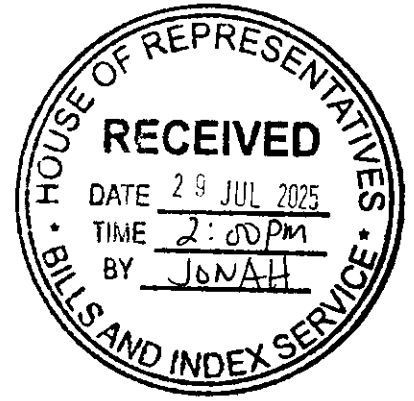


TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

House Bill No. 2475

Introduced by Hon. Antonio B. Legarda, Jr.

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS**

EXPLANATORY NOTE

As of November 6, 2024, there are 251,598 Barangay Health Workers (BHWs) serving communities across the Philippines, according to the Department of Health's Bureau of Local Health Systems Development. This figure reflects not just the scale of community-based health care in the country but also the enduring reliance on BHWs to deliver frontline services in every corner of the archipelago.

BHWs are the foundation of primary health care, especially in underserved and geographically isolated communities. They perform critical tasks, from health education, maternal and child care, immunization, and nutrition monitoring, to disease prevention and referral, despite limited resources and often under precarious working conditions.

Under Section 12, Article XIII of the 1987 Constitution, the State is mandated to develop health manpower responsive to national needs. This is further echoed in Republic Act No. 11223, or the *Universal Health Care Act*, which guarantees permanent employment and competitive salaries for health professionals and workers to ensure continuity of care.

Despite their central role, BHWs remain unrecognized as regular public servants. Many continue to function as volunteers, with no security of tenure, career development pathways, or standardized compensation. Their benefits and incentives

remain governed by Republic Act No. 7883 (1995) – a landmark law for its time, but now outdated and inadequate in addressing the current scope of their responsibilities and the modern demands of public health.

This bill, the Magna Carta of Barangay Health Workers, seeks to rectify that long-standing oversight. It proposes to:

1. Institutionalize the role of BHWs within the formal public health system;
2. Create regular plantilla positions for qualified BHWs;
3. Guarantee just compensation, security of tenure, and access to training and career progression;
4. Provide safeguards for occupational safety, benefits, and social protection.

More than just a recognition of service, this measure affirms a constitutional and moral imperative: those who safeguard the health of our people deserve protection, dignity, and a path to professional advancement.

In strengthening the welfare and status of BHWs, we not only uphold the rights of frontline health workers – we strengthen the foundation of universal health care and bring the vision of “health for all” closer to reality.

In line with the policy espoused by its original proponent, Senator Loren Legarda, this bill is being introduced as a counterpart measure. In view of the foregoing, the immediate passage of this measure is earnestly sought.


HON. ANTONIO B. LEGARDA JR.

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

CHAPTER I

General Provisions

1
2
3 Section 1. *Short Title.* - This Act shall be known as the "Magna Carta of
4 Barangay Health Workers".

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

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

15 The State values the indispensable role of barangay health workers (BHWs) as
16 frontliners in providing primary health care services and, therefore, shall adopt

1 policies that will harness their potential as partners in national development.

2 Pursuant thereto, the State shall define its roles and responsibilities, prescribe
3 the methods for their recruitment and retention, identify programs for capability-
4 building and career advancement, and provide avenues to ventilate and resolve issues
5 concerning them.

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

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

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

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

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

27 The BHW shall perform the following roles:

- 28 (a) Primary Health Care Service Provider - to assist the health facilities in
29 providing primary health care services to the members of the
30 community;

1 (b) Health Educator - to provide knowledge and skills to community
2 members in the prevention and management of simple illnesses;

3
4 (c) Community Organizer - to organize and mobilize the community
5 towards self-reliance; and

6 (d) Record Keeper - to assist in the development and maintenance of a
7 community health profile, and collect health data and information of
8 families and individuals in the community.

9 Pursuant to Republic Act No. 11223, or the "Universal Health Care Act",
10 certified BHWs, who have undergone the certification process under Section 10 of this
11 Act, shall serve as primary care workers and act as the navigator, initial and
12 continuing point of contact in the healthcare delivery system. They shall endorse
13 patients to the next level of health care provider within the health care provider
14 network to which the barangay health station, health center, or any other primary
15 health care unit, belongs: *Provided*, That except in emergency or serious cases and
16 when proximity is a concern, access to higher levels of care shall be coordinated by
17 the certified BHWs.

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

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

22 *Sec. 5. Coordination Between the Health Station/Health Center/Health Care Facility*
23 *of the Municipal/City Health Office with the Barangay.* - The head of the barangay health
24 station, health center, or any other primary health care facility, of the municipal/city
25 health office shall coordinate and collaborate with the *punong barangay*, or with several
26 *punong barangays* in the case of health centers providing services to a cluster of
27 barangays, in the implementation of programs and activities to address the primary
28 health care needs of the communities.

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

1 of and against BHWs may be appealed to the provincial health board and, thereafter,
2 to the Department of the Interior and Local Government (DILG).

3 The DILG, in collaboration with the DOH, shall provide the general guidelines
4 in setting up the grievance and appeal mechanism.

5 *Sec. 9. National BHW Information System.* - A National BHW Information System
6 shall be established and maintained by the DOH, in partnership with the Department
7 of Information and Communications Technology (DICT), to assist the national
8 government and LGUs in formulating and implementing policies and programs for
9 the organization and development of the cadre of BHWs.

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

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

16 The provincial health boards, with the assistance of the DOH, shall provide
17 training to municipal/city health boards within the province on the use of the
18 Information System and ensure that the local health boards regularly submit accurate
19 data and information on their BHWs.

20 *Sec. 10. Certification of BHWs.* - To ensure the health and welfare of the
21 community and further professionalize the cadre of BHWs in rendering primary
22 health care services, a duly registered BHW shall undergo certification by the
23 municipal/city health board.

24 The DOH, in consultation with the Technical Education and Skills
25 Development Authority (TESDA), the Commission on Higher Education (CHED),
26 and the Civil Service Commission (CSC), shall promulgate the policies, standards, and
27 guidelines for the certification of competency of BHWs.

28 To qualify for certification, a registered BHW must have:

- 29 (a) Completed at least two (2) years of continuous service in the locality;
30 (b) Completed the training on the roles, duties, and responsibilities of a
31 BHW, as prescribed by the DOH;

1 (c) Provided satisfactory performance as evaluated by the health care
2 professional supervising the concerned BHW immediately before the
3 filing of the application for certification; and

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

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

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

13 *Sec. 11. Education and Training Program for BHWs.* - The DOH and the TESDA,
14 in collaboration with the CSC, the CHED, relevant government agencies, LGUs,
15 education institutions, and stakeholders, shall develop and institutionalize a
16 continuing competency-based education and training curriculum for all BHWs.

17 The curriculum shall train the BHWs as primary health care service providers, health
18 educators, community organizers, and record keepers. It shall prescribe the courses
19 for the certification component and for the continuing health education and capacity-
20 building of all BHWs.

21 The DOH and the TESDA shall complement the competency-based education
22 and training curriculum by making available web-based and mobile applications for
23 the purposes of:

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

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

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

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

1 (e) Offering resources, including health and wellness programs for
2 personal and professional development.

3 Sec. 12. *Inclusion of the BHW Positions in the Government Plantilla.* - The
4 Department of Budget and Management (DBM), in consultation with the CSC, the
5 DOH and LGUs, shall establish the position classification and the corresponding
6 salary grades for BHWs in the Index of Occupational Standards. Municipalities and
7 cities may employ BHWs in their respective LGUs.

8 Sec. 13. *Retention and Continuous Service of BHWs.* - Registered and certified
9 BHWs shall continue to perform their roles, duties, and responsibilities except due to
10 the withdrawal of an individual as a BHW or removal for cause by the municipal/city
11 health board after due process. The continuity of services of BHWs, revocation of their
12 registration, or their removal from the cadre of BHWs, shall follow the policies and
13 guidelines promulgated by the DILG and the DOH.

14 Sec. 14. *Creation of Plantilla Positions.* - All Local Government Units (LGUs), in
15 coordination with the Department of Health (DOH), the Department of the Interior
16 and Local Government (DILG), the Department of Budget and Management (DBM),
17 and the Civil Service Commission (CSC), shall create plantilla positions for BHWs
18 within two (2) years from the effectivity of this Act, subject to the phased
19 implementation plan.

20 Sec. 15. *Minimum Salary Grade.* - All BHW plantilla positions shall receive a
21 salary not lower than Salary Grade (SG) 1, in accordance with the prevailing
22 compensation and position classification system of the DBM. LGUs may provide
23 additional top-ups or local incentives, subject to their fiscal capacity.

24 The SG of BHW plantilla positions may be adjusted by the DBM, upon
25 consultation with the DOH, CSC, and relevant stakeholders, subject to their fiscal
26 capacity and based on performance reviews, cost of living adjustments, or changes in
27 national compensation policies.

28 Sec. 16. *Phased Implementation.* - The creation of plantilla positions shall be
29 implemented in phases over a period of three (3) years, taking into consideration the
30 following factors:

31 (a) Annual budgetary allocations of both the local and national
32 government;

- 1 (b) The existing registry of BHWs is maintained and validated by the DOH;
2 (c) Local government fiscal capacity, with national government counterpart
3 funding or subsidy where necessary.

4 The DOH shall implement the subsidy program for LGUs in phases or batches,
5 beginning one (1) year from the effectivity of this Act, and shall prioritize the
6 following:

- 7 a) Fourth- to sixth-class municipalities;
8 b) Geographically isolated and disadvantaged areas (GIDAs); and
9 c) LGUs with a high ratio of unregularized BHWs to the population served.

10 The phased implementation schedule, including eligibility criteria and
11 monitoring mechanisms, shall be detailed in the Implementing Rules and Regulations
12 (IRR) to be promulgated under this Act.

13 *Sec. 17. Qualifications for Appointment.* - To be eligible for appointment to a
14 plantilla position as a BHW under this Act, an individual must meet the following
15 minimum qualifications:

- 16 (a) Must be able to read and write, as defined under applicable CSC
17 standards;
18 (b) Must be included in the official BHW registry maintained and
19 validated by the DOH in coordination with the respective LGU; and
20 (c) Must have rendered at least one (1) year of continuous service as a
21 BHW prior to appointment, whether on a volunteer or contractual
22 basis, as certified by the local health office.

23 No formal educational degree, professional licensure, or eligibility examination
24 shall be required for appointment to Salary Grade 1 positions under this Act. The CSC
25 shall issue appropriate guidelines consistent with this policy.

26 *Sec. 18. Security of Tenure.* - BHWs appointed to plantilla positions under this
27 Act shall enjoy full security of tenure, consistent with the Civil Service laws, rules, and
28 regulations. No BHW shall be removed or dismissed from service except for just cause
29 and with due process, as provided under applicable laws. Their tenure shall not be
30 affected by changes in local leadership, political affiliation, or personal preference of
31 appointing authorities.

1 Sec. 22. *Subsistence Allowance.* - The concerned municipality or city shall provide
2 BHWs who render service in unserved or underserved barangays where they are not
3 residents to make their services available at any and all times, with subsistence
4 allowance equivalent to the meals taken during their duty, which shall be computed
5 following prevailing circumstances. In no case shall such subsistence allowance be less
6 than One hundred pesos (P 100.00) per day;

7 Sec. 23. *Hazard Allowance.* - BHWs who, in the exercise of their duties, are
8 exposed to situations, conditions, or factors in the work environment or place where
9 foreseeable but unavoidable danger or risks to their health, life, or on their person
10 exist, including assignment to communities in or recovering from a situation of armed
11 conflict, as validated by proper authorities, shall be paid a hazard allowance by the
12 concerned municipality or city in an amount to be determined by its local health board
13 and the local peace and order council, which shall in no case be less than One thousand
14 pesos (P 1,000.00) per month, subject to existing laws, rules, and regulations;

15 Sec. 24. *Insurance Coverage.* - Insurance coverage and benefit packages from the
16 Government Service Insurance System (GSIS), suited to their needs and unique
17 circumstances, shall be borne by the concerned municipality or city. For this purpose,
18 the GSIS shall design such appropriate insurance packages;

19 Sec. 25. *Health Emergency Allowance During Public Health Emergency.* - Volunteer
20 BHWs who are part of the National BHW Information System and are assigned to
21 health facilities and barangay health emergency response teams during public health
22 emergencies shall be entitled to the Health Emergency Allowance (HEA) and other
23 benefits prescribed in Republic Act No. 11712. The national government shall provide
24 funds for the payment of the HEA and other benefits;

25 Sec. 26. *Cash Gift.* - The BHWs shall be entitled to a cash gift not less than the
26 minimum monthly honoraria, to be given every December;

27 Sec. 27. *One-time Dedicated Service Recognition Incentive.* - A BHW who
28 withdraws as a registered or certified BHW but has continuously and satisfactorily
29 served for at least fifteen (15) years shall, in recognition of his/her loyalty, dedication,
30 and service, be entitled to a one-time incentive of not less than Ten thousand pesos (P
31 10,000.00), which shall be borne by the municipality or city concerned. The national

1 and provincial governments shall assist in case of non-availability of funds from the
2 concerned municipality or component city;

3 *Sec. 28. Education and Career Advancement.* - The DOH, in coordination with the
4 Department of Education, CHED, TESDA, CSC, other concerned national government
5 agencies, non-government organizations, and LGUs, shall provide information on,
6 and opportunities for, education and career advancement for BHWs, such as:

- 7 i. Educational programs that credit the years of primary health care service
8 of the BHW and the number of training hours gained during attendance
9 to courses covered by the Education and Training Program under Section
10 11 of this Act towards higher education completion in institutions with
11 step-ladder curricula, as provided under Republic Act No. 10968,
12 otherwise known as the "PQF Act", and Republic Act No. 10647, otherwise
13 known as the "Ladderized Education Act of 2014", thus allowing them to
14 upgrade their skills and knowledge for community work or to pursue
15 further training as health care professionals;
- 16 ii. Continuing education, study and exposure tours, field immersion, and
17 scholarship and financial grants, among others;
- 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
20 (ii) hereof; and
- 21 iv. Special training programs, such as traditional medicine, disaster
22 preparedness, and other programs that address emergent community health
23 problems and issues;

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

28 *Sec. 30. Preferential Access to Government Livelihood Programs.* - Government
29 agencies providing livelihood programs shall provide organized BHWs with
30 preferential access to loan services; *Provided,* That in the provision of the monthly
31 honoraria and the cash gift, and in consideration of the financial assistance of the
32 national government to third, fourth, and fifth class municipalities, as provided under

1 Section 32 of this Act, the provinces, in consultation with component cities,
2 municipalities, and barangays within their jurisdiction, shall determine the actual
3 amount or percentage share of the amount that each LGU will give to BHWs: *Provided,*
4 *further.* That nothing herein limits the barangay, municipality, city, or province from
5 fully shouldering the provision of the monthly honoraria and the cash gift: *Provided,*
6 *furthermore.* That nothing herein prevents the barangay, municipality, city, and
7 province from providing additional monetary and non-monetary benefits to BHWs to
8 supplement those given by another concerned LGU within the province: *Provided,*
9 *finally.* That these honoraria shall be given starting January of the ensuing fiscal year
10 unless the LGUs, singly or collectively, immediately provide the needed funding.

11 Sec. 31. *Sub-Professional Eligibility.* - Certified BHWs shall be granted sub-
12 professional eligibility if they have rendered at least five (5) years of continuous
13 service as such: *Provided,* That should a BHW become a regular employee of the
14 government, the total numbers of years served as such shall be credited to the BHWs
15 service in the computation of retirement benefits.

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

21 Sec. 32. *BHW Deployment Subsidy to Low-Income Municipalities.* - There is hereby
22 mandated a BHW Deployment Subsidy to Low-Income Municipalities to provide
23 financial assistance to third, fourth, and fifth class municipalities and enable them to
24 deploy a sufficient number of volunteer BHWs in their communities, particularly to
25 unserved or underserved areas in their jurisdictions, and provide incentives to
26 dedicated volunteer BHWs. Priority shall be given to municipalities with no or less
27 capacity to give regular and adequate monthly honoraria and other incentives to their
28 BHWs, as determined by the DOH and the DILG.

29 **CHAPTER V**
30 **Institutional Arrangements**

1 Sec. 33. *Role of the Department of Health.* - To ensure the effectivity of the
2 implementation of this Act, the DOH shall:

- 3 a) Formulate national standards and guidelines for the recruitment,
4 qualification, training, and deployment of BHWs, in coordination with the
5 CSC, DILG, DBM and other concerned agencies;
- 6 b) Provide technical assistance and oversight to LGUs to ensure that the
7 services of BHWs are aligned with national public health programs and
8 priorities;
- 9 c) Establish a funding mechanism, subject to existing laws and availability of
10 funds, to provide full or partial salary subsidies to LGUs, prioritizing
11 fourth to sixth-class municipalities, geographically isolated and
12 disadvantaged areas (GIDAs) and other LGUs with limited fiscal capacity;
- 13 d) Develop and oversee a phased implementation plan, in consultation with
14 LGUs, BHW associations, and relevant stakeholders, with due regard to
15 local fiscal capacity, national health workforce targets, and the existing
16 BHW registry;
- 17 e) Develop a monitoring and evaluation framework, in coordination with the
18 LGUs, to assess the implementation, efficiency, and effectiveness of the
19 regularization program, and shall submit annual reports to Congress; and
- 20 f) Strengthen DOH-LGU coordination mechanism to ensure the effective
21 integration and support of BHWs within the local health systems.

22 Sec. 34. *Role of the Local Government.* To ensure the effective implementation of
23 this Act at the community level, Local Government Units (LGUs) shall have the
24 following responsibilities:

- 25 a. LGUs shall create and maintain regular plantilla positions for qualified
26 Barangay Health Workers (BHWs), consistent with the national
27 standards prescribed by the Department of Health (DOH), and in
28 coordination with the Civil Service Commission (CSC), Department of
29 Budget and Management (DBM), and the Department of the Interior and
30 Local Government (DILG).
- 31 b. LGUs shall be responsible for the recruitment, appointment, and
32 administrative supervision of BHWs within their jurisdictions, in

1 accordance with the qualification standards, accreditation guidelines,
2 and merit-based procedures set by the DOH and CSC.

3 c. LGUs shall ensure the timely and full disbursement of salaries,
4 allowances, and benefits of BHWs in plantilla positions, including the
5 continued provision of honoraria and incentives for volunteer BHWs,
6 subject to applicable laws and budgetary capacity.

7 d. LGUs shall support and facilitate the participation of BHWs in DOH-
8 accredited training, upskilling, and continuing education programs, and
9 where possible, develop local initiatives for career development in
10 coordination with TESDA, CHED, and other relevant agencies.

11 e. LGUs shall regularly update and validate their respective BHW
12 registries and submit the same to the Provincial Health Office and the
13 DOH for consolidation. They shall also conduct periodic performance
14 assessments of BHWs, using national performance metrics and local
15 feedback mechanisms.

16 f. LGUs shall ensure that BHWs are protected from discrimination, undue
17 political interference, and unjust termination. They shall establish
18 grievance mechanisms and adopt local policies that promote a safe,
19 enabling, and inclusive working environment for BHWs.

20 g. LGUs shall prioritize adequate budgetary allocation for the
21 implementation of this Act, including counterpart funding for salary
22 subsidies, training programs, and operational support for BHWs.

23 h. LGUs shall coordinate closely with the DOH, Provincial Health Offices,
24 BHW Federations, and other stakeholders in the planning,
25 implementation, and monitoring of BHW deployment and integration
26 within the local health system.

27 **CHAPTER VI**

28 **Prohibitions, Protections, and Rights**

1 Sec. 35. *Discrimination Prohibited.* – Discrimination against any BHW by reason
2 of gender, civil status, creed, religious or political beliefs, and ethnic groupings in the
3 exercise of their functions and responsibilities is hereby prohibited.

4 Sec. 36. *Protection of BHWs.* – The municipal, city, provincial governments and
5 the Department of the Interior and Local Government (DILG) shall establish a
6 grievance mechanism as a means of processing complaints of BHWs against alleged
7 acts of discrimination and unjust removal from the service. A BHW may appeal their
8 grievances to the DILG.

9 Sec. 37. *Right to Self-organization.* – A BHW shall have the right to freely form,
10 join or assist organizations to obtain redress of their grievances through peaceful
11 concerted activities, in a manner not contrary to law, and with utmost regard to service
12 to patients and the continuous operation of barangay health services in the interest of
13 public health, safety, or survival of patients.

14 Sec. 38. *Representation in the Local Health Board and Primary Health Care Provider*
15 *Network.* – The president of the municipal or city association of BHWs shall be a
16 member of the municipal or city local health board. The presidents of the association
17 of BHWs of each component city and municipality associations of a province shall
18 elect from among themselves their representative to the provincial health board:
19 *Provided, That, the BHW representatives to the health boards shall not be allowed to*
20 *vote on the registration, accreditation and disciplinary or removal complaints of*
21 *BHWs.*

22 The BHWs shall also form part of the healthcare provider network and shall
23 participate in the implementation of healthcare services and programs.

24 Sec. 39. *Continuous Capacity Building for BHWs.* – The DOH shall conduct
25 continuous capacity building for BHWs to enhance and upgrade their knowledge and
26 skills, including training programs conducted online and in major Philippine dialects.
27 The DOH shall, in coordination with TESDA and other concerned agencies shall also
28 assist the LGUs in the development of education modules or materials that highlight
29 the collective experiences and learnings of BHWs and the use of traditional and
30 complementary medicine.

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

4 Sec. 40. *Prohibition on Participation in Political Activities.* - To maintain their
5 integrity and impartiality, and eliminate the possibility of conflicts with their
6 catchment households, BHWs are prohibited from participating in partisan political
7 activities. Any BHW who files an application as a candidate in any political position
8 is hereby deemed removed from the list of registered BHWs or resigned from
9 government service, as the case may be. Participation in political activities shall serve
10 as basis for the local health board to remove BHWs from the list of registered BHWs.

11 **CHAPTER VII**
12 **Other Provisions**

13 Sec. 41. *Observance of BHW Day.* - Every barangay shall commemorate BHW
14 Day on April 7 of every year in recognition of the service of BHWs, their heroic
15 services in times of crisis, and their indispensable role in promoting health and
16 wellness among the citizenry.

17 The DOH, in cooperation with the DILG and all LGUs, shall hold simple ceremonies
18 or activities to highlight the indispensable role of BHWs in nationbuilding.

19 Sec. 42. *Periodic Review of Implementation.* - The DOH, in coordination with the
20 DBM, DILG, CSC, and relevant BHW associations, shall conduct a comprehensive
21 review of the implementation of this Act every three (3) years from its effectivity.

22 The review shall include, but not be limited to:

- 23 1. The adequacy of the salary grade and benefits of BHWs;
- 24 2. The effectiveness of the plantilla integration process;
- 25 3. Equity in allocation of national subsidies; and
- 26 4. The overall impact of the Act on community health outcomes.

27 The findings and recommendations shall be submitted to Congress and made
28 publicly available to inform possible amendments or improvements to the Act.

29 Sec. 43. *Appropriations.* - The amount necessary for the implementation of this
30 Act shall be charged against the National Tax Allotment (NTA) of the LGUs, other

1 local funds and the special health fund under Republic Act No. 11223 otherwise
2 known as the “Universal Health Care Act”.

3 Sec. 44. *Implementing Rules And Regulations.* - The DOH and the DILG shall, in
4 consultation with the DepEd, the CSC, the GSIS, and other concerned government
5 agencies and nongovernmental entities, promulgate the rules and regulations to
6 implement this Act not later than one hundred eighty (180) days from the effectivity
7 of this Act.

8 Sec. 45. *Separability Clause.* - If any portion or provision of this Act is declared
9 invalid or unconstitutional, other provisions hereof shall remain in full force and
10 effect.

11 Sec. 46. *Repealing Clause.* - Republic Act No. 7883 otherwise known as the
12 “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed.
13 All laws, decrees, executive orders, rules and regulations, which are inconsistent with
14 this Act are hereby repealed, or modified accordingly.

15 Sec. 47. *Effectivity.* - This Act shall take effect fifteen (15) days after its
16 publication in the *Official Gazette* or in a national newspaper of general circulation.

Approved,