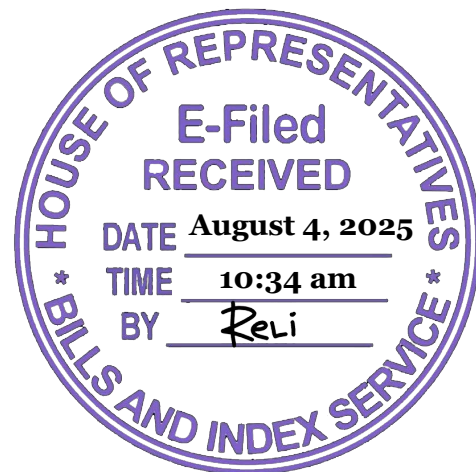


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 2891

Introduced by Representative **JESUS R. MARQUEZ**

EXPLANATORY NOTE

This bill seeks to grant fair and reasonable set of incentives and benefits to barangay health workers (BHWs), in recognition of their time, service, and dedication in delivering essential health services. Most especially during the height of the COVID-19 pandemic, when their role proved indispensable to communities in need.

This proposed measure was approved on Third and Final Reading in the House of Representatives but was ultimately shelved in the 19th Congress due to lack of material time. It had the strong support of 142 principal authors, reflecting broad consensus on the need to uplift the welfare of Barangay Health Workers. The refile of this bill reaffirms our commitment to giving due recognition to our BHWs and to providing them with the hope and support they rightfully deserve.

BHWs are volunteer community health workers who play a vital role in health promotion, disease prevention, and the delivery of primary healthcare services at the grassroots level. Following the 1978 Alma Ata Conference, which emphasized the importance of strengthening local health systems, the BHW program was institutionalized to serve as the first point of contact for patients within the broader healthcare network. This mandate aligns with the implementation of the Local Government Code of 1991, which empowered local government units (LGUs) to address the unique needs of their localities. As members of their respective barangays, BHWs are expected to understand, respond to, and advocate for the health needs of their communities.

Typically, BHWs undergo training through accredited government or non-government organizations and voluntarily render health services upon accreditation by the local health board. They then serve as advocates, educators, health information disseminators, and first aid responders. They have contributed significantly to improved child nutrition outcomes and maternal healthcare, particularly in the postpartum period.¹

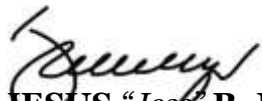
Even during the COVID-19 pandemic, their role further evolved as they became integral members of the Barangay Health Emergency Response Teams, conducting contact tracing and monitoring individuals under quarantine.

¹Baliola M, Golpe M, Advincula-Lopez LV. Gains and Challenges of the Barangay Health Worker (BHW) Program during COVID-19 in Selected Cities in the Philippines. J Health Res. 2024; 38(1):- . DOI: <https://doi.org/10.56808/2586-940X.1060>

Yet, despite their consistent and wide-ranging contributions to community health, BHWs continue to face a lack of institutional support. Many of them work without proper compensation, job security, or access to health and social protection benefits. They also do not have “retirement” packages after having served the community, given the volunteer nature of their work. This situation not only places them in a vulnerable position but also undermines the long-term sustainability of grassroots health initiatives.

By recognizing their contributions and addressing their long-standing concerns, we reinforce our commitment to achieving universal health care and a more resilient, community-based health system for all Filipinos.

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


HON. JESUS “Jess” R. MARQUEZ

Republic of the Philippines
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TWENTIETH CONGRESS
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HOUSE BILL NO. 2891

Introduced by Representative **JESUS R. MARQUEZ**

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH
WORKERS

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

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

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

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

19
20 **SEC. 4. Coverage.** – This Act shall apply to all barangay health workers (BHWs)
21 as defined under Section 3 of this Act: *Provided*, That all incentives and benefits granted
22 under this Act shall extend only to duly accredited BHWs, who have undergone at least
23 two (2) years of training: *Provided, however*, That duly registered barangay health
24 workers shall be entitled to a monthly honoraria and hazard allowance as provided in Sec.
25 9 herein: *Provided, further*, That when the BHW receives a fixed salary under a
26 permanent appointment in any government office, by election to another public office or
27 by employment in the private sector, coverage under this Act shall automatically cease
28 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

6 The municipal and city health offices shall regularly update and maintain the BHW
7 Registry with the assistance of the BHW Federation. The BHW Registry shall be subject
8 to the approval of the municipal or city health board. The local health offices shall submit
9 a copy of the updated and duly approved registry to the Provincial Health Office for
10 consolidation and validation with the assistance of the Provincial BHW Federation,
11 which shall also be subject to the approval of the Provincial Health Board. The Provincial
12 BHW Registry shall be posted in the municipal or city bulletin board and barangay health
13 centers.
14

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (a) Advocate - to support, promote and champion current health programs,
17 projects, and activities to improve access to quality health services towards the
18 improved health status of the community;

19 (b) Educator - to guide and advise the community on the current DOH and
20 health priorities of LGUs such as the importance of a birth plan and facility-based
21 delivery in reducing maternal and infant deaths; newborn screening for the
22 early detection of congenital metabolic disorders which may leads to mental
23 retardation and even death, among others;

24 (c) Disseminator - to maintain regular communication with local professional
25 health workers on health events and updates and concerns relevant to the
26 community and inform the same to the community for appropriate action, if
27 necessary;

28 (d) Linker - to facilitate access to any group or association of the community
29 with a relevant network of or specific health and non-health service providers;

30 (e) Record Keeper - to maintain updated records of health data, health
31 activities and events in the community;

32 (f) Health Care Service Provider – to assist and provide basic health care
33 services as may be needed in the community in any health event.

34 The BHW shall perform the following duties and responsibilities:
35

36 (a) Height and weight monitoring, and reporting the same to the
37 barangay;

38 (b) Monitoring and following up of defaulted cases of immunization,
39 family planning, tuberculosis compliance to treatment and others, and reporting
40 the same to the barangay;

41 (c) Reporting to the barangay any incidence of disease or any health
42 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:

- (a) *Monthly Honoraria* in the amount of not less than Three thousand pesos (P3,000.00), subject to adjustment based on the prevailing market value;
- (b) *Hazard Allowance* in an amount to be determined by the local health board of LGU concerned, which in no case shall be less than One thousand pesos (P1,000.00) per month, subject to existing laws, rules, and regulations;
- (c) *Subsistence Allowance* equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing conditions as determined by the LGU concerned, which in no case shall be less than One hundred pesos (P100.00) per day: *Provided*, That the accredited BHW shall render service within the premises of isolated barangay health stations in order to make it available at any and all times;
- (d) *Transportation Allowance* of not less than One thousand pesos (P1,000.00) per month, subject to auditing rules and regulations, on the condition that the

1 availment of transportation services are in line with the performance of the
2 BHW's official duties and responsibilities;

3 (e) *One-time Gratuity Cash Incentive* of not less than Ten thousand pesos
4 (P10,000.00) in recognition of the BHW's loyalty and dedication and for
5 having continuously and satisfactorily served for at least fifteen (15) years;

6 (f) *Discount Privileges for BHWs.* – All BHWs shall be entitled to twenty percent
7 (20%) discount on all the items enumerated under Section 4(a) of Republic
8 Act No. 9994, otherwise known as the Expanded Senior Citizens Act of 2010:
9 *Provided*, That the privileges shall not be claimed if the BHW is eligible for a
10 higher discount as may be granted by the commercial establishment and/or
11 other existing laws.

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

20 (g) *Training, Education, and Career Enrichment Programs.* - The DOH shall, in
21 coordination with the Department of Education (DepEd), Commission on
22 Higher Education (CHED), Technical Education and Skills Development
23 Authority (TESDA), DOH-recognized academic institutions, other concerned
24 agencies and non-government organizations, provide information on and
25 opportunities for education and career enrichment for accredited BHWs, such
26 as the following:

- 27 1) Educational programs which credit the years of primary health care
28 service of the BHW towards higher education completion in institutions
29 with stepladder curricula, thus allowing them to upgrade their skills and
30 knowledge for community work or to pursue further training as
31 midwives, pharmacists, nurses or doctors;
32 2) Continuing education, study and exposure tours, grants, field
33 immersion, scholarships; and
34 3) Special training programs such as traditional medicine, disaster
35 preparedness and other programs that address emergent community
36 health problems and issues.

37 (h) *Health Benefits.* – During their incumbency, all BHWs are entitled to the
38 following health benefits:

- 39 1) Free medical care, including surgery and surgical expenses, medicines,
40 x-ray and other laboratory fees, when confined in any public hospital
41 or health institution;

- 1 2) Emergency assistance not exceeding the amount of five thousand pesos
2 (P5,000.00) chargeable against the fund of the barangay concerned, for
3 expenses incurred in the nearest private hospital or clinic in case of
4 extreme emergency where there is no available public hospital;
5 3) Mandatory and immediate membership in the Philippine Health
6 Insurance Corporation (Philhealth) as indirect contributors.
- 7 (i) *Insurance Coverage.* - All BHWs shall be granted insurance coverage and benefits
8 from the Government Service Insurance System (GSIS) which shall be borne by
9 the LGU concerned. For this purpose, the GSIS shall design an insurance benefit
10 package suited to the needs and status of BHWs;
- 11 (j) *Sick and Maternity Leaves.* – All BHWs shall be entitled to sick and maternity
12 leaves as prescribed by the Local Health Board: *Provided, That,* the BHWs shall
13 continue to receive their monthly honoraria while on leave, for such period in
14 accordance with existing laws and practices;
15
- 16 (k) *Cash Gift* – All accredited BHWs are entitled to cash gift of not less than the
17 minimum monthly honoraria to be given every December from the general fund
18 of the barangay or from such other funds appropriated by the national
19 government for the purpose;
- 20 (l) *Disability Benefit* – An accredited BHW who sustains injury or sickness in the
21 course of the performance of their duties shall be entitled to Two thousand pesos
22 (P2,000.00) for every year of service;
- 23 (m) *Civil Service Eligibility.* – A second grade eligibility shall be granted to accredited
24 BHWs who have rendered five (5) years continuous service as such: *Provided,*
25 That, should a BHW become a regular employee of the government, the total
26 numbers of years served as such shall be credited to the BHWs service in
27 computing the retirement benefits;
- 28 (n) *Free Legal Services.* - Legal representation and consultation services shall be
29 immediately provided by the Public Attorney’s Office to an accredited BHW in
30 cases of coercion, interference, and in other civil and criminal cases filed by or
31 against BHWs arising out of or in connection with the performance of their duties
32 as such;
- 33 (o) *Preferential Access to Loan.* - The DOH in coordination with other concerned
34 government agencies shall provide, within One hundred eighty (180) days after the
35 effectivity of this Act, a mechanism that shall provide BHWs organized access to
36 loan services. The agencies providing loan services will set aside one percent (1%)
37 of their loanable funds for organized BHW groups that have community-based
38 income generating projects in support of health programs or activities.
- 39 Notwithstanding the limitations under this section, all registered BHWs shall be
40 entitled to monthly honoraria and hazard allowance.

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

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

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

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

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

20 **SEC. 14. Municipal, City, Provincial, and National Federation of**
21 **BHWs.** – There shall be an organization of accredited BHWs for the purpose of electing
22 the municipal, city, provincial, and national-level federation in order to ventilate,
23 articulate, and crystalize issues affecting health care delivery system and with utmost
24 regard to service to patients and the continuous operation of barangay health services in
25 the interest of public health, safety, or survival of patients.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Approved,