



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. 7941



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT MANDATING THE ALLOCATION OF AT LEAST TEN PERCENT (10%) OF THE ANNUAL NATIONAL TAX ALLOTMENT (NTA) OF EVERY BARANGAY FOR HEALTH PROGRAMS, PROJECTS, AND SERVICES, PRESCRIBING GUIDELINES FOR ITS IMPLEMENTATION, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution declares that “the State shall protect and promote the right to health of the people and instill health consciousness among them.”

Despite this constitutional guarantee and the passage of the Universal Health Care Act (Republic Act No. 11223), many barangays across the country still face persistent gaps in health funding, leading to inadequate primary care services, poor preventive programs, and limited resources for Barangay Health Workers and health stations.

The barangay, as the basic political unit, is at the frontline of service delivery. It serves as the first point of contact for health services, especially in rural and underserved areas. However, without a mandatory and predictable funding stream

for health, local health systems remain vulnerable to budget cuts or political discretion.

This measure seeks to institutionalize a minimum allocation of ten percent (10%) of the Barangay National Tax Allotment (NTA) exclusively for health programs and services. The proposed Barangay Health Budget Mandate Act ensures that every barangay dedicates sufficient resources to disease prevention, health promotion, maternal and child care, nutrition programs, and other vital public health services.

Specifically, the measure seeks to:

- 1) Strengthen the delivery of primary health care at the barangay level by guaranteeing a dedicated health budget;
- 2) Empower local health committees and Barangay Health Workers to plan and implement responsive health initiatives;
- 3) Institutionalize accountability and transparency in the use of barangay health funds through COA and DILG oversight; and
- 4) Support the objectives of the Universal Health Care Act and the Local Government Code by ensuring equitable access to essential health services for all Filipinos.

By mandating a fixed percentage of the NTA for health, this bill reinforces the government's commitment to health equity, strengthens community resilience, and ensures that no Filipino is denied basic health care due to lack of local funding.

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



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JUDE A. ACIDRE



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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 “*Barangay Health Budget Mandate Act.*”

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 instill health consciousness among them, consistent with Article II, Section 15 of the 1987

Constitution. Further, the State recognizes that the barangay, being the primary implementing unit of government programs, plays a critical role in delivering essential health services, promoting disease prevention, and ensuring equitable access to primary care.

In line with this constitutional mandate and the goals of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, and Republic Act No. 11223, or the Universal Health Care Act, it is imperative to strengthen barangay-level health systems through the guaranteed allocation of resources dedicated to health programs, projects, and services.

SECTION 3. *Definition of Terms.* – For purposes of this Act, the following terms shall mean:

- a) ***Barangay National Tax Allotment (NTA)*** refers to the share of the barangay from national taxes pursuant to Title III, Book II of the Local Government Code of 1991, as amended.
- b) ***Health Programs, Projects, and Services*** refer to any barangay initiative, intervention, or expenditure related to public health.
- c) ***(Barangay Health Station (BHS))*** refers to the primary health facility established at the barangay level, managed by local government and supervised by the city or municipal health office.
- d) ***Barangay Health Plan*** refers to the annual health action plan formulated by the Barangay Health Committee, consistent with the local development and investment plans, indicating health priorities, activities, and fund utilization.

SECTION 4. *Mandatory Health Allocation.* – Each barangay shall allocate not less than ten percent (10%) of its annual National Tax Allotment (NTA) exclusively for the funding and implementation of health programs, projects, and services as defined in this Act.

The allocation shall be distinct from and in addition to appropriations for other barangay expenditures such as peace and order, infrastructure, and administrative operations.

SECTION 5. *Preparation and Utilization of the Barangay Health Budget* – The Barangay Health Committee, chaired by the Punong Barangay and composed of the Barangay Kagawad for Health, Barangay Health Workers, and representatives from the City or Municipal Health Office, shall prepare the Barangay Health Plan and Budget, consistent with the annual barangay development plan.

The Barangay Council shall approve the Barangay Health Budget as part of its annual appropriation ordinance. Funds allocated under this Act shall be used solely for health-related purposes and shall not be realigned or used for non-health activities.

SECTION 6. *Monitoring, Reporting and Oversight.* –

A. The City or Municipal Health Office shall monitor the utilization and implementation of the health allocation and submit a consolidated report to the City/Municipal Mayor and the Local Sanggunian.

B. The Department of the Interior and Local Government (DILG) and the Department of Health (DOH) shall jointly issue guidelines for monitoring and reporting compliance with this Act.

C. The Commission on Audit (COA) shall audit the use of barangay funds to ensure that the mandated 10% allocation is properly utilized for health purposes.

D. The DILG shall submit to Congress an annual compliance report, detailing the percentage of barangays meeting the required allocation and the health outcomes achieved.

SECTION 7. *Incentives and Sanctions.* – Barangays that fully comply with this Act and demonstrate effective use of funds for measurable health outcomes may be eligible for incentive grants under the DOH or DILG performance-based programs.

Failure to comply with the minimum allocation requirement shall constitute administrative negligence, subjecting the responsible barangay officials to sanctions under existing laws, including suspension of eligibility for certain national government grants or programs.

SECTION 8. *Capacity Building and Technical Assistance.* — The DOH and DILG shall jointly provide capacity-building programs for barangay officials, health committees, and BHWs in financial management, health planning, monitoring, and reporting to ensure the efficient use of the allocated funds.

SECTION 9: *Appropriation.* – The amounts necessary for the initial implementation of this Act shall be charged against the current appropriations of the DOH and DILG. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

SECTION 10. *Implementing Rules and Regulations (IRR).* — Within ninety (90) days from the effectivity of this Act, the DOH and DILG, in consultation with the Department of Budget and Management (DBM), COA, and the League of Barangays of the Philippines, shall promulgate the necessary rules and regulations to carry out the provisions of this Act.

SECTION 11. *Separability Clause.* – If, for any reason, any part or provision of this Act shall be held unconstitutional or invalid, other parts of provisions thereof not affected shall thereby continue to be in full force and effect.

SECTION 12. *Repealing Clause.* - All laws, presidential decrees, executive orders, letters of instruction, proclamations or administrative regulations that are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SECTION 13. *Effectivity.* - Notwithstanding the non-issuance of the implementing rules and regulations, this Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,