

SEVENTEENTH CONGRESS  
CONGRESS OF THE PHILIPPINES  
First Regular Session  
HOUSE OF REPRESENTATIVES

House Bill No. **581**

HOUSE OF REPRESENTATIVES

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Introduced by REPRESENTATIVE PIA S. CAYETANO

**EXPLANATORY NOTE**

More than a decade after Republic Act 8504 or the Philippine AIDS Prevention and Control Act of 1998 became law, the HIV/AIDS problem in the Philippine has worsened contrary to the primary goal of the legislation, which was to thwart the growing prevalence of this disease in the country.

Since the year 2000, there has been a steady increase in the number of HIV/AIDS positive cases reported in the Philippine HIV and AIDS Registry. The Philippines, in fact, remains one of only seven countries in the world where the number of new HIV cases has increased by over 25% from 2001 to 2009.<sup>1</sup> In 2008, there was 1 new HIV case diagnosed per day. In 2015, there were 22 new HIV cases diagnosed each day.<sup>2</sup> In November of 2015 alone, there were 627 new HIV cases. In the same month, there were 174 reported deaths, which is likely an underestimate of the total number of deaths among people with HIV in the Philippines.<sup>3</sup>

The alarming rise in HIV/AIDS incidence and the continuing culture of silence that surrounds the disease raise questions on the effectiveness of RA 8504. Budgetary constraints, organizational confusion, and policy incongruence have hindered the full implementation of the law to effect its legislative purpose.

This bill seeks to address the gaps in RA 8504 and make it more responsive to what is feared to be an impending epidemic, through the following: 1) strengthen the governance structure that spearheads HIV/AIDS response; 2) clarify and refine the roles of state institutions to promote efficiency and reinforce governmental capabilities in addressing the disease; 3) harmonize the HIV/AIDS response with other related laws, policies and programs; and 4) highlight the significant roles of people living with HIV/AIDS and local communities in raising awareness about the disease and reducing the stigma attached to it, and bringing to the fore existing realities on the ground to generate immediate and relevant policy and societal change.

The fight against the spread of HIV/AIDS necessitates an inclusive, integrative, nondiscriminatory, and comprehensive approach that emphasizes cohesive and sustained collective action. Indeed, there is no better time to address the looming HIV/AIDS crisis than the present, while we still can. We must not forget that a prosperous nation starts with a healthy citizenry.

*Pia S. Cayetano*  
PIA S. CAYETANO

<sup>1</sup> <http://www.unicef.org/philippines/hivaids.html#Vp-2HWQrLZs>

<sup>2</sup> HIV/AIDS & ART Registry of the Philippines. Department of Health (November 2015).

<sup>3</sup> Ibid.

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**AN ACT**  
**STRENGTHENING THE PHILIPPINE COMPREHENSIVE POLICY ON HIV AND AIDS PREVENTION, TREATMENT, CARE AND SUPPORT AND ESTABLISHING THE PHILIPPINE NATIONAL HIV AND AIDS PROGRAM, REVISING 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 "The Revised Philippine  
2 HIV and AIDS Policy and Program Act".  
3

4 **SEC. 2. *Declaration of Policies.*** - The Human Immunodeficiency Virus and  
5 Acquired Immune Deficiency Syndrome (HIV and AIDS) are public health concerns  
6 that have wide-ranging social, political, and economic repercussions. Responding to  
7 the HIV and AIDS epidemic is therefore imbued with public interest, and accordingly,  
8 the State shall:  
9

10 a. Establish policies and programs to prevent the spread of HIV and deliver  
11 treatment care and support services to Filipinos living with HIV in accordance  
12 with evidence-based strategies and approaches that follow the principles of  
13 human rights, gender equality, and meaningful participation of communities  
14 affected by the epidemic.  
15

16 b. Adopt a multi-sectoral approach in responding to the HIV epidemic by  
17 ensuring that local communities, civil society organizations, and persons living  
18 with HIV are involved in the process.  
19

20 c. Remove all barriers to HIV and AIDS-related services by eliminating the  
21 climate of stigma that surrounds the epidemic and the people directly and  
22 indirectly affected by it.  
23

24 d. Positively address and seek to eradicate conditions that aggravate the  
25 spread of HIV infection, including but not limited to, poverty, gender inequality,  
26 prostitution, marginalization, drug abuse and ignorance.  
27

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

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

13  
14 **SEC. 3. Definition of Terms.** - As used in this Act, the following terms shall be  
15 defined as follows:

- 16  
17 a. **Acquired Immune Deficiency Syndrome (AIDS)** refers to a condition where a  
18 body's immune system is reduced due to HIV infection, making an individual  
19 susceptible to opportunistic infections;  
20  
21 b. **Anti-retroviral Treatment** refers to the treatment that stops or suppresses a  
22 retrovirus like HIV;  
23  
24 c. **Civil Society Organizations (CSOs)** refer to a group or groups of non-  
25 governmental and non-commercial individuals or legal entities that are engaged in  
26 uncoerced collective action around shared interests, purposes and values;  
27  
28 d. **Community-based research** takes place in community settings and involves  
29 community members in the design and implementation of research projects.  
30  
31 e. **Compulsory HIV Testing** refers to HIV testing imposed upon an individual  
32 characterized by lack of consent, use of force or intimidation, the use of testing as  
33 a prerequisite for employment or other purposes, and other circumstances when  
34 informed choice is absent;  
35  
36 f. **Discrimination** refers to any action taken to distinguish, exclude, restrict or show  
37 preference based on any ground such as sex, gender, age, sexual orientation,  
38 gender identity, economic status, disability and ethnicity, whether actual or  
39 perceived, and which has the purpose or effect of nullifying or impairing the  
40 recognition, enjoyment or exercise by all persons similarly situated, of all rights  
41 and freedoms;  
42  
43 g. **Evolving Capacities of Children** refer to the concept enshrined in Article 5 of the  
44 Convention on the Rights of the Child recognizing the developmental changes and  
45 the corresponding progress in cognitive abilities and capacity for self-  
46 determination undergone by children as they grow up thus requiring parents and  
47 others charged with responsibility for the child to provide varying degrees of  
48 protection and to allow their participation in opportunities for autonomous decision-  
49 making in different contexts and across different areas of decision-making;  
50

- 1 h. **Gender Identity** refers to a person's internal and individual experience of gender  
2 that may or may not correspond with the sex assigned at birth, including the  
3 person's sense of the body, which may involve, if freely chosen, modification of  
4 bodily appearance or function by medical, surgical and other means, and other  
5 experience of gender, among them, dress, speech, and mannerism;  
6
- 7 i. **HIV and AIDS Counselor** refers to any individual trained by an institution or  
8 organization accredited by the Philippine National AIDS Council (PNAC) to  
9 conduct training or counseling on HIV and AIDS, HIV prevention, and human  
10 rights and stigma reduction;  
11
- 12 j. **HIV Counseling** refers to the provision of information on HIV and AIDS, how it is  
13 spread and how it may be prevented, risk-reduction approaches, and information  
14 on treatment, care and support for persons living with HIV, which is conducted  
15 before and after HIV testing;  
16
- 17 k. **HIV Testing** refers to any facility-based or mobile medical procedure that is  
18 conducted to determine the presence or absence of HIV in person's body, is  
19 confidential, voluntary in nature and must be accompanied by counseling prior to,  
20 and after the testing, and conducted only with the informed consent of the person;  
21
- 22 l. **HIV-Related Testing** refers to any laboratory testing or procedure done on an  
23 individual whether the person is HIV positive or negative;  
24
- 25 m. **HIV Testing Facility** refers to any DOH-accredited in-site or mobile testing  
26 center, hospital, clinic, laboratory and other facility that has the capacity to conduct  
27 voluntary HIV counseling and HIV testing;  
28
- 29 n. **Human Immunodeficiency Virus (HIV)** refers to the virus that causes AIDS;  
30
- 31 o. **Key Affected Populations at Higher Risk of HIV Exposure or 'Key**  
32 **Populations'** refer to those persons whose behavior make them more likely to  
33 be exposed to HIV or to transmit the virus, as determined by PNAC. The term  
34 includes children below the age of eighteen (18); youth and adults living with HIV;  
35 men who have sex with men; transgender persons; people who inject drugs; and  
36 people who sell sexual services or favors;  
37
- 38 p. **Laboratory** refers to areas or places where research studies are being  
39 undertaken to further develop local evidence base for effective HIV programs;  
40
- 41 q. **Non-Mandatory HIV Anti-Body Testing** refers to a health care provider initiating  
42 HIV anti-body testing to a person practicing high-risk behavior or vulnerable to  
43 HIV after conducting HIV pre-test counseling. The person may elect to decline or  
44 defer testing such that consent is conditional;  
45
- 46 r. **Opportunistic Infection (OI)** refers to illnesses caused by various organisms,  
47 many of which do not cause disease in persons with healthy immune systems;  
48
- 49 s. **Person Living with HIV** refers to any individual diagnosed to be infected with  
50 HIV;

