

Republic of the Philippines  
House of Representatives  
Metro Manila  
Eighteenth Congress



House Bill No. 5515

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Introduced by Rep. Fidel Nograles  
Second District  
Province of Rizal

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**EXPLANATORY NOTE**

The 1987 Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them (Article II, Section 15).

Subsequently, through Executive Order No. 292 entitled "The Administrative Code of the Philippines," the Department of Health (DOH) was mandated as the agency primarily responsible for the promotion, protection, preservation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services (Book IV, Title IX, Chapter I).

With the enactment of Republic Act No. 7160, entitled "The Local Government Code of 1991," the provision of health services was devolved to local government units. This includes the implementation of programs and projects on primary health care, maternal and child care, and communicable and non-communicable disease control services; access to secondary and tertiary health services; and purchase of medicines, medical supplies, and equipment (Section 17). Furthermore, the Local Government Code mandates the Health Officer to "formulate and implement policies, plans, programs and projects to promote the health of the people in the local government unit concerned" (Section 478).

Despite these provisions that give attention to the promotion and protection of health of the people, funds for healthcare have traditionally been spent more on treating the sick than in keeping the population healthy. The DOH's curative approach is typically justified due to the fact that the Philippines continues to be plagued by a high prevalence of infectious diseases which call for immediate action. This has, however, become a severe shortcoming in light of the alarming increase in the incidence of degenerative and lifestyle diseases like hypertension, cancer, accidents, and diabetes, which require long term investments to prevent.



Deaths from communicable diseases have exceeded deaths from non-communicable diseases but these are equally important. However, the need to address short term immediate health concerns, due to its nature, will always take priority over the prevention of prospective chronic diseases. In this context, the government resources to prevent lifestyle diseases will invariably be sacrificed to address urgent health concerns. In the long run, as the Philippines succeeds in providing universal coverage in health care, the government will have to bear the costs of treating the chronic diseases mentioned.

Furthermore, dealing with the prevention of lifestyle diseases requires a "health promotion" approach or one that empowers people to take action to improve their health in order to reduce vulnerability and risks to ill-health and disability throughout the life cycle, especially among the poor and marginalized groups. The international public health consensus is that the health promotion approach would involve not only building a healthy public policy, developing of personal skills, and reorienting health services, it would also require the creation of supportive environments and strengthening of community actions, which in turn is greatly dependent on the involvement of non-health sectors or the adoption of a "whole of government" approach.

As a State Party to the Alma-Ata Declaration, the Philippines strongly affirms that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal. To ensure this, the Declaration decrees that all governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors.

In many countries, a tax imposition on tobacco products is utilized as a sustainable funding source for a variety of public needs, mostly involving health promotion activities. Guiding Principles and Recommendations for the implementation of Article 6 of the FCTC recommend using revenues from tobacco to tobacco-control measures, such as those covering awareness on tobacco, health promotion and disease prevention, and the like.

Towards this end, there is a need to mainstream health in all aspects of economic development and to create a multisectoral body that will promote innovative approaches and ensure the efficient implementation of health promotion strategies. There is also an opportunity to tap funds sourced from tobacco products in order to create a fund that will promote investments in previously underfunded health promotion strategies required to address longer term health concerns including social mobilization to promote healthy behaviors.


This bill, therefore, proposes the creation of a Health Promotion Commission to be funded from 20% of the remaining incremental revenues allocated for health

pursuant to Republic Act No. 10351. Through the Health Promotion Commission, our goal of making Filipinos manage their own health will become a reality.

This bill is an upgrade from the existing framework of health promotion in the Philippines by promoting a more sustainable and effective approach in health promotion from the national down to the local level. LGUs are more empowered to implement their own health promotion projects and programs by calibrating their strategies to their own context and needs.

This bill promotes a strategic mainstreaming of health promotion in local government units in the country by giving more power to LGUs to establish their own program down to the barangay level. The bill also promotes early detection of any health issues and concerns by providing a platform where the national level agencies coordinate with each other and with local government units and expanding participation of the civil society, private and non-government groups in health promotion.

Thus, the immediate enactment of this measure is respectfully urged.

  
**Rep. Fidel Nograles**  
**2<sup>nd</sup> District of Rizal Province**

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**“AN ACT ESTABLISHING A HEALTH PROMOTION FUND AND HEALTH  
PROMOTION COMMISSION TO OVERSEE THE IMPLEMENTATION OF  
HEALTH PROMOTION IN THE PHILIPPINES AND FOR OTHER PURPOSES”**

**PART I**

**Introductory Provisions**

**Sec. 1. Title.** - This Act shall be known and cited as the **“Health Promotion Act of 2019.”**

**Sec. 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.

It shall also be declared the policy of the State to ensure that people are empowered to increase control over their health and its determinants for purposes of improving their health.

Toward this end, the State will provide a comprehensive and coordinated approach for health promotion specifically by building healthy public policies, creating supporting environments, strengthening community actions; developing personal skills; and reorienting health services.

Recognizing the health inequities that exist, it shall be the policy of the State to be sensitive to the needs of the youth, women, poor, elderly, disabled, and the marginalized sectors. In view thereof, the State shall ensure coherence and coordination among government agencies in the development and implementation of health promotion policies, plans, and programs.

Recognizing the need to ensure that government policies, plans, programs, and projects take health impact into account, it is hereby declared the policy of the State to



systematically integrate the concept of health promotion in various phases of policy formulation, development plans, poverty reduction strategies, and other development tools and techniques by all agencies and instrumentalities of the government.

It shall be the policy of the State to enjoin the participation of national and local governments, civil society organization, academe, local communities, and the private sector, to achieve health promotion goals.

**Sec. 3. Purpose.** – This act aims to:

- a) Mainstream health in public policy, plans, and programs of various sectors and government agencies from national to local level of governance
- b) Establish a Health Promotion Commission to develop a national framework for health promotion and monitor results
- c) Establish a Health Promotion Fund to be sourced from 20% of the remaining incremental revenues allocated for health pursuant to Republic Act 10351

**Sec. 4. Definition of Terms.** –

For purposes of this act, *health promotion* means any action or policy that is aimed at mainstreaming health in all aspects of economic development, creating a supportive environment for healthy behavior, and promoting social mobilization for health.

*Required investments in health promotion* refer to investments in strategies and activities that focus on traditionally underfunded areas of health such as, but not limited to, encouraging community action to promote healthy behaviors, introducing structural and regulatory approaches, exploring low cost but high impact health innovations to promote wellness, and conducting research and development towards drivers of health such as nutrition and behavior.

*Supplemental investments in health promotion* include investment in strategies to create participatory mechanisms to monitor, evaluate, and supplement current initiatives and existing health investments.

*Mainstreaming* refers to the integration of policies and measures that address health into development planning and sectoral decision-making. It is a strategy for making health and wellness an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, environmental and societal spheres so that the right to health is protected. It is the process of assessing the implications for health of any planned action, including legislation, policies, or programs in all areas and at all levels.

*Conflict of interest* shall mean any circumstance under which a person by virtue of financial or other personal interest, past, present or potential, directly or indirectly,

may be influenced or appear to be influenced by any motive or desire for personal advantage other than the interests of public health.

## **PART II**

### **Creation of the National Health Promotion Commission of the Philippines**

**Sec. 5. Establishment.** - There is hereby established a Health Promotion Commission, hereinafter referred to as the Commission.

The Commission shall be an independent and autonomous body and shall have the same status as that of a national government agency. It shall have its principal place of business in Metro Manila. It shall be organized within two (2) months from the effectivity of this Act.

The Commission shall oversee an integrated and comprehensive approach to health promotion in the Philippines. It shall be the lead policy-making body of the government, which shall be tasked to coordinate, monitor, and evaluate the programs and action plans of the government in order to ensure the mainstreaming of health into the national, sectoral, and local development plans and programs pursuant to the provisions of this Act.

**Sec. 6. Functions of the Commission.** - The Commission shall perform the following functions:

- a) Develop and update the National Health Promotion Policy Framework and Action Plan to ensure the mainstreaming of health in all policies, as well as strengthen social mobilization mechanisms and monitor their implementation;
- b) Coordinate the activities of, and strengthen working relationships between government and non-government agencies involved in the implementation of health promotion programs;
- c) Monitor and assess implementation of laws and policies on health, including the implementation of international conventions;
- d) Recommend key development investments in specific sectors impacting health promotion to ensure the achievement of national health goals, including but not limited to health consciousness awareness programs, policy studies, review of existing legislation to ensure protection of health, implementation of pilot health promotion projects that will form the basis for policy and program recommendations;
- e) Provide mechanisms of assistance to ensure the mainstreaming of health and ensuring the development of institutional capabilities for health mainstreaming in government agencies, including the development of a comprehensive long-term funding strategy for health promotion;
- f) Convene panels of advisers and technical experts as necessary to ensure representation of all sectors in the development of policies, programs, and plans;

- g) Generate income from fees and charges it may collect from performing complementary functions such as accreditation and certification fees for approved health promotion activities;
- h) To exercise such other powers and functions and perform such other acts as may be necessary or proper for the attainment of the purposes and objectives of this Act.

**Sec. 7. Composition of the Health Promotion Commission.** - The Commission shall be composed of the President of the Republic of the Philippines who shall serve as the Honorary Chairperson, and three (3) Commissioners to be selected by the President from a list of qualified candidates recommended by the advisory board based on qualifications set forth in this act; one of whom shall be elected as Chairperson, and the other as Vice Chairperson of the Commission.

**Sec. 8. Meetings of the Commission.** - The Commission shall meet once every three (3) months, or as often as may be deemed necessary by the Chair. The Chair may likewise call upon other government agencies for the proper implementation of this Act.

At the meeting of the Commission, the presence of majority of the total number of members shall constitute a quorum. The decision of the meeting shall be by majority of votes. In casting votes, each member shall have one vote. In case of an equality of votes, the presiding Chair shall cast the deciding vote.

In the event that the Chairperson cannot preside the meeting, the Vice Chairperson shall undertake such function; *Provided, however,* That a resolution or decision shall be approved by the majority of the three (3) Commissioners: *Provided, further,* That the Chairperson may vote any decisions of the Commission within thirty (30) days from receipt of the same.

The Commission shall maintain and preserve a complete record of its proceedings/ minutes.

**Sec. 9. Advisory Board.** - The Commission shall have an advisory board composed of the following:

- a) Twenty three (23) *ex officio* members from the government:
  - i. Secretary of the Department of Health
  - ii. Secretary of the Department of Agriculture
  - iii. Secretary of the Department of Education
  - iv. Secretary of the Department of Social Welfare and Development
  - v. Secretary of the Department of Interior and Local Government
  - vi. Secretary of the Department of Environment Natural Resources
  - vii. Secretary of the Department of Budget and Management

- viii. Secretary of the Department of Finance
  - ix. Secretary of the Department of Foreign Affairs
  - x. Secretary of the Department of Trade and Industry
  - xi. Secretary of the Department of Transportation and Communication
  - xii. Secretary of the Department of Public Works and Highways
  - xiii. Head of the Food and Drug Administration
  - xiv. Head of the Department of Science and Technology Food and Nutrition Research Institute
  - xv. Head of the National Nutrition Council
  - xvi. Head of the Occupational Health and Safety Center
  - xvii. Head of the Philippine Institute for Traditional and Alternative Health Care
  - xviii. Chairperson of the Philippine Commission on Women
  - xix. Chair of the National Anti Poverty Commission
  - xx. Chair of the National Youth Commission
  - xxi. Chair of the National Commission on Arts and Culture
  - xxii. Director General of the National Economic and Development Authority
  - xxiii. Chair of the Civil Service Commission
- b) Thirteen (13) independent experts representing various fields and sectors with expertise in public health or health promotion:
- i. Education
  - ii. Communication
  - iii. Social marketing
  - iv. Sports
  - v. Dentistry
  - vi. Community health and other allied health services
  - vii. Alternative medicine experts
  - viii. Counselors
  - ix. Women
  - x. Youth
  - xi. Poverty
  - xii. Law
  - xiii. Public administration

*Ex officio* members of the advisory board may appoint their respective permanent alternate representatives who shall have the rank of an Undersecretary. The advisory board may also include other agencies of the government, depending on the need of the board.

**Sec. 10. Qualifications, Tenure, Compensation, and Removal of Commissioners. –** The Commissioners must be Filipino citizens, residents of the Philippines, at least thirty five (35) years of age at the time of appointment, with proven experience on health promotion, of proven honesty and integrity, and must not have been candidates for any elective position in the elections preceding their appointment. The Commissioners shall be experts in public health by virtue of their educational



background, training, and experience: *Provided*, that at least, one (1) Commissioner shall be female.

The Commissioners shall hold office for a term of seven (7) years, without reappointment. Of those first appointed, the Chairperson shall hold office for seven (7) years, one Commissioner for five (5) years, and the other Commissioner for three (3) years, without reappointment.

In case of a vacancy, the new appointee shall fully meet the qualifications of a Commissioner and shall hold office for the unexpired portion of the term only: *Provided, furthermore*, That in no case shall a Commissioner be designated in a temporary or acting capacity: *Provided, finally*, That any Commissioner may be removed from office before the expiration of his/her term for cause or due to incapacity and in accordance with due process required by pertinent laws.

The Vice Chairperson and the Commissioners shall have the rank and privileges of a Department Secretary and Undersecretary, respectively. They shall be entitled to corresponding compensation and other emoluments and shall be subject to the same disqualifications.

**Sec. 11. Qualifications, Tenure, Compensation and Removal of Independent Experts & Sectoral Representatives.** - The independent experts must be Filipino citizens, at least thirty five (35) years at the time of appointment, with at least ten (10) years experience in their field of expertise, and of proven honesty and integrity. Of those first appointed, eight (8) shall be appointed for a term of six (6) years, while the other rest shall be appointed for a term of three (3) years.

Experts in the field of education, counseling, law, and public administration must have a master's degree in a related field. Experts in dentistry, community health and alternative medicine must be licensed to practice. The IRR will contain further qualifications as necessary to fulfill the needs of the Commission.

The experts shall be appointed by the Commission from a list of three nominees submitted by the sectors or recognized group of experts in the same field within three (3) months after the establishment of the Commission and subsequently, as needed. They shall serve for a maximum term of six (6) years: *Provided, however*, That such appointment, may be terminated by the Commission on the basis of the withdrawal of endorsement by or recommendation of the sector or field they represent. Appointment to any vacancy shall be only for the unexpired term of the predecessor.

The implementing rules and regulations (IRR) of this Act shall contain the guidelines for the nomination process, recall procedures, and such other mechanisms to ensure accountability of the sectoral representatives and the competence and independence of the experts.

**Sec. 12. Meetings of the Advisory Board.** -

The advisory board may form subcommittees depending on the area of focus and expertise. A quorum shall not be required in order to carry out technical discussions. The Commission shall ensure that necessary provisions will be available for the meetings of the advisory board.

**Sec. 13. National Strategic Framework and Program on Health Promotion.** – The Commission shall, within six (6) months from the effectivity of this Act, formulate a National Strategic Framework on Health Promotion in consultation with the advisory board. The Framework shall serve as the basis for health promotion planning, research and development, monitoring of activities, and financing, to promote healthy behavior and shall be aligned with the framework of the Department of Health.

The Framework shall be reviewed every three (3) years, or as may be deemed necessary. The review of the Framework shall involve a participatory and interactive process.

**Sec. 14. Components of the National Strategic Framework and Action Plan on Health Promotion.** – The Framework shall include, but not limited to, the following components:

- (a) National priorities;
- (b) Health impact assessments;
- (c) Policy recommendations and draft policies;
- (d) Compliance with international commitments and guidelines;
- (e) Research and development plans;
- (f) Database development and management;
- (g) Interventions in education such as proposals for curriculum revisions and modules;
- (h) Comprehensive advocacy and communication plan
- (i) Monitoring and evaluation protocols;
- (j) Intersectoral collaboration and social mobilization strategies;
- (k) Health promotion planning for government entities including recommendations relating to appropriations for the cost of implementation;
- (l) Geographic mapping of vulnerabilities and opportunities to promote health;
- (m) Interventions in training such as guidelines for the health service sector;
- (n) standards for health promotion activities and proposed accreditation process;
- and
- (n) Monitoring and evaluation of and related tools for mainstreaming efforts.

**Sec. 15. Income Retention.** –

The Commission is authorized to retain, without need of a separate approval from any government agency, and subject only to existing accounting and auditing rules and regulations, all the fees and other charges, collected by the Commission for

certification or accreditation processes it may undertake. This shall be used in its operations, like human resource development and expansion, research and health impact assessment studies, to improve its ability to provide technical assistance. This amount, which shall be in addition to the annual budget of the Commission, shall be deposited and maintained in a separate account or fund, which may be used or disbursed by the Commission.

**Sec. 16. Role of Government Agencies.** – All government agencies have significant roles in mainstreaming health promotion and shall integrate specific health promotion functions in their mandates. Particularly,

(a) The Department of Education (DepED) shall recognize physical and mental health consciousness as a key aspect of basic education and integrate health promotion and health risk consciousness, such as awareness of genetic disposition, into the primary and secondary education curricula and/or subjects as well as facilitate in research and monitoring relating to health information and health service delivery. Public and private schools shall devote at least fifteen (15) minutes of class time per week for health promotion education and shall assign school nurses to provide health promotion education in accordance with modules to be developed by experts.

(b) The Department of the Interior and Local Government (DILG) and Local Government Academy, in coordination with the National Economic and Development Authority (NEDA) and other concerned agencies, shall facilitate the development and provision of a capacity building program for LGUs in health promotion.

(c) The Department of Health (DOH) shall ensure that health promotion is provided by all health service providers and incorporated in the health services provided. The DOH shall ensure that sufficient resources are allotted to allow it to undertake health impact assessments for policies coming from different sectors. It shall also ensure that its health information management system and network shall include information needed to undertake health promotion strategies .

(d) The Philippine Health Insurance Corporation (Philhealth) shall develop and fund programs targeted at promoting wellness and reducing hospital admissions among its constituents. It shall accredit providers of natural therapy and alternative or traditional medicine practitioners and cover health care costs pertaining to holistic, alternative, or homeopathic healing.

(e) The Philippine Information Agency (PIA) shall disseminate information on health promotion in accordance with the national strategic framework;

(f) The Department of Budget and Management (DBM) shall undertake the formulation of the annual national budget in a way that ensures the appropriate

prioritization and allocation of funds to support health promotion-related programs and projects in the annual program of government;

(g) The Department, of Science and Technology (DOST), through the Food and Nutrition Center, shall promote, assist and, where appropriate, undertake scientific and technological research and development, projections and analysis of nutrition and health behavior, in coordination with LGUs in priority/target monitoring sites, for the benefit of agriculture, trade and industry and in other areas of the country's development; The DOST shall also submit recommendations to the Commission on an regular basis or as soon as necessary to promote health;

(h) The Department of Social Welfare and Development (DSWD) shall include incentives for health promotion in their social service packages;

(i) The Department of Trade and Industries (DTI) and Food and Drug Administration (FDA) shall establish programs and allocate sufficient funds to undertake research to evaluate the impact of unhealthy products in the market as well as for inspection and information dissemination. They shall submit recommendations to the Commission on a regular basis or as the need arises;

(j) The Department of Agriculture (DA) shall include food safety in its core mandate and integrate in its plans and programs measures to promote healthy and safe food including the promotion of urban gardening, and ensure the availability and accessibility of organic produce to consumers.

(k) The Department of Environment and Natural Resources (DENR) shall integrate health promotion education and training on climate change programs, and shall consult with the DOH to ensure that health impact assessments can be undertaken for all policies proposed or supported by it.

(l) The Department of Public Works and Highways (DPWH) and the Metropolitan Manila Development Authority (MMDA) shall include safety and wellness as an integral part of its mandate and an indicator of its success, it shall develop programs that would ensure the safety of all road users including pedestrians. It shall ensure that its infrastructure plans include those that encourage physical activity and mental wellness of citizens such as parks and bike lanes.

(m) Government financial institutions, except Bangko Sentral ng Pilipinas (BSP), any provision in their respective charters to the contrary notwithstanding, shall provide preferential financial packages for health promotion-related projects. In consultation with the BSP, they shall, within thirty (30) days from the effectivity of this Act, issue and promulgate the implementing guidelines therefore.

The Commission shall further recommend specific means by which the concerned government agencies may mainstream health promotion in the context of the national strategic framework.



#### **Sec. 17. Role of LGUs. -**

The local government units shall be responsible for the formulation, implementation, monitoring, and evaluation of the local health promotion plan in their respective jurisdiction, consistent with the national strategic framework.

Barangays shall be directly involved with municipal and city governments in prioritizing health promotion issues and in identifying and implementing best practices and other solutions. Provincial governments shall provide technical assistance, in support of municipal and city health promotion plans.

Inter-local government unit collaboration shall be maximized in the conduct of health promotion activities.

LGUs shall regularly update their respective action plans to reflect changing social, economic, and health conditions and emerging issues. The LGUs shall furnish the Commission with copies of their action plans and all subsequent amendments, modifications and revisions thereof, within one (1) month from their adoption. The LGUs shall mobilize and allocate necessary personnel, resources, and logistics to effectively implement their respective plans.

The local chief executive shall appoint the person responsible for the formulation and implementation of the local health promotion plan. It shall be the responsibility of the national government to extend technical and financial assistance to LGUs for the accomplishment of their health promotion plans.

The LGU is hereby expressly authorized to appropriate and use the amount from its Internal Revenue Allotment necessary to implement the said local plan effectively, any provision in the Local Government Code to the contrary notwithstanding.

#### **Sec. 18. Role of the Civil Society Organizations and the Private Sector. -**

The civil society organizations (CSOs) as well as community based organizations (CBOs) play a key role in social mobilization for health promotion which is a strategic approach to changing health behavior. CSOs and CBOs shall be encouraged to undertake health promotion programs within the national framework and plan.

The private sector is encouraged to support health promotion activities of CSOs and CBOs and to contribute to promoting and implementing the national strategy framework and plan.

**Sec. 19. Coordination with Various Sectors. -** In the development and implementation of the national framework and plan, and the local action plans, the Commission shall consult and coordinate with the non-government organizations (NGOs), civic organizations, academe, people's organizations, the private and corporate sectors, and other concerned stakeholder groups.

**Sec. 20. Health Promotion in all Government Entities** - All government entities shall:

- a. Designate focal persons to catalyze and accelerate health promotion within their offices;
- b. Monitor health status of all personnel within their respective agencies;
- c. Submit an annual report to the Civil Service Commission on the implementation of health promotion programs and activities in accordance with guidelines to be issued;
- d. Utilize budget appropriation as primary or counterpart funding to implement health promotion plans.

The CSC shall assist in monitoring the implementation of this provision

**Sec 21. Public Information. -**

Government networks shall devote an aggregate of 2 minutes of airtime during prime time to provide public service announcements for health promotion within the communication plan embodied in the national framework. The private sector, including privately owned radio/ tv networks and websites, and cinemas are encouraged to promote effective health promotion messages in accordance with the national plan by contributing air time during prime time.

**PART III**

**Creation of the Health Promotion Fund**

**Sec. 22. Health Promotion Fund.** - To implement the provisions of this Act, there is hereby created a Health Promotion Fund, which shall be used for the attainment of sustainable development goals and undertake health promotion activities pursuant to Section 14 hereof, and other activities necessary to fulfill the objectives of this Act.

**Sec 23. Source of Funds.** - Upon the effectivity of this act and every year thereafter, 20% of the remaining incremental revenues allocated for health pursuant to Republic Act 10351 shall be earmarked for this fund. The Bureau of Internal Revenue (BIR) shall submit an annual report of the amount that has been collected on the first Monday of the fiscal year. The Commission shall also be empowered to source funding from private and non-government institutions which shall be exempt from taxes.

**Sec. 24. Automatic Appropriation and Release of the Fund.** - The amount referred to in the preceding section shall be automatically allocated, released, and directly remitted to the Health Promotion Fund without need of any further action on a quarterly basis, within five (5) days from the end of each quarter, and shall not be subjected to any lien or holdback for any purpose.

**Sec. 25. Authority to Receive Donations and/or Grants.** - The Fund is hereby authorized to accept grants, contributions, donations, endowments, bequests, or gifts in cash, or in kind from local and foreign sources in support of the development and implementation of health promotion programs and plans: *Provided*, that conflicts of interests shall be avoided and that funding from tobacco industry shall be rejected, *Provided*, That in case of donations from foreign governments, acceptance thereof shall be subject to prior clearance and approval of the President of the Philippines upon recommendation of the Secretary of Foreign Affairs: *Provided, further*, That such donations shall not be used to fund personal services expenditures and other operating expenses of the Commission.

**Sec. 26. Health Promotion Fund Board.** - There is hereby created a Health Promotion Fund Board, hereinafter referred to as the Board, which shall make independent recommendations on the use of funds to be made available by the Commission after setting aside funds necessary for the operation of the Commission and the Secretariat which shall not exceed 20% of the total fund. Recommendations of the Board shall be approved unless vetoed by three Commissioners based on conflict with this Act, the Framework or principles of sound fund management. The Board shall be composed of individual experts and sectoral representatives in the advisory board and four (4) additional members:

- (a) Two (2) experts from the academe and public health community;
- (b) A representative from the business sector; and
- (c) A representative from civil society not affiliated with the tobacco industry:

Board members are disqualified from accessing the fund during their term, as set by the Commission, and a year after their tenure in the Board shall have been terminated or completed.

**Sec. 27. Functions of the Board.** - The Board shall have the following functions:

- a) Provide overall strategic guidance in the management and use of the fund and provide guidelines on the prioritization of use of the funds based on the national framework and strategic plan;
- b) Develop funding windows for various health promotion activities and identify additional sources for the fund;
- c) Evaluate and approve projects and programs relating to required investments in health promotion;
- d) Evaluate and approve for recommendation to the Commission projects and programs relating to supplemental investments in health promotion;
- e) Implement the conflict of interest policy to ensure that board members will not vote on projects if they have an interest in;
- f) Manage a seed fund for innovative health promotion initiatives at the community level;
- g) Ensure an independent third party evaluation and auditing of activities supported by the fund, taking into consideration the principles of

transparency and accountability, and government accounting and auditing roles and regulations; and

- h) Formulate mechanisms that ensure transparency and public access to information regarding funding deliberations and decisions.

**Sec. 28. Health Promotion Secretariat.** – The Commission shall designate a permanent Secretariat and make arrangements for its functioning at its first meeting. The head of the Secretariat shall have the authority to determine the number of staff and create corresponding positions necessary to facilitate the proper implementation of this Act, subject to civil service laws, rules and regulations.

The Secretariat shall be appointed by the Commission based on the qualifications that will be determined by the Commission on its first meeting: *Provided*, that the Secretariat shall have the necessary expertise in communication and coordination. Until such time when the permanent Secretariat has been established, the functions of the Secretariat shall be performed by the Department of Health.

The Secretariat shall hold office for a term of four (4) years, and may be reappointed, provided he/she may not serve for more than two consecutive terms.

The functions of the Secretariat shall be:

- a) To make arrangements for meetings of the Commission and the Fund Board and provide support as needed to fulfill the objectives of the Act;
- b) To undertake research that will assist in the determination of priority health promotion strategies and activities and communicate with all concerned agencies and LGUs in the conduct and dissemination of such research;
- c) To implement communication plans to ensure the promotion and visibility of health promotion;
- d) To prepare reports on its activities under the guidance of the Commission;
- e) To ensure, the necessary coordination with the government agencies and LGUs and provide technical assistance to mainstream health promotion in the agencies and LGUs;
- f) To promote transparency of the Commission and the Board;
- g) To promote public awareness of health promotion and accessibility of funds;
- h) To enter into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and
- i) To perform other activities necessary for the effective implementation of its functions.

**Sec. 29. Funding Allocation for Health Promotion.** – The fund shall be suppletory to any annual appropriations allocated by relevant government agencies for health promotion programs and projects and by LGUs. The fund shall encourage counterpart funding arrangements among local governments, community organizations, the private sector, and other entities.



**Sec. 30. Role of the Commission relating to the Utilization of Funds.** – The Commission shall oversee the operation of the Board and review the projects and programs relating to supplemental investments in health promotion recommended by the Board.

The Commission has the power to approve project proposals that have not been reviewed by the Board based on the policies, guidelines, and safeguards, agreed by the Board but in no case should the value of the project exceed 5% of the total budget for operations.

The Commission shall also develop guidelines to accredit local organizations seeking to access the fund. Organizations will be accredited based on criteria such as organizational independence, track record in the community and/or field of expertise, financial management, and participatory practices.

**Sec. 31. Uses of the Fund.** – The fund shall be used to support the health promotion plan and activities of the Commission such as, but not limited to:

- a. Supporting inter-agency and intersectoral collaboration for preventive measures and planning;
- b. Promoting supportive environments that affect health;
- c. Promoting preventive care and prevention of non-communicable diseases;
- d. Research and evaluation of health promotion policies and strategies;
- e. Mass media campaigns;
- f. Augmenting support and resources for local health workers.

*Provided further, that:*

- a. Not more than 15% of the fund shall be allocated for operational expenses of the Secretariat and its staff;
- b. Not more than 10% of the fund shall be allocated for mass media expenses
- c. At least 5% shall be allocated for projects to incentivize innovative approaches to health promotion including support for community based or civil society initiatives; and
- d. At least 5% shall be allocated for research and evaluation of projects undertaken or approved.

The fund shall be supplementary to any annual appropriations allocated by relevant government agencies and local government units for health promotion activities.

**Sec 32. Community Participation.** –

To promote social mobilization, civil society organizations not affiliated with the tobacco industry and other commercial interests, shall be encouraged to tap the health promotion funds to monitor and report on health promotion activities, to undertake health promotion activities at the community level, and to conduct related research.

The Board shall receive, evaluate, and review project proposals from community-based or civil society organizations.

**Sec. 33. Audit.** - All funds under the management and control of the Commission subjected to an internal and external audit in accordance with laws and guidelines.

**Sec. 34. Conflict of Interest.** - Members of the Commission, the Secretariat and its staff should not have any conflict of interest that may compromise his/her participation in the activities or decision of the Commission.

A member who is in any way, whether directly or indirectly, interested in a contract or proposed contract with the Commission, Secretariat or Board must, as soon as practicable after the relevant facts have come to his or her knowledge, declare the fact and the nature and extent of the interest, in writing to the Chair concerned, before the meeting and inhibit himself/herself during the deliberations when such matter is taken up. The decision taken on the matter shall be made public and the minutes of the meeting shall reflect the disclosure made and the inhibition of the member concerned.

No member of the Commission, its Secretariat or the staff should have any interactions with the tobacco industry, in accordance with existing policies of the Civil Service Commission.

#### **PART IV** **Miscellaneous Provisions**

**Sec. 35. Reports.** - All concerned government entities shall submit to the Commission quarterly progress reports and annual reports of the programs and projects on health promotion. The Commission shall consolidate the reports for submission to the President and to both Houses of Congress on an annual basis.

The Commission shall also submit an annual performance report and a report on the utilization of the health promotion fund to the President and to both Houses of Congress.

**Sec. 36. Congressional Oversight Committee.** - A Joint Congressional Oversight Committee (COC) is hereby constituted which is mandated to review the implementation of this Act and the performance and structure of the Health Promotion Commission and Health Promotion Fund Board after two (2) years from its creation. The COC shall be composed of five (5) members from the Senate and five (5) members from the House of Representatives to be appointed by the Senate President and the Speaker of the House of Representatives, respectively. The COC shall be jointly chaired by the Chairpersons of the Senate Committee on Health and Demography and the House of Representatives Committee on Health.

The Secretariat of the COC shall be drawn from the existing secretariat personnel of the standing committees comprising the Congressional Oversight Committee and its funding requirements shall be charged under the appropriations of both the House of Representatives and the Senate of the Philippines.

**Sec. 37. Implementing Rules and Regulations.** – The Commission, in consultation with the Advisory Board, shall promulgate the Implementing Rules and Regulations (IRR) for this Act within ninety (90) days from its constitution. Failure to promulgate the IRR shall not affect the implementation of the self-executory provisions of this Act.

**Sec. 38. Separability Clause.** – If any provision or section of this Act is held invalid, the other provisions and sections not affected thereby shall remain in full force and effect.

**Sec. 39. Repealing Clause.** – All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

**Sec. 40. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.