

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1804

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Introduced by **HON. SANDRA Y. ERIGUEL, M.D.**

EXPLANATORY NOTE

This Bill, which was previously filed in the 16th Congress and was approved by the House of Representatives on third reading, seeks to repeal Republic Act No. 8504, otherwise known as the “Philippine AIDS Prevention and Control Act of 1998” and to strengthen the Philippine Comprehensive Policy on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Prevention, Treatment, Care and Support, and to establish the Philippine National HIV and AIDS Plan.

The passage of R.A. 8504 in 1998 was hailed a success, a model legislation for other countries in curbing the rising AIDS epidemic. Sadly, almost two decades later, while the global trend in HIV and AIDS infection and death have either stabilized or decreased in most countries, the Philippine remains as one of the very few nation with an increasing incidence of new HIV infections.

As of 2015, more than 42,000 people live with HIV or AIDS in the Philippines. Newly-reported cases rose up to 22 new cases per day. Throughout the years, the demography of people living with HIV or AIDS is getting younger and younger, and now there are more males than females. In fact, ninety-five percent (95%) of reported cases from 2010 to 2015 are males.

With these variances, along with the steep rise in the incidence of new HIV/AIDS infections, comes the need for new and streamlined policy changes as proposed in this Bill. Let us not delay the immediate action needed to save the future of our children against this debilitating sickness and the stigma that comes with it. Twenty years after our country’s initial call to action through R.A. 8504, now is the right time to institutionalize a multi-sectoral HIV and AIDS strategic plan and to re-strengthen the Philippine National AIDS Council and, in the end, halt the epidemic of HIV/AIDS in our country.

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

Sandra Y. Eriguel
SANDRA Y. ERIGUEL, M.D.
Second District, La Union

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SEVENTEENTH CONGRESS
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House Bill No. _____

Introduced by HON. SANDRA Y. ERIGUEL, M.D.

AN ACT

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

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

1 **SECTION 1. Short Title.** - This Act shall be known as the "Philippine HIV and AIDS Policy
2 Act".
3

4 **SEC. 2. Declaration of Policy.** - The Human Immunodeficiency Virus (HIV) and Acquired
5 Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging
6 social, political, and economic repercussions. Responding to the HIV and AIDS epidemic is
7 therefore imbued with public interest. Accordingly, the State shall:
8

9 (a) Establish policies and programs to prevent the spread of HIV and deliver treatment,
10 care, and support services to Filipinos living with HIV in accordance with evidence-
11 based strategies and approaches that follow the principles of human rights, gender-

1 responsiveness, and meaningful participation of communities affected by the
2 epidemic;

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

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

9 (d) Positively address and seek to eradicate conditions that aggravate the spread of HIV
10 infection, which include poverty, gender inequality, prostitution, marginalization,
11 drug abuse and ignorance.

12

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

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

23

24 **SEC. 3. *Definition of Terms.*** - As used in this Act:

25

- 26 (a) *Acquired Immune Deficiency Syndrome (AIDS)* refers to a health condition where
27 there is a deficiency of the immune system that stems from infection with the Human
28 Immunodeficiency Virus or HIV, making an individual susceptible to opportunistic
29 infections;
- 30 (b) *Antiretroviral (ARV)* refers to the treatment that stops or suppresses viral replication
31 or replications of a retrovirus like HIV thereby slowing down the progression of
32 infection;

- (c) *Civil Society Organizations (CSOs)* refer to groups of non-governmental and non-commercial individuals or legal entities that are engaged in non-coerced collective action around shared interests, purpose and values;
 - (d) *Community-based research* refers to research study undertaken in community settings and which involve community members in the design and implementation of research projects;
 - (e) *Compulsory HIV testing* refers to HIV testing imposed upon an individual characterized by lack of consent, use of force or intimidation, the use of testing as a prerequisite for employment or other purposes, and other circumstances when informed choice is absent;
 - (f) *Discrimination* refers to unfair or unjust treatment that distinguishes, excludes, restricts, or shows preferences based on any ground such as sex, gender, age, sexual orientation, gender identity, economic status, disability, ethnicity, and HIV status, whether actual or perceived, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons similarly situated, of all rights and freedoms;
 - (g) *Gender identity* refers to a person's internal and individual experience of gender that may or may not correspond with the sex assigned at birth, including the person's sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical and other means, and experience of gender, among them, dress, speech, and mannerism;
 - (h) *Harm reduction* refers to evidence-based policies, programs and approaches that aim to reduce transmission of HIV and its harmful consequences on health, social relations and economic conditions;
 - (i) *High-risk behavior* refers to a person's frequent involvement in certain activities that increase the risk of transmitting or acquiring HIV;
 - (j) *Human Immunodeficiency Virus (HIV)* refers to the virus, of the type called retrovirus, which infects cells of the human immune system—mainly CD4positiveT cells and macrophages-key components of the cellular immune system—and destroys or impairs the cells' function. Infection with HIV results in the progressive deterioration of the immune system, leading to immune deficiency;
 - (k) *HIV counseling* refers to the interpersonal, dynamic communication process between a client and a trained counselor, who is bound by a code of ethics and practice, to resolve personal, social, or psychological problems and difficulties, whose objective,

- in the context of an HIV diagnosis, is to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission) and counseling in the context of a negative HIV test result, focuses on exploring the client's motivation, options, and skills to stay HIV-negative;
- (l) *HIV and AIDS counselor* refers to any individual trained by an institution or organization accredited by the Department of Health (DOH) to provide counseling services on HIV and AIDS with emphasis on behavior modification;
- (m) *HIV and AIDS monitoring* refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread;
- (n) *HIV and AIDS prevention and control* refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV;
- (o) *HIV-Negative* refers to the absence of HIV or HIV antibodies upon HIV testing;
- (p) *HIV-Positive* refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested;
- (q) *HIV-related testing* refers to any laboratory testing or procedure done on an individual regardless of whether the person is HIV positive or negative;
- (r) *HIV testing* refers to any facility-based or mobile medical procedure that is conducted to determine the presence or absence of HIV in a person's body. HIV testing is confidential, voluntary in nature and must be accompanied by counseling prior to, and after the testing, and conducted only with the informed consent of the person;
- (s) *HIV testing facility* refers to any DOH accredited in-site or mobile testing center, hospital, clinic, laboratory and other facility that has the capacity to conduct voluntary HIV counseling and HIV testing;
- (t) *HIV transmission* refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles, and vertical transmission;
- (u) *Key affected populations at higher risk of HIV exposure or key populations* refer to those groups of persons, as determined by the Philippine National AIDS Council whose behavior make them more likely to be exposed to HIV or to transmit the virus;
- (v) *Laboratory* refers to area or place, including community-based settings, where research studies are being undertaken to further develop local evidence base for effective HIV programs;

- 1 (w) *Medical confidentiality* refers to the relationship of trust and confidence created or
2 existing between a patient or a person living with HIV and his attending physical,
3 consulting medical specialist, nurse, medical technologist and all other health workers
4 or personnel involved in any counseling, testing or professional care of the former. It
5 also applies to any person who, in any official capacity, has acquired or may have
6 acquired such confidential information;
- 7 (x) *Opportunistic infection* refers to illnesses caused by various organisms, many of
8 which do not cause disease in persons with healthy immune system;
- 9 (y) *Partner notification* refers to the process by which the ‘index client’, ‘source’ or
10 ‘patient’, who has a sexually transmitted infection (STI) including HIV, is given
11 support in order to notify and advise the partners that have been exposed to infection.
12 Support includes giving the index client a mechanism to encourage the client’s partner
13 to attend counseling, testing and other prevention and treatment services.
14 Confidentiality shall be observed in the entire process;
- 15 (z) *Person living with HIV* refers to any individual diagnosed to be infected with HIV;
- 16 (aa) *Pre-test counseling* refers to the process of providing an individual information on
17 the biomedical aspects of HIV/AIDS and emotional support to any psychological
18 implications of undergoing HIV testing and the test result itself before the individual
19 is subjected to the test;
- 20 (bb) *Post-test counseling* refers to the process of providing risk-reduction information and
21 emotional support to a person who submitted to HIV testing at the time the result is
22 released;
- 23 (cc) *Prophylactic* refers to any agent or device used to prevent the transmission of a
24 disease;
- 25 (dd) *Provider-initiated counseling and testing* refers to a health care provider initiating
26 HIV anti-body testing to a person practicing high-risk behavior or vulnerable to HIV
27 after conducting HIV pre-test counseling. A person may elect to decline or defer
28 testing such that consent is conditional;
- 29 (ee) *Routine HIV Testing* refers to HIV testing recommended at health care facilities as a
30 standard component of medical care. It is part of the normal standard of care offered
31 irrespective of whether or not the patient has signs and symptoms of underlying HIV
32 infection or has other reasons for presenting to the facility provided that a patient may
33 elect to decline or defer testing.

- 1 (ff) *Safer sex practices* refer to choices made and behaviors adopted by a person to reduce
2 or minimize the risk of HIV transmission. These include postponing sexual debut,
3 non-penetrative sex, correct and consistent use of male or female condoms, and
4 reducing the number of sexual partners;
- 5 (gg) *Sexually Transmitted Infections (STIs)* refer to infections that are spread through the
6 transfer of organisms from one person to another as a result of sexual contact;
- 7 (hh) *Sexual orientation* refers to a person's sexual and emotional attraction to, or intimate
8 and sexual relationship with, individuals of different, the same, or both sexes;
- 9 (ii) *Social protection* refers to a set of policies and programs designed to reduce poverty
10 and vulnerability by promoting efficient labor markets, diminishing people's exposure
11 to risks, and enhancing their capacity to protect themselves against hazards and
12 interruptions/loss of income;
- 13 (jj) *Stigma* refers to the dynamic devaluation and dehumanization of an individual in the
14 eyes of others which may be based on attributes that are arbitrarily defined by others
15 as discreditable or unworthy and which result in discrimination when acted upon;
- 16 (kk) *Treatment hubs* refer to private and public hospitals or medical establishments
17 accredited by the DOH to have the capacity and facility to provide anti-retroviral
18 treatment;
- 19 (ll) *Vertical transmission* refers to the process of transmission during pregnancy, birth, or
20 breastfeeding;
- 21 (mm) *Voluntary HIV testing* refers to HIV testing of an individual who, after having
22 undergone pre-test counseling, willingly submits to such test;
- 23 (nn) *Vulnerable communities* refer to communities and groups suffering from
24 vulnerabilities such as unequal opportunities, social exclusion, poverty,
25 unemployment, and other similar social, economic, cultural and political conditions,
26 making them more susceptible to HIV infection and to developing AIDS;
- 27 (oo) *Window period* refers to the period of time, usually lasting from two (2) weeks to six
28 (6) months during which an infected individual will test 'negative' upon HIV testing
29 but can actually transmit the infection;
- 30 (pp) *Work place* refers to the office, premise or work site where workers are habitually
31 employed and shall include the office or place where workers, with no fixed or
32 definite work site, regularly report for assignment in the course of their employment.

ARTICLE I - PHILIPPINE NATIONAL AIDS COUNCIL

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

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

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

- (a) Develop the National Multi-Sectoral HIV and AIDS Strategic Plan in collaboration with relevant government agencies and civil society organizations;
 - (b) Ensure the operationalization and implementation of the National Multi-Sectoral HIV and AIDS Strategic Plan;
 - (c) Coordinate with government agencies and other entities mandated to implement the provisions of this Act;
 - (d) Develop and ensure the implementation of the guidelines and policies provided in this Act, including other policies that may be necessary to implement the National Multi-Sectoral HIV and AIDS Strategic Plan;
 - (e) Monitor the progress of the epidemic;
 - (f) Monitor the implementation of the National Multi-Sectoral HIV and AIDS Plan, undertake mid-term assessments and evaluate its impact;
 - (g) Mobilize sources of fund for the National Multi-Sectoral HIV and AIDS Plan;
 - (h) Coordinate, organize, and work in partnership with foreign and international organizations regarding funding, data collection, research, and prevention and treatment modalities on HIV and AIDS and ensure foreign funded programs are aligned to the national response;
 - (i) Advocate for policy reforms to Congress and other government agencies to strengthen the country's response to the epidemic; and
 - (j) Submit an annual report to the Office of the President, Congress, and members of the Council.

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

6

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

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

15

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

- 17 (1) Department of Health;
18 (2) Department of Education;
19 (3) Department of Labor and Employment ;
20 (4) Department of Social Welfare and Development;
21 (5) Department of the Interior and Local Government;
22 (6) Department of Justice;
23 (7) Department of Budget and Management;
24 (8) Department of Foreign Affairs
25 (9) Department of Tourism
26 (10) Philippine Information Agency
27 (11) National Economic and Development Authority
28 (12) Civil Service Commission
29 (13) Commission on Higher Education
30 (14) Technical Education and Skills Development Authority
31 (15) League of Provinces of the Philippines
32 (16) League of Cities
33 (17) League of Municipalities
34 (18) Two (2) representatives from non-governmental organizations who

- 1 have expertise in standard setting and service delivery;
- 2 (19) Seven (7) representatives from non-government organizations
- 3 working for the welfare of identified key populations; and
- 4 (20) A representative of an organization of Persons Living with HIV
- 5 (PLHIV).

6

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

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

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

20

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

26

27 The Secretariat shall perform the following functions:

- 28 (a) coordinate and manage the day-to-day affairs of the Council;
- 29 (b) assist in the formulation, monitoring, and evaluation of the National Multi-Sectoral
30 HIV and AIDS Strategic Plan and policies;
- 31 (c) provide technical assistance, support, and advisory services to the Council and its
32 external partners;
- 33 (d) assist the Council in identifying and building internal and external networks and
34 partnerships;

- 1 (e) coordinate and support the efforts of the Council and its members to mobilize
2 resources;
3 (f) serve as the clearing house and repository of HIV and AIDS-related information;
4 (g) disseminate updated, accurate, relevant, and comprehensive information about the
5 epidemic to Council members, policy makers, and the media;
6 (h) provide administrative support to the Council; and
7 (i) act as spokesperson and representative for and in behalf of the Council.

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

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

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

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

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

ARTICLE II - EDUCATION AND INFORMATION

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

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

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

SEC. 12. Education in Learning Institutions. - Using standardized information and data from the Council, the Department of Education (DepEd), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), shall integrate basic and age-appropriate instruction on the causes, modes of transmission and

1 ways of preventing the spread of HIV and AIDS and other sexually transmitted infections in
2 their respective curricula taught in public and private learning institutions, including
3 alternative and indigenous learning systems. The learning modules shall include human rights
4 based principles and information on treatment, care and support to promote stigma reduction.

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

10

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

13

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

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

23

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

31

32 **SEC.16. Information for Tourists and Transients.** - Educational materials on the cause,
33 modes of transmission, prevention, and consequences of HIV infection and list of HIV
34 counseling testing facilities shall be adequately provided at all international and local ports of

1 entry and exit. The Department of Tourism (DOT), the Department of Foreign Affairs (DFA),
2 Department of Transportation and Communication (DOTC) and the Bureau of Immigration,
3 in coordination with the Council and stakeholders in the tourism industry, shall lead the
4 implementation of this Section.

5

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

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

13 The Department of Interior and Local Government (DILG), in oordination with the
14 DSWD, shall also conduct age- appropriate HIV and AIDS education for out-of-school
15 youths.

16

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

25

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

32 Persons living with HIV in prisons and closed-setting shall be provided HIV
33 treatment, which includes ARV drugs, care and support in accordance with the national
34 guidelines. Efforts should be undertaken to ensure the continuity of care at all stages, from

1 admission or imprisonment to release. The provision on informed consent and confidentiality
2 shall also apply in closed-settings.

3

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

9

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

16

17

18 **ARTICLE III – PREVENTIVE MEASURES, SAFE PRACTICES AND
19 PROCEDURES**

20

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

26

- 27 (a) Creation of rights-based and community-led behavior modification programs that
28 seek to encourage HIV risk reduction behavior among persons living with HIV;
- 29 (b) Establishment and enforcement of rights-based mechanisms to strongly encourage
30 newly tested HIV-positive individuals to conduct partner notification and to promote
31 HIV status disclosure to sexual partners;
- 32 (c) Establishment of standard precautionary measures in public and private health
33 facilities;
- 34 (d) Accessibility of anti-retroviral treatment, management of opportunistic infections; and

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

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

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

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

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

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

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

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

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

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

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

ARTICLE IV - TESTING, SCREENING AND COUNSELING

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

HIV testing and counseling shall be made available to a child who is fifteen (15) years old but below eighteen (18) years of age, who requests to undergo these procedures and counseling and other related services under any of the following conditions:

- (a) The child, expresses the intention to submit to HIV testing and counseling and other related services;
 - (b) Reasonable efforts were undertaken to locate, provide counseling to, and obtain consent of parents, but the parents are absent or cannot be located, or otherwise refuse to give their consent. In this case, consent shall be obtained from the child's legal guardian or whenever applicable, from licensed social worker, licensed health service providers or a DOH accredited health service provider assigned to provide health services to a child. The licensed social worker, health care provider or other health care professional shall determine if the child is "at higher risk of HIV exposure" as defined in this Act, and that the conduct of the testing and counseling is in the child's best interest and welfare.

1
2 **SEC. 26.** *Standard Precaution on Surgical and Other Similar Procedures.* - The DOH shall,
3 in consultation with concerned professional organizations and hospital associations, issue
4 guidelines on precautions against HIV transmission during surgical, dental, embalming, body
5 painting or tattooing that require the use of needles, or similar procedures. The necessary
6 protective equipment such as gloves, goggles and gowns shall be prescribed and required,
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23 related services;
 - 24 (b) Reasonable efforts were undertaken to locate, provide counseling to, and obtain
25 consent of parents, but the parents are absent or cannot be located, or otherwise refuse
26 to give their consent. In this case, consent shall be obtained from the child's legal
27 guardian or whenever applicable, from licensed social worker, licensed health service
28 providers or a DOH accredited health service provider assigned to provide health
29 services to a child. The licensed social worker, health care provider or other health
30 care professional shall determine if the child is "at higher risk of HIV exposure" as
31 defined in this Act, and that the conduct of the testing and counseling is in the child's
32 best interest and welfare.

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

4

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

- 7
- 8 (a) When it is necessary to test a person who is charged with any of the offenses
9 punishable under Article 264, 266, 335 and 338 of the '*Revised Penal Code*,' as
10 amended by Republic Act No. 8353 otherwise known as the '*Anti-Rape Law of 1997*';
11 (b) When it is necessary to resolve relevant issues under Executive Order No. 209,
12 otherwise known as '*Family Code of the Philippines*';
13 (c) As a prerequisite in the donation of blood in compliance with the provisions of
14 Republic Act No. 7170, otherwise known as the '*Organ Donation Act*' and Republic
15 Act No. 7719, otherwise known as the '*National Blood Services Act*.'

16

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

- 20
- 21 (a) accredit public and private HIV testing facilities based on capacity to deliver testing
22 services including HIV counseling: *Provided*, That, only DOH-accredited HIV testing
23 facilities shall be allowed to conduct HIV testing;
24 (b) develop the guidelines for HIV testing and counseling, including mobile HIV testing
25 and counseling and routine provider-initiated HIV counseling and testing that shall
26 ensure, among others, that HIV testing is based on informed consent, is voluntary and
27 confidential, and is available at all times and provided by qualified persons and DOH-
28 accredited providers;
29 (c) accredit institutions or organizations that train HIV and AIDS counselors in
30 coordination with DSWD; and
31 (d) set the standards for HIV counseling and work closely with HIV and AIDS civil
32 society organizations that train HIV and AIDS counselors and peer educators in
33 coordination and participation of nongovernment organizations (NGOs), government

1 organizations (GOs) and Civil Society Organization-People Living with HIV (CSO-
2 PLHIV).

3

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

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

11

12 ARTICLE V - HEALTH AND SUPPORT SERVICES

13

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

21

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

27

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

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

7

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

10

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

16

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

21

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

29

30 **SEC. 37. Health Insurance.** - The Philippine Health Insurance Corporation (PhilHealth) shall
31 develop an insurance package for persons living with HIV that shall include coverage for in-
32 patient and out-patient medical and diagnostic services, including medication and treatment,
33 and a set of benefits to the unborn and newborn child infected by their mothers. Additionally,
34 it shall set a reference price for HIV services in government hospitals and conduct programs

1 to educate the human resource units of companies on the PhilHealth package on HIV and
2 AIDS.

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

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

10

11 **SEC. 38. *HIV and AIDS Monitoring and Evaluation.*** - The DOH shall maintain a
12 comprehensive HIV and AIDS monitoring and evaluation program that shall serve the
13 following purposes:

14 (a) Determine and monitor the magnitude and progression of HIV and AIDS in the
15 Philippines to help the national government evaluate the adequacy and efficacy of
16 HIV prevention and treatment programs being employed;

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

22 (c) Submit, through its Secretariat, an annual report to the Council containing the findings
23 of its monitoring and evaluation activities in compliance with this mandate.

24

25 **ARTICLE VI - CONFIDENTIALITY**

26

27 **SEC. 39. Confidentiality.** — The confidentiality and privacy of any individual who has been
28 tested for HIV, exposed to HIV, has HIV infection or HIV and AIDS-related illnesses, or was
29 treated for HIV-related illnesses shall be guaranteed. The following acts violate
30 confidentiality and privacy:

31

32 (a) *Disclosure of confidential HIV and AIDS information.* - Unless otherwise provided in
33 Section 40 of this Act, it shall be unlawful to disclose, without written consent,

information that a person had HIV-related test and AIDS, has HIV infection, HIV-related illnesses or has been exposed to HIV.

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

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

SEC. 40. Exceptions. - Confidential HIV and AIDS information may be released by HIV testing facilities without written consent in the following instances:

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

SEC. 41. Release of HIV-Related Test Results. - The result of any test related to HIV shall be released by the attending physician, who provides pre- and post-test counseling only to the

1 individual who submitted to the test. If the patient is below fifteen (15) years old, an orphan,
2 or is mentally incapacitated, the result may be released to either of the patient's parents, legal
3 guardian, or a duly assigned licensed social worker, whichever is applicable.

4

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

13

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

- 21
- 22 (a) promulgate rules and regulations prescribing the procedure for the investigation of
23 discrimination cases and the administrative sanctions thereof; and
- 24 (b) create a permanent committee on the investigation of discrimination cases. The
25 committee shall conduct meetings to increase the members' knowledge and
26 understanding of HIV and AIDS, and to prevent incidents of discrimination. It shall
27 also conduct the administrative investigation of alleged cases of discrimination.

28

29 ARTICLE VII - DISCRIMINATORY ACTS AND PRACTICES

30

31 **SEC. 44.** The following are discriminatory acts and practices and shall be prohibited:

- 32
- 33 (a) *Discrimination in the Workplace.*- The rejection of job application, termination of
34 employment, or other discriminatory policies in hiring, provision of employment and

- other related benefits, promotion or assignment of an individual solely or partially on the basis of actual, perceived, or suspected HIV status;
- (b) *Discrimination in Learning Institutions.* - Refusal of admission, expulsion, segregation, imposition of harsher disciplinary actions, or denial of benefits or services, of a student or a prospective student solely or partially on the basis of actual, perceived or suspected HIV status;
- (c) *Restriction on Travel and Habitation.* - Restrictions on travel within the Philippines, refusal of lawful entry to Philippine territory, deportation from the Philippines, or the quarantine or enforced isolation of travelers solely or partially on account of actual, perceived or suspected HIV status is discriminatory; the same standard of protection shall be afforded to migrants, visitors and residents who are not Filipino citizens.
- (d) *Restrictions on Housing or Lodging* – Restrictions on housing or lodging solely or partially on the basis of actual, perceived or suspected HIV status;
- (e) *Inhibition from Public Services.* - Prohibition on the right to seek an elective or appointive public office solely or partially on the basis of actual, perceived or suspected HIV status;
- (f) *Exclusion from Credit and Insurance Services.* - Exclusion from health, accident, or life insurance, credit and loan services, including the extension of such loan or insurance facilities, of an individual solely or partially on the basis of actual, perceived, or suspected HIV status: *Provided*, That the person living with HIV has not misrepresented the fact to the insurance company or loan or credit service provider upon application.
- (g) *Discrimination in Hospitals and Health Institutions.* - Denial of health services, or be charged with a higher fee, on the basis of actual, perceived or suspected HIV status; and
- (h) *Denial of Burial Services.* - Denial of embalming and burial services for a deceased person who had HIV and AIDS or who was known, suspected or perceived to be HIV positive.

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

- (a) Any person who commits the prohibited act under Section 21 of this Act shall upon conviction, suffer the penalty of imprisonment of two (2) months to two (2) years,

- without prejudice to the imposition of fines and administrative sanctions, such as suspension or revocation of professional or business license;
- (b) Any person who violates the last paragraph of Section 23 of this Act shall, upon conviction, suffer the penalty of imprisonment of one (1) year to five (5) years and a fine of not less than one hundred thousand pesos (P 100,000.00) but not more than five hundred thousand pesos (P 500,000.00). *Provided*, That the law enforcement agents found guilty shall be removed from public service;
- (c) Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of profession through unsafe and unsanitary practice and procedure shall, upon conviction, suffer the penalty of imprisonment of six (6) years to twelve (12) years, without prejudice to the imposition of fines and administrative sanctions, such as suspension or revocation of professional license.
- The permit or license of the business entity and the accreditation of the HIV testing centers may be cancelled or withdrawn if these establishments fail to maintain safe practices and procedures as may be required by the guidelines formulated in compliance with Sections 25 and 26 of this Act;
- (d) Any person who violates Section 36 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and a fine of not less than one hundred thousand pesos (P 100,000.00) but not more than five hundred thousand pesos (P 500,000.00): *Provided*, That if the person who violates this provision is a law enforcement agent or a public official, administrative sanctions may be imposed in addition to imprisonment and/or fine, at the discretion of the court;
- (e) Any person, natural or juridical, who denies life insurance coverage of any person living with HIV in violation of Section 37 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years and /or a fine of not less than fifty thousand pesos (P 50,000.00), at the discretion of the court, and without prejudice to the imposition of administrative sanctions such as fines, suspension or revocation of business permit, business license or accreditation, and professional license;
- (f) Any person, natural or juridical, who violates the provisions in subparagraphs (a) and (b) of Section 39 of this Act shall, upon conviction, suffer the penalty of imprisonment of six (6) months to five (5) years, and/or a fine of not less than fifty thousand pesos (P 50,000.00) but not more than five hundred thousand (P 500,000.00), or both imprisonment and fine, at the discretion of the court, and without

1 prejudice to the imposition of administrative sanctions such as suspension or
2 revocation of business permit, business license or accreditation, and professional
3 license;

4 (g) Any person, natural or juridical, who shall violate any of the provisions in Section 44
5 shall , upon conviction, suffer the penalty of imprisonment of six (6) months to five
6 (5) years and /or a fine of not less than fifty thousand pesos (P 50,000.00) but not
7 more than five hundred thousand (P 500,000.00), at the discretion of the court, and
8 without prejudice to the imposition of administrative sanctions such as fines,
9 suspension or revocation of business permit, business license or accreditation, and
10 professional license; and

11 (h) Any person who has obtained knowledge of confidential HIV and AIDS information
12 and uses such information to malign or cause damage, injury or loss to another person
13 shall face liability under Articles 19, 20, 21 and 26 of the new Civil Code of the
14 Philippines.

15

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

18

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

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

26

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

30

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

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

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

11

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

15

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

18

19 *Approved,*

20