

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SIXTEENTH CONGRESS
First Regular Session

House Bill No. 000 3901



Introduced by **REP. DOY C. LEACHON**

EXPLANATORY NOTE

The most significant aspirational clauses of the 1987 Constitution focus on Education, Health and the Environment. Art. II, Sections 13, 15 and 17 of the 1987 Constitution provide for a Right to Health, a right that pundits point out, is textually enshrined uniquely in only three or four Constitutions all over the world. However, the right, as enshrined in our fundamental law, can only be made practicable if health requirements are adequately fulfilled in accordance with accepted international standards. Health education is an important felt concern because it makes citizens aware of their personal responsibilities in the maintenance of their own personal health and in minimizing health hazards, communicable diseases, and in promoting healthy families, communities and lifestyles.

Individuals must take a grasp of their responsibilities in maintaining health, and the only way by which they can be made aware of their own individual responsibilities – the path to health empowerment – is by promoting health education at all levels. Empowering a health conscious citizenry can only be achieved by promoting health consciousness, health education and responsible health and lifestyle practices through

an educational curriculum that embeds health consciousness from the very beginning. A comprehensive health education thrust that addresses the students' physical, mental, emotional health needs, plays a large role in preventing ordinary diseases and in arming citizens with the right educational skills and training to take a proactive role in maintaining their health and their families. Recently, the private medical sector, through health organizations like the Philippine College of Physicians (PCP), has partnered with the Department of Education and other public stakeholders in the promotion of health education. Through the PCP's initiative, the Health Education and Reform Order (HERO) was launched. PCP has been at the forefront of the vigorous advocacy of health education marshaling its members in sponsoring and adopting primary and secondary schools in a concerted effort to raise and maintain health consciousness and responsibility and in addressing the problems of lack of school clinics, absence of baseline medical check-ups of students, lack of school dental treatment, inadequate vaccinations and the absence of student medical records. HERO boldly addresses the 1987 Constitution's command that the State must promote health consciousness.

This bill takes off where HERO began as a private initiative spearheaded by the Philippine College of Physicians. It integrates the Constitution's aspirations for education and health and intersects these aspirations with other related constitutional initiatives such as the right to a healthy and sustainable environment. By mandating the Department of Education and Department of Health to embed health consciousness by curricular integration from K1-K12, the Bill provides a necessary tool for inculcating

health responsibility and consciousness - towards achieving the goal of a healthy citizenry. The Bill provides a necessary first step in aligning the country with the best internationally recognized health practices and attaining sufficiency in the area.

Hence, the immediate approval of this bill is earnestly sought for.



**PAULINO SALVADOR "DOY"
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**AN ACT CREATING A BUREAU OF HEALTH EDUCATION AND
APPROPRIATING FUNDS THEREOF, 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 "Healthy Lifestyle Bill
of 2014."

Section 2. *Declaration of Policy* An integrated and comprehensive health education program is integral to the policy of the State to promote the right to health of the people and instill health consciousness among them. In furtherance of this policy, a health program of learning experiences and pedagogic lessons and exercises in preschool, kindergarten, and grades one (K1) through twelve (K12) shall be established jointly by the Department of Education and the Department of Health in the areas of preventive medicine, communicable diseases and non-communicable diseases, environmental health, mental health, nutrition, accident prevention, among other areas of discipline identified by a Board of Health Education established for the purpose of keeping in mind the articulation (to join together, to unify) of Education, Health and

Environmental concerns in the promotion and development of health consciousness among citizens.

Section 3. *Scope and Coverage.* The Health Education Reform Order (HERO) health curriculum shall be comprehensive and integrated to ensure that in an individual's formative years, the didactic elements necessary for creating the foundation for the understanding of integrated health consciousness initiatives are completely understood. It shall cover the primary and secondary levels and be integrated into the tertiary level curricula.

The same may be incorporated in the school community through the mandatory use of Books which will be considered as one of the Books prescribed under MAPEH (Music, Arts, Physical Education and Health) or in a similar subject as the case may be. Further, in the school community, school canteens should be encouraged to offer healthy menus or food plates. Coverage shall cover the following areas:

1. Mental and Emotional Health – The K1-12 curriculum shall enable and empower students to develop the use of mental and emotional health knowledge, skills, and strategies to enhance not only their personalities, self-worth, personal independence but also their relationships with others.

2. Alcohol, Tobacco, and Other Drugs – The curriculum shall enable students to demonstrate the ability to use drug information, decision-making skills, and health enhancing strategies to address the short-term and long-term effects of non-use, use, and abuse of medications, alcohol, tobacco, and other drugs. They shall be made aware of the concepts and

consequences of drug use and abuse, the spectra of prohibited and regulated drugs and be introduced to legal and administrative regulatory controls affecting drugs, alcohol and tobacco use.

3. Personal and Consumer Health – The curriculum shall foster the ability to use knowledge, skills, and strategies to develop sound personal and consumer health practices involving the use of health care products, services, existing regulatory controls and community resources.

4. Personal Status, Family Life and Sex Education – The curriculum for sex education, sexuality, personal and family life shall integrate the purposes and provisions of Republic Act 10354 otherwise known as the Responsible Parenthood and Reproductive Health Act of 2012 by developing age appropriate sexuality and sexual health education using "life skills" and other approaches. In addition, students will demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.

5. Safety and Injury Prevention – The curriculum shall enable students to demonstrate the ability to understand disease pathogenesis, preventive medicine and apply prevention and intervention knowledge, skills, and processes to promote healthy and safe living in the home, school, and community.

6. Nutrition and Fitness – The curriculum shall develop the ability to use nutrition and fitness knowledge, skills, and strategies to promote healthy lifestyles.

7. Disease Prevention and Control – The curriculum will foster and develop the ability to apply prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage disease.

8. Health in the Workplace – The curriculum shall prepare and enable the student to understand the basic issues surrounding health in the workplace, the rights accorded them by the Constitution and our labor laws not only for the purpose of fostering health consciousness in the labor force but health consciousness and awareness of the rights of workers on one hand, or the entrepreneurs and business leaders of the future, on the other. To empower them, the curriculum must develop among students a broad understanding of mandatory labor standards for health and environmental workplace health under the country's Labor Code or PD 442, as amended and its implementing rules and regulations affecting health in the workplace, and the country's health commitments under its various international commitments with the International Labor Organization and other International Labor covenants of which the Republic of the Philippines is a signatory.

9. Health Economics and Health Insurance. – The growth of the Philippine Health Insurance Corporation was hastened by a similar health initiative, expanding the MEDICARE system. Since then, private health insurance has likewise grown by leaps and bounds, complementing Philhealth's coverage. In a country where both the providers and the insured must understand the concept of allocation of scarce resources, students for themselves or as future parents and recipients of healthcare must understand the concept and need for properly managed health care by understanding the principles and policies that govern the same so as to help prevent loss of scarce health resources. At the end of the courses, the students must be able to understand that taking health insurance coverage empower themselves and provide guarantee for themselves and their families of a healthy future by taking responsible roles in reducing costly health care and avoiding precarious economic health risks.

Section 4. Definition of Terms

1) "Universal health education" means health education embedded in the basic school curriculum from K1-K12 intended to foster a culture that seeks to maintain, reinforce, or enhance a citizen's health, health-related skills, and health attitudes and practices from childhood, conducive to their overall health. It involves the earliest years of primary education in promoting the fulfillment of the "Right to Health" through wellness, health maintenance, and disease awareness and prevention. It includes age-appropriate, sequential instruction in health, integrated

into existing curricular courses or as a separate subject.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of family and marriage.

(c) provide instruction as to the laws of this country relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) emphasize the importance of abstaining from sexual activity until the attainment of biological, sexual, psychological and emotional maturity;

(b) help students develop skills to enable them to resist peer pressure and

abstain from sexual activity during their developing years;

(c) explain methods of natural and artificial contraception consistent with the country's laws and the risks and benefits of each and every method. Instruction explaining the methods of natural and artificial contraception must be age-specific and age-appropriate and included in any education program in accordance with the Reproductive Health Law (RH Law). Contraceptive information must be given in the context of responsible parenthood and the nurturing of the country's responsible parents of the future.

(5) "Local board" means the lowest-level board of Philippine public school districts as well as those of other government-supported institutions, which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Education in educational settings must be developed and approved in coordination with the existing hierarchy of DECS.

(6) "DEPED" means the Department of Education.

(7) "CHED", means the Commission on Higher Education.

(8) "Labor", means the Department of Labor

(9) "Board of Health Education", means the Health Education Board

(10) "DOH", means the Department of Health

Section 5. The Health Education Standards and Goals.- In addition to the Scope and Coverage of Health Education found under Section 3 hereof, the following standards shall govern any implementation of all programs under this Act for the purpose of helping students adopt and maintain health consciousness and health lifestyles. Thus, health education must empower every student through his or her knowledge of successfully practice behaviors that protect and promote health, minimize or avoid health hazards and risks, and promote a healthy and sustainable environment through the following minimum standards:

1. At the conclusion of the K1-K12 curriculum, students should be able to understand basic concepts related to health promotion and disease prevention.
2. Early in the curriculum, students must be able to grasp and understand the influence of family, peers, culture, media, technology and other factors affecting health and health behaviors.
3. The curriculum shall empower students and ensure their ability to access valid information and products and services to enhance health and the necessary role of the Food and Drug Administration and other government regulatory agencies in ensuring safety and quality of health products and services.
4. The subjects under the curricula developed under this Act must enable the student to demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

5. Develop decision-making skills to enhance health.
6. Develop goal-setting skills to enhance health.
7. Develop the ability to practice health-enhancing behaviors and avoid or reduce risks.
8. Develop leaders in health education by fostering skills in the advocacy of health for personal, family and community health.

Section 6. The Bureau of Health Education.- There shall be established, a Bureau of Health Education created under the Department of Education. The Health Education Bureau shall be the principal arm of the Department of Education tasked with the responsibility of carrying out the goals and purposes of this Act. It shall ensure that all of the functions of the Board are carried out with fealty to the provisions of this Act. The bureau shall primarily be responsible for and shall be the Center for Excellence of the Republic of the Philippines in the area of health education, health education reform, health information, the training and education of an informed labor force in the areas of workplace and workplace environmental health with the ultimate goal of improving the quality of life in the country through health awareness.

Section 7. Personnel Composition and Plantilla. - The personnel composition of the bureau shall follow customary personnel composition of bureaus under the Department of Education.

The Board shall submit to the Department of Budget and Management, the Bureau's personnel requirements for the DBM's approval. No funds specifically earmarked for this act may be transferred, realigned or utilized for any other purpose other than for this Act or for the purposes of this Act.

Section 8. The Board of Health Education

The Board of Health Education shall be the policy making arm of the Bureau which shall develop the HERO curriculum. The Board shall be composed of the following:

1. The Under Secretary of Education for Planning and Projects who shall be the Chairperson of the Board who shall be called Director.
2. The Assistant Secretary for Health Support Delivery Technical Cluster II as Vice-Chairperson.
3. The Assistant Secretary of the Department of Trade and Industry for Industry Development and Trade Policy Group.
4. The Assistant Secretary of Labor for Labor Standards and Social Protection Cluster or his designated representative.
5. Two representatives, one each from the Philippine Medical Association (PMA) and the Philippine College of Physicians (PCP).

Section 9. Appointment and Tenure. – Except for *ex-officio* members, the other members of the Board herein established shall be appointed by the

Secretary of Education upon the recommendation of the Chairperson and after due consultations with the private sector. The term of office of the ex-officio members of the Board shall be coterminous with the government positions/private sectors they respectively hold. The term of office of members of the Board from the private sector shall be for a period of three (3) years.

Section 10. Functions of the Board of Health Education under Section

8. - The Board shall serve as the highest policy making body of the Departments of Education and Health in the area of Health Education. It shall carry out the following functions:

1. Establish general policies and guidelines for health education covering the areas enumerated under Section 3 hereof;
2. Recommend, to the President of the Republic, through the Secretaries of Education and Health acting jointly, specific health education recommendations and initiatives affecting health, education, the environment and health technology;
3. Establish a system of practical, hands-on, health education integrating the knowledge disseminated through the health education curriculum contained in a Healthy Lifestyle Handbook duly approved by the Department at the appropriate levels of the K1-K12 system adopted by the DepEd;
4. Ensure that no child under the Philippine educational system shall enter the school system without a proper determination of the child's current health,

emotional and psychological status through appropriate screening tests and health examinations. The initial and continuing assessment of the child's health status through the K1-K12 years shall be the primary responsibility of the government's departments and agencies affecting health, education and environment and may be coordinated with, or carried out through, or with the assistance of, the private sector through major health organizations such as the Philippine Medical Association and its Chapters.

5. Ensure continuing care and monitoring of the health status of all students under the system through school clinics with the goal of establishing a complete school clinic system by 2016. Towards this goal, every school under the Department of Education with a population of at least three hundred (300) students must have a school clinic by 2016.

6. Supervise the Bureau of Health Education under the Department of Education and recommend to the President of the Republic, the head of the bureau, its division heads and other major officers and personnel.

7. Determine the qualifications of the head of the Bureau of Health Education and its officers and staff and establish reasonable qualification standards therefor;

8. Ensure that the provisions of the RH Law affecting sex education are carried out by all institutions under the supervisory jurisdiction and control of the Department of Health.

9. Support the Sin Tax Law, otherwise known as R.A. No. 10351 "An Act

Restructuring the Excise Tax on Alcohol and Tobacco Products” and other laws affecting banned, hazardous and prohibited substances by integrating appropriate education modules in the curricula for K1- K12.

10. Ensure knowledge and awareness of environmental health laws, regulations and issuances.

Section. 11. Health Education and Reform Policy Research. – Among the staff departments that will be established by the Board as an integral part of the Bureau shall be the Health Education and Reform Policy Research Department, which shall have the following duties and functions:

- (a) undertake research in the area of “best practices” in health education and reform;
- (b) recommend specific areas for curriculum development and curriculum implementation;
- (c) submit for consideration, programs that ensure practical application of key topics in health education identified or recommended by various stake holders or under the provisions of this Act;
- (d) submit recommendations on policy and operational issues that will help the Bureau of Health Education completely meet the objectives of this Act; and
- (e) conduct surveys and research in order to assess teaching and curricular goals,

Section. 12. Implementing Rules and Regulations. – Within sixty (60) days from the effectivity of this Act, the DepEd, in coordination with the DOH, shall issue the necessary rules and regulations for its effective implementation through a committee of designated representatives from each of the sectors represented in the Board. At its first organizational meeting, the Committee tasked to formulate the IRR of this Act shall determine the precise nature and composition of its subcommittees to enable it to come up with an IRR within the sixty day period.

Section 13. Appropriations. - – Such sums as may be necessary for the implementation of this Act shall be taken from the Sin Tax. Thereafter, such amount shall be included in the annual General Appropriations Act.

Section. 14 . Separability Clause. – If any part or provision of this Act shall be held unconstitutional or invalid, other provisions which are not affected thereby shall continue to be in full force and effect.

Section 15. Repealing Clause. – All laws, issuances or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

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

Approved,