

**[DOH ADMINISTRATIVE ORDER NO. 2009-0008,
March 12, 2009]**

**GUIDELINES FOR THE ADOPTION OF MORE EFFICIENT AND
EFFECTIVE DEVELOPMENT APPROVAL, AND IMPLEMENTATION
OF PIPH/AOP UNDER FOURMULA ONE FOR HEALTH**

I. BACKGROUND AND RATIONALE

The nationwide rollout of implementation of FOURmula One (F1) to 81 F1 sites requires a more efficient process for development, approval and implementation of Province-wide Investment Plans for Health (PIPH) and its Annual Operational Plans (AOP). Fast tracking F1 reforms under a Sectoral Development Approach (SDAH) for Health will accelerate achievement of Millennium Development Goals (MDG) in the country.

Resources and energies for F1 must be maximized. Various procedural delays experienced in the development, approval and implementation of PIPH and AOPs in the country must be addressed. Specific areas for improvement are seen in (i) Complex and confusing instructions and guidelines for PIPH development, (ii) very centralized management of processes from DOH Central Office and SDAH partners, (iii) duplication of transactions for approving AOP and SLA, (iv) repetitive review process at various levels, and (v) low fund utilization of (40-50%) emanating from various delays and many restrictions on the release of funds for Province-wide Health Systems (PWHS) to initiate implementation of their PIPH.

II. OBJECTIVES

General Objective:

This Administrative Order seeks to provide guidelines for improving procedural efficiency relevant to development, approval and implementation of the F1 PIPH and AOP

Specific Objectives:

1. Reduce duration of procedures involved
2. Omit duplication of functions and procedures
3. Delineate specific purpose, roles and functions for all relevant stakeholders

III. KEY PRINCIPLES & STRATEGIES

1. *Streamlining of Process Flows* to simplify and shorten the process of submission and approval of documents and facilitate the release of funds for reform implementation.
2. *Empowerment of the CHD as a Major F1 Player* by giving them a more active role in the appraisal of the PIPH and AOP.

3. *Enhancement of Joint Appraisal Committee (JAC) Review* with a more focused format that facilitates substantive application of JAC resources on PIPH/AOPs of local government partners.

IV. SCOPE AND COVERAGE

This Order shall apply to all bureaus, national centers, services and CHDs of the DOH. This shall also serve as a guideline for LGUs and ARMM with respect to the provision of the Memoranda of Agreement (MOAs) that has been consummated for purposes of the PIPH/AIPH. This shall also be binding upon members of the Joint Appraisal Committee (JAC), pursuant to the implementation of the Sectoral Development Approach for Health (SDAH). It shall also cover all transactions related with PIPH/AIPH development and implementation.

V. DEFINITION OF TERMS

1. **F1** – *FOURmula One for Health* – a strategic framework for health reforms formulated by DOH using four pillars (Service Delivery, Health Care Financing, Health Governance and Health Regulation) in attaining the National Objectives for Health and the Millennium Development Goals for Health.
2. **F1 Sites** – provinces or highly urbanized cities considered as implementation sites for F1 for Health.
3. **MDG** – UN Millennium Development Goals – worldwide effort to attain the following goals by 2015: alleviate extreme poverty and hunger; achieve universal primary education; promote gender equality & empower women; improve maternal health; reduce infant mortality; combat HIV/AIDS, Malaria, TB, Filariasis, etc; ensure environmental sustainability; and develop a global partnership for development.
4. **PIPH** – Provincial-wide Investment Plan for Health – a five-year medium term plan prepared by F1 convergence provinces using the *FOURmula ONE* for Health framework to improve the highly decentralized system: financing, regulation, good governance and service delivery.
5. **AOP** – Annual Operation Plan - specifies program activities for the year including activities covered by Service Level Agreement, within the annual investment cost – as reflected in the five-year PIPH for all sources of funds (i.e. PLGU, MLGU, Development Partners Support, DOH budget support, PHIC, etc.)
6. **JAC** – Joint Appraisal Committee – a committee headed by the DOH Secretary, DOH Sectoral Management Cluster Head and PhilHealth President as co-chair; and the heads of the DOH National Centers and all government agencies involved in health programs as well as representatives from development partners as members. The committee appraise the PIPH before it is endorse to the development partners for funding, it also provides guidance and recommends appropriate action for investment planning in health reforms.
7. **SDAH** – Sectoral Development Approach for Health – a way of organizing the planning and management of international and national support for health reform under the *Fourmula One* framework. It aims to eventually involve all Partners supporting the Health Sector.

8. **SLA** - Service Level Agreement – a signed agreement between the DOH and each of the F1 sites that defines the outputs and milestones to be reached, the amount of funds to be provided through a grant from ODA Partners and the DOH’s counterpart contributions and requirements pertaining to the release of said funds.

9. **MOA** – Memorandum of Agreement – a signed agreement between the DOH and each of the F1 sites that formalize the collaboration in the implementation of the PIPH and to define the general roles and responsibilities of each of the two parties including financing support from DOH.

10. **CHD** – Center for Health Development – the regional office of DOH headed by the Regional Director.

11. **PWHS** – Provincial Wide Health System - a devolved health system headed by the Provincial Governor.

12. **Primary TA Provider** – Primary Technical Assistance Provider refers to a team or individual with technical expertise provided by Health Partners to assist the CHDs in the development and appraisal of PIPH and AOPs including the presentation of the plan appraisal report for JAC review.

13. **MNCHN** – Integrated Maternal, Neonatal, Child Health and Nutrition Strategy – this is a F1 Health approach that outlines the specific policies and actions for local health systems to systematically address health risk that lead to maternal and neonatal deaths.

V. GENERAL GUIDELINES

A. Development and appraisal of PIPHs and AOPs will be in accordance with existing guidelines, subject to revisions and focal themes provided for in this issuance.

B. The Service Level Agreement (SLA) and the Annual Operational Plan (AOP) for 2009 shall be processed and integrated as one document. The CHDs shall also be responsible for approval of agreements on the AOPs. The Secretary of Health will approve the Memoranda of Agreement for all PIPHs.

C. Detailed appraisal of new PIPHs and of all AOPs shall be delegated to CHDs.

D. JAC Review of PIPH/AOPs will focus on health outcome results orientation, impact on poor population, and matching plans with available funds.

E. Key local government officials will present their PIPH while key officials of the CHDs will present the AOPs to the JAC. Primary TA providers assigned to the CHD will assist in the appraisal and presentation of PIPHs/AOPs.

F. JAC Review recommendations will serve to enrich PIPHs/AOPs reviewed. The JAC recommendation shall not be cause to hold back immediate implementation of PIPHs/ AOPs, specifically those initiatives funded by the LGU counterpart.

VI. SPECIFIC GUIDELINES

A. Development and Appraisal of PIPH

1. PIPH development and appraisal shall give particular care to the following: