
Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Philippine government's duty to respect, protect and fulfill the people's right to health is clearly established under our Constitution. Article 2, Section 15, provides:

SEC.15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

This duty is also clearly established under international law. In particular, two international human rights treaties, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) have elaborated on the right to health, and the corresponding obligations of states parties in the fulfillment of this right.

The Philippines is a state party to both the ICESCR (ratified in 1974, Philippine entry into force in 1976) and the CEDAW (ratified and Philippine entry into force in 1981); thus, both treaties have long been part of Philippine law and national policy.

Article 12 of the ICESCR recognizes the right of everyone to "the enjoyment of the highest attainable standard of physical and mental health." "Health" is understood not just as a right to be healthy, but as a right to control one's own health and body, including sexual and reproductive freedom, and be free from interference such as torture or medical experimentation. It includes the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health and a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health. (General Comment No. 14 on the implementation of Article 12 of the ICESCR)

On the other hand, the CEDAW, Article 12 mandates States Parties to "take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure,

on a basis of equality of men and women, access to health care services, including those related to family planning.”

The Convention further provides that “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation. ”

The CEDAW Committee, tasked to monitor the implementation of the convention, in its General Recommendation No. 24 on Women and Health called upon states parties to prioritize the prevention of unwanted pregnancy through family planning and sex education and to reduce maternal mortality rates through safe motherhood services and prenatal assistance.¹

Thus, within the context of the Constitutional provisions on women’s right to health and the State’s international commitments as embodied in the ICESCR, the CEDAW, and other various human rights instruments such as: the International Conference on Population and Development Program of Action (ICPD-POA), the Beijing Platform of Action (BPA) and the Millennium Development Goals specifically Goal 5 (MDG 5), the State is bound to address Reproductive Health-related issues.

Despite these clearly defined policies and obligations, the Philippine government has yet to establish programs that realize our right to health, in particular, reproductive health. Consider the following:

- Eleven (11) Filipino women, die every twenty-four hours daily due to pregnancy and childbirth-related complications. Thus, the Philippines has one of the highest Maternal Mortality Rate (MMR) in Asia.
- More than 60% of pregnancies in the Philippines is classified as high-risk (2003 National Demographic and Health Survey).
- 2.6 million Filipino women would like to plan their families but lack information and access to do so. (Family Planning Survey 2006)
- Adolescent pregnancy is 30% of annual births (DOH/WHO/UNFPA).

Experts from around the world now acknowledge that almost all maternal deaths could be prevented with appropriate care. Yet in the Philippines today, less than half of all deliveries take

1. Committee on the Elimination of Discrimination against Women, General Recommendations Made by the Committee on the Elimination of Discrimination Against Women, General Recommendation No. 24, ¶ 31 (c), available at <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>.

place with the assistance of a skilled birth attendant. Since every maternal death is a family and community tragedy, the community must involve itself in maternal care.

This bill compels the state to guarantee universal access to medically-safe, legal, affordable and quality reproductive health services, methods, devices, supplies and relevant information thereon.

Reproductive health and family planning significantly improves maternal health and lowers maternal morbidity. Having the ability to plan and space children will afford women more employment, educational opportunities, and ultimately, economic empowerment.

If we are seriously committed to eradicate poverty, pursue sustainable development and improve our quality of life, then the issue of population cannot be ignored. However, this bill does not dictate any form of population control. Rather it will help give parents the opportunity to exercise their right to freely and responsibly plan the number and spacing of their children. It will allow persons to choose which form of family planning best suits them. This shall implement Article 15, Section 3, paragraph (1) of the Constitution which states that, “the state shall defend the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.”

Finally, this bill does not promote abortion. In fact, this bill is “pro-life.” While, it does not amend the penal law on abortion, it ensures that women needing care for post-abortion complications shall be treated and not left to die. The state’s legal enforcement of the abortion prohibition must not inhibit women’s right to access this live-saving medical procedure. Indeed it should be noted that even dangerous criminals and fugitives of the law who get injured or caught in a shoot-out with law enforcement officers are entitled to emergency hospitalization and treatment.

Withholding or limiting post-abortion care is not an acceptable, let alone humane approach to the reduction of the number of abortions, which is more aptly addressed through preventive education and information programs including knowledge of safe and available options to prevent pregnancy and the risks of abortion.

The Constitution guarantees full respect for human rights. Health is a fundamental human right indispensable for the exercise of other human rights and conducive to living a life in dignity.

Passage of this bill is a step towards the attainment of that constitutional guarantee.

MIRIAM DEFENSOR SANTIAGO

Introduced by Senator Miriam Defensor Santiago

1 AN ACT
2 PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH AND
3 POPULATION AND DEVELOPMENT

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

4 SECTION 1. *Short Title.* - This Act shall be known as the “The Reproductive Health
5 Act.”

6 SECTION 2. - *Declaration of Principles.* The State recognizes and guarantees the human
7 rights of all persons including their right to equality and non-discrimination in these rights, the
8 right to sustainable human development, the right to health which includes reproductive health,
9 the right to education and information and the right to choose and make decisions for themselves
10 in accordance with their religious convictions, cultural beliefs, and the demands of responsible
11 parenthood.

12 Moreover, the State recognizes and guarantees the promotion of gender equality, equity
13 and women’s empowerment as a health and human rights concern. The advancement and
14 protection of women’s human rights shall be central to the efforts of the State to address
15 reproductive health care. The State likewise recognizes and guarantees the promotion of the
16 welfare and rights of children.

17 In furtherance of these principles, the State shall guarantee universal access to
18 information and education, and safe, affordable, and quality reproductive health care services.

19 The State likewise guarantees universal access to medically-safe, legal, affordable and
20 quality reproductive health care services, methods, devices, supplies and relevant information
21 thereon according priority to the needs of women and children, or other underprivileged sectors.

22 The State shall address and seek to eradicate discriminatory practices, laws and policies
23 that infringe on a person’s exercise of sexual and reproductive health and rights.

1 SECTION 3. *Guiding Principles.*- This Act declares the following as guiding principles:

2 (A) The right to make free and informed decision, which is central to the exercise of any
3 right shall not be subjected to any form of coercion and must be fully guaranteed by the State
4 like the right itself.

5 (B) Respect for, protection and fulfillment of reproductive health and rights seek to
6 promote not only the rights and welfare of adult individuals and couples but those of adolescents
7 and children as well.

8 (C) Effective reproductive health care services must be given primacy to ensure maternal
9 health and birth of healthy children, in line with the state's duty to promote the right to health,
10 responsible parenthood, social justice and full human development.

11 (D) The provision of medically-safe, accessible and affordable and quality reproductive
12 health care services is essential in the promotion of people's right to health and shall be
13 incorporated as a component of primary health care.

14 (E) The State will provide access, without bias, all modern methods of family planning
15 which have been proven safe and effective in accordance with scientific and evidence-based
16 medical standards such as those set by the World Health Organization (WHO).

17 (F) The State shall promote a program that: (1) enables individuals and couples to have
18 the number of children they desire with due consideration to the health, particularly of women,
19 and resources available to them. (2) achieves equitable allocation and utilization of resources; (3)
20 ensures effective partnership among the national government, local government units and the
21 private sector in the design, implementation, coordination, integration, monitoring and evaluation
22 of people-centered programs towards quality of life and environmental protection; and (4)
23 conducts studies to analyze demographic trends towards sustainable human development in
24 keeping with the principles of gender equality and the promotion of women's health.

25 (G) The provision of reproductive health care and information must be the joint primary
26 responsibility of the National Government and Local Government Units consistent with their
27 obligation to respect, protect and promote the right to health including reproductive health.

28 (H) Active participation by non-government, women's, people's, civil society
29 organizations; and communities is crucial to ensure that reproductive health and population and
30 development policies, plans, and programs will address the priority needs of the poor, especially

1 women. The state shall encourage equitable allocation and utilization of resources in the
2 provision of health care.

3 (I) While this Act does not amend penal law on abortion, the government shall ensure
4 that all women needing care for post-abortion complications shall be treated and counseled in a
5 humane, non-judgmental and compassionate manner.

6 SECTION 4. *Definition of Terms.* - For the purpose of this Act, the following terms shall
7 be defined as follows:

8 (A) Adolescence - refers to a life stage of people ten (10) to nineteen (19) years of age.

9 (B) Adolescent sexuality - refers to, among others, the reproductive system, gender
10 identity, values or beliefs, emotions, relationships and sexual behavior of young people as social
11 beings.

12 (C) AIDS (Acquired Immune Deficiency Syndrome) - refers to a condition characterized
13 by a combination of signs and symptoms, caused by HIV which attacks and weakens the body's
14 immune system, making the afflicted individual susceptible to other life-threatening infections.

15 (D) Anti-Retroviral Medicines (ARVs) - Antiretroviral drugs are medications for the
16 treatment of infection by retroviruses, primarily HIV.

17 (E) Basic Emergency Obstetric Care – refers to lifesaving services for maternal
18 complications being provided by a health facility or professional, which must include the
19 following six signal functions: administration of parenteral antibiotics; administration of
20 parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia and
21 eclampsia; manual removal of placenta; removal of retained products; and assisted vaginal
22 delivery.

23 (F) Comprehensive Emergency Obstetric Care – refers to basic emergency obstetric care
24 plus two other signal functions: performance of caesarian section and blood transfusion.

25 (G) Employer - includes any person acting in the interest of an employer, directly or
26 indirectly. The term shall not include any labor organization or any of its officers or agents
27 except when acting as an employer.

28 (H) Family planning - refers to a program which enables couples and individuals to
29 decide freely and responsibly the number and spacing of their children and to have the

1 information and means to do so, and to have access to a full range of safe, effective, and modern
2 methods of preventing pregnancy.

3 (I) Gender equality – refers to equality in opportunities, in the allocation of resources or
4 benefits, or in access to services in furtherance of the rights to health and sustainable human
5 development among others, without discrimination on the basis of a person’s sex, sexual
6 orientation and gender identity.

7 (J) Gender equity - fairness and justice in the distribution of benefits and responsibilities
8 between women and men, and often requires women-specific projects and programs to end
9 existing inequalities. This concept recognizes that while reproductive health involves women
10 and men, it is more critical for women’s health.

11 (K) Healthcare Service Providers - refers to (a) health care institution, which is duly
12 licensed and accredited and devoted primarily to the maintenance and operation of facilities for
13 health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness,
14 disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing
15 care; ((b) a health care professional, who is any doctor of medicine, nurse, or midwife; (c) public
16 health worker engaged in the delivery of health care services; and (d) barangay health worker
17 who has undergone training programs under any accredited government and non-government
18 organization and who voluntarily renders primarily health care services in the community after
19 having been accredited to function as such by the local health board in accordance with the
20 guidelines promulgated by the Department of Health (DOH);

21 (L) HIV (Human Immunodeficiency Virus) – refers to the virus which causes AIDS;

22 (M) Male responsibility - refers to the involvement, commitment, accountability, and
23 responsibility of males with women in all areas of sexual and reproductive health, as well as the
24 care of reproductive health concerns specific to men;

25 (N) Maternal Death Review - refers to a qualitative and in-depth study of the causes of
26 maternal death with the primary purpose of preventing future deaths through changes or
27 additions to programs, plans and policies;

28 (O) Modern Methods of Family Planning – refers to safe, effective and legal methods to
29 prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom, ligation,

1 vasectomy, and modern natural family planning methods which include mucus, Billings,
2 ovulation, lactational amenorrhea, basal body temperature, and Standard Days methods;

3 (P) People Living with HIV (PLWH) – refers to individuals whose HIV tests indicate that
4 they are infected with HIV;

5 (Q) Reproductive health – refers to the state of complete physical, mental and social well-
6 being and not merely the absence of disease or infirmity, in all matters relating to the
7 reproductive system and to its functions and processes. This implies that people are able to have
8 a satisfying and safe sex life, that they have the capability to reproduce and the freedom to decide
9 if, when and how often to do so, provided that these are not against the law. This further implies
10 that women and men attain equal relationships in matters related to sexual relations and
11 reproduction;

12 (R) Reproductive Health Care - the access to a full range of methods, techniques,
13 facilities and services that contribute to reproductive health and well being by preventing and
14 solving reproductive health-related problems. It also includes sexual health, the purpose of which
15 is the enhancement of life and personal relations. The elements of reproductive health care
16 include:

- 17 1. maternal, infant and child health and nutrition including breastfeeding
- 18 2. family planning information and services;
- 19 3. prevention of abortion and management of abortion complications;
- 20 4. adolescent and youth reproductive health;
- 21 5. prevention and management of reproductive tract infections (RTIs), HIV and AIDS
22 and other sexually transmittable infections (STIs);
- 23 6. elimination of violence against women;
- 24 7. education and counseling on sexuality and sexual health;
- 25 8. treatment of breast and reproductive tract cancers and other gynecological
26 conditions and disorders;
- 27 9. male responsibility and participation in reproductive health; and
- 28 10. prevention and treatment of infertility and sexual dysfunction.

29 (S) Reproductive Health Care program – refers to the systematic, integrated provision of
30 reproductive health care elements to all citizens especially the poor, marginalized and those in

1 vulnerable situations.

2 (T) Reproductive tract infection (RTI) – refers to sexually transmitted infections, and other
3 types of infections affecting the reproductive system.

4 (U) Reproductive Health and Sexuality Education – refers to lifelong learning process of
5 providing and acquiring complete, accurate and relevant information and education on
6 reproductive health and sexuality through life skills education and other approaches.

7 (V) Reproductive rights - the rights of individuals and couples, to decide freely and
8 responsibly whether or not to have children; the number, spacing and timing of their children; to
9 make other decisions concerning reproduction free of discrimination, coercion and violence; to
10 have the information and means to do so; and to attain the highest standard of sexual and
11 reproductive health.

12 (W) Sexually Transmitted Infections (STIs) – refers to any infection that may be acquired or passed
13 on through sexual contact.

14 (X) Skilled Attendant - an accredited health professional—such as a midwife, doctor or nurse—who
15 has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated)
16 pregnancies, childbirth and the immediate postnatal period, and in the identification, management and
17 referral of complications in women and newborns; traditional birth attendants or traditional midwives—
18 trained or not—are excluded from this category.

19 (Y) Skilled Birth Attendance – childbirth managed by a skilled attendant plus the enabling conditions
20 of necessary equipment and support of a functioning health system, including transport and referral
21 facilities for emergency obstetric care.

22 (Z) Sustainable Human Development – refers to bringing people—particularly the poor and
23 vulnerable—at the center of development process, the central purpose of which is the creation of an
24 enabling environment in which all can enjoy long, healthy and creative lives, and done in a manner that
25 promotes their rights and protects the life opportunities of future generations and the natural ecosystem on
26 which all life depends.

27 SECTION 5. *Midwives for Skilled Attendance.* - The Local Government Units (LGUs)
28 with assistance of the Department of Health (DOH), shall employ an adequate number of
29 midwives to achieve a minimum ratio of one (1) fulltime skilled birth attendant for every one
30 hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or
31 live births for the past two years. Provided, that people in geographically isolated and depressed

1 areas shall have the same level of access.

2

3 SECTION 6. *Emergency Obstetric Care.* - Each province and city shall ensure the
4 establishment or upgrading of hospitals with adequate and qualified personnel, equipment and
5 supplies to be able to provide emergency obstetric care. For every 500,000 population, there
6 shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4)
7 hospitals for basic emergency obstetric care, provided, that people in geographically isolated
8 and depressed areas shall have the same level of access.

9 SECTION 7. *Access to Family Planning.* - All accredited health facilities shall provide
10 full range of modern family planning methods, except in specialty hospitals which may render
11 such services on optional basis. For poor patients, such services shall be fully covered by
12 PhilHealth Insurance and/or government financial assistance.

13 After the use of any PhilHealth benefit involving childbirth and all other pregnancy-
14 related service wherein the beneficiary wishes to space or prevent her next pregnancy, PhilHealth
15 shall pay for the full cost of family planning for the next three (3) years. The benefit payments
16 shall be channeled to appropriate local or national government health facilities.

17 SECTION 8. *Maternal Death Review.* - All Local Government Units (LGUs), national
18 and local government hospitals, and other public health units shall conduct annual maternal death
19 review in accordance with the guidelines set by the DOH.

20 SECTION 9. *Family Planning Supplies as Essential Medicines* - Hormonal
21 contraceptives, intrauterine devices, injectables and other safe and effective family planning
22 products and supplies shall be part of the National Drug Formulary and the same shall be
23 included in the regular purchase of essential medicines and supplies of all national and local
24 hospitals and other government health units

25 SECTION 10. *Procurement and Distribution of Family Planning Supplies.* - The DOH
26 shall spearhead the efficient procurement, distribution of to LGUs and usage-monitoring of
27 family planning supplies for the whole country. The DOH shall coordinate with all appropriate
28 LGU bodies to plan and implement this procurement and distribution program. The supply and
29 budget allotments shall be based on, among others, the current levels and projections of the
30 following:

- 1 A. number of women of reproductive age and couples who want to space or
2 limit their children;
3 B. contraceptive prevalence rate, by type of method used; and
4 C. cost of family planning supplies.

5 SECTION 11. *Benefits for Serious and Life - Threatening Reproductive Health*
6 *Conditions.* All serious and life threatening reproductive health conditions such as HIV and
7 AIDS, breast and reproductive tract cancers, and obstetric complications shall be given the
8 maximum benefits as provided by PhilHealth programs.

9 SECTION 12. *Mobile Health Care Service.* - Each Congressional District shall be
10 provided with the Mobile Health Care Service (MHCS) in the form of a van or other means of
11 transportation appropriate to coastal and mountainous areas. The MHCS shall deliver health care
12 goods and services to its constituents, more particularly to the poor and needy, as well as
13 disseminate knowledge and information on reproductive health. The purchase of such shall be
14 funded from the Priority Development Assistance Fund (PDAF) of each Congressional District.
15 The subsequent operation and maintenance of the MHCS shall be subject to an agreement
16 entered into between the district representative and the recipient province or cities. The MHCS
17 shall be operated by skilled health providers and adequately equipped with a wide range of
18 reproductive health care materials and information dissemination devices and equipment, the
19 latter including but not limited to a television set for audio-visual presentations. All MHCS shall
20 be operated by LGUs of provinces and highly urbanized cities.

21 SECTION. 13. *Mandatory Age-Appropriate Reproductive Health and Sexuality*
22 *Education.* - Age-appropriate Reproductive Health and Sexuality Education shall be taught by
23 adequately trained teachers in formal and non-formal educational system starting from Grade 5
24 using life-skills and other approaches. Reproductive Health and Sexuality Education shall
25 commence at the start of the school year immediately following one year from the effectivity of
26 this Act. The Department of Education (DEPED), Commission on Higher Education (CHED),
27 TESDA, and Department of Social Welfare and Development (DSWD), and the Department of
28 Health (DOH) shall formulate the RH and Sexuality Education curriculum. Such curriculum
29 shall be common to both public and private schools, out of school children, youth and adults in
30 the Alternative Learning System (ALS) based on but not limited to the following contents:

1 Psycho-Social Wellbeing, Legal and Ethical aspects of RH, Demography and RH and Physical
2 Wellbeing.

3 Age-appropriate reproductive health and sexuality education shall be integrated in all
4 relevant subjects and shall include, but not limited to the following topics:

- 5 a. Values formation
- 6 b. Knowledge and skills in self protection against discrimination, sexual violence and
7 abuse, and teen pregnancy.
- 8 c. Physical, Social and Emotional Changes in Adolescents
- 9 d. Children's and women's rights
- 10 e. Fertility awareness
- 11 f. STI, HIV and AIDS
- 12 g. Population and development
- 13 h. Responsible relationship
- 14 i. Family planning methods
- 15 j. Proscription and hazards of abortion
- 16 k. Gender and development
- 17 l. Responsible parenthood

18 The DepEd, CHED, DSWD, TESDA, and DOH shall provide concerned parents with
19 adequate and relevant scientific materials on the age-appropriate topics and manner of teaching
20 reproductive health education to their children.

21 SECTION 14. *Capability Building of Barangay Health Workers.*- Barangay Health
22 Workers and other community-based health workers shall undergo training on the promotion of
23 reproductive health and shall receive at least 10% increase in honoraria provided that those
24 receiving less than P1,000.00 shall receive at least 20% increase upon successful completion of
25 training. This increase in honoraria shall be funded from the Gender and Development (GAD)
26 budget or other sources of funds of the Local Government Units.

27 SECTION 15. *Employers' Responsibilities.* – The Department of Labor and Employment
28 (DOLE) shall ensure that employers respect the reproductive rights of workers. Consistent with
29 the spirit of Article 134 of the Labor Code, employers with more than 200 employees shall
30 integrate the provision of reproductive health services to all employees in their respective health

1 facilities. Those with less than 200 workers shall enter into partnership with hospitals, health
2 facilities, and or health professionals in their areas for the delivery of reproductive health
3 services.

4 Employers shall also uphold the right of all workers to know work conditions which may
5 affect their health, particularly those related with their reproductive health. Employers shall
6 furnish in writing the following information to all employees and applicants:

- 7 a. The medical and health benefits which workers are entitled to, including maternity
8 and paternity leave benefits and the availability of family planning services;
- 9 b. The reproductive health hazards associated with work, including hazards that may
10 affect their reproductive functions especially pregnant women;
- 11 c. The availability of health facilities for workers.

12 SECTION 16. *Multi-Media Campaign.*- The DOH shall initiate and sustain a heightened
13 nationwide multi-media campaign to raise the level of public awareness on the protection and
14 promotion of reproductive health and rights including family planning and population and
15 development.

16 SECTION 17. *Implementing mechanisms.* -

17 (A) Pursuant to the herein declared policy, the DOH and the Local Health Units shall
18 serve as the lead agencies for the implementation of this Act and shall integrate in their regular
19 operations the following functions:

- 20 1. Fully and efficiently implement the Reproductive Health Care Program;
- 21 2. Ensure people's access to medically safe, legal, quality and affordable reproductive
22 health goods and services;
- 23 3. Ensure that reproductive health services are delivered with a full range of supplies,
24 facilities and equipment and that service providers are adequately trained for such
25 reproductive health care delivery;
- 26 4. Take active steps to expand the coverage of the National Health Insurance Program
27 (NHIP), especially among poor and marginalized women, to include the full range of
28 reproductive health services and supplies as health insurance benefits;

- 1 5. Strengthen the capacities of health regulatory agencies to ensure safe, high-quality,
2 accessible, and affordable reproductive health services and commodities with the
3 concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- 4 6. Facilitate the involvement and participation of non-government organizations and
5 the private sector in reproductive health care service delivery and in the production,
6 distribution and delivery of quality reproductive health and family planning supplies
7 and commodities to make them accessible and affordable to ordinary citizens;
- 8 7. Furnish local government units with appropriate information and resources to keep
9 the latter updated on current studies and researches relating to family planning,
10 responsible parenthood, breastfeeding and infant nutrition; and
- 11 8. Perform such other functions necessary to attain the purposes of this Act.

12 (B) The POPCOM, as an attached agency of DOH, shall render technical assistance to
13 the local government units in the implementation of this Act, particularly in incorporating the
14 standards set by the International Conference on Population and Development and other relevant
15 international human rights instruments into development planning.

16 SECTION 18. *Prohibited Acts.* -The following acts are prohibited:

17 (A) Any healthcare service provider, whether public or private, who shall:

- 18 1. Knowingly withhold information or restrict the dissemination thereof, and/or
19 intentionally provide incorrect information regarding programs and services
20 on reproductive health including the right to informed choice and access to a
21 full range of legal, medically-safe and effective family planning methods;
- 22 2. Refuse to perform legal and medically-safe reproductive health procedures on
23 any person of legal age on the ground of lack of third party consent or
24 authorization. In case of married persons the mutual consent of the spouses
25 shall be preferred. However in case of disagreement, the decision of the one
26 undergoing the procedure shall prevail. In the case of abused minors where
27 parents and/or other family members are the perpetrators as certified to by the
28 Department of Social Welfare (DSWD) and Development, no prior parental
29 consent shall be necessary; and

1 3. Refuse to extend quality health care services and information on account of
2 the person's marital status, gender, sexual orientation, age, religion, personal
3 circumstances, or nature of work, provided that, the conscientious objection of
4 a healthcare service provider based on his/her ethical or religious beliefs
5 shall be respected; however, the conscientious objector shall immediately
6 refer the person seeking such care and services to another healthcare service
7 provider within the same facility or one which is conveniently accessible;
8 provided further that the person is not in an emergency condition or serious
9 case as defined in RA 8344 penalizing the refusal of hospitals and medical
10 clinics to administer appropriate initial medical treatment and support in
11 emergency and serious cases.

12 (B) Any public official who, personally or through a subordinate, prohibits or restricts the
13 delivery of legal and medically-safe reproductive health care services, including
14 family planning; or forces, coerces or induces any person to use such services.

15 (C) Any employer who shall require or cause any applicant for employment or an
16 employee to: submit himself/herself to sterilization; use any contraceptive method; or
17 not use such methods as a condition for employment or continued employment.
18 Further, pregnancy shall not be a ground for non-hiring or termination from
19 employment.

20 SECTION. 19. *Penalties.* - Any violation of this act shall be penalized by imprisonment
21 ranging from one (1) month to six (6) months or imposed a fine of Ten Thousand (P 10,000.00)
22 to Fifty Thousand Pesos (P 50,000.00) or both such fine and imprisonment at the discretion of
23 the court, provided that if the offender is a public official, s/he shall also be administratively
24 liable.

25 SECTION 20. *Reporting Requirements.* - Before the end of April each year, the DOH
26 shall submit an annual report to the President of the Philippines. The report shall provide a
27 definitive and comprehensive assessment of the implementation of its programs and those of
28 other Government agencies and instrumentalities, civil society and the private sector and
29 recommend appropriate priorities for executive and legislative actions. The report shall be
30 printed and distributed to all national agencies, the LGUs, civil society and the private sector

1 organizations involved in said programs.

2 The annual report shall evaluate the content, implementation, and impact of all policies
3 related to reproductive health, and family planning to ensure that such policies promote, protect
4 and fulfill women’s reproductive health and rights.

5 SECTION 21. *Appropriations.* - The amounts appropriated in the current annual General
6 Appropriations Act for reproductive health and natural and artificial family planning under the
7 DOH and POPCOM and other concerned agencies shall be allocated and utilized for the
8 implementation of this Act. Such additional sums necessary to provide for the upgrading of
9 facilities necessary to meet Basic Emergency Obstetric Care and Comprehensive Emergency
10 Obstetric Care standards; the training and deployment of skilled health providers, natural and
11 artificial family planning commodity requirements as outlined in Sec. 10, and for other
12 reproductive health services, shall be included in the subsequent years' general appropriations.

13 SECTION 22. *Implementing Rules and Regulations.* – Within thirty (30) days from the
14 effectivity of this Act, the Department of Health, National Economic and Development
15 Authority, Department of Education, and the Department of Social Welfare and Development,
16 together with non-government, women’s, people’s, and civil society organizations shall jointly
17 promulgate, the rules and regulations for the effective implementation of this Act. At least 30%
18 of the members of the drafting committee shall come from said organizations. Full dissemination
19 of the Implementing Rules and Regulations to the public shall be ensured.

20 SECTION 23. *Separability Clause.* – If any provision or part hereof, is held invalid or
21 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
22 valid and subsisting.

23 SECTION 24. *Repealing Clause.* – Any law, presidential decree or issuance, executive
24 order, letter of instruction, administrative order, rule or regulation contrary to or is inconsistent
25 with the provision of this Act is hereby repealed, modified, or amended accordingly.

26 SECTION 25. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
27 publication in at least two (2) newspapers of general circulation.

28 Approved,