

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

H. B. No. 2511

HOUSE OF REPRESENTATIVES

RECEIVED

DATE: 03 AUG 2016

TIME: 7:01 PM

BY: [Signature]

REGISTRATION UNIT
BILLS AND INDEX SERVICE

Introduced by **HONORABLE BELLAFLOR J. ANGARA-CASTILLO**

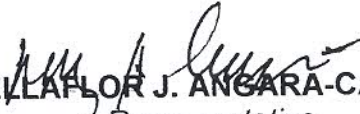
EXPLANATORY NOTE

The Philippines confronts the prevalence of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and as UNICEF puts it, is one of only seven countries globally where the number of new HIV cases has increased by over 25 per cent from 2001 to 2009. According to the Department of Health's National Epidemiology Center, the number of individuals with HIV newly diagnosed per day rose to 22 in 2015, from just one in 2008, four in 2010, nine in 2012 and 17 in 2014. What's more, in July 2015, there are 682 new cases registered, 17 per cent more than the same month in 2014!

As it is, the growing incidence of HIV in the Philippines is now turning into an epidemic, despite the government's existing campaigns and programs to stem the tide, if not put an end, to the dreaded disease. The issue of HIV and AIDS is a difficult one and can no longer be ignored, as the trend shows that the numbers of HIV/AIDS cases steadily increases and is marked sharply.

Stopping the spread of and eradicating HIV/AIDS is crucial, and it is high time that Republic Act No. 8504, otherwise known as "*The Philippine AIDS Prevention and Control Act of 1998*," be repealed and for a new measure be instituted so as to strengthen the State's HIV and AIDS prevention measures, protect the public from it through effective information-dissemination, counseling and education, and to provide effective service delivery for the treatment, care and support to the Filipinos living with HIV/AIDS.

In view of the foregoing, the passage of this bill is earnestly sought.


BELLAFLOR J. ANGARA-CASTILLO
Representative
Lone District, Province of Aurora

H. B. No. 2511

Introduced by HONORABLE BELLAFLOR J. ANGARA-CASTILLO

AN ACT
STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HUMAN
IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) PREVENTION, TREATMENT, CARE AND SUPPORT, AND
ESTABLISHING THE PHILIPPINE NATIONAL HIV AND AIDS PLAN, REPEALING FOR
THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS THE "PHILIPPINE
AIDS PREVENTION AND CONTROL ACT OF 1998," APPROPRIATING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

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

1 SECTION 1. *Short Title.* – This Act shall be known as the "*Philippine HIV and AIDS Policy*
2 *Act.*"

3
4 **SEC. 2. Declaration of Policy.** – The Human Immunodeficiency Virus (HIV) and Acquired
5 Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging
6 social, political, and economic repercussions. Responding to the HIV and AIDS epidemic is
7 therefore imbued with public interest. Accordingly, the State shall:

- 8
9 (a) Establish policies and programs to prevent the spread of HIV and deliver treatment,
10 care, and support services to Filipinos living with HIV in accordance with evidence-
11 based strategies and approaches that follow the principles of human rights, gender-
12 responsiveness, and meaningful participation of communities affected by the
13 epidemic;
14 (b) Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring that
15 local communities, civil society organizations, and persons living with HIV are at the
16 center of the process;
17 (c) Remove all barriers to HIV and AIDS-related services by eliminating the climate of
18 stigma that surrounds the epidemic and the people directly and indirectly affected by
19 it; and
20 (d) Positively address and seek to eradicate conditions that aggravate the spread of HIV
21 infection, which include poverty, gender inequality, prostitution, marginalization, drug
22 abuse and ignorance.

23
24 Respect for, protection of, and promotion of human rights are the cornerstones of an
25 effective response to the HIV epidemic. The meaningful inclusion and participation of
26 persons directly and indirectly affected by the epidemic, especially persons living with HIV,
27 are crucial in eliminating the virus. Thus, unless otherwise provided in this Act, the
28 confidentiality, anonymity, and non-compulsory nature of HIV testing and HIV-related testing
29 shall always be guaranteed and protected by the State.

30
31 Policies and practices that discriminate on the basis of perceived or actual HIV status, sex,
32 gender, sexual orientation, gender identity, age, economic status, disability and ethnicity
33 hamper the enjoyment of basic human rights and freedoms guaranteed in the Constitution
34 and are deemed inimical to national interest.

1 **SEC. 3. Definition of Terms.** – As used in this Act:

- 2
- 3 (a) **Acquired Immune Deficiency Syndrome (AIDS)** refers to a health condition where
- 4 there is a deficiency of the immune system that stems from infection with the Human
- 5 Immunodeficiency Virus or HIV, making an individual susceptible to opportunistic
- 6 infections;
- 7 (b) **Antiretroviral (ARV)** refers to the treatment that stops or suppresses viral
- 8 replication or replications of a retrovirus like HIV thereby slowing down the
- 9 progression of infection;
- 10 (c) **Civil Society Organizations (CSOs)** refer to groups of non-governmental and non-
- 11 commercial individuals or legal entities that are engaged in non-coerced collective
- 12 action around shared interests, purpose and values;
- 13 (d) **Community-based research** refers to research study undertaken in community
- 14 settings and which involve community members in the design and implementation of
- 15 research projects;
- 16 (e) **Compulsory HIV testing** refers to HIV testing imposed upon an individual
- 17 characterized by lack of consent, use of force or intimidation, the use of testing as a
- 18 prerequisite for employment or other purposes, and other circumstances when
- 19 informed choice is absent;
- 20 (f) **Discrimination** refers to unfair or unjust treatment that distinguishes, excludes,
- 21 restricts, or shows preferences based on any ground such as sex, gender, age,
- 22 sexual orientation, gender identity, economic status, disability, ethnicity, and HIV
- 23 status, whether actual or perceived, and which has the purpose or effect of nullifying
- 24 or impairing the recognition, enjoyment or exercise by all persons similarly situated,
- 25 of all rights and freedoms;
- 26 (g) **Gender identity** refers to a person's internal and individual experience of gender
- 27 that may or may not correspond with the sex assigned at birth, including the person's
- 28 sense of the body, which may involve, if freely chosen, modification of bodily
- 29 appearance or function by medical, surgical and other means, and experience of
- 30 gender, among them, dress, speech, and mannerism;
- 31 (h) **Harm reduction** refers to evidence-based policies, programs and approaches that
- 32 aim to reduce transmission of HIV and its harmful consequences on health, social
- 33 relations and economic conditions;
- 34 (i) **High-risk behavior** refers to a person's frequent involvement in certain activities
- 35 that increase the risk of transmitting or acquiring HIV;
- 36 (j) **Human Immunodeficiency Virus (HIV)** refers to the virus, of the type called
- 37 retrovirus, which infects cells of the human immune system – mainly CD4-positive T
- 38 cells and macrophages-key components of the cellular immune system – and
- 39 destroys or impairs the cells' function. Infection with HIV results in the progressive
- 40 deterioration of the immune system, leading to immune deficiency;
- 41 (k) **HIV counseling** refers to the interpersonal, dynamic communication process
- 42 between a client and a trained counselor, who is bound by a code of ethics and
- 43 practice, to resolve personal, social, or psychological problems and difficulties,
- 44 whose objective, in the context of an HIV diagnosis, is to encourage the client to
- 45 explore important personal issues, identify ways of coping with anxiety and stress,
- 46 and plan for the future (keeping healthy, adhering to treatment, and preventing
- 47 transmission) and counseling in the context of a negative HIV test result, focuses on
- 48 exploring the client's motivation, options, and skills to stay HIV-negative;
- 49 (l) **HIV and AIDS counselor** refers to any individual trained by an institution or
- 50 organization accredited by the Department of Health (DOH) to provide counseling
- 51 services on HIV and AIDS with emphasis on behavior modification;
- 52 (m) **HIV and AIDS monitoring** refers to the documentation and analysis of the number
- 53 of HIV/AIDS infections and the pattern of its spread;
- 54 (n) **HIV and AIDS prevention and control** refers to measures aimed at protecting non-
- 55 infected persons from contracting HIV and minimizing the impact of the condition of
- 56 persons living with HIV;
- 57 (o) **HIV-Negative** refers to the absence of HIV or HIV antibodies upon HIV testing;
- 58 (p) **HIV-Positive** refers to the presence of HIV infection as documented by the presence
- 59 of HIV or HIV antibodies in the sample being tested;

- (q) **HIV-related testing** refers to any laboratory testing or procedure done on an individual regardless of whether the person is HIV positive or negative;
- (r) **HIV testing** refers to any facility-based or mobile medical procedure that is conducted to determine the presence or absence of HIV in a person's body. HIV testing is confidential, voluntary in nature and must be accompanied by counseling prior to, and after the testing, and conducted only with the informed consent of the person;
- (s) **HIV testing facility** refers to any DOH accredited in-site or mobile testing center, hospital, clinic, laboratory and other facility that has the capacity to conduct voluntary HIV counseling and HIV testing;
- (t) **HIV transmission** refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles, and vertical transmission;
- (u) **Key affected populations at higher risk of HIV exposure or key populations** refer to those groups of persons, as determined by the Philippine National AIDS Council whose behavior make them more likely to be exposed to HIV or to transmit the virus;
- (v) **Laboratory** refers to area or place, including community-based settings, where research studies are being undertaken to further develop local evidence base for effective HIV programs;
- (w) **Medical confidentiality** refers to the relationship of trust and confidence created or existing between a patient or a person living with HIV and his attending physical, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counseling, testing or professional care of the former. It also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information;
- (x) **Opportunistic infection** refers to illnesses caused by various organisms, many of which do not cause disease in persons with healthy immune system;
- (y) **Partner notification** refers to the process by which the 'index client', 'source' or 'patient', who has a sexually transmitted infection (STI) including HIV, is given support in order to notify and advise the partners that have been exposed to infection. Support includes giving the index client a mechanism to encourage the client's partner to attend counseling, testing and other prevention and treatment services. Confidentiality shall be observed in the entire process;
- (z) **Person living with HIV** refers to any individual diagnosed to be infected with HIV;
- (aa) **Pre-test counseling** refers to the process of providing an individual information on the biomedical aspects of HIV/AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before the individual is subjected to the test;
- (bb) **Post-test counseling** refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time the result is released;
- (cc) **Prophylactic** refers to any agent or device used to prevent the transmission of a disease;
- (dd) **Provider-initiated counseling and testing** refers to a health care provider initiating HIV anti-body testing to a person practicing high-risk behavior or vulnerable to HIV after conducting HIV pre-test counseling. A person may elect to decline or defer testing such that consent is conditional;
- (ee) **Routine HIV Testing** refers to HIV testing recommended at health care facilities as a standard component of medical care. It is part of the normal standard of care offered irrespective of whether or not the patient has signs and symptoms of underlying HIV infection or has other reasons for presenting to the facility provided that a patient may elect to decline or defer testing.
- (ff) **Safer sex practices** refer to choices made and behaviors adopted by a person to reduce or minimize the risk of HIV transmission. These include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners;
- (gg) **Sexually Transmitted Infections (STIs)** refer to infections that are spread through the transfer of organisms from one person to another as a result of sexual contact;

- (hh) **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;
- (ii) **Social protection** refers to a set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruptions/loss of income;
- (jj) **Stigma** refers to the dynamic devaluation and dehumanization of an individual in the eyes of others which may be based on attributes that are arbitrarily defined by others as discreditable or unworthy and which result in discrimination when acted upon;
- (kk) **Treatment hubs** refer to private and public hospitals or medical establishments accredited by the DOH to have the capacity and facility to provide anti-retroviral treatment;
- (ll) **Vertical transmission** refers to the process of transmission during pregnancy, birth, or breastfeeding;
- (mm) **Voluntary HIV testing** refers to HIV testing of an individual who, after having undergone pre-test counseling, willingly submits to such test;
- (nn) **Vulnerable communities** refer to communities and groups 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;
- (oo) **Window period** refers to the period of time, usually lasting from two (2) weeks to six (6) months during which an infected individual will test 'negative' upon HIV testing but can actually transmit the infection;
- (pp) **Work place** refers to the office, premise or work site where workers are habitually employed and shall include the office or place where workers, with no fixed or definite work site, regularly report for assignment in the course of their employment.

ARTICLE I PHILIPPINE NATIONAL AIDS COUNCIL

SEC. 4. Establishment of the Philippine National AIDS Council. – The Philippine National AIDS Council, hereinafter referred to as the Council, is hereby created and shall be the policy-making, planning, coordinating and advisory body of the Philippine National HIV and AIDS Program. It shall be an agency attached to the Department of Health.

In situations where a gap in the national response has been identified, the Council may catalyze or develop the intervention required for endorsement to appropriate government agencies.

SEC. 5. Functions. – The Council shall perform the following functions:

- (a) Develop the National Multi-Sectoral HIV and AIDS Strategic Plan in collaboration with relevant government agencies and civil society organizations;
- (b) Ensure the operationalization and implementation of the National Multi-Sectoral HIV and AIDS Strategic Plan;
- (c) Coordinate with government agencies and other entities mandated to implement the provisions of this Act;
- (d) Develop and ensure the implementation of the guidelines and policies provided in this Act, including other policies that may be necessary to implement the National Multi-Sectoral HIV and AIDS Strategic Plan;
- (e) Monitor the progress of the epidemic;
- (f) Monitor the implementation of the National Multi-Sectoral HIV and AIDS Plan, undertake mid-term assessments and evaluate its impact;
- (g) Mobilize sources of fund for the National Multi-Sectoral HIV and AIDS Plan;

- (h) Coordinate, organize, and work in partnership with foreign and international organizations regarding funding, data collection, research, and prevention and treatment modalities on HIV and AIDS and ensure foreign funded programs are aligned to the national response;
- (i) Advocate for policy reforms to Congress and other government agencies to strengthen the country's response to the epidemic; and
- (j) Submit an annual report to the Office of the President, Congress, and members of the Council.

SEC. 6. Membership, Composition, Appointment, Quorum and Term of Office. – Two-thirds (2/3) of the Council's membership shall come from national government agencies, and one-third (1/3) shall come from civil society organizations: *Provided*, That an organization representing the positive community shall be included. Positive Community refers to those persons who are infected with HIV or AIDS virus.

Membership in the Council shall be based on the following criteria:

- (a) The government agency or CSO must be directly contributing to the performance of the core functions of the Council (oversight, direction setting and policy making);
- (b) The government agency or CSO must be implementing programs, services and activities that directly contribute to the achievement of the National Multi-Sectoral HIV and AIDS Plan; and
- (c) The government agency or CSO must have existing constituencies who are the target clients of the National Multi-Sectoral HIV and AIDS Plan's objectives and activities;

The following Member Agencies and CSOs shall be represented in the Council:

- (a) Department of Health;
- (b) Department of Education;
- (c) Department of Labor and Employment;
- (d) Department of Social Welfare and Development;
- (e) Department of the Interior and Local Government;
- (f) Department of Justice;
- (g) Department of Budget and Management;
- (h) Department of Foreign Affairs
- (i) Department of Tourism
- (j) Philippine Information Agency
- (k) National Economic and Development Authority
- (l) Civil Service Commission
- (m) Commission on Higher Education
- (n) Technical Education and Skills Development Authority
- (o) League of Provinces of the Philippines
- (p) League of Cities
- (q) League of Municipalities
- (r) Two (2) representatives from non-governmental organizations who have expertise in standard setting and service delivery;
- (s) Seven (7) representatives from non-government organizations working for the welfare of identified key populations; and
- (t) A representative of an organization of Persons Living with HIV (PLHIV).

Except for the *ex-officio* members, the other members of the Council shall be appointed by the President of the Philippines. The heads of government agencies may be represented by an official duly designated by their respective agencies. The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act.

The presence of the Chairperson or the Vice Chairperson of the Council, and at least seven

(7) other Council members and/or permanent alternates shall constitute a quorum to do business, and a majority vote of those present shall be sufficient to pass resolutions or render decisions. The Secretary of Health shall be the permanent Chairperson of the Council. However, the Vice-Chairperson shall be elected from the government agency members, and shall serve for a term of six (6) years.

Members representing the civil society organizations shall serve for a term of three (3) years, renewable upon recommendation of the Council for a maximum of two (2) consecutive terms.

SEC.7. Secretariat. – The Council shall be supported by a secretariat consisting of personnel with the necessary technical expertise and capability that shall be conferred permanent appointments, subject to Civil Service rules and regulations. The Secretariat shall be headed by an Executive Director, who shall be under the direct supervision of the Chairperson of the Council.

The Secretariat shall perform the following functions:

- (a) Coordinate and manage the day-to-day affairs of the Council;
- (b) Assist in the formulation, monitoring, and evaluation of the National Multi-Sectoral HIV and AIDS Strategic Plan and policies;
- (c) Provide technical assistance, support, and advisory services to the Council and its external partners;
- (d) Assist the Council in identifying and building internal and external networks and partnerships;
- (e) Coordinate and support the efforts of the Council and its members to mobilize resources;
- (f) Serve as the clearing house and repository of HIV and AIDS-related information;
- (g) Disseminate updated, accurate, relevant, and comprehensive information about the epidemic to Council members, policy makers, and the media;
- (h) Provide administrative support to the Council; and
- (i) Act as spokesperson and representative for and in behalf of the Council.

SEC. 8. National Multi-Sectoral HIV and AIDS Strategic Plan. – A six-year national multi-sectoral HIV and AIDS strategic plan or an AIDS Medium Term Plan (AMTP) shall be formulated and periodically updated by the Council. The AMTP shall include 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's response;
- (c) The six year operationalization of the program and identification of the government agencies that shall implement the program, including the designated office within each agency responsible for overseeing, coordinating, facilitating and/or monitoring the implementation of its AIDS program from the national to the local levels; and
- (d) The budgetary requirements and a corollary investment plan that shall identify the sources of funds for its implementation.

SEC.9. National HIV and AIDS and STI Prevention and Control Program of the DOH. – The existing National HIV and AIDS and STI Prevention and Control Program (NASPCP) of the DOH, which is composed of qualified medical specialists and support personnel with permanent appointments and with adequate yearly budget, shall coordinate with the Council for the implementation of the health sector's HIV and AIDS and STI response, as identified in the National Multi-Sectoral HIV and AIDS Strategic Plan or AMTP.

SEC.10. Protection of Human Rights. – The country's response to the HIV and AIDS phenomena shall be anchored on the principles of human rights and human dignity. Public health concerns shall be aligned with internationally-recognized human rights instruments and standards.

1 Towards this end, the members of the Council, in cooperation with civil society
2 organizations, and in collaboration with the Department of Justice (DOJ) and the
3 Commission on Human Rights (CHR), shall ensure the delivery of non-discriminatory HIV
4 and AIDS services by government and private HIV and AIDS service providers. Further, the
5 DOH and CHR, in coordination with the Council, shall take the lead in developing redress
6 mechanisms for persons living with HIV to ensure that their civil, political, economic and
7 social rights are protected.
8
9

10 **ARTICLE II** 11 **EDUCATION AND INFORMATION** 12 13

14 **SEC. 11. *Prevention Program.*** – There shall be an HIV and AIDS prevention program that
15 shall educate the public on these and other sexually transmitted infections, with the goal of
16 reducing risky behavior, lowering vulnerabilities, and promoting the human rights of persons
17 living with HIV. The Council shall promote and adopt a range of measures and
18 interventions, in partnership with civil society organizations that aim to prevent, halt, or
19 control the spread of HIV in the general population, especially among the key populations
20 and vulnerable communities. These measures shall likewise promote the rights, welfare,
21 and participation of persons living with HIV and the affected children, young people, families
22 and partners of persons living with HIV.
23

24 The HIV and AIDS prevention programs shall be age-appropriate and based on up-to-date
25 evidence and scientific strategies, and shall actively promote:
26

- 27 (a) Safer sex practices among the general population, especially among key
28 populations;
- 29 (b) Safer sex practices that reduce risk of HIV infection;
- 30 (c) Universal access to evidence-based and relevant information and education, and
31 medically safe, legally affordable, effective and quality treatment;
- 32 (d) Sexual abstinence and sexual fidelity; and
- 33 (e) Consistent and correct condom use.
34

35 **SEC. 12. *Education in Learning Institutions.*** – Using standardized information and data
36 from the Council, the Department of Education (DepEd), the Commission on Higher
37 Education (CHED), and the Technical Education and Skills Development Authority
38 (TESDA), shall integrate basic and age-appropriate instruction on the causes, modes of
39 transmission and ways of preventing the spread of HIV and AIDS and other sexually
40 transmitted infections in their respective curricula taught in public and private learning
41 institutions, including alternative and indigenous learning systems. The learning modules
42 shall include human rights based principles and information on treatment, care and support
43 to promote stigma reduction.
44

45 The DepEd, CHED and TESDA shall ensure the development and provision of psychosocial
46 support and counseling in learning institutions for the development of positive health,
47 promotion of values and behavior pertaining to reproductive health in coordination with the
48 Department of Health. For this purpose, funds shall be allocated for the training and
49 certification of teachers and school counselors.
50

51 **SEC. 13. *Education as a Right to Health and Information.*** – HIV and AIDS education
52 and information dissemination shall form part of the constitutional right to health.
53

54 **SEC. 14. *Education in the Workplace.*** – All public and private employers and employees
55 shall be provided with standardized basic information and instruction on HIV and AIDS,
56 including topics on confidentiality in the workplace and reduction or elimination of stigma
57 and discrimination.
58

1 The Department of Labor and Employment (DOLE) for the private sector and the Civil
2 Service Commission (CSC) for the public sector shall implement this provision. The
3 members of the Armed Forces of the Philippines (AFP) and the Philippine National Police
4 (PNP) shall likewise be provided with standardized basic information and instruction on HIV
5 and AIDS by the DOH in partnership with appropriate agencies.
6

7 **SEC. 15. Education for Filipinos Going Abroad.** – The Department of Foreign Affairs
8 (DFA) shall, in coordination with the Commission on Filipino Overseas, Department of Labor
9 and Employment and the Council, ensure that all overseas Filipino workers, including
10 diplomatic, military, trade, labor officials, and personnel and their families to be assigned
11 overseas, shall undergo or attend a seminar on HIV and AIDS and shall be provided with
12 information on how to access on-site HIV-related services and facilities before certification
13 for overseas assignment.
14

15 **SEC. 16. Information for Tourists and Transients.** – Educational materials on the cause,
16 modes of transmission, prevention, and consequences of HIV infection and list of HIV
17 counseling testing facilities shall be adequately provided at all international and local ports
18 of entry and exit. The Department of Tourism (DOT), the Department of Foreign Affairs
19 (DFA), Department of Transportation and Communication (DOTC) and the Bureau of
20 Immigration, in coordination with the Council and stakeholders in the tourism industry, shall
21 lead the implementation of this Section.
22

23 **SEC. 17. Education in Communities.** – The DILG, League of Provinces, League of Cities
24 and League of Municipalities, through the Local HIV and AIDS Council (LAC) or the Local
25 Health Boards and, in coordination with the Council, shall implement a locally based, multi-
26 sectoral community response to HIV and AIDS by raising awareness about it and ways to
27 curtail its transmission.
28

29 Gender and Development (GAD) funds and other sources may be utilized for these
30 purposes.
31

32 The Department of Interior and Local Government (DILG), in coordination with the DSWD,
33 shall also conduct age- appropriate HIV and AIDS education for out-of-school youths.
34

35 **SEC. 18. Education for Key Populations and Vulnerable Communities.** – To ensure
36 that HIV services reach key populations at higher risk, the Council, in collaboration with the
37 local government units and civil society organizations engaged in HIV and AIDS programs
38 and projects, shall support and provide funding for HIV and AIDS education programs, such
39 as peer education, support groups, outreach activities and community-based research that
40 target these populations and other vulnerable communities. The DOH shall, in coordination
41 with appropriate agencies and the Council shall craft the guidelines, and standardized
42 information messages for peer education, support group and outreach activities.
43

44 **SEC. 19. Prevention in Prisons and Other Closed-Settings.** – All prisons, rehabilitation
45 centers and other closed-setting institutions shall have comprehensive STI, HIV and AIDS
46 prevention and control program that includes HIV education and information, HIV
47 counseling and testing, access to HIV treatment and care services. The DOH shall, in
48 coordination with DILG, DOJ, and DSWD, develop HIV and AIDS comprehensive program
49 and policies which include the HIV counseling and testing procedures.
50

51 Persons living with HIV in prisons and closed-setting shall be provided HIV treatment, which
52 includes ARV drugs, care and support in accordance with the national guidelines. Efforts
53 should be undertaken to ensure the continuity of care at all stages, from admission or
54 imprisonment to release. The provision on informed consent and confidentiality shall also
55 apply in closed-settings.
56

57 **SEC. 20. Information on Prophylactics.** – Appropriate information shall be attached to or
58 provided with every prophylactic offered for sale or given as a donation. Such information
59 shall be legibly printed in English and Filipino, and contain literature on the proper use of the

prophylactic device or agent, its efficacy against HIV and STI, as well as the importance of sexual abstinence and mutual fidelity.

SEC. 21. *Misinformation on HIV and AIDS.* – Misinformation on HIV and AIDS, which includes false and misleading advertising and claims in any of the multimedia or the promotional marketing of drugs, devices, agents or procedures without prior approval from the DOH through the Food and Drug Authority (FDA) and without the requisite medical and scientific basis, including markings and indications in drugs and devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV infection, shall be prohibited.

ARTICLE III PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES

SEC. 22. *Positive Health, Dignity and Prevention.* – The Council, in coordination with the DOH, local government units, and other relevant government agencies, private sector, civil society organizations, faith-based organizations, and persons living with HIV, shall support preventive measures that shall focus on the positive roles of persons living with HIV. Such preventive measures shall include the following:

- (a) Creation of rights-based and community-led behavior modification programs that seek to encourage HIV risk reduction behavior among persons living with HIV;
- (b) Establishment and enforcement of rights-based mechanisms to strongly encourage newly tested HIV-positive individuals to conduct partner notification and to promote HIV status disclosure to sexual partners;
- (c) Establishment of standard precautionary measures in public and private health facilities;
- (d) Accessibility of anti-retroviral treatment, management of opportunistic infections; and
- (e) Mobilization of communities of persons living with HIV, for public awareness campaigns and stigma reduction activities.

The enforcement of this section shall not lead to or result in the discrimination or violation of the rights of persons living with HIV.

SEC. 23. *Harm Reduction Strategies.* – The DILG and the DOH, in close coordination with the Dangerous Drugs Board and in partnership with the key affected population, shall establish a human rights and evidenced-based HIV prevention policy and program for people who use and inject drugs.

The presence of used or unused condoms, other safer sex paraphernalia and sterile injecting equipment, shall not be used as basis to conduct raids or similar police operations in sites and venues of HIV prevention interventions. The DILG and DOH, in coordination with the Dangerous Drugs Board, shall establish a national policy to guarantee the implementation of this provision.

SEC. 24. *Preventing Mother-to-Child HIV Transmission.* – The DOH shall implement a program to prevent mother-to-child HIV transmission that shall be integrated into its maternal and child health services.

SEC. 25. *Standard Precaution on the Donation of Blood, Tissue, or Organ.* – The DOH shall enforce the following guidelines on donation of blood, tissue or organ:

- (a) A donation of tissue or organs, whether gratuitous or onerous, shall be accepted by a laboratory or institution only after a sample from the donor has been tested negative for HIV;
- (b) All donated blood shall also be subject to HIV testing. HIV-positive blood shall be disposed of properly and immediately; and

- 1 (c) A second testing may be demanded, as a matter of right, by the blood, tissue, or
2 organ recipients or their immediate relatives before transfusion or transplant, except
3 during emergency cases.
4

5 Donations of blood, tissue or organ testing positive for HIV may be accepted for research
6 purposes only, and shall be subject to strict sanitary disposal requirements.
7

8 **SEC. 26. Standard Precaution on Surgical and Other Similar Procedures.** – The DOH
9 shall, in consultation with concerned professional organizations and hospital associations,
10 issue guidelines on precautions against HIV transmission during surgical, dental,
11 embalming, body painting or tattooing that require the use of needles, or similar procedures.
12 The necessary protective equipment such as gloves, goggles and gowns shall be
13 prescribed and required, and made available to all physicians and health care providers,
14 tattoo artists, and similarly exposed personnel at all times.
15

16
17 **ARTICLE IV**
18 **TESTING, SCREENING AND COUNSELING**
19

20
21 **SEC. 27. Voluntary HIV Testing.** – As a policy, the State shall encourage voluntary HIV
22 testing. Written consent from the person taking the test must be obtained before HIV
23 testing. If the person is below fifteen (15) years of age or is mentally incapacitated, such
24 consent shall be obtained from the child's parents, legal guardian, or whenever applicable,
25 from the licensed social worker, licensed health service providers, or a DOH-accredited
26 health service provider assigned to provide health services to the child.
27

28 HIV testing and counseling shall be made available to a child who is fifteen (15) years old
29 but below eighteen (18) years of age, who requests to undergo these procedures and
30 counseling and other related services.
31

32 In every circumstance, proper counseling shall be conducted by a social worker, a health
33 care provider or other health care professional, accredited by the DOH or DSWD.
34

35 **SEC. 28. Compulsory HIV Testing.** – Compulsory HIV testing shall be allowed only in the
36 following instances:
37

- 38 (a) When it is necessary to test a person who is charged with any of the offenses
39 punishable under Articles 264, 266, 335 and 338 of the Revised Penal Code, as
40 amended by Republic Act No. 8353 otherwise known as the Anti-Rape Law of 1997;
41 (b) When it is necessary to resolve relevant issues under Executive Order No. 209,
42 otherwise known as the Family Code of the Philippines;
43 (c) As a prerequisite in the donation of blood in compliance with the provisions of
44 Republic Act No. 7170, otherwise known as the Organ Donation Act and Republic
45 Act No. 7719, otherwise known as the National Blood Services Act.
46

47 **SEC. 29. HIV Counseling and Testing.** – To ensure access to voluntary and confidential
48 HIV testing, which shall include client-initiated HIV testing and routine provider-initiated
49 testing, the DOH shall:
50

- 51 (a) Accredite public and private HIV testing facilities based on capacity to deliver testing
52 services including HIV counseling: *Provided, That*, only DOH-accredited HIV testing
53 facilities shall be allowed to conduct HIV testing;
54 (b) Develop the guidelines for HIV testing and counseling, including mobile HIV testing
55 and counseling and routine provider-initiated HIV counseling and testing that shall
56 ensure, among others, that HIV testing is based on informed consent, is voluntary
57 and confidential, and is available at all times and provided by qualified persons and
58 DOH-accredited providers;

- (c) Accredit institutions or organizations that train HIV and AIDS counselors in coordination with DSWD; and
- (d) Set the standards for HIV counseling and work closely with HIV and AIDS civil society organizations that train HIV and AIDS counselors and peer educators in coordination and participation of nongovernment organizations (NGOs), government organizations (GOs) and Civil Society Organization-People Living with HIV (CSO-PLHIV).

All HIV testing facilities shall provide free pre-test and post-test HIV counseling to individuals who wish to avail of HIV testing, which shall likewise be confidential. No HIV testing shall be conducted without informed consent. The State shall ensure that specific approaches to HIV counseling and testing are adopted based on the nature and extent of HIV/AIDS incidence in the country.

The DOH shall also ensure access to routine HIV testing as part of clinical care in all health care settings.

ARTICLE V HEALTH AND SUPPORT SERVICES

SEC. 30. Access to Treatment by Indigents. – The DOH shall establish a program that will provide free and accessible anti-retroviral treatment to all indigents living with HIV who are enrolled in the program. Free medication for opportunistic infections shall be made available to all indigents in the government treatment hubs. It shall likewise designate public and private hospitals to become satellite hubs with an established HIV and AIDS Core Team (HACT). A manual of procedures for management of people living with HIV shall be developed by the DOH.

SEC. 31. Economic Empowerment and Support. – Persons living with HIV shall not be deprived of any employment, livelihood, micro-finance, self-help, and cooperative programs by reason of their HIV status. The DSWD, in coordination with the DILG, DOLE and TESDA, shall develop enabling policies and guidelines to ensure economic empowerment and independence designed for persons living with HIV.

SEC. 32. Care and Support for Persons Living with HIV. – The DSWD, in coordination with DOH and TESDA shall develop care and support programs for persons living with HIV, which shall include peer-led counseling and support, social protection, welfare assistance, and mechanisms for case management. These programs shall include care and support for the affected children, families and partners of persons living with HIV.

SEC. 33. Care and Support for Overseas Workers Living with HIV. – The Overseas Workers Welfare Administration (OWWA), in coordination with the DSWD, the DFA, Commission on Filipino Overseas and the Bureau of Quarantine, shall develop a program to provide a stigma-free comprehensive reintegration, care and support program, including economic, social and medical support, for overseas workers, regardless of employment status and stage in the migration process.

SEC. 34. Testing of Organ Donation. – Lawful consent to HIV testing of a donated human body, organ, tissue or blood shall be considered as having been given when:

- (a) A person volunteers or freely agrees to donate one's blood, organ, or tissue for transfusion, transplantation, or research; and
- (b) A legacy and a donation are executed in accordance with Sections 3 and 4 respectively, of Republic Act No. 7170 otherwise known as the Organ Donation Act of 1991.

1 **SEC. 35. HIV Anti-Body Testing for Pregnant Women.** – A health care provider who
2 offers pre-natal medical care shall routinely conduct HIV screening with an opt-out HIV
3 testing for pregnant women. The DOH shall provide the necessary guidelines for healthcare
4 providers in the conduct of the screening procedure.
5

6 **SEC. 36. Immunity from Suit for HIV Educators, Licensed Social Workers, Health**
7 **Workers and Other HIV and AIDS Service Providers.** – Any person involved in the
8 provision of HIV and AIDS services, including peer educators, shall be immune from suit,
9 arrest or prosecution, and from civil, criminal or administrative liability, on the basis of their
10 delivery of such services in HIV prevention, or in relation to the legitimate exercise of
11 protective custody of children, whenever applicable. This immunity does not cover acts
12 which are committed in violation of this Act.
13

14 **SEC. 37. Health Insurance.** – The Philippine Health Insurance Corporation (PhilHealth)
15 shall develop an insurance package for persons living with HIV that shall include coverage
16 for in-patient and out-patient medical and diagnostic services, including medication and
17 treatment, and a set of benefits to the unborn and newborn child infected by their mothers.
18 Additionally, it shall set a reference price for HIV services in government hospitals and
19 conduct programs to educate the human resource units of companies on the PhilHealth
20 package on HIV and AIDS.
21

22 The PhilHealth shall enforce confidentiality in the provision of these packages to persons
23 living with HIV.
24

25 No person living with HIV shall be denied or deprived of private health insurance by a
26 Health Maintenance Organization (HMO) and private life insurance coverage by a life
27 insurance company on the basis of the person's HIV status. The Insurance Commission
28 shall enforce the provision of life insurance coverage by persons applying for such services
29 and shall develop the necessary policies to ensure compliance.
30

31 **SEC. 38. HIV and AIDS Monitoring and Evaluation.** – The DOH shall maintain a
32 comprehensive HIV and AIDS monitoring and evaluation program that shall serve the
33 following purposes:

- 34 (a) Determine and monitor the magnitude and progression of HIV and AIDS in the
35 Philippines to help the national government evaluate the adequacy and efficacy of
36 HIV prevention and treatment programs being employed;
37 (b) Receive, collate, process and evaluate all HIV and AIDS-related medical reports
38 from all hospitals, clinics, laboratories and testing centers, including HIV-related
39 deaths and relevant data from public and private hospitals, various databanks or
40 information systems: *Provided*, That it shall adopt a coding system that ensures
41 anonymity and confidentiality; and
42 (c) Submit, through its Secretariat, an annual report to the Council containing the
43 findings of its monitoring and evaluation activities in compliance with this mandate.
44

45
46 **ARTICLE VI**
47 **CONFIDENTIALITY**
48

49
50 **SEC. 39. Confidentiality.** – The confidentiality and privacy of any individual who has been
51 tested for HIV, exposed to HIV, has HIV infection or HIV and AIDS-related illnesses, or was
52 treated for HIV-related illnesses shall be guaranteed. The following acts violate
53 confidentiality and privacy:
54

- 55 (a) Disclosure of confidential HIV and AIDS information. – Unless otherwise provided in
56 Section 40 of this Act, it shall be unlawful to disclose, without written consent,
57 information that a person had HIV-related test and AIDS, has HIV infection, HIV-
58 related illnesses or has been exposed to HIV.

1
2 The prohibition shall apply to any person, natural or juridical, whose work or function
3 involves the implementation of this Act or the delivery of HIV-related services,
4 including those who handle or have access to personal data or information in the
5 workplace, and who, pursuant to the receipt of the required written consent from the
6 subject of confidential HIV and AIDS information, have subsequently been granted
7 access to the same confidential information.
8

- 9 (b) Media Disclosure. – It shall be unlawful for any editor, publisher, reporter or
10 columnist, in case of printed materials, announcer or producer in case of television
11 and radio broadcasting, producer and director of films in case of the movie industry,
12 to disclose the name, picture, or any information that would reasonably identify any
13 person living with HIV or AIDS, or any confidential HIV and AIDS information, without
14 the prior written consent of their subject.
15

16 **SEC. 40. Exceptions.** – Confidential HIV and AIDS information may be released by HIV
17 testing facilities without written consent in the following instances:
18

- 19 (a) When complying with reportorial requirements of the national active and passive
20 surveillance system of the DOH: *Provided*, that the information related to a person's
21 identity shall remain confidential;
22 (b) When informing other health workers directly involved in the treatment or care of a
23 person living with HIV: *Provided*, That such worker shall be required to perform the
24 duty of shared medical confidentiality; and
25 (c) When responding to a *subpoena duces tecum* and *subpoena duces tecum ad*
26 *testificandum* issued by a court with jurisdiction over a legal proceeding where the
27 main issue is the HIV status of an individual: *Provided*, That the confidential medical
28 record, after having been verified for accuracy by the head of the office or
29 department, shall remain anonymous and unlinked and shall be properly sealed by
30 its lawful custodian, hand delivered to the court, and personally opened by the
31 judge: *Provided, further*, That the judicial proceedings shall be held in executive
32 session.
33

34 **SEC. 41. Release of HIV-Related Test Results.** – The result of any test related to HIV
35 shall be released by the attending physician, who provides pre- and post-test counseling
36 only to the individual who submitted to the test. If the patient is below fifteen (15) years old,
37 an orphan, or is mentally incapacitated, the result may be released to either of the patient's
38 parents, legal guardian, or a duly assigned licensed social worker, whichever is applicable.
39

40 **SEC. 42. Disclosure to Sexual Partners.** – Any person who, after having been tested, is
41 found to be infected with HIV, is strongly encouraged to disclose this health condition to the
42 spouse or sexual partner prior to engaging in penetrative sex or any potential exposure to
43 HIV. A person living with HIV may opt to seek help from qualified professionals including
44 medical professionals, health workers, peer educators, or social workers to support him in
45 disclosing this health condition to one's partner or spouse. Confidentiality shall likewise be
46 observed. Further, the DOH, through the Council, shall establish an enabling environment
47 to encourage newly tested HIV positive individuals to disclose their status to sexual
48 partners.
49

50 **SEC. 43. Duty of Employers, Heads of Government Offices, Heads of Public and**
51 **Private Schools or Training Institutions, and Local Chief Executives.** – It shall be the
52 duty of private employers, heads of government offices, heads of public and private schools
53 or training institutions, and local chief executives over all private establishments within their
54 territorial jurisdiction, to prevent or deter acts of discrimination against persons living with
55 HIV, and to provide procedures for the resolution, settlement, or prosecution of acts of
56 discrimination. Towards this end, the employer, head of office, or local chief executive shall:
57

- 58 (a) Promulgate rules and regulations prescribing the procedure for the investigation of
59 discrimination cases and the administrative sanctions thereof; and

- (b) Create a permanent committee on the investigation of discrimination cases. The committee shall conduct meetings to increase the members' knowledge and understanding of HIV and AIDS, and to prevent incidents of discrimination. It shall also conduct the administrative investigation of alleged cases of discrimination.

ARTICLE VII DISCRIMINATORY ACTS AND PRACTICES

SEC. 44. Prohibited Acts. – The following are discriminatory acts and practices and shall be prohibited:

- (a) **Discrimination in the Workplace.** – The 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;
- (b) **Discrimination in Learning Institutions.** – Refusal of admission, expulsion, segregation, imposition of harsher disciplinary actions, or denial of benefits or services, of a student or a prospective student solely or partially on the basis of actual, perceived or suspected HIV status;
- (c) **Restriction on Travel and Habitation.** – Restrictions on travel within the Philippines, refusal of lawful entry to Philippine territory, deportation from the Philippines, or the quarantine or enforced isolation of travelers solely or partially on account of actual, perceived or suspected HIV status is discriminatory; It also includes restrictions on housing or lodging solely or partially on the basis of actual, perceived or suspected HIV status. The same standard of protection shall be afforded to migrants, visitors and residents who are not Filipino citizens.
- (d) **Inhibition from Public Services.** – Prohibition on the right to seek an elective or appointive public office solely or partially on the basis of actual, perceived or suspected HIV status;
- (e) **Exclusion from Credit and Insurance Services.** – 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 partially 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.
- (f) **Discrimination in Hospitals and Health Institutions.** – Denial of health services, or be charged with a higher fee, on the basis of actual, perceived or suspected HIV status; and
- (g) **Denial of Burial Services.** – Denial of embalming and burial services for a deceased person who had HIV and AIDS or who was known, suspected, or perceived to be HIV positive.

SEC. 45. Penalties. – The corresponding penalties shall be imposed upon:

- (a) Any person who commits the prohibited act under Section 21 of this Act shall upon conviction, suffer the penalty of imprisonment of two (2) months to two (2) years, without prejudice to the imposition of fines and administrative sanctions, such as suspension or revocation of professional or business license;
- (b) Any person who violates the last paragraph of Section 23 of this Act shall, upon conviction, suffer the penalty of imprisonment of one (1) year to five (5) years and a fine of not less than One hundred thousand pesos (P100,000.00) but not more than Five hundred thousand pesos (P500,000.00): *Provided*, That the law enforcement agents found guilty of violating this Act shall be removed from public service;
- (c) Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of profession through unsafe and unsanitary practice and procedure shall, upon conviction, suffer the penalty of imprisonment of six (6) years

to twelve (12) years, without prejudice to the imposition of fines and administrative sanctions, such as suspension or revocation of professional license.

The permit or license of the business entity and the accreditation of the HIV testing centers may be cancelled or withdrawn if these establishments fail to maintain safe practices and procedures as may be required by the guidelines formulated in compliance with Sections 25 and 26 of this Act;

- (d) Any person who violates Section 36 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and a fine of not less than One hundred thousand pesos (P100,000.00) but not more than Five hundred thousand pesos (P500,000.00): *Provided*, That if the person who violates this provision is a law enforcement agent or a public official, administrative sanctions may be imposed in addition to imprisonment and/or fine, at the discretion of the court;
- (e) Any person, natural or juridical, who denies life insurance coverage of any person living with HIV in violation of Section 37 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and /or a fine of not less than Fifty thousand pesos (P50,000.00), at the discretion of the court, and without prejudice to the imposition of administrative sanctions such as fines, suspension or revocation of business permit, business license or accreditation, and professional license;
- (f) Any person, natural or juridical, who violates the provisions in subparagraphs (a) and (b) of Section 39 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years, and/or a fine of not less than Fifty thousand pesos (P50,000.00) but not more than Five hundred thousand (P500,000.00), or both imprisonment and fine, at the discretion of the court, and without prejudice to the imposition of administrative sanctions such as suspension or revocation of business permit, business license or accreditation, and professional license;
- (g) Any person, natural or juridical, who shall violate any of the provisions in Section 44 shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and/or a fine of not less than Fifty thousand pesos (P50,000.00) but not more than Five hundred thousand (P500,000.00), at the discretion of the court, and without prejudice to the imposition of administrative sanctions such as fines, suspension or revocation of business permit, business license or accreditation, and professional license; and
- (h) Any person who has obtained knowledge of confidential HIV and AIDS information and uses such information to malign or cause damage, injury or loss to another person shall face liability under Articles 19, 20, 21 and 26 of the new Civil Code of the Philippines.

Fines and penalties collected pursuant to this Section shall be deposited in the National Treasury.

SEC. 46. Appropriations. – The amount needed for the initial implementation of this Act shall be charged against the appropriations for the Department of Health. Thereafter, such sums as maybe necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

The funding requirement needed to provide for the health insurance package and other services for persons living with HIV as stated in Section 37 hereof shall be charged against the PhilHealth's corporate funds.

SEC. 47. Transitory Provision. – The personnel designated by the DOH as Secretariat of the Council under Section 7 of this Act shall be absorbed as permanent personnel to fill the positions of the Secretariat as provided in this Act.

SEC. 48. Implementing Rules and Regulations. – The Council within ninety (90) days from the effectivity of this Act shall promulgate the necessary rules and regulations for the effective implementation of the provisions of this Act.

1 **SEC. 49. Repealing Clause.** – Republic Act No. 8504, otherwise known as the Philippine
2 AIDS Prevention and Control Act of 1998, is hereby repealed.

3
4 All decrees, executive orders, proclamations and administrative regulations or parts thereof,
5 particularly in Republic Act No. 3815, otherwise known as the Revised Penal Code,
6 Republic Act No. 8353, otherwise known as the Anti-Rape Law of 1997, Executive Order
7 No. 209, otherwise known as the Family Code of the Philippines, Republic Act No. 7719,
8 otherwise known as the National Blood Services Act, Republic Act No. 9165, otherwise
9 known as the Dangerous Drugs Act and Republic Act No. 7170, otherwise known as the
10 Organ Donation Act of 1991, inconsistent with the provisions of this Act are hereby
11 repealed, amended or modified accordingly.

12
13 **SEC. 50. Separability Clause.** – If any provision or part of this Act is declared
14 unconstitutional the remaining parts or provisions not affected shall remain in full force and
15 effect.

16
17 **SEC. 51. Effectivity.** – This Act shall take effect fifteen (15) days after its complete
18 publication in the Official Gazette or in a newspaper of general circulation.

19
20 Approved,