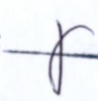




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SENATE

S. B. No. 1145

RECEIVED BY: 

INTRODUCED BY SENATOR ANA THERESIA "RISA" HONTIVEROS
BARAQUEL

**AN ACT FOR SCALING UP NUTRITION DURING THE FIRST 1000
DAYS OF LIFE, ESTABLISHING A MATERNAL AND CHILD HEALTH
CARE PROGRAM, APPROPRIATING FUNDS THEREFOR AND FOR
OTHER PURPOSES**

EXPLANATORY NOTE

This is for our children.

Despite global efforts to reduce hunger and malnutrition, undernutrition remains to be the underlying killer of our children, more than 2.6 million of them every year. Studies have shown that poor nutrition weakens immune systems of children, making them vulnerable to common diseases such as diarrhea, pneumonia, and malaria.¹ Poor nutrition in the early years results in stunting, wasting, lowbirth weight, and micronutrient deficiency. These create irreversible damage to children during crucial days when their bodies and minds are supposedly developing. The effects of undernourishment during first 1000 days do not stop at childhood, unfortunately. Children bring the damage with them as adults. Health experts agree that children whose bodies and minds are limited by stunting are at greater risk for disease and death, poor performance in school, and a lifetime of poverty.² The effects are life-long.

Sadly, more than 170 million children do not have the opportunity to reach their full potential because of poor nutrition in the earliest months of their lives. Investment in good nutrition during the critical 1,000 days from pregnancy to a child's second birthday is crucial to developing a child's cognitive capacity and physical growth. Ensuring a child receives adequate nutrition during this window can yield dividends for a lifetime, so they can perform better in school, more effectively fight off diseases, earn more as an adult, and become healthy, productive citizen.

This is for our mothers.

There is an inextricable link between the well-being of mothers and their children. Undernourished mothers are more likely to suffer difficult pregnancies and give birth to undernourished children themselves. They are also vulnerable to increased risk of death or giving birth to a pre-term, underweight or malnourished infant. Studies have shown that when mothers have health care, education and economic opportunity, both mother and child

¹ Save the Children. Data sources: Black, Robert E., Lindsay Allen, Zulfiqar Bhutta, Laura Caulfield, Mercedes de Onis, Majid Ezzati, Colin Mathers and Juan Rivera, "Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences," *The Lancet*, Vol. 371, Issue 9608, January 19, 2008, pp.243-260, and UNICEF, *The State of the World's Children*

² Ibid.

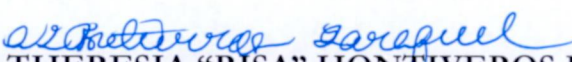
will have the best chance to survive and thrive.³ However, alarming numbers of mothers in developing countries, like the Philippines, are not getting the nutrition and healthcare they need.

This is for our future.

Malnutrition costs many developing nations an estimated two to three per cent (2-3%) of their GDP each year.⁴ Available data shows that stunted children will earn less on average as adults. In fact, the loss of human potential resulting from stunting was associated with 20 per cent (20%) less adult income on average.⁵ Globally, the direct cost of child malnutrition is estimated at \$20 to \$30 billion per year.⁶ In the Philippines in 2013, it is ₱328 billion. The losses were due to ₱166.5 billion worth of lost income as a result of lower level of education by the working population who suffered from childhood stunting, ₱160 billion in lost productivity due to premature deaths among children who would have been members of our current working-age population, ₱1.23 billion in additional education costs to cover grade repetitions linked to undernutrition. This three hundred twenty eight billion (₱328 billion) amounted to three per cent (3%) of the Philippine GDP in 2013. Yet our government's investment in nutrition programs to combat malnutrition is only at 0.52% of government expenditures, while the global average spending is at 2.1 %. The figures speak of a glaring finding that for every one dollar (\$1) spent on programs to prevent stunting during first 1000 days, the Philippines could save over one hundred dollars (\$100) in health, education, and lost productivity costs.⁷

Undernutrition during the first 1000 days is critical to the future health, wellbeing, and success of a child. It affects the child's ability to grow, learn and become productive adults. Poor nutrition harms our children, our mothers, our nation. It can impede economic growth. It can extend the cycle of poverty.

We need to scale up nutrition during first 1000 days of life. We need to have *Healthy Bulilit*s who will grow up to become *Healthy Pinoy*s. The enactment of this bill is earnestly sought.


ANA THERESIA "RISA" HONTIVEROS BARAQUEL
Senator

³ Ibid.

⁴ Horton, Susan. "Opportunities for Investments in Low Income Asia." *Asian Development Review*. Vol.17, Nos.1,2. pp.246-273. Horton, Susan, Meera Shekar, Christine McDonald, Ajay Mahal and Jana Krystene Brooks. *Scaling Up Nutrition: What Will It Cost?* (World Bank: Washington, DC:2010)

⁵ Grantham-McGregor, Sally, Yin Bun Cheung, Santiago Cueto, Paul Glewwe, Linda Richter and Barbara Strupp. "Development Potential for the First 5 Years for Children in Developing Countries." *The Lancet*. Vol. 369, Issue 9555. January 6, 2007. pp.60-70

⁶ Food and Agriculture Organization. *The State of Food Insecurity in the World 2004*. (Rome: 2004)

⁷ Save the Children. *Cost of Hunger: Philippines*. (Philippines: 2016)

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**AN ACT FOR SCALING UP NUTRITION DURING THE FIRST 1000 DAYS
OF LIFE, ESTABLISHING A MATERNAL AND CHILD HEALTH CARE
PROGRAM, APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES**

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

1 **SEC. 1. Title.** – This Act shall be known as the ***“The Healthy Bulilit Act.”***
2

3 **SEC. 2. Declaration of Policy.** – The right to health is a fundamental principle
4 guaranteed by the State. Article II, Section 15 of the 1987 Constitution emphasizes that
5 “The State shall protect and promote the right to health of the people and instill health
6 consciousness among them.” Further, as party to international human rights agreements
7 such as the Universal Declaration of Human Rights, International Covenant on the
8 Economic, Social and Cultural Rights, the United Nations Convention on the Rights of a
9 Child and to the Scaling Up Nutrition Movement, the State commits to its obligations that
10 guarantee the right to adequate food, care and nutrition to pregnant and lactating mothers
11 and children, specially those from zero to two-years old.
12

13 Furthermore, the State further commits to the Philippine Development Plan and the
14 Philippine Plan of Action on Nutrition (PPAN) to contribute to the improvement of the
15 quality of human resource in the country, and the reduction of child and maternal mortality.
16

17 The State likewise declares its determination to eliminate hunger and to reduce all
18 forms of malnutrition. The State further maintains that nutrition is both an end-goal and a
19 means to achieve sustained development. It is a multi-faceted issue requiring committed
20 inputs from all sectors. As such, nutrition shall be a priority of the government to be
21 implemented by all its branches in collaboration with non-government organizations and the
22 private sector, in an integrated manner.
23

24 The State furthermore allocates its resources in a sustainable manner thereby
25 eradicating malnutrition of adolescent girls, pregnant and lactating women, and children from
26 zero to two-years old.
27

28 The State finally refocuses the intervention program on malnutrition to the first 1,000
29 days of a child’s life, i.e. the nine months in the womb and the first 24 months of his/her life
30 which is considered to be the critical window of opportunity to prevent malnutrition and
31 life-long consequences.
32

1
2 **SEC. 3. Objectives.**— This Act specifically aims to:

3
4 (a) Provide a more comprehensive, sustainable and multisectoral approach to address
5 malnutrition.

6
7 (b) Ensure adherence to the commitments and obligations such as the International
8 Covenant on the Economic, Social and Cultural Rights international Convention on the
9 Rights of the Child (CRC), A Promise Renewed, Scaling Up Nutrition (SUN), and the 2016
10 Sustainable Development Goals, particularly Goal 2 which states that it aims to end hunger,
11 achieve food security and improved nutrition for all. And also Goal 3 which states that it
12 aims to ensure healthy lives and promote well-being for all.

13
14 (c) Provide evidence-based nutrition interventions and actions over the life –
15 course/stages as prescribed by the World Health Organization as well as nutrition specific
16 and nutrition sensitive mechanisms, strategies, programs and approaches in implementing
17 programs and projects to improve nutritional status and to eradicate malnutrition and
18 hunger.

19
20 (d) Institutionalize scaling up nutrition in the first 1000 days in the Philippines Plan of
21 Action for Nutrition and the Early Childhood Care and Development Intervention Packages
22 developed by the National Nutrition Council and strengthen the role of the Department of
23 Health, the National Nutrition Council (NNC) and other agencies tasked to implement the
24 First 1000 Days Act;

25
26 (e) Ensure the meaningful, active and sustained participation, partnership and
27 cooperation of NNC-member agencies, other National Government Agencies (NGAs),
28 Local Government Units (LGUs), Non-Government Organizations (NGOs), and the private
29 sector, in an integrated and holistic manner, for the promotion of the nutritional well-being
30 of the population prioritizing interventions in areas with high incidence and magnitude of
31 poverty, geographically isolated and disadvantaged and in hazard and conflict zones.

32
33 (f) Strengthen enforcement of the Milk Code (Executive Order Number 51), and the
34 Expanded Breastfeeding Promotion Act (Republic Act Number 10028) to protect, promote,
35 and support optimal infant and young child feeding.

36
37 (g) Strengthen other nutrition related policies, guidelines and laws such as the ASIN
38 Law and Food Fortification Laws, promote good nutrition under the Accelerated Hunger
39 Mitigation program and the DOH Administrative Order 2015-055 entitled the National
40 Guidelines on the Management of Acute Malnutrition under 5 years old.

41
42 **SEC. 4. Definition of Terms.** – For the purposes of this Act, the following shall
43 refer to:

44
45 a) “*Geographically isolated and disadvantaged areas (GIDA)*” are areas that are isolated due
46 to distance, weather conditions and transportation, unserved and underserved
47 communities and other areas identified to have high incidences of poverty,
48 presence of vulnerable sector, communities in or recovering from situation of crisis
49 or armed conflict and recognized as such by a government body

50
51 b) “*Low birth weight*” refers to weight at birth of less than 2500 grams;

52
53 c) “*Micronutrient deficiency*” refers to a deficiency of nutrients required by the body in
54 small amounts for vital physiological functions. These include vitamin A, iron, folic

acid, iodine, zinc and other nutrients. The deficiency of these micronutrients may result in: vitamin A deficiency (VAD), iron deficiency anemia (IDA), iodine deficiency disorders (IDD) among others;

- d) “*Overweight*” and “*obesity*” are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2). According to the WHO, a BMI greater than or equal to 25 is overweight. While a BMI greater than or equal to 30 is obesity.
- e) “*Stunting*” refers to low height-for-age which is less than negative 2 standard deviations (SD) of the WHO Child Growth Standard median and which is an indicator of long standing or chronic malnutrition;
- f) “*Underweight*” refers to low weight-for-age which is less than negative two (2) SD of the WHO Child Growth Standard median;
- g) “*Wasting*” or “*thinness*” indicates in most cases a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may also be the result of a chronic unfavorable condition. Wasting refers to low weight-for-height which is less than negative 2 SD of the WHO Child Growth Standard median.
- h) “*Anaemia*” is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status. Iron deficiency is thought to be the most common cause of anaemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anaemia. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Pregnant women and children are particularly vulnerable.
- i) “*Chronic Energy Deficiency*” or “*CED*” or “*acute undernutrition*” results from negative energy balance due to inadequate food and nutrient intake, problems in absorption (relatively rare) or excessive nutrient loss (e.g. due to infections and malignancies). Undernutrition can be acute as in famine, natural disasters or man-made. This is one of the major public health problems in SEA Region countries.
- j) “*Severe Acute Malnutrition (SAM)*” refers to having a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition.
- k) “*Nutrition-specific interventions and programmes*”, as termed by the Scaling Up Nutrition Movement, refers to interventions or programmes that address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases
- l) “*Nutrition-sensitive interventions and programmes*”, as termed by the Scaling Up Nutrition Movement, refers to interventions or programmes that address the underlying determinants of fetal and child nutrition and development— food security;

adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment— and incorporate specific nutrition goals and actions. Nutrition-sensitive programmes can serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness

SEC. 5. *Scaling Up Nutrition in the first 1000 days.* – There shall be a comprehensive and sustainable strategy to address the health and nutrition problems in the country affecting pregnant and lactating women, infants and young children. This shall be formulated by the Department of Health (DOH) and the NNC as a program to operationalize the latest Philippine Plan of Action for Nutrition (PPAN) which integrates short, medium and long term plan of the government in response to the global call to eradicate hunger and malnutrition.

The LGU, through its health officers, will develop a *Healthy Bulilit Program*, a comprehensive program for first 1000 days which shall be integrated in the local nutrition action and investment plan. A local nutrition committee will be convened for this purpose and will be composed of the officers representing the planning office, agriculture, health, social welfare, education, budget office and representatives from NGOs and CSOs engaged in health and nutrition interventions.

The *Healthy Bulilit Program* will be implemented at the barangay level through the barangay health centres, in coordination with the barangay council, with the employment of the barangay nutrition scholars as frontline service providers.

The NNC, through DOH and DILG, will provide technical assistance and budgetary support to the development, formulation, and implementation of the first 1000 days city, municipal, and barangay nutrition action and investment plan.

SEC. 6. *Coverage.* - This Act covers all children covered in the first 1000 days of life from conception to age 24 months and shall include in its protection adolescent girls, women in their reproductive age, pregnant and lactating women, particularly teen-age mothers.

This Act shall prioritize those who reside in geographically isolated and disadvantaged areas (GIDA) identified by DSWD, poor families identified through the National Household Targeting System (NHTS), and hazard/conflict-prone areas identified by DSWD and DOST / NDRRMC.

SEC. 7. *Program Components* - The *Healthy Bulilit Program* shall include the following components:

- (a) Family, health and nutrition counseling services;
- (b) Immunization and nutrition supplements;
- (c) Breastfeeding and feeding;
- (d) National and local health and nutrition investment planning and financing;
- (e) Health and nutrition service delivery;
- (f) Advocacy, social mobilization and community participation;
- (g) Health and nutrition human resources capacity development; and
- (h) Program development to support the implementation of this Act.

1 **SEC. 8. *Barangay Nutrition Scholars.*** Each barangay shall have barangay nutrition
2 scholars (BNS) who will serve as focal persons for the implementation of the *Healthy Bulilit*
3 *Program*. A capacity development and training program shall be provided to BNS for the
4 implementation of this Act. The DOH and DILG, through the LGUs, shall develop
5 incentive programs for the BNS.

6 **SEC. 9. *Nutrition in the Aftermath of Natural and Human-Induced Disasters***
7 ***and Calamities.*** - Areas that are struck by disasters must be prioritized in the delivery of
8 health and nutrition services and interventions. National, regional, and local governments are
9 mandated to immediately provide emergency services, food supplies for proper nourishment
10 of children specifically those from zero to two (2) years old, and pregnant and lactating
11 women.

12
13 No milk formula donations or products covered by the National Code of Marketing
14 of Breastmilk Substitutes and Breastmilk Supplements shall be allowed in order to protect
15 the health and nutrition of pregnant, lactating women, infants and young children before,
16 during and after a disaster.

17
18 In emergency situations, donations or assistance from the private sector, with no
19 conflicts of interest or those not covered by the Milk Code, shall be allowed immediately in
20 the aftermath of natural disasters and calamities. Strict compliance with the E.O. No. 51 or
21 the Milk Code and its revised implementing rules and regulations shall be observed and
22 options for mothers with breastfeeding problems will be provided.

23
24 The DOH and other departments, in coordination with the National Disaster Risk
25 Reduction and Management Council (NDRRMC), shall formulate guidelines and
26 mechanisms in pursuit of this Section taking into consideration Republic Act 10821 or the
27 Children's Emergency Relief and Protection Act.

28
29 **SEC. 10. *Implementing Rules and Regulations*** - Within ninety (90) days from
30 the effectivity of this Act, the Secretary of the DOH shall, in coordination with the
31 Secretaries of the DILG, the DSWD and the Executive Director of the NNC, in
32 consultation with stakeholders in the public and private sectors, promulgate rules and
33 regulations necessary for the effective implementation of this Act.

34
35 **SEC. 11. *Appropriation.*** -The amount necessary to carry out the provisions of this
36 Act shall be included in the General Appropriations Act of the year of its enactment into
37 law. Thereafter, the expenses for its continued implementation shall be included in the
38 subsequent General Appropriations Act from the funds of the DOH and the LGUs.

39
40 **SEC.12. *Repealing Clause.*** - All laws, decrees, executive orders, administrative
41 orders or parts thereof inconsistent with the provisions of this Act are hereby repealed,
42 amended or modified accordingly.

43
44 **SEC.13. *Effectivity.*** This Act shall take affect fifteen (15) days after its publication in
45 the *Official Gazette* or in a newspaper of general circulation.

46
47
48 Approved,