



Republic of the Philippines
DEPARTMENT OF HEALTH
COMMISSION ON HIGHER EDUCATION
UNIFIED STUDENT FINANCIAL ASSISTANCE SYSTEM FOR TERTIARY EDUCATION BOARD
PROFESSIONAL REGULATION COMMISSION
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
DEPARTMENT OF SCIENCE AND TECHNOLOGY

JOINT ADMINISTRATIVE ORDER

No. 2021 - 0001

SUBJECT: Guidelines for Expanding Health Professional and Health Worker Scholarships and Return Service Agreements for Universal Health Care

I. RATIONALE

The Universal Health Care (UHC) Act (RA 11223) seeks to provide every Filipino with immediate access to preventive, promotive, curative, rehabilitative, and palliative care for medical, dental, mental, and emergency health services. In order to achieve this, an adequate and capable supply of human resources for health (HRH) is critical. In Section 23 of the UHC, a National Health Human Resource Master Plan is established to provide the standards for HRH on appropriate generation, recruitment, retraining, regulation, retention, and productivity, in both the public and private sector, to accommodate population health needs.

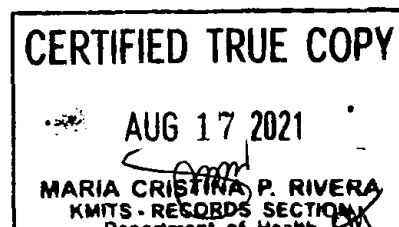
As part of its whole-of-government approach, Section 25 of the UHC Act mandates the Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), Professional Regulation Commission (PRC), and Department of Health (DOH) to develop and plan the expansion of existing and new allied and health-related degree and training programs based on the health needs of the population.

CHED and TESDA were mandated in Sec. 25.3.c. of UHC IRR to develop new programs in coordination with the DOH to supply the health care provider networks with practice-ready health and allied health care professionals and health care workers to meet the health workforce requirements;

DOH and CHED were mandated in Sec. 25.5 of UHC IRR to increase the production of the identified cadre of health professionals and health managers as determined by the National HRH Master Plan through the expansion and redirection of government-funded scholarship programs that would support the production of a needed cadre of health care professionals, health care workers, and health managers and improve local retention, with corresponding return service obligation.

Likewise, Sec. 31.4 of UHC IRR mandated the DOH and DOST-PCHRD to jointly establish systems and procedures for the provision of training grants or scholarships to develop health policy and systems researchers, technical experts, and health systems managers.

Under R.A. No. 10687, the Unified Student Financial Assistance System for Tertiary



Education (UniFAST) Board is mandated to harmonize, reform, strengthen, expand, rationalize, and re-focus all legislated or ongoing Student Financial Assistance Programs of the government for greater efficiency, coherence, synchronization, effective funding, and improved coordination among implementing entities in their specific jurisdiction

This Joint Administrative Order seeks to collaboratively set the guidelines for improving HRH production through scholarships or training grants, and Return Service Agreement (RSA) as provided by the UHC Act and related laws.

II. OBJECTIVES

This Joint Administrative Order aims to:

1. Provide guidelines on the implementation of HRH scholarships and training grants, and Return Service Agreements for UHC consistent with other student financial assistance-related laws such as R.A. No. 10931 (Universal Access to Quality Tertiary Education Act), R.A. No. 10687 (UniFAST Law), R.A. No. 11509 (*Doktor Para sa Bayan Act*) and other related laws;
2. Establish roles of concerned government agencies in the implementation of HRH-related scholarships and training grants and RSA for the implementation of UHC; and
3. Install partnership mechanisms on monitoring scholarship service obligations towards increasing HRH production and distribution for UHC.

III. SCOPE AND COVERAGE

This Order shall cover scholarships for all health professions education programs under CHED including, but not limited to, the following: medicine, nursing, midwifery, dentistry, medical technology, pharmacy, nutrition, and dietetics, optometry, physical therapy, occupational therapy, respiratory therapy, speech pathology, and radiologic technology.

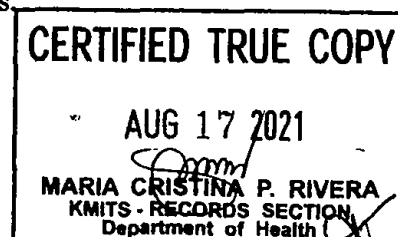
This shall also cover all health-related Technical-Vocational Education and Training (TVET) programs of TESDA that are co-developed with DOH, and training grants for policy systems researchers, technical experts, and managers of the Department of Science and Technology (DOST) through the Philippine Council for Health Research and Development (PCHRD).

The coverage of this Order shall be from the granting of scholarships to the monitoring of compliance to the Return Service Agreement (RSA).

IV. DEFINITION OF TERMS

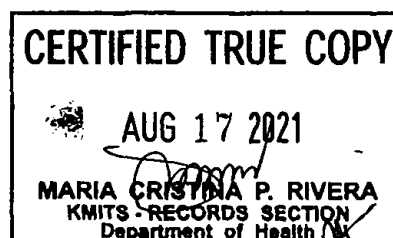
For purposes of this Joint Order, the following terms shall be defined as follows:

- A. **Government-funded scholarships and grants**- refer to all financial assistance for students, as provided by relevant laws, such as RA 10931 "Universal Access to Quality Tertiary Education Act, RA 10687 "Unified Student Financial Assistance System for Tertiary Education (UniFAST) Act", R.A. 11509 "*Doktor Para sa Bayan Act*" and other similar laws.



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- B. Geographically Isolated and Disadvantaged Areas (GIDA)-** refer to barangays that are specifically disadvantaged due to the presence of both physical and socio-economic factors.
- C. Human Resources for Health - (HRH) or “health workforce”** refers to all people engaged in actions whose primary intent is to enhance health”. They include health and allied health professionals, community health workers, social health workers, and other health care providers, as well as health management and support personnel.
- D. Higher Education Institutions (HEIs)-** refer to universities, colleges, academies, or professional/technical institutions with programs leading to academic degrees recognized by CHED.
- E. National HRH Master Plan-** refers to a long term strategic plan for the management and development of HRH; it shall include the following components: 1) comprehensive health labor market study adopting a whole of society approach, 2) standards for HRH, in both public and private sector, on staffing requirements, equitable distribution appropriate generation, recruitment, retraining, regulation, retention, productivity mechanisms, and reassessment of the health workforce that would be updated to accommodate changing population health needs, and 3) outcomes pertaining to sustainable production, appropriate skill mix retention in the health sector, equitable distribution and practice-ready training and education for HRH. (Section 23, Rule VI, UHC Act IRR).
- F. National Health Workforce Registry-** refers to a registry of medical and allied health professionals indicating, among others, their current number of practitioners and location of the practice. (Section 25.7, Rule VI, UHC Act IRR).
- G. National Health Workforce Support System-** refers to a mechanism that includes: human resource management and development systems; salaries, benefits, and incentives; and occupational health and safety of deployed health care professionals or health care workers to support equity in local public health systems. (Section 24.1, Rule VI, UHC Act IRR).
- H. Primary care-** refers to initial contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary (Sec. 4.25, RA 11223).
- I. Primary care facility-** refers to the institution that primarily delivers primary care services that shall be licensed/ registered to DOH (Sec. 4.26.b. IRR of RA 11223).
- J. Primary care worker –** refers to a health care worker, who may be a health professional or community health worker/ volunteer, certified by DOH to provide primary care services. (Sec. 4.26.c. IRR of RA 11223).



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K. Primary Health Care- refers to a whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services. (RA 11223).

L. Public Health- refers to the delivery of population-based services which includes health promotion, epidemiologic disease surveillance, mass interventions, disaster risk reduction and management, and health program management (DOH AO No. 2020-0024).

M. Return Service Agreement (RSA)- refers to the agreement entered into by the scholar, the academic or training institution, and the DOH. This document specifies the benefits and obligations of a scholar, as well as the mechanisms for compliance.

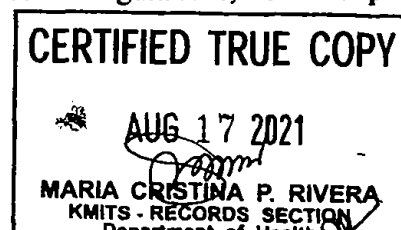
Graduates entering into an RSA shall be required to serve in one of the DOH-specified priority health facilities or fields of practice within the public sector in the Philippines, on a full-time basis for at least three (3) full years, within one (1) year upon graduation or acquiring the necessary license to practice. (Section 26, RA 11223).

N. Scholarships - refers to a modality of financial assistance given to eligible students on the basis of merit and/or talent, such as laudable academic performance, and special technical proficiencies and skills and intellectual pursuits of a Scholar that give rise to research and development, and innovations as well as other creative works (RA 10687). With the passage of the UHC law (RA 11223), scholarships for health shall be expanded to prioritize based on the population health needs with an emphasis on geographically isolated areas.

O. Technical and Vocational Education and Training (TVET) - refers to the education process designed at post-secondary and lower tertiary levels, officially recognized as non-degree programs aimed at preparing technicians, paraprofessionals, and other categories of middle-level workers by providing them with a broad range of general education, theoretical, scientific and technological studies, and related job skills training. (RA 10931 "Universal Access to Quality Tertiary Education Act").

V. GENERAL GUIDELINES

- A. Expansion of scholarship programs for health professionals and health workers shall be prioritized based on data and assessment of needs, such as number of HRH to population ratio, HRH needs per geographical location especially unserved and underserved areas, and HRH needs per cadre or category;
- B. All government-funded scholarships and training grants for health shall be integrated and re-focused towards the delivery of quality primary care services for all Filipinos;
- C. All recipients of government-funded scholarships for health shall enter into a Return Service Agreement (RSA) wherein service obligations shall prioritize government service and deployment in primary care facilities; and
- D. Provision of all government-funded scholarships and training grants shall be in accordance with existing government rules and regulations, and other policies



governing the use of public funds for capacity building.

VI. SPECIFIC GUIDELINES/ IMPLEMENTING MECHANISMS

A. Assessment of HRH Needs

1. Prioritization of scholarships shall primarily consider data of HRH needs per population and the special needs per geographical area and HRH market supply and demand studies, in accordance with CHED and UniFAST guidelines on scholarship prioritization;
2. The National Health Workforce Registry (NHWR) and National HRH MasterPlan, managed and supervised by the DOH, shall be the source of information on HRH needs. The CHED, UniFAST, TESDA, PRC, and DOST-PCHR shall be allowed to access the NHWR and HRM Masterplan to review, verify and validate their contents; and
3. Geographical distribution of Higher Education Institutions (HEI) and technology institutions shall be mapped to prioritize areas for the establishment of new centers and facilities.

B. Integrated Government Scholarships for Health Professions Education and Health-related Technical-Vocational Education

1. Government scholarship programs shall be harmonized under the UniFAST Board in accordance with the UniFAST Act in coordination and partnerships with the CHED, UniFAST, DOH, and TESDA;
2. The planning and targeting for the scholarship programs and training grants shall be based on guidelines and mechanisms as may be agreed upon by the CHED, UniFAST, and DOH;
3. Partner schools to be engaged for scholarships shall prioritize state or local universities, TESDA vocational institutions (TVIs), and those located in autonomous regions, geographically isolated areas, and indigenous people communities. Private HEIs or institutions shall only be engaged if there are no existing learning facilities that are providing health profession education programs and health worker training in a particular city or municipality;
4. Criteria for the selection of partner HEIs shall include the presence of a culture of service, nation-building, and integrity;
5. Screening of scholars shall consider those residing in the areas of need and those with the potential to be retained and serve in their respective localities; and
6. Monitoring of scholarship obligation shall include tracking the number of graduates, licensure passers, and employment in the health sector, and linked with the National Health Workforce Support System (NHWSS) and the NHWR;

C. Return Service Agreement (RSA)

1. Obligations under the RSA shall may be served in accordance with guidelines and mechanisms as provided under existing laws and as may be agreed upon by the CHED, UniFAST and the DOH;
2. Beneficiaries of scholarships under the UHC Law shall serve a minimum period of three (3) full years within one (1) upon graduation acquiring the necessary license to practice. Beneficiaries of the *Doktor Para Sa Bayan*

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MARIA CRISTINA P. RIVERA
KMITS - RECORDS SECTION
Department of Health

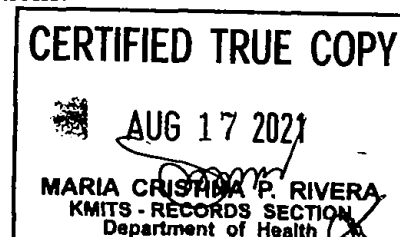
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Act shall serve one (1) year for every scholarship year availed of, in accordance with the *Doktor Para Sa Bayan Act*. Requirements of laws currently in existence or which shall hereinafter be enacted on mandatory return service shall be observed and deemed incorporated into this Joint Administrative Order;

3. Beneficiaries of scholarships under the UHC Law may render mandatory return service under the following:
 - a. as part of the pool of health workers and health professionals for the National Health Workforce Support System or any government-initiated deployment programs; and
 - b. employment in primary care facilities
4. Recipients of scholarships under this order shall be prioritized for government employment and training opportunities, including permanent positions under province-wide or city-wide health systems, positions for medical residency and sub-specialty training, and specialization tracks for allied health professions in government facilities. (Sec. 26.3 of UHC IRR);
5. TESDA scholarships for programs with a duration of at least one (1) year or those that are earning professional licenses from PRC (e.g. dental hygiene, dental technology) shall be eligible for RSA;
6. The obligations and liabilities stipulated in the RSA shall be legally binding and any form of noncompliance shall be considered a breach of contract and warrants filing of an arbitration case;
7. The monitoring of RSA obligations shall involve migration of scholars' data from the existing monitoring system of CHED and UniFAST (R.A. 10687 "Unified Financial Assistance System for Tertiary Education Act") into the NHWR, subject to a data sharing agreement the DOH, CHED, and UniFAST may hereinafter agree upon; and
8. The database of scholars from TESDA and DOST-PCHRD shall be integrated with the DOH database for monitoring and determining areas for RSA obligations.

D. Scholarships for Health Policy and Systems Research

1. Training grants for health policy and systems researchers, technical experts, and health system managers shall be prioritized based on country needs, as determined by the DOH and DOST through PCHRD;
2. The postgraduate scholarship of the DOH shall prioritize courses for health policy and systems research, health-related technical expertise, and health systems management. The allocation of funds and management of such scholarships shall observe existing government guidelines and accounting rules and regulations;
3. Recipients of training grants of DOST-PCHRD and postgraduate scholars of DOH shall serve their return service obligation in DOH, Philhealth, and other relevant government agencies. Those who will serve an additional two (2) years shall be provided with additional incentives as determined by the agency concerned;
4. Fellowship programs shall be established by DOH and DOST-PCHRD for scholars of health policy and systems research courses; and
5. A training registry or database shall be shared between DOH and DOST-PCHRD for tracking of postgraduate scholars and monitoring their compliance to return service obligations.



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VII. ROLES and RESPONSIBILITIES

A. CHED and UniFAST shall:

1. Expand and integrate health professional education scholarships, in consultation with the DOH;
2. Support establishment of health professional education programs in areas of need through the provision of incentives and technical assistance;
3. Establish mechanisms for tracking graduates of health professions education programs; and
4. Strengthen the monitoring of scholarship obligations in coordination with the DOH and other relevant government entities.

B. TESDA shall:

1. Update and expand existing health-related programs to integrate primary care competencies and respond to the needs of primary care facilities and networks in the country;
2. Develop new health-related programs, in partnership with the DOH, to respond to current and future needs of the health sector;
3. Prioritize the provision of TVET scholarships to health-related programs based on the health needs of the population, especially in unserved and underserved areas; and
4. Implement a return service program for TVET scholars and prioritize their placement in areas of need.

C. PRC shall:

1. Coordinate with CHED and DOH on defining RSA obligations for recipients of scholarship grants; and
2. Share relevant data to DOH in order to facilitate monitoring RSA compliance.

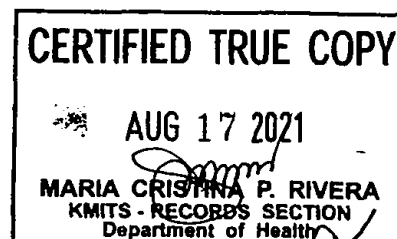
D. DOH shall:

1. Regularly provide data and reports on the number and distribution of HRH to support the appropriate production of health professionals and health workers especially in unserved and underserved areas and population groups;
2. Issue guidelines that specify conditions for the admission of scholarship recipients into post-graduate degree programs or specialty training courses under the RSA; and
3. Allocate and manage funds for training grants to develop a pool of health policy and systems researchers, technical experts, and health systems managers.

VIII. JOINT UNDERTAKINGS

A. CHED, UniFAST, TESDA, PRC, DOH, and DOST shall:

1. Coordinate to develop plans and joint policies on expanding the current and future health-related degree and training programs where they are needed, especially those in GIDAs.



B. CHED, DOH, and TESDA shall:

1. Integrate their respective scholarship programs to improve the production of health professionals and health workers, based on the health needs of the population;
2. Review and update existing curriculum and accreditation policies of health-related education programs to provide the appropriate number and quality of human resources for health; and
3. Develop new programs, based on the current and future needs of the country, to supply the health sector with practice-ready health and allied health professionals and health workers. Advocate the inclusion of primary health care outcomes in the courses and modules of Higher Education Institutions (HEI) and training institutions.

C. CHED and TESDA shall:

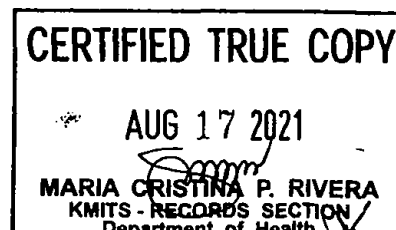
1. Encourage the establishment of medical and health science schools and TVET centers in areas of need with limited production capacity for health professionals and health workers; and
2. Regulate and manage the number of enrollees per program with the end view of producing the needed health and allied health graduates by enforcing stricter admission policies, but with special consideration to unserved and underserved areas.

D. CHED, UniFAST, and DOH shall:

1. Increase production of an identified cadre of health professionals and health managers primarily guided by the National Health Human Resource MasterPlan through the expansion and redirection of government-funded scholarship programs that would support the production of a needed cadre of health professionals, health care workers, and health managers and improve local retention;
2. Source funds for scholarship grants; refer to a modality of financial assistance that they provide to eligible individuals through government-funded scholarship programs. *Provided, That* bona fide residents of unserved and underserved areas or members of indigenous peoples shall be prioritized for scholarship grants from the national government, LGUs, NGOs or private entities, and international bodies;
3. Set up a monitoring system to track scholarship recipients and graduates and monitor compliance to return service and assess the effectiveness of the RSA, in coordination with academic or training institutions, whether public or private, with government-funded scholarship programs; and
4. Institutionalize mechanisms to encourage their graduates to serve in priority areas and fields of practice in the public sector, in consultation with State Universities and Colleges, Local Universities and Colleges, and private academic and training institutions with health professional education programs.

E. PRC and DOH shall:

1. Set up a registry of medical and allied health professionals indicating, among others, their current number of practitioners and location of practice,



in coordination with duly registered medical and allied health professional societies.

F. CHED, PRC, and DOH shall:

1. Develop guidelines for noncompliance and mechanisms to define obligation for recipients of scholarship who fail to render return service.

G. DOH and DOST shall:

1. Establish systems and procedures for the provision of training grants for health policy and systems research;
2. Identify academic or training institutions, whether in the Philippines or abroad, that are globally benchmarked and with relevant curricula that are aligned with the health needs of the Philippines;
3. Coordinate to provide fellowship programs for the scholars and determine areas for return service obligation; and
4. Share a training registry for purposes of tracking recipients and scholars, and monitoring their compliance to return service obligations.

IX. TRANSITORY PROVISIONS

This Order shall apply to new scholarship recipients from the academic year 2021 onwards.

This Order shall not prevent the continuation of effective programs implemented by other NGAs or of state-funded student financial assistance programs with specific and targeted beneficiaries in accordance with R.A. 10687, otherwise known as the "Unified Financial Assistance System for Tertiary Education Act."

X. REPEALING CLAUSE

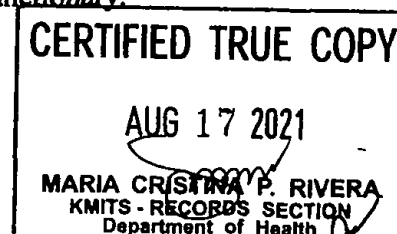
All other issuances inconsistent with the provisions of this Order are hereby repealed/ rescinded and modified accordingly.

XI. SEPARABILITY CLAUSE

If for any reason, any part or provision of this Order be declared invalid or unconstitutional, such shall not affect the other provisions which shall remain in full force and effect.


XII. EFFECTIVITY DATE


This Order specifying the new guidelines shall take effect fifteen (15) days after the date of its publication in the Official Gazette or in any newspaper of general circulation, with three (3) certified copies to be filed with the Office of the National Administrative Register of the U.P. Law Center pursuant to Section 3, Chapter 2, Book VII of Executive Order No. 292, Series of 1987 through the Department or Commission's records officer or its equivalent functionary.





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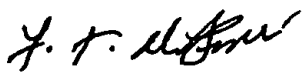
Done in the City of Manila this 11 day of AUG, in the year of our Lord two thousand and twenty-one.


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

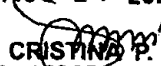

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Chairperson
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