



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
Second Regular Session



HOUSE BILL NO. 6514

Introduced by Felix William B. Fuentebella

EXPLANATORY NOTE

The Philippine Constitution provides that:

- a) The State shall protect and promote the right to health of the people and instill health consciousness among them;
- b) 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; and,
- c) The State shall undertake health manpower development that will be responsive to the health needs of the population.

It is indeed the highest priority of every nation to secure the health and safety of its citizens. In fact, the United Nation's 3rd Sustainable Development Goal (SDG) is to "ensure healthy lives and promote well-being for all at all ages." Under this goal, the UN has targeted the substantial increases in health financing and in the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

The international community, through the World Health Organization (WHO) and the International Labour Organization (ILO) sees the Philippines as a major source of health professionals that can respond to the health needs of the global population. Currently the number one supplier of health workers in Southeast Asia, the Philippines plays a significant role for the international community to attain its health-related sustainable development goals (SDGs).

The Staff Regent of the University of the Philippines (UP) in 2012, Jossel Ebesate pointed out that since 2008, the country has seen an increase in the number of unemployed or misemployed nurses. He cited that while government hospitals need a 300 percent increase in the number of nurses to meet at least the 1:12 nurse-to-patient ratio, the lack of a

comprehensive health human resource plan aggravates what can be considered as a recurring, “cyclic oversupply of nurses for a certain period and the depletion of the supply of health professionals due to out-migration.”

A study made by Fely M. Lorenzo, Kriselle Icamina of the Institute of Health Policy and Development Studies of the National Institutes of Health (UP-Manila), and Dr. Jaime Galvez-Tan and Lara Javier of the UP College of Medicine pointed out that because of the scarcity of jobs and the poor working conditions prevailing in facilities where they are employed, Philippine nurses are forced to find employment overseas. The report also cited that “more than 9,000 doctors have already left as nurses from 2002-2005, while around 80 percent of public health physicians have taken up or are enrolled in nursing.”

The following statistics are very disturbing:

- Philippine Overseas Employment Administration figures reveal that an average of 16,238 nurses, 9,413 caregivers/caretakers, 1,297 veterinarians/dental and other medical technicians, 1,199 physiotherapists/occupational therapists, 510 medical x-ray technicians, and 221 medical doctors have been deployed overseas from 2010-2014:

Deployment of Health Workers, New Hires: 2010-2014						
Category	2010	2011	2012	2013	2014	AVERAGE
1 Nurses Professional	12,082	17,236	15,655	16,404	19,815	16,238
2 Veterinarians, Dental Technicians and other kinds of Medical Technicians	1,280	1,314	1,310	1,377	1,204	1,297
3 Physiotherapists and Occupational Therapists	896	1,262	1,204	1,624	1,010	1,199
4 Technicians Medical X-Ray	475	544	487	535	507	510
5 Dental Assistants	384	457	375	308	208	346
6 Nursing Personnel	349	186	306	279	111	246
7 Midwives Professional	266	162	169	123	94	163
8 Dietitians and Public Health Nutritionists	185	89	118	107	93	118
9 Doctors Medical	176	292	250	165	221	221
10 Pharmaceutical Assistants	126	118	108	96	196	129
11 Dentists	109	126	127	118	92	114
12 Optometrists and Opticians	94	95	85	70	46	78
13 Pharmacists	92	114	95	86	89	95
14 Midwifery Personnel	17	18	9	12	4	12
15 Medical Assistants	13	96	40	42	83	55
16 Bacteriologists and Pharmacologists	10	12	6	8	10	9
17 Caregivers and Caretakers	9,293	10,101	9,128	6,466	12,075	9,413
TOTAL	25,847	32,222	29,472	27,820	35,858	30,244
Source of Data: Philippine Overseas Employment Administration						

- Since 2003, about “50 percent of nurses employed in specialty hospitals in the Philippine Heart Center, the National Kidney and Transplant Institute, the Lung Center of the Philippines and the Philippine Children’s Medical Center went abroad.” (Ebesate, 2012)

- Based on the government's pay scale, most government physicians are paid about ₱24,141 (\$516.562 USD) to a high of ₱34,605 (\$740.455 USD), which merely satisfies the monthly cost of living of a family of six, and does not allow for spending even for health and well-being needs.
- Seven (7) out of ten (10) Filipinos die without being seen by health personnel.
- Fifty (50) percent of the population has no access to health care, and only sixty (60) percent has access to essential drugs. (Ibid)
- In 2003-2005, some 200 hospitals completely closed and 800 partially closed for lack of doctors and nurses. (Galvez-Tan)

While the benefits of overseas employment cannot be ignored, the underemployment of health professionals in overseas jobs, loss of skilled health workers to support the development needs of the country, which in turn, jeopardizes the integrity and quality of health services, and the poor working conditions that are currently borne by the Filipino public health professionals require a holistic, deliberate and evidence-based health resources management policy that will guide the overall planning of health services skill production taking into consideration domestic and international health requirements, and a program that will establish a database of domestic health needs, provide a registry of all health workers, provide continuing education for health workers, establish standards of proficiency according to profession and skill category, and assist returning workers reintegrate into the economy.

To achieve all these, there is a need to institutionalize and maintain an inter-agency coordinating body to plan, implement and monitor the development and management of human resources for health in the country while engaging in meaningful partnerships with the private sector and the international community to provide better opportunities for Filipino health workers.

The institutionalization of the inter-agency Philippine Human Resource for Health Network (HRH Network), headed by the Secretary of the Department of Health, as the central coordinating body for the government, is hereby proposed.


FELIX WILLIAM B. FUENTEBELLA



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HOUSE BILL NO. **6514**

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AN ACT
INSTITUTIONALIZING THE PHILIPPINE HUMAN RESOURCES FOR
HEALTH NETWORK

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

SECTION 1. *Short Title* – This Act shall be known as the "Philippine Human Resources for Health Network Act."

SEC. 2. *Declaration of Policy* – The Philippine Constitution declares that:

- a) The State shall protect and promote the right to health of the people and instill health consciousness among them;
- b) 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; and,
- c) The State shall undertake health manpower development that will be responsive to the health needs of the population.

Towards these ends, the State shall institutionalize and maintain an inter-agency coordinating body to oversee the development and management of human resources for health in the country through the following strategies:

- a) by ensuring that the development of human resources for health (HRH), and the policy formulation, monitoring and enforcement of such development policies, including the planning thereof, shall be research-led and evidenced-based, guided by international standards of health, undertaken with the active participation of the private sector, integrated into the programs of and coordinated across the concerned government agencies and imbued with the unequivocal commitment to the goal of protecting the interest and well-being of Filipino HRH;

- b) by ensuring that the recruitment, education and training of HRH is linked to Philippine health system needs that shall be accurately depicted at the provincial level, in accordance with the data and standards adopted locally and internationally;
- c) by ensuring that the supervision, regulation and oversight of the education and training of HRH will uphold the ethical practices of a well-motivated workforce that will effectively contribute to the health system;
- d) by engaging in meaningful partnerships with the private sector and the international community to ensure the beneficial sharing of resources, information and new technologies in the area of health service delivery;
- e) by facilitating the reintegration of health workers into the economy through the creation of programs that will allow them to continue to be productive, whether through entrepreneurial activities or through employment in the health sector, whether they are returning on a temporary or permanent basis;
- f) by promoting through government-to-government engagements, the mutual recognition of work experience, credentials, competencies of health workers as to facilitate the employment of Filipino HRH in foreign jobsites and to afford them the same level of social protection received by nationals of their host countries, and
- g) by promoting medical tourism to generate employment, drive local economies to actively compete in the market and rationalize investments in health facility improvements.

SEC. 3. Definition of Terms – As used in this Act:

- a) Philippine HRH Network –refers to a multi-sectoral body composed of different government agencies and non-government organizations that shall be authorized to formulate policies and recommend measures that shall address and respond to HRH issues, problems and challenges in the country.
- b) Human Resources for Health (HRH) – refers to health care professionals and health care workers who are respectively educated and appropriately trained individuals duly licensed under Philippine laws to practice their respective professions in the field of health services, such as: (1) Physicians, (2) Nurses, (3) Dentists, (4) Midwives, (5) Pharmacists, (6) Medical Technologists, (7) Nutritionist-Dietitians, (8) Physical Therapists, (9) Radiologic Technologists, and (10) X-Ray Technologists. The term likewise includes alternative, traditional and other health care workers and providers that are not supervised, regulated or overseen by an agency of government, such as community health workers, *doulas*, peer wellness specialists, massage therapists, acupressure specialists and personal health navigators, and such other health care workers and providers that the Secretary of the Department of Health (DOH) may include in accordance with the policies enunciated in Section 2 of this Act.

SEC. 4. Creation of the Philippine HRH Network – The Philippine HRH Network, hereinafter referred to as the Network, is hereby created, and shall be the central coordinating body responsible for recommending evidence-based policies and programs and providing technical advisory on HRH development and management in the Philippines. The Network

shall be headed and coordinated directly by the Secretary of the DOH and shall be composed of the heads of the following agencies:

- a) Department of Foreign Affairs (DFA);
- b) Department of Trade and Industry (DTI);
- c) Department of Education (DepEd)
- d) Department of Labor and Employment (DOLE);
- e) Department of the Interior and Local Government (DILG);
- f) Department of Budget and Management (DBM);
- g) National Economic and Development Authority (NEDA);
- h) Philippine Statistics Authority (PSA);
- i) Philippine Overseas Employment Administration (POEA);
- j) Overseas Workers Welfare Administration (OWWA);
- k) Commission on Filipinos Overseas (CFO);
- l) Bureau of Immigration (BI);
- m) Technical Education and Skills Development Authority (TESDA);
- n) Commission on Higher Education (CHED);
- o) Professional Regulation Commission (PRC);
- p) Civil Service Commission (CSC);
- q) University of the Philippines-National Institutes of Health
- r) National Reintegration Center for Overseas Foreign Workers - DOLE

The heads of the concerned accredited professional associations shall be invited to the meetings and consultations of the Network to provide technical inputs and community-based observations and data, and to ensure the quality of information upon which policy reforms shall be based.

The recommendations of the Network shall be acted upon by the Secretary of the DOH who is the approving authority of the Network. The implementation of policies pertaining to HRH as recommended by the Network and approved by the Secretary of the DOH as Network head shall be accordingly supervised by the respective departments and agencies.

SEC. 5. Formulation of a Master Plan for HRH Development – The Network shall guide a comprehensive Master Plan that shall address the demand for health worker services in the country, harmonize all policies pertaining to HRH, including those that promote the well-being and interest, encourage the continuing improvement of health services through training and other learning modes especially on new health protocols and technologies and international standards of health.

SEC. 6. The Technical Working Committees – There shall be created four (4) Technical Working Committees that shall be responsible for translating policy directions of the HRH Network into operational strategies and oversee the implementation of the Network's plans and programs.

The Secretary of the DOH as the Chairperson of the Network, shall determine the composition and membership of the Technical Working Committees. They shall be composed of permanent representatives or their alternates from each member-agency, with a rank not lower than Division Chief.

The Technical Working Committees (TWCs) shall oversee the following concerns:

- a) The Planning, Standards, Education and Curriculum Committee – shall formulate strategies and recommendations to address the health worker needs of the population, respond to the health service demands of various local government units, and shall recommend the appropriate educational training and curricula in accordance with local and international standards, and the standards to be used in monitoring and evaluating these training curricula.
- b) Recruitment and Training Committee – shall formulate strategies to assist health workers in obtaining gainful employment, recommend the provision of additional and appropriate trainings, and formulate policies to ensure their protection against illegal, immoral and unethical practices.
- c) The Industry Development and Placement of Workers Committee – shall formulate strategies to increase the employment opportunities for health workers locally and internationally, recommend standards for salaries, incentives and benefits of health workers, including health care insurance coverage, and assist in the strengthening of employer-employee relationships in the health sector.
- d) The Reintegration Committee – shall formulate the strategies and recommendations to ensure the smooth reintegration of overseas health workers back into the economy and the local health industry.

The Secretary of the DOH and the Chairperson of the CHED shall serve as co-Chairpersons of the Planning, Standards, Education and Curriculum Committee. The Secretary of the DOH and the Chairperson of the PRC shall serve as co-Chairpersons of the Recruitment and Training Committee. The Secretaries of the DOH, DTI and DOLE shall serve as co-Chairpersons of the Industry Development and Placement of Workers Committee. The Secretaries of the DOH and DOLE, and the Executive Director of the UP-National Institutes of Health shall serve as co-Chairpersons of the Reintegration Committee.

SEC. 7. The Network Secretariat. The Secretary of the DOH and all the member-agencies of the Network shall provide the support staff to comprise the Secretariat who shall assist the Network in the performance of its functions as herein provided. The Network Secretariat shall act as the convening body of the Network and shall perform such functions as the facilitation of multi-sectoral meetings, consolidation of reports and policy agenda of the Network, the management of a database and logistics, the management of researches, and coordination of capacity-building activities. Within thirty (30) days of the effectivity of this Act, the Network Secretariat composed of technical and administrative staff designated by member-agencies shall commence the discharge of their tasks under the supervision of an officer to be designated by the Secretary of the DOH and who shall be responsible for overseeing the coordination and the monitoring of the implementation of the Network's programs and projects.

SEC. 8. Development and Maintenance of an Integrated HRH Database – The Network shall develop and maintain an integrated database containing relevant information on health human resources to be used for evidence-based planning and policy making. As such, all concerned government agencies are mandated to provide the Network the necessary information from their databases and to update such data on a regular basis: *Provided, That* such regularity shall be stipulated in the rules and regulations to be issued to implement this Act.

SEC. 9. *Accreditation and Certification of Alternative, Traditional and Other Health Care Workers and Providers* – Upon the effectivity of this Act, the Secretary of the DOH shall issue the list of alternative, traditional and other health occupations. Upon the recommendation of the Planning, Standards, Education and Curriculum Committee, the Secretary of the DOH shall prescribe the standards of proficiency for each occupation. In this connection, the Network shall establish a training and certification system for each occupation, taking into consideration existing programs and standards observed by the DepEd, TESDA and other agencies: *Provided*, that within one year (1) from the effectivity of this Act, all training programs for these workers shall be aligned with the standards set by the Network. The names of all certified alternative, traditional and other health care workers and providers shall be included in the HRH Integrated Database.

SEC. 10. *National HRH Network Policy Forum* – The National HRH Policy Forum shall be conducted annually to serve as a venue for the presentation of policy directions, initiatives, research studies and recommendations, and accomplishments of the HRH. It shall likewise serve as an advocacy mechanism to promote HRH development in the country.

SEC. 11. *Network Capability Building Activities* – The Network shall continually conduct trainings, seminars and workshops as may be appropriate to upgrade the aptitudes and capabilities of health workers and Network Secretariat members.

SEC. 12. *Appropriations* – The funds necessary for the implementation of this Act shall be charged against the current budget of the Department of Health and other concerned agencies. Thereafter, the amount necessary for its continued implementation shall be included in the annual General Appropriations Act.

SEC. 13. *Implementing Rules and Regulations* – Within a year from the effectivity of this Act, the Secretary of the DOH, in coordination with the member-agencies of the Network, shall issue the rules and regulations to implement it.

SEC. 14. *Separability Clause*- If any provision or part hereof, is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SEC. 15. *Repealing Clause* - Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

SEC. 16. *Effectivity Clause* - This Act shall take effect fifteen (15) days after its publication in a least two (2) newspapers of general circulation.