies by the Constitution itself, thereby highlighting their continuing importance and imposing upon the state a solemn obligation to preserve the first and protect and advance the second, the day would not be too far when all else would be lost not only for the present generation, but also for those to come generations which stand to inherit nothing but parched earth incapable of sustaining life."</p>

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<p>Republic Act No. 5921, otherwise known as the "Pharmacy Act of the Philippines</p>	<p>Provides for, among others, the control and regulation of the practice of pharmacy in the Philippines.</p> <p>Sec. 27 – "Every pharmacy, drugstore or hospital pharmacy, whether owned by the government or a private person or firm, shall at all times when open for business be under the personal and immediate supervision of a registered pharmacist: Provided, that no pharmacist shall have personal supervision of more than one such establishment. In case where a drug establishment operates more than one shift, each shift must be under the supervision and control of a registered pharmacist."</p>	<p>Later amended by Executive Order No. 174 dated 22 May 1987. Sections relating to: a) responsibility for safety, efficacy, quality and purity of drugs; b) penal provisions for making false representation as a pharmacist; and c) the definition of "drug" were modified.</p> <p>There is the view that the requirement of having a registered pharmacist, even if the products are over-the-counter, adversely impacts upon the distribution process of pharmaceutical products, including those intended for family planning purposes.</p>
<p>Republic Act No. 7160, otherwise known as the "Local Government Code of 1991", approved 10 October 1991</p>	<p>Declares local autonomy as State policy and provides for the operative principles of decentralization. Sets forth the powers and responsibilities of the local government units (LGUs).</p> <p>Recognizes every LGU as both a political subdivision of the National Government and as a corporate entity representing the inhabitants in its territory. Among its corporate powers</p>	

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	<p>are the power to enter into contracts and exercise such powers as are granted to corporations, subject to limitations provided in the Code or other laws. As a rule, the local chief executive cannot enter into a contract in behalf of the LGU without the prior authorization by its <i>sanggunian</i>.</p> <p>Includes health services as part of the basic services that the LGU must provide its constituents.</p>	
<p>Republic Act. No. 7305: The Magna Carta of Public Health Workers, approved 26 March 1992, and its Implementing Rules and Regulations</p>	<p>Mandates the grant of certain benefits to improve the social and economic well-being, living and working conditions, skills and terms of employment of health workers. There are specific provisions on hours of work, salaries and allowances, housing, leave and retirement benefits, and other rights and privileges of health workers.</p>	<p>There is the view that R.A. No. 7305, by expressly requiring the grant of certain benefits (e.g., hazard pay) has made it difficult for LGUs to expand their health services. It has given an entitlement to the health workers without the commensurate increase in the resources of the LGUs. There is no distinction in the Magna Carta as regards the ability to pay of the LGUs.</p>
<p>Republic Act No. 7875: An Act Instituting a National Health Insurance Program For All Filipinos And Establishing The Philippine Health Insurance Corporation For The Purpose</p>	<p>Mandates the creation of a national health insurance system and the establishment of PHILHEALTH. The health insurance system is to cover those employed, self-employed and indigents. LGUs to cover portion of</p>	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
(National Health Insurance Act of 1995), approved 14 February 1995	the health insurance premiums of the indigents.	
<b>II. Implementation</b>  <b>G. Program Management</b>		
<b>H. Service Delivery</b>		
Department Circular No. 195, s. 1993: Policies and Guidelines for the Implementation of Hospitals as Centers of Wellness Program, dated 1 December 1993	Directs DOH- retained hospitals to take the lead in preventing diseases and promoting healthy lifestyles among patients and their families, hospital personnel and the general public. This includes strengthening, among others, the following promotive/preventive programs: a) Mother & Baby Friendly Hospital Initiative; b) Anti-smoking campaign; c) Family Planning Program; d) Maternal Care and Under five's clinic; e) Blindness and Prevention Program; and f) AIDS prevention, education and care. It also directs the development of one or more other programs suitable to the needs of specific localities, which includes Pulmonary TB Control.	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<p><b>I. Procurement, Distribution and Usage</b></p>		
<p>Department Order No. 104-C s. 1991: Mandatory Use of the Philippine National Drug Formulary (PNDF) Vol. I as the Basis for Procurement of Drug Products by the Department of Health (Amended by Department Order No. 31-F, s 1993), dated 4 April 1991</p>	<p>Directs the use of the PNDP Vol. I (or Essential Drugs List) in place of the DOH Drug Formulary in the requisition of drug products by regional, provincial, district and city health offices, specialty and regional hospitals, national medical centers, and sanitarium. The respective Therapeutic Committees in these DOH field units and health facilities shall determine the types and quantities of drug products to be procured based on the PNDP. Procurement of drugs and medicines for RHUs as well as primary care and municipal hospitals shall continue to be based on the list of Primary Medical Care Drugs (PMCD) prepared by the National Drug Committee. Where the required drugs are not listed in the PMCD and the PNDP, the agency or health facility shall write a request to the DOH justifying the purchase and approval. The DOH may refer such request to the National Drug Committee (NDC), as needed.</p>	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
<p>Department Order No. 31-F, s.1993: Amendment of the Mandatory Use of the Philippine National Drug Formulary (PNDF) As Basis for Procurement of Drug Products by the Department of Health, dated 25 January 1993</p>	<p>Allows DOH hospitals and other offices to buy drugs/medicines made from plan materials that have complied with the requirements of the Bureau of Food and Drugs.</p>	
<p>Administrative Order No. 23-C s. 2000: Policies and Guidelines on Over the Counter (OTC) Drug Products, dated 9 March 2000</p>	<p>Contains: a) a definition of OTC drugs; b) Criteria for Classification as an OTC Drug; c) Procedure for the Registration of OTC Drug Products; and authority of the Secretary of Health to Revoke/Withdraw the approval of the Classification of a drug as OTC</p>	

TITLE OF LAW OR ISSUANCE	DESCRIPTION/ RELEVANT PROVISIONS	REMARKS
Executive Order No. 40: Consolidating Procurement Rules and Procedures for All National Government Agencies, Government-Owned or Controlled Corporations and Government Financial Institutions, and Requiring the Use of the Government Electronic Procurement System (Including subsequent Implementing Rules and Regulations)	<b>As stated in the title.</b>	