

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**SEVENTEENTH CONGRESS**  
First Regular Session

HOUSE BILL NO. **5727**



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**INTRODUCED BY REPRESENTATIVE ALFRED VARGAS**

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**EXPLANATORY NOTE**

Article II of the 1987 Constitution embraces, as a matter of State policy, the goal *"to protect and promote the right to health of the people and instill health consciousness among them."*<sup>1</sup> Furthermore, *"the State recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development"*<sup>2</sup>.

Globally, indigenous cultural communities (ICCs) suffer from poorer health, are more likely to experience disability, and ultimately die younger than their non-indigenous counterparts. They experience health problems with particular severity as they are also often vulnerable to natural disasters and armed conflict. While this is the case, it is important to note that many of the most widespread causes of mortality among indigenous people (e.g. malnutrition, diarrhea, parasitic infections, etc.) are preventable and treatable.

The ICCs' lack of access to adequate healthcare presents itself in a variety of ways. First, there are physical and geographical barriers as ICCs are settled in rural, remote, and often isolated areas. They also face economic challenges because the direct and indirect costs for healthcare prevent or postpone low-income ICCs from seeking the care they needed. All these are further exacerbated by cultural barriers because there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of indigenous people. In addition, finding health workers that speak and understand indigenous languages is difficult. This leads to poor communication between the health providers and indigenous people, thereby compromising the latter's access to healthcare.

To break all these barriers and improve the ICC's access to quality healthcare, this bill seeks to establish and institutionalize the training of tribal health workers.

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

  
ALFRED VARGAS

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<sup>1</sup> Article III Section 15

<sup>2</sup> Article III Section 22

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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 of the Philippines in Congress assembled:*

**SECTION 1. Short Title** – This Act shall be known as the “Tribal Health Workers Act of 2017”.

**SEC. 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.

**SEC. 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.

**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 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.

**SEC. 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 Attorney's 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.

**SEC. 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.

**SEC. 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.

**SEC. 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.

**SEC. 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,