

HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

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First Regular Session

HOUSE BILL NO. 4110

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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.

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SEC. 3. **Definition of Terms.** For the purpose of this Act, the following terms shall be defined as follows:

1
2 a. Gender equality - the absence of discrimination, on the basis of a person's sex, in
3 opportunities, in the allocation of resources or benefits, or in access to services.

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

9 c. Reproductive rights - are the rights of individuals and couples to:

10 1) Decide freely and responsibly the number, spacing and timing of their
11 children
12 and to have the information and means to do so;

13 2) Make decisions about reproductive health free of discrimination, coercion
14 and
15 violence.

16 d. Reproductive health - is the state of complete physical, mental and social
17 well-being
18 and not merely the absence of disease or infirmity, in all matters relating to the
19 reproductive system and to its functions and processes. This implies that people are
20 able
21 to have a satisfying and safe sex life and that they have the capability to reproduce
22 and
23 the freedom to decide if, when and how often to do so. Implicit in this last condition
24 are
25 the right of men and women to be informed and to have access to safe, effective,
26 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

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

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

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

22 h. Family planning - a process by which couples, guided by the demands of
23 responsible
24 parenthood, and/or by their personal, religious, social or cultural beliefs, decide
25 freely
26 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).

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

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

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

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

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

18 **SEC. 5. Reproductive Health Care Program.**

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

- 21 1) Family Planning (FP)
- 22 2) Maternal & Child Health and Nutrition (MCHN)
- 23 3) Prevention & Management of Abortion and its Complications (PMAC),
- 24 4) Prevention and Management of Reproductive Tract Infections (RTIs)
- 25

- 1 5) Education and Counseling on Sexuality and Sexual Health
- 2 6) Breast & Reproductive Tract Cancers & other Gynecological Conditions
- 3 7) Men's Reproductive Health
- 4 8) Adolescent & Youth Health
- 5 9) Violence Against Women & Children
- 6 10) Prevention & Treatment of Infertility & Sexual Dysfunction.

7 b. Implementing Mechanism. The DOH shall be the lead implementing agency to
 8 implement the Reproductive Health Care Agenda. The DOH shall convene the
 9 National
 10 RH Management Committee (NRHMC) whose members shall include
 11 representatives
 12 from the Commission on Population (POPCOM), the Department of Interior and
 13 Local
 14 Government (DILG), and the National Commission on the Role of Filipino Women
 15 (NCRFW). Other agencies such as the Human Health Resource Development
 16 Institute,
 17 Bureau of Local Health Development, National Epidemiology Center, Health
 18 Policy and
 Planning Institute, Bureau of Health Facilities and Services, Center for Health
 Promotion,
 and Philippine Health Insurance Corporation (PHIC) shall provide the necessary

19 support
20 services.

21 c. Functions. The DOH-led NRHMC shall:

22 1) Come out with an Integrated National Policy and Program on
23 Reproductive Health
24 that shall be implemented in the DOH-retained hospitals, the local
25 government unit-
26 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;

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- 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.

d. 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;

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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

1 a. The equitable distribution of resources and facilities to implement all
2 aspects of
3 reproductive rights;

4 b. The principle of free and informed. consent and choice, non-coercion,
5 confidentiality, privacy, non-discrim i nation and quality of care shall
6 always be
7 present in the policies and programs and its implementation;

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

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

14 4) Contraception

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

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

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

25 5) Adolescents

26 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

1 status; ii) services geared specifically towards the special reproductive
 2 health needs
 3 of adolescents; iii) sex education and life-skills programs for all levels of
 4 education --
 5 primary, secondary and tertiary. The policies must reflect the special needs
 6 of
 7 marginalized adolescents, such as street children and out-of-school youth;
 8 iv)
 9 education campaigns for STI and HIV/AIDS-prevention specifically aimed
 10 at
 11 adolescents; v) programs to sensitize the community, including health care
 12 providers
 13 and law enforcement officials, regarding the need to protect the girl child
 14 and and
 15 adolescents against all forms of sexual violence, including rape, incest,
 16 prostitution
 17 and trafficking; and
 18 c. The provision of special attention to reducing the incidence of teen-age
 19 pregnancy
 and other adolescent reproductive health problems;

SEC. 5. Education and Information

20 a. Sexual and Reproductive Health and Rights Education in Schools. The
 21 Department of Education (DEPED), the Commission on Higher Education (CHED),
 22 and the Technical Education and Skill Development Authority (TESDA), using
 23 information provided by the Department of Health, shall require the integration
 24 instruction on sexual and reproductive health and rights in the curriculum in public
 25 and private schools at intermediate grades, secondary and tertiary levels, including
 26 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

1 Department of Interior and Local Governance, shall conduct educational and
 2 information campaigns in their respective local government units. The provincial
 3 governor, city and municipal mayors and the barangay captain shall coordinate such
 4 campaign among concerned government agencies, and non-government
 5 organizations.

SEC. 6. Support

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

13 work more effectively among the citizenry.
14

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

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

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

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

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

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

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

27 **SEC. 9. Repealing Clause.** Republic Act No. 6365 dated 06 August 1971, Presidential
28 Decree No. 79 dated 8 December 1972, Presidential Decrees No. 1204 dated 29 September 1977,
29 Executive Order No. 160 dated 13 April 1977, Executive Order No. 408 dated 18 June 1990,

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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 repealed, 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,