



HOUSE OF REPRESENTATIVES

H. No. 6617

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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  
2 “Philippine HIV and AIDS Policy Act”.

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

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

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

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

20 Accordingly, the State shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 24 ARTICLE I

#### 25 PHILIPPINE NATIONAL AIDS COUNCIL

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (1) Secretary of the DOH;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 The Secretariat shall perform the following functions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 ARTICLE II

6 EDUCATION AND INFORMATION

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

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

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

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

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

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

28 (d) Sexual abstinence and sexual fidelity; and

29 (e) Consistent and correct condom use.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 ARTICLE III

4 PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 11 ARTICLE IV

#### 12 TESTING, SCREENING AND COUNSELING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

3 ARTICLE VII

4 DISCRIMINATORY ACTS AND PRACTICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Approved,

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