Philippine National AIDS Council (PNAC)

Scaling Up Towards Universal Access by 2010: A Renewed Commitment to HIV and AIDS Prevention, Treatment, Care and Support

Philippine Country Report
10 March 2006

Supported by

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMTP	AIDS Medium Term Plan
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
ASEP	AIDS Surveillance and Education Project
BCC	Behavior Change Communication
BIMPS	Burma, Indonesia, Malaysia, Philippines, Singapore
BSS	Behavioral Sentinel Surveillance
CBCP	Catholic Bishops Conference of the Philippines
CHD	Centers for Health Development
CHED	Commission on Higher Education
DepEd	Department of Education
DFA	Department of Foreign Affairs
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
FBO	Faith-based organization
FLSW	Freelance sex worker
FSI	Foreign Service Institute
GAA	General Appropriations Act
HACT	HIV/AIDS Core Team
HRG	High-risk groups
HSS	HIV Serologic Surveillance
IDU	Injecting drug users
IHBSS	Integrated HIV Behavioral and Serologic Surveillance System
IRR	Implementing Rules and Regulations
JICA	Japan International Cooperation Agency
LACs	Local AIDS Councils
LGU	Local Government Units
MARP/MARG	Most-at-risk populations/groups
MSM	Men having sex with men
MSTIs	Men at STI clinics
MTPDP	Medium Term Philippine Development Plan
NASPCP	National AIDS and STD Prevention and Control Program
NCR	National Capital Region
NEDA	National Economic Development Authority
OCM	Occupational cohort of men
OFW	Overseas Filipino workers
OIs	Opportunistic infections
OSHC	Occupational Safety and Health Center
OSY	Out-of-school youth
OWWA	Overseas Workers Welfare Administration
PATH	Program for Appropriate Technology in Health
PIP	People in prostitution
PLWHA	People living with HIV/AIDS
PNAC	Philippine National AIDS Council
POEA	Philippine Overseas Employment Administration
RA 8504	Republic Act 8504
RFSW	Registered female sex worker
SACCL	STI/AIDS Central Cooperative Laboratory
SHCs	Social Hygiene Clinics
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VPs	Vulnerable populations
WAD	World AIDS Day
YAFSS	Young Adult Fertility and Sexuality Survey

Acknowledgements

This country report is a product of the collective effort of national partners and stakeholders. The Philippine National AIDS Council (PNAC) would like to especially thank the following:

- Pinoy Plus Association, Inc. (PPAI) and Remedios AIDS Foundation which implemented this project;

- Dr. Jose Narciso Melchor Sescon, who facilitated the consultation workshops and wrote this report;

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- Chair of the UN Theme Group on HIV/AIDS, Dr. Jean-Marc Olivé, and the UNAIDS Country Coordinator Dr. Ma. Elena F. Borromeo, for their continued support and utmost assistance.

Introduction

From late December 2005 to March 2006, the Philippines undertook a series of initiatives to develop its targets and roadmap in line with the global initiative towards "Scaling Up Universal Access to HIV Prevention, Treatment, Care and Support". These include:

- Desk review to map the different prevention, treatment, care and support services available in the Philippines for each of the various most-at-risk and vulnerable groups, and current level of access by each group, and to revisit existing national policies, guidelines and protocols.
- Convening a Technical Working Group, composed of members from various disciplines to draft country-specific targets and roadmap towards Universal Access.
- Conducting a national multisectoral consultation, participated in by representatives of government- national and local, NGOs, people living with HIV, academe and multilateral agencies, to a) refine the draft targets and roadmap; and b) identify obstacles in the field that might hinder the achievement of the targets set.

The target-setting process undertaken highlighted crucial issues in scaling up that have already been identified in previous assessment exercises. These include, among others:

- Limited programme coverage
  - Most-at-risk groups and vulnerable populations still underserved; most remains un-served.
  - Limited access to condom
  - Low level of knowledge even among most-at-risk groups
  - Weak lifeskills education among the in and out-of-school youth
  - Limited ARVs and OI drugs, including pediatric formulation and 2nd line ARV regimen
  - Care and support services limited in a few urban centers
- None or limited baseline data
- HIV/AIDS Monitoring and Evaluation system still in its development stage
- Limited capacity of the Philippine National AIDS Council (PNAC) to lead, monitor and coordinate the national AIDS response
- No strategy to sustained leadership
- Limited engagement of other sectors (faith based organization, private sector)
- Limited financial resources
- Stigma and discrimination against PLWHAs or those suspected to be HIV positive, remains

Nonetheless, with the newly developed Philippine AIDS Medium Term Plan IV for 2005-2010, the Universal Access initiative becomes more relevant and timely as it provides an opportunity to review, refine and cost-out national programme targets and strategies, based on existing country realities.

What does UNIVERSAL ACCESS mean for the Philippines?

In the National Consultation \workshop held last January 2006, stakeholders agreed on the following conceptual definition:

1. Optimal availability and utilization of comprehensive prevention, treatment, care and support information, services and commodities by most-at-risk and vulnerable populations, people living with HIV/AIDS and their affected families and communities, and the general public.
2. Provision of equitable and sustainable information, services and commodities to all those who need them -- most-at-risk and vulnerable populations, people living with HIV/AIDS and their affected families and communities -- and the general public.

Other working definitions agreed upon includes:

1. **Coverage** – optimal availability and utilization
2. **Optimal** - best possible services within available reach
3. **Comprehensive** - refers to the "continuum of care" approach from prevention to treatment, care and support, addressing the totality of a person's physical, emotional, psychological, socio-economic needs
4. **Most-at-risk population** - refers to people in prostitution (PIP), men having sex with men (MSM) and IDU (injecting drug users)
5. **Vulnerable populations** – refers to Overseas Filipino workers (OFW), youth and children.
6. **General public** – refers to other groups/sectors not included in the identified most-at-risk and vulnerable populations.

Part 1: Characteristic of the Philippine National HIV Epidemic

The first AIDS case in the Philippines was reported in 1984. At the end of December 2005, 2,410 HIV and AIDS cases were reported in the Philippines, with the number of new cases increasing annually. *(Table 1)* The Department of Health national HIV/AIDS Registry showed that 1,692 or 70% of the total reported cases were asymptomatic and 718 or 30% were AIDS cases. Two hundred eighty one (281) or 39% of the AIDS cases had already resulted to death at the time of the reporting.[1] The 2005 Consensus Report revealed that there are an estimated 11,168 HIV and AIDS cases in the Philippines.

Table 1. Cumulative HIV and Cases, January 1984 – December 2005

Total Reported HIV and AIDS Cases	1984-1990	1991-1995	1996-2000	2001-2005	Total
Number of new HIV cases	216	493	741	960	2,410
Asymptomatic	147	309	505	731	1,692
AIDS	69	184	236	229	718
Number of deaths	60	80	79	62	281

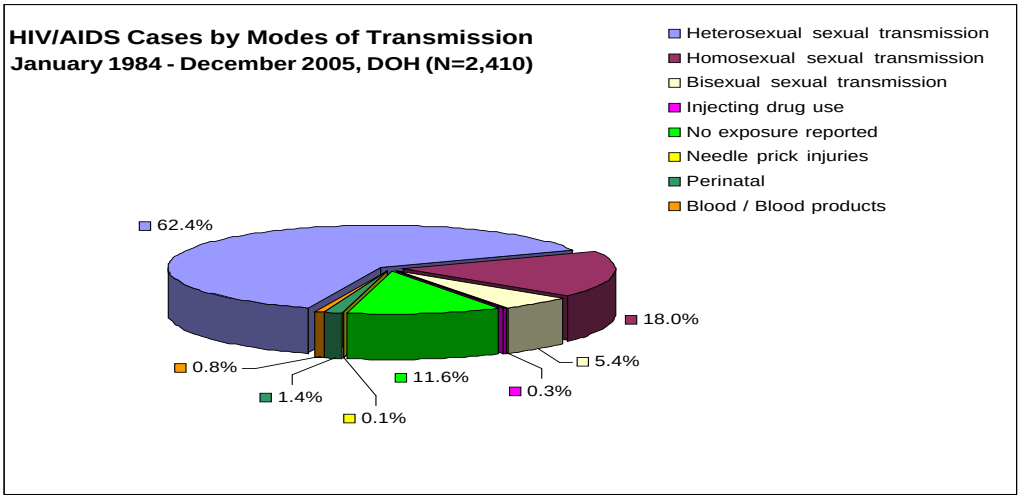
A total of 821 (34%) cases were Overseas Filipino workers (OFW) of which 35% were seafarers.[3] While current reports indicate an increasing trend of HIV infection among OFWs over the past three years, the data on the proportion of infected OFWs over the total number of cases must be treated with caution, since this sector is routinely tested as an employment requirement by host countries or their principal employers. *(Table 2)*

Table 2. Cumulative HIV and AIDS Cases among OFWs, January 1984 – December 2005

Total Reported HIV and AIDS Cases among OFWs	1984-1990	1991-1995	1996-2000	2001-2005	Total
Number of new HIV cases	30	105	239	447	821
Asymptomatic	17	62	178	333	590
AIDS	13	43	61	114	231
Number of deaths	10	22	16	31	79

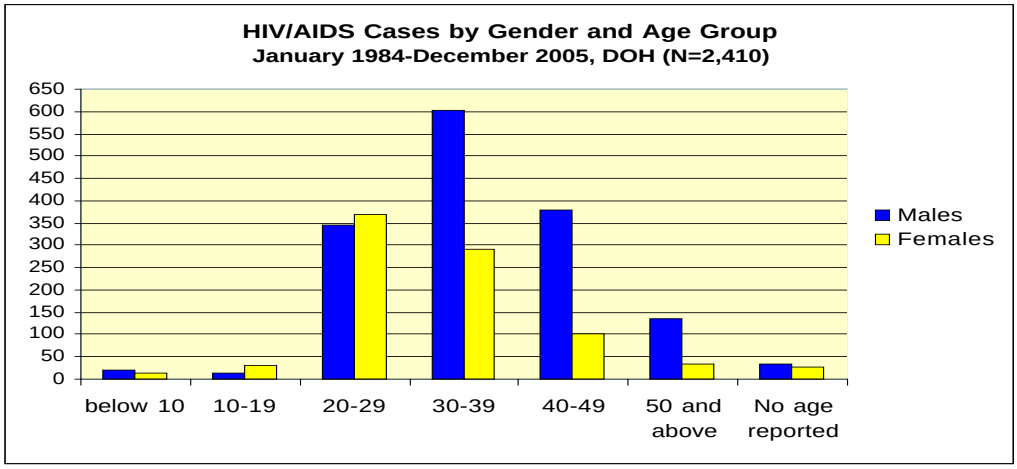
The predominant mode of transmission is still sexual intercourse (86%), with 62% heterosexual, 18% homosexual and 5% bisexual contacts. Thirty three (33) cases were from mother-to-child transmission (MTCT), while 7 cases were reportedly from injecting drug use (IDU).[2] It is important to note that of these IDU cases, 2 were detected in 2005, the first time since 1996. *(Figure 1)*

Figure 1. HIV and AIDS Cases by Modes of Transmission, January 1984 – December 2005



Of the total reported cases, 63% of males and 69% of females were between the ages of 20 to 39. *(Figure 2)*

Figure 2. HIV and AIDS Cases by Age and Gender, January 1984 – December 2005



For the year 2005, the prevalence of HIV infection among Filipino adults (15-49 years old) was 0.03%.[5] Country estimates of the population size and prevalence of HIV infection among high risk groups are presented in the table below. These estimates were derived using the Workbook methodology.[6] What is important to note here is that high risk groups only account for 26% of the total HIV prevalence.[7] *(Table 3)*

Table 3. Population Size and Prevalence Rate by Most-at-risk population (MARP), 2005

Most at risk Populations	Estimates			
	Population size		HIV Prevalence (%)	
	Low	High	Low	High
IDUs	16,000	30,500	0.10	2.90
MSMs	379,799	804,280	0.00	0.39
FSWs	112,354	175,553	0.06	0.34
Male clients of FSWs	280,604	438,444	0.00	0.63
Total	788,757	1,448,777		

The "low and slow" characterization of the HIV and AIDS epidemic in the Philippines in the past, has pushed the issue low in the development agenda. Today, it is widely recognized that the situation may in fact be 'hidden and growing". Factors that are known to accelerate HIV transmission have been widely noted in the country. These include, among others:

- Condom use remains low even among vulnerable groups.
- There is a high rate of sexually-transmitted infections (STI) in both vulnerable groups and the general population, coupled with inadequate access to STI treatment and poor health-seeking behaviour.
- There is increased sexual risk behaviors among adolescents 15-24 years old compared to the levels observed eight years ago, including earlier sexual initiation, unprotected sex, having multiple sexual partners, and paying and/or engaging in paid sex.
- Low level of knowledge on HIV/AIDS among the general population, particularly among the youth.
- There is an emerging problem of intravenous drug users (IDUs), a high percentage of which reportedly share injecting equipment. (80-90 % of IDUs are positive for Hepatitis C)

Part II. Context and Resources of the National Response

The National Response

Wary of the unfolding epidemic in neighboring Thailand in the late 1980's, the Philippines was quick to recognize its own vulnerabilities to HIV/AIDS. Early responses included:

- Creation of the National AIDS and STI Prevention and Control Program (NASPCP) in 1988 within the Department of Health (DOH).
- Issuance of Executive Order No. 39 in 1992 by the President of the Philippines that created the Philippine National AIDS Council (PNAC), a multi-sectoral body tasked to advise the President on policy issues regarding HIV/AIDS. Members of PNAC are government agencies, non-government organizations, professional groups and representatives of people living with HIV/AIDS.
- Establishment of HIV/AIDS Surveillance System established to keep track of the infection and guide program planners and implementers.
- Enactment of Republic Act 8504, or the Philippine AIDS Prevention and Control Act of 1998 by Congress (AIDS Law). The Law mandates the promulgation of policies and prescription of measures for the prevention and control of HIV/AIDS in the Philippines, institutionalization of a nationwide HIV/AIDS information and educational program, establishment of a comprehensive HIV/AIDS monitoring system, and strengthening of PNAC.
- Development of AIDS Medium Term Plans (AMTP) to strategically guide policymakers and programme planners and determine where resources for HIV/AIDS could make the most impact and what strategies and interventions were needed given the prevailing situation.
- Development of Guidelines, Standards and Protocols for reporting, treatment, care and support.
- Piloted community-based interventions, ranging from information dissemination to behaviour change strategies targeted at most at risk groups.
- Building the capacities of health care providers to offer quality prevention, care and support services, and the creation of the HIV/AIDS Core Team (HACT), made up of doctors, nurses, medical technicians and social workers in government-retained hospitals, together with NGOs based in the community.
- Creation of Local AIDS Councils (LACs) in some cities, institutionalizing partnership of Local Government Units (LGU) and NGO at the city level. Local AIDS ordinances including budgetary allocations for STI/HIV/AIDS program were also enacted.
- Development of modules to integrate HIV/AIDS in the school curricula at all levels, including non-formal education. Training of trainors has been conducted on the use of these modules.
- Development of HIV/AIDS Policies in the Workplace by the Department of Labor and Employment (DOLE). A tripartite committee has been formed to ensure full implementation of this policy. The involvement of the *business sector* and *trade unions* facilitate the establishment of HIV/AIDS programs in the workplace.
- Integration of HIV/AIDS and Migration in the curriculum of the Foreign Service Institute (FSI) of the Department of Foreign Affairs (DFA).

Although the early and proactive response to HIV/AIDS has contributed to the low prevalence, the overall momentum in the national HIV/AIDS response has slowed down. Resources for HIV/AIDS prevention, care and support programs have significantly decreased. R.A. 8504 and other policies, guidelines and protocols are yet to be fully disseminated and implemented nationwide, and pilot interventions that have shown promising gains are not sustained or scaled up, some of which have even ceased.

AIDS Financing

Total AIDS spending over the last five years (2000-2004) is estimated at PhP1.4 billion. Spending peaked in 2001 largely because of the huge amounts of resources provided by donor agencies—United States Agency for International Development (USAID) and Japan International Cooperation Agency (JICA). During this year, USAID poured resources leading to the completion of the AIDS Surveillance Education Project (ASEP, 1993-2003). On the other hand, JICA provided funding assistance for infrastructure including the establishment of the STI/AIDS Central Cooperative Laboratory (SACCL) at the San Lazaro Hospital (1993-2001). Total expenditures slowly declined in the succeeding years. *(Figures 3 and 4)*

Figure 3. Total HIV/AIDS spending, 2000-2004 (in thousand Pesos)

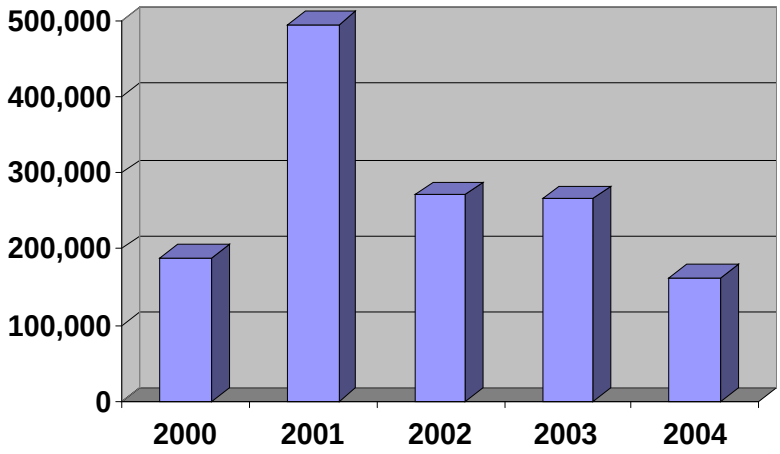
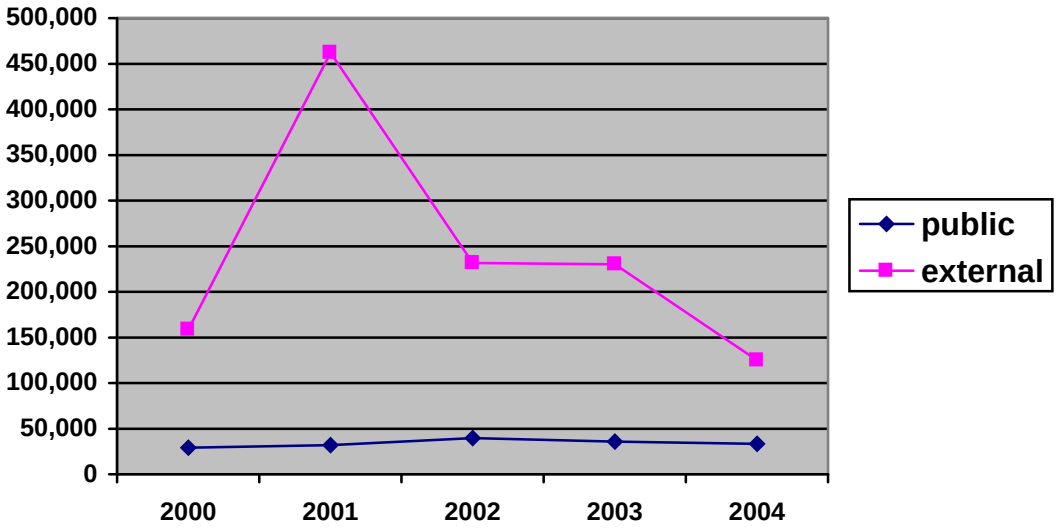
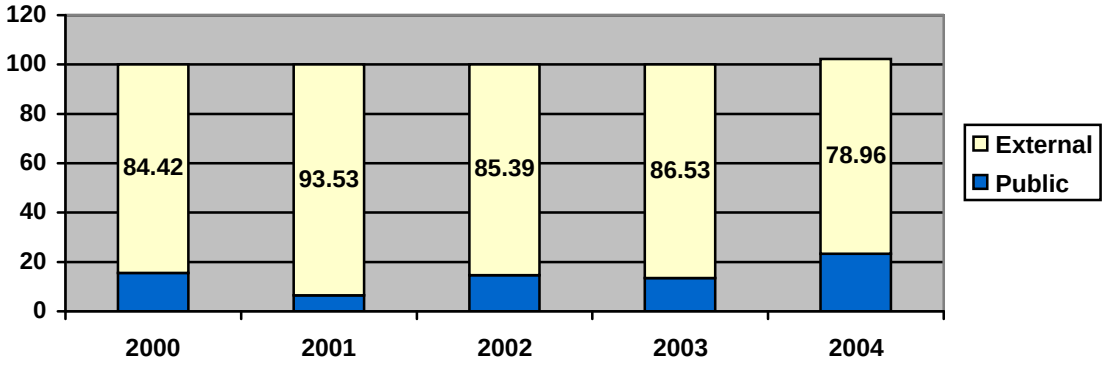


Figure 4. Total HIV/AIDS spending by source, 2000-2004 (in thousand Pesos)



The share of public sector spending on AIDS in the last five years is relatively small (15.58% in 2000, 6.47% in 2001 and 21% in 2004). It should be noted that in recent years, the Philippines has been experiencing fiscal constraints resulting in limited budget appropriations in nearly all government agencies. A large share of total spending therefore came from external sources (84% in 2000, 85% in 2002, and 79% in 2004). *(Figure 5)*

Figure 5. Distribution of spending by source, 2000-2004 (in %)



Public sector sources include national government agencies and the LGUs. National government spending is mainly from the DOH's NASPCP and its Centers for Health Development (CHDs), the PNAC Secretariat, DepEd and DOLE-OHSC, among others. On the other hand, external sources of financing include: USAID, JICA, Joint United Nations Programme on AIDS (UNAIDS), United Nations Population Fund (UNFPA), the German Development Bank (Kreditanstalt fur Wiederafbau or KfW), among others.

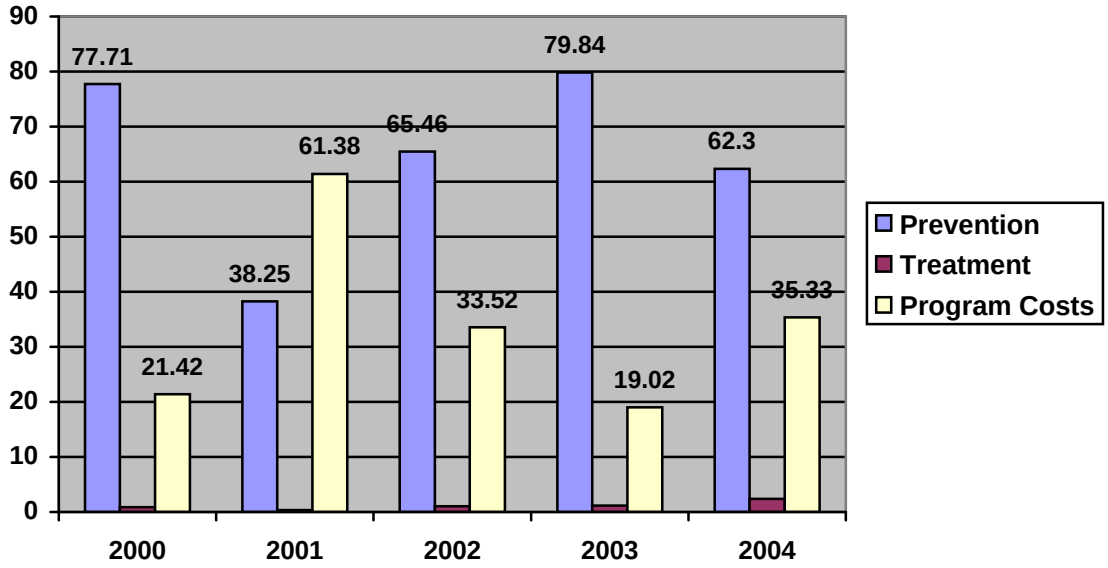
The NGOs usually get funding from external sources as well. In terms of financing agents, more than half of total financing went to non-public agents or NGOs (71% in 2002, 79% in 2003, and 57% in 2004).

With regard to specific activities, resources were poured mostly on prevention activities (77.7% in 2000, 65% in 2002 and 62% in 2004) which include: behavior change initiatives, IEC, condom social marketing, counseling and testing, STD management, among others. *(Figure 6)*

Resources were also spent on program costs, which include: advocacy activities, capability building, monitoring and surveillance, laboratory infrastructure, research, and management costs.

Although the share of spending for treatment is very low, it has been relatively increasing since 2002 (1% in 2002, 1.14% in 2003 and 2.4% in 2004). These services are limited only to laboratory tests, prophylaxis for OIs and treatment of opportunistic infections (OIs). In the past, cost of ARV is usually borne by the AIDS patient. There are however ongoing efforts now to make ARV accessible and affordable.

Figure 6. Distribution of spending by nature, 2000-2004 (in %)



The Philippine AIDS Medium Term Plan IV 2005-2010

The 4th AIDS Medium Term Plan, which is the fundamental basis for setting country-specific targets for Universal Access, has set out the following policy directions for 2005-2010:

1. Efforts must be geared towards the prevention of the further spread of the HIV infection and to reduce the impact of the disease on individuals, families and communities;
2. It must ensure that measures and programs undertaken are responsive to the identified needs of concerned sectors, individuals and groups;
3. Priority must be given to the infected and affected as well as to existing and emerging highly-vulnerable groups, especially those not covered in the AMTP III, which include OFWs, youth, infected and affected children;
4. Quality improvement in the design and implementation of STI/HIV/AIDS interventions must be given due attention. Systems to monitor and measure quality of every intervention must be put in place;
5. **Scaling up and expansion of effective intervention measures must be pursued and given ample resource support;**
6. It shall embody all on-going assisted projects and programs on HIV/AIDS to ensure integration, harmony of purpose and direction and avoid overlaps;
7. It must include mechanisms to ensure a protected level of funding support to pursue its goals and objectives;
8. The implementation, coordination, monitoring and evaluation mechanisms of the AMTP IV should build on existing structures and systems, particularly those provided by the Local Government Code; and,
9. The directions and goals shall be aligned with the vision, goals and purposes of the Medium Term Philippine Development Plan (MTPDP), the Millennium Development Goals (MDGs), UNGASS Declarations, and the Joint Ministerial Statement and other international commitments that are considered applicable to the country.

GOAL

To prevent the further spread of HIV infection and reduce the impact of the disease on individuals, families and communities

OBJECTIVES

1. To increase the proportion of population with risk-free practices;
2. To increase the access of people infected and affected with HIV/AIDS to quality information, treatment, care and support services;
3. To improve accepting attitudes towards people infected and affected by HIV/AIDS; and,
4. To improve the efficiency and quality of management systems in support of HIV/AIDS programs and services.

KEY STRATEGIES

Strategy 1: Scaling-up and quality improvement of preventive interventions targeted to identified highly vulnerable groups (sex workers and their clients, IDUs, MSMs and OFWs)

Strategy 2: Strengthening institutional and general public preventive interventions

Strategy 3: Scaling up and quality improvement of treatment, care and support services for people infected and affected with HIV/AIDS

Strategy 4: Integrate stigma reduction measures in the preventive treatment, care and support services and in the design of management systems

Strategy 5: Strengthening and institutionalization of management systems in support of the delivery of HIV/AIDS information and preventive services

INDICATORS

IMPACT INDICATORS	
GOAL To prevent the further spread of HIV/AIDS infection and reduce the impact of the disease on individuals, families and communities.	HIV prevalence at 1% for MARP and less than 1% for VP and general population 50% decrease in STI prevalence among MARP
OUTCOME INDICATORS	
Objective 1 To increase the proportion of the population with risk-free practices	60% of MARP use condoms correctly and consistently (60% PIPs, 60% MSMs, 40% IDUs, 60% VPs,) 30% increase in the proportion of IDUs with safe injecting practices Maintain at 18 years old the median age of penetrative sexual intercourse among 15-24 years old
Objective 2 To increase the access of people infected and affected by HIV/AIDS to quality information, treatment, care and support services	2.1 Increase proportion of PLWHAs seeking medical treatment 2.2 % increase of families caring for PLWHA members/relatives 2.3 Decrease in the incidence of OI among PLWHAs taking ARVs 2.4 Enhanced capability of affected families of PLWHAs in providing home-based care
Objective 3 To improve accepting attitudes towards people infected and affected by HIV/AIDS	3.1 Decrease in the number of PLWHAs with no community/family support 3.2 % of health providers to have positive attitudes in accepting the PLWHAs 3.3 % of general public with accepting attitudes towards PLWHAs 3.4 % of workplace with accepting attitude towards PLWHAs. 3.5 % general population with accepting attitudes towards PLWHAs (employers – 60%; general public – 50%)
Objective 4 To improve the efficiency and quality of management systems in support of HIV/AIDS programs and services	4.1 Increase in the number of identified risk zones with functional LACs 4.2 Increase in funding support for HIV/AIDS from the national and local government 4.3 Increase in the number of LGUs implementing 100% CUP 4.4 100% of PNAC member agencies are implementing HIV/AIDS program 4.5 100% functional M&E system in place 4.6 100% functional resource tracking system for HIV/AIDS in place

Part III. Measuring Progress Towards Targets

COMPONENT 1. Policy Advocacy and Legal Framework

Obstacles

- Lack of political will of most LGU leaders/officials and/or understanding of HIV/AIDS as a development issue - In a de-centralized system of government, policy decisions including resource allocation and provision of services including health are made by local government executives. HIV/AIDS, therefore, competes with a myriad of issues at the local level and in a low prevalence country where very few cases of HIV and AIDS are recorded and faced with resource-challenged settings, this is a major problem.
- Mobilizing HIV/AIDS support from various agencies and sectors which have not been sustained at the local, sub-national and national levels.
- Private sector support to HIV/AIDS remains very minimal.
- Faith based/religious sector support has yet to be tapped more specifically in terms of HIV/AIDS care and support services.

Actions taken

- With advocacy efforts, putting a human face to HIV /AIDS behind the statistics have helped raised the consciousness of Filipino people to discuss HIV/AIDS. However, sustaining a critical mass of PLWHAs who have "come out" proved to be challenging.
- Some government agencies, especially PNAC member, have adopted and institutionalized HIV/AIDS-related programs within their own agency. Aside from the DOH, DepEd has allocated a separate amount of PHP2.0 million for HIV/AIDS in their annual budget, intended for training module development and reproduction, and training. The Occupational Safety and Health Center (OHSC) has estimated about PHP250,000.00 to finance programs on HIV/AIDS for 2000-2001. Other agencies have given their contributions through the dedication of focal persons and in financing their own transport and travel expenses in attending the various activities of PNAC.
- NGO stakeholders observed that the government agencies tasked to implement their mandates on HIV/AIDS should not depend on PNAC Secretariat funds but must generate from their very own respective agencies budget.[8]
- Conduct of media training/orientation among media practitioners were also done for more sensitive and responsible approach in reporting of HIV/AIDS cases and related issues. Such initiatives have been episodic and it would be more meaningful if engagements have been sustained and not solely dependent on a project/program term.

Roadmap to reach Policy Advocacy and Legal Framework targets by 2010

1) Increase in the number of identified risk zones having functional LAC

Category/ Baseline Data	2006	2007	2008	2009	2010
Functional LACs 5 - ASEP 6 – GFTAM 1 – Bohol 1- Agusan	13 sustained LACs 5 new LACs established	18 sustained LACs 13 new LACs established Revision of Local AIDS ordinance to include treatment, care and support	31 sustained LACs 10 new Local ordinances – integrated treatment, care and support	31 sustained LACs 9 new LACs established	40 sites with functional and sustainable LACs
Review RA 8504 and IRR - Public hearings conducted	Public hearings and consultations conducted Popularize RA 8504 (old)	Public hearings and consultations conducted Initial draft of revised RA 8504 and IRR	Revised RA 8504 and IRR Popularization of revised RA 8504 and IRR		Revised RA 8504 and IRR

Opportunities for Policy Advocacy and Legal Framework to scale up

- The ongoing review of the Philippine AIDS Law provides an opportunity to include the establishment of a functional mechanism to enhance collaboration and/or establish linkages between PNAC and LACs.
- GFTAM 3 (2004-2009) and GFTAM 5 (2007-2012) - The thrust of GFATM Rounds 3 and 5 is to support and empower LGUs to carry on HIV/AIDS Programs. Although there are only few cities/ sites for intervention, this is an opportunity to demonstrate good practices and learning. Whilst resources are available, it is a very timely opportunity to set up the mechanisms and systems for collaboration between national and local stakeholders on HIV/AIDS program interventions. Towards the end of the support, the LGU will take its counterpart share and continue to sustain the initiatives that have been started.
- Strengthen advocacy efforts among LGUs on HIV/AIDS - Ensure mechanism to recognize the achievements of outstanding LGUs on HIV/AIDS by PNAC and other distinguished award giving bodies (e.g., Office of the President, Galing Pook Award of the Department of Interior and Local Government).

COMPONENT 2: Strategic Planning, Alignment and Harmonization

Obstacles

- The Philippines has just developed its AIDS Medium Term Plan (AMTP) IV for the period 2005-2010 but its operational and investment plans have yet to be developed.
- A functional national M&E system for annual reviews and evaluation is still being established
- A feedback mechanism on AMTP IV among key stakeholders has to be institutionalized.

Actions taken so far to address obstacles

- Newly assigned PNAC Secretariat head in place and committed to deliver operational and investment plan by the second quarter of 2006.
- Establishment of an M&E unit at the PNAC Secretariat is currently under discussion.
- Efforts to fully operationalize the national M&E system on HIV/AIDS response is ongoing.

Roadmap to reach Strategic Planning Alignment and Harmonization targets by 2010

Category/ Baseline Data	2006	2007	2008	2009	2010
National AIDS M&E system still on its development stage	Finalization of National M&E system Pilot test of national M&E system	Final testing of the national M&E system Full implementation	Ongoing M&E system Process review/ assessment of National M&E system	Ongoing M&E system	Functional M&E system in place Process review/ assessment of National M&E system
AMTP IV	Development of operational and investment plan	Annual review and implementation of operational and investment plan	Midterm evaluation of AMTP IV	Annual review and implementation of operational and investment plan	Assessment of AMTP IV and development of AMTP V
Research Agenda plan	Review and revise research agenda	Dissemination of research agenda Conduct of special survey on street children under GFTAM 5	Review research agenda	Review research agenda	Special surveys/ studies are conducted to improve HIV programs
Drug resistance study on ARV among PLWHAs	Ongoing study on Drug resistance study on ARV among PLWHAs (new)	Dissemination of the study			Drug resistance study

COMPONENT 3: Sustainable Financing

Obstacles

- Inadequate mechanism for long-term funding and reserve mechanism
- Need to refine the initially identified funding needs for AMTP IV.
- No national financial system for the National AIDS account to track HIV/AIDS related program disbursements
- No resource mobilization plan for AMTP IV
- Lack of capacity of PNAC on resource tracking
- Inadequate funding for treatment, care and support services. Funding for these have been limited to laboratory tests, prophylaxis for Opportunistic Infections (OIs) and treatment of OIs. Cost of ARV is usually borne by the AIDS patient, although there is now a growing movement to provide it for free. Overall, the country's total HIV/AIDS spending over the last five years (2000-2004) showed an erratic trend, peaking in 2001 (PHP 493,918 or USD 9,687), and declining in the years that followed (2004 PHP 158,313 or USD 2825).

Action taken so far to address obstacles

- Newly assigned PNAC Secretariat head with dedication and commitment to endorse NASA system.
- Efforts are ongoing to make ARVs accessible and affordable. Under the GFATM Round 3 project, ARVS are provided for free.

Roadmap to reach Sustainable Financing target for 2010

1) Develop resource tracking system HIV/AIDS

Category/ Baseline Data	2006	2007	2008	2009	2010
No resource tracking system for HIV/AIDS	Organize a PNAC Finance committee				
National AIDS Spending Assessment (NASA) report conducted by NEDA	Develop resource tracking system	Identify issues/ gaps in running resource tracking system	Midterm review of resource tracking system as part of Midterm evaluation of AMTP IV	Identify issues/ gaps in running resource tracking system	Final analysis of resource tracking as part of Final evaluation of AMTP IV
	NASA report reviewed and recommended to PNAC for adoption	NASA report updated	NASA report updated	NASA report updated	NASA report updated
AMTP IV	Develop investment plan	Annual review and implementation of investment plan	Midterm evaluation of AMTP IV	Annual review and implementation of investment plan	Assessment of AMTP IV and development of AMTP V

Opportunities for Sustainable Financing to scale up

- Gender and Development (GAD) funds, Countrywide Development Funds (CDF) and Internal Revenue Allotment (IRA) of the local government units. - These are potential fund sources for HIV/AIDS programs that have not been optimized. For LGUs, there is an annual 5% GAD allocation as approved by law to be used for gender responsive programmes. Unfortunately, most of the LGU have limited knowledge on how these funds can be fully utilized. A lot of advocacy work on HIV/AIDS on how to use GAD budget has to be done. Approximately PHP 50 million in CDF are allocated to each legislator for their priority projects. These are funds that can also be tapped for AIDS programs at the local level.
- External donor support for condom - Increased Contraceptive Self reliance (CSR) is a strategy currently being explored wherein LGUs will have to set up their own procurement/supply chain mechanism. This mechanism can be optimized to ensure adequate support for condoms as well as ARV commodities.

COMPONENT 4: Human Resources

Obstacles

- "Brain drain" of health professionals (medical doctors, nurses, midwives) who go abroad either as permanent residents or migrant workers resulted to the need to constantly train STI and AIDS health service providers. This not only increases programme cost in capacity building, it has also kept inadequate the quality of services.

Action taken so far to address obstacles

- Although different options have been explored in various national fora (e.g., levy asked from receiving counties, bilateral agreements between the Philippines and receiving countries), no concrete action has been taken to date.

Roadmap to reach Human Resources target for 2010

- Since HIV/AIDS is a specialized field, continuous capacity building among skilled health professionals should be institutionalized. It is important to invest in capacity building initiatives to ensure the best quality medical and psychosocial services for PLWHAs.
- Broadening the human resource base also entails building the capacity of community workers and families of PLWHAs. Since the Philippines is experiencing "brain drain" among health professionals, other alternatives to increase human resources for HIV/AIDS services should be explored.

COMPONENT 5: Organization and Systems

Obstacles

- The PNAC is central in lobbying, assisting and coordinating the integration of HIV/AIDS prevention and control programmes within among government agencies. However:
  - PNAC secretariat remains to be mainly driven by health/medical staff, thus further losing the advantage of a multi-disciplinary, multisectoral body that a national HIV/AIDS response requires. Some agencies (e.g., DILG, PIA, DOLE, NEDA, DSWD) have assigned staff to work on HIV/AIDS initiatives within their own agencies and have participated in PNAC-sponsored activities, but this does not address the staffing needs of the PNAC Secretariat.[14]
  - PNAC has been strong in policy formulation but low in results delivery and accountability. There is confusion on its mandate, roles and responsibility (e.g., coordination versus implementation, PNAC Secretariat activities versus DOH programmes). [15]
  - Feedback mechanism within PNAC and between PNAC and NGOs, LGUs and other stakeholders is weak. Submission of accomplishment reports by member agencies on HIV/AIDS is not a regular practice. Moreover, submission of PNAC annual report to the President of the Philippines, as provided for in the AIDS Law, have been absent for the past 8 years. (Last report was in 1998)
- Inefficient use of resources earmarked and released to support PNAC Secretariat functioning

Action taken so far to address obstacles

- PNAC needs to discuss AMTP IV operational and investment plan by the 2nd quarter of 2006 and this will be timely to revisit existing PNAC structure and mechanisms.

Roadmap to reach Organization and systems target for 2010

Category/ Baseline Data	2006	2007	2008	2009	2010
PNAC structure and organization	Different committees reorganized PNAC and its secretariat strengthened Advocacy, operational and investment plans developed LACs established	Sustain capacity building efforts for PNAC and its secretariat Review of Advocacy and operational investment plan	Review of PNAC structure organization and functionality of the system	Enhanced PNAC structure organization and improved systems	Strengthened PNAC structure organization
10 HIV Surveillance system in place 11 sites under GFTAM 3 undertook IHBSS in 2005 for baseline purposes (next will be 2009 at	HIV surveillance system in place – 10 sites	Sustained 10 sites GFTAM 5 : Additional 15 sites for IHBSS for baseline purposes (next will be 2011 at the end of the	Sustained 10 sites HIV surveillance system in place – 36 sites Budget line item under GAA (DOH)	Sustained 10 sites	Sustained HIV surveillance system in 10 sites Adhoc surveys using rapid methodology conducted among risk groups (Note: to

the end of the project)		project)	established for surveillance activities.		expand sites and be conducted yearly among IDU, MSM and other emerging vulnerable populations) ** LGU supporting HIV surveillance (with corresponding fund/resource allocation)

COMPONENT 6: Infrastructure

Obstacles

- Some LGUs still lack logistic capability to deliver decentralized functions to improve health service delivery, including HIV/AIDS.
- Actual provision of pre and post test counseling as required by law has not been fully complied with since this is seen as an added burden as it requires time and trained staff. Protocols for testing are not widely disseminated, resulting in violation of rights related to confidentiality.

Action being taken

- Available facilities are currently being upgraded to support HIV/AIDS programs. Currently there are about 500 accredited laboratories capable of providing HIV testing services; 75% of these laboratories are privately run serving the majority of OFWs undergoing HIV testing as a requirement for employment, as well as blood banks around the country. The remaining 25% are located at public hospitals and social hygiene clinics in 10 priority sites (formerly the ASEP sites).
- There are 11 functional LACs and all of them have budget allocations from their LGUs for operations. Almost all cities in the Philippines have social hygiene clinics where STIs can be detected and treated. Public regional, provincial and city hospitals take care of treatment while municipal health centers serves as primary health care stations.
- Currently, two hospitals – Research Institute for Tropical Medicine and San Lazaro Hospital -- are the major referral hospitals for HIV/AIDS treatment including viral load and CD4 counts. The STD/AIDS Cooperative Central laboratory (SACCL) is the national reference center for HIV testing. Fifty six (56) retained government hospitals already have HACT. Under the GFATM Round 3 Project, 6 treatment hubs have been upgraded and supported to deliver care and support services nationwide. PNAC has developed standard operating procedures which include clinical guidelines on the management of HIV/ AIDS in hospitals.

Roadmap to reach Infrastructure target for 2010

Category/ Baseline Data	2006	2007	2008	2009	2010
Limited functional VCT	Baseline assessment and VCT capacity building in 11 sites (GFTAM) Accreditation of SHC laboratories as VCT facilities	11 VCT proficient SHCs/ treatment hubs	Sustained SHC VCT sites/ treatment hubs	Sustained SHC VCT sites/ treatment hubs	# of Efficient and operational SHC VCT centers are available and accessible
Existing policy and regulatory mechanism for STI facilities and services	Review of policy and regulatory mechanism for STI facilities and services	Enhance regulatory mechanism for STI facilities and services	Implement policy and regulatory mechanism for STI facilities and services	Implement policy and regulatory mechanism for STI facilities and services	Institutionaliza-tion of policy and regulatory mechanism for STI services # of Improved operations of SHCs in the Philippines
6 identified treatment, care and support	6 (GFTAM 3)	7 (GFTAM 5)	Maintained at 7	Maintained at 7	7 treatment care and support hubs that is

hubs in the Philippines					efficient and operational.
2 clinics/ laboratories with CD4 count machine		Additional 1 clinic/lab with CD4 count machine		Additional 1 clinic/lab with CD4 count machine	Increase in the number of clinics/ laboratories with CD4 count machine

COMPONENT 7: Partnerships

Obstacles

- Engagement of religious sector, the private sector/ business and media remains weak.
- In a de-centralized set-up, there is a pressing need to support the strengthening of local mechanisms and facilities to accelerate the local response on AIDS.

Actions being taken

- Several initiatives were undertaken to establish local partnerships for HIV/AIDS, among which are: PNAC with DILG provide technical assistance to selected LGUs (PNAC 'risk zones"). NGOs have laid down partnership with the LGUs to localize HIV/AIDS responses (ASEP project sites).
- Government agencies like OSHC-DOLE and a few NGOs have engaged with the private sector to develop AIDS in the workplace programmes.
- Faith-based organization like Caritas Manila, Daughters of Charity, Precious Jewels Ministry (PJM), Salvation Army (SA), Order of Malta and others, are currently focusing on care and support programmes. An Interfaith AIDS Network was recently created, through the AIDS Society of the Philippines.

Roadmap to reach Partnership targets for 2010

Category/ Baseline Data	2006	2007	2008	2009	2010
Partnerships with faith based organization (FBOs) Interfaith AIDS network in place Catholic Bishops Conference of the Philippines (CBCP) issued pastoral letter for World AIDS Day	Partnership of FBOs with PNAC. Capacity building of Catholic institutions in HIV/AIDS programs Caritas Manila AIDS desk strengthened. CBCP issuance of pastoral letters during Candlelight Memorial and WAD	Catholic institutions implementing HIV/AIDS programs Caritas Manila AIDS desk strengthened. CBCP issuance pastoral letters during Candlelight Memorial and WAD	CBCP issuance pastoral letters during Candlelight Memorial and WAD	Possible membership of FBO to PNAC. CBCP issuance pastoral letters during Candlelight Memorial and WAD	Number as Faith Based Organizations (FBOs) partners in HIV/AIDS prevention Stronger partnerships with FBOs CBCP issuance pastoral letters during Candlelight Memorial and WAD
Partnerships with the business sector "Business and the MDGs" CEO Champions identified	CEO forum conducted Partnership of business sector with PNAC.	Strengthen partnerships with the business sector.	Strengthen partnerships with the business sector	Possible membership of private sector to PNAC.	Number of companies implementing AIDS in the workplace program Business establishments supporting HIV/AIDS programs as part of Corporate

					Social Responsibility (CSR)
Partnerships with positive communities	Increase involvement of PLWHAs/family members in national AIDS response	Increase involvement of PLWHAs/family members in national AIDS response	Increase involvement of PLWHAs/family members in national AIDS response	Increase involvement of PLWHAs/family members in national AIDS response	Number of positives (client/ families) as partners in HIV/AIDS program

COMPONENT 8: Prevention

Obstacles

- The implementation of the STI prevention and control program has been intensified. Various milestones in HIV/AIDS prevention education were undertaken. Through the DOH-supported ASEP (1993-2003), various outreach programs utilizing the BCC approach spearheaded by NGOs proved to be very effective in reaching most at risk groups. Although current responses have been adequate in scope, they remain inadequate in terms of coverage (i.e., numerous prevention programs are undertaken nationwide but limited in reach). Some are still in pilot/developmental stages, others are delayed, and issues on sustainability remain to be a colossal challenge. Thus, prevention initiatives are lagging behind.
- None or inadequate baseline data of populations at risk to base realistic targets; inadequate information on religious and cultural barriers to prevention
- No available institutional mechanisms for wide-scale and sustained information dissemination
- No policy and program on harm reduction targeting injecting drug users (IDUs)

Actions taken so far to address obstacles

- Training/capacity building efforts have been further strengthened to accelerate prevention efforts: service providers such as HACT trained on comprehensive and syndromic STI management; labor sector trained through OSHC on HIV/AIDS appreciation courses; basic AIDS and STI orientation for men and women in uniform; training of DepEd Subject Area Supervisors at the district and division (provincial or city) levels; social workers handling communities and families trained on HIV prevention counseling as well as care and support; mainstreaming HIV/AIDS into counseling and pre-departure services are conducted among OFWs.
- A training module has been developed on migration, mobility and HIV/AIDS for the Foreign Service Institute (FSI) personnel deployed abroad, and representatives from Overseas Workers Welfare Administration (OWWA), the Philippine Overseas Employment Administration (POEA), DSWD and DOH.

Prevention target for 2010

Prevention Targets by 2010:

1.1	Correct and consistent condom use: PIPs - 60%; MSMs - 60%; IDUs - 40%; VPs - 60%
1.2	30% increase in the proportion of IDUs with safe injecting practices
1.3	50% decrease in STI prevalence among MARP and VPs
1.4	Maintain at 18 years old the median age of first penetrative sexual intercourse among 15-24 yrs. old
1.5	MARP who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV: IDUs - 80%; OSYs - 80%; Others - 100%
1.6	% of general population with accepting attitudes towards PLWHAs: employers - 60%; general public - 50%

Roadmap to reach Prevention targets for 2010

Category/ Baseline Data	2006	2007	2008	2009	2010
HIV/AIDS Behavior Change Communication (BCC) program Capacity building of LGUs on BCC	HIV/AIDS BCC communications plan drafted BCC program implemented and expanded to other sites Strengthen capacity building of LGUs on BCC	Strengthen capacity building of LGUs on BCC	Midterm review of HIV/AIDS BCC communications plan Strengthen capacity building of LGUs on BCC	Annual review of HIV/AIDS BCC communications plan Strengthen capacity building of LGUs on BCC	HIV/AIDS BCC program in place
Targeted intervention for MARPs	Sustain targeted intervention for IDUs - Cebu, Zamboanga and Gen Santos National Policy on Harm Reduction developed	Expansion sites identified (as needed)	Harm Reduction program sustained	Harm Reduction program sustained	Enabling and supportive environment for IDUs
	Targeted intervention for MSM, PIPs in identified risk sites	Expansion sites identified (as needed)	Sustained program targeting MARP	Sustained program targeting MARP	Enabling and supportive environment for MSMs, PIPs
Institutionalize DepEd integration of HIV/AIDS in curriculum	TOT of teachers on the HIV/AIDS curriculum. Lobby for the inclusion of HIV/AIDS and related issues as a major subject in the Teacher Education curriculum – to be reflected in the revised RA 8504.	Review DepEd HIV/AIDS curriculum Lobby for the Inclusion of HIV/AIDS and related issues as a major subject in the Teacher Education curriculum	TOT of teachers on the revised HIV/AIDS curriculum.		Full integration of HIV/AIDS in curriculum of DepEd Inclusion of HIV/AIDS and related issues as major subject in the Teacher Education curriculum.
Institutionalize integration of HIV/AIDS and related issues as a major subject in CHED -- College of Education, medical schools and maritime schools	TOT of teachers/ guidance counselors on the HIV/AIDS curriculum Lobby for the inclusion of HIV/AIDS and related issues in the Teacher Education curriculum, medical and maritime school curriculum	Review CHED HIV/AIDS curriculum Lobby for the Inclusion of HIV/AIDS and related issues in the Teacher Education curriculum, medical and maritime school curriculum	TOT of teachers/ guidance counselors on the revised HIV/AIDS curriculum.		Full integration of HIV/AIDS in curriculum of DepEd, College of Medicine, and maritime schools Inclusion of HIV/AIDS and related issues in the Teacher Education curriculum, Medical and Maritime school curriculum

COMPONENT 9: Care, Support and Treatment

Obstacles

- There is a need to popularize the availability of low cost ARVs in the country. Through the GFATM Round 3 project, the country was able to secure first-line ARV regimen.
- There is also a need to procure second-line regimen.
- There are no available pediatric ARVs.
- No baseline data on children needing ARV.
- Limited laboratory/diagnostic service facilities that offer viral load and CD4 count to support monitoring of people under ARV treatment.
- PLWHAs still fear seeking services because of stigma and discrimination
- The capability of private hospitals to manage PLWHAs (ARV and OI management) is also inadequate since HIV/AIDS training has mainly targeted public hospital medical staff.
- No baseline data on families of PLWHAs as caregivers.

Actions taken so far to address obstacles

- Currently there are 6 hubs for treatment, care and support services nationwide. Monitoring of outputs and impact can be carried out.
- Ongoing capacity building initiatives are conducted among health care professionals. HACT have been organized in regional and government-retained hospitals but most are not functioning either due to fast turnover of staff (especially those going abroad) or because the patients themselves prefer to go to another areas where they are not identified.
- NGO partners for care and support provide additional technical assistance through the conduct of home-based care trainings among community workers/volunteers and affected family members.
- Incorporation of ARV drugs in the National Drug Formulary, development of care and support manuals as well as capacity building for social workers on care and support.

Roadmap to reach Care, Support and Treatment targets for 2010

1) Proportion of PLWHAs seeking medical treatment among adults and children (or % coverage of PLWHAs needing ARV are on ARV)

Category/ Baseline Data	2006	2007	2008	2009	2010
140 adult PLWHAs on ARV (67 are on 1st line regimen) *Note: coverage is dependent on of number PLWHAs needing ARV*	160 (cumulative) 100% coverage of PLWHA needing ARV	180 (cumulative) 100% coverage of PLWHA needing ARV	200 (cumulative) 100% coverage of PLWHA needing ARV	220 (cumulative) 100% coverage of PLWHA needing ARV	240 (cumulative) 100% coverage of PLWHA needing ARV
Availability of Pediatric ARV formulation for children needing ARV	100% coverage	100% coverage	100% coverage	100% coverage	100% coverage

Note: Additional 20 PLWHAs needing ARV are added every year until it reaches 240 PLWHAs
Children needing ARV should be 100% covered.

2) % increase of families caring for PLWHA members/relatives

Category/ Baseline Data	2006	2007	2008	2009	2010
Baseline on # of families providing care and support	5% of families providing care and support to PLWHA relative	10% of families providing care and support to PLWHA relative	20% of families providing care and support to PLWHA relative	30% of families providing care and support to PLWHA relative	40% of families providing care and support to PLWHA relative

3) Decrease in the incidence of OIs among PLWHA taking ARVs

Category/ Baseline Data	2006	2007	2008	2009	2010
Monitor OIs among PLWHAs taking ARVs	Baseline research conducted among PLWHAs with OIs taking ARVs	10% decrease from baseline	10% decrease from previous year Review Guidelines on ARV management protocols	10% decrease from previous year	X % decrease from the baseline of PLWHAs with OIs taking ARVs
Treatment of OIs among PLWHAs (eg. TB)	Baseline research conducted among PLWHAs having OIs	10% decrease from baseline	10% decrease from previous year Review Guidelines on OI management protocols	10% decrease from previous year	X % decrease in the incidence of OIs among PLWHAs from the baseline

4) Enhanced capability of affected families of PLWHAs to provide home- based care

Category/ Baseline Data	2006	2007	2008	2009	2010
Limited Capacity of families providing home based care (HBC) Home Based Care (HBC) training among families Manual developed on HBC	Capacity building among families on HBC	Capacity building among families on HBC in expanded sites	Assess impact of training provided among families	Integrate inputs from the review obtained from HBC.	Established networks of families trained on HBC

Opportunities for Treatment, Care and Support to scale up

- In addition to the GFATM Round 3 project which provides ARVs for free, another mechanism to look into is the DOH through Pharma 50 initiative, where drugs are sold at affordable prices. Through this initiative, second-line regimen can be sourced.
- The DOH has allocated PhP 20 million for the procurement of ARVs in 2005. There is a need to lobby for the continued allocation for ARV procurement by the DOH.
- The DSWD and Lunduyan Foundation (NGO) are developing livelihood schemes for PLWHAs.
- Need to look at how the Philippine Health Insurance (Phil Health) can include HIV/AIDS in its health coverage.
- Opportunity for networking and strengthening referral of cases to enhance care and support.

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Part IV. Regional and Global Actions to Address Identified Obstacles to Universal Access at Country Level

Along with identifying critical action at country level to scale up the national AIDS response, several issues/challenges identified may best be addressed at the regional level through regional platforms such as the Association of Southeast Asian Nations (ASEAN).

REGIONAL LEVEL

a) Review of various legislation and policies of all ASEAN member countries that affect issues related to :
   - Mandatory HIV testing as requirement for overseas employment
   - Discrimination (perceived or actual) on the basis of HIV status
   - Risks and vulnerabilities in the context of sex work and drug use
   - Risks and vulnerabilities in the context of migration. ASEAN members need to review their respective policies and regulatory mechanisms and develop sound strategies that support HIV vulnerability reduction for both its citizens and migrant workers. Areas or priority are the Greater Mekong Subregion and the "BIMPS" (Burma, Indonesia, Malaysia Philippines and Singapore) countries.
   - "Brain drain" of health workers that leave a dearth in service providers trained in HIV/AIDS services.

b) Establish an HIV/AIDS Early Warning Rapid Response System regionally to ensure analysis of emerging issues affecting mobility and other developmental concerns.

c) Ensure scaling up access to ARV treatment among PLWHAs through inter-country mechanisms or partnerships (e.g., the ASEAN Working group on Technical Cooperation on Pharmaceuticals or the ASEAN Economic Community commitments to Trade in Goods):
   - to further analyze the impact of existing regulations and guidelines for purchasing and producing generic drugs vis-à-vis the Trade-Related Intellectual Property Rights (TRIPS) Agreement
   - to continuously work together to find better ways to obtain or produce affordable ARVs, medicines for opportunistic infections and testing reagents.

GLOBAL LEVEL

a) Resource Mobilization, including ensuring that commitments for HIV/AIDS contributions to the GFATM are fulfilled.

b) Diversify ARV drug regimen donor funding support to ensure that a greater PLWHA majority needing ARV will be able to access other types of ARV life saving drugs.

c) Ensure availability and provision of second line and pediatric ARV drug regimen.

ENDNOTES

[1] HIV/AIDS Registry National HIV Sentinel Surveillance System (NHSS) December 2005

[2] Ibid.

[3] Ibid.

[4] 2005 HIV Estimates in the Philippines Executive Summary p. 3

[5] 2005 HIV Estimates in the Philippines, DOH

[6] Workbook method is a mathematical modeling technique that can be used in estimating the number of HIV infected persons in the entire country. This method relies on estimates of the current size of populations exposed to specific risks and the prevalence of infection within these populations.

[7]Ibid.

[8]Avila, Rudyard III Review of the Effectiveness and Impact of Philippine Legislation in the HIV/AIDS Arena Focus on RA 8504 and its IRR August 2005

[9] Assessment AMTP III 2000-2004 PNAC p. 37

[10] Ibid.

[11]Policy and Advocacy Efforts for HIV and AIDS Prevention The AIDS Surveillance and Education Project Experiences in the Philippines PATH USAID DOH August 2003 p. 18

[12] National AIDS Spending Assessment NEDA 2005 p.11

[13] Assessment AMTP III 2000-2004 PNAC p. 66

[14] Avila, Rudyard III Review of the Effectiveness and Impact of Philippine Legislation in the HIV/AIDS Arena Focus on RA 8504 and its IRR August 2005 p. 33

[15] Ibid.