

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.[chan robles virtual law library](#)

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.

RULE 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)".

Sec. 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.

Sec. 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:
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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.

Sec. 4. Definition 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, sanitarium, 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. [chan robles virtual law library](#)

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.
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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 National 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.

RULE 2 EDUCATION AND INFORMATION

Sec. 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.

Sec. 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.

Sec. 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.

Sec. 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.

Sec. 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 materials are sent to the target audience in accordance with adult learning principles.**

Sec. 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**

Sec. 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**

Sec. 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.

Sec. 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.

Sec. 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 Sec. 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.

Sec. 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.

Sec. 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.

Sec. 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;

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c. passenger departure and waiting rooms of bus, ship and airport terminals;

d. travel agencies, resorts and other tourist spots;

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e. restaurants and hotels; and

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f. information center booths of the DOT.

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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.

Sec. 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.

Sec. 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 Sec. 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.

Sec. 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 Sec. 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.

RULE 3 SAFE PRACTICES AND PROCEDURES

Sec. 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. [chan robles virtual law library](#)

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.

Sec. 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

Sec. 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. [chan robes virtual law library](#)

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.

Sec. 24. Guidelines on Surgical and Similar Procedures

Standards for the prevention of HIV transmission enumerated in the procedures for Universal Precautions found in Sec. 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)**

Sec. 25. Penalties for Unsafe Practices and Procedures

Unsafe practices and procedures shall refer to the non-compliance with the recommended universal precautions in Sec. 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 Sec. 13 of RA 8504, and Sec. 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**

RULE 4 TESTING, SCREENING AND COUNSELING

Sec. 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 Sec. 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.[chan robles virtual law library](#)

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, transplanted, or research shall be deemed a consent for

HIV testing as provided in Sec. 23 of this IRR. [chan robles virtual law library](#)

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 Sec. 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 Sec. 41 of this IRR. Except for a valid medical or legal need for this record, no access shall be allowed as provided in Sec.s 39 and 42 of this IRR.

Sec. 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

Sec. 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:

- .
a. Article 264 -- Administering injurious substances;
b. Article 335 -- Rape;
c. Article 337 -- Qualified seduction;
and
d. Article 338 -- Simple seduction

.
2. R.A. 7659, or the "Death Penalty Act," specifically Sec. 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 Sec. 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".

Sec. 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.[chan robes virtual law library](#)

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.

Sec. 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 Sec.s 7.1.6 and 9.3 which are amended to read:

Sec. 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.

Sec. 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 Sec. 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.[chan robles virtual law library](#)

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

Sec. 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 community services and to any organization of people living with HIV/AIDS; and [chan](#) [robles](#) [virtual](#) [law](#) [library](#)
- 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.

Sec. 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.

**RULE 5
HEALTH AND SUPPORT SERVICES**

Sec. 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.

Sec. 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.

Sec. 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.

Sec. 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); and**
- b. Administrative Order No. 5, s. 1998 "Implementing Guidelines in STD Care Management at the Different Levels**

of the Health Care System" (DOH, 13 February 1998)

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.

Sec. 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 Sec.s 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.

RULE 7 CONFIDENTIALITY

Sec. 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.

Sec. 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 AIDSWATCH as provided in Sec. 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 Sec.s 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.

Sec. 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 AIDSWATCH in accordance with Sec. 39 of this IRR; and/or
- e. A Judge of the Lower Court, Justice of the Court of Appeals or Supreme Court Justice

Sec. 44. Penalties for Violations of Confidentiality

Penalties for violating medical confidentiality, as provided in Sec.s 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.

Sec. 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.

RULE 8 DISCRIMINATORY ACTS AND POLICIES

Sec. 46. 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 is prohibited.

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.

Sec. 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.

Sec. 48. Restrictions on Travel and Habitation

HIV is not among the dangerous, loathsome or contagious diseases referred to in the Immigration Code (Sec. 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.

Sec. 49. Inhibition from Public Service

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

Sec. 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.

Sec. 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.

Sec. 52. Denial of Burial Services

Subject to the observance of universal precautions as outlined in Sec. 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, Sec. 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:**
- c. 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.**
- d. The HIV status of an individual shall not be a consideration in the issuance of permits for the transfer of such remains.**

Sec. 53. Penalties for Discriminatory Acts and Policies

All discriminatory acts and policies referred to in Sec.s 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.

RULE 9

THE PHILIPPINE NATIONAL AIDS COUNCIL

Sec. 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.

Sec. 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 recommendations 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.

Sec. 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.

Sec. 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. [chan robles virtual law library](#)

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.

Sec. 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.

Sec. 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.

Sec. 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. [chan robles virtual law library](#)

Sec. 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.

RULE 10 MISCELLANEOUS PROVISIONS

Sec. 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 Sec. 2 of the Republic Act 8504.

Sec. 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.

Sec. 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.

Sec. 65. Amendments

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

Sec. 66. Effectivity

These Implementing Rules and Regulations shall take effect fifteen (15) days after its submission to the Office of the National Administrative Register [chan robles virtual law library](#)

Sec. 67. Approved in the City of Manila, this thirteenth day of April in the year of Our Lord, nineteen hundred and ninety-nine.