

29 January 2020

**REP. NOEL L. VILLANUEVA**  
Chairperson  
Committee on Local Government  
House of Representatives  
Constitution Hills, Quezon City, Philippines 1126

**Dear Rep. Villanueva:**

We are pleased to submit the Department's comments and recommendations on House Bill No. 3985, entitled:

**“An Act Strengthening and Institutionalizing the Barangay Primary Health Care Program, Providing Security of Tenure, Benefits and Incentives to Barangay Health Workers, and Providing Funds Therefor”**

This is without prejudice to the Department's submission of additional comments.

With my best regards.

Very truly yours,



**RAMON M. LOPEZ**  
Secretary



**OFFICE OF THE SECRETARY**

DTI Position on

**House Bill No. 3985**

**“An Act Strengthening and Institutionalizing the Barangay Primary Health Care Program, Providing Security of Tenure, Benefits and Incentives to Barangay Health Workers, and Providing Funds Therefor”**

The Department recognizes the intentions of the bill that give importance to the role of Barangay Health Workers<sup>1</sup> (BHWs) in providing primary health care services to the community. The grant of compensation and benefit package, as well as security of tenure to BHWs will ensure that their services are continuously provided as needed by the community.

While there is already an existing legislation that mandates the grant of benefits and incentives to accredited BHWs for voluntary health services rendered to the community, Republic Act 7883 or The Barangay Health Workers' Benefits and Incentives Act of 1995 does not cover BHWs' security of tenure. The benefits spelled-out in the law are only limited to hazard allowance, subsistence allowance, training and education and career enrichment programs (TECEPS), civil service eligibility,<sup>2</sup> free legal services, and preferential access to loan. Implementation of the RA 7883 is funded by the local government units' budget. As of 2009, there are 196,562 active accredited BHWs in the country.<sup>3</sup>

Furthermore, the DTI opines that when it comes to the competency assessment of BHWs, Technical Education and Skills Development Authority (TESDA), along with the Department of Health (DOH) should be the lead agencies, as mandated by the law. Moreover, given that BHWs are considered government workers, we defer to the inputs and recommendations of the Department of Budget and Management (DBM) and the Civil Service Commission (CSC) in terms of the organizational arrangements that will ensure the security of tenure for BHWs.

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<sup>1</sup> BHW is a person who has undergone training programs under any accredited government and non-government[al] 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. Retrieved from: <https://www.doh.gov.ph/faqs/What-is-Barangay-Health-Worker> on 15 January 2020

<sup>2</sup> A second grade eligibility shall be granted to BHWs who have rendered (5) years continuous service as such, provided that should the BHW become a regular employee of the government, the total number of years served as BHW shall be credited to his/her service in computing retirement benefits Retrieved from: <https://www.doh.gov.ph/faqs/What-are-the-incentives-and-benefits-of-BHWs-under-the-Implementing-Rules-and-Regulations-IRR-of-R.A.-7883> on 15 January 2020

<sup>3</sup> Latest available data retrieved from <https://www.doh.gov.ph/faqs/What-is-the-number-of-BHWs-nationwide> on 15 January 2020



Lastly, DTI would also like to highlight Section 6 and Section 7 (j) of the bill, which state:

Section	Comment
<p><b>Section 6. Number of Barangay Health Workers –</b>  <i>The DOH shall determine the ideal ratio of barangay health workers to the number of households: Provided, that the total number of barangay health workers nationwide shall not be less than one percent (1%) of the population</i></p>	<p>The DOH, in coordination with DILG and respective LGUs must determine a way to efficiently assess the actual number of BHWs to be deployed per barangay. Conditions on how many will be placed in a locality must first have needs assessment to identify gaps in the primary care delivery. Criteria that can be considered include: population, age group, health facilities available, prevalence of diseases in the area, etc. Simply stating one percent (1%) should have a basis as plantillas for BHWs will be requested.</p>
<p><b>Section 7. Incentives and Benefits –</b>  <i>In recognition of their services, all accredited barangay health workers who are regularly performing their duties shall be entitled to the following incentives and benefits:</i></p> <p style="text-align: center;">xxx</p> <p><i>(j) Training, Education and Career Enrichment Program opportunities to be provided by the DOH in coordination with the Commission on Higher Education, TESDA, Department of Education and other concerned government agencies and non-governmental organizations, to wit:</i></p> <p style="text-align: center;">xxx</p> <p><i>(3) College scholarship grants or TESDA scholarships for at least two (2) children of a barangay health worker who has rendered at least one (1) year of service. The scholarship</i></p>	<p>While DTI recognizes the role of the TESDA in providing scholarships to children of BHWs, we would like to emphasize that the grant of these scholarships remain to be subjected to the requisites that the proposed scholars must pass for them to qualify for such.</p>

<i>shall continue in case of death or permanent incapacity of a barangay health worker arising out of and in the course of performing his duty.</i>	
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The Department would like to reiterate its support to the passage of the bill that aims to institutionalize and strengthen primary health care at the barangay level by establishing the necessary support mechanisms through the upgrade of incentives and benefits of BHWs.

*Kuyapinchay*

**Bureau of Trade & Industrial Policy Research**

**29 January 2020**

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