

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 5805



Introduced by **HONORABLE LANI MERCADO-REVILLA**

EXPLANATORY NOTE

After 30 years into the HIV pandemic, the Philippines finds itself facing a growing HIV incidence. Previously categorized as a “low and slow” country, the HIV incidence in the country has increased rapidly starting the mid-2000s.

The National HIV and AIDS registry reported that as of September 30 of this year there are 7,584 new HIV and AIDS cases in the Philippines.

According to the Department of Health National Epidemiological Center, the HIV incidence in the country was one (1) new HIV infection a day in 2007; at present, the Philippines is recording seven (7) new HIV infections a day, making it one (1) of the seven (7) countries worldwide where HIV infection continues to rise. Government epidemiologists have warned that by 2015, the total number of HIV cases in the Philippines could reach 45,000 from the reported 7,000 cases registered this year.

Despite the warnings issued by domestic and international HIV experts that the country has all the necessary ingredients for an HIV epidemic, the Filipinos’ response to the HIV epidemic has been marked with complacency – condom use is low among Filipinos, and among key populations, sexually transmitted infections and multiple sexual partnerships are common. Further, the lack of political leadership and the reckless disregard of evidence-informed strategies and approaches have weakened the fight against HIV as modest targets for HIV and HIV-related services have not been met, and public spending on HIV prevention, treatment, care and support has dwindled from Php81 million in 2009 to Php65 million in 2011 despite the alarming growth in HIV incidence in the country.

Moreover, the governance structure designated to spearhead the HIV response is saddled with bureaucratic confusion and uneven political commitments. Every five (5) years, thru the collaborative effort of various government agencies and civil society groups, the country adopts an HIV and AIDS Medium-Term Plan, a national road map on HIV and AIDS, but the implementation of this strategic plan is impeded by recalcitrant implementing agencies and lack of support from the national government.

Through the MDGs and other international development instruments, the Philippine government has consistently committed to reduce HIV infection, and while it has made progress in other development indicators, it floundered and extraordinarily floundered in achieving its

commitments on HIV. Government officials take false comfort from the fact the HIV epidemic has not reached the general population, but various indicators show that if nothing is done immediately, it would just be a matter of time before the HIV situation in the country breaches the epidemic level.

R.A. No. 8504, the present law on HIV and AIDs prevention, which was enacted in 1998, needs to be amended in order to address the current situation and experience of the country in preventing, treating, and managing HIV and AIDs.

The passage of this bill is earnestly sought to address and halt the spread of people infected with HIV.


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2nd District, Cavite

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Introduced by HONORABLE LANI MERCADO-REVILLA

AN ACT
STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY
ON HIV AND AIDS PREVENTION, TREATMENT, CARE AND SUPPORT,
AND ESTABLISHING THE PHILIPPINE NATIONAL HIV AND AIDS PLAN,
AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS
“THE PHILLIPINE AIDS PREVENTION AND CONTROL ACT OF 1998”,
AND APPROPRIATING FUNDS THEREFOR

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 National Comprehensive HIV and AIDS Prevention, Treatment, Care and Support Policy and Plan Act of 2011”.

Section 2. *Declaration of policies.* - The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) is a public health concern that has wide-ranging social, political, and economic repercussions. As such, responding to the HIV and AIDS epidemic is imbued with public interest, and thus the State commits itself to the fight against the epidemic. To prevent the spread of the virus and mitigate any related social, psychological, and economic consequences:

- A. The State shall establish policies and programs to prevent the spread of HIV and deliver treatment, care and support services to Filipinos living with HIV in accordance with evidence-based strategies and approaches that follow the principles of human rights, gender equality, and meaningful participation of communities affected by the epidemic.
- B. The State shall adopt a multisectoral approach in responding to the HIV epidemic by ensuring that local communities, civil society groups, and people living with HIV are part of the response to the epidemic.
- C. The State shall remove all barriers to HIV and AIDS-related services and shall eliminate the climate of stigma that surrounds the epidemic and the people directly and indirectly affected by it. Therefore, it affirms that:

1. The respect, protection and promotion of human rights is the cornerstone of an effective response to the HIV epidemic.
2. The meaningful inclusion and participation of persons directly and indirectly affected by the epidemic, especially people living with HIV, is crucial in eliminating the virus.
3. Unless otherwise provided in this Act, the confidentiality, anonymity, and non-compulsory nature of HIV and other HIV-related testing shall always be guaranteed and protected by the State;
4. Policies and practices that discriminate on the basis of perceived or actual HIV status, sex, gender, sexual orientation, gender identity, age, economic status, ethnicity, and disability are inimical to national interest and contrary to the rights and freedoms guaranteed in the Constitution, and the State shall eliminate these acts of discrimination.

Section 3. *Definition of terms.* - As used in this Act, the following term shall be defined as follows:

- A. *Acquired Immune Deficiency Syndrome (AIDS)* - refers to a condition where a body's immune system is reduced due to HIV infection, making an individual susceptible to opportunistic infections.
- B. *Compulsory HIV testing* - refers to HIV testing imposed upon an individual characterized by lack of consent, use of force, the use of testing as a prerequisite for employment or other purposes, the lack of counseling prior to or after testing, and other circumstances when informed choice is absent.
- C. *Discrimination* - refers to any action taken to distinguish, exclude, restrict or show preference based on any ground such as sex, gender, age, sexual orientation, gender identity, economic status, disability, and ethnicity, whether actual or perceived, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons of an equal footing of all rights and freedoms.
- D. *Gender identity* - refers to a person's internal and individual experience of gender that may or may not correspond with the sex assigned at birth, including the person's sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical and other means, and other experience of gender, among them dress, speech, and mannerism.
- E. *Harm Reduction* - refers to evidence-based policies, programs and approaches that aim to reduce the harmful consequences on health, social relations, and economic conditions that are associated with the use of psychoactive substances.
- F. *HIV and AIDS counselor* - refers to any individual trained by an institution or organization accredited by the Philippine National AIDS Council to conduct training on counseling on HIV and AIDS, HIV prevention, and human rights and stigma reduction.
- G. *HIV counseling and testing* - refers to any medical procedure that is conducted to determine one's HIV status. It is confidential, voluntary, accompanied by counseling prior to and after the test, and only conducted with informed consent.
- H. *HIV-related testing* - refers to any laboratory testing or procedure in relation to one HIV status.

- I. *HIV testing facility* - refers to any DOH-accredited in-site or mobile facility that has the capacity to conduct voluntary HIV counseling and testing.
- J. *Human Immunodeficiency Virus (HIV)* - refers to the virus that causes AIDS.
- K. *Key affected populations at higher risk of HIV exposure* or '*key populations*' - refers to segments of the population who are most likely to be exposed to HIV or to transmit the virus, as determined by PNAC.
- L. *Person living with HIV* - refers to any individual diagnosed to be infected with HIV.
- M. *Pre-test and post-test counseling* - refers to the provision of information on HIV and AIDS, how it is spread and how it may be prevented, risk-reduction approaches, and information on treatment, care and support for people living with HIV, which is conducted before and after an HIV test.
- N. *Sexual orientation* - refers to a person's sexual and emotional attraction to, or intimate and sexual relationship with, individuals of different, the same, or both sexes.
- O. *Voluntary HIV Counseling and Testing (HCCT)* - refers to an anonymous, confidential and voluntary service where an individual, prior to and after undertaking laboratory procedure that determines the presence or absence of HIV in one's body, is given counseling and referral to services on HIV and AIDS, HIV prevention, treatment, care and support.
- P. *Vulnerable communities* - refers to communities and groups who are suffering from vulnerabilities such as unequal opportunities, social exclusion, poverty, unemployment, and other similar social, economic, cultural and political conditions, making them more susceptible to HIV infection and to developing AIDS.
- Q. *Work place* - refers to the office, premises and work site where workers are habitually employed and shall include the office or place where the workers with no fixed or definite work site regularly report for assignment in the course of their employment.

Section 4. *HIV Prevention*. - The government shall promote and adopt a range of measures and interventions, in partnership with civil society organizations and professional societies and organizations, that aims to prevent, halt, or control the spread of HIV, especially among populations and communities that are deemed vulnerable to or at higher risk of exposure to HIV. These measures shall likewise promote the rights, welfare, and participation of people living with HIV.

- A. *Evidence-informed, gender sensitive, and human rights-based preventive measures* – The preventive programs shall be based on up-to-date evidence and scientific strategies. The government shall therefore actively promote safe sex behavior, especially among key populations; safe practices that reduce risk of HIV infection; access to treatment; consistent sexual abstinence and sexual fidelity, and; the consistent and correct condom use.
- B. *HIV and AIDS Education as a right to health and information* – HIV and AIDS education and information dissemination shall form part of the right to health. The knowledge and capabilities of all public health practitioners, workers and personnel shall be enhanced to include skills for proper information dissemination and education on HIV and AIDS. It shall likewise be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of HIV and AIDS

and to correct common misconceptions about the disease. The training of health workers shall include discussions on HIV-related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

- C. *HIV and AIDS Education and Information.* - The State shall educate the public, especially the key populations and vulnerable communities, on HIV and AIDS and other sexually transmitted infections, with the goal of reducing risky behavior, lowering vulnerabilities, and promoting the human rights of people living with HIV.

1. *HIV and AIDS Education for key populations and vulnerable communities.* - To ensure that HIV services reach key populations, the State, through the PNAC and in collaboration with HIV and AIDS civil society organizations and professional societies, shall support HIV and AIDS education programs, such as peer education and outreach activities, that target key populations and vulnerable groups.

PNAC, in collaboration with civil society groups and professional societies, shall have the mandate to develop the guidelines for peer education and outreach.

2. *Age-appropriate HIV and AIDS Education in Schools.* - Using the official information and data from the Philippine National AIDS Council, the Department of Education (DepEd), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), shall integrate basic and age-appropriate instruction on the causes, modes of transmission and ways of preventing the spread of HIV and AIDS and other sexually transmitted infections in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: *Provided that* if the student is a minor, the written consent of his or her parents or legal guardian shall be obtained before such age-appropriate HIV and AIDS education shall be taught to the minor student: *Provided further,* that the modules that shall be developed to implement this provision shall be done in coordination with the Philippine National AIDS Council: *Provided that* these modules will be made available and accessible to schools; *Provided further,* that referral mechanisms shall be included in the modules for key populations and vulnerable communities: *Provided further,* that all teachers and instructors of the modules shall be required to undergo seminars or trainings on HIV and AIDS prevention that shall be supervised by the Philippine National AIDS Council in coordination with the relevant agency.
3. *HIV and AIDS education in the workplace.* - All public and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with standardized basic information and instruction on HIV and AIDS, including topics on confidentiality in the workplace and stigma and discrimination. In coordination with the Philippine National AIDS Council, the Civil Service Commission for the public sector and the Department of Labor and Employment for the private sector shall implement this provision. CSC and DOLE shall ensure that the HIV and AIDS education program in the workplace is industry or sector-appropriate and shall ensure the full participation of employers and workers in designing the content of the program. Referral mechanisms for key affected populations and vulnerable groups shall also be developed and instituted by CSC and DOLE in coordination with PNAC.

4. *HIV and AIDS education for Filipinos going abroad.* - All overseas Filipino workers, including diplomatic, military, trade, and labor officials and personnel to be assigned overseas, shall be provided a seminar on HIV and AIDS and information on how to access on-site HIV-related services and facilities before they depart for their overseas assignment. The Department of Foreign Affairs and the Department of Labor and Employment shall oversee the implementation of this provision.
5. *HIV and AIDS education in communities* - Through the Local HIV and AIDS Council (LAC) or the Local Health Board and in coordination with PNAC, local governments shall conduct public awareness campaigns on HIV and AIDS and shall educate local communities, through various channels, on evidence-based, gender-sensitive, age-appropriate and human rights-oriented prevention tools to stop the spread of HIV.

In coordination with the Department of Social Welfare and Development, local governments shall also conduct age-appropriate HIV and AIDS education for out-of-school youths.

6. *Information for tourists and transients* - Informational aids or materials on the cause, modes of transmission, prevention, and consequences of HIV infection shall be adequately provided at all international ports of entry and exit. The Department of Tourism, the Department of Foreign Affairs, and the Bureau of Immigration, in collaboration with the Philippine National AIDS Council, shall ensure the implementation of this provision and shall work with stakeholders in the tourism industry.

D. *HIV Counseling and Confidential Testing (HCCT).* - The State shall ensure that HIV testing is voluntary and confidential. All HIV testing facilities shall be required to provide free pre-test and post-test counseling services to individuals who wish to avail of the test. To implement this provision:

1. The Department of Health shall have the mandate to accredit public and private HIV testing facilities based on their capacity to deliver testing services, including pre-test and post-test counseling. Only DOH-accredited HIV testing facilities shall be allowed to conduct facility-based and/or mobile HIV testing.
2. The Philippine National AIDS Council shall develop the guidelines for the conduct of HCCT, including mobile HCCT, by DOH-accredited HIV testing facilities. The guidelines shall ensure, among others, that HIV testing is voluntary and confidential and that pre-test and post-test counseling services are at all times provided.
3. The Philippine National AIDS Council shall develop guidelines to accredit institutions or organizations that train HIV and AIDS counselors.
4. The Philippine National AIDS Council shall set the standards for HIV and AIDS counseling and shall work closely with HIV and AIDS civil society groups that train HIV and AIDS counselors and peer educators. Information included in counseling services shall cover the following concepts:
 - i. HIV and AIDS;
 - ii. HIV testing as the only means to determine if one is infected with the virus;
 - iii. HIV testing as a confidential and voluntary process, and an individual may opt out of the process;
 - iv. HIV test results as confidential information;
 - v. Use of HIV test results for epidemic surveillance;
 - vi. How HIV infection is prevented;

- vii. If test result is nonreactive for HIV, safe sex and safe practices, getting tested again in the future, and referral to relevant HIV and STI services;
- viii. if the test result is reactive for HIV, all the information when the test result is nonreactive, including: partner notification and notification of all possible partners; referrals for medical diagnostics, HIV and OI treatment, counseling, peer support, and if the individual is a pregnant woman, referrals for medication prevent mother-to-child transmission; prevention of further exposure to HIV infection; and
- ix. other information deemed relevant by the Philippine National AIDS Council.

E. *Positive Health, Dignity, and Prevention* – the State shall support preventive measures that shall focus on the roles of people living with HIV, among them the creation of rights-based and community-led behavior change programs that seek to encourage HIV risk reduction behavior among people living with HIV; the establishment and enforcement of rights-based mechanisms to encourage newly tested sero-positive individuals to conduct sexual contact tracing and to promote sero-status disclosure to sexual partners; the establishment of standard precaution measures in public and private health facilities; the accessibility of anti-retroviral treatment, management of opportunistic infections, and health services related to sexually transmitted infections, and; the mobilization of communities of people living with HIV, especially for public awareness campaigns and stigma reduction activities, in initiatives to prevent the spread of the virus. Provided, that the enforcement of this provision shall not lead to the discrimination or violation of the rights of people living with HIV.

This provision shall be implemented by the Philippine National AIDS Council in coordination with the Department of Health, local governments, and other relevant government agencies as well as professional societies and organizations.

F. *Harm Reduction* - the Department of Interior and Local Government and the Department of Health shall establish a human rights and evidence-based HIV prevention policy and program for people who use drugs, particularly those who inject.

G. *Preventing Mother-to-Child HIV Transmission* - the Department of Health shall establish a program to prevent mother-to-child HIV transmission that shall be integrated in its maternal and child health services. The program shall include the following:

- 1. HIV prevention for prospective parents and shall ensure that HIV prevention interventions for parents are integrated in government facilities that provide sexual health services and antenatal and postpartum care;
- 2. Provision of counseling and support for women living with HIV to help them make informed decisions about their reproductive lives;
- 3. Prevention of HIV transmission from positive mothers to their infants during pregnancy, labor, delivery and breastfeeding;
- 4. Integration of HIV care, treatment, and support for positive mothers and their families.

H. *Standard Precaution*. - Based on the principles of standard precaution and Sections 12, 13, and 14 of RA 8504, the Department of Health shall have the mandate of establishing and regularly updating the guidelines on donation of blood, tissue or organ and surgical and similar procedures.

Section 5. *Treatment, Care and Support.* -

- A. *National HIV and AIDS Treatment Program.* - The national government, through the Department of Health, shall establish a program to make anti-retroviral treatment free and accessible to Filipinos living with HIV and AIDS who are in need of such treatment. Free medication for opportunistic infections shall also be provided to PLHIVs who are enrolled in the program.

The Department of Health shall have the mandate to establish the country's treatment guidelines, in consultation with professional societies and organizations such as the Philippine Society of Microbiology and Infectious Diseases and the AIDS Society of the Philippines and shall have the authority to establish and/or accredit public and private treatment hubs.

- B. *Health Insurance.* - The Philippine National Health Insurance Corporation shall develop an insurance package for people living with HIV that shall include coverage for in-patient and out-patient medical and diagnostic services, including medication and treatment. PhilHealth shall enforce confidentiality in the provision of these packages to PLHIVs.

No person living with HIV shall be denied of private health and life insurance coverage on the basis of his or her HIV status. The Insurance Commission shall enforce this provision and shall develop the necessary policies to ensure compliance.

- C. *Economic empowerment and support* - No person living with HIV shall be deprived of any employment, livelihood, micro-finance, self-help, and cooperative programs for reason of their HIV status. The Department of Labor and Employment and the Department of Social Welfare and Development, in coordination with TESDA and with local governments, shall develop programs to ensure economic empowerment and provide economic support to people living with HIV.

- D. *Care and support for people living with HIV.* - The Department of Social Welfare and Development shall develop care and support programs for people living with HIV, including children with HIV, which shall include but not limited to peer-led counseling and support, social protection, welfare assistance, and mechanisms for case management. These programs shall include care and support for the orphans, affected families and significant others of people living with HIV.

- E. *Care and Support for overseas workers living with HIV.* - The Overseas Workers Welfare Administration, in coordination with DSWD and DFA, shall develop a program to provide stigma-free care and support, including medical services, for overseas workers who have been repatriated or about to be repatriated due to their HIV status.

- F. *Redress Mechanism.* - The Department of Justice and the Commission on Human Rights, in coordination with the Philippine National AIDS Council, shall develop redress mechanisms for persons living with HIV to ensure that their civil, political, economic and social rights are protected.

Section 6. *Stigma reduction and human rights.* - The country's HIV and AIDS response shall be anchored on the principles of human rights and human dignity, and shall be aligned with the internationally recognized human rights instruments and standards.

A. *Stigma-free HIV and AIDS services* - The Philippine National AIDS Council, in cooperation with public and private HIV and AIDS service providers and civil society groups and in collaboration with the Commission on Human Rights, shall craft a policy that ensures the delivery of stigma-free HIV and AIDS services by government and private HIV and AIDS service providers.

B. *Prohibition on compulsory HIV testing* - Consent shall be a requisite for HIV testing. As a policy, the State shall encourage voluntary HIV counseling and confidential testing: *Provided*, that written consent must be obtained before testing from the person taking the test. If the person is of the age of minority or mentally incapable, the consent of his or her parents, legal guardian shall be obtained before testing the said person: *Provided, further*, lawful consent to HIV testing of a donated human body, organ, tissue or blood shall be considered as having been given when:

1. A person volunteers or freely agrees to donate his or her blood, organ, or tissue for transfusion, transplantation, or research;
2. A person has executed a legacy in accordance with Sec. 3 of Republic Act No. 7170, also known as the "Organ Donation Act of 1991";
3. A donation is executed in accordance with Sec. 4 of Republic Act No. 7170; and
4. A person who applies for overseas employment in states requiring compulsory HIV testing.

C. *Acts of discrimination.* - The following discriminatory acts shall be prohibited:

1. Rejection of job application, termination of employment, or other discriminatory policies in hiring, provision of employment and other related benefits, promotion or assignment of an individual solely or partially on the basis of actual, perceived, or suspected HIV status;
2. Refusal of admission, expulsion, segregation, imposition of harsher disciplinary actions, or denial of services or benefits, of a student or prospective student on the basis of actual, perceived or suspected HIV status;
3. Restrictions on travel within the Philippines, refusal of lawful entry to the Philippine territory, deportation from the Philippines, or the quarantine or enforced isolation of travelers solely or partly on the account of actual, perceived or suspected HIV status;
4. Restrictions on housing or lodging on the basis of actual, perceived or suspected HIV status;
5. Prohibitions on the right to seek an elective or appointive public office on the basis of actual, perceived or suspected HIV status;
6. Exclusion from health, accident, or life insurance, credit and loan services, including the extension of such loan or insurance facilities, of an individual solely or partly on the basis of actual, perceived or suspected HIV status: *Provided*, that the person living with HIV has not misrepresented the fact to the insurance company or loan or credit service provider upon application.
7. Denial of health services, or be charged with higher fee, on the basis of actual, perceived or suspected HIV status;

8. Denial of burial services for a deceased person who had HIV and AIDS or who was known, suspected or perceived to be HIV positive;
9. Other similar discriminatory acts.

Section 7. *Protection for peer educators, outreach workers, and other HIV and AIDS service providers.* - Any person involved in the provision of HIV and AIDS services shall be protected from suit, arrest, or prosecution on the basis of their delivery of such services. The Department of Justice, in coordination with the Philippine National AIDS Council, shall develop the mechanism for the implementation of this provision.

Section 8. *Confidentiality.* - The State shall guarantee the confidentiality and privacy of any individual who has been tested for HIV, has been exposed to HIV, has HIV infection or HIV and AIDS-related illnesses, or has been treated for HIV-related illnesses.

A. *Confidential HIV and AIDS information* - Unless otherwise provided or required by law, it shall be unlawful to disclose, without written consent, information that a person:

- i. had an HIV-related test;
- ii. has HIV infection, HIV-related illnesses, or AIDS; or
- iii. has been exposed to HIV.

by any person, natural or juridical, whose work or function involves the implementation of this Act or the delivery of HIV-related services, including those who handle personal data or information in the workplace, and who, pursuant to the execution of the required written consent, has been granted access to confidential HIV and AIDS information shall keep the same information confidential.

Any media establishment is prohibited from disclosing without prior written consent of their subject any confidential HIV and AIDS information.

B. *Release of HIV-related test result to minors, orphans, or persons with disability.* - The result of any HIV-related test shall be only be released to the individual who submitted to the test, or to his or her spouse, if applicable, or if the person is a minor, an orphan or mentally disabled, to his or her parents, legal guardian, or a duly assigned social worker, whichever is applicable.

C. *Exemptions.* - Confidential HIV and AIDS information may be released without written consent on the following grounds:

1. When complying with the reportorial requirements of the national active and passive surveillance system of the Department of Health, provided that the information related to a person's identity would remain anonymous;
2. When informing other health workers directly involved in the treatment or care of a person living with HIV: *Provided, that* such workers shall be required to maintain medical confidentiality.
3. When resolving an HIV-related case or dispute, a judge may issue a special court order to release confidential HIV and AIDS information: *Provided, that* such information shall be considered confidential and shall not be disclosed outside court proceedings.

For the enforcement of this provision, the Department of Health shall issue its own policy on privacy and confidentiality in the conduct of HIV and AIDS surveillance and in the

medical treatment of people living with HIV. The Department of Justice and the Supreme Court shall likewise issue their respective guidelines to ensure that the right to privacy and confidentiality of persons living with HIV in HIV and AIDS-related legal cases.

- D. *Disclosure to sexual partners.* - Any person who tested positive for HIV is obliged to disclose his or her status and health condition to his or her spouse or sexual partner/s prior to engaging in penetrative sex or any potential exposure to HIV. A person living with HIV may opt to ask help from medical professionals, health workers, or peer educators to disclose to his or her partner about his or her condition.

PNAC shall develop partner notification guidelines that shall be adopted by public and private HIV and AIDS service providers.

- E. *Civil liability.* - Any person who has obtained knowledge of confidential HIV and AIDS information and has used such information to malign or cause damage, injury, or loss to another person may face indemnification under Articles 19, 20, 21, and 26 of the Civil Code.

Section 9. *HIV and AIDS surveillance.* - There shall be a comprehensive HIV and AIDS monitoring and surveillance program under the Department of Health that shall have the following mandate:

- A. Determine and monitor the magnitude and progression of HIV and AIDS in the Philippines to help the national response determine the efficacy and adequacy of HIV prevention and treatment programs;
- B. Receive, collate, process, and evaluate all HIV and AIDS-related medical reports from all hospitals, clinics, laboratories and testing centers, including HIV-related deaths and all relevant data from various databanks or information systems: Provided, that it shall adopt a coding system that ensures anonymity and confidentiality;
- C. Submit an annual report to the Secretary of Health, Office of the President, Congress, and members of the Philippine National AIDS Council the findings of its surveillance activities;

Section 10. *National HIV and AIDS Plan.* - There shall be a five-year National HIV and AIDS Plan that shall be regularly updated and shall comprise of the following: a) the country's targets and strategies in addressing the epidemic; b) the prevention, treatment, care and support, and other components of the country response; c) the five-year operationalization of the plan and the identification of the government agencies that shall implement the plan; and d) the budgetary requirements for the implementation of the plan and a corollary investment plan that shall identify the sources of funds for its implementation.

- A. *Oversight, monitoring and implementation of the plan.* - The Philippine National AIDS Council shall have the mandate to ensure the implementation of the plan and shall coordinate with its member agencies to guarantee the operationalization of the plan. Furthermore, PNAC shall report annually to the Office of the President, House of Representatives, the Philippine Senate, and its own members on the status of the implementation of the plan.

- B. *Localization the National HIV and AIDS Plan.* - To ensure the implementation of the National HIV and AIDS Plan at the local level, local government units, in coordination with

and with the support of the Philippine National AIDS Council, shall develop their Local HIV and AIDS Plan, including its operationalization and investment components.

Local governments shall establish Local AIDS Council or designate a local body that shall ensure the implementation of the Local HIV and AIDS Plan. Furthermore, they shall ensure the availability and accessibility of prophylactic devices, treatment, diagnostic supplies for HIV and other sexually transmitted infections and reagent for HIV testing.

The Department of Interior and Local Government (DILG) shall develop, in coordination with PNAC, the guidelines for the establishment of LACs.

Section 11. *The Philippine National AIDS Council.* - The Philippine National AIDS Council (PNAC) created by virtue of Executive Order No. 39 dated 3 December 1992, shall be reconstituted and strengthened to ensure the implementation of the country's response to the HIV and AIDS epidemic. It shall be an autonomous Agency attached to the Department of Health.

A. *Functions* – The Council shall be the central implementing, coordinating, advisory, planning and policy-making body for Philippine National HIV and AIDS Plan. The Council shall perform the following functions:

1. Develop the National HIV and AIDS Plan in collaboration with relevant government agencies and civil society groups;
2. Ensure the operationalization and implementation of the National HIV and AIDS Plan;
3. Coordinate with government agencies that are mandated to implement the provisions of this Act;
4. Consult appropriate professional societies and organizations on current guidelines on the management of HIV/AIDS;
5. Develop, enforce, and/or ensure the implementation of the guidelines and policies that are stipulated in this Act, including other policies that may be necessary to implement the National HIV and AIDS Plan;
6. Monitor the progress of the epidemic;
7. Monitor the implementation of the National HIV and AIDS Plan, undertake mid-term assessments, and evaluate its impact;
8. Strengthen the collaboration between government agencies and civil society organizations involved in the implementation of the National HIV and AIDS Plan, including the delivery of HIV and AIDS related services;
9. Organize itself to enhance the efficiency of the multi-agency and multi-sectoral structure;
10. Mobilize domestic and international sources of fund to finance the National HIV and AIDS Plan;
11. Coordinate and cooperate with foreign and international organizations regarding funding, data collection, research, and prevention and treatment modalities concerning HIV and AIDS; and
12. Recommend policy reforms to Congress and other government agencies to strengthen the country's response to the epidemic.

B. Membership and Composition. -

1. The Council shall be composed of twenty-seven (27) members as follows:
 - i. The Secretary of the Department of Health;
 - ii. The Secretary of the Department of Education;
 - iii. The Chairperson of the Commission on Higher Education;
 - iv. The Director-General of the Technical Education and Skills Development Authority;
 - v. The Secretary of the Department of Labor and Employment;
 - vi. The Secretary of the Department of Social Welfare and Development;
 - vii. The Secretary of the Department of the Interior and Local Government;
 - viii. The Secretary of the Department of Justice;
 - ix. The Executive Director of the Philippine Council for Health Research and Development;
 - x. The Director-General of the National Economic and Development Authority;
 - xi. The Secretary of the Department of Tourism;
 - xii. The Secretary of the Department of Budget and Management;
 - xiii. The Secretary of the Department of Foreign Affairs;
 - xiv. The Head of the Philippine Information Agency;
 - xv. The President of the League of Governors;
 - xvi. The President of the League of City Mayors;
 - xvii. The Chairperson of the Committee on Health of the Senate of the Philippines;
 - xviii. The Chairperson of the Committee on Health of the House of Representatives;
 - xix. Two (2) Representatives from organizations of medical/health professionals;
 - xx. The President of the Philippine Society for Microbiology and Infectious Diseases;
 - xxi. The President of the AIDS Society of the Philippines;
 - xxii. Four (4) representatives from non-government organizations involved in HIV and AIDS prevention and control efforts or activities; and
 - xxiii. A representative of an organization of persons living with HIV.
2. The heads of government agencies may be represented by an official from their respective agencies no lower than the undersecretary rank;
3. To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor, ethics and social services;
4. All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker, respectively;

5. The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act;
6. The Secretary of Health shall be the permanent chairperson of the Council; however, the vice-chairperson shall be elected by its members from among themselves, and shall serve for a term of two (2) years; and
7. For members representing medical/health professional groups and the six (6) non-government organizations, they shall serve for a term of two (2) years, renewable upon recommendation of the Council.

C. *Secretariat.* - The PNAC shall be supported by a secretariat that shall be staffed by technically equipped and capable personnel with permanent appointment and adequate operational budget. It shall be headed by an Executive Director and shall be under the direct supervision of the Chair of the Council. It shall perform the following functions:

1. Coordinate and manage the day-to-day affair of the Council;
2. Coordinate the formulation, monitoring, and evaluation of the National HIV and AIDS Plan and the HIV and AIDS programs and policies;
3. Provide technical assistance, support, and advisory services to the Council and its external partners;
4. Assist the Council in identifying and building internal and external networks and partnerships;
5. Coordinate and support the efforts of the Council and its members to mobilize resources;
6. Serve as the clearing house and repository of HIV and AIDS-related information on HIV and AIDS;
7. Disseminate updated, accurate, relevant, and comprehensive information about the epidemic to Council members, policy makers, and the media;
8. Provide administrative support to the Council; and
9. Perform other functions as provided by law or the Council.

Section 12. *The National HIV and AIDS and STI Prevention and Control Program of the Department of Health* - The National HIV and AIDS and STI Prevention and Control Program (NASPCP) of the Department of Health, which shall be staffed by qualified medical specialist and support staff with permanent appointment and supported with an adequate yearly budget, shall coordinate with PNAC for the implementation of the health sector's HIV and AIDS and STI response, as identified in the National HIV and AIDS Plan.

Section 13. *Misinformation on HIV and AIDS as a prohibited act.* - Misinformation on HIV and AIDS through false and misleading advertising and claims, the promotional marketing of drugs, devices agents or procedures without prior approval from the Philippine National AIDS Council (PNAC), as instituted in this Act and under the supervision of the Department of Health and Food and Drug Authority (FDA) and the requisite medical and scientific basis, including markings and indications in drug and devices or agents, purporting to be a cure or a fail- safe prophylactic for HIV infection shall be prohibited.

Section 14. *Use of condoms and other safer sex paraphernalia as basis for raids in the enforcement of RA 9208 and other laws* - It shall be unlawful to use the presence of used or unused condoms or other safer sex paraphernalia to conduct raids, as the sole evidence for prostitution, or as a basis for

the enforcement of the provisions of RA 9208, or the "Anti-Trafficking in Persons Act of 2003" and other laws.

The Department of Interior and Local Government shall establish a national policy to guarantee the implementation of this provision.

Section 15. *Penalties.* - The following penalties and sanctions shall be imposed for the offenses enumerated in this act:

- A. Any person found guilty of violating Section 4 (D)1 or (D)2; Section 5 (B); Section 6 (B) or (C); or Section 8 (A), (B), or (C) of this Act shall suffer the penalty of imprisonment for six (6) months to FIVE (5) years and/or a fine of not less than fifty thousand pesos (PHP50,000.00) but not more than five hundred thousand pesos (PHP500,000). In addition, the license, franchise, or permit of schools, hospitals, and other institutions found guilty of committing such violations shall be revoked.. Furthermore, administrative sanctions may be imposed on public officials found guilty of violating any of these sections in addition to imprisonment and/or fine.
- B. A civil action may be instituted for acts violating Section 6 (C) may be initiated for damages, prevention, and/or other relief provided that no criminal proceedings are initiated based on the same offense during the pendency of the civil case. A preponderance of evidence shall be sufficient to prove the acts complained of.
- C. Any person found guilty of violating Section 7 of this Act shall suffer the penalty of imprisonment for six (6) months to five (5) years and a fine of not less than one hundred thousand pesos (PHP100,000) but not more than five hundred thousand pesos (PHP500,000). If the violator is a law enforcer or a public official, administrative sanctions may be imposed in addition to the above penalties.
- D. Any person found guilty of violating Section 13 shall suffer the penalty of imprisonment for two (2) months to two (2) years, without prejudice to the imposition of administrative sanctions such as fines and suspension or revocation of professional or business license.
- E. Any person or any law enforcer found guilty of violating Section 14 of this Act shall suffer the penalty of imprisonment for one (1) year to five (5) years and a fine of not less than one hundred thousand pesos (PHP100,000) but not more than five hundred thousand pesos (PHP500,000). In addition, law enforcers found guilty of violating this section shall be removed from public service.

Section 15. *Congressional Oversight Committee.* - To ensure the effective implementation of this Act, a Congressional Oversight Committee shall be established, hereinafter referred to as the HIV and AIDS Oversight Committee, that shall be composed of three members (3) from the Senate, which shall include the Chair of the Senate Committee on Health and Demography, and three (3) members from the House of Representatives, which shall include the Chair of the House Committee on Health. The HIV and AIDS Oversight Committee shall be jointly chaired by the Chairpersons of the Senate Committee on Health and Demography and the House Committee on Health.

Section 16. *Appropriations.* - The amount of no less than four hundred million pesos (PHP400,000,000) shall be appropriated under the Department of Health in the next General Appropriations Act (GAA) for the initial implementation of the National HIV and AIDS Plan. The funds needed for the subsequent implementation of the National HIV and AIDS Plan shall be

included in the budget of PNAC or the implementing national government agencies in the annual GAA.

Section 17. *Separability Clause.* - If any provision of this Act shall be held unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

Section 18. *Repealing Clause.* - All laws, decrees, executive orders, proclamations and administrative regulations or parts thereof inconsistent herewith are hereby repealed or amended accordingly.

Section 19. *Effectivity Clause.* - This Act shall take effect fifteen (15) days after its publication in at least two (2) national papers of general circulation.

Adopted,