2014 Global AIDS Response Progress Reporting

Country Progress Report

PHILIPPINES

ACKNOWLEDGEMENT

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

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

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

LIST OF ABBREVIATIONS & ACRONYMS

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

LIST OF ABBREVIATIONS & ACRONYMS

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

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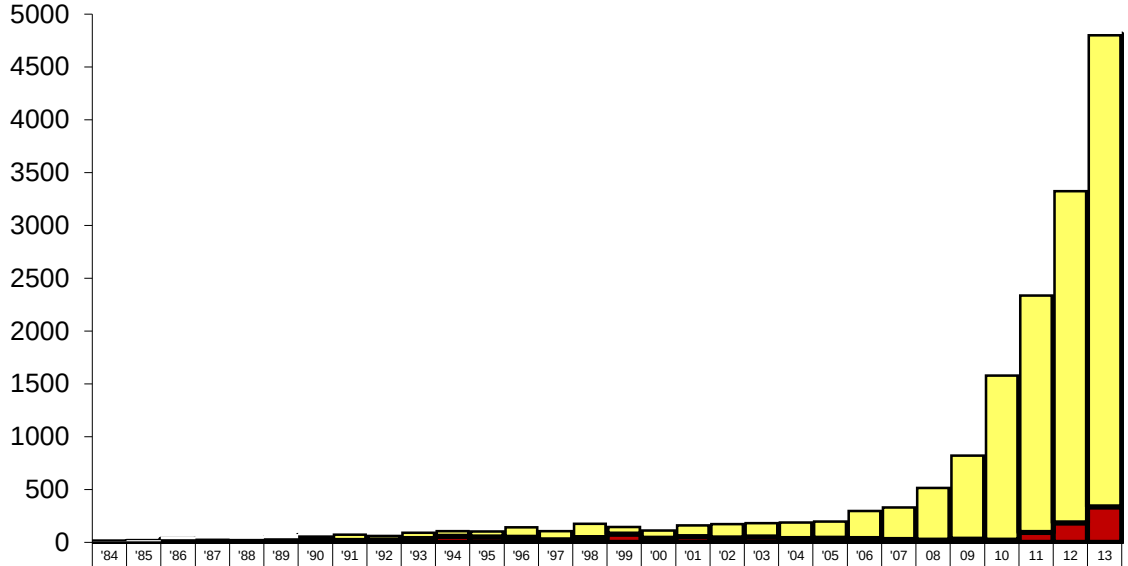
1. OVERVIEW OF THE AIDS EPIDEMIC

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

Estimated HIV Prevalence and Reported Number of Cases

The Philippine HIV & AIDS Registry is a passive surveillance system which data on newly diagnosed HIV cases, those on ART, blood products, and mortalities. From 1984 to the end of 2013, there were 16,516 newly diagnosed HIV cases reported to the Philippine HIV & AIDS Registry (Figure 2.1). This reported number is only 58% of the estimated 28,072 PLHIV by 2013. Of the estimated number, 82% are males; among the reported cases, 95% are males. Majority (59%) of the reported cases in 2013 were among PLHIV aged 20-29 years old.

Figure 2.1 Number of HIV and AIDS Cases and Deaths Reported in the Philippines by Year, January 1984 to December 2013 (N=16,516)

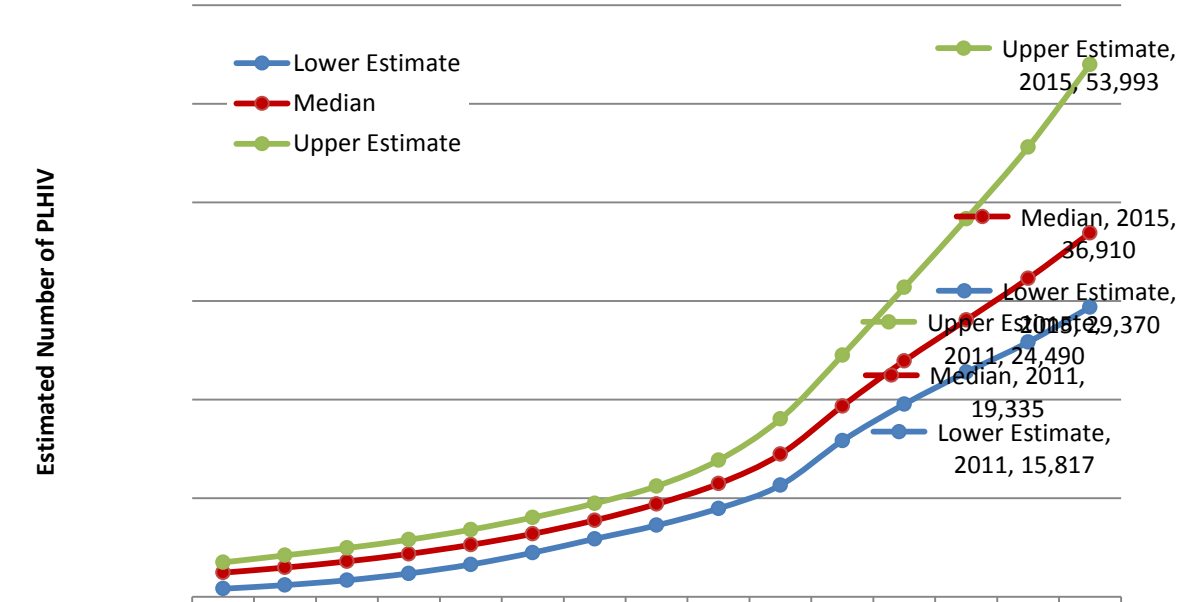


	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	08	09	10	11	12	13
TOTAL	2	10	29	38	32	39	66	85	72	102	118	116	154	117	189	158	123	174	184	193	199	210	309	342	528	835	1591	2349	3338	4814
Asymptomatic	0	6	18	25	21	29	48	68	51	64	61	65	104	94	144	80	83	118	140	140	162	171	273	314	508	806	1571	2255	3152	4476
AIDS	2	4	11	13	11	10	18	17	21	38	57	51	50	23	45	78	40	56	44	53	37	39	36	28	20	29	20	94	186	338

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

There is low HIV prevalence among the general population in the Philippines, estimated at 0.051% or 51 cases per 100,000 adults by 2013. Though prevalence will likely double based on estimates, it will remain below 1% by 2015. The most recent EPP/Spectrum projection estimates between 29,370 to 53,993 PLHIV in the Philippines by 2015 with a median of 36,910 (2012 Philippine PLHIV Estimates). That is an additional 8,838 new HIV cases in four years from the 2013 estimate, or around 4,000-5,000 new cases each year (Figure 2.2).

Figure 2.2 Projections of the Total Number of People Living with HIV in the Philippines by Year, 2001-2015



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Lower Estimate	806	1,174	1,666	2,354	3,267	4,464	5,864	7,232	8,947	11,307	15,817	19,524	22,766	25,818	29,370
Median	2,434	2,953	3,578	4,339	5,260	6,377	7,743	9,401	11,454	14,442	19,335	23,922	28,072	32,278	36,910
Upper Estimate	3,477	4,189	4,934	5,779	6,799	8,034	9,461	11,212	13,843	18,034	24,490	31,382	38,325	45,609	53,993

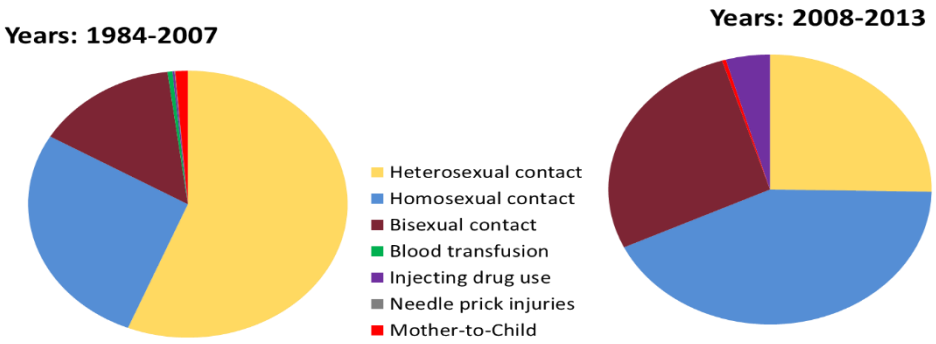
SOURCE: 2012 Philippine Estimates of People Living with HIV, PNAC

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

Modes of HIV Transmission

The primary mode of HIV transmission in the country is through sexual contact, accounting for 93% of reported cases since 1984. Other modes of transmission include sharing of contaminated needles among persons who injected drugs (PWID), mother to child transmission, through transfusion of contaminated blood, and accidental prick from a contaminated needle. Starting 2008, predominant mode of transmission shifted from heterosexual to males who have sex with males (homosexual and bisexual), as seen in Figure 2.3. In 2010, HIV transmission among people who inject drugs was detected in the Cebu City and has continually been spreading since then. The PWID epidemic in Cebu City has been spreading to adjacent cities and municipalities. Moreover, cases among PWID have recently been reported in the Metro Manila areas as well and are being investigated.

Figure 2.3 Proportion of HIV Transmission in the Philippines by Year, 1984-2013



SOURCE: Philippine HIV and AIDS Registry, DOH-NEC

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

The active surveillance in the Philippines is conducted every two years through the Integrated HIV Behavioral and Serologic Surveillance (IHBSS). In 2013, the fifth round of IHBSS was conducted. Time Location Sampling is the sampling method used among MSM and Registered Female Sex Workers (RFSW), Probability-Proportionate to Size (PPS) Sampling among Freelance Female Sex Workers (FFSW), and Respondent-Driven Sampling among PWID.

Results of the 2013 IHBSS showed that the HIV prevalence was 2.93% among MSM (21 sites, n=6,305), 48.24% among male PWID (2 sites, n=767), 30.39% among female PWID (Cebu City, n=102), 0.07% among RFSW (10 sites, n=2,925), and 1.03% among FFSW (9 sites, 2,631).

Ten consistent or sentinel sites have been monitored since 2005 in order to measure trends. In 2013, the fifth round of the IHBSS confirmed the reported upward trend among males who have sex with males in the ten sentinel sites and among people who inject drugs in Cebu City. As of March 2014, data collection among female sex workers has been completed. Data encoding of serologic and behavioural data is ongoing.

Table 2.1 HIV Prevalence Among FSW, MSM, and PWID in Sentinel Sites, 2007 – 2013

Key Affected Population	2007	2009	2011	2013
Female sex workers in Registered Entertainment Establishments (RFSW)	**0.0%**	**0.23%**	**0.13%**	**0.07%**
Freelance female sex workers (FFSW)	**0.05%**	**0.54%**	**0.68%**	**1.03%**
Males who have sex with males (MSM)	**0.30%**	**1.05%**	**2.12%**	**3.50%**
People who inject drugs (PWID) in Cebu	**0.40%**	**0.59%**	**53.8%**	**52.30%**

Source: IHBSS in 10 Sentinel Sites, DOH-NEC

3. STATUS AT A GLANCE

Philippine Progress Summary by Targets and Indicators, 2013

TARGET 1. Reduce sexual transmission of HIV by 50 per cent by 2015			
Indicators for the general population			
INDICATORS	MAIN DATA SOURCE	2010-11 STATUS	REMARKS
1.1 Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	2008 NDHS Tables 12.1 and 12.2	20% (1,013/4,896)	NDHS is being conducted every 5 years. This figure has been reported in the 2010 UNGASS Report.
1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	2008 NDHS Table 12.6	2.10% (103/4,896) Age 15-19: 2.10% (58/2,749) Age 20-24: 2.10% (45/2,147)	
1.3 Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months	2008 NDHS Table 12.3	3.20% (276/8415) Age 15-19: 16.00% (54/347) Age 20-24: 9.00% (99/1,101) Age 25-49: 2.00% (123/6,967)	
1.4 Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse*	2008 NDHS Table 12.3	11.00% (30/276) Age 15-19: 9.00% (5/54) Age 20-24: 15.00% (15/99) Age 25-49: 8.00% (10/123)	
1.5 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	2008 NDHS Table 12.4	0.73% (99/13,594)	

1.6 Percentage of young people aged 15-24 who are living with HIV*	2012 Philippine PLHIV EPP/Spectrum Estimates	2013: 0.044% (8,307/19,081,922) Male: 0.066% (6,451/9,731,564) Female: 0.020% (1,856/9,350,358)	Numerator: 2012 Spectrum estimates of PLHIV aged 15-24yo for 2013: **8,307** Denominator: 2012 Spectrum Estimates of people aged 15-24 for 2013: **19,081,922** ---------- Additional data from the Philippine HIV/AIDS Registry case reports: 2013: 4,814 Male: 4,583 Female: 231

Indicators for sex workers

INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
1.7 Percentage of sex-workers reached with HIV prevention programmes	DOH-NEC 2013 IHBSS	48% (536/1,116) MSW: 54% (439/816) TG: 32% (97/300)	Male sex workers (MSW) and High-risk Transgenders (TG) who answered yes to both: a) "Do you know where you can go if you wish to receive and HIV Test?" b) "In the last 12 months, have you been given a condom?" As of March 2014, the data encoding for the Female Sex Worker (FSW) IHBSS is on-going.
1.8 Percentage of sex workers reporting the use of a condom with their most recent client	DOH-NEC 2013 IHBSS	47.4% (397/837) MSW: 55% (332/601) TG: 28%(65/236)	Numerator (MSW): Consistent condom use with last paying female partner and/or last paying male partner (past 12 months) Numerator (TG): Usual condom practice with their most recent client
1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results	DOH-NEC 2013 IHBSS	12.6% (140/1,114) MSW: 15.2% (124/815) TG: 5.4% (16/299)	

1.10 Percentage of sex workers who are living with HIV	DOH-NEC 2013 IHBSS	1.8% (20/1,115) MSW: 1.1% (9/816) TG: 3.7%(11/299)	

Indicators for men who have sex with men

INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
1.11 Percentage of men who have sex with men reached with HIV prevention programmes	DOH-NEC 2013 IHBSS	22.6% (1,088/4,805)	MSM who answered yes to both : a) "Do you know where you can go if you wish to receive and HIV Test?" b) "In the last 12 months, have you been given a condom?" Data from the same sites as the 2011 IHBSS were used for all MSM indicators.
1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	DOH-NEC 2013 IHBSS	40.7% (1211/2,972)	Denominator: males who have anal sex with another male in the past 6 months
1.13 Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their result	DOH-NEC 2013 IHBSS	9.3% (445/4789)	
1.14 Percentage of men who have sex with men who are living with HIV	DOH-NEC 2013 IHBSS	3.3% (160/4,804)	

TARGET 2. Reduce transmission of HIV among people who inject drugs by 50 percent by 2015			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
2.1 Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Data not applicable	Data not applicable	The Philippines does not have a needle and syringe program for people who inject drugs.
2.2 Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	DOH-NEC 2013 IHBSS	13.4% (60/449) Male : 13.9% (51/368) Female: 11.1% (9/81)	Male PWID: 13.9% is a composite of condom use with: non-paying female partner, paying female partner, and paid female partner. The respondents were included in the numerator if they consistently used condom in the 3 variables. Female PWID: 11.1% is a composite of condom use with: non-paying male partner, paying partner, and paid male partner. The respondents were included in the numerator if they consistently used condom in the 3 variables.
2.3 Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	DOH-NEC 2013 IHBSS	30.7% (259/844) Male: 31.3% (232/742) Female: 26.5% (27/102)	30.7% is a composite of PWID who answered yes to both questions during last injection: a) obtained the needle from a clean needle source b) did not share needles
2.4 Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	DOH-NEC 2013 IHBSS	6.3% (55/867) Male: 6.4% (49/767) Female: 6.0% (6/100)	
2.5 Percentage of people who inject drugs who are living with HIV	DOH-NEC 2013 IHBSS	46.1% (401/869) Male: 48.2% (370/767) Female: 30.4% (31/102)	

TARGET 3. Eliminate mother-to-child transmission of HIV by 2015, and substantially reduce AIDS-related maternal deaths			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
3.1 Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	ART registry 2012 Estimates of PLHIV	7.59 % (14/364)	Numerator: ART registry data on number of HIV+ pregnant women who received ART in the year 2013: **14** Denominator: 2012 Spectrum estimates of mothers needing PMTCT 2013: **364**
3.1a Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period	Data not available.	Data not available.	Data for the numerator and denominator is currently not available from possible data sources.
3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	DOH-NASPCP 2012 Estimates of PLHIV	0.27 % (1/364)	Numerator: NASPCP data (from 5 treatment hubs) on number of infants who received an HIV Test within 2 months of birth: **1** Denominator: 2012 Spectrum estimates of mothers needing PMTCT in 2013: **364**
3.3 Mother-to-child transmission of HIV (modelled)	2012 Estimates of PLHIV	30.22% (110/364)	Numerator: 2012 Spectrum estimates of number of children (0-14yo) who will be newly infected w/ HIV for 2013: **110** Denominator: 2012 Spectrum estimates of mothers needing PMTCT in 2013: **364**

TARGET 4. Have 15 million people living with HIV on antiretroviral treatment by 2015			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
4.1 Percentage of eligible adults and children currently receiving antiretroviral therapy*	ART Registry 2012 Estimates of PLHIV	19.8% (5,564/28,072) 83.2% (5,564/6,693)	Numerator: ART Registry data on number of adults and children who are currently receiving ART in accordance with the nationally approved treatment protocol at the end of 2013: **5,564** Denominator 1: 2012 Spectrum estimates of adults and children living with HIV as of 2013: **28,072** Denominator 2: 2012 Spectrum estimates of adults and children needing ART for 2013 (CD4 eligibility criteria is 350): **6,693**
4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	ART Registry	86.0% (1,311/1,525)	

TARGET 5. Reduce tuberculosis deaths in people living with HIV by 50 percent by 2015			
INDICATOR	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	DOH-NASPCP	65.95% (525/796)	Numerator: NASPCP data on PLHIV started on TB treatment 2013: **525** Denominator: NASPCP data on PLHIV enrolled in HIV Care with TB co-infection 2013: **796**

TARGET 6. Reach a significant level of annual global expenditure (US$22-24 billion) in low-and middle- income countries			
INDICATOR	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
6.1 Domestic and international AIDS spending by categories and financing sources	NEDA 2014 NASA	2011: Php 547 million ($12.6 million) 2012: Php 407 million ($9.6 million) 2013: Php 438 million ($10.3 million)	An average of 464 million pesos ($10.8 million) were spent annually from 2011 to 2013 across AIDS spending categories, domestic and international financing sources combined.

TARGET 7. Eliminating Gender Inequalities			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
7.1 Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months		Insufficient data for this indicator	Existing data includes cases of women, who were abused sexually, physically, and emotionally. However, data cannot ascertain whether cases involved male intimate partners.

TARGET 8. Eliminating Stigma and Discrimination			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
8.1 Discriminatory attitudes towards people living with HIV		Insufficient data for this indicator	Existing data includes cases of women, who were abused sexually, physically, and emotionally. However, data cannot ascertain whether cases involved male intimate partners.

TARGET 9. Eliminate Travel Restrictions			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS
9.1 Travel restriction			data are collected directly by the Human Rights and Law Division at UNAIDS

TARGET 10. Strengthening HIV Integration			
INDICATORS	MAIN DATA SOURCE	STATUS 2010-11	REMARKS

4. THE NATIONAL M&E SYSTEM

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

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

The PNAC National M&E officer together with the DOH (NEC, NASPCP) with the support from the UNAIDS and GF was also a part of the core team which is involve in the development of the country AIDS Epidemic Model, Estimates for HIV and AIDs and various research efforts.

Some of the findings from the 2010 NMES assessment hasn't been addressed yet, for instance the staff complement for M&E functions. Currently the PNAC M&E Unit has only 1 dedicated staff the National M&E Officer.

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

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

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

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

4. 2011-2013 NATIONAL AIDS SPENDING ASSESSMENT

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

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

This report however has some data limitations. These include: non-disaggregation of expenditures; some may have been budget data and not actual expenditures; only several local government units (LGUs) provided spending data for selected years (may imply understated prevention expenditures); private sector data are limited; (DKT Philippines reported substantial spending data in 2011 but did not report in 2012 and 2013); spending data from health facilities came from two treatment hubs in Metro Manila only (may imply understated care and treatment expenditures); and expenditures from social insurance is not completely accounted for (outpatient benefits for AIDS treatment is now in place under the National Health Insurance Program of the Philippine Health Insurance Corporation).

TOTAL AIDS SPENDING BY SOURCE

Table 1 below shows that overall spending is increasing if we exclude private sector source (PhP 348 million in 2011; PhP 406 million in 2012; and PhP 437 million in 2013). Further, data show that spending from international sources is steadily increasing (PhP 167 in 2011; PhP 210 in 2012; and PhP 245 in 2013) with the Global Fund as the biggest contributor. Other international sources include multilateral agencies (various UN agencies, Asian Development Bank, World Bank), and USAID. Meanwhile, domestic or public sources increased in 2012 to PhP 197 million from PhP 181 million in 2011; but appear to slightly decline in 2013 to Php 192 million.

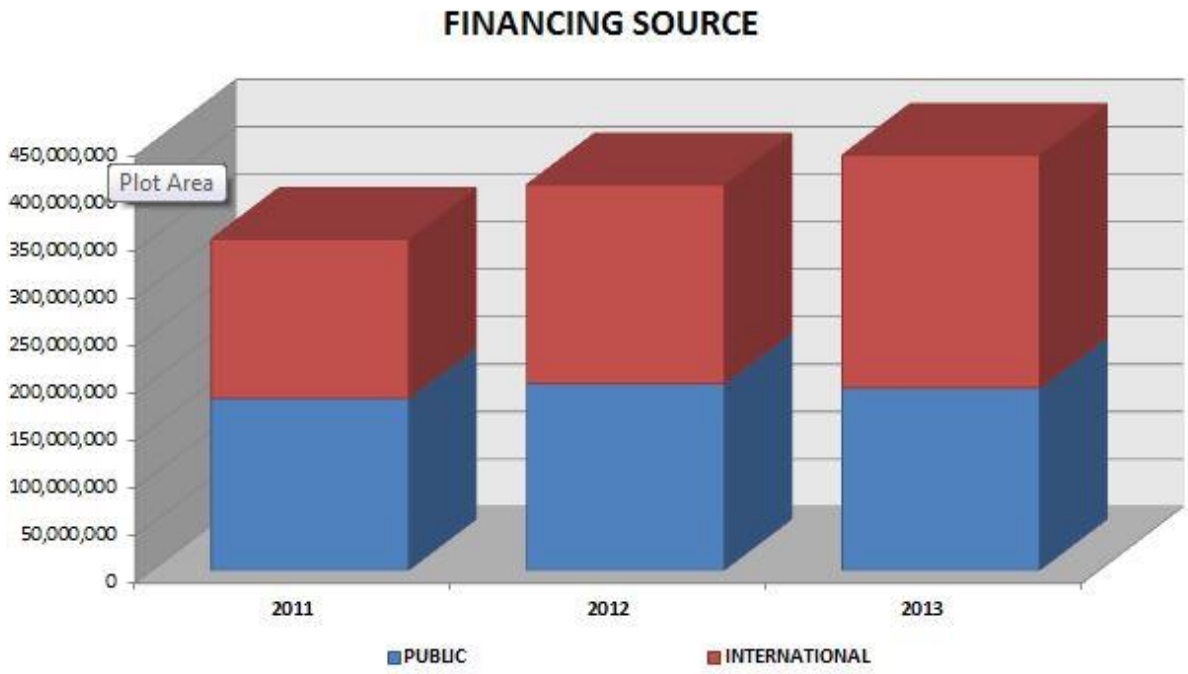
In terms of public sources, it should be noted that both the program (National AIDS/STD Prevention and Control Program) and surveillance (from the National Epidemiology Center) budgets from the Department of Health (DOH) increased over the years. Other government agencies that spent for HIV and AIDS include: the Department of Social Welfare and Development (DSWD), the Department of Education (DepEd), the Department of Justice (DOJ), the Philippine Information Agency (PIA), the Occupational Safety and Health Center of the Department of Labor and Employment (DOLE-OSHC), and several local government units (Quezon City, Makati City, Cebu City, Caloocan City, Pasay City, and Davao City). Notably, one of the limitations of this report is the lack of mechanism to regularly collect expenditure data from local government units (LGUs) and other government health facilities.

In terms of private sector contribution, data were provided by DKT Philippines in 2011 only (specifically for condom social marketing). Other private sector spending came from Levis (2011) and Pilipina s Shell Foundation, Inc. (2012-2013) specifically on prevention activities, advocacy campaigns, and capacity-building activities.

TABLE 1: Total Spending, 2011-2013

Source	2011	2012	2013
Public	181,094,432	196,550,438	191,974,886
International	167,714,489	209,655,901	245,287,143
Private	198,912,070	972,702	756,131
Total in Php	547,720,991	407,179,041	438,018,161
Total in USD	12,646,525	9,644,222	10,320,880
Forex	43.31	42.22	42.44
Total (excluding private) in Php	348,808,921	406,206,338	437,262,029

FIGURE 1: Total Spending in Php by Financing Source (Excluding Private Source)



TOTAL AIDS SPENDING BY FUNCTION

Table 2 shows the annual breakdown of expenditures by activity or function. Prevention programs in the country include: communication for behavior change; voluntary counselling and testing; prevention and management of sexually transmitted infections; interventions for migrant workers, programs most at risk populations (sex workers, males who have sex with males, persons who inject drugs); among others. Care and treatment expenditures, on the other hand, cover anti-retroviral therapy, treatment of opportunistic infections and prophylaxis, HIV-related laboratory monitoring, among others. Resources were also spent on systems strengthening and program coordination which includes: planning and program management, monitoring and evaluation, serological surveillance, administration costs, among others. The country also spent for enabling environment activities

(advocacy, human rights, institutional development), human resources (training), social protection (social assistance), and research studies.

For the period 2011 to 2013, most of the resources, on the average, went to prevention interventions (49%), followed by systems strengthening and program coordination (27%), and care and treatment (18%). The level of spending in nearly all categories increased from 2012 to 2013 except for prevention. Significant increase in spending can be observed in Care and Treatment given the increasing number of persons with HIV who are now enrolled in anti-retroviral therapy (ART).

However, it should be noted that some expenditure items were not captured in this report, such as the local government spending on prevention, particularly STI diagnosis and treatment through the social hygiene clinics. Notably most highly urbanized cities operate a social hygiene clinic providing services on STI diagnosis and treatment, risk reduction counselling, provision of condoms, among others. In addition, there are about 18 treatment hubs in the country and most of these are public hospitals. Unfortunately, spending data were only collected in two treatment hubs (San Lazaro Hospital and Research Institute for Tropical Medicine) located in Metro Manila.

TABLE 2: Spending by Category, excluding Private Sector

Spending Category	2011	2012	2013	Total	Average	%
Prevention	155,385,039	247,554,335	181,109,605	584,048,978	194,682,933	49%
Care and Treatment	42,107,334	68,211,240	101,554,681	211,873,255	70,624,418	18%
Orphans & Vulnerable Children	0	0	0	0	0	0%
System Strengthening & Programme Coordination	122,354,314	76,763,661	125,719,256	324,837,231	108,279,077	27%
Incentives for Human Resources	4,409,181	617,400	2,237,572	7,264,153	2,421, 384	1%
Social Protection and Social Service	2,604,877	2,250,000	2,350,000	7,204,877	2,401,626	1%
Enabling Environment	19,928,145	9,113,680	12,182,774	41,224,599	13,741,533	3%
Research	2,020,031	1,696,022	12,108,142	15,824,195	5,274,732	1%
Total in Php	**348,808,921**	**406,206,338**	**437,262,029**	**1,192,277,289**	**397,425,763**	**100%**

On *Care and Treatment*, it should be noted that persons living with HIV can now avail of outpatient benefits under the National Health Insurance Program (NHIP) of the Philippine Health Insurance Corporation (Philhealth). As such, the expenditures incurred by persons living with HIV (PLHIV) who are enrolled in the social insurance are not fully accounted for in this report. These may cover outpatient routine ART monitoring (e.g. laboratory tests, CD4 count), and to some degree, even the cost of in-patient treatment for opportunistic infections.

Further, the San Lazaro Hospital in Manila (one of the major treatment hubs in the country) reported that there are substantial private sector contributions for treatment, care and support given by faith-based organizations, corporate sponsors, and philanthropists. These contributions include: donations, medical equipment, and nourishments. The financial costs of these are not included in the NASA funding matrix since these are “in-kind” contributions. Moreover, at the San Lazaro Hospital the following services remain free of charge: palliative care, nutritional services, counselling services, and counselling for treatment adherence. On the other hand, services for treatment of opportunistic infections, and ART monitoring are covered by the Philippine Health Insurance Corporation (Philhealth). Notably, out of the 1,619 patients of San Lazaro who are enrolled in ARV therapy, around 1,210 patients have Philhealth cards. It should be noted, however, that these costs (covered by Philhealth) were not fully accounted for in this report.

On *Orphans and Vulnerable Children (OVC)*, it should also be clarified that while there is no explicit expenditures for OVC in this report, some of these are actually included under the “Social Protection Services” and “Care and Treatment” especially the services provided to children infected with HIV.

There is also significant spending for *Incentives for Human Resources* and *Research*. These were mainly due to the implementation of AIDS-related training for personnel, and the conduct of social science researches.

In terms of project implementation, it should also be noted that a lot of these AIDS-related activities are being carried out by NGOs, such as Pinoy Plus Association, Action for Health Initiatives, Inc (ACHIEVE), AIDS Society of the Philippines, among others. Moreover, there are also organizations that implement advocacy activities (*Take the Test*) and other faith-based organizations (e.g. *Camillians*) that provide care and support to HIV patients.

Program and Policy Implications

The results point to the following concerns:

1. Although it is commendable that there is substantial increase in domestic resources, there is a need to further mobilize resources for prevention activities given the observed decline and especially since international resources are not always certain.

2. Current initiatives from local government units (LGUs) like that in Quezon City need to be replicated in other areas to ensure that interventions are in place for key affected populations. Laudable interventions need to be properly documented so that it can also be disseminated and used as models in other areas. Efforts to engage the private sector are essential to complement the activities of the government. With the completion of the projects financed by The Global Fund and given the increasing number of new AIDS cases on a daily basis, the government (both national and local) should be ready to shoulder the responsibility of providing prevention and treatment services.

3. There is also a need to use available resources efficiently and effectively. Investments should be strategic and geared towards prevention interventions targeting key affected populations and in areas where most infections are coming from. Further, there may be a need to examine the "overinvestment" in systems strengthening and program coordination activities.

4. A functioning monitoring mechanism that will be able to generate and collect financial information at the local level needs to be established in order to provide a more accurate picture of the levels of spending of the country.

Supplemental Tables (Breakdown of International and Public Sources by function, in PHP)

INTERNATIONAL SOURCES

Spending Category	2011	2012	2013	Total	Average	%
Prevention	63,021,715	110,863,922	94,471,675	268,357,312	89,452,437	43%
Care and Treatment	7,543,338	43,111,215	69,902,724	120,557,277	40,185,759	19%
Orphans & Vulnerable Children	0	0	0	0	0	0%
System Strengthening & Programme Coordination	74,352,568	44,263,661	55,819,256	174,435,484	58,145,161	28%
Incentives for Human Resources	1,803,496	617,400	1,562,572	3,983,468	1,327,823	1%
Social Protection and Social Service	804,877	0	0	804,877	268,292	0%
Enabling Environment	18,174,365	9,113,680	12,182,774	39,470,819	13,156,940	6%
Research	2,014,131	1,686,022	11,348,142	15,048,295	5,016,098	2%
Total in Php	**167,714,489**	**209,655,901**	**245,287,143**	**622,657,533**	**207,552,511**	**100%**

PUBLIC SOURCES

Spending Category	2011	2012	2013	Total	Average	%
Prevention	92,363,324	136,690,412	86,637,929	315,691,666	105,230,555	55%
Care and Treatment	34,563,996	25,100,025	31,651,957	91,315,978	30,438,659	16%
Orphans & Vulnerable Children	0	0	0	0	0	0%
System Strengthening & Programme Coordination	48,001,747	32,500,000	69,900,000	150,401,747	50,133,916	26%
Incentives for Human Resources	2,605,685	0	675,000	3,280,685	1,093,562	1%
Social Protection and Social Service	1,800,000	2,250,000	2,350,000	6,400,000	2,133,333	1%
Enabling Environment	1,753,780	0	0	1,753,780	584,593	0%
Research	5,900	10,000	760,000	775,900	258,633	0%
Total in Php	**181,094,432**	**196,550,438**	**191,974,886**	**569,619,756**	**189,873,252**	**100%**

Supplemental Tables (Breakdown of 2013 Spending, in PHP)

PUBLIC SOURCES/NATIONAL GOVERNMENT

Spending Category	2013								
	DOH*	RITM	San Lazaro	DSWD	DepEd	DOJ	DOLE	PIA	TOTAL
Prevention	59,524,129	0	0	0	2,949,209	35,000	252,500	1,650,000	64,410,838
Care and Treatment	11,585,871	20,000,000	66,086	0	0	0	0	0	31,651,957
Orphans & Vulnerable Children	0	0	0	0	0	0	0	0	0
System Strengthening & Programme Coordination	67,390,000	0	0	0	0	0	0	0	67,390,000
Incentives for Human Resources	0	0	0	0	0	0	0	0	0
Social Protection and Social Service	0	0	0	2,350,000	0	0	0	0	2,350,000
Enabling Environment	0	0	0	0	0	0	0	0	0
Research	0	750,000	10,000	0	0	0	0	0	760,000
Total in Php	**138,500,000**	**20,750,000**	**76,086**	**2,350,000**	**2,949,209**	**35,000**	**252,500**	**1,650,000**	**166,562,795**

*DOH includes: NASPCP, NEC & PNAC SECRETRIAT

PUBLIC SOURCE/LOCAL GOVERNMENT

Spending Category	2013			
	QC	Makati	Cebu	TOTAL
Prevention	18,926,129	1,300,962	2,000,000	22,227,091
Care and Treatment	0	0	0	0
Orphans & Vulnerable Children	0	0	0	0
System Strengthening & Programme Coordination	1,840,000	0	670,000	2,510,000
Incentives for Human Resources	675,000	0	0	675,000
Social Protection and Social Service	0	0	0	0
Enabling Environment	0	0	0	0
Research	0	0	0	0
Total in Php	**21,441,129**	**1,300,962**	**2,670,000**	**3,970,962**

INTERNATIONAL SOURCE/DEVELOPMENT PARTNERS

Spending Category	2013					
	UN	Global Fund	World Bank	ADB	USAID	TOTAL
Prevention	9,047,514	49,420,712	0	21,071,467	14,931,982	94,471,675
Care and Treatment	0	69,902,724	0	0	0	69,902,724
Orphans & Vulnerable Children	0	0	0	0	0	0
System Strengthening & Programme Coordination	4,997,832	15,686,807	1,432,559	29,922,322	3,779,735	55,819,256
Incentives for Human Resources	681,198	0	0	0	881,374	1,562,572
Social Protection and Social Service	0	0	0	0	0	0
Enabling Environment	9,476,544	0	0	2,589,434	116,796	12,182,774
Research	383,040	0	5,084,107	5,880,996	0	11,348,142
Total in Php	**24,586,128**	**135,010,243**	**6,516,666**	**59,464,219**	**19,709,887**	**245,287,143**

PRIVATE SOURCE, 2011-2013

Spending Category	2011			2012	2013
	Levi's	DKT	TOTAL	Shell	Shell
Prevention	0	194,371,691.72	194,371,691.72	525,248.06	131,962.96
Care and Treatment	0	105,000	105,000	0	0
Orphans & Vulnerable Children	0	0	0	0	0
System Strengthening & Programme Coordination	0	0	0	0	0
Incentives for Human Resources	0	1,935,000	1,935,000	346,595.70	354,989.39
Social Protection and Social Service	0	0	0	0	0
Enabling Environment	1,091,792	61,000	1,152,792	100,858.31	269,179.13
Research	0	1,347,585.98	1,347,585.98	0	0
Total in Php	**1,091,792**	**197,820,277.70**	**198,912,069.70**	**972,702.07**	**756,131.47**

5. THE NATIONAL COMMITMENTS & POLICY INSTRUMENT
PART A

PART 1: Strategic Plan

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

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

YES	NO

IF YES, what is the period covered [write in]:	AMTP 5 (2011-2016)

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. **IF NO or NOT APPLICABLE, Briefly explain why:**
The current strategy of (AMTP V) is essentially a continuation of the AMTP IV. The modifications made were based from the current data that the country has. The key development for the current strategy was the development of an "AMTP V Investment Plan", the "AMTP V Monitoring and Evaluation Plan" and the development of the "Health Sector Plan"

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

1.1 Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?
Name of government ministries or agencies [write in]: PNAC MEMBERS

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

SECTOR	Included in Strategy		Earmarked Budget	
Education	Yes	No	Yes	No
Health	Yes	No	Yes	No
Labour	Yes	No	Yes	No
Military/Police	Yes	No	Yes	No
Social Welfare[2]	Yes	No	Yes	No
Transportation	Yes	No	Yes	No
Women	Yes	No	Yes	No
Young People	Yes	No	Yes	No
Other [write in]: Tourism	Yes	No	Yes	No

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

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

KEY POPULATION AND OTHER VULNERABLE POPULATIONS		
Discordant couple	Yes	No
Elderly persons	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other Vulnerable Children[3]	Yes	No
People with disabilities	Yes	No
People who inject Drugs	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific vulnerable sub pop: IP, Children in Conflict w/ the law	Yes	No

[2] This sector includes Social Protection
[3]

SETTING		
Prisons	Yes	No
School	Yes	No
Workplace	Yes	No
CROSS-CUTTING ISSUES		
Addressing Stigma and discrimination	Yes	No
Gender empowerment and/or gender equality	Yes	No
HIV and poverty	Yes	No
Human rights protection	Yes	No
Involvement of people with HIV	Yes	No

***IF NO*, explain how key populations were identified**
Implementation of the HIV and AIDS program is crosscutting for all sectors in GA although not specifically mentioned in the 5th AMTP

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

People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations [write in]: IPs	Yes	No

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

YES	NO

1.3 Does the multi-sectoral strategy include an operational plan?

YES	NO

1.4 Does the multisectoral strategy or operational plan include: (AMTP)

A. Formal programme goal	YES	NO	N/A
B. Clear target milestone	YES	NO	N/A
C. Detailed cost for each programmatic area	YES	NO	N/A
D. An indication of funding sources to support programme implementation	YES	NO	N/A
E. A monitoring and evaluation framework	YES	NO	N/A

1.8. Has the country ensured "full involvement and participation" of civil society[4] in the development of the multisectoral strategy?

Active involvement	Moderate involvement	No Involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Multisectoral Partnership Positive Community Consultation Inclusive Development

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

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

Yes	No	N/A

[4] Civil society includes among others: networks and organisations of people living with HIV ,women, young people, key affected groups (including men who have sex with men, transgender people, sex workers, people who inject drugs, migrants, refugees/displaced populations, prisoners); faith-based organizations; AIDS service organizations; community-based organizations; ;workers organization, Human rights organization, etc. Note: The private sector is considered separately

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

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

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

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

SPECIFIC DEVELOPMENT PLANS			
Common country assessment/ UN development assistance	YES	NO	N/A
National development plan	YES	NO	N/A
Poverty reduction strategy	YES	NO	N/A
National social protection strategic plan	YES	NO	N/A
Sector-wide approach	YES	NO	N/A
Other [write in]:	YES	NO	N/A

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

HIV RELATED AREA INCLUDED IN PLAN (S)			
Elimination of punitive law	YES	NO	N/A
HIV impact alleviation (including palliative care for adults and children)	YES	NO	N/A
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	YES	NO	N/A
Reduction of stigma and discrimination	YES	NO	N/A
Treatment, care and support (including social protection or other schemes)	YES	NO	N/A
Women's economic empowerment (e.g. access to credit, access to land, training)	YES	NO	N/A
Other [write in]:			

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

Yes	No	N/A

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

LOW					HIGH
0	1	2	3	4	5

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

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

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

AREA	**Many**	**Few**	**None**
a. HIV counselling & testing with sexual and reproductive health			
b. HIV Counselling & testing and Tuberculosis			
c. HIV Counselling & testing and general outpatient care			
d. HIV counselling & testing and chronic non-communicable diseases			
e. ART and Tuberculosis			
f. ART and general population care			
g. ART and chronic non- communicable disease			
h. PMTCT with antenatal care/ maternal and child health			
Other comments on HIV Integration			

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

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

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

What challenges remain in this area

PART 2: Political Support and Leadership

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

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

A. Government ministers

YES	NO

B. Other high officials at sub-national level

YES	NO

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

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

YES	NO

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
Head of DOH (Sec. Ona) is presiding the Philippine National AIDS Council Plenary meeting. (October)

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

YES	NO

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

2.1. IF YES:

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

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

Yes	No	N/A

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

What challenges remain in this area:
Strengthen the coordination

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

NASA %

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

Capacity building	Yes	No
Coordination with other implementing partners	Yes	No
Information on priority needs	Yes	No
Procurement and distribution of medications or other supplies	Yes	No
Technical guidance	Yes	No
Other [write in]	Yes	No

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

YES	NO

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

YES	NO

IF YES, name and describe how the policies / laws were amended
"Anti-trafficking in Persons Act of 2003"

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
Republic Act 9165 or "Dangerous Drugs act of 2002 – hinders the implementation of "Harm Reduction Program" since it uses the possession of paraphernalia like needles and syringes as an evidence to persecute

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

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

Since 2011, what have been key achievements in this area:
Increasing Budget Support on some critical agencies in terms of Prevention Treatment and Diagnosis

What challenges remain in this area:
Rationalization Plan – this would result in decrease in personnel Change in Leadership – disruption in the continuity of the program

PART 3: Human Rights

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

KEY POPULATIONS AND VULNERABLE GROUPS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations [write in]: IPs	Yes	No
Elderly, Internally displaced populations	Yes	No

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

YES	NO

IF YES to Question 1.1.or 1.2., briefly describe the content of the laws:
CHR (Workplace Policy), UN Declaration, Bill of Rights, Magna Carta for Women and Persons with Disability, Family Code, RA 8504

Briefly explain what mechanisms are in place to ensure these laws are implemented:
Current structure of government Commissions

Briefly comment on the degree to which they are currently implemented:
The policies are there, but more on information awareness and education campaigns, but still discriminatory acts occur, and if not regularly reported, are under reported and no documented case has been filed with appropriate redress mechanisms.

2. **Does the country have laws, regulations or policies that present obstacles6 to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?**

YES	NO

IF YES, FOR WHICH KEY POPULATIONS AND VULNERABLE GROUPS?		
People living with HIV	Yes	No
Elderly persons	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations [write in]: <18 years of age	Yes	No

Briefly describe the content of these laws, regulations or policies:
RA 9165 Revised Penal code

Briefly comment on how they pose barriers: :
Possession of drug paraphernalia is still illegal in the country (hindrance for Needle Syringe Program implementation)

PART 4: Prevention

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

YES	NO

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

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

YES	NO

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

YES	NO

2.1. Note: Primary and Secondary Schools are changed into Basic Education: K-12
Before there HIV education was not included as part of the syllabus now DEPED integrated HIV as part of the curriculum

Is HIV education part of the curriculum in:		
Primary schools?	Yes	No
Secondary schools?	Yes	No
Teacher training?	Yes	No

2.2. Does the strategy include:

a. Age-appropriate sexual and reproductive health elements?

YES	NO

b. Gender-sensitive sexual and reproductive health elements?

YES	NO

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

YES	NO

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

YES	NO

Briefly describe the content of this policy or strategy:
TESDA- Curriculum integration, orientation , TOT for HIV & AIDS Prevention DEPED – Curriculum integration, orientation , work place policies, TOT for HIV & AIDS Prevention DSWD – Community based awareness programs, TOT for HIV & AIDS Prevention

3.1 IF YES, which populations and what elements of HIV prevention does the policy/strategy address? Check which specific populations and elements are included in the policy/strategy

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

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

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

Since 2011, what have been key achievements in this area:
RH Law Amended anti trafficking law Civil Service Commission –Memorandum Circular regarding Work place policy for HIV and AIDS

What challenges remain in this area:
•Insufficient budget refer to budget of PNAC Secretariat •Breaking the stigma

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

YES	NO

IF YES, how were these specific needs determined?
Researches Monitoring and Evaluation Consultation *Harmonization in Responses

IF YES, what are these specific needs?
Researches Monitoring and Evaluation

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to:	Strongly Disagree	Disagree	Agree	Strongly agree	N/A
Blood safety	1	2	3	4	N/A
Condom promotions	1	2	3	4	N/A
Economic support e.g. cash transfer	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school youth	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counselling	1	2	3	4	N/A
IEC[5] on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A
Prevention for people living with HIV[6]	1	2	3	4	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for sex worker	1	2	3	4	N/A
Reduction of gender based violence	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A
Universal precaution in health care setting	1	2	3	4	N/A
Others [Write in]	1	2	3	4	N/A

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

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

PART 5: Treatment, Care, and Support

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

YES	NO

If YES, Briefly identify the elements and what has been prioritized:
Out reach VCT Treatment Care and support(DOH)

Briefly identify how HIV treatment, care and support services are being scaled-up
More treatment hubs, SIO's (Counsellor, /referrers) *Hepa-B Vax, CTX, INH Utilization PHIC-lab covered (SVC's-CD4)-needs evidence Conduct of research

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

The majority of people in need have access to:	Strongly Disagree	Disagree	Agree	Strongly agree	N/A
Antiretroviral Therapy	1	2	3	4	N/A
ART for TB patients	1	2	3	4	N/A
Contrimoxazole prophylaxis in people living with HIV	1	2	3	4	N/A
Early infant diagnosis	1	2	3	4	N/A
Economic support	1	2	3	4	N/A
Family based care and support	1	2	3	4	N/A
HIV care support in the workplace (including alternative working arrangement)	1	2	3	4	N/A
HIV testing and Counselling for people with TB	1	2	3	4	N/A

The majority of people in need have access to:	Strongly Disagree	Disagree	Agree	Strongly agree	N/A
HIV treatment service in the workplace or treatment referral systems through the workplace	1	2	3	4	N/A
Nutritional care	1	2	3	4	N/A
Paediatric AIDS treatment	1	2	3	4	N/A
Palliative care for children and adults	1	2	3	4	N/A
Post-delivery ART provision to women	1	2	3	4	N/A
Post-exposure prophylaxis for non-occupational exposure to HIV	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposure to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A
Sexually transmitted disease management	1	2	3	4	N/A
TB prevention therapy for people living with HIV	1	2	3	4	N/A
TB Screening for peop0le living with HIV	1	2	3	4	N/A
Treatment for common HIV-related infections	1	2	3	4	N/A
Other [write in]:	1	2	3	4	N/A

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

YES	NO

Please clarify which social and economic support is provided
Through support groups, projects & DSWD

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

YES	NO

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

Yes	No	N/A

IF YES, for which commodities?
ART Condoms (DOH)

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

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

Since 2011, what have been key achievements in this area:
Increased budget from the Department

What challenges remain in this area:

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

Yes	No	N/A

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

YES	NO

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

YES	NO

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

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

Since 2011, what have been key achievements in this area:
Social protection policy on children

What challenges remain in this area:
Lack of data on OVC

PART 6: Monitoring and Evaluation

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

Yes	No	N/A

Briefly describe any challenges in development or implementation:
• Need for a systematic agency specific M&E • No existing "operational plan for each PNAC Member Agencies" • Accountability issues

1.1. IF YES, years covered [write in]:
AMTP 5 (2011-2016)

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

Yes, some partners	No	N/A

Briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy	Yes	No
IF YES, does it address:		
Behavioral surveys	Yes	No
Evaluation and research studies	Yes	No
HIV drug resistance surveillance	Yes	No
HIV surveillance	Yes	No
Routine programme monitoring	Yes	No
A data analysis strategy	Yes	No
A data dissemination and use strategy	Yes	No
A well-defines set of indicators that includes sex and age disaggregation (where appropriate)	Yes	No
Guidelines on tools for data collection	Yes	No

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

Yes	In progress	None

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

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

Yes	In progress	None

Briefly describe any obstacles:
1. Lack of Resources (Staff (1 from the PNAC Secretariat, Budget (also from the secretariat, etc.)
2.Lack of prioritization to HIV related functions of PNAC Member Agencies
3.Multi task nature of work of MEWG
4.Structure of M&E Mechanisms per PNAC Member Agencies (no specific for HIV or no M&E Unit/ focal person)

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

In the Ministry of Health?	Yes	No
In the National HIV Commission equivalent?	Yes	No
Elsewhere [write in]	Yes	No

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

POSITION [write in position title in spaces below]	**Full Time**	**Part time**	**Since when**
Permanent Staff (add as many as needed)	1		2010
	Fulltime	**Partime**	**Since when**
Temporary staff (add as many as needed)			

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

YES	**NO**

Briefly describe the data-sharing mechanisms:
After the data collection, collation and analysis strategic information are shared to PNAC Members, program Managers and other essential stakeholders for program improvement and planning purposes This is usually done through small meetings, forums and sometimes one on one discussion. Printed materials like briefers, monthly reports and gazettes are also being disseminated.

What are the major challenges in this area
Official publication of results Poor reporting compliance Timeliness of data submission from partners

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

YES	**NO**

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

YES	NO

IF YES, briefly describe the national database and who manages it.
CRIS Pinoy, IT Staff and the M&E focal person from the PNAC Secretariat

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

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

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

6.2. Is there a functional Health Information System?

At the National level	Yes	No
At subnational level	Yes	No
IF YES, at what level(s)? [write in] In project Level	Yes	No

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

Estimates of current & future needs	Estimates of current needs only	No

7.2. Is HIV programme coverage being monitored?

YES	NO

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

YES	NO

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

YES	NO

IF YES, for which population groups?
MSM SW PWID (at some extent)

Briefly explain how this information is used:
Information is use for planning and program improvement

(c) Is coverage monitored by geographical area?

YES	NO

IF YES, at which geographical levels (provincial, district, other)?
Coverage is being monitored up to the City level but only for some identified sites.

Briefly explain how this information is used:
Information is use for planning and program improvement

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

YES	NO

9. How are M&E data used?

For programme improvement	Yes	No
In developing/revisiting the national HIV response	Yes	No
For resource allocation	Yes	No
Other [write in]		

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

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

At the national level?	Yes	No
IF YES, what was the number trained:		
At subnational level?	Yes	No
IF YES, what was the number trained: **40**		
At service delivery level including civil society?	Yes	No
IF YES, how many		

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

YES	**NO**

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

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

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

Since 2011, what have been key achievements in this area:
•Development of an M&E Plan •Development of research and evaluation agenda •Basic M&E Training (capacity building) •Conduct of 5th AMTP Mid-Term Assessment •Assisted in the conduct of G2Z and other monitoring activities •Development of Basic HIV and AIDS M&E Training Module specifically for the LGU and other partners •Dissemination of strategic information

What challenges remain in this area:
•Lack of M&E Staff •Lack of budget specific for M&E

6. THE NATIONAL COMMITMENTS & POLICY INSTRUMENT
PART B

PART 1: Civil Society Involvement

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

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
ACHIEVE: Work Place Policy, BUB LGU – asking TA from Achieve to help with their HIV Programs Pinoy Plus: National Network (PNAC, LAC Area) TUCP: Lobbying with congress for Law Amendments. : Low output because of reorganization PMA: Work with medical societies in local area : Not much work together as National Network

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

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
Pinoy Plus: dialogue with program, not much say on allocation (bigger), not much say on smaller program TUCP: Reorganization Problem PMA: Continuing implementation & CSO Engagement : Involved remains lacking ACHIEVE: MTR of AMTP : NSAP – ALT budget initiative NASPCP Budget similar to NSAP

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

a. The national HIV strategy?

LOW					HIGH
0	1	2	3	4	5

b. The National HIV budget?

LOW					HIGH
0	1	2	3	4	5

C. The national HIV reports?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

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

LOW					HIGH
0	1	2	3	4	5

a. Developing the national M&E plan

LOW					HIGH
0	1	2	3	4	5

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

LOW					HIGH
0	1	2	3	4	5

c. Participate in using data for decision-making?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

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

LOW					HIGH
0	1	2	3	4	5

Comments and examples:

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

a. Adequate financial support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

b. Adequate technical support to implement its HIV activities?

LOW					HIGH
0	1	2	3	4	5

Comments and examples:
ACHIEVE: Data is part of the TA. Org'n is TA provider (primarily) Refusal to provide TA on HIV fact sheet development for LGU's (personal)

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

Prevention for key population:				
People living with HIV	<25%	25-50%	51-75%	>75%
Men who have sex with men	<25%	25-50%	51-75%	>75%
People who inject drugs	<25%	25-50%	51-75%	>75%
Sex workers	<25%	25-50%	51-75%	>75%
Transgender people	<25%	25-50%	51-75%	>75%
Palliative care	<25%	25-50%	51-75%	>75%
Testing and counselling	<25%	25-50%	51-75%	>75%
Know your rights/Legal services	<25%	25-50%	51-75%	>75%
Reduction of stigma and discrimination	<25%	25-50%	51-75%	>75%
Clinical services (ART/IO)	<25%	25-50%	51-75%	>75%
Home based care	<25%	25-50%	51-75%	>75%
Programmes for OVC	<25%	25-50%	51-75%	>75%

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

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

Since 2011, what have been key achievements in this area:
NSAP, Dangal Network, TWG for MSM and TG, Collaboration CSO-LGU GIPA=PE, Counsellors, TWG Amendments, Researches by NGO funded by donors

What challenges remain in this area:
Lack of reps. (YP, SW, PWID, TG) – genuine representation Tie-ups among NGO's – half ways, shelters

PART 2: Political Support

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

YES	NO

IF YES, describe some examples of when and how this has happened:
LGU engagements: TA, membership inLAC, WP Program (cost - sharing) Government sponsored activities (programs by CSO) PNAC Support: 200,000 (PH Sex Worker Collective), (Women Hookers – Rights and Empowerment)

PART 3: Human Rights

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

KEY POPULATIONS AND VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations [write in]: IPs	Yes	No

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

YES	NO

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws
Constitution:" Bill of Rights" Vulnerability Specific Rights Protection needs of legislation RA 10364: Expanded Anti-Trafficking Work Place Policy of CHR

Briefly explain what mechanisms are in place to ensure that these laws are implemented:
CHR: Investigate, recommendation for action, Work Place Policy of CHR: PLHIV asst. in cases

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

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

YES	NO

2.1 IF YES, for which sub-populations?

KEY POPULATIONS AND VULNERABLE SUBPOPULATIONS		
People living with HIV	Yes	No
Men who have sex with men	Yes	No
Migrant/Mobile populations	Yes	No
Orphan and other vulnerable children	Yes	No
People with disabilities	Yes	No
People who inject drugs	Yes	No
Prison inmates	Yes	No
Sex workers	Yes	No
Transgender people	Yes	No
Women and girls	Yes	No
Young women/young men	Yes	No
Other specific key populations [write in]: IPs	Yes	No

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

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

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

YES	NO

Briefly describe the content of the policy, law or regulation and the populations included.
Ref. NCPI 2012= VAWC, Anti-Rape, Sexual Assault

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

YES	NO

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy
NCPI 2012

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

YES	NO

IF YES, briefly describe this mechanism
Ref.: NCPI 2012 Still lacks central repository structure (PNAC based)

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

	Provided free of charge to all people in the country		Provided free of charge to some people in the country		Provided, but only at a cost	
Antiretroviral Therapy	YES	NO	YES	NO	YES	NO
HIV prevention services	YES	NO	YES	NO	YES	NO
HIV related care & support intervention	YES	NO	YES	NO	YES	NO

If applicable, which populations have been identified as priority, and for which services?
Free to some: Priority on KAPS : Private Sector Payment OHAT, PHIC: Investment for future need.

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

YES	NO

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

YES	NO

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

YES	NO

IF YES, Briefly describe the content of this policy/strategy and the populations included:
Minor Age remains a problem Vague for some populations in operations- PWID, prisons, migrant workers

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

YES	NO

IF YES, briefly explain the different types of approaches to ensure equal access for different populations
Focused Intervention packages in AMTP – findings Mid Term Review that needs to improve. Migrant Workers= can't be helped by local laws, requirements of foreign countries Prisons= without evidence yet

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

YES	NO

IF YES, briefly describe the content of the policy or law:
Migrant Worker= required testing GCC / other receiving countries BPO's= require testing, not sure if with consequence =medical staffing(nurses), required (hospitals) BI= applicants for permanent residency Workers in Entertainment Establishment= withholding HEALTHCARDS / non-issuance

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

A. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

YES	NO

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

YES	NO

IF YES on any of the above questions, describe some examples:
CHR M&E Plan: Detection of Disc. Access to redress

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

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

YES	NO

b. Programmes for members of the judiciary and law enforcement20 on HIV and human rights issues that may come up in the context of their work?

YES	NO

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

a. Legal aid systems for HIV casework

YES	NO

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

YES	NO

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

YES	NO

IF YES, What types of programmes?		
Programme for health care worker	Yes	No
Programme for the media	Yes	No
Programme for the work place	Yes	No
Other [write in] FBO	Yes	No

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

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

Since 2011, what have been key achievements in this area:
Anti-Discrimination CEBU, QC HIV Work Place Policies: DFA, CHR, DOT

What challenges remain in this area:
PWID: Dangerous Drugs Acts Persons Below 18 No Evidence for Prison Inmates Implementation gaps with SW's

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

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

Since 2011, what have been key achievements in this area:
Coverage is PHIC increased

What challenges remain in this area:
GAPS emerging on Work Place Policies – implementations of availing PHIC OHAT – confidentiality, disclosure, job security

PART 4: Prevention

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

YES	NO

IF YES, how were these specific needs determined?
Ref: NCPI 2012 *AMTP Midterm Review 2013

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

1.1 To what extent has HIV prevention been implemented?

HIV Prevention Component	**The majority of people in need have access to:**				
	Strongly Disagree	**Disagree**	**Agree**	**Strongly agree**	**N/A**
Blood safety	1	2	3	4	N/A
Condom promotions	1	2	3	4	N/A
Harm reduction for people who inject drugs	1	2	3	4	N/A
HIV prevention for out-of-school youth	1	2	3	4	N/A
HIV prevention in the workplace	1	2	3	4	N/A
HIV testing and counselling	1	2	3	4	N/A
IEC[5] on risk reduction	1	2	3	4	N/A
IEC on stigma and discrimination reduction	1	2	3	4	N/A
Prevention of mother-to-child transmission of HIV	1	2	3	4	N/A
Prevention for people living with HIV[6]	1	2	3	4	N/A

HIV Prevention Component	The majority of people in need have access to:				
	Strongly Disagree	Disagree	Agree	Strongly agree	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	1	2	3	4	N/A
Risk reduction for intimate partners of key population	1	2	3	4	N/A
Risk reduction for men who have sex with men	1	2	3	4	N/A
Risk reduction for sex worker	1	2	3	4	N/A
School-based HIV education for young people	1	2	3	4	N/A
Universal precaution in health care setting	1	2	3	4	N/A
Others [Write in]	1	2	3	4	N/A

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

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

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

What challenges remain in this area:
Coverage is low; funding remains low

PART 5: Treatment, Care and Support

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

YES	NO

IF YES, Briefly identify the elements and what has been prioritized:
ART/OI Phil Health Counselling as Psychosocial

Briefly identify how HIV treatment, care and support services are being scaled-up?
More treatment hubs, SIO's (Counsellor, /referrers) *Hepa-B Vax, CTX, INH Utilization PHIC-lab covered (SVC's-CD4)-needs evidence Satellite Treatment Hub (SHC's) Propose Law amends for psychosocial interventions

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

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

HIV treatment, care and service	The majority of people in need have access to:				
	Strongly Disagree	Disagree	Agree	Strongly agree	N/A
Post-exposure prophylaxis for non-occupational exposure to HIV	1	2	3	4	N/A
Post-exposure prophylaxis for occupational exposure to HIV	1	2	3	4	N/A
Psychosocial support for people living with HIV and their families	1	2	3	4	N/A
Sexually transmitted disease management	1	2	3	4	N/A
TB Infection control in HIV treatment and care facility	1	2	3	4	N/A
TB prevention therapy for people living with HIV	1	2	3	4	N/A
TB Screening for peop0le living with HIV	1	2	3	4	N/A
Treatment for common HIV-related infections	1	2	3	4	N/A
Other [write in]: Vaccines: Flue, Pneumonia, Hepa B	1	2	3	4	N/A

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

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

Since 2011, what have been key achievements in this area:
Free vaccination; improved supply OI meds; 3-in-1 ART

What challenges remain in this area?
Negative impact to patients with different managements in Treatment Hubs (3 in 1 ART if unstable)

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

YES	NO

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

YES	NO

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

YES	NO

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

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

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

What challenges remain in this area:
No visible, significant achievements seen. Loss of LUNDUYAN as steward PNAC, CWC (loss of 2 PNAC representative for the youth and sex workers)