



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH (19th) CONGRESS
First Regular Session

HOUSE BILL NO. 1989



Introduced by REP. JOSEPH STEPHEN S. PADUANO

EXPLANATORY NOTE

Article XIII, Section 11 of the 1987 Philippine Constitution provides 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 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 endeavor to provide free medical care to paupers.”

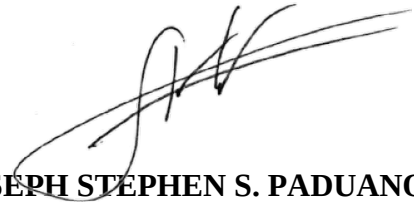
However, the health sector is beset by the exodus of nurses and doctors seeking higher paying jobs abroad leading to poor delivery of health services in the country, especially in the rural areas. In 2017, the Philippine Overseas Employment Agency (POEA) reported that a total of 92, 277 nurses and doctors were hired abroad. Nurse to patient ratio was estimated to be at 1:40 – 1:80 as opposed to the standard 1:20. In an article last May 2022 by Rowalt Alibudbud of the Department of Sociology and Behavioral Science in De La Salle University, it was highlighted that our country “supplied about 240,000 nurses to Organisation for Economic Co-operation and Development (OECD) countries with an outflow of 15,000 to 20,000 nurses per year. This made the Philippines the largest supplier of nurses to OECD countries”.

The dire condition of our public health service sector was also highlighted by the Covid-19 Pandemic as it underscored the scarcity of health facilities and personnel during the surges of Covid-19 cases that our country faced since this global health crisis began in 2020. It further amplified the need for strengthening our public health service, and one among other means of doing this is by giving protection and proper incentives to our health workers, especially those who are truly at the frontlines of the basic unit of our society, our Barangay Health Workers.

The bill entitled “*An Act Granting Fixed Honoraria and Additional Incentives and Benefits to Barangay Health Workers, Amending for the Purpose of Republic Act No. 7883, Otherwise Known as the Barangay Health Workers’ Incentives and Benefits Act of 1995*” or

House Bill No. 536 was originally filed in the 18th Congress by this Representation wherein it was consolidated with other similar proposed measures, deliberated at the Committees on Local Government, Appropriations, and Ways and Means, and was substituted by House Bill No. 10699, entitled “An Act Providing for the Magna Carta of Barangay Health Workers”, with Rep. Jose Francisco Benitez, Rep. Jose Christopher Belmonte, and Rep. Strike Revilla as among the main proponents of the said measure, with other members of the House of Representatives during the 18th Congress. It was eventually passed on third reading and was transmitted to the Senate. However, due to various factors, the said measure was not enacted until the end of the previous Congress.

Hence, the approval of this noble bill is earnestly sought.



JOSEPH STEPHEN S. PADUANO



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AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Magna Carta of Barangay
2 Health Workers”

3
4 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect
5 and promote the right to health of people and adopt an integrated and comprehensive approach
6 to health development. Pursuant thereto, it shall endeavor to make essential goods, health care,
7 and other social services available to all the people. In line with the country’s commitment to
8 accomplish health indicator targets under the United Nations’ Millennium Development Goals
9 (MDGs), the State shall adopt policies that promote the welfare and well-being of barangay
10 health workers who are at the forefront of the delivery of health care at the grassroots level, and
11 which shall effectively harness their potential as partners in development.

12
13 **SEC. 3. Definition.** – As used in this Act, the term “barangay health worker” refers to
14 a person who has undergone training under any accredited government and nongovernment
15 organization and who voluntarily renders primary health care services in the community after
16 having been accredited to function as such by the local health board in accordance with the

1 guidelines promulgated by the Department of Health (DOH) pursuant to Section 3 of Republic
2 Act No. 7883 otherwise known as the “Barangay Health Workers’ Benefits and Incentives Act
3 of 1995”.

4
5 **SEC. 4. Registration.** – Barangay health workers (BHWs) shall be registered with the
6 local health board in the city or municipality in which they render service. The registered health
7 workers shall be given appropriate proof of said registration.

8
9 The municipal and city health offices shall regularly maintain and update the BHW
10 Registry with the assistance of the BHW Federation and shall submit the same to the municipal
11 or city health board. The local health offices shall submit a copy of their respective updated
12 BHW registry to the Provincial Health Office which shall consolidate all registries. Upon the
13 validation of the Provincial BHW Federation, the consolidated Provincial Registry shall be
14 submitted to the Provincial Health Board, and the same shall be posted in the municipal or city
15 bulletin boards and barangay health centers.

16
17 The Provincial BHW Registry shall be submitted on or before April 30 of every year to
18 the DOH at the regional and national levels for consolidation. The DOH is hereby mandated to
19 maintain a national register of BHWs.

20
21 In order to qualify for registration, a barangay health worker must:

- 22
- 23 (a) Have rendered basic community health care services continuously and
24 satisfactorily for at least six (6) months immediately preceding the date of
25 the filing of application for registration in the barangay as certified by the
26 Rural Health Midwife (RHM) or public health nurse assigned to the
27 barangay and by the head of the barangay health workers association;
 - 28
 - 29 (b) Have completed the basic orientation and training for BHWs as prescribed
30 by the DOH and conducted by an accredited government agency, or DOH-
31 recognized academic institution, or nongovernmental organization (NGO);
 - 32
 - 33 (c) Be at least eighteen (18) years of age at the date of the filing of the
34 application for registration; and,
 - 35

1 (d) Be physically and mentally fit.

2
3 It shall be the duty of the municipal and city health offices, in cooperation with the
4 Provincial Health Office and DOH, to provide the BHW applicants with basic orientation and
5 training within six (6) months from the date of approval of their application.

6
7 **SEC. 5. Accreditation.** – To further professionalize the health care services rendered by
8 the BHWs and ensure the health and welfare of the community, a duly registered BHW must
9 be accredited by the municipal or city health board.

10
11 The municipal or city health board shall issue the certificate of accreditation to qualified
12 BHWs. In order to qualify for accreditation, the applicant BHW must:

13
14 (a) Be registered in accordance with Section 4 hereof;

15
16 (b) Have completed in the locality at least two (2) years of continuous and
17 satisfactory service immediately prior to the filing of application for
18 accreditation;

19
20 (c) Have completed a regular training program on health care service
21 community-based health program, that would upgrade and develop the skills
22 and competency of BHWs to perform their roles. The training program shall
23 be institutionalized by the DOH, in cooperation with local government units
24 (LGUs).

25
26 It shall be the duty of the municipal and city LGUs, in cooperation with the provincial
27 government and the DOH, to provide the applicant BHWs the necessary support and
28 opportunities for accreditation.

29
30 A BHW must complete the regular training program on health care service and
31 community based health program within five (5) years from registration.

32
33 The municipal and city health boards or through their registration and accreditation
34 committee shall act on the applications for accreditation of BHWs not later than thirty (30) days
35 from the date of application.

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

3
4 **SEC. 6. *Number and Role of Barangay Health Workers.*** – Notwithstanding the
5 limitations prescribed under Section 325(a) of Republic Act No. 7160, as amended, otherwise
6 known as “The Local Government Code of 1991”, each barangay shall at least have one (1)
7 BHW for every twenty (20) households.

8
9 As one of the key partners in a reformed health care delivery system, the DOH and
10 LGUs shall support the roles of BHWs as:

- 11
12 (a) Advocate – to support, promote and champion current health programs,
13 projects, and activities to improve access to quality health services towards
14 the improved health status of the community;
- 15
16 (b) Educator – to guide and advise the community on the current DOH and
17 health priorities of LGUs such as importance of birth plan and facility-based
18 delivery in reducing maternal and infant deaths; newborn screening for the
19 early detection of congenital metabolic disorders which may lead to mental
20 retardation and even death, among others;
- 21
22 (c) Disseminator – to maintain regular communication with local professional
23 health workers on health events and updates and concerns relevant to the
24 community and inform the same to the community for appropriate action, if
25 necessary;
- 26
27 (d) Coordinator – to facilitate access to any group or association of the
28 community with a relevant network of specific health and non-health service
29 providers;
- 30
31 (e) Record Keeper – to maintain updated records of health data, health activities
32 and events in the community;
- 33
34 (f) Health Care Service Provider – to assist and provide basic health care
35 services as may be needed in the community in any health event.

36
37 A BHW shall not be required to engage in any partisan political activity.

1 **SEC 7. Mandatory Appointment of Barangay Health Worker (BHW).** – There shall
2 be appointed at least one (1) BHW in every barangay for every twenty (20) households who
3 shall be under the supervision and control of the DOH. The BHW to be appointed shall
4 coordinate closely with the local government health officer in the implementation of health
5 programs in the locality. As far as practicable, the BHW to be employed must be a resident of
6 the barangay.

7
8 The DOH shall determine the ratio of barangay health workers according to the number
9 of households: *Provided*, That there shall be at least one (1) BHW for every twenty (20)
10 households: *Provided, further*, That the total number of barangay health workers nationwide
11 shall not be less than one percent (1%) of the total population.

12
13 **SEC. 8. Incentives and Benefits.** – All BHWs who are actively and regularly
14 performing their duties shall be entitled to monthly honoraria in the amount of not less than
15 Three thousand pesos (Php 3,000.00) subject to adjustment based on the prevailing market
16 value, in addition to the following incentives and benefits:

17
18 (a) *Privileges for the BHWs.* – All accredited BHWs shall be entitled to twenty
19 percent (20%) discount on all the items enumerated under Section 4(a) of
20 Republic Act No. 9994 otherwise known as the “Expanded Senior Citizens
21 Act of 2010”: *Provided*, That the privileges shall not be claimed if the BHW
22 is eligible for a higher discount that may be granted by the commercial
23 establishment or other existing laws.

24
25 The commercial establishment may claim the discount granted under this
26 Section as tax deduction based on the cost of goods sold or services rendered:
27 *Provided*, That the discount shall be allowed as deduction from the gross
28 income for the same taxable year that the discount is granted: *Provided*,
29 *further*, That the total amount of the claimed tax deduction net of value-
30 added tax, if applicable, shall be included in their gross sales receipt for tax
31 purposes and shall be subject to proper documentation and to the provisions
32 of the National Internal Revenue Code of 1997, as amended.

33
34 (b) *Hazard Allowance.* – All accredited BHWs shall be entitled to hazard
35 allowance in an amount to be determined by the local health board of the

1 LGU concerned, which in no case shall be less than One thousand pesos (Php
2 1,000.00) per month, subject to existing laws, rules, and regulations;
3

4 (c) *Subsistence Allowance.* – All accredited BHWs who render service within
5 the premises of isolated barangay health stations shall be entitled to
6 subsistence allowance equivalent to the meals they take in the course of their
7 duty, which shall be computed in accordance with prevailing circumstances
8 as determined by the LGU concerned. Such allowance shall, in no case, be
9 less than One hundred pesos (Php 100.00) per day;
10

11 (d) *Transportation Allowance.* – All accredited BHWs, in the performance of
12 their official duties, shall be entitled to a transportation allowance of not less
13 than One thousand pesos (Php 1,000.00) per month, subject to auditing rules
14 and regulations;
15

16 (e) *One-time Retirement Cash Incentive.* – An accredited BHW who has
17 continuously and satisfactorily served for at least fifteen (15) years shall be
18 entitled to a one-time retirement cash incentive of not less than Ten thousand
19 pesos (Php 10,000.00) in recognition of their loyalty and dedication, which
20 shall be borne by the municipality or city concerned. The provincial
21 government may provide assistance for this purpose in the case of
22 component cities;
23

24 (f) *Training, Education, and Career Enrichment Programs.* – The DOH shall,
25 in coordination with the Department of Education (DepEd), Commission on
26 Higher Education (CHED), Technical Education and Skills Development
27 Authority (TESDA), DOH-recognized academic institutions, other
28 concerned agencies and nongovernment organizations, provide information
29 on and opportunities for education and career enrichment for accredited
30 BHWs, such as in the following programs:
31

- 32 (1) Educational programs which credit the years of primary
33 health care service of the BHW towards higher education
34 completion in institutions with stepladder curricula thus
35 allowing them to upgrade their skills and knowledge for

- 1 community work or to pursue further training as midwives,
2 pharmacists, nurses or doctors;
3 (2) Continuing education, study and exposure tours, grants, field
4 immersion, and scholarships, among others;
5 (3) Scholarship benefits in the form of tuition fees in state
6 colleges, to be granted to one (1) child of every barangay
7 health worker who will not be able to take advantage of the
8 programs described in paragraphs (1), (2), and (3) hereof;
9 and,
10 (4) Special training programs such as traditional medicine,
11 disaster preparedness and other programs that address
12 emergent community health problems and issues.

13
14 (g) Health Benefits. – All accredited BHWs shall be entitled to the following
15 health benefits during their incumbency:
16

- 17 (1) Free medical care, including surgery and surgical expenses
18 medicines, x-ray and other laboratory fees, when confined in
19 any public hospital or health institution;
20
21 (2) Emergency assistance not exceeding the amount of Five
22 thousand pesos (Php 5,000.00) chargeable against the fund of
23 the barangay concerned, for expenses incurred in the nearest
24 private hospital or clinic in case of extreme emergency where
25 there is no available public hospital;
26
27 (3) Mandatory and immediate membership in the PhilHealth as
28 indirect contributors.

29
30 The LGUs concerned shall also endeavor to provide other health benefits to
31 accredited BHWs not otherwise provided by law;
32

33 (h) *Insurance Coverage.* – Accredited BHWs shall be granted insurance
34 coverage and benefits by the Government Service Insurance System (GSIS)
35 which shall be borne by the LGU concerned. For this purpose, the GSIS shall

1 design an insurance benefit package suited to the needs and unique
2 circumstances of the BHWs;

3
4 (i) *Sick, Vacation and Maternity Leaves.* – All accredited BHWs shall be
5 entitled to sick, vacation and maternity leaves as may be prescribed in the
6 implementing rules and regulations of this Act: *Provided, That,* the BHWs
7 shall continue to receive their monthly honoraria while on leave, for such
8 period in accordance with existing laws and practices;

9
10 (j) *Cash Gift.* – All accredited BHWs are entitled to a cash gift not less than the
11 minimum monthly honoraria to be given every December from the general
12 fund of the barangay or from such other funds appropriated by the national
13 government for the purpose;

14
15 (k) *Disability Benefit.* – An accredited BHW who sustains an injury or falls ill
16 in the course of the performance of their duties shall be entitled to Two
17 thousand pesos (Php 2,000.00) for every year of service;

18
19 (l) *Civil Service Eligibility.* – A first grade eligibility shall be granted to
20 accredited BHWs who have rendered three (3) years continuous service as
21 such: *Provided, That* should a BHW become a regular employee of the
22 government, the total number of years served as such shall be credited to the
23 BHWs service in the computation of retirement benefits.

24
25 No person duly accredited as a BHW shall be removed except for a valid
26 cause to be determined by the Local Health Board (LHB): *Provided, That* if
27 found to be unjustly removed from service, a BHW shall be entitled to
28 reinstatement without loss of benefits and incentives from the time of
29 termination up to the time of reinstatement. The LHB shall resolve
30 termination cases against a BHW judiciously not later than ninety (90) days
31 from the receipt of a complaint;

32
33 (m) *Free Legal Services.* – Legal representation and consultation services shall
34 be immediately provided by the Public Attorney's Office to a BHW in cases
35 of coercion, interference, and civil and criminal cases filed by or against the
36 BHW arising out of or in connection with the performance of their duties as
37 such;

1 (n) Preferential Access to Loan Facilities. – The DOH in coordination with other
2 concerned government agencies shall provide, within one hundred eighty
3 (180) days after the effectivity of this Act, a mechanism that shall provide
4 organized BHWs access to loan services. The agencies providing loan
5 services will set aside one percent (1%) of their loanable funds for organized
6 BHW groups that have community-based income generating projects in
7 support of health programs or activities.

8
9 **SEC. 9. Review by the Local Health Board.** – Every incentive or benefit for BHWs
10 requiring expenditure of local funds shall be reviewed and approved by the LHB. Such benefits
11 and incentives may be increased, upon review of the LHB, after considering, among others, the
12 present Consumer Price Index (CPI) as published by the Philippine Statistics Authority (PSA).”

13
14 **SEC. 10. Discrimination Prohibited.** – Discrimination against any BHW by reason of
15 gender, civil status, creed, religious or political beliefs and ethnic groupings in the exercise of
16 their functions and responsibilities is hereby prohibited.

17
18 **SEC. 11. Protection of BHWs.** – The municipal, city, provincial governments and the
19 Department of the Interior and Local Government (DILG) shall establish a grievance
20 mechanism as a means of processing complaints of BHWs against alleged acts of discrimination
21 and unjust removal from the service. BHWs may appeal their grievances to the DILG.

22
23 **SEC. 12. Right to Self-organization.** – BHWs shall have the right to freely form, join
24 or assist organizations to obtain redress of their grievances through peaceful concerted
25 activities, in a manner not contrary to law, and with utmost regard to service to patients and the
26 continuous operation of barangay health services in the interest of public health, safety, or
27 survival of patients.

28
29 **SEC. 13. Representation in the Local Health Board and Primary Health Care
30 Provider Network.** – The president of the municipal or city association of BHWs shall be a
31 member of the municipal or city local health board. The presidents of the association of BHWs
32 of each component city and municipality associations of a province shall elect from among
33 themselves their representative to the provincial health board: *Provided, That*, the BHW
34 representatives to the health boards shall not be allowed to vote on the registration, accreditation
35 and disciplinary or removal complaints of BHWs.

1 The BHWs shall also form part of the health care provider network and shall participate
2 in the implementation of health care services and programs.

3
4 **SEC. 14. *Continuous Capacity Building for BHWs.*** – The DOH shall conduct
5 continuous capacity building for BHWs to enhance and upgrade their knowledge and skills,
6 including training programs conducted online and in major Philippine dialects.

7
8 The DOH shall, in coordination with TESDA and other concerned agencies also assist
9 the LGUs in the development of education modules or materials that highlight the collective
10 experiences and learnings of BHWs and the use of traditional and complementary medicine.

11
12 The LGU shall endeavor to establish their own training centers for BHW and other
13 health workers in coordination with TESDA, NGOs, and other agencies concerned.

14
15 The LGUs shall also implement a development program for BHWs that will allow them
16 to benefit from ladderized training as provided under Republic Act No. 10968, otherwise known
17 as the “PQF Act,” and Republic Act No. 10647, otherwise known as the “Ladderized Education
18 Act of 2014,” including academic credits for health-related courses.

19
20 **SEC. 15. *Penalty Clause.*** – Any local government official who violates any provision
21 of this Act may be administratively and criminally charged in accordance with law.

22
23 **SEC. 16. *Appropriations.*** – The amount necessary for the implementation of this Act
24 shall be charged against the National Tax Allotment (NTA) of the LGUs, other local funds and
25 the special health fund under Republic Act No. 11223 otherwise known as the “Universal
26 Health Care Act”.

27
28 **SEC. 17. *Implementing Rules and Regulation.*** – The DOH and the DILG shall, in
29 consultation with the DepEd, the CSC, the GSIS, and other concerned government agencies
30 and nongovernmental entities, promulgate the rules and regulations to implement this Act not
31 later than one hundred eighty (180) days from the effectivity of this Act.

32
33 **SEC. 18. *Separability Clause.*** – If any portion or provision of this Act is declared
34 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

35

1 **SEC. 19. *Repealing Clause.*** – Republic Act No. 7883 otherwise known as the Barangay
2 Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed. All laws, decrees,
3 executive orders, rules and regulations, which are inconsistent with this Act are hereby repealed
4 or modified accordingly.
5

6 **SEC. 10. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in
7 the *Official Gazette* or in a newspaper of general circulation.
8

9 *Approved,*