

HOUSE OF REPRESENTATIVES

House Bill No. 7332



Introduced by Representative FRANZ FERNANDEZ LEGAZPI

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution mandates that “*The State shall protect and promote the right to health of the people and instill health consciousness among them.*” This constitutional policy underscores the State’s duty to ensure accessible and responsive health services, most particularly at the community or barangay level. In line with this Constitutional mandate, Republic Act No. 7883 or the *Barangay Health Workers’ Benefits and Incentives Act of 1995* was enacted, defining a Barangay Health Worker (BHW) as a person who has undergone training programs conducted by accredited government or non-government organizations and who voluntarily renders primary health care services in the community.

Barangay Health Workers serve as the frontline providers of primary health care, especially in far-flung and underserved communities. They play a vital role in health promotion, disease prevention, maternal and child care, and the early detection of illnesses. As the primary link between the health system and the community, BHWs are indispensable in advancing public health outcomes, strengthening grassroots health services, and providing the most basic and immediate health care to our people.

Despite the critical nature of their work, many Barangay Health Workers continue to serve with limited support and inadequate benefits. It is therefore imperative for the State to adopt measures that promote their welfare, recognize their contributions, and provide meaningful incentives that will sustain and strengthen their service to the community.

The proposed Magna Carta of Barangay Health Workers seeks to further acknowledge the dedication and invaluable contributions of Barangay Health Workers by enhancing the incentives granted to them under existing laws. These include the provision of standardized honoraria and expanded access to social protection mechanisms such as health insurance coverage through the GSIS and PhilHealth, among others. By improving their benefits and working conditions, the State affirms its commitment to both the welfare of BHWs and the effective delivery of primary health care to all Filipinos.

For the foregoing reasons, the approval of this bill is earnestly sought.

Representative, PINOY WORKERS PARTYLIST

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Introduced by Representative FRANZ FERNANDEZ LEGAZPI

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 Barangay
2 Health Workers”.

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

12
13 **SEC. 3. Definition.** – As used in this Act, the term “barangay health worker” refers to a
14 person who has undergone training under any accredited government and nongovernment
15 organization and who voluntarily renders primary healthcare services in the community after
16 having been accredited to function as such by the local health board in accordance with the
17 guidelines promulgated by the Department of Health (DOH) pursuant to Section 3 of Republic Act
18 No. 7883 otherwise known as the “Barangay Health Workers’ Benefits and Incentives Act
19 of 1995.”

20
21 **SEC. 4. Registration.** – Barangay health workers (BHWs) shall be registered with the
22 local health board in the city or municipality in which they render service. The registered health
23 workers shall be given appropriate proof of said registration.

24 The municipal and city health offices shall regularly maintain and update the BHW Registry with
25 the assistance of the BHW Federation and shall submit the same to the municipal or city
26 health board. The local health offices shall submit a copy of their respective updated BHW registry
27 to the Provincial Health Office which shall consolidate all registries. Upon the validation of the
28 Provincial BHW Federation, the consolidated Provincial Registry shall be submitted to the
29 Provincial Health Board, and the same shall be posted in the municipal or city bulletin boards and
30 barangay health centers.

31 The Provincial BHW Registry shall be submitted on or before April 30 of every year to the DOH
32 at the regional and national levels for consolidation. The DOH is hereby mandated to maintain a
33 national register of BHWs.

1 In order to qualify for registration, a barangay health worker must:

- 2 (a) Have rendered basic community health care services continuously
3 and satisfactorily for at least six (6) months immediately preceding the date of the
4 filing of application for registration in the barangay as certified by the Rural
5 Health Midwife (RHM) or public health nurse assigned to the barangay and by the
6 head of the barangay health workers association;
7
- 8 (b) Have completed the basic orientation and training for BHWs as prescribed by the
9 DOH and conducted by an accredited government agency, or DOH recognized
10 academic institution, or nongovernmental organization (NGO);
11
- 12 (c) Be at least eighteen (18) years of age at the date of the filing of the application for
13 registration; and,
14
- 15 (d) Be physically and mentally fit.

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

19
20 **SEC. 5. Accreditation.** – To further professionalize the health care services rendered by
21 the BHWs and ensure the health and welfare of the community, a duly registered BHW
22 must be accredited by the municipal or city health board.

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

- 25 (a) Be registered in accordance with Section 4 hereof;
- 26 (b) Have completed in the locality at least two (2) years of continuous and
27 satisfactory service immediately prior to the filing of application for
28 accreditation;
- 29 (c) Have completed a regular training program on health care service and community-
30 based health program, that would upgrade and develop the skills and competency of
31 BHWs to perform their roles. The training program shall be institutionalized by the DOH,
32 in cooperation with local government units (LGUs).

33 It shall be the duty of the municipal and city LGUs, in cooperation with the provincial
34 government and the DOH, to provide the applicant BHWs the necessary support and
35 opportunities for accreditation.

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

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

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

43
44 **SEC. 6. Number and Role of Barangay Health Workers.** – Notwithstanding the
45 limitations prescribed under Section 325(a) of Republic Act No. 7160, as amended, otherwise as
46 “The Local Government Code of 1991”, each barangay shall at least have one (1) BHW for every
47 twenty (20) households.

48 As one of the key partners in a reformed healthcare delivery system, the DOH and LGUs shall
49 support the roles of BHWs as:

- 1 (a) Advocate - to support, promote and champion current health programs, projects, and
2 activities to improve access to quality health services towards the improved health
3 status of the community;
- 4 (b) Educator - to guide and advise the community on the current DOH and health
5 priorities of LGUs such as importance of birth plan and facility-based delivery in
6 reducing maternal and infant deaths; newborn screening for the early detection of
7 congenital metabolic disorders which may lead to mental retardation and even death,
8 among others;
- 9 (c) Disseminator - to maintain regular communication with local professional health
10 workers on health events and updates and concerns relevant to the community and
11 inform the same to the community for appropriate action, if necessary;
- 12 (d) Coordinator - to facilitate access to any group or association of the community
13 with a relevant network of or specific health and non-health service providers;
- 14 (e) Record Keeper - to maintain updated records of health data, health activities and events
15 in the community;
- 16 (f) Health Care Service Provider – to assist and provide basic healthcare services as may be
17 needed in the community in any health event.

18 A BHW shall not be required to engage in any partisan political activity.

19

20 **SEC. 7. Mandatory Appointment of Barangay Health Worker (BHW).** – There shall be
21 appointed at least one (1) BHW in every barangay for every twenty (20) households who shall be
22 under the supervision and control of the DOH. The BHW so appointed shall coordinate closely
23 with the local government health officer in the implementation of health programs in the locality.

24 As far as practicable, the BHW to be employed must be a resident of the barangay.

25 The DOH shall determine the ratio of barangay health workers according to the number of
26 households: *Provided*, That there shall be at least one (1) BHW for every twenty (20) households:
27 *Provided, further*, That the total number of barangay health workers nationwide shall not be less
28 than one percent (1%) of the total population.

29

30 **SEC. 8. Incentives and Benefits.** – All BHWs who are actively and regularly
31 performing their duties shall be entitled to monthly honoraria in the amount of not less than
32 Three thousand pesos (P3,000.00) subject to adjustment based on the prevailing market value,
33 in addition to the following incentives and benefits:

- 34 (a) *Privileges for the BHWs.* – All accredited BHWs shall be entitled to
35 twenty percent (20%) discount on all the items enumerated under Section 4(a)
36 of Republic Act No. 9994 otherwise known as the “Expanded Senior Citizens
37 Act of 2010”: *Provided*, That the privileges shall not be claimed if the BHW is
38 eligible for a higher discount that may be granted by the commercial
39 establishment or other existing laws.

40 The commercial establishment may claim the discount granted under this
41 Section as tax deduction based on the cost of goods sold or services
42 rendered: *Provided*, that the discount shall be allowed as deduction from the
43 gross income for the same taxable year that the discount is granted: *Provided*,
44 *further*, that the total amount of the claimed tax deduction net of value-added
45 tax, if applicable, shall be included in their gross sales receipt for tax
46 purposes and shall be subject to proper documentation and to the provisions
47 of the National Internal Revenue Code of 1997, as amended.

- 1 (b) *Hazard Allowance.* – All accredited BHWs shall be entitled to hazard
2 allowance in an amount to be determined by the local health board of the
3 LGU concerned, which in no case shall be less than One thousand pesos
4 (P1,000.00) per month, subject to existing laws, rules, and regulations;
- 5 (c) *Subsistence Allowance.* – All accredited BHWs who render service within
6 the premises of isolated barangay health stations shall be entitled to subsistence
7 allowance equivalent to the meals they take in the course of their duty,
8 which shall be computed in accordance with prevailing circumstances as
9 determined by the LGU concerned. such allowance shall, in no case, be less
10 than One hundred pesos (P100.00) per day;
- 11 (d) *Transportation Allowance.* – All accredited BHWs, in the performance of
12 their official duties, shall be entitled to a transportation allowance of not less
13 than One thousand pesos (P1,000.00) per month, subject to auditing rules and
14 regulations;
- 15 (e) *One-time Retirement Cash Incentive.* – An accredited BHW who has
16 continuously and satisfactorily served for at least fifteen (15) years shall be
17 entitled to a one-time retirement cash incentive of not less than Ten
18 thousand pesos (P10,000.00) in recognition of their loyalty and dedication,
19 which shall be borne by the municipality or city concerned. The provincial
20 government may provide assistance for this purpose, in the case of component
21 cities;
- 22 (f) *Training, Education and Career Enrichment Programs.* – The DOH shall, in
23 coordination with the Department of Education (DepEd), Commission on
24 Higher Education (CHED), Technical Education and Skills
25 Development Authority (TESDA), DOH-recognized academic institutions,
26 other concerned agencies and nongovernment organizations, provide
27 information on and opportunities for education and career enrichment for
28 accredited BHWs, such as in the following programs:
- 29 1) Educational programs which credit the years of primary healthcare
30 service of the BHW towards higher education completion in
31 institutions with stepladder curricula thus allowing them to upgrade
32 their skills and knowledge for community work or to pursue further
33 training as midwives, pharmacists, nurses or doctors;
- 34 2) Continuing education, study and exposure tours, grants, field
35 immersion, and scholarships, among others;
- 36 3) Scholarship benefits in the form of tuition fees in state colleges, to be
37 granted to one (1) child of every barangay health worker who will not
38 be able to take advantage of the programs described in paragraphs
39 (1), (2), and (3) hereof; and
- 40 4) Special training programs such as traditional
41 medicine, disaster preparedness and other programs that address
42 emergent community health problems and issues.
- 43 (g) *Health Benefits.* – All accredited BHWs shall be entitled to the following
44 health benefits during their incumbency:
- 45 1) Free medical care, including surgery and surgical expenses medicines,
46 x-ray and other laboratory fees, when confined in any public hospital
47 or health institution;
- 48 2) Emergency assistance not exceeding the amount of Five thousand
49 pesos (P5,000.00) chargeable against the fund of the barangay
50 concerned, for expenses incurred in the nearest private hospital or clinic
51 in case of extreme emergency where there is no available public
52 hospital;

1 others, the present Consumer Price Index (CPI) as published by the Philippine Statistics
2 Authority (PSA).

3
4 **SEC. 10. *Discrimination Prohibited.*** – Discrimination against any BHW by
5 reason of gender, civil status, creed, religious or political beliefs and ethnic groupings in the
6 exercise of their functions and responsibilities is hereby prohibited.

7
8 **SEC. 11. *Protection of BHWs.*** – The municipal, city, provincial governments and
9 the Department of the Interior and Local Government (DILG) shall establish a grievance
10 mechanism as a means of processing complaints of BHWs against alleged acts of
11 discrimination and unjust removal from the service. A BHW may appeal their grievances to the
12 DILG.

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

18
19 **SEC. 13. *Representation in the Local Health Board and Primary Health Care***
20 ***Provider Network.*** – The president of the municipal or city association of BHWs shall be a
21 member of the municipal or city local health board. The presidents of the association of BHWs of
22 each component city and municipality associations of a province shall elect from among
23 themselves their representative to the provincial health board: *Provided, That, the BHW*
24 *representatives to the health boards shall not be allowed to vote on the registration,*
25 *accreditation and disciplinary or removal complaints of BHW.* The BHWs shall also form part
26 of the healthcare provider network and shall participate in the implementation of healthcare
27 services and programs.

28
29 **SEC 14. *Continuous Capacity Building for BHWs.*** – The DOH shall conduct
30 continuous capacity building for BHWs to enhance and upgrade their knowledge and skills,
31 including training programs conducted online and in major Philippine dialects.

32
33 The DOH shall, in coordination with TESDA and other concerned agencies shall also assist the
34 LGUs in the development of education modules or materials that highlight the collective
35 experiences and learnings of BHWs and the use of traditional and complementary medicine.

36
37 The LGUs shall endeavor to establish their own training centers for their BHWs and other health
38 workers in coordination with TESDA, NGOs, and other agencies concerned.

39
40 The LGUs shall also implement a development program for BHWs that will allow them to
41 benefit from ladderized training as provided under Republic Act No. 10968, otherwise known as
42 the “PQF Act,” and Republic Act No. 10647, otherwise known as the “Ladderized Education Act
43 of 2014,” including academic credits for health-related courses.

44
45 **SEC. 15. *Penalty Clause.*** – Any local government official who violates any provision of
46 this Act may be administratively and criminally charged in accordance with law.

47
48 **SEC. 16. *Appropriations.*** – The amount necessary for the implementation of this Act
49 shall be charged against the National Tax Allotment (NTA) of the LGUs, other local funds
50 and the special health fund under Republic Act No. 11223 otherwise known as the “Universal
51 Health Care Act”.

52

1 **SEC. 17. *Implementing Rules and Regulation.*** – The DOH and the DILG shall, in
2 consultation with the DepEd, the CSC, the GSIS, and other concerned government agencies and
3 nongovernmental entities, promulgate the rules and regulations to implement this Act not later
4 than one hundred eighty (180) days from the effectivity of this Act.

5
6 **SEC. 18. *Separability Clause.*** – If any portion or provision of this Act is declared
7 invalid or unconstitutional, other provisions hereof shall remain in full force and effect.

8
9 **SEC. 19. *Repealing Clause.*** – Republic Act No. 7883 otherwise known as the
10 “Barangay Health Workers’ Benefits and Incentives Act of 1995” is hereby repealed. All
11 laws, decrees, executive orders, rules and regulations, which are inconsistent with this Act are
12 hereby repealed, or modified accordingly.

13
14 **SEC. 20. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
15 publication in the *Official Gazette* or in a national newspaper of general circulation.

16
17 *Approved,*