Policy and Advocacy Efforts for HIV and AIDS Prevention

The AIDS Surveillance and Education Project Experience in the Philippines

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table of contents

acknowledgements

This report synthesizes the experiences of the Policy and Advocacy efforts of the AIDS Surveillance and Education Project (ASEP) in the Philippines. It draws on numerous project reports and documents written by key ASEP personnel, namely: Carmina Aquino, the ASEP Program Manager, Leona D'Agnes, the Technical Director, Joan Regina Castro, the STD Medical Specialist, and Ma. Elena Borromeo, the IEC Specialist. External authors that assisted with the synthesis and preparation of this report include PATH Consultant Karen Schmidt and PATH Program Officer Kirrin Gill.

This report also cites findings from several external evaluation reports and draws on the work, ideas, and contributions of local NGO and pharmacy partners who made ASEP Education possible. Also invaluable were inputs from local government officials and health workers, as well as staff and consultants of PATH Philippines, particularly Lyn Rhona Montebon, the ASEP Program Monitoring Specialist, Enrique Hernandez, ASEP's Policy Advisor, and Cristina Mutuc, ASEP Program Associate.

Forty-nine private-sector organizations have collaborated with PATH on the implementation of ASEP activities since 1993. Foremost amongst these are eleven organizations that contributed to the development and reform

of local ordinances and policies for HIV/AIDS and STD prevention in ASEP's eight sites. These include:

- Angeles City University Foundation (AUF), Angeles City
- Bidlisiw Foundation Inc, Cebu City
- Free Rehabilitation, Economic, Education & Legal Assistance (FreeLAVA), Cebu City
- Human Development & Empowerment Services (HDES), Zamboanga City
- Kabalikat ng Pamilyang Pilipino Inc., Quezon City
- Mahintana Foundation, Inc., General Santos City
- Pearl S. Buck International, Inc. (PSBI), Angeles City
- PROCESS Foundation, Inc., Iloilo City
- SHED Foundation, Inc., General Santos City
- University of the Philippines Center for Integrative & Development Studies
- Wo/Men's Access to Vital Education and Services, Inc. (WAVES), Davao City

list of acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASEP	AIDS Surveillance and Education Project
AUF	Angeles City University Foundation
BCC	Behavior Change Communication
BCPC	Barangay Council for the Protection of Children
BLAaCP	Barangay Legal Action Against Child Prostitution
CHO	City Health Office
CHOW	Community Health Outreach Worker
COPE	Community Outreach and Peer Education
DOH	Department of Health
RFSW	Registered Female Sex Workers
FFSW	Freelance Female Sex Workers
HDES	Human Development & Empowerment Services
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
IDU	Injecting Drug User
IEC	Information Education and Communication
KAP	Knowledge, Attitudes and Practices
LAC	Local AIDS Council
LGU	Local Government Unit
MSM	Men who have Sex with Men
NAC	National Advisory Council

NGO	Non Governmental Organization
PATH	Program for Appropriate Technology in Health
PE	Peer Educator
PNAC	Philippine National AIDS Council
PoCoMon	Policy Compliance Monitoring
PSBI	Pearl S. Buck International, Inc.
SALU	Social Action for Life's Upliftment
SHC	Social Hygiene Clinic
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development
WAVES	Wo/Men's Access to Vital Education and Services, Inc.
WHO/WPRO	World Health Organization/Western Pacific Regional Office

introduction

In 1992, the United States Agency for International Development (USAID) authorized the AIDS Surveillance and Education Project (ASEP), designed to prevent the rapid increase of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) in the Philippines by reducing HIV and sexually transmitted disease (STD) risk behaviors and by promoting collaboration between non-governmental organizations (NGOs) and city health departments. ASEP was faced with one primary challenge: mobilizing Filipinos, from the highest levels of politics to the most vulnerable people, to recognize that despite apparently low levels of HIV, Philippines was, and remains, at risk of a rapid spread of HIV. As a low-prevalence country, the Philippines' challenge is to keep risk perception high even though prevalence is low.

ASEP, a ten-year, US$19 million project, began in 1993 with two components. The surveillance component, including HIV Sentinel Surveillance (HSS) and Behavioral Surveillance Systems, was carried out by the Department of Health (DOH) and local government partners, with funding through a grant from USAID to the World Health Organization. The education component is carried out by Program for Appropriate Technology in Health (PATH) and local partner NGOs through a cooperative agreement with USAID. [1] By the end of the project, surveillance activities were being carried out in ten cities (eight project and two non-project) and education activities were underway in eight of those sites. Both components focus on those most at risk of

contracting and transmitting HIV, especially sex workers, their customers, men who have sex with men (MSM), and injection drug users (IDUs).

The Philippines' first AIDS case was diagnosed in 1984. By 1992, 84 cases of AIDS had been reported, and screening in a few cities had identified fewer than 300 people seropositive for HIV. Nonetheless, certain high-risk behaviors were believed to be widespread, including unprotected commercial sex work, and needle sharing in IDUs. Although data on HIV prevalence and risk behavior was sketchy, the potential for further spread of HIV was evident. In addition, although many Filipinos had heard of HIV, they lacked specific knowledge about the disease, its transmission modes, and how best to protect themselves [1]. For example:

- A 1993 study found that 63 percent of male respondents had never used a condom; among women respondents in the 1993 Demographic and Health Survey, less than 1 percent said their partners had recently used a condom. A 1994 study of condom use among high-risk groups in Manila, Cebu, and Davao found condom use to be low across sites and groups. [28]
- In 1994, a survey of 1,000 urban men revealed that 25 percent of married men reported at least one extramarital partner in the previous year. The same survey reported that 72 percent of respondents never used condoms with their extramarital partners. [2,30]
- In Metro Manila, casual and commercial sex were reported to be common, with up to 12 percent of males aged 20 to 24 paying for sex and 27 percent of males in the same age group reporting casual sex in the previous year. [28]

- Though awareness of HIV/AIDS was high (85 percent had heard of AIDS in a 1993 survey), misperceptions were common. Many people believed HIV could be transmitted through casual contact, and even health workers were ill informed.

In its final evaluation in May 2001, ASEP was deemed a "highly successful project that has accomplished a great deal at a relatively low cost." [14] The evaluation cited three major accomplishments:

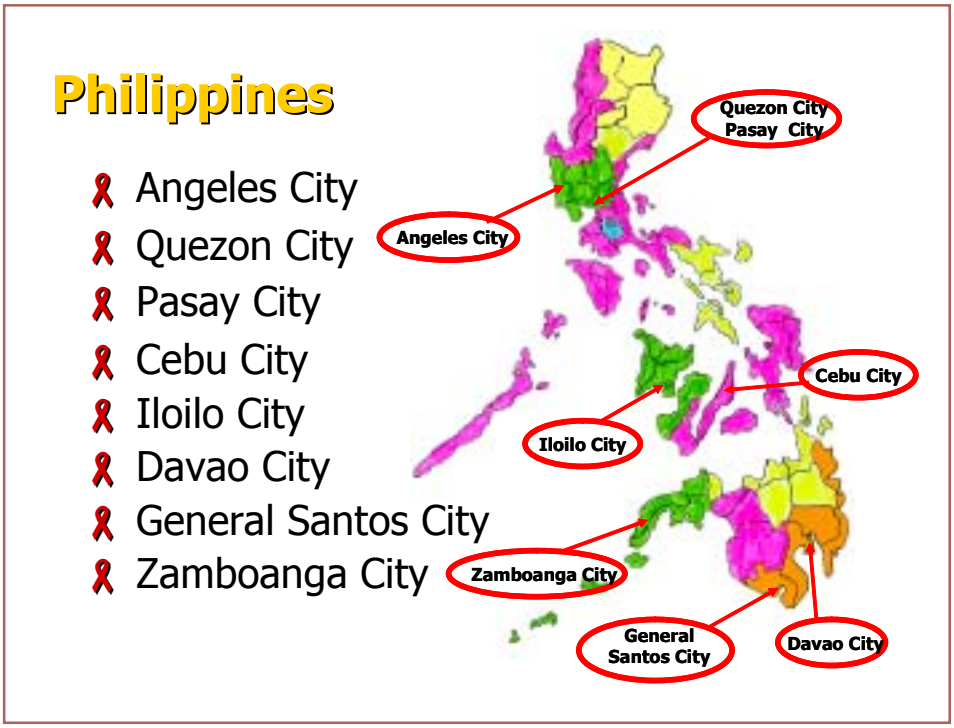
- ASEP's surveillance determined that HIV prevalence remained low, less than 1 percent of adults, even among high-risk groups. However, behavioral surveillance shows that high-risk behaviors are still common, creating a potential for a rapid increase in infections.
- ASEP demonstrated that local NGOs can develop effective education programs for hard-to-reach groups at highest risk of HIV infection, and progress was made toward promoting risk reduction behaviors.
- ASEP showed that local governments could be actively engaged in supporting and conducting STD/HIV/AIDS prevention programs, particularly surveillance. [14]

Despite such achievement, local governments requested more time to assumes full responsibility for the program and a two-year phase-out plan was supported by USAID to facilitate the transition (2001-2003).

ASEP education component

The education component focused on three main areas: Community Outreach and Peer Education (COPE), STD case management, and Policy and Advocacy. This document describes the activities of the Policy and Advocacy component and is part of a series designed to highlight the best practices and lessons learned from ASEP's experience in HIV prevention in a low-prevalence country. The series also includes:

- Best Practices in HIV and AIDS Prevention Education.
- Community Outreach and Peer Education for HIV and AIDS Prevention
- STD Management for HIV and AIDS Prevention



Evolution of ASEP's Policy and Advocacy Activities

Originally, the ASEP education component focused on interventions to encourage *individual* behaviors to reduce the risk of HIV infection. The 1997 ASEP evaluation highlighted the need for a more comprehensive approach that also addressed *structural*, *contextual,* and *policy* constraints to reducing HIV risk. The need for a broader strategy was first articulated at the National Program Review meeting in Cebu in November 1996. In response, ASEP implemented a multi-city study of the regulation of commercial sex in urban Philippines. The study identified a number of local policies regulating commercial sex that were discriminatory, violations of human rights, and/or counterproductive to HIV prevention. In addition, other ASEP partners had documented environmental constraints to HIV risk reduction. [8]

Some of the documented structural and environmental constraints included:

- Local ordinances that limited Social Hygiene Clinic (SHC) services to registered female "entertainers," thus excluding freelance and underage sex workers, who are at higher risk.[1]
- Standard operating procedures of law enforcement agencies that provide for the closure of entertainment establishments found with condoms, which are considered evidence of prostitution.
- Clauses in collective bargaining agreements for factory workers providing for possible termination of workers with STDs, providing a disincentive to seek diagnosis and treatment.

[1] Sex work is illegal in the Philippines, but it is common for women and men employed in entertainment establishments such as nightclubs, saunas, or videoke/karaoke bars to offer their services to customers during or after working hours. These workers are registered as "entertainers," "hospitality workers," "bar girls," or "guest relations officers." They are required to undergo regular STD testing at government Social Hygiene Clinics.

- Law enforcement procedures providing for the arrest of individuals buying syringes without a prescription. [33]
- Poor access to STD treatment.
- Failure of the legal system to suppress child sex work.
- Sex establishment managers who discourage condom use.
- Inadequate financial support for HIV and STD prevention. [34]

In 1998 following the assessment (1997) recommendation, ASEP developed and implemented comprehensive STD and HIV prevention action plans, including interventions at the individual, structural, and environmental level establishing local multi-sectoral AIDS councils and generating new revenue sources to finance prevention activities and ensure their sustainability. Since health services in the Philippines had been devolved to the local level in 1993, the focus on local government was seen as crucial. ASEP also worked with the private sector on activities such as support for reform of local ordinances and policies, social marketing of STD kits, assisting entertainment establishments in implementing condom use policies, and mass media. [8] Over the course of the ASEP project, Policy and Advocacy efforts included four main sub-projects:

- The Philippines-Thailand Technical Exchange Program for HIV/AIDS Prevention and Control (1995-1997)
- Social Mobilization for the Creation of Multi-sectoral AIDS Councils (1997-2002)
- Policy Compliance Monitoring for HIV/AIDS/STD Prevention (PoCoMon) (2000-2002)

[2] The barangay is the smallest political unit in the Philippines.

- Barangay[2] Legal Action Against Child Prostitution (BLAaCP) (2000-2002)

ASEP Achievements in Policy and Advocacy

- Ordinances creating local AIDS councils and implementing prevention policies passed in all eight ASEP education sites; all but one of the sites adopted five basic HIV prevention policies, including 100 percent condom use in registered establishments. Davao, the only exception, did not include the condom use provision. [38]
- Local governments in eight sites appropriated more than 15 million pesos between 1997 and 2003 for HIV and AIDS prevention activities, including surveillance.
- By September 2000, all eight sites had developed STD/HIV prevention action plans. [36]
- ASEP conducted seven separate policy studies on structural and environmental constraints to HIV prevention in ASEP sites. [36]
- Barangay Councils for the Protection of Children (BCPC) were reactivated in 44 barangays spanning five sites; [37] more than 50 volunteer advocates were recruited, trained, and maintained through BLAaCP.
- During 2000-2001, 72 NGO personnel in six sites were trained in legal advocacy, policy reform, resource mobilization, and creation of multisectoral AIDS councils. [37]
- By 2003, more than 500 entertainment establishment owners in seven sites were supporting a 100 percent condom use program [41]
- By 2000, nearly 100 establishment owners in Cebu were partially funding peer educators (PEs) to encourage and monitor 100 percent condom use. [14]

The Philippines-Thailand Exchange

Though PATH's Policy and Advocacy activities in ASEP sites began officially in 1998, the seeds for this component were planted two years earlier when ASEP dispatched teams made up of government and nongovernmental representatives to Thailand to study the successful HIV prevention and control activities underway in that country. The idea for the activity emerged in September 1994 when PATH facilitated a meeting between the Philippine DOH Secretary Juan Flavier, USAID OPHN Chief Dr. Voulgaropoulos, and Mr. Mechai Viravaidya, the world-renowned advocate for strong HIV prevention and control in Thailand. A technical exchange between policy makers and AIDS program managers from the two countries was planned and USAID subsequently approved PATH's request to support a series of study tours through ASEP. [6]

In 1995, 23 local government executives and six NGO representatives from six target cities participated in the first two study tours, traveling to Thailand to observe the work of their counterparts in the Thai national AIDS program. This had several positive results. Many participants returned as strong government and private-sector advocates for HIV prevention, and the government and NGO representatives were more inclined to collaborate after participating together in the study tour. In

addition, as a required output of the activity, participants from each site developed city action plans. [26]

The exchange continued in early 1996 with a "high-level" technical exchange. Senior-level executives who traveled to Thailand included the Undersecretary for Public Health; Undersecretary for Social Development at the Office of the President; Undersecretary for the Department of Budget and Management; Assistant Secretary of the Department of Justice; Assistant Secretary of the Department of Social Welfare; and Senator Freddie Webb; the Chair of the Senate Committee of Health.

This high-level exchange, like the other exchanges, was designed to build capacity at the local and national levels through collaborative efforts between Thailand and the Philippines in the transfer of know-how and experience in HIV prevention and control. It also had the effect of sensitizing participants at all levels: Senator Webb went on to author the national AIDS law, cited by UNAIDS as a best practice (see box). Quezon City Councilor Fresca Biglang Awa, a nurse, saw the severity of the epidemic in Thailand and on her return vowed that the same thing would not happen in her city. Erliza Estrada, a CHOW with Kabalikat ng Pamilyang Pilipino, an NGO working in Metro Manila, was equally inspired by her visit to Thailand. After meeting people living with HIV and AIDS, she became more and more determined to help and promised herself that she would stay connected to NGO work.

Syphilis surveillance:
A marker for risk behavior helps build political will for better HIV and STD prevention

The Philippines' low HIV prevalence is certainly good news, but it presented a challenge for ASEP: unless policy makers could be convinced that AIDS was truly a threat, they would balk at spending political and financial capital to control it. In 1994, ASEP's surveillance component, which conducted periodic serosurveys among people at high risk of HIV infection, began testing the same aliquots blood samples for syphilis infection, to provide a proxy measure for risky sexual behavior. The results showed alarmingly high levels of syphilis, with up to 16 percent of samples RPR positive. The rates were generally higher among freelance female sex workers as compared to their registered counterparts, but in Angeles City, the rate among registered sex workers was nearly 10 percent. [32, 12] These results showed that risky sexual behavior was occurring, and in one ASEP site, Zamboanga, the news became a public relations problem for the city health department, which was accused of neglecting its duties. By showing LGU officials the magnitude of the STD problem in their community, the syphilis data demonstrated the potential magnitude of the HIV problem. "Once they know that, it becomes a political issue," said Austere Panadero, Assistant Secretary for Human Resources for the Department of the Interior and Local Government, and co-chair of the Philippine National AIDS Council (NAC). "And once it's a political issue, they have no choice but to address it."

Over the life of the project, syphilis prevalence among freelance sex workers in Zamboanga declined from 8 percent in 1997 to 3 percent in 2003. Similarly, rates of syphilis prevalence among registered sex workers dropped from a high of 3 percent in 1996 to 1 percent in 2003. Although MSM were not included in HSS activities until later, a modest decline in syphilis prevalence was also observed in this group (from 10 percent in 2001 to 9 percent in 2003).

Social Mobilization for Creation of Multi-sectoral Local AIDS Councils

Following the Philippines-Thailand Exchange, ASEP and its NGO partners continued to help facilitate implementation of city plans of action for HIV and AIDS and to support the creation of multi-sectoral local AIDS councils (LACs). Each of the eight ASEP education sites had its own unique political climate that had to be considered in the effort to mobilize political action for HIV prevention: personalities, organizations, history, political and economic realities, the nature of the local sex industry, and other factors that all work together. Recognizing this, PATH and its implementing NGOs took each site as a separate challenge, relying on proven strategies, innovation, and pure persistence to institutionalize HIV and AIDS prevention.

Though in some sites, such as Angeles, a local AIDS task force had already been established through an executive order of the mayor, it lacked permanency. An ordinance, a local law passed by the City Council, would outlast changes of administration and create a funding mechanism for prevention activities. In each site, the local entertainment industry was brought in as a partner in the effort, with ASEP successfully convincing most entertainment owners that STD and HIV prevention was ultimately good for everyone. By the end of the ASEP project, all eight sites had enacted ordinances creating local AIDS councils and most had passed into law five prevention policies developed by PATH, ASEP partner NGOs, and volunteers from the entertainment industry. In fact, only one site, Davao, failed to enact all five policies, and there only the condom policy was left out of the ordinance.

The Five Policies

- Condom access and 100 percent condom use in registered establishments.
- Mandatory AIDS and STD education for entertainers employed by registered establishments and in some cases for the owners and managers as well.
- Improvements to existing regular medical examination of entertainers.
- Requirement that operators/managers of entertainment establishments provide the city government with their establishments' documented policies or guidelines governing entertainers' welfare, i.e., health.
- Nonhiring of minors by registered establishments.

Two Pilots: Angeles and General Santos

In Angeles City, ASEP's local NGO partner, Social Action for Life's Upliftment (SALU), successfully facilitated the creation of the Angeles City AIDS Council in 1998 through an executive order of the mayor. SALU also successfully advocated for a policy requiring condom use in registered establishments and STD/HIV prevention education for entertainment workers. The mayor himself called an assembly of bar owners to announce the policies – implicitly suggesting that those who did not comply could have trouble with their city permits. All 107 licensed establishments in the city subsequently endorsed both policies. [34]

The Angeles University Foundation (AUF) continued the social mobilization work in 1999, facilitating the development and passage of an ordinance that strengthened the council and mandated all five prevention policies. The ordinance, enacted in August 2000, also gave

the council a regular budget and changed the name of the SHC to the Reproductive Health and Wellness Center, reflecting an effort to provide more comprehensive reproductive health services to a wider variety of clients. [26] The effort was not without challenges: religious leaders questioned the condom policy, but AUF, with the help of the city health officer, avoided confrontation by emphasizing condoms' role in disease prevention, rather than family planning.

In General Santos City, the STD/HIV Prevention and Control Council was established in 1996 by the mayor following social mobilization efforts by ASEP [32]. Later, the Mahintana Foundation worked closely with entertainment operators to shepherd the passage of the ordinance on the five prevention policies in August 2000. Unlike in Angeles, this ordinance did not institutionalize or budget for the existing multisectoral council, though the city government did appropriate 800,000 pesos for City Health Office (CHO) STD/AIDS prevention activities in 2001. [26] In addition, the ordinance institutionalized the existing General Santos Entertainment Operators Association and tasked it with formulating the rules and regulations for entertainment establishments, helping the LGU police the establishments, and monitoring compliance with the ordinance.

Once it became clear that the social mobilization efforts underway were showing results in Angeles and General Santos, PATH began supporting

partner NGOs in other sites to move forward with formal policy and advocacy efforts and by the end of 2002 key ordinances had been enacted in all eight sites. The process and experience in each site was different. For example, in Iloilo City the LAC started by advocating for one policy at a time. In 2000, the city enacted the first ordinance, mandating compulsory STD/HIV prevention education for registered sex workers. [36] A later ordinance, enacted in 2002, legislated the other four policies and institutionalized the Iloilo City STI/HIV/AIDS Council. In Davao, the only site where all five prevention policies were not enacted and the only site where the ordinance met considerable public opposition, only the condom policy was not enacted.

Strategies: Champions for the Cause

NGO partners were trained and supported to apply a variety of social mobilization techniques, but one strategy turned out to be crucial: the selection of policy "champions." These were individuals targeted because of their interest in AIDS or health in general, their political or personal connections, and their influence in the community and especially within the LGU. The ideal champion was interested, well connected, popular, respected, and influential in the political establishment. In identifying champions, NGOs learned the importance of understanding and considering what the champion had to gain (or lose) by sponsoring an ordinance. [24]

In some cases, the champion came directly from the LGU's health department. For example, in Angeles, Pearl S. Buck International Inc. developed a strong relationship with both the city health officer and the physician in charge of the social hygiene clinic. The physician, Dr. Tersest

Esguerra, went on to become the co-chair of the Angeles City AIDS Council and director of the Reproductive Health and Wellness Center. However, in Cebu, although the city health officer was a staunch supporter of ASEP, he did not think a local AIDS council was needed at that time. He later left his post, and an ordinance was finally passed in December 2002.

> *"You must know the different dynamics of the local government unit, its strengths and weaknesses…In order to fight the enemy, you must know their weaknesses."*
>
> — Cristanto Amper, Project Manager, FreeLAVA, Cebu

> *"We in the city are very thankful for the NGOs. We are able to make this happen because of NGOs."*
>
> – Hon. Christopher I. Alix, City Councilor and Policy Champion, Cebu

Many champions were recruited from the City Councils. In Zamboanga City, Councilor Beng Climaco became involved in efforts at the barangay level after leadership of the Women and Family Relations Committee was given to another councilor. Eventually all eight city councilors became champions, and the Zamboanga City Multi-sectoral AIDS Council has

become highly visible and active in the city. [24] NGOs also enlisted support from the entertainment establishment. [24] The ASEP partner NGO, HDES, is a strong member of the council. The Zamboanga Entertainment Association is a strong supporter, even passing a "Manifesto of Support" to strictly comply with city ordinances and national laws, and is helping in the implementation of the five policies.

In General Santos, the president of the entertainment association endorsed the ordinance to other association members and spoke in favor of the five prevention policies before the City Council. In Angeles, the three industry associations showed varying degrees of interest, but in the end all three supported the ordinance. In Cebu, members of the Entertainment for Clean Night Life Association endorsed an agenda for STD/HIV prevention at the association's 1997 conference, including a 100 percent condom use policy. [34]

The premise of the work with the entertainment industry, especially efforts to promote 100 percent condom use in registered establishments, was that "What's good for entertainers is good for customers, is good for business." [34] This poster was distributed in the ASEP sites.

Once they identified their champions, NGOs used many techniques to encourage the champions to move forward with the ordinance, but the most valuable technique was simple persistence. Moving the political system required continual follow-up: going to City Hall every day; visiting the

stakeholders; leaving IEC materials in the hope that they would reach the mayor or councilors; and inviting key staff members for seminars, orientations, and special events. Charlene Taboy, Kabalikat's Executive Director, said they learned it was important to make these seminars convenient to City Hall and to serve lunch or refreshments – anything to bring in key staff members.

In Pasay City, Kabalikat's policy coordinator, Noel Dionisio, approached the task thoughtfully and systematically. He started by studying the situation and asking other ASEP NGOs for advice. Then, he gave himself a deadline: at the time ASEP was due to end in September 2002, so he decided the ordinance had to be enacted by April. Then he focused on two champions, visiting and calling every day for weeks and providing a model ordinance from another ASEP site. After adaptations, the ordinance was eventually fast-tracked by one of the champions and passed in 2002. Now, the city is funding the development of implementing rules and regulations, and the CHO holds mandatory HIV and AIDS education each week for new entrants to the entertainment industry. In Pasay, Kabalikat also learned the value of persistence: it took months for advocates to get a meeting with the mayor. The meeting, when it finally happened, lasted just five minutes, but that was enough to obtain the mayor's full support.

Despite ASEP's success at facilitating the passage of local ordinances, it was only a first step. NGOs have learned that an ordinance is not always enough to ensure implementation of prevention activities. In all sites, NGOs and LAC members developed proposals, which were submitted to LGUs, for funds to support COPE, policy compliance monitoring, STD outreach and other activities. [37] But in some cases, though the

ordinance and an operating budget were passed, because of budget constraints or lack of motivation, the city did not implement activities or monitor policies. In other cases, funds were appropriated but were not earmarked for education interventions: in Quezon, for example, most of the local funds went for honoraria for AIDS council members or health department staff involved in HIV surveillance.

Table 1: Local Financing for HIV/AIDS Prevention Activities in ASEP Sites, 2002 and 2003. [38]

City	2002		2003	
	Total Amount Allocated in City Ordinances for HIV/STD/AIDS prevention (Pesos)	Amount for Education (Pesos)	Total Amount Allocated in City Ordinances for HIV/STD/AIDS prevention (Pesos)	Amount for Education (Pesos)
Angeles	1,782,160	230,000	1,700,756,	100,000
Pasay	306,211	0	1,500,000	202,000
Quezon	1,326,557	0	1,935,619	0
Davao	671,499	0	453,299	0
General Santos	619,439		1,000,000	0
Zamboanga	0		2,500,000	400,000 – 1,000,00
Iloilo	0		503,000	303,000
Cebu	0		250,000	100,000
Total	3,379,309	230,000	4,388,918	400,000

Policy Compliance and Monitoring for HIV/AIDS/STD Prevention

The PoCoMon project began in 2000 to help with implementation and monitoring of the HIV prevention policies being enacted. As LACs were being formed and city policies and ordinances enacted, it became clear that some sort of monitoring would be needed if the policies were to truly change the environment and ultimately help prevent HIV. This entailed

facilitating the development of implementing rules and regulations for the policies and creating simple tools and protocols to monitor compliance. As with the social mobilization efforts, the experiences of the PoCoMon project varied depending on the site:

- In Quezon, Kabalikat organized a monitoring group composed of people from various city departments. The NGO developed a monitoring tool, and for several months the groups visited entertainment establishments to monitor compliance with the five prevention policies. The monitoring effort was not sustained, however, because no funds were available for transport, meals, or honoraria.
- In Pasay, the PoCoMon subproject ended before the monitoring team was formed, but Kabalikat submitted all of the tools and information to the mayor.
- In General Santos and Angeles, partners spearheaded the formulation of implementing rules and regulations to facilitate compliance with the five policies and developed a simple tool to monitor this compliance. [36] However, a December 2002 evaluation of PoCoMon stated that in regard to monitoring implementation of the prevention policies, "the current situation of Angeles City still leaves much room for improvement," with no comprehensive monitoring system in place. [24]
- In Zamboanga, implementing rules and regulations and compliance monitoring protocols are in place in a collaborative effort that includes the Zamboanga Entertainment Association. The December 2002 evaluation concluded, "some success has been achieved" in Zamboanga's monitoring efforts.

- In Cebu, the last site to enact an ordinance, the LAC was given the task of monitoring compliance, and implementing rules and regulations were being formulated.

Perceived Controversy in Davao City

In most sites, the STD/AIDS ordinances raised relatively little controversy either from the City Council or the general public. In Davao, however the proposed ordinance went through eight revisions and two readings – and plenty of public debate – before it was finally passed in June 2002.

Davao had an existing AIDS Council, established by an executive order of the mayor in 1998. By the time ASEP came in with its policy and advocacy efforts, however, the situation was complicated: More than 30 NGOs were doing AIDS work, some of them in conflict with one another, and there had been frequent turnover in the positions of city health officer and SHC physician.

Two aspects of the proposed ordinance proved especially controversial: some feminist NGOs objected to the focus on sex workers, claiming that targeting them was discriminatory and stigmatizing and placed an undue burden for HIV prevention on female sex workers. Requiring HIV and AIDS education only for female sex workers, they said, made it seem as if sex workers were the only ones vulnerable to HIV. They also argued that the ordinance did not deal with the issue of the power imbalances between sex workers and their clients or managers. Also controversial was the provision requiring condoms to be available in entertainment establishments where sex workers were believed to be working. Opponents claimed this legitimized prostitution and could promote promiscuity.

The Davao Entertainment Industry Association, organized with ASEP's help, sponsored a signature campaign in support of the ordinance, gathering more than 500 signatures. Opponents responded with a signature campaign of their own. During a council session in May, opponents brought placards into the meeting hall.

But ASEP's NGO partner, WAVES, persevered. Reynald Zamora, the WAVES Executive Director, visited councilors one by one, going to their homes sometimes as early as 6 a.m. in order to be the first person in line.

Eventually, all of the issues were resolved, with some compromise: The condom policy was not included in the Davao ordinance. Ultimately, Alma Mondragon, the head of the opposition group Alliance Against AIDS in Mindinao said the final ordinance was "comprehensive, gender-based, and non-discriminatory."

BLAaCP: Policy efforts for the protection of children

The Barangay Legal Action Against Child Prostitution sub-project was implemented to address specific and disturbing findings of surveys on sexually exploited children under 16. The surveys, conducted in 2000 by PATH and NGO partners, revealed that about half of sex workers are in effect adolescents (15-17 years of age), suggesting a serious need to help protect children from entering into prostitution and from sexual exploitation and abuse. [24]

BLAaCP started in 1999 as a pilot project of FreeLAVA, an NGO partner in Cebu. The first effort involved ten barangays, with the goals of preventing child prostitution, sexual exploitation of minors, and HIV. Partners included barangay officials, community leaders, parents, and representatives of relevant government agencies. The strategy was based on a little-known national law that empowers the barangay captain and/or four citizens to apprehend those suspected of trafficking or abusing

children in their barangay. A major advocacy objective was the reactivation of local BCPC. These councils, mandated by the Department of Interior and Local Government, were often inactive.

In an example of cross-fertilization among ASEP project sites, BLAaCP effectively built on the experience of the pilot run in 1999, with FreeLAVA officers and staff traveling to the expansion sites to discuss their experiences and extend technical assistance to the other partners. By 2000, the project was replicated in four other ASEP sites: Angeles, Zamboanga, Cebu, and Pasay. [24]

Specific objectives and activities for BLAaCP included:

- Creating local structural mechanisms to promote the protection of children against prostitution, sexual exploitation, trafficking, and HIV/STD infection.
- Organizing Barangay Technical Working Groups.
- Creating multi-sectoral project advisory committees at the city level for protection of children.
- Mobilizing barangay committees to protect children.
- Providing assistance to children who are being sexually trafficked, exploited or HIV/STD infected.
- Formulating and lobbying for the passage and implementation of barangay ordinances for the protection of children. [24]

As with the efforts to create local AIDS councils, the NGO partner identified champions from various sectors and spent months on relationship building, information/education campaigns, and advocacy. The champions, including barangay officials, city councilors, and members of

the media, were enlisted to help raise public awareness and facilitate the drafting and approval of city ordinances to protect. [24]

An important strategy was to advocate for the overall protection of children, since parents, barangay officials, and community leaders were sometimes reluctant to acknowledge child prostitution. However, this meant that once the BCPCs were reactivated, the original goal of protecting minors from sexual exploitation was sometimes lost: Most councils focused on activities such as supplemental feeding and nutrition, vaccinations, general health care, and day care. [24] In response, FreeLAVA advocated among the barangays it was assisting to establish structural mechanisms promoting HIV prevention among minors. Thirteen of the 16 barangays enacted a resolution organizing HIV/AIDS/STD committees within the BCPCs. The remaining three barangays created local HIV/AIDS/STD councils separate from the BCPCs. [24]

The end-of-project evaluation for BLAaCP cited two community experiences as best practices:

- In the Barangay Pulung Cacutud in Angeles, education was the primary response of the BCPC and barangay officials. In 2000, barangay officials created a scholarship fund to support 100 high school students and 20 college students, funded solely through the barangay's own development funds. The barangay council also created the Barangay Skills Training Center to conduct informal and vocational education for out-of-school youth. [24]
- In the Barangay Tinago in Cebu, evaluators praised the active and highly organized BCPC, which they said had a clear vision and mission. The council developed and regularly updated a three-

year priority projects plan and created a Barangay Project Monitoring Council. This success was attributed to strong leadership. Another critical success factor was the ongoing support of FreeLAVA, which was cited as being the most effective NGO in the BLAaCP project because of its strong community building perspective. [24]

Main Outcomes

ASEP's policy and advocacy efforts showed that LGUs could be effectively mobilized to take a role in STD and HIV prevention. At the start of the project, the LGUs did little beyond SHC testing for registered sex workers. ASEP created new local capacities, and partnerships between the public and private sectors, helping develop new institutional mechanisms for implementing and sustaining programs against STDs and HIV. [14]

By the end of the project, all eight ASEP education sites had enacted ordinances related to HIV/STD prevention. The effort took persistence and political savvy on the part of the advocates. The ultimate goal was sustainability, setting the stage so that LGUs could take responsibility for HIV and AIDS prevention and control activities without the need for external funding. The results of this work are summed up in the table below, which presents a comparative analysis of the situation before and after ASEP.

Table 2. Influence of ASEP's Policy Advocacy Efforts in the Philippines

Pre- ASEP	Post-ASEP
▪ Absence of local or national policies governing HIV/AIDS prevention programs.	▪ Enactment of RA 8504 and site-specific local ordinances for HIV/AIDS prevention and control programs.
▪ Absence of LGU budget allocations.	▪ LGU budget allocations available (PhP50,000 to PhP2,500,000 range).
▪ Sporadic, uncoordinated prevention programs with parallel government NGO activities.	▪ Active multi-sectoral LACs coordinating all activities in a particular site.
▪ Condoms used as evidence for prostitution.	▪ Condom promotion programs in place and viewed as a disease prevention device with 5 sites supporting 100 percent condom use program.
▪ Entertainment establishments viewed as purely business/for-profit entities.	▪ Organized owners and managers of entertainment establishments contributing and playing an active role in multi-sectoral AIDS councils in all project sites and supporting condom use among establishment-based sex workers.
▪ Complacent barangay leaders who acknowledged the presence of minors engaged in community-based sex industry.	▪ Active barangay leaders who enacted their own barangay HIV/AIDS prevention ordinances; reactivation of BCPC, aware of the rights of children and monitoring the implementation of RA 7610.

Lessons Learned

PATH and ASEP partner NGOs continually refined their efforts as the project progressed, at each step learning important lessons for future programs, especially for settings with low HIV prevalence. A list of key lessons follows:

- **Enlist and educate as many different types of stakeholders as possible, using a variety of strategies.** Workshops, special events, IEC materials, and other education and advocacy activities are crucial. These increase stakeholders' knowledge and interest in activities to support policy changes and help the community acknowledge the presence of commercial sex or other activities, and the threat these activities pose.
    - **Government and NGO representatives:** In addition to educating the participants, the Philippines-Thailand exchanges in 1995-1996 forged bonds among people from different sectors, with NGO and government participants returning ready and willing to work together. The exchanges also had a concrete output: participants from each site were required to work together to draft City Plans of Action, which helped lay the groundwork for social mobilization efforts.
    - **Owners of entertainment establishments:** As business people, these stakeholders are most likely to respond if shown the business benefit of supporting HIV and STD prevention. For the most part, ASEP used a positive "carrot" approach: entertainment owners were persuaded that healthy workers and customers were better for business. In some sites, a "stick" approach was effective: In Angeles, for example, when the mayor called the owners together to announce a 100 percent condom policy, it was implied that those who did not comply could have trouble with city permits.
    - **LGU staff at all levels:** Support of top officials such as the city mayor, city health officer, and key councilors is important. However, support from other staff members such

as the mayor's chief of staff, a councilor's deputy assistant, a budget officer, or a secretary is essential since these staff members act as gatekeepers, controlling everything from the executive's schedule to the release of budgeted funds. These staff members should be targeted for education and advocacy activities and enlisted as allies; if possible, NGO staff should take advantage of any useful personal or professional contacts they might have.

- **Passing local ordinances is necessary, but not sufficient, to ensure sustainability of prevention activities.** Though ASEP successfully drew stakeholders into a strong effort to enact local ordinances, PATH and its partners learned that the work could not end after ordinances were passed and local councils were formed. LGUs have to be encouraged and assisted to develop implementing rules and regulations for the ordinances, to allocate and release funds for appropriate activities, and to monitor compliance with enacted policies.

- **Build on existing laws and structures.** Rather than starting from scratch, ASEP identified existing mechanisms that could be used for HIV and STD prevention. For example, the SHCs already provided STD testing and treatment for registered sex workers, but ASEP helped the SHCs expand their roles to provide more comprehensive services, outreach into the community, services for hard-to-reach groups, and better information and education for their clients. In another example, the BLAaCP project focused in part on reactivatingBCPC, which existed but were not active.

- **If HIV and AIDS do not resonate as a "real" problem, focus on other STDs or other evidence of risky behavior.** Raising political interest and will in a low-prevalence setting can be a challenge. By collecting behavioral data, and adding syphilis testing to ASEP's surveillance component, the project gained valuable

evidence of risky sexual behavior that served to mobilize communities. Awareness of two other diseases helped mobilize safer behavior for IDUs: a needle-borne malaria epidemic in Cebu in the early 1990s and a current and deadly epidemic of Hepatitis C.

- **Understand the local political power structures.** In each site, advocates need to understand who held power in key areas, who was indebted to the other, and who trusted whom. For example, identifying and enlisting the mayor's most trusted advisor could be a crucial success factor. NGOs also advised gaining a thorough understanding of the LGU's budget process, and understanding the agendas of other NGOs involved. Policy champions should be selected with the local power structure in mind: an interest in health and AIDS is important, but they should also have political influence, popularity, and connections. NGOs should clearly understand what the champion stands to gain – or lose – by supporting HIV and STD prevention efforts.

- **Let the champion, mayor, or other supporters be the main actors in policy and advocacy efforts.** The NGO partner should be ready to stay in the background, acting as a facilitator but allowing, and even encouraging, LGU and community members to be the center of attention. This increases stakeholders' pride and ownership in the results.

- **In case of opposition, make adversaries a part of the solution.** In General Santos, for example, the NGO invited the councilors who were most vocal in opposing the ordinance to revise provisions that

they opposed. In the end, they made only minor changes and became sponsors of the ordinance.

- **When approaching sensitive topics, focus first on issues the community can accept and to which they can relate, but don't lose sight of project objectives**. For example, BLAaCP mobilized local leaders by focusing more on general child welfare, rather than emphasizing sensitive issues of HIV and child prostitution. This was effective in helping to reactivate the BCPCs, however, it is important to keep the project objectives in mind as well. The BLAaCP end-of-project evaluation noted that the specific objectives of preventing child prostitution and HIV infection among minors "were not realized in a direct and straightforward manner."[24]

- **Persistence counts**. Partner NGOs described visiting city hall daily for weeks or months on end, going to councilors' homes at 6 a.m. in order to be first in line, and waiting months for a five-minute audience with the mayor. This unflagging persistence may have been the most important factor in the successful passage of HIV/AIDS/STD ordinances in all eight ASEP sites.

Constraints

The main constraint to effective outcomes in ASEP's policy and advocacy work was difficulty with the budgets LGUs allocated for HIV/AIDS prevention. ASEP's efforts led to the first significant appropriations by LGU for HIV and AIDS, which was a major accomplishment. However, in some cases, the amount of money actually allocated was less than that provided for in the ordinances. In other cases, sufficient money was allocated, but only a small amount, or none, was earmarked for education activities. For example:

- In Angeles City in 2002, 1,782,160 pesos were allocated and most of that (1,715,145 pesos) was utilized. Of that, 30 percent went to STD diagnosis and treatment and 36 percent for salaries and honoraria; only 13 percent was earmarked for education activities. The difference between the amount allocated and the amount used came almost entirely from a 60,000-peso cut in the funding allocated for prevention education.
- In Pasay City, all of the funds allocated for 2002 were utilized, (306,211 pesos) but 55 percent went to surveillance and 45 percent to salaries and honoraria; no money was spent on education.
- General Santos City has provided money for HIV and AIDS every year since 1998; the proportion spent on education started at 22 percent but dropped significantly in later years. In 2002 and 2003 no money was allocated for education.

Republic Act 8504:
National AIDS Law Cited as UNAIDS Best Practice

The 1998 Philippines AIDS Prevention and Control Act, and the participatory process that created it have been highlighted by UNAIDS as a "Best Practice." [3] UNAIDS notes that the law was drafted with extensive multi-sectoral involvement in a process facilitated by the Philippines National AIDS Council and including people living with HIV and AIDS. "Support for the draft law was marshaled by building commitment among influential stakeholders, notably then-President Ramos," UNAIDS states in its Best Practice Summary Booklet. "President Ramos raised the profile of the draft law by declaring 1997 the Philippines' year for HIV/AIDS prevention and by designating the passage of the law as an urgent measure for consideration by Congress." [39]

ASEP contributed to the process by sharing results of local policy studies and research conducted in the project sites. PATH project staff gathered sample legislation from international sources and channeled pertinent information to the legal team designated to draft the AIDS bill. ASEP partner NGOs actively participated in workshops and meetings convened by PNAC to deliberate and revise the draft legislation.

Highlights of the law include:

- A complete nationwide education and information campaign to promote public awareness of HIV/AIDS, including its causes, modes of transmission, consequences, and means of prevention and control
- Full protection of the human rights and civil liberties of every person suspected or known to be infected with HIV/AIDS, including protection from discrimination, a prohibition on compulsory testing (with very limited exceptions), the right to privacy, and the provision of basic health and social services.
- Promotion of universal precautions in practices and procedures that carry the risk of HIV/AIDS transmission
- A role for the state in addressing conditions that promote the spread of HIV/AIDS infection, such as poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance
- Provision for utilizing the experience of affected individuals in warning the public about the disease. [39, 42]

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