



PHILIPPINES
Progress Assessment
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Breaking Down Barriers
Initiative

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DISCLAIMER

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1. Executive Summary

The Philippines has received funding from the Global Fund since 2017 specifically allocated to removing rights-related barriers to health services, participating as part of the *Breaking Down Barriers* cohort. *Breaking Down Barriers* provides funding for comprehensive programs to remove rights-related barriers, based upon scaling up a set of internationally recognized human rights programs. Countries are also supported to create enabling environments to advance comprehensive responses.

This assessment examines progress made between the [mid-term assessment](#) in 2020 and December 2022. The assessment was conducted 22 months into the Global Fund's Grant Cycle 6 (GC6)¹ grant for HIV and six months into the GC6 grant for tuberculosis (TB), at which point there still remained 13 months of implementation on each of these grants. The assessment found that while the human rights environment in the Philippines continues to be challenging, there have been notable areas of improvement since 2020, primarily related to the reduction in rights-related barriers to HIV and TB services.

For HIV programs, the most significant area of improvement was the scale-up of access-to-justice activities under the Community Access to Redress and Empowerment (CARE) program, with consistent programming and geographic coverage in high-burden sites. Beneficiaries of the CARE program reported a high rate of satisfaction with the peer paralegal services. This evaluation was also able to capture instances where CARE support resulted in reduction in human rights-related barriers to services. For example, the CARE program was able to address cases of stigmatizing health care, ensuring accountability of service providers while also improving the environment so as to encourage nondiscriminatory provision of health care. CARE partners have also been able to support transgender (TG) clients whose education was denied or interrupted by gender discrimination. The assistance of CARE partners helped them to enroll or re-enroll in school, thereby supporting key population access to education, a social determinant of health.

Legal literacy programs supported by the Global Fund in GC6 continue to demonstrate their value in the broader enabling environment for health. Based on feedback from interviews with beneficiaries, such activities have empowered key and vulnerable populations to know and exercise their rights, both in and out of health care settings. This includes both duty bearers to understand their rights and obligations to respect, protect and fulfill the rights of the clients, and helping communities to understand and claim those rights. Legal literacy activities have also helped people living with HIV to connect to community support groups; such groups support their members to better understand disease management and adherence to treatment.

In addition, in the Philippines, there are strong examples of community-led advocacy and efforts to reform laws and policies at the local level. With regards to TB, there have been

¹ GC6 refers to the allocations attributed for the period 2020-2022.

significant improvements in advocacy related to the national TB law since 2020. There has also been support for community mobilization and human rights advocacy. Notably, this progress was achieved despite considerable delay and interruptions to implementation of HIV and TB programming caused by the national response to COVID-19.

Despite these improvements, significant gaps remain. Though the Philippines is part of the Global Partnership to Eliminate HIV-related Stigma and Discrimination (Global Partnership), the assessment team was unable to document sustained and coordinated activity to eliminate HIV-related stigma and discrimination. There also appears to be little ongoing work to ensure nondiscriminatory provision of health care in both HIV and TB. Work with law enforcement for HIV is limited and is non-existent for TB.

Reducing gender-related discrimination and harmful gender norms for both HIV and TB remains an underfunded area, as was also seen during the 2020 assessment. Moreover, while many human rights activities are gender-responsive, few were gender-transformative. The development of the Trans Health Package was a notable step forward in this program area, but its implementation will require government support and the meaningful participation of the trans community. For TB, despite a high need, there was little apparent work on addressing the rights-related needs of people in prisons and other closed settings (see scorecards below).

Despite these gaps, the assessment found that stakeholders in the Philippines (including government and civil society entities) have demonstrated a willingness to create an enabling environment to support some programs to remove rights-related barriers to HIV and TB services. For example, in July 2021, the Philippines National AIDS Council (PNAC) approved the “Roadmap to Address Rights-related Barriers to HIV Services”. The development of the Roadmap was led by the PNAC’s Human Rights Committee. That same year, the Department of Health also approved the Community Engagement, Human Rights and Gender National Action Plan for the TB response.

While both of these documents are strong in human rights content, both lack effective monitoring and coordination mechanisms to track progress on their respective milestones and commitments. Another area that demonstrates a willingness to work on reducing rights-related barriers to access is that the Philippines exceeded the matching funds requirement in the Global Fund’s GC6. The country not only matched the funds for addressing human rights-related barriers to HIV but also committed an additional US\$1 million in the TB grant for programs to remove rights-related barriers to TB.

Looking forward to Grant Cycle 7 (GC7), which covers 2024-2026, the Philippines can build on its efforts to date and further scale up programs to remove rights-related barriers for both HIV and TB by: continuing to support the work of community-led organizations on law reform and human rights advocacy; focusing on policy changes at the local levels (as opposed to focusing only on national-level advocacy); and ensuring that it is prioritizing full implementation of the human rights-related program essentials for HIV and TB.

Scorecard for programs to remove human rights-related barriers in the Philippines

As part of the Breaking Down Barriers initiative, progress in countries is assessed on a 0-5 point scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations, as outlined below.

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

For detailed scorecard key, see Annex 2

Programs to remove rights-related barriers to HIV

Since 2020 (the point at which the mid-term assessment was carried out), scores for programs to remove human rights-related barriers to HIV have improved across all program areas for the Philippines. COVID-19 caused delays, resulting in only modest improvements in most program areas, ranging from +0.1 to +0.4. Many services were disrupted and while implementers did pivot to online activities where possible, several activities simply were delayed. However, despite COVID-19, there were some significant improvements for the program areas of improving access to justice (+1.5) and reducing HIV-related gender discrimination (+0.8).

Note that while the scorecard measures geographic coverage with the aim of scaling-up services to reach national coverage, the Global Fund Philippines HIV grant focuses on 11 high-burden sites, namely the National Capital Region; the regions of Calabarzon, Central Luzon, Davao and W. Visayas; the provinces of Catabato and Cebu; and the cities of Baguio, Cagayan de Oro, Puerto Princesa, and Zamboanga. Thus, Global Fund-supported programming will, by default, remain at a sub-national level. This scorecard, however, reflects country progress towards a comprehensive response to remove rights-related barriers, including programming support by other donors (where it was possible to document the existence of such activities).

HIV Program Area	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Eliminate stigma and discrimination in all settings	1.2	1.8	2.0
Ensure non-discriminatory provision of health care	0.6	0.6	1.0
Ensure rights-based law enforcement practices	0.4	1.2	1.3
Legal literacy (“know your rights”)	0.6	1.9	2.0
Improve access to justice	0.8	1.5	3.0

HIV Program Area	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Monitoring and reforming laws and policies	1.5	1.6	2.0
Reduce HIV-related gender discrimination	0	1.2	2.0
Support community mobilization and human rights advocacy	n/a	n/a	2.0
Average Score	0.7	1.4	1.9[#]

#Note that the average scores only consider the first seven indicators so as to ensure consistency

Programs to remove human rights-related barriers to TB

Overall, programs to remove rights-related barriers to TB services are smaller and have less geographic coverage than those for HIV. This is because such programs have only seen significant investments within the last couple of years. As a result, scores for programs to remove human rights-related barriers to TB services have also only increased in six out of ten program areas. The most significant increases have been for activities that monitor and reform TB-related laws and policies (+2.7) and those that support community mobilization and engagement (+2). There were also improvements in the scale of activities for TB-related legal literacy (+0.8), access to justice (+0.8) and TB-related gender discrimination (+0.4). The significant increase in supporting community mobilization and engagement is due to not only Global Fund-supported efforts but also USAID-funded activities through the TB Local Organizations Network (LON) grant. However, the scores remained the same for ensuring people-centered and rights-based provision of health care, law enforcement and addressing the needs of people in prisons and other closed settings.

TB Program Area	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Eliminate stigma and discrimination in all settings	1.0	1.1	1.5
Ensure people-centered and rights-based provision of health care	0.7	1.0	1.0
Ensure people-centered and rights-based law enforcement practices	0	0	0
Legal literacy (“know your rights”)	0	0	0.8
Improve access to justice	0	0	0.8
Monitoring and reforming laws and policies	0.3	0.3	3.0
Reduce TB-related gender discrimination	0	0.7	1.1
Support community mobilization and engagement	2.0	1.0	3.0
Addressing the needs of people in prisons and other closed settings	2.0	0	0
Average Score	0.6	0.4	1.2

2. Overview

Since 2017, the Global Fund has provided more than US\$85 million in matching funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support to these programs from within their Global Fund allocations. To track progress in each of the 20 countries included in the cohort, the Global Fund commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine any additional advances and inform further investments in this area, which is one of the continuing objectives of the Global Fund Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have “comprehensive” programs to remove rights-related barriers. “Comprehensive” programs are those that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).

Text Box 1: Program areas to remove human rights-related barriers to HIV and TB services

For HIV:

- Eliminating HIV-related stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy (“know your rights”)
- Increasing access to justice
- Improving laws, regulations and policies relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

For TB:

- Eliminating stigma and discrimination
- Reducing TB-related gender discrimination, harmful gender norms and violence
- Legal literacy (“know your rights”)
- Increasing access to justice
- Monitoring and reforming laws and policies
- Ensuring people-centered and rights-based TB services at health facilities
- Ensuring people-centered and rights-based law enforcement practices
- Community mobilization and advocacy, including community-led monitoring
- Addressing the needs of people in prisons and other closed settings

Breaking Down Barriers' Theory of Change

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics: that human rights-related barriers to health services² increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress toward national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Breaking Down Barriers in the Philippines

Since 2017, the Philippines has received *Breaking Down Barriers* support, with US\$1 million in human rights matching funds for each of the 2017-2019 and 2020-2022 grant cycles. The country only provided an additional US\$200,000 from within allocation in the 2017-2019 cycle, but vastly increased this amount in the 2020-2022 cycle, contributing US\$1 million from the HIV grant and an additional US\$1 million for programs to remove rights-related barriers for TB services from the TB grant.

For GC7 (the 2023-2025 funding cycle), the Philippines will have access to US\$750,000 in matching funds for programs to remove rights-related barriers and will be required to maintain or increase the level of investment in human rights programming from the 2020-2022 allocation amount. Furthermore, it must (a) determine the baseline scores for the key performance indicator (KPI) E1 indicator (which measures the percentage of countries receiving human rights matching funds with increases in scale of programs to reduce human rights-related barriers); (b) review and update its multi-year plan to remove rights-related barriers to HIV services; and (c) ensure that its funding request considers the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers and aims to ensure full implementation of all human rights program essentials.

The purpose of the current assessment was to understand the progress of programs in removing rights-related barriers in the Philippines, as well as to assess the impact of the human rights interventions on uptake, access and retention of HIV and TB services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

² The main categories of human rights and gender-related barriers to HIV and TB services include: stigma and discrimination, including within the provision of health services; punitive laws, policies, and practices; gender inequality and gender-based violence; poverty and socioeconomic inequality; and harmful working conditions and exploitation (mainly for TB).

Specifically, the Philippines progress assessment focused on the following three priority areas:

- Assess programmatic progress since 2020, with a focus on capturing the impact of programs to remove rights-related barriers on access to HIV and TB health services
- Assess the current national HIV and TB health policy landscape and its impact on programs to reduce human rights-related barriers to access and
- Inform the GC7 funding process.

Methods

The assessments took a differentiated approach to evaluating progress in the 20 *Breaking Down Barriers* countries. This approach divided countries into two groups: those that received a “focused” assessment and others that received an “in-depth” assessment. While the methods used are the same in both types of assessment – they all included document review, key informant interviews and case study analysis - focused assessments included a smaller number of interviews and survey requirements than in-depth evaluations.

The Philippines was a “focused” assessment country. It began with a desk review of relevant documents from the Global Fund and other key stakeholders. Interviews were conducted remotely, as well as during a ten-day country visit from 07-17 November 2022. During the visit, the research team interviewed key implementers, government agencies, and beneficiaries. They also went on several site visits in metro Manila and Cebu City. Subsequently, working in partnership with the national consultant, the assessment team facilitated additional key stakeholder and beneficiary interviews in January and February 2023. Data collection concluded in February with stakeholder validation meetings for HIV and TB in March 2023. The scores from this assessment will be considered in assessing future progress related to the Global Fund Key Performance Indicator E1 for GC7 as the country moves forward.

Limitations

During the progress assessment, the team sought a diverse set of inputs and feedback from various stakeholders in the Philippines. This included both in-person and remote interviews and site visits. One of the challenges, however, was lack of written documentation for many of the activities assessed. While some programs had consistent documentation of plans and activities implemented, others lacked a consistent, rigorous documentation system. Thus, a lack of routine documentation made it more difficult to review progress in some program areas. The assessment team overcame this limitation by following up with key informants and triangulating information from various sources, such as corresponding key informant interviews and written documents. Moreover, the TB-related human rights programs began only in June 2022, so an assessment on programs to remove rights-related barriers to TB services in Q4 2022 could not capture programmatic implementation. Despite this, the assessment team was able to review documentation and speak with implementers for programs to remove rights-related barriers to HIV and TB who provided a sense of the status of various activities.

3. Background and Country Context

Overview of HIV Epidemiology

The Philippines had the biggest increase in HIV incidence in the Asia-Pacific region in the period from 2010 to 2021, with a 327% increase in new HIV infections and a 401% increase in AIDS-related deaths.³ A significant portion of these new cases come from young people, particularly young men who have sex with men (MSM).⁴ MSM as a key population are disproportionately affected by HIV, with UNAIDS indicating a 5% prevalence among this group.⁵ Other key and vulnerable populations in the HIV epidemic include TG people, people who use drugs (PWUD), people deprived of liberty (PDL), sex workers and women and girls.⁶

In terms of the 95-95-95 targets, as of June 2022, 61% of people living with HIV in the Philippines know their status, of which 65% are on antiretroviral treatment (ART). Only one in four people living with HIV on treatment were being tested for viral load, of which 96% were virally suppressed.⁷

Overview of TB Epidemiology

The Philippines is classified by WHO as a high TB burden country, with significant rates of multidrug-resistant tuberculosis/rifampicin-resistant tuberculosis (MDR/RR-TB) and HIV-associated TB. There were an estimated 741,000 people living with TB in the Philippines in 2021. The HIV co-infection rate is 13/100,000, with MDR-TB incidence at 19/100,000. In 2020, TB was the second leading cause of death among communicable, maternal, neonatal and nutritional diseases in the Philippines. In 2021, the TB-related mortality rate was 52/100,000 (for HIV-negative mortality) and 0.71/100,000 (for HIV-positive mortality). The total number of TB cases notified in 2021 was 328,497. There was a 76% treatment success rate for new and relapse cases registered in 2020, and an 81% success rate for HIV-positive TB cases registered in 2020.⁸

Effects of the COVID-19 Pandemic on HIV and TB Responses

In the Philippines, from January 2020 to February 2023, there were approximately 4.1 million confirmed cases of COVID-19, with 66,030 deaths.⁹ As of 09 February 2023, there were over 170 million vaccine doses administered.¹⁰ The Philippines has implemented a variety of measures in response to the COVID-19 pandemic, including mandatory masking, school closings, limitations on

³ "Country: Philippines," UNAIDS, accessed 10 April 2023, <https://www.unaids.org/en/regionscountries/countries/philippines>

⁴ *Putting Young Key Populations First*, UNAIDS, https://www.unaids.org/sites/default/files/media_asset/2022-HIV-young-people-key-populations-asia-pacific_en.pdf

⁵ "Country: Philippines," UNAIDS, accessed 10 April 2023, <https://www.unaids.org/en/regionscountries/countries/philippines>

⁶ Philippines National AIDS Council, PNAC Roadmap to Addressed Rights-based Barriers to Accessing HIV and AIDS Services, July 2021.

⁷ STIR UP 2022. (2022). Strategic Information and Response through Data Analysis and Evidence Workshop [Presentation on file with Progress Assessment team]

⁸ "Tuberculosis Data," World Health Organization, accessed 10 April 2023, <https://www.who.int/teams/global-tuberculosis-programme/data>

⁹ "Philippines: WHO Coronavirus Disease Dashboard," accessed 10 April 2023, <https://covid19.who.int/region/wpro/country/ph>

¹⁰ "Philippines: WHO Coronavirus Disease Dashboard," accessed 10 April 2023, <https://covid19.who.int/region/wpro/country/ph>

gathering and domestic travel restrictions. Localities in the Philippines implemented community quarantine measures or lockdowns as a means of infection control.

While COVID-19 measures were intended to control the spread of the disease, there were some unintended consequences for the HIV and TB responses. The COVID-19 pandemic made it more difficult for the Philippines to control the HIV epidemic by testing for, treating for, and preventing new infections. This was caused by lockdown measures and a shortage of staff to deliver services related to HIV. In order to stop the spread of COVID-19, the Philippines implemented many community quarantine measures, which reduced travel options across the nation. Due to this, many obstacles to receiving services for HIV prevention, testing, and treatment have emerged. The Philippines Department of Health noted that HIV testing decreased by 61% in 2020.¹¹ There were also significant drop-offs (over 50% each month) in the numbers of newly diagnosed HIV cases from April to August 2020 when compared to 2019 levels.¹²

The COVID-19 response also greatly impacted TB services. The following protocols were put in place: active TB case finding was stopped; visits by symptomatic people to medical facilities were restricted; COVID-19 was given priority in terms of health services; GeneXpert platforms in some TB culture laboratories were reassigned to COVID-19 screening; and TB contact tracing was restricted.¹³ These interruptions in TB services resulted in a significant reduction in TB case notification in the Philippines in 2020. While there was significant recovery in 2021 for case notifications, they still are not back to pre-pandemic (2019) levels.¹⁴

Government response to COVID-19 also raised human rights concerns, with intensification of the “war on drugs” resulting in increased raids, disappearances and extrajudicial killings of people allegedly using drugs.¹⁵ Arrests and detention of LGBTQI+ people and other marginalized communities increased, while social assistance benefits were not accessible to sex workers and other criminalized populations.¹⁶ COVID-19 lockdowns, quarantines and curfews significantly delayed and interrupted implementation of HIV and TB-focused human rights initiatives, as noted below.

In response to COVID-19, the Global Fund provided significant funding through its COVID-19 Response Mechanism (C19RM) - US\$2.3 million for HIV and malaria programs and US\$42.8 million for TB. Both grants run for four years, beginning in January 2021 and ending December 2023. Within the funding for HIV, there were dedicated activities addressing gender-based violence for key populations. However, the amount dedicated to these activities was modest - approximately US\$52,600 for the entire grant. There were also activities to remove rights-related barriers in the TB grant, totaling approximately US\$183,100 for the duration of the grant. These activities include orientation on redress mechanisms; engagement of lawyers and psychologists; and capacity building of community leaders/community-led monitoring (CLM) teams. While larger than the rights-related

¹¹ “DOH Reaffirms Commitment to Ensure Unhindered Delivery of HIV Services Despite COVID-19 Pandemic,” Department of Health, accessed 10 April 2023, <https://doh.gov.ph/press-release/DOH-REAFFIRMS-COMMITMENT-TO-ENSURE-UNHAMPERED-DELIVERY-OF-HIV-SERVICES-DESPITE-COVID-19-PANDEMIC>

¹² “HIV and AIDS Registry of the Philippines: December 2020,” Department of Health, Epidemiology Bureau, accessed 10 April 2023, https://doh.gov.ph/sites/default/files/statistics/EB_HARP_December_AIDSreg2020.pdf

¹³ Chiang, C.-Y., Islam, T., et al, (2020, October 22). The impact of covid-19 and the restoration of tuberculosis services in the western Pacific region. The European respiratory journal. Retrieved 25 October 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7518076/>

¹⁴ Global TB report (2022): <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>

¹⁵ Human Rights Watch World Report 2021, Human Rights Watch, accessed 10 April 2023, <https://www.hrw.org/world-report/2021/country-chapters/philippines>

¹⁶ *ibid.*

activities in the HIV C19RM grant, the activities in the TB grant are still modest as compared to the overall grant amount.

Legal and Policy Environments

The Philippine HIV and AIDS Policy Act (otherwise known as Republic Act 11166) was a landmark law passed in 2018 that enshrined several core rights-related principles for an effective HIV response. The Act explicitly notes that, “The country’s response to the HIV and AIDS situation shall be anchored in the principles of human rights and human dignity. Public health concerns shall be aligned with internationally recognized human rights instruments and standards.”¹⁷ The law also has protections for confidentiality of HIV status, and protections and penalties for acts of discrimination based on HIV status.¹⁸

While the Philippines has a strong AIDS law (see more detailed discussion in the program area below on improving laws, policies and regulations related to HIV), the legal and policy environment around key populations remains challenging. The “war on drugs” has not only resulted in extrajudicial killings and a climate of fear among people who use drugs, but also severely impedes their access to health services. Sex workers continue to face stigma and marginalization, as well as forced, routine testing for sexually transmitted infections (STIs). Though RA 11166 has some reference to the principle of non-discrimination on the basis of gender, sexual orientation and gender identity and expression, there is still no national-level protection against discrimination for LGBTQI+ individuals, who continue to face stigma and discrimination in many areas throughout the country.

The main TB-related law in the Philippines is 2016’s Comprehensive Tuberculosis Elimination Plan Act (Republic Act 10767). The passage of a national law relating to TB is remarkable as there are few countries with national TB laws. However, unlike the HIV law, RA 10767 is biomedical in nature, focusing on developing a Philippines plan of action for addressing TB, as well as elements around research, education and notification of TB cases.¹⁹ RA 10767 does not explicitly address patient-centered care or a rights-based approach to TB; it also does not address TB-related stigma and discrimination or concerns around TB-related issues such as losing employment during TB treatment (for more information on the TB law and proposed reforms, see section on “improving laws, policies and practices” below).

¹⁷ Article I, section 10, Republic Act 11166, Republic of the Philippines, Congress of the Philippines, https://legacy.senate.gov.ph/republic_acts/ra%2011166.pdf

¹⁸ Article VI on Confidentiality; Article VII on Discrimination, Republic Act 11166, Republic of the Philippines, Congress of the Philippines, https://legacy.senate.gov.ph/republic_acts/ra%2011166.pdf

¹⁹ Republic Act no. 10767, Republic of the Philippines, Congress of the Philippines, <https://issuances-library.senate.gov.ph/sites/default/files/2023-02/ra%252010767.pdf>

4. Evaluating the Theory of Change: Effects of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment

According to the *Breaking Down Barriers*' theory of change, if countries address human rights-related barriers to HIV and TB it will enable key and vulnerable populations to access health services. During this progress assessment, the research team was able to identify case studies about how human rights programs reduced barriers, supporting improved underlying and social determinants of health as well as access to prevention and treatment.

The assessment discovered the following themes in evaluating progress for programs to remove rights-related barriers: that core human rights programs in the Philippines, the legal literacy trainings and access to justice initiatives, were able to:

- Empower key and vulnerable populations to know their rights – this includes both duty bearers to know their rights and obligations to respect, protect and fulfill the human rights of their clients, and communities to understand and claim them;
- Support people living with HIV (PLHIV) to connect to community support groups, which help them understand disease management and adherence to treatment, resulting in better health outcomes;
- Ensure accountability for stigmatizing health care and encourage nondiscriminatory provision of health care services; and
- Address social determinants of health – in this case, access to education – which, in turn, can lead to better health outcomes.

The effects of the legal literacy and access to justice programming in the Philippines are further detailed below.

4.1 Legal literacy: Combating stigma and promoting rights-based health services

Legal literacy trainings have been a core part of the interventions to remove rights-related barriers to HIV services throughout Grant Cycle 5 (GC5) and GC6. In GC6, the trainings mostly focused on training service providers. The progress assessment interviewed 15 beneficiaries of legal literacy trainings across two regions, some of whom had received training during GC5 and some, more recently, during GC6. Service providers said that the trainings helped them better understand their rights, including their right to protection and safety as a clinic volunteer or peer navigator. In terms of the utility of the trainings to their community, respondents noted that these trainings have helped them better understand and explain HIV and HIV-related laws to other community members, as well as to duty bearers (such as barangay officials). As one

respondent noted, *“With the [legal literacy] training, I am more confident in speaking to people about HIV, especially to the youth. I can help explain what the laws are, and how PLHIVs can have access to the services they need.”* This can be particularly useful, for instance, in working with young people. As one respondent noted, *“I feel confident explaining to the clients about Article 6 [Republic Act 11166] where 15-year-olds and older can get themselves tested without parental consent.”*²⁰

Others linked the trainings to their clients’ increased confidence, self-esteem, acceptance of their HIV status or willingness to be tested for HIV, and ability to advocate for their rights both in and out of health care settings. In one example, a respondent said:

*“Learning about the policies that cover HIV, I am able to better reach out to the communities we serve... [for example, the] PLHIVs [to whom] we talk and explain the policies seem to have better attitudes toward their situation. It’s like they are being given fresh hope, that their situation is not desperate at all...There is less shame and embarrassment...they can get testing, seek treatment, ask for counseling without feeling small about themselves.”*²¹

Numerous testimonies demonstrated the impact of integrating human rights training with health and client support services. For example, one TG individual described how a case manager trained in legal literacy intervened with her family, who had driven her out once they heard about her HIV diagnosis. The case manager worked with the family to understand HIV transmission as well as their legal obligations concerning confidentiality and disclosure. The family allowed her to return home, and her health improved:

*“The case manager introduced me to the TG-PLHIV support group, Pink Bunnies, that provided us a venue to talk about our concerns and experiences. There were also learning group sessions wherein topics on HIV, RA11166, stigma and discrimination, ART and drugs were discussed. Currently, I am religiously taking my medications with undetectable viral load. I learned to accept my HIV status.”*²²

Another beneficiary whose granddaughter is living with HIV described how her caseworker helped her respond to stigmatizing treatment facilities and school environments that were causing medication interruption and emotional distress. After working with the caseworker to intervene with both entities, her granddaughter is thriving and her viral load is undetectable. She said:

*“Having people, especially the health providers, being trained about human rights, and they in return educated their clients and their families about HIV and the law, has helped me to stand for the rights of my granddaughter.”*²³

²⁰ Respondent interview from Metro Manila, 8 January 2023.

²¹ Respondent interview from Metro Manila, 5 January 2023.

²² Respondent interview from Cebu City, 10 January 2023.

²³ Respondent interview from Cebu City, 10 January 2023

One nurse who works with people who inject drugs (PWIDs) described how the legal literacy trainings translated directly into successful ARV advocacy during COVID-19:

“Legal literacy orientation is also included as one of the topics during learning group sessions. I noticed during the lockdowns due to the COVID-19 pandemic our clients were made aware of their rights to continuous medications and made arrangements with the treatment facilities staff on ways to get their meds.”²⁴

Legal literacy trainings can also be especially useful for key populations whose behavior is criminalized. As said by one beneficiary who works at an organization that serves PWUD, *“Although we started as an HIV service provider, we have a lot of clients who consulted us and asked our assistance on legal matters.”* The same respondent noted that legal literacy is particularly useful among the PWUD community, as they often face discrimination in the health care system, highlighting that, *“Informing them about their rights to health services will empower them to access HIV services provided by the local government units (LGUs) and partner community-based organizations and NGOs.”²⁵*

Though the numbers of legal literacy trainings have decreased since 2020, these testimonies demonstrate the importance of legal literacy training in removing stigma and other barriers to access to health services for key populations. In the words of one respondent who decided to volunteer at PRC after receiving the legal literacy training:

“Through the training, I came to understand that HIV is also a human rights issue. And it helped me overcome my fears about HIV. This time, I will help other PLHIVs to face HIV and live their lives to the fullest...Personally, I realized how important it is for PLHIV to know his/her rights to care and services. No more guessing, and most of all, the fear and self-stigma was taken away.”²⁶

A key takeaway from the assessment of the legal literacy program is the need to provide more follow-up and support of trainees/participants. Aside from the assessment, there have been few other exercises to conduct consistent monitoring and evaluation (M&E) beyond output-level indicators (e.g., the numbers of people trained). If implementers could be supported to develop robust M&E frameworks to track not only the numbers trained but also how that training information has been used by participants, this would be a significant step forward in assessing both indirect and direct impact of legal literacy trainings on access to HIV services.

²⁴ Respondent interview from Cebu City, 22 December 2022.

²⁵ Respondent interview from Cebu City, 14 January 2023.

²⁶ Respondent interview from Metro Manila, 5 January 2023.

4.2 CARE Partnership: Promoting accountability for rights-based health services and creating enabling environments

Since starting in February 2021, the Community Access to Redress and Empowerment (CARE) program, run by TLF Share, has handled various cases of alleged human rights violations for key and vulnerable populations. CARE partners are a hybrid of peer paralegals and social workers who have successfully worked with clients and collaborators to address many client requests, resulting in reductions in rights-related barriers for several individuals. The progress assessment interviewed ten beneficiaries of the CARE partners across two regions to better understand how individual cases are handled and resolved.

Accountability for stigmatizing service provision and breaches of confidentiality

In Cebu City, one of the CARE clients experienced inappropriate behavior from a health care provider at an HIV clinic. The provider made sexually explicit comments to the client, including showing the client pornography. The client reported the incident to the TLF Share team and was supported by a CARE partner. The CARE partner wrote a letter to the facility, calling attention to the behavior of the counselor. The partner then met with the facility manager to discuss the different courses of actions they could take with the counselor. As the client said, *“I feel that what happened was not only helpful to me, but is helpful in putting an end to such offensive behavior and actions of a health care provider.”*²⁷

In another CARE case, a client experienced an unlawful disclosure of his HIV status when he was going through a routine physical exam for a new job. After telling the doctor about his HIV status, the doctor proclaimed, “So you are HIV-positive! You are not fit to work. And besides, you can get others infected too,” loudly in a room with other job applicants. In this case, the client only wanted an apology from the doctor and a promise not to repeat her behavior. To support this, the CARE partner drafted a letter, and coordinated with the Department of Health (DoH), which, in turn, reached out to the doctor. Discussions were had, and agreement was reached. The doctor eventually apologized. As the client testified, *I felt victorious with what happened. Nobody, especially doctors, should humiliate and devalue a PLHIV, ever.*²⁸

This client was further inspired by this experience to advocate for a treatment hub in his city of Lapu Lapu, writing to the DoH, his city councilor and the mayor. He reported that HIV was added as a health priority for the district and budgeting for a treatment hub in Lapu Lapu City was under consideration by city officials. In his words:

“The CARE program has given me hope. I know it has helped a lot of other PLHIVs like me. And it will continue to do its role in helping others not to contract HIV, manage it and live our lives to the fullest...I have my voice. I will speak and seeing how frail I was when I tested positive, I saw myself to be very ugly. And I do not want to die ugly. I live long and I will die beautiful.”

²⁷ Respondent interview from Cebu City, 22 January 2023.

²⁸ Respondent interview from Cebu – Lapu Lapu, 22 January 2023.

Addressing a Social Determinant of Health: Access to education

Education has long been recognized as a social determinant of health. Educational attainment is positively associated with life expectancy and health behaviors, as education not only supports individuals to make more informed health choices, but also directly influences other determinants of health, such as economic stability and job opportunities.²⁹ In two cases, CARE partners helped young TG women complete their university educations. In one case in Metro Manila, a trans woman, Clara³⁰, was expelled by her schools because the school did not allow men to have long hair. TLF Share and the CARE partner were able to work with the university administration, engaging in a series of discussions with the college dean. Eventually, the university agreed to allow Clara to keep her hair long and re-admit her to the program.³¹

In a similar case, the CARE partner supported another TG woman, Belinda³², to re-enroll and graduate. The school blocked Belinda from being able to enter school property or register for classes because she did not cut her hair to look traditionally male. A CARE partner advocated on the student's behalf, sending a letter to the school outlining the local sexual orientation, gender identity and expression (SOGIE) ordinance. When the school continued to refuse Belinda entry, the CARE program, along with more TG students at the school, wrote to the city council about the case. The city council then called the school and reached an agreement to allow Belinda to graduate. The school also promised that other TG students would be able to complete their degrees without prejudice to their gender and hair lengths. One client attested to the positive impact of the work of the CARE partners:

*“My case was not directly related to (physical/physiological) health services. But it somehow affected my mental and emotional health, especially at the time when we were talking and negotiating with the school about my appeal. I am really so thankful the issue was resolved and I am proud to have taken a more active voice in speaking for the rights of my fellow TGs.”*³³

Testimonies from CARE program beneficiaries highlight the value of such a peer paralegal and support program. Not only do successful resolutions of cases help affected individuals feel more comfortable with the health care system, but they also address specific instances of systemic discrimination. While changing systemic issues is a long-term goal, the CARE program is able to support people living with HIV and key populations to understand and utilize the options available to them to access justice, thereby addressing underlying determinants of health and addressing access to care directly.

²⁹ See, for example, Raghupathi, V., Raghupathi, W. The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health* 78, 20 (2020). <https://doi.org/10.1186/s13690-020-00402-5>; see also “Education: a neglected social determinant of health,” *The Lancet Public Health*, accessed 10 April 2023, [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30144-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30144-4/fulltext) and “Education as a Social Determinant of Health,” Tulane University, School of Public Health and Tropical Medicine, accessed 10 April 2023, <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>

³⁰ Pseudonyms are used to protect privacy and confidentiality of the beneficiaries

³¹ Respondent interview from Metro Manila, 9 January 2023.

³² Pseudonyms are used to protect privacy and confidentiality of the beneficiaries

³³ Respondent interview from Cebu City, 22 January 2023.

5. National Ownership and Enabling Environments to Remove Human Rights-related Barriers

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan. In the Philippines, the elements of a supportive environment for rights-based HIV and TB responses exist. However, there are still challenges that remain in terms of implementation and coordination.

Philippines National AIDS Council's support for programs to remove rights-related Barriers to HIV Services

In July 2021, the PNAC approved the Roadmap to Address Rights-related Barriers to Accessing HIV and AIDS Services (the Roadmap). The development of the Roadmap was led by the PNAC's Human Rights Sub-committee, which used a widely consultative development process. The resulting document highlights both key rights-related barriers to access and core areas of work to address these barriers. The Roadmap outlines the pathways to address these barriers with the PRISMS framework: Protect (justice and accountability); Reform (policy and governance); Inform (information, education and communication); Serve (service-delivery system); Mobilize (community empowerment and engagement); and Support (social protection). Importantly, the Roadmap also provides a sample M&E framework for the major steps under each pathway. It also aligns with six settings of the Global Partnership.

On paper, the Roadmap is a strong document. However, as of November 2022, it has not moved forward in terms of implementation. The development of the 7th AIDS Medium-Term Plan (7th AMTP) provided an opportunity to develop an operational plan for the Roadmap. Launched in December 2022, the 7th AMTP includes a strategic pillar on protection, encompassing the priorities of the PNAC Roadmap. It also encompasses rights-based M&E indicators, such as measuring discriminatory attitudes towards people living with HIV, level of violence and numbers of people seeking redress. However, in the AMTP's operational plan for the "protect" pillar, there are still gaps in identifying lead and collaborating stakeholders for key items, such as strengthening community systems and making redress mechanisms functional. Where stakeholders are identified, they tend to be at a high level (e.g., "legislative, judicial and executive branches of government" as partners for eliminating HIV-related stigma and discrimination). Moreover, for both documents, it's not clear which activities to remove rights-related barriers are funded, and which activities need funding. Conducting a funder mapping of activities would be a useful step in taking the PNAC Roadmap and the 7th AMTP forward.

The Human Rights Sub-committee under PNAC would be an ideal entity to oversee the implementation of both the PNAC Roadmap and the "protect" component of the 7th AMTP. Though it is commendable that PNAC's Human Rights Sub-committee developed the

Roadmap, it, along with other stakeholders, has been hampered in taking activities forward for various reasons, including confusion relating to the mandate of the PNAC secretariat. The 7th AMTP and other sources have reported a number of critical issues, such as poor relationships between the secretariat and civil society organizations (CSOs), including community-led groups. New leadership of the PNAC secretariat (Dr. Jojo Feliciano) presents an opportunity to have a more empowered and supported PNAC Human Rights Sub-committee, as well as improved relationships with community-led groups.

Recommendations

- The Global Fund should provide financial resources for PNAC to conduct a funder mapping and develop a resource mobilization plan for gaps.
- The Global Fund should fund a focal person in PNAC focused on human rights. That person's mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with 11166. This focal point would support the PNAC sub-committee on human rights. (same recommendation as “eliminating stigma and discrimination”).

Department of Health integration for universal health coverage

In September 2022, the DoH issued an administrative order aimed at “accelerat[ing] the achievement of UHC (universal health coverage) and to further build[ing] the health system's resilience against future pandemics and health emergencies.”³⁴ To align with this integration, the DoH has eliminated disease-specific programs, including for HIV and TB. Though admirable in its intention to scale up access to quality health coverage and care, the decision to immediately integrate the DoH has resulted in confusion among stakeholders, who currently work with the previous DoH disease programs. Assessment respondents have reported unclear focal points and contacts to move forward key activities and programs. Nevertheless, the DoH integration also presents an opportunity to streamline issues of stigma and discrimination, human rights training and gender considerations into the work of the Disease Prevention and Control Bureau (DPCB).

Despite the elimination of the National HIV/AIDS Program, the role of the PNAC is enshrined in law and continues to operate as the multisectoral body coordinating the HIV response. Support for PNAC's work on HIV and human rights-related issues, in alignment with the PNAC Roadmap, should continue. On TB, there is a National Coordinating Council that continues to operate – it would be strategic to support the integration of TB and human rights programming into their work.

³⁴ Health Sector Strategy 2023-2028, Republic of the Philippines, Department of Health, Office of the Secretary (02 September 2022).

Recommendation

- The DoH should clarify liaison and department focal points to ensure continuity and communication for implementers of human rights programming during the UHC integration process.

Funding landscape for programs to remove rights-related barriers to access

In the Philippines, the Global Fund is the primary funder of programs to remove rights-related barriers to access for HIV and TB services. Other funders, such as the United States Agency for International Development (USAID) and Australia's Department of Foreign Affairs and Trade (DFAT), are funding specific activities that complement the Global Fund's support. For example, USAID and DFAT are supporting community mobilization and stigma and discrimination reduction work in the HIV sector, through the CLM initiative. USAID has also been integral in supporting the momentum on TB-related work, through its LON grant to support the establishment of TB CSOs. There are also small projects being funded through regional mechanisms like the Asia-Pacific Council of AIDS Service Organizations (APCASO) for trainings of PDL and some funding from UN agencies like UNAIDS and UNODC of specific pieces of work. However, in terms of funding programs and interventions focused on access to justice and legal literacy, the Global Fund is the primary and key player, which is a challenge to the scale-up and the sustainability of such work.

6. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality

This section examines progress toward a comprehensive response to programs to remove rights-related barriers for HIV and TB.³⁵ It starts with an overview of Global Fund-supported human rights investments, and then presents in-depth analyses by program area for HIV and TB. It moves onto a discussion of the Philippines' progress in achieving the human rights-related program essentials for HIV and TB. Finally, this section concludes with some overall observations about programs to remove rights-related barriers to HIV and TB.

Overview of investments, implementation arrangements and timing of the assessment

Under GC6, in addition to its overall allocation of US\$22 million for HIV and US\$129 million for TB programs, the Philippines received US\$1 million in catalytic funds for programs to reduce human rights-related barriers to HIV and TB. As noted above, the country also allocated US\$2 million from within the HIV and TB allocations for these programs as well (US\$1 million for HIV and US\$1 million for TB). Specifically, the Global Fund supported the following human rights programming for HIV and TB in the Philippines:³⁶

For HIV:

Module	Intervention	Amount (in US\$)
Reducing human rights-related barriers to HIV/TB services	Community mobilization and advocacy (HIV/TB)	500,059
Reducing human rights-related barriers to HIV/TB services	HIV and HIV/TB-related legal services	131,646
Reducing human rights-related barriers to HIV/TB services	Human rights and medical ethics related to HIV and HIV/TB for health care providers	443,817
Reducing human rights-related barriers to HIV/TB services	Improving laws, regulations and policies relating to HIV and HIV/TB	210,678
Reducing human rights-related barriers to HIV/TB services	Legal literacy ("know your rights")	230,738
Reducing human rights-related barriers to HIV/TB services	Reducing HIV-related gender discrimination, harmful gender norms and violence against women	47,918

³⁵ Analyses of "comprehensiveness" for the progress assessment are aligned with Global Fund-supported HIV and TB initiatives in the Philippines. Because Global Fund HIV interventions and the Breaking Down Barriers initiative programs are targeted to 11 high-burden areas, as noted above. Global Fund TB initiatives for TB are targeted nationwide, as are the analyses set out in this report.

³⁶ Note that these budget figures are from grants approved in 2020. Actual expenditures may look different than the initial budgets. The specifics of budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to demonstrate the areas of investment from the Global Fund in GC6.

Module	Intervention	Amount (in US\$)
Reducing human rights-related barriers to HIV/TB services	Sensitization of law-makers and law-enforcement agents	61,139
Reducing human rights-related barriers to HIV/TB services	Stigma and discrimination reduction (HIV/TB)	169,414

Global Fund investments for programs to remove rights-related barriers to HIV totaled approximately 7.3% (7.27%) of the total HIV grant budget of US\$22 million. In terms of implementation arrangements, the Principal Recipient (PR) for the HIV grant is the Philippina Shell Foundation, Inc. (PFSI), with TLF Share serving as the human rights sub-recipient (SR). TLF Share is a civil society and community-based organization that works collaboratively with community-led organizations, government entities and service providers to implement activities. Even though TLF Share works closely with community-led organizations - including having legal literacy trainers who are from communities - under the GC6 grant, TLF Share does not have any sub-sub-recipients (SSRs), nor does it fund community-led organizations. The progress assessment reviewed the status of rights-related HIV programming 22 months into GC6. At the time of the country visit, 13 months remained on the HIV grant, which began in January 2021 and runs until December 2023.

For TB:

Module	Intervention	Amount (in US\$)
Removing human rights- and gender-related barriers to TB services	Community mobilization and advocacy (TB)	118,278
Removing human rights- and gender-related barriers to TB services	Human rights, medical ethics and legal literacy	512,981
Removing human rights- and gender-related barriers to TB services	Stigma and discrimination reduction (TB)	414,898

Global Fund investments for programs to remove rights-related barriers to TB totaled less than 1% (0.81%) of the total TB grant budget (US\$129 million). As this was the first time the country was allocating funding for programs to remove rights-related barriers to TB, the country specifically chose to prioritize three program areas: community mobilization and advocacy; human rights and medical ethics training; and TB-related stigma and discrimination reduction. The PR for the TB grant is the Philippine Business for Social Progress (PBSP). On the TB-related human rights activities, PBSP has subcontracted two implementers for this work: Action for Health Initiatives (ACHIEVE), a CSO with a strong history of working on HIV and human rights issues, and through the CLM Strategic Initiative, APCASO. APCASO was selected as a

technical assistance provider to support the human rights program implementation in TB. Programs to remove rights-related barriers to TB were assessed early in the human rights portion of the TB grant. While the country started the overall work on the TB grant in 2021, due to the COVID-19 pandemic and negotiations between the implementers, the majority of the human rights components of the grant did not get started until June 2022. The activities are set to run until December 2023. Thus, the progress assessment examined the TB activities only about six months after the activities started.

Effect of COVID-19 on programs to remove rights-related barriers to HIV and TB services

One significant limitation for programs seeking to remove rights-related barriers for HIV and TB in the Philippines was the COVID-19 pandemic. Both COVID-19 and the COVID response caused significant delays in program implementation from 2020 to the time of the progress assessment. Implementers reported the need to shift priorities for the health programs and the health delivery system, health staff reassignment, economic constraints, travel restrictions, as well as training moratoria. At the time of the in-country visit, for example, implementers were focused on conducting various trainings that had been delayed due to a training moratorium that ended in October 2022. Though many implementers converted several activities, (including trainings) to online, these activities still did not achieve the scope and scale originally envisioned (see details in the program areas below).

Program areas to remove rights-related barriers to access

This section provides in-depth analyses of each program area for HIV, followed by the ones for TB.

6.1 Program Areas for HIV

(i) Eliminate stigma and discrimination in all settings

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Eliminate stigma and discrimination in all settings	1.2	1.8	2.0

In 2020, programs for eliminating stigma and discrimination for PLHIV and key populations remained ad hoc and limited in scope and scale. Since 2020, progress on Global Fund-supported activities has been delayed. The activities are mostly in planning phases, despite a strong legal framework and development of multiple implementation plans by key stakeholders.

The passage in 2018 of the HIV and AIDS Policy Act (RA11166) - a law distinguished by its strong human rights language and broad anti-stigma and discrimination provisions - provides a promising framework for change. The law charges PNAC, as well as the Department of Justice and the Commission on Human Rights, with ensuring protection for PLHIV and key populations

from stigma and discrimination in multiple sectors, including education, employment, and health care facilities. The PNAC Human Rights Roadmap sets out to achieve this objective through a model that integrates public education campaigns and community-led monitoring with strengthening the avenues of legal redress and complaint resolution. However, PNAC's structural and operational challenges have impeded progress in implementation, and anti-stigma initiatives remain largely theoretical.

For example, the Philippines is also a member of the Global Partnership. The Global Partnership's operational plan is incorporated into the PNAC Roadmap and focuses on three settings: workplace, justice and health care. A Stigma Index and additional surveys of PLHIV are planned, but programming from the Global Partnership remains mostly a political commitment. As of November 2022, the UNAIDS country office noted that no specific activities had yet been done under the Global Partnership. Similarly, while WHO has supported TLF Share to develop an anti-stigma training module to support people living with HIV and their families, this module has yet to be rolled out.

The national HIV strategy outlined in the 7th AIDS Medium-Term Plan emphasizes the importance of CLM in reducing stigma and discrimination in care, employment and other settings. Aligned with this, a Community-based Monitoring and Response (CBMR) tool was in the development stage at the time of the mid-term assessment but has been slow in its rollout. Informants noted that the CBMR tool has been revised to focus on stigma and discrimination. However, questions arise as to its utility, especially in light of the new CLM tool from UNAIDS, launched in December 2022 with funding from USAID and DFAT. The CLM tool has a specific module focused on stigma and discrimination. There are plans to send the CLM feedback into the national health services database to inform law and policy, but implementation is in its early stages.

PWUD continue to face intense stigma and discrimination, as well as a highly punitive legal and social environment, especially in light of the country's "war on drugs", characterized by unlawful arrests and extrajudicial killings. Advocacy directed at drug policy at the national level remains extraordinarily challenging. More progress has been made at the local level. For example, at the barangay (smallest administrative district) level, the work of IDU Care, a community-led organization supporting PWUD, has provided some progress towards addressing stigma and discrimination against PWUD. In Cebu City, a series of brown bag learning sessions, convenings, and meetings with more than 20 barangay officials, including police, resulted in improved attitudes and understanding of PWUD and, most importantly, space for them to access health services without harassment or intervention. These dialogues provide opportunities to oppose harmful drug policies (such as sharing confidential information with law enforcement and mandatory drug treatment). Given the harsh national environment, support for local advocacy becomes increasingly urgent.

In 2021, the UN Joint Program on Human Rights was created, partly to assess human rights violations associated with drug-control policies in the Philippines. Since its establishment, it has

been criticized by local and international NGOs for its inaction, lack of focus on the most serious abuses, and failure to confront the government’s campaign for a drug-free Philippines.³⁷ Comprehensive services for PWUD remain an urgent unfulfilled need, and their absence contributes to stigma and discrimination against PWUD.

Recommendations

- The Global Fund should fund a focal person in PNAC for human rights. That person’s mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with RA 11166. This focal point would support the PNAC Sub-committee on Human Rights. (same recommendation as for “Improving laws, policies and regulations” and in the “enabling environment” sections).
- The Global Fund should increase financial support for rollout of stigma and discrimination sensitization modules for PLHIVs and their families to all HIV priority districts, a continuation of an activity from GC6. Revisions of this module should include elements of legal literacy and, as a priority, address internalized stigma.
- The Global Fund should continue to provide financial support for advocacy, including community-led advocacy, and the engagement of PWUD with barangay officials to create a more supportive environment for PWUD to access health services, including advocacy against sharing of personal or confidential information with law enforcement and other harmful practices, as well as advocacy against mandatory drug testing.
- The Global Fund should continue to work with UN agencies in the Joint Program on human rights for the Philippines to underscore the urgency of ensuring access to lifesaving services for people who use drugs.

(ii) Ensure non-discriminatory provision of health care

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Ensure non-discriminatory provision of health care	0.6	0.6	1.0

Overall, there has been some progress on sensitization of health care workers under the Global Fund GC6 grant. In 2020, TLF Share was conducting a series of training sessions on human rights and medical ethics for health care workers using the UNDP *The Time Has Come* curriculum, but these trainings were a one-off and limited to a small number of selected cities. TLF Share has since developed a plan to expand its trainings to three regions. It began in

³⁷ See, for example, UN rights body fails to act: Philippines. Human Rights Watch. New York, 5 Oct. 2022. <https://www.hrw.org/news/2022/10/05/philippines-un-rights-body-fails-act> and Statement by NoBox, to 51st regular session of the UN Human Rights Council, 5 Oct. 2022, <https://idpc.net/news/2022/10/philippines-if-we-continue-with-drug-free-we-continue-to-violate-human-rights>

Region 6 in September 2022 and will expand to Region 7 in March 2023 and the National Capital Region in April 2023. The UNDP curriculum has been adapted to better fit the Philippines context, and there are plans to incorporate this new training module into the curriculum for the DoH online academy. This would be an important step toward institutionalization of human rights education and sensitization. However, this is still awaiting rollout.

Under the leadership of the NGO Sustain Health Initiatives of the Philippines (SHIP) and the Philippine Society for Microbiology and Infectious Diseases (PSMID), Philippines joined the Southeast Asia Stigma Reduction Quality Improvement (QI) Learning Network (QI S+D) convened by HEALTHQUAL, an organization of the University of California at San Francisco (UCSF). The objectives of the work are to improve awareness of HIV stigma and discrimination among health care providers and to apply quality improvement measures to reduce stigma and discrimination. Activities began with 13 hospitals providing HIV services; work with six CBO-led clinics was added later, with Global Fund support. More than 900 health care workers were surveyed for development of a baseline report on stigmatizing attitudes and practices, while regular M&E tracks the impact of anti-stigma measures on the quality of health care provided. Data collection and best practices are shared regionally within the network. This offers a promising opportunity to identify and incorporate effective anti-stigma measures in health care facilities on a broad scale, but DoH support will be required.

As of November 2022, however, this project is currently on hiatus while waiting for new funding from the U.S. government and DoH (funding is secured but waiting for agreements to be signed). Currently, there is no linkage between the training work funded under GC6 and implemented by TLF Share and other training initiatives (such as training provided by SHIP/UCSF) that are underway. There may be opportunities for strategic consolidation of resources.

Recommendations

- The Global Fund should continue to provide financial support for the rollout of the “Time Has Come” training module – both for face-to-face trainings and with the online DoH academy. If necessary, provide technical assistance to ensure adequate rollout, follow-up and M&E to check on the utility of the training.
- The PR for HIV, working with the SR for human rights, should improve coordination, (including sharing of data and best practices) with SHIP and other anti-stigma and discrimination training programs for health care workers currently being implemented. The Global Fund should fund a systematic evaluation activity for these programs if not covered by other funding, including evaluating whether improved practices (not just attitude and knowledge changes) are institutionalized.
- The HIV PR and the SR for human rights should enhance coordination with CLM systems that measure client experiences at health care facilities. Implementers should also explore the possibility for integration between HIV and TB CLM systems.

- If not covered by other funding, as part of the QI S+D work, the Global Fund should fund a study visit of health practitioners in the Philippines to a country in the QI S+D network that has institutionalized anti-stigma measures.

(iii) *Legal literacy*

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Legal Literacy (“know your rights”)	0.6	1.9	2.0

Since 2020, legal literacy programming has made some progress, with mixed results. Scale-up in numbers of people trained and geographic coverage of the programs actually decreased from 2020. Most of the trainings focused not on large sessions for groups of individuals (as in 2020) but on duty bearers, such as trainings of trainers, case managers, peer navigators and volunteers, including at the Pinoy Plus PLHIV Response Center (PRC). This approach, necessitated in part by COVID-19 restrictions, nevertheless proved to be an opportunity for consolidation of resources and strategic integration of legal literacy with provision of HIV health and support services that improved the quality, if not the scale, of programming. While focusing on training duty bearers is a promising start, this training should be expanded – for example, through integration of legal literacy into trainings of peer educators and case managers, rather than as one-off, standalone trainings.

Since 2021, TLF Share has conducted three trainings of trainers, totaling 47 participants (including trainings for 12 CARE partners). There were an additional 376 participants reached through 21 training sessions (primarily case managers, peer navigators and health care providers). Trainings have been significantly delayed due to the COVID-19 pandemic and response, which included a training moratorium. While there were some trainings done online, the reach has still been limited.

While TLF Share has done some refresher trainings (for instance, follow-up trainings of the legal literacy trainings from the ACER grant), in general, there is a gap in follow-up and refresher trainings. Moreover, the trainings are conducted in an ad hoc manner. There is also a lack of an M&E system to monitor whether the trainings successfully transmitted knowledge to participants and whether participants went on to use that knowledge in their work. Providing funding and technical assistance, where required, to build a robust M&E system to measure knowledge retention and influence, either directly or indirectly, on access to HIV services would be essential in measuring the impact of legal literacy trainings.

Despite the challenges, interviews with beneficiaries of the legal literacy trainings attest to the value of providing HIV and human rights information, particularly when it is integrated into trainings on basic HIV prevention, care and treatment. In interviews with 15 legal literacy training beneficiaries across two regions, all of the participants responded that the information provided was useful to themselves and their communities. This was especially true for staff and

volunteers at PRC, who found the trainings to be extremely useful in their work. PRC, based in Metro Manila, provides a broad range of HIV-related support services and is well positioned in the community for integration with access-to-justice programs. PRC is also one of the implementers of the CLM system sponsored by UNAIDS, USAID and DFAT launched in December 2022. Case managers, staff and volunteers at the PRC and other CSOs reported that knowledge of human rights and of the provisions of RA11166 not only helped themselves but also enabled them to assist their clients and their communities in ways that not only advanced justice but improved both physical and mental health (see “Evaluating the Theory of Change” section, above).

Beneficiaries made the following recommendations to improve legal literacy trainings: first, that such trainings should be available to more members of the community and there should be an expanded focus on educating duty bearers such as LGU and barangay officials, including Sangguniang Kabataan (SK) committee members (local committees for youth outreach), law enforcement, school officials and health care providers. Respondents also recommended having consistent follow-up/refresher trainings.

TLF Share has been thinking about the sustainability of legal literacy trainings, including exploring how to integrate such trainings into the Department of Education curriculum. They are also exploring how to ensure that the trainings reach out-of-school youth by partnering with key allies such as the Family Planning Organization of the Philippines. On trainings for PWUD, TLF Share recently partnered with the Talisay aftercare community-based rehabilitation facility, adapting the training module for PWID to be integrated into the group learning sessions at the facility. The first trainings will be in March 2023.

Aside from the legal literacy trainings from TLF Share, there are other, small-scale trainings worth noting. In Cebu City, IDU Care is partnering with StreetLaw to do legal literacy trainings for PDL in Lapu Lapu City prison. This training focuses on capacitating women deprived of liberty to be peer paralegals. Trainings aim to help PDL navigate the legal system and cover key points such as an introduction to the criminal legal system, criminal procedure and the basics of being a paralegal. They also provide basic information on HIV. StreetLaw also conducts a complementary training for prison staff. There is another legal literacy training, focused on SOGIE rights, in Makati City prison in NCR. These two examples seem to be unique in that, while there are consistent visits of health care workers to jails in Cebu City and Metro Manila, most of the services provided are traditional HIV services (testing and treatment).

Recommendations

- The Global Fund should provide continued financial support of legal literacy trainings, especially for health care workers and HIV service providers, including peer navigators and volunteers, with consistent refresher trainings. These trainings should also be expanded to include LGU and barangay officials.

- As a long-term goal, donors and the Philippines government should support LGUs with updated HIV ordinances to include a line item for legal literacy trainings within their budgets, especially with the enactment of the Mandanas-Garcia ruling, which increased resources for local governments.
- The Global Fund should coordinate with UNAIDS' CLM system and community partners, exploring how CLM data can capture linkages between legal literacy and other human rights programming and reduction of barriers to health services as well as inform responses to health care, stigma and discrimination and HIV-related laws and policies. This is especially relevant in light of modules on stigma and discrimination, service delivery and HIV-related policies. (same recommendation as in the section on community mobilization and human rights advocacy)
- The Global Fund should provide financial resources that support paralegal capacity strengthening to community-led organizations, including IDUCARE and civil society organizations, like StreetLaw, to establish working relationships with existing legal aid experts, such as volunteer lawyers with TLY, TLF Share and ACHIEVE.

(iv) Improve access to justice

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Improve access to justice	0.8	1.5	3.0

Since 2020, there have been key changes in the evolution of Global Fund-supported programs on access to justice, as well as progress in this program area. Most notably, the Justice Access and Learning Officers (JALO) program from the ACER grant has been replaced by the Community Access to Redress and Empowerment (CARE) program. CARE officers, or “partners”, are trained community paralegals who aim to provide legal support and services to key populations who experience rights violations. However, rather than being focused only on finding cases, CARE partners also hold brown bag sessions, support popularizing of RA 11166 and engage in policy development. This change to a broader vision has improved the quality of the paralegal program and strengthened its engagement with the community. In 2022, TLF Share conducted an evaluation of the CARE program that indicated high client satisfaction and greater involvement with local human rights commissions, city councils and local officials. The scale of the CARE program, however, remains limited to the 11 high-burden sites prioritized by the Global Fund. Other programs promoting access to justice also face challenges in that they are geographically limited.

As of November 2022, this program, which is managed by TLF Share, has one CARE coordinator supporting 15 regional CARE partners. These 15 partners cover 11 out of the 17 administrative regions in the Philippines as well as one autonomous region. Each CARE

partner is contracted to work 20 hours per week. CARE officers receive cases in three ways: referrals from partner organizations, through Facebook³⁸ and through phone or other direct contact (e.g., CARE partners volunteering at a health facility). From February 2021 to October 2022, CARE partners handled 149 cases. Common themes from the cases involve unlawful disclosure of HIV status (60), employment-related discrimination (20) and HIV- and SOGIE-related discrimination (17). The majority of the cases come from the National Capital Region.

TLF Share and the CARE partners have noted that there are few cases that proceed to formal litigation. This is due to many reasons – one is that the legal process in the Philippines is extremely slow and can be expensive. Moreover, some clients may not want to file a formal case or lack the means to do so.

CARE partners note that most cases are resolved through discussion and mediation, with many clients simply wanting an apology. According to the assessment of the CARE program that TLF Share conducted in November 2022, overall, clients have been satisfied with the services provided, rating the program as a 4.86 out of 5 (with 5 being most satisfied).³⁹

Despite good progress in some cases, the CARE program still faces significant challenges. There has been high turnover in staffing – as of November 2022, there had been at least ten changes since February 2021. Many of the CARE partners reported being overworked, exceeding the 20-hour limit without pay, and/or are not provided with enough support/guidance to work through complaints received. Some CARE partners report harassment and abuse from clients but noted that they do not have resources to address these issues.

Aside from the CARE program, there are other small-scale access-to-justice programs in the HIV response in the Philippines. For example, TLY offices have volunteer lawyers: one in Cebu City location (White House) and another at the Anglo/Metro Manila HQ (which other TLY community centers can also call upon for help). Moreover, ACHIEVE's flagship HIV-related legal aid program, Aid for AIDS, continues to operate in the Metro Manila area. It has funding from Levi Strauss only through 2023. It is unclear whether this program will continue, as it is dependent upon continued funds.

In 2021, the Department of Justice and the Commission on Human Rights issued a Joint Administrative Circular on redress mechanisms for people living with HIV.⁴⁰ The circular aims to elaborate on how people living with HIV and key populations can seek redress under RA 11166, including the roles and responsibilities of the Department of Justice and the Commission on Human Rights. Given the existence of these access-to-justice mechanisms (both CSO- and government-led), it would be strategic to find ways of coordinating and

³⁸ "Online Legal Care," Facebook, accessed 10 April 2023, <https://www.facebook.com/onlinelegalcare/>

³⁹ Community Access to Redress and Empowerment (CARE) Assessment, TLF Share Collective, November 2022.

⁴⁰ Joint Administrative Circular No. 1, Series of 2021: Uniform Rules on Redress Mechanisms for Persons living with HIV as Mandated by Republic Act No. 11166, Republic of the Philippines, Department of Justice, Commission on Human Rights.

collaborating to maximize resources and efforts. Increased support and engagement from the Department of Justice will be essential.

StreetLaw continues to support IDU Care by providing legal assistance for PWUD. In 2020, there was a plan for a weekly legal “help desk” that StreetLaw would operate at IDU Care’s office. Though COVID-19 delayed the start of this activity, StreetLaw and IDU Care plan to continue to pursue this activity in upcoming months. In addition to direct legal support for individual cases, StreetLaw also collaborates with IDU Care on advocacy work with judges, lawyers, law enforcement, barangay officials and jail staff focused on RA 11166 and on getting their buy-in to improve policies and systems that can facilitate access to health services for PWUD.

On working with barangay officials, in one particular barangay, StreetLaw and IDU CARE conducted an orientation on harm reduction and human rights and were invited back by the barangay officials to conduct further HIV orientation and testing, including the training on human rights and HIV and RA 11166. While this work is small-scale, it demonstrates courage, as well as progress at the local level in creating a supportive environment for PWUD to access HIV services.

Recommendations

- CARE program (peer paralegals) – The government of the Philippines should provide domestic funding to ensure the sustainability of the CARE program, including addressing all the suggestions below. However, given the current reality in the Philippines, for GC7, this assessment recommends support in the following areas:
 - The Global Fund should fund the development of mental health training and resilience resources for CARE partners.
 - The Global Fund should fund capacity-building activities on mediation and counseling for CARE partners.
 - The SR on human rights should access Global Fund-provided technical assistance for more efficient and effective communication/awareness-raising of the role of CARE Partners among CBOs engaged with key populations and HIV programming, as well as health care clinics.
 - The SR on human rights should tap existing legal aid network(s) as partners of CARE partners to expand reach of their services and address possible sustainability issues.
 - The SR on human rights should work towards sustainability and increased capacity of CARE partners by, for example, considering opportunities for partnership and coordination with government entities, NGOs and community-led organizations in the following regions: Cebu, Davao, Iloilo, National Capital Region, Northern Mindanao, and Pampanga (as locations indicating high case

volumes). The Global Fund should provide financial support as a means of catalyzing sustainability activities.

- The Global Fund should provide financial support to CARE partners who work more than 20 hours per week. In high-volume regions, fund full-time CARE partners.
- The Global Fund should provide financial resources to the SR on human rights to support enhanced communication and coordination across legal aid/redress service providers, including programs supported by ACHIEVE, TLY, TLF Share, StreetLaw, along with government legal aid programs, such as the Commission on Human Rights.
- The Global Fund should provide financial resources to the SR on human rights for a client support fund for emergency assistance to CARE program clients for life necessities and ensure linkage and referral to essential social and economic support services.
- The Global Fund should scale up support for and facilitate access to technical assistance, if requested, for integration of on-site legal services for drop-in centers for PWUD and other key populations (e.g., StreetLaw working with IDU Care, attorneys working with TLY, etc.).

(v) Ensure rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Ensure rights-based law enforcement practices	0.4	1.2	1.3

In 2020, activities related to sensitization of law enforcement were limited and ad hoc. Since that time there has been little progress in this area. In partnership with UNODC and aligned with the PNAC Roadmap, TLF Share developed a training module for the Philippines Public Safety Academy in 2021 and the first training was held in December 2022. TLF also collaborated with the Supreme Court, Public Attorney’s Office, the DoJ, and the Philippines Judicial Academy Commission for Human Rights to develop materials and conduct dialogues with judges, prosecutors, and labor arbiters in 2021. These were delayed until November-December 2022. Agencies that were engaged included the Supreme Court, DoJ, and Public Attorney’s Office. Both were the first activities of this kind aiming to strengthen the national HIV response. While TLF Share aims to continue to work with law enforcement to ensure rights-based practices, it has not indicated specific plans for trainings or other activities, only that it intends to involve other agencies, such as the National Police College and other Philippine public safety agencies.

One of the key challenges for this program area is the difficulty of engaging with public safety institutions. Overall, despite efforts from implementers, engagement from DoJ the Philippine

National Police and other relevant agencies remains low, impeding efforts to institutionalize sensitization and education initiatives in law enforcement. Moreover, funding in this area remains scarce. This was the second-lowest funded program area in GC6 for the human rights matching funds grant, and there also do not seem to be other major funders in this sector that are focusing on HIV and human rights work.

Recommendations

- As working with law enforcement requires increased government ownership and support, the SR for human rights should conduct a review of lessons learned from working with law enforcement in other countries to feed into a broader consultation on working with law enforcement in the Philippines (see recommendation below). The budget line for this activity should come from the Global Fund.
- PNAC should hold a discussion with technical partners – including UNAIDS, UNODC, WHO, OHCHR, funders, community organizations, implementers and representatives from public safety agencies – on strategies to engage with law enforcement to encourage rights-based practices. Based on the results of the consultation, assess how engagement with law enforcement can move forward in a constructive manner.

(vi) Monitoring and reforming laws and policies

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Monitoring and reforming laws and policies	1.5	1.6	2.0

Passage of the 2018 HIV law as a result of the advocacy of a wide-ranging coalition of CSOs was a major achievement. Since that time, however, national advocacy has stalled, reflecting an increasingly conservative political environment. Advocacy efforts at the LGU and barangay levels have produced positive results but remain limited in scale.

Republic Act 11166 is a strong law – widely lauded rights-centered national legislation that prohibits HIV-related discrimination in many domains, including employment, health, education, and justice. However, a major challenge remains in “popularizing” the contents of the law so that key stakeholders are aware of it. Implementation of RA 11166 under PNAC is a priority of the 7th AMTP, and an empowered Human Rights Sub-committee could play a key part in moving this work forward. For example, PNAC is well positioned to ensure the essential support for popularization of the law from a range of government ministries and agencies. Improved implementation of RA 11166 would go a long way toward fulfilling Philippines’ responsibilities as part of the Global Partnership.

The 7th AMTP restates the goal of aligning all regional and local AIDS ordinances with the provisions of RA 11166. This objective is far from being realized, but there are some promising local advocacy efforts underway. TLF Share, IDU Care (PWID), and DIOSSA (TG) are doing

advocacy with barangays and LGUs on reformation and/or passage of new HIV ordinances. As of November 2022, TLF Share's HIV Caravans are working on the passage of 18 ordinances, with three that have already passed and 15 in process. Each site requires mapping of key stakeholders, community consultations, cultivating legislative champions, courtesy visits and education on the new HIV law and policy. This work also encompasses capacity building on advocacy, situational and policy analysis, community agenda building, and drafting local ordinances, using the identified community agenda, and following the bill through the legislative process. Mentoring continues until the policy is drafted, filed, and/or passed. Thus, this work is extremely time-consuming but has demonstrated positive results. On a more ad hoc basis, TLF Share is also engaging in national-level advocacy on popularizing RA11166, such as meeting with Senator Risa Hontiveros, the author of the law, to update her on issues related to the law's implementation. On a local level, IDU Care has been successful in getting an agreement/commitment (not an ordinance) from barangay officials improving access to health services for PWUD, and DIOSSA has supported the passage of an anti-discrimination ordinance in Taguig City.

Though there is an acknowledgement of the importance of non-discrimination on the basis of sexual orientation in RA 11166, there is no explicit protection in national law against such discrimination. Although a SOGIE anti-discrimination bill has been before the Congress in various forms for 20 years, it has never been passed. A robust range of civil society groups are advocating for LGBTQI+Q rights in the Philippines, and they do have allies in the national legislature. There are ongoing strategy debates, such as whether a broader anti-discrimination bill that includes SOGIE protections might be more likely to pass. At the local level, ten municipalities and cities – including Metro Manila, Cebu City and Quezon City – and six provinces have SOGIE anti-discrimination ordinances. For example, CURLS, a TG organization, with support from TLF Share, helped secure the passage of a SOGIE ordinance in Cebu City. There are currently no mechanisms for monitoring the effectiveness of these ordinances, but this information, if collected in a community-led pilot program, could be important for increasing support for local as well as national SOGIE protections.

At the same time, laws are pending that threaten to intensify the war on PWUD. Since 2020, there have been various forms of a bill before the Philippine Congress that would require all sub-national jurisdictions – provinces, cities, municipalities, barangays – to establish and maintain “anti-drug abuse councils” (ADAC), which would promote drug-war policies. The bill, which would mandate jurisdictions to spend a certain percentage of their revenues on ADAC, has been reintroduced under the new government. Existing ADAC in some jurisdictions conduct “monitoring” of PWUD that can involve coerced urine drug tests, investigation of social networks and finances, and - at times - incarceration without due process. To the extent this work can be conducted safely, supporting advocacy to oppose ADAC legislation and documenting its harmful impact on PWUD should be a priority of the Global Fund.

Recommendations

- The Global Fund should fund a person in PNAC focused on human rights. Their mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with 11166. This person would support the PNAC Sub-committee on Human Rights. (same recommendation as in the program area on “Eliminating stigma and discrimination in all settings” and the section on “Enabling Environments”)
- The Global Fund should continue to provide financial support for “popularization”/dissemination of RA 11166 by the SR on human rights and community-based organizations, particularly among duty bearers, including barangay officials, health care workers, and employers, as well as among rights-holders, such as PLHIV.
- To support advocacy on a comprehensive national SOGIE anti-discrimination law, the Global Fund should fund a consultation to improve coordination of the groups involved and sharpen strategies.
- The SR on human rights should identify 1-2 LGUs and/or barangays with rights-based SOGIE ordinances for M&E of ordinance implementation, including direct or indirect impact on access to HIV services/program outcomes. The Global Fund should provide financial support for this activity.
- The Global Fund should provide financial support to the SR on human rights and community-led organizations, such as organizations of PWUD, MSM and TG organizations, to continue advocacy with barangays and LGUs to pass and implement local ordinances to protect rights of PLHIV and key populations, e.g., ordinances on SOGIE, PWUDs. Fund an additional human resource support at the SR on human rights, if needed, to support this work. (same recommendation as the section on community mobilization and human rights advocacy)
- If an advocacy organization can conduct this work safely, the Global Fund should finance advocacy against the legislation that would require ADAC in every jurisdiction as well as CLM of the harmful impact of ADACs on PWUD. The Global Fund should also use its own advocacy voice against ADAC.

(vii) Reduce HIV-related gender discrimination

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Reduce HIV-related gender discrimination	0	1.2	2.0

In 2020, there were very few programs or initiatives focused on gender discrimination or harmful gender norms. Since that time, a positive development is that there have been more

activities supporting the TG community. For example, a Trans Health Package has been developed with significant involvement of the trans community, but the future for its implementation remains uncertain. There has also been an increase in some dedicated activities for women, such as programming for women who use drugs. Overall, however, progress has been limited and it is notable that this program area received the least funding of the human rights interventions funded under GC6.

Development of a Trans Health Package is an important step forward, but implementation is only in its early stages. The Trans Health Package initiative has been led by PSFI, TLF Share and TLY with technical assistance from WHO. The process included a series of consultations between 2019 and 2022 with trans-led CSOs in 7 regions under the umbrella of LakanBini TG network. In 2021, the initiative produced a Clinical Guidance Handbook for primary care physicians, in alignment with WHO guidelines for integrating HIV prevention and treatment with comprehensive health services for TG individuals, including gender-affirming hormone therapy (GAHT). A Policy Brief, a document mapping existing and potential gender-affirming health providers, will inform the next steps in the rollout. A multi-stakeholder meeting reflected support for the Package from DoH and from the community, but challenges remain, particularly in ensuring inclusion of the package in the UHC integration plans for the Philippine health care system. DoH has identified activities to promote trans health amid this transition, such as SOGIE trainings and improving data health systems to include LGBTQI+QI people. Continued government ownership and support will be essential.

CURLS, a trans-led CSO in Cebu City, engages in outreach, legal literacy and advocacy for the LGBTQI+ community, including with the police, in schools, and in response to gender-based violence (GBV), but activities remain limited and ad hoc due to lack of resources. DIOSSA, a TG community-led organization in Metro Manila, also does important work supporting their community to access HIV services, as well as on trans rights. Supporting CURLS, TRANScend, DIOSSA, the LakanBini network and other small but active organizations is essential to ensure their sustainability and ability to participate meaningfully in the rollout of the Trans Health Package.

As compared with the previous ACER grant, there are more activities to support women who use drugs – for example, IDU Care runs a specific women-focused program for paralegal training, a support group for women, and its work in the barangays includes advocacy for female sex workers who use drugs.

The 7th AMTP and PNAC Roadmap identify sex workers as vulnerable populations, but there has been little increase in dedicated programming for female sex workers. Moreover, female sex workers are required to undergo regular testing for STIs at the Social Hygiene Clinic to comply with the government's Sanitation Code. This requirement raises concerns about coercive measures for sex workers.

With regard to GBV, TLF Share plans to integrate legal literacy modules that address GBV into the Department of Education curriculum, but implementation has not begun.

On the whole, though many programs in the Philippines are gender-responsive – for example, where implementers tailor their services to MSM and TG community members for HIV prevention and treatment – the assessment found limited evidence of programs being gender-transformative. Gender-transformative programming “actively seek[s] to build equitable social norms and structures in addition to individual gender-equitable behavior.”⁴¹ Future activities should be designed to better incorporate gender-transformative approaches, for example, ones that facilitate critical discussion around gender norms and stereotypes and how those impact health behaviors.

Recommendations

- The Global Fund should continue to provide financial support for the inclusion and rollout of the Trans Health Package in UHC, including meaningful participation of TG-led groups in rollout and implementation under the HIV programming. Support DoH during the UHC integration process to develop gender analysis and training tools for managers and providers to collect and use gender-disaggregated data to promote and evaluate gender-responsive policies, programs and plans.
- The SR on human rights should increase technical support to community-led organizations addressing issues of gender discrimination, harmful gender norms and GBV for the LGBTQI+ community.
- The Global Fund should continue to provide financial support and technical assistance, where necessary, to IDU Care and other community-led and -based organizations to build the capacity of programs promoting access to justice for women who use drugs. Community-led organizations, like IDU Care and Streetlaw, should coordinate efforts with existing programs such as the peer paralegal trainings for women deprived of liberty, with a focus on consistent programming, documentation and M&E for activities in Cebu City and Metro Manila/National Capital Region.
- PRs and SRs should support programming designed to be gender-transformative, where possible. The Global Fund should provide technical assistance where requested.
- The HIV PR and SR on human rights should review and advocate for an update of the Sanitation Code of the Philippines and its impact on women working in registered entertainment establishments to remove coercive testing measures. The Global Fund should either fund this review or work with other funders to finance this type of work.
- The HIV PR and SR on human rights should ensure that sex workers and key populations engaged in transactional sex can access HIV prevention and treatment services, as well as access to justice, CLM initiatives and other activities to reduce rights-related barriers to services.

⁴¹ “Ensuring that programs to remove human rights-related barriers to HIV, TB and malaria services are gender responsive and gender transformative: a guidance document,” Global Fund (April 2021).

- The Philippines CCM, as well as the HIV PR and SR for human rights, should support DoH during the UHC integration process to develop and mainstream gender analysis and training tools for managers and providers to collect and use gender data to promote and evaluate gender-responsive policies, programs and plans. This requires provision of technical support from the implementers (HIV PR and SR on human rights) and financial support from the Global Fund.

(viii) Support community mobilization and human rights advocacy

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Support community mobilization and human rights advocacy	**	**	2.0

There are several promising community-led initiatives for human rights advocacy and monitoring. They remain at small scale or are in the planning stages.

As discussed above, the HIV Caravans supported by TLF Share are focused on achieving the reform/passage of 18 local HIV ordinances, with three that have already passed and 15 in process. Each site requires mapping of key stakeholders, community consultations, cultivating legislative champions, courtesy visits, education on the new HIV law and policy, and following the bill through the legislative process. At each location, LGBTQI+Q, PLHIV and other community CSOs are actively engaged in these projects and are key to their success. This is very time-consuming work but has demonstrated positive results. On a local level, IDU Care has been successful in getting an agreement/commitment (not an ordinance) from barangay officials to improving access to health services for PWUD, and DIOSSA has supported the passage of an anti-discrimination ordinance in Taguig City.

The PRC provides services related to correcting HIV misinformation, facilitating and navigating HIV-related services, as well as fields calls related to allegations of human rights violations. Types of calls received include situations involving refusals to provide ARVs, questions about access to testing and dealing with unauthorized disclosure of HIV status at work. The volume of cases peaked during COVID-19. As noted above, the PRC is well positioned at the intersection of HIV services and access to justice as well as for the CLM initiative, but currently is understaffed. The PRC runs from 8am to 8pm and is staffed by one administrator per day, which is inadequate to handle the number of calls, especially as more of them come in the evening.

As noted above, UNAIDS launched a CLM tool, developed with community-led organizations, in December 2022. Coordination with CLM efforts on stigma and discrimination, laws and policies and service delivery would be important to make progress on addressing these issues.

In GC6, the Global Fund supported several community-led organizations that engaged in human rights advocacy, including but not limited to, IDU Care, TYL, CURLS, DIOSSA and PRC.

Recommendations

- The Global Fund should provide financial support to the SR on human rights and community-led organizations, such as PWUD, MSM and TG organizations, to continue advocacy with barangays and LGUs to pass and implement local ordinances to protect rights of people living with HIV and key populations, e.g., ordinances on SOGIE, PWUDs. Fund an additional human resource support at the SR on human rights, if needed, to support this work. (same recommendation as the section on improving laws, policies and practices)
- Donors should continue financial support to PRC to allow for 1) an additional administrator and/or operator for evening shifts and 2) extended hours, as necessary, to respond to client calls.
- The Global Fund should coordinate with UNAIDS' CLM system, exploring how CLM data can inform responses to health care, stigma and discrimination, as well as HIV-related laws and policies. This is especially relevant in light of the modules on stigma and discrimination, service delivery and HIV-related policies. (same recommendation as in the section on legal literacy)

6.2 Program Areas for TB

(i) Eliminate stigma and discrimination in all settings

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Eliminate stigma and discrimination in all settings	1.0	1.1	1.5

Since 2020, there has been some progress in working towards the elimination of TB-related stigma and discrimination. Critically, there are important building blocks in place that could spur progress in this area. In November 2021, the National TB Program (NTP) of the DoH approved the Community Engagement, Human Rights, and Gender National Action Plan (CRG NAP), 2021-2023. The CRG Action Plan outlines the goals, strategic objectives, and key interventions agreed upon by the NTP stakeholders. The plan is strong on human rights, including activities to capacitate a national patient support group network, community-led monitoring, TB patient hotlines, establishing a redress mechanism and capacity building for service providers. It also has an action plan with detailed resource mapping and funding sources. The plan has a specific strategic objective on improving health care provider capacity in addressing stigma and discrimination that includes both undertaking a national TB stigma baseline assessment and capacity building on CRG issues with NTP providers. Unfortunately, it has been challenging to

move forward many pieces of the plan, due to both COVID-19 and the DoH's UHC integration – including the elimination of the NTP. Though the implementation of the CRG NAP has been delayed, its activities should continue and both technical and financial support should be given to the TB PR, PBSP, to take forward this work, as well as update the strategy for beyond 2023.

From key informant interviews with TB implementers, patient support groups and TB patients, the most commonly mentioned setting for TB-related stigma and discrimination is in the workplace. Discrimination manifests in two ways: (1) termination due to TB status (i.e., an individual can't work because of adverse side effects from taking TB treatment and there is a lack of social protection to safeguard positions); and (2) inability to get a new job due to TB screenings that are part of required medical exams prior to beginning work. Aligned with this need, PBSP has developed “Fit for Work” trainings for four categories of workers: DoH Disease Prevention and Control Bureau (DPCB) national and regional DoH offices, community health workers (CHWs), media, and jail officers. Each of the modules has sections dedicated to issues pertaining to human rights, gender equality and community engagement. The modules for CHWs, jail officers and media also provide basic information on TB, as well as information on laws and policies supporting TB. Importantly, these modules help trainees reflect on their own issues and concerns in the workplace, in addition to the rights and responsibilities related to supporting people with TB. The modules for CHWs and DoH officials seem well tailored to their audiences. The ones for jail officers and media only have passing references to workplace and/or sector-specific issues. PBSP should consider refining and further developing the modules to be more specific to these sectors during the pilot trainings. Pilots for the trainings have been rolled out in January 2023. PBSP will integrate feedback from the pilots into the training manuals. Once the manuals are finalized, PBSP will focus on cascading the trainings to each region.

The Culion Foundation is also rolling out a series of modules on “TB in the Workplace” focused on the micro, small and medium-sized enterprises (MSMEs). According to the Culion Foundation, the modules for this training cover basic information around TB prevention and control, creation of a social and behavioral change communication plan, TB-related policies and activities related to addressing TB-related human rights. Relevant LGUs have been involved since the beginning of this project, which aims to be piloted in Regions 3, 4A and the National Capital Region, where most MSMEs are concentrated. Cluster groups, or groups of MSMEs, have also been consulted to obtain buy-in for the trainings. This has been one of the challenges that the Culion Foundation has faced, noting that some cluster groups do not see TB as an issue, and others flag the economic costs for participating in the workshop. Culion Foundation has taken steps to address these concerns, including offering to match income for the days of the workshops. The workshops to prepare for the training started in late November 2022, with full trainings to occur in 2023.

Interviewees also mentioned TB-related stigma from neighbors as a significant barrier to care. Some people with TB mentioned that they purposefully seek out health services in another neighborhood/barangay to avoid running into their neighbors or others who may recognize

them at the local clinic. Respondents did note, however, that continuing awareness-raising and public education about TB has been helpful at reducing TB-related stigma.

Recommendations

- As the CRG NAP ends in 2023, the Global Fund should fund the update of the CRG NAP that is tailored to DoH’s UHC integration. Provide financial support and access to technical assistance to support this process, if requested.
- The PR for TB should tailor the “Fit for Work” trainings for media and jail officers more to the specifics of the jobs/sectors; make adjustments to all the “Fit for Work” trainings based on feedback from the pilots. (same recommendation as “Addressing the needs of people in prisons and other closed settings (TB only)”)
- Based on the results of the initial roll out of the “Fit for Work” and “TB in the Workplace” trainings, the Global Fund should provide financial support for scale-up based on epidemiological information and community need.
- The Global Fund should continue to provide financial support to public education and awareness campaigns to reduce TB-related stigma.

(ii) Ensure people-centered and rights-based provision of health care

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Ensure people-centered and rights-based provision of health care	0.7	1.0	1.0

The DoH’s Updated Philippine Strategic TB Elimination Plan (2020-2023) explicitly adopts a patient-centered approach to TB care.⁴² According to the plan, such an approach includes adopting community- and home-based treatment, as well as supporting patient support groups, community-based organizations, and family members acting as treatment supporters. Furthermore, the government provides food and transportation costs (i.e., enabler funds) to people with drug-resistant TB, as well as incentives and home care kits for treatment supporters. In interviews with people with TB, several noted the utility of having the enablers fund to support themselves during TB treatment. To aid health care providers, this approach encompasses provision of job aids, mentoring and supervision, as well as updating guidelines and trainings for health care workers.

However, examination of the integration of human rights and medical ethics into TB provider trainings shows that most of this work has been in planning stages since 2020. Despite the National TB Strategy adopting a patient-centered approach to TB care, there are no systematic

⁴² Updated Philippine Strategic TB Elimination Plan, Phase 1: 2020-2023, Department of Health, https://doh.gov.ph/sites/default/files/publications/PhilSTEP1_2020-2023.pdf

human rights trainings available for TB providers. Implementers noted that though there is limited training on the importance of patient confidentiality and privacy. Although there is some training focused on privacy and confidentiality related to medical research, there are generally no widely available courses on TB-related human rights and medical ethics. One TB implementer in Metro Manila noted that they attended a medical ethics and professional behavior training supported by the LGU in July 2022. It was a two-day training for 50 participants, covering ethics, rights of providers and patients and privacy and confidentiality. However, this was the first time the provider had been to such a training. This type of training also seems to be an exception, rather than the rule. In general, TB health personnel indicated that they receive no trainings on human rights and medical ethics related to TB in their normal course of work and requested that this training be supported.

PBSP’s “Fit for Work” training modules for DPCB national and regional DoH offices, as well as CHWs, could be scaled up to support this request. As previously noted, these modules provide an overview of community, rights and gender (CRG) issues, encompassing TB-related stigma and discrimination.

Recommendations

- The Global Fund should continue to provide financial support to PBSP to roll out its modules on human rights and medical ethics for TB CHWs. Based on reception and impact, PBSP, with financial support from the Global Fund, should scale up based on epidemiological information and community need. If possible, integrate trainings where opportunities exist – for example, in trainings from DoH or any HIV/TB co-infection trainings.
- The Global Fund should continue to support human rights and medical ethics trainings for TB service providers that are tailored to DoH’s UHC integration. Provide financial support and access to technical assistance to support this process, if requested.

(iii) Legal literacy

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Legal literacy (“know your rights”)	0	0	0.8

On TB-related legal literacy, there has been limited and delayed progress since 2020. The progress assessment did not identify any legal literacy training specifically for TB, except for discussions related to laws and policies supporting people with TB in PBSP’s “Fit for Work” trainings. While it’s promising that the “Fit for Work” trainings include these discussions, this was the only TB legal literacy activity identified, including examining the integration of TB into HIV legal literacy. However, the development of the CLM system of a TB hotline could be an opportunity to integrate more TB legal literacy into TB-related activities. Implementers could

also consider integrating key elements of TB legal literacy into HIV legal literacy trainings, especially given the high rate of co-infection.

Recommendation

- The Global Fund should provide financial support for the integration of legal literacy trainings into ongoing activities such as the CLM and HIV legal literacy trainings.

(iv) Improve access to justice

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Improve access to justice	0	0	0.8

Since 2020, TB-related access-to-justice programs are still in the planning stages. ACHIEVE, working together with APCASO and PBSP, is in the process of developing a CLM system for TB that is a TB hotline (see community mobilization section below for more information). Part of developing the hotline includes developing a redress mechanism that allows for referrals to legal assistance when needed. ACHIEVE will use its experience in building a redress mechanism for HIV - Aid for AIDS - as a blueprint for the TB redress mechanism. The redress mechanism will be piloted in five regions. At the time of the progress assessment, the framework for the redress mechanism was still under development.

Recommendation

- The Global Fund should continue to provide financial support for the rollout of the ACHIEVE redress mechanism pilots and capacity to conduct M&E of the results.
- In GC7, the PR for TB should consider extending CLM activities to include trainings of peer educators and case managers on legal literacy and access-to-justice issues for TB-related rights in order to promote accountability for rights violations and improvements in service quality. The Global Fund should provide financial support for such expansion and integration of activities.

(v) Ensure people-centered and rights-based law enforcement practices

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Ensure people-centered and rights-based law enforcement practices	0	0	0

There were no programs identified during this progress assessment relating to rights-based law enforcement practices for TB. This was not one of the program areas identified by the Philippines in GC6 as a priority for the programs to remove rights-related barriers to TB

services. This also did not arise as a core concern based on key informant interviews and site visits to TB clinics.

Recommendation

- In evaluating the best way forward for working with law enforcement on HIV-related issues, the PR for TB should work with the HIV PR and SR on human rights to explore opportunities to integrate TB-related concerns into activities for law enforcement.

(vi) Monitoring and reforming laws and policies

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Monitoring and reforming laws and policies	0.3	0.3	3.0

In 2020, there was no specific work that was ongoing related to monitoring and reforming policies, regulations and laws related to TB. However, since then, there has been some progress through advocacy around TB-related law reform, primarily for Republic Act 10767, the Comprehensive Tuberculosis Elimination Plan Act of 2016. While it is notable that the Philippines is one of the few countries with a national TB law, the law is biomedical in nature – the CRG NAP, as well as implementers such as ACHIEVE, have flagged a need to revise the law to be more supportive of CRG issues. For example, the law does not recognize the right of people affected by TB to privacy and confidentiality. It also does not protect them against TB-related stigma and discrimination, nor ensure access to redress mechanisms should an individual experience a TB-related rights violation. Finally, it doesn't include a right for people affected by TB to participate in decision-making for TB-related services and policies, nor a right to informed consent.

Due to work by ACHIEVE and other partners, a legislative champion introduced a version of the law with the community perspective before Congress in 2020. This bill included:

- Recognition of the rights and responsibilities of people affected by TB;
- Prohibition on TB-related discrimination; and
- An expanded TB benefits package from the Philippines Health Insurance (PhilHealth).⁴³

The new bill was passed by the House of Representatives but was not approved by the Senate. Thus, advocacy needs to be resumed on the TB law. Though amending this law is a priority in the CRG NAP and among community-based organizations, it's unclear what the funding source is to mobilize further action to amend the law.

⁴³ "Milestone 10: Human rights-based government performance tool developed for TB," Action for Health Initiatives, Inc. (April 2021).

Recommendation

- The Global Fund should provide financial support for CSOs, implementers and community stakeholders to advocate to amend the TB law.

(vii) Reduce TB-related gender discrimination

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Reduce TB-related gender discrimination	0	0.7	1.1

There has been some progress in addressing gender in the TB response. PBSP has developed a Gender Analysis Job Aid for NTP managers, as well as a training for NTP managers to conduct gender analysis, collect and use gender data and develop, as well as evaluate, gender-responsive plans. The training material not only covers the importance of having gender-disaggregated data, but also of using a gender analysis framework to analyze and understand the data. Such analysis includes examining gender roles and responsibilities; access to, and control over, health resources and services, cultural beliefs and norms; patterns of power; and decision-making and gender as reflected in institutional laws and policies. Finally, the training ends with the integration of gender analyses into TB program design and implementation.⁴⁴ PBSP is in the midst of identifying Gender and Development focal persons from each of the DoH's regional offices for the trainings, to be held in 2023. Some challenges that arisen include the reshuffling of DoH staff, as well as DoH's own moratorium on disease-specific priorities, with the new focus on UHC integration.

Recommendation

- The Global Fund should support DoH, in conjunction with PBSP, to include the Gender Analysis Job Aid and gender data collection tools as part of the DoH's UHC integration process to inform development of gender responsive plans and policies.

(viii) Support community mobilization and engagement

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Support community mobilization and engagement	2.0	1.0	3.0

Since 2020, significant progress and developments have occurred in the program area of TB-related community mobilization. ACHIEVE, with support from the Stop TB Partnership's Challenge Facility for Civil Society, has been supporting building community capacity for TB organizations to engage in the national TB response. Starting in 2020, with funding from USAID

⁴⁴ Gender Analysis Job Aid for NTP managers (July 2022).

under the TB LON grant, ACHIEVE has made further progress by establishing a civil society alliance to end TB, Philippines Alliance to Stop TB (PASTB). Currently, PASTB is comprised of 18 members, covering six regions.⁴⁵ However, ACHIEVE aims to support the development of TB CSOs in all of the country's 17 regions. Formally established in August 2021, PASTB is a TB advocacy organization, aiming to amplify the voices of people affected by TB and reducing TB-related stigma and discrimination. ACHIEVE has also supported the establishment and organizational development of the TB community-led Breathe Free PH. Breathe Free PH focuses on advocacy to amend the national TB law.

Importance of Community Mobilization: Patient Support Groups

In interviews with TB health care workers and patients for the progress assessment, the importance of patient support groups (PSGs) was highlighted as critical for helping patients stay on treatment. Even in facilities where there are no formal PSGs, patients tended to develop informal ones with their peers. This finding is consistent with the priorities in the TB CRG NAP.

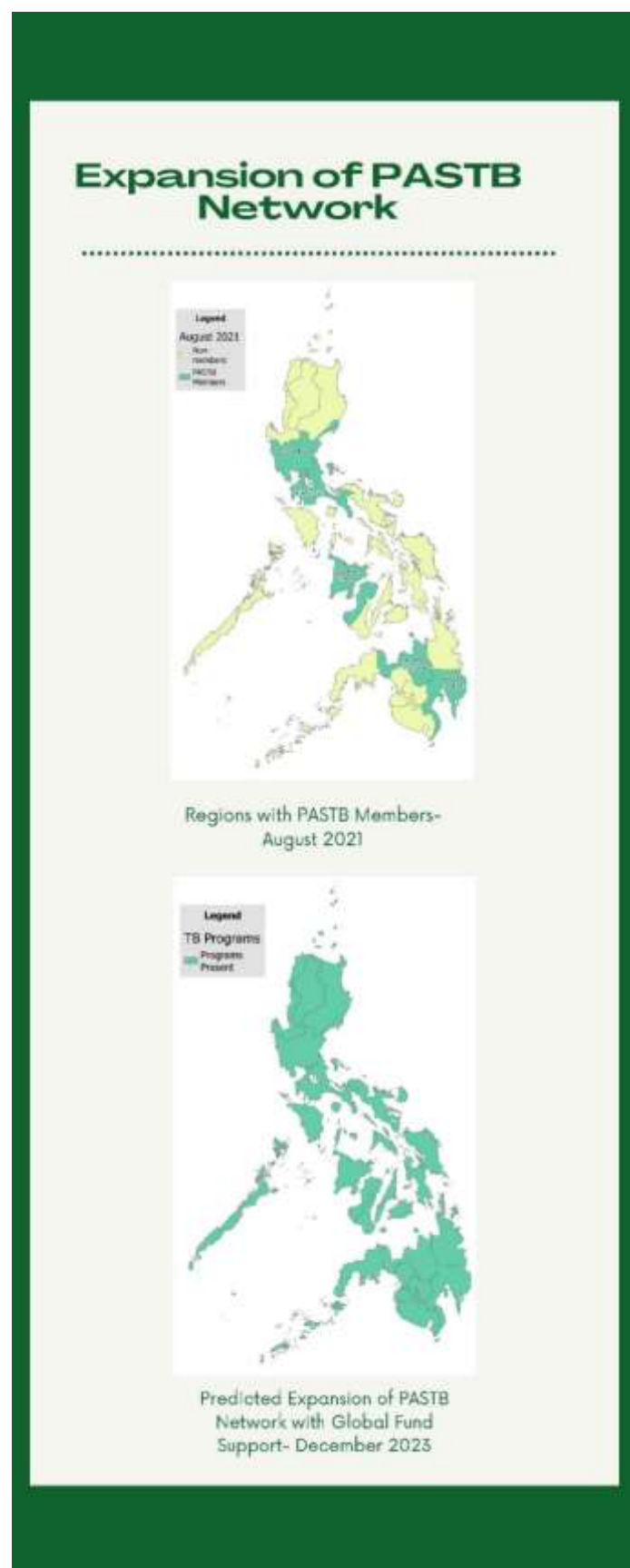
Formal PSGs are more common for MDR-TB as it has a longer course of treatment (typically 9-20 months); there are less PSG for drug susceptible (DS) TB. Also, implementers and support groups have noted that it's challenging to retain engagement of people who have recovered from DS-TB, as they tend to want to go back to their usual lives upon completion of treatment.

In GC6, PBSP and ACHIEVE received funding from the Global Fund TB grant to focus on TB-related CRG issues, which will help build upon previous developments. By December 2023, ACHIEVE, working with APCASO and PBSP, aims to expand PASTB into all 17 regions (see mapping infographic below), with at least five of these organizations running a CLM mechanism, redress mechanism (see "access to justice" program area above) and managing a TB hotline. Funding from the TB grant will also support the formation and capacity building of a pool of TB champions and a national TB community network. It's important to note that while the current TB CRG projects provide capacity building and organizational development for PASTB members, there are no stipends available for TB Champions.

⁴⁵ NCR, Central Luzon, CALABARZON, Region VI, Region X, and Region XI

An important component of this work is the establishment of the CallKaLungs TB Community hotline – the premise is that this would be a basis for a TB CLM mechanism. CallKaLungs aims to support callers to submit feedback about their experiences in accessing TB services (related to availability, accessibility, acceptability and quality or AAAQ), help them navigate TB services, provide accurate information about TB, and share experiences of alleged human rights violations, including those related to stigma and discrimination. In terms of platforms, the mechanism will operate with the use of mobile phones, text messages, and social media (e.g., comments and messages on Facebook, etc.). The trainings for CallKaLungs occurred in October and November 2022, focusing on teaching TB organizations how to collect and utilize the data. The hotline will be piloted from December 2022 to March 2023 in five regions (Regions 3, 4-A, National Capital Region, 6 and 11). Each region will have a team comprised of a regional coordinator and two responders; the responders are ideally individuals from communities affected by TB. Data collected from the calls will be stored in a secured, central database, managed by ACHIEVE.

Another core component of CLM includes the TB human rights scorecard, also being developed by ACHIEVE. Supported by the USAID TB LON grant, the scorecard assesses community experiences that affect their ability to prevent TB infection and access TB information and services, and duty-bearers’ abilities to respect, protect and fulfill the rights of people affected by TB. There are two modules: (1) for community experience of AAAQ for services, as well as stigma and discrimination and other rights violations; and (2) another for health care providers. The community experiences scorecard includes a specific section with questions on TB-related stigma and discrimination from the health facility,



encompassing questions such as being shunned or separated in a facility due to TB, being gossiped or talked about by health care workers in a facility due to TB, as well as facility-based discrimination based on gender, faith or disability. There is also a section focused on TB in workplace settings, with questions such as, “have you ever experienced discrimination in the past or current job due to TB” or “have you experienced discrimination in applying in previous or current employment because of having TB”?⁴⁶ The community experiences scorecard has been tested, revised and is in the process of being administered, aiming to reach around 1,000 respondents. The results will be used in a report on community perspectives on access to TB services. The aim is for the results of the scorecard to feed into relevant decision-making processes on program development, implementation and service delivery.

While there is a lot of promise for the TB-related community mobilization activities, it’s unclear whether the M&E systems for these activities focus on assessing whether the activities either directly or indirectly impact access to TB services. This component should be included in the various M&E systems for the activities.

Recommendations

- The Global Fund should provide financial support to TB facilities to establish and/or continue PSGs, particularly for MDR-TB. The PSGs should have an M&E system that tracks impact on access and retention in services.
- The Global Fund should fund the development and implementation of monitoring and evaluation systems, including CLM, for PASTB work that not only looks at strengthening organizational capacity, but also direct or indirect impact of access to TB services.
- The Global Fund should fund stipends to TB Champions and advocate for stipends to the facility-based TB support groups.

(ix) Addressing the needs of people in prisons and other closed settings

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (Dec 2022)
Addressing the needs of people in prisons and other closed settings	2.0	0	0

Since 2020, there has been little progress in this program area. PBSP noted that visits for TB screening and treatment are ongoing in prisons. However, the services are mostly biomedical in nature, not focused on CRG/human rights issues. As previously noted, PBSP has developed trainings for jail officers which, while a good start, could be further refined to include sector-specific issues. The training for jail officers will be piloted in 2023.

⁴⁶ NTP Human Rights TB Scorecard; see also “Milestone 10: Human rights-based government performance tool developed for TB,” Action for Health Initiatives, Inc. (April 2021).

Recommendations

- The PR for TB should tailor the “Fit for Work” trainings for media and jail officers more to the specifics of the jobs/sectors; make adjustments to all the “Fit for Work” trainings based on feedback from the pilots. (same recommendation in the section on “Eliminating stigma and discrimination”)
- Based on results of the initial trainings, the Global Fund should continue to provide financial support to trainings within jails and other closed settings on removing rights-related barriers to access TB services.
- The TB PR should explore opportunities to integrate trainings and provision of information for jail officers and staff in closed settings during the visits for routine TB services in prisons. Implementers could also integrate TB-related legal literacy (‘know your rights’) into jail visits and/or any provision of TB 101 information.

6.3 Implementation status of rights-related program essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Date Tables to support their funding requests, to provide an update on their country’s status towards achieving program essentials. HIV applicants from Core and High-Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access-to-justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.⁴⁷

⁴⁷ “Technical Brief: Removing Human Rights-related Barriers to HIV Services,” The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

The human rights-related TB program essential requires that, “All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access-to-justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability.”⁴⁸

Implementation status of rights-based HIV Program Essentials

The tables below present the progress assessment team’s summary analyses of the Philippines’ progress on the program essentials for HIV and TB.

Human rights	Are all elements of a supportive environment ⁴⁹ for effective operationalization of the program essentials in place?	Implementation Status
19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Some programs ⁵⁰
20. Stigma- and discrimination-reduction activities for PLHIV and key populations are undertaken in health care and other settings.	Yes	Small-scale activities/programs in health care and at least one other setting ⁵¹
21. Legal literacy (‘know your rights’) and access-to-justice activities are accessible to people living with HIV and key populations.	Yes	Small-scale activities/programs ⁵²
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Some support ⁵³

⁴⁸ “Technical Brief: Removing Human Rights-related Barriers to TB,” The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12729/core_removing-barriers-to-tb-services_technicalbrief_en.pdf

⁴⁹ 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

⁵⁰ Response options include: No or few programs integrate such interventions; Some programs; Many or all programs

⁵¹ Response options include: No or one-off activities/programs; Small-scale activities/programs in health care and at last one other setting; Activities/programs in health care and at least two other settings at sub-national level (less than 50% national coverage); Activities/programs in health care and three or more other settings at national level (more than 90% national coverage)

⁵² Response options include: No or one-off legal literacy and access to justice activities/programs; Small-scale activities/programs; Activities/programs at sub-national level (less than 50% national coverage); Activities/programs at national level (more than 90% national coverage)

⁵³ Response options include: No support; Some support; Comprehensive support (including to community-led efforts)

In general, while there are strong small-scale programs in the Philippines, the country is still far from fully implementing these HIV Program Essentials. In terms of policies, the Philippines has all the components of a supportive environment: a recent assessment of rights-related barriers; a Roadmap to Address Human Rights-related Barriers to HIV Services adopted by the PNAC; and an oversight mechanism that could be used to oversee implementation (PNAC's Human Rights Committee). However, there has been little follow-up action since passing the Roadmap, with no entity acting as the coordinator and monitor for the activities.

Regarding programming, there are some HIV prevention and treatment programs for key populations that integrate rights-related elements into their services, but in general, human rights activities tend to be standalone. There are small-scale stigma and discrimination reduction activities, like the HealthQUAL project and trainings for health care workers, but these operate at sub-national level. Moreover, though the country joined the Global Partnership to eliminate HIV-related stigma and discrimination, the assessment has been unable to document any specific activities to further the political commitment to the Partnership. Though there is good geographic coverage of legal literacy ("know your rights") and access-to-justice activities given the country's geographic prioritization of 11 high-burden sites, trainings are still ad hoc and human resourcing to support legal redress is limited. Finally, there is some support for community efforts to reform harmful laws and practices. Given the challenging national advocacy environment, it may be more strategic to address these laws and practices at local and regional levels.

Regarding funding, the Global Fund is the main funder for legal literacy and access-to-justice activities in the Philippines. USG and DFAT funding support other projects on stigma and discrimination, as well as community-led monitoring.

To fully implement the HIV-related human rights program essentials, more funding will be required for integration of rights-related activities into prevention and treatment programs, stigma and discrimination reduction activities, legal literacy and access-to-justice programs and community-led advocacy, from the Global Fund and other donors such as USAID. If possible, funding from domestic resources should also be increased for these activities. Programmatically, the number of standalone rights-related activities should be reduced, with a focus on integrating such activities more consistently into prevention and treatment programs. This also includes finding opportunities to institutionalize activities, for example, in pre- and in-service trainings for health care workers with the DoH or medical education programs, where possible. Generally, rights-related activities, as well as prevention and treatment services, focus on high-burden areas, which means that rural and other low-prevalence areas do not receive intensive support. However, given the nature of the epidemic in the Philippines and limited resources, the prioritization of high-burden areas should continue. Moreover, continued support for community-led organizations remains critical, especially in a highly stigmatized environment for key populations and an environment which criminalizes PWUD.

Implementation status of TB Program Essentials

TB program essential	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
13. All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access-to-justice activities; as well as support for community mobilization and advocacy and CLM for social accountability.	Yes	Implemented in some sites (<50%) ⁵⁴

While the Philippines has some promising foundations on which to build for its rights-based TB programming, it is still far from fully implementing this program essential. In terms of policies, the CRG NAP is robust and comprehensive, but while its development was important, it mostly now remains on paper. Regarding programs, stigma and discrimination activities are only implemented in some sites and there are no dedicated stigma and discrimination reduction activities for health care providers. Promising legal literacy and access-to-justice programs, including the TB hotline, are planned but had yet to be implemented at the time of the assessment. Support for community mobilization and advocacy has increased but still remain at sub-national level, though there are plans to scale up to national level by December 2023. PBSP, working with ACHIEVE and APCASO, is developing a community-led monitoring system for TB – again, while promising, this has yet to be implemented.

Most of the legal literacy and access to justice programs are funded by the Global Fund, while USAID is complementing Global Fund support on community-led monitoring and community mobilization.

To fully implement the TB-related human rights program essentials, more funding will be required for all activities to support removing rights-related barriers to TB, from the Global Fund, USAID, other donors, as well as domestic resources. PBSP’s “Fit for Work” trainings, if effective, should be scaled up and integrated into TB services, especially for health care providers. More CRG-focused activities, including the development and institutionalization of stigma and discrimination reduction education and trainings, should have a greater focus in the DoH’s mandate. TB-related legal literacy should be integrated into existing trainings for duty

⁵⁴ Response options include: Implementation not started; Implemented in some sites (<50%); Implemented in many sites (50%-95%); Implemented countrywide (>95%)

bearers, including health care workers, prisons staff and employers. Access-to-justice activities, if proven effective, should be scaled up to cover all 17 regions of the Philippines. Moreover, the momentum on supporting TB patient advocacy groups should continue.

6.4 Summary of program areas and cross-cutting observations

In general, with respect to programs to remove rights-related barriers to HIV services, there are strong programs in-country, but these are mostly small-scale and within limited sites. For instance, there are strong examples of barangay advocacy by IDU Care and CURLS for local government support for PWUD and sexual orientation and gender identity and expression (SOGIE) issues, respectively, as well as trainings for peer paralegals for women deprived of liberty, by StreetLaw and IDU Care. These activities are aligned with HIV prevention activities within their specific geographic areas.

However, one of the overarching weaknesses of the programs to remove rights-related barriers to HIV services in the Philippines is that they are largely focused on trainings and capacity building, without a broader vision for how activities could connect with each other to create a comprehensive response. In addition, trainings are still one-off, ad hoc or simply not frequent enough. There is also no follow-up or refresher course on the trainings, nor ongoing mentorship and support.

In addition, there are few meaningful M&E frameworks for human rights activities – either for the impact of programs themselves or for measuring direct or indirect impact on reducing barriers to access to services. Most M&E frameworks remain at the output level, focusing on numbers trained and reached, rather than outcome level or above. Nevertheless, some activities did have basic M&E frameworks, such as a midterm evaluation of the CARE program and the rapid assessment of the PRC. These types of M&E frameworks should be built upon and encouraged as these programs progress, as well as in the next cycle of Global Fund support. Implementers should be encouraged to access technical assistance on these issues through the Global Fund’s Human Rights Strategic Initiative, which provides support on such matters.

Throughout the assessment, several stakeholders noted that national-level advocacy on issues has been challenging. In light of this, the assessment team has concluded that local level focus is key – working with LGUs and actions with barangays are extremely important, especially in light of the Mandanas-Garcia ruling (2018) that allows for a greater percentage of money to LGUs from local tax collections. Examples of promising work with barangays is ongoing in Batangas, NCR and Cebu – this includes HIV caravans and engagement with barangay officials conducted by PWUD and TG organizations. Where relevant, the recommendations in the program areas below focus on local-level action.

Another theme that arose during interviews with key informants, including CARE officers and peer navigators, was the occurrence of situations in which frontline workers felt threatened in their safety and security while carrying out tasks. These situations ranged from harassment by

city officials during HIV testing events to handling aggressive clients for CARE partners. More financial resources should be devoted to understanding, assessing and managing safety and security risks for implementers.

Regarding the role of community-led organizations in GC6, programs to remove rights-related barriers were led by either civil society or community-based organizations, which worked hand-in-hand with community-led organizations. In the current grant, community-led organizations are SRs for service delivery and generally rely on the human rights SRs for rights-related information (for example, through trainings). Where possible, it would be advantageous to better integrate human rights expertise within the community-led organizations. However, within the context of the Philippines, it is strategic to have a human rights implementer with advanced technical knowledge of the justice and legal system, so a dual-prong approach could be taken: continuing to strengthen collaborations between the human rights implementers and community-led organizations while also strengthening in-house human rights expertise at community-led organizations.

On addressing harmful gender norms, as noted above, while various programs for MSM and TG are gender-responsive, few were gender-transformative. An in-depth analysis of opportunities to redesign programs to be gender-transformative is outside the scope of this assessment. However, in GC7, it would be strategic to conduct a review of programming to assess how specific activities, especially those focused on service delivery or access to justice, could be re-designed to more fully address gender stereotypes and harmful gender norms.

On TB, though there was notable progress on programs to remove TB-related human rights barriers even in those six months, building on top of other work that has been occurring since 2020. Global Fund-supported activities are still at beginning and pilot stages. At the time of the country visit, implementers either had developed, or were in the process of developing, training materials and protocols. In light of this, the overarching recommendation is to ensure that activities include M&E systems to monitor beneficiary knowledge retention and learning and progress toward including all program essentials, as well as direct or indirect impact on access to TB services.

Recommendation to HIV and TB Programs

- As the Global Fund is providing financial support and technical assistance for the development and implementation of M&E systems to monitor beneficiary knowledge retention and learning, implementers for programs to remove rights-related barriers to HIV and TB should access this support to not only track output-level indicators for their activities, but also outcome-level indicators and direct or indirect impact on access to HIV and TB services.
- The HIV PR and SR for human rights should conduct security risk assessments and develop risk mitigation plans for human rights activities, integrating these plans into program management. This can include mental health resources for implementers (for

both key population and human rights implementers) and putting in place emergency or rapid response funding. The Global Fund should finance these activities.

- As part of GC7, the Global Fund should finance the HIV PR and SR on human rights to conduct a review of activities to assess opportunities to re-design programs to be gender transformative in addressing harmful gender norms and stereotypes.

Annex 1: Abbreviations and Acronyms

AAAQ	Availability, accessibility, acceptability and quality
ACHIEVE	Action for Health Initiative
ADAC	Anti-drug abuse councils
APCASO	Asia-Pacific Council of AIDS Service Organizations
ART	Antiretroviral treatment
CARE	Community Access to Redress and Empowerment
CBMR	Community-based monitoring and response
CHW	Community health worker
CLM	Community-led monitoring
CRG	Community, rights, gender
CRG NAP	Community Engagement, Human Rights, and Gender National Action Plan
CSO	Civil society organization
DFAT	Department of Foreign Affairs and Trade (Australia)
DoH	Department of Health
DPCB	Disease Prevention and Control Bureau (Philippines)
GBV	Gender-based violence
GC5	Grant Cycle 5 (Global Fund)
GC6	Grant Cycle 6 (Global Fund)
GC7	Grant Cycle 7 (Global Fund)
KPI	Key performance indicator
LON	Local organization network
M&E	Monitoring and evaluation
MDR/RR-TB	Multidrug-resistant tuberculosis/rifampicin-resistant tuberculosis
MSM	Men who have sex with men
MSME	Micro-, small and medium-sized enterprises
NTP	National tuberculosis program
PASTB	Philippines Alliance to Stop TB
PBSP	Philippine Business for Social Progress
PDL	Persons deprived of liberty
PFSI	Philippina Shell Foundation
PLHIV	People living with HIV

PNAC	Philippines National AIDS Council
PR	Principal Recipient
PRC	Pinoy Plus PLHIV Response Center
PSG	Patient support groups
PSMID	Philippine Society for Microbiology and Infectious Diseases
PWID	People who inject drugs
PWUD	People who use drugs
QI S+D	Southeast Asia Stigma Reduction Quality Improvement (QI) Learning Network
SHIP	Sustain Health Initiative of the Philippines
SOGIE	Sexual orientation, gender identity and expression
SR	Sub-recipient
SSR	Sub-sub-recipient
STI	Sexually transmitted infection
TB	tuberculosis
UCSF	University of California at San Francisco
USAID	United States Agency for International Development

Annex 2: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition ⁵⁵
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	Ongoing initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.
3	Operating at sub-national level	Operating at sub-national level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: <ul style="list-style-type: none"> a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

⁵⁵ The definition of the term “comprehensive” has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35% - 65% of target populations)
+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 3: Recommendations

Enabling environment and cross-cutting recommendations	
<p>National ownership and enabling environment</p>	<ul style="list-style-type: none"> • The Global Fund should provide financial resources for PNAC to conduct a funder mapping and develop resource mobilization plan for gaps. • The Global Fund should fund a focal person in PNAC focused on human rights – their mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with 11166. This focal point would support the PNAC sub-committee on Human Rights. (same recommendation as “eliminating stigma and discrimination”) • The DoH should clarify liaison and department focal points to ensure continuity and communication for implementers of human rights programming during the process of the UHC integration process.
<p>Cross-cutting recommendations</p>	<ul style="list-style-type: none"> • As the Global Fund is providing financial support and technical assistance for the development and implementation of monitoring and evaluation systems to monitor beneficiary knowledge retention and learning, implementers for programs to remove rights-related barriers to HIV and TB should access this support to not only track output level indicators for their activities, but also outcome-level indicators and direct or indirect impact on access to HIV and TB services. • The HIV PR and SR for human rights should conduct security risk assessments and develop risk mitigation plans for human rights activities, integrating these plans into program management. This can include mental health resources for implementers (for both key population and human rights implementers) and putting in place emergency or rapid response funding. The Global Fund should finance these activities. • As part of GC7, the Global Fund should finance the HIV PR and SR on human rights to conduct a review of activities to assess opportunities to re-design programs to be gender transformative in addressing harmful gender norms and stereotypes.
<p>HIV Program Areas</p>	
<p>Eliminate stigma and</p>	<ul style="list-style-type: none"> • The Global Fund should fund a focal person in PNAC focused on

<p>discrimination in all settings</p>	<p>human rights. This person’s mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with RA 11166. This focal point would support the PNAC sub-committee on Human Rights. (same recommendation as for “Improving laws, policies and regulations” and in the “enabling environment” sections)</p> <ul style="list-style-type: none"> • The Global Fund should increase financial support for rollout of stigma and discrimination sensitization module for PLHIVs and their families to all HIV priority districts, a continuation of an activity from GC6. Revisions of this module should include elements of legal literacy, and as a priority, address internalized stigma. • The Global Fund should continue to provide financial support for advocacy, including community-led advocacy, and engagement of people who use drugs with barangay officials to create a more supportive environment for PWUD to access health services, including advocacy against sharing of personal or confidential information with law enforcement and other harmful practices, as well as advocacy against mandatory drug testing. • The Global Fund should continue to work with UN agencies in the Joint Program on human rights for the Philippines to underscore the urgency of ensuring access to life-saving services for people who use drugs.
<p>Ensuring non-discriminatory treatment in health care settings</p>	<ul style="list-style-type: none"> • The Global Fund should continue to provide financial support for the roll-out of the Time Has Come Training module – both for face-to-face trainings and with the online DoH academy. If necessary, provide technical assistance to ensure adequate roll-out, follow-up and M&E to check on utility of the training. • The PR for HIV, working with the SR for human rights, should improve coordination, including sharing of data and best practices, with SHIP and other anti-stigma and discrimination training programs for health care workers currently being implemented. The Global Fund should fund a systematic evaluation activity for these programs if not covered by other funding, including evaluating whether improved practices (not just attitude and knowledge changes) are institutionalized. • The HIV PR and the SR for human rights should enhance coordination with CLM systems that measure client experiences at health facilities. Implementers should also explore the possibility for integration between HIV and TB CLM systems. • If not covered by other funding, as part of the QI S&D work, the

	<p>Global Fund should fund a study visit of health practitioners in the Philippines to a country in the QI S+D network that has institutionalized anti-stigma measures.</p>
<p>Legal literacy ('know your rights')</p>	<p>The Global Fund should provide continued financial support of legal literacy trainings, especially for health care workers, and HIV service providers including peer navigators and volunteers, with consistent refresher trainings. These trainings should also be expanded to include LGU and barangay officials.</p> <ul style="list-style-type: none"> • As a long-term goal, donors and the Philippines government should support LGUs with updated HIV ordinances to include a line item for legal literacy trainings within their budgets, especially with the enactment of the Mandanas-Garcia ruling which increased resources for local governments. • The Global Fund should coordinate with UNAIDS' CLM system and community partners, exploring how CLM data can capture linkages between legal literacy and other human rights programming and reduction of barriers to health services as well as inform responses to health care, stigma and discrimination and HIV-related laws and policies. This is especially relevant in light of modules on stigma and discrimination, service delivery and HIV-related policies. (same recommendation as in the section on community mobilization and human rights advocacy) • The Global Fund should provide financial resources that support paralegal capacity strengthening to community-led organizations, including IDUCARE and civil society organizations, like StreetLaw, to establish working relationships with existing legal aid experts, such as volunteer lawyers with TLY, TLF Share and ACHIEVE.
<p>Improving access to justice</p>	<ul style="list-style-type: none"> • CARE program (peer paralegals) - The government of the Philippines should provide domestic funding to ensure the sustainability of the CARE program, including addressing all the suggestions below. However, given the current reality in the Philippines, for GC7, this assessment recommends support in the following areas: <ul style="list-style-type: none"> ○ The Global Fund should fund the development of mental health training and resilience resources for CARE partners. ○ The Global Fund should fund capacity building activities on mediation and counseling for CARE partners. ○ The SR on human rights should access Global Fund-provide technical support for more efficient and effective

	<p>communication/awareness raising of the role of CARE Partners among CBOs engaged in key populations and HIV programming, as well as health care clinics.</p> <ul style="list-style-type: none"> ○ The SR on human rights should tap existing legal aid network/s as partners of CARE partners to expand reach of their services and address possible sustainability issues. ○ The SR on human rights should work towards sustainability and increased capacity of CARE partners, for example, by considering opportunities for partnership and coordination with government entities, NGOs and community-led organizations in the following regions: NCR, Pampanga, Davao, Northern Mindanao, Iloilo, Cebu (as locations indicating high case volumes). The Global Fund should provide financial support as a means of catalyzing sustainability activities. ○ The Global Fund should provide financial support to CARE partners who work over 20 hours per week. In high volume regions, fund full-time CARE partners. ● The Global Fund should provide financial resources to the SR on human rights to support enhanced communication and coordination across legal aid/redress service providers, including programs supported by ACHIEVE, TLY, TLF Share, StreetLaw, along with government legal aid programs, such as the Commission on Human Rights. ● The Global Fund should provide financial resources to the SR on human rights for a client support fund for emergency assistance to CARE program clients for life necessities and ensure linkage and referral to essential social and economic support services. ● The Global Fund should scale up support and facilitate access to technical assistance, if requested, for integration of on-site legal services for drop-in centers for people who use drugs and other key populations (e.g., StreetLaw working with IDU Care, attorneys working with TLY, etc.).
<p>Ensure rights-based law enforcement practices</p>	<ul style="list-style-type: none"> ● As working with law enforcement requires increased government ownership and support, the SR for human rights should conduct a review of lessons learned from working with law enforcement in other countries to feed into a broader consultation on working with law enforcement in the Philippines (see recommendation below). The budget line for this activity should come from the Global Fund. ● PNAC should hold a discussion with technical partners – including UNAIDS, UNODC, WHO, OHCHR, funders, community

	<p>organizations, implementers and representatives from public safety agencies – on strategies to engage with law enforcement to encourage rights-based practices. Based on the results of the consultation, assess how engagement with law enforcement can move forward in a constructive manner.</p>
<p>Monitoring and reforming laws and policies related to HIV</p>	<ul style="list-style-type: none"> • The Global Fund should fund a focal person in PNAC focused on human rights – their mandate should include overseeing implementation of the PNAC Roadmap, the Global Partnership, and oversight of and reporting on RA 11166 implementation, including alignment of provincial and municipal/city HIV ordinances with 11166. This focal point would support the PNAC sub-committee on Human Rights. (same recommendation as in the program area on “Eliminating Stigma and Discrimination in all Settings” and the section on “Enabling Environments”) • The Global Fund should continue to provide financial support for “popularization”/dissemination of RA 11166 by the SR on human rights and community-based organizations, particularly among duty bearers, including barangay officials, health care workers, employers, as well as among rights-holders, such as people living with and affected by HIV. • To support advocacy on a comprehensive national SOGIE anti-discrimination law, the Global Fund should fund a consultation to improve coordination of the groups involved and sharpen strategies. • The SR on human rights should identify 1-2 LGUs and/or barangays with rights-based SOGIE ordinances to monitor and evaluate ordinance implementation, including direct or indirect impact on access to HIV services/program outcomes. The Global Fund should provide financial support for this activity. • The Global Fund should provide financial support to the SR on human rights and community-led organizations, such as organizations of people who use drugs, MSM and TG organizations, to continue advocacy with barangays and LGUs to pass and implement local ordinances to protect rights of people living with HIV and key populations, e.g., ordinances on SOGIE, PWUDs. Fund an additional human resource support at the SR on human rights, if needed, to support this work. (same recommendation as the section on community mobilization and human rights advocacy) • If an advocacy organization can conduct this work safely, the Global Fund should finance advocacy against the legislation that would require “anti-drug-abuse councils” in every jurisdiction as

	<p>well as community-led monitoring of the harmful impact of ADAC on people who use drugs. The Global Fund should also use its own advocacy voice against ADAC.</p>
<p>Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity</p>	<ul style="list-style-type: none"> • The Global Fund should continue to provide financial support for the inclusion and roll-out of the Trans Health Package in UHC, including meaningful participation of TG-led groups in roll-out and implementation under the HIV programming. Support DOH during the UHC integration process to develop gender analysis and training tools for managers and providers to collect and use gender data to promote and evaluate gender-responsive policies, programs and plans. • The SR on human rights should increase technical support to community-led organizations addressing issues of gender discrimination, harmful gender norms and GBV for the LGBTQI+ community. • The Global Fund should continue to provide financial support and technical assistance, where necessary, to IDU Care and other community-led and -based organizations to build the capacity of programs promoting access to justice for women who use drugs. Community-led organizations, like IDU Care and Streetlaw, should coordinate efforts with existing programs such as the peer paralegal trainings for women deprived of liberty, with a focus on consistent programming, documentation and M&E for activities in Cebu City and Metro Manila/NCR. • PRs and SRs should support programming designed to be gender-transformative, where possible – the Global Fund should provide technical assistance where requested. • The HIV PR and SR on human rights should review and advocate for an update the Sanitation Code of the Philippines and its impact on women working in registered entertainment establishments to remove coercive testing measures. The Global Fund should either fund this review or work with other funders to finance this type of work. • The HIV PR and SR on human rights should ensure that sex workers and key populations engaged in transactional sex can access HIV prevention and treatment services, as well as access to justice, CLM initiatives and other activities to reduce rights-related barriers to services. • The PCCM, as well as the HIV PR and SR for human rights, should support DoH during the UHC integration process to develop and mainstream gender analysis and training tools for managers and providers to collect and use gender data to promote and

	<p>evaluate gender-responsive policies, programs and plans. This requires provision of technical support from the implementers (HIV PR and SR on human rights) and financial support from the Global Fund.</p>
<p>Community mobilization and human rights advocacy</p>	<ul style="list-style-type: none"> • The Global Fund should provide financial support to the SR on human rights and community-led organizations, such as organizations of people who use drugs, MSM and TG organizations, to continue advocacy with barangays and LGUs to pass and implement local ordinances to protect rights of people living with HIV and key populations, e.g., ordinances on SOGIE, PWUDs. Fund an additional human resource support at the SR on human rights, if needed, to support this work. (same recommendation as the section on improving laws, policies and practices) (PE) • Donors should continue financial support to Pinoy Plus PLHIV Response Center to allow for 1) an additional administrator and/or operator for evening shifts and 2) extended hours, as necessary, to respond to client calls. (PE) • The Global Fund should coordinate with UNAIDS' CLM system, exploring how CLM data can inform responses to health care, stigma and discrimination, as well as HIV-related laws and policies. This is especially relevant in light of the modules on stigma and discrimination, service delivery and HIV-related policies. (same recommendation as in the section on legal literacy)
<p>TB Program Areas</p>	
<p>Eliminate stigma and discrimination in all settings</p>	<ul style="list-style-type: none"> • As the CRG NAP ends in 2023, the Global Fund should fund the update of the CRG NAP that is tailored to DoH's UHC integration. Provide financial support and access to technical assistance to support this process, if requested. • The PR for TB should tailor the "Fit for Work" trainings for media and jail officers more to the specifics of the jobs/sectors; make adjustments to all the "Fit for Work" trainings based on feedback from the pilots. (same recommendation as "Addressing the needs of people in prisons and other closed settings (TB only)") • Based on the results of the initial roll out of the "Fit for Work" and "TB in the Workplace" trainings, the Global Fund should provide financial support for scale-up based on epidemiological information and community need. • The Global Fund should continue to provide financial support to

	public education and awareness campaigns to reduce TB-related stigma.
Ensuring non-discriminatory treatment in health care settings	<ul style="list-style-type: none"> • The Global Fund should continue to provide financial support to PBSP to roll out its modules on human rights and medical ethics for TB community health workers. Based on reception and impact, PBSP, with financial support from the Global Fund, should scale up based on epidemiological information and community need. If possible, integrate trainings where opportunities exist – for example, in trainings from DoH or any HIV/TB co-infection trainings. • The Global Fund should continue to support human rights and medical ethics trainings for TB service providers that are tailored to DoH’s UHC integration. Provide financial support and access to technical assistance to support this process, if requested.
Legal literacy	<ul style="list-style-type: none"> • The Global Fund should provide financial support for the integration of legal literacy trainings into ongoing activities such as the CLM and HIV legal literacy trainings.
Improving access to justice	<ul style="list-style-type: none"> • The Global Fund should continue to provide financial support for the roll-out of the ACHIEVE redress mechanism pilots and capacity to conduct monitoring and evaluation of the results. • In GC7, the PR for TB should consider extending CLM activities to include trainings of peer educators and case managers on legal literacy and access to justice issues for TB-related rights to promote accountability for rights violations and improvements in service quality. The Global Fund should provide financial support for such expansion and integration of activities.
Ensure people-centered and rights-based law enforcement practices	<ul style="list-style-type: none"> • In evaluating the best way forward in working with law enforcement on HIV-related issues, the PR for TB should work with the HIV PR and SR on human rights to explore opportunities to integrate TB-related concerns into activities for law enforcement
Monitoring and reforming laws and policies related to TB	<ul style="list-style-type: none"> • The Global Fund should provide financial support for civil society organizations, implementers and community stakeholders to advocate to amend the TB law.
Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> • The Global Fund should support DoH, in conjunction with PBSP, to include the Gender Analysis Job Aid and gender data collection tools as part of the DoH’s UHC integration process to inform development of gender responsive plans and policies.

<p>Supporting community mobilization and engagement</p>	<ul style="list-style-type: none"> • The Global Fund should provide financial support to TB facilities to establish and/or continue PSGs, particularly for MDR-TB. The PSGs should have an M&E system that tracks impact on access and retention in services. • The Global Fund should fund the development and implementation of monitoring and evaluation systems, including CLM, for PASTB work that not only looks at strengthening organizational capacity, but also direct or indirect impact of access to TB services. • The Global Fund should fund stipends to TB Champions and advocate for stipends to the facility-based TB support groups.
<p>Addressing the needs of people in prisons and other closed settings (TB only)</p>	<ul style="list-style-type: none"> • The PR for TB should tailor the “Fit for Work” trainings for media and jail officers more to the specifics of the jobs/sectors; make adjustments to all the “Fit for Work” trainings based on feedback from the pilots. (same recommendation in the section on “Eliminating stigma and discrimination”) • Based on results of the initial trainings, the Global Fund should continue to provide financial support to trainings within jails and other closed settings on removing rights-related barriers to access TB services. • The TB PR should explore opportunities to integrate trainings and provision of information for jail officers and staff in closed settings during the visits for routine TB services in prisons. Implementers could also integrate TB-related legal literacy into jail visits and/or any provision of TB 101 information.

Annex 4: Key Informants, Site Visits, Beneficiary Interviews and Validation Meeting Participants

Key Informants

	Organization	Names, Titles
1.	ACHIEVE	Mara Quesada, Executive Director
		Ruthy Libatique, Consultant
2.	AH Lacson Health Center	Ma. Julieta Recidoro, MD/Chief, Office of TB Control and Prevention
		Elly Rose Amurao/PBSP Coordinator
		Lena Mempin, MD/Physician-in-Charge
3.	City Health Office, Social Hygiene Clinic, Cebu City	Chona Loma, Physician
4.	Culion Foundation	Eugene Caccam, Executive Director
		John Jefferson Bera, Project Lead – TB in the Workplace
5.	CURLS	Magdalena Robinson, Executive Director
		Ramil Salutan, CURLS staff
		Alex Debalos, Peer Navigator
6.	Department of Health	Beverly Ho, Assistant Secretary of Health
		Anthony Cu, Disease Prevention
		Gerard Bellimac, Infectious Disease and Adult Health Division
		Ronald Quintana, Partner and Data Management Division
7.	Eversley Childs Sanitarium	Anna Leah Tago, Staff Nurse
		Leo Castro Jr., Staff Nurse
		Alimar I. Nassaie, PMDT Physician
8.	IDU Care	Johann P. Nadela, Executive Director
9.	Lily by Love Yourself/DIOSSA	Tanya Laguing, Clinic Manager
		Julius Juan, Communications Center Officer
		John Carlo D. Alquizalas, PrEP Officer
		John Carlo Navarrez, TLY staff
		Herley Gallardo, TG Facilitator/Volunteer
10.	Philippines Business for Social Progress (PBSP)	Arnyl G. Araneta, Program Director, ACCESS TB Project
		Lea Ann Heather Llacuna Magana, Senior Program Officer, ACCESS TB - C19RM Community Rights and Gender Component
		Eric Camacho, CRG consultant

	Organization	Names, Titles
11.	Philippines National AIDS Council (PNAC)	Ma Luisa Orezca, Executive Director
12.	Pilippinas Shell Foundation, Inc (PSFI)	Loyd Norella, HIV Program Manager
13.	Pinoy Plus	Ranier Naldoza, President
14.	Positbong Pasigueno	Jaime Mikhail Mata, Chairperson
15.	StreetLaw	Cathy Alvarez, Executive Director
16.	Sustained Health Initiatives of the Philippines (SHIP)	Kate Leyritana, MD
17.	The Love Yourself, Anglo	John Darwin B. Ruanto, Senior Program Manager
		Jose Mari Mayes, Program Manager
		Rafis Mandoza, TLY staff
		Ferdinand Alipon, TLY staff
		Mary Joy Tisang, TLY staff
		Joss R. Rella Jr, TLY staff
		Raymond Marrahan, TLY staff
		Basha Cancillar, Case Manager
Jon Derrick B. Ponzon, Case Manager		
18.	The Love Yourself, White House	Mitch Anthony Paca, Clinic Manager
19.	TLF Share	Noemi D. Bayoneta-Leis, Program Manager, PSFI PROTECTS Project 2021-2023
		Ross Mayor, M&E Officer
		Marcy Oculito, TLF Share staff
		Wesley P. Villanueva, CARE Partner
		Cecile A. Villarente, CARE Program Coordinator
		Rommero Cecesstar, CARE Partner
20.	USAID	Tito Rodriguez, Project Management Specialist (Infectious Disease Team Lead)
		Mikael N. Navarro, Project Management Specialist, Acting HIV Team Lead
		Ernesto Bontuyan, MD, Project Management Specialist
21.	UNAIDS	Louie Ocampo, UNAIDS Country Director, Philippines
22.	Vicente Sotto Memorial Medical Center	Ron Meltzer Paghasian, Clinic Nurse, PBSP
		Jenny Tura, Organic Nurse, VSMMC
		Clarissa Mae Derecho, PMDT Head Physician
23.	WHO Philippines	Mark Angelo C. Amoroso, Technical Specialist for HIV, Viral Hepatitis, & STIs / UHC
		Nympha Elisa M. Sia, Laboratory Specialist for HIV, Hepatitis, & STIs / UHC
		Graham Harrison, Director, WHO Philippines Country Office

Beneficiary Interviews: 25 beneficiary interviews on legal literacy and CARE program, with 10 beneficiary interviews with TB patients in two regions: Region 7 and the National Capital Region

Participants in stakeholder validation meetings (HIV and TB) – 1 & 3 March 2023

HIV

- Ross Mayor, TLF Share
- Raymond Manahan, TLY
- Johann Nadela, IDUCare
- Noemi Leis, TLF Share
- Khen Tamdang, CARE Partner
- Cecile Villarente, CARE Program Coordinator
- Tanya Laguings, DIOSSA/TLY
- Mark Angelo Amoroso, WHO
- Sonny Pacaña, CARE Partner
- Ma. Clarisse Dapol
- Marcy Oculito, TLF Share
- PNAC Secretariat PPDD/PCCM
- Wesley Villanueva, CARE Partner
- Mara Quesada, ACHIEVE
- Jhey Dee, TLY
- Reden Rax, MSM Focal Point, TLF Share
- Loyd Norella, PSFI
- Ryan Jay Salvador, DOH
- Romulo Gojar, CARE Partner
- Mary Joy Morin, DOH
- Jamaica Bazar, CARE Partner
- Richard Laroya, PNAC
- JM Maynes, TLY
- Mike Anthony Paca, TLY

TB

- Maricar Arroyo, PBSP
- Arnyl Araneta, PBSP
- Emilia Aquino, PCCM Secretariat
- Reymund Tatel, PCCM Secretariat
- Ralph Cepeda, Culion Foundation
- Eugene Caccam, Culion Foundation
- Leah Tambot, Samahan Lusog Baga Association Inc.

Annex 5: Documents Reviewed

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7. UNAIDS Asia and the Pacific. (2021). *Overview: HIV and drug use in Asia and the Pacific [Presentation]*
8. Southeast Asia Stigma Reduction QI Learning Network. (2020). *Summary of the 8th Multi-Country Network Meeting [Presentation]*
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15. Philippine National AIDS Council. (2022). *7th AMTP 2023-2028. Philippines: Fast Tracking Towards 2030*
16. PROTECTS Global Fund HIV Grant 2021- 2023 Philippines. (2022). *Project Briefer and Updates [Presentation]*
17. PROTECTS Global Fund HIV Grant 2021- 2023 Philippines. *PR-SR Implementation Arrangements Map Narrative*
18. Pilipinas Shell Foundation, Inc. (PSFI). *Progress Updates HIV [Presentation]*
19. Hapitan, I., Macaraig, J., Reyes, J., Leyritana, K. (2021). *Decreasing Stigma & Discrimination in Community-Based HIV Facilities using Quality Improvement Measures*

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21. PSFI. *Transgender Health Package: Policy Brief*
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24. World Health Organization. (2021). *Technical Assistance to reverse the trend of HIV epidemic in the Philippines*
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28. Human Rights Progress Assessments. (2022). *Philippines Documents List*
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30. National Tuberculosis Program. (2021). *Community Engagement, Human Rights, and Gender National Action Plan*
31. APCASO Foundation. *Scaling up Human Rights Advocacy and Accountability among People with and Affected by Tuberculosis in Asia-Pacific*
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33. ACHIEVE. *CallKaLungs: TB Community Hotline Protocols*
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