Asia and Pacific
Philippines

COUNTRY:
Philippines

Date of submission:
1/31/2008

Organisation
Department of Health-Center for Health and Development (DOH-CHD Bicol)

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
Department of Social Welfare and Development (DSWD-Bicol)

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
Department of Interior and Local Government (DILG-Bicol)

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
Department of Education (DepEd Bicol)

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
Reproductive Tract and Health Clinics (Legazpi City, Bicol)

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
National Economic and Development Authority (NEDA)

Name/Position
Erlinda Capones/Director IV/Social Development

Respondents to Part A
A.I / A.II / A.III / A.IV / A.V

Organisation
Department of Education (DepEd)

Name/Position
Thelma Santos/ Director

Select the correct response for each indicator:

A.I / A.II / A.III / A.IV / A.V
<p>Respondents to Part A</p>

[Indicate which parts each respondent was queried on]

Organisation

Philippine National AIDS Council Secretariat (PNAC)

Name/Position

Dr. Jessie Fantone/Officer-in-Charge)

Respondents to Part A

A.I / A.II / A.III / A.IV / A.V

Organisation

Department of Health

Name/Position

Dr. Ma. Amparo Cabrera/Medical Officer

Respondents to Part A

A.I

Organisation

San Lazaro Hospital

Name/Position

Dr. Rosario Abrenica/MS III Head HIV AIDS Pavilion

Respondents to Part A

A.I / A.II / A.III / A.IV / A.V

Organisation

Department of Health-National AIDS/STD Prevention and Control Program (NASPCP)

Name/Position

Dr. Gerard Belimac/ Program Manager

Respondents to Part A

A.I / A.II / A.III / A.IV / A.V

Organisation

League of Cities and Municipalities

Name/Position

Atty. Gil Cruz/Executive Director

Respondents to Part A

A.I / A.II / A.III / A.IV / A.V

Organisation

Department of Health-Center for Health and Development (Western Visayas)

Name/Position

Charity Perea/ STI/HIV/AIDS Coordinator

Respondents to Part A

A.I / A.II / A.III / A.IV / A.V

Organisation

Baguio AIDS Council (Baguio AWAC)

Name/Position

Dr. Celia Brillantes/Head Secretariat

Respondents to Part A

AWAC, Social Hygiene Clinic Physician

A.I / A.II / A.III / A.IV / A.V

Organisation

League of Provinces

Name/Position

Gov. Ben Evardone/Secretary General
Respondents to Part A
[Indicate which parts each respondent was queried on]

Organisation
Action for Health Initiative (ACHIEVE)

Name/Position
Amara Quesada/Program Officer

Respondents to Part B
[Indicate which parts each respondent was queried on]

Organisation
AIDS Society of the Philippines (ASP)

Name/Position
Dr. Nelia Salazar/President

Organisation
Alliance against AIDS in Mindanao (Alagad Mindanao)

Name/Position
Michael Jesus Mahinay/Program Coordinator

Organisation
Alternative Law Research and Development Center (ALTERLAW)

Name/Position
Atty. Gilda Guillermo/Executive Director

Organisation
Apostleship of the Sea-Manila (AOS)

Name/Position
Sr. Aida Virtuez, SJBP/Staff

Organisation
Asilo de San Vicente de Paul

Name/Position
Sr. Mae Alere, DC/Sister-in-Charge, Lakbay Kapatid-SLM PLWA

Organisation
Bicol reproductive Health Information Network, Inc. (BRHIN)

Name/Position
Ramon Moran/Programme and Development Officer, Dr. Ferchito Avelino/Chairperson, Board of Trustees

Organisation
Burtterfly Brigade

Name/Position
Joseph Carlo Carillo/Project Coordinator
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name/Position</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergence for Sustainable Human Development, Inc. (CSHDI)</td>
<td>John Piermont Montilla/Chief Executive Officer</td>
<td>Full time</td>
</tr>
<tr>
<td>Leyte Family Development Organization (LEFADO)</td>
<td>Maria Juvy Madrinan/Community Health Development Worker</td>
<td>Full time</td>
</tr>
<tr>
<td>Family Planning Organization of the Philippines (FPOP)</td>
<td>Lucia Lagda/Chapter Program Manager</td>
<td>Full time</td>
</tr>
<tr>
<td>Family Planning Organization of the Philippines (FPOP)</td>
<td>Lucia Lagda/Chapter Program Manager</td>
<td>Full time</td>
</tr>
<tr>
<td>Health Action Information Network (HAIN)</td>
<td>Ricky Trinidad/Research Associate</td>
<td>Full time</td>
</tr>
<tr>
<td>Health Action Information Network (HAIN)</td>
<td>Ricky Trinidad/Research Associate</td>
<td>Full time</td>
</tr>
<tr>
<td>Human Development Empowerment Services (HDES)</td>
<td>Junpicar Dalus/Program Manager on Treatment, Care and Support</td>
<td>Full time</td>
</tr>
<tr>
<td>Human Development Empowerment Services (HDES)</td>
<td>Junpicar Dalus/Program Manager on Treatment, Care and Support</td>
<td>Full time</td>
</tr>
<tr>
<td>Institute of Social Studies and Action (ISSA)</td>
<td>Marlon Lacsamana/Program Officer</td>
<td>Full time</td>
</tr>
<tr>
<td>kabataang Gabay sa Positibong Pamumuhay (KGPP)</td>
<td>John Piermont Montilla/Chief Executive Officer</td>
<td>Full time</td>
</tr>
<tr>
<td>Leyte Family Development Organization (LEFADO)</td>
<td>Betty Garrido/Executive Director</td>
<td>Full time</td>
</tr>
<tr>
<td>Leyte Family Development Organization (LEFADO)</td>
<td>Betty Garrido/Executive Director</td>
<td>Full time</td>
</tr>
<tr>
<td>Position:</td>
<td>Full time/Part time</td>
<td>Full time</td>
</tr>
<tr>
<td>Position:</td>
<td>Full time/Part time</td>
<td>Full time</td>
</tr>
</tbody>
</table>
Position: Full time/Part time
Full time
Full time

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?
Yes

IF YES, period covered:
AMTP4 2005-2010

1.1 How long has the country had a multisectoral strategy/action framework?
20

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

- Health:
  - Strategy/Action framework: Yes

- Education:
  - Strategy/Action framework: Yes

- Military/Police:
  - Strategy/Action framework: Yes

- Labour:
  - Strategy/Action framework: Yes

- Transportation:
  - Strategy/Action framework: Yes

- Women:
  - Strategy/Action framework: Yes

- Young people:
  - Strategy/Action framework: Yes

- Other*:
  - Strategy/Action framework: Yes

IF NO earmarked budget, how is the money allocated?

1. Through external assistance
2. Spending for HIV and AIDS is taken from other line items where the money is embedded or hidden
3. Sub-allotted from the Department of Health
4. Some agencies with no earmarked budget get their money for HIV and AIDS prevention from the Gender and Development budget/fund which has an allocated budget
5. Other agencies do not have specific budget allocation for HIV and AIDS prevention but their funding is integrated in Human Resource Development and Training Program funds.
1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

- a. Women and girls: Yes
- b. Young women/young men: Yes
- c. Specific vulnerable sub-populations: Yes
- d. Orphans and other vulnerable children: Yes
- e. Workplace: Yes
- f. Schools: Yes
- g. Prisons: No
- h. HIV, AIDS and poverty: Yes
- i. Human rights protection: Yes
- j. Involvement of people living with HIV: Yes
- k. Addressing stigma and discrimination: Yes
- l. Gender empowerment and/or gender equality: Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?
Yes

IF YES, when was this needs assessment /analysis conducted? Year:
2004

1.5 What are the target populations in the country?
PIP (SW and clients), Health workers, MSM, Young men/youth, Students, Travellers/migrant workers, Rape victims, Government employees, IDU, Children, PLHIV, Women

1.6 Does the multisectoral strategy/action framework include an operational plan?
Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- a. Formal programme goals?: Yes
- b. Clear targets and/or milestones?: Yes
- c. Detailed budget of costs per programmatic area?: Yes
- d. Indications of funding sources?: Yes
- e. Monitoring and Evaluation framework?: Yes

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?
Active involvement
1. Civil society members are represented in the Philippine National AIDS Council. Consultation meetings are conducted regularly.
2. PNAC gathered stakeholders for a strategic planning workshop.
3. No activity is conducted without civil society involvement. Civil society membership in the national AIDS Council is 30%
4. Civil society and NGOs are included in the consultation-meetings.
5. Civil societies as partners/members of the National AIDS Council involved in the development/planning of the strategic framework
6. Advocacy. Let all sector know the situation, the threat that HIV and AIDS brings to all sectors, the role that everyone has to play and the importance of their involvement.
7. Through active membership in the PNAC, the central advisory, policy-making and planning body
8. The AIDS Medium Term Plan of the country was developed through a national consultation with multisectoral participation coordinated by the Philippine National AIDS Council

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?
No

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?
Yes, some partners

IF SOME or NO, briefly explain
1. Not all partners are actively involved
2. Most partners have been consulted during various harmonization workshops except for a few who have been contacted but could not send representatives
3. Not all partners are actively involved though. There were instances when all partners are invited to attend meetings, they were not able to send representatives.
4. Some external development partners are so engrossed with their own goals. Multisectoral involvement is sometimes taken for granted.
5. For United Nations, we can say that the programmes are harmonized and aligned as the Philippines consider the agencies efforts as the launching pad for the action framework. It is hard to tell with other development partners if the same is true.
6. External partners have their own project with HIV component and they mostly tap NGOs to implement them and sometimes they are implemented in the non-priority areas (for AIDS response)
7. There are efforts by PNAC to present the National HIV situation to Development partners, for them to realize where possible funding gaps still exist. This process is followed by the WHO, EU, as well as the UN agencies. Other partners who do not attend the donors meetings may not know about the process

2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?
Yes
2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:

2.2 IF YES, which policy areas below are included in these development plans?

| HIV Prevention: | <b>Development Plans</b> |
| Treatment for opportunistic infections: | <b>Development Plans</b> |
| Antiretroviral therapy: | <b>Development Plans</b> |
| Care and support (including social security or other schemes): | <b>Development Plans</b> |
| AIDS impact alleviation: | <b>Development Plans</b> |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: | <b>Development Plans</b> |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support: | <b>Development Plans</b> |
| Reduction of stigma and discrimination: | <b>Development Plans</b> |
| Women’s economic empowerment (e.g. access to credit, access to land, training): | <b>Development Plans</b> |

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

2

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

<table>
<thead>
<tr>
<th>Programme</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural change communication:</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV testing and counselling(*):</td>
<td>Yes</td>
</tr>
<tr>
<td>STI services :</td>
<td>Yes</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Yes</td>
</tr>
</tbody>
</table>
(*) If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? 
Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:
1. Voluntary based on RA 8504
2. Voluntary, because it is written in the law (RA 8504) that all HIV testing in the Philippines is voluntary with accompanying counselling
3. Voluntary. We educate people especially those MARP
4. Voluntary. Except for OFWs. HIV testing is mandatory.
5. HIV antibody testing is non-mandatory to all Filipinos as prescribed by the IRR of RA 8504, though it is encouraged as long there is appropriate counselling.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?
Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?
Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?
Yes

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?
Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?
Yes

(a) IF YES, is coverage monitored by sex (male, female)?
Yes

(b) IF YES, is coverage monitored by population sub-groups?
Yes

IF YES, which population sub-groups?
1. PIP (Clients and Sex Workers)
2. MSM
3. Migrant Workers
4. Youth
5. IDU
6. Children
7. Women

(c) IF YES, is coverage monitored by geographical area?
Yes

IF YES, at which levels (provincial, district, other)?
Identified risk zones
5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007:</td>
<td>7</td>
</tr>
<tr>
<td>2005:</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments on progress made in strategy planning efforts since 2005:

1. Due to the M & E effort, a more concerted effort in all aspects of strategic planning has considerable involved.
2. We now have the AMPT4 to guide our activities. We now have an organized group of PLHIV in Western Visayas. The involvement of all sectors dramatically increased access to medical services and ARV for PLWHAs. There are now 2 treatment hubs in Western Visayas.
3. The 2007 Strategic planning efforts are more promising as compared to 2005.
4. There was an improvement since the 4th AIDS Medium Term Plan was operationalized and it addressed gaps that were not addressed in the 3rd MTP.
5. Development of Costed Operational Plan

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government : No
Other high officials : Yes
Other officials in regions and/or districts : Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

2.1 IF YES, when was it created? Year:

1992

2.2 IF YES, who is the Chair?

Name: Francisco T. Duque III
Title/Function: Secretary of Health and Chairperson of Philippine National AIDS Council
2.3 IF YES, does it:

- have terms of reference? : Yes
- have active Government leadership and participation? : Yes
- have a defined membership? : Yes
- include civil society representatives? : Yes
  (*):
- include people living with HIV? : Yes
- include the private sector? : Yes
- have an action plan? : Yes
- have a functional Secretariat? : Yes
- meet at least quarterly? : Yes
- review actions on policy decisions regularly? : Yes
- actively promote policy decisions? : Yes
- provide opportunity for civil society to influence decision-making? : Yes
- strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? : Yes

(*) If it does include civil society representatives, what percentage?
27%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?
Yes

3.1 IF YES, does it include?

- Terms of reference : Yes
- Defined membership : Yes
- Action plan : Yes
- Functional Secretariat : Yes
- Regular meetings (*) : Yes

(*) If it does include regular meetings, what is the frequency of the meetings:
Quarterly

IF YES, What are the main achievements?

1. Formulation of 4th AIDS Medium Term Plan
2. AMPT4 Operational Plan 2007-2008
3. Created supported environment for PLHIV
4. M & E System of the Philippine HIV and AIDS Response
IF YES, What are the main challenges for the work of this body?

1. Budget for PNAC Secretariat
2. Waning motivation/interest of member over the years
3. Stronger commitment is needed
4. Waning interest of members due to low prevalence status of the country
5. Budget not clearly defined for some member agencies
6. Strengthen M & E by reaching out & involvement people in the grassroots
7. Political support
8. Lack of human resource
9. Strengthening the national response on the HIV and AIDS epidemic; increase budget for HIV and AIDS intervention such as information and education, creating Local AIDS Councils.
10. Not all members are clear about their roles and responsibilities
11. Organization development of PNAC
12. PNAC Secretariat suffers from fast turn-over of staff; needs capacity building at the basis AIDS 101

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

| Information on priority needs and services | Yes |
| Technical guidance/materials | Yes |
| Drugs/supplies procurement and distribution | No |
| Coordination with other implementing partners | Yes |
| Capacity-building | No |

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

No

6.2 IF YES, which policies and legislation were amended and when?

<table>
<thead>
<tr>
<th>Policy/Law</th>
<th>RA 8504</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy/Law</td>
<td>RA 9165</td>
</tr>
<tr>
<td>Year</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 8
2005: 7

Comments on progress made in political support since 2005:

1. 2007 political support is more promising than 2005
2. Leadership in PNAC is more visibly felt
1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?
Yes

1.1 IF YES, what key messages are explicitly promoted?
Be sexually abstinent:
Delay sexual debut:
Be faithful:
Reduce the number of sexual partners:
Use condoms consistently:
Engage in safe(r) sex:
Avoid commercial sex:
Abstain from injecting drugs:
Use clean needles and syringes:
Fight against violence against women:
Greater acceptance and involvement of people living with HIV:
Greater involvement of men in reproductive health programmes:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?
Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?
No

2.1 Is HIV education part of the curriculum in
primary schools? : No
secondary schools? : No
teacher training? : No

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?
No

2.3 Does the country have an HIV education strategy for out-of-school young people?
No

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?
Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?
Targeted information on risk reduction and HIV education:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Targeted information on risk reduction and HIV education:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Targeted information on risk reduction and HIV education:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Stigma & discrimination reduction:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Condom promotion:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

HIV testing & counselling:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Reproductive health, including STI prevention & treatment:
- IDU
- MSM
- Sex workers
- Clients of sex workers
- Prison inmates
- Other sub-populations (*)

Vulnerability reduction (e.g. income generation):
- Sex workers
Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007: 7
2005: 6

Comments on progress made in policy efforts in support of HIV prevention since 2005:
Policy efforts are visible through the 4th AIDS Medium Term Plan

4. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?
Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

- Blood safety: <b>The activity is available in</b> <b>most</b> districts* in need
- Universal precautions in health care settings: <b>The activity is available in</b> <b>most</b> districts* in need
- Prevention of mother-to-child transmission of HIV: <b>The activity is available in</b> <b>some</b> districts* in need
- IEC on risk reduction: <b>The activity is available in</b> <b>most</b> districts* in need
- IEC on stigma and discrimination reduction:
- Condom promotion: <b>The activity is available in</b> <b>most</b> districts* in need
- HIV testing & counselling: <b>The activity is available in</b> <b>most</b> districts* in need
- Harm reduction for injecting drug users: <b>The activity is available in</b> <b>some</b> districts* in need
- Risk reduction for men who have sex with men: <b>The activity is available in</b> <b>most</b> districts* in need
- Risk reduction for sex workers: <b>The activity is available in</b> <b>most</b> districts* in need
- Programmes for other vulnerable subpopulations: <b>The activity is available in</b> <b>some</b> districts* in need
- Reproductive health services including STI prevention & treatment: <b>The activity is available in</b> <b>most</b> districts* in need
- School-based AIDS education for young people: <b>The activity is available in</b> <b>some</b> districts* in need
- Programmes for out-of-school young people: <b>The activity is available in</b> <b>some</b> districts* in need
- HIV prevention in the workplace: <b>The activity is available in</b> <b>some</b> districts* in need

(*)If Other sub-populations, indicate which sub-populations
OFW, Youth, Public, Marine students, OFW, Secondary students, OFW
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>7</td>
</tr>
<tr>
<td>2005</td>
<td>5</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
</tr>
<tr>
<td>2005</td>
<td>7</td>
</tr>
</tbody>
</table>

Comments on progress made in the implementation of HIV prevention programmes since 2005:

1. Constraints in condom promotion
2. Constraints in the school-based AIDS education
3. Advocacy has been intensified
4. More high risk LGUs identified
5. The implementation of Blood Safety program, Strengthening and Implementation of HIV and AIDS Prevention, Scaling-up Treatment, Care, and Support, brought forth changes in HIV prevention program

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

- **Antiretroviral therapy:** 
  - The service is available in
  - Most districts* in need
- **Nutritional care:** 
  - The service is available in
  - Some districts* in need
- **Paediatric AIDS treatment:** 
  - The service is available in
  - Most districts* in need
- **Sexually transmitted infection management:** 
  - The service is available in
  - Most districts* in need
- **Psychosocial support for people living with HIV and their families:** 
  - The service is available in
  - Most districts* in need
- **Home-based care:** 
  - The service is available in
  - Some districts* in need
- **Palliative care and treatment of common HIV-related infections:** 
  - The service is available in
  - Some districts* in need
- **HIV testing and counselling for TB patients:** 
  - The service is available in
  - Some districts* in need
- **TB screening for HIV-infected people:** 
  - The service is available in
  - Some districts* in need
- **TB preventive therapy for HIV-infected people:** 
  - The service is available in
  - Some districts* in need
- **TB infection control in HIV treatment and care facilities:** 
  - The service is available in
  - Some districts* in need
Cotrimoxazole prophylaxis in HIV-infected people: <b>The service is available in</b> <b>some districts* in need</b>
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape): <b>The service is available in</b> <b>some districts* in need</b>
HIV treatment services in the workplace or treatment referral systems through the workplace: <b>The service is available in</b> <b>some districts* in need</b>
HIV care and support in the workplace (including alternative working arrangements): <b>The service is available in</b> <b>some districts* in need</b>
Antiretroviral therapy: <b>The service is available in</b> <b>most districts* in need</b>
Nutritional care: <b>The service is available in</b> <b>some districts* in need</b>
Paediatric AIDS treatment: <b>The service is available in</b> <b>most districts* in need</b>
Sexually transmitted infection management:
Psychosocial support for people living with HIV and their families: <b>The service is available in</b> <b>most districts* in need</b>
Home-based care: <b>The service is available in</b> <b>some districts* in need</b>
Palliative care and treatment of common HIV-related infections:
HIV testing and counselling for TB patients: <b>The service is available in</b> <b>some districts* in need</b>
TB screening for HIV-infected people: <b>The service is available in</b> <b>some districts* in need</b>
TB preventive therapy for HIV-infected people: <b>The service is available in</b> <b>some districts* in need</b>
TB infection control in HIV treatment and care facilities: <b>The service is available in</b> <b>some districts* in need</b>
Cotrimoxazole prophylaxis in HIV-infected people: <b>The service is available in</b> <b>some districts* in need</b>
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape): <b>The service is available in</b> <b>some districts* in need</b>
HIV treatment services in the workplace or treatment referral systems through the workplace: <b>The service is available in</b> <b>some districts* in need</b>
HIV care and support in the workplace (including alternative working arrangements):

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?
Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?
No

Comments on progress made since 2005:
This section was not included in the NCPI A Questionnaire with reference to the Guidelines on Construction of Core Indicators.
5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?
No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments on progress made in efforts to meet the needs of OVC since 2005:
There is no specific policy for children orphaned because of HIV and AIDS. However, needs of children orphaned by AIDS are being provided by the Department of Social Welfare and Development with help from NGOs.

1. Does the country have one national Monitoring and Evaluation (M&E) plan?
Yes

**IF YES, Years covered:**
2006-2007

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?
Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?
Yes

1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?
Yes, most partners

2. Does the Monitoring and Evaluation plan include?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a data collection and analysis strategy</td>
<td></td>
</tr>
<tr>
<td>behavioural surveillance</td>
<td></td>
</tr>
<tr>
<td>HIV surveillance</td>
<td></td>
</tr>
<tr>
<td>a well-defined standardized set of indicators</td>
<td></td>
</tr>
<tr>
<td>guidelines on tools for data collection</td>
<td></td>
</tr>
<tr>
<td>a strategy for assessing quality and accuracy of data</td>
<td></td>
</tr>
<tr>
<td>a data dissemination and use strategy</td>
<td></td>
</tr>
</tbody>
</table>

3. Is there a budget for the M&E plan?
Yes

3.1 IF YES, has funding been secured?
Yes
4. Is there a functional M&E Unit or Department?
In Progress

4.1 IF YES, is the M&E Unit/Department based
in the NAC (or equivalent)? : Yes
in the Ministry of Health?: Yes

4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>
Number of permanent staff:
0

Number of temporary staff:
1

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country’s national reports?
Yes

IF YES, does this mechanism work? What are the major challenges?
1. Timely submission of reports
2. Limited budget
3. Since it started, M & E reporting has come in trickles but with active collection, more data has been collected. Institutionalizing M & E units in different partner organizations
4. The mechanism works but needs more budget and human resource

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?
4

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?
Yes, meets regularly

IF YES, Date last meeting:
January 21, 2007

5.1 Does it include representation from civil society, including people living with HIV?
Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group
1. Technical resource person
2. Data for the M & E is also submitted by Civil Society Organizations working with PLHIV. Organizations of PLHIV are actively involved in M & E.
3. Serve as a link for those hard to reach population
4. Civil Society has a role in the development and popularization of indicators and providing links to other implementing organizations in the dissemination of the important of data/information collection for the M & E.
6. Does the M&E Unit/Department manage a central national database?
No

6.3 Is there a functional Health Information System (HIS)?
National level: Yes
Sub-national level (*): Yes

(*)If there is a functional sub-national HIS, at what level(s) does it function?
regular reporting data from health facilities which are a ggregated at district level and sent to national level; and data are analysed and used at different levels

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?
Yes

7. To what extent are M&E data used in planning and implementation?
5

What are examples of data use?
1. Planning and budgeting
2. Policy formulation
3. Identification of funding gaps in the program
4. Identification of research gaps
5. Number of HIV/AIDS cases in the country
6. Modes of transmission
7. For program implementation, advocacy, prevention (condom use and other information and education activities), treatment, care and support
8. For policy redirection- amendment of Republic Act 8504 and other relevant legislation and standards.

What are the main challenges to data use?
1. Validity, reliability
2. Timely submission/reporting
3. Assuring regular submission and validity of the data
4. These are aggregate data. No data at the local government unit level
5. Without LGU data, it is hard to entice LGUs to scale up efforts in combating HIV/AIDS in the locality
6. Not all information collected are useful or the information collected may not be the ones we need

8. In the last year, was training in M&E conducted
At national level?: Yes
At sub-national level?: Yes
Including civil society?: Yes

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?
2007: 6
2005: 5
Comments on progress made in M&E since 2005:
1. M & E activities are more visible this year, with more output
2. Progress has been made because of the development of the M & E System, pilot testing of the system was done and there was involvement of multisectoral groups since the development of M & E Plan

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)
Yes

1.1 IF YES, specify:
There are laws, like RA 8504 or the Philippine AIDS Prevention and Control Act of 1998, but these are not properly implemented. For example, RA 8505 has no mechanism for a grievance body. Also, there is low awareness about this law among the general public, as well as among local government officials who are supposed to implement it. On the part of PLHIV community, they are hesitant to seek redress because of the stigma attached to being HIV+. There are already insurance packages for HIV+ but the premium is higher. They are covered by Philhealth but the coverage is very limited. Talks to include ARVs in the Philhealth package is ongoing.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?
No

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:
1. Judicial system from national to barangay (village) levels, including juvenile justice system
2. Establishment of multisectoral councils (PNAC, Council for the Welfare of Children, National Commission on the Role of Filipino Women, National Youth Commission, Gender and Development Programs

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:
1. Women's and Children's Desk in police stations, barangay, and hospitals, Gender offices in the universities, National Bureau of Investigation, Family Courts
2. Issuance of local ordinances
3. Overseas Worker's Welfare Administration
4. Department of Foreign Affairs mission based desk

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?
Yes

3.1 IF YES, for which sub-populations?
Women : Yes
Young people : Yes
IDU: Yes
MSM: Yes
Sex Workers: Yes
Prison inmates : No
Migrants/mobile populations : Yes
IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

1. Administrative Order 003 of City of Manila - prevents the access of condoms
2. Parental consent requirement for STI screening/VCT
3. Dangerous Drugs Act or Anti-Drugs Law criminalizes drug users
4. Election code of the Commission on Election does not officially recognize MSM (as evidenced by the refusal to accredit a partylist group on the ground that the LGTB sector it represents is not recognized)
5. Anti-vagrancy law criminalizes prostituted women
6. POEA (Philippine Overseas Employment Administration issued a ruling requiring compulsory HIV testing for applicants which contradicts RA 8504 and it is a member of PNAC
7. Testing centers send test results direct to the recruitment agency/employers which violates the confidentiality provisions in the law.
8. Government's policy favoring Natural Family Planning is an obstacle which limits access to condom.
9. For Health Care Personnel, compulsory HIV testing is required prior to licensure exam

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?
Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?
No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?
Yes

IF YES, describe some examples

1. MARPs have minimal involvement (e.g. project implementation)
2. Although MSM sits in PNAC, it is not officially recognized (in some agencies) and limits participation
3. MARPs actively participated in the drafting of AMPT4
4. PNAC has budget indications in the AMPT4 Operational Plan
5. MARPs are included in some Local AIDS Council

7. Does the country have a policy of free services for the following:

- HIV prevention services: Yes
- Anti-retroviral treatment: Yes
- HIV-related care and support interventions: Yes
11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?
Yes

IF YES, describe the effectiveness of this review committee
1. The system is ineffective. Many NGOs are still unaware that all researches must pass through ethical review committee of PNAC
2. Both the Philippine Center for Health Research and Development and the Philippine National AIDS Council have guidelines on researches involving human subjects. The guidelines are practically the same according to a participant.
3. In response to a question raised by another participant, it was clarified that the ethical review applies to both general and clinical researches.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?
No

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?
No

9.1 Are there differences in approaches for different most-at-risk populations?
Yes

IF YES, briefly explain the differences:
1. Harm reduction approach is used to reach IDUs. Intervention is done underground because they are hidden population
2. PLHIV provisions of TCS through homebased care, counselling, referral, hospitalization, patient and family enablers
3. Sex workers, IDUs & MSM are reached through peers and in their watering holes

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?
Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?
Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?
Yes

If YES, given resource constraints, briefly describe what steps are in place to implement these policies:
1. HIV prevention is a part of government service, but for private institutions, these services are not free
2. There are free ARVs and halfway houses for PLHIV
3. These is networking, referral, and partnership between NGOs, POs, and GOs. NGOs maximize the social service programs of partner-LGUs
4. GFATM through DOH
5. CSOs rely on external funding to provide the above-mentioned services for free
6. Some NGOs charge fees to ensure continuity of services
7. Accessing the LAC funds
8. Resource mobilization through multisectoral partnership
9. Fundraising projects
10. Tapping community resources
12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media: Yes

School education: Yes

Personalities regularly speaking out: Yes

Other: Yes
4. Has the country included civil society in a National Review of the National Strategic Plan?
Yes

IF YES, when was the Review conducted? Year:
2004

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?
4

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007:  5
2005:  5

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:
1. There were significant issues in 2005 reports that were not addressed this year
2. There was no significant change. If there were any changes, it was in the area of enforcement and not in policies.
3. The rate for this year is going up because of the initiatives at the local level, such as ordinances and resolutions
4. There is a meaningful involvement of some PLHIV

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007:  3
2005:  4

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:
1. There is an improvement in mortality rate
2. Some sections of the law are observed, but not fully implemented
3. RA 8504 need to be revised and amended to address the present AIDS situation in the country
4. There should be more effort to bring RA 8504 offenders to court
5. Enforcement/ focus is affected by political bickering, power struggle, and change in leadership
6. There is no significant improvement at the national level
7. Human rights issues and other major concerns were not intensely addressed.

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?
4

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)
3

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included
a. in both the National Strategic plans and national reports?:
3
b. in the national budget?:
2

4. Has the country included civil society in a National Review of the National Strategic Plan?
Yes

IF YES, when was the Review conducted? Year:
2004

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?
4
List the types of organizations representing civil society in HIV and AIDS efforts:
AIDS Council, LGUs, HIV/AIDS NGOs, People's Organizations, Faith-based organizations, Business

6. To what extent is civil society able to access
   a. adequate financial support to implement its HIV activities?:
     2
   b. adequate technical support to implement its HIV activities?:
     2

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?
2007: 6
2005: 7

Comments on progress made in increasing civil society participation since 2005:
1. Government effort may be low but is counteracted by the pro-active efforts of CSOs
2. More NGOs are implementing HIV and AIDS programs
3. Recognition on the works of GOs, NGOs, Faith-based groups, civil society organization for more collaboration, linkages, and referral system, sharing of resources to provide comprehensive care, support and treatment to PLHIV.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?
   Yes
1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007: 5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

1. No rating done 2005
2. More families learn to accept their sick members
3. More PLHA came out for treatments
4. More PLHA turn to their families for care and support
5. More families share their concern, support and care to their sick members, a good number of them died in the arms of family members or relatives
6. ARVs was for sale in 2005 and was given for free to all PLHA in 2006 through involvement of some AIDS activist
2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

- Prevention for IDU: >75%
- Prevention for MSM: >75%
- Prevention for sex workers: >75%
- Counselling and Testing: 51-75%
- Clinical services (OI/ART)*: 25-50%
- Home-based care: >75%
- Programmes for OVC**: 51-75%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 4

Comments on progress made since 2005:

1. No rating was done in 2005

Uniting the world against AIDS