

Republic of the Philippines
HOUSE OF REPRESENTATIVES

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **2886**

HOUSE OF REPRESENTATIVES

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Introduced by Representative Gloria Macapagal-Arroyo

**AN ACT STRENGTHENING THE HEALTHCARE SYSTEM IN CULTURAL AND
INDIGENOUS COMMUNITIES BY INSTITUTIONALIZING THE TRAINING AND
EMPLOYMENT OF TRIBAAL HEALTH WORKERS AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

The 1987 Philippine Constitution recognizes social justice vis-à-vis cultural communities as expressed in Article II, Section 15 stating that "The State shall protect and promote the right to health of the people and instill health consciousness among them." And in Article II, Section 22 stating that "The State recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development."


Recognizing these provisions of our fundamental law, our indigenous cultural communities (ICCs) still have no easy access to basic services especially healthcare. Most tribes and settlements of the ICCs are located in the hinterlands, making it difficult for them to avail of such services. With no other recourse, ICCs turn to traditional medicines and healthcare whenever a member gets sick. Benefits of modern medicine and healthcare are rare for them making them susceptible to serious health problems.

For the past decades, government agencies and non-government organizations have sought ways on how to improve the health conditions of our indigenous peoples. One way is the sending of medical personnel to these indigenous communities in order to treat common illnesses. With the formal health care delivery system in the country almost exclusively located in cities and municipalities, there is an urgent need to train health workers from tribal communities to intensify the practice of traditional and alternative medicine, as well as first aid treatment for their members.

This was done through the enactment of R.A. 7883, or the Barangay Health Workers Benefits and Incentives Act of 1995. The National Government was able to train barangay health workers to provide primary healthcare to members of their respective communities via a competitive benefits and incentives package. But despite this law, many tribal communities remain unserved by barangay health workers especially during evenings, weekends and holidays.

This proposal seeks to establish and institutionalize the training of tribal health workers to help complement the existing efforts of our barangay health workers. These tribal health workers will now be made responsible for providing primary healthcare in their respective communities on a 24-hour basis. Their delegation is intended to complement the DOH in pursuing effective community-based health services especially in the remote and isolated areas.

I therefor request our colleagues in this chamber to ensure the immediate passage of this bill into law.


REP. GLORIA MACAPAGAL-ARROYO
Second District, Pampanga

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

Section 1. Short Title - This Act shall be known as the "Tribal Health Workers Act of 2016."

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 the 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 who 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 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.

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

Section 6. Responsibilities of the 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 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.
- c) Continuing training - the DOH shall be responsible for providing the continuing training for the THW on new and emerging primary health care management as well as new and emerging herbal medicines.
- d) Free legal services - the Public Attorneys' Office shall provide free legal advice to 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 (IRR) of this Act which shall be formulated within one hundred eighty (180) days upon its approval.

Section 9. Separability Clause - If any provisions 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,