

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
First Regular Session

House Bill No. **3387**



Introduced by GABRIELA Women's Party Representatives
LUZVIMINDA C. ILAGAN and EMERENCIANA "EMMI" A. DE JESUS,
Anakpawis Representative RAFAEL MARIANO, Bayan Muna Representatives
TEODORO CASINO and NERI COLMENARES, ACT Teachers Representative
ANTONIO TINIO and Kabataan Partylist Representative RAYMOND PALATINO

EXPLANATORY NOTE

Filipino women do not have to die at childbirth just because they are poor. They do not have to suffer from undiagnosed cervical, breast, vulvar, ovarian or similar cancers of the reproductive system just because they do not have access to adequately staffed and equipped public health facilities. They do not have to suffer from sexual abuse and sexual violence and possible consequent pregnancies just because the males in Philippine society are conditioned to view females as objects and targets of physical, financial and psychological domination.

Working women should not have to work in environments where they are exposed to and unprotected from chemicals known to cause cancer, birth defects and other reproductive harm. Women do not have to suffer from untreated uterine fibroid or such similar conditions just because diagnostic procedures are costly.

Women should not die at childbirth because their infants need them for optimum care, love and affection if children are to grow up to realize their full potential as productive and responsible members of our society.

This bill, given the context of Philippine social and economic realities, gives preferential access to reproductive health programs, resources and services for marginalized women and girls.

Situation of Filipino Women's Reproductive Health

According to the UNFPA State of the World Population Report of 2009, 230 Filipinas die for every 100,000 live births, compared with 110 in Thailand, 62 in Malaysia and 14 in Singapore.¹ The NSO Fertility management Survey conducted in 2006 reflects lower figures at 162 per 100,000 live births. The population of women in childbearing ages (15

¹ State of the World Population 2008, UNFPA

to 49 years) was recorded at 51.04 percent or 19.4 million women in 2006, the highest percentage being among young girls aged 15 to 19 years old at 10.53 percent.

Globally, the UNFPA State of the World Population Report of 2009 points out that the top four (4) causes of maternal deaths are: 1) severe bleeding (mostly bleeding postpartum), infections (also mostly soon after delivery), hypertensive disorders in pregnancy (eclampsia) and obstructed labour. Women also die because of poor health at conception and a lack of adequate care needed for the healthy outcome of the pregnancy for themselves and their babies.

Since complications are not predictable, all women need care from skilled health professionals, especially at birth, when rapid treatment can make the difference between life and death. Out of the 19.4 million Filipino women of childbearing age estimated in 2006, an estimated 8.9% or 1.73 million women did not have access to antenatal care from skilled birth attendants in 2008.

Social injustice and inequity are stark realities that affect women viz-a-viz their reproductive health. The 2008 National Demographic and Health Survey (NDHS) showed that women in poor households have less access to fertility management programs and services. Women in the poorest households bear more children at an average of 5.2 children per woman, compared to an average of 1.9 children per women in the wealthiest households. More poor women suffer from maternal deaths than their economically better-off counterparts.

Poor access to quality health services also results from a weak public health care system further debilitated by poor public health financing and spending by the Philippine government. While the World Health Organization recommends a minimum of 5% of the GDP, the rate has steadily declined from 3.5% in 2000 to 3.2% in 2007.

Rationale for a Reproductive Health Law

Women's reproductive health care is a prime responsibility of the national government. The right to reproductive health care is upheld by various international human rights instruments and national laws, including the Convention on the Elimination of All Forms of Discrimination Against women, which provides 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.*" The Convention on the Rights of Persons with Disabilities requires that states *ensure equal access to health services for persons with disabilities, with specific mention of SRH and population-based public health programs.*

Women need not die at childbirth because the Philippine government has been untiring in affirming their right to reproductive health. The Philippine Constitution obligates the State to *protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation* (Article XIII, Section 14).

The Magna Carta of Women echoes this State obligation by affirming that *it shall, at all times, provide for a comprehensive, culturally-sensitive, and gender-responsive health*

97 *services and programs covering all stages of a woman's life cycle and which addresses the*
98 *major causes of women's mortality and morbidity (Chapter 4, Section 17).*
99

100 As such, the implementation of programs regarding reproductive health must be undertaken
101 by the Department of Health and not under the aegis of the Commission on Population, a
102 government agency that historically and by its very name, simply formulates policies and
103 oversees/monitors implementation of programs related to population and population
104 control.

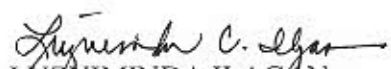
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106 A Comprehensive Reproductive Health Law is seen to offer health care services that will
107 basically benefit women, especially the marginalized. Advancing reproductive health rights
108 in a comprehensive, available, accessible, acceptable, and democratic manner is a long-
109 overdue mandate of the Philippine government to its female population.

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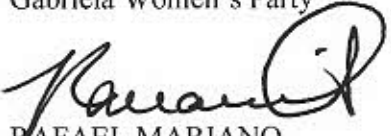
115 LUZVIMINDA ILAGAN

116 Gabriela Women's Party

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RAFAEL MARIANO

121 Anakpawis Partylist

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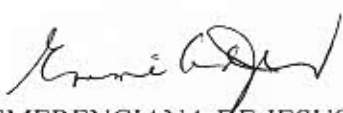
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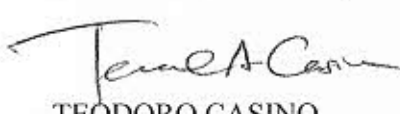
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EMERENCIANA DE JESUS

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RAYMOND PALATINO

Kabataan Partylist

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**AN ACT PROVIDING FOR A NATIONAL POLICY
ON REPRODUCTIVE HEALTH FOR WOMEN IN DEVELOPMENT
AND FOR OTHER PURPOSES**

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

**CHAPTER 1
TITLE, POLICY AND DEFINITION OF TERMS**

SECTION 1. Short Title – This Act shall be known as the '*Comprehensive Reproductive Health Act*'

SECTION 2. Declaration of State Policy and Principles – The State affirms the role of women in development and ensures the substantive equality of women and men. It shall promote the empowerment of women and pursue equal access to resources and services. Further, the State realizes that equality of men and women entails the abolition of the unequal structures and practices that perpetuate discrimination and inequality. To realize this, the State shall endeavor to develop plans, policies, programs, measures, and mechanisms to address discrimination and inequality in the economic, political, social and cultural life of women and men.

Consistent with the Magna Carta of Women, the State shall accord women the rights, protection, and opportunities available to every member of society. The State shall ensure the necessary mechanisms to enforce women's rights and adopt and undertake all legal measures necessary to foster and promote the equal opportunity for women to participate in and contribute to the development of the political, economic, social and cultural spheres.

In recognizing the role and contribution of women in development, the state shall provide comprehensive, quality, and accessible reproductive health services, methods, devices, supplies and relevant information for girls and women of all ages, especially for the women and girls coming from underprivileged sectors.

The State takes cognizance of primary health care as the key to attaining the target of reaching a level of health that will permit its people to lead a socially and economically productive life, as part of development in the spirit of social justice.

SECTION 3. Guiding Principles – Every human being is entitled to enjoy all human rights. No one can take away another person's human rights. Human rights are indivisible. Human rights are inherent to the dignity of every human being whether they relate to civil, cultural, economic, political, or social issues.

Human rights are interdependent and interrelated. The fulfilment of one right often depends, wholly or in part, upon the fulfilment of the other rights.

All individuals are equal as human beings by virtue of the inherent dignity of each person. No one, therefore, should suffer discrimination on the basis of ethnicity, gender, age, language, sexual orientation, race, color, religion, political or other opinion, national, social or geographical origin, disability, property, birth or other status as established by human rights standards.

All people have the right to participate in and access information relating to the decision-making processes that affect their lives and wellbeing. Rights-based approaches require a high degree of participation by communities, civil society, minorities, women, young people, indigenous peoples, and other identified groups.

States and other duty bearers are accountable for the observance of human rights. They have to comply with the legal norms and standards enshrined in international human rights instruments in accordance with the Philippine Constitution. Where they fail to do so, aggrieved rights holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicator in accordance with the rules and procedures provided by law.

This Act further declares the following as basic guiding principles:

- a. In the promotion of reproductive health, there should be no bias for either modern or natural methods of fertility management;
- b. Reproductive health goes beyond a demographic target because it is principally about health and rights;
- c. Gender equality and women empowerment are central elements of reproductive health and population development, and vice-versa;
- d. Since manpower is the principal asset of every country, effective reproductive health care services must be given primacy to contribute to the birth and care of healthy children, our next generation of manpower resources;
- e. Freedom of informed choice, which is central to the exercise of any right, must be fully guaranteed by the State like the right itself;
- f. Development is a multi-faceted process that calls for the coordination and integration of policies, plans, programs and projects that seek to uplift the quality of life of the people, more particularly the poor, the needy and the marginalized;
- g. Active participation by and thorough consultation with concerned non-government organizations (NGOs), people's organizations (POs) and communities are imperative to ensure that basic policies, plans, programs and projects address the priority needs of stakeholders;

- 228 h. Respect for, protection and fulfillment of reproductive health rights seek to
229 promote not only the rights and welfare of adult individuals and couples but
230 those of adolescents' and children's as well.
231

232 **SECTION 4. Scope of Application** – This Act shall apply to all Filipino girls and women,
233 throughout the various stages of their life cycle.
234

235 **SECTION 5. Interpretation of this Act** - Nothing in this law shall be construed as
236 precluding provisions in existing laws or in international instruments and international
237 human rights and humanitarian law that are more conducive to the realization of the rights
238 of the child.
239

240 **SECTION 6. Definition of Terms** – As used in this Act, the term
241

- 242 a. **Reproductive Health** – refers to the state of physical, mental and social well-being
243 and not merely the absence of disease or infirmity, in all matters relating to the
244 reproductive system and to its functions and processes, from birth to death. This
245 implies that people are able to have a satisfying and safe sex life, that they have the
246 capability to reproduce and the freedom to decide if, when and how often to do so,
247 provided that these are not against the law. This further implies that women and
248 men are afforded equal status in matters related to sexual relations and
249 reproduction.
250
- 251 b. **Gender Equality** – refers to the absence of discrimination on the basis of a
252 person's sex, in opportunities, allocation of resources and benefits, and access to
253 services.
254
- 255 c. **Gender Equity** – refers to fairness and justice in the distribution of benefits and
256 responsibilities between women and men, and often requires women-specific
257 projects and programs to eliminate existing inequalities, inequities, policies and
258 practices unfavorable to women.
259
- 260 d. **Reproductive Health Care** – refers to the availability of and access to a full range
261 of methods, techniques, supplies and services that contribute to reproductive and
262 sexual health and well-being by preventing and solving reproductive health-related
263 problems in order to achieve enhancement of life and personal relations. The
264 elements of reproductive health care include:
265 1. Maternal, infant and child health and nutrition;
266 2. Promotion of breastfeeding;
267 3. Information and services related to fertility management;
268 4. Prevention of abortion and management of post-abortion complications;
269 5. Prevention and management of reproductive tract infections (RTIs),
270 HIV/AIDS and other sexually transmittable infections (STIs);
271 6. Elimination of violence against women;
272 7. Education and counseling on sexuality and sexual and reproductive health;
273 8. Treatment of breast and reproductive tract cancers and other gynecological
274 conditions;
275 9. Male involvement and participation in reproductive health;
276 10. Prevention and treatment of infertility and sexual dysfunction;
277 11. Reproductive health education for the girl child, adolescent and youth; and

- 278 12. Health education and health care services for menopausal and post-
279 menopausal women.
280
- 281 e. **Reproductive Health Education** – refers to the process of acquiring complete,
282 accurate and relevant information on all matters relating to the reproductive system,
283 its functions and processes and human sexuality; and forming attitudes and beliefs
284 about sex, sexual identity, interpersonal relationships, affection, intimacy and
285 gender roles. It also includes developing the necessary skills to be able to
286 distinguish between facts and myths on sex and sexuality; and critically evaluate
287 and discuss the moral, religious, social and cultural dimensions of related sensitive
288 issues such as contraception and abortion.
289
- 290 f. **Primary health care** - refers to essential health care based on practical,
291 scientifically sound and socially acceptable methods and technology made
292 universally accessible to individuals and families in the community through their
293 full participation and at a cost that the community and country can afford to
294 maintain at every stage of their development in the spirit of self-reliance and self-
295 determination. It is the first level of contact of individuals, the family and
296 community with the national health system bringing health care as close as possible
297 to where people live and work, and constitutes the first element of a continuing
298 health care process.
299
- 300 g. **Responsible Parenthood** – refers to the will, ability, competency and commitment
301 of parents to respond to the physical, psychosocial, intellectual, moral and cultural
302 needs and aspirations of the family as a unit as well as of each individual member
303 of the family.
304
- 305 h. **Fertility management** - refers to a program which enables couples and individuals
306 to decide freely and responsibly the number and spacing of their children and to
307 have the information and means to carry out their decisions, and to have informed
308 choice and access to a full range of safe, legal and effective fertility management
309 methods, techniques and devices.
310
- 311 i. **Male involvement and participation** - refers to the involvement, participation,
312 commitment and joint responsibility of men with women in all areas of sexual and
313 reproductive health, as well as reproductive health concerns specific to men.
314
- 315 j. **Menopausal and post-menopausal women** – are women beyond their mid-thirties
316 who have started experiencing symptoms related to menopause such as hot flushes,
317 profuse menopausal bleeding, etc., or have completed their menopausal phase.
318
- 319 k. **Reproductive tract infection (RTI)** – refers to sexually transmitted infections,
320 sexually transmitted diseases and other types of infections affecting the
321 reproductive system.
322
- 323 l. **Basic Emergency Obstetric Care** – refers to lifesaving services for maternal
324 complication being provided by a health facility or professional which must include
325 the following six signal functions: administration of parenteral antibiotics;
326 administration of parenteral oxytocic drugs; administration of parenteral
327 anticonvulsants for pre-eclampsia and eclampsia; manual removal of placenta; and

assisted vaginal delivery.

- m. **Comprehensive Emergency Obstetric Care** – refers to basic emergency obstetric care plus two other signal functions: performance of caesarean section and blood transfusion.
- n. **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.
- o. **Skilled Birth Attendant** – refers to an accredited health professional such as a licensed midwife, doctor or nurse who has adequate proficiency and the skills to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complication in women and newborns.
- p. **Skilled Attendance** - refers to childbirth managed by a skilled birth attendant under the enabling conditions of a functional emergency obstetric care and referral system.
- q. **Development** – refers to a multi-dimensional process involving major changes in social structures, popular attitudes, and national institutions as well as the acceleration of economic growth, the reduction of inequality and the eradication of widespread poverty.
- r. **Sustainable Human Development** – refers to the totality of the process of expanding human choices by enabling people to enjoy long, healthy and productive lives, affording them access to resources needed for a decent standard of living and assuring continuity and acceleration of development by achieving a balance between and among a manageable population, adequate resources and a healthy environment.
- s. **Women of childbearing age** – are adolescents, youths and women from 15 years old to 49 years old.

CHAPTER 2

REPRODUCTIVE HEALTH OF GIRLS 12 YEARS OLD AND BELOW

SECTION 7. Mandatory Age-Appropriate Reproductive Health Education.

Recognizing the importance of reproductive health rights in empowering children and youth and developing them into responsible adults, Reproductive Health Education in an age-appropriate manner shall be taught by adequately trained teachers starting from preschool up to Grade VI.

In order to assure the prior training of teachers on reproductive health, the implementation of Reproductive Health Education shall commence at the start of the school year one year following the effectivity of this Act. The Department of Education, with support from the Commission on Population and the Department of Health, shall formulate the Reproductive Health Education curriculum, which shall be common to both public and private schools

and shall include related population and development concepts in addition to the following subjects and standards:

- a. VAC-prevention education, including teaching children to discern between a "safe touch" and an "unsafe or unwanted touch;" safety lessons;
- b. Reproductive health and sexual rights;
- c. Reproductive health care and services;
- d. Attitudes, beliefs and values on sexual development, sexual behavior and sexual health;

In support of the natural and primary right of parents in the rearing of the children and youth, the POPCOM 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.

CHAPTER 3 REPRODUCTIVE HEALTH OF ADOLESCENT GIRLS AND YOUNG WOMEN (13 TO 19 YEARS OLD)

SECTION 8. Mandatory Age-Appropriate Reproductive Health Education in Schools

- Reproductive Health Education in an age-appropriate manner shall be taught by adequately trained teachers in the secondary and tertiary levels. In order to assure the prior training of teachers on reproductive health, the implementation of Reproductive Health Education shall commence at the start of the school year one year following the effectivity of this Act.

The Department of Education and the Commission on Higher Education, shall formulate the Reproductive Health Education curriculum, which shall be common to both public and private schools and shall include related population and development concepts in addition to the following subjects and standards:

- a. Reproductive health and sexual rights;
- b. Reproductive health care and services;
- c. Attitudes, beliefs and values on sexual development, sexual behavior and sexual health;
- d. Proscription and hazards of abortion and management of post-abortion complications;
- e. Responsible parenthood;
- f. Use and application of natural and modern fertility management methods to promote reproductive health, achieve desired family size and prevent unwanted, unplanned and mistimed pregnancies;
- g. Prevention and treatment of HIV/AIDS and other STIs/STDs, prostate cancer, breast cancer, cervical cancer and other gynecological disorders;
- h. Responsible sexuality; and
- i. Maternal, peri-natal and post-natal education, care and services

In support of the natural and primary right of parents in the rearing of the youth, 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.

SECTION 9. Mandatory Age-Appropriate Reproductive Health Education in non-

formal education programs – Public, Non-government and private organizations implementing non-formal education programs catering to the youth shall likewise include the abovementioned Reproductive Health Education. The DEPED shall provide other public and non-government organizations with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health education to their children.

CHAPTER 4 REPRODUCTIVE HEALTH OF WOMEN 20 TO 39 YEARS OLD

SECTION 10. Skilled Birth Attendants – Every city and municipality shall endeavor to employ adequate number of midwives or other skilled attendants to achieve a minimum ratio of one (1) for every one hundred fifty (150) deliveries per year, to be based on the average annual number of actual deliveries or live births for the past two years. They shall provide for the development and implementation of a continuing program for training of birth attendants, and ensure that skilled birth attendants receive the commensurate wage as stipulated in the Magna Carta for Health Workers. The category of Skilled Birth Attendants shall fall within the purview of “health workers,” and as such, skilled birth attendants are entitled to the rights and privileges stipulated in the Magna Carta for Health Workers.

SECTION 11. Emergency Obstetric Care – Each province and city shall endeavor to ensure the establishment and operation of public hospitals with adequate and qualified personnel that provide affordable emergency obstetric care, as well as sufficient resources for the delivery of quality health services. 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.

SECTION 12. Minimum Reproductive Health Standards for Public Lying-in Clinics and Hospitals – the Department of Health should promulgate a set of minimum Reproductive Health standards for public lying-in clinics and hospitals, which shall be included in the set of criteria for accrediting these health facilities. These minimum Reproductive Health standards should provide for the monitoring of high risk pregnant mothers, and a minimum package of reproductive health programs that should be available and affordable at the different levels of the public health system, from the lying-in clinic level to secondary and tertiary hospitals. It should also include for nationally agreed standards and local protocols for integrated antenatal care services and timely referral and management of complications. Reproductive health care programs and services at the primary health care level should be reinforced through promulgation of appropriate policies, capacity building programs and resource investments.

SECTION 13. Maternal Death Review – All LGUs, national and local government hospitals, and other public health units shall conduct maternal death review in accordance with the guidelines to be issued by the DOH in consultation with the POPCOM.

SECTION 14. Hospital-Based Fertility management – Tubal ligation, vasectomy, intrauterine device insertion and other fertility management methods requiring hospital services shall be available in all national and local government hospitals.

SECTION 15. Contraceptives as Essential Medicines. – Hormonal contraceptives, intrauterine devices, injectables and other allied reproductive health products and supplies

shall be considered 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.

SECTION 16. Certificate of Compliance. – No marriage license shall be issued by the Local Civil Registrar unless the applicants present a Certificate of Compliance issued for free by the local Fertility management Office certifying that they had duly received adequate instructions and information on fertility management, responsible parenthood, breastfeeding and infant nutrition.

SECTION 17. Capability Building of Community-Based Volunteer Workers. – Community-based volunteer workers, like but not limited to, Barangay Health Workers, shall undergo additional and updated training on the delivery of reproductive health care services and shall receive not less than 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 National Economic and Development Authority (NEDA), Department of Health (DOH) and the Department of the Interior and Local Government (DILG).

SECTION 18. Employers' Responsibilities. – Employers in both the public and private sectors shall respect the reproductive health rights of all their workers. Women shall not be discriminated against in the matter of hiring, regularization of employment status or selection for retrenchment.

Employers are obliged to ensure proper protection of women workers handling or working with chemicals known to cause cancer, birth defects and other reproductive harm.

Employers are obliged to monitor pregnant working employees among their workforce and ensure that they are provided paid half-day prenatal medical leaves for each month of the pregnancy period that the pregnant employee is employed in their company or organization. These paid prenatal medical leaves shall be reimbursable from the SSS or GSIS, as the case may be.

All Collective Bargaining Agreements (CBAs) shall provide for the free delivery by the employer of reasonable quantity of reproductive health care services, supplies and devices to all workers, more particularly women workers. In establishments or enterprises where there are no CBAs or where the employees are unorganized, the employer shall have the same obligation.

SECTION 19. Mothers with infants and preschool children. Barangay day care centers should prioritize enrollment of infants and preschool children of teenage and primi mothers who need to find work for their family's economic survival and for working mothers.

SECTION 20. Sexual and Reproductive Health programs for persons with disabilities (PWDs). City and Municipalities must ensure that barriers to reproductive health services for persons with disabilities are obliterated by: a) providing physical access, and resolving transportation and proximity issues to clinics, hospitals and places where public health education is provided, contraceptives are sold or distributed or other places where reproductive health services are provided; b) adapting examination tables and other

laboratory procedures to the needs and conditions of persons with disabilities; b) increasing access to information and communication materials on sexual and reproductive health in Braille, large print, simple language, and pictures; c) providing continuing education on inclusion rights of persons with disabilities among health-care providers; and d) undertaking activities to raise awareness and address misconceptions among the general public on the stigma and their lack of knowledge on the sexual and reproductive health needs and rights of persons with disabilities.

SECTION 21. Mental health services as essential component of Reproductive Health Care Programs. Mental health is related to many aspects of Sexual and Reproductive Health. These include, among others, perinatal depression and suicide, mental health and psychological consequences of gender-based violence, or HIV/AIDS, feelings of loss and guilt after miscarriage, stillbirth, or unsafe abortion. Measures to promote the mental and psychological well-being of pregnant mothers should be incorporated into the health programs of lying-in clinics and public hospitals.

SECTION 21. Sexuality and Reproductive Health Education. Regular educational seminars and activities on sexuality and reproductive health must be implemented by public health centers and lying-in clinics, the costs for which should be sourced from the LGU GAD budget.

SECTION 22. Infertility. The capabilities of lying-in clinics and public hospitals to counsel women and couples with infertility problems must be enhanced. Fertility work up programs must be implemented in at least one tertiary public hospital per municipality of city.

CHAPTER 5 REPRODUCTIVE HEALTH OF MENOPAUSAL AND POST-MENOPAUSAL WOMEN

SECTION 23. Making reproductive health procedures affordable and accessible to marginalized women of menopausal or post-menopausal age. Hysterectomy or hormonal replacement therapy for menopausal or post-menopausal women, pap smears, and related reproductive health procedures required by women of menopausal or post-menopausal age must be affordable and accessible to marginalized women. It should be considered among the medical procedures that can be applied for health financing through the PhilHealth.

SECTION 24. Programs for women with cancer of the reproductive system. Marginalized women seeking medical treatments for any cancer of the reproductive system should be eligible for PhilHealth financing for such treatments. They and their families must be supported through educational and counselling programs at public hospitals.

CHAPTER 6 OTHER SPECIAL PROVISIONS

SECTION 25. Research on reprohealth issues, including appropriate fibromyalgia diagnosis and treatment among Filipino women. The Department of Health, through its

Maternal and Health program, must promulgate researches on fibromyalgia and other relevant health issues affecting women's reproductive health.

SECTION 26. Pro Bono Services for Indigent Women. Private and non-government reproductive health care service providers, including but not limited to gynecologists and obstetricians, are mandated to provide at least 200 hours annually of reproductive health services ranging from providing information and education, to rendering medical services free of charge to indigent and low income patients, especially to pregnant adolescents. These 200 hours annual pro bono services shall be included as prerequisite in the accreditation and the renewal of relevant professional licenses.

CHAPTER 7 PROHIBITED ACTS

SECTION 27. Unlawful or Prohibited Acts - It shall be unlawful for any person, including Government personnel and officials to:

- a) Knowingly withhold information or impede 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 fertility management methods;
- b) Refuse to perform voluntary ligation and vasectomy and other legal and medically-safe reproductive health care services on any person of legal age on the ground of lack of spousal consent or authorization.
- c) Refuse to provide reproductive health care services to an abused minor, whose abused condition is certified by the proper official or personnel of the Department of Social Welfare and Development (DSWD) or to duly DSWD-certified abused pregnant minor on whose case no parental consent is necessary.
- d) Fail to provide, either deliberately or through gross or inexcusable negligence, reproductive health care services as mandated under this Act, the Local Government Code of 1991, the Labor Code, and Presidential Decree 79, as amended; and
- e) Refuse to extend reproductive health care services and information on account of the patient's civil status, gender or sexual orientation, age, religion, personal circumstances, and nature of work: *Provided*, That all conscientious objections of health care service providers based on religious grounds shall be respected: *Provided, further*, That the conscientious objector shall immediately refer the person seeking such care and services to another health care service provider within the same facility or one which is conveniently accessible: *Provided, finally*, That the patient is not in an emergency 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.
- f) Any public official who prohibits or restricts personally or through a subordinate the delivery of legal and medically-safe reproductive health care services, including fertility management;
- g) Any employer who shall fail to comply with his obligation under Section 17 of this Act or an employer who requires a female applicant or employee, as a condition for employment or continued employment, to involuntarily undergo sterilization, tubal ligation or any other form of contraceptive method;

- 628 h) Any person who shall falsify a certificate of compliance as required in Section 14 of
629 this Act; and
630 i) Any person who maliciously engages in disinformation about the intent or
631 provisions of this Act.
632
633

634 CHAPTER 8
635 INSTITUTIONAL MECHANISMS
636

637 SECTION 28. Roles and Responsibilities of Government Agencies
638

- 639 a. **Department of Health (DOH)** –shall ensure availability and accessibility of
640 quality health services at all levels of the health system and coordinate with
641 concerned LGUs, NGOs, private health sector and hospitals in the delivery of
642 related health services. Together with the PRC, it shall monitor compliance with
643 the mandatory 200-hour pro bono services for private reproductive health
644 service providers as one prerequisite in accreditation and the renewal of the
645 licenses.
646
647 b. **The Department of Education, Culture and Sports and the Commission on**
648 **Higher Education** shall ensure the implementation of the mandatory age-
649 appropriate Reproductive Health education program in schools. It shall develop
650 culture-sensitive curriculum to be used in all areas, and integrate these
651 curriculum into non-formal education programs and other alternative learning
652 systems, especially indigenous peoples (IPs) communities/areas. It shall initiate
653 and sustain an intensified nationwide multi-media campaign to raise the level of
654 public awareness on the urgent need to protect and promote reproductive health
655 and rights, and to popularize the government policy on reproductive health, with
656 the support of the Commission on Population and the Philippine Information
657 Agency. They shall develop an advocacy framework for the policy and
658 attendant programs and initiate the advocacy of this program, which shall target
659 girls and women of various age groups
660 c. **Department of Labor and Employment** shall establish mechanisms to
661 monitor regularly work settings and factories with more than 100 women
662 workers to ensure compliance with Section 18 on Employer's Responsibilities.
663 d. **Family Planning Offices.** - Each local family planning office shall furnish for
664 free instructions and information on fertility management, responsible
665 parenthood, breastfeeding and infant nutrition to all applicants for marriage
666 license.
667

668 All programs should be participatory and should ensure involvement of stakeholders
669 including NGOs and Church-based/religious organization groups, communities and girls
670 and women themselves.
671

672 **SECTION 29. Monitoring and Reporting System.** The State, through the Department of
673 Health, shall lead the setting up of a database for the monitoring, reporting and response to
674 cases of reproductive health issues.
675

676 The State, through the Department of Health, in coordination with other concerned
677 Government agencies, shall ensure the implementation of the provisions of this Act

678

679 Before the end of April of each year, the DOH shall submit an annual report to the
680 President of the Philippines, the President of the Senate and the Speaker of the House of
681 Representatives on a definitive and comprehensive assessment of the implementation of
682 this Act and shall make the necessary recommendations for executive and legislative
683 action. The report shall be posted in the website of DOH and printed copies shall be made
684 available to all stakeholders, including the congressional oversight committee.

685

686 **SECTION 28. Congressional Oversight Committee** -There is hereby created a
687 Congressional Oversight Committee composed of five (5) members from the Senate and
688 five (5) members from the House of Representatives. The members from the Senate shall
689 be appointed by the Senate President based on proportional representation of the parties or
690 coalition therein with at least one (1) member representing the Minority. The members
691 from the House of Representative shall be appointed by the Speaker, also based on
692 proportional representation of the parties or coalitions therein with at least one (1) member
693 representing the Minority.

694

695 The Committee shall be headed by the respective Chairs of the Senate Committee on
696 Youth, Women and Family Relations and the House of Representatives Committee on
697 Women and Gender Equality. The Secretariat of the Congressional Oversight Committee
698 shall come from the existing Secretariat personnel of the Committees of the Senate and the
699 House of Representatives concerned.

700

701 The Committee shall monitor and ensure the effective implementation of this Act,
702 determine inherent weakness and loopholes in the law. Recommend the necessary remedial
703 legislator or administrative measures and perform such other duties and functions as may
704 be necessary to attain the objectives of this Act.

705

706

707

CHAPTER 9

708

PENAL PROVISIONS AND PRESCRIPTION OF CRIME

709

710 **SECTION 29. Penalties and Sanctions** – Any person who is found guilty of violating
711 any Section of this act shall be fined a penalty ranging from One Hundred Thousand Pesos
712 (PhP100,000.00) to Three Hundred Thousand Pesos (PhP300,000). If the offender is a
713 juridical person, the penalty shall be imposed upon the president, treasurer, secretary or any
714 responsible officer. An offender who is an alien shall, after service of sentence, be deported
715 immediately without further proceedings by the Bureau of Immigration. An offender who
716 is a public officer or employee shall suffer the accessory penalty of dismissal from the
717 government service.

718

719 Violators of this Act shall be civilly liable to the offended party in such amount at the
720 discretion of the proper court.

721

722 This Section shall not prejudice the application of other existing criminal, civil and
723 administrative liabilities that may be imposed upon the person.

724

725 **SECTION 30. Non-prescription.** - The crimes defined and penalized under this Act, their
726 prosecution, and the execution of sentences imposed on their account, shall not be subject
727 to any prescription.

CHAPTER 10
FINAL PROVISIONS

SECTION 31. Rules and Regulations – Unless otherwise provided in this Act, the Department of Health shall promulgate rules and regulations for the effective implementation of this Act.

SECTION 32. Appropriations – The amounts appropriated in the current annual General Appropriations Act for reproductive health and fertility management under the DOH and POPCOM together with ten percent (10%) of the Gender and Development (GAD) budgets of all government departments, agencies, bureaus, offices and instrumentalities funded in the annual General Appropriations Act in accordance with Republic Act No. 7192 (Women in Development and Nation-building Act) and Executive Order No. 273 (Philippine Plan for Gender Responsive Development 1995-2025) shall be allocated and utilized for the implementation of this Act. Such additional sums as may be necessary for the effective implementation of this Act shall be included in the subsequent years' General Appropriations Acts.

SECTION 33. Implementing Rules and Regulations. – Within sixty (60) days from the effectivity of this Act, the Department of Health shall promulgate, after thorough consultation with the Department of Education, Commission on Population (POPCOM), the National Economic Development Authority (NEDA), concerned non-government organizations (NGOs) and known reproductive health advocates, the requisite implementing rules and regulations.

SECTION 34. Separability Clause. – If any part, section or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

SECTION 35. Repealing Clause. – All laws, decrees, orders, issuances, rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SECTION 36. Effectivity. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of national circulation.

Approved,