

Republic of the Philippines
House of Representatives
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 3985



Introduced by REP. ANGELICA NATASHA A. CO

EXPLANATORY NOTE

The Philippine Constitution provides that “the state shall protect and promote the right to health of the people and instill health consciousness among them”¹ It 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 the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall also endeavor to provide free medical care to paupers.”²

Pursuant to this policy, the government has adopted the Primary Health Care Approach for health empowerment which emphasizes the need to provide accessible and acceptable health services through participatory strategies such as training of barangay health workers, community building and organizing, among others.

With the devolution of health services to local government units, however, pursuant to Republic Act No. 7160, otherwise known as the “Local Government Code of 1991”, primary health care has been relegated to the backseat or tail of local development programs. By and large, it has been the least of priorities of LGUs. For one, the reality that the unavailability of sufficient fund is a perennial obstacle cannot be ignored. This, despite the increasing health expenditure, for both the national and local governments.

The Philippine Statistics Authority reported that the “per capita health spending of Filipinos in 2017 grew by 6.3 percent to Php 6,791. In real terms, per capita health expenditure of Filipinos amounted to Php 6,090.” The PSA reported further that “household-out-of-pocket payment (OOP) posted Php 372.8 billion or 54.5 percent of Current Health Expenditure (CHE) in 2017, followed by government schemes and compulsory contributory health care financing schemes at Php 225.9 billion or 33.0 percent. Voluntary health care payment schemes contributed Php 85.7 billion or 12.5 percent. More than half of OOP amounting to Php 186.6 or 50.1 percent went to pharmacies. Private general hospitals came in second at Php 97.5 billion or 26.1 percent; followed by providers of ambulatory health care at Php 50.3 billion or 13.5 percent”³

A study of the Senate Legislative Budget Research and Monitoring Office pointed out earlier that “the sources of funds of LGUs include, but are not limited to, the internal revenue

¹Philippine Constitution, Article II, Section 15

²Philippine Constitution, Article XIII, Section 11

³Philippine National Health Accounts - Philippine Statistics Authority ...
<https://psa.gov.ph/Statistics/Social/Health>

allotment, share in the national wealth, real property taxes, regulatory fees, donations and local taxes; however, the local health budget would depend on the priorities given by each LGU to health services and facilities.”⁴

While Philippine laws, as a matter of policy, are replete with provisions giving high priority to health, they are also severely lacking of support mechanisms that would realize primary and universal health care. The deplorable state of barangay health programs and services and the plight of barangay health workers (BHW) are glaring manifestations of a skewed policy environment and lack of political will on the part of government.

Notwithstanding the enactment of Republic Act No. 7305 in 1992, otherwise known as the “Magna Carta of Public Health Workers”, barangay health workers are excluded from the benefits and incentives accorded to other public health workers, although by definition they seem to be part of the law.

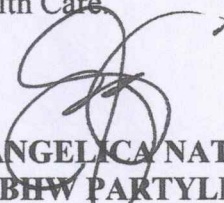
In 1995, the enactment of Republic Act No. 7883, otherwise known as the Barangay Health Workers Benefits and Incentives Act” was then hailed as a great boost to primary health care. Soon enough, however, the law cannot be effectively implemented despite its noble ideals due to “insufficient LGU funds.” If not for the strong spirit of volunteerism and patriotism of BHWs, primary health care at the barangay level could have been a total flap, sans the critical support mechanisms such as transportation, subsistence and hazard allowances, and security of tenure of BHWs.

BHWs provide basic health care services to the community: They provide basic maternal, newborn, and child health services; They also provide first aid, collect vital statistics, maintain records, and make reports; They participate in community meetings; provide assistance to health center activities; nutrition education, monitoring and feeding; immunization education, monitoring, and dispensing family planning services; sanitation and hygiene promotion and education; and disaster relief and rehabilitation, among others.

BHWs are the front-liners in primary health care as they provide assistance and support to physicians, dentists, nutritionists, public health nurses, and midwives. Their role is indispensable to barangay health and wellness. Yet, as “volunteers”, BHWs are grossly taken for granted. Under such nomenclature as “volunteers”, it is ironic that our barangay health providers suffer the brunt of poor health services along with countless barangay folks who are trapped in widespread poverty borne by social inequities.

In view of the forgoing, it is imperative to institutionalize and strengthen primary health care at the barangay level by establishing the necessary support mechanisms, by upgrading the incentives and benefits of barangay health workers and by providing the necessary funds for its effective implementation.

The immediate passage of this bill, to be known as the Barangay Health and Wellness Act, is earnestly sought in keeping with the Philippine commitments to the Sustainable Development Goals (SDG) and the Declaration of Astana on Primary Health Care.



REP. ANGELICA NATASHA A. CO
BHW PARTYLIST

⁴ *Budget Facts and Figures, Volume 1, Issue 2, April 2013*

Republic of the Philippines

House of Representatives
Quezon City

EIGHTEENTH CONGRESS

First Regular Session

HOUSE BILL NO. 3985

Introduced by REP. ANGELICA NATASHA A. CO

**AN ACT STRENGTHENING AND INSTITUTIONALIZING THE BARANGAY
PRIMARY HEALTH CARE PROGRAM, PROVIDING SECURITY OF TENURE,
BENEFITS AND INCENTIVES TO BARANGAY HEALTH WORKERS, AND
PROVIDING FUNDS THEREFOR**

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* — This Act shall be known as the "**Barangay Health and Wellness Reform Act of 2019.**"

SECTION 2. *Statement of Policy.*— The State shall protect and promote the right to health of the people and to provide conditions for health empowerment, where each individual has access to information and services that will bring about health and well-being. The Primary Health Care Approach is recognized as the major strategy towards health empowerment, emphasizing the need to provide accessible and acceptable health services through participatory strategies such as health education, training of barangay health workers, community building and organizing. Towards this end, this Act shall strengthen and institutionalize primary health care programs at the barangay level by providing and upgrading vital and essential health facilities, human resource development and fiscal support

The government and all its instrumentalities shall recognize the rights and vital role of barangay health workers(BHW)who are at the frontline of primary health care to organize themselves, to strengthen and systematize their services for their community to make a venue for sharing their experiences and recommending policies and guidelines for the promotion, maintenance and advancement of their activities and services, to security of tenure, to decent living allowances and other support mechanisms to enable them to perform their duties and responsibilities effectively and efficiently to promote barangay health and well-being.

SECTION 3. *Definition.* – "**Barangay health worker**" refers to a person who is duly registered with the municipal or city health board and who voluntarily renders primary health care services in the community.

SECTION 4. *Registration.* - Barangay health workers shall register with the local health board in the city or municipality in which they render service. The local health board, through the

provincial health boards in the case of municipalities, shall furnish a copy of such registry to the DOH, which is hereby mandated to maintain a national register of barangay health workers. The registered health workers shall be given appropriate proof of said registration.

The municipal or city local health board shall regularly update the BHW registry which shall include, among others, the number of years of service of each BHW, trainings and seminars attended and accreditation as provided in Section 5 hereof. The municipal or city local health board shall submit a copy of the updated registry to the provincial health board and the DOH central office every year, and post it in the municipal/city bulletin board and barangay health centers.

SECTION 5. Accreditation. -The municipal or city health board shall accredit BHWs in accordance with the guidelines promulgated by the Department of Health (DOH). It shall be the duty of the municipal or city health board to ensure that all registered BHWs shall undergo training programs under any accredited government and non-government organizations and/or the DOH. Provided, that the DOH shall develop a basic training course for newly recruited BHWs that can be completed within a period not later than one (1) year upon their assumption to work.

To be accredited, a newly recruited BHW must have completed satisfactorily the basic training course which will be certified by the municipal or city health officer concerned. Unless this requirement is fulfilled, he shall be considered as a barangay health trainee.

SECTION 6. Number of Barangay Health Workers. -The DOH shall determine the ideal ratio of barangay health workers to the number of households: Provided, that the total number of barangay health workers nationwide shall not be less than one percent (1%) of the total population.”

SECTION 7. Incentives and Benefits. -In recognition of their services, all accredited barangay health workers who are regularly performing their duties shall be entitled to the following incentives and benefits:

- a) A monthly honoraria of not less than Three Thousand Pesos (P3,000.00)
- b) Hazard allowance in an amount to be determined by the local health board of the local government unit concerned, but in no case less than One Thousand Pesos (P1,000.00) per month;
- c) Subsistence allowance equivalent to the meals they take in the course of their duty in order to make their services available at any and all times which shall not be less than One Hundred Pesos (P100.00) per day, to be computed in accordance with prevailing circumstances as determined by the local government unit concerned;
- d) Transportation allowance of not less than One Thousand Pesos (1,000.00) per month. Provided, that official travels like seminars, conferences and transport of patients outside of

the barangay, shall be shouldered by the barangay LGU concerned and shall not be deducted from the travel allowance of BHWs;

BHWs shall be entitled to ten percent (10%) discount in transportation fare during their incumbency;

e) Health benefits during their incumbency which shall include:

- 1) Free medical care when confined in any public hospital or health institution including surgery and surgical expenses medicines, x-ray and other laboratory fees;
- 2) Ten percent (10%) discount on professional fees of attending physicians in private hospitals, private medical facilities, out-patient clinics and home care services;
- 3) Ten percent discount (10%) and exemption from value added tax on the purchase of medicines and such other medical supplies, accessories and equipment unless confined in a public hospital or health institution;
- 4) Emergency assistance not exceeding the amount of Five Thousand Pesos (P5,000.00) and chargeable to the barangay concerned, for expenses incurred in the nearest private hospital or clinic in case of extreme emergency where there is no available public hospital;
- 5) Mandatory and immediate membership to the PhilHealth as indirect contributors which shall be borne by the LGU concerned, pending the full implementation of Republic Act No. 11223, otherwise known as the Universal Health Care Act.

The LGUs concerned shall also endeavor to provide such other health benefits to BHWs not otherwise provided by the law;

f) Insurance coverage which shall include, but not limited to, temporary and permanent disability, double indemnity, accident insurance, death and burial benefits.

All BHWs who have rendered at least one (1) year of continuous service shall also be granted insurance coverage and benefits from the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. Provided, that the national government shall subsidize fifty percent (50%) of the contributions of fourth, fifth and sixth class municipalities;

g) Sick, vacation and maternity leaves as may be prescribed in the implementing rules and regulations of this Act. Provided that, the BHWs shall continue to receive their monthly honoraria, hazard, travel and subsistence allowances while on leave, for such period similar to existing laws and practices.

- h) Christmas bonus or cash gift to be given every December which shall be not less than their monthly honoraria, to be taken from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
- i) Retirement and pension benefits from the GSIS. Provided that, a BHW must have rendered at least thirty (30) years of service;
- j) Training, Education and Career Enrichment Program opportunities to be provided by the DOH in coordination with the Commission on Higher Education, TESDA, Department of Education and other concerned government agencies and non-governmental organizations, to wit:
 - 1) Educational programs which shall recognize years of primary health care service as credits to higher education in institutions with stepladder curricular that will entitle barangay health workers to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors;
 - 2) Continuing education, study and exposure tours, training, grants, field immersion, scholarships, etc.;
 - 3) College scholarship grants or TESDA scholarships for at least two (2) children of a barangay health worker who has rendered at least one (1) year of service. The scholarship shall continue in case of death or permanent incapacity of a barangay health worker arising out of and in the course of performing his duty.
- k) A second grade Civil Service Eligibility which shall be granted to BHWs who have rendered five (5) years of service. Provided, that should the barangay health worker become a regular employee of the government, the total number of years served as barangay health worker shall be credited to his/her service in computing retirement benefits.
- l) Free legal representation and consultation services which shall be immediately provided by the Public Attorney's Office in cases of coercion, interference, and in other civil and criminal cases filed by or against barangay health workers arising out of or in connection with the performance of their duties. The DOH shall also endeavor to enter into a Memorandum of Agreement (MOA) with the Integrated Bar of the Philippines (IBP). Legal services provided to BHWs shall be credited to the Mandatory Continuing Legal Education (MCLE) of lawyers, subject to the guidelines to be provided by the Supreme Court.
- m) Preferential Access to Loan for organized barangay health worker groups that have community based income generating projects in support of health programs or activities and livelihood projects. The DILG or the LGU in coordination with other concerned government agencies shall provide, within one hundred eighty (180) days after the effectivity of this Act, a mechanism to access to loan services by organized health workers. The agencies providing loan services will set aside at least one percent (1%) of their loanable funds.

For this purpose, the LGUs, DOH, Cooperative Development Authority (CDA), Department of Labor and Employment (DOLE), TESDA and other concerned agencies shall provide assistance to BHWs in developing and promoting such health program or activities and livelihood projects in pursuit of barangay health and wellness.

- n) Loyalty Award to be given to a BHW for every five (5) years of continuous and meritorious service rendered, as certified by the punong barangay concerned or by the municipal or city health board. The loyalty award shall be equivalent to his one month honoraria to be taken from the general fund of the barangay or as may be subsidized by municipal, city or provincial LGU. This provision shall apply upon the effectivity of this Act.

Barangay health trainees shall be entitled to benefits and incentives as provided in paragraphs a), b), c), d) and h).

Such benefits and incentives that shall be shouldered by the LGUs may be increased, upon review of the local health board, after considering, among others, the present consumer price index (CPI) as published by the Philippine Statistics Authority (PSA).

SECTION 8. *Security of Tenure.* – The services of accredited barangay health workers shall not be terminated even after the term of the punong barangay and sangguniang barangay members, except for cause as provided by law and after due process. Provided, that if a BHW, upon appeal, is found by the Civil Service Commission (CSC) to be unjustly dismissed from service, he shall be entitled to reinstatement without loss of benefits and incentives from the time of his termination up to the time of his reinstatement. The Civil Service Commission shall resolve termination cases against BHWs judiciously not later than ninety (90) days from the receipt of a complaint.

SECTION 9. *Discrimination Prohibited.* – A barangay health worker shall not be discriminated against with regard to gender, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of their functions.

SECTION 10. *Right to Self-Organization.* – Barangay health workers have the right to freely form, join or assist organizations to obtain redress of their grievances through peaceful concerted activities for purposes not contrary to law, and with utmost regard to service to patients and the continuous operation of barangay health services in the interest of public health, safety or survival of patients.

SECTION 11. *Role of Barangay Health Workers* – As one of the key partners in a reformed local health care delivery system, the DOH and LGUs shall support the involving roles of BHWs in a reformed health system as:

1. Advocate – to support, promote and/or champion current health programs, project, and activities (PPAs) to improve access to and quality health services towards the improved health status of the community;
2. Educator – to guide, advise, counsel the community on the current DOH and LGU health priorities as importance of birth plan and facility-based delivery in reducing maternal and infant

deaths; newborn screening for the early detection of congenital metabolic disorders which may leads to mental retardation and even death, among others;

3. Disseminator – to remain regular communication with local professional health workers (e.g. MHO, PHN, RHM, DOH Rep, Hospital staff) on health events and updates and concerns relevant to the community and inform the same to catchment HH/community for appropriate action, if necessary;

4. Linker – to facilitate access to or association of the community with a relevant network of or specific health and non-health service providers within or even outside the BHE catchment, for instance: referral of pregnant women to a health facility which basic/ comprehensive emergency obstetric newborn care (BEMmONC/CEmONC) capacity; network with the Technical Education and Skills Development Authority (TESDA) for training;

5. Record keeper – to maintain updated lists/records of health data, health activities/events in the community, such as but not limited to data/records on FICs, OPT result, GP , pregnancy tracking, pre-natal and post-natal women ; exclusive breastfeeding mothers, blood-letting activities.

No BHW shall be utilized or subjected to any partisan political activity.

SECTION 12. *Representation in the Local Health Board and Health Care Provider Network.*

– The president of the municipal or city association of BHWs shall be a member of the municipal or city local health board. The Presidents of each component city and municipality of a province shall elect among themselves the BHW representative to the provincial health board.

The BHWs shall also form part of the Health Care Provider Network as may be determined by the DOH and LGUs concerned in the implementation of primary health care programs and services.

SECTION 13. *Local Health Plan.* – Local government units are hereby mandated to formulate their respective local health plans in harmony with the national health plan formulated by the DOH. The BHWs shall actively take part in the formulation, implementation, monitoring and evaluation of the health plans insofar as primary health care programs, projects and activities are concerned.

SECTION 14. *Barangay Health Center.* – There shall be at least one (1) barangay health center which shall have basic and essential facilities and provisions as prescribed by the DOH to effectively carry out primary health care programs and services in the barangay.

The BHWs shall provide assistance in the barangay health centers and field school in coordination with the city, municipal and provincial health offices. Provided, that the barangay health centers shall assist in disaster risk reduction programs.

SECTION 15. *Botika sa Barangay.* – The DOH shall provide the guidelines in the establishment and Management of “Botika sa Barangay” programs and services. The DOH and the Food and Drug Administration (FDA) shall give appropriate trainings to BHWs, in consultation with relevant professional organizations and associations.

The BHWs shall provide assistance to the Botika sa Barangay programs and services under the supervision of the city/municipal health officer.

SECTION 16. *Education and Information Campaign* – The DOH shall conduct an education and information campaign that would enhance the knowledge and skills of BHWs on primary health care through various forms including, but not limited to, online E-Learning and multi-media, and in major Philippine dialects.

The DOH, in coordination with TESDA and other concerned agencies shall also assist the LGUs in the development of education modules or materials to promote the collective experiences and learnings of BHWs on primary health care, as well as to promote traditional and complementary medicine.

The DOH shall also maintain an updated roster of registered and accredited BHWs that is accessible to the general public.

SECTION 17. *Funding.* – Funds for the benefits and incentives of barangay health workers and for the implementation of local health programs, projects and activities, shall be allocated from the following sources:

- 1) Ten percent (10%) of the internal revenue allotment (IRA) for LGUs;
- 2) Ten percent (10%) of the LGUs share in the national wealth;
- 3) Ten percent (10%) of the tobacco excise tax;
- 4) At least ten percent (10%) of the LGUs’ incomes derived from local economic enterprises (LEE); and,
- 5) Ten percent (10%) of the LGUs’ incomes derived from the LGUs’ own sources of revenue and local taxes in accordance with the Local Government Code.

Provided, that the LGUs concerned shall first fulfill the benefits and incentives due for BHWs in accordance with this Act. Provided further, that any expenditure by the LGUs for the benefits and incentives of BHWs shall be exempt from the forty-five percent (45%) limit on allocation for personal services of LGUs in the case of first to third class LGUs, and fifty-five percent (55%) in the case of fourth class or lower class LGUs.

SECTION 18. *Penalty Clause.*–Any local government official concerned who violates any provision of this Act may be administratively charged in accordance with law.

SECTION 19. *Rules and Regulation.* - The Department of Health and the Department of Interior and Local Government, in consultation with the Department of Education, the Civil Service Commission, the Government Service Insurance System, and other concerned government agencies and non-governmental organizations, shall formulate, not later than one hundred eighty days (180) from the effectivity of this Act, the rules and regulations necessary for its effective implementation.

SECTION 20. *Separability Clause.* - If any provision of this Act is declared invalid, the remainder of any provision hereof not affected thereby shall remain in force and effect.

SECTION 21. *Repealing Clause.* - Republic Act No. 7883 is hereby repealed. All laws, decrees, executive orders, and other presidential issuances which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SECTION 22. *Effectivity.* - This Act shall take effect fifteen days (15) after its publication in the Official Gazette or at least in two (2) national newspapers of general circulation.

Approved,