Philippines Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:
-
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
-
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - 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):
Yes
IF YES, what was the period covered:
AMTP5 2011-2016
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 (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 & Evaluation Plan" and the development of the "Health Sector Plan"

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
PNAC with Partnered agencies, as follows: 1. DOH 2. DILG 3. Dep Ed 4. Ched 5. DOLE 6. DSWD 7. DOJ 8. DFA 9. NEDA 10. DOT 11. DBM 12. LPP 13. LCP 14. Senate of the Phils. 15. House of Representatives 16. ASP 17. WHCF, Inc 18. HAIN 19. LUNDUYAN 20. ISSA 21. TUCP 22. PNGOC 23. PINOY PLUS 24. PHA 25.TESDA 26. PIA 27. ACHIEVE

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	No
Yes	Yes
Yes	Yes

Other [write in]:
-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

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

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Key Populations: MSM, SW and their clients, PWID Vulnerable Groups: women, children, migrant workers, people with disabilities
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:
Yes

c) Detailed costs for each programmatic area?:
Yes

d) An indication of funding sources to support programme implementation?:
Yes

e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Philippine National AIDS Council which is composed of 26 member agencies (17 from the GAs , 2 from organizations of medical/health professionals, 6 representatives from NGOs involved in HIV/AIDS prevention and control efforts or activities and A representative of an organization of persons dealing with HIV/AIDS. All members were invited to participate during the process.

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

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:
In general some partners are aligned with the AMTP but DOH clears that other International NGO's have others strategies that were not aligned.

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2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes

National Development Plan:
Yes

Poverty Reduction Strategy:
Yes

Sector-wide approach:
Yes

Other [write in]:
-

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

HIV impact alleviation:
Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes

Reduction of stigma and discrimination:
Yes

Treatment, care, and support (including social security or other schemes):
Yes

Women's economic empowerment (e.g. access to credit, access to land, training):
Yes

Other[write in below]:
-

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

Yes

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?:
2

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
• MSM • FSW • RFSW • PWID • OFW
Briefly explain how this information is used:
• For program planning • Advocacy • For resource mobilization • For improvement of program implementation • Policy Development
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
• Municipalities, Cities, Province and Regions
Briefly explain how this information is used:
• Advocacy • Resource mobilization • Planning • Policy development • Program improvement

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5.4. Has the country developed a plan to strengthen health systems?:
Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
• Improvement of Social Hygiene Clinics • Strengthening and expansion of DOH-designated treatment hubs • Integration of HIV with other programs (MCHN, TB) • Strengthening of laboratory systems • Improvement of procurement and supply management (PSM) through better reporting And Surveillance • Blood Safety from DOH • Referral System initiated by DSWD

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 the HIV programmes in 2011?:
7

Since 2009, what have been key achievements in this area:
Development of an AMTP 5 which is a continuation of the AMTP 4, AMTP 5 Investment Plan, Health Sector Plan

What challenges remain in this area:
Fund releases, political support, limitations of mandates of different government agencies.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(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.):
Yes

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

• President Aquino committed to the achievement of the Millennium Development Goals which includes HIV during the U.N. high level meeting on December 2011. • The Secretary of Health Enrique T. Ona ensured the continuity of services for PLHIV. • Several congressmen are advocates of HIV.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Enrique T. Ona, MD - Secretary of Health
Have a defined membership?:
Yes
IF YES, how many members?:
26
Include civil society representatives?:
Yes
IF YES, how many?:
9
Include people living with HIV?:
Yes
IF YES, how many?:
1
Include the private sector?:
No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
• HIV policy in the workplace • Public-private partnership strengthened
What challenges remain in this area:
• Sustainability of partnership • Change in leadership
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
60%

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
Yes
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
No
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 2011?:
4

Since 2009, what have been key achievements in this area:
Prevention, Financial Management, Treatment, and Diagnosis
What challenges remain in this area:
• Sustainability of programs due to change in leadership • Extent of political support and availability of resources.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
• Magna Carta for Persons with Disabilities • Magna Carta for Women • RA 8504 • Family Code
Briefly explain what mechanisms are in place to ensure these laws are implemented:
Women's desk, Women and Child Protection Units, Task Force Women
Briefly comment on the degree to which they are currently implemented:
These mechanisms are being fully implemented
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
No
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No

Young women/young men:
Yes
Other specific vulnerable subpopulations [write in below]:
Children <18

Briefly describe the content of these laws, regulations or policies:
1. Republic Act 9165 or "Dangerous Drugs act of 2002 2. Republic Act 9208 - Anti Trafficking in Persons Act of 2003 3. Republic Act 8504 -
Briefly comment on how they pose barriers:
1. RA 9165 - hinders the implementation of the Harm Reduction Program for PWID. It uses the possession of paraphernalia like needles and syringes as an evidence to persecute) 2. Republic Act 9208 – hamper some HIV/AIDS activities (condom use) for sex workers and MSM since condoms are being used as evidence for persecution. 3. Republic Act 8504 – hinders some HIV/AIDS activities (HIV testing for the children / young population)

A - IV. PREVENTION

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

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
Yes
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
No

Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. 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?:
Yes
Briefly describe the content of this policy or strategy:
-

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	Yes	No	No	-

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 2011?:
8
Since 2009, what have been key achievements in this area:
1. Guidelines in the implementation of workplace Policy and Education Program on HIV and AIDS. 2. Department orders on HIV/AIDS prevention and control program in the workplace (DOLE) 3. Department orders on HIV/AIDS prevention and control program in the workplace (DOT) 4. Department orders on HIV/AIDS prevention and control program in the workplace (DILG)
What challenges remain in this area:
• Behavior change • Funds
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes

IF YES, how were these specific needs determined?:
Identification of the specific needs for HIV prevention programmes were identified through the current available data from researches on HIV conducted, M&E products and through a consultation with the involved target populations.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:

Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other[write in]:
-

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 2011?:
7

A - 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
If YES, Briefly identify the elements and what has been prioritized:
• Provision of peer counseling, psychosocial support, referral for access of ART and Treatment for OI's • Education of R.A 8504 emphasizing their rights and services available for PLHIV • Referral for livelihood program • Capacity building for peer counseling including ARTM peer counseling • Nutritional Support • Prophylaxis
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• Increase number of treatment hubs • Ensuring the availability of drugs for PLHIV and increasing the target of coverage for those needing the treatment. • Access of PLHIV and their families in the psychosocial care and support services of the DSWD-Crisis Intervention Units (CIU) particularly in the Assistance to Individuals in Crisis Situations (AICS) which may be in the form of transportation, food, educational, medical, and burial assistance.

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

Antiretroviral therapy:
Strongly Disagree
ART for TB patients:
Strongly Disagree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Disagree
Early infant diagnosis:
Agree
HIV care and support in the workplace (including alternative working arrangements):
Agree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Agree
Paediatric AIDS treatment:
Strongly Disagree
Post-delivery ART provision to women:
Strongly Disagree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Agree
TB screening for people living with HIV:

Strongly Disagree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
• Transportation • Medical • Livelihood, • Food pack, • Burial support, • Cash for work • Therapy services
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
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
IF YES, for which commodities?:
• ARVs, • HIV test kits, and • Reagents
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 2011?:
8
Since 2009, what have been key achievements in this area:
• Improved facilities (VCT, treatment hubs) • Referral system in place • Availability of logistic support
What challenges remain in this area:
• Funds • Sustainability
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
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 2011?:
4
Since 2009, what have been key achievements in this area:
Orphaned children of parents with HIV were given ART and being managed / taken care of by a non government organization
What challenges remain in this area:
Policy / strategy and data for orphan and vulnerable children

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
Yes
Briefly describe any challenges in development or implementation:
The culture for M&E in HIV is relatively young in the Philippines. M&E system is still in the development and institutionalization stages. Most M&E working groups were formed on a need basis (e.g. UNGASS Core Team, surveillance technical advisory group, etc). In terms of M&E Capacity, the M&E functions of the M&E officers (among the agencies with M&E staff) were not clearly defined in their terms of reference (TOR).
1.1 IF YES, years covered:
2011-2016
1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:
Yes, all partners
Briefly describe what the issues are:
-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes

A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
2%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
Resources in terms of budget and manpower are the major issue in the M&E system. In the existing structure, the National M&E Unit which is lodge within the PNAC Secretariat a budget of approximately $30,000-40,000/year. The M&E Unit has 3 staff, the National M&E Officer, the Program evaluation Officer and an IT expert. Among the staff only 2 has a permanent position.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
Yes
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E Officer	1	-	2006
Program evaluation Officer	1	-	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

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
Briefly describe the data-sharing mechanisms:
Data sharing mechanism has been practiced through the conduct of dissemination forum, on-line posting (e.g. PNAC Web site, Philippine M&E blog site etc.) and through publications (e.g. AIDS Registry, HIV/AIDS Journal, UA Report etc.)
What are the major challenges in this area:
-
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
IF YES, briefly describe the national database and who manages it.:
CRIS Pinoy is the Philippine Country Response Information System (CRIS) - the country's national M&E database.
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, but only some of the above
IF YES, but only some of the above, which aspects does it include?:
It does not include the local stakeholders

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
No
IF YES, at what level(s)?:

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

> **8. How are M&E data used?**
>
> **For programme improvement?:**
> Yes
> **In developing / revising the national HIV response?:**
> Yes
> **For resource allocation?:**
> Yes
> **Other [write in]:**
> -

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
Existing M&E data were used during the development of the AIDS Medium Term Plan V, Investment Plan and Health Sector Plan.

> **9. In the last year, was training in M&E conducted**
>
> **At national level?:**
> Yes
> **IF YES, what was the number trained:**
> 29
> **At subnational level?:**
> Yes
> **IF YES, what was the number trained:**
> 6
> **At service delivery level including civil society?:**
> Yes
> **IF YES, how many?:**
> 18

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
• Needs Assessment • Report writing • Standard M&E tools development • Technical Assistance among PNAC agencies and task forces
10. 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 2011?:
8
Since 2009, what have been key achievements in this area:
1. Assessment of the Philippine HIV/AIDS Monitoring & Evaluation System 2. Creation of the Monitoring and Evaluation Working Group (MEWG) in which each PNAC member agency has a permanent representative and an alternate (PNAC Resolution 5). 3. Development of the AMTP V M&E Plan 4. Development of the Philippine HIV/AIDS Research and Evaluation Agenda (PHREA) 5. Monitoring and evaluation of the Integrated HIV/AIDS Behavior and Serologic Surveillance (IHBSS). 6. Updating of CRIS PINOY
What challenges remain in this area:
1. Budget 2. Manpower

B - I. CIVIL SOCIETY INVOLVEMENT

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?:
3
Comments and examples:
-
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)?:
5
Comments and examples:
-

> **3.**
>
> **a. The national HIV strategy?:**
> 5

b. The national HIV budget?:
3
c. The national HIV reports?:
5
Comments and examples:
-

4.

a. Developing the national M&E plan?:
4
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?
:
3
c. Participate in using data for decision-making?:
3
Comments and examples:
-

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5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
3
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?:
2
b. Adequate technical support to implement its HIV activities?:
3
Comments and examples:
-

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

People living with HIV:
>75%
Men who have sex with men:
51-75%
People who inject drugs:
51-75%
Sex workers:
51-75%
Transgendered people:
51-75%
Testing and Counselling:
25-50%
Reduction of Stigma and Discrimination:
51-75%
Clinical services (ART/OI)*:
<25%
Home-based care:
>75%
Programmes for OVC:**
25-50%

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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 2011?:
8
Since 2009, what have been key achievements in this area:
• Some CSO are getting involved in TCS; more PLHIV network are getting involved • Partnership with FBO • MSM TG Network, MSM/TG national response discussion • Phil health package • Establishment of 14 condom shop social marketing • HIV/AIDS issue has been mainstreamed with workers at the workplace • Trade union policy has been formulated on prevention and control of HIV and AIDS • Support for passage of legislative measures relative to AIDS prevention
What challenges remain in this area:
• Inclusion of new organizations; sustaining engagement with other organizations • Actual representation of the sectors;

currently, some sectors are only represented by NGOs • Budgetary allocation and commitment of implementers • Integration of MSM and TG response from the local level to the national level • Sustainability of CSO initiatives, including government funding support • Strengthening of LAC; closer coordination with PNAC • Commitment of organizations • Commitment of employers to provide support and resources for plant-level implementation of HIV/AIDS and STI prevention and program • Male involvement in the HIV/AIDS and STI prevention program at the workplace

B - 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?:
Yes
IF YES, describe some examples of when and how this has happened:
• AMTP consultation workshop • Inclusion of TG in the IHBSS questionnaire • Some LGUs support HIV programs • Establishment of additional treatment hubs • Representation of Trade Union at PNAC and other local bodies that tackle the issue of HIV

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
An act prohibiting discrimination on the basis of sexual orientation and gender identity and providing penalties therefor (House Bill 515)
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
• Magna Carta on Women • Solo Parent Act • People with Disabilities have cards; there is a provision protecting them from discrimination based on how they look • Commission on Human Rights as a mechanism • Labor Code of the Philippines
Briefly comment on the degree to which they are currently implemented:
Laws are localized through ordinances • Advocacy efforts • Expansion of Phil health package for PLHIV
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No
Men who have sex with men:

-
Migrants/mobile populations:

-
Orphans and other vulnerable children:

-
People with disabilities:
-
People who inject drugs:
Yes
Prison inmates:
-
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
• Dangerous Drugs Act of 2000 or RA 9165 • Republic Act 9208 - Anti Trafficking in Persons Act of 2003 • RA 8504 and Family Code

Briefly comment on how they pose barriers:
• Dangerous Drugs act of 2002 – conflicts with the "Harm Reduction Program" since it uses the possession of paraphernalia like needles and syringes as an evidence to persecute • Republic Act 9208 - Anti Trafficking in Persons Act of 2003 – in its implementation, the law enforcers uses the presence of condom as an evidence for prostitution activities • RA 8504 and Family Code: access to testing is limited to those over 18 years old; with regards to access of young people to contraceptives, it depends on the discretion of the service provider. With regards to access to commodities, there is no specific law barring minors. The challenge is more on the cultural mindset of the providers.

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

Briefly describe the content of the policy, law or regulation and the populations included:
• Law on sexual assault • Anti-rape law • Anti-Violence on Women and Children law

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
• RA 8504 • Framework of children on HIV • AMTP 5

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

IF YES, briefly describe this mechanism:
• A grievance procedure • Documentation (ex: OFW deported because of their HIV status) • Educating work place arbiters • Presence of a workplace policy, although there is a need to revise the policy to plug the gaps • Establishment of Aid for AIDS, which is a network of alternative law groups providing referral mechanism for discrimination cases. The group currently handles five such cases.

6. Does the country have a policy or strategy of free services for the following?

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
Yes	-	-
-	Yes	-
-	Yes	-

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

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

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?:
Yes

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?:
Yes

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

RA 8504 guarantees equal access. Nevertheless, there is a provision in the law that bars minors from accessing testing. The group also discussed the access of PWID to services. Although there have been efforts in the past two years to reach this sector, particularly in Cebu where the tri-city council is set to do an operational research, there are contravening laws that make it harder to reach PWID.

8.1

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?:
Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
Amendment of laws to ensure the equal access of service to all key affected population.

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

IF YES, briefly describe the content of the policy or law:
Article III of RA 8504 States that No compulsory HIV testing shall be allowed. However no specific laws for general employment purposes.

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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:
Yes

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

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

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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)?:
Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

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

a. Legal aid systems for HIV casework:
Yes

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

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

IF YES, what types of programmes?

Programmes for health care workers:
Yes

Programmes for the media:
Yes

Programmes in the work place:
Yes

Other [write in]:
• General public advocacy campaigns • Community program for MARCY • Faith-based organization

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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 2011?:
6

Since 2009, what have been key achievements in this area:
• Development of a redress mechanism • Implementation of OHAT • CHR is more involved • Move to amend RA 8504 • Development of a strategic framework for children • HIV workplace policy

What challenges remain in this area:
-

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 2011?:
5
Since 2009, what have been key achievements in this area:
• Aid for AIDS handling five cases • 5% of offices comply with HIV in the workplace policy • Expanded Phil health package
What challenges remain in this area:
-

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
• Research • FGD • Community consultations • M&E/program reviews • ILO Code of Practice must be apply in all workplaces, formal and informal covering and protecting the rights of all workers and all people living with HIV/AIDS

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Disagree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Strongly Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Strongly Disagree
IEC on risk reduction:
Strongly Disagree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Strongly Disagree
Reproductive health services including sexually transmitted infections prevention and treatment:
Strongly Disagree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Disagree
Other [write in]:
-

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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 2011?:
6
Since 2009, what have been key achievements in this area:
• Increasing number of LAC • Organizations are able to conduct gender sensitivity training even if the national response has no gender • sensitivity framework • Some LGUs providing VCT • Department of Education's approval to introduce Power of Youth • MSM and TG capacity building (ex: generating and utilizing strategic information) • Internet campaign • Increasing access to VCT • Increasing number of LAC • Organizations are able to conduct gender sensitivity training even if the national response has no gender • sensitivity framework • Some LGUs providing VCT • Department of Education's approval to introduce Power of Youth • MSM and TG capacity building (ex: generating and utilizing strategic information) • Internet campaign • Increasing access to VCT • Increasing number of LAC • Organizations are able to conduct gender sensitivity training even if the national response has no gender • sensitivity framework • Some LGUs providing VCT • Department of Education's approval to introduce Power of Youth • MSM and TG capacity building (ex: generating and utilizing strategic information) • Internet campaign • Increasing access to VCT
What challenges remain in this area:

• Implementation of sex education • Procurement of commodities in certain LGU • Most prevention programs are not yet scaled up • Involvement and participation of LGU and government agencies in children and youth concerns • Rising rate of HIV among young people • Increase of demand for contraceptives

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
• Provision of peer counseling, psychosocial support, referral for access of ART and Treatment for OI's • Education of R.A 8504 emphasizing their rights and services available for PLHIV • Referral for livelihood program • Capacity building for peer counseling including ARTM peer counseling • Nutritional Support • Prophylaxis
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• Increase number of treatment hubs • Ensuring the availability of drugs for PLHIV and increasing the target of coverage for those needing the treatment.

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

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
-
HIV care and support in the workplace (including alternative working arrangements):
Disagree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Disagree
Nutritional care:
-
Paediatric AIDS treatment:
Strongly Disagree
Post-delivery ART provision to women:
-
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
-
Psychosocial support for people living with HIV and their families:
Strongly Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

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 2011?:
7
Since 2009, what have been key achievements in this area:
• Additional treatment hubs can dispense ARV • Additional CD4 machines • Development of DSWD Referral System • OHAT package
What challenges remain in this area:
• Expiring external support • Livelihood • Strengthening of home-based care, particularly in Mindanao • Stigma and discrimination (certain doctors/institutions are strongly associated with HIV; some PLHIV are hesitant to go to them because of this association) • There are still gaps in testing (ex: minors cannot avail of VCT; there are cases of young people who are

already in the late stage when diagnosed) • Benefits from DSWD are coursed through the municipality; confidentiality is a major concern

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :
-

3. 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 2011?":
4

Since 2009, what have been key achievements in this area:
• National strategic framework

What challenges remain in this area:
• Children is often categorized together with women • Comprehensive study on children to identify diversity • Closure of Bahay Lingap, which will be converted into an out-patient department

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