

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Philippines

Organizer: UNAIDS Philippines

Date: 31 August 2020

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UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

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If you are not able to enter it on line you can send us a copy via e-mail

strategyteam@unaid.org

Would you accept for UNAIDS to make your report publicly available: **Yes**

SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: TLF SHARE Collective, Inc.

Date of discussion: FGD Pretest: 7 Aug 2020
MSM and TGW: 11 Aug 2020
PLHIV: 13 Aug 2020
PWUD/PWID: 15 Aug 2020

Theme to be discussed: Community engagement in the country response to HIV and AIDS

Participants (types of organizations participating): Key Populations

- Program Implementers (for FGD pretest)
- MSM and TGW
- PLHIV
- PWUD/PWID

Country, regional or global focus: Country Focus

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

The FGD conducted among the HIV key populations explored the perspectives of the KP communities on the HIV and AIDS Program in the Philippines with respect to its contextual environment, the structures that respond to HIV, and the extent that the program is reaching the targeted key populations. The FGD participants looked at the HIV program in the country against the backdrop of the CoViD 19 pandemic, especially that the country has to date (at the time of the FGDs) still on de facto lockdown.

Attachments: 4 FGD documentations - *FGD Pretest:* 7 Aug 2020
MSM and TGW: 11 Aug 2020
PLHIV: 13 Aug 2020
PWUD/PWID: 15 Aug 2020

SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

| REACHING THE PERSON | |
|---|--|
| How do we see the current situation? | <ul style="list-style-type: none"> ● The marginalization of KPs became more pronounced due to COVID 19 especially in terms of access to services (ARV, health insurance, laboratory); stigma and discrimination; and vulnerability to mental health-related issues such as depression, anxiety, and fear leading to further deterioration of physical and mental health. ● Lack of information regarding Republic Act 1166 or the Philippine HIV and AIDS Policy Act of 2018; need to implement key provisions of the laws such as testing of minors, insurance coverage and comprehensive package for PWID; ● Limited/lack services for some KPs (transgender and PWID/PWUD); facilities are not client-centered and certain protocols are not properly observed (confidentiality/privacy); ● Expand the services to cover indigenous people and people deprived of liberty; and ● Government inefficiency (such as lack of public transportation) became more pronounced due to COVID 19. |
| What concerns us? | <ul style="list-style-type: none"> ● Community lockdown affecting services (access to condoms, delivery of ARV, testing, and re-allocation of the budget intended for ARV to Covid 19-response); ● Lack of attention/services specific to certain key affected population such as transgender women and PWUD/PWID; and ● Social and mental needs are unmet. |
| What gives us hope? | <ul style="list-style-type: none"> ● Republic Act 11166 guaranteeing more government services for KPs; ● Engagement/involvement of CSOs in the response (#ARVayanihan, volunteerism, and advocacy); and ● Government support (social amelioration program) even during the pandemic. |
| What constrains our ability to achieve our goals? | <ul style="list-style-type: none"> ● Lack of safe spaces for PLHIV and PWID/PWUD. There is always a possibility of discrimination or imprisonment. ● Weak health care system and social support services; ● Limited financial support, and reliance from international funding; and ● Existence of laws (Anti-Terrorism Law, and Bayanihan law) with strong regulative and punitive provisions that can affect CSO's capacity to deliver and advocate for services. |
| THE STRUCTURES THAT RESPOND TO HIV | |
| How do we see the current situation? | <ul style="list-style-type: none"> ● Poor social services, and health care and delivery services that affect the KPs; ● Due to Covid-19 HIV services, personnel and clinics are diverted to help address the pandemic; |

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| | <ul style="list-style-type: none"> ● Segmented and uncoordinated support groups; the pandemic highlighted the “cracks” or limitations in the support system; and ● Lack/limited financial assistance being given to key affected populations especially to those who lost their source of income and livelihood. |
| What concerns us? | <ul style="list-style-type: none"> ● Sustainability of services given the current priorities of the government focusing on the COVID 19 response; ● Psycho-social cultural concerns (Unemployment, religion, depression, anxiety, lack of support and coping mechanism); ● Access to ARV, refills, and laboratories needed for base-line; ● Unnecessary disclosure of status due to the existing security measures being implemented or due to careless packaging/delivery handling of ARV; and ● Risk of contracting Covid-19. |
| What gives us hope? | <ul style="list-style-type: none"> ● CSO involvement and engagement filling in the “cracks” or limitations of government response by providing aid, support etc.; and ● Support from family, loved ones and friends. |
| What constrains our ability to achieve our goals? | <ul style="list-style-type: none"> ● Stigma and discrimination in service provision; ● The shift in prioritization of resources; lack of funding and dependent on external funding (resource mobilization and management); ● Volunteer’s fatigue; caring for carers; and ● Weak health care system and social support services. |
| CONTEXTUAL ENVIRONMENT | |
| How do we see the current situation? | <ul style="list-style-type: none"> ● The COVID-19 response is prioritized; resources are diverted to address the pandemic. ● Covid-19 related issues such as lack of transportation, interruption of services, lockdown restrictions and unemployment; ● Stocks of ARV due to increase of transient clients; ● More open the discussion about programs and services for PWID/PWUD; and ● False information about HIV in time of COVID 19 may lead to further stigmatization of KPs. |
| What concerns us? | <ul style="list-style-type: none"> ● Alleged corruption involving the national health insurance which could affect PhilHealth OHAT (Outpatient HIV/AIDS Treatment Package); ● Survival/sustainability of CBOs; ● Reliance on external funding (Global Fund); and ● Sustainability and capacity of services; overloaded health service providers (HSP) cannot cater to immunocompromised PLHIV. |
| What gives us hope? | <ul style="list-style-type: none"> ● Support coming from CBOs, NGOs, and allies of the community; and ● Online communities (group chats) acting as safe spaces and support system. |

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| <p>What constrains our ability to achieve our goals?</p> | <ul style="list-style-type: none"> ● Local-level prioritization of COVID that made obtaining funds for HIV even more difficult/challenging; ● Prevalence of stigma and discrimination; lack of psycho-social support; and ● Existing laws (War on Drugs and Anti-Terrorism Law) that can be used against PWID/PWUD, and/or health care service providers. These laws have very punitive, restrictive and regulative provisions that could undermine the mobility of service providers and affect project implementation. ● Inadequate leadership and capacity of CSOs and KPs to cope with the new normal; and ● Need to monitor and connect PLHIV in far-flung/remote areas to treatment hubs. |
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EMERGING PATTERNS:

1. The most noticeable answer from the FGDs conducted among the key affected population is the role of CBO/CSO in the HIV and AIDS response. CBO/CSO involvement ranges from prevention to care and support. Through the years, there was a proliferation of different CBO/CSO working on HIV and AIDS. Innovative approaches (community-based screening, social media campaigns, organizing, etc.) to address HIV and AIDS were explored and used by CBO/CSO with varying degrees of success. However, evident is that most of them focused on testing and treatment. Very few CBO/CSO are working on transgender and PWID/PWUD. Engagement of CBO/CSO on governance issues such as policy advocacy and sustainable financing is not in the purview of most organizations. Organizational development specifically on resource mobilization, program/project management, and strategic communication is another major issue among CBO/CSO. Nevertheless, there is continuing engagement between CBO/CSO and government agencies in certain aspects of the response such as peer education, outreach, community event, etc. Under the new law, CBO/CSO are aptly represented before the Philippine National AIDS Council.

Respondents strong affiliation with CBO/CSO stemmed from perceived and actual importance to their lives—providing support, safe spaces, access to different services, etc., and further highlighted at the onset of the pandemic. The immediate shift and response of the CBO/CSO established their niche in crisis response framework. Shifting to the "new normal of doing business", however, is the newest challenge for the CBO/CSO. Most are used to "face to face" interaction, and having a sense of the community is one of the strengths being challenged by this new normal. Nevertheless, the community is seen as resilient and would always find a way to engage continuously.

2. The Philippine HIV and AIDS Policy Act of 2018 (RA 11166) has been identified by the respondents that give them hope and must be implemented immediately. The new provisions are considered as "game-changer" in addressing the epidemic. Anchored on human rights and community participation, respondents feel that the law would be able to address most of the issues confronting the community from lack of meaningful representation in policymaking to expanded coverage of testing to redress mechanism.
3. Prior to the pandemic, respondents have identified the country's weak health system and social services as a major factor in not being able to achieve the 90-90-90 target, and issues concerning quality of service have been raised in several instances. Respondents shared different experiences of discrimination, insensitive handling, lack/limited services available, and breached confidentiality. It is because of these reasons that clients would resort to hub-

hopping. The pandemic aggravated the condition and became more challenging for the KAPs. The geographical location, lockdown, varying degrees of quarantine, and limited/lack of transportation in some areas were detrimental to provisions of services and eventually affecting the clients. In some cases, the non-inclusion to social subsidy/assistance from the government made several respondents vulnerable to further marginalization.

4. The COVID-19 pandemic upended services, programs, and interventions. Budget, personnel, and other vital resources were shifted to respond to the pandemic. Planned interventions and responses had to be re-calibrated and re-contextualized with the pandemic as a variable. Messaging, strategies, engagement, organizing, and education were adjusted to the situation. The shift to the new modality was challenging especially to CBO/CSO for most are not equipped and prepared. The reliance on the traditional model of conduct has been the comfort zone of most organizations thus the shift brought about by the pandemic became challenging. Crucial in this shift is the following: formulation of a digital policy framework, enhanced IT structure, and operating system, mindset, and skills of people. Also, engagement with partners had to be premised on what are available resources and capacity that are not affected by COVID 19 response.

SECTION 3: RECOMMENDATIONS

Please enter the main messages coming out, up to 5 points maximum per section

| What are the key recommendations back to UNAIDS in terms of the strategy specifically? | |
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| <p>CONTINUE What is working that we must continue to do?</p> | <ul style="list-style-type: none"> • Community-led approach; services provided by CBOs and CSO such as CBS, outreach, #ARVayanihan and mental health services (counseling); and • Free ARV; expansion of treatment hubs to other areas as identified by the Department of Health; • Legal literacy (RA11166), HIV and AIDS education to stakeholders; human rights documentation; • Implementation of RA 11166; Policy and budget advocacy at all levels of government (national and local); • Strengthening of CBOs in terms of advocacy work, program development, and leadership; and • Online platforms for different campaigns and communications. |
| <p>STOP What must we stop doing, that if we don't stop will ensure failure?</p> | <ul style="list-style-type: none"> • All forms and types stigma and discrimination including self-stigma; • Violation of privacy and confidentiality especially concerning the careless handling of ARV delivery thru courier; • COVID vs HIV prioritization; reallocation or limiting access to resources; • Working in "silos" (human right, social protection, and social development); need to see the inter-connectedness of issues and concerns; and • Inadequate/substandard services being provided by some treatment hubs or health service facilities that led to hub-hopping among patients. |
| <p>START What are we not doing that we have to start doing?</p> | <ul style="list-style-type: none"> • Capacity-building for CSO to adapt to the new normal; New strategy and approach for new normal which should include the use of online platforms to promote services (prevention, treatment care, and support); HIV program resilience to disasters, and contingency plans; • Full implementation of RA 11166, and its accompanying implementing rules and regulations, and its localization; • Investing in community-led interventions (human rights, legal literacy, and social media campaigns); • Need to increase the coverage and scope of PreP as a service for key affected populations; and • Ensuring social protection among key affected population specifically those who were economically displaced. |
| <p>What is the one key recommendation you want to reiterate for strong consideration?</p> | <p>Supporting the role of CBO/CSO in the response.</p> <p>In addressing HIV and AIDS by 2030, the role of CBO/CSO is very crucial. They provide key services-- prevention, testing, and treatment. CBO/CSO can engage key stakeholders from different sectors. Moreover, they act as a connection between</p> |

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| | <p>duty-bearers and right-holders. At the height of the pandemic, CBO/CSO were quick to respond to the situation by coming out with innovative courses of actions such as online counseling, alternative mode of AR delivery, mobilization of volunteers, and partners to assist those who were displaced by the pandemic. CBO/CSO provided alternative responses to HIV and AIDS while the national government was focused on COVID-19 response.</p> <p>One of the important roles of CBO/CSO is to demand more responsive health, and psycho-social support services for the key affected populations. Such demand from key partners would ensure the well-being and social protection of key affected populations. Also, the full realization of the mandate of RA 11166 can be achieved through a meaningful partnership between government agencies and members of CBO/CSO.</p> <p>To accomplish such roles, CBO/CSO need support in order to thrive and effectively contribute to the solution:</p> <ul style="list-style-type: none"> ● Create safe spaces and enabling environment thru policy advocacy and promotion of human rights; ● Capacity building in terms of advocacy (policy and budget), skills and knowledge appropriate for the new normal, digital transformation/shift of key services, legal literacy, disaster resilience and management, and human rights; ● Developing skills for fostering safe and open spaces, building competencies as rights holders as the case may be to be able to collaborate and/or hold to account duty bearers; ● Funding support for organizational/community development and strengthening with respect to organizational governance, digital skills, resource mobilization, etc.; ● Push for implementation of social contracting as financing mechanism which will mutually benefit government and CBO/CSO; and ● Invest in community-led interventions and innovations adaptable to the “new normal” and other disasters and calamities. |
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Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.

Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.

You can send us additional documents via e-mail strategyteam@unaid.org

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**FOCUS GROUP DISCUSSION (FGD)
ON THE UNAIDS STRATEGY DEVELOPMENT**

Pretest of FGD Online Methodology

COUNTRY: Philippines

ORGANIZER: TLF SHARE Inc.

DATE: 07/08/2020

PARTICIPANTS: Programme Implementers, mostly working with MSM and TG populations

1. Magdalena Robinson, CURLS
2. Ivan Alvarez, Wagayway and TLF SHARE
3. Jhun Oliveros, AIDS Society of the Philippines and TLF SHARE
4. Richard B. Hayag, Gentlemen Bicol
5. 'Tanya' Laguig, Decent Image of South Signal Association (DIOSSA)
6. Marcelino Oculito, TLF SHARE
7. Renier Louie Bona, TLF SHARE
8. Ranier Naldoza, TLF SHARE
9. CK Gatpanan, BuSU Bahaghari
10. Toots Rivac, Gayon Inc.,
11. Edward Camasis, TLF SHARE

FGD Team:

12. Percival Cendaña, Facilitator
13. Stan Jake Trillo, Zoom Tech
14. Mandeep Kaur Ranu, Documenter

Resource Persons:

15. Dr. Louie Ocampo, Country Director, UNAIDS
16. Anastacio Marasigan Jr., Executive Director-TLF SHARE

Observers:

17. Malou Quintos, UNAIDS
18. John Aveño, Coordinator, TLF SHARE
19. Noemi Leis, Program Manager-ACER Project
20. Ruthy Libatique, Researcher

OPENING REMARKS

Percival Cendaña, Facilitator

Let's be present in the moment to help make this as effective as face-to-face FGD. To do that, please:

1. turn on your camera;
2. mute microphone when not speaking, unmute when speaking;
3. turn off all notifications; and
4. put our zoom in full screen mode

If you're wondering, the whole evening's process is going to take 3 hours. There will be a 10-minute break in the middle of the program.

Overview of Current UNAIDS Strategy, process for the 2016-2021 strategy and Fast Track Targets

Dr. Louie Ocampo, Country Director, UNAIDS

This activity, the FGD, is part of the process for the development for the new UNAIDS Strategy beyond 2021. Currently, we have the UNAIDS 2016-2021 Strategy: On the Fast Track to end AIDS. The strategy set out the core actions with the goals and targets aligned the 2030 agenda and have inspired collaborative actions across diverse sectors of society. It was a bold call to action because we set ambitious targets in different areas, addressing five SDG components: 3, 5, 10, 16, and 17.

- *Result area 1:* Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.
- *Result area 2:* New HIV infections among children eliminated and their mother's health and well-being is sustained
- *Result area 3:* Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.
- *Result area 4:* Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants.
- *Result area 5:* Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.
- *Result area 6:* Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed. Punitive laws, policies and practices removed, including overtly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services.
- *Result area 7:* AIDS response is fully funded and efficiently implemented based on reliable strategic information.
- *Result area 8:* People-centered HIV and health services are integrated in the context of stronger systems for health. HIV-sensitive universal health coverage schemes implemented.

At its 45th meeting, the UNAIDS Programme Coordinating Board (PCB) requested the UNAIDS Executive Director to:

- Undertake a review of the current Strategy, its implementation and the results obtained;
- Convene a multi-stakeholder consultation, with participation of Member States, present the results of the review and consider the strategic priorities beyond 2021;
- Present, for consideration by the Board at its 46th meeting in June 2020, options, and their respective processes and timelines, to ensure that the UNAIDS Strategy remind ambitious, visionary, and evidence-based beyond 2021; and

- Consult the United Nations Secretary-General to consider options for the timing of the UN General Assembly High-Level meeting on HIV and AIDS and advise the 46th meeting of the PCB in June 2020

Steps to be taken to respond to PCB request:

- Establishment of a Strategy development team
- Joint Programme Retreat
- UNAIDS Advisory Group Meeting
- Initiation of Strategy Data Review
- Launch of consultative process

This FGD is one of the activities for the multi-stakeholder consultation. For the consultation, we want to gather diverse groups of co-creators designing and engaging in strategy development.

COVID-19: Impact and consideration for strategy process

- Virtual consultation-how to reach those most left behind
- Extension of timeline for UNAIDS Strategy Process
- Multi-stakeholder even in September 2020
- Possible Special Session of the PCB in March 2021 to approve the new Strategy

Focus Group Discussions:

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| Purpose | Structured and guided online 3-hour dialogue, resulting in the most salient points on the topic and the one key recommendation on what to Stop, Start, and Continue. |
| Who can lead | Everyone can lead a Focus Group Discussion; staff encouraged to lead as well as support partners to develop their own groups |
| What it is not | A dialogue to define a detailed strategy on an issue, what is needed now is the main direction |
| Tools and support | Detailed toolkit with facilitators' notes, minute-by-minute agenda that can fit all themes, standard report, support from Strategy Working Group |
| Standardized | Coherence across thematic groups, support analysis and our ability to inform and support a PCB decision |
| Request | Identify topics, mobilize partners, support inclusive dialogues |
| Planning | Please let us know of ideas and we can support you to take them forward |

National Context and Thematic Focus

Anastacio Marasigan Jr., Executive Director, TLF SHARE

For everyone's information, we are pre-testing the FGD instrument developed by UNAIDS. That is why I am very thankful that all of you said yes to participate here. When I looked at the participant list, most of you are really involved in HIV work, mas marami pa kayong alam kaysa sa akin because you go and engage with the communities and know their issues. But one thing that is unique with what's going on right now is the pandemic. We have to live with the Covid-19 pandemic for the next 2-3 years, even if the vaccine can be available in the next few months, marami pa ring issue, so we have to soldier on with regard to our work.

This came from Doc Chito, they came up with a HARP report recently. Why am I showing this? Because I would like to emphasize that in the recent report, we all know na tayo sa Pilipinas ang may

pinaka-mataas na rate ng HIV infection, hindi bumababa ang rate. With the pandemic that happened, mapapansin natin from March, April, May, bigla siyang bumaba.

This is not because hindi na tumataas ang rate ng infection, but the pandemic affected how we are testing and doing our intervention. We might see that maybe the intervention we've been doing has finally worked, kasi bumaba pero makikita natin na by June, tumaas na naman. Kasi that was the time we decided to open up, nag-GCQ na tayo.

When the pandemic hit us, no one was prepared, but there were a lot of strategies employed to continuously deliver services. Commendable ang community dito kasi tinuloy pa rin natin ang services kahit gaano kahirap at may kahalong danger. Pagdating ng June, tumaas ng naman ang rate ng infection, remember we still have very limited movement, we are still not 100% operational because even CBOs and CSOs are still affected by the pandemic. It is important for us to talk about how we can continue service delivery.

Tulad sabi Doc Louie, there are certain targets that we need to achieve. We are promoting 90-90-90, but in our pursuit of this goal, what we may have forgotten is the issue of social protection. Social protection has been around ever since sa HIV and AIDS work. Kung titingnan natin, masyado tayo naka-focus sa 90-90-90 so nakalimutan na yung social protection. Nakita natin during this pandemic yung kakulangan natin dito. Marami sa kasamahan natin ang na-displace, nahirapan mag-access ng services at medicine. Maraming hindi medical-related needs pero for survival, ang iba ay wala nang makain at hindi nakatanggap ng ayuda for a lot of reasons, merong nawalan ng trabaho, hindi tayo prepared. Thank god for initiatives from CBOs, pero most of it ay band-aid lang, hindi sustainable at hindi ganun ka-effective.

For me, I think we have to look into kung anong social protection ang pwedeng pag-usapan, as it cuts across all issues, from prevention to treatment. We strongly believe in human rights so we need to talk about social protection in the next three hours, and at the same time, kung anong possible recommendations natin that could look into social protection. Hindi totoong datos itong last four months, ang totoong datos ay mataas ang HIV at may Covid pa. Meron pang economic recession so social protection is really needed now. As a group that represents a small population in the HIV and AIDS work, it would be helpful to start a discussion about social protection. Yun lang po at maraming salamat.

SESSION 1: PEOPLE-CENTERED HIV RESPONSE

Group Assignment

| Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|---|--|---|
| Ivan Alvarez Renier Louie Bona Richard B. Hayag | Jhun Oliveros Edward Camasis Malou Quintos Ranier Naldoza | Tanya Laguig Marcelino Oculito CK Gatpanan Toots Rivac |

What does UNAIDS mean when they say People-centered Approach?

Reaching people in need:

- Focusing on **marginalized groups** and **maintaining access** for those that were reached with prevention and treatments

Structures that respond to HIV:

- This is AIDS response: the **structures and organizations** that directly implement HIV and AIDS strategies

Contextual environment:

- The **external** context beyond HIV that can have an impact because the response to HIV fits within a larger issue or because of emerging **issues that will impact services, funds, or priorities**

Discussion Guide:

1. How do we see the current situation?
2. What concerns us?
3. What gives us hope?
4. What constrains our abilities to achieve our goals?

Group Outputs:

| | Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|--|--|---|--|
| <p><i>How do we see the current situation?</i></p> | <ul style="list-style-type: none"> ● Who are the people in need? Sila yung mga marginalized groups, meaning there are structures that makes people marginalized. Pagdating ng Covid, their marginalization became more pronounced. So kung yung PLHIV dati ay hindi maka-access ng treatment because of stigma and discrimination, ngayon, yung mga structures na meron tayo mas pinu-push pa yung mga PLHIV na hindi maka-access because of the Covid situation. Kung may PWID who cannot access healthcare due to fear, mas lalong hindi maka-access ngayon. ● Marginalized people are more vulnerable to mental health issues. Yung reason for their mental health issues ay yung vulnerability nila. Ngayong mas pronounced yung kanilang vulnerability, mas mataas yung possibility na magkaroon din ng mental health problems. ● Kund dati, inefficient na ang gobyerno, ngayong lockdown, mas inefficient pa ang ating gobyerno sa pagbigay ng ating mga healthcare needs, education, etc. | <ul style="list-style-type: none"> ● Poor health care system in terms of service provision and access to ARV ● Poor social and financial services. Because of the current situation, there is a lack of social and financial support sa mga nangangailangan | <ul style="list-style-type: none"> ● Lack of funds and being highly dependent on external funds. Because of the political situation, HIV is not prioritized as an issue, there are cases where our funds are being re-directed to the Covid response. Reviving Death Penalty ay nakakaapekto rin sa KAPs, malaking ang chance na ma-profile tayo. ● HIV services can be easily interrupted, like what happened during Yolanda, walang maayos na preparedness. Walang pundasyon, walang maayos na plano kung anong gagawin sa community pag may mga sakuna, sinasalo ng mga CSOs ang trabaho ng LGU ● Bothered tayo sa issue ng Philhealth kasi nagkakaroon ng confusion kung bibilhin na ba yung mga ARV, merong fear na mawalan ng access sa OHAT. |

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|-----------------------------------|---|---|--|
| <p><i>What concerns us?</i></p> | <ul style="list-style-type: none"> ● Maraming mga biological, health, and social needs ang unmet ngayon sa mga marginalized groups. Kung yung mga <i>MSM dati nahhirapan maghanap ng sexual partner because marginalized groups sila, nagtatago, ngayong lockdown mas fino-force pa sila na i-access yung needs nila</i> ● Kung ang PLHIVs dati ay nahhirapan na mag-access ng healthcare, ngayon, mas focused yung health care system sa pag-address ng Covid patients na address. May mga cases na tinu-turn away yung non-Covid medical needs kasi baka makahawa sila sa Covid. Kung dati ay mahirap na i-meet yung healthcare needs ng PLHIV, ngayon mas mahirap pa because of the structures that we have. | <ul style="list-style-type: none"> ● If poor yung ating healthcare system, there is increasing number of KPs having problems not only on HIV but also om COVID, in terms of screening and testing, in terms of access to social and medical services ● In terms of budget, there is the issue on programming of support from HIV to Covid response | <ul style="list-style-type: none"> ● We are aware na tatagal pa tayo ng 3-4 years sa ganitong situation so nag-arise yung issue ng sustainability of services and prevention among the community. Yung pag-strategize kung paano maipagppatuloy yung ganitong mga ganap. ● Life and livelihood of PLHIV and their families ● Multiple-layered burden and intersectional struggle sa araw araw na pinapasan natin. |
| <p><i>What gives us hope?</i></p> | <ul style="list-style-type: none"> ● May hope na nakukuha natin sa, perfect example yung ARVayanihan. Nagkaroon ng unity within the community. ● Nagkaroon din ng volunteerism. ● Nag-produce din tayo ng mga plano para sa pag-engage at pag-access ng services ng mga KAPs. ● Gusto ko lang din i-point out na while these give us hope, reflection ito ng isang malaking pagkukulang ng ating mga istruktura. | <ul style="list-style-type: none"> ● We can consider this as success stories in the HIV Program—the greater involvement and meaningful engagement of the community, including the PLHIV community in the program in all levels from policy-making, planning, to implementation ● Support mechanism among CBOs, with this mechanism we were able to step-up services like the ARVayanihan for example ● There is a community-led services that provide social support among and for the communities | <ul style="list-style-type: none"> ● Yung mga concerns na nabanggit namin kanina parang laging gobyerno ang may problema, so dapat ba yung hope natin ay ibigay natin sa ay sa gobyerno? Sobrang questionable niya eh kasi dapat sila ang magbibigay ng hope sa atin para mabuhay at magpatuloy kaysa sila yung nagiging burden para di tayo magpatuloy sa buhay. So isang nakikitaan natin ng hope ay tayo. yung community, yung buhay ng mga PLHIV na nagpapatuloy, yung mga CBOs, NGOs at CSOs na tuloy tuloy yung ginagawa regardless of everything that is happening. May point of unity and call tayo para magpatuloy. ● What we have started, kung paano tayo nagsimula, kung paano natin in-establish yung foundation natin as support group, kung nasaan tayo ngayon, the unities we built. ● Our vision of the future, na magkaroon ng “o new infections by 2030”. Siguro yung maibibigay nating hope, put tayo ng pressure on the government para maibigay sa atin yung... ● Meron tayong bagong batas na magagamit, yung RA 11166. Maganda siyang laging balikan kapag nanghihingi ka ng maayos na serbisyo o participation, kung nanghihingi ka ng maraming bagay. Ito yung batas at bahagi kami ng pagpasa nito. |

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| <p><i>What constrains our ability to achieve our goals?</i></p> | <ul style="list-style-type: none"> ● The fact na ang pinaghuhugutan natin ng hope ay tayo-tayo na lang, indication ito of a much bigger problem. May pagkukulang na systemic at pangmalawakan na hindi naiibigay sa atin ng gobyerno. ● Sabi ni Marcy pwede nating paghugutan ng hope yung RA 11166 na ine-engage yung mga Human Rights groups sa pag-create ng mga programa at mga polisiya pero what constrains us ay isang ang bagong batas din, yung Anti-Terror Law. Pipigilian ng Anti-Terror Law yung mga Human Rights groups na i-assert ang kanilang mga pangangailangan at mga karapatan. Malaki ang posibiliidad na ma-tag yung mga tao at grupo na nagtutulak ng mga karapatan bilang mga terorista. ● While may volunteerism, halata pa rin na may pagkukulang yung Human Rights groups sa pagkukunan ng pondo. Dahil nga tayo-tayo na lang ang gumagawa ng serbisyo, mas malaki yung kailangan na pondo para mabigay yung mga services that we provide. | <ul style="list-style-type: none"> ● Existing pa rin yung stigma and discrimination sa pag-provide ng services. ● Weak healthcare system and social support services ● Economic stability ng Pilipinas kasi ito ay magiging balakid talaga if we want to push for a good HIV and AIDS program | <ul style="list-style-type: none"> ● Leadership and capacity ng mga CBOs and KAP lalo sa context ng pandemic. Magbabago lahat ng nakasanayan nating gawin. Halimbawa, paano mo ilo-localize yung RA 11166 para maging compliant yung mga tao? Hindi ka na pwedeng directly pumunta doon, magbabago na yung advocacy activities mo, ibang plataporma na. Kailangan na tignan yung CBOs para yung mga karaniwa nating ginagawa, malaman natin kung paano natin gagawin sa panahon ng pandemya. ● Accountability pagdating sa healthcare system. Important na yung community ay may critical role to watch over the programs and services and policies pagdating sa enabling environment ng HIV response. Maganda rin na ang community mismo ay meron ding may accountability, pagdating sa services na dine-deliver nila. ● Maraming PLHIV na nasa malalyong probinsya. Paano natin mapapanatili yung monitoring and connection kasi, lalo na sa mga islands, wala silang maayos na facilities tapos magshi-shift tayo online. Yung takot na baka, for example, nagkaroon na ng maayos na monitoring online tapos ma-hack yung system, ma-out sila. Paano maa-address yung ganung fears para hindi sila ma-discourage mag-connect? |
|---|--|--|---|

SESSION 2: RECOMMENDATIONS

What are the **key recommendations** back to UNAIDS in terms of the strategy specifically?

| | CONTINUE | START | STOP |
|------------------|---|---|--|
| <i>CK</i> | support group and bayanihan; maayos na implementation ng RA 11166 at IRR | establish comprehensive online HIV response platform; call for greater state subsidy sa HIV response | stop the stigma and internalized discrimination within the community; embody our advocacy |
| <i>Edward</i> | community-led approach; support mechanism sa service provider and CBOs; and constantly connect sa issues of PLHIV | intensifying program development; paano mag-wo-work sa new normal | |
| <i>Ivan</i> | best practices sa HIV service intervention | mas flexible and adaptive strategies na based sa scientific evidence | complacency sa existing strategies, need flexibility to adjust current strategies |
| <i>Jhun</i> | advocating to national, regional and local level continue pero intensify the work sa Result Area 8 presented by Doc Louie, on program integration in the context of strong health and non-health systems that contribute to well-being | investing in the local level; start working on how to work with the new normal roadmap to make HIV response resilient in times of disasters and pandemic | being dependent on donors agree ako that we should stop being donor-driven not just with the issue of resources, but our programs are what's being asked by funders. The flip side of it is, If it wasn't demanded by Global Fund I'm not sure if we have a Human Rights program now? |
| <i>Marcy</i> | making sa mga KAPs, CBOs and CSOs sa important decisions on HIV response | scale-up budget advocacy, lobbying about HIV investment, we need to start prioritizing this | pagiging reactive sa response at development ng HIV, hindi tayo nagdi-dictate ng discussion or direction ng issues |
| <i>Ranier N.</i> | evidence-based initiatives na present ngayon at dialogue for sustaining services and programs | investment sa community-led interventions | all forms of Human Rights violations; creating silo on response, it's not just health sector response, it's a collaborative effort like Human Rights, Social Protection and Social Development |

| | | | |
|------------------|--|---|---|
| <i>Renier B.</i> | enable CSOs | policy advocacy, start with ones that have to do with COVID | policies that deter Human Rights |
| <i>Richard</i> | pagkakaisa at pagtutulungan ng CBOs and NGOs | | LGU funding (things) na walang katuturan |
| <i>Tanya</i> | maging boses ng KAP at marginalized groups | Contingency plan and specific data gathering especially for TG persons living with HIV | we need to stop, look, and listen; stop with negativity, make it something that can be helpful to our cause |
| <i>Toots</i> | CBO strengthening and engagements lalo na sa mga rural areas; ARVs for PLHIVs; and budget advocacy for HIV | full implementation of RA 11166 especially its localization in municipalities; ensure budget for HIV, not just for token events | stigma and discrimination even within the community especially in service provision |

SESSION 3: ONE KEY MESSAGE

What is the **one key recommendation** you want to reiterate for strong consideration?

| ONE KEY MESSAGE SUGGESTIONS | |
|-----------------------------|---|
| <i>CK</i> | Let's not forget that naka-anchor yung laban natin sa basic Human Rights and equality. |
| <i>Edward</i> | Continue and strengthen support mechanism for social protection and social welfare |
| <i>Ivan</i> | Develop scientific strategy in COVID-19 and HIV response. |
| <i>Jhun</i> | Continue providing funding to the local level to fast track HIV response. |
| <i>Marcy</i> | Strengthen KP capacity to improve governance, management, and delivery of HIV service. |
| <i>Ranier N.</i> | Invest in KAP communities. |
| <i>Renier B.</i> | Sa pandemic na ito, yung crack sa governance structures and system nagpapakita, so we need to advocate more rights-based and evidence-based policies. |
| <i>Richard</i> | Planadong tugon sa oras ng pandemya lalo na ng mga PHO, RHO, CHO. |
| <i>Tanya</i> | Trans-specific (hopefully, government led) strategies programs, innovations, and interventions. |
| <i>Toots</i> | HIV Program must always be within the concept of Human Rights and we can win the fight. |

Four emerging themes:

- KAPs (Investment, strengthening, capacity building, empowerment)
 - 3 votes (Tanya, Rainer N., Marcy)
- Rights-based approach (as key component of the Strategy including stigma and discrimination)
 - 3 votes (CK, Ivan, Toots)
 - *Toots*: sabay sabay na sunod sunod na yung KAPs at governance
- Governance (national, local level, filling in gaps, implementing laws),
 - 3 votes (Renier B, Jhun, Edward)
 - *Jhun*: also improves system strengthening; mahahagip din ang emergencies at community strengthening)
- Pandemic and emergencies (preparedness, adaptability, responsive, un-disrupted)
 - 1 vote (Richard)

Second round of votes:

KAPs - 5 votes

- Tanya, Richard, Rainier N., Magda, Marcy

Rights-based approach - 3 votes

- CK, Ivan, Toots

Governance - 3 votes

- Renier B., Jhun, Edward

Third round of votes:

KAPs - 6 votes

- Edward, Tanya, Richard, Rainier N., Magda, Marcy

Rights-based approach - 5 votes

- Jhun, Renier B. CK, Ivan, Toots

Final One Key Message

- Investing in key-affected populations and underscoring the importance of Human Rights and the rights-based approach in developing the new Strategy.

**FOCUS GROUP DISCUSSION (FGD)
ON THE UNAIDS STRATEGY DEVELOPMENT**

COUNTRY: Philippines

ORGANIZER: TLF SHARE Inc.

DATE: 11/08/2020

PARTICIPANTS: MSM and Trans Women

1. Syndy, Cebu United Rainbow LGBT Sector (CURLS)
2. RC, Cebu United Rainbow LGBT Sector (CURLS)
3. Jerson, Wagayway
4. Joseph, Batangas Barako Pride Inc.
5. Samantha, Decent Image of South Signal Association (DIOSSA)
6. Lily, Decent Image of South Signal Association (DIOSSA)
7. John, AIDS Society of the Philippines (ASP)
8. Emil, Quezon City Health Department (QCHD)
9. Jay, Amnesty International
10. Eddie, AIDS Society of the Philippines (ASP) & Leon Garcia LGBT Organization
11. Yanyan, Decent Image of South Signal Association (DIOSSA)
12. Kristia, Young Advocates for SRHR

FGD Team:

13. Percival Cendaña, Facilitator
14. Stan Jake Trillo, Zoom Tech
15. Mandeep Kaur Ranu, Documenter

Resource Persons:

16. Dr. Louie Ocampo, UNAIDS Country Director
17. Anastacio Marasigan Jr., Executive Director-TLF SHARE

Observers:

18. John Aveño, Coordinator-TLF SHARE
19. Ruthy Libatique, Researcher

OPENING REMARKS

Percival Cendaña, Facilitator

Good afternoon everyone! All our lovely candidates are here, welcome to Ms. FGD 2020. This afternoon, we're going to have a discussion on very important issues we are confronting everyday as advocates or as key-affected populations. Napakahalaga ng participation ninyo ngayon. We want to say thank you very much for taking the time, yung iba ay lumiban pa sa trabaho, yung iba may ibang tasks na kailangan gawin pero mas piniling bigyan ito ng panahon. I will give a few reminders lang para mas productive yung oras na ibinigay natin for today. Napakahalaga ng opportunity na ito for key-affected populations to contribute in shaping the strategy on the AIDS response for the next five years. Subukan nating magtulungan nang sa ganoon yung ating virtual FGD experience ay maging as effective as a face-to-face FGD. We have a few rules:

1. turn on your camera for the whole duration of the FGD
2. mute your microphone when not speaking, unmute when speaking;
3. turn off all notifications; and
4. put your zoom app in full screen mode

If you're wondering, this FGD will run for 3 hours, with a 10-minute break in between.

Overview of Current UNAIDS Strategy, process for the 2016-2021 strategy and Fast Track Targets

Dr. Louie Ocampo, Country Director, UNAIDS

Magandang hapon sa inyong lahat at maraming salamat sa participation ninyo sa ating FGD. Maraming salamat sa TLF SHARE at kay Perci for facilitating.

For us to have more insight and perspective on how to develop the UNAIDS strategy for 2021 and beyond. It will be a 10-year plan, actually, kasi ang commitment ng UNAIDS and other UN agencies ay mahinto ang HIV epidemic by the end of 2030. For us to do that, we need to look back and review the current UNAIDS Strategy.

Currently, we have the UNAIDS 2016-2021 Strategy: On the Fast Track to end AIDS. The strategy set out the core actions with the goals and targets aligned the 2030 agenda and have inspired collaborative actions across diverse sectors of society. It was a bold call to action because we set ambitious targets in different areas, addressing five SDG components: 3, 5, 10, 16, and 17. It has the following 8 result areas:

- *Result area 1:* Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.
 - Voluntary HIV testing services
 - Early infant diagnostic services
 - Antiretroviral therapy and treatment services upon HIV diagnosis
 - Regular treatment monitoring, including viral load monitoring
 - Treatment literacy and nutritional support
 - Accessibility, affordability and quality of HIV treatment, including through community-led delivery systems
 - HIV services scaled-up and adapted to local contexts, including in humanitarian emergencies

- *Result area 2:* New HIV infections among children eliminated and their mother's health and well-being is sustained
 - Immediate treatment for all pregnant women living with HIV
 - Integrated HIV, sexual and reproductive health (including FP), TB and maternal and child health services
 - HIV prevention services for male partners, including testing and treatment
- *Result area 3:* Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.
 - Youth-friendly HIV sexual and reproductive health
 - Harm reduction information and services
 - Condoms and lubes
 - Sexual and reproductive health services
 - Quality comprehensive sexuality education
 - Use of traditional and new forms of communication and outreach to improve knowledge and create demand
 - Meaningful engagement of young people
- *Result area 4:* Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and people deprived of liberty, as well as migrants.
 - Combination prevention services-condoms, lubes, PrEP-- tailored to populations and locations
 - Clean needles and syringes, as well as opioid substitution therapy and other evidence-informed drug dependent treatment
 - Outreach and new media to create demand for services
 - HIV-related services for migrants, refugees and crisis-affected populations
 - Meaningful engagement of PLHIV and KP in decision-making and implementation of HIV prevention programmes
- *Result area 5:* Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.
 - Enabling laws, policies, and practices
 - Empowerment programmes
 - Sexual and reproductive health services
 - Economic empowerment initiatives for women in high-prevalence settings
 - Meaningful engagement of women and girls in decision-making and implementation of the AIDS response
- *Result area 6:* Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed
 - Rights literacy among PLHIV and KP
 - Stigma reduction measures in healthcare, workplace and educational settings
 - Legal services and other remedies to challenge/address violations of human rights
 - Laws, policies, and programmes to prevent and address violence against key populations
 - Punitive laws, policies and practices removed, including overtly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services.
- *Result area 7:* AIDS response is fully funded and efficiently implemented based on reliable strategic information.
 - HIV resource needs from domestic sources (lower-middle-income countries, e.g., Philippines=45%)

- Financial sustainability transition plans towards self-reliance
- 25% invested in prevention, 6% for social enabling mechanisms
- Available and timely information on resource needs including allocation and utilization, cost savings due to optimal resource allocation, etc.
- Investments and support to civil society including networks of PLHIV and KP
- *Result area 8:* People-centered HIV and health services are integrated in the context of stronger systems for health. HIV-sensitive universal health coverage schemes implemented.
 - HIV-sensitive universal health coverage schemes
 - HIV-sensitive national social protection programmes, including cash transfers
 - Integrated services - HIV, TB, sexual and reproductive health, maternal, newborn and child health hepatitis, drug dependence, food and nutrition support and noncommunicable diseases, especially at the community level
 - Integration of community service delivery with formal health system
 - Capacitated human resource
 - Strengthened procurement and supply chain systems

National Context and Thematic Focus

Anastacio Marasigan Jr., Executive Director, TLF SHARE

It's nice to see both familiar and new faces for this FGD. Maraming salamat for allowing us to take some time from your day. I'd like to emphasize that your participation is very important not just because we can contribute to the development of the strategy for how to end HIV and AIDS in the coming years but because this FGD is part of our qualitative research focused on human rights.

For those of you who may be unfamiliar, TLF is an NGO of gay and bisexual men and transgender women and we have worked for the longest time in human rights, capacity building, and community organizing. TLF started like everyone else, with prevention, like condom distribution. Na-outreach din ako noon, I went from being a client to becoming a peer educator. I noticed, through the years that when you are passionate about advocacy and development work, you want to push the envelope. TLF, early on, realized na maraming nagkaka-interes sa treatment and prevention but we saw that there was a gap in human rights.

One of the most important changes that happened in our human rights work is the passage of RA 11166 which is a totally new law compared to RA 8504. If you look at RA 11166, it is really a credit to the community. Pinagtulugan talagang ipasa ito together with our Senate and House champions, Sen. Risa Hontiveros and Cong. Kaka Bag-ao. One thing is very clear, we have a new law anchored on human rights. If you look at the new law, mabigat siya talaga sa human rights. The thing about human rights is that it's not just about being critical of the government but it is an entry into partnership with the government, empowering the community, being a part of the process, accountability, and transparency. Maraming kailangan i-implement from the new law kaso because of the pandemic, napa-atras tayo masyado. However, we will not let this pandemic stop us from working because if we stop working, there will be a lot of people who will be placed at risk lalo ngayon that we see how the pandemic created a lot of inequalities, mapaguusapan natin yan mamaya.

Yung situation natin ngayon, this came from the Epidemiology Bureau of the Department of Health, according to their HARP Report where HIV cases are reported, mapapansin ninyo for the past years pataas tayo nang pataas, di lang tayo mataas sa Covid, sa HIV and AIDS din. Pero looking at the data, we

have almost 40 individuals per day ang nai-infect or nagkakaroon ng HIV, karamihan ay MSM, at mg bata, through unprotected sex. We know all that, but what I want you to see is the situation we have right now noong nagkaroon ng lockdown from March-May, pababa siya, there was a sudden drop in cases. During that time naka-experience tayo ng iba't ibang klaseng quarantine, bumaba yung datos. We should not see this as "bumababa yung cases" kasi hindi ito dahil nagkaroon ng pagbabago sa behavior, hindi dahil yung mga MSM biglang tumigil sa pakikipagtalik or nagka-realization, but it's because during that time, naka-extreme quarantine tayo at nalimitahan ang ating mobility and that placed people at risk.

During that time, kung gusto ko magpa-test, hindi ako makapunta dahil sa restriction. Yung services natin naapektuhan din. Even the treatment became very challenging kasi there were a lot of PLHIV who decided to go home, paguwi nila, hindi na nila na-arrange sa treatment hub yung pagkuha ng gamot. Buti may initiative yung community, like the ARVayanihan, may mga nagpapadala ng mga gamot. Yung iba nagsi-CBS parin sila kung may opportunity for movement. The pandemic created a lot of heroes, sinugal nila yung kanilang health, we would like to commend everyone for doing that.

Pero ang malaking problema natin na hindi madalas pagusapan., yung pangangailangan natin ng social protection. Madalas binabanggit natin yung 90-90-90 pero we have to understand that when we talk about achieving the 90-90-90, we need to talk about social protection and social welfare of the community. Baka kaya hindi natin na-acheive yung 90-90-90 dahil sa social issues na kinakaharap ng mga MSM, PLHIV or mga young LGBT. Malaking bahagi na dapat pagtuunan ng pansin natin ang social protection lalo ngayong panahon ng pandemya kung saan nakikita nating maraming hindi nakatanggap ng ayuda from government kasi hindi nag-qualify. Maraming LGBT ang hindi nag-qualify kasi not considered as head of the family or walang access sa social services, kaya ang social protection ay importanteng pagusapan.

Ang Covid ay hindi matatapos pagdating ng vaccine. Ang vaccine ay hindi agad magwo-work immediately, it takes time at maraming issues pa ang nakapaloob sa vaccine. This means that Covid-19 will be part of the way we will do things, the way we will address HIV, so patong patong na. Nagkakaroon na ng intersectionality at malaking issue dito ang kawalan ng investment sa health service.

From this FGD, hopefully, we can come up, coming from the community, with ideas on ending HIV and AIDS as well as providing social protection. Anong tingin nating makakatulong ma-acheive yung 90-90-90 and other issues surrounding HIV response. At the same time, paano tayo magkakaroon ng maayos na social protection kasi last priority yan pero if we remove social protection, all of us will be at risk.

Lastly, we strongly believe that CBOs and CSOs are partners in community development, without them, without you the participants, we won't be able to achieve genuine and inclusive community development. So, thank you for being here.

SESSION 1: PEOPLE-CENTERED HIV RESPONSE

Group Assignment

| Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|--|--|--|
| John Cleven Arquero Syndy Ann Sulla Jay Diaz Jhalla Agustin | Joseph Mendoza Kristian Ed Geonanga Yanyan Miranda RC Velasquez | Eddie Batuon Samantha Navarra Jerson Sky Magturo |

What does UNAIDS mean when they say People-centered Approach?

Reaching people in need:

- Focusing on key-affected populations and **marginalized groups** and **maintaining access** for those that were reached with prevention and treatments

Structures that respond to HIV:

- This is HIV and AIDS response and programming: the **structures and organizations** that directly implement HIV and AIDS strategies and deliver response

Contextual environment:

- The **external** context beyond HIV that can have an impact because the response to HIV fits within a larger issue or because of emerging **issues that will impact services, funds, or priorities**

Discussion Guide:

1. How do we see the current situation?
2. What concerns us?
3. What gives us hope?
4. What constrains our abilities to achieve our goals?

Group Outputs:

| | Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|---|--|---|---|
| <i>How do we see the current situation?</i> | <ul style="list-style-type: none"> ● Ngayong pandemic, mahirap mag-access ng health services kasi sa transportation palang hirap na sila; sa mga transgender, walang clinic para sa kanila, hirap sila maka-access, may fear na hindi sila welcome sa facilities, yung iba wala talagang facility na mapuntahan ● May clients parin na nakaka-receive ng stigma and discrimination galing mismo sa facilities; issue ng breach of confidentiality within the facility, from service provider and health workers ● Kulang sa pagiging client-centered yung facilities, nafi-feel ng clients na minsan maraming tao, wala nang confidentiality, or parang di sila welcome so nadi-discourage sila | <ul style="list-style-type: none"> ● Sa current pandemic situation, nauga (na-lost, na caught off guard) ang mga proseso kasi sa mga organizations, for example, nahihirapan na sila paano mag-outreach sa community kasi usually physical outreach yung giangawa nila, paano sila magiging proactive sa outreach kung naka-quarantine? ● Maliban sa clients, nagbago din ang sitwasyon ng service providers, nahihirapan na yung clients na mag-approach sa facilities, yung service providers din nahihirapan lumapit sa clients. Pahirapan kasi na-divert yung attention, specifically ng CHO and PHO. Kung noon nakikipagagawan na tayo sa atensyon nila, ngayon mas nahihirapan pa, KPs and PLHIVs are vulnerable to Covid.(● Hindi naman tumigil and service pero paano nila masu-sustain or hanggang kailan nila kayang i-sustain kung yung funds and resources nabu-burn up na rin ● Three points: client, service provider, and LGU | <ul style="list-style-type: none"> ● Matas nag cases ng HIV pero tumigil siya nung nag-focus sa Covid-19 kasi lahat ng involved sa program mapa-NGO or government di makagalaw nang mabuti since start ng lockdowns ● Hindrance pa rin yung Covid situation kasi pahirapan yung pag-link sa barangay which is sa external, mas malaki sana matulong ng barangay sa HIV response, may barangay na very supportive sa program pero sa current situation nale-left out kasi hindi siya priority; hirap na rin mag-access ng funds even yung supportive barangays dahil sa Covid ● Because of ECO, mahirap mag-implement or makipag-partner with local government or communities. Na-stop yung HIV response because of the current situation. E.g. sa Davao City, although continue ang partnership with CHO, nakaka-access na lang ng kaunting financial budget ang mga CBOs and other groups, doon sa GAD budget |
| <i>What concerns us?</i> | <ul style="list-style-type: none"> ● Possible na tumaas ang HIV cases, halimbawa sa isang community, naka-lockdown, gusto makipagtalik, yung magiging partner sa community din, mahirap i-access ang condoms and lubes, baka magkahawaan ng HIV or STI thru unprotected sex. ● Medication ng PLHIV, mahirap maka-access sa facility, walang transportation, kailangan i-deliver sa client mismo | <ul style="list-style-type: none"> ● Sa service delivery may personal saka institutional concerns. ● Sustainability-paano masu-sustain yung services? Nung nag-declare ng ECO nagkaroon ng surge ng mga balik probinsya, kasama doon yung mga PLHIV and KPs, limited resources sa provinces tapos mas lumaki yung demand, paano nila masu-statain? ● Sitauton of PLHIV and KPs-mas vulnerable and at risk sila sa pandemic at the same time mental health kasi affected din; internalized stigma | <ul style="list-style-type: none"> ● Because of the current situation nagalala ang grupo sa KPs na nahirapan magaccess ng testing, regimens for PLHIV, mga taong makausap para masagot yung concerns on sexual health, kasi agencies involved especially government, nag-lie low because of Covid-19 ● Nag-change yung immediate concern ng government, although may iba ibang concerns sa health, ngayon focused sa Covid, more on engaging on testing, planning for vaccine, doon nag-shift yung |

| | | | |
|--|---|---|---|
| | <ul style="list-style-type: none"> ● Pwedeng maging reason yung lockdown para di makapunta ang clients, para maka-access ng service na kailangan niya, maging excuse | <ul style="list-style-type: none"> ● Mobility-paano ba makakapag-deliver ng services like ARVs and regimens. May lack of resources na may checkpoints pa or physical na balakid from point A to point B. May mga logo ng TLY or other orgs, nagre-request sila na discrete yung meds, na tanggalin yung logo. | <p>concern ng government.</p> <ul style="list-style-type: none"> ● PLHIV nahirapan maka-access ng financial or medical assistance na bigay ng government kasi may shifting of budget |
| <i>What gives us hope?</i> | <ul style="list-style-type: none"> ● Sa government, sana yung support nila sa program tuloy pa rin kahit may pandemic, we need testing, commodities, kasi kailangan ng KPs saka medication ● Support ng mga organizations, may mga ganitong platform nakakapag-usap tayo tungkol sa anong pwedeng gawin sa ganitong panahon | <ul style="list-style-type: none"> ● Sa client, service provider and organizations. ● Humuhugot kami ng pagasa sa isa't isa. Clarity of why. Nare-remind kami why are we in this advocacy. | <ul style="list-style-type: none"> ● Credit yung mga, despite of the situation now, volunteers and frontliners are still working, hindi pa rin humihinto sa pagtatrabaho for the advocacy ● Continuing support sa external na part like mga na-establish na partners, barangay, agencies ● Support ng mga CBOs at NGOs sa program despite the situation, andyan pa rin sila, pati government agencies |
| <i>What constrains our ability to achieve our goals?</i> | <ul style="list-style-type: none"> ● Fund support from international, kailangan natin para mag-continue ng services needed by client ● Kulang din sa human resources, baka mabawasan tayo ng advocates | <ul style="list-style-type: none"> ● Lack of resources, kulang na nga noon, mas kulang pa ngayon kasi nag-shift ang prioritization ng resources, ● Limitation sa context ng mobility kasi marami sa mga clients nasa probinsya or nasa outskirts ng city, mas mahirap mag-deliver ng services sa kanila; city-centric kasi yung service delivery ● Kakulangan ng true and real volunteers, yung may mga passion talaga sa advocacy kasi may ibang volunteers na doing it for connections or personal gains. If we have that kind of volunteers, paano natin sila masu-sustain eh they are also peoples with their own lives? | <ul style="list-style-type: none"> ● Covid situation humahadlang para maabot yung ating mga layunin, yung 90-90-90, because of Covid nahadlangan yung mga plano natin in the next years ● Prioritization locally, di natin alam next year kung maging priority pa ba yung HIV program? Kailangan natin ng sustainability pero magbabago yung prioritization ng LGU baka ma-shift sa Covid. ● Hirap din kumuha ng budget because of the situation, mahirap naman talaga kahit noon pero ngayon mas mahirap because of Covid. I don't know kung maging priority pa rin ang HIV program ng mga localities |

Perci: Maraming sagot revolved around the pandemic, people would think it's outside the HIV response but it has a great impact. Mahalaga itong i-point out kasi the new strategy will be implemented under this new normal so it's important to talk about. Lumalabas sa mga sagot ninyo na Covid-19 is a challenge, a constraint. Lack of resources is another challenge.

SESSION 2: KEY RECOMMENDATIONS

What are the **key recommendations** back to UNAIDS in terms of the strategy specifically?

| | CONTINUE | START | STOP |
|-----------------|---|--|--|
| <i>Samantha</i> | House-to-house CBS | Reaching more KPs, sumasali ako sa mga GCs ng mga bisexuals for example. May self-testing na sa TLY, saka basic HIV information na pwedeng i-facilitate through facebook messenger | Due to Covid, stop posting muna ako on social media about house-to-house CBS kasi baka mahuli ako due to quarantine restrictions |
| <i>Juju</i> | Proactive delivery of service, we as service provider yung actively mag-provide ng services hindi na mag-aantay na clients ang lumapit | Capacity building on how to adapt to the current new normal | Red tape or excessive bureaucracy |
| <i>Cleven</i> | Passion and commitment to community outreach | Magkaroon ng new strategy and approach sa new normal whenever we engage clients; utilize social media platforms sa delivery at promotion ng services natin | The stigma and discrimination sa mga client natin |
| <i>Sky</i> | As volunteer, dapat ituloy yung volunteering, (I do paghahatid ng meds sa buong Batangas) kasi katulad nung isang patient na naging ka-close ko na, isang naging dahilan ng hindi pagtuloy ng meds ay na-stop yung volunteers at wala siyang means para makapunta ng clinic | Online access kasi concern natin yung clients at yung risk sa health nila | Discrimination |
| <i>Yanyan</i> | Pangangamusta natin sa mga clients natin, may problema ba? Simple way to unburden them, lalo para ma-address | Palakasin yung sarili natin, yung immune system natin. How can you do CBS kung mahina yung katawan mo? Baka madali | Pagpo-post ng mga reklamo natin sa social media, yung mga bad news |

| | | | |
|---------------|--|---|---|
| | yung fears na maapektuhan sila ng pandemic | kang mahawaan ng Covid, sinong tutulong sa clients natin? | |
| <i>RC</i> | Aside from community involvement, tapping BPO partnerships for voluntary testing for employees, some are not comfortable undergoing testing in facilities; bringing testing to the workplace | Let's focus on basic unit of society, which is the family, we need to strengthen family orientation on HIV awareness, parents can be open-minded, they can advise their children to practice safe sex always; HIV to be incorporated in school subjects to strengthen HIV awareness | There are posts found on social media that say "if a person has HIV, they will die right away." We need to stop that negative scripting because people will likely be scared of getting tested for HIV, let's focus on what we do and giving them hope that it's not the end of the world if they get HIV |
| <i>Syndy</i> | HIV awareness information kahit may pandemic, we need to assure that merong information yung community at awareness sa services para they can go to the facilities to access | Agree with Eddie on accessibility of information, dapat meron nang online access where they can chat if they have problems para easy access na. | Stigma para di na sila matakot, di na mahiya na mag-reach out |
| <i>Joseph</i> | Looking for possible partners and advocates; capacitating existing organization members | Self-sufficiency; given the pandemic nagka-shifting of priority na with the partners we used to work with so we should be self-sufficient or look for other partners para di ma-hamper yung ginagawa sa community | Too much reliance on the spread of unverified and fake news |
| <i>Jay</i> | Strengthen this kind of platform, what we are doing now | Create more programs like this dialogue with peer educators and advocates | Same thing with the others, the stigma and discrimination |
| <i>Jhalla</i> | Promoting our services and updating our clients that we will still be open no matter what happens | Try online consultations, client can talk to us online for questions or updates | Negativity kasi lahat naman ng problema may solusyon. |
| <i>Eddie</i> | Outreach education, promoting testing among KPs; engage with | Evolve to online work para patuloy yung pag-engage sa KPs; baka pwede i- | Pagtuunan yung existing pa rin na mga compulsory testing sa workplace at |

| | | | |
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| | in the barangay-level because they also have funds for HIV program; engage with LGBT groups to promote HIV testing | popularize ang self-testing, given international funds will not be around forever, start working on sustainability of the program using local funds and networks | school kasi kung hindi ma-stop yung, mabibigo tayo na ma-lesen yung stigma and discrimination sa HIV |
|--|--|--|--|

SESSION 3: ONE KEY MESSAGE

What is the **one key recommendation** you want to reiterate for strong consideration?

| ONE KEY MESSAGE SUGGESTIONS | |
|-----------------------------|--|
| <i>Samantha</i> | Thank you and continue to support volunteers, PLHIV and other clients |
| <i>Juju</i> | Do everything in their capacity to be sure that the work they do is felt by people in the ground or at the grassroots level. |
| <i>Cleven</i> | Sana hindi sila magsawang tumulong sa atin kasi sila yung kailangan natin |
| <i>Sky</i> | Continue helping, salute, and thank you for the support they are giving |
| <i>Yanyan</i> | Wag na nilang i-stop yung ganitong FGD kasi nabibigyan ng opportunity yung mga volunteers na masabi yung mga kulang pa sa advocacy work natin |
| <i>RC</i> | Increase global funds for HIV |
| <i>Syndy</i> | I hope they won't stop reaching out to PLHIV clients that seek help despite the pandemic |
| <i>Joseph</i> | To have a meaningful and impactful dialogue with LGUs and other agencies and organizations para sa patuloy na collaboration for the programs that we have |
| <i>Jay</i> | Continue in promoting the [institutional] purpose of the organization |
| <i>Jhalla</i> | Thank you so much and continue to support us |
| <i>Eddie</i> | Continue to support the program in terms of prevention, testing, ART and advocacy work until the time that we can achieve the sustainability from our own government |

**FOCUS GROUP DISCUSSION (FGD)
ON THE UNAIDS STRATEGY DEVELOPMENT**

| | |
|------------------|----------------------------|
| Country | Philippines |
| Organizer | TLF SHARE Collective, Inc. |
| Date | 13 August 2020 |

Participants: PLHIV

1. Ron, Pinoy +
2. Rommell, Pinoy +
3. Roy, Pinoy +
4. Marr, Pinoy +
5. Ramon, HASH
6. Tosh, HASH
7. Marvin, HASH, Gabay sa Pulang Laso
8. John, HASH
9. Lhorine, The Green Clinic
10. John, Pinoy + and Apwai
11. Emil, Gentlemen +
12. Jeremy, Gentlemen +

FGD Team:

13. Percival Cendaña, Facilitator
14. Stan Jake Trillo, Zoom Tech
15. Geroldine Tabigne, Documenter

Resource Persons:

16. Dr. Louie Ocampo, Country Director, UNAIDS
17. Anastacio Marasigan Jr., Executive Director - TLF SHARE

Observers:

18. Ruthy Libatique, Researcher
19. John Aveño, Coordinator - TLF SHARE

OPENING REMARKS

Percival Cendaña, Facilitator

Welcome po sa inyong lahat, naipaliwanag na po ni Shane kung bakit tayo magkakasama ngaoy, para mapag-usapan kung paano pa natin mas magagawang responsive ang UNAIDS Strategy na gagamitin pa sa mga susunod na taon, lalo dahil applicable ito sa ating mga contexts, sa iba't ibang levels.

Isang pambihirang pagkakataon ito na maka-input tayo sa isang international document. This meeting will contribute in shaping the strategy ng UNAIDS sa next five years or more. Nagtabi kayo ng mga gawain niyo today para gawing productive ang ating discussion. Alam nating mahirap ang online na conversation dahil sanay tayong magkakaharap, so kahit online, let us try na gawing parang offline ang ating conversation. Heres some tips to make this more productive:

1. This is a safe space, walang lalabas dito, lalo ang inyong identities, let's maintain confidentiality and anonymity, kaya baka pwedeng mag-open tayo ng ating cameras to simulate the face-to-face interaction, so we feel like we are in the moment.
2. Nabanggit na naka-mute tayo pag hindi nagsasalita. Unmute lang po pag magsasalita na tayo. Also, if you can turn off your notifications at paki-fullscreen ang Zoom para hindi tayo ma-distract.

The whole FGD will run for three (3) hours, meron rin tayong 10min break. This is a wonderful opportunity for KAPs, PLHIVs, para maka-input in the strategy na makaka-apekto sa ating lahat.

UNAIDS STRATEGY 2016-2021

Dr. Louie Ocampo, Country Director, UNAIDS

Thank you to Percy and all the technical staff. I want to thank everyone for participating in this FGD. We need your voices to come up with a better strategy from 2021 that will run for five years. We are aiming to have this until 2030 as this is a commitment of the Philippines as part of the SGD, to eliminate HIV in public health. Ano ba ang current UNAIDS Strategy that we have to review, among kulang, among i-cocontinue at kailangan palitan sa bagong strategy?

| UNAIDS Strategy 2016-2021 (8 Results Areas at a Glance) | |
|--|---|
| KRA 1 | <p>Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment (90-90-90 Targets).</p> <ul style="list-style-type: none"> • <i>Voluntary HIV testing services</i> • <i>Early infant diagnostic services</i> • <i>Anti-retroviral therapy and treatment services upon HIV diagnosis</i> • <i>Regular treatment monitoring, including viral load monitoring</i> • <i>Treatment literacy and nutritional support</i> • <i>Accessibility, affordability and quality of HIV treatment, including through community-led delivery systems</i> • <i>HIV services scaled-up and adapted to local contexts, including in humanitarian emergencies</i> |
| KRA 2 | <p>New HIV infections among children eliminated and their mother's health and well-being is sustained</p> <ul style="list-style-type: none"> • <i>Immediate treatment for all pregnant women living with HIV</i> • <i>Integrated HIV, sexual and reproductive health (including FP), TB and maternal and child health services</i> • <i>HIV prevention services for male partners, including testing and treatment</i> |
| KRA 3 | <p>Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.</p> <ul style="list-style-type: none"> • <i>Youth-friendly HIV sexual and reproductive health</i> • <i>Harm reduction information and services</i> • <i>Condoms and lubes</i> • <i>Sexual and reproductive health services</i> • <i>Quality comprehensive sexuality education</i> • <i>Use of traditional and new forms of communication and outreach to improve knowledge and create demand</i> • <i>Meaningful engagement of young people</i> |
| KRA 4 | <p>Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and people deprived of liberty, as well as migrants.</p> <ul style="list-style-type: none"> • <i>Combination prevention services-condoms, lubes, PrEP- tailored to populations and locations</i> • <i>Clean needles and syringes, as well as opioid substitution therapy and other evidence-informed drug dependent treatment</i> • <i>Outreach and new media to create demand for services</i> • <i>HIV-related services for migrants, refugees and crisis-affected populations</i> |

| | |
|-------|--|
| | <ul style="list-style-type: none"> • <i>Meaningful engagement of PLHIV and KP in decision-making and implementation of HIV prevention programs</i> |
| KRA 5 | <p>Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.</p> <ul style="list-style-type: none"> • <i>Enabling laws, policies, and practices</i> • <i>Empowerment programmes</i> • <i>Sexual and reproductive health services</i> • <i>Economic empowerment initiatives for women in high-prevalence settings</i> • <i>Meaningful engagement of women and girls in decision-making and implementation of the AIDS response</i> |
| KRA 6 | <p>Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed</p> <ul style="list-style-type: none"> • <i>Rights literacy among PLHIV and KP</i> • <i>Stigma reduction measures in healthcare, workplace and educational settings</i> • <i>Legal services and other remedies to challenge/address violations of human rights</i> • <i>Laws, policies, and programmes to prevent and address violence against key populations</i> • <i>Punitive laws, policies and practices removed, including overtly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations' access to services.</i> |
| KRA 7 | <p>AIDS response is fully funded and efficiently implemented based on reliable strategic information.</p> <ul style="list-style-type: none"> • <i>HIV resource needs from domestic sources (lower- and middle-income countries, e.g. Philippines = 45%)</i> • <i>Financial sustainability transition plans towards self-reliance</i> • <i>25% invested in prevention, 6% for social enabling mechanisms</i> • <i>Available and timely information on resource needs including allocation and utilization, cost savings due to optimal resource allocation, etc.</i> • <i>Investments and support to civil society including networks of PLHIV and KP</i> |
| KRA 8 | <p>People-centered HIV and health services are integrated in the context of stronger systems for health. HIV-sensitive universal health coverage schemes implemented.</p> <ul style="list-style-type: none"> • <i>HIV-sensitive universal health coverage schemes</i> • <i>HIV-sensitive national social protection programmes, including cash transfers</i> • <i>Integrated services - HIV, TB, sexual and reproductive health, maternal, newborn and child health hepatitis, drug dependence, food and nutrition support and noncommunicable diseases, especially at the community level</i> • <i>Integration of community service delivery with formal health system</i> • <i>Capacitated human resource</i> • <i>Strengthened procurement and supply chain systems</i> |

NATIONAL CONTEXT AND THEMATIC FOCUS

Anastacio Marasigan Jr., Executive Director, TLF SHARE

Unang una, magandang hapon sa lahat. It's nice to see familiar faces sa ating community, salamat sa pagpapaunlak at pagbibigay ng panahon sa FGD, na may suporta galing sa UNAIDS. This is the fourth round of FGD na ginagawa natin ngayon. Tulad ng sinabi kanina, this is important because we are currently gathering the opinions and experiences to feed into the development of the new strategy na gagamitin sa susunod na mga taon. This process will start by September or October. Masaya ako na makakasama ang boses natin sa isang bagay na makakapagpabago sa direksyon sa pagtugon natin sa epidemya. Pangalawa, ang resulta ng mga FGD ay gagamitin sa research sa pag-develop ng HR Roadmap na funded ng UNAIDS, together with PNAC. Ito po ay magiging gabay sa mga susunod na taon.

Kadalasan, mapapansin natin sa adbokasiya, ang pagplano natin ay target, approaches, na nakakalimutan natin sa pagsasagawa nito ang karapatang pantao. Sa panahon ngayon, nagkakaroon ng pangit na kahulugan ito, criticizing the government, that we are angry daw, but it's really about accountability, transparency, partnership, meaningful engagement, and access to services.

Paguusapan naman natin quickly ang situation ng HIV sa Pilipinas. Kung titingan natin, ang ating participants sa FGD ay members of organizations na ang gawain ay tungkol sa HIV and AIDS. I am sure na mas marami kayong alam kesa sa akin dahil kayo ang nakikihalubilo sa community, at alam niyo ang kanilang mga experiences at hinanaing. I also started by being engaged in an outreach sa cinema, hanggang naging peer educator then executive director.

Madalas nating maririnig na ang situation natin ng HIV ay pataas nang pataas, tayo ang may pinakamabilis na rate of infection sa Southeast Asia at number seven sa isang report ng UNAIDS. Kung masaya tayong top ten tayo sa Miss Universe, sa HIV and AIDS, pasok rin tayo sa top ten pero hindi po ito joke. Makikita natin na ang rate of infection, ang prevalence ay hindi bumababa sa 30 for quite some time now. Karamihan sa mga report ay MSM, TGW, women, partners ng MSM, pati mga bata. Kadalasan ito ay sa Metro Manila, or sa mga tinatawag na hotspots. Kung meron sa COVID, meron rin sa HIV. Ito ay sa Metro Manila, Cebu, Davao, etc.

Despite the rate of infection, isang magandang nangyari nitong nakaraan ay ang pagpasa ng bagong batas, ang RA11166. Alam na alam natin ang RA 8504, pero ang bagong batas na ito ay produkto ng komunidad na MSM, TGW, PLHIV, at youth. Naalala ko ang hearings na in-attendan namin noon, may representatives from iba't ibang sector, si Percy, when he was commissioner, he represented youth. Ang bagong batas ay product ng pagsisikap ng komunidad, partners, pati narin ang government. Meron rin tayong mga champions, si Sen. Risa Hontiveros at Gov. Kaka Bag-ao na tumulak talaga para masiguradong papasa ang 11166. Pwede nating ma-claim ito bilang komunidad at makikita nating mataas ang bias nito sa karapatang pantao, sa PLHIVs, MSM, and so on. Maliwanag na ang pinaka-core ng batas ay karapatang pantao.

Importante ang karapatang pantao kasi dito nagsisimula lahat. Kung hindi ako nagkakamali, pasado na sa HRep ang 2021 budget, ilan ang nakakaalam sa budget natin? Dapat tinatanong natin ito pero hindi natin masyadong na-monitor dahil sa pandemya. Nakaka-allot pa rin ang local government (unintelligible), parehong importante ang HIV and AIDS, tulad ng maternal health, dengue, COVID, lahat importante.

Narerealize nating ngayon na sa katagalan nang hindi pagbibigay ng investment at pagpapahalaga sa kalusugan, hindi lang in terms of gamot, kundi pati infrastructure at tauhan, kita ang epekto dahil

nagkukumahog tayo. Dapat tayo ay prepared, hindi lang ngayong pandemic, kundi sa susunod rin na mga sitwasyon.

Ngayon nararamdaman natin nang mag-impose ng ECQ, hilong talilong tayo, paano na ang gamot, serbisyo, etc. In fairness to the local government and treatment hubs, nag-prepare sila pero walang paghuhugutan sa ganitong situation. Dahil rin sa pagsisikap ng community, nakita natin ang initiative, dahil tuloy ang service delivery, ang gamot. Pero merong na-kompromiso at mga kasamahang nalagay sa alanganin.

Ang community testing, halos natigil dahil sa pandemic. Makikita natin ang resulta sa nag-iisang slide ko mula sa opisina ni Doc Chito Avelino na dating executive director ng PNAC na ngayon ay head ng DOH-EB. Sa HARP, makikita nating from March to May, bumagsak po but remember, this was the time na walang nakakalabas sa atin dahil sa mahigpit na ECQ. So does this mean that HIV and AIDS is finally under control? No. Naapektuhan lang ito dahil sa pandemya.

Gusto ko lang rin makita sa datos ay ang story behind the numbers. Nakita ang paghihirap ng komunidad, nakita natin ang mga storya na kung saan walang natanggap na ayuda, walang social protection. Merong mga nag-uwian ng probisna, pagdating sa probinsya, nganga. Minsan ang concern ay hindi gamot kundi ang makakain. Ang PL na nakilala natin, minsan hindi tanggap ng pamilya, nagkakaroon ng tension sa sariling mga bahay. That is something that we have to recognize and take note of.

Sabi ko nga sa previous FGDs, ang COVID and HIV and AIDS will be together for the next two to three years. Sabi nila may bakuna na raw for COVID, pero hindi po basta basta itong nadedevelop. Sa tagal ng HIV, wala pang bakuna o pill pero meron nang PrEP. Ang bakuna, malaking pera na ang binuhos pati narin ang advancement ng technology, so ang sa COVID, minamdali nila pero ang estimate ng experts ng vaccine, the closest we can have the first family of vaccine will be mid-2021. Importante sa discussion ang ganitong context, social protection, COVID, human rights, so usap tayo ng strategy.

Yun lang po at maraming salamat po.

SESSION 1: PEOPLE-CENTERED HIV RESPONSE

Group Assignment

| Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|-----------------------------------|--------------------------------|--------------------------|
| Lhorine Marr Jolo Jeremy | Owie RM Marvin Emil | Tosh Ron Chi JM |

What does UNAIDS mean when they say People-centered Approach?

- **Reaching people in need:** Focusing on key-affected populations and marginalized groups and maintaining access for those that were reached with prevention and treatments
- **Structures that respond to HIV:** This is HIV and AIDS response and programming: the structures and organizations that directly implement HIV and AIDS strategies and deliver response
- **Contextual environment:** The external context beyond HIV that can have an impact because the response to HIV fits within a larger issue or because of emerging issues that will impact services, funds, or priorities

Discussion Guide:

1. What is the current situation?
2. What concerns us?
3. What gives us hope?
4. What constrains our abilities to achieve our goals?

Group Outputs

| | Reaching People in Need (Lhorine) | Structures that Respond to HIV (Emil) | Contextual Environment (JM) |
|---------------------------------------|--|--|---|
| <i>What is the current situation?</i> | <ul style="list-style-type: none"> Consider testing indigenous peoples and PDLs sa testing kasi there is no definite testing happening in jails. Provide them with public transportation, it's not that easy for PLHIV to get their ARV medication, di lahat makakapunta o madadalan ng gamot. Nagkakarong ng psychical at mental deterioration ang patient. Sa OHAT, if they are employed before, tapos unemployed ngayon, worried sila sa gamutan, including laboratories. Sabi nila they have to pay for their lab, most are libre for monitoring po, ang baseline lang, sa private facilities, we have to pay for it. | <ul style="list-style-type: none"> Access sa ARV, sa refill, pati ang laboratories. Stranded ang blood brothers sa kanilang areas kaya sana may community centers tulad sa Gabay sa Pulang Laso na tumutulong sa livelihood, meron ring spiritual na tulong. Nakakaalarm ang pagbaba ng nagpapa-screening. In fact, walang makakapunta agad sa testing centers or treatment hubs kung nakakaranas sila ng sintomas. | <ul style="list-style-type: none"> Lack of service provided dahil sa lockdown, hindi makapunta sa mga treatment hubs dahil walang public transportation. Problem sa stocks especially sa transient clients (during quarantine). May scenario na ang patient pumunta sa ibang hub for emergency refill, pero pinahanap sila ng iba dahil walang stocks. Mahirap na access sa testing. Dahil walang public transportation, maraming PLHIV ang hindi alam ang status dahil hindi makapunta sa treatment hub o testing centers, wala silang sariling sasakyan. |
| <i>What concerns us?</i> | <ul style="list-style-type: none"> Maaring dumami ang pila pag binigyang pansin ang IPs. Liliit ang chances magpatest o mapasok sa treatment. Because of the pandemic, hindi ensured ang sustainability of the medicine, until when will it be free? Paano kung magka-COVID 19 ang isang PLHIV? | <ul style="list-style-type: none"> Payment sa Philhealth ng mga nawalan ng trabaho, hindi maka-access ng free laboratory o refill. Lalo sa malalayong lugar. | <ul style="list-style-type: none"> Fund, lalo sa anomalya sa OHAT. Kung hindi mareresolve ito, anong Plan B to sustain the needs of PLHIVs? Restrictions in service delivery pati narin ang contact sa treatment hubs at facilities. Lalo ngayong COVID, nagiging COVID vs. HIV. Most of the time exposed sila, overloaded rin sila sa work, hindi sila pwdeng mag-cater sa PLHIV dahil immunocompromised. Breach of confidentiality through delivery. Hindi well-packaged ang mga gamut so nakita ng rider. |
| <i>What gives us hope?</i> | <ul style="list-style-type: none"> There is normal life for PLHIV. Merong community groups, spiritual enlightenment, church organizations to make them feel they're not alone in this. Ang mga pangarap, aspirations, dreams, | <ul style="list-style-type: none"> Support, love, and care of the organization, family, friends. Lalong nagbibigay ng tulong at moral support lalo sa mga mas bata na natatakot sa sitwasyon. Maganda ang pag-welcome | <ul style="list-style-type: none"> CBOs and NGOs na nagfufund para matugunan ang pagkukulang sa concerns at current situation. Ang ARVayanihan na funded ng UNAIDS, TRW, kahit papano nakakaaccess ng treatment, mag |

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| | <p>that once it starts to work, everything will be okay.</p> <ul style="list-style-type: none"> ● RA 11166, hoping for the government to expand the programs more for the population. ● Scientific innovations for COVID could help HIV too. | <p>sa grupo, ang suporta</p> <ul style="list-style-type: none"> ● Chat lang sa groups kung may problema sa pag-refill, tetry nilang makatulong dito. Ang mga umuwi dito na hindi makaaccess rin sa hub. Meron ring Gentlemen+ na nagbigay ng relief. | <p>nagdedeliver kasi funded ng UNAIDS ang pagdedeliver ni Angkas. Sila na ang bahala sa gastos para makadeliver.</p> <ul style="list-style-type: none"> ● Online consultation ng ibang hub para hindi na kailangan pumunta. Nagkakaroon ng ibang options na hindi na kelangan pumunta sa treatment hub bilang immunocompromised nga. Magandang nakikitang pwede palang option ito. ● PLHIV na alam nilang part sila ng isang community. |
| <p><i>What constrains our ability to achieve our goals?</i></p> | <ul style="list-style-type: none"> ● Government's lack of support and programs for KAPs. Systematic programs wala, kulang. ● Pag 18 below, lack of work tapos parental guidance. Pag above 18, acceptance of the society. ● Proper education or lack of education or knowledge within the community itself, lack rin of support, kahit may support groups, dapat merong enlightenment na ma-reach. ● Safe spaces rin for PLHIVs. | <ul style="list-style-type: none"> ● Mental health, depression. Mahirap ang ganitong sitwasyon, hindi makamove forward. | <ul style="list-style-type: none"> ● Internet service. Kung maganda ang internet, madaling makacontact sa hubs, or online consultations. Lalo kung free ito, pati ang signal ng internet. ● Financial assistance for PLHIV. Meron nga nawalan ng trabaho. ● Policy, systems, and funding. Baka pwedeng masilip ang AO ng Philhealth o mga service na hindi covered ng Philhealth. Kasama rin sana ang free baseline.¹ Maraming PLHIV na hindi nakakastart ng gamutan kasi hindi libre ang baseline at ito ay importante sa treatment initiation. |

¹ Anim na participants ang hindi nakatanggap ng libreng baseline

DISCUSSION AND CLARIFICATIONS:

What is the current situation?

Structures that respond to HIV

- **Sa laboratory capacity, we need regular bloodwork, aside from testing, meron bang iba pang naapektuhan?** *Yes po. Lahat po talaga naapektuhan sa pag-visit ng hubs, walang transportation.*
- **Bukod sa laboratory, apektado ang mental health ng kabataan. Lahat tayo shocked. Hindi naka-prepare ang iba.** *Sa NCR, maraming initiative na gingawa pero sa labas, katulad sa Bicol, walang access kahit sa transportation.*

What concerns us?

Reaching People in Need

- *Matagal nang problema sa OHAT, hindi lahat maavail lahat ng laboratories. Lalo ngayon na kahit shipping fee ay sariling gastos, paano kung walang makanayang pambayad o pambili nalang nila ng pagkain? Inaasahan lang ang mga ayuda ng LGU o DSWD pero hindi agad nakakarating sa communities.*
- *Merong hub na nagdeliver ng ARV na hindi nakabalot ng papel kaya nakita ng rider.*
- **Bakit worried tayo sa cost ng medicine?** *Ang health system kasi declining. Maraming nasa hospital at nagkakaproblema na sa frontliners. Hingi natin alam kung hanggang kailan ang pandemic. Nakakaworry lang kung hanggang kelan nila kakayanin. May hangganan naman talaga ang lahat.*

Structures that respond to HIV

- *Pag di raw updated ang philhealth, di bibigayan ng refill.*
- *Mas prioritized ang COVID kesa HIV pero sana mas pareho lang ng pansin. Ang mga health professionals na dapat naka-duty sa SHCs, naka-duty rin para sa COVID. Kung merong client na magpa-check, hindi naman kaya ng peer ed yun.*

What gives us hope?

Reaching People in Need

- **Ang iba, nakikita nilang disadvantage ang COVID, ang iba baka makatulong daw.** *Magkakaroon ng global awareness dahil sa COVID. I think the health system will strengthen its efforts to protect everyone. Pagkatapos nito, I think it will give a reciprocal flow to HIV.*

SESSION 2: KEY RECOMMENDATIONS

What are the **key recommendations** back to UNAIDS in terms of the strategy specifically?

| | Continue | Start | Stop |
|--------|---|--|--|
| Ron | <ul style="list-style-type: none"> • Online meeting and discussions • Maraming tulong at nakukuhang ideas sa iba't ibang sector | <ul style="list-style-type: none"> • Free baseline kasi dito nagstart lahat, hindi makakastart ng gamutan kung wala ito | <ul style="list-style-type: none"> • Corruption at kapabayaang sa confidentiality sa pagdeliver ng services |
| Owie | <ul style="list-style-type: none"> • Dapat hindi lang sa NCR ang services, pati na rin sa labas ng NCR. | <ul style="list-style-type: none"> • During COVID, sana hindi lang makita ang negative side ng government, kundi i-empower rin ang communities para makagawa ng initiatives | <ul style="list-style-type: none"> • Proper documentation at malaman kung saan magreport ng stigma and discrimination |
| RM | <ul style="list-style-type: none"> • Pagtulong sa hubs sa pag-cope sa new normal, paglagay ng scanners, pati ng appointment for clients | <ul style="list-style-type: none"> • Mass testing na rin sana lalo sa mga vulnerable sa virus, mga PLHIV o mga immunocompromised. | <ul style="list-style-type: none"> • Enabling corrupt leaders, junk Anti-Terror Law |
| Marr | <ul style="list-style-type: none"> • ARVayanihan na pagdeliver ng treatment sa bahay, palawigin pa. | <ul style="list-style-type: none"> • Mental health sana kasama rin sa HIV especially upon diagnosis | <ul style="list-style-type: none"> • Treatment with Philhealth and disregarding HIV pag may pandemic |
| Chi | <ul style="list-style-type: none"> • Support ng government sa support groups. • Financial assistance | <ul style="list-style-type: none"> • Awareness sa teachers para mabahagi ang nalalaman nila o mag-allot ng time for the awareness of the students. | <ul style="list-style-type: none"> • Paggamit ng condition (being PLHIV) para makahingi sa iba |
| Tosh | <ul style="list-style-type: none"> • Ensure ang pagtuloy ng serbisyo para sa PLHIV kahit during pandemic | <ul style="list-style-type: none"> • Dapat free ang prophylactic medicine. • Dapat masilip ang policy ng OHAT package dahil based sa policy, masyadong vague ang provisions. Kung ano lang ang available sa hub, yun lang ang pwede sa OHAT mo so hindi lahat nacoover. Dapat ma-maximize ang paggamit ng OHAT | <ul style="list-style-type: none"> • Pag-limit ng resources for HIV program |
| Marvin | <ul style="list-style-type: none"> • Online discussions, CBS, 101, RA11166, dapat hindi humihinto. Kahit mga kits o | <ul style="list-style-type: none"> • Madagdagan ang community centers | <ul style="list-style-type: none"> • Ang hindi nababalot ang mga meds pag dinedeliver |

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| | <p>kahit sa barangay ma-test para mas bumaba ang cases.</p> | <ul style="list-style-type: none"> • Livelihood not only for youth, mga senior rin at hirap na mag-trabaho sa panahon ngayon. | |
| Jolo | <ul style="list-style-type: none"> • Ang pagbibigay ng assistance sa ARV • Ganitong communities at safe spaces. Maganda matuloy ito at makareach out sa mga tao na nagangailangan ng help para ma-overcome ang depression at doubts as PLHIV. | <ul style="list-style-type: none"> • Magkaroon ng information to teachers. Nasa curriculum kasi ito pero sa Grade 8 lang, by Grade 10, hindi na masydong natatandaan yung discussion sa health. | <ul style="list-style-type: none"> • Corruption |
| Lhorine | <ul style="list-style-type: none"> • Urging people to act with kindness, not with stigma and discrimination | <ul style="list-style-type: none"> • Livelihood projects • Improved access sa vulnerable peoples • Targeted approach to reach the most left behind persons. They need it the most. Ang KAP, women, pregnant, IPs, • Ma-remove ang financial barriers | <ul style="list-style-type: none"> • Stigma |
| JM | <ul style="list-style-type: none"> • Funding ng program para tuloy tuloy ang services • Assistance, hindi lang sa cash, pati ang pag-support sa mental health at livelihood para tuloy ang pagpasok ng income | <ul style="list-style-type: none"> • Free baseline dahil malaking tulong para hindi madagdagan ang kaso ng hindi na-link to care • Participation ng youth. Based sa data, 15-24 ang mga na-didiagnose ng HIV, pag kabataan pag galing sa kanilang perspective ang ideas, alam nila ang kailangan nila kasi alam nila ang market, so isali natin sila sa policy making • Comprehensive sexuality education | <ul style="list-style-type: none"> • Corruption |
| Emil | <ul style="list-style-type: none"> • Cash assistance lalo sa mga hindi makapagtrabaho. • Ang pag-educate sa mga government agencies. | <ul style="list-style-type: none"> • Awareness raising sa schools at work environments • Mas magandang link sa treatment hub sa Philhealth para sa mas magandang access lalo sa mga walang wala, sana may NHTS, sa PhilHealth para hindi na iisip sa gagastusin • Dagdag ng treatment hubs and community centers | <ul style="list-style-type: none"> • Corruption, discrimination, depression, misinterpretation of PLHIV |

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| Jeremy | <ul style="list-style-type: none">• Organizational support | <ul style="list-style-type: none">• Mode of transportation. Sana merong service per district o lugar. Lalo sa malalayong lugar, sana ma-accomodate ng LGU o ibang government agencies ang sasakyan• In connection to mass testing, ang mga tinatanong na information bago magpatest | <ul style="list-style-type: none">• Chismis sa DSWD• Hub hopping• HIV confidentiality sa PWD card |
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SESSION 3: ONE KEY MESSAGE

What is the **one key recommendation** you want to reiterate for strong consideration?

| | One Key Message Suggestions |
|---------|---|
| Ron | <ul style="list-style-type: none"> • (not asked) |
| Owie | <ul style="list-style-type: none"> • No one should be left behind. Sana walang maiwanan sa KAP. |
| RM | <ul style="list-style-type: none"> • Thank you and please continue helping us eradicate the problems and supporting us to advocate for PLHIV. |
| Marr | <ul style="list-style-type: none"> • Mental health is very important to PLHIV. |
| Chi | <ul style="list-style-type: none"> • Suportahan ang mga bansang gumagawa ng cure, bago ang COVID. |
| Tosh | <ul style="list-style-type: none"> • Always hear the voices of KPs, we'll get through this. |
| Marvin | <ul style="list-style-type: none"> • Free vaccine for PLHIV at tumulong sa iba pang kakulangan. |
| Jolo | <ul style="list-style-type: none"> • Live life positively. Let's remember that PLHIV suffer from stigma and discrimination but with the help of people support the organizations, there's hope for PLHIV. |
| Lhorine | <ul style="list-style-type: none"> • Continue with the kindness. KPs should not carry the burden of stigma and discrimination. The government should respect the rights of the PLHIV, also the COVID-19 affected population. |
| JM | <ul style="list-style-type: none"> • Make or create youth-friendly and youth-led facilities. |
| Emil | <ul style="list-style-type: none"> • I want you to continue embracing PLHIVs. |
| Jeremy | <ul style="list-style-type: none"> • Uplift the educational system, so the younger generation can level up this kind of awareness. Sana mas umangat pa ang education na binibigay ng gobyerno sa Pilipinas. |

**FOCUS GROUP DISCUSSION (FGD)
ON THE UNAIDS STRATEGY DEVELOPMENT**

| | |
|------------------|----------------------------|
| Country | Philippines |
| Organizer | TLF SHARE Collective, Inc. |
| Date | 15 August 2020 |

Participants: People who Inject/use drugs

1. James
2. Shards
3. Wiley
4. Josh
5. Rommel
6. Sam
7. Tom – Safe Open Space (SOS)
8. Ethan - Safe Open Space (SOS)
9. Simon - Safe Open Space (SOS)
10. Finn - Safe Open Space (SOS)
11. Gem – Safe Open Space (SOS)

FGD Team:

12. Percival Cendaña, Facilitator
13. Stan Jake Trillo, Zoom Tech
14. Richard Casiguran, Documenter

Resource Persons:

15. Dr. Louie Ocampo, Country Director, UNAIDS
16. Anastacio Marasigan Jr., Executive Director – TLF SHARE

Observers:

17. Ruthy Libatique, Research
18. John Aveño, Coordinator – TLF SHARE

OPENING REMARKS

Percival Cendaña, Facilitator

Good afternoon. Kamusta? Thank you for spending your Saturday. In this pandemic, hind na alam kung kelan ang weekend. Reminded everyone na this is a safe space for dialogue and walang judgement. Lahat tama ang sagot at lahat dapat handing makinig. After nito, ang mga sagot, inputs at recommendations of the KPs and the PLHIVs ay ico-collate para mas mabalangkas ng mas mahsay ang strategy na gagamitin ng UNAIDS to address the issues on HIV and AIDS in the universe.

This is the last series – nagkaroon na ng discussion with MSM, TGW, PLHIV. Sana lahat ay familiar na sa platform ng FGD and let's try to simulate it on this online platform. He the request everyone to:

1. Turn on your camera to see each other's facial reactions
2. Mag-mute kapag hindi magsasalita but you can use the raise hand feature if you have questions or anything to say
3. Mag-full screen ng zoom

He then informed everyone that the FGD will be a three hour process and there will be 10-break in between.

UNAIDS STRATEGY 2016-2021

Dr. Louie Ocampo, Country Director, UNAIDS

2021 and beyond – revision – develop strategic – development goal- eliminated HIV – in the process , we need to look back doon sa ating mga current strategies – what works – what is to be continued – ano pa ang kulang at ano pa ang need gawin? Last sex – Louie – cadena de amor; I cannot see all your faces – while I’m discussing -want you to be critical thinker – while discussion – ask yourself – nababanggit na ba – if being implemented na ba – if yes, sapat ba o kelangan pa ba ang i-scale up ang ginagwa ng pinas? Or kung no, kelangan ba na mag-devise ng innovation or nung bagong strategy o kuklang kelangan ano ang kelangang gawin to implement it.

For 2021 and beyond, we are going to make revision and develop strategies for the development goals to eliminate HIV. In the process, we need to look back doon sa ating mga current strategies – what works? What is to be continued? Ano pa ang kulang at ano pa ang need nating gawin? While discussing, he wants the participants to be critical thinkers and during the discussion, he encouraged the participants to ask themselves – nabanggit na ba? If being implemented na ba? If yes, sapat ba o kelangan pa ba i-scale up ang ginagawa sa Pilipinas? Or kung no, kelangan pa ba na mag-devise ng innovation or ng bagong strategy o kung kulang, kelangan ano pa ang kelangang gawin to implement it.

| UNAIDS Strategy 2016-2021 (8 Results Areas at a Glance) | |
|--|--|
| KRA 1 | <p>Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment (90-90-90 Targets).</p> <ul style="list-style-type: none"> • <i>Voluntary HIV testing services</i> • <i>Early infant diagnostic services</i> • <i>Anti-retroviral therapy and treatment services upon HIV diagnosis</i> • <i>Regular treatment monitoring, including viral load monitoring</i> • <i>Treatment literacy and nutritional support</i> • <i>Accessibility, affordability and quality of HIV treatment, including through community-led delivery systems</i> • <i>HIV services scaled-up and adapted to local contexts, including in humanitarian emergencies (nahuli tayo because the pandemic, hindi natin in-expect and the country was not ready including the other programs as well; in this component, hindi naging successful)</i> |
| KRA 2 | <p>New HIV infections among children eliminated and their mother’s health and well-being is sustained</p> <ul style="list-style-type: none"> • <i>Immediate treatment for all pregnant women living with HIV</i> • <i>Integrated HIV, sexual and reproductive health (including FP), TB and maternal and child health services</i> • <i>HIV prevention services for male partners, including testing and treatment</i> |

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| KRA 3 | <p>Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV. (considering that more than almost 50% of the NI, coming from the young people, we need to wmpoer the protect themselves</p> <ul style="list-style-type: none"> • <i>Youth-friendly HIV sexual and reproductive health</i> • <i>Harm reduction information and services (Needle-syringe program, PrEP; we're not successful with harm reduction program because of the drug war of the current administration</i> • <i>Condoms and lubes</i> • <i>Sexual and reproductive health services</i> • <i>Quality comprehensive sexuality education</i> • <i>Use of traditional and new forms of communication and outreach to improve knowledge and create demand (for the millennials, they can't be reached through physical, most of them are online, we need to adapt to the current situation via virtual presence</i> • <i>Meaningful engagement of young people (kasama sila sa pag-develop ng program since sila rin ang beneficiary)</i> |
| KRA 4 | <p>Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and people deprived of liberty, as well as migrants. (one of the battle cries of UN is dapat walang iwanan kahit konti lang – we need to develop specific program for them)</p> <ul style="list-style-type: none"> • <i>Combination prevention services-condoms, lubes, PrEP- tailored to populations and locations</i> • <i>Clean needles and syringes, as well as opioid substitution therapy and other evidence-informed drug dependent treatment (until now, wala tayong malinaw na program for this)</i> • <i>Outreach and new media to create demand for services (there are several organization- CSOs ; doing well in developing programs using social media platform</i> • <i>HIV-related services for migrants, refugees and crisis-affected populations (with the pandemic, wala tayong in place na plan in terms of crisis like the pandemic kaya rin nagkaroon rin ng service disruption like replenishment of ARV drug</i> • <i>Meaningful engagement of PLHIV and KP in decision-making and implementation of HIV prevention programs (this is the reason why you're here as KAP – pick up brains para malaman which would work for the KAP and to implement the prevention program)</i> |
| KRA 5 | <p>Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.</p> <ul style="list-style-type: none"> • <i>Enabling laws, policies, and practices (The country has been successful in terms of enacting the new AIDS law but we need to be mapagmatyag how the law will be implemented sine enacting is easy but the implementation and monitoring will be more difficult; the LGUs are providing the services so kelangan bawat city and municipality susunod sa batas particularly in providing investment sa ating mga program)</i> • <i>Empowerment programmes</i> • <i>Sexual and reproductive health services</i> • <i>Economic empowerment initiatives for women in high-prevalence settings</i> |

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| | <ul style="list-style-type: none"> • <i>Meaningful engagement of women and girls in decision-making and implementation of the AIDS response (For this session, walang women, but for the first two merong TGW and women who participated the discussion)</i> |
| KRA 6 | <p>Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed (</p> <ul style="list-style-type: none"> • <i>Rights literacy among PLHIV and KP – TLF has been supporting the country in terms of educating the duty bearers and right holders para malaman kung ano ang Karapatan natin at kung ano nakasaad sa batas)</i> • <i>Stigma reduction measures in healthcare, workplace and educational settings – two years ago, SI study and the result is being implemented – important to know the extent of the S and D;</i> • <i>Legal services and other remedies to challenge/address violations of human rights 9 it’s not enough na aware but we need to know the redress mechanism – kelangan gumawan ng bansa ng redress mechanism)</i> • <i>Laws, policies, and programmes to prevent and address violence against key populations</i> • <i>Punitive laws, policies and practices removed, including overtly broad criminalization of HIV transmission, travel restrictions, mandatory testing and those that block key populations’ access to services.</i> |
| KRA 7 | <p>AIDS response is fully funded and efficiently implemented based on reliable strategic information.</p> <ul style="list-style-type: none"> • <i>HIV resource needs from domestic sources (lower- and middle-income countries, e.g. Philippines = 45%) – kelangan sa batas natin – LGU needs to allot specific budget line for HIV</i> • <i>Financial sustainability transition plans towards self-reliance (by next year, meron pa tayong Global Fund for the next 3 years)</i> • <i>25% invested in prevention, 6% for social enabling mechanisms (we can’t reverse the trend if we don’t focus on prevention measures)</i> • <i>Available and timely information on resource needs including allocation and utilization, cost savings due to optimal resource allocation, etc.</i> • <i>Investments and support to civil society including networks of PLHIV and KP (ito ang tinatawan na social contracting na until now, sinusulong natin but because of the Napoles Case before nahirapan maglabas ang pera para sa CSOs. UNAIDS are now working para magkaroon tayo ng social contracting mechanism and UNAIDS are doing ways para magkaroon ng power ang CSOs)</i> |

KRA 8

People-centered HIV and health services are integrated in the context of stronger systems for health. HIV-sensitive universal health coverage schemes implemented (very limited yun – reimbursment package na yun -Universal HealthCare -macover yung ating prevention services, treatment and support and after-care;

- *HIV-sensitive universal health coverage schemes*
- *HIV-sensitive national social protection programmes, including cash transfers (esp during humanitarian crisis nawalan g trabaho – they don't have access and nahihirapan magpa-refill – kelangan may social protection program)*
- *Integrated services - HIV, TB, sexual and reproductive health, maternal, newborn and child health hepatitis, drug dependence, food and nutrition support and noncommunicable diseases, especially at the community level – dapat naka-integrate ito sa community-level hindi lang siya national level;*
- *Integration of community service delivery with formal health system – dito sa pandemic, mas nlraman natin ang contributions o wala ng nagpupunta sa community service facilities – bumagsak ang performance ng HIV program;*
- *Capacitated human resource – not only the facility-based personnel but need din ang volunteers*
- *Strengthened procurement and supply chain systems – challenges in terms of top level – drugs including condoms and lubes- helping gov't to secure intensify – logistic management cycle*

NATIONAL CONTEXT AND THEMATIC FOCUS

Anastacio Marasigan Jr., Executive Director, TLF SHARE

Maraming Salamat sa lahat. Tasked to talk about – ano ba ang national situation ng HIV and AIDS sa ating bansa na crucial sap ag-develop ng strategy to tackle the situation.

We have the pandemic now and for the past years, alam niyo na ito na parang sa usapin ng Miss Universe at ang Pilipinas ay powerhouse sa Miss U, pasok sa top 10 at hindi tayo nalalaglag dun at ganun din sa usapin ng HIV dahil kabilang tayo sa top performing countries in terms of the rate of infection. This is quite alarming.

Nandito tayo ngayon para malaman kung ano ang kelangan anting balikan, kung ani ang nagwork pa at kung ano ang dapat itigil na ginagawa at ano ang dapat ipalit na gawin. Dahil noon '90, we come out with the best practices dahil low and slow and Pilipinas pero ngayon, fast and the furious na dahil sa sobrang bili ng pagtaas ng number ng Pilipinas ayos sa datos. Hindi tayo bumababa ng 30 for quite some time. There are lot of reasons kung bakit patuloy ang pagtaas at hindi siya bumababa and this lead to ask the question – ano ang bagay na ginawa?

Noong kasagsagan ng lockdown may nakitang pagbaba nagkaroon ng presentation ang regional network at pinakita doon ang sitwasyon ng Pilipinas na bumaba ang datos sabi ng ani Doc Louie dahil hindi ma-access ang service at kung may bukas mang clinic, may issue naman on mobility at pati na rin sa pagpunta sa mga services. Madalas ang issue ay nahuhulog at nawawala sa intervention kaya kung hindi masasakop, exponential na naman ang pagtaas nito. Kung hindi na naman naisama sa serbisyo, maaaring magkaroon na naman ng karugtong na problema.

We have to be clear that in this pandemic, tatlo ang maliwanag na issue, una ang transportation and mobility, and ARV supply chain as affected by the closure of the borders and access to meds. Lahat ba ng KAPs nagkakaroon? Nasasakop naming? Glaring na may sectors na hindi talaga nasasakop ng intervention. Ang mga PWUD/PWID dahil sa war on drugs at current policies ay apektado nito.

TLF believes that service should be provided for everyone regardless of the status and situation. Karapatan ng tao ang access sa services. Dahil sa sitwasyon natin ngayon, mas nadagdagan ng kaliwanagan ang importansya ng social protection at kritikal it dahil ito ay tungkol sa welfare and individual well-being kagaya ng mga tao na nawalan ng trabaho or opportunities to earn their income. Definitely maapektuhan lahat lalo ang person got affected by violence, nawala ng trabahom na-displace na kasamahan na kailangan ng tulong, kaya ang social ang social protection ay mahalaga. T

he issue is not just among ourselves but also in international level at hindi lang ito issues ng sakit but also on social protection which must be highlighted but there's a need to ensure na ang pangangailangan ng isang tao ay mapabuti ang pag-access niya ng service kasi it will just continue to increase especially given the current situation.

Sa susunod na oras, we have to look not just the access, but alos consider social protection. But will let the group to share their knowledge. This FGD is the attempt of TL to contribute to formulate the strategy as they are currently doing human rights roadmap also to guide the implementors and partners and paano i-address and kaakibat na pagtingin sa mga tao.

Yun lamang po at maraming salamat po.

SESSION 1: PEOPLE-CENTERED HIV RESPONSE

Group Assignment

| Reaching People in Need | Structures that Respond to HIV | Contextual Environment |
|---------------------------------|---------------------------------|---------------------------|
| Simon Sam Rommel James | Gem Ethan Wiley Shards | Finn Tom/Talia Josh |

What does UNAIDS mean when they say People-centered Approach?

- **Reaching people in need:** Focusing on key-affected populations and marginalized groups and maintaining access for those that were reached with prevention and treatments
- **Structures that respond to HIV:** This is HIV and AIDS response and programming: the structures and organizations that directly implement HIV and AIDS strategies and deliver response
- **Contextual environment:** The external context beyond HIV that can have an impact because the response to HIV fits within a larger issue or because of emerging issues that will impact services, funds, or priorities

Discussion Guide:

1. What is the current situation? Ano ang kasalukuyang sitwasyon?
2. What concerns us? Ano ang pinag-aalala natin?
3. What gives us hope? Ano ang pianghuhugutan natin ang pag-asa?
4. What constrains our abilities to achieve our goals? Ano ang humahadlang para maabot ang ating mga layunin?

(Top 3 answers per question; Assign a reporter; 40 minutes to discuss)

Group Outputs

| | Reaching People in Need (Simon and James) | Structures that Respond to HIV (Shards) | Contextual Environment (Finn) |
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| <i>What is the current situation?</i> | <ul style="list-style-type: none"> ● Lack of information and implementation of the new AIDS Law – there is a certain level of awareness that needs to take place about the new AIDS law ● Lack of outreach for those who are PWUD and PWID and also members of the LGBTIA+ community (MSM, bisexual, etc) ● Stigma and discrimination since it's both affected by internal and external factors internal sometime will not get tested because of what people might think and there are external factors that can also affect it. Disaggregating these factors are important. | <p><i>Explained that they consider both government and non-government structures related to HIV response</i></p> <ul style="list-style-type: none"> ● We agreed that there are lack of structures readily available for everyone – treatment support – for example, PREP is not readily known to the public. People should know where they could it from and people need to act around it. ● Lack of support groups – support group are segmented in the Metro manila but in the Philippines as a country, it's much more segmented. Also, support group in the family since young people have a hard time talking about it because of the lack of support inside their families. ● The pandemic highlighted the cracks in the support system as exemplified by the HIV testing not being available. basic need should still be available; | <ul style="list-style-type: none"> ● (Medyo obvious) COVID as the on-going crisis which also resulted the numbers– why those numbers went down but we can't make sure if it's an improvement altogether since may hurdle sa accessibility ● We would like to think na we have better engagement since maraming tayong programs and other services and community engagements and they see people talking about it and sharing it about other people – it's an open conversation for everyone which is very good; ● How it is being presented – the information, services, PLHIV and maybe the KAP are being represented in the news and media and how people react to that – we need to make sure if it's properly delivered. Last year, HIV infection growth rate of the Philippines is ahead in the Southeast Asia and they put it casually in the news, they want to make sure that the messages being delivered. Does it send a good message or does it create a stigma to the community on how they process the information? Main issue is how the issue is being presented in the media. |
| <i>What concerns us?</i> | <ul style="list-style-type: none"> ● Lack of attention for people who use and inject drugs because we mainly focus with the MSM and other KAPs – nakaf-ocus sa MSM, but yung PWID isa rin siya sa contributor kung bakit nagkakaroon ng transmission. ● Nationwide accessibility pre- and post- | <ul style="list-style-type: none"> ● Religion and culture continue to become barriers towards effective or curing HIV -their stand on contraception is still strong; For women or our culture, it's still a taboo to talk about this ● Causes of problem for ordinary | <ul style="list-style-type: none"> ● Capacity of the current organization – service providers like a young org like SOS is struggling to register to SEC – raise initial funds or actual funds to sustain programs. Also there is issue on PhilHealth which Dr Ocampo was also unsure on how the existing PhilHealth issue will affect the KAP |

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| | <p>PANDEMIC since nagkaroon ng restriction having access. There is access in Metro Manila but for example, there are centers and services but they are not really spread out in the Metro.</p> <ul style="list-style-type: none"> ● For PWID and PWUD who are MSMs, there is a need in behavior change and communication. We should encourage a lot of people who are committing risky behaviors. We also have to educate to induce behavior change like taking PrEP and getting themselves and their partners | <p>problem which could be deterrent for ordinary Filipino like for example, some are saying, I don't know where to get it; walang pang grab ng ARVs.</p> <ul style="list-style-type: none"> ● Not enough political champions in the political area. Although we have the new law, the presence in the political arena, I just can name 1 person and that is Risa but they don't know anyone else raising their voice for the cause. The numbers are still increasing despite the support and that is really concerning. | <p>since this is a lifelong disease? We have to make sure na those agencies will be able to sustain us</p> <ul style="list-style-type: none"> ● Are these programs and services implemented to the basic units of the community? For family? Make sure that the LGUs are able to educate down to the basic unit of the community ● As young person, young people are engaging on HIV talks and acceptance on same-sex relationship but going down, the issues of PWID and PWUD was difficult to talk about since it was a taboo – how can you develop mechanism to resolve a problem kung hindi napag-uusapan? |
| <p><i>What gives us hope?</i></p> | <ul style="list-style-type: none"> ● Acceptance. It gives hopes that the younger generation have an open mind and changed mind-set towards the cause ● Compassion – being committed and being responsible. There is a hope that by collaborating with each other, there will be a better implementation in the future ● Continuous research on the cure | <ul style="list-style-type: none"> ● Private sector and its involvement. They have to be much more involved. ● Youth are important as they are more involved and outspoken now. To be able to talk about this is crucial since if we're able to talk about it we are able to gain over the problem but if you don't talk about it, it gains power over you ● Despite the crack, there are still many organizations that supports HIV testing and everything. Pinanghuhugutan ng pag-asa na ginagawa natin ngayon. | <ul style="list-style-type: none"> ● We have small communities online – I know people are from LA who are safely discuss our situation and ideas. This acts as support system. This LA group and other groups for different KAP are important since there's need to discuss situation to be part of the decision-making and policy-making. ● We have champions like Risa – she pushed for mental health and looking into the PhilHealth issue – ● We have people form LA who came here and aside from participating, they are also interested in joining the program like the LLT and other activities to help the community; |
| <p><i>What constrains our ability to achieve our goals?</i></p> | <ul style="list-style-type: none"> ● Religion and culture – because religion hindrances some to have themselves tested and get treated; ● Politics and proper implementation of policies and resources – how can our government sustain the programs? Policies, ordinances and laws are created but | <ul style="list-style-type: none"> ● Stigma and discrimination within the structure – it's not really being fully addressed ● Where do we get the money? The government doesn't want to spend money for problem like HIV. They want to get money from donors but it's not | <ul style="list-style-type: none"> ● First, stigma and discrimination is a big part and as long as it's prevalent, we'll have a harder time to discuss not only with the key affected population but also with the whole community but since it's a social responsibility, even though it's hard to handle because of S and D, it still should be |

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| | <p>implementation especially of the new law, should really be enforced.</p> <ul style="list-style-type: none">● Accessibility – as discussed earlier, there’s restriction now for those who are in need since most parts of metro manila are in lockdown dahil sa issue on access sa services, baka mas magkaroon ng pagtaas ng cases pagkatapos ng pandemic. | <p>coming from the government.</p> <ul style="list-style-type: none">● The religion and the culture of the country which does not allow people to talk about it. | <p>done.</p> <ul style="list-style-type: none">● We need more people or members of the community to push policies that can become decision maker for the community. Current policies and situation on war on drugs are preventing organization to move. For example, SOs is about harm reduction for PWUD/PWID and the current policies are more of against it since people who are and harshly criminalized. Also, another constraint is the difficulty to register to Sec because of the advocacy driven by SOS.● Since we’re going back to Tokhang, it was the worst decision of this government and definitely put another nail on the coffin which was opening up the topic on harm reduction. |
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DISCUSSION AND CLARIFICATIONS:

What is the current situation?

Reaching people in Need

- **Lack of outreach for those who are PWUD and PWID and members of the LGBTIA+ community.** Growing up as a Filipino-American who's working now in the Philippines, James noticed that lack of communication and outreach for vulnerable populations was lacking since most of the initiatives were focused for the MSM population but intersectionality of PWID and the members of the LGBT should be focused also.

What concerns us?

- Talia added, yung related sa media. Before kapag mataas ang rate binabalita talaga pero ngayon for April, May June, hindi na siyanabalita? Are people aware kung ano ba ang nangyayari ngayon? Dapat alamin palagi ang nangyayari.

What constrains our ability to achieve our goals?

Structures that respond to HIV

- Jem added with regard to PWUDs and PWID, one of the constraints is the lack of support group. Considering that sort of problem is the sort of a driver of HIV cases in the country. There should be support group for the PWUD/PWIDs and it's not just for a specific sector, since that would also help bring down to minimize the cases in the country

SESSION 2: KEY RECOMMENDATIONS

What are the **key recommendations** back to UNAIDS in terms of the strategy specifically? (Maximum of two responses)

| | Continue What s working that we must continue to do? | Start What are we not doing that we must start doing? |
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| Shards | <ul style="list-style-type: none"> Information drive and aggressive testing – making them accessible for everyone | <ul style="list-style-type: none"> Prep use and information and how it should be available to the public - not just for the KPs but for everyone. Everyone should be thought on these information and not be afraid of it. |
| Talia | <ul style="list-style-type: none"> We should continue programs such as ARV-yanihan Give Legal Literacy Training for all | <ul style="list-style-type: none"> More intense information, Campaign and funding for PrEP and ARV Tap local pharmaceutical companies to produce our own ARVs, PrEP and even condoms since most of the ARVs are being imported from India |
| fill | <ul style="list-style-type: none"> Outreach program by the service providers Include members of the community in the decision-making and creation of policies | <ul style="list-style-type: none"> Integrated services with the focus on the prevention and also after-care for the PLHIVs and other KAPs and tackle underlying issues such as child dependence nila etc. Moderation of how information about HIV and AIDS are represented in the media |
| Gem | <ul style="list-style-type: none"> Continue reaching to KP through whatever means Conduct FGD | <ul style="list-style-type: none"> Aggressive testing – test, test and more test! Establish more support groups not only for PLHIV but also for PWIDs and PWUDs and not just in urban areas but also in provinces |
| james | <ul style="list-style-type: none"> Access to HIV testing FGDs are important | <ul style="list-style-type: none"> Have a more effective behavior change communication campaigns and activities about HIV to change the mindset of the people and erase the stigma. As mentioned earlier, 10 years ago the stigma is so high but there is stigma still now especially in the provinces To continue the outreach and engagement of the community for example on the house of condoms – focusing on educating people who are engaging in risky behavior – such as getting testing every 3 month and not just for HIV but also for other STI; drug use. Also for |

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| | | <p>PWUD and PWID, you can't prevent people from using drugs thus teaching them the safe practice and how to not transmit HIV</p> <ul style="list-style-type: none"> • Working on LGU level because so far the focus is more on national – we need to work with the LGUs to either implement the policy or the law or have interventions on LGU level • Make PrEP affordable or free for people • Psychological support and education pre- and post-diagnosis of HIV (if someone is diagnose, having those post-diagnostic support services is important) • Working with DOH on building stronger health system |
| Simon | <ul style="list-style-type: none"> • Awareness and Prep ARVs • Being responsible as an individual | <ul style="list-style-type: none"> • Starting taking action with myself – if I start with myself , it can create change kasi hindi naman ma-implement lahat kung hidni rin magsisimula sa sarili natin and Inspire others to become responsible (ripple as a whole) • Start learning and research on PWID and HIV/AIDs |
| Sean | <ul style="list-style-type: none"> • Current program by the NGO and Government sectors • As an individual, sharing and educate other people or KP | <ul style="list-style-type: none"> • Speak and convince more people; • Reaching out to the community • Share and educate specifics of HIV/AIDs and the KPS with the government officials; convince them since what they know is limited – si Risa lang ang champion natin but hindi alam ang ginagawa ngayon so mas maganda kung mas maraming ma-convince but educate the government officials is important |
| Wiley | <ul style="list-style-type: none"> • Tapping private sectors since it's crucial • Drive for information shouldn't stop | <ul style="list-style-type: none"> • Really getting into the political arena – we only have person in the senate championing for HIV and that is Risa wh is in the senate but it's also important that thre shuld be local representatives that could lobby in the congress • Tapping the millennials since they strong-willed and they will do anything for their causes and once we get them on board, that's a win |
| josh | <ul style="list-style-type: none"> • Increasing awareness • Continuous support on treatment | <ul style="list-style-type: none"> • free condoms everywhere just like in Japan - if you notice those who want to buy condom, nahihiya kaya yung iba hindi na nabili but if we |

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| | | could make it free and available for everyone nd everywhere, that will be helpful | |
| kp | <ul style="list-style-type: none"> • Spread awareness • reduce stigma | <ul style="list-style-type: none"> • give more benefits for PLHIV | |
| sam | <ul style="list-style-type: none"> • Education and spread awareness – it's been a decade and kung before the stigma is sobrang laki, nabawasan naman na now | <ul style="list-style-type: none"> • Give Freebies on treatment sa hub since there mas mahal sa mga private sectors ang labs. | <ul style="list-style-type: none"> • |

SESSION 3: ONE KEY MESSAGE

What is the **one key recommendation** you want to reiterate for strong consideration? What is your key message to UNAIDS?

| | One Key Message Suggestions |
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| Gem | <ul style="list-style-type: none"> To help the Philippines – we need help badly in addressing the rising cases of HIV and AIDs. We need outside help. |
| James | <ul style="list-style-type: none"> To make sure to also augment the way we do outreach and communication campaigns also to vulnerable populations with regards to PrEP and safety practices since not everyone is using condom to have sex especially in the Philippines which is greatly affected by religion |
| Simon | <ul style="list-style-type: none"> Thanked UNAIDs for the opportunity and asked to help us to be capable to reach out and educate them that that they should not stop in silence but be more comfortable- hindi dapat matakot na magsabi ng gustong sabihin at hindi matatakot mali man ang sabihin since this can really change our nation. If no one ever hears this, we can create the change we want. We really need help. |
| Sean | <ul style="list-style-type: none"> Push the advocacy and the current as well as the future program in a very friendly way and make the community feel na wala silang dapat ikatakot; if going to use the pyramid - mag-start to top which is the government and convince them and change their way of thinking on stigma since sinusunod ng mga tao ang government. We follow laws so mas maganda kung mag-start ang change sa government. |
| Wiley | <ul style="list-style-type: none"> For the longest time, this has been a social issue and as a third world country, we can't stay like that but we need to make this a political issue so that politicians will act on It |
| josh | <ul style="list-style-type: none"> Develop and build team of experts who can really create prevention drugs and perform surgery medical terms to look at the cure. We are here when there was no ARV but we took big steps already and hopefully in the next generation , they will be able to find the cure. |
| KP | <ul style="list-style-type: none"> Kelangan na maging available yung PrEP kasi yun ang close to cure and maging accessible sa mga tao na kelangan at gusto to control yung pagkalat ng sakit |
| Sam | <ul style="list-style-type: none"> Dahil sa stats ng Pilipinas na mas malaki na ang cases na nagpa-positive na, gusto ko sabihin sa kanila na bigyan tayo ng more support pa – like access sa PrEP and preventive measures. - Tama yung sa government kasi yung mga Pilipino nakikinig sa government - more on education kasi sa ibang bansa like Thailand, they were able to control it because of their education system and kaya rin naman natin yun but we need ng support from the government. |

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| Shards | <ul style="list-style-type: none"> On the stigma and discrimination as constraints, UNAIDS can use their influence and clout to other countries to reduce the stigma and discrimination. I have a friend who's working in Singapore but when he was diagnosed with HIV, he got deported and there are still countries who ban PLHIV, I guess UNAIDS could use its influence to change the mindset of the government on how to deal with PLHIC since they have a very big platform. |
| Talia | <ul style="list-style-type: none"> If I could ask the UNAIDS, I would like to ask UNAIDS where they could give something, where they could provide something such as information campaign and education and funding for PrEP and ARVs and condoms and tap local manufacturers to produce our own meds and contraception. And this will bring smiles on the faces of the Filipino people. |
| Finn | <ul style="list-style-type: none"> Commended the UNAIDS on its ongoing campaign for the cause but ask for continues improvement and more funding for prevention and holistic after-case. Hopes that they would be able to understand and develop policies that can help the Philippines which has different political stand-point and climate and a predominantly catholic country which become a hurdle in opening discussion especially on PWID and PWUD. |