

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. **7308**



Introduced by Representative MICHAEL L. ROMERO

EXPLANATORY NOTE

In the republic of the Philippines, it is highly notable that non-contagious diseases tally for more than forty percent (**40%**) of the deaths in adolescent-young people (**10-24 years old**). Injuries are the leading causes of death in one third of people in this age group. Physical attack and vehicular accidents are the leading causes of mortality among this people with a mortality rate of 9.7 and 5.8 deaths per 100,000 populations. (*Philippine Health Statistics, 2003*).

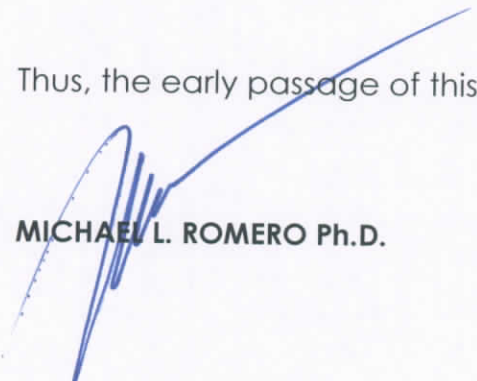
Amongst other significant causes of death among the 10-24 years old Filipinos include complications related to chronic rheumatic heart disease, self inflicted harm and pregnancy. (*Philippine Health Statistics, 2003*).

In the total 1.67 Million live births registered in 2003, **35.7%** (596, 076 LB) were by women at 24 years old. Teenage pregnancy accounted for **8%** of all births (*National Demographic Health Survey, 2003*). Of the 1,798 maternal deaths registered for the same year, **22.3%** were women at 24 years old.

Malnutrition among those **11-19 years** of age (underweight and overweight) had increased from 1993 to 2003 (*FNRI Survey 1993, 1998 and 2003*). In about **4%** of Filipinos 10 – 24 years of age have some form of disability.

This House Bill seeks to foster the enforcement of conventional methods of our health system, protocols, service schemes, training mechanisms, research development and information collection, status monitoring and evaluation for our adolescent-youth population.

Thus, the early passage of this bill is earnestly requested.



MICHAEL L. ROMERO Ph.D.

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AN ACT

CREATING THE **ADOLESCENT AND YOUTH HEALTH COMMISSION**,
TO DEAL WITH THE RISING SEXUAL AND REPRODUCTIVE HEALTH
ISSUES, TO ADOPT EXTENSIVE GENDER-SENSITIVE APPROACHES,
PROVIDING ITS POWERS AND FUNCTIONS, AND FOR OTHER
PURPOSES

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

SECTION 1. DECLARATION OF POLICY – it is hereby declared a policy of the
state to deal with adolescent concerns, *targeting youth ages 10–24*, provide
successive implementation guidelines for youth-friendly, progressive health care
and services on a national, regional, provincial/city, and municipal multi-level.

It is also a policy of the state to consider on laws, orders and polices meant to
address adolescent's health concerns that is operating within the aspects of the
adolescents-youth health that includes disability, mental and environmental

health, reproductivity and sexuality, violence and injury prevention and among others.

The state shall employ strategies to:

- a. Assure integration of the program into the health care system in addition, broader society such as building a supportive policy environment;
- b. Strengthen its advocacy particularly among teachers, families, and peers, building the technical capacity of providers of care, and support for youth; and
- c. Enhance accessibility and availability of quality health services, strengthening multi-sectoral partnerships, resource mobilization, allocation and improved data collection and management.

It shall hereby be declared a policy of the state to create the **Adolescent and Youth Health Commission**.

SECTION 2. POWERS AND FUNCTIONS OF THE COMMISSION:

The Commission, together with partner agencies, shall promote healthy development of adolescents and reduce mortality and morbidity.

The Commission, with other technical units shall implement protocols that will improve adolescent health in the Philippines.

The Commission shall be committed to:

Recognize adolescents as vulnerable and a group in need to:

- a. Concentrate on Issues that have an evidence base;
- b. Promote Socio- Cultural perspectives;
- c. Expand Innovative mechanisms to reach out to adolescents;
- d. Support collaboration and partnerships; and
- e. Assist in the implementation that is monitored and evaluated.

SECTION 3. TRANSITORY PROVISION – Existing industries, businesses and offices affected by the implementation of this Act shall be given six **(6)** months transitory period from the effectivity of the IRR or such other period as may be determined, to comply with the requirements of this Act.

SECTION 4. IMPLEMENTING RULES AND REGULATIONS – The departments and agencies charged, to be led by the Department of Health **(DOH)** with carrying out the provisions of this Act, shall within sixty **(60)** days after the effectivity of this Act, formulate the necessary rules and regulations for its effective implementation.

SECTION 5. REPEALING CLAUSE – All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 6. SEPARABILITY CLAUSE – If, for any reason, any section or provision of this Act is held unconstitutional or invalid, the other sections or provisions hereof shall not be affected thereby.

SECTION 7. EFFECTIVITY CLAUSE – This Act shall take effect after fifteen (15) days from its publication in the Official Gazette or in at least two (2) national newspapers of general circulation whichever comes earlier.

Approved,