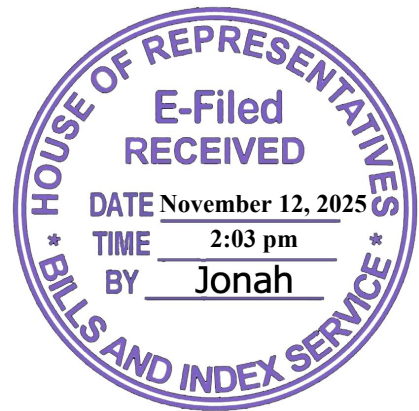


Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5913



Introduced by Hon. Florabel Co Yatco

EXPLANATORY NOTE

The right to life, survival, and development is among the most fundamental rights of every Filipino mother and child. And no mother should fear giving birth simply because of where she lives.

The gift of giving life should never be something to fear just because of the absence of proper and safe facilities, or the long distance required to reach them—especially for mothers who live in far-flung barangays and remote areas, and for those who are about to give birth coming from Geographically Isolated and Disadvantaged Areas (GIDAs).

Yet, maternal mortality and newborn deaths remain persistent public health challenges in the Philippines, particularly in geographically isolated and disadvantaged areas (GIDAs), indigenous communities, and low-income municipalities. Many of these deaths are preventable—caused not by the absence of medical knowledge but by the lack of timely access to emergency obstetric and newborn care (EmONC).

Despite efforts to expand maternal and child health services, barriers remain: rural health units often lack the capacity to provide life-saving interventions; referral systems are poorly coordinated; and many pregnant women are unable to reach appropriate facilities due to distance, cost, or lack of transport. There is still a huge legislative gap in improving access to reproductive and maternal health services, most especially in the full implementation of emergency obstetric and newborn care (EmONC) at the municipal level.

This bill seeks to address these gaps by mandating universal access to emergency obstetric and newborn care at the municipal level, through a multi-pronged strategy that includes:

1. Upgrading municipal health facilities to meet basic or comprehensive EmONC standards;
2. Establishing maternity waiting homes near health facilities to accommodate pregnant women—especially those from remote areas—in the weeks leading up to delivery;
3. Institutionalizing community-based maternal emergency referral and transport systems, including partnerships with barangays, LGUs, and local transport providers to ensure safe, timely, and affordable transport of pregnant women during emergencies;
4. Strengthening local health systems, including training of skilled birth attendants, midwives, and emergency responders; and

5. Promoting inter-agency coordination and data-driven planning to reduce delays in care-seeking, referral, and treatment.

By institutionalizing these measures, this legislation aligns with the goals of the Universal Health Care Law and the country's commitments to the Sustainable Development Goals, particularly SDG 3.1, to reduce maternal mortality to less than 70 per 100,000 live births. It also reinforces the rights enshrined in the Responsible Parenthood and Reproductive Health Act and other relevant laws protecting maternal and child health.

The passage of this bill is a step toward ensuring that no mother dies while giving life, and that every Filipino child is given a healthy start, regardless of where they are born.

In view of the foregoing, the immediate and favorable passage of this bill is earnestly sought.


HON. FLORABEL CO YATCO
Representative
Nanay Partylist

HOUSE OF REPRESENTATIVES
H.B. No. 5913

Introduced by Hon. Florabel Co Yatco

AN ACT MANDATING UNIVERSAL ACCESS TO EMERGENCY OBSTETRIC
AND NEWBORN CARE AT THE MUNICIPAL LEVEL, ESTABLISHING
MATERNITY WAITING HOMES, AND INSTITUTIONALIZING COMMUNITY-
BASED MATERNAL EMERGENCY REFERRAL TRANSPORT SYSTEMS
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 “Universal Access to Emergency Obstetric and Newborn Care Act”.

SECTION 2. Declaration of Policy.- The 1987 Constitution states that it is the duty and obligation of the State to protect public health and to prioritize maternal and child health. Further, it is the policy of the State to ensure that quality, timely, and equitable maternal and newborn care services are accessible to all, especially those in rural, upland, island, and geographically isolated and disadvantaged areas (GIDAs).

This Act mandates the establishment of Basic Emergency Obstetric and Newborn Care (BEmONC), Maternity Waiting Homes (MWHs), full Emergency Referral Transport systems, and supportive infrastructure in all municipalities, especially in GIDAs.

SECTION 3. Objectives. - This Act aims to:

- a) Mandate the establishment and operationalization of Basic Emergency Obstetric and Newborn Care (BEmONC) services in every municipality and Comprehensive EmONC (CEmONC) services in strategically located referral hospitals;
- b) Establish Maternity Waiting Homes (MWHs) to accommodate high-risk pregnant women nearing delivery, especially from remote areas;
- c) Institutionalize community-based maternal emergency referral and transport systems at the barangay and municipal levels;
- d) Promote multisectoral collaboration to reduce maternal and neonatal mortality;
and
- e) Allocate and mobilize resources to support sustainable maternal and newborn health interventions.

SECTION 4. Definition of Terms.- As used in this Act:

- a. *Basic Emergency Obstetric and Newborn Care (BEmONC)* refers to a set of life-saving services, provided by a health facility that is equipped with trained personnel and essential drugs, equipment, and supplies to manage normal deliveries and complications during pregnancy, childbirth, and the immediate postpartum period;
- b. *Comprehensive Emergency Obstetric and Newborn Care (CEmONC)* refers to all BEmONC functions and additionally provides surgical services to address severe complications during pregnancy, childbirth, and the postnatal period for both mothers and newborns, such as, but not limited to, caesarian sections and blood transfusions;
- c. *Maternity Waiting Homes (MWHs)* refer to residential facilities located near birthing centers or hospitals where pregnant women, especially those from GIDAs or with high-risk pregnancies, can stay prior to delivery;
- d. *Maternal Emergency Referral Transport System (MERTS)* refers to a coordinated, community-based transportation network that ensures the efficient transfer of pregnant women and newborns requiring urgent medical attention; and
- e. *Geographically Isolated and Disadvantaged Areas (GIDAs)* refer to communities with physical and socio-economic barriers to health care access as defined by the Department of Health.

SECTION 5. Universal Access to EmONC Services. - Every municipality shall ensure that at least one (1) health facility within its jurisdiction is upgraded, equipped, and staffed to provide Basic Emergency Obstetric and Newborn Care (BEmONC). Provincial governments shall ensure the availability of Comprehensive EmONC services in designated referral hospitals.

SECTION 6. Mandatory Establishment of Basic Emergency Obstetric and Newborn Care (BEmONC).- All municipal or rural health units (M/RHUs) shall be mandated to be equipped, staffed, and certified to administer and deliver BEmONC services within five (5) years from the effectivity of this Act.

The Department of Health (DOH) shall develop and implement the standards for BEmONC certification based on DOH Administrative Orders and other necessary guidelines. It shall also provide technical assistance, training, and financial assistance to local government units (LGUs) to support the upgrading of M/RHUs to BEmONC-certified facilities.

The Philippine Health Insurance Corporation (PhilHealth) shall expand benefit packages to cover BEmONC services and shall ensure timely reimbursement to accredited facilities.

SECTION 7. Establishment of Maternity Waiting Homes (MHW).- The Department of Health (DOH), in coordination with the Department of Public Works and Highways (DPWH) and LGUs, shall facilitate the construction of Maternity Waiting Homes

(MHWs) within five (5) kilometers of birthing centers or with CEmONC capabilities, prioritizing GIDA municipalities.

Local government units (LGUs) may partner with private entities or civil society organizations (CSOs) in the management and operation of MWHs through Public-Private Partnerships (PPPs).

The operation costs of MHWs shall be incorporated into local investment plans for health (LIPH) and may be subsidized through PhilHealth reimbursements.

DOH shall determine the appropriate staffing pattern, design, operation and develop the framework and guidelines on the management of the Maternity Waiting Homes.

SECTION 8. Institutionalization of Maternal Emergency Referral Transport Systems (MERTS).- Each municipality, especially those with upland or island barangays, shall develop a maternal emergency referral transport system (MERTS) integrated with the local health referral network. This system shall include:

- a) Community-based transport mechanisms, such as, but not limited to, motorcycles with sidecars, boats, ambulances coordinated with local birthing centers and hospitals;
- b) 24/7 communication systems, such as, but not limited to, radio, telco, mobile, linking barangay health workers with referral facilities; and
- c) LGU funding allocation for fuel, maintenance, and incentives for volunteer drivers or community transport responders.

SECTION 9. Roles of Local Government Units (LGUs). - LGUs shall be primarily responsible for the planning, implementation, and funding of maternal and newborn care programs under this Act. They shall:

- a) Allocate sufficient funds for infrastructure, equipment, medicines, human resources, and operational costs;
- b) Incorporate maternal and newborn health indicators in local development and investment plans;
- c) Integrate services with existing programs such as the Universal Health Care (UHC) Law and the Responsible Parenthood and Reproductive Health (RPRH) Law.

SECTION 10. Capacity-Building and Human Resource Development. - The Department of Health (DOH), in partnership with the Department of the Interior and Local Government (DILG), Philippine Health Insurance Corporation (PhilHealth), and professional health organizations, shall develop and implement training programs for midwives, nurses, and rural health personnel on BEmONC, CEmONC, emergency referral, and respectful maternity care.

SECTION 11. Inter-Agency Coordination and Governance.- To ensure effective and coordinated implementation of this Act across all levels of government, an inter-agency Maternal, Neonatal, and Child Health and Nutrition-Technical Working Group (MNCHN-TWG) shall be created, and the DOH shall be its lead agency.

The MNCHN-TWG shall be mandated to:

- a) Develop and update inter-agency operational guidelines and financing strategies for the implementation of this Act;
- b) Harmonize policy frameworks to avoid redundancy and clarify agency roles;
- c) Review and validate annual performance reports submitted by regional and local MNCHN structures; and
- d) Recommend policy amendments and propose additional resource requirements based on data-driven evaluations.

All provinces, cities, and municipalities shall organize parallel Local MNCHN Multisectoral Committees, aligned with the National MNCHN-TWG structure, and integrated into existing Local Health Boards or Local Investment Plans for Health (LIPH).

This inter-agency coordination structure shall ensure that maternal and newborn health services are planned, implemented, and monitored in a whole-of-nation approach, consistent with the Universal Health Care Act.

SECTION 12. Appropriations.- The amount needed for the implementation of this Act shall be charged to the current year's appropriations of the Department of Health (DOH). Thereafter, such amount as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SECTION 13. Implementing Rules and Regulations.- Within sixty (60) days from the effectivity of this Act, the Secretary of the Department of Health, in coordination with the Department of Social Welfare and Development (DSWD), Department of Interior and Local Government (DILG), local government units (LGUs), other relevant agencies and stakeholders, shall promulgate the implementing rules and regulations (IRR) necessary for the effective implementation of this Act.

SECTION 14. Separability Clause.- If any provision of this Act is declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and subsisting.

SECTION 15. Repealing Clause.- All laws, decrees, executive orders, rules and regulations, and other issuances or parts thereof inconsistent with or contrary to the provisions of this Act are repealed, amended, or modified accordingly.

SECTION 16. Effectivity Clause.- This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation in the Philippines.

Approved,