

# IAS 2023 POST-CONFERENCE WORKSHOP IN PARTNERSHIP WITH LOVEYOURSELF, INC.

## Why putting people first in the HIV response makes sense

### Workshop Report

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*This report was developed in collaboration with LoveYourself Inc. The views expressed in the report do not necessarily reflect the views of IAS - the International AIDS Society.<sup>1</sup>*

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IAS – the International AIDS Society – convened a workshop in Manila in partnership with LoveYourself Inc. on 14 and 15 March 2024. Focused on the HIV response, the workshop, titled "**Why putting people first in the HIV response makes sense**" covered key issues through three sessions, encompassing a wide array of subject areas that shed light on crucial aspects of the HIV response and its multifaceted implications: improving HIV-related services for paediatrics and adolescents, differentiated delivery of HIV prevention and communicating U=U and sexual pleasure.

During the opening session, Ronivin Pagtakhan (Executive Director, LoveYourself Inc.) and Nittaya Phanuphak (Governing Council Member, IAS and Executive Director, IHRI Bangkok) set the stage, emphasizing the workshop's goals: educating on and advocating for evidence-based information, fostering the exchange of ideas and best

practices, and customizing HIV and sexual health-related programs to grassroots communities. Subsequently, Mikhail Zion Taggug (Department of Health DPCB - NASPCP, Philippines) provided insights into the Philippine HIV response in 2024, followed by Louie Ocampo (UNAIDS Philippines), who discussed human rights-centred and stigma-free approaches to HIV.

Through focused dialogue and expert insights, moderators, panellists and speakers raised and brought to light diverse dimensions and challenges in relation to the HIV response, broadening the comprehensive understanding of the challenges.

The [workshop programme](#) and [slides and recordings](#) are available [on IAS digital platforms](#). The group work recommendations are available as an annex to the report.

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### SESSION 1 - Understanding the young: Improving HIV-related services for paediatrics and adolescents

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This session offered a comprehensive overview of the latest updates on paediatric and adolescent treatment. A pivotal focus during the discussion centred around advocating for equitable access to treatment among women and children, encouraging them to receive the same level of treatment as the other key populations also affected by HIV and AIDS.



L-R: (Panellists) Thanyawee Puthanakit, Lelis Palmares, Genesis Faderogao, Isabelle de Leon, and (Moderator) Mary Ann Joy Aguadera on “Understanding the young: Improving HIV-related services for paediatrics and adolescents”

### 1. HIV-related policy for children and adolescents in the Philippines

HIV-related policy for children and adolescents in the Philippines remains a pressing issue despite the existence of R.A. 11166, which addresses STI, HIV, and AIDS services and issues. While this law lays a foundation, there are significant challenges in extending services to children and adolescents at the grassroots level, particularly due to the lack of local policies and guidelines in many cities and municipalities.

#### KEY RECOMMENDATIONS

- Organize consultative meetings among stakeholders to clarify legal provisions regarding consent for children and adolescents in accessing HIV services and establish case management protocols.
- Undertake a comprehensive review of both national and local HIV-related policies, technical guidelines, and clinical practice standards to ensure alignment and effectiveness in addressing the unique needs of children and adolescents.

### 2. Children and adolescent-focused HIV awareness and education

Dissemination of information about children’s rights and the HIV Law - R.A. 11166 relevant to adolescents and children is still a challenge in the country, resulting in confusion regarding the proper delivery of services and information among the target age group.

#### KEY RECOMMENDATIONS

- Conduct cultural competency training and capacity-building sessions for HIV service providers to enhance their understanding of children’s rights and familiarize them with the provisions of R.A. 11166.
- Reinstate and strengthen Comprehensive Sexuality Education programs within local communities to ensure that adolescents receive accurate and age-appropriate information about HIV prevention, transmission, and rights.
- Expand the use of peer-to-peer approaches for disseminating information and education on HIV, leveraging the influence and relatability of peers to effectively reach adolescent and youth populations.

- Develop age-appropriate information, education, and communication and social and behaviour change communication materials tailored specifically to the needs and interests of adolescent and youth key populations, ensuring that messaging is relevant, engaging, and culturally sensitive.

### 3. Service delivery and accessibility

Local communities often have their own unique approaches to delivering services to children and adolescents. However, in some communities, there may be a lack of specific guidelines for proper approaches, particularly when addressing the needs of trans people and survivors of sexual abuse.

#### KEY RECOMMENDATIONS

- Develop a service delivery network that includes clinical guidelines to ensure accessible HIV testing for pregnant women, and combination prevention and mental health services for children, adolescents, and trans people.
- Strategically plan for the creation of children and adolescent-friendly safe spaces within healthcare facilities and barangay centres.
- Integrate mental health, health services for trans people, and gender-based violence response services into both online and physical healthcare facilities.



*United for Change: Participants, speakers, and panellists at the "Why Putting People First in the HIV Response Makes Sense" workshop*

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## SESSION 2 - Upscaling the options: Improving differentiated delivery of HIV prevention

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### 1. Local Government Unit inclusion in PrEP and PEP availability

The Local AIDS Council plays a part in local ordinances in cities and municipalities. However, some ordinances do not have clear policies for the service delivery of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) since the majority of local government units do not own or distribute PrEP and PEP.

#### KEY RECOMMENDATIONS

- Activate Local AIDS Councils among the communities to establish service delivery networks for PrEP and PEP.
- Include PrEP and PEP procurement on the annual budget plan of every Local Government Unit.

### 2. Combination Prevention

Combination prevention involves integrating various preventive interventions to address sexually transmitted infections (STIs), with a particular focus on meeting the HIV prevention needs of individuals and communities. This approach aims to have a lasting impact on reducing new acquisitions. However, the concept of combination prevention has not been widely introduced in many communities, and some have expressed concerns about its implementation and dissemination of information, citing cultural barriers as a significant obstacle.



L-R: (Panellists) Johann de Leon, Marvin Natural, Nina Castillo, Almira Solaiman, (Moderator) Danvic Rosadiño, and (Speaker) Sushena Reza-Paul (Not in photo) on "Upscaling the options: Improving differentiated delivery of HIV prevention"

#### KEY RECOMMENDATIONS

- Provide comprehensive training and resources to Rural Health Units (RHUs) to transform them into satellite facilities capable of providing combination prevention services.
- Develop clear and localized guidelines for the provision of PrEP and PEP within healthcare facilities. Capacitate all facilities with these guidelines, ensuring they are equipped to offer PrEP and PEP services along with tailored risk reduction and sensitivity messaging to address cultural barriers effectively.
- Demedicalize combination prevention.
- Promote the utilization of Outpatient HIV and AIDS Treatment (OHAT) in all HIV treatment facilities as a comprehensive approach to HIV care.

### 3. PrEP and PEP provider HIV treatment facilities

The provision of PrEP and PEP entails a structured process before clients can access these vital preventive interventions. However, in the Philippines, access to free PrEP and PEP services is limited, with only a handful of designated HIV community centres and hubs offering them. Additionally, the availability of free PEP providers is even more limited compared to PrEP providers.

#### KEY RECOMMENDATIONS

- Review and update policies regarding the certification and recertification of HIV treatment facilities that provide PrEP and PEP. Ensure that facilities meet specific standards and guidelines for the provision of these services.
- Provide training and resources to healthcare facilities to establish sundown clinic services for PrEP and PEP provision. Additionally, implement a 24/7 hotline dedicated to PEP.
- Expand access to PrEP and condoms by establishing additional delivery points in communities.

- Emphasize educating individuals about the risks of condomless sex and the importance of consistent condom use in preventing HIV transmission.
- Utilize online platforms, including social media, websites, and mobile applications, to disseminate information and education about HIV prevention.

### SESSION 3 - Understanding the message: Improving the way we communicate U=U and sexual partners



L-R: (Moderator) Nittaya Phanuphak, (Panellists) Jan Dio Miguel Dela Cruz, Iskandar Azwa, Lui Miguel Balbuena, Kate Leyritana, and (Moderator) Catriona Gray on "Understanding the message: Improving the way we communicate U=U and sexual partners"

#### 1. U=U Information dissemination

The message of Undetectable = Untransmittable (U=U) is scientifically supported, indicating that individuals with an undetectable viral load cannot sexually transmit HIV to others. Despite its proven effectiveness, some medical experts and service providers in the Philippines remain hesitant to disseminate the U=U message.

#### KEY RECOMMENDATIONS

- Develop a comprehensive National Advocacy Plan aimed at standardizing communication methods for U=U across agencies, educational curricula, localities, and various platforms. Consult with healthcare professionals, academia, stakeholders (such as DOH, CSOs, key affected populations), and grassroots communities to ensure inclusivity and effectiveness in messaging.
- Provide training and capacity-building programs for HIV service providers and faith-based groups on sexual health.
- Expand the dissemination of U=U testimonials by translating them into mainstream media formats.
- Establish standardized guidelines for the interpretation of viral load results in all healthcare facilities.
- Develop Monitoring and Evaluation tools to measure the effectiveness of U=U communication efforts.



*Nittaya Phanuphak providing closing remarks for the workshop*



*United for Change: Participants, speakers, and panellists at the "Why Putting People First in the HIV Response Makes Sense" workshop, promoting "U=U"*



Participants and panellists at the "Why Putting People First in the HIV Response Makes Sense" workshop



L-R: (Panellists) Lui Miguel Balbuena, Kate Leyritana, and (Moderator) Catriona Gray on "Understanding the message: Improving the way we communicate U=U and sexual partners"



## **Annex 1**

# **Why putting people first in the HIV response makes sense**

### **Group work recommendations**

14-15 March 2024  
Manila, the Philippines

IAS Educational Fund and LoveYourself workshop



**Question 1:** *How can we improve HIV-related services for children and adolescents in the Philippines?***Facility-level recommendations:**

N°	Recommendations	Facility type?	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Clarify the legal provisions of consent for children and adolescents on service delivery.	All facilities	December 2024	CWC - Child Welfare Committee PNAC - Philippine National AIDS Council DOH - Department of Health DSWD - Department of Social Welfare and Development PPS - Philippine Pediatric Society PIDSP - Philippine Integrated Disease Surveillance and Response System DepEd - Department of Education	Facilitate a meeting with representatives from all collaborating agencies, legal experts specializing in child rights, and children's rights advocates.	DOH, PNAC

2	Cascade new modality of treatment; Clinical guidelines for transgender children and adolescents (gender-affirming hormonal therapy - GAHT, health service package).	All facilities	December 2024 for treatment modalities; 2nd Quarter 2025 for clinical guidelines.	CWC, PNAC, DOH, DSWD, CSO/CBO, Philippine Society of Public Health Physicians (PSPHP), SAMP, Trans stakeholders, Philippine Professional Association for Transgender Health (PPATH), Lakambini network	Establish a working group composed of DOH representatives, medical professionals (specializing in transgender healthcare), and transgender rights advocates.	DOH; DOH, UNAIDS, Global Fund, Meeting Targets and Maintaining HIV Epidemic Control (EpiC) partner organizations.
3	Ensure that at least 50% of healthcare facilities and barangay centers in National Capital Region (NCR) should have child and adolescent-friendly safe spaces, prevention and mental health services.	All treatment hubs, barangay health centers, and other relevant facilities.	2026	All HIV service providers, Health Care Workers (HCW), Sangguniang Kabataan (SK), Barangay officials, Teachers, Social workers.	Promotion through social media; Training programs.	DOH, LGU local funds, development partners, Malasakit Program (DSWD), PhilHealth, Gender and Development (GAD) budget
4	Ensure that at least 90% of service providers trained in children's rights and adolescent HIV services.	All treatment hubs, barangay health centers, and other relevant facilities.	2026	All HIV service providers, HCW, SK, barangay officials, teachers, social workers.	Promotion through social media; Training programs.	M-DOH, LGU local funds, development partners, Malasakit Program (DSWD), PhilHealth, GAD budget.
5	Provide youth-friendly clinics/facilities and activities; Adapt peer-to-peer approach.	Rural health units, CBOs, Treatment Hubs; CBO, youth-led organizations, government offices.	2026 for youth-friendly facilities; 2027 for peer-to-peer approach.	DOH, policymakers, duty bearers, external partners, youth representatives.	Consultation, youth camp leadership and training, youth-led initiatives, capacity building.	DOH, LGU, development partners, social contracting.

6	<p>Capacity building and resource development</p> <ul style="list-style-type: none"> <li>– Set up capacity and cultural competencies training for providers.</li> <li>– Develop of age-appropriate information, education, communication information, education, communication (IEC) and social and behaviour change communication (SBCC) materials.</li> <li>– Integrate mental health, trans health, and gender-based violence services.</li> <li>– Establish standardized guidelines/modules in capacity building.</li> </ul>	<p>Public and private primary care clinics, general public, all individuals involved in ASRH.</p>	<p>2025 to 2028</p>	<p>NGOs, CBOs, DepEd, DSWD, DOH, SK, community leaders, educational institutions.</p>	<p>Facilitation and accreditation of training, development and dissemination of materials.</p>	<p>Local/City Health Office, LGU Budget, existing funding of CBOs, government and private funders.</p>
7	<p>Standardize indicators for adolescent-friendly facilities (i.e. teen centers in schools)</p>	<p>Adolescent serving facilities</p>	<p>January 2025 to December 2025</p>	<p>DepEd, Local Government Units (LGUs)</p>	<p>Organize a series of consultative dialogues and drafting a preliminary set of core indicators</p>	<p>DepEd, DOH, School Divisions</p>

**Question 1: How can we improve HIV-related services for children and adolescents in the Philippines?****Policy-level recommendations:**

N°	Recommendations	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Review local technical guidelines <ul style="list-style-type: none"> <li>– Develop local policies supporting RA 11166 (Philippine HIV and AIDS Policy Act)</li> <li>– Develop and implement HIV/Sexual health education policies in 50% LGUs by 2026</li> </ul>	Start: 2026, End: 2028	DOH, CWC, CBO/CSO, Philippine Obstetrical and Gynecological Society (POGS), PPS, PIDSP, PSPHP, DepEd, Legal team, Department of Budget and Management- Department of Health (DBM-DOH), LGUs, development partners, Malasakit Program, PhilHealth, GAD budget	Consultative meeting with LGUs Lobbying and amendment of RA 11166  Situational analysis and stakeholder consultation	DBM-DOH, LGUs, development partners, Malasakit Program, PhilHealth, GAD budget
2	Coordinate 50% NCR HIV service providers with Department of Education (DepEd), local leaders, law enforcement for education delivery	By 2026	All LGUs	Create directories, training workshops, partnerships, and online platforms to connect HIV service providers, educators, and law enforcement.	DBM-DOH, LGUs, development partners, Malasakit Program, PhilHealth, GAD budget
3	Establish local AIDS councils in all LGUs	By 2026	All LGUs	Review existing health councils, develop a model constitution, provide technical support, and secure funding for local councils.	DBM-DOH, LGUs, development partners, Malasakit Program, PhilHealth, GAD budget

4	Establish child safeguarding policies in 50% of LGUs and law enforcement offices by 2026	By 2026	All LGUs	Adapt existing policies, create a model policy, disseminate information, and integrate training on these policies.	DBM-DOH, LGUs, development partners, Malasakit Program, PhilHealth, GAD budget
5	Implement universal opt-out HIV testing for pregnant women by 2026	2026	DOH, Medical Societies	Provide clear guidelines and training for healthcare workers offering opt-out HIV testing during prenatal care, along with ensuring enough testing kits and raising awareness.	LGU Budget
6	Institutionalize policies for healthcare worker education on RA 11166 and commodity allocation	2025	DOH Central/ Regional, LGUs, Development Partners, local stakeholders, lawyers	Review existing policies and organize forums	LGU Budget
7	Promote community awareness and understanding of U=U through dialogues with local government leaders.	2025	LGUs and Community Leaders/Advocates	Dialogues and meetings	LGU Budget
8	Mobilize Sangguniang Kabataan and youth with capacity and cultural competency trainings	2025	LGUs, Youth-led CSOs and CBOs, GAD, National Youth Commission (NYC)	Facilitation and trainings	LGU Budget; Existing funding of CBOs

9	Advocate for adaptation and improvement of Case Management protocols in LGUs	2025	LGUs and CSOs and CBOs	Dialogues and meetings	LGU Budget
10	Establish Service Delivery Networks (SDNs) for adolescents and capacitate private hospitals for referral by 2028	Jan 2025 - Dec 2028	Partnership with Tourism Offices, Barangay Health Workers (BHWs), Community-Based HIV Screening (CBS) Motivators, Provincial Health Offices	Establish Local AIDS Councils per municipality/city	LGU Budget
11	Lobby government to support LGU-led initiatives for adolescents by 2028	Jan 2025 - Dec 2028	NGOs, LGUs, National Government Agencies (NGAs)	Dialogues	LGU Budget

**Question 2:** *How can we improve differentiated delivery of HIV prevention in the Philippines?*

**Facility-level recommendations:**

N°	Recommendations	Facility type?	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
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1	<p>Capacity building and service expansion</p> <ul style="list-style-type: none"> <li>– Capacitate RHUs to be satellite facilities (combination HIV prevention)</li> <li>– Train all facilities with risk and harm reduction and sensitivity messaging</li> </ul>	All facilities	Q3 2025 - Q2 2026	CWC, PNAC, DOH, Philippine Pediatric Society (PPS) and Pediatric Infectious Disease Society of the Philippines (PIDSP), Philippine Medical Association (PMA), PSMID	Consultative meeting with stakeholders	DOH, other non-government funders, grants
2	<p>Increased awareness and accessibility of services</p> <ul style="list-style-type: none"> <li>– Increase promotion and support of existing Community-led monitoring (CLM) platforms</li> <li>– Raise awareness on HIV services</li> </ul>	All facilities	2026	DOH, Treatment facilities and CBOs	<p>Create informative and engaging content about U=U specifically for the local community served by the facility. Utilize platforms like Facebook, Instagram, or Twitter to reach a wide audience.</p> <p>Offer a dedicated hotline staffed by trained professionals to answer questions and provide emotional support regarding U=U and sexual health.</p> <p>Place QR codes in strategic locations within the facility, like waiting rooms or bathrooms,</p>	DOH, Treatment facilities and CBOs

					linking to websites with U=U information.	
<b>3</b>	<p>Expanding HIV testing services</p> <ul style="list-style-type: none"> <li>– Scale up differentiated testing and combination prevention services</li> <li>– Secure HIV prevention commodities and counseling (kits, ST, condoms, PrEP)</li> <li>– Emphasize risk of condomless sex and increase access points</li> </ul>	All facilities	2026	DOH, Treatment facilities and CBOs	<p>Start by assessing existing testing and prevention services in your community. This includes clinics, outreach programs, and community-based organizations. Estimate the demand for HIV prevention commodities like testing kits, self-testing kits, condoms, and PrEP medication based on your needs assessment. Ensure all testing and counseling services adhere to strict confidentiality and privacy protocols to encourage people to get tested.</p>	DOH, Treatment facilities and CBOs



<p>4</p>	<p>Expanding access to PrEP</p> <ul style="list-style-type: none"> <li>- Implement community and tele-PrEP services</li> <li>- Intensify de-medicalized IEC for PrEP and PEP</li> <li>- Expand access points for PrEP (including drive-thru, public places)</li> <li>- Make PrEP free and readily available</li> <li>- Train healthcare providers on PrEP dispensing</li> <li>- Promote PrEP through information dissemination and stigma reduction campaigns</li> <li>- Secure PrEP stocks through LGUs</li> <li>- Improve logistics and supply chain management for PrEP</li> </ul>	<p>All facilities</p>	<p>Capacity building and training: 2024                  Accessibility: Preparation (2024), Implementation (2025)                  Promotion: 2024                  Stocks Procurement: 2025                  Improvement of Supply Chain Management: 2024</p>	<p>Capacity building: Central Luzon Center for Health Development (CLCHD) , Treatment Hubs, Community Based Organizations, Development Partners                  Accessibility: DOH Regional Office (CHD), Treatment Hubs, Primary HIV Care Facilities, Private Hubs, CBOs, private sectors                  Promotion: Treatment Hubs, Provincial Health Office (PHO), LGU, Tourism Office, Youth Development Affairs Office, Development Partners                  Procurement: LGUs Supply Chain Management: Center for Health Development (CHD)/DOH Regional Offices</p>	<p>Conduct training programs for healthcare providers (HCPs) on PrEP dispensing at treatment hubs and CBOs.                  Collaborate with DOH and medical societies to disseminate information on PrEP to HCPs in public and private sectors.</p>	<p>Capacity building: DOH, LGU, Development partners, Social contracting                  Accessibility: Developmental Partners (DPs), DOH Regional Office (CHD) for non-GF sites                  Promotion: Development Partners; LGU; CHD, LGUs                  Procurement: LGUs</p>
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5	Establish a 24/7 PEP Hotline to provide immediate support and guidance to individuals who may have been recently exposed to HIV.	All facilities	2025	DOH	Collaborate with DOH, LGUs, and development partners to secure funding and resources. Partner with a telecommunications provider to set up the hotline infrastructure.	DOH, LGU, Development Partners
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**Question 2: How can we improve differentiated delivery of HIV prevention in the Philippines?****Policy-level recommendations:**

N°	Recommendations	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Create a policy for PEP (post-exposure prophylaxis) and a revised interim policy for PrEP (pre-exposure prophylaxis)	December 2024	CWC, PNAC, DOH, PPS and PIDSP, SAMP, PMA, IBP, PSMID	Schedule a meeting with all stakeholders to discuss the need for revised PEP and PrEP policies.	DOH Budget
2	Make the policy for PrEP/PEP available to all local health facilities such as sexual health clinics (SHCs), Rural Health Units (RHUs), CBOs, among others	Q1 2025	CWC, PNAC, DOH, Department of Interior and Local Government (DILG), PPS and PIDSP, SAMP, PMA, BP, PSMID	Develop training materials on the finalized PEP/PrEP policies	DOH Budget
3	Create localized risk and harm reduction and sensitivity communication materials <ul style="list-style-type: none"> <li>○ Conduct policy awareness and advocacy among leadership</li> </ul>	Q2 2025	CWC, PNAC, DILG, DOH, PPS and PIDSP, SAMP, PMA, BP, PSMID, IPs	Develop localized IEC materials on risk reduction, harm reduction, and HIV	DOH Budget

4	<p>Activate Local AIDS Councils and establish service delivery networks in all LGUs (local government units)</p> <ul style="list-style-type: none"> <li>○ Include PrEP and PEP procurement on the annual budget plan of every LGU</li> </ul>	2026	DOH, PNAC, LGUs	<p>Through the help of CBOs and social hygiene clinics</p> <p>Activate local AIDS Council</p>	DOH Budget
5	<ul style="list-style-type: none"> <li>– Revise sexual education manuals and materials for school use</li> <li>– Demedicalize combination prevention</li> </ul>	2024	<p>DepEd, Commission on Higher Education (CHED), Family healthcare providers, CBS motivators, primary counselors</p>	<p>Conduct dialogues, revise materials</p> <p>Establish training programs</p> <p>Build capacity of duty bearers.</p>	DepEd, CHED Budget

**Question 3: How can we communicate the importance of U=U in the Philippines?****Facility-level recommendations:**

N°	Recommendations	Facility type?	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Develop communication skills and approaches for U=U messaging. <ul style="list-style-type: none"> <li>○ Staff training and Development</li> <li>○ Emphasis on U=U in case management</li> </ul>	CBO/SCO, RHU, DOH	December 2024	CBO/SCO, RHU, DOH	Consultative meeting with stakeholders Integrate U=U messaging into capacity building (learning groups, support groups). Encourage staff participation in webinars and training about U=U.	DOH, other non-government funders, grants
2	Disseminate information on U=U for healthcare providers <ul style="list-style-type: none"> <li>○ Existing and new clients</li> <li>○ Emphasis on U=U in case management</li> </ul>	All facilities	Q2 2024 Q4 2024		Counseling (pre-test and treatment). Reinforce existing knowledge/awareness acquired online Utilize Public Health Units of hospitals; HEPO of primary clinic	LGUs (GAD Fund)

3	Organize facility-level dialogues with local government and leaders to promote awareness and understanding of U=U in the community.	Treatment Hubs, SHCs, Primary Care Clinic	2025	LGUs, CBOs, DepEd, CHED	Organize dialogues to address stigma. Run ads about U=U online and on tri-media. Utilize testimonials from PLHIVs and social media platforms to raise awareness.	Development Partners, DOH, LGU
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**Question 3: How can we communicate the importance of U=U in the Philippines?****Policy-level recommendations:**

N°	Recommendations	Timeline	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing (funders/ implementation partners)
1	Standardize U=U messaging for national public awareness campaigns on digital and social media platforms.	2024-Q3 (Localization)	Center for Health Development (CHD) - DOH, Regional Epidemiology and Surveillance Units (RESUs), DILG	Develop a local strategic communication plan for consistent U=U messaging (CHDs, RESUs) Localize messaging through communication workshops (Local AIDS Councils) Consult with National Agencies (Philippine Information Agency, DOH) (LGUs, PHOs)	National Government, Development partners, LGUs
3	Increase awareness about U=U <ul style="list-style-type: none"> <li>– Establish a national strategic communication plan</li> <li>– Develop an HIV media guide</li> <li>– Integrate U=U Campaign in community trainings</li> <li>– Localizing of U=U messaging by translating into local languages</li> </ul>	2026	CHED, DOH, CHD, PCHRD, LGUs, private sectors	Include U=U in school curriculums (CHED, DOH) Develop capacity of HCPs and academe (DOH, CHD) Change the view of faith-based groups (DOH, NGOs) Crafting effective messages and designs for DOH IEC Materials	DOH, LGUs, private sectors

4	Standardize VL results and machines	2026	DOH, PIDSP, PSMID, Medical societies	Revisit existing national guidelines on VL and standardization technologies (DOH, CHD, LGUs, development partners)	DOH, development partners
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