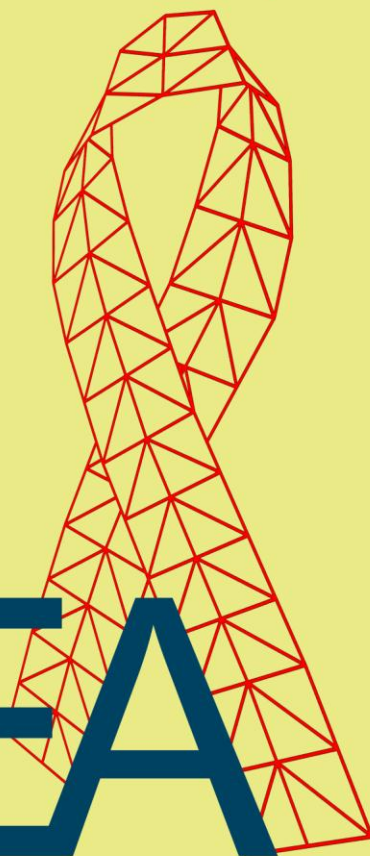


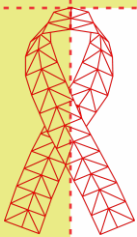
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**MEDIUM-TERM PLAN**

**PHAREA**

**2011 - 2012**

**PHILIPPINE HIV & AIDS RESEARCH AND EVALUATION AGENDA**





## Publication Information

### Philippine HIV and AIDS Research and Evaluation Agenda Fifth AIDS Medium-Term Plan, 2011-2016

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#### *Version History*

*Unedited Master (Inception): 03 September 2012, under original document title "Development of the Philippine HIV and AIDS Research and Evaluation Agenda, PHAREA 2011-2016"*

*First Edition: 30 September 2012*

## Acknowledgments

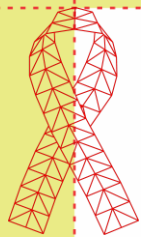
On behalf of the Philippine National AIDS Council, members of the Scientific Committee and PNAC Secretariat like to express sincere gratitude to Professors Laufred Hernandez and Ofelia Sanial, who provided guidance from the first and second research agenda to the development of PHAREA 2011-2016. Heartfelt thanks also to the agencies, organizations, and persons who participated in the PNAC Consultative Workshop.

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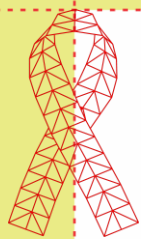
## Dedication

Dedicated in memory of Dr. Juan Lopez (1959-2012), OIC-Director III of the PNAC Secretariat in 2012, and former member of the Ethical Review Board of the Department of Health. With this we rest and pursue our dreams for the national response.



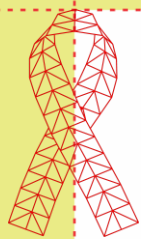
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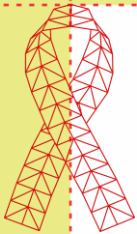
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## ABBREVIATIONS AND ACRONYMS

AIDS Registry	Philippine HIV and AIDS Registry
AMTP	AIDS Medium-Term Plan
ARV	Antiretrovirals
CRIS	Country Response Information System
DepEd	Department of Education
DOH	Department of Health
DSWD	Department of Social Welfare and Development
EPP/Spectrum	Estimation and Projection Package and Spectrum (Software)
FFSW	Freelance female sex workers
HIV and AIDS	Human immunodeficiency virus and Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
IHBSS	Integrated HIV Behavioral and Serological Surveillance
LGU	Local government units
M&E	Monitoring and evaluation
MARP	Most-at-risk populations
MESS	Monitoring and Evaluation System Strengthening
MEWG	M&E Working Group
MSM	Males who have sex with males
NASA	National AIDS Spending Assessment
NASPCP	National AIDS/STI Prevention and Control Program
NCPI	National Commitments and Policy Instrument
NEDA	National Economic and Development Authority
NDHS	National Demographic and Health Survey

NEC	National Epidemiology Center
NGO	Non-governmental organizations
NSO	National Statistics Office
OFW	Overseas Filipino worker
PLHIV	Persons (or People) living with HIV
PMTCT	Prevention of mother-to-child transmission
PNAC	Philippine National AIDS Council
PWID	Persons who inject drugs
SHC	Social Hygiene Clinics
R.A. 8504	Republic Act 8504, or the Philippine AIDS Prevention and Control Act of 1998
R.A. 9165	Republic Act 9165, or the Comprehensive Dangerous Drugs Act of 2002
RFSW	Registered female sex workers
STI	Sexually transmitted infections
TB	Tuberculosis
TGF	The Global Fund
UA	Universal access to HIV prevention, treatment, care and support
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary HIV Counselling and Testing
WHO	World Health Organization



## BACKGROUND

The Philippine National AIDS Council has articulated the strategic directions of the country response to HIV and AIDS through the 5<sup>th</sup> AIDS Medium Term Plan 2011-2016 (5<sup>th</sup> AMTP) in line with the Medium Term Philippine Development Plan (MTPDP) and the commitments to the United Nations General Assembly Special Session on HIV and AIDS 2001 (UNGASS) and the Millennium Development Goals of 2015 (MDG) with a vision to halt the spread of HIV in the Philippines.

The goal of the response is to maintain a prevalence of less than 66 HIV cases per 100,000 of the population in 2016 by preventing the further spread of HIV infection and reducing the impact of HIV and AIDS on individuals, families, sectors and communities. This will entail deliberate action that mobilizes resources with the strategic objective of building capacity, improving coverage and quality of interventions and services through partnerships, networks and relationship across all sectors that is coordinated and managed effectively by institutions and structures at the local and national level, guided by an iterative policy that is evidence informed, relevant to the situation and socio-cultural context of the community that is crucial to the response.

The responses to HIV and AIDS is dependent on the understanding of the individual, families, sectors, communities and institutions on HIV and its impact to the current activities and the future development of every aspect of society. This thinking is brought about by the creation of knowledge that is analyzed, managed and disseminated to inform; utilized, to learn from experiences, to improve, to foster partnerships beneficial to the greatest number of people in the community without prejudice to individual rights and responsibilities.

The 3<sup>rd</sup> Philippine HIV/AIDS Research and Evaluation Agenda for 2011-2016 (3<sup>rd</sup> PHAREA) aspire to address this imperative. It is hinged from the experience of the first Philippine HIV/AIDS Research Agenda for the period 2000 to 2004 that identified priority research which was clustered on the following thematic areas: (1) On understanding the burden of illness; (2) On understanding why HIV is spreading; and (3) Responses to the epidemic. The success of the 2000-2004 Research Agenda was in identifying the priority fields of research, however, it was not able to fully exert its influence in researches that were implemented within the period but were conceptualized prior to 2000. The demand for information and knowledge increased as the dynamics of the Philippine HIV epidemic evolved.

This was the impetus for the development of the second Philippine HIV/AIDS Research Agenda for 2005-2011 (2<sup>nd</sup> PHARA) which was guided by the 4<sup>th</sup> AIDS Medium Term Plan 2005-2011(4<sup>th</sup> AMTP). Building from the gains of the first research agenda, the second research agenda was clustered into four research topics with strong emphasis in the establishment of monitoring and evaluation systems, accordingly; 1. the burden of illness, 2. the determinants of the spread of HIV, 3. the responses to HIV and AIDS and 4. enhancing management systems.

The first and the second Research Agenda included the list of priority researches and a comprehensive compilation of research studies on HIV and AIDS undertaken from 2000 -2007 which is fundamental and remains relevant to date.

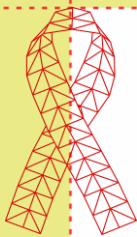
For continuity, the development of the third Philippine HIV/AIDS Research and Evaluation Agenda for 2011-2016 (3<sup>rd</sup> PHAREA) was guided by the experience of the first and second research agenda through the same consultative and participatory process with the intent of influencing actions to mold evidence for programme interventions and policy adherent to the five strategic objectives of the 5<sup>th</sup> AMTP to wit:

1. To improve the coverage and quality of prevention programs for persons most at risk for, vulnerable to, and living with HIV;
2. To improve the coverage and quality of treatment, care, and support programs for persons living with HIV (including those who remain at risk and vulnerable) and their families;
3. To enhance policies for scaling-up implementation, effective management, and coordination of HIV programs at all levels;
4. To strengthen the capacities of the Philippine National AIDS Council (PNAC) member agencies to oversee the implementation of the 5th AMTP; and
5. To expand, strengthen, and build the capacity of partners in the national response including local governments, the private sector, and communities-at-risk, vulnerable, and living with HIV for the implementation of the 5th AMTP.

**Figure 1: Synopsis of the 5<sup>th</sup> AIDS Medium-Term Plan 2011-2016: Philippine National AIDS Council**

VISION	The spread of HIV is halted in the Philippines				
GOAL	By 2016, the country will have maintained a prevalence of less than 66 HIV cases per 100,000 population by preventing the further spread of HIV infection and reducing the impact of the disease on individuals, families, sectors and communities				
BROAD OUTCOMES	Persons at-risk, vulnerable, and living with HIV avoid risky behaviors to prevent HIV infection	People living with HIV live longer, more productive lives	Country AIDS response is well governed and accountable		
STRATEGIC OBJECTIVES	To improve the coverage and quality of prevention programs for persons at most risk, vulnerable and living with HIV	To improve the coverage and quality of TCS programs for people living with HIV (including those who remain at risk and vulnerable) and their families	To enhance policies for scaling up implementation, effective management and coordination of HIV programs at all levels	To strengthen capacities of the PNAC and its members to oversee the implementation of the 5th AMTP	To strengthen partnerships and develop capacities for the 5 <sup>th</sup> AMTP implementation of LGUs, private sector, civil society, including communities of at-risk, vulnerable, and living with HIV
MAJOR OUTPUTS	<u>Comprehensive Program Design</u> <ul style="list-style-type: none"> <li>Sustained, quality HIV prevention</li> <li>Sustained, quality treatment, care, support</li> </ul> <u>Comprehensive Program Delivery</u> <ul style="list-style-type: none"> <li>HIV Prevention reached by persons at-risk, vulnerable and living with HIV</li> <li>TCS reached by PLHIV, including pregnant women and children</li> </ul>		<u>HIV and AIDS Policy Environment</u> <ul style="list-style-type: none"> <li>Policies to support programs</li> <li>Anti stigma and discrimination mechanisms</li> <li>Gender-sexuality frameworks in HIV and AIDS</li> </ul>	<u>Phil. National AIDS Council</u> <ul style="list-style-type: none"> <li>Strengthened PNAC functioning</li> <li>Strengthened PNAC coordination and collaboration</li> </ul>	<u>Partnerships on HIV and AIDS</u> <ul style="list-style-type: none"> <li>Strengthened local governments for responses</li> <li>Strengthened communities for responses</li> <li>Enhanced network of the national HIV and AIDS response</li> </ul>
MAJOR STRATEGIES	<ul style="list-style-type: none"> <li>Develop evidence-based, targeted, comprehensive programs</li> <li>Capacitate service providers</li> <li>Provide equitable access to programs</li> <li>Enhance decentralized implementation</li> </ul>		Provide enabling environment	Expand, build, strengthen management, partnerships and collaboration	Develop capacity of partners
MAJOR ACTIVITIES	<u>Comprehensive Program Design</u> <ul style="list-style-type: none"> <li>Program Design</li> <li>Referral Networks</li> <li>Service Capacity Building</li> <li>Program Assessment</li> </ul> <u>Comprehensive Program Delivery</u> <ul style="list-style-type: none"> <li>Program Institution</li> <li>Client Capacity Building</li> <li>Services Delivery</li> </ul>		<u>Policies Supporting Programs</u> <ul style="list-style-type: none"> <li>Policies to Address Access</li> <li>Policies to Address Risks</li> <li>Application of Policies</li> </ul> <u>Anti Stigma and Discrimination Mechanisms</u> <ul style="list-style-type: none"> <li>Awareness on Rights</li> <li>Capacity Building for Rights</li> <li>Redress Mechanisms</li> </ul> <u>Gender-Sexuality Framework for HIV and AIDS</u> <ul style="list-style-type: none"> <li>Framework Development</li> <li>Application of Framework</li> </ul>	<u>Strengthened PNAC Functioning</u> <ul style="list-style-type: none"> <li>5th AMTP Operations</li> <li>PNAC Members</li> <li>PNAC Secretariat</li> <li>National M&amp;E System</li> </ul> <u>Strengthened PNAC Coordination and Collaboration</u> <ul style="list-style-type: none"> <li>Regional AIDS Assistance</li> <li>M&amp;E Performance</li> </ul>	<u>Strengthened Local Governments for Responses</u> <ul style="list-style-type: none"> <li>Local Partnership Platforms</li> <li>5th AMTP Localization</li> <li>Local AIDS Governance</li> </ul> <u>Strengthened Communities for Responses</u> <ul style="list-style-type: none"> <li>Participation in Governance</li> <li>Community-led Programs</li> </ul> <u>Enhanced Network of the National Response</u> <ul style="list-style-type: none"> <li>HIV and Development</li> <li>Public, Private Responses</li> <li>Building Response Networks</li> </ul>





## PHAREA OBJECTIVES

To the greatest extent possible, through an inclusive, consultative and participatory process, the objective of the 3<sup>rd</sup> PHAREA was to identify strategic areas of concern from a list of priority researches, to harness knowledge that is disseminated, analyzed and utilized to inform and guide decision makers, programme planners and implementers, researchers and other stakeholders for efficient, effective quality programme interventions that shape policy in the National Response to AIDS faithful to the vision of the 5<sup>th</sup> AMTP.

### Specific Objectives

1. Conduct of review of the first and second PHARA and all other relevant HIV and AIDS research in the Philippines
2. Analyze information needs for better HIV and AIDS responses in the Philippines
3. Develop a list of priority research to address gaps in evidence informed programme implementation and policy formulation for better HIV and AIDS responses in the Philippines

### Expected Output

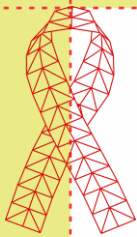
Through an inclusive consultative process, the content of the 3<sup>rd</sup> PHAREA is a categorized list of priority researches that is strategic and relevant to halt the spread of HIV in the Philippines.

### PHAREA Process and Timelines

In the light of expediency, limited resources and time and with the guidance of the Philippine National AIDS Council, partners, stakeholders and experts from the field as facilitated by the PNAC Secretariat, the timelines for the development of PHAREA followed a process as in Figure 2.

**Figure 2: Process and Timelines for PHAREA 2011-2016**

DATE	ACTIVITY	AGENDA	OUTPUT
3 Nov. 2011	PNAC Secretariat Meeting	Presentation of Proposed Process and Objectives of the 3 <sup>rd</sup> PHAREA	Draft proposed Process and Objectives of the 3 <sup>rd</sup> PHAREA
10 Nov. 2011	PNAC Secretariat and Technical Experts Meeting	Presentation of Proposed Process and Objectives of the 3 <sup>rd</sup> PHAREA	Developed proposed Process and Objectives of the 3 <sup>rd</sup> PHAREA for PNAC Scientific Committee Approval
15 Nov. 2011	PNAC Scientific Committee meeting on the proposed Process and Objectives of the 3 <sup>rd</sup> PHAREA	To Approve: Process/Criteria, Timelines, Structure, Core Group to develop 3 <sup>rd</sup> PHARA	Approved: Process/Criteria, Timelines, Structure, Core Group to develop 3 <sup>rd</sup> PHAREA
24 Nov. 2011	PNAC Secretariat and Core group Meeting	Listing of priority Research for the 3 <sup>rd</sup> PHAREA Drafting of Programme for the Consultative Workshop on the 3 <sup>rd</sup> PHAREA	List of priority Research for the 3 <sup>rd</sup> PHAREA Draft Programme for the Consultative Workshop on the 3 <sup>rd</sup> PHAREA
9 Dec. 2011	PNAC Secretariat and Core group Meeting	Finalization of Programme for the Consultative Workshop on the 3 <sup>rd</sup> PHARA	Finalized Programme for the Consultative Workshop on the 3 <sup>rd</sup> PHARA
13-15 Dec. 2011	Consultative Workshop of the 3 <sup>rd</sup> PHAREA	Criteria Selection/Identification of priority Research Agenda	Identification of Priority Research Agenda
15 Dec. 2011 to 15 Jan. 2012	Writing of the 3 <sup>rd</sup> PHAREA	Writing of Draft 3 <sup>rd</sup> PHAREA /documentation of process of development of the 3 <sup>rd</sup> PHAREA	Draft 3 <sup>rd</sup> PHAREA Process documentation
3 <sup>rd</sup> Wk, Jan. 2012	Electronic Editing, Consultation, Circulation of draft 3 <sup>rd</sup> PHAREA	Editing of draft 3 <sup>rd</sup> PHAREA	Draft 3 <sup>rd</sup> PHAREA For presentation of the PNAC Scientific Committee
4 <sup>th</sup> Wk, Jan. 2012	PNAC Scientific Committee Meeting	Presentation of draft 3 <sup>rd</sup> PHAREA to the Scientific Committee	Proposed 3 <sup>rd</sup> PHAREA recommended by the Scientific Committee for PNAC resolution
Feb. 2012	Presentation of 3 <sup>rd</sup> PHAREA to the PNAC Plenary	Proposed 3 <sup>rd</sup> PHAREA presented to the PNAC Plenary as recommended by the Scientific Committee for PNAC resolution	Adoption/resolution of the 3 <sup>rd</sup> PHAREA



## PNAC CONSULTATIVE WORKSHOP

The PNAC Secretariat facilitated the conduct of the consultative workshop for the identification of priority researches for the PHAREA 2011-2016. This event was participated by members of the technical committees of the PNAC, and the Programme Manager of the Department of Health (DOH), National AIDS, STI prevention and Control Programme (NASPCP), concurrent Chair of the PNAC Scientific Committee, who will recommend the outputs of the process to the PNAC in plenary. Experts from the academe who were instrumental in the development of the first and second research agenda made significant contributions to the workshop. The DOH Health Policy and Development Planning Bureau (HPDPB), mandated to develop National Health Research Agenda (NHRA) ensured that the PHAREA is congruent to the objectives of the agenda for Universal Health Care access. The National Epidemiology Centre (NEC) provided guidance and valuable inputs on the HIV situation, scenarios and projections to the workshop. The private sector and non-government organizations representing key populations, international organizations, and people living with HIV enriched the PHAREA development process.

The workshop was a platform to discuss the history of the development of the PHAREA and its objectives and to level off the strategic priorities, the concerns and interests of the sectors who participated in the process in support of the goals and objectives of the 5<sup>th</sup> AIDS Medium Term Plan 2011-2016, which was coordinated by the PNAC Secretariat. During the workshop, the DOH-NEC provided the epidemiological situation, and DOH-NASPCP followed with the health sector response. The PNAC Secretariat manifested the strategic directions of the 5<sup>th</sup> AMTP highlighting low cost-high impact interventions among key populations that will ensure coverage in identified priority geographic areas of risks and responses (Figure 3) such as Category A and Category B sites to be formalized as policy by the PNAC in plenary, characterized as follows:

- Category A, contributes almost half of the epidemic, with multiple risks and high prevalence, 22 cities were identified in this category
- Category B, contributes 30 to 40 percent of the epidemic, with multiple risks, 18 cities were identified in this category
- Category C, contributes about 10 percent of the epidemic, with presence of multiple risks, 30 cities were identified in this category
- Rest of the country contributes one to five percent of the epidemic

There was a consensus that the potential areas of research shall cover key populations in the identified geographic responses areas as a priority. This is to ensure that efforts are focused to foster greater understanding, facilitate communication to key stakeholders for more effective responses that will eventually contribute to the vision of the 5<sup>th</sup> AMTP.

To optimize utility of PHAREA 2011- 2016, there was an agreement on the following principles to wit:

1. All researches shall support the 5<sup>th</sup> AMTP.
2. All researches shall undergo an extensive ethical and technical review from conceptualization to the development of the protocol, the conduct of research, the dissemination and utilization of results .
3. All researches shall foster partnership and capacity development harnessing the participation of the academe (.edu), civil society (NGOs) (.org), the government (.gov) and the business sector (.com)

Figure 3: PNAC Identified Geographic Areas of Response by Category

	Category A	Category B	Category C
1	Manila City	Lapu-Lapu City (Cebu)	San Fernando (Pampanga)
2	Mandaluyong City	Talisay City (Cebu)	Tarlac City, Tarlac
3	Marikina City	Antipolo City (Rizal)	Mabalacat (Pampanga)
4	Pasig City	Cainta (Rizal)	Dagupan City (Pangasinan)
5	Quezon City	Bacoor (Cavite)	San Fernando (La Union)
6	San Juan City	Imus (Cavite)	Iligan City
7	Caloocan City	Dasmariñas (Cavite)	Tagum (Davao del Norte)
8	Malabon City	Lipa City (Batangas)	Panabo (Davao del Norte)
9	Navotas City	Batangas City	Cotabato City
10	Valenzuela City	Bacolod City	Legaspi City
11	Las Piñas City	Puerto Princesa City (Palawan)	Naga City
12	Makati City	Baguio City	Toledo (Cebu)
13	Muntinlupa City	Iloilo City (Iloilo)	Lucena City
14	Parañaque City	Olongapo City	Cavite City
15	Pasay City	Cagayan de Oro City	San Pedro (Laguna)
16	Taguig City	Zamboanga City	Calamba (Laguna)
17	Pateros	General Santos City	San Pablo (Laguna)
18	Danao City (Cebu)	Butuan City	Sta. Rosa (Laguna)
19	Cebu City		Malolos (Bulacan)
20	Mandaue City (Cebu)		Meycauayan (Bulacan)
21	Davao City		San Jose del Monte (Bulacan)
22	Angeles City		Marilao (Bulacan)
23			Sta. Maria (Bulacan)
24			San Mateo (Rizal)
25			Taytay (Rizal)
26			Tagbilaran City
27			Tacloban City
28			Malay (Aklan)
29			Puerto Galera
30			Tuguegarao City (Cagayan)

## The Workshop Process

The workshop process was an exercise of constant inquisition, assessment and evaluation of each step that was guided by key questions presented in a manner to achieve the objectives of the PHAREA. On a broader perspective, the participants and experts were asked to reflect on the following:

1. What do I want to know?
2. Why do I want to know it?
3. How can it contribute to what I am doing now?
4. Will it benefit the clients, the communities and their families?
5. Can I do it? *What do I need to do it? Who can do it?*

To ensure continuity of the analysis of issues and the identification of priority researches, research topics were clustered following the first and second research agenda accordingly:

1. The burden of illness
2. The determinants of the spread of HIV
3. The response to HIV and AIDS
4. Management systems

The corresponding guide questions administered during the workshop for each cluster were applied and taken from the second research agenda of 2005-2010.

The criteria agreed upon for prioritizing the research topics to be listed followed the valuation of the first and second research agenda which considered Relevance; defined as congruence and inclusion to the objectives of the 5<sup>th</sup> AMTP, Urgency; as the need to implement and determine the results for appropriate policy and programme response, Feasibility; as an institution is identified to potentially conduct the research with sufficient capacity and technology to implement the research with a clear funding source and mechanism to utilize and disseminate the results of the research, and finally Acceptability; was a parameter defined as whether the proposed identified research, in context, shall go against currently existing policies standards and norms with anticipated resistance and difficulty in the design and implementation process.

**Figure 4: PHAREA 2011-2016 Criteria for Prioritization and Valuation**

RELEVANCE (0-1)	URGENCY (0-2)	ACCEPTABILITY (0-1)	FEASIBILITY (0-3)
0 = Not included in the AMTP 1 = Included in the AMTP	OR, Baseline , End line AMTP 2 = To be done in 2012 1 = To be done in 2013 0 = To be done in 2014 onwards	0 = Against policies, standards, culture, norms 1 = No barrier	Institution, Capacity, Funding 0 = None of the above 1 = Any 1 of the above 2 = Any 2 of the above 3 = All of the above

A series of questions were applied as a lens to further evaluate the identified priority research topics in the agenda according to the cluster by which the PHAREA is framed with the corresponding questions on the different stages of the evaluation process and the type of research needed to address the issue on each stage as follows:

Stage 1: Problem identification: *What is the problem?*

Stage 2: Understanding potential responses: *Are we doing the right things?*

Stage 3: Monitoring and evaluation: *Are we doing them right?*

Stage 4: Determining collective effectiveness: *Are we doing them on a large enough scale?*

Figure 5 illustrates the evaluation of research topics for prioritization in the research agenda.

**Figure 5: Public Health Questions Approach to Unifying HIV Monitoring and Evaluation**

CLUSTER	QUESTIONS		TYPE OF RESEARCH NEEDED
I. Burden of Illness II. Determinants of Spread of HIV	Problem Identification		
	What is the problem?	1. What is the problem?	<ul style="list-style-type: none"> <li>Situation Analysis</li> <li>Surveillance</li> </ul>
		2. What are the contributing factors?	<ul style="list-style-type: none"> <li>Determinants Research</li> </ul>
	Understanding Potential Responses		
	Are we doing the right things?	3. What interventions can work? (Efficacy and Effectiveness)	<ul style="list-style-type: none"> <li>Special Studies</li> <li>Operations Research</li> <li>Formative Research</li> <li>Research Synthesis</li> </ul>
		4. What interventions and resources are needed?	<ul style="list-style-type: none"> <li>Resource Needs</li> <li>Response Analysis</li> <li>Input Monitoring</li> </ul>
III. Response to HIV and AIDS	Monitoring and Evaluating National Programmes		
	Are we doing them right?	5. What are we doing? Are we doing it right?	<ul style="list-style-type: none"> <li>Process Monitoring and Evaluation</li> <li>Quality Assessment</li> </ul>

CLUSTER	QUESTIONS		TYPE OF RESEARCH NEEDED
IV. Management Systems		6. Are we implementing as planned?	▪ Output Monitoring
		7. Are we making a difference?	▪ Outcome Evaluation Studies
	Determining Collective Effectiveness		
	Are we doing them on a large enough scale?	8. Are intervention efforts on a large enough scale to impact the epidemic?	▪ Surveys and Surveillance

The PNAC Scientific Committee together with the experts from the academe further analyzed and evaluated the prioritized research agenda to determine the context by which researches should be undertaken that would be essential in the response following the different stages of the evaluation process which included the identification of the problem, understanding potential responses, monitoring and evaluation and determining collective effectiveness.

### What is the problem?

There is an estimated 19,022 total HIV infections with 0.036 prevalence in 2011 this will rise to projected 35,941 total estimated number of HIV infections and 0.062% prevalence by 2015 (Figure 6).<sup>1</sup> The goal of the 5<sup>th</sup> AIDS Medium Term Plan is to keep the HIV prevalence below 66 HIV positive people out of 100,000 by 2016,<sup>2</sup> which is well within the range of the projected number of infections and prevalence by that year. However this hides the fact that in the last ten years, the epidemic curve has risen sharply and steeply from one new case recorded every three days in 2000 to one every three hours in 2011,<sup>3</sup> from 210 new HIV infections recorded in 2005 ballooning to 2,349 new HIV cases officially reported in 2011.<sup>4</sup>

**Figure 6: Projected PLHIV in the Philippines 2010-2015**

	2010	2011	2012	2013	2014	2015
<b>HIV Population</b>						
Total	14,967	19,022	22,837	26,907	31,180	35,941
Male	12,132	15,509	18,617	21,914	25,369	29,218
Female	2,834	3,513	4,221	4,993	5,811	6,723
<b>Prevalence 15-49</b>	<b>0.029</b>	<b>0.036</b>	<b>0.042</b>	<b>0.048</b>	<b>0.055</b>	<b>0.062</b>
<b>New HIV Infections</b>						
Total	3,530	4,625	4,383	4,617	4,919	5,526
Male	2,906	3,843	3,577	3,749	3,990	4,484
Female	624	781	806	867	929	1,042
<b>Annual AIDS Deaths</b>						
Total	482	495	477	441	523	625
Male	390	404	394	364	433	517
Female	92	90	84	77	91	107

Source: 2011 Philippine Estimates of the Most At-Risk Population and People Living with HIV, Philippine National AIDS Council 2011

<sup>1</sup> 2011 Philippine Estimates of the Most At-Risk Population and People Living with HIV, Philippine National AIDS Council October 2011

<sup>2</sup> 5<sup>th</sup> AIDS Medium Term Plan, Philippine National AIDS Council 2011

<sup>3</sup> The AIDS Registry 2011 December, National Epidemiology Centre, Philippines Department of Health

<sup>4</sup> The AIDS Registry 2011 December, National Epidemiology Centre, Philippines Department of Health

While most of the HIV epidemic in the world has remained stable or has gone low, the Philippines has been identified as one of seven countries documented globally with a surging HIV epidemic, with new cases increasing by more than 25 per cent annually from 2001 to 2009.<sup>5</sup> The prospect of the Philippines remaining a low prevalent country in the next five years is an opportunity to urgently address the pockets of rising HIV infections among Key populations in identified geographic areas.<sup>6 7</sup>

## HIV is rising among key populations

The country as a matter of priority has to find innovative ways to ensure adequate coverage and efficiently intervene the concentrated epidemics among key populations in certain geographic areas namely:

1. **PWID:** People who Inject Drugs are already documented in four cities in the country but particularly in Metro Cebu where studies show persistent risk behaviours of sharing needles, low condom use and multiple partners. As early as 2005, as seen as indication of a pending HIV epidemic in the area.<sup>8</sup> There was a documented surge in Hepatitis C infections with an 80.8% prevalence in Cebu City<sup>9</sup>. This has risen to 94.4% prevalence of hepatitis C in 2011 in Cebu City. From an HIV prevalence of 0.59% among People who inject drugs in 2009, alarmingly 53.82% are already HIV positive in Cebu City in 2011<sup>10</sup>.
2. **MSM:** Between 1984 and 1990 60% of the total recorded infections occurred among females, this trend has shifted dramatically in 2011, where males accounted for 93% of new infections.<sup>11</sup> There is a significant increase in HIV prevalence among men who have sex with men from 0.04% in 2005 to 1.05% in 2009 to 2.16% in 2011.<sup>12</sup> While this is spreading, to date, there is no institutional intervention in place to address the increasing documented risk practice of unprotected anal sex among Males who have sex with males in the country.
3. **The Youth:** The Young Adult Fertility and Sexuality Survey in 1994 documented that 23% of youth (15-24 year olds) have engaged in risky sex<sup>13</sup>, this increased to 27% in 2002.<sup>14</sup> Peers, mass media and other social networks are gaining ground as sources of guidance and support for the youth<sup>15</sup> with diminishing family influence due to separation and migration of parents to seek jobs abroad. There is an increase in risk taking behaviours among youth with a gender divide of males as predominantly sexual adventurers.<sup>16</sup> These social dynamics may explain the increasing trend of new infections among 15 to 24 years old from less than 10% of the total new infections in 2002 to 30% of new infections in 2011.<sup>17</sup> This phenomenon may mean that the average age for risk taking behaviour is getting younger over time and with it the risk of getting infected by HIV earlier in life.<sup>18</sup> The demographics of the HIV

<sup>5</sup> The 2010 Global Report on HIV: [www.unaids.org](http://www.unaids.org)

<sup>6</sup> Mateo R, Sarol JN, Poblete R.; "HIV/AIDS in the Philippines"; AIDS Education and Prevention, University of California in Los Angeles Press .2004;16:43–52.

<sup>7</sup> Farr, A and Wilson,D; "An HIV epidemic is ready to emerge in the Philippines"; Journal of the International AIDS Society. 2010; 13: 16

<sup>8</sup> Kageyama S, Agdamag DM et al; "Tracking the Entry Routes of Hepatitis C virus as a Surrogate of HIV in an HIV-low prevalence country, the Philippines."; Journal of Medical Virology: 2009 Jul;81(7):1157-62

<sup>9</sup> Agdamag DM, Kageyama S et al; Rapid spread of hepatitis C virus among injecting-drug users in the Philippines: Implications for HIV Epidemics; *J Med Virol*. 2005 Oct;77(2):221-6.

<sup>10</sup> Integrated Behavioural HIV Sentinel Surveillance 2011, National Epidemiology Centre, Philippines Department of Health 2011

<sup>11</sup> The AIDS Registry 2011 November, National Epidemiology Centre, Department of Health ,

<sup>12</sup> Integrated Behavioural HIV Sentinel Surveillance 2011, National Epidemiology Centre, Philippines Department of Health 2011

<sup>13</sup> Young Adult Fertility and Sexuality Survey (YAFS2)1994, Demographic Research and Development Foundation; University of the Philippines Population Institute

<sup>14</sup> Young Adult Fertility and Sexuality Survey (YAFS3)2002, Demographic Research and Development Foundation; University of the Philippines Population Institute

<sup>15</sup> Raymundo, Corazon, et al, "The Social Institutions Surrounding Adolescents" In Youth Sex and risk Behaviors in the Philippines, 2004 Demographic Research and Development Foundation; University of the Philippines Population Institute

<sup>16</sup> Marquez, Marie Paz, et al, "Getting Hotter, Getting Wilder": Changes in Risk Taking Behaviors Among Filipino Youth, 2004 Demographic Research and Development Foundation; University of the Philippines Population Institute

<sup>17</sup> The AIDS Registry 2011 October, National Epidemiology Centre, Philippines Department of Health

<sup>18</sup> Balk D, Brown T, Cruz G, Domingo L. Are Young People in the Philippines Taking Chances with HIV/AIDS?; Asia-Pacific Population and Policy. 1997;40: 1–4.



epidemic indicate that timely interventions may not have been in place to forestall the epidemic among the youth, which has the potential to grow more in the future.

4. **Freelance Sex Workers:** Prostitution is illegal in the Philippines, however, Registered Female Sex Workers or indirect sex workers work primarily as guest relation officers in entertainment establishments or as massage attendants who are serviced regularly every two weeks by the Social Hygiene Clinic for STI screening, counselling and HIV education. Compared to Registered sex workers, Freelance sex workers have less access to the social hygiene clinic and lower level of knowledge of HIV. The result is an increasing prevalence of HIV among Freelance sex workers from 0.54% to 0.68% as opposed to the decreasing prevalence of HIV from 0.23% to 0.13% among registered sex workers. The services and the protective effect of the SHC should be extended to freelance sex workers and other key populations where appropriate.

### **We know what to do but resources are just not enough**

The rich, more than two decade old experience of the country to respond to STI/HIV and AIDS already on its 5<sup>th</sup> AIDS Medium Term Plan for a coordinated response as guided by a comprehensive law on HIV is a reflection of early government recognition, a vibrant civil society engagement in a multi-sectoral framework. This resolve has been one of the reasons why the Philippines has controlled the HIV epidemic in the past<sup>19</sup>. The country now is facing a spiking concentrated epidemic among key populations, this has been the focus of the 5<sup>th</sup> AMTP alongside advocacy, capacity building for local responses and systems strengthening. The desire and the direction seems to be in a path unfunded that there is a danger that this shall remain unaddressed and will put the country in a position of a more expensive and uncontrollable epidemic in the future.

Research should be molded to document this gap, enhance current interventions that will provide more cost effective evidence for policy and efficient use of scarce resources.

### **Low Prevalence = Low Priority**

Historically, the Philippine paradox of HIV and development boils down to the temporally ambiguous challenge that resources will flow if there is considerable numbers to demonstrate the burden of a disease condition to society and the general welfare of the people. Over time, HIV advocates had been declaring that there is a looming big wave of HIV in the future, if we do not intervene with the persistent documented risk behaviors among key populations, if we don't treat the sexually transmitted infections, if we don't address the socio economic conditions that predisposes individuals and society to be vulnerable to HIV, such as ignorance, fear and poverty, worse off, all the gains of development and in health will be negated in the context of a generalized HIV epidemic. Faced with this uncertainty, the country may not be able to afford a low prevalence-low priority scenario.

Research has shown that it may seem to be a low HIV prevalent scenario at the national level but with concentrated epidemics among key populations in certain geographic areas. This is the impetus for more research to gain more understanding of the dynamics of the spread of HIV at the local level, where responses can be appropriate, proximal and immediately supported by transformative evidence informed policy, technology and logistics at the national level.

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<sup>19</sup> Mateo R, Sarol JN, Poblete R.; "HIV/AIDS in the Philippines"; AIDS Education and Prevention, University of California in Los Angeles Press .2004;16:43-52.

## Are we doing the right things?

Figure 7 shows the total AIDS spending by function in dollars during the period of the 4th AIDS Medium Term Plan (AMTP) 2005-2010 which was estimated to cost around US \$44 million per year. The table shows that the average spending for AIDS per year was just US\$ 8.5 million, meaning that 81% of the investment plan remained unfunded. Sixty seven percent (67%) of the resources raised for the response came from external sources, mostly from the Global Fund, while 13% came from private sources and 20% from domestic Government resources<sup>20</sup>

**Figure 7: Total AIDS Spending by Function (In US dollars)**

Function	2007	2008	2009	Average	Percent
Prevention	4.63 million	4.58 million	7.24 million	5.49 million	65%
Care and Treatment	151,406	678,635	911,317	580,453	7%
OVC	-	123,500	36,000	53,000	1%
Program Management	472,643	1.3 million	2.7 million	1.5 million	18%
Human Resources	201,227	553,194	480,059	411,493	5%
Social Protection	1,733	47,091	36,000	28,267	0.3%
Enabling Environment	56,610	164,357	255,589	158,852	2%
Research	108,000	245,000	184,744	182,571	2%
<b>TOTAL</b>	<b>5.6 million</b>	<b>7.7 million</b>	<b>11.9 million</b>	<b>8.5 million</b>	<b>100%</b>

Notes: Exchange Rate: 2007 US\$1 = PhP46.15; 2008: US\$1 = PhP44.47; 2009: US\$1 = PhP47.63)

Data source: National AIDS Spending Assessment, NEDA

At the outset, it may seem that the resources were allocated strategically wherein 65% of the fund went to prevention interventions while the rest were spent mostly on programme management costs, care and treatment, as well as advocacy and system strengthening interventions. What transpired in the course of the 4<sup>th</sup> AMTP was the more cost effective low cost–high impact prevention interventions for key populations that the country needed at the time when the concentrated epidemics were rising, ended, when Round 3 and Round 5 of the Global Fund closed in 2010, which left the country with Round 6 activities for blood safety, counseling, treatment care and support that were deemed high cost-low impact interventions. This was not deliberate by design, but what occurred was, there were not enough local resources to be mobilized to fill in the gap of the intended coverage targets of the 4<sup>th</sup> AMTP.

Research should learn from the valuable experience of hindsight equipped with better tools and information to gain foresight to project the future and create scenarios to anticipate challenges in national and more importantly local responses to HIV/AIDS and development.

## Are we doing them right?

Here are some key facts to consider:

- Exposure to interventions does not translate to safe behaviors
- Low level of knowledge
- Low condom use

<sup>20</sup> National AIDS Spending Assessment (NASA), 2007-2009, National Economic Development Authority, Philippine National AIDS Council 2011



- Multiple partners
- Sharing of needles
- Only 5% get to take the test in some Key Populations
- RFSW consistency

In a study of Males who have sex with males (MSMs) behaviours and interventions by Pedroso, et al in 2011 revealed that exposure to interventions does not necessarily translate to safe behaviours among MSMs<sup>21</sup>, further research may find that this may hold true to a certain degree among other key populations such as the youth, sex workers and People Who Inject Drugs (PWIDs). reflecting the need to intensify the quality of intervention programmes targeting this group. Behavioural surveillance data show that over time risk behaviours persist as condom use remains low (e.g. 11% among People who inject drugs, 32% use among Men who have sex with men to 65% use among sex workers) there is low level of knowledge, the practice of multiple partners across all key populations and sharing of needles among PWIDs, with only 5% get to take the test for HIV in some key populations.<sup>22</sup>

Further research hopes to bring us to the realization on the need to intensify the coverage and the quality of intervention programmes among key populations that will determine the trend of the HIV epidemic. A cluster of difficult questions remain unanswered and postulated that should influence the research and evaluation agenda for 2011-2016 and eventually enhance the current responses to wit:

- *Why did the risk behaviors persist over time despite the interventions?*
- *Are we working in the “right” place where the risk behaviors, the epidemic and transmission are happening?*
- *Are we reaching more vulnerable people strategically with the most risk for HIV?*
- *Are we intervening at the right time and sustain our interventions where we can observe a change? If not? what were the changes and the effects? How can we improve on the way we do things?*
- *Of those reached by intervention, how many improved their knowledge after? Was there an observed change? Of those who had knowledge, how many became aware of their personal risks for HIV? Of those who were aware of their risks, how many decided to take the test? Of those who decided to take the test, how many actually submitted to testing for HIV?*
- *Of those aware, what were the intervening factors that influenced them to and not to take the test?*
- *Why only 5% of those reached took the test? What is the profile of the 5% who took the test? What were their reasons for taking the test? Is the 5% at more risk than the 95% who did not take the test? Is the current prevalence from the 5% who took the test a reflection of the true prevalence among the key population tested?*
- *What happened to the 95% who did not take the test? What were their reasons for not taking the test? Is the 95% at more risk than the 5% who did not take the test?*
- *Was there a referral system in place to address the needs of the clients in the continuum of care from education, counseling, to treatment care and support services pathway?*
- *Was there an effort to determine the reasons for client attritions in every service point of the pathway? Was there a mentoring process conducted to observe and feedback results? Was there a collective discussion of the experiences and challenges encountered by the service*

<sup>21</sup> Pedroso L.; Sasota R, et al; “Further Study of the 2009 Philippine Integrated Behavioural HIV Sentinel Surveillance; HIV prevalence and Behavioural Risk Factors Among Males having Sex with Males”; Health Action Information Network; National Epidemiology Centre, Department of Health Philippines; UNAIDS; UNDP 2011

<sup>22</sup> Universal Access to Treatment care and Support, The Country Report, health Action Information Network, Philippine National AIDS Council 2011, The Joint United Nations Programme on HIV and AIDS 2011

*providers? Was there a consensus to develop and enhance current guidelines and protocols in a client centered/rights based response?*

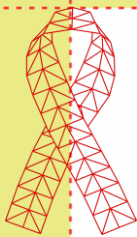
### **Are we doing it large enough to scale?**

The persistent resource gap and under-funding affected the performance and coverage of prevention programmes which was observed among Key Populations where it could have mattered most. The coverage remained low, ranging from merely 2% per cent among People who inject drugs to 55% among sex workers, compared to the target coverage of 60%. The accomplishments for treatment, care and support was closer at 82% compared to the 90% targeted coverage.

Other intervening factors may have contributed to the relatively poor performance of the programme which included lack of leadership and political will support the response, weak absorptive capacity, weak institution and human resource support and evolving monitoring and evaluation processes for evidence informed systems to shape policy and enhance the programme.<sup>23</sup>

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<sup>23</sup> Ibid.



## RESEARCH PRIORITIES

Following the outlined extensive consultation, analysis and evaluation process faithful to the strategic directions of the 5<sup>th</sup> AMTP, The Philippine National AIDS Council has proposed a list of priority researches for the PHAREA 2011-2016. For continuity relevant to the first and second HIV Research Agenda, the list was categorized into four clusters.

### RESEARCH

- |   |                               |  |
|---|-------------------------------|--|
| 1 | Burden of Illness             | These clusters address the issue of problem identification and understanding of the response. It is creating knowledge on the scale of population affected, the risks, vulnerabilities and scenarios on the potential effect of interventions or its absence. It is also about linking networks and each component strengths and possible contributions to the response. |
| 2 | Determinants of Spread of HIV |  |

### MONITORING AND EVALUATION

- |   |                           |  |
|---|---------------------------|--|
| 3 | Responses to HIV and AIDS | These clusters highlight the imperative role of monitoring and evaluation, and the determination of collective effectiveness for programme quality improvement, optimization of existing resources and the programmatic management of anticipated risks based on the experience and evaluation of options and interventions. |
| 4 | Management Systems        |  |

Each cluster is outlined with the list of priority researches per strategic area of the 5<sup>th</sup> AMTP where appropriate: (1) Prevention among Key Populations, (2) Prevention among the General Population, (3) Treatment, (4) Care and Support, (5) Stigma Reduction, (6) Policy, and (7) the PNAC Structure and its Periphery. The priority research agenda for 2011-2016 is listed in this chapter while the complete list of research topics are in Annex B.

### Research

CLUSTERS		
1. Burden of Illness		
2. Determinants of the Spread of HIV		
AMTP AREA	PRIORITY RESEARCH AND QUESTIONS	
Prevention: Key Populations	Trend and Continuity of IHBSS	Rapid assessments of vulnerability
		▪ Rapid Assessment of HIV Vulnerability Plus or RAV+
		▪ What are the sites that can conduct RAV+?
		▪ What are the behaviors of at-risk groups in each area?
		Estimates, projections and modeling
		Behavioral surveillance
		STI surveillance
		▪ STI Etiologic Surveillance Plus or SES+
		▪ What is the incidence of STI cases among key populations who went to SHC?
		HIV surveillance
HIV prevalence among key (most-at-risk) populations		

CLUSTERS		1. Burden of Illness 2. Determinants of the Spread of HIV
AMTP AREA	PRIORITY RESEARCH AND QUESTIONS	
	Special Studies: PWID	Formative study to determine presence of PWID in a city <ul style="list-style-type: none"> <li>Is there PWID population in the city?</li> <li>How big is the PWID network in the city?</li> <li>Can we conduct a serologic and behavioral survey using respondent driven sampling?</li> </ul>
		HIV-HepC co-infection <ul style="list-style-type: none"> <li>What are the behaviors of PWID who are HIV-HepC positive?</li> </ul>
	Special Studies: MSM and Transgenders	HIV incidence study among MSM (delay analysis) <ul style="list-style-type: none"> <li>What are the behaviors of non-positive MSM to HIV-positive MSM?</li> <li>How many of them have reported STI during the study period?</li> <li>How long does it take for a non-positive MSM to sero-convert?</li> </ul>
		TG specific vulnerable population prevalence
		HIV prevalence of partners of TG
Prevention: General Population		Information on TG in all clusters STI prevention research: general population <ul style="list-style-type: none"> <li>STI prevalence survey</li> </ul>
Treatment		HIV-related deaths <ul style="list-style-type: none"> <li>Among HIV-related deaths, were they on ARV, never on ARV, or stopped taking ARV (adherence analysis)? What are the reasons?</li> <li>What are the reasons for shifting from first to second-line ARV regimens?</li> </ul>
		Drug resistance on ARV
		STI drug resistance

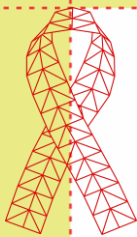
## Monitoring and Evaluation

CLUSTER		3. Response to HIV and AIDS
AMTP AREA	PRIORITY RESEARCH AND QUESTIONS	
Prevention: Key Populations	Evaluation: Key Populations	<ul style="list-style-type: none"> <li>Condom use programme evaluation</li> <li>Documentation of the development of feedback, reporting and referral mechanisms (e.g. referral mechanism for program; referral system with professional PLHIV detected in blood services organizations such as POGS, etc.)</li> <li>Documentation of establishment of community-based peer education programs for OFW</li> <li>Assessment of approaches in voluntary counseling and testing</li> <li>Assessment of peer education strategies among SW, PWID, MSM and other populations</li> </ul>
Prevention: General Population	Evaluation: General Population	<ul style="list-style-type: none"> <li>Inventory, review and content analysis of AIDS training manuals</li> </ul>

CLUSTER 3. Response to HIV and AIDS		
AMTP AREA		PRIORITY RESEARCH AND QUESTIONS
		<ul style="list-style-type: none"> <li>Assessment of capacity of youth workers in life-skills based approach to HIV</li> <li>Evaluation of trainings of PDOS providers, assessment of the capacity of PDOS providers</li> </ul>
Treatment	TCS Baseline Studies	<p>Situation analysis of TCS</p> <ul style="list-style-type: none"> <li>What are the current program coverage of TCS?</li> <li>Provider training and experience for people living with HIV and AIDS</li> <li>Home-based care for reducing morbidity and mortality in people</li> <li>Nutritional interventions for reducing morbidity and mortality in people living with HIV</li> <li>Self-management interventions for people living with HIV and AIDS</li> </ul>
Care and Support		<p>Enhancing access of PLHIV to TCS services</p> <ul style="list-style-type: none"> <li>How will PLHIV access ARV, especially among those who are not enrolled in OHAT (i.e. CD4 is higher than 350)?</li> </ul> <p>Factors affecting adherence of PLHIV to antiretroviral therapy</p> <ul style="list-style-type: none"> <li>What are the causes of non-adherence to ARV treatment regimen? How can these be addressed?</li> <li>What are the health impacts (effects) for non-adherence?</li> <li>Improvement of access to treatment hubs: What are the barriers to accessing services provided by treatment hubs? Among PLHIV support groups?</li> </ul>
CLUSTER 4. Management Systems		
AMTP AREA		PRIORITY RESEARCH AND QUESTIONS
Treatment	Evaluation: Treatment Hubs	<p>Program implementation review</p> <ul style="list-style-type: none"> <li>Guidelines, protocols, pathway, reporting systems, referral mechanisms, feedback mechanisms, internal and external evaluation</li> </ul>
Care and Support		<p>Studies on care and support provided by a network of faith-based organizations</p> <ul style="list-style-type: none"> <li>How can faith-based organizations provide “support services”?</li> <li>Capacity building of PLHIV, meaningful involvement of PLHIV: How to capacitate PLHIV on TCS, stigma and discrimination?</li> </ul> <p>Monetary support</p> <ul style="list-style-type: none"> <li>Exploring mechanisms for livelihood programs for PLHIV and affected family members: How to provide livelihood programs to PLHIV?</li> <li>What agencies/groups should program livelihood programs?</li> <li>Support to OFW living with HIV: What are the available services for OFW PLHIV? How can these be improved?</li> <li>Maximizing CCT of DSWD: How can CCT ensure indigent PLHIV (and family) access/utilize services?</li> </ul>
Policy		<p>Localization of policy</p> <ul style="list-style-type: none"> <li>AIDS spending assessment, resource needs, costing and</li> </ul>

CLUSTER	4. Management Systems
AMTP AREA	PRIORITY RESEARCH AND QUESTIONS
	investment plans (IPH)
	Evaluation of HIV counseling and testing program of social hygiene clinics (characterize)
	Compliance of HIV testing laboratories to EQAS
	Compliance of blood banks to EQAS
Evaluation: Policy	<p>Assessment of the TB/HIV collaboration mechanism</p> <ul style="list-style-type: none"> <li>What is the extent of the TB/HIV collaboration implementation and its effect?</li> </ul> <p>Functionality of the TESDA, DepEd, CHED HIV/AIDS curriculum/intervention</p> <ul style="list-style-type: none"> <li>Is TESDA, DepEd, CHED HIV/AIDS curriculum being implemented?</li> <li>What is facilitating/hindering the roll-out to public and private providers?</li> </ul> <p>Evaluating local government response to HIV (assess the functionality of LAC)</p> <ul style="list-style-type: none"> <li>With emphasis on local policy and financing: survey on the inclusion of HIV in the local investment plans for health</li> <li>Policy review and assessment: access, risks, reporting and compliance monitoring</li> </ul> <ul style="list-style-type: none"> <li>Benchmarking of comprehensive workplace programs for various industry types and sizes: How do effective comprehensive sectoral programs work?</li> <li>Developing advocacy packages for decision makers (business case): What can convince decision makers to adopt/invest on HIV programs</li> <li>RA 8504 compliance monitoring and assessment: What is the current level of compliance to RA 8504?</li> <li>Determining population specific burden of the disease: What is the sectoral burden of the disease?</li> </ul> <p>Impact evaluation for mass media HIV campaigns</p> <ul style="list-style-type: none"> <li>How do we prepare, correct effective media information?</li> </ul> <p>Policy review from VCT to TCS</p>
PNAC and the Periphery	<p>Studies to support crafting of PNAC operational guidelines</p> <ul style="list-style-type: none"> <li>What are the PNAC members' institutional commitments to the Council? (MOP PNAC, Secretariat, Per member agency)</li> <li>What is the effect of change in leadership among local executives to local response?</li> </ul> <p>Health provider survey to determine percentage of health providers with accepting attitudes towards PLHIV, capacity for service delivery among service providers among national agencies and 60 sites</p> <ul style="list-style-type: none"> <li>What is the level of knowledge and current health practice of health care workers on standard precautions?</li> <li>What is the profile of blood donors who turned out to be HIV positive during blood screening?</li> </ul> <p>Assessment of PNAC member agencies on their performance as</p>

CLUSTER	4. Management Systems
AMTP AREA	PRIORITY RESEARCH AND QUESTIONS
	<p>mandated by RA 8504</p> <ul style="list-style-type: none"> <li>▪ What are the limitations in the implementation of relevant findings/recommendations from researches and evaluations conducted?</li> <li>▪ PNAC as a Council, PNAC as a Secretariat: What are the counter-measures to address such limitations?</li> <li>▪ PNAC as a Council, PNAC as a Secretariat: What are the possible mechanisms to link with other government agencies, NGO or private agencies?</li> <li>▪ RAATS performance in terms of its functions</li> </ul>



## RECOMMENDATIONS

Research reveals that the Philippines will most likely remain a “low” prevalence country in the next five years. However, inaction and failure to address coherently the pockets of rising HIV infections among Key populations in identified geographic areas may mean a more expensive, less controllable epidemic in the next medium term. To remain vigilant, trends have to be monitored and national responses adjusted, through the regular conduct of national demographic surveys and social researches. Resources need to be mobilized to ensure the continuity of knowledge and information for policy and programme formulation. The appropriate response to HIV is determined by the understanding of the dynamics of the epidemic and its projected and evident consequences.

The following researches/reports conducted at the national scale is recommended to be pursued in the PHAREA 2012-2016:

1. National Demographic Health Survey
2. Young Adult Fertility and STI and AIDS Survey
3. STI prevalence Survey
4. Integrated HIV Behavioural/STI Surveillance System (IHBSS)
5. Men Sexuality, STI and AIDS Survey(MENSA)
6. National AIDS Spending Assessment
7. The PNAC Report
8. Drug Resistance Survey on ARV
9. STI Drug Resistance Survey
10. Evaluation of Treatment Hubs and Service Points

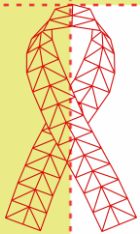
Mindful that even with a low prevalent epidemic scenario, the most critical interventions that will prevent the spread of HIV occur at the local level. It is imperative to harness the initiatives for the localization of the available epidemiologic and economic tools for strategizing, scoping and allocation of resources for the response. Local government-civil society interface fostering greater commitment and involvement of the sectors most affected by HIV and AIDS creates information, knowledge and understanding of the dynamics of the epidemic, sets the environment for more appropriate and sustainable local responses.

The following researches/reports conducted at the local level are recommended to be pursued in the PHAREA 2012-2016:

AMTP AREA		RESEARCH TOPICS AND QUESTIONS
Prevention: Key Populations	Trend and Continuity of IHBSS	Rapid assessments of vulnerability
		▪ Rapid assessment of vulnerability plus, or RAV+
		▪ What are the sites that can conduct RAV+?
		▪ What are the behaviors of at-risk groups in each area?
		Estimates, projections (where appropriate), modelling (with basic epidemiological characterization as to person, place and time)
		AIDS spending assessment, resource needs, costing and investment plans (IPH)
		Behavioral surveillance
		STI surveillance
		HIV surveillance
		HIV prevalence among key (most-at-risk) populations



AMTP AREA		RESEARCH TOPICS AND QUESTIONS
Policy	Special Studies	Condom use programme evaluation
		Evaluation of HIV counselling and testing program of social hygiene clinics
		Compliance of HIV testing laboratories to EQAS
		Compliance of blood banks to EQAS



### NEXT STEPS

The Philippine National AIDS Council (PNAC) together with the PNAC Secretariat, the National AIDS/STI Prevention and Control Programme (NASPCP), the National Epidemiology Centre (NEC) and the Health Policy Development and Planning Bureau (HPDPB) of the Department of Health shall address the issues of the determination of the information and statistical infrastructure to meet the needs of the PHAREA ideally with a dedicated PHAREA Secretariat that shall function as a clearing house for researches to ensure that all researches have undergone a thorough review by an independent Ethical Review Board and a Technical Review Panel. The PHAREA Secretariat shall also function as a repository of information and as a platform/sounding board to exchange knowledge and experience for the development of response.

This shall be addressed by the PNAC in plenary and reflected in the PNC report as a structural arrangement to ensure the operationalization of the PHAREA 2012-2016 and the vision of the 5<sup>th</sup> AIDS Medium Term Plan.

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# GLOSSARY OF M&E TERMS

*Prepared by the Evaluation Technical Working Group of  
the Joint United Nations Programme on HIV/AIDS (UNAIDS)  
Monitoring and Evaluation Reference Group  
June 2008*

## RESEARCH

1. Research—activity that focuses primarily on hypothesis testing, aiming to contribute to generalizable knowledge. Research typically attempts to make statements about relationships among specific variables under controlled circumstances and at a given point in time.
2. Exploratory study—a preliminary study to provide information on the topic of the intervention to understand the problem better.
3. Operational research—the application of systematic research and evaluation techniques to improve programs and service delivery. This application analyzes only factors that are under the control of program managers, including indicators of program success, such as improving the quality of services, increasing training and supervision of staff members, and adding new service components. It is designed to assess the accessibility, availability, quality, and sustainability of programs.

## SURVEILLANCE

1. Surveillance—the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. These data can help predict future trends and target needed prevention and treatment programs.
2. Second-generation surveillance—HIV surveillance that is tailored to meet the specific pattern of the epidemic in a country. It not only tracks HIV prevalence but also uses additional sources of data to increase understanding of trends of the epidemic over time. It includes biological surveillance of HIV and other sexually transmitted infections as well as systematic surveillance of the behaviours that spread them.

## M & E

1. Monitoring and evaluation (M&E) plan—a comprehensive planning document for all M&E activities. An M&E plan documents the key M&E questions to be addressed, including what indicators are collected; how, how often, from where, and why they will be collected; what baselines, targets, and assumptions will be included; how the indicators are going to be analyzed or interpreted; and how or how often reports will be developed and distributed on these indicators.

## MONITORING

1. Monitoring—routine tracking and reporting of priority information about a program and its intended outputs and outcomes.

2. Inputs and outputs monitoring—the basic tracking of information about program inputs, or resources that go into a program, and about outputs of the program activities. Data sources for monitoring inputs and outputs usually exist in program documentation (e.g., activity reports, logs) and client records, which offer details about the time, place, and amount of services delivered, as well as the types of clients receiving services.

3. Process monitoring—the routine gathering of information on all aspects of program or project implementation, to check on how activities are progressing. An example of process monitoring is the routine documentation of characteristics describing the targeted population served, the services provided, and the resources used to deliver those services. It provides information for planning and feedback on the progress of the project or program to the donors, implementers, and beneficiaries of the activities.

4. Outcome monitoring—the basic tracking of variables that have been adopted as measures or “indicators” of the desired program outcomes. Outcome monitoring does not infer causality; changes in outcome could be attributable to multiple factors, not just the program. With national AIDS programs, outcome monitoring is typically conducted through population-based surveys (representative of the target population, not necessarily the general population) to track whether desired outcomes have been reached; it may also track information directly related to program clients, such as change in knowledge, attitudes, beliefs, skills, behaviors, access to services, policies, and environmental conditions.

5. Impact monitoring—in the field of public health, a process that is usually referred to as “disease surveillance” (defined above) and is concerned with the monitoring of disease prevalence or incidence. With this type of monitoring, data are collected at the jurisdictional, regional, and national levels.

### EVALUATION

1. Evaluation—the systematic collection of information about program activities, characteristics, and outcomes that determines the merit or worth of a specific program. Evaluation studies provide credible information for use in improving programs, identifying lessons learned, and informing decisions about future resource allocation. An evaluation can use a quantitative approach (e.g., structured or standardized approaches for collecting numeric or categorical data, such as surveys, questionnaires, and checklists, using experimental or quasi-experimental design), a qualitative approach (e.g., semistructured data collection, such as interviews, focus groups, and observation), or a mix of both approaches.

2. Formative evaluation—an evaluation intended to improve the performance of a program or project. A formative evaluation is usually undertaken during the design and pretesting of the project or program, but it can also be conducted early in the implementation phase, particularly if implementation activities are not going as expected.

3. Process evaluation—a type of evaluation that focuses on program implementation, including, but not limited to how services are delivered, differences between the intended population and the population served, access to the program, management practices. In addition, process evaluation might provide understanding about a program’s cultural, sociopolitical, legal, and economic contexts that affect implementation.

4. Outcome evaluation—a type of evaluation that is concerned with determining if, and by how much, program activities or services achieved their intended outcomes among the targeted population. Whereas outcome monitoring is helpful and necessary in knowing whether outcomes were attained, outcome evaluation attempts to attribute observed changes among the targeted population to the intervention tested, describe the extent or scope of program outcomes, and indicate what might happen in the absence of the program. An outcome evaluation is methodologically rigorous and generally requires a comparative element in design, such as a control or comparison group, although it is possible to use statistical techniques in some instances when control groups are not available (e.g., for a national program).
5. Program evaluation—a systematic assessment of the means and the ends of some or all stages of a program, including planning, implementation, and outcome, to determine the value of and to improve the program.
6. Summative evaluation—an evaluation designed to present conclusions about the merit of an intervention and recommendations of whether it should be retained, altered, or eliminated.
7. Impact evaluation—a scientifically rigorous methodology to establish a causal association between programs and what they aimed to achieve beyond the outcomes on individuals targeted by the program(s). Impact evaluation looks at the rise and fall of impacts, such as disease incidence and prevalence or quality of life as a function of HIV/AIDS programs. The effects (impacts) on the entire populations seldom can be attributed to a single program or even several programs; therefore evaluations of impact on populations usually entail an evaluation design that includes the combined effects of a number of programs for at-risk populations.
8. Internal evaluation—an evaluation of the intervention conducted by a unit reporting to the donors, partners, and/or implementing organization.
9. Joint evaluation—an evaluation of program or project where different partners or donors participate.
10. Meta-evaluation—an evaluation that aggregates findings from a series of evaluations. A meta-evaluation can also be an evaluation of an evaluation to assess the performance of the evaluators.

## ANNEX “A”

## Review of Priority Topics of the Second PHARA for the Development of the PHAREA 2011-2016

## Burden of Illness

Sub Cluster	Priority Topics	Status	5 <sup>TH</sup> AMTP	Type of Research Needed	Context/ Listing
<b>1.1. Epidemiological profile</b>	1.1.1. HIV Prevalence among most-at-risk populations (MARPs) and vulnerable populations (VPs) <ul style="list-style-type: none"> <li>• Sex workers</li> <li>• IDUs</li> <li>• MSMs</li> <li>• OFWs (departing and returning)</li> </ul>	Data collected by surveillance, needs to be updated every year	Strategy 1	<ul style="list-style-type: none"> <li>• Situation Analysis</li> <li>• Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic</li> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors</li> <li>• Methods <ul style="list-style-type: none"> <li>○ Respondent Driven Sampling</li> <li>○ Capture Recapture</li> <li>○ Time Location Sampling</li> </ul> </li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>
	1.1.2. HIV Prevalence among Partners of: <ul style="list-style-type: none"> <li>• SW</li> <li>• IDU</li> <li>• OFWs</li> <li>• MSMs</li> </ul>	Baseline study needed	Strategy 1	<ul style="list-style-type: none"> <li>• Situation Analysis</li> <li>• Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic Gap</li> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors</li> <li>• Methods <ul style="list-style-type: none"> <li>○ Respondent Driven Sampling</li> <li>○ Capture Recapture</li> <li>○ Time Location Sampling</li> </ul> </li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>
	1.1.3. HIV Prevalence	Baseline study	Strategy 1	<ul style="list-style-type: none"> <li>• Situation Analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic Gap</li> </ul>

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of Research Needed	Context/ Listing
	among: <ul style="list-style-type: none"> <li>• Gen. Population</li> <li>• Youth</li> <li>• Street Children/OSY</li> </ul>	needed		<ul style="list-style-type: none"> <li>• Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors <ul style="list-style-type: none"> <li>○ Surrogate Population</li> <li>○ Surrogate Tests</li> </ul> </li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>
<b>1.2. Profile of PLHIVs and affected families</b>	1.2.1. Socio-demographic profile and KAP of Filipino Persons living with HIV (PLHIVs)	Study previously conducted, needs to be updated and/or expanded	Strategy 2	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Determinants Research</li> </ul>	<ul style="list-style-type: none"> <li>• Ecological Studies</li> <li>• Behavioral interventions for decreasing HIV infection among positive MSMs</li> <li>• Behavioral interventions for reducing HIV infection in workers in occupational settings</li> <li>• Behavioral interventions to reduce the transmission of HIV infection among sex workers and their clients</li> </ul>
	1.2.2. Studies on the knowledge, attitudes and practices (KAP) of PLHIVs	Study previously conducted, needs to be updated and/or expanded	Strategy 2	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Determinants Research</li> </ul>	<ul style="list-style-type: none"> <li>• Delay Analysis of new HIV positives</li> </ul>
	1.2.3. Operational research on the health-seeking behavior of PLHIVs	No complete study available	Strategy 2	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Determinants Research</li> </ul>	<ul style="list-style-type: none"> <li>• Harm reduction interventions to prevent HIV/AIDS transmission in closed communities</li> <li>• Information and communication technologies (ICT) for promoting sexual and reproductive health (SRH) and preventing</li> </ul>



Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of Research Needed	Context/ Listing
					<p>HIV infection in adolescents and young adults Interventions for improving the psychosocial well-being of children affected by HIV and AIDS.</p> <ul style="list-style-type: none"> <li>• Interventions to modify sexual risk behaviours for preventing HIV in homeless youth</li> <li>• Peer-based interventions for reducing morbidity and mortality in HIV-infected women</li> </ul>
	1.2.4. KAP of affected families	Baseline study needed	Strategy 2	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Determinants Research</li> </ul>	<ul style="list-style-type: none"> <li>• Family support for reducing morbidity and mortality in people with HIV/AIDS</li> <li>• Home-based care for reducing morbidity and mortality in people infected with HIV/AIDS</li> </ul>
<b>1.3. Impact of HIV and AIDS</b>	1.3.1. Burden of Disease Study on Health & Economic Impact of HIV & AIDS	Study conducted, needs to be updated and/or expanded	Strategy 3	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Localize</li> <li>• AIDS Spending and Resource Needs Studies</li> </ul>
	1.3.2. Monitoring and documentation of human rights violations related to HIV and AIDS	Study conducted, needs to be updated and/or expanded	Strategy 3	<ul style="list-style-type: none"> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Case Studies</li> </ul>

## Determinants of the Spread of HIV

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
<b>2.1. Determinants of risk and vulnerability</b>	2.1.1. Studies on risk-taking behaviors of MARPs	Data collected by surveillance, needs to be updated every year	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Determinants Research</b></li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic</li> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors</li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>
	2.1.2. Ecologic/envirom factors that influence vulnerability to HIV infection (E.g. poverty, population mobility, gender inequities, criminalization of MARPs and VPs, and lack of social justice)	Study previously conducted, needs to be updated and/or expanded	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Determinants Research</b></li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence-only programs for HIV infection prevention in localized communities</li> <li>• Abstinence-plus programs for HIV infection prevention in localized communities</li> <li>• Economic interventions for prevention of HIV risk and HIV infection</li> </ul>
<b>2.2 Profile of MARPs and VPs</b>	2.2.1. Size estimating and modeling of MARPs	Baseline study needed	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Surveys and Surveillance</b></li> <li>• <b>Determinants Research</b></li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic Gap</li> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors</li> <li>• Methods <ul style="list-style-type: none"> <li>○ Respondent Driven Sampling</li> <li>○ Capture Recapture</li> <li>○ Time Location Sampling</li> </ul> </li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	2.2.2. KAP on AIDS and RH (including & identification of determinants of condom use) of: Out-of-school Youth/Street Children Youth	Study previously conducted, needs to be updated and/or expanded	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Surveys and Surveillance</b></li> <li>• <b>Determinants Research</b></li> </ul>	<ul style="list-style-type: none"> <li>• Information and communication technologies (ICT) for promoting sexual and reproductive health (SRH) and preventing HIV infection in adolescents and young adults</li> </ul>
	2.2.3. KAP on AIDS and RH (including & identification of determinants of condom use) of OFWs and other MARPS and their partners	No complete study available	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Surveys and Surveillance</b></li> <li>• <b>Determinants Research</b></li> </ul>	
	2.2.4. STI Prevalence of MARPs (IDU, MSM & SW), Young People, OFWs & General Population	Data collected by surveillance; needs to be updated every year	Strategy 1	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Surveys and Surveillance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Programmatic Gap</li> <li>• Localize</li> <li>• Prevalence Survey HIV and STI</li> <li>• Focus on Geographic Sites and Sectors</li> <li>• Methods <ul style="list-style-type: none"> <li>○ Respondent Driven Sampling</li> <li>○ Capture Recapture</li> <li>○ Time Location Sampling</li> </ul> </li> <li>• Reproductive rate of infection</li> <li>• Modeling-projections</li> <li>• Contact investigation</li> </ul>

## Response to HIV and AIDS

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
<b>3.1. Prevention programs: development, pilot testing, process documentation</b>	3.1.1. Study on the involvement of MARPs and VPs in policy and program development, and Monitoring and Evaluation	Baseline study needed	Strategy 1,3,5	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.1.2. Inventory/mapping of OFW organizations and organizations of spouses of OFWs, baseline survey and training needs assessment of spouses of OFWs, prevention programs and services made available to OFWs and their spouses	Baseline study needed	Strategy 1.3.5	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.1.3. Studies to support the development of prevention strategies for returning OFWs (land and sea-based)	Baseline study needed	Strategy 1,3,5	<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.1.4. Documentation of	No complete	Strategy 1,3,5	<ul style="list-style-type: none"> <li>• <b>Process Monitoring and</b></li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	the development of feedback, reporting and referral mechanisms (E.g., referral mechanism for PLHIVs detected in blood services program; referral system with professional organizations such as POGS, etc.)	study available		<b>Evaluation</b> <ul style="list-style-type: none"> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.1.5. Documentation of establishment of community based peer-education programs for OFWs	No complete study available	Strategy 1,3,5	<ul style="list-style-type: none"> <li>• Process Monitoring and Evaluation</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.1.6. Documentation of experiences in organizing entertainment establishment owners and managers	No complete study available	Strategy 1,3,5	<ul style="list-style-type: none"> <li>• Process Monitoring and Evaluation</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
<b>3.2. Prevention programs: reviews/assessments/</b>	3.2.1. Assessment of approaches in Voluntary Counseling and Testing	No complete study available	Strategy 1,3,4,5	<ul style="list-style-type: none"> <li>• Process Monitoring and Evaluation</li> <li>• Quality Assessment</li> <li>• Special Studies</li> </ul>	<ul style="list-style-type: none"> <li>• Home-based HIV voluntary counselling and testing (VCT) for improving uptake of HIV testing</li> <li>• Rapid HIV tests and counseling for</li> </ul>

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
<b>Evaluations</b>				<ul style="list-style-type: none"> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	<p>pregnant women for preventing mother-to-child HIV transmission</p> <ul style="list-style-type: none"> <li>• Routine vs. voluntary HIV testing for increasing HIV testing rates</li> <li>• Voluntary counseling and testing (VCT) for changing HIV-related risk behavior</li> </ul>
	3.2.2. Assessment of peer education strategies (among SWs, IDUs, MSMs, and other populations)	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3, 5,4	<ul style="list-style-type: none"> <li>• <b>Process Monitoring and Evaluation</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.2.3. Assessment of IEC/BCC materials (for MARPs and VPs)	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• <b>Process Monitoring and Evaluation</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.2.4. Inventory, review and content analysis of AIDS training manuals	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	3.2.5. Evaluation of effectiveness of mass media information campaigns	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.2.6. Documentation of good practices in workplace STI/HIV prevention programs	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.2.7. Assessment of the level of implementation of HIV/AIDS workplace and school based programs	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Output Monitoring</li> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• School-based interventions to postpone sexual intercourse and promote condom use among adolescents</li> </ul>
	3.2.8. Survey of companies to determine percentage that have HIV and AIDS workplace policies and	Study previously conducted, needs to be updated and/or	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Output Monitoring</li> <li>• Outcome Evaluation Studies</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	programs, percentage of workplace with accepting attitudes towards PLHIV	expanded		<ul style="list-style-type: none"> <li>• Surveys and Surveillance</li> </ul>	
	3.2.9. Survey of primary and secondary schools to determine number of schools with staff members trained and regularly teaching HIV and AIDS.	Study previously conducted, needs to be updated and/or expanded	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Output Monitoring</li> <li>• Outcome Evaluation Studies</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	
	3.2.10. Assessment of capacity of teachers on life skills-based approach to teaching HIV in schools	No complete study available	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.2.11. Assessment of capacity of youth workers on life skills-based approach to HIV	No complete study available	Strategy 1	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.2.12. Evaluation of trainings of PDOS providers --	Study previously conducted,	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> </ul>	



Sub Cluster	Priority Topics	Status	5 <sup>Th</sup> AMTP	Type of research needed	Context/ Listing
	Assessment of the capacity of PDOS providers	needs to be updated and/or expanded		<ul style="list-style-type: none"> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>•</li> </ul>	
<b>3.3. Treatment, care and support programs: development, pilot testing, process documentation</b>	3.3.1. Enhancing access of PLHIVs to treatment, care and support services	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>•</li> </ul>	
	3.3.2. Developing strategies and mechanisms for the reintegration of migrant PLHIVs	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.3. Factors affecting adherence of PLHIVs to antiretroviral therapy	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.4. Study on promoting safe behavior among PLHIVs	Study previously conducted,	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
		needs to be updated and/or expanded		<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.3.5. Operational research among orphaned and vulnerable children (OVC)	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.3.6. Study on complementary medicine for care and support of PLHIVs	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.3.7. Survey of households with PLHIV to determine percentage of affected families receiving psychosocial support. Baseline study Needed	Baseline study needed	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.3.8. Study on the quality of life of PLHIVs	Study previously	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
		conducted, needs to be updated and/or expanded		<ul style="list-style-type: none"> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.9. Operational research on implementing the ARV program in 7 treatment hubs	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.10. Studies on care and support provided by a network of faith-based organizations	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.11. Exploring mechanisms for livelihood programs for PLHIVs and affected family members	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.3.12. Development of bench-marks for sustainable programs for	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>Th</sup> AMTP	Type of research needed	Context/ Listing
	and by PLHIVs			<ul style="list-style-type: none"> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
	3.3.13. Studies to support the development of strategies for empowerment of PLHIVs to become effective advocates	Study previously conducted, needs to be updated and/or expanded	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	
<b>3.4. Treatment, care and support programs: reviews/ assessments/ Evaluations</b>	3.4.1. Capacity assessment of the health care system to respond to a growing HIV epidemic	Baseline study needed	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Health Services and Care               <ul style="list-style-type: none"> <li>○ Health care characteristics</li> <li>○ Integrating prevention of mother-to-child HIV transmission (PMTCT) programmes with other health services for preventing HIV infection and improving HIV outcomes in developing countries</li> <li>○ Interventions for educating traditional healers about STD and HIV medicine</li> <li>○ Provider training and experience for people living with HIV/AIDS</li> <li>○ Setting and organization of care for persons living with HIV/AIDS</li> </ul> </li> <li>• Quality of life</li> </ul>

Sub Cluster	Priority Topics	Status	5 <sup>Th</sup> AMTP	Type of research needed	Context/ Listing
					<ul style="list-style-type: none"> <li>○ Aerobic exercise interventions for adults living with HIV/AIDS</li> <li>○ Anabolic steroids for the treatment of weight loss in HIV-infected individuals</li> <li>○ Cognitive behavioural therapy (CBT) for adults with HIV</li> <li>○ Family support for reducing morbidity and mortality in people with HIV/AIDS</li> <li>○ Home-based care for reducing morbidity and mortality in people infected with HIV/AIDS</li> <li>○ Iron supplementation for reducing morbidity and mortality in children with HIV</li> <li>○ Massage therapy for people with HIV/AIDS</li> <li>○ Micronutrient supplementation in children and adults with HIV infection</li> <li>○ Nutritional interventions for reducing morbidity and mortality in people with HIV</li> <li>○ Progressive resistive exercise interventions for adults living with HIV/AIDS</li> <li>○ Self-management interventions for people living with HIV/AIDS</li> </ul> <ul style="list-style-type: none"> <li>● Treatment adherence <ul style="list-style-type: none"> <li>○ Patient support and education for promoting adherence to highly active antiretroviral</li> </ul> </li> </ul>

Sub Cluster	Priority Topics	Status	5 <sup>Th</sup> AMTP	Type of research needed	Context/ Listing
					therapy for HIV/AIDS <ul style="list-style-type: none"> <li>○ Substitution of nurses for doctors in managing HIV/AIDS antiretroviral therapy</li> </ul>
	3.4.2. Documentation of good practices in treatment literacy among PLHIVs	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
<b>3.5. Reduction of stigma and discrimination</b>	3.5.1. Documentation on “handling of funerals” of persons who died of AIDS related causes	Baseline study needed	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	3.5.2. General Population Survey to determine “accepting attitudes towards PLHIV”	No complete study available	Strategy 2,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	

## Management Systems

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
<b>4.1. PNAC</b>	4.1.1. Studies to support crafting of PNAC Operational Guidelines	Study previously conducted, needs to be expanded	Strategy 3,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
<b>4.2. LGUs and LACs</b>	4.2.1. Mapping /Inventory of AIDS initiatives among LGUs, and assessment of their functionality and capacity	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	4.2.2. Survey of LGUs to determine level of implementation of the 100% Condom Use Program	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> </ul>	
<b>4.3. Coordination and Collaboration</b>	4.3.1. Gap analysis of funding gap, human resource gap, and supplies gap. This will include the following: Human Resource Survey among National Agencies to determine percentage	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	of human resources (health providers, prevention and treatment educators, and care and Some studies conducted, need updated study with wider coverage support givers) requirements among national agencies sufficiently filled-in and sustained.				
	4.3.2. Human Resource Survey Among 60 Sites (as defined in the AMTP IV Operational Plan)	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> <li>• <b>Surveys and Surveillance</b></li> <li>• </li> </ul>	
	4.3.3. Studies on Republic Act 8504 and how its implementation is affected by other laws (E.g. Dangerous Drugs Act, Intellectual Property Rights Code, etc)	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• <b>Outcome Evaluation Studies</b></li> <li>• <b>Quality Assessment</b></li> <li>• <b>Special Studies</b></li> <li>• <b>Operations Research</b></li> <li>• <b>Formative Research</b></li> <li>• <b>Research Synthesis</b></li> </ul>	



Sub Cluster	Priority Topics	Status	5 <sup>Th</sup> AMTP	Type of research needed	Context/ Listing
	4.3.4. Assessment of civil society involvement in the HIV/AIDS management system	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> <li>•</li> </ul>	
	4.3.5. Establishment of a centralized database/library of all AIDS related researches	Baseline study needed	Strategy ,4	<ul style="list-style-type: none"> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	4.3.6. Studies to support the development of policies which ensure access to services (E.g. for MARPS and VPs, for women outside the context of pregnancy and childbirth)	Baseline study needed	Strategy 1,3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	
	4.3.7. Studies to support the development of policy to uphold the rights of MARPs and VPs	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
				<ul style="list-style-type: none"> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	4.3.8. Health Provider Survey to determine percentage of health providers with accepting attitudes towards PLHIV; capacity for service delivery among service providers among national agencies and 60 sites	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	
	4.3.9. Health Facility Survey to determine percentage of STI Health Facilities following appropriate diagnostic procedure; percentage of health facilities observing universal precautions	Baseline study needed	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> <li>• Surveys and Surveillance</li> </ul>	
<b>4.4. National Programs</b>	4.4.1. Policy reviews (of various programs and their components, E.g. STI management, condom use, etc.)	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	

Sub Cluster	Priority Topics	Status	5 <sup>th</sup> AMTP	Type of research needed	Context/ Listing
	4.4.2. Evaluation of blood banking guidelines	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	
	4.4.3. Review of procurement and distribution systems for various commodities (e.g. condoms)	Study previously conducted, needs to be expanded	Strategy 3,5,4	<ul style="list-style-type: none"> <li>• Outcome Evaluation Studies</li> <li>• Quality Assessment</li> <li>• Special Studies</li> <li>• Operations Research</li> <li>• Formative Research</li> <li>• Research Synthesis</li> </ul>	

## ANNEX “B”

## Full list of priority researches for the PHAREA 2011-2016

	1. Burden of Illness 2. Determinants of the Spread of HIV	3. Response to HIV and AIDS	4. Management Systems
<b>Prevention: Key Populations</b>			
<b>Trend and continuity of IHBSS</b>			
Rapid Assessments of Vulnerability <ul style="list-style-type: none"> <li>Rapid Assessment of HIV Vulnerability Plus (RAV +) What are the sites that can conduct RAV +? What are the behaviors of the at-risk groups in each area?</li> </ul>	✓		
Estimates – Projections – Modeling	✓		
Behavioral Surveillance	✓		
STI surveillance <ul style="list-style-type: none"> <li>STI Etiologic Surveillance Plus (SES +)</li> <li>What is the incidence of STI cases among KPs who went to SHC?</li> </ul>	✓		
HIV surveillance	✓		
HIV Prevalence among Key (most-at-risk) populations (KPS)	✓		
Condom Use Programme Evaluation		✓	
<b>Special Studies: PWID</b>			
Formative Study to determine presence of PWID in an identified city <ul style="list-style-type: none"> <li>Is there an PWID population in the City?</li> <li>How big is the PWID network in the City?</li> <li>Can we conduct a serologic and behavioral survey using Respondent Driven Sampling?</li> </ul>	✓		
HIV-HepC Co-infection What are the behaviors of PWID who are HIV-Hep C positive?	✓		
<b>Special Studies: MSM and Transgenders</b>			
HIV incidence study among MSMs (Delay Analysis) <ul style="list-style-type: none"> <li>What are the behaviors of non-positive MSM to HIV positive MSM?</li> <li>How many of them have reported STIs during the study period?</li> <li>How long does it take for a non-positive MSM to sero convert?</li> </ul>	✓		
TG Specific Vulnerable population Prevalence	✓		
HIV Prevalence of partners of TGs	✓		

	1. Burden of Illness 2. Determinants of the Spread of HIV	3. Response to HIV and AIDS	4. Management Systems
Information on TG in all clusters	✓		
<b>Evaluation: Key Populations</b>			
Documentation of the development of feedback, reporting and referral mechanisms (E.g., referral mechanism for program; referral system with professional PLHIVs detected in blood services organizations such as POGS, etc.)		✓	
Documentation of establishment of community based peer-education programs for OFWs		✓	
Assessment of approaches in Voluntary Counseling and Testing		✓	
Assessment of peer education strategies (among SWs, IDUs, MSMs, and other populations)		✓	
<b>Prevention: General Population</b>			
<b>Evaluation</b>			
Inventory, review and content analysis of AIDS training manuals		✓	
Assessment of capacity of youth workers on life skills-based approach to HIV		✓	
Evaluation of trainings of PDOS providers --Assessment of the capacity of PDOS providers		✓	
<b>STI Prevention Research: General Population</b>			
STI Prevalence Survey	✓		
HIV and Syphilis screening among pregnant women <ul style="list-style-type: none"> <li>What is the syphilis incidence among pregnant women in an identified city?</li> <li>Among those who are syphilis positive, how many accessed treatment for syphilis?</li> <li>What is the HIV incidence among pregnant women in an identified city?</li> <li>Among those who are HIV positive, how many accessed ARV prophylaxis?</li> </ul>	✓		
<b>HIV Prevention and Prevalence: General Population</b>			
HIV Prevalence among Gen Pop, <ul style="list-style-type: none"> <li>Young People and Street Children/Out of School Youth</li> <li>Correct condom use questions in surveys/IHBSS</li> </ul>	✓		
<b>Treatment</b>			
HIV related deaths <ul style="list-style-type: none"> <li>Among HIV related deaths, were they on ARV, never on ARV, or stopped taking ARV?</li> <li>What are the reasons?</li> </ul>	✓		

	1. Burden of Illness 2. Determinants of the Spread of HIV	3. Response to HIV and AIDS	4. Management Systems
• ARV regimen (shift 1st/2nd line) Reasons for shifting?			
Drug resistance on ARV	✓		
STI drug resistance	✓		
Evaluation of Treatment Hubs			✓
Situation Analysis of TCS - baseline studies <ul style="list-style-type: none"> <li>What are the current program coverage of TCS?</li> <li>Provider training and experience for people living with HIV/AIDS</li> <li>Home-based care for reducing morbidity and mortality in people</li> <li>Nutritional interventions for reducing morbidity and mortality in people with HIV</li> <li>Self-management interventions for people living with HIV/AIDS</li> </ul>		✓	
Adverse-reaction to 1st and 2nd line drugs <ul style="list-style-type: none"> <li>Clinical diagnosis of HIV Is anti-body screening and Eliza the best diagnosis? Do we need to adopt new diagnostic studies?</li> <li>What are my legal rights if am infected by my partners?</li> <li>Progression to AIDS?</li> </ul>	✓		
<b>Care and Support</b>			
Enhancing access of PLHIVs to TCS services <ul style="list-style-type: none"> <li>How will PLHIV access ARV? (esp those who are not enrolled in OHAT i.e CD4 is higher than 350)</li> </ul>		✓	
Factors affecting adherence of PLHIVs to antiretroviral therapy <ul style="list-style-type: none"> <li>What are the causes of non-adherence to ARV Treatment Regimen? How can these be addressed?</li> <li>What are the health impact (effects) of non-adherence?</li> <li>Improvement of access to treatment hubs What are the barriers to accessing services provided by treatment hubs? among PLHIV Support Groups?</li> </ul>		✓	
OI and STI Prevalence <ul style="list-style-type: none"> <li>Are OI and STI prevalent among PLHIV?</li> </ul>	✓		
Study on promoting safe behavior among PLHIVs (KAP study) <ul style="list-style-type: none"> <li>What are the behaviors of PLHIV?</li> </ul>	✓		
Study on quality of life of PLHIV Effectiveness of PhilHealth OHAT How is OHAT Package to be implemented? <ul style="list-style-type: none"> <li>What are the services covered? Is it limited to certain services only? Why?</li> <li>Basis of P30,000? How to improve the package (to cover 2nd line drugs, viral load monitoring, etc)?</li> <li>Access to OHAT of beneficiaries</li> </ul>		✓	
Studies on care and support provided by a network of faith-			✓

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based organizations			
How can the faith-based organization provide "support services"?			✓
Capacity Building of PLHIV, Meaningful Involvement of PLHIV How to capacitate PLHIV on TCS, S&D?			✓
<b>Educational Support</b>			
Educational Support to orphans or children with HIV <ul style="list-style-type: none"> <li>How to improve education support to children with HIV or orphans?</li> </ul>		✓	
<b>Monetary Support</b>			
OI Drugs (enabler fund); Blood units-processing fee; Palliative Care Supplies; Nutrition		✓	
Exploring mechanisms for livelihood programs for PLHIVs and affected family members <ul style="list-style-type: none"> <li>How to provide livelihood programs to PLHIV?</li> </ul>			✓
Support to OFW living with HIV <ul style="list-style-type: none"> <li>What agencies/groups should program livelihood programs?</li> </ul>			✓
<ul style="list-style-type: none"> <li>What are the available services for OFW PLHIV? How can these be improved?</li> </ul>			✓
Maximizing CCT of DSWD <ul style="list-style-type: none"> <li>How can CCT ensure indigent PLHIV (and family) access/utilize services?</li> </ul>			✓
<b>Palliative Care</b>			
Improvement of Palliative Care <ul style="list-style-type: none"> <li>How to improve "attitudes" of PLHIV and communities towards acceptance of Palliative Care?</li> <li>Who provides palliative care to PLHIV orphans?</li> </ul>		✓	
<b>Home-based Care</b>			
Improvement of Home-based Care (esp. disclosure of PLHIV to families) <ul style="list-style-type: none"> <li>What are the factors affecting the disclosure of HIV status to immediates/affected families?</li> </ul>		✓	
<b>Psychosocial Support</b>			
Improvement of Psychosocial Support <ul style="list-style-type: none"> <li>Who are currently receiving psychosocial support?</li> <li>Who should receive psychosocial support?</li> </ul>		✓	
<b>Stigma and Discrimination</b>			
Reduction of S&D among OFW with HIV <ul style="list-style-type: none"> <li>How to reduce "stigma and discrimination" among OFW</li> </ul>	✓		

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with HIV who were deported because of their status?			
Reduction of S&D in the hospital setting <ul style="list-style-type: none"> <li>How are Hospitals addressing the "stigma and discrimination" among PLHIV</li> <li>How ensure their rights are not violated?</li> </ul>	✓		
<b>Policy</b>			
<b>Localize</b>			
IHBSS plus	✓		
AIDS Spending Assessment, Resource Needs, Costing and Investment Plans (IPH)			✓
Evaluation of HCT program of Social Hygiene Clinics			✓
Compliance of HIV testing Laboratory to EQAS			✓
Compliance of Blood banks to EQAS			✓
Institutionalizing Policy Guidelines on Access of Unaccompanied Under-18 to HIV related services including VCT <ul style="list-style-type: none"> <li>Should Under-18's be provided access to all HIV related services?</li> <li>Practice Guidelines vs Implementation of HIV Care and support programs of Child-caring Institutions, agencies and community-based organizations</li> <li>Is the State ready to promote and protect the rights of children affected by and living with HIV?</li> <li>Should HIV Status of the child be a qualifier for adoption or access to alternative family care and services?</li> </ul>			✓
<b>Policy Evaluation and Research</b>			
Assessment of the TB/HIV collaboration mechanism <ul style="list-style-type: none"> <li>What is the extent of the TB/HIV Collaboration implementation and its effect?</li> </ul>			✓
Evaluating the Functionality of the TESDA HIV/AIDS Curriculum/Intervention <ul style="list-style-type: none"> <li>Is the TESDA HIV/AIDS Curriculum being implemented?</li> <li>What is facilitating/hindering the roll-out to public and private providers?</li> </ul>			✓
Evaluating Local Government Response to HIV (Assess the functionality of LACs) <ul style="list-style-type: none"> <li>Emphasis on local policy and financing</li> <li>Survey on the inclusion of HIV in the local Investment plans for health</li> <li>Policy Review and Assessment (access, risks, reporting and compliance monitoring)</li> </ul>			✓



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Benchmarking of Comprehensive Workplace Programs for various industry types and sizes <ul style="list-style-type: none"> <li>How do effective comprehensive sectoral programs work?</li> <li>Developing Advocacy Packages for Decision Makers (Business Case) What can convince decision makers to adopt/invest on HIV program RA 8504 Compliance Monitoring/Assessment</li> <li>What is the current level of compliance to RA 8504? Determining population-specific Burden of the Disease What is the sectoral burden of the disease?</li> </ul>			✓
Impact evaluation for Mass Media HIV Campaigns <ul style="list-style-type: none"> <li>How do we prepare correct/effective media information?</li> </ul>			✓
Identifying effective/efficient HIV Program Financing Options/Models <ul style="list-style-type: none"> <li>How can we finance HIV programs more effectively/efficiently?</li> </ul>			✓
Developing more effective R/R for HIV Programs			✓
<ul style="list-style-type: none"> <li>Mapping Survey of HIV Program Implementers</li> <li>How can we properly maintain quality data?</li> <li>Who are the HIV Program implementers?</li> </ul>			✓
Assessment of Partnership Models for HIV Program Identifying Sustainable Private-Public Models for HIV Programs			✓
KPs involvement in policy dev			✓
Document on Peer Ed for OFWs			✓
Assessment of PDOS Providers			✓
Capacity Assessment of Health Care System Service Delivery Systems Review			✓
Policy Review From VCT to TCS			✓
Status of rights and progress of Under-18's LHIV <ul style="list-style-type: none"> <li>Are the rights of Under 18 Living with HIV being promoted and protected?</li> </ul>			✓
<b>PNAC, The Secretariat and the Periphery</b>			
Studies to support crafting of PNAC Operational Guidelines <ul style="list-style-type: none"> <li>What are the PNAC members institutional commitment to the council? (MOP PNAC, Secretariat, per member agency)</li> <li>What is the effect of change in leadership among local executives to local response?</li> </ul>			✓
Health Provider Survey to determine percentage			✓

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of health providers with accepting attitudes towards PLHIV, capacity for service delivery among service providers among national agencies and 60 sites <ul style="list-style-type: none"> <li>What is the level of knowledge and current health practice of health care workers on standard precaution?</li> <li>What is the profile of blood donors who turned out to be HIV positive during blood screening?</li> </ul>			
Assessment of PNAC Member Agencies on their performance as mandated by R.A.8504 <ul style="list-style-type: none"> <li>What are the limitations in the implementation of relevant findings/recommendations from researches/evaluations conducted?</li> </ul>			✓
Limitations of PNAC as a Council, PNAC as a Secretariat <ul style="list-style-type: none"> <li>What are the counter measures to address such limitations?</li> <li>What are the possible mechanisms to link with other government agencies, NGO or private agencies?</li> <li>The RAATs performance in terms of its functions</li> </ul>			✓

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