

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 2217



Introduced by **Representative Ryan S. Recto**

EXPLANATORY NOTE

The proposed *Magna Carta for Barangay Health Workers (BHWs)* aims to recognize the vital roles that BHWs play as the first-line of medical care at the grassroots level. The measure aims to provide ample support commensurate with their contributions to community health and welfare.

There is no denying that there is a significant dearth of medical professionals and facilities in the country, particularly in far-flung regions where healthcare is scarce. According to the Department of Health's (DOH) health facility survey in 2019, only about 90% of rural health units or primary healthcare facilities have at least one medical doctor, while a significant number of facilities do not have a nurse or a midwife. This then makes the presence of BHWs all the more invaluable and critical .

BHWS are known as community members who receive training in order to fulfill their role as the initial point of contact for patients entering the broader healthcare system. In our country, the BHW program serves as the government's primary strategy for eliminating the disparities between health service delivery and accessibility between urban and rural areas.

The role of BHWs as the backbone of primary healthcare delivery at the grassroots level was first recognized in Republic Act No. 7883, otherwise known as the "Barangay Health Workers' Benefits and Incentives Act of 1995". This laid the foundation for providing proper compensation for BHWs given their role in the delivery of certain primary care services to barangays. However, the law as it is today, has proven to be insufficient given the increasing costs of living and the evolving demands of the public health sector. Moreover, many BHWs continued their service throughout the years despite limited resources and funding.

In response to this, the proposed measure shall build upon previous efforts of the existing law. The bill seeks to standardize the allowances and broaden existing benefits provided to BHWs. It shall also include the introduction of a one-time retirement cash incentive, opportunities for career and educational growth, health benefits and insurance coverage. It is hoped that through these BHWs can significantly help address the gaps in healthcare delivery and expand the reach of essential health services.

The measure endeavors to be a testament of the State towards making essential goods, healthcare and other social services accessible to all. By properly supporting our BHWs as frontline partners, the proposed Magna Carta shall not only recognize, but also elevate their roles in community health as it is crucial that we empower our dedicated BHWs who are at the forefront of building a healthier and more resilient Philippines.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



Ryan S. Recto
Representative
6th District, Batangas

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AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

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 “Magna Carta of Barangay Health Workers.”

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

10
11 SEC. 3. *Definition.* – As used in this Act, the term “*barangay health worker*” refers
12 to a person who has undergone training under any accredited government or non-
13 government organization (NGO), and who voluntarily renders primary healthcare
14 services in the community after having been accredited to function as such by the
15 local health board.

16
17 SEC. 4. *Coverage.* – This Act shall apply to all barangay health workers (BHWs)
18 as defined under Section 3 of this Act: *Provided*, That all incentives and benefits
19 granted under this Act shall extend only to duly accredited BHWs, who have undergone
20 at least two (2) years of training: *Provided, however*, That duly registered barangay
21 health workers shall be entitled to a monthly honoraria and hazard allowance as
22 provided in Sec. 9 herein: *Provided, further*, That when the BHW receives a fixed salary
23 under a permanent appointment in any government office, by election to another
24 public office or by employment in the private sector, coverage under this Act shall
25 automatically cease and the BHW shall be covered under applicable laws.

1
2 SEC. 5. *Registration.* – All BHWs shall be registered with the local health board
3 in the city or municipality in which they render service. Registered BHWs shall be given
4 appropriate proof of said registration.

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

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

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

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

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

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

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

- 41 a) Be registered in accordance with Section 5 hereof;
42
43 b) Have satisfactorily undertaken the role of a BHW in the locality as
44 provided for in Section 7 hereof, for at least two (2) years of continuous
45 and satisfactory service immediately prior to the filing of application for
46 accreditation;

- 1 c) Have completed a regular training program on health care service and
2 community-based health program in order to upgrade and develop the
3 skills and competency required of a BHW. The training program shall be
4 institutionalized by the DOH, in cooperation with local government units
5 (LGUs).

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

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

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

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

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

- 19 a) *Advocate* – to support, promote and champion current health programs,
20 projects and activities to improve access to quality health services
21 towards the improved health status of the community;
22
23 b) *Educator* – to guide and advise the community on the current DOH and
24 health priorities of LGUs such as the importance of a birth plan and
25 facility-based delivery in reducing maternal and infant deaths; newborn
26 screening for the early detection of congenital metabolic disorders
27 which may leads to mental retardation and even death, among others;
28
29 c) *Disseminator* – to maintain regular communication with local
30 professional health workers on health events and updates and concerns
31 relevant to the community and inform the same to the community for
32 appropriate action, if necessary;
33
34 d) *Linker* – to facilitate access to any group or association of the
35 community with a relevant network of or specific health and non-health
36 service providers;
37
38 e) *Record Keeper* – to maintain updated records of health data, health
39 activities and events in the community;
40
41 f) *Health Care Service Provider* – to assist and provide basic health care
42 services as may be needed in the community in any health event.
43

44 The BHW shall perform the following duties and responsibilities:

- 45 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 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:

- 1 a) *Monthly Honoraria* in the amount of not less than Three thousand pesos
2 (P3,000.00), subject to adjustment based on the prevailing market value;
3
4 b) *Hazard Allowance* in an amount to be determined by the local health
5 board of LGU concerned, which in no case shall be less than One
6 thousand pesos (P1,000.00) per month, subject to existing laws, rules,
7 and regulations;
8
9 c) *Subsistence Allowance* equivalent to the meals they take in the course of
10 their duty, which shall be computed in accordance with prevailing
11 conditions as determined by the LGU concerned, which in no case shall
12 be less than One hundred pesos (P100.00) per day: *Provided*, That the
13 accredited BHW shall render service within the premises of isolated
14 barangay health stations in order to make it available at any and all
15 times;
16
17 d) *Transportation Allowance* of not less than One thousand pesos
18 (P1,000.00) per month, subject to auditing rules and regulations, on the
19 condition that the availment of transportation services are in line with
20 the performance of the BHW's official duties and responsibilities;
21
22 e) *One-time Gratuity Cash Incentive* of not less than Ten thousand pesos
23 (P10,000.00) in recognition of the BHW's loyalty and dedication and for
24 having continuously and satisfactorily served for at least fifteen (15)
25 years; and
26
27 f) *Discount Privileges for BHWs*. – All BHWs shall be entitled to twenty
28 percent (20%) discount on all the items enumerated under Section 4(a)
29 of Republic Act No. 9994, otherwise known as the Expanded Senior
30 Citizens Act of 2010: *Provided*, That the privileges shall not be claimed if
31 the BHW is eligible for a higher discount as may be granted by the
32 commercial establishment and/or other existing laws.
33
34 The commercial establishment may claim the discount granted under
35 this section as tax deduction based on the cost of goods sold or services
36 rendered: *Provided*, That the discount shall be allowed as deduction from
37 the gross income for the same taxable year that the discount is granted:
38 *Provided further*, That the total amount of the claimed tax deduction net
39 of VAT, if applicable, shall be included in their gross sales receipt for tax
40 purposes and shall be subject to proper documentation and to the
41 provisions of the National Internal Revenue Code of 1997, as amended.
42
43 g) *Training, Education, and Career Enrichment Programs*. – The DOH shall, in
44 coordination with the Department of Education (DepEd), Commission on
45 Higher Education (CHED), Technical Education and Skills Development
46 Authority (TESDA), DOH-recognized academic institutions, other
47 concerned agencies and non-government organizations, provide
48 information on and opportunities for education and career enrichment
49 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;

1 m) *Civil Service Eligibility.* – A second grade eligibility shall be granted to
2 accredited BHWs who have rendered five (5) years continuous service
3 as such: *Provided, That,* should a BHW become a regular employee of
4 the government, the total numbers of years served as such shall be
5 credited to the BHWs service in computing the retirement benefits;
6

7 n) *Free Legal Services.* – Legal representation and consultation services
8 shall be immediately provided by the Public Attorney's Office to an
9 accredited BHW in cases of coercion, interference, and in other civil and
10 criminal cases filed by or against BHWs arising out of or in connection
11 with the performance of their duties as such;
12

13 o) *Preferential Access to Loan.* – The DOH in coordination with other
14 concerned government agencies shall provide, within One hundred
15 eighty (180) days after the effectivity of this Act, a mechanism that shall
16 provide BHWs organized access to loan services. The agencies
17 providing loan services will set aside one percent (1%) of their loanable
18 funds for organized BHW groups that have community-based income
19 generating projects in support of health programs or activities.
20

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

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

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

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

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

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

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

1 service to patients and the continuous operation of barangay health services in the
2 interest of public health, safety, or survival of patients.

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

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

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

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

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

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

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

32 The LGUs shall also implement a development program for BHWs that will
33 allow them to benefit from the ladderized training as provided under Republic Act No.
34 10968, otherwise known as the Philippine Qualification Framework Act, and Republic
35 Act No. 10647, otherwise known as the Ladderized Education Act of 2014, including
36 academic credits for health-related courses.

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

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

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

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

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

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

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

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

20
21 *Approved,*