COUNTRY REPORT:
PHILIPPINES
East Asian and Pacific Consultation on Children and HIV AIDS
Philippine Country Report

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I. Overview of Situation of Children and HIV AIDS in the Philippines

A. Philippine Situationer

**Population:** The Philippines has an estimated population of 85.5 million with an annual growth rate of 2.11 percent and projected to reach 102.8 million by 2015. As of December 2002, the population of Filipino children ages 0-17 is placed at 33,165,083. Rapid population growth puts stress on the country’s economic resources and affects the delivery of social and health services.

**Employment:** Rapid population growth has contributed to widespread unemployment in Philippines. A shortage of available jobs in the country has pushed an estimated seven million Filipinos to work overseas.

**Health situation:** Infant mortality rate per 1,000 live births is 29 in 2003 (National demographic and health Survey 2003) and maternal mortality rate per 100,000 live births is 200 (State of the World Population 2004, UNFPA). Limited human resources and limited financial allocation of funds from the national government for social services, including health, contributes to poor performance in health sector. A significant proportion of health expenditures in the country comes out of family savings.

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**Table 1: National Health Expenditure on Health: The Philippines (Pesos)**

<table>
<thead>
<tr>
<th>Selected Indicators Health Expenditures</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure on health as % of Gross Domestic Product</td>
<td>3.5</td>
<td>3.5</td>
<td>3.4</td>
<td>3.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Government expenditure on health as % of Total expenditure on Health</td>
<td>42.5</td>
<td>43.7</td>
<td>47.1</td>
<td>43.6</td>
<td>39.1</td>
</tr>
<tr>
<td>Private sector expenditure on health as % of Total expenditure on Health</td>
<td>57.5</td>
<td>56.3</td>
<td>52.9</td>
<td>56.4</td>
<td>60.9</td>
</tr>
<tr>
<td>Government Expenditure on health as % total Government expenditure</td>
<td>6.5</td>
<td>6.5</td>
<td>7.0</td>
<td>5.8</td>
<td>4.7</td>
</tr>
<tr>
<td>Social Security Funds as % of Government expenditure on health</td>
<td>8.9</td>
<td>11.5</td>
<td>14.9</td>
<td>18.2</td>
<td>23.4</td>
</tr>
<tr>
<td>Prepaid and risk-pooling plans as % of Private sector expenditure on health</td>
<td>15.5</td>
<td>18.0</td>
<td>18.0</td>
<td>17.0</td>
<td>17.9</td>
</tr>
<tr>
<td>Private households’ out-of-pocket payment as % of private sector expenditure on health</td>
<td>80.6</td>
<td>77.0</td>
<td>76.6</td>
<td>77.8</td>
<td>77.9</td>
</tr>
<tr>
<td>External resources on health as % of Total expenditure on health</td>
<td>2.8</td>
<td>3.7</td>
<td>3.5</td>
<td>3.7</td>
<td>2.8</td>
</tr>
<tr>
<td>Total expenditure on health per capita at exchange rate</td>
<td>32</td>
<td>36</td>
<td>34</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Total expenditure on health per capita at dollar</td>
<td>163</td>
<td>164</td>
<td>169</td>
<td>163</td>
<td>153</td>
</tr>
<tr>
<td>General government expenditure on health per capita at exchange rate</td>
<td>13</td>
<td>16</td>
<td>16</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>General Government expenditure on health per capita at international dollar rate</td>
<td>69</td>
<td>72</td>
<td>80</td>
<td>71</td>
<td>60</td>
</tr>
</tbody>
</table>

**Source:** World Health Organization

**Table 2: Health Status Indicators**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (years)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72.5</td>
</tr>
<tr>
<td>Male</td>
<td>62.7</td>
</tr>
<tr>
<td>Crude death rate (per 100,000 population)</td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (per 100,000 population)</td>
<td></td>
</tr>
<tr>
<td>Under-five mortality rate (per 1,000 livebirths)</td>
<td>40</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>172</td>
</tr>
<tr>
<td>Births attended by health professional (%)</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** World Health Organization
Indicators | Year  
--- | ---  
Births delivered in health facility (%) | 38 | 2003  
Pre-natal care coverage (%) | 94.1 | 2003  
Malnutrition rate (% children under 5) | 27.6 | 2003  

Source: National Demographic and Health Survey 2003

### Table 3: Health Care Indicators

| Indicators | Year | 
|--- | ---  
| Number of hospitals | |  
| Private | 1,738 | 2002  
| Public | 1,077 |  
| | 661 |  
| Number of barangay health stations | 15,343 | 2002  
| Number or rural health units | 1,879 | 2001  
| Hospital beds (per 1,000 people) | 1.1 | 2002  
| Doctors (per 100,000 population) | 11.5 | 2002  
| Nurses (per 100,000 population) | 43.69 | 2002  
| Hospitals (per 100,000 population) | 2.24 | 2000  

Source: Philippine Statistical Yearbook 2004

### B. HIV/AIDS in the Philippines

#### 1. Prevalence of HIV/AIDS

The Philippines has a relatively low prevalence rate compared with other countries, with less than one percent of the adult population infected.

### Table 4: Estimated HIV infection in selected countries

| Adults | Estimated number of adults and children | Adult infection rate (%) | 
|--- | --- | ---  
| Botswana | 350,000 | 37.3  
| Zimbabwe | 1,800,000 | 24.6  
| Cambodia | 170,000 | 2.6  
| Myanmar | 330,000 | 1.2  
| Thailand | 570,000 | 1.5  
| United States | 950,000 | 0.6  
| Malaysia | 52,000 | 0.4  
| Vietnam | 220,000 | 0.4  
| Singapore | 4,100 | 0.2  
| Australia | 14,000 | 0.1  
| Indonesia | 110,000 | 0.1  
| China | 840,000 | 0.1  
| Philippines | 9,000 | <0.1  

Source: UNAIDS 2003

The Philippine National AIDS Council (PNAC) reports that HIV infections in the country have been significantly picking up pace since 2000. An average of 10 new cases are being reported each month. As of September 2005, the cumulative number of reported cases was 2,354, 30% of which were AIDS cases.

From January 1984 to August 2005, there were 2,333 HIV Ab seropositive cases reported, of which 1,636 (70%) were asymptomatic and 697 (30%) were AIDS cases. Majority (69%) of the cases were in the 20-39 years age groups and sixty-four percent (64%) (1,478) were males.
Table 5: Reported number of people with HIV/AIDS in the Philippines, 1984 to September 2005

<table>
<thead>
<tr>
<th>Cumulative Number of HIV/AIDS cases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,457</td>
</tr>
<tr>
<td>Female</td>
<td>823</td>
</tr>
<tr>
<td>&lt;19 years</td>
<td>77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cumulative Number of AIDS cases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>702</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of AIDS Deaths</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>273</td>
</tr>
</tbody>
</table>

Source NEC HIV/AIDS Registry

Most of the reported infections (86%) are from sexual intercourse. 64% of reported cases are male and 36% female. Majority of female infections is among the 20-29 age group, while for males, it is the 30-39 age group. Overseas workers account for about a third of total reported HIV cases, considering that most OFWs are required by their recruitment agencies to take an HIV test.

The Department Health (DOH) established an HIV Serologic Surveillance (HSS) to monitor HIV prevalence among identified risk groups across 10 cities in the country. In 2003, the HSS reported that, at the national aggregate, HIV sero-prevalence is 0.03%.

Despite the low prevalence and low rate of increase in the number of HIV and AIDS cases reported, the pre-conditions for a full-blown epidemic are already present in the country. These conditions include the high prevalence of sexually transmitted infections (STIs), low condom use, relatively young sexually active population, and prevalence of misconceptions on HIV and AIDS.

For instance, in 2003, regular condom use among the risk groups was low, with less than 30% consistently using condoms. Moreover, condom use has been generally declining from 2000 to 2003, except for among men who have sex with men (MSM).

Table 6: Proportion of risk groups consistently using condoms (in percent)

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered female sex workers</td>
<td>37</td>
<td>34</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Freelance female sex workers</td>
<td>32</td>
<td>30</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>12</td>
<td>16</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Injecting drug users</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: 2003 HIV/AIDS technical Report

2. Prevalence of Sexually Transmitted Infections

STI etiological surveillance data shows that there is a high incidence of STIs among sex workers, with a prevalence rate of more than 40%. Among STIs, gonorrhea has the highest incidence for males (23 percent), while non-gonococcal infection is highest for females (7%). Prevalence of STI infections among general population is high. In 2002, FHI reported a 5.6% prevalence rate for chlamydia infection among women, and a higher rate is reported among young females and males (7.7% and 9%, respectively). A study among MSM showed that one in every three MSM has had STIs. In Metro Manila, 80% of the MSM surveyed had multiple partners, and 56% practiced unprotected anal sex.

C. Knowledge and Awareness about HIV Infections

Knowledge gaps and misconceptions on HIV and AIDS continue to persist despite years of information, education and communication campaigns. The National Demographic and Health Survey (NDHS) shows that, while 96% of men and 95% of women have heard of AIDS, only a third of them correctly rejected two of the most common misconceptions about HIV and AIDS. Half of men and women (44.7% and 56.2% respectively) know two specific ways to avoid HIV infections. Among them, 62% of men and fewer women (48%) know that condoms can effectively prevent sexual transmission of HIV.
D. Young People and HIV/AIDS

The Young Adolescent Fertility and Sexuality survey in 2002 showed that among young people aged 15-24, 95% are aware of HIV/AIDS, whereas only two-thirds of them are aware of STIs. Nearly one third of young people (27.8%) believe that AIDS is curable and a majority of young people (73.4%) think that there is no chance of them getting AIDS in the future, despite the increasing level of risk among young people compared to the last round of the survey, conducted in 1994. Behavioral and other surveillance showed that while knowledge and awareness may seem to be moderate if not high, the gap between knowledge and actual practices is still wide: 34.8% of young people (48.9% for males and 10.6% for females) have multiple sexual partners and less than 40% of them used condoms during the last sexual intercourse.

E. Stigma and Discrimination

The level of stigma and discrimination is considerable. Findings from the 2003 NDHS confirm a prevailing attitude of stigma and discrimination against HIV and AIDS. Results also showed that HIV/AIDS threaten the social and family cohesiveness. For example, about one third (29% of men and 33.6% of women) are willing to care for family members with HIV at home.

II. Achievements towards UNGASS goals

The Philippines is one of the Member States that committed itself to the principles and targets of the Declaration of Commitment on HIV/AIDS, and pledged to contribute to the global effort to reverse the HIV epidemic. The following are the country’s achievements with regard to the Declaration of Commitments.

Leadership at the National Level
The National Government has demonstrated a strong commitment to prevent and manage the spread of HIV/AIDS through:

a) The passage of the Philippines AIDS Prevention and Control Act (RA 8504) in 1998, which provides the legal basis for a comprehensive national response to HIV/AIDS through the mobilization of multi-sectoral responses
b) The establishment of a multi-sectoral Philippine National AIDS Council (PNAC) in 1992
c) The President’s endorsement of a National HIV/AIDS Registry in 1996

Prevention and reducing vulnerability
Prevention is the mainstay of the HIV response in the Philippines. The Philippines AIDS Prevention and Control Act (RA 8504) provides the legal basis for education and information; safe practices and procedures, including donation of blood, tissues or organs; guidelines on surgical procedures; penalties for unsafe practices and procedures; community-based services and control of sexually transmitted diseases. Regarding implementation, community-based interventions have been in place, ranging from information dissemination to behavioral change targeted at vulnerable and at-risk populations. The Department of Education developed AIDS modules for integration in school curriculum at all levels, including non-formal education, although implementation of HIV and AIDS Education in schools is still very limited.

Care, Support and Treatment
Care and support programmes were implemented and expanded in the country with the establishment of a multi-disciplinary approach mechanism through the formation of HIV/AIDS Core Teams (HACTs) at selected treatment centers. The HACT provides medical and psychosocial support to people living with HIV and AIDS at these treatment facilities. To date, there are 63 HACTs in the country. However, due to the fast turnover of health personnel, memberships to the HACT have been affected. In this connection, there is a need to continue training hospital-based health personnel to maintain the HACTs. Further, to strengthen
hospital-based initiatives, a community-based health service on HIV and AIDS in partnership with local field health facilities is desired.

Partnership mechanisms have been established and the participation of people living with HIV in care and support programmes has increased. However, programmes addressing needs of orphans and vulnerable children are still very limited. Many of the local governments and NGOs are not aware of the situation and very few NGOs are working in this area. In addition, programmes addressing orphans are often not reflected nor acknowledged in government reports.

Resources and elevating social and economic impact
The Philippine government advocates for local governments to mainstream HIV/AIDS into development assistance and poverty eradication programmes and builds capacity of local counterparts and government agencies to development their own local HIV/AIDS response plans.

The Philippines Endowment Plan was put together in 2006. This plan was instrumental in defining possible schemes for generating resources for the HIV and AIDS response in the country. Along with the endowment plan, an investment plan to cover HIV and AIDS programme expenditures is currently being formulated. This plan will harmonise the cost requirement of the national and local responses for the period of 2005 to 2010.

III. Philippine Experience, Efforts and Good Practices in the Prevention of HIV AIDS

A. Background of the Philippine Experience

Initiation of programmatic work on HIV and AIDS and children took nearly 5 years after the first Filipino with HIV was reported in 1984. In general, it went through the process of identifying the vulnerable populations among this sector; conducting of general awareness-raising activities and research, developing appropriate interventions for children; continuously advocating for policy reforms; building partnerships and networks; building capacities of key players and stakeholders; establishing or enhancing structures and systems in response to emerging needs of children; designing programs and delivering services; setting up of monitoring tools and mechanisms; and, scaling up of efforts.

It was the result of the 3-year pilot operations research (1986-1989) entitled “HIV and AIDS Preventive Education among Women and Men in the ‘Sex Industry in Metro Manila” conducted by the DOH-Research Institute for Tropical Medicine (RITM) and the former Kabalikat ng Pamilyang Pilipino Foundation, Inc.(KPPFI), an NGO, that helped uncover and establish the fact that Filipino children (UNCRC definition “anyone who has not yet reached the age of 18) were also in difficult situations that made them extremely vulnerable to HIV and AIDS.

In 1989, KPPFI immediately embarked on a venture entitled “Community-based HIV and AIDS Program for Children and Youth in the Sex Industry” as a response to the findings. This pilot project laid the ground for various STI, RH, HIV and AIDS interventions, which were defined, tested and developed with children, particularly those exposed to sexual abuse, commercial sexual exploitation, substance abuse and living on the streets. The interventions included: outreach; peer-education and counselling; delivery of street- and center-based programs and services, treatment, care and support interventions for children and youth affected by STIs, HIV and AIDS; network and partnership building; IEC in its various forms (art, drama, street plays, puppetry, etc.); working with local government structures and mechanisms; and, advocacy for policy reforms. It served as a springboard for other organizations (GO, NGO, CBO and even FBOs) to initiate and adapt within their mandates any or all of the interventions defined. Most importantly, the drop-in centre set up in the midst of the then red-light district of Manila proved the value of a safe hub for this very young population to converge, be informed about the consequences of their behaviours, and be
given the opportunity to take action that will also benefit their peers in similar difficult situations in various parts of the City as well as the country. The 5-year effort gave a preview to individuals, groups and organizations working with children and youth what treatment, care and support of vulnerable and affected children and youth could look like in full length.

This children- and young people-centred project operated in the midst of a society that was: (1) strongly rejecting the children and youth in the difficult situations; and, (2) vehemently denying the reality that the nation has been exposed to HIV. Despite threats of closure and harassment launched against the project by the City Mayor and powerful religious groups, compounded by the possible pulling out of funds and loss of support from many partner organizations, who were suddenly intimidated by these developments, the project survived to witness replication and evolution of the efforts in many parts of the country. To date, the interventions developed are still being applied and with other most-at-risk sectors of the population all over the country.

By the time the Department of Education (DepED) (then known as the Department of Education, Culture and Sports [DECS]) initiated the drafting of the modules that will integrate HIV and AIDS into the curriculum at different school levels in 1991, there were already a significant number of people with hands-on experiences and expertise on HIV and AIDS Prevention Education and working with children most-at-risk, who were able to provide the necessary resource. These modules were developed and tested, and core trainers among the teachers and curriculum development officials of DECS were trained. This effort, though, was not spared from censorship. Top officials of the organization banned certain core messages in the modules from being included in the lessons. Furthermore, the edited modules were to be taught only in certain levels in elementary and high school. These modules have undergone numerous revisions and updating. More teachers in district and division levels have been trained on the use of the materials. Additional grade levels have been included. However, the modules still awaits integration into the curriculum and actual usage by the classroom teachers all over the country.

Almost at the same time, the Department of Social Welfare and Development (DSWD) started to open the doors of its child caring institutions to accommodate children of people living with HIV who have come forward for appropriate services. Soon after, the need to build the capacity of social workers to handle and manage cases of children and adults living with and affected by HIV and AIDS was recognized. Thus, together with an NGO, a training manual for social workers was developed and tested. In preparation for the possible increase for requisite services resulting from the on-going HIV and AIDS Awareness Education in the country, series of training activities were conducted with social workers in selected facilities of the organization in the country. This move has encouraged the development of other capacity building initiatives along the HIV/AIDS continuum of care, i.e. home-and community based treatment, care and support for and with PLH and their families among others. To date, the manual requires updating and dissemination in order to be responsive to the emerging needs and concerns of the affected children and their loved ones. Furthermore, DSWD has new programs being developed and tested, namely, livelihood and educational assistance for affected families and their children, and community-based alternative parenting care and support for affected children.

By 1996, with the support of INGOs, local and international funding agencies, a critical mass of HIV and AIDS organizations (GO, NGO, CBO and FBO) working with or for children and youth in various difficult situations, together with the children and youth themselves, organized the 1st Satellite Symposium on Children, Youth and HIV/AIDS in Asia and the Pacific. This was intended to ensure that children and youth concerns on HIV and AIDS in Asia and the Pacific will be mainstreamed into the 1997 4th International Convention on AIDS in Asia and the Pacific. The year-long preparation by the Filipino children, youth and adult members of the participating organizations included intensive retooling on HIV/AIDS/ STI/ RH/ CRC, module development, and skills development, such as on facilitation and public speaking, use of creative techniques, team building and management, advocacy and event organizing. The process provided the children and youth the opportunity to put a handle on their vulnerabilities and potential in altering the direction of the epidemic, not only within the country but also in the Region while realizing their Rights.
Thus, in 1997 the 1st Satellite Symposium was able to cross over into the 4th ICAAP through an “Agenda for Action” drafted by all the children and youth participants from different Asian and Pacific countries. This was presented in the main plenary by the children themselves. Advocacy was launched for children to be recognized as a significantly affected sector of the population with great potential to participate in moulding the solution to the HIV and AIDS situation, within countries as well as of the Region. The Agenda for Action was made part of the resulting “Manila Manifesto” of the 4th ICAAP. The latter was carried through the succeeding ICAAPs.

The “Agenda for Action” continued to be disseminated by the Filipino children and youth advocates in various venues, to remind everyone of their commitments to HIV and AIDS and to challenge those who have not come forward to take action.

The 1st Satellite Symposium and the “Agenda for Action” needs to be followed through in order to scale up towards HIV and AIDS Prevention, Treatment, Care and Support for Children. The commitments made need to be revisit so that a renewed commitment will be had from all. Most important, the momentum gained then with the children must be rekindled.

The reconstitution of PNAC in 1998, as mandated by RA8504, established the venue for children’s concerns as embodied in the “Agenda for Action” to be represented and heard. This is one of seven sectors represented by NGO members in the Council. The child sector NGO representative sought to ensure that children’s concerns are integrated into the various development and policy-making processes of the Council and its constituent members, as well as fed back to the significant children’s networks for appropriate follow up. A breakthrough was achieved in 1999 when the 3rd AMTP for 1999-2004 was developed. Though limited, there were concrete provisions for children in the said plan. However, apart from the children’s sector, few other sectors initiated efforts in response. Children’s issues were overshadowed by structural and organizational priorities of PNAC and many of its members. Re-engineering of DOH, where PNAC is attached, the mounting clamour for making available ARVs; changes in national leadership to include PNAC and its constituent GO members, and the decrease in budget allocations for PNAC were among the few hurdles that challenged efforts to mainstream children in the HIV and AIDS agenda.

One of the major network base for children was reconstituted into the Council for the Welfare of Children (CWC). The Sub-Committee on Children and HIV and AIDS (SCCHA) became a component structure within the CWC. Thus, leadership, membership and a framework for action needed to be organized and developed respectively. The child sector representative to PNAC was elected to chair the SCCHA, which had a positive effect in terms of: (1) ease in relaying message – PNAC to SCCHA and vice versa, (2) quick response – translation of policies into a specific sector’s framework of actions, (3) inclusion of the network in major PNAC advocacy and social mobilization activities; and, (4) increasing and protecting the active participation of PLH in this development process. The latter was an advocacy stance directed towards building the capacity of PLH support organizations to contribute to and sustain the responsibility towards the rights of their own children.

Unlike in PNAC, mainstreaming advocacy for policy formulation within the structures and systems mandated to watch over the implementation of the UN CRC in the country took a faster route. The Strategic Framework for Action among Children and HIV and AIDS developed earlier facilitated the inclusion of increased provisions for children into the 4th AMTP 2005-2010. Furthermore, it helped generate support for and legitimacy to the initial rapid appraisal of the situation of children affected by HIV and AIDS entitled “A Deafening Silence: The Situation of Filipino Children Affected by HIV and AIDS.” With the support of UNICEF and FORD Foundation, the basis has been laid for a comprehensive national response to HIV and AIDS where children will be put at the centre.

The study has validated on-going efforts by other organizations towards integrating and institutionalizing comprehensive child-sensitive measures into HIV and AIDS treatment, care and support programs of all key players and stakeholders. Most important, it has raised the issues of children affected by HIV and AIDS into a major national development concern
alongside other difficult situations of Filipino children to date. The SCCHA has evolved into a Committee within the structures of the CWC.

The level of effort has scaled up. The structure and mechanism that will secure the interest of Children affected by HIV and AIDS have been institutionalized alongside the those that will also secure the interest of children at risk. Translating the 4th AMTP into a national policy that will address the ‘deafening silence’ of children affected by HIV and AIDS is one of the major tasks on hand. The process and final output should contribute to the country’s goal of scaling up towards ‘universal access’ of children to HIV and AIDS prevention, treatment, care and support.

B. Specific Efforts

1. Government

a. Department of Health
   ▪ Establishment of the National AIDS and STD Prevention and Control Program
   ▪ Provision of treatment, care and support to PLWHAs thru DOH medical centres

b. Department of Social Welfare and Development
Pursuant to Republic Act No. 8504 or “The Philippine AIDS Prevention and Control Act of 1998,” the Department of Social Welfare and Development (DSWD) is a member of the PNAC, a planning and policy-making body in the prevention and control of HIV AIDS. The DSWD has the following accomplishments relative to the HIV/AIDS concern:

Services for Children
   ▪ Provision of alternative parental care to children abandoned/ neglected by Persons with HIV AIDS (PHAs) through child care and placement, e.g. foster care, legal guardianship and adoption, both domestic and inter-country
   ▪ Provision of educational assistance for school age children of PHAs for the school year 2005-2006 in coordination with The First Gentleman Foundation, Inc.

Services for Families of PHAs
   ▪ Provision of initial capital for livelihood assistance in coordination with The First Gentleman Foundation, Inc.
   ▪ Mainstreaming PHAs as regular clientele for referral services to the Local Government Units LGUs) for skills and livelihood programs
   ▪ Integration of PHAs’ concerns/issues in the Department’s existing programs such as the following:
     ➢ Peer Counselling Services for Out-of-School Youth (OSY)
     ➢ Parent Effectiveness Service (PES)
     ➢ Empowerment and Reaffirmation of Paternal Abilities (ERPAT)
     ➢ Marriage Counselling Services

Services for Social Workers Working with PHAs
   ▪ Conduct of HIV/AIDS Community-Based Training Workshop for Social Workers

c. Department of Education
   ▪ Along with the Commission on Higher Education and the Technical Education and Skill Development Authority, DepED has developed HIV/AIDS modules to be integrated into the school curriculum

d. Department of Labor and Employment
   ▪ Conduct of workplace education on HIV/AIDS and observance of nondiscrimination
e. Philippine Overseas Employment Administration
   • Conduct of pre-departure seminars for overseas workers

1. Non-Government:
   a. Remedios AIDS Foundation, Inc.
   b. Precious Jewels, Inc.

B. Good Practices

1. Case Study: Care and Support - Positive Action Foundation of the Philippines, Inc. (PAFPI)
Positive Action Foundation of the Philippines, Inc. (PAFPI) was founded in 1998 as a community-based organization providing care and support services for PLWHAs, with several members of their staff being PLWHAs themselves. The organization provides education to PLWHAs using peer-to-peer approach in encouraging them to be productive members of the societies by providing support to work or engage in its advocacy and HIV prevention projects. It also extends counselling to members of the PLWHA families, and reaches out to PLWHAs in the provinces who usually do not have access to a support system. Its peer educators and staff visit families of PLWHAs to provide psychological support and care of AIDS-related symptoms at home.

PAFPI trains PLWHAs to become peer educators and public speakers so they may provide testimonials to various advocacy activities participated by PAFPI. Most of the PLWHA speakers of PAFPI are called “positive speakers” for having the courage to relate their stories to other people. PAFPI has regular pre-departure orientation seminars for Oversea Filipino Workers.

Since PAFPI's primary mission is to facilitate responses to the needs of PLWHAs, it faces limitations in providing drugs and treatment to all its member PLWHAs. To meet this challenge, it established a referral system and takes great effort to maintain close linkages with various institutions (e.g. Research Institute for Tropical Medicine) to help their members to have access to free or subsidized drugs and treatment. It also seeks funding from other donor agencies to provide support for care and treatment. PAFPI facilitates informal procurement of generic antiretroviral (ARV) drugs from India to give wider access to ARV drugs among PLWHAs at relatively low price, compared to drugs procured from multinational companies.

PAFPI has established three drop-in centres, two in Manila and one in Iloilo City. These centres provides home-based care training for members of the PLWHAs and PLWHAs themselves to deal with and attend the needs of PLWHAs which includes counselling, care of common minor illness and symptoms at home, supporting positive behavioural change and peer education.

2. Case Study: Center for Promotion, Advocacy and Protection of the Rights of Child (Lunduyan Foundation)
Most of the Lunduyan workers are volunteers who provide services, even using their own resources, to help Lunduyan sustain its efforts. The organization uses four criteria to judge the success of its undertaking; namely, the child’s survival, child development, child protection, and child participation.

Lunduyan Foundation implements project specifically targeting children living with HIV and AIDS. To determine the level and magnitude of the problem, Lunduyan began its project by identifying the number of children affected and infected by HIV/AIDS and issues of confronting them. Although accurate figures on the number of children infected and affected are hard to come by, the organization was able to develop its capacities to provide services to children infected and affected by HIV/AIDS and also identified the issues related to infected and affected children at individual and family level.
Under Lunduyan’s care, children are given structured learning sessions that help develop their life skills, so that the children are able to cope with the situation. Children study various communication arts such as painting, drama, and music. Lunduyan encourages them to express and discuss their issues and concerns through their art. These works are then developed into advocacy tools so that the children’s voices can reach a wider audience.

In partnership with UNICEF, a “Seminar on Children Infected and Affected” was organized in 2005 and the situation of children and HIV/AIDS was updated among many different government agencies, UN agencies, NGOs, media practitioners and other partners working on HIV/AIDS in the Philippines and the issues related to children and HIV/AIDS were brought to higher level of attention.

“It has been tough but we’ve had breaks,” says Lunduyan President Irene Fonacier-Fellizar. “We’ve had policies passed that somehow address children more vulnerable to HIV/AIDS. We may have convinced a lot of our colleagues in the network to take the issues on. We are in the process of making sure that a national policy for children is written, passed and executed, and implemented all over the country.”

The organization also seats at PNAC to represent the children and youth.

III. Brief Assessment of Policy Implementation and Gaps

The National Government has demonstrated a strong commitment to prevent and manage the spread of HIV/AIDS through:

a) Passage of the Philippines AIDS Prevention and Control Act (RA 8504) in 1998, which provides the legal basis for a comprehensive national response to HIV/AIDS through the mobilization of multi-sectoral responses;

b) Establishment of a multi-sectoral Philippine National AIDS Council (PNAC) in 1992;

c) President’s endorsement of a National HIV/AIDS Registry in 1996;

d) Millennium Development Goals (MDGs) which states that government agencies are expected to allocate funds for this concern;

e) Creation of a Committee for MDGs in the Lower House

Key government agencies also formulated policies in support of a comprehensive national HIV/AIDS response embodied in RA 8504 as follows:

- Policy Guidelines on HIV/AIDS Prevention and Control
- Policy Strategies for STD/HIV/AIDS in the Workplace
- Integration of HIV/AIDS Education in All Schools Nationwide
- Guidelines on the Entry of People with HIV/AIDS to the Philippines
- Policy Guidelines on HIV/AIDS Testing Among Children
- Memorandum Circular Enjoining all Local Government Units (LGUs) to implement RA 8504

However, despite all these commitments and efforts, various national government agencies have not yet operationalized their mandates to concentrate HIV/AIDS programme and services. Furthermore, prevention activities initiated in last 10 years ago are not implemented with the same momentum as during the initial years of the government’s response.

IV. Plans and Initiatives including Response to Gaps

The country needs structural and social reforms to effectively implement HIV prevention and education programs. To alleviate the adverse impact of HIV/AIDS, the following actions need to be taken:

- Implementation of a monitoring and evaluation system to ascertain the compliance of agencies to the provisions of RA 8504
- Strengthen the social protection system to protect PHAs against stigma and discrimination
- Strengthen research in relation to clinical care including the feasibility of community- and home-based care. (DSWD has submitted a Project Proposal on the Care and Support Services for PHAs to the United Nations Development Program (UNDP))
- Better advocacy on the basic rights of PHAs