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MONCADA, TARLAC

EXCERPT FROM THE MINUTES OF THE 7th REGULAR SESSION OF THE 11th SANGGUNIANG BAYAN OF MONCADA, TARLAC HELD ON THE 15th DAY OF AUGUST 2022 AT THE SB SESSION HALL, LEGISLATIVE BUILDING.

PRESENT:

HON. JAIME O. DUQUE

.. VICE MAYOR/PRESIDING OFFICER

HON. RAMON BENITO M. AQUINO

.. MEMBER

HON. JANIUS M. YASAY

.. MEMBER

HON. RODOLFO C. ESPEJO, JR.

.. MEMBER

HON. ALBERTO C. MARZAN, JR., MD

.. MEMBER

HON. THELMAFLOR A. ESPEJO

.. MEMBER

HON. CELESTE A. AYSON

.. MEMBER

HON. GEORGE MICHAEL P. AGUILAR

.. MEMBER

HON. CONSTANCE NESTOR A. FAVIS

.. MEMBER

HON. GEORGE R. CUCHAPIN, MD

.. LNB PRESIDENT

HON. EZEKIEL C. RIVERA

.. SKF PRESIDENT

ABSENT:

NONE

**RESOLUTION NO. 14
Series of 2022**

RESOLUTION AUTHORIZING THE MUNICIPAL MAYOR, HON. ESTELITA M. AQUINO, TO ENTER INTO AND SIGN THE MEMORANDUM OF AGREEMENT (MOA) WITH OTHER LOCAL GOVERNMENT UNITS IN THE PROVINCE OF TARLAC AND ITS AUTHORIZED REPRESENTATIVES FOR THE PURPOSE OF CREATING AND/OR JOINING THE PROVINCE-WIDE HEALTH SYSTEM, FURTHER STRENGTHENING THE PRIMARY HEALTH CARE PROVIDER NETWORK IN THE COVERED LOCAL GOVERNMENT UNITS, AND IMPLEMENTING OTHER COMPONENTS FOR THE PURPOSE OF ACHIEVING FULL INTEGRATION BASED ON EXISTING LAWS AND REGULATIONS

**Sponsored by: Coun. Alberto C. Marzan, Jr., MD
Chairperson, Committee on Health and Social Welfare**

WHEREAS, Section 16 of Republic Act No. 7160 otherwise known as the Local Government Code of 1991 (LGC), provides that every local government unit (LGU) shall exercise the powers expressly granted, those necessarily implied, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare;

WHEREAS, under the same provision, the LGU is tasked to promote the peoples' health and safety. The LGU is likewise expected to be capable of responding to problems that include prioritization of health issues, monitoring of activities relative to healthcare, and adopting innovative and sustainable interventions for its constituents;

WHEREAS, Republic Act No. 10767, otherwise known as the Comprehensive Tuberculosis Elimination Plan Act (TB Law) mandates the State to support and expand efforts to eliminate tuberculosis by 2035 by increasing investments for its prevention, treatment, and control;

WHEREAS, Republic Act No. 11223, otherwise known as the Universal Health Care Act (UHC Act) seeks to progressively realize universal health care in the country through



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a systematic approach and clear delineation of the roles of key agencies and stakeholders toward better performance in the health system, and ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk;

WHEREAS, under Section 17 of the UHC Act, the Department of Health (DOH) is supposed to contract province-wide and city-wide health systems for the delivery of population-based health services through Primary Care Provider Networks accessible throughout the health system;

WHEREAS, under Section 19 of the same law, the Department of Health, Department of the Interior and Local Government (DILG), Philippine Health Insurance Corporation (PhilHealth), and the LGUs shall endeavor to integrate the health systems into province-wide and city-wide health systems, where the Provincial and City Health Boards oversee and coordinate integration of health services for province-wide and city-wide health systems, composed of municipal and component city health systems, and city-wide health systems in highly urbanized and independent component cities, respectively;

WHEREAS, the DOH issued the Implementing Rules and Regulations (IRR) of the UHC Act, and provided further; that, the province-wide and city-wide health systems shall be a coordinated group of public, private, or mixed primary care providers, as the foundation of the health care provider network; and the contracted networks are also supposed to provide individual-based primary to tertiary health care services with the following components: (i) assurance of member access to all levels of the health care provider network, including the use of digital technologies for health; (ii) a primary care provider network that is linked to secondary and tertiary care providers, subject to guidelines issued by the DOH and PhilHealth; (iii) patient navigation and coordination system; (iv) patient records management system; (v) provider payment mechanisms; (vi) networks exhibiting proof of legal personality; and (vii) mechanism of pooled fund management in the network;

WHEREAS, in the IRR, the DILG and DOH shall facilitate the integration of local health systems into province-wide and city-wide health systems through a mechanism of cooperative undertakings among the LGUs to ensure the effective and efficient delivery of health services provided under Section 33 of the LGC;

WHEREAS, the IRR also provides that, for purposes of Provincial integration, the municipalities and component cities shall endeavor to integrate their Municipal Health Offices, Component City Health Offices, Municipal Hospitals, Component City Hospitals, and LGU-managed health care providers, with the Provincial Health Office, Provincial Hospital(s), and District Hospitals to constitute the province-wide health system. The municipal and component city shall retain their existing functions over their respective health facilities and personnel under the LGC. Provided, that the Provincial Health Board shall exercise administrative and technical supervision over health facilities and services, health personnel, and all other health resources within their territorial jurisdiction. Provided, further, that the concerned LGU may opt to transfer the control of such health resources and services to the province-wide health system through a mechanism of cooperative undertakings provided under Section 33 of the LGC. The province-wide health system, through the Provincial Health Office, shall be responsible for the delivery of the promotive, preventive, curative, rehabilitative, and palliative components of health care within the province. The province-wide health system shall be linked to at least one (1) apex or end-referral hospital;

WHEREAS, in addition to the existing composition in accordance with the LGC, municipalities and component cities included in the province-wide health system shall be entitled to a representative in the Provincial Health Board. The Provincial and City Health Boards, in addition to their existing functions and in accordance with the LGC, shall: (i) set the overall health policy directions and strategic thrusts including the development and implementation of the integrated strategic and investment plans of the province-wide and city-wide health system; (ii) oversee and coordinate the integration and delivery of health services across the health care continuum for province-wide and city-wide health systems; (iii) manage the Special Health Fund (SHF); and (iv) exercise administrative and



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technical supervision over health facilities and health human resources within their respective territorial jurisdiction. The Provincial and City Health Board shall create their own management support unit to assist its operations including the management of the SHF;

WHEREAS, based on the IRR, the province-wide and city-wide health systems shall pool and manage all resources intended for health services through a SHF. Sources for the SHF shall include financial grants and subsidies from national government agencies such as the DOH in accordance with the rules on Incentives for Improving Competitiveness of the Public Health Service Delivery System under Section 22 of the IRR; income from PhilHealth payments in accordance with Section 21 of the IRR; and other sources such as, but not limited to, financial grants and donations from Non-Government Organizations, Faith-Based Organizations, and Official Development Assistance. Provided, that the concerned LGUs may opt to transfer their local budget intended for health to the SHF through a mechanism of cooperative undertakings as provided under Section 33 of the LGC. As determined and approved by the Provincial or City Health Board, the SHF shall be allocated for: (i) population-based and individual-based health services; (ii) capital investment such as, but not limited to, infrastructure, equipment, and information technology; (iii) health system operating costs; (iv) remuneration of additional health workers; and (v) incentives for all health workers in accordance with Republic Act No. 7305, otherwise known as the Magna Carta for Public Health Workers, Republic Act No. 7883, otherwise known as the Barangay Health Workers' Benefits and Incentives Act, Presidential Decree No. 1569, Strengthening Barangay Nutrition Program), Republic Act No. 11148, otherwise known as the Kalusugan at Nutrisyon ng Mag-Nanay Act, and other relevant laws. The allocation of the financial grants from DOH and income from PhilHealth payments shall be based on the contractual obligation of the Provincial and City Health Boards with the DOH and PhilHealth for population-based services and individual-based services, respectively; Local Investment Plan for Health; and SHF guidelines. The Provincial and City Health Boards shall assume full responsibility for the management of the SHF. The DOH and PhilHealth shall require the creation of a SHF for contracting city-wide and province-wide health system; Provided, That LGUs shall appropriate, through an ordinance, counterpart funding to finance health programs based on the local investment plan for health. Provided, further, that the LGUs that opted to transfer the control of health resources to the province-wide health system shall transfer the funds intended for health to the SHF and shall be entitled to additional financial and non-financial incentives, given that these incentives shall be solely allocated for health-related services. Provided, finally, that upon full financial integration, health expenditures of participating LGUs that are in accordance with the IRR shall be chargeable to the SHF. The DOH and PhilHealth shall establish and maintain a SHF utilization tracking system to allow real-time collection, consolidation, and analysis of data on the use of such fund. Required data for this system shall be considered as health and health-related data as described in the IRR. For this purpose, the DOH and PhilHealth, in consultation with the Department of Budget and Management (DBM), DILG, Department of Finance (DOF), Commission on Audit (COA) and the LGUs, shall issue guidelines that specify the allocation and utilization of the SHF.

WHEREAS, to ensure that these objectives may be realized considering the current developments pertaining to the mandates of the UHC Act and related laws or rules, the LGU of Moncada, with the Technical Assistance from the **USAID's TB Platforms for Sustainable Detection, Care, and Treatment**¹ intends to continuously develop the Primary Care Provider Network (PCPN) using TB as a tracer program, Health Care Provider Network (HCPN), and to integrate the necessary components thereof as required by law and the rules.

WHEREAS, the LGU of Moncada will form a collaborative partnership with other LGUs, key organizations and stakeholders from the public sector and private sector, National Government Agencies, and other entities for local health systems integration.

WHEREAS, the LGU shall use the developments brought about by the Technical Assistance of the **USAID's TB Platforms for Sustainable Detection, Care, and Treatment**



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to further improve the LGU's preparedness and capacity for Universal Health Care, local health systems integration, and its related mechanisms.

WHEREAS, other pertinent information relative to the implementation of the PCPN using TB as a tracer program, development of the HCPN, and local health systems integration shall be stipulated in the draft MOA, ordinances, or other rules that may be developed pursuant to existing laws and regulations presented to this Sanggunian;

NOW, THEREFORE, on motion by Coun. Alberto C. Marzan, Jr, duly seconded;

RESOLVED, that this Sanggunian, acting on the favorable recommendation of the Committee on Health and Social Welfare, hereby authorizes the Municipal Mayor, Honorable Estelita M. Aquino, to enter into and sign the memorandum of agreement (MOA) with other local government units in the province of Tarlac and its authorized representatives for the purpose of creating and/or joining the province-wide health system, further strengthening the primary care provider network and health care provider network in the covered local government units, and implementing other components for the purpose of achieving full integration based on existing laws and regulations;

RESOLVED, FURTHER, that copies of this resolution be furnished the Municipal Health Office, Department of Health – Central Luzon Center for Health Development, and other agencies and stakeholders mentioned herein;

CARRIED.

**CERTIFIED to have been duly
ADOPTED on the above-
mentioned date and place:**


VICTOR SANDINO S. MOLINA
Secretary, Sangguniang Bayan

**ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:**


JAIME O. DUQUE
Vice Mayor / Presiding Officer

