

# **The Philippines**

## **Country Report**

**On**

**National AIDS Spending Assessment (NASA)**

**Year 2000-2004 in the Philippines**

## **Executive Summary**

The HIV/AIDS situation in the country can be described as hidden and growing. Based on the HIV/AIDS Registry of the National Epidemiology Center (NEC) of the Department of Health (DOH), the cumulative number of HIV/Ab seropositive cases has reached 2,373 since 1984. Epidemiologists and experts, however, estimate that the actual number of HIV cases is around 10,000. Despite the increasing number of cases, the prevalence rate remains consistently below one percent.

Generally, the policies and programs implemented in the country were in line with the Republic Act (RA) 8504 or the Philippine AIDS Prevention and Control Act of 1998. Various activities on prevention and control, treatment, care and support, including advocacy, training and other management costs were implemented in the last five years.

An examination of the country's total HIV/AIDS spending over the last five years (2000-20004) showed an erratic trend, peaking in 2001, and declining in the years that followed. Notably, a large share of total annual spending came from external sources (at least 75 percent). In terms of type of activities that were financed, these were mostly geared towards prevention given the low prevalence rate. Prevention related activities include: mass media, school-based education programs, condom promotion, STD treatment, among others. Activities related to program management were also financed. These include: surveillance, training, advocacy and communication, among others. A very minimal share of the total spending was used for treatment and care.

The Philippines is committed to halting and reversing the spread of HIV/AIDS. Hence, mobilization of resources is critical in keeping the prevalence of HIV/AIDS low and the rate of transmission slow. It is important, however, to determine the right mix of interventions that must be carried out given the limited and uncertain amount of resources available for HIV/AIDS activities.

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## Chapter 1 Country Background

### Philippines Profile

#### Human development profile

- 2003 HDI 0.758
- HDI trends 1975 0.654, 1980 0.687, 1985 0.693, 1990 0.720, 1995 0.736 , 2003 0.758

#### Demographic parameters:

- Population 80.2 million 2003
- Life expectancy at birth (2003) 70.4
- Total fertility rate (2000-2005) 3.2

#### Economic performance

- GDP per capita 4,321 US\$PPP 2003, annual growth rate 1.2% (1990-2003)
- Income distributions, richest 10% to poorest 10% 16.5, richest 20% to poorest 20% 9.7, Gini index 46.1 (survey year 2000)

#### Education profile

- Adult literacy rate (% ages 15 and above)(HDI), 2003 92.6
- Public education expenditure(2000-2002) 3.1 %GDP, total government expenditure 17.8%, of which primary 57.6%, secondary 22.2%, tertiary 14.0 (2000-2002)

#### Health profile (20032)

- IMR 29 per 1,000, U5MR 36 per 1,000 live births, MMR 172 per 100,000 live birth (1998)
- One year old fully immunized against measles 80% (2003)
- Birth attended by skilled health staff 1995-2003, 60%
- Physician per 100,000 population, 1990-2004, 116
- 2002 Total Health Expenditure: Public 1.1%GDP, Private 1.8%GDP, per capita 153 US\$PPP
- Life Expectancy at Birth(2000-2005) 70.2 years
- Adult HIV Prevalence (% ages 15-49), 2003 <0.1% [<0.2%]

Source: UNDP 2005 Human Development Indicators

## **Population and Major Demographic Parameters**

The Philippine population is currently estimated at 85.2 million spread over a land area of 300,000 square kilometers and is growing annually at 2.05 percent. Males make up about 50.36 percent of the population while females comprise 49.64 percent of the population in 2000. As of 2003 total fertility rate (TFR) per woman is 3.2. For 2000-2005, projected female life expectancy at birth is 70 years, while the projected male life expectancy at birth is to 64 years. In terms of human development index (HDI), the Philippines ranked 84th (or 0.758) in 2003.

## **Economic Performance**

The Philippine economy, despite internal and external challenges and the continued increase in oil prices, grew at a respectable pace over the period 2001-2004. The country's real Gross National Product (GNP) from 2001 to 2004 grew at an expanded average of 5.05 percent while real GDP grew by an average of 4.52 percent. The annual per capita Gross Domestic Product (GDP) was estimated at US\$1,025.95 using 2004 nominal prices and exchange rate.

Average unemployment rate in 2004 was 11.8 percent, despite efforts to generate jobs in order to absorb the influx of labor entrants. Underemployment, on the other hand is a more serious problem at 17.6 percent. It must be noted, however, that fiscal deficit remains as the major macroeconomic problem in the country.

As of 2003, 30.4 percent of the Filipinos (about 24.7 percent of Filipino families) are considered income poor. The poor population had income that was below the per capita poverty threshold of Php 12,267.

## **Education Profile**

The Philippines has one of the shortest basic education systems in the Asia-Pacific Region—ten years only. Moreover, its quality has also been declining rapidly due to the effects of rapid population growth. Severe budgetary constraints, coupled with the requirements of an expanding student population, have led to under-investment in basic education.

Public and private elementary school enrolment reached 13 million for school year (SY) 2003-2004, up 1.6 percent from the SY 2000-2001 level of 12.8 million. Participation rate at the primary level stood at 90.05 percent for SY 2002-2003. Cohort survival rate (CSR) at the elementary level for SY 2002-2003 was pegged at 69.84 percent. On the other hand, completion rate is about 66.85 percent.

The Philippines' basic literacy rate, at 93.4 percent, is one of the highest in Southeast Asia. Female literacy rate (94.3 percent) slightly edges out male literacy rate (92.6 percent). The 2003 Functional Literacy Education and Mass Media Survey (FLEMMS) also showed that 48.4 million (84.1 percent) of the country's 57.6 million Filipinos aged 10-64 years are functionally literate. The current rate represents a 0.3 percent improvement from 83.8 percent figure posted in 1994.

## **Health and Health Financing**

The Philippine health system has been inadequate in terms of both financing and service delivery arrangements, partly resulting from the devolution of responsibilities for health care provision to local governments with the passage into law of the Local Government Code in 1991.

However, slight improvements were achieved in terms of key health indicators. It must be emphasized, however, that there remain large differences across regions and socio-economic status with regard to program coverage, access to health care services and health status in general.

Maternal mortality is considered as one of the most important indicators of a nation's health. In 1998 maternal mortality rate (MMR) was estimated at 172 per 100,000 live births. However, because of large sampling errors associated with this estimate, it is not reflective of the real picture on maternal health. Notably, about 60 percent of births were attended by health professionals for the period 1997-2002.

Infant mortality rate (IMR) is 29 per 1,000 live births and under-five mortality is 40 per 1,000 live births in 2003. About 60 percent of children 12-23 months have been immunized with vaccines against the six preventable childhood diseases-- tuberculosis, diphtheria, pertussis, tetanus, polio, and measles—before one year of age.

In terms of spending for health, the total health expenditure in the Philippines reached Php 134.0 billion in 2003, from Php 117.2 billion in 2002 indicating a 13.8 percent growth at current prices.

With the total health expenditure growth surpassing the population growth, per capita health spending at current prices increased from 1,500 in 2000 to 1,807 in 2004 (20.5% increase).

The share of health expenditure to GNP exhibited an increase from 2.8 percent in 2002 to 2.9 percent in 2003. However, this improvement is still way below the 5 percent standard set by the World Health Organization (WHO) for developing countries.

In terms of sources of fund for health, the government increased its health spending from Php 36.3 billion in 2002 to Php 46.5 billion in 2003, demonstrating a 28.2 percent growth. Likewise, social insurance benefit payments grew from Php 10.6 billion in 2002 to Php 12.9 billion in 2003, translating to a 22.3 percent increase. Although private sources (out of pocket) registered a mere 8.8 percent growth for 2003, it continued to be the highest health spender at Php 74.7 billion from Php 68.6 billion in 2002.

With regard to uses of funds for health, spending for 'personal health care' constitutes 75.7 percent of total spending in 2003. On the other hand, 'public health' spending is only 12.3 percent. 'Other health services' comprised 12.1 percent.

### **HIV/AIDS Epidemiological data**

The HIV/AIDS situation in the country can be described as hidden and growing. Based on the HIV/AIDS Registry of the National Epidemiology Center (NEC) of the Department of Health (DOH), the cumulative number of HIV/Ab seropositive cases since 1,984 has reached 2,373 as of October 2005. Epidemiologists and experts, however, estimate that the actual number of HIV cases is around 10,000. Despite the increasing number of cases, the prevalence rate remains consistently below one percent.

Of the total HIV Ab seropositive cases, 1,664 were asymptomatic and 709 were AIDS cases. Sixty-nine percent of the cases belonged to the 20-39 years age group and 63 percent were males. Of the AIDS cases, 275 already died due to AIDS related complications. Sexual

intercourse (85%) is still the leading mode of transmission. As of October 2005, there were only 33 reported cases of perinatal transmission. Reported cases from IDU, on the other hand, are seven.

Notably, of the 2,373 HIV seropositive cases, 805 (or 34%) of the cases were overseas Filipino workers (OFWs). These OFWs include seafarers (35%), domestic helpers (17%), employees (9%), health workers (7%), and entertainers (8%). Seventy-five percent of OFWs were males.

The top five common opportunistic infections (OIs) include: tuberculosis (TB), Candidiasis, Pneumocystis Carinii Pneumonia (PCP), Other pneumonias/pulmonary infections, and Cryptosporidiosis.

The conditions that may engender an AIDS epidemic in the country are present. Data with regard to the prevalence of sexually-transmitted infection (STI) on registered female sex workers revealed that Gonorrhoea is the most common STI with 24 percent prevalence in sentinel sites based on 2003 data. The top five common STI diagnosis include: Gonorrhoea, Chlamydia, Trichomoniasis, Candidiasis, and Syphilis.

### **HIV/AIDS Interventions in the Country**

Generally, the policies and programs implemented in the country were in line with the Republic Act (RA) 8504 or the Philippine AIDS Prevention and Control Act of 1998, and the Third Medium Term Plan (MTP III) on AIDS covering the period 2000-2004. RA 8504 institutionalized the Philippine National AIDS Council (PNAC) which is composed of several government agencies and selected NGOs.

Various prevention and control efforts were undertaken both by government agencies and non-government organizations (NGOs). Mass media activities were implemented by NGOs and LGUs. Condom use promotion was pursued by DKT Philippines and other USAID funded activities.

Efforts to educate workers on HIV/AIDS were carried out by the Occupational Health and Safety Center of the Department of Labor and Employment (OHSC-DOLE), and some NGOs. However, much remains to be done given the large magnitude of workforce in the country. To mainstream knowledge on HIV/AIDS, critical information was incorporated in the curricula of the education system through the School-based AIDS Education Program (SAEP) of the Department of Education (DepEd). The National AIDS/STD Prevention and Control Program (NASPCP) of the DOH, on the other hand, carried out social marketing activities on STI treatment and care, and capacity-building initiatives.

Treatment and care services are being offered by government hospitals, mainly by San Lazaro Hospital, Research Institute for Tropical Medicine and the Philippine General Hospital. All these medical centers are located in the capital city which renders treatment services geographically inaccessible to some persons living with HIV/AIDS (PLHWAs). Non-government institutions are likewise providing support services, such as the Positive Action Foundation Philippines, Inc. (PAFPI), among others. Community support systems were initiated by NGOs and the Department of Social Welfare and Development (DSWD) to a limited extent. It should be noted that anti-retroviral therapy (ART) is an out of pocket expense unless there are sponsors or donations. In addition, there is no program yet focusing on care and support for children orphaned by AIDS.

Surveillance activities were continued through the National HIV Sentinel Surveillance System consisting of both the HIV Serological Surveillance and Behavioral Sentinel Surveillance under the supervision of the NEC of the DOH. Several NGOs and local government units (LGUs) continued to play a major role in some of the surveillance activities. Parallel efforts were previously undertaken to develop the capacity of the STD/AIDS Central Cooperative Laboratory (SACCL) and the Research Institute for Tropical Medicine (RITM) in conducting HIV testing. Presently, HIV testing is being done mainly for employment purposes abroad as a requirement of other countries. Hence, there really is no “voluntary” counseling and testing program in place yet.

Advocacy campaigns, training, and research activities were aggressively done by various NGOs, such as the Health Action Information Network (HAIN), Remedios AIDS Foundation (RAF), Lunduyan, among others. It should be noted that most of PNAC member-agency activities were on AIDS program management, advocacy, and training.

In terms of local responses, local AIDS councils (LACs) have been established in sites previously given foreign assistance. Some of these LACs now have allocated budgets for HIV/AIDS related programs and activities which usually include: IEC, advocacy campaigns, surveillance, and other preventive pursuits.

Currently being developed is the national HIV/AIDS monitoring system. The development and operationalization of this monitoring system aims to institutionalize monitoring and evaluation of all HIV/AIDS activities and to make reporting easier. Just recently, the Fourth Medium Term Plan for AIDS covering the period 2005-2010 was launched. This document contains the strategies that need to be implemented in the next six years, including the estimated cost requirements.



## **Chapter 2 Objectives and methodology**

### **Objective**

The objective of this report is to track HIV/AIDS spending over the last five years (2000-2004) from various sources of financing covering both public and external funds. The aim of this initiative is to inform policy-makers, program managers, and the donor community on the magnitude and profile of HIV/AIDS expenditures in the country and guide them in their planning activities.

### **Methodology**

Primary data collection was undertaken by requesting government agencies, donor agencies and NGOs to fill up dummy matrices which served as data collection tool. Two matrices were distributed to track expenditure flows: by financing source and by financing agents, and by financing agent and by type of activity or function. Donor agencies were requested to provide information on their total spending on AIDS and all their agents, and the activities that were undertaken by each of their agents. On the other hand, NGOs and government agencies were requested to provide all their sources of financing and their activities by source of financing.

Relevant documents (secondary data) were likewise utilized for some of the budget data used in this report in the absence of actual expenditure data. These documents include: project monitoring documents, National Expenditure Program (NEP) publication of the Department of Budget and Management (DBM), General Appropriations Act (GAA), and published project accomplishment report.

Some calculations using assumptions (price-quantity approach, using proportions) with the help of key informant interviews were also made to estimate relevant expenditure items that are difficult to account (treatment for opportunistic infections, prophylaxis).

Detailed methodology is in Annex

### **Data collection systems**

Information systems are apparently not yet in place. Hence, spending data were collected from various sources. Data from public financing agents (national government agencies, local government units) were collected through surveys. However, not all national government agencies were able to complete the survey questionnaire (low response rate) given the difficulty of retrieving historical data (2000-2004). It was for this reason that estimations were made and secondary data were used, such as the General Appropriations Act or the National Expenditure Program document, which contains agency budgets.

For local government spending, the Department of Interior and Local Government (DILG) was requested to collect data from all local government units (LGUs). Unfortunately, not all LGUs were able to provide their AIDS spending data. Data from non-government organizations (NGOs) were likewise collected using survey questionnaire. Again, only a few NGOs were able to comply. NGOs' spending data were, however, validated through the submission of donor agencies' spending data.

The Project Monitoring Staff of the National Economic and Development Authority regularly collects data and monitors the progress of foreign-assisted projects implemented by government agencies (loans and grants covered by Official Development Assistance). It must be

noted, however, that it does not cover expenditures of NGOs and data available is oftentimes not disaggregated according to the level of detail required for this report (e.g. health care function).

The tedious data collection process utilized for this report only shows the need for a strong reporting system that must be put in place in order to ensure a systematic monitoring and evaluation of all AIDS-related activities. It is therefore crucial that a strong monitoring and evaluation system be developed which should cover not only activities, outputs and outcomes, but inputs (amount of investments, financing) as well.

## **Limitations**

It should be noted that not all stakeholders were able to provide the required data for this report. Expenditures for orphans and vulnerable children were not included given that there is still no specific program for children orphaned by AIDS. It must be noted, however, that regular programs (protective and rehabilitation services) for orphans and other vulnerable groups are being provided by the DSWD.

Only a few NGOs based in Metro Manila directly provided expenditure information (RAF, HAIN, Lunduyan, and DKT Phils.) on HIV/AIDS. Notably, there are plenty of NGOs all over the country that are actively involved in HIV/AIDS activities. In addition, because of time, financial and geographical constraints, only a few local government units were able to provide expenditure data for some of the years covered in this report. Hence, it can be assumed that the figures provided here may be underestimated.

The expenditures classified in this report under *voluntary counseling and testing* (as reflected in Table 2 matrices in annex) is not really "voluntary". Most people who go to clinics or hospitals for HIV testing do so mainly for employment purposes abroad as a requirement of the receiving country. Hence, it may not actually be considered "voluntary".

Moreover, with regard to expenditures of public health facilities, only the budgets of San Lazaro Hospital and the RITM were calculated because these two hospitals are considered the major providers of treatment services and given the lack of information on other health facilities that provide these services. It should be noted that ART is usually borne by the AIDS patient. Spending of provincial and local hospitals, including social hygiene clinics for STD management and other prevention activities are not captured in this report.

Also, some of the expenditure items were not broken down into specific functions or activities and some donors (source of financing) were not able to break down their expenditures according to their specific agents. In addition, spending for universal safety precautions and screening for blood transfusion were not included in this report given the lack of information and time constraints although these activities are being undertaken.

### Chapter 3 Results

Table 1 Essential Indicators

	2000	2001	2002	2003	2004
<b>Total population(1000 persons)</b>	76,626	78,317	79,944	81,503	82,987
<b>Number of People living with HIV/AIDS</b>	13,000	13,000	6,002	9,000	10,000
<b>Nominal GDP at current price (million PPP\$)</b>	306,678	323,229	343,192	364,929	396,871
<b>Health Exp (million PPP\$)</b>	10,626	10,378	10,145	11,557	12,332
<b>Health exp (1,000 Peso)</b>	114,911,500	116,601,800	117,170,717	135,951,675	149,973,233
<b>HIV/AIDS expenditure</b>					
· total amount (million PPP\$)	17.4	44.0	23.5	22.6	13.0
· total amount (1,000 US\$)	4,253	9,687	5,254	4,908	2,825
· total amount (1,000 Peso)	187,957.6	493,918.0	271,125.0	266,012.0	158,312.6
· per capita general pop (PPP\$)	0.23	0.56	0.29	0.28	0.16
· per capita general pop (US\$)	0.06	0.12	0.06	0.06	0.03
· per capita general pop (1,000 Peso)	2,452.94	6,070.32	3,175.32	3,000.27	1,696.38
· per capita PLWA (PPP\$)	1,337	3,382	3,911	2,512	1,302
· per capita PLWA (US\$)	327	717	820	501	251
· per capita PLWA (1,000 Peso)	14,458,273	36,569,986	42,293,922	27,170,027	14,077,728
· as % GDP	0.006%	0.014%	0.007%	0.006%	0.003%
· as % Total health expenditure	0.16%	0.42%	0.23%	0.20%	0.11%
<b>Exchange rate (Local Currency per 1 PPP\$)</b>	10.81	11.24	11.55	11.76	12.16
<b>Exchange rate (local currency per 1 US\$)</b>	44.19	50.99	51.60	54.20	56.03
<b>Profile of AIDS expenditures by financing source</b>					
· % public source	15.6%	6.5%	14.6%	13.5%	21.0%
· % non-public source	0.0%	0.0%	0.0%	0.0%	0.0%
· % external sources	84.4%	93.5%	85.4%	86.5%	79.0%
<b>by by financing agent</b>					
· % public agent	47.6%	68.6%	18.0%	14.0%	35.2%
· % non-public agent	44.0%	23.6%	70.6%	79.0%	58.0%
· % external agent	8.4%	7.8%	11.4%	7.0%	6.9%
<b>by functions</b>					
· % prevention-related activities	77.7%	38.2%	65.5%	79.8%	62.3%
· % treatment and care components	0.9%	0.4%	1.0%	1.1%	2.4%
· % orphan and Vulnerable Children	0.0%	0.0%	0.0%	0.0%	0.0%
· % AIDS programme costs	21.4%	61.4%	33.5%	19.0%	35.3%
· % human resources receiving wage benefit	0.0%	0.0%	0.0%	0.0%	0.0%

## Financing HIV/AIDS

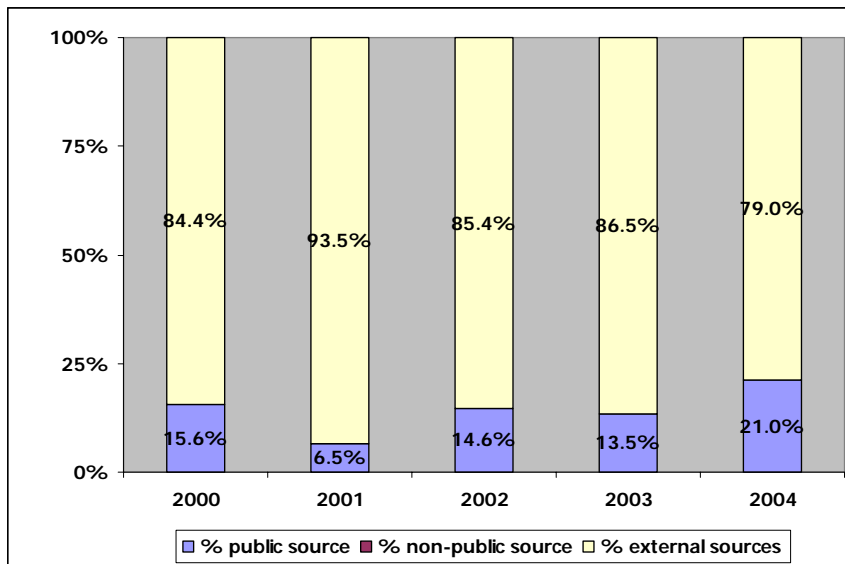
Total AIDS spending over the last five years (2000-2004) is estimated at Php 1.4 billion. Spending peaked in 2001 largely because of the huge amounts of resources provided by donor agencies--USAID and JICA. During this year, UASID poured its resources with the completion of the AIDS Surveillance Education Project. On the other hand, JICA provided funding assistance for the establishment of the SACCL at the San Lazaro Hospital. Total expenditures slowly declined in the succeeding years.

It can be observed in figure 1 that the share of public sector spending on AIDS in the last five years is relatively small (15.6 percent in 2000, a mere 6.5 percent in 2001 and 21.0 percent in 2004). It should be noted that in recent years, the Philippines has been experiencing fiscal constraints resulting in limited budget appropriations in nearly all government agencies. A large share of total spending therefore came from external sources (84 percent in 2000, 85 percent in 2002, and 79 percent in 2004).

Public sector sources include National Government agencies and LGUs. National government spending is mainly from the DOH's NASPCP and its Centers for Health Development (CHDs), the PNAC, the DepEd and the DOLE-OHSC, among others. On the other hand, external sources of financing include: USAID, JICA, UNAIDS, UNFPA, Kfw, among others.

It must be noted that NGOs usually get funding from external sources as well. The major NGO players in HIV/AIDS prevention and control activities covered in this report include: RAF, HAIN, Lunduyan, DKT, Philippine NGO Council (PNGOC), among others.

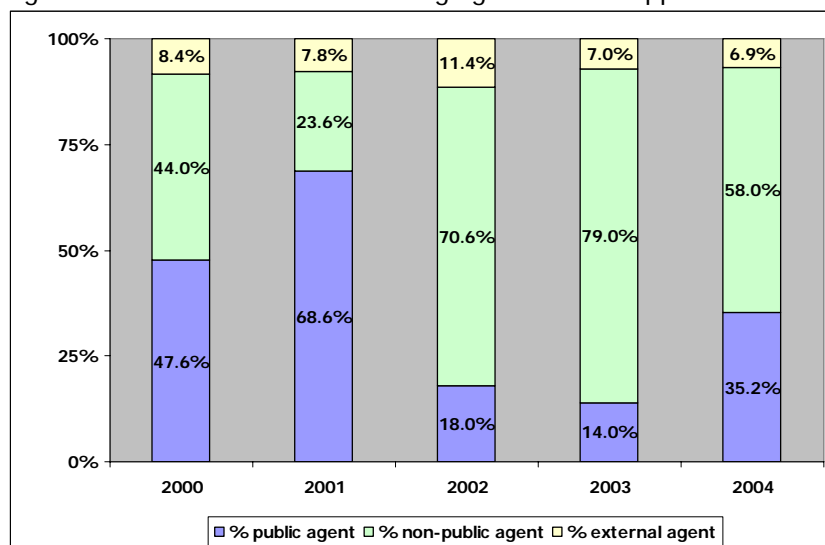
Figure 1 Profile of HIV/AIDS Financing Source in Philippines 2000-2004



In terms of financing agents, it can be observed that from 2002 onwards, more than half of total financing went to non-public agents or NGOs as can be seen in figure 2 (70.6 percent in 2002, 79.0 percent in 2003, and 58.0 percent in 2004). The effectiveness of NGOs cannot be denied when it comes to carrying out HIV/AIDS prevention and control activities. This only shows the importance of the NGO community in delivering critical services that are best provided by

institutions from the community or grassroots level. On the other hand, this may also connote the weakness in implementation of public agents, or the lack of absorptive capacity.

Figure 2 Profile of HIV/AIDS financing agencies in Philippines 2000-2004



### Nature of HIV/AIDS Program Spending

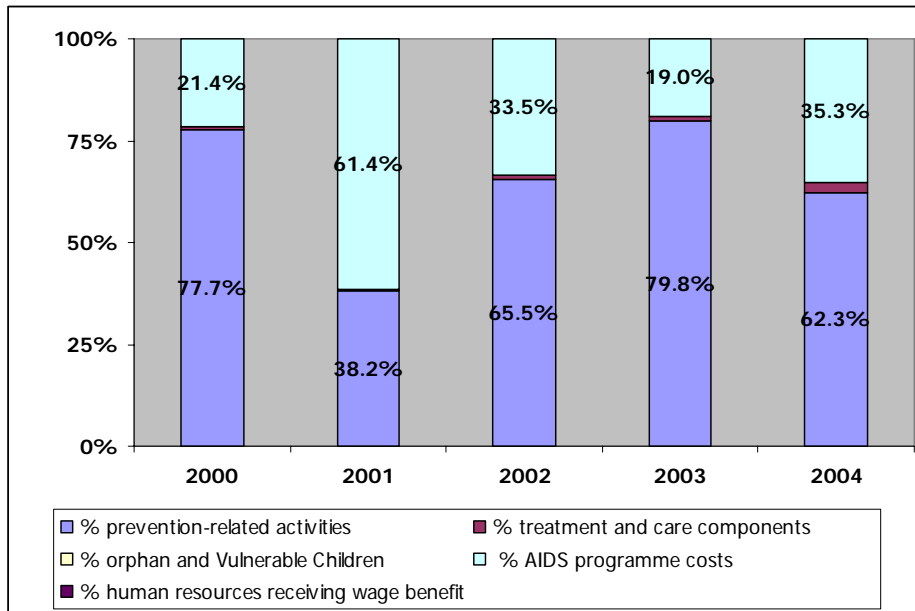
With regard to specific activities, it can be observed in figure 3 that in the Philippines, resources were poured mostly on prevention activities (77.7 percent in 2000, 65 percent in 2002 and 62.3 percent in 2004). With the low prevalence in the country, efforts were concentrated on keeping the prevalence low and keeping the rate of transmission slow. Prevention programs in the country include: IEC, condom social marketing, counseling and testing, STD management, among others.

Resources were also spent on program costs, which include: advocacy activities, capability building, monitoring and surveillance, laboratory infrastructure, research and management costs. Notably, a lot of resources were poured on AIDS program cost in 2001 (61 percent) largely by donor agencies (USAID and JICA activities).

Although the share of spending for treatment is very low, it can be seen that from 2002 onwards it is relatively increasing (1 percent in 2002, 1.14 percent in 2003 and 2.4 percent in 2004). These services are limited only to laboratory tests, prophylaxis for OIs and treatment of OIs. Cost of ART is usually borne by the AIDS patient. Efforts are being done, however, to make ART accessible and affordable.

Presently, the government does not have yet a specific program for children orphaned by AIDS. However, regular programs (protective and rehabilitation services) for children and vulnerable groups are being implemented by the DSWD. There is also no policy on providing additional wage benefits for health professionals that cater to persons with HIV/AIDS as in other countries.

Figure 3 Profile of HIV/AIDS health care spending in Philippines in 2000-2004



## **Chapter 4 Program and Policy Implications**

Generally, more investments are needed in order to halt and reverse the spread of HIV/AIDS given that the total spending on AIDS seems to be decreasing, but the number of cases is increasing. Although the reported cases are relatively low, the disease is deemed “hidden and growing” in the Philippines and the conditions for AIDS to “take off” are present.

Resources are needed for preventive interventions so that these can be improved and scaled up. Prevention activities should be targeted at highly vulnerable groups—sex workers and their clients, males having sex with males (MSM), injecting drug users, and most especially overseas Filipino workers.

Institutional (workplace, school-based) and general public interventions, in particular must be strengthened. Advocacy and IEC activities geared towards encouraging voluntary counseling and testing must be implemented in order to determine the real magnitude of the disease in the country.

Treatment, care and support services for people infected and affected with AIDS must likewise be scaled up and improved. The means of acquiring less expensive ARV treatment must be carefully looked into and institutionalized. Programs specific for children orphaned by AIDS may be developed. Management systems in support of the delivery of HIV/AIDS information and preventive services should be strengthened.

More importantly, resources from public sector must be used effectively and efficiently given financial constraints. Best practice methods in other countries must be examined for possible adoption or replication in the Philippines. Given the volatility in the level of resources, the proper mix of interventions in relation to available resources must be carefully studied so that limited resources are optimized.

Lastly, there is a need to explore the institutionalization of a data collection system so that HIV/AIDS expenditures (among other things) can be regularly monitored and programs and projects can be designed more effectively and efficiently. Although currently in progress is the development of a monitoring and evaluation system, the Philippine National AIDS Council may want to consider adopting the NASA methodology in terms of type of data to be collected and analyzed, standardization of definition, scope of each type of health care function, and ensure compliance of annual reporting of all stakeholders.

## **Annex**

### **List of Abbreviation**

ART	anti-retroviral therapy
ASP	AIDS Society of the Philippines
ASEP	AIDS Surveillance Education Project
CAFOD	Catholic Agency for Overseas Development
CHD	Center for Health Development
CHED	Commission on Higher Education
CSR	Cohort Survival Rate
CWC	Council for the Welfare of Children
DBM	Department of Budget and Management
DepEd	Department of Education
DFID	Department for International Development
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
EC	European Commission
ERPAT	Empowerment and Re-affirmation of Parental Abilities Training
FHSIS	Field Health Service Information System
FLEMMS	Functional Literacy Education and Mass Media Survey
FP	family planning
GAA	General Appropriations Act
GAD	gender and development
GDP	Gross Domestic Product
GNP	Gross National Product
HAIN	Health Action Information Network
HACT	Hospital AIDS Core Teams
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HDI	Human Development Index
IEC	information, education and communication
IMR	infant mortality rate
ISSA	Institute for Social Studies and Action
JICA	Japan International Cooperation Agency
KfW	Kreditanstalt für Wiederaufbau (German Development Bank)
LAC	Local AIDS Council
LGC	Local Government Code
LGU	Local Government Unit
MMR	maternal mortality ratio
NASPCP	National AIDS/STD Prevention and Control Program
NDHS	National Demographic and Health Survey
NEC	National Epidemiology Center
NEDA	National Economic and Development Authority
NEP	National Expenditure Program
NG	National Government
NGA	National Government Agencies
NGO	Non-Government Organization
NHSS	National HIV/AIDS Sentinel Surveillance
OFWs	Overseas Filipino Workers
OHSC	Occupational Health and Safety Center



OI	opportunistic infection
PAFPI	Positive Action Foundation Philippines, Inc.
PBSP	Philippine Business for Social Progress
PCP	Pneumocystis Carinii Pneumonia
PHANSuP	Philippine NGO Support Program
PLHWAs	people living with HIV/AIDS
PNAC	Philippine National AIDS Council
PNGOC	Philippine NGO Council for Population, Health and Welfare
PSI	Population Services International
RA	Republic Act
RAF	Remedios AIDS Foundation
RITM	Research Institute for Tropical Medicine
SACCL	STD/AIDS Central Cooperative Laboratory
SAEP	School-based AIDS Education Program
STIs	sexually-transmitted infections
STD	sexually-transmitted disease
TFG	The Futures Group
TFR	total fertility rate
U5MR	under-five mortality rate
UNICEF	United Nations Children Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHCF	Women's Health Care Foundation

## **Detailed methodology**

In order to get the data, major stakeholders (government agencies, NGOs, donor institutions) were requested to fill up two dummy matrices. Government agencies and NGOs were requested to fill up the first matrix (Dummy Table 1 for Gov't and NGOs) which will show the organization's sources of financing over the last five years (2000-2004). For each source of financing, the government agencies and NGOs were requested to fill up a second matrix (Dummy Table 2) to show the various functions or activities where resources were spent during the same period.

For donor institutions, they were requested to fill up the first matrix (Dummy Table 1 for donors) which will show the agents that they provided with financing over the last five years (2000-2004). Furthermore, for each financing agent or implementing agent, donor institutions were requested to fill up a second matrix (Dummy Table 2) to show the functions or activities that were funded by the donors/financed by the agent.

The accomplished matrices were reviewed to prevent double-counting. After which, the sets of matrices were consolidated into single table for each year.

### **I. Primary Data**

- A. Actual expenditure data (source of financing) were collected through direct request from the following donor institutions:
  - 1. USAID
  - 2. UNAIDS
  - 3. Kfw
  - 4. JICA
  - 5. UNICEF
  - 6. EU
  - 7. WHO
  - 8. UNFPA
  - 9. Global Fund sub-principal recipient (PNGOC)

Generally, donor agencies provide sources of financing but the activities are being implemented by government agencies, local government units and non-government organizations (NGOs). Hence, other expenditure data of NGOs reflected in this report were actually provided by the donor institutions (refer to item D).

PNGOC was not able to provide a detailed breakdown of their expenditures by function. On the other hand, USAID and UNFPA were not able to provide a detailed breakdown of their expenditures by financing agent.

- B. Actual expenditure data were collected from the following government agencies:
  - 1. Department of Labor and Employment - Occupational Health and Safety Center (DOLE-OHSC)
  - 2. Department of Health's (DOH) National AIDS/STD Prevention and Control Program (DOH-NASPCP)
  - 3. Local government units: Cagayan de Oro, Urdaneta, Quezon City, Laoag City, General Santos, and San Fernando, Puerto Princesa
- C. Actual expenditure data were collected directly from several non-government organizations:
  - 1. DKT Philippines

2. Remedios AIDS Foundation (RAF)
3. Health Action Information Network (HAIN)
4. Lunduyan

These NGOs provided other sources of financing that were not initially identified (refer to item E).

- D. Other expenditure data on NGOs/agents (recipients of funds) were provided by donor agencies. These NGO-recipients of donor funds include:
1. AIDS Society of the Philippines (ASP)
  2. ACHIEVE
  3. Health Educators Association of the Philippines (HEAP)
  4. Philippine Business for Social Progress (PBSP)
  5. Philippine NGO Support (PHANSUP)
  6. Positive Action Foundation Philippines, Inc. (PAFPI)
  7. Women's Health Care Foundation (WHCF)
  8. Kabalikat
  9. Institute for Social Studies and Action (ISSA)
  10. MTV
  11. Remedios AIDS Society (RAS)
- E. Other sources of financing data were provided by NGOs. These NGO-provided sources of financing include:
1. Save the Children (US)
  2. Save the Children (UK)
  3. Ford Foundation
  4. Amkor Technology
  5. Catholic Agency for Overseas Development (CAFOD, UK)
  6. UK HIV/AIDS Alliance
  7. British Embassy
  8. Christian Aid
  9. Plan International
  10. Packard Foundation
  11. Population Services Int'l. - Dept. for Int'l Dev't. (PSI DFID)

## II. Secondary Data

- A. The *Policy and Advocacy Efforts* publication of the AIDS Surveillance Education Project (ASEP) of the Program for Appropriate Technology in Health (PATH) was used for the expenditure data of the following local government units for the years 2002-2003:
1. Angeles
  2. Pasay
  3. Quezon City
  4. Davao
  5. General Santos
  6. Zamboanga
  7. Iloilo
  8. Cebu.
- B. The *National Expenditure Program* publication of the Department of Budget and Management (DBM) and the *General Appropriations Act* was used for the budget data (2000-2004) of the following:
1. Philippine National AIDS Council (PNAC) Operations

2. Department of Education's (DepEd) School-based AIDS Education Program
  
- C. Project monitoring documents available at the National Economic and Development Authority (NEDA) was also reviewed to determine the level of expenditures for AIDS. Specifically, the *Women's Health and Safe Motherhood Project* implemented by DOH and funded by the World Bank (which included spending on STI management and prevention), and the UNDP-NEDA project *Increasing Awareness and Understanding of the Development Implications of HIV/AIDS*.

### III. Imputed data

- A. The Department of Health's Centers for Health Development (CHDs) for AIDS/STD Prevention and Control Program were estimated using key informant interview and secondary data. Work and financial plans of CHDs were reviewed to determine the average budget allocation for STD/AIDS activities in the regions. Around 1.15% of total health operations budget of each CHD is assumed to be allocated for STD/AIDS activities. Health operations budget data was taken from National Expenditure Program document of the Department of Budget and Management;
  
- B. Expenditures of the Research Institute for Tropical Medicine (RITM) and San Lazaro Hospital for treatment services (treatment of OIs, prophylaxis, laboratory examination) were calculated using the Price-Quantity Approach. These two public facilities are where most AIDS patients go to for treatment. Cost data were collected through key informant interview. Total number of AIDS patient receiving treatment for 2004 was taken from draft Country Report on UNGASS (2005). According to PAFPI, 53 PLWHAs were receiving treatment. This figure was used in projecting retrospectively the previous years' estimated number of AIDS patient receiving treatment. The following cost data were used in calculating treatment services spending:
  - 1) Cost of CD4 and viral load test is P14,000.00 per person per year;
  - 2) Average cost of prophylaxis for OIs is P30,147 per person per year;
  - 3) Average cost of treatment of OIs is P5,811 for drugs and medicines and P P4,393 for laboratory exam. It is further assumed that only half of the PLWHAs are getting treatment for OIs.

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