

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SIXTEENTH CONGRESS
First Regular Session

House Bill No. 757



Introduced by Rep. Eulogio "Amang" R. Magsaysay

EXPLANATORY NOTE

Two of the most important local needs are preventive health education and public health. Despite the great number of graduates in the medical and allied courses, many of our local health services do not meet the needs of the citizens based on global standards. One problem is the absence or lack of adequate supply of competent health professionals in the locality. This is notwithstanding the increase of our nurses. Efforts have been made to address this issue, but due to limited resources these have short-term effects especially on the campaign against emerging health hazards and diseases like non-communicable diseases (NCDs).

Recently, experts have zeroed in on the rise of NCDs which have reached almost of epidemic proportions across all social classes and across the globe. It is alarming that NCDs are common now in younger and poorer patients in Southeast Asian countries. This threatens developing and less-developed economies, where people are not ready to face a social epidemic. Nonetheless, other health issues like communicable diseases also require attention especially those that affect the impoverished.

Hence, it is high time that the education sector alter its view on the development of curricula promoting health in the country. Studies reveal that there is a need for a new breed of health professionals with varying skills set, utilizing education to strengthen health systems. Thus, introduction of relevant health issues like smoking cessation, healthy diet, exercise or Physical Education daily to prevent lifestyle diseases in the curriculum is an innovative and long term solution to improving preventive health education and public health, and ultimately health services. Although there are cause-oriented groups like the Philippine College of Physicians (PCP) that ventured and partnered with government institutions into the promotion of health education through its H.E.R.O. (Health and Education Reform Order) initiatives in support of a governmental mandate, an integrated health education program is still exigent to expand its coverage and benefits to all.

The foregoing developments reinforce Article II, Section 15 of the Constitution, which propounds that the State shall protect and promote the right to health of the people and instill health consciousness among them. Article XIV, Section 2 is also relevant as it emphasizes that the State shall establish, maintain, and support a complete, adequate, and integrated system of education relevant to the needs of the people and society. Moreover, under Article XIV, Section 10 of the same it is said that, "Science and technology are essential for national development and progress. The State shall give priority to research and development, invention, innovation, and their utilization and to science and technology education, training, and services." Lastly, as postulated in Article XIII, Sections 11 and 12, adoption of an integrated and comprehensive approach to health development, establishment and maintenance of an effective food and drug regulatory system and undertaking of appropriate health, manpower development, and research, responsive to the country's health needs and problems are enshrined as state policies as well.

This bill aims to provide a solid foundation for our students from primary to tertiary levels through the inclusion of integrated health in the school curriculum. At the same time, this also helps them to prepare for a career as health professionals and improve the local health system in the form of high-quality health services at par with the best in the world.

Hence, approval of this measure is earnestly desired.

EULOGIO "AMANG" R. MAGSAYSAY

House of Representatives

House Bill No. 757

Introduced by Rep. Eulogio "Amang" R. Magsaysay

AN ACT MANDATING THE DEPARTMENT OF EDUCATION AND THE COMMISSION ON HIGHER EDUCATION TO INCLUDE INTEGRATED HEALTH IN THE SCHOOL CURRICULUM FROM PRIMARY TO TERTIARY LEVELS, APPROPRIATING FUNDS AND PROVIDING MECHANISMS THEREFOR, AND FOR OTHER PURPOSES.

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

Section 1. *Short Title.* This Act shall be known as "**Integrated Health Curriculum Act of 2013.**"

Section 2. *Declaration of Policy.* It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them and to establish, maintain, and support a complete, adequate, and integrated system of education relevant to their needs. The State also affirms that Science and technology are essential for national development and progress. It shall also give priority to research and development, invention, innovation, and their utilization and to science and technology education, training, and services. All these support the adoption of an integrated and comprehensive approach to health development. Likewise, establishment and maintenance of an effective food and drug regulatory system and undertaking of appropriate health, manpower development, and research, responsive to the country's health needs and problems are also primordial state policies.

Section 3. *Coverage.* The curriculum shall cover students from the primary to tertiary levels, both in private and public schools.

Section 4. *Administration, Implementation and Evaluation of Curriculum.* The Department of Education (DepEd) and the Commission on Higher Education (CHED) shall be the lead agencies in crafting, administering, implementing and evaluating the curriculum. Both agencies shall provide the Implementing Rules and Regulations, additional guidelines, and trainings and create committees, if necessary in overseeing the same, with the assistance of the Department of Health (DOH), the Department of Science and Technology or the Department of Social Welfare and Development (DSWD).

Section 5. *Training of Teachers.* Teachers shall be required to undergo trainings from health professionals accredited by the DOH, while leaving the pedagogical aspect to them. Essentially, Science and P.E. teachers are required to teach subjects or topics under the curriculum. However, teachers with different expertise shall attend trainings considering the perennial shortage of teachers and an integrated curriculum. They shall be given opportunities for professional development regarding health education to stay updated on current research, issues and trends on the same.

Section 6. *Training of Future Health Professionals on Preventive Health.* The curriculum shall be made with the end of mind of training of future health professionals, who shall be prepared to render basic health services in the absence of doctors and contribute in the improvement of universal health care. Thus, the same shall involve relevant and interactive activities that will provide students with the requisite skills. Knowledge experts such as the Philippine College of Physicians shall be tapped to train teachers until such time they have mastered basic training on smoking, good nutrition and physical education.

Section 7. *Curriculum Elements.* The health education curriculum shall provide, but not limited to the following:

- (a) instruction on smoking cessation, healthy eating habits, good nutrition and regular exercise;
- (b) other necessary school intervention that promote health literacy and healthy lifestyles;
- (c) opportunities to assess school health curriculum needs and priorities and to assess students in meeting health education standards;
- (d) curriculum development activities designed to enhance school curricula efforts;

The foregoing shall be approved by DepEd, CHED and DOH.

Section 8. *Establishment of a Health-Conscious School Environment.* In order to conform with the curriculum's objectives, the establishment of a health-conscious school environment is required. Thus, the following conditions, but not limited to the same, must be met:

- (a) a strictly smoke free environment;
- (b) prohibition of sale of junk foods, alcohol and soft drink without clearance from the school nutritionists or advice from DOH, DOST or Bureau of Food and Drugs (BFAD);
- (c) implementation of food label, calorie counter and the like in schools to encourage responsible eating;
- (d) sanitation and cleanliness program;
- (e) construction of physical infrastructure that will be used as venues for daily exercise and sports activities;

Section 9. *Local Health Education Initiatives.* The Department of Interior and Local Government (DILG) shall be tapped to campaign to the various local government units (LGUs) the implementation of this Act. The LGUs shall be enjoined to implement health education initiatives that will reinforce learnings in school. Thus, the following, but not limited to the same, shall be in their programs and agenda:

- (a) anti-smoking advertisements in public places;
- (b) feeding programs zeroing in on increasing healthy food intake e.g. fruits and vegetables especially of poor school children;
- (c) sanitation and cleanliness programs;
- (d) food advisory and regulatory agencies like local health units and local legislative committees on health;
- (e) promotion of healthy lifestyle in workplaces;
- (f) recreational facilities for exercise e.g. biking or walking pathways;

Section 10. Incentives for LGUs and Schools with Exemplary Health Education Practices. On the first year of implementation of this Act, DepEd, CHED and DOH, acting as a tripartite body, shall inform the schools and LGUs of the award of incentives for those with exemplary health education practices. An awards and evaluation committee shall be formed. Three (3) years after the implementation of this Act, the committee shall evaluate schools and LGUs based on the criteria approved by the tripartite body. The incentives shall be determined by the committee.

Section 11. Home-School Collaboration. As there is a causal link between student achievement and parent-teacher partnership, it is required that the school provides mechanisms such as data registry, research and long term follow up studies to check that health practices are supplemented at home as means to gauge productivity and performance.

Section 12. School-Institution Partnership. Schools and volunteer institutions shall forge a mechanism as to how the program will be further enhanced and developed. Memoranda of agreement shall therefore be signed to effectively carry out its objectives.

Section 13. Appropriations. The appropriations needed for the implementation of this Act shall be shouldered primarily by DepEd and CHED, other government agencies and Public-Private Partnerships (PPP).

Section 14. Repealing clause. All laws, decrees, orders, ordinances, rules and regulations or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

Section 15. Separability clause. If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereof.

Section 16. Effectivity. This shall take effect fifteen (15) days after publication in at least two (2) newspapers of general circulation.

Approved,