



15 November 2006

ADMINISTRATIVE ORDER

No. 2006 - 0035

**SUBJECT: National Policy and Strategic Framework on
Male Involvement in Reproductive Health**

I. BACKGROUND AND RATIONALE

The 1994 International Conference on Population and Development (ICPD) and the Beijing Declaration (1995) highlighted the need to involve men in initiatives seeking to improve women's health. The ICPD Program of Action recommends encouraging and enabling men to take responsibility for their sexual and reproductive behavior and their social and family roles (paragraph 4.27). The Beijing Declaration and Platform for Action recognizes equal rights, opportunities and access to resources, equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical for their well-being and that of their families (section 15). At the national level, male participation has been identified as one of the key elements in its Reproductive Health Policy (DOH, 2000).

Understanding how men behave and how they perceive their role in sexuality and reproduction have important implications for various aspects of reproductive health, which include the timing and characteristics of sexual initiation, contraceptive use, recourse to abortion, prevention and treatment of sexually transmitted infections (STI) and HIV/AIDS, gender-based violence, maternal and child health, among others (WHO, 2001). Moreover, the role of men as primary decision makers and the patriarchal structure which permeate the Philippine society conducted to unequal gender relations in reproductive decision-making (NCRFW, 2002). Equally important, is the preponderance of women-centered health services, the influence of gender roles, and cultural expectations which has left the male populace less aware of and knowledgeable of their responsibilities for reproductive health (WHSMP-PC, 2002).

The interaction of the above-mentioned attributes together with socio-economic factors played a major influence in the prevailing health scenario, characterized by: (1) high unmet needs for family planning, with a rate of 17%; (2) large differentials in use of contraception, with male methods (condom and vasectomy) accounting for only 2%; (3) increasing trends in premarital sex among young people (15-24 years old), with an overall level of 23%; (4) high adolescent fertility rate, with an age-specific fertility rate of 55 per 1000 women aged 15-19 years; (5) high abortion rate, with 26 induced abortions per 1000 women of reproductive age, (6) unwanted and unplanned pregnancies, with 60% of young people who had abortions admitted that their aborted pregnancies were unwanted; (7) increased STI prevalence, especially among young men, with a rate of 8% (15-19 years old); (8) a slow but growing HIV and AIDS cases, 90% of whom were in the 20-29 years age group, and 51% were females; (9) increased

incidence of prostate cancer, identified as the 4th leading cause of cancer-related mortality among males; and (11) increased incidence of gender-based violence, wherein 6 out of 10 women had experienced some form of violence from their partners (NSO, ORC Macro, 2004; Raymundo et al, 2001; NEC-DOH, 2006; UPPI, DRDF, 2004; Philippine Cancer Society, 2004; Guerrero, and Sobritchea, 1997). All of these critical areas impact on the well-being and reproductive health status of men, women and children.

Several initiatives were undertaken by non-government and other government agencies, and the academe which involved male participation in the area of STD/HIV/AIDS, domestic violence prevention, and family planning. However, male participation in reproductive health was peripheral (Lee, 1999). Hence, there is a need to further enhance these existing individual initiatives and at the same time strengthen collaborative efforts between and among stakeholders to develop a more holistic, integrated and sustainable program on male involvement in reproductive health (MIRH) (Lee, 2000; Clark et al, 2005).

In response, the Department of Health with the support from the United Nations Population Fund (UNFPA), Manila, convened key stakeholders (i.e., WHO, CHD-DOH, POPCOM, Social Development Center-DLSU, USAID, TUCP, NCRFW, Tri-Dev Specialists, C-MEN, CARE Foundation, Institute of Reproductive Health) to a consultative forum in July 2006 to come up with recommendations on how to tackle the issues and concerns on male involvement in reproductive health as well their sexual and reproductive health needs. Accordingly, said undertaking resolved to establish, among others, a mechanism to support an integrated strategy, evidence-based programming, behavioral change communication, research, monitoring and evaluation system, and capability-building for MIRH.

Considering that male involvement in reproductive health is critical to the success of the RH programs, with a positive impact on the health and well-being of women and children, and in line with the country's commitment to achieve the Millennium Development Goals, it is deemed imperative to systematically respond to this issue as well as address their specific reproductive health concerns such as sexual dysfunctions, androgen deficiency, testicular and prostate cancers.

Thus, this *National Policy and Strategic Framework on Male Involvement in Reproductive Health* is hereby formulated. Specifically, it shall set direction as to how MIRH will be implemented in a comprehensive, systematic and holistic manner. Similarly, this policy shall complement and build upon existing initiatives in the country.

II. DECLARATION OF POLICIES

The policy and strategic framework shall be guided by the following legal mandates:

- A. *Article V of the Convention on the Elimination of All Forms of Discrimination against Women* affirmed that maternity is a social function, and recognized

the common responsibility of men and women in the upbringing and development of their children.

- B. *Principle VIII of the International Conference on Population and Development (ICPD)* emphasized the social responsibility of the member States to take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care. Reproductive health-care programs should provide the widest range of services that are gender-responsive, rights-based and culturally-acceptable.
- C. *Beijing Declaration and Platform for Action* included Women and Health as one of critical areas of concerns that needs to be addressed by government in cooperation with non-government organizations, the media, the private sector and relevant international organizations; articulating that “*women have the right to the enjoyment of the highest attainable standard of physical and mental health*” reiterating further to “*encourage men to share equally in child care and household work and to provide their share of financial support for their families*”.
- D. *Executive Order No. 273* approved and adopted the *Philippine Plan for Gender-Responsive Development, 1995-2025* as the national framework for pursuing full equality and development for women and men. It shall institutionalize Gender and Development (GAD) efforts in all government agencies by incorporating GAD concerns in their planning, programming and budgeting processes.
- E. *Article 13, Section 11* of the *1987 Philippine Constitution* enjoined the State to protect and promote the right to health of every Filipino by making quality and adequate health care available and accessible, especially the underprivileged. This entails the adoption of an integrated and comprehensive approach to health development; implying a multi-sectoral partnership and multi-level health care delivery system.
- F. *Administrative Order No. 43 series of 2000* from the Department of Health established the *Reproductive Health Policy*. Implementation of the reproductive health care package shall be integrated into existing services, emphasizing quality and expanding coverage through partnership with local government units, non-government organizations and the private sectors within the framework of the Health Sector Reform Agenda. Moreover, it shall promote personal responsibility and empower communities to exercise reproductive rights within the framework of the National Objectives for Health.
- G. *Administrative Order No. 2005-0023* of the Department of Health identified *Formula One for Health* as the implementing mechanism for health sector reforms, thereby ensuring better health outcomes, a more responsive public health system, and a more equitable health care financing for all Filipinos. This involved critical reform initiatives in the areas of health financing, regulation, service delivery and governance.

III. OBJECTIVES

This Administrative Order aims to:

- A. Provide a strategic framework for male involvement in reproductive health that is anchored on health sector reforms;
- B. Emphasize the need to actively and purposively involve the male in all aspects of reproductive of health as a way to attain women's empowerment and gender equality;
- C. Provide policy direction for DOH offices, its attached agencies, local government units and other partners in terms of prioritizing activities related to male involvement in reproductive health;
- D. Provide guidance to partners in the health sector identifying priority areas for support in the context of multi-sectoral collaboration/partnership to generate and mobilize resources; and
- E. Provide guidance to DOH concerned offices and other relevant agencies in facilitating implementation of male involvement in reproductive health services in the DOH and at the local government units.

IV. COVERAGE AND SCOPE OF APPLICATION

This issuance covers the DOH at the Central Office, Centers for Health Development, hospitals, medical centers, and other DOH-attached agencies, including local government units and other devolved health services. It shall also include the public and private sectors such as national agencies and local government units, faith-based organizations, academe, labor sector, media, professional associations, civil society and international development agencies.

MIRH shall encompass all the elements of reproductive health but shall initially focus on the following RH elements that have greater impact on their reproductive health:

- 1. Maternal and Child Health & Nutrition
- 2. Adolescent Reproductive Health
- 3. Family Planning
- 4. Prevention and Treatment of RTI, including STI/HIV/AIDS
- 5. Prevention and Management of Abortion and its Complications
- 6. Violence Against Women and Children
- 7. Education and Counseling on Sexuality and Sexual Health

V. DEFINITION OF TERMS

- A. **Empowerment** – a process that enables people to identify their own concerns and gain the skills and confidence to act upon them.

- B. **Enabling Environment** - the socio-economic, cultural and political factors which empower individuals or groups to promote and protect their health.
- C. **Evidence-Based Medicine** – is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating clinical expertise with the best available external clinical evidence from systematic research.
- D. **Evidence-Based Health Care** – is a discipline centered upon evidence-based decision-making about groups of patients, or populations, which may be manifested as evidence-based policy-making, purchasing or management.
- E. **Gender Equity** – means fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specified projects and programs to end existing inequalities.
- F. **Gender Equality** – means equal treatment of women and men in laws and politics, and in access to resources and services within families, communities, at the workplace, and society at large.
- G. **Gender Responsive** – refers the consistent and systematic attention given to the differences between women and men in society with a view to addressing structural constraints to gender equality.
- H. **Male Involvement in Reproductive Health** – refers to men’s shared responsibility and active involvement in responsible parenthood, sexual and reproductive behavior including family planning; prenatal, maternal and child health; prevention of sexually transmitted disease, including HIV; prevention of unplanned and high-risk pregnancies; shared control and contribution to family income, children’s education, health and nutrition; recognition and promotion of the equal value of children of both sexes.
- I. **Male Reproductive Health Services** – relate to the reproductive health needs and concerns of Filipino males. The service provisions will initially focus on (1) screening and treatment for STIs, including HIV/AIDS; (2) counseling on how to prevent STIs and HIV/AIDS; (3) giving correct and appropriate information about family planning; (4) providing family planning services, e.g. NFP, condoms, and vasectomy; (5) counseling and treatment for infertility; (6) counseling on sexuality and sexual health as well as counseling and treatment for sexual dysfunction; (6) screening and treatment for testicular, and prostate cancers; (7) screening and treatment of andropause; and (8) promotion of a healthy lifestyle.
- J. **National Objectives for Health** – is a statement of the national goals for health. It defines a national strategy for significantly improving the health of the nation, through the prevention and control of diseases and the promotion and protection of health.

- K. **Primary Health Care** – is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain every stage of their development in the spirit of self-reliance and self-determination.
- L. **Reproductive Health** – is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.
- M. **Reproductive Health Care** – the constellation of methods, techniques and services that contribute to reproductive health and well-being. These services include: care of pregnancy and childbirth, plus breastfeeding, nutrition and immunization; family planning; sexuality education; management and prevention of reproductive tract infections, including sexually transmitted infections and HIV/AIDS; and prevention and early detection of infertility and reproductive tract cancers.
- N. **Reproductive Rights** – are the basic rights of all couples and individuals to attain the highest standards of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.
- O. **Responsible Parenthood** – is the will and ability to respond to the needs and aspirations of the family.
- P. **Sexual Health** – is the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love.
- Q. **Sexuality** – refers to the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of people as social beings.

VI. GENERAL GUIDELINES

- A. The Department of Health cognizant of the public health significance of male involvement in reproductive health and its impact in society shall institutionalize Male Involvement in Reproductive Health, guided by the principles of evidence-based practice, rights-based and gender-responsive perspectives, partnership and shared responsibility, and integration. This shall be operationalized by means of policy and legislative enforcements, health sector reforms, public information, education and communication, research, monitoring and evaluation and multi-sectoral collaboration in service provision.
- B. The health program for male involvement in reproductive health shall be in accordance with the thrusts of the *Formula One for Health*, National

Objectives for Health (2005 -2010), Medium Term Development Plan of the Department of Health (2002 – 2010), Millennium Development Goals (2005 -2015) and Philippine Plan for Gender-Responsive Development (1995-2025).

- C. The Strategy shall initially focus on areas where interventions are possible, effective, and able to be implemented with a clear and actionable role for all sectors. Seven priority elements of reproductive health for immediate action by the health sector will be undertaken. These are (1) maternal and child health and nutrition, (2) adolescent reproductive health, (3) family planning, (4) violence against women and children, (5) prevention and management of abortion and its complications, (6) prevention and treatment of reproductive tract infections, including STI, HIV/AIDS, and (7) education and counseling on sexuality and sexual health.
- D. Responsive to the reproductive health needs and concerns of Filipino males, service provisions shall initially focus on (1) screening and treatment for STDs, including HIV/AIDS; (2) counseling on how to prevent STDs and HIV/AIDS; (3) giving correct and appropriate information about family planning; (4) providing family planning services, e.g. NFP, condoms, and vasectomy; (5) counseling and treatment for infertility; (6) counseling on sexuality and sexual health, as well as counseling and treatment for sexual dysfunction; (6) screening and treatment for testicular and prostate cancers; (7) screening and treatment of andropause; and (8) promotion of a healthy lifestyle.
- E. In line with the DOH mission to guarantee equitable, sustainable and quality *Health For All Filipinos*, especially the disadvantaged and vulnerable sectors, the Male Involvement in Reproductive Health Strategy shall be based on a *primary health care approach with human rights and gender dimensions* that addresses the range of factors (i.e. gender-influenced socio-economic and cultural factors) that determine the reproductive health and well-being of men, women and children.
- F. Consistent with the systems and principles of the ICPD on reproductive health, the approach concerns itself with equitable access to quality health care at all levels, community participation and maximum community self-reliance, use of socially acceptable, scientific, and affordable technology, and inter-sectoral collaboration. Accordingly, the most effective interventions can be delivered through health centers and similar facilities, and through outreach, which are collectively described as 'close to client' systems (Commission on Macroeconomics and Health).
- G. Mainstreaming the reproductive health paradigm in the primary health care (PHC) system facilitates the implementation of the RH programs and initiatives, with male involvement in particular, leading to the attainment of its goals and objectives. Such a repositioning goes beyond reaffirming commitments to established principles and values, such as community participation and inter-sectoral collaboration. This would change what was done and how things were done within PHC, explicitly being more

responsive to the issues of human rights, gender equity and social justice. Correspondingly, redefining reproductive ill-health as a 'social injustice' rather than as a 'health disadvantage' provides the legal and political basis for governments to ensure reproductive health care for all men, women and children.

- H. Considering the fundamental role men play in supporting women's reproductive health and in transforming the social roles that constrains reproductive health and rights, a gender-responsive perspective shall be an integral part of the Male Involvement in Reproductive Health Strategy. Equally important, inclusion of a rights-based dimension ensures the realization of fundamental human rights and freedoms, and puts the poor, marginalized and vulnerable sectors at the core of this Policy and the focus of the MIRH Strategy.
- I. Rights and gender-responsive perspectives recognize gender equality, equity, and non-discrimination not only as instrumental to health and development, but also as ends in themselves.

VII. STRATEGIC FRAMEWORK

A. Vision:

Involved, well-informed, gender-sensitive Filipino male actively participating and promoting reproductive health towards responsible parenthood.

B. Mission:

To ensure availability of and access to comprehensive, quality, appropriate, gender-responsive and rights-based reproductive health care information and services in an enabling environment through enhanced capacities of and partnership with key stakeholders.

C. Goal:

Enhanced active involvement of the Filipino male in reproductive health, contributing to the achievement of the national objectives for health and gender equality.

D. Program Objectives:

To establish and/or strengthen structures, mechanisms and systems for active male involvement in RH.

The specific program objectives shall conform to the following *Foum*ula One for Health components:

1. Governance:

- a. To establish a coordinating mechanism for the sharing and convergence of MIRH efforts, resources and best practices by end of 2006.

- b. To develop standards and guidelines on Male Involvement in Reproductive Health (MIRH) by mid 2007.
- c. To develop a technical assistance package for national agencies, local government units, private sector and NGOs relating to MIRH policies and programs by end of 2007.
- d. To establish and implement an MIRH research, monitoring and evaluation system by 2007.

2. Health Care Financing:

- a. To allocate special funds and resources for the implementation of the MIRH Program by the Department of Health, other national agencies and the local government units starting 2007.
- b. To mobilize resources for MIRH from private sectors and partners starting 2006.
- c. To facilitate the expansion of the Philippine Health Insurance and Health Maintenance Organization benefit packages for MIRH by 2007.

3. Health Regulation:

- a. To upgrade health facilities providing male-friendly services in accordance with *Sentrong Sigla* and Philhealth standards.

4. Service Delivery:

- a. To integrate MIRH services into the existing RH programs in DOH-retained hospitals, LGU health facilities, NGOs and other stakeholders by 2010.
- b. To increase the number of DOH-retained hospitals and LGU health facilities capable of providing MIRH services by 10% every year.
- c. To improve the competencies of health service providers from DOH-retained hospitals/medical centers and in F1-LGU health facilities on MIRH by 2010.
- d. To improve availability and access to male -friendly MIRH information and services in all intervention settings by 10% every year.
- e. To increase the number of Filipino males aware of their roles and needs on reproductive health by 50% in year 2010.
- f. To improve the health-seeking behavior of Filipino males by 30% in year 2010.
- g. To increase the number of males who are supportive of women's concerns, choices and decisions on their reproductive health by 50% in year 2010.

E. GUIDING PRINCIPLES

The Male Involvement in Reproductive Health Strategy shall be guided by the following principles:

1. Evidence-Based Practice

Evidence-based practices can be positioned along a continuum from qualitative to quantitative evidence. Examples ranging from qualitative to quantitative include: opinion based on community experience or cultural knowledge, to descriptive studies, surveys, cohort studies, non-randomized trials, and finally, randomized control trials. Decision-making regarding interventions are to be based on a systematic appraisal of the best evidence available in the context of the prevailing values and resource available.

To prevent the continued waste of valuable resources on practices that may not be effective, practitioners, researchers and policy-makers need to work closely to develop and implement a national research agenda that supports the Strategy.

Research has shown that MIRH strategies that include mass media campaigns, individual and group counseling, skills-based interventions (including decision-making skills and partner communication), and interventions which reach men in their own communities are effective on male involvement in STIs, family planning, and safe motherhood.

2. Partnership and Shared Responsibility

A partnership is a voluntary agreement between two or more parties to work cooperatively toward a set of shared outcomes in MIRH. Partnerships may form part of a multi-sectoral collaboration for Male Involvement in Reproductive Health, or be based on alliances for specific RH issues. Partnerships may include the public sector, the non-government organizations and the private sector. They may also involve different levels of jurisdiction (e.g. municipal, city, provincial, regional, national and international levels).

The principle of shared responsibility recognizes that male involvement is not just the responsibility of individuals. Creating conditions conducive to MIRH is the responsibility of all sectors (e.g. health, education, labor, military, and others) and is affected by governments at all levels, the private sector, the non-government organizations, families, schools, workplaces and communities.

Partnership is an important mechanism for putting the idea of integration into practice. Effective partnerships have the potential to add value to work that is already being done to address issues in MIRH.

3. Integration

Considerable work is already being done to address specific MIRH issues (e.g. 'Trucker's Project', 'Men's Movement in Support of Women and

Development', 'Assessment of Men's Involvement in Family Planning', 'Access of Vulnerable Workers to RH Services', NSV campaigns, 'ERPAT') by community groups, governments, non-government and faith-based organizations and the private sector, including media.

Integration will be a major focus of the Strategy. It means working in a more coordinated way to address specific issues together, as much as possible. Service packages for MIRH in the health care delivery system can be sustained by means of an integrated, functional and mutually-supportive referral system between public and private service providers, leading to a progressive improvement of comprehensive health care for men, women and children.

F. STRATEGIC DIRECTIONS

The strategic directions have been set for a five-year period from 2006 up to 2010. To establish and/or strengthen structures, mechanisms and systems for active male involvement in reproductive health is the principal objective of the Male Involvement in Reproductive Health Strategy.

Based on the four (4) reform areas under *Foumula One* for Health, the following components shall be adopted:

1. **Governance:** to improve the local health system governance and coordination, enhance public-private partnership, and improving central capacities to manage the health sector.
2. **Health Regulation:** to assure access to quality and affordable health products, devices, facilities and services, especially those utilized by the marginalized and disadvantaged sectors.
3. **Health Service Delivery:** to improve accessibility and availability of basic and essential health care for all, especially the marginalized and disadvantaged sectors.
4. **Health Care Financing:** to increase and secure better and sustained investments in health, thus, improve the health outcome, especially the marginalized and disadvantages sectors.

VIII. PROGRAM COMPONENTS

In accordance with the *Reproductive Health Policy* of the Department of Health, the following program components for *Male Involvement in Reproductive Health* shall be developed.

A. Health Promotion

This component shall include advocacy, information, education and communication activities addressed to policy makers, other government and non-government agencies, private sectors including media, the general public and other stakeholders concerning the effects of socio-cultural constructs of

masculinity, gender relations, sexual and reproductive health-risk behaviors on the health of men, women and children. Thus, evoke a positive socio-political response, changes in the public perceptions and male perspectives in reproductive health.

B. Human Resource Development and Management

This component shall focus on enhancing the capability of health and non-health service providers at all levels in male involvement in reproductive health. It shall include developing mechanisms to guarantee availability and accessibility of accredited training institutions and service providers adept in rendering comprehensive MIRH service interventions for each key settings, which may include, but not limited to the community, schools, homes, and workplaces.

C. Networking and Linkages

This component shall establish multi-sectoral collaboration and partnerships with MIRH stakeholders at the national, regional and local levels. It shall take into account the mandates and activities of the various stakeholders involved in reproductive health, and forge agreements and commitments in the following areas, but not limited to advocacy and awareness campaigns, research, information exchange, service provision and referrals, resource sharing, and regulatory enforcements.

D. Equitable Health Financing Package

In coordination with the Philippine Health Insurance Corporation (PHIC), this component shall formulate PHIC-benefit packages for male reproductive health services. Other benefit packages shall be addressed through existing Health Maintenance Organization programs for clients in the private sector in consonance with the guidelines developed by the Department of Health.

E. Research and Development

This component shall establish a research agenda to build knowledge and evidences, and gain a better understanding of male involvement in RH and the determinants of reproductive health. Thus, appropriate responses can be developed and evaluated. It shall include, but not limited to male sexual and reproductive health perspectives, behavior and practices, its consequences, and impact of interventions.

F. Service Delivery

This component shall establish a comprehensive and integrated package of service provisions in all levels of the health care delivery system, with emphasis on reproductive health promotion and primary prevention. If necessary, cross-sectoral intervention management shall be instituted through appropriate referral and networking mechanisms. The principle of evidence-based practice

shall be applied to all interventions to ensure quality care and cost-effectiveness.

G. Monitoring and Evaluation

This component shall identify key indicators for the evaluation of program effects, which include, process (strategy objectives), impact (program objectives) and outcome (program goals) for each of the seven priority areas. The results of the evaluations shall be used in revising or formulating policies, guidelines, strategies and program plans for male involvement in reproductive health.

IX. IMPLEMENTING MECHANISMS

A. Organizational Structure

Based on the strategic activities, organizational structures shall be established, with delineation of roles and responsibilities, and identification of areas of coordination and collaboration among all MIRH stakeholders.

1. National Structure

National Alliance for Male Involvement in Reproductive Health (NAMIRH) shall be created by virtue of an Administrative Order; designating the *Department of Health*, represented by the Undersecretary of Health - Policy and Standards Development Team for Service Delivery, and the *Commission on Population (POPCOM)*, represented by the Executive Director as co-chairs. The NAMIRH meetings shall be alternately convened and presided by both agencies. Composed of core staff from both agencies, other government and non-government agencies, professional societies, academe, other public and private sectors, it shall be responsible for developing and implementing a national action plan for male involvement in reproductive health.

- a. *Sub-committees* shall be organized corresponding to the seven priority areas as necessary. According to specific areas of involvement, the sub-committees shall comprise sector representatives and DOH program managers. In coordination with the regional and local implementing committees, it shall be responsible for program monitoring and evaluation based on their respective priority areas, and provide recommendations to the NAMIRH.
- b. There shall be a Secretariat composed of NCDPC and POPCOM staff. It is responsible for coordinating the meetings, preparation of agenda, and documenting the minutes of the meeting, and shall come from the agency, alternately convening the NAMIRH meetings.

2. Regional Structures

Program strategies and activities undertaken at the regional level shall be managed by the *Regional Alliance for Male Involvement in Reproductive*

Health (RAMIRH) or by existing committees that can absorb this function. The composition and organizational arrangements shall correspond to the NAMIRH. For NAMIRH without regional counterparts, other stakeholders shall be encouraged to be involved.

3. Provincial and Local Structures

Program implementation shall be carried out at the provincial, city, municipal and barangay levels. The composition and organizational arrangements shall relate to the RAMIRH. Each corresponding level shall be under the leadership of the local chief executive. For RAMIRH without local counterparts, other stakeholders shall be encouraged to be involved.

B. Roles and Responsibilities

1. Department of Health

The Department of Health as the lead agency shall continuously raise awareness among its partners in the government, private sectors, and faith-based institutions, advocate for and create political commitments, and set-up a multi-sectoral mechanism on male involvement in reproductive health.

The Department of Health, representing the health sector, has the primary responsibility of providing national standards of quality health care, health promotion and health protection on the Male Involvement in Reproductive Health Program, from which local government units, non-government organizations, other private organizations and individual members of society will anchor their MIRH-related programs and strategies.

2. Local Government Units (LGUs)

The LGUs should be able to translate the national policy on male involvement reproductive health into local policies or ordinances for Implementation. The LGUs shall facilitate the allocation of funds and generate resources from its various partners in the field. They shall harness the participation of other government and non-government agencies, families, communities and other stakeholders for a unified action towards male involvement in reproductive health.

3. Other government agencies, non-government agencies, private sector, faith-based organizations, civil society, international development agencies and other partners.

The broad range of critical issues and solutions to male involvement in reproductive health encompass stakeholders from various sectors. Each potential stakeholder shall share their capabilities and resources, adopting a multi-sectoral action-oriented effort with no competition and conflict of interest. The problem of male involvement in reproductive health cannot be solved by a single agency on its own.

C. Funding

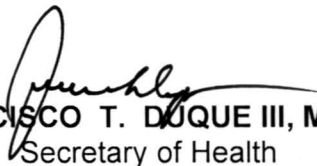
The Department of Health and Centers for Health Development shall provide funds for technical assistance, monitoring and advocacy campaigns. Other national government and non-government agencies, local government units and other stakeholders shall contribute counterpart funds to ensure and sustain the implementation of the Male Involvement in Reproductive Health Program.

X. REPEALING CLAUSE

The provisions of previous Orders and other related issuances inconsistent or contrary with the provisions of this Administrative Order 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. EFFECTIVITY

This Order shall take effect immediately.


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

STRATEGIC FRAMEWORK

Figure 1. Key Elements of Male Involvement in Reproductive Health Strategy

