

*Republic Act 8504*

**THE PHILIPPINE AIDS  
PREVENTION AND CONTROL  
ACT OF 1998**

**Implementing Rules and Regulations**

A publication of the:  
**Philippine National AIDS Council**  
3rd Floor, Building 12, San Lazaro Compound,  
Sta. Cruz, Manila, Philippines

Also available at: [www.doh.gov.ph/aids](http://www.doh.gov.ph/aids)

# TABLE OF CONTENTS

## Foreword

## Republic Act No. 8504

Republic Act No. 8504 .....	1
Article I: Education and Information .....	5
Article II: Safe Practices and Procedures .....	7
Article III: Testing, Screening and Counselling .....	8
Article IV: Health and Support Services .....	10
Article V: Monitoring .....	11
Article VI: Confidentiality .....	11
Article VII: Discriminatory Acts and Policies .....	13
Article VIII: The Philippine National AIDS Council .....	14
Article IX: Miscellaneous Provisions .....	18

## Implementing Rules and Regulations

PNAC Resolution No.1 .....	20
Rule 1: Title and Application .....	21
Rule 2: Education and Information .....	29
Rule 3: Safe Practices and Procedures .....	39
Rule 4: Testing, Screening and Counseling .....	45
Rule 5: Health and Support Services .....	51
Rule 6: Monitoring .....	55
Rule 7: Confidentiality .....	57
Rule 8: Discriminatory Acts and Policies .....	59
Rule 9: The Philippine National AIDS Council .....	63
Rule 10: Miscellaneous Provisions .....	68
Signatories .....	69

DOH Administrative Orders Integral to the IRR .....	74
---	----

Reconstituted Philippine National AIDS Council .....	75
--	----

PNAC Organizational Structure .....	78
-------------------------------------	----



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

SANLAZAROCOMPOUND  
RIZAL AVENUE, STA. CRUZ,  
MANILA, PHILIPPINES  
Tel. Nos.: 711-9502; 711-9503  
Fax No.: 743-1829

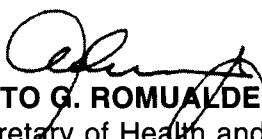


## **FOREWORD**

With the passage of Republic Act 8504 otherwise known as the Philippine AIDS Prevention and Control Act of 1998, the country's response to HIV/AIDS is now strengthened and concretized via the wide spectrum of provisions comprehensively contained in this law. This law also attempts to address major concerns involving various issues on human rights vis-a-vis public health and safety.

RA 8504 gains popular recognition as an international "best practice" in the field of HIV/AIDS. But the real test certainly lies on how the law will be effectively implemented that will spur the best response to the epidemic. Given this challenge, the Philippine National AIDS Council has promulgated the Implementing Rules and Regulations (IRR) that serves as the legal framework for the operationalization of RA 8504 and as guide to instituting appropriate actions against HIV/AIDS. With the IRR now in place, a bigger challenge awaits everyone in transforming the various provisions stated in the law into concrete positive actions.

Sincere appreciation goes to all stakeholders, allies and friends who have worked with diligence and thoroughness and have made an important contribution to ensuring that the IRR are comprehensive and faithful to the law.

  
**ALBERTO G. ROMUALDEZ JR., MD**  
Secretary of Health and Chair  
Philippine National AIDS Council





S. No. 1818  
H. No. 10510

Republic of the Philippines  
Congress of the Philippines  
Metro Manila

Tenth Congress

Third Regular Session

Begun and held in Metro Manila, on Monday the twenty-eight day of  
July, nineteen hundred and ninety-seven.

[ **REPUBLIC ACT NO. 8504** ]

AN ACT PROMULGATING POLICIES AND PRESCRIBING MEASURES FOR THE PREVENTION AND CONTROL OF HIV/AIDS IN THE PHILIPPINES, INSTITUTING A NATIONWIDE HIV/AIDS INFORMATION AND EDUCATIONAL PROGRAM, ESTABLISHING A COMPREHENSIVE HIV/AIDS MONITORING SYSTEM, STRENGTHENING THE PHILIPPINE NATIONAL AIDS COUNCIL, AND FOR OTHER PURPOSES.

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

**SECTION 1. Title** - This act shall be known as the "Philippine AIDS Prevention and Control Act of 1998."

**SEC. 2. Declaration of Policies** - Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong State action today, thus:



(a) The state shall promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.

(b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end,

(1) compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;

(2) the right to privacy of individuals with HIV shall be guaranteed;

(3) discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest; and

(4) provision of basic health and social services for individuals with HIV shall be assured.

(c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.

(d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance

(e) The State shall recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

**SEC. 3. *Definition of Terms*** - As used in this Act, the following terms are defined as follows:

- (a) “Acquired Immune Deficiency Syndrome (AIDS)” - a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body’s immune system, making the afflicted individual susceptible to other life-threatening infections.
- (b) “Anonymous Testing” - refers to an HIV testing procedure whereby the individual being tested does not reveal his/her true identity. An identifying number or symbol is used to substitute for the name and allows the laboratory conducting the test and the person on whom the test is conducted to match the test results with the identifying number or symbol.
- (c) “Compulsory HIV Testing” - refers to HIV testing imposed upon a person attended or characterized by the lack of or vitiated consent, use of physical force, intimidation or any form of compulsion.
- (d) “Contact tracing” - refers to the method of finding and counseling the sexual partner(s) of a person who has been diagnosed as having sexually transmitted disease.
- (e) “Human Immunodeficiency Virus (HIV)” - refers to the virus which causes AIDS.
- (f) “HIV/AIDS Monitoring” - refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.
- (g) “HIV/AIDS Prevention and Control” - refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV.
- (h) “HIV-positive” - refers to the presence of HIV infection as documented by the presence of HIV antibodies in the sample being tested.
- (i) “HIV-negative” - denotes the absence of HIV or HIV antibodies upon HIV testing.
- (j) “HIV Testing” - refers to any laboratory procedure done on an individual to determine the presence or absence of HIV infection.



(k) “HIV Transmission” - refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy.

(l) “High-Risk Behavior”- refers to a person’s frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.

(m) “Informed Consent” - refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.

(n) “Medical Confidentiality” - refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist nurse medical technologist and all other health workers or personnel involved in any counseling, testing, or professional care of the former; it also applies to any person who, in any official capacity, has acquired or may have acquired or may have acquired such confidential information.

(o) “Person with HIV” - refers to an individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.

(p) “Pre-Test Counselling” - refers to the process of providing an individual information on the biomedical aspects of HIV/AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before he/she is subjected to the test.

(q) “Post-Test Counselling” - refers to the process of providing risk – reduction information and emotional support to a person who submitted to HIV testing at the time that the result is released.

(r) “Prophylactic” - refers to any agent or device used to prevent the transmission of a disease.

(s) “Sexually Transmitted Diseases” - refers to any disease that may be acquired or passed on through sexual contact.

(t) “Voluntary HIV Testing” - refers to HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself / herself to such test.



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

## ARTICLE I

### EDUCATION AND INFORMATION

**SEC. 4. HIV/AIDS Education in Schools** - The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: *Provided*, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: *Provided, further*, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: *Provided, finally*, That it does not utilize sexually explicit materials.

Flexibility in the information and adoption of appropriate course content, scope, and methodology in each educational level or group shall be allowed after consultations with Parent-Teachers-Community Associations, Private School Associations, schools officials, and other interest groups. As such, no instruction shall be offered to minors without adequate prior consultation with parents who must agree to the thrust and content of the instruction materials.

All teachers and instructors of said HIV/AIDS courses shall be required to undergo a seminar or training on HIV/AIDS prevention and control to be supervised by DECS, CHED and TESDA, in coordination with the Department of Health (DOH), before they are allowed to teach on the subject.

**SEC. 5. HIV/AIDS Information as a Health Service** - HIV/AIDS education and information dissemination shall form part of the delivery of health services practitioners, workers and personnel. The knowledge and capabilities of all public health workers shall be enhanced to include skills for proper



information dissemination and education on HIV/AIDS. It shall likewise be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of HIV/AIDS and to correct common misconceptions on HIV related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

**SEC. 6. *HIV/AIDS Education in the Workplace*** - All government and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with the standardized basic information and instruction on HIV/AIDS which shall include topics confidentiality in the workplace and attitude towards infected employees and workers. In collaboration with the Department of Health (DOH), the Secretary of the Department of Labor and Employment (DOLE) shall oversee the anti-HIV/AIDS campaign in all private companies while the Armed Forces Chief of Staff and the Director General of the PNP shall oversee the implementation of this section.

**SEC. 7. *HIV/AIDS Education for Filipinos Going Abroad*** - The State shall ensure that all overseas Filipino workers and diplomatic, military, trade, and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas assignment. The Department of Labor and Employment or the Department of Foreign Affairs, the Department of Tourism and the Department of Justice through the Bureau of Immigration, as the case may be, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Section.

**SEC. 8. *Information Campaign for Tourists and Transients*** - Informational aids or materials on the cause, modes of transmission, prevention, and consequences of HIV infection shall be adequately provided at all international ports of entry and exit. The Department of Tourism, the Department of Foreign Affairs, the Department of Justice through the Bureau of Immigration, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Act.

**SEC. 9. *HIV/AIDS Education in Communities*** - Local government units, in collaboration with the Department of Health (DOH), shall conduct an educational and information campaign on HIV/AIDS. The provincial



governor, city or municipal mayor and the Barangay Captain shall coordinate such campaign among concerned government agencies, non-government organizations and church-based groups.

**SEC. 10. *Information on Prophylactics*** - Appropriate information shall be attached to or provided with every prophylactic offered for sale or given as a donation. Such information shall be legibly printed in English and Filipino, and contain literature on the proper use of the prophylactic device or agent, its efficacy against HIV and STD infection, as well as the importance of sexual abstinence and mutual fidelity.

**SEC. 11. *Penalties of Misleading Information*** - Misinformation on HIV/AIDS prevention and control through false and misleading advertising and claims in any of the tri-media or the promotional marketing of drugs, devices, agents or procedures without prior approval from the Department of Health and the Bureau of Food and Drugs and the requisite medical and scientific basis including markings and indications in drugs and devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV infection is punishable with a penalty of imprisonment for two (2) months to two (2) years, without prejudice to the imposition of administrative sanctions such as fines and suspension or revocation of professional or business license.

## ARTICLE II

### SAFE PRACTICES AND PROCEDURES

**SEC. 12. *Requirement on the Donation of Blood, Tissue, or Organ*** - No laboratory or institution shall accept a donation of tissue or organ, whether such donation is gratuitous or onerous, unless a sample from the donor has been tested negative for HIV. All donated blood shall also be subjected to HIV testing and HIV (+) blood shall be disposed of properly and immediately. A second testing may be demanded as a matter of right by the blood, tissue, or organ recipient or his immediate relatives before transfusion or transplant, except during emergency cases: *Provided*, that donations of blood, or organ testing positive for HIV may be accepted for research purposes only, and subject to strict sanitary disposal requirements.

**SEC. 13. *Guidelines on Surgical and Similar Procedures*** - The Department of Health (DOH), in consultation and in coordination with concerned professional organizations and hospital associations, shall issue

guidelines on precautions against HIV transmission during surgical, dental, embalming, tattooing, or similar procedures. The DOH shall likewise issue on the handling and disposition of cadavers, body fluids or wastes of persons known or believed to be HIV positive.

The necessary protective equipment such as gloves, goggles and gowns, shall be made available to all physicians and health care providers and similarly exposed personnel at all times.

**SEC. 14. *Penalties for Unsafe Practices and Procedures*** - Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of his/her profession through unsafe and unsanitary practice or procedure is liable to suffer a penalty of imprisonment for six (6) years to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to, fines and suspension or revocation of the license to practice his/her profession. The permit or license of any business entity and the accreditation of hospitals, laboratory, or clinics may be cancelled or withdrawn if said establishments fail to maintain such safe practices and procedures as may be required by the guidelines to be formulated in compliance with Section 13 of this Act.

### ARTICLE III

#### TESTING, SCREENING AND COUNSELLING

**SEC. 15. *Consent as a Requisite for HIV Testing*** - No compulsory HIV testing shall be allowed. However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV: Provided, That written informed consent must first be obtained. Such consent shall be obtained from the person concerned if he/she is of legal age or from the parents or legal guardian in the case of a minor or a mentally incapacitated individual. Lawful consent to HIV testing of a donated human body, organ, tissue, or blood shall be considered as having been given when:

- (a) a person volunteers or freely agrees to donate his/her blood, organ, or tissue for transfusion, transplantation, or research;
- (b) a person has executed a legacy in accordance with Section 3 of Republic Act No. 7170, also known as the "Organ Donation Act of 1991;



(c) a donation is executed in accordance with Section 4 of Republic Act No. 7170.

**SEC. 16. *Prohibitions on Compulsory HIV Testing*** - Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service of the continued enjoyment of said undertakings shall be deemed unlawful.

**SEC. 17. *Exception to the Prohibition on Compulsory Testing*** - Compulsory HIV testing may be allowed only in the following instances:

(a) When a person is charged with any of the crimes punishable under Articles 264 and 266 as amended by Republic Act No. 8353, 335 and 338 of Republic Act No. 3815, otherwise known as the “Revised Penal Code” or under Republic Act No. 7659;

(b) When the determination of the HIV status is necessary to resolve the relevant issues under Executive Order No. 309, otherwise known as the “Family Code of the Philippines”; and

(c) When complying with the provisions of Republic Act No. 7170, otherwise known as the “Organ Donation Act” and Republic Act No. 7719, otherwise known as the “National Blood Services Act”.

**SEC. 18. *Anonymous HIV Testing*** - The State shall provide a mechanism for anonymous HIV testing and shall guarantee anonymity and medical confidentiality in the conduct of such tests.

**SEC. 19. *Accreditation of HIV Testing Centers*** - All testing centers, hospitals, clinics, and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health which shall set and maintain reasonable accreditation standards.

**SEC. 20. *Pre-test and Post-test Counselling*** - All testing centers, clinics, or laboratories which perform any HIV test shall be required to provide and conduct free pre-test counselling and post-test services. However, such counselling services must be provided only to persons who meet the standards set by the DOH.

**SEC. 21. *Support for HIV Testing Centers*** - The Department of Health shall strategically build and enhance the capabilities for HIV testing of hospitals, clinics, laboratories, and other testing centers primarily, by ensuring the training of competent personnel who will provide such services in said testing sites.

## ARTICLE IV

### HEALTH AND SUPPORT SERVICES

**SEC. 22. *Hospital Based Services*** - Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.

**SEC. 23. *Community-Based Services*** - Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.

**SEC. 24. *Livelihood Programs and Training*** - Training for livelihood, self-help cooperative programs shall be made accessible and available to all persons with HIV/AIDS. Persons infected with HIV/AIDS shall not be deprived of full participation in any livelihood, self-help and cooperative programs for reason of their health conditions.

**SEC. 25. *Control of Sexually Transmitted Diseases*** - The Department of Health, in coordination and in cooperation with concerned government agencies and non-government organizations shall pursue the prevention and control of sexually transmitted diseases to help contain the spread of HIV infection.

**SEC. 26. *Insurance for Persons with HIV*** - The Secretary of Health, in cooperation with the Commissioner of the Insurance Commission and other public and private insurance agencies, shall conduct a study on the feasibility and viability of setting up a package of insurance benefits and, should such study warrant it, implement an insurance coverage for persons with HIV.



The study shall be guided by the principle that access to health insurance is a part of an individual's right to health and is the responsibility of the State and of society as a whole.

## ARTICLE V

### MONITORING

**SEC. 27. *Monitoring Program*** - A comprehensive HIV/AIDS monitoring program or "AIDSWATCH" shall be established under the Department of Health to determine and monitor the magnitude and progression of HIV infection in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

**SEC. 28. *Reporting Procedures*** - All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, file, including all data which may be accessed from various data banks or information systems. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH data base shall utilize a coding system that promotes client anonymity.

**SEC. 29. *Contact Tracing*** - HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the Department of Health: *Provided*, That these do not run counter to the general purpose of this Act: *Provided, further*, That any information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purposes and not as basis or qualification for any employment, school attendance, freedom of abode, or travel.

## ARTICLE VI

### CONFIDENTIALITY

**SEC. 30. *Medical Confidentiality*** - All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical record, file, data, or test

results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of persons with HIV.

**SEC. 31. *Exceptions to the Mandate of Confidentiality*** - Medical confidentiality shall not be considered breached in the following cases:

(a) when complying with reportorial requirements in conjunction with the AIDSWATCH programs provided in Section 27 of this Act;

(b) when informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS: *Provided*, That, such treatment or care carry the risk of HIV transmission : *Provided, further*, That such workers shall be obliged to maintain the shared medical confidentiality;

(c) when responding to a *subpoena duces tecum* and *subpoena ad testificandum* issued by a Court with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual: *Provided*, That the confidential medical record shall be properly sealed by its lawful custodian after being double-checked for accuracy by the head of the office or department, hand delivered, and personally opened by the judge: *Provided, further*, That the judicial proceedings be held in executive session.

**SEC. 32. *Release of HIV/AIDS Test Results*** - All results of HIV/AIDS testing shall be confidential and shall be released only to the following persons:

(a) the person who submitted himself/herself to such test;

(b) either parent of a minor child who has been tested;

(c) a legal guardian in the case of insane persons or orphans;

(d) a person authorized to receive such results in conjunction with the AIDSWATCH program as provided in Section 27 of this Act;

(e) a justice of the Court of Appeals or the Supreme Court, as provided under subsection (c) of this Act and in accordance with the provision of Section 16 hereof.





**SEC. 33. *Penalties for Violations of Confidentiality*** - Any violation of medical confidentiality as provided in Sections 30 and 32 of this Act shall suffer the penalty of imprisonment for six (6) months to four (4) years, without prejudice to administrative sanctions such as fines and suspension or revocation of the violators license to practice his/her profession, as well as the cancellation or withdrawal of the license to operate any business entity and the accreditation of hospitals, laboratories or clinics.

**SEC. 34. *Disclosure to Sexual Partners*** - Any person with HIV is obliged to disclosure his/her HIV status and health condition his/her spouse or sexual partner at the earliest opportune time.

## ARTICLE VII

### DISCRIMINATORY ACTS AND POLICIES

**SEC. 35. *Discrimination in the Workplace*** - Discrimination in any form from pre-employment to post – employment, including hiring promotion or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

**SEC. 36. *Discrimination in Schools*** - No educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or prospective student on the basis of his/her actual, perceived or suspected HIV status.

**SEC. 37. *Restrictions on Travel and Habitation*** - The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

**SEC. 38. *Inhibition from Public Service*** - The right to seek an elective or appointive public office shall not be denied to a person with HIV.

**SEC. 39. *Exclusion from Credit and Insurance Services*** - All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: *Provided*, That the person with HIV has not concealed or misrepre-



sented the fact to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

**SEC. 40. *Discrimination in Hospitals and Health Institutions*** - No person shall be denied health care service or be charged with a higher fee on account of actual, perceived or suspected HIV status.

**SEC. 41. *Denial of Burial Services*** – A deceased person who had AIDS or who was known, suspected or perceived to be HIV positive shall not be denied any kind of decent burial services.

**SEC. 42. *Penalties for Discriminatory Acts and Policies*** - All discriminatory acts and policies referred to in this Act shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten Thousand Pesos (₱10,000.00). In addition, licenses/permits of schools, hospitals and other institutions found guilty of committing discriminatory acts and policies described in this Act shall be revoked.

## ARTICLE VIII

### THE PHILIPPINE NATIONAL AIDS COUNCIL

**SEC. 43. *Establishment*** - The Philippine National AIDS Council (PNAC) created by virtue of Executive Order No. 39 dated 3 December 1992 shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. It shall be attached to the Department of Health.

**SEC. 44. *Functions*** - The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:

(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council shall likewise ensure that there is adequate coverage of the following:



- (1) The institution of a nationwide HIV/AIDS information and education program;
  - (2) The establishment of a comprehensive HIV/AIDS monitoring system;
  - (3) The issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;
  - (4) The provision of accessible and affordable HIV testing and counseling services to those who are in need of it;
  - (5) The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;
  - (6) The protection and promotion of the rights of individuals with HIV; and
  - (7) The strict observance of medical confidentiality.
- (b) Monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;
  - (c) Develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;
  - (d) Coordinate the activities of and strengthen working relationships between government and non-government agencies involved in the campaign against HIV/AIDS;
  - (e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and
  - (f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.

**SEC. 45. *Membership and Composition*** - (a) The Council shall be composed of twenty-six (26) members as follows:



- (1) The Secretary of the Department of Health;
- (2) The Secretary of the Department of Education, Culture and Sports or his representative;
- (3) The Chairperson of the Commission on Higher Education or his representative;
- (4) The Director General of the Technical Education and Skills Development Authority or his representative;
- (5) The Secretary of the Department of Labor and Employment or his representative;
- (6) The Secretary of the Department of Social Welfare and Development or his representative;
- (7) The Secretary of the Department of the Interior and Local Government or his representative;
- (8) The Secretary of the Department of Justice or his representative;
- (9) The Director-General of the National Economic and Development Authority or his representative;
- (10) The Secretary of the Department of Tourism or his representative;
- (11) The Secretary of the Department of Budget and Management or his representative;
- (12) The Secretary of the Department of Foreign Affairs or his representative;
- (13) The Head of the Philippine Information Agency or his representative;
- (14) The President of the League of Governors or his representative;
- (15) The President of the League of City Mayors or his representative;



(16) The Chairperson of the Committee on Health of the Senate of the Philippines or his representative;

(17) The Chairperson of the Committee on Health of the House of Representatives or his representative;

(18) Two (2) representatives from organizations of medical/health professionals;

(19) Six (6) representatives from non-government organizations involved in HIV/AIDS prevention and control efforts or activities; and

(20) A representative of an organization of persons dealing with HIV/AIDS.

(b) To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor, ethics and social services;

(c) All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House of Representatives, who shall be appointed by the Senate President and the House Speaker, respectively;

(d) The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act;

(e) The Secretary of Health shall be permanent chairperson of the Council; however the vice-chairperson shall be elected by its members from among themselves, and shall serve for a term of two (2) years and

(f) For members representing medical/health professional groups and the six (6) non-government organizations. They shall serve for a term of two (2) years, renewable upon recommendation of the Council.

**SEC. 46. Reports** - The Council shall submit to the President and to both Houses of Congress comprehensive annual reports on the activities and accomplishment of the Council. Such annual reports shall contain for the medium and long term prevention and control program on HIV/AIDS in the Philippines.



**SEC. 47. *Creation of Special HIV/AIDS Prevention and Control Service*** - There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service staffed by qualified medical specialists and support staff with permanent appointment and supported with an adequate yearly budget. It shall implement programs on HIV/AIDS prevention and control. In addition, it shall also serve as the secretariat of the Council.

**SEC. 48. *Appropriations*** - the amount of Twenty million pesos (P20,000,000.00) shall be initially appropriated out of the funds of the National Treasury. Subsequent appropriations shall be provided by Congress in the annual budget of the Department of Health under the General Appropriations Act.

## ARTICLE IX

### MISCELLANEOUS PROVISIONS

**SEC. 49. *Implementing Rules and Regulations*** - Within six (6) months after it is fully reconstituted, the Council shall formulate and issue the appropriate rules and regulations necessary for the implementation of this Act.

**SEC. 50. *Separability Clause*** - If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

**SEC. 51. *Repealing Clause*** - All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

**SEC. 52. *Effectivity*** - This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

Approved,

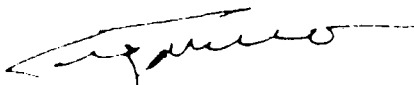
  
JOSE DE VENECIA, JR.

*Speaker of the House  
of Representatives*


  
NEPTALI A. GONZALES

*President of the Senate*

This Act, which is a consolation of Senate Bill No. 1818 and House Bill No. 10510 was finally passed by the Senate and the House of Representatives on February 6, 1998.



**ROBERTO P. NAZARENO**  
*Secretary General*  
*House of Representatives*



**HAZEL P. GACUTAN**  
*Secretary of the Senate*

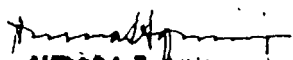
Approved:

FEB 13 1998



**FIDEL V. RAMOS**  
*President of the Philippines*

**CERTIFIED COPY.**



**AURORA T. AQUINO**  
DIRECTOR IP

2/24/98



Republic of the Philippines  
**PHILIPPINE NATIONAL AIDS COUNCIL**  
Manila

RESOLUTION NO. 1

*WHEREAS*, Republic Act 8504 otherwise known as "the Philippine AIDS Prevention and Control Act of 1998" was signed into Law by the President of the Republic of the Philippines on February 13, 1998.

*WHEREAS*, The Philippine National AIDS Council, a multi-sectoral, central advisory, planning and policy making body is mandated by Law to oversee a comprehensive and integrated HIV/AIDS prevention and control program in the Philippines whose members were sworn into office by the President of the Republic of the Philippines on April 6, 1999.

*WHEREAS*, Article IX, Section 49 of Republic Act 8504 states that within six (6) months after it is fully reconstituted, The Philippine National AIDS Council is mandated to formulate and issue the appropriate rules and regulations necessary for the implementation of Republic Act 8504

*BE IT RESOLVED AS IT IS HEREBY RESOLVED*, that We, The Members of the Philippine National AIDS Council do hereby order and issue the following Implementing Rules and Regulations.

**SUBJECT: Rules and Regulations Implementing Republic Act No. 8504 otherwise known as the "Philippine AIDS Prevention and Control Act of 1998".**

Pursuant to Section 49 of Republic Act No. 8504, otherwise known as the Philippine AIDS Prevention and Control Act of 1998, the following Implementing Rules and Regulations are hereby adopted.



R U L E 1

TITLE AND APPLICATION

Section 1. Title

This Administrative Order shall be known as the "Rules and Regulations Implementing the PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998 (RA 8504)".

Section 2. Purpose

These Implementing Rules and Regulations (IRR) are adopted to disseminate the principles of RA 8504 and prescribe guidelines, procedures and standards for its implementation, to facilitate compliance to and achieve the objectives of the law.

Section 3. Declaration of Policies

Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which a cure has yet to be discovered. However, even if a cure is discovered, the Act shall continue to serve as an important guide in sustaining prevention and control efforts and caring for people of all ages already infected. The gravity of the AIDS threat demands strong State action today and in the future, thus:

a) The State shall promote public awareness about the causes, modes of transmission, consequences, and means of prevention and control of the Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) through a comprehensive nationwide education and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.



b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end,

1. compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;
2. the right to privacy of individuals with HIV/AIDS shall be guaranteed;
3. discrimination, in all its forms and subtleties, against individuals with HIV/AIDS or persons perceived or suspected of having HIV/AIDS shall be considered inimical to individual and national interest; and
4. provision of basic health and social services for individuals with HIV/AIDS shall be assured.

c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.

d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance. In seeking to eradicate these conditions, there is no intent to undermine other HIV/AIDS prevention activities. For example, this Act does not advocate eradicating prostitution through actions which drive the sex industry out of sight where it is more difficult to conduct HIV/AIDS prevention activities.

e) The State shall recognize the potential role of affected individuals in propagating vital information and education messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

f) Consistent with the above mentioned policies and in consonance with the Philippine National HIV/AIDS Strategy, the State, further, recognizes that:

1. Multi-sectoral involvement is essential to national and local responses to HIV infection;
2. People should be empowered to prevent further HIV transmission. Empowerment for all Filipinos will come through access to appropriate information and resources for prevention;
3. The formulation of socio-economic development policies and programs should include the consideration of the impact of HIV infection/AIDS;
4. Resources should be allocated taking into consideration the unique vulnerabilities of various population groups, including children, affected by HIV/AIDS and its impact; and
5. Continued efforts should be made to constantly improve the performance and assure the quality of HIV/AIDS related programs.

#### Section 4. Definitions of terms

As used in this IRR, the definitions of terms are as follows:

1. Acquired Immune Deficiency Syndrome (AIDS) - A condition characterized by a combination of signs and symptoms, caused by HIV contracted from another which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.
2. AIDS Registry - The official record of the number of reported HIV positive and AIDS cases and deaths confirmed by either the Bureau of Research and Laboratories (BRL) or the Research Institute for Tropical Medicine (RITM), and reported to the National HIV Sentinel Surveillance System (NHSSS).
3. Anonymous Testing - An HIV test procedure whereby the identity of the individual being tested is protected or not known. The *unlinked anonymous* method tests blood drawn for other purposes for HIV antibodies without the subjects knowledge and with all



identifying data removed, while the *voluntary anonymous* method tests blood drawn from volunteers who have no identifying information, except a code number which is matched with a similar code of a given test result.

4. Behavioral Surveillance System (BSS) - A systematic and regular collection of information on risk behaviors and co-factors of the transmission of HIV infection among selected population groups.
5. Community - A group of persons with something in common.
6. Compulsory HIV Testing - An HIV testing of a person attended by the lack of consent; lack of consent of the parent when said person is a minor or the legal guardian when the same is insane; or use of physical force, intimidation or any other form of compulsion.
7. Condom - Is a thin protective barrier or sheath worn over the male or female external reproductive organ.
8. Contact tracing - A method of finding and counseling the sexual partner(s) of a person who has been diagnosed as having a sexually transmitted disease or diseases.
9. Discrimination - A prejudicial act of making distinctions or showing *partiality in the granting of privileges, benefits or services to a person on the basis of his/her actual, perceived or suspected HIV status.*
10. Government Agency - Any of the various units of government, including a department, bureau, office, instrumentality or government-owned or -controlled corporation or a local government or a distinct unit therein.
11. Government Office - Any major functional unit of a department or bureau, including regional offices, within the framework of the governmental organization. It also refers to any position held or occupied by individual persons, whose functions are defined by law or regulation. All establishments or offices outside this definition are considered private offices.

12. Health Worker - A person engaged in health or health-related work in hospitals, sanitaria, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments.
13. High-Risk Behavior - A behavior or activity which when done increases the risk of acquiring or transmitting HIV. Examples are unprotected sex with multiple partners, low condom use and sharing of intravenous needles.
14. Hiring - The process of selecting an individual for a specific position or job.
15. HIV/AIDS Education - The provision of information on the causes, prevention and consequences of HIV/AIDS and activities designed to assist individuals to develop the confidence and skills needed to avoid HIV/AIDS transmission and to develop more positive attitudes towards people living with HIV/AIDS (PLWHA).
16. HIV/AIDS Monitoring - The documentation and analysis of the number and the pattern of spread and transmission of the HIV/AIDS infection and the prevention and control measures directed against it.
17. HIV/AIDS Prevention and Control - The program, strategies and measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition on PLWHAs.
18. HIV-negative - Denotes the absence of HIV or HIV antibodies upon HIV testing.
19. HIV-positive - Denotes the presence of HIV infection as demonstrated by the presence of HIV or HIV antibodies upon HIV testing.
20. HIV status - Denotes whether a person who has undergone an HIV test is HIV-positive or HIV-negative.
21. HIV Testing - A laboratory procedure done on an individual to determine the presence or absence of HIV infection.

22. HIV Transmission - The transfer of HIV from an infected person to an uninfected one, more commonly through sexual intercourse, blood transfusion, sharing of intravenous needles, or from the mother to the fetus or infant.
23. Human Immunodeficiency Virus (HIV) - The virus which causes AIDS.
24. Indigenous Learning Systems - Culturally rooted, formalized, and codified beliefs, knowledge and skills from recognized alternative systems of instruction which parallel modern private and public schooling. Classic examples of indigenous learning systems include the tent schools in Ifugao, Islamic or Quranic schools in Muslim societies, and child socialization practices in cultural communities.
25. Informed Consent - The voluntary verbal or written agreement of a person to undergo or be subjected to a procedure based on full information.
26. Injecting Drug Users (IDUs) - Individuals who inject prohibited or regulated drugs.
27. Medical Confidentiality - The expectation or situation of protecting and upholding the right to privacy of a person who had an HIV test or was diagnosed to have HIV. Confidentiality encompasses all information that directly or indirectly lead to the disclosure of the identity and HIV status of said person. This information includes, but is not limited to, the name, address, picture, physical characteristic or any other similar identifying characteristic.
28. Minor - A person who is below 18 years of age.
29. Non-formal Education - An organized non-school, community-based educational activity undertaken by the Department of Education, Culture and Sports or by other agencies, including private schools, aimed at attaining specific learning objectives for a target clientele, such as the illiterate, children who do not go to school, and adults who cannot avail of formal education. It is distinct from and outside of the regular offering of the formal school system.

30. Non-Government Organization (NGO) - A private, non-profit voluntary organization that is committed to the task of socio-economic development and established primarily for service.
31. Perceived or suspected HIV status - A judgment or suspicion about the HIV status of a person which may or may not correspond with the actual HIV status.
32. Person with HIV - An individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.
33. Pre-employment to Post-employment - The continuity of employment starting from the hiring process, through employment, resignation, retirement and after retirement or resignation of an employee.
34. Pre-Test Counseling - The process of providing information on the biomedical aspects of HIV/AIDS and the possible results of the HIV test; and providing emotional support for any psychological implication of undergoing HIV testing to an individual before he or she undergoes the HIV test.
35. Post-Test Counseling - The process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.
36. Private sector - The sector composed of non-government organizations, people's organizations, private schools and universities, business enterprises owned and operated by private individuals or groups, and other organizations and establishments which are not part of the government.
37. Prophylactic - A medical agent or device used to prevent the transmission of a disease. It does not include antibiotics and vitamins.
38. Sexually Transmitted Disease (STD) - Any disease that is acquired or transmitted through sexual contact.
39. Standardized Basic Information - The amount of knowledge on HIV/AIDS deemed sufficient by the Department of Health, the Department of Labor and Employment, the Department of Natio-



nal Defense and the Civil Service Commission, that enables individuals to take action for their own protection. It includes information on the nature of HIV/AIDS, its mode of transmission and causes. It discusses the issues of medical confidentiality, the dignity of the person afflicted with HIV/AIDS, the rights and obligations of employers and employees towards persons with HIV/AIDS, and the particular vulnerability of women.

40. Subpoena ad testificandum - A procedure of a competent court inviting a person to testify as a witness during a court trial or any investigation conducted under the laws of the Philippines. It is commonly referred to as *subpoena*.
41. Subpoena duces tecum - A procedure whereby a competent court requires a person to appear in court to present or provide specified documents and/or materials under her/his control which may be used as evidence.
42. Termination from work - Dismissal from work or the end of an employer-employee relationship.
43. Tourist - A temporary visitor staying at least 24 hours in the country for a purpose classified as either holiday (recreation, leisure, sport and visit to family, friends or relatives), business, official mission, convention or health reasons.
44. Transient - A temporary visitor who stays less than 24 hours in the country visited.
45. Treatment or Care - A health, psychological, spiritual or social intervention extended to a person with HIV/AIDS.
46. Voluntary HIV Testing - HIV testing done on an individual who, after having undergone pre-test counseling, willingly submits himself/herself to said test.
47. Window Period - Period of time, usually lasting from two (2) weeks to six (6) months during which an HIV/AIDS infected individual will test "negative" for HIV antibodies but, since the HIV is present, he or she is capable of transmitting the same.



R U L E 2

EDUCATION AND INFORMATION

Section 5. Nature and Scope

HIV/AIDS education and information shall consist of knowledge, skills and attitude competencies, accessible and available to all Filipinos, and targeted for the following groups:

- a) Students and teachers in the primary, secondary, tertiary and vocational schools;
- b) Health workers and their clients in the government and private sectors;
- c) Employers and employees in government and private offices;
- d) Filipinos going abroad;
- e) Tourists and transients;
- f) Communities; and
- g) Population groups with relatively higher risk of acquiring or transmitting HIV/AIDS.

Section 6. Purpose

Provision of timely, accurate, adequate, appropriate and relevant HIV education and information shall empower persons and communities to think and act in ways that protect themselves from HIV infection, minimize the risk of HIV transmission and decrease the socio-economic impact of HIV/AIDS.

Section 7. Content

The standardized basic information on HIV/AIDS shall be the minimum content of an HIV/AIDS education and information offering. Additional content shall vary with the target audience.

Selection of content or topic shall be guided by the following criteria:



- a) Accurate - Biomedical and technical information is consistent with empirical evidence of the World Health Organization, the DOH, or other recognized scientific bodies. Published research may be cited to establish the accuracy of the information presented.
- b) Clear - The target audience readily understands the content and message.
- c) Concise - The content is short and simple.
- d) Appropriate- Content is suitable or acceptable to the target audience.
- e) Gender-sensitive - Content portrays a positive image or message of the male and female sex; it is neither anti-women nor anti-homosexual.
- f) Culture-sensitive - Content recognizes differences in folk beliefs and practices, respects these differences and integrates, as much as possible, folkways and traditions that are conducive to health.
- g) Affirmative - Alarmist, fear-arousing and coercive messages are avoided as these do not contribute to an atmosphere conducive to a thorough discussion of HIV/AIDS.
- h) Non-moralistic and non-condemnatory - Education and information materials or activities do not impose a particular moral code on the target audience and do not condemn the attitudes or behaviors of any individual or population group.
- i) Non-pornographic - Content or activity informs and educates and do not titillate or arouse sexual desire.

## Section 8. Approaches

A prototype module or instructional design shall be developed on the standardized basic information on HIV/AIDS. Additional content suitable to a selected target audience may be added on the prototype.

This HIV/AIDS education and information prototype shall include the following:

- a) instructional objectives;
- b) content or topics and recommended time allocation;
- c) teaching methods and activities;
- d) evaluation methods and tools; and
- e) recommended qualifications of resource persons.

Partnership and consultation shall be used in the development of the HIV/AIDS education and information prototype. The Department of Health (DOH), through the Special HIV/AIDS Prevention and Control Service (SHAPCS) shall develop the prototype, within six (6) months from the effectivity date of this IRR, in partnership and consultation with the:

- a) Department of Education, Culture and Sports (DECS), Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA);
- b) Philippine Information Agency (PIA);
- c) Department of Labor and Employment (DOLE);
- d) Department of National Defense (DND);
- e) Department of Foreign Affairs (DFA);
- f) Department of Tourism (DOT);
- g) Department of Transportation and Communication (DOTC);
- h) Civil Service Commission (CSC); and
- i) Representatives of private offices and NGOs

Suitability and flexibility shall be the basis for the adoption and modification of the prototype. The specific needs of each target audience for HIV/AIDS education and information shall be addressed by add-ons to the prototype.

DOH, in collaboration with its partners, shall assure the quality of the prototype through an annual review or as often as the need arises.

#### Section 9. Types of HIV/AIDS Education and Information Offerings

The HIV/AIDS education and information offerings shall make appropriate use of the multi-media, namely:

- a) Face-to-face instruction as in tutorials, classes, seminars, workshops and discussion groups;
- b) Print materials as in modules and other self-instructional materials, brochures, flyers, comic books, and magazines;
- c) Audio and audio-visual activities and materials as in jingles, cassette tapes, radio broadcast, radio programs, film strips, VHS and beta tapes, and TV programs; and
- d) HIV/AIDS distance education where self-instructional mate-



rials are sent to the target audience in accordance with adult learning principles.

#### Section 10. Levels of HIV/AIDS Education and Information

HIV/AIDS education and information shall be conducted at the following levels:

- a) Individual;
- b) Group;
- c) Organization or institution;
- d) Community;
- e) Barangay;
- f) Municipal;
- g) Provincial;
- h) Regional; and
- i) National

#### Section 11. Structural Modes

HIV/AIDS education and information shall have the following structural modes:

- a) Formal - HIV/AIDS education and information is integrated in existing or planned subjects or courses at the primary, secondary or tertiary levels of education;
- b) Non-formal - HIV/AIDS education and information is part of non-degree continuing professional education programs; orientation, on-the-job training and in-service training; and extension programs for adult education; and
- c) Indigenous learning systems

#### Section 12. Training of HIV/AIDS Education and Information Trainers and Educators

The DOH, through the SHAPCS, in collaboration with its partners in the government and private sectors, shall undertake a national and regional training program of trainers for the HIV/AIDS education and information campaign, at least once a year.

Qualifications of the participants for the training for trainers shall include:

- a) A health worker, teacher or individual working in the area of human resource development;
- b) A representative of a government or private office or agency, school, NGO, community or local government unit (LGU) that will offer HIV/AIDS education and information training; and
- c) Commitment to offer an HIV/AIDS education and information training for educators.

Trainers, in turn, shall conduct the HIV/AIDS education and information training for educators at the group, organization, school, and community or LGU levels.

Educators shall conduct the HIV/AIDS education and information offerings at the individual, group, course, organization, community or LGU levels.

Other existing venues for the HIV/AIDS trainers and educator's training that may be considered by SHAPCS are the courses of the various health profession education programs, continuing professional education programs of the 42 nationally accredited professional organizations and the human resource development programs of the NGOs, academe and private agencies.

### Section 13. HIV/AIDS Education in Schools

DECS, CHED and TESDA shall develop a school-based HIV/AIDS education and information program which shall include the HIV/AIDS education and information prototype, add-on content, and the development and provision of multi-media information and instructional materials to schools under their respective jurisdictions.

HIV/AIDS education shall be integrated into but not limited to science and health, edukasyon pantahanan at pangkabuhayan (EPP), sibika at kultura, good manners and right conduct (GMRC), and Filipino at the elementary level; in science and technology, social studies, physical education, health and music (PEHM) and values education at the secondary and tertiary levels. HIV/AIDS education



shall also be integrated by DECS into its non-formal education program and in the indigenous learning systems. Instructional materials shall be provided for such purposes.

DECS shall further strengthen its own school-based AIDS education project through the development and printing of audio-visual materials such as posters, comics, flipcharts, modules, tapes and film strips.

Flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed after consultations with the Parents-Teachers-Community-Association, association of private schools, school officials and other interest groups.

#### Section 14. HIV/AIDS Information as a Health Service

All efforts shall be exerted to provide inpatients with HIV/AIDS education, individually or in groups, during their period of confinement in a clinic, hospital or medical center, both government and private. The HIV/AIDS education prototype, as adopted and modified to suit the needs of this target audience, shall be used for this purpose.

Outpatient clients of barangay health stations, rural health units; district, provincial and regional hospitals; private clinics and hospitals; and government medical centers shall be given HIV/AIDS education seminars or tutorials to the extent possible.

Self-instructional HIV/AIDS materials shall be made available and accessible to inpatients and outpatients alike by the respective health agencies.

Government and private health facilities and private clinics shall be encouraged by the SHAPCS to play HIV/AIDS education and information audio and video tapes in the waiting, lounging and/or common rooms for their clients.

HIV/AIDS education and information shall be an integral part of the work of the health workers and they shall be trained for this purpose in accordance with Section 12 of this IRR.

Government agency members of the Philippine National AIDS Council (PNAC) shall ensure that all public health workers are trained on HIV/AIDS. In the private sector, it shall be the responsibility of the head of the health institution or agency to qualify the health workers under his or her jurisdiction as trainers and educators for the HIV/AIDS education and information program.

### Section 15. HIV/AIDS Education in the Workplace

HIV/AIDS education shall be integrated in the orientation, training, continuing education and other human resource development programs of employees and employers in all government and private offices.

Each employer shall develop, implement, evaluate and fund a workplace HIV/AIDS education and information program for all their workers. The program shall include the following elements:

- a) The HIV/AIDS education prototype and the modifications therein, that are suited to the target audience;
- b) List of trainers and other resource persons from the same or other workplace(s);
- c) Training schedule;
- d) Self-learning information materials such as booklets, brochures, flyers and tapes;
- e) Dissemination and distribution schedule of self-learning materials; and
- f) A monitoring and reporting scheme

Monitoring and assessment of the workplace HIV/AIDS education program in the private sector shall be the responsibility of the DOLE, in collaboration with the DOH. The DOLE agencies in charge shall be the Inter-Agency Committee on STD/HIV/AIDS, chaired by the Occupational Safety and Health Center (OSHC) of DOLE, as well as the Department's Regional Offices. The Labor Inspectorate under the DOLE Bureau of Working Conditions, shall be responsible for enforcing compliance to the HIV/AIDS Workplace Program.

For members of the AFP and the PNP, this shall be the responsibility of the Armed Forces Chief of Staff and the Director General of PNP, respectively. The Civil Service Commission (CSC) shall assist in

the monitoring and assessment efforts for all other groups in the public sector.

Upon inspection, employers shall present records and materials of the HIV/AIDS education and information program and related activities undertaken.

The quality of the HIV/AIDS education and information program shall be under the Collective Bargaining Agreement, the human resource development unit or its equivalent in the agency or establishment.

#### Section 16. HIV/AIDS Education for Filipinos going abroad

Filipinos going abroad, consisting of all overseas Filipino workers (OFWs), as well as diplomatic, military, trade and labor officials and staff who will be assigned overseas, shall attend an HIV/AIDS education seminar prior to departure.

For OFWs, the HIV/AIDS education seminar shall be part of the Pre-Employment and Pre-Departure Orientation Seminars supervised by the DOLE. For the diplomatic, military, trade and labor officials and staff and their families, the appropriate agencies shall integrate the HIV/AIDS education into their existing training programs.

The HIV/AIDS education prototype and the modifications made therein, in partnership with various agencies and sectors of government and non-government organizations, to meet the specific needs of the target audience shall be used for the seminar or training program. Additional self-learning materials such as brochure, flyers and/or tapes shall be available to each participant.

#### Section 17. Information Campaign for Tourists and Transients

HIV/AIDS information materials such as brochures, flyers, posters, audio and video tapes shall be prominently displayed or played, easily accessible and available at places where there are tourists and transients. These include:

- a) commonly-used modes of land, sea and air transport such as buses, ferries and ships, and airplanes;



- b) international and domestic ports of entry and exit;
- c) passenger departure and waiting rooms of bus, ship and airport terminals;
- d) travel agencies, resorts and other tourist spots
- e) restaurants and hotels; and
- f) information center booths of the DOT.

The DOT and the DOTC shall produce, distribute and disseminate the appropriate multi-media HIV/AIDS information materials using the HIV/AIDS education prototype as basis. The DOT and DOTC Regional Offices shall be adequately provided with these information materials for distribution in their respective areas of jurisdiction.

The DOT, DFA and the Department of Justice (DOJ) through the Bureau of Immigration (BI), in collaboration with the DOH, shall monitor, coordinate and assess the HIV/AIDS information campaign for tourists and transients.

#### Section 18. HIV/AIDS Education in Communities

Local government units (LGUs) through their health, social welfare and population officers shall undertake an HIV/AIDS education and information program in the community and shall observe the following guidelines:

- a) coordinate closely with concerned government agencies, NGOs, PLWHAs and other community-based organizations;
- b) cover the provincial, city, municipal, barangay and household levels;
- c) use the HIV/AIDS education prototype as basis and modify the same to meet the needs of a specific target audience;
- d) utilize multi-media materials and sources; and
- e) integrate the HIV/AIDS education and information program into existing community-based HIV/AIDS prevention and control programs and other health education programs of the LGUs.

The provincial governor, city mayor, municipal mayor and barangay captain, through their respective local development councils shall produce the HIV/AIDS education and information campaign materials; and monitor, coordinate, assess and fund the implementation of the HIV/AIDS education and information campaign in communities.



Section 19. Information on Prophylactics

A labeling material shall be attached to or provided with every prophylactic offered for sale or given as donation and shall meet the following specifications:

- a) Printed information is in English and any locally used Filipino dialect;
- b) Size of the labeling material is at least 60 square cms;
- c) Text is in font size six (6) or bigger; and
- d) One labeling material is provided for each pack of prophylactic

Each labeling material shall include the following information:

- a) Date of expiry and date of manufacture;
- b) Statement that "sexual abstinence and mutual fidelity are effective strategies for the prevention of HIV/AIDS and STDs";
- c) The statement "When used properly, the use of a condom is a highly effective method of preventing most sexually transmitted diseases";
- d) Instructions on the proper use of a condom;
- e) Simple illustration that shows clearly the steps in the correct use of a condom;
- f) Advice against the use of non-water-based lubricants like baby oil or petrolatum jelly; and
- g) Advice that each condom is used only once

The requirements in this Section shall apply one year after the date of effectivity of this IRR. In the case of condoms supplied by donors, the receiving agency shall be responsible for meeting the said requirements.

Section 20. Forms of Misleading Information

Misleading information may take the form of false or deceptive advertisements. Further, it is misleading information when the presentation fails to reveal facts material to such presentation or the possible outcomes of using the products and/or services being advertised.

Information shall be deemed misleading if:

- a) Advertisement of the benefits or use of non-prescription drugs, devices and treatments does not comply with the specifications on indications and labeling as approved by the Bureau of Food and Drugs (BFAD);
- b) Advertisement offers false hopes in the form of a temporary or permanent cure or relief; and
- c) Reference to laboratory data, statistics and/or scientific terms used in the advertisement or packaging comes from doubtful sources or is not quoted accurately

Violations of this specific Section shall be punishable with a penalty of imprisonment for two (2) months to two (2) years. The same shall be without prejudice to the imposition of administrative sanctions or the suspension or revocation of the professional or business license.

## R U L E 3

### SAFE PRACTICES AND PROCEDURES

#### Section 21. Universal Precautions

Universal Precautions is the basic standard of infection control. The underlying principle is to assume that all patients and staff are potentially infected with blood-borne pathogens such as HIV and hepatitis B virus. Universal Precautions is intended to prevent transmission of infection from patient to staff, staff to patient, staff to staff, and patient to patient.

The procedures for Universal Precautions shall include:

- a) Standard hygienic procedures, especially handwashing, should be followed at all times.
- b) Hospital or medical center guidelines for disinfection and sterilization should be consulted and followed faithfully.
- c) Any skin disease or injury should be adequately protected with gloves or impermeable dressing to avoid contamination with a patient's body fluids.
- d) Any spills of blood or other potentially contaminated material should be liberally covered with household bleach



(dilution of 1 to 10), left for 30 minutes then carefully wiped off by personnel wearing gloves.

- e) Gown, gloves, mask and protective eyewear should be worn, if possible, during surgery, childbirth and other procedures where contact with blood or body fluids is likely.
- f) Needles and sharp objects should be discarded immediately after use in puncture-proof containers marked BIOHAZARD. Do not bend or break needles by hand. Do not recap used disposable needles.
- g) Reusable needles and syringes should be handled with extreme care and safely stored prior to cleaning and sterilization or disinfection
- h) Linen soiled with blood or other body fluids should be handled as little as possible. Gloves and a protective apron should be worn while handling soiled linen.
- i) Specimens of blood and body substances should be handled as potentially infectious.

## Section 22. HIV/AIDS Core Teams

All hospitals and other appropriate health care facilities shall establish an HIV/AIDS Core Team (HACT).

HACT is multi-disciplinary group of health workers with policy-making, implementing, coordinating, assessing, training, research and other project development functions on matters related to the diagnosis, management and care of HIV/AIDS patients and the prevention and control of HIV/AIDS infection in the hospital. Its primary objectives are to facilitate the provision of safe, comprehensive and compassionate care to HIV/AIDS patients by properly trained personnel; to mobilize hospital and community resources towards minimizing the impact of HIV/ AIDS infection on the patient and his family; and to coordinate all efforts to prevent and control the transmission of HIV/AIDS infection.

The functions of HACT include:

- a) Implement hospital guidelines on the comprehensive care and management of HIV/AIDS patients;
- b) Provide care and counseling to HIV/AIDS patients;
- c) Promote prevention and control measures/strategies such

- as health education and hospital infection control;
- d) Facilitate inter- and intra-departmental/agency coordination including referral system and networking;
- e) Perform training and research activities on HIV/AIDS;
- f) Provide recommendations on hospital planning and development related to HIV/AIDS;
- g) Monitor compliance of ethico-moral guidelines for HIV/AIDS including confidentiality of records and reports and release of information;
- h) Update records and submit reports to concerned offices; and
- i) Conduct monitoring and evaluation activities.

HACT shall be composed of five (5) to seven (7) members, which may include, but is not limited to, the following:

- a) Doctors;
- b) Nurses;
- c) Medical social workers; and
- d) Medical technologists

The criteria for selecting HACT members include:

- a) Commitment to accept responsibilities and perform the tasks of HACT members;
- b) With permanent position, resident physician or specialist;
- c) Willingness to undergo training in clinical management and care of HIV/AIDS patients; and
- d) High respect for medical confidentiality

In addition to the criteria for a HACT member, the criteria for the selection of a HACT leader include:

- a) Commitment to accept responsibilities and perform the tasks of a HACT leader;
- b) High level of knowledge of the program, including positive attitudes for the clients of the program;
- c) Preferably an infections disease consultant or an internist with a permanent specialist position in the hospital; and
- d) Preferably has a direct involvement in the care and management of patients in the hospital



**Section 23. Requirements on the Donation, Acceptance and Disposition of Blood, Tissue, or Organ**

Only blood, tissue or organ testing negative (-) for HIV shall be accepted by any laboratory or institution for transfusion or transplantation.

Before transfusion or transplantation, the recipient or his/her immediate relative may demand, as a matter of right, a second HIV test; except in an emergency case, as determined by the physician, when testing is not practical, feasible or available: Provided, That said recipient or immediate relative consents, in writing, to the HIV test waiver.


Donations of blood, tissue or organ testing positive (+) for HIV shall be disposed of properly and immediately; or accepted for research purposes only by qualified medical research organizations, and subject to strict sanitary disposal requirements as contained in the DOH Manual of Nosocomial Infections and Hospital Waste Management.

Medical research organizations qualified to accept HIV-positive (+) blood, tissue or organ are those research institutions that have an ethics review board that reviews the process by which the donation of said blood, tissue or organ was done and have the facilities to properly handle and dispose of HIV-positive (+) blood, tissue or organ donations.

Procedures and standards regarding donation, transport, handling and disposal of blood, tissue or organs as contained in the DOH Manual on Nosocomial Infections and Hospital Waste Management which are not in conflict with this IRR shall continue to be in effect. Revisions in said procedures and standards shall be made known to all concerned personnel.

**Section 24. Guidelines on Surgical and Similar Procedures**

Standards for the prevention of HIV transmission enumerated in the procedures for Universal Precautions found in Section 21 of this IRR shall be observed during the following procedures:

- 
- a) Surgical;
  - b) Dental;
  - c) Embalming;
  - d) Handling and disposition of cadavers, blood, organs or wastes of HIV (+) persons;
  - e) Tattooing; and
  - f) Other similar procedures

A separate manual for each procedure shall be developed and printed by the DOH within one (1) year from the effectivity date of this IRR.

The development of the said manuals shall be in consultation and coordination with:

- a) Hospital associations;
- b) Accredited professional organizations;
- c) NGOs; and
- d) Experts from the academe

The manuals shall be formally signed and dated by the Secretary of Health and shall be incorporated as an integral part of this IRR.

The manuals shall be distributed to the national, regional and local agencies regulating the establishments where surgical, dental, embalming, tattooing or similar procedures are performed, to be used for the following:

- a) Issuance of sanitary permits,
- b) Accreditation, or
- c) Renewal of permits

The regulatory agencies issuing permits or accreditation shall be responsible for the monitoring of the compliance to these guidelines.

Each manual shall be reviewed and revised periodically. Every revision or updated edition shall be distributed to the regulatory agencies for enforcement.



Pending the official issuance of the manuals by the DOH, the following issuances, provided they are not in conflict with this IRR, shall continue to be in effect:

- a) Administrative Order No. 18, s. 1995 "Guidelines for the Management of HIV/AIDS in Hospitals" (DOH, 21 November 1995);
- b) IRR of Chapter XXI of the Code of Sanitation of the Philippines (1997);
- c) Guidelines for Infectious Disease Control in Hospitals by the Committee Members for Hospital Policies on HIV/AIDS (DOH, July 1997); and
- d) Chapter 8, pages 39 to 44 of the Manual on Nosocomial Infections (DOH, December 1993)

#### Section 25: Penalties for Unsafe Practices and Procedures

Unsafe practices and procedures shall refer to the non-compliance with the recommended universal precautions in Section 21 of this IRR.

The penalties of an individual committing unsafe practices and procedures shall be imprisonment for six (6) to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to the following:

- a) Fines; and/or
- b) Suspension or revocation of license to practice the profession

Failure of the institution or agency to maintain safe practices and procedures as maybe required by the guidelines to be formulated in compliance with Section 13 of RA 8504, and Section 24 of this IRR shall suffer the:

- a) Cancellation of the permit or license of the institution or agency; or
- b) Withdrawal of the accreditation of the hospital, laboratory or clinic.





R U L E 4

TESTING, SCREENING AND COUNSELING

Section 26. Consent as a Requisite for HIV Testing

A written informed consent shall be obtained before HIV testing. Said consent shall be made by the:

- a) Individual to be tested;
- b) Parent of a minor; or
- c) Legal guardian of a mentally incapacitated person

except for unlinked and voluntary anonymous testing as provided for in Section 29 of this IRR.

It is acceptable for a person being tested to use an assumed name or code name instead of the real name and written informed consent using said assumed or code name shall constitute lawful consent.

In case the person is unable to write, a thumbprint shall substitute for the signature on said consent.

A written consent of a person to act as a volunteer or donor of his/her blood, organ or tissue for transfusion, transplantation, or research shall be deemed a consent for HIV testing as provided in Section 23 of this IRR.

The DOH, through SHAPCS shall develop a prototype informed consent form in English and any locally used Filipino dialect which may be modified accordingly. The prototype consent form shall include this excerpt from Section 16 of RA 8504: "RA 8504 prohibits the imposition of HIV testing as a precondition for employment, admission to an educational institution, freedom of abode, entry or continued stay in the Philippines, the right to travel or the provision of medical service or any other kind of service".

The duly accomplished informed consent record shall be kept confidential in accordance with Section 41 of this IRR. Except for a



valid medical or legal need for this record, no access shall be allowed as provided in Sections 39 and 42 of this IRR.

**Section 27. Prohibitions on Compulsory HIV Testing**

HIV Testing shall not be imposed as a precondition for the following:

- a) Employment;
- b) Admission to an educational institution;
- c) Exercise of freedom of abode;
- d) Entry or continued stay in the country;
- e) Right to travel;
- f) Provision of medical service or any kind of service; and
- g) The enjoyment of human rights and civil liberties, including the right to enter into marriage and conduct a normal family life.

**Section 28. Exception to the Prohibition on Compulsory Testing**

The prohibition on compulsory HIV testing shall be lifted in the following instances:

- a) Upon a court order when a person is charged with the crime specified in the following:
  1. R.A. 3815, as amended, or the "Revised Penal Code" specifically the following Articles:
    - i) Article 264 - Administering injurious substances;
    - ii) Article 335 - Rape;
    - iii) Article 337 - Qualified seduction; and
    - iv) Article 338 - Simple seduction
  2. R.A. 7659, or the "Death Penalty Act," specifically Section 11, paragraph 5 - Rape, when the offender knows that he is afflicted with AIDS; and
  3. R.A. 8353 or the "Anti-Rape Law of 1997," specifically Section 2 - Rape, when the offender knows that he is afflicted with Human Immuno-Deficiency Virus HIVAIDS

or any other sexually transmitted disease and the virus or disease is transmissible to the victim;

- b) Upon order of the court when the determination of the HIV status is necessary to resolve relevant issues under Executive Order No. 209, otherwise known as the "Family Code of the Philippines", particularly:
1. "Art. 45. A marriage may be annulled for any of the following causes, existing at the time of the marriage:  
...  
(3) That the consent of either party was obtained by fraud, unless such party afterwards, with full knowledge of the facts constituting the fraud, freely cohabited with the other as husband and wife; and  
...  
(6) That either party was afflicted with a sexually-transmitted disease found to be serious and appears to be incurable.  
...  
Art. 46. Any of the following circumstances shall constitute fraud referred to in number 3 of the preceding Article:  
  
(3) Concealment of sexually transmissible disease, regardless of its nature, existing at the time of the marriage; or
- c) When complying with the provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act" and the Republic Act No. 7719, otherwise known as the "National Blood Service Act".

#### Section 29. Anonymous HIV Testing

Anonymous HIV testing is a procedure whereby the identity of the individual being tested is protected or not known. Two methods of anonymous HIV testing are the unlinked anonymous and the voluntary anonymous.



Any person who submits to anonymous HIV testing shall not be required to provide a name, age, address or any other information that may potentially identify the same. In the case of voluntary anonymous HIV testing an identifying symbol is substituted for the person's true name or identity. The symbol enables the laboratory doing the test and the test person to match the test result with the said symbol.

### Section 30. Accreditation of HIV Testing Centers

No person, firm, corporation, center, hospital, clinic, blood bank or laboratory shall perform HIV testing without accreditation by the DOH, through the BRL, in the Office for Health Facilities, Standards and Regulation (OHFSR).

The accreditation standards for performing HIV testing provided in Administrative Order No. 55-A, s. 1989 in ANNEX A shall be an integral part of this IRR, *except* for Sections 7.1.6 and 9.3 which are amended to read:

Section 7.1.6. Reagents: The laboratory shall utilize reagents, such as HIV kits, which have been registered with the BFAD, and evaluated and recommended by RITM.

Section 9.3. The names, age, sex and addresses of persons confirmed to be seropositive (by Western blot, immunofluorescence and radioimmune precipitation assay) shall be reported to AIDSWATCH as provided in Section 38 of this IRR.

SHAPCS and RITM shall convene a forum for consultation and review of the technical and other related issues concerning HIV testing annually or as needed. Participants of the forum shall include representatives of DOH, Philippine Association of Medical Technologists (PAMET), Philippine Society for Pathologists (PSP), HIV test kit suppliers, clinical laboratories and blood banks, and individuals actively involved in HIV testing.

RITM shall serve as the national reference center for HIV testing.

### Section 31. Pre-Test and Post-Test Counseling

All individuals, centers, clinics, blood banks or laboratories

offering HIV testing shall provide, free of charge, pre-test and post-test counseling for persons who avail of their HIV testing services.

Pre-test counseling shall include the following:

- a) Purpose of HIV testing;
- b) Other diseases that should be tested, if applicable;
- c) Window period;
- d) HIV test procedure;
- e) Meaning of a negative and a positive test result;
- f) Guarantees of confidentiality and risk-free disclosure;
- g) When the result is available and who can receive the result;
- h) Basic information on HIV/AIDS infection: nature, modes of transmission, risk behaviors and risk reduction methods; and
- i) Informed consent and prohibition of compulsory testing under most circumstances.

Post-test counseling after a negative test result shall include the following:

- a) Release of the test result to the test person or legal guardian of minor;
- b) Review of the meaning of negative test result;
- c) Discussion of the test person's immediate concerns;
- d) Review of the basic information on HIV/AIDS infection; and
- e) Provision of HIV/AIDS information literature and arrangement for a community referral, if necessary.

Post-test counseling after a positive test result shall include the following:

- a) Release of the test result to the test person or legal guardian of minor;
- b) Assistance and emotional support to the person in coping with the positive (+) test result;
- c) Discussion of the person's immediate concerns;
- d) Review of the meaning of a positive test result;
- e) Review of HIV/AIDS infection transmission and risk reduction;
- f) Explanation of the importance of seeking health care and supervision;
- g) Arrangements for referral to health care and other commu-



nity services and to any organization of people living with HIV/AIDS; and

- h) Assistance with the disclosure of HIV status and health condition to the spouse or sexual partner, as soon as possible

Pre-test and post-test counseling shall be done in a private place away from possible interruptions. It may be done at the bedside of an ill person, in a counseling room or in a person's home, and preferably in a pleasant atmosphere.

When tests are undertaken of OFWs prior to their employment overseas, group pre-test and post-test counseling may be done. However, individual counseling shall be provided for an OFW with an HIV positive (+) result.

Only health workers who had undergone HIV/AIDS counseling training shall provide pre-test and post-test counseling. The DOH, through the SHAPCS shall produce a training kit and a trainer's training kit for HIV/AIDS counseling. The SHAPCS shall conduct national and regional trainer's training and may utilize the expertise of the academe and the NGOs for this activity. In turn, the trainers shall conduct HIV/AIDS counseling training for counselors at the provincial and institutional levels.

### Section 32. Support for HIV Testing Centers

The DOH through the SHAPCS shall coordinate the training of medical technologists, pathologists and other health workers who will staff the testing centers.

The SHAPCS, through RITM, BRL, accredited professional organizations and societies, qualified NGOs and experts from the academe, shall conduct training courses and workshops on HIV testing at least twice a year.

Content of the training course/workshop shall include:

- a) HIV biology;
- b) Epidemiology;
- c) Principles and methods of HIV testing;
- d) Laboratory safety and precautions;



- e) Counseling; and
- f) Quality assurance

SHAPCS, in collaboration with RITM, BRL, PAMET, LGUs, NGOs and the academe, shall form a network of HIV testing centers to facilitate the assessment of support needs and the delivery of support services, including the promotion of continuing professional education and quality assurance. Network members shall meet at least once a year.

## R U L E 5

### HEALTH AND SUPPORT SERVICES

#### Section 33. Hospital-Based Services

A manual on the Standard Operating Procedures (SOP Manual) for the provision of a comprehensive and compassionate hospital-based care services for PLWHAs shall be developed by the SHAPCS, through a Committee, within 90 days from the effectivity date of this IRR.

The SOP Manual shall ensure the accessibility of basic hospital services and shall contain the technical, managerial, quality and procedural requirements for the physical, physiologic, psychological, socio-economic and spiritual care in the hospital of the person living with HIV/AIDS (PLWHA) and the family. The services shall include:

- a) emergency treatment;
- b) laboratory services; and
- c) diagnosis and treatment of HIV/AIDS, STD, other infections and complications

The Committee shall be composed of representatives from the following offices/sectors:

- a) OHFSR;
- b) Hospital Operations and Management Service (HOMS);
- c) San Lazaro Hospital (SLH);
- d) RITM;



- e) Accredited professional association (APOs);
- f) NGOs;
- g) Academe; and
- h) PLWHAs

Pending the official release and effectivity date of the SOP Manual, the provision of hospital services for PLWHAs in government hospitals shall follow the Guidelines in:

- a) Administrative Order No. 18, s. 1995 "Revised Guidelines in the Management of HIV/AIDS Patients in the Hospital" (DOH, 21 November 1995); and
- b) Administrative Order No. 9, s. 1997 "Amendment to Administrative Order No. 18, s. 1995 regarding the Guidelines in the Management of HIV/AIDS Patients in the Hospital" (DOH, 10 May 1997)

in Annex B1 and Annex B2 of this IRR, which shall continue to be in effect until further notice of revision by the SHAPCS.

The SOP Manual shall be reviewed periodically and revised accordingly by the SHAPCS, through the DOH Committee for Hospital Policies on HIV/AIDS Prevention and Control.

#### Section 34. Community-Based Services

The LGUs, through its health, social welfare and population officers, in collaboration, cooperation or partnership with the following:

- a) Concerned government agencies;
- b) NGOs;
- c) Private sector organizations and establishments;
- d) People living with HIV/AIDS; and
- e) other vulnerable groups

shall develop and support services for the prevention and control of HIV/AIDS and care of PLWHAs and their families in the community. These services or programs include, but are not limited to:

- a) HIV/AIDS/STD education and information campaign;



- b) Counseling;
- c) Home-based care;
- d) Organizing community-based HIV/AIDS support groups including PLWHAs;
- e) Networking of HIV/AIDS support groups; and
- f) HIV/AIDS referral system

Community-based HIV/AIDS prevention, control and care services shall be integrated into the development plans and the existing programs of the province, city, municipality and barangay.

### Section 35. Livelihood Programs and Training

Government agencies such as the Department of Social Welfare and Development (DSWD), DOLE, DECS, TESDA and Department of Trade and Industry (DTI) and private agencies, as well, shall provide opportunities for PLWHAs to participate in skills training, skills enhancement and livelihood programs. No PLWHA shall be deprived of participation by reason of HIV/AIDS status alone.

Skills training and enhancement programs along the interest and capacity of the PLWHAs and livelihood assistance in the form of capital assistance, marketing assistance and job placement shall be rendered.

The DSWD with DOLE, DILG and private agencies, and utilizing existing mechanisms and strategies, shall jointly set up a referral system to assist PLWHAs in accessing skills training and livelihood assistance programs at the regional and provincial levels.

### Section 36. Control of Sexually Transmitted Diseases

To help contain the spread of HIV infection, the DOH, in coordination and cooperation with other concerned government agencies, LGUs and NGOs, shall pursue the prevention and control of sexually transmitted diseases as provided in:

- a) Administrative Order No. 2, s. 1997 "National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases (STDs)" (DOH, 20 February 1997);
- b) Administrative Order No. 5, s. 1998 "Implementing Guide-



- lines in STD Care Management at the Different Levels of the Health Care System” (DOH, 13 February 1998); and
- c) Administrative Order No. 17-B, s. 1998 “Implementing Guidelines for STD Case Management for Children”. (DOH, 17 October 1998).

In Annex C1 and Annex C2 of this IRR, which shall continue to be in effect, until further notice of revision by the SHAPCS.

Further, the DOH shall ensure the periodic conduct of studies on the prevalence of STDs, levels of anti-microbial drug resistance and new treatment modalities for STDs. DOH shall submit a report of the results of these studies to PNAC.

### **Section 37. Insurance for Persons with HIV**

Within 60 days of the effectivity date of this IRR, the Secretary of Health and the Commissioner of the Insurance Commission shall create a Task Force that shall oversee a study or studies on the feasibility of offering a package of insurance benefits for PLWHAs in accordance with the guiding principles of Sections 26 and 39 of RA 8504.

The composition of the Task Force may include, but not limited to, the representatives of the following offices, agencies, or organizations:

- a) DOH;
- b) Insurance Commission;
- c) Philippine Hospital Association (PHA);
- d) Philippine Health Insurance Corporation (PHIC);
- e) Association of private insurers;
- f) Association of actuaries;
- g) Health maintenance organizations (HMOs); and
- h) Other groups, as needed

A report of the results of the feasibility study or studies shall be submitted by the DOH to PNAC within one year of the creation of the Task Force.

Should the study or studies find that insurance coverage for

the PLWHA is feasible, the program shall be implemented by the concerned agencies. The PHIC shall oversee the implementation of the said insurance program.

## R U L E 6

### MONITORING

#### Section 38. Monitoring Program

"AIDSWATCH" shall be established as a comprehensive HIV/AIDS monitoring and review program of the DOH. Upon the effectivity of this IRR, it shall integrate unto itself the National HIV Sentinel Surveillance System (NHSSS) and the AIDS Registry.

AIDSWATCH shall:

- a) Monitor the magnitude, distribution and progression, including epidemics, of HIV infection in the country; and
- b) Evaluate the adequacy and efficacy of the HIV prevention and control measures employed.

The monitoring role of AIDSWATCH shall be performed through:

- a) Passive surveillance; and
- b) Active surveillance

Passive surveillance shall report on HIV/AIDS cases through the following process:

- a) Identification of positive (+) cases in HIV tests conducted as a pre-screening procedure in blood banks, hospitals, clinics and accredited laboratories;
- b) Confirmation of positive (+) cases from government sites by the BRL, and from private sites by the RITM;
- c) Processing and analysis of confirmed positive cases by AIDSWATCH; and
- d) Information dissemination on the incidence of HIV/AIDS to the public.



The levels of reporting in passive surveillance include:

- a) Primary health centers;
- b) LGUs;
- c) Regional epidemiological surveillance units (RESUs); and
- d) Field Health Surveillance and Intelligence Service (FHSIS) at the Central Office.

Active surveillance shall systematically monitor the biomedical and behavioral components of HIV/AIDS/STD among vulnerable groups in selected sentinel sites that are geographically distributed throughout the Philippines. This surveillance shall be conducted annually and the results disseminated to the public after a technical review.

Resources for the institutionalization of the monitoring and review of the HIV/AIDS situation in the country shall be provided as a line item for AIDSWATCH in the DOH budget.

### Section 39. Reporting Procedures

All hospitals, clinics, laboratories, and blood banks shall be required to report all diagnosed HIV infections to AIDSWATCH.

The attending physician shall submit to AIDSWATCH a written report at the time of any of the following events: 1) time of diagnosis; 2) progression to AIDS; and 3) death.

These HIV/AIDS-related health reports shall be received, collated, evaluated, and disseminated by AIDSWATCH. Epidemiological data shall be made available always to various HIV/AIDS stakeholders and the public.

To maintain the confidentiality of information regarding HIV cases and AIDS patients, questionnaires and forms to be used by laboratories shall be unlinked anonymous as provided in Section 29 of this IRR. The unlinked anonymous procedure safeguards the identity of the person tested and assures that the result is not traced or linked to him/her.



#### Section 40. Contact Tracing

HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the DOH: Provided, That these do not conflict with the general purpose of RA 8504 or this IRR.

Any information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purposes as provided in Sections 41, 42 and 43 of this IRR

No information gathered through contact tracing may be used as basis or qualification for any employment, school attendance, freedom of abode, travel, or access to health and other social services as provided in Sections 46 to 52 of this IRR.

## R U L E 7

### CONFIDENTIALITY

#### Section 41. Medical Confidentiality

Medical confidentiality shall protect and uphold the right to privacy of an individual who undergoes HIV testing or is diagnosed to have HIV. It includes safeguarding all medical records obtained by health professionals, health instructors, co-workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of said record, file, or data.

Confidentiality shall encompass all forms of communication that directly or indirectly lead to the disclosure of information on the identity or health status of any person who undergoes HIV testing or is diagnosed to have HIV. This information may include but is not limited to the name, address, picture, physical description or any other characteristic of a person which may lead to his/her identification.

To safeguard the confidentiality of a person's HIV/AIDS record, protocols and policies shall be adopted by concerned officials, agencies and institutions.



Section 42. Exceptions to the Mandate of Confidentiality

The requirement for medical confidentiality shall be waived in the following instances:

- a) When responding to a subpoena duces tecum and subpoena ad testificandum issued by a court with jurisdiction over legal proceedings where the main issue is the HIV status of an individual;
- b) When complying with the reporting requirements for AIDS-WATCH as provided in Section 39 of this IRR; and
- c) When informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS and such treatment or care carry the risk of HIV transmission.

Health workers who are exposed to invasive procedures and may potentially be in contact with blood and bodily fluids likely to transmit HIV shall be informed of the HIV status of a person, even without his/her consent. This information is vital to their protection against acquiring and transmitting the HIV infection through safe practices and procedures in accordance with Sections 21 and 24 of this IRR.

Those who are not at risk of transmission, must not be informed of a person's HIV status.

All health workers shall maintain shared medical confidentiality.

Section 43. Release of HIV/AIDS Test Results

The result of HIV/AIDS testing shall be confidential and shall be released only to the following:

- a) Person who was tested;
- b) Parent of a minor who was tested;
- c) Legal guardian of an insane person or orphan who was tested;
- d) Person authorized to receive said result for AIDS-WATCH in accordance with Section 39 of this IRR; and/or
- e) A Judge of the Lower Court, Justice of the Court of Appeals or Supreme Court Justice



Section 44. Penalties for Violations of Confidentiality

Penalties for violating medical confidentiality, as provided in Sections 30 and 32 of RA 8504, include imprisonment for six (6) months to four (4) years. Administrative sanctions may likewise be imposed, such as:

- a) Fines;
- b) Suspension or revocation of license to practice the profession; or
- c) Cancellation or withdrawal of the license to operate of any business entity, and the accreditation of hospitals, laboratories or clinics.

Section 45. Disclosure to Sexual Partners

Any person with HIV shall be obligated to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

PLWHA may seek the assistance of health workers or counselors providing the post-HIV test counseling on the matter of disclosure of HIV/AIDS and health status to spouse or sexual partner.

As a general policy, post-test counseling of PLWHA shall aim to assist him/her in informing his/her spouse or sexual partner of his/her HIV status and health condition at the earliest possible time.

R U L E 8

DISCRIMINATORY ACTS AND POLICIES

46. Discrimination in the Workplace

Discrimination in any form, from pre-employer ployment, including hiring, promotion or assignment, actual, perceived or suspected HIV status is prohibite



All individuals seeking employment shall be treated equally by employers who shall not make any distinction among job applicants on the basis of their actual, perceived or suspected HIV status.

Persons with HIV/AIDS already employed by any public or private company shall be entitled to the same employment rights, benefits and opportunities as other employees, namely:

- a) Security of tenure;
- b) Reasonable alternative working arrangements, when necessary;
- c) Social security, union, credit and other similar benefits; and
- d) Protection from stigma, demotion, discrimination and termination by co-workers, unions, employers and clients.

Termination from work on the basis of actual, perceived or suspected HIV status is deemed unlawful.

HIV-infected employees shall act responsibly to protect their own health and prevent HIV transmission.

Acts of discrimination against an individual seeking employment, or in the course of employment, because of his/her actual, perceived or suspected HIV status, shall be reported to the DOLE by those in the private sector and to the CSC by those in the government offices and government-owned corporations. DOLE and CSC shall resolve any such matters brought to their attention, including the implementation of administrative sanctions, as may be appropriate.

#### Section 47. Discrimination in Schools

No educational institution shall refuse admission to any prospective student or discipline; segregate; deny participation, benefits or services to; or expel any current student on the basis of his/her actual, perceived or suspected HIV status. This shall include any perception or suspicion of HIV status which may arise from a person being a friend, relative or associate of a PLWHA.

The right to full participation shall include the right to take part in all school activities, including all sports activities.



HIV-infected students shall act responsibly to protect their own health and prevent HIV transmission.

Section 48. Restrictions on Travel and Habitation

HIV is not among the dangerous, loathsome or contagious diseases referred to in the Immigration Code (Section 29). The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

Section 49. Inhibition from Public Service

The right to seek an elective or appointive public office shall not be denied to a person with HIV.

Section 50. Exclusion from Credit and Insurance Services

All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: Provided, That the person with HIV shall not conceal or misrepresent his or her HIV status to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

Section 51. Discrimination in Hospitals and Health Institutions

No hospital or other health institution shall deny access to health care services to a PLWHA or those perceived or suspected to be HIV-infected, nor charge the said persons higher fees. Access to health services must be on an equal basis for all people, regardless of perceived, suspected or actual HIV status.

Refusal to admit a person to a hospital or health care facility and refusal to provide health care or perform health services to a person in a hospital or health care facility on the basis of perceived, suspected or actual HIV status are prohibited acts.



Section 52. Denial of Burial Services

Subject to the observance of universal precautions as outlined in Section 21 of this IRR, any deceased person who was known, suspected or perceived to be HIV positive shall not be denied any kind of decent burial services. Decent burial services include any ceremonial, burial or cremation practices that conform to culturally acceptable religious beliefs and norms.

Pending the development and implementation of the Guidelines/Manuals/ Protocol stipulated in Rule 3, section 24 of this IRR, the following recommendations on undertaking, embalming and cremation of the remains who died with HIV shall apply:

- a) The remains of persons who died with HIV shall be buried or cremated within 24 hours after the time of death.
- b) No embalming of the remains of persons who died with HIV shall take place except: When the family requests for embalming provided that the procedure will be done by a licensed embalmer, qualified and previously trained by the National AIDS/STD Prevention and Control Service (NASPCP) on HIV/AIDS and the observance of the practice of universal precautions.
- c) The HIV status of an individual shall not be a consideration in the issuance of permits for the transfer of such remains.

Section 53. Penalties for Discriminatory Acts and Policies

All discriminatory acts and policies referred to in Sections 46 to 52 of this IRR and in accordance with RA 8504 shall be punishable with a penalty of:

- a) Imprisonment for six (6) months to four (4) years; and
- b) A fine not exceeding Ten thousand pesos (P10,000.00).

In addition, licenses or permits of schools, hospitals and other institutions found guilty of committing said discriminatory acts and policies shall be revoked.



R U L E 9

THE PHILIPPINE NATIONAL AIDS COUNCIL

Section 54. Establishment

The Philippine National AIDS Council or PNAC shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. For all intents and purposes, PNAC shall be attached to DOH.

Section 55. Functions

The Council shall be the central advisory, planning and policy-making body on the prevention and control of HIV/AIDS in the Philippines. The Council shall have the following functions:

- a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of RA 8504. The Council shall likewise ensure that there is adequate coverage of the following:
  1. The institution of a nationwide HIV/AIDS information and education program;
  2. The establishment of a comprehensive HIV/AIDS monitoring system;
  3. The issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;
  4. The provision of accessible and affordable HIV testing and counseling services to those who are in need of it;
  5. The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;
  6. The protection and promotion of the rights of individuals with HIV; and
  7. The strict observance of medical confidentiality.
- b) Monitor the implementation of these rules and regulations, issue or cause the issuance of orders or make recommen-



datations to the implementing agencies as the Council considers appropriate;

- c) Develop a Strategic Plan and update regularly, through a process of multisectoral consultation, that details a comprehensive national HIV/AIDS prevention and control program. The Plan shall be integrated into the Medium-Term Development Plan. Said Plan shall include indicators and benchmarks against which PNAC shall monitor its implementation;
- d) Coordinate the activities of, and strengthen working relationships between all partners in the response including GO, NGOs, private sectors, academe, media, vulnerable communities and people with HIV;
- e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and
- f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS. The Council shall facilitate and advocate the provision as well as mobilization and use of technical, financial and logistical support to government agencies and NGOs for the development and implementation of plans, programs and projects for the prevention and control of HIV/AIDS in the Philippines.

#### Section 56. Membership and Composition

The Council shall be composed of the following:

- a) The Secretary of the DOH;
- b) The Secretary of the DECS or his/her representative;
- c) The Chairperson of the CHED or his/her representative;
- d) The Director-General of the TESDA or his/her representative;
- e) The Secretary of the DOLE or his/her representative;
- f) The Secretary of the DSWD or his/her representative;
- g) The Secretary of the DILG or his/her representative;
- h) The Secretary of the DOJ or his/her representative;
- i) The Director-General of the NEDA or his/her representative;



- j) The Secretary of the DOT or his/her representative;
- k) The Secretary of the DBM or his/her representative;
- l) The Secretary of the DFA or his/her representative;
- m) The Head of the PIA or his/her representative;
- n) The President of the League of Governors or his/her representative;
- o) The President of the League of City Mayors or his/her representative;
- p) The Chairperson of the Committee on Health of the Senate of the Philippines or his/her representative;
- q) The Chairperson of the Committee on Health of the House of Representatives or his/her representative;
- r) Two (2) representatives from organizations of medical/health professionals;
- s) Six (6) representatives from non-government organizations involved in HIV/AIDS prevention and control efforts or activities; and
- t) A representative of an organization of persons living with HIV/AIDS.

#### Section 57. Appointment and Tenure

To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor ethics and social services.

All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker respectively.

The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of RA 8504.

Representatives of heads of government agencies shall at least hold a Director-level position.

NGO membership in PNAC shall consider sectoral representation as a factor in its selection. PNAC shall review the sectors to be represented by NGOs every two years. Selection of sectors shall consider the following information:



- a) Epidemiological studies - infections reported by AIDSWATCH and surveillance data;
- b) Socio-behavioral studies - vulnerability of particular population groups; and
- c) Demographic studies - size of population at risk

NGO representatives appointed to PNAC shall be NGOs from the sectors selected. They shall bring the concerns and issues of the sector they represent to PNAC. Where this is not possible, NGOs working with and advocating the concerns and issues of selected sectors shall be eligible to be NGO members of PNAC, as representatives of said sectors.

NGO members to PNAC shall meet the following qualifications:

- a) At least three years experience of working productively for the prevention and control of HIV/AIDS;
- b) Registered with the Securities and Exchange Commission;
- c) HIV/AIDS-related programs and projects are not limited to one region of the country; and
- d) Implement programs/projects that show potential for national replicability

The members representing the medical/health professional groups, non-government organizations and the representative of an organization of PLWHA shall be appointed initially for a period of two years. Subsequently, the said positions shall be filled via a nomination process as follows:

- a) Call for nominations of qualified representatives shall be published by PNAC, allowing a period of one month for the receipt of the nominations;
- b) A Nomination Committee composed of the PNAC Chair, Vice-Chair and three other PNAC members shall review the nominations, rank the nominees and submit its recommendations to PNAC for action;
- c) PNAC shall recommend two (2) nominees per position to the President.

The Secretary of Health shall be the permanent chairperson of the Council. The vice-chairperson shall be elected by the Council members and shall serve for a term of two (2) years.



Section 58. Meetings and Quorum

The Council shall hold regular meetings at least once every quarter. Special meetings may be convened by the Chairperson outside of the regular meetings as the need arises. The presence of eleven (11) members shall constitute a quorum. In the absence of the Chairperson and the Vice-Chairperson, a presiding officer shall be elected by the majority of the members present.

Section 59. Reports

All PNAC member agencies shall submit to the Council quarterly progress reports and annual reports of the programs and projects on the prevention and control of HIV/AIDS of their respective agencies or organizations. The Council, in turn, shall consolidate the reports of its member agencies for submission to the President and to both Houses of Congress on an annual basis.

Section 60. Technical Committee

A Technical Committee shall be formed by PNAC to be composed of representatives from the different member agencies of the Council. This Committee shall facilitate inter- and intra-agency coordination and monitoring of HIV/AIDS policies and programs and support PNAC in its functions.

Section 61. Creation of Special HIV/AIDS Prevention & Control Service

There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service (SHAPCS) which shall be headed by a Director and staffed by qualified medical specialists and support staff with permanent appointments. It shall implement programs on HIV/AIDS prevention and control. In addition it shall also serve as the Secretariat of the Council.



R U L E 1 0

MISCELLANEOUS PROVISIONS

Section 62. Rules of Interpretation

These Implementing Rules and Regulations shall be interpreted in the light of the provisions of the Constitution of the Republic of the Philippines and the declaration of policies under Section 2 of the Republic Act 8504.

Section 63. Separability Clause

In the event that any part or provision of these Implementing Rules and Regulations is declared invalid for any reason, the other parts or provisions thereof not affected thereby shall continue to be in force and effect.

Section 64. Repealing Clause

All pertinent laws, Presidential Decrees, Executive Orders, Rules and Regulations which are inconsistent with the provisions of these Implementing Rules and Regulations are hereby repealed, amended or modified accordingly.

Section 65. Amendments

These Implementing Rules and Regulations may be amended, modified or supplemented when necessary for effective implementation and enforcement of RA 8504.

Section 66. Effectivity

These Implementing Rules and Regulations shall take effect fifteen (15) days after its submission to the Office of the National Administrative Register

Section 67.

Approved in the City of Manila, this thirteenth day of April in the year of Our Lord, nineteen hundred and ninety-nine.





HON. ALBERTO G. ROMUALDEZ, JR., M.D.  
*Secretary of Health and Chair  
Philippine National AIDS Council*

HON. JUAN FLAVIO VELASCO, M.D.  
*Senator and Chair  
Senate Committee on Health  
Senate of the Philippines*

HON. EDITH YOTOKO-VILLANUEVA  
*Representative  
House Committee on Health  
House of Representatives*

HON. KATE BOTENGAN  
*Commissioner  
Commission on Higher Education*

HON. BELINDA MANAHAN  
*Undersecretary  
Department of Social Welfare and Development*



HON. AUSTERE PANADERO

*Assistant Secretary*

*Department of Interior and Local Government*

HON. RICARDO PARAS, III

*Assistant Secretary*

*Department of Justice*

MR. CARLOS GELLEKANO

*Executive Director*

*Technical Education and Skills Development Authority*

MR. GIL MONTALBO

*Director*

*Budget and Finance Bureau*

*Department of Budget and Management*

MR. ALADIN VILLACORTE

*Executive Director*

*UN and other International Organization*

*Social, Cultural and Humanitarian Affairs*

*Department of Foreign Affairs*



*Dulce J. Estrella-Gust*

**DR. DULCE ESTRELLA GUST**

*Director*

*Occupational Safety and Health Center  
Department of Labor and Employment*

*Adelfo Trinidad*

**DR. ADELFO TRINIDAD**

*Director*

*Health and Nutrition Center  
Department of Education, Culture and Sports*

*Emelyn Q. Libunao*

**MS. EMELYN QUINTOS-LIBUNAO**

*Staff Director, PDS*

*Philippine Information Agency*

*Erlinda Capones*

**MS. ERLINDA CAPONES**

*Director IV*

*National Economic and Development Authority*

*Generoso N. Sison, Jr.*

**DR. GENEROSO SISON, JR.**

*Medical Officer*

*Department of Tourism*



ATTY. JOMAR OLEGARIO  
Head, Policy Development Group  
League of Governors/Provinces

ATTY. GIL FERNANDO CRUZ  
Executive Director  
League of City Mayors

DR. RICO M. MEDINA SR.  
President  
Philippine Hospital Association

DR. OFELIA T. MONZON  
President  
AIDS Society of the Philippines

DR. FLORENCE TADIAR  
Executive Director  
Women's Health Care Foundation, Inc.

DR. MICHAEL L. TAN  
Executive Director  
Health Action Information Network



DELMAR S. BARROZO

*Mentor*

*Children's Laboratory for Drama in Education Foundation*

MS. ROWENA ALVAREZ

*Executive Director*

*Institute for Social Studies and Action*

MR. ARIEL CASTRO

*Director for Education*

*Trade Union Congress of the Philippines*

MR. FERDINAND BUENVIAJE

*President*

*The Library Foundation*

MS. LEAH SALES

*President*

*PINOY PLUS Association, Inc.*



## DOH Administrative Orders Integral to the IRR

1. Administrative Order No. 55-A, s. 1989. Rules and Regulations Governing the Accreditation of Laboratories Performing HIV Testing. DOH. 02 January 1989.
2. Administrative Order No. 18, s. 1995. Revised Guidelines in the Management of HIV/AIDS Patients in the Hospital. DOH. 21 November 1995.
3. Administrative Order No. 9, s. 1997. Amendment to Administrative Order No. 18, s. 1995 Regarding the Guidelines in the Management of HIV/AIDS Patients in the Hospital. DOH. 10 May 1997.
4. Administrative Order No. 2, s. 1997. National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases (STDs). DOH. 20 February 1997.
5. Administrative Order No. 5, s. 1998. Implementing Guidelines in STD Case Management at the Different Levels of the Health Care System. DOH. 13 February 1998.
6. Administrative Order No. 17-B, s. 1998 "Implementing Guidelines for STD Case Management for Children". DOH, 17 October 1998.

RECONSTITUTED PHILIPPINE NATIONAL AIDS COUNCIL

NO.	AGENCY / ORGANIZATIONS	REPRESENTATIVE
1.	Department of Health	HON. ALBERTO DEL GALLEGO - ROMUALDEZ, JR. Secretary of Health and Chair, Philippine National AIDS Council
2.	Department of Education, Culture and Sports	DR. ADELFO ABELLA TRINIDAD Director Health and Nutrition Center
3.	Commission on Higher Education	HON. MANUEL D. PUNZAL Commissioner
4.	Technical Education and Skills Development Authority	CARLOS GENCIANA GELLEKANAO Executive Director National Institute for Technical / Vocational Education and Training
5.	Department of Labor and Employment	DR. DULCE ESTRELLA-GUST Executive Director Occupational Health and Safety Center
6.	Department of Social Welfare and Development	MS. BELINDA CUISIA-MANAHAN Undersecretary
7.	Department of Interior and Local Government	MR. AUSTERE ABONG PANADERO Assistant Secretary
8.	Department of Justice	ATTY. RICARDO VALERA PARAS, III Assistant Secretary



RECONSTITUTED PHILIPPINE NATIONAL AIDS COUNCIL

NO.	AGENCY / ORGANIZATIONS	REPRESENTATIVE
9.	National Economic and Development Authority	MS. ERLINDA MORALES -CAPONES Director
10.	Department of Tourism	DR. GENEROSO NAJERA SISON Medical Officer
11.	Department of Budget and Management	MR. ARTHUR BUMATAY Director
12.	Department of Foreign Affairs	MS. ANA MARIE MORALES Executive Director, UNIO
13.	Philippine Information Agency	MS. EMELYN QUINTOS-LIBUNAO Director for Program Development
14.	League of Provinces	MS. SANDRA PAREDES Head, Policy Development Group
15.	League of Cities	ATTY. GIL FERNANDO CASUPANAN - CRUZ Executive Director
16.	Senate Committee on Health	HON. JUAN FLAVIER, M.D. Chair, Senate Committee on Health and Demography
17.	House Committee on Health	HON. EDITH YOTOKO-VILLANUEVA Committee on Health House of Representatives
18.	Medical/Health Professional Group	DR. AVELINO OBISPO President Philippine Hospital Association

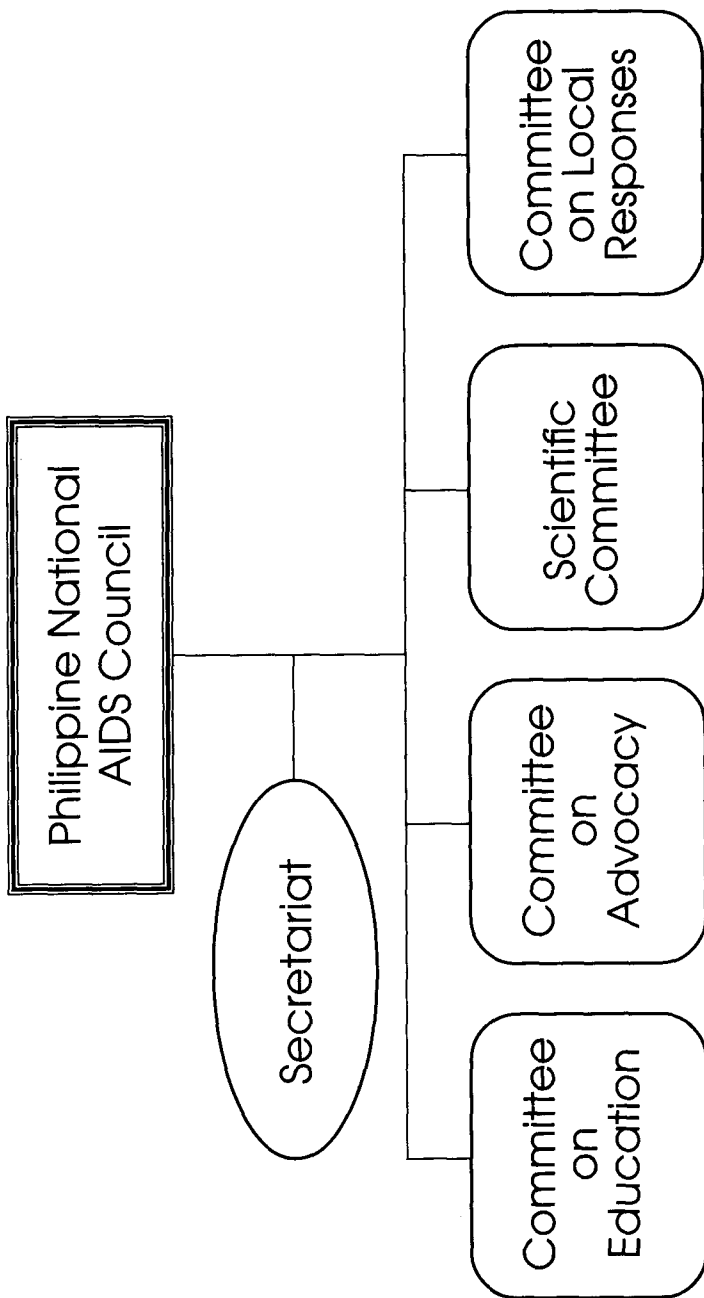




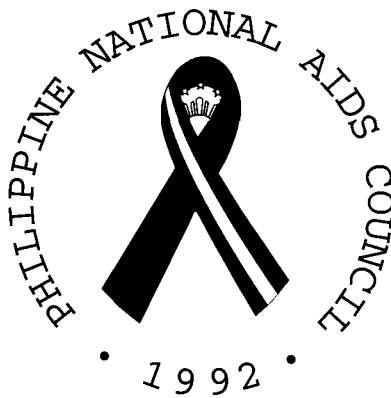
NO.	AGENCY / ORGANIZATIONS	REPRESENTATIVE
19.	Medical/Health Professional Group	DR. OFELIA TAGLE MONZON President AIDS Society of the Philippines
20.	NGO Representative	DR. MICHAEL LIM TAN Executive Director Health Action Information Network
21.	NGO Representative	DELMAR SOLIS BARROZO Mentor  MS. IRENE FONACIER-FELLIZAR Executive Director Children's Laboratory for Drama in Education Foundation
22.	NGO Representative	MS. ROWENA ONG ALVAREZ Executive Director Institute for Social Studies and Action
23.	NGO Representative	MR. ARIEL BONIFACIO CASTRO Director for Education Trade Union Congress of the Philippines
24.	NGO Representative	MR. FERDINAND VILLAMOR BUENVAJE President The Library Foundation
25.	NGO Representative	DR. FLORENCE MACAGBA TADIAR President Women's Health Care Foundation
26.	Organization of People Living with HIV Representative	MS. LEAH SALES President Pinoy Plus Association



# PNAC Organizational Structure



# PNAC SECRETARIAT



3rd Floor, Building 12, Department of Health,  
Sta. Cruz, Manila PHILIPPINES  
Tel.: 338-6440 ● Fax: 743-0512  
E-mail: [naspcp@doh.gov.ph](mailto:naspcp@doh.gov.ph)

**Dr. LORETO B. ROQUERO, JR.**  
Director III  
PNAC Secretariat

