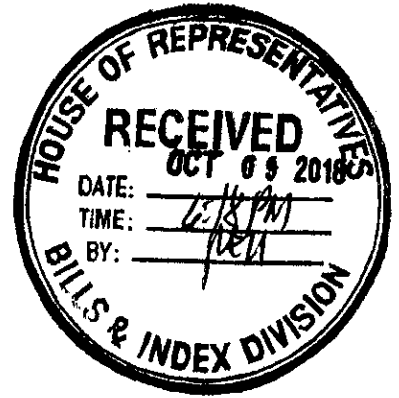


Republic of the Philippines  
CONGRESS OF THE PHILIPPINES

SEVENTEENTH CONGRESS  
Third Regular Session



### CONFERENCE COMMITTEE REPORT

The Conference Committee on the disagreeing provisions of Senate Bill No. 1390, entitled:

#### AN ACT

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

and House Bill No. 6617, entitled:

#### 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'**

after having met and discussed the matter in full and free conference, has agreed and does hereby recommend to their respective Houses that Senate Bill No. 1390


and House Bill No. 6617, be approved in accordance with the attached copy of the bill as reconciled and approved by the conferees.

Approved,

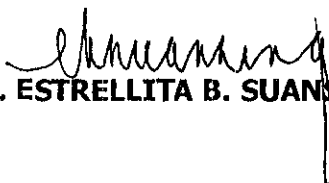
**CONFEREES ON THE PART OF  
THE HOUSE OF REPRESENTATIVES**



**REP. ANGELINA "HELEN" D.L. TAN, M.D.**  
Chairperson



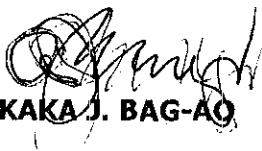
**REP. SANDRA Y. ERIGUEL, M.D.**



**REP. ESTRELLITA B. SUANSING**



**REP. RON P. SALO**



**REP. KAKA J. BAG-AO**

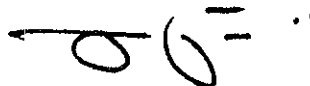


**REP. PIA S. CAYETANO**



**REP. CECILIA LEONILA V. CHAVEZ, M.D.**

**CONFEREES ON THE PART  
OF THE SENATE OF THE  
PHILIPPINES**



**SEN. JOSEPH VICTOR G. EJERCITO**  
Chairperson



**SEN. RISA HONTIVEROS**



**SEN. MARIA LOURDES NANCY S. BINAY**

**SEN. GRACE POE**

**SEN. JOEL VILLANUEVA**



Senate of the Philippines

*Hon. Grace Poe*  
SENATOR

09 October 2018

I hereby indicate my approval of, and consent to, the Bicameral Conference Committee Report reconciling the disagreeing provisions of Senate Bill No. 1390 and House Bill No. 6617, or the proposed "Philippine HIV and Aids Policy Act".

*Grace Poe*  
**GRACE POE**

HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH  
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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  
RECONSTITUTING THE PHILIPPINE NATIONAL AIDS COUNCIL (PNAC),  
REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 8504, OTHERWISE  
KNOWN AS THE "PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF  
1998," AND APPROPRIATING FUNDS THEREFOR

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

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

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

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

13       The State shall respect, protect, and promote human rights as the  
14       cornerstones of an effective response to the country's HIV and AIDS situation.  
15       Hence, HIV and AIDS education and information dissemination should form part of  
16       the right to health.

17       The meaningful inclusion and participation of persons directly and indirectly  
18       affected by the HIV and AIDS situation, especially persons living with HIV, are

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1 crucial in eliminating the virus. Thus, unless otherwise provided in this Act, the  
2 confidentiality and non-compulsory nature of HIV testing and HIV-related testing  
3 shall always be guaranteed and protected by the State.

4 Towards this end, the State shall ensure the delivery of non-discriminatory  
5 HIV and AIDS services by government and private HIV and AIDS service providers,  
6 and develop redress mechanisms for persons living with HIV to ensure that their  
7 civil, political, economic, and social rights are protected.

8 Accordingly, the State shall:

9 (a) Establish policies and programs to prevent the spread of HIV and deliver  
10 treatment, care, and support services to Filipinos living with HIV in accordance with  
11 evidence-based strategies and approaches that uphold the principles of human  
12 rights, gender-responsiveness, and age-appropriateness, including meaningful  
13 participation of communities affected by the country's HIV and AIDS situation;

14 (b) Adopt a multi-sectoral approach in responding to the country's HIV and  
15 AIDS situation by ensuring that the whole of government approach, local  
16 communities, civil society organizations (CSOs), and persons living with HIV are at  
17 the center of the process;

18 (c) Ensure access to HIV- and AIDS-related services by eliminating the  
19 climate of stigma and discrimination that surrounds the country's HIV and AIDS  
20 situation, and the people directly and indirectly affected by it; and

21 (d) Positively address and seek to eradicate conditions that aggravate the  
22 spread of HIV infection, which include poverty, gender inequality, marginalization,  
23 and ignorance.

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

26 a) *Acquired Immune Deficiency Syndrome (AIDS)* refers to a health  
27 condition where there is a deficiency of the immune system that stems from  
28 infection with the Human Immunodeficiency Virus or HIV, making an individual  
29 susceptible to opportunistic infections;

30 b) *Anti-retroviral Therapy (ART)* refers to the treatment that stops or  
31 suppresses viral replication or replications of a retrovirus like HIV, thereby slowing  
32 down the progression of infection;

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1 c) *Bullying* refers to any severe or repeated use by one or more persons of  
2 a written, verbal or electronic expression, or a physical act or gesture, or any  
3 combination thereof, directed at another person that has the effect of actually  
4 causing or placing the latter in reasonable fear of physical or emotional harm or  
5 damage to one's property; creating a hostile environment for the other person;  
6 infringing on the rights of another person; or materially and substantially disrupting  
7 the processes or orderly operation of an institution or organization;

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

11 e) *Community-Based Research* refers to studies undertaken in community  
12 settings, which involve community members in the design and implementation of  
13 research projects;

14 f) *Comprehensive Health Intervention for Key Populations* refers to  
15 evidence-based policies, programs, and approaches that aim to reduce transmission  
16 of HIV and its harmful consequences on health, social relations and economic  
17 conditions;

18 g) *Compulsory HIV Testing* refers to HIV testing imposed upon an individual  
19 characterized by lack of consent, use of force or intimidation, the use of testing as a  
20 prerequisite for employment or other purposes, and other circumstances when  
21 informed choice is absent;

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

28 i) *Evolving Capacities of the Child* refer to the concept enshrined in Article  
29 5 of the Convention on the Rights of the Child recognizing the developmental  
30 changes and the corresponding progress in cognitive abilities and capacity for self-  
31 determination undergone by children as they grow up, thus requiring parents and  
32 others charged with the responsibility for the child to provide varying degrees of

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1 protection, and to allow their participation in opportunities for autonomous decision-  
2 making in different contexts and across different areas of decision-making;

3 j) *Gender Expression* refers to the way a person communicates gender  
4 identity to others through behavior, clothing, hairstyles, communication or speech  
5 pattern, or body characteristics;

6 k) *Gender Identity* refers to the personal sense of identity as characterized,  
7 among others, by manner of clothing, inclinations, and behavior in relation to  
8 masculine or feminine conventions. A person may have a male or female identity  
9 with the physiological characteristics of the opposite sex;

10 l) *Health Maintenance Organizations (HMO)* refer to juridical entities legally  
11 organized to provide or arrange for the provision of pre-agreed or designated health  
12 care services to its enrolled members for a fixed pre-paid fee for a specified period  
13 of time;

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

16 n) *Human Immunodeficiency Virus (HIV)* refers to the virus, of the type  
17 called retrovirus, which infects cells of the human immune system, and destroys or  
18 impairs the cells' function. Infection with HIV results in the progressive deterioration  
19 of the immune system, leading to immune deficiency;

20 o) *HIV Counseling* refers to the interpersonal and dynamic communication  
21 process between a client and a trained counselor, who is bound by a code of ethics  
22 and practice to resolve personal, social, or psychological problems and difficulties,  
23 and whose objective in counseling in the context of an HIV diagnosis is to encourage  
24 the client to explore important personal issues, identify ways of coping with anxiety  
25 and stress, plan for the future (keeping healthy, adhering to treatment, and  
26 preventing transmission) and in the context of a negative HIV test result, to  
27 encourage the client to explore motivations, options, and skills to stay HIV-negative;

28 p) *HIV and AIDS Counselor* refers to any individual trained by an institution  
29 or organization accredited by the Department of Health (DOH) to provide counseling  
30 services on HIV and AIDS with emphasis on behavior modification;

31 q) *HIV and AIDS Monitoring* refers to the documentation and analysis of the  
32 number of HIV and AIDS infections and the pattern of its spread;

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1 r) *HIV and AIDS Prevention and Control* refers to measures aimed at  
2 protecting non-infected persons from contracting HIV and minimizing the impact of  
3 the condition on persons living with HIV;

4 s) *HIV-Negative* refers to the absence of HIV or HIV antibodies upon HIV  
5 testing;

6 t) *HIV-Positive* refers to the presence of HIV infection as documented by  
7 the presence of HIV or HIV antibodies in the sample being tested;

8 u) *HIV Testing* refers to any facility-based, mobile medical procedure, or  
9 community-based screening modalities that are conducted to determine the  
10 presence or absence of HIV in a person's body. HIV testing is confidential, voluntary  
11 in nature and must be accompanied by counseling prior to, and after the testing,  
12 and conducted only with the informed consent of the person;

13 v) *HIV-related Testing* refers to any laboratory testing or procedure done  
14 on an individual in relation to a person's HIV condition;

15 w) *HIV Testing Facility* refers to any DOH accredited on-site or mobile  
16 testing center, hospital, clinic, laboratory, and other facility that has the capacity to  
17 conduct voluntary HIV counseling and HIV testing;

18 x) *HIV Transmission* refers to the transfer of HIV from one infected person  
19 to an uninfected individual, through unprotected sexual intercourse, blood  
20 transfusion, sharing of contaminated intravenous needles, or which may occur  
21 during pregnancy, delivery, and breastfeeding;

22 y) *Informed Consent* refers to the voluntary agreement of a person to  
23 undergo or be subjected to a procedure based on full information, whether such  
24 permission is written or conveyed verbally;

25 z) *Key Affected Populations* refer to those groups or persons at higher risk  
26 of HIV exposure, or affected populations whose behavior make them more likely to  
27 be exposed to HIV or to transmit the virus;

28 aa) *Laboratory* refers to an area or place, including community-based  
29 settings, where research studies are being undertaken to develop local evidence for  
30 effective HIV response;

31 bb) *Mature Minor Doctrine* refers to the legal principle that recognizes the  
32 capacity of some minors to consent independently to medical procedures, if they

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1 have been assessed by qualified health professionals to understand the nature of  
2 procedures and their consequences to make a decision on their own;

3 cc) *Medical Confidentiality* refers to the core duty of medical practice where  
4 the information provided by the patient to health practitioners and his/her health  
5 status is kept private and is not divulged to third parties. The patient's health status  
6 can, however, be shared with other medical practitioners involved in the professional  
7 care of the patient, who will also be bound by medical confidentiality. Medical  
8 confidentiality applies to the attending physician, consulting medical specialist,  
9 nurse, medical technologist and all other health workers or personnel involved in any  
10 counseling, testing or professional care of the patient. It also applies to any person  
11 who, in any official capacity, has acquired or may have acquired such confidential  
12 information;

13 dd) *Opportunistic infections* refer to illnesses caused by various organisms,  
14 many of which do not cause diseases in persons with healthy immune system;

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

21 ff) *Person Living with HIV (PLHIV)* refers to any individual diagnosed to be  
22 infected with HIV;

23 gg) *Pre-exposure Prophylaxis* refers to the use of prescription drugs as a  
24 strategy for the prevention of HIV infection by people who do not have HIV and  
25 AIDS. It is an optional treatment, which may be taken by people who are HIV-  
26 negative but who have substantial, higher-than-average risk of contracting an HIV  
27 infection;

28 hh) *Pre-test Counseling* refers to the process of providing an individual with  
29 information on the biomedical aspects of HIV and AIDS, and emotional support to  
30 any psychological implications of undergoing HIV testing and the test result itself  
31 before the individual is subjected to the test;

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1 ii) *Post-exposure Prophylaxis* refers to a preventive medical treatment  
2 started immediately after exposure to a pathogen (HIV) in order to prevent infection  
3 by the pathogen and the development of the disease;

4 jj) *Post-test Counseling* refers to the process of providing risk-reduction  
5 information and emotional support to a person who submitted to HIV testing at the  
6 time the result is released;

7 kk) *Prophylactic* refers to any agent or device used to prevent the  
8 transmission of an infection;

9 ll) *Provider-initiated Counseling and Testing* refers to a health care provider  
10 initiating HIV testing to a person practicing high-risk behavior or vulnerable to HIV  
11 after conducting HIV pre-test counseling. A person may elect to decline or defer  
12 testing such that consent is conditional;

13 mm) *Redress* refers to an act of compensation for unfairness, grievance,  
14 and reparation;

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

19 oo) *Sexually Transmitted Infections (STIs)* refer to infections that are spread  
20 through the transfer of organisms from one person to another as a result of sexual  
21 contact;

22 pp) *Sexual Orientation* refers to the direction of emotional, sexual attraction,  
23 or conduct towards people of the same sex (homosexual orientation) or towards  
24 people of both sexes (bisexual orientation) or towards people of the opposite sex  
25 (heterosexual orientation) or to the absence of sexual attraction (asexual  
26 orientation);

27 qq) *Social Protection* refers to a set of policies and programs designed to  
28 reduce poverty and vulnerability by promoting efficient labor markets, diminishing  
29 people's exposure to risks, and enhancing their capacity to protect themselves  
30 against hazards, and interruptions on, or loss of income;

31 rr) *Stigma* refers to the dynamic devaluation and dehumanization of an  
32 individual in the eyes of others, which may be based on attributes that are arbitrarily

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1 defined by others as discreditable or unworthy, and which results in discrimination  
2 when acted upon;

3 ss) *Treatment hubs* refer to private and public hospitals or medical  
4 establishments accredited by the DOH to have the capacity and facility to provide  
5 treatment and care services to PLHIV;

6 tt) *Voluntary HIV testing* refers to HIV testing done on an individual who,  
7 after having 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 conditions,  
11 making them more susceptible to HIV infection and to developing AIDS; and

12 vv) *Workplace* refers to the office, premise or work site where workers are  
13 habitually employed and shall include the office or place where workers, with no  
14 fixed or definite work site, regularly report for assignment in the course of their  
15 employment.

16 **ARTICLE I**

17 **THE PHILIPPINE NATIONAL AIDS COUNCIL**

18 **SEC. 4. *Philippine National AIDS Council (PNAC).*** – The PNAC,  
19 established under Section 43 of Republic Act No. 8504, otherwise known as the  
20 "Philippine AIDS Prevention and Control Act of 1998", shall be reconstituted and  
21 streamlined to ensure the implementation of the country's response to the HIV and  
22 AIDS situation.

23 The PNAC shall be an agency attached to the DOH with a separate budget  
24 under the General Appropriations Act (GAA). It shall have its own secretariat and  
25 staffing pattern that shall be headed by an executive director.

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

27 (a) Develop the AIDS Medium Term Plan (AMTP) in collaboration with  
28 relevant government agencies, CSOs, the PLHIV community, and other stakeholders;

29 (b) Ensure the operationalization and implementation of the AMTP;

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1 (c) Strengthen the collaboration between government agencies and CSOs  
2 involved in the implementation of the national HIV and AIDS response, including the  
3 delivery of HIV and AIDS related services;

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

7 (e) Monitor the progress of the response to the country's HIV and AIDS  
8 situation;

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

11 (g) Mobilize sources of funds for the AMTP;

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

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

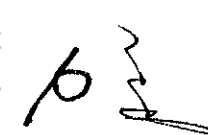
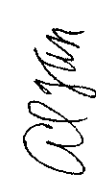
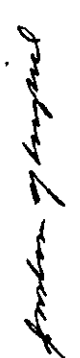
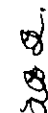
18 (j) Advocate for policy reforms to Congress and other government agencies  
19 to strengthen the country's response to the HIV and AIDS situation;

20 (k) Submit an annual report to the Office of the President, Congress, and  
21 the members of the Council;

22 (l) Identify gaps in the national response on the part of government  
23 agencies and its partners from civil society and international organizations, in order  
24 to develop and implement the initial interventions required in these situations; and

25 (m) Recommend policies and programs that will institutionalize or continue  
26 the interventions required in addressing the gaps identified in the national response  
27 to the HIV and AIDS situation of the country.

28 In addition to the powers and functions enumerated under the preceding  
29 paragraph, the members of the PNAC shall also develop and implement individual  
30 action plans, which shall be anchored to and integrated in the AMTP. Such action  
31 plans shall be based on the duties, powers, and functions of the individual agencies  
32 as identified in Articles II to VII of this Act.



1           **SEC. 6. Membership and Composition.** – Selection of the members of  
2 PNAC shall be based on the following criteria:

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

6           (b) Government agencies or CSOs with existing programs, services and  
7 activities that directly contribute to the achievement of the AMTP; and

8           (c) Government agencies or CSOs with existing constituencies that are  
9 targeted by the AMTP's objectives and activities.

10          The following agencies and CSOs shall be represented in the PNAC:

11          (1) Department of Health (DOH);

12          (2) Department of Education (DepEd);

13          (3) Department of Labor and Employment (DOLE);

14          (4) Department of Social Welfare and Development (DSWD);

15          (5) Department of the Interior and Local Government (DILG);

16          (6) Civil Service Commission (CSC);

17          (7) Commission on Higher Education (CHED);

18          (8) National Youth Commission (NYC);

19          (9) Philippine Information Agency (PIA);

20          (10) Department of Budget and Management;

21          (11) The Chairperson of the Committee on Health and Demography of the  
22 Senate of the Philippines or his representative;

23          (12) The Chairperson of the Committee on Health of the House of  
24 Representatives or his representative;

25          (13-14) Two (2) representatives from organizations of persons living with HIV  
26 and AIDS;

27          (15) One (1) representative from a private organization with expertise in  
28 standard setting and service delivery; and

29          (16-21) Six (6) representatives from NGOs working for the welfare of  
30 identified key populations;

31          Except for members from government agencies, the members of the PNAC  
32 shall be appointed by the President of the Philippines. The heads of government

1 agencies may be represented by an official whose rank shall not be lower than an  
2 Assistant Secretary or its equivalent.

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

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

10 The Secretary of Health shall be the permanent Chairperson of the PNAC.  
11 However, the Vice Chairperson shall be elected from the government agency  
12 members, and shall serve for a term of three (3) years. Members representing CSOs  
13 shall serve for a term of three (3) years, renewable upon recommendation of the  
14 Council for a maximum of two (2) consecutive terms.

15 **SEC. 7. Secretariat.** - The PNAC shall be supported by a secretariat  
16 consisting of personnel with the necessary technical expertise and capability that  
17 shall be conferred permanent appointments, subject to Civil Service rules and  
18 regulations. The Secretariat shall be headed by an Executive Director, who shall be  
19 under the direct supervision of the Chairperson of the PNAC.

20 The Secretariat shall perform the following functions:

- 21 (a) Coordinate and manage the day-to-day affairs of the PNAC;  
22 (b) Assist in the formulation, monitoring, and evaluation of policies and the  
23 AMTP;  
24 (c) Provide technical assistance, support, and advisory services to the PNAC  
25 and its external partners;  
26 (d) Assist the PNAC in identifying and building internal and external  
27 networks and partnerships;  
28 (e) Coordinate and support the efforts of the PNAC and its members to  
29 mobilize resources;  
30 (f) Serve as the repository of HIV and AIDS-related information;

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1 (g) Disseminate updated, accurate, relevant, and comprehensive information  
2 about the country's HIV and AIDS situation to PNAC members, policy makers, and  
3 the media;

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

5 (i) Coordinate, fund and implement, as directed by the PNAC, the  
6 interventions identified by the Council as gaps in the AMTP implementation, in  
7 cooperation with civil society organizations and the PLHIV community.

8 **SEC. 8. AIDS Medium Term Plan (AMTP).** - The PNAC shall formulate  
9 and periodically update the six (6)-year AMTP, a national multi-sectoral strategic  
10 plan to prevent and control the spread of HIV and AIDs in the country. The AMTP  
11 shall include the following:

12 (a) The country's targets and strategies in addressing the HIV and AIDS  
13 situation;

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

16 (c) The operationalization of the program and identification of the  
17 government agencies that shall implement the program, including the designated  
18 office within each agency responsible for overseeing, coordinating, facilitating, and  
19 monitoring the implementation of its AIDS program from the national to the local  
20 levels; and

21 (d) The budgetary requirements and a corollary investment plan of each  
22 government agency specified in the AMTP, and shall identify the sources of funds for  
23 its implementation.

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

30 The Epidemiology Bureau shall maintain a comprehensive HIV and AIDS  
31 monitoring and evaluation program that shall serve the following purposes:

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

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

10 (a) Safer sex practices among the general population, including sexual  
11 abstinence, sexual fidelity, and consistent and correct condom use especially among  
12 key populations;

13 (b) Other practices that reduce risk of HIV infection;

14 (c) Universal awareness of and access to evidence-based and relevant  
15 information and education, and medically safe, legally affordable, effective, and  
16 quality treatment; and

17 (d) Knowledge of the health, civil, political, economic, and social rights of  
18 PLHIV and their families.

19 **SEC. 12. Education in Learning Institutions.** – Using standardized  
20 information and data from the PNAC, the DepEd, CHED, and the Technical Education  
21 and Skills Development Authority (TESDA), shall integrate basic and age-appropriate  
22 instruction on the causes, modes of transmission, and ways of preventing the spread  
23 of HIV and AIDS and other STIs in their respective curricula taught in public and  
24 private learning institutions, including alternative and indigenous learning systems.  
25 The learning modules shall include human rights-based principles and information on  
26 treatment, care, and support to promote stigma reduction.

27 The learning modules that shall be developed to implement this provision  
28 shall be done in coordination with the PNAC and stakeholders in the education  
29 sector. Referral mechanisms, including but not limited to, the DSWD Referral System,  
30 shall be included in the modules for key populations and vulnerable communities.

31 The DepEd, CHED, and TESDA shall ensure the development and provision of  
32 psychosocial support and counseling in learning institutions, for the development of

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1 positive health, and promotion of values and behavior pertaining to reproductive  
2 health, in coordination with the DOH. For this purpose, funds shall be allocated for  
3 the training and certification of teachers and school counselors.

4 **SEC. 13. Education for Parents and Guardians.** – The DepEd in  
5 coordination with parent-teacher organizations in schools and communities shall  
6 conduct awareness-building seminars in order to provide parents and guardians with  
7 a gender-responsive and age-sensitive HIV and AIDS education.

8 **SEC. 14. Education as a Right to Health and Information.** – HIV and  
9 AIDS education and information dissemination shall form part of the constitutional  
10 right to health.

11 **SEC. 15. HIV and AIDS Information as a Health Service.** – HIV and  
12 AIDS education and information dissemination shall form part of the delivery of  
13 health services by health practitioners, workers, and personnel. The knowledge and  
14 capabilities of all public health workers shall be enhanced to include skills for proper  
15 information dissemination and education on HIV and AIDS. It shall likewise be  
16 considered a civic duty of health care providers in the private sector to make  
17 available to the public such information necessary to prevent and control the spread  
18 of HIV and AIDS, and to correct common misconceptions about this disease. The  
19 training of health workers shall include discussions on HIV-related ethical issues such  
20 as confidentiality, informed consent, and the duty to provide treatment.

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

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

29 The DOLE for the private sector, the CSC for the public sector, and the AFP and  
30 PNP for the uniformed service shall implement this provision: *Provided*, That the  
31 standardized basic information and instruction shall be conducted by DOLE for the  
32 private sector at no cost to the employers and employees.

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1        **SEC. 17. Education for Filipinos Going Abroad.** - The State shall ensure  
2 that all overseas Filipino workers and diplomatic, military, trade, and labor officials  
3 and personnel to be assigned overseas shall attend a seminar on the causes,  
4 manner of prevention, and impact of HIV and AIDS, before being granted a  
5 certification for overseas assignment: *Provided*, That the seminar shall be conducted  
6 at no cost to overseas Filipino workers or to the officials concerned.

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7        The DOLE, the Department of Foreign Affairs (DFA), the Commission on Filipino  
8 Overseas (CFO), and other relevant government agencies in collaboration with the  
9 DOH, shall ensure the implementation of this section.

10        **SEC. 18. Information for Tourists and Transients.** - Educational materials  
11 on the causes, modes of transmission, prevention, and consequences of HIV  
12 infection and list of HIV counseling testing facilities shall be adequately provided at  
13 all international and local ports of entry and exit. The PIA, together with other  
14 relevant government agencies, in coordination with the PNAC and stakeholders in  
15 the tourism industry, shall lead the implementation of this section.

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16        **SEC. 19. Education in Communities.** - The DILG, the Union of Local  
17 Authorities of the Philippines (ULAP), the League of Provinces, the League of Cities,  
18 and the League of Municipalities, through the local HIV and AIDS Councils (LAC) or  
19 the local health boards and, in coordination with the PNAC, shall implement a locally-  
20 based, multi-sectoral community response to HIV and AIDS through various  
21 channels on evidence-based, gender-responsive, age-appropriate, and human rights-  
22 oriented prevention tools to stop the spread of HIV. Gender and Development (GAD)  
23 funds and other sources may be utilized for these purposes.

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24        Indigenous peoples communities and geographically isolated and  
25 disadvantaged areas (GIDA) shall also be given due focus in the implementation of  
26 this section.

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

29        **SEC. 20. Education for Key Populations and Vulnerable Communities.**  
30 - To ensure that HIV services reach key populations at higher risk, the PNAC, in  
31 collaboration with the LGUs and CSOs engaged in HIV and AIDS programs and  
32 projects, shall support and provide funding for HIV and AIDS education programs,

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1 such as peer education, support groups, outreach activities, and community-based  
2 research that target these populations and other vulnerable communities. The DOH  
3 shall, in coordination with appropriate agencies and the PNAC craft the guidelines,  
4 and standardized information messages for peer education, support group, and  
5 outreach activities.

6 **SEC. 21. Information on Prophylactics.** - - Appropriate information shall  
7 be attached to, or provided with every prophylactic offered for sale or given as  
8 donation. Such information shall be legibly printed in English and Filipino, and  
9 contain literature on the proper use of the prophylactic device or agent, and its  
10 efficacy against HIV and STI.

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

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19 **ARTICLE III**

20 **PREVENTIVE MEASURES, SAFE PRACTICES AND PROCEDURES**

21 **SEC. 23. HIV Prevention Measures.** - The PNAC, in coordination with the  
22 DOH, LGUs, and other relevant government agencies, private sector, CSOs, faith-  
23 based organizations, and PLHIVs, shall implement preventive measures, including but  
24 not limited, to the following:

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25 (a) Creation of rights-based and community-led behavior modification  
26 programs that seek to encourage HIV risk reduction behavior among PLHIVs;

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27 (b) Establishment and enforcement of rights-based mechanisms to strongly  
28 encourage newly tested HIV-positive individuals to conduct partner notification and  
29 to promote HIV status disclosure to partners;

30 (c) Establishment of standard precautionary measures in public and private  
31 health facilities;

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- 1 (d) Accessibility of ART and management of opportunistic infections;
- 2 (e) Mobilization of communities of PLHIV for public awareness campaigns
- 3 and stigma reduction activities; and
- 4 (f) Establish comprehensive human rights and evidence-based policies,
- 5 programs, and approaches that aim to reduce transmission of HIV and its harmful
- 6 consequences to members of key affected populations.

7 The enforcement of this section shall not lead to, or result in the  
 8 discrimination or violation of the rights of PLHIV and the service provider  
 9 implementing the program, including peer educators and community-based testing  
 10 providers.

11 **SEC. 24. Comprehensive Health Intervention for Key Populations.** –  
 12 The DILG and DOH, in partnership with the key populations, shall establish a human  
 13 rights and evidence-based HIV prevention policy and program for people who have  
 14 higher risk of HIV infection and other key populations.

15 The presence of used or unused prophylactics shall not be used as basis to  
 16 conduct raids or similar police operations in sites and venues of HIV prevention  
 17 interventions. The DILG and DOH, in coordination with LGUs, shall establish a  
 18 national policy to guarantee the implementation of this provision.

19 **SEC. 25. Preventing Mother-to-Child HIV Transmission.** – The DOH  
 20 shall establish a program to prevent mother-to-child HIV transmission that shall be  
 21 integrated in its maternal and child health services.

22 **SEC. 26. Standard Precaution on the Donation of Blood, Tissue, or**  
 23 **Organ.** – The DOH shall enforce the following guidelines on the donation of blood,  
 24 tissue, or organ:

25 (a) Donation of tissue or organ, whether gratuitous or onerous, shall be  
 26 accepted by a laboratory or institution only after a sample from the donor has been  
 27 tested negative for HIV;

28 (b) All donated blood shall also be subjected to HIV testing;

29 (c) All donors whose blood, organ or tissue has been tested positive shall be  
 30 deferred from donation, notified of their HIV status, counselled, and referred for  
 31 care and clinical management as soon as possible;

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1 (d) Donations of blood, tissue, or organ testing positive for HIV may be  
2 accepted for research purposes only, and shall be subject to strict sanitary disposal  
3 requirements; and

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

7 **SEC. 27. Testing of Organ Donation.** – Lawful consent to HIV testing of a  
8 donated human body, organ, tissue, or blood shall be considered as having been  
9 given when:

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

12 (b) A legacy and a donation are executed in accordance with Sections 3 and  
13 4 respectively, of Republic Act No. 7170, otherwise known as the "Organ Donation  
14 Act of 1991".

15 **SEC. 28. Guidelines on Medical Management, Surgical, and Other**  
16 **Related Procedures.** – The DOH shall, in consultation with concerned professional  
17 organizations and hospital associations, issue guidelines on medical management of  
18 PLHIV and protocol on precautions against HIV transmission during surgical, dental,  
19 embalming, body painting, or tattooing that require the use of needles or similar  
20 procedures. The necessary protective equipment such as gloves, goggles, and  
21 gowns shall be prescribed and required, and made available to all physicians and  
22 health care providers, tattoo artists, and similarly exposed personnel at all times. The  
23 DOH shall likewise issue guidelines on the handling and disposal of cadavers, body  
24 fluids, or wastes of persons known or believed to be HIV-positive.

25  
26 **ARTICLE IV**

27 **SCREENING, TESTING AND COUNSELING**

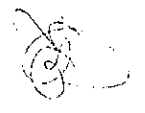
28 **SEC. 29. HIV Testing.** – As a policy, the State shall encourage voluntary  
29 HIV testing. Written consent from the person taking the test must be obtained  
30 before HIV testing.

31 HIV testing shall be made available under the following circumstances:

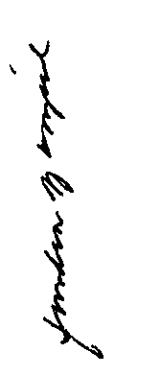




















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1 (a) In keeping with the principle of the evolving capacities of the child as  
2 defined in Section 3(l) of this Act, if the person is fifteen (15) to below eighteen (18)  
3 years of age, consent to voluntary HIV testing shall be obtained from the child  
4 without the need of consent from a parent or guardian;

5 (b) In keeping with the mature minor doctrine as defined in Section 3(bb) of  
6 this Act, any young person aged below fifteen (15) who is pregnant or engaged in  
7 high-risk behavior shall be eligible for HIV testing and counseling, with the  
8 assistance of a licensed social worker or health worker. Consent to voluntary HIV  
9 testing shall be obtained from the child without the need of consent from a parent or  
10 guardian; and

11 (c) In all other cases not covered by (b) of this section, consent to voluntary  
12 HIV testing shall be obtained from the child's parents or legal guardian if the person  
13 is below fifteen (15) years of age or is mentally incapacitated. In cases when the  
14 child's parents or legal guardian cannot be located despite reasonable efforts, or if  
15 the child's parents or legal guardian refused to give consent, it shall be obtained  
16 from the licensed social worker or health worker. To protect the best interest of the  
17 child, the assent of the minor shall also be required prior to the testing.

18 In every circumstance, proper counseling shall be conducted by a social  
19 worker, a health care provider, or other health care professional accredited by the  
20 DOH or the DSWD.

21 HIV testing guidelines issued by the DOH shall include guidance for testing  
22 minors and for the involvement of parents or guardians in HIV testing of minors.

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

25 **SEC. 30. Compulsory HIV Testing.** -- Compulsory HIV testing shall be  
26 allowed only in the following instances:

27 (a) When it is necessary to test a person who is charged with any of the  
28 offenses punishable under Articles 264 and 266 on serious and slight physical  
29 injuries, and Articles 335 and 338 on rape and simple seduction, both of Act No.  
30 3815, as amended, or the "The Revised Penal Code", and as also amended by  
31 Republic Act No. 8353, otherwise known as "The Anti-Rape Law of 1997";

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1 (b) When it is necessary to resolve relevant issues under Executive Order No.  
2 209, otherwise known as "The Family Code of the Philippines"; and

3 (c) As a prerequisite in the donation of blood in compliance with the  
4 provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act of  
5 1991", and Republic Act No. 7719, otherwise known as the "National Blood Services  
6 Act of 1994".

7 **SEC. 31. Mechanisms and Standards on Routine Provider-Initiated**  
8 **and Client-Initiated HIV Counseling and Testing.** - To implement this section,  
9 the DOH shall:

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

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

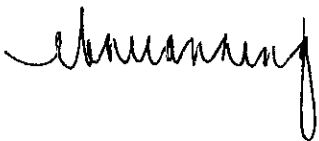
18 (c) Accredit institutions or organizations that train HIV and AIDS counselors  
19 in coordination with DSWD;

20 (d) Accredit competent HIV and AIDS counselors for persons with disability,  
21 including but not limited to, translator for the hearing-impaired and Braille for the  
22 visually-impaired clients, in coordination with the National Council for Disability  
23 Affairs (NCDA);

24 (e) Set the standards for HIV counseling and shall work closely with HIV and  
25 AIDS CSOs that train HIV and AIDS counselors and peer educators, in coordination  
26 and participation of NGOs, government organizations (GOs), and Civil Society  
27 Organizations of PLHIV (CSO-PLHIV); and

28 (f) Ensure access to routine provider-initiated counseling and testing as part  
29 of clinical care in all health care settings for the public.

30 All HIV testing facilities shall provide free pre-test and post-test HIV  
31 counseling to individuals who wish to avail of HIV testing, which shall likewise be  
32 confidential. No HIV testing shall be conducted without informed consent. The State



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1 shall ensure that specific approaches to HIV counseling and testing are adopted  
2 based on the nature and extent of HIV and AIDS incidence in the country.

3 Pre-test counseling and post-test counseling shall be done by the HIV and  
4 AIDS counselor, licensed social worker, licensed health service provider, or a DOH-  
5 accredited health service provider: *Provided*, That for the government HIV testing  
6 facilities, pre-test and post-test counseling shall be provided for free.

7 **SEC. 32. HIV Testing for Pregnant Women.** - A health care provider  
8 who offers pre-natal medical care shall offer provider-initiated HIV testing for  
9 pregnant women. The DOH shall provide the necessary guidelines for healthcare  
10 providers in the conduct of the screening procedure.

11  
12 **ARTICLE V**

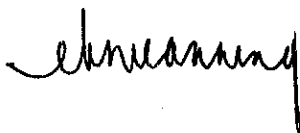
13 **HEALTH AND SUPPORT SERVICES**

14 **SEC. 33. Treatment of Persons Living with HIV and AIDS.** - The DOH  
15 shall establish a program that will provide free and accessible ART and medication  
16 for opportunistic infections to all PLHIVs who are enrolled in the program. It shall  
17 likewise designate public and private hospitals to become treatment hubs. A manual  
18 of procedures for management of PLHIV shall be developed by the DOH.

19 **SEC. 34. Access to Medical Services by Indigents.** - Indigent persons  
20 living with HIV shall not be deprived of access to medical services. The DOH and  
21 DSWD shall establish a program that will support better access to ART and  
22 medication for opportunistic infections to all indigent PLHIV, which includes financial  
23 support for necessary medical services related to the person's HIV condition.

24 **SEC. 35. Economic Empowerment and Support.** - PLHIV shall not be  
25 deprived of any employment, livelihood, micro-finance, self-help, and cooperative  
26 programs by reason of their HIV status. The DSWD, in coordination with the DILG,  
27 DOLE, and TESDA, shall develop enabling policies and guidelines to ensure economic  
28 empowerment and independence designed for PLHIV.

29 **SEC. 36. Care and Support for Persons Living with HIV.** - The DSWD,  
30 in coordination with the DOH, shall develop care and support programs for PLHIV,  
31 which shall include peer-led counseling and support, social protection, welfare  
32 assistance, and mechanisms for case management. These programs shall include







1 care and support for the affected children, families, partners, and support groups of  
2 PLHIV.

3 **SEC. 37. Care and Support for Overseas Workers Living with HIV. –**

4 The Overseas Workers Welfare Administration (OWWA), in coordination with the  
5 DOH, DSWD, DFA, CFO, and the Bureau of Quarantine and International Health  
6 Surveillance, shall develop a program to provide a stigma-free comprehensive  
7 reintegration, care, and support program, including economic, social, and medical  
8 support for overseas workers, regardless of employment status and stage in the  
9 migration process.

10 **SEC. 38. Care and Support for Affected Families, Intimate Partners,**  
11 **Significant Others and Children of People Living with HIV. –** The DSWD,

12 DOH, and LGUs, in consultation with CSOs and affected families of PLHIV shall  
13 develop care and support programs for affected families, intimate partners,  
14 significant others, and children of PLHIV, which shall include the following:

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

17 (b) Educational assistance for children infected with HIV and children  
18 orphaned by HIV and AIDS; and

19 (c) HIV treatment and management of opportunistic infections for minors  
20 living HIV who are not eligible under the Outpatient HIV and AIDS Treatment  
21 (OHAT) Package of the Philippine Health Insurance Corporation (PhilHealth).

22 **SEC. 39. Care and Support Program in Prisons and Others Closed-**  
23 **Setting Institutions. –** All prisons, rehabilitation centers, and other closed-setting

24 institutions shall have comprehensive STI, HIV and AIDS prevention and control  
25 program that includes HIV education and information, HIV counseling and testing,  
26 and access to HIV treatment and care services. The DOH, in coordination with DILG,  
27 DOJ, and DSWD, shall develop HIV and AIDS comprehensive programs and policies,  
28 which include the HIV counseling and testing procedures in prisons, rehabilitation  
29 centers, and other closed-setting institutions.

30 PLHIV in prisons, rehabilitation centers, and other closed-setting institutions  
31 shall be provided HIV treatment, which includes anti-retroviral drugs, care, and  
32 support in accordance with the national guidelines. Efforts should be undertaken to

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1 ensure the continuity of care at all stages, from admission or imprisonment to  
2 release. The provision on informed consent and confidentiality shall also apply in  
3 closed-setting Institutions.

4 **SEC. 40. Non-discriminatory HIV and AIDS Services.** – The members  
5 of the PNAC, in cooperation with CSOs, and in collaboration with DOJ and CHR, shall  
6 ensure the delivery of non-discriminatory HIV and AIDS services by government and  
7 private HIV and AIDS service providers.

8 **SEC. 41. Protection of HIV Educators, Licensed Social Workers,  
9 Health Workers, and Other HIV and AIDS Service Providers from  
10 Harassment.** – Any person involved in the provision of HIV and AIDS services,  
11 including peer educators, shall be protected from suit, arrest or prosecution, and  
12 from civil, criminal or administrative liability, on the basis of their delivery of such  
13 services in HIV prevention. This protection does not cover acts which are committed  
14 in violation of this Act.

15 **SEC. 42. Health Insurance and Similar Health Services.**– The  
16 PhilHealth shall:

17 (a) Develop a benefit package for PLHIV that shall include coverage for in-  
18 patient and out-patient medical and diagnostic services, including medication and  
19 treatment;

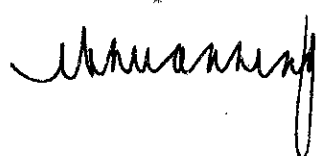
20 (b) Develop a benefit package for the unborn and the newborn child from  
21 infected mothers;

22 (c) Set a reference price for HIV services in government hospitals;

23 (d) Conduct programs to educate the human resource units of companies on  
24 the Philhealth package on HIV and AIDS; and

25 (e) Develop a mechanism for orphans living with HIV to access HIV benefit  
26 package.

27 The PhilHealth shall enforce confidentiality in the provision of these packages  
28 to PLHIV. No PLHIV shall be denied or deprived of private health insurance under a  
29 Health Maintenance Organization (HMO) and private life insurance coverage under a  
30 life insurance company on the basis of the person's HIV status. Furthermore, no  
31 person shall be denied of his life insurance claims if he dies of HIV or AIDS under a  
32 valid and subsisting life insurance policy.



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1 from the subject of confidential HIV and AIDS information, have subsequently been  
2 granted access to the same confidential information.

3 (b) *Media Disclosure* – It shall be unlawful for any editor, publisher, reporter  
4 or columnist, in case of printed materials, or any announcer or producer in case of  
5 television and radio broadcasting, or any producer or director of films in case of the  
6 movie industry, or any other individual or organization in case of social media, to  
7 disclose the name, picture, or any information that would reasonably identify  
8 persons living with HIV and AIDS, or any confidential HIV and AIDS information,  
9 without the prior written consent of their subjects except when the persons waive  
10 said confidentiality through their own acts and omissions under Section 4(a) of  
11 Republic Act No. 10175, otherwise known as the "Cybercrime Prevention Act of  
12 2012" and Section 25 of Republic Act No. 10173, otherwise known as the "Data  
13 Privacy Act of 2012".

14 **SEC. 45. Exceptions.** – Confidential HIV and AIDS information may be  
15 released by HIV testing facilities without consent in the following instances:

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

19 (b) When informing other health workers directly involved in the treatment  
20 or care of a PLHIV: *Provided*, That such worker shall be required to perform the duty  
21 of shared medical confidentiality; and

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

29 **SEC. 46. Disclosure of HIV-Related Test Results.** – The result of any  
30 test related to HIV shall be disclosed by the trained service provider who conducts  
31 pre-test and post-test counseling only to the individual who submitted to the test. If  
32 the patient is below fifteen (15) years old, an orphan, or is mentally incapacitated,





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1 the result may be disclosed to either of the patient's parents, legal guardian, or a  
2 duly assigned licensed social worker or health worker, whichever is applicable:  
3 *Provided*, That when a person below fifteen (15) years of age and not suffering from  
4 any mental incapacity, has given voluntary and informed consent to the procedure in  
5 accordance with Section 29 (b) of this Act, the result of the test shall be disclosed to  
6 the child: *Provided, further*, That the child should be given age-appropriate  
7 counseling and access to necessary health care and sufficient support services.

8 It may also be disclosed to a person authorized to receive such results in  
9 conjunction with the DOH Monitoring Body as provided in Section 43 of this Act.

10 **SEC. 47. Disclosure to Persons with Potential Exposure to HIV.** – Any  
11 person who, after having been tested, is found to be infected with HIV is strongly  
12 encouraged to disclose this health condition to the spouse, sexual partners, and/or  
13 any person prior to engaging in penetrative sex or any potential exposure to HIV. A  
14 person living with HIV may seek help from qualified professionals including medical  
15 professionals, health workers, peer educators, or social workers to support him in  
16 disclosing this health condition to one's partner or spouse. Confidentiality shall  
17 likewise be observed. Further, the DOH, through the PNAC, shall establish an  
18 enabling environment to encourage newly tested HIV-positive individuals to disclose  
19 their status to partners.

20 **SEC. 48. Duty of Employers, Heads of Government Offices, Heads of**  
21 **Public and Private Schools or Training Institutions, and Local Chief**  
22 **Executives.** – It shall be the duty of private employers, heads of government  
23 offices, heads of public and private schools and training institutions, and local chief  
24 executives over all private establishments within their territorial jurisdiction, to  
25 prevent or deter acts of discrimination against PLHIV, and to provide procedures for  
26 the resolution, settlement, or prosecution of acts of discrimination. Towards this end,  
27 the private employer, head of office, or local chief executive shall:

- 28 (a) Promulgate rules and regulations prescribing the procedure for the  
29 investigation of discrimination cases and the administrative sanctions thereof; and  
30 (b) Create an *ad hoc* committee on the investigation of discrimination  
31 cases.

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1 The committee shall conduct meetings to increase the members' knowledge  
2 and understanding of HIV and AIDS, and to prevent incidents of discrimination. It  
3 shall also conduct the administrative investigation of alleged cases of discrimination.

4  
5 **ARTICLE VII**  
6 **DISCRIMINATORY ACTS AND PRACTICES AND CORRESPONDING**  
7 **PENALTIES**

8 **SEC. 49. Discriminatory Acts and Practices.** – The following  
9 discriminatory acts and practices shall be prohibited:

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

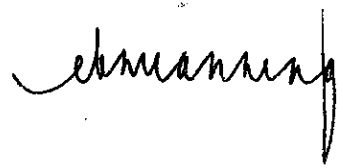
14 (b) *Discrimination in Learning Institutions.* – Refusal of admission, expulsion,  
15 segregation, imposition of harsher disciplinary actions, or denial of benefits or  
16 services of a student or a prospective student solely or partially on the basis of  
17 actual, perceived, or suspected HIV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

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

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

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

30 (f) *Exclusion from Credit and Insurance Services.* – Exclusion from health,  
31 accident or life insurance, or credit and loan services, including the extension of such  
32 loan or insurance facilities, of an individual solely or partially on the basis of actual,





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1 perceived, or suspected HIV status: *Provided*, That the PLHIV has not concealed or  
2 misrepresented the fact to the insurance company or loan or credit service provider  
3 upon application;

4 (g) *Discrimination in Hospitals and Health Institutions.* – Denial of health  
5 services, or being charged with a higher fee, on the basis of actual, perceived, or  
6 suspected HIV status is a discriminatory act and is prohibited;

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


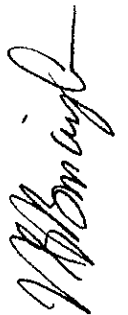
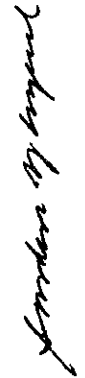
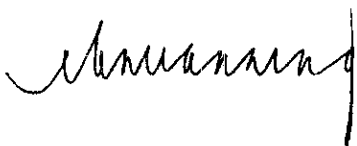
10 (i) *Act of Bullying.* – Bullying in all forms, including name-calling, upon a  
11 person based on actual, perceived, or suspected HIV status, including bullying in  
12 social media and other online portals; and

13 (j) Other similar or analogous discriminatory acts.

14 **SEC. 50. Penalties. –**

15 (a) Any person who commits the prohibited act under Section 22 of this Act  
16 on misinformation on HIV and AIDS shall, upon conviction, suffer the penalty of  
17 imprisonment ranging from one (1) year but not more than ten (10) years, a fine of  
18 not less than Fifty thousand pesos (P50,000), but not more than Five hundred  
19 thousand pesos (P500,000), or both, at the discretion of the court: *Provided*, That if  
20 the offender is a manufacturer, importer or distributor of any drugs, devices, agents,  
21 and other health products, the penalty of at least five (5) years imprisonment, but  
22 not more than ten (10) years, and a fine of at least Five hundred thousand pesos  
23 (P500,000), but not more than Five million pesos (P5,000,000) shall be imposed:  
24 *Provided, further*, That drugs, devices, agents, and other health products found in  
25 violation of Section 21 of this Act may be seized and held in custody when the FDA  
26 Director-General has reasonable cause to believe facts found by him/her or an  
27 authorized officer or employee of the FDA that such health products may cause  
28 injury or prejudice to the consuming public;

29 (b) Any person who violates the second sentence of Section 24 of this Act  
30 on police operations *vis-á-vis* comprehensive health intervention for key populations  
31 shall, upon conviction, suffer the penalty of imprisonment of one (1) year to five (5)  
32 years, and a fine of not less than One hundred thousand pesos (P100,000.00), but





1 not more than Five hundred thousand pesos (P500,000.00): *Provided*, That the law  
2 enforcement agents found guilty shall be removed from public service;

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

9 The permit or license of the business entity and the accreditation of the HIV  
10 testing centers may be cancelled or withdrawn if these establishments fail to  
11 maintain safe practices and procedures as may be required by the guidelines  
12 formulated in compliance with Section 26, on blood, tissue, or organ donation, and  
13 Section 28, on medical management, surgical, and other related procedures;

14 (d) Any person who violates Section 41 of this Act, on the protection of HIV  
15 educators, licensed social workers, health workers, and other HIV and AIDS service  
16 providers from harassment shall, upon conviction, suffer the penalty of  
17 imprisonment of six (6) months to five (5) years, and a fine of not less than One  
18 hundred thousand pesos (P100,000.00), but not more than Five hundred thousand  
19 pesos (P500,000.00): *Provided*, That if the person who violates this provision is a  
20 law enforcement agent or a public official, administrative sanctions may be imposed  
21 in addition to imprisonment and/or fine, at the discretion of the court;

22 (e) Any person, natural or juridical, who violates the provisions of Section 42  
23 of this Act on health insurance and similar services shall, upon conviction, suffer the  
24 penalty of imprisonment of six (6) months to five (5) years, and/or a fine of not less  
25 than Fifty thousand pesos (P50,000.00), at the discretion of the court, and without  
26 prejudice to the imposition of administrative sanctions such as fines, suspensions or  
27 revocation of business permit, business license or accreditation, and professional  
28 license;

29 (f) Any person who violates the provisions of Section 44 of this Act on  
30 confidentiality shall, upon conviction, suffer the following penalties:

31 (1) Six (6) months to two (2) years of imprisonment for any person who  
32 breaches confidentiality, and/or a fine of not less than Fifty thousand pesos

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1 (P50,000.00), but not more than One hundred fifty thousand pesos  
2 (P150,000.00), at the discretion of the court;

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

9 (3) Five (5) years and one (1) day to seven (7) years of imprisonment for  
10 any health professional, medical instructor, worker, employer, recruitment  
11 agency, insurance company, data encoder, and other custodian of any  
12 medical record, file, data, or test result who breaches confidentiality, and/or a  
13 fine of not less than Three hundred fifty thousand pesos (P350,000.00), but  
14 not more than Five hundred thousand pesos (P500,000.00), at the discretion  
15 of the court.

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

19 (g) Any person who shall violate any of the provisions in Section 49 on  
20 discriminatory acts and practices shall, upon conviction, suffer the penalty of  
21 imprisonment of six (6) months to five (5) years, and/or a fine of not less than Fifty  
22 thousand pesos (P50,000.00) but not more than Five hundred thousand pesos  
23 (P500,000.00), at the discretion of the court, and without prejudice to the imposition  
24 of administrative sanctions such as fines, suspension or revocation of business  
25 permit, business license or accreditation, and professional license; and

26 (h) Any person who has obtained knowledge of confidential HIV and AIDS  
27 information and uses such information to malign or cause damage, injury, or loss to  
28 another person shall face liability under Article 19, 20, 21, and 26 of the new Civil  
29 Code of the Philippines and relevant provisions of Republic Act No. 10173, otherwise  
30 known as the "Data Privacy Act of 2012".

31 If the offender is a corporation, association, partnership or any other juridical  
32 person, the penalty of imprisonment shall be imposed upon the responsible officers

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1 and employees, as the case may be, who participated in, or allowed by their gross  
2 negligence, the commission of the crime, and the fine shall be imposed jointly and  
3 severally on the juridical person and the responsible officers and/or employees.  
4 Furthermore, the court may suspend or revoke its license or business permit.

5 If the offender is an alien, he/she shall, in addition to the penalties prescribed  
6 herein, be deported without further proceedings after serving penalties herein  
7 prescribed.

8 If the offender is a public official or employee, he/she shall, in addition to the  
9 penalties herein, suffer perpetual or temporary absolute disqualification from office,  
10 as the case may be.

11 **SEC. 51. Penalties Collected.** -- The penalties collected pursuant to this  
12 section shall be put into a special fund to be administered by the PNAC, and shall be  
13 used for initial interventions required to address gaps in the national response on the  
14 part of government agencies and its partners from civil society and international  
15 organizations in accordance with Section 5(1) of the Act.

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#### ARTICLE VIII

18

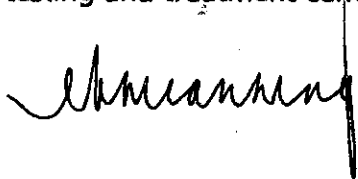
#### FINAL PROVISIONS

19 **SEC. 52. Appropriations.** -- The amount needed for the initial  
20 implementation of this Act shall be charged against the appropriations for the DOH.  
21 Thereafter, such sums as may be necessary for the continued implementation of this  
22 Act shall be included in the annual GAA.

23 The DBM, in coordination with the Department of Finance (DOF) and the  
24 DOH, and other relevant government agencies, shall consider the incidence of HIV  
25 and AIDS, in determining the annual appropriations for the implementation of this  
26 Act in accordance with the AMTP. A separate budget item in the annual  
27 appropriations of LGUs shall be allocated for their action plans specified in this Act.

28 The funding requirement needed to provide for the health insurance package  
29 and other services for PLHIV as stated in Section 42 hereof shall be charged against  
30 the PhilHealth's corporate funds.

31 The funding needed to upgrade or construct government administered HIV  
32 testing and treatment centers shall be funded from the revenues of the sin tax under



1 Republic Act No. 8424, otherwise known as the "National Internal Revenue Code", as  
2 amended by Republic Act No. 10351 and shall be prioritized under the health  
3 facilities enhancement program of the DOH.

4 The funds to be appropriated for the operations of the PNAC shall be a  
5 distinct and separate budget item from the regular appropriation for the DOH, and  
6 shall be administered by the Secretary of Health. In no circumstance shall the  
7 appropriations, savings, and other resources of the PNAC be realigned to the  
8 programs and projects of the DOH or any other government agency, unless such  
9 program or project is related to the implementation of the provisions under this Act.

10 **SEC. 53. Transitory Provision.** – The personnel designated by the DOH as  
11 Secretariat of the PNAC under Section 7 of this Act shall be absorbed as permanent  
12 personnel to fill the positions of the Secretariat as provided in this Act.

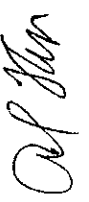
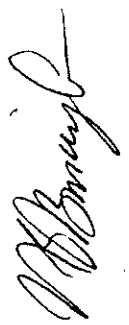
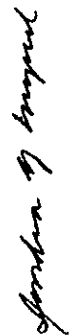
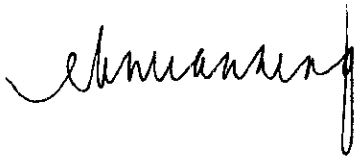
13 **SEC. 54. Implementing Rules and Regulations.** – The PNAC within  
14 ninety (90) days from the effectivity of this Act shall promulgate the necessary  
15 implementing rules and regulations for the effective implementation of the provisions  
16 of this Act.

17 **SEC. 55. Repealing Clause.** – Republic Act No. 8504, otherwise known as  
18 the "Philippine AIDS Prevention and Control Act of 1998", is hereby repealed.

19 All decrees, executive orders, proclamations, and administrative regulations or  
20 parts thereof, particularly in Republic Act No. 3815, otherwise known as the "Revised  
21 Penal Code", Republic Act No. 8353, otherwise known as the "Anti-Rape Law of  
22 1997", Executive Order No. 209, otherwise known as the "Family Code of the  
23 Philippines", Republic Act No. 7719, otherwise known as the "National Blood Services  
24 Act of 1994", and Republic Act No. 7170, otherwise known as the "Organ Donation  
25 Act of 1991", inconsistent with the provisions of this Act are hereby repealed,  
26 amended or modified accordingly.

27 **SEC. 56. Separability Clause.** – If any provision or part of this Act is  
28 declared unconstitutional the remaining parts or provisions not affected shall remain  
29 in full force and effect.

30 **SEC. 57. Effectivity.** – This Act shall take effect fifteen (15) days after its  
31 complete publication in the *Official Gazette* or in a national newspaper of general  
32 circulation.



Approved,

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**JOINT EXPLANATORY STATEMENT**

The Conference Committee on the disagreeing provisions of Senate Bill No. 1390 and House Bill No. 6617, after having met and fully discussed the subject matter, hereby report to their respective Houses the following, that:

1. The proposed reconciled version provided in the matrix of the differing provisions of SBN 1390 and HB 6617, was adopted as the working draft.
2. The following are the highlights of the reconciled version, which is a combination of the Senate and House versions with several amendments.

- In SEC. 2 – *Declaration of Policy* of the reconciled version, an omnibus amendment is the deletion of the phrase “HIV/AIDS epidemic” and replacing it with “HIV and AIDS situation.” The phrase “and expression” was added after the phrase “gender identity,” which is also an omnibus amendment throughout the bill.

- In SEC. 3 – *Definition of Terms*, the definition of “Gender Expression” was added, which reads as follows:

“j) *Gender Expression* refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, communication or speech pattern, or body characteristics;”

- SEC. 4 - *Philippine National AIDS Council (PNAC)* of the reconciled version was adopted from the House version, with amendments, which now reads as follows:

“**SEC. 4. *Philippine National AIDS Council (PNAC)*.** – The PNAC, established under Section 43 of Republic Act No. 8504, otherwise known as the “Philippine AIDS Prevention and Control Act of 1998”, shall be reconstituted and streamlined to ensure the implementation of the country’s response to the HIV and AIDS situation.

The PNAC shall be an agency attached to the DOH with a separate budget under the General Appropriations Act (GAA). It shall have its own secretariat and staffing pattern that shall be headed by an executive director."

- In SEC. 5 – *Functions* , subsections (l) and (m) were added to read as follows:

"(l) Identify gaps in the national response on the part of government agencies and its partners from civil society and international organizations, in order to develop and implement the initial interventions required in these situations; and

(m) Recommend policies and programs that will institutionalize or continue the interventions required in addressing the gaps identified in the national response to the HIV and AIDS situation of the country."

- SEC. 6 - *Membership and Composition*. The first paragraph of SEC. 6 of the Reconciled Bill on criteria of the selection of members to the Philippine National AIDS Council (PNAC) was taken from the House version. The membership of the PNAC under the reconciled bill has a total of 21 members, consisting of nine (9) national government agencies, the Chairperson of the Committee on Health and Demography of the Senate of the Philippines, the Chairperson of the Senate Committee on Health of the House of Representatives, two (2) representatives from organizations of persons living with HIV and AIDS, one (1) representative from a private organization with expertise in standard setting and service delivery; and six (6) representatives from NGOs working for the welfare of identified key populations. The nine (9) national government agencies include the following: Department of Health (DOH), Department of Education (DepEd), Department of Labor and Employment (DOLE), Department of the Interior and Local Government (DILG), Civil Service Commission (CSC), Commission on Higher Education (CHED), National Youth Commission (NYC), Philippine Information Agency (PIA), and Department of Budget and Management (DBM).
- SEC. 13 - *Education for Parents and Guardians* of the reconciled version is a new provision formulated in response to the point raised by the Bicam members

on the need to educate the parents on HIV and AIDS. SEC. 13 of the reconciled bill reads as follows:

**"SEC. 13. *Education for Parents and Guardians.*** – The DepEd in coordination with parent-teacher organizations in schools and communities shall conduct awareness-building seminars in order to provide parents and guardians with a gender-responsive and age-sensitive HIV and AIDS education."

- SEC. 18 - *Information for Tourists and Transients* of the reconciled bill was adopted from the Senate version with amendment to emphasize the role of the Philippine Information Agency, together with relevant government agencies, in designing standardized HIV and AIDS information and education materials for tourists and transients. SEC 18 of the reconciled bill reads as follows:

**"SEC. 18. *Information for Tourists and Transients.*** – Educational materials on the causes, modes of transmission, prevention, and consequences of HIV infection and list of HIV counseling testing facilities shall be adequately provided at all international and local ports of entry and exit. The PIA, together with other relevant government agencies, in coordination with the PNAC and stakeholders in the tourism industry, shall lead the implementation of this section."

- SEC. 19 - *Education in Communities* of the reconciled bill was adopted from the Senate version with an amendment to give focus on indigenous people and GIDA. The following sentence was added as a second paragraph to SEC. 19 of reconciled bill:

"Indigenous peoples communities and geographically isolated and disadvantaged areas (GIDA) shall also be given due focus in the implementation of this section."



- SEC. 24 - *Comprehensive Health Intervention for Key Populations* was adopted from the House version with substantial amendments, which reads as follows:

**"SEC. 24. *Comprehensive Health Intervention for Key Populations.*** – The DILG and DOH, in partnership with the key populations, shall establish a human rights and evidence-based HIV prevention policy and program for people who have higher risk of HIV infection and other key populations.

The presence of used or unused prophylactics shall not be used as basis to conduct raids or similar police operations in sites and venues of HIV prevention interventions. The DILG and DOH, in coordination with LGUs, shall establish a national policy to guarantee the implementation of this provision."

- SEC. 29 – *HIV Testing* of the reconciled bill, adopted from both the Senate and House versions had the following amendments: (1) On subsections (a), the phrase "*In keeping with the principle of the evolving capacities of the child as defined in Section 3(i) of this Act*" was added at the start of the paragraph of subsection (a); (2) On subsection (b), the phrase "*In keeping with the mature minor doctrine as defined in Section 3(bb) of this Act*" was also added at the start of the paragraph; and (3) On subsection (c), the phrase "*To protect the best interest of the child*" was added at the beginning of the last sentence, before the phrase "*the assent.*"

- The title of SEC. 31 of the reconciled bill, which was adopted from SEC. 28 of the Senate version and SEC. 29 of the House version (HIV Counseling and Testing) with amendment to emphasize "routine provider initiated and client initiated HIV counselling and testing", reads as follows:

**"SEC. 31 - *Mechanisms and Standards on Routine Provider-Initiated and Client-Initiated HIV Counseling and Testing.*"**

- SEC. 41 of the reconciled version, adopted from the House version with amendments to clarify its intent, reads as follows:

**"SEC. 41. *Protection of HIV Educators, Licensed Social Workers, Health Workers, and Other HIV and AIDS Service***

***Providers from Harassment.*** – Any person involved in the provision of HIV and AIDS services, including peer educators, shall be protected from suit, arrest or prosecution, and from civil, criminal or administrative liability, on the basis of their delivery of such services in HIV prevention. This protection does not cover acts which are committed in violation of this Act.”

- SEC. 42 - *Health Insurance and Similar Health Services* of the reconciled bill, which was adopted from the Senate and House versions with amendments to ensure that no person shall be denied of life insurance claims. The last paragraph of SEC. 42 of the reconciled bill reads as follows:

“The PhilHealth shall enforce confidentiality in the provision of these packages to PLHIV. No PLHIV shall be denied or deprived of private health insurance under a Health Maintenance Organization (HMO) and private life insurance coverage under a life insurance company on the basis of the person’s HIV status. Furthermore, no person shall be denied of his life insurance claims if he dies of HIV or AIDS under a valid and subsisting life insurance policy. The Insurance Commission (IC) shall implement this provision and shall develop the necessary policies to ensure compliance.”

- SEC. 51 - *Penalties Collected* of the reconciled bill, adopted from the House version with amendments to state the intent of the bill that penalties collected shall be used to fund programs on HIV and AIDS. SEC. 51 of the reconciled bill reads as follows:

“**SEC. 51. *Penalties Collected.*** – The penalties collected pursuant to this section shall be put into a special fund to be administered by the PNAC, and shall be used for initial interventions required to address gaps in the national response on the part of government agencies and its partners from civil society and international organizations in accordance with Section 5(l) of the Act.”

- The long title of the reconciled bill was adopted from both the Senate and House versions with the word “ESTABLISHING” was replaced by the word “RECONSTITUTING”. Thus, the long title of the reconciled bill now reads as follows:

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

In case of a conflict between the statements/amendments stated in this Joint Explanatory Statement and that of the provisions of the reconciled bill in the accompanying Conference Committee Report, the provisions of the latter shall prevail.



**REP. ANGELINA "HELEN" D.L. TAN, M.D.**  
Chairperson  
House Panel



**SEN. JOSEPH VICTOR G. EJERCITO**  
Chairperson  
Senate Panel