

Original Research Article
**THE ALS-IEC THEORY AND ITS EFFECT ON PERSONS
LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS**

ABSTRACT

The visible problems among persons living with human immunodeficiency virus are insufficiency of HIV information about the impact it will bring into their lives and non-compliance to treatment due to fear of disclosure. The need to enhance information about the human immunodeficiency virus (HIV) through extensive health teaching and exemplary education modeling may help persons living with HIV live with dignity and hope as children of God. The purpose of the study is to discover what substantive theory can be used to unearth variables such as active involvement in the society, life change advocacy, life promotion and dignity, one finds oneself, sensitivity to one's knowledge needs, and accountability and commitment to be safe which led to the development of "all loving support-information, education, and counselling theory. A mixed method embedded experimental design was used in testing the theory through a double-blind approach that quantified the grounded explored experiences of the participants. The qualitative participants were 20 in focus group discussion and the quantitative participants were 30 college students living with HIV, 18-24 years old, male, Christian, and currently enrolled in a college or university in the Davao region excluding those who are sick and admitted to the hospital. Pretest findings revealed that the participants were moderately informed about facts on HIV and moderately followed the course of treatment but after a series of tests (post-test after two weeks, after one month, and after two months), reported that they were totally informed about the facts on HIV and will strictly adhere to the therapy. The pretest and post-test scores on the level of awareness and medical compliance showed significant differences after a series of tests. Thus, the application of ALS-IEC theory is effective among persons living with HIV in assessing HIV awareness and drug adherence encompassing bio-psycho-sexual-social-cultural-spiritual domains. Continued use of the personalized health assessment will also offer a learning opportunity (information) through reading (education) and nurse-delivered counselling as extended care after HIV screening counseling will address the immediate needs of clients.

Keywords: All Loving Support; Information, Education, Counselling, and Persons Living with Human Immunodeficiency Virus

Introduction

The human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) is a worldwide health issue. Around 43.8 million people living with human immunodeficiency virus (PLHIV) from 2017 to 2021, 5.1 million people are not aware that they have the virus, and not all received anti-retroviral treatment (ART) [1]. The Philippines is one of the Asian countries that showed an increase in HIV cases among men [2]. HIV attacks the immune system by glycoprotein replication (CD4) in which an individual is prone to acquire opportunistic infections and may experience behavioral disturbances [3]. However, the Reproductive Health and Wellness Center (RHWC) in Davao City, Philippines; emphasized that an increase in PLHIV is more on risky sexual behaviors and urbanization.

Hence, there are varying levels of understanding about the facts of HIV due to ignorance and myths. Generally, most PLHIV felt helpless, sad, and anxious once they knew that they were infected with the virus, even if others had shown support for their health condition. This is a problem to which nurses will be of help through clear information, education, and counseling (IEC) about HIV. Significantly, the researcher presents this as the central part of the theory being carried out in the nursing practice. To this end, a survey was conducted among twenty males positive for HIV, who expressed that support and self-awareness are vital in life goals. Thus, nurses have a greater opportunity to assess and hear the sentiments and communicate therapeutically.

The visible problems among PLHIV were insufficiency of HIV information about its impact on their lives and non-compliance with treatment due to fear of disclosure. Hence, a spiritual needs assessment is also significant in the information process. Furthermore, the theory formulated from the name initials of the researcher "All-Loving Support (ALS) - Information, Education, And Counseling" theory is built on the premise that information, education, and counseling could be provided by the nurse. It has measures using the components of ALS-IEC after thorough information was given. Education will be acquired through reading some facts about the disease and its harmful effects on the body and mind of the person.

Thus, counseling will enhance life skills and grab learning opportunities that may slowly lead to appreciating the gift of life. This is an opportunity to build a trusting atmosphere between the health care provider and recipients of care and learning opportunities that offer the greatest leverage in extending HIV care. Hence, the visible problems among PLHIV are insufficiency of HIV information about the impact it will bring into their lives and non-compliance to treatment due to fear of disclosure. So, there is a need to enhance HIV information through extensive health teaching and exemplary education modeling that may lead them to live with dignity and hope as children of God. The purpose of the study is to discover what substantive theory can be used to unearth variables such as active involvement in the society, life change advocacy, life promotion and dignity, one finds oneself, sensitivity to one's knowledge needs, and accountability and commitment to be safe which led to the development of "all loving support-information, education, and counselling theory; and aims to determine the effects of

ALS-IEC theory among PLHIV through a pre-test-post-test approach and develop a specialized program to extend pre and post-HIV screening test counseling.

Method

Design

Mixed method embedded experimental design was used in testing the theory through focus group discussion utilizing a double-blind approach then quantified the grounded explored experiences of the participants through a pretest-post-test one group approach.

Research locale

The study was conducted in the first district of Davao City region XI, Philippines. It is one of the local health centers where PLHIV are followed up for medical check-up, medication, series of laboratory tests, and counseling. However, the participants are from 18 schools or colleges in Davao City.

Sampling technique

There were 50 college students (regular/irregular) living with HIV who are 18-24 years old, male, Christian, and currently enrolled in a college or university in Davao region, Philippines excluding those who are sick and admitted to the hospital. There were 20 participants for the qualitative study selected through snowball sampling technique and 30 participants for the quantitative study selected through a multistage sampling technique. The participants were not obliged to attend instead of a freely given appearance [4] during the data collection process.

Phase 1 - Qualitative

Tool Development

In developing the tool, the ABC Model of Albert Ellis guided the researcher to analyze a person's behavior who developed irrational beliefs by following the ABC scheme: (A) Activating event - Records the situation that ultimately leads to some type of high emotional response or negative, dysfunctional thinking while (B) Beliefs - writing down the negative thoughts that occurred (belief) and (C) Consequence - the negative thoughts that bridge between the situation and the distressing feelings. The model described emotions or negative thoughts that the client thinks are caused by (A), and this could be anger, sorrow, anxiety, etc.

Ellis believed that it is not the activating event that causes negative emotional and behavioral consequences, but rather a person interpreted these events unrealistically due to his belief system [5]. However, the researcher also utilized different concepts from the reviewed literature in developing the variables and used the model of Ellis as a guide in organizing the grounded tool of the proposed module by redefining ABC to IEC (Information, Education, Counseling). Hence, this will break the gap between

misconceptions and lack of knowledge about HIV, drug adherence, and personal issues.

The survey tool known as the personal health assessment tool was finalized based on the 6 domains (social-psycho-sexual-bio-cultural-spiritual). Thus, the personal health assessment tool or the grounded tool will assess the different domains. The six (6) variables referred to Active involvement in the society (A1-social), Life change advocacy (L1-psycho-sexual-social), Life promotion and dignity (L2-socio-cultural), One finds oneself (O-psychological), Sensitivity to One's knowledge needs (S-bio-psycho-sexual), and Accountability and commitment to be safe (A2-spiritual). The 6 domains used the acronym ALLOSA which signifies the maiden name of the principal author.

The 6 domains were based on the reviewed related literature. The formulated set of questions tackles about the experiences of PLHIV in the community as HIV advocate, course of treatment, being positive with HIV; importance of love, acceptance, respect; human rights; discrimination; decision in life ways, coping; and knowledge on antiretrovirals. Then, it was validated by academic experts and HIV experts and pretested to 10 participants to check if the participant understands the questions. This is done to know if they have some clarifications. Pre-testing of the tool is needed as the direct evidence for the validity of each item of the questionnaire [6].

Research procedure

In phase 1, the study used a grounded tool developed from the theory building and grounding stages. It uses a set of procedures to develop an inductively derived grounded theory about a phenomenon. The built theory is grounded from the researcher's philosophy in life. The flashback of experiences and observations across a diversity of cultures made the researcher believe that God is full of mercy and compassion and a source of forgiveness. As a nurse, through the encountered experiences patients diagnosed with HIV or AIDS and wanted to know their thoughts and feelings of being positive with HIV.

Literature and related studies were reviewed and found out that PLHIV really needs holistic care. The researcher used her maiden initials (ALLOSA) in formulating the six (6) variables. Each variable is defined based on the reviewed concepts encompassing bio-psycho-socio-spiritual behavior. Then, the initial research process began by making the semi-structured questions for focus group discussion.

The questionnaire was validated by a priest, HIV nurse counselor, HIV physician, HIV social worker, and a guidance counselor after approval of the City Health Office and Ethics Committee of Reproductive Health and Wellness Center (RHWC) and San Pedro College. The person of reference (HIV nurse counselor) was the one who chose and helped the researcher in the orientation process. The participants signed and agreed to the scheduled date of focus group discussion (FGD) with emphasis on maintaining privacy and anonymity.

Moreover, the participants were all present during the audio-recorded conversation with the presence of the HIV counselor and documenter. The participants granted the audio-

recording if no names will be mentioned, and no picture taking to maintain a safe and respectful group environment and prevent emotional breakdown [7]. During the interview, the participants answered the questions for forty minutes but not more than ninety minutes during FGD. All answers were validated with the participants, but the audio-recorded conversation was deleted after transcription as requested from the president of the PLHIV organization to cover privacy and confidentiality (refer **Annex C**). The law stipulated the emphasis on human rights vis-a-vis public health and safety among PLHIV. All printed documents were kept in the RHWC to keep the data safe.

Data Analysis

The results were transcribed, translated, interpreted, and analyzed through theoretical sampling method. The data collected followed the process of coding such as open coding, axial coding, and selective coding. The generated data will discover categories and each element to explain interrelationships between constructs. Theoretical sampling in grounded theory approach is based on analytic induction. This is always used to participants with additional diversity of attributes within the same group [8]. The defined statements or emerged themes were coded (open coding), relationships among the open codes were made to see the connections among the codes (axial coding). Then, the core variable included all the data was figured out and reread the transcripts, and selectively coded any data that relates to the identified core variable. Open coding, axial coding, and selective coding or selection of statements led to the emergence of conceptual or theoretical structure [9] (**refer Annex A**).

The series of open and axial coding techniques finally arrived in selective coding and built the theory. Hence, the researcher postulated that theory X would lead to theory Y, which entails forgiveness and preparedness before the end of life. Then, the constructs determined that theory X is the support system and theory Y is self-awareness. After building the blocks of the theoretical concepts, a theory was developed behind the events stating that support will boost self-awareness and lead to self-help. This means that this is the result of the researcher's "All Loving Support" in support of PLHIV and became ALS signifying Anna Liza Saus' effort in formulating the theory. Thus, the understudy variables provided the explanation of the built theory [10].

Phase 1: Qualitative Approach

Phase 2: Quantitative Approach

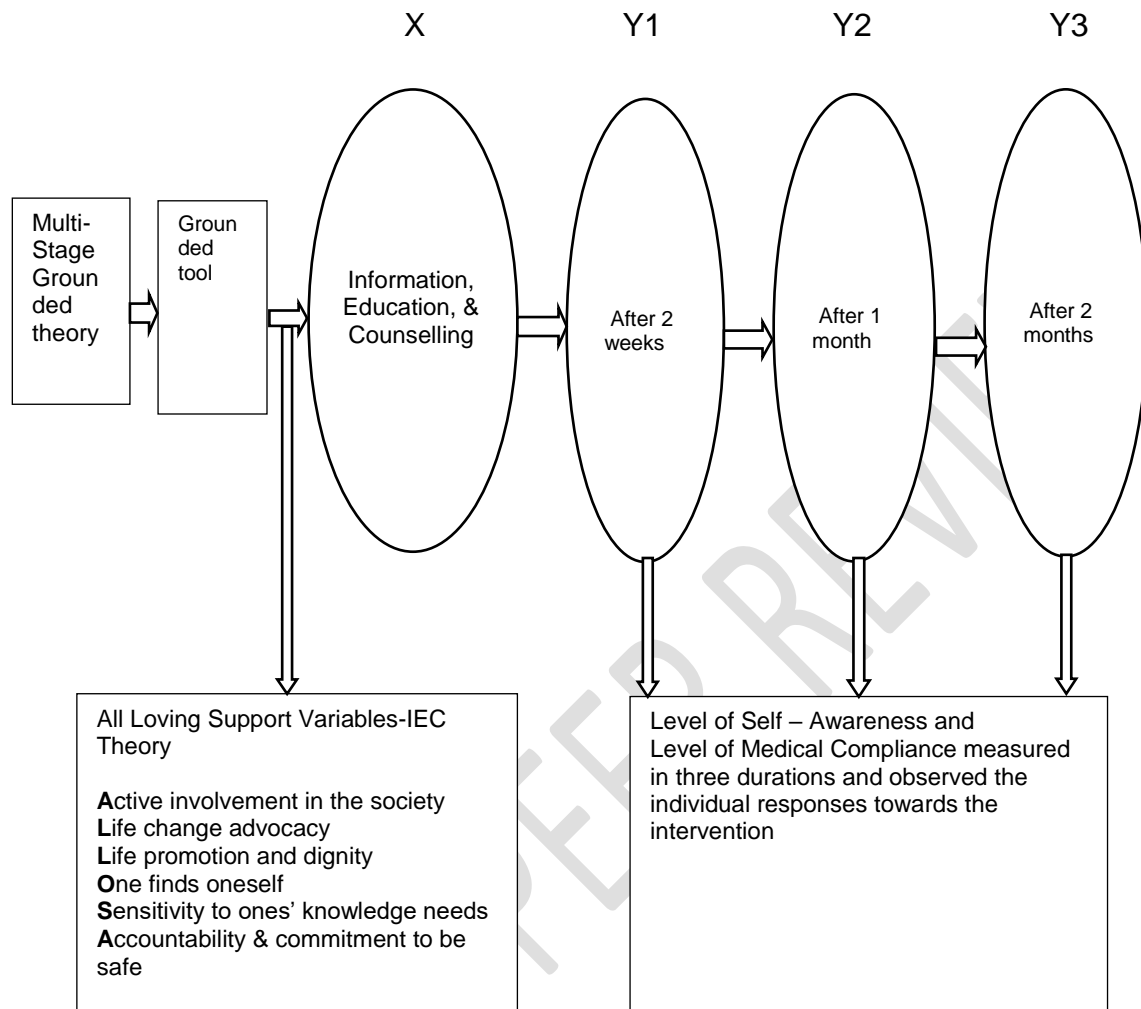


Figure 1. Conceptual Model

Qualitative Results

Qualitative results revealed 13 emergent themes: (1) information dissemination, (2) understand prohibitions, (3) solitude, (4) dignity, (5) survival, (6) shame, (7) medical compliance, (8) health promotion, (9) carelessness, (10) self-expression, (11) reaching out, (12) perseverance, and (13) endeavor. A series of open and axial coding techniques finally arrived in selective coding and built the theory.

Chart 1: List of themes and its associate codes

Themes	Open Codes	Axial Codes	Selective Codes
1.information dissemination (ACTIVE INVOLVEMENT IN SOCIETY)	inform, awareness, support	Government agencies encouraged PLHIV to participate as HIV advocate.	Support from the government
2.understand prohibitions (LIFE CHANGE ADVOCACY)	instruction, avoidance, protection	R.A. 8504 empowered people to prevent further HIV transmission.	Support from the government
3.solitude (LIFE PROMOTION AND DIGNITY)	disappointed, stowaway, self-isolation	Every human being has an innate right to be valued, respected, and receive ethical treatment.	Support from the people
4.dignity (LIFE PROMOTION AND DIGNITY)	acceptance, stow away, self-isolation, feeling of indifferent	People are encouraged to show equality among people from all walks of life.	Support from the people
5.survival (ONE FINDS ONESELF)	convince, denial, weak, readiness	Self-awareness promotes acceptance.	Self-awareness
6.shame (ONE FINDS ONESELF)	faked emotions, silence	Increased self-esteem reflects emotional evaluation of his own worth.	Self-awareness
7.medical compliance (SENSITIVITY TO ONE'S KNOWLEDGE NEEDS)	preventive measures, medical follow-up, vulnerability,	Recognition of negativity entails acceptance of reality and resolution.	Self-awareness
8.health promotion (SENSITIVITY TO ONE'S KNOWLEDGE NEEDS)	prevention, protection, safe sex	Conscious knowledge of one's own character entails self-worth.	Self-awareness
9.carelessness (SENSITIVITY TO ONE'S KNOWLEDGE NEEDS)	difficulty, privacy, Antiretrovirals	Familiarization of new daily routine may help an individual develop self-discipline.	Self-awareness
10.self-expression (SENSITIVITY TO ONE'S KNOWLEDGE NEEDS)	difficulty, abandon, convince	Ventilation of feelings may boosts a better understanding of oneself.	Self-awareness
11.reaching out (SENSITIVITY TO ONE'S KNOWLEDGE NEEDS)	life coaching, caring, understanding, selective trust	Counselling brings forth self-expression.	Self-awareness
12.perseverance (ACCOUNTABILITY AND COMMITMENT TO BE SAFE)	self - threatened faith, hopelessness, counseling	Conscious knowledge and understanding of own character, feelings, motives, and desires will entail inner strength.	Self-awareness
13.endeavor (ACCOUNTABILITY AND COMMITMENT TO BE SAFE)	advocate, overseas worker, health care provider	Self - determination helps an individual achieve life goals.	Self-awareness

Hence, the researcher postulated that theory X would lead to theory Y, which entails forgiveness and preparedness before the end of life. Then, the constructs determined that theory X is the support system and theory Y is self-awareness. After building the blocks of the theoretical concepts, a theory was developed behind the events stating

that support will boost self-awareness and lead to self-help. This means that this is the result of the researcher's "All Loving Support" in support of PLHIV and became ALS signifying Anna Liza Saus' effort in formulating the theory. Thus, the understudy variables provided the explanation of the built theory [11].

Finally, the researcher developed the grounded tool or survey questionnaire as part of an information inquiry about the facts of HIV. The second part is the answers to the questionnaire as an educational strategy, and awareness awakening about being one of PLHIV is the last part of the module. It deals with counseling or communication, with listed support groups. So as if they reach out to the organization, it indicates self-help.

QUALITATIVE DISCUSSION

Based on the results of the study, the themes or defined statement that emerged are information dissemination, understanding prohibition, solitude, dignity, survival, shame, separation, health promotion, carelessness, self-expression, reaching out, perseverance, and endeavor led to the development of the "All Loving Support-Information, Education, and Counselling" theory that can be used as a basis for positive prevention programs.

In previous studies, the support system was not fully determined when it comes to key health outcomes [12]. However, the study determined the specific support system needed by PLHIV which is from the government, people, and family. Beyond testing, the government program should improve resources in detecting HIV positives and continue giving direct assistance and referral to any nearby HIV center to make sure clients with reactive results should go to the main HIV center [13]. The Philippines lawmakers introduced the approved HIV and AIDS Policy Act of 2018 (Republic Act 11166 former R.A. 8504) which include the protection of PLHIV rights [14] because the dignity and equal rights of these people are at stake. Even though the law prevails there are still underutilized health laws in the fields of health sciences [15]. Support from the people often improves disclosure with potential prevention benefits [16]. Helping them by talking, actively listening, imparting more knowledge about HIV, encouraging drug adherence, asking appropriately, and keeping the talk confidential will build their self-esteem, and trust will be achieved between nurse and client [17]. Family support significantly contributes to a better quality of life among PLHIV [18]. With the support system, self-awareness may develop through the efforts of advocates and peer counselors' encouragement as well as spiritual counseling. PLHIVs really need regular counseling because some of the young PLHIVs mostly choose self-isolation because of feelings of rejection from their families. These people need help to regain self-worth aside from fighting the ill effects of the virus to engage in ART [19].

Phase 2-Quantitative

Tool Development

Finally, the researcher developed the grounded tool or survey questionnaire as part of an information inquiry about the facts of HIV. The second part is the answers to the

questionnaire as an educational strategy, and awareness awakening about being one of PLHIV is the last part of the module. It deals with counseling or communication, with listed support groups. So as if they reach out to the organization, it indicates self-help. Further, the ALS-IEC theory that emerged in the first phase was experimented in the second phase of the study.

Consequently, IEC stands for information about the facts of HIV, education about HIV, and counseling on health concerns. Thus, the 6 variables became the content of the personalized health assessment tool (grounded tool) that will assess the combined domains of social-psycho-sexual-bio-cultural-spiritual. The six (6) variables are Active involvement in the society (A1-social), Life change advocacy (L1-psycho-sexual-social), Life promotion and dignity (L2-socio-cultural), One finds oneself (O-psychological), Sensitivity to One's knowledge needs (S-bio-psycho-sexual), and Accountability and commitment to be safe (A2-spiritual) were measured in the second phase. The validation process of the survey tool was done in the same manner in doing the qualitative phase. The level of awareness tool is for the primary participants and the level of medical compliance tool is for the secondary participant. Both survey tool utilized the 6 variables encompassing different domains (refer to Annex B).

Research procedure

In phase 2, the process was conducting the qualitative phase is similar with the quantitative phase when it comes to inclusion and exclusion criteria and sampling technique. In the first stage of phase two (2), the person-in-charge of the records of PLHIV in had summed up all registered PLHIV in RHWC, Region XI, with a total of 234 in October 2018. In the second stage, all males were extracted from the list with a total of 110; in the third stage, all males aged 18-24; in the fourth stage was the identification of schools where they are studying; in the fifth stage was the selection of the participants in fifteen (18) schools or colleges; and in the sixth stage was the selection of two (2) to three (3) participants from each school with a total of 30 participants. The secondary participant (HIV counselor) who have worked for more than two (2) years oriented the participants and explained some of the benefits and purpose of the study. The intervention was done in one of the HIV hubs centers in region XI. This is the reason why most of them accepted the challenge as part of the study. All participants did not know who the researcher is and did not know each other but aware that they are under study. Double-blind studies are particularly useful for preventing bias due to demand characteristics or effect [20] and is considered the "gold standard" in intervention studies [21]. This is a chain referral process that allows the researcher to reach populations who are difficult to sample when using other sampling methods [22]. However, the total number of persons positive with HIV was not divulged because it requires a proper review of the documented list before reporting to DOH. Moreover, all of them had an equal chance of participating in the study. Thirty participants were purposively selected from 18 schools or colleges except for those refused to participate in the study. The HIV nurse counselor assisted in explaining how to answer the personal profile forms using the file number as the code name and coded school name. This is done to maintain the confidentiality of information collected from research participants that only the research team can identify the responses and must maintain privacy. Confidentiality, privacy, and anonymity were maintained. Participants'

information from the collected data were kept in the RHCW office. Names and school are numbered to keep the participants' identity; because this research is considered a sensitive issue that needs rigid enforcement of ethical procedures [23]. Then, the participants' response was measured from pre-test to 3 post-tests (after two (2) weeks, one (1) month, and two (2) months).

This mixed method is almost similar in the within-subjects design where the data collection during pre-test of the personalized health assessment tool was analyzed and followed by series of post-test. Then, analysis and comparison of the pre-test and post-test results were carried out. Everyone has more than one score in which the effect occurs within each participant. However, the embedded experimental design is really the foundation of the theoretical framework and not on its method, since the researcher needs to quantify the qualitative data by transforming qualitative codes into ratings [24].

Data analysis

The study aims to determine the effects of ALS-IEC theory on persons living with HIV. Specifically, it sought to answer the pre-test levels of awareness and medical compliance in terms of active involvement in society, life change advocacy, life promotion and dignity, one finds oneself, sensitivity to knowledge' needs, and accountability and commitment to be safe; post-test levels of awareness and medical compliance after two (2) weeks, after one (1) month, and after two (2) months; the significant difference of both level of self-awareness and medical compliance after two (2) weeks, after one (1) month, and after two (2) months; and the significant difference between the pre-test and post-test scores of both level of self-awareness and level of medical compliance.

The checklist survey form was developed after the grounding stage to measure the level of self-awareness and medical compliance of PLHIV utilizing four (4) point Likert's scale, and the equivalent measurement is reflected below.

Score	Scale	Description	Level of Awareness Interpretation	Level of Medical Compliance
4	3.50-4.00	Strongly agree	fully aware	fully compliant
3	2.50-3.49	Agree	partially aware	partially compliant
2	1.50-2.49	Disagree	partially unaware	partially non-compliant
1	0.50-1.49	Strongly Disagree	unaware	non-compliant

SPSS software was used in analyzing the statistical results to get the mean ratings in determining the pre-test and post-test scores of the level of self-awareness and the level of medical compliance through a series of intervention after 2 weeks, after 1 month, and after 2 months. Then, its' significant difference of the three durations was analyzed through ANOVA while the pre-test and post-tests scores of both the level of self-awareness and level of medical compliance was statistically treated with paired t-test.

Quantitative Results

Table 1
Pre-test Level of Awareness among PLHIV

Indicators of Awareness	Mean	SD	Interpretation
Active Involvement in Society	3.71	0.63	Fully Aware
Life Change Advocacy	3.42	0.36	Partially Aware
Life Promotion and Dignity	3.17	0.37	Partially Aware
One Finds Oneself	3.36	0.39	Partially Aware
Sensitivity to One's Knowledge Needs	3.27	0.54	Partially Aware
Accountability and Commitment to be Safe	3.42	0.30	Partially Aware
Overall Mean	3.39	0.32	Partially Aware

Table 2
Pre-test Level of Medical Compliance among PLHIV

Indicators of Awareness	Mean	SD	Interpretation
Active Involvement in Society	2.88	0.93	Partially Compliant
Life Change Advocacy	3.9	0.31	Fully Compliant
Life Promotion and Dignity	2.93	0.69	Partially Compliant
One Finds Oneself	3.63	0.43	Fully Compliant
Sensitivity to One's Knowledge Needs	3.77	0.28	Fully Compliant
Accountability and Commitment to be Safe	3.53	0.51	Fully Compliant
Overall Mean	3.44	0.38	Partially Compliant

Pretest findings revealed that the participants were moderately informed about facts on HIV and moderately followed the course of treatment but after a series of tests (post-test after two weeks, after one month, and after two months); results showed that they were totally informed about the facts on HIV and will strictly adhere to the therapy. Refer to the series of table 3, 4, 5, 6, 7, and 8.

Table 3

Post-test Level of Awareness among PLHIV after 2 weeks, after 1 month, and after 2 months

Awareness	after 2 weeks			after 1 month			after 2 months		
	Mean	SD	Interpret	Mean	SD	Interpret	Mean	SD	Interpret
A1	3.58	0.19	FA	3.66	0.15	FA	3.91	0.1	FA
L1	3.52	0.28	FA	3.42	0.17	PA	3.55	0.06	FA
L2	3.33	0.36	PA	3.75	1.17	FA	3.52	0.16	FA
O	3.45	0.35	PA	3.53	0.16	FA	3.57	0.15	FA
S	3.53	0.32	FA	3.35	0.16	PA	3.41	0.2	PA
A2	3.76	0.28	FA	3.91	0.09	FA	3.82	0.16	FA
Overall mean:	3.53	0.2	FA	3.6	0.19	FA	3.63	0.03	FA

Legend: FA-Fully Aware
PA-Partially Aware

Table 4

Post-test Level of Medical Compliance among PLHIV after 2 weeks, after 1 month, and after 2 months

Awareness	after 2 weeks			after 1 month			after 2 months		
	Mean	SD	Interpret	Mean	SD	Interpret	Mean	SD	Interpret
A1	2.72	0.72	PC	2.72	0.72	PC	2.72	0.72	PC
L1	3.87	0.35	FC	3.83	0.38	FC	3.87	0.35	FC
L2	3.50	0.82	FC	3.50	0.82	FC	3.50	0.82	FC
O	3.82	0.28	FC	3.82	0.28	FC	3.82	0.28	FC
S	3.82	0.23	FC	3.82	0.23	FC	3.82	0.23	FC
A2	3.87	0.35	FC	3.87	0.35	FC	3.87	0.35	FC
Overall mean:	3.60	0.25	FC	3.59	0.27	FC	3.60	0.25	FC

Legend: F.C. - Fully Compliant

P.C. - Partially Compliant

Table 5

Difference of the Level of Awareness among PLHIV after 2 weeks, after 1 month, and after 2 months of Intervention

Awareness	F value	p-value	Wilk's Lambda	p value	Pairwise	Interpret	Decision
A1	73.76	0.008	0.166	0.00*	2w,1m<2m	S	Reject Ho1
L1	0.331	0.569	0.639	0.002*	2w,>1m<2m	S	Reject Ho1
L2	8.074	0.008	0.734	0.013*	2w,<1m2m	S	Reject Ho1
O	2.87	0.133	0.909	0.264	2w,<1m2m	N.S.	Accept Ho1
S	4.587	0.041	0.75	0.018*	1w,2m<2m	S	Reject Ho1
A2	1.099	0.303	0.671	0.004*	2w,<1m2m	S	Reject Ho1

*Significant @p value <0.05

Legend: 2w-after 2 weeks; 1m-after 1 month; and 2m-after 2 months

NS- Not Significant; S-Significant

Table 6

Difference of the Level of Medical Compliance among PLHIV after two (2) weeks, after one (1) month, and after two (2) months of Intervention

Awareness	F value	p value	Wilk's Lambda	p value	Pairwise	Interpret	Decision
A1	-	-	-	-	-	NS	Accept Ho2
L1	0.022	0.326	0.967	0.326	-	N.S.	Accept Ho2
L2	-	-	-	-	-	N.S.	Accept Ho2
O	-	-	-	-	-	N.S.	Accept Ho2
S	-	-	-	-	-	N.S.	Accept Ho2
A2	-	-	-	-	-	N.S.	Accept Ho2

*Significant @ p value <0.05

Legend: NS- Not Significant

Table 7

Difference of Level of Awareness between Pre-test and Post-tests Scores

AWARENESS	Pretest		Post-test		T value	p-value	Interpret	Decision
	Mean	SD	Mean	SD				
A1	3.71	0.63	3.91	0.10	-7.164	0.00*	S	Reject Ho3
L1	3.42	0.36	3.55	0.06	2.043	0.05	NS	Accept Ho3
L2	3.17	0.37	3.52	0.16	-5.159	0.00*	S	Reject Ho3
O	3.36	0.39	3.57	0.15	2.545	0.017*	S	Reject Ho3
S	3.27	0.54	3.41	0.20	-1.414	0.168	NS	Accept Ho3
A2	3.63	0.34	3.82	0.16	2.998	0.006*	S	Reject Ho3
Overall Mean:	3.43	0.30	3.63	0.03	-3.829	0.001*	S	Reject Ho3

Table 8

Difference of Level of Medical Compliance between Pre-test and Post-tests Scores

AWARENESS	Pretest		Post-test		T value	p-value	Interpret	Decision
	Mean	SD	Mean	SD				
A1	2.88	0.93	2.72	0.72	0.372	0.712	NS	Accept Ho3
L1	3.9	0.31	3.87	0.35	0.841	0.407	NS	Accept Ho3
L2	2.93	0.69	3.5	0.82	3.084	0.004*	S	Reject Ho3

O	3.63	0.43	3.82	0.28	2.362	0.025*	S	Reject Ho3
S	3.77	0.28	3.82	0.23	-0.841	0.407	NS	Accept Ho3
A2	3.53	0.51	3.87	0.35	-2.763	0.01*	S	Reject Ho3
Overall Mean:	3.44	0.38	3.6	0.25	2.223	0.034*	S	Reject Ho3

Quantitative Discussion

Consecutively, the qualitative survey questions were quantified using the 4-point Likert scale to test the ALS-IEC theory among college students living with HIV. It is a personalized health assessment tool for PLHIV encompassing psycho-social-sexual-bio-cultural-spiritual. The pre-test result showed that they are partially aware of the facts of HIV and partially compliant with the treatment regimen. Even when support groups and treatment are available and accessible, retention in care is frequently cited as a key issue in many countries. Students positive for HIV are vulnerable to being lost to follow-up because of different reasons. To mitigate these events, it is important to encourage a positive outlook in life through a support system from medical professionals, lawmakers, and the general population [25].

After two (2) weeks of intervention, A2 shows the highest level of awareness while L2 shows the lowest level of awareness; after one (1) month, A2 shows the highest level of awareness while S shows the lowest level of awareness; and after two (2) months, A1 shows the highest level of awareness while S shows the lowest level of awareness. Overall, the participants are fully aware of the facts of HIV after a series of tests. However, there is a significant difference in the level of awareness when it comes to the numeric value of each variable. This shows that behavior changes if being influenced by a stimulus where a person interacts with the environment; and that stimuli pool to make up a specific internal impact to reach the adaptation level. Hence, the healthcare provider should apply specific interventions after a clear assessment tool to reach the target goal of adopting a new daily routine as one of PLHIV [26].

Meanwhile, the medical compliance showed that after two (2) weeks of intervention, L1 and A2 shows the highest level of medical compliance and A1 has the lowest level of medical compliance; after one (1) month, A2 has the highest level of medical compliance while A1 has the lowest level of medical compliance; and after two (2) months, L1 and A2 have the highest level of medical compliance while A1 has the lowest level of medical compliance. Overall, the participants are fully compliant in following the course of treatment and show that the outcome of the intervention of the program has no significant difference although it decreased after one (1) month and slightly increased after two (2) months. There are factors that may affect experimentation. Environmental and social factors may change the situation. Some factors are visible, while others cannot be seen. In some situations, only the effects of these factor changes are evident. However, a person or the interactive role of these factors may also affect how they execute in time and space [27].

Generally, the entire result shows a significant difference between the pre-test and post-tests of interventions on the level of awareness among college students living with HIV after two (2) weeks, after one (1) month, and after two (2) months. A1 shows the

greatest level of significance while S shows no significant numerical value on the level of medical compliance. Consistent monitoring will help them nurture their inner self or realize self-worth. This is the part of their lives that has a slow pace of moving on. They needed authentic support from loved ones and people from all walks of life. Safe-sex education should be provided or taught repeatedly in schools or colleges to realize the love of self, increase self-esteem, and reduce stigma [28].

Furthermore, the entire results of the level of medical compliance show a significant difference between the pre-test and post-tests of intervention among college students positive for HIV after two (2) weeks, after one (1) month, and after two (2) months. A2 shows the greatest level of significance while A1 has the lowest numerical value. Most of them are encouraged to have regular medical and or psychological consultations along with counseling. Different motivational approaches were used by medical personnel through education about positive prevention. Consistent appearance in medical facilities signifies that an evidence-based psychosocial support program is effective. The existing program can be further enhanced by accommodating another technique in support of better psychological well-being leading to continuous access to medical facilities for drug adherence [29]. The personalized assessment tool may also help assess holistically to address a specific need. On this account, the intervention supports the global plan of action to curb HIV/AIDS. The personalized health assessment tool could be of help in monitoring the different aspects of concerns or issues of PLHIV.

Conclusion

Both qualitative and quantitative results showed significant impact in the formulation of a specialized program. The concept of the program is systematically arranged in the module entitled "The All Loving Support-Information Education and Counselling Module." This tool may aid the local government unit around the globe in addressing concerns among PLHIV regarding the bio-psycho-socio-spiritual aspects as part of their extended program on pre and post HIV screening test counselling. It is assumed that the personalized health assessment tool which is part of the module is effective among PLHIV. Hence, the study shows the general population that PLHIV needs support from the government, people, and family to nurture individual self-awareness.

Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

Consent

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

REFERENCES

1. UNAIDS. Global HIV & AIDS statistics - Fact sheet.2021. Available from <https://www.unaids.org/en/resources/fact-sheet>
2. Department of Health. Newly Diagnosed HIV Cases in the Philippines. Available from http://www.doh.gov.ph/sites/default/files/statistics/EB_HIV_Mar-AIDSreg2016.pdf
3. National Library of Medicine. Medline Plus. (2022). HIV/AIDS. Available from <https://medlineplus.gov/hiv aids.html>
4. Bortolotti, L. & Heinrichs, B. Delimiting the concept of research: An ethical perspective. *Theoretical Medicine and Bioethics* 28 (3):157-179 (2007)
5. McLeod, S. (2019). Cognitive Behavioral Therapy - CBT Available from <https://www.simplypsychology.org/cognitive-therapy.html>
6. Wamaitha, S. (2018). What is the purpose of pretesting a questionnaire, and how does a researcher go about conducting a pretest? Available from <https://www.enotes.com/homework-help/what-is-the-purpose-of-pretesting-a-questionnaire-2357365>
7. Legg A. and Sweeny K. (2015). Blended News Delivery in Healthcare: A Framework for Injecting Good news into Bad News Conversations. DOI: 10.1080/17437199.2015.1051567
8. Ligita, T, Harvey, N, Wicking, K, Nurjannah, I and Francis, K (2019). A practical example of using theoretical sampling throughout a grounded theory study: a methodological paper , *Qualitative Research Journal*, vol. 20, no. 1 , pp. 116-126 , doi: 10.1108/QRJ-07-2019-0059.
9. Vollstedt, M. and Rezat, S. (2019). An Introduction to Grounded Theory with a Special Focus on Axial Coding and the Coding Paradigm. DOI: 10.1007/978-3-030-15636-7_4
10. Sauro, J. (2015). 5 Types of Qualitative Research. Available from <https://measuringu.com/qual-methods/>
11. Bateganya, M., Amanyeiwe, U., Roxo, U., & Dong, M. The Impact of Support Groups for People Living with HIV on Clinical Outcomes: a systematic review of the literature
J Acquir Immune Defic Syndr. 2015 Apr 15; 68(0 3): S368–S374.
doi: 10.1097/QAI.0000000000000519

12. Bloch, M. Frailty in people living with HIV. 2018;15: 19. Published online 2018 Nov 16. doi: 10.1186/s12981-018-0210-2
13. World Health Organization. New law important boost to HIV response in the Philippines January 10, 2019. Available from <https://www.who.int/philippines/news/detail/11-01-2019-new-law-important-boost-to-hiv-response-in-the-philippines>
14. Mishra, L. (2016). Focus Group Discussion in Qualitative Research. Available from <http://ndpublisher.in/admin/issues>
15. Gostin, L., Monahan, J., Kaldor, J., DeBartolo, M., Friedman, E., Gottschalk, K., Kim, S., Alwan, A., Binagwaho, A., Burci, G., Cabal, L., DeLand, K., Evans, T., Goosby, E., Hossain, S., Koh, H., Ooms, G., Periago, M., Uprimny, R., and Yamin, A. The legal determinants of health: harnessing the power of law for global health and sustainable development. *Lancet* 2019 4-10 May; 393(10183): 1857–1910. Published online 2019 Apr 30. doi: 10.1016/S0140-6736(19)30233-8
16. Explorable (2017). Snowball Sampling Technique. Available from <https://explorable.com/snowball-sampling>
16. Atuyambe, E., Ssali, S., Tumwine, C., Nekesa, N., Nannungi, A., Ryan, G. & Wagner, G. HIV/AIDS status disclosure increases support, behavioral change and, HIV prevention in the long term: a case for an Urban Clinic, Kampala, Uganda Lynn Muhimbuura. *BMC Health Services Research* volume 14, Article number: 276 (2014).
17. Rose, C., Cuca, Y., Webel, A., Báez, S., Holzemer, W., Méndez, M., Eller, L., Reid, P., Johnson, M., Kemppainen, J., Reyes, D., Nokes, K., Nicholas, P., Matshediso, E., Mogobe, K., Sabone, M., Ntsayagae, E., Shaibu, S., Corless, I., Wantland, D., Lindgren. Building Trust and Relationships Between Patients and Providers: An Essential Complement to Health Literacy in HIV Care. *Assoc Nurses AIDS Care*. 2016 Sep-Oct;27(5):574-84. doi: 10.1016/j.jana.2016.03.001. Epub 2016 Mar 22.
18. Sikkema, K. J., Dennis, A. C. Watt, M. H., Choi, K. W. , Yemeke, T. T. and Joska, J. A. Interventions, Review. Improving mental health among people living with HIV: a review of intervention trials in low- and middle-income countries. *Glob Ment Health (Camb)*. 2015; 2: e19. Published online 2015 Sep 9. doi: 10.1017/gmh.2015.17
21. Xu, J., Ming, Z., Zhang, Y., Wang, P., Jing, J., & Cheng, F. Family support, discrimination, and quality of life among ART-treated HIV-infected patients: a two-year study in China. Published: 21 November 2017. Available from <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0364-5>
22. Sawitri, A., Sutarsa, N., Merati, K., Bakta, M., and Wirawan, D. Why Counseling Intervention Fails to Improve Compliance towards Antiretroviral Therapy: Findings from a Mixed-Methods Study among People Living with HIV in Bali Province, Indonesia. *v.13(1)*. Published online 2021 Feb 5. doi: 10.3390/idr1301001523. Poudel, A., Newlands, D., & Simkhada, S. Issues and Problems in Conducting Sensitive Research:

A Case of HIV/AIDS in Nepal September 2016 Health Prospect 15(2):5
DOI:10.3126/hprospect.v15i2.15832.Project: HIV Project

24. Edmonds, A. and Kennedy, D. (2017). Embedded Approach. DOI:
10.4135/9781071802779.16

25. Senyurek, G., Kavas, M., & Ulman, Y. Lived experiences of people living with HIV: a descriptive qualitative analysis of their perceptions of themselves, their social spheres, healthcare professionals and the challenges they face daily. BMC Public Health volume 21, Article number: 904 (2021). Available from
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10881-y>

26. Barrett, S., Begg, S., O'Halloran, P., Howlett, O., Lawrence, J., & Kingsley, M. The effect of behavior change interventions on changes in physical activity and anthropometrics in ambulatory hospital settings: a systematic review and meta-analysis. International Journal of Behavioral Nutrition and Physical Activity volume 18, Article number: 7. Published: 07 January 2021

27. Clark, T. Mar 25, 2020. Behavioral Tests, Neuroscience, Self-Head Restraining System. Factors that Influence Experimental Outcomes and How to Overcome Them. Available from <https://www.amuzainc.com/blog/factors-that-influence-experimental-outcomes-and-how-to-overcome-them/>

29. Kumar, R., Goyal, A., Singh, P., Bhardwaj, A., Mittal, A., and Yadav, S. S. Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study. J Clin Diagn Res. 2017 Mar; 11(3): LC01–LC04. Published online 2017 Mar
1. doi: 10.7860/JCDR/2017/19290.9338

Annex A

Theory Grounding According to Variables

Active involvement in the society

1. How did you participate in the community as HIV an advocate? How do the government agencies support PLHIV?

Open codes	Properties	Participants' words
Inform Awareness Support	Attending HIV seminars Involvement in HIV activity Government support PLHIV	Attending HIV activity Participate in HIV information dissemination program Government help sustain medication
Theme 1: Information Dissemination PLHIV attended HIV seminars for updates with the support of different government agencies.		
Axial coding: Government agencies encouraged PLHIV to participate as HIV advocate.		
Selective coding: Support from the government		

Life change advocacy

2. How do you manage to follow the physician's instructions or reminders about responsible sexual behavior?

Open codes	Properties	Participants' words
Instruction Avoidance Protection	Following advise R.A 8504 prohibits crime Safe Sex	Following doctor's instruction Promote safe sex by using condom Prevent the spread of HIV
Theme 2: Understand Prohibition PLHIV managed to practice safe sex and stressed the importance of R.A. 8504		
Axial coding: R.A. 8504 empowered people to prevent further HIV transmission.		
Selective coding: Support from the government		

Life promotion and dignity

3. How did you inform other people about your health condition? How important is confidentiality with regards of being positive with HIV?
4. As PLHIV, which one is important to you: a. right to be loved b. right to be respected or c. right to be accepted? And why?
5. When did you felt human rights violation occur? Please explain.

Open codes	Properties	Participants' words
------------	------------	---------------------

Disappointed Stow away Self-isolation Acceptance Feeling of indifference	Disclosing as HIV positive Upset about Disclosure Feeling loved Isolation	Disclosing to the community Feeling helpless Values are important Isolated by the community
Theme 3: Solitude PLHIV expressed the regret of disclosure and perceived of keeping self away from family or community. Axial coding: Every human being has an innate right to be valued, respected, and received ethical treatment.		
Theme 4: Dignity PLHIV explicitly emphasized the importance of acceptance. PLHIV felt that they were an outcast in their community. Axial coding: Every human being has the right to be treated equally.		
Selective coding: Support from the people.		

One Finds Oneself

6. How did you decide to go for HIV testing? How did you manage yourself upon knowing the result?
7. How do you react when you hear peoples' opinion against HIV even though they don't know that you are one of them?

Open codes	Properties	Participants' words
Convince Denial Depress Weak Readiness Faked emotions Silence	Medical follow-up Low self-esteem Chose to keep quiet	Medical follow-up after 3 years People with AIDS do not belong here Living away from the immediate family Better to be alone Seek treatment
Theme 5: Survival PLHIV expressed how they surpassed the struggle of acceptance. Axial coding: Self-awareness promotes acceptance.		
Theme 6: Shame PLHIV expressed the inner struggle about their condition. Axial coding: Increased self-esteem reflects emotional evaluation of his own worth.		
Selective code: Self-awareness		

Sensitivity to One's Knowledge Needs

8. How you perceived the seminars you attended about HIV?
9. How prompt you are in complying with the Antiretrovirus (ARV) treatment? How did you manage to tell the truth about your condition to your partner?
10. Do you have anything to add something about your experiences?

Open codes	Properties	Participants' words
Troublesome Privacy Self-contained Prevention Protection Safe sex Difficulty Privacy Abandon Convince Life coaching Caring Understanding Selective trust	Disclosure to family Ending life is the solution Adopted son Treatment to survive Multiple partners were not aware Regular counselling Faulty dental hygiene practice Condom use	Difficult to disclose the truth Hanging to end life Don't have a real family Hard to follow the medication regimen Never disclose to anybody Need to communicate A lot of condom supply Missed dose Forgot to take on time Experienced side effects
Theme 7: Medical Compliance PLHIV chose to keep apart from their loved ones due to fear of disclosure & experience struggles alone. Axial coding: Recognition of negativity entails acceptance of reality and resolution.		
Theme 8: Health Promotion		

<p>PLHIV perceived the need to practice sexual responsible behavior. Axial coding: Conscious knowledge of one's own character entails self-worth.</p>
<p>Theme 9: Carelessness PLHIV expressed to establish discipline in taking the medicine regularly. Axial coding: Familiarization of a sequence of action may help an individual develop self-discipline.</p>
<p>Theme 10: Self-expression PLHIV have difficulty of disclosure. Axial coding: Ventilation of feelings boost a better understanding of oneself.</p>
<p>Theme 11: Reaching out PLHIV longed somebody to listen about inner issues. Axial coding: Counselling brings forth self-expression.</p>
<p>Selective coding: Self- awareness</p>

Accountability and commitment to be safe

11. How do you see God before and after being infected with HIV? How did your faith help you?

12. How do you see yourself 5 years from now?

Open codes	Properties	Participants' words
<p>Self- threatened Faith Hopelessness Counselling Advocate Overseas worker Health care provider</p>	<p>Living to the fullest Immoral act Helping the community Attempted suicide</p>	<p>God gave a second chance to live Punishment due to immorality After 5 years, helping HIV awareness</p>
<p>Theme 12: Perseverance PLHIV reflected to continue to live. Axial coding: Conscious knowledge and understanding of own character, feelings, motives, and desires will entail inner strength.</p>		
<p>Theme 13: Endeavor PLHIV regard themselves as successful people working in different aspects of determination. Axial coding: Self-expression helps an individual achieve life goals.</p>		
<p>Selective coding: Self-awareness</p>		

Annex B

PERSONALIZED HEALTH ASSESSMENT TOOL

For Primary Participants

(A) Self –Awareness Scale about HIV

Instruction: Kindly read the statement below and decide which level of agreement you agree by checking one box beside the questionnaire. Instruction for scoring and interpretation is at the end of the questionnaire.

No.	Active Involvement in the Society	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
1	Participating in support groups will enhance effective HIV prevention and treatment as well as positive behavioral outcome.				
2	Peer counselors can help increase HIV awareness.				
3	Talking to the health care professionals motivates increase engagement in care.				
4	Local government units and non-government organizations will support PLHIV trainings or seminars about HIV.				
5	Community-Based Screening (CBS) is helpful to those who are not comfortable to go to the HIV testing center.				
6	HIV affected person is still safe to do ordinary contact, like hugging, kissing, or shaking hands.				
7	Participation in health fairs will enhance knowledge about HIV.				
8	Playing hobbies together with the family members will help relieve stress.				
9	Hanging out with friends overnight will not aggravate my current health status.				
10	Leaving home will help relieve uncertainties.				

No.	Life Change Advocacy	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
11	HIV is infectious and may threaten life when acquired through sexual contact, blood products, placental transmission, and or breastfeeding.				
12	HIV is highly infectious that needs isolation to prevent the spread of infection.				
13	Newly infected person can infect a partner before antibodies develop.				
14	Person positive with HIV is infectious from 2 weeks to 3 months.				
15	People with multiple sex partners should be tested for HIV.				
16	HIV can be contracted through injected drugs and shared needles.				
17	Another risk factor of contracting HIV is when diagnosed w/or treated for Hepatitis or Tuberculosis.				
18	Sexual contact with same sex has greater chance of contracting HIV than the use of the prohibited drugs.				
19	R.A. 8504 aims to fight against stigma and discrimination.				
20	Feeling of being helpless, sad, and anxious about the illness may drive to social isolation and failure of treatment.				
No.	Life Promotion and Dignity	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
21	Use of alternative medications should be discussed with the physician.				
22	Most adolescents will not go to the center because of fear and shame of possible positive HIV result.				
23	Testing for HIV means access of early treatment and will live a longer life.				
24	Homosexuals positive with HIV greatly suffer social stigma and discrimination.				
25	Strategies should be better designed on the needs rather HIV prevention.				
26	Confidentiality is of great importance in the life of PLHIVs.				
27	Disclosure to significant others may lead to stigma and discrimination.				
28	Public opinion against HIV is a free will.				
29	Most HIV affected person tends to stop work or drop studies.				
30	Public opinion against HIV is value-driven ideologies.				

No.	One Finds Oneself	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
31	Venting out feelings with doctor or nurse or therapist or counselor is important.				
32	Acceptance of treatment, care and support depends on the level understanding about HIV.				
33	Follow-up test should be done to make sure that the diagnosis is correct.				
34	There is no vaccine or cure for HIV.				
35	Highly active antiretroviral therapy is considered permanent and lifelong.				
36	Most young men having sexed with men (MSM) experience shame and doubt about being positive with HIV.				
37	Most young MSM had trouble of change in their daily routine.				
38	Young MSM should adapt a long- term therapy				
39	High levels of tension and anxiety may lead to compulsive sexual activity.				
40	Fear of rejection is common among young MSM.				

No.	Sensitivity to One's Needs	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
41	HIV seropositive means that a person has detectable antibodies to HIV.				
42	HIV-1 has three groups.				
43	HIV-2 has nine identified subtypes.				
44	HIV seronegative means that a person does not have detectable antibodies to HIV.				
45	Antibodies destroys CD4 cells reaching below 200 cells/mm ³ .				
46	People infected with HIV have flu-like symptoms, such as fever, headache, or rashes.				
47	HIV affected person who has no symptoms in 10 years can still transmit the virus through sexual or oral sex.				
48	Condom use will help promote openness to break down the stigma and silence about HIV and AIDS.				
49	Sleep disturbance occur once the therapy started.				
50	Vitamin C is needed to increase body resistance against the virus.				

No.	Accountability and Commitment to a Safe Place	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
51	Counselling should continue even after HIV testing.				
52	Being with peers positive with HIV help increase self-esteem.				
53	Trust is the most important factor in the counselor-client relationship.				
54	Faith helps overcome the sense of guilt and shame for engaging risky behaviors.				
55	Believing the Supreme being may help PLHIV live even after 10 years.				
56	Increased self-esteem helps continue to live a quality life.				
57	God is conceived as a Supreme being.				
58	The Supreme being awakens knowledge and joy in a creative expression.				
59	ARV nurtures the second chance of living to the fullest.				
60	Being positive with HIV is a not a hindrance to continue studies or work in any companies or establishments.				

Below is the equivalent value of score

4 3.5-4	3 2.5-3	2 1.5-2	1 0.5-1
Strongly agree - Fully aware on updates about HIV.	Agree -Partially aware about HIV.	Disagree -Partially unaware about HIV	Strongly Disagree -Unaware about HIV.

Scoring and Interpretation

The scores are sum up by adding all 4s, 3s, 2s, and 1s. Divide the sum by the total number of items. Example $4 \times 30 = 120 + 3 \times 13 = 39 + 2 \times 12 = 24 + 1 \times 5 = 5$. Add $120 + 39 + 24 + 5 = 188 / 60 = 3.1$

Secondary Participants

(B) Level of Medical Compliance

Instruction: Kindly read the statement below and decide which level of agreement you agree by checking one box beside the questionnaire. Instruction for scoring and interpretation is at the end of the questionnaire.

No.		4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
1	PLHIV reports for medication follow-up.				
2	PLHIV immediately reports the experienced side effects of ARV.				
3	PLHIV seeks medical consultation.				
4	PLHIV reports for CD4 count monitoring.				
5	PLHIV seeks psychological consultation.				
6	PLHIV seeks membership in any PLHIV organization.				
7	PLHIV volunteers to participate in any seminars or symposium about HIV.				
8	PLHIV refers significant others to volunteer self for HIV testing.				
9	PLHIV utilize materials to prevent HIV transmission (e.g. condom).				
10	PLHIV seeks counselling even after IEC intervention.				

Below is the equivalent value of score

4	3	2	1
3.50-4.00	2.50-3.49	1.50-2.49	0.50-1.49
Strongly agree- PLHIV is compliant.	Agree-PLHIV is partially compliant.	Disagree-Partially non-compliant.	Strongly Disagree- PLHIV is Non- compliant

Scoring and Interpretation

The scores are sum up by adding all 4s, 3s, 2s, and 1s. Divide the sum by the total number of items. Example $4 \times 3 = 12 + 3 \times 3 = 9 + 2 \times 2 = 4 + 1 \times 2 = 2$. Add $12 + 9 + 4 + 2 = 27 / 10 = 2.7$

Annex C

REPUBLIC OF THE PHILIPPINES
Congress of the Philippines
Metro Manila

Republic Act No. 8504

February 13, 1998

AN ACT PROMULGATING POLICIES AND PRESCRIBING MEASURES FOR THE PREVENTION AND CONTROL OF HIV/AIDS IN THE PHILIPPINES, INSTITUTING A NATIONWIDE HIV/AIDS INFORMATION AND EDUCATIONAL PROGRAM, ESTABLISHING A COMPREHENSIVE HIV/AIDS MONITORING SYSTEM, STRENGTHENING THE PHILIPPINE NATIONAL AIDS COUNCIL, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

Section 1. Title. – This Act shall be known as the "**Philippine AIDS Prevention and Control Act of 1998.**"

Section 2. Declaration of policies. – Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong State action today, thus:

(a) The State shall promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.

(b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end:

(1) compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;

(2) the right to privacy of individuals with HIV shall be guaranteed;

(3) discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest; and

(4) provision of basic health and social services for individuals with HIV shall be assured.

(c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.

(d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance.

(e) The State shall recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

Section 3. Definition of terms. – As used in this Act, the following terms are defined as follows:

(a) "*Acquired Immune Deficiency Syndrome (AIDS)*" – a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.

(b) "*Anonymous Testing*" – refers to an HIV testing procedure whereby the individual being tested does not reveal his/her true identity. An identifying number or symbol is used to substitute for the name and allows the laboratory conducting the test and the person on whom the test is conducted to match the test results with the identifying number or symbol.

(c) "*Compulsory HIV Testing*" – refers to HIV testing imposed upon a person attended or characterized by the lack of or vitiated consent, use of physical force, intimidation or any form of compulsion.

(d) "*Contact tracing*" – refers to the method of finding and counselling the sexual partner(s) of a person who has been diagnosed as having sexually transmitted disease.

(e) "*Human Immunodeficiency Virus (HIV)*" – refers to the virus which causes AIDS.

(f) "*HIV/AIDS Monitoring*" – refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.

(g) "*HIV/AIDS Prevention and Control*" – refers to measures aimed at protecting non-infected from contracting HIV and minimizing the impact of the condition of persons living with HIV.

- (h) "*HIV-positive*" – refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested.
- (i) "*HIV-negative*" – denotes the absence of HIV or HIV antibodies upon HIV testing.
- (j) "*HIV Testing*" – refers to any laboratory procedure done on an individual to determine the presence or absence of HIV infection.
- (k) "*HIV Transmission*" – refers to the transfer of HIV from one infected person to an uninfected individual, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy.
- (l) "*High-Risk Behavior*" – refers to a person's frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.
- (m) "*Informed Consent*" – refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.
- (n) "*Medical Confidentiality*" – refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counselling, testing or professional care of the former; it also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information.
- (o) "*Person with HIV*" – refers to an individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.
- (p) "*Pre-Test Counselling*" – refers to the process of providing an individual information on the biomedical aspects of HIV/AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before he/she is subjected to the test.
- (q) "*Post-Test Counselling*" – refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.
- (r) "*Prophylactic*" – refers to any agent or device used to prevent the transmission of a disease.
- (s) "*Sexually Transmitted Diseases*" – refers to any disease that may be acquired or passed on through sexual contact.
- (t) "*Voluntary HIV Testing*" – refers to HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such test.
- (u) "*Window Period*" – refers to the period of time, usually lasting from two weeks to six (6) months during which an infected individual will test "negative" upon HIV testing but can actually transmit the infection.

ARTICLE I

EDUCATION AND INFORMATION

Sec. 4. HIV/AIDS education in schools. – The Department of Education, Culture and Sports (DECS), the Commission on Higher Education (CHED), and the Technical Education and skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: *Provided*, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: *Provided, further*, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: *Provided, finally*, That it does not utilize sexually explicit materials.

Flexibility in the formulation and adoption of appropriate course content, scope, and methodology in each educational level or group shall be allowed after consultations with Parent-Teachers-Community Associations, Private School Associations, school officials, and other interest groups. As such, no instruction shall be offered to minors without adequate prior consultation with parents who must agree to the thrust and content of the instruction materials.

All teachers and instructors of said HIV/AIDS courses shall be required to undergo a seminar or training on HIV/AIDS prevention and control to be supervised by DECS, CHED and TESDA, in coordination with the Department of Health (DOH), before they are allowed to teach on the subject.

Section 5. HIV/AIDS information as a health service. – HIV/AIDS education and information dissemination shall form part of the delivery of health services by health practitioners, workers and personnel. The knowledge and capabilities of all public health workers shall be enhanced to include skills for proper information dissemination and education on HIV/AIDS. It shall likewise be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of HIV/AIDS and to correct common misconceptions about this disease. The training of health workers shall include discussions on HIV-related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

Section 6. HIV/AIDS education in the workplace. – All government and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with the standardized basic information and instruction on HIV/AIDS which shall include topics on confidentiality in the workplace and attitude towards infected employees and workers. In collaboration with the Department of Health (DOH), the Secretary of the Department of Labor and Employment (DOLE) shall oversee the anti-

HIV/AIDS campaign in all private companies while the Armed Forces Chief of Staff and the Director General of the PNP shall oversee the implementation of this Sec..

Section 7. HIV/AIDS education for Filipinos going abroad. – The State shall ensure that all overseas Filipino workers and diplomatic, military, trade, and labor officials and personnel to be assigned overseas shall undergo or attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas assignment. The Department of Labor and Employment or the Department of Foreign Affairs, the Department of Tourism and the Department of Justice through the Bureau of Immigration, as the case may be, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Sec..

Section 8. Information campaign for tourists and transients. – Informational aids or materials on the cause, modes of transmission, prevention, and consequences of HIV infection shall be adequately provided at all international ports of entry and exit. The Department of Tourism, the Department of Foreign Affairs, the Department of Justice through the Bureau of Immigration, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Act.

Section 9. HIV/AIDS education in communities. – Local government units, in collaboration with the Department of Health (DOH), shall conduct an educational and information campaign on HIV/AIDS. The provincial governor, city or municipal mayor and the barangay captain shall coordinate such campaign among concerned government agencies, non-government organizations and church-based groups.

Section 10. Information on prophylactics. – Appropriate information shall be attached to or provided with every prophylactic offered for sale or given as a donation. Such information shall be legibly printed in English and Filipino, and contain literature on the proper use of the prophylactic device or agent, its efficacy against HIV and STD infection, as well as the importance of sexual abstinence and mutual fidelity.

Section 11. Penalties for misleading information. – Misinformation on HIV/AIDS prevention and control through false and misleading advertising and claims in any of the tri-media or the promotional marketing of drugs, devices, agents or procedures without prior approval from the Department of Health and the Bureau of Food and Drugs and the requisite medical and scientific basis, including markings and indications in drugs and devices or agents, purporting to be a cure or a fail-safe prophylactic for HIV infection is punishable with a penalty of imprisonment for two (2) months to two (2) years, without prejudice to the imposition of administrative sanctions such as fines and suspension or revocation of professional or business license.

ARTICLE II

SAFE PRACTICES AND PROCEDURES

Sec. 12. Requirement on the donation of blood, tissue, or organ. – No laboratory or institution shall accept a donation of tissue or organ, whether such donation is

gratuitous or onerous, unless a sample from the donor has been tested negative for HIV. All donated blood shall also be subjected to HIV testing and HIV(+) blood shall be disposed of properly and immediately. A second testing may be demanded as a matter of right by the blood, tissue, or organ recipient or his immediate relatives before transfusion or transplant, except during emergency cases: Provided, That donations of blood, tissue, or organ testing positive for HIV may be accepted for research purposes only, and subject to strict sanitary disposal requirements.

Section 13. Guidelines on surgical and similar procedures. – The Department of Health (DOH), in consultation and in coordination with concerned professional organizations and hospital associations, shall issue guidelines on precautions against HIV transmission during surgical, dental, embalming, tattooing or similar procedures. The DOH shall likewise issue guidelines on the handling and disposition of cadavers, body fluids or wastes of persons known or believed to be HIV-positive.

The necessary protective equipment such as gloves, goggles and gowns, shall be made available to all physicians and health care providers and similarly exposed personnel at all times.

Section 14. Penalties for unsafe practices and procedures. – Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of his/her profession through unsafe and unsanitary practice or procedure is liable to suffer a penalty of imprisonment for six (6) years to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to, fines and suspension or revocation of the license to practice his/her profession. The permit or license of any business entity and the accreditation of hospitals, laboratory, or clinics may be cancelled or withdrawn if said establishments fail to maintain such safe practices and procedures as may be required by the guidelines to be formulated in compliance with Sec. 13 of this Act.

ARTICLE III TESTING, SCREENING AND COUNSELLING

Sec. 15. Consent as a requisite for HIV testing. – No compulsory HIV testing shall be allowed. However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV: *Provided*, That written informed consent must first be obtained. Such consent shall be obtained from the person concerned if he/she is of legal age or from the parents or legal guardian in the case of a minor or a mentally incapacitated individual. Lawful consent to HIV testing of a donated human body, organ, tissue, or blood shall be considered as having been given when:

(a) a person volunteers or freely agrees to donate his/her blood, organ, or tissue for transfusion, transplantation, or research;

(b) a person has executed a legacy in accordance with Sec. 3 of Republic Act No. 7170, also known as the "*Organ Donation Act of 1991*";

(c) a donation is executed in accordance with Sec. 4 of Republic Act No. 7170.

Section 16. Prohibitions on compulsory HIV testing. – Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service, or the continued enjoyment of said undertakings shall be deemed unlawful.

Section 17. Exception to the prohibition on compulsory testing. – Compulsory HIV testing may be allowed only in the following instances:

- a) When a person is charged with any of the crimes punishable under Articles 264 and 266 as amended by Republic Act No. 8353, 335 and 338 of Republic Act No. 3815, otherwise known as the "*Revised Penal Code*" or under Republic Act No. 7659;
- b) When the determination of the HIV status is necessary to resolve the relevant issues under Executive Order No. 309, otherwise known as the "*Family Code of the Philippines*"; and
- c) When complying with the provisions of Republic Act No. 7170, otherwise known as the "*Organ Donation Act*" and Republic Act No. 7719, otherwise known as the "*National Blood Services Act*".

Section 18. Anonymous HIV testing. – The State shall provide a mechanism for anonymous HIV testing and shall guarantee anonymity and medical confidentiality in the conduct of such tests.

Section 19. Accreditation of HIV Testing Centers. – All testing centers, hospitals, clinics, and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health which shall set and maintain reasonable accreditation standards.

Section 20. Pre-test and post-test counselling. – All testing centers, clinics, or laboratories which perform any HIV test shall be required to provide and conduct free pre-test counselling and post-test counselling for persons who avail of their HIV/AIDS testing services. However, such counselling services must be provided only by persons who meet the standards set by the DOH.

Section 21. Support for HIV Testing Centers. – The Department of Health shall strategically build and enhance the capabilities for HIV testing of hospitals, clinics, laboratories, and other testing centers primarily, by ensuring the training of competent personnel who will provide such services in said testing sites.

ARTICLE IV HEALTH AND SUPPORT SERVICES

Sec. 22. Hospital-based services. – Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.

Section 23. Community-based services. – Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.

Section 24. Livelihood programs and trainings. – Trainings for livelihood, self-help cooperative programs shall be made accessible and available to all persons with HIV/AIDS. Persons infected with HIV/AIDS shall not be deprived of full participation in any livelihood, self-help and cooperative programs for reason of their health conditions.

Section 25. Control of sexually transmitted diseases. – The Department of Health, in coordination and in cooperation with concerned government agencies and non-government organizations shall pursue the prevention and control of sexually transmitted diseases to help contain the spread of HIV infection.

Section 26. Insurance for persons with HIV. – The Secretary of Health, in cooperation with the Commissioner of the Insurance Commission and other public and private insurance agencies, shall conduct a study on the feasibility and viability of setting up a package of insurance benefits and, should such study warrant it, implement an insurance coverage program for persons with HIV. The study shall be guided by the principle that access to health insurance is part of an individual's right to health and is the responsibility of the State and of society as a whole.

ARTICLE V MONITORING

Sec. 27. Monitoring program. – A comprehensive HIV/AIDS monitoring program or "AIDSWATCH" shall be established under the Department of Health to determine and monitor the magnitude and progression of HIV infection in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

Section 28. Reporting procedures. – All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, file, including all data which may be accessed from various data banks or information systems. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH data base shall utilize a coding system that promotes client anonymity.

Section 29. Contact tracing. – HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the Department of Health: *Provided, That* these do not run counter to the general purpose of this Act: *Provided, further, That* any

information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purposes and not as basis or qualification for any employment, school attendance, freedom of abode, or travel.

ARTICLE VI CONFIDENTIALITY

Sec. 30. Medical confidentiality. – All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical record, file, data, or test results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of persons with HIV.

Section 31. Exceptions to the mandate of confidentiality. – Medical confidentiality shall not be considered breached in the following cases:

- (a) when complying with reportorial requirements in conjunction with the AIDSWATCH programs provided in Sec. 27 of this Act;
- (b) when informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS: *Provided*, That such treatment or care carry the risk of HIV transmission: *Provided*, further, That such workers shall be obliged to maintain the shared medical confidentiality;
- (c) when responding to a subpoena duces tecum and subpoena ad testificandum issued by a Court with jurisdiction over a legal proceeding where the main issue is the HIV status of an individual: *Provided*, That the confidential medical record shall be properly sealed by its lawful custodian after being double-checked for accuracy by the head of the office or department, hand delivered, and personally opened by the judge: *Provided*, further, That the judicial proceedings be held in executive session.

Section 32. Release of HIV/AIDS test results. – All results of HIV/AIDS testing shall be confidential and shall be released only to the following persons:

- (a) the person who submitted himself/herself to such test;
- (b) either parent of a minor child who has been tested;
- (c) a legal guardian in the case of insane persons or orphans;
- (d) a person authorized to receive such results in conjunction with the AIDSWATCH program as provided in Sec. 27 of this Act;
- (e) a justice of the Court of Appeals or the Supreme Court, as provided under subSec. (c) of this Act and in accordance with the provision of Sec. 16 hereof.

Section 33. Penalties for violations of confidentiality. – Any violation of medical confidentiality as provided in Sec.s 30 and 32 of this Act shall suffer the penalty of imprisonment for six (6) months to four (4) years, without prejudice to administrative

sanctions such as fines and suspension or revocation of the violator's license to practice his/her profession, as well as the cancellation or withdrawal of the license to operate any business entity and the accreditation of hospitals, laboratories or clinics.

Section 34. *Disclosure to sexual partners.* – Any person with HIV is obliged to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

ARTICLE VII DISCRIMINATORY ACTS AND POLICIES

Sec. 35. *Discrimination in the workplace.* – Discrimination in any form from pre-employment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. Termination from work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

Section 36. *Discrimination in schools.* – No educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or prospective student on the basis of his/her actual, perceived or suspected HIV status.

Section 37. *Restrictions on travel and habitation.* – The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

Section 38. *Inhibition from public service.* – The right to seek an elective or appointive public office shall not be denied to a person with HIV.

Section 39. *Exclusion from credit and insurance services.* – All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: Provided, That the person with HIV has not concealed or misrepresented the fact to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

Section 40. *Discrimination in hospitals and health institutions.* – No person shall be denied health care service or be charged with a higher fee on account of actual, perceived or suspected HIV status.

Section 41. *Denial of burial services.* – A deceased person who had AIDS or who was known, suspected or perceived to be HIV-positive shall not be denied any kind of decent burial services.

Section 42. *Penalties for discriminatory acts and policies.* – All discriminatory acts and policies referred to in this Act shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos

(P10,000.00). In addition, licenses/permits of schools, hospitals and other institutions found guilty of committing discriminatory acts and policies described in this Act shall be revoked.

ARTICLE VIII

THE PHILIPPINE NATIONAL AIDS COUNCIL

Sec. 43. *Establishment.* – The Philippine National AIDS Council (PNAC) created by virtue of Executive Order No. 39 dated 3 December 1992 shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. It shall be attached to the Department of Health.

Section 44. *Functions.* – The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:

(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council shall likewise ensure that there is adequate coverage of the following:

- (1) The institution of a nationwide HIV/AIDS information and education program;
 - (2) The establishment of a comprehensive HIV/AIDS monitoring system;
 - (3) The issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;
 - (4) The provision of accessible and affordable HIV testing and counselling services to those who are in need of it;
 - (5) The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;
 - (6) The protection and promotion of the rights of individuals with HIV; and
 - (7) The strict observance of medical confidentiality.
- (b) Monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;
- (c) Develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;
- (d) Coordinate the activities of and strengthen working relationships between government and non-government agencies involved in the campaign against HIV/AIDS;

(e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and

(f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.

Section 45. Membership and composition. – (a) The Council shall be composed of twenty-six (26) members as follows:

- (1) The Secretary of the Department of Health;
- (2) The Secretary of the Department of Education, Culture and Sports or his representative;
- (3) The Chairperson of the Commission on Higher Education or his representative;
- (4) The Director-General of the Technical Education and Skills Development Authority or his representative;
- (5) The Secretary of the Department of Labor and Employment or his representative;
- (6) The Secretary of the Department of Social Welfare and Development or his representative;
- (7) The Secretary of the Department of the Interior and Local Government or his representative;
- (8) The Secretary of the Department of Justice or his representative;
- (9) The Director-General of the National Economic and Development Authority or his representative;
- (10) The Secretary of the Department of Tourism or his representative;
- (11) The Secretary of the Department of Budget and Management or his representative;
- (12) The Secretary of the Department of Foreign Affairs or his representative;
- (13) The Head of the Philippine Information Agency or his representative;
- (14) The President of the League of Governors or his representative;
- (15) The President of the League of City Mayors or his representative;
- (16) The Chairperson of the Committee on Health of the Senate of the Philippines or his representative;
- (17) The Chairperson of the Committee on Health of the House of Representatives or his representative;
- (18) Two (2) representatives from organizations of medical/health professionals;

(19) Six (6) representatives from non-government organizations involved in HIV/AIDS prevention and control efforts or activities; and

(20) A representative of an organization of persons dealing with HIV/AIDS.

(b) To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor, ethics and social services;

(c) All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker, respectively;

(d) The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act;

(e) The Secretary of Health shall be the permanent chairperson of the Council; however, the vice-chairperson shall be elected by its members from among themselves, and shall serve for a term of two (2) years; and

(f) For members representing medical/health professional groups and the six (6) non-government organizations, they shall serve for a term of two (2) years, renewable upon recommendation of the Council.

Section 46. Reports. – The Council shall submit to the President and to both Houses of Congress comprehensive annual reports on the activities and accomplishments of the Council. Such annual reports shall contain assessments and evaluation of intervention programs, plans and strategies for the medium- and long-term prevention and control program on HIV/AIDS in the Philippines.

Section 47. Creation of Special HIV/AIDS Prevention and Control Service. – There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service staffed by qualified medical specialists and support staff with permanent appointment and supported with an adequate yearly budget. It shall implement programs on HIV/AIDS prevention and control. In addition, it shall also serve as the secretariat of the Council.

Section 48. Appropriations. – The amount of Twenty million pesos (P20,000,000.00) shall be initially appropriated out of the funds of the National Treasury. Subsequent appropriations shall be provided by Congress in the annual budget of the Department of Health under the General Appropriations Act.

ARTICLE IX

MISCELLANEOUS PROVISIONS

Sec. 49. Implementing rules and regulations. – Within six (6) months after it is fully reconstituted, the Council shall formulate and issue the appropriate rules and regulations necessary for the implementation of this Act.

Section 50. Separability clause. – If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

Section 51. Repealing clause. – All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

Section 52. Effectivity. – This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

Approved: **February 13, 1998**

UNDER PEER REVIEW