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Financial and Performance Reporting 2010-2011

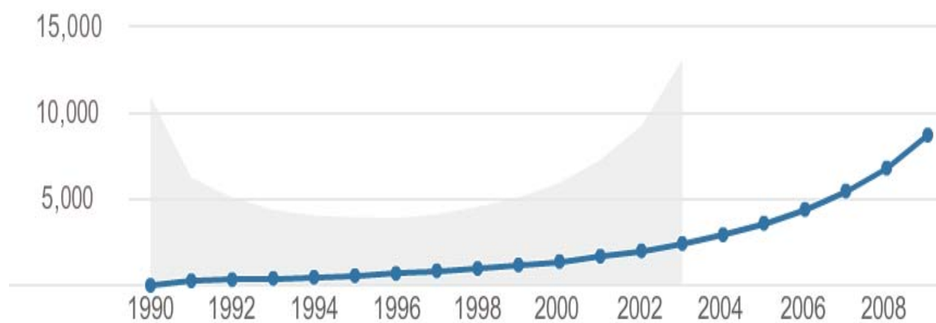
Country Case Study: The Philippines

Key HIV and AIDS information for the Philippines
(Source: UNAIDS Global Report 2010)

HIV and AIDS Estimates

- Number of people living with HIV: 8,700
- Adults aged 15 to 49 prevalence rate : <0.1%
- Adults aged 15 and up living with HIV: 8,600
- Women aged 15 and up living with HIV: 2,600
- Children aged 0 to 14 living with HIV: <100
- Deaths due to AIDS: <200
- New infections: 2,100

Number of people living with HIV from 1990-2009



Funding

Total amounts $10.4 million of which:

- GFATM grants: 63.9%
- PEPFAR funds: not applicable
- Philippine Government: 16.2%
- Bilaterals: 7.3%
- UN: 11.7%
- Others: 0.9%

UNAIDS Programme-wide staff capacity in-country 2010

- Full-time staff working on HIV**:** 10 (*UNAIDS Secretariat: 4, UNDP: 2, UNFPA: 1, UNICEF: 1, WHO: 1, ILO: 1 as of Nov 2010*)
- Part-time staff working on HIV**:** 7 (*ILO: 1, IOM: 1; UNESCO: 1, UNHCR: 1, WB: 1, UN Habitat: 1, UN Coordination Office: 1*)

INTRODUCTION

1. This case study highlights how the ten UNAIDS Cosponsors and the Secretariat have worked together and how they have financed their joint work and activities at country level. The Joint UN Team and Joint UN Programme of Support on AIDS have provided a suitable structure for agencies to “Deliver as One”. While financial tracking of Unified Budget Workplan (UBW) funds has been an issue at the country level, the application of the Unified Budget, Results and Accountability Framework (UBRAF) is a tool to address this with the establishment of a more systematic approach to monitoring the funding for joint UN activities.

BACKGROUND

2. Until very recently, the HIV epidemic in the Philippines was described as “low and slow”. This has perplexed many experts, given documented widespread risky behaviours, the lowest reported rates of condom use in Asia, and relatively high prevalence of sexually transmitted infections. Of late, however, passive surveillance has seen a doubling of new reported cases of HIV from 800 (2009) to just below 1,600 in 2010[1]. Indeed, since 2007, the Department of Health has recorded a doubling of reported HIV infections every year. Sexual transmission still accounts for the great majority of new infections (nearly 90%); however, while heterosexual transmission had been the dominant mode of transmission, since 2006 homosexual and bisexual contacts have begun to predominate, accounting for 65% of all new infections in 2008[2]. Males represent three quarters of all reported cases.[3] From 1984 to 2009, young people made up the most number of cases: 20 to 24 yrs (15%), 25 to 29 yrs (23%), 30 to 34 yrs (20%), and 35 to 39 yrs (16%). Seventy-three percent (73%) were males.[4]

3. With a population of close to 100 million and one of the highest population growth rates in Asia (2.4% per year), HIV prevalence is still low at <0.1% for the overall adult population, but prevalence is higher in key populations at higher risk of HIV infection, for example estimates of around 1.6% among MSM in the Manila Metropolitan area[5]. Until last year HIV prevalence among IDUs has remained relatively low at around 0.2%[6] but, even though the estimated IDU population in the Philippines is significantly lower than in other Southeast Asian countries, there have been concerns about the overlap with other key populations at higher risk of HIV infection and subsequent bridging into the general population. In this context, more recent reports from Cebu city, where one in three IDUs have tested HIV positive, have given reason for concern. At the same time, there is growing evidence that casual heterosexual activity among young people, as they make up the largest group of the infected, has been increasing, especially in the Manila area with a changing socio-economic environment and new employment opportunities attracting more and more young professionals. The Philippines is also one of the few countries world-wide that has reported an increase of 25% or more in new cases during the period 2001-2009, in stark contrast to the

[1] Philippines DOH National Epidemiology Centre
[2] Joint UN Programme of Support for AIDS, Philippines, June 2009
[3] UNGASS Philippines Country Progress Report and DOH, 2010
[4] UNGASS Philippines Country Progress Report, 2010
[5] 2009 Integrated HIV Behavioural and Serologic Surveillance (IHBSS)
[6] UNGASS Philippines Country Progress Report, 2010

general global trend that indicates stabilising or decreasing numbers of new infections.[7] Altogether, these trends have undoubtedly created a strong sense of urgency to respond more vigorously and strategically to what is now perceived as a growing problem.

4. The Philippines legislated against mandatory testing and discrimination at work in 1998. The law spells out the full protection of the human rights and civil liberties of people living with HIV (PLHIV) and the need to address conditions that increase the risk of HIV infection including "*but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance*"[8]. The country has recently finalized its 5th AIDS Medium Term Plan for 2011-16 (AMTP 5). One key obstacle to the AIDS response seems to be the weak capacity and leadership within the Philippine National AIDS Council (PNAC)[9], as well as lack of financial and human resources. The Philippines continue to rely to a significant degree on external sources to fund the AIDS response. Thus, the 2008 National AIDS Spending Assessment shows 80% of the funding to be from external sources.[10] The single largest source since 2004 has been the Global Fund, which has approved grants of US$ 30 million to date. Despite the availability of funding (Global Fund, USAID, EU, ADB and UN), the coverage of programmes for population in need was estimated to be less than 30% as recently as in 2008.[11] This may be explained by a lack of "evidence base for responses", as described in the Mid-Term Assessment of the 4th AIDS Medium Term Plan (2008). As stated in the report, *"The targets have been fixed in percentages and the denominators based on estimates done recently, which are reportedly very different from field reality. It is necessary to undergo a country wide estimation exercise particularly for the MARPs and for selected vulnerable groups. This has been planned as part of the research agenda and it is important to note that this activity should be top priority. Without estimates, in a low prevalent country, vulnerability cannot be established. Without this information, the program gaps, the need and the funding cannot be ascertained."*[12]

5. Given the great diversity of "local epidemics" across the archipelago, the challenge will be to mount responses that take those specificities into account and target key populations at higher risk as well as the most vulnerable situations, geographic and otherwise. It means in particular working with and through local government authorities and with provincial and district community leadership and grassroots organizations. Hence all stakeholders do not only want to see a robust NAC, but also effective mechanisms at decentralised level.

JOINT TEAM AND JOINT PROGRAMME OF SUPPORT

6. UN leadership on AIDS, including from the Resident Coordinator (RC) and the UN Country Team (UNCT), is largely recognised and much appreciated by government and civil society partners. In addition to the Joint Team on AIDS (JTA)[13], there is a UN Theme Group (UNTG), made up of the Heads of Agencies, to provide further

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[7] UNAIDS Global Report, 2010
[8] Republic Act 8504, Section 2 – Declaration of Policies
[9] UNGASS Report, 2010 (p.34/35) and 2008 Mid-Term Assessment of the 4th AIDS Medium Term Plan
[10] 2008 National AIDS Spending Assessment (NASA)
[11] UNGASS Report, 2008
[12] 2008 Mid-Term Assessment of the 4th AIDS Medium Term Plan, p. 35.
[13] JTA members are: ILO, IOM, UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UN Habitat, UNHCR, UNICEF, WHO, and the World Bank.

momentum to the UN work on AIDS. The global UNAIDS Technical Support Division of Labour (DoL) has informed the identification of lead agencies, and currently the new UNAIDS DoL is being adapted to reflect country needs and UN capacities in the Philippines. The priorities of the Joint UN Programme of Support on AIDS in the Philippines (JUPSAP) for 2009-2010 were:

a. Increased programme coverage for key populations at higher risk of HIV infection and vulnerable groups;
b. Improved access to quality Prevention, Treatment, Care and Support;
c. Improved health and socio-economic conditions for PLHIV and affected groups;
d. Strengthened "Three Ones".

7. HIV is included in the new UNDAF 2012-2018[14] under Outcome 1[15]", which reflects the importance given to the issue. The draft 2011 JUPSAP is now also being aligned with the UNDAF and this should be further enhanced by the integration of HIV indicators within the new UNDAF. The JUPSAP reflects all HIV-related activities of the participating UN agencies and includes both activities that are defined as "*joint and collaborative*" (where there is some level of joint funding and/or joint implementation support), as well as *agency-specific*. All of the activities are framed by shared objectives and outputs, therefore introducing the important element of joint programming for collective key results. The JUPSAP also received technical assistance from UN agencies' regional offices. It has also helped - with its small resource base - to leverage strategic GFATM and domestic funding.

The Joint Team demonstrated its capacity to provide urgently-needed support to the national response when in late 2009 the suspension of Global Fund grants created a crisis situation. It led to the interruption of key prevention and treatment programmes and services. An increase in HIV infections and Hepatitis C was also noticed among IDUs in Cebu City during the same period. Under the circumstances, the Joint Team had to "switch to crisis management mode" to ensure timely and appropriate technical support to the Country Coordinating Mechanism (CCM) and to key government agencies to help minimize the impact of the suspension.
As members of the CCM and HIV Technical Working Group, and through one-on-one technical advice to the Principal Recipients (PRs), the Joint Team helped manage the close-out and hand-over plans from the suspended PR to the new PR. CCM capacities for oversight were strengthened through the development of guidelines, (e.g. oversight and conflict of interest policies) to address weaknesses raised in the OIG report. The confusion, and in some cases, the panic, among sub-recipients (SRs) that resulted from the lack of explanation and guidance on the grant suspensions were managed by facilitating communications between SRs and other CSOs and the GFATM. Local authorities from Cebu City were also supported to define strategies to address the local situation among IDUs.

[14] Draft UNDAF, version as of 2 May 2011
[15] "Universal access to quality social services, with focus on the MDGs" - with a specific HIV sub-outcome: "By 2018, more people at-most-risk, living with and affected by HIV have access to quality HIV prevention, treatment, care and support services."

FUNDING

2010 UBW Expenditure Status Amounts in US Dollars						
Organization	**Core**	**Supplemental**	**Global/Regional resources**	**UBW Total**	**Country-level resources (outside UBW framework)**	**Grand Total**
ILO			-	**-**	3,060	**3,060**
UNDP		35,960	32,635	**68,595**	119,012	**187,607**
UNFPA	36,000	-		**36,000**	114,236	**150,236**
UNICEF		75,000		**75,000**	493,019	**568,019**
WB	48,849	-	-	**48,849**		**48,849**
WHO	9,399	45,000	33,127	**87,526**		**87,526**
UNESCO	10,000	10,000		**20,000**	5,000	**25,000**
Secretariat	39,813	-	17,108	**56,921**		**56,921**
	144,061	**165,960**	**82,870**	**392,891**	**734,327**	**1,127,218**

8. The funding for the JUPSAP comes from a mixture of participating organizations' core budgets and from extra-budgetary sources. By and large, parallel funding is the norm for channelling funds for JUPSAP activities. The "Joint and Collaborative activities" 2009-2010 had a planned budget of USD 1.12 million, with an additional USD 200,000 from the PAF (Programme Acceleration Funds) funding from the UBW. In this category of the JUPSAP, 90% of the activities related to rights-based policies and access to services for key populations at higher risk and vulnerable groups. The UBW represents about 30% of the total expenditures of the Joint Programme of Support (JPS) in 2010 (with core UBW representing 12% of the total). The remainder was largely covered by resources mobilized in-country, which demonstrates the catalytic nature that UBW funds had. Tracking UBW resources at country-level and other resources mobilised and comparing this with expenditures remains a challenge with the absence of an agreed mechanism that takes into account different reporting systems of agencies participating in the JTA. The UBRAF, as planning and financing tool, will help to address these issues and ensure an effective tracking of resource for joint UN work.

9. 2010 examples of Cosponsors' "*agency-specific"* activities, funded by UBW and other resources, to support the overall objectives of the Joint Team and the JUPSAP:

   - UNDP supported the strengthening of sustainable local AIDS responses, through developing leadership capabilities of local government units as well as the Regional AIDS Assistance Teams (RAATs). In the thematic issues, it supported the profiling of MSM and transgender people and the qualitative assessment of community-based interventions for said key populations, both of which will inform the development of a comprehensive package of interventions, including defining normative standards for programmes targeting MSM and transgender people.

- UNFPA supported initial steps to develop a strategy to scale up coverage of programmes for female sex workers, including helping freelance female sex workers access services in government health facilities.

- UNICEF supported the development of a National Strategy Framework for the Country HIV Response for Children and Young People approved by the multi-sectoral Council for the Welfare of Children, and also supported local government teams to implement model interventions for most at risk children and young people.

- UNESCO supported efforts to increase awareness and involvement of Filipino youth in the response to HIV and AIDS with an online video competition for young people entitled "I am the Next Generation Anti-Virus: Responding to HIV and AIDS through Responsible Choices." UNESCO also initiated a Situation and Response Analysis to review the education sector's response to HIV, drugs and sexuality in the Philippines.

- WHO supported IRARE for profiling people who inject drugs (PWID) in selected sites in Cebu; with HIV and Hepatitis B and C serologic component; and Genotyping; and drafting of the comprehensive HIV Prevention, treatment, care and support programme for PWID.

- The UNAIDS Secretariat provided technical assistance and overall coordination to the joint planning, implementation and monitoring & evaluation of the JUPSAP.

10. Furthermore, the JTA jointly supported activities related to improving the country's strategic information base, noting that this was one of the major barriers in meeting its universal access targets. This included population size estimations, profiling of key populations at higher risk of HIV infection, assessment of interventions targeting key populations, analysis of the IHBSS, and rapid assessment of HIV vulnerability of local sites, among others, that would contribute to knowing the epidemic and response, thereby informing the direction by which quality of interventions need to be improved. Taking these forward, the JTA is now assisting the country in defining specific comprehensive packages of interventions for key populations that need to be implemented and brought to scale if the country is to go back on track in meeting the MDG 6.

CONCLUSIONS AND RECOMMENDATIONS – "WAY FORWARD"

11. The availability of joint programming frameworks has further strengthened an already functioning UNTG and JTA in the country. Central to this is the key role played by the UNAIDS Secretariat in coordinating and assisting Cosponsors to fulfil their mandates, based on the new UNAIDS DoL, and deliver on their commitments to a Joint Programme, in order to achieve the joint objectives and collective result for the Philippines.

12. The UN in the Philippines has reaffirmed in the new UNDAF 2012-2018 its determination to pursue a cohesive and consistent approach to supporting an effective and efficient rights-based national AIDS response. By all accounts, this commitment is underpinned by a UN leadership that has grown in strength and in cohesion in the last few years. What was seen by many as a less-than-cohesive UN Team is now

acknowledged to be working as One UN. Indeed, the evidence for this new "leadership" is the fact that the Philippines Country Team has embraced the Delivering as One (DAO) UN agenda and is committed to implementing the spirit and principles of One UN as a so-called self-starter DAO country.

13. In line with the DAO agenda and the focus on the MDGs, and to sustain the Joint Programme on AIDS over time, the JUPSAP needs to be integrated in the UNDAF Action Plan. In addition, monitoring and reporting systems need to be simplified and harmonized, such as through the use of common terminologies in the absence of one system. Finally, tracking of UBW utilization from global to country level needs to be strengthened and systematized. The last item will be addressed with the introduction of the UBRAF and its application at country-level, which will establish a more systematic approach to monitoring the funding for joint UN activities.

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