

PD-AYK-973

POPULATION PLANNING III (492-0341)

PROJECT PAPER
AMENDMENT NO. 1

USAID/PHILIPPINES

JUNE 1988

1. TRANSACTION CODE A = Add
 C = Change
 D = Delete

Amendment Number
1

DOCUMENT CODE
3

2. COUNTRY/ENTITY
Philippines

3. PROJECT NUMBER
 492-0341

4. BUREAU/OFFICE
Asia and Near East (ANE) 04

5. PROJECT TITLE (maximum 40 characters)
 Population Planning III

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
 MM DD YY
06/30/90

7. ESTIMATED DATE OF OBLIGATION
 (Under 'B.' below, enter 1, 2, 3, or 4)
 A. Initial FY 81 B. Quarter C. Final FY 88

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY <u>81</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	4,839	6,861	11,700	16,617	36,420	53,037
(Grant)	(402)	(5,598)	(6,000)	(7,422)	(34,679)	(42,101)
(Loan)	(4,437)	(1,263)	(5,700)	(9,195)	(1,741)	(10,936)
Other U.S.						
1.						
2. (HOST COUNTRY-(AID))	-	8,311	8,311	-	65,580	65,580
Host Country (IBRD)	-	3,063	3,063	-	12,392	12,392
Other Donor(s) (IBRD)	2,370	2,075	4,445	7,725	8,600	16,325
TOTALS	7,209	20,310	27,519	24,342	122,992	147,334

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) POP	444B	440B	490	22,502	10,936	4,200	-	38,401	10,936
(2) HLTH	501			1,700	-	2,000	-	3,700	-
(3)									
(4)									
TOTALS				24,202	10,936	6,200	-	42,101	10,936

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
 410 BRW BUW BWB RPOP TNG

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
 A. Code 37,161 15,876 53,037 547 412
 B. Amount

13. PROJECT PURPOSE (maximum 480 characters)
 Contribute to the GOP program goal of increasing the percentage of Married Couples of Reproductive Age (MCRAs) practicing contraception and increasing contraceptive-use effectiveness; and support the GOP initiative to prevent and control the transmission of the Acquired Immune Deficiency Syndrome (AIDS) virus in the Philippines.

14. SCHEDULED EVALUATIONS
 Interim MM YY 09/81 MM YY 11/82 Final MM YY 01/86

15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 5 page pp. Amendment.)
 This amendment introduces support for the GOP AIDS Prevention and Control Initiative, and extends the PACD to 6/30/90 for AIDS-related activities.

*Activities not related to AIDS Initiative will be completed by December 31, 1988.

17. APPROVED BY
 Signature John S. Blackton
 Title Acting Director
 Date Signed MM DD YY 06/08/88

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY

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ANNEXES

- ANNEX 1 Guidance Cable Dated March 5, 1988
- ANNEX 1-A Guidance Cable Dated April 5, 1988
- ANNEX 2 National Medium Term Plan for the Prevention and Control of
 AIDS in the Philippines (1989-1993)
- ANNEX 3 GOP Letter of Request

**PROJECT AUTHORIZATION
AMENDMENT NO. 2**

Name of Country: Philippines

Name of Project: Population
Planning III

Number of Project: 492-0341

Number of Loan: 492-Q-063
492-Q-063A
492-Q-063B
492-Q-063C

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended ("FAA"), the Population Planning III Project (the "Project") for the Philippines (the "Cooperating Country") was authorized on December 9, 1980 and amended on August 30, 1986. Pursuant to Section 104 of the FAA and in accordance with the authority delegated to me under Delegation of Authority No. 652 dated May 24, 1985 and by STATE 105274 dated April 5, 1988, the Project Authorization is hereby further amended as follows:

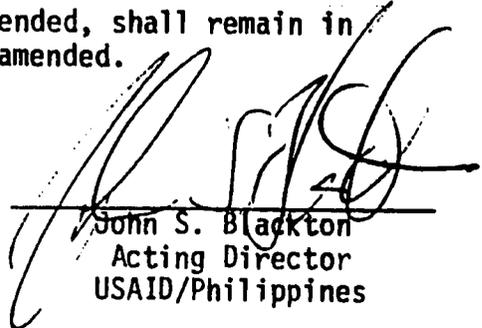
A. The level of planned loan obligations is decreased from \$23,202,018.00 to \$10,936,433.19, all of which is authorized pursuant to Section 104(b) of the FAA. The level of planned grant obligations is increased from \$29,835,000.00 to \$42,100,587.00, of which \$38,400,587.00 is authorized pursuant to Section 104(b) of the FAA and \$3,700,000.00 is authorized pursuant to Section 104(c) of the FAA. Except as indicated in paragraph (B) below, the life of Project shall be through December 31, 1988.

B. In addition to the activities described in Section 2 of the Project Authorization, the Project also will provide support to the Philippines' program for the prevention and control of the transmission of the Acquired Immune Deficiency Syndrome (AIDS) virus. The life of Project for AIDS-related activities under the Project shall be through June 30, 1990.

A

2. The Project Authorization, as previously amended, shall remain in full force and effect except as hereby further amended.

By:



John S. Blackton
Acting Director
USAID/Philippines

Date:

8 June 88

Clearances:

<u>Name</u>	<u>Initial</u>	<u>Date</u>
ORAD:JRBrady	(draft)	
OCD:KEBrown	(draft)	<u>05/02/88</u>
OPHN:WHJohnson	(draft)	
OFFPVC:BGeorge	(draft)	
OD/PE:PRDeuster	(draft)	
OD/PRO:WTOliver	<u>WTO</u>	<u>6/8/88</u>
CO:BLEckersley	(draft)	<u>05/11/88</u>
RLA:BMiller	(out of country)	

POPULATION PLANNING III PROJECT (492-0341)
PROJECT PAPER AMENDMENT

I. Project Purpose, Summary and Recommendations

A. Purpose: The original Project purpose is amended to include prevention and control of the transmission of the Acquired Immune Deficiency Syndrome (AIDS) virus (HIV or Human Immuno-deficiency Virus) in the Philippines.

B. Summary: The Department of Health (DOH), in collaboration with the World Health Organization (WHO), and A.I.D. through two centrally-funded contracts called AIDSCOM and AIDSTECH, has developed a "Philippine National Plan for the Prevention and Control of AIDS" for 1989-93. The multi-faceted AIDS prevention and control strategies in the plan will be aimed at prevention of sexual, blood and perinatal transmission, management of AIDS cases and strengthening the DOH capacity to deal with the emerging AIDS problem. This Project Paper Amendment presents USAID plans to provide \$2 million of FY 1988 funds for buy-ins to AIDSCOM and AIDSTECH to support implementation of the Philippines National AIDS Plan over the next two years. Further support, if appropriate, will be requested in follow-on projects, not in the Population Planning III Project.

C. Recommendation: It is recommended that: (1) the Population Planning III Project (#492-0341) Project Paper and Authorization be amended to allow for the FY 1988 obligation of up to U.S. dollars 2.0 million of health account funds for AIDS prevention and control activities (including technical assistance, training, health education and communications, research, contraceptives and other commodities); and (2) The project PACD be extended to June 30, 1990 for the AIDS component only, to allow A.I.D. funding for two full years of the AIDS initiative. This is in conformance with A.I.D./Washington's guidance contained in STATE 70302 and 105274 (Annex 1) which advises the Mission to include an additional \$2.0 million health account funds in this project to support the AIDS initiative, and extend the PACD for the AIDS-related activities only.

II. Background and Relation to GOP AIDS Program

In FY 1988 the U.S. Congress provided \$30 million for A.I.D. to accelerate worldwide efforts for the prevention and control of AIDS. A.I.D.'s policy position on AIDS is to follow the WHO lead on AIDS prevention and control efforts in developing countries and to support WHO endorsed efforts wherever possible. To that end, A.I.D.: (a) contributed substantially in FY 88 to WHO's Global Programme on AIDS (GPA), and (b) established two U.S.-based activities called AIDSCOM and AIDSTECH, which assist selected developing countries to implement WHO-approved National AIDS Plans.

Representatives of AIDSCOM visited Manila in February, 1988, as part of a needs assessment tour of several Southeast Asian countries. While in Manila they met with the Regional WHO office, officials of the DOH, the DOH National AIDS Committee, U.S. Naval Medical Research Unit - 2 (NAMRU), the Research

Institute for Tropical Medicine, and others. In collaboration with AIDSCOM, AIDSTECH and the WHO, the DOH has developed a five-year plan entitled "National Medium-Term Plan for the Prevention and Control of AIDS in the Philippines ((1989-1993)", which is incorporated as Annex 2 of the Project Paper Amendment. This comprehensive Plan includes information on the results of serosurveys conducted to date, a five-year projection of AIDS incidence in the Philippines, and a description of ongoing and planned anti-AIDS activities. It also presents the general approach and the detailed strategies for AIDS prevention and control to be followed by the GOP and donor agencies. The Mission's planned activities are based on this plan.

III. Project Description

The funding proposed for AIDS-related activities will seek to prevent and control the transmission of the AIDS virus (HIV) in the Philippines by means of interventions interrelated with the Population Program: promotion of more responsible sexual behavior, decrease in the number of multiple sexual partners, education regarding abstinence, monogamy and other situationally appropriate behaviors, and support for the proper utilization of condoms. An effective, multi-faceted AIDS prevention and control program can also be expected to augment both directly and indirectly, the objectives of population programs by contributing to increased capability, training of personnel and transfer of appropriate technology.

In view of the rapidly emerging nature of the AIDS problem, the DOH wishes to begin implementation of the National AIDS Prevention and Control Program as soon as possible. Accordingly, WHO approval and initial funding for program implementation activities is expected by the end of May, 1988.

To facilitate rapid start-up, the Secretary of Health has requested assistance from A.I.D. (see Annexes 3 and 3a) to complement the AID/Washington funding of AIDSCOM and AIDSTECH for AIDS prevention and control activities in the Philippines. In response to this request, this Project Paper Supplement enables the Mission to program up to U.S. \$2.0 million in "buy-ins" to the existing AIDSCOM and AIDSTECH agreements with A.I.D. The AIDSCOM and AIDSTECH activities are authorized with \$31.0 million of obligation authority for Mission "buy-ins" to augment country-specific activities.

With these "buy-ins" the Mission believes expanded AIDSCOM and AIDSTECH support can begin as early as June 1988. AIDSCOM support activities will include hiring of a resident advisor, who will work out of DOH offices, as well as considerable assistance in operations research, education and communication efforts. AIDSTECH will provide support in the areas such as surveillance, blood testing laboratory development and training of health personnel. All of these programs will be supervised directly by the DOH, coordinated closely with WHO and NAMRU, and monitored by USAID's Office of Population, Health and Nutrition.

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IV. Implementation Plan

Draft scopes of work for the AIDSCOM and AIDSTECH buy-ins are presented in Annex 4. Once scopes of work and budgets are finalized, A.I.D. will execute PIO/Ts with the DOH to earmark the funds. These PIO/Ts for the AIDSCOM and AIDSTECH buy-ins will be transmitted to AID/Washington where the Contracts Office will amend the existing AIDSCOM and AIDSTECH agreements to commit the funds. It is expected that approximately 75 percent of buy-in funds will be utilized for local costs in the Philippines. The division of funding between AIDSCOM and AIDSTECH will be subject to realignment at the end of year one, based on an evaluation of progress and reassessment of needs in this fast-changing field.

Semi-annual workplans will be submitted to A.I.D. and DOH for concurrence. Implementation progress will be detailed in semi-annual and annual progress and financial reports provided by AIDSCOM and AIDSTECH to USAID/Philippines, DOH and AID/Washington.

Evaluation will be in accordance with the procedures outlined in the AIDS Technical Support Project (No. 396-5972). In addition, process evaluations will be undertaken by annual joint A.I.D. and WHO reviews of AIDSCOM and AIDSTECH progress. A final contract report will also be required.

V. Project Specific Analyses

The technical analysis, environmental assessment, and social soundness analysis of Projects 492-0341 and 396-5972 adequately assess necessary concerns from these perspectives. An additional economic analysis is presented below:

Economic Considerations: A preliminary assessment of the AIDS control and prevention activity using the required minimum benefits approach strongly indicates its economic viability. As envisioned, total activity cost is \$2 million and will be spent over a two-year period ending June 30, 1990. Assuming that the funds are disbursed and the benefits start immediately in the first year of the activity and using the NEDA-estimated social discount rate of 15 percent, the activity must achieve an annual economic net return valued at \$319,522 (or roughly ₱6.7 million using an exchange rate of ₱21 = \$1) at 1988 prices for 20 years. This means that the beneficiaries (whether direct or indirect) will have to gain economic benefits over any continuing operating costs or reduce losses equivalent to a value of at least ₱6.7 million annually for 20 years as a result of the activity.

Considering the nature and epidemiology of the AIDS disease, the ₱6.7 million required annual returns from the project appears easily achievable. In fact, it is minimal compared to the substantial economic and social costs which arises from the absence of a national AIDS prevention and control project. These costs, though not easily quantifiable, include:

(1) On an individual level, the loss of income and/or time by affected persons and their families. Given the present status of medical research, AIDS is bound to be fatal, although the disease may take years prior to the patient's death. Loss of income and time, therefore, does not only involve the patients themselves but also family members who must take care of them.

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(2) On the national level, a reduction in the rate of social and economic development caused by the loss/incapacitation of several hundred members of the productive population. AIDS occurs mostly in the working age range of the population.

(3) Overwhelming health and medical care expenditures required for AIDS patients. A serious offshoot of this is that public health expenditures for AIDS patients will further reduce resource flows to other health budget items, e.g., child care, with resulting negative consequences.

(4) Drastic reduction in earnings from tourism as a result of an "AIDS scare". Some 880,000 tourists visit the Philippines each year, generating about \$410 million (P8.6 billion) in receipts annually. Assuming tourist arrivals are reduced conservatively by 10 percent as a result of an "AIDS scare", earnings from tourism will decline by P860 million each year, more than enough to cover the required annual returns from the activity.

VI. Cost Estimate and Financial Plan

The amended project will require incremental FY 88 funding of approximately \$4.15 million from the Population account for continuity and strengthening of on-going population-related activities and \$2.0 million from the health account for the AIDS Prevention and Control Initiative. The Life-of-Project authorized amount will remain \$53.037 million. GOP inputs remain \$65.580 million approximating 55% of all funds needed for the project as shown in the following financial summary:

<u>Project Inputs</u>	<u>Planned Total Project Costs</u>			
	<u>AID</u>		<u>GOP</u>	<u>Total</u>
	<u>GRANT</u>	<u>LOAN</u>		
I. Population-Related Activities				
A. Delivery of FP Services	18,506	1,741	65,080	85,327
B. Private Sector FP	6,430	-	-	6,430
C. Participant Training	300	25	-	325
D. Contraceptives	4,135	8,812	-	12,947
E. Commodities	515	358	-	873
F. Consultants	215	-	-	215
Total	30,101	10,936	65,080	106,117
II. AIDS Prevention Initiatives	2,000	-	500	2,500
III. Provision for Audit	50	-	-	50
IV. Authorized for Future Allocation	9,950	-	-	9,950
TOTAL	<u>42,101</u>	<u>10,936</u>	<u>65,580</u>	<u>118,617</u>

A detailed project budget showing the breakdown by line items is attached as Annex 5 to this Project Paper Amendment. Below is a table presenting the Project's obligation schedule based on previous Project Agreements.

<u>Years of Obligation</u>	<u>Grant</u>	<u>Loan</u>	<u>Cumulative Balance</u>
Initial FY 81	6,000,000	5,700,000	11,700,000
82	6,785,000	9,900,000	28,385,000
83	4,453,000	-	32,838,000
84	2,100,000	3,200,000	38,138,000
85	-	(3,712,982)	34,425,018
86	4,863,567	(4,150,585)	35,138,000
Final 88	6,200,000	-	41,338,000

Method of Financing

In general, the method of financing shall be the reimbursement of a fixed percentage of actual costs for the A.I.D. share. Under this procedure for local currency, the GOP advances the money required for operations against annual implementation plans signed between the GOP and A.I.D. A.I.D. reimburses the GOP of the A.I.D. share upon submission of certified disbursement reports duly supported with documents. However, A.I.D. will make direct payments of local currency costs when requested by the GOP with valid justification and when foreign exchange costs are involved. For the AIDS Initiative component, USAID and AID/W grant funds will be disbursed primarily through the AIDSCOM and AIDSTECH intermediaries directly.

Audit Coverage

Audit coverage will be provided by USAID's office of the Regional Inspector General, the GOP's Commission on Audit and the Non-Governmental Organization's (NGO's) external auditors. However, because of the magnitude of Host Country Contracting under the Project, it has been determined that additional audit coverage may be needed. Accordingly, funds have been provided for audit/review by independent CPA firm/s. Such review will cover financial and compliance aspects of the Project.

ANNEX 1

P

UNCLASSIFIED STATE 070302

ACTION: AID-6 INFO: CHG DCM AA ECON/10

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DE RUEHC #0302 0652347
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ANNEX 1

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E.O. 12356: N/A
TAGS: N/A
SUBJECT: HEALTH -- AIDSCOM/AIDSTECH ASSISTANCE TO
REPUBLIC OF PHILIPPINES

ACTION COPY

Action Taken: _____
No action necessary: _____
Date: _____ Inits: _____

REF: MANILA 06101

1.) BUREAU HAS DISCUSSED BOTH OPTIONS WITH G.C. ALTHOUGH OPTION A IS LEGAL, THE BUREAU AND AGENCY DO NOT CONSIDER IT DESIRABLE, BECAUSE IT WILL ULTIMATELY REFLECT LESS THAN THE CONGRESSIONALLY EARMARKED DOLS. 40 MILLION DA OYB FIGURE, FOR RP IN CP AND OTHER AGENCY DOCUMENTS. WE RECOMMEND THAT MISSION OBLIGATE HEALTH DA FUNDS TO THE POP PLANNING III PROJECT. ALTHOUGH THIS WILL CAUSE THE PROJECT TO BE SPLIT-FUNDED, WE KNOW OF NO RESTRICTIONS TO SUCH PROCEDURE. THE BUY-IN COULD THEN BE EFFECTED BY FUNDING CITATION CABLE AND NO OYB TRANSFER WOULD BE NECESSARY. NORMAL CONFESSIONAL NOTIFICATION PROCEDURES WILL, OF COURSE, BE REQUIRED.

2.) THE SUGGESTED PROCEDURE HAS, IN OUR EYES, THE ADVANTAGE OF LEAVING INTACT, IN FORM AND SUBSTANCE, THE PRESCRIBED F.Y. 88 DA EARMARK, WHILE SAFEGUARDING THE LEVEL OF CURRENT POPULATION DA ACCOUNT FOR MAINSTREAM FAMILY PLANNING ACTIVITIES.

3.) WE WISH TO CONVEY TO MISSION OUR STRONG SUPPORT AND ENCOURAGEMENT IN PROCEEDING WITH ASSISTANCE ON AIDS AND HOPE THAT ABOVE SUGGESTION WILL FACILITATE MISSION'S PLAN TO BUY INTO AIDSTECH/AIDSCOM PROJECT.

4.) PLEASE ADVISE REACTION TO PROPOSAL. SHULTZ

BT
#0302

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ANNEX 1-A

ANNEX 2

**NATIONAL MEDIUM TERM PLAN
FOR THE PREVENTION AND CONTROL
OF AIDS IN THE PHILIPPINES
(1989 - 1993)**

Prepared by
The Department of Health of the
Republic of the Philippines
in cooperation with the
World Health Organization
Global Programme on AIDS

April, 1988

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**NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME
(1989 - 1993)
Department of Health
Republic of the Philippines**

1.0 EXECUTIVE SUMMARY

The Government of the Republic of the Philippines is very much aware that the global AIDS epidemic presents a serious threat to the health of the people of the Philippines, and to the economic and social development of the country. To prepare its national effort to combat this deadly disease, government has already established a national AIDS Prevention and Control Committee within the Ministry of Health. It is also envisaged that a second and more multi-sectoral national committee will soon be established. This committee will be called the Philippines National AIDS Council (PNAC). The purpose of these committees will be to advise and assist in the coordination of all activities regarding the surveillance, prevention and control of AIDS in the Philippines.

In February of 1987, government began to establish AIDS prevention and control activities through the Ministry of Health. The national AIDS Coordinator was appointed. The national AIDS Prevention and Control Committee also held its first meeting at that time. Serosurveys were begun in 1985, and since that time 61 HIV positive persons have been identified. Most of these seropositives were female prostitutes. In late 1987, three infections were found among male prostitutes. At present, all cases of frank AIDS (11) have acquired their infections abroad. In March of 1988, the Government of the Philippines invited a consultant from the WHO Global Programme on AIDS to collaborate in the development of a national medium term plan for the prevention and control of AIDS.

This document is a proposed plan of action for the period 1989 to 1993 (five years). The plan will attempt to reduce the rate of HIV infection as well as the rate of morbidity associated with the disease. The plan is also designed to reduce the social and economic destabilization which will be suffered by individuals, groups and communities.

All activities of this medium term plan will take place within the structure of the Ministry of Health, and will place heavy emphasis on education and prevention. This plan will also outline the staffing and other resources which will be necessary to carry out the programme for three years. Each strategy and its activities will be subject to the monitoring and evaluation guidelines for national AIDS prevention and control programmes which are currently being finalized by the World Health Organizations' Global Programme on AIDS, Geneva.

Research activities have been built into the various components of this plan (e.g. KAP studies). However, independent researchers wanting to do specific projects will need to develop appropriate protocols which will be subject to the approval of the DOH and may be funded from within this project or bilaterally.

The primary objectives of this plan include:

- to monitor the HIV and AIDS epidemic.
- to develop and coordinate research
- to decrease sexual transmission
- to decrease transmission by blood
- to decrease transmission by injections and other skin piercing practices
- to decrease perinatal transmission
- to improve management of HIV infected individuals as well as clinical AIDS patients
- to reduce the impact of the fear of AIDS as well as the disease itself within the individual, the family and the community at large.

The AIDS Prevention and Control Committee and the Philippines National AIDS Council will advise the Secretary of Health through the Coordinator of the AIDS Prevention and Control Programme regarding policy development for the control of AIDS. The national programme will be administered by the Coordinator of the AIDS Prevention and Control Programme, who will report to the Secretary of Health.

The Government of the Philippines has agreed to support the programme in the amount of .91 million pesos (US\$45,500.00) during 1988.

The total budget requested for the present five year programme is US\$3 573 416.

The total budget requested for the first year is US\$1 121 247.

LIST OF ABBREVIATIONS

AMRSP-	Association of Major Religious Superior of the Philippines
APCC -	AIDS Prevention and Control Committee (M.O.H.)
BRL -	Bureau of Research and Laboratories
CDCS -	Communicable Disease Control Service
CID -	Commission on Immigration and Deportation
DECS -	Department of Education, Culture and Sports
DFA -	Department of Foreign Affairs
DLG -	Department of Local Government
DND -	Department of National Defense
DOBM -	Department of Budget and Management
DOH -	Department of Health
DOLE -	Department of Labor and Employment
DOT -	Department of Tourism
DSWD -	Department of Social Welfare and Development
GO -	Government Organization
NAMRU-2-	Naval Medical Research Unit-2 of the U.S. Navy
NAPCP-	National AIDS Prevention and Control Programme
NGO -	Non-government Organization
PBCC -	Philippine Blood Coordination Council
PIHES -	Public Information and Health Education Service
PHA -	Philippine Hospital Association

- PIA - Philippine Information Agency
- PMA - Philippine Medical Association
- PNAC - Philippine National AIDS Council
- PNRC - Philippine National Red Cross
- RITM - Research Institute for Tropical Medicine
- STD - Sexually-transmitted diseases
- UNDP - United Nations Development Programme
- UNFPA - United Nations Fund for Population Activities
- UNICEF- United Nations International Children's Emergency
Fund
- WHO/GPA- World Health Organization/Global Programme
on AIDS

1.1. THE NATIONAL HEALTH POLICY

The National Health Policy of government is to improve all sectors of the health care system. Special attention is to be placed on strengthening primary care services, and the development of overall health infrastructure. Specific objectives of government in this regard include:

- To sustain and gradually accelerate health programme activities addressed to the main health problems of the nation.
- To direct priority improvements in health programmes towards the worst off sectors of the population.
- To institutionally strengthen the planning, implementing and service delivery capabilities of the national health network.
- To improve the financial and managerial base of the network in order to preserve and expand programme and institutional gains.

Government through the Ministry of Health has also set specific targets to achieve these objectives. These targets include:

- Develop and implement better linkages with non-government community-based organizations in the delivery of health services;
- Increase the life expectancy from 63.7 in 1987 to 64.0 in 1988 and 65.2 in 1992;
- Further reduce infant mortality rate from 54.07 in 1987 to 52.81 in 1988 and 47.74/1000 live births in 1992;
- Further reduce the crude death rate from 7.6 in 1987 to 7.5 in 1988 and 7.0/1000 population in 1992;
- Improve the crude birth rate from 31.3 in 1987 to 30.8 in 1988 and 28.6/1000 population in 1992;
- Increase the per capita energy intake from 1,784 calories in 1987 to 1,817 in 1988 and 1,950 in 1992;

- Improve family planning prevalence rate from 38.1% in 1987 to 39.6% in 1988 and 45.6% in 1992.

1.2. PLAN OF ACTION FOR HEALTH DEVELOPMENT

Government recognizes that money alone will not achieve the targets stated above. Supportive policies and integrated strategies will be essential in achieving the necessary progress for "health for all" by the year 2000. In the Philippines these policies and strategies include:

- Improved provision and utilization of accessible, appropriate and adequate basic health, nutrition and family planning services especially to the poor, unserved, underserved and high risk groups.
- Integration of efforts within the health, nutrition, and family planning sectors and ensuring multi-sectoral consistency and support.
- Promotion of individual and collective responsibility for health, nutrition and family planning.
- Greater reliance on indigenous resources and technology
- Strengthened and sustained effective collaboration with the private sector.

Greater emphasis on and more vigorous implementation of preventive and promotive health and nutrition measures.

- Strengthened promotion of family planning as a component of comprehensive maternal and child health to reduce infant and maternal morbidity and mortality levels as well as to promote family well-being, with due respect for the rights of couples to determine the size of their own family and choose voluntarily the means which conform to their moral convictions and religious beliefs.
- Enhancement of the status and role of women as programme beneficiaries and programme implementors.
- Improved regulation of environmental sanitation and safety for the general public and workers.

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- Increase government resource allocation to the health, nutrition, and family planning sector and ensuring its proper efficient utilization.
- Strengthened information and research-based decision making and implementation.
- Strengthened/intensified manpower development.
- Improved regulation of health, nutrition, and family planning goals and services to protect the beneficiaries consistent with economic efficiency.

1.3. HEALTH PROGRAMMES

In support of the above policies and strategies, government has identified specific programmes and projects which can be classified as "Direct Service" or "Functional Support". These are shown below on the left column; AIDS-related activities are indicated on the right.

<u>Direct Service Programmes</u>	<u>Potential Relationship</u>
- Expanded Programme for Immunization	Sterilization - logistics
- Control of Diarrhoeal Diseases	Decentralized health care treatment
- Maternal and Child Health	Education of young women - surveillance of pregnancy
- Acute Respiratory Infections	Decentralized health care treatment
- Tuberculosis Control	Surveillance of HIV in TB cases
- Malaria control	Sterilization of lancets
- Schistosomiasis control	
- Leprosy control	Surveillance of HIV in leprosy cases

- yd-

- STD/AIDS control Active, close collaboration in preventing sexual transmission
- Filariasis control
- Environmental Health Programme Community mobilization
- Family Planning Programme Condom strategy, health education
- Dental Health Programme Sterilization of dental equipment. Surveillance of oral manifestation of AIDS.
- Nutrition Programme Surveillance of HIV infection in malnourished children
- Non-communicable Disease Control Surveillance of HIV infection in cancer patients.
- Hospital Care Improvement Programme Detection of HIV infection, counselling, patients care
- Medical Care Improvement Programme
- Laboratory Service Programme Diagnosis of HIV/HBV
- Radiation Health Programme Information on HIV and cancer
- Quarantine Programme Adaptation, evaluation of health regulations
- National Drug Policy Essential drug scheme for AIDS cases treatment
- Mental Health Programme Surveillance and management of neuro-psychiatric manifestations of HIV infection
- Regulatory Programme Accreditation on laboratories for HIV testing
- Dangerous Drugs Control Control of use of injectable narcotics
- Medicare Programme Care of HIV infected/AIDS cases

- Health Communications Programme	Health promotion on hiv prevention and control
<u>Functional Support Programmes:</u>	<u>Potential Relationship</u>
- Infrastructure Development	Strengthening of Health Care facilities, laboratories and programme management
- Maintenance Programme	Maintenance of laboratory equipment
- Training and Human Resource Development	Training of all health personnel in HIV prevention and control
- Health Information	Surveillance, Management information system for NAPCP
- Management information	
- Community Health programme	Community mobilization, health promotion
- Planning	Programme development
- Logistics	Programme implementation
- Administration, Personnel, Accounting and Budgeting	Personnel management, finance
- Decentralization, Managerial and Organization Development	Management advice, evaluation
- Accountability and Public Ethics	Ethical issues related to HIV/AIDS
- Foreign Assistance Coordination	Donor's coordination and information

It is clear from the above table that AIDS Prevention and Control will have to involve all elements of the health sector. An appropriate coordinating mechanism between these elements will be established during the first year of the programme.

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1.4 CAPACITY TO ABSORB AIDS CONTROL ACTIVITIES

The Department of Health is understaffed and is operating with serious financial constraints in many sectors. The Health Education Unit, a key element of this proposed AIDS control programme, is currently operating with a very restricted budget and limited manpower. For example, the City of Manila currently has a population of over 5 million people, but has only two health educators assigned to the city STD programme.

To date, serosurveys to determine HIV infection have been supported by the U.S. Navy Medical Research Unit No. 2 (NAMRU-2) and WHO's Regional Office.

The current national health budget in the Philippines is 4.9 billion pesos (US\$245,000,000). Recently, the Department of Health has promised to allocate as much as 10 million pesos (US\$500,000) to support surveillance and monitoring activities during 1988. In the future, a special AIDS unit will be established within the Communicable Disease Control Service. Trainees of the Field Epidemiology Training Programme of the DOH will also be tapped to assist in various AIDS-related activities.

With targeted activities in support of specific objectives, the existing infrastructure of the Department of Health will better be able to manage this proposed AIDS Prevention and Control Programme.

However, the leadership and coordinating roles of the DOH will have to be supplemented by the active participation of other Departments, private groups and non-governmental organizations. To this end, these participating parties may be allocated financial and logistic resources, within the framework of the present plan, subject to the agreement of, control and evaluation by the DOH.

1.5 OVERVIEW OF THE AIDS PROBLEM

A. Results of Serosurveys

Testing for HIV infection in the Philippines was begun in May 1985 by two research agencies working independently of each other. These two agencies include the Research Institute of Tropical Medicine (RITM), which is under the Department of Health, and the U.S. Naval Medical Research Unit-2 (in collaboration with the Bureau of Research and Laboratories - Department of Health).

Most of the testing to date has been on prostitutes working in the nightclubs of Olongapo, Angeles City and Metro Manila. Serosurveys have also been completed in other cities and regions (See Table 1). An HIV positive was defined by two positive ELISAs and one positive Western Blot. The first HIV positive individual in the country was confirmed in December, 1985, and involved a female prostitute.

The first confirmed clinical case of AIDS was treated in a Manila hospital in early 1986. This case was a male Filipino who had acquired his infection in the U.S.

As of February 1988, a total of 72 070 HIV tests have been performed by "NAMRU-BRL" (the U.S. Navy Medical Research in cooperation with the government Bureau of Research and Laboratories), and the Research Institute for Tropical Medicine (RITM).

When additional HIV testing by private hospitals is added to the government's total testing to date, it is estimated that over 87 000 HIV tests have been completed by all sectors of the health care system. The great majority of those tested have been high-risk groups. A summary of HIV infection and AIDS cases as at 31 December 1987 is presented in Table 2.

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Table 1

HIV SURVEILLANCE REPORT AS OF 31 DECEMBER 1987

	<u>No. of tests</u>	<u>No. of HIV (+)</u>	<u>Positivity Rate</u>
A. Prostitutes (Female)			
Region 1	1 600	1	6.3/10 000
Region 2	49	0	
Region 3	42 330	41	9.7/10 000
Olongapo -	29 991	24	
Angeles	11 790	17	
Others	549	-	
Region 4	1 322	-	
Region 5	277	-	
Region 6	896	1	11.2/10 000
Region 7	1 601	-	
Region 8	116	-	
Region 9	246	-	
Region 10	263	-	
Region 11	1 203	-	
Region 12	46	-	
National Capital Region	11 995	6	5.0/10 000
Quezon City	4 198	1	
Manila	3 821	5	
Makati	1 585	-	
Marikina	405	-	
Caloocan City	467	-	
Pasay City	627	-	
Navotas	101	-	
Malabon	75	-	
Las Pinas	190	-	
Paranaque	225	-	
Pasig	172	-	
Mandaluyong	129	-	
Total prostitutes	61 944	49	7.9/10 000
B. Homosexuals/bisexuals			
Manila	678	3	4.4/ 1 000
Quezon City	96	-	
Davao	46	-	
Cebu	35	-	
Tacloban	35	-	
Zambales	21	-	
Olongapo	1	1	4/0/ 1 000
Total	1 005	4	
C. Professional blood donors - 3 220			
D. Others			
Total	66 961	61	9.1/10 000

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Table 2

**CURRENT STATUS OF HIV INFECTION IN THE PHILIPPINES
DECEMBER 31, 1987**

	<u>HIV Antibody</u>		<u>Total Tested</u>
	<u>(+)</u>	<u>(-)</u>	
Prostitutes			
Females	49*	61 899	62 638
Males (hetero/homo/ bisexual)	3	687	690
Homosexual/bisexual (non-prostitutes)	1	316	317
Other Groups			
- Professional blood donors, transfused and dialyzed patients	0	12 299	12 299
- Health workers	0	236	236
- Prisoners, vagrants, military personnel, civilian workers	0	779	779
- Privately referred	5	27	32
- Pre-overseas employment	2	3 919	3 921
- Sexual contact of HIV infected cases	1	2	3
TOTAL	61	80 851	80 912

AIDS (CDC GROUP IV) 11**

Note: Total number tested includes those from private hospitals.

*CDC Class 11

**7 Filipinos, 4 Caucasians (all developed abroad)

A total of 61 HIV infections have been confirmed to date, most of them in female prostitutes. In the Philippines, a distinction must be made (male or female) when referring to prostitutes, as there is also a group of homosexual prostitutes within the society who sell their services for money.

HIV-positive individuals who were not female prostitutes include three male prostitutes, one male who worked in Africa and had contact with prostitutes there, and one heterosexual woman who was infected by her husband.

Over 12,000 "professional blood donors" have been tested for HIV antibodies to date with no positives reported. (See Table 2). Blood donors in the Philippines who donate their blood through private collection banks and private hospitals or laboratories may be paid up to 200 pesos (US\$10.00) for each unit donated. No HIV infections have been discovered among transfused individuals, health care workers, or other groups to date.

Eleven cases of clinical AIDS have been reported. Six of these were Filipinos and 5 are non-Filipinos. Four of the six Filipinos were male homosexuals. The other two acquired the infection through blood transfusion.

By March 1988, 7 infected pregnant women had been identified. Of these 7 pregnancies, 4 infants appear to be doing well while one infant died shortly after birth. (Two women opted for pregnancy termination.)

There is a small amount of drug abuse among prostitutes and "hospitality girls" who sometimes ingest drugs during and before dancing. However, there is currently no evidence of I.V. drug abuse or other practices involving skin piercing instruments outside of the health care system.

B. Projection of AIDS Incidence

At the present time the Philippines is at a very early stage of infection with HIV. It is safe to assume that the current doubling time of the epidemic is about one year, but may in fact be shorter. Using the 10% formula of confirmed to estimated infections, there could be over 600 infected persons in the Philippines at the present time. If these infections maintain a doubling time of one year, there would be about 5,000 infected and 200 AIDS and ARC cases by 1990.

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The "hospitality" or prostitution industry is a significant variable for HIV infection in the Philippines, with estimates of the total numbers of "hospitality girls" ranging as high as 65,000. This estimate includes those who are registered as well as those who are unregistered, or "free-lance".

There is also a considerable amount of male homosexuality in the Philippines, particularly in the urban and tourist areas. This group includes both homosexual prostitutes and non-prostitute homosexuals. Approximately 1,000 people within this category have been tested to date resulting in a significant prevalence rate of 4 per thousand. There are currently no accurate estimates of the total number of homosexuals in the Philippines.

1.6. STRATEGIES FOR AIDS PREVENTION AND CONTROL

Government through its national AIDS Prevention and Control Committee and the AIDS programme secretariat will employ the following strategies for AIDS prevention and control during this medium term programme:

- A. The prevention of the spread of HIV by all routes including sexual, blood and perinatal. Specific activities will include:
- the identification and surveillance of high risk and sentinel groups;
 - health education for individuals and groups known to engage in high risk behaviour;
 - health education for the general population;
 - increased screening of the blood supplies for HIV infection.
 - education of, and support to health professionals towards the reduction of HIV transmission through blood transfusion and injections.
- B. The reduction of the impact of the infection on both HIV infected and AIDS cases. Specific activities for this group will include counselling clinical management and transfer to alternative occupations (for prostitutes).
- C. The strengthening of the capability of the Department of Health and related agencies and NGO's to control the spread of HIV infection. Specific activities for this strategy will include:

-improving the management capability of the national AIDS programme;

- improving the ability and maintenance of laboratory facilities to detect HIV infection.
- provide training for health educators, clinicians and related allied health professionals, in counselling, confidentiality, and strategies for the promotion of non-high risk behaviour.

The government of the Philippines does not wish to approach AIDS in a sensational way. Rather, the activities planned and the support requested are to be phased into the existing health and education systems in a gradual yet organized fashion. Most activities will begin during the last quarter of 1988 and the first quarter of 1989.

1.7. ACTIVITIES TO DATE

Various AIDS prevention and control activities have already been initiated and include:

- WHO-sponsored training courses in laboratory diagnosis of HIV;
- WHO-sponsored supported sero-surveys on sentinel groups;
- Government (DOH) Circular No. 2 series 1986, making AIDS a notifiable disease;
- Creation of the AIDS Prevention and Control Committee in February, 1987;
- Government (DOH) Circular No. 11 series 1987, requiring strict confidentiality of records re HIV and AIDS;
- Government (DOH) Circular No. 37 series 1987- authorizing an AIDS education campaign for all health personnel at the central office;

- In consonance with the Sanitation Code, Department Circular No. 47 of 21 May 1987 authorized the non-issuance of health clearance by STD clinics for "hospitality girls" (euphemism for prostitute) positive for HIV. This in effect prohibited infected prostitutes from continuing to work as hospitality girls. The circular enjoined local health officials to provide adequate counselling for infected women and to assist them in finding an alternative occupation.
- On 21 May 1987, the Research Institute for Tropical Medicine was designated the National Reference Center for testing blood, body fluids, and other biological materials for HIV.
- Department Order No. 51-A of 27 May 1987 provided for the formation of local AIDS committees in the cities and provinces.
- Meetings and consultations have been held with WHO, NAMRU-2, USAID, the Philippine Red Cross, and other governmental and non-governmental organizations preparatory to the formulation of the national plan for AIDS Prevention and Control.
- The DOH has disseminated AIDS information mostly through the mass media (newspapers, television). Seminars to provide newspaper reporters with scientific information on AIDS have been organized.
- The Secretary of Health and the AIDS Committee have met with the military commanders and health authorities of the US bases and discussed the AIDS problem. The US base commanders assured the DOH that all US military personnel based outside the US were being screened for HIV. The U.S. military does not report the seroprevalence among military staff.
- The Commission on Immigration and Deportation issued Immigration Regulation Instructions (IRI) No. 21 on 13 April 1988 requiring AIDS clearance Certificates (ACC) for permanent immigrants, illegal aliens and refugees. A previous regulation IRI No. 14 requiring ACCs for applicants of 6-month visas and a broader category of travellers was not implemented upon advice of the Department of Health.

1.8. ORGANIZATION OF THE NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME

At present, the DOH AIDS Prevention and Control Committee recommends policy directions which are reviewed and approved by the DOH Management Committee. The DOH Management Committee is the top policy-making body of the DOH and is composed of the Secretary of Health, 5 Undersecretaries and 5 Assistant Secretaries. The Secretariat of the AIDS Committee implements policy in cooperation with local health officers in the cities and provinces (see Figure 3). The permanent members of the Secretariat include: the National Coordinator, the AIDS Registrar, and the Press Relations/Public Information Officer. Various individuals from the different services of the DOH are recruited into the Secretariat on an ad hoc basis.

The DOH AIDS Committee has held consultations with representatives of different government agencies. As a result of these meetings, the Department of Education has incorporated AIDS education in the curriculum of high school students. Furthermore, training workshops have been organized for physicians of the Philippine Overseas Employment Agency so that AIDS education can be included in the pre-departure seminars of overseas workers. The organization of a National AIDS Council composed of representatives of various government and non-government agencies had been considered by the DOH Management Committee in mid 1987 but it was decided that such a Council would be too cumbersome. Instead, consultation meetings with government and non-governmental agencies was thought to be a better approach.

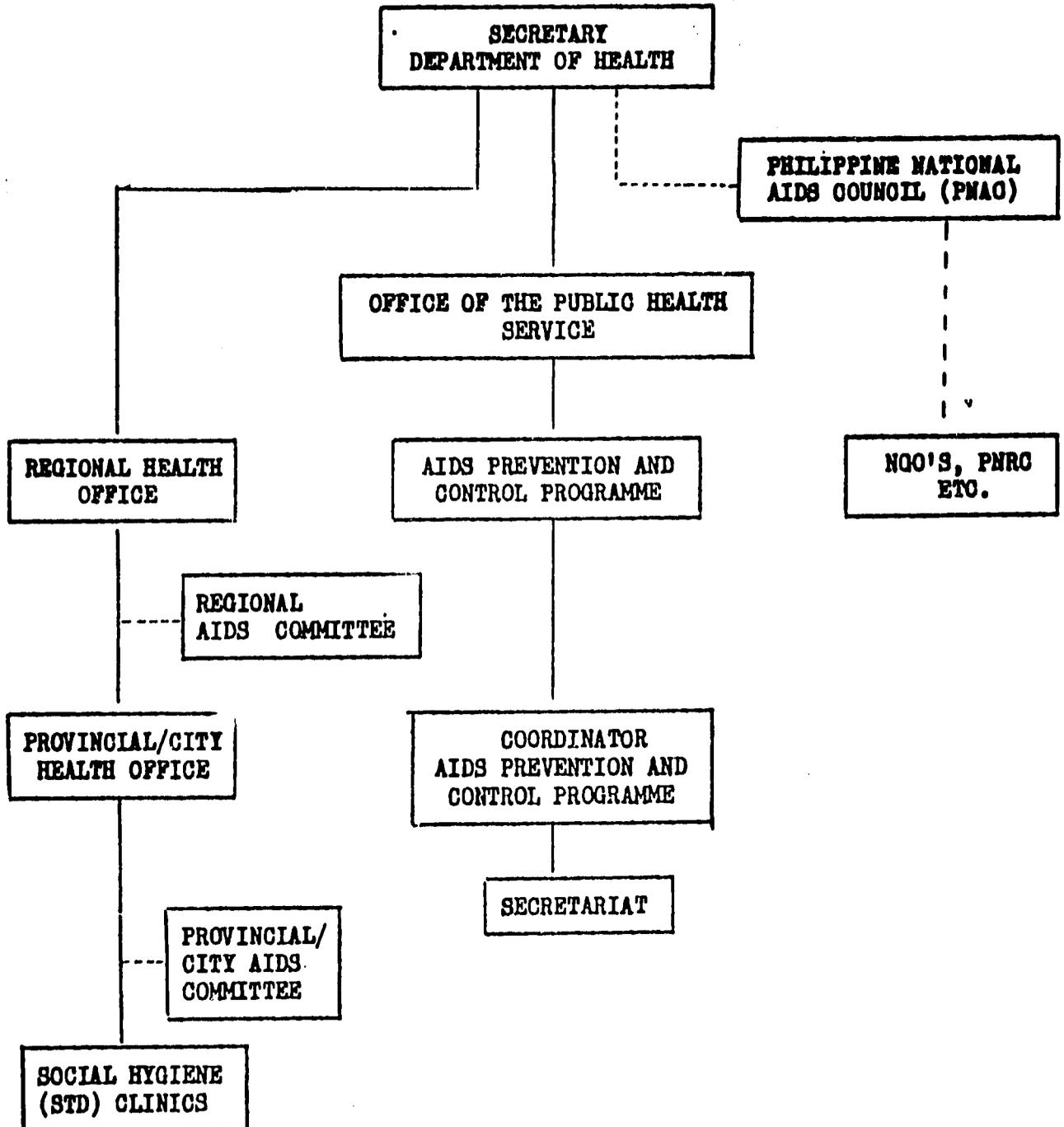
In view of the growing problem of AIDS in the country, the DOH AIDS Committee will again propose to the DOH Management Committee that the Philippine National AIDS Council (PNAC) be organized. The PNAC will be the body that can promulgate national AIDS policy. It will be composed of Secretaries of various government departments or their representatives as well as representatives of selected non-governmental agencies including the church. Authority for the organization of such a Committee will need to come from the upper levels of government.

Local AIDS control activities have been undertaken by city health offices and their STD clinics (also called Social Hygiene clinics) which are now under the technical supervision of the DOH through the Communicable Disease Control Service (CDCS).

There are altogether 43 STD clinics all over the country but only the clinics in Olongapo, Angeles and Metro Manila have been active in the serosurveys for HIV-infection among prostitutes. This plan will call for the improvement of the capabilities of all STD clinics and selected regional laboratories to do testing for HIV (see strategy I).

Figure 3

EXTERNAL STRUCTURE OF THE NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME



At present there are 17 private hospitals and laboratories that have been authorized to do testing for HIV. These are accredited by the Licensing Division of the DOH.

2.0. CONSTRAINTS AND NEEDS OF THE EXISTING HEALTH SYSTEM TO IMPLEMENT THE MEDIUM TERM PROGRAMME

2.1 The most significant constraints currently affecting the implementation of the National AIDS Prevention and Control Programme include:

- the lack of an integrated approach that actively involves other governmental and non-governmental agencies;
- the absence of specific budgetary allocations for AIDS control;
- the shortage of trained personnel competent to deal with the intricacies of AIDS prevention and control;
- the lack of governmental facilities capable of performing diagnostic and confirmatory HIV testing; at present there are only 2 such facilities and both are located in Manila;
- the inadequacy of pre-tested communication materials and the shortage of staff to develop these;
- the absence of an effective system for data collection, retrieval, analysis, and feedback to field health services.
- the absence of testing of blood donations for HIV or Hepatitis B virus in government transfusion centres operated by the Philippine National Red Cross (PNRC).

2.2. To facilitate the implementation of AIDS control activities, the following measures shall be undertaken:

- the strengthening of the organizational structure of the National AIDS Control programme by:
 - training personnel in STD clinics, regional laboratories and blood banks on communications, counselling, and testing for HIV;
 - the organization of the Philippine National AIDS Council to undertake AIDS policy-making and programme monitoring at the national level;

- the eventual integration of the AIDS control programme into the CDCS of the DOH; this integration may need an act of Congress and is not foreseen in the immediate future.
- the upgrading of laboratory facilities in selected parts of the country in order to be able to do HIV and HBV screening;
- the institution of a central data collection system to assist in enumeration and analysis.
- the development of a comprehensive national policy on AIDS, including sensitive issues such as voluntary testing and screening.

2.3. To assist in the development of such policy, it is recommended that the Philippine National AIDS Council be convened at the earliest possible time. The PNAC will act to advise the government through the Secretary of Health. Membership will include representatives from various areas of expertise including:

- Department of Health
- Department of Social Welfare and Development
- Department of Education, Culture and Sports
- Department of Foreign Affairs
- Department of Local Government
- Department of Labor and Employment
- Philippine Information Agency
- Department of Budget and Management
- World Health Organization
- Other agencies/organization/offices/organization who may be invited upon decision of the council.

The alternatives to careful development of policy about AIDS are clear, and were recently summarized at the World Summit of Ministers of Health on Programmes for AIDS Prevention:

Fear and ignorance continue to lead to tragedies: for individuals, families and entire societies. Unfortunately, as anxiety and fear cause some to blame others, AIDS has unveiled thinly disguised prejudices about race, religion, social class, sex and nationality. As a result, AIDS now threatens free travel between countries and open international communication and exchange.*

*Excerpt from "Global AIDS: Epidemiology, Impact, Projections and the Global Strategy," Dr Jonathan Mann, Director, Global Programme on AIDS, World Summit of Ministers of Health on Programmes for AIDS Prevention, London, 26-28 January, 1988.

3.0 COUNTRY PROFILE

3.1 Geographical, Social and Political Profile

The Republic of the Philippines is a tropical developing country with a culturally diverse population. The country which lies just north of the equator, has a land area of 115,707 sq. miles. It is composed of 7,100 islands and islets distributed into three main islands, Luzon in the north, Mindanao in the south and Visayas between Luzon and Mindanao. Its tropical climate has a relative high humidity, mild temperature, abundant rainfall, gentle winds and three pronounced seasons: wet or rainy season, cool and dry season, hot and dry season. The people's main sources of livelihood are agriculture, fishing, mining, logging, and small and medium-scale industries.

The country is divided into 75 provinces and 65 cities which are grouped into 13 health regions, including the National Capital Region (Metro Manila). The smallest political structure is called the barangay (village) and there are 42,000 of these in the country. There are about 87 dialects spoken all over the islands with Filipino as the national language, but English is widely used. About 85% are Christians while almost 10% are Muslims.

3.2. Population

A. Population size and growth

The last census of the Philippines in May 1980 enumerated 48.1 million Filipinos, increasing at an average annual rate of 2.7 percent during the intercensal period, 1975-1980. The 1985 projected population of 54,668,332 increased to 56,004,130 in 1986. The annual population growth of 2.44 percent in 1985 slightly declined to 2.41 percent in 1986. This implies a rate of decline of 1.2 percent.

B. Age and sex composition

The population remained relatively young in 1986 even with a slight decrease in the proportion of the younger age groups, and corresponding increase in the ratio of those who are 50 years and over, to the total population. Children 0-14 years of age comprised 40.3 percent of the total population in 1985 as against 40.02 percent in 1986. Correspondingly, those who are 15-49 years comprised 49.2 percent of the whole population in 1985 and slightly increased to 49.36 percent in 1986. Those 50 years and over comprised 10.5 percent in 1985 and this increased to 10.62 percent in 1986. The sex distribution in 1986 - 50.1 percent male and 49.8 percent female was similar to the 1985 distribution. Given the current health picture and the age composition of the population, the younger age groups are the major beneficiaries of the government's health programme.

3.3. HEALTH STATUS

Seen from the point of view of current natality, mortality and morbidity levels, the health situation in the Philippines shows a high birth rate, a moderately high infant mortality rate and a steadily growing population.

Table 4
HEALTH INDICATORS: PHILIPPINES
1982-1986
(per 1,000)

Year	1982	1983	1984	1985	1986
Pop'n	50 783 065	51 193 651	53 192 708	54 668 332	56 004 130
AGR*	2.5	2.0	2.3	2.3	2.4
CBR	29.0	24.0	27.8	26.3	31.7
CDR	6.1	6.3	5.9	6.1	7.8
IMR	41.8	42.7	38.5	38.0	55.3
MMR	1.0	1.0	0.9	0.9	0.9
LIFE EXPECT-	63.3 yrs.	63.3	63.3	63.3	63.4

*Annual growth rate

1982-1985 are actual figures of the Department of Health. 1986-1991 are theoretical projections of the National Census and Statistics Office. The differences in the figures, i.e. birth rates and mortality rates have been attributed to under-reporting of actual births and deaths.

3.4 Health Indicators

Communicable diseases remain a serious health concern in the Philippines. The rate of tuberculosis (sputum positives) is currently at 6.6 per thousand. Malaria and schistosomiasis remain endemic in many parts of the country. ARI and diarrhoeal diseases remain the leading causes of mortality in children and infants.

The rates for cardiovascular diseases and cancer are increasing, and malnutrition, particularly among children 0-6 and pregnant or lactating mothers is widespread, and environmental sanitation remains a continuing problem.

Despite several national family planning campaigns, the Philippines continues to show a high population growth rate (CBR, see Table 5).

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TABLE 5

HEALTH INDICATORS: PHILIPPINES
1987 - 1991
(per 1 000)

INDICATORS	1987	1988	1989	1990	1991
Population*	57 356 042	58 721 307	60 096 988	61 480 180	62 868 212
Annual Growth*	2.38	2.34	2.30	2.36	2.21
Crude Birth Rate*	31.3	30.8	30.3	29.8	29.2
Crude Death Rate*	7.6	7.6	7.4	7.2	7.1
Infant Mortality Rate*	54.7	52.81	51.54	50.28	49.01
Maternal Mortality Rate**	0.9	0.8	0.8	0.8	0.7
Life Expectancy*	63.9	64.0	64.3	64.6	64.9

* Population Studies Division, NCSO Projection

**Planning Service, MOH Projection

3.5 Geographic Health Regions

Health services in the Philippines are organized through a system of 12 geographic regions. (See map, p. 25).

Each health region has at least one regional hospital and one regional health laboratory. In some regions, such as Region #7, the regional hospital laboratory and the regional laboratory of the health department are being combined into one.

3.6 Regional Health Offices

Each of the 12 Regional Health Offices is organized by administrative and technical functions, and each region also has a Regional Training Center (Figure 6, page 30).

3.7 Provincial Health Offices

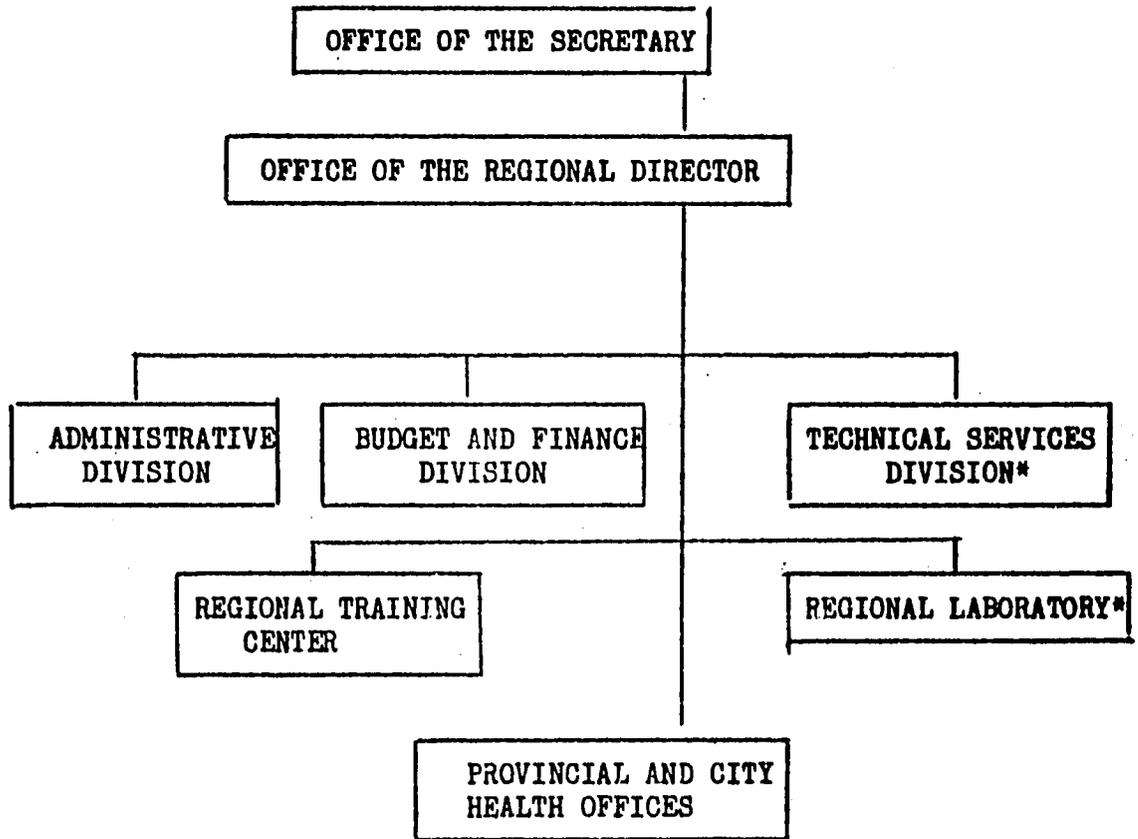
The provincial health offices represent the majority of rural outreach in the country and include over 1900 Rural Health Units. (See Figure 7, page). STD services within each Provincial Health Office are included within the Disease Control Services unit.

3.8 Rural Health Units

The nearly two thousand Rural Health Units represent nearly nine thousand Barangays or villages. (See Table 8.) The population of a typical Barangay is about 5 000 people.

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FIGURE 6
ORGANIZATION OF THE REGIONAL HEALTH OFFICE

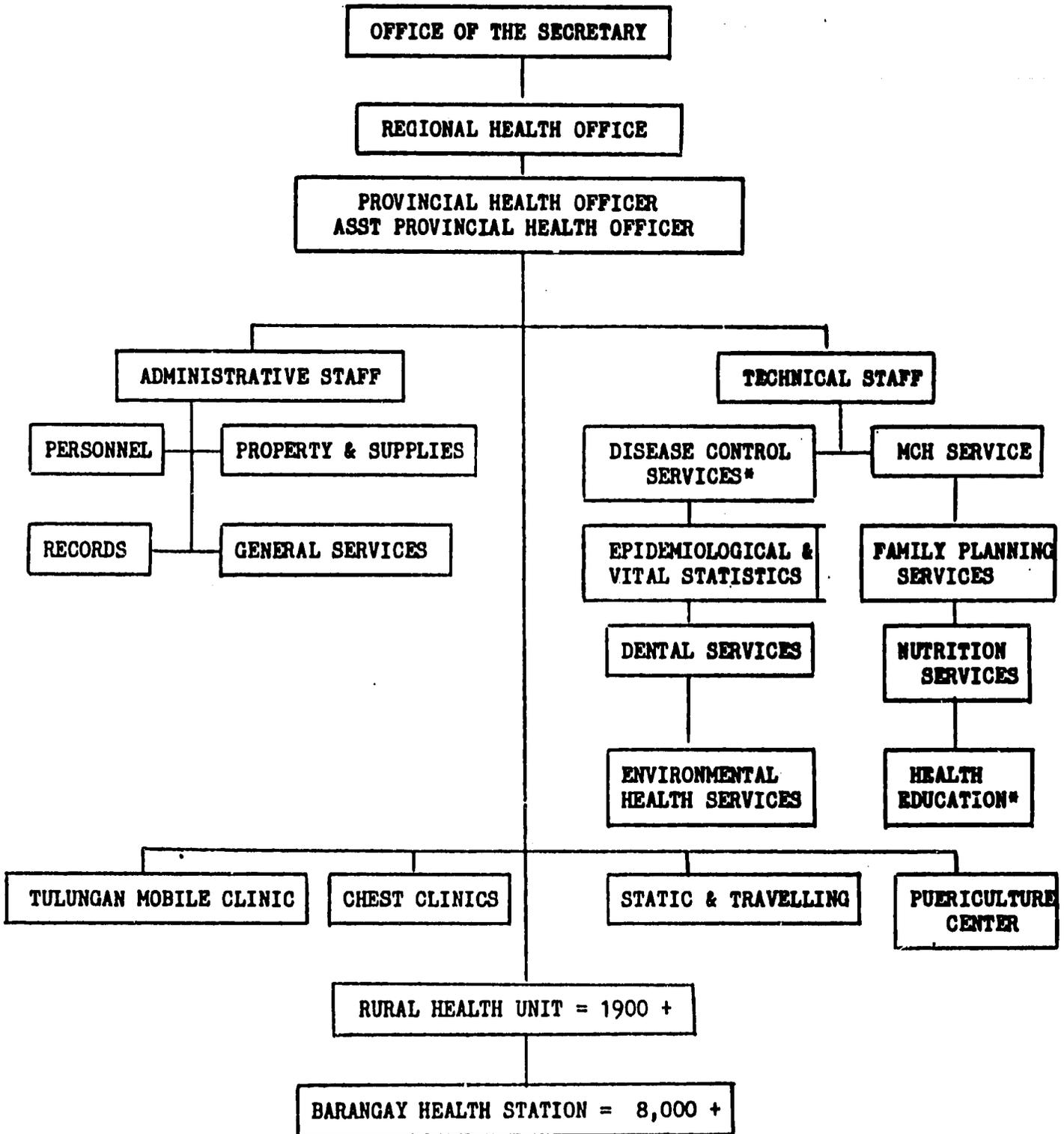


*Focal Points for AIDS Prevention and Control

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Figure 7

ORGANIZATION OF THE PROVINCIAL HEALTH OFFICE



*Focal Points for AIDS Prevention and Control

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TABLE 8
DISTRIBUTION OF RURAL HEALTH UNITS
AND BARANGAY HEALTH STATIONS: BY REGION, PHILIPPINES 1986

REGION	R H U	B H S
PHILIPPINES	1 962	8 844
N C R (includes Manila)	330	16
1	194	964
2	118	499
3	208	1 393
4	227	1 182
5	117	714
6	127	932
7	132	672
8	146	574
9	102	312
10	120	535
11	84	564
12	57	487

SOURCE: Regional Health Offices

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3.9 Hospitals

There are over 600 government hospitals and over 1 200 private hospitals in the country. (See Table 9, page). Many of the private hospitals collect blood from paid donors. Currently, there are no regulations concerning HIV screening of blood used in private hospitals. This topic will be discussed further in Strategy 2, Prevention of Transmission Through Blood.

3.10 Hospital Professionals/Government Sector

At present there are over seventy-three Health Educators and three hundred Medical Social Workers in the Department of Health. At the level of laboratories, there are over two thousand Medical Technologists and Technicians. (See Table 10, page 34).

TABLE 9.
NUMBER OF HOSPITALS

(As of 1986)

	<u>Number</u>	<u>Total Beds</u>
<u>Total DOH Hospitals</u>	<u>537</u>	<u>40 269</u>
Municipal	61	615
District	272	9 735
Provincial	77	8 100
Regional	14	4 150
Medical Centers	8	2 750
Special Hospitals	6	7 800
Specialty Hospitals	4	803
Sanitarium	8	5 000
Medicare Community Hospital	87	1 316
Bed Population Ratio	1:1,380	
<u>Other Government Agencies</u>	<u>80</u>	<u>8 547</u>
Primary	45	1 205
Secondary	20	1 644
Tertiary	15	5 698
Combined all government beds Population Ratio	1:1,391	
<hr/>		
Total Hospitals, DOH	537	40 269
Other government agencies	80	8 547
Private Hospitals	1 229	40 265
Grand Total Number of Hospitals	1 846	
Grand Total Number of Beds		89 081
Bed Population Ratio combined government and private	- 1:628	
Source:	Bureau of Medical Services, DOH.	

TABLE 10.
HEALTH PROFESSIONALS IN THE DEPARTMENT OF HEALTH
(1986)

POSITION CATEGORY	CENTRAL OFFICE	SPECIAL HOSPITAL	REGIONAL HEALTH	TOTAL
PHYSICIAN	392	1 342	7 083	8 817
NURSE	49	1 548	9 015	10 612
MIDWIFE	1	106	9 682	9 789
PHARMACIST	140	64	592	796
DENTIST	27	47	1 126	1 200
ENGINEER	46	9	174	229
NUTRITIONIST DIETICIAN	25	65	536	626
HEALTH EDUCATOR	28	-	45	73
MEDICAL SOCIAL WORKERS	6	72	237	315
MEDICAL TECHNOLOGIST/TECHNICIAN	197	254	1 940	2 391
RURAL SANITATION INSPECTOR	-	-	1 929	1 929

4.0 OVERALL PROGRAMME OBJECTIVES

4.1 Long Term Objectives

The long-term objectives of the AIDS control programme are to reduce the incidence of HIV infection, and to reduce the impact of HIV and AIDS within the family, the community and the society.

4.2 Medium-Term Objectives

The medium-term objectives of the programme include:

- A. Continue to monitor the epidemic through the incidence of infection among identified sentinel groups and the general population.
- B. Institute HIV screening of all blood administered through the government's health care system;
- C. Promote health education to encourage low-risk and non-risk sexual behaviour among vulnerable groups as well as the general population.
- D. Promote the use of condoms among those who persist in high-risk sexual behaviour.
- E. Develop and propose to government specific guidelines for the screening of all blood and blood products used within the non-government private sector, including private hospitals.
- F. Enforce appropriate sterilization practices for skin piercing instruments, including syringes and needles.
- G. Reduce the impact of HIV infection on individuals, groups and the society.

5.0 STRATEGY I: PREVENTION OF SEXUAL TRANSMISSION

5.1 Background and justification

To decrease the rate of sexual transmission, education efforts must convince individuals to refrain from high-risk behaviour, or to modify their behaviour, or to modify their behaviour and thereby reduce their risk of infection with HIV.

These messages need to be carefully planned and adapted to the knowledge, beliefs and traditional practices of the populations to be reached. In the Philippines, public information efforts of this kind will sometimes require use of at least four Philippine languages, and will sometimes require use of the most popular and effective means of communication to certain target groups (i.e., the use of comic book short stories to reach youth).

Prevention of future transmission of HIV will make it imperative to reach and educate school children at least from the age of puberty onwards. The topic of AIDS has already been introduced into the curriculum of some secondary schools in the Philippines, but this will have to be evaluated and provided further assistance through teacher-training and related activities.

Sero-surveys to date suggest that female suggest that female prostitutes, commonly called "hospitality girls", are currently suffering the greatest number of infections of HIV. Since law requires that girls hospitality girls be registered, carry a registration card (a pink card with photo I.D.), and be examined at a V.D. clinic at least every two weeks, some assumptions can be made about the total number of hospitality girls, as well as the frequency of their high-risk behaviour.

Countrywide, it is estimated that there are about 32 000 registered hospitality girls. Added to this number are all girls and prostitutes who are not registered. Local estimates indicate that this group is at least equal to the registered group, resulting in a possible total of 65 000 women involved in prostitution. Male prostitutes, and bi-sexuals could represent several thousand more

Girls found positive for G.C. or VDRL have their identification cards removed (held) by the D.O.H.-STD clinic until they have completed treatment. Those girls found positive for HIV have had their cards removed permanently, have been counselled, and have been encouraged to work in non-risk activities (barmaids, restaurants, etc). The positive and negative consequences resulting from the withdrawal of cards from prostitutes found HIV positive should be carefully evaluated. When the provision of alternative skills, placement and follow-up is not feasible, this action may have detrimental effects on these prostitutes, on other individuals who are offered voluntary testing, and on the community.

In one high prevalence area, the Mayor of the City has taken a personal interest in HIV carriers, and has already placed several of them in clerical positions in city government. In another high-risk area, several HIV positive girls have been provided employment at local social hygiene (STD) clinics. This kind of care and compassion is encouraging, and could serve as a model for other national AIDS programmes.

5.2 Specific Objectives and Targets

The immediate objectives of the government's National AIDS Control Programme will emphasize integrating AIDS surveillance and control into the Communicable Disease Control Service (CDCS), which is one of the 10 basic services within the Department of Health. Discussions are continuing that the national AIDS programme may be institutionalized with its own budget and personnel as a section within CDCS. During the proposed medium-term programme, the national programme will attempt to reduce the sexual transmission of HIV through surveillance, training, and health education at the national, regional and district levels.

5.3. Plan of action

5.3.1 Epidemiologic surveillance

It will be very important for periodic as well as ongoing serosurveys to determine the specific needs and directions of the National AIDS Control Programme. Information derived from surveillance will be particularly useful to orient, monitor and evaluate educational and training activities.

The programme will be operated through the CDCS, which does not deal directly with patients, but acts in a supervisory/management/coordination/monitoring and evaluation capacity. The CDCS and its national AIDS control programme will provide close cooperation and consultation to the Social Hygiene Clinics (STD) throughout the country.

Each STD clinic is staffed by a minimum of:

- Medical Officer
- Nurse
- Medical Technologist/Technician
- Utility man/driver

On the total of 4.9 billion pesos currently allocated to the DOH, .91 million pesos (US\$45 500) has been specified for control of STD's. The DOH intends to improve services at the Social Hygiene Clinics by upgrading the capability to diagnose and treat sexually transmitted diseases. Inputs for these improvements may come from government or external donors.

Surveillance will include those risk groups already identified as well as those at risk because of other STD's. At all times, sero-surveys which are undertaken with support of the WHO Global Programme on AIDS will be consistent with the resolutions of the 20th World Health Assembly, and will insure informed consent, confidentiality, and the availability of counselling.

5.3.2 Target Groups

Initial studies have indicated that 47% of 1770 female prostitute, and 30% of 229 male prostitutes interviewed had 31 to 60 partners per month. Condom use was limited to 3% in female and 1% in male prostitutes.

Target groups and totals for surveillance will include:

	<u>No.</u>
- Male and female prostitutes	20 000
- Patients in STD clinics	1 500
- Returning overseas workers	2 000
- Filipino Seamen	1 000
- Homosexual/bisexual males	1 000
Total	<u>25 500</u>

5.3.3 Methodology for Surveillance

All serosurveys for HIV infection are currently subject to prior approval of the AIDS Prevention and Control Committee of the D.O.H. Surveillance is currently on-going at five of the 43 STD clinics under the D.O.H.

Some surveillance has also begun in places of employment of prostitutes, bars, discos, sauna baths and massage parlors. Various establishments in tourists areas such as Manila, Quezon City, Olongapo and Angeles City are also being screened. Serosurveys have also been done in STD clinics in all regions of the country (see Table 1). There are presently two survey teams in the field, one from the Research Institute for Tropical Medicine (RITM) and one from the Bureau of Research and Laboratories (BRL) supported by NAMRU. Surveillance for HIV will continue at the rate of approximately 25,500 tests per annum.

Data on surveillance is currently collected by the AIDS Registrar who forwards reports to the Health Information Service (HIS). The AIDS Committee has identified the necessity of a surveillance system which is well integrated with HIS and which takes the ethical issue of confidentiality into account.

Condom Distribution

Distribution of condoms will change over time due to the results of surveillance (high-risk groups) and the results of the two KAP surveys. However, during the three years of the MTP, condoms will be supplied mainly via the 43 STD clinics in the country. If every registered prostitute (32 000) is supplied with three condoms during every required two-week visit to an STD clinic, then some 2.4 million condoms would be required during each year of the programme. Condom distribution will commence in January 1989.

To assist in the overall surveillance, activities of the national programme, and to assist the office of the national AIDS coordinator in the planning, development, monitoring and analysis of sero-surveys and other programme activities, a WHO-Epidemiologist will be provided for two years beginning in January 1989.

Three project vehicles will also be provided. One project vehicle will be to support the activities of the National Programme Coordinator. The second vehicle will be to support the activities of the WHO-Epidemiologist and the third project vehicle will be assigned to RITM to support surveillance.

To assist in the collection and analysis of surveillance data, two personal computers will be required. One computer will be placed at the National AIDS Control Offices in Manila, and the second computer will be used for surveillance monitoring and analysis at RITM.

To assist in the development of an appropriate and applicable programme for surveillance, WHO will provide a short-term consultant in programming for surveillance for a period of one month. (Total STC time = 30 days).

5.3.4 National Workshop on Epidemiologic Surveillance and Control of AIDS and Other Sexually Transmitted Diseases

There are 43 STD clinics that are in operation in the 12 Regions of the Philippines. These clinics are special units for the detection and control of sexually transmitted diseases. They have a complement of a medical officer, a nurse and medical technologist/technician. Their clientele consists essentially of hospitality girls, other persons at high risk of developing sexually transmitted diseases and other suspected of having sexually transmitted diseases. The chances of finding cases of AIDS and HIV infected individuals will also be high in the above group.

It is therefore proposed to train the medical officers of the sexually transmitted diseases clinics and other communicable disease control units in the elements of epidemiologic, case management and control of HIV and STD infections.

Objectives

- To consider the epidemiological features of AIDS and other sexually transmitted diseases;

- To improve skills the diagnosis and management of AIDS and other sexually transmitted diseases;
- To provide specific skills in counselling.
- To review the current case definition of AIDS.
- To discuss the elements of surveillance including the conduct of serosurveys;
- To discuss the prevention of AIDS and other STDs.
- To discuss relevant issues of informed consent, confidentiality, and the rights of AIDS victims.

This workshop will be held during the first quarter of 1989; will involve 25 participants, and will be 5 days long.

5.3.5 Training in Laboratory Diagnosis of HIV Infections and Other STD's

There are 43 STD clinics that are in operation in the 12 Regions of the Philippines. Laboratory skills on the diagnosis of STD's, including HIV testing, needs to be upgraded. In line with current needs and appropriate technology, most of the clinics will use Particle Agglutination (P.A.) for HIV testing. Confirmatory testing will continue to be provided at the three reference centers, including the RITM, Bureau of Research and Laboratories, and NAMRU-2.

This workshop will be held during the first quarter of 1989, will be 5 days in duration, and will be held at the Research Institute of Tropical Medicine. There will be 25 participants representing laboratory personnel of STD clinics from the regional, provincial and related laboratories. One WHO-STC will be required for two weeks, including planning and evaluation time.

5.3.6. Knowledge, Attitudes and Practices Surveys (KAP's)

KAP surveys will be conducted twice during the five year national programme. The first KAP survey will be conducted during the first quarter of 1989, and will establish a baseline of information on current practices and knowledge about HIV and AIDS.

The survey will cover a sample of approximately 1 000 and will be representative of the general population. It will include heads of households, and will be completed in approximately 90 days through contract to a local research agency.

The results of the first KAP survey will provide baseline information and will guide the health education strategy of this programme.

The second KAP Survey will begin in January of 1991, and will be completed by March of 1991. This survey will be designed to measure specific changes which may have resulted from the extensive AIDS health education and information activities which had been instituted during 1989 and 1990. The second KAP survey will also be contracted locally.

5.3.7. Training in Health Education

Training of health educators will begin during the last quarter of 1988. A wide range of health educators will be reached, including officers of the Health Intelligence Service, and non-government organizations. Training and workshop activities will include the National Capital Region, the twelve regions, district health educators and other personnel.

The training curricula will vary, but will include activities to:

- review epidemiology and control of AIDs;
- identify the issues related to health education in AIDs;
- present the results of KAP survey No. 1;
- clarify the role of the various sectors or community groups in health education re AIDs;
- develop strategies in educating people on AIDs emphasizing counselling;
- recommend guidelines for implementing strategies of a national AIDs health education programme.

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In the absence of a cure or vaccine against AIDS, it is considered that the most effective method of preventing HIV infection is through health education.

The effectiveness of health education as a tool in the prevention and control of sexually transmitted diseases has always been doubted in view of the difficulties encountered in its implementation.

The issues involved are very diverse and complex. The nature and content of the programme will for example vary according to the target groups, the age and sexes involved, the culture, sexual practices, behaviour, religion and other factors of a local nature. The Catholic church advocates chastity and marital sanctity as the moral methods of preventing the spread of AIDS. Confronted with the challenge to interrupt the transmission of HIV, health specialists promote safety in sexual practices, including the use of condoms.

It is felt that if a meaningful and acceptable AIDS Health Education programme is to be developed, there must be various sectors or power groups involved with the subject at the so called "grass roots" level. The programme must understand each group's policies and constraints, and help them identify their role and develop their approaches to health education on AIDS.

Two national health education workshops on AIDS will be held during the first two years of the programme. Each workshop will be 5 days, and will be held in Manila during the first quarter of 1989 and 1990. 25 participants will attend each workshop, and two WHO-STC's will be required for three weeks each. In addition, three Temporary Advisers (local) will be required for 5 days each.

The Health Education unit of the Department of Health will also require a full time WHO-Health Educator during the first two years of the national programme. This health education specialist will have experience in education outreach and AIDS, and will work closely with two counterparts; the head of the Health Education Unit, and the National AIDS Programme Manager. The health educator will also work closely with the planning and execution of the two KAP studies as well as all activities under I.E.C. (see Sec. 5.3.8.).

Until the Health Education specialist is identified and recruited, WHO will provide a Health Education STC for a period of 6 months, beginning in January, 1989.

To support the activities of the WHO Health Educator, a project vehicle will be provided.

5.3.8. Information, Education and Communication Activities

A gradual and wide reaching series of information, education and communication activities will commence during the first quarter of 1989. These activities have been carefully planned to reach the widest range of the general population (including high-risk groups) and at the same time remain culturally specific. These activities will be executed by the Health Education unit, in close cooperation with the national AIDS Programme Coordinator and will include the following:

Comic Books

Comic books with popular themes are very popular in the Philippines, and enjoy an extremely high readership. Used comic books may be sold and repurchased several times.

A local publisher will be contracted to produce two comic books a year during the first two years of the programme beginning in January of 1989. These editions will have a story-line on prevention of HIV and AIDS, and will be produced in a quantity of 100 000 copies per issue. This figure and others given in this section should be considered as indicative. They have been shown to give an order of magnitude for planning and budgeting purposes. They may be adjusted according to needs and resources.

Leaflets

Leaflets with specific AIDS information will be produced and oriented to specific groups - including risk groups. The leaflets will be printed in the new printing facilities recently provided through a grant from the World Bank to the Health Education Unit of the Department of Health. These leaflet will be produced in the 4 basic Filipino dialects, in two colours, with a total of 910,000 copies to be printed. Specific leaflets will target specific groups as follows:

<u>Audience</u>	<u>Total copies</u>
Hospitality girls	150 000
Gays and Bi-sexuals	10 000
Health Workers	50 000
General Public	500 000
Students	200 000
Total	<u>910 000</u>

Production of the leaflets will begin in the fourth quarter of 1988 and be completed in the first quarter of 1989.

These leaflets will be distributed through the government infrastructure: City Health offices and social hygiene clinics (DOH), schools (DECS), tourist information counters (DOT), immigration counters (CID), military camps (DND), etc. Medical and public health associations will also be asked to disseminate the appropriate leaflet to their members. Distribution will be nationwide, with primary emphasis in urban areas. Distribution can begin as soon as materials are ready.

Posters

Posters will be produced and printed on the same schedule as leaflets at the Health Education Units' printing facilities. The posters will stress prevention, will be produced in three colors, and will be distributed as follows:

<u>District</u>	<u>Quantity</u>
Commercial Areas (Airports, Bus Depots)	10 000
Village (Barangay) Health Stations and Community Centers	10 000
Schools and NGO's	7 000
Main Health Centers (1 ea.)	2 000
Hospitals (1 ea.)	1 000
Total	<u>30 000</u>

Newspaper Ads

Beginning in January, 1989, half page ads will be placed in two national newspapers (1 tabloid + 1 national) twice per month for 6 months. The ads will be designed to inform all target groups about AIDS, and will also give details about the "AIDS Hotline" (see "AIDS Hotline", page 46).

Broadcast Media (T.V., Radio)

Television and radio plugs will be produced through sub-contract to a local advertising agency. Television ads will be colour/30 seconds each, and radio ads will be 60 seconds each. These ads will be aired beginning in January, 1989, will run for 24 months, and will be scheduled as follows:

T.V. - (3 months) x 1 showing ea. 24 hrs.
Radio - (3 months) x 3 airings ea. 24 hrs.

These broadcasts will seek to raise awareness about AIDS, and will indicate where more information about AIDS may be obtained (Hotline, Health Department, etc.). Over 280 radio stations and 4 television stations will be reached in this activity.

Household Teaching Manual (Chapter on AIDS)

The World Bank is currently supporting the printing of a family oriented primary care health guide called the "Household Teaching Manual". A total of 500,000 copies are to be printed by the Health Education unit of the D.O.H.

A three page insert on AIDS will be written for inclusion within the manual. This section will be prepared by July of 1988, and will thereby be included in the remaining 400,000 copies printed between July of 1988 and December 1989. The AIDS information will be included within the section discussing STD's.

The National AIDS Prevention and Control Programme will cooperate with the Department of Education and UNESCO to introduce AIDS education in school curriculae. This will include the training of teachers, development, production and distribution of educational materials, monitoring, and evaluation .

The AIDS Hotline

An AIDS Hotline will be established at a site to be determined. The hotline will be staffed by a selected group of 20 people (volunteers and staff), and will operate with two lines during daytime hours. The hotline will serve Metro Manila (population 7 million), will stress confidentiality, and will inform the general public about AIDS and its prevention. The AIDS Hotline will be functional from January of 1989, and will be preceded by the Workshop for AIDS Hotline Volunteers. (See next section).

Workshops for AIDS Hotline Volunteers

The workshops for AIDS Hotline Volunteers will have 20 participants, will last 5 days, and will provide a detailed orientation on AIDS and STD's, as well as on non-judgmental counselling, listening skills, and referral skills. The workshops will be held at the D.O.H. Conference Room during the 4th quarter of 1988, in time to precede media activities which will refer queries to the AIDS Hotline (see "Broadcast Media").

AIDS Health Education - Rural Outreach

Within the context of the World Bank project discussed previously, 14 Mobile Vans have been provided to the government of the Philippines. The vans are distributed one per each health region, and are able to show films in the field, especially at the Barangay or village level. It is well known that over 500 people may show-up for a single film showing.

This medium-term plan will use the resources of these vans by providing one copy of a film on STD's or AIDS to each van. This film will be 16 mm., colour, and 15-to 45 minutes in length. The film may even be subtitled to local dialects. The film on AIDS or STD's will become part of each vans travelling film library. If each of these vans shows the film only once per week to an average gathering of 250 people, some 182,000 people will have received basic information about AIDS and its prevention at the end of the first year of the project.

Twenty five VCR films will also be provided to the National Quarantine Office for use in inter-island vessels where there are facilities to show movies while at sea.

Health Educator Supervisory Visits (to Regions)

Health educators from the head offices in Manila will have to follow-up the various activities regarding health education for AIDS prevention. To accomplish this, the Health Educators will travel to each region once every 3 months, and will stay in the region for 5 days during each visit. During their visits they will hold meetings with the Regional Office health education staff and monitor various AIDS prevention activities at the regional level.

Health Educator Supervisory Visits (to Provinces)

The same supervisory visits to monitor and assist with AIDS - I.E.C. activities will be provided from the Regional Offices to one Province each month. Each of these visits will also last 5 days.

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Workshop for Public Information Officers

A 3-day workshop for Public Information Officers will be held during the second quarter of 1989. This workshop will involve information officers (1) from each of the 12 health regions and will present specific information modules to integrate AIDS information and education into the overall primary care system. The venue of this workshop will be Manila (Department of Health), with a total of 25 participants.

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5.3.8. Management of Strategy 1

The Public Information and Health Education Service (PIHES) of the Department of Health is the unit that is responsible for health communications activities of the DOH. At present, it is engaged in communications activities involving immunization, diarrhoeal diseases and acute respiratory infections. PIHES is presently building up its staff. Over the medium term, responsibility for AIDS communication activities will devolve to PIHES. During the initial 2-years of the national AIDS programme, control of AIDS communication activities will rest with the programme manager to be assisted by the Chief of PIHES, the WHO Health Educator, epidemiologist, and administrator and expert consultants.

PIHES will be responsible for putting into concrete form prototype materials and where necessary, for producing them. It is envisioned that a responsible person will be identified in PIHES to head AIDS communication activities.

Participating Institutions

National

Department of Health
WHO, WR

International

World Bank
AIDSCOM
WHO

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5.5. Supplies and equipment

<u>Serial No.</u>	<u>Item (Specification)</u>	<u>Unit Cost US\$</u>	<u>Quantity</u>	<u>Total Capital Cost</u>	<u>Annual Recurrent Cost</u>
1	- Rubber Prophylactics (144 ea.)	\$3.70	83 333	62 000	62 000
2	- Vehicles (Toyota, Corolla Station Wagon, 1300 cc., petrol	\$6 000.	3	18 000	
3	- Computer, IBM-PS/2-P.C. + software + paper	\$7 411	2	14 822	
4	- Elisa reader				
5	- UPS - Voltage stablizer for PC (220v & 60 HP)	2 659	2	5 318	
6	- Photocopier, Canon NP 150	2 815	2	5 630	
7	- Portable slide projector	210	1	210	
8	- Screen (Projection)	121	1	121	
9	- Portable Overhead Projctor	552	1	552	
10	- 100 Transparency sheets	19	1	19	
11	- Felt tip pens (6 colors)	5	3	15	
12	- Typewriter, electric, IBM plus spares (Mod. 6746)	1 103	2	2 206	
13	- Copy Paper A-4, carton of 2500 x 20 cts.	747	5	747	747
14	- Flip Chart easels, portable, carry case	75	3	225	
15	- Chart paper x 10 x 50 sheets ea.	35	3	105	
16	- 16 mm. sound film projector, + spare reel (220V-6 HP) auto-rewind	575	1	575	

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<u>Serial No.</u>	<u>Item (Specification)</u>	<u>Unit Cost US\$</u>	<u>Quantity</u>	<u>Total Capital Cost</u>	<u>Annual Recurrent Cost</u>
17	- Desks, 2, professional, (Local purchase)	400	2	800	
18	- Chairs, 2, prof. (local purchase)	175	2	350	
19	- Desk (Secretary) (local purchase)	300	2	600	
20	- Chair (Secretarial) local purchase	200	2	400	
21	- Miscellaneous	1 000	5	1 000	1 000
22	- Paper (for prod.) "Household Teaching Manual" (400 000 copies)= 2 500 reams	5	2 500	12 500	
23	- Printing plates (40) local purchase	20	40	800	
24	- Film on AIDS; 30 min. (approx.); colour, 16 mm., sound	300	14	4 200	
25	- Ink for 400,000 copies Family Health Guide AIDS insert (3 pgs)	200	1	200	
26	- Printing Chemicals for #23	250	1	250	
27	- Printing Film for No. 23	200	1	200	
28	- Autofocus Camera with flash (Minolta) 35 mm with 10 B&W & 10 colour films	388	2	776	
29	- VCR film - AIDS - National Quarantine Office	100	25	<u>2 500</u>	
<u>Total Cost Year 1</u>				<u>135 121</u>	
<u>Annual Recurrent Cost</u>					<u>63 747</u>
<u>Total (5 years)</u>				<u>198 868</u>	

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5.7. Budgetary Resource Requirements (in US\$)

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
5.3.3. (Surveillance)						
Particle agglutination (x 10 000 per annum)	9 500	10 500	11 500	12 500	13 500	
20 000 Elisa (45 Dupont kits)	24 000	26 000	28 000	30 000	32 000	
- WHO Epid. (STC 6 months, Jan-June 1989)	90 000	90 000				
- STC - Computer surveillance programming (4 weeks)	8 000					
- Western Blot, Dupont, HIV (8)	6 480	7 000	7 700	8 500	9 200	
5.3.4 (Workshops on Epidemiological surveillance (2) *25 participants x 15 per diem per day x 5 days						
	1 875	2 000				
**Airfare x 12 x 100 RT. ea.	1 200	1 300				
-WHO-STC for Workshop (2 weeks)	5 000	5 500				10 500

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<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
-Reporting costs	250	300	350	400	450	
5.3.5 Workshop in Laboratory diagnostic (25 participants x US\$130/day x 5 days)	16 250					16 250
5.3.6 KAP Surveys	12 000		13 200			25 200
5.3.7 National Health Education Workshop (25 participants x 5 days x US\$50/day)	6 250	7 000				13 250
5.3.8 WHO - STCs (2 per Health Education Workshop x 2 weeks ea.)	10 000	11 000				21 000
Temporary Advisers for Health Education Workshop x 5 days each x 3 advisers	600	700				1 300
WHO - Health Education STC (6 months)	45 000					45 000
WHO - Health Educator (2 years)	45 000	90 000	90 000			225 000
Project Vehicle gas and maintenance	800	900	1 000	1 100	1 200	5 000

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
5.3.8 I, E & C Activities						
-Comic books, (100 000 copies at .05c ea. x 2 issues per year)	10 000	10 000				20 000
-Leaflets, (910 000 copies at 0.5c ea.)	45 500					45 000
-Posters, (3 colors, 30 000 total at 0.26c per poster)	7 800					7 800
-Newspaper Ads, half pg. 2 papers x 2 run per month x 6 months x US\$750, per ad. pg.	18 000					18 000
-Broadcast Media, (TV and Radio) x 3 months at 1 showing per day T.V. and 3 months at 3 airings per day radio = 360 total airings at US\$138. per airing	50 000	50 000				100 000
-Production costs est.	24 000					24 000
-AIDS Hotline 2 telephones/installed	800					800
-Rental at 25 per mo.	600	700	800	900	1 000	4 000

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
-Workshop - Hotline volunteers x 15 per day per diem x 5 days x 20 participants (includes materials)	1 500	1 650	1 800			4 950
-Health Educator Supervisory visits (to Regions) x 4 visits per year to each region x 12 regions x avg. Airfare 100. and per diem at 15. per day:						
Total airfare	4 800	5 300	5 800			15 900
Total per diem	3 600	3 900	4 300			11 800
-Health Educator Supervisory visits (10 provinces) x 5 days ea. visit x one province per month =						
Travel						
(Boat or Bus)	1 440	1 600	1 800			4 840
Per diem	3 600	4 000	4 400			12 000
-Workshop for Pub. Information officers x 3 days at 15. per day per person x 25 participants	1 125					1 125

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
- School teachers training x 15 per diem x 2 days x 100 teachers/month x 12 mo.	36 000	39 600	43 600	47 916	52 700	
- Production/distribution of materials for school education 1200 teachers per year x 10 per manual	12 000	13 000	14 000	15 000	16 000	
-Production of manual for Military Physicians (500 manuals x 10 per manual)	5 000					
Total Budgetary Resources Req.	507 970	443 150	228 250	116 316	126 050	
Equipment (5.5)	135 121	63 747	63 747	63 747	63 747	
Total Strategy 1	643 091	506 897	291 997	180 063	189 797	1 811 845
	1 286 132					

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6.0 Strategy 2: Prevention of Transmission through Blood

6.1 Background and Justification

Serosurveys among commercial blood donors in Metro Manila have not detected HIV infection among those tested. However, there is growing public concern about the safety of blood supplies.

The Management Committee of the Department of Health has decided that mandatory testing of all blood and blood products for transfusion for HIV contamination be undertaken. It has been agreed in principle that a phased programme for upgrading government hospital and blood bank facilities in all regions and cities will be undertaken. Initially, 4 laboratory centers in the Philippines (3 in Luzon, 1 in Cebu) shall be developed to provide services for screening blood. The three centers in Luzon shall be located in Manila, Olongapo and Angeles. Discussions with technical experts of the Western Pacific Region have identified the particle agglutination test and the ELISA to be the tests for use in the field.

It is also of considerable concern that the Philippines is currently reporting about 15% infection of Hepatitis B within the general population. Asia ranks the highest in the world for hepatitis (B) infection in general, and an evolving policy to eventually screen all blood for HBV is strongly supported by WHO. Ultimately, screening of all blood for HIV, VDRL and HBV should be an ongoing concern of the national AIDS Prevention and Control Committee as well as the government of the Philippines.

There are a total of 154 blood banks accredited by the DOH. Forty seven (30.5%) are found in Metro Manila; the rest in the provinces. (See Table 11). According to estimates of the Bureau of Research and Laboratories, 400,000 units of blood are transfused yearly. This is based on the sales of plastic bags for transfusion.

Although no HIV positive blood has been detected to date (3,200 donors screened), the Philippines is a society with known risk groups (female and male prostitutes), a demonstrated early prevalence, and continues with the practice of paying donors for blood. In the longer term, this practice must be reviewed carefully as the safety of the blood supply may be called into question regarding HIV infection.

Table II

Number of Licensed Blood Banks
(Philippines)
CY - 1987

Total Number of Licensed Blood Banks - 189

<u>In Metro Manila</u>		<u>Total = 49</u>
Commercial		14
Hospital		25
Gov't.	8	
Private	17	
Emergency		7
Gov't.	5	
Private	2	
Phil. Nat. Red Cross		3
<u>In Provinces</u>		<u>Total = 140</u>
Non-hospital		11
Hospital		31
Gov't.	1	
Private	30	
Emergency		65
Gov't.	36	
Private	29	
PNRC		33

Number of Commercial BB with outlets 8

In Metro Manila	7
In Cebu	1

6.1.1 Use of Blood

Interviews have revealed a significant amount of prescribing blood in single units, (anemia, etc.) often where the blood may not have been necessary. This is of special concern not only regarding HIV infection, but also for infection of HBV, which is high in prevalence regionally as well as in the Philippines.

Another belief among some clinicians and recipients is that stored blood is not as good as fresh blood. This belief results in frequent refusals to use Red Cross stored blood. This has implications for future HIV infection through the blood supply, as a higher percentage of stored blood may probably be screened for HIV than fresh blood.

6.1.2 Screening to Date

It is estimated that about 400 000 units of blood are collected each year from all services, public and private.

About 1/4 of this amount, or 100 000 units, is collected by the Philippine National Red Cross (PNRC), a quasi-governmental agency. Until April of 1988, none of the blood supply was subject to regular screening for HIV infection. However, during the first quarter of 1988, some HIV testing equipment has been donated to the government by the government of Australia as well as the government of France. These donations (ELISA readers, test kits and reagents) will enable the government and the PNRC to screen a considerable amount of the blood they collect in Metro Manila until the end of 1988.

This leaves approximately 3/4 of the blood supply (300 000 units) to be screened. Since this blood is collected by a variety of commercial blood banks, private hospitals etc., it will be very hard to guarantee screening at the collection sites. It is more likely that eventual screening of this blood may have to rely on the place where the blood is transfused, which is almost always a hospital.

The prevalence of Hepatitis B surface antigen carriers in the Philippines ranges from 9 to 15% of the population according to serosurveys conducted by researchers of the Liver Study Group of the University of the Philippines. Prevalence among blood donors falls within the stated range. There is an expressed concern among the public for testing blood for HBV.

The feasibility of combining HBV testing with that of HIV should be explored and if cost-effective could be recommended for implementation.

6.1.3 Philippine National Red Cross

The PNRC is currently the single largest collector of blood, and does not remunerate its donors. Paid donors may receive more than P150.00 (US\$7.50) for each unit collected. The PNRC is now preparing to screen its blood for HIV and uses two ELISA readers. The PNRC's four regional offices (storage points) still do not have HIV screening capability:

<u>Region</u>	<u>Screening</u>	<u>Collected Est. Units/per Annum</u>
(1) Luzon	No	40 000
(2) Western Visayas	No	15 000
(3) Mindanao	No	15 000
(3) Eastern Visayas	No	<u>8 000</u>
Total		<u>78 000</u> =====

6.1.4 Blood Products

PNRC is producing factor 8 cryo precipitates. Factor 8 is currently estimated at less than 1% of total usage. Blood is screened for Hepatitis B before cryoprecipitation.

6.1.5 Infections and Skin Piercing Instruments

Intravenous Drug Abuse is not a problem in the Philippines at this time.

The EPI programme is now in the process of instituting a comprehensive programme for sterilization of re-usable equipment within the EPI. Investigations will be carried out on injection practices and sterilization of skin piercing instruments. If so indicated by the results of the investigations, advantage will be taken of the expertise available from the EPI in this area in order to expand the enforcement of appropriate sterilization practices to the entire spectrum of medical injections, within both the government and the private sector. Furthermore, education of health professionals and the public will emphasize the relative merits and disadvantages of injection, which can often be omitted or replaced by the oral administration of drugs.

6.1.6 Organ and Semen Donation

A relatively low number (approx 20) of kidney transplants are performed each year in Manila, and are subject to routine screening of donors for HIV, and HBV.

6.2 Specific Objectives and Targets

The implementation of this strategy will follow five main strategies. The first objective will be to strengthen the ability of the PNRC to perform HIV and HBV screening on 100% of all blood collected.

The second will be to improve the ability of government to screen all donor blood collected through the 18 Regional Health Laboratories.

The third will be to decrease the amount of blood transfused, and to increase the awareness among practitioners of the importance of using blood only when absolutely necessary.

The fourth will be to provide government with specific recommendations on an amendment to the current regulations governing the collection and distribution of blood.

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The fifth will be to investigate the existing sterilization practices for skin-piercing instruments and depending on the outcome of the studies, to improve these practices through education, training and logistic support.

6.3 Plan of action

6.3.1 Provide HIV and HBV Testing Equipment

The PNRC will be provided with two ELISA readers, test kits and reagents to increase screening of blood. The ELISA readers will allow all three regions of the Red Cross to screen blood for HIV and HBV. All regions have not begun screening. Test kits and reagents will be supplied to serve all screening needs during the medium-term programme (1989-1993). This activity will commence in January of 1989. Total units to be tested are projected at:

1989 -	100 000 units
1990 -	103 000 units
1991 -	<u>106 000 units</u>
Total	309 000 units

6.3.2 Improve Data Collection

The PNRC will also be provided one computer to improve recordkeeping and storage of information on all donors and blood. Since this will be the first time that computerization has been employed at the PNRC, WHO will provide an STC for 30 days to introduce a basic programme for the organization and storage of information regarding all blood and donors of the PNRC. The STC will also orient selected staff to the new system and will introduce a secure system for confidentiality of all records and information.

6.3.3 Training in Laboratory Diagnostic of HIV

The Regional Health Laboratories will receive training in laboratory testing for HIV through a series of three workshops.

The first workshop will be in the first quarter of 1989, will include 25 participants, will be 5 days long, and will include HIV testing methodology (ELISA and P.A.) and confidentiality.

This workshop will be repeated in the first quarter of 1989 and 1990. WHO will provide an STC on ELISA and P.A. for two weeks for each workshop.

6.3.4 Reduce Unnecessary Blood Transfusions

The National AIDS Prevention and Control Committee will prepare and forward recommendations to the Philippine Blood Coordinating Council (PBCC) and the Philippine Hospital Association (PHA) on the need to reduce the number of unnecessary blood transfusions due to the increasing prevalence of HIV within the general population. Greater use of stored blood will also be encouraged.

6.3.5 Provide Recommendations for Screening of Blood within the Private Sector

The AIDS Prevention and Control Committee will establish an Ad Hoc Committee to consider screening of blood within the private sector. These deliberations will include the current regulations for the licensing of blood collection centers, payment of professional blood donors, and the current need to develop a comprehensive policy for the screening of all blood collected for transfusion.

The recommendations of this Ad Hoc committee will be presented to the Undersecretary for Standards and Regulations during the last quarter of 1988.

6.4 Participating Institutions

National

Department of Health
AIDS Prevention and
Control Committee

Philippine Hospital
Assoc. (PHA)

Philippine Blood Coordinating
Council

International

WHO-GPA
Coordinating Council
League of Red Cross
Societies

6.6 Supplies and Equipment

<u>Serial No.</u>	<u>Specifications</u>	<u>Unit Cost (US\$)</u>	<u>Quantity</u>	<u>Total Capital Cost Year 1</u>	<u>Annual Recurrent Cost</u>
1	ELISA reader (Cambridge Life Sciences 962), plus Epson P405 printer, paper, filter, carrying case, lamp and wiring unit	2 052.00	2	4 104.00	
2	Extra photodiode-filter unit (450 492 or 615 nm)	175.00	2	350.00	
3	Eight-channel digital pipette, 50-200 ul (Flow 77-703-00)	402.00	2	804.00	
4	Tip bands of 4 for above (Flow 77-896-05), 100/pack	19.64	24	471.36	
5	Reagent troughs for loading the above (Flow 77-824-01)	20.54	6	123.24	
6	Step adjustable Finnpiquette, 5-50 ul (Labsystem 4026-020)	107.00	4	428.00	
7	Step adjustable Finnpiquette, 50-200 ul (Labsystem 4026-030)	107.00	4	428.00	

<u>Serial No.</u>	<u>Specifications</u>	<u>Unit Cost (US\$)</u>	<u>Quantity</u>	<u>Capital Cost Year 1</u>	<u>Recurrent Cost</u>
8	Step adjustable Finnpiquette, 200-1000ul (Labsystem 4026-040)	107.00	4	428.00	
9	0.5-200 ul, Labsystem tips, (Finntip 60), box of 500 (Catalogue No. 9400-250)	13.00	80	1 040.00	
10	200-100ul, Labsystem tips, (Finntip 61), box of 200 (Catalogue No. 9401-070)	6.20	10	62.00	
11	Microvials, 2 ml with closure 10.8 x 43 cm (Sarstedt 72.594.007)	61.78	10	617.80	
12	Plastic racks for 48 microvials (Sarstedt 93.837)	24.91	6	149.46	
13	8-channel washer, Titertek Handiwash (Flow 78-441-00)	264.00	2	528.00	
14	Water bath, JB2 Grant, 10 litre (STS) or incubator	306.00	2	612.00	
15	Dupont HIV test kits	528.00	701	74 000.00	74 000

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<u>Serial No.</u>	<u>Specifications</u>	<u>Unit Cost (US\$)</u>	<u>Quantity</u>	<u>Total Capital Cost Year 1</u>	<u>Annual Recurrent Cost</u>
16	Vacuum pump, complete system with catch bottles, tubing and filter (STS SAM-14)	715.00	2	1 430.00	
17	Plastic beakers, 1000 (STS BW280-60)	2.16	10	21.60	
18	Plastic measuring cylinder, 100 ml (STS CY610-26)	2.52	10	25.00	
19	Plastic measuring cylinder, 500 ml (STS CY610-34)	4.95	10	50.00	
20	Plastic measuring cylinder, 1000 ml (STS CY610-38)	6.76	10	68.00	
21	Non-sterile laboratory gloves, disposable, latex, (Dutomed) sizes S, M, L	12.83	80	1 026.40	
22	Suspension mixer for incubation tray, Luckham 8028 (STS)	693.00	2	1 386.00	
23	Timer (stopclock), one hour	37.84	2	75.68	

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6.7 Budgetary Resource Requirements (in US\$)

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
6.7.1 WHO-STC (for dev. records programme, PNRC) 30 days	6 500.00					6 500.00
6.7.2 Workshops (Lab. Diag.) 25 participants x 15 day per diem x 5 days	1 875.00 /	2 000.00 /	2 200.00			6 075.00
Airfare x 100 ea. x 12	1 200.00 /	1 300.00 /	1 400.00			3 900.00
WHO-STC (two weeks each workshop)	4 500.00 /	5 000.00 /	5 500.00			15 000.00
6.7.3 Investigation into Injection and Steril- ization Practices (Surveys: 1 year)	<u>50 000.00</u>	_____	_____	_____	_____	<u>50 000.00</u>
Total S&E (6.6)	<u>120 411.00</u>	<u>97 000.00</u>	<u>97 000.00</u>	<u>97 000.00</u>	<u>97 000.00</u>	<u>508 411.00</u>
Total Budgetary Resources (6.7)	14 075.00	8 300.00	9 100.00	-	-	31 475.00
Total (Strategy 2)	134 486.00	105 300.00	106 111.00	97 000.00	97 000.00	539 886.00

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7.0 STRATEGY 3: PREVENTION OF PERINATAL TRANSMISSION

7.1 Background and Justification

Surveillance of the spread of the disease in the population is one of the important strategies that will help focus and direct intervention efforts towards easier and more effective control of HIV infection.

To date, very little has been done on surveillance of HIV infection among the general population. While foreigners are the preferred customers of the local prostitutes, the number of Filipino customers is also quite significant. However, surveillance on the general population is difficult, haphazard and prone to be misunderstood leading to undesirable panic.

On the other hand, there is indeed the need to watch over this population since health education and other interventions will be greatly affected by such changes in rates of infection. The lack of adequate information on the real sexual behavior of the general population makes surveillance among these groups absolutely essential.

Mothers coming for antenatal care in the DOH prenatal clinics can be a good sentinel group representing the population at large. Routine blood and urine examinations are performed in many antenatal clinics, especially those based in hospitals. Family Planning and Child Care counselling are also activities which are already part of the antenatal services in these clinics.

7.2 Specific Objectives and Targets

The specific objectives of the medium term programme will be to assess the current prevalence of HIV infection within a segment of the general population (antenatal women), and to develop a module for education, counselling, and clinical services for any HIV infected individuals who might be identified.

HIV screening (with informed consent) can be easily incorporated into these existing prenatal services. Strengthening of available counselling services directed at those found positive for HIV is essential.

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In addition, HIV screening in antenatal clinics is socially acceptable because mothers can easily avail of it without going to STD clinics and risking the social stigma.

Counselling and pregnancy termination services when infection is detected very early in the pregnancy will be made available upon the request of the mothers or couples found HIV positive. These services are made available only because the undesirable alternative, illegal abortion, may be resorted to by desperate and depressed mothers. In this regard, this project can also serve as a pilot module for the desirable and acceptable management of HIV-infected pregnant women.

7.3 Plan of Action

7.3.1 Project Sites

The Jose Fabella Memorial Hospital (JFMH) is a 700 bed Maternity Hospital, the only government-run maternity hospital in the country. It sees hundred of mothers from poor communities in Metro Manila for antenatal services everyday. Like the San Lazaro Hospital which is regarded as a good sentinel hospital for infectious diseases, JFMH is a good sentinel hospital for maternal diseases.

The Southern Islands Regional Hospital in Cebu is one of the largest regional hospitals outside of Manila. The growing sex trade in Cebu is the basis for selection of this area.

Bocause, Dulacan, has been well-known for its thriving beer gardens and sex trade which cater more to the local Filipino males rather than foreigners.

The necessary steps to recruit the participation of these hospitals and clinics will have to include discussions with the Regional Health Directors of the National Capital Region, Region VII and Region III. Hospital Directors and Chiefs of the antenatal clinics will also have to consent to the project. Activities will begin in January of 1989.

7.3.2 Selection and Training of Staff

The appropriate staff will have to be carefully selected and trained not only in the technical aspects of HIV screening but also in counselling, information analysis and confidentiality. The following staff will be selected:

Central Office (MCH Service):

- One (1) Overall Project Coordinator and Principal Investigator
- One (1) Assistant Coordinator
- One (1) Statistician
- One (1) Medical Technologist Trainer
- One (1) Driver

At each Antenatal Clinic, there will be an HIV team composed of the following:

- One (1) Medical Officer
- One (1) Nurse Counsellor/Educator
- One (1) Medical Technologist
- One (1) Research Assistant

Most of these staff - except the Research Assistants - will be DOH staff who will have a special designation in addition to their present duties.

Training will be done in Manila in conjunction with strategies 1 and 2 of this plan.

7.3.3 HIV Testing (Sero-survey)

A random sample of mothers who consent to the examination will be examined by the ELISA test. Those found positive at first screening will be retested once by the ELISA and again by Western Blot. A total of 2000 tests will be done, 500 each in the city-based clinics and 1000 in the rural-based clinics.



Testing of the husbands of those found HIV positive will also be offered.

Blood collected from patients in the RHUs in Bocaue, Bulacan will be sent to the Regional Laboratories of Region III for testing.

7.3.4 Health Education and Counselling

Health Education will be given to all the mothers coming to the clinic regarding the general aspects of HIV infection. Prepared video-tapes and slide shows will be used. Posters and handouts will also be available. The nurse will be in charge of health education.

Mothers who have been selected for testing will be given in-depth information before any testing is performed.

Those found to be HIV positive at the level of confirmatory testing (RITM, NAMRU-2) will be seen by the doctor for close follow-up. Counselling of the couple on possible outcomes and options to pregnancy will be discussed. Regular and frequent follow-ups at home will be available and encouraged. Confidentiality and support of the family unit will be key elements of the programme.

7.3.5 Delivery of Services

To assure confidentiality, the antenatal, natal, and postnatal services will be given by the HIV team to those found positive. Child care services such as immunization and medical check-ups will also be delivered by the same team. Condoms will also be made available.

7.3.6 Collect and Analyze Data

The HIV teams will have to gather data and share experience regularly. Meetings and updates especially on crucial problems will be conducted every month for the first quarter then every 2 months thereafter. Meetings will be held in Manila where expert information will be readily available. Meetings shall be with the National AIDS Committee members whenever possible.

The WHO Epidemiologist on AIDS (see Strategy 1) will be available to advise on the overall sero-survey methodology, and the analysis of the data.

7.3.7 Supervision and timetable

Supervision will be done by the MCH Service. Field supervision will be every 2 months in Cebu and more frequently in Manila and Bulacan if possible. The Medical Officers in each team will be the team leader and supervisor responsible for everyone in the team as well as the overall performance and conduct of the investigation. One vehicle will be provided to allow the MCH unit to supervise project activities at the 4 project sites.

The selection of staff would start as soon as possible and be finalized before the end of the last quarter of 1988. Training should be finished by the end of December 1988 or January 1989. Equipments and supplies should have arrived the first quarter of 1989 so that testing and the other activities can start soon after staff training. The study should be finished and the final report presented to the APCC by the third quarter of 1989.

7.4 Participating Institutions

<u>National</u>	<u>International</u>
Ministry of Health BRL-NAMRU-2	WHO-GPA

bilateral and multilateral agencies involved.

7.5 Supplies and equipment

Serial No.	Item (Specification)	Unit Cost (US\$)	Quantity	Total Capital Cost Year 1	Annual Recurrent Cost
1	HIV test kits, Organon (for 2 000 tests)	1 078	4	4 312	
2	Portable slide projector and accessories (Kinderman & Co)	210	3	630	
3	VHS System and tapes	500	3	1 500	
4	Handouts and leaflets x .05 centavos x 2,000 x 3 editions	.05	6000	300	
5	Rubber Prophylactics (144 ea. Korean)	3.70	100	370	
6	Toyota Corolla Sedan 1300 cc.	6 000	1	6 000	
7	Computer, PC., local purchase clone, IBM compatible + monitor, printer, voltage reg, battery, software, paper, ribbons, diskettes, etc. (40 000 pesos)	2 000	1	2 000	
	T o t a l			15 112	

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7.6. BUDGETARY RESOURCE REQUIREMENTS (In US\$)

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
7.3.2 Training of staff						
Materials 100.+ per diem (at 15 day x 7 days x 18 participants)	1 990					1 990
- Resource persons (25 day x 7 days x 3 persons)	525					525
- Meeting communication and planning visits = (15 day x 2 days x 7 meetings x 20 people	4 200					4 200
- Train Cebu staff 125 x 5	625					625
- Bulacan and Manila staff and resource persons/ facilitators 5 x 17	85					85
- Travel costs at 125. visit x 6 visits to Cebu	750					750
- Travel to Bulacan and Manila	250					250
- Meetings Cebu staff (6 mtgs x 125 per mtg x 5 persons)	750					750
- Bulacan staff mtgs. 5 x 7 mtgs. x 5 persons	175					175
- Home visits 10 visits at 25 per visit	250					250
Total S&E (7.5)	15 112					15 112
Total Budgetary Res.(7.6)	9 600					9 600
Total Strategy 3	24 716					24 716

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8.0 STRATEGY 4: REDUCTION OF THE IMPACT OF HIV INFECTION ON INDIVIDUALS, GROUPS, AND SOCIETIES

8.1 BACKGROUND AND JUSTIFICATION

The spread of AIDS in the general population can cause extreme mental and social stress within the nuclear and extended family. An optimal level of care for HIV infected individuals and AIDS cases will be essential for the credibility of the overall plan.

Clinicians will have to be trained to upgrade skills in the diagnosis and treatment of HIV and AIDS. While the Philippines has experienced their first cases of HIV positive individuals, the country has not yet experienced any significant number of frank AIDS.

HIV carriers are not sick in the usual sense. They can function normally and lead happy and productive lives - if society will allow them to do so.

As the Philippines begin to experience a greater number of HIV and AIDS cases, a specific support and referral system will have to be developed to insure good case management, social services, and long term supportive follow-up of affected persons, families and sometimes entire communities.

8.2 SPECIFIC OBJECTIVES AND TARGETS

In terms of management of HIV and AIDS cases, the Philippines presents a unique opportunity to become a model of success. The health infrastructure does lack resources, but nevertheless is quite well organized. Specific objectives to improve case identification, management and follow-up will include:

- Review of the current case definition of AIDS and ARC;
- Training of allied health care workers, including clinicians, nurses, hospital workers and primary care staff in the care, counselling and followup of HIV and AIDS cases;
- Identification of a specific institution to act as the national reference hospital for initial diagnosis and care of AIDS cases;
- Careful monitoring of the ongoing Case Reporting System to insure strict confidentiality, etc.
- Assessment of future national needs and resources, particularly financial, to cope with the increasing epidemic,

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8.3 PLAN OF ACTION

8.3.1 Review Case Definition

The AIDS Prevention and Control Committee will periodically review the current Case Definition as regards the specific situation in the Philippines. Following each review, an updated Case Definition will be provided to all public and private hospitals during the first quarter of 1989.

8.3.2. Train Health Care Workers

The APCC through the M.O.H. will identify clinicians for overseas study-tours and courses to improve skills in case management. The first such regional course begins in July in Australia, will last for 8 weeks and will include two participants from the Philippines.

Two workshops for nurses will be delivered in the first two years of the present Medium Term Programme. The first workshop will be national in scope will involve 25 nurses from all Health Regions, will be 5 days in duration, and will be held during the second quarter of 1989. This workshop will orient nurses in all aspects of HIV and AIDS, but will stress the role which nurses play in patient management, counselling, and family support for victims of HIV and AIDS.

The second workshop for nurses will include nurses involved in schools of nursing and nursing education curriculum development. This workshop will be during the 1st quarter of 1990, will involve 25 nurses or nurse educators, will last for 5 days, and will emphasize the integration of AIDS education within nursing curriculums.

WHO will provide an STC for 30 days to assist with the planning, delivery and evaluations of each of these workshops.

8.3.3. Strengthen RITM

RITM, as the national reference center for HIV testing and AIDS, will be developed to be able to do more sophisticated virological and immunological procedures. Specifically the capability to do viral isolation and purification of antigens will be aimed for. An assessment of specific needs will be made in the first year and recommendations will follow.

8.3.4. Designate Clinical Institution

The APCC will designate a suitable clinical institution to be responsible for diagnosis and care of suspected clinical cases. This institution could also serve as a site and model for the training of health workers for the care of AIDS patients.

8.3.5 Outreach to Allied Health Professionals

In order to increase the awareness and abilities of many allied health professionals in the Philippines, the APCC will offer to subsidize the Philippine Medical Journal to publish a special issue on AIDS. This special issue will have supplemental printing of 5 000 copies, and will also include articles on the social, behavioural, and prevention (health-education) aspects of AIDS. This issue will invite articles for the first 6 months of 1989, and will be published during the last quarter of 1989.

8.3.6 AIDS Reference Library

The APCC will designate a site for a temporary national AIDS Reference Library. There is currently no such library identified in the country, yet there are well placed sites for such a reference center (such as RITM). The medium term programme will support subscription and related costs for three years.

8.3.7 Monitor Case Reporting System

The APCC can play a significant role in the development of policy concerning AIDS. Critical activities include monitoring the confidentiality of medical records as well as guidance to the public that discrimination or segregation of HIV and AIDS persons is not justified. The APCC will also make specific recommendations as necessary to the Secretary of Health or the various Undersecretariats regarding improvements in the overall system of case reporting.

8.3.8 Improve the Quality of Life for the AIDS Patient

Regardless of whether an individual is infected with HIV, symptomatic, outpatient or in-patient, much can be done to maintain a good quality of life. The APCC will provide a leadership in this regard by encouraging all government and non-government organizations (NGO's) to become actively involved in providing all levels of support to those with HIV and AIDS.

By June 1989, the APCC will assess the kinds and quality of support being received from these institutions.

8.3.9 Training for Alternative occupations

It is likely that the sentinel groups with the highest prevalence will continue to be female and male prostitutes. Specific activities will have to be formulated to convince these groups to change their activities and practices.

These activities can not be specified in this plan, but will benefit much from the findings of the KAP surveys as well as inputs from social service agencies, churches, social workers, and allied professionals.

To facilitate the development of these programmes, two special conferences will be held in Manila during the first two years of the project. Each conference will include 25 participants, will last for 5 days will be held during the 3rd quarter, and will have outlines which will include but not be limited to:

- Current aspects of prostitution in the country;
- Behavioural and Social Factors associated with prostitution;
- Impact of HIV and AIDS on prostitution;
- Intervention Strategies (Social, Medical, Legal)
- Promoting Alternative Lifestyles
- Recidivism Among Former Prostitutes

WHO will provide an STC in the Behavioural Sciences for a period of 30 days for each conference. The STC will assist in the planning, preparation, delivery, evaluation of each conference.

8.3.10 Involving 2 NGOs in follow-up and counselling of HIV positive persons

Community-based NGOs will be invited to submit proposals for counselling and follow-up of HIV-positive persons. Funding of proposals will be on a year-to-year basis, will be subcontracted from the DOH and will be limited to a maximum of US\$10 000 per year per NGO for a period not to exceed five years.

8.3.11 Clinical Management of AIDS Cases

The National AIDS Committee estimates 150-180 indigenous cases of frank AIDS by 1990, five years after the first infection was discovered. Availability of medicines to care for these cases will thus be a consideration for the medium-term. Resources for these medicines will be sourced either from DOH funds or from outside donors.

8.4 Participating Institutions

<u>National</u>	<u>International</u>
Ministry of Health	WHO-GPA
RITM	USAID
NGO's	

8.5 Evaluation

Evaluation will be based on the framework agreed upon jointly by the Ministry of Health, other ministries, and the bilateral and multilateral agencies involved.

8.6 Supplies and equipment

<u>Serial No.</u>	<u>Item (Specification)</u>	<u>Unit Cost (US\$)</u>	<u>Quantity</u>	<u>Total Capital Cost Year 1</u>	<u>Annual Recurrent Cost</u>
1	Flip Chart, Easal	US\$75.00	3	US\$225	US\$225
2	Flip Chart Paper (50 sheets ea., 10 per carton)	25.00	5	125	125
3	Felt Tip Pens, 6 colors	5.00	5	25.00	25
4	A4 Typing paper, 500 sheets/ream	3.16	50	<u>158.00</u>	<u>158</u>
	Total			<u>US\$533.00</u>	<u>US\$533</u>

8.7 Budgetary Resource Requirements (in US\$)

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
8.3.2 Training Health Care Workers						
- Nurses Workshops #1&2 (25 nurses x 15 per diem x 5 days)	1 875	2 000				3 875
-Airfare, 12 nurses x 100 ea (Round trip)	1 200	1 300				2 500
Materials, reporting	250	300				550
-WEO-STC (Nursing Workshops) 30 days x 2 years incl. travel	8 000	8 800				16 800
8.3.3 Technical Assess. Visit (2 experts at 8 000 mp. ea. x 1 month)	16 000					16 800
Planning meeting, 5 days at 15 day, per diem x 15 participants	1 125					1 125
8.3.4 Special Issue, Philippines Medical journal/AIDS, 1989 (5000 copies at Pesos 20 per copy)	5 000					5 000
AIDS Reference Library Subscriptions, etc.)	1 000	1 000	1 000	1 000	1 000	5 000

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8.3.9	-Conferences on Alternate Lifestyles (89 + 90)						
	-25 people x 15 per diem x 5 days	1 875	2 000				3 875
	-Travel, Airfare, 12 people x 100 (RT)	1 200	1 300				2 500
	-Materials, Reporting	250	300				550
	-WFO STC (30 days + travel) 1989 & 1990	8 000	8 800				16 800
8.3.10	Grants, 2 NGOs counselling Intervention & Follow-up; 10 000 per year per NGO	20 000	20 000	20 000	20 000	20 000	100 000
8.3.11	Hospitalization and drug therapy (500 per patient per year x 150 patients)	75 000	82 500	90 750	99 825	109 808	382 883
	Tot 1 Supplies & Equipment (8.6)	533	533	533	533	533	2 665
	Total Budgetary Resources (8.7)	140 775	128 300	111 750	120 825	130 808	632 458
	Total Strategy 4	141 308	128 833	112 283	121 358	131 341	560 123

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9.0 MANAGEMENT OF THE PROGRAMME

9.1 Background and Justification

As a national programme consistent with the objectives and guidelines of the WHO Global Strategy on AIDS, the national AIDS Prevention and Control Programme will benefit from the inputs of the WHO Health Educator and the WHO Epidemiologist.

In addition to these inputs, the National AIDS Coordinator will need considerable assistance in the planning, management, monitoring, reporting and budgeting of the overall project.

9.2 Specific Objective

Provide assistance for the implementation and administration of all strategies of the national AIDS Prevention and Control Programme.

9.3 Plan of Action

WHO will provide an STC with experience in project management and administration for a period of 6 months, beginning in January, 1989. This consultant will work closely with the counterpart National AIDS Coordinator in establishing an overall management and monitoring system for the medium-term programme. This consultant, as well as the Health Educator and Epidemiologist will maintain offices either at the Ministry of Health, the WHO WR Offices, or at the offices of the UNDP Resident Representative to the Philippines; whichever are most suitable and available.

Beginning in June of 1989, WHO will provide a Project Administrator for a period of two years. The terms of reference for the Project Administrator will include assisting the National AIDS Coordinator in all management, monitoring and reporting elements of the programme. A vehicle will also be provided for the WHO Project Administrator.

9.4 Participating Institutions

<u>National</u>	<u>International</u>
Ministry of Health	WHO GPA UNDP

9.5 Supplies and Equipment

<u>Serial No.</u>	<u>Item (Specification)</u>	<u>Unit Cost (US\$)</u>	<u>Quantity</u>	<u>Total Capital Cost Year 1</u>	<u>Annual Recurrent Cost</u>
1	Nissan 4wd pickup double chain, petrol	8 550	1	8 550	
2	Spare parts (10%)	850	-	850	850
3	Desks, professional (one for STC's etc.) local purchase	400	2	800	
4	Chairs, 2 exec., (local purchase)	175	2	350	
5 (local purchase)	File cabinets	200	2	<u>400</u>	<u> </u>
	Total			<u>10 950</u>	<u>850</u>

9.6 Budgetary Resources Requirements (in US\$)

<u>Activity</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
Participation of national staff in international conferences, seminars, meetings	20 000	22 000	24 000	26 000	28 000	120 000
Project Admin. (STC) -6 months (Jan.-June 1989)	45 000					45 000
-Project Admin. (post- 2 yrs beginning July 1989)	45 00	90 000	45 000			180 000
-Project Secretary, (Admin. Sec.)	2 700	3 000	3 300	3 600	3 900	16 500
-Project vehicles (4) petrol at .05 cents/mile x 10 000 miles/year/veh x 4 vehicles	2 000	2 000	2 000	2 000	2 000	10 000
-Project veh. maintenance at \$250/vehicle/year	1 000	1 000	1 000	1 000	1 000	5 000
-Publications, reports	1 000	1 000	1 200	1 300	1 400	6 000
Total S&E (9.5)	10 950	850	850	850	850	14 350
Total Budgetary Resources Requirements (9.6)	116 700	119 100	76 500	33 900	36 300	382 500
Total Management of Project (9.0)	127 650	119 950	77 350	34 750	37 150	397 700

10. Monitoring and Evaluation of the Programme

10.1 Background and Justification

Monitoring and evaluation is an ongoing process which includes critical points for assessment of the overall programme. Ongoing assessment of the programme must include basic or selected indicators of outcomes and activities called for in the programme.

10.2 Objectives and Targets

The objectives are:

-To establish a framework for monitoring and evaluation of the National AIDS Prevention and Control Programme

-To make specific recommendations for the improvement of the quality and effectiveness of the overall programme.

-To provide explicit indicators for the monitoring of the programme, and to provide the schedule for specified evaluation of the overall programme.

10.3 Plan of Action

10.3.1 Workplan

The work plan for this programme (page 89) shows the basic activities relevant to each major strategy of the programme, as well as the time frame of expected delivery - 1989 to 1993.

Indicators of each activity are listed, and will represent the basic measure of ongoing monitoring of the National AIDS Prevention and Control Programme (see workplan)

10.3.2 Evaluation Activities

Evaluation of the national programme will take place at the end of Year 1. This will involve government, interested parties, and WHO-GPA.

Additional evaluations are scheduled at Years 3 and 5.

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10.4 Participating Institutions

National

Department of Health
WHO, WR

International

Participating Parties
WHO-GPA

10.5 Budgetary Resource Requirements

Activity	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Total</u>
Evaluation of national programme	50 000	-	55 000	-	60 000	165 000

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WORKPLAN
INCLUDING MONITORING INDICATORS

Activity	Description	1989	1990	1991	1992	1993	INDICATOR
5.3.2	Epid. Surveillance					→	25 500 tests/annum
5.3.3	Condom Distribution					→	780 000 condoms/annum
	Provide epidemiologists STC/Prog.&Surv	x		→			Dev. Surv. System
5.3.4	Nat. Workshop Surv.	x					Workshop completed
5.3.5	Training in Lab. diag.	x					Training completed
5.3.6	Kap Surveys	x		x			KAP Survey rpts. 1&2
5.3.7	Training in H.E. Provide health educ.	x	x	→			2 workshops completed
5.3.8	I.E.C. Activities					→	
6.3.1	HIV and HVB Screening					→	7 HIV/HVB screening of blood supply
6.3.2	Improve data collection Investigation of Injection and sterilization practices		→			→	Report/Recommendations

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Activity	Description	1989	1990	1991	1992	1993	INDICATOR
7.3.3	Antenatal sero-survey	→					Report of antenatal HIV Prevalence
7.3.4	Health Education and counselling					→	Total # Antenatals reached
8.3.2	Train Health Care Workers	x	x				2 Workshops completed
8.3.5	Outreach to Allied Health	→ x					Phil. Med. Journal
8.3.9	Training Prog/Occupations	x	x			→	
8.3.10	NGO Programmes	x	x	x	x	x	Deliver 5 grant years
8.3.11	Mngt. Clinical Cases					→	No. of cases managed
9.3	Management-Admin/STC Provide WHO/Admin.	→					
10.	Monitoring & Evaluation		x	x	x	x	Annual/Quarterly Reports

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10. BUDGET SUMMARY
1989 - 1993

STRATEGY 1: (Prevention of Sexual Transmission)

	<u>1989</u>	<u>1990</u>	<u>1991</u>	1992	1993	<u>TOTAL</u>
- Supplies and Equipment	135 121	63 747	63 747	63 747	63 747	390 109
- Budgetary Resource Req.	507 970	443 150	228 250	116 316	126 050	1 421 736

STRATEGY 2: (Prevention of Trans. through Blood)

- Supplies and Equipment	120 411	97 000	97 000	97 000	97 000	508 411
- Budgetary Resource Requirement	14 075	8 300	9 100	-	-	31 475

STRATEGY 3: (Prevention of Perinatal Transmission)

- Supplies and Equipment	15 112	-	-	-	-	15 112
- Budgetary Resource Requirement	9 600	-	-	-	-	9 600

STRATEGY 4: (Reduction of the Impact of HIV infection on Individuals, Groups and Societies)

- Supplies and Equipment	533	533	533	533	533	2 665
- Budgetary Resource Requirement	140 775	128 300	111 760	120 825	130 808	632 458

Management of the Prog.

- Supplies and Equipment	10 950	850	850	850	850	14 350
- Budgetary Resource Requirement	116 700	119 100	76 500	33 900	36 300	382 500

Monitoring an Evaluation

- Budgetary Resource Requirement	50 000	-	55 000	-	60 000	165 000
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GRAND TOTAL	<u>1 121 247</u>	<u>860 980</u>	<u>642 730</u>	<u>433 171</u>	<u>515 288</u>	<u>3 573 416</u>
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ANNEX 3

March 9, 1988

Hon. SOLITA HONSONO
Director General
National Economic and
Development Authority (NEDA)
NEDA Bldg., Amber Avenue
Pasig, Metro Manila

Attention: Mr. FILOLOGO PANTE, Ph.D
Deputy Director General
NEDA

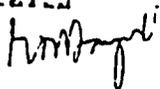
Dear Dr. Pante:

Enclosed is a copy of the plan describing the Philippine National AIDS Control Programme of the Department of Health. Also enclosed is a letter from my Office to Dr. KENNETH FARR of the United States Agency for International Development (USAID) endorsing future collaboration with AIDSCOM and AIDSTECH, two US-based agencies which receive support from USAID.

We have been informed by Mr. William Johnson of the local USAID mission that there is a possibility of USAID/WASHINGTON approval for support to our National AIDS Programme using local USAID money. As concurrence from NEDA is necessary in this event, the Department of Health requests NEDA approval for this financial arrangement with USAID.

Very truly yours,

ALFREDO R.A. BENSON, M.D.
Secretary of Health



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PIO/T
Project No. 396-5972

AIDS TECHNICAL SUPPORT BUY-IN

I. OBJECTIVE

To provide support to AID population program objectives to develop more responsible sexual behavior, decrease numbers of multiple sexual partners, promote abstinence and monogamy and encourage the proper use of condoms. In this regard, AIDSTECH and AIDSCOM will provide technical assistance and support services to the Department of Health of the Philippines through their centrally funded AID/W contracts under the AIDS Technical Support Project.

II. DESCRIPTION OF TASKS AND SERVICES TO BE PROVIDED

A. AIDSCOM Services and Scope of Work

1. Provide a resident AIDSCOM advisor for two years to assist the communications component of the Department's AIDS Prevention and Control Program and train a designated DOH team of communications specialists in AIDS-related communications and social marketing planning and program management. This advisor will also coordinate and manage the tasks/inputs of AIDSTECH contract outlined in paragraph II.B., below. His/her tasks will include:
 - a. Serve as senior technical advisor to the DOH for the AIDS Prevention and Control Program of the Department, working in close coordination with the DOH's National AIDS Coordinator.

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- b. Serve as project liaison between DOH and USAID for implementation of AIDS-related communications activities.
- c. Advise the National AIDS Committee on the development of the outline and identification of planning data requirements for a national AIDS communications plan.
Parameters for determining the success of the AIDS communications program will be identified and a Department of Health approval of the evaluation plan will be obtained.
- d. Undertake the necessary logistical, administrative and technical preparations for a Communications Plan Formulation Workshop.
- e. Subcontract services of local contractors for activities related to the development and implementation of the AIDS communication plan such as market research, focus group studies, strategy and policy papers, message development and pilot testing and placement of messages in the media, and development of promotional or educational materials.
- f. Monitor the progress of project activities and submit a Quarterly Progress Report to the Department of Health, USAID, AIDSCOM and AIDSTECH.
- g. Coordinate and monitor short term technical assistance inputs from AIDSCOM and AIDSTECH as well as local consultants.
- h. Undertake liaison work with various government and non-governmental organizations as needed to successfully implement AIDS communications program.

2. Undertake a Plan Formulation Workshop in Manila to develop a master plan for Communications and Social Marketing in support of the Department of Health's AIDS Prevention and Control Program, with initial emphasis on KAP research, pilot intervention and counselling programs targeted at individuals who practice specific risk behaviors and a general information and education campaign in the print and broadcast media.
3. Provide specialized short term technical assistance on AIDS-related communications and social marketing issues, as well as communication research methodology, as needed in the course of program implementation.
4. Develop a research methodology, including the data gathering instruments and data analysis plan to evaluate the impact of the communications program on levels of awareness, and health behavior change relevant to AIDS prevention and control program concerns.
5. Provide technical and administrative support to the Department of Health's AIDS Prevention and Control Program, including arranging for locally subcontracted technical services and goods in support of the Philippine National AIDS Plan and the AIDSCOM communication plan. This will include identifying appropriate firms/organizations, writing scope of work, monitoring their progress and producing finished product.
6. Provide training in the utilization and dissemination of research findings.

7. Provide Washington-based backstop support services, which will include the following:
 - a. Undertake technical preparations for the AIDS Plan Formulation Workshop to be held in Manila
 - b. Identify, retrieve and disseminate technical materials, reports, documents, books needed by the AIDS Prevention and Control program at the Department of Health.
 - c. Review technical reports on AIDSCOM activities in the Philippines and provide technical and strategy guidance to the AIDSCOM Advisor to insure the effective implementation of the AIDS Prevention and Control Program of the Department of Health.
 - d. Undertake two supervisory site visits per year for two years to review work progress, to discuss and help resolve operational problems and to brief the Department of Health officials on the recent policy and program strategy issues being discussed by various international agencies and developing country officials involved in AIDS Prevention and Control programs.
 - e. Plan and coordinate research dissemination and research utilization activities at the international level to ensure that the Philippine program experience is documented.

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B. AIDSTECH Services and Scope of Work

1. Participate in an AIDSCOM-sponsored Plan Formulation Workshop in Manila to develop a master plan for linkages and appropriate interaction between technical and communications components of the DOH's AIDS Prevention and Control Program.
2. Provide specialized short-term technical assistance to the DOH on AIDS-related technical issues, with emphasis on training of health care personnel and improvement of service and technical delivery in the areas of surveillance, epidemiology, needle sterilization, blood screening, and laboratory procedures.
3. Develop research methodologies, including data gathering instruments and a data analysis plan to evaluate the impact of improved service and technical delivery programs in the subject areas described in paragraph 2 above.
4. Arrange for two consultation visits to Manila each year for two years by the AIDSTECH Regional Director in Bangkok to:
 - a. monitor progress of AIDSTECH technical assistance programs;
 - b. provide a forum for a continuing dialogue with DOH officials, donor agency representatives, key contractor organizations involved in technical assistance, non-governmental organizations involved in AIDS-related programs regarding technical and medical issues as well as health policy and program implementation problems and how all these affect the implementation of technical assistance programs; and

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- c. recommend solution strategies on implementation problems.
5. Provide technical support to the DOH's AIDS Prevention and Control Program, including:
 - a. arranging for locally subcontracted technical services and goods in support of the Philippine National AIDS Plan. This will include identifying appropriate firms/organizations, writing scope of work, monitoring progress and producing finished product; and
 - b. development of an AIDS-related technical data bank, to be housed in the DOH, which includes continuously updated clinical, medical and other technical data on AIDS and HIV infection, data on AIDS-related technical programs and processes in other developing countries, particularly those covered by other AIDSTECH regional offices and a continuously update core collection of technical materials and literature regarding AIDS.
 6. Provide training and technical assistance in the implementation of technical aspects of the DOH's AIDS Prevention and Control Program, including training of personnel in the areas of surveillance, epidemiological studies, blood screening, needle sterilization and laboratory procedures.
 7. Provide training in the various research techniques and modalities associated with the expansion and enhancement of AIDS-related technical and service delivery programs, and design

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and implement such modalities as necessary or as requested within the scope of the contract with the DOH.

III. REPORTS

Quarterly Progress Reports will be provided by AIDSCOM/AIDSTECH to USAID, the DOH and the AID/W, with information specifically outlining progress on each of the major tasks outlined in the Sections IIA and IIB of the Scope of Work. The Report should include major accomplishments, note problems and delays in implementation, and propose feasible solutions.

Quarterly financial reports showing expenditures by major line items should also be provided to USAID and DOH.

An annual report at the end of year one of the project should summarize progress for the year and also propose any reprogramming of the budget or amendments in objectives or tasks as necessary. A final Contract Report is also required, per standard AID regulations.

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ANNEX 5

SUMMARY COST ESTIMATE AND FINANCIAL PLAN
(In Thousand Dollars)

Project Inputs	Total	G O P Counterparts			A I D			IBRD ^{1/} Loan	FY 1985 Obligation
		Total	A I D	IBRD ^{1/}	Total	Grant	Loan		
<u>A. Local Currency</u>	<u>102,072</u>	<u>75,177</u>	<u>64,690</u>	<u>10,287</u>	<u>25,664</u>	<u>23,923</u>	<u>1,741</u>	<u>7,231</u>	<u>3,453</u>
1. Outreach/HRD	51,184	41,220	41,220	-	9,964	8,987	977	-	205
2. Clinic Support	17,327	11,330	11,330	-	5,997	5,870	107	-	-
3. IEC	9,852	7,804	3,430	4,374	473	433	40	1,575	-
4. Logistics	8,790	6,178	3,860	2,318	394	393	1	2,218	326
5. DMA/Evaluation	1,637	1,300	1,300	-	337	317	20	-	343
6. Research/DPR	2,333	1,272	1,000	272	487	487	-	574	-
7. MIS	777	167	90	97	515	239	271	80	-
8. Innovative Projects	2,194	447	-	447	1,522	1,197	325	225	-
9. Private Sector	4,330	-	-	-	4,380	4,380	-	-	581
10. Participant Training	7,498	4,939	2,160	2,779	-	-	-	2,559	-
11. AIDS Initiatives	2,100	500	500	-	1,600	1,600	-	-	1,100
<u>B. Foreign Exchange</u>	<u>23,670</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>17,319</u>	<u>8,124</u>	<u>9,195</u>	<u>8,351</u>	<u>2,745</u>
1. IEC	2,492	-	-	-	-	-	-	2,492	-
2. Logistics	2,158	-	-	-	-	-	-	2,158	-
3. DMA/Evaluation	509	-	-	-	509	509	-	-	-
4. Research	623	-	-	-	-	-	-	623	-
5. MIS	700	-	-	-	-	-	-	700	-
6. Innovative Activities	222	-	-	-	-	-	-	222	-
7. Private Sector	2,030	-	-	-	2,030	2,030	-	-	2,150
8. Commodities	873	-	-	-	873	515	358	-	-
9. Contraceptives	12,947	-	-	-	12,947	4,135	8,812	-	271
10. Consultants	215	-	-	-	215	215	-	-	-
11. Participant Training	481	-	-	-	325	300	25	156	24
12. AIDS Initiative	400	-	-	-	400	400	-	-	400
<u>C. Contingency</u>	<u>5,592</u>	<u>2,795</u>	<u>690</u>	<u>2,105</u>	<u>54</u>	<u>54</u>	<u>-</u>	<u>2,743</u>	<u>-</u>
<u>D. Authorized but Unallocated</u>	<u>10,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,000</u>	<u>10,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL	147,334	77,972	65,380	12,392	53,037	42,101	10,936	15,325	6,200

1/ Totals for IBRD Loan and its GOP counterpart.

Note: Inflation factor built into each GOP budget item for PP III.

See Annex D of original PP for details.

* Contingency estimated to be spent half in local currency and half in foreign exchange.

Exchange Rates: AID: Various

IBRD/GOP counterpart: \$1.00 = P7.40