

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

FIFTEENTH CONGRESS
FIRST REGULAR SESSION

HOUSE BILL NO. 101

Introduced by **Honorable Janette L. Garin, M.D.**

EXPLANATORY NOTE

The 1987 Philippine Constitution guarantees for every human person full respect for human rights. It commits the State to protect and promote the right to health of the people and to instill health consciousness among them. It further directs the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost, giving priority for the needs of the underprivileged, sick, elderly, disabled, women, and children.

Moreover, the fundamental law of the land gives due cognizance to the particular needs of women for gender equality; of the youth to enjoy protection of their physical, moral, spiritual, intellectual, and social well-being; and of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.

But these commitments to human rights, health, women's empowerment, youth well-being, and responsible parenthood resonate with a discordant note, especially in view of current reproductive health realities:

- ⊙ **Maternal Mortality.** The 2006 Family Planning Survey reported that maternal mortality rate is still high at 162 deaths per 100,000 live births and that almost three of five married women are at risk of conceiving a child with an elevated risk of mortality. Data collected by the Department of Health (DOH) show that most maternal deaths are due to hemorrhage, hypertension and complications from sepsis or widespread infection, obstructed labor, and complications arising from abortion.
- ⊙ **Family Planning.** Survey results continue to show high unmet need for family planning. Based on the 2006 FPS, actual total fertility rate (TFR) of 3.2 is higher than wanted fertility rate of 2.5. This means that Filipino couples have one more child than they would have wanted. Unmet need for contraception (for limiting and spacing births) remains high. The Philippines' contraceptive prevalence rate is at 50.6% which is low compared to other Asian countries (2008 FPS – preliminary results).
- ⊙ **Abortion Incidence.** Although illegal, studies conducted by the UP Population Institute (UPPI) and the Alan Guttmacher Institute states that 473,400 cases of induced abortion were recorded in 2000 from the 400,000 cases in 1994. Out of all the pregnancies each year, one-third end up in abortion.
- ⊙ **Adolescent and Youth Health.** The *Young Adolescent Fertility and Sexuality Survey III* (YAFSS III) conducted by the UPPI in 2002 show a fairly high

incidence of reproductive health problems and sexual activity among the young. However, the youth generally, do not seek medical help for their reproductive health problems. Further, YAFSS III showed that about 23 percent of the young people (15-24 years old) are reported to have had pre-marital sex experiences.

- ◎ Access to accurate and appropriate information and services on the many aspects of sexual behavior, reproductive health, and sexuality assumes greater importance for this sector in light of findings that indicate an increase in risky behavior and practices among a significant segment of the youth population.
- ◎ **HIV and AIDS.** The Department of Health recently reported that in the year 2009, a total of 709 cases were recorded as compared to only 508 in 2008 and that two HIV and AIDS cases were recorded daily. In February 2009, doctors from the Philippine General Hospital (PGH) confirmed that the HIV and AIDS situation in the country is at an epidemic level right now and that the spread of said disease continuous at a rapid pace. Majority of the recently recorded people having HIV tend to be younger who are mostly from ages 15-29.

Under these conditions, appropriate and immediate responses addressing the Filipino people's reproductive health and rights become imperative. This bill was conceptualized with this goal in mind. It particularly seeks to establish a Reproductive Health Care Program that recognizes women's rights and gender equality, and ensures universal access to reproductive health information, education, and services. Comprehensive reproductive health care includes measures that promote safe motherhood, adequate information on reproductive health especially to women and the young people, care for persons with HIV/AIDS and other STIs, infertility treatments, and encouragement of male involvement in reproductive health. It further includes the recognition of the right of all individuals and couples to determine freely and responsibly the number, spacing and timing of their children. Government should strengthen the prevention of unwanted pregnancies through access to services and through information and education on the full range of family planning methods that couples could use in accordance with their religious, moral, and cultural convictions, and with the demands of responsible parenthood.

The right to reproductive health care is protected under the international human rights instruments such as the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, the Women's Convention, the International Conference on Population and Development (ICPD) Programme of Action (POA), and the Fourth World Conference on Women Platform for Action, among others.

The Convention on the Elimination of All Forms of Discrimination Against Women provides that State Parties must take "appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."

The United Nations' Committee on the Elimination of Discrimination Against Women (CEDAW), the body that monitors compliance with the Women's Convention, declared under its General Recommendation on Women and Health, that State Parties should "ensure universal access for all women to a full range of

high-quality and affordable health care, including sexual and reproductive health services.”

To reaffirm and pursue decisively the commitments reached at global conferences of the 1990s, member-states of the United Nations met in September 2000 and came up with a Millennium Declaration. The declaration embodies specific targets and milestones in eliminating extreme poverty worldwide as well as working for healthy nations. The Millennium Declaration contains 8 Millennium Development Goals (MDGs), which are set within 2015. Three of the MDGs are reproductive health related, namely: Goal 4. Reduce child mortality; Goal 5. Improve Women’s Reproductive Health; and Goal 6. Combat HIV/AIDS, Malaria and Other Diseases.

The Philippine government, being member and signatory to these instruments and instrumentalities, is duty-bound to protect the reproductive health and rights of all Filipinos, protect the citizenry’s life and health through access to health care and services, and elevate the role and status of women as able and responsible agents of social and economic development.

Situating the Filipino people’s reproductive health within the context of poverty, gender inequality and the state of the health care system, the Philippine Government needs to strengthen the country’s policy and programs on reproductive health care, otherwise women and children will continue to die, or suffer life-long effects, from what could have been preventable circumstances.

Having recognized the critical national reproductive health situation, the increasing demand of Filipino parents, couples, women, men and young adolescents themselves, as well as the policy gaps and the Philippine government’s responsibility to address these, the immediate passage of this bill is earnestly sought.


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AN ACT
PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND POPULATION
AND DEVELOPMENT, AND FOR OTHER PURPOSES

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

SECTION 1. Title. - This Act shall be known as the *"The Reproductive Health and Population and Development Act of 2010."*

SECTION 2. - Declaration of Principles. The State recognizes and guarantees the human rights of all persons including the right to equality and equity, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information and the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood.

Moreover, the State recognizes and guarantees the promotion of gender equality, equity and women's empowerment as a health and human rights concern. The advancement and protection of women's human rights shall be central to the efforts of the State to address reproductive health care. As a distinct but inseparable measure to the guarantee of women's human rights, the State recognizes and guarantees the promotion of the welfare and rights of children.

In furtherance of these principles, the State shall guarantee universal access to information and education, and safe, affordable, and quality reproductive health care services.

The State likewise guarantees universal access to medically-safe, legal, affordable and quality reproductive health care services, methods, devices, supplies and relevant

information thereon even as it prioritizes the needs of women and children, among other underprivileged sectors.

The State shall address and seek to eradicate discriminatory practices, laws and policies that infringe on a person's exercise of sexual and reproductive health and rights.

SECTION 3. Guiding Principles. This Act declares the following as guiding principles:

- a. The right to make free and informed decision, which is central to the exercise of any right shall not be subjected to any form of coercion and must be fully guaranteed by the State like the right itself.
- b. Respect for, protection and fulfillment of reproductive health and rights seek to promote not only the rights and welfare of adult individuals and couples but those of adolescents and children as well.
- c. Since human resource is the principal asset of the country, effective reproductive health care services must be given primacy to ensure maternal health, birth of healthy children, their full human development, and the promotion of responsible parenting.
- d. The provision of accessible and affordable reproductive health care services is essential in the promotion of people's right to health.
- e. The State will promote, without bias, all modern methods of family planning.
- f. The State shall promote a program that: (1) enables individuals and couples to have the number of children they desire with due consideration to the health, particularly of women, and resources available to them. (2) achieves equitable allocation and utilization of resources; (3) ensures effective partnership among the national government, local government units and the private sector in the design, implementation, coordination, integration, monitoring and evaluation of people-centered programs towards quality of life and environmental protection; and (4) conducts studies to analyze demographic trends towards sustainable human development.
- g. The provision of reproductive health care and information must be the joint responsibility of the National Government and Local Government Units.

- h. Active participation by non-government, women's, people's, civil society organizations; and communities is crucial to ensure that reproductive health and population and development policies, plans, and programs will address the priority needs of the poor, especially women.
- i. While nothing in this Act changes the law on abortion, the government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane, non-judgmental and compassionate manner.

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

1. **Adolescence** - refers to a life stage of people aged 10 to 19.
2. **Adolescent sexuality** - refers to, among others, the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings.
3. **"AIDS (Acquired Immune Deficiency Syndrome)"** - refers to a condition characterized by a combination of signs and symptoms, caused by HIV which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.
4. **"Anti-Retroviral Medicines (ARVs)"** - Antiretroviral drugs are medications for the treatment of infection by retroviruses, primarily HIV.
5. **Basic Emergency Obstetric Care** - refers to lifesaving services for maternal complications being provided by a health facility or professional, which must include the following six signal functions: administration of parenteral antibiotics; administration of parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia and eclampsia; manual removal of placenta; removal of retained products; and assisted vaginal delivery.
6. **Comprehensive Emergency Obstetric Care** - refers to basic emergency obstetric care plus two other signal functions: performance of caesarian section and blood transfusion.
7. **Employer** - includes any person acting in the interest of an employer, directly or indirectly. The term shall not include any labor organization or any of its officers or agents except when acting as an employer.
8. **Family planning** - refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so, and to have access to a full range of safe, effective, and modern methods of preventing pregnancy.
9. **Gender equality** - refers to the absence of discrimination on the basis of a person's sex, sexual orientation and gender identity in opportunities, in the allocation of

resources or benefits, or in access to services.

10. **Gender equity** - fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to end existing inequalities.
11. **Healthcare Service Providers** - refers to (a) health care institution, which is duly licensed and accredited and devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care; (b) a health care professional, who is any doctor of medicine, nurse, or midwife; (c) public health worker engaged in the delivery of health care services; and (d) barangay health worker who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).
12. **"HIV (Human Immunodeficiency Virus)"** - refers to the virus which causes AIDS.
13. **Male responsibility** - refers to the involvement, commitment, accountability, and responsibility of males with women in all areas of sexual and reproductive health, as well as the care of reproductive health concerns specific to men.
14. **Maternal Death Review** - refers to a qualitative and in-depth study of the causes of maternal death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies.
15. **Modern Methods of Family Planning** - refers to safe, effective and legal methods to prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom, ligation, vasectomy, and modern natural family planning methods which include mucus, Billings, ovulation, lactational amenorrhea, basal body temperature, and Standard Days methods.
16. **"People Living with HIV (PLWH)"** - refers to individuals whose HIV tests indicate that they are infected with HIV.
17. **Reproductive health** - refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to have a satisfying and safe sex life, that they have the capability to reproduce and the freedom to decide if, when and how often to do so, provided that these are not against the law. This further implies that women and men attain equal relationships in matters related to sexual relations and reproduction.
18. **Reproductive Health Care** - the access to a full range of methods, techniques, facilities and services that contribute to reproductive health and well being by

preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include:

- a. maternal, infant and child health and nutrition including breastfeeding
- b. family planning information and services;
- c. prevention of abortion and management of abortion complications;
- d. adolescent and youth reproductive health;
- e. prevention and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);
- f. elimination of violence against women;
- g. education and counseling on sexuality and sexual health;
- h. treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;
- i. male responsibility and participation in reproductive health; and
- j. prevention and treatment of infertility and sexual dysfunction

19. **Reproductive health care program** – refers to the systematic, integrated provision of reproductive health care elements to all citizens especially the poor, marginalized and those in vulnerable situations.

20. **Reproductive tract infection (RTI)** – refers to sexually transmitted infections, and other types of infections affecting the reproductive system.

21. **Reproductive Health and Sexuality Education** – refers to lifelong learning process of providing and acquiring complete, accurate and relevant information and education on reproductive health and sexuality through life skills education and other approaches.

22. **Reproductive rights** - the rights of individuals and couples, to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual and reproductive health.

23. ***“Sexually Transmitted Infections (STIs)”*** – refers to any infection that may be acquired or passed on through sexual contact.

24. **Skilled Attendant** -- an accredited health professional—such as a midwife, doctor or nurse—who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns; traditional birth attendants or traditional midwives—trained or not—are excluded from this category.

25. **Skilled Birth Attendance** – childbirth managed by a skilled attendant plus the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral facilities for emergency obstetric care.

26. **Sustainable Human Development** – refers to bringing people—particularly the poor and vulnerable—at the center of development process, the central purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and creative lives, and done in a manner that promotes their rights and protects the life opportunities of future generations and the natural ecosystem on which all life depends.

SECTION 5: Midwives for Skilled Attendance. The Local Government Units (LGUs) with assistance of the Department of Health (DOH), shall employ an adequate number of midwives to achieve a minimum ratio of one (1) fulltime skilled birth attendant for every one hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or live births for the past two years. Provided, that people in geographically isolated and depressed areas shall have the same level of access.

SECTION 6: Emergency Obstetric Care. - Each province and city shall ensure the establishment or upgrading of hospitals with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric care. For every 500,000 population, there shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic emergency obstetric care, provided, that people in geographically isolated and depressed areas shall have the same level of access.

SECTION 7. Access to Family Planning. All accredited health facilities shall provide full range of modern family planning methods, except in specialty hospitals which may render such services on optional basis. For poor patients, such services shall be fully covered by PhilHealth Insurance and/or government financial assistance.

After the use of any PhilHealth benefit involving childbirth and all other pregnancy-related service wherein the beneficiary wishes to space or prevent her next pregnancy, PhilHealth shall pay for the full cost of family planning for the next three (3) years. The benefit payments shall be channeled to appropriate local or national government health facilities.

SECTION 8. Maternal Death Review. All Local Government Units (LGUs), national and local government hospitals, and other public health units shall conduct annual maternal death review in accordance with the guidelines set by the DOH.

SECTION 9. Family Planning Supplies as Essential Medicines - Hormonal contraceptives, intrauterine devices, injectables and other safe and effective family planning products and supplies shall be part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health units

SECTION 10. Procurement and Distribution of Family Planning Supplies - The DOH shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family planning supplies for the whole country. The DOH shall coordinate with all appropriate LGU bodies to plan and implement this procurement and distribution program. The supply and budget allotments shall be based on, among others, the current levels and projections of the following:

- a. number of women of reproductive age and couples who want to space or limit their children;
- b. contraceptive prevalence rate, by type of method used; and
- c. cost of family planning supplies.

SECTION 11. Benefits for Serious and Life - Threatening Reproductive Health Conditions. All serious and life threatening reproductive health conditions such as HIV and AIDS, breast and reproductive tract cancers, and obstetric complications shall be given the maximum benefits as provided by PhilHealth programs.

SECTION 12. Mobile Health Care Service. Each Congressional District shall be provided with the Mobile Health Care Service (MHCS) in the form of a van or other means of transportation appropriate to coastal and mountainous areas. The MHCS shall deliver health care goods and services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The purchase of such shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District. The subsequent operation and maintenance of the MHCS shall be subject to an agreement entered into between the district representative and the recipient province or cities. The MHCS shall be operated by skilled health providers and adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including but not limited to a television set for audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly urbanized cities.

SECTION. 13. Mandatory Age-Appropriate Reproductive Health and Sexuality Education. Age-appropriate Reproductive Health and Sexuality Education shall be taught by adequately trained teachers in formal and non-formal educational system starting from

Grade 5 using life-skills and other approaches. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year from the effectivity of this Act. The Department of Education (DEPED), Commission on Higher Education (CHED), TESDA, and Department of Social Welfare and Development (DSWD), and the Department of Health (DOH) shall formulate the RH and Sexuality Education curriculum. Such curriculum shall be common to both public and private schools, out of school children, youth and adults in the Alternative Learning System (ALS) based on but not limited to the following contents: Psycho-Social Wellbeing, Legal and Ethical aspects of RH, Demography and RH and Physical Wellbeing.

Age-appropriate reproductive health and sexuality education shall be integrated in all relevant subjects and shall include, but not limited to the following topics:

- a. Values formation
- b. Knowledge and skills in self protection against discrimination, sexual violence and abuse, and teen pregnancy.
- c. Physical, social and emotional changes in adolescents
- d. Children's and women's rights
- e. Fertility awareness
- f. STI, HIV and AIDS
- g. Population and development
- h. Responsible relationship
- i. Family planning methods
- j. Proscription and hazards of abortion
- k. Gender and development
- l. Responsible parenthood

The DepEd, CHED, DSWD, TESDA, and DOH shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health education to their children.

SECTION 14. Capability Building of Barangay Health Workers. Barangay Health Workers and other community-based health workers shall undergo training on the promotion of reproductive health and shall receive at least 10% increase in honoraria provided that those receiving less than P1,000 shall receive at least 20% increase upon successful completion of training. This increase in honoraria shall be funded from the Gender and Development (GAD) budget or other sources of funds of the Local Government Units.

SECTION 15. Employers' Responsibilities. - The Department of Labor and Employment (DOLE) shall ensure that employers respect the reproductive rights of workers. Consistent with Article 134 of the Labor Code, employers with more than 200 employees shall integrate the provision of reproductive health services to all employees in their respective health facilities. Those with less than 200 workers shall enter into partnership with hospitals, health facilities, and or health professionals in their areas for the delivery of reproductive health services.

Employers shall also uphold the right of all workers to know work conditions which may affect their health, particularly those related with their reproductive health. Employers shall furnish in writing the following information to all employees and applicants:

- a. The medical and health benefits which workers are entitled to, including maternity and paternity leave benefits and the availability of family planning services;
- b. The reproductive health hazards associated with work, including hazards that may affect their reproductive functions especially pregnant women;
- c. The availability of health facilities for workers.

SECTION 16. Multi-Media Campaign. The DOH shall initiate and sustain a heightened nationwide multi-media campaign to raise the level of public awareness on the protection and promotion of reproductive health and rights including family planning and population and development.

SECTION 17. Implementing mechanisms.

a. Pursuant to the herein declared policy, the DOH and the Local Health Units shall serve as the lead agencies for the implementation of this Act and shall integrate in their regular operations the following functions:

- i. Fully and efficiently implement the Reproductive Health Care Program;
- ii. Ensure people's access to medically safe, legal, quality and affordable reproductive health goods and services;
- iii. Ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and that service providers are adequately trained for such reproductive health care delivery;
- iv. Take active steps to expand the coverage of the National Health Insurance Program (NHIP), especially among poor and marginalized women, to include the full range of reproductive health services and supplies as health insurance benefits;

- v. Strengthen the capacities of health regulatory agencies to ensure safe, high-quality, accessible, and affordable reproductive health services and commodities with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- vi. Facilitate the involvement and participation of non-government organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
- vii. Furnish local government units with appropriate information and resources to keep the latter updated on current studies and researches relating to family planning, responsible parenthood, breastfeeding and infant nutrition; and
- viii. Perform such other functions necessary to attain the purposes of this Act.

b. The POPCOM, as an attached agency of DOH, shall serve as the coordinating body in the implementation of this Act and shall have the following functions:

- i. Integrate on a continuing basis the interrelated reproductive health and population development agenda into a national policy, taking into account regional and local concerns;
- ii. Provide the mechanism to ensure active and full participation of the private sector and the citizenry through their organizations in the planning and implementation of reproductive health care and population development programs and projects;
- iii. Conduct sustained and effective information drives on sustainable human development and on all methods of family planning to prevent unintended, unplanned and mistimed pregnancies.

SECTION 18. *Prohibited Acts.* -The following acts are prohibited:

- a) Any healthcare service provider, whether public or private, who shall:
 - 1. Knowingly withhold information or restrict the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe and effective family planning methods;
 - 2. Refuse to perform legal and medically-safe reproductive health procedures on any person of legal age on the ground of lack of third party consent or authorization. In case of married persons the mutual consent of the spouses

shall be preferred. However in case of disagreement, the decision of the one undergoing the procedure shall prevail. In the case of abused minors where parents and/or other family members are the perpetrators as certified to by the Department of Social Welfare (DSWD) and Development, no prior parental consent shall be necessary; and

3. Refuse to extend quality health care services and information on account of the person's marital status, gender, sexual orientation, age, religion, personal circumstances, or nature of work, provided that, the conscientious objection of a healthcare service provider based on his/her ethical or religious beliefs shall be respected; however, the conscientious objector shall immediately refer the person seeking such care and services to another healthcare service provider within the same facility or one which is conveniently accessible; provided further that the person is not in an emergency condition or serious case as defined in RA 8344 penalizing the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases.
- b) Any public official who, personally or through a subordinate, prohibits or restricts the delivery of legal and medically-safe reproductive health care services, including family planning; or forces, coerces or induces any person to use such services.
 - c) Any employer who shall require or cause any applicant for employment or an employee to: submit himself/herself to sterilization; use any contraceptive method; or not use such methods as a condition for employment or continued employment. Further, pregnancy shall not be a ground for non-hiring or termination from employment.

SECTION. 19. *Penalties.* - Any violation of this act shall be penalized by imprisonment ranging from one (1) month to six (6) months or imposed a fine of Ten Thousand (P 10,000.00) to Fifty Thousand Pesos (P 50,000.00) or both such fine and imprisonment at the discretion of the court, provided that if the offender is a public official, s/he shall also be administratively liable.

SECTION 20. *Reporting Requirements.* - Before the end of April each year, the DOH shall submit an annual report to the President of the Philippines. The report shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other Government agencies and instrumentalities, civil society and the private sector and recommend appropriate priorities for executive and legislative actions. The report

shall be printed and distributed to all national agencies, the LGUs, civil society and the private sector organizations involved in said programs.

The annual report shall evaluate the content, implementation, and impact of all policies related to reproductive health, and family planning to ensure that such policies promote, protect and fulfill women's reproductive health and rights.

SECTION 21. Appropriations. - The amounts appropriated in the current annual General Appropriations Act for reproductive health and natural and artificial family planning under the DOH and POPCOM and other concerned agencies shall be allocated and utilized for the implementation of this Act. Such additional sums necessary to provide for the upgrading of facilities necessary to meet Basic Emergency Obstetric Care and Comprehensive Emergency Obstetric Care standards; the training and deployment of skilled health providers, natural and artificial family planning commodity requirements as outlined in Sec. 10, and for other reproductive health services, shall be included in the subsequent years' general appropriations.

SECTION 22. Implementing Rules and Regulations. - Within thirty (30) days from the effectivity of this Act, the Department of Health, National Economic and Development Authority, Department of Education, and the Department of Social Welfare and Development, together with non-government, women's, people's, and civil society organizations shall jointly promulgate the rules and regulations for the effective implementation of this Act. At least 30% of the members of the drafting committee shall come from said organizations. Full dissemination of the Implementing Rules and Regulations to the public shall be ensured.

SECTION 23. Separability Clause. - If any part, section or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in force and effect.

SECTION 24. Repealing Clause. All other laws, decrees, orders, issuances, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SECTION 25. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,