



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 30, 2020

DEPARTMENT PERSONNEL ORDER

No. 2020 - 1077

SUBJECT: Coronavirus Disease 2019 (COVID-19)-Related Accountabilities of DOH Management Teams and Offices

On March 8, 2020, President Rodrigo R. Duterte declared a State of Public Health Emergency throughout the entire Philippines through Proclamation No. 922, recognizing the threat of Coronavirus Disease (COVID-19) public health event to national security and prompting a whole-of-government approach to addressing this outbreak.

In response to the evolving concerns related to COVID-19, the Department shall adopt a whole-of-agency approach in its COVID-19 response, as one of the lead agencies in the Interagency Task Force for the Management of Emerging Infectious Diseases (hereinafter IATF). This Order shall describe the lines of authority, and involvement of the various DOH offices in the DOH operations and functions related to COVID-19.

I. General Ruling and Procedures

A. Accountability Structure

1. All Team Leads shall act and recommend actions for issues related to COVID-19 within their respective mandates as indicated in Annex A, assuring direct coordination with the DOH Task Group Leads.
2. All Team and Task Group Leads shall be authorized to call any bureau or office necessary to enjoin the response activities.
3. The Incident Commander may delegate additional roles and functions to specific Teams or Offices as necessary.
4. All bureaus, units and CHDs shall designate a focal person to be readily available to render immediate services in relation to the COVID-19 response, and submit the name to the Incident Commander Office.

B. Coordination and Reporting Structure

1. All DOH Task Group Leads shall coordinate directly with its IATF Task Group.
2. All Team and Task Group Leads shall assign one information coordinator and submit a written update report to OSEC Coordinators, copy furnished the Incident Commander with data as of 6:00 pm every day, following the template on Annex B.
3. The OSEC Coordinators with the Incident Commander Office shall maintain a central repository of all updated information that shall be the official source of information used in media briefings, IATF situational reports, Bayanihan reports, and other disclosure of updates and information.
4. Process flow for accountability and coordination are shown in Annex C

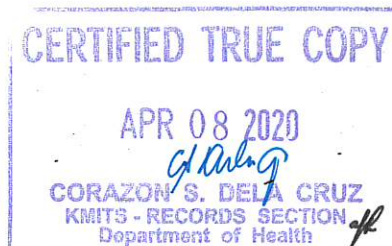


II. The Incident Commander Office

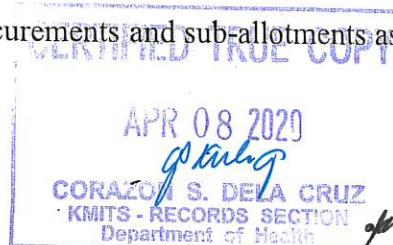
1. The Incident Commander, assisted by the Office of the Secretary, shall have the following functions:
 - a. Monitor alignment across Teams or Task Group Leads
 - b. Decide and act on attention areas of misalignment, as necessary
 - c. Clearing of all COVID-19 related policies before signing of the Secretary of Health
 - d. Consolidate performance reports of the Department of Health for endorsement by the Secretary of Health to the IATF, Congress, or the Office of the President
2. The Incident Commander shall be designated by the Secretary of Health and shall be replaced monthly.

III. Team Priority Key Result Action Areas for COVID

1. The Health Policy and Systems Development Team shall develop standards, systems and guidelines for:
 - a. Proper repatriation of overseas Filipino workers
 - b. Increase of health and other essential workers for service delivery including those for testing, swabbing, contact tracing, direct service delivery, crematorium among others
 - c. It shall also lead in:
 - i. Facilitating international donations or development assistances
 - ii. Consolidating and planning of ODA, GOP and Bayanihan Act funds
 - iii. Budget allocation
 - iv. Coordinating Bayanihan Act IRR relevant to health sector
 - v. Facilitating emergency hiring of volunteer health workers such as contact tracers, as needed
 - vi. Policies and guidelines, standards, and national targets especially for local governments, health human resource, and international relations
2. The Health Facilities and Infrastructure Development Team shall develop standards, systems and guidelines for:
 - a. Development and allocation of
 - i. Intensive Care Units with mechanical ventilators
 - ii. Isolation rooms with negative pressure
 - iii. COVID referral hospitals, and
 - iv. Community isolation units (also known as temporary treatment and monitoring facilities)
 - b. It shall also lead in:
 - i. Strengthening of infection prevention and control in facilities
 - ii. Enabling telehealth platforms to complement service delivery
 - iii. Coordinating access to appropriate healthcare through other relevant health facility infrastructure and equipment
 - iv. Policies and guidelines, standards, and national targets for temporary and designated COVID-19 health facilities and use of information technology



3. The Public Health Services Team shall develop standards systems and guidelines for :
 - a. Access to personal protective equipment and treatment including standards for quality, and projections planning for daily and monthly needs with buffer requirements for allocation purposes
 - b. It shall also lead in:
 - i. Developing national allocations plan for PPE's, drugs and other essential commodities
 - ii. Enhancing and monitor contact tracing efforts across the country
 - iii. Regularly updating of case management protocols from prevention, primary care, hospital care, and death
 - iv. Policies and guidelines, standards, and national targets especially for public health services
4. The Health Regulation Team shall develop standards systems and guidelines for:
 - a. Increase national testing capacity across the country, including development of laboratories and its corresponding workforce complement, allocation and distribution of testing kits.
 - b. It shall also lead in:
 - i. Regular updating of standards on safety and quality of commodities for use by health facilities and the public
 - ii. Developing local markets for necessary commodities or equipment
 - iii. Facilitating Health Technology Assessment Committee (HTAC) process for new drugs and other innovations such as locally produced PPE's
 - iv. Developing and monitoring price controls for essential medicines and other supplies
 - v. Policies and guidelines, standards, and national targets especially for the safety and quality of commodities and tests
5. The Field Implementation and Coordination Team, through the Centers of Health Development, shall implement, monitor and give regular reports on:
 - a. Regional Emergency Operations Centers and Inter Agency Task Forces
 - b. Development of temporary health facilities and COVID-19 referral hospitals across LGUs in the region
 - c. Formation of region-wide referral and coordination mechanisms across network of health facilities
 - d. Distribution and documentation of resources across the health facility networks
 - e. Assist in monitoring of health system capacity, needs, operational issues encountered
6. The Administration and Finance Management Team, in collaboration with the Supply Chain and Procurement Management Team shall:
 - a. Facilitate distribution of commodities across the country with the Office of Civil Defense
 - b. Monitor inventory and distribution of donations being provided to health facilities
 - c. Facilitate emergency procurements and sub-allotments as necessary



- d. Monitor ODA, GOP and other funds for COVID-19
 - e. Facilitate and monitor special benefits for health care workers, such as COVID-19 risk allowance, and sickness and death benefits
 - f. Develop internal DOH policies during the enhanced community quarantine
7. The Supply Chain and Procurement Management Team shall document all requests, allocations, procurement, and deliveries of essential commodities and services for COVID-19 responses.
 8. The Food and Drug Administration shall facilitate clearance of novel products for COVID-19, such as new test kits.
 9. All DOH Medical Center Chiefs shall assist all health facilities across their region for coordinated COVID-19 response and health facility operational and implementation issues, with their respective DOH CHDs.

IV. DOH Roles in the IATF Task Groups

1. DOH Incident Commander: Usec. Lilibeth C. David, MD, MPH, MPM, CESO I
2. IATF TG on Response Operations

DOH Leads: Usec. Abdullah B. Dumama Jr, MD, CESO III and
Usec. Gerardo V. Bayugo, MD, MPH, CESO III

DOH Co-Lead: Dir. Gloria J. Balboa, MD, MPH, CESO III

DOH Area Leads: Assistant Secretaries of FICT

Main Offices: FICT, HEMB, BLHSD, HFDB

The DOH Leads shall be delegated to decide and act on issues regarding:

- a) Operationalization of DOH and IATF policies
- b) Implementation issues and coordination with LGUs

2. IATF TG on Resource Management and Logistics

DOH Leads: Usec. Roger P. Tong-an, MAN, RN, DMPA
Usec. Ma. Carolina Vidal-Taino, CPA, MGM, CESO I

DOH Co-Leads: Asec. Charade B. Grande

Main Offices: LS, PS, FMS, PSCMT, BIHC

The DOH Leads shall be delegated to decide and act on issues regarding:

- a) Local and global sourcing and procurement of essential commodities and equipment for COVID-19 response
- b) Consolidation of requests and donations for essential commodities and equipment especially for DOH and public health facilities
- c) Allocation and distribution of essential commodities and equipment to recipients



3. IATF TG on Strategic Communications

DOH Lead: Usec. Maria Rosario S. Vergeire, MD, MPH, CESO IV
DOH Co-Lead: Dir. Beverly Ho, MD, MPH
Main Offices: HPCS, MRU, KMITS, HPDPB


The DOH Leads shall be delegated to decide and act on issues regarding:

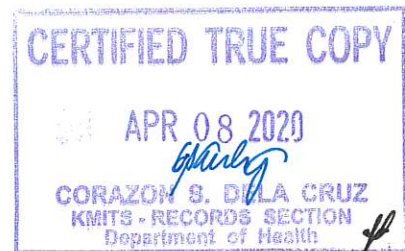
- a) Public disclosure of information
- b) Knowledge and data management
- c) Consolidation and analysis of data
- d) Managing the COVID-19 call center

All Team and Task Group Leads shall nominate their point person for daily monitoring to the Incident Commander Office.

Department Personnel Order (DPO) No. 2020-0224 dated January 26, 2020 entitled "Creation of DOH Task Force for Coronaviruses Infection," DPO No. 2020-0612 dated February 12, 2020 entitled "Creation of the Coronavirus Disease 2019 (COVID-19) Emergency Operation Center" and all other issuances inconsistent with this Order are hereby rescinded, repealed or amended accordingly.

This Order shall take effect immediately.


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



Annex A. Matrix of DOH Offices' KRA Roles and Responsibilities

ROLES	HPSDT	HFIDT	PHST	HRT	FCT	AFMT/ PSOMT
MAIN COVID KRA/ROLE	1. OFW repatriation 2. Health workers increased and protected	1. Access to ICU with mech vents, isolation rooms with negative pressure, COVID referral hospitals, and community isolation units	1. Adequate PPEs of quality, including projections for daily, monthly needs with buffer requirement and their allocations	1. Increasing national testing capacity through kits, labs, turnaround time	1. Daily performance data reporting of facilities, RESU, CHDs	1. Document COVID-19 requests, allocations, and deliveries
OTHER COVID ROLES	3. Funding and resources from ODA, GOP DOH, and Bayanihan Act including necessary policies	2. Facility infection prevention and control 3. Enable telehealth platforms 4. Coordinate access to appropriate healthcare through facility infrastructure and equipment	2. Contact tracing through RESU 3. Case management and treatment protocols	2. Ensure safety and quality of tests and commodities 3. Develop alternative and local markets for necessary commodities, equipment, for COVID-19 response	2. Implementation of policies and guidelines 3. Establishment of region-wide call center and telehealth platforms	2. Routine or emergency procurement of key commodities and services
TG RESPONSE U-DUMAMA U-BAYUGO	4. Policies and guidelines, standards, and national targets, budgets and IRR	5. Policies and guidelines, standards, and national targets	4. Policies and guidelines, standards, and national targets	4. Policies and guidelines, standards, and national targets 5. Price control for medicines and supplies	4. Technical assistance and coordination with regional EOC/IAT, LGUs, private sector, other partners	
TG RESOURCES U-TONG-AN U-TAINO A-GRANDE	5. Budget allocation and consolidation for COVID-19 response	6. Allocation of equipment and infrastructure	5. Allocation, APP, PR of commodities especially PPE	6. Allocation, APP, PR of testing commodities and equipment	5. Assist distribution of assistances, and response to surge due to COVID-19	3. Records and inventories
TG STRATCOM U-VERGEIRE	1. Public disclosure of information, 2. Knowledge and data management, 3. Consolidation and analysis of information, 4. DOH Call Center					

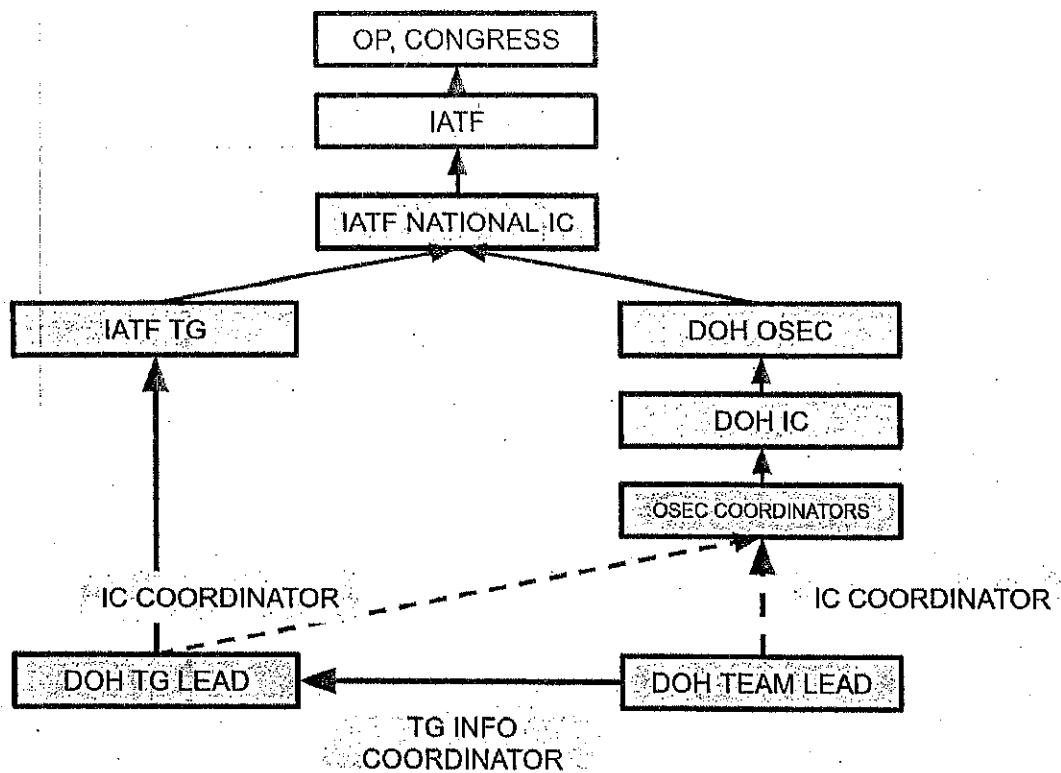
Annex B. Reporting Template

Cluster:			
Offices	COVID-19-Related Deliverables	Updates	Next steps and timeline
1.			
2.			

Note:

- Submitted by Team as of 6PM daily to TG Strat Com and IC
- Attach slides or spreadsheets as necessary
- Detailed reporting template per Team and Task Group shall be provided as necessary

Annex C. Accountability and Reporting Structure



Note: Solid line relationships reflect accountability structure
Dotted line relationships reflect coordination and reporting structure