



SENATE

S. No. 1390

PREPARED AND SUBMITTED JOINTLY BY THE COMMITTEES ON HEALTH AND DEMOGRAPHY; EDUCATION, ARTS AND CULTURE; AND FINANCE WITH SENATORS HONTIVEROS, LEGARDA, TRILLANES IV, ANGARA, POE, BINAY, AND PACQUIAO AS AUTHORS THEREOF

AN ACT STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) PREVENTION, TREATMENT, CARE, AND SUPPORT, AND ESTABLISHING THE PHILIPPINE NATIONAL AIDS COUNCIL (PNAC), 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
- 2 the "Philippine HIV and AIDS Policy Act".

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

9 (a) Establish policies and programs to prevent the
10 spread of HIV and deliver treatment, care, and support
11 services to Filipinos living with HIV in accordance with
12 evidence-based strategies and approaches that follow the
13 principles of human rights, gender-responsiveness, and
14 meaningful participation of communities affected by the
15 epidemic;

16 (b) Adopt a multi-sectoral approach in responding to
17 the HIV epidemic by ensuring that local communities, civil
18 society organizations (CSOs), and persons living with HIV
19 are at the center of the process;

1 (c) Remove all barriers to HIV and AIDS-related
2 services by eliminating the climate of stigma that
3 surrounds the epidemic and the people directly and
4 indirectly affected by it; and

5 (d) Positively address and seek to eradicate
6 conditions that aggravate the spread of HIV infection,
7 which include poverty, gender inequality, marginalization,
8 and ignorance.

9 Respect for, protection of, and promotion of human
10 rights are the cornerstones of an effective response to the
11 HIV epidemic. Hence, HIV and AIDS education and
12 information dissemination should form part of the right to
13 health.

14 The meaningful inclusion and participation of
15 persons directly and indirectly affected by the epidemic,
16 especially persons living with HIV, are crucial in
17 eliminating the virus. Thus, unless otherwise provided in
18 this Act, the confidentiality, anonymity, and non-
19 compulsory nature of HIV testing and HIV-related testing
20 shall always be guaranteed and protected by the State.

1 Policies and practices that discriminate on the basis
2 of perceived or actual HIV status, sex, gender, sexual
3 orientation, gender identity, age, economic status,
4 disability, and ethnicity hamper the enjoyment of basic
5 human rights and freedoms guaranteed in the Constitution
6 and are deemed inimical to national interest. Towards this
7 end, the State shall ensure the delivery of non-
8 discriminatory HIV and AIDS services by government and
9 private HIV and AIDS service providers and develop
10 redress mechanisms for persons living with HIV to ensure
11 that their civil, political, economic, and social rights are
12 protected.

13 SEC. 3. *Definition of Terms.* – For the purposes of
14 this Act, the following terms shall be defined as follows:

15 (a) *Acquired Immunodeficiency Syndrome (AIDS)*
16 refers to a health condition where there is a deficiency of
17 the immune system that stems from infection with the
18 Human Immunodeficiency Virus or HIV, making an
19 individual susceptible to opportunistic infections;

1 (b) *Antiretroviral (ARV)* refers to the treatment that
2 stops or suppresses viral replication or replications of a
3 retrovirus like HIV thereby slowing down the progression
4 of infection;

5 (c) *Civil Society Organizations (CSOs)* refer to
6 groups of non-governmental and non-commercial
7 individuals or legal entities that are engaged in non-
8 coerced collective action around shared interests, purpose
9 and values;

10 (d) *Community-based research* refers to research
11 study undertaken in community settings and which
12 involve community members in the design and
13 implementation of research projects;

14 (e) *Compulsory HIV testing* refers to HIV testing
15 imposed upon an individual characterized by lack of
16 consent, use of force or intimidation, the use of testing as
17 a prerequisite for employment or other purposes, and other
18 circumstances when informed choice is absent;

19 (f) *Discrimination* refers to unfair or unjust
20 treatment that distinguishes, excludes, restricts, or shows

1 preferences based on any ground such as sex, gender, age,
2 sexual orientation, gender identity, economic status,
3 disability, ethnicity, and HIV status, whether actual or
4 perceived, and which has the purpose or effect of nullifying
5 or impairing the recognition, enjoyment or exercise by all
6 persons similarly situated, of all rights and freedoms;

7 (g) *Evolving capacities of children* refers to the
8 concept enshrined in Article 5 of the Convention on the
9 Rights of the Child recognizing the developmental changes
10 and the corresponding progress in cognitive abilities and
11 capacity for self-determination undergone by children as
12 they grow up, thus requiring parents and others charged
13 with the responsibility for the child to provide varying
14 degrees of protection and to allow their participation in
15 opportunities for autonomous decision-making in different
16 contexts and across different areas of decision-making;

17 (h) *Gender identity* refers to the personal sense of
18 identity as characterized, among others, by manner of
19 clothing, inclinations, and behavior in relation to
20 masculine or feminine conventions. A person may have a

1 male or female identity with the physiological
2 characteristics of the opposite sex;

3 (i) *Health Maintenance Organization (HMO)* refers
4 to juridical entities legally organized to provide or arrange
5 for the provision of pre-agreed or designated health care
6 services to its enrolled members for a fixed pre-paid fee for
7 a specified period of time;

8 (j) *High-risk behavior* refers to a person's frequent
9 involvement in certain activities that increase the risk of
10 transmitting or acquiring HIV;

11 (k) *Human Immunodeficiency Virus (HIV)* refers to
12 the virus, of the type called retrovirus, which infects cells
13 of the human immune system, and destroys or impairs the
14 cells' function. Infection with HIV results in the
15 progressive deterioration of the immune system, leading to
16 immune deficiency;

17 (l) *HIV counseling* refers to the interpersonal and
18 dynamic communication process between a client and a
19 trained counselor, who is bound by a code of ethics and
20 practice, to resolve personal, social, or psychological

1 problems and difficulties, whose objective in counseling, in
2 the context of an HIV diagnosis, is to encourage the client
3 to explore important personal issues, identify ways of
4 coping with anxiety and stress, and plan for the future
5 (keeping healthy, adhering to treatment, and preventing
6 transmission); and in the context of a negative HIV test
7 result, is to encourage the client to explore motivations,
8 options, and skills to stay HIV-negative;

9 (m) *HIV and AIDS Core Team (HACT)* refers to a
10 team of doctors, nurses, medical technologists, social
11 workers, dentists, and other health care personnel in
12 charge of HIV and AIDS management in the hospital;

13 (n) *HIV and AIDS counselor* refers to any individual
14 trained by an institution or organization accredited by the
15 Department of Health (DOH) to provide counseling
16 services on HIV and AIDS with emphasis on behavior
17 modification;

18 (o) *HIV and AIDS monitoring* refers to the
19 documentation and analysis of the number of HIV/AIDS
20 infections and the pattern of its spread;

1 (p) *HIV and AIDS prevention and control* refers to
2 measures aimed at protecting non-infected persons from
3 contracting HIV and minimizing the impact of the
4 condition of persons living with HIV;

5 (q) *HIV-Negative* refers to the absence of HIV or HIV
6 antibodies upon HIV testing;

7 (r) *HIV-Positive* refers to the presence of HIV
8 infection as documented by the presence of HIV or HIV
9 antibodies in the sample being tested;

10 (s) *HIV-related testing* refers to any laboratory
11 testing or procedure done on an individual regardless of
12 whether the person is HIV positive or negative;

13 (t) *HIV testing* refers to any facility-based or mobile
14 medical procedure that is conducted to determine the
15 presence or absence of HIV in a person's body. HIV testing
16 is confidential and voluntary in nature and conducted only
17 with the informed consent of the person;

18 (u) *HIV testing facility* refers to any DOH accredited
19 in-site or mobile testing center, hospital, clinic, laboratory

1 and other facility that has the capacity to conduct
2 voluntary HIV counseling and HIV testing;

3 (v) *HIV transmission* refers to the transfer of HIV
4 from one infected person to an uninfected individual, most
5 commonly through sexual intercourse, blood transfusion,
6 sharing of intravenous needles, and vertical transmission;

7 (w) *Key affected populations at higher risk of HIV*
8 *exposure or key populations* refer to those groups of
9 persons, as determined by the Philippine National AIDS
10 Council (PNAC), whose behavior make them more likely to
11 be exposed to HIV or to transmit the virus;

12 (x) *Laboratory* refers to area or place, including
13 community-based settings, where research studies are
14 being undertaken to develop local evidence for effective
15 HIV programs;

16 (y) *Medical confidentiality* refers to the relationship
17 of trust and confidence created or existing between a
18 patient or a person living with HIV and his attending
19 physical, consulting medical specialist, nurse, medical
20 technologist and all other health workers or personnel

1 involved in any counseling, testing or professional care of
2 the former. It also applies to any person who, in any official
3 capacity, has acquired or may have acquired such
4 confidential information;

5 (z) *Opportunistic infection* refers to illnesses caused
6 by various organisms, many of which do not cause disease
7 in persons with healthy immune system;

8 (aa) *Partner notification* refers to the process by
9 which the 'index client' or 'source' 'patient', who has a
10 sexually transmitted infection (STI) including HIV, is
11 given support in order to notify and advise the partners
12 that they have been exposed to infection. Support includes
13 giving the index client a mechanism to encourage the
14 client's partner to attend counseling, testing and other
15 prevention and treatment services. Confidentiality shall
16 be observed in the entire process;

17 (bb) *Person living with HIV* refers to any individual
18 diagnosed to be infected with HIV;

19 (cc) *Pre-exposure Prophylaxis* refers to the use of
20 prescription drugs as a strategy for the prevention of HIV

1 infection by people who do not have HIV/AIDS. It is an
2 optional treatment which may be taken by people who are
3 HIV-negative but who have substantial, higher-than-
4 average risk of contracting an HIV infection;

5 (dd) *Pre-test counseling* refers to the process of
6 providing an individual information on the biomedical
7 aspects of HIV/AIDS and emotional support to any
8 psychological implications of undergoing HIV testing and
9 the test result itself before the individual is subjected to
10 the test;

11 (ee) *Post-exposure Prophylaxis* refers to a preventive
12 medical treatment started immediately after exposure to a
13 pathogen (HIV) in order to prevent infection by the
14 pathogen and the development of the disease;

15 (ff) *Post-test counseling* refers to the process of
16 providing risk-reduction information and emotional
17 support to a person who submitted to HIV testing at the
18 time the result is released;

19 (gg) *Prophylactic* refers to any agent or device used
20 to prevent the transmission of a disease;

1 (hh) *Provider-initiated counseling and testing* refers
2 to a health care provider initiating HIV anti-body testing
3 to a person practicing high-risk behavior or vulnerable to
4 HIV after conducting HIV pre-test counseling. A person
5 may elect to decline or defer testing such that consent is
6 conditional;

7 (ii) *Safer sex practices* refer to choices made and
8 behaviors adopted by a person to reduce or minimize the
9 risk of HIV transmission. It includes postponing sexual
10 debut, non-penetrative sex, correct and consistent use of
11 male or female condoms, and reducing the number of
12 sexual partners;

13 (jj) *Sexually Transmitted Infections (STIs)* refer to
14 infections that are spread through the transfer of
15 organisms from one person to another as a result of sexual
16 contact;

17 (kk) *Sexual orientation* refers to the direction of
18 emotional sexual attraction or conduct. This can be
19 towards people of the same sex (homosexual orientation) or
20 towards people of both sexes (bisexual orientation) or

1 towards people of the opposite sex (heterosexual
2 orientation);

3 (ll) *Social protection* refers to a set of policies and
4 programs designed to reduce poverty and vulnerability by
5 promoting efficient labor markets, diminishing people's
6 exposure to risks, and enhancing their capacity to protect
7 themselves against hazards and interruptions/loss of
8 income;

9 (mm) *Stigma* refers to the dynamic devaluation and
10 dehumanization of an individual in the eyes of others
11 which may be based on attributes that are arbitrarily
12 defined by others as discreditable or unworthy and which
13 results in discrimination when acted upon;

14 (nn) *Treatment hubs* refer to private and public
15 hospitals or medical establishments accredited by the DOH
16 to have the capacity and facility to provide anti-retroviral
17 treatment;

18 (oo) *Vertical transmission* refers to the process of
19 transmission from mother to child during pregnancy, birth,
20 or breastfeeding;

1 SEC. 4. *Establishment.* – The Philippine National
2 AIDS Council, hereinafter referred to as the “PNAC”, shall
3 be the policy-making, planning, coordinating and advisory
4 body of the Philippine National HIV and AIDS Program. It
5 shall be an attached agency to the Department of Health
6 (DOH), with a separate budget under the General
7 Appropriations Act.

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

12 SEC. 5. *Functions.* – The PNAC shall perform the
13 following functions:

14 (a) Develop the AIDS Medium Term Plan (AMTP) in
15 collaboration with relevant government agencies and
16 CSOs;

17 (b) Ensure the operationalization and
18 implementation of the AMTP;

19 (c) Coordinate with government agencies and other
20 entities mandated to implement the provisions of this Act;

1 (d) Develop and ensure the implementation of the
2 guidelines and policies provided in this Act, including other
3 policies that may be necessary to implement the AMTP;

4 (e) Monitor the progress of the epidemic;

5 (f) Monitor the implementation of the AMTP,
6 undertake mid-term assessments and evaluate its impact;

7 (g) Mobilize sources of fund for the AMTP;

8 (h) Mobilize its members to conduct monitoring and
9 evaluation of HIV-related programs, policies, and services
10 within their mandate;

11 (i) Coordinate, organize and work in partnership
12 with foreign and international organizations regarding
13 funding, data collection, research, and prevention and
14 treatment modalities on HIV and AIDS and ensure foreign
15 funded programs are aligned to the national response;

16 (j) Advocate for policy reforms to Congress and
17 other government agencies to strengthen the country's
18 response to the epidemic;

19 (k) Submit an annual report to the Office of the
20 President and to both Houses of Congress; and

1 (l) Serve as clearing house of HIV and AIDS-related
2 standards on messaging, programming, and service
3 delivery.

4 In addition to the powers and functions enumerated
5 under the preceding paragraph, the members of the PNAC
6 shall also develop and implement individual action plans
7 which shall be anchored to and integrated in the AMTP.
8 Such action plans shall be based on the duties, powers, and
9 functions of the individual agencies as identified in Articles
10 II to VII of this Act.

11 **SEC. 6. *Membership and Composition.*** – The following
12 agencies and CSOs shall be represented in the PNAC:

- 13 (a) Department of Health (DOH);
14 (b) Department of Education (DepEd);
15 (c) Department of Labor and Employment (DOLE);
16 (d) Department of Social Welfare and Development
17 (DSWD);
18 (e) Department of the Interior and Local
19 Government (DILG);

- 1 (f) National Economic and Development Authority
2 (NEDA);
- 3 (g) Civil Service Commission (CSC);
- 4 (h) Commission on Higher Education (CHED);
- 5 (i) National Youth Commission (NYC);
- 6 (j) Union of Local Authorities of the Philippines
7 (ULAP);
- 8 (k) Two (2) representatives from non-government
9 organizations (NGOs) who have expertise in standard
10 setting and service delivery;
- 11 (l) Seven (7) representatives from NGOs working for
12 the welfare of identified key populations;
- 13 (m) A representative of an organization of persons
14 living with HIV;
- 15 (n) The Chairperson of the Committee on Health
16 and Demography of the Senate of the Philippines or his
17 representative; and
- 18 (o) The Chairperson of the Committee on Health of
19 the House of Representatives or his representative.

1 Except for members from government agencies, the
2 members of the PNAC shall be appointed by the President
3 of the Philippines. The heads of government agencies may
4 be represented by an official duly designated as permanent
5 representative(s) of their respective agencies.

6 The members of the PNAC shall be appointed not
7 later than thirty (30) days after the date of the enactment
8 of this Act.

9 The PNAC shall meet at least once (1) every quarter.
10 The presence of the Chairperson or the Vice Chairperson of
11 the PNAC, and at least seven (7) other PNAC members
12 and/or permanent representatives shall constitute a
13 quorum to do business, and a majority vote of those
14 present shall be sufficient to pass resolutions or render
15 decisions.

16 The Secretary of the DOH shall be the permanent
17 Chairperson of the PNAC. The Vice Chairperson shall be
18 elected from the government agency members and shall
19 serve for a term of six (6) years. Members representing the

1 CSOs shall serve for a term of six (6) years and may serve
2 for a maximum of two (2) consecutive terms.

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

10 The Secretariat shall perform the following functions:

11 (a) Coordinate and manage the day-to-day affairs of
12 the PNAC;

13 (b) Assist in the formulation, monitoring, and
14 evaluation of policies and the AMTP;

15 (c) Provide technical assistance, support, and
16 advisory services to the PNAC and its external partners;

17 (d) Assist the PNAC in identifying and building
18 internal and external networks and partnerships;

19 (e) Coordinate and support the efforts of the PNAC
20 and its members to mobilize resources;

1 (f) Serve as the clearing house and repository of HIV
2 and AIDS-related information;

3 (g) Disseminate updated, accurate, relevant, and
4 comprehensive information about the epidemic to PNAC
5 members, policy makers, and the media;

6 (h) Provide administrative support to the PNAC; and

7 (i) Act as spokesperson and representative for and
8 in behalf of the PNAC.

9 SEC. 8. *AIDS Medium Term Plan (AMTP)*. – The
10 PNAC shall formulate and periodically update the AMTP,
11 a national multi-sectoral strategic plan to prevent and
12 control the spread of HIV/AIDs in the country. The AMTP
13 shall include the following:

14 (a) The country's targets and strategies in
15 addressing the epidemic;

16 (b) The prevention, treatment, care and support, and
17 other components of the country's response;

18 (c) The six year operationalization of the program
19 and identification of the government agencies that shall
20 implement the program, including the designated office

1 within each agency responsible for overseeing,
2 coordinating, facilitating and/or monitoring the
3 implementation of its AIDS program from the national to
4 the local levels; and

5 (d) The budgetary requirements and a corollary
6 investment plan that shall identify the sources of funds for
7 its implementation.

8 *SEC. 9. National HIV and AIDS and STI Prevention*
9 *and Control Program of the DOH.* – The National HIV and
10 AIDS and STI Prevention and Control Program (NASPCP)
11 of the DOH, which shall be composed of qualified medical
12 specialists and support personnel with permanent
13 appointments and with adequate yearly budget, shall
14 coordinate with the PNAC for the implementation of the
15 health sector's HIV and AIDS and STI response, as
16 identified in the AMTP.

17 Moreover, the DOH shall maintain a comprehensive
18 HIV and AIDS monitoring and evaluation program that
19 shall serve the following purposes:

1 (a) Determine and monitor the magnitude and
2 progression of HIV and AIDS in the Philippines to help the
3 PNAC evaluate the adequacy and efficacy of HIV
4 prevention and treatment programs being employed;

5 (b) Receive, collate, process, and evaluate all HIV
6 and AIDS-related medical reports from all hospital, clinics,
7 laboratories and testing centers, including HIV-related
8 deaths and relevant data from public and private hospitals,
9 various databanks or information systems: *Provided*, That
10 it shall adopt a coding system that ensures anonymity and
11 confidentiality; and

12 (c) Submit, through its Secretariat, quarterly and
13 annual reports to the PNAC containing the findings of its
14 monitoring and evaluation activities in compliance with
15 this mandate.

16 SEC. 10. *Protection of Human Rights.* – The country's
17 response to the HIV and AIDS phenomena shall be
18 anchored on the principles of human rights and human
19 dignity. Public health concerns shall be aligned with

1 internationally-recognized human rights instruments and
2 standards.

3 Towards this end, the members of the PNAC, in
4 cooperation with CSOs, and in collaboration with the
5 Department of Justice (DOJ) and the Commission on
6 Human Rights (CHR), shall ensure the delivery of non-
7 discriminatory HIV and AIDS services by government and
8 private HIV and AIDS service providers. Further, the DOJ
9 and CHR, in coordination with the PNAC, shall take the
10 lead in developing redress mechanisms for persons living
11 with HIV to ensure that their civil, political, economic, and
12 social rights are protected. The PNAC shall cooperate with
13 local government units (LGUs) to strengthen existing
14 mediation and reconciliation mechanisms at the local level.

15 ARTICLE II

16 EDUCATION AND INFORMATION

17 SEC. 11. *Prevention Program.* – There shall be a HIV
18 and AIDS prevention program that will educate the public
19 on HIV and AIDS and other sexually transmitted
20 infections, with the goal of reducing risky behavior,

1 lowering vulnerabilities, and promoting the human rights
2 of persons living with HIV.

3 It shall promote and adopt a range of measures and
4 interventions, in partnership with CSOs that aim to
5 prevent, halt, or control the spread of HIV in the general
6 population, especially among the key populations and
7 vulnerable communities. These measures shall likewise
8 promote the rights, welfare, and participation of persons
9 living with HIV and the affected children, young people,
10 families and partners of persons living with HIV.

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

14 (a) safer sex practices among the general population,
15 especially among key populations;

16 (b) safer sex practices that reduce risk of HIV
17 infection; and

18 (c) universal awareness of and access to evidence-
19 based and relevant information and education, and

1 medically safe, legally affordable, effective and quality
2 treatment.

3 SEC. 12. *Education in Learning Institutions.* – Using
4 standardized information and data from the PNAC, the
5 DepEd, CHED, and the Technical Education and Skills
6 Development Authority (TESDA), shall integrate basic and
7 age-appropriate instruction on the causes, modes of
8 transmission and ways of preventing the spread of HIV
9 and AIDS and other sexually transmitted infections in
10 their respective curricula taught in public and private
11 learning institutions, including alternative and indigenous
12 learning systems. The learning modules shall include
13 human rights-based principles and information on
14 treatment, care and support to promote stigma reduction.

15 The learning modules that shall be developed to
16 implement this provision shall be done in coordination
17 with the PNAC and stakeholders in the education sector.
18 Referral mechanisms, including but not limited to the
19 DSWD Referral System, shall be included in the modules
20 for key populations and vulnerable communities.

1 The DepEd, CHED and TESDA shall ensure the
2 development and provision of psychosocial support and
3 counseling in learning institutions for the development of
4 positive health, promotion of values and behavior
5 pertaining to reproductive health in coordination with the
6 DOH. For this purpose, funds shall be allocated for the
7 training and certification of teachers and school counselors.

8 SEC. 13. *Education as a Right to Health and*
9 *Information.* – HIV and AIDS education and information
10 dissemination shall form part of the constitutional right to
11 health.

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

17 The DOLE for the private sector and the CSC for the
18 public sector shall implement this provision. The members
19 of the Armed Forces of the Philippines (AFP) and the
20 Philippine National Police (PNP) shall likewise be provided

1 with standardized basic information and instruction on
2 HIV and AIDS by the DOH in partnership with
3 appropriate agencies.

4 *Provided, That the standardized basic information*
5 *and instruction shall be conducted by DOLE for the private*
6 *sector at no cost to the employers and employees.*

7 *SEC. 15. Education for Filipinos Going Abroad. – The*
8 *Department of Foreign Affairs (DFA), shall in coordination*
9 *with the Commission on Filipino Overseas (CFO), DOLE*
10 *and the PNAC, ensure that all overseas Filipino workers,*
11 *including diplomatic, military, trade, labor officials, and*
12 *personnel and their families to be assigned overseas, shall*
13 *undergo or attend a seminar on HIV and AIDS and shall*
14 *be provided with information on how to access on-site HIV-*
15 *related services and facilities before certification for*
16 *overseas assignment: Provided, That the seminar shall be*
17 *conducted at no cost to overseas Filipino workers.*

18 *SEC. 16. Information for Tourists and Transients. –*
19 *Educational materials on the cause, modes of transmission,*
20 *prevention, and consequences of HIV infection and list of*

1 HIV counseling testing facilities shall be adequately
2 provided at all international and local ports of entry and
3 exit. The Department of Tourism (DOT), the Department
4 of Transportation (DOTr), the Bureau of Quarantine and
5 International Health Surveillance (BQIHS) of the DOH,
6 and the DFA in coordination with the PNAC and
7 stakeholders in the tourism industry, shall lead the
8 implementation of this section.

9 SEC. 17. *Education in Communities.* – The DILG, the
10 ULAP, the League of Provinces, League of Cities, and
11 League of Municipalities, through the local HIV and AIDS
12 PNAC (LAC) or the local Health Boards and, in
13 coordination with the PNAC, shall implement a locally
14 based, multi-sectoral community response to HIV and
15 AIDS through various channels on evidence-based, gender-
16 responsive, age-appropriate, and human rights-oriented
17 prevention tools to stop the spread of HIV. Gender and
18 Development (GAD) funds and other sources may be
19 utilized for these purposes.

1 The DILG shall, in coordination with the DSWD and
2 the NYC shall also conduct age-appropriate HIV and AIDS
3 education for out-of-school youth.

4 SEC. 18. *Education for Key Populations and*
5 *Vulnerable Communities.* – To ensure that HIV services
6 reach key populations at higher risk, the PNAC, in
7 collaboration with the LGUs and CSOs engaged in HIV
8 and AIDS program and project, shall support and provide
9 funding for HIV and AIDS education programs, such as
10 peer education, support groups, outreach activities and
11 community-based research that target these populations
12 and other vulnerable communities. The DOH shall, in
13 coordination with appropriate agencies and the PNAC
14 shall craft the guidelines, and standardized information
15 messages for peer education, support group and outreach
16 activities.

17 SEC. 19. *Prevention in Prisons and Others Closed-*
18 *Setting Institutions.* – All prisons, rehabilitation centers,
19 and other closed-setting institutions shall have
20 comprehensive STI, HIV, and AIDS prevention and control

1 program that includes HIV education and information,
2 HIV counseling and testing, and access to HIV treatment
3 and care services. The DOH, in coordination with DILG,
4 DOJ, and DSWD, shall develop HIV and AIDS
5 comprehensive program and policies which include the
6 HIV counseling and testing procedures in prisons,
7 rehabilitation centers, and other closed-setting
8 institutions.

9 Persons living with HIV in prisons, rehabilitation
10 centers, and other closed-setting institutions shall be
11 provided HIV treatment, which includes antiretroviral
12 drugs, care, and support in accordance with the national
13 guidelines. Efforts should be undertaken to ensure the
14 continuity of care at all stages, from admission or
15 imprisonment to release. The provision on informed
16 consent and confidentiality shall also apply in closed-
17 setting institutions.

18 *SEC. 20. Information on Prophylactics.* – Appropriate
19 information shall be attached to or provided with every
20 prophylactic offered for sale or given as a donation. Such

1 information shall be legibly printed in English and
2 Filipino, and contain literature on the proper use of the
3 prophylactic device or agent, its efficacy against HIV and
4 STI.

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

15 ARTICLE III

16 PREVENTIVE MEASURES AND SAFE PRACTICES AND 17 PROCEDURES

18 SEC. 22. *Positive Health, Dignity, and Prevention.* –
19 The PNAC, in coordination with the DOH, LGUs, and
20 other relevant government agencies, private sector, CSOs,

1 faith-based organizations, and persons living with HIV,
2 shall support preventive measures that shall focus on the
3 positive roles of persons living with HIV. Such preventive
4 measures shall include the following:

5 (a) Creation of rights-based and community-led
6 behavior modification programs that seek to encourage
7 HIV risk reduction behavior among persons living with
8 HIV;

9 (b) Establishment and enforcement of rights-based
10 mechanisms to strongly encourage newly tested HIV-
11 positive individuals to conduct partner notification and to
12 promote HIV status disclosure to sexual partners;

13 (c) Establishment of standard precautionary
14 measures in public and private health facilities;

15 (d) Accessibility of antiretroviral treatment,
16 management of opportunistic infections;

17 (e) Mobilization of communities of persons living
18 with HIV, for public awareness campaigns and stigma
19 reduction activities; and

1 (f) Establish comprehensive human rights and
2 evidence-based policies, programs, and approaches that
3 aim to reduce transmission of HIV and its harmful
4 consequences to members of key affected populations.

5 The enforcement of this section shall not lead to or
6 result in the discrimination or violation of the rights of
7 persons living with HIV and the service provider
8 implementing the Program including peer educators and
9 community based testing providers.

10 SEC. 23. *Preventing Mother-to-Child HIV*
11 *Transmission.* – The DOH shall integrate a program to
12 prevent mother-to-child HIV transmission that shall be
13 integrated in its maternal and child health services.

14 SEC. 24. *Standard Precaution on the Donation of*
15 *Blood, Tissue, or Organ.* – The DOH shall enforce the
16 following guidelines on donation of blood, tissue or organ:

17 (a) Donation of tissue or organs, whether gratuitous
18 or onerous, shall be accepted by a laboratory or institution
19 only after a sample from the donor has been tested
20 negative for HIV;

1 (b) All donated blood shall also be subject to HIV
2 testing. All donors whose blood, organ or tissue has been
3 tested positive shall be referred to care and clinical
4 management as soon as possible; and

5 (c) A second testing may be demanded as a matter of
6 right by the blood, tissue, or organ recipient or his
7 immediate relatives before transfusion or transplant,
8 except during emergency cases.

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

12 SEC. 25. *Standard Precaution on Surgical and Other*
13 *Similar Procedures.* – The DOH shall, in consultation with
14 concerned professional organizations and hospital
15 associations, issue guidelines on precautions against HIV
16 transmission during surgical, dental, embalming, tattooing
17 or similar procedures. The necessary protective equipment
18 such as gloves, goggles and gowns shall be prescribed and
19 required, and made available to all physicians and health

1 care providers, tattoo artists, and similarly exposed
2 personnel at all times.

3 ARTICLE IV

4 TESTING, SCREENING, AND COUNSELING

5 SEC. 26. *Voluntary HIV Testing.* – As a policy, the
6 State shall encourage voluntary HIV testing. Written
7 consent from the person taking the test must be obtained
8 before HIV testing.

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

13 (a) A person aged fifteen (15) or over shall be
14 entitled to access HIV testing and counseling without the
15 need of consent from a parent or guardian;

16 (b) Any young person aged below fifteen (15) who is
17 pregnant or engaged in high-risk behavior shall, with the
18 assistance of a licensed social worker or health worker, be
19 eligible for HIV testing and counseling;

1 (c) If the person is below fifteen (15) years of age or
2 has impaired legal capacity, consent to voluntary HIV
3 testing shall be obtained from the child's parents or legal
4 guardian. In cases when the child's parents or legal
5 guardian cannot be found despite reasonable efforts to
6 locate the parents were undertaken, the consent shall be
7 obtained from a licensed social worker or health worker. If
8 the child's parents or legal guardian refuse to give their
9 consent, the consent shall likewise be obtained from a
10 licensed social worker or health worker if the latter
11 determines that the child is at higher risk of HIV exposure
12 and the conduct of the voluntary HIV testing is in the best
13 interest of the child. The assent of the minor is also
14 required prior to the testing;

15 HIV testing guidelines issued by the DOH shall
16 include guidance for testing minors and for the
17 involvement of parents of guardians in HIV testing of
18 minors.

19 SEC. 27. *Compulsory HIV Testing.* – Compulsory HIV
20 testing shall be allowed only in the following instances:

1 (a) When it is necessary to test a person who is
2 charged with any of the offenses punishable under Articles
3 264, 266, 335 and 338 of the Revised Penal Code, as
4 amended by Republic Act No. 8353, otherwise known as
5 the "Anti-Rape Law of 1997";

6 (b) When it is necessary to resolve relevant issues
7 under Executive Order No. 209, otherwise known as the
8 "Family Code of the Philippines";

9 (c) As a prerequisite in the donation of blood in
10 compliance with the provisions of Republic Act No. 7170,
11 otherwise known as the "Organ Donation Act", and
12 Republic Act No. 7719, otherwise known as the "National
13 Blood Services Act".

14 SEC. 28. *HIV Counseling and Testing.* – To ensure
15 access to voluntary and confidential HIV testing, which
16 shall include client-initiated HIV testing and provider-
17 initiated testing, the DOH shall:

18 (a) Accredite public and private HIV testing facilities
19 based on capacity to deliver testing services including HIV

1 counseling: *Provided, That* only DOH-accredited HIV
2 testing facilities shall be allowed to conduct HIV testing;

3 (b) Develop the guidelines for HIV testing and
4 counseling, including mobile HIV testing and counseling
5 and routine provider-initiated HIV counseling and testing
6 that shall ensure, among others, that HIV testing is based
7 on informed consent, is voluntary and confidential, and is
8 available at all times and provided by qualified persons
9 and DOH-accredited providers;

10 (c) Accredit institutions or organizations that train
11 HIV and AIDS counselors in coordination with DSWD;

12 (d) Accredit competent HIV and AIDS counselors for
13 persons with disability, including but not limited to
14 translator for the hearing-impaired and Braille for the
15 visually-impaired clients in coordination with the National
16 PNAC for Disability Affairs; and

17 (e) Set the standards for HIV counseling and shall
18 work closely with HIV and AIDS CSOs that train HIV and
19 AIDS counselors and peer educators in coordination and
20 participation of NGOs, government organizations (GOs),

1 and Civil Society Organizations of People Living with HIV
2 (CSO-PLHIV).

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

11 Pre-test counseling and post-test counseling shall be
12 done by the HIV and AIDS counselor, licensed social
13 worker, licensed health service provider, or a DOH-
14 accredited health service: *Provided*, That for the
15 government HIV testing facilities, pre-test and post-test
16 counseling shall be provided for free.

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

19 ARTICLE V

20 HEALTH AND SUPPORT SERVICES

1 SEC. 29. *Access to Treatment by Indigents.* – The DOH
2 shall establish a program that will provide free and
3 accessible antiretroviral treatment to all indigents living
4 with HIV who are enrolled in the program. Free
5 medication for opportunistic infections shall be made
6 available to all indigents in the government treatment
7 hubs. It shall likewise designate public and private
8 hospitals to become satellite hubs with an established HIV
9 and AIDS Core Team (HACT). A manual of procedures for
10 management of people living with HIV shall be developed
11 by the DOH.

12 SEC. 30. *Economic Empowerment and Support.* –
13 Persons living with HIV shall not be deprived of any
14 employment, livelihood, micro-finance, self-help, and
15 cooperative programs by reason of their HIV status. The
16 DSWD, in coordination with the DILG, DOLE, and
17 TESDA, shall develop enabling policies and guidelines to
18 ensure economic empowerment and independence designed
19 for persons living with HIV.

1 SEC. 31. *Care and Support for Persons Living with*
2 *HIV.* – The DSWD in coordination with the DOH and
3 TESDA shall develop care and support programs for
4 persons living with HIV, which shall include peer-led
5 counseling and support, social protection, welfare
6 assistance, and mechanisms for case management. These
7 programs shall include care and support for the affected
8 children, families, and partners of persons living with HIV.

9 SEC. 32. *Care and Support for Overseas Workers*
10 *Living with HIV.* – The Overseas Workers Welfare
11 Administration (OWWA), in coordination with the DSWD,
12 the DFA, CFO and the Bureau of Quarantine and
13 International Health Surveillance, shall develop a program
14 to provide a stigma-free comprehensive reintegration, care,
15 and support program, including economic, social, and
16 medical support, for overseas workers, regardless of
17 employment status and stage in the migration process.

18 SEC. 33. *Care and Support for Affected Families,*
19 *Intimate Partners, Significant Others and Children of*
20 *People Living with HIV.* – The DSWD, DOH, LGUs, in

1 consultation with CSOs, and affected families of persons
2 living with HIV shall develop care and support programs
3 for affected families, intimate partners, significant others
4 and children of people living with HIV, which shall include
5 the following:

6 (a) Education programs that reduce HIV-related
7 stigma, including counseling, to prevent HIV-related
8 discrimination within the family;

9 (b) Educational assistance for children infected with
10 HIV and children orphaned by HIV and AIDS;

11 (c) HIV treatment and management of opportunistic
12 infections for minors living HIV who are not eligible under
13 the Outpatient HIV/AIDS Treatment (OHAT) Package of
14 the Philippine Health Insurance Corporation (PhilHealth).

15 *SEC. 34. Non-Discriminatory HIV and AIDS Services.*

16 – The members of the PNAC, in cooperation with CSOs,
17 and in collaboration with DOJ and CHR, shall ensure the
18 delivery of non-discriminatory HIV and AIDS services by
19 government and private HIV and AIDS service providers.

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

4 (a) A person volunteers or freely agrees to donate
5 one's blood, organ, or tissue for transfusion,
6 transplantation, or research; and

7 (b) A legacy and a donation are executed in
8 accordance with Sections 3 and 4 respectively, of Republic
9 Act No. 7170 otherwise known as the "Organ Donation Act
10 of 1991".

11 SEC. 36. *HIV Anti-Body Testing for Pregnant Women.*
12 – A health care provider who offers pre-natal medical care
13 shall offer provider-initiated HIV testing for pregnant
14 women. The DOH shall provide the necessary guidelines
15 for healthcare providers in the conduct of the screening
16 procedure.

17 SEC. 37. *Health Insurance and Similar Health*
18 *Services.* – The Philippine Health Insurance Corporation
19 (PhilHealth) shall:

1 (a) Develop an insurance package for persons living
2 with HIV that shall include coverage for in-patient and
3 out-patient medical and diagnostic services, including
4 medication and treatment;

5 (b) Introduce benefits to the unborn and newborn
6 child from infected mothers;

7 (c) Set a reference price for HIV services in
8 government hospitals; and

9 (d) Conduct programs to educate the human
10 resource units of companies on the PhilHealth package on
11 HIV and AIDS.

12 The PhilHealth shall enforce confidentiality in the
13 provision of these packages to persons living with HIV. No
14 person living with HIV shall be denied or deprived of
15 private health insurance under a Health Maintenance
16 Organization (HMO) and private life insurance coverage
17 under a life insurance company on the basis of the person's
18 HIV status. The Insurance Commission shall enforce the
19 provision of life insurance coverage of persons applying for

1 such services and shall develop the necessary policies to
2 ensure compliance.

3 SEC. 38. *Treatment for Persons Living with HIV and*
4 *AIDS.* –The DOH shall establish a program that will
5 provide free and accessible anti-retroviral treatment and
6 medication for opportunistic infections to all PLHIVs who
7 are enrolled in the program, particularly those who are
8 poor or indigent. It shall likewise designate public and
9 private hospitals to become treatment hubs with an
10 established HIV and AIDS Core Team (HACT). A manual
11 of procedures for management of PLHIV shall be developed
12 by the DOH.

13 ARTICLE VI

14 CONFIDENTIALITY

15 SEC. 39. *Confidentiality.* – The confidentiality and
16 privacy of any individual who has been tested for HIV, has
17 been exposed to HIV, has HIV infection or HIV and AIDS-
18 related illnesses, or was treated for HIV-related illnesses
19 shall be guaranteed. The following acts violate
20 confidentiality and privacy:

1 (a) *Disclosure of confidential HIV and AIDS*
2 *information* – Unless otherwise provided in Section 39 of
3 this Act, it shall be unlawful to disclose, without written
4 consent, information that a person had HIV-related test
5 and AIDS, has HIV infection or HIV-related illnesses, or
6 has been exposed to HIV.

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

16 (b) *Media disclosure* – It shall be unlawful for any
17 editor, publisher, reporter, or columnist in the case of
18 printed materials, announcer or producer in the case of
19 television and radio broadcasting, producer and director of
20 films in the case of the film industry, to disclose the name,

1 picture, or any information that would reasonably identify
2 any person living with HIV or AIDS, or any confidential
3 HIV and AIDS information, without the prior written
4 consent of their subject.

5 Confidential HIV and AIDS information may be
6 released by HIV testing facilities without written consent
7 in the following instances:

8 (1) When complying with reportorial requirements of
9 the national active and passive surveillance system of the
10 DOH: *Provided*, That the information related to a person's
11 identity shall remain confidential;

12 (2) When informing other health workers directly
13 involved in the treatment or care of a person living with
14 HIV: *Provided*, That such worker shall be required to
15 perform the duty of shared medical confidentiality; and

16 (3) When responding to a *subpoena duces tecum* and
17 *subpoena ad testificandum* issued by a court with
18 jurisdiction over a legal proceeding where the main issue is
19 the HIV status of an individual: *Provided*, That the
20 confidential medical record, after having been verified for

1 accuracy by the head of the office or department, shall
2 remain anonymous and unlinked and shall be properly
3 sealed by its lawful custodian, hand delivered to the court,
4 and personally opened by the judge: *Provided, further,*
5 That the judicial proceedings be held in executive session.

6 SEC. 40. *Release of HIV-Related Test Results.* – The
7 result of any test related to HIV shall be released by
8 trained service provider during post-test counseling only to
9 the individual who submitted to the test. If the patient is
10 below fifteen (15) years old, an orphan, or has mental
11 health conditions, the result may be released to either of
12 the patient's parents, legal guardian, or a duly assigned
13 licensed social worker, whichever is applicable. If the
14 person is fifteen (15) years of age and above, the results
15 shall be released only to the person tested after he/she has
16 received post-testing counseling.

17 SEC. 41. *Disclosure to Sexual Partners.* – Any person
18 who, after having been tested, is found to be infected with
19 HIV, is strongly encouraged to disclose this health
20 condition to the spouse or sexual partner prior to engaging

1 in penetrative sex or any potential exposure to HIV. A
2 person living with HIV may opt to seek help from qualified
3 professionals including medical professionals, health
4 workers, peer educators, or social workers to support him
5 in disclosing this health condition to one's partner or
6 spouse. Confidentiality shall likewise be observed. Further,
7 the DOH, through the PNAC, shall establish an enabling
8 environment to encourage newly tested HIV-positive
9 individuals to disclose their status to sexual partners.

10 SEC. 42. *Duty of Employers, Heads of Government*
11 *Offices, Heads of Public and Private Schools or Training*
12 *Institutions, and Local Chief Executives.* – It shall be the
13 duty of private employers, heads of government offices,
14 heads of private and public schools or training institutions,
15 and local chief executives over all private establishments
16 within their territorial jurisdiction, to prevent or deter acts
17 of discrimination against persons living with HIV, and to
18 provide for procedures for the resolution, settlement, or
19 prosecution of acts of discrimination. Towards this end, the
20 employer, head of office or local chief executive shall:

1 (a) Promulgate rules and regulations prescribing the
2 procedure for the investigation of discrimination cases and
3 the administrative sanctions thereof; and

4 (b) Create an *ad hoc* committee on the investigation
5 of discrimination cases.

6 The committee shall conduct meetings to increase
7 the members' knowledge and understanding of HIV and
8 AIDS, and to prevent incidents of discrimination. It shall
9 also conduct the administrative investigation of alleged
10 cases of discrimination.

11 ARTICLE VII

12 DISCRIMINATORY ACTS AND PRACTICES AND

13 CORRESPONDING PENALTIES

14 SEC. 43. *Discriminatory Acts and Practices.* – The
15 following discriminatory acts and practices shall be
16 prohibited:

17 (a) *Discrimination in the Workplace* – The rejection
18 of job application, termination of employment, or other
19 discriminatory policies in hiring, provision of employment,
20 and other related benefits, promotion, or assignment of an

1 individual solely or partially on the basis of actual,
2 perceived, or suspected HIV;

3 (b) *Discrimination in Learning Institutions – Refusal*
4 of admission, expulsion, segregation, imposition of harsher
5 disciplinary actions, or denial of benefits or services of a
6 student or a prospective student solely or partially on the
7 basis of actual, perceived or suspected HIV status;

8 (c) *Restriction on Travel and Habitation –*
9 Restrictions on travel within the Philippines, refusal of
10 lawful entry to Philippine territory, deportation from the
11 Philippines, or the quarantine or enforced isolation of
12 travelers solely or partially on account of actual, perceived,
13 or suspected HIV status is discriminatory. The same
14 standard of protection shall be afforded to migrants,
15 visitors, and residents who are not Filipino citizens.

16 (d) *Restrictions on Shelter – Restrictions on housing*
17 or lodging, whether permanent or temporary, solely or
18 partially on the basis of actual, perceived, or suspected
19 HIV status is a discriminatory act;

1 (e) *Prohibition from Seeking or Holding Public Office*

2 – Prohibition on the right to seek an elective or appointive
3 public office solely or partially on the basis of actual,
4 perceived, or suspected HIV status;

5 (f) *Exclusion from Credit and Insurance Services –*

6 Exclusion from health, accident, or life insurance, credit
7 and loan services, including the extension of such loan or
8 insurance facilities, of an individual solely or partially on
9 the basis of actual, perceived, or suspected HIV status:

10 *Provided*, That the person living with HIV has not
11 misrepresented the fact to the insurance company or loan
12 or credit service provider upon application;

13 (g) *Discrimination in Hospitals and Health*

14 *Institutions* – Denial of health services, or be charged with
15 a higher fee, on the basis of actual, perceived or suspected
16 HIV status is a discriminatory act and is prohibited;

17 (h) *Denial of Burial Services –* Denial of embalming

18 and burial services for a deceased person who had HIV and
19 AIDS or who was known, suspected, or perceived to be HIV
20 positive; and

1 (i) Other similar or analogous discriminatory acts.

2 SEC. 44. *Penalties.* –

3 (a) Any person who commits the prohibited act
4 under Section 21 of this Act shall upon conviction, suffer
5 the penalty of imprisonment ranging from one (1) year but
6 not more than ten (10) years a fine of not less than Fifty
7 thousand pesos (P50,000) but not more than Five hundred
8 thousand pesos (P500,000), or both, at the discretion of the
9 Court: *Provided*, That if the offender is a manufacturer,
10 importer or distributor of any drugs, devices, agents, and
11 other health products, the penalty of at least five (5) years
12 imprisonment but not more than ten (10) years and a fine
13 of at least Five hundred thousand pesos (P500,000) but not
14 more than Five million pesos (P5,000,000) shall be
15 imposed: *Provided, further*, That drugs, devices, agents,
16 and other health products found in violation of Section 21
17 of this Act may be seized and held in custody when the
18 FDA Director-General has reasonable cause to believe facts
19 found by him/her or an authorized officer or employee of

1 the FDA that such health products may cause injury or
2 prejudice to the consuming public;

3 (b) Any person who knowingly or negligently causes
4 another to get infected with HIV in the course of the
5 practice of profession through unsafe and unsanitary
6 practice and procedure or who compelled any person to
7 undergo HIV testing without his or her consent shall, upon
8 conviction, suffer the penalty of imprisonment of six (6)
9 years to twelve (12) years, without prejudice to the
10 imposition of fines and administrative sanctions, such as
11 suspension or revocation of professional license.

12 The permit or license of the business entity and the
13 accreditation of the HIV testing centers may be cancelled
14 or withdrawn if the said establishments fail to maintain
15 safe practices and procedures as may be required by the
16 guidelines formulated in compliance with Sections 24, 25
17 and 26 of this Act;

18 (c) Any person who violates the provision in Section
19 38 of this Act shall, upon conviction, suffer the penalty of
20 imprisonment of six (6) months to five (5) years and a fine

1 of not less than One hundred thousand pesos (P100,000.00)
2 but not more than Five hundred thousand pesos
3 (P500,000.00). *Provided*, That if the person who violates
4 this provision is a law enforcement agent or a public
5 official, administrative sanctions may be imposed in
6 addition to imprisonment and/or fine, at the discretion of
7 the court;

8 (d) Any person, who denies life or health insurance
9 coverage of any person living with HIV in violation of
10 Section 39 of this Act shall, upon conviction, suffer the
11 penalty of imprisonment of six (6) months to five (5) years
12 and/or a fine of not less than Fifty thousand pesos (P
13 50,000.00), at the discretion of the court, and without
14 prejudice to the imposition of administrative sanctions
15 such as fines, suspension or revocation of business permit,
16 business license or accreditation, and professional license;

17 (e) Any person who violates the provisions of Section
18 39 of this Act shall, upon conviction, suffer the following
19 penalties:

1 (1) Six (6) months to two (2) years of imprisonment
2 for any person who breaches confidentiality and/or a fine of
3 not less than Fifty thousand pesos (P50,000.00), but not
4 more than One hundred fifty thousand pesos
5 (P150,000.00), at the discretion of the court;

6 (2) Two (2) years and one (1) day to five (5) years of
7 imprisonment for any person who causes the mass
8 dissemination of the HIV status of a person, including
9 spreading the information online or making statements to
10 the media and/or a fine of not less than One hundred fifty
11 thousand pesos (P150,000.00) but not more than Three
12 hundred fifty thousand pesos (P350,000.00), at the
13 discretion of the court; and

14 (3) Five (5) years and one (1) day to seven (7) years
15 of imprisonment for any health professional, medical
16 instructor, worker, employer, recruitment agency,
17 insurance company, data encoder, and other custodian of
18 any medical record, file, data, or test result who breaches
19 confidentiality, and/or a fine of not less than Three
20 hundred fifty thousand pesos (P350,000.00) but not more

1 than Five hundred thousand pesos (P500,000.00), at the
2 discretion of the court.

3 These penalties are without prejudice to any
4 administrative sanction or civil suit that may be brought
5 against persons who violate confidentiality under this Act.

6 (f) Any person, who shall violate any of the
7 provisions in Section 43 shall, upon conviction, suffer the
8 penalty of imprisonment of six (6) months to five (5) years
9 and /or a fine of not less than Fifty thousand pesos
10 (P50,000.00) but not more than Five hundred thousand
11 (P500,000.00), at the discretion of the court, and without
12 prejudice to the imposition of administrative sanctions
13 such as fines, suspension or revocation of business permit,
14 business license or accreditation, and professional license;
15 and

16 (g) Any person who has obtained knowledge of
17 confidential HIV and AIDS information and uses such
18 information to malign or cause damage, injury, or loss to
19 another person shall face liability under Articles 19, 20, 21,
20 and 26 of the new Civil Code of the Philippines and

1 relevant provisions of Republic Act No.10174, otherwise
2 known as the "Data Privacy Act of 2012".

3 Fines and penalties collected pursuant to this section
4 shall be deposited in the National Treasury.

5 If the offender is a corporation, association,
6 partnership or any other juridical person, the penalty of
7 imprisonment shall be imposed upon the responsible
8 officers and employees, as the case may be, who
9 participated in, or allowed by their gross negligence, the
10 commission of the crime, and the fine shall be imposed
11 jointly and severally on the juridical person and the
12 responsible officers/employees. Furthermore, the court may
13 suspend or revoke its license or business permit.

14 If the offender is an alien, he/she shall, in addition to
15 the penalties prescribed herein, be deported without
16 further proceedings after serving penalties herein
17 prescribed.

18 If the offender is a public official or employee, he/she
19 shall, in addition to the penalties herein, suffer perpetual

1 or temporary absolute disqualification from office, as the
2 case may be.

3 ARTICLE VIII

4 FINAL PROVISIONS

5 SEC. 45. *Appropriations.* – The amount needed for the
6 initial implementation of this Act shall be charged against
7 the appropriations for the DOH. Thereafter, such sums as
8 maybe necessary for the continued implementation of this
9 Act shall be included in the annual General Appropriations
10 Act.

11 The Department of Budget and Management, in
12 coordination with the Department of Finance and the
13 DOH, shall consider the incidence of HIV and AIDS, in
14 determining the annual appropriations for the
15 implementation of this Act. A separate budget item in the
16 annual appropriations of LGUs shall be allocated for their
17 action plans specified in this Act.

18 The funding requirement needed to provide for the
19 health insurance package and other services for persons

1 living with HIV as stated in Section 39 hereof shall be
2 charged against the PhilHealth's corporate funds.

3 The funding needed to upgrade of construct
4 government administered HIV testing and treatment
5 centers shall be charged against the revenues from excise
6 taxes on alcohol which are earmarked for the health
7 enhancement facilities program of the DOH under Section
8 8 (c) of Republic Act No. 8424, otherwise known as the
9 "National Internal Revenue Code", as amended by
10 Republic Act No. 10351.

11 The funds to be appropriated for the operations of the
12 PNAC shall be a distinct and separate budget item from
13 the regular appropriation for the DOH and shall be
14 administered by the Secretary of Health. In no
15 circumstance shall the appropriations, savings, and other
16 resources of the PNAC be realigned to the programs and
17 projects of the DOH or any other government agency,
18 unless such program or project is related to the
19 implementation of the provisions under this Act.

1 SEC. 46. *Transitory Provision.* – The personnel
2 designated by the DOH as Secretariat of the PNAC under
3 Section 7 of this Act shall be absorbed as permanent
4 personnel to fill the positions of the Secretariat as provided
5 in this Act.

6 SEC. 47. *Implementing Rules and Regulations.* – The
7 PNAC within ninety (90) days from the effectivity of this
8 Act shall promulgate the necessary implementing rules
9 and regulations for the effective implementation of the
10 provisions of this Act.

11 SEC. 48. *Repealing Clause.* – Republic Act No. 8504,
12 otherwise known as the “Philippine AIDS Prevention and
13 Control Act of 1998”, is hereby repealed.

14 All decrees, executive orders, proclamations and
15 administrative regulations or parts thereof, particularly in
16 the Republic Act No. 3815, otherwise known as the
17 “Revised Penal Code”, Republic Act No. 8353, otherwise
18 known as the “Anti-Rape Law of 1997”, Executive Order
19 No. 209, otherwise known as the “Family Code of the
20 Philippines”, Republic Act No. 7719, otherwise known as

1 the "National Blood Services Act", Republic Act No. 9165,
2 otherwise known as the "Comprehensive Dangerous Drugs
3 Act of 2002", and Republic Act No. 7170, otherwise known
4 as the "Organ Donation Act of 1991", inconsistent with the
5 provisions of this Act are hereby repealed, amended or
6 modified accordingly.

7 SEC. 49. *Separability Clause.* – If any provision or
8 part of this Act is declared unconstitutional the remaining
9 parts or provisions not affected shall remain in full force
10 and effect.

11 SEC. 50. *Effectivity.* – This Act shall take effect fifteen
12 (15) days after its complete publication in the *Official*
13 *Gazette* or in a national newspaper of general circulation.

Approved,