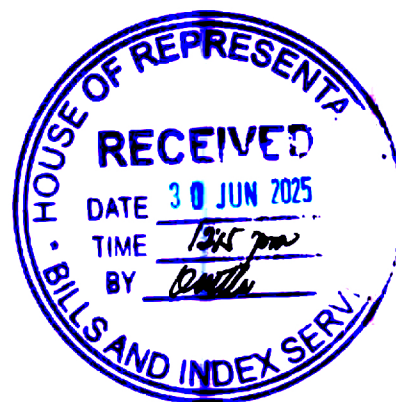




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH (20TH) CONGRESS
First Regular Session

HOUSE BILL NO. 39



Introduced by KAMANGGAGAWA Partylist
Representative **ELIJAH R. SAN FERNANDO**

EXPLANATORY NOTE

The 1987 Constitution unequivocally mandates the State to protect and promote the right to health of every Filipino, ensuring accessible and affordable healthcare for all¹. At the heart of this constitutional duty are Barangay Health Workers (BHWs), the unsung heroes who deliver primary healthcare to the most remote communities, often at great personal sacrifice. For decades, these frontline health providers have shouldered the burden of a system grappling with severe human resource shortages, which have been exacerbated by the exodus of doctors and nurses seeking better opportunities abroad. Amidst a severe physician shortage, a 127,000 deficit on nurses, and continued brain drain in the health sector², BHWs form the bedrock of our nation's health security.

Despite their indispensable role, which was made apparent during the COVID-19 pandemic, where they conducted vaccinations, surveillance, and community education amid grave risks, BHWs remain tragically undervalued. While Republic Act 7883, also known as the "Barangay Health Workers Benefits and Incentives Act of 1995," promised recognition and incentives, its implementation has faced systemic gaps for nearly three decades due to fragmented local government unit (LGU) support, politicization of appointments, and inconsistent resource allocation³. Today, BHWs endure precarious working conditions, irregular compensation, and inadequate benefits, forcing many to abandon their calling. This systemic neglect not only betrays their service but also jeopardizes universal healthcare access, particularly for marginalized communities.

¹ Expressly stated under Article II, Section 15 that "the State shall protect and promote the right to health of the people" and under Article XIII, Section 11 to "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."

² Based on a 2025 study by the Ateneo School of Medicine. <https://archium.ateneo.edu/asmph-pubs/314/>

³ Based on a 2024 study by the Ateneo School of Social Sciences.

<https://archium.ateneo.edu/cgi/viewcontent.cgi?article=1133&context=dev-stud-faculty-pubs>

This measure opts to confront these injustices head-on. It professionalizes BHWs through standardized registration and accreditation, ensuring rigorous training and clear accountability. Crucially, it guarantees dignified compensation, including a minimum monthly honorarium of ₱3,000, hazard allowances, transportation support, and comprehensive health coverage through PhilHealth and GSIS. It further empowers BHWs with career advancement pathways, educational scholarships, civil service eligibility, and robust legal protections against arbitrary dismissal. Moreover, BHWs will gain institutional representation, enabling their inputs to shape health policy at all levels.

This bill transcends token gratitude, as it delivers tangible justice to those who keep our communities healthy. When we uplift BHWs, we uplift the entire healthcare system, thus bridging urban-rural divides, strengthening health resilience, and honoring our constitutional duty to provide healthcare to all.

Notably, the 19th Congress passed this proposed measure on its Third and Final Reading.

In solidarity with the working class, the passage of this bill is earnestly sought.



ELIJAH R. SAN FERNANDO
Representative
KAMANGGAGAWA PARTYLIST



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH (20TH) CONGRESS
First Regular Session

HOUSE BILL NO. 99

Introduced by KAMANGGAGAWA Partylist
Representative **ELIJAH R. SAN FERNANDO**

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:

SECTION 1. Short Title. – This Act shall be known as the "Magna Carta of Barangay Health Workers".

SEC. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of people and adopt an integrated and comprehensive approach to health development. Pursuant thereto, it shall endeavor to make essential goods, healthcare, and other social services available to all the people. In line with the country's commitment to accomplish health indicator targets under the United Nations sustainable development goals, the State shall adopt policies that promote the welfare and well-being of barangay health workers who are at the forefront of the delivery of health care at the grassroots level, and effectively harness their potential as partners in development.

SEC. 3. Definition of Terms. – As used in this Act, the term "barangay health worker" refers to a person who has undergone training under any accredited government or non-government organization (NGO), and who voluntarily renders primary healthcare services in the community after having been accredited to function as such by the local health board.

SEC. 4. Coverage. – This Act shall apply to all barangay health workers (BHWs) as defined under Section 3 of this Act: Provided, That all incentives and benefits granted under this Act shall extend only to duly accredited BHWs, who have undergone at least two (2) years of training: Provided, however, That duly registered barangay health workers shall be entitled to a monthly honoraria and hazard allowance as provided in Sec. 9 herein: Provided, further, That when the BHW receives a fixed salary under a permanent appointment in any government office, by election to another public office or by employment in the private sector, coverage under this Act shall automatically cease and the BHW shall be covered under applicable laws.

SEC. 5. *Registration.* – All BHWs shall be registered with the local health board in the city or municipality in which they render service. Registered BHWs shall be given appropriate proof of said registration.

The municipal and city health offices shall regularly update and maintain the BHW Registry with the assistance of the BHW Federation. The BHW Registry shall be subject to the approval of the municipal or city health board. The local health offices shall submit a copy of the updated and duly approved registry to the Provincial Health Office for consolidation and validation with the assistance of the Provincial BHW Federation, which shall also be subject to the approval of the Provincial Health Board. The Provincial BHW Registry shall be posted in the municipal or city bulletin board and barangay health centers.

The Provincial BHW Registry shall be submitted on or before April 30 of every year to the Department of Health (DOH) at the regional and national levels for consolidation. The DOH is hereby mandated to maintain a national registry of BHWs.

In order to qualify for registration, a Barangay Health Worker must:

- (a) Have rendered basic community health care services continuously and satisfactorily for at least six (6) months immediately preceding the date of the filing of application for registration in the barangay as recommended by the Rural Health Midwife (RHM) or public health nurse assigned to the barangay and by the head of the barangay health workers association and certified by the Sangguniang Barangay;
- (b) Have completed the basic orientation and training for BHWs as prescribed by the DOH and conducted by an accredited government agency, a DOH-recognized academic institution, or an NGO;
- (c) Be at least eighteen (18) years of age at the date of the filing of the application for registration; and,
- (d) Be physically and mentally fit.

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

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

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

- (a) Be registered in accordance with Section 5 hereof;
- (b) Have satisfactorily undertaken the role of a BHW in the locality as provided for in Section 7 hereof, for at least two (2) years of continuous and satisfactory service immediately prior to the filing of the application for accreditation;
- (c) Have completed a regular training program on health care service and community-based health program in order to upgrade and develop the skills and

competency required of a BHW. The training program shall be institutionalized by the DOH, in cooperation with local government units (LGUs).

It shall be the duty of the municipal or city government, as the case may be, in cooperation with the provincial government and DOH, to provide the applicant BHWs the necessary support and opportunities for accreditation.

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

The municipal and city health boards or through their registration and accreditation committee, shall act on the applications for accreditation of BHWs not later than thirty (30) days from the date of application. The DOH shall also maintain an updated roster of accredited BHWs that is accessible to the general public.

SEC. 7. Roles, Duties, and Responsibilities of Barangay Health Workers. – As one of the key partners in a reformed health care delivery system, the DOH and LGUs shall support BHWs as they perform the following roles:

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

The BHW shall perform the following duties and responsibilities:

- (a) Height and weight monitoring, and reporting the same to the barangay;
- (b) Monitoring and following up of defaulted cases of immunization, family planning, tuberculosis compliance to treatment, and others, and reporting the same to the barangay;
- (c) Reporting to the barangay any incidence of disease or any health cases in the community;
- (d) Communicating and coordinating with the community to participate in barangay health center activities;
- (e) Gathering of data about the overall status of health of the community;
- (f) Administering first aid;
- (g) Conducting health visits;

- (h) Conducting birth planning for pregnant women;
- (i) Conducting health education;
- (j) Strengthening referral systems;
- (k) Collecting sputum;
- (l) Identifying people with disease and sickness;
- (m) Community health profiling;
- (n) Psychosocial debriefing for stress and post-calamity initiatives;
- (o) Responding in natural calamities and disasters; and
- (p) Coordinating closely with the local government health officer in the implementation of health programs in the locality.

SEC. 8. *Number of Barangay Health Workers (BHWs).* – Subject to relevant laws, and in coordination with relevant government agencies and respective local government units, the number of BHWs in every barangay shall be guided by and based on the particular need of the barangay for BHW services.

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.

The residents of the barangay must be given preference in the employment of BHWs.

SEC. 9. *Incentives and Benefits.* – All accredited BHWs who are actively and regularly performing their duties and responsibilities shall be entitled to the following incentives and benefits:

- (a) Monthly Honoraria in the amount of not less than Three thousand pesos (P3,000.00), subject to adjustment based on the prevailing market value;
- (b) Hazard Allowance in an amount to be determined by the local health board of the LGU concerned, which in no case shall be less than one thousand pesos (P1,000.00) per month, subject to existing laws, rules, and regulations;
- (c) Subsistence Allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing conditions as determined by the LGU concerned, which in no case shall be less than One hundred pesos (P100.00) per day: Provided, That the accredited BHW shall render service within the premises of isolated barangay health stations in order to make it available at any and all times;
- (d) Transportation Allowance of not less than one thousand pesos (P1,000.00) per month, subject to auditing rules and regulations, on the condition that the availment of transportation services are in line with the performance of the BHW's official duties and responsibilities;
- (e) One-time Gratuity Cash Incentive of not less than Ten thousand pesos (P10,000.00) in recognition of the BHW's loyalty and dedication and for having continuously and satisfactorily served for at least fifteen (15) years;
- (f) Discount Privileges for BHWs. – All BHWs shall be entitled to twenty percent (20%) discount on all the items enumerated under Section 4(a) of Republic Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010: Provided, That the privileges shall not be claimed if the BHW is eligible for a higher discount as may be granted by the commercial establishment and/or other existing laws.

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

- (g) Training, Education, and Career Enrichment Programs. - The DOH shall, in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), DOH-recognized academic institutions, other concerned agencies and non-government organizations, provide information on and opportunities for education and career enrichment for accredited BHWs, such as the following:
1. Educational programs, which credit the years of primary health care service of the BHW towards higher education completion in institutions with stepladder curricula, thus allowing them 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, grants, field immersion, scholarships; and
 3. Special training programs such as traditional medicine, disaster preparedness and other programs that address emergent community health problems and issues.
- (h) Health Benefits. – During their incumbency, all BHWs are entitled to the following health benefits:
1. Free medical care, including surgery and surgical expenses, medicines, x-ray and other laboratory fees, when confined in any public hospital or health institution;
 2. Emergency assistance not exceeding the amount of five thousand pesos (P5,000.00) chargeable against the fund of 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;
 3. Mandatory and immediate membership in the Philippine Health Insurance Corporation (Philhealth) as indirect contributors.
- (i) Insurance Coverage. - All BHWs shall be granted insurance coverage and benefits from the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. For this purpose, the GSIS shall design an insurance benefit package suited to the needs and status of BHWs;
- (j) Sick and Maternity Leaves. – All BHWs shall be entitled to sick and maternity leaves as prescribed by the Local Health Board: Provided, That, the BHWs shall continue to receive their monthly honoraria while on leave, for such period in accordance with existing laws and practices;

- (k) Cash Gift – All accredited BHWs are entitled to cash gift of not less than the minimum monthly honoraria to be given every December from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
- (l) Disability Benefit – An accredited BHW who sustains injury or sickness in the course of the performance of their duties shall be entitled to Two thousand pesos (P2,000.00) for every year of service;
- (m) Civil Service Eligibility. – A second grade eligibility shall be granted to accredited BHWs who have rendered five (5) years continuous service as such: Provided, That, should a BHW become a regular employee of the government, the total numbers of years served as such shall be credited to the BHWs service in computing the retirement benefits;
- (n) Free Legal Services. – Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to an accredited BHW in cases of coercion, interference, and in other civil and criminal cases filed by or against BHWs arising out of or in connection with the performance of their duties as such;
- (o) Preferential Access to Loan. – The DOH in coordination with other concerned government agencies shall provide, within one hundred eighty (180) days after the effectivity of this Act, a mechanism that shall provide BHWs organized access to loan services. The agencies providing loan services will set aside one percent (1%) of their loanable funds for organized BHW groups that have community-based income generating projects in support of health programs or activities.

Notwithstanding the limitations under this section, all registered BHWs shall be entitled to monthly honoraria and hazard allowance.

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

SEC. 10. *Annual Review.* – The local health boards shall conduct an annual review of the BHW program, performance, as well as the benefits, incentives, and allowances enumerated in the immediately preceding Section taking into consideration the current consumer price index as published by the Philippine Statistics Authority.

SEC. 11. *Discrimination Prohibited.* – Discrimination against any BHW by reason of gender, civil status, creed, religious or political beliefs, and ethnic groupings in the exercise of their functions and responsibilities is hereby prohibited.

SEC. 12. *Protection of BHWs.* – No accredited BHW shall be removed except for a valid cause as determined by the Local Health Board (LHB). The LHB shall resolve termination cases against BHWs judiciously and not later than ninety (90) days from the receipt of a complaint: Provided, That if a BHW is found to be unjustly removed from service, the BHW shall be entitled to reinstatement without loss of benefits and incentives from the time of termination up to the time of reinstatement.

SEC. 13. *Grievance Mechanism.* – The LHB shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. The decisions rendered by the LHB shall be final and executory.

SEC. 14. *Municipal, City, Provincial, and National Federation of BHWs.* – There shall be an organization of accredited BHWs for the purpose of electing the municipal, city, provincial, and national-level federation in order to ventilate, articulate, and crystalize issues affecting health care delivery system 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.

The BHW federation for municipalities, cities, and provinces shall elect their respective local federation boards of directors, and a set of national officers to comprise the national board of directors to be headed by a president. A Secretary-General shall be chosen from among the national federation members to manage the day-to-day operation and activities of the federation. The respective boards of directors may create such other positions as may be necessary for the management of the affairs of the local and national federation.

SEC. 15. *Representation in the Local Health Board and Primary Health Care Provider Network.* – The President of the municipal or city federation of BHWs shall be a member of the municipal or city local health board. The respective presidents of the federation of BHWs of each city and municipality federation of a province shall elect from among themselves their representative to the provincial health board: Provided, That the BHW representatives to the local health boards shall not be allowed to vote on the registration, accreditation, and disciplinary or removal complaints of BHWs.

The BHWs shall also be part of the health care provider network in the implementation of health care services and programs.

SEC. 16. *Prohibition from Engaging in Partisan Political Activity.* – No BHW shall engage in any partisan political activity.

SEC. 17. *Continuous Capacity Building for BHWs.* – The DOH shall conduct continuous capacity building for BHWs that will enhance and upgrade their knowledge and skills through various forms, including online learning and multimedia in major Philippine dialects.

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

The LGUs shall endeavor to establish their own training centers for their BHWs and other health workers in coordination with the TESDA, NGOs, and other agencies concerned.

The LGUs shall also implement a development program for BHWs that will allow them to benefit from the ladderized training as provided under Republic Act No. 10968, otherwise known as the Philippine Qualification Framework Act, and Republic Act No.

10647, otherwise known as the Ladderized Education Act of 2014, including academic credits for health-related courses.

SEC. 18. *Observance of BHW Day.* – Every barangay shall commemorate BHW Day during April 7 of every year in recognition of the service of Barangay Health Workers, their heroic services in times of crises, and their indispensable role in promoting health and wellness among the citizenry.

The DOH, in cooperation with the Department of the Interior and Local Government (DILG) and all local government units shall hold simple ceremonies or activities to highlight the indispensable role of BHWs in nation-building.

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

SEC. 20. *Appropriations.* – The amount necessary for the implementation of this Act shall be charged against the National Tax Allotment of the LGUs, other local funds, the special health fund under Republic Act No. 11223, otherwise known as the “Universal Health Care Act”.

SEC. 21. *Implementing Rules and Regulations.* – The DOH and the DILG shall, in consultation with the DepEd, CSC, GSIS, and other concerned government agencies and non-governmental entities, promulgate the rules and regulations to implement this Act not later than one hundred eighty (180) days from the effectivity of this Act.

SEC. 22. *Separability Clause.* – If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

SEC. 23. *Repealing Clause.* – Republic Act No. 7883, otherwise known as the “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed. All laws, decrees, executive orders, rules and regulations, which are inconsistent with this Act are hereby repealed or amended or accordingly.

SEC. 24. *Effectivity.* – This Act shall take effect fifteen days (15) after its publication in the Official Gazette or in a national newspaper of general circulation.

Approved,