

FIFTEENTH CONGRESS OF THE REPUBLIC
OF THE PHILIPPINES

First Regular Session

SENATE
S.B. 2495

Introduced by Senator Villar

EXPLANATORY NOTE

The 1987 Philippine Constitution is a landmark in terms of recognizing social justice vis-à-vis cultural communities as can be gleaned from the following provisions:

1. "The State shall protect and promote the right to health of the people and instill health consciousness among them." (Article II, Section 15);
2. "The State recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development." (Article II, Section 22);

Recognizing the provisions of the fundamental law, the barrier however at present is the distance or access between indigenous cultural communities (ICCs) and basic services, notably health assistance. Most tribes and settlements of indigenous cultural communities (ICC) are in the hinterlands and often inaccessible or could be accessed only through foot trails and would take a day or a number of days to reach. ICCs depend on their traditional medicines and healthcare whenever a member of the tribe becomes sick. It is not often that they can avail of the benefits of modern medicine and healthcare.

For the past decades, government agencies (GA) and non-government organizations (NGOs) have sought ways to improve the health conditions of Indigenous People (IPs). The usual practice has been by way of sending people/medical personnel to these indigenous communities in order to treat common illnesses. With the formal health care delivery system in the Philippines almost exclusively in the domain of the cities and municipalities, there is a need to train health workers from tribal communities

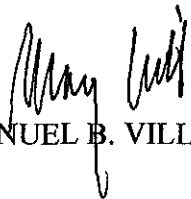


not reached by health workers to intensify practice of traditional and alternative medicine, as well as to provide first aid treatment for the members of ICCs where they belong.

To overcome this situation government has trained barangay health workers to provide primary healthcare to members of the community. RA 7883 otherwise known as the "Barangay's Health Workers Benefits and Incentives Act of 1995" provides benefits to these barangay health workers. However, there are many tribal communities that cannot be reached by the Barangay Health Workers. They are also not available during the night, weekends and holidays that ICCs who get sick during these times are not provided with the needed health services.

This legislation is designed to establish and institutionalize tribal health workers who would be responsible in providing primary health care in the communities where they reside, thus 24 hour health services can be provided to the tribal communities. The delegation of Tribal Health Workers in indigenous communities was recommended to complement the lead health agency in pursuing effective community-based health service in the remote and isolated areas.

The immediate enactment is earnestly recommended.


MANUEL B. VILLAR


FIFTEENTH CONGRESS OF THE REPUBLIC

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RECEIVED BY: 

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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. *Title* - The act shall be known as the "Tribal Health Workers Act of
2010"

SECTION 2. *Statement of policy and objective* - 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 Workers - RA 7883 defines barangay health workers as
referring to a person who has undergone training programs under 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 Workers – refers to members of the ICC community who have undergone training by government or non-government organizations and are rendering voluntary health care in the tribal community.

SECTION 4. *Tribal Health Workers* – All tribal communities which are located about 10 km from the barangay center are qualified to have tribal health workers (THW) depending upon the number of families residing therein. Every 30 families are entitled to one tribal health worker. An additional of 20 families with in tribal community entitles the community to an additional tribal health worker.

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

The DOH shall be responsible for the conduct of training to the tribal health workers. The DOH may contract the services of non-government organizations (NGOs) to conduct the training. The DOH shall be responsible for the content of the training, duration of training and the contracting of NGO-trainers in case it cannot carry out the training itself.

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, in coordination with the family of the sick person, and/or local government units for bringing the sick person to the nearest clinic or hospital.

Since primary health care may make use of herbal medicines that are traditional to the tribe, the THW is mandated to establish 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 free government health care insurance, the Phil-Health 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 as well pay for the hospitalization of the THW. The DSWD shall work closely with the local health boards in the granting of these benefits to THW particularly in the identification of who are entitled to the benefits.
- (b) *Educational benefits* – The THW is entitled to free tuition in public high schools and universities. Should the THW not be able to benefit from this incentive himself this benefit is transferrable to one of his/her legitimate

children. These benefits can be availed of only for as long as he/she remains an active THW.

- (c) *Continuing training* – The DOH shall be responsible for providing continuing training to 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 is occasion that the latter needs one arising from or in connection with the exercise of his/her duties and responsibilities as THW.

SECTION 8 – *Rules and regulations of this Act* – The DOH, the DSWD, the DILG and the DENR shall be responsible for the formulation of the Implementing Rules (IRR) and Regulations (IRR) of this Act within 180 days from its approval.

SECTION 9 – *Separability clause* – If any provision of this Act is declared invalid, the remainder, or any provision of this Act 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 15 days after its publication in the Official Gazette or in at least 2 newspapers of national circulation, whichever comes earlier.

Approved,