

PROPOSED ORDINANCE NO. ____, Series of 2025

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AN ORDINANCE STRENGTHENING NAGA CITY'S HIV AND AIDS RESPONSE: CREATING THE NAGA CITY AIDS RESPONSE COUNCIL (NC-ARC), INTEGRATING HIV ACTIVITIES INTO THE CITY DEVELOPMENT PLAN, PROVIDING FUNDING, PROTECTING CONFIDENTIALITY, MANDATING REPORTING AND MONITORING, AND PROVIDING OTHER MEASURES TO PREVENT, TREAT, CARE AND SUPPORT PERSONS LIVING WITH HIV AND AT-RISK POPULATIONS, IN ACCORDANCE WITH THE PHILIPPINE HIV AND AIDS POLICY ACT (RA 11166) AND NATIONAL GUIDELINES.

PREAMBLE / DECLARATION OF POLICY

WHEREAS, Republic Act No. 11166 (the "Philippine HIV and AIDS Policy Act of 2018") declares a national policy of protecting the health and human rights of people affected by HIV and of strengthening prevention, treatment, care and support programs; it mandates multi-sectoral coordination and local government involvement in the national response.

WHEREAS, the National AIDS Council (PNAC) and its medium-term strategic plans call for localizing and accelerating evidence-based prevention, scaling up PrEP and HIV counselling & testing (HCT), and strengthening Monitoring & Evaluation (M&E) towards the 2030 targets.

WHEREAS, the Department of Health's interim PrEP guidelines and other DOH/PNAC technical documents provide national standards for offering PrEP, HCT, linkage to care and use of national reporting platforms (e.g., OHASIS), which the City must adopt and operationalize locally.

WHEREAS, local ordinances in other Philippine cities (e.g., Quezon City) demonstrate practical models for a comprehensive city-level HIV/STI response including an AIDS council, service delivery networks, confidentiality safeguards, public reporting and IRR implementation — models which Naga City will adapt to local conditions.

NOW, THEREFORE, be it ordained by the Sangguniang Panlungsod of Naga City, in session assembled, that:

CHAPTER I — GENERAL PROVISIONS

Section 1. Title.

This Ordinance shall be known as the "Naga City Comprehensive HIV and AIDS Prevention, Treatment, Care and Support Ordinance of 2025."

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Section 2. Declaration of Policy.

It is the policy of Naga City to uphold the rights and dignity of all persons, to prevent new HIV infections, to scale up access to quality HIV prevention (including PrEP), testing, treatment, care and support in alignment with RA 11166 and PNAC guidance, and to mainstream HIV actions into all relevant local plans, budgets and services.

Section 3. Objectives.

This Ordinance aims to:

1. Create a city-level coordinating body (NC-ARC) to plan, coordinate and monitor the local HIV response.
2. Integrate HIV interventions into the City Development Plan and public health programs.
3. Mandate an annual budget line for HIV activities and ensure sustainable financing.
4. Scale up PrEP and HCT services, strengthen linkage to ART, and support retention and viral suppression.
5. Protect confidentiality and prohibit discrimination against persons with or at risk of HIV.
6. Require regular public reporting, M&E and use of national reporting systems.

Section 4. Definitions.

The following acronyms, as used in this ordinance, should refer to the corresponding terms/words or explanation, viz:

- “ART” — Antiretroviral Treatment.
- “HCT” — HIV counselling and testing.
- “PrEP” — Pre-Exposure Prophylaxis for HIV prevention.
- “OHASIS” — Online Health and Surveillance Information System for HIV/STI in the Philippines.
- “NC-ARC” — Naga City AIDS Response Council (defined below).

Other terms that are deemed necessary to be added in this Section shall follow RA 11166 and DOH/PNAC terminology.

CHAPTER II — NAGA CITY AIDS RESPONSE COUNCIL (NC-ARC)

Section 5. Creation and Composition.

There is hereby created the **Naga City AIDS Response Council (NC-ARC)**, a permanent, multi-sectoral council to coordinate, implement, monitor and evaluate the city’s HIV and AIDS response.

The composition of the NC-ARC shall be:



- Chair: City Mayor or authorized representative.
- Vice-Chair: City Health Officer.
- Members: Head, City Social Welfare & Development Office; representative of City Schools Division; City Budget Officer; representative from PNAC or CHD liaison; representative(s) of key population-led organizations (MSM, transgender, sex workers, PWID where relevant); representative(s) from PLHIV networks; representative from private health sector (hospitals/clinics/NGOs); representative from the police/public safety; one or more members from the Sangguniang Panlungsod (ex-officio); and other sectoral members as necessary (business, labor, faith-based, tourism, youth).

The City Mayor is herein authorized to refine the composition when constituting or activating the NC-ARC.

Section 6. Powers and Functions.

The NC-ARC shall:

- a. Prepare, adopt and annually update a Local HIV/AIDS Strategic Plan aligned with PNAC's national AMTP.
- b. Integrate HIV targets and activities into the City Development Plan and annual investment program.
- c. Oversee the creation and functioning of a local Service Delivery Network (SDN) that coordinates HCT, PrEP, ART initiation and retention, TB/HIV collaborative activities, and harm reduction referral as applicable.
- d. Approve and recommend annual budget allocations and seek external funding/partnerships.
- e. Ensure scale-up of evidence-based prevention (including PrEP), HCT outreach, linkage-to-care and differentiated service delivery for PLHIV.
- f. Monitor M&E indicators, ensure reporting through national platforms (OHASIS) and submit bi-annual progress reports to the Sangguniang Panlungsod and the public (but with confidentiality safeguards).
- g. Develop IRR for implementing this Ordinance and recommend implementing SOPs to the Mayor.
- h. Coordinate with CHD, PNAC, DOH, PhilHealth and civil society on commodity supply (condoms, PrEP/PEP, ART) and service quality.

Section 7. Secretariat.

The City Health Office (CHO) shall provide the secretariat and technical staff support to the NC-ARC. The NC-ARC may establish technical working groups (e.g., Prevention, Treatment & Care, M&E, Stigma & Rights) with members drawn from relevant agencies, NGOs, and community representatives.

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CHAPTER III — PROGRAM INTEGRATION, SERVICES & INTERVENTIONS

Section 8. Integration into the City Development Plan.

All relevant city plans (City Health Plan, City Development Plan, Education Plan, Disaster Risk Reduction Plan, Social Welfare Plan, etc.) shall reflect the Local HIV/AIDS Strategic Plan's targets, including prevention, treatment, diagnostics, M&E, stigma reduction, and social protection measures. The NC-ARC shall submit recommended language and investment priorities for incorporation annually.

Section 9. Prevention & PrEP.

1. The CHO, in coordination with NC-ARC and CHD/DOH, shall scale up PrEP services in line with national interim PrEP guidelines — including site accreditation, client screening, informed consent, clinical monitoring, commodity forecasting, and M&E. The City shall ensure PrEP is offered at public health facilities, selected private clinics and through targeted outreach for key populations.
2. The City shall include PrEP commodities and service delivery costs in the annual HIV budget and pursue PhilHealth and other financing mechanisms for sustainability.

Section 10. HIV Counselling & Testing (HCT) Scale-up and Linkage.

1. The City shall expand HCT through facility-based, community-based and outreach services; adopt differentiated testing approaches (rapid testing, index testing, targeted outreach) per DOH guidance; and ensure immediate linkage to ART for those diagnosed HIV-positive.
2. The CHO shall ensure that testing providers are trained, that results are delivered with counselling, and that a linkage navigator / case manager system (including telehealth options) is used to improve ART initiation and retention.

Section 11. Treatment, Care & Retention.

1. The City shall maintain ART provision either directly or through referrals and shall support differentiated service delivery (multi-month dispensing, community ART groups, fast-track refill) to improve retention and viral suppression.
2. The City will promote integration of HIV services with sexual and reproductive health, TB services, and mental health / substance use services.

Section 12. Harm Reduction, PEP, and Other Services.

Where relevant and lawful, the City shall support referrals for harm reduction services. PEP (post-exposure prophylaxis) must be available in hospitals and emergency services as per national guidelines.



CHAPTER IV — MONITORING, EVALUATION AND REPORTING

Section 13. M&E System; Use of National Platforms.

1. The City shall adopt the PNAC/DOH M&E framework and report HIV data through national platforms (OHASIS) following required data protection safeguards.
2. The NC-ARC shall maintain a Local HIV Dashboard (aggregate, non-identifiable) and furnish semi-annual public reports to the Sangguniang Panlungsod and an annual public report to the citizens including program performance, budget utilization, and progress toward targets. Aggregate public reporting shall never reveal personally identifiable information.

Section 14. Indicators.

Core indicators to be tracked shall include (but not limited to): new HIV diagnoses, number of persons tested, PrEP enrolments and retention, ART initiation and viral suppression rates, coverage among key populations, condom distribution, and stigma/discrimination incidents.

CHAPTER V — CONFIDENTIALITY, NON-DISCRIMINATION AND HUMAN RIGHTS

Section 15. Confidentiality.

1. All information on an individual's HIV status and related clinical records are strictly confidential. Access, storage, handling, disclosure or transmission of such data shall comply with RA 11166, DOH privacy rules and applicable national data protection laws. Any release of client information requires written informed consent, except as strictly allowed by law (e.g., public health emergencies as defined by RA 11166 and its IRR).

Section 16. Anti-Discrimination.

1. Discrimination based on real or perceived HIV status or SOGIE (sexual orientation, gender identity/expression) in employment, education, health services, housing, or access to public services is prohibited. The City shall adopt clear protocols for reporting, investigating and sanctioning acts of discrimination.

Section 17. Stigma Reduction and Rights-Based Approaches.

1. The NC-ARC shall implement community engagement and social marketing campaigns to reduce HIV stigma, using evidence-based messaging and involving PLHIV networks and key population groups in design and delivery.



CHAPTER VI — FINANCING

Section 18. Annual Budget Line and Sustainability.

1. The City Mayor shall include in each annual proposed budget a dedicated line item titled “HIV & AIDS Response – NC-ARC” to fund prevention (including PrEP outreach), HCT scale-up, ART support services, M&E, stigma reduction and capacity building.
2. For Year 1 of implementation, the City shall allocate not less than **One Million Five Hundred Thousand Pesos (Php 1,500,000.00)** to operationalize NC-ARC activities and service scale-up. Thereafter, the NC-ARC shall recommend an annual budget based on the Local HIV Strategic Plan, with target increase to meet agreed coverage objectives. (The City may adjust the initial amount to fit local fiscal reality; recommended minimum is provided for clarity.)
3. The City shall pursue co-financing and sustainability mechanisms (PhilHealth reimbursements for eligible services, national grants, donor support, public-private partnerships) and shall require that any externally funded program coordinate through the NC-ARC.

CHAPTER VII — RESPONSIBILITIES OF CITY OFFICES, SCHOOLS AND PRIVATE SECTOR

Section 19. City Health Office (CHO).

The CHO shall: lead service delivery, provide the secretariat to NC-ARC, ensure facility readiness for PrEP/HCT/ART services, train staff, maintain supply chain coordination, and ensure OHASIS reporting.

Section 20. City Social Welfare & Development Office (CSWDO).

CSWDO shall ensure psychosocial support, assist with social protection and case management for PLHIV and refer eligible clients to livelihood and social assistance programs.

Section 21. City Schools Division.

The City Schools Division shall integrate age-appropriate, medically accurate sexuality education and HIV prevention messages in the curriculum (consistent with national education policy), ensure non-discrimination of learners, and coordinate with CHO for school-based HCT awareness and referral activities where appropriate and consent-compliant.

Section 22. Private Sector & Employers.

Employers in Naga City are encouraged to adopt workplace HIV policies that protect confidentiality, prohibit discrimination, support employees accessing services, and allow medical leave and workplace adjustments as needed for PLHIV.



CHAPTER VIII — COMMUNITY PARTICIPATION & CIVIL SOCIETY

Section 23. Community & PLHIV Involvement.

The NC-ARC shall institutionalize meaningful participation of PLHIV networks and key population organizations in planning, monitoring, service delivery and evaluation. The City shall support capacity strengthening and small grants to community-based organizations to deliver outreach and peer navigation.

CHAPTER IX — ENFORCEMENT, SANCTIONS, AND REMEDIES

Section 24. Reporting Mechanism and Investigation.

The City shall create a confidential reporting mechanism for complaints regarding discrimination, breaches of confidentiality or failure of public services to provide mandated HIV services. The NC-ARC will designate the investigatory body and recommend administrative/civil remedies.

Section 25. Penalties.

Administrative sanctions shall be imposed on City employees who breach confidentiality or discriminate, consistent with civil service rules. Private entities found to engage in unlawful discrimination may be subject to administrative fines and corrective orders as prescribed in the IRR, without prejudice to criminal penalties under national law.

CHAPTER X — IMPLEMENTING RULES, EFFECTIVITY AND MISCELLANEOUS

Section 26. Implementing Rules and Regulations (IRR).


Within ninety (90) days from approval, the NC-ARC, through the CHO and the City Legal Office, shall draft and submit the IRR of this Ordinance for the Mayor's approval. IRR shall specify procedures for NC-ARC meetings, service delivery standards, data sharing agreements (with strict confidentiality), budget execution, sanctions, and measurable targets.

Section 27. Coordination with National Bodies.

The NC-ARC shall coordinate with the CHD, DOH, PNAC, PhilHealth, the AIDS Society of the Philippines and other relevant national bodies to align local programs with national standards and access technical support and commodities.

Section 28. Repealing Clause.

All ordinances, executive orders or parts thereof inconsistent with this Ordinance are hereby repealed or modified accordingly.



Section 29. Separability Clause.

If any provision is declared unconstitutional or invalid, the remaining provisions shall remain in full force and effect.

Section 30. Funding Availability Clause.

Implementation of the programs under this Ordinance shall be subject to the appropriation of funds and availability of resources. The City will however use its best efforts to ensure continuity and sustainability.

Section 31. Effectivity.

This Ordinance shall take effect after publication in a newspaper of general circulation and compliance with posting/public information requirements under law.

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