

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS

First Regular Session

House Bill No. 1160

Introduced by **Hon. Rodolfo G. Biazon**

EXPLANATORY NOTE

The 1987 Philippine Constitution guarantees for every human person full respect for human rights (*Art. 2, Sec. 11*). It commits the State to protect and promote the right to health of the people and to instill health consciousness among them (*Art. 2, Sec. 15*). The State is also directed 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 (*Art. 8, Sec. 11*).

Moreover, the fundamental law of the land gives due cognizance to the particular needs of women for gender equality (*Art. 2, Sec. 14*); of the youth to enjoy protection of their physical, moral, spiritual, intellectual, and social well-being (*Art. 2 Sec. 13*); and of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood (*Art. 15, Sec. 14*).

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, Infant and Child Health. The country still pegs a high maternal mortality rate of 162 deaths per 100,000 live births, an infant mortality rate of 24 deaths per 1,000 live births, and an under-five mortality rate of 32 deaths per 1,000 live births (2006 Family Planning Survey, National Statistics Office). Ten (10) women die every 24 hours in the country from causes related to pregnancy and childbirth. The 2006 Family Planning Survey (FPS) reports 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. High incidence of high-risk births, inadequate pre-natal care, and lack of information and means to manage complications in difficult pregnancies account for much of the increased risks of dying during pregnancy and childbirth.

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. Same survey reveals that one in six women wants family planning but is not practicing any family planning method. The 2003 National and Demographic and Health Survey (NDHS) shows that the problem revolves around lack of information and access to high-quality family planning services.

The Philippines' contraceptive prevalence rate is at 50.6% which is low compared to other Asian countries. More than half (58.1%) of contraceptive users in the country depend on the government for their supply of contraceptives (2006 Family Planning Survey, NSO). With the total phase out in the last quarter of 2004 of contraceptive donations from the United States (U.S.), problems related to accessibility and affordability of various contraceptives and other reproductive health services by the poor who are completely dependent on the free services and supplies provided by public health facilities are to be expected. Donations from the U.S. accounted for 80 percent of contraceptive supplies in the Philippines.

Abortion Incidence and Post-abortion Complications. 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 ends up in abortion. Data from private and public hospitals accredited by the Philippine Obstetrics and Gynecology Society (POGS) show that on the average, abortions comprise 10 percent of all OB-Gynecology admissions in a year. Nearly all women having abortions are already married as they comprise 91% of cases of abortion. DOH records account 12 percent of all maternal deaths in 1994 due to complications related to abortion, making it the fourth leading cause of maternal deaths in the country.

Violence Against Women (VAW). Domestic violence remains a major social concern that particularly affects women. According to the 1993 *Safe Motherhood Survey* (SMS), one woman out of ten experiences physical abuse even while pregnant. Other common forms of VAW are rape and acts of lasciviousness. About three percent of SMS survey respondents said they were physically forced to have sex with a man. Of these, more than 60 percent did not seek help, and most were women in younger age groups (POPCOM 2001). In 2003, there were 7, 203 cases on violence against women that were reported to the Philippine National Police (PNP). The top three cases include: physical violence/wife battering (4,296), rape (1,045), and acts of lasciviousness (646) (NSCB, 2003).

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. Almost all (94 percent) who already had sex said they were unwilling and unprepared to become parents. Furthermore, 40% of the first premarital sex experiences are without contraception. But a more alarming finding shows that even succeeding sexual episodes were likewise unprotected. Nearly 70 percent and 68 percent of last sex episodes among women and men, respectively are not protected. This heightens the risk of pregnancy among young women as well as risk in contracting sexually transmitted diseases among young persons. It must be noted that maternal mortality rate among pregnant adolescents is 2-4 times greater than for women over age 20. Infant mortality rate is also 30 percent higher for infants born to mothers ages 15-19 than for those women 20 years and older.

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.

Infertility and Sexual Dysfunction. There has been little or no service available to infertile couples in the country. Services for infertility are provided only by a few training hospitals in the country. Data on infertility reveals that 10% to 15% of couples are not able to conceive after a year of unprotected, adequately timed intercourse (WHO, 1986). About 2% of women are considered infecund (1993 NSMS), while there is no data at all for infertile men. Infertile couples, particularly in rural areas, resort to traditional rituals and use of herbal medicines.

Reproductive Tract Infections, Sexually Transmitted Diseases, Reproductive Tract Cancers and Other Gynecological Conditions. The rate of genital tract infections in women, including sexually transmitted infections (STIs) and AIDS is on the rise. This is also the case with cancers of the reproductive system particularly breast, cervical and uterine cancers.

Urgent action is particularly needed in the area of HIV-AIDS prevention and management, as risky patterns of sexual behavior and socio-cultural conditions could very well precipitate an AIDS epidemic. The National HIV/AIDS Registry of DOH reveals that from 1993 to 2003, the average number of HIV positive cases was 10-15 per month, doubled to 20 cases per month in 2004 and 2005, and further increased to 30 cases per month between April and June 2006. The potentials for a full-blown epidemic, however, continue to exist. Thus, the country cannot be complacent on this issue. The risk of exposure to AIDS and other sexually transmitted diseases is greater for young people who become sexually active early and, therefore, more likely to change sexual partners (UPPI, 2002). Condom use among the young is still very low while intercourse with commercial sex workers is on the rise. Among the youth with commercial sex experiences, only 30% had ever used a condom. Furthermore, there is a low level of awareness about HIV/AIDS among the youth. Twenty-three (23) percent of the youth think that AIDS is curable and 60 percent believe that there is no chance for them to contract HIV/AIDS. There is no significant difference between boys and girls in this perception. (Raymundo, 2002).

Male Reproductive Health Disorders, Involvement and Participation. Cases of testicular and prostate cancers among men, which is the leading cause of cancer deaths in men

20-35 years old and the second most common cancer in men, respectively (*Philippine Statistics, 1990-1995*) are increasingly becoming a cause for concern. Incidence of prostate cancer has been increasing from 12.5 per 100,000 males in the period 1980-1982, to 19.6 per 100,000 males in 1993-1995. Other male RH concerns are sexual dysfunctions such as impotence, pre-mature ejaculation, and erectile dysfunctions. There is also a need to strengthen reproductive health programs for men that deal with their participation in household responsibilities and in promoting their own, as well as women's health.

Counseling and Education in Sexuality and Sexual Health. The poor reproductive health situation is aggravated by large and significant sections of the population who are unaware or misinformed on the nature and proper interventions to address reproductive health problems and issues. Delegates of the 2001 Regional Youth Summits cited reproductive health as one of the most neglected areas in survival and development, perceiving a definite problem in the way the reproductive health of the youth has been handled. They also cite lack of awareness or information and education among their ranks about reproductive health issues. Foregoing data also indicate the same problems pertaining to access to information, education and counseling services on family planning, domestic violence and other reproductive health concerns.

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, 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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Introduced by **Hon. Rodolfo G. Biazon**

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

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

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

Sec. 2. Declaration of Policy. – It is hereby declared the policy of the State to recognize and guarantee:

- (a) 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 the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood; and
- (b) 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.

Toward these ends, the State shall guarantee universal access to information and education, and safe, affordable, quality and non-hazardous reproductive health care services.

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.

Sec. 3. *Guiding Principles.* – This Act declares the following as guiding principles:

- a. Freedom of choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself.
- b. The state shall guarantee the free exercise of religious belief in the enforcement of this Act.
- 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 medically-safe, accessible, affordable and quality 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 endeavor to promote a program that aims to: (1) enable couples to have the number of children they desire with due consideration to the health, particularly of women, and resources available to the family; (2) encourage equitable allocation and utilization of resources; (3) promote 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; and (4) conduct studies to analyze demographic trends towards sustainable human development.
- g. Reproductive health must be the joint responsibility of the National Government and Local Government Units.
- h. Active participation by and thorough consultation with non-government organizations, communities and people's organizations 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, as abortion remains a crime and is punishable, 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.

Sec. 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 with age from 10 up 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. *"Basic Emergency Obstetric Care"* – refers to life-saving 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.
4. *"Comprehensive Emergency Obstetric Care"* – refers to basic emergency obstetric care plus two other signal functions: performance of caesarian section and blood transfusion.
5. *"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.
6. *"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 informed choice and access to a full range of safe and effective modern methods of preventing pregnancy.
7. *"Gender Equality"* – refers to the absence of discrimination on the basis of a person's sex in opportunities, in the allocation of resources or benefits, or in access to services.
8. *"Gender Equity"* – refers to 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.
9. *"Healthcare Service Providers"* – refers to (a) 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 workers engaged in the delivery of health care services; and (d) barangay health workers 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)
10. *"Male involvement and participation"* – refers to the effort, commitment and joint responsibility of men with women in all areas of sexual and reproductive health, as well as the care of reproductive health concerns specific to men.

11. *"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.
12. *"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 include mucus/billing/ovulation, lactational amenorrhea, basal body temperature and standard days method.
13. *"Reproductive health"* – refers to the state of complete physical, mental and social wellbeing 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 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.
14. *"Reproductive Health Care"* – refers to 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 and management of post-abortion complications;
 - d. adolescent and youth reproductive health;
 - e. prevention and management of reproductive tract infections (RTIs), HIV/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 involvement and participation in reproductive health; and
 - j. prevention and treatment of infertility and sexual dysfunction.

15. "*Reproductive Health Care Program*" – refers to the systematic, integrated provision of reproductive health care services to all citizens especially the poor, marginalized and those in vulnerable situations.
16. "*Reproductive tract infection (RTI)*" – includes sexually transmitted infections, and other types of infections affecting the reproductive system.
17. "*Reproductive Health and Sexuality Education*" – refers to the process of providing complete, accurate and relevant information on all matters relating to reproductive health.
18. "*Reproductive rights*" – refers to the rights of individuals and couples, subject to applicable laws, to: (a) decide freely and responsibly the number, spacing and timing of their children; (b) make other decisions concerning reproduction free of discrimination, coercion and violence; (c) have the information and means to do so; and (d) attain the highest standard of sexual and reproductive health.
19. "*Skilled Attendant*" refers to 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 or uncomplicated pregnancies, childbirth and the immediate post-natal 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.
20. "*Skilled Birth Attendance*" refers to 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.
21. "*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 protects the life opportunities of future generations and the natural ecosystem on which all life depends.

Sec. 5. *Midwives for Skilled Birth Attendance.* – The Local Government Units (LGUs) with assistance of the Department of Health (DOH), shall deploy 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.

Sec. 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. At the very least, 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.

Sec. 7. *Surgical Family Planning.* – Modern family planning methods requiring hospital services shall be available in all national and local government hospitals, 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. Provided, that the beneficiary retains her membership with PhilHealth. The benefit payments shall be channeled to appropriate local or national government health facilities.

Sec. 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 to be issued by the DOH.

Sec. 9. *Family Planning Supplies as Essential Medicines* – Hormonal contraceptives, intrauterine devices, injectables and other safe, effective and legal family planning products and supplies shall be included under the category of essential medicines and supplies which shall form 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.

Sec. 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;

Sec. 11. *Mobile Health Care Service.* – Each Congressional District shall be provided with a van to be known as the Mobile Health Care Service (MHCS) to 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 vans 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. The MHCS shall be 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.

Sec. 12. *Mandatory Age-Appropriate Reproductive Health and Sexuality Education.* Reproductive Health and Sexuality Education in an age-appropriate manner shall be taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School.

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) shall formulate the Sexuality Education curriculum, which shall be common to both public and private schools, based on but not limited to the following subjects:

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

The DepEd 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. This shall be complementary to the parents' role in rearing their children. Non-formal education programs shall likewise include the above-mentioned Reproductive Health Education.

Sec. 13. Capability Building of Barangay Health Workers. – Barangay Health Workers shall undergo training on the promotion of reproductive health and shall receive at least 10% increase in honoraria upon successful completion of training. The increase in honoraria shall be funded from the Gender and Development (GAD) budget of the Local Government Units.

Sec. 14. Employers' Responsibilities. – The Department of Labor and Employment (DOLE) shall ensure that employers respect the reproductive rights of their workers. Employers 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. All Collective Bargaining Agreements (CBAs) shall provide for the free delivery of reasonable reproductive health care services and devices to workers, more particularly the women. Employers shall also uphold the right of women to know work conditions which

affect their health, particularly those related with their reproductive health. Employers shall furnish in writing the following information to women employees and applicants:

- a. The medical and health benefits which workers are entitled to, including maternity leave benefits and the availability of family planning services;
- b. The reproductive health hazards associated with work, including hazards that may affect their maternal functions; and
- c. The availability of facilities for women which are required under Presidential Decree No. 442, as amended, also known as the Labor Code, Article 132.

Sec. 15. *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.

Sec. 16. *Implementing Mechanisms.* – a. Pursuant to the herein declared policy, the DOH and the Local Health Units shall serve as the lead agency for the implementation of this Act and shall integrate in their regular operations the following functions:

1. Fully and efficiently implement the Reproductive Health Care Program;
2. Ensure people's access to medically safe, legal, quality and affordable reproductive health goods and services;
3. 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;
4. Expand the coverage of the Philippine Health Insurance Corporation (PhilHealth), especially among poor and marginalized women, to include the full range of reproductive health services and supplies as health insurance benefits;
5. 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;
6. 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;
7. 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

8. 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:

1. Integrate on a continuing basis the interrelated reproductive health and population development agenda into a national policy, taking into account regional and local concerns;
2. 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; and
3. Conduct sustained and effective information drives on sustainable human development and on all methods of family planning to prevent unintended, unplanned and untimed pregnancies.

Sec. 17. *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, as well as the information required under Section 14 of this Act;
2. Refuse to perform legal and medically-safe reproductive healthcare and services 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 required. However in case of disagreement, the decision of the one undergoing the procedure shall prevail. In the case of abused minors with parents and/or other family members as perpetrators as certified to by the Department of Social Welfare (DSWD) and Development and/or local social welfare offices, 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 with power and authority over any subordinate who shall prohibit or intentionally restrict provision of legal and medically-safe reproductive healthcare services, including family planning to such subordinate.

c) Any employer who shall require or cause a female applicant for employment or an employee to submit herself to sterilization or any contraceptive method, as a condition for employment or continued employment.

Sec. 18. *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 Twenty Thousand Pesos (P20,000.00) 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.

Sec. 19. *Reporting Requirements.* – Before the end of April each year, the DOH shall submit an annual report to the President and to the Congress of the Philippines. The report shall provide the Reproductive Health Program, 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.

Sec. 20. *Appropriations.* – The amounts appropriated in the current annual General Appropriations Act for reproductive health and family planning under the DOH and POPCOM shall be allocated and utilized for the implementation of this Act. Such additional sums necessary to provide for family planning commodity requirements as outlined in Sec. 9, and for other reproductive health services, shall be included in the subsequent years' General Appropriations Act.

Sec. 21. *Implementing Rules and Regulations.* – Within thirty (30) days from the effectivity of this Act, the Department of Health, National Economic and Development Authority and Commission on Population shall jointly promulgate, after thorough consultation with health and national multi-sectoral non-government organizations, the rules and regulations for the effective implementation of this Act and shall ensure the full dissemination of the same to the public.

Sec. 22. *Separability Clause.* – If any part, SEC. or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in force and effect.

Sec. 23. *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.

Sec. 24. *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,