

SENATE

S.B. No. 1386

Introduced by Senator Loren Legarda

EXPLANATORY NOTE

The Philippines is internationally known as a source of competitive, highly qualified, and skilled health workers, otherwise known as Human Resources for Health (HRH). Filipino doctors and nurses are deployed in various parts of the world. However, in recent years, the trend among doctors is to train in nursing while students of medicine are shifting to nursing. Undeniably, being a nurse in such countries as the United States and Canada is much more financially rewarding than being a being a doctor in the Philippines. The reduction in the number of doctors and the migration abroad of Filipino nurses and other health workers *en masse* are threatening the adequate delivery of health services in the country.

The Philippine Constitution has foreseen this problem by mandating that "The State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health manpower development and research, responsive to the country's health needs and problems." Several government agencies have undertaken this mandate but because they are uncoordinated, programs and policies are fragmented, inconsistent and incongruent thereby rendering them ineffective and inefficient in promoting the health of the people.

To address this problem, the Department of Health and the World Health Organization developed in 2005 the Human Resources for Health Master Plan (HRHMP) to serve as a framework that will support HRH development in the country. According to the plan, a network of different organizations relevant to HRH will be created. The network will facilitate the implementation of programs and activities needing multi-sectoral coordination. To better implement plan, the DOH spearheaded in 2006 the creation of the Human Resources for Health Network (HRHN), which is composed of government agencies and non-government organizations with the common aim of solving and responding to HRH issues and problems.

In the two years of its existence, the network has efficiently undertaken projects and activities geared at solving the most pressing HRH problem of the moment, particularly migration. HRH experts, seeing the potential of the network as a solution to the aforementioned HRH problems, recommended the institutionalization of the network so that its maintenance and continued functioning could be ensured until it had already substantially, if not completely, attained its objectives. This is to be done without turning the network into a government agency because that might result in the usual government bureaucracy woes affecting the network.

It was determined that the best set up for the network is its institutionalization and for it to craft and implement programs through different government agencies and non-government organizations.

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



LOREN LEGARDA
Senator

10 JUL 13 2015

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AN ACT
INSTITUTIONALIZING THE HUMAN RESOURCES FOR HEALTH NETWORK
AS A STRUCTURE TO SUPPORT HUMAN RESOURCES FOR
HEALTH DEVELOPMENT IN THE PHILIPPINES

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 "**Human Resources**
2 **for Health Network Act of 2010.**"

3
4 **SECTION 2. Declaration of Policy.** The Philippine Constitution of 1987
5 declares that the State shall "undertake health manpower development that will be
6 responsive to the health needs of the population."

7
8 **SECTION 3. Definition of Terms and Abbreviations.** The terms and
9 abbreviations used in this Act are as follows:

10
11 a. Health Manpower Development- same term as human resources for health
12 (HRH) development. It concerns three aspects particularly planning,
13 production and management of HRH.

14 b. Human Resources for Health (HRH) - a universal term for health care
15 workers. Health care workers as defined by the World Health Organization
16 are "people whose job it is to protect and improve the health of their
17 communities."

18 c. Human Resources for Health Network (HRHN) - a multi-sectoral
19 organization composed of different government agencies as well as non-
20 government organizations with an aim of supporting HRH development in
21 the Philippines.

1 d. Human Resources for Health Master Plan (HRHMP) - a 25-year plan with a
2 goal of providing the Philippine health care system with an adequate number
3 of competent HRH that are equitably distributed all over the country.
4

5 **SECTION 4. *Recognition of the Human Resources for Health Network***
6 **(HRHN).** The Human Resources for Health Network shall be recognized as the
7 structure or organization responsible for HRH development in the Philippines.
8

9 **SECTION 5. *Objectives of the HRHN.*** The HRHN shall have the following
10 objectives:
11

- 12 1. Facilitate implementation of programs of the Human Resources for Health
13 Master Plan (HRHMP);
- 14 2. Provide policy directions and develop programs that would address and
15 respond to HRH issues and problems;
- 16 3. Harmonize existing policies and programs pertaining to HRH among
17 different government agencies and non-government organizations;
- 18 4. Develop and maintain an integrated database containing pertinent
19 information of HRH from production, distribution, utilization up to
20 retirement and migration;
- 21 5. Advocate human resource development and management in the health
22 sector;
- 23 6. Perform workforce planning at the national level; and
- 24 7. Monitor and evaluate sectoral HRH policies and programs.
25

26 **SECTION 6. *Membership.*** The Department of Health shall be the lead agency
27 of the HRHN. All other government agencies with mandates on HRH development
28 such as the Department of Foreign Affairs, Department of Interior and Local
29 Government, Department of Labor and Employment, Department of Budget and
30 Management, Philippine Overseas Employment Administration, Overseas Workers
31 Welfare Administration, Technical Education and Skills Development Authority,
32 National Economic and Development Authority, Commission on Filipinos Overseas,
33 Commission on Higher Education, Professional Regulations Commission, Civil
34 Service Commission, Government Service Insurance System and Social Security
35 System shall be members of the HRHN.
36

1 Likewise, non-government organizations and the academe, which are
2 recognized as partners in supporting HRH development are hereby encouraged to
3 be members of the HRHN.
4

5 **SECTION 7. *Organizational Structure.*** The HRHN shall be composed of
6 three (3) Technical Working Groups (TWG) and one (1) Oversight Committee. The
7 three TWG shall be composed of the: 1) TWG on Entry; 2) TWG on Workforce; and
8 3) TWG on Exit. Each TWG shall address HRH problems and issues pertinent to
9 their TWG with the TWG on Entry on matters concerning planning, education and
10 recruitment; TWG on Workforce on issues involving supervision, compensation,
11 systems support and lifelong learning and the TWG on Exit on career choice, health
12 and safety, migration and retirement. The main function of the TWG shall involve
13 prioritization of HRH issues and problems as well as drafting policy
14 recommendations and/or development of programs suitable to the prioritized HRH
15 issues.
16

17 The TWG shall recommend its draft policies and programs to the Oversight
18 Committee, which in turn shall be composed of the heads of different member
19 organizations. The Oversight Committee shall function as the decision-making body
20 of the HRHN. It shall review and act upon all recommendations of the different
21 TWGs. The Department of Health, having spearheaded the creation of the HRHN,
22 shall act as the Chair of the Oversight Committee.
23

24 In order to facilitate coordination among members of the HRHN, the
25 Department of Health as the lead agency shall provide the Secretariat. The
26 Secretariat shall act as the coordinating body of the HRHN and shall provide the
27 following functions such as, but not limited to, setting of meetings, managing of
28 important logistics and circulation of information and documents among members.
29

30 **SECTION 8. *Composition of the Oversight Committee, TWG and***
31 ***Secretariat.*** The Oversight Committee shall be composed of the heads of the
32 government agencies and the non-government organizations or their duly
33 appointed representative authorized to act on his/her behalf. The TWGs, on the
34 other hand, shall be composed of a permanent and an alternate member
35 representing each member organization. The TWG member shall be at the level of a
36 director, division chief, or holder of equivalent position of the concerned

1 bureau/agency/organization. A representative of the Health Human Resource
2 Development Bureau of the Department of Health shall serve as the secretariat for
3 each TWG and the Oversight Committee.

4
5 **SECTION 9. *Development and Maintenance of an Integrated HRH Database.***

6 As part of its declared objective as stated in paragraph 4, Section 2 hereof, the
7 HRHN shall develop and maintain an integrated database containing relevant HRH
8 information that can be used for evidence based planning and policy making. As
9 such, all abovementioned government agencies shall share the necessary HRH
10 information in their database to the HRHN integrated database and update these
11 data on a periodic basis.

12
13 **SECTION 10. *Budget Appropriation.*** The Department of Health as the lead

14 agency shall appropriate seed/initial funds for the sustainability of the HRHN. The
15 network shall maximize the member agencies' resources for the network projects.
16 All other government agencies shall contribute a portion of their budget for the
17 development, implementation as well as monitoring and evaluation of all policies,
18 programs, projects and activities of the HRHN. Likewise, non-government
19 organizations and private sector organizations are encouraged to contribute a part of
20 their budget and other resources deemed necessary for all the undertakings of the
21 HRHN.

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23 **SECTION 11. *Implementing Rules and Regulations.*** The Department of

24 Health shall spearhead the drafting of the implementing rules and regulations of
25 this Act within a year after the effectivity of this Act.

26
27 **SECTION 12. *Separability Clause.*** If any part of this Act should hereafter be

28 declared unconstitutional or invalid, such other parts hereof not otherwise affected
29 thereby shall continue in full force and effect.

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31 **SECTION 13. *Repealing Clause.*** Any law, presidential decree or issuance,

32 executive order, letter of instruction, administrative order, rule or regulation
33 contrary to or inconsistent with the provisions of this Act is hereby repealed,
34 modified or amended accordingly.

1 **SECTION 14. *Effectivity Clause.*** This Act shall take effect fifteen (15) days
2 after its publication in at least two (2) newspapers of general circulation.

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4 Approved,