

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



Senate
Office of the Secretary

'16 SEP 19 P4:26

SENATE

RECEIVED BY: 

S.B. No. 1158

Introduced by Senator SONNY ANGARA

AN ACT
STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS
PREVENTION, TREATMENT, CARE, AND SUPPORT, REPEALING FOR THE
PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE KNOWN AS 'THE PHILIPPINE
AIDS PREVENTION AND CONTROL ACT OF 1998', AND APPROPRIATING FUNDS
THERFOR

EXPLANATORY NOTE

The world has achieved huge strides in the fight against the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS). Between 2005 and 2015, AIDS-related deaths dropped 45 percent—from as much as 2.3 million to as low as 940,000. In July 2015, UN Secretary General Ban Ki-moon announced that the global target of providing 15 million people living with HIV with antiretroviral (ARV) treatment by 2015 was achieved—a resounding first in international development.

Amid these positive developments, HIV/AIDS appears to be on the uptake in the Philippines. Department of Health (DOH) data shows that the number of individuals newly diagnosed with HIV per day rose to 22 in 2015, from just one in 2008, four in 2010, nine in 2012 and 17 in 2014. In August 2016, the DOH recorded 841 new cases in June, a 9-percent, year-on-year increase from the 772 cases recorded in 2014—the highest number of new cases recorded in one month, since the first case was confirmed in 1984. According to Human Rights Watch, there is an HIV epidemic in the Philippines and it is largely unaddressed.

The foregoing measure aims to correct this. It reconstitutes the Philippine National Aids Council (PNAC) to take the lead in developing a National HIV and AIDS program, designating the Department of Health's National HIV and AIDS and STI (Sexually Transmitted Infections) Prevent and Control Service (NASPCS) to be the PNAC secretariat.

It calls for a comprehensive, age-appropriate and context-specific information drive on HIV and AIDS with the end-goal of removing the stigma associated with HIV/AIDS and ultimately, of preventing further infections.

It establishes various guidelines and preventive measures that focus and highlight the positive roles of persons living with HIV, including enforcing standard precautions on blood, tissue or organ donations and promoting voluntary and opt-out routine HIV testing with pre- and post-test counseling.

It also mandates different state agencies to support and empower persons living with HIV/AIDS. For instance, PhilHealth will be asked to develop an insurance package for persons living with HIV/AIDS that shall include coverage for in-patient and out-patient medical and diagnostic services, medication and treatment.

It is deplorable when we buck global trends, by allowing a silent epidemic of HIV/AIDS. This situation needs to be reversed. We then urgently ask that the foregoing measure is swiftly passed.

A handwritten signature in black ink, consisting of a large, stylized initial 'S' followed by a wavy line that extends to the right.

SONNY ANGARA


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

ARTICLE I

GENERAL PROVISIONS

1
2
3
4 **SECTION 1. Short Title.** – This Act shall be known as the “*Philippine HIV and AIDS*
5 **Act.**”

6
7 **SEC. 2. Declaration of Policy.** – The Human Immunodeficiency Virus (HIV) and
8 Acquired Immune Deficiency Syndrome (AIDS) are public health concerns that have
9 wide-ranging social, political, and economic repercussions. Responding to the HIV and
10 AIDS epidemic is therefore imbued with the public interest and shall be anchored on the
11 principles of human rights and human dignity. Accordingly, the State shall:

- 12 a. Establish policies and programs to prevent the spread of HIV and deliver
13 treatment, care and support services to Filipinos living with HIV in accordance
14 with evidence-based strategies and approaches that follow the principles of
15 human rights, gender-responsiveness, and meaningful participation of
16 communities affected by the epidemic;
- 17 b. Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring
18 that local communities, civil society organizations (CSOs), and persons living
19 with HIV are involved in the process;
- 20 c. Remove all barriers to HIV and AIDS-related services by eliminating the climate

1 of stigma that surrounds the epidemic and the people directly and indirectly
2 affected by it; and

- 3 d. Positively address and seek to eradicate conditions that aggravate the spread
4 of HIV infection, which include poverty, gender inequality, prostitution,
5 marginalization, drug abuse and ignorance.
6

7 Respect for, protection, and promotion of human rights are the cornerstones of an
8 effective response to the HIV epidemic. Towards this end, the State shall ensure the
9 delivery of non-discriminatory HIV and AIDS services by government and private HIV
10 and AIDS service providers and develop redress mechanisms for persons living with
11 HIV to ensure that their civil, political, economic and social rights are protected. HIV and
12 AIDS education and information dissemination shall likewise form part of the right to
13 health. And unless otherwise provided in this Act, the confidentiality, anonymity and
14 voluntary nature of HIV testing and HIV-related testing shall always be guaranteed and
15 protected by the State.
16

17 **SEC. 3. Definition of Terms.** – As used in this Act, the following terms shall be defined
18 as follows:

- 19 a. *Acquired Immune Deficiency Syndrome (AIDS)* refers to a health condition where
20 there is a deficiency of the immune system that stems from infection with HIV,
21 making an individual susceptible to opportunistic infections.
22 b. *Antiretroviral (ARV)* refers to the treatment that stops or suppresses viral
23 replication or replications of a retrovirus like HIV thereby slowing down the
24 progression of infection.
25 c. *Civil Society Organizations (CSOs)* refer to groups of non-governmental and non-
26 commercial individuals or legal entities that are engaged in non-coerced
27 collective action around shared interests, purpose, and values.
28 d. *Community-based Research* refers to research study undertaken in community
29 settings and which involve community members in the design and
30 implementation of research projects.
31 e. *Discrimination* refers to any action taken to distinguish exclude, restrict or show
32 preference based on HIV status, whether actual or perceived and which has the
33 purpose or effect of nullifying or impairing the recognition, enjoyment or exercise
34 by all persons similarly situated, of all rights and freedoms.
35 f. *Evolving Capacities of Children* refer to the concept enshrined in Article 5 of the
36 Convention on the Rights of the Child recognizing the developmental changes
37 and the corresponding progress in cognitive abilities and capacity for self-
38 determination undergone by children as they grow up thus requiring parents and

1 others charged with the responsibility for the child to provide varying degrees of
2 protection and to allow their participation in opportunities for autonomous
3 decision-making in different contexts and across different areas of decision-
4 making.

- 5 g. *Gender Identity* refers to a person's internal and individual experience of gender
6 that may or may not correspond with the sex assigned at birth, including the
7 person's sense of the body, which may involve, if freely chosen, modification of
8 bodily appearance or function by medical, surgical and other means, and
9 experience of gender, among them, dress, speech and mannerism.
- 10 h. *High-risk Behavior* refers to a person's engagements in activities that increase
11 the risk of transmitting or acquiring HIV.
- 12 i. *High-risk Occupations* refer to occupations which pose a high risk of transmission
13 of HIV and AIDS and STIs.
- 14 j. *Human Immunodeficiency Virus (HIV)* refers to a virus which weakens and
15 destroys the human body's ability to fight infections and some cancers.
- 16 k. *HIV and AIDS Counselor* refers to any individual trained by an institution or
17 organization accredited by the Department of Health (DOH) to provide
18 counselling services on HIV and AIDS with emphasis on behaviour modification
- 19 l. *HIV and AIDS Prevention and Control* refers to measures aimed at protecting
20 non-infected persons from contracting HIV and minimizing the impact of the
21 condition of persons living with HIV.
- 22 m. *HIV Counselling* refers to a communication process between a client or patient
23 and a trained HIV counsellor wherein the latter explores, discovers and clarifies
24 ways that will enable the client or patient to make an informed decision in
25 accessing available HIV-related services.
- 26 n. *HIV-Positive* refers to the presence of HIV infection as documented by the
27 presence of HIV or HIV antibodies in the sample being tested.
- 28 o. *HIV-Related Testing* refers to appropriate laboratory testing or procedure done
29 on an HIV-positive individual.
- 30 p. *HIV Testing* refers to a procedure that is conducted to determine the presence or
31 absence of HIV infection in a person's body, is confidential, voluntary in nature
32 and must be accompanied by counselling prior to, and after the testing, and
33 conducted only with the informed consent of the person.
- 34 q. *HIV Testing Facility* refers to any DOH-accredited in-site or mobile testing center,
35 hospital, clinic, laboratory and other facility that has the capacity to conduct HIV
36 counselling and HIV testing.
- 37 r. *HIV Transmission* refers to the transfer of HIV from one infected person to an
38 uninfected individual, most commonly through sexual intercourse, blood

- 1 transfusion, sharing of intravenous needles, and vertical or mother-to-child
2 transmission.
- 3 s. *Key Populations* refer to affected populations at higher risk of HIV exposure as
4 determined by the Philippine National AIDS Council (PNAC) whose behaviour
5 make them more likely to be exposed to HIV or to transmit the virus.
- 6 t. *Mandatory HIV Testing* refers to HIV testing which is required, regardless of
7 consent, due to special situations and circumstance.
- 8 u. *Medical Confidentiality* refers to the relationship of trust and confidence created
9 or existing between a patient or a person living with HIV and his/her attending
10 physician, consulting medical specialist, nurse, medical technologist and all other
11 health workers or personnel involved in any counselling, testing or provision of
12 professional treatment, care and support of the former. It also applies to any
13 person who, in any official capacity, has acquired or may have acquired such
14 confidential information.
- 15 v. *Opportunistic Infection* refers to illnesses caused by various organisms, many of
16 which do not cause disease in persons with healthy immune systems.
- 17 w. *Partner Notification* refers to the process by which the 'index client', 'source' or
18 'patient' who has a sexually transmitted infection (STI) including HIV, is given
19 support in order to notify and advise the partners that have been exposed to
20 infection. Support includes giving the index client a mechanism to encourage the
21 client's partner to attend counselling, testing and other prevention and treatment
22 services. Confidentiality shall be observed in the entire process.
- 23 x. *Person Living with HIV* refers to any individual diagnosed to be infected with HIV.
- 24 y. *Pre-Test Counselling* refers to the process of an individual information on the
25 biomedical aspects of HIV and AIDS and emotional support to any psychological
26 implications of undergoing HIV testing and the test result itself before the
27 individual is subjected to the test.
- 28 z. *Post-Test Counselling* refers to the process of providing risk-reduction
29 information and emotional support to a person who submitted to HIV testing at
30 the time the result is released.
- 31 aa. *Prophylactic* refers to any agent or device used to prevent the transmission of a
32 disease.
- 33 bb. *Provider-Initiated Counselling and Testing* refers to a health care provider
34 initiating HIV anti-body testing to a person practicing high-risk behaviour or to a
35 person vulnerable to HIV after conducting HIV pre-test counselling.
- 36 cc. *Routine HIV Testing* refers to HIV testing recommended at health care facilities
37 as a standard component of medical care and is part of the normal standard of
38 care offered irrespective of whether or not the patient has signs and symptoms of

- 1 underlying HIV infection or has other reasons for presenting to the facility.
- 2 dd. *Safer Sex Practices* refer to choices made and behaviors adopted by a person to
- 3 reduce or minimize the risk of HIV transmission, including but not limited to
- 4 abstinence, postponing sexual debut, non-penetrative sex, correct and consistent
- 5 use of male or female condoms, and reducing the number of sexual partners.
- 6 ee. *Sexually Transmitted Infections (STIs)* refers to the infections that are spread
- 7 through the transfer of organisms from one person to another through sexual
- 8 contact.
- 9 ff. *Sexual Orientation* refers to a person's sexual and emotional attraction to, or
- 10 intimate and sexual relationship with, individuals of different, the same, or both
- 11 sexes.
- 12 gg. *Social Protection* refers to a set of policies and programs designed to reduce
- 13 poverty and vulnerability by promoting efficient labor markets, diminishing
- 14 people's exposure to risks, and enhancing their capacity to protect themselves
- 15 against hazards and interruptions/loss of income.
- 16 hh. *Stigma* refers to the dynamic devaluation and dehumanization of an individual in
- 17 the eyes of others which may be based on attributes that are arbitrarily defined
- 18 by others as discreditable or unworthy and which results in discrimination when
- 19 acted upon.
- 20 ii. *Treatment Hubs* refer to private and public hospitals or medical establishments
- 21 accredited by the DOH to have the capacity and facility to manage HIV patients
- 22 medically.
- 23 jj. *Vulnerable Communities* refer to communities and groups who are suffering from
- 24 vulnerabilities such as unequal opportunities, social exclusion, poverty,
- 25 unemployment, and other similar social, economic, cultural and political
- 26 conditions, making them more susceptible to HIV infection and to developing
- 27 AIDS.
- 28 kk. *Workplace* refers to the office, premise of work site where workers are habitually
- 29 employed and shall include the office or place where workers, with no fixed or
- 30 definite work site, regularly report for assignment in the course of their
- 31 employment.

32

33 ARTICLE II

34 PHILIPPINE NATIONAL AIDS COUNCIL

35

36 **SEC. 4. *Philippine National AIDS Council (PNAC)*.** – The PNAC, established under

37 Sec. 43 of RA 8504 otherwise known as the “Philippine AIDS Prevention and Control

38 Act of 1998”, shall be reconstituted and streamlined to ensure the implementation of the

1 country's response to the HIV and AIDS epidemic.

2
3 **SEC. 5. Functions of the PNAC.** – The PNAC shall be the central advisory, planning,
4 and policy-making body for the comprehensive and integrated HIV and AIDS prevention
5 and control program in the Philippines. The PNAC shall perform the following functions:

- 6 a. Develop the National HIV and AIDS Program in collaboration with relevant
7 government agencies and CSOs;
- 8 b. Issue guidelines and policies that are stipulated in this Act including other policies
9 that may be necessary to implement the National HIV and AIDS Program;
- 10 c. Strengthen the collaboration between government agencies and CSOs involved
11 in the implementation of the National HIV and AIDS Program, including the
12 delivery of HIV and AIDS related services;
- 13 d. Coordinate, organize and work in partnership with foreign and international
14 organizations regarding funding, data collection, research, and prevention and
15 treatment modalities on HIV and AIDS;
- 16 e. Advocate for policy reforms to Congress and other government agencies to
17 strengthen the country's response to the epidemic; and
- 18 f. Submit an annual report, including the findings of the DOH on monitoring and
19 evaluation of the National HIV and AIDS Program, to the Office of the President,
20 Congress and members of PNAC.

21
22 **SEC. 6. Membership, Composition, Appointment, Quorum and Term of Office.** –

- 23 a. The PNAC shall be composed of twenty-three (23) members as follows:
 - 24 1) The Secretary of the DOH;
 - 25 2) The Secretary of the Department of Education (DepEd) or his/her
26 representative;
 - 27 3) The Secretary of the Department of Labor and Employment (DOLE) or
28 his/her representative;
 - 29 4) The Secretary of the Department of Social Welfare and Development
30 (DSWD) or his/her representative;
 - 31 5) The Secretary of the Department of Interior and Local Government
32 (DILG) or his/her representative;
 - 33 6) The Secretary of the Department of Justice (DOJ) or his/her
34 representative;
 - 35 7) The Secretary of the Department of Foreign Affairs (DFA) or his/her
36 representative;
 - 37 8) The Secretary of the Department of Budget and Management (DBM) or
38 his/her representative;

- 1 9) The Chair of the Civil Service Commission (CSC) or his/her
2 representative;
- 3 10) The Director General of Technical Education and Skills Development
4 Authority (TESDA) or his/her representative;
- 5 11) The Director General of the National Economic and Development
6 Authority (NEDA) or his/her representative;
- 7 12) The President of the League of Provinces or his/her representative;
- 8 13) The President of the League of Cities or his/her representative;
- 9 14) The Commissioner of the Insurance Commission (IC) or his/her
10 representative;
- 11 15) The Head of the Philippine Information Agency (PIA) or his/her
12 representative;
- 13 16) The Chairperson of the National Youth Commission (NYC) or his/her
14 representative;
- 15 17) Two (2) representatives from medical/health organizations;
- 16 18) Three (3) representatives from CSOs; and
- 17 19) Two (2) persons living with HIV.

- 18 b. Members of the PNAC shall be appointed by the President of the Republic of
19 the Philippines;
- 20 c. The members of the PNAC shall be appointed not later than thirty (30) days
21 after the date of the enactment of this Act;
- 22 d. The Secretary of Health shall be the permanent chairperson of the PNAC;
23 however, the vice-chairperson shall be elected by its members from among
24 themselves; and shall serve for a term of two (2) years; and
- 25 e. For the two (2) members representing medical/health professional groups, the
26 three (3) members representing the CSOs, and two (2) persons living with
27 HIV, they shall serve for a term of two (2) years, renewable upon
28 recommendation of the PNAC.

29
30 **SEC. 7. Secretariat.** – The National HIV and AIDS and STI Prevention and Control
31 Program (NASPCP) of the DOH shall now be known as the National HIV and AIDS and
32 STI Prevention and Control Service (NASPCS) shall serve as the Secretariat of the
33 PNAC.

34
35 The NASPCS shall be composed of qualified medical specialists and support
36 personnel. It shall have an adequate yearly budget necessary for the implementation of
37 this Act.

1 The current personnel of the NASPCP shall be transferred to the NASPCS. There
2 shall be no demotion of ranks and positions and no diminution in salaries, benefits,
3 allowances and emoluments.

4
5 The NASPCS shall:

- 6 a. Assist the PNAC in the development of the National Multi-Sectoral HIV and AIDS
7 Strategic Plan and the AIDS Medium Term Plan (AMTP);
8 b. Ensure the operationalization and implementation of the National Multi-Sectoral
9 HIV and AIDS Strategic Plan and the AMTP; and
10 c. Coordinate with the PNAC for the implementation of the health sector's HIV and
11 AIDS and STI response, as identified in the National Multi-Sectoral HIV and AIDS
12 Strategic Plan and the AMTP.

13
14 **SEC. 8. National Multi-Sectoral HIV and AIDS Strategic Plan.** – A six-year National
15 Multi-Sectoral HIV and AIDS Strategic Plan and AMTP shall be formulated and
16 periodically updated by the PNAC. The AMTP shall include the following:

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

25
26 ARTICLE III

27 EDUCATION AND INFORMATION

28
29 **SEC. 9. Education and Prevention Program.** – There shall be an HIV and AIDS
30 education and prevention program that shall educate the public on HIV and AIDS, as
31 well as other STIs, with the goal of reducing high-risk behaviour, lowering vulnerabilities,
32 and promoting the human rights of persons living with HIV. The PNAC shall promote
33 and adopt a range of measures and interventions, in consultation with CSOs, that aim to
34 prevent, halt or control the spread of HIV in the general population, especially among
35 the key populations, a vulnerable community. These measures shall likewise promote
36 the rights, welfare, and participation of persons living with HIV and infected children,
37 young people, families and partners of persons living with HIV.

1 The HIV and AIDS education and prevention programs shall be age-appropriate
2 and bases on up-to-date evidence and scientific strategies, and shall actively promote:

- 3 a. Safer sex practices among the general population, especially among key
4 populations;
- 5 b. Safer sex practices that reduce risk of HIV infection;
- 6 c. Universal access to evidence-based and relevant information and education,
7 and medically safe, legal, affordable, effective and quality treatment;
- 8 d. Sexual abstinence and sexual fidelity; and
- 9 e. Consistent and correct condom use

10
11 **SEC. 10. HIV and AIDS Education in Learning Institutions.** – Using official
12 information and data from the PNAC, the DepEd, the Commission on Higher Education
13 (CHED) and the TESDA shall integrate basic and age-appropriate instruction on the
14 causes, modes of transmission, and ways of preventing the spread of HIV and AIDS
15 and other STIs in subjects taught in public and private learning institutions at
16 intermediate grades, secondary, and tertiary levels, including non-formal and
17 indigenous learning systems.

18
19 The learning modules shall include human rights-based principles and information
20 on treatment, care, and support to promote stigma reduction. The learning modules that
21 shall be developed to implement this provision shall be done in coordination with the
22 PNAC and stakeholders in the education sector. Referral mechanisms, including but not
23 limited to the DSWD Referral System, shall be included in the modules for key
24 populations and vulnerable communities.

25
26 All teachers and instructors to be assigned to handle these learning modules shall
27 be required to undergo seminars or trainings on HIV and AIDS prevention that shall be
28 supervised by the PNAC in coordination with concerned agencies.

29
30 **SEC. 11. HIV and AIDS Education in the Workplace.** – All public and private
31 employees, workers, managers, and supervisors, including members of the Armed
32 Forces of the Philippines (AFP) and the Philippine National Police (PNP) shall be
33 regularly provided with standardized basic information and instruction on HIV and AIDS,
34 including topics on confidentiality in the workplace and reduction or elimination of stigma
35 and discrimination. The DOLE, CSC, AFP and PNP shall implement this provision.

36
37 **SEC. 12. HIV and AIDS Education for Filipinos Going Abroad.** – The PNAC, in
38 coordination with the DFA, DOLE, Overseas Workers Welfare Administration (OWWA)

1 and Commission on Filipinos Overseas (CFO) shall ensure that all overseas Filipino
2 workers, including diplomatic, military, trade, labor officials, personnel and their families
3 to be assigned overseas, shall undergo or attend a seminar on HIV and AIDS and shall
4 be provided with information on how to access on-site HIV-related services and facilities
5 before certification for overseas assignment.

6
7 **SEC. 13. HIV and AIDS Information for Tourists and Transients.** – Educational
8 materials on the cause, modes of transmission, prevention, and consequences of HIV
9 infection and list of HIV counselling and testing facilities shall be adequately provide at
10 all international and local ports of entry and exit. The Department of Tourism (DOT),
11 DFA, Department of Transportation and Communication (DOTC) and Bureau of
12 Quarantine (BOQ), in coordination with the PNAC and stakeholders in the tourism
13 industry, shall lead the implementation of this Section.

14
15 **SEC. 14. HIV and AIDS Education in Communities.** – Local Government Units
16 (LGUs), tough the Local HIV and AIDS Council (LAC) or the Local Health Boards, and
17 in coordination with the PNAC, the DILG, and league of Local Governments, shall
18 implement a locally-based multi-sectoral response to HIV and AIDS through various
19 channels on evidence-based, gender-responsive, age-appropriate, and human rights-
20 oriented prevention tools to stop the spread of HIV.

21
22 For these purposes, the LGUs and other concerned agencies are hereby
23 authorized to utilize the Gender and Development (GAD) funds and other sources for
24 HIV and AIDS education in communities.

25
26 In coordination with the DSWD, LGUs shall also conduct age-appropriate HIV and
27 AIDS education for out-of-school youths.

28
29 **SEC. 15. HIV and AIDS Education for Key Populations and Vulnerable**
30 **Communities.** – To ensure that HIV services reach key populations, the State, through
31 PNAC and in collaboration with CSOs, shall support and provide funding for HIV and
32 AIDS education programs, such as poor education, outreach activities, and community-
33 based research. The DOH, in coordination with appropriate agencies and the PNAC
34 shall craft the guidelines and standardized information messes for peer education and
35 outreach activities which may be undertaken in various settings including laboratory-
36 based activities.

37
38 The LGUs shall implement a locally-based multi-sectoral response to HIV. For

1 these purposes, the LGUs are hereby authorized to utilize the GAD Funds and other
2 sources for HIV and AIDS education in communities.

3
4 **SEC. 16. HIV and AIDS Prevention in Prisons and Other Closed-Settings.** – The
5 DOH shall, in coordination with the Bureau of Jail Management and Penology (BJMP),
6 through the DILG, Bureau of Corrections (BuCor), LGUs and DSWD, develop an HIV
7 and AIDS comprehensive program which will be implemented in all prisons,
8 rehabilitation centers, and other closed-setting institutions. The program shall include
9 HIV education and information, HIV counselling and testing, and access to HIV
10 treatment and care services, among others.

11
12 Persons living with HIV in prisons and closed-settings shall be provided HIV
13 treatment, which includes ARV and care and support, in accordance with the guidelines
14 of the DOH and the Philippine National Health Insurance Corporation (PhilHealth).
15 Efforts should be undertaken to ensure the continuity of care at all stages, from
16 admission or imprisonment to release. The provision on informed consent and
17 confidentiality shall also apply in closed-settings.

18
19 **SEC. 17. HIV and AIDS Information on Prophylactics.** – Appropriate information shall
20 be attached to or provided with every prophylactic offered for sale or given as a
21 donation. Such information shall be legibly printed in English and Filipino, and contain
22 literature on the proper use of the prophylactic device or agent, and its efficacy against
23 HIV and STIs.

24
25 **SEC. 18. Misinformation on HIV and AIDS.** – Misinformation on HIV and AIDS, which
26 includes false and misleading advertising and claims in any of the multimedia or the
27 promotional marketing of drugs, devices, agents or procedures without prior approval
28 from the DOH through the Food and Drug Administration (FDA) and without the
29 requisite medical and scientific basis, including markings and indications in drugs and
30 devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV infection,
31 shall be prohibited.

32
33 ARTICLE IV
34 PREVENTION

35
36 **SEC. 19. Positive Health, Dignity and Prevention.** – The PNAC, in coordination with
37 the ODH, LGUs and other relevant government agencies, private sector, CSOs, faith-
38 based organizations, and persons living with HIV, shall support preventive measures

1 that shall focus on the positive roles of persons living with HIV. Such preventive
2 measures shall include the following:

- 3 a. Creation of rights-based and community-led behaviour modification programs
4 that seek to encourage HIV risk reduction behaviour among persons living with
5 HIV;
- 6 b. Establishment and enforcement of rights-based mechanisms to strongly
7 encourage newly tested HIV-positive individuals to conduct partner notification
8 and to promote HIV status disclosure to sexual partners;
- 9 c. Establishment of standard precautionary measures in public and private health
10 facilities;
- 11 d. Accessibility of ARV treatment, management of opportunistic infections; and
- 12 e. Mobilization of communities of persons living with HIV for public awareness
13 campaigns and stigma reduction activities.

14
15 The enforcement of this Section shall not lead to or result in the discrimination or
16 violation of the rights of persons living with HIV.

17
18 **SEC. 20. *Prohibition on the Use of Condoms, Other Safe Sex Paraphernalia, and***
19 ***Sterile Injecting Equipment as Basis for Raids and Similar Police Operation.*** – It
20 shall be unlawful to use the presence of used or unused condoms, other safer sex
21 paraphernalia, and sterile injecting equipment to conduct raids or similar police
22 operations in sites and venues of HIV prevention interventions. The PNP, through the
23 DILG and DOH, in coordination with the Dangerous Drugs Board (DDB), shall establish
24 a national policy to guarantee the implementation of this provision.

25
26 **SEC. 21. *Standard Precaution on the Donation of Blood, Tissue, or Organ.*** – The
27 DOH shall enforce the following guidelines on donation of blood, tissue or organ:

- 28 a. A donation of tissue or organs, whether gratuitous or onerous, shall be accepted
29 by a laboratory or institution only after a sample from the donor has been tested
30 negative for HIV;
- 31 b. All donated blood shall also be subject to HIV testing. HIV-positive blood shall be
32 disposed of properly and immediately; and
- 33 c. A second testing may be demanded, as a matter of right, by the blood, tissue or
34 organ recipients or their immediate relatives before transfusion or transplant,
35 except during emergency cases.

36
37 Donations of blood, tissue or organ testing positive for HIV maybe accepted for
38 research purposes only, and shall be subject to strict sanitary disposal requirements.

1 **SEC. 22. *Standard Precaution on Surgical and Other Similar Procedures.*** – The
2 DOH shall, in consultation with concerned professional organizations and hospital
3 associations, issue guidelines on precautions against HIV transmission during surgical,
4 dental, embalming, body painting, or tattooing that require the use of needles, or similar
5 procedures. The necessary protective equipment such as gloves, goggles, and gowns
6 shall be prescribed and required, and made available to all physicians and healthcare
7 providers and similarly exposed personnel at all times.

8
9 ARTICLE V

10 TESTING, SCREENING, AND COUNSELING

11
12 **SEC. 23. *Voluntary and Opt-out Routine HIV Testing.*** – As a policy, the State shall
13 encourage voluntary and opt-out routine HIV testing, including provider-initiated
14 counselling and testing, as part of clinical care in all health settings. To this end, the
15 DOH shall develop guidelines for HIV testing to ensure that testing is voluntary and
16 confidential, except as otherwise provided in this Act, available at all times, and
17 provided by qualified persons and DOH-accredited providers.

18
19 In keeping with the principle of “evolving capacities of children” as defined in
20 Section 3 (f) of this Act, HIV testing shall be made available under the following
21 circumstances:

22 a. If the person is below fifteen (15) years of age or is mentally
23 incapacitated, consent to voluntary HIV testing shall be obtained from
24 the child’s parents or legal guardian. In cases when the child’s parents
25 or legal guardian cannot be found, despite reasonable efforts to locate
26 the parents were undertaken, the consent shall be obtained from a
27 licensed social worker. If the child’s parents or legal guardian refuse to
28 give their consent, the consent shall likewise be obtained from the
29 licensed social worker if the latter determines that the child is at higher
30 risk of HIV exposure and the conduct of the voluntary HIV testing is in
31 the best interest of the child.

32 b. If the person is fifteen (15) to below eighteen (18) years of age, consent
33 to voluntary HIV testing shall be obtained from the child.

34
35 **SEC. 24. *Mandatory HIV Testing.*** – Mandatory HIV testing shall be allowed only in the
36 following instances:

37 a. When it is necessary to test a person who is charged with any of the
38 offenses punishable under Article 264, 266, 335, and 338 of the

1 Revised Penal Code as amended by Republic Act No. 8353 otherwise
2 known as the Anti-Rape Law of 1997;

3 b. When it is necessary to resolve relevant issues under Executive Order
4 No. 209, otherwise known as 'Family Code of the Philippines';

5 c. As a prerequisite in the donation of blood in compliance with the
6 provisions of Republic Act No. 7170 otherwise known as the 'Organ
7 Donation Act' and Republic Act No. 7719, otherwise known as the
8 "National Blood Services Act"; and

9 d. When already hired or is currently working in a high-risk occupation.
10

11 **SEC. 25. HIV Anti-Body Testing for Pregnant Women.** – The DOH shall implement a
12 program to prevent mother-to-child HIV transmission that shall be integrated into its
13 maternal and child health services.
14

15 A health care provider who offers pre-natal medical care shall conduct opt-out
16 routine HIV testing for pregnant women. The DOH shall provide the necessary
17 guidelines for healthcare providers in the conduct of the screening procedure.
18

19 **SEC. 26. Pre-Test Counselling and Post-test Counselling.** – All HIV testing facilities
20 shall provide pre-test counselling and post-test counselling to the person or the child,
21 and the parents or legal guardian of the child who wish to avail of HIV testing, as maybe
22 applicable.
23

24 Pre-test counselling and post-test counselling shall be done by the HIV and AIDS
25 counsellor, licensed social worker, licensed social worker, licensed health service
26 provider, or a DOH-accredited health service provider assigned to provide health
27 services: *Provided*, That for government HIV testing facilities, pre-test counselling and
28 post-test counselling shall be provided for free.
29

30 The state shall ensure that specific approaches to HIV counselling and testing are
31 adopted based on the nature and extent of HIV and AIDS incidence in the country. The
32 DOH shall set the standards for HIV counselling and shall work closely with CSOs that
33 train HIV and AIDS counsellors and peer educators.
34

35 ARTICLE VI

36 HEALTH AND SUPPORT SERVICES

37
38 **SEC. 27. Health Insurance.** – The PhilHealth shall develop an insurance package for

1 persons living with HIV that shall include coverage for in-patient and out-patient medical
2 and diagnostic services, including medication and treatment. The PhilHealth shall
3 enforce confidentiality in the provision of these packages to persons living with HIV.
4

5 No person living with HIV shall be denied or deprived of private health and life
6 insurance coverage on the basis of the person's HIV status following the company's
7 reasonable underwriting policies. The IC shall implement this provision and shall
8 develop the necessary policies to ensure compliance.
9

10 **SEC. 28. *Treatment for Persons Living with HIV and AIDS.*** – The DOH shall
11 establish a program that will provide free and accessible ARV treatment and medication
12 for opportunistic infections to persons living with HIV who are enrolled in the program. It
13 shall likewise designate public and private hospitals to become treatment hubs with an
14 established HIV and AIDS Core Team.
15

16 **SEC. 29. *Economic Empowerment and Support.*** – Persons living with HIV shall not
17 be deprived of any employment, livelihood, micro-finance, self-help, and cooperative
18 programs by reason of their HIV status, except as may be provided under this Act. The
19 DSWD, in coordination with the DILG, DOLE, and TESDA, shall develop enabling
20 policies and guidelines to ensure economic empowerment and independence designed
21 for persons living with HIV.
22

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

29 **SEC. 31. *Care and Support for Overseas Filipinos Living with HIV.*** – The OWWA, in
30 coordination with the DSWD, DOH, PhilHealth, DFA, Philippine Overseas Employment
31 Administration (POEA), CFO, National Reintegration Center for OFWs (NRCO), and
32 BOQ shall develop a program to provide a stigma-free comprehensive reintegration,
33 care and support program, including economic, social and medical support, for
34 overseas Filipinos who have been repatriated or are about to be repatriated due to their
35 HIV status.
36
37
38

1 ARTICLE VII

2 ACCREDITATION, MONITORING, AND EVALUATION

3
4 **SEC. 32. Accreditation.** – The DOH shall accredit:

- 5 a. Public and private HIV testing facilities based on their capacity to deliver testing
6 services including HIV counselling;
- 7 b. Institutions or organizations that train HIV and AIDS counsellors in coordination
8 with DSWD; and
- 9 c. Competent HIV and AIDS counsellors for persons with disability, including but
10 not limited to, translators for the hearing-impaired and Braille for the visually-
11 impaired clients in coordination with the National Council for Disability Affairs
12 (NCDA).

13
14 **SEC. 33. HIV and AIDS Monitoring and Evaluation.** – The DOH shall maintain a
15 comprehensive HIV and AIDS monitoring and evaluation program that shall serve the
16 following purposes:

- 17 a. Determine and monitor the magnitude and progression of HIV and AIDS in the
18 Philippines to help the national government evaluate the adequacy and efficacy
19 of HIV prevention and treatment programs being employed;
- 20 b. Receive, collate, process, and evaluate all HIV and AIDS-related medical reports
21 from all hospitals, clinics, laboratories, and testing centers, including HIV-related
22 deaths and relevant data from public and private hospitals, various databanks or
23 information systems: *Provided*, That it shall adopt a coding system that ensures
24 anonymity and confidentiality; and
- 25 c. Submit an annual report to the PNAC containing the findings of tis monitoring
26 and evaluation activities in compliance with this mandate.

27
28 ARTICLE VIII

29 CONFIDENTIALITY

30
31 **SEC. 34. Confidentiality.** – The confidentiality and privacy of any individual who has
32 been tested for HIV, exposed to HIV, has HIV infection or HIV and AIDS-related
33 illnesses, or was treated for HIV-related illnesses shall be guaranteed. The following
34 acts violate confidentiality and privacy:

- 35 a. *Release of HIV Testing and HIV-Related Test Results.* – The result of any HIV
36 testing or HIV-related testing shall be released only to the individual who
37 submitted to the test after receiving post-test counselling. If a patient is below
38 fifteen (15) years of age or is mentally incapacitated, the result may be released

1 to either of the patient's parents, legal guardian, or the duly assigned licensed
2 social worker, as may be applicable. If the person is fifteen (15) to below
3 eighteen (18) years of age, the result shall be released only to the child tested
4 after receiving post-test counselling.

- 5 b. *Disclosure of confidential HIV and AIDS information.* – Unless otherwise provided
6 in Section 35 of this Act; it shall be unlawful to disclose, without written consent,
7 information that a person had an HIV-related test, has HIV infection, HIV-related
8 illnesses, or has been exposed to HIV.

9
10 The prohibition shall apply to any person, natural or juridical, whose work or
11 function involves the implementation of this Act or the delivery of HIV-related services,
12 including those who handle or have access to personal data or information in the
13 workplace.

- 14 a. *Media disclosure.* – It shall be unlawful for any editor, publisher, reporter, or
15 columnist in case of printed materials, or any announcer or producer in case of
16 television and radio broadcasting, or any producer or director of films in case of
17 the movie industry, to disclose the name, picture or any information that would
18 reasonably identify any person living with HIV or AIDS, or any confidential HIV
19 and AIDS information, without the prior written consent of their subject except
20 when the person waives said confidentiality through his/her own acts and
21 omissions.

22
23 **SEC. 35. Exemptions.** – Confidential HIV and AIDS information may be released by
24 HIV testing facilities without written consent on the following grounds:

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

1 **SEC. 36. Disclosure to Sexual Partners.** – Any person who, after having been tested
2 is found to be infected with HIV, is obliged to disclose this health condition to the spouse
3 or sexual partner at the earliest opportune time. A person living with HIV may opt to
4 seek help from medical professionals, health workers, or peer educators to support him
5 in disclosing this health condition to one's partner or spouse.

6
7 ARTICLE IX

8 DISCRIMINATORY ACTS AND PRACTICES
9

10 **SEC. 37. Discriminatory Acts and Practices.** – The following are discriminatory acts
11 and practices and shall be prohibited:

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

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

8

9 **SEC. 38. *Duty of Employers, Heads of Government Offices, Heads of Public and***
10 ***Private Schools or Training Institutions, and Local Chief Executives.*** – It shall be
11 the duty of private employers, heads of government offices, heads of public and private
12 schools or training institutions and local chief executives, over all private establishments
13 within their territorial jurisdiction, to establish guidelines that will prevent or deter acts of
14 discrimination as provided under Section 37 of this Act against persons living with HIV
15 and to provide procedures for the resolution, settlement or prosecution of said acts of
16 discrimination. Towards this end, the employer, head of office, or local chief executive
17 shall, consistent with this Act and its rules, as well as guidelines issued by the DOH and
18 relevant government agencies:

- 19 a. Promulgate rules and regulations prescribing the procedure for the investigation
20 of discrimination cases and the administrative sanctions thereof; and
- 21 b. Create a permanent committee on the investigation of discrimination cases which
22 shall conduct meetings to increase the members' knowledge and understanding
23 of HIV and AIDS and prevent incidents of discrimination, as well as conduct the
24 administrative investigations of alleged cases of discrimination.

25

26 ARTICLE X

27 PROHIBITED ACTS AND PENALTIES

28

29 **SEC. 39. *Prohibited Acts and Penalties.*** –

- 30 a. Penalties. – The following penalties and sanctions shall be imposed for the
31 offenses enumerated in this Act:
- 32 1. Any person found guilty of violating Sec. 27, Sec. 34 and Sec.
33 37 of this Act shall suffer the penalty of imprisonment for six (6)
34 months to five (5) years or a fine of not less than Fifty Thousand
35 Pesos (P50,000) but not more than Five Hundred Thousand
36 Pesos (P500,000), or both, at the discretion of the court.
- 37 2. Any person found guilty of violating Sec. 18 of this Act shall,
38 upon conviction, suffer the penalty of imprisonment ranging from

1 one (1) year but not more than ten (10) years or a fine of not
2 less than Fifty Thousand Pesos (P50,000) but not more than
3 Five Hundred Thousand Pesos (P500,000) or both, at the
4 discretion of the court: *Provided*, That if the offender is a
5 manufacturer, importer or distributor of any drugs, devices,
6 agents, and other health products, the penalty of at least five (5)
7 years imprisonment but not more than ten (10) years and a fine
8 of at least Five Hundred Thousand Pesos (P500,000) but not
9 more than Five Million Pesos (P5,000,000.00) shall be imposed:
10 *Provided, further*, That an additional fine of one percent (1%) of
11 the economic value/cost of the violative product or violation, or
12 One Thousand Pesos (P1,000) whichever is higher, shall be
13 imposed for each day of continuing violation: *Provided, finally*,
14 That drugs, devices, agents, and other health products found in
15 violation of Section 18 of this Act may be seized and held in
16 custody pending proceedings, without hearing or court order,
17 when the FDA Director-General has reasonable cause to
18 believe from facts found by him/her or an authorized officer or
19 employee of the FDA that such health products may cause
20 injury or prejudice to the consuming public.

21 3. Any person found guilty of violating Sec. 20 of this Act shall
22 suffer the penalty of imprisonment of one (1) year to five (5)
23 years and a fine of not less than One Hundred Thousand Pesos
24 (P100,000) but not more than Five Hundred Thousand Pesos
25 (P500,000).

26 4. Any person who knowingly or negligently causes another to get
27 infected with HIV in the course of the practice of one's
28 profession through unsafe and unsanitary practice or procedure
29 is liable to suffer a penalty of imprisonment of six (6) to twelve
30 (12) years.

31 b. Where offender is a juridical person, alien, public officer, or licensed
32 professional. – If the offender is a corporation, association, partnership or any
33 other juridical person, the penalty of imprisonment shall be imposed upon the
34 responsible officers and employees, as the case may be, who participated in,
35 or allowed by their gross negligence, the commission of the crime, and the fine
36 shall be imposed jointly and severally on the juridical person and the
37 responsible officers/employees. Furthermore, the court may suspend or revoke
38 its license or business permit.

1
2 If the offender is an alien, he shall, in addition to the penalties herein prescribed,
3 be deported without further proceedings after serving the penalties herein prescribed.
4

5 If the offender is a public official or employee, he shall, in addition to the penalties
6 prescribed herein, suffer perpetual or temporary absolute disqualification from office, as
7 the case may be.
8

9 If the offender is a licensed professional, the respective Boards under the
10 Professional Regulation Commission may either suspend or revoke his/her license to
11 practice the profession.

12 c. Penalties Collected. – The penalties collected pursuant to this Section shall be
13 put into a special fund to be administered by the DOH and shall be used for
14 awareness campaigns and other priority HIV and AIDS activities of the PNAC.
15

16 **SEC. 40. Immunity from suit for HIV educators, licensed social workers, health**
17 **workers and other HIV and AIDS service providers.** – Any person involved in the
18 provision of HIV and AIDS services, including HIV educators, licensed social workers,
19 health workers, and other HIV and AIDS service providers, shall be immune from suit,
20 arrest, or prosecution, and from civil, criminal, or administrative liability, on the basis of
21 their delivery of such services in Secs. 9 to 16 and 19 to 26 hereof, or in relation to the
22 legitimate exercise of protective custody of children, whenever applicable. The DOJ, the
23 DILG, and the PNP, in coordination with the PNAC, shall develop the mechanism for the
24 implementation of this provision.
25

26 ARTICLE XI
27 APPROPRIATIONS
28

29 **SEC. 41. Appropriations.** – The amount needed for the initial implementation of this
30 Act shall be charged against the current year's appropriation for each of the member
31 agencies of the PNAC, as enumerated in Sec. 6, in amounts to be determined by the
32 PNAC. For this purpose, each of the agencies in Section 6 shall include in their annual
33 budget an item for the implementation of the National Multi-Sectoral HIV and AIDS
34 Strategic Plan and AMTP in Sec. 8.
35

36 Thereafter, such sums as may be necessary for the continued implementation of
37 this Act shall be included in the Annual General Appropriations Act.
38

1 ARTICLE XII
2 FINAL PROVISIONS
3

4 **SEC. 42. *Implementing Rules and Regulations.*** – Within one hundred twenty (120)
5 days from the effectivity of this Act, the PNAC shall promulgate the necessary rules and
6 regulations for the effective implementation of the provisions of this Act.
7

8 **SEC. 43. *Repealing Clause.*** – Republic Act No. 8504, otherwise known as the
9 “Philippine AIDS Prevention and Control Act of 1998” and all laws, decrees, executive
10 orders, proclamations and administrative regulations or parts thereof inconsistent
11 herewith are hereby repealed, amended or modified accordingly.”

12 **SEC. 44. *Separability Clause.*** – If any provision or part of this Act is declared
13 unconstitutional the remaining parts or provisions not affected shall remain in full force
14 and effect.
15

16 **SEC. 45. *Effectivity.*** – This Act shall take effect fifteen (15) days after its complete
17 publication in the Official Gazette or in a newspaper of general circulation.

Approved,