

Country Progress Report  
**PHILIPPINES**

# **GLOBAL AIDS RESPONSE PROGRESS REPORTING 2014**

## ACKNOWLEDGMENTS

On behalf of the Philippine National AIDS Council, members of the M&E Working Group and PNAC Secretariat wish to express heartfelt gratitude to the agencies, organizations, and persons who have contributed to, and facilitated the development of this Progress Report.

Agencies and organizations that were data sources for core indicators, participants of the NCPI workshops and validation meeting, and reporters to the NASA:

- Action for Health Initiatives
- Commission on Human Rights
- Council for the Welfare of the Children
- Dept of Education
- Dept of Health, including Centers for Health Development of Regions, Bureau of Int'l Health Cooperation, Nat'l AIDS/STI Prevention and Control Program, Nat'l Epidemiology Center
- Dept of Foreign Affairs
- Dept of Justice
- Dept of Labor and Employment, including Occupational Safety and Health Center
- Dept of Social Welfare and Development
- Dept of the Interior and Local Government, including Local Government Academy
- Dept of Tourism
- Joint UN Programme on HIV/AIDS
- League of Provinces of the Philippines
- Local Government of Makati City
- Local Government of Quezon City
- Nat'l Economic and Development Authority
- Phil. Information Agency
- Phil. National Police
- Phil. NGO Council for Population, Health and Welfare
- Pinoy Plus Association
- San Lazaro Hospital (including STD/AIDS Central Cooperative Laboratory)
- Tech'l Education and Skills Dev't Authority
- TLF SHARE Collective
- Trade Union Congress of the Philippines
- Global Fund
- Joint United Nations Programme on HIV/AIDS
- USAID

- ADB
- World Bank
- Shell Foundation

## LIST OF ABBREVIATIONS AND ACRONYMS

ACHIEVE	Action for Health Initiatives
AIDS Registry	Philippine HIV and AIDS Registry
AMTP	AIDS Medium-Term Plan
ARV	Anti-retrovirals
CHR	Commission on Human Rights
CRIS	Country Response Information System
DepEd	Department of Education
DOH	Department of Health
DOLE	Department of Labor
DOT	Department of Tourism
DSWD	Department of Social Welfare and Development
EPP/Spectrum	Estimation and Projection Package and Spectrum (Software)
FFSW	Freelance female sex workers
HIV and AIDS	Human immunodeficiency virus and Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
IHBSS	Integrated HIV Behavioral and Serological Surveillance
LGU	Local government units
M&E	Monitoring and evaluation
MARP	Most-at-risk populations
MESS	Monitoring and Evaluation System Strengthening
MEWG	M&E Working Group
MSM	Males who have sex with males
NASA	National AIDS Spending Assessment
NASPCP	National AIDS/STI Prevention and Control Program
NCPI	National Commitments and Policy Instrument
NEDA	National Economic and Development Authority

NDHS	National Demographic and Health Survey
NEC	National Epidemiology Center
NGO	Non-governmental organizations
NSO	National Statistics Office
OFW	Overseas Filipino worker
PLHIV	Persons (or People) living with HIV
PMTCT	Prevention of mother-to-child transmission
PNAC	Philippine National AIDS Council
PPA	Pinoy Plus Association
PWID	Persons who inject drugs
SHC	Social Hygiene Clinics
R.A. 8504	Republic Act 8504, or the Philippine AIDS Prevention and Control Act of 1998
R.A. 9165	Republic Act 9165, or the Comprehensive Dangerous Drugs Act of 2002
RFSW	Registered female sex workers
STI	Sexually transmitted infections
TB	Tuberculosis
TGF	Global Fund
UA	Universal access to HIV prevention, treatment, care and support
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary HIV Counselling and Testing

# TABLE OF CONTENTS

<b>LIST OF ACRONYMS</b>	<b>3</b>
<b>OVERVIEW OF THE AIDS EPIDEMIC</b>	<b>6</b>
<b>STATUS AT A GLANCE</b>	<b>10</b>
<b>THE NATIONAL M&amp;E SYSTEM</b>	<b>18</b>
<b>NATIONAL AIDS SPENDING ASSESSMENT 2011-2013</b>	<b>19</b>
<b>NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI) PART A</b>	<b>23</b>
<b>NATIONAL COMMITMENTS AND POLICY INSTRUMENT (NCPI) PART B</b>	<b>72</b>

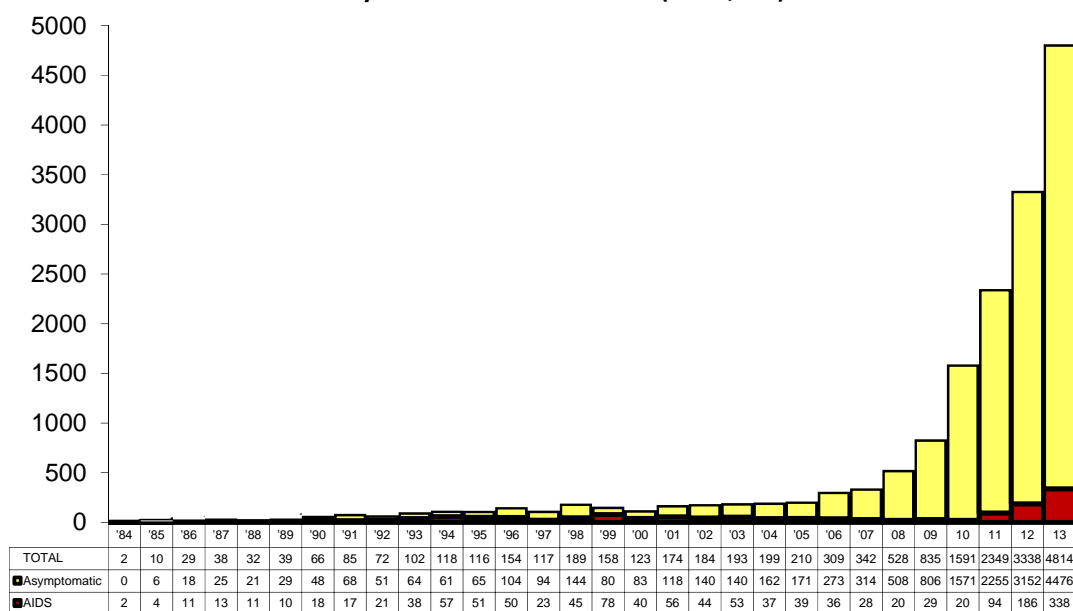
# 1. OVERVIEW OF THE AIDS EPIDEMIC

Unlike in other parts of the world, the AIDS Epidemic in the Philippines has been growing rapidly. In 2000, only one new case every three days was diagnosed. However, by the end of 2013, there was already one new case every two hours. A concentrated epidemic among the key affected populations (KAP) – Males who have Sex with Males (MSM) and People who Inject Drugs (PWID) may be seen in certain geographic areas. Since detection of HIV cases and the behaviour of KAPs is of utmost importance, the passive and active surveillance in the country has been strengthened.

## Estimated HIV Prevalence and Reported Number of Cases

From 1984 to the end of 2013, there were 16,516 newly diagnosed HIV cases reported to the Philippine HIV & AIDS Registry (Figure 1.1). This reported number is only 58% of the estimated 28,072 PLHIV by 2013. Of the estimated number 81% are males among the reported cases, 95% are males. Majority (59%) of the reported cases in 2013 were among PLHIV aged 20-29 years old.

**Figure 1.1** Number of HIV and AIDS Cases and Deaths Reported in the Philippines by Year, January 1984 to December 2013 (N=16,516)

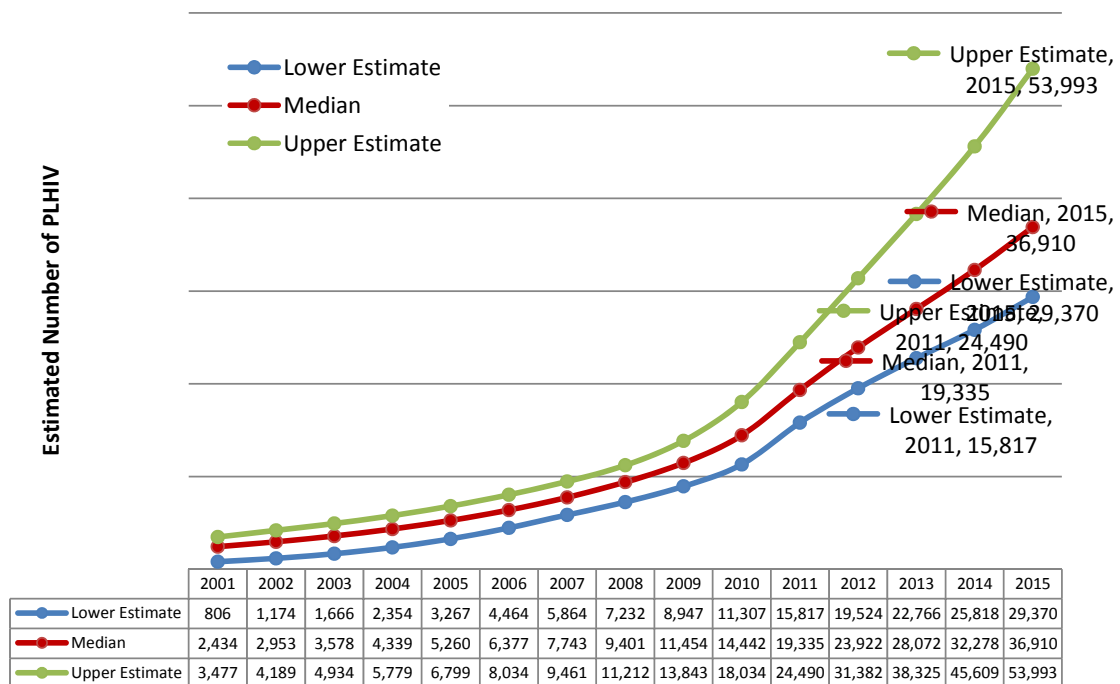


Source: Philippine HIV and AIDS Registry, December 2013, DOH-NEC

There is low HIV prevalence among the general population in the Philippines by 2013. Though prevalence will likely double based on

estimates, it will remain below 1% by 2015. The most recent EPP/Spectrum projection estimates between 29,370 to 53,993 PLHIV in the Philippines by 2015 with a median of 36,910 (2012 Philippine PLHIV Estimates). That is an additional 17,575 new HIV cases in four years from the 2011 estimate, or around 4,000-5,000 new cases each year (Figure 1.2).

**Figure 1.2 Projections of the Total Number of People Living with HIV in the Philippines by Year, 2001-2015**



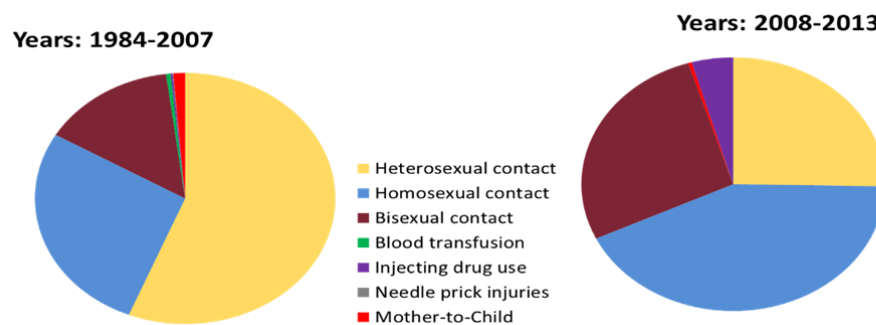
SOURCE: 2012 Philippine Estimates of People Living with HIV, PNAC

Geographically, reported cases are concentrated in three highly urbanized areas: Greater Metro Manila Area (which includes the provinces adjacent to Metro Manila like Rizal, Cavite, Laguna and Bulacan), Metro Cebu, and Davao City. These three areas plus Angeles City and Davao City are the highest priority areas for HIV intervention.

### Modes of HIV Transmission

The primary mode of HIV transmission in the country is through sexual contact, accounting for 93% of reported cases since 1984. Other modes of transmission include sharing of contaminated needles among persons who injected drugs (PWID), mother to child transmission, through transfusion of contaminated blood, and accidental prick from a contaminated needle. Starting 2008, predominant mode of transmission shifted from heterosexual to males who have sex with males (homosexual and bisexual), as seen in Figure 1.3. In 2010, HIV transmission among people who inject drugs was detected in the Cebu City and has continually been spreading since then. The PWID epidemic in Cebu City has been spreading to adjacent cities and municipalities. Moreover, cases among PWID have recently been reported in the Metro Manila areas as well and is being investigated.

**Figure 1.3 Proportion of HIV Transmission in the Philippines by Year, 1984-2013**



*SOURCE: Philippine HIV and AIDS Registry, DOH-NEC*

The total number of reported cases among Overseas Filipino Workers (OFW) is continuously increasing - from 164 cases in 2009, 271 in 2011, and 509 cases in 2013. However, the proportion of OFWs reported has decreased from 20% in 2009 to 11% in 2013. Local transmission has started to outpace infections contracted overseas. The mode of HIV transmission among OFW is similar to local transmission; however, the percentage of heterosexual transmission is higher compared to those infected locally.

The active surveillance in the Philippines is conducted every two years through the Integrated HIV Behavioral and Serologic Surveillance (IHBSS). Ten consistent or sentinel sites have been monitored since 2005 in order to measure trends. In 2013, the fifth round of the IHBSS confirmed the reported upward trend among males who have sex with males in the ten sentinel sites and among people who inject drugs in Cebu City. As of March 2014, only data collection among female sex workers has been completed, data encoding and analysis will follow.



**Table 1.1 HIV Prevalence Among FSW, MSM, and PWID in Sentinel Sites, 2007 – 2013**

<b>Key Affected Population</b>	<b>2007</b>	<b>2009</b>	<b>2011</b>	<b>2013</b>
Female sex workers in Registered Entertainment Establishments (RFSW)	<b>0.0%</b>	<b>0.23%</b>	<b>0.13%</b>	<b>N/A</b>
Freelance female sex workers (FFSW)	<b>0.05%</b>	<b>0.54%</b>	<b>0.68%</b>	<b>N/A</b>
Males who have sex with males (MSM)	<b>0.30%</b>	<b>1.05%</b>	<b>2.12%</b>	<b>3.50%</b>
People who inject drugs (PWID) in Cebu	<b>0.40%</b>	<b>0.59%</b>	<b>53.8%</b>	<b>52.30%</b>

*Source: IHBSS in 10 Sentinel Sites, DOH-NEC*

## 2. STATUS AT A GLANCE

**TABLE 2.1**  
**Philippine Progress Summary by Targets and Indicators, 2012-2013**

<b>TARGET 1. Reduce sexual transmission of HIV by 50 per cent by 2015</b>			
<b>Indicators for the general population</b>			
INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
1.1 Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	2008 NDHS	2011: 20%	No new data release for indicators 1.1-1.5 from NDHS
1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	2008 NDHS	2011: 2.10%	
1.3 Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	2008 NDHS	2011: 3.20%	
1.4 Percentage of adults aged 15-49 who have had one sexual partner in the past 12 months and who report the use of a condom during their last intercourse*	2008 NDHS Table 12.3	2011: 11.00%	
1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	2008 NDHS Table 12.4	2011: 0.73%	
1.6 Percentage of young people aged 15-24	2012 Philippine PLHIV EPP/Spectrum Estimates	0.026%	

who are living with HIV*	Male: 0.0395% Female: 0.0125%
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#### Indicators for sex workers

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
1.7 Percentage of sex-workers reached with HIV prevention programmes	DOH-NEC 2013 IHBSS	MSW: 53.8% TG: 32.3%	Data for FSW is not yet available. Two sites for MSW were added.
1.8 Percentage of sex workers reporting the use of a condom with their most recent client	DOH-NEC 2013 IHBSS	MSW: 55.2% TG: 27.5%	
1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results	DOH-NEC 2011 IHBSS	MSW: 15.2% TG: 5.4%	
1.10 Percentage of sex workers who are living with HIV	DOH-NEC 2011 IHBSS	MSW: 1.8% TG: 3.7%	↓

#### Indicators for men who have sex with men

INDICATORS	MAIN DATA SOURCE	2012-2013	REMARKS
1.11 Percentage of men who have sex with men reached with HIV prevention programmes	DOH-NEC 2013 IHBSS	2013: <b>23%</b> (1088/4805)  2011: 23%	Same site as the 2012 GARPR were used
1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	DOH-NEC 2011 IHBSS	2013: <b>41%</b> (1211/2972)  2011: 36%	
1.13 Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their result	DOH-NEC 2011 IHBSS	2013: <b>9%</b> (445/4789)  2011: 5%	

1.14 Percentage of men who have sex with men who are living with HIV	DOH-NEC 2011 IHBSS	2013: <b>3.33%</b> (160/4804)  2011: 1.68
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**TARGET 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
2.1 Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Data not applicable	Data not applicable	The Philippines does not have a needle and syringe program for people who inject drugs.
2.2 Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	DOH-NEC 2011 IHBSS	<b>2013: 13.4%</b> <b>Males: 13.9%</b> <b>Females: 11.1%</b>  2011: 15.00%	Only 2 sites were used as compared to the 2012 GARPR which has 4 sites.
2.3 Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	DOH-NEC 2011 IHBSS	<b>2013: 30.7%</b> <b>Males: 31.3%</b> <b>Females: 26.5%</b>  2011: 24.73%	
2.4 Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	DOH-NEC 2011 IHBSS	<b>2013: 6.3%</b> <b>Males: 6.4%</b> <b>Females: 6.0%</b>  2011: 4.77%	

2.5 Percentage of people who inject drugs who are living with HIV	DOH-NEC 2011 IHBSS	<b>2013: 46.1%</b> <b>Males: 48.2%</b> <b>Females: 30.4%</b>  2011: 13.56%
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**TARGET 3. Eliminate mother-to-child transmission of HIV by 2015, and substantially reduce AIDS-related maternal deaths**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
3.1 Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	DOH-NASPCP 2012 Estimates of PLHIV	2011: 7.59 %	
3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	DOH-NASPCP 2012 Estimates of PLHIV	2011: 5.49 %	
3.3 Mother-to-child transmission of HIV (modelled)	DOH-NASPCP 2012 Estimates of PLHIV	2011: 30.80%	

**TARGET 4. Have 15 million people living with HIV on antiretroviral treatment by 2015**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
4.1 Percentage of eligible adults and children currently receiving antiretroviral therapy*	DOH-NASPCP 2012 Estimates of PLHIV	2011: 89.77%	
4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	DOH-NASPCP	2011: 92.12%	

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**TARGET 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015**

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INDICATOR	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	DOH-NASPCP	2011: 14.00%	

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**TARGET 6. Reach a significant level of annual global expenditure (US\$22-24 billion) in low-and middle-income countries**

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INDICATOR	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
6.1 Domestic and international AIDS spending by categories and financing sources	NEDA 2012 NASA	2009: Php 573 million (\$12.0 million) 2010: Php 564 million (\$12.5 million) 2011: Php 545 million (\$12.5 million)	.

#### **TARGET 7. Eliminating Gender Inequalities**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
7.1 Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months		Insufficient data for this indicator	

#### **TARGET 8. Eliminating Stigma and Discrimination**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
8.1 Discriminatory attitudes towards people living with HIV		Insufficient data for this indicator	There were no reports to the CHR or to the DOJ recorded, however, some anecdotal incidents being cited by some CSO.

#### **TARGET 9. Eliminate Travel Restrictions**

INDICATORS	MAIN DATA SOURCE	STATUS 2012-2013	REMARKS
9.1 Travel restriction			The country has a policy on none travel restrictions

### 3. THE NATIONAL M&E SYSTEM

In terms of the National M&E System the country has addressed a significant number of recommendations from the 2010 Assessment which includes the following:

- 1) Formalization of a Monitoring and Evaluation Working Group (MEWG) through a PNAC Resolution,
- 2) Development of a 5th AMTP M&E Plan and standard tools
- 3) Development of 5th AMTP Research and Evaluation Agenda,
- 4) Conducted a series of training of HIV and AIDS Basic Monitoring & Evaluation Course among the MEWG and other stakeholders,
- 5) Crispinoy data base was revived,
- 6) various technical assistance on M&E provided to partners
- 7) Partnership among the Local Government Units (LGU) has been established.

The PNAC National M&E officer together with the DOH (NEC, NASPCP) with the support from the UNAIDS and GF was also a part of the core team which is involve in the development of the country AIDS Epidemic Model, Estimates for HIV and AIDs and various research efforts. Some of the findings from the 2010 NMES assessment hasn't been addressed yet, for instance the staff complement for M&E functions. Currently the PNAC M&E Unit has only 1 dedicated staff the National M&E Officer.

Though a Monitoring & Evaluation Working Group (MEWG) has been identified to be working with the National M&E Officer an additional staff is urgently needed to assist the M&E Officer to fulfill the M&E functions of PNAC.

Three years from the time the comprehensive M&E Plan has been developed, its growth has been hampered due to the absence of clear work plans and budgets both at the level of individual member agencies and the technical working committees.

The recently conducted 5th AMTP Mid-Term Assessment has also recommended that ("A clear monitoring plan must still be designed precisely to monitor and report on the status and progress made on the implementation of the plan and its strategic objectives; what is still needed is the monitoring anchored on the work plans of the council member agencies, the working committees as direct contribution to the attainment of the strategic objectives of the AMPT 5").

PNAC should adopt a phased approach by extending direct M&E support to LACs and LGUs in selected priority settings. Based on city investment plans, M&E templates should be developed for LACs and LGUs. The M&E links between LACs and PNAC should be strengthened").

## 4. NATIONAL AIDS SPENDING ASSESSMENT 2011-2013

The objective of the NASA Report is to track HIV/AIDS spending from 2011 to 2013 from various sources of financing covering both public and international funds. The aim of this initiative is to inform policy-maker, program managers, and the donor community on the magnitude of HIV/AIDS expenditures in the country and guide them in their planning and decision-making activities.

Spending data were collected from national government agencies, development partners (bilateral and multilateral organizations), non-government organizations (NGOs), some local government units (LGUs), selected health facilities, and the private sector.

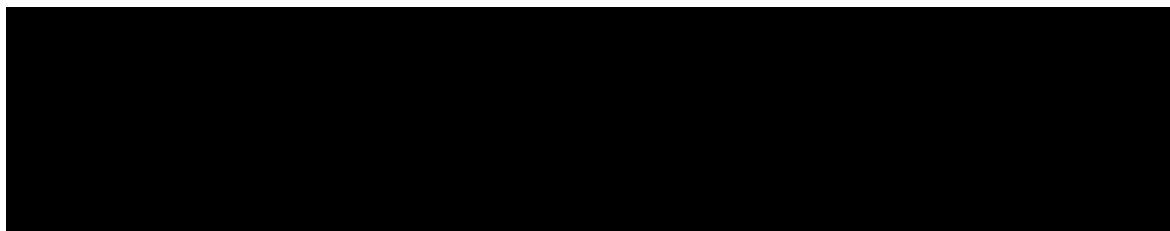
It should be noted, however, that there remains some data limitations. These limitations include: non-disaggregation of expenditures; some may have been budget data and not actual expenditures; only selected local government units (LGUs) provided spending data; private sector data is incomplete (this renders 2011 data “biased” and not comparable with 2012 and 2013); spending data from selected health facilities are yet to be submitted.

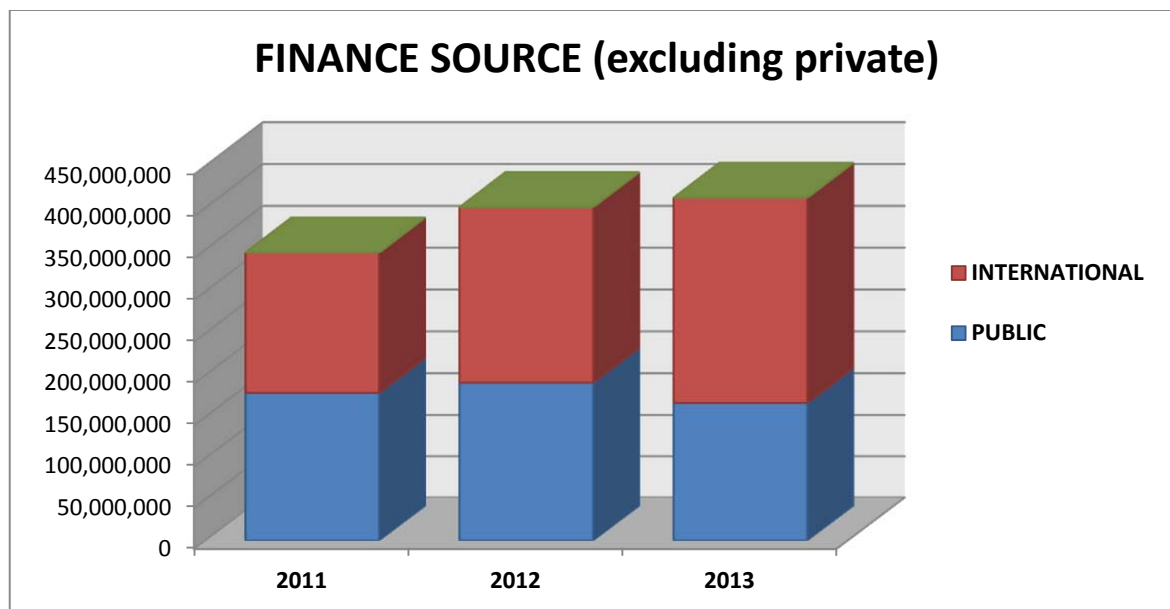
### TOTAL AIDS SPENDING BY SOURCE

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For the period 2011 to 2013, the country spent about Php 1.3 billion for HIV and AIDS (or an annual average of Php 453 million). It should be noted that data collection is still on-going. Further, there is bias in 2011 private sector data because DKT Philippines was able to provide information for 2011 only but not for 2012 and 2013. This gives the notion that overall spending declined. Other private sector contributions came from Pilipinas Shell Foundation, Inc.

Excluding private sector contribution, it can be observed that total spending from international and public sources are increasing (Php 346 million in 2011; Php 401 million in 2012; and Php 412 million in 2013). The table below shows that spending from international sources is steadily increasing with the Global Fund as the biggest contributor. Other sources of international financing include multilateral agencies (UN agencies, Asian Development Bank, World Bank), and USAID. Meanwhile, domestic or public sources appear erratic. It increased in 2012 to Php 191 million from Php 179 million in 2011; but it declined in 2013 to Php 167 million. It should be noted however, that spending from selected health facilities (San Lazaro Hospital, Research Institute for Tropical Medicine) is not yet accounted for in 2013. On the other hand, program and surveillance budget from the Department of Health increased over the years. Other government agencies that contributed include: Department of Social Welfare and Development, Department of Education, selected local government units (Quezon City, Makati City).



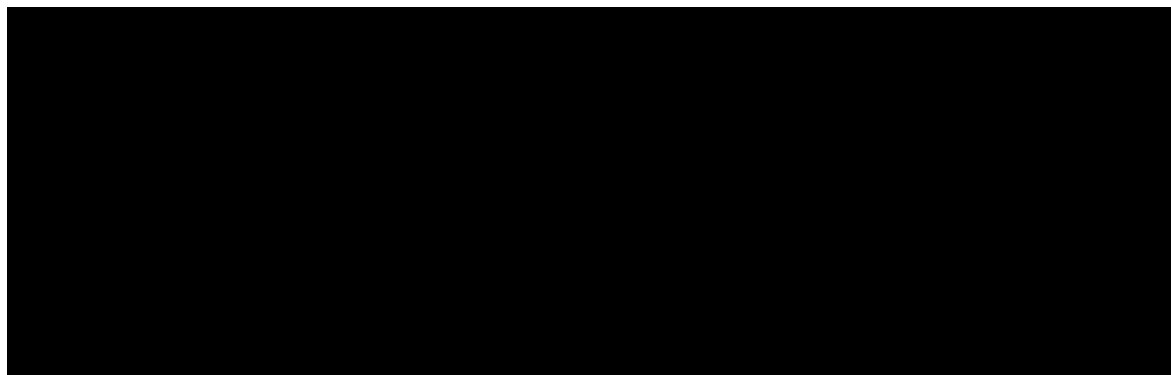


#### TOTAL AIDS SPENDING BY FUNCTION

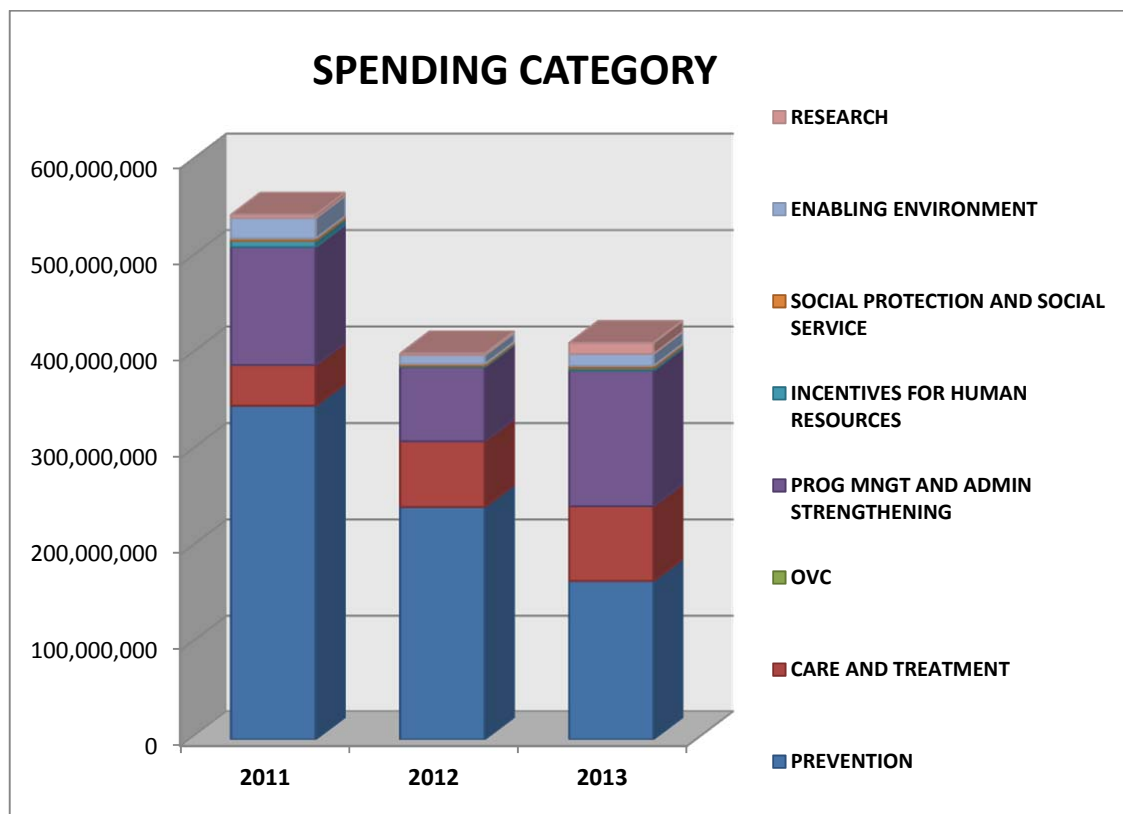
The Table below shows the annual breakdown of expenditures by activity or function. Prevention programs in the country include: communication for behavior change, voluntary counselling and testing, prevention and management of STIs, interventions for vulnerable population (migrant workers), programs for most at risk populations (MARPs), among others. Care and treatment expenditures, on the other hand, cover anti-retroviral therapy, treatment of opportunistic infections and prophylaxis, HIV-related laboratory monitoring, among others. Resources were also spent on program management and administration. These include: planning and program management, monitoring and evaluation, serological surveillance, administration costs, among others. The country also spent for enabling environment activities (advocacy, human rights, institutional development), human resources (training), social protection (social assistance), and research studies.

For the period 2011 to 2013, most of the resources, on the average, went to preventive interventions (56%), followed by program management and administration (25%), and care and treatment (14%). There is a decrease in spending in almost all functions from 2011 to 2012, except for care and treatment which increased by 61% in 2012 and 14% by 2013. It should also be noted that for the year 2013, there is a significant increase in spending for human resources and research. Human research spending were mainly due to the trainings of AIDS related personnel, while a total of Php 5.4 million was spent on social science research for the 2013 which contributed to the increase in research spending. It should be noted that spending for orphans and vulnerable children (OVC) of HIV affected persons may have been integrated under social protection category. It should also be noted that a lot of AIDS-related activities are being carried out by NGOs.

If private sector spending is excluded, it can be observed that prevention interventions actually increased to Php 242 million in 2012 from Php 153 million in 2011. The contribution of private sector in terms of condom social marketing is large.



Spending Category (excluding private)	2011	2012	2013
PREVENTION	153,054,158	242,071,135	165,672,105
CARE AND TREATMENT	42,107,334	68,111,215	77,488,595
OVC	0	0	0
PROG MNGT AND ADMIN STRENGTHENING	122,329,314	76,763,661	140,549,256
INCENTIVES FOR HUMAN RESOURCES	4,409,181	617,400	2,237,572
SOCIAL PROTECTION AND SOCIAL SERVICE	2,604,877	2,250,000	2,350,000
ENABLING ENVIRONMENT	19,928,145	9,113,680	12,182,774
RESEARCH	2,020,031	1,686,022	11,348,142
<b>TOTAL</b>	<b>346,453,040</b>	<b>400,613,113</b>	<b>411,828,444</b>



The results point to the following concerns:

1. There is a need to sustain and intensify current initiatives and mobilize resources for HIV prevention and control, especially from local government units (LGUs), and in areas where most infections are coming from. Commendable initiatives by LGUs (e.g. Quezon City) need to be replicated in other areas to ensure that interventions are in place for most at risk populations (MARPs). Moreover, efforts to engage the private sector are needed to complement the activities of the government. With the completion of the projects financed by The Global Fund and given the increasing number of new AIDS cases, the government should be prepared to absorb the responsibility of providing prevention and treatment services.
2. There is also a need to use available resources efficiently and effectively. Investments should be made towards prevention interventions targeting the MARPs. Special attention should be given to areas where most infections are coming from. Further, there may be a need to revisit program management-related activities given the observed amount of resources being devoted for this based on percentage share to total expenditures.

## 5. National Commitments and Policy Instrument (NCPI)

### PART A.

#### PART I: STRATEGIC PLAN

**1. Has the country developed a national multisectoral strategy to respond to HIV?**

*(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)*

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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IF <u>YES</u> , what is the period covered [write in]:	AMTP 5 (2011-2016)
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IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, Briefly explain why:

The current strategy of (AMTP V) is essentially a continuation of the AMTP IV. The modifications made were based from the current data that the country has.

The key development for the current strategy was the development of an “AMTP V Investment Plan”, the “AMTP V Monitoring and Evaluation Plan” and the development of the “Health Sector Plan”

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?

Name of government ministries or agencies [write in]: PNAC MEMBERS

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

SECTORS	Included in Strategy		Earmarked Budget	
Education	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Health	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Labour	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Military/Police	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Social Welfare <sup>2</sup>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Transportation	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Women	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Young People	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other [write in]: Tourism	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?**

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS		
Discordant couples	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Elderly persons	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Men who have sex with men	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Migrants/mobile populations	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Orphans and other vulnerable children <sup>3</sup>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
People with disabilities	<input checked="" type="radio"/> Yes	<input type="radio"/> No
People who inject drugs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Sex workers	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Transgender people	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Women and girls	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Young women/young men	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other specific vulnerable subpop.I.P :Badjao , Children In Conflict with Law	<input checked="" type="radio"/> Yes	<input type="radio"/> No

<sup>2</sup> This sector includes social protection

<sup>3</sup>



SETTING		
Prisons	Yes	<input type="radio"/> No
Schools	<input checked="" type="radio"/> Yes	No
Workplace	<input checked="" type="radio"/> Yes	No
CROSS-CUTTING ISSUES		
Addressing stigma and discrimination	<input checked="" type="radio"/> Yes	No
Gender empowerment and/or gender equality	<input checked="" type="radio"/> Yes	No
HIV and poverty	Yes	<input checked="" type="radio"/> No
Human rights Protection	<input checked="" type="radio"/> Yes	No
Involvement of people living with HIV	<input checked="" type="radio"/> Yes	No

<b>IF NO, explain how key populations were identified?</b>
<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>Implementation of the HIV and AIDS program is crosscutting for all sectors in GA although not specifically mentioned in the 5<sup>th</sup> AMTP</p> </div>

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

People living with HIV	<input checked="" type="radio"/> Yes	No
Men who have sex with men	<input checked="" type="radio"/> Yes	No
Migrant/Mobile population	<input checked="" type="radio"/> Yes	No
Orphan and other vulnerable children	<input checked="" type="radio"/> Yes	No
People with disabilities	<input checked="" type="radio"/> Yes	No
People who inject drugs	<input checked="" type="radio"/> Yes	No
Prison inmates (should include detainees)	<input checked="" type="radio"/> Yes	No
Sex workers	<input checked="" type="radio"/> Yes	No
Transgender people	<input checked="" type="radio"/> Yes	No
Women and girls	<input checked="" type="radio"/> Yes	No
Young women/young men	<input checked="" type="radio"/> Yes	No
Other specific key population [write in] IPs	<input checked="" type="radio"/> Yes	No
	Yes	No

**1.5. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**1.6. Does the multisectoral strategy include an operational plan?**

Yes

No

--	--

**1.7. Does the multisectoral strategy or operational plan include: (AMTP)**

a) Formal programme goals?	Yes	No	N/A
b) Clear targets or milestones?	Yes	No	N/A
c) Detailed costs for each programmatic area?	Yes	No	N/A
d) An indication of funding sources to support programme implementation?	Yes	No	N/A
e) A monitoring and evaluation framework?	Yes	No	N/A

**1.8. Has the country ensured “full involvement and participation” of civil society<sup>5</sup> in the development of the multisectoral strategy?**

Active involvement	Moderate involvement	No involvement
--------------------	----------------------	----------------

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Multisectoral Partnership  
Positive Community Consultation  
Inclusive Development

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:**

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes	No	N/A
-----	----	-----

<sup>5</sup> Civil society includes among others: networks and organisations of people living with HIV, women, young people, key affected groups (including men who have sex with men, transgender people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ; workers organizations, human rights organizations; etc. Note: The private



**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners	Yes, some partners	No	N/A
----------------------	-----------------------	----	-----

IF SOME PARTNERS OR NO, briefly explain for which areas there is no alignment/harmonization and why:

--

**2.1. Has the country integrated HIV in the following specific development plans?**

SPECIFIC DEVELOPMENT PLANS			
Common Country Assessment/UN Development Assistance Framework	<input checked="" type="radio"/> Yes	No	N/A
National Development Plan	<input checked="" type="radio"/> Yes	No	N/A
Poverty Reduction Strategy	<input checked="" type="radio"/> Yes	No	N/A
National Social Protection Strategic Plan	<input checked="" type="radio"/> Yes	No	N/A
Sector-wide approach	<input checked="" type="radio"/> Yes	No	N/A
Other [write in]:	Yes	No	N/A
	Yes	No	N/A

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

HIV-RELATED AREA INCLUDED IN PLAN(S)			
Elimination of punitive laws	<input checked="" type="radio"/> Yes	No	N/A
HIV impact alleviation (including palliative care for adults and children)	<input checked="" type="radio"/> Yes	No	N/A
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	<input checked="" type="radio"/> Yes	No	N/A
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support	<input checked="" type="radio"/> Yes	No	N/A
Reduction of stigma and discrimination	<input checked="" type="radio"/> Yes	No	N/A
Treatment, care, and support (including social protection or other schemes)	<input checked="" type="radio"/> Yes	No	N/A
Women's economic empowerment (e.g. access to credit, access to land, training)	<input checked="" type="radio"/> Yes	No	N/A
Other [write in]:	Yes	No	N/A



**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

Yes	No	N/A
-----	----	-----

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?**

LOW					HIGH
0	1	2	3	4	5

**4. Does the country have a plan to strengthen health systems?**

<p><b>Yes ?</b></p> <p>Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications ?</p> <p>Universal Health Access</p>
--

**5. Are health facilities providing HIV services integrated with other health services?**

Area	Many	Few	None
a) HIV counselling & testing with sexual & reproductive health	x		
b) HIV counselling & testing and tuberculosis	x		
c) HIV counselling & testing and general outpatient care		x	
d) HIV counselling & testing and chronic non-communicable diseases			x
e) ART and tuberculosis	x		
f) ART and general outpatient care			x
g) ART and chronic non-communicable diseases			x
h) PMTCT with antenatal care/ maternal & child health		x	
i) Other comments on HIV integration:			

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?**

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10





Since 2011, what have been the key achievements in this area:

What challenges remain in this area:



## PART II: POLITICAL SUPPORT AND LEADERSHIP

### II. POLITICAL SUPPORT AND LEADERSHIP

Strong political support includes: government and political leaders who regularly speak out about HIV and AIDS and demonstrate leadership in different ways: allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

**A. Government ministers**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**B. Other high officials at sub-national level**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

- 1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.)

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Head of DOH (Sec. Ona) is presiding the Philippine National AIDS Council Plenary meeting. (October)

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?

<input type="radio"/>	<input type="radio"/> No
-----------------------	--------------------------

**IF NO**, briefly explain why not and how HIV programmes are being managed:

Yes



**2.1. IF YES:**

<b>IF YES, does the national multisectoral HIV coordination body:</b>		
Have terms of reference?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Have active government leadership and participation?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Have an official chair person?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>IF YES, what is his/her name and position title?</b>		
Have a defined membership?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>IF YES, how many members?</b>		
Include civil society representatives?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>IF YES, how many?</b>		
Include people living with HIV?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>IF YES, how many?</b>		
Include the private sector?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
--------------------------------------	--------------------------	---------------------------

<b>IF YES, briefly describe the main achievements:</b>
Through the PNAC (the central coordinating body)

<b>What challenges remain in this area:</b>
Strengthen the coordination



4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

NASA %

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Coordination with other implementing partners	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Information on priority needs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Procurement and distribution of medications or other supplies	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Technical guidance	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other [write in below]:	<input type="radio"/> Yes	<input type="radio"/> No

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

☒ Yes

☐ No

- 6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?

☒ Yes

☐ No

**IF YES,** name and describe how the policies / laws were amended

– “Anti Trafficking in Persons Act of 2003”

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

- Republic Act 9165 or “Dangerous Drugs act of 2002 – hinders the implementation of “Harm Reduction Program” since it uses the possession of paraphernalia like needles and syringes as an evidence to persecute





7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area:

Increasing Budget Support on some critical agencies in terms of Prevention Treatment and Diagnosis

What challenges remain in this area:

Rationalization Plan – this would result in decrease in personnel  
Change in Leadership – disruption in the continuity of the program



## PART III: HUMAN RIGHTS

### III. HUMAN RIGHTS

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Circle yes if the policy specifies any of the following key populations and vulnerable groups:**

#### KEY POPULATIONS AND VULNERABLE GROUPS

People living with HIV

☒ Yes

☐ No

Men who have sex with men

☐ Yes

☒ No

Migrants/mobile populations

☒ Yes

☐ No

Orphans and other vulnerable children

☒ Yes

☐ No

People with disabilities

☒ Yes

☐ No

People who inject drugs

☐ Yes

☒ No

Prison inmates

☒ Yes

☐ No

Sex workers

☒ Yes

☐ No

Transgender people

☐ Yes

☒ No

Women and girls

☒ Yes

☐ No

Young women/young men

☒ Yes

☐ No

Other specific vulnerable subpopulations [write in]: for IPs,

☒ Yes

☐ No

Elderly, Internally Displaced Population

☒ Yes

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?**

☒ Yes

☐ No

**IF YES to Question 1.1 or 1.2., briefly describe the content of the laws:**

CHR (Workplace Policy), UN Declaration, Bill of Rights, Magna Carta for Women and Persons with Disability, Family Code, RA 8504,

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

Current structure of government  
Commissions

**Briefly comment on the degree to which they are currently implemented:**

The policies are there, but more on information awareness and education campaigns, but still discriminatory

acts occur, and if not regularly reported, are under reported and no documented case has been filed with appropriate redress mechanisms.

2. Does the country have laws, regulations or policies that present obstacles<sup>6</sup> to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

IF YES, for which key populations and vulnerable groups?		
People living with HIV	Yes	<input type="radio"/> No
Elderly persons	Yes	<input type="radio"/> No
Men who have sex with men	Yes	<input type="radio"/> No
Migrants/mobile populations	Yes	<input type="radio"/> No
Orphans and other vulnerable children	<input checked="" type="radio"/> Yes	No
People with disabilities	Yes	<input type="radio"/> No
People who inject drugs	<input checked="" type="radio"/> Yes	No
Prison inmates	Yes	<input type="radio"/> No
Sex workers	Yes	<input type="radio"/> No
Transgender people	<input checked="" type="radio"/> Yes	No
Women and girls	<input checked="" type="radio"/> Yes	No
Young women/young men	<input checked="" type="radio"/> Yes	No
Other specific vulnerable populations <sup>7</sup> : < 18 years of age	<input checked="" type="radio"/> Yes	No

Briefly describe the content of these laws, regulations or policies:

RA 9165  
Revised Penal code

Briefly comment on how they pose barriers:

Possession of drug paraphernalia is still illegal in the country (hindrance for Needle Syringe Program implementation)

## PART IV: PREVENTION

### IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

IF YES, what key messages are explicitly promoted?		
Delay sexual debut	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Engage in safe(r) sex	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Fight against violence against women	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Greater acceptance and involvement of people living with HIV	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Greater involvement of men in reproductive health programmes	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Know your HIV status	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Males to get circumcised under medical supervision	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Prevent mother-to-child transmission of HIV	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Promote greater equality between men and women	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Reduce the number of sexual partners	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Use clean needles and syringes	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Use condoms consistently	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other [write in below]:	<input type="radio"/> Yes	<input type="radio"/> No

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

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**2.1. Note: Primary and Secondary Schools are changed into Basic Education: K-12**

*Before there HIV education was not included as part of the syllabus now DEPED integrated HIV as part of the curriculum*

Is HIV education part of the curriculum in:		
Primary schools?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Secondary schools?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Teacher training?	<input checked="" type="radio"/> Yes	<input type="radio"/> No



## 2.2. Does the strategy include

a) *age-appropriate sexual and reproductive health elements?*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

b) *gender-sensitive sexual and reproductive health elements?*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

## 2.3. Does the country have an HIV education strategy for out-of-school young people?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

## 2. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Briefly describe the content of this policy or strategy:

TESDA- Curriculum integration, orientation , TOT for HIV & AIDS Prevention  
 DEPED – Curriculum integration, orientation , work place policies, TOT for HIV & AIDS Prevention  
 DSWD – Community based awareness programs,TOT for HIV & AIDS Prevention

### 3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?



Check which specific populations and elements are included in the policy/strategy

	IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Condom promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Drug substitution therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV testing and counselling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Needle & syringe exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reproductive health, including sexually transmitted infections prevention and treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Stigma and discrimination reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Targeted information on risk reduction and HIV education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Vulnerability reduction (e.g. income generation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?**

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**Since 2011**, what have been key achievements in this area:

RH Law  
Amended anti trafficking law  
Civil Service Commission –Memorand Circular regarding Work place policy for HIV and AIDS

What challenges remain in this area:

- Insufficient budget  
\* refer to budget of PNAC Secretariat
- Breaking the stigma

**4. Has the country identified specific needs for HIV prevention programmes?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES**, how were these specific needs determined?

Researches  
Monitoring and Evaluation  
Consultation  
\*Harmonization in Responses

**IF YES**, what are these specific needs?

Researches  
Monitoring and Evaluation



#### 4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Blood safety	1	2	3	4	N/A
Condom promotion	1	2	3	4	N/A
Economic support e.g. cash transfers	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school young people	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counseling	1	2	3	4	N/A
IEC <sup>11</sup> on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A
Prevention for people living with HIV <sup>12</sup>	1	2	3	4	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for intimate partners of key populations	1	2	3	4	N/A
Risk reduction for men who have sex with men	1	2	3	4	N/A
Risk reduction for sex workers	1	2	3	4	N/A
Reduction of Gender based violence	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A
Treatment as prevention	1	2	3	4	N/A
Universal precautions in health care settings	1	2	3	4	N/A
Other[write in]:	1	2	3	4	N/A

#### 5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

<sup>11</sup> IEC = information, education, communication.

<sup>12</sup> Positive Prevention places PLHIV at the centre of managing their health and wellbeing. It recognises and emphasizes the leadership roles of PLHIV in



## PART V: TREATMENT, CARE AND SUPPORT

### V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?

Yes	No
-----	----

**If YES,** Briefly identify the elements and what has been prioritized:

Out reach  
VCT  
Treatment  
Care and support(DOH)

Briefly identify how HIV treatment, care and support services are being scaled-up?

More treatment hubs, SIO's (Counselor, /referrers) \*Hepa-B Vax, CTX, INH  
Utilization PHIC-lab covered (SVC's-CD4)-needs evidence  
Conduct of research

- 1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Antiretroviral therapy	1	2	3	4	N/A
ART for TB patients	1	2	3	4	N/A
Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	N/A
Early infant diagnosis	1	2	3	4	N/A
Economic support	1	2	3	4	N/A
Family based care and support	1	2	3	4	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	N/A
HIV testing and counselling for people with TB	1	2	3	4	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	N/A
Nutritional care	1	2	3	4	N/A
Paediatric AIDS treatment	1	2	3	4	N/A
Palliative care for children and adults	1	2	3	4	N/A



The majority of people in need have access to...	Strongly disagree	Disagree	Agree	Strongly Agree	N/A
Post-delivery ART provision to women	1	2	3	4	N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A
Sexually transmitted infection management	1	2	3	4	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	N/A
TB preventive therapy for people living with HIV	1	2	3	4	N/A
TB screening for people living with HIV	1	2	3	4	N/A
Treatment of common HIV-related infections	1	2	3	4	N/A
Other(write in):	1	2	3	4	N/A

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?

Yes	No
-----	----

Please clarify which social and economic support is provided<sup>13</sup>:

Through support groups, projects & DSWD

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

Yes	No
-----	----

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?

Yes	No	N/A
-----	----	-----

**IF YES,** for which commodities?

ART  
Condoms (DOH)

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**Since 2011,** what have been key achievements in this area:

Increased budget from the Department

What challenges remain in this area:





6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?

Yes	No	N/A
-----	----	-----

- 6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes	No
-----	----

- 6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes	No
-----	----

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?

Very Poor											Excellent
0	1	2	3	4	5	6	7	8	9	10	

**Since 2011**, what have been key achievements in this area:

Social protection policy on children

What challenges remain in this area:

Lack of data on OVC



## PART VI: MONITORING AND EVALUATION

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

<input checked="" type="radio"/> Yes	<input type="radio"/> In Progress	<input type="radio"/> No
--------------------------------------	-----------------------------------	--------------------------

Briefly describe any challenges in development or implementation:

- Need for a systematic agency specific M&E
- No existing "operational plan for each PNAC Member Agencies"
- Accountability issues

1.1. **IF YES**, years covered [write in]:

AMTP 5 (2011-2016)

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

<input checked="" type="radio"/> YES, SOME PARTNERS	<input type="radio"/> NO	<input type="radio"/> NOT APPLICABLE
---	--------------------------	--------------------------------------

Briefly describe what the issues are:

### 2. Does the national Monitoring and Evaluation plan include?

A data collection strategy	<input checked="" type="radio"/> Yes	<input type="radio"/> No
IF YES, does it address:		
Behavioural surveys	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Evaluation / research studies	<input checked="" type="radio"/> Yes	<input type="radio"/> No
HIV Drug resistance surveillance	<input checked="" type="radio"/> Yes	<input type="radio"/> No
HIV surveillance	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Routine programme monitoring	<input checked="" type="radio"/> Yes	<input type="radio"/> No

A data analysis strategy	<input checked="" type="radio"/> Yes	No
A data dissemination and use strategy	<input checked="" type="radio"/> Yes	No
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate)	<input checked="" type="radio"/> Yes	No
Guidelines on tools for data collection	<input checked="" type="radio"/> Yes	No

**3. Is there a budget for implementation of the M&E plan?**

Yes	In Progress	<input checked="" type="radio"/> No
-----	-------------	-------------------------------------

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

**4. Is there a functional national M&E Unit?**

Yes	<input checked="" type="radio"/> In Progress	No
-----	--	----

I

Briefly describe any obstacles:
<ol style="list-style-type: none"> <li>1. Lack of Resources (Staff (1 from the PNAC Secretariat, Budget (also from the secretariat , etc.)</li> <li>2. Lack of prioritization to HIV related functions of PNAC Member Agencies</li> <li>3. Multi task nature of work of MEWG</li> <li>4. Structure of M&amp;E Mechanisms per PNAC Member Agencies (no specific for HIV or no M&amp;E Unit/ focal person )</li> </ol>

<b>4.1 Where is the national M&amp;E Unit based?</b>		
In the Ministry of Health?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
In the National HIV Commission (or equivalent)?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Elsewhere [write in]?	Yes	No



**4.2. How many and what type of professional staff are working in the national M&E Unit?**

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Permanent Staff [Add as many as needed]	1		2010
	Fulltime	Part time	Since when?
Temporary Staff [Add as many as needed]			

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes	No
-----	----

Briefly describe the data-sharing mechanisms:

After the data collection, collation and analysis strategic information are shared to PNAC Members, program Managers and other essential stakeholders for program improvement and planning purposes

This is usually done through small meetings , forums and sometimes one on one discussions. Printed materials like briefers,monthly reports and gazettes are also being disseminated.

What are the major challenges in this area:

Official publication of results  
Poor reporting compliance  
Timeliness of data submission from partners.

--	--

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

6. Is there a central national database with HIV- related data?

Yes      No

IF YES, briefly describe the national database and who manages it.

CRIS Pinoy, IT Staff and the M&E focal person from the PNAC Secretariat

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6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above      Yes, but only some of the above      No, none of the above

IF YES, but only some of the above, which aspects does it include?

6.2. Is there a functional Health Information System <sup>14</sup> ?		
At national level	Yes	No
At subnational level	Yes	No=
IF YES, at what level(s)? [write in] project level		

--	--	--

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates      Estimates

64



of Current and  
Future Needs

of Current  
Needs Only

No

14 Such as regularly reporting data from health facilities which are aggregated at district level and sent to national level; data are analysed and used at different levels)?

---

**7.2. Is HIV programme coverage being monitored?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

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

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**(b) IF YES, is coverage monitored by population groups?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES, for which population groups?**

MSM  
SW  
PWID (at some extent)

**Briefly explain how this information is used:**

Information is use for planning and program improvement

**(c) Is coverage monitored by geographical area?**

<input type="radio"/> YES	<input type="radio"/> NO
---------------------------	--------------------------

**IF YES, at which geographical levels (provincial, district, other)?**

Coverage is being monitored up to the City level but only for some identified sites.

**Briefly explain how this information is used:**

Information is use for planning and program improvement



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

Yes	<input checked="" type="radio"/> No
-----	-------------------------------------

9. How are M&E data used?

For programme improvement?	<input checked="" type="radio"/> Yes	No
In developing / revising the national HIV response?	<input checked="" type="radio"/> Yes	No
For resource allocation?	<input checked="" type="radio"/> Yes	No
Other [write in]:		

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

--

10. In the last year, was training in M&E conducted

At national level?	Yes	<input checked="" type="radio"/> No
IF YES, what was the number trained:		
At subnational level?	<input checked="" type="radio"/> Yes	No
IF YES, what was the number trained : 40		
At service delivery level including civil society?	<input checked="" type="radio"/> Yes	No
IF YES, how many?		

10.1. Were other M&E capacity-building activities conducted other than training?

<input checked="" type="radio"/> Yes	No
--------------------------------------	----

IF YES, describe what types of activities

Monitoring activities
-----------------------



11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area:

- Development of an M&E Plan
- Development of research and evaluation agenda
- Basic M&E Training (capacity building)
- Conduct of 5<sup>th</sup> AMTP Mid-Term Assessment
- Assisted in the conduct of G2Z and other monitoring activities
- Development of Basic HIV and AIDS M&E Training Module specifically for the LGU and other partners
- Dissemination of strategic information

What challenges remain in this area:

- Lack of M&E Staff
- Lack of budget specific for M&E



## **6. National Commitments and Policy Instrument (NCPI) PART B**



## 6. National Commitments and Policy Instrument (NCPI)

### PART B.

#### I. CIVIL SOCIETY INVOLVEMENT

#### PART I: CIVIL SOCIETY INVOLVEMENT<sup>15</sup>

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

ACHIEVE: Work Place Policy, BUB

LGU – asking TA from Achieve to help with their HIV Programs

Pinoy Plus: National Network (PNAC, LAC Area)

TUCP: Lobbying with congress for Law Amendments.

: Low output because of reorganization

PMA: Work with medical societies in local areas

: Not much work together as National Network

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

Pinoy Plus: dialogue with program, not much say on allocation (bigger),

not much say on → smaller

TUCP: Reorganization Problem

PMA: Continuing implementation & CSO Engagement

: Involved remains lacking

ACHIEVE: MTR of AMTP

: NSAP – ALT budget initiative

NASPCP Budget similar to NSAP

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

*a. The national HIV strategy?*

LOW					HIGH
0	1	2	3	4	5

*b. The national HIV budget?*

LOW					HIGH
0	1	2	3	4	5

*c. The national HIV reports?*

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

*a. Developing the national M&E plan?*

LOW					HIGH
0	1	2	3	4	5

*b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?*

LOW					HIGH
0	1	2	3	4	5

*c. Participate in using data for decision-making?*

LOW					HIGH

0

1

2

3

4

5

Comments and examples:

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organizations and networks of people living with HIV, of sex workers, community-based organizations , and faith-based organizations)?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

*a. Adequate financial support to implement its HIV activities?*

LOW					HIGH
0	1	2	3	4	5

*b. Adequate technical support to implement its HIV activities?*

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

ACHIEVE: Data is part of the TA.

Org’n is TA provider (primarily)

Refusal to provide TA on HIV fact sheet development for LGU’s (personal)

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for key-populations

People living with HIV	<25%	25-50%	51-75%	>75%
Men who have sex with men	<25%	25-50%	51-75%	>75%
People who inject drugs	<25%	25-50%	51-75%	>75%
Sex workers	<25%	25-50%	51-75%	>75%
Transgender people	<25%	25-50%	51-75%	>75%

Palliative care	< 25%	25-50%	51-75%	> 75%
Testing and Counselling	<25%	25-50%	51-75%	>75%
Know your Rights/ Legal services	<25%	25-50%	51-75%	>75%
Reduction of Stigma and Discrimination	<25%	25-50%	51-75%	>75%
Clinical services (ART/OI)*	<25%	25-50%	51-75%	>75%
Home-based care	<25%	25-50%	51-75%	>75%
Programmes for OVC**	<25%	25-50%	51-75%	>75%

\* ART = Antiretroviral Therapy; OI=Opportunistic infections \*\*

OVC = Orphans and other vulnerable children

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?**

Very Poor										Excellent

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Since 2011, what have been key achievements in this area:

NSAP, Dangal Network, TWG for MSM and TG, Collaboration CSO-LGU

GIPA=PE, Counselors, TWG Amendments, Researches by NGO funded by donors

What challenges remain in this area:

Lack of reps. (YP, SW, PWID, TG) – genuine representation

Tie-ups among NGO's – halfways, shelters



## PART II: POLITICAL SUPPORT

### II. POLITICAL SUPPORT AND LEADERSHIP

1. **Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?**

<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
---	--------------------------

IF YES, describe some examples of when and how this has happened:

LGU engagements: TA, membership in LAC, WP Program (cost - sharing)

Government sponsored activities (programs by CSO)

PNAC Support: 200,000 (PH Sex Worker Collective), (Women Hookers – Rights and Empowerment)

## PART III: HUMAN RIGHTS

### III. HUMAN RIGHTS

**1.1 Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

#### KEY POPULATIONS AND VULNERABLE SUBPOPULATIONS

People living with HIV	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Men who have sex with men	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Migrants/mobile populations	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Orphans and other vulnerable children	<input checked="" type="radio"/> Yes	<input type="radio"/> No
People with disabilities	<input checked="" type="radio"/> Yes	<input type="radio"/> No
People who inject drugs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Prison inmates	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Sex workers	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Transgender people	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Women and girls	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Young women/young men	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other specific vulnerable subpopulations [write in]:	<input type="radio"/> Yes	<input type="radio"/> No
Indigenous People		

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

Constitution: " Bill of Rights" **Vulnerability Specific Rights Protection needs of legislation**  
 RA 10364: Expanded Anti-Trafficking  
 Work Place Policy of CHR

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

CHR: Investigate, recommendation for action, Work Place Policy of CHR: PLHIV asst. in cases





**Briefly comment on the degree to which they are currently implemented:**

Cases being worked on by CHR ,as referred by PPA  
Documentations→ barangay level complaints, CHR, SP's (arbitration, conciliation, mediation)  
PNAC assistance to refer: School-related: CHR, OFC-Related DOLE  
Only deploy to countries compliant to HR standards→ but largest deployment is in KSA  
Domestic workers paid less than "standards" but continue to deploy  
Prostituted people are VICTIMS – problem on MINOR → more effective rescue and rehab for minor,  
less effective for adults  
(not all groups agree they are victims)

**2. Does the country have laws, regulations or policies that present obstacles<sup>16</sup> to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**2.1. IF YES, for which sub-populations?**

KEY POPULATIONS AND VULNERABLE SUBPOPULATIONS		
People living with HIV	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Men who have sex with men	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Migrants/mobile populations	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Orphans and other vulnerable children	<input checked="" type="radio"/> Yes	<input type="radio"/> No
People with disabilities	<input type="radio"/> Yes	<input checked="" type="radio"/> No
People who inject drugs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Prison inmates	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Sex workers	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Transgender people	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Women and girls	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Young women/young men	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other specific vulnerable populations <sup>17</sup> [write in]:	<input type="radio"/> Yes	<input type="radio"/> No

**Briefly describe the content of these laws, regulations or policies:**

PLHIV= Private Sector Policies, Labor Code (ref. K. Fullante)  
Migrants= A.O. 2003-01  
OVC, girl, YMEM/YWOMEN= RA 8504, suspended RPRH  
TG= Citizenship Law (Natural Sex) impedes access to health  
Uniformed Personnel: STI cases get discharged

**Briefly comment on how they pose barriers:**

PLHIV= can't access / utilize coverage for health svcs  
Migrants= contradicts non mandatory guarantee, no access to info  
OVC, girl, YMEM/YWOMEN= minor age no access to VCT and health svcs  
TG= treated as male, even if women's health needs  
Uniformed Personnel:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?

Yes

No

**Briefly describe the content of the policy, law or regulation and the populations included.**

Ref. NCPI 2012= VAWC, Anti-Rape, Sexual Assault

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

Yes

No

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

NCPI 2012



5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

IF YES, briefly describe this mechanism:

Ref.: NCPI 2012

Still lacks central repository structure (PNAC based)

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

	Provided free-of-charge to all people in the country		Provided free-of-charge to some people in the country		Provided, but only at a cost	
Antiretroviral treatment	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
HIV prevention services <sup>18</sup>	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
HIV-related care and support interventions	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

If applicable, which populations have been identified as priority, and for which services?

Free to some: Priority on KAPS  
: Private Sector Payment

OHAT, PHIC: Investment for future need.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

- 7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

Minor Age remains a problem  
Vague for some populations in operations- PWID, prisons, migrant workers

- 8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Focused Intervention packages in AMTP – findings Mid Term Review that needs to improve.  
Migrant Workers= can't be helped by local laws, requirements of foreign countries  
Prisons= without evidence yet

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

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES, briefly describe the content of the policy or law:**

Migrant Worker= required testing GCC / other receiving countries  
BPO's= require testing, not sure if with consequence  
= medical staffing(nurses), required (hospitals)  
BI= applicants for permanent residency  
Workers in Entertainment Establishment= withholding HEALTHCARDS / non-issuance

10. Does the country have the following human rights monitoring and enforcement mechanisms?

- a. *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*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

- b. *Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts*

<input type="radio"/>	
-----------------------	--

Yes

No

**IF YES on any of the above questions, describe some examples:**

CHR  
M&E Plan: Detection of Disc. Access to redress

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

*a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)<sup>19</sup>?*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

*b. Programmes for members of the judiciary and law enforcement<sup>20</sup> on HIV and human rights issues that may come up in the context of their work?*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**12. Are the following legal support services available in the country?**

*a. Legal aid systems for HIV casework*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

*b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?**

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

**IF YES, what types of programmes?**

Programmes for health care workers	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Programmes for the media	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Programmes in the work place	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other [write in]:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
FBO		

<sup>19</sup> Including, for example, Know-your-rights campaigns - campaigns that empower those affected by HIV to know their rights and the laws in context of the epidemic (see UNAIDS Guidance Note: Addressing HIV-related law at National Level, Working Paper, 30 April 2008)





14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area:

Anti-Discrimination CEBU, QC  
HIV Work Place Policies: DFA, CHR, DOT

What challenges remain in this area:

PWID: Dangerous Drugs Acts  
Persons Below 18  
No Evidence for Prison Inmates  
Implementation gaps with SW’s

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

Since 2011, what have been key achievements in this area:

Coverage is PHIC increased

What challenges remain in this area:

GAPS emerging on Work Place Policies – implementations of availing  
PHIC OHAT – confidentiality, disclosure, job security



## PART IV: PREVENTION

### IV. PREVENTION

#### 1. Has the country identified the specific needs for HIV prevention programmes?

Yes	No
-----	----

IF YES, how were these specific needs determined?

Ref: NCPI 2012  
\*AMTP MidTerm Review 2013

IF YES, what are these specific needs?

Need bigger coverage, better quality, MSM & PWID  
Lack of National Awareness Campaigns  
Collaboration in local responses (CSO TA for LGU's)  
Discrimination in HF, WP, Family/HH  
Young people: Capacity, need to involve YKAP  
Community Base weakness (organizing, mobilization)

#### 1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Blood safety	1	2	3	4	N/A
Condom promotion	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school young people	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counseling	1	2	3	4	N/A
IEC <sup>21</sup> on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A



HIV prevention component	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Prevention for people living with HIV	1	2	3	4	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for intimate partners of key populations	1	2	3	4	N/A
Risk reduction for men who have sex with men	1	2	3	4	N/A
Risk reduction for sex workers	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A
Universal precautions in health care settings	1	2	3	4	N/A
Other[write in]:	1	2	3	4	N/A

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?**

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

<p>Since 2011, what have been key achievements in this area:</p> <p>Baseline research on transgender Greater attention on YKAP, Gender-Age mainstreaming Sundown Clinic, HCT Services for MSM</p>
---

<p>What challenges remain in this area:</p> <p>Coverage is low; funding remains low</p>
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## PART V: TREATMENT, CARE AND SUPPORT

### V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?

Yes	No
-----	----

**IF YES, Briefly identify the elements and what has been prioritized:**

ART/OI  
Phil Health  
Counseling as Psychosocial

**Briefly identify how HIV treatment, care and support services are being scaled-up?**

More treatment hubs, SIO's (Counselor, /referrers) \*Hepa-B Vax, CTX, INH  
Utilization PHIC-lab covered (SVC's-CD4)-needs evidence  
Satellite Treatment Hub (SHC's)  
Propose Law amends for psychosocial interventions

- 1.1. To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Antiretroviral therapy	1	2	3	4	N/A
ART for TB patients	1	2	3	4	N/A
Cotrimoxazole prophylaxis in people living with HIV	1	2	3	4	N/A
Early infant diagnosis	1	2	3	4	N/A
HIV care and support in the workplace (including alternative working arrangements)	1	2	3	4	N/A
HIV testing and counselling for people with TB	1	2	3	4	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	1	2	3	4	N/A
Nutritional care	1	2	3	4	N/A
Paediatric AIDS treatment	1	2	3	4	N/A
Post-delivery ART provision to women	1	2	3	4	N/A





HIV treatment, care and support service	The majority of people in need have access to...				
	Strongly disagree	Disagree	Agree	Strongly agree	N/A
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault)	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposures to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A
Sexually transmitted infection management	1	2	3	4	N/A
TB infection control in HIV treatment and care facilities	1	2	3	4	N/A
TB preventive therapy for people living with HIV	1	2	3	4	N/A
TB screening for people living with HIV	1	2	3	4	N/A
Treatment of common HIV-related infections	1	2	3	4	N/A
Other[write in]: Vaccines: Flu, Pneumonia, Hep B	1	2	3	4	N/A

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?**

Very Poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

<p><b>Since 2011, what have been key achievements in this area:</b></p> <p>Free vaccination; improved supply OI meds; 3-in-1 ART</p>
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<p><b>What challenges remain in this area?</b></p> <p>Negative impact to patients with different managements in Treatment Hubs (3 in 1 ART if unstable)</p>
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2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?

Yes	No
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- 2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes	No
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- 2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes	No
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3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013? OVC

Very Poor											Excellent
0	1	2	3	4	5	6	7	8	9	10	

Since 2011, what have been key achievements in this area:

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What challenges remain in this area:

<p>No visible, significant achievements seen.</p> <p>Loss of LUNDUYAN as steward PNAC, CWC (loss of 2 PNAC representative for the youth and sex workers)</p>
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