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Republic of the Philippines  
CITY OF CAGAYAN DE ORO  
**OFFICE OF THE CITY COUNCIL**

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**RESOLUTION NO. 13584-2020**

**RESOLUTION URGING THE DEPARTMENT OF HEALTH (DOH) AND THE INTER-AGENCY TASK FORCE FOR EMERGING INFECTIOUS DISEASES (IATF) TO PROVIDE ADDITIONAL COMPENSATION AND HAZARD DUTY BENEFITS TO FRONTLINE MEDICAL, HEALTH AND ALLIED SUPPORT SERVICE PROVIDERS AND APPROPRIATE COMPENSATION AND BENEFITS TO VOLUNTEER AUGMENTATION MEDICAL, HEALTH AND ALLIED SUPPORT SERVICE PROVIDERS FOR THE CONTAINMENT OF COVID-19 IN THE PHILIPPINES**

**Whereas**, Executive Order No. 168, *Creating the Inter-Agency Task Force for Emerging Infectious Diseases (IATF-EID) in the Philippines*, was issued on May 26, 2014;

**Whereas**, Proclamation No. 922, s. 2020 was issued by Pres. Rodrigo R. Duterte on March 8, 2020, declaring a State of Public Health Emergency throughout the Philippines due to the Corona Virus 2019 (COVID-19), enjoining all government agencies and LGUs to render full assistance and cooperation and mobilize the necessary resources to undertake critical, urgent response and measures in a timely manner to curtail and eliminate the COVID-19 threat. He also issued on March 16, 2020 Proclamation No. 929, s. 2020, declaring a State of Calamity throughout the Philippines for a period of six (6) months unless earlier lifted or extended as the circumstance may warrant;

**Whereas**, Republic Act 11469 (*The Bayanihan To Heal As One Act*) was passed by Congress on March 23, 2020, giving special powers to the President to adopt emergency measures to respond to the crisis the nation is in brought about the COVID-19 pandemic;

**Whereas**, the latest update on the COVID-19 as of March 29, 2020, confirmed positive cases have totaled to 1,418 and 71 deaths (including 12 doctors) and the trend of new positive cases and deaths have been steadily increasing in the entire month of March 2020 from 5 positive cases as of March 5, 2020 after the first positive case was recorded on January 30, 2020 and with such trend of positive cases is projected to continue in the next several weeks and months;

**Whereas**, the current network or totality of the workforce of medical doctors, nurses, medical laboratory technicians and other allied service support staff of public and private hospitals and other medical and health facilities throughout the country who directly attend to and care for confirmed positive COVID-19 patients and PUIs as well as PUMs is not adequate to sustainably address the increasing number of COVID-19 positive cases and PUIs that are projected in the next several weeks and months;

**Whereas**, the current workforce of medical doctors, nurses, medical laboratory technicians and other allied service support staff of public and private hospitals and other medical and health facilities are overworked and constantly at risk of being infected by COVID-19 virus due to the demands of their work and regular routine attending to COVID-19 patients and the apparent inadequacy of available safety and personal protective equipment and implements;

**Whereas**, in order to assuage the fears of the medical doctors, nurses, technicians and support allied service providers it is imperative to adequately and appropriately compensate them for the risks and hazards they have to confront as they do their duties;

**Whereas**, the doctor-to-patient ratio in the country currently stands at 1:40,000, far from the ideal 1:10,000 that explains the unfortunate state of emergency response and patient care provision for confirmed positive patients of and Persons Under Investigation (PUI) and Persons Under Monitoring (PUM) for COVID-19;



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**Whereas**, the DOH announced the government will get volunteer health workers to augment the current active medical, health and allied service workforce for the containment and elimination of COVID-19 in the country;

**Whereas**, in order for the DOH to sustainably engage the services of volunteer medical doctors, nurses, medical laboratory technicians and support allied service providers to augment the current workforce in various public hospitals and designated COVID-19 medical facilities throughout the country for the COVID-19 elimination campaign, the IATF-EID through the DOH must offer a reasonably attractive compensation and benefits package for those that will be recruited and engaged for this purpose;

**Whereas**, in order for the government through the DOH and the IATF-EID to fully harness the full and sustained support of private hospitals and medical facilities and their workforce in the campaign to eliminate COVID-19 it is imperative for the government to provide the necessary support to these private medical institutions and facilities and their staff who are in the frontline in attending to COVID-19 patients and the campaign to contain and eradicate the corona virus problem in the country;

**Whereas**, among the powers of the President granted under Sec. 4 of RA 11469 (The Bayanihan To Heal As One Act) are to:

- ensure that all public health workers are protected by providing them with a "COVID-19 special risk allowance" in addition to the hazard pay granted under the Magna Carta of Public Health Workers or Republic Act 7305 (Sec. 4, d);
- engage temporary Human Resource for Health (HRH) such as medical and allied medical staff to complement or supplement the current workforce or to man the temporary medical facilities to be established in accordance with RA 11469 provide that the HRH to be hired under on temporary basis shall receive appropriate compensation and allowances and provide further that all HRH serving in the front line during the actual state of calamity shall receive an accrual hazard pay from the government (Sec. 4(m));

**Wherefore**, on motion by Councilor Ian Mark Q. Nacaya, duly seconded by Councilors Edna M. Dahino and Reuben R. Daba, be it

**Resolved**, to REQUEST and URGE the Department of Health (DOH) and the Inter-Agency Task Force for Emerging Infectious Diseases (IATF-EID) to consider the following:

- 1) Pursuant to Sec. 4(d) of RA 11469 (*The Bayanihan To Heal As One Act*), provide all public health workers in the frontline of and directly involved in the COVID-19 crisis campaign including casual and job order/contract of services personnel whose services are necessary for the provision of care of COVID-19 patients or PUIs and PUMs be given a "COVID-19 Special Risk Allowance" per month until the COVID-19 crisis persists in the amount of not less than fifty percent (50%) of their respective monthly salary;
- 2) Pursuant to Sec. 4(m) of RA 11469, provide as compensation the HRH that will be hired on a temporary basis to complement or supplement the current workforce or to man the temporary medical facilities to be established, a monthly wage equivalent to the monthly salary for the same position plus an additional premium pay of not less than thirty percent (30%) of the monthly salary of the said position in lieu of the allowances, earned leave credits and other statutory benefits that a permanent holder of the same position is entitled to and the corresponding additional "COVID-19 Special Risk Allowance" and the hazard pay



granted under the Magna Carta of Public Health Workers or Republic Act 7305 in order to attract and fully compensate the temporary additional HRH for this purpose for the duration of the engagement of the services of the HRH;

- 3) Pursuant to Sec. 4(m) of RA 11469, that all HRH serving in the frontline during the actual state of calamity shall receive an actual hazard pay from the government, all HRH in other medical facilities other than public health workers or government personnel who are directly involved in the COVID-19 campaign whose services are necessary for the provision of care of COVID-19 patients or PUIs and PUMs be provided with actual hazard pay per month equivalent to fifty percent (50%) of their respective monthly salary of their position to that of the position in the government service;

**Resolved further**, to forward this Resolution to Secretary. Francisco T. Duque Department of Health and to the Office of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases, Metro Manila, for their information.

**UNANIMOUSLY CARRIED.**

PROPONENT: COUNCILOR ROGER G. ABADAY

- |                 |                                 |  |                                      |
|-----------------|---------------------------------|--|--------------------------------------|
| <u>Present:</u> | <i>1<sup>st</sup> District:</i> | - Councilor Edna M. Dahino             | - Councilor George S. Goking         |
|                 |                                 | - Councilor Jay R. Pascual             | - Councilor Lordan G. Suan           |
|                 |                                 | - Councilor Reuben R. Daba             | - Councilor Romeo V. Calizo          |
|                 |                                 | - Councilor Roger G. Abaday            |                                      |
|                 | <i>2<sup>nd</sup> District:</i> | - Councilor Joyleen Mercedes L. Balaba | - Councilor Maria Lourdes S. Gaane   |
|                 |                                 | - Councilor Ian Mark Q. Nacaya         | - Councilor Suzette G. Magtajas-Daba |
|                 |                                 | - Councilor Edgar S. Cabanlas          | - Councilor Teodulfo E. Lao, Jr.     |
|                 |                                 | - Councilor Jocelyn B. Rodriguez       | - Councilor Enrico D. Salcedo        |
|                 | <i>Ex-Officio:</i>              | - Councilor Yan Lam S. Lim             | - Councilor John Michael L. Seno     |
| <u>Absent:</u>  |                                 | - Councilor Zaldy O. Ocon              |                                      |

**ADOPTED** this 30<sup>th</sup> day of March 2020 in the City of Cagayan de Oro.

I hereby certify to the correctness of the foregoing Resolution.

**ARTURO S. DE SAN MIGUEL**  
CITY COUNCIL SECRETARY

Attested as duly adopted:

**RAINEIR JOAQUIN V. UY**  
CITY VICE-MAYOR  
PRESIDING OFFICER