

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City**

**FIFTEENTH CONGRESS
Second Regular Session**

House Bill No. 5227

**Introduced by Representatives
DIOSDADO MACAPAGAL ARROYO and GLORIA MACAPAGAL ARROYO**

**AN ACT
STRENGTHENING THE HEALTHCARE SYSTEM IN CULTURAL AND
INDIGENOUS COMMUNITIES BY INSTITUTIONALIZING THE TRAINING AND
EMPLOYMENT OF TRIBAL HEALTH WORKERS AND FOR OTHER
PURPOSES**

EXPLANATORY NOTE

The 1987 Philippine Constitution recognizes social justice vis-à-vis cultural communities as expressed in Article II, Section 15 stating that *"The State shall protect and promote the right to health of the people and instill health consciousness among them."* and in Article II, Section 22 stating that *"The State recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development."*

Recognizing these provisions of our fundamental law, our indigenous cultural communities (ICCs) still have no easy access to basic services especially healthcare. Most tribes and settlements of indigenous cultural communities (ICC) are located in the hinterlands making it difficult for them to avail of such services. With no other recourse, ICCs turn to traditional medicines and healthcare whenever a member becomes sick. Benefits of modern medicine and healthcare are rare for them making them susceptible to serious health problems.

For the past decades, government agencies (GA) and non-government organizations (NGOs) have sought ways on how to improve the health conditions of our indigenous peoples. One way is the sending of people/medical personnel

to these indigenous communities in order to treat common illnesses. With the formal health care delivery system in the country almost exclusively located in cities and municipalities, there is an urgent need to train health workers from tribal communities to intensify the practice of traditional and alternative medicine, as well as first aid treatment for their members.

This was done through by the enactment of R.A. 7883 or the "Barangay Health Workers Benefits and Incentives Act of 1995." The National Government was able to train barangay health workers to provide primary healthcare to members of their respective communities via a competitive benefits and incentives package. But despite this law, many tribal communities remained unserved by barangay health workers especially during the night, weekends and holidays.

This proposal seeks to establish and institutionalize the training of tribal health workers to help complement the existing efforts of our barangay health workers. These tribal health workers will now be made responsible in providing primary health care in their respective communities on a 24-hour basis. Their delegation is intended to complement the DOH in pursuing effective community-based health services especially in the remote and isolated areas.

We therefore request our colleagues in this chamber to ensure the immediate passage of this bill into law.



DIOSDADO MACAPAGAL ARROYO
Second District, Camarines Sur

GLORIA MACAPAGAL ARROYO
Second District, Pampanga

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*Be it enacted by the Senate and the House of Representatives of the
Philippines in Congress assembled:*

SECTION 1. *Title.* – This Act shall be known as the "Tribal Health Workers Act of 2011."

SECTION 2. *Statement of policy and objective.* – The Philippine Constitution of 1987 provides that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. It is also the policy of the State to provide cheap and affordable quality medicine and medical services to citizens in far-flung areas and indigenous communities.

SECTION 3. *Definition of Terms.* – As used in this Act, the following words and phrases shall be defined as:

- a. Barangay Health Workers - RA 7883 defines barangay health workers as referring to a person who has undergone training programs under any accredited government or non-government organization and who

voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).

b. Tribal Health Workers - refers to members of the ICC community who have undergone training by government or non-government organizations and are rendering voluntary health care in the tribal community.

SECTION 4. *Tribal Health Workers.* – All tribal communities which are located about 10 km from the barangay center are qualified to have tribal health workers (THW) depending upon the number of families residing therein. Every 30 families are entitled to one tribal health worker. An additional of 20 families with in tribal community entitles the community to an additional tribal health worker.

SECTION 5. *Selection and Training of Tribal Health Workers.* – The Tribal Chief shall appoint, in accordance to the traditions of the tribe the tribal health worker and submit his name to the local health board who in turn shall register the appointed tribal health worker. The local health board will furnish a copy of the list of tribal health workers to the Department of Health (DOH) which shall maintain a national list of tribal health workers.

The DOH shall be responsible for the conduct of training to the tribal health workers. The DOH may contract the services of non-government organizations (NGOs) to conduct the training. The DOH shall be responsible for the content of the training, duration of training and the contracting of NGO-trainers in case it cannot carry out the training itself.

SECTION 6. *Responsibilities of the tribal health workers.* – The THW is responsible for providing primary health care to members of the tribes. He is also responsible, in coordination with the family of the sick person, and/or local government units for bringing the sick person to the nearest clinic or hospital.

Since primary health care may make use of herbal medicines that are traditional to the tribe, the THW is mandated to establish herbal garden in the community. The Barangay LGU, the municipal LGU and the CENRO of the DENR are hereby required to provide assistance to the THW in establishing such herbal garden.

SECTION 7. *Benefits of Tribal Health Workers.* – Similar to the Barangay Health Workers who are provided with a number of benefits under RA 7883, the THW are granted the following incentives and benefits:

(a) *Free health care insurance and hospitalization* – The THW shall be provided free government health care insurance, the PhilHealth Insurance.

In addition, the THW shall be entitled to free hospitalization in case of work-related sickness or injury. The Department of Social Welfare and Development (DSWD) shall provide the insurance as well pay for the hospitalization of the THW. The DSWD shall work closely with the local health boards in the granting of these benefits to THW particularly in the identification of who are entitled to the benefits.

(b) *Educational benefits* – The THW is entitled to free tuition in public high schools and universities. Should the THW not be able to benefit from this incentive himself this benefit is transferrable to one of his/her legitimate children. These benefits can be availed of only for as long as he/she remains an active THW.

(c) *Continuing training* – The DOH shall be responsible for providing continuing training to the THW on new and emerging primary health care management as well as new and emerging herbal medicines.

(d) *Free legal services* – The Public Attorneys' Office shall provide free legal advice to THW if there is occasion that the latter needs one arising from or in connection with the exercise of his/her duties and responsibilities as THW.

SECTION 8. *Rules and Regulations of this Act.* – The DOH, the DSWD, the DILG and the DENR shall be responsible for the formulation of the Implementing Rules (IRR) and Regulations (IRR) of this Act within 180 days from its approval.

SECTION 9. *Separability clause.* – If any provision of this Act is declared invalid, the remainder, or any provision of this Act not affected thereby shall remain in force and in effect.

SECTION 10. *Repealing clause.* – All laws, executive orders, proclamations, and other presidential issuances which are inconsistent with this Act shall be deemed, amended or modified accordingly.

SECTION 11. *Effectivity.* – This Act shall take effect 15 days after its publication in the Official Gazette or in at least 2 newspapers of national circulation, whichever comes earlier.

Approved,