



REPUBLIKA NG PILIPINAS  
REPUBLIC OF THE PHILIPPINES  
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SEP 11 2003

DepED ORDER  
No. 74, s. 2003

PROMULGATING THE REVISED IMPLEMENTING RULES AND REGULATIONS (IRR)  
OF REPUBLIC ACT NO. 7305 RE: MAGNA CARTA OF PUBLIC HEALTH WORKERS

To: Undersecretaries  
Assistant Secretaries  
Bureau Directors  
Regional Directors  
Schools Division/City Superintendents  
Heads, Public Elementary and Secondary Schools

1. For the information and guidance of all concerned, enclosed is a copy of the Revised Implementing Rules and Regulations of Republic Act No. 7305 otherwise known as the Magna Carta of Public Health Workers.
2. Particular attention shall be given to the provisions of Rule XV on Compensation, Benefits and Privileges particularly the granting of monthly subsistence and laundry allowances, salary increases after post-graduate studies, and health benefits, among others.
3. Immediate dissemination of and compliance with this Order is directed.

EDILBERTO C. DE JESUS  
Secretary

Encl.: As stated  
Reference: None  
Allotment: 1—(D.O. 50-97)  
To be indicated in the Perpetual Index under the following subjects:

✓ ALLOWANCE  
✓ HEALTH EDUCATION  
✓ LEGISLATION  
✓ SALARY

(Enclosure to DepED Order No. 74, s. 2003)

## **BACKGROUND**

Section 35 of RA 7305 also known as the Magna Carta of Public Health Workers gives the Secretary of Health continuing authority to issue implementing Rules and Regulations (IRR) and the corresponding specific instructions concerning its implementation. Hence, the revised IRR was formulated after due consultation with appropriate agencies of government as well as with professional and health worker's organizations and unions.

The specific operating principles applied in guiding the formulation of the revised IRR are as follows:

- Preserving the distinction of health workers among other categories of government employees;
- Linking the improvement in health worker's well-being with enhancement in delivery of health services; and
- Making improvements in material condition consistent with promoting positive health worker's motivation and behavior.

This revised IRR replaced the initial IRR issued by the Secretary of Health on July 1992. Also superseded by this are all Administrative Order issued by Secretaries of Health on various dates.

Henceforth, and until further revised by later issuances, the revised IRR shall be the sole comprehensive guide for enforcing the provisions of RA 7305 and for interpreting the meaning in practice. Any later issuances of rules and regulations shall only take effect thirty (30) days after publication in a newspaper of general circulation.

**RULE I**  
**COVERAGE**

**Section 1.** These Rules and Regulations shall cover all persons engaged in health and health related work, employed in all hospitals, sanitariums, health centers, rural health units, barangay health stations, clinics and other health-related establishments owned and operated by the government or its political subdivisions, regardless of their employment status. Also covered are medical and allied professionals and support services personnel.

**RULE II**  
**INTERPRETATION**

**Section 1.** These Rules and Regulations shall be interpreted in the light of the Declaration of Policy and Objective under Section 2 of the Act as follows:

"The State shall instill health consciousness among our people to effectively carry out the health programs and projects of the government essential to the growth and health of the nation". Towards this end, this Act aims:

- a. To promote and improve the social and economic well-being of the health workers, their living and working conditions and terms of employment;
- b. To develop their skills and capabilities in order that they will be more responsive and better equipped to deliver health projects and programs; and
- c. To encourage those with proper qualifications and excellent abilities to join and remain in government service."

**BULLETIN III**  
**DEFINITION OF TERMS**

As used in these Revised Rules and Regulations, the terms below are defined as follows:

1. **Public Health Workers (PHW)** – Persons engaged in health and health related works. These cover employees in any of the following:
  - a. Any government entity whose primary function according to its legal mandate is the delivery of health services and the operation of hospitals, sanitariums, health infirmaries, health centers, rural health units, barangay health stations, clinics or other institutional forms which similarly perform health delivery functions, like clinical laboratories, treatment and rehabilitation centers, x-ray facilities and other similar activities involving the rendering of health services to the public; and
  - b. Offices attached to agencies whose primary function according to their legal mandates involves provision, financing or regulation of health services.

Also covered are medical and allied health professionals, as well as administrative and support personnel, regardless of their employment status

2. **Health-Related Establishment** - health service facility or unit which performs health service delivery functions within an agency whose legal mandate is not primarily the delivery of health services. This applies to, among others, clinics or medical departments of government corporations, medical corps and hospitals of the AFP, and specific health service section division, bureau or any type of organizational subdivision of a government agency. In no case shall the law apply to the whole agency when the primary function of the agency is not the delivery of health services.
3. **Act** – Republic Act 7305 otherwise known as the Magna Carta of Public Health Workers.

4. **Agency** – any department, bureau, service, office, college, university, commission, board of institute with original charter or any other branch of national government as well as local government employing public health workers, except as hereinafter otherwise provided.
5. **Benchmark** – a reference point upon which the salary grade of classes or positions are based.
6. **Client** – a person or group seeking or needing the services of a public health worker.
7. **Clinic** - unit providing direct health service wherever it is located as defined in the law.
8. **Demotion** – a movement from one position to another involving the issuance of an appointment with diminution in duties, responsibilities, status or rank which may or may not involve reduction in salary.
9. **Depressed Area** – an area where majority of its population do not meet the minimum basic needs and/or the income of the majority of households in the area is below the poverty line as defined by NEDA.
10. **Difficult Area** – a place where an increased amount of risk to life is encountered while traveling to such places, i.e. rough seas, dangerous and steep trails.
11. **Distressed Area** – an area under a state of calamity and/or emergency.
12. **Due Process** - a fair investigation and hearing by a neutral body wherein parties concerned or a person is given an opportunity to be heard.
13. **Disciplining Authority** – the appropriate appointing authority.
14. **Emergency** – a sudden occurrence demanding immediate action that may be due to epidemics; to natural or technological catastrophes; to strife, or to other man-made and/or natural causes.
15. **Employed** – a state of being appointed to a position in government whether permanent, temporary, contractual/casual, full-time or part-time status.
16. **Exigency of the Service** – a situation where service is urgently needed and where any delay in its execution and delivery will adversely affect the outcome of the service as well as pose a threat to the life of a person and/or condition of a facility or property.
17. **Geographical Reassignment** – a movement of a Public Health Worker from one geographical location to another in the same department or agency which does not involve a reduction in rank, status or salary.
18. **Hazard** – the risks to the health and safety of public health workers.
19. **Holiday** – the regular holidays and special days as mandated by law.
20. **Job Rotation** – a temporary assignment to a similar position in another geographic area or unit as a means to enrich professional experience as well as to a void service interruption.
21. **Legal Tender** – any form of money which by laws must be accepted when offered as payment/
22. **Married Couple** – a pair of male and female individuals of legal age joined in wedlock by a person authorized by law to perform marriage ceremony.
23. **Medico-Legal Case Completed** – the case is completed upon submission of the medico-legal report to the proper authority.
24. **Municipal Health Officer (MHO)** – a mandatory position under the Local Government Code of 1991 which serves as the department head in-charge of a municipality tasked with the formulating and implementing the health and medical programs for the whole municipality.

25. **Night Shift** – a duly authorized work rendered between 10:00p.m. and 6:00 a.m.
26. **On-Call Service** – the period during which the worker satisfies the agency's requirement for him or her to remain on stand-by within the premises of specified place in order to be readily available to perform work on demand or to be deployed in work areas.
27. **Overloading** – a situation where a public health worker is given more than the accepted standard workload he/she can efficiently handle.
28. **Overtime** – a duly authorized work rendered beyond the regularly scheduled normal hours of work, such as work during the day beyond the 8 hours of work required from daily paid workers or work during the week beyond the 40 hours of work required from monthly paid workers.
29. **Rest Day** – any day within the week when the employee is scheduled not to report to work provided the employee shall have rendered forty (40) hours work within the week.
30. **Post Graduate Degree Course** – the graduate degree course completed after finishing baccalaureate degree relevant to his/her job.
31. **Satisfactory Service** - the performance of an employee who has been rated at least satisfactory for the past two (2) consecutive performance rating periods.
32. **Preliminary Investigation** – a fact-finding proceeding seeking to determine the existence of a prima facie evidence or sufficient grounds sufficient enough to file formal administrative charges.
33. **Prescribed Uniform** – the uniform authorized by the Head of the Agency to be worn by the personnel which delivers direct health services.
34. **Qualification Standard** – a statement of the minimum qualifications for a position which shall include education, experience, training, civil service eligibility and physical characteristics and personality traits required by the job.
35. **Rural Health Physician (RHP)** – one who is in charge of a rural health unit (RHU) that renders preventive and curative medical services in a specific area of assignment within the municipality.
36. **Rural Physician** – common term used to include the municipal health officer (MHO), rural health physician (RHP), medical officer (MO), chief of the district hospital (CDH), and resident physicians who are designated to perform medico-legal services in a rural setting.
37. **Social Security** – the protection against economic and social distress that is caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, incapacitation and old age.
38. **Subsistence** – meal allowance.
39. **Transfer** – a movement from one position to another which is of equivalent rank, level or salary without break in service.
40. **Understaffing** – a situation where the staffing or personnel complement of a health or health-related establishments is inadequate, failing to meet the acceptable standard ratio of manpower to patient/population.
41. **Unit** – a subdivision of any government agency.
42. **Work During Rest Day** – a duly authorized work rendered during periods designated as regular rest day of the worker.
43. **R.A. 6758** – An act Prescribing a Revised Compensation and Position Classification in the Government and for other purposes.

44. **Part-time Public Health Worker** – those who are rendering services for four (4) hours per day or twenty (20) hours per week.

45. **Standard Ratio of Manpower to Population:**

Rural Health Physician	-	1:20,000
Public Health Nurse	-	1:20,000
Rural Health Midwife	-	1:5,000
Rural Sanitary Inspector	-	1:20,000
Rural Health Dentist	-	1:50,000

46. **Networking** – an organized system of government and private hospitals helping each other in rendering/providing services not available at their respective hospital. This includes sharing of equipment, manpower and other resources which follow certain referral procedure. The agency concerned shall shoulder the expenses incurred thereof.

47. **Professional Services** – services rendered or extended by Public Health Workers but not limited to medical, dental and nursing professionals.

**RULE IV**

**Standards Applicable to Agencies Claiming Parts of its Organization As Covered by Virtue of a Health-Related Function:**

**Section 1.** The Agency should show that its health service function is specifically included in the legal mandate of the agency as shown by the legislation or executive order creating or establishing the agency or unit of the agency. The basis will be an examination of the relevant legal document.

**Section 2.** In addition, the Agency should then show the official approved staffing pattern corresponding to the unit or subdivision covered by the legal mandate which include the health service function. The basis will be an examination of the relevant administrative documents.

**Section 3.** Based on satisfying the above two (2) requirements; i.e. legal mandate and staffing pattern, the inclusion under the law's coverage will apply only to those personnel occupying the identified positions in the unit determined to be "health related" under these procedures.

**RULE V**

**RECRUITMENT AND QUALIFICATION**

**Section 1.** Appointment of a Public Health Worker in the service shall be made on the basis of the qualification standards established for the position. The qualification standards shall be used as basis for civil service examinations as guides in appointment and other personnel actions, in the adjudication of protested appointments, in determining training needs, and as aids in the evaluation of the personnel work program of an Agency. Qualification standards for a position provided by the agency concerned in addition to the minimum qualification standards, as cited in page 20, Qualification Standards Revised 1997, of the Civil Service Commission (CSC) for that particular position shall be binding as cited in Rule IV, Section 2 of Book V.

**Section 2.** The recruitment, selection, appointment and qualification standards of Public Health Workers developed and implemented by the appropriate government agency shall be in accordance with existing and pertinent civil service law, rules and regulations as cited in Rule II to V, Book V.

**Section 3.** A Selection/Promotion Board (Rule VI, Section 9 to II of Book V) shall be established in each Department or Agency in accordance with civil service law and rules. The Board shall pass upon all applicants for original/promotional appointments. Furthermore, it shall set criteria or guidelines in the deliberation of the applicant's qualifications, which should be made public.

**Section 4.** Each agency shall develop its own process, in addition to those provided by the Civil Service Law and Rules.

**Section 5.** Permanent appointment shall be issued to a health worker who meets all the requirements for the position to which he/she is being appointed/promoted, including the approximate eligibility prescribed in accordance with the provisions of the law, rules and standards promulgated in pursuance thereof.

**Section 6.** A temporary appointment shall be issued to a Public Health Worker who meets all the requirements for the position to which he/she is being appointed except the appropriate eligibility, in the absence of appropriate eligibles in the area, willing and able to assume the position as certified by the Civil Service Regional Director concerned, and it deems necessary in the interest of public service a vacancy. Such appointment shall not exceed twelve (12) months nor be less than three (3) months renewable thereafter, but that the appointee maybe replaced sooner if (a) a qualified civil service eligible becomes available, or (b) the appointee is found wanting in performance or conduct befitting a government employee.

**Section 7.** The special cases of appointments in the career service such as in the field of medicine where the requirements for permanency is based not only on eligibility but shall also be governed by existing laws and pertinent civil service rules and regulations.

**RULE VI**  
**PERFORMANCE EVALUATION AND**  
**MERIT PROMOTION**

**Section 1.** The Secretary of Health, upon consultation with the proper government agency concerned and the Management-Health Workers' Consultative Councils, as established under Section 33 of this Act, shall prepare a uniform career and personnel development plan applicable to all public health personnel. Such career and personnel development plan shall include provisions on merit promotion, performance evaluation, in-service training grants, job rotation, suggestions and incentive award system.

**Section 2.** The performance evaluation plan shall consider foremost the improvement of individual employee efficiency and organizational effectiveness; provided, that each employee shall be informed regularly by his/her supervisor of his/her performance evaluation.

**Section 3:** The merit promotion plan shall be in consonance with the rules of the Civil Service Commission.

**RULE VII**  
**TRANSFER OR GEOGRAPHICAL**  
**REASSIGNMENT**

**Section 1.** A public health worker shall not be transferred and/or re-assigned, except when made in the interest of public service, in which case, the employee concerned shall be informed of the reasons therefore in writing. If the public health worker believes that there is no justification for the transfer and/or reassignment, he/she may appeal his/her case to the Civil Service Commission, which shall cause his/her transfer and/or reassignment to be held in abeyance.

**Section 2.** No transfer nor reassignment shall be made three months before any local or national elections.

**Section 3.** In case of temporary reassignment, all expenses incidental to the reassignment of the Public Health Worker shall be reimbursed by the government.

**Section 3.** In case of temporary reassignment, all expenses incidental to the reassignment of the Public Health Worker shall be reimbursed by the government.

**Section 4.** In case of permanent reassignment requiring the relocation of the family, all necessary expenses shall be paid for by the government.

**RULE VII**  
**MARRIED PUBLIC HEALTH WORKER**

**Section 1.** In case spouses are both Public Health Workers, they can be assigned, as much as possible, in the same locality but not in the same office or unit.

**Section 2.** Couples wanting to be in the same locality of assignment shall signify their intention by writing to the Head of the Agency. Such request shall be approved only if a vacancy exists.

**Section 3.** Request shall be approved on a "first-come, first-served" basis.

**RULE IX**  
**SECURITY OF TENURE**

**Section 1.** Public Health Workers who are regularly employed under permanent status shall have security of tenure and shall not be terminated or dismissed except for cause provided by law and after due process.

**Section 2.** In case a Public Health Worker is found by the Civil Service Commission to be unjustly dismissed from the service, he/she shall be entitled to reinstatement without loss of seniority rights and payment of **backwages/salaries and other benefits with twelve percent (12%)** interest computed from the time such salaries and other benefits were withheld up to the time of reinstatement.

**Section 3.** Public Health Worker's right to security of tenure shall always be respected/guaranteed as provided by law.

**RULE X**  
**STAFFING AND WORKLOAD**

**Section 1.** Each agency shall conduct periodic reviews of the personnel complement of its health and health-related establishments to determine the adequacy of staffing pattern and work load of each public health worker.

**Section 2.** The Department of Health, in consultation with Department of Budget and Management and other agencies concerned shall set standard staffing pattern for health and health-related establishments.

**Section 3.** The standard staffing pattern shall not be determined based on health workers to population ratio alone but must consider the terrain, road network, population concentration and others that affect operations.

**Section 4.** Positions that are vital and necessary shall be filled to prevent overloading of Public Health Workers and understaffed of the Agency as determined by the Head of Agency/Unit.

**Section 5.** The Head of the Local Government Unit concerned shall designate a Medico-Legal officer for their Province/Municipality. The Rural Health Physician or any Resident Physician in a non-training hospital could be designated as the Medico-Legal Officer provided that the individual had undergone an appropriate training for such services.

**Section 6.** In line with the above policy, substitute officer or employees shall be provided in place of officers or employees who are on leave for over three (3) months. Likewise, the Secretary of Health or the proper government official shall assign a medico-legal officer in every province.

**Section 7.** In places where there is no such medico-legal officer, rural physicians who are required to render medico-legal services shall be entitled to additional honorarium and allowances.



**RULE XI**  
**ADMINISTRATIVE DISCIPLINE**

**Section 1.** No administrative charges shall be filed against a Public Health Worker unless an existing prima facie evidence is established in the preliminary investigation/hearing. Administrative charges shall be made known to him/her and heard by the committee created for the purpose.

**Section 2.** The preliminary and formal investigation/hearing of administrative charges shall be in accordance with the Omnibus Rules Implementing Book V of Executive Order No. 292 and other Pertinent Civil Service Laws, Rules and Regulations, and other implementing rules and regulations.

**Section 3.** Local health workers' organizations duly recognized by the Local Government Unit shall be represented in the investigating committee.

**Section 4.** Investigation findings and recommendations shall be submitted to the Head of Agency or to the Local Government Unit within thirty (30) days upon completion of the investigation.

**Section 5.** Administrative charges against a public health worker shall be heard by a committee composed of the provincial health officer of the province where the Public Health Worker belongs, as chairperson, a representative of any existing national or provincial health worker's organization or in its absence its local counterpart and a supervisor of the office mentioned above. The committee shall submit its recommendation to the Secretary of Health or the appropriate disciplining authority within thirty (30) days from the termination of the investigation/hearings. Where the Provincial Health Officer is an interested party in the case, all the members of the committee shall be appointed by the Secretary of Health or the appropriate disciplining authority.

**Section 6.** The national public health workers under the jurisdiction of the Secretary of Health and/or its delegated officer of officers shall be governed by the rules embodied under Executive Order 292, its Implementing Rules and Regulations, other pertinent Civil Service Laws, Rules and Regulations and Orders.

**RULE XII**  
**SAFEGUARDS IN DISCIPLINARY PROCEDURE SHALL BE UNDERTAKEN TO UPHOLD THE FOLLOWING:**

- a. The right to be informed in writing of the charges;
- b. The right to full access to the evidence of the case;
- c. The right to defend himself/herself and to be defended by a representative of his/her choice and/or by his/her organization, adequate time being given to the public health worker for the preparation of his/her defense;
- d. The right to confront witness/es presented against him/her and summon witness/es in his/her behalf;
- e. The right to appeal to designated authorities;
- f. The right to reimbursement of reasonable expenses incurred in his/her defense in case of exoneration or dismissal of the charges, and,
- g. Such other right that will ensure fairness and impartiality during proceedings.

**RULE XIII**  
**DUTIES AND OBLIGATIONS**

**Section 1.** In addition to the duties of public officials and employees contained in the implementing Rules of the Code of Conduct and Ethical Standards under RA 6713 promulgated herein, pursuant to Section 14 of RA 7305, the public health worker is bound to:

- a. Discharge his/her duty humanely, with conscience and dignity;

- b. Perform his/her duty with utmost respect for life; and
- c. Exercise his/her duty without consideration of client's race, gender, religion, nationality, party politics, social standing or capacity to pay.

**RULE XIV**  
**CODE OF CONDUCT**

**Section 1.** As provided for by Section 14 of the Act, the Code of Conduct for Public Health Worker shall be disseminated at all levels of the health system.

**RULE XV**  
**COMPENSATION, BENEFITS  
AND PRIVILEGES**

**Section 1. Normal Hours of Work.** Public health workers, similar to other government employees, shall be required to render eight (8) hours of work per day or forty (40) hours a week.

- 1.1 Hours worked shall include a) all the time during which a public health worker is required to be on active duty or to be at a prescribed workplace; and b) all the time during which a Public Health Worker is required or permitted to work; provided, that during times that a public health worker is "ON CALL" status as defined in these Rules, he shall be entitled to ON CALL pay equivalent to fifty per cent (50%) of his regular wage.
- 1.2 Scheduling of Normal Work Hours
  - a) Heads of agencies and managers or supervisors of component organizational units shall have the authority to schedule the normal work hours of Public Health Workers according to the demands of public service. Administrative regulations governing the application of flexible work hours shall apply as appropriate.
  - b) In scheduling the 8 hours of work normally rendered by daily rated workers, consideration should be given to utilizing the daily work hours in only one shift or in no more than two 4-hour segments within the day.
  - c) In scheduling the 40 hours per week normally rendered by monthly or annually rated workers, any regular day's work required should not exceed 12 hours nor be less than 4 hours, unless the public health worker gives a written consent to serve otherwise.
  - d) Public health workers required to render 24-hour service shall be granted an extra day off immediately after each 24-hours tour of duty.
  - e) In scheduling normal work hours, attention should be given to distributing the burden of shifts outside the normal office hours (8am to 5pm) and usual operating days (Monday to Friday) of government agencies. Normal work hours rendered at night, on weekends and during holiday should be shared equitably with all members of the work force.
  - f) Work schedules of all workers should be duly posted in the premises of the agency or unit so that Public Health Workers can determine for themselves the fairness of distribution of normal work hours among all members of the organization.
  - g) Any arrangement requiring less than normal full-time services (e.i. less than 8 hours for daily rated or less than 40 hours for monthly or annually rated workers) shall be regarded as part-time employment and subject to proportionate adjustment in salary to be computed as percentage of actual time served divided by the full time service required.

- h) Any arrangement requiring Public Health Workers to render more than 8 hours a day or 40 hours for a week shall be subjected to overtime pay and/or night shift differential pay for the periods in excess of the full time service.
- i) During normal hours of work, the public health worker is expected to perform his or her duties and functions in a specific post or assignment subject to a regular schedule of work and rest periods, including sufficient allowance for meal breaks and short interruptions for the purpose of meeting personal necessities as these arise.

**Section 2. Additional Compensation for Additional Work**

**2.1 Types of Additional Work Eligible for Additional Compensation**

The following types of service rendered, in addition to the normal work hours covered by the basic salary, shall be entitled to additional compensation:

- (a) "ON CALL" service
- (b) "Overtime" service
- (c) "Work During Rest Day"
- (d) "Night Shift" service

**2.2 Conditions Governing the Grant of Additional Compensation for These Types of Additional Work**

2.2.1 The following general conditions apply to the grant of additional compensation for the above types of additional work;

- (a) Heads of agencies/local chief executives shall issue specific authorizations whenever workers are required to render any of these four types of additional work. Such authorizations shall include all the details necessary to verify to what extent the work required was actually rendered. The authorization shall include a certification that funds necessary for payment of the corresponding additional compensation have been or will be set aside by the office to ensure prompt payment of this benefit;
- (b) Public Health Workers are required to render any of these four types of additional work that are duly authorized by the Head of Agency or manager of the organizational unit. They cease to be obligated to do so;

However, whenever their previously rendered and properly validated additional service remains unpaid three months after such service, it is thus the legal right of a Public Health Worker to refuse to render additional work beyond normal work hours when prior additional work has remained unpaid three months after rendering service. Such refusal to render additional work under this conditions shall not be a ground for any administrative action made or basis for an unfavorable performance rating.

- (c) All additional compensation earned by rendering duly authorized and properly validated additional work should be paid within three months after such work was rendered. Payments for additional compensation may be made together with or separately from usual payments of regular salaries;
- (d) No amount of additional compensation earned for rendering these four types of additional work shall be incorporated into the basic salary of the worker; and
- (e) Funding for the payment of additional compensation for these four types of additional work may be sourced from the agency's personal services, savings, as well as from other trust funds whose purposes cover the activities included in the additional work.

**2.3 "ON CALL Service"**

2.3.1 Heads of agencies or local chief executives may require certain Public Health Workers to remain on stand-by in a specified location in anticipation of a possible need for their services. This constitutes the act of placing workers "on call".

2.3.2 A written authority should be issued to place workers "on call". This authority should state the eventuality being anticipated by the office which might require the workers to be in service, duration of the "on call" status, location where workers will stay during the period, and the condition or situation that will release the workers from being "on call" or will instruct the workers to begin rendering actual service. The actual service rendered maybe considered as part of normal hours of work, or overtime work or work during rest day depending on the worker's schedule.

2.3.3 Appropriate documentation should be provided (e.g, logbooks, time records, signed time slips) to establish the actual period when the worker actually made himself or herself available on a stand-by basis on the specific location designated for those "ON CALL",

2.3.4 Time spent while on "ON CALL" status shall be compensated at the rate of 50% of the worker's hourly rate.

2.3.5 Actual service rendered emanating from authorized and validated "on call" duty and which is not considered as part of normal duty hours of work shall be compensated in accordance with Budget Circular No. 15, s. 1996 regarding Overtime Pay and subsequent Circular that will be issued.

## 2.4 Service Beyond Normal Hours of Work

2.4.1 Heads of Agencies or managers of organizational units may require Public Health Workers to render service in excess of the normal hours of work. This may include required service rendered during the same day but beyond the duration of the regularly scheduled normal hours of work (overtime service) up to Division Chief level or its equivalent only or during days when normal work has both been scheduled (service during rest days or holidays).

2.4.2 A written authority should be issued to require workers to serve beyond normal hours of work. This authority should state the tasks and activities which require the workers service, duration of the work required beyond normal hours, and the procedures governing the supervision and validation of the service being rendered.

2.4.3 Rates for authorized service rendered beyond normal hours of work.

- a. Work rendered in excess of the day's scheduled normal work period: 125 % of base rate.
- b. Work rendered during a rest day: 150% of base rate.
- c. Work rendered during a holiday: 150% of base rate

## 2.5 Rate for Night Shift Differential

2.5.1 Public Health Workers required to render service for any number of hours between 10pm and 6 am shall be granted additional compensation as follows:

- (a) A night shift differential pay of ten percent (10%) of his/her regular wage plus for each hour of work performed during the night shifts customarily adopted by hospitals/ health institutions.
- (b) An entitlement to his/her regular wage schedule on the period covered after his/her regular schedule plus the regular over time rate and additional amount of ten percent (10%) of such overtime rate for each hour of work performed between ten (10) o'clock in the evening to six (6) o'clock in the morning.

**Section 3. Salary and Salary Scale.** Republic Act 6758 shall apply in determining the salary scale of Public Health Workers, except that the benchmark for Rural Health Physicians shall be upgraded from Grade 20 to Grade 24 and that they shall now be entitled to Representation and Transportation Allowance (RATA).

- a. The salary scale of Public Health Workers shall provide for progression provided that the progression from the minimum to the maximum of the salary scale shall not extend

over a period of ten (10) years and provided further that the efficiency rating of the public health worker concerned is at least satisfactory.

Each agency shall formulate salary scales progression plan for Public Health Workers, taking into consideration the upgraded salary of the Rural Health Physician. The salary increases shall be determined by the agency in coordination with Department of Budget and Management. This shall be included in the annual budget proposal.

- b. For appointees occupying regular item positions, their respective salary rates shall be those established for the position in accordance with implementation guidelines of DBM pursuant to the various Salary Standardization Laws.
- c. For appointees occupying position items outside the regular plantilla, the respective salary rates shall be those established by the appropriate authority creating or establishing the position in accordance with various government regulations.
- d. Salary rates shall be expressed as annual, monthly or daily rates. The specific salary rates in the appointment or position item shall be the basic salary of the employee. The salary rate shall be the basis of all computation defined as a percentage of salary or wage.
- e. Salaries of public health workers shall be paid in legal tender of the Philippines or the equivalent in checks or treasury warrants.

#### **Section 4. Equality in Salary Scale**

The salaries of public health workers as appropriated by a city, municipality, or provincial government shall not be less than those provided for public health workers of the national government. The amount necessary to pay the difference between the salaries received by the nationally paid and the locally paid Public Health Workers of equivalent positions shall be charged against the Internal Revenue Allotment (IRA) of the concerned Local Government Unit (LGU) as authorized in the Annual General Appropriations Act (GAA).

- a. No deduction shall be allowed from the payroll of Public Health Workers, except those allowed by law.
- b. The Secretary of Health, in collaboration with other government agencies, shall conduct a periodic review of the salary structure of public health workers to update and recommend appropriate action to proper authorities.
- c. The head of the agency shall be responsible for the timely preparation and release of the salaries of the Public Health Worker.
- d. All appointments shall indicate the appropriate mandated salary rate for each position.
- e. In case the action of the appointing authority is subsequently reversed by a competent authority with the effect of reducing the appropriate mandated salary rate of an appointee, the Public Health Worker shall refund such overpayment. In case the decision of a competent authority results in increasing the mandated salary rate of an appointee, the appointing authority shall cause the payment of any salary differential due the Public Health Worker.

#### **Section 5. Basic Salary for Normal Hours of Work**

- a. In accordance with RA 6758 prescribing a revised compensation and position classification system in the government, all salaries shall "represent full compensation for full-time employment, regardless of where the work is performed. Salaries for services rendered on a part-time basis shall be adjusted proportionately".
- b. For purposes of determining the scope of the full-time employment standards, the basic salary rate attached to any position occupied by a Public Health Worker shall be in consideration of his or her rendering the normal hours of work, defined as 8 hours of work per day for daily rated workers (excluding 1 hour for meals) or 40 hours per week for monthly or annually rated workers.

- c. Legally mandated increases in basic salaries shall be implemented without altering the required normal hours of work. All increases in basic salaries in relation to RA 6758 shall be implemented only in accordance with policies and procedures issued by DBM.

## **Section 6. Salary Increases**

### **6.1 Highest Basic Salary Upon Compulsory Retirement –**

Three (3) months before compulsory retirement, the Public Health Worker shall be granted an automatic one salary grade increase in his basic salary and his retirement benefit thereafter shall be computed on the basis of his highest salary received and paid; provided that the Public Health Worker has reached retirement age and fulfilled the service requirements under the existing law.

6.1.1 The head of agency/office or his/her duly authorized representative shall submit an annual list of compulsory retirees who are eligible to claim the above-mentioned benefit for the succeeding year to the concerned Department Secretary/Local Chief Executives.

6.1.2 The agency concerned shall prepare the Notice of Salary Adjustment to be signed by the Head of Agency/Local Chief Executive, and shall serve as basis for the computation of the retiree's retirement benefits.

### **6.2 Salary Increase after Post-Graduate Studies for a Degree Course.**

Public Health Workers who have earned post-graduate degrees after July 1, 1992 shall be entitled to a raise in pay equivalent to two percent (2%) of their basic salary.

6.2.1 To prove completion of the post-graduate degree study in order to qualify for the increase in salary or upgrading in position, the Public Health Worker shall submit to the Personnel Division/Unit through their respective Head of Agency the authenticated copies of the following:

- a. Diploma;
- b. Transcript of Records from the school where the degree is obtained;
- c. Certificate of Service of at least two (2) continuous years;
- d. Latest appointment of permanent status; and
- e. A satisfactory performance rating during his/her employment

6.2.2 The head of offices/agencies/units concerned shall submit the names of all the eligible health workers to the Personnel Division for screening, evaluation and approval. Once request is approved, notice of salary adjustment signed by the Secretary of Health and Local Chief Executive or head of the office or agency concerned shall be issued to the qualified personnel. The personnel division of the concerned agencies at all levels shall maintain an updated list of eligible Public Health Workers and shall submit to the Provincial/Regional/National Management Health Workers Consultative Council (NMHWCC) the names of Public Health Workers granted with benefits.

**6.3 Longevity Pay -** A monthly longevity pay equivalent to five percent (5%) of the present monthly basic pay shall be paid to Public Health Workers for every five (5) years of continuous, efficient and meritorious services rendered as certified by the Head of Agency/Local Chief Executives commencing after the approval of the Act. (April 17, 1992)

#### **6.3.1 Criteria for Efficient and Meritorious Service**

A. Public Worker shall have:

- a. At least a satisfactory performance rating within the rating period
- b. Not been found guilty of any administrative or criminal case without the rating period.

#### **6.3.2 Mechanism for Evaluation**

1). The personnel unit of the office/agency concerned shall evaluate the qualification of the employee based on the criteria as supported by the following documents:

- a. Performance Appraisal Report of the last 5 years (10 performing ratings);
- b. Certification from Legal Office concerned affirming that the Public Health Worker has not been found guilty of any administrative or criminal case within the rating period.
- c. The result of the evaluation shall be submitted to the Head of Office concerned for approval of the grant of longevity pay.

**Section 7. Other additional compensation:**

**7.1 Hazard Pay**

**7.1.1 Eligibility to Receive Hazard Pay –** All Public Health Workers covered under RA 7305 are eligible to receive hazard pay when the nature of their work exposes them to high risk/low risk hazards for at least fifty percent (50%) of their working hours as determined and approved by the Secretary of Health or his authorized representatives.

**7.1.2 Basis for Granting Hazard Pay -** The following hazards are recognized under RA 7305: difficult locations, strife-torn or embattled areas; distressed and isolated stations, prison camps, mental hospitals; radiation exposed clinics; laboratories; and disease-infested areas, areas declared under a state of calamity or emergency for the duration when there is exposure to danger, contagious disease, radiation, volcanic activity or eruption, occupational risks and perils to life as determined by the Secretary of Health or the Head of the Unit with the approval of the Secretary of Health.

**7.1.3** Based on the standards provided by law, the following categories of hazard are hereby recognized:

- a. High risk exposure shall refer to the direct, unavoidable and frequent exposure to radiation, communicable/contagious/infectious/biological hazards. It includes those who from time to time are authorized to travel and be assigned to hazardous workplaces where the above conditions exist.
- b. High risk hazardous areas shall include the following:

Work areas in hospitals, sanitarium, rural health units, health centers, clinics, barangay health stations, municipal health offices and infirmaries which shall include Public Health Workers but not limited to medical and allied health personnel directly involved in the delivery of services to patients with highly contagious and communicable diseases, including those handling hospital paraphernalia used by patients such as linen, utensils, bed pan, etc. Under this category, all field health workers giving direct service delivery are already classified as high risk

- Radiation exposed areas/clinics such as laboratories and service workshops which involves operation of radiation emitting equipment and handling of radioactive and toxic substance, but not limited to the services of x-ray technicians and physiotherapists.
- Institutions for mental health where exposure to bodily harm and risks from psychiatric patients actually exists.
- Drug-abuse drop-in-centers or rehabilitation centers where exposure to bodily harm and risks from drug-crazed patient exists.
- Work areas where rescue operations/evacuations have to be carried out due to natural calamities, where the health workers/rescuers are directly and actually exposed to harm danger or occupational risks or perils to life in the course of performing their duties.
- Chemical and medical laboratories where health workers receive and directly handle infectious specimens or materials including but not limited to services rendered by pathologists, laboratory technicians and medical technicians.
- Highly disease-infected and vector-infested areas including but not limited to services rendered by malariologists, entomologists and zoologists.
- Work areas involving handling of and spraying of insecticides, molluscides and hazardous chemicals. Work areas involving direct handling of laboratory animals for purposes of experimentation, research, observation and the like.

c. Low risks exposure refers to infrequent and minimum degree of exposure in a hazardous workplace wherein personnel are not directly involved in the delivery of services but nevertheless are in contact from time to time with the former including the intended: clientele and patients. Low-risks hazardous areas shall include the following:

- Work areas in hospitals, santaria and infirmaries which entail minimal risks or danger to health and safety due to indirect and infrequent exposure to patients in the said areas which shall include technical and administrative personnel whose duties/functions require visitation, networking, coordinating, monitoring, evaluating, referrals, etc.
- Work areas adjacent to/near hospitals dealing with infectious diseases.

#### 7.1.4 Entitlement and Determination of Personnel Exposed to Hazards:

- a. Each agency shall prepare a list of positions in its plantilla with the corresponding job description that describes the basis for justifying such positions that are exposed to high risk or low risk hazard. This list shall be reviewed by a DOH technical committee created for the purpose at the national and regional levels, according to the standards provided above. Occupants of these positions shall then be granted hazard pay during their periods of work.
- b. Each Head of Agency shall establish a procedure for identifying personnel who shall be exposed to high risks or low risk hazard including the duration of such exposure. This procedure shall be similar to the provisions authorizing overtime pay.
- c. The Head of Agency/Local Chief Executive is authorized to allow the grant of hazard pay to all Public Health Workers in accordance with the rules and regulations in this IRR without the need for approval by the Department of Budget and Management (DBM) and shall ensure that funds for this purpose are set aside and made readily available.
- d. The period of entitlement to Hazard Pay shall be co-terminus with the duration of the actual assignment of the official or employee in the work areas enumerated under item 7.1.3.
- e. Part-time officials and employees shall receive half of the amount received by a full-time official or employee in the same situation.
- f. Hazard Pay of officials and employees who are on full-time or part-time detail with another agency shall be paid by their mother agency.
- g. Officials and employees, who would appear to be entitled to more than one type of Hazard Pay due to the peculiar nature of their work, shall only be allowed to enjoy one type of Hazard Pay that is more advantageous to them.

#### 7.1.5 Rates of Hazard Pay

- a. Public health workers shall be compensated hazard allowances equivalent to at least twenty-five per cent (25%) of the monthly basic salary of health workers receiving salary grade 19 and below, and five percent (5%) for health workers with salary grade 20 and above. This may be granted on a monthly quarterly or annual basis.
- b. The implementation of Hazard Pay shall be made on staggered basis provided that at the fifth year, the 25% and 5% differentiation shall have been fully complied with or fully satisfied.

1999 - 1 <sup>st</sup> year	-	5%
2000 - 2 <sup>n</sup> year	-	10%
2001 - 3 <sup>rd</sup> year	-	15%
2002 - 4 <sup>th</sup> year	-	20%
2003 - 5 <sup>th</sup> year	-	25%

- c. The Public Health Workers exposed to high risk hazard may receive a hazard pay not exceeding 5% higher than those prescribed above.

#### 7.1.6 Limitations

Officials and employees who are under the following instance of more than one (1) full calendar month shall not be entitled to Hazard Duty Pay:

- a. Those on vacation, sick and study leave with or without pay;
- b. Those on maternity/paternity and terminal leave, and



- c. Those on full time attendance in training grant/scholarship grant/seminar or any other similar activity, except when the place of activity is certified to be risky or hazardous area as specified under 7.1.2 and 7.1.3.

## **7.2 Subsistence Allowance**

### **7.2.1 Eligibility for Subsistence Allowance**

- a. All Public Health Workers covered under RA 7305 are eligible to receive full subsistence allowance as long as they render actual duty.
- b. Public Health Workers shall be entitled to full Subsistence Allowance of three (3) meals which may be computed in accordance with prevailing circumstances as determined by the Secretary of Health in consultation with the Management-Health Workers Consultative Council, as established under Section 33 of the Act.
- c. Those Public Health Workers who are out of station shall be entitled to per diems in place of Subsistence Allowance. Subsistence Allowance may also be commuted.

### **7.2.2 Basis for Granting Subsistence Allowance**

Public Health Workers shall be granted subsistence allowance based on the number of meals/days included in the duration when they rendered actual work including their regular duties, overtime work or on-call duty as defined in this revised IRR.

Public Health Workers who are on the following official situation are not entitled to collect/receive this benefit:

- a. Those on vacation/sick leave and special privilege leave, with or without pay;
- b. Those on terminal leave and commutation;
- c. Those on official travel and are receiving per diem regardless of the amount; and
- d. Those on maternity/paternity leave.

### **7.2.3 Rates of Subsistence Allowance**

- a. Subsistence allowance shall be implemented at not less than Ph1,500.00 per month as certified by Head of Agency.
- b. Non-health agency workers detailed in health and health-related institutions/establishments are entitled to subsistence allowance and shall be funded by the agency where service is rendered.
- c. Subsistence allowance of public health workers on full-time and part-time detailed in other agency shall be paid by the agency where service is rendered.
- d. Part-time public health workers/consultants are entitled to one-half (1/2) of the prescribed rates received by full-time public health workers.

## **7.3 Laundry Allowance**

### **7.3.1 Eligibility for Laundry Allowance**

All public health workers covered under RA 7305 are eligible to receive laundry allowance if they are required to wear uniforms regularly

### **7.3.2 Rate of Laundry Allowance**

The laundry allowance shall be P150.00 per month. This shall be paid on a monthly basis regardless of the actual work rendered by a public health worker.

## **7.4 Representation and Transportation Allowance (RATA)**

Municipal Health Officers (MHO) and Rural Health Physicians (RHP) shall be entitled to collect RATA, provided that said MHO or RHP is actually performing the duties and responsibilities of the said position. The following guidelines shall be observed in the payment of RATA.

- a. RATA shall be enjoyed by a RHP wherein a government vehicle is not assigned for his/her use in the discharge of his/her duties. In case a vehicle is assigned to the MHO or RHP he/she shall only be entitled to representation allowance (RA).

- b. Pursuant to National Compensation Circular (NCC) No. 67, issued by DBM dated 01 January 1992, an MHO or RHP who is authorized to attend a training course, scholarship, seminar or any other similar activity, which is tantamount to the performance of his regular duties and responsibilities as determined by the Local Chief Executive (LCE) concerned shall be authorized to continue to collect RATA on a reimbursement basis;
- c. Any government physician officially designated by the Head of Agency/LCEs as MHO or RHP shall be entitled to RATA;
- d. An MHO or RHP who is on vacation, such as maternity leave of absence with or without pay for one full calendar month shall not be entitled to RATA for the period;
- e. An MHO or RHP who is on full time detail with another organizational unit and performs as such, shall be entitled to RATA. But if he/she does not discharge the responsibilities of the position, he/she shall not be entitled to RATA; and
- f. A government physician who shall take over the position of RHP or MHO and performing the equivalent function shall be entitled to RATA for the duration of the detail.

**7.5 Medico-Legal Allowance** - In places where there is no Medico-Legal Officer, rural physicians who are required to render medico-legal services and had undergone an appropriate training for such services shall be entitled to additional allowance subject to the following rates and guidelines.

**7.5.1 Rates of Payments per assigned work are as follows:**

- a. P200.00 - slight physical injury
- b. P300.00 - less serious physical injury
- c. P500.00 - serious physical injury
- P1,000.00 - necropsy
- d. P1,000.00 - autopsy

**7.5.2 Funding source:**

- a. Local Health Workers – local funds
- b. National Health Workers – national funds

**7.5.3 Those who shall be provided with additional traveling allowances are as follows:**

- a. Those without RATA
- b. Those with RATA who travels outside his/her municipalities

**7.5.4 Travelling expenses at rates authorized under existing rules and regulations shall be paid for the following official travels.**

- a. Performing medico-legal examination
- b. Appearance in court hearings
- c. Submission of report-case completed

**7.5.5 Request for payment shall be made after report of the case has been submitted to the proper authority.**

**7.6 Remote Assignment Allowance**

**7.6.1 Eligibility for Remote Assignment Allowance**

All public health workers are eligible to claim a remote assignment allowance if they assumed a post certified as a remote assignment as defined herein.

**7.6.2 Basis for granting Remote Assignment Allowance**

**Remote Assignment Allowance** Doctors, dentists, nurses and midwives, who accept assignments in remote areas or isolated stations, which for reasons of far distance or hard accessibility (such positions have remained vacant for at least two

(2) years ) shall be entitled to an incentive bonus in the form of remote assignment allowance.

In addition to the above, the Public Health Worker assigned in a remote area shall be given priority in terms of promotion or assignment to better areas except when he voluntarily accepts or prefers to remain in such remote assignment.

### 7.6.3 Rate of Remote Assignment Allowance

Public health workers assuming a post certified as a remote assignment shall be granted the following in addition to the normal compensation attached to the position:

- a) A one-time relocation allowance of P20,000.00 shall be provided for the estimated costs of relocating to the area of assignment.
- b) A remote assignment allowance equivalent to 50% of basic pay for the first 24 months of the assignment.
- c) A reduced remote assignment allowance equivalent to 25% of basic pay for the next 24 months of the assignment after the first 24 months.

The remote assignment package of compensation shall be granted only to persons appointed to positions vacant for at least 2 continuous years prior to the positions to the appointment. When a remote assignment has been continuously occupied after 4 years, the remote assignment allowance for the position shall be phased out. Different occupants of a remote assignment shall each be entitled to one-time relocation bonus but shall received the remote assignment allowance that is applicable for the remainder of the 4-year period since the post was first occupied after the two year vacancy.

## 7.7 Other Benefits

7.7.1 Housing – All Public Health Workers who are on tour of duty and those, who because of unavoidable circumstances are forced to stay in the hospital, sanitarium or health infirmary premises, shall be entitled to free living quarters within the hospitals, sanitarium or health infirmary.

- a. For those required to live in the premises of the facility, physical arrangements shall be made to provide them with adequate quarters or housing for free. This decision shall be made by the head of the health unit in accordance with the demands of the service and is not based on the preference of the health worker. Health workers who prefer not to stay in the premises but whose duties require them to stay shall be provided with quarters. Health workers who prefer to stay in the premises but whose duties do not really require them to stay shall not be entitled to this benefit.
- b. Only workers who are required to stay in the premises but could not be accommodated in available government provided quarters or housing shall be granted a housing allowance. This allowance shall be discontinued the moment free quarters or housing are available.
- c. The Department of Health is authorized to develop housing projects in its own lands, not otherwise devoted for other uses for public health workers in coordination with appropriate government agencies.

d. *Rate of Housing Allowance*

In order to pay the housing allowance to any worker, the head of agency should first certify that (a) the nature of the health worker's duty requires that he or she should stay in the premises of the health facility; and (b) the available quarters and housing is not sufficient to accommodate the health worker. Under these conditions, the health worker shall then be granted a housing allowance at the prevailing rental rate in the locality until such time when adequate quarters are available or when the worker is no longer required to reside in the premises of the health facility.

- e. The Secretary of Health shall henceforth require all health facilities, especially in remote areas to provide a component space to serve as **quarters for public health workers** during their tour duty or visits. A Provident Fund shall be established by each agency for the availment of this housing benefit package.

#### 7.7.2 Medical Examination for Public Health Workers.

During the tenure of their employment, all public health workers, including selected applicants, shall be given a compulsory and free medical examination once a year and immunization as the case may warrant in a hospital designated by the Department of Health. The medical exam includes:

- a. Complete physical examination;
- b. Routine laboratory, chest x-ray, and Electro-cardiogram;
- c. Psychometric exam;
- d. Dental exam; and
- e. Other indicated examination

In case the designated hospital is not accessible or the facilities required for the examination are not sufficient, the public health worker shall avail of the networking and referral system established in the Department of Health.

- a. The term "free" shall mean free of charge where capability and facility for such services are available.
- b. Complete physical examination would mean a thorough physical check-up by a designated physician/s for this purpose.
- c. Routine laboratory would include complete blood examination, urinalysis, fecalysis, and chest x-ray. For those above forty (40) years old, additional examination such as ECG, Fasting Blood Sugar, Uric Acid, Blood Urea Nitrogen, Creatinine, Cholesterol and Tryglycerides, and PAP Smear, Transvaginal Ultrasound and Mammography.
- d. Dental services include preventive dentistry and dental emergencies.
- e. Other indicated examinations would include medical and surgical procedures within the competence and capability of designated hospitals/units as required by the examining physician.
- f. Immunization would refer to giving of vaccines recommended by the Secretary of Health as part of policy covering DOH.

**7.7.3 In-Patient Services** - For those already in government service, in case of hospitalization or in-patient treatment is necessary, the cost of hospitalization and treatment shall be answered for by the agency. In agencies with in-patient facilities, the Public Health Worker shall be entitled to **FREE** room and board, treatments and professional service. Where in-patient facilities are not available, the public health worker shall be referred to other hospitals designated by the Department of Health

Free medical examination, hospitalization and treatment shall be implemented upon the effectivity of this Act.

- a. Free room and board, treatment and professional services would mean hospital admission to National Health Insurance Program (NHIP) and employees ward after availing of the Philippine Health Insurance Corporation (PHIC) benefits.
- b. Hospitals designated by the DOH would be all regional hospitals and medical centers and to include specialty hospitals. The four specialty hospitals shall only accept cases properly referred to and is particular for their respective specialization.
- c. Provision of all of the above mentioned series shall be subject to availability of appropriate facilities and trained manpower expertise of the receiving establishments.

## 7.8 Procedures in Availment of Benefits

### 7.8.1 Compulsory Annual Medical Examination

- 7.8.1.1 The Physical Examination unit of the Department of Health and the Medical Centers/Regional Hospitals shall prepare an annual schedule of examinations for the Public Health Workers assigned within their area of jurisdiction and disseminate such schedule to all concerned.
- 7.8.1.2 The Regional, Provincial and District Hospitals shall be in charged of the medical examination of Public Health Worker assigned in their catchment areas.
- 7.8.1.3 Public Health Workers shall have the option to choose any government health facility for his/her place of work or residence for medical examination except the four specialty hospitals which are government corporations.
- 7.8.1.4 The Public Health Workers shall be responsible in submitting themselves for medical examination on their scheduled date, and, if for some important reasons he/she was not available on the designated date, he/she shall inform the concerned unit and reset another schedule for such examination.
- 7.8.1.5 Results of the annual compulsory medical examination shall be submitted to the administrative/personnel unit of the agency where the Public Health Worker is assigned and shall be part of the personnel records of the Public Health Worker concerned.

### 7.8.2 Free Treatment and Hospitalization

- 7.8.2.1 When the medical examination reveals that medical treatment and/or hospitalization is necessary, referral slip shall be issued to the Public Health Workers concerned to any government hospital or private hospital to provide such services to Public Health Workers.
- 7.8.2.2 Upon admission in the hospital, the public health worker shall be required to fill up the Magna Carta Hospitalization Benefit Form A.
- 7.8.2.3 Each hospital unit concerned shall exert all efforts to provide for an infirmary or special bed/room especially designated for the use and confinement of public health workers.

## 7.9 Availment of Benefits

- a. All public health workers shall avail of their benefits after proper identification with their respective ID system.
- b. All outpatient services shall be availed only from their hospitals. Public Health Workers with no hospitals e.g. central office and regional field personnel can use their employees clinic or make arrangements with the nearest hospital.
- c. In case of "emergency" any Public Health Worker shall avail of emergency services in any DOH retained hospital after proper identification has been done. In the event that he forgot his ID he/she is allowed to submit supporting documents (ID or authorization letter) within 24 hours.
- d. A proper endorsement to the receiving hospital shall be made in case there is a need for referral to a higher level of hospital care. Subsequently, after assessing the patient, feedback shall be given for purposes of proper follow-up.
- e. Outpatient medicines are not covered unless available in any DOH program such as TB, etc., however, in-patient medicines shall be covered.
- f. Financial obligations shall be shouldered by the mother agency.
- g. It is mandatory that all Public Health Personnel shall file their PhilHealth Insurance papers, Employment Compensation papers or any other insurance papers for this purpose before discharge.
- h. Drug addiction self-inflicting illness, induced abortion are not covered under this benefit.

**RULE XV**  
**SELF-ORGANIZATION OF PUBLIC HEALTH WORKERS**

**Section 1.** Public Health Workers shall have the right to freely form, join or assist organization or unions for purposes not contrary to law, in order to defend and protect their mutual interests and to obtain redress of their grievances through peaceful concerted activities.

**Section 2.** While the State recognizes the right of Public Health Workers to organize or join such organization, Public Health Workers on duty cannot declare, state or join any strike or cessation of their service to patients in the interest of public health, safety or survival of patients.

**Section 3.** Health workers organizations or unions shall serve the following purposes:

- a. To serve as a mechanism to promote harmonious relationships between rank-and-file employees and management;
- b. To assist the observance of democratic processes relating to the merit system in public health service;
- c. To serve as partners of management in policy making as well as in policy implementation and monitoring;
- d. To help minimize graft and corruption;
- e. To serve as agents of change in brining about a more efficient and effective delivery of health services; and
- f. To serve as agents for improved terms and conditions of work, particularly those not fixed by law.

**Section 4.** Health workers organizations shall enter into collective negotiations/bargaining agreements and attend regular consultations with management for health workers. A Collective Negotiation Agreement Bonus shall be paid to each public health worker after the successful signing thereof, subject to existing rules and regulations or as approved by the Agency Governing Board.

**Section 5.** The public health workers whose functions or duties shall not in any way directly endanger client's survival and safety may join peaceful concerted activities for legitimate causes or issues relevant to Public Health Workers. Participation in such acts shall be done only after the health worker has filed for leave or when he is **OFF-DUTY**.

**RULE XVI**  
**FREEDOM FROM INTERFERENCE OR COERCION**

**Section 1.** It shall be uniaulful for any person to commit any of the following acts.

- a. It shall be unlawful for any person not to recognize organizations or unions of public health workers who shall be represented in all decision making of the government health system;
- b. To require a condition of employment that a Public Health Worker shall not join a health workers' organization or union;
- c. To discriminate in regard to hiring or tenure of employment or any item or condition of employment in order to encourage or discourage membership in any health workers' organization or union;
- d. To prevent health worker from carrying out duties laid upon him/her by his/her position in the organization or union, or to penalize him/her for the action undertaken in such capacity;
- e. To harass or interfere with the discharge of the functions of the health worker when these are calculated to intimidate or to prevent the performance of his/her duties and responsibilities; and

- f. To otherwise interfere in the establishment, functioning or administration of health workers organization or unions through acts designated to place such organization or union under the control of government authority.

**RULE XVIII**  
**CONSULTATION WITH WORKERS' ORGANIZATION**

**Section 1.** The formulation of national policies governing the social security of Public Health Workers, professional and health workers/organizations or unions as well as other appropriate government agencies concerned, shall be consulted by the Secretary of Health. For this purpose, Management Health Workers' Consultative Councils for national, regional and other appropriate levels shall be established and operationalized.

**Section 2.** A. Management-Health Workers Consultative Council shall be established and put into operation at the national, regional, provincial/city and municipal/district levels for the purpose. The council shall be composed of representatives from management, accredited/recognized union, organized professional and Public Health Workers associations/organizations, the number of which shall be determined by the Secretary of Health. It serves as for a for continuing dialogue with health workers concerning issues/concerns arising from the implementation of the Magna Carta for Public Health Workers. At the local government level, it shall serve as the grievance committee for the Local Health Board.

**Section 3.** The membership of the Council at the national and the appropriate local levels shall be reconstituted by the Secretary of Health and by the Regional Health Director respectively, when necessary.

**Section 4.** The Council at any level shall be supported by a Secretariat, the members of which shall be designated by its chairman.

**Section 5.** The Council shall meet regularly at schedule decided upon among its members.

**Section 6.** Specifically, the Council shall have the following functions:

- a. Formulate, review, recommend policies/strategies for social security and welfare of public health workers to the Secretary of Health;
- b. Establish and maintain coordinative linkages with other concerned government and non-government agencies and other entities at all levels;
- c. Provide technical assistance in the implementation of the provisions of the law;
- d. Promote Magna Carta issues and concerns through advocacy activities;
- e. Participate in the resolution of issues, concerns and grievances of public health workers, specifically those that affect their social and economic well-being, their living and working conditions and terms of employment; and
- f. Monitor and evaluate implementation of the provisions of the law or RA 7305 and its implementing Rules and Regulations.

**RULE XIX**  
**CONDUCT OF HEALTH HUMAN RESOURCE  
DEVELOPMENT & MANAGEMENT**

**Section 1.** Every Public Health Worker is an asset or resource to be valued, developed and utilized in the delivery of basic services to the public. Hence, the development and retention of a highly competent and professional workforce in the public service shall be the main concern of every department or agency.

Every department or agency shall therefore establish a continuing program for career and personnel development for all agency personnel at all levels, and shall create an environment or work climate conducive to the development of personnel skills, talents and values for better public service.

Each department or agency therefore shall formulate a Human Resource Development Plan to insure that the staffing needs of health and health-related establishments are met with qualified, committed and competent public health workers. In the development of the said plan, representatives of the rank and file must be consulted, preferably from the registered employee's organization in the agency.

**Section 2.** The Human Resource Development Plan shall be reviewed every five (5) years and this shall include, but not limited to the following:

- a. The establishment and maintenance of an updated databank of all public health workers and their training needs;
- b. The establishment of an organizational structure and maintenance of an effective staffing patterns and qualification standards;
- c. The establishment, provision, upgrading and maintenance of adequate and appropriate facilities, equipment and supplies for training;
- d. The establishment of career paths/plans for every category of public health workers, to serve as one of the bases for upgrading positions, reclassification and standardizing salary scales, such that positions requiring longer study be upgraded and given corresponding pay scale, and
- e. The establishment of alternative strategies or approaches for improving job performance such as coaching, counseling, job rotation, on-the-job training and others.

There is hereby created a Congressional Commission on Health (HEALTHCOM) to review and assess health human resource development, particularly on continuing professional education and training and other areas described above. The Commission shall be composed of five (5) members of the House of Representatives and five (5) members of the Senate. It shall be co-chaired by the chairpersons of the Committee on Health of both houses. It shall render report and recommendation to Congress which shall be the basis for policy legislation in the field of health particularly on continuing professional education and training, assessment of the national policy on exportation of skilled health human resources, to focus on how these resources could instead be utilized productively for the country's needs. Such a congressional review shall be undertaken once every five (5) years.

**Section 3.** In coordination with the Department of Health, the Civil Service Commission and other appropriate agencies, each agency shall implement training programs and set mechanisms to operationalize the Human Resource Development/Management Plan for public health workers.

**Section 4.** The Department of Health in collaboration with the Professional Regulation Commission (PRC) and other professional societies and associations, shall accredit training courses for continuing professional education relevant to Public Health Workers.

**Section 5.** Each agency shall provide for all opportunities to up-grade the skills and competencies of both technical and support personnel. These include:

- a. Basic job orientation course, which shall be compulsory for all newly appointed public health workers to enable them to perform the job they were hired for. Each agency, through the training unit, shall be responsible for giving said orientation course as needed;
- b. Value orientation course shall be compulsory to all health workers and shall be conducted on a regular basis;
- c. Local academic studies, shall be made available to those who have been at the service for at least one (1) year and whose jobs require additional knowledge and skills;
- d. Refresher course and other skills improvement training courses, must be given to those already in service to improve individual capabilities as required by their jobs.
- e. Off-shore fellowship/study grants, covering periods of one (1) month to one (1) academic year, shall be made available to those who have rendered one (1) year of continuous satisfactory service, to further develop and expand their capabilities to perform their jobs better; and
- f. Pre-retirement orientation and training shall be made available to those who are about to retire to help them become productive even after retirement.



**Section 6.** Personnel Development Committee shall be established to provide support to management on matters pertaining to selection of agency nominees to training, development, and scholarship programs in accordance with existing service policies and standard.

**Section 7.** Each agency shall continuously dialogue with the academe, the accredited professional organizations, medical and allied societies and health workers, through the Management Health Workers Consultative Council, to keep abreast with the educational and technical training needs of public health workers.

**Section 8.** A Public Health Worker who has been granted fellowship or training whether local or abroad shall execute a contract consistent with the Civil Service Commission Administrative Order No. 367 s. 1992 to render payback service to the Department or agency for a minimum of (2) years of service if the duration of training is seven (7) months to one (1) year or comply with other directives which may hereinafter be promulgated.

**Section 9.** In case the grantee fails to render payback service, he/she shall refund in full or proportionately the remuneration he/she received during the training as well as the cost of the fellowship and shall not be issued clearance unless he/she complies with Section 9 of this rule.

**Section 10.** To protect the interest of the government, any clearance sought by a public health worker in case of separation, resignation, transfer, or any other reason shall contain a provision of assigning grants availed of.

**RULE XX**  
**PROHIBITED ACTS**

**Section 1.** A public health worker shall not be discriminated against with regards to gender, civil status, health workers' organizations or unions.

**Section 2.** Regardless of status, religion, political affiliation and ethnic grouping, a Public Health Worker shall not be discriminated against in the exercise of his/her duties, responsibilities and in the availment of his benefits.

**Section 3.** Other rules and regulations issued pursuant to Section 9 of RA 7305 shall take effect thirty (30) days after publication in a newspaper of general circulation.

**Section 4. Prohibition Against Double Recovery of Benefits.** Whenever other laws provide for the same benefits covered by this Act, Public Health Workers shall have the option to choose which benefits shall be paid to him. In case the benefit chosen is less than that provided by the Act, the workers shall be paid only the difference.

The employer shall be responsible for arranging with the concerned agency the benefits for which a Public Health Worker is entitled.

**Section 5. Prohibition Against Elimination and/or Diminution.** Nothing in the law shall be interpreted as eliminating or in any way diminishing the benefits to be enjoyed by the public health workers at the time of effectivity of this revised IRR.

**Section 6.** All doubts in the interpretation of any of the provisions of the implementing Rules and Regulations shall be liberally interpreted in favor of the Public Health Worker in the context of the Act.

**RULE XXI**  
**RESPONSIBILITY OF THE HEAD OF AGENCY**

The head of agency shall be responsible and held administratively liable for any payment not in accordance with the provisions of this revised IRR.

2. Unless otherwise provided in various provisions in this revised IRR, the cost of pay/allowance and other benefits under RA 7305 are subject to periodic review by the Secretary of Health through the National Management-Health Workers Consultative Council.

**RULE XXII**  
**FINANCIAL REQUIREMENT**

**Section 1.** The Department of Health, in collaboration with other government agencies concerned, shall conduct studies on the benefits to be granted to public health workers as well as on the sourcing of funds.

**Section 2.** As mandated in Section 38 of the Act, the Secretary of Health and other Department Secretaries/ Head of Government Owned and Controlled Corporations (GOCC)/Local Government Units (LGUs) employing Public Health Workers shall determine the budgetary requirements to comply with the provisions of the Implementing Rules and Regulations (IRR) to be incorporated in their respective annual budget.

- 2.1 For National Government Agencies (NGAs), the Magna Carta benefits shall be included in their annual budgetary proposals.
- 2.2 For Government Owned and Controlled Corporation (GOCC), the benefits shall be funded out of their respective corporate funds to be integrated into their respective corporate operating budget.
- 2.3 For Local Government Units (LGUs), the said benefits shall be funded out of local funds to be incorporated in their respective local budget.

**Section 3.** Consistent with the Declared Policy and Objective of the Magna Carta of Public Health Workers in promoting and improving the social and economic well-being of health workers nationwide, the budget for various benefits granted shall be governed by the principles of equity, justice, fairness and availability of funds.

The following conditions are prescribed in the phasing, determination and allocation of budget needed to implement these benefits within a span of five (5) years:

- a. The benefits are to be enjoyed by a greater number of health workers;
- b. The need to implement the benefits is urgent;
- c. The benefits are to serve as incentives for adequate and better health services in the rural areas, particularly in the far-flung islands or provinces, remote/depressed areas, prison camps, and other such places;
- d. The benefits are to minimize the disruption of health services nationwide; and
- e. The benefits are to expand the area coverage of health services.

**Section 4.** In case of deficiency in the funds needed to implement the Magna Carta of Public Health Workers pursuant to R.A. No. 7305, the requirements shall be charged against saving in the appropriation authorized for each department, bureaus, office, or agency concerned.

**Section 5.** No deduction shall be allowed from the payroll of Public Health Workers except those allowed by law and existing government rules and regulations such as CSC, DBM, COA and others or as may be formally authorized by the health workers concerned.

**RULE XXIII**  
**RESOLUTION OF ISSUES**

*Cases not covered by this guidelines shall be submitted to the National Management Health Workers Consultative Council (NMHCC).*

**RULE XXIV**

**PENAL PROVISION**

**Section 1.** Any person who shall willfully interfere with, restrain or coerce any Public Health Worker, in the exercise of his rights or shall commit any act violating any of the provisions in the implementing or Rules and Regulations of the Magna Carta of Public Health Workers, shall be punished upon conviction, with a fine of not less than Twenty Thousand Pesos (P20,000.00) but not more than Forty Thousand Pesos (P40,000.00) or imprisonment of not more than one (1) year, or both at the discretion of the court. If the offender is a public official, the court may impose the penalty of disqualification from office, in addition to the penalties provided in the preceding paragraph.

**Section 2. Measures to Promote Enforcement of the Law** In order to promote the enforcement of the law in accordance with these revised IRR, the DOH shall set aside a portion of its regular budget in order to undertake the following activities in accordance with Section 39:

- a. The systematic identification of persons who appears to "willfully interfere with restrain or coerce any Public Health Worker in the exercise of his/her rights" or who are reported to "commit any act in violation of any of the provisions of the law";
- b. The active investigation of such instances identified in (a) and if appropriate the collection of evidence and thorough documentation of the same in order to refer to the proper authorities for whatever administrative or criminal proceedings are supported by the findings; and
- c. The regular, proper and full reporting of actions taken on complaints received related to (a) and concrete actions initiated in relation to the enforcement of the law.

The DOH shall identify the budgeted amount and the location of such amount in the Department's approved annual budget. These facts shall be reported each year to Management Health Workers' Consultative Councils established under the law.

**SEPARABILITY CAUSE**

If any provision of the implementing Rules and Regulations of the Magna Carta Public Health Workers is declared invalid, the remainder of the Rules thereby shall remain in force and in effect.

**REPEALING CLAUSE**

All laws, presidential decrees, executive orders, and implementing rules and regulations inconsistent with the implementing Rules and Regulations for the Magna Carta of Public Health Workers are hereby repealed, amended or modified accordingly.

**EFFECTIVITY**

These implementing Rules and Regulations shall take effect fifteen (15) days after its publication in two national newspapers of general circulation.

Approved:

**ORIGINAL SIGNED**  
**(SGD.) ALBERTO G. ROMUALDEZ Jr., M.D.**  
*Secretary of Health*

Date: November 1999