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SENATE

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COMMITTEE REPORT NO. 286

Submitted jointly by the Committees on Health and Demography (Sub-Committee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government; Ways and Means; *on* MAR - 4 2009

RE : Senate Bill No. 3122 prepared by the Committees.

Recommending its approval in substitution of Senate Bill Nos. 40, 43, 187, 622, 1299 taking into consideration P.S. Res. No. 376

*on*  
Sponsor : Senator Biazon

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Mr. President

The Committees on Health and Demography (Sub-Committee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government; Ways and Means to which were referred Senate Bill No. 40 introduced by Senator Rodolfo G. Biazon, entitled:

**“AN ACT  
PROVIDING FOR REPRODUCTIVE HEALTH CARE STRUCTURES  
AND APPROPRIATING FUNDS THEREFOR”**

Senate Bill No. 43, introduced by Senator Panfilo M. Lacson, entitled:

**“AN ACT  
CREATING A REPRODUCTIVE HEALTH AND POPULATION MANAGEMENT  
COUNCIL FOR THE IMPLEMENTATION OF AN INTEGRATED POLICY ON  
REPRODUCTIVE HEALTH RELATIVE TO SUSTAINABLE HUMAN  
DEVELOPMENT AND POPULATION MANAGEMENT,  
AND FOR OTHER PURPOSES”**

Senate Bill No. 187, introduced by Senator Rodolfo G. Biazon, entitled:

**“AN ACT  
ESTABLISHING AN INTEGRATED POPULATION AND DEVELOPMENT POLICY,  
STRENGTHENING ITS IMPLEMENTING MECHANISMS  
AND FOR OTHER PURPOSES”**

Senate Bill No. 622, introduced by Senator Jinggoy Ejercito-Estrada, entitled:

**“AN ACT  
TO PROTECT THE RIGHT OF THE PEOPLE TO INFORMATION  
ABOUT REPRODUCTIVE HEALTH CARE SERVICES”**

Senate Bill No. 1299, introduced by Senator Miriam Defensor Santiago, entitled:

**“AN ACT  
TO PROTECT THE RIGHT OF THE PEOPLE TO INFORMATION  
ABOUT REPRODUCTIVE HEALTH CARE SERVICES”**

Proposed Senate Resolution No. 376, introduced by Senator Pia S. Cayetano, entitled:


**“A RESOLUTION  
DIRECTING THE SENATE COMMITTEE ON HEALTH AND DEMOGRAPHY  
TO INQUIRE, IN AID OF LEGISLATION, ON THE STATUS OF THE PHILIPPINES IN  
ATTAINING THE MILLENNIUM DEVELOPMENT GOALS SPECIFICALLY ON REDUCING  
CHILD MORTALITY, IMPROVING MATERNAL HEALTH, AND ERADICATING HIV/AIDS,  
MALARIA AND OTHER DISEASES”**

have considered the same and have the honor to report them back to the Senate with the recommendation that the attached Senate Bill No. 3122, prepared by the Committees, entitled:

**“AN ACT  
PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH  
AND FOR OTHER PURPOSES”**

be approved in substitution of Senate Bill Nos. 40, 43, 187, 622, 1299 taking into consideration P.S. Res. No. 376 with Senators Biazon, Lacson, Ejercito-Estrada, Santiago, Cayetano, P., Legarda, Madrigal, Angara and Aquino as authors thereof.

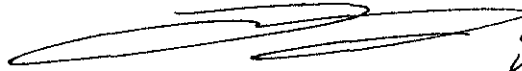
*Chairpersons:*



RODOLFO G. BIAZON

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Member, Committees on Youth Women  
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LOREN B. LEGARDA

*Chairperson*

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Member, Committees on Youth Women  
and Family Relations; Local Government;  
Ways and Means; and Finance

*with serious  
vacuum in  
clarification +*

*possible*

*among  
matters*

*will not say more*



EDGARDO J. ANGARA

*Chairperson*

Committee on Finance  
Member, Committees on Health  
and Demography; and Ways  
and Means



M.A. MADRIGAL

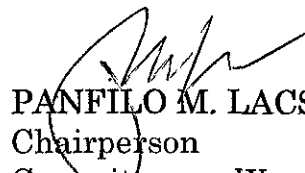
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**RICHARD J. GORDON**  
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and Finance

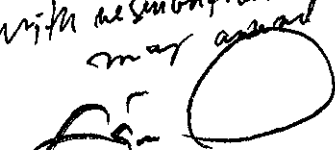
*with reservation  
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e amend*

**PIA S. CAYETANO**  
Committees on Health  
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and Family Relations

**ALAN PETER S. CAYETANO**  
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**MIRIAM DEFENSOR SANTIAGO**  
Committees on Youth, Women and  
Family Relations ; and Finance

*with reservations and  
may amend*  
  
MANUEL M. LAPID  
Committees on Finance;  
and Ways and Means

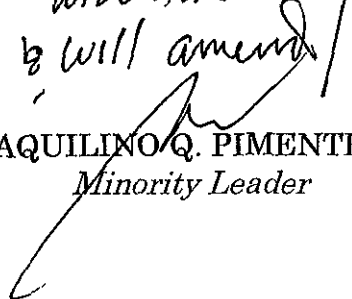
RAMON B. REVILLA JR.  
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Local Government

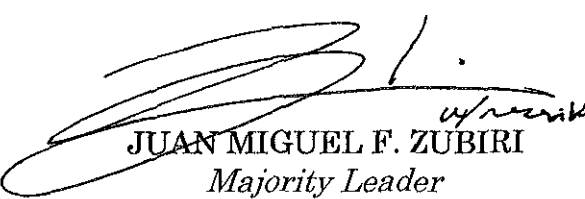
MAR ROXAS  
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ANTONIO F. TRILLANES  
Committees on Finance; and  
Local Government

MANNY VILLAR  
Committees on Finance; Local  
Government; and Ways and Means

Ex-Officio Members:

*Will ask questions  
b will amend*  
  
AQUILINO Q. PIMENTEL JR.  
Minority Leader

  
JUAN MIGUEL F. ZUBIRI  
Majority Leader

  
JINGGOY EJERCITO ESTRADA  
President Pro-Tempore

*may amend &  
interpellate*

JUAN PONCE ENRILE  
Senate President  
Senate of the Philippines  
Pasay City

SENATE

S.B. NO. 3122

RECEIVED BY

*AB*

(In substitution of Senate Bill Nos. 40, 43, 187, 622, 1299  
taking into consideration P.S. Res. No. 376)

Prepared by the Committees on Health and Demography (Subcommittee on Reproductive Health); Youth, Women and Family Relations; Finance; Local Government and Ways and Means with Senators Biazon, Lacson, Ejercito-Estrada, Santiago, Cayetano, P., Legarda, Angara, Madrigal, Aquino III as authors thereof.

AN ACT  
PROVIDING FOR A NATIONAL POLICY ON REPRODUCTIVE HEALTH  
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 "The Reproductive Health and Population and Development Act of 2009."

**SEC. 2. - Declaration of Policy.** - It is hereby declared the policy of the State to recognize and guarantee:

(a) the human rights of all persons including the right to equality and equity, the right to sustainable human development, the right to health which includes reproductive health, the right to education and the right to choose and make decisions for themselves in accordance with their religious convictions, cultural beliefs, and the demands of responsible parenthood; and

(b) the promotion of gender equality, equity and women's empowerment as a health and human rights concern. The advancement and protection of women's human rights shall be central to the efforts of the State to address reproductive health care. As a distinct but inseparable

1 measure to the guarantee of women's human rights, the State recognizes and guarantees the  
2 promotion of the welfare and rights of children.

3 Toward these ends, the State shall guarantee universal access to information and  
4 education, and safe, affordable, quality and non-hazardous reproductive health care services.

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

7 **SEC. 3. Guiding Principles.** This Act declares the following as guiding principles:

- 8 a. Freedom of choice, which is central to the exercise of any right, must be fully guaranteed  
9 by the State like the right itself.
- 10 b. The state shall guarantee the free exercise of religious belief in the enforcement of this  
11 Act.
- 12 c. Since human resource is the principal asset of the country, effective reproductive health  
13 care services must be given primacy to ensure maternal health, birth of healthy children,  
14 their full human development, and the promotion of responsible parenting.
- 15 d. The provision of medically-safe, accessible, affordable and quality reproductive health  
16 care services is essential in the promotion of people's right to health.
- 17 e. The state will promote, without bias, all modern methods of family planning.
- 18 f. The state shall endeavor to promote a program that aims to: (1) enable couples to have  
19 the number of children they desire with due consideration to the health, particularly  
20 women, and resources available to the family. (2) encourage equitable allocation and  
21 utilization of resources; (3) promote effective partnership among the national  
22 government, local government units and the private sector in the design, implementation,  
23 coordination, integration, monitoring and evaluation of people-centered programs  
24 towards quality of life and environmental protection; and (4) conduct studies to analyze  
25 demographic trends towards sustainable human development.
- 26 g. Reproductive health must be the joint responsibility of the National Government and  
27 Local Government Units.
- 28 h. Active participation by and thorough consultation with non-government organizations,  
29 communities and people's organizations is crucial to ensure that reproductive health and  
30 population and development policies, plans, and programs will address the priority needs  
31 of the poor, especially women.
- 32 i. While nothing in this Act changes the law on abortion, as abortion remains a crime and is  
33 punishable, the government shall ensure that all women needing care for post-abortion

1 complications shall be treated and counseled in a humane, non-judgmental and  
2 compassionate manner.

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

- 5 1. "*Adolescence*" refers to a life stage of people with age from 10 up to 19.
- 6 2. "*Adolescent sexuality*" refers to, among others, the reproductive system, gender identity,  
7 values or beliefs, emotions, relationships and sexual behavior of young people as social  
8 beings.
- 9 3. "*Basic Emergency Obstetric Care*" refers to lifesaving services for maternal  
10 complications being provided by a health facility or professional, which must include the  
11 following six signal functions: administration of parenteral antibiotics; administration of  
12 parenteral oxytocic drugs; administration of parenteral anticonvulsants for pre-eclampsia  
13 and eclampsia; manual removal of placenta; removal of retained products; and assisted  
14 vaginal delivery.
- 15 4. "*Comprehensive Emergency Obstetric Care*" refers to basic emergency obstetric care  
16 plus two other signal functions: performance of caesarian SEC. and blood transfusion.
- 17 5. "*Employer*" includes any person acting in the interest of an employer, directly or  
18 indirectly. The term shall not include any labor organization or any of its officers or  
19 agents except when acting as an employer.
- 20 6. "*Family planning*" refers to a program which enables couples and individuals to decide  
21 freely and responsibly the number and spacing of their children and to have the  
22 information and means to do so, and to have informed choice and access to a full range of  
23 safe and effective modern methods of preventing pregnancy.
- 24 7. "*Gender equality*" refers to the absence of discrimination on the basis of a person's sex,  
25 in opportunities, in the allocation of resources or benefits, or in access to services.
- 26 8. "*Gender equity*" refers to fairness and justice in the distribution of benefits and  
27 responsibilities between women and men, and often requires women-specific projects and  
28 programs to end existing inequalities.
- 29 9. "*Healthcare Service Providers*" refers to (a) a health care institution, which is duly  
30 licensed and accredited and devoted primarily to the maintenance and operation of  
31 facilities for health promotion, prevention, diagnosis, treatment, and care of individuals  
32 suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or  
33 other medical and nursing care; (b) a health care professional, who is any doctor of



1 medicine, nurse, or midwife; (c) public health workers engaged in the delivery of health  
2 care services; and (d) barangay health workers who has undergone training programs  
3 under any accredited government and non-government organization and who voluntarily  
4 renders primarily health care services in the community after having been accredited to  
5 function as such by the local health board in accordance with the guidelines promulgated  
6 by the Department of Health (DOH).

- 7 10. *“Male involvement and participation”* refers to the effort, commitment and joint  
8 responsibility of men with women in all areas of sexual and reproductive health, as well  
9 as the care of reproductive health concerns specific to men.
- 10 11. *“Maternal Death Review”* refers to a qualitative and in-depth study of the causes of  
11 maternal death with the primary purpose of preventing future deaths through changes or  
12 additions to programs, plans and policies.
- 13 12. *“Modern Methods of Family Planning ”* refers to safe, effective and legal methods to  
14 prevent pregnancy such as the pill, intra-uterine device (IUD), injectables, condom,  
15 ligation, vasectomy, and modern natural family planning methods include  
16 mucus/billing/ovulation, lactational amenorrhea, basal body temperature and standard  
17 days method.
- 18 13. *“Reproductive health”* refers to the state of complete physical, mental and social well-  
19 being and not merely the absence of disease or infirmity, in all matters relating to the  
20 reproductive system and to its functions and processes. This implies that people are able  
21 to have a safe sex life, that they have the capability to reproduce and the freedom to  
22 decide if, when and how often to do so, provided that these are not against the law. This  
23 further implies that women and men attain equal relationships in matters related to sexual  
24 relations and reproduction.
- 25 14. *“Reproductive Health Care”* refers to the access to a full range of methods, techniques,  
26 facilities and services that contribute to reproductive health and well being by preventing  
27 and solving reproductive health-related problems. It also includes sexual health, the  
28 purpose of which is the enhancement of life and personal relations. The elements of  
29 reproductive health care include:
- 30 a. maternal, infant and child health and nutrition including breastfeeding
  - 31 b. family planning information and services;
  - 32 c. prevention and management of post-abortion complications;
  - 33 d. adolescent and youth reproductive health;

- e. prevention and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);
  - f. elimination of violence against women;
  - g. education and counseling on sexuality and sexual health;
  - h. treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;
  - i. male involvement and participation in reproductive health; and
  - j. prevention and treatment of infertility and sexual dysfunction
15. "*Reproductive Health Care program*" is the systematic, integrated provision of reproductive health care services to all citizens especially the poor, marginalized and those in vulnerable situations.
16. "*Reproductive tract infection (RTI)*" includes sexually transmitted infections, and other types of infections affecting the reproductive system.
17. "*Reproductive Health and Sexuality Education*" refers to the process of providing complete, accurate and relevant information on all matters relating to reproductive health.
18. "Reproductive rights" - the rights of individuals and couples, subject to applicable laws, to decide freely and responsibly the number, spacing and timing of their children; to make other decisions concerning reproduction free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual and reproductive health.
19. "*Skilled Attendant*" refers to accredited health professional such as a midwife, doctor or nurse who has been educated and trained to proficiency in the skills needed to manage normal or uncomplicated pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. Traditional Birth Attendants or traditional midwives—trained or not—are excluded from this category.
20. "*Skilled Birth Attendance*" refers to childbirth managed by a skilled attendant plus the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral facilities for emergency obstetric care.
21. "*Sustainable Human Development*" refers to bringing people particularly the poor and vulnerable, at the center of development process, the central purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and creative

lives, and done in a manner that protects the life opportunities of future generations and the natural ecosystem on which all life depends.

**SEC. 5: Midwives for Skilled Birth Attendance.** The Local Government Units (LGUs) with assistance of the Department of Health (DOH), shall deploy an adequate number of midwives to achieve a minimum ratio of one (1) fulltime skilled birth attendant for every one hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or live births for the past two years.

**SEC. 6: Emergency Obstetric Care.** - Each province and city shall ensure the establishment or upgrading of hospitals with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric care. At the very least, for every 500,000 population, there shall be at least one (1) hospital for comprehensive emergency obstetric care and four (4) hospitals for basic emergency obstetric care.

**SEC. 7. Surgical Family Planning.** Modern family planning methods requiring hospital services shall be available in all national and local government hospitals, except in specialty hospitals which may render such services on optional basis. For poor patients, such services shall be fully covered by PhilHealth Insurance and/or government financial assistance.

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

**SEC. 8. Maternal Death Review.** All Local Government Units (LGUs), national and local government hospitals, and other public health units shall conduct annual maternal death review in accordance with the guidelines to be issued by the DOH.

**SEC. 9: Family Planning Supplies as Essential Medicines** - Hormonal contraceptives, intrauterine devices, injectables and other safe, effective and legal family planning products and supplies shall be included under the category of essential medicines and supplies which shall form part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health units.

**SEC. 10. Procurement and Distribution of Family Planning Supplies** - The DOH shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family planning supplies for the whole country. The DOH shall coordinate with all appropriate LGU

bodies to plan and implement this procurement and distribution program. The supply and budget allotments shall be based on, among others, the current levels and projections of the following:

- a. number of women of reproductive age and couples who want to space or limit their children;
- b. contraceptive prevalence rate, by type of method used;
- c. cost of family planning supplies;

**SEC. 11. Mobile Health Care Service.** Each Congressional District shall be provided with a van to be known as the Mobile Health Care Service (MHCS) to deliver health care goods and services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The purchase of such vans shall be funded from the Priority Development Assistance Fund (PDAF) of each Congressional District. The subsequent operation and maintenance of the MHCS shall be subject to an agreement entered into between the district representative and the recipient province. The MHCS shall be adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including but not limited to a television set for audio-visual presentations. All MHCS shall be operated by LGUs of provinces and highly urbanized cities.

**SEC. 12. Mandatory Age-Appropriate Reproductive Health and Sexuality Education.** Reproductive Health and Sexuality Education in an age-appropriate manner shall be taught by adequately trained teachers starting from Grade 5 up to Fourth Year High School. Reproductive Health and Sexuality Education shall commence at the start of the school year immediately following one year from the effectivity of this Act. The Department of Education (DEPED) shall formulate the Sexuality Education curriculum, which shall be common to both public and private schools, based on but not limited to the following subjects:

- a. Knowledge and skills in self-protection against discrimination, sexual violence, sexual abuse, STIs, HIV and AIDS and teen pregnancy.
- b. Values formation
- c. Physical, Social and Emotional Changes in Adolescents
- d. Children and women's rights
- e. Fertility awareness
- f. Population and development education
- g. Responsible relationship
- h. Family planning methods

- i. Proscription and hazards of abortion
- j. Gender and development
- k. Responsible parenthood

The DepEd shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching reproductive health education to their children. This shall be complementary to the parents' role in rearing their children.

Non-formal education programs shall likewise include the above-mentioned Reproductive Health Education.

**SEC. 13. Capability Building of Barangay Health Workers.** Barangay Health Workers shall undergo training on the promotion of reproductive health and shall receive at least 10% increase in honoraria upon successful completion of training. The increase in honoraria shall be funded from the Gender and Development (GAD) budget of the Local Government Units.

**SEC. 14. Employers' Responsibilities.** – The Department of Labor and Employment (DOLE) shall ensure that employers respect the reproductive rights of their workers. Employers with less than 200 workers shall enter into partnership with hospitals, health facilities, and or health professionals in their areas for the delivery of reproductive health services.

All Collective Bargaining Agreements (CBAs) shall provide for the free delivery of reasonable reproductive health care services and devices to workers, more particularly the women.

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

- a. The medical and health benefits which workers are entitled to, including maternity leave benefits and the availability of family planning services;
- b. The reproductive health hazards associated with work, including hazards that may affect their maternal functions;
- c. The availability of facilities for women which are required under Presidential Decree No. 442, as amended, also known as the Labor Code, Article 132.

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

**SEC. 16. Implementing mechanisms.**

1           a. Pursuant to the herein declared policy, the DOH and the Local Health Units shall serve  
2 as the lead agency for the implementation of this Act and shall integrate in their regular  
3 operations the following functions:

- 4           i. Fully and efficiently implement the Reproductive Health Care Program;
- 5           ii. Ensure people's access to medically safe, legal, quality and affordable reproductive  
6 health goods and services;
- 7           iii. Ensure that reproductive health services are delivered with a full range of supplies,  
8 facilities and equipment and that service providers are adequately trained for such  
9 reproductive health care delivery;
- 10          iv. Expand the coverage of the Philippine Health Insurance Corporation (PhilHealth),  
11 especially among poor and marginalized women, to include the full range of  
12 reproductive health services and supplies as health insurance benefits;
- 13          v. Strengthen the capacities of health regulatory agencies to ensure safe, high-quality,  
14 accessible, and affordable reproductive health services and commodities with the  
15 concurrent strengthening and enforcement of regulatory mandates and mechanisms;
- 16          vi. Facilitate the involvement and participation of non-government organizations and the  
17 private sector in reproductive health care service delivery and in the production,  
18 distribution and delivery of quality reproductive health and family planning supplies  
19 and commodities to make them accessible and affordable to ordinary citizens;
- 20          vii. Furnish local government units with appropriate information and resources to keep  
21 the latter updated on current studies and researches relating to family planning,  
22 responsible parenthood, breastfeeding and infant nutrition; and
- 23          viii. Perform such other functions necessary to attain the purposes of this Act.

24           b. The POPCOM, as an attached agency of DOH, shall serve as the coordinating body in  
25 the implementation of this Act and shall have the following functions:

- 26           i. Integrate on a continuing basis the interrelated reproductive health and population  
27 development agenda into a national policy, taking into account regional and local  
28 concerns;
- 29           ii. Provide the mechanism to ensure active and full participation of the private sector and  
30 the citizenry through their organizations in the planning and implementation of  
31 reproductive health care and population development programs and projects;

- 1       iii. Conduct sustained and effective information drives on sustainable human  
2           development and on all methods of family planning to prevent unintended, unplanned  
3           and mistimed pregnancies.

4       **SEC. 17. *Prohibited Acts.*** -The following acts are prohibited:

- 5       a) Any healthcare service provider, whether public or private, who shall:

- 6           1. Knowingly withhold information or restrict the dissemination thereof, and/or  
7           intentionally provide incorrect information regarding programs and services on  
8           reproductive health including the right to informed choice and access to a full  
9           range of legal, medically-safe and effective family planning methods, as well as  
10          the information required under Section 14 of this Act;  
11          2. Refuse to perform legal and medically-safe reproductive healthcare and services  
12          on any person of legal age on the ground of lack of third party consent or  
13          authorization. In case of married persons the mutual consent of the spouses shall  
14          be required. However in case of disagreement, the decision of the one undergoing  
15          the procedure shall prevail. In the case of abused minors with parents and/or other  
16          family members as perpetrators as certified to by the Department of Social  
17          Welfare (DSWD) and Development and/or local social welfare offices, no prior  
18          parental consent shall be necessary;  
19          3. Refuse to extend quality health care services and information on account of the  
20          person's marital status, gender, sexual orientation, age, religion, personal  
21          circumstances, or nature of work, provided that, the conscientious objection of a  
22          healthcare service provider based on his/her ethical or religious beliefs shall be  
23          respected; however, the conscientious objector shall immediately refer the person  
24          seeking such care and services to another healthcare service provider within the  
25          same facility or one which is conveniently accessible; provided further that the  
26          person is not in an emergency condition or serious case as defined in RA 8344  
27          penalizing the refusal of hospitals and medical clinics to administer appropriate  
28          initial medical treatment and support in emergency and serious cases.

- 29       b) Any public official with power and authority over any subordinate who shall prohibit or  
30          intentionally restrict provision of legal and medically-safe reproductive healthcare  
31          services, including family planning to such subordinate.

1 c) Any employer who shall require or cause a female applicant for employment or an  
2 employee to submit herself to sterilization or any contraceptive method, as a condition for  
3 employment or continued employment.

4 **SEC.. 18. Penalties.** - Any violation of this act shall be penalized by imprisonment  
5 ranging from one (1) month to six (6) months or imposed a fine of Twenty Thousand Pesos  
6 (P20,000.00) or both such fine and imprisonment at the discretion of the court, provided that if  
7 the offender is a public official, s/he shall also be administratively liable.

8 **SEC. 19. Reporting Requirements.** - Before the end of April each year, the DOH shall  
9 submit an annual report to the President and to the Congress of the Philippines. The report shall  
10 provide the Reproductive Health Program, a definitive and comprehensive assessment of the  
11 implementation of its programs and those of other Government agencies and instrumentalities,  
12 civil society and the private sector and recommend appropriate priorities for executive and  
13 legislative actions. The report shall be printed and distributed to all national agencies, the LGUs,  
14 civil society and the private sector organizations involved in said programs.

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

18 **SEC. 20. Appropriations.** - The amounts appropriated in the current annual General  
19 Appropriations Act for reproductive health and family planning under the DOH and POPCOM  
20 shall be allocated and utilized for the implementation of this Act. Such additional sums necessary  
21 to provide for family planning commodity requirements as outlined in Sec. 9, and for other  
22 reproductive health services, shall be included in the subsequent years' General Appropriations  
23 Acts.

24 **SEC. 21. Implementing Rules and Regulations.** - Within thirty (30) days from the  
25 effectivity of this Act, the Department of Health, National Economic and Development Authority  
26 and Commission on Population shall jointly promulgate, after thorough consultation with health  
27 and national multi-sectoral non-government organizations, the rules and regulations for the  
28 effective implementation of this Act and shall ensure the full dissemination of the same to the  
29 public.

30 **SEC. 22. Separability Clause.** - If any part, SEC. or provision of this Act is held invalid  
31 or unconstitutional, other provisions not affected thereby shall remain in force and effect.

32 **SEC. 23. Repealing Clause.** All other laws, decrees, orders, issuances, rules and  
33 regulations which are inconsistent with the provisions of this Act are hereby repealed, amended



1 or modified accordingly.

2       **SEC. 24. Effectivity.** - This Act shall take effect fifteen (15) days after its publication in  
3 the Official Gazette or in at least two (2) newspapers of general circulation.

4

5       Approved,