



PHILIPPINES
Mid-term Assessment
Global Fund Breaking Down Barriers Initiative

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DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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The Philippines mid-term assessment began in November 2019 and was completed in August 2020. The research and writing of this evaluation report were led by Megan McLemore, Nina Sun and Julie Mabilat, with input from Carmina Aquino and Louis McCallum as a part of a contract with the Global Fund to the Dornsife School of Public Health, Drexel University. The national consultant that led the regional key informant interviews was the Center for Health Solutions and Innovations (CHSI). The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and the many others who provided reports, insight and myriad contributions, and who demonstrated their dedication – despite the challenges of the global COVID-19 pandemic – to their programs and beneficiaries.

Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. The Philippines is a program assessment.

Mid-term Assessment Type	Countries
Rapid	<ul style="list-style-type: none">• Benin• Democratic Republic of Congo (rapid +)• Honduras• Kenya• Senegal• Sierra Leone• Tunisia• Uganda (rapid +)
Program	<ul style="list-style-type: none">• Botswana• Cameroon• Cote d'Ivoire• Indonesia• Jamaica• Kyrgyzstan• Mozambique• Nepal• Philippines
In-depth	<ul style="list-style-type: none">• Ghana• South Africa• Ukraine

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Summary of the Philippines Mid-Term Assessment

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in the Philippines. It seeks to: (a) assess the Philippines's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

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 services^a 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.^b This will in turn accelerate country progress towards 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.

Methods

To assess progress towards comprehensiveness, quality, and impact of *Breaking Down Barriers* initiative to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in the Philippines was a program assessment. It was conducted primarily between November 2019 and March 2020.

Progress towards Comprehensive Programs

^a 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 socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

^b **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a supportive environment to address human rights-related barriers

At mid-term, the Philippines has achieved almost all milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services, with the exception of the development of the comprehensive plan for programs to reduce human rights-related barriers to access (see Table 1). While the achievement of the milestones contributed towards the development of a "culture of human rights" to remove critical barriers to access HIV and TB services, resistance of the Philippines government towards human rights work, especially in a conservative political context and the country's harsh "war on drugs," makes it a challenging environment in which to support program to remove human rights-related barriers to HIV and TB services. However, the Philippines National AIDS Council's (PNAC) revised mandate under the new national HIV Law, as well as PNAC's new commitment to developing a Comprehensive Action Plan to Address Barriers in Accessing HIV Services, are promising indicators of progress in creating a supportive environment.

Table 1: Key milestones towards comprehensive programs

Milestone	Results	Date
Matching funds	Applied for and received US\$1 million for programs to reduce human rights-related barriers to HIV services, with an additional US\$200,000 in the general allocation	Disbursed September 2018
Baseline assessment	Inception meeting held to introduce the project to national stakeholders	November 2017
	Literature review, key informant interviews and focus groups conducted	Nov 2017 - January 2018
	Report finalized	March 2019
Multi-stakeholder meeting	59 participants from government, civil society, technical partners, development partners, key and vulnerable populations, donors, academic experts and the private sector met to validate findings of baseline assessment	February 2019
Human Rights Sub-Committee	Human Rights Committee, which falls under the Philippines National AIDS Council (PNAC), is tasked with taking forward the development of the Comprehensive Plan (see below)	March 2020
National plan to reduce human rights-related barriers	The PNAC issued a resolution to reflect its approval for the development of a "Comprehensive Action Plan to Address Barriers in Accessing HIV Services" (Comprehensive Plan).	March 2020

Programmatic Scale-up: Achievements and Gaps

Despite a challenging environment for human rights, the Philippines showed marked progress in scaling-up programs to remove human rights-related barriers to HIV and TB services (see Table 2). For HIV, scores for the Philippines varied from sporadic "one-off activities" (0.6) to programming that is "small scale" (1.92). For TB, scores varied from "no programming whatsoever" (0) to "one-off activities" (1.1). Compared to baseline, both HIV and TB overall average scores increased.

With regard to HIV, by mid-term, the Philippines had implemented activities in all key program areas, with improvements in the geographic and key population coverage in six of the seven areas. Since the 2017-2018 baseline, most notably, the number and coverage of legal literacy programs, as well as access to HIV-related legal services, have made significant strides. In 2018 and 2019, legal literacy trainings reached more than 1,000 key population members in diverse locations, including Luzon (including the National Capital Region), Visayas and Mindanao. Though modifications to this program are needed to increase its quality and integration into existing legal services networks, the legal literacy programs have catalyzed community engagement to remove human rights-related barriers to HIV services. There have also been concerted efforts to increase access to HIV-related legal services through the Justice Access and Learning Officers (JALOs). Another key development was the passage of the new national HIV Law and its implementing rules and regulations. The law has strong language on human rights and removes some human rights-related barriers to HIV services, such as lowering the age of consent for HIV testing for adolescents.

Progress for TB programming has been more limited. In general, few programs to reduce human rights-related barriers to TB exist, and those that do continue to operate at small scale. Significant gaps in addressing rights-related barriers for TB vulnerable populations also exist, including prisoners and people in closed settings. However, as the national TB program shifts from a traditional medical model towards an approach based on “patient-centered care,” there are increasing opportunities for implementing elements of rights-based programming, including mobilization of community groups, stigma and discrimination reduction, training of health care workers in human rights and ethics, and addressing gender-based barriers to TB prevention and treatment. Increased investment is also needed to establish coordinated, mutually-reinforcing human rights programming as part of the country’s implementation of TB patient-centered care.

Overall, programs to remove human rights-related barriers tend to be more robust in urban areas, such as Metro Manila and Cebu City. This is complicated by the Philippines’ geography as it is a country of over 7000+ islands spread across 17 provinces, with a decentralized health system. This is a challenge for policy coordination and programmatic implementation and makes support of local capacity and political will for implementing human rights-related programs essential. In addition, while programs to remove human rights-related barriers to HIV were more likely to be gender responsive, addressing the needs of LGBTI populations, these tended to be limited in scope (for instance, within urban settings), and lacked a systematic focus on transgender issues. TB-focused programs are generally weak on the issue of gender responsiveness, though the completion of gender-focused TB assessments are good first steps in addressing this gap. Moreover, the understanding and capacity of implementers to work on programs to remove rights-related barriers for TB services is limited. Thus, for TB, more political will and investment are needed to build capacity and scale-up rights-related services at national and local levels.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

Program areas	HIV		TB	
	Baseline	Mid-Term	Baseline	Mid-Term
Stigma and discrimination reduction	1.2	1.8	1.0	1.1
Training for health care providers on human rights and medical ethics	0.6	0.6	0.7	1.0
Sensitization law-makers and law enforcement agents	0.4	1.2	0	0
Legal literacy (“know your rights”)	0.6	1.9	0	0
Legal services	0.8	1.5	0	0
Monitoring and reforming laws, regulations and policies relating	1.5	1.6	0.3	0.3
Reducing discrimination against women	0	1.2	0	0.7

Ensuring confidentiality and privacy	N/A ^c		0	0
Mobilizing and empowering patient and community groups			2.0	1.0
Programs in prisons and other closed settings			2.0	0
Overall score	0.7	1.4	0.3	0.4

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)
N/A – Not applicable
<i>For detailed scorecard key, see Annex II</i>

Cross-cutting Issues related to Quality Programming and Sustainability

To the extent possible, the mid-term assessment reviewed cross-cutting overall indicators of quality.^d Given the difficult political environment in the Philippines, it is challenging to scale-up programs to remove human rights-related barriers to HIV and TB services in a systematic manner. On a positive note, in the context of HIV, the Philippines has strong examples of good local capacity for human rights programming, albeit at small-scale (for example, ACHIEVE and StreetLaw for legal services). However, there are several key areas of improvement needed to increase the quality of programs to remove rights-related barriers. First, there should be stronger integration among programs as well as improved coordination with health services to remove human rights-related barriers to access. Moreover, increased capacity and systems to monitor and evaluate existing programs are needed to leverage successes and strengthen implementation. Finally, regarding programmatic sustainability, the needs are two-fold. First, it is imperative to continue to *build political will*, especially at the decentralized level with local government units, to strengthen scale up to comprehensive programs. Second, the BDB initiative significantly increased the funds available for programs to remove human rights-related barriers to access. There should also be efforts to *ensure increased funding from a variety of donors* for these programs, particularly since obtaining investments from domestic funds for these activities is not politically feasible.

^c Note that these programs are built into the other HIV program areas.

^d Linking programs to barriers; making programs follow and support national plan and strategy; integrating programs into prevention, treatment, key population programs; combining programs for strategic and enhanced impact; avoiding duplication and gaps; avoiding one-off activities; building capacity and sustainability; using local capacity and building on good existing programs; making programs gender-responsive; addressing safety and security; and building in M&E. Susan Timberlake's Dakar Workshop Presentation (Nov 2019).

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services access in the form of two case studies. First, advocacy related to the passage of the new HIV law provided a legal and accountability framework for government's HIV response and removed significant human rights-related barriers for key populations. In addition, the legal literacy trainings catalyzed advocacy initiatives by key populations to strengthen enforcement of local anti-discrimination protection and to build capacity for legal services networks.

Collaborative Civil Society Advocacy on a Rights-based HIV Law for the Philippines

Passing a human rights-based law and implementing rules and regulations that guides the national HIV response is an immense achievement, and one that was nine years in the making. Supported by the work of ACHIEVE and working closely with the Department of Health and the Philippines National AIDS Council (PNAC), the Network to Stop AIDS Philippines - a coalition of more than 27 civil society organizations - helped craft a comprehensive bill that not only provides a legal and accountability framework for the government's HIV response but removed serious human rights-related barriers for key populations such as lowering the age of consent for HIV testing to age 15. The Law's public health approach to drug use also provides opportunities for dialogue with local government units and law enforcement for the potential of harm reduction responses.

Utilizing protections afforded by the HIV Law, civil society groups have already challenged discriminatory laws and policies. For example, TLF Share challenged the policies of the Insurance Commission that required people living with HIV to demonstrate low viral load and meet other health criteria in order to qualify for coverage under the national health insurance program. Joined by the Commission on Human Rights and the Department of Justice, TLF Share successfully convinced the Insurance Commission to withdraw these barriers that were impermissible under the HIV law.

Legal Literacy Training Catalyzes Provincial Network on HIV Prevention and Safe Open Spaces Initiative

The very act of bringing together leaders of key populations for legal literacy training is one of the successes of the *Breaking Down Barriers* initiative in the Philippines. After one of the legal literacy trainings in Batangas Province, participants (many of which did not know each other) decided to establish a new network to coordinate activities related to stigma and discrimination against LGBTI and PLHIV individuals. With an emphasis on building capacity for legal services and referral networks, the network achieved a commitment from the official charged with implementing the local anti-discrimination ordinances to address the backlog of complaints alleging LGBTI and PLHIV discrimination.

In Cebu City, the legal literacy trainings generated the formation of the Safe Open Space (SOS) initiative, a coalition seeking to unite local advocates focused on issues of LGBTI rights and gender identity, people living with HIV, and people who use drugs to carry forward the human rights messages learned in the training sessions and to ensure their implementation. Citing the legal literacy trainings as the "catalyst" for creation of SOS, the group noted that "After our training, the community immediately started to notice that we changed, and we are living by the things we learned." Using a condensed version of the legal literacy training, SOS will develop and share group learning sessions on human rights, with an aim

toward eliminating stigma and discrimination and promoting harm reduction and mental health services for key populations.

Conclusion

As the Philippines works towards removing human rights-related barriers to HIV and TB services, the mid-term assessment identified promising developments that reflect programmatic scale-up and impacts from this scale-up. Critically, the rights-based 2018 HIV Law and its Implementing Rules and Regulations form a core structural framework that contributes towards creating an environment in which those vulnerable to HIV and TB can better overcome discrimination, stigma and illegal policing activity so as to be able to take up HIV and TB services. However, while programs to remove these human rights-related barriers and capacity exist in the country, they are still operating at small-scale. It is critical to amplify existing capacity in the country to scale-up these programs. In addition, building more political will to support these programs is necessary, particularly at the local levels. Finally, ensuring a strong and varied stream of funding for programs to remove human rights-related barriers is essential. Without external investment in these activities, the Philippines will make limited progress towards addressing human rights-related barriers that undermine the HIV and TB responses.

Impact of COVID-19

In mid-March 2020, the Philippines instituted an Enhanced Community Quarantine order for the island of Luzon (Metro Manila) in response to the Covid-19 epidemic. These quarantines have been expanded to other areas of the country. The Department of Health's HIV and TB responses have prioritized ensuring access to treatment during the quarantine, with restrictions eased on medication access and delivery points. Patients are also provided with 30-day supply of medications. At the acute stage of the crisis in March, Global Fund-supported programs to remove human rights-related barriers had been paused, and some funds from the Global Fund grant, such as the legal services enabling fund, have been reprogrammed toward ensuring continuity of ARV treatment.

The impact of COVID-19 on people in prisons, jails and other closed settings is of enormous concern, particularly in the Philippines where the "war on drugs" has resulted in severely overcrowded incarceration conditions. As of March 2020, visits have been restricted in Metro Manila jails, and efforts are underway to ensure continuity of medications. But despite documented outbreaks of the virus among prisoners and staff, release of prisoners or pre-trial detainees to relieve overcrowding and reduce transmission has been deferred by the Philippine High Court. Increased and sustained attention to building rights-centered programs for health generally (including the COVID-19 response) in prisons and other closed settings, as well as ensuring access to HIV and TB prevention, treatment and care services, are thus even more critical priorities.

Key Recommendations (see Report Annex for the full set of recommendations)

Creating a Supportive Environment

- Support key stakeholders to develop, adopt and implement the Comprehensive Action Plan to Address Barriers in Accessing HIV Services - ensure that existing and planned programs to remove human rights-related barriers to services are captured in the Comprehensive Action Plan, and are scaled-up in a coordinated, strategic manner.

<ul style="list-style-type: none"> • Ensure that the PNAC's sub-committee on Human Rights meets regularly to both develop, implement and oversee the Comprehensive Action Plan.
Programmatic Scale-up
<ul style="list-style-type: none"> • Support the implementation of the new HIV Law and its implementing rules and regulations, especially at the sub-national level, with the local government units. • Increase technical and financial assistance to support capacity strengthening and scale-up of programs to remove human rights-related barriers to TB services to ensure that these programs are implemented as part of the country's model of patient-centered care.
Programmatic Quality
<ul style="list-style-type: none"> • Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim towards encouraging other funders to explicitly devote support to these interventions. This includes promoting wider knowledge of and engagement on the Comprehensive Action Plan (once adopted) among government agencies/ministries, donors, and civil society. • In the scale-up towards comprehensive programs, ensure integration among programs and improve coordination with health services to remove human rights-related barriers. • Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* initiative to help 20 countries, including the Philippines, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in the Philippines from November 2019 to March 2020 to: (a) assess the Philippines's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative's 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 services^e 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 towards 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.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria service”,¹ and Global Fund Key Performance Indicator 9 that measures, “*the extent to which comprehensive programs are established to reduce human rights barriers to access with a focus on 15-20 priority countries.*”

“Comprehensive” programs are programs 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).²

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services³

For HIV and TB:

- Stigma and discrimination reduction
- Training for health care providers on human rights and medical ethics
- Sensitization of lawmakers and law enforcement agents
- Legal literacy (“know your rights”)
- Legal services
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases; and

^e 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 socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.⁴

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings; and
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In November 2019, the Global Fund supported a mid-term assessment examining the Philippines's progress towards supporting comprehensive programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches involve a desk review of relevant documents. The rapid assessments include a small number of remote key informant interviews. The program and in-depth assessments involve country visits to meet with key informants and conduct site visits where feasible due to the COVID-19 pandemic. The data were analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Philippines mid-term program assessment was conducted between November 2019 and June 2020, with the majority of the data collection between November 2019 and March 2020 (Table 1). The evaluation was significantly impacted by the COVID-19 pandemic resulting in national-level in-person interviews being converted to remote interviews. More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, is provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. However, almost certainly, the inability to conduct the evaluation in-person due to COVID-19, and the limitations in terms of resources (human, time and financial), conspire to ask that these findings and recommendations be understood as being the best measurement possible for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. The inability to conduct the country visit would have been of particular importance in the Philippines, where the health system is largely decentralized and health responses vary significantly according to local

government units. Nonetheless, working with local consultants, the research team overcame some of these limitations and believes that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to ensure a robust, comprehensive and effective response to the HIV and TB epidemic in the country.

Table 1: Philippines Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Nina Sun, Julie Mabilat	November 2019
Key informant interviews conducted remotely with 23 stakeholders	Megan McLemore, Nina Sun, Carmina Aquino, Lou McCallum	December 2019 – March 2020
27 regional key informant interviews conducted in Manila, Cebu and Zamboanga.	Center for Health Solutions and Innovations	February – March 2020
Presentation of key report findings to Global Fund stakeholders	Megan McLemore, Nina Sun	June 2020

Part I. Background and Country Context

Epidemiologic Context

While the Philippines has a low overall HIV prevalence rate (0.1%), there has been a sharp increase in the number of new HIV infections (from 1,600 in 2007 to 13,000 in 2018).⁵ Key populations in the Philippines epidemic are: men who have sex with men (4.9%), transgender (1.7%) people who inject drugs (29%) and sex workers (0.6%).⁶ Young key populations – individuals aged 15-24 years – account for the majority of new cases (over 60%).⁷

Sexual contact remains the predominant mode of transmission (98%). In 2007, sexual contact among men who have sex with men became the predominant mode of transmission and has remained as such to the present - from January 2014 to January 2019, 83% of the total diagnosed cases were among men who have sex with men.⁸

HIV is not evenly distributed geographically across the country: 32% of people living with HIV were diagnosed in the National Capital Region, and almost all (99%) reported cases among people who inject drugs were in the Central Visayas region.⁹

The Philippines ranks as one of the highest TB burden countries in the world with an estimated TB incidence of 591 per 100,000 population in 2018.¹⁰ In addition, in the same year, TB accounted for the deaths of 26,000 people. Treatment coverage for TB (number notified/estimated incidence) is 63%. Globally, the Philippines accounts for 8% of the total estimated global gap between TB incidence and notifications.¹¹ The Philippines is also one of the 30 high MDR-TB burden countries with MDR-TB accounting for 1.7% of new TB cases and 16% of previously treated cases. In 2019, it was estimated there were 18,000 new cases of MDR-TB. While TB affects all ages and genders, the group most heavily impacted is men.¹² Key and vulnerable populations for TB include prisoners, migrants, refugees, indigenous populations people living in poverty and people living with HIV.

Legal and Policy Context

Regarding the HIV-related legal and policy framework, the Philippines approved a new national HIV Law in July 2018.¹³ The law has a strong foundation in human rights. In terms of HIV-related policies, the response is guided by the Philippines Health Sector Plan (HSP) for HIV and STIs (2015-2020). As part of its guiding principles and core values, this HSP lists protection and promotion of human rights and gender equality, non-stigmatizing attitude of health care providers, and meaningful involvement of key populations.¹⁴ The Philippines HSP for 2020-2022 reflects the passage of the new HIV law's emphasis on protection of human rights as integral to the national HIV response.¹⁵ Specific activities are outlined for reducing barriers to HIV services including expansion of legal literacy and sensitization programs, scale-up of access to legal services, and implementation of the Community-Based Monitoring and Response software program.¹⁶

The national response to TB in the Philippines is guided by the Comprehensive Tuberculosis Elimination Plan Act and the Philippine Strategic TB Elimination Plan: Phase I (PhilSTEP1). Though originally PhilSTEP1 covered the period of 2017-2022, it has been extended – through a mid-term update – to 2023.¹⁷ PhilSTEP1 outlines goals for the TB response as follows: decreasing the number of TB deaths, decreasing the TB incidence rate, reducing catastrophic costs and ensuring patient satisfaction (at least 90%).¹⁸ The Plan does not explicitly take a rights-based approach to TB, but does aim to scale up TB service utilization through TB patients and community empowering, as well as focusing on “patient-

centered care, a model described in the Plan as one that recognizes and respects patient rights and values.”¹⁹

Other Key Considerations for the HIV and TB Responses

While national level laws and policies are important in the HIV and TB responses, the Philippines’ geography of over 7000+ islands spread across 17 provinces and decentralized health system make coverage a challenge for policy coordination and programmatic implementation. The decentralized health system means that the local government units are responsible for the planning, coordination and delivery of health services.

Since 2016, under President Rodrigo Duterte, the Philippines has implemented a repressive national drug policy that both undermines the HIV and TB responses and violates human rights.²⁰ Under this “War on Drugs,” people who use drugs have experienced arbitrary arrest, violence and extrajudicial killings.²¹ The administration cites the Dangerous Drugs Act 2002 as the legal basis of its drug policy. Regarding the HIV response, this repressive drug policy has effectively terminated all harm reduction services, and severely limited outreach to communities of people who use drugs for prevention, treatment and care.²² It has also resulted in overcrowded prisons, thereby increasing the need for HIV and TB services within closed settings. The baseline assessment outlined significant health service and treatment access issues for people with HIV and TB in closed settings.

Given the geographic and political complexities within the Philippines, it is a challenging environment in which to work towards removing human rights-related barriers to HIV and TB services. This has been further complicated by the COVID-19 pandemic.

COVID-19

The Philippines mid-term assessment was finishing data collection when the global pandemic occurred. Thus, the assessment only captured aspects of the initial impact in the Philippines (see Part III for more information).

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations

At mid-term, the almost all milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services, with the exception of the development of the comprehensive plan for programs to reduce human rights-related barriers to access, have been achieved (see table 2). While the achievement of the milestones contributed towards the development of a supportive environment to remove critical human rights-related barriers to HIV and TB services, the orientation of the Philippines government, especially in a conservative political context and the country's "war on drugs," makes it a challenging environment in which to programs to remove such barriers. However, the Philippines National AIDS Council's (PNAC) revised mandate under the new national HIV Law, as well as PNAC's new commitment to developing a Comprehensive Action Plan to Address Barriers in Accessing HIV Services, are promising indicators of progress in creating a supportive environment.

Table 2 – Key milestones towards comprehensive programs

Milestone	Results	Date
Matching funds	Applied for and received US\$1 million for programs to reduce human rights-related barriers to HIV services, with an additional US\$200,000 in the general allocation	Disbursed September 2018
Baseline assessment	Inception meeting held to introduce the project to national stakeholders	November 2017
	Literature review, key informant interviews and focus groups conducted	Nov 2017 - January 2018
	Report finalized	March 2019
Multi-stakeholder meeting	59 participants from government, civil society, technical partners, development partners, key and vulnerable populations, donors, academic experts and the private sector met to validate findings of baseline assessment	February 2019
Human Rights Sub-Committee	Human Rights Committee, which falls under the Philippines National AIDS Council (PNAC), is tasked with taking forward the development of the Comprehensive Plan (see below)	March 2020

National plan to reduce human rights-related barriers	The PNAC issued a resolution to reflect its approval for the development of a “Comprehensive Action Plan to Address Barriers in Accessing HIV Services” (Comprehensive Plan). ²³	March 2020
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Baseline Assessment (2017-2018)

In 2017-2018, a baseline assessment was conducted to identify the key human rights-related barriers to HIV and TB services in the Philippines; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. In alignment with country requests, the assessment looked more broadly at programs addressing general barriers to HIV and TB services, with a focus on examining health services at an operational level. The assessment began with an inception meeting of various country stakeholders to outline the purpose and processes of the project. The assessment involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations, and financial data collection via interviews, surveys and secondary data analysis. Preliminary findings, as well as priority recommendations from the baseline assessment, were integrated into the Philippines’ matching fund application for programs to remove human rights-related barriers. The final findings and recommendations were also discussed and approved by the Philippines Country Coordinating Mechanism (PCCM).

Matching Funds (2018)

The Philippines submitted a matching fund application of US\$1 million for programs to remove human rights-related barriers to HIV services, which was approved in May 2018, with the funding disbursed in September 2018.^f The matching fund application primarily focused on legal literacy and reduction of stigma and discrimination, with a smaller focus on legal services. There were also programs to remove human rights-related barriers within the general allocation of the Global Fund grant. In total, US\$1.2 million were allocated specifically for programs to reduce human rights-related barriers to access HIV services.

Global Fund technical assistance, via Bai Bagasao, a local expert on HIV, was mobilized to support the development of the matching fund application, as well as the organization of the multi-stakeholder meeting. This assistance was critical to ensuring a technically strong application that also had the support of key national-level stakeholders.

Multi-Stakeholder Meeting (2019)

After the baseline assessment was completed, the PCCM, Philippine National AIDS Council (PNAC), UNAIDS, the Global Fund, and WHO co-convened a multi-stakeholder meeting in February 2019. Participants included country stakeholders, technical partners and other donors who came together to discuss the report’s findings. While the workshop validated the findings of the baseline assessment, there was a notable absence of major stakeholders – mainly, the PNAC and the Department of Health’s National TB program. The National TB Program did, however, have a separate meeting with regional Department of Health stakeholders – the results of which were discussed at the multi-stakeholder meeting. At the meeting’s conclusion, participants agreed to organize a technical working group to develop an action plan for a comprehensive response.

^f Note that the 2020-2022 Global Fund funding application was developed during this assessment.

National Plan (2020)

In March 2020, the PNAC issued a resolution calling for the development of a “Comprehensive Action Plan to Address Barriers in Accessing HIV Services” (Comprehensive Plan), to be led by the PNAC sub-committee on Human Rights.²⁴

Recommendations

- Support key stakeholders to develop, adopt and implement the Comprehensive Action Plan.
- Ensure that the PNAC’s sub-committee on Human Rights meets regularly to both develop and implement the Comprehensive Action Plan to Address Barriers in Accessing HIV Services.

Scale-Up of Programs: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary Report above (see also Annex II for a full explanation of the methodology used for the scorecard calculations).

Programs to Remove Human Rights-related Barriers to HIV

In the Philippines, programs exist in all seven key program areas to remove human rights-related barriers to HIV services. Some areas have shown marked scale-up in activities since the baseline assessment, most notably legal literacy and legal reform. While there is still much work needed before the country reaches comprehensive programs, there are indications of a solid foundation on which to build future programs to remove human rights-related barriers, such as a strong policy framework and good practices relating to reducing stigma and discrimination and provision of legal services.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	1.2	1.78

While there are several good examples of programs to address HIV-specific stigma and discrimination (see table 3), overall, such interventions remain small-scale and *ad hoc*, with a slight improvement since baseline. Regarding positive trends, the government’s acknowledgement of the importance of addressing HIV-specific stigma is critical to supporting more activities to address this barrier. The draft Health Sector Plan (HSP) 2020-2022 references the findings of the baseline assessment and the HIV Stigma Index, as well as the new HIV law, and prioritizes programs to address stigma and discrimination, including the Community Based Monitoring and Response system (CBMR).²⁵ Based on the identification of these barriers, the HSP commits to improving legal literacy and sexual orientation and gender identity and expression sensitization trainings and improving messages and campaigns related to reducing stigma and discrimination.

Support from the government at both national and local levels, and the inclusion of training requirements for health care providers in the new HIV law also indicates the potential for longer-term sustainability of these programs. The CBMR is also a promising project to address stigma and discrimination. Once launched, it has the potential not only to improve data and documentation of stigma and discrimination against key populations, but to demonstrate, at the client level, the impact of human rights redress mechanisms on reducing barriers to HIV services.

Table 3 – Illustrative Examples of Programs to Remove HIV-related Stigma and Discrimination

Description of Activities	Organizations	Location/Reach
The government, through the national Health Sector Plan, 2015-2020, integrates activities to address HIV-related stigma. Specifically, the Plan supports a national campaign, as well as Local Government Units (LGUs), to implement advocacy on “HIV stigma management.” ²⁶	National HIV Program	National-level
The <i>Zero 2030 campaign</i> on World AIDS Day in December 2019. ²⁷ The campaign explicitly recognizes the need to address HIV-related stigma and discrimination that impacts prevention, treatment and care.	Quezon City Local Government Unit (LGU)	Quezon City/city-level
2019 People Living with HIV Stigma Index Report	Demographic Research and Development Foundation and Pinoy Plus	Metro Manila, National Capital Region; Angeles City, Central Luzon; Cavite, Calabarzon; Iloilo City, Western Visayas; Cebu City, Central Visayas; and Davao City, Davao
Community-Based Monitoring and Response (CBMR) software – utilizing the PLHIV Response Center operated by Pinoy Plus as its base, this is a software program and downloadable application that aims to improve the effectiveness of HIV services in the Philippines. Included in the CBMR are functions that enable documentation related to stigma and discrimination and referrals to support services. The main feature that aims to remove human rights-related barriers is the “Feedback” option, which allows users to raise complaints on behalf of clients. Two of the five categories for feedback are directly related to human rights: violence and abuse, and stigma and discrimination. ²⁸	TLF Share	Still under development – to be tested in Ilo City, with aim for roll-out within Global Fund-support sites
Dear KKD – a series of HIV awareness videos for the LGBTI community. ²⁹ While the videos focuses on the importance of HIV testing, treatment and care, they explicitly address HIV-related stigma and discrimination, as well as the rights of PLHIV under the new HIV law.	TLF Share	Online

However, many significant challenges remain before the country can be said to have a comprehensive response to stigma and discrimination. Most current programming focuses on stigma rather than discrimination, and there are not many programs that address discrimination against key populations that is based on their age, gender, sexual orientation and/or drug use, particularly outside of Metro Manila. Moreover, as with baseline, there is limited programmatic focus on self-stigma or work with progressive religious leaders to address stigma and discrimination. The launch of programs such as the CBMR and establishment of the Justice Access and Learning Officers (JALO) program – see section below on legal services – are steps toward addressing some of these challenges.

Recommendations

- Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the Health Sector Plan, 2020-2022. The Health Sector Plan identifies specific initiatives and organizations implementing the stigma and discrimination reduction strategy and endorses their continuation and expansion; these initiatives should be supported by international sources and public funds.

- Increase funding for programs that focus on redress for discrimination, as the current activities mostly still focus on stigma reduction.
- Increase funding for programs that address discrimination for key populations based not only on HIV status but on age, gender, sexual orientation, engagement in sex work and drug use.
- Ensure that non-discrimination programs such as the CBMR are linked with or integrated into existing programs to reduce human rights-related barriers, particularly the Justice Access and Learning Officer (JALO) project and legal services networks, with a path towards sustainability.

HIV Program Area	Score	
	Baseline	Mid-term
Training of Health Care Workers in human rights and medical ethics	0.6	0.6

While there are general HIV education and service trainings provided by the Department of Health, the only specific trainings on human rights and medical ethics identified by the key informant interviews were legal literacy trainings conducted by TLF Share. TLF Share organized a limited number of legal literacy trainings with Social Hygiene Clinic staff, Community Health Care Workers (CHOWs) as well as Department of Health's regional offices. Working closely with the National AIDS/STI Prevention and Control Program (NASPCP), these trainings were held in June 2019 in selected cities by building on the stigma and discrimination module from the UNDP *The Time Has Come* regional training curriculum.³⁰

According to TLF Share, the provider participants at the trainings reported that the trainings were very useful and recommended expansion to both management and front-line staff. However, without additional funding, these will remain one-off trainings. TLF Share is meant to work with the PNAC on policy in this area as the new HIV Law mandates ethics training for HIV service providers and provides a national framework for promotion of rights-based principles.³¹ Implementation of these provisions could ensure sustainability of human rights trainings for health care workers throughout the country.

Recommendations

- Increase funding and support for training of health care providers in human rights and medical ethics in addition to confidentiality, informed consent and duty to provide treatment. Such trainings should be monitored and evaluated for effectiveness, as part of improved data collection on stigma and discrimination in the health care sector.
- Develop and integrate human rights and ethics curriculum into pre- and in-service training in a systematic manner.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.4	1.2

Since baseline, there have been *ad hoc* activities related to sensitization of law-makers and law enforcement agents. TLF Share has worked on a limited basis to engage with law enforcement on sensitization trainings, adapting the training materials from UNODC on HIV and human rights. This is a difficult endeavor with many challenges, but the dialogues have opened the door to positive engagement with both the Philippine National Police and the Police Academy. The draft HSP 2020-2022 supports these training and sensitization efforts in principle,³² but without funding, they will remain at a

very limited scale or non-existent. Moreover, the new HIV Law’s public health approach to drug use provides opportunities for dialogue with public health authorities and law enforcement to open greater space for evidence-based prevention activities. This includes potential collaboration and dialogue with the Philippines Drug Enforcement Agency and the National Bureau of Investigations.

Recommendations

- Increase support and funding for human rights and sensitization training for law enforcement at all levels, ensuring that trainings reach high-level officials, as well as officers working at the local level.
- Strengthen and institutionalize trainings for law enforcement on HIV-related rights issues, using the framework of the new national HIV law.
- Continue to support efforts by civil society organizations and others to revise policies to allow for access to harm reduction programming.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	0.6	1.92

Since the Baseline Assessment, there has been significant increase in the work and resources invested into legal literacy programs (from 0.6 to 1.92 – an over three-fold increase). In general, while there has been an expansion of “know your rights” programs, these interventions are still implemented at a small scale, and face sustainability and integration challenges.

Table 4 – Illustrative Examples of Legal Literacy Programs

Description of Activities	Organizations	Location/Reach
Legal literacy trainings – inform individuals of their human rights, as well as what to do when their rights are violated, especially with respect to access to health services. ³³ The training modules cover three main topics: “What are your rights (including gender and health rights)? When do you know when your rights are violated? How, when, and where to seek redress when your rights are violated?” The modules are tailored to the needs of people living with HIV, men who have sex with men, transgender individuals, young key populations and people who inject drugs. This initiative has included a Training of Trainers (ToT) model so that training participants can share the information with their organizations. Since 2018, the legal literacy programs have trained over 1000 key population members.	TLF Share	Luzon (including the National Capital Region), Visayas (including Cebu City), and Mindanao/sub-national
Human rights caravans that provided basic information on legal literacy, how to access legal services and educational materials on HIV and human rights. Coordinated with local CSOs, the caravans were campaigns for key populations, built on rights-based principles of participation, accountability, non-discrimination, transparency, human dignity, empowerment and rule of law. ³⁴ The caravans also worked in partnership with local governments to promote human rights as part of local HIV education and awareness events such as the 2018 and 2019 HIV Summits in Quezon City.	TLF Share	All city-level with limited duration For 2018: Zamboanga, Cebu, Manila, Quezon City, Cagayan de Oro For 2019: Davao, Cebu, Quezon City, Cavite

Legal literacy and paralegal trainings for people who use drugs. This includes monthly “legal learning sessions” held at the IDUCare clinic, which is a safe space for constituents and where testing and referral services are available.	StreetLaw	Cebu City, with some work in Metro Manila/sub-national level
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The Global Fund-supported legal literacy trainings are the main activities within this program area. While the trainings have shown signs of promise and progress, there needs to be significant modification to maximize effectiveness. Though the trainings reached a relatively high number of people in a short time frame (over 1000 individuals trained – surpassing the program’s original goal of 600 participants), the scale, quality and reach to key populations overall are still limited. The trainings reached only a small fraction of the estimated population of men who have sex with men, transgender people and people who use drugs considered at highest risk of HIV.³⁵ Coordination with health services was limited, as most trainings were held regionally rather than locally at community-based organizations or community centers where testing and other health services are offered. On the content of the modules, while they are comprehensive in the coverage of concepts related to HIV and human rights and include activities that are tailored to the specific audiences,³⁶ they are too long and complex to be effectively taught over a short training course.³⁷ Another gap in the trainings was the lack of written materials that can further support dissemination of “know your rights” information. Participants in the sessions noted that without written information that people could take with them to use and distribute, it is difficult to conduct meaningful legal literacy sessions with community members. Furthermore, there was no formal mechanism to gather feedback from the participants so that effectiveness could be evaluated after sessions were completed. In terms of funding, implementers of legal literacy training sessions noted that they expended all funds allotted to these programs but continue to receive more requests for trainings than their resources allow.

Recommendations

- Increase support and funding for legal literacy training programs to ensure greater geographic and key population coverage, including for people in closed settings, and consider developing a complementary legal literacy module for families of people who use drugs.
- Implementers should consider gradually moving toward a more localized model where smaller trainings and workshops are held regularly at community-based organizations, ideally where testing and other health services are offered.
- Expand options to access and use of legal literacy training information and education – there should be written, concise, easily accessible information, education and communication materials developed and disseminated during the Training of Trainers module, and critical information in the modules, such as information related to navigating the legal system, should be made more accessible to community members. Online versions of the module should be developed, and evaluation and feedback should be collected from participants.
- Ensure coordination and integration with other human rights-based programs, by providing legal literacy trainings within an integrated program of on-going legal services, through JALOs, paralegals or other specialists, to which people can be referred when their rights have been violated.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	0.8	1.52

At mid-term, there are existing, promising models – such as Aid for AIDS Network support by ACHIEVE – for access to HIV-related legal aid. However, activities within this program area are generally small scale, and limited in scope for geographic and key populations coverage (see table 5). Most of the identified programs are based out of, and consequently mostly serve, metro Manila, with some services in Cebu City. The programs also have a strong focus on people living with HIV, with a lesser focus on other key populations. There were no specific interventions were identified for men who have sex with men, transgender, women or young key populations within the context of HIV.

Table 5 – Illustrative Examples of HIV-related Legal Services

Description of Activities	Organizations	Location/Reach
Justice Access and Learning Officers (JALOs) – paralegals who receive complaints related to HIV-related human rights violations from community members. They document the complaints and “triage” them, identifying cases that need to be referred to legal services. JALOs work with a loose network of lawyers. In addition, the JALOs may provide counselling or mediation for the complaints, as appropriate. As of February 2020, the JALOs have addressed 236 cases in total, of which 28% of cases involved unauthorized disclosure of HIV status and 25% dealt with HIV-related discrimination in the workplace. ³⁸	Philippines NGO Council (PNGOC)	12 JALO posts in the country, integrated into the community centers within 12 regions
Aid for AIDS network, a network of lawyers that provide free HIV-related legal advice, as well as HIV-related legal capacity building. The Aid for AIDS network receives referrals from the JALO program.	Action for Health Initiatives (ACHIEVE)	Metro Manila
Legal services for people who inject drugs – provide basic and advanced paralegal training, and intend to start a monthly “helpdesk” initiative, integrated into the IDUCare clinic. In addition, there will also be activities for law students to do paralegal training for detainees in Cebu provincial jail – the training aims to help detainees navigate the criminal justice system to reach the arraignment stage.	StreetLaw	Cebu City

The increase in availability of HIV-related legal services is due to the establishment of the Justice Access and Learning Officer (JALO) program, run by the Philippines NGO Council (PNGOC) and supported by the Global Fund. Though it is well-intended and the structure has the potential to increase access to legal services, currently, there are significant challenges in implementation. As currently structured, the JALOs not only have their paralegal duties, but must also perform tasks for the CSO into which they are integrated. This conflict in mandate, along with a limited stipend for the JALO work, has resulted in high turnover of JALOs. In addition, there currently is no clear path towards sustainability for the JALO system, which funded at present under the Global Fund HIV grant. Moreover, though there is a loose network of lawyers to support the JALOs’ work, there need to be stronger formal referral mechanisms for cases that require legal aid.

The JALO program’s emerging partnership with law schools is a positive step in terms of establishing the complementary support needed for the legal services work. In addition, more integration is needed among the legal services networks to ensure opportunities for all stakeholders to build on “lessons

learned” within this program area including utilization of alternative dispute mechanisms rather than going through the court system. Increased collaboration with the legal literacy programs would promote follow up action on issues identified in the legal literacy sessions. Increased engagement with government entities charged with rights protection, such as the Commission on Human Rights and the Department of Justice, could enhance effectiveness and promote sustainability for these programs.

Recommendations

- Increase funding and human resources for strengthening legal services activities that currently operate at a small scale – this includes litigation support and alternative dispute resolution mechanisms, such as mediation.
- Provide support for increased integration among legal services networks and promote collaboration with entities charged with protection of human rights, including the Commission on Human Rights and the Department of Justice.
- Provide funding for trainings in protection of service providers as human rights defenders and for legal assistance.
- Evaluate the effectiveness and quality of the JALO initiative with a particular focus on how the JALO can work effectively with public, community and private health services, and on sustainability.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	1.46	1.6

Major policy and reform work, with the participation of a coalition of civil society organizations including ACHIEVE, TLF Share, PNGOC and Save the Children, took place during the previous and current Global Fund grant period with successful results in the passage of the new HIV Law (2018).³⁹ Work on the corresponding Implementing Rules and Regulations (IRRs) resulted in their passage in July 2019. The new HIV Law and the IRRs have a strong foundation in human rights and represent significant progress towards a comprehensive response to reduce human rights-related barriers to HIV services. Both the law and the IRRs note that the “State shall respect, protect, and promote human rights as the cornerstones of an effective response to the country’s HIV and AIDS situation” and that “meaningful inclusion and participation of persons directly and indirectly affected by the HIV and AIDS situation, especially persons living with HIV, are crucial in eliminating the virus.”⁴⁰

The law and the IRRs also note that the government should “ensure the delivery of non-discriminatory HIV and AIDS services by government and private HIV and AIDS service providers, and develop redress mechanisms for persons living with HIV to ensure that their civil, political, economic, and social rights are protected.”⁴¹ Additionally, they highlight the need for the Philippines National AIDS Council (PNAC) to manage the overall HIV response, as well as work closely with the Commission for Human Rights and the Department of Justice to protect human rights in the public health response.

Notably, while the new HIV Law has a progressive provision that lowers the age of consent to HIV testing to 15, there are still remaining concerns around minors’ independent access to HIV prevention commodities and, should they test positive, treatment. Individuals can only access family planning commodities, including condoms, starting from age 18. Moreover, the legal and policy framework also acts as a barrier for adolescents living with HIV to independently access antiretroviral treatment without

parental consent. Laws and policies related to access for adolescents to HIV prevention and treatment services should align with global human rights standards for adolescents, which recognizes the evolving capacity of children to independently consent to sexual and reproductive health services, including those for HIV.

While most work on law reform since baseline has focused on the new HIV Law, organizations such as TLF Share and PNGOC continue to focus on monitoring and advocacy for other laws and policies including work on SOGIE issues.

Recommendations

- Support PNAC to develop a set of materials and programs to support the review and reform of services to bring them in line with the new HIV Law and regulations, including the implementation and funding of programs to reduce human rights-related barriers to access.
- Support law and policy reform initiatives to remove barriers to adolescents' access to HIV prevention and treatment.
- Disseminate information about new HIV Law and implementing rules and regulations to judges, law enforcement, as well as relevant stakeholders in the education and workplace sectors.
- Support community engagement in human rights initiatives through more specifically targeted funds for this purpose.
- Continue to monitor laws and guidelines related to sufficient insurance coverage for HIV-related services.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	0	1.2

Dedicated initiatives to reduce gender discrimination remain limited despite the broadening of the definition of the program area from baseline (which only focused on programs for women) to include gender-based discrimination, harmful gender norms and violence against women and girls in all their diversity.⁴² To some degree, the characteristics of the HIV epidemic in the Philippines - with most new infections to be found among young men who have sex with men - accounts for this, but diagnoses among women are increasing, and female sex workers and transgender women are identified as key populations in national prevention and treatment strategies.⁴³

Based on information collected at mid-term, there is a lack of dedicated programs for female sex workers, including those to reduce human rights-related barriers. While the Department of Health's sentinel surveillance system includes female sex workers, there are limited targeted prevention initiatives. Nevertheless, 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.

In terms of recognition and programs addressing other gender-related issues, the draft HSP 2020-2022 recognizes SOGIE-related rights violations as a rights-related barrier to access, and provides programming suggestions for scaling-up activities to address LGBTI and women's issues.⁴⁴ Moreover, the legal literacy trainings include a module designed for trans women, and trans activists reported that

their outreach and education activities to the trans community were strengthened by their participation in the trainings. Key population advocacy groups catalyzed by the legal literacy trainings in both metro Manila and Wagayway/Batangas identified gender-based violence and discrimination as barriers to access to HIV services and priority areas for their work. Transgender men and women experience discrimination in the Philippines. The Love Yourself has supported the establishment of a transgender clinic in Manila (Victoria Clinic) and there are TG clinics begin established in other parts of the National Capital Region.

Recommendations

- Provide funding for advocacy and capacity-building activities targeted to reducing barriers related to gender-based violence and discrimination, including international and domestic support for strategies set forth in the Health Sector Plan 2020-2022.
- Identify strategies to reach female partners of men who have sex with men at higher risk to access HIV and STI prevention, testing and treatment, independent of contact tracing.
- Develop and promote materials on the health needs and rights of transgender people (male and female) in all initiatives to reduce right-related barriers to health services.
- Ensure that HIV research and program data are disaggregated by gender (M/F/T) and age to assist in tracking gender and age disadvantage.
- Ensure that HIV prevention, treatment and care programs remain responsive to the needs of female sex workers and that coercive or other measures that may act as barriers to access services be removed.

Programs to Remove Human Rights-related Barriers to TB Services

Overall, in the Philippines, there are few programs to remove human rights-related barriers to TB services, and the ones that do exist operate at a small scale. The baseline assessment did not identify any specific programs directly aimed at reducing human rights-related barriers for people with or affected by TB. However, as the national TB program is shifting from a traditional medical model toward an approach based on “patient-centered care”, there are increased opportunities for implementing elements of rights-based programming including mobilization of community groups, stigma and discrimination reduction, training of health care workers in human rights and ethics and addressing gender-related barriers to prevention and treatment.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1.0	1.1

At mid-term, programs to reduce stigma and discrimination related to TB remain one-off or *ad hoc* (see table 6). However, there is a foundation on which to build on-going programs in this area. For instance, the updated PhilSTEP1 for 2020-2023 sets out a model of “patient-centered care” that recognizes the need for reducing the stigma and discrimination experienced by TB patients. Furthermore, the Manual of Procedures for the updated PhilSTEP1 directs front-line health care workers to take steps to mitigate stigma and discrimination, including support for community outreach and education efforts to reduce stigma and, where necessary, to provide referrals for employment discrimination.⁴⁵

Currently, however, implementation of anti-TB related stigma and discrimination measures is limited. The National TB Program’s AIDERS strategy (Accelerating Implementation of DOTS Enhancement to Reach Special Sub-Groups) – deployed to geographically isolated and disadvantaged areas – included

addressing TB-related stigma and correcting misinformation about TB, but this program appears to have been discontinued. In its satellite treatment centers, the Philippine Business for Social Progress (PBSP), the Principal Recipient for the Global Fund TB grant, provides training for TB health care workers that addresses stigma, as discussed below, but there is a lack of similar training for staff in Department of Health's directly observed treatment, short-course (DOTS) facilities, where experiences of stigma and discrimination continue to be reported.

Table 6 – Illustrative Examples of Reducing TB-related Stigma and Discrimination

Description of Activities	Organizations	Location/Reach
Training for health care workers providing TB services in satellite treatment centers addresses stigma	Philippine Business for Social Progress (PBSP)	National
Conducted in the Philippines in February 2019, the <i>Photovoices</i> project engaged patients with TB to develop a photo exhibition, telling the story from the TB patient's perspective to understand the types of stigma that people with TB may face. This intervention is meant to reduce TB-related stigma and increase access to services.	KNCV Tuberculosis Foundation	Pilots
<i>From the Inside Out</i> project – a counselling and awareness program that was originally intended to work with TB patient support groups.	KNCV Tuberculosis Foundation	Pilots
2018 TB stigma assessment that serves as the basis for its ongoing work with the National TB Program to ensure that policies and procedures for patient-centered care includes anti-stigma and discrimination components.	USAID	National

Recommendations

- Implement a national assessment on TB-related stigma within the next three years.
- Increase support for training on TB-related stigma and discrimination for health care workers, and where possible, integrate with trainings for HIV.
- Develop low-literacy materials for health workers and communities on the nature of TB-related stigma and discrimination, such as loss of income, shame and rejection.

TB Program Area	Score	
	Baseline	Mid-term
Reducing gender-related barriers to HIV services	0	0.67

Since the baseline assessment – which identified no targeted activities in this area – two major reports on TB and gender have been produced. They provide a foundation for improved policy and programming, and are an indicator of movement towards quality programming. With Global Fund support, STOP TB and ACHIEVE conducted an assessment in 2019 that found gaps in the legal and policy framework for a TB response that is gender-sensitive.⁴⁶ It recommends community-building for the TB response so that the community can advocate for more gender-responsive laws and policies for TB, as well as the development and use of gender-related TB indicators. The 2019 assessment also calls for gender trainings of TB practitioners and more research on gender and TB.

In 2020, USAID presented its key findings from the TB Innovations and Health Systems and Strengthening Project (IHSS) Gender Analysis to the Department of Health, recommending improved data collection concerning gender-related barriers to TB services, improved education of health care providers on gender-sensitive services, and collaboration with the Department of Labor to develop gender-sensitive workplace policies and to combat stigma and discrimination.⁴⁷ Based upon the STOP TB

and USAID reports, the Department of Health is considering ways to integrate gender-based programming into its model for patient-centered care and to include gender-related activities in the budget for TB control.

Recommendations

- Based on the STOP TB and USAID reports, provide support for follow-up and implementation of improved gender-responsive policy and programming.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.67	1

While there has been slight progress in training of health care workers in human rights and ethics for TB (see table 7), most of the current trainings are focused on improved case-finding, treatment and quality of care. The updated PhilSTEP1 defines the “patient-centered care” model as one that “recognizes and respects the patient’s rights and values...” and calls for health care providers to ensure protection of patient rights, including confidentiality and the right to non-discrimination.⁴⁸ Implementation of these policies requires integration of rights and medical ethics education in training for health care workers at all public and private TB service facilities.

Table 7 – Illustrative Examples of Trainings of Health Care Workers on TB-related human rights and medical ethics

Description of Activities	Organizations	Location/Reach
Training program for health care workers in satellite treatment centers to comprehensively address TB service provision encompasses aspects of a right-based approach in two sections: (1) patient-centered care and (2) interpersonal communication and counseling. Under “patient-centered care”, the training manual covers key points around confidentiality, autonomy and protection for the patient and her family against TB-related stigma and discrimination. In the section on counseling, the training materials emphasize the importance of ensuring confidentiality and supporting the patients to make informed decisions about their health.	PBSP	Sub-national
Allies project – envisioned as a long-term tool for service providers and is comprised of two parts: (1) a digitalized self-learning component; and (2) key opinion leaders in health care clinics who are trained as facilitators to run stigma-related exercises among clinic staff. These initiatives are directed primarily at the private sector.	KNCV Tuberculosis Foundation	Pilots

Recommendations

- Increase support and funding for training on human rights and medical ethics for health care workers providing TB services.
- Develop a clear and consistent definition of ‘patient-centered’ services and care, including a Patients’ Charter and system of redress, and guidance materials to assist services to modify their practices in line with this.
- Integrate TB-related human rights and ethics information in pre- and in-service trainings for all TB programs.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	1.0	1.0

Though there are activities focused on mobilizing and empowering community groups within TB, at mid-term, they remain extremely limited (see table 8). From a policy perspective, the updated PhilSTEP1 2020-2023 endorses increased patient engagement in national TB services.⁴⁹ However, mobilization of TB patient groups is challenging due to the relatively short duration of treatment and the desire for survivors of TB to return to their normal lives when treatment is completed. Moreover, without strong anti-discrimination protections, people with active TB are reluctant to engage in advocacy or challenge discrimination in health care settings for fear of losing access to treatment. Key to implementation will be USAID's Local Organizations Network (LON) grant to a national organization to build capacity for advocacy and to establish a network of TB-affected communities under a three-year, US \$1 million USAID grant. The grant includes "Know Your Rights" components, as well as support for community-based monitoring and reporting. If integrated with more robust systems for addressing stigma and discrimination, this work could significantly advance the country toward a comprehensive response.

Table 8 – Illustrative Examples of Mobilizing and Empowering Patient and Community Groups

Description of Activities	Organizations	Location/Reach
Provides venues for monthly meetings of patient support groups where there is interest in satellite treatment centers	PBSP	Sub-national level/ad hoc
Supports capacity-building and leadership training for KAP members and patient groups, though at a small scale (1-2 persons per region).	PCCM's Key Affected Populations (KAP) Engagement Committee	National level but small scale
Promoted increased engagement of patients and those affected by TB in national, regional and local TB policy.	USAID, through its TB Innovations and TB Platforms initiatives	Various levels

Recommendations

- Include patient groups in the design, evaluation and modification of TB services to improve their patient-centeredness and quality and to ensure that community mobilization and engagement sufficiently address the needs and realities of people at risk of TB, people with active TB, as well as those undergoing TB treatment.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	0.33	0.33

On monitoring and reforming TB-related policies, regulations and laws, the national TB program has several guidance documents and policies for TB control, though none are specifically on human rights-related barriers. At baseline, USAID was doing some work to monitor implementation of these guidance document and policies, revealing that some physicians were not diagnosing and treating according to national standards. It appears that this work is continuing, but its extent is unclear. There were no other relevant activities identified for this program area at mid-term.

Recommendations

- Continue supporting existing programs to monitor and reform TB-related policies, laws and regulations with an emphasis on rights-related barriers.
- Develop community-led monitoring systems between TB groups and health services on standards of patient-centered care, human rights and ethics.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring Confidentiality and Privacy	0	1.0

On ensuring privacy and confidentiality, PBSP's work takes into account data privacy related to information collected via TB services. Aside from that, however, considerations around privacy and confidentiality seem to be integrated throughout programming, including trainings for health care workers, rather than being freestanding activities.

Recommendations

- Ensure that TB prevention, treatment and care programs continue to integrate strong privacy and confidentiality protections.
- In a context where the Private-Public model and mandatory case notification are in place, the trainings of service providers at private and public health care setting should integrate protection of the medical confidentiality as part of the medical ethics and human rights trainings.

TB Program Area	Score	
	Baseline	Mid-term
TB-related legal services	0	0
TB-related legal literacy	0	0
Sensitization of law-makers and law enforcement agents	0	0
Rights and access to TB services in prisons	0	0

Similar to the mapping at baseline, key informant interviews from the mid-term assessment did not identify existing, specific programs to reduce human rights-related barriers to TB in the following program areas:

- TB-related legal services;
- TB-related legal literacy;
- Sensitization of law-makers and law enforcement agents; and
- Programs in prisons and other closed settings.

In contrast to the HIV response, key informants indicated there is less interest in having TB-specific programming to remove human rights-related barriers. Most people with TB, once they are finished with their treatment, would like to go back to their normal lives. One interviewee noted that patients used to be concentrated in one specific hospital in a region, but now treatment services are decentralized and more available locally – this means that patients are spread over a larger geography, which makes it more difficult to organize themselves.

For programs in prisons and other closed settings, while PBSP provides TB prevention, screening and care in both the national prison and jails throughout the country, and International Committee for the

Red Cross continues to run TB services in closed settings, these programs lack an explicit rights-based component.

Recommendations

- Strengthen the connection between TB groups and legal services.
- Develop information, education and communication materials on human rights and TB and ensure that HIV-related human rights programming includes the rights of those co-infected with HIV and TB.
- Advocate for improvements of TB diagnosis and care in prisons, with a focus on such services being provided in rights-based manner and integrated with provision of HIV services.

Cross-cutting Issues related to Quality Programming and Sustainability

This section looks at several cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programs to remove human rights-related barriers. The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB.

Donor Landscape for Programs to Remove Human Rights-related Barriers to HIV and TB services

The level of funding for programs to remove human rights-related barriers has increased since baseline, primarily as a result of support for these programs from the Global Fund in their HIV grant and the human rights matching funds. From key informant interviews, the Global Fund remains the main donor for programs to remove human rights-related barriers to HIV and TB services. Additional but limited funds for HIV-related activities also come from donors such as the Levi Strauss Foundation and APCASO. Informants noted that the major bilateral or multilateral HIV funders tend to focus mostly on technical assistance, service delivery and clinical interventions. Regarding major funders for programs to reduce human rights-related barriers to TB, USAID has dedicated funds to build community networks and support systems to address TB (including patient advocacy and support groups) through its TB Local Organizations Network (LON).⁵⁰ This US\$1 million grant recipient was to be announced in 2020; the grant itself will run for three years.

Obtaining national funds for programs to reduce human rights-related barriers to HIV and TB services is difficult due to the complex political environment for human rights, and the fact that health funding still tends to go to traditional service provision or health systems strengthening interventions. National stakeholders that are tasked with working on human rights and access to justice issues, such as the Commission on Human Rights, do not substantially engage on HIV-related issues, so there is limited funding and resources from those agencies as well.

Considerations related to achieving quality of programs to remove human rights-related barriers to HIV and TB services

There are numerous indicators that the Philippines response is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to access.⁵¹ First, several key assessments of barriers have been conducted, including the BDB baseline assessment, the 2019 *Stigma Index*, as well as the recent TB and gender-focused assessments. There is follow-up among country stakeholders to account for the assessments' results in policy and programmatic development and

implementation, which is promising. Moreover, while the current human rights programming is at small-scale, some of them, such as the legal literacy trainings and the JALOs, are either complementary and/or integrated into HIV service provision. In addition, there are efforts among some programs, such as the legal literacy trainings, to take into account the needs of LGBT persons, work with gender diverse staff and be overall more gender-responsive. The new HIV law's emphasis on local funding for HIV programs promotes municipal support and sustainability for HIV-related human rights programming.

Nevertheless, there are still common gaps that have emerged across all program areas. These include: the need to (1) strengthen integration among programs as well as improve coordination with health services to remove human rights-related barriers to access. (2) increase monitoring and evaluation of existing programs to leverage successes and strengthen implementation; and (3) build political will, especially at the decentralized level with local government units, to strengthen scale up to comprehensive programs. Continued and sustained support from technical partners, such as UNAIDS, remain integral to this goal.

Response to COVID-19

In mid-March 2020, the Philippines instituted an Enhanced Community Quarantine order for the island of Luzon (Metro Manila) in response to the Covid-19 epidemic; these quarantines have been expanded to other areas of the country.⁵² In alignment with government directives, people are allowed to leave their homes only for basic necessities; in-person interactions are minimized; most public transportation services are suspended; and the government has halted all non-essential programming.⁵³ The Department of Health's HIV and TB responses have prioritized ensuring access to treatment during the quarantine, with restrictions eased on medication access and delivery points.⁵⁴ Patients are also provided with 30-day supply of medications. At the acute stage of the crisis in March, Global Fund-supported programs to remove human rights-related barriers had been paused – some funds from the Global Fund grant, such as the legal services enabling fund, have been reprogrammed toward ensuring continuity of ARV treatment.

Quarantine measures have presented tremendous challenges to the HIV and TB-affected communities, including not only medication regimens but economic distress, privacy and confidentiality concerns, and mental health impacts.⁵⁵ For example, many establishment-based sex workers are now engaging in street-based work to address economic concerns. Limited access to condoms and other prevention goods and services raises concerns about HIV and sexual health. However, in some instances, robust civil society efforts of HIV advocacy and support networks has stepped up to address many of these concerns. TLF Share, Pinoy Plus and other CSOs have mobilized volunteers for ARV delivery and are using existing communication platforms to gather and share information, mapping available treatment locations and identifying prevention and care resources.⁵⁶

The impact of COVID-19 on people in prisons, jails and other closed settings is of enormous concern, particularly in the Philippines where the "War on Drugs" has resulted in severely overcrowded incarceration conditions.⁵⁷ Visits have been restricted in Metro Manila jails, and efforts are underway to ensure continuity of medications. But despite documented outbreaks of the virus among prisoners and staff, release of prisoners or pre-trial detainees to relieve overcrowding and reduce transmission has been deferred by the Philippine High Court.⁵⁸ Increased and sustained attention to building rights-centered programs in prisons and other closed settings, as well as ensuring access to HIV and TB prevention, treatment and care services, are thus even more critical priorities.

Recommendations

- Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim towards encouraging other funders to explicitly devote support to these interventions. This includes seeking an increase in bilateral and multilateral external funders while building the capacity for domestic funding sources to support human rights-related programming in the long term. Funding should also ideally be focused on support local government units to develop, implement and monitor programs to remove human rights-related barriers. It should also include promoting wider knowledge of and engagement on the Comprehensive Action Plan (once adopted) among government agencies/ministries, donors, and civil society.
- In the scale-up towards comprehensive programs, ensure integration of programs to remove human rights-related barriers, where strategic and possible.
- Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers.
- Advocate for the urgent support, development and implementation of rights-based HIV, TB and other health services within prisons and other closed settings.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the *Breaking Down Barriers* initiative, there is emerging evidence of impact of programming that removes human rights-related barriers. Addressing these barriers, in turn, creates a more enabling environment of access to services. Two case studies from the Philippines are provided to illustrate how specific activities have established a more supportive environment for health service provision. First, advocacy related to the passage of the new HIV law provided a legal and accountability framework for government's HIV response and removed significant human rights-related barriers for key populations. In addition, the legal literacy trainings catalyzed advocacy initiatives by key populations to strengthen enforcement of local anti-discrimination protection and to build capacity for legal services networks.

Collaborative Civil Society Advocacy on a Rights-based HIV Law for the Philippines

Passing a human rights-based law and implementing rules and regulations that guides the national HIV response is an immense achievement, and one that was nine years in the making. Supported by the work of ACHIEVE and working closely with the Department of Health and the Philippines National AIDS Council (PNAC), the Network to Stop AIDS Philippines - a coalition of more than 27 civil society organizations - helped craft a comprehensive bill that not only provides a legal and accountability framework for the government's HIV response but also removed serious human rights-related barriers for key populations, e.g. lowering the age of consent for HIV testing to age 15. The Law's public health approach to drug use also provides opportunities for dialogue with local government units and law enforcement for the potential of harm reduction responses. Under the HIV Law, passed in July 2018, PNAC is to act as manager for implementation of its provisions and to closely coordinate this work with the Commission on Human Rights and the Department of Justice. This mandate affords a promising opportunity to align the HIV Law with PNAC's development of the *Comprehensive Action Plan to Address Barriers in Accessing HIV Services* and maximize coordination and strategic planning on human rights.

Utilizing protections afforded by the HIV Law, civil society groups have already challenged discriminatory laws and policies. For example, TLF Share challenged the policies of the Insurance Commission that required people living with HIV to demonstrate low viral load and meet other health criteria in order to qualify for coverage under the national health insurance program. Joined by the Commission on Human Rights and the Department of Justice, TLF Share successfully convinced the Insurance Commission to withdraw these barriers that were impermissible under the HIV law.

Another strength and opportunity of the HIV Law is the focus on local action. The law requires municipalities to include HIV services and programs in local budgets, a key provision in a decentralized health system that promotes sustainability of HIV services and, potentially, human rights programming. UNAIDS complements this work by leading a campaign to ensure that every local government unit has a local HIV ordinance that reflects the national HIV Law and a corresponding provision in its budget.

Working together, the HIV Law provides a strong foundation for civil society, government agencies and technical partners to move the country substantially forward toward comprehensive programming within a rights-based HIV response. As with every new law, there will be serious need to disseminate its provisions both to key stakeholders involved in enforcing the law and to those protected by the law, as well as need to create widely accessible redress mechanisms.

Legal Literacy Training Catalyzes Provincial Network on HIV Prevention and Safe Open Spaces Initiative

The very act of bringing together leaders of key populations for legal literacy training is one of the successes of the *Breaking Down Barriers* initiative in the Philippines. After one of the legal literacy trainings in Batangas Province, participants (many of which did not know each other) decided to establish a new network to coordinate activities related to stigma and discrimination against LGBTI and PLHIV individuals. One of their first activities was to convene a day-long meeting with local government and health officials to provide education about stigma, discrimination and violence occurring in the community. With an emphasis on building capacity for legal services and referral networks, the group achieved a commitment from the official charged with implementing the local anti-discrimination ordinances to address the backlog of complaints alleging LGBTI and PLHIV discrimination.⁵⁹

In Cebu City, the legal literacy trainings generated the formation of the Safe Open Space (SOS) initiative, a coalition seeking to unite local advocates focused on issues of LGBTI rights and gender identity, people living with HIV, and people who use drugs to carry forward the human rights messages learned in the training sessions and to ensure their implementation. Citing the legal literacy trainings as the “catalyst” for creation of SOS, the group noted that “After our training, the community immediately started to notice that we changed, and we are living by the things we learned.”⁶⁰ Using a condensed version of the legal literacy training, SOS will develop and share group learning sessions on human rights, with an aim toward eliminating stigma and discrimination and promoting harm reduction and mental health services for key populations. According to SOS, “as the face and voice of key affected populations (MSM, PLHIV, PWID) it is our mission to promote and educate human rights within the community, service providers and policy makers.”⁶¹

The catalyzation of key population advocacy groups expands the capacity of the legal literacy trainings for scale up and sustainability, and promotes integration with other community resources for legal services and enforcement of legal protections. In addition, community-based organizing around human rights has the potential to impact important objectives of the national HIV program such as reducing loss to follow-up for people living with HIV and linking hard to reach populations with prevention and care. These efforts need to receive sustained funding for activities to be carried out over time and at increasing scale.

Annex I. Summary of Recommendations

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

Key Recommendations

Creating a Supportive Environment	
<ul style="list-style-type: none"> Support key stakeholders to develop, adopt and implement the Comprehensive Action Plan - ensure that existing and planned programs to remove human rights-related barriers to services are captured in the Comprehensive Plan, and are scaled-up in a coordinated, strategic manner. Ensure that the PNAC's sub-committee on Human Rights meets regularly to both develop and implement the Comprehensive Action Plan to Address Barriers in Accessing HIV Services. 	
Programmatic Scale-up	
<ul style="list-style-type: none"> Support the implementation of the new HIV Law and its implementing rules and regulations, especially at the sub-national level, with the local government units. Increase technical and financial assistance to support capacity strengthening and scale-up of programs to remove human rights-related barriers to TB services to ensure that human rights related programs are implemented as part of the country's model of patient-centered care. 	
Programmatic Quality	
<ul style="list-style-type: none"> Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim towards encouraging other funders to explicitly devote support to these interventions. This includes promoting wider knowledge of and engagement on the Comprehensive Action Plan (once adopted) among government agencies/ministries, donors, and civil society. In the scale-up towards comprehensive programs, ensure integration among programs and improve coordination with health services to remove human rights-related barriers. Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers. 	

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none"> Support key stakeholders to develop, adopt and implement the Comprehensive Action Plan. Ensure that the PNAC's sub-committee on Human Rights meets regularly to both develop and implement the Comprehensive Action Plan to Address Barriers in Accessing HIV Services.
Programmatic quality and sustainability	<ul style="list-style-type: none"> Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim towards encouraging other funders to explicitly devote support to these interventions. This includes seeking an increase in bilateral and multilateral external funders while building the capacity for domestic funding sources to support human rights-related programming in the long term. Funding should also ideally be focused on support local government units to develop, implement and monitor programs to remove human rights-

	<p>relate barriers. It should also include promoting wider knowledge of and engagement on the Comprehensive Action Plan (once adopted) among government agencies/ministries, donors, and civil society.</p> <ul style="list-style-type: none"> • In the scale-up towards comprehensive programs, ensure integration of programs to remove human rights-related barriers, in the HIV, TB responses as well as health system strengthening responses, where strategic and possible. • Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers. • Advocate for the urgent support, development and implementation of rights-based HIV, TB and other health services within prisons and other closed settings.
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HIV-related recommendations by program area	
Stigma and discrimination reduction	<ul style="list-style-type: none"> • Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the Health Sector Plan, 2020-2022. The Health Sector Plan identifies specific initiatives and organizations implementing the stigma and discrimination reduction strategy and endorses their continuation and expansion; these initiatives should be supported by international sources and public funds • Increase funding for programs that focus on redress for discrimination, as the current activities mostly still focus on stigma reduction. • Increase funding for programs that address discrimination for key populations based not only on HIV status but on age, gender, sexual orientation and drug use. • Ensure that non-discrimination programs such as the CBMR are linked with or integrated into existing programs to reduce human rights-related barriers, particularly the Justice Access and Learning Officer (JALO) project and legal services networks, with a path towards sustainability.
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> • Increase funding and support for training of health care providers in human rights and medical ethics in addition to confidentiality, informed consent and duty to provide treatment. Such trainings should be monitored and evaluated for effectiveness, as part of improved data collection on stigma and discrimination in the health care sector. • Develop and integrate human rights and ethics curriculum into pre- and in-service training in a systematic manner.
Sensitization of law-makers and law enforcement agents	<ul style="list-style-type: none"> • Increase support and funding for human rights and sensitization training for law enforcement at all levels, ensuring that trainings reach high-level officials, as well as officers working at the local level. • Strengthen and institutionalize trainings for law enforcement on HIV-related rights issues, using the framework of the new national HIV law. • Continue to support efforts by civil society organizations and others to revise policies to allow for access to harm reduction programming.
Legal literacy	<ul style="list-style-type: none"> • Increase support and funding for legal literacy training programs to ensure greater geographic and key population coverage, including for people in closed settings, and consider developing a complementary legal literacy module for families of people who use drugs. • Implementers should consider gradually moving toward a more localized model where smaller trainings and workshops are held regularly at community-based organizations, ideally where testing and other health services are offered. • Expand options to access and use of legal literacy training information and education – there should be written, concise, easily accessible information, education and communication materials developed and disseminated during the Training of Trainers module, and critical information in the modules, such as information related to navigating the legal system, should be made more accessible to community members. Online versions of the module should be developed, and evaluation and feedback should be collected from participants.

	<ul style="list-style-type: none"> • Ensure coordination and integration with other human rights-based programs, by providing legal literacy trainings within an integrated program of on-going legal services, through JALOs, paralegals or other specialists, to which people can be referred when their rights have been violated.
Legal services	<ul style="list-style-type: none"> • Increase funding and human resources for strengthening legal services activities that currently operate at a small scale – this includes litigation support and alternative dispute resolution mechanisms, such as mediation. • Provide support for increased integration among legal services networks and promote collaboration with entities charged with protection of human rights, including the Commission on Human Rights and the Department of Justice. • Provide funding for trainings in protection of service providers as human rights defenders and for legal assistance. • Evaluate the effectiveness and quality of the JALO initiative with a particular focus on how the JALO can work effectively with public, community and private health services, and on sustainability.
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> • Support PNAC to develop a set of materials and programs to support the review and reform of services to bring them in line with the new HIV Law and regulations, including the implementation and funding of programs to reduce human rights-related barriers to access. • Support law and policy reform initiatives to remove barriers to adolescents' access to HIV prevention and treatment. • Disseminate information about new HIV Law and implementing rules and regulations to judges, law enforcement, as well as relevant stakeholders in the education and workplace sectors. • Support community engagement in human rights initiatives through more specifically targeted funds for this purpose. • Continue to monitor laws and guidelines related to sufficient insurance coverage for HIV-related services.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> • Provide funding for advocacy and capacity building activities targeted to reducing barriers related to gender-based violence and discrimination, including international and domestic support for strategies set forth in the Health Sector Plan 2020-2022. • Identify strategies to reach female partners of men who have sex with men at higher risk to access HIV and STI prevention, testing and treatment, independent of contact tracing. • Develop and promote materials on the health needs and rights of transgender people (male and female) in all initiatives to reduce right-related barriers to health services. • Ensure that HIV research and program data are disaggregated by gender (M/F/T) and age to assist in tracking gender and age disadvantage. • Ensure that HIV prevention, treatment and care programs remain responsive to the needs of female sex workers and that coercive or other measures that may act as barriers to access services be removed.

TB-related recommendations by program area	
Reducing stigma and discrimination	<ul style="list-style-type: none"> • Implement a national assessment on TB-related stigma within the next three years. • Increase support for training on TB-related stigma and discrimination for health care workers, and where possible, integrate with trainings for HIV. • Develop low-literacy materials for health workers and communities on the nature of TB-related stigma and discrimination, such as loss of income, shame and rejection.
Reducing gender-related barriers to TB	<ul style="list-style-type: none"> • Based on the STOP TB and USAID reports, provide support for follow-up and implementation of improved gender-sensitive policy and programming.

Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> ● Increase support and funding for training on human rights and medical ethics for health care workers providing TB services. ● Develop a clear and consistent definition of ‘patient-centered’ services and care, including a Patients’ Charter and system of redress, and guidance materials to assist services to modify their practices in line with this. ● Integrate TB-related human rights and ethics information in pre- and in-service trainings for all TB programs.
Mobilizing and empowering patient groups	<ul style="list-style-type: none"> ● Include patient groups in the design, evaluation and modification of TB services to improve their patient-centeredness and quality, and to ensure that community mobilization and engagement sufficiently address the needs and realities of people at risk of TB, people with active TB, as well as those undergoing TB treatment
Monitoring and reforming policies, regulations and laws that impede TB services	<ul style="list-style-type: none"> ● Continue supporting existing programs to monitor and reform TB-related policies, laws and regulations with an emphasis on rights-related barriers. ● Develop community-led monitoring systems between TB groups and health services on standards of patient-centered care, human rights and ethics.
Ensuring privacy and confidentiality	<ul style="list-style-type: none"> ● Ensure that TB prevention, treatment and care programs continue to integrate strong privacy and confidentiality protections.
Missing TB program areas: TB-related legal services; Legal literacy; Sensitization of law-makers and law enforcement agents; and Programs in prisons and other closed settings	<ul style="list-style-type: none"> ● Strengthen the connection between TB groups and legal services. ● Develop information, education and communication materials on human rights and TB and ensure that HIV-related human rights programming includes the rights of those co-infected with HIV and TB. ● Advocate for improvements of TB diagnosis and care in prisons, with a focus on such services being provided in rights-based manner and integrated with provision of HIV services.

Annex II. Methodology

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”⁶²

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments. The Philippines is a program assessment.

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Program assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a one-week country trip. However, given restrictions on international and domestic travel and in-person meetings due to the COVID-19 pandemic, travel was not possible to the Philippines. The country evaluation team therefore conducted key informant interviews remotely, complemented by regional key informant interviews conducted by CHSI, using a standardized questionnaire tailored to the country context.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	Questions
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?

Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in November 2019 and completed in August 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Philippines Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Nina Sun, Julie Mabilat	November 2019

Key informant interviews conducted remotely with 23 stakeholders	Megan McLemore, Nina Sun, Carmina Aquino, Lou McCallum	December 2019 – March 2020
27 regional key informant interviews conducted in Manila, Cebu and Zamboanga.	Center for Health Solutions and Innovations	February – March 2020
Presentation of key report findings to Global Fund stakeholders	Megan McLemore, Nina Sun	June 2020

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going 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. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
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: 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.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

National interviews – 17 key informants with a total of 23 interviews

1. Loyd Brendan Norella, Chief of Party – Global Fund HIV ACER Grant, and Rigil Leyva, Monitoring and Evaluation Manager, Save the Children
2. Anastacio Marasigan, Jr., Executive Director, and Noemi Leis, Program Manager, TLF Share
3. Joshua Young, Program Manager, and Elsa Chia, ASP Project Officer for PWID, AIDS Society for the Philippines
4. Ronivin Garcia Pagtakhan, Founder/Executive Director, The Love Yourself
5. Johann Nadela, IDU Care
6. Mary Catherine Alvarez, Executive Director, StreetLawPH
7. Amara Quesada-Bondad, Executive Director, Action for Health Initiatives (ACHIEVE)
8. Reno Carter Nalda, Program Manager, Philippine Business for Social Progress (PBSP)
9. Eden Divinagracia, Executive Director, Philippines NGO Council for Population, Health and Welfare (PNGOC)
10. Kathy Fiekert, Senior TB Consultant/ Team Co-ordinator Health Systems Solutions & Key Populations, KNCV Tuberculosis Foundation
11. Anna Marie Celina Garfin, National Tuberculosis Control Program Manager, Department of Health
12. Jose Gerard Belimac, Program Manager – National HIV and AIDS Prevention and Control Program, Department of Health
13. Emilia Aquino, Project Officer II, Philippine Country Coordination Committee (PCCM) Secretariat
14. Louie Ocampo, Country Director, UNAIDS Philippines
15. Jesus Torres, Chief, Economic, Social and Cultural Rights (ESCR) Center, Commission for Human Rights
16. Bryn Sakagawa, Health Office Director; Michelle Lang-Alli; Tito Rodrigo, Project Management Specialist; and Ernesto Bontuyan, Project Management Specialist, USAID
17. Bai Bagasao, HIV Consultant

Regional-level key informant interviews with civil society organization officials and service providers – 27 total interviews

Site	KII Respondent Type		Total
	CSO Rep	Service Provider	
Luzon (City of Manila)	5	3	8
Visayas (Cebu City)	5	5	10
Mindanao (Zamboanga City)	5	4	9
Total/Respondents	15	12	27

- In Manila, respondents included representatives from Association of Positive Women Advocate Incorporated, Community and Family Services International, Babaylanes, Love Yourself, Positive Action Foundation Philippines Incorporated, Pinoy Plus, and Decent Image of South Signal Association.

- In Cebu, respondents included representatives from Cebu United RAINBOW LGBT Sector, Responsible Youth, Commission on Human Rights Region 7, Vicente Sotto Memorial Medical Center (VSMMC), Cebu City Health Office, REPUS ANGELS, IDU Care, and Cebu City Police Office.
- In Zamboanga, respondents included representatives from ASP/MARIPOSA, MUJER LGBTQ+, Zamboanga City Health Office, and Canelar Main Health Center.

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. Global Fund to Fight AIDS, Tuberculosis and Malaria. *Baseline Assessment: Philippines* (2019).
2. Global Fund to Fight AIDS, Tuberculosis and Malaria, Multi-stakeholder Meeting Report - Highlights (18-19 February 2019)
3. Global Fund to Fight AIDS, Tuberculosis and Malaria, Multi-Stakeholder Meeting Report – Annex 1 - Forum Concept and Program (18-19 February 2019)

Global Fund Documents (all documents on file with the Global Fund and the MTA research team)

4. Global Fund, Grant Management Data
5. Budget of the Philippine Business for Social Progress
6. Budget of Save the Children Federation, Inc
7. KPI 9b data
8. Matching Fund Request Workplan and Budget
9. Matching Funds Review and Recommendation Form
10. Community, Rights and Gender (CRG). *Report – Philippines* (2019)
11. GF Country Team Philippines – Case Study
12. McCallum L and Falkenberry H. (September 2018) *Assessment of HIV Service Packages for Key Populations in the Philippines*. APMG Health, Washington, DC.

Country Documents

13. Republic of the Philippines, Philippine National AIDS Council. *6th AIDS Medium Term Plan 2017-2022: Synergizing the Philippine HIV & AIDS Response* (Draft December 2016)
14. Republic of the Philippines, Disease Prevention and Control Bureau, Department of Health. *Health Sector Plan for HIV and STI 2015-2020*
15. Republic of the Philippines, Disease Prevention and Control Bureau, Department of Health. *Philippines Health Sector – HIV Strategic Plan, 2020-2022 (draft – 29 March 2020)*
16. Republic of the Philippines – Department of Health, WHO, Save the Children, USAID, UNAIDS. *National Joint HIV Program Review Philippines, 2019* (Sept-Nov 2019) [PowerPoint, 43 slides-CONFIDENTIAL]
17. Republic of the Philippines – Department of Health. *Joint Program Review 3-14 Oct 2019* (14 Oct 2019)
18. Summary of Findings and Recommendations by Thematic Areas [31 PDF slides]
19. Republic of the Philippines – Department of Health. *2017-2022 Philippine Strategic TB Elimination Plan: Phase 1 (PhilSTEP 1)* (Final Draft: Feb 2019)
20. Commission on Human Rights – Republic of the Philippines. *Annual Accomplishment Report – January to December 2017* (2017)
21. Republic of the Philippines, National Tuberculosis Control Program, Department of Health. *Manual of Procedures, 6th Edition* (27 March 2020)
22. Republic of the Philippines, Department of Health. *Updated Philippines Strategic TB Elimination Plan, Phase 1: 2020-2023* (draft 24 March 2020)
23. Republic of the Philippines, Congress of the Philippines. *Republic Act no. 11166: Philippine HIV and AIDS Policy Act* (23 July 2018)
24. Philippine National AIDS Council. *Republic Act no. 11166 – Implementing Rules and Regulations* (12 July 2019)

25. National Tuberculosis Control Program. *Training for Health Workers Providing TB Services – Participant’s Handout* (2020)
26. Republic of the Philippines, Philippine National AIDS Council. *Certification of 23 March 2020* (2020)
27. Republic of the Philippines, Department of Health. *Guidelines for Service Delivery for People living with HIV Affected by Community Quarantine* (2020)

Relevant Third-Party Resources

28. Demographic Research and Development Foundation and Pinoy Plus. *The Philippine People Living with HIV (PLHIV) Stigma Index 2.0* (2019)
29. UNAIDS. *Seeking Redress for HIV-Related Violations of Human Rights in the Philippines* (2012)
30. UNAIDS. *Fast Track Cities in Ending the AIDS Epidemic* (presentation from UNAIDS Country Office – on file with MTA team)
31. UNAIDS. *Revolutionizing HIV/AIDS Response of Cities in the Philippines: A practical guide for city mayors* (on file with MTA team)
32. USAID. *Rapid Assessment of Gender Issues in Accessing TB Care in Selected USG Cities* (DATE NEEDED)
33. USAID, TB Innovations and Health Systems Strengthening Project. *Key Findings and Recommendations from the TB IHSS Gender Analysis* (31 March 2020) – presentation on file with MTA team
34. Save the Children. *Global Fund HIV Grant in the Philippines 2018 to 2020* (2019) (on file with the MTA team)
35. The Love Yourself, AIDS Society for the Philippines, Philippines NGO Council, TLF Share, Shell Corporation. *Champion Community Center* (2019) (presentation on file with MTA team)
36. *Accomplishments of the Justice Access Liaison Officers, 2018* (2019) (on file with MTA team)
37. Dure Technologies. *Technical Specifications Document- Community Based Monitoring and Reporting* (on file with MTA team)
38. Safe Open Space presentation (January 2020) (on file with MTA team)
39. Wagayway Batangas Equality Coalition. *Meeting Narrative Report* (25 February 2019)
40. TLF Share Collective. *Legal Literacy Training Module - A Community Resource Guide to Reducing HIV-Related Human Rights Barriers for PLHIV, MSM, and TGW* (06 March 2019)
41. TLF Share Collective. *Legal Literacy Training Module - A Community Resource Guide to Reducing HIV-Related Human Rights Barriers for People Who Use/Inject Drugs* (26 March 2019)
42. TLF Share Collective. *Legal Literacy Training Module - A Community Resource Guide to Reducing HIV-Related Human Rights Barriers for Young Key Populations* (06 March 2019)
43. TLF Share Collective. *Legal Literacy Training - Key Populations in HIV and AIDS Interventions - PWID Echo Training Tool Kit* (2019)
44. Philippine NGO Council for Population, Health and Welfare (PNGOC). *The JALO Program* (February 2020) (presentation for the Forum on Forging an Alliance of Paralegals for HIV-Related Cases and Issues for the De La Salle College of Law – on file with MTA team)
45. United Nations, Human Rights Council, *Compilation on the Philippines – Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/WG.6/27/PHL/2* (27 February 2017)
46. Rule of Law Index: Philippines.
47. Epidemiological Review Philippines, 2019
48. Global AIDS Monitoring. *Philippines* (2018)
49. Action for Health Initiatives (ACHIEVE). *Progress Report on the Aid4AIDS Program* (2019)
50. UNAIDS, UNDP. *Treatment and Care Concerns of People living with HIV in the Philippines in the Time of COVID-19* (2020)

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- ³ For HIV: Global Fund. (2019). *Technical Brief: HIV, Human Rights and Gender Equality*. https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000; For TB: Global Fund. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*. https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=637181442000000000
- ⁴ “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas
- ⁵ AIDS Data Hub. Philippines. <https://www.aidsdatahub.org/Country-Profiles/Philippines>
- ⁶ UNAIDS. (2018). *Philippines Country Factsheet*. <https://www.unaids.org/en/regionscountries/countries/philippines>
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- ⁸ Republic of the Philippines, Department of Health, Epidemiology Bureau. *HIV/AIDS & ART Registry of the Philippines*. (2019). https://aidsdatahub.org/sites/default/files/publication/EB_HARP_Report_January2019.pdf
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- ²⁹ Youtube. (2019). KKD videos, TLF Share. <https://www.youtube.com/user/MsSumbad/>
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- ³⁸ PNGOC, The JALO Program [presentation for the Forum on Forging an Alliance of Paralegals for HIV-related Cases and Issues – De La Salle College of Law], February 2020, on file with MTA team
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- ⁵⁶ UNAIDS. (2020, April 8). *Ensuring that people living with HIV in the Philippines have access to treatment during COVID-19*. https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines
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