

## 5. Strengthening Country Response to HIV/AIDS among High Risk Groups

### 2. Coverage

Philippines  Subregional  Interregional

3. Responsible division/department: SESS/SERD

4. Responsible ADB officer(s): Emiko Masaki, Health Economist, SESS/SERD

### 5. Category of proposal

- Pilot Demonstration  
 Knowledge Base and Capacity Building  
 Program Coordination, Monitoring and Evaluation

### 6. Description of proposed activities

#### a. Background:

Since the first recorded case in 1984, the Philippines has maintained a low HIV/AIDS prevalence of less than 0.1% among adults (15-49yrs) (estimated 11,200 people living with HIV/AIDS/PLWHA as of December 2005 – National Epidemiology Center – Department of Health/DOH). As of January 2006, a total of 2410 PLWHA have been registered with DOH. The main mode of transmission is sexual (85%) with more men (63%) infected than women. Overseas Filipino Workers (OFWs) comprise 33% of HIV incidence. In 2002, more women (69%) were deployed as OFWs than men, who are vulnerable to various risk factors of HIV infections. Also, wives of male OFWs are at risk of HIV infections. OFWs are considered as a group at risk, which may become the entry point of an explosive AIDS epidemic in the Philippines.

Available data shows an increasing pattern of high risk behavior, including multiple sexual partners, often commercial, and unprotected sexual intercourses; low condom use and low perception of risk among most-at-risk groups, and sharing unclean needles among injecting drugs users. In addition, the 2002 Young Adult Fertility Survey (YAFS 3) reported alarming findings: (i) 23% of young people (15-24 yrs old) reported engaging in premarital sex, presenting an increase of 6% from 8 years ago; (ii) 34% of sexually active youths have multiple sex partners; (iii) 20% of sexually active males have paid for sex while 12% have received payment; (iv) among those with commercial sex experience, only 30.6% had ever used condom; (v) while 94% has heard of HIV/AIDS, 23% think that AIDS is curable; and (vi) 60% among the youth believe that there is no chance for them to contract HIV/AIDS.

In the Philippines like elsewhere, women are more vulnerable to HIV/AIDS because of physiological, social, and cultural circumstances. In a 2001 study in three major cities in the Philippines, about 40% of female respondents admitted to have no confidence to ask their regular partners to use condoms even if they have adequate knowledge of HIV/AIDS/STI. Most of the women also cannot articulate their sexual needs. About 43% of them admitted to having been forced to into sex at times, and 15% believed that it was their obligation to have sex with their partners.

With high rates of sexually transmitted infections recorded in various sentinel surveillance sites across the country and with the high risk behavior patterns among vulnerable groups, the possibility for an HIV/AIDS epidemic remains clear.

The national response to emerging HIV/AIDS epidemic has involved many stakeholders, including government, non-government organizations, the private sector and people living with HIV/AIDS. The National AIDS and STD Prevention and Control Program (NASPCP) was created in 1988. Aware of the multi-sectoral and multilevel dimensions that need to be addressed, it subsequently created the Philippine National AIDS Council (PNAC) in 1992. Major milestones have been achieved and in 1998 the Philippine AIDS law was enacted. The law fully protects the human rights and civil liberties of people living with HIV/AIDS, bans mandatory testing for HIV Antibodies, promotes confidentiality for people accessing information, and ensures the institution of a nationwide information and education programs on HIV/AIDS. In most urban centers, local government units, in partnership with local NGOs, implemented targeted education interventions for most-at-risk groups as early as 1994 and these were found to be effective and locally acceptable.

The mandate of PNAC to coordinate the national response to HIV/AIDS has been jeopardized because of organizational constraints due to limited human resources and inadequate budget for the operations and full functioning of its Secretariat. Many planned activities are not implemented primarily because of the lack of, or inconsistent, political commitment both at the national and local levels.

## **b. Goal and purpose:**

**Goal:** To assist in attaining the MDG 6 Target 7 on HIV/AIDS, fulfilling the commitments made in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in the Philippines for 2015

### **Purpose:**

Support country response to HIV/AIDS by strengthening country response to HIV/AIDS among high risk groups. This project will complement other donors' activities and focus on controlling the spread of HIV/AIDS in two high risk groups: injecting drug users (IDU) and overseas Filipino workers (OFW)

### **Rationale:**

The priorities of the National HIV/AIDS program were discussed with representatives of DOH and PNAC, in consultation with the UN Theme Group and the UNAIDS Country Coordinator. Consultations took place also with representatives of the Global Fund AIDS Philippines and some NGOs. Four priority HIV/AIDS intervention were identified by the Philippine National AIDS Council (PNAC) as national priorities for 2005-2010: developing local response to HIV/AIDS in high priority cities; strengthening monitoring and evaluation in selected sites, scaling-up interventions for OFWs; and developing harm reduction programs for injecting drug users (IDUs).

The project considered the existence of other HIV/AIDS initiatives and programs (including the Global Fund Program for HIV/AIDS, DOH/WHO supported projects and the UNFPA HIV/AIDS funded-programs), and discussed the gaps that still needed to be covered in priority. Although strengthening local response to HIV/AIDS and monitoring and evaluation systems were considered important, addressing the needs of IDUs and OFWs were considered priorities by the DOH and PNAC representatives.

**Guiding principles:** The project will be developed and implemented on a strong gender analysis, taking into account gender issues that impact on the epidemic and the subsequent responses. The project will also promote greater involvement of affected communities and PLWHA in the development, implementation, monitoring and evaluation of the project.

## **c. Components:**

### **Component 1. Investigation and analysis on IDU situation for development of strategies on harm reduction program**

Based on the experience of pre-existing small-scale harm reduction projects for IDUs in the cities of Cebu and General Santos, a field investigation study on actual situation of IDUs will be conducted in Cebu, General Santos and in other areas using the Rapid Assessment of Response (RAR) framework of the WHO. Based on the results of the RAR, specific strategies, coordination mechanisms, referral systems, and resource mobilization plans will be developed. The other proposed sites for the field investigation study are Zamboanga City, Calocan City, Tondo, Manila and Malibay, Pasay.

#### **Activities**

1. *Mapping of geographical areas where IDUs are prevalent*

While there are anecdotal data on convergence sites of IDUs, there needs to be a more systematic way of mapping out the IDU phenomenon. Because of the illicit status of drug use in the country, this activity needs to be undertaken with extreme caution.

2. *Conduct of rapid assessment in identified sites using WHO-RAR framework*

3. *Dissemination of results of RAR and utilization for program planning and advocacy effort*

This activity will gather various stakeholders in this project in order to discuss possible and applicable harm reduction strategies in the sites. This initiative will be undertaken both at the local and at the national level for purposes of coming up with a national Strategy Paper on Harm Reduction.

4. *Development and implementation of a program on Harm Reduction for IDUs*

This project will continue existing initiatives in General Santos and implement new initiatives in Zamboanga City.

5. *Establishment/Strengthening of linkages with representatives of the Philippine National Police (PNP) and the Philippine Drug Enforcement Agency (PDEA) and NGOs working with HIV/AIDS and IDUs at the level of the local government.*

Many of the challenges that confront harm reduction programs include the cooperation of government which has a very strong anti-drug use stance. Because drug use is a crime, there are serious implications to the advocacy for harm reduction. Thus, the cooperation and participation of law enforcement agencies are critical in ensuring the success of the project.

## **Component 2. Scaling up prevention interventions for Overseas Filipino Workers (OFWs) in selected sites**

OFWs continue to be one of the more vulnerable populations for HIV infection in the Philippines. With HIV testing as a pre-requisite for foreign employment, OFWs account for 33% of documented HIV/AIDS cases in the Philippines. This component will provide for HIV/AIDS prevention education and behavior change activities, with a special attention to high vulnerability of female OFWs and wives of male OFWs, along with linkage and referrals to existing VCT centers. Because OFWs go through mandatory HIV testing as a pre-requisite for foreign employment, there is little motivation for them to submit themselves to VCT once they return.

Ten metropolitan cities which serve as origin or transit points for returning migrant workers, namely, Pasay City, Quezon City, Urdaneta, Dagupan, Laoag, San Fernando La Union, Cebu City, Zamboanga City, Davao City, and General Santos City will be the sites for this component. These areas have also reported incidence of HIV infection among OFWs and four have been considered as HIV/AIDS treatment hubs under the GFATM project (Metro Manila, Cebu, Davao and La Union). In order to further maximize the support in these areas, eight of these will also be the same sites for the project component on M & E. The existing VCT structures will include professional counseling and referral for care and treatment for HIV positive OFWs.

### **Activities**

#### **1. *Community-based or establishment-based prevention activities***

HIV/AIDS education activities reaching OFWs before they leave and upon their return will be done at the community level. The LAC can map out specific geographical areas where OFWs come from or they may target the institutions which facilitate the migration or return of OFWs, e.g government offices such as the local offices of the Department of Foreign Affairs (DFA), Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA), recruitment agencies, manning agencies and diagnostic clinics.

#### **2. *Establishment of linkage with Voluntary Counseling Testing (VCT) centers in Quezon City, Pasay City, San Fernando La Union, Cebu, and Davao***

Instead of setting up specific VCT centers for OFWs which may not yet be feasible, given the continuing stigma and discrimination against PLWHAs and the absence of treatment services, the project will link up with existing VCT centers which are being supported under the GFATM for purposes of expanded coverage and reach.

#### **3. *Conduct of information campaign on VCT for returning OFWs***

A proactive campaign to encourage returning OFWs to undergo VCT will be undertaken in the identified sites. This campaign will entail production of information materials and integration of campaign information in the education activities.

#### **4. *Establishment of referral system and support mechanisms at VCT sites***

In order to respond to demands that may be created by the campaign, the project will ensure that there are support mechanisms and referral systems in place, especially in the event HIV+ diagnosis of those who underwent VCT. This is a critical component of this project as it will determine the viability of setting up OFW-specific VCT sites in the future.

### **• Outputs:**

#### **Component 1- Investigation and analysis on IDU situation for development of strategies on harm reduction program**

Strategies on harm reduction are developed based on a report on IDU situation

#### **Component 2 - Scaling up prevention interventions for Overseas Filipino Workers (OFWs) in selected sites**

A package of intervention targeting OFWs is developed and implemented in selected sites.

For the time being, the Government will identify other sources of funding for the other program priorities identified during project preparation - i.e., the establishment/ strengthening of the local response to HIV/AIDS in ten high

priority cities and the operationalization of a monitoring and evaluation system in nine selected sites. The need for supporting these two other program priorities will be reconsidered early 2007.

**d. Expected results and deliverables:**

**Component 1- Investigation and analysis on IDU situation for development of strategies on harm reduction program**

***Expected Results***

- A comprehensive survey on IDU behavior patterns conducted in five sites and the data analyzed by September 2006
- A technical meeting held by the Philippine National AIDS Council to develop specific prevention strategies on IDUs inviting key NGOs, which support harm reduction program, and provincial government representatives by March 2007
- Implementation of continuing harm reduction interventions in General Santos City and initiation of interventions in Zamboanga del Sur by May 2007

***Deliverables***

- Research Reports
- National Strategy paper on Harm Reduction

**Component 2 - Scaling up prevention interventions for Overseas Filipino Workers (OFWs) in selected sites**

***Expected Results***

- Interventions on prevention of HIV/AIDS among OFWs implemented by Dec 2006
- Referral to VCT centers established by Dec 2006
- Proactive Campaign to promote VCT among OFWs undertaken by December 2006
- Functional Mechanism for meeting VCT demands among OFWs and responding to those diagnosed HIV+ established by June 2007

***Deliverables***

- Annual reports
- Memorandum of Understanding (MOUs) between Local Governments and VCT centers
- IEC materials for OFWs

**7. Proposed executing/implementing agencies:**

The executing agency will be Asian Development Bank. The project will be implemented in collaboration with PNAC, DOH, UNAIDS, and other partners.

**8. Key areas of focus and target groups:**

**Component 1:** IDU behavior study, involving a private agency specializing in behavior survey and surveillance, and harm reduction strategy development by city government, key NGOs doing harm reduction work, police force and IDUs (if possible).

**Component 2:** Scaling up of prevention measures, including VCT, for returned Overseas Filipino Workers with LAC, VCT centers, OFW associations, migrant support institutions, government agencies such as POEA, OWWA and DFA.

**9. Proposed timetable for full design, implementation and final production of outputs and deliverables**

Activity	2006			2007				2008		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
<b>1. IDUs</b>										
a. Mapping and rapid assessment										
b. Dissemination of results and advocacy										
c. Development of locally appropriate harm reduction program										
d. Strengthening linkages with national and local government agencies										
<b>2. OFWs</b>										
a. Community / establishment based prevention										
b. Linkage with VCT centers										
c. Information campaign on VCT for returning OFWs										
d. Establishment of referral system and support mechanisms at VCT sites										

**10. Budget**

Item	Cost \$'000
<b>1. IDUs</b>	<b>265.0</b>
1 Qualitative assessment	55.0
2 Behavioral survey – STI/HIV/hepatitis prevalence survey study	90.0
3 Program intervention (in 3 sites)	100.0
4 Central support	20.0
<b>2. OFWs</b>	<b>275.0</b>
1 Workshops – focus groups	160.0
2 IEC material production	46.0
3 Referral systems and support mechanisms	24.0
4 Program support	39.0
5 Monitoring evaluation	6.0
<b>Contingency</b>	<b>60.0</b>
<b>Total</b>	<b>600.0</b>

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## DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
<p><b>Impact</b></p> <p>The Project will help PHI achieve MDG6/target 7: have halted by 2015 and begun to reverse the spread of HIV/AIDS in the country.</p>	<p>National and regional HIV/AIDS prevalence remain below 1 percent</p>	<ul style="list-style-type: none"> <li>• National surveys</li> <li>• Survey and monitoring of selected surveillance sites</li> </ul>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• The other components of the Philippines National AIDS Council (PNAC) are implemented / continue to be financed by donors and government funds</li> <li>• In particular, new local governments continue to establish and maintain Local AIDS Councils (LAC)</li> <li>• Monitoring and evaluation systems are established and function adequately</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Lack of political commitment either at the national level or at the local level</li> </ul>
<p><b>Outcome</b></p> <p>Control the spread of HIV/AIDS in two high risk groups of the populations: injecting drug users (IDU) and overseas Filipino workers (OFW)</p>	<p>National and regional HIV/AIDS prevalence remain below 1 percent among high risk groups</p>	<ul style="list-style-type: none"> <li>• Monitoring and surveillance systems in hotspot areas</li> <li>• National and regional surveys</li> </ul>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• Effective harm reduction programs are implemented and continue to be funded</li> <li>• Effective programs for OFWs are implemented and continue to be funded</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Lack of funds to continue programs</li> </ul>
<p><b>Outputs</b></p> <p>1. Evidence-based (survey) harm reduction strategies developed and implemented</p> <ul style="list-style-type: none"> <li>• Comprehensive survey on IDU behavior patterns in Cebu and General Santos</li> <li>• Generic policy on harm reduction developed by national government agencies</li> <li>• Harm reduction program supported by DOH</li> <li>• Local response initiatives on harm reduction</li> <li>• Referral services in place for IDU for both prevention and treatment</li> <li>• Documentation for replication in other sites</li> </ul>	<p>conducted in five sites and the data analyzed by September 2006</p> <p>Coordination mechanisms and agreement among concerned national agencies</p> <p>Harm reduction policy endorsed by DOH</p> <p>At least 2 sites have a local policy on IDUs</p> <p>Referral services in place in at least 5 sites</p> <p>Documentation published and available to the public</p>	<p>Survey results</p> <p>Formal mechanisms established</p> <p>DOH's official policy documents</p> <p>Local governments' administration</p> <p>Visit of the sites – clear instructions exist</p> <p>Documents available and accessible</p>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• Other activities supported by other donors (in particular Global Fund) and Government are maintained</li> <li>• Harm reduction activities are accepted or at least tolerated by the general population</li> <li>• Continuous support for OFWs</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Objection to harm reduction programs by politicians and legal authorities</li> <li>• Stigmatization of HIV + OFWs, resulting in fear to consult HIV/AIDS counseling centers</li> </ul>

<p>2. Package of interventions targeting OFWs developed and implemented in (5) selected sites.</p> <ul style="list-style-type: none"> <li>• Interventions on prevention of HIV/AIDS among OFWs</li> <li>• Referral to VCT centers established</li> <li>• Proactive Campaign to promote VCT among OFWs undertaken</li> <li>• Functional Mechanism for meeting VCT demands among OFWs and responding to those diagnosed HIV+</li> </ul>	<p>Sessions on HIV/AIDS as part of briefing/debriefing of OFW</p> <p>Referral mechanisms in at least 2 sites by Dec 2006</p> <p>Campaign ongoing in Dec 2006</p> <p>Mechanisms established by Jan 2007</p>	<p>Onsite visits – interviews of OFWs</p>	
<p><b>Activities with Milestones</b></p> <p>1. IDUs</p> <p>A field investigation study on actual situation of IDUs will be conducted in Cebu and General Santos (to be extended when possible to other areas) using the Rapid Assessment of Response (RAR) framework of the WHO. Based on the results of the RAR, specific strategies, coordination mechanisms, referral systems, and resource mobilization plans will be developed. (Cebu City is already covered by harm reduction interventions financed by the Global Fund. The investigation will assess the results of the Cebu interventions and determine if there remain uncovered needs in Cebu). Other proposed sites for the field investigation study are Zamboanga City, Caloocan City, Tondo, Manila and Malibay, Pasay.</p> <p>1.1 Mapping of geographical areas where IDUs are prevalent by Oct 2006</p> <p>1.2 Conduct of rapid assessment in identified sites by Dec 2006</p> <p>1.3 Dissemination of results of RAR for program planning and advocacy effort A technical meeting held by the Philippine National AIDS Council to develop specific prevention strategies on IDUs inviting key NGOs, which support harm reduction program, and provincial government representatives by Mar2007</p> <p>1.4 Development and implementation of a program on Harm Reduction for IDUs This project will continue existing initiatives in General Santos and implement new initiatives in Zamboanga City.</p> <p>1.5 Establishment/Strengthening of linkages with representatives of the Philippine National Police (PNP) and the Philippine Drug Enforcement Agency (PDEA) and NGOs working with HIV/AIDS and IDUs within the concerned Local Governments.</p> <p>2. OFWs</p> <p>2.1 Community-based or establishment-based prevention activities by Dec 2006 HIV/AIDS education activities reaching OFWs before they leave and upon their return will be done at the community level, where OFWs come from, or in the institutions which facilitate the migration or return of OFWs, e.g., government offices such as the local offices of the Department of Foreign Affairs (DFA), Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA), recruitment agencies, manning agencies and diagnostic clinics.</p> <p>2.2 Establishment of linkage with Voluntary Counseling Testing (VCT) centers starting with selected cities (tentatively: Quezon City, Pasay City, San Fernando La Union, Cebu, and Davao) by Mar 2007</p>		<p><b>Inputs</b></p> <ul style="list-style-type: none"> <li>• For harm reduction activities (for IDUs): \$290,000 <ul style="list-style-type: none"> <li>✓ Qualitative assessment</li> <li>✓ Surveys</li> <li>✓ Program interventions</li> <li>✓ Advocacy and dissemination</li> </ul> </li> <li>• For OFWs activities, \$310,000 (for a 2 year program)</li> </ul> <p>(Activities in 9 priority centers)</p>	

Instead of setting up specific VCT centers for OFWs, which may not yet be feasible given the continuing stigma and discrimination against People Living With HIV/AIDS and the absence of treatment services, the project will link up with existing VCT centers

2.3 Conduct of information campaign on VCT for returning OFWs by Dec 2006

A proactive campaign to encourage returning OFWs to undergo VCT will be undertaken in the identified sites. This campaign will entail production of information materials and integration of campaign information in the education activities.

2.4 Establishment of referral system and support mechanisms at VCT sites by Dec 2006

To respond to demands that may be created by the campaign, the project will ensure that there are support mechanisms and referral systems in place, especially in the event HIV+ diagnosis of those who underwent VCT.s

DOH – Department of Health

IDU – injecting drug user

OFW – overseas Filipino worker