

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS

First Regular Session

HOUSE BILL NO. **7311**



Introduced by the **Honorable ANIELA BIANCA D. TOLENTINO**

EXPLANATORY NOTE

One of the most significant learnings that our country had during the COVID-19 pandemic is the importance of barangay health workers (BHW). BHWs were at the forefront in our battle with COVID-19. Congruent to the realization of the significance of the role of BHWs in our society, it is high time that the government improve the infrastructure for the recruiting, hiring, compensating, and developing BHWs.

The filed bill herein is an amalgamation of proposals presented by stakeholders who also want to promote and advance the welfare of barangay health workers. Under this proposed legislation the roles and responsibilities of BHW will be highlighted. The proposed law will also prescribe the methods for the recruitment and retention of BHWs. It will also identify programs for capacity-building and career advancement of BHWs. The bill filed by this representation also provides for an association and grievance mechanism for the BHW sector. Finally, the compensation and other benefits that BHWs must receive will be clearly provided when the proposed measure herein is passed.

The importance of BHWs in the health care system of the Philippines cannot be overemphasized. The bill herein will be a great improvement in the promotion of the welfare of BHWs. The existing law covering the BHWs, Republic Act No. 7883, is no longer responsive to the needs of BHWs. Improvements in the plight of BHWs will likewise result in betterment of our health infrastructure.

For the Filipino people, the approval of the bill herein is earnestly being sought.

A handwritten signature in black ink, appearing to be "A. Tolentino", written over a faint circular stamp.

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**AN ACT FURTHERING THE PROMOTION OF THE ROLES, RIGHTS,
AND BENEFITS OF BARANGAY HEALTH WORKERS IN THE PHILIPPINES**

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

Section 1. *Short Title.* — This Act shall also be known as the "*Magna Carta of Barangay Health Workers*".

Section 2. *Declaration of Policy.* — It shall be the policy of the State to adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health, and other social services available to the communities.

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

The State upholds and promotes the significant role of barangay health workers (BHW) as frontliners in providing primary health care services and, therefore, shall adopt ways that will develop their potential for the benefit of the country.

The State declares that BHWs are the frontliners in supporting the delivery of primary health care in the community. They shall be part of the teams of the barangay health station, health center, or any other primary health care facility of the municipal or city health office established to provide primary health care services to a barangay or a part of it, or a cluster of barangays.

Section 3. *Scope.* — This Act shall cover all BHWs in all LGUs and national government agencies that mobilize BHWs to expand the delivery of primary health care services to communities, families, and individuals.

Section 4. *Control and Supervision over BHW.* — The head of the barangay health station, health center, or any other primary health care facility, of the municipal or city health office, shall exercise day-to-day direct control and supervision over the BHWs.

Section 5. *BHWs' Role in Primary Health Care.* The BHW shall perform the following roles:

- a. Primary Health Care Service Provider — to assist the health facilities in providing primary health care services to the members of the community;
- b. Health Educator – to provide knowledge and skills to community members in the prevention and management of simple illnesses.
- c. Community Organizer – to organize and mobilize the community towards self-reliance; and
- d. Record Keeper – to assist in the development and maintenance of a community health profile, and collect health data and information of families and individuals in the community.
- e. Such other acts that are usually necessary in the delivery of primary health care in barangays, pursuant to the direction or supervision of the head of the barangay health station, health center, or any other primary health care facility, of the municipal or city health office.

BHWs who have proper authorization shall serve as primary care workers and act as the navigator for the initial and continuing point of contact in the health care delivery system. They shall endorse patients to the next level of health care provider within the health care provider network to which the barangay health station, health center, or any other primary health care unit.

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

Section 6. *Coordination Between the Health Station, Health Center, Health Care Facility of the Municipal or City Health Office with the Barangay.* — The head of the barangay health station, health center, or any other primary health care facility, of the municipal or city health office shall coordinate and collaborate with the punong barangay, or with several punong barangays in the case of health centers providing services to a cluster of barangays, in the implementation of programs and activities to address the primary health care needs of the communities.

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

Section 7. *Number of Barangay Health Workers.* — The determination of the number of BHWs who can serve a barangay or a cluster thereof shall be guided by and based on, among others, the catchment population, the community health profile, and the need for different primary health care services.

The DOH, in consultation with LGUs, shall determine the ideal ratio of BHWs with the required competencies to households and issue an updated policy on this ratio every six (6) years.

Section 8. *Registration.* — In addition to qualifications to be set by the municipal/city health board, an applicant must meet the following requirements to qualify as a BHW:

- a. At least eighteen (18) years of age at the date of the filing the application for registration;
- b. Physically and mentally fit; and
- c. With basic BHW orientation and training as prescribed by the DOH completed in the same year of application for registration.

Eligible applicants shall register with the local health board in the municipality or city where they reside and intend to render service and shall be given appropriate proof of said registration.

It shall be the duty of the municipal/city health offices, in cooperation with the provincial health offices and the DOH, to provide interested BHW applicants with basic orientation and training.

Section 9. *Role of the Municipal or City Local Health Boards.* — In addition to their functions under Section 102, Title V of the Local Government Code, as amended, the municipal/city health boards shall prescribe the policies and guidelines and be responsible for the recruitment, selection, registration, certification, retention and removal of, and the resolution of complaints and grievances involving, BHWs in their jurisdictions.

The decisions of the municipal/city health board with regard to the revocation of registration of a BHW or on the resolution of complaints and grievances of and against BHWs may be appealed to the provincial health board and, thereafter, to the Department of the Interior and Local Government (DILG).

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

Section 10. *National BHW Information System.* — There shall be a National BHW Information System that will be maintained by the DOH, in partnership with the Department of Information and Communications Technology (DICT), to assist the national government and LGUs in formulating and implementing policies and programs for the organization and development of the cadre of BHWs.

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

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

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

Section 11. *BHW Certification.* — To ensure the health and welfare of the community and further professionalize the cadre of BHWs in rendering primary health care services, a duly registered BHW shall undergo certification by the municipal or city health board.

The DOH, in consultation with the Technical Education and Skills Development Authority (TESDA), the Commission on Higher Education (CHED), and the Civil Service Commission (CSC), shall promulgate the policies, standards, and guidelines for the certification of competency of BHWs. To qualify for certification, a registered BHW must have:

- a. Completed at least two (2) years of continuous service in the locality.
- b. Completed the training on the roles, duties, and responsibilities of a BHW, as prescribed by the DOH.
- c. Satisfactory performance as evaluated by the health care professional supervising the concerned BHW immediately prior to the filing of application for certification.
- d. Completed the courses of the certification component of the Education and Training Program, provided in Section 11 of this Act.

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

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

Section 12. *BHW Talent Development.* — The DOH and the TESDA, in collaboration with the CSC, the CHED, relevant government agencies, LGUs, education institutions, and stakeholders, shall develop and institutionalize a continuing competency-based education and training curriculum for all BHWs.

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

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

- a. Providing training materials to enhance the knowledge and skills of BHWs.
- b. Offering forums for BHWs to communicate, share experiences, and seek advice from peers and health professionals.
- c. Disseminating new policies, programs, and guidelines pertaining to their roles and responsibilities.
- d. Facilitating reporting and feedback mechanisms to improve service delivery and address challenges faced in the field.
- e. Offering resources including health and wellness programs for personal and professional development.

Section 13. *Inclusion of the BHW Positions in the Government Plantilla.* — The Department of Budget and Management (DBM), in consultation with the CSC, the DOH and LGUs, shall establish the position classification and the corresponding salary grades for BHWs in the Index of Occupational Standards. Municipalities and cities may employ BHWs in their respective LGUs.

Section 14. *Retention and Continuous Service of BHWs.* — Registered and certified BHWs shall continue to perform their roles, duties, and responsibilities except due to the withdrawal of an individual as a BHW or removal for cause by the municipal/city health board after due process. The continuity of services of BHWs, revocation of their registration, or their removal from the cadre of BHWs, shall follow the policies and guidelines promulgated by the DILG and the DOH.

Section 15. *Incentives and Benefits of BHWs.* — In recognition of the time, services, and resources they contribute, registered and certified volunteer BHWs shall receive, or be provided with, the following:

- a. *Monthly Honoraria.* A monthly honorarium of not less than Ten Thousand Pesos (P10,000.00) for registered BHWs and not less than Eight Thousand Pesos (P8,000.00) for certified BHWs: Provided that no diminution of monthly honoraria can be made on BHWs already receiving more than the herein prescribed minimum amounts. Provided further, that the DOH, in coordination with the DILG and the DBM, shall review and adjust the minimum honoraria every six (6) years.
- b. *Transportation Allowance and Expense Reimbursements.* Registered and certified BHWs shall be provided by the barangay with transportation allowance or to reimbursement of actual transportation expense for the performance of their functions, as may be authorized by law or regulation. Provided that the barangay may, instead, provide applicable forms of transportation to enable the BHWs to provide the needed primary health care

service. Provided further, that the municipality or city, through their health offices, may shoulder such allowance or expense: Provided finally, that official travels, such as seminars, conferences, and transport of patients outside of the barangay or locality, shall be shouldered by the barangay, municipality, city, or province that authorized such official travel and shall not be deducted from the honoraria of the BHWs.

- c. *Insurance Coverage.* Insurance coverage and benefit packages from the Government Service Insurance System (GSIS), suited to their needs and unique circumstances, shall be borne by the concerned municipality or city. For this purpose, the GSIS shall design such appropriate insurance packages.
- d. *Health Emergency Allowance During Public Health Emergency.* Volunteer BHWs who are part of the National BHW Information System and are assigned to health facilities and barangay health emergency response teams during public health emergencies shall be entitled to the Health Emergency Allowance (HEA) and other benefits prescribed in Republic Act No. 11712. The national government shall provide funds for the payment of the HEA and other benefits;
- e. *Cash Gift.* The BHWs shall be entitled to a cash gift not less than the minimum monthly honoraria, to be given every December.
- f. *One-time Dedicated Service Recognition Incentive.* A BHW who withdraws as a registered or certified BHW but has continuously and satisfactorily served for at least fifteen (15) years shall, in recognition of his or her loyalty, dedication, and service, be entitled to a one-time incentive of not less than Twenty Five Thousand Pesos (P25,000.00), which shall be borne by the municipality or city concerned.
- g. *Free Legal Services.* Legal representation and consultation services shall be immediately provided by the Public Attorney's Office to a BHW in cases of coercion or interference, and in other civil and criminal cases filed by or against the BHW arising out of or in connection with the performance of his or her duties.

Section 16. *BHW Deployment Subsidy to Low-Income Municipalities.* — There is hereby mandated a BHW Deployment Subsidy to Low-Income Municipalities to provide financial assistance to third, fourth, and fifth class municipalities and enable them to deploy a sufficient number of volunteer BHWs in their communities, particularly to unserved or underserved areas in their jurisdictions, and provide incentives to dedicated volunteer BHWs. Priority shall be given to municipalities with no or less capacity to give regular and adequate monthly honoraria and other incentives to their BHWs, as determined by the DOH and the DILG.

Section 17. *Prohibition on Participation in Political Activities.* — To maintain their integrity and impartiality, and eliminate the possibility of conflicts with their catchment households, BHWs are prohibited from participating in partisan political activities. Any BHW who files an application as a candidate in any political position is hereby deemed removed from the list of registered BHWs or resigned from government service, as the case may be. Participation in political activities shall serve as basis for the local health board to remove BHWs from the list of registered BHWs.

Section 18. *BHW Associations and Federations.* — There shall be organized associations of BHWs at the municipal and city levels and federations at the provincial, regional, sub-national, and national levels. The BHW associations of highly urbanized cities that are independent from provinces where they are located, and LGUs in the National Capital Region, shall directly become members of regional, sub-national and national federations.

These associations and federations shall serve as the venues to ventilate issues and formulate and communicate policy proposals concerning BHWs, particularly on their roles and duties as the frontliners, as well as their welfare and well-being, in supporting the delivery of primary health care services in the community.

The municipal and city associations and the provincial, regional, and sub-national federations shall elect their respective president, vice-president, secretary, treasurer, and other officers as they may deem necessary.

The national federation shall elect a board of directors headed by a chairperson and a set of national officers headed by a national president, as prescribed in their constitution and by-laws. A secretary-general shall be chosen from among the national federation members to manage the day-to-day operations and activities of the federation. The board of directors may create such other positions necessary for the management of the affairs of the national federation.

Section 19. *Consultation with Local Health Boards.* — The different local health boards shall consult the associations and federations under their jurisdictions on, among others, the roles and responsibilities of BHWs for the effective delivery of primary health care services.

Section 20. *Observance of BHW Day.* — Every barangay shall commemorate BHW Day on April 7 of every year in recognition of the service of BHWs, their heroic services in times of crisis, and their indispensable role in promoting health and wellness among the citizenry. The DOH, in cooperation with the DILG and all LGUs, shall hold simple ceremonies or activities to highlight the indispensable role of BHWs in nation building.

Section 21. *Penalty Clause.* — The following violations of this Act shall be punishable as follows:

- a. *False Registration or Certification.* Any person involved in the falsification of any document relating to the registration or certification of a BHW shall be

imprisoned for five (5) years and pay a fine of Fifty Thousand Pesos (P100,000.00)

- b. *Participation in Political Activities.* Any BHW who participates in partisan political activity shall be imprisoned for a period not less than One (1) year and pay a fine of Twenty Thousand Pesos (P20,000.00).

Section 22. *Annual Accomplishment Reports.* — The DOH and the DILG shall submit to the Office of the President, the Senate of the Philippines and the House of Representatives, an annual report on the accomplishments and challenges with regard to the implementation of this Act.

Section 23. *Appropriations.* — The amounts necessary for the implementation of this Act shall be charged against the funds of LGUs and the appropriations of the DOH.

The amounts necessary for the initial implementation of the BHW Deployment Subsidy to Low-Income Municipalities shall be charged against the current year's appropriations of the DOH and, thereafter, shall be included in the annual General Appropriations Act.

Section 24. *Implementing Rules and Regulations.* — The DOH and the DILG shall, in consultation with LGUs, the national federation of BHWs, the CSC, the DBM, the TESDA, the CHED, the GSIS, other concerned government agencies, non-government organizations, and academic and training institutions, promulgate the rules and regulations to implement this Act not later than one hundred eighty (180) days from its effectivity.

Section 25. *Separability Clause.* — If any provision of this Act shall be held unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

Section 26. *Repealing Clause.* — All laws, decrees, orders, issuances, and rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 27. *Effectivity.* — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,