

SEVENTEENTH CONGRESS
OF THE REPUBLIC OF THE PHILIPPINES
First Regular Session

HOUSE OF REPRESENTATIVES
House Bill No. 538

HOUSE OF REPRESENTATIVES
RECEIVED
DATE: <u>30 JUN 2016</u>
TIME: <u>6:12 pm</u>
BY: <u>[Signature]</u>
REGISTRATION UNIT BILLS AND INDEX SERVICE

Introduced by Representative Victor A. Yap

EXPLANATORY NOTE

Within the last five years the number of reported cases of HIV infection in the Philippines has risen dramatically. Previously categorized as a “low and slow” country, the HIV incidence in the country has increased rapidly starting in 2010. According to the latest data from the Philippine Department of Health’s Epidemiology Bureau, the number of individuals with HIV newly diagnosed per day rose to 22 in 2015, from just one in 2008, four in 2010, nine in 2012 and 17 in 2014.


In July 2015, 682 new cases were registered, a seventeen percent (17%) increase in comparison to July 2014. Ninety-four per cent (94%) of these cases were male and the average age was twenty-seven (27). Half of the individuals diagnosed as HIV positive belong to those aged 25-to-34 years old, while thirty percent (30%) were youth aged 15 to 24.

Despite warnings issued by domestic and international HIV experts, we are on the brink of an HIV epidemic. Thus far, response to the HIV threat has been marked with complacency – condom use is low among Filipinos and among key populations, sexually transmitted infections and multiple sexual partnerships are common. Further, the lack of political leadership and the reckless disregard of evidence-informed strategies and approaches have weakened the fight against HIV as modest targets for HIV and HIV-related services have not been met, and public spending on HIV prevention, treatment, care and support has dwindled from Php81 million in 2011 despite the alarming growth in HIV incidence in the country.

Moreover, the governance structure designated to spearhead the HIV response is saddled with bureaucratic confusion and uneven political commitments. Every five (5) years, thru the collaborative effort of various government agencies and civil society groups, the country adopts an HIV and AIDS Medium-Term Plan, a national road map on HIV and AIDS, but the implementation of this strategic plan is impeded by recalcitrant implementing agencies and lack of support from the national government.

Through the MDGs and other international development instruments, the Philippine government has consistently committed to reduce HIV infection, and while it has made progress in other development indicators, it has failed in achieving commitments on HIV. R.A. No. 8504, the present law on HIV and AIDS prevention needs to be amended in order to address the current situation and experience of the country in preventing, treating, and managing HIV and AIDS.

The passage of this bill is earnestly sought to address and halt the spread of HIV.


VICTOR A. YAP
Representative, 2nd District of Tarlac

HOUSE OF REPRESENTATIVES

House Bill No. 538

Introduced by Representative Victor A. Yap

AN ACT

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

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

- 1 **SECTION 1. Short Title.** – This Act shall be known as the “Philippine HIV and AIDS Policy
2 Act”.
- 3 **SEC. 2. Declaration of Policy.** – The Human Immunodeficiency Virus (HIV) and Acquired
4 Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social,
5 political, and economic repercussions. Responding to the HIV and AIDS epidemic is therefore
6 imbued with public interest. Accordingly, the State shall:
- 7 (a) Establish policies and programs to prevent the spread of HIV and deliver treatment, care, and
8 support services to Filipinos living with HIV in accordance with evidence-based strategies and
9 approaches that follow the principles of human rights, gender-responsiveness, and meaningful
10 participation of communities affected by the epidemic;
- 11 (b) Adopt a multi-sectoral approach in responding to the HIV epidemic by ensuring that local
12 communities, civil society organizations, and persons living with HIV are at the center of the
13 process;
- 14 (c) Remove all barriers to HIV and AIDS-related services by eliminating the climate of stigma that
15 surrounds the epidemic and the people directly and indirectly affected by it; and
- 16 (d) Positively address and seek to eradicate conditions that aggravate the spread of HIV infection,
17 which include poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance.
- 18 Respect for, protection of and promotion of human rights are the cornerstones of an effective
19 response to the HIV epidemic. The meaningful inclusion and participation of persons directly and
20 indirectly affected by the epidemic, especially persons living with HIV, are crucial in eliminating the
21 virus. Thus, unless otherwise provided in this Act, the confidentiality, anonymity, and non-
22 compulsory nature of HIV testing and HIV-related testing shall always be guaranteed and protected
23 by the State.

1 Policies and practices that discriminate on the basis of perceived or actual HIV status, sex, gender,
2 sexual orientation, gender identity, age, economic status, disability and ethnicity hamper the
3 enjoyment of basic human rights and freedom guaranteed in the Constitution and are deemed
4 inimical to national interest.

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

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

9 (b) Antiretroviral (ARV) refers to the treatment that stops or suppresses viral replication or
10 replications of a retrovirus like HIV, thereby slowing down the progression of infection;

11 (c) Civil society organizations (CSOs) refer to groups of nongovernmental and non-commercial
12 individuals or legal entities that are engaged in no coerced collective action around shared interests,
13 purposes and values;

14 (d) Community-based research refers to research study undertaken in community settings and which
15 involve community members in the design and implementation of research projects;

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

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

24 (g) Gender identity refers to a person's internal and individual experience of gender that may or may
25 not correspond with the sex assigned at birth, including the person's sense of the body, which may
26 involve, if freely chosen, modification of bodily appearance or function by medical, surgical and
27 other means, and experience of gender, among them, dress, speech, and mannerism;

28 (h) Harm reduction refers to evidence-based policies, programs and approaches that aim to reduce
29 transmission of HIV and its harmful consequences on health, social relations and economic
30 conditions;

31 (i) High-risk behaviour refers to a person's frequent involvement in certain activities that increase
32 the risk of transmitting or acquiring HIV;

33 (j) Human Immunodeficiency Virus (HIV) refers to the virus, of the type called retrovirus, which
34 infects cells of the human immune system –mainly CD4positiveT cells and macrophages-key
35 components of the cellular immune system – and destroys or impairs the cells' function. Infection
36 with HIV results in the progressive deterioration of the immune system, leading to immune
37 deficiency;

38 (k) HIV counselling refers to the interpersonal, dynamic communication process between a client
39 and a trained counsellor, who is bound by a code of ethics and practice, to resolve personal, social,
40 or psychological problems and difficulties, whose objective, in the context of an HIV diagnosis, is to
41 encourage the client to explore important personal issues, identify ways of coping with anxiety and
42 stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission)

