Maternal health has been closely linked to newborn survival. Public health data show that congenital anomalies rank among the top 20 causes of death across the life span and are already the third leading cause of death in the infancy period. Some of these defects, like that of the neural tube defects, happen in the first month of pregnancy—often before a woman even knows that she is pregnant.

Studies suggest that folate deficiency can lead to complications, especially in pregnant women. Folate deficiency during pregnancy places a baby at a higher risk for severe birth defects such as neural tube defects. Considering the risk to both mothers and newborns, it is incumbent upon to adopt and support a comprehensive approach that addresses the causes of folic acid deficiency, particularly among pregnant women, and its association to miscarriage and congenital anomalies.

In this regard, this measure seeks to establish programs towards raising awareness on the ill-effects of folic acid deficiency, promoting research / studies on folic acid, and ensuring adequate supply of folic acid-fortified food and food products and folic acid tablets at an affordable price.

On behalf of the people of Parañaque City’s Second District, and for the common good of the Filipino people, the approval of the said measure is earnestly sought.
AN ACT
ESTABLISHING AN INTEGRATED UTILIZATION AND PROMOTION OF FOLIC ACID
FOOD FORTIFICATION AND SUPPLEMENTATION

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

ARTICLE I
GENERAL PROVISIONS

SECTION 1. Short Title. — This Act shall be known as the "Folic Acid Act".

Sec. 2. Declaration of Policy. — It is the policy of the State to equally protect the life of the
mother and the lives of the unborn from conception, promote the right to health of the people,
and instill health consciousness among them. In pursuit of these policies, the State recognizes
the need to adopt and support a comprehensive approach that addresses the causes of folic acid
deficiency and its association to miscarriage and congenital anomalies. Actions, policies, and
programmes to promote and increase the supply, access, consumption, and utilization of an
adequate quantity, quality, and a variety of food for all population groups shall be enacted to
strengthen other policies that were formulated and implemented which includes food-based
strategies, nutrition education, public health, and food safety measures, and supplementation.
The State also recognizes that an effective public education program is vital in preventing the ill-
effects of folic acid deficiency among pregnant women, such as miscarriages and congenital
anomalies.

Sec. 3. Objectives. — The objectives of this Act are:

a) To support the achievement of global goals for adequate nutrition and attainment of
healthy life for all and at all ages;
b) To ensure that every woman of reproductive age has access to food and food products
containing folate and folic acid and folic acid supplements to reduce the risk of miscarriage
and having babies with neural tube defects and other birth defects;
c) To ensure that there is adequate supply of folic acid-fortified food and food products and
folic acid tablets at an affordable price;
To ensure that there is sufficient and correct information on the role of folate and folic acid for women of reproductive age and their children;
e) To ensure the creation of a sustained inter-agency collaboration for the aggressive implementation and monitoring of this Act; and
f) To foster collaborative undertakings in continuous research on folic acid food fortification and supplementation.

ARTICLE II
DEFINITION OF TERMS

Sec. 4. Definition of Terms. - For the purpose of this Act, the following terms shall be defined as follows:

a) Birth Defect refers to a physical or biochemical abnormality present at birth, which may be inherited or is a result of environmental influence, while the baby is developing in the mother’s womb;
b) Folic Acid refers to a micronutrient belonging to the B complex group of vitamins, available in its endogenous (as folate) and synthetic forms;
c) Fortification refers to the practice of deliberately increasing the content of an essential micronutrient in food, so as to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health;
d) Neural Tube Defects refer to birth defects of the brain and spinal cord which occur in the first month of pregnancy;
e) Reproductive Age refers to the age from first menstruation period of a woman up to the age of cessation of menstruation; and
f) Supplementation refers to the provision of relatively large doses of micronutrients, usually in the form of pills, capsules, or syrups.

ARTICLE III
INTEGRATED UTILIZATION AND PROMOTION OF FOLIC ACID FOOD FORTIFICATION AND SUPPLEMENTATION

Sec. 5. Awareness and Promotion. – Medical and allied professionals in the healthcare delivery system shall integrate in their practice, reproductive health, existing burden of miscarriages and birth defects, folic acid intake and deficiency, as well as the nature and benefits of dietary diversifications, fortification, and supplementation. The Department of Education (DepEd) and the Commission on Higher Education (CHED) shall incorporate the above-mentioned information in their curriculum.

The Department of Health (DOH), in coordination with the Philippine Information Agency (PIA), shall disseminate information and produce other awareness and promotional programs deemed appropriate under this Act through print, broadcast, and social media, and the use of mobile and computer applications, among others.

Sec. 6. Dietary Diversification. – The Food and Nutrition Research Institute (FNRI), in collaboration with the National Nutrition Council (NNC), shall design functional food and promote nutrition practices through nutrition education.
Sec. 7. Food Fortification. – Fortification of food and food products with folic acid shall adopt and strengthen Republic Act No. 8976 or the Philippine Food Fortification Act of 2000, which mandates the fortification of certain food and food products with vitamin A and iron. The type of fortification and the fortificant of choice shall be the responsibility of the Food and Drug Administration (FDA). Within three (3) years after the enactment of this Act, all food groups identified by the NNC as commonly consumed and should be consumed by women of reproductive age shall be fortified with folic acid, in addition to the other micronutrients added to these food groups.

Sec. 8. Folic Acid Supplementation. – All programs implemented pursuant to this Act shall adopt and strengthen the DOH Administrative Order 2010-0010 or the Revised Policy on Micronutrient Supplementation, and shall ensure that:

1) there is adequate supply of folic acid tablets;
2) the production, packaging, and distribution of folic acid tablets meet quality standards; and
3) it is affordable and can be easily accessed by every Filipino.

The DOH shall ensure that folic acid supplements are part of the routine services in all barangay and municipal health centers. Women of reproductive age shall be required to take folic acid tablets daily. Supplements shall also be given in evacuation centers during emergencies, disasters, and calamities. The DOH shall ensure that adequate information regarding the prescriptions, administration, and delivery of supplements, as well as safety of ingestion, are provided to all barangay health workers and women of reproductive age.

Sec. 9. Research Development and Extension. – Research development and extension undertakings on folic acid shall be incorporated in the National Unified Health Research Agenda of the Philippine National Health Research System. The National Institutes of Health and all regional health research and development consortia are required to take part in these undertakings.

ARTICLE IV
IMPLEMENTATION

Sec. 10. Lead Agency. – The DOH shall be the Lead Agency in implementing this Act. For the purposes of achieving the objectives of this Act, the DOH shall:

1) Establish a National Coalition on Folic Acid Provision and Utilization;
2) Develop the implementing rules and regulations for the immediate implementation of a comprehensive program on folic acid within one hundred eighty (180) days from the enactment of this Act;
3) Identify a regional agency that will oversee the implementation of the Act in every region in the country; and
4) Coordinate with government and non-government organizations for the implementation of this Act.

Sec. 11. National Coalition on Folic Acid. – A National Coalition on Folic Acid Provision and Utilization shall be established under the DOH to provide policy directions and to oversee the overall implementation of actions, programs, and projects related thereto. The National Coalition
shall assist in the conceptualization, planning, and implementation of the various programs and projects, primarily on health policy, research development, and extension, awareness and promotion, monitoring and review, regional operations, and support.

The National Coalition shall be composed of government and private sectors, academe, hospitals and other health centers, research institutes, and other non-medical societies.

**Sec. 12. Quality Assurance.** – A quality assurance system will be established in accordance to DOH guidelines for food fortification, as well as guidelines set by the World Health Organization (WHO) on food fortification and micronutrient supplementation.

**Sec. 13. Monitoring.** – The DOH is given the overall responsibility for the monitoring program and reporting progress. Other agencies may contribute to elements of the monitoring program as deemed appropriate by the DOH.

**Sec. 14. Review.** – A periodic review shall be done by the DOH, in coordination with the National Coalition on Folic Acid Provision and Utilization, at least once every five (5) years. Outcome data from the National Nutrition Survey and other nutrition surveillance systems shall be used in conducting such review.

**Sec. 15. Database.** – All DOH regional offices shall maintain a database of all patients receiving folic acid interventions and those who refuse to take folic acid supplements. The data shall be submitted to the DOH Central Office on an annual basis to establish a national registry pursuant to this Act. Outcome data from said registry shall form the basis for future programs and projects deemed necessary by the national government to be incorporated and implemented in this Act.

**Sec. 16. Financing and Other Resources.** – The Department of Trade and Industry, Department of Science and Technology, Livelihood Corporation, and government banks are hereby required to assist and support affected manufacturers in upgrading their technologies by facilitating soft loans and financial assistance for the procurement of necessary technologies and machines in compliance with the provisions of this Act. The Department of the Interior and Local Government shall mobilize and establish financing programs to support folic acid interventions. Provision for folic acid supplements and analytical and biochemical laboratory testing for folic acid levels shall be incorporated in benefit package of the Philippine Health Insurance Corporation.

**Sec. 17. Establishment and Accreditation of Folic Acid Laboratory Services.** – The DOH shall ensure that free-standing and hospital-based laboratories are offering affordable and accurate analytical and biochemical folic acid tests. These laboratories must be strategically located to be easily accessible to the public.

**Sec. 18. Non-Compliance with Folic Acid Fortification.** – The following shall be considered non-compliance with the fortification process:

a) If the food fortification levels do not comply with the DOH requirements and WHO guidelines, except when the deviation from the fortification levels are justified and are properly declared in the labeling; or

b) If the process of fortification does not conform with the DOH and other government standards.
Sec. 19. Incentives and Disincentives. – All women who have taken folic acid tablets before, during, and after conception up to delivery shall be given appropriate incentives as identified by the National Coalition on Folic Acid.

Any woman who refuses to take supplements on the grounds of religious and cultural beliefs and for other reasons not specified, must acknowledge in writing her understanding of the risks to her and to her unborn child. A copy of this refusal shall be indicated in the surveillance registry.

ARTICLE V
FINAL PROVISIONS

Sec. 20. International Commitments. – Nothing in this Act is intended to violate provisions of Treaties and International Agenda to which the Philippines is a party.

Sec. 21. Implementing Rules and Regulations. – Within one hundred eighty (180) days from effectivity of this Act, the DOH shall issue the implementing rules and regulations to this Act.

Sec. 22. Repealing Clause. – All general and special laws, decrees, executive orders, proclamations and administrative regulations, or any parts thereof, which are inconsistent with this Act are hereby repealed or modified accordingly.

Sec. 23. Separability. – If, for any reason or reasons, any part of provisions of this Act shall be declared or held to be unconstitutional or invalid, other provision or provisions hereof which are not affected thereby shall continue to be in full force and effect.

Sec. 24. Effectivity. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,