Republic of the Philippines
OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION
Region 02

CHEDRO 2
RELEASED
Date: 05/12/21
Signature:

REGIONAL MEMORANDUM ORDER
No. 139, series of 2021

FOR : **ALL PRESIDENTS/HEADS AND OFFICERS-IN-CHARGE OF PUBLIC AND PRIVATE HIGHER EDUCATION INSTITUTIONS (HEIs) OF REGION 2**

SUBJECT : **CALL FOR NOMINATION AND EXPRESSION OF INTEREST FOR THE HEALTH IMPACT ASSESSMENT REVIEW COMMITTEE**

DATE : **MAY 12, 2021**

The Commission on Higher Education Regional Office 2 hereby disseminates the information in the attached Memorandum from **Chairman J. Prospero E. De Vera III**, Commission on Higher Education, HEDC Building, C.P. Garcia Avenue, Diliman, Quezon City, regarding the Call for Nomination and Expression of Interest for Health Impact Assessment Review Committee.

Deadline of submission of applications for membership is until **May 14, 2021.**

Attached also is the Department of Health (DOH) Department Circular No. 2021-0076 titled "Call for Nomination and Expression of Interest for Health Impact Assessment Review Committee" for information and reference.

Widest dissemination of the memorandum is desired.

JULIETA M. PARAS, Ed.D., CESE
Director IV

Encl.: as stated

:rgd/05122021/TR No.: 9624

Republic of the Philippines
OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION

9024
5-12-21

MEMORANDUM FROM THE OFFICE OF THE CHAIRPERSON

TO	:	**PRESIDENTS/ HEADS/ OFFICERS-IN-CHARGE OF HIGHER EDUCATION INSTITUTIONS**
SUBJECT	:	**CALL FOR NOMINATION AND EXPRESSION OF INTEREST FOR THE HEALTH IMPACT ASSESSMENT REVIEW COMMITTEE**
DATE	:	**07 MAY 2021**

In support of the Department of Health (DOH) and its implementation of the Universal Health Care Act (UHC), higher education institutions are invited to participate in the "Call for Nomination and Expression of Interest for the Health Impact Assessment Review Committee".

Interested parties must meet the following eligiblity criteria:

1. A post graduate degree in any of the following: public health, medicine, economics, sociology and environmental health;
2. Experience and training on the conduct of HIA;
3. Subject matter expert on their own fields of practice e.g. public health, medicine, social science, medicine, etc.;
4. Participation in any impact assessent review committee is an advantage.

HIA RevCom Members will have a 3-year engagement with possibility of renewal or extension.

Kindly contact Ms. Alyzza Vienn M. Eclavea of the DOH Health Promotion Bureau at 8 651 8700 local 2832 or hia@doh.gov.ph for further information.

Enclosed are the DOH-DILG JAO No. 2021-0001 and DOH Department Circular No. 2021-0076 for reference.

Thank you.

J. PROSPERO E. DE VERA III, DPA
Chairman

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

06 April 2021

CHAIRPERSON J. PROSPERO E. DE VERA III
Commission on Higher Education
C.P. Garcia Ave., Diliman, Quezon City

Dear **Chairperson De Vera,**

The Universal Health Care (UHC) Act and its Implementing Rules and Regulations (IRR) has provided the Department of Health the expanded mandate on requiring Health Impact Assessment (HIA) for policies, programs, and projects that are crucial in attaining better health outcomes or may have an impact on the health sector. In order to implement this UHC directive, the Department of Health (DOH) and Department of Interior and Local Government (DILG) issued the Joint Administrative Order No. 2021-0001, "Guidelines for the Operationalization of the Health Impact Assessment Review Process for Development Projects."

To fully operationalize the HIA Review Process provided for in the Joint Administrative Order, the DOH issued Department Circular (DC) No. 2021-0076 and its amendment entitled "Call for Nomination and Expression of Interest for the Health Impact Assessment Review Committee" which opened the application for membership starting 1 March 2021 until 30 April 2021. This call is open to all subject matter experts and practitioners with relevant education and work experience who wish to partake as members and pioneers of the first Health Impact Assessment Review Committee in the Philippines. Members of the academe will be critical partners as we constitute this Committee.

In light of this, may we request for your office's kind assistance in endorsing and disseminating the attached DC to all tertiary and graduate education institutions for their information and reference. Attached herewith are the copy of the DC, and the DOH-DILG JAO on HIA, for your reference. For queries or concerns, you may contact Ms. Alyzza Vienn M. Eclavea of the DOH Health Promotion Bureau through viber at 09154009556 or email at hia@doh.gov.ph.

Thank you.

Very truly yours,

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO IV
OIC - Undersecretary of Health
Public Health Services Team

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 24, 2021

DEPARTMENT CIRCULAR
No. 2021 - 0076

TO: **ALL UNDERSECRETARIES; ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, DOH-CENTER FOR DEVELOPMENT AND SERVICES; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, NATIONAL NUTRITION COUNCIL; CHIEFS OF DOH-HOSPITALS AND MEDICAL CENTERS AND INSTITUTES: DIRECTOR OF TREATMENT REHABILITATION CENTERS: PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL; AND OTHERS CONCERNED**

SUBJECT: **Call for Nomination and Expression of Interest for the Health Impact Assessment Review Committee**

Please be advised that the Department of Health (DOH) is now accepting nominations and applications for the Health Impact Assessment (HIA) Review Committee starting **1 March 2021.**

Pursuant to DOH-DILG Joint Administrative Order No. 2021-0001: Guidelines on the Operationalization of the Health Impact Assessment Review Process for Development Projects, an HIA Review Committee (RevCom) shall be institutionalized in the Department to recommend actions to the Secretary of Health (SOH) and provide technical inputs and recommendations to Project Proponents and HIA Preparers for the issuance of a Health Impact Clearance Certification (HICC). As stipulated in this JAO, the HICC shall be required by LGUs prior to the acquisition of a development, business, or building permit and shall only be issued by SOH upon positive recommendation of the RevCom.

The duties and responsibilities of the HIA RevCom Members are as follows:

1. To attend all the HIA Review Committee meetings;
2. To act as primary reviewers of Scoping Reports, HIA Reports and PHMMP that fall under their respective expertise, as appointed by the HIA Chair and/or the HIA RevCom Secretariat;
3. To participate in the review and discussion of HIA Reports;
4. To provide decisions and/or actions for the HIA Reports under review through casting of votes;
5. To designate an alternate representative in cases where the member, due to inevitable circumstances, is unavailable to attend the scheduled meeting; and

6. To participate in Ad Referendum meetings as deemed necessary by the HIA Review Committee Secretariat; and
7. To review PHMMP endorsed by the Ad Referendum Committee for ratification.

To ensure quality of review of the HIA RevCom, core members of the committee shall be composed of experts and/or practitioners on public health, medicine, economics, sociology, and environmental health. Specialists from other relevant fields of expertise may be invited as resource persons/ independent consultants in the RevCom Meeting based on the scope and coverage of the development project. The HIA RevCom shall be composed of the Health Promotion Bureau, representatives from pertinent local health offices, national government agencies (NGA), and non-government or civil society organizations (NGO/CSO).

As such, the DOH is calling for nominations and expression of interest of experts and practitioners with the following eligibility criteria:

1. A post graduate degree in any of the following: public health, medicine, economics, sociology, and environmental health.
2. Experience and training on the conduct of HIA
3. Subject matter expert on their own fields of practice e.g., public health, medicine, social science, medicine, etc.
4. Participation in any impact assessment review committee is an advantage.

The initial engagement of the HIA RevCom members shall be three (3) years with possibility of renewal or extension.

Please submit nomination or interest on or before **31 March 2021, 5PM** through this link: http://bit.ly/HIARevCom. Kindly attach accomplished Personal Data Sheet and Conflict of Interest Form of the nominee in the submission.

Attached herewith is a copy of the DOH-DILG JAO No. 2021-0001, and Annex A. Declaration of Conflict of Interest Form, for reference. For questions, you may contact Ms. Alyzza Vienn M. Eclavea of the DOH Health Promotion Bureau at local 2832 or email at hia@doh.gov.ph.

Dissemination of the information to all concerned is requested.

By Authority of the Secretary of Health:

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO IV
OIC - Undersecretary of Health
Public Health Services Team

Call for Nomination and Expression of Interest

Pursuant to DOH-DILG Joint Administrative Order No. 2021-0001: Guidelines on the Operationalization of the Health Impact Assessment Review Process for Development Projects, an HIA Review Committee (RevCom) shall be institutionalized in the Department to provide technical inputs and recommend actions to the DOH on development projects and .

The HIA RevCom shall be composed of the Health Promotion Bureau, representatives from pertinent local health offices, national government agencies (NGA), and non-government or civil society organizations (NGO/CSO). Core members of the RevCom shall be composed of experts on public health, medicine, economics, sociology, and environmental health at the minimum. Specialists from other relevant fields of expertise may be invited in the RevCom based on the scope and expertise needed during the review of the development project.

As such, the DOH is calling for nominations and expression of interest of experts and practitioners with the following eligibility criteria:
1. A post graduate degree in any of the following: public health, medicine, economics, sociology, and environmental health;
2. Experience and training on the conduct of HIA;
3. Subject matter expert on their own fields of practice e.g., public health, medicine, social science, medicine, etc.
4. Participation in any impact assessment review committee is an advantage.

Link to Forms: https://drive.google.com/drive/folders/1T9ZT1ovlQersam9eOAJl_11w_w-mUhMf?usp=sharing

For questions, you may contact Ms. Alyzza Vienn M. Eclavea of the DOH Health Promotion Bureau at 8651-8700 local 2832 or email at hia@doh.gov.ph.

The name and photo associated with your Google account will be recorded when you upload files and submit this form.

Not **hia@doh.gov.ph**? Switch account

* Required

Name *

First and last name

Your answer

Email Address of Nominee *

Your answer

Contact Number of Nominee *

Your answer

Personal Data Sheet (download form from link above) *

Add file

Declaration of Conflict of Interest (download form from link above) *

Add file

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ANNEX A

DECLARATION OF CONFLICT OF INTEREST

1. CURRENT FINANCIAL INTERESTS

To the best of your knowledge, do 1) you or any of your relative within the fourth (4th) civil degree, by affinity or consanguinity, 2) organization in which you serve as an officer, director, trustee, general partner, or employee and/or 3) entity with whom you are negotiating or have any arrangement concerning prospective employment have any current involvement or financial link with any policy determining activity of the office/agency/advisory body/committee:

a. **INVESTMENTS** *(e.g. stocks, bonds, retirement plans, trust, partnerships, sector funds, etc.)* ☐ **NONE** (If "none", skip to item b.)

ESTABLISHMENT	TYPE OF INVESTMENT	OWNER (self, spouse, etc.)	NUMBER OF SHARES	CURRENT VALUE	CHECK PERCENTAGE NET WORTH		
					LESS THAN 5%	5-15%	MORE THAN 15%

b. **EMPLOYMENT** *(Full or Part Time) (Current or Under Negotiation)* ☐ **NONE** (If "none", skip to item c.)

ESTABLISHMENT	RELATIONSHIP	POSITION IN FIRM	DATE EMPLOYMENT OR NEGOTIATIONS BEGAN

c. **CONSULTANT/ADVISOR** *(Current or Under Negotiation)* ☐ **NONE** (If "none", skip to item d.)

ESTABLISHMENT	TOPIC/ISSUE	AMOUNT RECEIVED	DATE FROM	DATE TO	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES

d. **CONTRACTS/GRANTS** (Current or Under Negotiation) ☐ **NONE** (If "none", skip to item e.)

TYPE OF AGREEMENT (contract, grant)	PRODUCT UNDER STUDY AND INDICATIONS	AMOUNT OF REMUNERATION TO		TIME PERIOD	SPONSOR*	YOUR ROLE**	AWARDEE	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		INSTITU-TION	YOU					
								☐ YES ☐ NO
								☐ YES ☐ NO
								☐ YES ☐ NO
								☐ YES ☐ NO

* Government, Establishment, Institution, Individual

** Site Investigator, Principal Investigator, Co-Investigator, Employee, Partner, No Involvement, or Other

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES

1. CURRENT FINANCIAL INTERESTS (Continued)

e. INTELLECTUAL PROPERTY (PATENTS/ROYALTIES/TRADEMARKS) ☐ **NONE** (If "none", skip to Item f.)

FOR	ESTABLISHMENT	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES	IF "YES", EXPLAIN BELOW AND INDICATE INCOME RECEIVED
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	

f. EXPERT WITNESS *(Last 12 Months or under negotiation)* ☐ **NONE** (If "none", skip to Item g.)

I appeared for or against the following listed establishment(s) and issue(s)

FIRM AND ISSUE	AMOUNT RECEIVED	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES	IF "YES", EXPLAIN BELOW
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	

g. SPEAKING/WRITING *(Last 12 Months or under negotiation)* ☐ **NONE** (If "none", skip to Item g.)

FIRM	TOPIC/ISSUE	AMOUNT RECEIVED		DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
		HONORAR-IUM	TRAVEL		
					☐ YES ☐ NO
					☐ YES ☐ NO
					☐ YES ☐ NO

2. PAST FINANCIAL INTERESTS

a. To the best of your knowledge, do 1) you or any of your relative within the fourth (4th) civil degree, by affinity or consanguinity, 2) organization in which you serve as an officer, director, trustee, general partner, or employee have any past involvement with any policy determining activity of the office/agency/advisory body/committee:

☐ **YES** ☐ **NO** ☐ **NOT TO MY KNOWLEDGE**

b. If "Yes." describe involvement.

FIRM/PRODUCT	FINANCIAL INVOLVEMENT (e.g. contract/consultant)	ROLE	DATES	RELATED TO LISTED PRODUCTS/ INDICATIONS/ ISSUES
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES