

A Road Map for Scaling Virtual HIV Interventions in the Philippines

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Introduction

This draft road map provides a clear pathway and practical steps to introduce, improve, and scale virtual HIV interventions in the Philippines.

Background

The national response to HIV in the Philippines is ripe for strategic coordination and investments in scaled virtual HIV interventions that support differentiated service delivery (DSD) modalities. Mobile technology use is very high in the Philippines, with more mobile connections than total population and about 82% social media use nationally — providing a sound foundation to scale virtual channels to reach and engage communities in HIV services.¹ Despite frequent use of virtual HIV interventions in the Philippines, implementation across health facilities and community partners is inconsistent or inefficiently coordinated. Furthermore, efforts often rely on segmented project-funded technologies without a sustainability plan.

This road map provides a vision for scaling virtual HIV interventions in the Philippines. The vision is based on a global framework developed by FHI 360 called “Going Online” which spans six stages of program planning for telehealth service delivery described below and presented in Figure 1.

1. **Plan:** Audience learning and engagement to guide the design and implementation of telehealth services.
2. **Reach:** Online marketing and demand creation approaches for health services.
3. **Refer:** Link clients reached online to available health services using client-friendly and secure methods.
4. **Deliver:** Provision of health services and information to clients such as virtual consultations and other convenient modalities that may be facilitated using virtual channels.
5. **Engage:** Re-engage clients in health services to support retention, adherence, and other long-term health goals.
6. **Improve:** Use of real-time data from outreach, service delivery, retention, and client/patient feedback for program improvement and knowledge sharing.

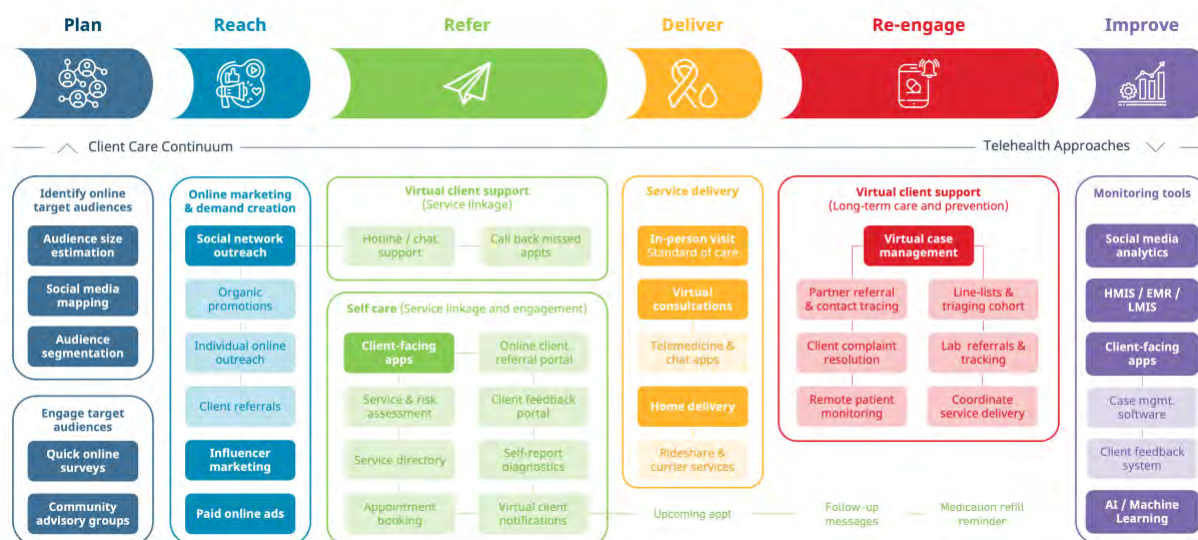
KEY TERMS

Differentiated Service Delivery (DSD): A client-centered approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of clients and reduce unnecessary burdens on the health system.

Virtual HIV interventions: Use of virtual platforms to engage clients to support HIV program goals for demand generation, service delivery, and retention.

Virtual platforms: Offline modalities such as SMS and voice calling, or online platforms such as social media, messenger applications, other phone or web apps, search/browser advertisements, and electronic data collection and case management, among others.

Figure 1. A global vision for telehealth across the client care continuum (FHI 360)



This road map adapts the global telehealth vision to the HIV response in the Philippines. It provides a clear pathway and practical steps to introduce, improve, and scale virtual HIV interventions, specifically for people living with HIV (PLHIV), men who have sex with men (MSM), transgender women, young key population (YKP) members, and people who inject drugs (PWID) across the Philippines. The milestones in the road map identify priorities across the HIV service delivery cascade that may be continually adapted based on Department of Health (DOH) and local stakeholder consensus and funding availability. Implementing this road map will help the Government of Philippines reach its goal of augmenting DSD models to meet client preferences and facilitate a resilient health system (as mentioned in the 7th AIDS Medium Term Plan 2023–2028 and other national guidelines).^{2, 3, 4}

This road map is funded by the Global Fund's Differentiated Service Delivery Strategic Initiative (DSD-SI), which addresses gaps in testing and treatment for KPs, men, adolescents, and children. FHI 360 implements the project and provides technical assistance to the DOH and local partners to scale DSD models of HIV service delivery, including optimization and scale-up of virtual interventions.

Financing to support rollout of this road map may include partner resources from The Global Fund, United States Agency for International Development (USAID)/U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the DOH. Global Fund resources include the DSD-SI project (funding ending December 2023). Additional support may be resourced from the Global Fund PROTECTS grant implemented by Pilipinas Shell Foundation (PSFI) (ending December 2023) and the prime recipient(s) of future Global Fund HIV grants in the Philippines for funding cycle 2023–2026. The USAID/PEPFAR-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project in the Philippines, implemented by FHI 360, may also contribute technical and financial resources to support implementation of this road map (project ending October 2026). DOH resources are expected to support convening stakeholders for consultations, facilitating engagement/approvals with other government bodies as necessary, and sustaining virtual HIV interventions beyond the life of donor-funded projects.

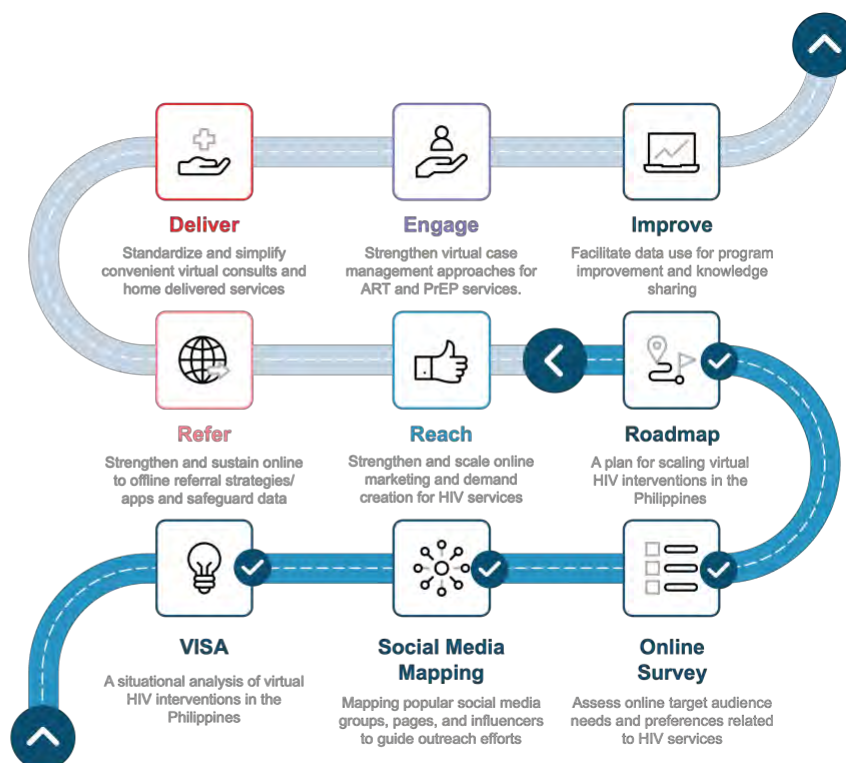
Road Map Framework

The road map for scaling virtual HIV interventions in the Philippines is already underway. Several key deliverables have been completed that will help guide the direction of future activities. Figure 2 represents the high-level road map, including completed activities for planning virtual HIV interventions and future milestones. In the following section, completed activities are described along with their key findings and recommendations. This is followed by recommended future activities to support scaled implementation that will require further consultation to define details and plans.

Figure 2. Road map framework for scaling virtual HIV interventions in the Philippines

Road map

A clear pathway and practical steps to introduce, improve, and scale virtual HIV interventions in the Philippines



Milestones

Road map milestones mark important programmatic steps in the process of scaling virtual HIV interventions in the Philippines. These include activities and deliverables categorized under the overall progression through the steps: (1) plan, (2) reach, (3) refer, (4) deliver, (5) engage, and (6) improve. Milestones—completed and planned for the future—are shown below.

1. Plan

Activities and deliverables in this section were completed to assist the national program and local partners to learn about communities and target audiences who can be reached online, engage them in the program, and develop strategies to align outreach and service delivery approaches to meet their preferences and needs. The deliverables are completed and results of the approaches are noted.

- a) **Virtual Intervention Situational Analysis (VISA):** The VISA assessed the use of virtual channels to reach and engage beneficiaries in HIV services in the Philippines. This activity was completed August 2023 by FHI 360 under the DSD-SI project¹ with engagement from DOH, PSFI, Global Fund, and World Health Organization (WHO). The VISA provided evidence of widespread use of virtual and mobile platforms in the Philippines, highlighting the importance of scaling virtual HIV interventions to reach and engage with target audiences. The report also examined the status of current virtual HIV interventions, noting several gaps in scale and efficiency, and recommended standardization and scale-up of key approaches to maximize impact (see more in the [VISA report](#)).
- b) **Social Media Mapping:** This method finds and maps social media pages, groups, and influencers where online target audiences may be reached, to strengthen and better target online outreach and marketing efforts. This activity was completed in November 2022 by FHI 360 and PSFI, with support from the DSD-SI project. Through this exercise 134 Facebook groups and pages, 30 private chat groups, and 102 influencers were mapped, and workshops were held with PSFI to use results to prioritize and refine ongoing marketing efforts.⁵
- c) **Online Survey:** A KP-focused online survey that assessed virtual platform use, HIV service access and preferences, and sexual health risk.⁶ This activity was completed in June 2023 by FHI 360 and PSFI, with support from the DSD-SI project and PROTECTS grant. The survey collected 353 completed responses from KPs including MSM, transgender women, and YKP members. Results highlighted the widespread use of virtual platforms among KP respondents and preference to find and access HIV information and services virtually. For instance, 90% of respondents reported using Facebook, and it was also the most preferred virtual channel to receive support from health providers (78% of respondents). Respondents most preferred to access sexual health services through a scheduled in-person visit (56%), followed by unscheduled visits (41%) and scheduled virtual consultations (15%). Other results showed respondents preferred accessing sexual health services through expanded access service points at private providers and home delivery.
- d) **Online Client Flow Analysis:** An analysis of how clients flow through virtual HIV interventions offered by PSFI highlighted potential gaps and recommendations to improve continuity of care for clients reached and engaged virtually.⁷ This activity was completed in June 2023 by FHI 360 with PSFI engagement and support from the DSD-SI project. This analysis covered virtual approaches across the PSFI online client journey through each stage of reach, referral, service delivery, and re-

engagement. While innovative online demand creation approaches are implemented by PSFI, documented gaps included (1) paid online advertising to broaden demand creation efforts, (2) staff to implement online outreach and provide individualized virtual support and service linkage, and (3) granular tracking of online demand creation on service uptake. PSFI recently launched a web app for clients to request health services, linked to their existing AwraSafely demand generation campaign. Gaps noted on the AwraSafely web app include (1) a broad visual identity that would invite a wider KP audience to use the app, (2) a streamlined risk assessment and service request process, (3) date/time specification for booking, (4) granular tracking of demand creation efforts, (5) virtual consults and home-delivered commodities, (6) anonymous online client referral, (7) longitudinal cohort tracking, and (8) integrated client complaint management system. The report provides recommendations to address gaps and to merge existing client-facing apps for accessing HIV services with enhanced functions and streamlined client flow.

- e) **Road Map:** The road map provides a pathway and practical steps to scale virtual HIV interventions in the Philippines. The working draft is a living document that will include future consultations with DOH and local partners to correct course and refine activities to meet emerging needs. Timelines and priorities may shift based on available resources. The first draft was completed in July 2023 by FHI 360 with PSFI and DOH engagement, and support from the DSD-SI project.

2. Reach

These proposed activities seek to standardize and synergize various demand generation and online outreach efforts, including capacity development on social media marketing and extension of related best practices to new geographies and sites currently not implementing online outreach efforts.

- a) **Crash course on social media marketing:** This introductory course to generate interest and develop baseline skills in social media marketing for HIV services was offered to local city information officers, DOH officials, and local partners. It was facilitated by FHI 360 August–December 2023, supported by the DSD-SI project with engagement from DOH and PSFI.
- b) **Draft guideline implementation tool (GIT)** for social media marketing and online peer outreach to guide future implementation to be drafted by FHI 360 October–December 2023. Support will be provided by the DSD-SI project in collaboration with DOH, development partners, service providers, and other stakeholders.
- c) **Standardize online outreach roles:** Standardize new roles of online outreach workers and social media officers who may operate under the DOH and local partners such as PSFI. Consultations will determine the feasibility of introducing new cadres of staff or assigning these roles to existing staff and to identify resource, training, and guidance requirements. DOH and local partners will resource the staff cadres/roles from 2024 onward and expert technical assistance may be required for initial and ongoing support.

3. Refer

These proposed activities seek to harmonize and integrate client-facing apps for KP members to access HIV services, develop an associated data security and client confidentiality framework for the app, and transfer ownership of the app to the DOH for sustainability for use by any partner and service provider

nationally. Additional activities are proposed to supply guidance for implementing innovative online referral strategies.

- a) **Common client-facing app for HIV service access:** Sustain an integrated client-facing app for accessing HIV services that may be owned by DOH and used by any local partner. Consultations and documentation of app integration plans will be facilitated April–December 2023 by FHI 360, supported by the DSD-SI project. Consultations will support the DOH to assess options for launching a new common application, to engage other government bureaus, and remain engaged on app integration plans. FHI 360 will support the technical process of integrating functions and data between currently used apps (e.g., QuickRes and AwraSafely) into a possible common app and may be engaged in developing guidance on its use and rollout. PSFI and the EpiC project may support the visual design and branding of the possible new common app. If approved, FHI 360 and PSFI could support the transfer of ownership of the common app to DOH in 2024–2025, after which DOH or its local partners may support ongoing app maintenance, hosting, security, and upgrades. Expert technical assistance and developer support may be required for initial and ongoing implementation of the common app.
- b) **Comprehensive data security and confidentiality framework:** Develop a comprehensive data security and confidentiality framework for the implementation of social media campaigns, online outreach, and other types of virtual client support services (including client terms of use policy, guidance for secure use of mobile devices and apps, and standard confidentiality agreements for program staff).
- c) **GIT for online referral strategies** including online client referral approaches for social network testing, contact tracing, and index testing. GIT to be drafted by FHI 360 October–December 2023, supported by the DSD-SI project.

4. Deliver

These proposed activities seek to standardize and simplify convenient virtual consults offered by partner and DOH service providers and assist in the use of virtual platforms to manage other service delivery modalities, such as home-delivered commodities.

- a) **Local stakeholder consultations:** Facility consultation and assessment to evaluate the status of existing virtual consult and home delivery methods and the feasibility of standardizing a process for offering clients virtual consults and other convenient service delivery modalities. Consultations to be held July–December 2023 by FHI 360, supported by the DSD-SI project.
- b) **GIT for virtual consults and home delivery of commodities:** Draft guidelines and standards for offering and delivering virtual consultations by HIV and mental health service providers. GIT to be drafted October–December 2023 by FHI 360, supported by the DSD-SI project with engagement from DOH and PSFI. This GIT may require further adaptation after launch of the possible new common app (described above) that may include functions to manage virtual consults.

5. Engage (future)

These proposed activities seek to standardize roles for long-term virtual client support, primarily geared for PLHIV to adhere to antiretroviral therapy (ART) and reach viral suppression, and other KP individuals to take pre-exposure prophylaxis (PrEP) and be offered other comprehensive prevention services (post-exposure prophylaxis [PEP], condoms, lubricants) as needed to prevent HIV transmission.

- a) **Local stakeholder consultations:** Identify staff cadres providing virtual client support to clients on ART, PEP, and PrEP, including facility-based case managers, area managers, or peer navigators and to identify current practices and areas for optimization (including for motivation counseling skills). Consultations to be held 2024–2025.
- b) **GIT for virtual approaches supporting case management:** Draft guidelines and standards for facility-based case managers to implement virtual approaches to assist in case management for clients accessing ART, PEP, or PrEP services. GIT to be drafted October–December 2023 by FHI 360, supported by the DSD-SI project. This GIT may require further adaptation to tailor the guidance to the specific case management software/systems used in the Philippines. For instance, the new common app (described above) may include case management functions such as appointment booking, cohort tracking, client reminders, etc.

6. Improve (future)

These proposed activities seek to facilitate coordinated national data management with standardized indicators for virtual HIV interventions and to establish norms and processes for using data for program improvement and knowledge sharing.

- a) **Define key performance indicators (KPIs):** Define national indicators for virtual HIV interventions including data sharing requirements for One HIV, AIDS & STI Information System (OHASIS). Build these KPIs in the possible common app to allow the national program to view and monitor KPIs with data visualizations and exported aggregate data. Consultations may be held by DOH in 2024–2026.
- b) **Data integration with OHASIS:** This activity will be completed in two stages. For stage one, teams from FHI 360 and PSFI will build a process for data sharing between OHASIS and two existing client-facing apps for HIV services access (i.e., QuickRes and AwraSafely), based on indicators defined above. This process may be facilitated by DOH with support with FHI 360 (EpiC) and engagement with PSFI in 2024–2026. Stage two could begin after the new common app is rolled out and the team managing the new common app will build one automated process for data sharing with OHASIS. Parties responsible for facilitating stage two data integration will be determined when details of the common app rollout are confirmed.
- c) **Standardize the client feedback process:** Take stock of existing client feedback tools, host consultations to gain consensus on standardizing tools and processes for how feedback and complaints are resolved. This process may be facilitated by DOH in 2024–2026. Additional efforts will be made to link client feedback and complaints collected online to the existing community-led monitoring (CLM) system.

- d) **Data Analysis and Reporting Workshop:** Host workshop with local partners to build capacity on data management and interpretation to improve the effectiveness of virtual approaches in supporting service delivery. This process may be facilitated by DOH in 2024–2026.
- e) **Facilitate program optimization and internal knowledge sharing:** Host quarterly meetings to review results of local partners' online HIV interventions using defined indicators collected across partners and reported into OHASIS (among other data and client feedback). The meetings will help monitor program activities, guide program improvement, and inform knowledge sharing efforts. DOH may host the initial meetings in 2024–2026, with engagement of local partners and relevant stakeholders. DOH to facilitate knowledge sharing with other relevant government bodies through the Philippines National AIDS Council (PNAC) and DOH Academy. Internal knowledge sharing efforts may require additional resourcing for expert technical assistance.
- f) **Document program results for external knowledge sharing:** Implementers of virtual HIV interventions to document program efforts in the form of external knowledge sharing deliverables, such as blogs, case studies, conference abstracts/presentations, and manuscripts. These efforts will help share program innovation within and outside the Philippines to advocate for virtual HIV interventions, mobilize resources, and contribute to the evidence base for scaling and sustaining these approaches. DOH and local partners to prioritize knowledge products and contribute human resources to work on deliverables and dissemination efforts. DOH may host meetings to identify key external knowledge products in 2024–2026. External knowledge sharing efforts after 2023 may require additional resourcing for expert technical assistance. Consultations will be held with PNAC to consider posting and sharing knowledge output on its data hub.

Road Map Timeline (draft)

Key activities in the virtual HIV interventions road map (2023–2026)

2023	<ol style="list-style-type: none"> 1. Standardized virtual approaches through GIT (SMM, online outreach, referral, virtual consults, home delivery, virtual case management) (led by FHI 360) 2. Training on social media marketing and online peer outreach (led by FHI 360) 3. Continued planning on client-facing app integration agenda (led by DOH with facilitation support from FHI 360)
2024	<ol style="list-style-type: none"> 1. Ongoing virtual intervention road map facilitation and fine-tuning 2. GIT rollout training with HIV care providers 3. Provide mentoring and coaching to sites on the GIT for testing and treatment 4. Review and analyze DSD data to improve implementation 5. Data security and confidentiality framework for virtual approaches 6. Data integration client-facing apps with OHASIS 7. Standardize routine client feedback process and integration within CLM 8. Launch of DOH AIDS Data Hub 9. Standardize monitoring framework and indicators for client facing apps / virtual HIV interventions
2025	<ol style="list-style-type: none"> 1. Ongoing virtual intervention road map facilitation and fine-tuning 2. Facilitate program optimization and internal knowledge sharing 3. Conduct refresher and advanced trainings on online outreach 4. Host data analysis and reporting workshop 5. Provide mentoring and coaching to sites on the GIT for testing and treatment 6. Review and analyze DSD data to improve implementation 7. Routine technical assistance to sustain and scale up virtual interventions 8. Identify key learning objectives for virtual interventions in the Philippines

	<ol style="list-style-type: none"> 9. Resource mobilization to implement evaluation activities and produce knowledge products to address learning objectives 10. Continuous documentation of program results for external knowledge sharing
2026	<ol style="list-style-type: none"> 1. Ongoing virtual intervention road map facilitation and fine-tuning 2. Provide mentoring and coaching to sites on the GIT for testing and treatment 3. Review and analyze DSD data to improve implementation 4. Continued implementation of evaluation activities and publication of knowledge products 5. Publish artifacts on blogs; present case studies, abstracts, and knowledge gained at global conferences and webinars 6. Provide ongoing support and technical assistance to sustained use of virtual interventions

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