

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 1842



Introduced by Representative LEILA M. DE LIMA

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

EXPLANATORY NOTE

It is a declared policy of the State to uphold the right to health of the Filipino people, as mandated by Article XIII, Section 11 of the Constitution, which reads:

SECTION 11. 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.

The World Health Organization prescribes a ratio of 10 doctors and 10 nurses per 10,000 persons.¹ However, in the Philippines, the nationwide ratio is 3.7 doctors and 8.2 nurses per 10,000 Filipinos.² Furthermore, the distribution of doctors and nurses throughout the country remains skewed, which means remote, geographically isolated or impoverished areas and regions have even worse ratios, with 0.8 doctors per 10,000 Filipinos in BARMM³ and 1 doctor per 40,680 Filipinos in the Davao region.⁴

In response to the human resource crisis in the health sector, barangay health workers (BHWs) have become increasingly utilized and significant in the delivery of health services within the most basic political units of barangays, especially in remote

¹ UP COVID-19 Pandemic Response Team. (20 April 2020). Estimating Local Healthcare Capacity to Deal with COVID-19 Case Surge: Analysis and Recommendations. Retrieved from <https://up.edu.ph/estimating-local-healthcare-capacity-to-deal-with-covid-19-case-surge-analysis-and-recommendations/>.

² Ibid.

³ Ibid.

⁴ A double whammy for public health. (3 November 2023). Philippine Daily Inquirer. Retrieved from <https://opinion.inquirer.net/167778/a-double-whammy-for-public-health>.

and rural areas where access to advanced medical facilities and medical practitioners is difficult or unavailable. BHWs thus serve as frontliners in providing the most basic of the country's health care programs and services. As such, there is a need to properly recognize the invaluable role of BHWs in the country's health care system, particularly in providing access to medical information and government health services and programs to the Filipino people especially in impoverished and far-flung areas.

At present, there are over 250,000 BHWs nationwide.⁵ Their roles, functions, and incentives and benefits are governed by Republic Act No. 7883, otherwise known as the "Barangay Health Workers' Benefits and Incentives Act of 1995." Under R.A. No. 7883, BHWs are volunteers who receive allowances with amounts to be determined by the Local Government Unit (LGU) with jurisdiction over the area they serve. As a result, while BHWs in first-class cities and municipalities receive higher compensation, "BHWs in remote and low-income areas often receive as little as P50 per month."⁶

This bill seeks to institutionalize standardized and fair compensation among BHWs nationwide by proposing a minimum monthly honorarium regardless of the status of the LGU under which the BHW serves. The bill also enhances the benefits and incentives provided in R.A. No. 7883, including insurance coverage from the Government Service Insurance System (GSIS), in recognition of their critical role as government frontliners.

There has long been clamor for the passage of a Magna Carta for BHWs, and in the 19th Congress, the Senate passed Senate Bill No. 2838 for this very objective. In the House of Representatives under the 19th Congress, 49 bills seeking to establish a Magna Carta for BHWs and give them their due recognition, compensation, and benefits, were consolidated into House Bill No. 6557, which was authored by 142 Representatives. Since the bill was identified as a priority for passage in the 19th Congress by the Legislative-Executive Development Advisory Council, the House initially considered adopting the Senate Bill as an amendment to the House Bill. Unfortunately, the House ultimately reconsidered adopting the Senate Bill and withdrew the transmittal of the counterpart House Bill. This current bill largely adopts SB No. 2838.

BHWs play an indispensable role in the delivery of health care services in our communities. They are a vital cog in our country's health system, and a public face of a caring government. We can no longer let them down. It is high time that we pass a Magna Carta that will protect the rights and promote the welfare of our BHWs.

⁵ Cabalza, D. (13 June 2025). Congress hit for failing to pass Magna Carta for Barangay Health Workers. Philippine Daily Inquirer. Retrieved from <https://newsinfo.inquirer.net/2070362/congress-hit-for-failing-to-pass-magna-carta-for-barangay-health-workers>.

⁶ Ibid.

Early approval of this measure is earnestly sought.


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

CHAPTER I
GENERAL PROVISIONS

1
2
3
4 SECTION. 1. *Short Title.* – This Act shall be known as the “Magna Carta for
5 Barangay Health Workers.”
6

7 SEC. 2. *Declaration of Policy.* – It is declared policy of the State to protect and
8 promote the right to health of the people and instill health consciousness among them.
9 It is also the policy of the State to adopt an integrated and comprehensive approach
10 to health development, which shall endeavor to make essential goods, health, and
11 other social services available to the communities.
12

13 The State acknowledges that primary health care is a key component in
14 attaining universal health care and, with the support of local government units (LGUs),
15 the participation of communities, and volunteerism of the population, is an effective
16 strategy towards realizing health empowerment and delivering effective health care
17 programs and services.
18

19 The State values the indispensable role of barangay health workers (BHWs) as
20 frontliners in providing primary health care services and, therefore, shall adopt policies
21 that will harness their potential as partners in national development.
22

23 Pursuant thereto, the State shall define their roles and responsibilities,
24 prescribe the methods for their recruitment and retention, identify programs for

1 capacity-building and career advancement, and provide avenues to ventilate and
2 resolve issues concerning them.

3
4 In recognition of the spirit of volunteerism and concern for the upliftment of the
5 health and general welfare of communities, the State shall also promote the welfare
6 and well-being of volunteer BHWs and provide them with incentives and benefits
7 through the collaborative efforts of LGUs and the national government.

8
9 SEC. 3. *Coverage.* – This Act shall cover all BHWs, whether as volunteers of
10 employees of government, and all LGUs and national government agencies that
11 mobilize BHWs to expand the delivery of primary health care services to communities,
12 families, and individuals.

13
14 **CHAPTER II**
15 **THE BARANGAY HEALTH WORKERS IN**
16 **PRIMARY HEALTH CARE DELIVERY**
17

18 SEC. 4. *The Role of BHWs in Providing Primary Health Care.* – The BHWs shall
19 serve as frontliners in supporting the delivery of primary health care in the community.
20 They shall form part of the community health teams of the barangay health station,
21 health center, or any other primary health care facility of the municipal/city health office
22 established to provide primary health care services to a barangay or a part of it, or a
23 cluster of barangays. For this purpose, BHWs are hereby declared as members of the
24 cadre of community health care workers.

25
26 The head of the barangay health station, health center, or any other primary
27 health care facility, of the municipal/city health office, shall exercise day-to-day direct
28 control and supervision over BHWs.

29
30 The BHW shall perform the following roles:

31 (a) Primary Health Care Service Provider – to assist the health facilities in
32 providing primary health care services to the members of the community;

33 (b) Health Educator – to provide knowledge and skills to community members
34 in the prevention and management of simple illnesses;

35 (c) Auxiliary Community Organizer – to assist in organizing and mobilizing the
36 community towards self-reliance; and

37 (d) Record Keeper – to assist in the development and maintenance of a
38 community health profile, and collect health data and information of families and
39 individuals in the community.

40
41 Pursuant to Republic Act No. 11223, or the “Universal Health Care Act,”
42 certified BHWs, who have undergone the certification process under Section 10 of this
43 Act, shall serve as primary care providers and act as the navigator, initiator and
44 continuing point of contact in the health care delivery system. They shall endorse

1 patients to the next level of health care provider within the health care provider network
2 to which the barangay health station, health center, or any other primary health care
3 unit, belongs: Provided, That except in emergency or serious cases and when
4 proximity is a concern, access to higher levels of care shall be coordinated by the
5 certified BHWs.

6
7 To effectively and efficiently perform these roles and expectations, the BHWs
8 to be assigned to a barangay should be residents of the community.

9
10 The Department of Health (DOH) shall promulgate the policies, guidelines, and
11 the specific duties and responsibilities of registered and certified BHWs.

12
13 **SEC. 5. *Coordination Between the Health Station/Health Center/Health Care***
14 ***Facility of the Municipal/City Health Office with the Barangay.*** – The head of the
15 barangay health station, health center, or any other primary health care facility, of the
16 municipal/city health office shall coordinate and collaborate with the *punong barangay*,
17 or with several *punong barangays* in the case of health centers providing services to
18 a cluster of barangays, in the implementation of programs and activities to address the
19 primary health care needs of the communities.

20
21 Pursuant to Section 17(b)(ii) of the Local Government Code, the *punong*
22 *barangay* shall support the delivery of health services in the community by ensuring
23 the maintenance of the health station/center, particularly in providing the necessary
24 additional logistical support, supplies, and services needed by BHWs.

25
26 **SEC. 6. *Number of Barangay Health Workers.*** – The determination of the
27 number of BHWs who can serve a barangay or a cluster thereof shall be guided by
28 and based on, among others, the catchment population, the community health profile,
29 and the need for different primary health care services.

30
31 The DOH, in consultation with LGUs, shall determine the ideal ratio of BHWs
32 with the required competencies to households and issue an updated policy on this
33 ratio every five (5) years.

34
35 **CHAPTER III**
36 **REGISTRATION, CAPACITY-BUILDING, AND RETENTION**

37
38 **SEC. 7. *Registration.*** – In addition to qualifications to be set by the
39 municipal/city health board, an applicant must meet the following requirements to
40 qualify as a BHW:

- 41 (a) At least eighteen (18) years of age at the date of the filing the application for
42 registration;
43 (b) Physically and mentally fit; and

1 (c) With basic BHW orientation and training as prescribed by the DOH
2 completed in the same year of application for registration.

3
4 Eligible applicants shall register with the local health board in the municipality
5 or city where they reside and intend to render service and shall be given appropriate
6 proof of said registration,

7
8 It shall be the duty of the municipal/city health offices, in cooperation with the
9 provincial health offices and the DOH, to provide interested BHW applicants with basic
10 orientation and training.

11
12 **SEC. 8. *Role of the Municipal/City Local Health Boards.*** – In addition to their
13 functions under Section 102, Title V of the Local Government Code, as amended, the
14 municipal/city health boards shall prescribe the policies and guidelines and be
15 responsible for the recruitment, selection, registration, certification, retention and
16 removal of, and the resolution of complaints and grievances involving, BHWs in their
17 jurisdictions.

18
19 The decisions of the municipal/city health board with regard to the revocation
20 of registration of a BHW or on the resolution of complaints and grievances of and
21 against BHWs may be appealed to the provincial health board and, thereafter, to the
22 Department of the Interior and Local Government (DILG).

23
24 The DILG, in collaboration with the DOH, shall, provide the general guidelines
25 in setting up the grievance and appeal mechanism.

26
27 **SEC. 9. *National BHW Information System.*** – A National BHW Information
28 System shall be established and maintained by the DOH, in partnership with the
29 Department of Information and Communications Technology (DICT), to assist the
30 national government and LGUs in formulating and implementing policies and
31 programs for the organization and development of the cadre of BHWs.

32
33 The Information System shall be the sole source of real-time data and
34 information on BHWs nationwide. It shall contain the list of all BHWs at the barangay,
35 municipal, city, and provincial levels, their socio-demographic profiles, qualifications,
36 areas of assignment, and other information that the DOH may deem necessary.

37
38 The municipal/city health boards shall be responsible for registering and
39 continuously updating the records of BHWs in their jurisdictions.

40
41 The provincial health boards, with the assistance of the DOH, shall provide
42 training to municipal/city health boards within the province on the use of the
43 Information System and ensure that the local health boards regularly submit accurate
44 data and information on their BHWs.

1 **SEC. 10. *Certification of BHWs.*** – To ensure the health and welfare of the
2 community and further professionalize the cadre of BHWs in rendering primary health
3 care services, a duly registered BHW shall undergo certification by the municipal/city
4 health board.

5
6 The DOH, in consultation with the Technical Education and Skills Development
7 Authority (TESDA), the Commission on Higher Education (CHED), and the Civil
8 Service Commission (CSC), shall promulgate the policies, standards, and guidelines
9 for the certification of competency of BHWs.

10
11 To qualify for certification, a registered BHW must have:

12 (a) Completed at least two (2) years of continuous service in the locality;

13 (b) Completed the training on the roles, duties, and responsibilities of a BHW,
14 as prescribed by the DOH;

15 (c) Provided satisfactory performance as evaluated by the health care
16 professional supervising the concerned BHW immediately prior to the filing of
17 application for certification; and

18 (d) Completed the courses of the certification component of the Education and
19 Training Program, provided in Section 11 of this Act.

20
21 The municipal/city health boards shall act on the applications for certification of
22 BHWs not later than thirty (30) days from the date of application and issue the
23 certificate of competency to qualified BHWs upon inspection, verification, or testing of
24 their conformity to policies, standards, and guidelines issued by the DOH.

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

29
30 **SEC. 11. *Education and Training Programs for BHWs.*** – The DOH and the
31 TESDA, in collaboration with the CSC, the CHED, relevant government agencies,
32 LGUs, education institutions, and stakeholders, shall develop and institutionalize a
33 continuing competency-based education and training curriculum for all BHWs.

34
35 The curriculum shall train the BHWs as primary health care service providers,
36 health educators, auxiliary community organizers, and record keepers. It shall
37 prescribe the courses for the certification component and for the continuing health
38 education and capacity-building of all BHWs.

39
40 The DOH and the TESDA shall complement the competency-based education
41 and training curriculum by making available web-based and mobile applications for
42 purposes of:

43 (a) Providing training materials to enhance the knowledge and skills of BHWs;

1 (b) Offering forums for BHWs to communicate, share experiences, and seek
2 advice from peers and health professionals;

3 (c) Disseminating new policies, programs, and guidelines pertaining to their
4 roles and responsibilities;

5 (d) Facilitating reporting and feedback mechanisms to improve service delivery
6 and address challenges faced in the field; and

7 (e) Offering resources including health and wellness programs for personal and
8 professional development.

9
10 **SEC. 12. *Inclusion of the BHW Positions in the Government Plantilla.*** – The
11 Department of Budget and Management (DBM), in consultation with the CSC, the
12 DOH and LGUs, shall establish the position classification and the corresponding salary
13 grades for BHWs in the Index of Occupational Standards. Municipalities and cities may
14 employ BHWs in their respective LGUs.

15
16 **SEC. 13. *Retention and Continuous Service of BHWs.*** – Registered and
17 certified BHWs shall continue to perform their roles, duties, and responsibilities except
18 due to the withdrawal of an individual as a BHW or removal for cause by the
19 municipality/city health board after due process. The continuity of services of BHWs,
20 revocation of their registration, or their removal from the cadre of BHWs, shall follow
21 the policies and guidelines promulgated by the DILG and the DOH.

22
23 **CHAPTER IV**
24 **INCENTIVES AND BENEFITS, RIGHTS AND OBLIGATIONS, OF BHWs**

25
26 **SEC. 14. *Incentives and Benefits of BHWs.*** – (a) In recognition of the time,
27 services, and resources they contribute, registered and certified volunteer BHWs shall
28 receive, or be provided with, the following:

29
30 (1) **Monthly Honoraria.** – A monthly honorarium of not less than Three thousand
31 pesos (P3,000.00) for registered BHWs and not less than Five thousand pesos
32 (P5,000.00) for certified BHWs: *Provided*, That no diminution of monthly honoraria can
33 be made on BHWs already receiving more than the herein prescribed minimum
34 amounts; *Provided, further*, That the DOH, in coordination with the DILG and the DBM,
35 shall review and adjust the minimum honoraria every three (3) years;

36
37 (2) **Transportation Allowance/Expense Reimbursements.** – Registered and
38 certified BHWs shall be provided by the barangay with transportation allowance or
39 reimbursement of actual transportation expense for the performance of their functions,
40 as may be authorized by law or regulation: *Provided*, That the barangay may, instead,
41 provide applicable forms of transportation to enable the BHWs to provide the
42 necessary primary health care service; *Provided, further*, That the municipality or city,
43 through their health offices, may shoulder such allowance or expense; *Provided*,
44 *finally*, That official travels, such as seminars, conferences, and transport of patients

1 outside of the barangay or locality, shall be shouldered by the barangay, municipality,
2 city, or province that authorized such official travel and shall not be deducted from the
3 honoraria of the BHWs;

4
5 (3) Subsistence Allowance. – The concerned municipality or city shall provide
6 BHWs who render service in unserved or underserved barangays where they are not
7 residents to make their services available at any and all times, with subsistence
8 allowance equivalent to the meals taken during their duty, which shall be computed
9 following prevailing circumstances. In no case shall such subsistence allowance be
10 less than One hundred pesos (P100.00) per day;

11
12 (4) Hazard Allowance. – BHWs who, in the exercise of their duties, are exposed
13 to situations, conditions, or factors in the work environment or place where foreseeable
14 but unavoidable danger or risks to their health, life, or on their person exist, including
15 assignment to communities in or recovering from a situation of armed conflict, as
16 validated by proper authorities, shall be paid a hazard allowance by the concerned
17 municipality or city in an amount to be determined by its local health board and the
18 local peace and order council, which shall in no case be less than One thousand pesos
19 (P1000.00) per month, subject to existing laws, rules, and regulations;

20
21 (5) Insurance Coverage. – Insurance coverage and benefit packages from the
22 Government Service Insurance System (GSIS), suited to their needs and unique
23 circumstances, shall be borne by the concerned municipality or city. For this purpose,
24 the GSIS shall design such appropriate insurance packages;

25
26 (6) Health Emergency Allowance During Public Health Emergency. – Volunteer
27 BHWs who are part of the National BHW Information System and are assigned to
28 health facilities and barangay health emergency response teams during public health
29 emergencies shall be entitled to the Health Emergency Allowance (HEA) and other
30 benefits prescribed in Republic Act No. 11712. The national government shall provide
31 funds for the payment of the HEA and other benefits;

32
33 (7) Cash Gift. – The BHWs shall be entitled to a cash gift not less than the
34 minimum monthly honoraria, to be given every December;

35
36 (8) One-time Dedicated Service Recognition Incentive. – A BHW who
37 withdraws as a registered or certified BHW but has continuously and satisfactorily
38 served for at least fifteen (15) years shall, in recognition of his/her loyalty, dedication,
39 and service, be entitled to a one-time incentive of not less than Ten thousand pesos
40 (P10,000.00), which shall be borne by the municipality or city concerned. The national
41 and provincial governments shall assist in case of non-availability of funds from the
42 concerned municipality or component city;

1 (9) Education and Career Advancement. – The DOH, in coordination with the
2 Department of Education, CHED, TESDA, CSC, other concerned national government
3 agencies, non-government organizations, and LGUs, shall provide information on, and
4 opportunities for, education and career advancement for BHWs, such as:

5
6 (i) Educational programs that credit the years of primary health care service of
7 the BHW and the number of training hours gained during attendance to courses
8 covered by the Education and Training Program under Section 11 of this Act towards
9 higher education completion in institutions with step-ladder curricula, as provided
10 under Republic Act No. 10968, otherwise known as the “PQF Act,” and Republic Act
11 No. 10647, otherwise known as the “Ladderized Education Act of 2014,” thus allowing
12 them to upgrade their skills and knowledge for community work or to pursue further
13 training as health care professionals;

14
15 (ii) Continuing education, study and exposure tours, field immersion, and
16 scholarship and financial grants, among others;

17
18 (iii) Scholarship grant or financial assistance to one (1) child of a BHW who is
19 unable to take advantage of the programs described in paragraphs (i) and (ii) hereof;
20 and

21
22 (iv) Special training programs, such as traditional medicine, disaster
23 preparedness, and other programs that address emergent community health
24 problems and issues;

25
26 (10) Free Legal Services. – Legal representation and consultation services shall
27 be immediately provided by the Public Attorney’s Office to a BHW in cases of coercion
28 or interference, and in other civil and criminal cases filed by or against the BHW arising
29 out of or in connection with the performance of his/her duties; and

30
31 (11) Preferential Access to Government Livelihood Programs. – Government
32 agencies providing livelihood programs shall provide organized BHWs with
33 preferential access to loan services;

34
35 *Provided*, That in the provision of the monthly honoraria and the cash gift, and
36 in consideration of the financial assistance of the national government to third, fourth,
37 and fifth class municipalities, as provided under Section 15 of this Act, the provinces,
38 in consultation with component cities, municipalities, and barangays within their
39 jurisdiction, shall determine the actual amount or percentage share of the amount that
40 each LGU will give to BHWs; *Provided, further*, That nothing herein limits the
41 barangay, municipality, city, or province from fully shouldering the provision of the
42 monthly honoraria and the cash gift; *Provided, furthermore*, That nothing herein
43 prevents the barangay, municipality, city, and province from providing additional
44 monetary and non-monetary benefits to BHWs to supplement those given by another

1 concerned LGU within the province; *Provided, finally*, That these honoraria shall be
2 given starting January of the ensuing fiscal year unless the LGUs, singly or collectively,
3 immediately provide the needed funding.

4
5 (b) Certified BHWs shall be granted sub-professional eligibility if they have
6 rendered at least five (5) years of continuous service as such: *Provided*, That should
7 a BHW become a regular employee of the government, the total numbers of years
8 served as such shall be credited to the BHW's service in the computation of retirement
9 benefits.

10
11 The emoluments, incentives, benefits, honoraria, allowances, and
12 reimbursements of BHWs employed by the municipality, city, province, or national
13 government agencies on a regular, contractual, casual, or job order basis shall be
14 governed by civil service laws and the policies issued by the CSC, the Office of the
15 President, the DBM, and the LGU under which they are employed.

16
17 **SEC. 15. *BHW Deployment Subsidy to Low-Income Municipalities.*** – There is
18 hereby mandated a BHW Deployment Subsidy to Low-Income Municipalities to
19 provide financial assistance to third, fourth, and fifth class municipalities and enable
20 them to deploy a sufficient number of volunteer BHWs in their communities,
21 particularly to unserved or underserved areas in their jurisdictions, and provide
22 incentives to dedicated volunteer BHWs. Priority shall be given to municipalities with
23 no or less capacity to give regular and adequate monthly honoraria and other
24 incentives to their BHWs, as determined by the DOH and the DILG.

25
26 **SEC. 16. *Discrimination Prohibited.*** – Discrimination against any BHW by
27 reason of gender, civil status, creed, religious, or political beliefs, and ethnic groupings
28 in the exercise of their functions and responsibilities is hereby prohibited.

29
30 **SEC. 17. *Prohibition on Participation in Political Activities.*** – To maintain their
31 integrity and impartiality, and eliminate the possibility of conflicts with their catchment
32 households, BHWs are prohibited from participating in partisan political activities. Any
33 BHW who files an application as a candidate in any political position is hereby deemed
34 removed from the list of registered BHWs or resigned from government service, as the
35 case may be. Participation in political activities shall serve as basis for the local health
36 board to remove BHWs from the list of registered BHWs.

37
38 **CHAPTER V**
39 **ASSOCIATIONS AND FEDERATIONS OF**
40 **BARANGAY HEALTH WORKERS**

41
42 **SEC. 18. *Associations and Federations of BHWs.*** – There shall be organized
43 associations of BHWs at the municipal and city levels and federations at the provincial,
44 regional, sub-national, and national levels. The BHW associations of highly urbanized

1 cities that are independent from provinces where they are located, and LGUs in the
2 National Capital Region, shall directly become members of regional, sub-national and
3 national federations.

4
5 These associations and federations shall serve as the venues to ventilate
6 issues and formulate and communicate policy proposals concerning BHWs,
7 particularly on their roles and duties as the frontliners, as well as their welfare and well-
8 being, in supporting the delivery of primary health care services in the community.

9
10 The municipal and city associations and the provincial, regional, and sub-
11 national federations shall elect their respective president, vice-president, secretary,
12 treasurer, and other officers as they may deem necessary.

13
14 The national federation shall elect a board of directors headed by a chairperson
15 and a set of national officers headed by a national president, as prescribed in their
16 constitution and by-laws. A secretary-general shall be chosen from among the national
17 federation members to manage the day-to-day operations and activities of the
18 federation. The board of directors may create such other positions necessary for the
19 management of the affairs of the national federation.

20
21 **SEC. 19. *Consultation with Local Health Boards.*** – The different local health
22 boards shall consult the associations and federations under their jurisdictions on,
23 among others, the roles and responsibilities of BHWs for the effective delivery of
24 primary health care services.

25
26 **CHAPTER VI**
27 **MISCELLANEOUS PROVISIONS**
28

29 **SEC. 20. *Observance of BHW Day.*** – Every barangay shall commemorate
30 BHW Day on April 7 of every year in recognition of the service of BHWs, their heroic
31 services in times of crisis, and their indispensable role in promoting health and
32 wellness among the citizenry.

33
34 The DOH, in cooperation with the DILG and all LGUs, shall hold simple
35 ceremonies or activities to highlight the indispensable role of BHWs in nation-building.

36
37 **SEC. 21. *Penalty Clause.*** – A local government official who violates any
38 provision of this Act shall be administratively and criminally charged in accordance
39 with law.

40
41 **SEC. 22. *Annual Accomplishment Reports.*** – The DOH and the DILG shall
42 submit to the Office of the President, the Senate of the Philippines, and the House of
43 Representatives, an annual report on the accomplishments and challenges with
44 regard to the implementation of this Act.

1 **SEC. 23. Appropriations.** – The amounts necessary for the implementation of
2 this Act shall be charged against the funds of LGUs and the appropriations of the DOH.

3
4 The amounts necessary for the initial implementation of the BHW Deployment
5 Subsidy to Low-Income Municipalities shall be charged against the current year’s
6 appropriations of the DOH and, thereafter, shall be included in the annual General
7 Appropriations Act.

8
9 **SEC. 24. Implementing Rules and Regulations.** – The DOH and the DILG shall,
10 in consultation with LGUs, the national federation of BHWs, the CSC, the DBM, the
11 TESDA, the CHED, the GSIS, other concerned government agencies, non-
12 government organizations, and academic and training institutions, promulgate the
13 rules and regulations to implement this Act not later than one hundred eighty (180)
14 days from its effectivity.

15
16 **SEC. 25. Separability Clause.** - If any portion or provision of this Act is declared
17 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

18
19 **SEC. 26. Repealing Clause.** – Republic Act No. 7883, otherwise known as the
20 “Barangay Health Workers’ Benefits and Incentives Act of 1995,” is hereby repealed.
21 All other laws, decrees, executive orders, rules, and regulations which are inconsistent
22 with this Act are hereby repealed or modified accordingly.

23
24 **SEC. 27. Effectivity.** - This Act shall take effect after fifteen (15) days from its
25 publication in the Official Gazette or in a national newspaper of general circulation.

Approved,