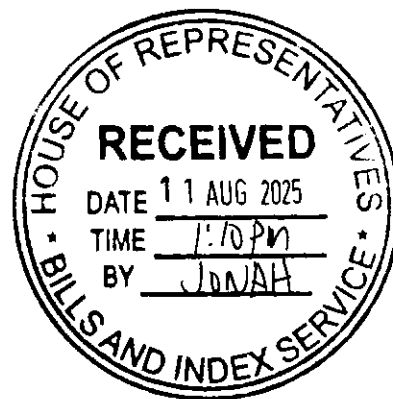




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. **3434**



Introduced by Representative Crispin Diego “Ping” D. Remulla

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 United Nations Office for Project Services estimates that the Philippines is home to more than 17 million Indigenous Peoples belonging to 110 distinct ethnolinguistic groups. Most of them reside in remote and hard-to-reach areas. In addition, like most Indigenous Peoples all over the world, they remain among the country’s poorest and most marginalized sectors. The World Bank, likewise, reported that the life expectancy of Indigenous Peoples in the country can be up to 20 years shorter compared to that of non-Indigenous Filipinos.

This proposed measure aims to bridge the existing healthcare gap experienced by Indigenous Peoples throughout the country. This measure seeks to institutionalize the training and employment of Tribal Health Workers who will deliver healthcare services that respect and reflect the cultural practices of the communities of IPs. By doing so, this will enhance the accessibility and quality of healthcare provided in underserved and remote indigenous areas. This measure is also a step toward ensuring that no Filipino is left behind in the pursuit of equitable and inclusive healthcare.

In view of the foregoing, the approval of this measure is earnestly sought.

A handwritten signature in black ink, appearing to read 'Remulla', with a stylized flourish at the end.

CRISPIN DIEGO "PING" D. REMULLA



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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Tribal Health Workers
2 Act.”

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

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

10 a) **Barangay Health Worker** – a person who has undergone health care training
11 programs in any accredited government or non-government organization and who
12 voluntarily renders primary health care services in the community after having been
13 accredited to function as such by the local health board in accordance with the
14 guidelines promulgated by the Department of Health; and

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

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

SEC. 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 health workers to the DOH which shall maintain a national list of tribal health workers.

SEC. 6. Responsibilities of Tribal Health Workers. – The THWs are 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 an herbal garden.

SEC. 7. Benefits of Tribal Health Workers. – Similar to the Barangay Health Workers who are provided with a number of benefits under Republic Act No. 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 DSWD 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.

1 c) Continuing training – the DOH shall be responsible for providing the continuing
2 training for the THW on new and emerging primary health care management as
3 well as new and merging herbal medicines.

4 d) Free legal services – the Public Attorney’s Office shall provide free legal advice to
5 THW if there are occasions that the latter needs one; provided, however, that the
6 occasion arises from or in connection with the exercise of his duties and
7 responsibilities as THW.

8 **SEC. 8. Monitoring and Evaluation.** – The DOH, in coordination with the NCIP and
9 the DILG, shall establish a monitoring and evaluation mechanism to assess the effectiveness
10 of THWs in delivering culturally appropriate care.

11 **SEC. 9. Implementing Rules and Regulations.** – The Department of Health (DOH),
12 the Department of Social Welfare and Development (DSWD), the Department of Interior and
13 Local Government (DILG), and the National Commission on Indigenous Peoples (NCIP) shall
14 be responsible for the formulation of the Implementing Rules and Regulations (IRR) of this
15 Act which shall be formulated within one hundred fifty (150) days upon its approval.

16 **SEC. 10. Appropriations.** – The amount necessary to carry out the provisions of this
17 Act shall be included in the annual General Appropriations Act.

18 **SEC. 11. Separability Clause.** – If any part of this Act is declared unconstitutional or
19 invalid, the other provisions not affected thereby shall continue to be in full force and effect.

20 **SEC. 12. Non-Impairment Clause.** - Nothing in this Act shall be construed as to
21 diminish, impair, or repeal rights recognized, grant, or made available to disadvantaged,
22 marginalized, or specific sectors under existing laws.

23 **SEC. 13. Repealing Clause.** – All laws, decrees, orders, rules, and regulations or parts
24 thereof inconsistent with this Act are hereby repealed or amended accordingly.

25 **SEC. 14. Effectivity.** - This Act shall take effect after fifteen (15) days following its
26 publication in the Official Gazette or in any major newspaper of general circulation in the
27 Philippines.

Approved,