Republic of the Philippines
CITY COUNCIL
City of Manila

****

REGULAR SESSION NO. 68

13TH CITY COUNCIL

****

Begun and held in the City Council on Thursday,
The fourth day of December, Two Thousand Twenty-Five

ORDINANCE NO. 9179

AN ORDINANCE STRENGTHENING CITY OF MANILA'S STI, HIV AND AIDS RESPONSE, RECONSTITUTING THE CITY OF MANILA STI, HIV AND AIDS COUNCIL, PROVIDING FOR ITS POWERS AND FUNCTIONS, APPROPRIATING FUNDS THEREFORE AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF, REPEALING CITY ORDINANCE NO. 8179 AS AMENDED BY CITY ORDINANCE NO. 8349, AND FOR OTHER PURPOSES

PRINCIPAL AUTHORS:

HON. JULIANA RAE "Yanyan" M. IBAY

HON. DRA. IRMA C. ALFONSO-JUSON

and

HON. RAYMUNDO "Mon" R. YUPANGCO
Majority Floor Leader

EXPLANATORY NOTE

Section 11, Article II of the 1987 Constitution provides that "the State values the dignity of every human person and guarantees full respect for human rights".

Section 15, Article II of the Constitution, states that "the State shall protect and promote the right to health of the people and instill health consciousness among them".

Section 11, Article XIII of the Constitution, declares that, "the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost".

Republic Act No. 7160 otherwise known as the "Local Government Code of 1991", provides for the grant of local government units' power to promote the general welfare and ensure and support promotion of health and safety of the people, among others, and appurtenant thereto, the power to discharge duties and functions relative provision of the basic services and facilities including health services, programs, and projects, as well as health infrastructures, among others;

In 2011, under RA No. 8504 also known as the "Philippine AIDS Prevention and Control Act of 1998", the City adopted Ordinance No. 8179 as amended by Ordinance No. 8349.

Republic Act 11166 (Philippine HIV and AIDS Policy Act), repealed Republic Act No. 8504, and declared that policies and practices that discriminate on the basis of perceived or actual HIV status, sex, gender, sexual orientation, gender identity and expression, age, economic status, disability, and ethnicity hamper the enjoyment of basic human rights and freedoms are deemed inimical to national interest and provides that delivery of non-discriminatory HIV and AIDS services by government and private HIV and AIDS service providers shall be ensured.

The City of Manila adhering to the 7th AIDS Medium Term Plan, recognizes the imperative to align local policies and ordinances with the provisions of RA 11166 to ensure consistency, coherence, and effectiveness in the implementation of measures related to HIV and AIDS within its jurisdiction.

Recent data from the DOH Epidemiology Bureau indicate that the City of Manila is one of the heavily affected areas with HIV cases.

JULIANA RAE "Yanyan" M. IBAY
Ex-Officio Member
Manila

Be it ordained by the City Council of Manila, in session assembled, *THAT*:

ARTICLE I

SECTION 1. Short Title. – This Ordinance shall be known as the "City of Manila HIV and AIDS Response Ordinance of 2025".

ARTICLE II
Declaration of Policies and Principles

SECTION 1. Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are public health concerns that have wide-ranging social, political, and economic repercussions. Thus, responding to the HIV and AIDS situation is therefore imbued with public interest and shall be anchored on the principles of human rights upholding human dignity.

SEC. 2. The City recognizes that policies and practices that discriminate on basis of perceived or actual HIV status, sex, gender, sexual orientation, gender identity and expression, age, economic status, disability, and ethnicity hamper the enjoyment of basic human rights and freedoms guaranteed in the Constitution and are deemed inimical to national interest. Thus, the City shall respect, protect, and promote human rights as the cornerstones of an effective response to its HIV and AIDS situation.

SEC. 3. The City affirms that meaningful inclusion and participation of persons directly and indirectly affected by the HIV and AIDS situation, especially persons living with HIV, are crucial in eliminating the virus. Hence, the City adopts a whole of government and multi-sectoral approach to respond to its HIV and AIDS situation, ensuring the involvement of key populations, local communities, and civil society organizations (CSOs) and that persons living with HIV are at the center of the process.

SEC. 4. The City guided by the principles of human rights, gender-responsiveness, and age-appropriateness, including meaningful participation of communities, shall, in accordance with evidence-based and scientific strategies and approaches, establish policies and programs to prevent the spread of HIV and deliver treatment, care, and support services to Persons Living with HIV (PLHIVs) and key populations in the City. Integral to this is tenet that HIV and AIDS education and information dissemination forms part of a person's right to health.

SEC. 5. The City commits the delivery of non-discriminatory HIV and AIDS services of all service providers, ensure access to HIV- and AIDS-related services by eliminating the climate of stigma and discrimination that surrounds HIV-AIDS and the people directly and indirectly affected by it, and positively address and seek to eradicate conditions that aggravated the spread of HIV infection including poverty, gender inequality, marginalization, and ignorance.

SEC. 6. The City, in its response to its HIV-AIDS situation, shall guarantee and protect the confidentiality, anonymity and voluntary nature of HIV testing and HIV-related testing, unless otherwise provided by law.

ARTICLE III
Definition of Terms

a. **Acquired Immune Deficiency Syndrome (AIDS)** refers to a health condition where there is a deficiency of the immune system that stems from infection with the Human Immunodeficiency Virus (HIV) making an individual susceptible to opportunistic infections;

b. **Anti-retroviral Therapy (ART)** refers to the treatment that stops or suppresses viral replication or replications of a retrovirus, like HIV, thereby slowing down the progression of infection;

c. **Bullying** refers to any severe or repeated use by one or more persons of a written, verbal or electronic expression, or a physical act or gesture, or any combination thereof, directed at another person that has the effect of actually causing or placing the latter in reasonable fear of physical or emotional harm or damage to one's property; creating a hostile environment for the other person; infringing on the rights of another person; or materially and substantially disrupting the processes or orderly operation of an institution or organization;

d. **Civil Society Organizations (CSOs)** refers to groups of non-governmental and non-commercial individuals or legal entities that are engaged in non-coerced collective action around shared interests, purpose and values;

e. **Community-based research** refers to studies undertaken in community settings and which involve community members in the design and implementation of research projects;

f. **Comprehensive Health Intervention for Key Populations** refers to evidence-based policies, programs and approaches that aim to reduce transmission of HIV and its harmful consequences on health, social relations and economic conditions;

g. **Compulsory HIV testing** refers to HIV testing imposed upon an individual characterized by lack of consent, use of force or intimidation, the use of testing as a prerequisite for employment or other purposes, and other circumstances when informed choice is absent;

h. **Culture-sensitive** refers to the quality of the implementation of HIV programs and services being compatible and appropriate to the culture, beliefs, customs and traditions, indigenous systems and practices;

i. **Discrimination** refers to unfair or unjust treatment that distinguishes, excludes, restricts, or shows preferences based on any ground such as sex, gender, age, sexual orientation, gender identity and expression, economic status, disability, ethnicity, and HIV status, whether actual or perceived, and all other similar or analogous cases, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons similarly situated, or all rights and freedoms;

j. **Entertainment Establishments** refers to businesses permitted to operate within the City, including but not limited to the following: bars, night clubs, disco houses, beer houses, cocktail lounges, lounges, massage clinics, spas, karaoke or sing-along bars, pub houses, and other similar establishments. If operating without business and other permits from the City, the same shall be considered as Illegal Entertainment Establishment;

k. **Evolving capacities of the child** refers to the concept enshrined in Article 5 of the Convention on the Rights of the Child recognizing the developmental changes and the corresponding progress in cognitive abilities and capacity for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection and to allow their participation in opportunities for autonomous decision-making in different contexts and across different areas of decision-making;

l. **Gender expression** refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, communication or speech pattern, or body characteristics;

m. **Gender identity** refers to the personal sense of identity as characterized, among others, by manner of clothing, inclinations, and behavior in relation to masculine or feminine conventions. A person may have a male or female identity with the physiological characteristics of the opposite sex;

n. **Gender-responsive** refers to the ability to substantively address gender issues identified through gender analysis of sex-disaggregated data and gender-related information;

o. **Gender-sensitive** refers to the ability to recognize and acknowledge the differences in roles, needs, and perspectives of women and men, possible asymmetries in their relationship, and the possibility that actions or interventions will have different effects on, and results for, women and men based on their gender, but do not actively seek to address these issues;

p. **Health Maintenance Organization (HMO)** refers to juridical entities legally organized to provide or arrange for the provision of pre-agreed or designated health care services to its enrolled members for a fixed pre-paid fee for a specified period of time;

q. **High-risk behavior** refers to a person's involvement in certain activities that increase the risk of transmitting or acquiring HIV;

r. **Human Immunodeficiency Virus (HIV)** refers to the virus, of the type called retrovirus, which infects cells of the human immune system, and destroys or impairs the cells' function. Infection with HIV results in the progressive deterioration of the immune system, leading to immune deficiency;

s. **HIV counseling** refers to the interpersonal and dynamic communication process between a client and a trained counselor, who is bound by a code of ethics and practice, to resolve personal, social, or psychological problems and difficulties, whose objective in counseling, in the context of an HIV diagnosis, is to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (keeping healthy, adhering to treatment, and preventing transmission); and in the context of a negative HIV test result, to encourage the client to explore motivations, options, and skills to stay HIV-negative;

t. **HIV and AIDS counselor** refers to any individual trained by an institution or organization accredited by the Department of Health (DOH) to provide counseling services on HIV and AIDS with emphasis on behavior modification;

u. **HIV and AIDS monitoring** refers to the documentation and analysis of the number of HIV and AIDS infections and the pattern of its spread;

v. **HIV and AIDS prevention and control** refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV;

w. **HIV-Negative** refers to the absence of HIV or HIV antibodies upon HIV testing;

x. **HIV-Positive** refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested;

y. **HIV Testing** refers to any facility-based, mobile medical procedure, or community-based screening modalities that are conducted to determine the presence or absence of HIV in a person's body. HIV testing is confidential, voluntary in nature, and must be accompanied by counseling prior to and after the testing, and conducted only with the informed consent of the person;

z. **HIV-related Testing** refers to any laboratory testing or procedure done on an individual in relation to a person's HIV condition;

aa. **HIV Testing Facility** refers to any DOH-accredited on-site or mobile testing center, hospital, clinic, laboratory, and other facility that has the capacity to conduct voluntary HIV counseling and HIV testing;

bb. **HIV Transmission** refers to the transfer of HIV from one infected person to an uninfected individual, through unprotected sexual intercourse, blood transfusion, sharing of contaminated intravenous needles, or which may occur during pregnancy, delivery, and breastfeeding;

cc. **Informed Consent** refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written or conveyed verbally;

dd. **Indigent** refers to a condition when a person does not have the financial means to pay for their medical expenses and/or practical support as determined by a licensed social worker through a needs based assessment;

ee. **Key Affected Populations or Key Population** refers to those groups or persons at higher risk of HIV exposure, or affected populations whose behavior make them more likely to be exposed to HIV or to transmit the virus;

ff. **Laboratory** refers to an area or place, including community-based settings, where research studies are being undertaken to develop local evidence for effective HIV response;

gg. **Mature minor doctrine** refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures, if they have been assessed by qualified health professionals to understand the nature of procedures and their consequences and to make a decision on their own;

hh. **Medical confidentiality** refers to the core duty of medical practice where the information provided by the patient to health practitioners and his/her health status is kept private and is not divulged to third parties. The patient's health status can, however, be shared with other medical practitioners involved in the professional care of the patient, who will also be bound by medical confidentiality. Medical confidentiality applies to the attending physician, consulting medical specialist, nurse, medical technologist, and all other health workers or personnel involved in any counseling, testing or professional care of the patient. It also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information;

ii. **Opportunistic infections** refers to illnesses caused by various organisms many of which do not cause diseases in persons with healthy immune system;

jj. **Outpatient HIV and AIDS Treatment (OHAT)** refers to the benefit package for outpatient treatment of HIV and AIDS offered by PhilHealth;

kk. **Partner notification** refers to the process by which the "index client", "source", or "patient", who has a sexually transmitted infection (STI), including HIV, is given support in order to notify and advise the partners that have been exposed to infection. Support includes giving the index client a mechanism to encourage the client's partner to attend counseling, testing and other prevention and treatment services. Confidentiality shall be observed in the entire process;

ll. **Person Living with HIV (PLHIV)** refers to any individual diagnosed to be infected with HIV;

mm. **Persons with Disabilities (PWDs)** refers to those who are suffering from restriction or different abilities, as a result of a mental, physical, or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being as defined in Republic Act No. 7277, as amended by Republic Act No. 9442, otherwise known as the "Magna Carta for Disabled Persons";

nn. **Pre-exposure prophylaxis** refers to the use of prescription drugs as a strategy for the prevention of HIV infection by people who do not have HIV and AIDS. It is an optional treatment which may be taken by people who are HIV-negative but who have substantial, higher-than-average risk of contracting an HIV infection;

oo. **Pre-test counseling** refers to the process of providing an individual with information on the biomedical aspects of HIV and AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before the individual is subjected to the test;

pp. **Post-exposure prophylaxis** refers to a preventive medical treatment started immediately after exposure to a pathogen (HIV) in order to prevent infection by the pathogen and the development of the disease;

qq. **Post-test counseling** refers to the process of providing risk-reduction information and emotional support to a person who has submitted to HIV testing at the time the result is released;

rr. **Private sector** refers to groups, associations, schools, colleges, and universities, business enterprises owned and operated by private individuals or groups, and other organizations and establishments, including individuals, which are not part of the government and Civil Society Organizations (CSOs) as defined in this ordinance;

ss. **Prophylactic** refers to any agent or device used to prevent the transmission of an infection;

tt. **Provider-initiated counseling and testing** refers to a health care provider initiating HIV testing to a person practicing high-risk behavior or vulnerable to HIV after conducting HIV pre-test counseling. A person may elect to decline or defer testing such that consent is conditional;

uu. **Redress** refers to an act of compensation for unfairness, grievance, and reparation;

vv. **Safer sex practices** refers to choices made and behaviors adopted by a person to reduce or minimize the risk of HIV transmission. These may include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners;

ww. **Sexually Transmitted Infections (STIs)** refers to infections that are spread through the transfer of organisms from one person to another as a result of sexual contact;

xx. **Sexual orientation** refers to the direction of emotional and sexual attraction or conduct towards people of the same sex (homosexual orientation) or towards people of both sexes (bisexual orientation) or towards people of the opposite sex (heterosexual orientation), or to the absence of sexual attraction (asexual orientation);

yy. **Social protection** refers to a set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruptions on or loss of income;

zz. **Stigma** refers to the dynamic devaluation and dehumanization of an individual in the eyes of others, which may be based on attributes that are arbitrarily defined by others as discreditable or unworthy and which results in discrimination when acted upon;

aaa. **Treatment hubs** refers to private and public hospitals or medical establishments accredited by DOH to have the capacity and facility to provide treatment and care services to PLHIV;

bbb. **Voluntary HIV testing** refers to HIV testing done on an individual who, after having undergone pretest counseling, willingly submits to such test;

ccc. **Vulnerable communities** refers to communities and groups suffering from vulnerabilities, such as unequal opportunities, social exclusion, poverty, unemployment, and other similar social, economic, cultural and political conditions, making them more susceptible to HIV infection and to developing AIDS; and

ddd. **Workplace** refers to the office, premise or work site where workers are habitually employed and shall include the office or place where workers, with no fixed or definite work site, regularly report for assignment in the course of their employment.

ARTICLE IV
The City of Manila AIDS Council

SECTION 1. Created under Ordinance 8179, the City of Manila AIDS Control Council is hereby reorganized and further strengthened as the City of Manila HIV-AIDS Response Council (henceforth, COUNCIL).

SEC. 2. Powers and Functions of the COUNCIL. The COUNCIL, to realize the City's expressed policy and principles on HIV-AIDS Response, shall exercise the following mandates:

i. Serve as the Lead, Policy and Oversight, Advisory, Coordinative, and Monitoring and Evaluation Body of the City's STI, HIV, and AIDS Response and related policies, plans, programs, and activities;

ii. Lead the realization of the mandates of this Ordinance, formulation of policies relative thereto, and ensure the City's response to the local STI, HIV, and AIDS situation is aligned with national policies and targets;

iii. Oversee strategizing, planning, programming, operationalization, and implementation of the City of Manila HIV-AIDS Response Plan and its component programs, projects, and activities;

iv. Lead the development of a costed comprehensive City of Manila HIV-AIDS Response Plan including its component annual, medium, and long-term, operational and investment plans through a multi-sectoral consultative process involving PLHIVs, CSOs, and other stakeholders synchronized with prevailing government budget planning and execution cycle;

v. Oversee the implementation of all STI, HIV, AIDS programs in the City, including information, education, and communication; research; screening, testing, and counselling; provision of health and non-health support services, regardless of the implementer;

vi. Uphold the whole-of-government approach in HIV-AIDS Response by ensuring that all City Departments and Offices with mandates directly related to or contributory to the City's STI, HIV, AIDS Response develop and implement their respective work, annual, medium, and long-term plans, strengthening coordination and collaboration among each other and with other government institutions, whether within or outside the City, in the delivery of HIV-AIDS response services;

vii. Ensure the establishment and mobilization of an all-stakeholder STI, HIV, and AIDS service delivery linkage within the City and with other service providers outside the City;

viii. Initiate and strengthen City's HIV-AIDS response partnerships and linkages with government and non-government stakeholders at the City, regional, national and international levels;

ix. Encourage PLHIV, civil society, community, and private sector participation in the City's HIV-AIDS response by engaging in community education, mobilization, providing support for organizing PLHIVs and key populations, and providing opportunities for direct participation in the City's HIV-AIDS response programs and services;

x. Ensure that the City implements programs and projects that respond to stigma and discrimination and provides for remedies, mechanisms, and procedures for the protection of rights or against violations of rights of PLHIVs and other key populations;

xi. Lead the monitoring and evaluation of the City HIV-AIDS Response Plan, undertake annual and medium-term assessments, including spending assessments, and evaluate its impact every five (5) years;

xii. Direct its members to conduct monitoring and evaluation of all HIV-AIDS related programs within and related to their respective mandates, and submit an annual report of the same to the COUNCIL;

xiii. Informed by the City's STI, HIV, and AIDS epidemiology and its periodic monitoring, assessment, and evaluation of the City's response, identify gaps in the City's HIV-AIDS programs, projects, and activities and direct the implementation of immediate responsive interventions to address these gaps;

xiv. Spearhead the City's effort consolidate its lessons and goods practices, and be informed of the advancements, developments, and latest evidence or technology related to HIV-AIDS through education, research, mutual learning or knowledge exchange, dissemination, and other similar efforts;

xv. Emanating its implementation of the City's HIV-AIDS response, advise, recommend, and advocate for policy, program, and other reforms before the *Sangguniang Panlungsod*, sub-national and national institutions, international organizations to achieve the City's and national HIV-AIDS targets;

xvi. Ensure that the mandates set in this Ordinance are allocated with adequate and sufficient funds that is responsive to the City's HIV-AIDS situation by providing such responsive budget from within the City Government and mobilizing civil society, private sector, national, and international support for the City's HIV-AIDS plans, programs, and projects.

xvii. Through the Local Chief Executive as Chairperson of the Council, to enter into partnerships, understandings, and commitments or such agreements with other government institutions, private entities, civil society organizations, community organizations, international institutions and formations, beneficial to the City in furtherance of the above mandates and objectives;

xviii. Consistent with the structure provided in this Ordinance, adopt its operational and functional structure, form committees and sub-committees, working groups, define respective roles and responsibilities in furtherance of its mandates and oversee the reconstitution of the Secretariat, its staffing pattern, and its operations, through its Chairperson, or its duly authorized Officer or Member;

xix. Adopt its own rules, resolutions, and recommendations in furtherance of the above powers and functions; and

xx. Perform such other powers and functions related to the above as it may deem necessary to achieve the City's plans, programs and projects, as well as national targets on HIV-AIDS.

SEC. 3. Composition of City of Manila HIV and AIDS Council. –

A. The reconstituted and strengthened council shall be composed of the following:

i. Chairperson – City Mayor

ii. Co-Chairperson – Manila Health Department Head or his/her duly authorized representative

iii. Vice-Chairperson – Sangguniang Panlungsod Committee on Health, Sanitation and Nutrition Chairperson

iv. The City Government shall be represented by the following members or their representatives, as follows:

a. Manila Health Department (MHD)-Social Hygiene Clinic Program Head
b. City Acting Gender and Development (GAD) Chairperson

c. City Planning and Development Office Coordinator
d. City Budget Office Head
e. Manila Social Welfare and Development Head
f. Schools Division Office Head
g. Manila Public Information Office Head
h. Community Relations and Information Office Head
i. Local Youth Development Office Head
j. Ospital ng Maynila Director
k. DILG City of Manila Field Office City Director
l. City of Manila Police Station Chief of Police
m. Liga ng Barangay President
n. Sangguniang Kabataan Federation President

v. The members from the key populations and the non-government sector, shall be, as follows:

a. Two (2) PLHIV Representatives
b. At least four (4) Representatives from organizations representing different key populations or CSOs who have expertise in standard-setting or service delivery on STI, HIV and AIDS, or those working for the welfare of identified key affected populations
c. One (1) Representative from the association of bar, club, and entertainment owners
d. One (1) Representative from a medical society based in the City of Manila
e. Notwithstanding the above, the council, may expand its membership, grant ex-officio membership, form committees and working groups, and invite resource persons to the Council, as it may deem necessary.

SEC. 4. Non-Government Representation Nomination and Appointment.

A. The City Mayor shall appoint the non-government representatives to the council following these guidance:

i. Two (2) PLHIV Representatives to the COUNCIL shall be appointed from the nominees as agreed upon and submitted by the City Sangguniang Panlungsod-accredited PLHIV organization/s.

If at the time the COUNCIL is constituted or convened, there is no City-accredited PLHIV organization, nominees for PLHIV Representative shall be submitted to the City Mayor from consultations convened for the purpose involving PLHIV organizations registered/accredited by other registering/accrediting government institutions operating in the City, informal/unregistered formations of PLHIVs in the City, or avowed PLHIV residents known to the City. Nothing in this paragraph shall be construed to allow any violation of the rule on confidentiality.

ii. Four (4) Representatives from organizations representing different key populations or CSOs who have expertise in standard-setting or service delivery on STI, HIV and AIDS, or those working for the welfare of identified key affected populations shall be appointed from the nominees as agreed upon and submitted by the City Sangguniang Panlungsod-accredited key population organizations and CSOs who have expertise in standard-setting or service delivery on STI, HIV and AIDS, or those working for the welfare of identified key affected populations.

If at the time the COUNCIL is constituted or convened, there is no City Sangguniang Panlungsod-accredited organization as above described, nominees as representatives shall be submitted to the City Mayor from consultations convened for the purpose involving key population organizations or CSOs who have expertise in standard-setting or service delivery on STI, HIV and AIDS, or those working for the welfare of identified key affected populations provided that they are registered/accredited by any other government institution and they are operating/providing services in the City.

iii. The representative from the association of bar operators, managers, entertainers shall be appointed from the nominees of the SP-accredited or government accredited/registered association or organization of entertainment establishments or of bar operators, managers, and/or entertainers, if any, or as agreed upon in a meeting convened for the purpose.

iv. The representative from a medical society in City of Manila who has expertise in health service delivery on STI, HIV and AIDS, or those working for the welfare of identified key affected populations, shall be appointed from the nominees submitted by the medical societies, if any, or as agreed upon in a meeting convened for the purpose.

v. The City Sangguniang Panlungsod Committee on NGO-PO Accreditation, MHD, and the Social Hygiene Clinic (SHC) shall lead the conduct and outline the procedure of the nomination process described above with due regard to non-government independence and autonomy.

vi. The City Mayor may appoint additional PLHIV, NGO, CSO, or private sector representatives upon resolution duly approved by the COUNCIL as it may deem necessary.

vii. The term of office of the non-government members shall be co-terminus to the appointing City Mayor.

viii. Non-government representatives who are nominated and appointed by virtue of their membership to an organization, should at the duration of their term, be members of good standing of their respective organizations, and their respective organization should maintain their status as city-accredited or government-accredited/registered organization.

SEC. 5. Internal Rules and Procedure, Meetings and Quorum.

A. Internal Rules and Procedure. The COUNCIL may adopt its internal rules and procedure for the conduct of its business provided the same does not contravene or contradict the provisions of this Ordinance.

B. Meetings. The COUNCIL shall meet at least once every quarter at any venue within or outside the City as may be set by it whether in-person or online.

The notice of the meeting, including the agenda, shall be sent to the members at least three (3) days before the scheduled meeting, except in case of emergencies, in which case, a one-day notice shall suffice.

C. Quorum. The presence of the Chairperson, the Co-Chairperson and at least a majority of members from the government, and at least two (2) representatives from the non-government members, shall constitute a quorum to conduct business.

A majority vote of those present shall be sufficient to adopt resolutions and render decisions.

D. The council may, as necessary, invite to its meetings and activities, other government agencies, NGOs, and experts, who have relevant expertise, as resource persons or in any such capacity, to aid in accomplishing its mandates and functions under this Ordinance.

E. Except when in Executive Session, or when authorized by law, the COUNCIL meetings shall be open to the public.

SEC. 6. The Council Secretariat and its Functions. – The council shall be supported by a Secretariat headed by SHC HIV-AIDS Program Manager, assisted by the MHD and SHC personnel as may be designated and such additional personnel as may deemed appropriate by the council.

The Secretariat shall have the following functions:

1. Assist and provide technical and administrative support for the operations of the COUNCIL and its Chairperson, Co-Chairperson, Vice-Chairperson, its Members, and the respective leads of Committees, Sub-Committees or Working Groups in the performance of their functions;
2. Prepare, consolidate, summarize for the COUNCIL, its plans, programs, proposals, reports, and such other documents and compliances;
3. Prepare, formulate, and consolidate plans and budget proposals for the Secretariat and the COUNCIL for consideration and/or inclusion in the City's proposed annual and other budget;
4. Execute and implement projects and activities pursuant to its functions and such other policies, programs, and activities as may be approved and assigned to it by the COUNCIL;
5. Serve as the communications center and coordinating office of the COUNCIL;
6. Serve as custodian of records and repository of all data and information pertaining to the City's response to STI, HIV, and AIDS, the COUNCIL, and the COUNCIL operations – including meetings, activities, programs, projects, among others;
7. Act as representative of the COUNCIL, upon authority of the Chairperson or the Council, and
8. Perform other functions as may be assigned by COUNCIL, its Chairperson or the Co-Chairperson, or its authorized officers.

SEC. 7. Scope of Services and Beneficiary Prioritization. –

A. Universal Access. In line with national public health objectives and the principle of non-discrimination, STI, HIV, and AIDS healthcare services—specifically emergency care, testing, and counseling—shall be accessible to any person within the territorial jurisdiction of the City of Manila, regardless of residency.
B. Resident Prioritization. For the prudent allocation of City resources, the COUNCIL shall ensure that bona fide residents of the City of Manila are prioritized in the rollout of long-term support programs, non-health interventions, and other social services funded exclusively by the City Government.
C. Inter-LGU Coordination. For non-resident clients, the Council Secretariat shall facilitate coordination with the client's respective Local Government Unit (LGU) or the Department of Health (DOH) for the sustainable provision of long-term treatment and support.

ARTICLE V
The Manila Health Department and the Social Hygiene Clinic, Powers and Functions

SECTION 1. The Manila Health Department (MHD). Consistent with its mandate under the Local Government Code and prevailing laws and rules, the **Manila Health Department (MHD)** shall lead the planning, operationalization, and implementation the City's response to STI, HIV, and AIDS.

A. It shall be the Lead Implementing Office of the City's STI, HIV, AIDS Council.

B. The MHD or its authorized representative as Co-Chairperson of the Council, shall automatically serve as permanent member of any and all the Council's constituted committee or working groups.

C. It shall lead in the crafting of the City's STI, HIV, AIDS Comprehensive Response Plan and its related and composite plans including investment, annual, multi-year, and strategic plans, among others, regardless of nomenclature.

D. It shall exercise supervisory and/or oversight functions over all city offices implementing the City's STI, HIV, and AIDS response specific to their STI, HIV-AIDS response projects, programs and activities and their respective plans and budgets, to ensure coordination and complementation of the City Government's initiatives.

E. It shall serve as lead in the establishment of STI, HIV, AIDS Service Delivery Network in the City including partnerships and coordination with other local and international public and private, and non-government institutions.

For this purpose, the MHD shall convene all stakeholders to formalize the City's STI, HIV, AIDS Service Delivery Network, develop its framework for cooperation, outline its systems and mechanisms, among others, and, at least once every two years, convene the same.

F. The MHD as lead implementing office of the COUNCIL may execute such other acts as may be required by the Council.

SEC. 2. The City Social Hygiene Clinic (SHC) shall be the City's frontline service provider and primary facility for delivery of comprehensive reproductive health and HIV-AIDS response services including STI, HIV, AIDS services such as counselling, screening, testing, treatment, care, and support.

A. It shall ensure provision of comprehensive non-discriminatory reproductive health and STI, HIV, AIDS services including sexual health education; prevention services; treatment, care, and support related to STI, HIV, and AIDS; anti-retroviral treatment (ART), adherence to treatment, monitoring response to treatment, treatment of opportunistic infections, and referral, as may be necessary; Hepatitis B screening and treatment; among others.
B. The SHC shall lead in the implementation of the City's STI, HIV, AIDS programs, projects, and activities on education, information dissemination, prevention, testing, screening, treatment, case management, monitoring of and adherence to treatment, and referral of its clients to other health and non-health services, among others;

C. It shall likewise lead the implementation of the City's STI, HIV, AIDS Program for specific key populations including workers in the entertainment establishments and other priority industries and key populations, enhance existing programs or adopt and develop such programs relative thereto, and coordinate and interface with City's offices and other government and non-government service providers in support of the same;

The SHC in coordination with the relevant offices in the City shall ensure the implementation of the City's health program for entertainment/nocturnal workers including the rules on the issuance of a pink health card.

D. The SHC shall be the institution leading the generation and provision of evidence, reports and updates of the City's STI, HIV, and AIDS trends, responses, services, and treatments to the Council, the MHD, and the general public.

E. To strengthen the SHC and enable it to accomplish its mandates herein set forth, the City Government shall provide the SHC adequate personnel, facilities, and sufficient and responsive budget.

F. The City Mayor, upon recommendation of the MHD and the SHC, may develop such programs or facilities to enhance the Clinic's services responsive to the City's needs including, but not limited to, enhancement of facilities, establishment of satellite clinics, procurement of equipment, medicines, and supplies, among others, programmatically or during emergencies including stockouts;

G. The SHC, pursuant to prevailing laws and rules, shall coordinate with and report to the MHD and other relevant government offices within and outside the City;

H. Nothing in this Section shall be construed to limit the powers and functions granted to the SHC to respond to the City's other health and wellness needs and priorities under prevailing laws, rules, guidelines, and orders.

SEC. 3. STI, HIV, and AIDS Surveillance and the City Epidemiology and Surveillance Unit (CESU). –

A. Monitoring, Documentation and Reporting Mechanism. The COUNCIL, through the MHD, the CESU, the SHC, and CSOs, shall develop a comprehensive STI, HIV, and AIDS surveillance and monitoring programs that shall serve the following purposes:

a) Determine and monitor the magnitude and progression of HIV and AIDS in the City to help the national government evaluate the adequacy and efficacy of HIV prevention and treatment programs being employed;
b) Receive, collate, progress, and evaluate all medical reports related to HIV and AIDS from all hospitals, clinics, laboratories, and testing centers, including HIV-related deaths, relevant data from public and private hospitals, and various databanks or information systems: Provided, that it shall adopt a coding system that ensures anonymity and confidentiality;
c) Monitor performance commitment of accredited treatment hubs and ensure the provision of all services as stipulated in the treatment guidelines; and
d) Submit to the COUNCIL, through the COUNCIL Secretariat, an annual report containing the findings of its monitoring and evaluation activities in compliance with this mandate.

B. Research. The COUNCIL, through the MHD, CESU, SHC, by themselves, with the assistance of City Planning and Development Office (CPDO), in partnership with or engaging the services of the DOH, the academe, CSOs including community-led research, or independent research institutions, shall conduct STI, HIV, and AIDS-related research and studies as basis in their planning and policy-making activities.

SEC. 4. Notwithstanding the provisions under this Article, the City Mayor is recognized to have and may exercise the power to reorganize, streamline, reassign the above powers and functions as provided in Sections 1-3, hereof, to any of the City's health mandated offices to ensure the accomplishment of the objectives as set in this Ordinance.

ARTICLE VI
STI, HIV and AIDS Prevention

SECTION 1. STI, HIV and AIDS Prevention. –The city, through the COUNCIL, shall promote and adopt a range of measures and interventions in partnership with civil society organizations and other government agencies that aims to prevent, halt or control the spread of STI, HIV and AIDS in the general population especially among key populations and vulnerable communities.

SEC. 2. STI, HIV and AIDS Awareness Campaign. – The COUNCIL shall conduct whole year-round activities on STI, HIV and AIDS Awareness Campaign which officially starts in January, highlighting the month of May, the International AIDS Candlelight Memorial and Mobilization (IACMM), and the month of December being the World AIDS Day prevention month and the City HIV-AIDS Summit.

Furthermore, the COUNCIL shall, in coordination with other relevant departments within the City Government, CSOs, and other stakeholders, develop an STI, HIV, and AIDS information, education, and communication campaign with the goal of encouraging safer sex practices, reducing risky behavior, lowering vulnerabilities, eliminating stigma and discrimination, and promoting the human rights of PLHIVs.

SEC. 3. STI, HIV and AIDS Prevention Program. – The HIV and AIDS education and prevention programs shall be age-appropriate, culture-sensitive, gender-responsive and based on up to-date evidence and scientific strategies, and shall actively promote:

A. Safer sex practices among the general population, including sexual abstinence, sexual fidelity, and consistent and correct condom use especially among key populations;
B. Other practices that reduce risk of HIV infection;
C. Universal awareness of and access to evidence-based and relevant information and education, and medically safe, legally affordable, effective, and quality treatment; and
D. Knowledge of the health, civil, political, economic, and social rights of PLHIV and their families.

SEC. 4. STI, HIV, and AIDS Information as a Health Service. –

A. STI, HIV, and AIDS education and information dissemination is constitutive of a person's constitutional right to health. As such, shall be same part of the delivery of health services by health practitioners, workers, and personnel within the City.

B. The knowledge and capabilities of public health workers shall be enhanced to include skills for proper information dissemination and education on STI, HIV, and AIDS.

C. The City shall ensure that its public health workers are kept abreast with the latest information and evidence surrounding STI, HIV, and AIDS through City-funded and/or externally-supported trainings, seminars, conferences, research, scholarships, and other learning programs.

D. It shall be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of STI, HIV, and AIDS, and to correct common misconceptions and other related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

E. The City's health-mandated offices and all other frontline offices of the City shall, as far as practicable, within their respective office premises, provide such information on STI, HIV, and AIDS through audio, video, printed, and other materials to their clients.

F. Priority establishments including entertainment establishments shall be required to make available STI, HIV, AIDS related information materials within its premises, shall provide such materials when requested by its clients, and shall visibly display posters and other information materials within its premises and as far as practicable in areas such as comfort or dressing rooms. Violation hereof, shall be a cause for imposition of administrative liability as provided hereunder.

SEC. 5. STI, HIV, and AIDS Education for Key Populations and Vulnerable Communities. – The COUNCIL, through the MHD, the SHC, with the Liga ng mga Barangay, and other government agencies and offices working with key populations as well as CSOs, shall support and ensure STI, HIV, and AIDS education programs such as peer education and outreach activities, and community-based screening services to reach target key populations and vulnerable communities.

The determination of the City's Key Populations and vulnerable communities shall be informed by the City's and national epidemiology. This may include men who have sex with men, transgender women, people who use drugs and people who inject drugs, sex workers, and young key population, among others.

SEC. 6. STI, HIV, and AIDS Gender and Culturally Sensitive Information, Education, and Communication (IEC) Materials and Education Modules. – The Manila Public Information Office (MPIO) shall lead in developing and designing IEC materials appropriate and responsive to the needs and culture of groups being targeted in the campaign. Literatures on STI, HIV, and AIDS shall be in local language to encourage and facilitate easy understanding of terms and concepts. Proper consultations shall be held among heads, leaders and representatives of respective groups, organizations, institutions, and individuals who are targets for application of any course content, scope, and methodology.

SEC. 7. STI, HIV, and AIDS Education in Schools. – The COUNCIL, through the MHD and the SHC and the Division of City Schools Superintendent, shall coordinate with the Department of Education (DepEd), Commission on Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA) Offices to integrate basic and age-appropriate and culturally sensitive instruction on the causes, modes of transmission and ways of preventing the spread of HIV and other sexually transmitted infections in subjects taught in public and private schools, including formal, vocational, alternative, and indigenous learning systems.

The MHD, the SHC and the Division of City Schools Superintendent, through the parent-teacher organizations whether in public or private schools, shall likewise conduct awareness-raising seminars in order to provide parents and guardians with gender-responsive and age-sensitive HIV and AIDS education.

SEC. 8. STI, HIV, and AIDS Education in the Workplace. – The COUNCIL, through the MHD, the SHC, and the Business Permits and Licensing Office (BPLO), in coordination with the Department of Labor and Employment (DOLE) and the Civil Service Commission (CSC), in partnership with accredited CSOs, labor formations, employees associations, among others, shall provide standard basic information and instruction on STI, HIV, and AIDS, national and local HIV-related laws, and other related issues of stigma reduction and discrimination in the workplace, in both the public and private sectors, including the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP) as assigned in the City.

SEC. 9. STI, HIV, and AIDS Education for Businesses. – The MHD, the SHC, the BPLO, members of COUNCIL, and accredited CSOs shall conduct STI, HIV, and AIDS education activities to all businesses operating within the City. Identified businesses, including but not limited to, entertainment establishments, clubs, bars, karaokes, wellness and health spas, and such business types may be prioritized by the Council based on City's STI, HIV, and AIDS epidemiology.

a. Once a year, it shall be mandatory for COUNCIL-identified priority establishments' operators, managers, entertainers, or workers, to attend STI, HIV, and AIDS education activities conducted by the City or any member of the COUNCIL or initiate on their own in partnership with the MHD, SHC, or any member of the COUNCIL.

b. Priority establishments are required to coordinate with the SHC for regular access to peer educators or designation of peer educators from among its own personnel depending on the business establishment's size.

c. Non-priority establishments shall comply with this mandatory requirement once every three years or may undergo such education activities upon their request or in partnership with any member of the COUNCIL more frequent than once every three years.

d. For this purpose, all businesses shall keep a record of their participation.

e. The SHC shall annually prepare a consolidated list of compliant establishments for submission to the BPLO every 3rd quarter of the calendar year.

f. The BPLO shall annually, every 4th quarter of the calendar year, submit a list of and report to the COUNCIL businesses who are not compliant with the requirement as set under this Section.

g. The City Mayor through the BPLO with the assistance of the City Legal Office, after due notice, a reasonable period to comment, and a receipt of a final finding of non-compliance, shall proceed against non-compliant businesses and impose such appropriate administrative penalty or penalties as hereunder provided.

SEC. 10. STI, HIV, and AIDS Education for Overseas Filipino Workers. – The COUNCIL, through the MHD and the SHC, in coordination with the Department of Migrant Workers (DMW) shall ensure that all overseas Filipino workers from the City shall be provided with information on STI, HIV and AIDS and how to access on-site the related services and facilities before certification of their overseas assignment.

SEC. 11. STI, HIV, and AIDS Education in Communities. – The MHD, the SHC and the Liga ng mga Barangay, Sangguniang Kabataan Federation, and other relevant offices in partnership with the CSOs shall spearhead education and information activities for public awareness campaigns on STI, HIV, and AIDS through various channels on evidence-based, gender sensitive, age-appropriate, culturally sensitive and human rights-oriented prevention tools to stop the spread of STI and HIV.

SEC. 12. STI, HIV, and AIDS Education among Out-of-School Youth (OSY). – The MHD, the SHC, and the Manila Department of Social Welfare (MDSW), CSOs and other accredited agencies shall provide trainings or seminars on STI, HIV, and AIDS and other related issues on Adolescent Reproductive Health (ARH) to all OSY and young people in coordination with Sangguniang Kabataan (SK) officials in the Barangay. For this purpose, the SK shall allocate a portion of their budget to the STI, HIV, and AIDS trainings or seminars in their annual budget.

SEC. 13. STI, HIV, and AIDS Education for Tourists and Transients. – The MHD, the SHC, the Manila Public Information Office (MPIO), and the Department of Tourism, Culture and Arts of Manila (DTCAM), with the BPLO, shall conduct an education campaign for tourists and transients and provide IEC materials on the causes, modes of transmission, methods of prevention, and the consequences of STI and HIV Infection and a list of STI and HIV testing facilities which shall be adequately provided at tourism, tourism accredited, and accommodation establishments and tourist sites and attractions.

SEC. 14. STI, HIV, and AIDS Prevention, Treatment, Care and Support in Prison and Other Closed-Setting Institutions. – The MHD and SHC and other accredited CSOs, in coordination with the Bureau of Prisons or the Bureau of Jail Management and Penology (BJMP) – Male and Female Dorms - or other proper authorities shall ensure that all prisons, public and private rehabilitation centers, and other closed-setting institutions shall have a comprehensive STI, HIV, and AIDS prevention, treatment, care, and support program.

SEC. 15. Compulsory STI, HIV, and AIDS Education for Marriage Applicants. – The City Social Welfare Department with the MHD and other implementing agencies shall integrate STI, HIV, and AIDS and gender sensitivity education in pre-marriage orientation and counselling for couples applying for marriage license.

SEC. 16. Media Campaign on STI, HIV, and AIDS Prevention. – The MPIO, in partnership with the MHD and SHC in coordination with the Philippine Information Agency and various media organizations, shall implement a media and communications plan to promote STI, HIV, and AIDS education among media practitioners and regular information dissemination campaign and advocacy.

SEC. 17. STI, HIV, and AIDS Prevention of Mother-to-Child Transmission. – The MHD shall integrate STI and HIV Prevention of Mother-to-Child Transmission (PMTCT) in its maternal and child health services.

SEC. 18. STI, HIV, and AIDS Prevention of Blood Related Transmission. – The MHD, in accordance with national regulations, shall ensure that guidelines and other existing ordinances on blood, tissue, or organ donation are complied with.

SEC. 19. Standard Precaution. – All health care providers implementing STI and HIV program shall adhere to standard precautions in accordance with the existing DOH guidelines.

SEC. 20. Biomedical Interventions for Prevention and Control. – The City, through the MHD or the SHC, shall procure, distribute, and monitor the usage of a range of biomedical interventions for the prevention and control of STI, HIV, and AIDS, and ensure that supplies are sufficient to meet the demand based on latest levels and projections.

The COUNCIL shall issue guidelines on the distribution of different biomedical interventions.

The MHD shall ensure that appropriate biomedical interventions are available and accessible. These biomedical interventions shall include:

a) Condoms and Water-based Lubricants;

i. Government offices, and other public institutions – The COUNCIL shall ensure that free condoms and water-based lubricants are available and accessible in government offices, barangays, public schools, colleges or universities, and prisons and other closed-setting institutions through designated condom access points; Provided, That distribution of condoms to minors shall be subject to applicable national guidelines.

ii. Private institutions – For private institutions, condom access shall be in accordance with the approved STI, HIV, and AIDS Response Policy: Provided, That priority and entertainment establishments shall provide free condoms to its employees: Provided, Further, That hotels, motels, and transient homes shall include the price of condoms, if not free, in its room charges.

iii. Retail establishments – Retail establishments that offer condoms for sale are prohibited from refusing to sell said condoms on the ground of religion, age, gender, sexual orientation, marital status, or any other circumstance other than ability to pay, or a legitimate suspicion of a violation of the Anti-Sexual Trafficking Law.

b) Pre-exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) – The COUNCIL shall issue guidelines consistent with national guidance on the sale and distribution of pre- and post-exposure prophylaxis.

The COUNCIL shall ensure that free PrEP and PEP are available for the most at-risk populations, including children born of PLHIV mothers, sex workers, and indigent men who have sex with men. The COUNCIL shall likewise ensure the PrEP and PEP are available at treatment hubs, SHC, and other City-owned health facilities, and in private health facilities; and

c) Emerging Technologies and Other Medications – The COUNCIL may procure other biomedical interventions upon a determination that said intervention has been proven to be safe, effective, and efficient for STI, HIV, and AIDS response.

SEC. 21. Interventions for Priority Establishments and Specific Populations. –

a) Pursuant to existing laws, persons as part of their application for health permit is required to attend an STI, HIV, AIDS education/awareness session with the MHD or the SHC.

b) Workers or personnel in entertainment establishments, clubs, bars, karaokes, wellness and health spas, and such business types as may be considered by the Council as priority business establishments shall be required to undergo regular medical check-up, including weekly gram staining or other such screening technology, and be required or encouraged to voluntarily undergo such applicable or available medical screening, testing, and counselling at the SHC.

These establishments shall maintain a list of their respective personnel, monitor their compliance with this provision, and quarterly provide an updated list of personnel to the SHC.

The SHC shall maintain a database of all persons working in priority establishments and may develop or introduce such mechanism to monitor compliance of herein establishments and persons of this provision of the Ordinance.

Establishments and persons non-compliant with this provision of the Ordinance, may be proceeded against by the City Mayor through BPLO upon recommendation of the SHC and the MHD. The City Mayor through the BPLO with the assistance of the City Legal Office, after due notice, a reasonable period to comment, and a receipt of a final finding of non-compliance, shall proceed against non-compliant businesses and persons and impose such appropriate administrative penalty or penalties as provided in this Ordinance.

c) In all instances, the City shall adhere to the guidelines in provider-initiated HIV screening, testing, and counselling, encourage voluntary HIV testing, and maintain utmost confidentiality. In no case shall health and other services be denied for the reason that a client opted-out from HIV testing.

SEC. 22. Other Interventions for Priority Key Populations. –

a) Pursuant to existing laws, persons belonging to specific key populations, who undergo/avail services from the City including Community-Based Rehabilitation Program and other health related services shall be encouraged to undergo STI, HIV, and AIDS education as well as voluntary testing.

ARTICLE VII
Screening, Testing and Counseling

SECTION 1. HIV Testing. – The City adheres to the policy of voluntary HIV testing. Written consent from the person taking the test must be obtained before taking the test.

HIV testing must be made available under the following circumstances:

a) In keeping with the principle of the evolving capacities of the child as defined in section 3(i) of Republic Act (RA) No. 11166, otherwise known as the "Philippine HIV and AIDS Policy Act". If the person is fifteen (15) to below eighteen (18) years of age, consent to voluntary HIV testing shall be obtained from the child without the need of consent from a parent or guardian;
b) In keeping with the mature minor doctrine as defined in Section 3 (bb) of the "Philippine HIV and AIDS Policy Act", any young person aged below fifteen (15) who is pregnant or engaged in high-risk behavior shall be eligible for HIV testing and counseling, with the assistance of a licensed social worker or health worker. Consent to voluntary HIV testing shall be obtained from the child without the need of consent from a parent or guardian; and
c) In all other cases not covered by (b) of this section, consent to voluntary HIV testing shall be obtained from the child's parents or legal guardian if the person is below fifteen (15) years of age or is mentally incapacitated. In cases where the child's parents or legal guardian cannot be located despite diligent efforts, or if the refusal of the parents or legal guardian to give consent is contrary to the best interest of the child as determined by a licensed social worker, consent may be obtained from said licensed social worker or a designated health worker. Provided, however, that in no case shall testing proceed without the express assent of the minor. The absence of such assent shall be respected as an exercise of the minor's right to voluntary refusal.

In every circumstance, proper counseling shall be conducted by the social worker, a health care provider, or other health care professional accredited by the DOH or the Department of Social Welfare and Development (DSWD).

HIV testing guidelines issued by the DOH and/or appropriate national agency on guidance for testing minors and for the involvement of parents or guardians in HIV testing for minors shall be complied with.

The City through the COUNCIL shall comply with the HIV diagnostic algorithm based on the latest national regulations and current available laboratory technology and evidence and shall review, update, and revise the same as may be needed.

SEC. 2. Compulsory HIV Testing. – Compulsory HIV Testing shall be allowed only in the following instances:

a) When it is necessary to test a person who is charged with any of the offenses punishable under Article 264 and 266 on serious and slight physical injuries, and Article 335 and 338 on rape and simple seduction, both of Act No. 3815, or the "Revised Penal Code", as amended and as also amended by Republic Act No. 8353, otherwise known as "The Anti-Rape Law of 1997".
b) When it is necessary to resolve relevant issues under Executive Order No. 209, otherwise known as the "The Family Code of the Philippines", and
c) And as a prerequisite of the donation of blood in compliance with the provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act of 1991", and Republic Act No. 7719, otherwise known as the "National Blood Services Act of 1994".

SEC. 3. Provider-Initiated and Client-Initiated HIV Counseling and Testing. – All HIV testing facilities shall provide free pre-test and post-test HIV counseling to individuals who wish to avail of HIV testing, which shall likewise be confidential. No HIV testing shall be conducted without informed consent.

The City shall ensure that specific approaches to HIV counseling and testing are adopted based on the nature and extent of HIV and AIDS incidence in the country.

Pre-test counseling and post-test counseling shall be done by the HIV and AIDS counselor, licensed social worker, licensed health service provider, or a DOH-accredited health service provider; Provided, that for the government testing facility pre-test and post-test counseling shall be provided for free.

SEC. 4. HIV Testing for Pregnant Women. – A health care provider who offers pre-natal medical care shall offer and encourage provider-initiated HIV testing for pregnant women; Provided, That any pregnant women who refuses to avail of HIV testing shall not be denied of pre- or ante-natal services. The MHD and the SHC shall follow the guidelines for healthcare providers provided by the DOH in the conduct of the screening procedure.

SEC. 5. Partner Notification. – Any person who, after having been tested, is found to be infected with STI or HIV shall be encouraged to disclose his or her status and health condition to his or her spouse or sexual partner and/or any person with whom he or she will be engaging in acts with potential exposure to HIV. PLHIVs shall be informed of availability of assistance and support provided by the City should disclosure be opted.

The COUNCIL through the MHD, the SHC, and MDSW and relevant offices shall create an enabling environment to encourage proper identification and notification.

The COUNCIL shall establish and implement rights-based mechanisms to promote identification and STI or HIV status disclosure and to strongly encourage newly tested STI or HIV positive individuals to notify their spouse, sexual partners, and/or any person prior to engaging in penetrative sex or any potential exposure to STI or HIV of their status. Such mechanisms shall include, but not be limited to, regular psychosocial counseling for the PLHIV or person with STI and marriage or partner counseling for the couples, the creation of support groups for couples, and provision of biomedical interventions.

ARTICLE VIII
STI, HIV and AIDS Treatment, Psychosocial Care and Support Services

SECTION 1. Psychosocial Care and Support to Persons Living with HIV and Affected Families. – The City, through the SHC, treatment hubs, and other HIV support groups, shall ensure availability, affordability, and accessibility of STI and HIV treatment to persons infected with STI or HIV and provide education on adherence to treatment.

The MHD, the SHC and the MDSW, in coordination with other service providers, shall develop psychosocial care and support programs for PLHIV and affected families.

SEC. 2. Care and Support for Overseas Workers Living with HIV. – The MDSW and the MHD and the SHC, in coordination with the regional offices of the DOLE, the DMW, and the DSWD, and CSOs, shall develop a stigma-free comprehensive reintegration, care and support program including economic, social and medical support overseas workers who have been repatriated or are about to be repatriated due to their HIV positive status.

SEC. 3. Care and Support Services for Pregnant Women with STI, HIV and AIDS. – The MHD, the SHC, through the City's Maternal Health Programs, in coordination with the MDSW and other accredited agencies/institutions, shall provide care and support services for pregnant women with STI, HIV, and AIDS and shall be integrated in the development plans and activities of the Office.

SEC. 4. Care and Support Services for Children Infected with HIV and Children of Persons Living with HIV and AIDS. – The MDSW, in coordination with the MHD and the SHC and other accredited institutions and CSOs, shall provide care and support services for children of PLHIV and children infected with HIV.

SEC. 5. Care and Support for Abused Women, Children and Persons with Disability Infected with STI, HIV or AIDS. – The MDSW, MHD, and the SHC, in coordination with the GAD Office, the PWD Office, the City Police-Women and Children Protection Desk (WCPD), and CSOs, shall facilitate legal services for abused women, children and persons with disability diagnosed with STI, HIV, and AIDS.

SEC. 6. Care and Support Services for Indigent Persons Living with HIV. – The MDSW shall assess and grant to qualified PLHIVs health and other non-health services and assistance through the City's indigency program.

SEC. 7. Care and Support for Affected Families, Intimate Partners, Significant Others and Children of People Living with HIV. – The MHD and the MDSW, in consultation with PLHIVs and relevant key populations, shall develop care and support programs for affected families, intimate partners, significant others, and children of PLHIV including education program, education assistance, medical assistance, among others.

SEC. 8. Other Care and Support Services. – The City Government, through the Council, or its members, or any office of the City Government, based on the needs of PLHIVs and key populations, may develop and implement such programs and activities to aid and ensure availability and access to City's range of STI, HIV, AIDS services including but not limited to cash assistance, transportation assistance, livelihood assistance, burial assistance, educational assistance, food allowance, and transportation allowance, among others.

ARTICLE IX
Universal Access and Quality of Health Care

SECTION 1. Universal Access to STI, HIV, and AIDS Healthcare Services. – Access to STI, HIV, and AIDS healthcare services/assistance shall be extended to all individuals, regardless of sexual orientation, gender identity/expression, (SOGIE), age, social status, political belief, tradition, or religion.

SEC. 2. Adherence to Quality Health Care and Ethics Care. – Medical practitioners or other staff assisting or directly providing health services/ examinations/education to patients shall adhere to the basic principles of ethics of care. They shall also be sensitive to SOGIE in their treatment of patients, informing them of their rights, including the right to file charges for abuses committed against them.

ARTICLE X
STI, HIV, and AIDS Planning, Monitoring and Evaluation

SECTION 1. HIV and AIDS 3-Year Plan. – As component of the City's STI, HIV, AIDS Response Plan, the MHD and the SHC shall develop a three (3)-year STI, HIV, and AIDS Plan, budget, and/or investment plan, and annual operational plan.

SEC. 2. Monitoring, Evaluation and Reporting. – The COUNCIL shall ensure monitoring and evaluation in the implementation of plans. It shall report annually to the Office of the City Mayor, City Council and its own members on the status of the implementation of the plan and STI, HIV, and AIDS situation in the City.

ARTICLE XI
Discriminatory Acts and Practices

SECTION 1. Prohibited Acts and Practices. –

A. The following Discriminatory Acts and Practices, as defined under the Philippine HIV and AIDS Policy Act, shall be prohibited and penalized thereat:

   a) Discrimination in the Workplace – The rejection of job applications, termination of employment, or other discriminatory policies in hiring, provision of employment and other related benefits, and promotion or assignment of an individual solely or partially on the basis of actual, perceived, or suspected HIV status;
   b) Discrimination in Learning Institution – Refusal of admission, expulsion, segregation, imposition of harsher disciplinary actions or denial of services and benefits to a student or prospective student solely or partially on the basis of actual, perceived, or suspected HIV status;
   c) Restrictions on Travel and Habitation – Restrictions on travel within the Philippines, refusal of lawful entry to the Philippine territory, deportation from the Philippines or the quarantine or enforced isolation of travelers solely or partially on account of actual, perceived, or suspected HIV status. The same standard of protection shall be accorded to migrants, visitors, and residents who are not Filipino citizens;
   d) Restrictions on Shelter – Restrictions on housing and lodging, whether permanent or temporary, solely or partially on the basis of actual, perceived, or suspected HIV status;
   e) Prohibition from Seeking or Holding Public Office – Prohibition on the right to seek an elective or appointive public office solely or partially on the basis of actual, perceived, or suspected HIV status;

f) Exclusion from Credit and Insurance Services – Exclusion from health, accident, or life insurance, or credit and loan services, including the extension of such loan, or insurance facilities, of an individual solely or partially on the basis of actual, perceived, or suspected HIV status; Provided, That the PLHIV has not concealed or misrepresented the fact to the insurance company or loan or credit service provider upon application of HIV status;
g) Discriminations in Hospitals and Health Institutions – Denial of health services, or being charged with a higher fee on the basis of actual, perceived, or suspected HIV status;
h) Denial of Burial Services – Denial of embalming or burial services to a deceased person who had HIV and AIDS or who was known, suspected, or perceived to be HIV positive;
i) Bullying – Bullying in all forms, including name-calling, against a person based on actual, perceived, or suspected HIV status, including bullying in social media and other online portals; and
j) Other similar or analogous discriminatory acts.

B. Other Prohibited Acts

a. Acts and practices constitutive of a violation, crime, or offense defined and penalized under a national law shall be proceeded against under the same.

b. Unless otherwise constitutive of a nationally defined and penalized crimes or offenses, those specifically defined under particular provisions of these Ordinance shall be penalized hereunder.

ARTICLE XII
Protection of HIV Educators, Licensed Social Workers, Health Workers, and Other HIV and AIDS Service Providers from Harassment

SECTION 1. Consistent with national HIV and AIDS law and rules, except when committing acts in violation thereof, any person involved in the provision of HIV and AIDS services, including peer educators, shall be protected from suit, arrest, or prosecution, and from civil, criminal or administrative liability, on the basis of their delivery of such services in furtherance of HIV prevention.

ARTICLE XIII
Confidentiality of Information

SECTION 1. The COUNCIL shall ensure confidentiality in all matters pertaining to STI, HIV, and AIDS as provided for in the national HIV and AIDS laws and regulations and other related policy issuances and guidelines. –

a) Disclosure of confidential HIV and AIDS information. Unless authorized by law, it shall be unlawful to disclose, without written consent, information that a person has AIDS, has undergone HIV related test, has HIV infection, or HIV related- illnesses or has been exposed to HIV.

The prohibition shall apply to any person, natural or juridical, whose work or function involves the implementation of this Act or the delivery of related HIV services, including those who handle or have access to personal data or information in the workplace, and who, pursuant to the receipt of the required written consent from the subject of confidential HIV and AIDS information, have consequently been granted access to the same confidential information.

b) Media Disclosure. It shall be unlawful for any editor, publisher, reporter or columnist, in case of printed materials or any announcer or producer, in case of television and radio broadcasting, or any producer or director of films, in case of the movie industry, or any other individual or organization, in case of social media, to disclose the name, picture or any information that would reasonably identify the person living with HIV and AIDS, or any confidential HIV and AIDS information without the prior written consent of their subjects except when the persons waive said confidentiality through their own acts and omission under Section 4(a) of RA No. 10175, otherwise known as the "Cybercrime Prevention Act of 2012" and Section 25 of RA No. 10173 otherwise known as " Data Privacy Act of 2012".

SEC. 2. Exceptions. Confidential HIV and AIDS information may be released by HIV testing facilities without consent in the following instances:

a) When complying with reportorial requirements of the national active and passive surveillance system of the DOH: Provided, That the information related to a person's identity shall remain confidential;
b) When informing other health workers directly involved in the treatment or care of a PLHIV: Provided, That such worker shall be required to perform the duty of shared medical confidentiality; and
c) When responding to a subpoena duces tecum and subpoena ad testificandum issued by a court with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual: Provided, That the confidential medical record, after having been verified for accuracy by the head of the office or department, shall remain anonymous and unlinked and shall be properly sealed by its lawful custodian, hand delivered to the court, and personally opened by the judge: Provided, Further, That the judicial proceedings be held in executive session.

SEC. 3. Disclosure of HIV Related Test Result. – The result of any test related to HIV shall be disclosed by the trained service provider who conducts pre-test and post-test counselling only to the individual who submitted to the test. If the patient is below fifteen (15) years old, an orphan, or is mentally incapacitated, the result may be disclosed to either of the patient's parents or legal guardian or a duly assigned licensed social worker or health worker, whichever is applicable: Provided, That when a person below fifteen (15) years of age and not suffering from any mental incapacity, has given voluntary and informed consent to the procedure in accordance with section 29(b) of RA No. 11166, the result of the test shall be disclosed to the child: Provided, Further, That the child should be given age-appropriate counselling and access to necessary health care and sufficient support services.

It may also be disclosed to a person authorized to receive such results in conjunction with the DOH Monitoring Body as provided in Section 43 of RA No. 11166.

SEC. 4. Civil Liability. – A person who has obtained knowledge of confidential STI, HIV, and AIDS information and has used such information to malign or cause damage, injury or loss to another person, may face liability under Section 50(h) of RA No. 11166.

ARTICLE XIV
Passage of a Barangay STI, HIV and AIDS Ordinance and Localization of the City's STI, HIV, and AIDS Plan

SECTION 1. Barangay STI, HIV, and AIDS Ordinance. – All Barangays shall adopt a Barangay STI, HIV, and AIDS Ordinance for its STI, HIV and AIDS Program and shall designate an HIV focal person from among the Sangguniang Barangay Members.

SEC. 2. Development of Barangay AIDS Prevention Plan. – All Barangays are encouraged to develop an STI, HIV, and AIDS Plan with budgetary allocations which should be aligned with the City's plans.

The Liga ng Mga Barangay, with the MHD and the SHC coordinating with the DILG local office, shall provide assistance to the respective Barangay STI, HIV, and AIDS Councils in developing their own local HIV and AIDS Plan, including its operationalization and investment components.

SEC. 3. Role of the Liga ng mga Barangay President. – The Liga ng Mga Barangay President shall lead in monitoring and reporting to the COUNCIL the compliance of Barangays with the mandates of this Ordinance.

SEC. 4. Sangguniang Kabataan and the Role of SK Federation President. – The Sangguniang Kabataan, through the SK Federation President, shall, within their respective jurisdiction and mandate, adopt such SK resolution and initiate such programs, projects, and activities pursuant to this Ordinance and aligned with their respective Barangay Ordinance.

The SK Federation President, with the MHD and City's Youth Development and Welfare Bureau (YDWB), shall initiate such programs, projects and activities forming part of the City's HIV and AIDS response for the youth.

The SK Federation President shall lead in assisting and monitoring of SK Councils' compliance with this Ordinance, coordinating their efforts, and reporting the same to the COUNCIL.

ARTICLE XV
Civil Society and Community Participation in STI, HIV, and AIDS Response

SECTION 1. Consistent with multi-sectoral approach in responding to locality's HIV and AIDS situation, the City shall partner with or provide support to organizations of PLHIVs, civil society organizations, local or international, key populations, and community-based and other people's organizations in ensuring that the objectives of this Ordinance are achieved.

SEC. 2. Accredited or registered organizations of PLHIVs, civil society organizations, and key populations, community-based and other people's organizations may be engaged or contracted by the Council, its members, and any of the offices of the City Government to provide goods or services or implement such projects which forms part of the City's STI, HIV, AIDS Response, for and on behalf of the City, subject to existing rules and regulations.

SEC. 3. To ensure coordination and complementation of STI, HIV, and AIDS Response initiatives within the City, between the City and non-government formations, and among non-government formations, the City through the MHD and the SHC, aside from the formal representation for non-government sector in the COUNCIL, shall establish an open line of communication and venue for exchange for all stakeholders in the City's STI, HIV, AIDS Response, including but not limited to stakeholders coordination meetings, conferences, joint-activities, and community-led initiatives on HIV-AIDS such as response monitoring and research, among others.

ARTICLE XVI
Commemoration of the International AIDS Candlelight Memorial and Designation of HIV and AIDS Awareness Month

SECTION 1. The International AIDS Candlelight Memorial shall be commemorated annually in the month of May.

SEC. 2. December 1 of each year, aligned with the World AIDS Day, and the entire month of December of each year, are designated as HIV and AIDS Awareness Day and Month, respectively.

SEC. 3. Advocacy Program. – Without prejudice to the conduct of awareness and advocacy activities throughout the year, there shall be advocacy and other programs for the months of May and December to disseminate information on STI, HIV, and AIDS.

ARTICLE XVII
Penal Provisions

SECTION 1. Any natural person found guilty of violating any provision of this Ordinance shall, upon conviction by a court of competent jurisdiction, be meted with the following criminal penalties:

a) **First Offense: A fine of One Thousand Pesos (PhP1,000.00) and/or imprisonment of not more than one (1) month;**
b) **Second Offense: A fine of Three Thousand Pesos (PhP3,000.00) and/or imprisonment of not less than one (1) month but not more than three (3) months;**
c) **Third and Subsequent Offenses: A fine of Five Thousand Pesos (PhP5,000.00) and/or imprisonment of not less than three (3) months but not more than six (6) months.**

SEC. 2. Penalties for Juridical Persons. – In case the violation is committed by a corporation, partnership, or any other juridical entity, the following penalties shall be imposed on the entity, without prejudice to the criminal liability of the responsible officers:

a) **First Offense: A fine of Three Thousand Pesos (PhP3,000.00) and a stern warning of permit suspension.**
b) **Second Offense: A fine of Five Thousand Pesos (PhP5,000.00) and temporary suspension of Business Permit/License to Operate for a period of fifteen (15) to thirty (30) days.**
c) **Third and Subsequent Offenses: A fine of Five Thousand Pesos (PhP5,000.00) and permanent revocation of Business Permit/License to Operate, with a recommendation for permanent closure.**

SEC. 3. Receipt of Complaints and Assistance to Complainants. – The City adopts the "no wrong door policy" in the receipt of complaints and provision of assistance to complainants who may have suffered from acts in violation of this Ordinance.

The MHD, the City Legal Office, the Manila Police District (MPD), the Liga ng mga Barangay President and the SK President, and existing complaints desks in the City, in consultation with the CSOs/NGOs, shall propose to the COUNCIL, such guidelines, rules, procedures, and responsible offices, among others, to properly handle reports or complaints of violation of this Ordinance and provide such assistance relative thereto.

SEC. 4. Other Redress Mechanisms. – The COUNCIL, in coordination with the City Legal Office, the Manila Police District (MPD), and in consultation with the Commission on Human Rights (CHR), and other related agencies, shall establish redress mechanisms within the City, as aligned with the above guidelines, to ensure that their civil, political, economic, and social rights of PLHIVs and Key Populations are protected.

ARTICLE XVIII
Appropriation

SECTION 1. Appropriation. – The appropriation for the City's STI, HIV, and AIDS Programs, Projects, and Activities should be responsive to the City's needs and burden as outlined in the HIV-AIDS Response Plan and Investment Plans.

Upon enactment, the City shall appropriate Ten Million Pesos (PhP10,000,000.00) to implement this Ordinance including projects and operations of COUNCIL, chargeable against the Health Fund and/or General Fund, as may be applicable, subject to the availability of funds and prevailing laws and regulations.

Henceforth, the budget for the City's entire HIV-AIDS response aligned with its plans – annual, medium, and long-term plan, investment, and other plans – shall be proposed by the Council through the City Mayor to form part of the City's Annual Budget or under the City's Gender and Development Budget, as may be applicable.

SEC. 2. Appropriation of Budget by COUNCIL Member Offices. – All COUNCIL member departments and offices and those mandated under this Ordinance shall, within their respective budgets, appropriate funds for STI, HIV, and AIDS programs and activities as provided under this Ordinance.

SEC. 3. Disposition of Outpatient HIV/AIDS Treatment (OHAT). – Reimbursement from PhilHealth. In compliance with national regulations, PhilHealth payment for OHAT shall be used solely as a revolving fund for the delivery of the required HIV, and AIDS service/s and for professional fees, distributed based on the latest guidelines.

For this purpose, the MHD and the SHC shall ensure the City's compliance with OHAT reimbursement disposition.

SEC. 4. Grant of Honorarium and Allowances. Funds shall be appropriated for the grant of honorarium and such allowable allowances to the non-government members of the Council and its Committees for each meeting or activity as may be convened and attended, subject to existing rules and regulations.

ARTICLE XIX
Implementing Rules and Regulations

SECTION 1. Implementing Rules and Regulations. – The City Mayor's Office, together with the COUNCIL, shall, within a period of 6 months but not to exceed one year from the enactment of this Ordinance, formulate and issue the appropriate rules and regulations necessary for the implementation of this Ordinance.

SEC. 2. Separability Clause. – If any section or provision of this Ordinance is declared unconstitutional or invalid, the other sections or provisions hereof which are not affected thereby shall continue to be in full force and effect.

SEC. 3. Repealing Clause. – This Ordinance expressly repeals Ordinance No. 8179 as amended by Ordinance No. 8349. All other ordinances, local issuances or rules inconsistent with the provisions of this Ordinance are likewise hereby repealed, amended, or modified accordingly.

SEC. 4. Effectivity Clause. – This Ordinance shall take effect immediately upon approval and publication in a local newspaper of general circulation.

This Ordinance was finally enacted by the City Council of Manila on April 20, 2026.

PRESIDED BY:

ANGELA LEI "Chi" I. ATIENZA
Vice-Mayor and Presiding Officer
City Council, Manila

ATTESTED:

ATTY. HANS ROGER S. LUNA
City Government Department Head III
(Secretary to the City Council)

APPROVED BY HIS HONOR, THE MAYOR, ON MAY 05 2026.

FRANCISCO "ISKO MORENO" M. DOMAGOSO
Mayor
City of Manila

ATTESTED:

MANUEL M. ZARCAL
Secretary to the Mayor

CLN: jhb/rmd/agv/egv/eys