

Operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems and Investments

PROCESS DOCUMENTATION

December 1, 2021 to June 30, 2024

PREFACE

Process documentation, pioneered as a tool for enhancing program effectiveness, has since evolved into a versatile instrument transcending disciplinary boundaries. Originally designed for program improvement, its use in development work serves as a basis for community development, fostering transparency, accountability, and institutional refinement (PRIA International Academy, 2014).

ACHIEVE's process documentation of the COPE Project offers insights for replication and adaptation. By retracing the steps, tracking learnings, making note of context-specific results, and attributing achievements to identified strategies, it serves as a comprehensive guide for project implementation pertaining to community and government partnership amidst the changing social, cultural, and political landscape of the Philippines.

This process documentation made use of systematic data collection from all project-related documentation reports including inputs from the implementation team on all phases including pre-planning, steering away from rigid evaluation paradigms. The presentation of the resulting picture is grounded in the social context in which the project was implemented as well as in reflections from stakeholders involved. The result is an outline of the processes carried out in reaching targets, empowering stakeholders to navigate change and respond proactively to emerging developments.

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LIST OF ABBREVIATIONS

ACHIEVE	Action for Health Initiatives, Inc.
AIDS	Acquired Immune Deficiency Syndrome
AMTP	AIDS Medium Term Plan
ARV	Antiretroviral
BIR	Bureau of Internal Revenue
CBO	Community-based organization
CBS	Community-based screening
CHED	Commission on Higher Education
CLM	Community-led monitoring
CLO	Community-led organization
COPE	Operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems and Investments
CRG	Community, Rights, and Gender
CSO	Civil society organization
DBM	Department of Budget and Management
DepEd	Department of Education
DFAT	Department of Foreign Affairs and Trade of the Australian Government
DILG	Department of the Interior and Local Government
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FDA	Food and Drug Administration
FPOP	Family Planning Organization of the Philippines
GAD	Gender and Development
GAA	General Appropriations Act
GC7	Global Fund Grant Cycle 7
GPPB	Government Procurement Policy Board
HEI	Higher Education Institution
HEEADSSS	Home, Education/employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, Safety
HIV	Human Immunodeficiency Virus

IRR	Implementing Rules and Regulations
KP	Key population
LAC	Local AIDS Council
LGBT	Lesbian, gay, bisexual, and transgender
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex, plus
LGU	Local government unit
LTFU	Lost to follow-up
M&E	Monitoring and evaluation
MOA	Memorandum of Agreement
MOOE	Maintenance and Other Operating Expenses
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NCR	National Capital Region
NGO	Non-government organization
NSAP	Network to Stop AIDS Philippines
NYC	National Youth Commission
OHAT	Outpatient HIV/AIDS Treatment
PAR	Participatory Action Research
PDAF	Priority Development Assistance Fund
PhilGEPS	Philippine Government Electronic Procurement System
PIA	Philippine Information Agency
PLHIV	People living with HIV
PNAC	Philippine National AIDS Council
PrEP	Pre-exposure prophylaxis
PRC	PLHIV Response Center
rHIVda	Rapid HIV diagnostic algorithm
RTHSN	Regional TB-HIV Support Network, Inc.
SEC	Securities and Exchange Commission
SDN	Service Delivery Network
SK	Sangguniang Kabataan
SKPA	Sustainability of HIV Services for Key Populations in Southeast Asia
SOGIE	Sexual Orientation, Gender Identity and Expression

STI	Sexually transmitted infection
TAG	Technical advisory group
TDB	Team Dugong Bughaw
TDF	Tenofovir disoproxil fumarate
TG	Transgender
TGW	Transgender women
TLE	Tenofovir/lamivudine/efavirenz
TLD	Tenofovir/lamivudine/dolutegravir
TWG	Technical Working Group
UHC	Universal Health Care
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WE	Wagayway Equality
Y-PEER	Youth Peer Education Network
YKP	Young key population

INTRODUCTION

Communicable viral infections are standard occurrences in daily life. The global experience with the Covid-19 pandemic in 2020 highlighted the profound impact of new viral strains on human health and populations. Historically, epidemics have disproportionately affected marginalized communities due to social inequality. This is exemplified by the HIV epidemic which emerged in the US in the 1980s and continues to affect key and vulnerable populations in the Philippines. In our increasingly interconnected world, it is clear that addressing the threat of epidemics and pandemics remains a high priority.

In 1983, during the early stages of the HIV epidemic in the United States, AIDS activists and people living with HIV called on the government to assert their right to “*meaningful participation in decision-making, not as passive service recipients or beneficiaries but as empowered agents actively shaping the response to AIDS*” (World Health Organization, 2024). In response, around the 1990s, the Center for Disease Control (CDC), the national public health institute of the US, began collaborating with community organizations and activists to curb the still rising epidemic. This collaboration became more formalized over time, and the principles of community involvement in institutional HIV response progressed along the way.

Over the years of addressing the HIV epidemic, governments all over the world have recognized the key role of people living with HIV and key-affected populations in stemming the epidemic. What began as institutional recognition of the vital role of communities in raising awareness about HIV and AIDS and advocating for effective prevention, testing, and treatment measures has evolved into the community’s significant influence in public health policies and initiatives.

The 2016 United Nations Political Declaration on Ending AIDS reified this recognition on the role of communities and mandated their integration into national AIDS plans, in all phases—from planning and budgeting, to implementation, monitoring, and evaluation. The Declaration is an acknowledgement that community actions lead to better health outcomes, enhance service reach, support health systems strengthening, mobilize political leadership, influence social attitudes, and foster an enabling environment that promotes equitable access. The proactive engagement of communities in the HIV response has been proven essential for meeting targets leading to the ultimate goal of ending the HIV epidemic.

Since HIV reached epidemic status in the Philippines in the early 1990s, people living with HIV, key affected populations—then female sex workers and overseas Filipino workers—and allies have been asserting their active involvement in the response, particularly in prevention for at-risk populations. The face of the epidemic has since changed in the last couple of decades now being concentrated among men who have sex with men, transgender women, people who inject drugs, female sex workers, and young key populations. They are considered to be at higher risk of HIV infection due to various factors such as biological vulnerabilities, lack of protection, and socio-economic and political marginalization. These populations, who continue to be involved in HIV response and advocacy, often face stigma, discrimination, criminalization, and other barriers to accessing healthcare services and participation in decision-making. Due in large part to this, the country has seen a steady increase in HIV cases among key populations over the last decade. This has earned the Philippines a reputation for having the fastest-growing HIV epidemic in the Asia-Pacific region.

The crisis among marginalized communities underscored the urgent need for more meaningful community engagement. Community-led organizations (CLOs) and civil society organizations (CSOs) have been actively working with the Philippine government to address the epidemic through increasing access to HIV testing and treatment, implementing harm reduction programs, promoting condom use and safer sex practices, and raising awareness to reduce stigma and discrimination. CLOs and CSOs proved effective in reaching these marginalized groups. But despite a broader involvement of CSOs in HIV service delivery in recent times, the community recognized that their influence has not been fully utilized to maintain their engagement in governance processes, and demand transparency and accountability. Since the enactment of the new Philippine HIV and AIDS Policy Act (Republic Act 11166) in 2018, CSOs have taken advantage of and called for more opportunities to amplify their voices, articulate their concerns, and enhance their capacity to engage strategically with policymakers and program implementers.

In 2020, Action for Health Initiatives, Inc. (ACHIEVE), an non-government organization (NGO) working at the forefront of HIV advocacy at the local and national levels in the Philippines, as well as the Asia-Pacific region, responded to the call to amplify community voices. ACHIEVE engaged in discussions with the Joint United Nations Programme on HIV/AIDS (UNAIDS) Philippines for convening the affected communities under a common agenda for action, which was cemented into the Unified HIV Community Agenda in 2021.

The Operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems and Investments or COPE Project, implemented by ACHIEVE, centered around the Unified HIV Community Agenda. The three-year project focused on institutionalizing sustainability and people-centeredness in the Philippine HIV response by strengthening the enabling environment and encouraging a scale-up in local and national government investments addressing the epidemic.

Resourcing the COPE project was a joint initiative of the Department of Foreign Affairs and Trade of the Australian Government and UNAIDS using a set-aside fund intended to support Global Fund sites in the Philippines, Cambodia, Indonesia, and Papua New Guinea. In Global Fund sites funding support is dedicated to HIV service delivery, which includes prevention, testing and diagnosis, and treatment. The implementation of the funded programs are also virtually limited to key populations recognized by national health institutions, often excluding emerging and criminalized key populations. This set-aside fund was therefore allotted towards objectives, activities, and key populations situated outside the limitations of the Global Fund grant while still being supportive of its main goal: to contribute to the reversal of the HIV epidemic.

PROJECT CONTEXT

The Unified HIV Community Agenda

The Unified HIV Community Agenda is the anchor of the COPE Project. It is a result of the collaborative efforts of CSOs of people living with HIV, advocates, and key and vulnerable populations, namely: men who have sex with men, transgender women, sex workers, people who use drugs, overseas Filipino workers, and youth. It was developed by the four major HIV networks—Dangal Pilipinas, Lakanbini, Network to Stop AIDS Philippines (NSAP), and Network Plus Philippines (N+).

The engagement of non-government and civil society organizations has always been relatively strong in the Philippine HIV and AIDS response. The Philippine National AIDS Council (PNAC), the central advisory, planning, and policy-making body for the comprehensive and integrated HIV and AIDS program in the Philippines, has been mandated to work closely with non-government organizations since it was established in 1992. Their early mandate recognized that NGOs, due to their direct access to individuals and communities, coupled with their commitment, versatility, and expertise, can significantly influence the response to the epidemic and address the needs of people living with HIV and key affected populations (*Executive Order No. 39, 1992*). Following this, when the country first passed an AIDS law in 1998, civil society engagement was institutionalized in the HIV and AIDS response (*Philippine AIDS Prevention and Control Act, 1998*).

Prior to the enactment of RA 11166, the human rights-based HIV law, the PNAC only endorsed the “MSM and TG agenda”, while a separate agenda for people living with HIV, developed by CSOs, was also in place. However, these agenda were pursued in a non-concerted manner (Action for Health Initiatives, 2021). With the passage of the new HIV law, the PNAC was reconstituted, expanding its mandate to include greater civil society involvement through additional seats for the direct representation of key affected populations (*Republic Act No. 11166, 2018*). The formation of the PNAC CSO Caucus, composed of CSO representatives in the Council, provided an impetus and opportunity to advocate for an integrated community agenda within the government framework.

The concept of a unified HIV agenda emerged to address gaps in genuine community representation identified by affected communities. CSOs within the Council aimed to ensure that future representatives could maintain continuity in their work and address issues beyond their

sectoral representation. The unified HIV community agenda was also developed as a tool to assist CSO representatives in managing broader concerns beyond their official constituencies. This became necessary because some key affected populations, such as children living with HIV, sex workers, and people who use drugs, could not represent themselves due to various intersecting reasons such as lack of dedicated seats, criminalization, lapses in institutional decision-making, or delays in recognizing emerging key populations.

The agenda development process, initiated in 2020, involved several key steps. Initially, individual network consultations were conducted, where each of the four engaged networks convened their communities to discuss their issues and concerns and agree on a common agenda related to HIV, focusing on removing barriers to service access and ensuring the wellbeing of their constituencies. This was followed by a strategic planning process to set priorities and identify areas for input into government and foreign funding-supported community consultations. Finally, an agenda integration workshop was held, bringing together representatives from the four HIV networks to establish and agree on a unified community agenda.

The resulting unified agenda, finalized in September 2021, delineated advocacy priorities at both national and local levels. Its objective was to contribute to the national AIDS response by advocating for enhanced HIV policies, programs, and services through the PNAC as well as Local AIDS Councils (LACs), by extension. It determined advocacy areas that could be pursued within and outside PNAC which are crucial for integration into the country's strategies and investments toward ending AIDS.

The unified agenda is divided into four themes, leveraging PNAC as a strategic approach, given their role as the primary policy-making and coordinating body for the national AIDS response, with membership encompassing key government stakeholders capable of directly shaping the HIV response trajectory:

1. Theme 1: Activities to enhance PNAC's legal functions.
2. Theme 2: Advocacy to bolster local HIV response.
3. Theme 3: Coordination and strengthening health systems.
4. Theme 4: Research and strategic information to support PNAC's advocacy.

The document also outlined key advocacy areas beyond PNAC. At the national level, it focused on updating population estimates for key and vulnerable groups, securing Food and Drug Administration (FDA) approval for new ARV regimens, advancing the SOGIE Equality Bill,

amending the Dangerous Drugs Act, and supporting the decriminalization of sex work, drug use, and abortion. At the local level, the focus was on improving adolescent sexual and reproductive health, implementing comprehensive sexuality education, expanding HIV prevention and treatment, and enhancing collaboration with local CSOs and CLOs.

Building and securing foundations towards the realization of the unified agenda was the task of COPE. This move was in acknowledgement that the participation of affected communities are the lifeblood of any effort to institutionalize people-centeredness, human rights-based approaches, and sustainability—cornerstones of the Unified HIV Community Agenda.

Issues in the national HIV response

The Philippine HIV epidemic

Key affected communities in the Philippines are working with one of the fastest growing HIV epidemics in the Asia Pacific region. While global trends show declining HIV incidence and AIDS-related deaths, a 327% increase in annual new HIV infections was observed in the country from 2010 to 2021, according to the HIV, AIDS and ART Registry of the Philippines. Late presentation in care is a persistent issue, with 12% of new cases in July 2021 and 29% in January 2023 showing advanced HIV disease at diagnosis.

To address the epidemic, the Philippine HIV and AIDS Policy Act of 2018 (RA 11166), a landmark legislation heavily advocated for by people living with HIV, advocates and communities of key and vulnerable populations, expanded access to HIV testing and treatment, allowing parental consent to be optional for testing of minors aged 15–17. The new law, enacted barely a year before the COVID-19 pandemic, was set to redirect the national HIV response from mere disease prevention and control towards a rights-based approach.

Implementation of RA 11166, however, was hampered during the pandemic. Prevention coverage among men who have sex with men and transgender women decreased from 26% in 2018 to 17% in 2020 and HIV testing decreased by 61% (2019: 1,216,678; 2020: 477,965). HIV diagnosis also decreased by 37% (2019: 12,733; 2020: 8,036), treatment enrollment decreased by 29% (2019: 11,894; 2020: 8,474), and treatment coverage among estimated people living with HIV, which was previously at 4-5%, decreased by 2% from 2019 to 2020 (Philippine National AIDS Council, 2022).

Decrease in numbers of newly reported HIV infections were not treated as evidence for epidemic reversal but were linked to pandemic restrictions, stigma, limited access to services, and reduced availability of pre-exposure prophylaxis (PrEP) (Alibudbud, 2023). When COVID-19 restrictions were lifted, reported HIV infections surged, with total cases rising by 31.54% from 74,807 to 109,282 between 2019 and 2022. New infections increased by 14.64%, from 12,778 to 14,970, and the daily average of diagnoses grew from 35 to 44 (Alibudbud, 2023).

As of September 2022, progress towards the 95-95-95 fast-track targets was at 63-65-97 (with 20% VL testing coverage among people living with HIV on ART). Among 158,400 people living with HIV by the end of 2022, 63% (99,611) have been diagnosed, of which, 65% (65,197) are alive and on treatment. Among people living with HIV on ART, 20% (13,265) were tested for viral load, of which, 97% (12,811) were virally suppressed. The leakages along the cascade, left unaddressed, were expected to continue to contribute to the ongoing HIV transmission among key and vulnerable populations (Philippine National AIDS Council, 2022).

Community-based organizations have played a key role in expanding screening options to include self-testing and community-based screening, as well as pushing for rights-based implementation of the national HIV program. Active involvement of communities of key affected populations in institutional initiatives on health and human rights has also led to much needed advancements. The country has moved from centralized HIV diagnosis confirmation by Western blot to a decentralized rapid HIV diagnostic algorithm (rHIVda). Dolutegravir-based antiretroviral therapy is now the first-line treatment, and pre-exposure prophylaxis (PrEP) with emtricitabine-tenofovir disoproxil fumarate has been introduced. The number of treatment hubs and primary HIV care facilities also continues to grow (Ganguangco & Eustaquio, 2023).

COPE-supported planning consultations succeeding the development of the Unified HIV Community Agenda ensured its integration frameworks pivotal for the national HIV response, including the 7th AIDS Medium Term Plan (AMTP 7) and its Costed Operational Plan, the PNAC Strategic Plan, and the National HIV Investment Plan.

Despite these efforts from affected communities and the government, significant barriers remain. These barriers are part of what the COPE project aimed to address but also proved to be challenges to its own implementation. In navigating these, COPE operated on the conviction that addressing the HIV epidemic in the Philippines requires a multisectoral approach led by the affected communities, sustained by political and financial commitment from the government, and ongoing collaboration among stakeholders.

Department of Health restructuring

In 2019, the Universal Health Care (UHC) Act was passed to enhance access to health care services for all Filipinos. People-centeredness and equitable access to high-quality health services and financial risk protection are prominent features of UHC.

In support of UHC implementation, the Department of Health (DOH) was restructured from having offices, bureaus, sections, and units (OBSU) organized through programmatic delineations to ones designed based on addressing health concerns at every life stage. The restructuring efforts included advocacy plans, capacity building of health care facilities, and engagement with sectoral and interagency stakeholders which provided ample advocacy and lobbying opportunities for CLOs and CSOs in the HIV network.

The DOH restructuring also meant transferring TB and HIV data repositories from one office to another, only to be put back to the office to which it was originally assigned. For COPE, working with the national health agency, this meant delays mainly due to being given the run-around on matters concerning data and strategic information relevant to the response, advocacy efforts, and project implementation. Further, it meant drastic changes in bureaucratic processes, signatories, and focal points for communication all of which impacted implementation of the project.

COVID-19 pandemic

One of the foremost challenges to the HIV response in the Philippines and in COPE implementation was COVID-19. The pandemic had widespread effects across medical, political, economic, and social dimensions. Its adverse consequences have disproportionately impacted those who were already vulnerable and marginalized prior to its emergence. The pandemic endangered the wellbeing of over 43,000 Filipinos already on HIV treatment, as well as many others living with HIV who are undiagnosed or not receiving treatment, leaving them at risk of being disconnected from the HIV care continuum (United Nations Development Programme & UNAIDS, 2021).

In terms of COPE implementation, the country's COVID surge in December 2021 and January 2022 escalated to alert level 3, impacting internal mobility and causing delays in the initiation of start-up activities. The Omicron variant, a less severe but nonetheless panic-inducing COVID-19 variant for its easier spreadability, also led to infections among project staff and partners. The surge in COVID-19 cases prompted the acceleration of activities for Q2 2022.

Face-to-face meetings, preferred by local government partners, had to be postponed until travel restrictions were eased. Especially at the beginning of project implementation, local government units were primarily focused on their COVID-19 responses, relegating human and financial resources accordingly, and giving HIV-related advocacy markedly less attention.

Amid these circumstances, civil society organizations involved in the project were also taking proactive steps to sustain HIV-related services while simultaneously working on COPE project deliverables. For instance, some COPE project partners assumed responsibility for the legwork of distributing anti-retroviral drugs to remote areas and urban transportation deserts created by community quarantines, and provided much needed non-medical support from community support groups.

TLD transition

As HIV treatment science progresses, international and local treatment guidelines also demand to be updated accordingly. Since 2018, international guidelines for HIV treatment have prescribed a transition to TDF/lamivudine/dolutegravir (TLD) which has been found to be better tolerated and have fewer side effects than the efavirenz-based regimen (TLE). Under TLD, treatment adherence and retention was “expected to be higher, especially if patients are properly educated and prepared” (FHI 360, 2019). Advocacy for the Philippine government to align the HIV response with these guidelines was identified as a priority in the Unified HIV Community Agenda. Efforts to realize TLD transition were incorporated in and continued throughout COPE implementation.

In 2020, the Philippines started prescribing TLD single-formulation tablets sourced from foreign-funded HIV program support. The Philippine government prioritized the use of TLD among newly diagnosed PLHIV and among patients with severe side-effects from TLE (Gangcuangco & Eustaquio, 2023). At the start of COPE in 2021, DTG (as a single drug preparation) and TLD (as fixed dose combination) had not yet been listed in the Philippine National Formulary (PNF), thus disabling government procurement of these drugs. Pending inclusion in the PNF, the Philippine HIV Program had been implementing TLD therapy using supplies from the donations of the Global Fund which was set to end in 2022 (DOH-Health Technology Assessment Council, 2021).

Organizations and networks of people living with HIV and key populations who are also key actors engaged in the COPE project have been the active movers towards this transition since 2020. In their commitment to advocating for government prioritization of and investment in TLD transition, concurrent with their workload under COPE, they navigated bureaucracies, called attention to the gaps in government procurement and supply chain management, and rallied support from various stakeholders.

Significant progress has transpired with the inclusion of TLD in the PNF in 2021, enabling government procurement. The Philippine HIV treatment guidelines were also revised in 2022, officially recommending dolutegravir-based ART as the first-line regimen for people living with HIV (Gangcuangco & Eustaquio, 2023). Data from Community-led Monitoring (CLM), the development of which is also being supported by COPE, was also used in TLD transition advocacy and influencing national government procurement of ARVs.

Socio-political issues impacting HIV advocacy

HIV Investments and funding sustainability

Among the key issues in HIV financing in the Philippines that COPE sought to address is the dependence on external funding from international donors and organizations, such as the Global Fund, USAID-PEPFAR, UNAIDS, and various bilateral aid agencies. The 95-95-95 target for HIV response in the Philippines, which aimed to mobilize an estimated Php 32.3 billion from 2021 to 2023, faced a significant shortfall. Assessments revealed that committed and anticipated resources covered only 40% of the required funding, leaving a 60% gap.

Government support for essential components of the HIV response has been minimal, making external funds crucial for ART, HIV testing and counseling, and prevention initiatives. Community-based and -led organizations also rely heavily on this external funding due to the specific needs of their target groups.

As HIV response efforts expand, resource needs are projected to increase. Estimates suggest that between USD 49-82 million annually will be required from 2022 to 2025, with even higher amounts needed to meet the AMTP 7 targets. Investing in these targets is expected to reduce cumulative infections and AIDS-related deaths significantly from 2022 to 2030.

Challenges include fragmented and overlapping funding streams, which exacerbate financing gaps. Inefficiencies in tracking commitments and contributions by national government agencies often lead to mismatches between funding and program needs, hindering progress. Among PNAC-affiliated government agencies, only the DOH and DSWD have specific HIV allocations in their budgets. Many other agencies, including DBM, DepEd, CHED, CSC, DOLE, DILG, NYC, PIA, the House Committee on Health, and the Senate Committee on Health, lack dedicated HIV programs, leading to the omission of HIV-related costs from their budgets. Similarly, only a few LGUs allocate funds for HIV in their Maintenance and Other Operating Expenses (MOOE).

The implementation of UHC is expected to mitigate some of these issues by mandating the enrollment of all Filipinos in Philhealth—the national health insurance program—which will cover HIV-related benefits. PhilHealth and other prepayment mechanisms will support individual case management costs, while population-based services will be funded by the DOH, LGUs, and national government agencies.

Mandanas-Garcia Ruling

As a strategy towards better financial sustainability, COPE worked with LGUs and local CLOs in selected project sites to advocate for inclusion of HIV investments in their local investment plans. The 2019 Mandanas-Garcia Supreme Court decision (*Executive Order No. 39, 1992*), which significantly enhanced the allotment for local government units within the national budget, provided the impetus for this strategy.

The fiscal implication of the ruling implementation is about PhP959.04 Billion, which is equivalent to a 37.89% increase or around PhP263 billion from the FY 2021 Internal Revenue Allotment (IRA) shares of LGUs, reinforcing fiscal decentralization. The decision empowers LGUs to take on more devolved functions while decreasing resources allotment at the national level. Sustainable transition of devolved functions to LGUs with capacity-building support has thus become crucial. In this regard, NGOs and CSOs are recognized as partners in transparency, accountability, and local autonomy pursuits, involving them in devolution processes through consultations and dialogues.

This alteration offers a significant means to strengthen funding for essential programs and services at the local level, while also providing an opportune platform for COPE wherein an increased HIV budget is a major advocacy goal. However, the 2022 national elections, occurring

mid-implementation, introduced its own set of challenges, ushering in new administrations that necessitated a reevaluation of the local political landscape. Amid the campaign period for both national and local elections, local chief executives were preoccupied, delegating representation to department heads in lieu of direct meetings. This hampered advocacy efforts and LGU engagements under COPE.

Leadership changes and shift in priorities

Preparations for the May 2022 National Elections prompted necessary adaptations in COPE collaboration efforts with LGUs due to the leadership transitions. Although election outcomes favored the previous administration in many project sites, COPE anticipated continued engagement with familiar stakeholders. However, project efforts were delayed as the project team waited for the formulation of specific agenda from the new administrations.

Prioritizing LGU partner requests made prior to the elections was of utmost importance for COPE and was asserted where feasible. This led to supplementary project activities and requests from LGU partners continuing during the election season and campaign periods. Evaluating available resources became pivotal in discerning which requests could be accommodated within the project's budget and which ones required additional funding.

While the transition in the national government unfolded more gradually, the DOH remained without an appointed Secretary up to a year following the elections. Similar changes and delays across other government agencies affected engagement within the Philippine National AIDS Council members, as previous government representatives have either departed or taken on different roles.

Challenges in community-government partnership

2013 Priority Development Assistance Fund scandal + 2020 Pharmally anomaly

Social contracting is “the direct funding of civil society organizations by the local government; part of a concerted effort to increase the role of civil society in the HIV response” (USAID, 2022). Forms of social contracting have been undertaken in the Philippine development sector, but institutionalizing it in the HIV response has yet to be done. Advocacy with the government to undertake social

contracting with community-led organizations at the local level is one of the main undertakings of COPE.

Even before starting implementation, the COPE team and other stakeholders worried that previous corruption cases wherein certain government officials and NGOs had been implicated, would cloud local government decision-making on contracting non-government entities using taxpayer money. One marked occurrence surrounding this unease was the 2013 Priority Development Assistance Fund (PDAF) scandal where certain members of Congress were revealed to be funneling these funds, supposedly for priority development initiatives in the districts they represented, into bogus NGOs, made to exist solely to receive these funds and funnel the money back to the politicians. Another was the COVID-era Pharmally anomaly wherein the socially contracted corporation received the largest percentage of funds allocated for government COVID-response, in return for grossly overpriced medical supplies.

Both cases invited large-scale public attention, disdain, and mistrust in government and in government to non-government partnerships involving taxpayer pesos, by extension. In both cases, legal restitution has been slow and true justice has remained, thus far, unforthcoming. Although the project has had wins in social contracting advocacy, garnering support and demonstrating results, the ambivalence of some local governments engaged by COPE may be attributed, at least in part, to the association of social contracting with these marked incidences of corruption.

Stigma, discrimination, and criminalization of key populations

The socio-cultural, political, and even institutional challenges faced in the fight against HIV and AIDS in the Philippines are deeply rooted in taboos surrounding sex, gender, and sexuality historically embedded in Philippine culture and society. This taboo has led to the perception of sex, sexuality, and gender diversity and, in turn, sexually transmitted infections as moral issues rather than natural aspects of life, contributing to the stigma surrounding HIV, key-affected populations and people living with HIV. It has also prevented open discussion about gender and sexuality for generations, alienating individuals from understanding and taking ownership of their bodies and sexual health (Philippine National AIDS Council, 2022). These taboos are embedded not only in public consciousness but even more alarmingly in the policies, frameworks, and ways of working of institutions tasked to uphold health and human rights.

The challenges brought about by HIV stigma on COPE implementation is exemplified by the 2023 appointed DOH Secretary remarking that mandatory HIV testing be explored as a strategy to eradicate HIV and AIDS in the country to which key affected communities advocating for a human rights-based approach vehemently disagreed. This would have been a significant regression of human rights in HIV which was concerning with DOH being the main decision maker on health program matters in the country, with policy influences at all levels of government and being the agency that houses HIV data as well as the PNAC. Through dialogues, the voice of communities affected against the suggestion was heard and the initiative was nipped in the bud.

The stigmatization and criminalization of drug use, transactional sex, and abortion presents another barrier. Decriminalizing behaviors linked to HIV is crucial for reducing risks. Criminalized key populations, such as people who use or inject drugs, sex workers, and individuals seeking or have undergone abortions, face significant challenges in advocating for their sexual health needs due to legal constraints (Philippine National AIDS Council, 2022). These cultural and legal barriers meant that COPE also had to work on sensitizing institutions, including executives and support personnel, simultaneously with their advocacy for local and national policy and investments in ending the HIV epidemic.

THE COPE PROJECT

About the Project

The DFAT grant from the Australian government aimed to supplement or complement foreign HIV funding received by countries. Its overall goal was to reduce the annual number of new HIV infections among key populations in Cambodia, Indonesia, Papua New Guinea, and the Philippines.

The three key focus areas for the investment are:

1. Policy, legal and regulatory environments that either support or hinder the range, accessibility and quality of services and programs
2. The roles played by CLOs in reaching key populations, driving demand for, and providing services and advocating for the full range of appropriate and accessible services
3. The supply of a full range of available and accessible testing and prevention services to meet demand and maximize health-related outcomes.

The scope of the plan for the Philippines was based on the focus areas, although COPE did not include specific activities for expanding the range and availability of evidence-informed, responsive HIV testing and prevention services for key populations. During the consultations in 2020, the group determined that there were already numerous grants targeting direct service delivery, such as the Global Fund grant. Consequently, it was decided that COPE would focus on the first two areas, with the understanding that activities directed towards these goals would also contribute to the third goal.

The COPE project aimed to operationalize the Unified HIV Community Agenda; through (1) advocacy for enabling HIV policies, systems, and investments; (2) strengthening community systems for social contracting and community-led monitoring; and, (3) greater participation of CSOs in strengthening sustainability enablers (policies, investments, strategic and investment plans, and governance and coordination mechanisms) at national and local levels.

The focus of the project was to **strengthen the local and national response, foster partnerships between the community and the government, and empower community leadership**. These are the elements that would create an enabling environment where investments from both national

and local governments could be scaled up towards a sustainable and people-centered HIV response.

The COPE Project engaged PNAC to enhance its legal functions as well as strengthen their capacities to catalyze improvements in the national HIV response. COPE also engaged LGUs in selected project sites to mirror the work being done at the national level in local fronts. Establishing resilient and sustainable systems for health was also done in local government settings in partnership with community-led organizations. Simultaneously, the project also conducted research in aid of advocacy according to priorities outlined in the Unified HIV Community Agenda while engaging community-led organizations in selected project sites for organizational development and assistance towards legal recognition to prime them for partnerships with their respective local governments.

Objectives

The overall aim of the project was to facilitate and enable greater and more meaningful engagement of the community in the country's HIV response including in the context of demanding accountability. The project had the following specific objectives:

1. To establish one (1) community-public sector feedback mechanism, facilitated by a unified Community-led Monitoring (CLM) platform. CLM shall cover the identified pillars of: (1) accessible and quality service delivery, (2) redress for stigma and discrimination, (3) enabling policy, and (4) investments to enable the scale-up and sustainability of quality services and stigma reduction services, including community-led interventions;
2. To equip at least 10 CBOs/CLOs with knowledge and skills to do social contracting with LGUs;
3. To assist a minimum of seven (7) LGUs in strengthening HIV responses particularly in the areas of HIV policy making, increasing local investment, and social contracting; and
4. To equip eight (8) civil society and HIV community representatives in PNAC, at least six (6) government agency-members, and the PNAC Secretariat with knowledge, skills, and tools to operationalize people-centered HIV policies, systems, and investments.

Frameworks and Approaches

Human Rights and HIV

A human rights-based framework is critical in the response to HIV, as it upholds the fundamental entitlements and freedoms of all individuals, ensuring dignity, equality, and protection from discrimination. This framework recognizes the intricate and evolving discourse on human rights concerning HIV, emphasizing the necessity for equitable treatment and the establishment of precise standards for interactions between duty bearers and rights holders.

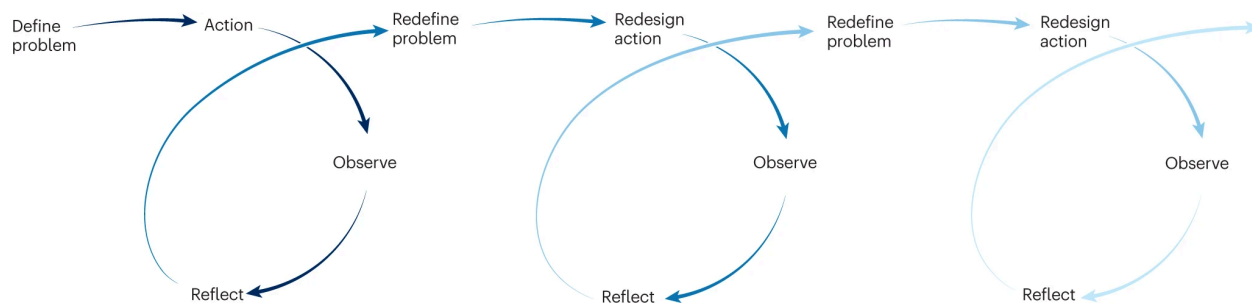
HIV is intrinsically a human rights issue with significant implications for entire communities, necessitating a coordinated effort to uphold dignity, equality, and access to services for all individuals, irrespective of their HIV status. Communities affected by HIV, particularly key populations, experience marginalization that exacerbates a cycle of vulnerability: the inability to fully exercise human rights heightens the risk of HIV infection, while the disease itself further constraints human rights due to persistent stigma and discrimination. Universal human rights principles underscore that protections must extend to all individuals, highlighting the imperative for a people-centered approach rooted in human rights to effectively address HIV and support all impacted communities.

Community, Rights, and Gender (CRG)

The CRG approach ensures that community voices are central to the decision-making processes, and that interventions are sensitive to the rights, identities, and needs of those involved, particularly marginalized groups. By embracing this principle, COPE sought to empower communities and promote equity in the HIV response.

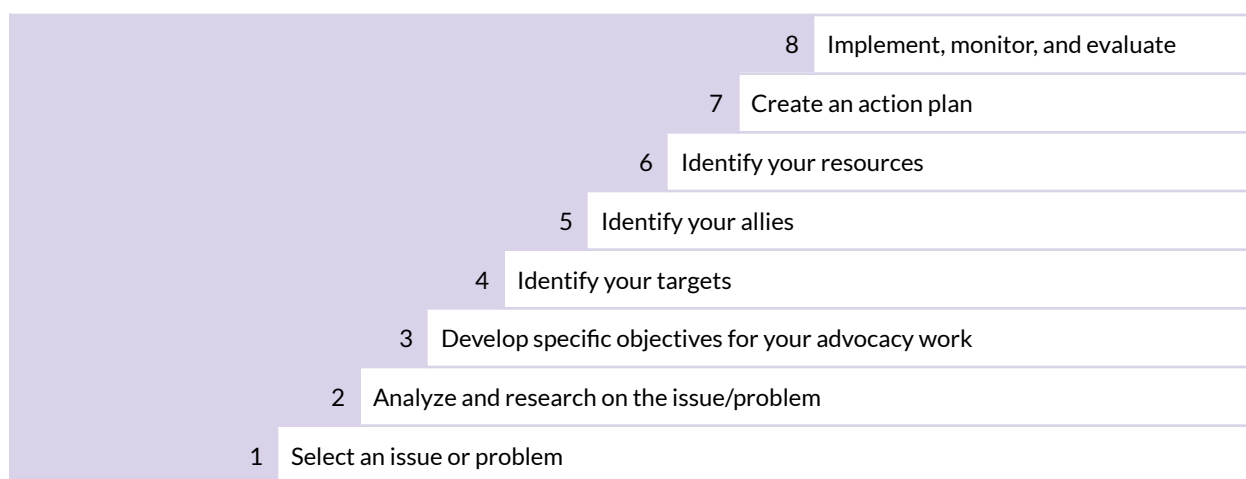
Participatory Action Research (PAR)

PAR is a research method that prioritizes experiential knowledge to address issues arising from inequitable social systems. It involves those directly affected by these issues leading and participating in research activities aimed at generating new, relevant knowledge and fostering transformative social change.



Participatory Action Research Diagram (Flora et al., 2023)

Advocacy framework



The COPE advocacy framework offers a comprehensive approach for community organizations to collaborate with the government in advancing a people-centered HIV response. It starts by defining specific issues and selecting appropriate interventions and strategies to address them. This is followed by rigorous research and data analysis to understand the impact of these issues on communities and to shape advocacy objectives.

The framework includes engaging key decision-makers and stakeholders, as well as identifying and strategizing with both allies and opponents. Resource assessment ensures the effective allocation of financial, human, and informational assets. The process is guided by a detailed action plan, with continuous monitoring and evaluation to track progress, document achievements, and adjust strategies as needed.

Big Sister-Little Sister Approach

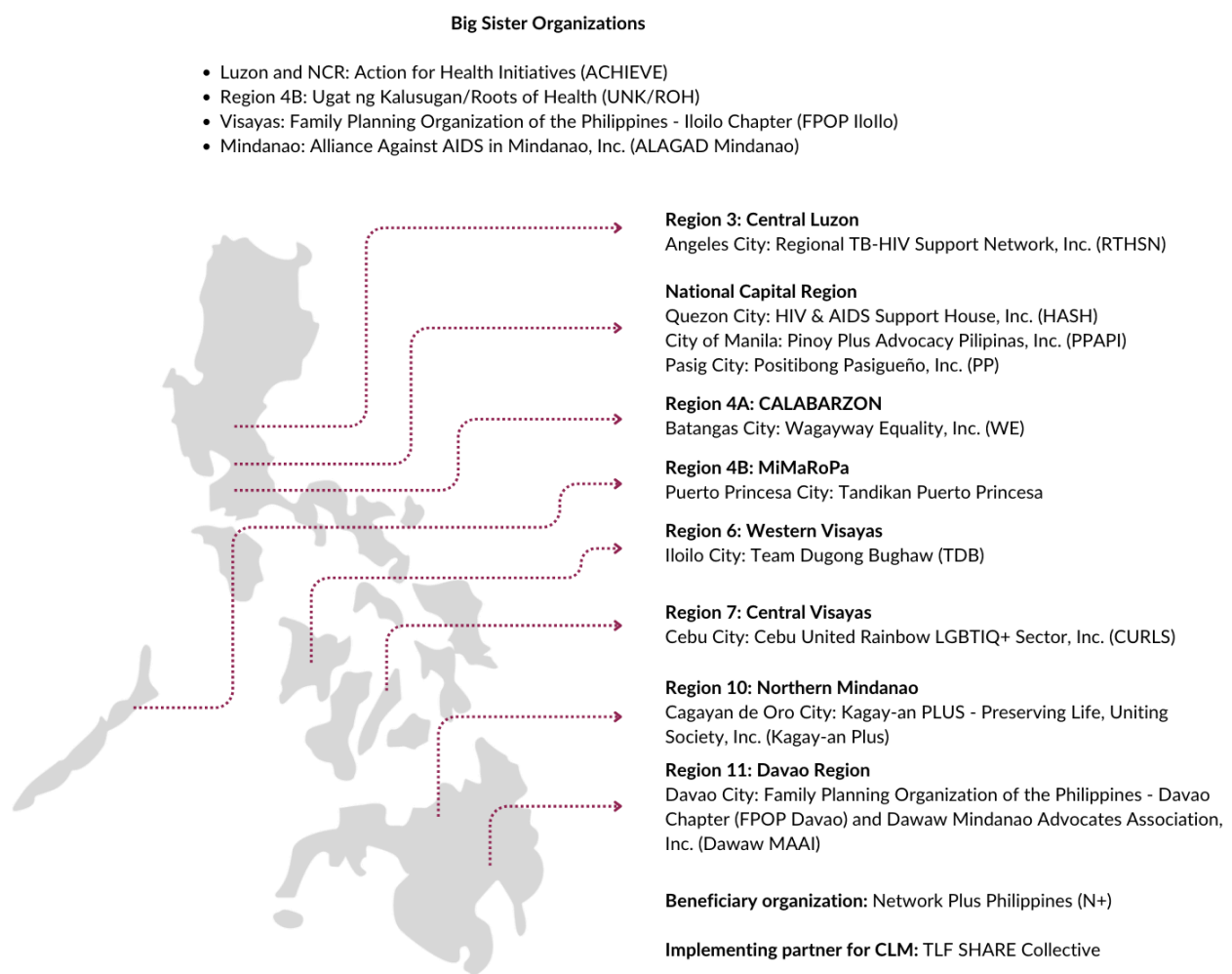
Originally developed as a framework for early education, the Big Sister-Little Sister Approach has been adapted for the project to enable mentorship between established and emerging organizations (Big Sister Little Sister, n.d.). This framework facilitates the transfer of expertise from experienced organizations to nascent community entities, providing critical guidance in organizational development, financial literacy, and engagement with governmental and civil society stakeholders. By fostering knowledge transfer, strategic oversight, and mentorship, the approach enhances the capacity of community leaders to effectively perform their roles in the HIV response.

Key Actors and Stakeholders

The project was implemented in 10 sites based on the following selection criteria:

1. Global Fund project sites, distributed across National Capital Region (NCR), Luzon, Visayas, and Mindanao, ensuring equitable access to project interventions and representation of diverse regional contexts.
2. Presence of an existing AIDS ordinance and/or Local AIDS Council (LAC), indicating an infrastructure for HIV and AIDS governance and response at the local level.
3. Existence of civil society organizations and community-led organizations, facilitating collaboration and community engagement in HIV and AIDS initiatives.

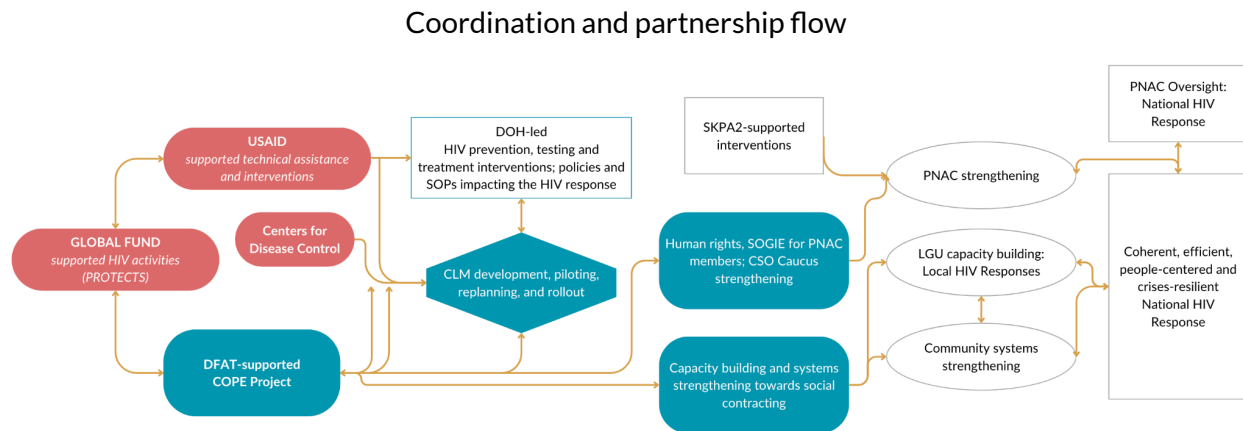
The 10 project sites and partner community organizations in each area:



Partner selection process

- *Community-based and -led organizations* were selected for engagement based on their demonstrated peer-to-peer expertise, established processes, and active membership in networks spanning government and non-government sectors, as well as key communities impacted by HIV. These organizations offer valuable insight into their constituencies and possess a thorough understanding of the local HIV landscape.
- *Big sister organizations* were chosen for their proven track record, influence in their respective regions, and technical expertise in navigating government structures, forging partnerships, and fostering organizational development.
- *Implementing partner for CLM*: TLF SHARE was selected based on their experience in human rights and community-based monitoring and reporting (CBMR)-one of the earlier versions of community-led monitoring mechanisms in the Philippines. They were also awarded a grant from USAID for the development of a CLM platform and system. TLF SHARE's membership in the PNAC CSO Caucus underscores their established role within the community.
- *PNAC CSO Caucus*: the standing committee composed of incumbent PNAC CSO members was selected for their function of bridging the gap between the Council and the key populations they represent.
- *KP Forum*: the communication platform composed of five (5) networks–Network+, Dangal, Lakanbini, Y-PEER, and NSAP was chosen for their role of equipping advocates and community representatives in policy and decision-making bodies such as the PNAC with a updates on issues affecting key populations, and a unified voice to bring to funders and implementers of the Philippine HIV response.

The COPE ecosystem



Towards a coherent, efficient, people-centered, and crisis-resilient HIV response, COPE worked with various donors to fulfill the objectives of the project. The project worked with the Pilipinas Shell Foundation as the Principal Recipient of Global Funds leading on-ground implementation of GF resources. USAID and Center for Disease Control provided technical assistance for DOH-led HIV prevention, testing, and treatment interventions, policies impacting the HIV response through its initiative for systems development for CLM. COPE also worked in collaboration with SKPA-2 implemented by ACHIEVE in the Philippines for PNAC and community systems strengthening and readying mechanisms in preparation for social contracting at the local and national levels. PNAC, as the lead of the national AIDS response was also a key actor in this ecosystem, providing the government structure to facilitate and implement the developments for a systematic HIV response.

Key Implementation Strategies

I. PRELIMINARIES AND SOCIAL PREPARATION

The COPE Project's social preparation stage consisted of an array of preparatory activities, including stakeholder engagement, consultations, planning, and resource allocation, all designed to ensure the rollout of planned interventions went as seamlessly as possible. This stage also incorporated scoping studies, policy mapping, and reviews to provide an understanding of local contexts and landscapes, yielding critical insights for strategic project implementation.

Key objectives of this phase included preparing stakeholders for initiatives such as social contracting and community-led monitoring, with a particular focus on sensitizing government actors to the importance of including HIV-affected communities in the development and enhancement of HIV programs. This stage was pivotal in establishing partnerships between organizations and state actors, laying the groundwork for collaboration and building a foundation of trust and mutual understanding essential for effective project execution.

Conducted over a period of six months to a year, this stage was adapted to COVID-19 restrictions by employing a hybrid model of online and face-to-face meetings, ensuring continuous progress despite pandemic-related delays and challenges.

Understanding the HIV Landscape and Context

1. Consultation and planning

At every phase, consultation and planning activities acted as the project's compass, steering efforts toward a unified goal. Through comprehensive stakeholder engagement, COPE fostered inclusivity and collaboration, leveraging the collective expertise of the community and other stakeholders to shape the project's priorities via strategic planning and agenda building.

Key activities

2020	<ul style="list-style-type: none"> Initial consultations conducted with identified government and civil society partners regarding the DFAT-Global Fund HIV Prevention Set Aside Fund, which was dedicated to optimizing Global Fund investments for key population-targeted prevention interventions through UNAIDS-led Technical Assistance.
2021	<ul style="list-style-type: none"> Community agenda building and validation through consultations and planning with four major HIV networks resulting to the Unified HIV Community Agenda Workshop for the three-year plan of the COPE Project based on priorities identified in the Unified HIV Community Agenda Harmonization meeting among key stakeholders including Global Fund MFR, USAID EPIC, UNAIDS, ACHIEVE to align activities and interventions Presentation of the COPE Project during the PNAC's Plenary Meeting and workshop to develop the PNAC's Annual Plan for augmenting the Council's 2023 budget submitted to the Department of Budget and Management and the Senate

2. Courtesy calls and site visits

From 2021 to 2022, COPE conducted courtesy calls and site visits to explore local governance contexts, laying the groundwork for understanding government and community dynamics. These visits facilitated a comprehensive grasp of local nuances and set the stage for collaboration.

The visits encompassed discussions on social contracting, prioritizing HIV programs, and strengthening existing initiatives, while exploring partnership opportunities to scale up HIV programs. They also included updates on recent activities, challenges, and opportunities, with discussions on best practices and project integration to enhance HIV service delivery.

3. Policy review and scoping analysis

Concurrent with social preparation initiatives, COPE conducted scoping activities to understand the socio-political landscape, identify key stakeholders, and determine potential intervention pathways. Each step of succeeding processes was informed by research and knowledge building, ensuring that interventions were grounded in local contexts. Equipped with this foundational insight, the project undertook a series of policy reviews, systematically analyzing existing frameworks and strategies governing the HIV response in the country. This process aimed to pinpoint areas for enhancement, optimizing the efficacy of interventions to better address community needs.

Key activities	
2022	<ul style="list-style-type: none"> ● Conduct of mapping of social contracting mechanisms and HIV policies in COPE sites <ul style="list-style-type: none"> ○ This report evaluated the legal and policy framework of ten local government units (LGUs) in the Philippines regarding HIV/AIDS prevention, control, and treatment, focusing on the feasibility of social contracting for service delivery. It aimed to map existing HIV/AIDS policies, identify mechanisms and opportunities for social contracting, and highlight gaps that hindered its implementation. ○ Key findings included: a lack of specific local laws enabling social contracting, inadequate LGU budgets for HIV/AIDS services, inactive Local AIDS Councils (LACs), and insufficient service provision by LGUs. Opportunities for improvement included leveraging RA 11166 to encourage social contracting, amending HIV/AIDS ordinances, reconvening LACs, and capitalizing on the capacity of CSOs in service delivery. ○ Recommendations were to amend local ordinances to include social contracting provisions, reactivate LACs with CSO and CBO participation, strengthen CSO/CBO capacities, and integrate social contracting into local financing mechanisms. ● Mapping of Republic Act No. 11166 Mandated Policies, Programs, Guidelines and Relevant Issuances <ul style="list-style-type: none"> ○ This report was conducted to assess the mandated policies, programs, guidelines, and relevant issuances to support ACHIEVE's interactions with government entities and civil society organizations, particularly within the context of the COPE Project. ○ The review involved an online desk analysis and examination of secondary sources to outline the legal and policy mandates established by RA No. 11166. It provided a textual review of these mandates and an overview of related instruments.
2023	<ul style="list-style-type: none"> ● Scanning of National Administrative and Other Regulatory Issuances <ul style="list-style-type: none"> ○ This effort involved scanning national administrative and regulatory issuances from various agencies, including memorandum circulars, joint memorandum circulars, and orders, both pre- and post-enactment of RA No. 11166. The scanning process utilized online resources, official agency websites, legal libraries, and secondary sources to gather and review relevant documents. ○ The review assessed each issuance for its scope, coverage, and key features, while also evaluating its impact on the HIV response. The analysis highlighted the need for updates in light of RA No. 11166 mandates and evolving HIV-related developments. ● Local policy mapping: HIV and AIDS-related issuances <ul style="list-style-type: none"> ○ This effort reviewed local policy instruments affecting the HIV and AIDS response across various Philippine local government units (LGUs). The study

	<p>traced the evolution of HIV and AIDS policies from the early prevention-focused approach to the current comprehensive framework under R.A. 11166, which expanded protections, access to services, and anti-discrimination measures. It identified relevant national laws complementing R.A. 11166, such as those addressing discrimination and confidentiality, and noted the challenges posed by laws like R.A. 9165 that impact people who use drugs. The mapping aimed to describe and analyze local policies, contributing to a broader understanding of the HIV response and identifying key provisions that support or obstruct effective HIV programs, systems, and investments.</p>
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II. IMPLEMENTATION PHASE

Following social preparation, COPE entered its implementation phase from 2022 to 2024. This phase is characterized by three primary strategies: capacity building, establishing mechanisms for community-government partnerships, and evidence-based advocacy translated into actionable policy and program recommendations.

Parallel with executing pre-identified activities, the project actively addressed related emerging HIV-related issues beyond its initial scope, maintaining focus on enhancing HIV response strategies and policy frameworks, which are essential for achieving targeted advocacy objectives. COPE also aimed to institutionalize community-led HIV initiatives as extensively as possible to ensure these initiatives would be supported by diverse funding streams during and post-implementation.

The implementation phase provided technical and enabling support in several areas:

1. For **capacity building**, the project focused on strengthening organizational and institutional capacities at both local and national levels. For local government agencies at the city level, activities included sensitization related to HIV and key populations, highlighting the importance of HIV programming with corresponding investments and community participation through social contracting and community-led monitoring, facilitated by updated ordinances in accordance with RA11166. For CLOs, this included organizational development, management, strategic planning, and operationalization through seed funding, complemented by mentorship and cross-learning from Big Sister Organizations. For national

government agencies like the PNAC, the focus was on perspective building regarding human rights, gender, sexuality, and HIV key populations for its Council, and enabling support for advancing the community agenda at the Council level through coordination with the PNAC CSO Caucus and KP Forum.

2. In **establishing mechanisms for community-government partnerships**, the project aimed to establish collaborative HIV response efforts by recognizing communities as government partners, creating enabling mechanisms for community participation and decision-making, and establishing new avenues for partnership and collaboration. This included developing rights-based policies, activating LAC and SDN, integrating CLM-generated strategic information with government M&E systems and programming, work and investment planning for a multi-sectoral HIV program, recognizing the expertise of communities in addressing service delivery gaps through varying CSO funding mechanisms and social contracting, and initiating new partnerships and collaborations with the non-health sector at both local and national levels.
3. For **evidence-based advocacy**, COPE focused on developing and implementing policies and programs grounded in empirical evidence to enhance HIV response outcomes. This involved integrating the community agenda and inputs into the development of national strategic documents, policies, and programs. It also included establishing a community-led monitoring mechanism and feedback platform for generating strategic information to aid in HIV programming and governance, conducting research and studies to inform policy changes and strategies for improving service delivery, and co-creating strategies to increase domestic funding, ensuring its sustainability through efficient and people-centered investments.

By the conclusion of the implementation phase, COPE triggered the institutionalization of community-led HIV initiatives, helping ensure its sustainability and integration into broader HIV response frameworks. Recognizing that certain processes require extended time frames to manifest change and impact, the monitoring of outcomes from COPE-initiated initiatives will continue post-implementation.

Capacity Development and Enhancement

The project concentrated on augmenting organizational and institutional capacities at both local and national levels. This involved a parallel process of capacity building for community organizations and government actors, equipping them with essential skills and knowledge relevant to their roles. Strengthening their capacities supported alignment in perspectives, synchronization in terms of policy updates and development, and convergence on strategic objectives related to HIV issues. This approach aimed to harmonize their strategic directions and prepare both sectors for effective collaboration.

For community-led organizations

Central to the project's mission was the empowerment of CLOs as key actors in grassroots governance. The tailor-fitted capacity-building process included a comprehensive technical capacity assessment followed by enhancement of their skills in organizational development, project management, advocacy, and partnership building with other HIV stakeholders.

In the COPE project, capacity development for CLOs also encompassed providing technical assistance for their formalization and legalization, as well as educating them on legal mandates and procedures to aid in collaborating with government institutions. This approach facilitated government buy-in and recognition of community expertise, thereby supporting CLOs' involvement in decision-making bodies and implementation processes through various CSO funding mechanisms.

Towards the conclusion of the CLO capacity-building program, seed funding was allocated to enable the operationalization of their strategic plans and advocacy initiatives, supported by Big Sister organizations within their respective localities.

1. Capacity needs assessment and designing the capacity building program

In 2022, the project conducted a training needs analysis to develop targeted interventions for enhancing the capacities of CLOs in preparation for technical engagements with government entities. The resulting report detailed each organization's compliance with existing legal and policy frameworks related to social contracting, providing critical insights and recommendations to enhance their eligibility for government contracts. This report, which supplemented initial

assessments and identified capacity needs, offered essential guidance for improving CLOs' readiness for government collaborations.

ACHIEVE subsequently designed a capacity-building program informed by the organizational assessment findings. The project team engaged a well-established organization specializing in organizational development for grassroots entities to develop training materials, guides, and templates essential for establishing CLOs' organizational credentials.

2. Big sister organizations mentoring

The project strategically partnered with mature local CSOs to serve as "*Big Sisters*," utilizing their established names to enhance the capacity of CLOs for participation in local HIV program implementation. COPE selected one Big Sister Organization each for Luzon and NCR, Palawan, Visayas, and Mindanao based on their existing relationships with their respective local government stakeholders and partners, their involvement in local decision-making and consultative bodies, and their demonstrated expertise in service delivery within their respective regions.

These organizations co-implemented capacity-building activities for CLOs, facilitating their engagement with local government entities, and familiarizing them with various stakeholders and their roles. They introduced CLOs to Local Chief Executives and public officers, and partnered with them to conduct collaborative activities with government units. Additionally, they facilitated government buy-in for partnerships through Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) between CLOs and LGUs, among other initiatives.

Big Sisters from Visayas, Family Planning Organization of the Philippines - Iloilo (FPOP - Iloilo), and Mindanao, Alliance Against AIDS in Mindanao Incorporated (ALAGAD-Mindanao, Inc.), also served as partners of ACHIEVE in crafting the comprehensive work and financial plan for COPE. This plan was closely intertwined with an outlined training program designed to address the distinct technical and organizational capacity building requirements of the Little Sister CLOs.

Ugat ng Kalusugan, who took on the role of Big Sister in Puerto Princesa City, leveraged their expertise and collaborated with ACHIEVE for Luzon. Despite initial

challenges in identifying a suitable CLO partner for Puerto Princesa, the project team, with the support of Ugat ng Kalusugan and Puerto Princesa's Social Hygiene Clinic, successfully identified a new CLO to be integrated into the project. To align with activities conducted for CLO partners in other areas, Tandikan, the new CLO partner in Puerto Princesa, underwent a strategic planning workshop to review their Mission-Vision-Goals and plan their 2023 activities.

In the Visayas region, FPOP-Iloilo was tasked with conducting tailored capacity-building activities. This endeavor centered on specific domains closely aligned with the needs of local CLOs, including Responsive Participatory Planning, Program Designing, Budgeting, Implementation, and Monitoring and Evaluation.

In Mindanao, ALAGAD facilitated a training initiative for Mindanao-based CLOs. This comprehensive program encompassed essential areas such as program and project management, as well as monitoring and evaluation.

3. Organizational development

Following a capacity needs assessment, CLOs engaged in a structured organizational development process that provided tailored assistance for organizational growth. This support encompassed program and financial management, leadership training, the establishment of monitoring and evaluation systems, and the development of Manuals of Procedures (MOP) and Financial Policies.

CLOs also received capacity-building inputs designed to advocate for increased HIV investments and to facilitate the establishment of CSO funding mechanisms in their respective areas. Training sessions addressed various topics, including HIV financing advocacy, government budgeting and auditing policies, understanding government procurement policies, the use of the Philippine Government Electronic Procurement System (PhilGEPS), and familiarization with the Mandanas-Garcia Ruling. Guidance was also provided on local government accreditation and participation in Local Special Bodies, committees, and workgroups to enhance their influence and effectiveness in HIV response initiatives.

These efforts culminated in the strategic planning and design of community-led interventions within their localities.

4. CLO formalization

The formalization process for CLOs involved technical and enabler support for obtaining Securities and Exchange Commission (SEC) and Bureau of Internal Revenue (BIR) registration, along with other necessary permits.

Following these legal accreditations, a number of CLO partners successfully registered and were accredited into local special bodies within LGUs, at the same time, established partnerships with various stakeholders, including SK implementers, GAD offices, planning bureaus, development councils, City Health Offices, and local health facilities. This ensured their involvement in providing community inputs in consultations and participating in decision-making processes related to issues affecting the HIV response in their localities.

For government actors

As the context of HIV response evolves and policies and programs are updated, it is important to upskill public officials and employees on the right perspective on particular issues, update them of new developments in HIV, and enable them to work collaboratively with key populations.

5. Sensitization and perspective building with government actors

At the national level, efforts focused on building perspectives around human rights, gender, and key populations while enhancing coordination between the PNAC CSO Caucus and the KP Forum to advance a community-led agenda.

The project assessed PNAC's technical capacity in critical areas such as HIV, key populations, human rights, gender, and HIV programming and financing. A comprehensive needs assessment conducted in 2022 mapped the existing expertise among PNAC's Council members and Secretariat, helping to identify gaps in their technical capabilities and guide subsequent capacity-building initiatives.

In 2023, PNAC Council members participated in training on Human Rights, Gender, and Sexuality, aimed at addressing gaps in their understanding of the entire HIV cascade and translating this knowledge into effective HIV programming and financing strategies.

At the local level, activities included sensitization on HIV and key populations, promoting investment in HIV programs, and encouraging community participation through social contracting and community-led monitoring, supported by updated ordinances in line with RA11166.

The CLOs, alongside Big Sister Organizations and the project team, engaged in meetings with local government offices and officials to discuss challenges related to HIV programming and financing and identified key areas where the project could provide support.

During these meetings, local government actors were also briefed on the importance of HIV investment and programming to reach key affected populations specific to their localities. Discussions also included the importance of the CLM mechanism and its data to inform their HIV programs and budget; engaging local organizations through social contracting to leverage community reach and expertise to fill gaps in the response; and the importance of creating an enabling environment for this partnership through an updated LAO and the activation of the LACs and SDNs.

Institutionalization of Community-Government Collaboration Mechanisms

Simultaneous with building the capacity of CLOs to engage in the HIV response, the project aimed to systematically upscale the capabilities of state actors, ensuring that governance mechanisms are equipped to navigate and facilitate the complexities of community development in accordance with the new HIV law.

1. Enabler support for the PNAC CSO Caucus

The CSO Caucus serves as the group of community representatives within the PNAC, advocating for the interests of key affected populations in the Philippines' HIV response. The project aimed to leverage this mechanism, mandated by the new HIV law, to empower community representatives to bring attention to both longstanding and emerging issues in the HIV response.

Project support included enabling the CSO Caucus, in collaboration with the KP Forum. This platform facilitated community discussions and consensus-building on advocacy concerns, contributing to the development of essential PNAC documents such as the National Advocacy Plan for HIV and the Council’s Manual of Operations in 2022. This mechanism also supported the collaborative development of the CLM mechanism, transition planning for the next set of community representatives after the current CSO Caucus members’ term ends in 2023, and the creation of the 7th AIDS Medium Term Plan (AMTP) with its costed operational plan.

Among the key contributions in this area was engaging key populations and CSOs in consultation sessions for the development of the 7th AMTP (2023-2028). This ensured that the community's specific plans and priorities were integrated into the national HIV strategy, addressing previously unexplored concerns and aligning the AMTP with the community agenda.

2. Seed grant implementation of CLOs

Towards the conclusion of the CLO capacity-building program, seed funding was allocated to enable the operationalization of strategic plans and advocacy initiatives, supported by Big Sister organizations within their respective localities.

In 2023, the seed fund was provided by ACHIEVE to the Community-led Organizations following the approval of their project proposals. All the CLOs hired dedicated personnel to oversee project implementation and to serve as the focal point for mentoring and monitoring. These community-led approaches and efforts taken by various organizations helped address HIV-related challenges and improve health outcomes in their respective communities:

Short description of seed funding projects	
FPOP Davao	<p>Combating HIV-related Stigma and Discrimination among Youth in Educational Institutions in Davao City</p> <p>FPOP Davao has initiated a program to empower youth in educational institutions in Davao City by addressing the significant knowledge gap in school settings regarding STIs and HIV, which fuels stigma and discrimination. In partnership with local schools and youth organizations, they established a Youth</p>

	<p>Core Group dedicated to HIV education and support. Through symposiums, social media campaigns, and community screenings, they reached 1,720 students. Successful MOAs were signed with three partner schools, expanding to eight additional schools. Community engagement efforts included reproductive health sessions and peer education training for students and staff, resulting in increased awareness and reduced stigma surrounding HIV.</p>
Positibong Pasigueño	<p>Engaging Youth Leaders in HIV Service Delivery in Pasig City</p> <p>In Pasig City, a rise in new HIV infections among youth prompted Positibong Pasigueño to engage local youth leaders and stakeholders for targeted interventions. The initiative included outreach campaigns such as the "HIVa ang May Alam Caravan," peer education programs that trained 60 peer educators, and a training workshop for local HIV programming among elected Sangguniang Kabataan (SK) leaders. As a result, all 30 SKs integrated HIV programs into their annual plans, allocating over PhP 1.4 million for these initiatives, significantly enhancing youth engagement and awareness in the HIV program.</p>
Team Dugong Bughaw	<p>Empowering Youth and Advocating for Enhanced HIV Service Delivery in Iloilo City</p> <p>Team Dugong Bughaw focused on enhancing HIV awareness and access to services among youth in Iloilo City through initiatives like the HIV & AIDS Youth Initiative (HAYI) and Project High Five, which provided comprehensive education and peer support. Strong partnerships with local government and health organizations facilitated effective advocacy for increased funding and improved service delivery. Notable achievements included signing MOUs with health institutions that enhanced referral mechanisms and led to significant funding increases for HIV initiatives both from health and non-health offices in the city.</p>
Regional TB and HIV Support Network	<p>Formalization of Community-based LGBTQIA+ and People with HIV Organizations in Angeles City</p> <p>In Angeles City, the lack of legal registration and local government accreditation for community organizations limited their influence. To address this, RTHSN launched "Ready, SEC, Go!" to build capacity for legal compliance among seven organizations. Collaborations with local governments facilitated the accreditation of these new organizations, enhancing community representation. As a result, the increased recognition and operational capacity of LGBTQIA+ and HIV advocacy organizations strengthened their impact on local policy-making affecting key populations.</p>
Roots of Health and Tandikan	<p>Local AIDS Ordinance in Puerto Princesa City</p> <p>In Puerto Princesa City, Roots of Health and Tandikan partnered to address low HIV testing rates and awareness among women and youth. Their goals included empowering key populations through awareness programs and advocating for a Local AIDS Ordinance to enhance service delivery. Strategies involved engaging with the City Health Office and local government for ordinance updates, collaborating with an elected Councilor's office for legal guidance in drafting the</p>

	<p>ordinance, and preparing local advocacy mechanisms for anticipated changes. This initiative successfully led to the enactment of an ordinance promoting civil society organization participation, increased HIV financing, and community-led monitoring.</p>
Pinoy Plus Advocacy Pilipinas	<p><i>Pinoy Plus Advocacy Pilipinas' Project PREPARE aimed to address the needs of individuals living with HIV and those at risk by providing education, support, and resources. The initiative focused on empowering people living with HIV to manage their health, reduce stigma, and enhance their quality of life through educational campaigns, healthcare referrals, and advocacy initiatives, in collaboration with PLHIV communities, healthcare providers, and the Manila LGU. However, challenges included contract termination due to unmet deliverables, limited implementation of planned activities, and a lack of clear outcomes and monitoring plans.</i></p>
Kagay-an PLUS	<p>Localized Referral System in Cagayan de Oro City</p> <p>Kagay-an PLUS addressed the lack of a structured referral system for HIV services at the barangay level in Cagayan de Oro City by partnering with the City Health Office-Social Hygiene Clinic to improve service delivery. The initiative involved forming a barangay-level SDN with trained Barangay Health Workers (BHWs), who were empowered to act as community advocates and resources. A memorandum of understanding was signed with the City Health Office to strengthen referral systems. As a result, a localized referral system was established across 12 barangays, significantly enhancing access to HIV care and information.</p>
HIV and AIDS Support House	<p>Enhancing the reach of Community-based Screening in Quezon City</p> <p>HASH enhanced CBS by targeting men who have sex with men, transgender women, and young populations in identified hotspots and hard-to-reach areas of Quezon City. HASH achieved a reactivity rate of 7.23% in its screening efforts through strategies such as collaborating with local government and Barangay Health Workers, partnering with community health workers and clinics, and mobilizing corporate support. Engaging youth through training and partnerships with SK further increased youth awareness and participation in HIV testing. Following HASH's implementation under the seed grant, they secured partnerships with SKs across Quezon City for CBS and the provision of HIV services to the youth, demonstrating the effectiveness of grassroots initiatives and supporting the case for involving CLOs in social contracting.</p>
Wagayway Equality	<p>Equality Desk in Batangas City</p> <p>Wagayway Equality established an Equality Desk in Batangas City Hall to address human rights barriers affecting access to HIV services for key populations and the LGBTQIA+ community. Through strengthened partnerships with local government and the Commission on Human Rights, the desk became a one-stop resource for inquiries and referrals. Community engagement activities and events raised awareness about sexual orientation, gender identity, and human rights, leading to numerous inquiries regarding healthcare and HIV services, and garnering recognition for promoting equality and human rights.</p>

Network Plus Philippines	<p>Utilizing CLM Strategic Information to Address TLD Stockouts</p> <p>Network Plus Philippines addressed persistent ARV stock outs threatening the health of people living with HIV by conducting community advocacy and utilizing data from community-led monitoring. Their evidence-based approach, presented to the PNAC, resulted in the procurement of 146,000 additional TLD bottles to meet immediate needs. This initiative highlighted the critical role of community engagement in public health advocacy and demonstrated effective strategies for addressing service delivery challenges.</p>
Cebu United Rainbow LGBTIQ+ Sector, Inc.	<p>Increasing Transgender Women Uptake of HIV Services in Cebu City</p> <p>Cebu United Rainbow LGBTIQ+ Sector, Inc. (CURLS) addressed low health literacy and limited access to HIV services among transgender women in Cebu City. By partnering with a Family Medicine specialist at the VIBE LGBT Community Center, CURLS provided HIV and GAHT services to LGBT clients, ensuring regular medical consultations twice a week. Tailored health promotion strategies, stakeholder engagement, and advocacy for policy changes supported transgender health. As a result, CURLS achieved greater visibility for trans health issues, improved access to services, and successful integration into local health frameworks.</p>
Dawaw Mindanao Advocates Association	<p>Creating a Program for LTFU to Be Linked Back to Treatment and Care in Davao City</p> <p>Dawaw Mindanao Advocates Association (MAAI) developed the ALTER program in response to the growing number of people living with HIV who were lost to follow-up (LTFU) in Davao City. Through re-engagement strategies, community support, and empowerment activities, the program successfully brought 68 individuals back into treatment within two months. The program gained recognition for its positive impact on health-seeking behaviors and attracted interest from other community-led organizations and funders to replicate the initiative in their own localities.</p>

3. Developing rights-based policies, and activating LAC and SDN

Among the key strategies was the institutionalization of mechanisms that recognized and leveraged the expertise of local communities in identifying and addressing service delivery gaps. This included exploring various funding mechanisms for CLOs and securing government buy-in—particularly for social contracting and community-led monitoring—to support the operations of these organizations in addressing identified gaps and expanding program reach in the locality.

COPE provided technical assistance for developing and revising local AIDS ordinances across project sites, which involved a comprehensive assessment of

existing policies to identify gaps in service delivery. This assessment informed the strategy of using the ordinances to institutionalize community engagement, the adoption of CLM data in HIV programming, and social contracting towards community-led mechanisms so that they may continue post-project. COPE facilitated meetings to align ordinances with Republic Act 11166, ensuring compliance with legal requirements while promoting community-led approaches. This process also included the activation and reconstitution of LACs and SDNs in collaboration with local health departments and technical working groups.

4. Fostering enabling environment for the national HIV response

a) Updating other relevant policies

In crafting coherent and responsive policies and programs at the national level, COPE initiated the updating of the IRR of RA11166. This included defining institutional arrangements for national government agency members of the PNAC and clarifying provisions that have previously been noted as contentious such as treatment guidelines for minors and integration of the Data Privacy Act. Discussions were also initiated for a research agenda focusing on reviewing policies impacting the national response, such as harm reduction and the utilization of the GAD budget for the HIV response.

In addition, the project facilitated the updating of DILG Memorandum Circular on the LGU Role in the HIV Response, which was crucial for determining the roles and responsibilities of the national and local AIDS Councils.

b) Increasing domestic financing for the HIV response

One of the primary objectives of the COPE project was to ensure the sustainability of community-led interventions by increasing domestic financing for the HIV response. To achieve this, COPE engaged in HIV Investment Planning activities at both local and national levels, assisting government actors in identifying effective strategies and resource allocation for their respective HIV programs.

In collaboration with ACHIEVE's SKPA-2 program, COPE facilitated HIV Investment Planning workshops with the PNAC and partner LGUs. These workshops not only focused on optimizing resource allocation but also encouraged government actors to develop and adopt community-enabling funding mechanisms in preparation for social contracting. Such mechanisms are designed to enable CLOs to have the necessary financial resources to support HIV prevention, treatment, and care programs at the national and local levels.

COPE and the SKPA-2 program also participated in a virtual meeting with the Government Procurement Policy Board (GPPB) to address the challenges faced by CSOs in government contracting. The discussions centered on strategies to enhance the flexibility of CSO-government engagement, with the Board providing guidance on the recently revised Implementing Rules and Regulations (IRR) for Community Participation in Procurement. This ongoing assessment of the IRR, alongside CSO capacity evaluations, has informed subsequent advocacy efforts for social contracting within local and national government units.

Additionally, in response to PNAC's concerns regarding budget utilization, COPE proactively engaged with the Office of Senator Risa Hontiveros. This collaboration resulted in a resolution filed by Senator Hontiveros to conduct a comprehensive review of PNAC's budgetary allocations. Through joint advocacy efforts, ACHIEVE, in partnership with the PNAC Finance Committee and Senator Hontiveros' office, initiated a thorough review of the PNAC budget for 2023. Initially proposed by the Department of Health, the budget allocation for PNAC included only personnel support with minimal provisions for operations and activities of its Secretariat, amounting to less than twenty percent of the total budget. The project facilitated advocacy in coordination with the senator's office and the Department of Health's Officer-in-Charge Secretary. As a result of these efforts, the approved General Appropriations Act (GAA) for 2023 allocated an augmented budget, enabling a broader array of activities proposed by the Finance Committee in June 2022.

Evidence-Based and Data-Driven Advocacy

The COPE project employed a comprehensive approach to advocacy, ensuring that every initiative was informed by data and evidence to maximize impact on the HIV landscape in the Philippines. Each advocacy effort commenced with identifying and analyzing relevant issues, followed by data collection to understand root causes and implications. This informed the development of specific objectives that guided advocacy actions towards desired outcomes. Key targets, allies, and potential gatekeepers within the community and relevant institutions were identified, and resources were mobilized to support these initiatives. Action plans were then crafted to outline implementation steps and strategies. Continuous monitoring and evaluation throughout the process enabled adjustments and improvements, ensuring the advocacy efforts remained effective and impactful.

In addition to leveraging existing data at each stage of the process, the project undertook data-generating activities, which encompassed comprehensive assessments, scoping studies, and targeted research initiatives. Furthermore, data was systematically collected from established mechanisms, including the KP Forum and the CLM platform. The project also involved the analysis of published reports from governmental and donor agencies, alongside the execution of consultative activities and stakeholder meetings, among other methodologies.

1. Generating and utilizing strategic information

a. *Community Exchange Platforms*

The project enabled and supported the agenda building of two essential platforms to ensure that key population agendas are integrated into the national HIV strategy: 1) The KP Forum unites five major networks—Lakanbini (transgender individuals), DANGAL (men who have sex with men), Network Plus Philippines (people living with HIV), NSAP (civil society organizations), and Y-PEER (youth-led organizations). This forum ensures the full implementation of the AIDS Medium Term Plan 7 (AMTP7), monitors KP-related policies, harmonizes strategic directions, and coordinates comprehensive service delivery across various health issues; and 2) the PNAC CSO Caucus, consisting of community

representatives within the PNAC, advocates for the community agenda at the national level.

b. Community-led monitoring: commusta.ph

The establishment of CLM began with a collaborative work plan developed through a harmonization workshop involving UNAIDS Philippines, ACHIEVE, and TLF SHARE. This workshop facilitated the formation of a community-led monitoring consortium, CSOs that provided mentorship to emerging CLOs. A Technical Advisory Group (TAG) was also formed to guide the development of the CLM roadmap.

The project then initiated the creation of a CLM platform, incorporating modules on service quality, stigma and discrimination, policy, and financing. Workshops were conducted to ensure that feedback forms and surveys aligned with community and HIV programming needs. A baseline study was then carried out, involving surveys and key-informant interviews with CLOs to document existing advocacy efforts and services. Capacity-building efforts were also implemented for community organizations to effectively generate, analyze, and utilize data, facilitating advocacy for improved access to quality HIV services.

Other knowledge products created to support the use and adaptation of CLM are the CLM Governance Manual, MOP for CLM Host Organizations, Data Analysis and Processing Toolkit, CLM Pilot Protocol, and CLM Strategic Communication.

CLM was then integrated into local and national monitoring and evaluation systems, ensuring compliance with RA 11166 and aligning with the 7th AMTP M&E framework.

CLM culminated in the launch of commusta.ph, a web-based platform assessing HIV service delivery through the Availability, Accessibility, Acceptability, and Quality framework. Following two pilot cycles focusing on data collection and analysis, the public launch of CLM occurred in December 2022. Ongoing enhancements based on pilot assessments are

planned, with future partnerships aimed at further integrating community organizations with healthcare facilities.

2. Research for emerging developments

The COPE project conducted an exploration of the PhilHealth Outpatient HIV/AIDS Treatment Package to identify available resources through the reimbursement program aimed at augmenting funding for the HIV response in Quezon City. This initiative involved consultation activities that culminated in the development of a Manual of Operations for OHAT, which provides guidelines to maximize OHAT reimbursements to aid human and operational resource needs at city-based clinics. This model is anticipated to be replicated in other cities, facilitating the effective utilization of OHAT for local HIV responses.

In addition, Quezon City requested a formative study on addressing HIV risks, vulnerabilities, and impacts among key populations who use drugs. In response, COPE has initiated technical assistance to guide the city in addressing issues surrounding *sexualized drug use* and formulating interventions to enhance HIV service utilization. The project engaged the Field Epidemiology Training Program Alumni Foundation Inc. (FETPAFI) to conduct a study titled "*Determining the Knowledge, Attitude, Perceptions, and Related Practices on Human Immunodeficiency Among Men Having Sex with Men Who Engage in Chem Sex as Basis for Designing Chemsex Interventions in Quezon City, the Philippines.*" This study aims to establish a foundational understanding for designing effective interventions that promote HIV service uptake within the community.

Key Results

1. PNAC strengthened to fulfill its mandate

Relevant policies on HIV were updated in collaboration with the PNAC and members of its Council. This included the DILG Memorandum Circular on the LGU Role in the HIV Response, and for the revision of the Implementing Rules and Regulations (IRR) for RA 11166 which are integral documents in determining roles and responsibilities of PNAC members as well as paving the way for solving persistent issues in the response.

Enabling the CSO Caucus through facilitated engagement with the KP Forum resulted in the inclusion of community voices in the development of the national strategic documents–2023 PNAC Budget and crafting of the AMTP7 Operational Plan and ensuring the continuity of the people-centered work of community representatives beyond their terms through the CSO Caucus Manual of Operations.

To ensure the Council’s effective fulfillment of its mandate in accordance with updated policies, the eight (8) CSOs, six (6) government agencies, and the council Secretariat were engaged in **institutional capacity strengthening** through perspective-building sessions focusing on human rights, gender, and HIV which enhanced their understanding of key populations. Financing advocacy was also at the foreground of these efforts. Technical support for the Council and its Secretariat to engage in budget planning equipped them with skills and perspectives to advocate internally for increased domestic financing for HIV-related endeavors.

2. LGUs strengthened for HIV programming and CLO engagement

Seven (7) LGUs received assistance in **strengthening policies**, embedding social contracting and community-led monitoring mechanisms in local AIDS ordinances. Among them, Quezon City and Iloilo City’s pre-existing AIDS ordinances were enhanced, while new ordinances were successfully passed in Puerto Princesa City and Batangas City. Additionally, proactive steps were taken with three (3) local AIDS ordinances filed in Davao City, Cagayan de Oro City, and Cebu City. Bills were already validated by LACs in Angeles and Pasig cities. The project also supported the establishment of SDNs in Puerto Princesa City and Pasig City.

Quezon City, with an existing HIV investment plan, stands as a model, while five (5) other cities — Puerto Princesa, Iloilo, Cebu, Davao, and Cagayan de Oro Cities — have ***developed investment plans for internal budget advocacy***. Three others — Angeles, Batangas, and Pasig Cities — are currently in the process. The integration of HIV initiatives into youth investment programs, with numerous barangays actively allocating funds, exemplifies the grassroots impact of collective efforts under the project.

LGU capacity for ***evidence-based decision making*** was supported through the production of localized qualitative studies that could significantly aid decision-makers, namely: mapping of national and local HIV-related policies across 10 project sites, an assessment of the PhilHealth OHAT utilization in Quezon City and Manila and an MOP for its facilities to streamline OHAT claims processes. Ongoing studies include a qualitative validation of HIV stigma and discrimination coming from CLM-generated data and a formative study on sexualized drug use in Quezon City to develop a program to address HIV risks, vulnerabilities and impacts. These knowledge products, set to be replicated in other areas, are expected to inform decision-making and program development.

3. CLOs strengthened to engage in social contracting and advocacy

A total of 11 CLOs were strengthened through ***comprehensive organizational development*** initiatives, which included developing a strategic plan and enhancing their capabilities in proposal development, program management, financial management, and M&E. Of these, 10 were capacitated to engage effectively in social contracting across the country, resulting in notable achievements.

Support extended and ongoing assistance to 12 CLOs (HASH, PP, TDB, CURLS, KPLUS, MAAI, N+ and 5 local organizations supported by RTHSN in Angeles City) to register with the SEC help ensure their annual compliance. Six (6) CLOs who received support for LGU accreditation bolstered their credibility and positioned them for engagement in local response efforts.

The comprehensive training program conducted for 11 CLOs and three (3) Big Sister organizations, equipped them with advocacy skills aimed at promoting HIV financing sustainability and facilitating social contracting processes, thereby enabling them to

advance their own HIV-related initiatives in their localities with the potential for scale up or replication in other areas.

4. Demonstrated capacity of CLOs for social contracting and advocacy

CBO/CLO partners across different regions in the Philippines have initiated *collaborations* to help in HIV service delivery and bring service providers closer to the communities they serve. A Memorandum of Understanding (MOU) was signed between the CLOs in Iloilo City, Davao City, Cebu City, Batangas City, Quezon City, Puerto Princesa City, Cagayan de Oro City and their LGUs to enhance the localities' referral mechanism and service delivery.

Seed funding allocated to 12 CLOs enabled them to showcase the potential of community-led interventions in addressing HIV-related issues. Using strategies ranging from tried-and-tested to innovative approaches, CLOs were able to demonstrate community leadership, amplifying support within their communities.

Dawaw MAAI implemented a project that enabled the return to care of people living with HIV who were lost to follow-up (LTFU), reaching LTFU and returning to care, treatment, and support. HASH in Quezon City trained 27 new volunteers who were collectively able to reach 2,571 men who have sex with men, transgender women, and young key populations for CBS and counseling which also includes HIV prevention promotion. Wagayway Equality, Inc. in Batangas City set up an Equality Desk, whose office and personnel was supported by the City government to provide redress for stigma and discrimination, as well as HIV screening.

Network Plus Philippines advocated for the replacement of LTE (Lamivudine, Tenofovir, and Efavirenz) with TLD (Tenofovir, Lamivudine, and Dolutegravir) in HIV treatment regimens, citing potential advantages associated with Dolutegravir-based therapy. They conducted evidence-based and community-backed advocacy activities that resulted in additional procurement of 146,000 bottles of TLD; and the reversal of the original Department of Health (DOH) national antiretroviral (ARV) budget from 75% for TLE and 25% for TLD to 25% for TLE and 75% for TLD.

5. Advancements in increased domestic funding advocacy

The investment requirements outlined in the 7th AIDS Medium Term Plan amount to PhP 47,467,743,327. Development partners have significantly enabled the HIV Response in the Philippines by contributing PhP 2,309,721,605, constituting five percent (5%) of the total indicative funding requirement to end AIDS by 2030, for the period spanning 2024 to 2026. In comparison, the DOH annual budget allocation for the HIV response approximately amounts to only PhP 2,000,000,000.

Strategic Pillars of the 7th AIDS Medium Term Plan ¹		
Prevention	29,776,721,842	62.73%
Treatment	16,782,411,088	35.36%
Protect	246,442,000	0.52%
Strengthen	629,528,897	1.33%
Sustain	32,639,500	0.07%
Total	PhP 47,467,743,327	100.00%

The joint conduct of investment planning in 15 COPE and Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2) program sites resulted in the creation of plans for efficient utilization of local budgets and funding complementation among health and non-health programs:

Strategic Pillars	Investment needs	HIV investment planning of LGUs in COPE and SKPA-2 sites	% planned per component
Prevention	29,776,721,842	₱4,428,182,348	14.87%
Treatment	16,782,411,088	₱3,415,590,218	20.35%
Protect	246,442,000	₱175,579,540	71.25%
Strengthen	629,528,897	₱153,894,359	24.45%
Sustain	32,639,500	₱166,434,871	509.92%
Total	47,467,743,327	₱9,572,081,336	20.17%

¹ Prevent new infections among key populations and vulnerable populations including adolescents, and pregnant women; treat people living with HIV and improve their health outcomes and well-being; protect the rights of people living with HIV, key populations and vulnerable communities; strengthen the governance and leadership accountabilities, and systems for health, non-health, community and strategic information; and sustain the harmonized, fully resourced and crisis resilient HIV Response.

At the local level, the project facilitated **HIV Investment Planning** across all its sites with ACHIEVE extending this initiative to six (6) additional locations through a collaborative effort with their SKPA-2 program. These sites include Pasay City, San Jose del Monte City, Bacolod City, Mandaue City, Zamboanga City, and Tagum City. The HIV Investment Planning thus became a collaborative effort between two ACHIEVE projects, COPE and SKPA2, focusing on HIV investment and financing sustainability amidst changing donor landscapes, emerging developments such as the passage of the UHC Act, and the evolving socio-economic status of the country.

COPE efforts led to the **utilization of resources from non-health** local government offices that have traditionally been untapped for HIV investments. Iloilo City increased their allocation for HIV amounting to PhP 2,444,476.46 coming from 109 out of 180 barangays, as of March 2024. PhP 200,000 was also allocated from the city's Sangguniang Kabataan (SK) Federation; PhP 120,000 from Gender and Development (GAD) Office; and PhP 200,000 from the City Population Office as of May 2024 for gender equality and social inclusion advocacy activities. In Pasig City, 30 out of 30 SKs integrated HIV in their Annual Barangay Youth Investment Program with 21 out of 31 allocating a total of PhP 1,421,000.

With assistance in determining the investment needs of their localities to end AIDS by 2030, the LGUs came up with 20.17% of the total investment needs articulated for the AMTP7. These investment plans have now become tools for budget advocacy for subsequent annual budget plannings.

In addition to budgets based on local government revenues, COPE also explored the **viability of the OHAT package for increased domestic financing** for HIV. OHAT, developed by PhilHealth as part of its commitment to the Millennium Development Goals in 2010, aims to enhance accessibility to treatment and alleviate out-of-pocket expenses for persons living with HIV. This social health insurance initiative covers consultations, screening, and diagnostic tests, with an annual reimbursement limit of PhP 39,000 per person. Currently OHAT is only allowed to be spent on treatment. Leveraging the OHAT package presents an invaluable opportunity for LGUs to allocate resources towards their HIV programs, implement targeted interventions, and elevate service delivery standards while helping fund facility operations and its improvement.

Potential funding from OHAT based on the number of estimated people living with HIV in 2023		
COPE Project sites		
Areas	Estimated no. of people living with HIV	Total amount
NCR - Quezon City	14,200	553,800,000
NCR - Pasig City	3,900	152,100,000
R3 - Angeles City	1,700	66,300,000
R4A - Batangas City	2,100	81,900,000
R4B - Puerto Princesa City	1,000	39,000,000
R6 - Iloilo City	1,600	62,400,000
R7 - Cebu City	7,900	308,100,000
R10 - Cagayan de Oro City	1,900	74,100,000
R11 - Davao city	6,500	253,500,000
Total	40,800	1,037,400,000
SKPA-2 Project sites		
NCR - Pasay City	2,600	101,400,000
R3 - San Jose del Monte City	1,400	54,600,000
R6 - Bacolod City	1,600	62,400,000
R7 - Mandaue City	1,200	46,800,000
R9 - Zamboanga City	1,500	58,500,000
R11 - Tagum City	700	27,300,000
Total	9,000	351,000,000
GRAND TOTAL		1,388,400,000

Project efforts led Quezon City to an increase in reimbursements of the PhilHealth OHAT package, a benefit program covering outpatient care and treatment expenses for individuals with HIV in the Philippines, from PhP 630,000 in 2022 to approximately PhP 10,000,000 in 2024.

6. Community-public sector feedback mechanism developed

CLM served as a crucial tool in *fostering partnership and collaboration* within the HIV response framework. Central to the COPE Project was supporting the establishment of a robust M&E system. This involves developing a unified CLM interfaced with national and local HIV M&E systems that focused on enhancing existing systems. The modules within

CLM covered various areas including service quality, stigma and discrimination reduction, policy, and finance.

COPE complemented the USAID-supported development of the CLM platform accessible through *commusta.ph* where monitoring tools to assess the quality of services, and monitor policies and investments on HIV.

Project inputs resulted in the institutionalization of CLM through local AIDS policies in six (6) project sites, four (4) LGUs, and in the AMTP7. Capacity-building initiatives have also been implemented, with 24 CLOs trained on CLM methodologies and practices. The project was also responsible for the pilot-testing of CLM conducted across eight (8) HIV facilities in Quezon City and two (2) facilities of the treatment hub The Love Yourself, which resulted in data collection, utilization, and collaborative development of solutions to address identified issues.

Covering the period from 13 March to 31 December 2023, the system gathered 4,112 reports from communities across 62 facilities nationwide. The value of the CLM mechanism was demonstrated through the use of CLM ***strategic information for evidence-based advocacy*** during the project cycle. Pressing issues surfaced such as stock outs of antiretroviral drugs, instances of violation, harassment, and stigma and discrimination in the context of health service delivery, and breaches of confidentiality, which led to a reassessment of major components of the HIV response.

At the national level, CLM was integrated into strategic frameworks like AMTP7 and development of the GC7 proposal. Instances such as reporting stock outs to CLM and subsequent advocacy efforts by organizations like Network+ have led to tangible outcomes, such as facilitating the FDA approval for TLD and addressing ARV supply chain issues through improved supply management practices. In local contexts, as the project helped LGUs develop their local AIDS ordinances, provisions on integrating CLM were included. This meant recognition of CLM data as legitimate inputs for planning and implementation, and ensuring responsiveness of their respective HIV programs to reports captured by the platform.

PROCESS DOCUMENTATION FINDINGS

The COPE process documentation surfaced the overarching strategies employed in operationalizing the Unified HIV Community Agenda: strengthening the national and local response, empowering community leadership, and fostering partnership between the two towards an increasingly people-centered HIV response.

Strengthening national and local response meant working with the PNAC, and LGUs with the aim of ensuring their readiness to work with communities. Project inputs worked towards providing technical assistance to government bodies, making use of the existing governance mechanisms. Working in the context of HIV, sensitization on the situation of the key populations including their diverse and intersecting needs, was prioritized.

Empowering community leadership meant enabling CLOs to take the lead in addressing the gaps in the response. A significant part of the work was enabling CLOs to build their own track records in helping improve the response on behalf of their communities. This meant preparation in terms of technical capacities, advocacy messages, legal recognition, and facilitating the relationship-building between community organizations and LGUs.

Fostering community and government partnership meant creating or reinforcing existing mechanisms for bridging community needs and government programming towards meaningful partnership and sustained collaboration. This included advocacy and harmonization activities for communities to use the CLM platform for reporting and data utilization for advocacy. There remains a need to push governments to recognize and utilize CLM-generated data to improve and enhance program management at all levels of the HIV response.

Community-led organizations serve as the bedrock of progress in the HIV response, connecting individuals to public health services, building trust, embodying innovation, and demanding accountability in policy implementation and service delivery. Their involvement is integral in designing, implementing, and evaluating HIV services, and thus crucial to the sustainability of government programs for the health and well-being of people living with HIV and key populations.

LGUs were encouraged at all junctures to remain knowledgeable about their own local contexts, be mindful of their mandates, and adhere to consultative processes and evidence-based

decision-making. COPE's approach of institutionalizing an enabling environment for meaningful community engagement and transferring CSO know-how into regular government budgeting processes gives LGUs legal and procedural bases for sustaining the gains of the advocacy efforts beyond the finite terms of the allies made during the project cycle.

The three main COPE strategies identified in this section were found to have been formed from a combination of frameworks and approaches written for COPE, organizational values of the implementer, partners, and other project stakeholders, and the wisdom in their unwritten ways of working. This section highlights the ways in which the actors involved used their combined experience in human rights advocacy in the Philippine HIV response in taking advantage of opportunities and navigating challenges as they arose.

Operationalizing the HIV community agenda

Strengthening the national and local HIV Response

The PNAC is the highest policy-making body on HIV and AIDS directly steering the national HIV response. The structure of the Council has been improved for greater community representation. It involves government representatives from 12 government agencies, and following the enactment of RA11166 in 2018, it was restructured to include more community voices, adding two (2) representatives from people living with HIV organizations, six (6) NGOs focusing on key population issues, and a private organization with expertise in standard-setting and service delivery.

In working with the PNAC, however, CLOs and CSOs have observed how inhibited the Council has been in carrying out their mandate, involving community voices, and activating a whole-of-government approach to ending AIDS. It was thus determined that working with the Council on addressing gaps that inhibit their responsiveness to issues in the HIV program would be crucial in realizing the Unified HIV Community Agenda.

Local governments play an important role in crafting effective responses tailored to the needs of their communities. In 2013, the DILG forged Memorandum Circular No. 029-13 Strengthening Local Responses Toward More Effective and Sustained Responses to HIV and AIDS. This directive served as a call for local governments to bolster their HIV responses and gave a legal mandate for

proactive leadership and community engagement. This, along with the more recent Mandanas-Garcia Ruling, gave CSO and CLO advocates a strong legal basis for pushing for greater LGU commitment and investment in their own HIV programs.

The bulk of the work of COPE with the government lay at the local level wherein the project facilitated the gradual progression of RA11166 localization and AMTP 7 operationalization. These efforts aimed to expand civic engagement to enable local governments to work effectively and sustainably with key populations in the localities. This strategically involved: 1) the development/updating of local AIDS ordinances leading to the re/activation of LACs, and the strengthening of SDNs at the local level; and 2) exploring CSO funding mechanisms, including the effective utilization of PhilHealth's OHAT package aimed at enhancing domestic funding and optimizing healthcare services for those affected by HIV.

Empowering community leadership

As experts in the HIV response positioned as partners of the government, community organizations play a pivotal role in service delivery, addressing the specific needs of their constituencies effectively. This not only encourages the co-creation of innovative solutions, but also ensures that these solutions are appropriate and responsive to their needs.

At the national level, community networks composed of people living with HIV, key populations and advocates were gathered to build a communication platform aimed at surfacing HIV-related developments, issues, and initiatives. This is why under COPE, the PNAC CSO Caucus collaborated with the KP Forum. Each network has a national reach, enabling swift coordination of community concerns directly at the national level.

At the local level, community organizations forming part of these networks participated in a series of organizational development trainings. These activities included strategic planning, skills enhancement in organizational and financial management, and perspective building. Following these developmental initiatives, the organizations undertook formalization processes, such as registration with the SEC and BIR, and accreditation with LGUs, enhancing their capacity to participate in decision-making processes. Well-established organizations like FPOP Iloilo, Roots of Health, and ALAGAD Mindanao provided technical assistance and mentorship through the Big Sister approach, further strengthening the organizational capacities of community groups.

Equipping community organizations as government partners is crucial for fostering effective collaboration and ensuring the success of initiatives aimed at addressing community needs. By providing skills-building opportunities on policies, local government dynamics, and engagement requirements, community-led organizations and stakeholders were better able to navigate the intricacies of program management, proposal development, and risk analysis. Formalization and accreditation by LGUs not only legally validated the role of these organizations, but also enabled them to gain membership in decision-making bodies such as LACs and other local special bodies, thus enhancing their ability to influence policy and resource allocation.

Fostering community and government partnership

COPE worked on establishing legally mandated mechanisms where communities can participate in government processes on matters that affect their wellbeing. The project also provided opportunities to bring together key populations and policy, budget, and decision makers widening civic engagement in LGUs and creating precedents for future collaboration. These mechanisms include Local AIDS ordinances and Local AIDS Councils, CSO funding mechanisms. Acting on these mechanisms, COPE also facilitated financing advocacy initiatives and the integration of community-led monitoring in government plans and practice.

The enactment of local AIDS ordinances mandates the functions of the LACs and provides the necessary financial resources to sustain their efforts. Through these legislative measures, cities affirm their commitment to prioritizing the health of their constituents in the manner of providing quality, people-centered, and sustainable STI, HIV, and AIDS services. This also meant allocating resources towards multi-sectoral plans and community well-being initiatives for people living with HIV and key populations.

Thus, the development of Local AIDS ordinances in selected project sites was facilitated to include provisions on community-led monitoring, social contracting, and increased financing. Sensitization processes were also integrated into local AIDS ordinances implementation, alongside LAC activation or in some cases, re-activation. Community inputs were solicited to address gaps in service delivery and improve inclusivity.

Local AIDS ordinances serve as the foundation of robust HIV responses. The ordinances developed would provide a legal framework for coordinated action, delineating the roles and responsibilities of various stakeholders while ensuring the allocation of resources towards prevention, treatment, and care initiatives. The development or updating of such ordinances represents a crucial first step towards strengthening the local HIV response, as it formalizes commitments and priorities within local government jurisdictions. By enacting ordinances that align with national policies and plans such as the RA11166 and the AMTP7 of the PNAC, local governments were helped to demonstrate their commitment to prioritizing HIV issues, listening to key populations, and safeguarding the health and rights of their constituents.

In laying the foundations for social contracting, collaborative mechanisms were established to enable the development of integrated service delivery systems that span prevention, testing, treatment, and psychosocial care, coordinated across various levels and sites of service delivery. In recognition of this, COPE Project inputs were directed towards fostering multi-stakeholder partnerships and co-creating solutions. By working with communities, government bodies took the opportunity to extend the reach and impact of their interventions, helping ensure a more comprehensive response to the epidemic.

Shared governance and accountability are fundamental aspects of community and government partnerships in the HIV response. By working together, communities and governments promoted shared responsibility for achieving common goals and outcomes. Additionally, innovations such as differentiated service delivery, community-led monitoring, and community-led approaches have been seen to have the potential to address persistent challenges in the HIV care cascade.

The COPE Project had a sub-granting component—a strategic approach aimed at empowering local organizations to implement interventions in and for their communities. This involved providing financial support to partner CBOs/CLOs to work with government institutions in their localities and demonstrate their capacity for social contracting and advocacy. Through these partnerships, communities were able to leverage their own expertise and resources to implement projects their communities needed. At the completion of the COPE Project, multiple projects, approaches, and knowledge products have been produced from CLO sub-grant implementation with some projects being eyed for scale-up or replication in other areas.

COPE's approach to HIV Investment Planning offered a strategic framework for bringing government planners and key populations in the same room to come up with grounded investment

plans for budget advocacy within LGUs. Local HIV Programs must be tailored to the specific needs of the city. A comprehensive and evidence-based investment plan serves as a roadmap for the HIV response covering a three-year period. By identifying critical interventions, required resources, stakeholders, and potential funding sources, it also doubled as an advocacy tool for garnering support. City investment plans were designed to extend beyond the health sector to encompass a multi-sectoral approach to the HIV program. This ensured that the non-health sector plan would be allocated resources at the local level.

Placing people living with HIV at the center of HIV responses is crucial for effective healthcare delivery. It is essential that they are not only represented in decision-making bodies but also have significant influence over decisions that impact their lives. Beyond representation, there is a need for robust support systems to facilitate community mobilization, continuously enhance organizational capacities, and foster leadership development among people living with HIV. This empowers them not only to advocate for their needs, but also to lead initiatives that benefit their communities.

Under COPE, Community-Led Monitoring System (CLMS PH) embodied a participatory approach to enhancing HIV service delivery. By involving communities in the collection, analysis, and utilization of both quantitative and qualitative data, a comprehensive picture of the quality of HIV services was drawn and light was shed on the appropriateness of related investments.

For CLM to thrive, community input was deemed essential, as well as competent and committed leadership manifested through accountability, action, and resource allocation from duty bearers. Community-driven initiatives have demonstrated credibility and actionable insights inspiring the adoption by government institutions and thus fostering collaboration between the two. Data generated through CLM have been instrumental in advocating to the national government, addressing issues such as TLD stockouts and affecting small-scale, facility-specific changes to improve service delivery. This has resulted in pathways that hold potential for its institutionalization at local and national levels.

Insights and Learnings

Challenges

In the implementation of COPE shifting political situations had to be navigated in the pursuit of specific project goals. Covid-19 lockdown restrictions and government prioritization of the pandemic response functioned as a barrier to pushing project objectives forward. COPE implementation period also fell within the 2022 national election and campaign period, a time mired with shifting political priorities and followed by both large-scale and minute administrative changes.

Especially for a project that aimed to work with government and health-focused branches of the same, the pandemic and national elections brought about significant implementation challenges. They also led to a shrinking of timelines and consequently, workload issues among project staff. Outsourcing advocacy work to project partners and consultants were used as mitigation strategies to keep implementation on track.

From the government side of the implementation, it was apparent that some barriers that COPE worked on removing were also barriers to project implementation. Significant implementation challenges were experienced due to social context mentioned in the beginning of this report.

First, the rising HIV epidemic is not matched with urgency from government actors both national and local as evidenced by the lack of domestic resources allocated to fully fund the reversing of the epidemic. Bureaucracy dictates how long it takes for necessary changes to be enacted even in the DOH—the main government institution assigned to health outcomes of the population. Many local governments engaged were also new to planning and enacting a robust local HIV response. This meant that government actors had to be oriented, convinced and led by the hand so that policy and financing advocacy for HIV could push through.

While the communities affected who are involved in the response also experience internal conflicts amidst their own intra- and inter-group dynamics, they have consistently worked towards and called for health, rights, equality, justice. The government side, on the other hand has been mired in changes in leadership with priorities shifting consequently. The HIV community has demonstrated their expertise, commitment, and efficacy of their innovative solutions time and time again. For example, during Covid-19 pandemic, community-led interventions continued,

while government systems broke down. Still, government bodies were found lagging in taking the lead from key populations and people living with HIV.

Community-based and led organizations experience a form of '*aid fatigue*'. While funneling resources to the work of marginalized groups is necessary, organizations, community workers, and advocates of key affected communities and people living with HIV have been inundated with project goals, funder objectives, and institutional barriers and challenges. Prior to COPE implementation, many of the engaged CLOs have already been navigating these for years. Further, much of the institutional initiatives to involve the community in the HIV response has taken them away from the community work and given them quotas and institutional responsibilities instead. Doing work with their communities is what made them qualified for representing the community in their positions in treatment hubs and government offices. When these positions function to take them away from community work and turn them into government or private workforce it waters down the principles of community representation and leadership that put them there in the first place. This is one of the major issues in community involvement in the HIV response that COPE aimed to address through social contracting where CLOs could continue their work in the communities while being supported and resourced by their LGU counterparts.

Frequently alluded to in the pursuit of social contracting were the cases in which government officials funneled taxpayer money into bogus non-government organizations eroding public trust in government, non-government organizations, and partnerships between the two. This, combined with overt and covert forms of stigma and discrimination of key populations, and people living with HIV, were barriers to establishing partnerships between LGUs and CLOs and a challenge in COPE's attempts to engage government offices as well.

Opportunities

The importance of community leadership in the HIV response cannot be overstated, as evidenced by the history of people living with HIV and key populations enhancing HIV responses in their own spheres of engagement and influence. These communities leverage their lived experiences to develop organic communication channels, provide insightful analyses of programs and structures, and devise strategies that improve the health and welfare of their communities, even without external assistance.

Seed grants implementation by CLOs engaged and numerous discussions during collaborative planning workshops brought to light underutilized funding and partnership opportunities within

local government units and NGAs. These include SK and barangay engagement, GAD budget utilization, local government budget advocacy which are based on LGU revenues, and OHAT which are not based on LGU revenues but on number of registered patients.

On the matter of sustainability, funding communities who remain steadfast in their prioritization of the wellbeing of key populations and people living with HIV across political terms and changing leadership priorities would help ensure sustainability of proven effective HIV initiatives and future innovations. Domestic funding is yet unreliable, and while financing advocacy to national and local governments has been gaining traction, lenses and expertise required in reaching targets for epidemic reversal are even less within their grasp. Donor funding is famously limited in geographic coverage, by budget rules and regulations, and in what initiatives they are able to support. Funding CLOs with proven track records in reaching key populations and people living with HIV floats social contracting as a viable solution to institutional funding limitations.

Best Practices

1. COPE has leveraged research-informed planning and data utilization, such as through IRR and LGU mapping, to optimize programming and resource allocation. A key element of success has been the complementation of projects within ACHIEVE, ensuring a cohesive and aligned effort towards the program's overarching goals.
2. A critical push has been made towards institutionalizing community leadership, particularly in the use of CLM data. By interfacing CLM with national and local M&E systems, COPE has demonstrated how community-collected data can be used to enhance the national HIV response, with IRR and LAO improvements driven by this evidence. Cross-learning initiatives, both regionally and among CLOs, have further enhanced capacity, with notable exchanges on community-led solutions.
3. FPOP has played a pivotal role as the "Big Sister" in mentoring and supporting emerging CLOs, helping to establish and strengthen bilateral relationships between CLOs and LGUs.
4. Subgranting has been an effective strategy, empowering CLOs to demonstrate their capacity to deliver beyond merely meeting project targets. Innovations at the community level have addressed overlooked areas such as loss-to-follow-up (LTFU) and trans health. This approach has also highlighted the potential for CLOs to contribute to local HIV responses and influence future funding streams.
5. Engaging government employees at all levels, while simultaneously gaining the support of executives, has proven essential in embedding community-driven initiatives within formal structures.

6. Multisectoral planning has emphasized the framing of HIV as a development issue, engaging not only health sectors but also key populations and PLHIV communities. Advocacy efforts have aimed at increasing local government investment, using this multisectoral approach as a tool to demonstrate the broader socio-economic impacts of HIV.

Moving Forward

Support to LGUs and PNAC need sustaining

Technical assistance has proven effective in supporting LGUs and the PNAC, yielding positive results that warrant further scaling up. LGUs require ongoing support to ensure the realization of their HIV investment plans and to strengthen the functionality of their LACs. Advocacy efforts are essential to ensure the robust implementation of local AIDS ordinances. The strengthening of the PNAC is also a continuous process, with its revolving CSO members and national elections affecting turnover of government officials. Further support is needed to ensure the PNAC's effectiveness in coordinating the national HIV response.

LACs serve as vital platforms for multi-sectoral collaboration and decision-making in the realm of HIV. However, their effectiveness hinges on active engagement and participation from committed stakeholders. Re/activating dormant LACs or enhancing the functionality of existing ones is imperative in ensuring a coordinated and holistic approach. By convening representatives from government agencies, civil society organizations, affected communities, and other relevant sectors, LACs can harness collective expertise and resources to address emerging challenges and capitalize on opportunities for innovation.

Effective service delivery is essential in ensuring that people living with HIV have access to quality healthcare, treatment, and support services. Strengthening service delivery networks at the local level involves enhancing the capacity of healthcare facilities, CBOs/CLOs, and other service providers to deliver comprehensive HIV treatment and care. This necessitates ample resources towards training healthcare workers, expanding service coverage, improving facilities and referral systems, and promoting client-centered approaches that prioritize the needs and preferences of those accessing services.

Community-led monitoring is evolving

The sustainability of CLM goes beyond financing and requires continued community engagement and support. Convincing more LGUs to accept and support CLM initiatives is essential for their success and impact. Integration of CLM mechanisms into broader disease control strategies, such as UHC and pandemic preparedness efforts, is crucial for maximizing their effectiveness and ensuring their long-term sustainability.

Sustainability relies on community leadership

Organizational development is an ongoing process that requires consistent investment and attention. Building a track record of success for CLOs requires access to resources, both financial and technical. Opportunities for cross-learning and mentoring among CLOS need to be supported, while promising initiatives need to be scaled up and replicated in other sites to maximize their impact and reach. Advocacy efforts for increased HIV financing and social contracting must be continuous, with budget advocacy occurring on a yearly basis to ensure sustained support for CLOs.

Financing is the essential process of raising, obtaining, and providing funds or resources for various purposes, including investments and program initiatives. In the context of HIV programs, sustainability is paramount. Sustainable HIV programs are those that are adequately funded from both domestic and international sources, allowing for evidence-based strategies to be scaled up effectively while ensuring ongoing community-focused and -led initiatives remain supported. Sustainability also entails proactive planning to navigate transitions in funding, whether domestic or international.

CLOs and CSOs play a vital role in advocating for sustainability in various aspects of the HIV response. Advocacy efforts encompass increasing fiscal space and public funding for health and HIV initiatives, prioritizing investments in programs targeting key populations and vulnerable groups. CSOs may also focus on sustaining community-led programs, advocating for social contracting or other CSO funding mechanisms, and enhancing governance structures to ensure transparency and accountability in HIV programs.

The expertise and engagement of community members are invaluable assets in the HIV response. The common practice of absorbing community members who are already working in the response at the community level to become personnel housed in government offices has been reported to detract from CBOs/CLOs grassroots work. Community organizations typically operate full-time within their communities, and shifting their work context may alter their identities and relationships with the communities they serve. Intentional resourcing by local governments of community-led organizations in community-based settings is thus crucial for sustaining civic involvement in government programs and processes. It allows community organizations to maintain their strong relationships with their constituencies and uphold their roles as community

champions. By offering unique perspectives to government offices, these organizations can contribute to the improvement of HIV programming while remaining firmly rooted in their communities.

Sustainable financing is a cornerstone of an effective HIV response. While external funding sources play a crucial role, increasing domestic funding and engaging community organizations for social contracting has become essential for ensuring the long-term sustainability and resilience of HIV programs. National and local epidemiology data indicate that donor funding alone is insufficient to achieve the goal of ending AIDS by 2030. There is an urgent imperative for the government to proactively direct resources and recognize community leadership towards addressing the HIV epidemic, particularly when domestic resources are available.

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