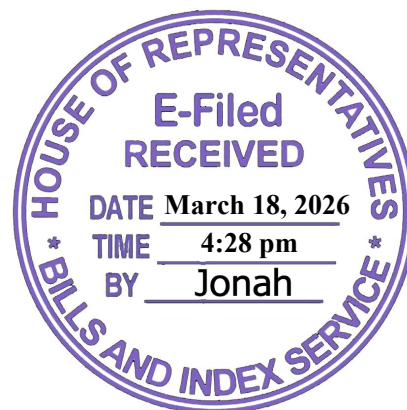


Republic of the Philippines
House of Representatives
Quezon City

TWENTIETH CONGRESS
First Regular Session

House Bill No. 8666



Introduced by HON. JAMES "JOJO" ANG JR.

EXPLANATORY NOTE

Barangay Health Workers (BHWs) serve as the backbone of community-based health care in the Philippines. As frontline health volunteers, they assist in delivering essential primary health care services, promote health awareness, monitor community health conditions, and support government health programs at the grassroots level.

According to data from the Department of Health, there are approximately 270,000 Barangay Health Workers nationwide, deployed across thousands of barangays and serving as the most accessible health workers for many Filipino families. In many communities, especially in geographically isolated and disadvantaged areas, BHWs are often the first, and sometimes the only, health personnel available to assist residents.

Despite their indispensable role, most BHWs continue to serve primarily as volunteers and receive minimal or irregular honoraria, limited benefits, and insufficient institutional support. Existing legislation, particularly Republic Act No. 7883, recognizes their contributions but has proven inadequate in addressing the evolving needs of the health sector and the demands placed upon BHWs. The implementation of Republic Act No. 11223 further highlights the need to strengthen the country's primary health care workforce. A responsive and effective health care system requires well-trained, adequately supported, and properly compensated community health workers who serve as the bridge between health facilities and local communities.

This proposed Magna Carta of Barangay Health Workers seeks to institutionalize stronger support and protection for BHWs by providing a comprehensive framework for their registration, certification, training, and professional development. The measure also provides for the creation of plantilla positions in local government units, the establishment of minimum salary grades, and

the granting of appropriate incentives and benefits, including honoraria, allowances, insurance coverage, and career advancement opportunities.

Moreover, the bill establishes a National Barangay Health Worker Information System to strengthen policy planning and program implementation, while also providing mechanisms to ensure security of tenure, protection from discrimination, and representation in local health governance.

By strengthening and professionalizing the Barangay Health Worker sector, the State affirms its commitment to improving primary health care and achieving universal health care for all Filipinos.

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



JAMES "JOJO" ANG JR.
Uswag Ilonggo Party-list

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

TWENTIETH CONGRESS
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HOUSE BILL NO. 8666

Introduced by HON. JAMES “JOJO” ANG JR.

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 and cited as the “*Magna*
2 *Carta of Barangay Health Workers Act*”.

3 **SEC. 2. *Declaration of Policy.*** – It is declared the policy of the State to protect
4 and promote the right to health of the people and instill health consciousness among
5 them.

6 The State recognizes the importance of primary healthcare in attaining
7 universal, with the concerted efforts of the local government units, the communities,
8 and volunteers.

9 The State likewise recognizes the vital role of Barangay Health Workers
10 (BHWs), who are volunteers, and the need to provide them with security of tenure,
11 adequate benefits and just compensation, consistent with the principle of equal pay
12 for equal work and work of equal value.

13 **SEC. 3. *Definition.*** - The term “Barangay Health Worker” refers to a person
14 who has undergone training programs under any accredited government and non-
15 government organization and who renders primary health care services in the
16 community after having been accredited to function as such by the local health board

1 in accordance with the guidelines promulgated by the Department of Health (DOH)
2 and appointed by the city or municipal mayor, as the case may be.

3 **SEC. 4. Coverage.** - This Act shall cover all BHWs, whether as volunteers or
4 employees of the government, and all LGUs and national government agencies that
5 mobilize BHWs to expand the delivery of primary health care services to
6 communities, families, and individuals.

7
8 **CHAPTER I**
9 **BARANGAY HEALTH WORKERS IN THE PRIMARY HEALTH CARE**
10 **INDUSTRY**

11 **SEC. 5. Roles and Responsibilities of Barangay Health Workers.** - BHWs shall
12 serve as frontliners in supporting the delivery of primary health care in their
13 respective community. They shall form part of the community health teams of the
14 barangay health station, health center, or any other primary health care facility of the
15 municipal/city health office established to provide primary health care services to a
16 barangay or a part of it, or a cluster of barangays.

17 For this purpose, BHWs shall perform the following roles:

- 18 1) Assist the health facilities in providing primary health care services to the
19 members of the community;
20 2) Provide knowledge and skills to community members in the prevention
21 and management of simple illnesses;
22 3) Organize and mobilize the community towards self-reliance; and
23 4) Assist in the development and maintenance of a community health profile,
24 and collect health data and information of families and individuals in the
25 community.

26 The head of the barangay health station, health center, or any other primary
27 health care facility of the municipal/city health office shall exercise day-to-day direct
28 control and supervision over the BHWs.

29 **SEC. 6. Number of Barangay Health Workers.** - The Department of Health
30 (DOH) shall issue the guidelines as to the ideal number of Barangay Health Worker-

1 to-population ratio. Such a number should be sufficient to allow the city or
2 municipality to satisfactorily deliver primary healthcare to its constituents.

3
4 **CHAPTER II**
5 **REGISTRATION, CERTIFICATION, AND APPOINTMENT**
6 **OF BARANGAY HEALTH WORKERS**
7

8 **SEC. 7. *Registration.*** - In addition to qualifications to be set by the
9 municipal/city health board, an applicant must meet the following requirements to
10 qualify as a BHW:

- 11 1) At least eighteen (18) years of age at the date of the filing the application for
12 registration;
13 2) Physically and mentally fit; and
14 3) With basic BHW orientation and training as prescribed by the DOH,
15 completed in the same year of application for registration.

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

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

22 **SEC. 9. *National BHW Information System.*** - A National BHW Information
23 System shall (NBIS) be established and maintained by the DOH, in partnership with
24 the Department of Information and Communications Technology (DICT), to assist the
25 national government and LGUs in formulating and implementing policies and
26 programs for the organization and development of BHWs.

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

1 The municipal/city health boards shall be responsible for registering and
2 continuously updating the records of BHWs in their jurisdictions. The provincial
3 health boards, with the assistance of the DOH, shall provide training to
4 municipal/city health boards within the province on the use of the NBIS and ensure
5 that the local health boards regularly submit accurate data and information on their
6 BHWs.

7 **SEC. 10. *Certification of BHWs.*** - To ensure the health and welfare of the
8 community and further professionalize the cadre of BHWs in rendering primary
9 health care services, a duly registered BHW shall undergo certification by the
10 municipal/city health board.

11 The DOH, in consultation with the Technical Education and Skills
12 Development Authority (TESDA), the Commission on Higher Education (CHED), and
13 the Civil Service Commission (CSC), shall promulgate the policies, standards, and
14 guidelines for the certification of competency of BHWs.

15 To qualify for certification, a registered BHW must have:

- 16 1) Completed at least two (2) years of continuous service in the locality;
- 17 2) Completed the training on the roles, duties, and responsibilities of a BHW,
- 18 3) Provided satisfactory performance as evaluated by the health care
19 professional supervising the concerned BHW immediately before the filing
20 of the application for certification; and
- 21 4) Completed the courses of the certification component of the Education and
22 Training Program, provided in Section 11 of this Act.

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

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

30 **SEC. 11. *Education and Training Program for BHWs.*** - The DOH and the
31 TESDA, in collaboration with the CSC, the CHED, relevant government agencies,

1 LGUs, education institutions, and stakeholders, shall develop and institutionalize a
2 continuing competency-based education and training curriculum for all BHWs.

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

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

- 10 1) Providing training materials to enhance the knowledge and skills of BHWs;
- 11 2) Offering forums for BHWs to communicate, share experiences, and seek
12 advice from peers and health professionals;
- 13 3) Disseminating new policies, programs, and guidelines pertaining to their
14 roles and responsibilities;
- 15 4) Facilitating reporting and feedback mechanisms to improve service
16 delivery and address challenges faced in the field; and
- 17 5) Offering resources, including health and wellness programs for personal
18 and professional development.

19 **SEC. 12. *Inclusion of the BHW Positions in the Government Plantilla.*** – The
20 Department of Budget and Management (DBM), in consultation with the CSC, the
21 DOH and LGUs, shall establish the position classification and the corresponding
22 salary grades for BHWs in the Index of Occupational Standards. Municipalities and
23 cities may employ BHWs in their respective LGUs.

24 **SEC. 13. *Minimum Salary Grade.*** - All BHW plantilla positions shall receive a
25 salary not lower than Salary Grade (SG) 1, in accordance with the prevailing
26 compensation and position classification system of the DBM. LGUs may provide
27 additional top-ups or local incentives, subject to their fiscal capacity.

28 The SG of BHW plantilla positions may be adjusted by the DBM, upon
29 consultation with the DOH, CSC, and relevant stakeholders, subject to their fiscal
30 capacity and based on performance reviews, cost of living adjustments, or changes in
31 national compensation policies.

1 **SEC. 14. *Phased Implementation.*** - The creation of plantilla positions shall be
2 implemented in phases over a period of three (3) years, taking into consideration the
3 following factors:

- 4 1) Annual budgetary allocations of both the local and national government;
- 5 2) The existing registry of BHWs is maintained and validated by the DOH;
- 6 3) Local government fiscal capacity, with national government counterpart
7 funding or subsidy where necessary.

8 The DOH shall implement the subsidy program for LCDs in phases or
9 batches, beginning one (1) year from the effectivity of this Act, and shall prioritize
10 the following:

- 11 1) Fourth- to sixth-class municipalities;
- 12 2) Geographically isolated and disadvantaged areas (GIDAs); and
- 13 3) LGUs with a high ratio of unregularized BHWs to the population served.

14 The phased implementation schedule, including eligibility criteria and
15 monitoring mechanisms, shall be detailed in the Implementing Rules and Regulations
16 (IRR) to be promulgated under this Act.

17 **SEC. 15. *Qualifications for Appointment.*** - To be eligible for appointment to a
18 plantilla position as a BHW under this Act, an individual must meet the following
19 minimum qualifications:

- 20 1) Must be able to read and write, as defined under applicable CSC standards;
- 21 2) Must be included in the official BHW registry maintained and validated by
22 the DOH in coordination with the respective LGU; and
- 23 3) Must have rendered at least one (1) year of continuous service as a BHW
24 prior to appointment, whether on a volunteer or contractual basis, as
25 certified by the local health office.

26 No formal educational degree, professional licensure, or eligibility examination
27 shall be required for appointment to Salary Grade 1 positions under this Act. The CSC
28 shall issue appropriate guidelines consistent with this policy.

29 **SEC. 16. *Security of Tenure.*** - BHWs appointed to plantilla positions under this
30 Act shall enjoy full security of tenure, consistent with the Civil Service laws, rules, and
31 regulations. No BHW shall be removed or dismissed from service except for just cause

1 and with due process, as provided under applicable laws. Their tenure shall not be
2 affected by changes in local leadership, political affiliation, or personal preference of
3 appointing authorities.

4 **SEC. 17. *Special Provisions for Senior BHWs.*** - BHWs who are nearing or have
5 reached the compulsory retirement age for government service, or who voluntarily
6 choose not to be appointed to plantilla positions due to age or other personal reasons,
7 shall not be compelled to undergo regularization under this Act.

8 In recognition of their years of service and continued contributions to
9 community health, LGUs, in coordination with the DOH, shall provide alternative
10 benefits or support mechanisms.

11 12 **CHAPTER III** 13 **INCENTIVES AND BENEFITS**

14 **SEC. 18. *Monthly Honoraria for Non-Plantilla BHWs.*** - Pending the creation
15 of plantilla positions for BHWs, those who are actively and regularly performing their
16 duties shall be entitled to monthly honoraria in the amount of not less than Three
17 Thousand Pesos (Php 3,000.00) for registered BHWs and not less than Five Thousand
18 Pesos (Php 5,000.00) for certified BHWs, subject to adjustment based on the prevailing
19 market value: *Provided*, That no diminution of monthly honoraria can be made on
20 BHWs already receiving more than the herein prescribed minimum amounts:
21 *Provided, further*, That the DOH, in coordination with the DILG and the DBM, shall
22 review and adjust the minimum honoraria every three (3) years.

23 **SEC. 19. *Transportation Allowance/Expense Reimbursements.*** - Registered and
24 certified BHWs shall be provided by the barangay with transportation allowance or
25 to reimbursement of actual transportation expense for the performance of their
26 functions, as may be authorized by law or regulation: *Provided*, That the barangay
27 may, instead, provide applicable forms of transportation to enable the BHWs to
28 provide the needed primary health care service: *Provided, further*. That the
29 municipality or city, through their health offices, may shoulder such allowance or
30 expense: *Provided, finally*. That official travel, such as seminars, conferences, and
31 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.

SEC. 20. *Subsistence Allowance.* - The concerned municipality or city shall provide BHWs who render service in unserved or underserved barangays where they are not residents to make their services available at any and all times, with subsistence allowance equivalent to the meals taken during their duty, which shall be computed following prevailing circumstances. In no case shall such subsistence allowance be less than One hundred pesos (P 100.00) per day.

SEC. 21. *Hazard Allowance.* - BHWs who, in the exercise of their duties, are exposed to situations, conditions, or factors in the work environment or place where foreseeable but unavoidable danger or risks to their health, life, or on their person exist, including assignment to communities in or recovering from a situation of armed conflict, as validated by proper authorities, shall be paid a hazard allowance by the concerned municipality or city in an amount to be determined by its local health board and the local peace and order council, which shall in no case be less than One thousand pesos (P 1,000.00) per month, subject to existing laws, rules, and regulations;

SEC. 22. *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;

SEC. 23. *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.

SEC. 24. *Cash Gift.* - The BHWs shall be entitled to a cash gift not less than the minimum monthly honoraria, to be given every December.

SEC. 25. *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/her loyalty, dedication,

1 and service, be entitled to a one-time incentive of not less than Ten thousand pesos
2 (P10,000.00), which shall be borne by the municipality or city concerned. The national
3 and provincial governments shall assist in case of non-availability of funds from the
4 concerned municipality or component city.

5 **SEC. 26. *Education and Career Advancement*** - The DOH, in coordination with
6 the Department of Education, CHED, TESDA, CSC, other concerned national
7 government agencies, non-government organizations, and LCDs, shall provide
8 information on, and opportunities for, education and career advancement for BHWs,
9 such as:

- 10 1) Educational programs that credit the years of primary health care
11 service of the BHW and the number of training hours gained during
12 attendance to courses covered by the Education and Training Program
13 under Section 11 of this Act towards higher education completion in
14 institutions with step-ladder curricula, as provided under Republic Act
15 No. 10968, otherwise known as the "PQF Act", and Republic Act No.
16 10647, otherwise known as the "Ladderized Education Act of 2014", thus
17 allowing them to upgrade their skills and knowledge for community
18 work or to pursue further training as health care professionals;
- 19 2) Continuing education, study and exposure tours, field immersion, and
20 scholarship and financial grants, among others;
- 21 3) Scholarship grant or financial assistance to one (1) child of a BHW who
22 is unable to take advantage of the programs described in paragraphs (1)
23 and (2) hereof; and
- 24 4) Special training programs, such as traditional medicine, disaster
25 preparedness, and other programs that address emergent community
26 health problems and issues.

27 **SEC. 27. *Free Legal Services***. - Legal representation and consultation services
28 shall be immediately provided by the Public Attorney's Office to a BHW in cases of
29 coercion or interference, and in other civil and criminal cases filed by or against the
30 BHW arising out of or in connection with the performance of his/her duties.

1 **SEC. 28. *Preferential Access to Government Livelihood Programs.*** -
2 Government agencies providing livelihood programs shall provide organized BHWs
3 with preferential access to loan services; *Provided,* That in the provision of the monthly
4 honoraria and the cash gift, and in consideration of the financial assistance of the
5 national government to third, fourth, and fifth class municipalities, as provided under
6 Section 18 of this Act, the provinces, in consultation with component cities,
7 municipalities, and barangays within their jurisdiction, shall determine the actual
8 amount or percentage share of the amount that each LGU will give to BHWs: *Provided,*
9 *further,* That nothing herein limits the barangay, municipality, city, or province from
10 fully shouldering the provision of the monthly honoraria and the cash gift: *Provided,*
11 *furthermore,* That nothing herein prevents the barangay, municipality, city, and
12 province from providing additional monetary and non-monetary benefits to BHWs to
13 supplement those given by another concerned LGU within the province: *Provided,*
14 *finally,* That these honoraria shall be given starting January of the ensuing fiscal year
15 unless the LGUs, singly or collectively, immediately provide the needed funding.

16 **SEC. 29. *Sub-Professional Eligibility.*** - Certified BHWs shall be granted sub-
17 professional eligibility if they have rendered at least five (5) years of continuous
18 service as such: *Provided,* That should a BHW become a regular employee of the
19 government, the total numbers of years served as such shall be credited to the BHWs
20 service in the computation of retirement benefits. The emoluments, incentives,
21 benefits, honoraria, allowances, and reimbursements of BHWs employed by the
22 municipality, city, province, or national government agencies on a regular,
23 contractual, casual, or job order basis shall be governed by civil service laws and the
24 policies issued by the CSC, the Office of the President, the DBM, and the LGU under
25 which they are employed.

26 **SEC. 30. *BHW Deployment Subsidy to Low-Income Municipalities.*** - There is
27 hereby mandated a BHW Deployment Subsidy to Low-Income Municipalities to
28 provide financial assistance to third, fourth, and fifth class municipalities and enable
29 them to deploy a sufficient number of volunteer BHWs in their communities,
30 particularly to unserved or underserved areas in their jurisdictions, and provide
31 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.

CHAPTER IV

PROHIBITIONS, PROTECTIONS, AND RIGHTS

SEC. 31. *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.

SEC. 32. *Protection of BHWs.* - The municipal, city, provincial governments and the DILG shall establish a grievance mechanism as a means of processing complaints of BHWs against alleged acts of discrimination and unjust removal from the service. A BHW may appeal their grievances to the DILG.

SEC. 33. *Right to Self-organization.* - A BHW shall have the right to freely form, join or assist organizations to obtain redress of their grievances through peaceful concerted activities, in a manner not contrary to law, and 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.

SEC. 34. *Representation in the Local Health Board and Primary Health Care Provider Network.* - The president of the municipal or city association of BHWs shall be a member of the municipal or city local health board. The presidents of the association of BHWs of each component city and municipality shall elect from among themselves their representative to the provincial health board: *Provided, That, the* BHW representatives to the health boards shall not be allowed to vote on the registration, accreditation and disciplinary or removal complaints of BHWs.

The BHWs shall also form part of the healthcare provider network and shall participate in the implementation of healthcare services and programs.

SEC. 35. *Continuous Capacity Building for BHWs.* - The DOH shall conduct continuous capacity building for BHWs to enhance and upgrade their knowledge and skills, including training programs conducted online and in major Philippine dialects. The DOH shall, in coordination with TESDA and other concerned agencies shall also assist the LGUs in the development of education modules or materials that highlight

1 the collective experiences and learnings of BHWs and the use of traditional and
2 complementary medicine.

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

6 **SEC. 36. *Prohibition on Participation in Political Activities.*** - To maintain
7 their integrity and impartiality, and eliminate the possibility of conflicts with their
8 catchment households, BHWs are prohibited from participating in partisan political
9 activities. Any BHW who files an application as a candidate in any political position
10 is hereby deemed removed from the list of registered BHWs or resigned from
11 government service, as the case may be. Participation in political activities shall serve
12 as basis for the local health board to remove BHWs from the list of registered BHWs.

13 14 **CHAPTER V** 15 **OTHER PROVISIONS**

16 **SEC. 37. *Observance of BHW Day.*** - Every barangay shall commemorate BHW
17 Day on April 7 of every year in recognition of the service of BHWs, their heroic service
18 in times of crisis, and their indispensable role in promoting health and wellness
19 among the citizenry.

20 The DOH, in cooperation with the DILG and all LGUs, shall hold simple
21 ceremonies or activities to highlight the indispensable role of BHWs in nation
22 building.

23 **SEC. 38. *Periodic Review of Implementation.*** - The DOH, in coordination with
24 the DBM, DILG, CSC, and relevant BHW associations, shall conduct a comprehensive
25 review of the implementation of this Act every three (3) years from its effectivity.

26 The review shall include, but not be limited to:

- 27 1) The adequacy of the salary grade and benefits of BHWs;
- 28 2) The effectiveness of the plantilla integration process;
- 29 3) Equity in allocation of national subsidies; and
- 30 4) The overall impact of the Act on community health outcomes.

1 The findings and recommendations shall be submitted to Congress and made
2 publicly available to inform possible amendments or improvements to the Act.

3 **SEC. 39. Appropriations.** - The amount necessary for the implementation of
4 this Act shall be charged against the National Tax Allotment (NTA) of the LGUs, other
5 local funds and the special health fund under Republic Act No. 11223 otherwise
6 known as the "Universal Health Care Act".

7 **SEC. 40. Implementing Rules And Regulations.** - The DOH and the DILG shall,
8 in consultation with the DepEd, the CSC, the GSIS, and other concerned government
9 agencies and nongovernmental entities, promulgate the rules and regulations to
10 implement this Act not later than one hundred eighty (180) days from the effectivity
11 7 of this Act.

12 **SEC. 41. Separability Clause.** - If any portion or provision of this Act is declared
13 invalid or unconstitutional, other provisions hereof shall remain in full force and
14 effect.

15 **SEC. 42. Repealing Clause.** - Republic Act No. 7883 otherwise known as the
16 "Barangay Health Workers' Benefits and Incentives Act of 1995" is hereby repealed.
17 All laws, decrees, executive orders, rules and regulations, which are inconsistent with
18 this Act are hereby repealed, or modified accordingly.

19 **SEC. 43. Effectivity.** - This Act shall take effect fifteen (15) days after its
20 publication in the *Official Gazette* or in a national newspaper of general circulation.

Approved,