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HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH  
Quezon City

**SEVENTEENTH CONGRESS**  
First Regular Session

**HOUSE BILL NO. 6617**

(In substitution of House Bills Numbered 53, 253, 538, 581, 663, 1106, 1804, 1973, 2023, 2511, 2674, 3146, 3161, 3536, 3978, 4276, and 5145)

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**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 “Philippine HIV and AIDS  
2 Policy Act”.

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

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

9

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

14

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

18 Accordingly, the State shall:

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

24 b. adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring  
25 that the whole of government, civil society organizations, and persons living  
26 with HIV are at the center of the process;

27 c. ensure access to HIV and AIDS-related services by eliminating the climate of  
28 stigma and discrimination that surrounds the epidemic and the people directly  
29 and indirectly affected by it;

30

31 d. positively address and seek to eradicate conditions that aggravate the spread  
32 of HIV infection.

33 **SEC. 3. Definition of Terms.** – As used in this Act:

34 a. *Acquired Immune Deficiency Syndrome (AIDS)* refers to a health condition  
35 where there is a deficiency of the immune system that stems from infection  
36 with HIV, making an individual susceptible to opportunistic infections.

37 b. *Anonymous Testing* refers to an HIV testing procedure whereby the individual  
38 being tested does not reveal one’s true identity. An identifying number or  
39 symbol is used to substitute for the name and allows the laboratory

- 1 conducting the test and the person on whom the test is conducted to match  
2 the test results with the identifying number or symbol.
- 3 c. *Antiretroviral (ARV)* refers to the treatment that stops or suppresses viral  
4 replication or replications of a retrovirus like HIV, thereby slowing down the  
5 progression of infection.
- 6 d. *Bullying* refers to any severe or repeated use by one or more persons of a  
7 written, verbal or electronic expression, or a physical act or gesture, or any  
8 combination thereof, directed at another person that has the effect of actually  
9 causing or placing the latter in reasonable fear of physical or emotional harm  
10 or damage to one's property; creating a hostile environment for the other  
11 person; infringing on the rights of another person; or materially and  
12 substantially disrupting the processes or orderly operation of an institution or  
13 organization.
- 14 e. *Civil Society Organizations (CSOs)* refer to groups of nongovernmental and  
15 non-commercial individuals or legal entities that are engaged in no coerced  
16 collective action around shared interests, purposes and values.
- 17 f. *Community-based Research* refers to research study undertaken in community  
18 settings and which involve community members in the design and  
19 implementation of research projects.
- 20 g. *Comprehensive Health Intervention for Key Populations* refers to evidence-  
21 based policies, programs and approaches that aim to reduce transmission of  
22 HIV and its harmful consequences on health, social relations and economic  
23 conditions.
- 24 h. *Compulsory HIV Testing* refers to HIV testing imposed upon an individual  
25 characterized by lack of consent, use of force or intimidation, the use of  
26 testing as a prerequisite for employment or other purposes, and other  
27 circumstances when informed choice is absent.
- 28 i. *Discrimination* refers to unfair or unjust treatment that distinguishes, excludes,  
29 restricts, or shows preferences based on any ground such as sex, gender,  
30 age, sexual orientation, gender identity, economic status, disability, ethnicity,  
31 and HIV status, whether actual or perceived, and which has the purpose or  
32 effect of nullifying or impairing the recognition, enjoyment or exercise by all  
33 persons similarly situated, of all rights and freedoms.
- 34 j. *Evolving Capacities of the Child* refer to the concept enshrined in Article 5 of  
35 the Convention on the Rights of the Child recognizing the developmental  
36 changes and the corresponding progress in cognitive abilities and capacity for  
37 self-determination undergone by children as they grow up, thus requiring  
38 parents and others charged with the responsibility for the child to provide  
39 varying degrees of protection and to allow their participation in opportunities  
40 for autonomous decision-making in different contexts and across different  
41 areas of decision-making.

- 1 k. *Faith-Based Organization* refers to a group of individuals united on the basis of  
2 religious or spiritual beliefs.
- 3 l. *Gender Identity* refers to a person's internal and individual experience of gender  
4 that may or may not correspond with the sex assigned at birth, including the  
5 person's sense of the body, which may involve, if freely chosen, modification  
6 of bodily appearance or function by medical, surgical and other means, and  
7 experience of gender, among them, dress, speech, and mannerism.
- 8 m. *High-risk Behaviour* refers to a person's involvement in certain activities that  
9 increase the risk of transmitting or acquiring HIV.
- 10 n. *Human Immunodeficiency Virus (HIV)* refers to the virus, of the type called  
11 retrovirus, which infects cells of the human immune system –mainly  
12 CD4positiveT cells and macrophages-key components of the cellular immune  
13 system – and destroys or impairs the cells' function. Infection with HIV results  
14 in the progressive deterioration of the immune system, leading to immune  
15 deficiency.
- 16 o. *HIV counselling* refers to the interpersonal, dynamic communication process  
17 between a client and a trained counsellor, who is bound by a code of ethics  
18 and practice, to resolve personal, social, or psychological problems and  
19 difficulties, whose objective, in the context of an HIV diagnosis, is to  
20 encourage the client to explore important personal issues, identify ways of  
21 coping with anxiety and stress, and plan for the future (keeping healthy,  
22 adhering to treatment, and preventing transmission) and counselling in the  
23 context of a negative HIV test result that focuses on exploring the client's  
24 motivation, options, and skills to stay HIV-negative.
- 25 p. *HIV and AIDS Counsellor* refers to any individual trained by an institution or  
26 organization accredited by the DOH to provide counseling services on HIV  
27 and AIDS with emphasis on behaviour modification.
- 28 q. *HIV and AIDS Monitoring* refers to the documentation and analysis of the  
29 number of HIV/AIDS infections and the pattern of its spread.
- 30 r. *HIV and AIDS Prevention and Control* refers to measures aimed at protecting  
31 non-infected persons from contracting HIV and minimizing the impact of the  
32 condition on persons living with HIV.
- 33 s. *HIV-negative* refers to the absence of HIV or HIV antibodies upon HIV testing.
- 34 t. *HIV-positive* refers to the presence of HIV infection as documented by the  
35 presence of HIV or HIV antibodies in the sample being tested.
- 36 u. *HIV-related Testing* refers to any laboratory testing or procedure done on an  
37 individual regardless of whether the person is HIV positive or negative.
- 38 v. *HIV Testing* refers to any facility-based or mobile medical procedure that is  
39 conducted to determine the presence or absence of HIV in a person's body.  
40 HIV testing is confidential, voluntary in nature and must be accompanied by

- 1 counseling prior to, and after the testing, and conducted only with the  
2 informed consent of the person.
- 3 w. *HIV Testing Facility* refers to any DOH-accredited in-site or mobile testing  
4 center, hospital, clinic, laboratory and other facility that has the capacity to  
5 conduct voluntary HIV counseling and HIV testing.
- 6 x. *HIV Transmission* refers to the transfer of HIV from one infected person to an  
7 uninfected individual, through unprotected sexual intercourse, blood  
8 transfusion, sharing of contaminated intravenous needles, or which may occur  
9 during pregnancy, delivery, and breastfeeding.
- 10 y. *Informed Consent* refers to the voluntary agreement of a person to undergo or  
11 be subjected to a procedure based on full information, whether such  
12 permission is written or conveyed verbally.
- 13 z. *Key Affected Populations* refer to those groups of persons at higher risk of HIV  
14 exposure, or affected populations whose behaviour make them more likely to  
15 be exposed to HIV or to transmit the virus, as determined by the DOH.
- 16 aa. *Laboratory* refers to an area or place, including community-based settings,  
17 where research studies are being undertaken to further develop local  
18 evidence base for effective HIV programs.
- 19 bb. *Mature Minor Doctrine* refers to the legal principle that recognizes the  
20 capacity of some minors to consent independently to medical procedures, if  
21 they have been assessed by qualified health professionals to understand the  
22 nature of procedures and their consequences to make a decision on their  
23 own.
- 24 cc. *Medical Confidentiality* refers to the relationship of trust and confidence  
25 created or existing between a patient or a person living with HIV and the  
26 attending physician, consulting medical specialist, nurse, medical technologist  
27 and all other health workers or personnel involved in any counseling, testing  
28 or professional care of the former. It also applies to any person who, in any  
29 official capacity, has acquired or may have acquired such confidential  
30 information.
- 31 dd. *Opportunistic Infection* refers to illnesses caused by various organisms, many  
32 of which do not cause disease in persons with healthy immune system.
- 33 ee. *Partner Notification* refers to the process by which the “index client”, “source”  
34 or “patient”, who has a sexually transmitted infection (STI) including HIV, is  
35 given support in order to notify and advise the partners that have been  
36 exposed to infection. Support includes giving the index client a mechanism to  
37 encourage the client’s partner to attend counseling, testing and other  
38 prevention and treatment services. Confidentiality shall be observed in the  
39 entire process.
- 40 ff. *Person living with HIV (PLHIV)* refers to any individual diagnosed to be  
41 infected with HIV.

- 1 gg. *Pre-test Counselling* refers to the process of providing an individual  
2 information on the biomedical aspects of HIV/AIDS and emotional support to  
3 any psychological implications of undergoing HIV testing and the test result  
4 itself before the individual is subjected to the test.
- 5 hh. *Post-test Counselling* refers to the process of providing risk-reduction  
6 information and emotional support to a person who submitted to HIV testing at  
7 the time the result is released.
- 8 ii. *Prophylactic* refers to any agent or device used to prevent the transmission of a  
9 disease.
- 10 jj. *Provider-initiated Counselling and Testing* refers to a health care provider  
11 initiating HIV anti-body testing to a person practicing high-risk behavior or  
12 vulnerable to HIV after conducting HIV pre-test counselling; a person may  
13 elect to decline or defer testing such that consent is conditional.
- 14 kk. *Redress* refers to an act of compensation for unfairness, grievance, and  
15 reparation.
- 16 ll. *Routine HIV Testing* refers to HIV testing recommended at health care facilities  
17 as a standard component of medical care. It is part of the normal standard of  
18 care offered irrespective of whether or not the patient has signs and  
19 symptoms of underlying HIV infection or has other reasons for presenting to  
20 the facility; a patient may elect to decline or defer testing.
- 21 mm. *Safer Sex Practices* refer to choices made and behaviors adopted by a  
22 person to reduce or minimize the risk of HIV transmission. These include  
23 postponing sexual debut, non-penetrative sex, correct and consistent use of  
24 male or female condoms, and reducing the number of sexual partners.
- 25 nn. *Sexually Transmitted Infections (STIs)* refer to infections that are spread  
26 through the transfer of organisms from one person to another as a result of  
27 sexual contact.
- 28 oo. *Sexual Orientation* refers to a person's sexual and emotional attraction to or  
29 intimate and sexual relationship with individuals of different, the same, or both  
30 sexes.
- 31 pp. *Social Protection* refers to a set of policies and programs designed to reduce  
32 poverty and vulnerability by promoting efficient labor markets, diminishing  
33 people's exposure to risks, and enhancing their capacity to protect  
34 themselves against hazards and interruptions on, or loss, of income.
- 35 qq. *Stigma* refers to the dynamic devaluation and dehumanization of an individual  
36 in the eyes of others which may be based on attributes that are arbitrarily  
37 defined by others as discreditable or unworthy and which result in  
38 discrimination when acted upon.

39

1 rr. *Treatment hubs* refer to private and public hospitals or medical establishments  
2 accredited by the DOH to have the capacity and facility to provide anti-  
3 retroviral treatment.

4 ss. *Vertical Transmission* refers to the process of transmission during pregnancy,  
5 birth, or breastfeeding.

6 tt. *Voluntary HIV Testing* refers to HIV testing of an individual who, after having  
7 undergone pre-test counseling, willingly submits to such test.

8 uu. *Vulnerable Communities* refer to communities and groups suffering from  
9 vulnerabilities such as unequal opportunities, social exclusion, poverty,  
10 unemployment, and other similar social, economic, cultural and political  
11 conditions, making them more susceptible to HIV infection and to developing  
12 AIDS.

13 vv. *Window Period* refers to the period of time, usually lasting from two (2) weeks  
14 to six (6) months during which an infected individual will test “negative” upon  
15 HIV testing but can actually transmit the infection.

16 ww. *Work Place* refers to the office, premise, or work site where workers are  
17 habitually employed and shall include the office or place where workers, with  
18 no fixed or definite work site, regularly report for assignment in the course of  
19 their employment.

## 20 ARTICLE I

### 21 PHILIPPINE NATIONAL AIDS COUNCIL

22 **SEC. 4.** *Philippine National AIDS Council (PNAC).* – The PNAC, established under  
23 Section 43 of R.A. 8504 otherwise known as the “Philippine AIDS Prevention and  
24 Control Act of 1998”, shall be reconstituted and streamlined to ensure the  
25 implementation of the country's response to the HIV and AIDS epidemic.

26 The PNAC shall be an independent agency attached to the DOH. It shall have its  
27 own secretariat and staffing pattern that shall be headed by an executive director.

28 **SEC. 5.** *Functions.* – The PNAC shall perform the following:

29 a. Develop the National HIV and AIDS Plan or the AIDS Medium Term Plan  
30 (AMTP) in collaboration with relevant government agencies, CSOs, PLHIV  
31 community and other stakeholders;

32 b. Ensure the operationalization and implementation of the AMTP;

33 c. Issue guidelines and policies that are stipulated in this Act, including other  
34 policies that may be necessary to implement the AMTP

35 d. Strengthen the collaboration between government agencies and CSOs’  
36 involved in the implementation of the national HIV and AIDS program,  
37 including the delivery of HIV and AIDS related services;

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

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

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

- 19 a. Government agencies or CSOs with direct contribution to the performance of  
20 the core functions of the Council (oversight, direction setting and policy  
21 making);
- 22 b. Government agencies or CSOs with existing programs, services and activities  
23 that directly contribute to the achievement of the National Multi-Sectoral HIV  
24 and AIDS Plan; and
- 25 c. Government agencies or CSOs with existing constituencies that are targeted  
26 by the National Multi-Sectoral HIV and AIDS Plan's objectives and activities.

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

- 28 1. Secretary of the DOH;
- 29 2. Secretary of the Department of Education (DepEd), or a representative;
- 30 3. Chairperson of the Commission on Higher Education (CHED) or a  
31 representative;
- 32 4. Director-General/Secretary of the Technical Education and Skills  
33 Development Authority (TESDA) or a representative;
- 34 5. Secretary of the Department of Labor and Employment (DOLE) or a  
35 representative;
- 36 6. Secretary of the Department of Social Welfare and Development (DSWD)  
37 or a representative;
- 38 7. Secretary of the Department of the Interior and Local Government (DILG)  
39 or a representative;
- 40 8. Secretary of the Department of Justice (DOJ) or a representative;
- 41 9. Director-General of the National Economic and Development Authority  
42 (NEDA) or a representative;



- 1 10. Secretary of the Department of Tourism (DOT) or a representative;
- 2 11. Secretary of the Department of Budget and Management (DBM) or a
- 3 representative;
- 4 12. Secretary of the Department of Foreign Affairs (DFA) or a representative;
- 5 13. Secretary of the Department of Finance (DOF) or a representative;
- 6 14. Chairperson of the Civil Service Commission (CS) or a representative;
- 7 15. Chairperson of the National Youth Commission (NYC) or a representative;
- 8 16. Head of the Philippine Information Agency (PIA) or a representative;
- 9 17. President of the League of Provinces of the Philippines or a
- 10 representative;
- 11 18. President of the League of Cities of the Philippines or a representative;
- 12 19. Two (2) representatives from organizations of persons living with HIV and
- 13 AIDS.
- 14 20. One (1) representative of organization with expertise on Standard Setting
- 15 21. One (1) representative of organization with expertise on Service Delivery
- 16 22. Six (6) representatives from non-government organizations involved in
- 17 HIV/AIDS prevention and control efforts or activities as identified in the
- 18 current AIDS Medium Term Plan (AMTP).

19 Except for the ex-officio members, the other members of the PNAC shall be  
20 appointed by the President of the Philippines.

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

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

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

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

35 The Secretariat shall perform the following functions:

- 36 a. Coordinate and manage the day-to-day affairs of the PNAC;
- 37 b. Assist in the formulation, monitoring, and evaluation of the National Multi-
- 38 Sectoral HIV and AIDS Strategic Plan or the AIDS Medium Term Plan
- 39 (AMTP);
- 40 c. Provide technical assistance, support, and advisory services to the PNAC and
- 41 its external partners;

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

11 **SEC. 8. *National Multi-Sectoral HIV and AIDS Strategic Plan.*** – A six (6)-year  
12 National Multi-Sectoral HIV and AIDS Strategic Plan or an AIDS Medium-Term Plan  
13 (AMTP) shall be formulated and periodically updated by the PNAC. The AMTP shall  
14 include the following:

- 15 a. The country’s targets and strategies in addressing the epidemic;
- 16 b. The prevention, treatment, care and support, and other components of the  
17 country’s response;
- 18 c. The six (6)-year operationalization of the program and identification of the  
19 government agencies that shall implement the program, including the  
20 designated office within each agency responsible for overseeing,  
21 coordinating, facilitating and/or monitoring the implementation of its AIDS  
22 program from the national to the local levels; and
- 23 d. The budgetary requirements and a corollary investment plan that shall identify  
24 the sources of funds for its implementation.

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

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

36 Towards this end, the members of the PNAC, in cooperation with CSOs and in  
37 collaboration with the DOJ and the Commission on Human Rights (CHR), shall  
38 ensure the delivery of non-discriminatory HIV and AIDS services by government and  
39 private HIV and AIDS service providers. Further, the DOH and the CHR, in

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

## 4 ARTICLE II

### 5 EDUCATION AND INFORMATION

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

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

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

- 18 a. Safer sex practices among the general population, especially among key  
19 populations;
- 20 b. Safer sex practices that reduce risk of HIV infection;
- 21 c. Universal access to evidence-based and relevant information and education,  
22 and medically safe, legally affordable, effective and quality treatment;
- 23 d. Sexual abstinence and sexual fidelity; and
- 24 e. Consistent and correct condom use.

25 **SEC. 12. *Education in Learning Institutions.*** – Using standardized information and  
26 epidemiological data from the DOH, DepEd, CHED, and TESDA, shall integrate  
27 basic and age-appropriate instruction on the causes, modes of transmission, impacts  
28 of HIV infection, and ways of preventing the spread of HIV and AIDS and other  
29 sexually transmitted infections, human rights-based principles, and information on  
30 treatment, care, and support to promote stigma reduction in relevant subjects taught  
31 in public and private learning institutions, including alternative and indigenous  
32 learning systems.

33 Information, Education, and Communication (IEC) and other materials shall be  
34 developed by DepEd, TESDA, and CHED in coordination with the PNAC, DOH, PIA,  
35 and other stakeholders in the education sector. DepEd, CHED, and TESDA  
36 personnel, teachers, and instructors shall be capacitated on HIV and AIDS  
37 prevention and referral mechanisms.

38 **SEC. 13. *Education in the Workplace.*** – All public and private employers, and  
39 employees, including members of the Armed Forces of the Philippines (AFP) and the

1 Philippine National Police (PNP), shall be regularly provided with standardized basic  
2 information and instruction on HIV and AIDS, including topics on confidentiality in the  
3 workplace and reduction or elimination of stigma and discrimination.

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

6 The DOLE for the private sector, the CSC for the public sector and the AFP and PNP  
7 for the uniformed service shall implement this provision.

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

13 The DOLE, DFA, DOT, and DOJ, through the Bureau of Immigration (BI), as the  
14 case may be, in collaboration with the DOH, shall oversee the implementation of this  
15 Section.

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

20 The DOT, DFA, and the DOJ through the BI, in collaboration with the DOH, shall  
21 oversee the implementation of this Section.

22 **SEC. 16. *Education in Communities.*** – Local Government Units (LGUs), through  
23 their respective Local HIV and AIDS Council (LAC) or Local Health Boards (LHB)  
24 shall implement a locally-based, multi-sector response to HIV and AIDS through  
25 various channels. Gender and Development (GAD) funds and other sources may be  
26 utilized for these purposes.

27 The PNAC, DOH, and DILG, in coordination with the DSWD, League of Provinces of  
28 the Philippines, League of Cities of the Philippines and League of Municipalities of  
29 the Philippines, shall develop and disseminate to all provinces, cities and  
30 municipalities evidence-based, gender-responsive, age-appropriate, culturally-  
31 sensitive and human rights-oriented programs and tools to prevent new infections,  
32 halt the spread of HIV and respond to the epidemic in the local communities in a  
33 timely, effective and efficient manner.

34 **SEC. 17. *Education for Key Populations and Vulnerable Communities.*** – To ensure  
35 that HIV services reach key populations at higher risk, the PNAC, in collaboration  
36 with the LGUs and CSOs engaged in HIV and AIDS programs and projects, shall  
37 support and provide funding for HIV and AIDS education programs, such as peer  
38 education, support groups, outreach activities and community-based research that  
39 target these populations and other vulnerable communities. The PNAC shall likewise  
40 craft the guidelines for peer education and outreach activities which may be  
41 undertaken in various settings including laboratory-based activities.

1 **SEC. 18. *Prevention in Prisons and in Other Closed Settings.*** – All prisons,  
2 rehabilitation centers and other closed-setting institutions shall have comprehensive  
3 STI, HIV and AIDS prevention and control program that includes HIV education and  
4 information, HIV counseling and testing, and access to HIV treatment and care  
5 services. The DOH shall, in coordination with the DILG, DOJ, DSWD, and the  
6 League of Provinces develop HIV and AIDS comprehensive program and policies  
7 which include the HIV counseling and testing procedures in prisons, rehabilitation  
8 centers, and other closed-setting institutions.

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

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

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

27 **SEC. 21. *HIV/AIDS Information as a Health Service.*** — HIV/AIDS education and  
28 information dissemination shall form part of the delivery of health services by health  
29 practitioners, workers and personnel. The knowledge and capabilities of all public  
30 health workers shall be enhanced to include skills for proper information  
31 dissemination and education on HIV/AIDS. It shall likewise be considered a civic  
32 duty of health providers in the private sector to make available to the public such  
33 information necessary to prevent and control the spread of HIV/AIDS and to correct  
34 common misconceptions about this disease. The training of health workers shall  
35 include discussions on HIV-related ethical issues such as confidentiality, anonymity,  
36 informed consent and the duty to provide treatment.

### 37 **ARTICLE III**

#### 38 **PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES**

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

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

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

15 **SEC. 23. *Comprehensive Health Intervention for Key Populations.*** – The DILG and  
16 the DOH, in close coordination with the Dangerous Drugs Board (DDB) and in  
17 partnership with the key populations shall establish a human rights and evidenced-  
18 based HIV prevention policy and program for people who use and inject drugs and  
19 other key populations. The presence of used and unused prophylactics, shall not be  
20 used as basis to conduct raids or similar police operations in sites and venues of HIV  
21 prevention interventions. The DILG and DOH, in coordination with LGUs and the  
22 DDB, shall establish a national policy to guarantee the implementation of this  
23 provision.

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

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

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

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

1 **SEC. 26.** *Guidelines on Medical Management, Surgical, and other Related*  
2 *Procedures.* – The DOH shall, in consultation with concerned professional  
3 organizations and hospital associations, issue guidelines on medical management of  
4 PLHIV and protocol on precautions against HIV transmission during surgical, dental,  
5 embalming, body painting or tattooing that require the use of needles or similar  
6 procedures. The necessary protective equipment such as gloves, goggles and  
7 gowns shall be prescribed and required, and made available to all physicians and  
8 health care providers, tattoo artists, and similarly exposed personnel at all times. The  
9 DOH shall likewise issue guidelines on the handling and disposal of cadavers, body  
10 fluids or wastes of persons known or believed to be HIV-positive.

## 11 **ARTICLE IV**

### 12 **TESTING, SCREENING AND COUNSELLING**

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

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

- 19 a. If the person is fifteen (15) to below eighteen (18) years of age, consent to  
20 voluntary HIV testing shall be obtained from the child;
- 21 b. If the person is below fifteen (15) years of age or is mentally incapacitated,  
22 consent to voluntary HIV testing shall be obtained from the child’s parents or  
23 legal guardian. In cases when the child’s parents or legal guardian cannot be  
24 found, despite reasonable efforts to locate the parents were undertaken, the  
25 consent shall be obtained from the licensed social worker. If the child’s  
26 parents or legal guardian refuse to give their consent, the consent shall  
27 likewise be obtained from the licensed social worker if the latter determines  
28 that the child is at higher risk of HIV exposure and the conduct of the  
29 voluntary HIV testing is in the best interest of the child; Provided, that when a  
30 person below fifteen (15) years of age and not suffering from any mental  
31 incapacity is assessed by a health professional, on the basis of various  
32 indicators of maturity, to be sufficiently mature to understand the meaning and  
33 consequences of the procedure and objectively consider treatment options,  
34 consent to voluntary HIV testing shall be obtained from the child; and
- 35 c. In every circumstance, proper counselling shall be conducted by a social  
36 worker, a health care provider or other health care professional accredited by  
37 the DOH or the DSWD.

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

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

- 42 a. When it is necessary to test a person who is charged with any of the offenses  
43 punishable under Articles 264 and 266 on serious and slight physical injuries,

1 and Articles 335 and 338 on rape and simple seduction, both of Act No. 3815  
2 as amended, or the “The Revised Penal Code”, and as also amended by  
3 Republic Act No. 8353, otherwise known as “The Anti-Rape Law of 1997”;

4 b. When it is necessary to resolve relevant issues under Executive Order No.  
5 209, otherwise known as “The Family Code of the Philippines”; and

6 c. As a prerequisite in the donation of blood in compliance with the provisions of  
7 Republic Act No. 7170, otherwise known as the “Organ Donation Act of 1991”,  
8 and Republic Act No. 7719, otherwise known as the “National Blood Services  
9 Act of 1994”.

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

13 a. Accredit public and private HIV testing facilities based on capacity to deliver  
14 testing services including HIV counseling: *Provided*, That only DOH-  
15 accredited HIV testing facilities shall be allowed to conduct HIV testing;

16 b. Develop the guidelines for HIV counseling and testing, including mobile HIV  
17 counseling and testing and routine provider-initiated HIV counseling and  
18 testing that shall ensure, among others, that HIV testing is based on informed  
19 consent, is voluntary and confidential, is available at all times, and provided  
20 by qualified persons and DOH-accredited providers;

21 c. Accredit institutions or organizations that train HIV and AIDS counselors in  
22 coordination with the DSWD; and

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

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

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

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

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1 **ARTICLE V**

2 **HEALTH AND SUPPORT SERVICES**

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

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

15 **SEC. 33. *Care and Support for Persons Living with HIV.*** – The DSWD, in  
16 coordination with the DOH and the TESDA, shall develop care and support programs  
17 for persons living with HIV, which shall include peer-led counseling and support,  
18 social protection, welfare assistance, and mechanisms for case management. These  
19 programs shall include care and support for the affected children, families, and  
20 partners of persons living with HIV.

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

27 **SEC. 35. *Non-Discriminatory HIV and AIDS Services.*** – The members of the  
28 Council, in cooperation with civil society organizations, and in collaboration with DOJ  
29 and CHR, shall ensure the delivery of non-discriminatory HIV and AIDS services by  
30 government and private HIV and AIDS service providers.

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

- 33 a. A person volunteers or freely agrees to donate one’s blood, organ, or tissue for  
34 transfusion, transplantation, or research; and
- 35 b. A legacy and a donation are executed in accordance with Sections 3 and 4,  
36 respectively, of Republic Act No. 7170, otherwise known as the “Organ  
37 Donation Act of 1991”.

38 **SEC. 37. *HIV Anti-Body Testing for Pregnant Women.*** – A health care provider who  
39 offers pre-natal medical care shall routinely conduct HIV screening with an opt-out  
40 HIV testing for pregnant women. The DOH shall provide the necessary guidelines for  
41 health care providers in the conduct of the screening procedure.

1 **SEC. 38. Immunity from Suit for HIV Educators, Licensed Social Workers, Health**  
2 **Workers and Other HIV and AIDS Service Providers.** – Any person involved in the  
3 provision of HIV and AIDS services, including peer educators, shall be immune from  
4 suit, arrest or prosecution, and from civil, criminal or administrative liability, on the  
5 basis of their delivery of such services in HIV prevention, or in relation to the  
6 legitimate exercise of protective custody of children, whenever applicable. This  
7 immunity does not cover acts which are committed in violation of this Act.

8 **SEC. 39. Health Insurance and Similar Health Services.** – The Philippine Health  
9 Insurance Corporation (PhilHealth) shall:

- 10 a. Develop an insurance package for persons living with HIV that shall include  
11 coverage for in-patient and out-patient medical and diagnostic services,  
12 including medication and treatment;
- 13 b. Develop a benefit package for the unborn and the newborn child from infected  
14 mothers;
- 15 c. Develop a mechanism for orphans living with HIV to access HIV benefit  
16 package;
- 17 d. Propose to DOH to set a reference price for HIV and AIDS services in  
18 government hospitals; and
- 19 e. Conduct programs to educate the human resource units of companies on the  
20 PhilHealth package on HIV and AIDS.

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

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

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

- 31 a. Determine and monitor the magnitude and progression of HIV and AIDS in the  
32 Philippines to help the national government evaluate the adequacy and  
33 efficacy of HIV prevention and treatment programs being employed;
- 34 b. Receive, collate, process, and evaluate all HIV and AIDS-related medical  
35 reports from all hospitals, clinics, laboratories and testing centers, including  
36 HIV-related deaths and relevant data from public and private hospitals,  
37 various databanks or information systems: *Provided*, That it shall adopt a  
38 coding system that ensures anonymity and confidentiality; and
- 39 c. Submit, through its Secretariat, an annual report to the Council containing the  
40 findings of its monitoring and evaluation activities in compliance with this  
41 mandate.

1 **ARTICLE VI**

2 **CONFIDENTIALITY**

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

7 a. *Disclosure of Confidential HIV and AIDS Information* – Unless otherwise  
8 provided in Section 40 of this Act, it shall be unlawful to disclose, without  
9 written consent, information that a person had HIV-related test and AIDS, has  
10 HIV infection or HIV-related illnesses, or has been exposed to HIV.

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

17 b. *Media Disclosure* – It shall be unlawful for any editor, publisher, reporter or  
18 columnist, in case of printed materials, or any announcer or producer in case  
19 of television and radio broadcasting, or any producer or director of films in  
20 case of the movie industry, or any other individual, or any information that  
21 would reasonably identify persons living with HIV and AIDS, or any  
22 confidential HIV and AIDS information or organization in case of social media,  
23 to disclose the names, pictures, without the prior written consent of their  
24 subjects except when the persons waive said confidentiality through their own  
25 acts and omissions under Section 4 (A) of RA 10175, otherwise known as the  
26 “Cybercrime Prevention Act of 2012” and Section 25 of RA 10173 otherwise  
27 known as the “National Privacy Act of 2012”.

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

30 a. When complying with reportorial requirements of the national active and  
31 passive surveillance system of the DOH: Provided, That the information  
32 related to a person’s identity shall remain confidential;

33 b. When informing other health workers directly involved in the treatment or care  
34 of a person living with HIV: Provided, That such worker shall be required to  
35 perform the duty of shared medical confidentiality; and

36 c. When responding to a *subpoena duces tecum* and *subpoena ad testificandum*  
37 issued by a court with jurisdiction over a legal proceeding where the main  
38 issue is the HIV status of an individual: Provided, That the confidential  
39 medical record, after having been verified for accuracy by the head of the  
40 office or department, shall remain anonymous and unlinked and shall be  
41 properly sealed by its lawful custodian, hand delivered to the court, and

1 personally opened by the judge: Provided, further, That the judicial  
2 proceedings shall be held in executive session.

3 **SEC. 43. Disclosure of HIV-Related Test Results.** – The result of any test related to  
4 HIV shall be disclosed by the attending physician who provides pre- and post-test  
5 counseling only to the individual who submitted to the test. If the patient is below  
6 fifteen (15) years old, an orphan, or is mentally incapacitated, the result may be  
7 disclosed to either of the patient’s parents, legal guardian, or a duly assigned  
8 licensed social worker, whichever is applicable; Provided, when a person below  
9 fifteen (15) years of age and not suffering from any mental incapacity, has given  
10 voluntary and informed consent to the procedure in accordance with Section 27 (b)  
11 of this Act, the result of the test shall be disclosed to the child.

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

14 **SEC. 44. Disclosure to Sexual Partners.** – Any person who, after having been tested,  
15 is found to be infected with HIV, is strongly encouraged to disclose this health  
16 condition to the spouse or sexual partner prior to engaging in penetrative sex or any  
17 potential exposure to HIV. A person living with HIV may opt to seek help from  
18 qualified professionals including medical professionals, health workers, peer  
19 educators, or social workers to support him in disclosing this health condition to  
20 one’s partner or spouse. Confidentiality shall likewise be observed. Further, the  
21 DOH, through the PNAC, shall establish an enabling environment to encourage  
22 newly tested HIV-positive individuals to disclose their status to sexual partners.

23 **SEC. 45. Duty of Employers, Heads of Government Offices, Heads of Public and**  
24 **Private Schools or Training Institutions, and Local Chief Executives.** – It shall be the  
25 duty of private employers, heads of government offices, heads of public and private  
26 schools or training institutions, and local chief executives over all private  
27 establishments within their territorial jurisdiction to prevent or deter acts of  
28 discrimination against persons living with HIV, and to provide procedures for the  
29 resolution, settlement, or prosecution of acts of discrimination. Towards this end, the  
30 employer, head of office, or local chief executive shall:

- 31 a. Promulgate rules and regulations prescribing the procedure for the  
32 investigation of discrimination cases and the administrative sanctions thereof;  
33 and
- 34 b. Create a permanent committee on the investigation of discrimination cases.  
35 The committee shall conduct meetings to increase the members’ knowledge  
36 and understanding of HIV and AIDS, and to prevent incidents of  
37 discrimination. It shall also conduct the administrative investigation of alleged  
38 cases of discrimination.

## 39 **ARTICLE VII**

### 40 **DISCRIMINATORY ACTS AND PRACTICES**

41 **SEC. 46. The following discriminatory acts and practices shall be prohibited:**

- 1 a. *Discrimination in the Workplace.* – The rejection of job application, termination  
2 of employment, or other discriminatory policies in hiring, provision of  
3 employment and other related benefits, promotion or assignment of an  
4 individual solely or partially on the basis of actual, perceived, or suspected  
5 HIV status;
- 6 b. *Discrimination in Learning Institutions.* – Refusal of admission, expulsion,  
7 segregation, imposition of harsher disciplinary actions, or denial of benefits or  
8 services of a student or a prospective student solely or partially on the basis  
9 of actual, perceived, or suspected HIV status;
- 10 c. *Restriction on Travel and Habitation.* – Restrictions on travel within the  
11 Philippines, refusal of lawful entry to Philippine territory, deportation from the  
12 Philippines, or the quarantine or enforced isolation of travellers solely or  
13 partially on account of actual, perceived, or suspected HIV status is  
14 discriminatory; the same standard of protection shall be afforded to migrants,  
15 visitors and residents who are not Filipino citizens.
- 16 d. *Restrictions on Shelter.* – Restrictions on housing or lodging solely or partially  
17 on the basis of actual, perceived, or suspected HIV status;
- 18 e. *Inhibition from Public Services.* – Prohibition on the right to seek an elective or  
19 appointive public office solely or partially on the basis of actual, perceived, or  
20 suspected HIV status;
- 21 f. *Exclusion from Credit and Insurance Services.* – Exclusion from health,  
22 accident, life insurance, or credit and loan services, including the extension of  
23 such loan or insurance facilities, of an individual solely or partially on the basis  
24 of actual, perceived, or suspected HIV status: Provided, That the person living  
25 with HIV has not concealed or misrepresented the fact to the insurance  
26 company or loan or credit service provider upon application;
- 27 g. *Discrimination in Hospitals and Health Institutions.* – Denial of health services,  
28 or be charged with a higher fee, on the basis of actual, perceived, or  
29 suspected HIV status;
- 30 h. *Denial of Burial Services.* – Denial of embalming and burial services for a  
31 deceased person who had HIV and AIDS or who was known, suspected or  
32 perceived to be HIV-positive; and
- 33 i. *Act of Bullying.* – Bullying in all forms, including name calling, upon a person  
34 based on on actual or perceived HIV status, including bullying in social media  
35 and other online portals.

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

- 37 a. Any person who commits the prohibited act under Section 20 on  
38 Misinformation on HIV and AIDS shall, upon conviction, suffer the penalty of  
39 imprisonment of six (6) years and one (1) day to twelve (12) years, without  
40 prejudice to the imposition of fines and administrative sanctions, such as  
41 suspension or revocation of professional or business license;

1 b. Any person who violates the second sentence of Section 23 on police  
2 operations vis-a-vis comprehensive health intervention for key populations  
3 shall, upon conviction, suffer the penalty of imprisonment of one (1) year to  
4 five (5) years and a fine of not less than One hundred thousand pesos  
5 (P100,000.00) but not more than Five hundred thousand pesos  
6 (P500,000.00): Provided, That the law enforcement agents found guilty shall  
7 be removed from public service;

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

14 The permit or license of the business entity and the accreditation of the HIV  
15 testing centers may be cancelled or withdrawn if these establishments fail to  
16 maintain safe practices and procedures as may be required by the guidelines  
17 formulated in compliance with Section 25, on blood, tissue, or organ donation,  
18 and Section 26, on medical management, surgical, and other related  
19 procedures;

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

27 e. Any person, natural or juridical, who denies life insurance coverage of any  
28 person living with HIV in violation of Section 39 of this Act shall, upon  
29 conviction, suffer the penalty of imprisonment of six (6) months to five (5)  
30 years and/or a fine of not less than Fifty thousand pesos (P50,000.00) but not  
31 more than Five hundred thousand pesos (P500,000.00), at the discretion of  
32 the court, and without prejudice to the imposition of administrative sanctions  
33 such as fines, suspension or revocation of business permit, business license  
34 or accreditation, and professional license;

35 f. Any person, natural or juridical, who violates the provisions of Section 41 on  
36 Confidentiality shall, upon conviction, suffer the penalty of imprisonment of six  
37 (6) months to five (5) years and/or a fine of not less than Fifty thousand pesos  
38 (P50,000.00) but not more than Five hundred thousand pesos (P500,000.00),  
39 or both imprisonment and fine, at the discretion of the court, and without  
40 prejudice to the imposition of administrative sanctions such as suspension or  
41 revocation of business permit, business license or accreditation, and  
42 professional license;

43 g. Any person, natural or juridical, who shall violate any of the provisions in  
44 Section 46 on discriminatory acts and practices shall, upon conviction, suffer  
45 the penalty of imprisonment of six (6) months to five (5) years and/or a fine of

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

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

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

13 **SEC. 49. Appropriations.** – The amount needed for the initial implementation of this  
14 Act shall be charged against the current year’s appropriations of the DOH.  
15 Thereafter, such sums as may be necessary for the continued implementation of this  
16 Act shall be included in the annual General Appropriations Act.

17 The funding requirement needed to provide for the health insurance package and  
18 other services for persons living with HIV as stated in Section 39 hereof shall be  
19 charged against the PhilHealth’s corporate funds.

20 In no circumstance shall the appropriations, savings, and other resources of the  
21 PNAC be realigned to programs and projects of the DOH or any other government  
22 agency, unless such program or project is related to the implementation of the  
23 provisions under this Act.

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

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

30 **SEC. 52. Repealing Clause.** – Republic Act No. 8504, otherwise known as the  
31 “Philippine AIDS Prevention and Control Act of 1998”, is hereby repealed.

32 All decrees, executive orders, proclamations and administrative regulations or parts  
33 thereof, particularly in Republic Act No. 3815, otherwise known as “The Revised  
34 Penal Code”; Republic Act No. 8353, otherwise known as “The Anti-Rape Law of  
35 1997”; Executive Order No. 209, otherwise known as “The Family Code of the  
36 Philippines”; Republic Act No. 7719, otherwise known as the “National Blood  
37 Services Act of 1994”; Republic Act No. 9165, otherwise known as the  
38 “Comprehensive Dangerous Drugs Act of 2002”; and Republic Act No. 7170,  
39 otherwise known as the “Organ Donation Act of 1991”, inconsistent with the  
40 provisions of this Act are hereby repealed, amended or modified accordingly.

- 1 **SEC. 53. Effectivity.** – This Act shall take effect fifteen (15) days after its publication
- 2 in the *Official Gazette* or in a newspaper of general circulation.
- 3 *Approved,*