HOUSE OF REPRESENTATIVES  
Quezon City, Metro Manila  

TWELFTH CONGRESS  
First Regular Session  

HOUSE BILL NO. 4110  


AN ACT  
ESTABLISHING A REPRODUCTIVE HEALTH CARE ACT, STRENGTHENING ITS IMPLEMENTING STRUCTURES, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

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

SEC. 1. Title. This Act shall be known as "The Reproductive Health Care Agenda Act of 2001".

SEC. 2. Declaration of Principles.

The state recognizes and guarantees the human rights of all persons that include, the right to equality and equity, the right to development, the right to reproductive health, the right to education and the right to choose and make decisions for themselves. The state shall ensure the universal access to reproductive health, services, information and education.

The advancement and protection of women's human rights shall be central to the State's efforts to address reproductive health care. It shall promote gender equality, equity and women's empowerment as a health and human rights concern. The empowerment and autonomy of women and the improvement of their political, social, economic, and health status is imperative.

The state shall positively address and seek to eradicate discriminatory practices and laws and policies, including but not limited to, gender inequality and inequity, and violence against women which infringe on a person's exercise of sexual and reproductive rights.
SEC. 3. Definition of Terms. For the purpose of this Act, the following terms shall be defined as follows:

a. **Gender equality** - the absence of discrimination, on the basis of a person's sex, in opportunities, in the allocation of resources or benefits, or in access to services.

b. **Gender equity** - fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to end existing inequalities.

c. **Reproductive rights** - are the rights of individuals and couples to:
   
   1) Decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so;
   
   2) Make decisions about reproductive health free of discrimination, coercion and violence.

d. **Reproductive health** - is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide individuals and couples with the best chance of having a healthy infant.

e. **Reproductive Health Care** - is the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing & solving reproductive health-related problems. The services includes Family Planning (FP), Maternal & Child...

f. Responsible parenthood - the will and the ability to respond to the needs and aspirations of the family and children.

g. Adolescent sexuality - refers to the reproductive system, gender identity, values or beliefs, emotions, relationships and sexual behavior of young people as social beings. The term especially the subjective elements (values, beliefs and emotions) should be seen from the perspective of young people to become meaningful. Adolescence pertains to people aged between 13-24.

h. Family planning - a process by which couples, guided by the demands of responsible parenthood, and/or by their personal, religious, social or cultural beliefs, decide freely and responsibly the number, spacing and timing of their children based on their physical, mental and emotional capacities as well as their present or potential resources.

i. Male involvement - refers to men's commitment and joint responsibility with women in all areas of sexual and reproductive health.

j. Civil society - is the conglomeration of all the non-profit, non-government and voluntary organizations addressing the general issues and welfare of the people. Civil society constitutes a viewpoint of development that gives primary consideration to people empowerment, respect for culture, gender equity, and environmental protection. The civil society perspective encompasses the interest of the following sectors: families, farmers, workers, urban poor, women, indigenous communities, youth and students, media, the academic institutions, civic organizations, the various churches, non-governmental
organizations (NGOs), and peoples organizations (POs).

k. Private Sector - refers to all individual corporations, companies, enterprises, and
including their business organizations and chambers, which are operating
profit and are also assisting in the implementation of population and development
the state as part of their service to their employees and/or in the performance of
their social responsibility.

SEC. 4. Reproductive Health Care Agenda Framework. The Integrated Reproductive
Health Care Agenda shall create an enabling environment wherein an integrated reproductive
health care policy and program become positive instruments for the realization of

a. The sexual and reproductive health and rights of all individuals and couples including: 1)
the reproductive health and rights of all individuals and couples to decide freely and
responsibly the number, spacing and timing of their children; 2) the right to make
decisions concerning reproduction free of discrimination, coercion and violence; 3) the
universal access to a full range of safe, high quality, accessible, and affordable sexual and
reproductive health services and products to all individuals and couples; 4) the universal
access to sexual and reproductive health information and education;

b. The attainment of gender equality, equity and women’s empowerment in society; and

c. The promotion of the welfare and rights of the child.

SEC. 5. Reproductive Health Care Program.

a. Elements of Reproductive Health. The following are the priority health care services
identified as the Ten Elements of RH:

1) Family Planning (FP)
2) Maternal & Child Health and Nutrition (MCHN)
3) Prevention & Management of Abortion and its Complications (PMAC),
4) Prevention and Management of Reproductive Tract Infections (RTIs)
5) Education and Counseling on Sexuality and Sexual Health
6) Breast & Reproductive Tract Cancers & other Gynecological Conditions
7) Men's Reproductive Health
8) Adolescent & Youth Health
9) Violence Against Women & Children
10) Prevention & Treatment of Infertility & Sexual Dysfunction.

b. Implementing Mechanism. The DOH shall be the lead implementing agency to
implement the Reproductive Health Care Agenda. The DOH shall convene the
National
RH Management Committee (NRHMC) whose members shall include
representatives
from the Commission on Population (POPCOM), the Department of Interior and
Local
Government (DILG), and the National Commission on the Role of Filipino Women
(NCRFW). Other agencies such as the Human Health Resource Development
Institute,
Bureau of Local Health Development, National Epidemiology Center, Health
Policy and
Planning Institute, Bureau of Health Facilities and Services, Center for Health
Promotion,
and Philippine Health Insurance Corporation (PHIC) shall provide the necessary
c. **Functions.** The DOH-led NRHMC shall:

1) Come out with an Integrated National Policy and Program on Reproductive Health that shall be implemented in the DOH-retained hospitals, the local government unit-managed health facilities, other government organizations, private sectors and NGOs;

2) Review national and local laws and policies that infringe on the rights of all individuals and couples from access to their sexual and reproductive health and rights and take the necessary efforts to amend and repeal such laws and policies. Particularly, the review of laws and policies shall include the following areas:

   a. population, reproductive health, and family planning;
   b. contraception;
   c. abortion;
   d. HIV/AIDS and other sexually transmissible infections;
   e. Harmful traditional practices affecting reproductive health;
   f. Rape and other sexual violence,
   g. Marriage and family law; and
   h. Reproductive rights of adolescents.

3) Strengthen the capacities of health regulatory agencies to ensure safe, high quality, accessible, and affordable reproductive health services and products with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;

4) Take active steps to push for the expansion of the coverage of the National Health Insurance Program (NHIP) to extend protection to a wider population especially the poor and to cover the full range of sexual and reproductive health services and products as health insurance benefits.

**SERVICE DELIVERY.** In implementing the Reproductive Health Agenda, the following should be ensured:

1) **Enabling Environment for Women's Sexual and Reproductive Health and Rights.**

   a. The implementation of a comprehensive national strategy to promote women's right to health, including their reproductive health, recognizing that health is more than the absence of disease, but encompasses the physical, mental and social well-being of an individual throughout the entire life cycle;

   b. The elimination of discrimination against women in the field of health
care in order to promote equal access to health care services and information;
c. The undertaking of programs and services towards educating women of their reproductive rights;

d. The increase of women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services;
e. Take all appropriate measures to promote, research and disseminate information on women's health

2) **Broad Reproductive Health Care.** The provision of broad reproductive health care needs, including

a. Family planning counseling, information and education regardless of marital status and age;

b. The full range of family planning methods both natural family planning and modern contraceptive methods (e.g., condoms, vaginal barrier methods, oral contraceptives, implants, intrauterine devices, male and female voluntary sterilization, and emergency contraception (EC).

c. Prenatal care, safe delivery and postnatal care services and education;

d. Prevention and appropriate treatment of infertility;

e. Prevention and management of consequences of abortion;

f. Treatment of reproductive tract infections, HIV/AIDS and other STIs, and breast cancer;

g. Active discouragement of female circumcision/female genital mutilation and other harmful traditional practices; and

h. Education and information on human sexuality and responsible parenthood

3) **Population, reproductive health, and family planning**
a. The equitable distribution of resources and facilities to implement all aspects of reproductive rights;

b. The principle of free and informed consent and choice, non-coercion, confidentiality, privacy, non-discrimination and quality of care shall always be present in the policies and programs and its implementation;

c. The removal of unnecessary legal, medical, clinical and regulatory obstacles to information on and access to reproductive health services, including family planning;

d. The development of policies and programs aimed at effecting significant reductions in maternal, infant and child mortality;

4) Contraception

a. The elimination of restrictions on contraception including excessive regulation, requirements for third-party authorizations, and prohibitions on the dissemination of information regarding contraceptives;

b. Access to the full range of contraceptive methods, as well as accurate information on the relative benefits and risks of each method;

c. The regulation of quality of contraceptive methods and implement appropriate safeguards for efficacy, safety, and full, informed consent by the users;

5) Adolescents

a. The removal of all legal and regulatory barriers to reproductive health care for adolescents and create comprehensive, age-specific health programs for them as part of the country's overall health policy. The services should include information and services addressing reproductive health, STIs, gender roles, sexuality and responsible use of contraceptives;

b. Also, there must be: i) the universal access to contraception and maternal health care, including pre- and post-natal care for pregnant adolescents, regardless of marital status.
status; ii) services geared specifically towards the special reproductive
health needs
of adolescents; iii) sex education and life-skills programs for all levels of
education --
primary, secondary and tertiary. The policies must reflect the special needs
of marginalized adolescents, such as street children and out-of-school youth;
iv) education campaigns for STI and HIV/AIDS-prevention specifically aimed
at adolescents; v) programs to sensitize the community, including health care
providers
and law enforcement officials, regarding the need to protect the girl child
and adolescents against all forms of sexual violence, including rape, incest,
prostitution
and trafficking; and

SEC. 5. Education and Information

a. Sexual and Reproductive Health and Rights Education in Schools. The
Department of Education (DEPED), the Commission on Higher Education (CHED),
and the Technical Education and Skill Development Authority (TESDA), using
information provided by the Department of Health, shall require the integration
instruction on sexual and reproductive health and rights in the curriculum in public
and private schools at intermediate grades, secondary and tertiary levels, including
non-formal and indigenous learning systems.

b. Sexual and Reproductive Health and Rights Education in the Workplace. The
Civil Service Commission (CSC) and the Department of Labor and Employment
(DOLE) shall ensure that all government and private institutions shall conduct
education and informational campaigns for their employees, workers, managers, and
supervisors on sexual and reproductive health and rights.

c. Sexual and Reproductive Health and Rights Education in the Communities.
Local governments units, in collaboration with the Department of Health and the

SEC. 6. Support

a. The State recognizes that civil society, in general, and women's organizations in
particular, have made and are increasingly providing essential contributions to sexual
and reproductive health and rights-related programs, projects and activities at all
levels and are also engaged in the planning and implementation of more innovative,
flexible and responsive programs with grassroots participation. This Act shall provide
the means for a stronger and more effective partnership by government agencies with
civil society at all levels and the necessary support so that they could expand their
work more effectively among the citizenry.

b. The State recognizes that the private sector plays an important role in social and economic development that includes the production and delivery of reproductive health care services and commodities. This Act shall provide the means to promote private sector role in service delivery and in the production, distribution and delivery of high-quality reproductive health and family-planning commodities that are accessible and affordable to ordinary citizens,

c. The State recognizes the essential role that the various leagues play as an alternative forum by which local government units can participate in governance. The various Leagues shall provide an alternative representation of all the Local Government Units, apart from those that are already defined under the Local Government Code, in the crafting of policies, and in the development of programs and projects in pursuit of the Reproductive Health Care Agenda.

H.B. No. 4110 - 11 -

SEC. 7. Discriminatory Acts and Policies. Any restriction on dissemination of information regarding contraception including requirements for third-party authorizations in voluntary sterilizations and other voluntary sexual and reproductive health procedure is considered discrimination against the exercise of one's sexual and reproductive rights and is thus punishable punishable by imprisonment of one month to six months and/or a fine of twenty thousand pesos (P20,000.00).

SEC 8. Reporting Requirements. Before the end of April each year, the DOH shall submit an annual report to the President of the Philippines. The report shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other Government agencies and instrumentalities, civil society and the private sector and recommend appropriate priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, civil society and the private sector involved in said programs.

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

SEC. 7. Appropriation. The Department and LGUs, through its implementing units, shall endeavor to disburse all appropriated funds based on the set benchmarks; Furthermore, 20% of funds currently allocated to the National Health Insurance Program shall be used to support the policies and objectives under this Act. Subsequent appropriations shall be provided by Congress in the Annual budget of the Department of Health under the General Appropriations Act.

SEC. 8. Separability Clause. If any part, section or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in force and effect.

Executive Order No.32 dated 31 October 1992 and all other laws, decrees, orders, issuances, rules and regulations which are inconsistent with the provisions of this Act are hereby repeated, amended or modified accordingly.

SEC. 10. **Effectivity.** This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,