



Leaving No One Behind

Treatment and Care Concerns of People Living with HIV in the Time of COVID-19

A Philippine Situationer



Art from Right to Health/UNAIDS

Proposed citation:

UNDP & UNAIDS (2021). *Leaving No One Behind: Treatment and Care Concerns of People Living with HIV in the Time of COVID-19 (A Philippine Situationer)*.

The author of this report is Xavier Javines Bilon. The report is based on the survey conducted by UNDP and UNAIDS.

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ACKNOWLEDGEMENTS

Leaving No One Behind: Treatment and Care Concerns of People Living with HIV in the Time of COVID-19 (A Philippine Situationer) report was developed by UNDP and UNAIDS to determine the extent of the challenges and provide timely recommendations to the national program on HIV.

The author of this report is Engr. Xavier Javines Bilon.

Special thanks to Sabrina Gacad and John Andrew Evangelista who provided technical peer reviews.

UNDP and UNAIDS would like to acknowledge and thank all respondents who participated in the survey, as well as the community-based organizations—PLHIV Response Center, TLF

SHARE, The Red Whistle, and Positibong Marino—who helped in disseminating the survey to people living with HIV in the country.

The author would also like to acknowledge and thank Dr. Louie Ocampo, Country Director of UNAIDS Philippines, Malou Quintos, Community Support Adviser of UNAIDS Philippines, and Maria Luisa Isabel Jolongbayan, Team Leader, Institutions and Partnerships Programme Team of UNDP Philippines for providing valuable feedback in the development of the report.

Katrine Kae Vicedo, Programme Analyst of UNDP Philippines and Cecil Behino, HIV Response Officer of UNDP Philippines managed the development of the report.

EXECUTIVE SUMMARY

COVID-19 pandemic has had far-reaching effects on various aspects of people's lives—from the medical, to political, economic, and social. Unfortunately, the negative impact of the pandemic has disproportionately affected the lives of those who are already vulnerable and marginalized pre-COVID-19.

In particular, due to the pandemic, people living with HIV encountered additional barriers in accessing HIV prevention and treatment services. Limited mobility and job loss restricted the capacity of people living with HIV to have continued access to antiretroviral (ARV) drugs and other HIV care services. These problems leave more than 43,000 Filipinos living with HIV who are already on treatment and tens of thousands more Filipinos who are living with HIV but are not diagnosed or not on treatment vulnerable to being lost in or not being linked at all to the HIV care continuum.

To determine the extent of the challenges and provide timely recommendations to the national program on HIV, UNDP and UNAIDS initiated the survey on treatment and care concerns of people living with HIV in the Philippines in the time of COVID-19 from 24 March to 30 September 2020. This report provides an analysis of the 301 responses from Filipinos living with HIV, with emphasis on their treatment and care concerns in the time of COVID-19.

The report reveals that unavailability of public transportation and cost of courier services for ARV delivery are ones of the common barriers encountered by people living with HIV in accessing HIV treatment and care.

This problem is also compounded by other issues such as fear of being discriminated against based on HIV status at checkpoints and not being able to pass through borders. Additionally, some people living with HIV report that the nearest HIV facility from their residence is too far.

The challenge with transportation and delivery is also worsened by the issue with the stock of ARV drugs and other medicines. Some have to go to a farther facility because of

unavailability of their treatment in the nearest facility. There are also people living with HIV who reported being given partial refills (one or two bottles, instead of the usual three bottles).

Some people living with HIV report as well that they experience anxiety and depression during this time, with no psychosocial support available. Some respondents are concerned too on how they can financially support themselves and their treatment, given that many of them are either unemployed or only employed part-time.

To address some of these issues, UNDP, UNAIDS, and other development partners worked on several policies and projects aimed at making HIV services more accessible to people living with HIV in the time of COVID-19. Examples include utilization of OHAT package to cover ARV delivery costs during the implementation of Enhanced Community Quarantine (ECQ), free ARV refill delivery provided by civil society organizations, information dissemination campaigns, and free telepsychotherapy services to people living with HIV.

The report presents short-term recommendations that will strengthen the country's HIV response amid COVID-19.

The recommendations include: utilization of transportation services of local government units to people living with HIV going to an HIV facility; coordination with law enforcement agencies to ensure that people living with HIV are allowed entry at checkpoints to access HIV services; provision of financial assistance to people living with HIV to cover for costs related to their treatment; and dissemination of infographics and communication materials pertaining to issues and concerns that cut across HIV and COVID-19.

Long-term recommendations—such as development of a more concrete treatment and care plan for people living with HIV during crises and health emergencies—that will help the in development of the national HIV program that is more robust, with or without the threats of COVID-19, are also included in the report.

Leaving No One Behind Treatment and Care Concerns of People Living with HIV in the Time of COVID-19

A Philippine Situationer

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Treatment and Care Concerns of People Living with HIV in the Time of COVID-19

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BACKGROUND

People's lives have been severely impacted by the COVID-19 pandemic. Since its first outbreak in late 2019, the pandemic has had far-reaching effects apart from the spread of the disease itself.

For example, several elections that were scheduled to be held in 2020 were postponed¹, negatively affecting the democratic processes of numerous countries. Many also lost their jobs due the pandemic, with around 81 million jobs lost due to COVID-19 in 2020 in the Asia-Pacific region alone².

Unfortunately, these negative consequences of the pandemic have disproportionately impacted the lives of those who are already vulnerable and marginalized pre-COVID-19. Consequently, the pandemic has magnified existing gaps and inequalities in the society, including access to basic social services such as health care.

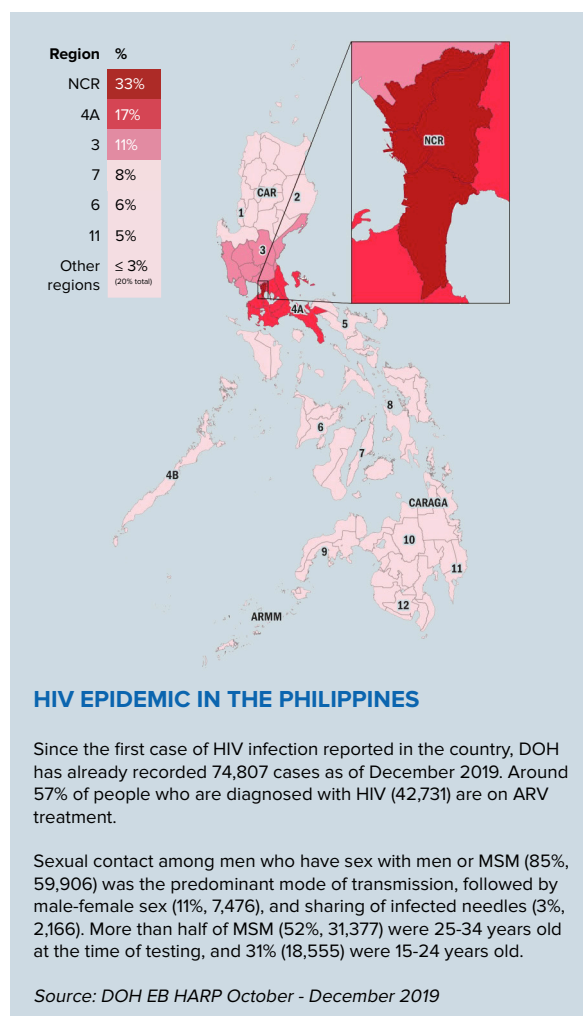
With measures on varying levels of community quarantine currently in place in many parts of the Philippines as a response to mitigate the spread of COVID-19, there have been reports from community-based organizations about the difficulties encountered by people living with HIV and people at risk for HIV in accessing HIV prevention and treatment services during this time.

These concerns are especially pressing for those under HIV treatment as most health measures mean limited mobility which restricts their capacity to have continued access to antiretroviral (ARV) drugs. For those under treatment living outside Metro Manila, this is more concerning because many of them live far from the nearest HIV facility to them, making the needed one-month supply of ARV drugs and other medications difficult to obtain. Additionally, other preexisting barriers to HIV care—such as limited financial resources, mental health concerns, and stigma and discrimination³—have been intensified by the pandemic.

All these problems leave more than 43,000 Filipinos living with HIV who are already on treatment and tens of thousands more Filipinos who are living with HIV but are not diagnosed or not on treatment vulnerable to being lost in or not being linked at all to the HIV care continuum⁴.

To determine the extent of the challenges and provide timely recommendations to the national program on HIV, UNDP and UNAIDS initiated the survey on treatment and care concerns of people living with HIV in the Philippines in the time of COVID-19 last 24 March 2020. UNDP and UNAIDS have produced four reports containing preliminary results and recommendations that were shared with the Department of Health (DOH) of the Philippines, other government offices such as the Philippine Health Insurance Corporation (PhilHealth), Commission on Human Rights and National Youth Commission, UN agencies, and civil society organizations working on HIV.

This report summarizes the previous initial reports and provides recommendations based on data collected from March to September of this year on how existing systems and



services can be improved and can be made more accessible to people living with HIV, with or without the threats of highly infectious diseases such as COVID-19.

The next section of the report will give an overview of the data, while the third section will discuss the results of analysis. The last section of the report is devoted to discussion of recommendations.

1 Landman, T., & Splendore, L. D. G. (2020). Pandemic democracy: elections and COVID-19. *Journal of Risk Research*, 23(7-8), 1060-1066.

2 International Labour Organization (ILO). (2020). Asia-Pacific Employment and Social Outlook 2020: Navigating the crisis towards a human-centred future of work.

3 Yehia, B. R., Stewart, L., Momplaisir, F., Mody, A., Holtzman, C. W., Jacobs, L. M., Hines, J., Mounzer, K., Glanz, K., Metlay, J. P., & Shea, J. A. (2015). Barriers and facilitators to patient retention in HIV care. *BMC Infectious Diseases*, 15, 246. <https://doi.org/10.1186/s12879-015-0990-0>

4 Department of Health of the Philippines - Epidemiology Bureau. (2019). *HIV/AIDS and ART Registry of the Philippines (HARP) December 2019*.

DATA OVERVIEW

The survey questionnaire consists of one close ended question on issues encountered by the respondent in accessing HIV treatment and care services, including antiretroviral therapy, in the time of COVID-19, and two open ended questions where the respondent can provide more details regarding the issues they identified in the previous question and other HIV-related concerns that they have.

Specifically, the following questions were asked: (1) “What issues did/do you encounter in accessing HIV treatment and care services, including antiretroviral therapy, in the time of COVID-19? Check all that apply.”; (2) “Please provide more details regarding the issues you identified in the previous question.”; and (3) “You may also share other HIV-related concerns that you currently have.” Options provided to respondents for the first question may be found in Figure 4.

Several demographic questions were also asked to the respondents. These include the age, assigned sex at birth, membership to key populations, employment status, region of residence, and nationality.

The questionnaire has been reviewed by UNDP and UNAIDS before it was disseminated on-line with the help of partner civil society organizations and government institutions.

Across different social media platforms, the reach of the survey is estimated to be more than 125,000 people. The survey form accepted responses from 24 March to 30 September 2020. We received 309 responses, with 7 duplicates and one incomplete response. After processing, we have a non-probability sample of 301 valid responses (n = 301). Average time to complete the survey is around 8 minutes, 37 seconds.

Demographic Characteristics

More than two-thirds of the respondents are between 20 and 35 years old. The mean age of respondents is 33 years, while the median age is 32 years. The standard deviation of the age of the respondents is 8.13 years, while the interquartile range is 9 years. The youngest respondents are 19 years old, while the oldest is 59. Around 13% of the respondents are young people (24 years or younger)⁵. This distribution reflects the distribution of age of people living with HIV reported by DOH, with 25–34 years old being the predominant age group among those diagnosed.

The distribution of age of respondents is shown in Figure 1. Almost all of the respondents are assigned male at birth (282, 94%). Only 19 respondents (6%) are assigned female at birth. Respondents were also asked to identify to which key population/s they identify with; respondents can choose more than one (or choose none at all). Men who have sex with men comprise 87% of the respondents (262). There are 29 women

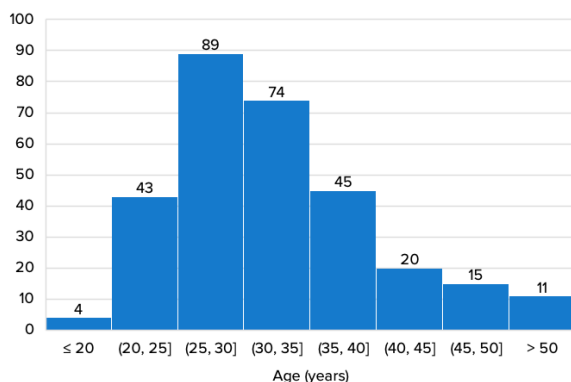


Figure 1. Distribution of age of respondents.

respondents (10%), ten of whom are transgender women (34% of women, 3% of respondents). Nine respondents are people who inject drugs (3%), while six are people who engage in sex work (2%).

Similar patterns are found in the national data. As of December 2019, around 94% of those diagnosed with HIV are assigned male at birth and around 6% are assigned female at birth. Additionally, around 80% of those diagnosed are men who have sex with men, around 5% are sex workers, and around 3% are people who inject drugs. No national data are available for transgender people and prisoners or people in closed settings.

The distributions of memberships to key populations are shown in Figure 2.

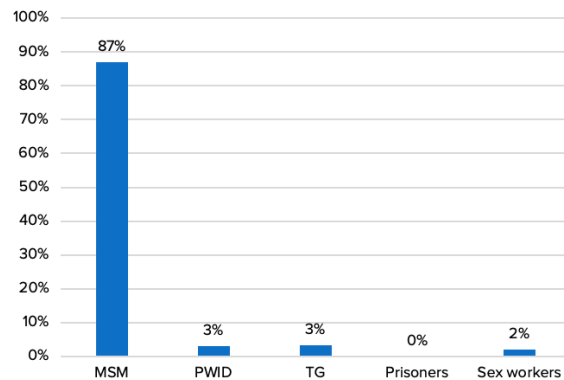


Figure 2. Distribution of memberships to key populations of respondents.

Around 59% of the respondents (178) are employed full-time, 10% are employed part-time (29), while the remaining 31% (94) are unemployed.

Almost half of the respondents are from Metro Manila (142, 47%). More than a third of respondents are from the rest of Luzon (115, 38%), 47 of whom reside in the northern regions (41% of Luzon respondents, 16% of respondents), while 68 reside in the southern regions (59% of Luzon respondents, 23% of respondents). The rest of the respondents reside in Visayas (30, 10%) and Mindanao (14, 5%). These patterns more or less reflect the geographic distribution of reported cases in the national data. Among all cases in the Philippines, around 33% come from Metro Manila, around 38% from the rest of Luzon, around 16% from Visayas, and around 13% from Mindanao.

Among the geographic regions, Mindanao was underrepresented, while Metro Manila was overrepresented. This report will benefit from future studies that will better reflect in their samples the patterns on geographic regions found in the national data.

Figure 3 shows the distribution of region of residence of respondents.

RESULTS

The report reveals that unavailability of public transportation and cost of courier services for ARV delivery (67% of respondents) are ones of the common barriers encountered by people living with HIV in accessing HIV treatment and care.

This problem is also compounded by other issues such as fear of being discriminated against based on HIV status at checkpoints and not being able to pass through borders (57%

⁵ Based on UN definition of youth or young people. For more details, see <https://www.un.org/development/desa/youth/what-we-do/faq.html>.

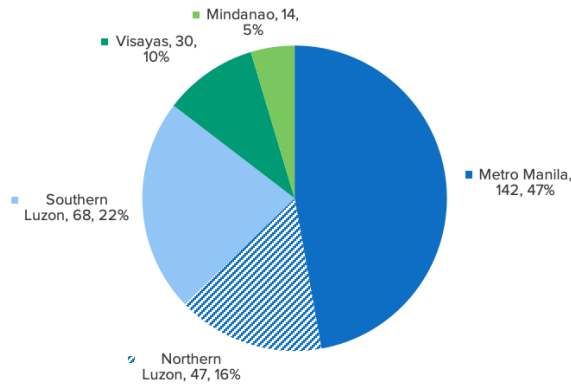


Figure 3. Distribution of region of residence of respondents.

of respondents). Additionally, some people living with HIV report that the nearest HIV facility from their residence is too far (59% of respondents).

The challenge with transportation and delivery is also worsened by the issue with the stock of ARV drugs and other medicines (54% of respondents). Some have to go to a farther facility because of unavailability of their treatment in the nearest facility. There are also people living with HIV who reported being given partial refills (one or two bottles, instead of the usual three bottles).

Some people living with HIV report as well that they experience anxiety and depression during this time, with no psychosocial support available. Around 20% of respondents said that they need psychosocial support.

Some respondents are concerned too on how they can financially support themselves and their treatment (41%), given that more than a third of the respondents are either unemployed or only employed part-time. They are also needing financial assistance for delivery of ARV refills, food, and other essential needs during the period of enhanced community quarantine.

Other concerns of people living with HIV include being under quarantine with people whom they are not comfortable disclosing their HIV status with, and lack of access to condoms and healthy food.

Some of these findings are also consistent with findings of previous studies. In the Philippines, for example, a study of cases brought to PLHIV Response Center—a non-government organization of and for people living with HIV in the country—found that psychosocial support and financial assistance are common barriers for people living with HIV in accessing

treatment and care services⁶. Similarly, these barriers were also found to hinder access to HIV treatment and care in other countries (e.g., United States⁷ and South Africa⁸). The distributions of different types of concerns the respondents have are shown in Figure 4.

Young People Living with HIV

Comparing the distributions of different types of concerns among respondents who are young people living with HIV (24 years old and below) and those who are 25 years old or older, we see that issues with checkpoints and crossing borders and issues with financial assistance seem to be more salient among young people living with HIV survey respondents.

This highlights particular assistance needed by young people living with HIV in crossing borders and checkpoints to access HIV services such as ARV refill. Additionally, although financial assistance is one of the primary concerns among all respondents, programs providing financial assistance to people living with HIV should be inclusive to young people.

These findings are similar to some findings presented in a report of Youth Voices Count on young LGBTQI people in Asia and the Pacific in the time of COVID-19, particularly on the lack of access of young LGBTQI people to ARV refills due to mobility restrictions and financial concerns⁹.

The distributions of different types of concerns respondents who are young people living with HIV have are shown in Figure 5.

Women Living with HIV

Among respondents who are women living with HIV, issues with financial assistance seem to be the most salient type of concern, in contrast with men respondents who are most concerned with transportation and delivery. This may be

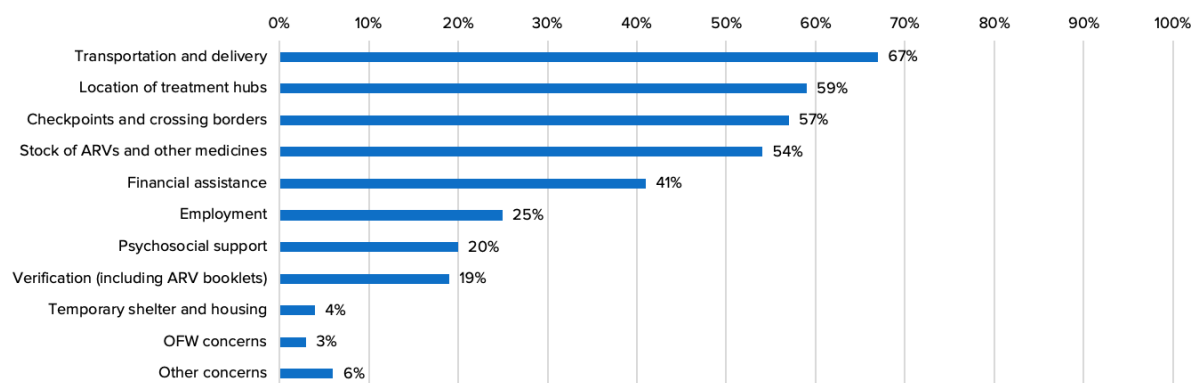


Figure 4. Different types of concerns the respondents have.

6 Evangelista, J. A. G., Clemente, J. A. R., Bilon, X. J., & Presto, A. C. R. (2020). 'The first word in HIV is human': A multimethod data analysis of interactions with PLHIV Response Center of people seeking information about HIV. UNDP.

7 Dombrowski, J. C., Simoni, J. M., Katz, D. A., & Golden, M. R. (2015). Barriers to HIV care and treatment among participants in a public health HIV care relinkage program. *AIDS patient care and STDs*, 29(5), 279-287.

8 Dahab, M., Charalambous, S., Hamilton, R., Fielding, K., Kielmann, K., Churchyard, G. J., & Grant, A. D. (2008). "That is why I stopped the ART": Patients' & providers' perspectives on barriers to and enablers of HIV treatment adherence in a South African workplace programme. *BMC public health*, 8(1), 1-6.

9 Acaba, J. & Bionat, J. F. (2020). #CopingWithCOVID: The Well-Being of LGBTQI Adolescents and Youth during the COVID-19 Pandemic in Asia and the Pacific. Youth Voices Count.



I have already started treatment for my tuberculosis last year while I have started my ARV treatment this year.

I am currently unemployed. I still have personal savings from my previous job to pay for my treatment, but they are running low.

My main problem is that my treatment hub where I get my ARV is from a different city and there is a strict border check. I do not want to divulge my condition to the authorities so that they would allow me to pass through.

I have too many problems to think about and sometimes it's easier to think of dying.

John, 32, Cebu

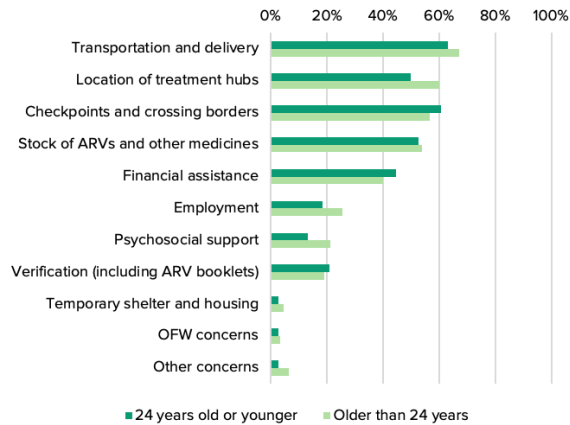


Figure 5. Different types of concerns of respondents who are young people living with HIV.

due to women being largely employed in the services sector (roughly 70% of women), compared with men who are mostly employed in the agriculture and industry sectors (roughly 60% of men)¹⁰.

Compared to respondents who are men living with HIV, women respondents are also more concerned about temporary shelter and housing in the time of COVID-19. This can be attributed to the rising cases of gender-based violence, particularly by own family members of women victims¹¹.

The distributions of different types of concerns respondents who are women living with HIV have are shown in Figure 6.

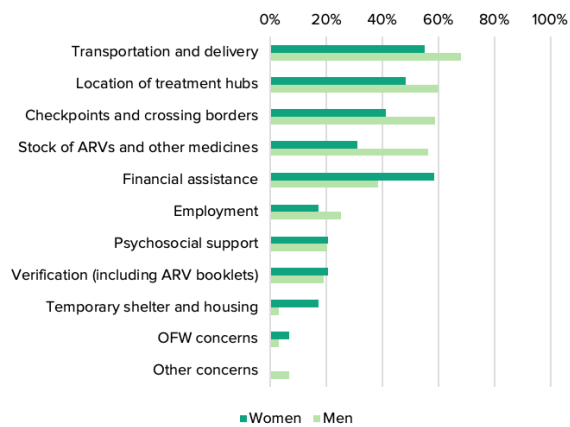


Figure 6. Different types of concerns of respondents who are women living with HIV.

Unemployed People Living with HIV

Comparing the distributions of different types of concerns among respondents who are unemployed versus those who are employed, we see that issues with stock of ARV drugs and other medicines are more common among those unemployed. This underlines the need for financial and employment assistance to people living with HIV who are unemployed during this time. Unemployed respondents also have other concerns such as access to healthy food and condoms in the time of COVID-19.

The distributions of different types of concerns respondents who are unemployed have are shown in Figure 7.

Issues with Transportation and Delivery

For some respondents, no public transportation is available within a city/municipality, across cities in Metro Manila, across provinces, and going in and out of Metro Manila, especially

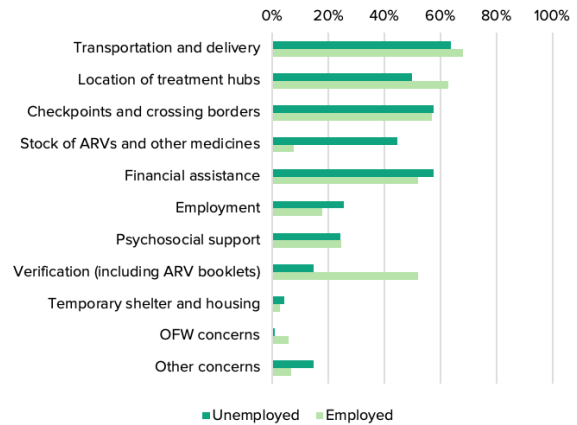


Figure 7. Different types of concerns of respondents who are unemployed.

for those who need to go to an HIV facility for consultation. Although some people living with HIV reside in areas near an HIV facility, some have to go to a farther facility because of unavailability of their treatment in the nearest facility.

Some people living with HIV are also not comfortable disclosing their HIV status to their local governments to ask for assistance regarding transportation and delivery.

Issues with Location of Treatment Hubs

Around 59% of respondents have issues with the location of the nearest HIV facility from their residence. This is particularly concerning for those who need ARV refills.

For people living with HIV in Metro Manila, it is possible to use transportation services by local governments and courier services such as Angkas and Grab. However, for others who live outside Metro Manila, the nearest HIV facility may be too far.

In fact, based on distances and travel time provided by Google Maps, for respondents from Northern Luzon, the estimated average time it will take to walk from their residence to the nearest HIV facility is up to 12 hours. For respondents from Southern Luzon, this estimated average time is up to 14 hours. There are also areas in which no HIV facility is accessible by foot, such as respondents residing in the islands of Cuyo, Palawan, and Masbate City, Masbate.

The situation in Visayas is similar. For respondents from the region, the estimated average time it will take to walk from their residence to the nearest HIV facility is up to 12 hours. With limited public transportation available, 12 hours of walking is roughly equivalent to walking 58 km from their residence to the nearest HIV facility.

For those residing in Mindanao, the situation seems to be worse. In fact, the estimated average distance between residence and nearest HIV facility of the respondents is up to 119 km. If a person living with HIV has no private transport or lives in an area with no public transportation, this leaves the person with no choice but to walk for roughly 24 hours.

Table 1 shows the top five farthest respondents living with HIV from an HIV facility.

10 Vizmanos, J. F. (2017, February 2). Closing the gender gap in economic opportunities. *Rappler*. <https://www.rappler.com/voices/thought-leaders/gender-equality-economic-opportunities-philippines>

11 Newman, M. (2020, June 26). Rising cases of violence, abuse on women, children noted. *Manila Bulletin*. <https://mb.com.ph/2020/06/26/rising-cases-of-violence-abuse-on-women-children-noted/>



I do not know where to get extra money for my ARV refill delivery.

I'm also worried about the other expenses for my family, especially since I have a baby to feed.

(Di ko alam saan kukuha ng extrang pera para sa delivery [ng ARV refill]. Problema ko pa ang mga gastusin ng pamilya lalo na't may [bata akong] pinapadede.)

Mae, 26, Manila

Table 1. Top five farthest respondents from an HIV facility.

Residence of Client	Nearest HIV Facility	Distance	Travel time by Walking
North Cotabato	Cotabato Regional and Medical Center	119 km	24 hours
Columbio, Sultan Kudarat	South Cotabato Provincial Hospital	96 km	21 hours
Digos, Davao del Sur	General Santos City Social Hygiene Clinic	86 km	18 hours
Calatagan, Batangas	Batangas Medical Center	67 km	14 hours
Salay, Misamis Oriental	Northern Mindanao Medical Center	61 km	12 hours

Issues with Checkpoints, Crossing Borders, and Verification

Some people living with HIV have to go to a different city/ municipality or province to go to the nearest HIV facility which makes crossing borders or passing through checkpoints inevitable.

This issue hinders some respondents in accessing HIV services during this time due to anxiety of or discomfort in disclosing their HIV status at checkpoints to be allowed to enter the area where the nearest HIV facility is. Some respondents are worried that people securing the checkpoints will not understand their health condition and are worried they might be discriminated against when they disclose their HIV status at checkpoints.

Some respondents also do not have their ARV booklet or confirmatory result which are being asked from them by their employer or treatment hub. This makes it difficult for them to access ARV refill in the time of COVID-19.

Issues with Stock of ARV Drugs and Other Medicines

Several respondents reported unavailability or limited availability of certain ARV drugs and other medicines in some HIV facilities in and outside Metro Manila. These drugs include isoniazid, cotrimoxazole, azithromycin, and efavirenz. Supplements such as multivitamins are also out-of-stock in some areas.

This led to partial refills given to some respondents, where they were provided with one or two bottles, instead of the usual three bottles. These issues are compounded by other issues such as those with transportation, location of HIV facilities, and crossing borders, making HIV treatment and care services more inaccessible to people living with HIV in the time of COVID-19.

Issues with Psychosocial Support

During the time of community quarantine, some people living with HIV experience anxiety and depression, with no psychosocial support available.

With many uncertainties brought about by the pandemic, some respondents feel anxious with their treatment and employment. Others also feel depression due to being isolated from their usual support group or being forced to stay at a place where they do not feel safe or with people who do not know their HIV status (such as those who are forced to stay with their families during this time).

Although there are existing support groups for people living with, some respondents are not familiar with them but are hoping to join such groups.

Issues with Employment and Financial Assistance

Millions of Filipinos lost their jobs due to the disruption caused by the COVID-19 pandemic, with the Arts, Entertainment, and Recreation sector being one of the most affected industries in the country. In fact, the Philippine Statistics Authority reported

that the unemployment rate in April this year hit an all-time high of 17.7%¹². This is equivalent to 7.3 million unemployed Filipino adults in April, an increase of 5 million unemployed people from statistics in January.

The current economic situation is much more precarious for Filipinos living with HIV who already experience discrimination and other employment barriers pre-COVID-19¹³. One respondent reported that their employer, who knows their HIV status, told them that the company will not help them with their expenses if they get diagnosed with COVID-19. Several respondents also reported that they are affected by companies employing a “no work, no pay” policy.

These leave some Filipinos living with HIV without enough income to cover for their expenses, including those for their HIV treatment. Some respondents said that they cannot pay for their PhilHealth contribution with the employment issues they currently face. Several respondents also said that they need financial assistance for delivery of ARV refills, food, and other essential needs. Results suggest that particular attention be given to women and unemployed people who seem to be disproportionately affected by the pandemic.

Other Issues

General information about HIV and COVID-19 remains unknown to some Filipinos living with HIV. Some respondents are concerned whether they are at a higher risk with COVID-19 due to their HIV infection.

Additionally, some respondents live alone and in places with no kitchens, making healthy food in the time of COVID-19 inaccessible. Several respondents also reported lack of access to condoms during the period of community quarantine. Furthermore, some overseas Filipino workers (OFWs) living with HIV are unsure where they can get treatment when they are repatriated. Lastly, in the time of COVID-19, several respondents reported that they are not able to avail laboratory services needed for their treatment, including CD4 count.

All these highlight the call of several respondents for proper and concrete treatment and care plans for people living with HIV in a time of crisis or public health emergency.

RECOMMENDATIONS

The results emphasize several treatment and care issues Filipinos living with HIV face in the time of COVID-19.

To address some of these issues, UNDP, UNAIDS, partner civil society organizations, several government agencies, and other development partners worked on several policies and projects

12 Lopez, M. L. (2020, June 5). 7.3 million Filipinos jobless in April amid COVID-19 pandemic – PSA. *CNN Philippines*. <https://cnnphilippines.com/business/2020/6/5/unemployment-April-2020-COVID-19.html>

13 Human Rights Watch. (2018, February 9). Philippines: Discrimination Against Workers with HIV. *Human Rights Watch*. <https://www.hrw.org/news/2018/02/09/philippines-discrimination-against-workers-hiv>

aimed at making HIV services more accessible to people living with HIV in the time of COVID-19. Some of these include the following.

- PhilHealth released an advisory explicitly allowing utilization of OHAT package to cover ARV delivery costs during the implementation of Enhanced Community Quarantine (ECQ).
- Civil society organizations, such as The Red Whistle and TLF SHARE, in partnership with local government units and UN Joint Team on AIDS in the Philippines provided free delivery of ARV refill to homes of clients living with HIV.
- UNDP and UNAIDS, together with PLHIV Response Center, TLF SHARE, The Red Whistle, and Positibong Marino, launched an information dissemination campaign about frequently asked questions on HIV and COVID-19.
- To address the need for mental health services amid the pandemic, UNDP, UP Diliman Psychosocial Services, and PLHIV Response Center provided free telepsychotherapy services to people living with HIV.
- TLF SHARE developed a monitoring tool to ensure continued and timely delivery of ARV drugs to people living with HIV.
- The Red Whistle and MapBeks developed an on-line map that includes all treatment hubs and primary HIV care facilities in the country. This helped people living with HIV find the facility nearest to their residence and access ARV drugs and other HIV services.

Although several initiatives are already in place, the report presents other recommendations that will strengthen the country's HIV response amid COVID-19. Some of the initiatives already implemented are reiterated to ensure continuity of their implementation and possible adaptation of some recommendations for the improvement of the national HIV program that is more robust, with or without the threats of COVID-19.

The report recommends the following.

Short-term Recommendations

- Ensure that local government units are able to extend their transportation services to people living with HIV going to an HIV facility for ARV refill. Free delivery of ARV refill to homes of clients living with HIV is also recommended. Local government units and HIV facilities can make this possible by utilizing OHAT package, for example.
- Provide additional transportation/delivery assistance to patients whose nearest HIV facility are outside their province or those that are too far from their residence, such as facilities that are around 5 km or 1 hour by walking from their residence. Specific areas identified that need assistance are Regions 1, 2, 6, and 8, and Mindanao.
- Coordinate with the Philippine National Police (PNP) and Armed Forces of the Philippines (AFP) to ensure that people living with HIV are allowed entry at checkpoints when going to an HIV facility for ARV refill. Moreover,

DOH can provide guidelines to PNP and AFP to guarantee that privacy and rights of people living with HIV are respected at checkpoints. HIV facilities can also issue certifications stating the need for ARV refill, without disclosing the HIV status of their patients. Additional assistance should be extended as well to young people living with HIV.

- Extend financial assistance to people living with HIV, with particular attention given to women and unemployed people disproportionately affected by the pandemic.
- Continue to disseminate information on HIV and COVID-19, FAQs for people living with HIV and accessing treatment in the time of COVID-19, and how to protect one's mental health during this time.

Long-term Recommendations

- More HIV facilities are suggested to be established in Regions 1, 2, 6, and 8, and Mindanao. People living with HIV in these regions reside in areas that are too far from an HIV facility.
- ARV medicines can be made more accessible across all HIV facilities by having an inventory management system that is adaptive and responsive to the needs of Filipinos living with HIV across the country.
- Accessible psychosocial support services to people living with HIV especially should be included in the response programme during crises and health emergencies.
- Assistance provided to Filipinos affected by crises and health emergencies should also respond to the particular needs of people living with HIV. It is recommended to coordinate with the Department of Social Welfare and Development (DSWD) to ensure that needs of people living with HIV during crises and health emergencies, such as healthy food and vitamins, are taken into consideration.
- Utilization of OHAT package to cover ARV delivery costs is suggested to be extended even post-COVID-19. This will ensure that HIV treatment is accessible to all, especially to those residing in areas wherein HIV facilities are too far.
- Continue to conduct stigma-reduction trainings to law enforcers to ensure that rights of people living with HIV are respected at all times.
- Assess the feasibility of providing three-month worth of ARV medicines to people living with HIV upon their refill, to avoid frequent visit to HIV facilities or delivery and minimize risk of getting infected with COVID-19.
- Consider allowing people living with HIV to have their ARV refill from any HIV facility, even after the COVID-19 pandemic.
- Ensure continued access to condoms for people living with HIV and people at risk for HIV during crises and health emergencies
- Develop and implement a more concrete treatment and care plan for people living with HIV during crises and health emergencies.