

NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 JUL 13 P4:31

SENATE
S. No. 533

RECEIVED BY: _____

Introduced by Senator Grace Poe

AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS

EXPLANATORY NOTE

A "Barangay Health Worker", commonly known as a "BHW", is "a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the DOH."¹ They are trained to assist in various health programs such as those targeting Tuberculosis (TB), maternal and child health, immunization, and community education.²

They are part of our country's "frontliners" and are indispensable in the delivery of basic health services at the grassroots level. Their crucial role as frontliners have been emphasized during the COVID-19 pandemic, where they took charge in transporting positive COVID-19 patients to quarantine facilities as well as monitoring those in quarantine, and continuously assisted health professionals in the vaccination of community members.³ Along with our other frontline workers, they are directly exposed to the dangers of the pandemic and are risking their lives in service of the community.

Despite the above-illustrated importance of our BHWs, Republic Act ("R.A.") No. 7883, or the "Barangay Health Workers' Benefits and Incentives Act of 1995", merely treat BHWs as "volunteers", and only receive honorarium plus specific allowances (e.g. hazard allowance, subsistence allowance) if qualified. They are also considerably stretched thin especially in rural areas, as a study found that the ratio of BHW to households ranges from 1:22 to 1:202, which is far from the DOH

¹ Department of Health. (n.d.) "What is a Barangay Health Worker?". Accessed from: <https://doh.gov.ph/faqs/What-is-Barangay-Health-Worker>

² Querri, Aurora G., Ohkado, Akihiro, et al. (2020). "Assessment of the Role of Community Health Volunteers in Delivering Primary Health Care in Manila, the Philippines". *Kokusai Hoken Iryo (Journal of International Health)* Vol. 35, No. 1. Accessed from: https://www.jstage.jst.go.jp/article/jaih/35/1/35_15/_pdf

³ GMA News. (05 February 2022). "Panukalang Dagdag Allowances sa Frontliners Kasama ang Barangay Health Workers Base sa Risk Exposure, Lusot na sa Kongreso". *Saksi*. Accessed from: https://www.youtube.com/watch?v=VRWCml_a_Sc

recommended ratio of 1:20.⁴ Moreover, the current system of BHW recruitment is prone to politicking as Barangay Captains are able to terminate BHWs who support political opponents and replace them with supporters.⁵

Hence, it is now high time to provide our BHWs with the corresponding benefits, salary and security befitting of their service and sacrifice, not only in recognition of their crucial role in bridging health care to the community as well as in our fight against COVID-19, but also to maximize their potential and to make them key partners of the government in the delivery of grassroots-level health services.

In view of the foregoing, immediate approval of this legislative measure is hereby earnestly sought.



GRACE POE

⁴ Zuellig Family Foundation. (July 2011). "Rural Public Health Workers: Status and Implication on Service Delivery and Health Outcomes". Accessed from: https://zuelligfoundation.org/wp-content/uploads/2016/07/Rural-Public-Health-Workers_Monograph.compressed.pdf

⁵ Ibid.



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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 as the “Magna Carta of
2 Barangay Health Workers.”

3 Sec. 2. *Statement of Policy.* – It is hereby declared the policy of the State to
4 promote a just and dynamic social order that will ensure prosperity and
5 independence of the nation and free the people from poverty through policies that
6 provide adequate social services, promote full employment, a rising standard of
7 living, and an improved quality of life for all. The State recognizes that quality health
8 care services promote social justice in all phases of national development.

9 It is likewise the declared policy of the State to protect and promote the right
10 to health of the people and to adopt an integrated and comprehensive approach to
11 health development. Primary Health Care is recognized as a major strategy towards
12 health empowerment, emphasizing the need to provide accessible, available and
13 affordable quality health services at the grassroots level.

14 Pursuant thereto, the government and all its instrumentalities recognize the
15 economic and social rights of barangay health workers to security of tenure and just
16 compensation, consistent with the principle of equal pay for equal work and work of
17 equal value.

18 Sec. 3. *Definition of terms.* – As used in this Act, the term Barangay Health
19 Worker (BHW) refers to a person who has undergone training under any accredited
20 government and nongovernment organization and who voluntarily renders primary
21 healthcare services in the community after having been accredited to function as

1 such by the local health board in accordance with the guidelines promulgated by the
2 Department of Health (DOH). The accredited BHW shall be given a copy of the proof
3 of said accreditation.

4 A BHW shall be considered as a public health worker as defined under
5 Republic Act No. 7305 or the Magna Carta of Public Health Workers for purposes of
6 receiving any special risk allowance granted to health workers for the COVID-19
7 pandemic, and any other pandemic that may occur hereafter.

8 *Sec. 4. Registration.* – BHWs shall be registered with the local health board in
9 the city or municipality in which they render service. The registered health workers
10 shall be given appropriate proof of said registration.

11 The municipal and city health offices shall regularly maintain and update the
12 BHW Registry with the assistance of the BHW Federation and shall submit the same
13 to the municipal or city health board. The local health offices shall submit a copy of
14 their respective updated BHW registry to the Provincial Health Office which shall
15 consolidate all registries. Upon the validation of the Provincial BHW Federation, the
16 consolidated Provincial Registry shall be submitted to the Provincial Health Board,
17 and the same shall be posted in the municipal or city bulletin boards and barangay
18 health centers.

19 The provincial BHW Registry shall be submitted on or before April 30 of every
20 year to the DOH at the regional and national levels for consolidation. The DOH is
21 hereby mandated to maintain a national register of BHWs.

22 In order to qualify for registration, a BHW must:

- 23 (a) Have rendered basic community healthcare services continuously and
24 satisfactorily for at least six (6) months immediately preceding the date of
25 the filing of application for registration in the barangay as certified by the
26 Rural Health Midwife (RHM) or public health nurse assigned to the
27 barangay and by the head of the barangay health workers association;
- 28 (b) Have completed the basic orientation and training for BHWs as prescribed
29 by the DOH and conducted by an accredited government agency, or DOH-
30 recognized academic institution, or nongovernmental organization (NGO);
- 31 (c) Be at least eighteen (18) years of age at the date of the filing of the
32 application for registration; and

1 (d) Be physically and mentally fit.

2 Sec. 5. *Accreditation.* – To further professionalize the health care services
3 rendered by the BHWs and ensure the health and welfare of the community, a duly
4 registered BHW may apply for accreditation to the municipal or city health board.

5 The municipal or city health board shall issue the certificate of accreditation to
6 qualified BHWs. In order to qualify for accreditation, the applicant BHW must:

7 (a) Be registered in accordance with Section 4 hereof;

8 (b) Have completed in the locality at least two (2) years of continuous and
9 satisfactory service immediately prior to the filing of application for
10 accreditation;

11 (c) Have completed a regular training program on health care service and
12 community-based health program that would upgrade and develop the
13 skills and competency of BHWs to perform their roles. The training
14 program shall be institutionalized by the DOH, in cooperation with local
15 government units (LGUs).

16 It shall be the duty of the municipal and city LGUs, in cooperation with the
17 provincial government and the DOH, to provide the applicant BHWs the necessary
18 support and opportunities for accreditation. This includes providing information on
19 the availability of regular training programs for accreditation.

20 The municipal and city health boards or through their registration and
21 accreditation committee shall act on the applications for accreditation of BHWs not
22 later than thirty (30) days from the date of application.

23 The DOH shall also maintain an updated roster of accredited BHWs that is
24 accessible to the general public.

25 Sec. 6. *Number and Role of Barangay Health Workers.* – The DOH, in
26 consultation with the Department of Interior and Local Government (DILG) shall
27 determine the ideal ratio of BGWs to the number of households per barangay:
28 Provided, That the total number of BHWs nationwide shall not be less than one (1%)
29 of the total population. As far as practicable, the BHW to be employed must be a
30 resident of the barangay.

31 As one of the key partners in a reformed healthcare delivery system, the
32 DOH and LGUs shall support the roles of BHWs as:

- 1 (a) Advocate - to support, promote and champion current health programs,
2 projects, and activities to improve access to quality health services
3 towards the improved health status of the community;
- 4 (b) Educator - to guide and advise the community on the current DOH and
5 health priorities of LGUs such as importance of birth plan and facility-
6 based delivery in reducing maternal and infant deaths; newborn screening
7 for the early detection of congenital metabolic disorders which may lead
8 to mental retardation and even death, among others;
- 9 (c) Disseminator - to maintain regular communication with local professional
10 health workers on health events and updates and concerns relevant to
11 the community and inform the same to the community for appropriate
12 action, if necessary;
- 13 (d) Coordinator - to facilitate access to any group or association of the
14 community with a relevant network of or specific health and non-health
15 service providers;
- 16 (e) Record Keeper - to maintain updated records of health data, health
17 activities and events in the community; and
- 18 (f) Health Care Service Provider – to assist and provide basic healthcare
19 services as may be needed in the community in any health event.

20 A BHW shall not be required to engage in any partisan political activity.

21 *Sec. 7. Barangay Health Workers in the Botika sa Barangay.* – When available
22 and offered in the community, BHWs shall man and operate "*Botika sa Barangay*"
23 service in accordance with the relevant issuances of DOH. They shall be given
24 appropriate trainings by the DOH and Food and Drug Administration (FDA) in
25 consultation with relevant professional organizations and associations.

26 *Sec. 8. Incentives and Benefits.* – All BHWs who are actively and regularly
27 performing their duties shall be entitled to monthly honoraria in the amount of not
28 less than Three thousand pesos (P3,000.00) subject to adjustment based on the
29 prevailing market value, in addition to the following incentives and benefits:

- 30 (a) Privileges for the BHWs. – All accredited BHWs shall be entitled to twenty
31 percent (20%) discount on all the items enumerated under Section 4(a) of
32 Republic Act No. 9994 otherwise known as the "Expanded Senior Citizens

1 Act of 2010": Provided, That the privileges shall not be claimed if the BHW
2 is eligible for a higher discount that may be granted by the commercial
3 establishment or other existing laws.

4 The commercial establishment may claim the discount granted under this
5 Section as tax deduction based on the cost of goods sold or services
6 rendered: Provided, That the discount shall be allowed as deduction from
7 the gross income for the same taxable year that the discount is granted:
8 Provided, further, that the total amount of the claimed tax deduction net
9 of value-added tax, if applicable, shall be included in their gross sales
10 receipt for tax purposes and shall be subject to proper documentation and
11 to the provisions of the National Internal Revenue Code of 1997, as
12 amended;

- 13 (b) Hazard allowance. – All accredited BHWs shall be entitled to hazard
14 allowance in an amount to be determined by the local health board of the
15 LGU concerned, which in no case shall be less than One thousand pesos
16 (P1,000.00) per month, subject to existing laws, rules, and regulations;
- 17 (c) Subsistence allowance. – All accredited BHWs who render service within
18 the premises of isolated barangay health stations shall be entitled to
19 subsistence allowance equivalent to the meals they take in the course of
20 their duty, which shall be computed in accordance with prevailing
21 circumstances as determined by the LGU concerned. such allowance shall,
22 in no case, be less than One hundred pesos (P100.00) per day;
- 23 (d) Transportation allowance. – All accredited BHWs, in the performance of
24 their official duties, shall be entitled to a transportation allowance of not
25 less than One thousand pesos (P1,000.00) per month, subject to auditing
26 rules and regulations;
- 27 (e) One-time retirement cash incentive. – An accredited BHW who has
28 continuously and satisfactorily served for at least fifteen (15) years shall
29 be entitled to a one-time retirement cash incentive of not less than Ten
30 thousand pesos (P10,000.00) in recognition of their loyalty and dedication,
31 which shall be borne by the municipality or city concerned. The provincial

1 government may provide assistance for this purpose, in the case of
2 component cities;

3 (f) Training, education and career enrichment programs. – The DOH shall, in
4 coordination with the Department of Education (DepEd), Commission on
5 Higher Education (CHED), Technical Education and Skills Development
6 Authority (TESDA), DOH-recognized academic institutions, other
7 concerned agencies and nongovernment organizations, provide
8 information on and opportunities for education and career enrichment for
9 accredited BHWs, such as in the following programs:

10 (1) Educational programs which credit the years of primary healthcare
11 service of the BHW towards higher education completion in
12 institutions with stepladder curricula thus allowing them to upgrade
13 their skills and knowledge for community work or to pursue further
14 training as midwives, pharmacists, nurses or doctors;

15 (2) Continuing education, study and exposure tours, grants, field
16 immersion, and scholarships, among others;

17 (3) Scholarship benefits in the form of tuition fees in state colleges, to be
18 granted to one (1) child of every barangay health worker who will not
19 be able to take advantage of the programs described in paragraphs
20 (1), (2), and (3) hereof; and

21 (4) Special training programs such as traditional medicine, disaster
22 preparedness and other programs that address emergent community
23 health problems and issues.

24 (g) Health benefits. – All accredited BHWs shall be entitled to the following
25 health benefits during their incumbency:

26 (1) Free medical care, including surgery and surgical expenses medicines,
27 x-ray and other laboratory fees, when confined in any public hospital
28 or health institution;

29 (2) Emergency assistance not exceeding the amount of Five thousand
30 pesos (P5,000.00) chargeable against the fund of the barangay
31 concerned, for expenses incurred in the nearest private hospital or

1 clinic in case of extreme emergency where there is no available public
2 hospital;

3 (3)Mandatory and immediate membership in the PhilHealth as indirect
4 contributors;

5 (4)Disability or burial assistance in case of disability or death.

6 The LGUs concerned shall also endeavor to provide other health benefits to
7 accredited BHWs not otherwise provided by law;

8 (h) Insurance Coverage. – Accredited BHWs shall be granted insurance
9 coverage and benefits by the Government Service Insurance System
10 (GSIS) which shall be borne by the LGU concerned. For this purpose, the
11 GSIS shall design an insurance benefit package suited to the needs and
12 unique circumstances of the BHWs;

13 (i) Sick, Vacation and Maternity Leaves. – All accredited BHWs shall be
14 entitled to sick, vacation and maternity leaves as may be prescribed in the
15 implementing rules and regulations of this Act: Provided, That, the BHWs
16 shall continue to receive their monthly honoraria while on leave, for such
17 period in accordance with existing laws and practices.

18 (j) Cash gift. – All accredited BHWs are entitled to a cash gift not less
19 than the minimum monthly honoraria to be given every December from
20 the general fund of the barangay or from such other funds appropriated
21 by the national government for the purpose;

22 (k) Disability benefit. – An accredited BHW who sustains an injury or falls
23 ill in the course of the performance of their duties shall be entitled to Two
24 thousand pesos (P2,000.00) for every year of service;

25 (l) Civil service eligibility. – A first grade eligibility shall be granted to
26 accredited BHWs who have rendered three (3) years continuous service as
27 such: Provided, That should a BHW become a regular employee of the
28 government, the total numbers of years served as such shall be credited
29 to the BHW's service in the computation of retirement benefits.

30 (m) Security of tenure. – No person duly registered or accredited as a BHW
31 shall be removed except for a valid cause to be determined by the Local
32 Health Board (LHB): Provided, That if found to be unjustly removed from

1 service, a BHW shall be entitled to reinstatement without loss of benefits
2 and incentives from the time of termination up to the time of his
3 reinstatement. The LHB shall resolve termination cases against a BHW
4 judiciously not later than ninety (90) days from the receipt of a complaint;

5 (n) Free legal service. – Legal representation and consultation services
6 shall be immediately provided by the Public Attorney’s Office to a BHW in
7 cases of coercion, interference, and civil and criminal cases filed by or
8 against the BHW arising out of or in connection with the performance of
9 their duties as such;

10 (o) Preferential access to loan facilities. – The DOH in coordination with
11 other concerned government agencies shall provide, within one hundred
12 eighty (180) days after the effectivity of this Act, a mechanism that shall
13 provide organized BHWs access to loan services. The agencies providing
14 loan services shall set aside (1%) of their loanable funds for organized
15 BHW groups that have community-based income generating projects in
16 support of health programs or activities.

17 *Sec. 9. Review by the Local Health Board.* – Every incentive or benefit for
18 BHWs requiring expenditure of local funds shall be reviewed and approved by the
19 LHB. Such benefits and incentives may be increased upon review of the LHB in
20 consideration of, among others, the present Consumer Price Index (CPI) as
21 published by the Philippine Statistics Authority (PSA).

22 *Sec. 10. Discrimination Prohibited.* – Discrimination against any BHW by
23 reason of gender, civil status, creed, religious or political beliefs and ethnic
24 groupings in the exercise of their functions and responsibilities is hereby prohibited.

25 *Sec. 11. Right to Self-Organization.* – A BHW shall have the right to freely
26 form, join or assist organizations to obtain redress of their grievances through
27 peaceful concerted activities, in a manner not contrary to law, and with utmost
28 regard to service to patients and the continuous operation of barangay health
29 services in the interest of public health, safety, and survival of patients.

30 *Sec. 12. Representation in the Local Health Board and Primary Health Care*
31 *Provider Network.* – The president of the municipal or city association of BHWs shall
32 be a member of the municipal or city local health board. The presidents of the

1 association of BHWs of each component city and municipality associations of a
2 province shall elect from among themselves their representative to the provincial
3 health board: Provided, That the BHW representatives to the health boards shall not
4 be allowed to vote on the registration, accreditation and disciplinary or removal
5 complaints of BHWs.

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

8 *Sec. 13. Continuous Capacity Building for BHWs.* – The DOH shall conduct
9 continuous capacity building for BHWs to enhance and upgrade their knowledge and
10 skills, including training programs conducted online and in major Philippine dialects.

11 The DOH shall, in coordination with TESDA and other concerned agencies,
12 assist the LGUs in the development of education modules or materials that highlight
13 the collective experiences and learnings of BHWs and the use of traditional and
14 complementary medicine.

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

18 The LGUs shall also implement a development program for BHWs that will
19 allow them to benefit from ladderized training as provided under Republic Act No.
20 10968, otherwise known as the "PQF Act," and Republic Act No. 10647, otherwise
21 known as the "Ladderized Education Act of 2014," including academic credits for
22 health-related courses.

23 *Sec. 14. Appropriations.* – The amount necessary for the implementation of
24 this Act shall be charged against the National Tax Allotment (NTA) of the LGUs,
25 other local funds and the special health fund under Republic Act No. 11223
26 otherwise known as the "Universal Health Care Act".

27 *Sec. 15. Implementing Rules and Regulations.* – The DOH and the DILG shall,
28 in consultation with DepEd, CSC, GSIS, and other concerned government agencies,
29 NGOs and stakeholders, promulgate the rules and regulations to implement this Act
30 not later than one hundred eighty (180) days from the effectivity of this Act.

1 Sec. 16 *Separability Clause.* – If any portion or provision of this Act is
2 declared invalid or unconstitutional, the remainder of the law or the provision not
3 otherwise affected shall remain full force and effect.

4 Sec. 17. *Repealing Clause.* – Republic Act No. 7883. Otherwise known as the
5 “Barangay Health Workers Benefits and Incentives Act of 1995”, is hereby repealed.
6 All other laws, decrees, orders, circulars, issuances, rules and regulations which are
7 inconsistent with this Act are hereby repealed, amended or modified accordingly.

8 Sec. 18. *Effectivity.* – This act shall take effect fifteen (15) days after its
9 publication in the Official Gazette or in any two (2) national newspaper of general
10 circulation.

Approved,