



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

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 11078



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

AN ACT
ESTABLISHING A NATIONAL BARANGAY HEALTH EQUITY INDEX,
MANDATING THE DEVELOPMENT OF A HEALTH EQUITY
SCORECARD FOR EVERY BARANGAY TO IDENTIFY DISPARITIES
AND GUIDE TARGETED INTERVENTIONS, APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

The Constitution recognizes health as a fundamental right of every Filipino and mandates the State to adopt an integrated and comprehensive approach to health development. In the current health landscape, landmark to this obligation is the enactment of Republic Act No. 11223, or otherwise known as the “Universal Health Care Act” which further institutionalizes a system that guarantees equitable access to quality and affordable health care for all Filipinos¹. Despite these commitments, significant health disparities persist across communities, particularly at the barangay level.

Many barangays continue to experience unequal access to health services due to variations in socioeconomic conditions, geographic isolation, infrastructure gaps,

¹ LawPhil. Republic Act No. 11223. https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

and uneven distribution of health personnel and resources. These disparities contribute to differences in health outcomes such as maternal and child mortality, disease burden, nutrition status, and access to preventive services². However, current national and local planning mechanisms often lack a standardized, granular tool that systematically measures and compares these inequalities across barangays.

This proposed measure seeks to address this gap through the establishment of a Barangay Health Equity Index (BHEI) and a corresponding Barangay Health Equity Scorecard for every barangay in the country. The BHEI will serve as a composite, data-driven index that measures key indicators of health status, disease burden, access to services, and the social determinants of health. Meanwhile, the Scorecard will function as an annual performance and monitoring tool that identifies priority health gaps, vulnerabilities, and necessary interventions at the barangay level.

By institutionalizing a standardized equity-based measurement system, this measure will enable the government to adopt more evidence-driven health planning, targeted interventions, and responsive resource allocation. The BHEI and Scorecard will guide national agencies and local government units (LGUs) in prioritizing communities with the greatest health needs, strengthening primary care networks, improving service delivery, and ensuring that health investments are directed where they are most needed.

Moreover, the proposed system will promote transparency and accountability in local health governance. The public availability of barangay-level health scorecards will empower communities to participate in monitoring health outcomes and encourage stronger coordination among the Department of Health, LGUs, and other relevant stakeholders.

Ultimately, the establishment of a Barangay Health Equity Index will provide the national government and local governments with a powerful policy instrument to systematically identify and reduce health inequities across the country. Through better data, more strategic planning, and targeted public health action, this measure aims to strengthen the implementation of Universal Health Care and ensure that no community is left behind in the pursuit of health equity.

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

² Paredes, K.P.P. Inequality in the use of maternal and child health services in the Philippines: do pro-poor health policies result in more equitable use of services?. *Int J Equity Health* 15, 181 (2016).<https://doi.org/10.1186/s12939-016-0473-y>



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ESTABLISHING A NATIONAL BARANGAY HEALTH EQUITY INDEX, MANDATING THE DEVELOPMENT OF A HEALTH EQUITY SCORECARD FOR EVERY BARANGAY TO IDENTIFY DISPARITIES AND GUIDE TARGETED INTERVENTIONS, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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 Equity Index 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 ensure equitable

access to quality health services, in accordance with Article II, Section 15 of the 1987 Constitution, and Republic Act No. 11223, otherwise known as the Universal Health Care Act.

The State recognizes that health disparities across barangays persist due to differences in socioeconomic conditions, service availability, disease burden, and geographic constraints. To ensure equity-based planning, evidence-driven resource allocation, and targeted public health interventions, there is a need to develop a standardized index that measures the health status, vulnerabilities, and service gaps at the barangay level.

In line with this policy, the State shall establish a Barangay Health Equity Index (BHEI) and corresponding Health Equity Scorecard for every barangay, serving as the national foundation for health planning, budgeting, monitoring, and policy reforms.

SECTION 3. *Definition of Terms.* – For purposes of this Act:

(a) *Barangay Health Equity Index (BHEI)* refers to a composite, data-driven index measuring a barangay's health status, service access, disease burden, and social determinants of health.

(b) *Barangay Health Equity Scorecard* refers to the annual performance report reflecting a barangay's BHEI rating, gaps, health risks, service utilization, and recommended interventions.

(c) *Health Disparity* refers to preventable differences in health outcomes, disease prevalence, service access, and health risks between population groups or communities.

(d) Social Determinants of Health (SDH) include non-medical factors such as income, education, nutrition, housing, sanitation, and geographic accessibility that influence health outcomes.

SECTION 4. *Creation of the Barangay Health Equity Index (BHEI).* – The Department of Health (DOH), through the Health Policy Development and Planning Bureau (HPDPB), the Epidemiology Bureau, and the Philippine Health Insurance Corporation (PhilHealth), shall jointly develop the Barangay Health Equity Index, which shall include, but not be limited to, the following indicators:

- (a) Maternal, neonatal, and child health outcomes;
- (b) Incidence of communicable and non-communicable diseases
- (c) Access to primary care services and health personnel;
- (d) Nutrition, sanitation, and environmental health indicators;
- (e) Immunization coverage and preventive service uptake;
- (f) Disease surveillance responsiveness;
- (g) Geographic and socioeconomic vulnerabilities;
- (h) Emergency and disaster-health risk factors; and
- (i) Any other metrics determined by DOH.

Provided that, The BHEI shall be computed annually and shall serve as the baseline assessment tool for local health systems.

SECTION 5. *Barangay Health Equity Scorecard.* –

- (a) **Annual Preparation and Issuance** – Every barangay shall maintain an Annual Barangay Health Equity Scorecard, which shall be generated and

validated by the Department of Health (DOH), in coordination with the City or Municipal Health Office (CMHO/MHO), and with the participation of the Barangay Health Committee. The Scorecard shall serve as the official instrument for assessing and monitoring the barangay's health status, disparities, and system performance.

(b) Contents of the Scorecard. — The Scorecard shall contain, at a minimum, the following components:

- i. The barangay's annual Barangay Health Equity Index (BHEI) rating, including sub-indices for service access, disease burden, social determinants of health, and health system capacity;
- ii. Identification of priority health gaps and vulnerabilities, including high-risk populations, disease clusters, and geographic or socioeconomic barriers;
- iii. A list of targeted interventions and priority actions required to address the identified disparities, aligned with DOH standards and the Universal Health Care (UHC) framework;
- iv.. A performance assessment of the barangay's health service delivery, including preventive services, primary care utilization, emergency response, health promotion, and community mobilization;
- v. A record of health financing, budget utilization, and resource allocation, including compliance with national and local health budget mandates;
- vi. A review of health human resources at the barangay level, including the availability and training status of Barangay Health Workers (BHWs), volunteers, and assigned primary care staff;
- vii. Community feedback and citizen satisfaction metrics, as gathered through DOH or LGU mechanisms; and
- viii. Recommendations for improvement, including technical, financial, and programmatic measures.

(c) Integration into Local Health Planning — The Scorecard shall be incorporated into the Local Investment Plan for Health (LIPH), the Annual

Operational Plan (AOP), and other local development and sectoral plans. LGUs shall use the Scorecard as a primary basis for determining annual priorities, budget allocation, and performance targets in accordance with UHC.

- (d) **Transparency and Public Access.** — The Scorecard shall be made publicly accessible through barangay posting, online publication by the LGU, and submission to the DOH for inclusion in the National Health Equity Database.

SECTION 6. *Duties of the Department of Health (DOH).* — Under this Act, the Department of Health (DOH) shall;

- (a) Develop, operationalize, and maintain a National Barangay Health Equity Index (BHEI) database, including standardized indicators, digital tools, and secure data systems covering all barangays nationwide;
- (b) Issue detailed guidelines, methodologies, and standards for index development, measurement, validation, and periodic updating, consistent with the Universal Health Care Act and global best practices;
- (c) Provide technical assistance and capacity-building to LGUs, including training on data collection, Scorecard preparation, analysis, planning, and utilization of BHEI results for policy and budgeting purposes;
- (d) Monitor and evaluate LGU compliance, including accuracy of data submitted, utilization of Scorecards, and progress in addressing health disparities;
- (e) Publish an Annual National Health Equity Report, which shall include national, regional, provincial, city/municipal, and barangay-level equity analyses, trends, and comparative performance results;

- (f) Recommend policy, regulatory, programmatic, and budgetary adjustments to national agencies and LGUs based on BHEI findings and disparities identified;
- (g) Coordinate with PhilHealth, Department of the Interior and Local Government (DILG), Philippine Statistics Authority (PSA), and other relevant agencies to harmonize data standards, avoid duplication, and ensure coherence of national health information systems; and
- (h) Submit an annual report to Congress, detailing national and local performance, disparities addressed, and policy recommendations.

SECTION 7. *Duties of Local Government Units (LGUs)* – The Local Government Units (LGUs), through the Provincial, City or Municipal Health Offices and Barangay Local Government Units, shall;

- (a). Collect, consolidate, and submit complete and accurate health data to the DOH within prescribed timelines, using standardized tools and reporting mechanisms;
- (b) Utilize the BHEI and Scorecard as the primary evidence base in preparing local development plans, investment plans for health, annual budgets, and program implementation strategies;
- (c) Prioritize funding, programs, personnel, and interventions for barangays with low BHEI ratings or classified as high-risk or high-vulnerability communities;
- (d) Ensure barangay-level dissemination and access to the Scorecard for transparency, accountability, and community engagement;

- (e) Mobilize Barangay Health Workers (BHWs) and community organizations in data collection, monitoring, and implementation of interventions identified in the Scorecard;
- (f) Integrate BHEI findings into local disaster risk reduction and emergency health response plans, particularly for vulnerable barangays; and
- (g) Comply with DOH reporting, validation, and audit requirements as part of national health equity monitoring.

SECTION 8. *Integration with Universal Health Care (UHC).* — The BHEI and the Barangay Health Equity Scorecard shall serve as mandatory reference instruments for national and local UHC implementation. Specifically, they shall be used in:

- (a). Primary Care Provider Network (PCPN) planning and configuration, including service catchments, facility placement, and referral pathways;
- (b). PhilHealth benefit distribution, capitation, and performance-based payments, ensuring that funding reflects equity needs and disparities among barangays;
- (c). DOH and LGU resource allocation, including grants, health facility enhancement, commodities distribution, and deployment of medical and health personnel;
- (d). Prioritization and deployment of health human resources, including doctors to the barrios, nurses, midwives, and other cadres needed to address barangay-level disparities; and

(e). Local health investment prioritization, including facility development, equipment procurement, community programs, and health promotion activities, consistent with the UHC framework.

SECTION 9: *Sanction and Penalties.* –

(a). Administrative Liability of Public Officials – Any barangay, municipal, city, or provincial official, as well as any public officer of the Department of Health (DOH), who, without justifiable cause, fails, refuses, or neglects to comply with the data submission, reporting, planning integration, or implementation requirements under this Act shall be administratively liable in accordance with Republic Act No. 7160 (Local Government Code of 1991), Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees), and relevant Civil Service rules. Administrative sanctions may include:

- i. Written reprimand for first offense;
- ii. Suspension of not less than thirty (30) days but not more than one (1) year for second offense; and
- iii. Dismissal from service, including accessory penalties of perpetual disqualification from public office, forfeiture of benefits, and cancellation of eligibility, for third or subsequent offenses.

(b). Criminal Liability for Falsification or Deliberate Misreporting – Any public official or employee who knowingly falsifies, manipulates, conceals, or materially alters health data, BHEI indicators, or Barangay Health Equity Scorecards shall be liable under Articles 171 and 172 of the Revised Penal

Code, punishable by *prision correccional* to *prision mayor*, and shall likewise be subject to administrative dismissal.

(c). Liability for Obstruction. — Any person who knowingly obstructs, delays, or prevents the lawful collection of health data, validation of indicators, or implementation of BHEI interventions shall, after due process, be liable to:

- i. An administrative fine of not less than Fifty Thousand Pesos (₱50,000.00) but not more than Two Hundred Thousand Pesos (₱200,000.00); and
- ii. Suspension or revocation of accreditation if the offender is a private health provider or contracted entity.

(d) Penalties for Misuse of Funds. — Any public official who misappropriates, diverts, or illegally uses funds intended for BHEI-related programs, monitoring activities, or interventions shall be held liable under Articles 217 and 220 of the Revised Penal Code, Republic Act No. 3019 (Anti-Graft and Corrupt Practices Act), and other applicable laws, without prejudice to administrative sanctions.

(e) Penalties for Non-Posting and Non-Disclosure. — Failure of any local government unit to publicly post the annual Barangay Health Equity Scorecard as required under this Act shall constitute simple neglect of duty, punishable under Civil Service rules. Repeated or willful non-posting shall constitute grave misconduct.

(f) **Liability of Private Entities.** — Private institutions, contractors, organizations, or health providers engaged in data collection, health service delivery, or scorecard generation who commit fraud, falsification, or gross negligence shall be subject to: Civil liability for damages;

- i. Termination of government contracts and cancellation of DOH or LGU accreditation;
- ii. Blacklisting from government procurement for not less than two (2) years; and
- iii. Applicable criminal charges under the Revised Penal Code and other laws.

(g). **Without Prejudice Clause.** — The imposition of penalties under this Act is without prejudice to the filing of civil, criminal, or administrative cases under existing laws and other applicable statutes.

SECTION 10. *Whistleblower Protection.* — Any public officer, employee, health worker, or private individual who, in good faith, reports violations of this Act, including falsification of data, obstruction of monitoring activities, misuse of funds, or non-compliance with mandatory reporting, shall be granted full protection against retaliatory actions such as harassment, demotion, suspension, removal, threats, or discrimination. Whistleblowers shall be entitled to confidentiality, immunity from administrative or disciplinary proceedings arising from their disclosures, and immediate reinstatement with full restitution of benefits in cases of retaliatory acts.

The DOH and the DILG shall establish a secure, confidential reporting mechanism, including electronic and written channels, for whistleblower

submissions. Retaliation against whistleblowers shall constitute grave misconduct and shall be punishable by dismissal from service, without prejudice to criminal prosecution under existing laws.

SECTION 11. *Reporting and Congressional Oversight.* – A Joint Congressional Oversight Committee on Health Equity (JCOCHE) is hereby created to oversee the implementation of this Act. The Committee shall be composed of five (5) Members each from the Senate and the House of Representatives.

The Department of Health (DOH) shall submit to Congress annual Health Equity Implementation Report containing national and regional BHEI trends, compliance levels of LGUs, status of barangays with persistent low scores, fund utilization reports and recommended policy adjustments.

SECTION 12. *Audit Mechanism.* – The Commission on Audit (COA) shall conduct an annual audit of all funds used for BHEI generation, data management, capacity-building, and related interventions, and shall issue recommendations to strengthen financial integrity and prevent misuse.

Provided that, all audit findings, BHEI scores, barangay scorecards, and performance ratings shall be made publicly accessible via a DOH-managed online portal.

SECTION 13. *Funding.* – The initial amount necessary for the development and implementation of the BHEI shall be charged to the current appropriations of

DOH. Thereafter, such sums as may be required shall be included in the General Appropriations Act (GAA).

SECTION 14. *Implementing Rules and Regulations (IRR).* – Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with DILG, PhilHealth, PSA, and LGU leagues, shall promulgate the IRR.

SECTION 15. *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 16. *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 17. *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,