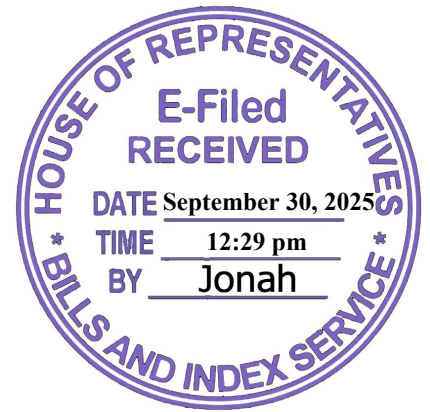


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4986



Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

EXPLANATORY NOTE

The 1987 Constitution enshrines the State’s duty to *“protect and promote the right to health of the people and instill health consciousness among them,”* mandating an integrated and comprehensive approach to health development that prioritizes the needs of the underprivileged, sick, elderly, women, and children, and endeavors to make essential health services accessible and affordable to all Filipinos 1987 Constitution, Art. II, Secs. 15–16; Art. XIII, Sec. 11.

At the frontline of this constitutional mandate are Barangay Health Workers (BHWs)—the indispensable community health volunteers who bridge the gap between the formal health system and the most underserved populations. BHWs have long been the backbone of primary health care, especially in geographically isolated and disadvantaged areas, providing vital services such as health education, disease surveillance, immunization, and maternal and childcare. Their critical role was further magnified during the COVID-19 pandemic, where they undertook vaccination drives, contact tracing, and community mobilization, often at great personal risk.

Despite the passage of the Barangay Health Workers’ Benefits and Incentives Act of 1995 (RA 7883), which recognizes BHWs’ contributions and grants them benefits such as hazard and subsistence allowances, training opportunities, civil service eligibility, and legal protection, implementation has been hampered by fragmented local government support, politicized appointments, and inconsistent resource allocation. As a result, BHWs continue to face precarious working conditions, irregular or insufficient compensation, and inadequate access to benefits, forcing many to leave their posts and undermining the delivery of essential health services.

The persistent shortage of health professionals—exacerbated by the migration of doctors and nurses abroad—has only increased the reliance on BHWs, who now fill critical gaps in the health workforce. Yet, their invaluable service remains undervalued and undercompensated, threatening the sustainability of primary health care and the realization of universal health care for all Filipinos RA 11223 (2019).

This measure seeks to address these longstanding inequities by professionalizing the BHW sector through standardized registration and accreditation, rigorous training, and clear accountability mechanisms. It guarantees dignified compensation, including a minimum monthly honorarium, hazard and transportation allowances, and comprehensive health coverage. The bill also provides for career advancement, educational scholarships, civil service eligibility, and robust legal protections against arbitrary dismissal. Furthermore, it institutionalizes BHW representation in health policy-making bodies, ensuring that their voices inform decisions that affect community health.

By uplifting BHWs, we strengthen the entire health system, bridge urban-rural divides, and fulfill our constitutional duty to provide accessible, quality health care to every Filipino. This bill is not merely an expression of gratitude, but a concrete step toward justice and equity for those who have long kept our communities healthy.

In view of the foregoing, and in the spirit of SERBISYONG TINUORAY (genuine public service), the immediate passage of this bill is earnestly sought.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte

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HON. CHRISTOPHERSON “COCO” M. YAP

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 for Barangay Health Workers.”

SECTION 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health of the people and to adopt an integrated and comprehensive approach to health development, as mandated by the Constitution. The State shall endeavor to make essential goods, health care, and other social services available to all, and recognizes the vital role of Barangay Health Workers (BHWs) as frontliners in the delivery of primary health care at the grassroots level. In pursuit of the country’s commitment to the United Nations Sustainable Development Goals and universal health care, the State shall adopt measures to promote the welfare, professionalization, and well-being of BHWs, and to harness their full potential as partners in national development.

SECTION 3. Definition of Terms. — For purposes of this Act:

- (a) **Barangay Health Worker (BHW)** refers to a person who has completed training under any accredited government or non-government organization, and who voluntarily renders primary health care services in the community, after having been duly accredited by the local health board in accordance with Department of Health (DOH) guidelines.

(b) **Accredited BHW** refers to a BHW who has satisfied the requirements for registration and accreditation as provided in this Act and its implementing rules.

(c) **Local Health Board** refers to the body established under existing laws in each city or municipality, responsible for the registration and accreditation of BHWs.

SECTION 4. Coverage. — This Act shall apply to all BHWs as defined in Section 3. All incentives and benefits under this Act shall be granted only to duly accredited BHWs who have completed at least two (2) years of training, except as otherwise provided herein. Duly registered BHWs shall be entitled to a monthly honorarium and hazard allowance as provided in Section 9. Coverage under this Act shall automatically cease if the BHW receives a fixed salary under a permanent government appointment, is elected to another public office, or is employed in the private sector, in which case the BHW shall be covered by applicable laws.

SECTION 5. Registration. —

(a) All BHWs shall be registered with the local health board of the city or municipality where they render service. Registered BHWs shall be issued appropriate proof of registration.

(b) The municipal and city health offices, with the assistance of the BHW Federation, shall regularly update and maintain the BHW Registry, subject to the approval of the municipal or city health board. The updated registry shall be posted in municipal or city bulletin boards and barangay health centers.

(c) The Provincial Health Office shall consolidate and validate the BHW Registry, with the assistance of the Provincial BHW Federation and subject to the approval of the Provincial Health Board. The consolidated registry shall be submitted annually, on or before April 30, to the DOH at the regional and national levels for inclusion in the national registry of BHWs.

(d) To qualify for registration, a BHW must:

(1) Have rendered basic community health care services continuously and satisfactorily for at least six (6) months immediately preceding the application, as recommended by the Rural Health Midwife or public health

nurse assigned to the barangay, and certified by the head of the BHW association and the Sangguniang Barangay;

- (2) Have completed the basic orientation and training for BHWs as prescribed by the DOH and conducted by an accredited government agency, DOH-recognized academic institution, or NGO;
 - (3) Be at least eighteen (18) years of age at the time of application; and
 - (4) Be physically and mentally fit.
- (e) The municipal and city health offices, in cooperation with the Provincial Health Office and the DOH, shall provide BHW applicants with the required basic orientation and training within six (6) months from approval of their application.

SECTION 6. Accreditation. —

- (a) To further professionalize BHWs and ensure quality health care services, a duly registered BHW must be accredited by the municipal or city health board.
- (b) The municipal or city health board shall issue a certificate of accreditation to qualified BHWs. To qualify for accreditation, the applicant must:
 - (1) Be registered in accordance with Section 5;
 - (2) Have satisfactorily performed the functions of a BHW in the locality for at least two (2) years of continuous and satisfactory service immediately prior to application;
 - (3) Have completed a regular training program on health care service and community-based health programs, as institutionalized by the DOH in cooperation with local government units.
- (c) The municipal or city government, in cooperation with the provincial government and the DOH, shall provide necessary support and opportunities for BHWs to complete the required training and accreditation.
- (d) A BHW must complete the regular training program within five (5) years from registration.

- (e) The municipal and city health boards, or their registration and accreditation committees, shall act on applications for accreditation within thirty (30) days from receipt. The DOH shall maintain an updated, publicly accessible roster of accredited BHWs.

SECTION 7. Roles, Duties, and Responsibilities of Barangay Health Workers. —

Barangay Health Workers (BHWs) are recognized as essential partners in the reformed health care delivery system. The Department of Health (DOH) and Local Government Units (LGUs) shall provide the necessary support, training, and resources to enable BHWs to effectively perform the following roles and responsibilities:

- (a) **Advocate** – Promote, support, and champion national and local health programs, projects, and activities to improve access to quality health services and enhance the overall health status of the community.
- (b) **Health Educator** – Guide, inform, and advise individuals, families, and groups on health priorities, including but not limited to maternal and child health, immunization, nutrition, disease prevention, and the importance of facility-based care and early detection of health conditions.
- (c) **Information Disseminator** – Maintain regular communication with professional health workers and local health authorities regarding health events, updates, and community concerns, and relay relevant information to the community for appropriate action.
- (d) **Linker and Facilitator** – Facilitate access to health and non-health services by connecting individuals and groups with appropriate networks, agencies, and service providers.
- (e) **Record Keeper** – Accurately maintain and update records of health data, activities, and events in the community, ensuring confidentiality and data integrity in accordance with applicable laws and regulations.
- (f) **Health Care Service Provider** – Assist in the delivery of basic health care services, including first aid, health assessments, and support during health emergencies and routine health events.

In the performance of these roles, BHWs shall have the following specific duties and responsibilities:

- (1) Monitor and record the height and weight of community members, and report findings to the barangay health center;
- (2) Track and follow up on defaulted cases of immunization, family planning, tuberculosis treatment, and other health interventions, and report compliance or non-compliance to the barangay health center;
- (3) Report any incidence of disease, outbreak, or health-related cases in the community to the appropriate health authorities;
- (4) Mobilize and encourage community participation in barangay health center activities and public health campaigns;
- (5) Gather, consolidate, and analyze data on the overall health status of the community for planning and evaluation purposes;
- (6) Administer basic first aid and provide immediate assistance during health emergencies;
- (7) Conduct regular home and health visits, especially to vulnerable populations such as pregnant women, children, the elderly, and persons with disabilities;
- (8) Facilitate birth planning and provide support to pregnant women, including education on facility-based delivery and newborn care;
- (9) Conduct health education sessions and community health promotion activities;
- (10) Strengthen and maintain effective referral systems for cases requiring higher-level care or specialized services;
- (11) Collect and submit specimens, such as sputum, as required for disease surveillance and control programs;
- (12) Identify and refer individuals with signs and symptoms of disease or illness for appropriate management;

- (13) Participate in community health profiling and mapping to identify health needs and resources;
- (14) Provide psychosocial support and debriefing during and after calamities, disasters, or stressful community events;
- (15) Respond promptly and effectively to natural calamities, disasters, and public health emergencies in coordination with local authorities;
- (16) Coordinate closely with the local government health officer and other health professionals in the implementation, monitoring, and evaluation of health programs and services in the locality.

BHWs shall perform such other functions as may be assigned by the DOH, LGUs, or local health boards, consistent with their training, accreditation, and the needs of the community.

SECTION 8. Number of Barangay Health Workers (BHWs). — In accordance with relevant laws and in coordination with the Department of Health (DOH), other concerned government agencies, and local government units (LGUs), the number of Barangay Health Workers in each barangay shall be determined based on the specific health needs and population of the community. The DOH shall establish and regularly update the ideal ratio of BHWs to households, taking into account epidemiological, geographic, and demographic factors, and in consultation with LGUs and relevant stakeholders.

Provided, That the total number of BHWs nationwide shall not be less than one percent (1%) of the total population, unless otherwise provided by law or justified by public health exigencies. This minimum threshold is intended to address persistent shortages in the health workforce and to ensure the effective delivery of primary health care services at the community level.

Preference in the selection and engagement of BHWs shall be given to qualified residents of the barangay, in order to promote community participation, local knowledge, and sustainability of health programs.

SECTION 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, without prejudice to additional benefits that may be granted by LGUs or other laws:

- (a) **Monthly Honoraria** — A minimum monthly honorarium of Three thousand pesos (P3,000.00), subject to periodic adjustment based on prevailing economic conditions and as may be determined by the local health board and the LGU concerned.
- (b) **Hazard Allowance** — A hazard allowance of not less than One thousand pesos (P1,000.00) per month, to be determined by the local health board in accordance with existing laws, rules, and regulations, and taking into account the level of risk exposure as defined by the DOH and relevant issuances, including RA 11712 (2022).
- (c) **Subsistence Allowance** — A subsistence allowance equivalent to the meals taken in the course of duty, computed in accordance with prevailing conditions as determined by the LGU, and in no case less than One hundred pesos (P100.00) per day, provided that the BHW renders service within the premises of isolated barangay health stations to ensure availability at all times.
- (d) **Transportation Allowance** — A transportation allowance of not less than One thousand pesos (P1,000.00) per month, subject to auditing rules and regulations, and provided that the availment of transportation services is in line with the performance of official duties and responsibilities.
- (e) **One-time Gratuity Cash Incentive** — A one-time cash incentive of not less than Ten thousand pesos (P10,000.00) in recognition of loyalty and dedication, to be granted to BHWs who have continuously and satisfactorily served for at least fifteen (15) years.
- (f) **Discount Privileges** — All BHWs shall be entitled to a twenty percent (20%) discount on items enumerated under Section 4(a) of RA 9994 (2010), the Expanded Senior Citizens Act, provided that the privilege shall not be claimed if the BHW is eligible for a higher discount under other laws or promotions. Commercial establishments may claim the discount as a tax deduction in accordance with the National Internal Revenue Code, subject to proper documentation and applicable regulations.
- (g) **Training, Education, and Career Enrichment Programs** — The DOH, in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development

Authority (TESDA), DOH-recognized academic institutions, and other relevant agencies and organizations, shall provide information on and access to education and career enrichment opportunities, including:

1. Educational programs that credit years of primary health care service towards higher education in institutions with stepladder curricula, enabling BHWs to upgrade skills or pursue further training as midwives, pharmacists, nurses, or doctors;
2. Continuing education, study and exposure tours, grants, field immersion, and scholarships;
3. Special training programs on traditional medicine, disaster preparedness, and other emergent community health issues.

(h) **Health Benefits** — During their incumbency, all BHWs shall be entitled to:

1. Free medical care, including surgery, medicines, laboratory and diagnostic services, when confined in any public hospital or health institution;
2. Emergency assistance not exceeding Five thousand pesos (P5,000.00), chargeable to the barangay fund, for expenses incurred in the nearest private hospital or clinic in cases of extreme emergency where no public hospital is available;
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), with premiums to be borne by the LGU concerned. 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, with continued receipt of monthly honoraria during such leave, in accordance with existing laws and practices.

(k) **Cash Gift** — All accredited BHWs shall be entitled to a cash gift of not less than the minimum monthly honorarium, 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 performance of duties shall be entitled to a disability benefit of Two thousand pesos (P2,000.00) for every year of service.
- (m) **Civil Service Eligibility** — A second grade civil service eligibility shall be granted to accredited BHWs who have rendered five (5) years of continuous service, provided that if a BHW becomes a regular government employee, the total years served as a BHW shall be credited for purposes of retirement benefits.
- (n) **Free Legal Services** — Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to accredited BHWs in cases of coercion, interference, or in any civil or criminal case arising out of or in connection with the performance of their duties.
- (o) **Preferential Access to Loans** — The DOH, in coordination with other concerned government agencies, shall establish a mechanism within one hundred eighty (180) days from the effectivity of this Act to provide BHWs with organized access to loan services. Agencies providing loan services shall set aside at least one percent (1%) of their loanable funds for organized BHW groups with 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 honoraria and hazard allowance.

LGUs are encouraged to provide additional health and welfare benefits to BHWs, consistent with their capacity and in accordance with other applicable laws.

SECTION 10. Annual Review. — The Local Health Boards (LHBs) shall conduct an annual review of the Barangay Health Worker (BHW) program, including the performance of BHWs and the benefits, incentives, and allowances provided under this Act. The review shall take into account the current consumer price index as published by the Philippine Statistics Authority to ensure that benefits remain responsive to prevailing economic conditions.

SECTION 11. Prohibition of Discrimination. — No BHW shall be discriminated against on the basis of gender, civil status, creed, religious or political beliefs, ethnicity, or any other status in the exercise of their functions and responsibilities. The State shall ensure equal opportunity and protection for all BHWs.

SECTION 12. Security of Tenure and Protection of BHWs. — No accredited BHW shall be removed from service except for a valid cause as determined by the Local Health Board (LHB) after due process. The LHB shall resolve termination cases judiciously and within ninety (90) days from receipt of a complaint. If a BHW is found to have been unjustly removed, the BHW shall be entitled to immediate reinstatement without loss of benefits and incentives from the time of termination up to reinstatement.

SECTION 13. Grievance Mechanism. — The LHB shall establish a grievance mechanism to process complaints of BHWs regarding alleged acts of discrimination, unjust removal, or other employment-related concerns. Decisions of the LHB on such matters shall be final and executory, without prejudice to the right of the aggrieved party to seek judicial remedies as may be provided by law.

SECTION 14. Organization and Federation of BHWs. — Accredited BHWs shall have the right to organize at the municipal, city, provincial, and national levels for the purpose of electing their respective federation officers and boards of directors. The federation shall serve as a platform to articulate and address issues affecting health care delivery and the welfare of BHWs, while upholding the continuous operation of barangay health services in the interest of public health and safety.

The municipal, city, and provincial federations shall elect their respective boards of directors and a set of national officers to comprise the national board, headed by a president. A Secretary-General shall be chosen from among the national federation members to manage the day-to-day operations. The boards may create such other positions as necessary for effective management.

SECTION 15. Representation in Local Health Boards and Health Care Provider Networks. — The president of the municipal or city federation of BHWs shall serve as a member of the respective municipal or city Local Health Board. The presidents of the city and municipal federations within a province shall elect from among themselves a representative to the Provincial Health Board. Provided, That BHW representatives shall not participate in deliberations or voting on matters involving the registration, accreditation, or disciplinary actions concerning BHWs.

BHWs shall also be integrated into the primary health care provider network in the implementation of health care services and programs.

SECTION 16. Prohibition on Partisan Political Activity. — No BHW shall engage in any partisan political activity. Violation of this provision shall be a ground for disciplinary action, including removal from service, after due process.

SECTION 17. Continuous Capacity Building and Professional Development. — The Department of Health (DOH) shall ensure the continuous capacity building of BHWs through regular training, online learning, and multimedia modules in major Philippine languages. The DOH, in coordination with the Technical Education and Skills Development Authority (TESDA) and other relevant agencies, shall assist LGUs in developing educational materials and modules, including those promoting traditional and complementary medicine.

LGUs are encouraged to establish training centers for BHWs and other health workers, in partnership with TESDA, non-governmental organizations, and other stakeholders. LGUs shall also implement development programs that enable BHWs to benefit from ladderized training and academic credits for health-related courses, in accordance with [RA 10968 (2018)](search “RA 10968 Philippine Qualification Framework Act” on app.anycase.ai) and [RA 10647 (2014)](search “RA 10647 Ladderized Education Act” on app.anycase.ai).

SECTION 18. Observance of Barangay Health Workers’ Day. — Every barangay shall commemorate Barangay Health Workers’ Day on April 7 of each year to honor the service and heroism of BHWs, especially in times of crisis, and to recognize their indispensable role in promoting health and wellness. The DOH, in cooperation with the Department of the Interior and Local Government (DILG) and all LGUs, shall organize appropriate ceremonies and activities to highlight the contributions of BHWs to nation-building.

SECTION 19. Penalties. — Any local government official or employee who violates any provision of this Act shall be subject to administrative and criminal liability in accordance with law, without prejudice to other applicable penalties.

SECTION 20. Appropriations. — The funds necessary for the implementation of this Act shall be sourced from the National Tax Allotment of LGUs, other local funds, and the Special Health Fund established under RA 11223 (2019), otherwise known as the “Universal Health Care Act.”

SECTION 21. Implementing Rules and Regulations. — The DOH and DILG, in consultation with the Department of Education (DepEd), Civil Service Commission (CSC), Government Service Insurance System (GSIS), and other concerned agencies and non-governmental entities, shall promulgate the rules and regulations necessary to implement this Act within one hundred eighty (180) days from its effectivity.

SECTION 22. Separability Clause. — If any provision or part of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall remain in full force and effect.

SECTION 23. Repealing Clause. — Republic Act No. 7883 (1995), otherwise known as the “Barangay Health Workers’ Benefits and Incentives Act of 1995,” and all other laws, decrees, executive orders, rules, and regulations inconsistent with this Act are hereby repealed or amended accordingly.

SECTION 24. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,