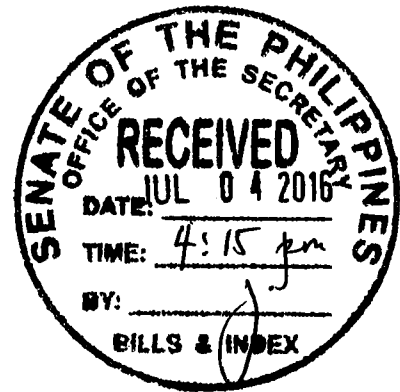


SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

SENATE

Senate Bill No. 376



Introduced by SEN. ANA THERESIA "RISA" HONTIVEROS BARAQUEL

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," AND APPROPRIATING FUNDS THEREFOR.

EXPLANATORY NOTE

The unprecedented rise in HIV cases in the Philippines presents a grave public health threat that requires urgent action. From 6,015 total cases in 2010, the number rose to a total of 33,419 during the first quarter of 2016. While this still reflects a low prevalence rate for a country of 100 million people, the rapid increase in the last six years reflects an alarming landscape: how the epidemic is expanding in urban centers of the country, affecting disproportionately populations and communities that are marginalised and vulnerable: young Filipinos; gay and bisexual men; transgender people; and people who use drugs.

With the current status of the Philippine response to HIV, it is likely for these concentrated epidemics to continue to rise and jump over to the general population. Coverage of HIV testing, especially for populations that need them, remains low, and about 1 out of 2 Filipinos living with HIV is aware of their HIV status. A third of those infected with HIV have no access to lifesaving treatment, which can only mean that HIV-related deaths are also increasing and that those who are unaware of their status are also infecting others. Despite the fact that a vast majority of HIV new cases have been contracted through sexual transmission, evidence-based interventions to promote safer sex practices have been minimal.

The cost of a business-as-usual response will be damaging to public health. Based on Department of Health estimates, if no improvement is done in the HIV response, the number of Filipinos living with HIV will reach 133,000 by 2022, and balloon to 336,000 by 2030. This will require a bigger public health expenditure, both to guarantee access to HIV treatment and to

prevent new infections. If unaddressed, the HIV epidemic will pose a serious challenge to efforts to scale up universal healthcare in the country, and will prove to be catastrophic to many marginalized Filipinos.

The Philippines is experiencing this increased HIV incidence in a time when HIV prevention and treatment strategies can already be designed to reverse HIV incidence and end the HIV epidemic. Pharmacological advances in HIV treatment have transformed HIV into a manageable lifetime condition, not a death sentence. There are also new HIV prevention approaches, ones that combine biomedical interventions and community-led and human rights-based strategies. These have informed new targets to end the HIV epidemic by 2030.

The Philippines, unfortunately, is not benefiting from these developments. The Philippine response is still designed according to a legal framework from the past, back when HIV cases were less than 500 a year. RA 8504, or the Philippine AIDS Prevention and Control Act of 1998, will not deliver an end to the HIV epidemic in the Philippines.

This proposed bill seeks to repeal RA8504 to introduce a legal framework on HIV that incorporates lessons from the current HIV response and introduces newer evidence-based, human rights-informed, and gender transformative strategies to prevent and treat the epidemic. Among others, this bill aims to:

- Reform the Philippine National AIDS Council as the main governance platform for the HIV response to guarantee efficiency and alignment with evidence-based approaches to address the HIV epidemic;
- Establish a national HIV program, with clear mechanisms for operationalisation and implementation at the local level;
- Introduce evidence-based, human rights-informed, and gender transformative HIV prevention and treatment approaches;
- Improve access to HIV services, especially for key populations and vulnerable communities, and ensure social and financial risk protection for those who need to access these services;
- Enhance anti-discrimination protection to promote the human rights of Filipinos living with HIV, key populations and vulnerable communities, and providers of HIV services;
- Promote a more collaborative framework for the HIV response, especially to guarantee the meaningful participation and involvement of civil society, communities, and key populations; and
- Guarantee sufficient investment for the HIV response.

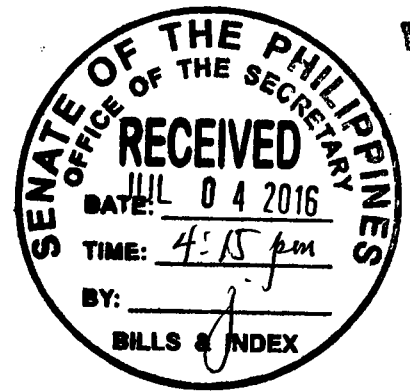
The country still has a window of opportunity to reverse the HIV epidemic before it becomes a catastrophic public health threat, but it requires urgent legal reforms. In this light, the enactment of this bill is earnestly sought.

Ana Theresia Baraquiel
SEN. ANA THERESIA "RISA" HONTIVEROS BARAQUEL

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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," AND APPROPRIATING FUNDS THEREFOR.

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 Policies.* – The Human Immunodeficiency Virus (HIV) and Acquired
5 Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social,
6 political, and economic repercussions. Responding to the HIV and AIDS epidemic is therefore
7 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 epidemic;

13 b. Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring that
14 local communities, civil society organizations, and persons living with HIV are at the
15 center of the process;

16 c. Remove all barriers to HIV and AIDS-related services by eliminating the climate of
17 stigma that surrounds the epidemic and the people directly and indirectly affected by it;
18 and

- 1 d. Positively address and seek to eradicate conditions that aggravate the spread of HIV
2 infection, which include poverty, gender-responsiveness, prostitution, marginalization,
3 drug abuse, and ignorance.
4

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

11
12 Policies and practices that discriminate on the basis of perceived or actual HIV status, sex,
13 gender, sexual orientation, gender identity, age, economic status, disability, and ethnicity hamper
14 the enjoyment of basic human rights and freedoms guaranteed in the Constitution and are
15 deemed inimical to national interest.

16
17 **SEC. 3. *Definition of Terms.*** – For the purposes of this Act, the following terms shall be
18 defined as follows:
19

- 20 a. *Acquired Immune Deficiency Syndrome (AIDS)* refers to a health condition where there is a
21 deficiency of the immune system that stems from infection with the Human
22 Immunodeficiency Virus or HIV, making an individual susceptible to opportunistic
23 infections;
24
25 b. *Antiretroviral (ARV)* refers to the treatment that stops or suppresses viral replication or
26 replications of a retrovirus like HIV thereby slowing down the progression of infection;
27
28 c. *Civil Society Organizations (CSOs)* refer to groups of non-governmental and non-
29 commercial individuals or legal entities that are engaged in non-coerced collective action
30 around shared interests, purpose and values;
31
32 d. *Community-based research* refers to research study undertaken in community settings and
33 which involve community members in the design and implementation of research
34 projects;
35
36 e. *Compulsory HIV testing* refers to HIV testing imposed upon an individual characterized by
37 lack of consent, use of force or intimidation, the use of testing as a prerequisite for
38 employment or other purposes, and other circumstances when informed choice is
39 absent;
40
41 f. *Discrimination* refers to unfair or unjust treatment that distinguishes, excludes, restricts, or
42 shows preferences based on any ground such as sex, gender, age, sexual orientation,
43 gender identity, economic status, disability, ethnicity, and HIV status, whether actual or
44 perceived, and which has the purpose or effect of nullifying or impairing the recognition,
45 enjoyment or exercise by all persons similarly situated, of all rights and freedoms;

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- g. *Evolving capacities of children* refer to the concept enshrined in Article 5 of the Convention on the Rights of the Child recognizing the developmental changes and the corresponding progress in cognitive abilities and capacity for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection and to allow their participation in opportunities for autonomous decision-making in different contexts and across different areas of decision-making.
- h. *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 experience of gender, among them, dress, speech, and mannerism;
- i. *Harm reduction* refers to evidence-based policies, programs and approaches that aim to reduce transmission of HIV and its harmful consequences on health, social relations and economic conditions;
- j. *High-risk behavior* refers to a person's frequent involvement in certain activities that increase the risk of transmitting or acquiring HIV;
- k. *Human Immunodeficiency Virus (HIV)* refers to the virus, of the type called retrovirus, which infects cells of the human immune system—mainly CD4positiveT cells and macrophages—key components of the cellular immune system—and destroys or impairs the cells' function. Infection with HIV results in the progressive deterioration of the immune system, leading to immune deficiency;
- l. *HIV counseling* refers to the interpersonal, dynamic communication process between a client and a trained counselor, who is bound by a code of ethics and practice, to resolve personal, social, or psychological problems and difficulties, whose objective in counseling, in the context of an HIV diagnosis, is to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission) and, in the context of a negative HIV test result, is to encourage the client to explore motivations, options, and skills to stay HIV-negative;
- m. *HIV and AIDS counselor* refers to any individual trained by an institution or organization accredited by the Department of Health (DOH) to provide counseling services on HIV and AIDS with emphasis on behavior modification;
- n. *HIV and AIDS monitoring* refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread;

- 1 o. *HIV and AIDS prevention and control* refers to measures aimed at protecting non-infected
2 persons from contracting HIV and minimizing the impact of the condition of persons
3 living with HIV;
4
- 5 p. *HIV-Negative* refers to the absence of HIV or HIV antibodies upon HIV testing;
6
- 7 q. *HIV-Positive* refers to the presence of HIV infection as documented by the presence of
8 HIV or HIV antibodies in the sample being tested;
9
- 10 r. *HIV-related testing* refers to any laboratory testing or procedure done on an individual
11 regardless of whether the person is HIV positive or negative;
12
- 13 s. *HIV testing* refers to any facility-based or mobile medical procedure that is conducted to
14 determine the presence or absence of HIV in a person's body. HIV testing is confidential
15 and voluntary in nature and must be accompanied by counseling prior to and after the
16 testing, and conducted only with the informed consent of the person;
17
- 18 t. *HIV testing facility* refers to any DOH accredited in-site or mobile testing center, hospital,
19 clinic, laboratory and other facility that has the capacity to conduct voluntary HIV
20 counseling and HIV testing;
21
- 22 u. *HIV transmission* refers to the transfer of HIV from one infected person to an uninfected
23 individual, most commonly through sexual intercourse, blood transfusion, sharing of
24 intravenous needles, and vertical transmission;
25
- 26 v. *Key affected populations at higher risk of HIV exposure or key populations* refer to those groups of
27 persons, as determined by the Philippine National AIDS Council, whose behavior make
28 them more likely to be exposed to HIV or to transmit the virus;
29
- 30 w. *Laboratory* refers to area or place, including community-based settings, where research
31 studies are being undertaken to further develop local evidence base for effective HIV
32 programs;
33
- 34 x. *Medical confidentiality* refers to the relationship of trust and confidence created or existing
35 between a patient or a person living with HIV and his attending physical, consulting
36 medical specialist, nurse, medical technologist and all other health workers or personnel
37 involved in any counseling, testing or professional care of the former. It also applies to
38 any person who, in any official capacity, has acquired or may have acquired such
39 confidential information;
40
- 41 y. *Opportunistic infection* refers to illnesses caused by various organisms, many of which do
42 not cause disease in persons with healthy immune system;
43
- 44 z. *Partner notification* refers to the process by which the 'index client', 'source' or 'patient',
45 who has a sexually transmitted infection (STI) including HIV, is given support in order

1 to notify and advise the partners that they have been exposed to infection. Support
2 includes giving the index client a mechanism to encourage the client's partner to attend
3 counseling, testing and other prevention and treatment services. Confidentiality shall be
4 observed in the entire process;

- 5
- 6 aa. *Person living with HIV* refers to any individual diagnosed to be infected with HIV;
- 7
- 8 bb. *Pre-test counseling* refers to the process of providing an individual information on the
9 biomedical aspects of HIV/AIDS and emotional support to any psychological
10 implications of undergoing HIV testing and the test result itself before the individual is
11 subjected to the test;
- 12
- 13 cc. *Post-test counseling* refers to the process of providing risk-reduction information and
14 emotional support to a person who submitted to HIV testing at the time the result is
15 released;
- 16
- 17 dd. *Prophylactic* refers to any agent or device used to prevent the transmission of a disease;
- 18
- 19 ee. *Provider-initiated counseling and testing* refers to a health care provider initiating HIV anti-
20 body testing to a person practicing high-risk behavior or vulnerable to HIV after
21 conducting HIV pre-test counseling. A person may elect to decline or defer testing such
22 that consent is conditional;
- 23
- 24 ff. *Routine HIV testing* refers to HIV testing recommended at health care facilities as a
25 standard component of medical care. It is part of the normal standard of care offered
26 irrespective of whether or not the patient has signs and symptoms of underlying HIV
27 infection or has other reasons for presenting to the facility provided that a patient may
28 elect to decline or defer testing.
- 29
- 30 gg. *Safer sex practices* refer to choices made and behaviors adopted by a person to reduce or
31 minimize the risk of HIV transmission. It include postponing sexual debut, non-
32 penetrative sex, correct and consistent use of male or female condoms, and reducing the
33 number of sexual partners;
- 34
- 35 hh. *Sexually Transmitted Infections (STIs)* refer to infections that are spread through the transfer
36 of organisms from one person to another as a result of sexual contact;
- 37
- 38 ii. *Sexual orientation* refers to a person's sexual and emotional attraction to, or intimate and
39 sexual relationship with, individuals of different, the same, or both sexes;
- 40
- 41 jj. *Social protection* refers to a set of policies and programs designed to reduce poverty and
42 vulnerability by promoting efficient labor markets, diminishing people's exposure to
43 risks, and enhancing their capacity to protect themselves against hazards and
44 interruptions/loss of income;
- 45

- 1 kk. *Stigma* refers to the dynamic devaluation and dehumanization of an individual in the eyes
2 of others which may be based on attributes that are arbitrarily defined by others as
3 discreditable or unworthy and which results in discrimination when acted upon;
4
- 5 ll. *Treatment hubs* refer to private and public hospitals or medical establishments accredited
6 by the DOH to have the capacity and facility to provide anti-retroviral treatment;
7
- 8 mm. *Vertical transmission* refers to the process of transmission during pregnancy, birth, or
9 breastfeeding;
10
- 11 nn. *Voluntary HIV testing* refers to HIV testing done on an individual who, after having
12 undergone pre-test counseling, willingly submits to such test;
13
- 14 oo. *Vulnerable communities* refer to communities and groups suffering from vulnerabilities such
15 as unequal opportunities, social exclusion, poverty, unemployment, and other similar
16 social, economic, cultural and political conditions, making them more susceptible to HIV
17 infection and to developing AIDS;
18
- 19 pp. *Window period* refers to the period of time, usually lasting from two (2) weeks to six (6)
20 months during which an infected individual will test 'negative' upon HIV testing but can
21 actually transmit the infection;
22
- 23 qq. *Workplace* refers to the office, premise or work site where workers are habitually
24 employed and shall include the office or place where workers, with no fixed or definite
25 work site, regularly report for assignment in the course of their employment.
26

ARTICLE I

PHILIPPINE NATIONAL AIDS COUNCIL

31 **SEC. 4. *Establishment.*** – The Philippine National AIDS Council, hereinafter referred to as the
32 Council, shall be the policy-making, planning, coordinating and advisory body of the Philippine
33 National HIV and AIDS Program. It shall be an agency attached to the Department of Health.
34

35 In situations where a gap in the national response has been identified, the Council may catalyze
36 or develop the intervention required for endorsement to appropriate government agencies.
37

38 **SEC. 5. *Functions.*** – The Council shall perform the following functions:
39

- 40 a. Develop the National Multi-Sectoral HIV and AIDS Strategic Plan in collaboration with
41 relevant government agencies and civil society organizations;
42 b. Ensure the operationalization and implementation of the National Multi-Sectoral HIV
43 and AIDS Strategic Plan;
44 c. Coordinate with government agencies and other entities mandated to implement the
45 provisions of this Act;

- 1 d. Develop and ensure the implementation of the guidelines and policies provided in this
2 Act, including other policies that may be necessary to implement the National Multi-
3 Sectoral HIV and AIDS Strategic Plan;
4 e. Monitor the progress of the epidemic;
5 f. Monitor the implementation of the National Multi-Sectoral HIV and AIDS Plan,
6 undertake mid-term assessments and evaluate its impact;
7 g. Mobilize sources of fund for the National Multi-Sectoral HIV and AIDS Plan;
8 h. Coordinate, organize and work in partnership with foreign and international
9 organizations regarding funding, data collection, research, and prevention and treatment
10 modalities on HIV and AIDS and ensure foreign funded programs are aligned to the
11 national response;
12 i. Advocate for policy reforms to Congress, and other government agencies to strengthen
13 the country's response to the epidemic; and
14 j. Submit an annual report to the Office of the President, Congress, and members of the
15 Council.

16
17 **SEC. 6. Membership and Composition.** – Two-thirds (2/3) of the Council's membership
18 shall come from national government agencies, and one-third (1/3) shall come from civil society
19 organizations. *Provided, That* an organization representing the positive community shall be
20 included. Positive Community refers to those persons who are infected with HIV or AIDS virus.
21
22
23

24 Selection of members shall be based on the following criteria:
25

- 26 a. Government agencies or CSOs with direct contribution to the performance of the core
27 functions of the Council (oversight, direction setting and policy making);
28 b. Government agencies or CSOs with existing programs, services and activities that
29 directly contribute to the achievement of the National Multi-Sectoral HIV and AIDS
30 Plan; and
31 c. Government agencies or CSOs with existing constituencies that are targeted by the
32 National Multi-Sectoral HIV and AIDS Plan's objectives and activities.
33

34 The following Member Agencies and CSOs shall be represented in the Council:
35

- 36 1. Department of Health;
37 2. Department of Education;
38 3. Department of Labor and Employment;
39 4. Department of Social Welfare and Development;
40 5. Department of the Interior and Local Government;
41 6. Department of Justice;
42 7. Department of Budget and Management;
43 8. Department of Foreign Affairs;
44 9. Department of Tourism;
45 10. Philippine Information Agency;

11. National Economic and Development Authority;
12. Civil Service Commission;
13. Commission on Higher Education;
14. Technical Education and Skills Development Authority;
15. League of Provinces of the Philippines;
16. League of Cities;
17. League of Municipalities;
18. Two (2) representatives from non-government organizations who have expertise in standard setting and service delivery;
19. Seven (7) representatives from non-government organizations working for the welfare of identified key populations; and
20. A representative of an organization of persons living with HIV.

14 Except for the ex-officio members, the other members of the Council shall be appointed by the
15 President of the Philippines.

17 The heads of government agencies may be represented by an official duly designated by their
18 respective agencies.

20 The members of the Council shall be appointed not later than thirty (30) days after the date of
21 the enactment of this Act.

23 The presence of the Chairperson or the Vice Chairperson of the Council, and at least seven (7)
24 other Council members and/or permanent alternates shall constitute a quorum to do business,
25 and a majority vote of those present shall be sufficient to pass resolutions or render decisions

27 The Secretary of Health shall be the permanent Chairperson of the Council. However, the Vice-
28 Chairperson shall be elected from the government agency members, and shall serve for a term of
29 six (6) years. Members representing the civil society organizations shall serve for a term of three
30 (3) years, renewable upon recommendation of the Council for a maximum of two (2)
31 consecutive terms.

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

39 The Secretariat shall perform the following functions:

- 41 a. Coordinate and manage the day-to-day affairs of the Council;
- 42 b. Assist in the formulation, monitoring, and evaluation of the National Multi-Sectoral HIV
43 and AIDS Strategic Plan and policies;
- 44 c. Provide technical assistance, support, and advisory services to the Council and its
45 external partners;

- 1 d. Assist the Council in identifying and building internal and external networks and
2 partnerships;
3 e. Coordinate and support the efforts of the Council and its members to mobilize
4 resources;
5 f. Serve as the clearing house and repository of HIV and AIDS-related information;
6 g. Disseminate updated, accurate, relevant, and comprehensive information about the
7 epidemic to Council members, policy makers, and the media;
8 h. Provide administrative support to the Council; and
9 i. Act as spokesperson and representative for and in behalf of the Council.

10
11 **SEC. 8. *National Multi-Sectoral HIV and AIDS Strategic Plan.*** – A six-year national multi-
12 sectoral HIV and AIDS strategic plan or an AIDS Medium Term Plan (AMTP) shall be
13 formulated and periodically updated by the Council. The AMTP shall include the following:
14

- 15 a. The country's targets and strategies in addressing the epidemic;
16 b. The prevention, treatment, care and support, and other components of the country's
17 response;
18 c. The six year operationalization of the program and identification of the government
19 agencies that shall implement the program, including the designated office within each
20 agency responsible for overseeing, coordinating, facilitating and/or monitoring the
21 implementation of its AIDS program from the national to the local levels; and
22 d. The budgetary requirements and a corollary investment plan that shall identify the
23 sources of funds for its implementation.
24

25 **SEC. 9. *National HIV and AIDS and STI Prevention and Control Program of the DOH.***
26 – The National HIV and AIDS and STI Prevention and Control Program (NASPCP) of the
27 DOH, which shall be composed of qualified medical specialists and support personnel with
28 permanent appointments and with adequate yearly budget, shall coordinate with the Council for
29 the implementation of the health sector's HIV and AIDS and STI response, as identified in the
30 National Multi-Sectoral HIV and AIDS Strategic Plan or AMTP.
31

32 **SEC. 10. *Protection of Human Rights.*** – The country's response to the HIV and AIDS
33 phenomena shall be anchored on the principles of human rights and human dignity. Public
34 health concerns shall be aligned with internationally-recognized human rights instruments and
35 standards.
36

37 Towards this end, the members of the Council, in cooperation with CSOs, and in collaboration
38 with the Department of Justice (DOJ) and the Commission on Human Rights (CHR), shall
39 ensure the delivery of non-discriminatory HIV and AIDS services by government and private
40 HIV and AIDS service providers. Further, the DOH and CHR, in coordination with the
41 Council, shall take the lead in developing redress mechanisms for persons living with HIV to
42 ensure that their civil, political, economic, and social rights are protected.
43

44 **ARTICLE II**
45 **EDUCATION AND INFORMATION**

1
2 **SEC. 11. *Prevention Program.*** – There shall be a HIV and AIDS prevention program that will
3 educate the public on HIV and AIDS and other sexually transmitted infections, with the goal of
4 reducing risky behavior, lowering vulnerabilities, and promoting the human rights of persons
5 living with HIV. It shall promote and adopt a range of measures and interventions, in
6 partnership with civil society organizations that aim to prevent, halt, or control the spread of
7 HIV in the general population, especially among the key populations and vulnerable
8 communities. These measures shall likewise promote the rights, welfare, and participation of
9 persons living with HIV and the affected children, young people, families and partners of
10 persons living with HIV.

11
12 The HIV and AIDS prevention programs shall be age-appropriate and based on up-to-date
13 evidence and scientific strategies, and shall actively promote:

- 14
15 a. safer sex practices among the general population, especially among key populations;
16 b. safer sex practices that reduce risk of HIV infection;
17 c. universal access to evidence-based and relevant information and education, and
18 medically safe, legally affordable, effective and quality treatment; sexual abstinence and
19 sexual fidelity; and consistent and correct condom use.

20
21 **SEC. 12. *Education in Learning Institutions.*** – Using standardized information and data
22 from the Council, the Department of Education (DepEd), the Commission on Higher
23 Education (CHED), and the Technical Education and Skills Development Authority (TESDA),
24 shall integrate basic and age-appropriate instruction on the causes, modes of transmission and
25 ways of preventing the spread of HIV and AIDS and other sexually transmitted infections in
26 their respective curricula taught in public and private learning institutions, including alternative
27 and indigenous learning systems. The learning modules shall include human rights based
28 principles and information on treatment, care and support to promote stigma reduction.

29
30 The DepEd, CHED and TESDA shall ensure the development and provision of psychosocial
31 support and counseling in learning institutions for the development of positive health,
32 promotion of values and behavior pertaining to reproductive health in coordination with the
33 Department of Health. For this purpose, funds shall be allocated for the training and
34 certification of teachers and school counselors.

35
36 **SEC. 13. *Education as a Right to Health and Information.*** – HIV and AIDS education and
37 information dissemination shall form part of the constitutional right to health.

38
39 **SEC. 14. *Education in the Workplace.*** – All public and private employers and employees shall
40 be provided with standardized basic information and instruction on HIV and AIDS, including
41 topics on confidentiality in the workplace and reduction or elimination of stigma and
42 discrimination.

43
44 The Department of Labor and Employment (DOLE) for the private sector and the Civil Service
45 Commission (CSC) for the public sector shall implement this provision. The members of the

1 Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP) shall likewise
2 be provided with standardized basic information and instruction on HIV and AIDS by the DOH
3 in partnership with appropriate agencies.
4

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

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

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

27 Gender and Development (GAD) funds and other sources may be utilized for these purposes.
28

29 The Department of Interior and Local Government (DILG) shall, in coordination with the
30 Department of Social Welfare and Development (DSWD) shall also conduct age-appropriate
31 HIV and AIDS education for out-of-school youth.
32

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

42 **SEC. 19. *Prevention in Prisons and Others Closed-Setting Institutions.*** – All prisons,
43 rehabilitation centers, and other closed-setting institutions shall have comprehensive STI, HIV,
44 and AIDS prevention and control program that includes HIV education and information, HIV
45 counseling and testing, and access to HIV treatment and care services. The DOH, in

1 coordination with DILG, DOJ, and DSWD, shall develop HIV and AIDS comprehensive
2 program and policies which include the HIV counseling and testing procedures in prisons,
3 rehabilitation centers, and other closed-setting institutions.

4
5 Persons living with HIV in prisons, rehabilitation centers, and other closed-setting institutions
6 shall be provided HIV treatment, which includes ARV drugs, care, and support in accordance
7 with the national guidelines. Efforts should be undertaken to ensure the continuity of care at all
8 stages, from admission or imprisonment to release. The provision on informed consent and
9 confidentiality shall also apply in closed-setting institutions.

10
11 **SEC. 20. *Information on Prophylactics.*** – Appropriate information shall be attached to or
12 provided with every prophylactic offered for sale or given as a donation. Such information shall
13 be legibly printed in English and Filipino, and contain literature on the proper use of the
14 prophylactic device or agent, its efficacy against HIV and STI, as well as the importance of
15 sexual abstinence and mutual fidelity.

16
17 **SEC. 21. *Misinformation on HIV and AIDS.*** – Misinformation on HIV and AIDS, which
18 includes false and misleading advertising and claims in any of the multimedia or the promotional
19 marketing of drugs, devices, agents or procedures without prior approval from the DOH
20 through the Food and Drug Authority (FDA) and without the requisite medical and scientific
21 basis, including markings and indications in drugs and devices or agents, purporting to be a cure
22 or a fail-safe prophylactic for HIV infection, shall be prohibited.

23 24 **ARTICLE III**

25 **PREVENTIVE MEASURES AND SAFE PRACTICES AND PROCEDURES**

26
27 **SEC. 22. *Positive Health, Dignity, and Prevention.*** – The Council, in coordination with the
28 DOH, local government units, and other relevant government agencies, private sector, civil
29 society organizations, faith-based organizations, and persons living with HIV, shall support
30 preventive measures that shall focus on the positive roles of persons living with HIV. Such
31 preventive measures shall include the following:

- 32
- 33 a. Creation of rights-based and community-led behavior modification programs that seek to
34 encourage HIV risk reduction behavior among persons living with HIV;
 - 35 b. Establishment and enforcement of rights-based mechanisms to strongly encourage newly
36 tested HIV-positive individuals to conduct partner notification and to promote HIV
37 status disclosure to sexual partners;
 - 38 c. Establishment of standard precautionary measures in public and private health facilities;
 - 39 d. Accessibility of anti-retroviral treatment, management of opportunistic infections; and
 - 40 e. Mobilization of communities of persons living with HIV, for public awareness
41 campaigns and stigma reduction activities.

42
43 The enforcement of this section shall not lead to or result in the discrimination or violation of
44 the rights of persons living with HIV.

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

5
6 The presence of used or unused condoms, other safer sex paraphernalia and sterile injecting
7 equipment, shall not be used as basis to conduct raids or similar police operations in sites and
8 venues of HIV prevention interventions. The DILG and DOH, in coordination with the
9 Dangerous Drugs Board, shall establish a national policy to guarantee the implementation of this
10 provision.

11
12 **SEC. 24. Preventing Mother-to-Child HIV Transmission.** – The DOH shall integrate a
13 program to prevent mother-to-child HIV transmission that shall be integrated in its maternal and
14 child health services.

15
16 **SEC. 25. Standard Precaution on the Donation of Blood, Tissue, or Organ.** – The DOH
17 shall enforce the following guidelines on donation of blood, tissue or organ:

- 18
19 a. Donation of tissue or organs, whether gratuitous or onerous, shall be accepted by a
20 laboratory or institution only after a sample from the donor has been tested negative for
21 HIV;
22 b. All donated blood shall also be subject to HIV testing. HIV-positive blood shall be
23 disposed of properly and immediately; and
24 c. A second testing may be demanded as a matter of right by the blood, tissue, or organ
25 recipient or his immediate relatives before transfusion or transplant, except during
26 emergency cases.

27
28 Donations of blood, tissue, or organ testing positive for HIV may be accepted for research
29 purposes only, and shall be subject to strict sanitary disposal requirements.

30
31 **SEC. 26. Standard Precaution on Surgical and Other Similar Procedures.** – The DOH
32 shall, in consultation with concerned professional organizations and hospital associations, issue
33 guidelines on precautions against HIV transmission during surgical, dental, embalming, tattooing
34 or similar procedures. The necessary protective equipment such as gloves, goggles and gowns
35 shall be made available to all physicians and health care providers and similarly exposed
36 personnel at all times.

37
38 **ARTICLE IV**

39 **TESTING, SCREENING, AND COUNSELING**

40
41 **SEC. 27. Voluntary HIV Testing.** – As a policy, the State shall encourage voluntary HIV
42 testing. Written consent from the person taking the test must be obtained before HIV testing.

1 In keeping with the principle of the evolving capacities of children as defined in Section 3(g) of
2 this Act, HIV testing shall be made available under the following circumstances:

- 3
- 4 a. If the person is fifteen (15) to below eighteen (18) years of age, consent to voluntary HIV
5 testing shall be obtained from the child.
 - 6 b. If the person is below fifteen (15) years of age or is mentally incapacitated, consent to
7 voluntary HIV testing shall be obtained from the child's parents or legal guardian. In
8 cases when the child's parents or legal guardian cannot be found, despite reasonable
9 efforts to locate the parents were undertaken, the consent shall be obtained from the
10 licensed social worker. If the child's parents or legal guardian refuse to give their consent,
11 the consent shall likewise be obtained from the licensed social worker if the latter
12 determines that the child is at higher risk of HIV exposure and the conduct of the
13 voluntary HIV testing is in the best interest of the child.

14

15 **SEC. 28. *Compulsory HIV Testing.*** – Compulsory HIV testing shall be allowed only in the
16 following instances:

- 17
- 18 a. When it is necessary to test a person who is charged with any of the offenses punishable
19 under Article 264, 266, 335 and 338 of the Revised Penal Code, as amended by Republic
20 Act No. 8353, otherwise known as the Anti-Rape Law of 1997;
 - 21 b. When it is necessary to resolve relevant issues under Executive Order No. 209, otherwise
22 known as Family Code of the Philippines;
 - 23 c. As a prerequisite in the donation of blood in compliance with the provisions of Republic
24 Act No. 7170, otherwise known as the Organ Donation Act, and Republic Act No. 7719,
25 otherwise known as the National Blood Services Act.

26

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

- 30
- 31 a. Accredit public and private HIV testing facilities based on capacity to deliver testing
32 services including HIV counseling. *Provided, That* only DOH-accredited HIV testing
33 facilities shall be allowed to conduct HIV testing;
 - 34 b. Develop the guidelines for HIV testing and counseling, including mobile HIV testing
35 and counseling and routine provider-initiated HIV counseling and testing that shall
36 ensure, among others, that HIV testing is based on informed consent, is voluntary and
37 confidential, and is available at all times and provided by qualified persons and DOH-
38 accredited providers;
 - 39 c. Accredit institutions or organizations that train HIV and AIDS counselors in
40 coordination with DSWD; and
 - 41 d. Set the standards for HIV counseling and shall work closely with HIV and AIDS civil
42 society organizations that train HIV and AIDS counselors and peer educators in
43 coordination and participation of non-government organizations (NGOs), government
44 organizations (GOs), and Civil Society Organizations of People Living with HIV (CSO-
45 PLHIV).

1
2 All HIV testing facilities shall provide free pre-test and post-test HIV counseling to individuals
3 who wish to avail of HIV testing, which shall likewise be confidential. No HIV testing shall be
4 conducted without informed consent. The State shall ensure that specific approaches to HIV
5 counseling and testing are adopted based on the nature and extent of HIV and AIDS incidence
6 in the country.

7
8 The DOH shall also ensure access to routine HIV testing as part of clinical care in all health care
9 settings.

10
11 **ARTICLE V**
12 **HEALTH AND SUPPORT SERVICES**
13

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

21
22 **SEC. 31. *Economic Empowerment and Support.*** – Persons living with HIV shall not be
23 deprived of any employment, livelihood, micro-finance, self-help, and cooperative programs by
24 reason of their HIV status. The DSWD, in coordination with the DILG, DOLE, and TESDA,
25 shall develop enabling policies and guidelines to ensure economic empowerment and
26 independence designed for persons living with HIV.

27
28 **SEC. 32. *Care and Support for Persons Living with HIV.*** – The DSWD in coordination
29 with DOH and TESDA shall develop care and support programs for persons living with HIV,
30 which shall include peer-led counseling and support, social protection, welfare assistance, and
31 mechanisms for case management. These programs shall include care and support for the
32 affected children, families, and partners of persons living with HIV.

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

40
41 **SEC. 34. *Non-Discriminatory HIV and AIDS Services.*** – The members of the Council, in
42 cooperation with civil society organizations, and in collaboration with DOJ and CHR, shall
43 ensure the delivery of non-discriminatory HIV and AIDS services by government and private
44 HIV and AIDS service providers.

1 **SEC. 35. *Testing of Organ Donation.*** – Lawful consent to HIV testing of a donated human
2 body, organ, tissue, or blood shall be considered as having been given when:

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

8

9 **SEC. 36. *HIV Anti-Body Testing for Pregnant Women.*** – A health care provider who offers
10 pre-natal medical care shall routinely conduct HIV screening with an opt-out HIV testing for
11 pregnant women. The DOH shall provide the necessary guidelines for healthcare providers in
12 the conduct of the screening procedure.

13

14 **SEC. 37. *Immunity for HIV Educators, Licensed Social Workers, Health Workers and***
15 ***Other HIV and AIDS Service Providers.*** – Any person involved in the provision of HIV and
16 AIDS services, including peer educators, shall be immune from suit, arrest, or prosecution, and
17 from civil, criminal or administrative liability, on the basis of their delivery of such services in
18 HIV prevention, or in relation to the legitimate exercise of protective custody of children,
19 whenever applicable. This immunity does not include acts which are committed in violation of
20 this Act.

21

22 **SEC. 38. *Health Insurance.*** – The Philippine Health Insurance Corporation (PhilHealth) shall:

- 23
- 24 a. Develop an insurance package for persons living with HIV that shall include coverage
 - 25 for in-patient and out-patient medical and diagnostic services, including medication and
 - 26 treatment;
 - 27 b. Introduce benefits to the unborn and newborn child from infected mothers;
 - 28 c. Set a reference price for HIV services in government hospitals; and
 - 29 d. Conduct programs to educate the human resource units of companies on the PhilHealth
 - 30 package on HIV and AIDS.

31

32 The PhilHealth shall enforce confidentiality in the provision of these packages to persons living
33 with HIV.

34

35 No person living with HIV shall be denied or deprived of private health insurance under a
36 Health Maintenance Organization (HMO) and private life insurance coverage under a life
37 insurance company on the basis of the person's HIV status. The Insurance Commission shall
38 enforce the provision of life insurance coverage of persons applying for such services and shall
39 develop the necessary policies to ensure compliance.

40

41 **SEC. 39. *HIV and AIDS Monitoring and Evaluation.*** – The DOH shall maintain a
42 comprehensive HIV and AIDS monitoring and evaluation program that shall serve the following
43 purposes:

44

- 1 a. Determine and monitor the magnitude and progression of HIV and AIDS in the
2 Philippines to help the national government evaluate the adequacy and efficacy of HIV
3 prevention and treatment programs being employed;
4 b. Receive, collate, process and evaluate all HIV and AIDS-related medical reports from all
5 hospitals, clinics, laboratories and testing centers, including HIV-related deaths and
6 relevant data from public and private hospitals, various databanks or information
7 systems: *Provided, That* it shall adopt a coding system that ensures anonymity and
8 confidentiality; and
9 c. Submit, through its Secretariat, an annual report to the Council containing the findings of
10 its monitoring and evaluation activities in compliance with this mandate.
11

12 **ARTICLE VI**
13 **CONFIDENTIALITY**
14

15 **SEC. 40. Confidentiality.** – The confidentiality and privacy of any individual who has been
16 tested for HIV, has been exposed to HIV, has HIV infection or HIV and AIDS-related illnesses,
17 or was treated for HIV-related illnesses shall be guaranteed. The following acts violate
18 confidentiality and privacy:
19

- 20 a. *Disclosure of confidential HIV and AIDS information* – Unless otherwise provided in Section
21 41 of this Act, it shall be unlawful to disclose, without written consent, information that a
22 person had HIV-related test and AIDS, has HIV infection or HIV-related illnesses, or
23 has been exposed to HIV.
24

25 The prohibition shall apply to any person, natural or juridical, whose work or function
26 involves the implementation of this Act or the delivery of HIV-related services, including
27 those who handle or have access to personal data or information in the workplace, and
28 who, pursuant to the receipt of the required written consent from the subject of
29 confidential HIV and AIDS information, have subsequently been granted access to the
30 same confidential information.
31

- 32 b. *Media disclosure* – It shall be unlawful for any editor, publisher, reporter, or columnist in
33 the case of printed materials, announcer or producer in the case of television and radio
34 broadcasting, producer and director of films in the case of the film industry, to disclose
35 the name, picture, or any information that would reasonably identify any person living
36 with HIV or AIDS, or any confidential HIV and AIDS information, without the prior
37 written consent of their subject.
38
- 39 c. *Civil liability* – Any person who has obtained knowledge of confidential HIV and AIDS
40 information and has used such information to malign or cause damage, injury or loss to
41 another person shall face liability under Articles 19, 20, 21 and 26 of the new Civil Code
42 of the Philippines.
43

44 **SEC. 41. Exceptions.** – Confidential HIV and AIDS information may be released by HIV
45 testing facilities without written consent in the following instances:

- 1
2 a. When complying with reportorial requirements of the national active and passive
3 surveillance system of the DOH: *Provided, That* the information related to a person's
4 identity shall remain confidential;
5
6 b. When informing other health workers directly involved in the treatment or care of a
7 person living with HIV: *Provided, That* such worker shall be required to perform the duty
8 of shared medical confidentiality; and
9
10 c. When responding to a *subpoena duces tecum* and *subpoena ad testificandum* issued by a court
11 with jurisdiction over a legal proceeding where the main issue is the HIV status of an
12 individual: *Provided, That* the confidential medical record, after having been verified for
13 accuracy by the head of the office or department, shall remain anonymous and unlinked
14 and shall be properly sealed by its lawful custodian, hand delivered to the court, and
15 personally opened by the judge: *Provided, further, That* the judicial proceedings be held in
16 executive session.
17

18 **SEC. 42. Release of HIV-Related Test Results.** – The result of any test related to HIV shall
19 be released by the attending physician, who provides pre- and post-test counseling only to the
20 individual who submitted to the test. If the patient is below fifteen (15) years old, an orphan, or
21 is mentally incapacitated, the result may be released to either of the patient's parents, legal
22 guardian, or a duly assigned licensed social worker, whichever is applicable.
23

24 **SEC. 43. Disclosure to Sexual Partners.** – Any person who, after having been tested, is found
25 to be infected with HIV, is strongly encouraged to disclose this health condition to the spouse or
26 sexual partner prior to engaging in penetrative sex or any potential exposure to HIV. A person
27 living with HIV may opt to seek help from qualified professionals including medical
28 professionals, health workers, peer educators, or social workers to support him in disclosing this
29 health condition to one's partner or spouse. Confidentiality shall likewise be observed. Further,
30 the DOH, through the Council, shall establish an enabling environment to encourage newly
31 tested HIV-positive individuals to disclose their status to sexual partners.
32

33 **SEC. 44. Duty of Employers, Heads of Government Offices, Heads of Public and Private**
34 **Schools or Training Institutions, and Local Chief Executives.** – It shall be the duty of
35 private employers, heads of government offices, heads of private and public schools or training
36 institutions, and local chief executives over all private establishments within their territorial
37 jurisdiction, to prevent or deter acts of discrimination against persons living with HIV, and to
38 provide for procedures for the resolution, settlement, or prosecution of acts of discrimination.
39 Towards this end, the employer, head of office or local chief executive shall:
40

- 41 a. Promulgate rules and regulations prescribing the procedure for the investigation of
42 discrimination cases and the administrative sanctions thereof; and
43
44 b. Create a permanent committee on the investigation of discrimination cases. The
45 committee shall conduct meetings to increase the members' knowledge and

1 understanding of HIV and AIDS, and to prevent incidents of discrimination. It shall also
2 conduct the administrative investigation of alleged cases of discrimination.

3
4 **ARTICLE VII**
5 **DISCRIMINATORY ACTS AND PRACTICES**
6 **AND CORRESPONDING PENALTIES**
7

8 **SEC. 45. *Discriminatory Acts and Practices.*** – The following discriminatory acts and
9 practices shall be prohibited:

- 10
11 a. *Discrimination in the Workplace* – The rejection of job application, termination of
12 employment, or other discriminatory policies in hiring, provision of employment, and
13 other related benefits, promotion, or assignment of an individual solely or partially on the
14 basis of actual, perceived, or suspected HIV status is a discriminatory act and is
15 prohibited.
- 16
17 b. *Discrimination in Learning Institutions* – Refusal of admission, expulsion, segregation,
18 imposition of harsher disciplinary actions, or denial of benefits or services of a student
19 or a prospective student solely or partially on the basis of actual, perceived or suspected
20 HIV status is a discriminatory act and is prohibited.
- 21
22 c. *Restriction on Travel and Habitation* – Restrictions on travel within the Philippines, refusal of
23 lawful entry to Philippine territory, deportation from the Philippines, or the quarantine
24 or enforced isolation of travelers solely or partially on account of actual, perceived, or
25 suspected HIV status is a discriminatory act and is prohibited. The same standard of
26 protection shall be afforded to migrants, visitors, and residents who are not Filipino
27 citizens.
- 28
29 d. *Restrictions on Shelter* – Restrictions on housing or lodging, whether permanent or
30 temporary, solely or partially on the basis of actual, perceived, or suspected HIV status
31 is a discriminatory act and is prohibited.
- 32
33 e. *Inhibition from Public Service* – Prohibition on the right to seek an elective or appointive
34 public office solely or partially on the basis of actual, perceived, or suspected HIV status
35 is a discriminatory act and is prohibited.
- 36
37 f. *Exclusion from Credit and Insurance Services* – Exclusion from health, accident, or life
38 insurance, credit and loan services, including the extension of such loan or insurance
39 facilities, of an individual solely or partially on the basis of actual, perceived, or suspected
40 HIV status is prohibited: *Provided, That* the person living with HIV has not
41 misrepresented the fact to the insurance company or loan or credit service provider upon
42 application.
43

- 1 g. *Discrimination in Hospitals and Health Institutions* – Denial of health services, or be charged
2 with a higher fee, on the basis of actual, perceived or suspected HIV status is a
3 discriminatory act and is prohibited.
4
- 5 h. *Denial of Burial Services* – Denial of embalming and burial services for a deceased person
6 who had HIV and AIDS or who was known, suspected, or perceived to be HIV positive
7 is a discriminatory act and is prohibited.
8

9 **SEC. 46. Penalties. –**

- 10
- 11 a. Any person who commits the prohibited act under Section 21 of this Act shall upon
12 conviction, suffer the penalty of imprisonment of two (2) months to two (2) years,
13 without prejudice to the imposition of fines and administrative sanctions, such as
14 suspension or revocation of professional or business license;
15
- 16 b. Any person who violates the last paragraph of Section 23 of this Act shall, upon
17 conviction, suffer the penalty of imprisonment of one (1) year to five (5) years and a fine
18 of not less than one hundred thousand pesos (P100,000.00) but not more than five
19 hundred thousand pesos (P500,000.00). *Provided, That* the law enforcement agents found
20 guilty shall be removed from public service;
21
- 22 c. Any person who knowingly or negligently causes another to get infected with HIV in the
23 course of the practice of profession through unsafe and unsanitary practice and
24 procedure shall, upon conviction, suffer the penalty of imprisonment of six (6) years to
25 twelve (12) years, without prejudice to the imposition of fines and administrative
26 sanctions, such as suspension or revocation of professional license.
27
- 28 The permit or license of the business entity and the accreditation of the HIV testing
29 centers may be cancelled or withdrawn if the said establishments fail to maintain safe
30 practices and procedures as may be required by the guidelines formulated in compliance
31 with Sections 25 and 26 of this Act;
32
- 33 d. Any person who violates the provision in Section 37 of this Act shall, upon conviction,
34 suffer the penalty of imprisonment of six (6) months to five (5) years and a fine of not
35 less than one hundred thousand pesos (P100,000.00) but not more than five hundred
36 thousand pesos (P500,000.00). *Provided, That* if the person who violates this provision is a
37 law enforcement agent or a public official, administrative sanctions may be imposed in
38 addition to imprisonment and/or fine, at the discretion of the court;
39
- 40 e. Any person, natural or juridical, who denies life insurance coverage of any person living
41 with HIV in violation of Section 38 of this Act shall, upon conviction, suffer the penalty
42 of imprisonment of six (6) months to five (5) years and /or a fine of not less than fifty
43 thousand pesos (P 50,000.00), at the discretion of the court, and without prejudice to the
44 imposition of administrative sanctions such as fines, suspension or revocation of
45 business permit, business license or accreditation, and professional license.

- 1
2 f. Any person, natural or juridical, who violates the provisions in subparagraphs (a), (b), or
3 (c) of Section 40 of this Act shall, upon conviction, suffer the penalty of imprisonment
4 of six (6) months to five (5) years, and/or a fine of not less than fifty thousand pesos
5 (P50,000.00) but not more than five hundred thousand (P500,000.00), or both
6 imprisonment and fine, at the discretion of the court, and without prejudice to the
7 imposition of administrative sanctions such as suspension or revocation of business
8 permit, business license or accreditation, and professional license.
9
10 g. Any person, natural or juridical, who shall violate any of the provisions in Sections 45
11 shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5)
12 years and /or a fine of not less than fifty thousand pesos (P 50,000.00) but not more
13 than five hundred thousand (P500,000.00), at the discretion of the court, and without
14 prejudice to the imposition of administrative sanctions such as fines, suspension or
15 revocation of business permit, business license or accreditation, and professional license;
16
17 h. Any person who has obtained knowledge of confidential HIV and AIDS information
18 and uses such information to malign or cause damage, injury, or loss to another person
19 shall face liability under Articles 19, 20, 21, and 26 of the new Civil Code of the
20 Philippines.

21
22 Fines and penalties collected pursuant to this Section shall be deposited in the National Treasury.
23

24 **ARTICLE VIII**
25 **FINAL PROVISIONS**
26

27 **SEC. 47. Appropriations.** – The amount needed for the initial implementation of this Act shall
28 be charged against the appropriations for the Department of Health. Thereafter, such sums as
29 maybe necessary for the continued implementation of this act shall be included in the annual
30 General Appropriations Act.
31

32 The funding requirement needed to provide for the health insurance package and other services
33 for persons living with HIV as stated in Section 38 hereof shall be charged against the
34 PhilHealth's corporate funds.
35

36 **SEC. 48. Transitory Provision.** – The personnel designated by the DOH as Secretariat of the
37 Council under Section 7 of this Act shall be absorbed as permanent personnel to fill the
38 positions of the Secretariat as provided in this Act.
39

40 **SEC. 49. Implementing Rules and Regulations.** – The Council within ninety (90) days from
41 the effectivity of this Act shall promulgate the necessary implementing rules and regulations for
42 the effective implementation of the provisions of this Act.
43

44 **SEC. 50. Repealing Clause.** – Republic Act No. 8504, otherwise known as the Philippine
45 AIDS Prevention and Control Act of 1998, is hereby repealed.

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

SEC. 51. Separability Clause. – If any provision or part of this Act is declared unconstitutional the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 52. Effectivity. – This Act shall take effect fifteen (15) days after its complete publication in the Official Gazette or in a national newspaper of general circulation.

Approved,