



**ALTERNATIVE REPORT ON THE PHILIPPINES
SUBMITTED TO THE OFFICE OF THE HIGH COMMISSIONER
ON HUMAN RIGHTS**

For the Universal Periodic Review in the United Nations Human Rights Council

Fourth Cycle of UPR on the Philippines

On the Rights of Healthcare Workers

Main submitting organization:

ALLIANCE OF HEALTH WORKERS

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Alliance of Health Workers (AHW) is a non-government organization that has been working for the economic and democratic rights of healthcare workers and the people's right to health since 1984. In its more than three decades-long of dedicated work, AHW has played a major role in the enactment of Republic Act 7305 or the Magna Carta of Public Health Workers, the proclamation of May 7 as Health Workers' Day, enactment of significant provisions in the Salary Standardization Law, and various concerted efforts that seek to improve the living and working conditions of public healthcare workers. In the Philippines AHW is known as an economic and democratic rights center of all healthcare workers. Its COVID-19 campaign for the healthcare workers safety, protection and welfare reached to more than 50,000 healthcare workers in the Philippines.

AHW has about thirty-two thousand union members from the Department of Health (DOH)-retained hospitals, Government-owned and Controlled Corporation (GOCC) hospitals, local government unit (LGU) facilities and private hospitals in the Philippines.

AHW advocates and continuously works for legislated increase in the entry salary of healthcare workers and nurses, an end to temporary employment or contractualization of healthcare workers, mass hiring of healthcare workers with permanent positions. Its mission includes the promotion of healthcare workers' safety, protection, rights and welfare and policy advocacy for a free and comprehensive public health care system.

Participating organizations:

- Health Action for Human Rights (HAHR)
- Community Medicine Practitioners and Advocates Association (COMPASS)
- Filipino Nurses United (FNU)

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Participating organizations:

1. **Health Action for Human Rights (HAHR)** is a national non-governmental organization formed in 2000 by a group of doctors, nurses, other healthcare workers, health sciences students and human rights advocates to promote awareness of the right to health and other human rights through education, focused action, advocacy and research.

HAHR believes that everyone has the inalienable right to life, liberty, and security of person well as freedom from want and fear, freedom of belief, expression and assembly. It maintains that human rights will be respected and truly realized when people are free from foreign domination, exploitation and oppression and when the state truly protects and upholds human rights.

HAHR provides opportunities for members to share their skills and expertise to render services to victims of human rights violations, evacuees and internally displaced persons, communities affected by military operations and unsound development projects causing destruction of the environment and community life.

HAHR is committed to:

- Educate the members of the health sector and the general public on their legitimate rights;
- Uphold and help defend the rights of the people, especially the oppressed, poor and marginalized;
- Campaign against extrajudicial killings, tortures, enforced disappearances, and other forms of human rights violations;
- Render health services to militarized communities and victims of human rights violations;
- Help obtain justice for victims of human rights violations and conduct paralegal counseling; and
- Foster international solidarity.

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2. **The Community Medicine Practitioners and Advocates Association (COMPASS)** is a national, non-government, non-profit organization composed of committed medical practitioners and advocates bound together to more effectively pursue the Filipinos' aspirations for genuine health and development as well as to promote and safeguard each other's welfare. COMPASS members and constituents recognize the vital and strategic role of community medicine practitioners and advocates in upholding, promoting, protecting and defending people's right to quality health care. These doctors are concerned about the critical state of the country's health care system borne from the failure of successive governments in providing the necessary and efficient human resources, infrastructure and financial support for the essential tools of health promotion, disease prevention, cure and rehabilitation.

Foremost among the principles that unite members and constituents is the concept of health as a basic human right as reaffirmed in the 1987 Philippine constitution which declares that "the state shall protect and promote the right to health of the people and will still consciousness among them". COMPASS believes that a socially-oriented physician should take action to alter the inequities and inadequacies of the health care system and the society at large. This is based on the principle that health is the consequence of the interplay of the socio-economic, political and cultural factors in development. The state has the primary responsibility to provide its health human resources the opportunity for utmost delivery of care while ensuring their professional advancement, welfare, just compensation and security. COMPASS also maintains that the people together with health care workers must take an active role in the planning, decision-making and provision of health care and other social development efforts. With genuine service as the guiding principle of community medicine practitioners, pressures of a market economy and commercialized health care whose primary goal is profit, rather than service, must be overcome.

COMPASS, in partnership with citizens' and non-government organizations and other health associations aims to promote the principles and practice of community medicine in health development work for, with and by the people. To advance the knowledge and practice of social and community medicine and public health, its members undertake community outreach services, advocacy work, public information, training and education and also provide venues for discourse and action on issues affecting people's health and the practice of community medicine and public health.

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3. Filipino Nurses United (FNU)

Filipino Nurses United (FNU) is a national nurses' labor association that promotes and protects labor rights and welfare.

Composed of registered nurses from public and private sectors, regardless of employment status and field of practice, FNU envisions a society where nurses' democratic rights are respected and general welfare promoted; with a health care system that is free, accessible and comprehensive. Its mission is to unite the Filipino nurses to fight for their legitimate rights and welfare alongside the people's struggle for their right to health and decent life.

Its primary goal is to take a lead role in making nurses aware of their rights and pertinent laws, be organized to act and be mobilized in relevant issues.

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1. The Alliance of Health Workers, the Health Action for Human Rights, the Community Medicine Practitioners and Advocates Association, and the Filipino Nurses United respectfully submit this report on the performance of the Philippine government in relation to the International Convention on Economic, Social and Cultural Rights, Universal Declaration of Human Rights, International Labor Organization conventions on Occupational Safety and Health (C155), Medical Care and Sickness Benefits (C134) and on Nursing Personnel (C157) as well as the recommendations during the third cycle of the UPR in 2017, particularly on those affecting the people's right to health as well as the safety and security of healthcare workers.
2. The ailing health system in the Philippines worsened during the presidency of Rodrigo R. Duterte. Compounded with the slow and inadequate government COVID-19 response, healthcare workers suffered greatly from gross neglect while thousands of Filipinos needlessly endured sickness and hunger during the pandemic.
3. As the novel coronavirus disease 2019 (COVID-19) pandemic brought huge challenges and risks globally, healthcare workers were exposed to higher risk of infection to the virus. Healthcare workers play a vital role in battling the COVID-19 pandemic as they are at the forefront in keeping others safe, relieving suffering and saving lives. However, the rights of healthcare workers to safety and protection were grossly neglected as they confronted problems such as lack of personal protective equipment, inadequate testing, unfulfilled benefits of accommodation and compensation during sickness and quarantine periods. In 2020, these factors may have contributed to the high rate of mortality of health personnel during the height of the pandemic, among the highest globally as pointed out by the World Health Organization.ⁱ
4. Worse, the harassment and killing of healthcare workers further aggravated the problematic situation because for every doctor or healthcare worker killed or even displaced, thousands are deprived of their right to health services and eventually the right to life. This in effect is a clear violation of the rights of all citizens protected in the Philippine Constitution, and in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Labor Organization (ILO) Convention 155 of which the Philippines is a signatory.
5. The fragmented and weak health system in the Philippines is in a critical situation. The majority of Filipinos are deprived of their right to health due to lack of access to basic health care services and to the sociocultural determinants of health such as clean potable water, adequate food and livelihood. One glaring result of this systemic health crisis is that four out of 10 Filipinosⁱⁱ who die are not medically attended at all. In 2018, another grave consequence relates to children's right to life as UNICEF data reveal that 95 children die of malnutrition daily in the Philippines, one in three Filipino children below five years old are stunted and 27 out of 1,000 die before the age of five.ⁱⁱⁱ The UPR Recommendation No. 133.99 states "Maintain the protection of the right to life from conception to natural death (Holy See) under Theme E42 Access to health-care (general)".
6. According to the Department of Health (DOH), there are almost 1.8 M healthcare workers in the Philippines, 60-70% of whom are nurses, followed by midwives, 10%, and physicians, 9%^{iv}. Every year, health science colleges graduate 38,000 nurses and 4,500 doctors. Although there are 144,360 registered doctors members in the country, there are only 10,482 doctors in the DOH and 5,484 working in rural health units. The DOH also reports that from the 40,775 practicing doctors in 2017, this decreased to 28,800 by October 31, 2021.^v

According to the DOH Field Health Services Information System 2020 Annual Report, the ratio of government physician to population is 1:32,460.^{vi} This is a far cry from the WHO recommendation of 1:1,000 population.^{vii}

7. The serious decline in the health workforce of the country, due mainly to overseas migration, may be traced to the severely inadequate compensation and benefits, poor working conditions, deprivation of rights and lack of protection of these frontliners. Temporary or contractual hiring is widespread in the health sector, in both the public and private facilities, which deprive many healthcare workers of the rights and benefits of regular employees.
8. All the above factors however are not the only ones influencing the lack of doctors and other health workers in the country, especially in the rural areas where they are needed most. Healthcare workers have not been spared from the intensified human rights violations and political repression under the administration of President Duterte. Doctors and healthcare personnel, working in both public service and private voluntary organizations, have been targeted by uniformed personnel and paramilitary forces. Healthcare workers have been subjected to harassment, intimidation, terrorist labelling, false accusation, abduction, unlawful arrest, illegal detention, and extrajudicial killing. The vilification and repression during the time of the COVID-19 pandemic have also placed healthcare workers in a more difficult situation.
9. The creation of the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC) in 2018 and the passage of the Anti-Terrorism Act of 2020 added to the government's legal arsenal of repression, giving government officials and armed forces intolerant of criticism and dissent more opportunities to abuse their authority.

Violations on Health Workers' Right to Safety and Protection

10. Amid increasing cases of COVID-19 in March 2020, the Philippine government neglected the healthcare workers' safety and protection by not ensuring the provision of sufficient supply of personal protective equipment (PPE). Tales of PPE woes were most dramatic particularly during the early months of the pandemic. Most healthcare workers had to buy their own gloves and masks, but even commercial supply had been depleted. They resorted to improvised PPEs to remain protected. Healthcare workers from Laguna used improvised garbage bags to protect themselves against possible transmission of COVID-19 while awaiting supplies from the DOH. In a Facebook post, a medical record officer of St. Jude Family Hospital appealed for assistance from the DOH and other agencies to supply their front-liners with medical equipment. Healthcare workers used black garbage bags as an alternative for the laboratory gown and a yellow plastic masks for their respirator. DOH-retained hospitals including COVID-referral hospitals like the Philippine General Hospital (PGH) were recycling and sterilizing used PPEs to address the shortage^{viii}.
11. The Philippine government's neglect violates the ILO's Constitution that singles out "protection pillars of social justice"^{ix}. The negligence likewise violates the provisions of safe and healthy working conditions which are fundamental to decent work^x.

Violations on right to just and favorable conditions in healthcare work

12. The chronic understaffing of healthcare workers during the pre-COVID period worsened during the pandemic. Nurse to patient ratio in regular, non-COVID and ambulatory wards ranged from 1:30-35 patients while the ratio in COVID-19 wards with intubated and on high flow oxygen patients was 1:18 patients, far from the DOH standard of 1:12 and international standard of 1:5.^{xi} Severe understaffing was made even worse by quarantine regulations that resulted in burn-out, post-traumatic stress disorder and other mental health problems among health workers, affecting the quality of health services in many hospitals. This in turn would subject the healthcare workers to occupational accidents and hazards.

13. During the COVID-19 pandemic, the severe understaffing resulted to healthcare workers' extending duty hours, especially nurses and doctors because of the lack of personnel and the extra care and attention needed by many patients in critical condition. Healthcare workers especially in COVID-19 wards work 12 to 16 duty hours longer than the mandated eight (8) duty hours, while doctors are forced to extend their duty hours up to 72 hours.

14. The lack of PPEs and the prolonged duty hours put healthcare workers at great risk to COVID-19 infection. As of January 8, 2022, the DOH reported that 29,609 healthcare workers have been infected with COVID and 117 of them died.^{xii} Nurses, being in the frontline and most vulnerable, have remained to be on top of the list of infected healthcare workers with more than 10,759 cases. These are violations of ILO conventions on Occupational Health and Safety (C 155, Article 16) and on Nursing Personnel (C157) which call for the "provision and use of protective clothing, shorter hours, more frequent rest breaks, temporary removal from risk and financial compensation in the event of exposure".

15. The Philippine government clearly violated the healthcare workers' right to just and favorable conditions of work. As the United Nations Committee on Economic, Social and Cultural Rights has stated, "preventing occupational accidents and disease is a fundamental aspect of the right to just and favorable conditions of work"^{xiii}.

Healthcare workers' right to work and economic benefits: Violation of the legally mandated COVID-19 benefits for Healthcare workers

16. Healthcare workers were promised various COVID-19 allowances and benefits such as Special Risk Allowance, Active Hazard Duty Pay, Meals, Accommodation and Transportation as mandated in the two COVID-19 Acts, Republic Act 11469 or Bayanihan to Heal as One Act and Republic Act 11494 or Bayanihan to Recover As One^{xiv}. However, not only were the benefits meager, their releases were also so much delayed. Ma. Theresa Cruz, a nurse in Cainta Municipal Hospital who died of COVID-19 in July 2020, is a case in point. It was only after her death that the family received her hazard pay for March and April 2020, worth only Php 7,000 (USD 146) while they were expecting Php 30,000 (USD 624).

17. According to members of the FNU, majority of those with temporary employment status in government facilities who were exposed to COVID-19 did not receive hazard pay. Local government units employed nurses who suffer much more, being victims of political patronage, thus, often among the least priority for wage upgrade and COVID-19 benefits. To add to their travails, salaries were delayed for 3-4 months during the pandemic. Meanwhile, private sector nurses suffered most, with the lowest wages and least benefits, having to pay for their own mandatory COVID-19 tests yet not getting paid for their quarantine leaves. Nurses in private hospitals are supposed to receive at least the minimum wage of PhP 537 per day or PhP 11,814 per month but some receive as low as PhP 5000.00 (US \$100.00) per month.^{xv}

18. Even with very low pay and worst work conditions, together with the national economic crisis during the pandemic, the government forcefully and arbitrarily banned migration of nurses to seek better work and life opportunities. In April 2020, the Philippine Overseas Employment Authority issued POEA GBR-9-2020 - Resolution on the Suspension of Deployment of Healthcare Workers. Most of these nurses who were about to leave have served for years with the country's miserable pay and work conditions and 'no work, no pay' job order employment scheme. These miserable work conditions remain unaddressed even during this time when healthcare workers have been in the frontline of battle against the COVID-19 pandemic. The 13,000-19,000 nurses who plan to go abroad yearly should not be deprived of their right to better work opportunities or basic sustenance. Based on DOH statistics, although more than half of the 600,000 Filipino registered nurses have migrated, there are still a minimum of 100,000 registered nurses who are unemployed or misemployed who can be mobilized for COVID-19 response. The DOH failed to provide attractive, just, humane or even worker-friendly employment with only three month-long contract of service in its COVID-19 emergency hiring scheme.

19. Healthcare workers have had to launch a series of protests to call on the government to release their COVID-19 allowances and benefits. However, these allowances were not fully and uniformly given to all healthcare workers. Until now, many healthcare workers from local government units and private hospitals have not received their full COVID-19 benefits and allowances.

20. The DOH and the Duterte government's partial implementation of the benefits violates what is provided for by law. The DOH violated its mandate of promoting health and well-being of every health worker. This is a clear indication of the government's gross neglect and complete abandonment in upholding healthcare workers' welfare and right to health.

21. Discrimination in the provision of allowances violates equality and non-discrimination which are fundamental human rights principles and critical components of the right to health^{xvi}.

22. The above-cited violations by the Philippine government clearly contradict with the recommendation to "continue its efforts to address the problem of unemployment and improve competitiveness in human resources through the effective implementation of the current strategy for 2016-2020" it supported during the last UPR cycle. (Recommendation No. 133.203, Libya)

Harassment, vilification, intimidation and abduction of Healthcare Workers

23. The Alliance of Health Workers has been at the forefront of engaging the government on its policies which are deemed detrimental to people's health. Presumably because of this, its member unions, leaders and officers have become targets of harassment and repression. Other health organizations and their leaders and members as well have also been subjected to harassment, surveillance as well as vilification.

24. On April 7, 2021, the National Task Force to End the Local Communist Armed Conflict (NTF-ELCAC) spokesperson and undersecretary Lorraine T. Badoy issued a false and malicious statement accusing AHW as one of the underground organizations "created by the Communist Party of the Philippines-New People's Army-National Democratic Front precisely for the infiltration of government".^{xvii}

25. On April 12, 2021, Undersecretary Badoy also issued a statement and published it on NTF-ELCAC's Facebook page maligning the integrity of two AHW national officers namely, President Robert Mendoza and Secretary-General Benjamin D.L. Santos Jr. AHW filed a complaint with the Commission on Human Rights and also urged the Civil Service Commission and the Office of the Ombudsman to probe Ms. Badoy for vilification or "red-tagging" of healthcare workers.^{xviii}

26. Dr. Jean Lindo, a community medicine practitioner, was targeted in a vilification poster on August 13, 2020 together with other human rights advocates. This was part of a series of posters that came out after the passage of Anti-Terrorism Act. The community of internally-displaced indigenous people who sought refuge in Haran, a church-managed shelter who were medically attended to by Dr. Lindo, were repeatedly harassed.^{xix}

27. The latest incident of repression targeting health personnel is the abduction of Dr. Maria Natividad Castro, a community medicine practitioner, a member of COMPASS, coordinator of the Community-Based Health Program-Butuan, operating in the Agusan and Surigao provinces in Mindanao. Charges brought against her and some 500 other persons named in the warrant for alleged kidnapping and serious illegal detention of one person belonging to a paramilitary group were made known to her lawyer after several days of detention. She remains in detention at the Agusan Provincial Jail.^{xx}

Violation of the Right to life and the healthcare workers' right to serve

28. Despite the acknowledged lack of health personnel in the country, health practitioners who opted to remain in the country and attend to the marginalized populations have been subjected to vilification and various forms of repression - and even outright killing or summary execution. Through the exposure and immersion of these health personnel in the day to day lives of the people in their catchment areas, they are confronted with the realities of the destitution of these depressed grassroots communities. They encounter the increasing obstacles to effective

community practice and public health which can be traced to the domestic economic and political crisis and the pressures of globalization on the health system.

29. At the community level and in the peripheries of the health care system, these obstacles include the lack of resources – infrastructure, equipment, medicines and finances, the deeply - ingrained patronage system and dynasties in local politics, rampant corruption within the local government units (LGUs) and other deleterious effects of poor governance on the provision of health services to their target populations.

30. Physicians in public health facilities who attempted to institute reforms to address this systemic corruption became targets of those who benefit from the existing practices of abuse of authority. Such anti-corruption activities were cited as possible motives in the killings in 2017 of Dr. George Repique^{xxi}, provincial health officer of Cavite, and Dr. Dreyfus Perlas^{xxii} municipal health officer in Southern Mindanao, and of Dr. Avelex Amor, chief of hospital in Negros Island in 2018^{xxiii}.

31. Other physicians and health personnel associated with groups critical of government policies were labeled as communists or rebel sympathizers and subsequently killed by unidentified gunmen, some associated with alleged civilian anti-communist groups. Among them were healthcare workers in Negros Island killed in 2020 - Zara Alvarez^{xxiv}, advocacy officer of a community health program and human rights defender and Dr. Mary Rose Sancelan, city health officer and head of the city's task force against COVID -19, gunned down together with her husband.^{xxv} Also in 2020, Dr. Maria Lourdes Tangco, a community doctor was summarily executed together with the seriously ill patient she was treating, allegedly resisting arrest while being served a warrant of arrest.^{xxvi}

32. Also among physicians killed in the recent past was Dr. Raul Winston Andutan in December 2021, medical director of Xavier-University- Maria Reyna Hospital in Cagayan de Oro City in Northern Mindanao.^{xxvii}

33. These killings have not been investigated on and resolved satisfactorily and in most cases no persons have been held accountable or punished. The harassment, abductions and killings of healthcare workers clearly violate ILO's first international treaty to recognize the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment.^{xxviii}

34. The intensified harassment of healthcare workers, particularly in the context of the country's counter-terrorism program, goes against its supposed commitment to "Continue efforts to combat terrorism, the drug trade and drug use, within the framework of the Constitution, the law and international human rights standards" under Recommendation No. 133.75 (Iraq) during the last UPR cycle.

35. Ultimately, the failure of the Philippine government to uphold and protect the rights of healthcare workers has adversely affected the people's access to healthcare. This continuing impairment of rights goes against its commitment to "Maintain the protection of the right to life from conception to natural death (E42 Access to health-care (general), Recommendation No. 133.99, Holy See)."

Recommendations:

In view of the gross human rights violation that the Philippine government has committed against the healthcare workers especially during the COVID-19 pandemic, we state the following recommendations:

36. Ensure that international covenants as stipulated in the International Convention on Economic, Social and Cultural Rights, the Universal Declaration of Human Rights, conventions of the International Labor Organization, to which the Philippines is a signatory- are recognized, observed and upheld, especially provisions on the right to health of all individuals, and on the rights, safety and protection of healthcare workers and redress of grievances.
37. Observe and strictly implement provisions of the constitution of the Philippines on the right to health of all citizens, especially of the poor and marginalized population groups.
38. Ensure safety, protection and welfare of healthcare workers at all times especially during pandemic. Enforce eight-hour duty based on ILO standard on working time.
39. End the system of contractual and temporary employment, violation of the rights to unionize and redress of grievances among healthcare workers.
40. Stop the labor-export policy. Review, reform existing laws on salaries, wages and benefits to provide just compensation, job security, humane working conditions and professional growth to promote and uphold the interest and welfare of healthcare workers.
41. Address the crisis in the health workforce. There must be a clear health human resource development plan based on the health needs of the Filipino people.
42. End Impunity. Investigate and ensure accountability for Human Rights Violations against doctors and other healthcare workers, prosecute perpetrators, and execute the pertinent judicial processes to ensure that justice prevails.
43. Repeal the Anti-Terrorism Act and abolish the National Task Force to End Local Communist Armed Conflict.
44. Stop harassments, vilification, intimidation and abduction of healthcare workers. Free Dr. Marian Natividad Castro and all other political prisoners. Drop all trumped-up charges against them.

45. Stop labeling progressive health organizations and doctors and other healthcare workers as “terrorists”.
46. Stop criminalization of political offenses and actions in pursuit of one’s political beliefs, illegal arrest and detention, and the practice of filing trumped-up criminal charges against healthcare workers and human rights defenders.
47. Address the country’s health and socioeconomic crisis and the underlying causes of social ills through people-centered societal development policies, reforms and strategies.

ⁱ WHO works with PH on ‘worrisome’ COVID-19 infection rate of frontliners. April 22, 2020. <https://www.cnnphilippines.com/news/2020/4/22/COVID-19-frontliners-healthcare-workers-coronavirus.html?fbclid=IwAR21xc099WUqA49AB5YT98vWJL6CJg3k4ZGz12bC96okHmiGkxECNv-w4nU>

ⁱⁱ Philippine Statistics Authority (2022). Registered Deaths in the Philippines, 2020. <https://psa.gov.ph/vital-statistics/id/165879>.

ⁱⁱⁱ Coram International (2018). Situation Analysis of Children in the Philippines: A Summary Report. UNICEF.

^{iv} WHO, State of the World’s Nursing, 2020

^v Need to increase supply of medical workers and build telemedicine infrastructure to prepare for future public health crises. April 16, 2020. <https://www.bworldonline.com/need-to-increase-supply-of-medical-workers-and-build-telemedicine-infrastructure-to-prepare-for-future-public-health-crises/>

^{vi} Department of Health. 2020 Annual Report: Field Health Services Information System. Manila: Department of Health.

^{vii} Kumar, R. & Pal, R. (2018). India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse!. *Journal of Family Medicine and Primary Care* 7(5): 841-844. doi:10.4103/jfmpc.jfmpc_218_18

^{viii} Marquez, C. Help! Laguna hospital staffers wear improvised garbage bags due to lack of PPEs. March 23, 2020. <https://newsinfo.inquirer.net/1247237/hospital-in-laguna-needs-ppes-as-health-workers-rely-on-plastic-bags2>

^{ix} Part III of the Annex (Declaration concerning the aims and purposes of the International Labour Organisation, or Philadelphia Declaration) and the ILO Preamble.

^x ILO Centenary Declaration for the Future of Work, 2019; Convention No. 155 (Art. 16(1)); Convention No. 187

^{xi} Bronte Lacsamana. Filipino Nurses continue to endure at the frontlines. June2, 2021. Businessworld Online; Senate of the Philippines, Senate Bill 2988. Senator Ralph Recto; DOH Manual RSSGH_3 levels CY 2013. Revised Organizational Structure and Staffing Standards for government hospitals, 2013 edition.

^{xii} Department of Health. (2022). COVID-19 Philippine Situationer #623. (January 10, 2022). https://drive.google.com/file/d/1SfT_0yGfOQW414r9okjqle19ewncTVo1/view?usp=sharing

^{xiii} UN Economic and Social Council, General comment No. 23 (2016) on the right to just and favourable conditions of work (article 7 of the ICESCR), E/C.12/GC/23,

^{xiv} Republic Act No. 11494 or the the Bayanihan to Recover as One Act, also known as Bayanihan 2, enacted in September 11, 2020 granting President Duterte additional authority to combat the COVID-19 pandemic in the Philippines

^{xv} Filipino Nurses United. Nurses Workshop on Salaries, Benefits, and Working Conditions. October 8, 2019.

^{xvi} Right to Health, OHCHR

^{xvii} Lalu, G. P. Health workers' group seeks CHR intervention over NTF-ELCAC exec's alleged red-tagging. April 24, 2021. <https://newsinfo.inquirer.net/1423117/health-workers-seek-chr-intervention-over-ntf-elcac-execs-alleged-red-tagging-spreexixzz7Jhj3cbrh>

^{xviii} Lalu, G.P. Health workers' group seeks CHR intervention over NTF-ELCAC exec's alleged red-tagging. April 24, 2021. <https://newsinfo.inquirer.net/1423117/health-workers-seek-chr-intervention-over-ntf-elcac-execs-alleged-red-tagging-spreexixzz7MwkSwV>

^{xix} Jha, P. How Filipino activists ended up on a 'wanted' poster. October 6, 2020. BBC. <https://www.bbc.com/news/world-asia-54144623>

^{xx} Buan, L. Police whisk doctor Natividad Castro to Butuan, hold her incommunicado. February 19, 2022. <https://www.rappler.com/nation/police-hold-doctor-natividad-castro-incommunicado/>; Bolledo, J. CHR probes arrest of doctor Natividad Castro, groups demand her release. February 19, 2022; <https://www.rappler.com/nation/groups-condemn-arrest-demand-release-natividad-castro/>; Gallardo, F. Doctor Natividad Castro faces more cases in Butuan City. February 20, 2022. <https://www.rappler.com/nation/natividad-castro-faces-more-cases-butuan-city/>; Bolledo, J. Dr. Natividad Castro: Beyond saving lives, she fought for human rights. February 24, 2022. <https://www.rappler.com/newsbreak/iq/things-to-know-doctor-natividad-castro-saving-lives-fought-for-human-rights/>

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