



“Operationalizing the  
**7<sup>TH</sup>** AMTP  
for Three Years”  
2024-2026

**Operationalizing the 7<sup>th</sup> AMTP  
for Three Years -2024 to 2026**

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## FOREWORD



The “*Operationalizing the 7th AIDS Medium Term Plan (AMTP) for Three Years -2024 to 2026*” signifies our united commitment to a more inclusive and responsive approach to fight the HIV and AIDS epidemic. This document embodies our determination to ensure that no one is left behind in our pursuit of an AIDS-free Philippines.

With the collaborative efforts and interventions of the Department of Health (DOH) and the Philippine National AIDS Council (PNAC) partners in the country, an estimated 91,400 HIV infections and 7,200 AIDS-related deaths were averted between 2011 and 2022. Despite this significant progress, challenges still remain in reversing the trend of the epidemic in the country as the global HIV trends show that new HIV infections and AIDS-related deaths are declining while the Philippines retains a rapid increase. As of June 2023, progress towards

the 95-95-95 targets was at 59-64-32, with 37% viral load testing coverage among PLHIV on ART and 87% suppression among VL tested. This highlights the need to sustain more momentum and further scale up HIV prevention and care to achieve epidemic control.

PNAC likewise recognizes the growing challenges associated with the availability and accessibility of antiretroviral drugs also known as ARVs, the low testing coverage among key affected populations, and the low linkage to care and enrollment to treatment of diagnosed PLHIV to combat the spread of HIV/AIDS. Hence, HIV interventions shall be strengthened to expand HIV testing coverage which will include community-based screening, facility-based testing, self-testing, index testing, and social and sexual network testing. Newer antiretrovirals will be procured along with the national implementation of PrEP and combination prevention strategies for HIV-negative. The number of treatment hubs and primary HIV care facilities shall be increased. Likewise, barriers including fear, stigma discrimination, and ignorance, the limited harm reduction services for PWUD/PWID, and sociocultural and political deterrents shall be aimed to be addressed. The integration of mental health and TB into HIV programs, among others, shall also be pursued. PrEP and PEP shall be expanded to further reach populations at risk.

It is for these reasons that the PNAC has launched the 7th AMTP in 2022, along with this Costed Operational Plan for 2024 to 2026 to guide the PNAC Members and all its stakeholders in their participation, through increased investments and other resources in the fight against HIV and AIDS. It shall provide a clearer opportunity for the response to be more effective in preventing new infections, enhancing care, treatment, and support, and mitigating the impacts of HIV and AIDS, in a post-COVID-19 era. It has identified areas where we as members of PNAC and as community leaders have the mandate and comparative advantage to act. This opportunity can only be seized if we all identify and execute our roles, and responsibilities and be proactive in addressing HIV and AIDS.

To ensure that our goals and priorities are translated into reality, in an environment with increasing economic constraints, PNAC members and all stakeholders must demonstrate our strong commitment through leadership anchored on the 7th AMTP, 8-Point Agenda, and through active participation in the national response. We must increase our efforts to utilize these resources in a more focused and targeted manner that will produce effective strategies for efficient interventions toward more impactful results. I wish to invite all stakeholders as we launch this plan to the implementation phase, catalyzing our existing efforts and scaling up services. Now is the time to take action.

Maraming salamat po at mabuhay tayong lahat!

**TEODORO J. HERBOSA, MD**

Secretary of Health, and Chairperson, Philippine National AIDS Council

## ACKNOWLEDGEMENTS

The Philippine National AIDS Council (PNAC), through the joint Policy and Planning and Monitoring and Evaluation Committees (PPC and MEC), expresses its gratitude to all those who have been involved in the development of the “*Operationalizing the 7th AIDS Medium Term Plan (AMTP) for Three Years - 2024 to 2026.*”

This document was developed through a participatory process involving numerous individuals and institutions that have a stake in the effective implementation of the national HIV and AIDS response pursuant to the 7th AMTP and RA 11166 and its IRR. Almost 120 individuals from diverse backgrounds and expertise participated in the series of consultations, reviews, vetting, and validation to ensure inclusivity, comprehensiveness, and harmony with the 7th AMTP, and other strategic plans. Most importantly, we are grateful for the active participation of the communities of key populations of males who have sex with males (MSM), people who inject drugs and people who use drugs (PWID/PWUD), young key populations (YKP), sex workers/ people in prostitution (SW/PIP), transgender women (TGW), children, migrant workers, and people living with HIV (PLHIV) who were always at the center of the entire development process.

Special appreciation is given to the PNAC members from the national government agencies especially Department of the Interior and Local Government (DILG), Department of Education (DepEd), Department of Labor and Employment (DOLE), Department of Social Welfare and Development (DSWD), National Youth Commission (NYC), Department of Budget and Management (DBM), Philippine Information Agency (PIA), and Civil Society Organizations composed of the AIDS Society of the Philippines (ASP), Action For Health Initiatives, Inc. (ACHIEVE), Alliance Against AIDS in Mindanao, TLF Share Collective Inc., Positive Action Foundation Philippines, Inc. (PAFPI), Pinoy Plus Advocacy Pilipinas (PPAPI), and Pilipinas Shell Foundation, Inc (PSFI).

The technical assistance of the Department of Health (DOH) - Disease Prevention and Control Bureau and the Epidemiology Bureau - National HIV/AIDS & STI Surveillance and Strategic Information Unit (EB-NHSSS) ensured the accuracy of all health data and alignment with the current HIV program activities, plans, and directions, which helped ensure that the Costed Operational Plan is evidence-based. Similarly, the technical representatives of various agencies and organizations working on HIV and AIDS response throughout the country played a significant role in the development of the costed operational plan.

In addition to the above-named institutions, numerous individuals, and organizations, provided critical input into the document through in-person consultations and reviews, such as the National Economic and Development Authority (NEDA), Bureau of Jail Management and Penology (BJMP), Dangerous Drugs Board (DDB), Philippine Commission on Women (PCW), Council for the Welfare of Children (CWC) and League of Cities in the Philippines (LCP). Special acknowledgement is given to the City Health Offices representing the local government units, the HIV and AIDS treatment hubs, and primary HIV care facilities whose direct experiences and knowledge extensively provided the activities and operational requirements and issues to be addressed according to the demands and call of the 7th AMTP.

Special appreciation is given to our development partners for their active participation and support, namely: the Joint UN Theme Group (UNAIDS - composed of the WHO, UNICEF, UNFPA, UNDP, UNODC, and ILO) and especially the UNAIDS Secretariat, for their partnership and technical support.

We would also like to acknowledge the involvement of the U.S. Agency for International Development (USAID) - Philippines and the U.S. Centers for Disease Control and Prevention (CDC) Country Office in the Philippines.

Special recognition also goes to the entire Development Team of the 7th AMTP Operational Plan 2024 - 2026 for their assistance, support, and coordination in making sure that the views and inputs of the entire PNAC stakeholders were incorporated into this plan. Our gratitude also to ASP for the 7th AMTP design used on the cover page of this document.

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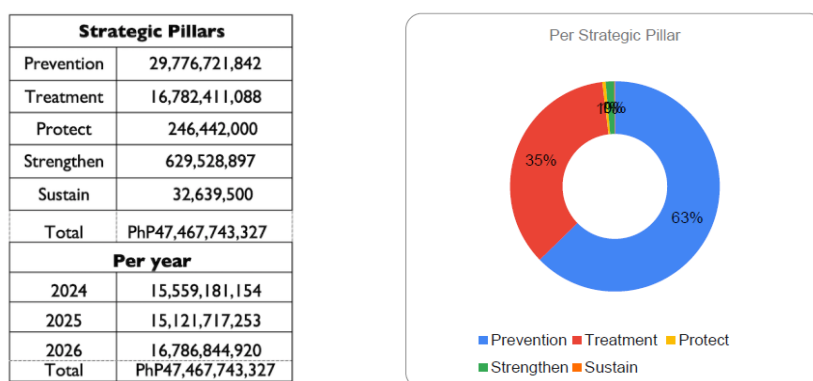
Department of Social Welfare and Development (DSWD)

## EXECUTIVE SUMMARY

The Costed Operational Plan of the 7<sup>th</sup> AIDS Medium Term Plan (AMTP) covers three years – 2024 to 2026. The costing for the succeeding years of the 7<sup>th</sup> AMTP shall be developed after a mid-term review of the accomplishments of 2024 to 2026.

The Philippines need **PhP47,467,743,327** for the three (3) years, 2024 to 2026 in order to achieve the targets set to end AIDS by 2030. This costed plan aims to serve as a guide for the country's planners, implementers, and other stakeholders to determine where to invest their money.

**Figure I: Total Expenditure Requirement for 2024 to 2026 by Strategic Pillar by year**



**Table I: Total Expenditure Requirement by**

**Pillar by**

STRATEGIC PILLAR		2024		Year 2025		2026		TOTAL
		Health	Non-health	Health	Non-health	Health	Non-health	
Prevention	DOH	6,540,545,541	-	6,385,213,509	-	7,288,512,034	-	20,214,271,084.00
	NGAs/PNAC	-	14,299,000	-	3,832,000	-	3,832,000	21,963,000.00
	LGUs	142,898,250	-	60,564,575	-	141,088,854	-	344,551,679.00
	PLHIV and KPs	18,642,100	70,760,800	9,585,200	35,237,600	8,600,200	12,978,500	155,804,400.00
Testing (DOH)		2,885,606,296	-	2,993,849,051	-	3,160,676,332	-	9,040,131,679.00
Treatment	DOH	4,774,440,777	-	5,247,514,004	-	5,771,871,550	-	15,793,826,331.00
	LGUs	800,207,350	378,900	76,548,020	-	83,437,887	-	960,572,157.00
	PLHIV and KPs	20,399,600	238,000	6,156,000	119,000	1,100,000	-	28,012,600.00
Protect	NGAs/PNAC	-	23,146,000	-	22,904,000	-	22,904,000	68,954,000.00
	LGUs	-	41,613,500	-	45,197,000	-	49,661,900	136,472,400.00
	PLHIV and KPs	-	12,764,200	-	18,078,700	-	10,172,700	41,015,600.00
Strengthen	NGAs/PNAC	171,767,540	17,936,100	188,497,694	5,600,200	207,347,463	3,330,000	594,478,997.00
	PLHIV and KPs	-	17,171,200	-	9,384,200	-	8,494,500	35,049,900.00
Sustain	NGAs/PNAC	-	330,000	-	148,500	-	148,500	627,000.00
	LGUs	-	703,500	-	673,500	-	321,500	1,698,500.00
	PLHIV and KPs	-	5,332,500	-	12,614,500	-	12,367,000	30,314,000.00
		15,354,507,454.00	204,673,700.00	14,967,928,053.00	153,789,200.00	16,662,634,320.00	124,210,600.00	47,467,743,327.00

Strategic Pillars	
Prevention	29,776,721,842.00
Treatment	16,782,411,088.00
Protect	246,442,000.00
Strengthen	629,528,897.00
Sustain	32,639,500.00

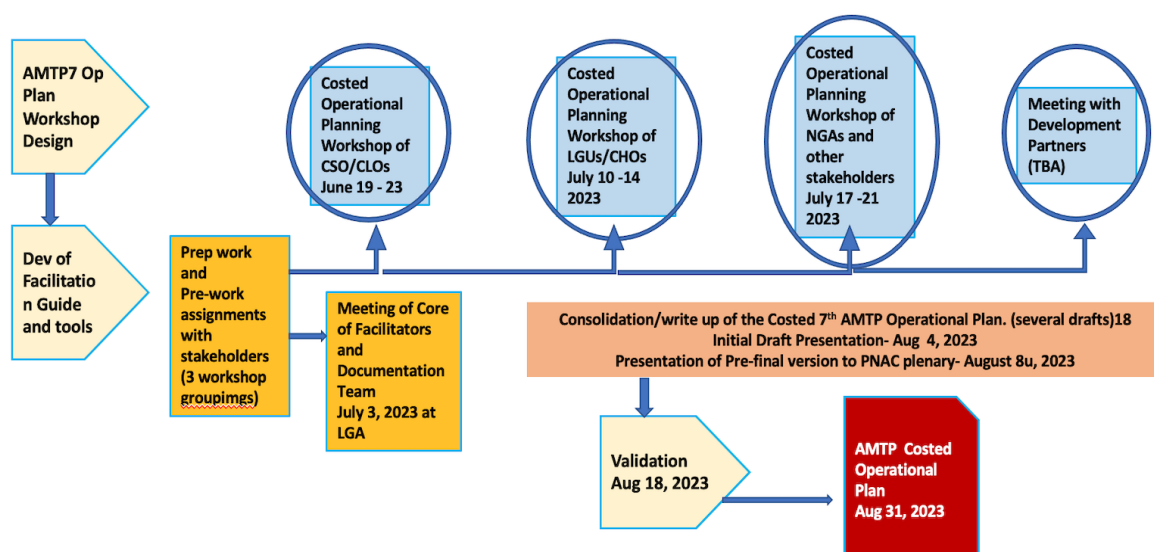
## A. Introduction

The delivery of the 7<sup>th</sup> AIDS Medium Term Plan requires a very strong political will, vision, and commitment from mindful and sensible leaders who can positively influence their local counterparts, can make quick and appropriate decisions, take on accountabilities, and work closely with other stakeholders.

PNAC, as the central coordinating and policy-making body at the national level, will closely collaborate with regional and local clusters through its monitoring and evaluation arm. Coordinating each cluster will be a PNAC-mandated technical expert who is adept at addressing related issues to her or his assigned cluster. The PNAC Secretariat should reconfigure itself to assign focal units or persons to assist the strategic clusters in executing their responsibilities. The key agencies will be grouped into implementing clusters based on their constituency and mandates. The clusters are envisioned to work collaboratively and in synergy within the context of their respective agency mandates for the 7<sup>th</sup> AMTP.

In the same manner that the 7<sup>th</sup> AMTP was developed, its Costed Operational Plan went through a participatory process during the second to third quarter of 2023. The operational plan details the contribution of each stakeholder or group of stakeholders towards the achievement of the targets and milestones according to their respective mandates in the case of government agencies and offices, and missions/goals of civil society and community-led organizations.

**Figure 2: 7<sup>th</sup> AMTP Operational Plan Development Process**





The process was participated by representatives from the member-government agencies, civil society organization caucus<sup>1</sup>, community-led organizations of HIV key populations (MSM, TGW, YKP, SWs, PWID/PWUD, and PLHIV), 25 LGUs, other government stakeholders, and development partners. *(Please refer to Annex 1 for List of Participants in the Development of the Costed Operational Plan.)*

There was a lengthy discussion on the scope and magnitude of local HIV responses in order to come up with a reasonable estimate of how much funding an LGU will need according to a set of classification based on the HIV burden, financial capacity, and programmatic capacity. The LGU status will be matched against the scope and magnitude of technical assistance it would need to program and implement an effective local HIV response. The following standards for determining what classification were agreed upon by the stakeholders:

## **B. Backgrounder: The 7<sup>th</sup> AIDS Medium Term Plan – 2023 -2028**

The AIDS Medium Term Plan is the country's guide for strategic HIV response. The document is written in accordance with the latest internationally and locally approved frameworks, policies, and conventions surrounding the HIV and AIDS epidemic in the Philippines. Each plan runs for six years and is ideally evaluated towards the end of the 6<sup>th</sup> year to inform the development of the next medium-term plan.

The goal of the 7<sup>th</sup> AMTP is to neutralize the impact of HIV and AIDS by preventing new infections, treating PLHIV, and suppressing their viral loads in numbers that are sufficient to turn the tide of the AIDS epidemic in the Philippines by 2025 and onwards to 2030. To be able to do this, the country needs to shift its “health issue only” outlook to a categorical socio-economic development perspective to end AIDS.

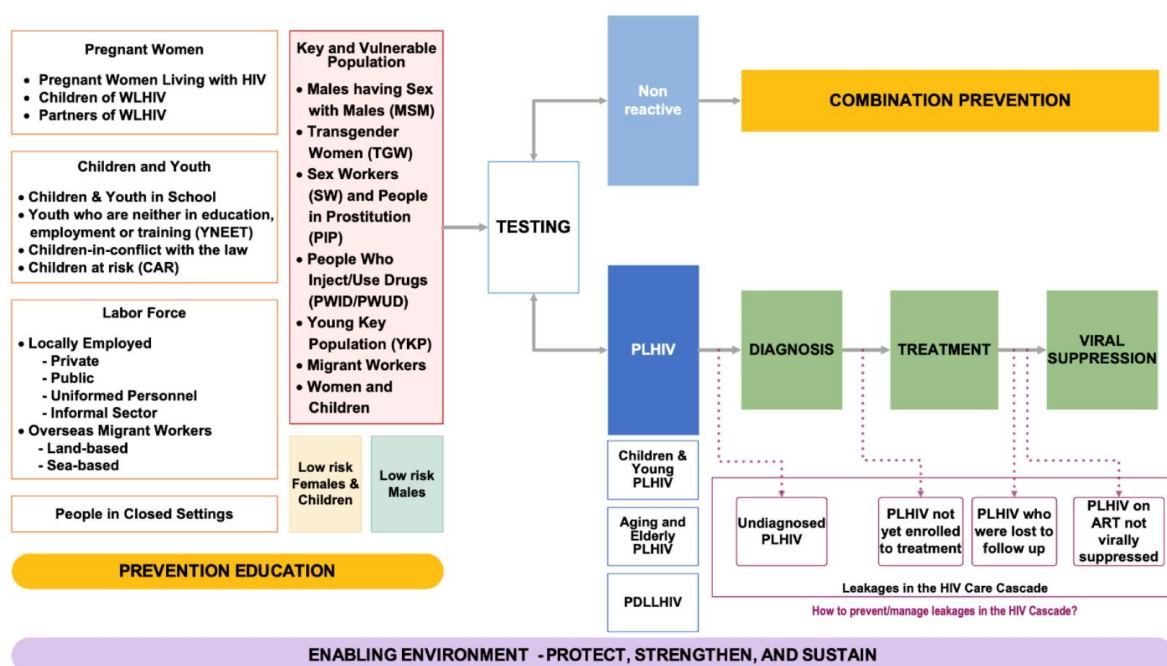
Such perspective is applied by the 7<sup>th</sup> AMTP through the adoption of the Life Cycle Approach to HIV and AIDS Prevention and Control framework, where HIV prevention is the rudimentary and staple feature in every Filipino's fetal, neonatal, child/youthhood, and up to adulthood stages of his/her life. In the life cycle approach, the population further disaggregates to the key and vulnerable groups that are targeted for focused behavior change communication processes within the continuum of HIV care cascade. The response will pay special attention to the 10 to 24 years age group where epidemiological data show new infections happening, without leaving behind women and children, and other KP, such as PWUD/PWID, migrant workers, sex workers/prostituted women, and people in prostitution and FSW/PIP.

The 7<sup>th</sup> AMTP adopts the life cycle approach to ensure that prevention happens at the earliest time and zeroes in on providing HIV care cascade services to the identified key populations and PLHIV.

### **Figure 3: Life Cycle Approach to HIV and AIDS Prevention and Control**

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<sup>1</sup> Civil society organization caucus (CSO caucus) is the collective name of NGOs and community-led organizations of key populations represented in the PNAC.



## The Five (5) Strategic Pillars

The 7<sup>th</sup> AMTP carries five (5) Strategy Pillars with distinct but interconnected sub-strategies details of which shall be fleshed out in an all-stakeholder-wide operational planning in first quarter of 2023. They are intertwined and interdependent. An improvement, whether in the form of enrichment, refinement, revision, or amendment to policies, procedures, implementation protocols, leadership and governance, coordination and collaborative mechanisms, crisis-resiliency, and financing will contribute to the overall strengthening of the HIV response machinery.

The five (5) strategy pillars, namely:

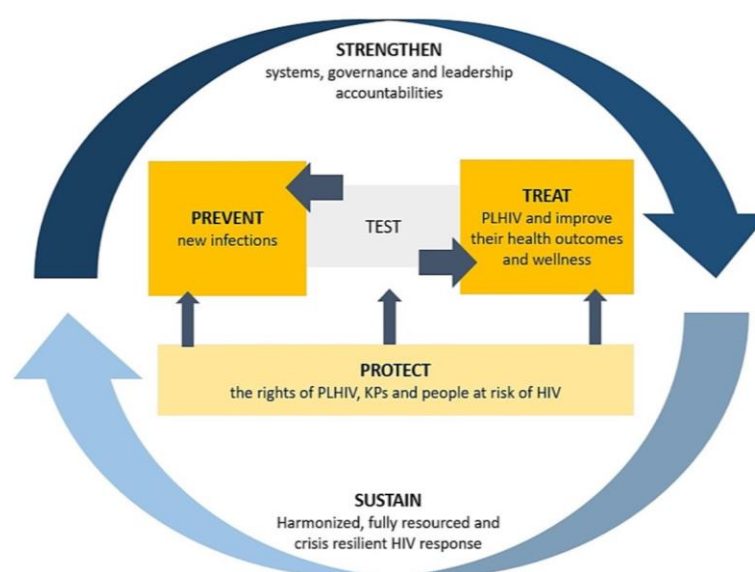
PREVENT	TREAT	PROTECT	STRENGTHEN	SUSTAIN
<b>Prevent</b> new infections among key and vulnerable populations including adolescents and pregnant women	<b>Treat</b> people living with HIV and improve their health outcomes and well-being	<b>Protect</b> the rights of PLHIV, KP, and people at risk of HIV	<b>Strengthen</b> governance and leadership accountabilities, and systems for health, non-health, community and strategic information	<b>Sustain</b> the harmonized, rights-based, fully resourced and crisis-resilient HIV response
<b>Strategic Targets</b>				

<p>95% of 10 to 24-year-old key populations have basic knowledge on HIV transmission and prevention</p> <p>Prevent new infections, especially among 10 to 24-year-old key populations</p> <p>Eliminate mother-to-child transmission</p>	<p>95% of PLHIV know their status</p> <p>95% of PLHIV who know their status are on ART</p> <p>95% of PLHIV on ART have suppressed viral loads</p>	<p>Less than 10% of PLHIV and KP experience stigma and discrimination</p> <p>Less than 10% of PLHIV and KP experience gender inequality and violence</p>	<p>Responsive governance strengthened</p> <p>Harmonized and crisis-resilient multi-sectoral response</p>	<p>Fully-resourced and sustainable HIV response</p>
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The 7<sup>th</sup> AMTP is a “catch up to the catch up plan that was derailed by the COVID 19 pandemic. The high level targets of the 7<sup>th</sup> AMTP are linked to the promise of the Declaration on HIV and AIDS: Ending Inequalities and Getting On Track to End AIDS by 2030 (June 2021).

Achieving the targets above requires a robust shift in the thrust of the response, accelerating the creation and/or enhancements in the enabling environment, and renewed and active commitment from key actors and collaborating stakeholders.

**Figure 4: 7<sup>th</sup> AMTP Framework**

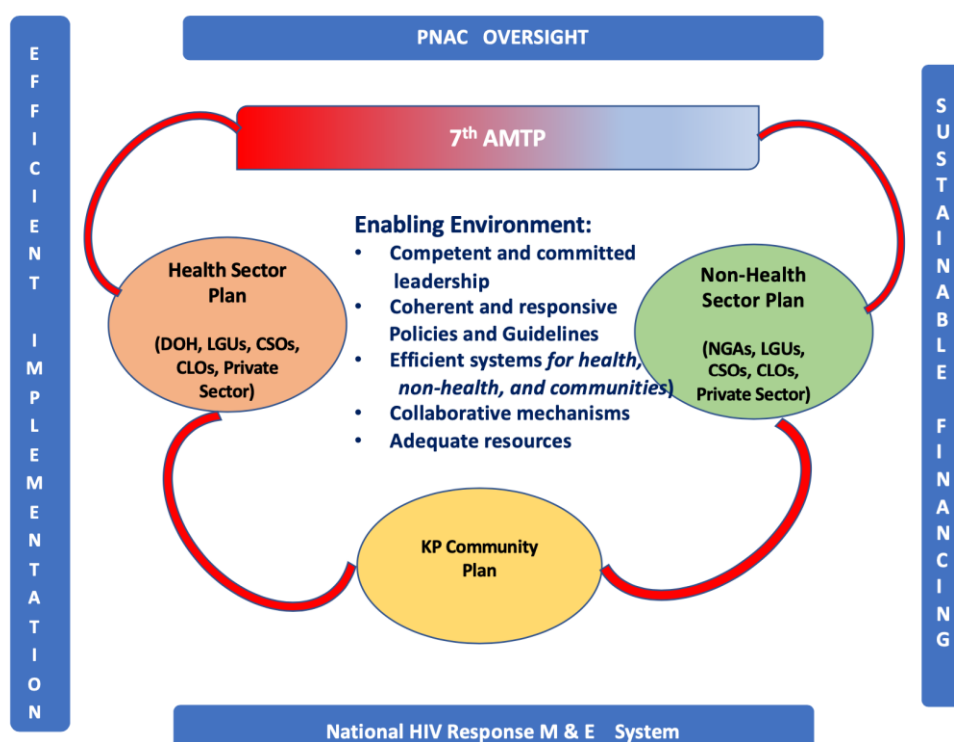


## PART 2: IMPLEMENTING THE 7<sup>TH</sup> AMTP FROM 2023 TO 2028

The guideposts of the National HIV and AIDS Response (AIDS Medium Term Plans) are:

1. **PNAC Oversight** – the Council shall continue its steering function in order to provide guidance in the implementation and monitoring of the AMTP which shall be supported by an active and competent Secretariat.
2. **Efficient Implementation** of all interventions and activities by all key players at all levels of implementation.
3. **Sustainable Financing** of HIV programs and activities from the domestic front.
4. **The National HIV Monitoring and Evaluation System** should be able to track progress and inform the AMTP implementation.

Figure 5: 7<sup>th</sup> AMTP Ecosystem



### A. Implementation Arrangement by Strategic Clustering

The 7<sup>th</sup> AMTP recommends a strategic clustering coordination and implementation scheme, where “cluster” acts as a sub-coordinating body to identify and address gaps, identify where synergy and convergence can happen, and monitor and evaluate the progress of the response.

The clusters - 1) Education and Social Behavior Change Communication, 2) National and Local Health Care Delivery Networks, 3) Human Rights, Gender and Social Protection, and 4) Policies, Systems and Financing- are envisioned to work collaboratively and in synergy within the context of their respective agency/organizational mandates for the 7<sup>th</sup> AMTP.

**Figure 6: Strategic Clusters**



In each strategic cluster are various agencies and organizations from both the public, civil society, development partners, and private sectors that have a stake in the HIV care cascade of prevention, testing, treatment, and viral load suppression; and the three other strategic pillars of protect, strengthen and sustain.

<b>Strategic Cluster: Education &amp; Social Behavior Change Communication</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
PLHIV Organizations	PLHIV and affected families	Peer outreach, treatment literacy, and adherence education
CSOs and KP CBOs	Key populations - MSM, TGW, SWs, YKP, PWUD/PWID, migrant workers, PDL, PLHIV	Peer outreach and education; Community-based HIV screening; HIV combination prevention education; capacity building of other CSOs/CBOs
DepEd, CWC	Elementary pupils and secondary level students	General education
CHED	Students in colleges and universities	College education
TESDA	Youth and adults in technical and vocational training	Technical and vocational education and training
DOH	Health workers and facilities; patients	Policy and program planning and implementation, health education and service delivery

<b>Strategic Cluster: Education &amp; Social Behavior Change Communication</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
DOLE	Local workers from the private sector;	Worker education through establishments and monitoring of establishments' adherence to the practice
DMW and attached agencies such as OWWA, POEA;  Seafarers' manning agencies  Bureau of Quarantine, Commission on Filipino Overseas	Overseas Filipino workers; Seafarers	Worker education through Pre-departure Orientation seminars (PDOS)  Exercise of regulatory functions
Civil Service Commission (CSC)	Heads of government agencies, government personnel and workers	Enforcement of civil service rules and standards including HIV in the workplace programs in all government functionaries
DILG and attached agencies such as PNP, BJMP	LGU Officials: local chief executives, Barangay and SK Officials, LGU personnel,	Education of Local AIDS Councils and the local health boards  HIV and AIDS Workplace Policy and program planning
AFP (all branches)	Uniformed personnel	HIV and AIDS Workplace Policy and program planning
Philippine Information Agency (PIA), Department of Tourism, Department of Transportation, National Council for Disability Affairs, Komisyon ng Wikang Pilipino	General public, including tourists and transients, persons with various types of disabilities, indigenous people and GIDA communities	Information, campaigns planning and implementation
National Youth Commission	Sangguniang Kabataan, LGUs	HIV and AIDS Workplace Policy and program planning
National Commission on Indigenous Peoples	IP tribal leadership and IPs	HIV and AIDS Workplace Policy and program planning

<b>Strategic Cluster: Education &amp; Social Behavior Change Communication</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
		Education among IPs

<b>Strategic Cluster: National &amp; Local Health Care Delivery Network</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
DOH	Regional and subnational public health service delivery network	HIV continuum of care cascade
DSWD, CWC	Vulnerable and abused children; OSY, YKP, the poor and displaced people; Key populations- MSM, TGW, SWs, YKP, PWUD/PWID, PLHIV	Psycho-social support and financial assistance
PLHIV Organizations	PLHIV and affected families	Peer outreach and education; CBS; HIV Combination Prevention education; community-led monitoring
DILG, Leagues and Law Enforcement Agencies	LGUs	Policy and program planning, local health service provision; HIV continuum of care cascade
CSOs including faith-based organizations, Philippine Professional Association for Transgender Health (PPATH)	Key populations- MSM, TGW, SWs, YKP, PWUD/PWID, migrant workers, PDL, PLHIV	HIV continuum of care cascade Peer outreach and education; capacity building of other CSOs/CBOs; community-led monitoring
Medical and Allied Health Societies	Medical professionals, workers and personnel	Continuing education and occupational discipline protocols

<b>Strategic Cluster: Human Rights, Gender, &amp; Social Protection</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
Philhealth, Insurance Commission	PLHIV among citizens of the Philippines	Universal health care; Outpatient HIV AIDS Treatment Package of PhilHealth (OHAT)

<b>Strategic Cluster: Human Rights, Gender, &amp; Social Protection</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
DSWD	Social Workers, Vulnerable and Abused Children; YKP, OSY, the poor and displaced people; Key populations - MSM, TGW, SWs, YKP, PWUD/PWID, PLHIV	Psycho-social support and financial assistance
Department of Foreign Affairs (DFA)	Foreign Service Officers and personnel	Education and support for Filipino migrants
PLHIV Organizations	PLHIV and affected families	Peer support and advocacy to policy and decision makers
DOLE	Workers in the private sector	Policy development, support, and monitoring of employers' compliance to RA 11166 through DOLE DO 102-10 Guidelines for the Implementation of HIV and AIDS Prevention and Control in the Workplace Program
Civil Service Commission (CSC)	Heads of government agencies, Government personnel and workers	Monitoring and enforcement of CSC and standards including HIV in the workplace programs in government offices
CSOs	Key populations- MSM, TGW, SWs, YKP, PWUD/PWID, Migrant Workers, PDL, PLHIV	Peer support and advocacy to policy and decision makers; community-led monitoring, transgender health
Department of Justice (DOJ)	Attached agencies of DOJ	Policy support and monitoring of compliance to redress mechanism
Commission on Human Rights (CHR)	Ad hoc committee on the investigation of discrimination cases	
Department of Migrant Workers	Land and Sea based workers	Policy support and services for migrant workers
DILG, Leagues and Law Enforcement Agencies	LGUs	Policy and program planning, local health service provision; HIV continuum of care cascade



<b>Strategic Cluster: Policies, Systems, &amp; Financing</b>		
<b>Agency/Organization</b>	<b>Target Constituency</b>	<b>Strategy</b>
DOH, FDA	Regional and subnational public health service delivery network	HIV continuum of care cascade; Strengthening of Procurement and Supply Management
Philhealth	PLHIV among citizens of the Philippines	Funding for OHAT
National Youth Commission (NYC)	Youth (15 to 24 years old)	Policy and program planning for the youth
Civil Service Commission	Government agencies, organizations, and functionaries	Monitor implementation of issuance including resource allocation for the program in Government Offices.
National Economic Development Authority (NEDA)	Government agencies and LGUs; regional and local development councils	Social protection policy and program planning
DILG and Leagues, Bureau of Jail Management and Penology	LGUs and Local Chief Executives	Policy and program planning and funding, local health service provision; Prevention and treatment of people deprived of liberty and living with HIV
Department of Budget and Management (DBM), Senate, and House of Representatives	Government agencies and functionaries	HIV budget allocation for PNAC member-NGAs; Operational Budget allocation for PNAC and its secretariat
Department of Justice (DOJ)	Attached agencies of DOJ	Policy support and monitoring of compliance to redress mechanism
Commission on Human Rights (CHR)		
PLHIV Organizations	PLHIV and affected families	Peer support and HIV financing and social protection inclusions advocacy to policy and decision makers; community-led monitoring
CSOs including faith-based organizations, PPATH, PEPH	Key populations- MSM, TGW, SWs, YKP, PWUD/PWID, migrant workers, PDL, PLHIV	HIV financing advocacy to policy and decision makers; community-led monitoring; capacity building of CBOs for social contracting; Transgender Health
Development Partners	NGAs, LGUs, and CSOs	Support to systems strengthening

Strategic Cluster: Policies, Systems, & Financing		
Agency/Organization	Target Constituency	Strategy
DepEd	Heads of public and private schools, elementary pupils and secondary level students	General education
CHED	Heads of public and private schools, students in colleges and universities	College education
TESDA	Youth and adults in technical and vocational training	Technical and Vocational education and training

## B. Activities and Corresponding Actors

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
<b>PREVENT</b> Implement and monitor Comprehensive Sexuality Education (CSE) in all elementary and secondary schools; Train teachers on how to teach CSE according to the evolving capacity of the child to understand.	Department of Education	All elementary, secondary and senior high schools in the country; Alternative Learning System (ALS) implementers
<b>PREVENT</b> Issue advisory and /or policy for the inclusion of HIV prevention education in all colleges and universities	Commission on Higher Education	All higher education establishments
<b>PREVENT</b> Integrate HIV prevention education in all training courses implemented by TESDA	TESDA	PNAC
<b>PREVENT</b> Orientation on the Updated HIV I0I for agency personnel (Health and Non-Health personnel)	All PNAC member-government agencies	PNAC Secretariat Civil Service Commission
<b>PREVENT</b> Distribution of condoms and dispensers to KPs and NGAs - Commodities: 1 box per NGAs (10 NGAs per quarter)	PNAC Secretariat	All PNAC member-government agencies PNAC CSO Caucus
<b>PREVENT</b> Roll-out of the Comprehensive Communication Plan	PNAC Secretariat and PNAC IEC Committee,	All PNAC member-government agencies PNAC CSO Caucus All HIV stakeholders

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
<b>PREVENT</b> <ul style="list-style-type: none"> <li>Popularize PrEP through the Integrated PrEP and PEP Guidelines</li> <li>HIV screening in Primary Care Facilities (no available information if this is really being done)</li> <li>Expansion of Self - Testing</li> <li>Accelerate HIV testing among pregnant women in ANC</li> <li>Provider-Initiated HIV Testing (PICT) for in-patients (high risk, complex medical conditions)</li> </ul> <b>TREAT</b> <ul style="list-style-type: none"> <li>Institutionalize Telemedicine</li> <li>Fast - track expansion of rHIVDA facilities (1,351 by 2023)</li> <li>Pilot ARV access points (eg. District hospitals, health centers, CBOs)</li> <li>Pre -recorded ARV adherence webinars by PLHIV groups</li> <li>Online appointment system with Treatment Hubs</li> </ul>	Department of Health Treatment Hubs rHIVda laboratories	Pilipinas Shell Foundation and Global Fund-supported LGUs  USAID HIV Projects  Civil Society and Community-Led Organizations
<ul style="list-style-type: none"> <li><b>PREVENT</b></li> <li><b>TESTING</b></li> <li><b>TREAT</b></li> </ul>	By 25 Local Government Units <i>(selected LGUs from Category A and B classification of cities by disease burden. Please refer to Annex I for list of the 25)</i>	Pilipinas Shell Foundation USAID HIV Projects Civil Society and Community-Led Organizations
<b>PREVENT</b> Implement HIV and TB prevention education in closed settings	Bureau of Jail Management and Penology for jails Bureau of Corrections (DOJ) for prisons	DOH Pilipinas Shell Fdn and GF-supported SRs LGUs
<b>PREVENT</b> <ul style="list-style-type: none"> <li>Inclusion of HIV module in SK Mandatory and Continuous Training Program</li> </ul>	National Youth Council - RYDD	DILG LGUs PNAC and PNAC Secretariat

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
<ul style="list-style-type: none"> <li>Roll out of HIV prevention education to youth organizations, Government Internship Program (GIP) beneficiaries and in communities</li> <li>Capacity building / HIV training of facilitators and speakers pool</li> </ul>		
<b>PREVENT</b> Training for new CBS Motivators (17 Regions/20 pax per region /4 days)	Pilipinas Shell Foundation Existing CBS Trainers of CBO's (HASH, Mujer LGBT, TLF Share, Gayon	USAID HIV Projects Civil Society and Community-Led Organizations
<b>STRENGTHEN</b> Develop and disseminate Guide Implementation Tools (GIT) on Differentiated HIV Testing Services (Community-Based Screening, Facility-Based Testing, Self-Testing, Index Testing, Social and Sexual Network Testing)	Department of Health	Pilipinas Shell Foundation USAID HIV Projects
<b>PROTECT</b> Training on Legal Literacy (17 regions / 20 pax per region / 4 days)	Pilipinas Shell Foundation Existing CBS Trainers of CBO's (HASH, Mujer LGBT, TLF Share, Gayon	PLHIV and KP community-led organizations
<b>PROTECT</b> Training on HIV-related Stigma and Discrimination among health service providers (Time Has Come Module)	DOH Treatment Hubs LGUs	PNAC Secretariat Civil Society and Community-Led Organizations
<b>PROTECT</b> Provide grants for PLHIV clients to cover for assistance such as Medical Bills, Transportation, Burial, Educational, Livelihood, and etc. Capacity Building Activities (for LSWDOs specifically) across all 16 Regions Advocacy activities specifically during IACM and WAD	Department of Social Welfare and Development	Civil Society and Community-Led Organizations
<b>PROTECT</b>	Department of Labor and Employment	

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
<b>PROTECT</b> Training of DDB authorized representatives in bridging PWUD/surrendered to the treatment and rehabilitation programs	Dangerous Drugs Board PNAC	Pilipinas Shell Foundation and Global Fund-supported SR for HIV-MFR UN Office on Drugs and Crime (UNODC)
<b>PROTECT</b> Mapping of Social Protection Programs of NGAs for KPs and PLHIV to be integrated into the PNAC Website as a Menu of Social Protection Services	PNAC Secretariat	All PNAC member-government agencies with social protection programs
<b>PROTECT</b> Issuance of PNAC Resolution for the Popularization of DOJ-CHR Joint Memorandum Circular	PNAC through the PNAC Secretariat and Policy and Planning Committee	DOJ CHR PLHIV and KP communities CSO All HIV stakeholders
<b>PROTECT</b> Consultation with PSA and DOH on stigma and discrimination, violence and access to social protection indicators (which survey can accommodate S&D for HIV and AIDS)	PNAC Secretariat and PNAC Committee on Human Rights	PLHIV and KP communities PNAC, DOH (HPDPB, KMITS), PSA IACHNS
<b>PROTECT</b> Issuance of PNAC Resolution to mainstream NGA oversight of process in handling complaints re HIV/AIDS	PNAC Secretariat and PNAC Committee on Human Rights	All PNAC member-government agencies
<b>PROTECT</b> Advocacy on Policy on the Trans health package to be included in the Universal Health Care	Philippine Professional Association for Transgender Health (PPATH) Transpeople community-led organizations	DOH, PNAC
<b>PROTECT</b> Lobby for provision of shelter/half way house for PLHIV	N Plus Other PLHIV orgs	PNAC, DSWD, LGU and CBOs
<b>STRENGTHEN</b> Strengthening of collaborative capacity, governance and leadership accountabilities in PNAC and PNAC Secretariat as per RA 11166 Harmonize programs, projects, and activities of all stakeholders on HIV	PNAC Secretariat with PNAC committees	PNAC members Development Partners

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
Response as well as those that impact 7th AMTP		
<b>STRENGTHEN</b> Updating of DILG MC 2020-029 on Performance level of LACs -Revisit provision on LAC (structure, functions, and responsibilities) Development of Guidelines in Drafting of Local AIDS Ordinance and its IRR  Orientation on HIV/AIDS to LCEs, Legislators [Policies, Budget, etc]	Department of the Interior and Local Government League of Cities, League of Mayors, etc	Philippine National AIDS Council (PNAC) through the PNAC Secretariat LGUs
<b>STRENGTHEN</b> Capacity building of LGUs to lead the local response, specific to their needs, mirroring the role of PNAC such as drafting of policy, coordinating, monitoring, and funding: <ul style="list-style-type: none"> <li>• Local AIDS Ordinances aligned with RA 11166;</li> <li>• Local HIV and AIDS response plans aligned with 7th AMTP</li> <li>• Participation of and representation of CSOs in LACs provided under local AIDS ordinances</li> <li>• LGUs with need-specific local HIV response plans</li> </ul>	Department of the Interior and Local Government LGUs Philippine National AIDS Council (PNAC) through the PNAC Secretariat	Pilipinas Shell Foundation and Global Fund-supported SR for HIV-MFR Development Partners
<b>STRENGTHEN</b> On-Boarding Orientation of Technical Staff of PNAC member-NGAs and CSO Caucus on PNAC and HIV/AIDS (Policies, Budget, etc)	PNAC Secretariat	All PNAC member-government agencies PNAC CSO Caucus
<b>STRENGTHEN</b> Regular capacity building of the Positive and KP community organizations on SOGIE, HIV and human rights Community systems strengthening activities	PNAC CSO Caucus PLHIV and KP community-led organizations	PNAC Secretariat UNAIDS CSO and KP networks (Dangal, NSAP, N Plus, LakanBini)
<b>STRENGTHEN</b> Local Youth Development Council / SK Representation in LACs: NYC policy	National Youth Council - RYDD	PNAC and PNAC Secretariat

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
advocacy on institutionalizing youth representation in LACs		
<b>STRENGTHEN</b> Develop HIV and AIDS Response Resource Mobilization Plan	PNAC Secretariat and PNAC Finance Committee	Development Partners (PROTECTHealth-USAID/Palladium, UNAIDS, GF - SKPA project - ACHIEVE
<b>STRENGTHEN</b> Establish a comprehensive and integrated National HIV and AIDS Monitoring & Evaluation System- <ul style="list-style-type: none"> <li>National HIV, AIDS and STI Surveillance and Information System in DOH-Epidemiology Bureau</li> <li>Non-health monitoring</li> <li>Community-led Monitoring</li> </ul> Development of PNAC Data Hub interfacing with HIV EpiCenter (HIV Health Data); CLM; Non-Health Data; etc	PNAC Secretariat and PNAC M & E Committee	DOH- DICT and Epidemiology Bureau CLM Implementer USAID HIV Programs UNAIDS All PNAC member-NGAs LGUs, CSO and KP communities Other development partners
<b>STRENGTHEN</b> Alignment of National AIDS Spending Assessment (NASA) and Global AIDS Monitoring (GAM)	PNAC Secretariat and PNAC M & E Committee	UNAIDS
<b>STRENGTHEN</b> Alignment of the proposed National Unified Health Research Agenda for HIV/AIDS related studies with DOH (HPDPB) and DOST (PCHRD / PNHRs) (DM 2022-0356 Medium Term Health Research Agenda)	PNAC Secretariat and PNAC M & E Committee	DOH DOST
<b>SUSTAIN</b> Advocacy for Increased domestic investment in HIV and AIDS Response	PNAC Local AIDS Councils (LACs) PLHIV and KP community- led organizations	DOH DILG Development Partners
<b>SUSTAIN</b> Advocacy on private sector partnership Enhance existing partnership with private sector with HIV programs in place	PNAC Secretariat LACs CSOs	PNAC PNAC CSO Caucus Development Partners

2024 to 2026		
Activity	Lead Implementer	Collaborating Partners
	PLHIV and KP community-led organizations	



## PART 3: 7<sup>TH</sup> AMTP COSTED OPERATIONAL PLAN 2024-2026

### Notes on the Costing Variables:

1. Prevailing government rates were used in costing workshops and meetings.
2. Estimates on the cost of providing prevention services to each KP from first contact to testing was at P500.00 per person
3. Strategic pillars on Prevention, Testing, and Treatment costs of KPs and PLHIV were derived from the
  - a. Costed package of services for KPs/PLHIV from the DOH HIV subplan (TB-HIV Co-Financing Plan 2024-2026) and contribution of development partners
4. Strategic pillars on Protect, Strengthen and Sustain costs were derived from a variety of sources namely,
  - a. Contribution of DSWD
  - b. Organic role of other national government agency-members of PNAC, which at the time of developing the costed plan is impossible to quantify since HIV-specific activities are not existing in their budgets. Organic functions of government agencies relative to its mandate on the implementation of the National HIV Response (7<sup>th</sup> AMTP in this instance) is embedded in their annual budgets and thus could not be quantified, except when they have specific HIV-related activity.

### A. Summary of Costed Operational Plan 2024-2026 by Strategic Pillar

**Note:** The plan reflects the cost requirements for three years 2024 to 2026. This is due to the budgeting cycle in the Philippines where annual budgets start to get developed a year in advance. Furthermore, the 3-year costed plan did not include the 2023 costs since during the development of this such, only the last quarter of 2023 is left of this year.

The country needs **PhP47,467,743,327.00** for the three (3) years, 2024 to 2026. The table below shows the costs by strategic pillar.

**Table 2: Summary of Costed Operational Plan 2024-2026 by Strategic Pillar by Stakeholder**

Strategic Pillars		2024		2025		2026		TOTAL
		Health	Non-health	Health	Non-health	Health	Non-health	
Prevention	DOH	6,540,545,541	-	6,385,213,509	-	7,288,512,034	-	20,214,271,084.00
	NGAs/PNAC	-	14,299,000	-	3,832,000	-	3,832,000	21,963,000.00
	LGUs	142,898,250	-	60,564,575	-	141,088,854	-	344,551,679.00
	PLHIV and KPs	18,642,100	70,760,800	9,585,200	35,237,600	8,600,200	12,978,500	155,804,400.00
	Testing (DOH)	2,885,606,296	-	2,993,849,051	-	3,160,676,332	-	9,040,131,679.00
Treatment	DOH	4,774,440,777	-	5,247,514,004	-	5,771,871,550	-	15,793,826,331.00
	LGUs	800,207,350	378,900	76,548,020	-	83,437,887	-	960,572,157.00
	PLHIV and KPs	20,399,600	238,000	6,156,000	119,000	1,100,000	-	28,012,600.00
Protect	NGAs/PNAC	-	23,146,000	-	22,904,000	-	22,904,000	68,954,000.00
	LGUs	-	41,613,500	-	45,197,000	-	49,661,900	136,472,400.00
	PLHIV and KPs	-	12,764,200	-	18,078,700	-	10,172,700	41,015,600.00
Strengthen	NGAs/PNAC	171,767,540	17,936,100	188,497,694	5,600,200	207,347,463	3,330,000	594,478,997.00
	PLHIV and KPs	-	17,171,200	-	9,384,200	-	8,494,500	35,049,900.00
Sustain	NGAs/PNAC	-	330,000	-	148,500	-	148,500	627,000.00
	LGUs	-	703,500	-	673,500	-	321,500	1,698,500.00
	PLHIV and KPs	-	5,332,500	-	12,614,500	-	12,367,000	30,314,000.00
TOTAL		15,354,507,454.00	204,673,700.00	14,967,928,053.00	153,789,200.00	16,662,634,320.00	124,210,600.00	47,467,743,327.00

**Table 3: Indicative Cost by National Government Agencies and LGUs**

Indicative Cost by National Government Agencies and LGUs (NGA Members of PNAC except DOH and DSWD did not put their indicative costs for their respective responsibilities)							
Strategic Pillar	3 Years						Total (PhP)
	2024		2025		2026		
	Health	Non-Health	Health	Non-Health	Health	Non-Health	
DOH	14,372,360,154		14,815,074,258		16,428,407,379		45,615,841,791
PNAC/PNAC Secretariat		32,816,600		7,750,500		7,794,500	48,361,600
DSWD		22,100,000		22,100,000		22,100,000	66,300,000
DOLE		XX		XX		XX	XX
DepEd		XX		XX		XX	XX
TESDA		XX		XX		XX	XX
CHED		XX		XX		XX	XX
PIA		XX		XX		XX	XX
DILG		XX		XX		XX	XX
NYC		XX		XX		XX	XX
CSC		XX		XX		XX	XX
DBM		XX		XX		XX	XX
House of Representatives		XX		XX		XX	XX
DDB		430,000		320,000		320,000	1,070,000
DOJ		44,000		44,000		44,000	132,000
LGUs (25)	800,350,248	49,949,893.90	137,142,595	50,924,736.60	224,526,741	55,191,636.60	1,318,085,851
TOTAL (PhP)							47,049,791,242

**Table 4: Indicative Cost for Key Population Sector Activities**

Strategic Pillars		2024		2025		2026		TOTAL
		Health	Non-health	Health	Non-health	Health	Non-health	
Prevention	PLHIV		636,000				1,351,000	1,987,000
	MSM	3,689,000		2,635,000		2,635,000		8,959,000
	TGW	14,953,100		6,950,200		5,695,200		27,598,500
	PWID/PWUD		12,761,400				8,968,400	21,729,800
	YKP		52,458,900					52,458,900
Treatment	Sex Workers		2,445,600				2,659,100	5,104,700
	PLHIV		238,000		119,000			357,000
	MSM	2,900,000		1,100,000		1,100,000		5,100,000
	TGW	17,499,600		5,056,000				22,555,600
Protect	PLHIV		647,500		6,000,000			6,647,500
	MSM		3,655,000		2,575,000		2,575,000	8,805,000
	TGW		869,500		3,289,000		1,265,500	5,424,000
	PWID/PWUD		3,859,200		3,859,200		6,332,200	14,050,600
	YKP		2,860,500		986,500			3,847,000
	Sex Workers		854,500		1,369,000			2,223,500
Strengthen	PLHIV		6,577,500		4,684,000		2,044,000	13,305,500
	MSM		3,092,500		3,092,500		3,092,500	9,277,500
	TGW		1,265,500		1,367,700		623,000	3,256,200
	PWID/PWUD						2,735,000	2,735,000
	YKP		1,283,500					1,283,500
Sustain	Sex Workers		4,952,200					4,952,200
	PLHIV		1,417,000		74,500		74,500	1,566,000
	MSM		3,292,500		12,292,500		12,292,500	27,877,500
	TGW		623,000		247,500			623,000
<b>TOTAL</b>		<b>39,041,700</b>	<b>103,789,800</b>	<b>15,741,200</b>	<b>39,956,400</b>	<b>9,430,200</b>	<b>44,012,700</b>	<b>251,972,000</b>

**Table 5: 7<sup>th</sup> AMTP Indicative Expenditures for Health**

Strategic Pillar		2024	2025	2026
		Health	Health	Health
Prevention	DOH	6,540,545,541	6,385,213,509	7,288,512,034
	NGAs/PNAC	-	-	-
	LGUs	142,898,250	60,564,575	141,088,854
	PLHIV and KPs	18,642,100	9,585,200	8,600,200
	<i>Testing (DOH)</i>	2,885,606,296	2,993,849,051	3,160,676,332
Treatment	DOH	4,774,440,777	5,247,514,004	5,771,871,550
	LGUs	800,207,350	76,548,020	83,437,887
	PLHIV and KPs	20,399,600	6,156,000	1,100,000
Protect	NGAs/PNAC	-	-	-
	LGUs	-	-	-
	PLHIV and KPs	-	-	-
Strengthen	NGAs/PNAC	171,767,540	188,497,694	207,347,463
	PLHIV and KPs	-	-	-
Sustain	NGAs/PNAC	-	-	-
	LGUs	-	-	-
	PLHIV and KPs	-	-	-
<b>TOTAL</b>		<b>15,354,507,454</b>	<b>14,967,928,053</b>	<b>16,662,634,320</b>

Year	Health
2024	15,354,507,454
2025	14,967,928,053
2026	16,662,634,320

**Table 6: 7<sup>th</sup> AMTP Indicative Expenditures for Non-Health**

Strategic Pillar		2024	2025	2026
		Non-Health	Non-Health	Non-Health
Prevention	DOH	-	-	-
	NGAs/PNAC	14,299,000	3,832,000	3,832,000
	LGUs	-	-	-
	PLHIV and KPs	70,760,800	35,237,600	12,978,500
	<i>Testing (DOH)</i>	-	-	-
Treatment	DOH	-	-	-
	LGUs	378,900	-	-
	PLHIV and KPs	238,000	119,000	-
Protect	NGAs/PNAC	23,146,000	22,904,000	22,904,000
	LGUs	41,613,500	45,197,000	49,661,900
	PLHIV and KPs	12,764,200	18,078,700	10,172,700
Strengthen	NGAs/PNAC	17,936,100	5,600,200	3,330,000
	PLHIV and KPs	17,171,200	9,384,200	8,494,500
Sustain	NGAs/PNAC	330,000	148,500	148,500
	LGUs	703,500	673,500	321,500
	PLHIV and KPs	5,332,500	12,614,500	12,367,000
<b>TOTAL</b>		<b>204,673,700</b>	<b>153,789,200</b>	<b>124,210,600</b>

Year	Non-Health
2024	204,673,700
2025	153,789,200
2026	124,210,600

## **B. Support from Development Partners**

The development partners, the United Nations Theme Group on AIDS (UNAIDS-JTA), UNDP, UNFPA, UNICEF, UNODC, WHO, ILO; the Global Fund through the Pilipinas Shell Foundation, and ACHIEVE, the USAID, PEPFAR, Centers for Disease Control (CDC) are pitching in significant funding and technical support to enable the country to achieve the goal of the 7<sup>th</sup> AMTP.

Data gathered sums up the development partners' financial support to the HIV and AIDS Response in the Philippines to a total of **PhP2,309,721,605.00** representing five percent (5%) of the country's total indicative funding requirement for 2024 to 2026.

The USAID contributes PHP USD6,970,000 or at P55 exchange rate to a USD, approximately PhP383,350,000 for the year 2023 alone. Also in 2023, HHS/CDC contributes USD4,700,000 or PhP258,500,000. No figures are yet available for 2024 to 2026.

The current Global Fund Support 2021 to 2023 and the incoming grant from 2024 to 2026 is practically funding a great portion of PREVENT, TREAT, PROTECT, and STRENGTHEN strategic pillars. The 2024 to 2026 GF grant is worth USD25,087,000 with an additional USD1,750,000 for human rights and prevention among KPs.

The regional Global Fund – supported project, SKPA allocated a total of P65,071,669.23 from mid-2022 to 2025 divided as follows: P4,613,452.97 in 2022; P25,918,567.31 in 2023; P25,265,548.67 in 2024 and 9,274,100.29 in 2025.

UNICEF contributes a total of PhP41.6 million to the Prevention and Strengthen Pillars on the following activities:

- a. PhP27 million - Comprehensive Sexuality Education (CSE) for Alternative Learning System (ALS) convergence work at the national level with pilot sites Cagayan de Oro and Angeles cities.
- b. PhP2.2 million - Support to NCYPPF (in support to 7<sup>th</sup> AMTP with focus on children and young people)
- c. PhP8 million - Support to National Plan of Action for Children (HIV and children included in the discussion)
- d. PhP4.4 million - Support to IHBSS validation and analysis

The UNAIDS Philippines Secretariat whole annual budgets are dedicated to supporting the Philippines HIV response. Aside from the annual budgets of UNAIDS, it is also supporting activities that are aimed at operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems and Investments in the amount of PhP 85,164,935.83 for 2023 to 2024.

UNFPA is supporting Comprehensive Sexuality Education and Gender-Based violence but did not provide the amount.

## **C. Detailed Costed Operational Plan 2023-2028**

Refer to the hyperlinked documents:

[2024-2026 HIV Subplan 21Feb2023](#)

[Consolidated Outputs for the 7th AMTP Costed Operational Plan 09212023](#)

[PNAC 2022-7th AMTP 2023-2028 Philippines Fast Tracking to 2030.pdf](#)

[PNAC 2022-7th AMTP 2023-2028 Strategy Summary Matrix .pdf](#)

## **Annex I List of Participants in the Development of the Costed Operational Plan**

### **CONSULTATION PARTICIPANTS OF THE 7TH AIDS MEDIUM TERM PLAN COSTED OPERATIONAL PLAN**

#### **A. Consultation Participants from CSOs and KP Communities**

Action for Health Initiatives Inc. (ACHIEVE)

1. Tolentino, Leslie - KP, Validation
2. Arriola, Emerson - KP, Validation
3. Decalo, Alfred - KP
4. Figuracion, Jr., Roberto - DPs
5. Raymundo, Alain -DPs
6. Lopez, Sharlene -DPs
7. Igcasinza, Liza - Validation

AIDS Society of the Philippines (ASP)

8. Fonacier-Fellizar, Irene
9. Galay, Santha

Alliance Against AIDS in Mindanao, Inc. (ALAGAD-Mindanao)

10. Mahinay, Michael Jesus

Association of Positive Women Advocates Inc. (APWAI)

11. Felix, Elena
12. Cruz, Daisy

Babaylanes, Inc.

13. Ignacio, Jap

Cavite Positive Action Group (CPAG)

14. Honra, Joseph

Cebu United Rainbow LGBT Sector, Inc. (CURLS) – Region VII

15. Ygay, Gerald

Community and Family Services International (CFSI)

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Cross Breeds Plus Negros, Inc. (CBPNI)

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