



HOUSE OF REPRESENTATIVES

H. No. 6617

BY REPRESENTATIVES BAG-AO, ROQUE (H.), YAP (V.), CAYETANO, BAGUILAT, ERIGUEL, SUANSING (E.), SUANSING (H.), MARCOS, ANGARA-CASTILLO, TAN (A.), ALEJANO, TAMBUNTING, GARIN (S.), VILLARIN, SALO, MENDOZA, BORDADO, FORTUN, DALIPE, MACEDA, ROCAMORA, KHO, PRIMICIAS-AGABAS, ARAGONES, RELAMPAGOS, GARBIN, VILLARICA, NIETO, MONTORO, CHIPECO, BULUT-BEGTANG, LAZATIN, NAVA, BRAVO (A.), CATAMCO, SY-ALVARADO, BATOCABE, CO, ORTEGA (P.), GO (M.), SAHALI, ESCUDERO, VARGAS, AGGABAO, VIOLAGO, QUIMBO, ACOP, ANTONIO, CUARESMA, MARINO, PALMA, ZARATE, RODRIGUEZ (M.), ELAGO, ROBES, MERCADO, VILLARAZA-SUAREZ, NOGRALES (K.A.), BIAZON, DIMAPORO (M.K.), BATAOIL, GO (A.C.), LANETE, LOBREGAT, ALONTE, AMATONG, BENITEZ, DELOSO-MONTALLA, HOFER, LACSON, LAOGAN, PADUANO, RAMOS, SACDALAN, TEJADA, TUGNA, BRAVO (M.V.), NOEL, ROA-PUNO, ROMERO, DEL MAR AND OLIVAREZ, PER COMMITTEE REPORT NO. 462

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

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

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

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

8 The State shall uphold, respect, protect, fulfill, and promote
9 human rights and dignity as the cornerstones of an effective
10 response to the HIV and AIDS epidemic.

11 The State shall guarantee the confidentiality, anonymity and
12 voluntary nature of HIV testing; ensure the provision of
13 nondiscriminatory HIV and AIDS services; and, develop redress
14 mechanisms for persons living with HIV to safeguard their civil,
15 political, economic and social rights.

16 The State shall recognize the vital role of affected individuals
17 in propagating correct information and learning messages about HIV
18 and AIDS and shall utilize their experience to educate the public
19 about the disease.

20 Accordingly, the State shall:

21 (a) Establish policies and programs to prevent the spread
22 of HIV and deliver treatment, care, and support services to Filipinos
23 living with HIV in accordance with evidence-based strategies and
24 approaches that uphold the principles of human rights, gender-
25 responsiveness, and age-appropriateness, including meaningful
26 participation of communities affected by the epidemic;

27 (b) Adopt a multi-sectoral approach in responding to the HIV
28 epidemic by ensuring that the whole of government, civil society

1 organizations, and persons living with HIV are at the center of
2 the process;

3 (c) Ensure access to HIV and AIDS-related services by
4 eliminating the climate of stigma and discrimination that surrounds
5 the epidemic and the people directly and indirectly affected
6 by it; and

7 (d) Positively address and seek to eradicate conditions that
8 aggravate the spread of HIV infection;

9 SEC. 3. *Definition of Terms.* — As used in this Act:

10 (a) *Acquired Immune Deficiency Syndrome (AIDS)* refers to a
11 health condition where there is a deficiency of the immune system
12 that stems from infection with HIV, making an individual
13 susceptible to opportunistic infections;

14 (b) *Anonymous Testing* refers to an HIV testing procedure
15 whereby the individual being tested does not reveal one's true
16 identity. An identifying number or symbol is used to substitute for
17 the name and allows the laboratory conducting the test and the
18 person on whom the test is conducted to match the test results with
19 the identifying number or symbol;

20 (c) *Antiretroviral (ARV)* refers to the treatment that stops or
21 suppresses viral replication or replications of a retrovirus like HIV,
22 thereby slowing down the progression of infection;

23 (d) *Bullying* refers to any severe or repeated use by one or
24 more persons of a written, verbal or electronic expression, or a
25 physical act or gesture, or any combination thereof, directed at
26 another person that has the effect of actually causing or placing the
27 latter in reasonable fear of physical or emotional harm or damage to
28 one's property; creating a hostile environment for the other person;
29 infringing on the rights of another person; or materially and

1 substantially disrupting the processes or orderly operation of an
2 institution or organization;

3 (e) *Civil Society Organizations (CSOs)* refer to groups of
4 nongovernmental and noncommercial individuals or legal entities
5 that are engaged in no coerced collective action around shared
6 interests, purposes and values;

7 (f) *Community-Based Research* refers to research study
8 undertaken in community settings and which involve community
9 members in the design and implementation of research projects;

10 (g) *Comprehensive Health Intervention for Key Populations*
11 refers to evidence-based policies, programs and approaches that aim
12 to reduce transmission of HIV and its harmful consequences on
13 health, social relations and economic conditions;

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

19 (i) *Discrimination* refers to unfair or unjust treatment that
20 distinguishes, excludes, restricts, or shows preferences based on any
21 ground such as sex, gender, age, sexual orientation, gender identity,
22 economic status, disability, ethnicity, and HIV status, whether
23 actual or perceived, and which has the purpose or effect of nullifying
24 or impairing the recognition, enjoyment or exercise by all persons
25 similarly situated, of all rights and freedoms;

26 (j) *Evolving Capacities of the Child* refer to the concept
27 enshrined in Article 5 of the Convention on the Rights of the Child
28 recognizing the developmental changes and the corresponding
29 progress in cognitive abilities and capacity for self-determination

1 undergone by children as they grow up, thus requiring parents and
2 others charged with the responsibility for the child to provide
3 varying degrees of protection and to allow their participation in
4 opportunities for autonomous decision-making in different contexts
5 and across different areas of decision-making;

6 (k) *Faith-Based Organization* refers to a group of individuals
7 united on the basis of religious or spiritual beliefs;

8 (l) *Gender Identity* refers to a person's internal and individual
9 experience of gender that may or may not correspond with the sex
10 assigned at birth, including the person's sense of the body, which
11 may involve, if freely chosen, modification of bodily appearance or
12 function by medical, surgical and other means, and experience of
13 gender, among them, dress, speech, and mannerism;

14 (m) *High-risk Behavior* refers to a person's involvement
15 in certain activities that increase the risk of transmitting or
16 acquiring HIV;

17 (n) *Human Immunodeficiency Virus (HIV)* refers to the virus,
18 of the type called retrovirus, which infects cells of the human
19 immune system – mainly CD4positiveT cells and macrophages-key
20 components of the cellular immune system – and destroys or impairs
21 the cells' function. Infection with HIV results in the progressive
22 deterioration of the immune system, leading to immune deficiency;

23 (o) *HIV counseling* refers to the interpersonal, dynamic
24 communication process between a client and a trained counselor,
25 who is bound by a code of ethics and practice, to resolve personal,
26 social, or psychological problems and difficulties, whose objective, in
27 the context of an HIV diagnosis, is to encourage the client to explore
28 important personal issues, identify ways of coping with anxiety and
29 stress, and plan for the future (keeping healthy, adhering to

1 treatment, and preventing transmission) and counseling in the
2 context of a negative HIV test result that focuses on exploring the
3 client's motivation, options, and skills to stay HIV-negative;

4 (p) *HIV and AIDS Counselor* refers to any individual trained
5 by an institution or organization accredited by the DOH to provide
6 counseling services on HIV and AIDS with emphasis on behavior
7 modification;

8 (q) *HIV and AIDS Monitoring* refers to the documentation and
9 analysis of the number of HIV/AIDS infections and the pattern of its
10 spread;

11 (r) *HIV and AIDS Prevention and Control* refers to measures
12 aimed at protecting noninfected persons from contracting HIV and
13 minimizing the impact of the condition on persons living with HIV;

14 (s) *HIV-negative* refers to the absence of HIV or HIV
15 antibodies upon HIV testing;

16 (t) *HIV-positive* refers to the presence of HIV infection as
17 documented by the presence of HIV or HIV antibodies in the sample
18 being tested;

19 (u) *HIV-related Testing* refers to any laboratory testing or
20 procedure done on an individual regardless of whether the person is
21 HIV positive or negative;

22 (v) *HIV Testing* refers to any facility-based or mobile medical
23 procedure that is conducted to determine the presence or absence of
24 HIV in a person's body. HIV testing is confidential, voluntary in
25 nature and must be accompanied by counseling prior to, and after
26 the testing, and conducted only with the informed consent of the
27 person;

28 (w) *HIV Testing Facility* refers to any DOH-accredited in-site
29 or mobile testing center, hospital, clinic, laboratory and other facility

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

3 (x) *HIV Transmission* refers to the transfer of HIV from one
4 infected person to an uninfected individual, through unprotected
5 sexual intercourse, blood transfusion, sharing of contaminated
6 intravenous needles, or which may occur during pregnancy, delivery,
7 and breastfeeding;

8 (y) *Informed Consent* refers to the voluntary agreement of a
9 person to undergo or be subjected to a procedure based on full
10 information, whether such permission is written or conveyed
11 verbally;

12 (z) *Key Affected Populations* refer to those groups of persons at
13 higher risk of HIV exposure, or affected populations whose behavior
14 make them more likely to be exposed to HIV or to transmit the virus,
15 as determined by the DOH;

16 (aa) *Laboratory* refers to an area or place, including
17 community-based settings, where research studies are being
18 undertaken to further develop local evidence base for effective HIV
19 programs;

20 (bb) *Mature Minor Doctrine* refers to the legal principle that
21 recognizes the capacity of some minors to consent independently to
22 medical procedures, if they have been assessed by qualified health
23 professionals to understand the nature of procedures and their
24 consequences to make a decision on their own;

25 (cc) *Medical Confidentiality* refers to the relationship of trust
26 and confidence created or existing between a patient or a person
27 living with HIV and the attending physician, consulting medical
28 specialist, nurse, medical technologist and all other health workers
29 or personnel involved in any counseling, testing or professional care

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

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

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

15 (ff) *Person living with HIV (PLHIV)* refers to any individual
16 diagnosed to be infected with HIV;

17 (gg) *Pretest Counseling* refers to the process of providing an
18 individual information on the biomedical aspects of HIV/AIDS and
19 emotional support to any psychological implications of undergoing
20 HIV testing and the test result itself before the individual is
21 subjected to the test;

22 (hh) *Posttest Counseling* refers to the process of providing
23 risk-reduction information and emotional support to a person who
24 submitted to HIV testing at the time the result is released;

25 (ii) *Prophylactic* refers to any agent or device used to prevent
26 the transmission of a disease;

27 (jj) *Provider-initiated Counseling and Testing* refers to a
28 health care provider initiating HIV antibody testing to a person
29 practicing high-risk behavior or vulnerable to HIV after conducting

1 HIV pretest counseling; a person may elect to decline or defer testing
2 such that consent is conditional;

3 (kk) *Redress* refers to an act of compensation for unfairness,
4 grievance, and reparation;

5 (ll) *Routine HIV Testing* refers to HIV testing recommended
6 at health care facilities as a standard component of medical care. It
7 is part of the normal standard of care offered irrespective of whether
8 or not the patient has signs and symptoms of underlying HIV
9 infection or has other reasons for presenting to the facility; a patient
10 may elect to decline or defer testing;

11 (mm) *Safer Sex Practices* refer to choices made and
12 behaviors adopted by a person to reduce or minimize the risk
13 of HIV transmission. These include postponing sexual debut,
14 non-penetrative sex, correct and consistent use of male or female
15 condoms, and reducing the number of sexual partners;

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

19 (oo) *Sexual Orientation* refers to a person's sexual and
20 emotional attraction to or intimate and sexual relationship with
21 individuals of different, the same, or both sexes;

22 (pp) *Social Protection* refers to a set of policies and programs
23 designed to reduce poverty and vulnerability by promoting efficient
24 labor markets, diminishing people's exposure to risks, and
25 enhancing their capacity to protect themselves against hazards and
26 interruptions on, or loss, of income;

27 (qq) *Stigma* refers to the dynamic devaluation and
28 dehumanization of an individual in the eyes of others which may be
29 based on attributes that are arbitrarily defined by others as

1 discreditable or unworthy and which result in discrimination when
2 acted upon;

3 (rr) *Treatment Hubs* refer to private and public hospitals or
4 medical establishments accredited by the DOH to have the capacity
5 and facility to provide antiretroviral treatment;

6 (ss) *Vertical Transmission* refers to the process of
7 transmission during pregnancy, birth, or breastfeeding;

8 (tt) *Voluntary HIV Testing* refers to HIV testing of an
9 individual who, after having undergone pretest counseling, willingly
10 submits to such test;

11 (uu) *Vulnerable Communities* refer to communities and groups
12 suffering from vulnerabilities such as unequal opportunities, social
13 exclusion, poverty, unemployment, and other similar social,
14 economic, cultural and political conditions, making them more
15 susceptible to HIV infection and to developing AIDS;

16 (vv) *Window Period* refers to the period of time, usually
17 lasting from two (2) weeks to six (6) months during which an
18 infected individual will test "negative" upon HIV testing but can
19 actually transmit the infection; and

20 (ww) *Work Place* refers to the office, premise, or work site
21 where workers are habitually employed and shall include the office
22 or place where workers, with no fixed or definite work site, regularly
23 report for assignment in the course of their employment.

24 ARTICLE I

25 PHILIPPINE NATIONAL AIDS COUNCIL

26 SEC. 4. *Philippine National AIDS Council (PNAC)*. – The
27 PNAC, established under Section 43 of Republic Act No. 8504,
28 otherwise known as the "Philippine AIDS Prevention and Control
29 Act of 1998", shall be reconstituted and streamlined to ensure the

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

3 The PNAC shall be an independent agency attached to the
4 DOH. It shall have its own secretariat and staffing pattern that
5 shall be headed by an Executive Director.

6 SEC. 5. *Functions.* - The PNAC shall perform the following:

7 (a) Develop the National HIV and AIDS Plan or the
8 AIDS Medium-Term Plan (AMTP) in collaboration with relevant
9 government agencies, CSOs, PLHIV community and other
10 stakeholders;

11 (b) Ensure the operationalization and implementation of
12 the AMTP;

13 (c) Issue guidelines and policies that are stipulated in this
14 Act, including other policies that may be necessary to implement
15 the AMTP;

16 (d) Strengthen the collaboration between government
17 agencies and CSOs involved in the implementation of the national
18 HIV and AIDS program, including the delivery of HIV and AIDS
19 related services;

20 (e) Monitor the implementation of the National
21 Multi-Sectoral HIV and AIDS Strategic Plan, undertake midterm
22 assessments, and evaluate its impact;

23 (f) Coordinate, organize, and work in partnership with foreign
24 and international organizations regarding funding, data collection,
25 research, and prevention and treatment modalities on HIV and
26 AIDS, and ensure foreign-funded programs are aligned to the
27 national response;

1 (g) Advocate for policy reforms to Congress and other
2 government agencies to strengthen the country's response to
3 the epidemic;

4 (h) Mobilize sources of fund for the National Multi-Sectoral
5 HIV and AIDS Strategic Plan; and

6 (i) Submit an annual report to the Office of the President,
7 Congress, and the members of the Council.

8 SEC. 6. *Membership and Composition.* – Two-thirds (2/3)
9 of the PNAC's membership shall come from national
10 government agencies, and one-third (1/3) shall come from CSOs:
11 *Provided*, That an organization representing the positive community
12 shall be included. Positive Community refers to those persons who
13 are infected with HIV or AIDS virus.

14 Selection of members shall be based on the following criteria:

15 (a) Government agencies or CSOs with direct contribution to
16 the performance of the core functions of the Council (oversight,
17 direction setting and policy making);

18 (b) Government agencies or CSOs with existing programs,
19 services and activities that directly contribute to the achievement of
20 the National Multi-Sectoral HIV and AIDS Strategic Plan; and

21 (c) Government agencies or CSOs with existing constituencies
22 that are targeted by the National Multi-Sectoral HIV and AIDS
23 Strategic Plan's objectives and activities.

24 The PNAC shall be composed of twenty-eight (28) members
25 as follows:

26 (1) Secretary of the DOH;

27 (2) Secretary of the Department of Education (DepED) or a
28 representative;

- 1 (3) Chairperson of the Commission on Higher Education
2 (CHED) or a representative;
- 3 (4) Director-General/Secretary of the Technical Education and
4 Skills Development Authority (TESDA) or a representative;
- 5 (5) Secretary of the Department of Labor and Employment
6 (DOLE) or a representative;
- 7 (6) Secretary of the Department of Social Welfare and
8 Development (DSWD) or a representative;
- 9 (7) Secretary of the Department of the Interior and Local
10 Government (DILG) or a representative;
- 11 (8) Secretary of the Department of Justice (DOJ) or a
12 representative;
- 13 (9) Director-General of the National Economic and
14 Development Authority (NEDA) or a representative;
- 15 (10) Secretary of the Department of Tourism (DOT) or a
16 representative;
- 17 (11) Secretary of the Department of Budget and Management
18 (DBM) or a representative;
- 19 (12) Secretary of the Department of Foreign Affairs (DFA)
20 or a representative;
- 21 (13) Secretary of the Department of Finance (DOF) or a
22 representative;
- 23 (14) Chairperson of the Civil Service Commission (CSC) or a
24 representative;
- 25 (15) Chairperson of the National Youth Commission (NYC)
26 or a representative;
- 27 (16) Head of the Philippine Information Agency (PIA) or a
28 representative;

1 (17) President of the League of Provinces of the Philippines or
2 a representative;

3 (18) President of the League of Cities of the Philippines or a
4 representative;

5 (19) Two (2) representatives from organizations of persons
6 living with HIV and AIDS;

7 (20) One (1) representative of organization with expertise on
8 Standard Setting;

9 (21) One (1) representative of organization with expertise on
10 Service Delivery; and

11 (22) Six (6) representatives from nongovernment organizations
12 involved in HIV/AIDS prevention and control efforts or activities as
13 identified in the current AMTP.

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

16 The heads of government agencies may be represented by an
17 official whose rank shall not be lower than an Assistant Secretary or
18 its equivalent.

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

21 The Secretary of Health shall be the permanent Chairperson
22 of the PNAC. However, the Vice Chairperson shall be elected from
23 the government agency members, and shall serve for a term of three
24 (3) years. Members representing CSOs shall serve for a term of
25 three (3) years, renewable upon recommendation of the Council for a
26 maximum of two (2) consecutive terms.

27 SEC. 7. *Secretariat.* - The PNAC shall be supported by a
28 Secretariat consisting of personnel with the necessary technical
29 expertise and capability that shall be conferred permanent

1 appointments, subject to civil service rules and regulations. The
 2 Secretariat shall be headed by an Executive Director, who shall be
 3 under the direct supervision of the Chairperson of the PNAC.

4 The Secretariat shall perform the following functions:

5 (a) Coordinate and manage the day-to-day affairs of
 6 the PNAC;

7 (b) Assist in the formulation, monitoring, and evaluation of
 8 the National Multi-Sectoral HIV and AIDS Strategic Plan
 9 or the AMTP;

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

12 (d) Assist the PNAC in identifying and building internal and
 13 external networks and partnerships;

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

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

18 (g) Disseminate updated, accurate, relevant, and
 19 comprehensive information about the epidemic to PNAC members,
 20 policy makers, and the media;

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

22 (i) Act as spokesperson and representative for and on behalf
 23 of the Council.

24 SEC. 8. *National Multi-Sectoral HIV and AIDS Strategic Plan.*

25 – A six (6)-year National Multi-Sectoral HIV and AIDS Strategic
 26 Plan or an AMTP shall be formulated and periodically updated by
 27 the PNAC. The AMTP shall include the following:

28 (a) The country's targets and strategies in addressing
 29 the epidemic;

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

3 (c) The six (6)-year operationalization of the program and
4 identification of the government agencies that shall implement the
5 program, including the designated office within each agency
6 responsible for overseeing, coordinating, facilitating and/or
7 monitoring the implementation of its AIDS program from the
8 national to the local levels; and

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

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

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

25 Towards this end, the members of the PNAC, in cooperation
26 with CSOs and in collaboration with the DOJ and the Commission
27 on Human Rights (CHR), shall ensure the delivery of
28 nondiscriminatory HIV and AIDS services by government and
29 private HIV and AIDS service providers. Further, the DOH and the

1 CHR, in coordination with the PNAC, shall take the lead in
2 developing redress mechanisms for persons living with HIV to
3 ensure that their civil, political, economic and social rights
4 are protected.

5 ARTICLE II

6 EDUCATION AND INFORMATION

7 SEC. 11. *Education and Prevention Program.* – There shall
8 be an HIV and AIDS prevention program that shall educate the
9 public on these and other STIs, with the goal of reducing risky
10 behavior, lowering vulnerabilities, and promoting the human rights
11 of persons living with HIV.

12 The PNAC shall promote and adopt a range of measures and
13 interventions, in partnership with CSOs that aim to prevent, halt, or
14 control the spread of HIV in the general population, especially
15 among the key populations and vulnerable communities. These
16 measures shall likewise promote the rights, welfare, and
17 participation of persons living with HIV and the affected children,
18 young people, families and partners of persons living with HIV.

19 The HIV and AIDS education and prevention programs shall be
20 age-appropriate and based on up-to-date evidence and scientific
21 strategies, and shall actively promote:

22 (a) Safer sex practices among the general population,
23 especially among key populations;

24 (b) Safer sex practices that reduce risk of HIV infection;

25 (c) Universal access to evidence-based and relevant
26 information and education, and medically safe, legally affordable,
27 effective and quality treatment;

28 (d) Sexual abstinence and sexual fidelity; and

29 (e) Consistent and correct condom use.

1 SEC. 12. *Education in Learning Institutions.* – Using
2 standardized information and epidemiological data from the
3 DOH, the DepED, CHED, and TESDA shall integrate basic and
4 age-appropriate instruction on the causes, modes of transmission,
5 impacts of HIV infection and ways of preventing the spread of HIV
6 and AIDS and other STIs, human rights-based principles, and
7 information on treatment, care, and support to promote stigma
8 reduction in relevant subjects taught in public and private learning
9 institutions, including alternative and indigenous learning systems.

10 Information, Education, and Communication (IEC) and other
11 materials shall be developed by the DepED, TESDA, and CHED, in
12 coordination with the PNAC, DOH, PIA, and other stakeholders in
13 the education sector. The DepED, CHED, and TESDA personnel,
14 teachers, and instructors shall be capacitated on HIV and AIDS
15 prevention and referral mechanisms.

16 SEC. 13. *Education in the Workplace.* – All public and private
17 employers, and employees, including members of the Armed Forces
18 of the Philippines (AFP) and the Philippine National Police (PNP),
19 shall be regularly provided with standardized basic information
20 and instruction on HIV and AIDS, including topics on confidentiality
21 in the workplace and reduction or elimination of stigma and
22 discrimination.

23 The PNAC shall develop the standardized and key messages
24 on the prevention and control of HIV and AIDS based on current and
25 updated information on the disease.

26 The DOLE for the private sector, the CSC for the public sector
27 and the AFP and PNP for the uniformed service shall implement
28 this provision.

1 SEC. 14. *Education for Filipinos Going Abroad.* – The State
2 shall ensure that all overseas Filipino workers and diplomatic,
3 military, trade, and labor officials and personnel to be assigned
4 overseas shall attend a seminar on the causes, manner of prevention
5 and impacts of HIV and AIDS before being granted a certification for
6 overseas assignment.

7 The DOLE, DFA, DOT, and DOJ, through the Bureau of
8 Immigration (BI), as the case may be, in collaboration with the
9 DOH, shall oversee the implementation of this section.

10 SEC. 15. *Information for Tourists and Transients.*
11 – Informational aids or materials on the causes, modes of
12 transmission, prevention, and consequences of HIV infection shall be
13 adequately provided in all international and domestic ports of entry
14 and exit, and in all tourism-related enterprises and establishments.

15 The DOT, DFA, and DOJ, through the BI, in collaboration
16 with the DOH, shall oversee the implementation of this section.

17 SEC. 16. *Education in Communities.* – Local government
18 units (LGUs), through their respective Local HIV and AIDS Council
19 (LAC) or Local Health Boards (LHB) shall implement a
20 locally based, multi-sector response to HIV and AIDS through
21 various channels. Gender and Development (GAD) funds and other
22 sources may be utilized for these purposes.

23 The PNAC, DOH, and DILG, in coordination with the DSWD,
24 League of Provinces of the Philippines, League of Cities of the
25 Philippines and League of Municipalities of the Philippines,
26 shall develop and disseminate to all provinces, cities and
27 municipalities evidence-based, gender-responsive, age-appropriate,
28 culturally-sensitive and human rights-oriented programs and tools
29 to prevent new infections, halt the spread of HIV and respond

1 to the epidemic in the local communities in a timely, effective
2 and efficient manner.

3 SEC. 17. *Education for Key Populations and Vulnerable*
4 *Communities.* – To ensure that HIV services reach key populations
5 at higher risk, the PNAC, in collaboration with the LGUs and CSOs
6 engaged in HIV and AIDS programs and projects, shall support and
7 provide funding for HIV and AIDS education programs, such as peer
8 education, support groups, outreach activities and community-based
9 research that target these populations and other vulnerable
10 communities. The PNAC shall likewise craft the guidelines for peer
11 education and outreach activities which may be undertaken in
12 various settings including laboratory-based activities.

13 SEC. 18. *Prevention in Prisons and in Other Closed Settings.* –
14 All prisons, rehabilitation centers and other closed-setting
15 institutions shall have comprehensive STI, HIV and AIDS
16 prevention and control program that includes HIV education and
17 information, HIV counseling and testing, and access to HIV
18 treatment and care services. The DOH shall, in coordination with
19 the DILG, DOJ, DSWD, and the League of Provinces of the
20 Philippines develop HIV and AIDS comprehensive program and
21 policies which include the HIV counseling and testing procedures in
22 prisons, rehabilitation centers, and other closed-setting institutions.

23 Persons living with HIV in prisons and in other closed settings
24 shall be provided HIV treatment, which includes ARV drugs, care
25 and support in accordance with the national guidelines. Efforts
26 should be undertaken to ensure the continuity of care at all stages,
27 from admission or imprisonment to release. The provision on
28 informed consent and confidentiality shall also apply in
29 closed settings.

1 SEC. 19. *Information on Prophylactics.* – Appropriate
2 information shall be attached to or provided with every prophylactic
3 offered for sale or given as a donation. Such information shall be
4 legibly printed in English and Filipino, and contain literature on the
5 proper use of the prophylactic device or agent, its efficacy against
6 HIV and STI, as well as the importance of sexual abstinence and
7 mutual fidelity.

8 SEC. 20. *Misinformation on HIV and AIDS.* – Misinformation
9 on HIV and AIDS, which includes false and misleading advertising
10 and claims in any form of media, including traditional media,
11 internet and social platforms, and mobile applications, or the
12 promotional marketing of drugs, devices, agents or procedures
13 without prior approval from the DOH through the Food and Drug
14 Administration (FDA) and without the requisite medical and
15 scientific basis, including markings and indications in drugs and
16 devices or agents, claiming to be a cure or a fail-safe prophylactic for
17 HIV infection, shall be prohibited.

18 SEC. 21. *HIV/AIDS Information as a Health Service.*
19 – HIV/AIDS education and information dissemination shall form
20 part of the delivery of health services by health practitioners,
21 workers and personnel. The knowledge and capabilities of all public
22 health workers shall be enhanced to include skills for proper
23 information dissemination and education on HIV/AIDS. It shall
24 likewise be considered a civic duty of health providers in the private
25 sector to make available to the public such information necessary to
26 prevent and control the spread of HIV/AIDS and to correct common
27 misconceptions about this disease. The training of health workers
28 shall include discussions on HIV-related ethical issues such as

1 confidentiality, anonymity, informed consent and the duty to provide
2 treatment.

3 ARTICLE III

4 PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES

5 SEC. 22. *Positive Health, Dignity and Prevention.* – The
6 PNAC, in coordination with the DOH, LGUs, and other relevant
7 government agencies, private sector, CSOs, faith-based
8 organizations, and persons living with HIV, shall support preventive
9 measures that shall focus on the positive roles of persons living with
10 HIV. Such preventive measures shall include the following:

11 (a) Creation of rights-based and community-led behavior
12 modification programs that seek to encourage HIV risk reduction
13 behavior among persons living with HIV;

14 (b) Establishment and enforcement of rights-based
15 mechanisms to strongly encourage newly tested HIV-positive
16 individuals to conduct partner notification and to promote HIV
17 status disclosure to sexual partners;

18 (c) Establishment of standard precautionary measures in
19 public and private health facilities;

20 (d) Accessibility of ARV treatment and management of
21 opportunistic infections; and

22 (e) Mobilization of communities of persons living with HIV for
23 public awareness campaigns and stigma reduction activities.

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

27 SEC. 23. *Comprehensive Health Intervention for Key*
28 *Populations.* – The DILG and DOH, in close coordination with the
29 Dangerous Drugs Board (DDB) and in partnership with the key

1 populations, shall establish a human rights and evidence-based HIV
2 prevention policy and program for people who use and inject drugs.
3 The presence of used and unused prophylactics shall not be used as
4 basis to conduct raids or similar police operations in sites and
5 venues of HIV prevention interventions. The DILG and DOH, in
6 coordination with LGUs and DDB, shall establish a national policy
7 to guarantee the implementation of this provision.

8 SEC. 24. *Prevention of Vertical Transmission.* – The DOH
9 shall implement a program to prevent mother-to-child HIV
10 transmission that shall be integrated into its maternal and child
11 health services.

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

15 (a) A donation of tissue or organ, whether gratuitous or
16 onerous, shall be accepted by a laboratory or institution only after a
17 sample from the donor has been tested negative for HIV;

18 (b) All donated blood shall also be subject to HIV
19 testing. HIV-positive blood shall be disposed of properly and
20 immediately; and

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

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

27 SEC. 26. *Guidelines on Medical Management, Surgical, and*
28 *Other Related Procedures.* – The DOH shall, in consultation with
29 concerned professional organizations and hospital associations, issue

1 guidelines on medical management of PLHIV and protocol on
2 precautions against HIV transmission during surgical, dental,
3 embalming, body painting or tattooing that require the use of
4 needles or similar procedures. The necessary protective equipment
5 such as gloves, goggles and gowns shall be prescribed and required,
6 and made available to all physicians and health care providers,
7 tattoo artists, and similarly exposed personnel at all times. The
8 DOH shall likewise issue guidelines on the handling and disposal of
9 cadavers, body fluids or wastes of persons known or believed to be
10 HIV-positive.

11 ARTICLE IV

12 TESTING, SCREENING AND COUNSELING

13 SEC. 27. *Voluntary HIV Testing.* — As a policy, the State
14 shall encourage voluntary HIV testing. Written consent from the
15 person taking the test must be obtained before HIV testing.

16 In keeping with the principle of the evolving capacities of the
17 child as defined in Section 3(i) of this Act, and the mature minor
18 doctrine as defined in Section 3 (bb) of this Act, HIV testing shall be
19 made available under the following circumstances:

20 (a) If the person is fifteen (15) to below eighteen (18) years of
21 age, consent to voluntary HIV testing shall be obtained from
22 the child;

23 (b) If the person is below fifteen (15) years of age or is
24 mentally incapacitated, consent to voluntary HIV testing shall be
25 obtained from the child's parents or legal guardian. In cases when
26 the child's parents or legal guardian cannot be found, despite
27 reasonable efforts to locate the parents were undertaken, the
28 consent shall be obtained from the licensed social worker. If the
29 child's parents or legal guardian refuse to give their consent, the

1 consent shall likewise be obtained from the licensed social worker if
2 the latter determines that the child is at higher risk of HIV exposure
3 and the conduct of the voluntary HIV testing is in the best interest
4 of the child: *Provided*, That when a person below fifteen (15) years of
5 age and not suffering from any mental incapacity is assessed by a
6 health professional, on the basis of various indicators of maturity, to
7 be sufficiently mature to understand the meaning and consequences
8 of the procedure and objectively consider treatment options, consent
9 to voluntary HIV testing shall be obtained from the child; and

10 (c) In every circumstance, proper counseling shall be
11 conducted by a social worker, a health care provider or other health
12 care professional accredited by the DOH or the DSWD.

13 The State shall continually review and revise, as appropriate,
14 the HIV diagnostic algorithm based on current available laboratory
15 technology and evidence.

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

18 (a) When it is necessary to test a person who is charged with
19 any of the offenses punishable under Articles 264 and 266 on serious
20 and slight physical injuries, and Articles 335 and 338 on rape and
21 simple seduction, both of Act No. 3815, as amended, or the "The
22 Revised Penal Code", and as also amended by Republic Act No. 8353,
23 otherwise known as "The Anti-Rape Law of 1997";

24 (b) When it is necessary to resolve relevant issues under
25 Executive Order No. 209, otherwise known as "The Family Code of
26 the Philippines"; and

27 (c) As a prerequisite in the donation of blood in compliance
28 with the provisions of Republic Act No. 7170, otherwise known

1 as the "Organ Donation Act of 1991", and Republic Act No. 7719,
2 otherwise known as the "National Blood Services Act of 1994".

3 SEC. 29. *HIV Counseling and Testing.* - To ensure access
4 to voluntary and confidential HIV testing, which shall include
5 client-initiated HIV testing and routine provider-initiated testing,
6 the DOH shall:

7 (a) Accredite public and private HIV testing facilities based on
8 capacity to deliver testing services including HIV counseling;
9 *Provided, That* only DOH-accredited HIV testing facilities shall be
10 allowed to conduct HIV testing;

11 (b) Develop the guidelines for HIV counseling and testing,
12 including mobile HIV counseling and testing and routine
13 provider-initiated HIV counseling and testing that shall ensure,
14 among others, that HIV testing is based on informed consent, is
15 voluntary and confidential, is available at all times, and provided by
16 qualified persons and DOH-accredited providers;

17 (c) Accredite institutions or organizations that train HIV and
18 AIDS counselors in coordination with the DSWD; and

19 (d) Set the standards for HIV counseling and work closely
20 with HIV and AIDS CSOs that train HIV and AIDS counselors and
21 peer educators in coordination and participation of nongovernment
22 organizations (NGOs), government organizations (GOs) and Civil
23 Society Organization-People Living with HIV (CSO-PLHIV).

24 All HIV testing facilities shall provide free pretest and posttest
25 HIV counseling to individuals who wish to avail of HIV testing,
26 which shall likewise be confidential. No HIV testing shall be
27 conducted without informed consent. The State shall ensure that
28 specific approaches to HIV counseling and testing are adopted based
29 on the nature and extent of HIV/AIDS incidence in the country.

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

3 SEC. 30. *Anonymous HIV Testing.* – The State shall provide
4 a mechanism for anonymous HIV testing and shall guarantee
5 anonymity and medical confidentiality in the conduct of such tests.

6 ARTICLE V

7 HEALTH AND SUPPORT SERVICES

8 SEC. 31. *Access to Treatment by Indigents.* – The DOH shall
9 establish a program that will provide free and accessible ARV
10 treatment to all indigents living with HIV who are enrolled in the
11 program. Free medication for opportunistic infections shall be made
12 available to all indigents in the government treatment hubs. It shall
13 likewise designate public and private hospitals to become satellite
14 hubs with an established HIV and AIDS Core Team (HACT).
15 A manual of procedures for management of PLHIV shall be
16 developed by the DOH.

17 SEC. 32. *Economic Empowerment and Support.* – Persons
18 living with HIV shall not be deprived of any employment, livelihood,
19 micro-finance, self-help, and cooperative programs by reason of their
20 HIV status. The DSWD, in coordination with the DILG, DOLE and
21 TESDA, shall develop enabling policies and guidelines to ensure
22 economic empowerment and independence designed for persons
23 living with HIV.

24 SEC. 33. *Care and Support for Persons Living with HIV.*
25 – The DSWD, in coordination with the DOH and TESDA, shall
26 develop care and support programs for persons living with HIV,
27 which shall include peer-led counseling and support, social
28 protection, welfare assistance, and mechanisms for case

1 management. These programs shall include care and support for the
2 affected children, families, and partners of persons living with HIV.

3 SEC. 34. *Care and Support for Overseas Workers Living with*
4 *HIV.* – The Overseas Workers Welfare Administration (OWWA),
5 in coordination with the DSWD, DFA, Commission on Filipinos
6 Overseas and Bureau of Quarantine, shall develop a stigma-free
7 comprehensive reintegration, care and support program, including
8 economic, social and medical support, for overseas workers,
9 regardless of employment status and stage in the migration process.

10 SEC. 35. *Nondiscriminatory HIV and AIDS Services.* – The
11 members of the PNAC, in cooperation with CSOs, and in
12 collaboration with the DOJ and CHR, shall ensure the delivery of
13 nondiscriminatory HIV and AIDS services by government and
14 private HIV and AIDS service providers.

15 SEC. 36. *Testing of Organ Donation.* – Lawful consent to
16 HIV testing of a donated human body, organ, tissue or blood shall be
17 considered as having been given when:

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

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

23 SEC. 37. *HIV Antibody Testing for Pregnant Women.* – A
24 health care provider who offers prenatal medical care shall routinely
25 conduct HIV screening with an opt-out HIV testing for pregnant
26 women. The DOH shall provide the necessary guidelines for health
27 care providers in the conduct of the screening procedure.

28 SEC. 38. *Immunity from Suit for HIV Educators, Licensed*
29 *Social Workers, Health Workers and Other HIV and AIDS Service*

1 *Providers.* – Any person involved in the provision of HIV and AIDS
 2 services, including peer educators, shall be immune from suit, arrest
 3 or prosecution, and from civil, criminal or administrative liability, on
 4 the basis of their delivery of such services in HIV prevention, or in
 5 relation to the legitimate exercise of protective custody of children,
 6 whenever applicable. This immunity does not cover acts which are
 7 committed in violation of this Act.

8 *SEC. 39. Health Insurance and Similar Health Services.*

9 – The Philippine Health Insurance Corporation (PhilHealth) shall:

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

13 (b) Develop a benefit package for the unborn and the newborn
 14 child from infected mothers;

15 (c) Develop a mechanism for orphans living with HIV to
 16 access HIV benefit package;

17 (d) Propose to the DOH to set a reference price for HIV and
 18 AIDS services in government hospitals; and

19 (e) Conduct programs to educate the human resource units of
 20 companies on the PhilHealth package on HIV and AIDS.

21 No person living with HIV shall be denied or deprived of
 22 private health and life insurance coverage on the basis of
 23 the person's HIV status following the company's reasonable
 24 underwriting policies. Furthermore, no person shall be denied of his
 25 life insurance claims if he dies of HIV or AIDS under a valid and
 26 subsisting life insurance policy.

27 The Insurance Commission (IC) shall implement this provision
 28 and shall develop the necessary policies to ensure compliance.

1 SEC. 40. *HIV and AIDS Monitoring and Evaluation.* – The
2 DOH shall maintain a comprehensive HIV and AIDS monitoring and
3 evaluation program that shall serve the following purposes:

4 (a) Determine and monitor the magnitude and progression of
5 HIV and AIDS in the Philippines to help the national government
6 evaluate the adequacy and efficacy of HIV prevention and treatment
7 programs being employed;

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

14 (c) Submit, through its Secretariat, an annual report to the
15 PNAC containing the findings of its monitoring and evaluation
16 activities in compliance with this mandate.

17 ARTICLE VI

18 CONFIDENTIALITY

19 SEC. 41. *Confidentiality.* – The confidentiality and privacy of
20 any individual who has been tested for HIV, exposed to HIV, has
21 HIV infection or HIV and AIDS-related illnesses, or was treated
22 for HIV-related illnesses shall be guaranteed. The following acts
23 violate confidentiality and privacy:

24 (a) Disclosure of Confidential HIV and AIDS Information.
25 – Unless otherwise provided in Section 40 of this Act, it shall be
26 unlawful to disclose, without written consent, information that a
27 person had HIV-related test and AIDS, has HIV infection or
28 HIV-related illnesses, or has been exposed to HIV.

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

9 (b) Media Disclosure. – It shall be unlawful for any editor,
10 publisher, reporter or columnist, in case of printed materials, or any
11 announcer or producer, in case of television and radio broadcasting,
12 or any producer or director of films, in case of the movie industry, or
13 any other individual, or any information that would reasonably
14 identify persons living with HIV and AIDS, or any confidential HIV
15 and AIDS information or organization in case of social media, to
16 disclose the names, pictures, without the prior written consent of
17 their subjects except when the persons waive said confidentiality
18 through their own acts and omissions under Section 4(A) of Republic
19 Act No. 10175, otherwise known as the “Cybercrime Prevention Act
20 of 2012” and Section 25 of Republic Act No. 10173, otherwise known
21 as the “Data Privacy Act of 2012”.

22 SEC. 42. *Exceptions.* – Confidential HIV and AIDS
23 information may be released by HIV testing facilities without
24 written consent in the following instances:

25 (a) When complying with reportorial requirements of the
26 national active and passive surveillance system of the DOH:
27 *Provided, That* the information related to a person's identity shall
28 remain confidential;

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

5 (c) When responding to a *subpoena duces tecum* and *subpoena*
6 *ad testificandum* issued by a court with jurisdiction over a legal
7 proceeding where the main issue is the HIV status of an individual:
8 *Provided*, That the confidential medical record, after having been
9 verified for accuracy by the head of the office or department, shall
10 remain anonymous and unlinked and shall be properly sealed by its
11 lawful custodian, hand delivered to the court, and personally opened
12 by the judge: *Provided, further*, That the judicial proceedings shall
13 be held in executive session.

14 SEC. 43. *Disclosure of HIV-Related Test Results.* – The result
15 of any test related to HIV shall be disclosed by the attending
16 physician who provides pretest and posttest counseling only to
17 the individual who submitted to the test. If the patient is below
18 fifteen (15) years old, an orphan, or is mentally incapacitated, the
19 result may be disclosed to either of the patient's parents, legal
20 guardian, or a duly assigned licensed social worker, whichever is
21 applicable: *Provided*, That when a person below fifteen (15) years of
22 age and not suffering from any mental incapacity, has given
23 voluntary and informed consent to the procedure in accordance with
24 Section 27(b) of this Act, the result of the test shall be disclosed to
25 the child.

26 It may also be disclosed to a person authorized to receive such
27 results in conjunction with the DOH Monitoring Body as provided in
28 Section 40 of this Act.

1 SEC. 44. *Disclosure to Sexual Partners.* – Any person who,
2 after having been tested, is found to be infected with HIV, is strongly
3 encouraged to disclose this health condition to the spouse or sexual
4 partner prior to engaging in penetrative sex or any potential
5 exposure to HIV. A person living with HIV may opt to seek help
6 from qualified professionals including medical professionals, health
7 workers, peer educators, or social workers to support him in
8 disclosing this health condition to one's partner or spouse.
9 Confidentiality shall likewise be observed. Further, the DOH,
10 through the PNAC, shall establish an enabling environment to
11 encourage newly tested HIV-positive individuals to disclose their
12 status to sexual partners.

13 SEC. 45. *Duty of Employers, Heads of Government Offices,*
14 *Heads of Public and Private Schools or Training Institutions, and*
15 *Local Chief Executives.* – It shall be the duty of private employers,
16 heads of government offices, heads of public and private schools or
17 training institutions, and local chief executives over all private
18 establishments within their territorial jurisdiction to prevent or
19 deter acts of discrimination against persons living with HIV, and to
20 provide procedures for the resolution, settlement, or prosecution of
21 acts of discrimination. Towards this end, the private employer, head
22 of office, or local chief executive shall:

23 (a) Promulgate rules and regulations prescribing the
24 procedure for the investigation of discrimination cases and the
25 administrative sanctions thereof; and

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

1 conduct the administrative investigation of alleged cases of
2 discrimination.

3 ARTICLE VII

4 DISCRIMINATORY ACTS AND PRACTICES

5 SEC. 46. *Discriminatory Acts and Practices.* – The following
6 discriminatory acts and practices shall be prohibited:

7 (a) Discrimination in the Workplace. – The rejection of job
8 application, termination of employment, or other discriminatory
9 policies in hiring, provision of employment and other related
10 benefits, promotion or assignment of an individual solely or partially
11 on the basis of actual, perceived, or suspected HIV status;

12 (b) Discrimination in Learning Institutions. – Refusal of
13 admission, expulsion, segregation, imposition of harsher disciplinary
14 actions, or denial of benefits or services of a student or a prospective
15 student solely or partially on the basis of actual, perceived, or
16 suspected HIV status;

17 (c) Restriction on Travel and Habitation. – Restrictions on
18 travel within the Philippines, refusal of lawful entry to Philippine
19 territory, deportation from the Philippines, or the quarantine or
20 enforced isolation of travelers solely or partially on account of actual,
21 perceived, or suspected HIV status is discriminatory; the same
22 standard of protection shall be afforded to migrants, visitors and
23 residents who are not Filipino citizens;

24 (d) Restrictions on Shelter. – Restrictions on housing or
25 lodging solely or partially on the basis of actual, perceived, or
26 suspected HIV status;

27 (e) Inhibition from Public Services. – Prohibition on the right
28 to seek an elective or appointive public office solely or partially on
29 the basis of actual, perceived, or suspected HIV status;

1 (f) Exclusion from Credit and Insurance Services. – Exclusion
2 from health, accident, life insurance, or credit and loan services,
3 including the extension of such loan or insurance facilities, of an
4 individual solely or partially on the basis of actual, perceived, or
5 suspected HIV status: *Provided*, That the person living with HIV has
6 not concealed or misrepresented the fact to the insurance company
7 or loan or credit service provider upon application;

8 (g) Discrimination in Hospitals and Health Institutions.
9 – Denial of health services, or be charged with a higher fee, on the
10 basis of actual, perceived, or suspected HIV status;

11 (h) Denial of Burial Services. – Denial of embalming and
12 burial services for a deceased person who had HIV and AIDS or who
13 was known, suspected, or perceived to be HIV-positive; and

14 (i) Act of Bullying. – Bullying in all forms, including name
15 calling, upon a person based on actual or perceived HIV status,
16 including bullying in social media and other online portals.

17 SEC. 47. *Penalties*. – The corresponding penalties shall be
18 imposed upon:

19 (a) Any person who commits the prohibited act under
20 Section 20 of this Act on Misinformation on HIV and AIDS shall,
21 upon conviction, suffer the penalty of imprisonment of six (6) years
22 and one (1) day to twelve (12) years, without prejudice to the
23 imposition of fines and administrative sanctions, such as suspension
24 or revocation of professional or business license;

25 (b) Any person who violates the second sentence of Section 23
26 of this Act on police operations *vis-à-vis* Comprehensive Health
27 Intervention for Key Populations shall, upon conviction, suffer the
28 penalty of imprisonment of one (1) year to five (5) years and a fine of
29 not less than one hundred thousand pesos (P100,000.00) but not

1 more than five hundred thousand pesos (P500,000.00): *Provided,*
2 That the law enforcement agents found guilty shall be removed from
3 public service;

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

11 The permit or license of the business entity and the
12 accreditation of the HIV testing centers may be cancelled or
13 withdrawn if these establishments fail to maintain safe practices
14 and procedures as may be required by the guidelines formulated in
15 compliance with Section 25 of this Act, on Donation of Blood, Tissue,
16 or Organ, and Section 26 of this Act, on Medical Management,
17 Surgical, and Other Related Procedures;

18 (d) Any person who violates Section 38 of this Act, on
19 Immunity from Suit shall, upon conviction, suffer the penalty of
20 imprisonment of six (6) months to five (5) years and/or a fine of not
21 less than one hundred thousand pesos (P100,000.00) but not more
22 than five hundred thousand pesos (P500,000.00): *Provided,* That if
23 the person who violates this provision is a law enforcement agent or
24 a public official, administrative sanctions may be imposed in
25 addition to imprisonment and/or fine, at the discretion of the court;

26 (e) Any person, natural or juridical, who denies life insurance
27 coverage of any person living with HIV in violation of Section 39 of
28 this Act shall, upon conviction, suffer the penalty of imprisonment of
29 six (6) months to five (5) years and/or a fine of not less than fifty

1 thousand pesos (P50,000.00) but not more than five hundred
2 thousand pesos (P500,000.00), at the discretion of the court, and
3 without prejudice to the imposition of administrative sanctions such
4 as fines, suspension or revocation of business permit, business
5 license or accreditation, and professional license;

6 (f) Any person, natural or juridical, who violates the
7 provisions of Section 41 of this Act on Confidentiality shall, upon
8 conviction, suffer the penalty of imprisonment of six (6) months to
9 five (5) years and/or a fine of not less than fifty thousand pesos
10 (P50,000.00) but not more than five hundred thousand pesos
11 (P500,000.00), or both imprisonment and fine, at the discretion of
12 the court, and without prejudice to the imposition of administrative
13 sanctions such as suspension or revocation of business permit,
14 business license or accreditation, and professional license;

15 (g) Any person, natural or juridical, who shall violate any of
16 the provisions in Section 46 of this Act on Discriminatory Acts and
17 Practices shall, upon conviction, suffer the penalty of imprisonment
18 of six (6) months to five (5) years and/or a fine of not less than fifty
19 thousand pesos (P50,000.00) but not more than five hundred
20 thousand pesos (P500,000.00), at the discretion of the court, and
21 without prejudice to the imposition of administrative sanctions such
22 as fines, suspension or revocation of business permit, business
23 license or accreditation, and professional license; and

24 (h) Any person who has obtained knowledge of confidential
25 HIV and AIDS information and uses such information to malign or
26 cause damage, injury or loss to another person shall face liability
27 under Articles 19, 20, 21, and 26 of the new Civil Code of the
28 Philippines and shall be liable for damages.

1 SEC. 48. *Penalties Collected.* – The penalties collected
2 pursuant to this section shall be put into a special fund to be
3 administered by the PNAC and shall be used for awareness
4 campaigns and other priority HIV and AIDS activities.

5 SEC. 49. *Appropriations.* – The amount needed for the initial
6 implementation of this Act shall be charged against the current
7 year's appropriations of the DOH. Thereafter, such sums as may be
8 necessary for the continued implementation of this Act shall be
9 included in the annual General Appropriations Act.

10 The funding requirement needed to provide for the health
11 insurance package and other services for persons living with HIV as
12 stated in Section 39 hereof shall be charged against the PhilHealth's
13 corporate funds.

14 In no circumstance shall the appropriations, savings, and
15 other resources of the PNAC be realigned to programs and projects
16 of the DOH or any other government agency, unless such program or
17 project is related to the implementation of the provisions
18 under this Act.

19 SEC. 50. *Implementing Rules and Regulations.* – The PNAC
20 shall, within one hundred twenty (120) days from the effectivity of
21 this Act, promulgate the necessary rules and regulations for the
22 effective implementation of the provisions of this Act.

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

26 SEC. 52. *Repealing Clause.* – Republic Act No. 8504, otherwise
27 known as the "Philippine AIDS Prevention and Control Act of 1998",
28 is hereby repealed.

1 All decrees, executive orders, proclamations and
2 administrative regulations or parts thereof, particularly in Act No.
3 3815, otherwise known as "The Revised Penal Code"; Republic Act
4 No. 8353, otherwise known as "The Anti-Rape Law of 1997";
5 Executive Order No. 209, otherwise known as "The Family Code of
6 the Philippines"; Republic Act No. 7719, otherwise known as the
7 "National Blood Services Act of 1994"; Republic Act No. 9165,
8 otherwise known as the "Comprehensive Dangerous Drugs Act of
9 2002"; and Republic Act No. 7170, otherwise known as the "Organ
10 Donation Act of 1991", inconsistent with the provisions of this Act
11 are hereby repealed, amended or modified accordingly.

12 SEC. 53. *Effectivity.* - This Act shall take effect fifteen (15)
13 days after its publication in the *Official Gazette* or in a newspaper of
14 general circulation.

Approved,

O