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SENATE

S. B. No. **2865**

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(In substitution of SB 2378 and 2768, taking into consideration PSR 238)

Prepared Jointly by the Committees on Health and Demography; Finance; and Youth,  
Women and Family Relations with Senators Defensor-Santiago, Lacson and (P.)  
Cayetano as authors

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

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

1           **SECTION 1. Short Title.** - This Act shall be known as the “The Reproductive  
2 Health Act of 2011.”

3           **SEC. 2. State Policies.** – The State recognizes and guarantees the human rights of  
4 all persons including their right to equality and non-discrimination of these rights, the  
5 right to sustainable human development, the right to health which includes reproductive  
6 health, the right to education and information, and the right to choose and make decisions  
7 for themselves in accordance with their religious convictions, ethics, cultural beliefs, and  
8 the demands of responsible parenthood.

9           The State shall comply with all its international obligations under various human  
10 rights instruments relative to reproductive health and women’s empowerment including  
11 the Universal Declaration of Human Rights, International Covenant on Civil and  
12 Political Rights, International Covenant on Economic, Social and Cultural Rights  
13 (ICESCR), Beijing Declaration, UN Declaration on the Elimination of Violence Against  
14 Women (DEVAW), Convention on the Elimination of All Forms of Discrimination  
15 Against Women (CEDAW), International Conference on Population and Development  
16 (ICPD) and the Millennium Development Goals (MDGs).

17           Moreover, the State recognizes and guarantees the promotion of gender equality,  
18 gender equity, women empowerment and dignity as a health and human rights concern  
19 and as a social responsibility. The advancement and protection of women’s human rights  
20 shall be central to the efforts of the State to address reproductive health care. The State  
21 also recognizes and guarantees the promotion of the welfare and rights of children and  
22 the youth.

23           The State likewise guarantees universal access to medically-safe, effective, legal,  
24 affordable, and quality reproductive health care services, methods, devices, supplies and  
25 relevant information and education thereon according to the priority needs of women,  
26 children and other underprivileged sectors.

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

4           **SEC. 3. Guiding Principles for Implementation.** – This Act declares the  
5 following as guiding principles:

6           (a) The right to make free and informed decisions, which is central to the exercise  
7 of any right, shall not be subjected to any form of coercion and must be fully guaranteed  
8 by the State, like the right itself.

9           (b) Respect for, protection and fulfillment of, reproductive health and rights seek  
10 to promote the rights and welfare of every person.

11           (c) Effective and quality reproductive health care services must be given primacy  
12 to ensure maternal and child health, and birth of healthy children, in line with the State's  
13 duty to promote the right to health, responsible parenthood, social justice and full human  
14 development.

15           (d) The provision of medically-safe, effective, legal, accessible, affordable, and  
16 quality reproductive health care services is essential in the promotion of the people's  
17 right to health, especially those of women, the poor, and the marginalized, and shall be  
18 incorporated as a component of basic health care.

19           (e) The State will provide information and access, without bias, to all methods of  
20 family planning which have been proven safe and effective in accordance with scientific  
21 and evidence-based medical standards such as those set by the World Health  
22 Organization (WHO) and registered and approved by the Food and Drug Administration  
23 (FDA).

24           (f) The State shall promote programs that: (1) enable individuals and couples to  
25 have the number of children they desire with due consideration to the health, particularly  
26 of women, and the resources available and affordable to them; (2) ensure effective  
27 partnership among the National Government, Local Government Units (LGUs) and the  
28 private sector in the design, implementation, coordination, integration, monitoring and  
29 evaluation of people-centered programs towards quality of life and environmental  
30 protection; and (3) conduct studies to analyze demographic trends towards sustainable  
31 human development in keeping with the principles of gender equality and the promotion  
32 and protection of women's reproductive rights and health.

33           (g) The provision of reproductive health care and information must be the joint  
34 primary responsibility of the National Government and the LGUs consistent with their  
35 obligation to respect, protect and promote the right to health.

36           (h) Active participation by non-government, women's and people's organizations,  
37 and communities is crucial to ensure that reproductive health and population and  
38 development policies, plans, and programs will address the priority needs of women, the  
39 poor, and the marginalized. The State shall ensure equitable allocation and utilization of  
40 resources in the provision of health care.

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

1 (j) Each family shall have the right to determine its ideal family size; *Provided,*  
2 *however,* That the State shall equip each parent with the necessary information on all  
3 aspects of family life, including reproductive health, in order to make that determination.

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

6 (a) Adolescent – refers to young people between the ages of ten (10) to nineteen  
7 (19) years who are in transition from childhood to adulthood;

8 (b) Basic Emergency Obstetric and Newborn Care (BEMONC) – refers to  
9 lifesaving services for emergency maternal and newborn conditions/complications being  
10 provided by a health facility or professional to include the following services:  
11 administration of parenteral oxytocic drugs, administration of loading dose of parenteral  
12 anticonvulsants, administration of initial dose of antibiotics, performance of assisted  
13 deliveries in imminent breech, removal of retained placental products, and manual  
14 removal of retained placenta. It also includes neonatal interventions which include at the  
15 minimum: newborn resuscitation, provision of warmth, and referral;

16 (c) Comprehensive Emergency Obstetric and Newborn Care (CEMONC) – refers  
17 to lifesaving services for emergency maternal and newborn conditions/complications as  
18 in Basic Emergency Obstetric and Newborn Care plus the provision of surgical delivery  
19 (caesarian section) and blood bank services, and other highly specialized obstetric  
20 interventions. It also includes emergency neonatal care which includes at the minimum:  
21 newborn resuscitation, treatment of neonatal sepsis infection, oxygen support, and  
22 antenatal administration of (maternal) steroids for threatened premature delivery;

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

26 (e) Family Planning - refers to a program which enables couples and individuals  
27 to decide freely and responsibly the number and spacing of their children and to have the  
28 information and means to do so, and to have access to a full range of safe, affordable,  
29 effective, and modern methods of preventing or timing pregnancy;

30 (f) Gender Equality – refers to the principle of equality between women and men  
31 and equal rights to enjoy conditions in realizing their full human potentials to contribute  
32 to, and benefit from, the results of development, with the State recognizing that all human  
33 beings are free and equal in dignity and rights. It entails equality in opportunities, in the  
34 allocation of resources or benefits, or in access to services in furtherance of the rights to  
35 health and sustainable human development among others, without discrimination on the  
36 basis of a person’s sex, sexual orientation and gender identity;

37 (g) Gender Equity - refers to the policies, instruments, programs, policies, and  
38 actions that address the disadvantaged position of women in society by providing  
39 preferential treatment and affirmative action. It entails fairness and justice in the  
40 distribution of benefits and responsibilities between women and men, and often requires  
41 women-specific projects and programs to end existing inequalities. This concept  
42 recognizes that while reproductive health involves women and men, it is more critical for  
43 women’s health;

44 (h) Healthcare Service Provider - refers to (1) a public or private health care  
45 institution, which is duly licensed and accredited and devoted primarily to the  
46 maintenance and operation of facilities for health promotion, disease prevention,  
47 diagnosis, treatment, and care of individuals suffering from illness, disease, injury,

1 disability or deformity, or in need of obstetrical or other medical and nursing care; (2) a  
2 public or private health care professional, who is any doctor of medicine, nurse, or  
3 midwife; (3) a public health worker engaged in the delivery of health care services; and  
4 (4) a barangay health worker who has undergone training programs under any accredited  
5 government and non-government organization and, who voluntarily renders primarily  
6 health care services in the community after having been accredited to function as such by  
7 the local health board in accordance with the guidelines promulgated by the Department  
8 of Health (DOH);

9 (i) Indigent – refers to a person who has no visible means of income, or whose  
10 income is insufficient for the subsistence of his family, as identified by a means test  
11 determined by the National Government;

12 (j) Male Responsibility - refers to the involvement, commitment, accountability,  
13 and responsibility of males in all areas of sexual health and reproductive health, as well  
14 as the care of reproductive health concerns specific to men;

15 (k) Maternal Death Review - refers to qualitative, quantitative and in-depth study  
16 of the causes, trends and distribution of maternal death with the primary purpose of  
17 preventing future deaths through changes or additions to programs, plans and policies;

18 (l) Maternal Health - refers to the health of women during pregnancy, childbirth  
19 and the postpartum period;

20 (m) Modern Methods of Family Planning – refer to safe, effective and legal  
21 methods, whether natural or artificial;

22 (n) Population and Development – refers to the conscious and explicit  
23 consideration of population and development variables (e.g. health, environment,  
24 education, housing, employment, etc.) in planning and policymaking. It puts people and  
25 human development as the primary consideration for any development initiatives;

26 (o) Reproductive Health (RH) – refers to the state of complete physical, mental  
27 and social wellbeing and not merely the absence of disease or infirmity, in all matters  
28 relating to the reproductive system and to its functions and processes. This implies that  
29 people are able to have a safe and satisfying sex life, that they have the capability to  
30 reproduce and the freedom to decide if, when, and how often to do so. This further  
31 implies that women and men attain equal relationships in matters related to sexual  
32 relations and reproduction;

33 (p) Reproductive Health Care – refers to a full range of methods, techniques,  
34 facilities and services that contribute to reproductive health and well being by preventing  
35 and solving reproductive health-related problems. The elements of reproductive health  
36 care include:

- 37 1. Maternal health and nutrition, including breastfeeding;
- 38 2. Family planning information and services;
- 39 3. Prevention of abortion and management of abortion complications;
- 40 4. Adolescent and youth reproductive health, guidance and counseling;
- 41 5. Prevention, treatment and management of reproductive tract infections (RTIs)  
42 as defined in Section 4 (t), sexually transmittable infections (STIs) as defined in

1 Section 4 (w), breast and reproductive tract cancers and other gynecological  
2 conditions and disorders;

3 6. Elimination of violence against women and children and other forms of sexual  
4 and gender-based violence;

5  
6 7. Education and counseling on sexual health;

7 8. Male responsibility and involvement and men's reproductive health; and

8 9. Prevention and treatment of infertility and sexual dysfunction;

9 (q) Reproductive Health Care Program – refers to the systematic and integrated  
10 provision of reproductive health care elements to all citizens especially women, the poor,  
11 marginalized and those in vulnerable situations;

12 (r) Reproductive Health Education – refers to lifelong learning process of  
13 providing and acquiring complete, accurate and relevant information and education on  
14 sexual health and reproductive health through life skills education and other approaches;

15 (s) Reproductive Rights – refers to the rights of individuals and couples, to decide  
16 freely and responsibly whether or not to have children; the number, spacing and timing of  
17 their children; to make other decisions concerning reproduction, free of discrimination,  
18 coercion and violence; to have the information and means to do so; and to attain the  
19 highest standard of sexual health and reproductive health;

20 (t) Reproductive Tract Infection (RTI) – refers to infections of the reproductive  
21 system, including STIs, and other types of infections affecting the reproductive system;

22 (u) Responsible Parenthood – refers to the will and ability of a parent to respond  
23 to the needs and aspirations of the family and children. It is likewise a shared  
24 responsibility between parents to determine and achieve the desired number of children,  
25 spacing and timing of their children according to their own family life aspirations, taking  
26 into account psychological preparedness, health status, socio-cultural, and economic  
27 concerns;

28 (v) Sexual Health – refers to a state of physical, mental and social well-being in  
29 relation to sexuality. It requires a positive and respectful approach to sexuality and  
30 sexual relationships, as well as the possibility of having pleasurable and safe sexual  
31 experiences, free from coercion, discrimination and violence;

32 (w) Sexually Transmitted Infections (STIs) – refers to any infection that may be  
33 acquired or passed on through sexual contact;

34 (x) Skilled Birth Attendance – childbirth managed by a skilled health professional  
35 plus the enabling conditions of necessary equipment and support of a functioning health  
36 system, including transport and referral facilities for emergency obstetric care;

37 (y) Skilled Health Professional – refers to an accredited health professional, such  
38 as a doctor, nurse or registered midwife; and

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

1           **SEC. 5. Hiring of Skilled Health Professionals for Maternal Health Care and**  
2 **Skilled Birth Attendance.** – The LGUs, with the assistance of the DOH, shall employ an  
3 adequate number of midwives and other skilled health professionals for maternal health  
4 care and skilled birth attendance to achieve a minimum ratio of one (1) fulltime  
5 equivalent skilled health professional for every one hundred fifty (150) deliveries per  
6 year, to be based on the annual number of actual deliveries or live births for the past two  
7 (2) years; *Provided, That* people in geographically isolated or highly populated and  
8 depressed areas shall not be neglected.

9           For the purposes of this Act, midwives and nurses shall be allowed to administer  
10 life-saving drugs, in accordance with the guidelines set by DOH, under emergency  
11 conditions and when there are no physicians available; *Provided, That* they are  
12 appropriately trained and certified proficient to administer these life-saving drugs.  
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14           **SEC. 6. Provision of Emergency Obstetric and Newborn Care.** – Each LGU  
15 shall ensure the establishment or upgrading of hospitals or facilities with adequate and  
16 qualified personnel, equipment and supplies to be able to provide emergency obstetric  
17 and newborn care. For every 500,000 population, there shall ideally be at least one (1)  
18 public or private hospital for CEMONC and four (4) public or private health facilities for  
19 BEMONC which shall also be capable of providing blood transfusion services; *Provided,*  
20 *That* people in geographically isolated or highly populated and depressed areas shall not  
21 be neglected.

22           **SEC. 7. Access to Family Planning.** – All accredited public and private health  
23 facilities shall provide a full range of modern family planning methods, except in  
24 specialty hospitals which may render such services on an optional basis. No person shall  
25 be denied information and access to family planning services.

26           **SEC. 8 . Maternal Death Review.** – All LGUs, national and local government  
27 hospitals, and other public health units shall conduct an annual Maternal Death Review in  
28 accordance with the guidelines set by the DOH.

29           **SEC. 9. Family Planning Supplies as Essential Medicines .** – The National  
30 Drug Formulary shall include hormonal contraceptives, intrauterine devices, injectables  
31 and other safe, legal and effective family planning products and supplies in accordance  
32 with Section 17 (d). These products and supplies shall also be included in the regular  
33 purchase of essential medicines and supplies of all national and local hospitals,  
34 provincial, city, and municipal health offices, including rural health units.

35           **SEC. 10. Procurement and Distribution of Family Planning Supplies.** – The  
36 DOH shall lead and coordinate the efficient procurement and distribution to LGUs and  
37 usage-monitoring of family planning supplies for the whole country. The DOH shall  
38 coordinate with all appropriate LGU bodies to plan and implement this procurement and  
39 distribution program. The supply and budget allotments shall be based on, among others,  
40 the current levels and projections of the following:

41           (a) Number of women of reproductive age and couples who want to space or limit  
42 their children;

43           (b) Contraceptive prevalence rate, by type of method used; and

44           (c) Cost of family planning supplies.

45           **SEC. 11. PhilHealth Benefits for Serious and Life-Threatening Reproductive**  
46 **Health Conditions.** - All serious and life threatening reproductive health conditions such

1 as HIV and AIDS, breast and reproductive tract cancers, and obstetric complications shall  
2 be given the maximum benefits, including the provision of Anti-Retroviral Medicines  
3 (ARVs), as provided in the guidelines set by the Philippine Health Insurance Corporation  
4 (PHIC).

5 **SEC. 12. *Mobile Health Care Service.*** – Each congressional district shall acquire  
6 a Mobile Health Care Service (MHCS) in the form of a van or other means of  
7 transportation appropriate to coastal and mountainous areas. The MHCS shall deliver  
8 health care goods and services to its constituents, more particularly to the poor and needy,  
9 as well as disseminate knowledge and information on reproductive health. The purchase  
10 of such may be funded from the Priority Development Assistance Fund (PDAF) of each  
11 Congressional District. The MHCS shall be operated by skilled health providers and  
12 adequately equipped with a wide range of reproductive health care materials and  
13 information dissemination devices and equipment, the latter including, but not limited to,  
14 a television set for audio-visual presentations. All MHCS shall be operated by LGUs of  
15 provinces and highly urbanized cities.

16 **SEC. 13. *Age- and Development- Appropriate Reproductive Health Education.***  
17 The State shall provide age- and development-appropriate reproductive health education  
18 which shall be taught by adequately trained teachers in formal and non-formal  
19 educational system and integrated in relevant subjects such as, but not limited, to values  
20 formation; knowledge and skills in self-protection against discrimination, sexual abuse  
21 and violence against women and children and other forms of gender based violence and  
22 teen pregnancy; physical, social and emotional changes in adolescents; women’s rights  
23 and children’s rights; responsible teenage behavior; gender and development; and  
24 responsible parenthood.

25 **SEC. 14. *Capacity Building of Barangay Health Workers (BHWs).*** – The DOH  
26 shall be responsible for disseminating information and providing training programs to the  
27 LGUs. The LGUs, with the technical assistance of DOH, shall be responsible for the  
28 training of BHWs and other barangay volunteers on the promotion of reproductive health.

29 **SEC. 15. *Employers’ Responsibilities.*** – The Department of Labor and  
30 Employment (DOLE) shall ensure that employers respect the reproductive rights of  
31 workers and their right to gender equality.

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

36 (a) The medical and health benefits which workers are entitled to, including  
37 maternity and paternity leave benefits; and

38  
39 (b) The reproductive health hazards associated with work, including hazards that  
40 may affect their reproductive functions especially for pregnant women.

41 **SEC. 16. *Public Awareness.*** – The DOH, Commission on Population (POPCOM)  
42 and the LGUs shall initiate and sustain a heightened nationwide multi-media campaign to  
43 raise the level of public awareness on the protection and promotion of reproductive health  
44 and rights including family planning .

45 **SEC. 17. *Duties and Responsibilities.*** – (a) Pursuant to the herein declared  
46 policy, the DOH shall serve as the lead agency, along with the LGUs, for the  
47 implementation of this Act and shall integrate in their regular operations the following  
48 functions:

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1. Fully and efficiently implement the reproductive health care program;
2. Ensure people’s access to medically safe, legal, quality and affordable reproductive health goods and services; and
3. Perform such other functions necessary to attain the purposes of this Act.

(b) The DOH, in coordination with PHIC, as may be applicable, shall:

1. Strengthen the capacities of health regulatory agencies to ensure safe, high quality, accessible and affordable reproductive health services and commodities with the concurrent strengthening and enforcement of regulatory mandates and mechanisms;
2. Facilitate the involvement and participation of non-government organizations and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and commodities to make them accessible and affordable to ordinary citizens;
3. Supervise and provide assistance to LGUs in the delivery of reproductive health care services and in the purchase of family planning goods and supplies; and
4. Furnish LGUs, through their respective local health offices, appropriate information and resources to keep the latter updated on current studies and researches relating to family planning, responsible parenthood, breastfeeding and infant nutrition.

(c) Pursuant to the Local Government Code, the LGUs shall:

1. Implement programs formulated by the DOH to achieve the purposes of this Act;
2. Ensure provision of basic health care services including, but not limited to, the operation and maintenance of facilities and equipment necessary for the delivery of a full range of reproductive health care services and the purchase and distribution of family planning goods and supplies as part of the essential health package defined by DOH and PHIC; and
3. Create and organize Reproductive Health Committees through their respective Local Development Councils (LDCs) to ensure the implementation of this Act.

(d) The FDA shall issue strict guidelines with respect to the use of contraceptives, taking into consideration side effects or other harmful effects of their use.

(e) Corporate citizens shall exercise prudence in advertising its products or services through all forms of media, especially on matters relating to sexuality, further taking into consideration its influence on children and the youth.

**SEC. 18. Prohibited Acts.** – The following acts are prohibited:

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



1 1. Knowingly withhold information or restrict the dissemination thereof,  
2 and/or intentionally provide incorrect information regarding programs and  
3 services on reproductive health including the right to informed choice and  
4 access to a full range of legal, medically-safe and effective family planning  
5 methods;

6 2. Refuse to perform legal and medically-safe reproductive health procedures  
7 on any person of legal age on the ground of lack of third party consent or  
8 authorization. In case of married persons, the mutual consent of the spouses  
9 shall be preferred, if the spouse is present; *Provided*, That it is not an  
10 emergency case or one which requires immediate medical attention or  
11 procedure; *Provided, further*, That in the absence of the spouse or in case of  
12 disagreement of the spouses, the decision of the one undergoing the procedure  
13 shall prevail. In the case of minors, the written consent of parents or legal  
14 guardian or, in their absence, persons exercising parental authority or next of  
15 kin shall be required only in elective surgical procedures and in no case shall  
16 consent be required in emergency or serious cases as defined in Republic Act  
17 8344; *Provided*, That in the case of abused minors where parents and/or other  
18 family members are the perpetrators or suspects, as certified by the DSWD,  
19 City or Municipal Social Welfare and Development Office, no prior parental  
20 consent shall be necessary. In all cases, the patient has to be informed of the  
21 medical procedure and its consequences; and

22 3. Refuse to extend quality health care services and information on account of  
23 the person's marital status, gender, sexual orientation, age, religion, personal  
24 circumstances, or nature of work; *Provided*, That the conscientious objection  
25 of a healthcare service provider based on his/her ethical or religious beliefs  
26 shall be respected; however, the conscientious objector shall immediately  
27 refer the person seeking such care and services to another healthcare service  
28 provider within the same facility or one which is conveniently accessible;  
29 *Provided, further*, That the person is not in an emergency condition or serious  
30 case as defined in RA 8344, which penalizes the refusal of hospitals and  
31 medical clinics to administer appropriate initial medical treatment and support  
32 in emergency and serious cases.

33 (b) Any public officer, elected or appointed, who, personally or through a  
34 subordinate, prohibits or restricts the delivery of legal and medically-safe  
35 reproductive health care services, including family planning; or forces, coerces or  
36 induces any person to use such services; or refuses to allocate, approve or release  
37 any budget for reproductive health care services, or to support reproductive health  
38 programs; or shall do any act that hinders the full implementation of a  
39 reproductive health program as mandated by this Act .

40 (c) Any employer who shall suggest, require, unduly influence or cause any  
41 applicant for employment or an employee to submit himself/herself to  
42 sterilization, use any modern methods of family planning, or not use such  
43 methods as a condition for employment, continued employment, promotion or the  
44 provision of employment benefits. Further, pregnancy or the number of children  
45 shall not be a ground for non-hiring or termination from employment.

46 **SEC. 19. Penalties.** – Any violation of this Act shall be penalized by  
47 imprisonment ranging from one (1) month to six (6) months or a fine of Ten Thousand  
48 (P10,000.00) to One Hundred Thousand Pesos (P100,000.00) or both fine and  
49 imprisonment, at the discretion of the court; *Provided, That*, if the offender is a public  
50 officer, elected or appointed, she/he shall also be administratively liable.

1           **SEC. 20. Reporting Requirements.** – Before the end of April each year, the  
2 DOH and POPCOM, in consultation with non-government organizations, women’s  
3 organizations, young people’s organizations and the private sector, shall submit to the  
4 President of the Philippines and Congress an annual consolidated report, which shall  
5 provide a definitive and comprehensive assessment of the implementation of its programs  
6 and those of other government agencies and instrumentalities and recommend priorities  
7 for executive and legislative actions. The report shall be printed and distributed to all  
8 national agencies, the LGUs, non-government organizations and private sector  
9 organizations involved in said programs.

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

13           **SEC. 21. Appropriations.** – The amounts appropriated in the current annual  
14 General Appropriations Act (GAA) for reproductive health and natural and artificial  
15 family planning under the DOH and POPCOM and other concerned agencies shall be  
16 allocated and utilized for the implementation of this Act. Such additional sums necessary  
17 to provide for the upgrading of facilities necessary to meet BEMONC and CEMONC  
18 standards; the training and deployment of skilled health providers; natural and artificial  
19 family planning commodity requirements as outlined in Sec. 10, and for other  
20 reproductive health services, shall be included in the subsequent years’ general  
21 appropriations. The Gender and Development (GAD) funds of LGUs and national  
22 agencies shall be a source of funding for the implementation of this Act.

23           **SEC. 22. Implementing Rules and Regulations (IRR).** – Within sixty (60) days  
24 from the effectivity of this Act, the Secretary of Health or his/her designated  
25 representative as Chairperson, the authorized representative/s of POPCOM, DepEd,  
26 DSWD, Philippine Commission on Women, PHIC, Department of the Interior and Local  
27 Government, National Economic and Development Authority, League of Provinces,  
28 League of Cities, and League of Municipalities, together with non-government, people’s,  
29 women’s and young people’s organizations, shall jointly promulgate the rules and  
30 regulations for the effective implementation of this Act. At least four (4) members of the  
31 IRR drafting committee, to be selected by the Secretary of Health, shall come from non-  
32 government, women’s, people’s, and young people’s organizations; *Provided, That one*  
33 *of them shall represent women’s organizations and another shall represent young*  
34 *people’s organizations.*

35           **SEC. 23. Interpretation Clause.** – This Act shall be liberally construed to ensure  
36 the provision, delivery and access to reproductive health care services, and to promote,  
37 protect and fulfill women’s reproductive health and rights.

38           **SEC. 24. Separability Clause.** – If any provision or part hereof, is held invalid or  
39 unconstitutional, the remainder of the law or the provision not otherwise affected shall  
40 remain valid and subsisting.

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

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

47           Approved,