



Office of the Sangguniang Panlalawigan

EXCERPT FROM THE MINUTES OF THE 16th REGULAR SESSION OF THE 12th SANGGUNIANG PANLALAWIGAN OF ISABELA HELD AT PROVINCIAL CAPITOL, ALIBAGU, CITY OF ILAGAN, ISABELA ON NOVEMBER 03, 2025.

PRESENT:

FRANCIS FAUSTINO A. DY	Vice Governor and Presiding Officer
JOSE T. PANGANIBAN, JR.	Member (3rd District) & Floor Leader Pro Tempore
EVYN JAY C. DIAZ	Member (1st District)
EMMANUEL JOSELITO B. AÑES	Member (1st District)
ED CHRISTIAN S. GO	Member (2nd District)
ANGELICA L. REYES	Member (2nd District)
RAMON JUAN N. REYES, JR.	Member (3rd District)
CLIFFORD R. RASPADO	Member (4th District)
ABEGAIL V. SABLE	Member (4th District)
JONATHAN JOSE C. CALDERON	Member (5th District)
MANUEL FAUSTINO U. DY	Member (5th District)
MARCO PAOLO A. MERIS	Member (6th District)
AMADOR A. GAFFUD, JR.	Member (6th District)
ANTONIO S. HUI	Member, PCL Federation President
MARIA KATRINA JESSICA G. DY	Member, LnB Federation President
CATHERINE JOY L. LEGASPI	Member, SK Federation President

ORDINANCE NO. 2025-37-01

Series of 2025

AN ORDINANCE INSTITUTIONALIZING THE PROVINCE-WIDE HEALTH SYSTEM, INCLUDING ITS MANAGEMENT SUPPORT SYSTEMS, AND APPROPRIATING FUNDS THEREFOR

Sponsor: HON. EMMANUEL JOSELITO B. AÑES

Chairperson, Committee on Health

EXPLANATORY NOTE

Section 11, Article XIII of the 1987 Constitution declares that “The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all people at an affordable cost. There shall be a priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.” This constitutional mandate serves as the foundation for the development of an equitable and accessible health system for all Filipinos.

Pursuant to this mandate, Section 16 of the Local Government Code of 1991 (Republic Act No. 7160) empowers every local government unit (LGU) to exercise powers essential to the promotion of the general welfare and the efficient and effective delivery of basic services. Furthermore, Section 33 of the same Code authorizes LGUs to group themselves,

Nagkaisa para sa Isabela



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consolidate, or coordinate their efforts, services, and resources for purposes commonly beneficial to them. To support such cooperative undertakings, LGUs may contribute funds, property, or equipment, and assign personnel under terms and conditions agreed upon through Memoranda of Agreement duly approved by their respective Sanggunians after a public hearing conducted for the purpose.

In alignment with these principles, Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act, institutionalizes the integration of local health systems into province-wide and city-wide health systems to ensure the efficient and effective delivery of both population-based and individual-based health services. Section 19, Chapter V of the UHC Act underscores the importance of integrating city and municipal health systems into a unified province-wide health system, while Section 20 provides that such systems shall pool and manage, through a Special Health Fund (SHF), all resources intended for health services. This fund shall finance population-based and individual-based health services, operating costs, capital investments, and the remuneration and incentives of health workers.

The UHC Act thus seeks to address fragmentation within the health sector and to strengthen the primary health care approach by promoting cooperation, integration, and equitable resource allocation across all levels of the local health system.

In this regard, the Provincial Government of Isabela is firmly committed to improving the overall management and delivery of health services within its jurisdiction. In close coordination with civil society and non-health agencies, the Province endeavors to ensure access to quality and affordable health care and financial risk protection for all Isabeleños; to guarantee fair and predictable income, professional growth, and job satisfaction among health care workers; and to uphold quality and performance standards among all health care providers.

To give full effect to these national policies and legal mandates, the Provincial Government of Isabela and its component local government units commit to invest in, operationalize, and fully implement the reforms introduced under the Universal Health Care Act, particularly those concerning the integration of local health systems, the establishment of management support mechanisms, and the creation of a Special Health Fund (SHF) as a strategic approach toward achieving an efficient, equitable, and sustainable provincial health system.

In view of the foregoing, the enactment of this Ordinance is earnestly sought.

AN ORDINANCE INSTITUTIONALIZING THE ESTABLISHMENT AND OPERATIONALIZATION OF THE PROVINCE -WIDE HEALTH SYSTEM, INCLUDING ITS MANAGEMENT SUPPORT SYSTEMS, AND APPROPRIATING FUNDS THEREOF.

ARTICLE I GENERAL PROVISIONS

SECTION 1. Short title. This Ordinance shall be known as the *"INSTITUTIONALIZATION OF THE PROVINCEWIDE HEALTH SYSTEM OF ISABELA"*

SECTION 2. Definition of Terms

- a. *Annual Operational Plan (AOP)*: Refers to the detailed work plan and corresponding budget derived from the Local Investment Plan for Health (LIPH), specifying the priority health programs, projects, and activities to be implemented within the Province-Wide Health System (PWHS) for a single fiscal year.
- b. *Health Care Provider Network (HCPN)*: A group of health care providers, including public and private facilities, organized to deliver a comprehensive set of health services, encompassing population-based and individual-based services, across the healthcare continuum. The PWHS shall function as a Public-led HCPN.
- c. *Individual-Based Health Services*: Services that include medical, dental, mental, and emergency healthcare services, as well as drugs and medicines, laboratory, and diagnostic services that are provided to an individual patient.
- d. *Information Management System (IMS)*: An ICT-integrated local health system that ensures the timely generation, processing, and reporting of quality health and health-related data necessary for operations, policy development, decision-making, and delivery of health services within the PWHS.
- e. *Local Government Unit (LGU)*: Refers to the Provincial Government of Isabela and its component City and Municipal Governments.
- f. *Local Investment Plan for Health (LIPH)*: A three-year strategic and public investment plan for health that specifies the strategic direction of the Province-Wide Health System in improving health service delivery, strengthening health systems operations, and allocating resources.
- g. *Management Support Unit (MSU)*: A dedicated staff unit created under the Provincial Health Board (PHB) primarily tasked with assisting the PHB in the day-to-day management, planning, budgeting, utilization, and liquidation of the Special Health Fund (SHF).
- h. *Patient Navigation and Referral System (PNRS)*: A functional mechanism within the PWHS designed to facilitate the seamless movement of patients across different levels of care and health facilities, ensuring access to the appropriate services at the right time.

- i. *Primary Care Provider Network (PCPN)*: The foundational coordinated group of public, private, or mixed primary care providers (such as Rural Health Units, Health Centers, and Barangay Health Stations) that serves as the initial contact point for individuals, offering population-based and individual-based primary care services, and guiding patients through the referral process.
- j. *Population-Based Health Services*: Services that are directed towards the whole population or groups of people, such as health promotion, disease surveillance, public health campaigns, and disaster risk reduction and management in health.
- k. *Province-Wide Health System (PWHS)*: The integrated local health system of Isabela, consisting of the Provincial, City, and Municipal health offices and facilities, organized to ensure the effective and efficient delivery and financing of comprehensive health services to all its constituents.
- l. *Provincial Health Board (PHB)*: The governing body and steward of the integrated PWHS, responsible for setting the overall health policy directions, strategic thrusts, and overseeing the management of the Special Health Fund (SHF).
- m. *Special Health Fund (SHF)*: A dedicated fund established by the Provincial Government and its component LGUs to pool and manage all financial resources intended for health services, including PhilHealth payments, national grants, and LGU contributions, to finance the operations of the PWHS.
- n. *Universal Health Care (UHC) Act (RA 11223)*: The Republic Act mandating the progressive realization of universal health care in the country by institutionalizing and strengthening a health system that guarantees equitable access to quality and affordable healthcare goods and services, and protection against financial risk.

SECTION 3. Declaration of the Policy. It is the policy of the State to protect and promote the right to health of all the people in the Province of Isabela and instill health consciousness among them. Towards this end, the Province of Isabela shall institutionalize and sustain the following:

- a. An integrated and comprehensive approach to ensure that all the people of the Province of Isabela are health literate, provided with comfortable and decent living conditions, and protected from hazards and risks that could affect their health. Health shall be the shared accountability among the State, communities, and individuals. Taking ownership of health at the individual and community levels shall be made possible by investing in improving overall health literacy;
- b. A health care model that provides all the people of the Province of Isabela have access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative, and palliative health services without causing financial

hardship, and prioritizes the needs of the population who cannot afford such services;

- c. A framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in the implementation, monitoring, and evaluation of health policies, programs, and plans; and d. A responsive healthcare delivery system centered on people's needs and wellbeing, cognizant of the differences in culture, values, and beliefs. Primary health care, through multi-sectoral action, shall be the ethos of the health system with people-centered, primary care-led integration as the bedrock the of health care delivery system;

SECTION 4. Objectives. This Ordinance shall seek to attain the following objectives according to UHC Act:

- a. To progressively realize universal health care in the Province of Isabela through a systemic approach and clear delineation of roles of key agencies and stakeholders towards better performance in the health system. Equity and fairness shall guide the path towards the progressive realization of universality by prioritizing the needs of unserved, underserved, and marginalized through evidence-informed planning, and fair transparency priority setting;
- b. To ensure that all the people of the Province of Isabela and its component LGUs are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk.
- c. To ensure and strengthen the collaborative linkages between the Province of Isabela and its component LGUs through the generation, mobilization, and allocation of essential resources and its human resources for health complement the improvement and sustainability of an efficient and effective health care delivery system
- d. A responsive healthcare delivery system centered on people's needs and well-being, cognizant of the differences in culture, values, and beliefs. Primary health care, through multi-sectoral action, shall be the ethos of the health system with people-centered, primary care-led integration as the bedrock the of health care delivery system;

SECTION 5. General Guidelines. The integration of the local health systems of the Province of Isabela into a Province-wide Health Systems (PWHS) shall be guided by the following:

- a. UHC Act (RA 11223) seeks to address health systems fragmentation of the Province of Isabela and to reorient the health system towards primary care strengthening, primarily through the integration of local health systems into PWHS. The integration of local health systems into PWHS is a strategy in which the Provincial Government

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- and its component Local Government Units (LGUs) agree to take shared responsibility for how collective resources are organized, and managed, delivered, and financed.
- b. The PWHS shall consist, at the minimum, of the provincial, city, and municipal health offices, provincial and district/municipal hospitals, infirmaries, rural health units (RHU) and barangay health stations (BHS) in the Province of Isabela
 - c. The PWHS shall define the roles and responsibilities of both the Provincial Government and its component LGUs in the organization and management of the PWHS and shall focus on the achievement of improved local health system performance consistent with the UHC Act.
 - d. The Provincial Government and its component LGUs shall encourage the private sector to participate in the integration of the local health system, i.e., managerial, technical, and financial integration, and complement/augment health services provided by the public health facilities or to support in the management of the PWHS through a contractual arrangement or any appropriate formalized partnership, subject to existing laws and policies.
 - e. The Province of Isabela in consideration of the size, population, and geography of the province, for effective health service delivery and management of the health systems, a group of adjacent municipalities may form a sub-provincial health system.
 - f. The Provincial Government and its component LGUs shall cooperate and perform their respective duties and obligations for the PWHS to manifest managerial, technical, and financial integration as described in the Memorandum of Agreement (MOA).

ARTICLE II ORGANIZATION OF THE PUBLIC-LED HEALTH CARE PROVIDER NETWORK

SECTION 6. Provincial Health Board (PHB). The PHB, assisted by the Integrated Provincial Health Office (IPHO) as the Technical Secretariat and Management Support Unit as its Administrative Secretariat, shall facilitate and sustain the organization and operations of the province -wide Health Care Provider Network (HCPN). The network shall be categorized as a Public-led Health Care Provider Network or Province-wide Health System (PWHS).

A General Assembly among all HCPN members shall be conducted, at least once a year, or as often as necessary, for the discussion of HCPN operation-related concerns and challenges.

SECTION 7. Components of PWHS. The PWHS shall be composed of Primary Care Provider Network/s (PCPN/s) providing primary care service, and licensed infirmaries and hospitals delivering secondary and tertiary general health care.

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- a. The PCPN shall serve as initial contact and navigator to guide patients to appropriate levels of care, facilitate two-way referrals, and enable patient records to be accessible throughout the health systems
- b. *The Primary Care Provider Network (PCPN) shall be composed of licensed or accredited facilities, as applicable, that deliver both population-based and individual-based primary care services. These include Primary Care Facilities such as Rural Health Units (RHUs), Health Centers (HCs), and Medical Outpatient Clinics, as well as other health facilities, including but not limited to Barangay Health Stations, stand-alone birthing homes, stand-alone clinical laboratories, pharmaceutical outlets, and dental clinics.*
- c. *Hospitals, as classified by the Department of Health (DOH), shall include:*
 - i. *at least one Level 1 Hospital providing secondary care; and*
 - ii. *at least one Level 2 or Level 3 Hospital providing tertiary care.*

The Province-Wide Health System (PWHS) shall deliver both population-based and individual-based health services, and shall be linked to special health facilities as identified and designated by the DOH. These special health facilities include, but are not limited to, Apex or End-Referral Hospitals, Specialty Centers, Drug Abuse Treatment and Rehabilitation Centers, Blood Service Facilities, Public Health Laboratories, and Quarantine Facilities.

- d. The hospitals or other qualified health facilities within the network shall provide outpatient specialist care services and inpatient care, while the primary care providers will be responsible for the outpatient primary care services.

SECTION 8. Management Support Systems under the PWHS. To sustain the operations of the PWHS, the Provincial Government of Isabela, in collaboration and cooperation with its component LGUs, shall maintain a primary healthcare-oriented province-wide health system characterized by the adoption and sustained operation of the management support systems/mechanisms, that include but not limited to the following:

1. **Local Investment Plan for Health (LIPH)** - the strategic (3 years) and public investment plan for health that specifies the strategic direction of the Province of Isabela in terms of improving health service delivery, strengthening the health systems operations and management, addressing social determinants of health, and specifies actions and commitment of different stakeholders.
2. **Human Resources for Health Management and Development (HRHMD) System** - the set of competency-based systems designed to achieve quality work life characterized by productivity, human resource (HR) development, and readiness of HRH for change and innovation. These systems support the human resource in the organization and ensure that the career of each employee is properly managed from the time of his/her entry up to his/her exit or retirement.

The following are the critical elements of HRHMD systems:

- a. Regular assessment, gaps analysis, and identification of corresponding investment needs for HRHMD System;
 - b. Presence of PWHS Human Resources for Health (HRH) Plan;
 - c. Updated National Health Workforce Registry (NWHR);
 - d. Presence of Harmonized HRH Management and Development System and HRH Performance Assessment System;
 - e. Presence of DOH-PRC Certified Primary Health Care Workers;
 - f. Creation of Permanent Plantilla Positions for HRH;
 - g. Monitoring of PWHS Performance on HRHMD.
3. **Information Management System (IMS)** - an ICT-integrated local health system that enables timely generation, processing, and reporting of quality health and health-related data for operations and delivery of individual- and population-based health services, response to health emergencies and health events of public health concern, health policy development, decision making, and program planning and implementation at all levels of healthcare utilization at the LGU.

Critical elements of an integrated Information Management System are as follows:

- a. Regular assessment, gaps analysis, and investment needs identification on health information management (HIM) and ICT development across all health facilities and offices within the PWHS;
- b. Periodic issuance and updating of PWHS HIM and ICT development plan as subsumed under the Local Investment Plan for Health (LIPH) and executed under the Annual Operational Plan
 - i. Regular assessment, gaps analysis, and identification of corresponding investment needs for HRHMD System;
 - ii. Presence of PWHS Human Resources for Health (HRH) Plan;
 - iii. Updated National Health Workforce Registry (NWHR);
 - iv. Presence of Harmonized HRH Management and Development System and HRH Performance Assessment System;
 - v. Presence of DOH-PRC Certified Primary Health Care Workers;
 - vi. Creation of Permanent Plantilla Positions for HRH;
 - vii. Monitoring of PWHS Performance on HRHMD.
- c. Implementation and maintenance of a functional electronic medical record (EMR) system among all health facilities and offices within the PWHS;
- d. Adoption and routine use of telemedicine services in the delivery of individual-based health services across all health facilities and offices within the PWHS;
- e. Deployment of dedicated health ICT personnel in the PHO, health facilities, and other health offices;

- f. Implementation of a validated EMR system that links members of PCPN to secondary and tertiary care providers; and
 - g. Compliance with statutory requirements on privacy and data protection as provided under Republic Act #10173 (Data Privacy Act of 2012), its Implementing Rules and Regulations (IRR), relevant issuances from the National Privacy Commission, and other applicable laws and regulations.
4. **Epidemiology and Surveillance System (ESS)** - the continuous systematic collection, analysis, interpretation, and timely dissemination of health data for planning, implementation, and evaluation of public health programs (UHC Act IRR).

The following are the minimum elements of Epidemiology and Surveillance Systems:

- a. Fully functional Epidemiology and Surveillance Units (ESUs) with dedicated personnel competent in field epidemiology, disease surveillance, and case/outbreak investigation in the PHO, public and private health facilities, and other offices mandated by relevant laws/policies to establish or designate ESUs.
 - b. Presence and full implementation of the P/CHB-approved epidemiology and surveillance system technical guidelines/manual of operations.
5. **Supply Chain Management System (SCMS)**
- a. Presence of a Pharmacy and Therapeutics Committee (PTC).
 - b. Presence of technical guidelines/manual on harmonized supply chain management system.
 - c. Presence of Registered Pharmacist and/or NC III Certified Pharmacy Assistant and dedicated trained personnel on supply chain management in the P/CHO.
 - d. Interoperable electronic supply chain/logistics management system within the PWHS.
6. **Patient Navigation and Referral System (PNRS)**
- a. Presence and full implementation of the following;
 - i. PHB-approved technical guidelines/manual on implementation of the referral system that contains:
 - A directory of health facilities in an HCPN indicating service capabilities, pricing catalog, operating hours, and contact details;
 - Roles and responsibilities of all actors in the referral system;
 - Medical transportation and inter-facility communication guidelines.
 - A directory of the ambulance and medical transport reflecting the contact information of the provider, operating hours, list of services and prices, and

- Guidelines on feedback mechanisms include data collection from both clients/patients and healthcare providers in the HCPN, data recording, storage, and utilization protocols.
- ii. PHB-approved health facility development plan.
 - iii. Public Health Units (PHU) in LGU-owned hospitals.
 - a. Registration of all constituents to a primary care provider in the province of Isabela, especially indigents, people with disability, and other marginalized populations.
 - b. Formation of appropriate formalized partnerships (e.g., MOA) between HCPN and Apex or End- referral hospitals, subject to existing laws and policies.
 - c. Adoption and implementation of prevailing clinical pathways, health program protocols, and updated Case management protocols as circulated and endorsed by the Department of Health.
7. Disaster Risk Reduction and Management in Health (DRRM-H) System that shall ensure timely, effective, and efficient preparedness and response to public health emergencies and Provincial Ordinance No.36-01 Series of 2022 related to disasters, and such other means to ensure delivery of population-based health services (UHC Act IRR). The following are the minimum elements of DRRM-H Systems as provided in AO No. 2020-0036 also known as "Guidelines on the Institutionalization of DRRM-H in Province-wide and City-wide Health System":
- a. Organization of a DRRM-H system in the PWHS and its sub-provincial health system, as applicable
 - b. Designated or appointed DRRM-H manager;
 - c. A unified, comprehensive, and coherent, DRRM-H Plan that is approved, updated, tested, and disseminated within the PWHS;
 - d. A self-sufficient public health and hospital Health Emergency Response Teams (HERTs) organized and acquired the minimum training required of a PWHS;
 - e. Essential Health Emergency Commodities (HECs) that are available and accessible along with an equipped, servicing ambulance or patient transport vehicle and arrangement for a field implementation facility; f. F functional Emergency Operations Center (EOC) capable of 4Cs – command, and control, communication, and coordination that can be readily activated, as necessary.
8. Health Promotion Programs and Campaigns (HPPC) - the proactive, effective, and evidence-based formulation and implementation of health promotion policies, programs, campaigns, and other activities, including strategies that address the social determinants of health.

The following are the minimum elements to ensure efficient implementation:

- a. Organization of the following:
Health Promotion Committee (HPC); Health Promotion Unit (HPU) in the P/CHO; a Dedicated Health Education and Promotion Officers (HEPOs) in component cities and municipalities [Dedicated Health Education and Promotion Officers (HEPOs) in the city]; or Barangay Health Workers (BHWs) as on-the-ground health promotion officers.
- b. Presence of an ordinance/policy adopting the Health Promotion Framework Strategy (HPFS) 2030; and
- c. Implementation of population-wide health promotion programs

ARTICLE III MANAGEMENT STRUCTURE OF THE PWHS

SECTION 9. Provincial Health Board (PHB). The Province of Isabela hereby establishes - governance structure and arrangement to manage the operation of the province- wide health system. The PHB shall be the steward of the integrated local health system and responsible for setting the policy and strategic directions of the province-wide health systems. It shall be composed of the following:

Chairperson:

Governor, Province of Isabela

Vice-Chairperson:

Provincial Health Officer II

Co-Vice Chairperson:

Provincial Administrator

Members:

Vice Governor

Sangguniang Panlalawigan Chairperson, Committee on Health

All Component City and Municipal Mayors of the Province of Isabela

Provincial Director, Department of the Interior and Local Government (DILG)

Development Management Officer V, Center for Health Development – Cagayan Valley

President, Isabela Medical Society Association

President, Association of Municipal Health Officers of the Philippines (AMHOP) – Isabela Chapter

Medical Center Chief, Southern Isabela Medical Center

Medical Center Chief, Cagayan Valley Medical Center

Provincial Health Officer – Field Health Services

Provincial Health Officer – Hospital Services

Provincial Planning and Development Coordinator

Provincial Legal Officer

Provincial Budget Officer

Provincial Treasurer
Provincial Accountant
Provincial Internal Audit and Control Officer
President, Liga ng mga Barangay – Isabela Chapter
President, Councilors’ League – Isabela Chapter
President, Sangguniang Kabataan (SK) Federation – Isabela Chapter
Chairperson, SP Committee on Women’s Affairs
Chairperson, SP Committee on Indigenous Peoples and Indigenous Cultural Communities
President, Federation of Senior Citizens – Isabela Chapter
President, Barangay Health Workers Federation – Isabela
Provincial Officer, National Commission on Indigenous Peoples

Secretariat:

Integrated Provincial Health Office

The PHB shall have the following functions as provided in Section 102 (b) of the Local Government Code (LGC) of 1991, and Section 19.17 of the UHC Act IRR, to wit:

- a. *Propose to the Sangguniang Panlalawigan, in accordance with the standards and criteria set by the Department of Health (DOH), the annual budget allocation for the operation and maintenance of provincial health facilities and services.*
- b. *Serve as an advisory committee to the SP on health matters such as, but not limited to, the necessity for and application of, local appropriations for public health purposes;*
- c. *Establish committees to advise local health agencies on matters including, but not limited to, personnel selection and promotion, bids and awards, grievances and complaints, personnel discipline, budget and operations review, and other related functions, consistent with the technical and administrative standards of the Department of Health (DOH).*
- d. *Create committees and/or additional units as may be necessary to assist in health matters; or establish a technical working unit that shall serve primarily as a recommendatory and oversight body to the provincial health board;*
- e. *Set the overall health policy directions and strategic thrusts, including the development and implementation of the strategic and investment plans of the PWHS;*
- f. *Oversee and coordinate the integration and delivery of health services across the health care continuum for the PWHS;*
- g. *Assume full responsibility for the management of the Special Health Fund (SHF) and ensure that the SHF is optimally utilized to help achieve the desired health outcomes of the population of the province and*

- h. Exercise administrative and technical supervision over health facilities and health human resources within the province:
 - i. Require the submission of reports, cause the conduct of management audit, performance evaluation, and inspection to determine compliance with policies, standards, and guidelines of the DOH and take such actions as may be necessary for the proper performance of official functions. Provided that, such actions shall not extend to the appointment and other personnel actions which shall remain with the concerned LGU; and
 - ii. Oversee the operations of the province -wide health system and ensure that the facilities are managed effectively, efficiently, and economically without interference with day-to-day activities

SECTION 10. Management Support Unit (MSU). *The MSU, established under the Provincial Health Board (PHB), shall assist in its operations, primarily in the management of the Special Health Fund (SHF).*

The MSU shall be composed of the following staff, who may be hired, designated, or appointed based on their existing competencies:

- ***Accountant (Accountant II, SG 16);***
- ***Administrative Officer (Administrative Officer II, SG 11); and***
- ***Liaison Officer (Administrative Aide III, SG 9).***

The MSU shall perform, but not be limited to, the following functions:

- a. *Assist the Local Health Board in the management of the Special Health Fund (SHF) through:*
 - i. *Ensuring the timely and accurate submission of required data and reports to PhilHealth for the assessment and evaluation of the province-wide health system, which shall serve as the basis for the release of succeeding fund tranches and the renewal of contractual agreements.*
- b. *Undertake administrative and financial management functions, which include:*
 - i. *Preparing Health Board Resolutions pertinent to the SHF budget;*
 - ii. *Ensuring that budgetary documents are duly reviewed, approved, and endorsed by the Budget Officer, Treasurer, and/or Accountant; and*
 - iii. *Preparing, submitting, and presenting reports on the financial status and physical accomplishments of the SHF.*
- c. *Facilitate coordination with relevant stakeholders within the Province-Wide Health System (PWHS) concerning matters related to administration, resource management, and health care financing.*

d. Collaborate with key provincial offices—including the Budget Office, Provincial Treasury, Accounting Office, and the Office of the Provincial Health Officer—on planning, budgeting, fund utilization, and liquidation processes.

SECTION 11. Provincial Health Office (PHO). The PHO shall serve as the technical secretariat of the health board, in close coordination with the MSU. It shall also be responsible for the technical integration and supervision of the PWHS, to wit:

- a. Oversee the day-to-day operations of the province- wide health systems *in accordance with Executive Order No. 29 Series of 2023*
- b. Hold monthly management meetings, and be fully responsible for the operationalization of the network of health care providers' activities based on the approved integrated work and financial plan;
- c. *Monitor the technical, operational, and financial performance of the province-wide health system, as applicable, and recommend appropriate actions for endorsement.*
 - i. Coordinate the conduct of quarterly HCPN monitoring and evaluation activities that should include, but are not limited to the following:
 - Data gathering from all member health facilities
 - Data analysis and interpretation
 - Presentation of data captured during regular HCPN management unit meetings or HCPN general assemblies.
- d. Recommend strategic allocation of the SHF consistent with national guidelines for endorsement to the Local Health Board

SECTION 12. Technical Working Group (TWG)/ Technical Management Committee (TMC). The TWG, created under the Local Health Board [LHB], shall assist the board in matters pertaining to health. Its functions shall include:

- a. Initiate participatory health needs assessment and integrated network planning for both hospital and Rural Health Units/Health Centers;
- b. Supervise navigation, coordination, and referrals across component facilities and ensure compliance with the referral system protocols;
- c. Recommend localized legislations/policies, standards, and guidelines for the establishment, operations, and sustainability of management support systems such as, but not limited to
 1. strategic and investment planning;
 2. human resources for health management and development system;
 3. integrated information management system, including implementation of interoperable EMR systems and routine provision of telemedicine services among health care providers, and compliance with cross-cutting implementation requirements;
 4. Epidemiology and surveillance system;

5. Logistics and supply chain management;
 6. Functional two-way patient navigation and referral system;
 7. DRRM-H system; and
 8. implementation of proactive and effective health promotion programs and campaigns;
- d. Advocate the approval of funds for the provision of health services;
 - e. Submit necessary reports and health data to the PHO;
 - f. Supervise, monitor, and evaluate the integration of public health and hospital services within the PWHS.

ARTICLE IV ROLES AND RESPONSIBILITIES

SECTION 13. Provincial Government. The Provincial Government of Isabela shall sustain the implementation of the following:

- a. Managerial and financial integration and the provision of the needed resources and support mechanisms to make the integration sustainable by striving to implement recommended strategies and activities, such as but not limited to, operational guidelines, baseline studies, training needs assessment, evidenced-informed development of local investment plan for health, and organization of the local health board and its support unit;
- b. Ensure the commitment of the local health system stakeholders including patients and residents and their representatives, health care workers, the academe, development partners, and other national government agencies, that they may endeavor to integrate the LGU-managed health offices, primary care facilities, hospitals, and providers to constitute the integrated province -wide health system;
- c. Issue executive instruments or local legislations that shall facilitate the realization of the objectives described in this Ordinance;
- d. Implement incremental creation of positions to hire the required healthcare professionals and healthcare workers based on the standards;
- e. Strengthen the leadership and management capacities and competencies of the provincial government through any means available, which may include, among others, participation of the local leaders and health systems managers in activities promoting good governance and management practices, and engaging developing partners to provide technical assistance in similar areas; and
- f. Strive to sustain the institutionalization and functionality of the integrated province wide health system, where applicable, and health care provider networks in terms of attainment of the national objectives for health;

SECTION 14. The City and Municipal Government, as a member of the Province-Wide Health System, shall be responsible for the following:

- a. Strictly observe the terms and conditions stipulated in the Memorandum of Agreement (MOA) regarding the operationalization of the PWHS.

- b. Formulate and implement a municipal/ component city health plan within the framework of the provincial health plan and considering the local health situation, based on the analysis of collected relevant information, among others;
- c. Implement programs and projects of the integrated health plan that apply to the municipality and component city;
- d. Implement and adhere to the management support systems established for PWHS, as duly approved by PHB.
- e. Implement the regulatory measures formulated at the national and provincial level, and propose and implement whatever other needed regulatory measures for the municipality/component cities;
- f. Manage and finance the Municipal Health Office, Rural Health Centers, and Barangay Health Stations (BHS), including hospitals owned by them, to meet the licensing and accreditation requirements of DOH and PhilHealth; and to construct, repair, or renovate such facilities as necessary;
- g. Registration of all PWHS constituents (including indigents) to Primary Care Providers.
- h. Promote coordination among health-related sectors in activities for health promotion and protection at the municipal and component city level, including the private sector and nongovernment organizations; and
- i. Improve and maintain the road network to facilitate access/referral to and from the BHS, RHU, and the core referral hospital, and when necessary, provide existing transport and communication facilities.

ARTICLE V

FINANCIAL MANAGEMENT AND SUSTAINABILITY

SECTION 15. Financial Management. The PHB shall assume full responsibility for the management of the Special Health Fund (SHF) created by the province under Board Resolution No. 08 series 2024, in accordance with the DOH-DBM-DOF-DILG-PhilHealth Joint Memorandum Circular (JMC) No. 2021-0001 on Guidelines on the Allocation, Utilization, and Monitoring of, and Accountability for, the Special Health Fund, such as that:

- a. The SHF shall be used to augment LGUs fund for health expenditure items and allocated as follows:
 1. Population-based health services
 2. Individual-based health services
 3. Capital investment, such as but not limited to, infrastructure, equipment, and information and communications technology
 4. Health systems operating cost
 5. Remuneration of additional health workers, and
 6. Incentives for all workers in accordance with RA No. 7305 (Magna Carta for PHWs), RA No. 7883 (BHW Benefits and Incentives Act), PD 1569 (Strengthening Barangay Nutrition Program), RA 11148 (Kalusugan at Nutrisyon ng Mag-Nanay Act) and other relevant laws.

- b. Funds pooled to the SHF shall be deemed automatically appropriated for programs, projects, and activities on health pursuant to the allowable expenses chargeable against the SHF, and based on the approved work and financial plans to be prepared.
- c. Each member LGU of the PWHS, shall create a sub-ledger in their existing Trust Fund Account for Health for funds that will be allocated or transferred from the SHF. The mechanism, amount, or percentages to be allocated or transferred to component LGUs can be discussed in a PHB meeting and issued as a resolution. Resolution No. 08 series 2024
- d. The Provincial Government shall comply with the submission of required data on its use of the SHF.
- e. The Provincial Government shall adhere to the guidelines on the allocation and utilization of the SHF as may be issued by the national government agencies.
- f. **Planning and Budgeting.** The PHB with the assistance of its MSU shall facilitate the planning and budgeting process of the SHF as identified in JMC No. 2020-0001
- g. **Disbursement and Utilization of the SHF.** All disbursement and utilization from the SHF shall be in accordance with the guidelines set in JMC No. 2021-0001 and on the following:
 - 1. Allowable expenses chargeable against the SHF
 - 2. Approved Local Investment Plan for Health (LIPH) and its Annual Operation Plan (AOP)
 - 3. A contractual agreement between the Local Health Board and the following entities, DOH, PhilHealth, CSO/NGOs, and International Health Partners, as applicable.
- h. **Monitoring and Evaluation.** All processes and strategies to regularly monitor and evaluate the allocation and utilization of the SHF shall be based on JMC No. 2020-0001 and related issuances by DOH, PhilHealth, and other agencies.

SECTION 16. Financial Sustainability. To ensure financial sustainability, the Provincial Government and its component LGUs shall adhere to the following:

- a. Appropriate mandatory counterpart funding to finance health programs, projects, and activities based on the approved LIPH and its corresponding AOP, particularly for personnel services, capital outlay, and maintenance and operations of their health facilities and services. The SHF shall only serve as an augmentation fund for health expenditures.

- b. The PHB, shall ensure funding for effective health operations and conduct of activities such as, but not limited to, capacity building, research, and health promotion consistent with the national guidelines and based on the approved Local Investment Plan for Health and its Annual Operation Plan.
- c. The sources of the SHF shall include the following:
 1. Income from PhilHealth payments;
 2. Financial grants and subsidies from the national government;
 3. Donations and financial grants from non-government organizations and official development assistance from International Health Partners (IHPs);
 4. Other fund sources may include, among others, the provincial budget for health.
- d. To the terms and conditions set by the national government agencies and to the following requirements to facilitate the flow of funds from each fund source to the SHF:
 1. Contractual agreements with PhilHealth
 2. Terms of Partnership (TOP) with DOH for financial grants and subsidies
 3. Memorandum of Agreements with NGOs and IHPs for donations and financial grantsGovernment budgeting, accounting, and auditing rules and regulations shall guide the disbursement, liquidation, utilization, and accounting of funds transferred between or among national government agencies, CSOs, and LGUs.
- e. The SHF shall be treated as a separate type of Special Fund and is deemed automatically appropriated for health expenditures only.

ARTICLE VI IMPLEMENTING RULES AND REGULATIONS

SECTION 17. Formulation of the IRR. To sustain the implementation of the local health systems integration reforms as embodied under the UHC Act of 2019, the formulation and/or updates of the implementing rules and regulations, policies, and technical and operational guidelines/manuals shall be directed to the PHB, through the PHO

ARTICLE VII APPROPRIATIONS

SECTION 18. Appropriations. The funds necessary to carry out the provisions of this Ordinance shall be included in the Special Health Fund and shall be increased in the subsequent years of implementation subject to the availability of funds.

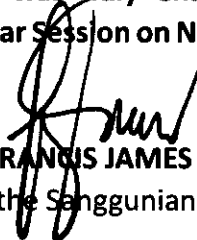
**ARTICLE VII
MISCELLANEOUS PROVISIONS**

SECTION 19. Separability Clause. If any part, section, or provision of this ordinance is held invalid and unconstitutional, the other parts, sections, or provisions not affected thereby remain in full force and effect.


SECTION 20. Repealing Clause. All prior ordinances, resolutions, executive orders, administrative orders, rules, and regulations, or parts thereof that are contrary to or inconsistent with the provisions of this ordinance are hereby repealed, amended, or modified accordingly.

SECTION 21. Effectivity Clause. *This Ordinance shall take effect after its publication and posting, in accordance with the provisions of Republic Act No. 7160, otherwise known as the Local Government Code of 1991*


I hereby certify that the foregoing ordinance was duly enacted by the 12th Sangguniang Panlalawigan of Isabela during its 16th Regular Session on November 03, 2025.



ATTY. FRANCIS JAMES E. MEER
Secretary to the Sangguniang Panlalawigan


ENACTED:



Elye Jay C. Diaz
Member (1st District)



EMMANUEL JOSELITO B. ANES
Member (1st District)



ED CHRISTIAN S. GO
Member (2nd District)


ANGÉLICA L. REYES
Member (2nd District)


JOSE T. PANGANIBAN, JR.
Member (3rd District)


RAMON JUAN N. REYES, JR.
Member (3rd District)



CLIFFORD R. RASPADO
Member (4th District)


ABEGAIL V. SABLE
Member (4th District)

AN ORDINANCE INSTITUTIONALIZING THE PROVINCE-WIDE HEALTH SYSTEM, INCLUDING ITS MANAGEMENT SUPPORT SYSTEMS, AND APPROPRIATING FUNDS THEREFOR


MANUEL FAUSTINO U. DY
Member (5th District)


JONATHAN JOSE C. CALDERON
Member (5th District)


MARCO PAOLO A. MERIS
Member (6th District)


AMADOR A. GAFFUD, JR.
Member (6th District)


ANTONIO S. HUI
Member, PCL Federation President


MARIA KATRINA JESSICA G. DY
Member, LnB Federation President


CATHERINE JOY L. LEGASPI
Member, SK Federation President


FRANCIS FAUSTINO A. DY
Vice Governor

APPROVED:

RODOLFO T. ALBANO, III
Governor

