

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL No. 9337

Introduced by REP. RAMIL L. HERNANDEZ

**AN ACT STRENGTHENING THE GRASSROOTS PRIMARY HEALTH CARE SYSTEM
THROUGH HIRING OF SUFFICIENT BARANGAY HEALTH WORKERS
IN CITIES AND MUNICIPALITIES, ELEVATING THEIR STATUS TO
LOCAL GOVERNMENT WORKERS,
PROVIDING APPROPRIATIONS THEREFOR, AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

The right to health is a constitutional guarantee that requires a robust, proactive, and accessible primary healthcare system. While macroscopic medical facilities and specialized hospitals form the bedrock of curative care, the true front line of defense in public health is found at the grassroots level.

The vulnerabilities exposed during global health emergencies, such as the COVID-19 pandemic, demonstrated that centralized healthcare structures can easily become overwhelmed if the community-level infrastructure is weak. A critical lesson from past public health challenges is that efficient disease surveillance, prompt localized responses, and effective preventative education rely entirely on the individuals who interface directly with our neighborhoods: our Barangay Health Workers (BHWs).

Despite their indispensable role in acting as the primary link between communities and formal health institutions, BHWs have historically been treated as mere volunteers. They are often subjected to meager allowances, lacking security of tenure, formal institutional support, and standard labor protections. This status quo is no longer tenable if we are to fully realize the mandates of Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act. The UHC Act envisions an integrated healthcare delivery system where quality, preventive, and promotive services are accessible to every Filipino. To achieve this, the personnel executing these services at the grassroots level must be professionalized and adequately compensated.

With the expanded fiscal capacity of local government units (LGUs) via their increased National Tax Allotment (NTA) shares, municipalities and cities now possess the stable financial foundation required to invest sustainably in their local health human resources.

This bill seeks to institutionalize the grassroots healthcare system by mandating the formal appointment of sufficient BHWs across all cities and municipalities. By elevating their status from volunteers to formal local government employees—whether on a job order, contractual, casual, or regular basis—this measure ensures that our frontline health responders receive just compensation, benefits, and the dignity of work they rightfully deserve.

In view of the crucial need to safeguard public health from the ground up, the immediate passage of this measure is earnestly sought.

Approved,

RAMIL L. HERNANDEZ
2nd District, Laguna

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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 “**Grassroots Health System Strengthening Act.**”

Section 2. Declaration of Policy. – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to Republic Act No. 11223, or the Universal Health Care Act, the State is committed to establishing a resilient primary healthcare system that delivers accessible, comprehensive, and preventive health services at the community level.

The State recognizes that the efficacy of the grassroots health infrastructure depends on the welfare of its frontliners. Therefore, the State shall guarantee the professionalization, security of tenure, and just compensation of Barangay Health Workers (BHWs), ensuring the application of the principle of equal pay for work of equal value.

Section 3. Definition of Terms. – As used in this Act, the term “**Barangay Health Worker**” (BHW) refers to a community-based health worker who has undergone accredited training programs under recognized government or non-government organizations, holds appropriate accreditation from the local health board in accordance with Department of Health (DOH) guidelines, and is formally appointed to render primary healthcare services within the city or municipality.

Section 4. *Ideal Ratio of Barangay Health Workers.* – The DOH, in coordination with local health boards, shall determine and issue the guidelines for the ideal BHW-to-population ratio. This metric shall ensure that every city and municipality hires a pool of health workers sufficient to satisfactorily and comprehensively deliver primary healthcare services to their respective constituents.

Section 5. *Hiring of BHWs.* – All cities and municipalities shall formally hire the required number of Barangay Health Workers to satisfy the ratio provided under Section 4 of this Act. Based on the fiscal capacity and organizational structure of the local government unit (LGU), BHWs shall be integrated into the LGU workforce as local government workers under regular, casual, contractual, job order or other appropriate contractual arrangements.

Barangay Health Workers currently serving and registered with the LGU prior to the effectivity of this Act shall be given utmost preference in the formal hiring and appointment process.

Section 6. *Compensation and Benefits.* – Barangay Health Workers hired under this Act shall be entitled to receive the corresponding standardized salaries, allowances, hazard pay, overtime pay, and other statutory benefits accorded to LGU personnel holding similar employment status, in accordance with existing civil service rules and compensation guidelines.

Section 7. *Grassroots Health Capability Building Program.* – The DOH, in coordination with the Department of the Interior and Local Government (DILG), shall establish a Grassroots Health Capability Building Program. This program shall provide continuous technical training, skill upgrades, and administrative support to BHWs.

Furthermore, this program shall provide supplemental financial and technical assistance to LGUs with lower income classifications to support the salary allocations of their BHW workforce for a transition period of ten (10) years from the effectivity of this Act.

Section 8. *Appropriations.* – The funding necessary for the salaries, compensation, and benefits of the appointed Barangay Health Workers shall be automatically charged against the respective National Tax Allotment (NTA) shares of the hiring cities and municipalities.

The amount necessary for the initial implementation of the Grassroots Health Capability Building Program and supplemental assistance to lower-income LGUs shall be charged against the current appropriations of the DOH. Thereafter, the funding needed for its continuous implementation shall be included in the annual General Appropriations Act (GAA).

Section 9. *Implementing Rules and Regulations (IRR)*. – Within sixty (60) days from the effectivity of this Act, the DILG and the DOH, in consultation with league of local authorities, shall promulgate the rules and regulations necessary to carry out the provisions of this Act.

Section 10. *Separability Clause*. – If any provision or part of this Act is held invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

Section 11. *Repealing Clause*. – All laws, decrees, orders, rules, and regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Section 12. *Effectivity*. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,