

S.B. No. 2498

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INTRODUCED BY SENATORS LACSON AND SOTTO III

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS**

EXPLANATORY NOTE

Article II Section 15 of the 1987 Constitution enunciates the State Policy to "protect and promote the right to health of the people and instill health consciousness among them". Consistent with this, Section 11 of Article XIII mandates the state to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other services available to all the people at affordable cost".

Pursuant to these, Congress enacted Republic Act No. 7883 otherwise known as the "Barangay Health Workers' Benefits and Incentives Act of 1995" which adopted Primary Health Care Approach as the major strategy towards health empowerment. Emphasizing the need to provide accessible and acceptable health services through participatory strategies such as health education training of barangay health workers, community building and organizing through providing incentives and benefits to Barangay Health Workers.

Section 3 of Republic Act No. 7883 defines a Barangay Health Worker (BHW) as a person who has undergone training programs under any accredited government and non-government organization and 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 Department of Health (DOH). Per the agency's records, there are already a total of 196,562 accredited BHWs as of 2009.

Twenty seven (27) years since its passage, the law has yet to be fully implemented due to reported lack of effective support mechanisms and insufficient funds of the local government units as the local health budget would depend on the priorities given by each local government unit (LGU) to health services and facilities. These led to the deplorable state of barangay health programs and services.

The vital role that the BWHs perform in the provision of primary health care to the community has been highlighted by the COVID-19 pandemic as they continue to provide services not limited to the following:

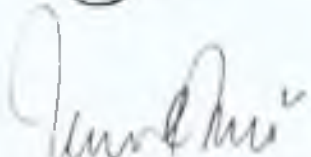
1. First Aid
2. Collection of Vital Statistics
3. Maternal, Newborn and Child Health Services
4. Assistance to Health Center Activities
5. Nutrition Education
6. Monitoring and Feeding programs
7. Immunization Education
8. Family Planning Services
9. Sanitation and Hygiene Promotion
10. Disaster Relief and Rehabilitation

Despite the vital role of the Barangay Health Workers amidst the pandemic, reports have shown that they have yet to receive enough compensation and training to handle the crisis. According to Barangay Health Workers Representative Angelica Natasha Co, Barangay Health Workers are mostly female senior citizens who have been in service for years. Most of them are considered vulnerable to COVID-19 virus as they continually serve at the front lines especially in poor communities. Apart from compensation, the Barangay Health Workers need the appropriate training and support from the national government to perform their basic functions especially during this COVID-19 Pandemic.

Towards this end, the proposed measure seeks to standardize the allowance and benefits of the Barangay Health Workers by providing minimum amounts each worker should be entitled to. Furthermore, the measure seeks to introduce additional health benefits such as free medical care, insurance coverage, sick, vacation and maternity leaves, cash gift, and disability benefit.

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


PANFILO M. LACSON
Senator


VICENTE C. SOTTO III
Senate President

S.B. No. 2498

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INTRODUCED BY SENATORS LACSON AND SOTTO III

**AN ACT
PROVIDING FOR THE MAGNA CARTA OF BARANGAY HEALTH WORKERS**

Be it enacted by the Senate and the 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 **Section 2. Declaration of Policy.** - It is hereby declared the policy of the
4 State to protect and promote the right to health of people and adopt an integrated
5 and comprehensive approach to health development. Pursuant thereto, it shall
6 endeavor to make essential goods, healthcare, and other social services available to
7 all the people. In line with the country's commitment to accomplish health indicator
8 targets under United Nations Millennium Development Goals (MDGs), the State shall
9 adopt policies that promote the welfare and well-being of barangay health workers
10 who are the forefront of the delivery of health care at the grassroots level, and which
11 shall effectively harness their potential as partners in development.

12 **Section 3. Definition.** - As used in this Act, the term "barangay health
13 worker" shall refer to a person who has undergone training under any accredited
14 government and non-government organization and who voluntarily renders primary
15 healthcare services in the community after having been accredited to function as such
16 by the local health board in accordance with the guidelines promulgated by the
17 Department of Health (DOH) pursuant to Section 3 of Republic Act No. 7883 otherwise
18 known as the "Barangay Health Workers' Benefits and Incentives Act of 1995."
19 *Provided* that, a barangay health worker shall be considered as a public health worker
20 as defined under Republic Act No. 7305 or the Magna Carta of Public Health Workers
21 for purposes of receiving any special risk allowance granted to health workers for the
22 Covid-19 pandemic, and any other pandemic that may occur hereafter.

23 **Section 4. Registration.** - Barangay health workers (BHWs) shall be
24 registered with the local health board in the city or municipality in which they render
25 service. The registered health workers shall be given appropriate proof of said
26 registration.

1 The municipal and city health offices shall regularly maintain and update the
2 BHW Registry with the assistance of the BHW Federation and shall submit the same
3 to the municipal or city health board. The local health offices shall submit a copy of
4 their respective updated BHW registry to the Provincial Health Office which shall
5 consolidate all registries. Upon the validation of the Provincial BHW Federation, the
6 consolidated Provincial Registry shall be submitted to the Provincial Health Board, and
7 the same shall be posted in the municipal or city bulletin boards and barangay health
8 centers.

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

12 In order to qualify for registration, a barangay health worker must:

13 A. Have rendered basic community health care services continuously
14 and satisfactorily for at least six (6) months immediately preceding the
15 date of the filing of application for registration in the barangay as
16 certified by the Rural Health Midwife (RHM) or public health nurse
17 assigned to the barangay and by the head of the barangay health
18 workers association;

19
20 B. Have completed the basic orientation and training for BHWs as
21 prescribed by the DOH and conducted by an accredited government
22 agency, or DOH-recognized academic institution, or non-governmental
23 organization (NGO);

24
25 C. Be at least eighteen (18) years of age at the date of the filing of
26 the application for registration; and,

27
28 D. Be physically and mentally fit.

29
30 It shall be the duty of the municipal and city health offices, in cooperation with
31 the Provincial Health Office and DOH, to provide the BHW applicants with basic
32 orientation and training within six (6) months from the date of approval of their
33 application.

34 **Section 5. Accreditation.** - To further professionalize the health care services
35 rendered by the BHWs and ensure the health and welfare of the community, a duly
36 registered BHW must be accredited by the municipal or city health board.

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

39 A. Be registered in accordance with Section 4 hereof;

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41 B. Have completed in the locality at least two (2) years of continuous
42 and satisfactory service immediately prior to the filing of application for
43 accreditation;

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

It shall be the duty of the municipal and city LGUs, in cooperation with the provincial government and the DOH, to provide the applicant BHWs the necessary support and opportunities for accreditation.

A BHW must complete the regular training program on health care service and community-based health program within five (5) years from registration.

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

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

Section 6. Number and Role of Barangay Health Workers. - Notwithstanding the limitations prescribed under Section 325 (a) of Republic Act No. 7160, as amended, otherwise known as the Local Government Code of 1991, each barangay shall at least have one (1) BHW for every twenty (20) households.

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

- a. Advocate - to support, promote and champion current health programs, projects, and activities to improve access to quality health services towards the improved health status of the community.
- b. Educator - to guide and advise the community on the current DOH and health priorities of LGUs such as importance of birth plan and facility-based delivery in reducing maternal and infant deaths; newborn screening for the early detection of congenital metabolic disorders which may leads to mental retardation and even death, among others;
- c. Disseminator - to maintain regular communication with local professional health workers on health events and updates and concerns relevant to the community and inform the same to the community for appropriate action, if necessary;
- d. Coordinator - to facilitate access to any group or association of the community with a relevant network of or specific health and non-health service providers;

1 e. Record Keeper - to maintain updated records of health data,
2 health activities and events in the community;

3
4 f. Health Care Service Provider - to assist and provide basic health
5 care services as may be needed in the community in any health event.
6

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

8 **Section 7. Mandatory Appointment of Barangay Health Worker**
9 **(BHW).** - There shall be appointed at least one (1) BHW in every barangay for every
10 twenty (20) households who shall be under the supervision and control of the DOH.
11 The BHW so appointed shall coordinate closely with the local government health
12 officer in the implementation of health programs in the locality. As far as practicable,
13 the BHW to be employed must be a resident of the barangay.

14 The DOH shall determine the ratio of barangay health workers according to the
15 number of households: *Provided*, That there shall be at least one (1) BHW for every
16 twenty (20) households: *Provided, further*, That the total number of barangay health
17 workers nationwide shall not be less than one percent (1%) of the total population.

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

22 a. *Privileges for the BHWs.* - All accredited BHWs shall be entitled to
23 twenty percent (20%) discount on all the items enumerated under
24 Section 4 (a) of Republic Act No. 9994 otherwise known as the
25 Expanded Senior Citizens Act of 2010: *Provided*, That the privileges
26 shall not be claimed if the BHW is eligible for a higher discount that
27 may be granted by the commercial establishment or other existing
28 laws.

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30 The commercial establishment may claim the discount granted under
31 this section as tax deduction based on the cost of goods sold or
32 services rendered: *Provided*, that the discount shall be allowed as
33 deduction from the gross income for the same taxable year that the
34 discount is granted: *Provided further*, that the total amount of the
35 claimed tax deduction net of value-added tax, if applicable, shall be
36 included in their gross sales receipt for tax purposes and shall be
37 subject to proper documentation and to the provisions of the National
38 Internal Revenue Code of 1997, as amended.

39
40 b. *Hazard Allowance.* - All accredited BHWs shall be entitled to hazard
41 allowance in an amount to be determined by the local health board
42 of the local government unit concerned, which in no case shall be
43 less than One thousand pesos (P1,000.00) per month, subject to
44 existing laws, rules, and regulations;

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- c. *Subsistence Allowance.* - All accredited BHWs who render service within the premises of isolated barangay health stations shall be entitled to subsistence allowance equivalent to the meals they take in the course of their duty, which shall be computed in accordance with prevailing circumstances as determined by the local government unit concerned. such allowance shall, in no case, be less than One hundred pesos (P100.00) per day;
- d. *Transportation Allowance.* - All accredited BHWs, in the performance of their official duties, shall be entitled to a transportation allowance of not less than One thousand pesos (P1,000.00) per month, subject to auditing rules and regulations;
- e. *One-time Retirement Cash Incentive* - An accredited BHW who has continuously and satisfactorily served for at least fifteen (15) years shall be entitled to a one-time retirement cash incentive of not less than Ten thousand pesos (P10,000.00) in recognition of their loyalty and dedication, which shall be borne by the municipality or city concerned. The provincial government may provide assistance for this purpose, in the case of component cities;
- f. *Training, Education and Career Enrichment Programs.* - The DOH shall, in coordination with the Department of Education (DepEd), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), DOH-recognized academic institutions, other concerned agencies and non- government organizations, provide information on and opportunities for education and career enrichment for accredited BHWs, such as in the following programs:
 - 1. Educational programs which credit the years of primary health care service of the BHW towards higher education completion in institutions with step ladder curricula thus allowing them to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors;
 - 2. Continuing education, study and exposure tours, grants, field immersion, and scholarships, among others;
 - 3. Scholarship benefits in the form of tuition fees in state colleges, to be granted to one (1) child of every barangay health worker who will not be able to take advantage of the above programs described in paragraphs (1) and (2) hereof; and

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

- g. *Health Benefits.* - All accredited BHWs shall be entitled to the following health benefits during their incumbency: 1. Free medical care, including surgery and surgical expenses, medicines, x-ray and other laboratory fees, when confined in any public hospital or health institution; 2. Emergency assistance not exceeding the amount of Five thousand pesos (P5,000.00) chargeable against the fund of the barangay concerned, for expenses incurred in the nearest private hospital or clinic in case of extreme emergency where there is no available public hospital; 3. Mandatory and immediate membership in the Philhealth as indirect contributors. The LGUs concerned shall also endeavor to provide other health benefits to accredited BHWs not otherwise provided by law;
- h. *Insurance Coverage.* - Accredited BHWs shall be granted insurance coverage and benefits by the Government Service Insurance System (GSIS) which shall be borne by the LGU concerned. For this purpose, the GSIS shall design an insurance benefit package suited to the needs and unique circumstances of the BHWs;
- i. *Sick, Vacation and Maternity Leaves.* - All accredited BHWs shall be entitled to sick, vacation and maternity leaves as may be prescribed in the implementing rules and regulations of this Act: *Provided, that,* the BHWs shall continue to receive their monthly honoraria while on leave, for such period in accordance with existing laws and practices.
- j. *Cash Gift* - All accredited BHWs are entitled to a cash gift not less than the minimum monthly honorary; to be given every December from the general fund of the barangay or from such other funds appropriated by the national government for the purpose;
- k. *Disability Benefit* - An accredited BHW who sustains an injury or falls ill in the course of the performance of their duties shall be entitled to Two thousand pesos (P2,000.00) for every year of service.
- l. *Civil Service Eligibility.* - A first grade eligibility shall be granted to accredited BHWs who have rendered three (3) years continuous service as such: *Provided, That* should a BHW become a regular employee of the government, the total numbers of years served as such shall be credited to the HW's service in the computation of retirement benefits.

No person duly accredited as a BHW shall be removed except for a valid cause to be determined by the Local Health Board (LHB): *Provided, That* if found to be unjustly removed from service, a BHW

1 shall be entitled to reinstatement without loss of benefits and
2 incentives from the time of termination up to the time of his
3 reinstatement. The LHB shall resolve termination cases against a
4 BHW judiciously not later than ninety (90) days from the receipt of a
5 complaint.
6

7 m. *Free Legal Services* - Legal representation and consultation services
8 shall be immediately provided by the Public Attorney's Office to a
9 BHW in cases of coercion, interference, and in other civil and criminal
10 cases filed by or against the BHW arising out of or in connection with
11 the performance of their duties as such.
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13 n. *Preferential Access to Loan Facilities* - The DOH in coordination with
14 other concerned government agencies shall provide, within one
15 hundred eighty (180) days after the effectivity of this Act, a
16 mechanism that shall provide organized BHWs access to loan
17 services. The agencies providing loan services will set aside one
18 percent (1%) of their loanable funds for organized BHW groups that
19 have community-based income generating projects in support of
20 health programs or activities.

21 **Section 9. Review by the Local Health Board.** - Every incentive or benefit
22 for BHWs requiring expenditure of local funds shall be reviewed and approved by the
23 LHB. Such benefits and incentives may be increased, upon review of the LHB, after
24 considering, among others, the present Consumer Price Index (CPI) as published by
25 the Philippine Statistics Authority (PSA).

26 **Section 10. Discrimination Prohibited.** - Discrimination against any BHW
27 by reason of gender, civil status, creed, religious or political beliefs and ethnic
28 groupings in the exercise of their functions and responsibilities is hereby prohibited.

29 **Section 11. Protection of BHWs.** - The municipal, city, provincial
30 governments and the Department of the Interior and Local Government (DILG) shall
31 establish a grievance mechanism as a means of processing complaints of BHWs
32 against alleged acts of discrimination and unjust removal from the service. A BHW
33 may appeal their grievances to the DILG.

34 **Section 12. Right to Self-organization.** - A BHW shall have the right to
35 freely form, join or assist organizations to obtain redress of their grievances through
36 peaceful concerted activities, in a manner not contrary to law, and with utmost regard
37 to service to patients and the continuous operation of barangay health services in the
38 interest of public health, safety, or survival of patients.

39 **Section 13. Representation in the Local Health Board and Primary**
40 **Health Care Provider Network.** - The president of the municipal or city association
41 of BHWs shall be a member of the municipal or city local health board. The presidents
42 of the association of BHWs of each component city and municipality associations of a
43 province shall elect from among themselves their representative to the provincial
44 health board: *Provided, That, the BHW representatives to the health boards shall not*

1 be allowed to vote on the registration, accreditation and disciplinary or removal
2 complaints of BHWs.

3 The BHWs shall also form part of the health care provider network and shall
4 participate in the implementation of health care services and programs.

5 **Section 14. Continuous Capacity Building for BHWs.** - The DOH shall
6 conduct continuous capacity building for BHWs to enhance and upgrade their
7 knowledge and skills, including training programs conducted online and in major
8 Philippine dialects.

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

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

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

21 **Section 15. Penalty Clause.** - Any local government official who violates any
22 provision of this Act may be administratively and criminally charged in accordance with
23 law.

24 **Section 16. Appropriations.** - The amount necessary for the implementation
25 of this Act shall be charged against the National Tax Allotment (NTA) of the LGUs,
26 other local funds and the special health fund under Republic Act No. 11223 otherwise
27 known as the Universal Health Care Act.

28 **Section 17. Implementing Rules and Regulation.** - The DOH and the
29 DILG shall, in consultation with the DepEd, the CSC, the GSIS, and other concerned
30 government agencies and nongovernmental entities, promulgate the rules and
31 regulations to implement this Act not later than one hundred eighty days (180 days)
32 from the effectivity of this Act.

33 **Section 18. Separability Clause.** - If any portion or provision of this Act is
34 declared invalid or unconstitutional, other provisions hereof shall remain in full force
35 and effect.

36 **Section 19. Repealing Clause.** - Republic Act No. 7883 otherwise known as
37 the "Barangay Health Workers 'Benefits and Incentives Act of 1995" is hereby
38 repealed. All laws, decrees, executive orders, rules and regulations, which are
39 inconsistent with this Act are hereby repealed, or modified accordingly.

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

Approved,