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LEARNING OPPORTUNITIES FOR A WORLD WITHOUT AIDS

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**IMPLEMENTATION PLAN:
REPUBLIC OF THE PHILIPPINES
AUGUST 1989**

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I. AIDSCOM PROJECT BACKGROUND

In 1987, the United States Agency for International Development (USAID) initiated a new project to develop research communications strategies for AIDS prevention. The Academy for Educational Development (AED) received the contract to implement the project under contract number DPE-5972-Z-00-7070-00, AIDS Technical Support: Public Health Communication Component (AIDSCOM). The Academy's partners in this endeavor are The Johns Hopkins University, Porter/Novelli, the University of Pennsylvania/Annenberg School of Communications and the PRISM/DAE Corporation.

AIDSCOM is an initiative of the Offices of Education, Health and Population of the Bureau for Science and Technology, its regional bureaus and country USAID Missions to assist National AIDS Committees in their fight against AIDS. This project builds upon USAID's successful experience with social marketing and public health communication to create a model uniquely suited to the needs of AIDS prevention in a country-specific context. AIDSCOM works closely with AIDSTECH, USAID's program of general technical support, to complement the World Health Organization's leadership in global AIDS prevention and control.

AIDSCOM is primarily an operations research and communications project led by professionals who have worked on AIDS since the early days of the worldwide pandemic.

The purpose of AIDSCOM is to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS in the developing world. AIDSCOM applies and further develops the use of public communication strategies, prevention counselling approaches and condom marketing methods to inform people about HIV infection, how it is and is not spread, and to understand, motivate and support the process of adopting specific risk reduction behaviors to prevent the further spread of HIV infection.

II. THE PHILIPPINES: PROJECT BACKGROUND

A. HIV Infection and AIDS in the Philippines

The HIV pandemic is at an apparently early stage of development in the Philippines. To date, limited official surveillance programs have located 131 confirmed HIV seropositive individuals: 110 Filipinos and 21 foreign nationals (see table below).

INCIDENCE OF HIV INFECTION AND AIDS

Republic of the Philippines
(As of August 17, 1989)

Risk Behavior Category	HIV+		AIDS		Total
	Male	Female	Male	Female	
SEXUAL VECTOR 1/					
Male/Female/Male	3	68	2	4	77
Male/Male	9		16		25 ₂
BLOOD VECTOR					
Transfusion Recipients	0	1	1	1	3
Intravenous Drug Users	1				1
PERINATAL VECTOR 2/					
UNKNOWN VECTOR 3/					
Unknown Gender	9	10	3	0	22 5
TOTALS	22	79	22	5	133

1/ Government epidemiological data continues to be classified publicly according to "risk groups" rather than "risk behaviors" (although an official change to the above format is now being considered). The figures listed under this category were thus officially denoted as Female Prostitutes and Male Homo/Bisexuals. Additional analysis of the data permitted a more detailed denotation, as shown, but readers should be cautioned that some assumptions have had to be made about probable risk factors based on inadequate or incomplete data.

2/ Although the government believes at least six cases of perinatal transmission have taken place (and at least one infant may have died as a result of HIV infection), no data on pediatric infection are being kept at present.

3/ Several infections have been confirmed in individuals who have been subsequently lost to follow-up, or in whom risk factors were never identified. Many of these cases have been referrals from private clinics and physicians in which neither gender nor other identifying characteristics were recorded.

The majority of the Filipinos are women who have been infected sexually in male/female contacts. Transmission between men and from mothers to children has also been identified. Of all infected individuals confirmed so far, 25 have been diagnosed with AIDS, or Class IV HIV disease. Four

of the diagnosed AIDS cases have been confirmed as resulting from indigenous infection (the other cases were the result of infections contracted outside the Philippines). Clearly, HIV is present and spreading in the Philippines although perhaps less widely and at a slower pace than in some other Asian countries

It is important to reiterate that HIV surveillance in the Philippines has been limited to date, primarily to female sex workers who are required by law (under statutes pertaining to the health status of "hospitality workers") to submit regularly to testing for sexually transmitted diseases. These individuals have been the focus of surveillance not only because they are presumed to be most at risk of infection and are readily available for testing, but also because the donor agencies -- primarily the U.S. Naval Medical Research Unit located in Manila -- that support the bulk of the surveillance have been unwilling to attempt similarly widespread testing in other populations. Various small-scale attempts to test persons other than sex workers have not been successful, either because the subjects in question were inaccessible or difficult to locate, or because the cost and labor factors in reaching them were considered too great.

Female sex workers are not, however, the only Filipinos at risk. Population and family planning studies conducted over the past few years and considerable anecdotal evidence suggest that unprotected sexual behaviors which increase the risk of HIV infection are occurring frequently throughout the country and among all sectors of the general population. AIDSCOM's own research strongly suggests that potentially risky behaviors begin early in the average Filipino's life and tend to continue within or outside the context of marriage. The same research also suggests that IV drug use, especially among young adults, may not be as rare as it is thought to be. Filipinos also travel more widely and frequently than perhaps any other Asians, often to parts of the world where HIV infection is widespread.

All of these factors argue for caution when assessing the reliability of the data presented above. Until surveillance programs become more systematic, and perhaps especially until they are made accessible to those who can be encouraged to volunteer for them, we are unlikely to understand the true nature and scope of HIV infection in the Philippines.

B. Rationale for the Project

From a prevention perspective, the apparently low incidence of HIV infection in the Philippines presents significant opportunities for communications interventions. The Philippines is not facing, as so many countries are, a crisis situation in which the virus is so widespread that prevention activities become little more than a triage approach to containing the problem. There is probably

still time in the Philippines to instruct the general public and special audiences with accurate messages about risk behaviors and how to avoid them. There is still time in the Philippines, in short, to test the extent to which a low-incidence country can actually prevent an HIV disease crisis from happening.

The advantages of early, consistent and focused prevention measures would seem to be obvious in a country where poverty and many other endemic health problems already overwhelm the infrastructure's limited ability to respond to crisis. Given the Philippines' precarious economic circumstances and the severe limitations these impose on all public sector initiatives, a full-scale AIDS crisis at this time in the fragile democracy's history would be a disaster.

Since HIV infection in the Philippines seems to be limited so far to a relatively few individuals in the largest urban areas, an expensive national prevention campaign is probably not necessary if targeted regional efforts can be developed effectively. The Philippines' sophisticated media environment can also be used selectively to deliver maximum regional coverage at minimum cost. Target audiences, at least those to whom initial messages would be directed, are relatively accessible and indeed are already aware that AIDS is a potential problem in the Philippines.

The government is eager to exploit these advantages in an early prevention campaign, and is better equipped than some countries to do so. The Department of Health (DOH), which manages AIDS-related activities, has assigned some of its most talented, U.S.-trained managers to the AIDS program. The DOH also has ready access to a resident world-class AIDS expert, a Filipina physician who has been working with AIDS since 1981 when she happened to be an associate of Dr. Michael Gottlieb, the physician who identified the world's first diagnosed cases of AIDS, at UCLA.

Since early 1987, when the National AIDS Prevention and Control Program was formally created within the DOH, these energetic individuals have sought to benefit from hard lessons learned elsewhere in the world. They have eschewed counterproductive activities such as quarantine and mandatory testing of citizens and foreign visitors, and concentrated instead on the development of policy, infrastructure and background data to provide a firm foundation for focused prevention programs.

On its own and with the assistance of AIDSCOM, the DOH has also accomplished much of the planning that is necessary to guide prevention efforts. The Philippine National AIDS Prevention and Control Medium-Term Plan was completed in the spring of 1988 and endorsed by the World Health Organization's Global Programme on AIDS later that summer. In the fall of 1988,

AIDSCOM sponsored a national consultative policy workshop at which representatives of some 30 government and non-government agencies pledged to support prevention programs. The policy guidelines that grew out of that workshop have also been formally adopted by the DOH and now serve as the policy framework for preventing the spread of HIV infection and AIDS in the Philippines.

As of mid-1989, the Philippine AIDS Program has thus carefully and thoughtfully positioned itself to undertake a full-scale AIDS prevention communications campaign designed to reach general as well as special audiences. The government is now ready to act.

C. Objectives of the Project

In its ongoing work with the Philippine AIDS Program, and in conjunction with the objectives of the Medium-Term AIDS Prevention and Control Plan, AIDSCOM has sought and seeks to provide technical assistance that will assist the DOH in achieving the following basic communications objectives:

1. To develop effective planning and management systems for the national AIDS program. The government has been aware from the beginning that AIDS presents unique challenges to established bureaucracies in the planning and management of initiatives to contain this new disease. Prevention activities must be carried out in ways that cross internal lines of DOH authority as well as external boundaries between Departments of the government. Private, non-government and voluntary organizations, professional associations, advocacy groups, the Catholic Church and other interested parties must be consulted and involved in prevention programs on a routine basis.

To help conceptualize and establish the means by which these objectives could be achieved, AIDSCOM was asked by the government early on to:

- (a) assist in the development of planning and management strategies;**
- (b) provide background expertise on what has, or has not, worked in other countries;**
- (c) help draft the Medium-Term AIDS Prevention and Control Plan;**
- (d) provide a long-term Resident Advisor to the national AIDS program; and**
- (e) participate as an honorary member of the National AIDS Advisory Committee in the ongoing management of the program.**

2. To build program capacity and improve staff skills in HIV prevention methodology. Unlike some other governments, the Philippine government realized early that the prevention of HIV infection and AIDS was not a "business as usual" activity that could be subsumed under other, seemingly similar health programs such as the control of sexually transmitted diseases or population planning. While the latter were important precedents, and could offer significant support, for AIDS prevention, the government decided to set up a special new AIDS prevention and control program within the DOH that would be responsible directly to the Undersecretary for Public Health Services, who chairs the National AIDS Advisory Committee.

As a special program, however, the AIDS program would need to be dependent, at least initially, upon significant technical assistance from outside agencies such as AIDSCOM to build capacity and improve staff skills. Accordingly, AIDSCOM was asked by the government to:

- (a) provide the AIDSCOM Resident Advisor with staff support, equipment such as a computer and transportation which could bolster national program capacity;
- (b) develop and implement in-service training programs for AIDS staff in the areas of policy, planning, communications methodology, research and materials development;
- (c) develop and implement in-service training programs for non-AIDS personnel within or outside the DOH in the areas of counselling, telephone hotlines and educational interventions; and
- (d) provide opportunities for AIDS staff to visit the U.S. or other locations for the purpose of in-service training and AIDS-related conference attendance.

3. To develop and implement background research among "sentinel" populations perceived to be at risk of HIV infection. Lacking the ability to date to conduct widespread surveillance, the government has had to make certain assumptions about the incidence, or potential incidence, of HIV infection in the Philippines based on the limited testing that has been accomplished. Among these assumptions is the probability that certain "sentinel" populations -- male and female sex workers, men who have sex with men, young adults and Filipinos who work overseas -- are more likely than others to contract HIV infection. In order to understand these groups more fully and develop prevention programs specifically aimed at their needs, the government has therefore asked AIDSCOM to:

- (a) design and implement knowledge-attitude-practices (KAP) surveys among the five "sentinel" populations using samples drawn from the Metro Manila area;
- (b) design and implement a survey of the knowledge and attitudes of the general population regarding AIDS; and

(c) summarize and present the results of these studies in ways that facilitate and provide direction for the development of communications campaigns about AIDS.

4. To design, develop and implement communications campaigns about HIV infection, AIDS and their prevention for the general public and the special, "sentinel" audiences. The government has been willing to forego the immediate implementation of communications campaigns about AIDS pending the completion of considerable background planning and research. Once the latter are completed, the AIDS program would like to proceed cautiously with pilot campaigns limited to the Metro Manila region, where all HIV infections have so far been found. Assuming that these initial communications efforts are successful and adequate funding is still available, the government would then like to extend the reach of communications campaigns at least to Cebu and possibly other locations as well. Accordingly, the government has asked AIDSCOM to:

- (a) develop creative strategies for communicating about AIDS to the general public and special audiences, based on careful analysis of background research;
- (b) design and implement targeted information and prevention campaigns using appropriate media and specially developed educational materials; and
- (c) develop and implement a systematic media relations function within the DOH to make effective use of print media in particular in correcting inaccurate information, promoting prevention and informing the public about the government's AIDS program activities.

D. Constraints Affecting the Project

While the working environment for AIDSCOM in the Philippines has many advantages, as described above, there are also significant constraints that have affected -- and will affect -- project implementation. Among those constraints:

1. Time. The timeline for this Implementation Plan arbitrarily comprises the period of August 1989 through June 1990, in conformance with (a) the obligation to submit the Plan within three months of the hiring of a Resident Advisor, and (b) the end date for the current AID delivery order under which AIDSCOM is providing technical assistance to the Philippines.

In fact, AIDSCOM has been working in the Philippines since February 1988, and much of this Plan discusses various types of technical assistance provided to the government between February 1988 and August 1989.

For purposes of simplicity, the reader should consider the totality of AIDSCOM's technical assistance as it has been accomplished -- or is projected to be accomplished -- between the dates of February 1988 and June 1990.

This period of roughly two years is judged to be sufficient for purposes of achieving the overall objectives stated above. The communications programs that are outlined in this Plan's implementation schedule (see Section V below) are certainly feasible in the designated timeframe.

But in a very real sense, two years is insufficient time in which to do more than establish a base-line of technical expertise in the country and use that expertise to mount a pilot communications campaign. It is important to remember that the HIV virus' timeline is much longer than that of even the most effective attempts at prevention that may be directed against it. Considered in this light, AIDSCOM's Philippine project as outlined in this Plan is only the beginning of what must be an ongoing program of assistance over a period of several years. This fact has important implications for evaluation. AIDSCOM's work in the Philippines -- indeed, the government's overall prevention effort -- has only just begun. It should be judged on the extent to which it has been planned wisely and implemented effectively in a relatively short period of time, rather than on the extent to which AIDSCOM inputs have actually resulted in a slowing of the spread of HIV in the Philippines. To achieve that outcome, obviously, we will need a good deal more time and effort over a period of some years.

2. Money and Expectations. AIDSCOM has been privileged to be amply funded in the Philippines under the terms of a \$1 million USAID Philippines delivery order covering the period of August 1988 through June 1990. AIDSCOM's partner organization, AIDSTECH, is operating under an identical delivery order. This total of \$2 million in USAID funding has, however, produced an unrealistic expectation on the part of the Philippine government that, together, AIDSCOM and AIDSTECH can perhaps provide the totality of technical assistance needed to implement the entire Philippine prevention and control program.

Although unrealistic, this expectation is understandable. Converted to pesos, USAID's contribution amounts to several times the annual budgets of several of the Department of Health's established programs. This is serious money in the Philippine context, and as such it has tended to raise official expectations -- despite the fact that AIDSCOM has repeatedly cautioned the government that it cannot and should not be responsible for more than a few well-defined portions of the overall Philippine AIDS prevention and control program.

The upshot, in program terms, is that the government has tended to defer or suspend its own, much broader schedule of implementation activities, either because those activities cannot be funded by either AIDSCOM or AIDSTECH or because certain deficiencies in the Philippine AIDS program itself (discussed in more detail below) have made immediate action difficult.

Also contributing to an unrealistic Philippine reliance on AIDSCOM technical assistance has been the fact that the Department of Health, perceiving USAID contributions to be sufficient for the time being, has failed so far to broaden the base of its international donor funding for AIDS activities. The Department did not, for example, seek a WHO donors meeting to solicit such broader funding until USAID asked that it do so (the donors meeting will now probably take place early in 1990, several years after the Philippine AIDS program commenced operations). Given the long lead time required by most international donors to honor funding commitments, even a highly successful solicitation of additional funding might not begin to pay off until mid- to late 1990. Meanwhile, current USAID funding runs out in June of the same year.

3. Internal Management Factors. Like virtually every bureaucracy in the world, the Philippine Department of Health has difficulty at times honoring its commitments. This includes commitments made to USAID regarding the implementation of activities that are intended to complement those being implemented by AIDSCOM at the direct request of the Department. Various problems that have been festering since the beginning have come together as this Implementation Plan is written to form what AIDSCOM and USAID Philippines perceive to be an acute AIDS management issue within the Department of Health (DOH). These problems may be summarized as follows:

(a) The DOH lacks a clear idea of what it is attempting to achieve in the AIDS program. The medium-term AIDS prevention and control plan, endorsed by the World Health Organization/Global Programme on AIDS in August 1988, is a policy overview document rather than an operational plan. It has never been converted into an implementation schedule with realistic, measurable goals and objectives. As a result, DOH AIDS staff do not share a clear idea of what they are trying to do, when, how and with whom.

(b) The AIDS program lacks consistent top-level DOH direction and support. The National AIDS Advisory Committee, created by Departmental order in late 1988, rarely meets. When it is convened, it generally considers specific problem areas (such as responses to proposed Congressional action on AIDS) rather than overall strategy and direction for the program. Other health problems deemed to be higher priorities, and a new preoccupation with a campaign to

promote the use of generic drugs, have diverted the Secretary of Health and other high-level DOH officials from a systematic consideration of AIDS prevention activities.

(c) The DOH has made little or no effort to create an external network of cooperating agencies. The National Advisory Committee is composed entirely of DOH managers, even though it is authorized to include non-DOH and non-government representatives. (The latter are called in only when specific issues that concern them arise.) No effort has been made to follow-up on commitments of support made by some 30 non-DOH and non-government agencies in an AIDSCOM-sponsored policy workshop held in September 1988.

(d) Lacking consistent high-level support, the AIDS program is essentially adrift within the DOH. It is a "special program" without bureaucratic portfolio. As a special program, it is dependent upon the goodwill assistance of established divisions, which was never properly obtained and in any case has broken down. Generally strapped for funds, DOH division managers apparently perceive AIDS to be a rich resource and are attempting to move the program under their control. This has led to each division proposing its own candidate to replace the recently resigned AIDS program manager. The upshot: no replacement is likely soon, and the program will probably continue to float.

(e) No established infrastructure now supports the AIDS program. With the exception of the AIDS program manager (a position that has been vacant for several months as of September 1989), the program has no full-time technical staff. The four DOH employees who perform AIDS-related functions in addition to the program manager are all part-time designates from other divisions; part-time in this case often means less than 25%. Continuity and consistency are therefore difficult to achieve, especially when the entire AIDS staff is preoccupied with other responsibilities as is often the case. In addition, insufficient office space has been allocated to the "AIDS Unit" within the DOH pending the availability of new quarters. Crucial equipment such as telephones, computers or typewriters have not been forthcoming. Perhaps most significantly, the DOH-allocated AIDS budget of 10 million pesos (about \$500,000) was drawn from a management and operating expenses account which, by law, cannot be disbursed in increments of greater than 1,500 pesos (\$68) per expenditure. Taken together these factors force the program to operate on an ad hoc, "catch as catch can" basis.

An additional, and perhaps long-term, constraint on program implementation is the lack of private, voluntary or non-government agencies available in the Philippines to work on AIDS prevention. The majority of such existing agencies draw funding from, or are in some way affiliated with, the Roman Catholic Church, an enormously influential Philippine institution (80%

of all Filipinos are Roman Catholic) which is not -- and cannot be expected to be -- supportive of AIDS prevention measures. It is therefore difficult to design integrated prevention strategies in the Philippines which, as in many other countries, depend for major facets of their implementation on the private sector. For better or worse, AIDS prevention in the Philippines will need to rely for the most part on the resources and commitment of government institutions.

E. Summary of Philippine AIDS Activities To Date

The following pages summarize the Philippine Department of Health's own outline of its AIDS-related initiatives and activities as of early 1989:

A CHRONOLOGY OF AIDS ACTIVITIES IN THE PHILIPPINES

(How the Government responded to the AIDS Problem)

May 1983 The Bureau of Research and Laboratories issues the very first AIDS information materials to clinical laboratories and blood banks.

1984 The first AIDS case was diagnosed in the Philippines involving a male Caucasian.

February 1985 A private hospital identifies and reports to the Research Institute for Tropical Medicine the first Filipino AIDS case who got the infection from abroad.

May 1985 The Department of Health's Bureau of Research and Laboratories with assistance from the US Naval Medical Research Unit No. 2 starts screening hospitality girls working in the Angeles City-Mabalacat area. Eight of the 3,045 blood samples tested were confirmed positive for the HIV antibody.

02 January 1986 The Department of Health includes AIDS as a notifiable disease along with other communicable diseases.

April 1986 Health Secretary Alfredo Bengzon recommends to the Philippine National Red Cross the screening of all foreign blood donations before transfusion.

11 November 1986 The DOH recommends to the Department of Foreign Affairs an AIDS Clearance Certificate requirement for applicants for Philippine immigrant, working and student visas.

24 November 1986 Health Secretary Bengzon writes the US Facility commanders to request information on the US military bases' testing program.

22 January 1987 A Department of Health team of AIDS experts, later to be known as the AIDS Prevention and Control Committee, meets for the first time as a policy study group.

02 February 1987 John Havdon Jr., commander of the US Air Force writes back to the Health Secretary informing the DOH that a US Air Force and Department of Defense policy requires that all USAF personnel assigned outside the continental US are tested for HIV. Personnel found positive to HIV are immediately sent back to the US.

06 February 1987 Secretary of Health Alfredo R.A. Bengzon creates the AIDS Prevention and Control Committee and its secretariat to initiate a program to halt the spread of AIDS in the country. Secretary Bengzon appoints Dr. Manuel Dayrit to coordinate the committee and Dr. Erlinda Guerrero to keep an official register of HIV/AIDS infections.

Health Secretary Bengzon recommends to the Department of Foreign Affairs the temporary suspension of the AIDS clearance certificate requirement.

- 06 March 1987** Department of Foreign Affairs temporarily suspends AIDS clearance certificate requirement.
- 11 March 1987** DOH Order provides for the strict confidentiality of all records on AIDS.
- 24 March 1987** The AIDS Prevention and Control Committee starts its series of media dialogues and updates.
- April 1987** The Department of Education, Culture and Sports issues a bulletin on AIDS information through the School Health and Nutrition Center in a nationwide effort to disseminate AIDS information to students in both public and private schools.
- 24 April—19 May 1987** The AIDS Prevention and Control Committee begins its series of consultations with other government agencies preparatory for the formulation of a national policy on AIDS prevention and control.
- 04 May 1987** DOH circular provides for an AIDS education campaign for all DOH central office personnel.
- 21 May 1987** Government (DOH) Circular designates the Research Institute for Tropical Medicine as national reference laboratory for testing blood, body fluids and other biological materials for HIV.
- Government (DOH) Circular in consonance with the Sanitation Code, authorizes the non-issuance of health clearance by STD clinics for hospitality girls positive for HIV. This in effect prohibited infected prostitutes from continuing to work as hospitality girls.
- 27 May 1987** DOH order provides for the creation of local AIDS committees in the cities and provinces.
- July 1987** "Lason sa Dacta" a television soap opera about AIDS is put on air as an episode of Helen Vela's popular show.
- July 1987** DOH AIDS experts train counsellors and health educators of the Philippine Overseas and Employment Agency in an effort to educate and inform overseas contract workers about AIDS through the Pre-Departure Orientation Seminar sessions.
- August 1987** Dr. Manuel M. Dayrit, Coordinator of the AIDS Prevention and Control Committee, sits and inputs in the panel of officials reviewing the Military Bases Agreement. The memorandum of Agreement on the US military bases provides provisions for collaborative AIDS control activities by both governments of the Philippines and the United States.
- 07 August 1987** DOH Order provides for the designation of the City Health Officers of Angeles, Cebu, Manila and Olongapo cities as ex-officio members of the AIDS Prevention and Control Committee.

10 August 1987 The AIDS Prevention and Control Committee meets with US Facility Commanders to identify areas of collaboration and exchange information.

October 1987 The AIDS Prevention and Control Committee initiates the drafting of a proposed plan for the control of AIDS in the country.

March 1988 The Philippine Government invites AIDS consultants from the World Health Organizations Global Programme on AIDS to assist in the country's fight against AIDS.

April 1988 The national plan for AIDS Control is put into paper and presented to the Department of Health Management.

03 April 1988 Commission on Immigration and Deportation issues Immigration Regulation Instructions No. 21 requiring AIDS clearance certificates for permanent immigrants, illegal aliens and refugees.

August 1988 The national Plan is endorsed to the World Health Organization in Geneva.

10 August 1988 Health Secretary Bengzon formally launches the National AIDS Control Program and appoints Dr. Enrique R. Hernandez as Program Manager, Secretary Bengzon also creates the National Advisory Committee for AIDS Prevention and Control and appoints Dr. Manuel G. Roxas as Chairman, and Dr. Manuel M. Dayrit as Vice Chairman.

DOH Order provides for the full implementation of the national plan for the prevention and control of AIDS in the Philippines.

August, September, October 1988 National AIDS Control Program consults and discusses with other government and non-government agencies the full implementation of the national AIDS control plan.

December 1988 The National AIDS Registry reports the first Filipino AIDS case who contracted the disease locally

3 January 1989 National AIDS Control Program Manager, Dr. Enrique R. Hernandez and Dr. Manuel Dayrit meets with officials of the Department of Foreign Affairs to seek assistance in creating and convening a bilateral committee to address the AIDS problem in the Philippines, as provided for by the recently signed memorandum of agreement on the US military bases

04 January 1989 Health Secretary Bengzon issues policy guidelines which provides the bases for immediate and long-term national strategies for AIDS control in the country.

E. Summary of AIDSCOM Activities To Date

The following pages summarize AIDSCOM activities in the Philippines during the period July 1988 through July 1989. This period roughly comprises the first year during which AIDSCOM activities were funded under the terms of a USAID Philippines delivery order. It does not comprise the earlier period of AIDSCOM technical assistance -- stretching from February through June 1988 -- during which activities were funded centrally.

The reader can be reassured, however, that the majority of AIDSCOM's substantive technical assistance to the Philippines occurred in the activities summarized below. Prior to this time, AIDSCOM was engaged primarily in assisting the Department of Health in the drafting of its Medium-Term AIDS Prevention and Control Plan, in preliminary program planning and in negotiations with USAID Philippines for program funding.

AIDSCOM SUMMARY OF PLANNED VERSUS ACTUAL ACTIVITIES

Philippine Program Site

Year One: July through December 1988

<u>Month</u>	<u>Planned Activity*</u>	<u>Actual Activity</u>
JULY 1988	Start-up Workshop MacDonald Program Mgmt. Visit Hire Resident Advisor Ramah Visit/Research Consultation	Workshop for DOH AIDS Staff (Puerto Azul) MacDonald Visit July 18 - August 12 Continue Catindig Consultant Contract Did Not Occur
AUGUST 1988	Research: Hire Agency, Design KAP's	Agencies Screened, Trends Selected, Focus Groups Substituted for KAP's
SEPTEMBER 1988	Research: KAP Field Work	Focus Groups Initiated by Trends MacDonald Visit September 19 - October 4 Workshop for Policy Consultation (Villa Escudero) Jenny Catindig Concludes Contract
OCTOBER 1988	Research: KAP Completion	Focus Groups Completed Hernandez/Resurreccion Visit to Ixtapa and Washington Asia Research Re-runs Gallup Poll on AIDS
NOVEMBER 1988	Ramah Visit/KAP Analysis KAP Workshop/Design Education Campaign D. Stone Visit/Education Specialist Kilby Visit/Condom Promotion Campaign	Debus Visit/Design KAP's Based on Analysis of Focus Group Summaries Cancelled Postponed Until January 1989 Postponed Until March 1989 Gallup Poll Completed By Asia Research
DECEMBER 1988	Open Month Due to Holidays	Continuation of Debus Visit/KAP Design

* Planned activities are identical to those approved by Mission as outlined in 88:State 169356.

AIDSCOM SUMMARY OF PLANNED VERSUS ACTUAL ACTIVITIES

Philippine Program Site
Year One: January through July 1989

<u>Month</u>	<u>Planned Activity*</u>	<u>Actual Activity</u>
JANUARY 1989	MacDonald Program Mgmt. Visit Consultant Visit by Stone/Pawlowski for Counselling Trainings	MacDonald Visit Jan. 6 - Feb. 3 Stone/Pawlowski Visits Jan. 22 - Feb. 2
FEBRUARY 1989	Ramah Visit/Research Consultation	Postponed Until April Trends, Inc. completes KAP surveys RFP for local advertising supplier
MARCH 1989	Joint TECH/COM Visit to Review Condom Distribution/Promotion Debus Visit/Research Consultation	Postponed pending condom audit survey Cancelled pending Ramah visit in April
APRIL 1989	Ongoing Program Implementation	Ramah/Pinney visit to present research Interview/selection of resident advisor Interview/selection of advertising supplier Development of condom audit RFP Quebral/Campaigns, Inc. visit to U.S. Analysis/tabulation of KAP's commences
MAY 1989	Joint TECH/COM Condom Review	Postponed pending condom audit survey Campaigns, Inc. contract negotiated
JUNE 1989	Ongoing Program Implementation	Campaigns, Inc. commences prototype dev. Condom audit contractor selected
JULY 1989	MacDonald Program Mgmt. Visit Joint TECH/COM Evaluation Workshop Ramah Visit/Communications Supplier	MacDonald Visit July 27 - August 22 Postponed Until September, Ref. AID/W Debus/Zucker visit Aug. 7-26 to present research, review campaign prototypes

* Planned activities are identical to those approved by Mission as outlined in 89 State 00366.

G. Collaborating Institutions and Organizations

A number of public and private Philippine institutions and organizations have expressed interest in supporting the National AIDS Prevention and Control Program. Several of these groups attended a workshop sponsored by AIDSCOM in September 1988 to consult with the government regarding AIDS-related policies and prevention programs.

Among the institutions and organizations represented were:

GOVERNMENT: The Department of Education, Culture and Sports
 The Department of Foreign Affairs
 The Department of Tourism
 The Commission on Immigration and Deportation
 The Philippine Information Agency
 The National Economic and Development Authority

NON- United Nations Development Program
GOVERNMENT: United Nations Childrens Fund
 Philippine National Red Cross
 University of the Philippines
 Institute of Public Health
 Philippine Pediatric Society
 Philippine Society of Pathologists
 Philippine Hospital Association
 Philippine Society of Microbiology and Infectious Diseases
 National Commission on Women

In addition, a consortium of private, voluntary health promotion organizations that includes groups representing the interests of persons at risk of HIV infection -- the Health Action Information Network (HAIN) -- has expressed interest in AIDS. So have representatives of two private associations -- the Philippine Hairdressers Association and the Philippine Designers Association -- which are said to have significant gay male memberships.

III. THE COMMUNICATIONS PLAN

A. Communications Objectives

AIDSCOM generally perceives AIDS-related communications to include more than just the effective use of media in conveying basic information about HIV infection, AIDS and their prevention. For AIDSCOM, information alone is not enough. Target audiences must not only receive and understand the messages being directed at them; they must also be supported and encouraged through a variety of mechanisms to analyze their potentially risky behavior and, where necessary, change that behavior on a sustained basis. Moreover, multiple channels must be used effectively to integrate and reiterate basic prevention messages over a period of time. In AIDSCOM's terms of reference, therefore, communications must comprise and involve a range of the political, social and health resources available in any given country, and take maximum advantage of their ability to speak effectively to their respective constituencies.

In the Philippines, the relatively low incidence of HIV infection and the resulting lack of an AIDS crisis at the present time have enabled AIDSCOM to explore a somewhat classic approach to the design and implementation of an integrated communications strategy. The objectives of AIDSCOM's technical assistance in the area of communications as defined above are intended to be achieved in phases, as follows:

Phase I Objective: To establish and support a base-line communications capability within the Department of Health. AIDSCOM has provided, or will provide, in-depth training to the Department's AIDS staff and other Department personnel in the areas of:

- (a) AIDS communications theory and methodologies;
- (b) the meaning and dynamics of health behavior change;
- (c) the process of designing and conducting effective
- (d) qualitative and quantitative research;
- (e) counselling; and
- (f) methodologies of promoting prevention messages in the media.

These training initiatives are intended not only to enhance competence in the implementation of the work at hand, but also, and perhaps more importantly, to support the sustainability of AIDS communications activities into the future.

Phase II Objective: To support the development of an integrated network of public and private agencies committed to HIV prevention in the Philippines. AIDSCOM has provided, and will

provide, extensive technical assistance to the Department of Health in its efforts to create networks of collaborating agencies, including support for the following initiatives:

- (a) consultative workshops on planning and policy development;
- (b) assistance in the drafting of the Medium-Term AIDS Prevention and Control Plan; and
- (c) ongoing liaison with the World Health Organization's Global Programme on AIDS and other multilateral agencies engaged in HIV prevention activities.

Phase III Objective: To support research designed to increase understanding of target audiences and how they think, feel and act regarding HIV infection. AIDSCOM has completed a series of extensive KAP surveys among "sentinel" populations designated by the Department of Health. The nature of these target audiences, and what has been learned about them, are summarized in Part C below. AIDSCOM has also sponsored a national poll of the general population regarding public knowledge and opinions about AIDS-related issues. Together these research initiatives provide a rich foundation for the development of targeted prevention campaigns. If funds permit, additional research will be conducted later in the project to attempt to measure changes in knowledge, attitudes and practices associated with HIV infection that may result from exposure to proposed prevention programs.

Phase IV Objective: To design, develop and implement a pilot communications and prevention campaign for the general public and special audiences in Metro Manila. AIDSCOM has provided, and is providing, extensive technical assistance in the development of general and targeted communications campaigns based on the research described in Part C below. AIDSCOM's support includes the following initiatives:

- (a) contracting with a local advertising agency to design and implement specific communications campaigns;
- (b) contracting with a local non-government agency to create and implement a national AIDS information service, including a telephone hotline and information dissemination; and
- (c) providing consultant assistance in the development of a media relations plan.

B. Target Audiences

The Philippine Department of Health has not yet been able to initiate surveillance activities comprehensive enough to determine with certainty where the HIV virus is in the population or where it may be spreading. Lacking adequate surveillance tools, the government has therefore had to make certain assumptions about those Filipinos who may be at risk of HIV infection. A standard epidemiological projection model has been used to identify "sentinel" populations in

which HIV infection has either been identified already or in which such infection is likely to surface first.

Five "sentinel" populations have thus been identified, and for purposes of this Implementation Plan and all AIDSCOM technical assistance to date, these groups function as target audiences for all AIDS-related communications activities. The "sentinel" groups are:

- Male commercial sex workers
- Female commercial sex workers
- Young adults, both male and female
- Men who have sex with men
- Filipinos, primarily males, who work abroad.

It is important to note that, in all phases of communications described by this Implementation Plan, these individuals have been, or will be, targeted in the Metro Manila region only. The Department of Health believes that HIV infection is largely limited to Metro Manila so far, although there are indications that the city of Cebu and perhaps other locations are affected as well. A working assumption is that, if communications initiatives are successful in Manila, then they can be extended later to other parts of the country with only minor modifications.

C. Research Strategies and Implementation

As of the date of this Implementation Plan, AIDSCOM has completed an extensive series of qualitative and quantitative background research in the Philippines. The research was designed and carried out by AIDSCOM in conjunction with two Manila-based research contractors: Asia Research Organization and Trends, Inc. A description of the research projects and methodology used is contained in Appendix A.

The research projects that have been completed to date include:

1. In collaboration with Asia Research Organization

A rerun of a 1987 worldwide Gallup Poll on general public knowledge and opinions on a selection of AIDS-related topics, conducted throughout the Philippines in late 1988. This representative sample of Filipino opinions about AIDS has been useful in developing general population information campaigns.

2. In collaboration with Trends, Inc.

Sixteen qualitative focus groups conducted among all age and socioeconomic categories of male and female commercial sex workers, male and female young

adults, men who have sex with men and overseas workers. The focus groups were completed in late 1988 and used to develop quantitative questionnaires.

Five quantitative Knowledge-Attitude-Practices (KAP) mini-surveys fielded in late 1988 and completed in early 1989 among purposive samples, and including all age and socioeconomic categories, of male and female commercial sex workers, male and female young adults, men who have sex with men and overseas workers. Interviews among all samples lasted roughly two and one-half hours each, and provide a rich data base-line for use in the development of general population as well as special audience communications campaigns.

Additional small-scale research projects are also planned in conjunction with Trends, Inc. to pre-test communications campaigns and educational materials prior to their release in January 1990, and (funds permitting) to measure communications effectiveness following completion of the campaigns.

1. STRATEGIC SUMMARY

Communications Strategies and Messages

Introduction. This portion of the Implementation Plan describes specific strategies and messages for communicating with each target audience in an attempt to achieve Phase IV of the preceding communications objectives. The following analyses were prepared by AIDSCOM's subcontractor for social marketing, Porter/Novelli.

Although the following discussions are quite detailed, it is worth noting a more general principle at the outset which has guided AIDSCOM's thinking in regard to AIDS-related communications strategies in the Philippines. That principle is simple: communications about AIDS should be based on a limited number of basic messages which form an "umbrella" campaign under which specific approaches to specific target audiences (the "sentinel" populations) may be subsumed. In this way, all target audiences will receive the same, consistent messages albeit through different channels and in slightly different formats. AIDSCOM-sponsored research has suggested the following basic messages for the umbrella and all other campaigns:

Message 1: Anyone can get AIDS.

Message 2: AIDS is spread primarily through sex.

Message 3: You can't tell if someone has AIDS just by looking at them.

Message 4: For more information, call the National AIDS Information Service at (telephone number).

Strategy. The strategic approach for the AIDS communications program is to create an umbrella campaign supported by mass media that will cover all segments of the general population. The campaign will address certain basic needs that are shared by all key groups. It will debunk myths and impart accurate knowledge. It will promote the AIDS information service and Hotline. It will provide a general information brochure that can be accompanied by inserts on specific prevention techniques and condom use. As an adjunct to this campaign, all doctors will receive mailings featuring accurate AIDS information and updates from the Department of Health so that they can provide additional support.

To the extent that each sentinel group is exposed to the mass media, the general population campaign will reach that particular audience. However, the research does indicate the need for specially tailored communications for certain groups, both in terms of message content and diffusion methods. The following will outline the overall strategy for each sentinel group.

Young Adults. Efforts targeted to young adults will seek to encourage dialogue among their peers and older "influencers" and will encourage abstinence and monogamy as the primary preventive measure. Materials are being created that acknowledge the young adult's group oriented life styles. A collateral piece will be designed that is specifically intended to be used by more than one person at a time - e.g. a game that tests their AIDS "I.Q." This will be distributed through various youth organizations, sports clubs and universities. Music will be used as a non-traditional medium that has significant impact on this audience. A major Philippine rock band will produce an AIDS related song that will be aired by local stations. Finally, a comic book is being created by one of the Philippines' most popular cartoonists who has a large following among young adults.

Sex Workers. The research shows that sex workers exhibit the greatest variance from the general population on several key measures. While they will benefit from the information provided in the general population campaign, they clearly need more targeted communications in order to reduce their risk of infection.

Efforts targeted to female sex workers will focus on establishing condoms as the most reliable prevention technique and will provide them with the negotiating skills that will be necessary if

they are to follow this practice with their customers. Peer counseling will be very important along with the solicitation of support from managers, "mama-sans" and the customers themselves. Materials will include comic books and condom wallets - items that are visually-oriented, unobtrusive and comfortable to handle.

Male sex workers need to be made more keenly aware of their vulnerability and risk and condom use needs to be identified with aggressive, successful men. A condom wallet will be produced with this strategy in mind.

Men Who Have Sex With Men. These men will be reached by the general population campaign. The large majority of men who have sex with men do not identify themselves with a "gay" segment of the population. They do not frequent gay bars or read gay publications. It would therefore be inappropriate to target them with gay oriented materials. The general population advertising, brochure and collateral materials have all been designed to address risks related to any form of penetrative sex.

Overseas Workers. The research showed almost no variance from the general population in terms of key measures for overseas workers. The most pressing need appears to be being able to provide this target with information on prevention just prior to departure and upon their return from overseas. Since these workers are all being tested for HIV by the Department of Health, the D.O.H. will distribute the general information brochure directly to the workers at that time. This may be accompanied by an insert providing additional information regarding their destination, i.e. availability of condoms.

Target Audiences. The AIDS Communication/Education Program will target its efforts to the general population and to specific "sentinel" groups whose behavior is likely to put them at the highest risk of HIV infection.

The communication/education program will address each audience with targeted strategies, messages and channels that take into account the specific profiles and needs of each group. The following briefs provide specific direction for each of the above audiences.

2. GENERAL POPULATION

While at present, the general population of the Philippines does not appear to be at particularly high risk of HIV infection, the AIDS communication/education program must serve the needs of all individuals as part of a nationwide effort of prevention.

The general population program will reach across all segments of the population, and so, will be talking to a wide range of individuals exhibiting a wide range of behaviors from low to high risk. This communication program will serve as a foundation for the more targeted efforts directed to the specific "sentinel" groups. It will serve to create a supportive environment in the society as a whole and among key "influencers" for appropriate responses to the disease. It will also be reaching individuals who are in fact engaging in risky behavior but may not be reached by messages targeted to the "sentinel" groups.

This creative brief is based on the results of the 1988 Gallup Survey as well as additional learning from the KAP conducted among adults aged 18-24 in January 1989. Both research documents will be used as sources for the Agency in developing the communication plan.

A. Key Research Findings/Hypotheses

- * Awareness of AIDS is high. Virtually all people in metro Manila are aware of AIDS. They have heard about it from the media and family and friends.
- * There is concern about AIDS and it is viewed as a serious issue. AIDS is rated as the most serious of a variety of major diseases. Most people worry about AIDS and feel that it will spread at least somewhat in the Philippines. It is discussed at least sometimes with family and friends. The level of awareness and concern about AIDS reflect a population that will be attentive to additional information and communication regarding the disease.
- * The General Population's level of concern and anxiety is inappropriate. Their ability to assess personal risk is inadequate. Concern and perceptions of risk are crucial elements in moving towards desired behavior. However, if individuals are working from a basis of false beliefs and a general lack of knowledge of the disease, it is likely that concern and the assessment of risk will be inappropriate. This appears to be the case in the Philippines where widely held myths are leading to false conclusions of vulnerability and invulnerability.
- * There are pervasive myths relating to both transmission and prevention. While most people view sex as the most likely means of transmission, there are significant misconceptions that may be contributing to a false sense of risk. These include donating blood, kissing, living or working with a person with AIDS, using public toilets, sharing utensils, being coughed or sneezed on, mosquito bites and swimming pools. These beliefs are also dangerous in that they

may lead to a feeling of futility regarding adopting truly preventative measures - if HIV can be transmitted by mosquito bites, why bother changing sexual behavior?

Certain other myths relate to ways people believe infection can be avoided and may be giving them a false sense of security. Many people feel that they can see whether a person has AIDS, which leads them to believe that they are safe as long as their partner looks healthy. Others know that it takes time for symptoms to appear in a person who is infected with HIV, but they believe these symptoms appear within 6 months or 1 year. They then may judge a partner to be safe as long as they have been monogamous for up to a year. Other myths relating to prevention include avoiding sex with foreigners, taking vitamins, taking antibiotics, washing genitals and withdrawal.

* Myths contribute to negative attitudes towards people who are infected with HIV. Most people believe people who are infected with HIV or have AIDS are at fault for getting the disease. They also say they would refuse to work alongside someone who is infected with HIV or has AIDS. It can be assumed that many of the myths relating to transmission are contributing to these attitudes.

* The perceived lack of knowledge about AIDS adds to fear and anxiety. Most people accurately perceive their lack of knowledge about this disease. Discussions arouse fear that probably comes in part from the "unknown." There is an expressed desire for more information particularly relating to avoidance of infection.

* While prevention is associated with behavior change, movement toward that step is hindered by misinformation, anxiety and inappropriate risk assessment. Most people appear to associate prevention with behavior change and some have even been motivated to change behavior. However, given the prevalence of myths, it would seem to be premature to seek appropriate behavioral responses at this time. There is still a gap in knowledge that is preventing most of the general population from playing an active and responsible role in the prevention of AIDS.

B. Objectives

The communication/education program will be approached in phases. Objectives will change for each phase of the program as the population moves along the behavior change continuum. The first phase will set the stage for more targeted communications regarding prevention techniques (i.e. condoms, etc.)

The primary objective of the first phase for the general population is to enable the target to accurately assess their risk of HIV infection and to judge the appropriateness of their behavior in terms of prevention. This will impart a more realistic sense of control.

The program's effectiveness will be judged based on a reduction of myths and an increase in accurate knowledge relating to transmission and prevention.

Part of the AIDS communication/education program will involve the establishment of additional information and support services, particularly educational materials, counseling, support groups, etc. Specific targeted behavior for the general population will likely be to seek out these additional services. This would then be measured in terms of the number of calls to the hotline, requests for materials, etc. The Agency must address this specific objective once the channels are established.

C. Target Groups

The primary target group is defined as Adults 18 +.

A secondary target will be key "influencer" groups. This target includes health care professionals, business and society opinion leaders and teachers.

The scope of this phase of the program is national and is the mandate for the program. Particular regional issues will be addressed in later phases as deemed necessary by Campaigns, Inc. and AIDSCOM. Both the broad geographic scope and wide range of demographic segments within the general population (including the sentinel groups) necessitate a message with relatively universal appeal.

D. Message Strategies

The overall message strategy should communicate that anyone can get AIDS, but only by engaging in specific risky behaviors, and You can prevent infection by avoiding those behaviors. Specific messages must serve to debunk the myths associated with transmission and prevention, as well as to clearly and authoritatively impart accurate knowledge. All messages should stress that, armed with that knowledge, each individual has the power to stop the spread of AIDS.

The issues that need to be addressed include:

- AIDS is not a "foreign disease." It is transmitted among Filipinos.
- A person can look healthy but still infect others. Many times symptoms do not appear for years after infection.
- Taking vitamins, antibiotics, washing genitals and withdrawal do not reduce the risk of infection.
- HIV can only be transmitted through blood to blood or semen to blood vectors (sexual transmission, IV drug use, needle sharing, transfusions).
- HIV can not be transmitted by donating blood, kissing, being coughed or sneezed on, living or working with a person with AIDS, using public toilets, mosquito bites, sharing utensils or swimming pools.

In addition, a benefit for the target audience must be communicated. Prevention alone may not serve to effectively motivate the target or elicit appropriate responses. Appeals might be made to national pride, the desire for a family, responsibility to loved ones, self-esteem, etc. The Agency will need to determine the strongest appeals that can be incorporated into the message.

The message should also provide information (phone number, address, etc.) regarding sources where the audience can find out more about what they can do to prevent infection.

E. Tonality

The tonality of the message should be believable and trustworthy. It should impart the sense that there is in fact a great deal of knowledge about how HIV is transmitted and how it can be prevented. It should instill confidence in the target that this is the reliable source of information.

F. Additional Considerations

The messages developed here will serve a variety of purposes for a variety of audiences. Whatever creative "hook" that is proposed will have to work across all these purposes and be effective for the sentinel groups as well as the general population.

Also, the comprehensive communication and education program will ultimately involve various media and collateral materials. The message execution should be such that it will be easily transferable from one medium to another. It should work as well for a billboard as it would for T.V., for example.

It may be worthwhile to allow for tags or "snipes" for all communications materials. Since specific channels of information may change by geographical area or a variety of sources may become available, there should be a way to easily incorporate these changes within the existing creative execution.

G. Media

In view of the objective of reaching the general population of Adults 18 +, the media strategy would be to use mass media channels primarily for their effective reach across all segments of the population.

While the target is broad, the Agency should be sensitive to any skews in the media plan. Ideally, weight should be distributed equally across the entire target. However, there should be particular attention paid to a core segment of men 18-45 to ensure that they are in no way underdelivered.

All channels should be investigated including T.V., radio, outdoor and print. The media mix should ensure frequency of exposure and broad reach. The media selected should also cut across socio-economic lines and levels of literacy.

Innovative use of media must also be considered.

Recommendations may include proposals for programming content, videos, editorial, promotional events, etc. Media relations will also be a key part of this program. The Agency is expected to explore, with the D.O.H., all opportunities for free media space available through government channels.

H. Timetable

The target date for the start of the general population campaign is early Fall 1989. The Agency will present creative recommendations to the D.O.H. and AIDSCOM group by July 31, 1989. A more detailed timetable including pretesting and production will be supplied by the Agency. It should be noted here that the messages developed for the general population must also be tested among the four sentinel groups. Those tests should be relatively simple "disaster checks" to flag any major problems.

I. Budget

The budget for the first phase of the general population effort is approximately 2,000,000 pesos. This will cover all production and media costs.

2. YOUNG ADULTS

The AIDS communication and education program will be targeting various "sentinel" groups within the general population. These groups have been identified as consisting of individuals whose behavior may put them at high risk of HIV infection.

The general population campaign is the foundation of the national AIDS communication and education program. This campaign will reach all the sentinel groups with key messages to be addressed to these groups: accurate knowledge of HIV transmission and prevention and the ability to assess personal risk. The targeted program for each sentinel group will function as an additional layer of communication that will complement the general population campaign and address the specific needs of the particular groups.

Young adults, defined as men and women aged 18-24 is one of the sentinel groups that will be specifically targeted in the AIDS communication education program. This is a time of life when sexual experimentation is often the highest and health concerns are relatively low. It is also a time when many sexual behaviors and attitudes are formed that often continue throughout adulthood.

The mission, in terms of communications for young adults, is to assist them in making the appropriate choices that will minimize their risk of HIV infection.

A. Key Research Findings/Hypotheses

There are many similarities evident between young adults and the general population in terms of knowledge, attitudes and behavior. In general, they both share a high degree of awareness of and concern about AIDS. Young adults also share many of the same myths relating to both transmission and prevention that leads to inappropriate risk assessment. These findings have been discussed in detail in the general population creative brief.

There are, however, certain key differences that will require a more targeted effort for young adults. Particular attention has been paid to the characteristics of those young men that are defined as being at higher risk.

* **A significant number of young men are engaging in potentially high risk behaviors.** These young men are sexually active. More than a quarter of them had engaged in some form of potentially high-risk behavior in the past six months (multiple partners, sex with prostitutes, homosexual activities, IV drug use). About half believe that it is natural for a man to pursue sex at every opportunity.

* **In spite of this high risk behavior, they have a lower perception of risk.** While these young men who engage in potentially high risk behavior have fewer misconceptions about how HIV is transmitted, they do harbor myths that make them feel less vulnerable than they may in fact be. They feel that only having sex with people they know reduces their risk. They are less likely to feel that sex workers, homosexuals and young adults are very or somewhat likely to catch AIDS. They are less likely to consider it the most serious of the major diseases and less likely to feel AIDS is a real threat to them.

They are inclined to change behavior, but still have misconceptions about appropriate behavior change. These men feel that AIDS has prompted them to change their behavior. However, this behavior change is often inappropriate (taking vitamins, washing genitals) in terms of effective prevention of HIV transmission.

* **Young women are much less active sexually but are potentially at risk due to the behavior of young men.** While young women do not appear to be currently at high risk, their potential for infection will increase as they become more sexually active.

Passive attitudes and embarrassment regarding discussions of sexual activity are barriers to young women's ability to protect themselves from HIV infection.

Young women are much less likely to engage in a dialogue relating to sexual activity. They have a need for more accurate information regarding HIV transmission and modes of prevention. They also need to play a more active role in determining the level of risk with a given partner and encouraging the use of condoms. The first step in this process must be to encourage discussions and increase young women's involvement in preventing transmission.

B. Objectives

The primary objective of the communication/education program targeted to young adults will be to enable them to adopt behavior that will effectively reduce the risk of HIV transmission.

For young men, the specific objective will be to increase the adoption of safer sex practices (i.e., abstinence, monogamy, condom usage, sexual behaviors that do not transmit HIV).

For young women, the specific objective will be to encourage dialogue regarding sexual activities and preventative measures with their partners.

C. Target Groups

Young adults will be separated into two target groups: men 18-24 and women 18-24. Distinct message and media strategies will be developed for each target.

D. Message Strategies

Men 18-24

The key message to communicate to young men is: Any young man can become infected with HIV. You can reduce your risk of HIV infection but only by adopting certain specific behaviors: abstinence, monogamy, use of condoms, sexual behaviors that do not transmit HIV, etc.).

Appeals to be considered would include: responsibility to loved ones and nation; being part of a "smart," "successful" group; desire for a family; self-esteem, etc. The Agency will determine the appropriate benefit to be communicated for this target.

Women 18-24

The key message to communicate to women is: Young Filipino men may be risking HIV infection. You can talk with them about your concern for them and for yourself.

Appeals may include responsibility to future children, their future security and prosperity, the role women can play in the future of the Philippines, etc.

E. Tonicity

In order for the messages to be have impact and be trustworthy, they must speak to the young adults in their own language, in a style that they relate to. The messages should avoid any tone that may seem to be lecturing, condescending or out-dated. The messages should also establish a sense of belonging to the right group (i.e it's "in" to practice safer sex) and imply approval from their peers.

For the women, since there is a great deal of embarrassment surrounding discussions about sex, the tone must be particularly comfortable and familiar. It should not appear to be aggressive or threatening.

F. Additional Considerations

All messages should provide information regarding a source where the target can find out more about what they can do to prevent infection.

These messages should tie to whatever theme is established for the general population campaign. While specific executions may vary greatly, there must be a unifying element that clearly relates to the national campaign.

G. Media

The young adult program will require the innovative use of specifically targeted media.

The male segment of this young adult population is the primary media target. Directionally, media dollars could be divided 75% male 25% female.

All channels must be investigated. Posters, brochures, young adult magazines, comic books, etc. should all be considered. Since much of the effort targeted at males will involve a good deal of practical information, media allowing for lengthier copy should be part of the mix.

Collateral pieces can be particularly effective for young adults. Pins, t-shirts, stickers, etc. can easily become "status symbols" that they will be proud to wear and show to their friends.

The agency should consider enlisting the support of some youth-oriented celebrities. Songs and videos can be very influential with this target. Promotional events (neighborhood appearances, concerts, etc) can help to get the message across in a very positive way.

Among the media choices for young women, the use of comic books or soap opera formats could be appropriate, incorporating the message into a story line. For example, situations showing the heroine initiating dialogue with her boyfriend about AIDS could be worked into a story. This type of format could help to overcome some of the embarrassment surrounding this subject.

H. Timetable

The projected start date for the young adult campaign is October, 1989. This should coincide with the roll-out of the general population campaign.

Initial strategies and concepts can be reviewed in Manila in early August. Full creative development should not begin until the campaign for the general population has been approved.

I. Budget

The budget for the young adult campaign is 2,000,000 pesos. This will cover production and media.

3. COMMERCIAL SEX WORKERS

The AIDS communication and education program will be targeting female and male sex workers in metro Manila. The KAP conducted among this group revealed behaviors that are placing both the sex workers themselves as well as the general population at risk for HIV infection.

This sentinel group will benefit from the general population campaign particularly in terms of more accurate knowledge regarding prevention and transmission. There is a clear need, however, for an additional layer of communication that will address the specific requirements of this group.

The mission for this communications program is to change those behaviors on the part of the sex workers that are placing them at high risk of HIV infection.

A. Key Research Findings/Hypotheses

Both female and male sex workers are highly aware and highly concerned about AIDS. They share some of the same myths about HIV transmission and prevention with other young adults and the general population. They believe that changing behavior can reduce the risk of infection and say that they either have already changed or are willing to change in the future.

However, very few have actually adopted behaviors that will truly reduce the risk of infection. Many have adopted inappropriate strategies or have not been successful at consistently practicing safer sex. The research highlights certain important issues that are presenting barriers to the desired behavior change and indicates some potential appeals.

* **Prevention measures believed to be appropriate are a mixture of accurate knowledge and myths.** Sex workers believe that there are many ways to reduce the risk of infection and that they are about all equally effective. They rate antibiotics, hygiene, vitamins, etc. as effective as using condoms. It may be that their experience with other STD's has led them to believe that they can "manage" AIDS in the same way as they might gonorrhea, for example.

* **Their preventive strategy is primarily centered around being more selective with sex partners.** Sex workers believe they can tell whether someone is infected with HIV. They believe a customer's general appearance and cleanliness indicate their likelihood to be carriers of the virus. They can therefore justify unprotected sex with "regular" customers and with those who appear "clean."

* **Female sex workers in particular are primarily driven by financial considerations and responsibility to siblings and children.** They feel that it is "better to risk AIDS than stop their best means of earning a living." This can be a formidable barrier to behavior change, if the sex workers perceive that change as jeopardizing or reducing their income.

* **There are particular barriers to the adoption of condoms as the primary means of risk reduction.** Most sex workers feel that "condoms are useful for people like me," but condom use is infrequent. Condoms are perceived as reducing sexual sensitivity and as being subject to breakage. They are also seen as creating tension in the customer relationship and, therefore, a threat to income. It is felt that condoms implies that either the sex worker or the customer is "unclean." For female sex workers in particular, the customer's wishes dictate whether or not a condom will be used.

* Female sex workers tend to be passive and submissive and, therefore, have difficulty initiating and maintaining appropriate preventive behavior. They do not have a strong sense of personal efficacy and see themselves as being under the control of external forces. They are introspective and don't feel a part of a group. They believe that their ability to control their circumstances is very limited.

* Male sex workers tend to see themselves as aggressive and self-involved. This may contribute to their infrequent use of condoms, which may not fit their image of an aggressive young male. Their high degree of self-involvement means that they do not feel responsible for others.

B. Objective

The primary objective of the communication program targeted to sex workers is to increase the use of condoms for all penetrative sex.

C. Target Groups

Sex workers will be separated into two target groups - female and male. Distinct message and diffusion strategies will be developed for each group. A key element of the strategy for female sex workers will also be to involve "influential others" - managers, mama-sans, customers, etc.

D. Message Strategies

Messages targeted to female sex workers will need to:

- * Convince them that the only way to protect themselves is to use condoms every time they have penetrative sex with a customer.
- * Show them how to successfully negotiate condom use with their customers.

The key points to be communicated are:

- * AIDS is not like other STD's. You cannot tell if someone is infected.
- * You cannot prevent infection by taking antibiotics or washing after sex.
- * If you have unprotected penetrative sex with any customer you are risking infection.
- * Protect yourself by using a condom every time you have penetrative sex with anyone.

This communication must be followed by one that shows these women how they can make sure that they don't have unprotected sex. The use of some form of peer counseling will be crucial here as well as materials that, illustrate successful negotiating techniques. Using another sex worker as a spokesperson would likely be very effective.

All messages should appeal to the sex workers on the basis of benefits they will receive by changing behavior, since initially the "costs" may seem to outweigh the benefits. Protection from infection is probably not strong enough in and of itself. Two potential appeals that are indicated by the research are responsibility to siblings and/or children and dreams for the future. Their desire to leave their profession and open a business (beauty parlor, etc.) and their love and sense of duty to their family may help to strengthen the commitment to adopting new behavior.

Another consideration may be to position condom use as a way to protect the sex worker's source of income. That source of income is both their own bodies and their customers. If insisting on condoms shows that they care about their customers, in terms of protecting them and their families, then it may be a way for them to provide even better service. This is a strategy that could also be used with managers and mama-sans and in teaching negotiating skills.

3A. MALE SEX WORKERS

Messages targeted to male sex workers will need to: Convince them that the only way to protect themselves is to use condoms every time they have penetrative sex with any customer.

The key points to be communicated are:

- You cannot tell if someone is infected with HIV.**
- You are risking infection if you have unprotected penetrative sex.**
- Protect yourself by using a condom every time you have penetrative sex with a customer.**

It is very important that communications for male sex workers appeal to their self image - aggressive, "macho," individualistic. A potential strategy may be to use or create a hero - a strong male figure who is smart, dresses well, has some financial success, has girl-friends. This guy uses condoms because he knows even he could get infected and he wants to be around to enjoy his future.

An appeal might also be made based on the fact that most male sex workers are part-time and are using this work as a supplement. Are they willing to risk their lives to be able to buy a Betamax, for example.

A. Materials

Female Sex Workers

There will likely be several components to the communications efforts targeted to female sex workers. A major element will need to be peer counseling on an on-going basis in order to encourage and maintain condom use. This effort will focus on negotiation skills and materials will need to be developed that serves as teaching tools.

Specific materials to be considered should be comic books, condom wallets, "safer sex" cards. Materials should be clearly illustrated and easy to handle.

Male Sex Workers

The most appropriate form of communication for male sex workers would be a condom wallet, perhaps accompanied by an illustrated story. The wallet itself should be designed to impart a sense of masculine status.

B. Timetable

S/B Plan	9/15
Initial rough concepts	10/13
Present copy and layout	11/3

4. MEN WHO HAVE SEX WITH MEN

A summary of data derived from this survey was not yet available as of the date of this Implementation Plan.

As previously discussed, no specific media communications campaign is presently planned for men who have sex with men. Rather, all Filipino males regardless of sexual orientation or sexual practices will be targeted in the general information campaign with basic messages that will also be accessible to men who have sex with men. AIDSCOM-sponsored prevention programming for this population will mainly comprise pilot face-to-face counselling and educational programs in conjunction with special educational materials prepared specifically for that purpose.

5. OVERSEAS WORKERS

A summary of data derived from this survey was not yet available as of the date of this Implementation Plan.

As previously discussed, no specific media communications campaign is presently planned for Filipinos who work abroad. Since most of them are males, they will be targeted in the general information media campaign. Specific presentation formats and possibly some special educational materials may be prepared for this population.

6. COLLATERAL ACTIVITIES

In addition to communications activities specifically designed for, and implemented in, the broadcast or print media, AIDSCOM is providing technical assistance to the Department of Health in developing three related collateral activities: training, materials development and the National Information Service.

A. Training

In an effort to build institutional capacity and staff skills in the area of prevention counselling, AIDSCOM sponsored two in-service training workshops in Laguna in January 1989 for approximately 60 health educators and counselors working in government health clinics, including some working in sexually transmitted disease clinics. Follow-up trainings for similar audiences are planned to take place in Manila early in 1990.

AIDSCOM has also provided extensive technical assistance in drafting and revising a counselling curriculum for government health trainers. The curriculum, completed in early 1989, has been pre-tested and further revised in several regions of the country, and will be published for nationwide usage in early 1990.

B. Materials Development

The following page outlines the range and nature of educational materials being developed by or for AIDSCOM in conjunction with the general information media campaign and prevention programs for special audiences in the Philippines.

Republic of the Philippines

PROPOSED MEDIA AND COLLATERAL PRODUCTS
NATIONAL AIDS INFORMATION CAMPAIGN

The following media and collateral products or materials have been proposed and approved by the Department of Health for development and production by Campaigns, Inc.:

General Population Information Campaign:

Television: Three 30-second spots
Radio: Three 30-second spots
Print: Selection of small reminder ads to
call national hotline for more information.

General Information Materials:

Brochures: General Information/English (25,000)
General Information/Tagalog (5,000)
Prevention Information/English (25,000)
Prevention Information/Tagalog (5,000)
Condom Usage/English (25,000)
Condom Usage/Tagalog (5,000)
Posters: General Information (3 x 3,000 each)

Special Audiences:

YOUNG ADULTS: Music Production and Placement
(possible corporate subsidy)
Collateral Product/TBA (10,000)
Comic Book/Marcelo (5,000)
SEX WORKERS: Comic Book (2,000)
Collateral Product/TBA (2,000)
Male Condom Wallet (2,000)
(includes mini-comic book)
PHYSICIANS: Information/PR Kit (10,000+)
(includes press release and
background information, plus
one copy each general info/
prevention/condom brochures)

C. National AIDS Information Service

In order to support the planned general information media campaign, and to provide the Department of Health with a basic information dissemination capability which it cannot yet itself create, AIDSCOM intends to contract with a Manila-based non-government organization to create and manage a national AIDS information service. The service will include trained staff, telephone hotlines and a storage and dissemination facility for educational materials about AIDS. The service will be advertised in all media products and educational materials as a central resource for more information and referrals to knowledgeable physicians and other resources for more detailed information. Assuming the bidding and contracting process proceeds normally, the national AIDS information service should be in place and operating by late 1989, in time to support the general information media campaign which is scheduled to be launched in all media in January 1990.

IV. INSTITUTIONALIZATION

The concept of institutionalizing AIDS prevention skills and capabilities means different things to different people. For AIDSCOM, it means inculcating at least the minimum necessary prevention capability within the collaborating partner to permit that institution or organization to continue learning about and providing prevention communications services and products after AIDSCOM's technical assistance is no longer needed or available. The process of institutionalizing this minimum necessary capability in the Philippines has been, and no doubt will continue to be, a somewhat complex undertaking.

Much of the training, consultation and other AIDSCOM technical assistance accomplished to date in an effort to institutionalize the theory and methodology of AIDS communications has been lost, unfortunately, through Philippine AIDS staff resignations, reassignments and other factors (described more fully in II) beyond AIDSCOM's control. As of August 1989, very few if any of the Filipinos working on AIDS at the Department of Health in February 1988 (when AIDSCOM began its program of technical assistance to the Philippines) are still associated with the program in any substantive way. New faces appear with regularity in the national AIDS program, and few of them have a background in AIDS communications or are likely to remain with the national program long enough to gain one.

In the Philippines, therefore, the issue of how to institutionalize AIDS communications expertise is a very real one indeed. Since AIDSCOM's ability to provide inputs that institutionalize expertise are necessarily limited by time, distance and funding, much will depend on the commitment of AIDSCOM's Philippine counterparts.

Ideally, there are four basic services of the Department of Health that could benefit most from institutionalization: the Public Information and Health Education Service (PIHES), the Health Education and Manpower Training Service (HEMTS), the Philippine Information Agency (PIA) and the Health Intelligence Service (HIS). Each has a slightly different but complementary role to play in carrying out AIDS prevention.

In future months, institutionalization activities will include consultations and training in the following areas:

- (a) follow-up training in prevention counselling for HEMTS and PIHES staff;
- (b) ongoing consultation and some structured training in AIDS communication planning and management, particularly in regard to the management of a national prevention communications campaign;

V. IMPLEMENTATION SCHEDULE

The following implementation schedule covers the period of August 1989 through June 30, 1990, when the current delivery order funding AIDSCOM activities in the Philippines ends. Since many of AIDSCOM's technical assistance activities have already transpired in support of program objectives outlined in section II, this implementation schedule focuses on the general public media information campaign -- the last major deliverable in AIDSCOM's original commitment to the Department of Health. AIDSCOM proposes to carry out the following activities through June 1990:

AUGUST 1989: Program management visit by regional coordinator Gary B. MacDonald to consult with Mission, resident advisor and Department counterparts regarding development and implementation of a national information campaign.

AUGUST 1989: Visit to Manila by AIDSCOM communications consultants Mary Debus and David Zucker to consult with resident advisor, Department and communications supplier, Campaigns, Inc., regarding development and implementation of a national information campaign, and to present the results of selected KAP surveys to interested parties in Manila.

SEPTEMBER 1989: Ongoing program consultations in Manila through AIDSCOM resident advisor, including backstopping for visit to Manila by AID/W evaluation team.

OCTOBER 1989: Ongoing program consultations in Manila through AIDSCOM resident advisor.

NOVEMBER 1989: Visit to Manila by AIDSCOM communications consultant David Zucker to consult with resident advisor, Department and communications supplier regarding the final production of media products and collateral materials associated with implementation of a national information campaign.

DECEMBER 1989: Local communications supplier completes all media products and collateral products in preparation for launching the national information campaign (see attached schedule).

JANUARY 1990: National information campaign launches in all media.

JANUARY 1990: Program management visit to Manila by regional coordinator Gary B. MacDonald to review progress of national campaign, consult with Mission and Department regarding future initiatives and attend World Health Organization-sponsored international donors meeting.

FEBRUARY 1990: Visit to Manila by AIDSCOM consultants Dace Stone and (TBA) to conduct follow-up in-service trainings on prevention counselling to selected health educators and counselors.

MARCH 1990: Ongoing program consultations in Manila through AIDSCOM resident advisor.

APRIL 1990: Visit to Manila by AIDSCOM communications consultant David Zucker to review progress of national information campaign, which should have completed media play by this time, and to develop methodologies for assessing its effectiveness.

MAY 1990: Program management visit to Manila by regional coordinator Gary B. MacDonald to complete final review and documentation of activities completed under terms of current delivery order, and to consult with Mission, Department and other counterparts regarding program continuity.

JUNE 30, 1990: All activities cease under terms of current delivery order. Resident AIDSCOM staff maintains minimum technical assistance function using central funding after June 30 until such time as additional funding, if any, becomes available.

VI. MANAGEMENT PLAN

As a special program directly responsible to the Undersecretary for Public Health Services within the Department of Health, the Philippine National AIDS Prevention and Control Program is relatively free from the complexities of bureaucratic procedure. As a representative of the program's principal foreign donor, USAID, and a provider of specific types of technical assistance, AIDSCOM shares this freedom. Both the national program and AIDSCOM have had a relatively free hand to plan activities, carry out programs and review and revise overall approaches according to the general guidelines laid down in the Medium-Term Philippine AIDS Prevention and Control Plan and specific requests for action on the part of the National AIDS Advisory Committee.

The management structure of the relationship between AIDSCOM and the national AIDS program is similarly straightforward. It depends for its continuing success on the effective maintenance of professional relationships between the key players.

The Undersecretary for Public Health Services oversees the implementation of the AIDS program. An advisory committee, which he chairs, advises him on AIDS-related policy and implementation matters. Other members of the advisory committee include the Research Institute for Tropical Medicine (RITM), the Bureau of Research and Laboratories (BRL), the San Lazaro Hospital, the Public Information and Health Education Service (PIHES), the Communicable Disease Control Service (CDC), the Health Manpower Development and Training Service (HMTS) and the Health Intelligence Service (HIS). All are Department of Health divisions.

A national AIDS program manager also participates on the advisory committee and oversees the coordination and day-to-day operations of the AIDS program.

The chairman of the advisory committee may invite selected international agencies which support the program to designate representatives to the committee. AIDSCOM has been so designated. He may also invite selected government and non-government organizations working on AIDS prevention to designate representatives to the committee to act as resource persons when necessary.

Implementation of AIDS programs is managed by a management committee which consists of designates of the heads of divisions represented on the advisory committee. The national AIDS program manager chairs this management committee.

A. AIDSCOM Responsibilities

AIDSCOM has been requested by the Undersecretary for Public Health Services in his capacity as chairman of the National AIDS Advisory Committee to provide technical assistance as follows:

- 1. Appointment of a resident advisor who serves as proxy representative, senior technical advisor and AIDSCOM program coordinator in the Philippines, and in-country liaison with the Mission, AIDSTECH, WHO and other partner organizations.**
- 2. Hiring of local research suppliers to design and implement research projects among populations perceived or known to be at risk of HIV infection.**
- 3. Hiring of a local communications supplier to design, develop and implement AIDS-related communications campaigns based on completed research projects.**
- 4. Sponsorship of workshops and other events to train AIDS staff and other personnel regarding communications methodologies, prevention counselling and other activities related to AIDS prevention.**
- 5. Hiring of local or other consultants to develop and facilitate a media relations program, materials development, training or other facets of the above programs, as necessary or requested.**

B. Department of Health Responsibilities

Various components of the Department are charged with the following responsibilities in the implementation of the national AIDS program:

- 1. RITM is responsible for laboratories, field testing and research related to AIDS, including care and clinical management of AIDS patients, and review of protocols in clinical, laboratory and epidemiological research.**
- 2. BRL is responsible for HIV antibody (ELISA) testing, with emphasis on the screening of the nation's blood supply.**
- 3. San Lazaro Hospital is responsible for clinical care and management as well as counselling of AIDS patients.**

- 4. PIHES is responsible for the development of research-based communications programs for the general population and special audiences.**
- 5. HIS is responsible for collecting, analyzing and reporting epidemiological data on the incidence of HIV infection and diagnosed AIDS in the Philippines.**
- 6. HMTS is responsible for the development of training programs on AIDS for Department and other personnel, including counselling training.**
- 7. The National Quarantine Office coordinates with appropriate government agencies to develop information programs for tourists and travellers.**
- 8. Regional Departmental health offices are responsible for developing and implementing information programs on AIDS prevention according to PIHES-issued guidelines.**

VII. EVALUATION PLAN

Because the majority of technical assistance projects covered in this plan have been, or will be, developmental rather than operational in nature, no summative evaluation activities have been planned during the period of time covered by this document.

Considerable formative research -- in the form of the national survey and KAP mini-surveys -- has already been completed. In conjunction with these efforts, AIDSCOM plans two additional formative research activities: pre-testing of communication campaign and educational materials in pre-production formats, and post-testing of these materials following the completion of the campaigns.

A. Pre-Tests

The approaches, concepts and messages to be used for the national information campaigns will first be reviewed by participating agencies to identify testable issues. These issues, presented in several versions when necessary, will then be pre-tested on small samples of target audiences to gauge their acceptability, comprehensibility and effectiveness in conveying the intended communications and prevention messages. Focus group discussions, individual in-depth interviews or other qualitative research will be implemented as appropriate to determine pre-test results. The latter will be used to revise and improve tested materials prior to their use in public campaigns.

B. Post-Tests

The objective of the KAP mini-surveys already completed was to establish base-line data against which subsequent information can be compared to determine whether the objectives of communications campaigns have been met. Pending the availability of sufficient resources, small-scale versions of the original KAP's will be repeated following the completion of communications campaigns. The results of these "tracking studies" will be designed to show whether the campaigns:

- (1) increased correct knowledge about HIV infection and AIDS
- (2) decreased myths and misunderstandings about HIV infection and AIDS?
- (3) equipped persons at risk of infection to assess their personal risk more effectively?
and
- (4) led to increases in requests for further information, referrals to knowledgeable physicians and/or counselling?

RESEARCH METHODOLOGY: APPENDIX A

**RESEARCH BRIEF
AIDS Prevention And Control Program**

Prepared by: Mary Debus
Porter/Novell
AIDSCOM Consultant

August 4, 1988

BACKGROUND

AIDS is a global health challenge of unprecedented proportions. As of July, 1988, over 100,000 cases have been reported worldwide, with millions more believed already infected with human immunodeficiency virus (HIV). At present, there is no vaccine, no cure and no effective treatment for AIDS. The only hope is to prevent transmission of HIV from one person to another.

There are three basic modes of transmission of HIV:

- 1) Sexual: Vaginal, oral or anal sex with an infected individual.
- 2) Blood: Transfusions with infected blood or the use of contaminated needles and other skin piercing instruments.
- 3) Perinatal: Transmission from an infected mother to her child during pregnancy.

At the present time, the Philippines is at a very early stage of infection with HIV. Testing for HIV was begun in May 1985 and has focused on individuals in key "sentinal" or high risk groups, particularly the "hospitality" profession. To date, it is estimated that over 87,000 HIV tests have been completed in the Philippines with a total of 76 individuals reported as HIV positive. It is generally assumed 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.

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. A national AIDS Prevention and Control Committee has been established within the DOH. Over the next year, this Committee will begin developing and implementing communication/education programs for key target populations. These programs must be based upon and guided by systematic, in-depth and highly innovative research among these target audiences

SENTINAL GROUPS

At present it is felt that the primary mode of HIV transmission in the Philippines is sexual transmission. It is not known what proportion of the general Philippine population is engaging in risky sexual behavior, however, some sentinal groups within the population have been identified as those whose behavior is likely to put them at the highest risk of HIV

infection. It is these sentinel groups, along with a cross section of the general population, which will be the focus of the initial research efforts:

- a) sex workers (male and female)
- b) homosexual/bisexual men
- c) students (highschool and college)
- d) overseas workers
- e) general population

Sex-Workers: The "hospitality" industry is a significant variable for HIV infection in the Philippines with estimates of the total number of "hospitality girls" ranging as high as 65,000. At present, research is already underway among this group and no additional research is anticipated for at least one year.

Homosexual/Bisexual Men. There is a considerable amount of male homosexuality in the Philippines, particularly in the urban and tourist areas. Approximately 1000 individuals within this sentinel group have been tested to date, resulting in a significant prevalence rate of 4 per thousand. There is currently no accurate estimate of the total size of this group in the Philippines.

Students/Adolescents: Young people constitute a major source of concern worldwide. At a time in their lives when sexual experimentation is often the highest and long term health concerns are generally quite low, this group requires special communication/education efforts to assist them in making appropriate choices that will minimize their risk of HIV infection. Although no estimates as to the size of the sexually active student population are readily available, it is believed that several studies on teenage sexuality in the Philippines currently exist which could be of assistance in the design of research approaches for this group.

Overseas Workers: This group represents a "captive" and highly vulnerable sentinel group. Because document processing is required for workers both prior to and upon return from overseas trips, two possible "forced exposure" points exist for appropriate communication/education efforts regarding HIV infection. These points also represent opportunities for gathering research information on knowledge, attitudes and relevant behaviors among this group, possibly via self-administered questionnaires.

General Population: Any AIDS communication/education effort among sentinel groups must be supported by information regarding the general public as well. Although it is not anticipated that research among the general population of the Philippines will lead to solid information of epidemiological significance (i.e. prevalence and details of risky behaviours), it is critical that an overview of awareness, knowledge, attitudes and practices be obtained.

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THE RESEARCH APPROACH:

All communication/education efforts developed by the DOH for the prevention and control of HIV infection will be guided by systematic research among the target audiences. This research program will consist of four basic steps.

- I. Exploratory Qualitative Research: As a first step, focus group discussions (FGDs) or individual in-depth interviews will be conducted to generate ideas and guide the development of quantitative questionnaires for each target audience.
- II. Background Quantitative Research: A "quantified" understanding of each target group will be obtained via a series of small scale Knowledge Attitude and Practice Studies (mini-KAPs).
- III. Message Testing: Initial concepts and/or message approaches will be evaluated via qualitative research among the appropriate target audience.
- IV. Tracking and Feedback: Changes in knowledge, attitudes and practices will be assessed over time via tracking research conducted among separate cross sections of each target audience on a periodic basis.

Special Note: It is only steps I and II -- Exploratory Qualitative Research and Mini-KAP Studies that are to be addressed by the research proposals.

RESEARCH OBJECTIVES:

The overall purpose of the research is to guide the development and refinement of appropriate communication/education efforts among each target sentinel group.

Broad objectives of each proposed phase of the research are as follows:

I. Exploratory Qualitative Research

The purpose of the exploratory phase of research is to develop appropriate, socially and culturally sensitive questionnaires for the mini-KAP studies.

Specific research objectives include:

- Gain an initial "feel" for the target audience; their lifestyle, motives and values, particularly as regards sexual behavior and health issues.

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- Generate hypotheses and ideas to explore in the quantitative research.
- Obtain appropriate target audience language, signs and symbols as related to the subject matter.
- Develop appropriate value, attitude and lifestyle batteries to include in the final quantitative questionnaire.

II. Background Quantitative Research (Mini-KAPs)

The overall purpose of each mini-KAP survey is to provide information that will guide the development of appropriate communication/education strategies and tactics and will serve as a baseline against which to assess the progress of the program.

As such, the KAP studies will be conceived and designed to assist program management in the following:

- a. Develop target audience profiles.
- b. Identify key channels for reaching the target audience.
- c. Identify knowledge gaps or prevalent myths regarding AIDS/HIV infection.
- d. Understand barriers to adopting "safer sex" practices.
- e. Identify key motivational appeals to adopting "safer sex" practices.
- f. Develop "key indicators" for behavior change.

In order to accomplish the above, specific areas of investigation will include but not be limited to the following measurement areas:

Awareness of AIDS:

- Awareness that AIDS is a disease
- Awareness that AIDS/HIV infection is communicable
- Awareness that AIDS kills

Knowledge of AIDS/HIV infection:

- Transmission routes
- Risky behaviors
- Risk reduction behaviors

- Diagnosis and symptoms
- Existence of vaccine, existence of cure
- Sources of treatment
- Myths
- Other relevant knowledge

Perceptions regarding AIDS:

- Risk groups
- Seriousness as a health concern
- Priority as a health issue
- Other relevant perceptions

Attitudes regarding AIDS:

- Personal risk of infection
- Seriousness of infection
- Benefits/barriers regarding alternative sexual behaviors
- Other attitudinal dimensions

Behavior:

- Current sexual practices
- Sexual history
- Other risky behaviors (i.e. drugs)
- Prophylactic measures
- Profile of sexual partners
- Other relevant behaviors

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Other measurement areas:

In addition to the general measurement areas mentioned above, other relevant topics such as media habits, interest in additional information, social groups and activities, personality and lifestyle batteries will be included.

SAMPLING

With the exception of the general audience and student samples, the estimated size of the target group universe is at present unknown. The following grid presents "ballpark" sample size estimates which are flexible. The research supplier will provide recommendations for each sample size and composition (including subsamples), recognizing that samples are not expected to be projectable but rather only "indicative" of that target group.

Sentinal Group	Metro Manila	Cebu	Olongapo	Angeles	Total
General Population	300	100	100	100	600
Students/ Teenagers	300				300
Homosexual/ Bisexual Males	200				200
Overseas Workers	200				200

In addition (with the exception of the general population) - samples are expected to be "purposively" drawn rather than selected on a probability basis. For example, students can be selected from High School and College campuses. Homosexual and bisexual men can be selected from appropriate bars, discos, clubs, unions, professions and other networks. For each sample, the research supplier is expected to offer some plan for random selection of individuals within these broad sampling parameters.

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QUESTIONNAIRE DEVELOPMENT:

Because the subject matter under investigation is both new as a field of study and highly sensitive in nature, special attention must be given to the development of research instruments and approaches.

For example, the sealed envelope technique has been employed in some studies of sensitive sexual behaviors. Respondents are given a sealed envelope containing a sheet with both the questions and the answers written on it. The interviewer is unaware of the question or the answers and is briefed to merely write down a number read back by the respondent which represents the respondent's answers. These numbers are also jumbled to add to the sense of confidentiality. At the end of the interview, the respondent is given the option of either keeping or tearing up their question and answer sheet.

All potential research suppliers will suggest possible ways of handling sensitive questions that are appropriate for the cultural and social context as well as for the level of literacy of the target groups.

REACHING RESPONDENTS:

Given the sensitive nature of the sentinel groups involved -- particularly homosexual and bisexual men -- special attention must be given to reaching these individuals through appropriate networks and with appropriate "peer" interviewers and/or FGD moderators.

Research suppliers are expected to provide evidence of their ability to develop appropriate staff for each of the research assignments and a suggested plan or approach for doing so.

METHODOLOGY:

Research suppliers will provide a basic methodological plan to include staff development (recruiting and training), pilot testing, validation, coding, EDP and other relevant aspects of project implementation. Full analysis and presentation of findings is expected from the research supplier.

DATA PROCESSING AND ANALYSIS

It is anticipated that the KAP studies will be quite extensive in both scope and depth of questioning. Both open-ended and closed-ended questions will be included and data turnaround will be required fairly rapidly for marginals and first run cross tabulations. A topline may be requested for key measurement areas.

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In addition, full analysis of the KAP results is expected to involve the application of more sophisticated statistical procedures such as regression analysis or factor analysis.

Research Suppliers are expected to provide a full description of data processing capabilities and procedures, including prior experience with and application of more sophisticated statistical analyses; particularly those that apply to the use of "psychographics" or "sociographics".

PROJECT MANAGEMENT:

Given the sensitivity and uniqueness of the subject matter, it is essential that the selected research supplier work in close coordination with the DOH and with technical consultants from abroad in implementing the research.

In addition, it is important that the research supplier make a commitment to assigning or building appropriate professional 'oversight' of the project internally. The research is to be handled by a senior professional with expertise and experience in questionnaire development, data analysis and interpretation of results. Additionally, the consultation of a psychologist or sociologist with experience in related subject matter (i.e. sexual behavior, health, etc.) is felt to be a useful and possibly essential aspect of the project. This individual can be identified from among existing professional staff of the research supplier, if possible, or can be recruited by the supplier as an independent, outside consultant to the project.

COST AND TIMING: Each potential supplier will provide a detailed cost breakdown (in pesos) and a broad timeline. These will be provided separately for each research task as follows:

Sample	Exploratory Phase	KAP Phase
General Population	xx	xx
Students Population	xx	xx
Homosexual/ Bisexual Men	xx	xx
Overseas Workers	xx	xx

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UNIT COST COMPARISONS:

In order to standardize cost comparisons, potential research suppliers are also asked to submit hypothetical costs for each of the following research activities:

- a) One focus group discussion conducted among 8-10 females 15-49 years of age residing in Metro Manila. A range of ages is to be provided within the 15-49 age category. There are no other respondent qualifications.

The research firm will be responsible for working with client to develop a topic guide and for providing translated typed transcripts of the session as well as an analysis and presentation of the results. Client wishes to attend groups. Five copies of all reports are to be supplied.

Cost estimate must include a breakdown of costs including: recruiting, respondent fees or incentives, refreshments, moderation, hostess, facilities, equipment/tapes analysis and presentation of results as well as any other costs to be incurred.

- b) A door-to-door survey conducted among a sample of 600 females 15-49 years of age. The interview will be 30 minutes in length, will consist of 90% closed-ended questions and 10% open-ended questions. The sample will be drawn using a stratified random sample covering the greater Manila Area (GMA).

The research firm will be responsible for working with the client to develop the questionnaire, for all field work and supervision, editing, coding, validation, as well as for data tabulation and analysis and presentation of results to the client.

Cost estimates must include a detailed breakdown of all costs including: Questionnaire design, briefing and pretesting, field work, supervision, editing, coding, printing, travel costs, tabulation, analysis and report, presentation and any other costs incurred. Five copies of all reports are to be supplied.

NOTE: It is not anticipated that these costs will in any way apply to the research studies under question in this Brief. The above cost estimates are for standardized comparison purposes only.

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FINAL NOTE

Research suppliers may respond to all or any number of the four studies discussed in this Research Brief, keeping in mind that the DOH and AIDS program management is willing to utilize more than one research supplier for the project(s) but does not wish to fragment the work excessively.

The supplier selection process will be based upon a) personal interviews and b) a review of proposals submitted; the degree to which the proposal reflects a grasp of the issue and of the research objectives, an understanding of the sentinel groups involved and a thoughtful and thorough overall approach to conducting the research.

Thank you for your interest in this important issue. All proposals must be submitted by August 26. Interviews will be conducted the week of August 29. Questions regarding this brief are to be directed to:

Proposals will be received at the following address:

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PHILIPPINE RESEARCH SUPPLIER
(to be included with proposal)

Firm: _____

Address: _____

_____ Phone: _____

Years in Business: _____ Size of Firm: _____

A) QUALITATIVE RESEARCH CAPABILITIES:

Moderators Available:

Facilities:

Breadth of Experience:

Other:

B) QUANTITATIVE RESEARCH CAPABILITIES:

Data Processing Capabilities/Equipment/Staff/Experience:

C) SYNDICATED RESEARCH SERVICES:

D) RESEARCH EXPERIENCE:

Major Accounts:

Social/Health Experience:

E) ADDITIONAL COMMENTS:

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