

FINAL REPORT

A Sub Regional Dialogue and Training Workshop on Reducing and Eliminating HIV-Related Stigma and Discrimination in South East Asia

16-17 December 2011, Metro Manila, the Philippines

Introduction:

The Coalition of Cities and Municipalities against Discrimination was not able to tackle the important issue of HIV AIDS and health in general as a source of discrimination and stigma in June 2011 in Bangkok. Although most countries in Asia and the Pacific are affected by infectious diseases such as HIV AIDS a dissection of the problems that create discrimination has never been discussed with depth.

As a result the Lady Municipal Mayors Association of the Philippines proposed an activity that shall provide a better understanding of discrimination rooted on the health status of an individual.

Thus, this sub-regional dialogue and training workshop continues from where the June 2011 conference of the Coalition of Cities held in Bangkok, Thailand left off.

There are two general issues representing forms of discrimination in this activity. The first is about the stigma and discrimination to people living with a disease, in this case HIV AIDS. The second are to certain sectors that have the right to health, in this case they are young people who have very limited access to sexual and reproductive health information and services. Both issues intersect because the growing prevalence of HIV AIDS is starting to happen among younger aged populations.

The objectives of this Dialogues and training workshop are the following:

1. Gain a clearer understanding of discrimination against people living with HIV AIDS in South East Asia;
2. Dissect the causes of inadequacy of reproductive health services and the poor dissemination of information to young people in South East Asia;
3. Identifies action steps to reduce and eliminate discrimination on matters related to health;

4. Identifies or proposed responsive policies appropriate in respective settings for participating countries in South East Asia; and
5. Commit to action on reducing and eliminating discrimination related to health in South East Asia.

The expected outcomes of this activity are the following:

1. Present case studies and research paper on HIV AIDS and Reproductive Health Services vis-à-vis forms of discrimination in South East Asia;
2. Final reports of the Dialogue and Training Workshop; and
3. Future Action Plan or recommendations on Reducing and Eliminating HIV –Related Stigma and Discrimination

The two day sub regional seminar on the Dialogue and Training Workshop was conducted in Metro Manila. It was attended by Mayors and NGOs that discussed the issues on discrimination on HIV AIDS and provision of sexual and reproductive health to young people to avoid future increases in prevalence of HIV AIDS.

A key activity was the interaction of participants to people living with HIV and young people clamoring for reproductive health information and services. A report will be made to synthesize all the discussions and inform future plans and commitments. The final result will be recommendations for future actions on reducing and eliminating HIV-related stigma and against discrimination in South East Asia.

FIRST DAY

Opening Program:

The LMMAP opened the dialogue and training workshop with an opening prayer and the Philippine National Anthem.

Opening Address and Welcome Remarks

Mayor Annabelle C. Tangson delivered the welcome and opening address to open the activity. She emphasized that the issues that will be discussed in the next two days may be alarming but the intent is not for people to panic but to take it as cue for action.

She said, *“While the data seems alarming let us not panic, rather we should match this with a determined effort to reverse the trend of HIV AIDS prevalence in the country.*

Where else could effective action come from but from the grassroots? We in the Municipalities have an effective reach to the population and if we make our move our country can respond with better results.

In order to respond effectively we should be informed. In the next two days we will be interacting with people who have led the fight against HIV AIDS. They are advocates and modern warriors who deserve our respect and recognition.”

With vision she articulated that, “Our intent is to build a caring society. We cannot solve problems like HIV AIDS by perpetuating stigma and discrimination. The least we can do is build, in our own municipalities a caring environment. Let us also strive to work with NGOs and the National Government so that we can prevent and protect the people who are affected and who may be at risk”

Mayor Tangson reminded he participants, mostly coming from rural municipalities that government is already doing something and local leaders must collaborate to combat HIV AIDS. Also, she encouraged everyone not to forget the young people because providing them with information and services today will ensure a healthy population in the future. Also, it is a strategy to quell the advance of HIV AIDS.

Lastly, as Lady Mayors she equated a mother’s love to take care of her children with the spirit of non-discrimination. Whatever disease has befallen her child, mothers will take care of them. This is how everybody must treat the people affected by HIV AIDS.

In closing she welcomed everyone, thanked the NGOs and UNESCO for their support and encouraged fellow Mayors to value the inputs and discussions in the next two days.

Introductions and Overview:

As part of the introduction and overview the moderator Ms. Lilian De Leon engaged the participants. Mayor Tangson articulated that she has been in public service for 23 years and this is the first time to participate in an activity about HIV AIDS. It is only know that we, many of us know about what our government is doing on HIV AIDS.

The guests and resource speakers from PNAC, Pinoy Plus and Y-PEER provided an overview of their presentations. What was gathered was truly alarming information on HIV AIDS in the country and the global scene.

There was already recommendation from Mayors to include HIV AIDS as a regular program like TB DOTS and POPULATION management. This is because many municipalities do not even have the capacity to provide counseling and testing. Informing Mayors and the public is very

important. Basically, municipalities should know what to do and the DOH must provide the information and guidance.

A more important issue to address is the reduction and elimination of HIV AIDS in the Philippines. We are reminded that we should be careful in our language, actions, and policies. Not to discriminate so people would feel secured to be tested and treated.

Introduction of the UNESCO Coalition of Cities against Discrimination in Asia and the Pacific
By: Dr. Sarinya Sophia

The presentation of Dr. Sophia introduced the Coalition of Cities against Discrimination entitled: *Towards an Inclusive Society: Coalition of Cities against Discrimination in Asia and the Pacific.*

Dr. Sophia provided the participants with the context in holding the dialogue and training workshop during her presentation. Some of the participants are not yet members of the Coalition.

The UNESCO was formed after the last world war to prevent the incidence of war for future generations. Its mission in fact is to build peace in the minds and hearts of men. However, even without any world war there are internal conflicts still plaguing many nations.

UNESCO counts 194 member states and 7 associate members. There are five areas of concern or programs that it is implementing and the work on against discrimination is under the Social and Human Sciences. The work against discrimination derives its basis from the growing complexity of societies and cultural differences. Each society or group struggles to build its own identity to which others may not conform. This creates the tensions that lead to discrimination.

Under these circumstances UNESCO *“has mobilized the scientific community to deal with the question of race and contributed to disclosing the falsity of racist theories and demonstrating the lack of any scientific basis for claims of racial superiority.”*

Today the formation of Coalitions main objective is *“to establish a network of municipalities interested in sharing experiences with the aim of developing and strengthening their policies to counter all forms of discrimination and to achieve greater urban social inclusion”.*

Dr. Sophia also emphasized that fighting discrimination is everyone’s business. Everyone must be involved in so many ways to be able to avoid reduce and eliminate discrimination. It is in fact a duty to face the problems brought about by discrimination to be able to promote an INCLUSIVE SOCIETY.

UNESCO's strategy is to organize groups and individuals committed to addressing discrimination. As a guide the Coalition has agreed and committed itself to ten items or the ten point commitment. *(Please refer to brochure on UNESCO Coalition of Cities against Discrimination in Asia and the Pacific)*

Overview of HIV AIDS in the Philippines

By Provided in Brief by the Department of Health HIV AIDS Registry

In the latest report by the HIV AIDS registry in May 2011, there were 184 new HIV Ab sero-positive Individuals detected. This was an increase of 20% from the same period last year and the highest ever reported in a month in the Philippines. Other details are:

- Ninety two percent (92%) are males and Males having sex with other males (83%) were the predominant type of sexual transmission
- The median age was 28 years (age range:18-67 years)
- The 20-29 year (59%) age-group had the most number of cases
- Fifty-two percent (96) of the reported cases were from the National Capital Region (NCR).
- Reported mode of transmission was sexual contact, (168) and sharing infected needles among injecting drug users (13). Three did not report mode of transmission
- Most (99%) of the cases were still asymptomatic (or without any observable symptoms) at the time of reporting
- Of the 184 HIV positive cases, two were reported as AIDS cases

The data provided elicited concern from the participants because it was not common knowledge to all. There is a dearth in information reaching the local government units about HIV AIDS.

This prompted further discussions on improving the dissemination of information to the public about HIV AIDS. This will lead to better response by LGUs and it will inform decisions of local chief executives in the future.

HIV AIDS 101: The basics that everybody should know

By: Mr. Glenn Cruz

Philippine National Aids Council Secretariat

To most of the participants it was the first time to attend an activity that focused on HIV AIDS. While everybody knew about the disease very few understood HIV AIDS. The presentation of

the Mr. Glenn Cruz was requested by the Mayor participants before leading to the issues and problems and future actions.

Mr. Cruz started with presenting that HIV is more popularly transmitted sexually and it attacks the immune system. However, symptoms cannot be noticed immediately and HIV AIDS has no cure.

There is a basic difference between HIV or HUMAN IMMUNODEFICIENCY VIRUS and AIDS or the ACQUIRED IMMUNE DEFICIENCY SYNDROME. The first, HIV indicates an infection and AIDS is the advanced stage when the immune system is very weak and opportunistic diseases are attacking the body.

There are three basic modes of transmission and these are unprotected, penetrative Sex; blood and blood products; and infected Mother to Child. In all the modes there must be an exchange of body fluids. There are some basic reminders on how to avoid being infected and these are abstinence, be mutually faithful, careful sex, don't inject drugs, and early action.

Taking action by an individual means taking an HIV AIDS testing which usually needs to draw blood for its examination.

Discussions:

There were several concerns about the modes of transmission. One such concern was on the practice of wet nursing wherein babies are fed by other women or drink milk extracted from other women. The resource speaker assured the Lady Mayors that one of the least efficient modes is through breastfeeding.

The most common element to sexual contact is the insertion of the Penis whether vaginal, anal or oral. The exertion and the contact may damage the soft membranes of sexual organs to create lacerations where body fluids are exchanged. Thus, although the sexual acts are actually least efficient mode of transmission the regularity of sexual contact makes raises the probability of infections.

Injecting drug users are more common in the Central Visayas region mainly in Cebu City. The resource speaker shared that this started only with two known HIV positive persons. Later this has increased rapidly in the several cities in the country which are being monitored regularly.

With regards prevention abstinence is not for everyone. Engaging in sex is very common and done very often.

Don't do drugs, this is important to avoid infections but the message specifically is don't inject drugs, and don't share needles if you cannot get rid yet of addiction.

Confidentiality in testing and treatment of HIV AIDS is important to avoid the incidence of discrimination today. The patient and the Doctor should share in the responsibility for confidentiality.

It was discussed that the Virus can only survive in a certain environment, in the human body. Once it is out of the human body it easily dies.

SECOND DAY

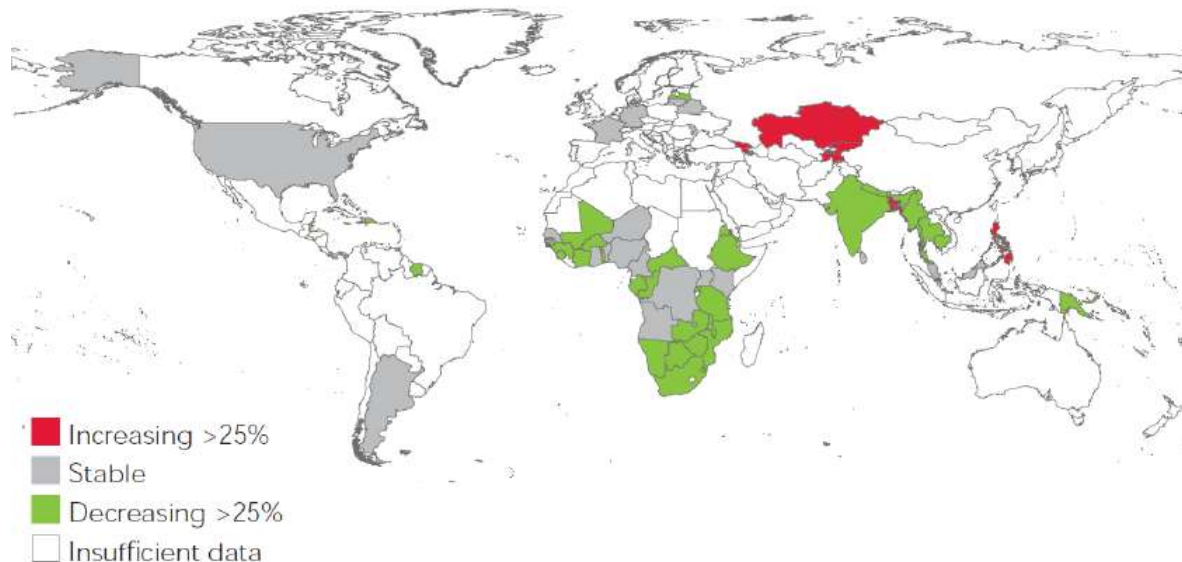
The Global to Philippine AIDS Situation

By: Mr. Glenn Cruz

Philippine National Aids Council Secretariat

The presentation provided an overview of the HIV AIDS situation globally including Southeast Asia and the Philippines. This was important as a background on where stigma and discrimination is happening in relation to HIV and AIDS.

A map is also reprinted to provide a visual of the problem on HIV AIDS. At the global level in 2009 recorded cases has already reached 35 million people living with HIV. In the Philippines the total number has now reached 7,884 cases during the period from 1984 to Oct 2011. In 2011 alone there was 1,869 cases detected in the Philippines. It is projected that in 2015 there could be almost 36,000 people living with HIV in the Philippines alone. The Philippines is one of seven countries with a high rate of increase in the prevalence of HIV/AIDS.



As explained other Southeast Asian countries except for Bangladesh and the Philippines are already on the decline in terms of prevalence. In other countries authorities still have to provide sufficient data.

In a nutshell, this shows that alongside the current prevalence stigma and discrimination and occurs according to the experts.

Although in the Philippines the government has established treatment hubs which are located primarily in key cities in the Country. Since facilities are located mostly in the national capital region most of the detected cases are found in the capital. Second in terms of number may be found in the adjoining region 3 and 4 of the country.

Mr. Cruz noted that the high incremental or doubling of prevalence only occurred sometime in 2007. Before 2007 the number of cases recorded was very few and the rate of increase was still low. However, since 2007 the rate of increase shows doubling on a yearly basis on HIV AIDS. This is the alarming trend now in the Philippines.

A common notion is that overseas Filipino workers bring the virus back from working abroad. However, data shows that there are more infections from non-overseas Filipino workers. The current data also reveals that incidence among female sex workers has decreased and it is increasing among men having sex with men.

In closing, Mr. Cruz shared that government has prioritized its work in what it calls Category A areas, followed by Category B and C.

The Philippines has a policy to address HIV AIDS or Republic Act 8504. The salient provisions include conducting education and information on HIV AIDS in the country. To protect against the spread it also mandated safe practices & procedures among health service personnel. As part of improving prevention and treatment it specifically mandates procedures in testing, screening, and counseling accompanied by monitoring, health and support services.

Widely lauded are the provisions on confidentiality and its mandate against discrimination.

To oversee the coordination of programs it also created the Philippine National AIDS Council.

Discussions:

Government through the Philippine National Aids Council is coordinating programs for the prevention and protection of people affected by HIV and AIDS. It was clarified that PNAC is not an agency but a council composed of different government offices and NGOs.

The participants appreciated that the inputs provided will be important to inform future policy in municipalities. It will also help the participants in providing recommendations on how to improve the response on HIV AIDS in the country.

It was pointed out by Dr. Sophia that Article 7 Section 35 is an anti discrimination provision. It would be helpful to draw from experience during the workshop and see whether this provision is being implemented. The policy may be present but it may not be implemented. This was considered and is now an input to the workshop of this activity.

The participants shared their own insights initially on what is happening in their own municipalities. These include the presence of bars where hospitality girls work. In some municipalities there are now bars but there are such establishments in neighboring

Participants also discussed about the Localization of the HIV AIDS law in the municipalities. The response was provided by Mr. Glen Cruz after being asked on how municipalities can start addressing the problems associated with HIV AIDS.

Origins of Stigma and Discrimination and Experiences of People Living with HIV

By: Mr. Rainier Naldoza

Pinoy Plus – an organization of People Living with HIV

A central topic of this dialogue is about stigma and discrimination related to HIV AIDS. In particular the discussion focuses on discrimination against people living with HIV. Mr. Naldoza started by pointing out *we need to address stigma and discrimination on HIV AIDS because it is the main obstacle to the proper care, treatment and support of PLHIV.* In most cases it discourages people from seeking voluntary counseling and testing (VCT) which is the only way to know whether a person is infected. It remains the single most important barrier to public action and thus HIV AIDS continues to rise in prevalence. When a person living with HIV AIDS is discriminated and experiences stigma he/she is devaluated.

Stigma is defined as *“holding and expressing derogatory social attitudes and beliefs or hostile behavior towards members of a specific group “While “discrimination is an overt behavior in which people are given unfavorable treatment based on their HIV status.”*

In almost all countries advocates and support groups are now studying the *PLHIV Stigma using an Index. According to Mr. Naldoza, It is a tool that measures stigma and discrimination experienced by people living with HIV. (Below are the findings of PINOY PLUS)*

- The study revealed that most of the study participants experienced varying degree of stigma and discrimination e.g. social exclusion, insults and gossips, loss of livelihood, internal stigma, isolation, poor treatment, disclosure & confidentiality, and having children some even attempting suicide
- The experience of stigma and discrimination is more heightened / severe among vulnerable groups: young people, women, sex-workers, less educated, unemployed, and migrant-workers
- Misinformation, ignorance on how HIV are transmitted, moral judgments/biased, and unfounded fears are the root cause and fuels of stigma and discrimination
- Fear of stigma and discrimination discourages people from seeking information on HIV and AIDS, come out for counseling, testing, disclosing their status or accessing ARV treatment and services
- Discrimination within health settings - majority not receiving pre-test counselling, breaches of confidentiality by health workers were common
- HIV/AIDS stigma has lead to limitations on PLHIVs reproductive lives

With the findings above Pinoy Plus advocates that this Stigma Index should inform and influence the national review of the RA 8504 or the HIV AIDS Law in the Philippines. The amendments should strengthen the mandate on how to address or reduce stigma and discrimination being experienced by PLHIVs must form part of the national response to halt or reverse the spread of HIV.

Aside from this there is a need to formulate other related policies and strategies to counter AIDS-related discrimination and attitude change within health sector.

Among People living with HIV efforts at improving education about their rights and supported to obtain redress when violated. Also there should be sharing of information to PLHIV on the policy and practice relating to their rights, confidentiality and testing especially among young people.

As an organization of People Living with HIV, members experience acts of discrimination and human rights violations. They have classified these as common (transcending various settings) and specific (committed in a certain setting). In reality discrimination can happen in the home or within the family when it is difficult to accept the member is infected. Discrimination also happens within the neighborhood or community where a PLHIV lives. Apart from personal settings discrimination in the workplace or with regards employment also occurs. In some instances educational institutions are not yet ready or have displayed practices that violate the right to education of a person living with HIV. In almost all settings even in relation to health provision and practice of religion discrimination happens.

What usually constitutes stigma and discrimination starts with disclosure of HIV status to others who are also uninformed about HIV AIDS. There are times when a PLHIV is being excluded in social or formal gatherings. It is not remote that they could be verbally harassed or even sworn at. A more common type would be treating PLHIV as a subject for gossip. In worse cases physical threats are hurled at people living with HIV.

All the stigma and discrimination according to Pinoy Plus will continue to happen if there is no redress mechanism available. In reality with the HIV AIDS law there are several ways to seek redress. This could be done through mediation, criminal suits, and civil suits, grievance procedures in workplaces or organizations including administrative proceedings.

The options may depend on the type of offense, purpose of the victim, status of the offender and the gravity of the offense.

Pinoy Plus concludes that the high cost of litigation may be addressed by enlisting the help of Public Attorney's Office, Integrated Bar of the Philippines and alternative law groups or approach the Commission on Human Rights.

"PLHIVs need to consider litigation, not just for redress of individual concerns, but to help improve the whole system of justice delivery and to come up with long-term strategies that include development law", according to Mr. Naldoza.

A final point is to address stigma and discrimination by first having policies that are anti-stigma and discrimination. This advocacy may be under the leadership of the Philippine National Aids Council.

It is also important to consider partnerships, including municipalities or local governments, to combat HIV AIDS and related stigma and discrimination.

Discussions:

Mr. Naldoza upon queries about life span of PKHIV answered that actually they can live a full life into old age. Because of the treatment that is available, though expensive, some people who have other diseases even may live shorter lives than people living with HIV. Some of the members of Pinoy Plus have had HIV for over twenty years now.

Reflecting on a quote by Nelson Mandela whose child died of AIDS, "Stigma is something that kills human beings". Mayors echoed this statement because it is true that people would not visit a health facility for counseling and testing because of the fear of being stigmatized and discriminated.

The results of the stigma index should be considered in the effort to reduce and eliminate stigma and discrimination against PLHIV.

IT was also cautioned that HIV does not discriminate. Rich and poor people alike, whatever the religion, age, sexual preference or even position may be infected by HIV. People living with HIV are not frail and weakly, thin people because they can look healthy and strong as anyone.

Stigma and discrimination is the number one barrier on HIV AIDS, and TB and Hepa have discrimination but there is no stigma.

Situation and Policy Environment on the Inadequacy of Sexual and Reproductive Health Services to Young People

By: Feb Ruth Pinos-an

Ms. Pinos-an provided a brief background of the conditions of young people in the Philippines. This is to enlighten participants on what are the difficulties and challenges of young people vis-a-vis sexual and reproductive health and total human development.

In the Philippines boys are twice likely to repeat or drop out of school because they had to work to earn money for the family or for their own school requirements. In some households they are asked to take care of younger siblings.

As cited earlier one of the modes of transmission is through drug injections or sharing of needles. It was noted that more than **3.4 million** of drug dependents are 15-17 years old.

According to the University of the Philippines Population Institute there are four million (4M) young people in the Philippines ages 15-24 who are sexually active (UPPI, 2008). This leads to at least 23% of the young population are engaged in sex. In fact young women are getting pregnant by age of 15, belonging to poor families (50%) and 1/5 are dying because of complications.

As an indication of HIV AIDS prevalence 1/3 of young people who are sexually active experienced STI-related problems (painful urination, vaginal and penile discharge, warts).

It is also quite alarming to note that in terms of knowledge and awareness 27.8% of young people believe that HIV AIDS is curable furthermore 73.4% believe that they cannot be infected.

This supports the data provided by the HIV AIDS registry that half of the total cases of HIV –AID are among youth aged 15-24.

Why is this happening? Ms. Pinos pointed out that government, because of religious opposition has chosen to soften its stance in providing information and services on sexuality and reproductive health. A designed module proposed for integration in the education curricula is not being used. There are also local policies, such as the executive order banning modern family planning that prevents the provision of the services.

The move is to advocate for a national policy that will direct the provision of services. Because as of now the absence of this policy is an indication that young people are discriminated against in terms of provision of sexual and reproductive health.

Discussion:

Dr. Sophia stated that, “sometimes we do not know that we are already discriminating against a person living with HIV or doing a form of discrimination.” We can appreciate that our resource speakers have mentioned that discrimination can happen anywhere and by anyone.

To fight discrimination we must start with ourselves. The advocacy against discrimination against PLHIV or young people can only be sustained if people practice non-discriminatory acts.

In some situations we should provide the equipment that will enable certain people with challenges. The equipment will help them exist normally. Some special students may be special but we do not have to enroll them in a special school when they can be enrolled in a normal school.

As an example some buildings may be modern and technologically advanced but if there are poor facilities for physically challenged people then it has already committed an act of discrimination.

Let us try to start in our family, our work, our office in practicing non discrimination.

OPEN FORUM:

The HIV AIDS law mandates safe practices but it does not mandate clearly safe sex or the environment to influence safe sex according to one Mayor. Indeed according to Mr. Cruz that it is a usual criticism of the law on HIV AIDS which is silent about sex. There was already a strong lobby against RH in 1998 and they were very careful to mention sex. A suggested amendment is to state what safer sex is. Even the idea of condoms is not explicit in the law.

While asking, “Do you think there is a need to amend and revise the RA 8504? By Ms. Lian de Leon. Mr. Cruz told the participants that the effort for its amendment is already underway. Ms. Lian added the LGUs should be involved if the law would be implemented effectively.

The PNAC continues to improve the IRR for the HIV AIDS law which helps coordinate actions of all implementers.

Another question was why there are no penalties to HIV positives who engage in sex or infects others? This will be discriminatory and what we are encouraging is for couples to talk openly about their conditions.

It was proposed that any amendment to the HIV AIDS law should also have a reproductive health bill. This law will address the bigger issues on sexual and reproductive health that includes HIV AIDS.

Mayor Annabelle Tangson asked, What have you done so far in providing services to LGUs, and you have targeted 70 LGUs since 1998 what are the best practices based on your experiences?

Mr. Cruz shared that in Zamboanga City the local government did AIDS surveillance to know the risk and inform a response or a plan. A local policy the Sanitation Code guides the operation of the Social Hygiene Clinic. However, the operations of the hygiene clinic are on weekdays on the other hand risky sexual behaviors happen at night.

A key action was the enactment of the Local HIV AIDS ordinance that creates a local HIV AIDS Council. This council is tasked to coordinate response and develop programs. Mayor Tangson requested for a copy for study and dissemination to other municipalities. The city also eventually integrated their HIV programs in the Citywide Investment Plan for Health.

The province of Aklan created the Provincial Aids Council which helps its municipalities respond to the problems.

The DOH also has treatment hubs where testing and counseling is conducted. Later this is also where treatment emanates for the procurement of Anti-Retro Virals which stops the progression of HIV AIDS.

The Mayors were also interested in inviting the young peer educators group to their municipalities to educate and develop their own young people.

At the end of the forum Mayor Annabelle Tangson stated that, “We in the LGUs can enact ordinances, and we can make our advocacy stronger and I know this is the start.”

WORKSHOP DIALOGUES

In the afternoon the participants and guests were divided into two groups. A dialogue cum workshop was conducted guided by some questions.

The results are consolidated below:

1. What are the lessons learned from the inputs and discussion of this two day activity?

- As an LGU, there are private groups advocating for the effective implementation of the law; there is a need for HIV to become part of the regular program at the level of municipal health office
- PNAC is existing and there is a Republic Act
- Elected officials are proactive in addressing the issues and concerns of the young people.
- Increasing prevalence of abuse; this can be used as an entry point for discussion and awareness and for raising awareness of the people; also for the provision of information and services. Institutionalize training for the prevention of early sexual involvement invoking responsibilities to the constituents, with the help of NYC
- SK should now also include in their focus health for young people and to expand from sports and leadership.
- HIV & AIDS can be managed and that is a need for advocacy and education which will increase awareness of the community and eliminate fear and discrimination
- There is a need to institutionalize policy or create resolutions that will combat all forms of discrimination
- Importance of capacitating health workers to maintain quality of care and ethics in handling of cases e.g. confidentiality

2. What policy issues/challenges by both local and national government on the implementation of Article VII of the HIV AIDS Law on discriminatory acts and policies?

- Enactment (adoption) of the ordinance in consonance with article VII to promote rights of PLHIV; Info dissemination should be increased; lack of information about HIV (Politically correct terms to be used especially among the elected officials)
- The first will generate demand for the database and information management
- To protect PLHIV against discrimination
- Passage of RH Bill is needed
- Policy on funding is limited for LGU mandated programs (esp. 4th and 5th class municipalities)
- Implementation of policies are challenged by customs and traditions
- Lack of national policy on Comprehensive Sexuality Education (CSE)
- No programs for adolescent health

3. What steps or actions would your group recommend to improve implementation?

- Creation of Local AIDS Council ; or meeting the Local Health Board to localize the National AIDS Law
- Pre-marriage counseling to be included in FP session
- Best practice: intensify work and expand coverage through the support of ILHZ system(e.g. community based mental health); to tap existing personnel from district hospital
- Check if there is an existing Social Hygiene Clinic or its establishment
- National government should fund programs and LGU's provide counterpart

- Need for evidence base for programs to be established, with technical and financial assistance from national government
- Have a national policy on Comprehensive Sexuality Education
- Create programs for adolescent health
- Resolution to advocate for comprehensive national government support to local programs on HIV and AIDS through PNAC, DOH

The two day dialogue workshop ended with the agreement to issue a call to action to government and other municipalities to contribute in the advocacy and reduction and elimination of HIV AIDS and related stigma and discrimination.

Before ending the activity a simple question was asked. Are you willing to be a champion on HIV AIDS?

Mayor Filipina Grace America declared commitment to support all programs and policies and laws and mechanisms to reduce and eliminate stigma and discrimination.

Mayor Galicia: I am ready to implement and be guided by the with the ten point commitment of the Coalition and abide by this. Next time we will be sharing with you a concrete policy on how to address this subject now.

Mayor Jeng: This is the second time I was invited and this time we are able to focus on HIV and this opened my mind. Now I am the Mayor and I have the upper hand to implement policies. I have already spoke to Aiza and Glen to conduct a forum and a trainers training for rural health personnel down to the Barangay to make our municipality a champion on HIV AIDS and anti-discrimination.

Mayor Vero: As a mayor we promote general welfare of the public. This is very broad like combating all forms of discrimination. I would like to thank LMP LMMAP and UNESCO because now we can focus on HIV AIDS. But whatever we do will come to naught if we do not act and educate the youth about HIV. When I go home there must be some action. We will include HIV AIDS as a part of our health programs and we will challenge the youth to do something to act again through leadership training. The youth can do more than sports they are a potent vehicle for change. By the way, my daughter is the SK President and this is encouraging. When I say there must be a face and I hope that I can invite Mr. Naldoza to Llanera. I pledge to be an advocate a partner in all of our advocacies and action.

Mayor Fornier: I am the only representative from Eastern and Western Visayas. I commit to be a champion and advocate. What I could do is to make sure that we sustain the program to make it stronger to protect the youth.

Mayor Espiloy: We must not only focus our effort on reducing and eliminating stigma and discrimination we should also focus on minimize the occurrence of HIV. I respectfully commit to make appropriate actions and formulate policies in reducing and eliminating stigma and discrimination the same with HIV.

Mayor Gwen: I was able to formulate policies on health and environment, development is not just development per se, I am an awardee for my health programs from DOH. We must always take care of our constituents and my RHU is serving not only on TB DOTS we are also providing services for other diseases. But we are struggling on health funding to accommodate comprehensive services. What I could do is to commit myself to be a champion to do information drive and how to prevent HIV AIDS. I am always successful in establishing partnerships and I will use this to contribute in combating HIV AIDS.

Princess Palacio: I think our Mayor, my mother, will be very supportive of the ten point agenda and eliminate stigma and discrimination on HIV also to be a model in Calatagan.

Architect: I learned so much about HIV and how to prevent and lessen discrimination. All of these when I go back to our hometown and report to Mayor Gerry the lessons in this activity to lessen discrimination.

Mayor Annabelle Tangson: This is an eye opener and it shows that we must be informed and vigilant about HIV AIDS and also all forms of discrimination. We cannot sit idly by and let the numbers increase. We cannot ignore that if we do not reduce and eliminate discrimination we will never fully solve the problems of HIV AIDS.

As a start I will consider informing and educating the people of San Luis. I may have to propose that we line up activities to celebrate World AIDS Day. Celebrating and commemorating is one way of educating the populace.

We must awaken the consciousness of people which is the first step of taking action in reducing and eliminating stigma and discrimination.

I believe that we should consider the youth, for it is their future we want to improve. I commit to be the champion on HIV AIDS and I will continue this advocacy as the National President of the LMMAAP and the Mayor of San Luis, Aurora.

FEEDBACK SUMMARY STATEMENT

The feedback sheet provided showed that majority of the participants learned much from the presentations and discussion. The dialogue workshop was a success and the commitments are substantially important for the reduction and elimination of stigma and discrimination and also for the consideration of young people's services.

CALL TO ACTION

REDUCING AND ELIMINATING STIGMA AND DISCRIMINATION RELATED TO HIV AIDS

At the global, regional, national and local levels stigma and discrimination continue to affect people living and affected by HIV AIDS.

In the Philippines, the rate of increase on HIV AIDS is fast and high and continues to spread at an alarming rate.

We are also aware that we must recognize that information and services on adolescents' reproductive health must be provided to help reduce HIV AIDS in the future.

Local Government Units are at the forefront of the delivery of health services but there is an evident inadequacy of having HIV AIDS information and services.

We believe that reducing and eliminating stigma and discrimination will improve the delivery of services to most at risk populations and people living with HIV and AIDS.

Today, during this Sub Regional Dialogue Workshop, we the participants propose the following actions to respond to the problems and policy issues:

- To strengthen all national and local policies in response to HIV AIDS that will reduce and eliminate stigma and discrimination also the prevalence of HIV AIDS.
- To ensure that we will take action on the recommendations we have provided here today.
- To work with young people, NGOs and the National Government to combat HIV AIDS and all forms of discrimination.
