



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



TWENTIETH CONGRESS
First Regular Session

House Bill No. **4867**

Introduced by Representative Nelson S. Legacion
Third Congressional District, Camarines Sur

EXPLANATORY NOTE

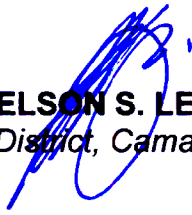
The health and well-being of every Filipino, especially those in marginalized and remote communities, are paramount to national development. At the core of the country's primary healthcare system are the Barangay Health Workers (BHWs), selfless individuals who tirelessly serve as the frontliners of public health. They provide essential services—from immunizations and maternal care to health education and disease surveillance—often at great personal risk, particularly during public health emergencies and calamities. Despite their vital and indispensable contributions, BHWs face persistent and systemic challenges. Their current status as volunteers leaves them vulnerable to political changes, lacking security of tenure and susceptible to abrupt removal from service with every change in local leadership. Furthermore, the absence of standardized compensation and social benefits they receive fail to recognize the value and hazards of their work, hindering their professional development and ability to fully commit to their crucial roles.

This proposed measure is a refiled version of a bill that successfully passed both houses of the 19th Congress, but failed to become law, as it did not reach the President's desk before the Sine Die Adjournment. It has been significantly improved to address the long-standing issues faced by BHWs. This bill institutes the Magna Carta of Barangay Health Workers, aiming to professionalize the BHW workforce and elevate their status from mere volunteers to recognized members of the public health sector. Key changes include providing BHWs with a monthly salary equivalent to Salary Grade 1 under the government's official Salary Standardization Law (SSL) and guaranteeing their security of tenure, thereby protecting them from arbitrary and politically-motivated dismissals. To provide comprehensive health coverage, the bill also removes previous provisions for discount privileges and free medical care, replacing them with mandatory PhilHealth membership and coverage. This is a crucial change, given BHWs' high exposure to infectious diseases. Additionally, this proposed measure places BHWs under the direct supervision of the Department of Health (DOH) instead of the

Department of the Interior and Local Government (DILG), solidifying their role as health professionals.

By granting BHWs a stable and dignified compensation structure and a secure professional status, this bill ensures the continuity and stability of health services at the grassroots level. A well-compensated, professionally recognized, and secure workforce is better equipped to serve the public, thus contributing significantly to the nation's overall health and resilience.

In view of the foregoing, the immediate approval of this bill is earnestly sought. Its passage is not just a matter of justice for our BHWs, but a fundamental investment in the health and well-being of every Filipino.


NELSON S. LEGACION
Representative, Third District, Camarines Sur



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AN ACT PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

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

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

SECTION 2. Declaration of Policy. - It is hereby declared the policy of the State to protect and promote the right to health of the people and adopt a comprehensive and integrated approach to health development. The State recognizes that Barangay Health Workers (BHWs) are the backbone of primary healthcare delivery and indispensable partners in achieving Universal Healthcare. Their welfare, security, and professionalization are essential to the nation's health resilience, particularly during public health emergencies and calamities. Therefore, the State shall adopt policies that promote the welfare and well-being of BHWs and effectively harness their potential as vital partners in national development.

SECTION 3. Definition of Term. - As used in this Act:

"Barangay Health Workers"- refer to a person who has undergone training under any accredited government or non-government organization (NGO), and who voluntarily renders primary healthcare services in the community after having been accredited to function as such by the local health board.

SECTION 4. Coverage. - This Act shall apply to all barangay health workers (BHWs) as defined under Section 3 of this Act. All incentives and benefits granted under this Act shall extend only to duly accredited BHWs, who have rendered at least two (2) years of continuous and satisfactory service. However, duly registered BHWs shall be entitled to a monthly salary and hazard allowance as provided in Section 9 herein. When a BHW receives a fixed salary under a permanent

appointment in any government office, by election to another public office, or by employment in the private sector, coverage under this Act shall automatically cease, and the BHW shall be covered under applicable laws.

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

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

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

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

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

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

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

The municipal or city health board shall issue a certificate of accreditation

to qualified BHWs.

In order to qualify for accreditation, the applicant BHW must:

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

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

A BHW must complete the regular training program on health care service and community-based health program within five (5) years from registration. Failure to complete the required training within the stipulated period shall result in the suspension of accreditation and the corresponding benefits until the training is completed.

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

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

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

- (a) Advocate - to support, promote and champion current health programs, projects, and activities to improve access to quality health services towards the improved health status of the community;
- (b) Educator - to guide and advise the community on the current DOH and health priorities of LGUs such as the importance of a birth plan and facility-based delivery in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may lead to mental retardation and even death, among others;
- (c) Disseminator - to maintain regular communication with local professional health workers on health events and updates and concerns relevant to the community and inform the same to the community for appropriate action, if

necessary;

- (d) Linker - to facilitate access of any group or association of the community with a relevant network of or specific health and non-health service providers;
- (e) Record Keeper - to maintain updated records of health data, health activities and events in the community; and
- (f) Health Care Service Provider – to assist and provide basic health care services as may be needed in the community in any health event.

The BHW shall perform the following duties and responsibilities:

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

SECTION 8. *Supervision and Control.* - The Department of Health (DOH), as the principal health authority in the country, shall exercise direct supervision

and control over the Barangay Health Workers (BHWs). The DOH shall, in coordination with the local government units (LGUs), provide the necessary policy direction, technical guidance, and operational oversight for all BHWs in the performance of their duties. The Department of the Interior and Local Government's (DILG) role shall be limited to ensuring LGU compliance with the provisions of this Act.

SECTION 9. *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.

SECTION 10. *Security of Tenure and Protection of Barangay Health Workers.* - Subject to the provisions of this Act, an accredited Barangay Health Worker (BHW) who has rendered at least two (2) years of continuous and satisfactory service shall have security of tenure. No BHW shall be removed from service except for a just and valid cause, such as gross negligence, serious misconduct, willful insubordination, or other causes as provided for under existing laws, rules, and regulations. The Local Health Board (LHB) shall have original jurisdiction over all termination cases against BHWs and shall resolve them judiciously within ninety (90) days from the receipt of a formal complaint. In the event a BHW is found to have been unjustly removed, they shall be entitled to immediate reinstatement with full payment of back wages, benefits, and allowances from the time of their termination up to the time of their reinstatement.

SECTION 11. *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 Salary equivalent to Salary Grade 1, Step 1 under the government's official salary standardization law, subject to regular adjustments;
- (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 availment of transportation services are in line with the performance of the BHW's official duties and responsibilities;

- (e) One-time Gratuity Cash Incentive of not less than Ten Thousand Pesos (P10,000.00) in recognition of the BHW's loyalty and dedication and for having continuously and satisfactorily served for at least fifteen (15) years;
- (f) *Training, Education, and Career Enrichment Programs* - The DOH shall, in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), DOH-recognized academic institutions, other concerned agencies and non-government organizations, provide information on and opportunities for education and career enrichment for accredited BHWs, such as the following:
 - 1. Educational programs which credit the years of primary health care service of the BHW towards higher education completion in institutions with stepladder curricula, thus allowing them to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors;
 - 2. Continuing education, study and exposure tours, grants, field immersion, scholarships; and
 - 3. Special training programs such as traditional medicine, disaster preparedness and other programs that address emergent community health problems and issues.
- (g) *Health Benefits* - All accredited BHWs shall be mandatorily and immediately enrolled as indirect contributors to the Philippine Health Insurance Corporation (PhilHealth). They shall be entitled to all benefits and coverage provided by PhilHealth as indirect contributors during their incumbency.
- (h) *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.
- (i) *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 salary while on leave, for such period in accordance with existing laws and practices;
- (j) *Cash Gift* – All accredited BHWs are entitled to cash gift of not less than the minimum monthly salary 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;
- (k) *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;

- (l) *Civil Service Eligibility* – A second-grade eligibility (Civil Service Sub-Professional) shall be granted to accredited BHWs who have rendered five (5) years continuous service as such: *Provided, that*, should a BHW become a regular employee of the government, the total numbers of years served as such shall be credited to the BHWs service in computing the retirement benefits;
- (m) *Free Legal Services* - Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to an accredited BHW in cases of coercion, interference, and in other civil and criminal cases filed by or against BHWs arising out of or in connection with the performance of their duties as such;
- (n) *Preferential Access to Loan* - The DOH in coordination with other concerned government agencies shall provide, within One hundred eighty (180) days after the effectivity of this Act, a mechanism that shall provide BHWs organized access to loan services. The agencies providing loan services will set aside one percent (1%) of their loanable funds for organized BHW groups that have community-based income generating projects in support of health programs or activities.

Notwithstanding the limitations under this section, all registered BHWs shall be entitled to monthly salary and hazard allowance. The LGUs concerned shall also endeavor to provide other health benefits to BHWs not otherwise provided by law.

SECTION 12. *Annual Review.* - The local health boards shall conduct an annual review of the BHW program, performance, as well as the benefits, incentives and allowances enumerated in the immediately preceding Section, taking into consideration the current consumer price index as published by the Philippine Statistics Authority.

SECTION 13. *Discrimination Prohibited.* - Discrimination against any BHW by reason of gender, civil status, creed, religious, or political beliefs and ethnic groupings in the exercise of their functions and responsibilities is hereby prohibited.

SECTION 14. *Grievance Mechanism.* - The LHB shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. The decisions rendered by the LHB shall be final and executory.

SECTION 15. *Municipal, City, Provincial, and National Federation of BHWs.* - There shall be an organization of accredited BHWs for the purpose of electing the municipal, city, provincial, and national-level federation in order to ventilate, articulate, and crystalize issues affecting the health care delivery system with utmost regard to service to patients and the continuous operation of barangay health services in the interest of public health, safety, or survival of patients.

The BHW federation for municipalities, cities, and provinces shall elect their respective local federation boards of directors, and a set of national officers to

comprise the national board of directors to be headed by a president. A Secretary-General shall be chosen from among the national federation members to manage the day-to-day operation and activities of the federation.

The respective boards of directors may create such other positions as may be necessary for the management of the affairs of the local and national federation.

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

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

SECTION 17. *Prohibition from Engaging in Partisan Political Activity.* - No BHW shall engage in any partisan political activity.

SECTION 18. *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.

SECTION 19. *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.

SECTION 20. *Penalty Clause.* - Any local government official who violates

any provision of this Act may be administratively and criminally charged in accordance with law.

SECTION 21. *Appropriations.* - The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the DOH. The amount necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act (GAA). The LGUs shall supplement the funding from their respective National Tax Allotment and other local funds.

SECTION 22. *Implementing Rules and Regulations (IRR).* - 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.

SECTION 23. *Separability Clause.* If any portion or provision of this Act is declared invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

SECTION 24. *Repealing Clause.* - Republic Act No. 7883, otherwise known as the "*Barangay Health Workers' Benefits and Incentives Act of 1995*" is hereby repealed. All laws, decrees, executive orders, rules and regulations, which are inconsistent with this Act are hereby repealed or amended or accordingly.

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

Approved,