

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 7859



Introduced by **HON. LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.**

EXPLANATORY NOTE

This bill seeks to ensure that Filipino indigenous groups (IP) are safe and healthy as mandated by the 1987 Constitution, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and as required by their fundamental human rights. Through this bill, the State avows to provide indigenous Filipino communities with basic medical services and healthcare that is in harmony with their traditional and religious practices.

Indigenous groups refer to the groups of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed customs, tradition and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and culture, become historically differentiated from the majority of Filipinos¹.

The Philippines has an estimated 14-17 million Indigenous Peoples (IPs) mainly concentrated in Northern Luzon (Cordillera Administrative Region, 33%) and Mindanao (61%), with some groups in the Visayas². Members of IP communities are some of the poorest in the country, with limited to zero access to affordable

¹ <https://psa.gov.ph/content/indigenous-peoples-ips>

² <http://www.ph.undp.org/content/dam/philippines/docs/Governance/fastFacts6%20%20Indigenous%20Peoples%20in%20the%20Philippines%20rev%201.5.pdf>

healthcare. Unfortunately, this is only reflective of the status of indigenous groups worldwide.

According to the 2009 State of the World's Indigenous Peoples, "indigenous peoples are found to suffer from poorer health are more likely to experience disability and reduced quality of life, and ultimately die younger than their non-indigenous counterparts³." Meanwhile, the first-ever Report on the State of the World of Indigenous Peoples released in January 2010 revealed that IPs make up one-third of the world's poorest peoples, suffer disproportionately not only in healthcare, but also in areas such as education, and human rights.

The aforementioned situation compels this Representation to take urgent steps to protect our people in indigenous communities from health hazards and conditions, most of which are initially preventable and easily treatable, that could be fatal without early detection and quick treatment. This bill hereby proposes the delegation of health workers in tribal communities within ten (10) kilometers from a barangay center. These health workers, referred to as *tribal health workers* (THW) must have undergone health care training by either government or non-governmental organizations.

A tribal health worker is tasked to provide primary health care to members of the tribes. He is also responsible for assisting, if needed, sick person/s to the nearest clinic or hospital. Since primary health care may use herbal medicines that are traditional to the tribe, the THW is mandated to establish an herbal garden in the community.

The bill recognizes the importance of adopting health practices that respect and incorporate the beliefs and tradition of our indigenous peoples. It also seeks to acknowledge Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) states that: (1) Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous

³ <http://www.ohchr.org/Documents/Issues/IPeoples/EMRIP/Health/AIPP.pdf>

individuals also have the right to access, without any discrimination, to all social and health services; and (2) indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health.

Our country takes pride in its diverse and colorful population. It honors every indigenous group that makes up our distinct identity as a nation, and endeavors that they are not left behind in all aspects of progress. Through this bill, we shall ensure that government welfare services are inclusive and responsive to all – most especially to those who need it the most.

In light of the foregoing premises, the passage of this bill is earnestly sought.



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

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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

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

SECTION 1. *Short Title.* – The Act shall be known as the Tribal Health Workers Act of 2018.”

SECTION 2. *Statement of Policy and Objectives.* – 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 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 Worker – RA 7883 defines barangay health workers as a person who has undergone health care training programs in 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 Worker – refers to members of ICC have undergone health care training by either government or non-government organizations and renders voluntary health care in the tribal community.

SECTION 4. Tribal Health Workers. – All tribal communities which are located about ten (10) kilometers from a barangay center are qualified to have tribal health workers. The number of families in a community will determine the number of THW in that community – One (1) tribal health worker for every 30 families.

SECTION 5. Selection and Training of Tribal Health Workers. – The tribal Chief shall appoint, in accordance with 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 workers to the DOH which shall maintain a national list of tribal health workers.

SECTION 6. Responsibilities of tribal health workers. – The THW is responsible for providing primary health care to members of the tribes. He is also responsible for assisting, if needed, sick person/s to the nearest clinic or hospital.

Since primary health care may use herbal medicines that are traditional to the tribe, the THW is mandated to establish an 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 with free 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 and bear the expenses of the hospitalization of the THW. The DWSO shall work closely with the local health boards in granting these benefits to the THW, particularly in identifying those who are entitled to such.
- b) Educational benefits – The THW is entitled to free tuition in public high schools and universities. Should the THW not be able to avail of this incentive, he is allowed to transfer this benefit to any one of his/her legitimate children. This benefit can only be availed by active THWs.
- c) Continuing training – The DOH shall be responsible for providing the continuing training for the THW on new and emergency primary health care management as well as new and emerging herbal medicines.
- d) Free legal services – The Public Attorney's Office shall provide free legal advice to the THW if there are occasions that the latter needs one; provided, however, that the occasion arises from or in connection with the exercise of his duties and responsibilities as THW.

SECTION 8. Rules and Regulations of this Act. – The DOH, DSWD, DILG, and DENR shall be responsible for the formulation of the Implementing Rules and Regulations of this Act which shall be formulated within one hundred eighty (180) days upon its approval.

SECTION 9. *Separability Clause.* – If any provision of this Act is declared invalid, the remainder or any provisions of this Act is 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 fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,