

Republic of the Philippines

HOUSE OF REPRESENTATIVES

Quezon City, Metro Manila

EIGHTEENTH CONGRESS

First Regular Session

HOUSE BILL NO. 602



Introduced by HONORABLE RESURRECCION MARRERO-ACOP, MD

EXPLANATORY NOTE

Article XIII Section 11 of the 1987 Philippine Constitution provides that "the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost."

By virtue of the Title I Section 17 of the Local Government Code, delivery of health care services were devolved to the local government units (LGU), aiming for self-reliant LGUs to deliver more direct and immediate health care services to the people through the Community Health Teams (CHTs). A CHT is composed of midwives, barangay health workers (BHWs), barangay nutrition scholars (BNSs), and parent leaders. These CHTs are important since they are the link between the communities or families to health care providers. As a link, they increase the family's awareness and recognition of health risks and the promotion of positive health behavior¹. As part of the CHTs, the role and contribution of the BHWs in the attainment of the Department of Health (DOH)'s thrusts cannot be overlooked. The roles and functions of BHWs have been evolving to accommodate the changing needs and demands of their catchment area and thrusts of the health system as evidenced by the different approved policies, including but not limited to: a) Republic Act No. 7883 (Barangay Health Workers Benefits and Incentives Acts of 1995); b) DOH Department Memorandum No. 2009-0302 (Reiteration of DOH Support for the Continuing Development of BHWs); and c) Administrative Order No. 2015-0028².

But many problems continue to plague the BHW program, mainly because of the poor implementation of the policies supporting it. Concomitant to this, the benefits, incentives and the rights of the BHWs have inadequately accrued to them.

This may also be due to the outdated policy on BHW incentives and benefits dating back circa 1995. Although there was a reiteration of the

¹SITUATIONAL ANALYSIS BARANGAY HEALTH WORKER PROGRAM. <http://caro.doh.gov.ph/wp-content/uploads/2016/01/BHW-Situational-analysis.pdf>.

² Ibid.

guidelines for BHWs in 2009 a decade has passed since then.

This Representation recognizes that there is no single policy guiding community health in the Philippines. The country has a multitude of strategies, guidelines, manuals, and governmental decrees that cover a wide array of health areas through both vertical and comprehensive programming, some dating as far back as the late 1970s³. It is in this view that this proposed legislation is being pursued, catering specifically to BHWs, and providing a two-pronged approach: 1) Improving the incentives for our Barangay Health Workers; and 2) Building up their capacity to respond fully to the services required of them by providing new skills and knowledge in order to do their job well.

In solidarity with more than 200,000 Barangay Health Workers throughout the country, the passage of this bill is earnestly sought.


RESURRECCION MARRERO-ACOP, MD
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³ Kristen Devlin, Kimberly Farnham Egan, and Tanvi Pandit-Rajani. 2016. *Community Health Systems Catalog Country Profile: Philippines*. Arlington, VA: Advancing Partners & Communities.

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AN ACT ORDAINING THE “BARANGAY HEALTH WORKERS’ INCENTIVE AND DEVELOPMENT ACT (BIDA) OF 2019”

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

SECTION 1. Short Title. - This Act shall be known as the “Barangay Health Workers’ Incentive and Development Act (BIDA) of 2019”.

SECTION 2. Declaration of Principles. - It is the policy of the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to the people at affordable cost. In furtherance of this, the State shall endeavor to provide accessible and quality health services through barangay health workers as front liners in community-based health interventions.

SECTION 3. Coverage. - The provisions of this Act shall be applicable to all barangay health workers under Republic Act No. 7883. For the purposes of this Act, the term “barangay health worker” shall refer to a person who has undergone a training program under any accredited government or non-government entity primarily to render health care services, pursuant to Republic Act 7883.

SECTION 4. *Six-Month Education and Training Program for Barangay Health Workers.* - The Department of Health, in coordination with other government and non-government entities, shall develop a competency-based education and training curriculum for all barangay health workers. The curriculum shall include basic orientation and training on health programs and institutionalized health service delivery system, primary healthcare, local health research, basic community organizing, local health research, social health insurance navigation, basic local resource generation and mobilization, training needs analysis, basic report writing and communication skills, and program planning and development. Courses on basic dental care, reproductive health, STD and HIV/AIDS prevention, physical therapy, basic life support, traditional and herbal medicine and reflexology shall also be offered. Such program shall be credited as units earned in higher education institutions with stepladder curricula that will entitle BHWs to upgrade their skills and knowledge for community work or to pursue further training as midwives, pharmacists, nurses or doctors.

SECTION 5. *Accreditation and Competency Assessment.* - The Department of Health in coordination with the local government units (LGUs) and the Civil Service Commission shall conduct a competency test upon completion of the Education and Training Program, provided that this requirement shall be waived for those who have served as Barangay Health Workers for three (3) or more years. Only those who have passed the assessment test or have served as BHWs for three (3) years or more will be accredited. The Provincial Health Board with the participation of TESDA, Philhealth, and accredited training NGOs, is hereby mandated to carry out the accreditation of Barangay Health Workers.

SECTION 6. *Grant of Barangay Health Worker Eligibility (BHWE).* - The BHWE shall be granted to Local Health Board-accredited barangay health worker who has completed at least two (2) years of college education leading to a college degree and has voluntarily rendered at least five (5) years of continuous active and satisfactory service as an accredited BHW to the community. Services rendered prior to February 20, 1995, or the date of approval of Republic Act 7883 or the "Barangay

Health Workers Benefits and Incentives Act of 1995" shall not be counted for purposes of the grant of eligibility.

For purposes of the grant of BHW Eligibility, services rendered to the community should meet all of the following requisites:

(1) The services must be voluntary, meaning, the BHW has not been employed and has not received any form of salary, or compensation, except honorarium, in the entirety of the five-year period for service requirement;

The services rendered must be continuous for a minimum period of three (3) years, meaning, the BHW should have served actively and satisfactorily on a full time basis; and

(2) BHW who had been hired by agency under Job Order status and/or Contract of Service, may still avail of/qualify for the grant of BHWE.

(3) The BHWE shall be considered appropriate for first level positions in government except for the following positions:

a. Positions under Category I of CSC MC No. 11, s. 1996 and CSC MC No. 3, s. 2008, which require passing the TESDA trade tests;

b. Positions under Category IV of CSC MC No. 11, s. 1996, as amended by CSC Resolution No. 974554, which require licenses issued by competent authority;

c. Stenographer positions for these require special skills and competencies; and

d. Positions which require passing Board examinations or those which are governed by special laws.

(4) The date of effectivity of the BHWE shall be the date of approval of an application by the CSC Regional Office concerned.

SECTION 7. *Program Cost and Cost Sharing for Local Government Units.* - The Basic Education and Training Program shall be offered free of charge. Local governments shall adopt a cost-sharing financing scheme with the National Government through the DOH for the implementation of the basic course on Barangay Health Work depending on the income level of the concerned local government units.

SECTION 8. *Compensation and Other Incentives.* - All accredited Barangay Health Workers shall be entitled to a monthly basic pay of six thousand pesos (Php 6,000.00). They shall likewise be entitled to the incentives and benefits provided under the Magna Carta for Public Health Workers, and shall be covered by all existing statutory benefits such as PAG-IBIG, GSIS and Philhealth. In addition, they shall be given burial and disability assistance in case of death or if the BHW is afflicted by illness which results to disability, especially if such occurs in the duration of his service. A regular adjustment in monetary and other non-monetary incentives shall be made to help improve the living conditions of Barangay Health Workers.

A BHW who has served less than three (3) years upon the passage of this Act shall receive a pro-rated amount based on years of service. S/he will be given first priority in enlisting for the Education and Training Program.

SECTION 9. *Compensation Based on Philhealth Utilization.* Philhealth is directed to develop a compensation package for accredited BHWs based on utilization programs including but not limited to social health insurance navigation, maternal neo-natal child health care and nutrition, primary care packages, rehabilitation and recovery of senior citizens and Persons with Disability (PWD), provided that compensation received from Philhealth will be over and above the monthly basic pay.

SECTION 10. *Mandatory Continuing Community-based Health Education.* - The DOH in cooperation with TESDA will formulate a module for Mandatory Continuing

Community-Based Health Education (MCCHE). Each accredited BHW will be required to undergo a MCCHE at least every three (3) years of active service, or as warranted by the DOH.

SECTION 11. *Implementing Agencies.* – Within one (1) year from the effectivity of this Act, the TESDA, DOH – with the participation of various health union representatives – shall formulate, finalize and launch the BHW education training program, assessment, and national certification program. The Department of Interior and Local Government (DILG), DOH, LGUs, and other appropriate government agencies, with the participation of various health union representatives shall provide the Implementing Rules and Regulations necessary to carry out the provisions of this Act. The Implementing Rules and Regulations shall be published in the Official Gazette or in a newspaper of general circulation.

SECTION 12. *Funding Source.* – An initial allocation of Fifty Million Pesos (Php 50,000,000) shall be included in the General Appropriations to support the policies and objectives under this Act. Congress shall provide subsequent appropriations in the annual budget of the Department of Health from “sin tax” revenues.

SECTION 13. *Non-diminution of Benefits.* - Nothing in this law shall be construed to eliminate or in any way diminish entitlements, or other benefits being provided to or enjoyed by BHWs under Republic Act 7883 or other laws and issuances, at the time of the promulgation of this Act.

SECTION 14. *Separability Clause.* – Should any provision of this Act be declared unconstitutional, the remaining parts not affected thereby shall remain valid and operational.

SECTION 15. *Repealing Clause.* - All laws, decrees, orders, circulars, issuances,

rules and regulations and parts thereof which are inconsistent with this Act are hereby amended or modified accordingly.

SECTION 16. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any two (2) newspapers of general circulation.

Approved,