



The Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
TWENTIETH CONGRESS
First Regular Session
HOUSE BILL NO. 6334



INTRODUCED BY REPRESENTATIVE CARLOS ANDES LORIA

EXPLANATORY NOTE

High sodium intake is strongly linked to noncommunicable diseases (NCDs), such as hypertension, kidney problems, heart disease, and stroke. Heart disease alone accounts for more than 60,000 deaths annually or 19.8% of the total registered deaths, and remains the leading cause of mortality among Filipinos.^{1,2}

Meanwhile, in 2023, the Philippine government spent PHP 17.3 billion through PhilHealth for 3.6 million claims by hemodialysis patients. In 2024, the annual package coverage for hemodialysis increased to PhP990,600 per patient,^{3,4} making it one of the most expensive single treatment packages in the national health insurance system. This substantial expenditure reflects both the scale of the problem and the urgent need for preventive interventions, such as sodium reduction.

Excessive sodium intake is a major contributor to hypertension and chronic kidney diseases, which significantly drive up healthcare costs. Filipinos consume an average of 4,113 mg of sodium per day or 10.4 grams of salt, which is more than double the World Health Organization's (WHO) recommended daily limit of 2,000 mg.⁵ This excessive intake is one of the key drivers of the country's growing NCD burden.

This bill seeks to reduce the burden of NCDs and promote public health through the mandatory reformulation of high-sodium prepackaged food products, including sauces and condiments. It introduces maximum sodium limits for specific food categories that are major contributors to sodium intake in Filipino diets. The bill adopts a Stepwise Approach to reformulation, which involves a gradual reduction of sodium in food

¹ Philippine Statistics Authority (PSA), Registered Deaths in the Philippines, 2024, available at: <https://psa.gov.ph/content/2024-causes-death-philippines-provisional-30-november-2024>

² Ian J. Brown et al., *Salt Intakes around the World: Implications for Public Health*, 38 INT J EPIDEMIOL 791 (2009).

³ <https://www.pna.gov.ph/articles/1204068>

⁴ https://www.philhealth.gov.ph/news/up/article/2024/news_6710c0050d979.php

⁵ Cristina Eloisa Baclig, *WHO study bares bitter health impact of excessive salt use: Deaths, diseases*, PHILIPPINE DAILY INQUIRER, March 15, 2023, available at: <https://newsinfo.inquirer.net/1743300/for-posting-edited-who-study-bares-bitter-health-impact-of-excessive-salt-use-deaths-diseases#:~:text=Filipinos%20high%20sodium%20intake%20According%20to%20WHO%2C,of%2010.4%20g%20of%20salt%20per%20day>

products, implemented in phases, to allow consumers to adjust to the taste changes while giving the food industry time to adapt through research and development.

The bill mandates the Department of Health (DOH), in coordination with the Food and Drug Administration (FDA), the Department of Science and Technology – Food and Nutrition Research Institute (DOST-FNRI), and other concerned agencies, to develop and implement sodium reduction targets and public education initiatives. It also requires the DOH to establish and regularly update data on dietary sodium intake across population groups, to guide policy direction, track progress, and evaluate the effectiveness of interventions.

This measure is aligned with the World Health Organization (WHO)'s global call for the rapid implementation of government-led and comprehensive mandatory sodium reduction policies. It supports WHO's "best buy" interventions, which include reformulating foods to contain less salt and setting targets for the amount of sodium in foods and meals. It also reflects global best practices for sodium reduction and contributes to the achievement of WHO's Global Sodium Benchmarks, which provide scientific targets for sodium content across a wide range of food categories

By enacting this measure, the State upholds its constitutional duty to protect and promote the right to health of all Filipinos. Sodium reformulation is among the most cost-effective public health strategies to prevent premature deaths, reduce demand for dialysis, and lessen the long-term burden of NCDs on the healthcare system and economy.⁶

In view of the foregoing, the immediate passage of this bill is earnestly sought.



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⁶ World Health & Organization & United Nations Development Programme. Prevention and Control of Noncommunicable Diseases in the Philippines: The Case for Investment (2019).

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**AN ACT STRENGTHENING PUBLIC HEALTH THROUGH THE MANDATORY
REFORMULATION OF HIGH-SODIUM PREPACKAGED FOOD PRODUCTS
TO REDUCE SODIUM CONSUMPTION AND PREVENT NON-
COMMUNICABLE DISEASES**

ARTICLE I. GENERAL PROVISIONS

SECTION 1. Short Title. — This Act shall be known as the “*Iwas Alat, Iwas Sakit Act*”.

SECTION 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. The State shall safeguard consumers from excessive dietary sodium intake, a major contributor to non-communicable diseases such as hypertension, cardiovascular diseases, stroke, and kidney diseases, by improving food environment through phased reformulation of prepackaged foods and complementary public education efforts. To this end, the State shall require the reformulation of prepackaged food products to gradually reduce sodium levels.

SECTION 3. Objectives. — This Act seeks to:

- (a) Reduce population-wide sodium intake by requiring the reformulation of high-sodium prepackaged food products, including condiments and sauces, through a Stepwise Approach;
- (b) Establish phased and science-based sodium reduction targets for high-impact food categories along with regular and timely monitoring of their sodium levels and consumption;
- (c) Promote public awareness on the health risks of excessive sodium intake and encourage healthier food choices; and

- (d) Foster collaboration among government, industry, and civil society to ensure effective and sustainable sodium reduction efforts.

SECTION 4. Definition of Terms. — For the purposes of this Act, the following terms shall be defined as follows:

- (a) **Baseline Data for Population Dietary Sodium Intake** refers to the initial set of data collected and maintained by the Department of Health (DOH), in collaboration with the Department of Science and Technology–Food and Nutrition Research Institute (DOST-FNRI), to assess sodium consumption patterns among Filipinos. This data informs the establishment and periodic adjustment of sodium reformulation targets and public health strategies;
- (b) **Dietary sodium intake** refers to the total amount of sodium consumed from food and beverages, including naturally occurring sodium, added sodium in processed foods, discretionary salt use, and sauces and condiments. Typically measured in milligrams (mg) per day, it is a key factor in assessing the risk of hypertension and other excessive sodium intake-related diseases and is influenced by eating habits, food processing methods, and seasoning use;
- (c) **Food** refers to any substance or product, whether processed, partially processed, or unprocessed that is intended for human consumption. It includes drinks, chewing gum, water, condiments, sauces, and other substances that were used as an ingredient or a component in the manufacture, preparation, or treatment of food, such as oils and fats, whether sold alone or incorporated in processed food and/or prepackaged food;
- (d) **Food Business Operators** refer to a person engaged in the food business and is responsible for ensuring that the requirements under this Act and existing laws are met by the food business under one's control;
- (e) **High-impact food categories** refer to prepackaged food products identified based on national dietary assessments and monitoring data as major contributors to population sodium intake. These categories may include processed meats, instant noodles, sauces, condiments, and other widely consumed high-sodium products;
- (f) **Maximum sodium limits** refer to the highest allowable sodium content for prepackaged food products within specific food categories, as determined by the Department of Health (DOH). These limits are designed to be progressively reduced over time in alignment with national public health objectives;
- (g) **Micro, small, and medium enterprises (MSMEs)** refer to food businesses as defined in Republic Act No. 9501 or the "Magna Carta for Micro, Small and Medium Enterprises (MSMEs)";
- (h) **National Sodium Content Database** refers to a centralized repository established and maintained by the DOH, in collaboration with the Food and Drug Administration (FDA) and the DOST-FNRI, to track and monitor sodium levels in prepackaged food available in the Philippine market. This database

- supports regulatory compliance, policy adjustments, and public health monitoring;
- (i) **National Sodium Reduction Goals** refer to the measurable public health objectives established under the National Sodium Reduction Plan pursuant to Section 13 of this Act, which set progressive targets for reducing population-wide dietary sodium intake over time. These goals shall be based on data from the Sodium Data System, aligned with internationally recognized public health benchmarks, and regularly updated to guide the setting of sodium reformulation targets and related policy measures.
 - (j) **Prepackaged food** refers to processed food prepared in advance and placed in a container, labelled and ready for sale or distribution, or for catering purposes;
 - (k) **Processed food** refers to food that has been subjected to some degree of processing (e.g. milling, drying, concentrating, canning, etc.) which partially or completely changes the physicochemical and/or sensory characteristics of the raw material;
 - (l) **Sodium** refers to a chemical element that exists naturally in food, associated with other molecular residues or atoms as an ionic bond, forming chemical salts. It is of great importance since it helps maintain the water balance of any organism, constituting its most common compound, sodium chloride or what is usually called table salt. Likewise, other sodium salts of industrial origin include monosodium glutamate (flavor enhancer); sodium benzoate, sodium acetate, sodium bicarbonate (acidity regulators and preservatives); sodium hydroxide, sodium carbonate (acidity regulator); sodium erythorbate (antioxidant), among others. One gram of 'table salt' contains 400mg of sodium (alternatively, 1 gram of sodium is equivalent to 2.5 grams of table salt);
 - (m) **Sodium content** refers to the total amount of sodium present in a food product, whether naturally occurring or added during processing. In prepackaged food, sodium content is typically indicated on the nutrition facts label, expressed in mg per serving or per 100 grams, to help consumers make informed dietary choices;
 - (n) **Sodium reduction** refers to the process of lowering dietary sodium intake by reformulating food products, modifying eating habits, and implementing regulatory measures to align with public health recommendations;
 - (o) **Sodium reformulation** refers to the process of reducing the sodium content of prepackaged food;
 - (p) **Sodium reformulation targets** refer to benchmarks for reducing sodium levels in prepackaged food products, established based on findings from the Baseline Data for Population Dietary Sodium Intake and the National Sodium Content Database. These targets include the identification of high-impact food categories and setting of maximum sodium limits. These targets shall be regularly reviewed and adjusted, ensuring a phased and evidence-based approach to reformulation efforts; and

ARTICLE II. COVERAGE

SECTION 5. Scope and Application. — This Act shall apply to all food business operators involved in the production, manufacture, import, distribution, supply, advertisement, or marketing of prepackaged food within the territory of the Philippines.

SECTION 6. Exemptions for Therapeutic Food Products. — Prepackaged food products for special therapeutic dietary use that are specifically formulated to address particular physiological conditions or intended as partial replacements for meals shall be exempt from the maximum sodium limits prescribed under this Act.

ARTICLE III. GENERAL FRAMEWORK ON SODIUM REFORMULATION

SECTION 7. Adoption of a Stepwise Approach in Reformulation. – The State shall adopt a stepwise approach to sodium reformulation. The stepwise approach involves a gradual reduction of sodium in food products, implemented in phases, to allow consumers to adjust to the taste changes and to give the food industry time to adapt through research and development. The approach shall be designed to reduce overall population sodium intake while maintaining product palatability and consumer acceptance.

SECTION 8. Baseline Data for Population Dietary Sodium Intake. – Within one (1) year from the effectivity of this Act, the DOH, in collaboration with DOST-FNRI, shall establish the Baseline Data for Population Dietary Sodium Intake, to assess sodium consumption patterns among Filipinos. This may include age- and sex-disaggregated data on sodium consumption patterns, key dietary sources of sodium, and regional variations in intake levels.

For this purpose, the DOST-FNRI shall conduct, or commission as necessary, 24-hour urinary sodium collection as part of the National Nutrition Survey (NNS), in addition to dietary recall and other validated methods of measurement.

The results of such studies, together with other relevant data on sodium consumption, shall be directly integrated into the Sodium Data System created under this Act to inform the identification of high-impact food categories, the establishment of sodium reformulation targets, and the evaluation of progress in reducing population-wide sodium intake.

SECTION 9. Mandatory Sodium Reformulation of Prepackaged Foods and Grace Period through a Stepwise Approach. —

- (a) Within one (1) year from the effectivity of this Act, the DOH shall establish the Baseline Data for Population Dietary Sodium Intake pursuant to Section 8 of this Act.

- (b) After six (6) months from the completion of Baseline Data for Population Dietary Sodium Intake, the DOH, through an appropriate issuance, shall identify high-impact food categories and prescribe maximum sodium limits for each category in accordance with Section 10 of this Act.
- (c) A grace period for compliance shall be set by the DOH, which shall not exceed one (1) year from the issuance of prescribed maximum sodium limits for each identified food category.
- (d) After the grace period for compliance set by DOH, no person or food business operator shall manufacture, import, distribute, or sell any prepackaged food item within the identified high-impact food categories if its final sodium content exceeds the prescribed maximum sodium limit. Compliance with the prescribed limits shall be a condition for the issuance or renewal of its Certificate of Product Registration (CPR) by the FDA.
- (e) Pursuant to Section 10 of this Act, the DOH may expand the mandatory reformulation requirements to additional food categories, and shall progressively reduce maximum sodium limits to achieve national sodium reduction goals.

SECTION 10. Sodium Reformulation Targets. —

- (a) **High-Impact Food Categories** — The DOH, in coordination with the FDA, DOST-FNRI, and other relevant stakeholders, shall identify high-impact food categories that contribute significantly to sodium intake. Identification shall be based on:
 1. Data recorded in the Baseline Data for Population Dietary Sodium Intake and the National Sodium Content Database;
 2. International best practices and guidelines issued by the World Health Organization (WHO) and other public health bodies; and
 3. Consumer dietary patterns, ensuring a smooth transition to low-sodium options.
- (b) **Maximum Sodium Limits** — Pursuant to Section 9 (a) of this Act, the DOH shall establish maximum sodium limits for each identified food category, ensuring that these limits align with national sodium reduction goals. The determination of these limits shall be guided by national sodium reduction goals and data from the Baseline Data for Population Dietary Sodium Intake and the National Sodium Content Database, ensuring that policy decisions are supported by robust and up-to-date evidence. These limits shall be progressively reduced over time, considering public health goals, feasibility, and industry adaptation capacity, and consistent with the Philippine Nutrient

Profile Model (PNPM) issued by the DOH, and other authoritative public health standards, such as the WHO Sodium Benchmarks.

SECTION 11. Voluntary Sodium Reformulation. —

- (a) After the grace period set in Section 9 (c) of this Act, food business operators are encouraged to voluntarily reduce the sodium content of their prepackaged food products for food categories not yet covered by mandatory reformulation.
- (b) The DOH and the Department of Trade and Industry (DTI) shall provide incentives to support early voluntary compliance, which may include, but shall not be limited to:
 - 1. Inclusion of sodium limits in procurement criteria;
 - 2. Certifications or awards recognizing industry compliance;
 - 3. Priority product registration under the Food Safety Act; and/or
 - 4. Capacity-building programs for sodium reformulation strategies.

SECTION 12. Marketing and Labeling Restrictions. – Compliance with the mandatory sodium limits established under this Act shall not be used as a basis for marketing or promotional claims. No food manufacturer, distributor, or importer shall label, advertise, or promote their products with statements such as “low sodium,” “reduced sodium,” or similar terms if such claims merely reflect compliance with the minimum standards required by this Act, unless the product likewise meets the specific nutrient content claim conditions established under the Codex Alimentarius, or Food Code, and adopted by the FDA .

For voluntary reductions beyond the mandatory limits, nutrient content claims relating to sodium may be permitted only if they are consistent with Republic Act No. 10611, otherwise known as the “Food Safety Act of 2013,” and other relevant food labeling and consumer protection laws, issuances, and regulations. Such claims shall, at all times, be truthful, not misleading, and reflective of a meaningful reduction in sodium content, as determined by the DOH and FDA.

ARTICLE III. IMPLEMENTATION

SECTION 13. Lead Agency. – The DOH is tasked with ensuring the implementation of the provisions of this Act, and shall have the power to issue other policies, rules, regulations, and standards for the implementation of this Act. In line with this, the DOH shall review, expand the coverage of food categories, and progressively tighten sodium limits every three (3) years, or earlier, if supported by updated evidence from

Sodium Data System in accordance with Section 15 herein or other credible scientific sources.

SECTION 14. Inter-Agency Committee (IAC) on Sodium Reformulation — To assist in the effective setting, review, and updating of sodium reformulation targets, there is hereby created an Inter-Agency Committee (IAC) on Sodium Reformulation composed of representatives from the DOH, FDA, DOST-FNRI, Department of Trade and Industry (DTI), Department of Education (DepEd), National Economic and Development Authority (NEDA), and the Department of the Interior and Local Government (DILG).

The IAC shall provide technical advice, ensure cross-sectoral coordination, and recommend revisions to sodium limits every three (3) years. To ensure transparency, the IAC may, when necessary, conduct separate public consultations with industry stakeholders for transparency and data gathering, provided that industry stakeholders shall not be given membership or voting rights.

To safeguard the integrity and independence of the Committee, all members of the IAC shall adhere to the conflict of interest provisions under Section 25 of this Act.

SECTION 15. National Sodium Reduction Plan. – The DOH shall establish and update, every three (3) years, a National Sodium Reduction Plan, which shall set National Sodium Reduction Goals, and the timeline and strategies to be implemented to ensure measurable progress toward achieving such goals. The long-term National Sodium Reduction Goal under this Act shall be to reduce average population sodium intake to no more than 2,000 milligrams (mg) per day, consistent with the World Health Organization’s recommended daily intake.

SECTION 16. Sodium Data System – The DOH shall integrate the Baseline Data for Population Dietary Sodium Intake into a comprehensive data system to inform reformulation targets and monitor progress in sodium reduction efforts, comprised of:

- (a) **Data for Population Dietary Sodium Intake** — The DOH, in collaboration with the DOST-FNRI, shall collect and maintain data on population dietary sodium intake to evaluate sodium consumption trends. Data may be sourced from:
1. The National Nutrition Survey (NNS), conducted by the DOST-FNRI every three (3) years;
 2. 24-hour urinary sodium excretion studies which shall be included in the NNS conducted by the DOST-FNRI in accordance with Section 8 of this Act;
 3. Household food expenditure and procurement data;
 4. Industry and market surveys tracking sodium levels in commonly consumed high-impact food products; and/or

5. Any other method necessary to ensure a comprehensive sodium intake assessment.

(b) **National Sodium Content Database** — The DOH, in collaboration with the FDA and the DOST-FNRI, shall develop and maintain a National Sodium Content Database to systematically track and monitor the sodium content of prepackaged food available in the Philippine market. The database shall:

1. Compile and regularly update sodium content information for all commercially available prepackaged food, including sodium content data from nutrition labels submitted by food business operators to the FDA as part of product registration, as well as other existing data from relevant national agencies;
2. Support regulatory enforcement by identifying non-compliant products and monitoring adherence to sodium reformulation targets; and
3. Serve as a resource for public health initiatives, research, and consumer awareness campaigns to promote informed food choices.

(c) **Data Sharing and Coordination** — The DOH, FDA, DOST-FNRI, and the NEDA shall establish clear data-sharing protocols to facilitate the timely access, analysis, and publication of sodium intake and content data. Such protocols shall address legal clearance processes and mandate that all collaborating agencies provide data to the DOH and to each other in a timely and transparent manner.

The DOH shall ensure accessibility of sodium content data to stakeholders, including policymakers, health professionals, researchers, and consumers, through appropriate public dissemination platforms, while maintaining data protection standards in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

The DOH shall update the Data for Population Dietary Sodium Intake every three (3) years and the National Sodium Content Database annually to ensure ongoing policy effectiveness and accurate monitoring of both dietary sodium intake among Filipinos and sodium content in prepackaged food.

SECTION 17. Incentives for Low-Sodium Alternatives. — To promote voluntary reformulation, foster industry innovation, and increase the availability of low-sodium alternatives in the Philippine market in advance of mandatory requirements, the DTI, in coordination with the DOH, FDA, Department of Agriculture (DA), and other relevant government agencies and stakeholders, shall develop and implement an incentive program that will encourage the development, production, and promotion of low-sodium food products and alternatives, such as iodized reduced-sodium salts and other lower-sodium salt substitutes, as well as reformulated lower-sodium versions of commonly consumed prepackaged food.

Incentives may include financial grants, non-financial incentives such as certifications and awards, capacity-building programs through the DTI's Food Processing Division and Food Innovation Hub, and consumer education campaigns conducted in partnership with the DOH, among others.

SECTION 18. MSME Support and Compliance. — The DTI, in coordination with the DOH, FDA, DA, local government units (LGUs), and other relevant government agencies and stakeholders, shall develop and implement programs to assist micro, small, and medium-sized (MSMEs) food business operators of prepackaged food in complying with the provisions of this Act.

This support shall include, but shall not be limited to, extended grace periods, targeted capacity-building programs, incentives for voluntary compliance, development of resource materials, technical assistance for research and development, and any other necessary support to help MSMEs meet sodium reformulation requirements while maintaining product safety, quality, and affordability.

SECTION 19. Social and Behavior Change Communication (SBCC). — The DOH, in collaboration with relevant government agencies, LGUs, and stakeholders, shall develop and implement SBCC strategies to promote healthier dietary habits, address cultural preferences for high-sodium foods, and reduce health risks associated with excessive sodium intake.

The DOH, in coordination with the Department of Education (DepEd) and other relevant government agencies, shall incorporate sodium reduction education into school curricula and existing health and nutrition programs, including Dietary Supplementation Program (DSP) and School-Based Feeding Program (SBFP), and prenatal health screenings.

Using baseline survey data and the National Sodium Content Database, the DOH shall tailor SBCC strategies to specific dietary patterns and sodium consumption levels. Public awareness initiatives shall highlight successful reformulation efforts and sodium intake reductions to encourage continued support, promote the availability of affordable low-sodium alternatives, and emphasize the long-term health and financial savings for Filipino families.

All SBCC initiatives under this Act shall be designed to remain consistent with the objectives of Republic Act No. 8172, otherwise known as ASIN Law, to ensure that sodium reduction policies are implemented without undermining iodine sufficiency and the prevention of iodine deficiency disorders.

ARTICLE IV. ENFORCEMENT AND MONITORING

SECTION 20. Certificate of Product Registration and Marketing Restrictions. — The FDA shall not issue a Certificate of Product Registration (CPR) or renew an existing CPR to any food manufacturer, distributor, and importer whose prepacked food product does not comply with Sections 9 of this Act.

SECTION 21. Inspection Powers and Record-Keeping. — The FDA, through its authorized agents, shall have the power to inspect the premises and records of food manufacturers to determine compliance with this Act. The FDA shall issue inspection procedures and guidelines on record-keeping.

SECTION 22. Enforcement for Traditional Markets and Food Service Establishments. — LGUs, through an appropriate issuance and in coordination with the FDA and DTI, shall establish a mechanism to enforce the provisions of this Act on prepackaged food produced and marketed in traditional markets and food service establishments within their respective jurisdictions and shall impose penalties for violations thereof.

SECTION 23. Consumer Complaints. — The FDA may commence an investigation *motu proprio*, upon petition, or upon letter-complaint from any consumer for violations of this Act. Upon finding by the FDA of *prima facie* violation of any provisions of this Act, it may *motu proprio* or upon a verified complaint, commence formal administrative action against the food business operator or any person who appears responsible.

The procedure in the commencement and processing of consumer complaints mentioned herein shall follow the existing rules and regulations of the FDA.

SECTION 24. Multi-Sectoral Collaboration and Civil Society Participation for Enforcement, Monitoring, and Surveillance. —

- (a) The State recognizes the critical role of civil society organizations, academic institutions, and the private sector in promoting public health and supporting the objectives of this Act. The DOH, FDA, and DOST-FNRI may engage civil society organizations, academia, and other stakeholders to provide technical assistance in the implementation and monitoring of the provisions of this Act, provided that such organizations are not affiliated with or related to the food and beverage industry. The DOH shall ensure that all stakeholder engagements are conducted transparently and limited to regulatory purposes. In addition, all multi-sectoral engagements, including those involving civil society, the private sector, and academic institutions, shall adhere to the conflict of interest guidelines set forth in Section 23 of this Act.

The DOH shall develop and implement programs to encourage the participation of civil society and grassroots organizations in the monitoring and enforcement of this Act. These programs shall ensure balanced representation and safeguard public health interests by prioritizing transparency and accountability in policy implementation.

- (b) Any citizen, civil society organization, non-governmental organization, or grassroots organization is hereby authorized to file an appropriate civil, criminal, or administrative action before the proper courts or administrative body against any public officer or entity who willfully or grossly neglects the performance of a responsibility specifically enjoined by this Act and its implementing rules and regulations. The same authorization applies to violations of this Act by any member of the food and beverage industry, including their representatives or employees.

The court shall exempt such actions from the payment of filing fees and shall exempt the plaintiff from the filing of a bond for the issuance of preliminary injunctions. Should the plaintiff prevail, the court shall award reasonable attorney's fees, moral damages, and litigation costs as appropriate.

The remedies provided under this Section shall be cumulative and shall not preclude any other person from filing a similar action under applicable laws.

SECTION 25. Conflict of Interest. — To uphold the fundamental objective of this Act in advancing public health, the development of related policies and the enforcement and monitoring of this Act shall promote multi-sectoral coordination, while ensuring the integrity and independence of regulatory processes against potential conflicts of interest.

To this end, the DOH and FDA shall establish and enforce clear guidelines for managing conflicts of interest in all stakeholder engagements. Such guidelines shall include, at the minimum:

1. Requiring declarations of conflict of interest from all persons or entities that take part, directly or indirectly, in setting and implementing policies under this Act;
2. Prohibiting participation in the IAC and in policymaking processes by any person or entity with a conflict of interest, except in the context of public consultations conducted for transparency and accountability;
3. Requiring all members of the IAC, DOH, and FDA to disclose any instance of interaction with the food and beverage industry, and making such disclosures publicly accessible;
4. Prohibiting the inclusion, as members of the IAC or any implementing body under this Act, of any person or entity upholding or accommodating the interests of the food and beverage industry;

5. Prohibiting members of the IAC, DOH, FDA, or any implementing agency from receiving, directly or indirectly, any contribution, compensation, sponsorship, or benefit from the food and beverage industry;
6. Requiring the Secretariat to document and report any attempt at interference by the food and beverage industry in the implementation of this Act, with non-compliance constituting grounds for removal of said member and other applicable sanctions under existing laws, rules, and regulations.

ARTICLE V. PROHIBITED ACTS AND PENALTIES

SECTION 26. Prohibited Acts. — It shall be unlawful for any person to:

- (a) Produce, manufacture, import to the Philippines, distribute, sell, supply, advertise or market any prepackaged food falling under the identified high-impact food categories that exceeds the prescribed maximum sodium limits in accordance with Section 9 of this Act;
- (b) Use “low sodium,” “reduced sodium,” or similar claims when such statements merely reflect compliance with mandatory limits, or when the claims do not meet the specific conditions established under the Codex Alimentarius as adopted by the FDA, or when voluntary claims are false, misleading, or inconsistent with relevant food labeling and consumer protection laws, issuances, and regulations in accordance with Section 12 of this Act;
- (c) Refuse access to pertinent records or entry of inspection officers of the FDA and LGUs pursuant to Sections 20 and 21 of this Act;
- (d) Violate the conflict of interest provisions under Section 25 of this Act; and
- (e) Violate the implementing rules and regulations of this Act.

SECTION 27. Penalties. - The following penalties shall be imposed for each violation of the prohibitions in this Act:

Offender	First (1st) Offense	Second (2nd) Offense	Third (3rd) Offense
Large enterprise	Fine of not less than five hundred thousand pesos (Php 500,000) but not more than one million pesos (Php 1,000,000)	Fine of not less than one million pesos (Php 1,000,000) but not more than five million pesos (Php 5,000,000)	Fine of not less than five million pesos (Php5,000,000) but not more than ten million pesos (Php 10,000,000)
MSMEs	Fine of not less than five thousand pesos (Php 5,000) but not more than ten thousand pesos (Php 10,000)	Fine of not less than ten thousand pesos (Php 10,000) but not more than twenty thousand pesos (Php 20,000)	Fine of not less than twenty thousand pesos (Php 20,000) but not more than fifty thousand pesos (Php 50,000)

Natural person	Fine of not more than five thousand pesos (Php 5,000)	Fine of not less than five thousand pesos (Php 5,000) but not more than ten thousand pesos (Php 10,000)	Fine of not less than ten thousand pesos (Php 10,000) but not more than twenty thousand pesos (Php 20,000) or imprisonment of not more than one (1) year, or both, at the discretion of the court
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SECTION 28. Sale, Distribution or Transfer in Good Faith. - No person shall be subject to the penalties under Section 24 of this Act for having sold, offered for sale, or transferred prepackaged food that are not compliant with the provisions of Sections 9 of this Act, if such sale, distribution or transfer, was made in good faith. A sale, distribution, or transfer is presumed to be made in good faith if the seller or distributor has obtained, in writing, a guaranty from the person or food business operator from whom the prepackaged food were obtained, that said prepackaged food are not covered by the requirements under Section 9 of this Act.

SECTION 29. Other Corrective Actions. — In addition to the fines and penalties in Section 24, the following corrective actions shall be imposed by the appropriate authorities to the offenders;

- (a) The disapproval of an application, suspension, revocation or cancellation of an existing CPR or any authorization; and/or
- (b) Seizure and condemnation, destruction, recall, and/or appropriate disposition of non-compliant food products by the FDA as provided under their mandate.

SECTION 30. Liability of Juridical and Other Persons. -

- (a) Should a violation of this Act be committed by a juridical person, the Chair of the Board, the President, the General Manager, or the partners and/or the persons directly responsible therefore shall be penalized.
- (b) If the offender is an alien, they shall be deported after service of sentence and/or payment of fine without further deportation proceedings and shall be permanently barred from re-entering the Philippines.
- (c) In case a violation is committed by, or in the interest of, a foreign juridical person duly licensed to engage in business in the Philippines, such license to engage in business in the Philippines shall be immediately revoked.

ARTICLE VI. FINAL PROVISIONS

SECTION 31. Implementing Rules and Regulations (IRR). — Within sixty (60) days from the effectivity of this Act, the DOH, through the Health Promotion Bureau (HPB), together with other relevant government agencies and stakeholders shall develop the IRR for this Act. Non-issuance of the IRR shall not prevent the implementation of this Act upon its effectivity.

SECTION 32. Monitoring and Evaluation. — The DOH shall report annually, or more frequently as necessary, to the President and the Congressional Committees on Health, Agriculture and Food, and Trade and Industry on the population dietary sodium intake, the sodium content of prepackaged food products, and progress in meeting national sodium reduction targets. The FDA shall likewise report annually, or more frequently as needed, to the same bodies on industry compliance. These reports shall include recommendations for policy adjustments, regulatory enhancements, and program improvements to strengthen sodium reduction efforts and protect public health nationwide.

SECTION 33. Appropriations. — The initial amount necessary for the implementation of this Act shall be charged against the current appropriation of all concerned agencies. Thereafter, the DOH, FDA, DOST-FNRI, and other concerned agencies shall be provided with adequate funding for the performance of their functions under this Act, including post-market surveillance, inspection, data management, compliance monitoring, and enforcement of sodium reformulation targets, under the annual General Appropriations Act (GAA).

SECTION 34. Separability Clause. — If any part of provision of this Act is held invalid or unconstitutional, the remaining parts or provisions not affected thereby shall remain in full force and effect.

SECTION 35. Repealing Clause. — All laws, decrees, executive orders, and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

SECTION 36. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.