

**[DOH ADMINISTRATIVE ORDER NO. 7-A, s. 1993,
January 21, 1993]**

**IMPLEMENTING GUIDELINES AND PROCEDURES ON THE
TRANSFER OF HEALTH FUNCTIONS IN THE AUTONOMOUS
REGION IN MUSLIM MINDANAO (ARMM)**

Pursuant to the pertinent provisions of RA 6734 relative to health in the Autonomous Region in Muslim Mindanao (ARMM) as implemented by Regional Executive Order No. 39 issued on October 31, 1991 by the ARMM Secretary of Health and by Department Orders No. 428, 429 and 430 series of 1991 signed by the National Secretary of Health, the following implementing guidelines on the transfer of health functions in the ARMM are hereby promulgated.

I

General Policy Guidelines

To ensure the effective and immediate operationalization of the ARMM Department of Health (ARMM-DOH), covering the provinces of Tawi-tawi, Sulu, Maguindanao, and Lanao del Sur, the following provisions of RA 6734 shall serve as the policy guidelines:

1. Powers devolved to the Autonomous Region shall be exercised through the Regional Legislative Assembly, the Regional Governor, and the Special Courts provided (Art. IV, Section 2).
2. The Autonomous Region is a corporate entity with jurisdiction in all matters devolved to it including, among others, social development (including health) and the powers, functions, and responsibilities now being exercised by the National Department of Health (Art. V, Section 2).
3. The Regional Government shall provide, maintain, and ensure the delivery of basic health services (Art. III, Section 2) and promote social justice, including the provision of health services and adoption of measures to enhance health conditions (Art. XVI, Section 2).

II

Mandate

Consistent with these policy guidelines, the Regional Government shall assume the primary mandate for the government functions in the field of health. In order to operationalize the transition period and the assumption of the devolved health functions by the Regional Government, the following mandates shall be observed:

1. Mandate of the Regional Government for Health in the ARMM — The Regional Governor, through the ARMM-DOH, shall assume the mandate of the National DOH as far as the area and population within the boundaries of the ARMM are concerned and shall be vested with the following powers and functions:

- 1.1 Formulation, planning, implementation, and coordination of health policies and programs;
- 1.2 Promotion, protection, preservation, or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services;
- 1.3 Enforcement of health rules and regulations; and
- 1.4 Linkage with non-government organizations (NGOs) and other private organizations and entities in relation to health care delivery.

2. Mandate of the Regional Legislative Assembly — The Regional Legislative Assembly shall assume the power to legislate on health matters in the ARMM particularly the structure, functions, budget, and programs of the ARMM-DOH as well as health policies and priorities consistent with national laws and national health standards.

3. Duties and Responsibilities of the ARMM Secretary of Health — The ARMM Secretary of Health shall have the following duties and responsibilities:

- 3.1 Ensure the provision, maintenance, and delivery of basic health education and services to all his constituents, particularly the marginalized, deprived, disadvantaged, underprivileged and disabled;
- 3.2 Initiate or support measures to expand health services; encourage the rational use of drugs, promote utilization of indigenous health resources, improve maternal and child health, and uplift the health status of indigenous population; and
- 3.3 Perform such other duties mandated by national and regional legislations, executive orders, and other rules and regulations promulgated in accordance with RA 6734.

III Implementing Guidelines

To properly establish and develop the administrative and technical capabilities of the ARMM-DOH, its operation shall be implemented in two phases, namely, the Full Transfer Phase and the Implementation Phase.

A. Full Transfer Phase

1. The Full Transfer Phase shall have a transition program which shall last until such time that the President shall have signed an Executive Order implementing full transfer of power and functions to ARMM. The implementation of this program shall attain the following objectives:

- 1.1 to establish the core staff that shall serve as the precursor of the ARMM-DOH and orient this core staff on the policies, processes, and procedures of the National DOH regarding regional health operations;

1.2

to arrange for the provision of essential technical, administrative, legal, and financial assistance and support required by the ARMM-DOH;

1.3 to transfer the functions and powers of the National Secretary of Health, including control and supervision over all devolved National DOH personnel, units, facilities, programs, assets, and liabilities, to the ARMM Secretary of Health; and

1.4 to devolve the powers and functions of the National Government relative to health to the ARMM Regional Government upon the signing by the President of an Executive Order to this effect.

2. Specific Procedures

2.1 Management of Records and Reports

a. All records of ARMM provinces still remaining in the National DOH and Regional Health Offices IX and XII shall be turned over to the ARMM-DOH not later than March 1993.

b. The National DOH shall access to pertinent ARMM-DOH records and reports necessary for monitoring and evaluation of health status and formulation of health standards and policies at the national level

2.2 Appointment of Personnel

a. Effective June 1, 1993, the appointment papers of health personnel within the authority of the ARMM Secretary of Health shall be approved by him, subject to Civil Service rules and regulations, national laws, and legislations passed by the Regional Legislative Assembly.

b. All previous appointments prepared and signed by the ARMM Secretary of Health prior to June 1, 1993 shall be confirmed by the Regional Directors of RHO IX and RHO XII subject to Civil Service rules and regulations.

2.3 Administrative Cases

a. Administrative cases that have been filed with and investigated by the National DOH shall remain with and decided by the National DOH until completion.

b. Administrative cases filed with but have not been investigated by the National DOH as of January 1, 1993 shall be turned over to the ARMM-DOH for proper disposition.

2.4 Inventory of Assets and Liabilities

a. The National DOH, through Regional Health Offices IX and XII, shall complete and transfer the inventory of assets and liabilities pertaining to the devolved provinces not later than March 1993.

2.5 Non-infrastructure Projects

a. The National DOH, through Regional Health Offices IX and XII, shall prepare a report on the status of all non-infrastructure projects in various stages of implementation to be submitted to the ARMM-DOH not later than March 1993.

b. All on-going non-infrastructure projects started by the National DOH shall be continued and completed. All subsequent fund releases for new non-infrastructure project starting January 1, 1993 shall be administered by the ARMM-DOH.

2.6 Supplies, Materials, and Equipment

a. The existing system of distribution of supplies, materials, and equipment of national vertical programs and foreign-assisted projects in the ARMM provinces shall continue. In this regard, the National DOH shall deliver such supplies, materials, and equipment directly to the ARMM-DOH whenever appropriate and feasible.

2.7 Bulk Procurement

a. The ARMM-DOH shall decide on the most advantageous and convenient manner of undertaking regional bulk procurement based on standards developed by the National DOH.

2.8 Vaccines

a. Regional Health Offices IX and XII shall continue receiving and distributing vaccine supplies for ARMM provinces until such time that the ARMM-DOH shall have established sufficient cold chain capabilities.

b. ARMM provinces shall request vaccine requirements to National DOH through Regional Health Offices IX and XII, with copy furnished to ARMM-DOH. Accordingly, existing system of distribution and consumption shall be followed.

2.9 Licensing of Hospital

a. The National DOH, through Regional Health Offices IX and XII, shall assist the ARMM-DOH in the issuance of licenses for hospitals until such