



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

MAR 2 1 2013

ADMINISTRATIVE ORDER
No. 2013 - 0013

SUBJECT: National Policy and Strategic Framework on Adolescent Health and Development

I. BACKGROUND AND RATIONALE

The twenty million (19,844,578) adolescents age 10-19 years comprise 21.5% of the country's population (NSO, 2010). Thus, they are essential to achieve the Millennium Development Goals and should be part of the national strategy to reduce poverty. Adolescents face many threats to their health and well-being. While mortality rate in this age group are low, they are susceptible to conditions that are related to their increased mobility, socialization (Valenzuela-Teoxon, 2007), and risk-taking behavior. One in every 10 young women ages 15-19 is already a mother, doubling the likelihood of maternal death compared to those over 20 years (DOH, UNFPA, WHO, 2002) and increasing the risk of dropping out of school and facing limited economic opportunities. Sixteen (16) percent of abortion attempts occur among teenagers (Singh, 2006). Sexually Transmitted Infections, HIV and AIDS, drugs, alcohol, and smoking are also on the rise among adolescents. Drowning and transport accidents are among the top five causes of death among the 10-14 and 15-19 age group (DOH, 2005). Three percent of young people ages 15-27 have attempted to commit suicide (UPPI/DRDF, 2002). Issues of assault and bullying are also causing increasing concern among parents, educators, and adolescents themselves.

Administrative Order 34-A, s 2000, the Adolescent and Youth Health (AYH) Policy was issued in April 2000, creating the Adolescent and Youth Health Sub-program under the Program for Children's Health Cluster of Family Health. It envisions "well-informed, empowered, responsible and health adolescents & youth" and had a mission to "ensure that all adolescents & youth have access to quality comprehensive health care and services in an adolescent & youth-friendly environment".

In 2006, the Department of Health (DOH) created the Technical Committee for Adolescent and Youth Health Program (AYHP), composed of both government and non-government organizations dedicated to uplifting the welfare of adolescents and tasked to revitalize the AYHP. The committee embarked on a Strategic Plan for Accelerated Action on Adolescent Health. In 2010, the National Center for Disease Prevention and Control (NCDPC) drafted a National Standards and Implementing Guide for Adolescent Friendly Health Facility, an Adolescent Job Aid manual and a Primer on Legal Bases for the Adolescent Health Services in the Philippines.

Due to an increasing health risky behavior among our Filipino adolescents, the DOH embark on revising the current policy and address the major adolescent health problems, marginalized groups and humanitarian emergency settings and to provide

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clear understanding among implementers and to guarantee program sustainability thus this Order is developed.

II. DECLARATION OF POLICIES

1. *The 1987 Philippine Constitution* charges the State to promote and protect the youth's physical, moral, spiritual, intellectual, and social well-being and prioritizes the health of children.
2. *The Convention on the Rights of the Child*, which the Philippines ratified with the force of law in 1990, defines a child as "every human being below the age of 18 years unless, under the law applicable, majority is attained earlier" and directs States to "strive to ensure that no child is deprived of his or her right of access to such health care services." The Committee on the Rights of the Child, in its General Comment No. 4 (2003) emphasized Adolescent Health and Development in the context of the CRC (CRC/GC/2003/4)
3. The Report of the International Conference on Population and Development (ICPD, 1994), Chapter VI, B. 6.15, states that "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV and other sexually transmitted diseases."
4. In September 2000, the Philippines and other member nations ratified and signed the Millennium Declaration which embodies global and country commitments, specific targets and milestones for 2015, including the Eradication of extreme poverty and hunger (MDG 1), Promotion of gender equality and empowerment of women (MDG 3), Reduction of Child Mortality (MDG 4), Improvement of Maternal Health (MDG 5), and Combating HIV and AIDS, malaria, and other diseases (MDG 6)
5. Republic Act No. 10354, signed into law on December 21, 2012, provided for a National Policy on Responsible Parenthood and Reproductive Health.
6. Administrative Order No. 43 s. 2000 adopted the elements of Reproductive Health Framework which includes services for Adolescent and Youth Health (AYH), Violence Against Women & Children (VAWC), Family Planning (FP), Maternal and Child Health & Nutrition (MNCHN), Prevention and Management of Abortion and its Complication (PMAC), Prevention and Management of Reproductive Tract Infections (RTI), Education and Counseling on Sexuality and Sexual Health, Breast & Reproductive Tract Cancers & other Gynecological Conditions, Men's Reproductive Health, and Prevention & Management of Infertility & Sexual Dysfunction.
7. AO 2008-0029 was enacted for Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality
8. AO 2006-0016 provided a National Policy and Strategic Framework on Child Injury Prevention
9. AO 2007-0010 provided a National Policy on Violence and Injury Prevention
10. AO 2011-0003 enacted the National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non-Communicable Diseases

11. RA 8371 promotes the Rights of Indigenous Cultural Communities/ Indigenous Peoples

III. OBJECTIVES

This Order aims to:

1. Provide a strategic framework for the Adolescent Health Program that is anchored on Universal Health Care
2. Provide policy direction and guidance for DOH offices, its attached agencies, LGUs, and development partners in prioritizing interventions for adolescent health

IV. COVERAGE AND SCOPE OF APPLICATION

This Order shall apply to the entire public and private health system, to include DOH bureaus, Centers for Health Development (CHDs), hospitals and other health facilities, attached agencies, local government facilities, external development partners and other stakeholders implementing health programs for and with adolescents.

V. DEFINITION OF TERMS

1. Adolescent: refers to young people between the ages of 10 and 19 years who are in transition from childhood to adulthood (RA10354) and are the primary targets of this Order, differentiated from “youth” and “young people”.
2. Early adolescence is from 10-13 years old. Middle adolescence 14-16 years. Late adolescence 17-19 years. (Philippine Pediatric Society)
3. Children refers to person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.(RA 7610).
4. Adolescent Health is a state of complete physical, mental and social well-being of persons aged 10-19 years.
5. Reproductive Health Rights of Adolescents and Youth refer to their human right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health (CPD, 2012)
6. Early pregnancy: refers to pregnancy in women less than 20 years old.
7. Bullying or Peer Abuse: refers to willful aggressive behavior that is directed towards a particular victim who may be out-numbered, younger, weak, with disability, less confident, or otherwise vulnerable (DepEd)
8. Empowerment: refers to having a sense of self-worth; to have and to determine choices, access to opportunities and resources, the power to control their own lives; and the ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.(UN, 2001)
9. Adolescent Participation: refers to public processes in which adolescents are involved in decision making, either directly or through representatives. Adolescent

participation recognizes adolescents as citizens and stakeholders in the present – not just in the future. (IAWGCP, 2007)

10. Evolving Capacities: The UNCRC recognizes that children in different environments and cultures, with different life experiences, will acquire competencies at different ages, and this process will vary according to circumstances. Children do not acquire competencies merely as a consequence of age, but rather through experience, culture, and levels of parental support and expectation. Evolving capacities is central to the balance between empowerment and protection. (Save the Children, 2007)
11. Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition)
12. The Private Sector refers to health providers and facilities (individual practitioner, clinics, hospitals, facilities, drug outlets) licensed and regulated under existing laws but otherwise operating outside the ownership or management of the government.(DOH AO 2012-0004).

VI. GENERAL GUIDELINES

1. The Adolescent Health and Development Program (AHDP) shall be in accordance with the thrusts of the National Objectives for Health, the Philippine Development Plan, the AIDS Medium Term Plan, the Millennium Development Goals, and the Philippine Youth Development Plan of the National Youth Commission.
2. The AHDP shall target primarily adolescents age 10-19 years. This will complement the roles of the Council for the Welfare of Children, which serves to protect the rights of children under 18 years old, and the National Youth Commission, which is mandated to provide leadership in the formulation of policies for youth ages 15-30. Few programs address the unique health needs of very young adolescents ages 10-14. Thus resources need to be directed to this age group while also preventing pregnancies before the age of 20, when there is an increased risk of maternal (DOH, UNFPA, WHO, 2002) and infant (Phipps, 2002) mortality, low birth weight babies (NSO), and limiting of the woman's education and livelihood opportunities.
3. The AHDP shall aim to achieve the following health outcomes: (1) Healthy Development; (2) Healthy Nutrition; (3) Sexual and Reproductive Health; (4) reduction of substance use; (5) reduction of injuries and mortality, morbidity and psychosocial consequences of injuries; (6) reduction of all forms of violence and mortality, morbidity and psychosocial consequences of violence; and (7) Mental health. (National Standards and Implementation Guide for the Provision of Adolescent-Friendly Health Services, DOH, 2010)
- 4.4. The AHDP recognizes the risks inherent to early sexual initiation or having one's first sexual intercourse occurring before the adolescent is physically and psychosocially capable of dealing with the consequences of sexual intercourse and shall aim to delay sexual initiation among adolescents.5. The AHDP shall respect the rights of all adolescents. Specific strategies for marginalized and vulnerable

groups need to be put in place to promote equity and inclusion. Marginalized groups include, but are not limited to, the following: Adolescents in Indigenous Communities as defined in RA 8371, Adolescents (Persons) with Disability (RA 9442), Adolescents (Children) in Conflict with the Law (RA 9344), Drug-dependent Adolescents (RA 9165), Abandoned and Neglected Adolescents (RA 9523), Adolescents on the Streets, Adolescents in Commercial Sexual Exploitation, Adolescent Survivors of Calamity, Adolescents in Situations of Armed Conflict, Adolescent Key Affected Populations, Adolescent Survivors of Abuse and Exploitation (RA 7610).

6.6. Program strategies shall include:

- a. Health Promotion and Behavior Change for adolescents to utilize health services, practice healthy behaviors, avoid risks, and participate in governance and policy decisions affecting their health and development
- b. Improving access to quality and adolescent-friendly health care services and information for adolescents, including access to quality hospitals and health care facilities following the National Standards and Implementation Guide for Adolescent-friendly Health Services and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health.
- c. Expanding Health Insurance. The DOH shall design a proposal for an Adolescent Health Package with PhilHealth while mobilizing other sources of financing such as local government and the private sector.
- d. Enhancing skills of service providers, families, and adolescents to protect their health and development
- e. Strengthening partnerships among adolescent groups, government agencies, civil society, the private sector, families and communities to make them accountable for the achievement of MDGs
- f. Strengthening policy at all levels to ensure that all adolescents have access to information and services
- g. Ensuring sufficient resources to implement a sustainable adolescent health program
- h. Resource mobilization. The Department of Health and Centers for Health Development shall provide funds for technical assistance, monitoring, and advocacy. The Council for the Welfare of Children, National Youth Commission, Department of Education, and Department of Social Welfare and Development shall provide counterpart funds to implement the Adolescent Health and Development Program within the scope of their responsibility. The Philippine Health Insurance Corporation shall develop benefits coverage for adolescent members and beneficiaries. Local government units shall provide funding for the implementation of the AHDP in their area, mobilizing external resources and internal funding such as SK funds and the GAD budget.

3.1. Monitoring and Evaluation systems shall be strengthened to improve access to strategic information to effectively assess the attainment of goals and utilize data in developing programs to forward adolescent health. To this end, the DOH shall develop a Five-year Strategic Plan for the AHDP with Goals, Objectives, Indicators, and Targets, including a monitoring and evaluation plan to measure attainment of

the goals and objectives. The DOH and the National Statistics Office shall provide the necessary data, including baseline data disaggregated for the 10-19 age groups.

VII. STRATEGIC FRAMEWORK

Strategies of the AHDP shall be designed in accordance with the Program's Vision, Mission, and Goals. Health status outcomes and adolescents' rights shall be enjoyed through positive behavior change, which are achieved by a variety of strategies. In turn, these strategies will be built upon actionable program components. These elements are non-linear as multiple health and development goals call for a range of interventions delivered in an integrated manner.

1. VISION AND MISSION

Vision: Well-informed, empowered, responsible and healthy adolescents who are leaders in society

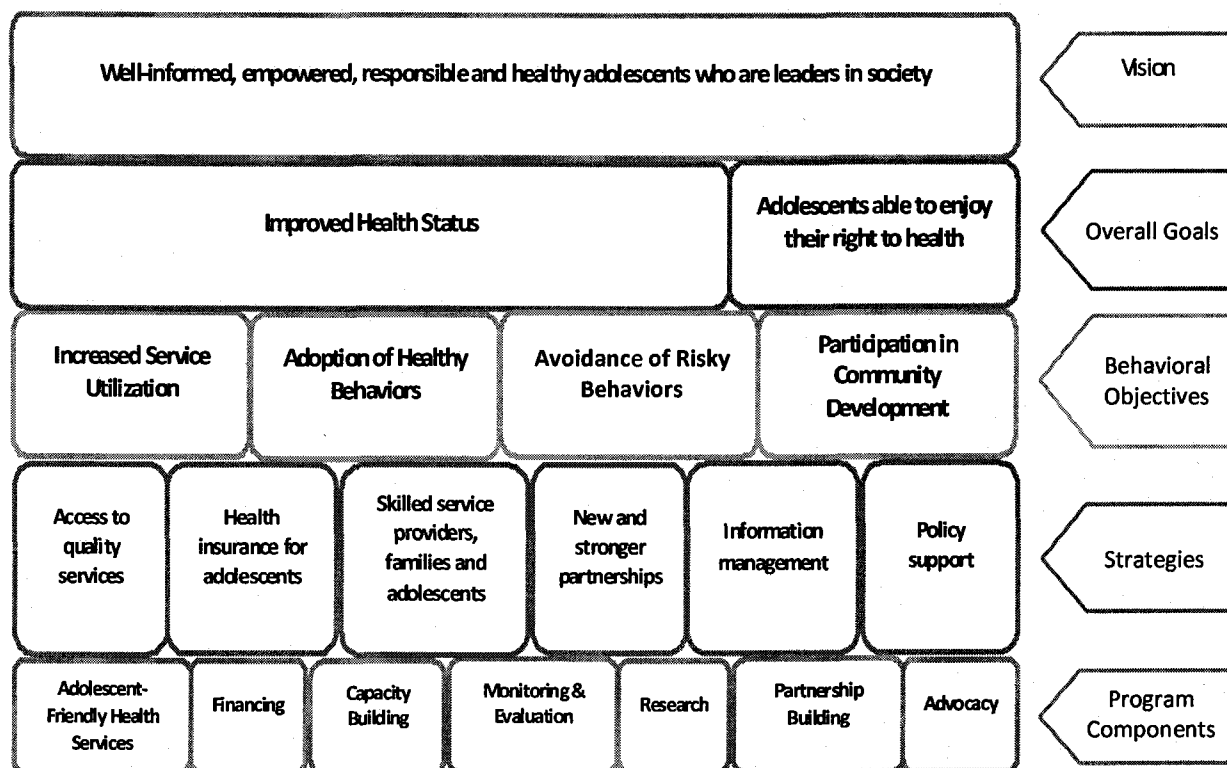
Mission: Ensure that all adolescents have access to quality comprehensive health care and services in an adolescent-friendly environment

2. The AHDP's **OVERALL GOALS** are to improve the health status of adolescents and to enable them to fully enjoy their right to health.

3. GUIDING PRINCIPLES

- a. The Adolescent Health Program is guided by the Convention on the Rights of Children which states that it should be of the *Best interests of the child; the adolescent's rights are indivisible and interrelated; Non-discrimination, have Access to accurate information; have access to life-saving interventions* as long as he/she is mature enough to face the consequences; *contain a meaningful adolescent participation; recognize adolescent as a whole person needing supportive environment; suitable Life skills to help him/her cope with and manage their lives in a healthy and productive manner; capacitate the family as the primary source of basic knowledge, behavior, attitudes, and skills necessary for his/her well being; a Life Cycle Approach where it continue to affect health and development of an adolescent from infancy to parenthood;* Respect the adolescent's right to *privacy and confidentiality*, including with respect to advice and counseling on health matters; Recognize the involvement, commitment, accountability, and *responsibility in all areas* of sexual and reproductive health as well as the protection and promotion of reproductive health concerns specific to men and boys (UNFPA); Recognize the positive impact of *peer education*, and the positive influence of *proper role models*, especially those in the worlds of arts, entertainment and sports (CRC/GC/2003/4)

STRATEGIC FRAMEWORK



VIII. IMPLEMENTING MECHANISMS

1. ORGANIZATIONAL STRUCTURE

The DOH shall act as the lead agency, along with the LGUs, for the implementation of this Order. The National Center for Disease Prevention and Control - Family Health Office shall designate a Sub-program Manager for Adolescent Health and Development. The DOH shall convene a Technical Working Group on Adolescent Health and Development whose primary role is to oversee the implementation of the Program and monitor progress based on the M&E Framework.

IX. ROLES AND RESPONSIBILITIES

1. DOH - National Center for Disease Prevention and Control (NCDPC), National Center for Health Promotion(NCHP), National Epidemiology Center (NEC), Philippine National Aids Council (PNAC)

- Serve as the focal point for overall planning, management, monitoring, and evaluation of the AHDP
- Provide technical leadership in all matters pertaining to the AHD
- Advocate for adolescent health and development in national and local public forums
- Ensure meaningful participation of adolescents at all stages of the program cycle

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- Create, strengthen, and maintain inter-agency links and public-private partnerships
- Formulate an age- and development-appropriate Reproductive Health and Sexuality Education curriculum in coordination with the DSWD, DepEd, CHED, and TESDA,
- Provide parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching Reproductive Health and Sexuality Education to their children
- Development, implementation, and monitoring of a Health Promotion, Communications, and Advocacy Plan for Adolescent Health and Development
- Provide age-disaggregated data necessary to for monitoring and evaluation of results of the AHDP
- Provide technical assistance and guideline in matters pertaining to STI and HIV and AIDS and services for Young Key Affected Populations

2. Center for Health Development

The Centers for Health Development are responsible for:

- Localization and dissemination of this Order
- Providing technical assistance to local government units in implementation
- Monitoring results and reporting these to the DOH Central Office
- Creating inter-agency links to support local government units in implementation of the AHDP
- Advocating for policies and resources at the local level.
- Ensuring that hospitals and health care facilities under CHD management meet the National Standards for the Provision of Adolescent-Friendly Health Services.

3. Department of Education (DepEd), Commission on Higher Education (CHED), and Technical Education and Skills Development Authority (TESDA)

- With the DOH and DSWD, formulate an age- and development-appropriate Reproductive Health and Sexuality Education curriculum
- Provide parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching Reproductive Health and Sexuality Education to their children
- Integrate other adolescent health concerns in school curriculum
- Mobilize teachers, guidance counselors, and parents to implement the AHDP

4. Department of Social Welfare and Development (DSWD) Commission on Population (POPCOM), National Anti-Poverty Commission (NAPC),

- With the DOH, DepEd, CHED, and TESDA, formulate an age- and development-appropriate Reproductive Health and Sexuality Education curriculum
- Provide parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching Reproductive Health and Sexuality Education to their children

- Provide adolescent-friendly health services and protection to adolescents who are out of school, with disabilities, in conflict with the law, drug dependent, on the streets, in prostitution, survivors of calamity, in situations of armed conflict, and survivors of abuse and exploitation
 - Train multi-disciplinary teams for Women and Child Protection Units and sustain 24/7 Crisis Interventions Units in every region
 - Formulate policies, programs and measures on adolescent participation
 - Assist in monitoring and evaluation of results of the AHDP
 - Create inter-agency links to build the support of local government units for the implementation of the AHDP
 - Advocate, mobilize and generate resources for adolescent development
- 5. Council for the Welfare of Children (CWC)**
- Integrate adolescent health and development in national and local development plans
 - Advocate for adolescent rights as enshrined in the CRC
 - Include adolescent health and development issues in the Country Report to the CRC
- 6. Commission on Human Rights (CHR)**
- Integrate the rights of adolescents in information and public advocacy, research, and training
 - Investigate violations of adolescents' rights and provide legal aid
- 7. National Statistics Office (NSO)**
- Provide age-disaggregated data necessary to for monitoring and evaluation of results of the AHDP
- 8. Philippine Health Insurance Corporation (PhilHealth)**
- Provide benefits coverage for adolescents, particularly marginalized sub-sectors
- 9. Professional Medical and Allied Medical Associations, Academic Institutions, Adolescent and Youth Organizations**
- Develop members' capacity to provide adolescent-friendly health services
 - Provide technical assistance in the formulation of policies, guidelines, and tools for adolescent health and development
 - Contribute to research on adolescent health and development
 - Participate in monitoring and evaluation of results of the AHDP
 - Advocate for adolescent rights as enshrined in the CRC
 - Participate in the design and implementation of adolescent health and development programs
 - Participate in the monitoring and evaluation of results of the AHDP

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10. Non-Government, Faith-based, Civil Society Organizations, the United Nations and other development partners working with and for adolescents

- Implement adolescent-centered programs and outreach services in priority communities that are consistent with the AHDP in coordination with government agencies
- Provide technical assistance in the formulation of policies, guidelines, and tools for adolescent health and development
- Contribute to research on adolescent health and development
- Advocate, mobilize and generate resources for adolescent health and development

11. Private Sector

- Enforce policies for the protection of adolescent employees
- Implement workplace programs for parents of adolescents
- Support adolescent health and development activities in communities, schools, and other settings

12. Local Government Units

- The provision of reproductive health information, care and supplies shall be the joint responsibility of the National Government and Local Government Units (LGUs).
- LGUs must ensure provision of basic adolescent health care services including, but not limited to, the operation and maintenance of facilities and equipment necessary for the delivery of a full range of reproductive health care services and the purchase and distribution of family planning goods and supplies as part of the essential information and service delivery package defined by DOH.
- LGUs, specifically the Rural Health Units, City Health Offices, and Provincial Health Offices, are responsible for designing, funding, implementing, and monitoring local Adolescent Health and Development programs suited for adolescents in their area, in partnership with youth, government agencies, civil society, and the private sector, under the technical guidance of the CHD and this Order. LGUs should design specific strategies to reach marginalized and vulnerable adolescent sub-sectors. They should ensure meaningful participation of adolescents and communities in this process. Hospitals and health care facilities under LGU management must meet the National Standards for the Provision of Adolescent-Friendly Health Services.

X. REPEALING CLAUSE

The provisions of previous Orders and other related issuances inconsistent or contrary with the provisions of this Administrative Order, including AO 34-A s, 2000, are hereby revised, modified, repealed or rescinded accordingly. All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

XI. SEPARABILITY CLAUSE

If any provision of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected thereby shall remain valid and effective.

XII. EFFECTIVITY

This Order shall take effect immediately.



ENRIQUE T. ONA, MD
Secretary of Health

