

**ANNEX E:  
PROVISIONS OF THE LOCAL GOVERNMENT CODE ON LOCAL HEALTH  
BOARDS**

TITLE FIVE. - LOCAL HEALTH BOARDS

SEC. 102. *Creation and Composition.* - (a) There shall be established a local health board in every province, city or municipality. The composition of the local health boards shall be as follows:

(1) The provincial health board shall be headed by the governor as chairman, the provincial health officer as vice-chairman, and the chairman of the committee on health of the sangguniang panlalawigan, a representative from the private sector or non-governmental organizations involved in health services, and a representative of the Department of Health in the province, as members;

(2) The city health board shall be headed by the city mayor as chairman, the city health officer as vice-chairman, and the chairman of the committee on health of the sangguniang panlungsod, a representative from the private sector or non-governmental organizations involved in health services, and a representative of the Department of Health in the city, as members; and

(3) The municipal health board shall be headed by the municipal mayor as chairman, the municipal health officer as vice-chairman, and the chairman of the committee on health of the sangguniang bayan, a representative from the private sector or non-governmental organizations involved in health services, and a representative of the Department of Health in the municipality, as members;

(b) The functions of the local health board shall be:

(1) To propose to the sanggunian concerned, in accordance with standards and criteria set by the Department of Health, annual budgetary allocations for the operation and maintenance of health facilities and services within the municipality, city or province, as the case may be.

(2) To serve as an advisory committee to the sanggunian concerned on health matters such as, but not limited to the necessity for, and application of local appropriations for public health purposes; and

(3) Consistent with the technical and administrative standards of the Department of Health, create committees which shall advise local health agencies on matters such as, but not limited to personnel selection and promotion, bids and awards, grievances and complaints, personnel discipline, budget review, operations review and similar functions.

## REFERENCE HANDBOOK ON EVIDENCE-BASED POLICY DEVELOPMENT

SEC. 103. *Meetings and Quorum.* - (a) The board shall meet at least once a month or as often as may be necessary.

(b) A majority of the members of the board shall constitute a quorum, but the chairman or the vice-chairman must be present during meetings where budgetary proposals are being prepared or considered. The affirmative vote of the majority of members shall be necessary to approve such proposals.

SEC. 104. *Compensation and Remuneration.* - The chairman, vice-chairman, and members of the provincial, city or municipal health board shall perform their duties as such without compensation or remuneration. Members thereof who are not government officials or employees shall be entitled to necessary traveling expenses and allowances chargeable against the funds of the local health board concerned, subject to existing accounting and auditing rules and regulations.

SEC. 105. *Direct National Supervision and Control by the Secretary of Health.* - In cases of epidemics, pestilence, and other widespread public health dangers, the Secretary of Health may, upon the direction of the President and in consultation with the local government unit concerned, temporarily assume direct supervision and control over health operations in any local government unit for the duration of the emergency, but in no case exceeding a cumulative period of six (6) months. With the concurrence of the local government unit concerned, the period for such direct national control and supervision may be further extended.