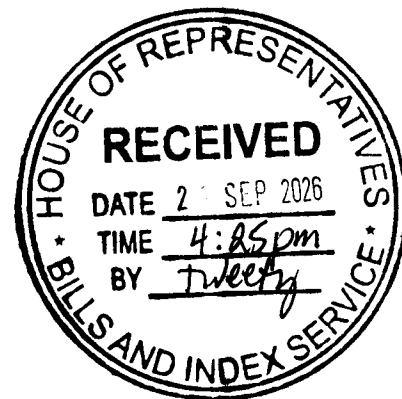




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila
TWENTIETH CONGRESS
Second Regular Session
HOUSE BILL NO. **11409**

Introduced by Representative EDGAR R. ERICE

EXPLANATORY NOTE

Barangay Health Workers (BHWs) are among the most important frontliners of the country's primary healthcare system. At the community level, they assist in the delivery of basic health services, educate families on disease prevention, maintain community health information, and help patients access and navigate appropriate healthcare services. For many Filipinos, particularly those in poor, underserved, and geographically isolated communities, BHWs are the first and most accessible link to the public health system.

Despite their indispensable contribution, many BHWs continue to serve primarily as volunteers and remain dependent on the varying resources and policies of their respective local government units. There is therefore a need for a comprehensive national framework that recognizes their service, protects their welfare, develops their competencies, and ensures continuity in the delivery of community-based healthcare.

This bill seeks to establish the Magna Carta of Barangay Health Workers by institutionalizing standards for their registration, certification, training, retention, benefits, and professional development. It provides registered and certified volunteer BHWs with a minimum monthly BHW Volunteer Benefit of Three thousand pesos (P3,000), together with transportation assistance, applicable subsistence and hazard allowances, cash gift, loyalty incentive, insurance

coverage, legal and psychosocial services, and opportunities for education and career advancement.

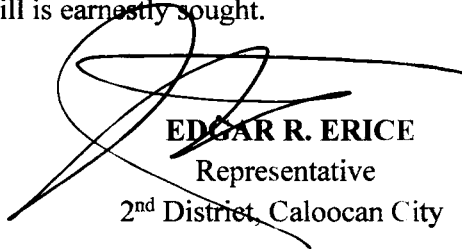
The measure likewise strengthens the security and continuity of BHW service. A BHW shall not be removed, replaced, terminated, or denied continued service merely because of a change in barangay, municipal, or city administration. Removal must be for cause and after due process. In professionalizing the sector, the bill also recognizes the prior satisfactory service and relevant training of existing BHWs and provides appropriate transition mechanisms for incumbent workers.

The minimum BHW Volunteer Benefit under this measure is intended as a floor and not a ceiling. Existing higher honoraria and benefits shall not be reduced or withdrawn by reason of its enactment. The bill likewise recognizes the risks faced by BHWs during epidemics, pandemics, public health emergencies, disasters, calamities, and other hazardous deployments.

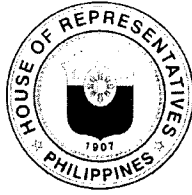
Recognizing disparities in local fiscal capacity, the measure provides national government assistance to low-income municipalities to help finance the minimum BHW Volunteer Benefit. It also establishes a National BHW Information System, subject to applicable data privacy and cybersecurity safeguards, to support evidence-based planning and administration of BHW programs nationwide.

BHWs have long demonstrated that effective healthcare begins not only in hospitals and medical centers, but also in our barangays, homes, and communities. Their dedication must be met with adequate support, meaningful protection, opportunities for advancement, and recognition commensurate with their contribution to public health.

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



EDGAR R. ERICE
Representative
2nd District, Caloocan City



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila
TWENTIETH CONGRESS
Second Regular Session
HOUSE BILL NO. **11409**

Introduced by Representative EDGAR R. ERICE

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS,
AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER I. GENERAL PROVISIONS

SEC. 1. Short Title. This Act shall be known as the “Magna Carta of Barangay Health Workers.”

SEC. 2. Declaration of Policy. The State shall protect and promote the right to health of the people and instill health consciousness among them. It shall adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health, and other social services available to communities.

The State acknowledges that primary healthcare is a key component in attaining universal healthcare and, with the support of local government units (LGUs), the participation of communities, and the volunteerism of the population, is an effective strategy towards realizing health empowerment and delivering effective healthcare programs and services, thereby advancing the Philippines’ commitment under the United Nations 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal (SDG) 1 (No Poverty), SDG 3 (Good Health and Well-being), and SDG 10 (Reduced Inequalities).

1
2 The State values the indispensable role of barangay health workers (BHWs) as frontliners in
3 providing primary healthcare services and shall therefore adopt policies to harness their
4 potential as partners in national development. The State further recognizes that BHWs are
5 critical drivers in achieving the SDGs, as they serve as the primary health safety net for the
6 most vulnerable, marginalized, and far-flung communities.

7
8 To this end, the State shall define their roles and responsibilities, prescribe uniform standards
9 for their recruitment, registration, certification, deployment and retention, identify programs
10 for capability-building and career advancement, provide avenues for the ventilation and
11 resolution of their concerns, and ensure continuity and professionalism in their service.

12
13 The State further recognizes the need to protect BHWs from undue political interference and
14 arbitrary removal and, for this purpose, shall place them under the direct administrative and
15 technical supervision of the Department of Health (DOH), while preserving the essential role
16 of LGUs in local health planning, financing, coordination, logistics, facilities, and community
17 health service delivery.

18
19 In recognition of the spirit of volunteerism and their contribution to the upliftment of the health
20 status of communities, the State shall also promote the welfare and well-being of volunteer
21 BHWs and provide them benefits and incentives through the collaborative efforts of LGUs and
22 the national government.

23
24 **SEC. 3. Coverage.** This Act shall cover all BHWs, whether volunteers or government
25 employees, and all LGUs and national government agencies that mobilize BHWs to expand
26 the delivery of primary healthcare services to communities, families, and individuals.

27
28
29 **CHAPTER II. THE BARANGAY HEALTH WORKERS IN PRIMARY**
30 **HEALTHCARE DELIVERY**

31 **SEC. 4. *The Role of BHWs in Providing Primary Healthcare.*** The BHWs shall serve as
32 frontliners in supporting the delivery of primary healthcare in the community. They shall form
33 part of the community health teams of the barangay health station, health center, or any other
34 primary healthcare facility of the municipal/city health office established to provide primary
35 healthcare services to a barangay or a portion thereof, or to a cluster of barangays. For this
36 purpose, BHWs are hereby declared members of the cadre of community healthcare workers.

1
2 All BHWs covered by this Act shall be placed under the direct administrative and technical
3 supervision of the DOH. Such supervision shall include authority over their recruitment,
4 selection, registration, certification, deployment, reassignment, performance evaluation,
5 retention, discipline, suspension, and removal, subject to the requirements of due process and
6 the provisions of this Act.

7
8 For purposes of day-to-day health service delivery, the DOH may exercise such supervision
9 through its appropriate regional or field offices and through DOH-designated health officers or
10 healthcare professionals assigned to or coordinating with barangay health stations, health
11 centers, or other primary healthcare facilities.

12
13 LGUs shall assist the DOH in the deployment and coordination of BHWs and shall continue to
14 provide such facilities, logistics, supplies, operational requirements, benefits, incentives, and
15 other support as required under this Act and other applicable laws.

16
17 No local chief executive, punong barangay, sanggunian, local health board, local health officer,
18 or other local official or employee shall unilaterally hire, appoint, dismiss, remove, suspend,
19 discipline, replace, or reassign a BHW, or otherwise interfere with personnel actions involving
20 BHWs, except as expressly authorized under this Act or its implementing rules and regulations.

21 The BHWs shall perform the following roles:

- 22 a. Primary healthcare service provider – to assist in providing primary healthcare services
23 to members of the community;
24
25 b. Health educator – to provide knowledge and skills to members of the community in the
26 prevention and management of simple illnesses;
27
28 c. Community organizer – to organize and mobilize the community towards self-reliance;
29 and
30
31 d. Record keeper – to assist in the development and maintenance of the community health
32 profile and collect health data and information of families and individuals in the
33 community.

34
35 Certified BHWs shall assume expanded functions within the primary care provider network
36 consistent with Republic Act No. 11223, otherwise known as the “Universal Health Care Act.”
37 They shall assist in coordinating patient navigation and referral within the healthcare provider
38 network and may serve as initial and continuing points of contact in accordance with policies

1 issued by the Department of Health (DOH): Provided, That nothing herein shall supersede
2 referral protocols or physician gatekeeping requirements under existing laws and regulations.

3
4 To effectively and efficiently perform these roles and expectations, BHWs assigned to a
5 barangay health station, health center, or any other primary healthcare facility should be
6 residents of the community.

7
8 Notwithstanding any provision of Republic Act No. 7160, Republic Act No. 11223, or any
9 other law, rule, or regulation to the contrary, administrative and technical supervision over
10 BHWs shall, upon the effectivity of this Act, be vested in the DOH: Provided, That nothing
11 herein shall diminish the functions and responsibilities of LGUs and local health boards with
12 respect to local health planning, financing, facilities, logistics, coordination, and delivery of
13 local health services, except insofar as administrative and technical supervision and personnel
14 authority over BHWs are expressly vested in the DOH under this Act.

15
16 **SEC. 5. *Coordination Between the DOH, Local Health Facilities, and the Barangay.***
17 Consistent with the direct administrative and technical supervision of the DOH over BHWs,
18 the appropriate DOH office, in coordination with the head of the barangay health station, health
19 center, or other primary healthcare facility, shall collaborate with the punong barangay and the
20 concerned LGU in the implementation of programs and activities addressing the primary
21 healthcare needs of communities.

22
23 Pursuant to Section 17(b)(1)(ii) of Republic Act No. 7160, otherwise known as the “Local
24 Government Code of 1991,” as amended, the punong barangay shall support the delivery of
25 health services in the community by ensuring the maintenance of the health station, health
26 center, or other primary healthcare facility, particularly in providing the necessary additional
27 logistical support, supplies, and services needed by BHWs.

28 Such coordination and logistical support shall not be construed as conferring upon any LGU
29 or local official administrative or disciplinary authority over BHWs contrary to Section 4 of
30 this Act.

31
32 **SEC. 6. *Number of Barangay Health Workers.*** The number of BHWs who can serve a
33 barangay or a cluster thereof shall be determined based on, among others, the catchment
34 population, community health profile, and need for different primary healthcare services.

The DOH, in consultation with the LGUs, shall determine the ideal ratio of households to BHWs with the required competencies and shall issue an updated policy on this ratio every five (5) years.

CHAPTER III. REGISTRATION, CAPABILITY-BUILDING, AND RETENTION

SEC. 7. *Registration.* In addition to qualifications set by the municipal/city health board, a person applying to be a BHW must:

- a. Be at least eighteen (18) years of age on the date of filing of the application for registration;
- b. Be physically and mentally fit; and
- c. Have basic BHW orientation and training as prescribed by the DOH, completed in the same year of application for registration.

Eligible applicants shall register with the local health board in the municipality or city where they reside and intend to serve and shall be given appropriate proof of registration.

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

SEC. 8. *Authority and Responsibility of the Department of Health.* The DOH shall have primary authority and responsibility over the recruitment, selection, registration, certification, deployment, reassignment, performance evaluation, retention, discipline, suspension, and removal of BHWs and shall prescribe uniform national policies, standards, and guidelines for such purposes.

Municipal/city and provincial health boards and local health offices shall assist the DOH in:

- a. Determining local community health needs;
- b. Identifying barangays and communities requiring additional BHW deployment;
- c. Coordinating the delivery of primary healthcare services;
- d. Providing logistical and operational support;
- e. Facilitating training and capacity-building activities; and
- f. Recommending appropriate actions concerning BHW deployment and performance.

1 Recommendations made by LGUs or local health boards concerning individual BHWs shall be
2 advisory and shall not, by themselves, constitute appointment, reassignment, disciplinary
3 action, suspension, removal, or termination.

4
5 No local chief executive, punong barangay, sanggunian, local health board, local health officer,
6 or other local official or employee shall unilaterally appoint, dismiss, remove, suspend, replace,
7 discipline, or reassign a BHW or otherwise interfere with the registration, certification,
8 deployment, continued service, or personnel status of a BHW.

9
10 Complaints and grievances involving BHWs shall be filed with and resolved by the appropriate
11 DOH office in accordance with due process and uniform grievance and disciplinary procedures
12 prescribed in the implementing rules and regulations.

13
14 The DOH shall establish an appropriate administrative appeals mechanism to ensure the fair,
15 prompt, and impartial resolution of personnel actions, complaints, and grievances involving
16 BHWs.

17
18 Nothing in this section shall diminish the responsibility of LGUs to provide funding, facilities,
19 supplies, logistics, benefits, incentives, and other support expressly required of them under this
20 Act.

21
22 **SEC. 9. National BHW Information System.** A National BHW Information System shall be
23 established and maintained by the DOH, in partnership with the Department of Information
24 and Communications Technology (DICT), to assist the national government and LGUs in
25 formulating and implementing policies and programs for the organization and development of
26 the cadre of BHWs.

27
28 The Information System shall serve as the primary national repository of real-time data and
29 information on BHWs nationwide, without prejudice to the maintenance of local records by
30 LGUs, consistent with existing laws. It shall contain the list of all BHWs at the barangay,
31 municipal, city, and provincial levels, their socio-demographic profiles, qualifications, areas of
32 assignment, benefits and incentives, and such other information as the DOH may deem
33 necessary.

34
35 The collection, processing, storage, sharing, and use of personal data under the Information
36 System shall comply with Republic Act No. 10173, otherwise known as the "Data Privacy Act

of 2012,” its implementing rules and regulations, and applicable government cybersecurity and data-security standards.

The appropriate DOH regional or field offices shall continuously update the official records of BHWs within their respective jurisdictions, with the assistance of LGUs and local health offices.

The DOH shall provide the necessary training and technical assistance to LGUs and local health offices to ensure the regular and accurate submission and updating of relevant BHW data.

Section 10. Certification of BHWs. To ensure the health and welfare of the community and further professionalize the cadre of BHWs in rendering primary healthcare services, a duly registered BHW shall undergo certification by the DOH through its appropriate regional or field office.

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

To qualify for certification, a registered BHW must have:

- a. Completed at least two (2) years of continuous service in the locality;
- b. Completed training on the roles, duties, and responsibilities of a BHW, as prescribed by the DOH;
- c. Demonstrated satisfactory performance as evaluated in accordance with uniform standards prescribed by the DOH; and
- d. Completed the courses for the certification component of the Education and Training Program under Section 11 of this Act.

The appropriate DOH regional or field office shall act on applications for certification not later than thirty (30) days from the date of application and issue certificates of competency to qualified BHWs upon inspection, verification, or testing of their conformity to policies, standards, and guidelines issued by the DOH.

1 LGUs, in cooperation with the DOH, shall provide applicant BHWs with the necessary support
2 and opportunities for certification.

3
4 In implementing the certification system, prior years of satisfactory BHW service and relevant
5 training previously completed under programs conducted, accredited, or recognized by the
6 DOH, LGUs, or other competent government agencies shall, whenever consistent with
7 competency standards, be recognized and credited toward the applicable certification
8 requirements.

9
10 **SEC. 11. *Education and Training Program for BHWs.*** The DOH and TESDA, in
11 collaboration with the CSC, CHED, relevant government agencies, LGUs, educational
12 institutions, and stakeholders, shall develop and institutionalize a continuing competency-
13 based education and training curriculum for all BHWs.

14
15 The curriculum shall train BHWs to serve as primary healthcare service providers, health
16 educators, community organizers, and record keepers. It shall prescribe courses for the
17 certification component and for the continuing health education and capacity-building of all
18 BHWs.

19
20 Training required by the government as a condition for registration, certification, or continued
21 performance of duties as a BHW shall, as far as practicable and subject to applicable
22 appropriations, be provided without cost to the BHW.

23
24 The DOH and TESDA shall complement the competency-based education and training
25 curriculum by making available web-based and mobile applications for purposes of:

- 26 a. Providing training materials to enhance the knowledge and skills of BHWs;
27
28 b. Offering forums for BHWs to communicate, share experiences, and seek advice from
29 peers and health professionals;
30
31 c. Disseminating new policies, programs, and guidelines pertaining to their roles and
32 responsibilities;
33
34 d. Facilitating reporting and feedback mechanisms to improve service delivery and
35 address challenges faced in the field;
36
37 e. Offering resources, including health and wellness programs, for personal and
38 professional development; and

- 1
2 f. Providing technical support for the use of digital health tools and telehealth platforms
3 in the performance of their duties.
4

5 **SEC. 12. Inclusion of BHW Positions in the Government Plantilla.** The Department of Budget
6 and Management (DBM), in consultation with the CSC, DOH, and LGUs, shall establish the
7 position classification and corresponding salary grades for BHWs in the appropriate
8 government position classification system.
9

10 The DOH, DBM, and CSC shall formulate the appropriate staffing, appointment, funding, and
11 transition mechanisms for BHW plantilla positions, taking into consideration the transfer of
12 administrative and technical supervision over BHWs to the DOH under this Act and the
13 existing responsibilities of LGUs for local health service delivery.
14

15 Nothing herein shall prohibit LGUs from providing additional personnel, financial, logistical,
16 or operational support for BHW programs consistent with this Act.
17

18 **SEC. 13. Retention and Continuous Service of BHWs.** Registered and certified BHWs shall
19 continue to perform their roles, duties, and responsibilities except when a BHW voluntarily
20 withdraws as such or is removed for cause by the municipal/city health board after due process.
21

22 No BHW shall be removed, replaced, terminated, suspended, reassigned, or otherwise deprived
23 of the right to continue serving solely by reason of a change in the administration or leadership
24 of the barangay, municipality, city, or province, or on account of political affiliation or non-
25 affiliation.
26

27 No local official or employee shall directly or indirectly cause, direct, pressure, induce, or
28 attempt to cause the removal, replacement, termination, suspension, reassignment, or
29 deprivation of benefits of a BHW for political, partisan, or other grounds not authorized under
30 this Act.
31

32 For purposes of removal or disciplinary action for cause, the concerned BHW shall be furnished
33 written notice of the charges or grounds against him or her, be afforded a reasonable
34 opportunity to answer and present evidence, and be furnished a written decision stating the
35 factual and legal grounds for the action taken.

The DOH shall establish an appropriate grievance, disciplinary, and appeals mechanism and shall promulgate uniform standards governing the retention, reassignment, suspension, discipline, and removal of BHWs.

CHAPTER IV. BENEFITS AND INCENTIVES, RIGHTS AND OBLIGATIONS OF BHWs

SEC. 14. *Monetary Benefits and Incentives of Volunteer BHWs.* In recognition of the time, services, and resources they contribute, registered and certified volunteer BHWs shall receive the following monetary benefits and incentives:

- a. **BHW Volunteer Benefit.** – A monthly monetary benefit of not less than Three thousand pesos (₱3,000) shall be granted by the municipality or city where they serve, in the form of an honorarium for services rendered: Provided, that the DOH, in coordination with the DILG and DBM, shall review and adjust the minimum BHW Volunteer Benefit every three (3) years.

The minimum amount prescribed herein shall constitute a statutory floor and shall not be construed as authority to reduce, withdraw, substitute, or otherwise diminish any higher honorarium or monetary benefit already granted to and actually enjoyed by a BHW prior to the effectivity of this Act.

The BHW Volunteer Benefit shall be paid regularly and without unreasonable delay in accordance with schedules and mechanisms prescribed in the implementing rules and regulations;

- b. **Transportation Allowance or Expense Reimbursement.** – Registered and certified volunteer BHWs shall be provided by the municipality or city with a transportation allowance or reimbursement of actual transportation expenses incurred in the performance of their functions, as authorized by law or regulation: Provided, That the barangay where they are assigned may provide transportation support: Provided, further, That official travels, including seminars, conferences, and transport of patients outside the barangay or locality, shall be borne by the barangay, municipality, city, or province that requested or proposed such travel and shall not be deducted from any monetary benefit received by the BHW;
- c. **Subsistence Allowance.** – The concerned municipality or city may, subject to the availability of funds, provide a subsistence allowance to volunteer BHWs rendering service in unserved or underserved barangays where they are not residents, to ensure their availability on duty, computed in accordance with prevailing circumstances:

- d. Hazard Allowance. – Volunteer BHWs who, in the exercise of their duties, are exposed to foreseeable but unavoidable risks to their health, life, or person, including assignment or deployment during epidemics, pandemics, declared public health emergencies, disasters, calamities, or in communities in or recovering from armed conflict, as validated by proper authorities, shall be given a hazard allowance by the concerned municipality or city.

The amount shall be determined by the local health board, in consultation with the appropriate local council or authority where necessary, subject to existing laws, rules, and regulations;

- e. Cash Gift. – Volunteer BHWs shall be entitled to a cash gift equivalent to not less than the minimum BHW Volunteer Benefit, to be given every December by the municipality or city where they serve; and
- f. Loyalty Incentive. – A volunteer BHW who has rendered at least fifteen (15) years of continuous and satisfactory service, at the time of withdrawal as a BHW, shall be entitled to a one-time loyalty incentive of not less than Ten thousand pesos (₱10,000), to be borne by the concerned municipality or city, with assistance from the provincial government, where applicable.

SEC. 15. Social Protection, Legal Services, and Psychosocial Support for BHWs.

- a. Insurance Coverage. – Insurance coverage and benefit packages, to be designed by the Government Service Insurance System (GSIS) and suited to the needs and circumstances of volunteer BHWs, shall be provided. Premium contributions shall be borne by the concerned municipality or city, subject to existing GSIS laws and regulations;
- b. Free Legal Services. – Legal representation and consultation services shall be provided by the Public Attorney's Office to a BHW in cases of coercion or interference, and in civil or criminal cases filed by or against the BHW arising out of or in connection with the performance of official duties; and
- c. Psychosocial Support and Mental Health Services. – Recognizing the emotional, psychological, and physical demands inherent in frontline community health service, the DOH, in coordination with concerned LGUs, shall ensure that all registered BHWs, whether volunteer or employed, have access to psychosocial support and mental health services appropriate to their role and circumstances, in accordance with Republic Act No. 11036, otherwise known as the "Mental Health Act."

SEC. 16. Professional and Socio-Economic Development of BHWs.

1 a. Education and Career Advancement. The DOH, in coordination with the Department
2 of Education, CHED, TESDA, CSC, other government agencies, NGOs, and LGUs,
3 shall provide BHWs with information on and opportunities for education and career
4 advancement, including:

5
6 1. Educational programs that credit years of service and training hours toward
7 higher education completion under step-ladder curricula pursuant to Republic
8 Act No. 10968, otherwise known as the "Philippine Qualifications Framework
9 Act," and Republic Act No. 10647, otherwise known as the "Ladderized
10 Education Act of 2014";

11
12 2. Continuing education, exposure tours, scholarships, and grants;

13
14 3. Scholarship or financial assistance for one (1) child of a BHW, subject to
15 reasonable eligibility and academic requirements prescribed by the appropriate
16 government agency; and

17
18 4. Special training programs addressing emerging community health needs.

19
20 b. Preferential Access to Government Livelihood Programs. – Organized BHWs shall be
21 granted preferential access to government livelihood and loan programs.

22
23 **SEC. 17. Civil Service Eligibility and Credit of Service.** Certified BHWs who have rendered
24 at least five (5) years of continuous and satisfactory service shall be given sub-professional
25 civil service eligibility, subject to standards and guidelines prescribed by the CSC.

26
27 If subsequently appointed as regular government employees, their years of service as BHWs
28 shall be credited for purposes of retirement benefits.

29
30 The CSC shall issue the necessary standards and guidelines to operationalize the eligibility
31 granted under this section within the period prescribed in the implementing rules and
32 regulations.

33
34 **SEC. 18. Administration of Benefits and Incentives.** Volunteer BHWs not currently receiving
35 any of the foregoing benefits and incentives shall be granted the same beginning January of the
36 succeeding fiscal year, unless earlier granted:

1 All benefits and incentives previously granted under Republic Act No. 7883, otherwise known
2 as the "Barangay Health Workers' Benefits and Incentives Act of 1995," and other existing
3 laws shall be deemed integrated into and enhanced under this Act.

4
5 Nothing herein shall be construed to diminish, reduce, withdraw, substitute, or impair benefits
6 and incentives already enjoyed by BHWs upon the effectivity of this Act.

7
8 Nothing herein shall prevent the barangay, municipality, city, or province from granting
9 additional monetary or non-monetary benefits and incentives.

10
11 The emoluments, benefits, incentives, honoraria, allowances, and reimbursements of BHWs
12 employed by the municipality or city on a regular, contractual, casual, or job order basis shall
13 be governed by civil service laws and policies issued by the CSC, Office of the President,
14 DBM, and concerned LGU.

15
16
17 **SEC. 19. *Prohibition Against Discrimination.*** Discrimination against any BHW by reason of
18 gender, civil status, creed, religious or political beliefs, or ethnic groupings in the exercise of
19 their functions and responsibilities is hereby prohibited.

20
21 **SEC. 20. *Prohibition on Participation in Political Activities.*** BHWs employed in government
22 service shall be subject to existing civil service rules on political neutrality.

23
24 Volunteer BHWs are prohibited from using their position, function, authority, government
25 resources, official records, or access to community beneficiaries to influence or engage in
26 partisan political activities.

27
28 Nothing in this section shall be construed to prohibit a volunteer BHW from exercising the
29 rights enjoyed by private citizens under the Constitution and existing laws, provided that such
30 BHW does not use his or her official position, government resources, beneficiary information,
31 or the performance of BHW functions for partisan political purposes.

32
33 Any BHW who files a certificate of candidacy for any elective public office shall be deemed
34 resigned from his or her position as BHW upon such filing.

1
2 **CHAPTER V. ASSOCIATIONS AND FEDERATIONS OF BARANGAY HEALTH**
3 **WORKERS**
4

5 **SEC. 21. *Associations and Federations of Barangay Health Workers.***

- 6 a. Levels of Organization of BHW Associations and Federations. – BHWs shall organize
7 themselves into duly recognized associations at the municipal and city levels. The
8 associations shall form federations at the provincial and regional levels.
9

10 For purposes of organization:

- 11
12 1. The provincial federation shall be composed of all municipal and city BHW
13 associations within the province;
14 2. The regional federation shall be composed of all provincial federations within
15 the region. In the case of the National Capital Region, the regional federation
16 shall be composed of all city and municipal associations therein; and
17 3. All regional federations shall comprise the national federation.
18

- 19 b. Functions of BHW Associations and Federations. The associations and federations
20 shall:

- 21
22 1. Serve as venues for consultation, coordination, and representation of BHWs;
23
24 2. Formulate and communicate policy recommendations to local health boards,
25 LGUs, and national government agencies concerning the roles, duties, welfare,
26 and professional development of BHWs;
27
28 3. Assist in disseminating policies, standards, and programs affecting BHWs;
29
30 4. Promote continuing education, peer support, and organizational strengthening
31 among members; and
32
33 5. Support the effective delivery of primary healthcare services in coordination
34 with the DOH and local health authorities.
35

36 Nothing in this section shall authorize associations or federations to engage in
37 partisan political activities.
38

1 c. Governance and Structure of BHW Associations and Federations. Municipal and city
2 associations, as well as provincial and regional federations, shall elect from among their
3 members a president, vice president, secretary, treasurer, and such other officers as may
4 be necessary.

5
6 The national federation shall elect a board of directors headed by a chairperson; national
7 officers headed by a national president; and a secretary-general selected from among
8 its members to manage the day-to-day operations of the federation.

9
10 The structure, terms of office, and internal governance rules shall be defined in the
11 respective constitutions and by-laws of the associations and federations, consistent with
12 this Act and applicable laws.

13
14 d. Support and Incentives for Organizational Duties. Recognizing the additional
15 responsibilities assumed by duly elected officers and members who actively perform
16 organizational and representational functions, the following support mechanisms may
17 be provided, subject to existing laws, rules, and availability of funds:

18
19 1. Official Time Recognition. – Participation in official association or federation
20 meetings, consultations with government agencies, and approved training
21 activities shall be considered authorized service time and shall not result in loss
22 of benefits;

23
24 2. Transportation and Communication Support. – LGUs may provide reasonable
25 transportation and communication assistance for official activities related to
26 policy consultation, training, and coordination;

27
28 3. Capacity-Building Support. – Officers of associations and federations may be
29 given priority access to leadership training, organizational management courses,
30 and policy development workshops conducted or recognized by the DOH and
31 other government agencies;

32
33 4. Performance Recognition. – LGUs may grant commendations, certificates of
34 recognition, or non-monetary awards to associations and officers demonstrating
35 exemplary service and measurable contributions to community health
36 outcomes; and

37
38 5. Modest Honorarium for Federation Duties. – Subject to existing compensation
39 and budgetary rules, LGUs may grant a modest additional honorarium to duly
40 elected officers who are assigned specific and documented functions in support
41 of official programs or consultations: Provided, That such grant shall not be

1 construed as creating an employer-employee relationship nor violate applicable
2 civil service and budgetary laws.

3
4 **SEC. 22. Consultation with Local Health Boards.** To ensure meaningful participation of
5 BHWs in national and local health governance, duly recognized BHW associations and
6 federations shall be consulted by the DOH and appropriate local health boards on policies and
7 programs directly affecting BHWs.

8
9 The duly recognized municipal/city BHW association shall designate one (1) representative to
10 participate in consultations with the municipal/city health board concerning BHW matters.

11 The designated representative shall be given the opportunity to:

- 12 a. Present issues and challenges involving primary healthcare programs, community
13 health service delivery, BHW deployment, incentives, and capacity-building initiatives;
14
15 b. Provide inputs, data, and field-based recommendations to inform local health planning
16 and budgeting; and
17
18 c. Communicate policies and decisions of the local health board to BHW associations.

19
20 The BHW representative shall be heard and may recommend to the municipal/city health board
21 policies, programs, and activities concerning BHWs and the delivery of primary healthcare
22 services in their communities.

23
24 The BHW representative shall be given reasonable notice of meetings of the municipal/city
25 health board at which matters directly concerning BHW deployment, welfare, benefits,
26 training, certification, or other matters substantially affecting BHWs are included in the agenda.

27
28 The municipal/city health board shall conduct at least an annual consultation meeting with the
29 recognized BHW association within its jurisdiction for purposes of reviewing:

- 30 a. Deployment and distribution of BHWs;
31
32 b. Implementation of benefits and incentives under this Act;
33
34 c. Training and certification needs; and
35
36 d. Operational challenges in primary healthcare delivery.

1
2 The minutes and resolutions of such consultations shall form part of the official records of the
3 municipal/city health board and be considered in local health planning and budget preparation.
4
5

6 CHAPTER VI. MISCELLANEOUS PROVISIONS

7 **SEC. 23. *Observance of Barangay Health Workers Day and Week.*** April 7 of every year is
8 hereby declared as Barangay Health Workers Day in recognition of the invaluable service and
9 dedication of BHWs in delivering primary healthcare and promoting community health.
10

11 The week in which April 7 falls shall be observed as Barangay Health Workers Week, during
12 which the DOH, in coordination with the DILG and LGUs, shall encourage the conduct of
13 appropriate activities to honor and support BHWs nationwide.
14

15 **SEC. 24. *Penalty Clause.*** Any public official or employee who willfully refuses, neglects, or
16 unjustifiably fails to implement the mandatory provisions of this Act, or who unduly delays,
17 obstructs, or circumvents its implementation, shall be subject to appropriate administrative,
18 civil, and criminal liability in accordance with existing laws.
19

20 Such liability shall be without prejudice to the institution of appropriate administrative
21 proceedings before the proper disciplining or administrative authority.
22

23 **SEC. 25. *Annual Accomplishment Reports.*** The DOH and DILG shall submit to the Office of
24 the President, Senate of the Philippines, and House of Representatives an annual report on the
25 accomplishments and challenges with regard to the implementation of this Act.

26 The report shall include information on BHW registration, certification, deployment, retention,
27 disciplinary and grievance cases, benefits and incentives, training, staffing requirements, and
28 the implementation of the transfer of administrative and technical supervision to the DOH.
29

30 **SEC. 26. *Appropriations.*** The amounts necessary for the implementation of this Act shall be
31 charged against the funds of LGUs and the appropriations of the DOH.
32

1 The amount necessary for the initial implementation of the BHW Deployment Subsidy to Low-
2 Income Municipalities shall be charged against the current appropriations of the DOH and shall
3 thereafter be included in the annual General Appropriations Act.

4
5 **SEC. 27. *Implementing Rules and Regulations.*** The DOH and DILG shall, in consultation
6 with LGUs, the national federation of BHWs, the CSC, DBM, TESDA, CHED, GSIS, other
7 concerned government agencies, NGOs, and academic and training institutions, promulgate the
8 rules and regulations necessary to implement this Act not later than one hundred eighty (180)
9 days from its effectivity.

10
11 In the formulation of the implementing rules and regulations, the DOH and DILG shall ensure
12 meaningful consultation with and representation of BHWs from Luzon, Visayas, Mindanao,
13 and the National Capital Region, taking into consideration differences in local fiscal capacity,
14 geographic conditions, accessibility of health services, and community health needs.

15
16 **SEC. 28. *Transitory Provision.*** All BHWs duly registered, accredited, recognized, or actively
17 serving immediately prior to the effectivity of this Act shall be afforded a reasonable transition
18 period to comply with the registration and certification requirements prescribed herein.

19
20 In determining compliance with such requirements, prior years of satisfactory service, relevant
21 training, competencies acquired, and certifications previously obtained under programs
22 conducted, accredited, or recognized by the DOH, LGUs, TESDA, or other competent
23 government agencies shall be recognized and credited whenever substantially equivalent to the
24 requirements prescribed under this Act.

25
26 No incumbent BHW shall be automatically removed, replaced, or deprived of existing benefits
27 solely by reason of the enactment of this Act or pending completion of the transition and
28 certification process, except for cause and after due process.

29
30 The DOH and DILG shall prescribe the appropriate transition period and mechanisms in the
31 implementing rules and regulations.

32
33 **SEC. 29. *Separability Clause.*** If any provision of this Act is declared invalid or
34 unconstitutional, the remainder thereof not otherwise affected shall remain in full force and
35 effect.

1 **SEC. 30. *Repealing Clause.*** All laws, decrees, executive orders, rules, and regulations
2 inconsistent with this Act are hereby repealed or modified accordingly.

3

4 **SEC. 31. *Effectivity.*** This Act shall take effect fifteen (15) days following its publication in
5 the Official Gazette or in a newspaper of general circulation.

6

7 Approved,