Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

NINETEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 10162



Introduced by **Representative Jaime R. Fresnedi**

EXPLANATORY NOTE

The proposed *National Integrated Obesity Control Act* aims to address the pressing issue of obesity in the Philippines through the establishment of a comprehensive prevention and management program, otherwise known as the *National Integrated Obesity Management Program.* This proposed bill, through the program that shall be established, will encompass a range of activities which include awareness and prevention programs, accessible health consultation and an extensive campaign on obesity prevention and management.

Obesity poses a great burden on the Philippine healthcare system as there are increased cases of diabetes, cardiovascular diseases and other obesity-associated illnesses. Most recently, the COVID-19 pandemic greatly threatened those living with these comorbidities as they were more likely to be hospitalized if tested positive for the said virus. According to recent data, the prevalence of obesity in the country has shown a concerning upward trend as a significant number of the population has exceeded the recommended body mass index (BMI) of 18.5 to 24.9. This is considerably alarming as BMI is defined as the measurement of body fat based on the height and weight of an individual.

Around 27 million of our fellow Filipinos are overweight and obese based on the Department of Science and Technology's Food and Nutrition Research Institute (DOST-FNRI). The statistics have also doubled from 20.2% in 1998 to 36.6% in 2019 of overweight and obese adults. Among adolescents, prevalence rates were 4.9% in 2003 and 11.6% in 2018. Furthermore, the economic impact of obesity on healthcare costs, productivity and overall well-being of our citizens highlights the need for a targeted and strategic approach to address this escalating public health issue.

The urgency of this matter cannot be overstated as the long-term well-being of the nation is at stake. Through the enactment of this law, we commit to forging a path towards a healthier nation where the right to health is not just protected but actively promoted for the benefit of generations to come.

JAIME R. FRESNEDI
Representative
Lone District, Muntinlupa City

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AN ACT
PROVIDING FOR THE MANAGEMENT AND PREVENTION OF OBESITY AND APPROPRIATING FUNDS THEREFOR

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 *"National Integrated Obesity Management Act".*

Sec. 2. *Declaration of Policy.* — Recognizing that obesity is one of the leading causes of long term illnesses in the Philippines, the State shall adopt an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family centered policies, programs, systems, interventions and services at all levels of the existing health care delivery system.

Towards this end, the State shall endeavor to prevent obesity and promote anti-obesity prevalence by scaling up essential programs and increasing investments for robust prevention of obesity-associated illnesses, prompt and accurate diagnosis, timely and optimal treatment.

Sec. 3. *National Integrated Obesity Management Program.* -There is hereby established a National Integrated Obesity Control Program which shall serve as the framework for all anti-obesity related activities of the government. The program shall have the following objectives:

(a) Decrease the overall mortality and impact of all occurrences of adult and childhood obesity;

(b) Lessen the incidence of preventable obesity in adults and children;

(c) Provide timely access to optimal obesity-related services like counselling, access to nutritionists, dieticians and behavioral therapists, among others.

Obesity refers to an excess proportion of total body fat usually diagnosed when a person's weight is at least twenty percent (20%) more than his or her normal or ideal weight. It is usually measured in body mass index (BMI) and is affected by, but not limited to, age, gender, genetics, environmental factors, physical activity, psychological factors, illness and medication.

Sec. 5. *National Integrated Obesity Management Council.* - There is hereby created a National Integrated Obesity Control Council, hereinafter referred to as the Council, which shall act as the policy making, planning and coordinating body on obesity control, attached to the Department of Health (DOH). The Council shall provide technical guidance and support and oversee the implementation of this Act, ensuring judicious and best use of available resources for the benefit of all, especially the most vulnerable sectors of society, the elderly, women, children, the poor, marginalized and disadvantaged.

Sec. 6. *Composition of the Council.* - The Council shall be composed of the following:

(a) The Secretary of Health, or a designated representative, with a rank not lower than assistant secretary, as chairperson in an ex *officio* capacity;

(b) A vice chairperson, who shall be elected by the non *ex officio* members, from among themselves, and who shall serve for a term of three (3) years;

(c) *Ex officio* members consisting of the following:

(1) Secretary of Social Welfare and Development, or a designated representative;

(2) Secretary of Education, or a designated representative;

(3) Secretary of the Interior and Local Government, or a designated representative;

(4) President and Chief Executive Officer of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative;

(5) Director General of the Food and Drug Administration (FDA), or a designated representative;

(d) Two (2) medical doctors, who must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, have distinguished themselves professionally in public, private, civic or academic service in the field of medicine and nutrition, and must have been in the active practice of their professions for at least ten (10) years, chosen from at

least five (5) persons recommended by the Secretary of Health, to be appointed by the President for a term of three (3) years; and

(e) Three (3) representatives from obesity-focused patient support organizations and advocacy network, to be appointed by the President for a term of three (3) years from the list of organizations and advocacy network recommended by the Secretary of Health.

The Council shall utilize the services and facilities of the Disease Prevention and Control Bureau under the DOH as the Secretariat of the Council.

The non *ex officio* members may receive honoraria in accordance with existing laws, rules and regulations.

Sec. 7. *Roles and Functions.* - The Council shall formulate policies, programs and reforms that enhance the synergy among stakeholders and ensure a well-coordinated, effective and sustainable implementation of the provisions of this Act. It shall, as necessary, create experts' groups or technical working groups to undertake any of the following key tasks:

(a) Develop integrated and responsive obesity management policies and programs tailored to the socioeconomic context and epidemiological profiles of the Philippines which aim to address obesity prevalence, make obesity care more accessible and affordable, expand obesity care to include the whole continuum of care, promote integrated, multidisciplinary, developmentally appropriate patient and family-centered care, and enhance the well-being and quality of life of obesity patients and their families;

(b) Develop the National Integrated Obesity Management roadmap with annual targets, priorities and performance benchmarks, for the effective institutionalization of strategies, policies, programs and services in the national and local health care system;

(c) Develop, update and promote, evidence-based treatment standards and guidelines for all adult and childhood occurrences of obesity;

(d) Develop innovative and cost-effective obesity care service models for effectively delivering integrated obesity care;

(e) Set quality and accreditation standards for health service facilities, health care providers, medical professionals and allied health care professionals;

(f) Recommend responsive and proactive medicine access programs;

(g) Establish mechanisms and platforms for multisectoral and multistakeholder collaboration, coordination, and cooperation, especially in health promotion, disease

prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization;

(h) Strengthen linkages with local and international organizations for possible partnerships in treatment and management of challenging and rare cases, education, training and learning, advocacy, research, resource mobilization and funding assistance;

(i) Institute the provision of child life services in all appropriate hospitals and facilities;

(j) Establish a system for program review, monitoring and evaluation, inclusive of financial aspects, and submit an annual report and recommendation to the Secretary of Health on the progress, accomplishments and implementation challenges encountered; and

(k) Secure from government agencies and other stakeholders, recommendations and plans pertinent to the respective mandates of the agencies and other stakeholders for the implementation of the provisions of this Act.

Sec. 8. *Personnel Complement.* - To ensure the effective implementation of this Act, the following government agencies, which shall jointly implement the *National Integrated Obesity Management Program,* shall be tasked to:

(a) Department of Health;

1. Stimulate the development, improvement and implementation of new strategies and interventions to improve our understanding of obesity, its causes and its effects;
2. Design projects and studies to help identify ways to better describe the impact of obesity and reduce medical complications;
3. Coordinate with the DepEd in the development of appropriate health education strategy to inform the public on obesity prevention and control.

(b) Barangay and other LGUs;

1. Allocate funds for the implementation of the National Integrated Obesity Management Program within their locality; and
2. Enact additional local ordinances that will support the National Integrated Obesity Management Program and initiate programs in which should include awareness campaign and other preventive measures.

(c) Department of Education;

1. Strengthen anti-obesity education programs through school health teaching/curriculum;

2. Encourage collaborative activities and information-sharing with the DOH, DILG, DepEd, NGOs, POs and other concerned sectors;
3. Integrate proper information and education in the relevant subjects in the Elementary and High School levels, and
4. Implement other preventive actions that the DOH may provide.

Sec. 9. *Capacity Development.* - The DOH, in collaboration with anti-obesity focused professional societies, LGUs leagues, and LGU-based health associations, academic institutions, public health organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing anti-obesity care service and support at all levels of the health care delivery system.

Sec. 10. *National Anti-Obesity Awareness Campaign.* - It is hereby mandated that there shall be a National Anti-Obesity Prevention and Management Program to be implemented by a multi-agency or multi-sectoral committee chaired by the Department of Health. The program shall be a multi-agency effort in controlling and preventing obesity in the country. Among its component activities include:

1) Awareness and prevention programs;

2) Provisions for consultation at the nearest health centers; and

3) Conduct of information and education campaign on the prevention and control of obesity.

The program shall be implemented by the Department of Health (DOH), Department of Interior and Local Government (DILG), Department of Education (DepEd), as well as Local Government Units (LGUs).

Sec. 11. *National Obesity Awareness Month.* - The month of September of every year shall be known as the "National Obesity Awareness Month" throughout the Philippines. The DOH, in collaboration with LGUs, anti-obesity focused professional societies, academic institutions, shall lead the observance of National Obesity Awareness Month.

Sec. 12. *Health Education and Promotion in Schools, Colleges, and Universities.* - The CHED and the Department of Education, in coordination with the DOH, shall develop policies and provide technical guidance to academic institutions and administrators to:

(a) Promote and facilitate integration of age appropriate and gender sensitive key messages on obesity risk factors, early warning signs and symptoms of adult obesity and childhood obesity, obesity prevention and control, and adoption of healthy lifestyles and healthy diets in their curriculum, health and wellness programs, and co-curricular activities;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with obesity and their family members, especially those who act as carers for obese patients; and

(c) Adopt initiatives that minimize or eliminate stigma and discrimination in schools, colleges, and universities that are experienced by people with obesity, obesity survivors and their families.

Sec. 13. *Health Education and Promotion in the Workplace.* - The Department of Labor and Employment (DOLE), Civil Service Commission, and Technical Education and Skills Development Authority, in coordination with the DOH, shall develop policies and provide technical guidance to employers, employees associations, and unions to:

(a) Promote and facilitate integration of gender sensitive key messages on obesity risk factors, early warning signs and symptoms of adult obesity and childhood obesity, obesity prevention and control, adoption of healthy lifestyles and healthy diets, in their communication initiatives, health and wellness programs, and employee development programs;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for people living with obesity and their family members;

(c) Integrate appropriate obesity services in their health services and clinics; and

(d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that is experienced by people living with obesity and their families.

Sec. 14. *Health Education and Promotion in Communities.* - The Department of the Interior and Local Government (DILG) and LGUs, in collaboration with the DOH central and regional offices, local obesity focused patient support organizations and obesity focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age appropriate and gender sensitive obesity -focused health education.

Sec. 15. *Nondiscrimination.* - The appropriate government agencies shall ensure that people living with obesity are free from any form of discrimination in school, workplace and community.

Sec. 16. *Annual Report.* - The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Act.

Sec. 17. *Appropriations.* - The amount needed for the initial implementation of this Act, including maintenance and other operating expenses of the National Integrated Obesity Control Program shall be charged against the current year's appropriations of the DOH.

For the succeeding years, the amount allocated for the National Integrated Obesity Control Program in the DOH budget shall be based on strategic plan formulated by the Council, in coordination with other stakeholders. The amount should be in the National Expenditure Program (NEP) as basis for the General Appropriations Act.

Sec. 18. *Implementing Rules and Regulations.* — Within ninety (90) days from the approval of this Act, the Secretary of Health, in consultation with the Philippine Association for the Study of Overweight and Obesity, Inc. and other concerned stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

Sec. 19. *Separability Clause.* — If any provision of this Act is declared unconstitutional, the remainder of this Act or any provision not affected thereby shall remain in full force and effect.

Sec. 20. *Repealing Clause.* - All laws, presidential decrees or issuances, executive orders, letters of instruction, administrative orders, rules or regulations inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

Sec. 21. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,