

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

House Bill No. 2673



Introduced by Representatives
DIOSDADO MACAPAGAL ARROYO and GLORIA MACAPAGAL ARROYO

AN ACT
MANDATING THE APPOINTMENT OF ONE MIDWIFE FOR EACH BARANGAY, AND
FOR OTHER PURPOSES

EXPLANATORY NOTE

Infant and maternal mortality rates worldwide are still alarmingly high, particularly in developing countries like the Philippines. According to the World Health Organization and the United Nations Children's Fund, more than half a million women succumb to complications due to pregnancy or childbirth. Around 99% of all maternal deaths occur in developing countries, with some 84% concentrated in sub-Saharan Africa and South Asia.

As an attempt to address this appalling global problem, member-states of the United Nations, together with more than 23 international organizations, adopted the Millennium Development Goals (MDGs), which intended to eradicate poverty and improve social and economic conditions in the world's poorest countries by 2015. The Philippines is one of the signatories.

The National Economic Development Authority (NEDA), the agency tasked to monitor compliance with the MDGs, reports that the Philippines is on track with most of the eight (8) goals. However, it was quick to admit that most likely, the Philippines will fail to achieve at least two of these goals: (1) universal primary education and (2) improvement in maternal and neonatal health.

Based on 2006 figures, maternal mortality rate (MMR) in the Philippines stands at 162 per 100,000. The target MMR under the MDGs is 52 per 100,000 population by 2015.

Health workers play a vital role in lowering our country's MMR but unfortunately, there is lack of access to professional healthcare practitioners. Healthcare professionals are sorely lacking and unequally distributed in rural and urban areas. Most of our healthcare professionals, in particular doctors and nurses, have left the country in search for greener pastures abroad. Given this problem, health experts have recommended that the gap on the delivery of maternal and infant healthcare services be covered by the appointment of midwives who are similarly trained to provide healthcare services, especially in the field of maternal and infant healthcare.

As mentioned in an article by the late Ms. Alice dela Gente, former President of the Integrated Midwives Association of the Philippines (IMAP) in early 2008, *"midwives comprise one of the largest occupational groups in the Philippine public and private health system. Records show that there are 150,722 registered midwives as of June 2007. Midwives work in the private or public sector in hospitals, birthing clinics, barangay health stations, or rural health units. They comprise 65% of the public health workforce. In 2005, there were 16,967 government midwives in the country, delivering frontline services in 15,436 barangay health stations and 2266 rural health units."* Midwives are the first point of contact for patients coming into the health system in the rural areas. In fact, midwives are currently implementing public health programs in these areas. With such a role and significant contribution in augmenting the presence of professional healthcare practitioners in rural areas, their increased community presence is of vital importance.

Although the recommended ratio is one midwife for every 5,000, most midwives, at present, cater to the needs of 10,000-30,000 individuals in their assigned area. Recognizing the importance of primary healthcare and the presence of midwives in the country, especially in the rural areas, the bill not only mandates the appointment of one midwife for each barangay but further seeks to increase the number of midwives in a barangay where there is a population of more than 5,000. This will enable midwives to provide quality and efficient healthcare services.

The midwifery profession is central to the delivery of efficient and effective healthcare services, particularly in the rural areas. By making midwives and the services they provide accessible, affordable and appropriate to the needs of patients, the Philippines may be well on its way of achieving one of the remaining MDGs with regard to the improvement in maternal and neonatal health.

In view of the foregoing, approval of this bill is earnestly requested.


DIOSDADO MACAPAGAL ARROYO
Second District, Camarines Sur


GLORIA MACAPAGAL ARROYO
Second District, Pampanga

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

House Bill No. **2673**

Introduced by Representatives
DIOSDADO MACAPAGAL ARROYO and GLORIA MACAPAGAL ARROYO

AN ACT
MANDATING THE APPOINTMENT OF ONE MIDWIFE FOR EACH BARANGAY, AND
FOR OTHER PURPOSES

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

SECTION 1. *Short Title.* – This Act shall be known as the "Midwife to the Barangay Act of 2013."

SECTION 2. *Statement of Policy.* – It is the policy of the State to protect and promote the right to health of the people. The State shall provide appropriate programs and measures to provide access to affordable and quality health and social services, especially in rural areas.

The services of midwives, as front liners in the country's health care delivery system, are essential in achieving the State's health policy, especially with regard to pre-natal and post natal maternal, and newborn, care. Toward this end, this Act shall mandate the appointment of midwives for each barangay to increase access to health care services for the people, especially the underprivileged.

SECTION 3. *Ratio of Midwives to the Barangay.* – All barangays shall be equipped with one (1) midwife; *Provided*, That if the population of a barangay exceeds five thousand (5,000), the number of midwives shall be increased, as determined by the Department of Health (DOH).

SECTION 4. *Role of Midwives to the Barangay.* – All Midwives to the Barangay are mandated to ensure that mothers and infants, in their respective jurisdictions, are given quality and essential health care services, including, but not limited to, prenatal and post natal care, breastfeeding support, providing information on the importance of immunization and ensuring that infants are given the proper vaccines as provided in the DOH Expanded Program on Immunization, and proper care and nutrition of both the mothers and the infants.

SECTION 5. *Appointment of Midwives to the Barangay.* – The DOH, through its Center for Health Development, is mandated to appoint the Midwife to the Barangay. It shall immediately determine which areas are in need of midwives. Priority in appointments shall be given to remote areas where there are no existing healthcare professionals providing for the healthcare services of the population and areas which have high maternal mortality rate.

SECTION 6. *Qualifications of Midwives to the Barangay.* – The DOH shall provide for the qualifications of the Midwife to the Barangay, who shall, as much as possible, come from the same barangay or municipality where he or she will be appointed.

SECTION 7. *Basic Emergency Obstetric Care.* – The DOH shall ensure that the midwives are equipped with Basic Emergency Obstetric Care. It shall also determine, subject to guidelines that it may issue, the need to further provide these midwives with training on Comprehensive Emergency Obstetric Care.

SECTION 8. *Compensation and Benefits.* – All Midwives to the Barangay shall be appropriately compensated by the DOH and shall be entitled to all the benefits provided in Republic Act No. 7305, otherwise known as the "Magna Carta of Public Health Workers."

SECTION 9. *Implementing Rules and Regulations.* – The DOH, in cooperation with the Department of Interior and Local Government, the Civil Service Commission, and other concerned government agencies and non-government organizations, shall formulate and promulgate, within ninety days (90) from its effectivity, the rules and regulations necessary to implement this Act.

SECTION 10. *Appropriations.* – For a period of five (5) years from the passage of this Act, the amount necessary to implement the provisions of this Act shall be charged against the appropriations of the DOH. Thereafter, such funds as may be necessary for the continued implementation of this Act shall be included in the appropriations of the respective Local Government Units.

SECTION 11. *Separability Clause.* – If any part or provision of this Act shall be held unconstitutional or invalid, other provisions thereof which are not affected thereby shall continue to be in full force and effect.

SECTION 12. *Repealing Clause.* – All laws, decrees, executive orders, and other presidential issuances which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SECTION 13. *Effectivity Clause.* – This Act takes effect immediately after its publication in at least two (2) national newspapers of general circulation.

Approved,