

# Policy Review

The AIDS Prevention and Control Ordinances  
of Quezon City and Pasay City





# Policy Review

## The AIDS Prevention and Control Ordinances of Quezon City and Pasay City

Local Government Academy  
Department of the Interior and Local Government

## **Policy Review**

### **The AIDS Prevention of Quezon City and Pasay City**

Published by: Local Government Academy

All rights reserved.

Parts of this publication may be reproduced with proper acknowledgement.

Writer and Lead Researcher: Pedrito dela Cruz

Project Coordinator: Jeffry Acaba

Research Assistant: Ryan Pinili

Substance Editor: Institutional Partnership Unit- LGA  
Patrick Omar B. Erestrain  
Ashley May Alison Monsanto  
Patrick John Megia  
Sly Z. Barrameda

Layout and Design: Gary Paulo B. Mercado

All rights reserved. Copyright 2011

ISBN: 978-971-0576-33-3

Local Government Academy

8/F Agustin 1 Building, F. Ortigas Jr. Road (formerly Emerald Avenue)

Ortigas Center, Pasig City, 1605 Philippines

Tel. No. (632) - 634-8430 / 634-8436

[www.lga.gov.ph/hiv](http://www.lga.gov.ph/hiv)



## FOREWORD

With barely five years left on the country's commitment to achieving the Millennium Development Goals (MDGs), the Philippines is at a critical stage in its response to HIV and AIDS. MDG 6, which aims to halt and reverse the spread of HIV and AIDS by 2015, is gravely challenged by the rapidly accelerating rate of HIV infection in the country. According to the 2010 UNAIDS Report on the Global AIDS Epidemic, the Philippines is one of only seven countries globally with more than 25 percent increase in HIV incidence in the last ten years. Now, more than ever, the country needs to step up its AIDS response to promote universal access to HIV prevention, treatment, care and support, and achieve its MDG commitment.

However, the attainment of this goal is severely challenged by low coverage of HIV services, and the continuing stigma and discrimination associated with AIDS. This is further challenged by the decentralized system of government in the country, which relegates the responsibility and commitment to implement and sustain the response to local governments. On the other hand, local governments are restricted with limited capacities to institute and implement local AIDS responses.

To mitigate this problem, the United Nations Development Programme (UNDP) and the Local Government Academy (LGA) launched in 2009 the three-year project, "Leadership for Effective and Sustained Responses to HIV and AIDS." Harmonizing efforts with the Philippine National AIDS Council and the UN Joint Team on AIDS, the project seeks to strengthen sustainable local AIDS responses through the development of leadership capacities of the local governments and the formation of Regional AIDS Assistance Teams (RAATs). Composed of representatives from three critical agencies – Department of Interior and Local Government, Department of Health, and Department of Social Welfare and Development, the RAATs provide the needed technical assistance in establishing and strengthening local AIDS response at the local government units (LGUs).

These two publications: (a) Localizing the AIDS Response: Local Government Guide for Practical Action; and (b) Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City, aim to assist the RAATs in their provision of technical assistance to LGUs.

The former provides a step-by-step guide in establishing a local AIDS response for local government officials, including tools to assess local AIDS situation and monitor response. It is targeted for those who are interested to launch initiatives on HIV and AIDS or those seeking further guidance to enhance existing activities.

The latter, on the other hand, sought to assess the local HIV and AIDS ordinances in selected cities (i.e., Quezon City and Pasay City) in terms of its relevance to or alignment with national laws or policies, responsiveness to the current epidemiology and emerging risks, and implementation. It seeks to generate recommendations that would help enhance the current policy environment and programme implementation among LGUs.

I am delighted that these tools are now available. In a way, this will help the local governments in establishing and strengthening their local AIDS responses. I hope that this will facilitate the successful implementation of the country's Fifth AIDS Medium-Term Plan (AMTP V). Moreover, I hope that this would, ultimately, assist the country in attaining its MDG 6 commitment of halting the spread of HIV and AIDS by 2015.

I wish to extend my sincerest appreciation to LGA for the partnership, dedication, and commitment to develop these important tools. I look forward to the effective use of these tools towards enhanced and sustainable local AIDS response in the Philippines.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the left.

Renaud Meyer  
UNDP Country Director

## ACKNOWLEDGMENTS

The Local Government Academy would like to express its sincerest gratitude to ACHIEVE Inc. and all the institutions and people who were involved in the conduct of this study. Specifically, we would like to mention the following:

The United Nations Development Programme who have supported us in this endeavor;

The Quezon City Health Department, headed by City Health Officer, Dr. Antonieta V. Inumerable, for the continuous support every step of the way;

The Pasay City Health Office, headed by City Health Officer, Dr. Cesar Encinares, for welcoming us in Pasay City in support of the research;

To Dr. Irene Grafil, STI Coordinator of Quezon City, and Dr. Joan Ranieses, Social Hygiene Physician of Pasay City, for the coordination with the appropriate offices and for the assistance in collecting the needed materials;

Police Chief Inspector Julieta Torio of Quezon City Police District and Police Senior Inspector Editha Dulay of Pasay City Police for their involvement and support;

To Anthony Liam and SAMACKA for the continuous partnership;

To ACHIEVE staff, namely Leslie Arididon-Tolentino, Elena Bejar, Ana Fe Luna and Rafael Alberto, for the support they provided to this project; and,

All the officers and staff of the various offices under the Quezon City Government and Pasay City Government, the sex worker communities, and the entertainment establishment owners in both cities, who directly participated in the study and shared their insights in the validation fora.

## MESSAGE

In the advent of decentralization, the Department of the Interior and Local Government spearheads the primary role of improving social, economic and environmental programs through strategic plans and policies mainstreamed in local governments. Moreover, the Local Government Code mandates our local government units to exercise their powers to promote the health and safety of the inhabitants.

However, for a long time health governance has been too focused on primary health care that many LGUs had forgotten if not had neglected in their program agenda other health concerns such as HIV and AIDS.

With the explosion in the epidemic in recent years, the current national response has been inadequate in programmatic scope and coverage. Furthermore, local AIDS responses in the country are still generally weak characterised by competing priorities and the lack of capacity due to lack of policy and resources support at the local level

It would be recalled that the decentralized system of government in the Philippines has designated the responsibility of HIV prevention and control efforts to local governments, thus the development, acceleration, and sustainability of local responses as the mainstay of the national AIDS programme in the Philippines now lies to the local governments.

The development and formulation of this guidebook serve as guide to all Philippine local governments in initiating local responses to HIV and AIDS while the capacity assessment and policy reviews aim to help our local officials in formulating policy support and enabling environment to the response.

This undertaking acts as one of the pioneering initiatives amidst effective local administration which ensures the full-blown implementation of various local reform agenda not only for local dynamism, but also in the fortitude of health governance.



**HON. JESSE ROBREDO**  
Secretary, DILG

## MESSAGE

The Philippine government has already established a strong national response on HIV and AIDS since the passing of the Philippines AIDS Prevention and Control Act in 1998. It is quick in advocating for leadership actions amidst socio-cultural risks and vulnerabilities. However, despite the country's low prevalence rate in HIV and AIDS, it is extremely necessary that the Country Response has to be effectively carried out at the local government unit level.

Thus, with the implementation of the 5th AIDS Medium Term Plan (5th AMTP), the Philippine government seeks for a more sector-wide approach in reaching vulnerable and most-at-risk populations, as well as in reversing the trend of the epidemic. Likewise, it recognizes the capacities of local government units (LGUs) and other local organizations in providing for a policy-enabling environment that is not only effective, but also sustainable.

This challenge lies on the vigour and enthusiasm of our political leaders to seize every meaningful opportunity and breakthrough for the good of our constituents. Hence, it is highly recommended that local officials adopt these two tools, "Localizing the HIV and AIDS Response: Local Government Guide for Practical Action" and "Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City". This calls for excellent application at the local level with the end view of learning and acting more proactively in the present time.

On behalf of the Local Government Academy, I urge local leaders and functionaries to advocate the localization of HIV and AIDS responses through the utilization of these tools.



**AUSTERE A. PANADERO, CESO I**

Undersecretary for Local Government, DILG

## MESSAGE

Between 2001 and 2009, there were only seven countries in the world where HIV incidence increased by more than 25%- this includes the Philippines. And as the number of HIV cases increase rapidly every year, it is highly essential to compliment the national response against the epidemic through local administration and governance.

As this approach provides for a strategic measure in responding to HIV and AIDS impacts, the Local Government Academy through its Leadership for Effective and Sustained Responses to HIV and AIDS has developed a guidebook for levelling off the capacities of local governments in initiating effective and sustainable responses to the epidemic.

Moreover, policies related to HIV and AIDS in selected cities have been reviewed to assess their implementation gains and management outcomes in terms of relevance, responsiveness and compliance to national laws as well as internationally recognized guidelines and principles. These are commencement steps for local officials and functionaries in setting off the imperatives of local government needs in the height of local legislation.

The primary task of mitigating the negative impacts of HIV and AIDS on human development lies on local governments. Hence, we hope that through application and learning, we can work together in upholding the overall interest of the common good particularly those communities severely affected by the epidemic.

Let this undertaking be a jumpstart to other forthcoming initiatives and may this bring outstanding results on a higher end.



**MARIVEL C. SACENDONCILLO, CESO III**  
Executive Director, LGA

## MESSAGE

This year the world commemorates 30 years of AIDS and the AIDS response. It is a time to remember the friends, family and colleagues we have lost to AIDS. It is also a time to share our successes and to reflect on our failures.

The world was slow to react to the AIDS epidemic 30 years ago, with devastating results. But persistent voices rose up and today the AIDS response has grown into a truly joint partnership—of governments, of people living with HIV, of civil society, of communities, and of organizations committed to the response.


UNAIDS vision is a world where there are:

- Zero new HIV infections;
- Zero discrimination;
- Zero AIDS-related deaths.

A few years ago we could only dream of such a day—but today we know we can make it happen.

Indeed, through collective action, the world has begun to reverse the AIDS epidemic— where at least 56 countries have either stabilized or reduced new HIV infections by more than 25% in the past 10 years.

However, in the Philippines, while national HIV prevalence remains on the average under 0.1%, it is one of the seven countries in the world whose HIV incidence grew by more than 25% in the past 10 years. More than ever, the country has to accelerate a strategic response to halt and reverse the trajectory of the epidemic. The response is not limited to building national level efforts but as important is the support for establishing localized actions based on the nature of the local epidemic and recognizing the important role that Local Government Units and local communities play.



These two tool, “Localizing the HIV and AIDS Response: Local Government Guide for Practical Action” and “Policy Review: The AIDS Prevention and Control Ordinances of Quezon City and Pasay City”, provides local policy makers, programme planners, and implementers a step-by-step guide in developing an effective local response to address HIV and AIDS related prevention, treatment, care and support issues relevant to its local context. We encourage our partners to utilize the tools in fulfilling their interests and commitment to contribute to the country’s efforts to meet the Millennium Development Goals, including Goal 6 pertaining to AIDS

TERESITA MARIE P. BAGASAO  
UNAIDS Country Coordinator

---



## List of Acronyms

ACHIEVE	Action for Health Initiatives
AIDS	Acquired Immune Deficiency Syndrome
ASEP	AIDS Surveillance and Education Project
BOC	Barangay Operations Center
BPLO	Business Permits and Licensing Office
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CIDG	Central Investigation and Detection Group
CRC	Convention on the Rights of the Child
CSWDO	City Social Work and Development Office
DepEd	Department of Education
DILG	Department of Interior and Local Government
DOH	Department of Health
DSWD	Department of Social Work and Development
ERPAT	Empowerment and Reaffirmation of Paternal Abilities
FFSW	Freelance Female Sex Worker
FP	Family Planning
FSW	Female Sex Worker
GFATM	Global Fund for AIDS, TB, and Malaria
GO	Government Organization
GRO	Guest Relation Officer
HACT	HIV and AIDS Core Team
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
IEC	Information, Education, and Communication
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
IRR	Implementing Rules and Regulations
KTV	Karaoke Television
LGA	Local Government Academy
LGU	Local Government Unit
MARP	Most At-Risk Population
MSM	Males Who Have Sex with Males
NGO	Non-Government Organization
NSO	National Statistics Office
PACEOMA	Pasay City Entertainment Establishment Owners and Managers Association
PCAC	Pasay City AIDS Council
PCGH	Pasay City General Hospital
PD	Presidential Decree

PE	Peer Education
PLHIV	People Living with HIV
PLWHA	People Living with HIV and AIDS
PNAC	Philippine National AIDS Council
PNP	Philippine National Police
POEA	Philippine Overseas Employment Agency
QC	Quezon City
QCGH	Quezon City General Hospital
QCHD	Quezon City Health Department
QCPD	Quezon City Police District
QCSAC	Quezon City STD/AIDS Council
RA	Republic Act
RA	Republic Act
RFSW	Registered Female Sex Worker
RH	Reproductive Health
RTI	Reproductive Tract Infection
SACCL	STI/AIDS Central Cooperative Laboratory
SAMACKA	Quezon City Healthy Lifestyle, Spa and Massage, Clubs and KTV Association
SHC	Social Hygiene Clinic
SP	Sangguniang Panglungsod
SSDD	Social Services Development Department
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VD	Venereal Disease

## Table of Contents

The AIDS Prevention and Control Ordinances of Quezon City and Pasay City	1
Relevance or Alignment of the Quezon City and Pasay City AIDS Prevention and Control Ordinance to Existing Laws	9
Philippine AIDS Prevention and Control Act of 1998 (RA 8504)	10
<i>Broader coverage as a yardstick of relevance and alignment</i>	11
<i>Local implementation of the AIDS Law</i>	12
Anti-Trafficking in Persons Act (RA 9208)	18
The Code on Sanitation (PD 856)	24
Dangerous Drugs Act of 2002 (RA 9165)	30
Responsiveness of the AIDS Prevention Ordinance to Current Situation and Emerging Epidemiology	36
Salient features of HIV and AIDS Epidemiology in the country	36
HIV and AIDS situation among MARPs in Quezon City and Pasay City	37
Knowledge of HIV among MARPs and the Use of Condom	38
Review of Implementation	44
Quezon City AIDS Prevention and Control Ordinance	44
Pasay City AIDS Prevention and Control Ordinance	44
Conclusions	
Recommendations	68



# 1

## The AIDS Prevention and Control Ordinances of Quezon City and Pasay City

The current, overarching HIV ordinance in Quezon City is the Sangguniang Panglungsod (SP) Ordinance No. 1053, Series of 2001 (An Ordinance Strengthening Quezon City STD/AIDS Council (QCSAC) in Implementing the Policies and Measures for the Prevention and Control of STD/HIV/AIDS in Quezon City Providing Penalties for Violations Thereof and for Other Purposes) otherwise known as the Quezon City AIDS Prevention and Control Ordinance.

This ordinance is a 10-page legislation which traces its origins to various city ordinances, such as: a) Ordinance 838, S-1999 creating the QCSAC; b) Ordinance 784, S-1999 penalizing the owners/operators of entertainment establishments for hiring/employing children and minors; c) Ordinance 380, S-1995 requiring all applicants for health certificates to undergo HIV and AIDS awareness seminar; and d) Ordinance 78, S-1989 penalizing patrons of live nude shows. It also cites national legislations as bases for the Ordinance, and they include RA 8504 (Philippine AIDS Prevention and Control Act of 1998), Executive Order No. 273 (Philippine Plan for Gender-Responsive Development, 1995-2005), the Philippine Constitution, as well as international consensus documents like The Beijing Declaration, the United Nations Convention on the

Elimination of all forms of Discrimination Against Women (UN CEDAW), and the UN Convention on the Rights of the Child (UN CRC).

The Pasay City AIDS Prevention and Control Ordinance (SP Ordinance 2341, Series of 2002) was enacted 11 months after the approval of the Quezon City Ordinance. Legislating HIV prevention at the local government level started in Pasay City when, in 1993, the City Council approved a resolution requiring all applicants for mayor's work Permit/License or Occupational Health Permits or Certificates to attend first an AIDS awareness seminar (City Ordinance No. 236, S. 1993).

The Pasay City AIDS Prevention and Control Ordinance have strong similarities with the QC Ordinance as both are focused on entertainment establishments, massage and spa establishments and related establishments (e.g., hotels, motels, lodging places). However, since Pasay City Ordinance 2341 creates the Pasay City AIDS Council (PCAC), it logically contains more detailed descriptions of the functions of this body. Like the Quezon City Ordinance, the Pasay City Ordinance traces its origins to various city ordinances such as: a) Ordinance 236, series of 1993 which, as explained earlier, requires all applicants for mayor's work Permit/License to Operate or Occupational Health Permits/Certificates to attend an AIDS Awareness Seminar; b) Ordinance 482, series of 1995 mandating all hotels, motels, inns, or any kind of lodging place to add latex condoms to their usual amenities free of charge; and c) Ordinance 180, series of 1992 providing for the regulation of working hours and conditions of employees of entertainment and massage or spa establishments. It also cites national legislations like RA 8504 (AIDS Law) and Presidential Executive Order 273 approving and adopting the Philippine Plan for Gender-Responsive Development.

A comparative analysis of the two ordinances shows that, on one or two counts, the QC Ordinance is stricter in terms of exacting the accountability of establishment owners in ensuring the compliance of its workers to STI/HIV prevention measures.

## The two Ordinances consist of the following sections:

Quezon City (Ordinance No. 1053, Series of 2001)			Pasay City (Ordinance No. 2341, Series of 2002)		
<b>Article I: Title, Policies, Principle and Definitions</b>			<b>Article I: Title, Policy and Principles</b>		
Section 1	Title – Quezon City AIDS Prevention and Control Ordinance	Section 1	Title – Pasay City AIDS Prevention and Control Ordinance of 2002	Section 1	
Section 2	Declaration of Policies	Section 2	Declaration of Policies and Principles	Section 2	
Section 3	<b>Definition of Terms</b> Of the 13 terms defined under this section, among the more important ones is "Registered Entertainment Establishment" which is defined as "any establishment, which includes bars, nightclubs, disco houses, cocktail lounges, massage clinics, videoke bar/sing-along pub houses that secured permit to operate within Quezon City. This definition sets the scope of the Ordinance.				<b>Article II: Rules and Regulations for HIV/AIDS/STI Prevention and Control</b>
	<b>Article II: Strengthening of the QC SAC</b>	Section 3	Compulsory AIDS/STI Education: Requires the attendance to STI/AIDS Awareness Seminar prior to the issuance/renewal of a Mayor's work Permit/License of Occupational Health Permits/Certificates (as provided for under City Ordinance No. 236 s. 1993); requires all operators/managers, entertainers and other employees of entertainment establishments to undergo STI/HIV/AIDS education, conducted by the Social Hygiene Clinic (SHC), regularly.		
Section 4	Enumeration of Some of the Functions of QCSAC	Section 4	Availability and Accessibility of Prophylactics and Information Materials (reinforcing City Ordinance No. 482 s. 1995) in all lodging places and entertainment establishments		
Section 5	Integrating QCSAC programs in the City Development Plan: A short provision declaring such without details.	Section 5	Regular STI Examination: requires all entertainers and others with similar nature of occupation to undergo regular STI examination, done by the Social Hygiene Clinic, every two (2) weeks in order to ensure personal and public safety		
Section 6	Accreditation of Associations: For recognized bar owners, managers and officers of entertainment organizations to become members of the QCSAC.	Section 6	Development and Submission of Health Care Policies: requires all operators and managers of entertainment establishments to develop a set of establishment health care policies and other related policy in accordance with existing labor laws and other related national and local policies, particularly City Ordinance No. 180 s. 1992, and submit the same to the City Government		

	<b>Article III: Prevention and Control Policies</b>	Section 7	<i>Employment Pre-Requisites:</i> requiring all applicants for employment in entertainment establishments to present an original copy of his/her birth NSO authenticated birth certificate and other legal documents duly authenticated by the City Health Office, prior to granting them working permits <i>Roster of Entertainers/Employees:</i> Tasks the Sanitation Division of the City Health Office to maintain an up-to-date master list of entertainers and other employees indicating their names, ages and establishments where employed every six months. Similarly, all entertain establishments are required to keep a daily time record of its entertainers/employees and to make these records available for inspection at all times
Section 7	<i>Compulsory STD/HIV/AIDS Education.</i> Requires the attendance of all operators/managers and entertainers of registered entertainment establishments in STD/HIV/AIDS prevention seminar prior to granting a permit to operate to entertainment establishments.	Section 8	
Section 8	<i>Requirement for the issuance of the Permit to Operate:</i> a) attendance to HIV/AIDS seminar by both operators and entertainers as a requirement for the issuance of license or permit to operate entertainment establishments; and b) reiteration of the same requirement for operators, managers and supervisors of all newly registered entertainment establishments. <i>Peer Education Requirements:</i> For all entertainment establishments to have at least one (1) peer educator, a year after the effectivity of the Ordinance.		<b>Article III: Prohibited Acts and Practices</b>
Section 9		Section 9	<i>Prohibited Acts in Entertainment Establishments</i> (i.e., those that does not conform with the Revised Penal Code provision for "entertainment for public and general patronage", with private entertainment rooms)
Section 10	<i>Availability of Prophylactics and visible information materials, including posters</i>	Section 10	<i>Prohibition Against Medical Malpractice</i>
Section 11	<i>Regular STD Screening for Entertainers and Others with Similar Occupation:</i> Requires all entertainers, masseurs, and others with similar occupations to undergo a weekly medical check-up at the Social Hygiene Clinic.	Section 11	<i>Prohibition Against Hiring of Minors</i> (below 18 years old)
Section 12	<i>Requirement for the Issuance of Health Certificate:</i> All applicants seeking employment in any registered entertainment establishment must secure a health certificate. All entertainers, masseurs, and others with similar occupation shall attend seminars conducted by the City Health Department and/or any authorized agencies upon issuance/renewal of Health Certificate.	Section 12	<i>Penalty for Violation:</i> a fine of P2,000 and/or imprisonment of one (1) month for the first offense; P3,000 and/or imprisonment for three (3) months for the second offense; and a fine of P5,000 and/or imprisonment of six (6) months and/or permanent closure of establishment.



Section 13	Non-Hiring of Minors: Prohibition against the hiring of minors (below 18 years of age) in any registered entertainment establishment.		<b>Article IV: The Pasay City AIDS Council (PCAC)</b>
Section 14	<i>Employment Application Process in Registered Entertainment Establishments:</i> Requires all applicants seeking employment in registered entertainment establishments to submit an application for working permit at the Permit and Licensing Office, with the approval of said permit dependent on the presentation by the applicant of: a) an original copy of his/her birth certificate authenticated by the National Statistics Office (NSO); and b) a health certificate issued by the Social Hygiene Clinic.	Section 13	<i>Establishing the PCAC</i> to oversee a concerted local multi-sectoral and comprehensive response to HIV/AIDS
Section 15	<i>Universal Access to STD Health Care, including for those working in entertainment establishments, organizations and entities:</i> Compels entertainment establishments to develop and maintain a written Health Care Plan to address the RH needs of employees and entertainers, and to provide the City Government and the entertainers copies of the entertainment establishments' policies in accordance with labor laws and other related national and local policies.	Section 14	<i>Defining the Functions of the PCAC:</i> coordination, planning, implementing and monitoring
Section 16	<i>Compilation of Roster of Entertainers/Employees</i>	Section 15	Structure (Committees): Four committees including (a) Information, Education and Communication, (b) Research, Surveillance and Monitoring, (c) Care and Support, (d) Management and Coordination  Care and Support: 1) Hospital-based services (PCGH); 2) Community-based services; 3) Social Hygiene Clinic; 4) Insurance for persons living with HIV and AIDS (PLWHAs) <sup>1</sup>

Section 17	<i>Prohibition of Medical Malpractice:</i> Warns medical practitioners and staff from being insensitive and inhumane when providing services and admonishes that patients or clients be made aware by medical practitioners of their rights to file charges for abuses committed against them.	Section 16	<i>Membership and Composition:</i> with 23 members (14 GOs, 1 hospital, 1 university, 2 barangay and youth leagues, 1 entertainment owners' association, 4 slots for accredited nongovernment organizations (NGOs) working on STI/HIV/AIDS
Section 18	<i>Prohibition against Divulging of Confidential Information of Persons Living with STD/HIV/AIDS:</i> Cites the penal provision of RA 8504 versus divulging confidential information.	Section 17	<i>Reporting of activities and accomplishments</i>
Section 19	<i>Prohibition for Illegal Operation of Entertainment Establishments:</i> Entertainment establishments operating without business permit or license to operate shall be deemed illegal.  <b>Article IV: Penal Provision</b>	Section 18	<i>Secretariat:</i> Mandates the PCAC to determine a competent body that will serve as its Secretariat, with an adequate budget
Section 20	<i>Penalty for violation:</i> a fine of P2,000 and/or imprisonment of one (1) month for the first offense; P3,000 and/or imprisonment for three (3) months for the second offense; and a fine of P5,000 and/or imprisonment of six (6) months and/or permanent closure of establishment.	Section 19	<i>Appropriations:</i> Provides an initial appropriation P1,500,000 from the City Government Funds for FY 2002, and stating that the subsequent appropriations should be provided thereafter
	<b>Article V: Implementation and Monitoring</b>	Section 20	<i>Grants/Donations –</i> Authorizes the PCAC to directly manage funds from grants, donations and other sources for implementing activities related to STI/HIV/AIDS prevention
Section 21	<i>Implementing and Monitoring Agencies:</i> Tasked the QCSAC in coordinating the strict compliance and enforcement of this Ordinance.  <b>Article VI: Appropriation</b>	Section 21	<i>Implementing Guidelines:</i> Mandates the PCAC to formulate and issues the appropriate guidelines necessary for the implementation of the Ordinance within six (6) months after the Ordinance is fully enacted.  <i>Separability Clause</i>
		Section 22	
		Section 23	<i>Repealing Clause</i>
Section 22	<i>Appropriation:</i> Provision of P2 million pesos from the executive budget for the implementation and monitoring compliance with the Ordinance.	Section 24	<i>Effectivity</i>

Section 23		<b>Article VII: Trust Fund</b> <i>Collection of Penalties:</i> All collections by the City Treasurer's Office pursuant to Article IV of this Ordinance shall be deposited in a Trust Fund.			
Section 24		<i>Trust Funds:</i> Collections shall be used in providing medical and social assistance for the entertainers infected by Sexually Transmitted Diseases (STD).			
Section 25		<b>Article VIII: Final Provisions</b> <i>Implementing Rules and Regulations:</i> Within six (6) months after the Ordinance is fully enacted, the QCSAC shall formulate and issue appropriate rules and regulations necessary for the implementation of the Ordinance.			
Section 26		<i>Separability Clause</i>			
Section 27		<i>Repealing Clause</i>			
Section 28		<i>Effectivity</i>			

The focus of the two ordinances on entertainment workers (including those in night clubs and KTV bars) and those in massage and spa establishments is logical. These are communities/populations that are considered as among those 'most-at-risk' and who, through the regulatory and police powers of the City Government, can be influenced to access information and adopt preventive behavior.

The passage of both Ordinances was followed by the drafting of an IRR, but for both ordinances, no IRR has been approved.

---

<sup>1</sup> *The term has since evolved to people living with HIV (PLHIV). PLWHA will be used in this document if it refers to specific language found in the Laws and Ordinances being referred to.*

## 2

### Relevance or Alignment of the Quezon City and Pasay City AIDS Prevention and Control Ordinance to Existing Laws

For purposes of this study, the alignment or relevance of the AIDS prevention and control ordinances of Quezon City and Pasay City with three laws or national legislations that have clear implications to HIV prevention and control at the local government level was examined. These laws are:

- A. Philippine AIDS Prevention and Control Act of 1998 (RA 8504)
- B. Anti-Trafficking in Persons Act (RA 9208)
- C. The Code on Sanitation (PD 856)

To make for a more comprehensive literature review and flag a possible or anticipated flashpoint for future preventive efforts, this paper also includes in its discussion of relevance the Dangerous Drugs Act of 2002 (RA 9165) and the tensions its implementation is creating vis-à-vis harm reduction.

## **A. Philippine AIDS Prevention and Control Act of 1998 (RA 8504)**

While the Local Government Code of 1991 made the clarion call for LGUs to take on the responsibility for health service provision from a central DOH, the expectations on LGUs' capacity and political will to adequately fund this mandate remains a pipe dream. Many LGUs are still unable, though trying, to take on the financial burden of a devolved set-up. The same rings true with RA 8504. While the law has provided the national government a legislative basis to expect or believe that responsibility for HIV prevention, treatment, care, and support will be dutifully shared by LGUs, this spirit of the law has not been implemented fully at the local government level. Most LGUs still lack the instruments and management systems, if not political will, to mobilize resources and plan for specific activities that are vital to prevention (e.g., design-adaptation and production of information, education, and communication [IEC] materials, recruitment and mobilization of peer educators for various most-at-risk populations, and conducting activities aimed at young people especially in marginalized communities).

In focusing on entertainment and related establishments, the Quezon City and Pasay City ordinances recognize what the City Government can realistically do in implementing the spirit of RA 8504. The Ordinances identified entertainment and related workers (and to a certain extent, their clients) as the rightful targets of LGU efforts to prevent HIV transmission. From a certain perspective, the City Government in both areas enacted an ordinance that will guide itself more than any other stakeholder in the HIV and AIDS response: <sup>2</sup> In the case of Quezon City Ordinance, it speaks of strengthening the local AIDS council, yet does so within the purview of establishment-focused prevention efforts.

It should be noted that the Quezon City and Pasay City ordinances were passed in 2001 and 2002, respectively, when other most-at-risk population segments (MARPs) like Males Who Have Sex with Males (MSMs) or Injecting Drug Users (IDUs) were not yet as compelling of attention as they are now.

## Broader coverage as a yardstick of relevance and alignment

### Quezon City Ordinance

If a broader coverage (i.e., inclusion of other more vulnerable groups and not just entertainment and related workers) is a yardstick of relevance and alignment of the Quezon City AIDS Prevention and Control Ordinance with the AIDS Law, Quezon City can very well point to a precursor of the Ordinance, which is Ordinance 838, S-1999 that created the QC STD/AIDS Council QCSAC and defined its functions and membership. This broadly worded mother ordinance, which was not repealed by the current AIDS prevention ordinance, defined the responsibilities and membership of the QCSAC, and identified four working committees and their functions. It stipulated the responsibilities of QCSAC as consisting of “planning, integration and coordination of programs and services on the prevention and control of STD and AIDS diseases being implemented by government organizations and non-government organizations in the City.” Of the seven key elements <sup>3</sup> of the HIV response, five (with the exception of policy development and fund raising) are covered by the four committees of QCSAC enumerated in the said ordinance, as follows: a) IEC and advocacy; b) research and monitoring (though with no mention of surveillance and evaluation); c) care and support; d) program management and coordination; and e) networking. Performance of these functions by the QCSAC will be part of the discussion in the section on “Review of Implementation”.

## **Pasay City Ordinance**

With its sections on the creation of the Pasay City AIDS Council (PCAC), the various working committees and their functions, the Pasay City AIDS Prevention and Control Ordinance may be considered as cognizant of the need for a broader coverage that goes beyond entertainment and related establishments. However, as mentioned above, the Ordinance belabored more (and rightfully at that) on population segments that it could effectively reach with its regulatory and police powers. Of the seven key elements of the HIV response, six are covered by the four committees of PCAC enumerated in the said ordinance (with the exception of fund raising), as follows: a) IEC and advocacy; b) research, surveillance and monitoring; c) care and support; and d) program management and coordination. Performance of these functions by the PCAC will be part of the discussion in the section on “Review of Implementation”.

## **Local implementation of the AIDS Law**

This study also probed on the implementation in Quezon City and Pasay City of the provisions in the AIDS Law that are oriented towards LGU response. Provisions of the AIDS Law related to IEC at the local and community level (Sections 10, 11, 14 and 18) seem to have been mainstreamed into local social welfare programs. Health Centers, on the other hand, are not equipped yet to do a thorough going provision of information on HIV and AIDS as part of their services in the barangays. Mobilization of local resources for prevention, particularly for the production of IEC materials (Section 18), has been highly inadequate especially in Pasay City. The AIDS Law’s provision on universal precautions (Section 24) is also not observed or heeded due to the lack of popularization of the Law. The section related to counseling and testing (Section 31) should not be difficult to implement as the Social Hygiene Clinic (SHC) physician, nurse and midwife are trained in counseling. However, the provision of counseling services in the SHCs faces quality assurance issues. In both cities, care and support are not yet part of the activities of the



health and social welfare offices. Pending the implementation of the UNDP-DSWD program on referral system strengthening for HIV and AIDS, there is no local program or policy yet for care and support and no efforts to reach People Living with HIV (PLHIV) and their families. Pasay City General Hospital has no HIV and AIDS Core Team.

The table below summarizes the contents of the AIDS Law that relates to the role of local government units in HIV Prevention, Treatment, Care, and Support, how these roles are translated to action in Quezon City and Pasay City, and the factors impinging on action.

**Table 2: RA 8504 provisions relevant to HIV prevention, treatment, care, and support in LGUs**

Relevant section of RA 8504	Implementation in QC	Implementation in Pasay City	Factors impeding action
<b>Provisions related to information and education at the local and community level</b>			
<b>Section 10</b> speaks of the need to conduct education and information at the municipal (city), barangay, and community levels.	Being done in QC by partner NGOs (though most of their activities are dependent on the availability of donor support), the Social Services Development Department (SSDD), the Barangay Operations Center (BOC), and the health centers	Being done at the health centers as part of the pre-consultation lectures, but only in a passing manner (not in depth)	The IRR do not specify indices of deliverables from LGUs (city/municipal and barangay levels).
<b>Section 11</b> identifies non-formal education, including extension programs for adult education, as one of the modes for providing HIV education and information.	Being done by SSDD on a limited scale	Being done by CSWDO as part of: 1) Life skills training for out-of-school youth or those considered at risk in at least half of the 201 barangay for 3 years until 2010 (funded by UNICEF). Now proposed to be included in the Annual Investment Plan	
<b>Section 14</b> speaks of HIV/AIDS information as a health service and specifically mentions outpatient clients of barangay health stations and rural health units as among those that should be reached.	Pre-consultation lectures in the health centers are conducted, but they do not tackle HIV and AIDS adequately as lectures are focused on other components of RH, such as maternal and child health and FP.	2) Parent Effectiveness Sessions in Day Care Centers in 12 areas 3) Gender and Development Sessions 4) Empowerment and Reaffirmation of Paternal Abilities (ERPAT) sessions 5) Pre-marriage Counseling sessions	
<b>Section 18</b> mandates local government units, through their health, social welfare and population officers to undertake HIV/AIDS education and information program in the community in close coordination with concerned government agencies, NGOs, persons living with HIV and AIDS (PLWHAs), and community-based organizations.	Being done by SSDD, but on a limited scale due to other priorities. There is no partnership yet with PLHIV for preventive education or an attempt to reach PLHIV and their families.		

Relevant section of RA 8504	Implementation in QC	Implementation in Pasay City	Factors impinging action
<b>Provision related to resource mobilization for prevention</b>			
<p><b>Section 18</b> also states that local chief executives, from provinces to barangays, through the respective local development councils, shall produce their HIV/AIDS IEC materials, and monitor, coordinate, assess, and fund the implementation of the HIV/AIDS education and information campaign in communities.</p>	<p>No LGU allocation for development and production of IEC materials; support for development and production of IEC materials comes mainly from donors like Global Fund for AIDS, TB, and Malaria (GFATM).</p> <p>Health centers sometimes reproduce materials, but target segments do not find them attractive.</p> <p>QC has taken a decisive step of recruiting peer educators funded from its own budget.</p>	<p>No LGU allocation for development and production of IEC materials.</p>	<p>RA 8504 or its IRR does not identify the funds for the integration of the HIV and AIDS efforts at the level of local governments.</p>
<b>Provision related to universal precautions</b>			
<p><b>Section 24</b> tasks LGUs to ensure that dental, embalming and tattooing establishments comply with guidelines for universal precautions (as outlined in Section 21) before they are issued sanitary permits or renewal of permits.</p>	<p>Concern for universal precautions, as provided in the RA, not yet integrated into the work of sanitary inspectors.</p> <p>The Sanitation Division monitors embalming establishments only on the basis of the Sanitation Code. That embalmers are duly licensed is taken to mean that they are compliant with all DOH requirements including those for HIV and AIDS that sanitary inspectors are not familiar with.</p>	<p>There is no guide or field manual that could serve as a basis for monitoring these establishments.</p> <p>Lack of popularization of RA 8504, especially the provisions on universal precautions (Sections 13 &amp; 14 of the Act; Sections 21, 25, and 52 of the IRR) at the local government level.</p>	

Relevant section of RA 8504	Implementation in QC	Implementation in Pasay City	Factors impinging action
<b>Counseling and Testing</b>			
<b>Section 30</b> requires DOH accreditation for facilities performing HIV testing.	The SHC physicians, nurses and peer counselors are trained to administer pre- and post-test counseling.	The SHC physicians, nurses and peer counselors are trained to administer pre- and post-test counseling.	RA seems to lack teeth in enforcing these provisions.
<b>Section 31</b> mandates all facilities offering HIV testing to provide pre-test and post-test counseling for persons who avail of their HIV testing services. It further states that only health workers who had undergone HIV/AIDS counseling training shall provide pre-test and post-test counseling.		<p>An adequate counseling room where anonymity is maintained is lacking. This discourages utilization of counseling services and may also be eating up on the morale of SHC staff to conduct quality counseling. The low number of clients for rapid testing seems to point to this.</p> <p>Rapid testing is conducted by the SHC. Specimens with reactive reading are personally brought by the med tech to the SACCL in San Lazaro and confirmatory results are picked up by the same person. Clients are then contacted thru SMS and phone calls. Clients are also given a timeline during the rapid test post-counseling on when they should revisit the SHC to get the result of the confirmatory test.</p>	<p>The sections:</p> <ol style="list-style-type: none"> <li>1) Do not spell out the supporting role of LGUs in monitoring private providers of VCT;</li> <li>2) Do not contain punitive measures for non compliance</li> </ol>

Relevant section of RA 8504	Implementation in QC	Implementation in Pasay City	Factors impinging action
<p><b>Referral System, Care and Support;</b> <i>Integration of prevention, control and care services with City and Barangay Development Plans</i></p> <p><b>Section 34</b> mandates LGUs, through its health, social welfare, and population officers and in coordination with various groups, to develop and support services for the prevention and control of HIV/AIDS and care of PLWHAs and their families in the community. These services should include, among others, the following: HIV/AIDS/STD education and information campaign; counseling; home-based care; organizing community-based HIV/AIDS support groups including PLWHAs; networking of HIV/AIDS support groups; and HIV/AIDS referral system. The section further states that community-based HIV/AIDS prevention, control, and care services shall be integrated into the development plans and the existing programs of province, city, municipality and barangay.</p>	<p>LGU social welfare and population officers conduct HIV prevention education in the communities on a limited scale.</p> <p>Care and support not yet part of their activities.</p>	<p>LGU social welfare and population officers conduct HIV prevention education in select communities and Day Care Centers.</p> <p>There are no efforts yet to reach PLHIV and their families. Pasay City is among the roll out sites of the DSWD-UNDP program on establishing a "Referral System for Care and Support". Preparations for this have yet to start.</p> <p>There is no HIV and AIDS Core Team (HACT) in the Pasay City General Hospital.</p>	<p>No deliberate program or defined coordinative arrangement yet for care and support. (Though QCSAC is supposed to have a Health and Social Services Committee that is tasked with care of HIV and AIDS cases, among others.)</p>

## **B. Anti-Trafficking in Persons Act (RA 9208)**

The Anti-Trafficking in Persons Act (RA 9208) and its Implementing Rules and Regulations (IRR), were promulgated to protect the poor and vulnerable segments of society from human trafficking. Section 3 of the Law defines trafficking in persons as “the recruitment, transportation, transfer or harboring, or receipt of persons with or without the victim’s consent or knowledge, within or across national borders by means of threat or use of force, or other forms of coercion, abduction, fraud, deception, abuse of power or of position, taking advantage of the vulnerability of the person, or, the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation which includes at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, servitude or the removal or sale of organs.” The same section defines child as a person below eighteen (18) years of age or one who is over eighteen (18) but is unable to fully take care of or protect himself/herself from abuse, neglect, cruelty, exploitation, or discrimination because of a physical or mental disability or condition. The same section also defines prostitution as any act, transaction, scheme or design involving the use of a person by another, for sexual intercourse or lascivious conduct in exchange for money, profit or any other consideration. The Law penalizes not just those who commit acts of trafficking, but also those who buy or engage the services of trafficked persons for prostitution.

### **Quezon City**

The focus on entertainment and related establishments is a hallmark of the HIV and AIDS Ordinances of Quezon City and Pasay City. Generating the goodwill or support of establishment operators and managers is a requisite in ensuring that workers in entertainment and related establishments regularly access social hygiene services, are reached by training and outreach activities, and that the establishments comply with other ordinance’s provisions, such as those requiring the availability of condoms and IEC materials.

While, symbolically, raids made by police on the establishments serve to uphold a moralistic perspective and are supposed to protect public interest, there had been raids in Quezon City in the past that were reportedly wanting in rationality and in the manner by which they were conducted. Raids In Quezon City are said to be made when the police receive information or complaints about erring establishments (e.g., with entertainment workers with no working permits, with entertainment workers who are 18 years old and below, where prostitution thrives, with no sanitary permit or business permit, etc.) and have validated the information or complaints with surveillance. The police conduct the raid in the evening after the subject establishment opens for business.<sup>4</sup> In those raids, indiscriminate arrests (i.e., including workers with complete documentary requirements) were observed as inevitable. There have also been instances when raids are said to have been conducted without probable cause, compelling some operators to go to court to make their case. Informants mentioned that in the numerous raids done by the police in recent years, the Anti-Trafficking in Persons Act has been invoked as basis. And yet in most of these raids, it was observed that the raiding entities came up with different interpretations of the law. As explained by the local PNP informant, raids are done by different police groups (CIDG in Camp Crame, City Police Department headquarters, police substations of affected barangays, and even those from Bicutan, and the National Bureau of Investigation). Raids done by entities other than the Quezon City Police District (QCPD) are not coordinated with the latter. There is also an observation that establishments catering to gay clients have increasingly been the subject of raids. During raids in this type of establishments, gay men try to settle their case out of court as soon as possible, by paying the penalty amount set by the arresting police officers. Oftentimes, the amounts set are arbitrary, ranging from P500.00 - P2,000.00.

The lack of transparency in the conduct of raids and arrests makes establishment operators doubt the value of cooperating with the association of entertainment establishments, and for that matter, complying with the City Government requirements (e.g., regular visit

to the social hygiene clinic, attendance to HIV and AIDS education session) for the continued operation of their establishments. This situation counteracts efforts to reach most-at-risk-populations. The difficulty of City Government offices (e.g., sanitation division, business permit and licensing office) to monitor and enforce compliance with timeliness is not helping remedy the mistrust that arbitrary raids have impressed upon establishment owners.

## **Pasay City**

Based on interviews with key informants from the local police establishment, raids on the basis of human trafficking are very few in Pasay City, with the latest one done in 2008 due to the presence of a minor. In those few raids, which were also considered as missions to rescue minors and women, the CSWDO was part of the composite raiding team <sup>5</sup>. Prior to the conduct of a raid, surveillance is done (usually by elements from the PNP headquarters in Camp Crame) in coordination with the local police districts. Once information about a violation is confirmed, a raid is immediately done upon clearance by the City Mayor. Informants admit that amongst themselves, there lacks clarity on interpreting the Anti-Trafficking in Persons Act, especially in relation to other laws such as those on child abuse. As they explained, it is the City Prosecutor's Office who decides on the legal aspects.

There is a recent incident though wherein the Anti-Trafficking in Persons Act is said to have been invoked by policemen who raided a bath house.<sup>6</sup> The raid, which was done without representations from other agencies, rounded up more than 100 persons (clients and employees in the establishment) who were brought to the police station for questioning. According to an informant, lockers were destroyed and clients' belongings were confiscated by the raiding policemen. Some of those rounded up also reported having received rough treatment, physically and verbally. With no solid legal basis for the raid, the owner stood his ground and sought the help of an NGO who requested the intercession of a lawmaker related to the local chief executive in order for those



arrested to be released, and successfully at that. (Meanwhile, an exclusive bath house which is just a corner away from the City Hall operates without the least intervention from law enforcers.)

Although only a single reported incident, this seems to suggest the lack of uniformity, if not transparency, in police dealings with entertainment establishments. As seen in other cities, this could result (if not yet) to mistrust in local governance and weakened compliance with risk reduction guidelines or standards enforced by government.

The table next page summarizes the contents of RA 9208 that are relevant to HIV prevention in entertainment establishments, and how they can potentially impact HIV prevention in entertainment establishments.

**Table 3: HIV and AIDS related contents of RA 9208 and their potential impact on HIV Prevention in Entertainment Establishments**

Potential impact on HIV Prevention in entertainment establishments	
Relevant section of RA 9208	Quezon City Pasay City
<p><b>Section 3. (a) <i>Trafficking in Persons</i></b> – refers to the recruitment, transportation, transfer or harboring, or receipt of persons with or without the victim's consent or knowledge, within or across national borders by means of threat or use of force, or other forms of coercion, abduction, fraud, deception, abuse of power or of position, taking advantage of the vulnerability of the person, or, the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation which includes at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, servitude or the removal or sale of organs.</p>	<p>Same as in QC</p>
<p><b>Section 3. (b) <i>Child</i></b> – refers to a person below eighteen (18) years of age or one who is over eighteen (18) but is unable to fully take care of or protect himself/herself from abuse, neglect, cruelty, exploitation, or discrimination because of a physical or mental disability or condition.</p>	<p>Same as in QC</p>

Relevant section of RA 9208	Potential impact on HIV Prevention in entertainment establishments	
	Quezon City	Pasay City
<p><b>Section 3.</b> (c) <i>Prostitution</i> - refers to any act, transaction, scheme or design involving the use of a person by another, for sexual intercourse or lascivious conduct in exchange for money, profit or any other consideration.</p> <p><b>Section 4.</b> <i>Acts of Trafficking in Persons.</i> - It shall be unlawful for any person, natural or juridical, to commit any of the following acts: (e) To maintain or hire a person to engage in prostitution or pornography;</p> <p><b>Section 11.</b> <i>Use of Trafficked Persons.</i> - Any person who buys or engages the services of trafficked persons for prostitution shall be penalized as follows: (a) First offense – six (6) months of community service as may be determined by the court and a fine of Fifty thousand pesos (P50,000.00); and (b) Second and subsequent offenses – imprisonment of one (1) year and a fine of One hundred thousand pesos (P100,000.00).</p> <p><b>Section 16</b> gives the Department of Social Welfare and Development (DSWD) the responsibility for rehabilitative and protective programs for trafficked persons, including counseling and temporary shelter, and the development of a system for accreditation among NGOs for purposes of establishing centers and programs for intervention in various levels of the community. The same section likewise assigns</p>	<p>"Chilling effect" on condom use promotion, as the presence of condoms in an establishment tends to be interpreted as proof enough that there is prostitution.<sup>2</sup></p> <p>Suspicion or actual presence of sexual transactions in an entertainment establishment could be interpreted as proof that there is trafficking of persons; that clients engaging in such a transaction are likewise culpable. This gives the police the basis to raid the establishment, make indiscriminate arrests, and detain those considered to be guilty.</p> <p>The powers given to the PNP as the primary enforcers of the law is not subject to checks and balance; at least, not in the letter of the Law. This is, therefore, prone to abuse.</p> <p>Also note that the responsibility assigned</p>	<p>Same as in QC</p> <p>Same as in QC</p> <p>Same as in QC</p>
<p>the Philippine National Police (PNP) as the primary law enforcement agency to undertake surveillance, investigation and arrest of individuals or persons suspected to be engaged in trafficking. Other tasks given to the PNP include the establishment of a system to receive complaints and calls to assist trafficked persons and conduct rescue operations.</p>	<p>to the PNP by this national law negates the role of the QCSAC, as stated in Section 21 of QC AIDS Provision Ordinance.</p>	

### **C. The Code on Sanitation (PD 856)**

The Code on Sanitation (Presidential Decree No. 856), which was promulgated in 1975, governs the work of the Sanitary Inspector who is under the supervision of the City Health Officer.

The Sanitation Division of the Quezon City and Pasay City health departments are tasked with the following: a) inspection of food and non-food establishments, amusement places and water refilling stations; b) containment or elimination of noise, foul odors, smoke, etc.; c) containment or elimination of insect and rodent breeding grounds thru insect and vermin control services; d) inspection of households to determine status of those with safe water supply, sanitary toilets, and sanitary waste disposal; e) provision of free toilet bowls to depressed families in the barangays; f) campaign for a clean and safe environment; g) regular bacteriological analysis of water from different sampling sites to determine potability and water supply; h) issuance of health certificate, certificate of occupancy, sanitary permits and certificate of potability.

Pursuant to the AIDS Prevention and Control ordinances of both cities, their Sanitation Division have also been assigned to organize HIV and AIDS Seminars, attendance to which is one of the requirements (along with sputum and stool exam) for applicants of health certificates which the Sanitation Division issues.

There are 45 sanitary inspectors in Quezon City, of which 37-38 are doing field work and 6-7 are doing supervisory functions in the office. With a population of 2.8 million, performing household or community water and sanitation related functions, let alone the inspection of food, non-food and amusement places for compliance with sanitation requirements, can be very demanding in a City undergoing rapid commercial development and at the same time host to big urban poor communities. In addition, Quezon City has more than 258 entertainment, massage and sauna establishments<sup>8</sup>.

Pasay City, especially the area that faces Roxas Boulevard, is considered as part of Metro Manila's original tourist belt. There are 74 registered entertainment, massage and sauna establishments in this city.<sup>9</sup> This number does not include those that are registered as restaurants, but actually serve as beer houses after dusk. From a spatial perspective, the City's proximity to the Ermita-Malate district of Manila which is known to host night clubs, discotheques, bars and related entertainment establishments that cater to the preferences of local and foreign clients also reinforces a reputation of Pasay City as a favored destination for those seeking "goodtime". It's coterie of drive-in hotels/motels and inns further bolster the reputation that the sex-related industry is very much alive in the City. Pasay City has 10 sanitary inspectors, eight of whom are doing field work and two are doing supervisory and support functions from the office.

In addition to the HIV-related task mentioned above (i.e., HIV and AIDS seminars for applicants of health certificates which the sanitation divisions in the two cities are implementing regularly) and the more basic task of inspecting compliance with the Sanitation Code's provisions related to entertainment establishments, massage clinics, and sauna baths, the Sanitation Code also has provisions on disposal of dead persons and licensing/registration of embalmers and undertakers (Sections 93 and 94) that also fall within the purview of the local Sanitary Inspector. All these aforementioned tasks put the sanitation sub-sector in an important position in the local HIV and AIDS response. There are enabling and limiting factors in maximizing the involvement of the sanitation division, as presented in the table below.

**Table 4: HIV and AIDS-related provisions of the Sanitation Code and factors affecting HIV Prevention**

Relevant sections of the Sanitation Code	Local Implementation	Opportunities and Constraints to HIV Prevention
<p><b>Chapter I: General Provisions:</b>  <b>Sec. 7. Authority of Health Officers.</b> - The health officers shall administer health functions in areas under their jurisdiction and enforce the provisions of this Code and the rules and regulations promulgated by the Secretary under this Code.</p>	<p><u>Both QC and Pasay City</u></p> <p>Beyond the issuance or denying the issuance of sanitary permits, the City Health Officer or Sanitation Division Head does not have the power to enforce provisions of the Sanitation Code related to entertainment, massage, spa and sauna establishments. They are just recommending authorities as it is the Permits and Licensing Office, under the Office of the Mayor, that enforces compliance thru the revocation of business permit or the issuance of a cease-and-desist order to non-complying establishments.</p>	<p><u>Both QC and Pasay City</u></p> <p>Possible tension (due to varying interpretations of the law) between the enforcement by the PNP of the provisions of the Anti-Trafficking in Persons Act related to prostitution, and enforcement by the City Health Officer (thru the Sanitation Division) of Section 56 of the Sanitation Code prohibiting private rooms or separate compartments (conducive to sexual activity) in dance halls and night clubs, except those used for lavatories, dressing rooms, bars and kitchens.</p>
<p><b>Chapter XI: Dancing Schools, Dance Halls, and Night Clubs</b>  <b>Sec. 56. General Provisions.</b> - The following provisions are applicable to dancing schools, dance halls and night clubs:  a. These establishments shall be operated and opened for public patronage only when a sanitary permit is issued by the local health authority.  d. There shall be no private rooms or separate compartments for public use except those used for lavatories, dressing rooms, bars and kitchens.</p>	<p><u>In Quezon City</u></p> <p>Roster of non-compliant establishments that are in operation, based on monitoring in late 2010, shows that item "a" is not strictly enforced.</p> <p>Item "d" is interpreted differently in different entertainment establishments (e.g., night clubs, KTV bars). In QC, for example, there are establishments that may be considered as private rooms conducive to sexual activity.</p>	<p><u>Both QC and Pasay City</u></p> <p>Could encourage complacency and, consequently, police action.</p>
<p><b>Sec. 57. Special Provisions.</b> - The following provisions are applicable in cases herein specified:  b. For dance halls and night clubs -  1. No person shall be employed as hostess or cook or bartender or waiter without first securing a health certificate from the local health authority.</p>	<p><u>Both QC and Pasay City</u></p> <p>Attendance in a HIV and AIDS Seminar is a requirement for the issuance of a health certificate in both cities.</p>	<p><u>Both QC and Pasay City</u></p> <p>This is seen to impact positively on HIV prevention.</p>

Relevant sections of the Sanitation Code	Local Implementation	Opportunities and Constraints to HIV Prevention
<p><b>Chapter XIII - Massage Clinics and Sauna Bath Establishments</b>  <b>Sec. 60. Sanitary Permit.</b> - No person or entity shall operate a massage clinic and or a sauna bath establishment without first securing a sanitary permit from the local health authority.</p>	<p><u>Quezon City</u>  Health certificates of all employees, including that of the manager or operator, are required prior to the issuance of a sanitary permit. In the case of massage and sauna establishments, massage attendants are compelled to undergo a three-day massagist training which includes HIV and AIDS prevention.  However, there are observations that because of the length of the training for massagists, not all trainees are able to finish the training.</p> <p><u>Pasay City</u>  The Ordinance is not exacting of command responsibility or operators' accountability for the compliance of their massage attendants. The presence of non-compliant massage attendants (or entertainment workers in a establishment) is not treated as basis for non-renewal or revocation of business license or permit.</p>	<p>This is also seen to impact positively on HIV prevention in Quezon City.</p> <p>Section 3 of the Pasay City Ordinance is not supported by a penalty clause, unlike the QC Ordinance which tacitly says that "no entertainment establishment shall be given a license or permit to operate unless the operator and entertainers shall have attended the seminar."</p>
<p><b>Chapter XIII - Massage Clinics and Sauna Bath Establishments</b>  <b>Sec. 62. Personnel.</b> - The following requirements shall be enforced:  a. Masseur -  1. The person must have a certificate as a registered masseur, issued by the Committee on Examiners for Masseur of the Department (of Health).</p>	<p><u>Both QC and Pasay City</u>  A due diligence check made by the sanitation division is to inspect if the masseur has the training certificate issued after attending training conducted by the DOH-licensed trainer.</p>	<p><u>Both QC and Pasay City</u>  No assurance that bonafide masseur is knowledgeable of HIV prevention; unclear if masseur is mandated to perform HIV prevention tasks and, if they are, the adequacy of their training.</p>

Relevant sections of the Sanitation Code	Local Implementation	Opportunities and Constraints to HIV Prevention
<p>b. He must possess an up-to-date health certificate issued by the local health authority to include VD clearance secured from any government clinic or hospital.</p> <p>c. Sauna Bath Attendant -</p> <p>1. Attendant must possess an up-to-date health certificate issued by the local health authority.</p>	<p><u>In Quezon City</u></p> <p>Item "c" - Updating of health certificates after undergoing VD check up is said to be strictly enforced. However, arbitrary raids are said to have cast doubts on the part of massage or sauna establishment managers/operators on the practical business value of strictly observing the requirements for their workers to have weekly VD check up in the Social Hygiene Clinic.</p> <p><u>In Pasay City</u></p> <p>Item "c" - Massage parlor or sauna batch attendants undergo VD check ups every 2 weeks if they are pink card holders.</p>	
<p><b>Chapter XXI - Disposal of Dead Persons</b></p> <p><b>Sec. 93. Funeral and Embalming Establishments.</b> - These establishments are subject to the following requirements:</p> <p>a. Scope of inclusion - For the purposes of this Section, requirements prescribed herein shall be applied and enforced to funeral chapels, embalming establishments and morgues.</p> <p>b. Sanitary permit - No establishment mentioned in the preceding paragraph shall be operated without a sanitary permit issued by the Secretary or his duly authorized representative. This permit shall be revoked in case of any violation of the provisions of this chapter and the rules and regulations promulgated by the Secretary.</p>	<p><u>Both QC and Pasay City</u></p> <p>The sanitary permit is issued by the LGU upon compliance with the requirement for business establishments and the presentation of an up-to-date license issued by the DOH.</p> <p>Very low awareness about universal precautions for HIV and AIDS in the ranks of sanitary inspectors.</p>	<p><u>Both QC and Pasay City</u></p> <p>Section 21 of the IRR of the AIDS Law elaborates on Universal Precautions as the basic standard of infection control, while Section 24 identifies the procedures (including embalming) where Universal Precautions should be observed. Section 24 also states that a separate manual for each procedure should be developed and printed by the DOH within one (1) year from the effectivity date of the IRR of RA 8504. Another section, Section 52 which may be considered as an anti-hysteric provision, upholds the decent burial services that conform to culturally acceptable religious beliefs and norms subject to the observance of universal precautions.</p> <p>The Sanitary Inspectors, most of whom have</p>



Relevant sections of the Sanitation Code	Local Implementation	Opportunities and Constraints to HIV Prevention
<p><b>Sec. 94. Licensing and Registration Procedures.</b> - the licensing and registration of undertakers and embalmers are subject to the following requirements:</p> <ol style="list-style-type: none"> <li>Issuance of license to practice -</li> <li>Licensed undertakers or embalmers shall practice undertaking or embalming in accordance with requirements prescribed by the Departments.</li> <li>Issuance of certificates or registration - <ol style="list-style-type: none"> <li>An undertaker or embalmer shall apply annually for a registration certificate and pay an annual registration fee of twenty-five pesos to the Regional Health Office concerned.</li> <li>The first registration certificate issued shall cover the period from the date of issuance to the last day of the current year. Subsequent certificate shall expire December 31 of the year.</li> <li>Certificates of registration shall be posed conspicuously in establishments concerned.</li> </ol> </li> </ol>		<p>not been given adequate orientation on Universal Precautions, do not probe if the embalmer is knowledgeable about Universal Precautions related to HIV and AIDS. To them, the presentation of a DOH license is proof enough that the embalmer is knowledgeable about precautionary measures prescribed by DOH. There is also no manual given to them regarding universal precautions and how compliance by embalming establishments can be monitored.</p> <p>Although there is a licensure examination for embalmers, the embalming profession is not yet professionalized in the Philippines. There is no curriculum yet for embalmers. High school graduates can take the DOH licensure examination (which is said to contain questions on HIV and AIDS) as long as they have complied with the requirement of having apprenticed in the embalming of at least 10 cadavers under the supervision of a licensed embalmer in a registered establishment.</p> <p>The DOH requires continuing education (e.g., attendance in training or seminars) for the renewal of license and there is now said to be a review module attended by embalmers for the renewal of their license.</p>

It is also worth mentioning that the inability of the DOH and the LGUs to popularize the pertinent provisions of the AIDS Law and their implications on the specific roles or mandates of practitioners in the different fields (e.g., tasks of Sanitary Inspectors relevant to Universal Precautions) is also fueling misconceptions and hysterics that, ultimately, could contribute to stigma and discrimination.

## D. Dangerous Drugs Act of 2002 (RA 9165)

Like other cities in Metro Manila, Quezon City and Pasay City do not have a focused program on injecting drug users as the IDU population is estimated not to be significant yet as to warrant a purposive allocation of resources. IDUs started to be a subject of sentinel surveillance in Quezon City and Pasay City only in 2007. If estimates based on surveillance of various years (Table 5 below) are to be used, data will show that the IDU population is growing, perhaps slowly, but steadily.<sup>10</sup>

**Table 5: IDU population estimates in Quezon City, Pasay City and Cebu City: 2007, 2009**

City	2007*		2009**
	Population estimates	Estimated prevalence rate (%)	Population estimates
Quezon City	221 to 442	0.0% to 0.73	275 to 551
Pasay City	26 to 53	0.0% to 0.73	41-83
Cebu City	963-1,458	0.07 to 2.17	2,027

\*Source: 2007 HIV Estimates of Adults Living with HIV, DOH et. al, 2007

\*\* Source: 2009 Integrated HIV Behavioral and Serologic Surveillance (IHBS), DOH

The latest estimates of injecting drug use (Table 6) show that the risk is now present among freelance female sex workers (FFSWs) and MSMs in Quezon City, and among registered freelance sex workers (RFSWs) and MSMs in Pasay City.

**Table 6: MARPs and Drug use in Quezon City and Pasay City, 2009 IHBSS**

	Quezon City			Pasay City		
	RFSW	FFSW	MSM	RFSW	FFSW	MSM
Estimated population	13,104*	476 to 539	11,856 to 20,923	902*	72 to 2,389	1,784 to 3,147
% who used drugs in the last 12 months	7.8	19.6	45.1	12.3	19.3	10.4
% who ever injected drugs among those who used drugs	0	2.8	1.3	5.4	0	7.1

\*Not an estimate, but based on actual count at the Social Hygiene Clinic (SHC)

Although the numbers are considered low, early interventions (primarily outreach education on harm reduction) are more cost effective than postponing action until the IDU population grows significantly. In Cebu Province, where the number of injecting drug users has reached an alarming level, the situation is projected to persist in the next 10 years. Quezon City and Pasay City have to decide on what are the early warning signs that will trigger the enunciation of a focused program for IDUs. If and when this program becomes necessary, there should be a knowledge build-up (social preparation) about harm reduction among key players such as the City Health Department, local PNP, DILG field office, and SSDD. Orienting these stakeholders about HIV and AIDS and injecting drug use, as well as the Dangerous Drugs Act of 2002 and the tensions that some of its provisions are causing on harm reduction work in Cebu City, General Santos, and Zamboanga City will be necessary. Below is a summary of the contents of RA 9165 and its impact on HIV prevention and care work with IDUs.

Table 7: Provisions of RA 9165 that may impact on HIV Prevention and Care Work with IDUs\*

Relevant section of RA 9165	Potential impact on HIV Prevention and health promotion work with IDUs
<p><b>Section 7. Employees and Visitors of a Den, Dive or Resort.</b> - defined as a place where any dangerous drug and/or controlled precursor and essential chemical is administered, delivered, stored for illegal purposes, distributed, sold or used in any form)</p> <p>The penalty of imprisonment ranging from 12 years and one day to 20 years and a fine ranging from P100,000 to P500,000 shall be imposed upon:</p> <p>(a) Any employee of a den, dive or resort, who is aware of the nature of the place as such; and</p> <p>(b) Any person who, not being included in the provisions of the next paragraph, is aware of the nature of the place as such and shall knowingly visit the same.</p>	<p>Peer educators, outreach workers, health workers, NGO and government staff, as well as any person who visits a den, dive, or resort may be imprisoned. Thus, this provision has the unintended effect of restricting access of the abovementioned workers to drug users.</p> <p>Likewise, drug users may be deprived of access to information about HIV, Hepatitis, and the harmful effects of drugs, as well as vital services. It is also a known fact that drug users are not likely to access the usual health centers and other community health services, and therefore outreach is the best way to deliver services.</p>
<p><b>Section 10. Manufacture or Delivery of Equipment, Instruments, Apparatus, and Other Paraphernalia for Dangerous Drugs and/or Controlled Precursors and Essential Chemicals.</b> - The penalty of imprisonment ranging from 12 years and one day to 20 years and a fine ranging from P100,000 - P500,000 shall be imposed upon any person who shall deliver, possess with intent to deliver, or manufacture with intent to deliver, equipment, instruments, apparatus and other paraphernalia for dangerous drugs, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal any dangerous drug and/or controlled precursor and essential chemicals in violation of penalty of imprisonment ranging from six months and one day to four years and a fine ranging from P10,000 to P50,000 shall be imposed if it will be used to inject, ingest, inhale, or otherwise introduce into the human body a dangerous drug in violation of this Act.</p>	<p>Needles and syringes and other equipment used for injection of dangerous drugs are included in this provision, as they are considered as equipment for using and administering or delivering dangerous drugs. Health workers, NGO workers, outreach personnel, peer educators who carry this equipment, whether new or used, can be charged in court. This provision (particularly around needles and sterile injecting equipment) hampers needle and syringe distribution and exchange programs, compromises HIV prevention work, and can lead people to hide syringes in the hope of reusing them. In effect, this provision increases the possibility of needle sharing among IDUs or the reuse of injecting equipment that may not be properly cleaned. IHBS findings have cited fear of being caught with a needle as the main reason why frequent, daily injectors did not bring needles on their persons.</p>

<p><b>Relevant section of RA 9165</b></p> <p><b>Section 11. Possession of Dangerous Drugs.</b> - The penalty of life imprisonment to death and a fine ranging from P500,000 to P10,000,000 shall be imposed upon any person who, unless authorized by law, shall possess any dangerous drug in the following quantities, regardless of the degree of purity thereof: (1) 10 grams or more of opium; (2) 10 grams or more of morphine; (3) 10 grams or more of heroin; (4) 10 grams or more of cocaine or cocaine hydrochloride; (5) 50 grams or more of methamphetamine hydrochloride or "shabu"; (6) 10 grams or more of marijuana resin or marijuana; and (8) 10 grams or more of other dangerous drugs such as, but not limited to,...</p>	<p><b>Potential impact on HIV Prevention and health promotion work with IDUs</b></p> <p>Unclean or used needles, if they have residues of drugs, may be used as evidence of possession. Therefore, this provision can hamper needle exchange programs because outreach workers will not want to be caught with used syringes or turn in syringes where there is residue of drugs left. This could also lead to users trying to hide and reuse their equipment but not disposing of them properly if others in the community get needle stick injuries from improper disposal.</p>
<p><b>Section 12. Possession of Equipment, Instrument, Apparatus and Other Paraphernalia for Dangerous Drugs.</b> - The penalty of imprisonment ranging from six months and one day to four years and a fine ranging from P10,000 to P50,000 shall be imposed upon any person who, unless authorized by law, shall possess or have under his/her control any equipment, instrument, apparatus and other paraphernalia fit or intended for smoking, consuming, administering, injecting, ingesting, or introducing any dangerous drug into the body: Provided, That in the case of medical practitioners and various professionals who are required to carry such equipment, instrument, apparatus and other paraphernalia in the practice of their profession, the Board shall prescribe the necessary implementing guidelines thereof. The possession of such equipment, instrument, apparatus and other paraphernalia fit or intended for any of the purposes enumerated in the preceding paragraph shall be prima facie evidence that the possessor has smoked, consumed, administered to himself/herself, injected, ingested or used a dangerous drug and shall be presumed to have violated Section 15 of this Act.</p>	<p>Under this provision, possession of equipment, instrument and apparatus is equated with use; this is not necessarily the case.</p> <p>The effect of this policy is that people who are carrying clean needles for peer outreach or for delivery to a storage site, or even to a disposal facility may be arrested.</p> <p>Though it was noted that DDB may prescribe implementing guidelines for 'medical practitioners and various professionals' who are required to carry above mentioned equipment, no implementing guidelines exist at the moment. Peer workers and others not considered 'professionals' may not be covered by these guidelines.</p>

Relevant section of RA 9165	Potential impact on HIV Prevention and health promotion work with IDUs
<p><b>Section 14. Possession of Equipment, Instrument, Apparatus and Other Paraphernalia for Dangerous Drugs During Parties, Social Gatherings or Meetings.</b> - The maximum penalty provided for in Section 12 of this Act shall be imposed upon any person who shall possess or have under his/her control any equipment, instrument, apparatus and other paraphernalia fit or intended for smoking, consuming, administering, injecting, ingesting, or introducing any dangerous drug into the body, during parties, social gatherings or meetings, or in the proximate company of at least two persons.</p>	<p>Similar comments as for Section 12 above.</p>
<p><b>Section 54. Voluntary Submission of a Drug Dependent to Confinement, Treatment and Rehabilitation.</b> - A drug dependent or any person who violates Section 15 of this Act may, by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, apply to the Board or its duly recognized representative, for treatment and rehabilitation of the drug dependent. Upon such application, the Board shall bring forth the matter to the Court which shall order that the applicant be examined for drug dependency. If the examination by a DOH-accredited physician results in the issuance of a certification that the applicant is a drug dependent, he/she shall be ordered by the Court to undergo treatment and rehabilitation in a Center designated by the Board for a period of not less than six months: Provided, That a drug dependent may be placed under the care of a DOH-accredited physician where there is no Center near or accessible to the residence of the drug dependent or where said drug dependent is below 18 years of age and is a first-time offender and non-confinement in a Center will not pose a serious danger to his/her family or the community.</p>	<p>This provision specifies that a court order is needed before someone can be admitted in a rehabilitation center. Some families or drug dependents may not want to go through this process. In practice, privately run or non-government facilities may not require a court order to admit patients.</p>

-V. Salas, et al. 2008

---

<sup>2</sup> *In the same way that national government agencies, like the Department of Education (DepEd) and the Philippine Overseas Employment Agency (POEA), have their own policy guides or issuances for its engagement in HIV prevention for school children and for overseas contract workers, respectively.*

<sup>3</sup> *The key elements include: a) policy development; b) Information-Education-Communication and Advocacy; c) research, surveillance, monitoring & evaluation; d) care and support; e) program management and coordination; f) networking; and g) fund raising. (Initiating Local Response to HIV/AIDS: A Guidebook. PNAC-UNDP, 2000)*

<sup>4</sup> *While there is supposedly a memo from the former QC mayor instructing that raids on establishments should be done by a composite team consisting of various city government offices, including the Social Services and Development Department (SSDD), the Sanitation Division, and the Business Permit and Licensing Office (BPLO), this has been more an exception than the rule for the reason given that the raids are conducted late in the evening and not enabling of the participation of other offices.*

<sup>5</sup> *The raiding team consists of the local police and representatives from the CSWDO, the Permits and Licensing Office, the Department of Labor and Employment, the Prosecutor's Office and the Sanitation Division.*

<sup>6</sup> *A bath house is a sauna establishment that caters mainly to gay men.*

<sup>7</sup> *While RA 9208 does not mention condoms as a legally qualified piece of evidence of prostitution, police authorities misinterpret its presence in establishments as tantamount to allowing sexual activities within the establishments.*

<sup>8</sup> *Based on a tally of the Sanitation Division in early 2010, which does not include small road-side beer houses that operate without business permit and hire female guess relations officers or GROs.*

<sup>9</sup> *<http://www.pasay.gov.ph/Business/Entertainment.html>*

<sup>10</sup> *Due to varying methodologies of the latest and previous IHBSS, comparison of data from these surveys should be treated with caution.*





# 3

## Responsiveness of the AIDS Prevention Ordinance to Current Situation and Emerging Epidemiology

A discussion on responsiveness of local AIDS prevention ordinances should look into the epidemiology and risk dynamics in the local area, as well as the overall country epidemiology as there are features of the overall epidemiology that could provide an indication of emerging risks for the locality.

### **A. Salient features of HIV and AIDS Epidemiology in the country**

In the UNAIDS Global Report 2010 which features a scorecard on incidence among 63 reporting countries, the Philippines is one of seven countries that reported increasing HIV cases.

From the first reported case in 1984, the Philippines now has 6,669 HIV cases (April 2011). The average number of cases reported each month has been increasing, with a spike in 2006 and 2008: from 15 in 2002, 17 in 2004, 26 in 2006, and 44 in 2008 (Philippine HIV and AIDS Registry, 2010). While this begs the question of whether the increasing number is due to better reporting, or because of effective advocacy leading to increase in HIV testing, the increment is substantive enough to evoke scrutiny of the national, as well as local response. This is especially so given the following findings from

the 2009 Philippine IHBSS and data from the HIV and AIDS Registry.

- the shift from heterosexual transmission (from 78 percent in 2000 to less than 35% in 2008) to homosexual transmission (from 13 percent in 2000 to 40% in 2008);
- most of the cases involving homosexual transmission are from 19-29 age group and are from highly urbanized areas and are neither categorized as sex workers nor migrant workers;
- Based on trends in prevalence rates across 10 sentinel sites, HIV prevalence is now at 0.54% for FFSW and 1.05% for MSM;
- Injecting Drug Use (IDU) as a mode of transmission now occupies a prominent position with more than 15% of cases of reported HIV cases in 2010. (Philippine HIV and AIDS Registry). While Cebu province contributes the majority of infections among IDUs, geographic spread of IDU outside Cebu is a strong possibility.

## **B. HIV and AIDS situation among MARPs in Quezon City and Pasay City**

Most of the data presented in this section, as well as the previous sections, were culled from the 2009 Integrated HIV Behavioral and Serologic Surveillance<sup>11</sup>.

Excluding Clients of Female Sex Workers, FSWs (registered and freelance) comprise the biggest most-at-risk population group in Quezon City and Pasay City, followed by Males who Have Sex with Males (MSM). This information (Table 8), while affirming the logic of targeting entertainment establishments for HIV prevention, also begs the question of whether the two cities are doing something substantive for MSMs and FFSWs.

As to injecting drug users (IDUs), it was mentioned earlier that the estimated number could be increasing and the 2009 estimates of injecting drug use (Table 5) show that

the risk, although low, is present among RFSWs, FFSWs and MSMs. Knowing more about IDUs is necessary in guiding the design and implementation of early interventions.

**Table 8: Population estimate of most-at-risk population, Quezon City and Pasay City, 2009**

Most-at-risk population	Quezon City		Pasay City	
	Low	High	Low	High
Female Sex Workers (FSW)				
*Based in SHC registered establishments (RFSW)	13,104		902	
Freelance Female Sex Worker (FFSW)	476	539	72	2,389
Clients of Female Sex Workers	13,251	34,872	1,993	5,246
Males who have Sex with Males (MSM)	11,856	20,923	1,784	3,147
Injecting Drug Users (IDU)	275	551	41	83

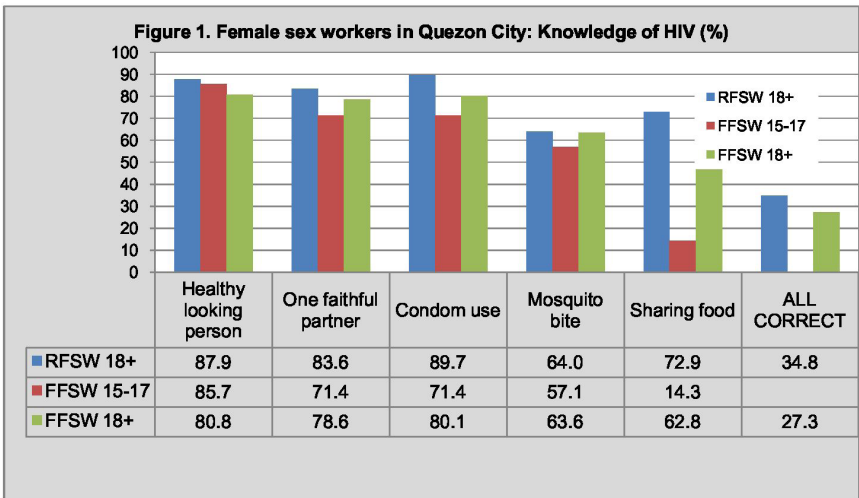
\*Not an estimate: Based on actual count at the SHC

Source: 2009 IHBS

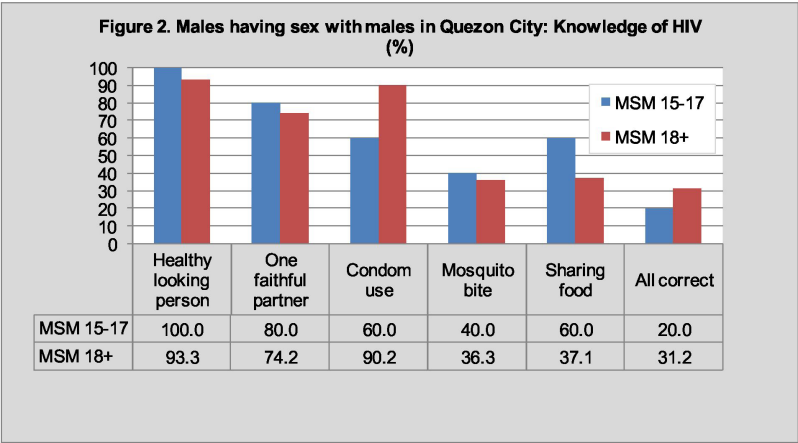
## Knowledge of HIV among MARPs and the Use of Condom

### Quezon City

Knowledge of HIV <sup>12</sup> among the most vulnerable groups (FSWs and MSMs) in Quezon City may be considered as low, with only 34.8 percent of RFSWs and 27.3 percent of FFSWs answering all five questions correctly, with the younger FFSWs (15-17) having less knowledge.



Using the same measures, knowledge of HIV is also low among MSMs who comprise the third biggest most-at-risk population in Quezon City. Younger MSMs (aged 15-17) have less knowledge about HIV, particularly on condom use, compared to their older counterparts (18 and above).



Low knowledge about condom use among younger MSMs translates to the realm of practice, with only 20 percent of younger MSMs reporting condom use in their last anal sex. It is noteworthy that almost 80 percent of MSMs sampled in the IHBSS, especially those in the older age group (18 and above), were into selling sex.<sup>13</sup> As to purchasing or availing sex, 50 percent of MSMs (all of whom are from the 18 and above age group) were clients of sex workers in the past year. These data on MSMs underscore the value of targeting this group. Preventive education for young people, especially those in the 15 and below age group, from less privileged communities could also contribute to mitigating the risks of transmission among MSMs.

Among female sex workers in Quezon City, condom use is high among RFSWs (92%) and lower among FFSWs 18 years of age and above (Table 9). Despite this, Quezon City has the second highest HIV prevalence among RFSWs (0.34%) in Metro Manila sentinel sites, next to Pasay City (1.00%). This could be an indication that information on the proper use of condoms is wanting among RFSWs, or that consistent condom use is not being practiced. Quezon City,

however, has zero Syphilis prevalence among RFSWs, just like Caloocan City where condom use among RFSWs is only at 71.8 percent.

**Table 9: Sexual practices among MARPs, Quezon City**

	TOTAL (%)			FFSW (%)		MSM (%)	
	RFSW	FFSW	MSM	15-17	18 older	15-17	18 older
Condom use last time MARP was paid for sex (for MSM, last paid anal sex)	92.4	79.2	79.6	100	78.3	50.0	80.2
Condom use last anal sex			70.7			20.0	72.4
Anal receiver			14.3			60.0	13.5
Anal inserter			49.6			60.0	49.4
Both inserter and receiver			6.9			20.0	6.7
Participated in an orgy			27.9			20.0	28.1
% of MARP who are clients of sex worker past year	2.0	3.3	50.0	12.5	2.8	No 15-17 MSM who are clients	50.0
% of MARPs who sold sex past year			79.9			40.0	80.7

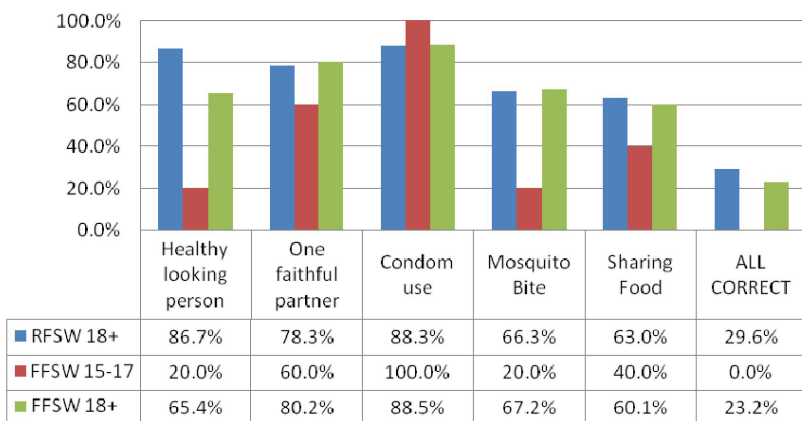
Source: 2009 IHBSS

It can be concluded that the QC AIDS Prevention Ordinance is correct in focusing on entertainment and massage establishments, as this is the area where the City Government can summon its regulatory strength and make it work for HIV prevention. However, as the main ordinance on HIV prevention, it does not convey a full picture of the risk dynamics in the City, as some of them were not yet fully emergent at the time of the Ordinance's enactment. Moreover, it is silent on the risks faced by other MARPs, such as MSMs, street children who are sexually exploited and from whose ranks come many FSWs, and the small yet growing population of IDUs.

### Pasay City

Knowledge of HIV among the most vulnerable groups (FSWs and MSMs) in Pasay City is also low. Among RFSWs, only 29.6 percent answered all five questions correctly, while among FFSWs, the proportion is lower at 23.2 percent, with younger FFSWs (15-17) having significantly less knowledge. (Please refer to Figure 3.)

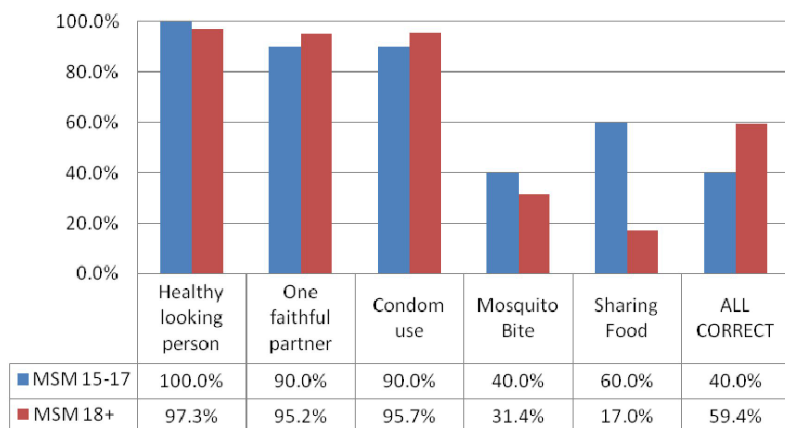
**Figure 3: Female Sex Workers in Pasay City: Knowledge of HIV**



Source: IHBSS, 2009

Among MSMs, knowledge about the disease and ways to reduce risk (i.e., condom use, having one faithful partner) is lesser among those in the younger age group (Figure 4).

**Figure 4: Males Who Have Sex with Males, Pasay City: Knowledge of HIV**



Source: IHBSS, 2009

Low knowledge about the preventive value of condom use among the ten younger MSMs (15-17 years old) sampled translates to practice, with no one among them reporting condom use in their last anal sex (Table 10). It could be noted that Pasay City has the third highest Syphilis prevalence among MSM in all IHBSS sites at 3.96%.<sup>14</sup> This underscores the value of targeting this group. Preventive education for young people, especially those in the 15 and below age group, from less privileged communities could also contribute to mitigating the risks of transmission among MSMs.

In all the IHBSS sentinel sites, Pasay City has the highest percentage of condom use among RFSWs (96.3%), as well as FFSWs 18 years old and above (92.6%). Despite this, HIV prevalence among RFSWs is highest in Pasay City (1.00%). This could be an indication that information on the proper use of condoms is wanting among RFSWs, or that consistent condom use is not being practiced.

**Table 10: Sexual practices among MARPs, Pasay City**

	TOTAL (%)			FFSW (%)		MSM (%)	
	RFSW	FFSW	MSM	15-17	18 older	15-17	18 older
Condom use last time MARP was paid for sex (for MSM, last paid anal sex)	96.3	92.6	56.0	80.0	92.9	50.0	56.3
Condom use last anal sex			31.2			0	32.5
Anal receiver			39.5			30	40
Anal inserter			30.4			30	30.4
Both inserter and receiver			3.5			10.0	3.2
Participated in an orgy			9.1			10.0	9.0
% of MARP who are clients of sex worker past year	1.0	6.4	66.0	0	6.6	No 15-17 MSM who are clients	66.0
% of MARPs who sold sex past year			44.0			30.0	44.7

Source: 2009 IHBSS

It can be concluded that the Pasay City AIDS Prevention and Control Ordinance is logical in focusing on entertainment and massage establishments, for the same regulatory reason that was also the rationale behind the Quezon City AIDS Prevention and Control Ordinance. However, with the risks now faced by other population segments, there is a need to re-consider its scope.

---

<sup>11</sup> *Longitudinal comparison of data was avoided due to the changing methodologies in surveillance in the past IHBSS.*

<sup>12</sup> *Defined as having the correct answers to five questions on who can have HIV, how it is transmitted and how it is prevented*

<sup>13</sup> *An in-depth IHBSS analysis conducted in 2010 found that almost (around 90%) of IHBSS MSM respondents in QC were male establishment-based sex workers, categorically not MSMs who are into casual sex.*

<sup>14</sup> *In all IHBSS sentinel sites, Zamboanga City has the highest Syphilis prevalence rate at 9.67%, followed by Pasig City at 8.25 %.*



# 4

## Review of Implementation

This section reviews the implementation of the major provisions of the Quezon City and the Pasay City AIDS Prevention and Control Ordinance.

### **A. QUEZON CITY AIDS PREVENTION AND CONTROL ORDINANCE**

#### Article II. Strengthening the QC STD/AIDS Council Section 4. QCSAC

This section cites at least six functions of the QCSAC:

- 1) Ensures implementation of the policies and measures set forth in the Ordinance;
- 2) Provides education and information dissemination activities on the promotion of prevention and control of STD/HIV/AIDS;
- 3) Organizes and encourages registered establishments owners/operators to actively participate in the prevention and control of STD/HIV/AIDS;
- 4) Assists in the conduct of seminars on STD/HIV/AIDS and to make themselves available for similar purposes to such operators and

entertainers, and other persons who may need their services and expertise;

- 5) Monitors from time to time the compliance to Section 9 (Peer Educator Requirement) of the Ordinance; and
- 6) Monitors and inspects the attendance of operators and entertainers on STD/HIV/AIDS training through certificates of attendance.

Of these functions, only item #2 (education and information) is dispensed by the Council and its members. The rest are performed by the City Health Department. For item #3, the association of establishment owners (SAMACKA) has a “no checkup-no duty” policy for their massage and spa attendants. However, with a dwindling number of active members (from 40 down to 12) and weakened influence over spa and massage establishment owners, the task of HIV prevention falls mainly on the City Health Department (CHD). There was a time when SAMACKA was very active in prevention activities for their workers, but their enthusiasm has waned due to what they consider as arbitrary raids<sup>15</sup>. This has also affected QCSAC’s ability to invite other associations of establishment owners to be members of QCSAC. Nonetheless, SAMACKA continues to attend QCSAC meetings.

The Local AIDS Council, which is supposed to be the main mechanism for mobilizing resources and goodwill for HIV and AIDS prevention, treatment, care, and support seems to be strong in reaching out to its partners outside the City Government for prevention, but has not been as effective in rallying other agencies within the City Government. The observation from various groups about the lack of teeth in some of the provisions of RA 8504 is, in some instances, contestable as the task of making these provisions work can be achieved with a vigilant Local AIDS Council with a working committee for program monitoring, guided by a clear monitoring framework and the needed resources to perform its tasks.

As to IEC, the minutes of the QCSAC meetings are reflective of GO-NGO efforts to reach the communities with information and education. In addition to the activities of NGO members, such as the Women's Health Care Foundation, Philippine Rural Reconstruction Movement, and Action for Health Initiatives, there are GFATM and UNICEF-supported activities, implemented by other NGOs that are aimed at specific segments like MSMs, FSWs, and most-at-risk children and young people. For the general population, different types of IEC had been developed under the USAID-funded Health Promotions project. These materials had been pre-tested but have yet to be produced. The lack of budget for IEC, despite the substantive increase in the allocation for STI and HIV and AIDS Prevention and Control (Table 9) is a basic constraint. Currently, implementers are using an IEC material for young people developed by UNICEF.

<b>Table 11: Quezon City Health Budget* and STD/HIV Control and Prevention Budget*, 2006-2009</b>					
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
City Health Budget	62,436,636	94,137,698	98,111,173	104,819,884	115,843,808
STD/HIV Control & Prevention	740,000	701,675	872,904	978,000	3,149,000

\*Does not include budget for Personnel Services

It is observed that there are many missed opportunities for outreach education because of the lack of funds for the development/adaptation and production/reproduction of appropriate IEC materials. That donor funds remain a substantive part in providing vital resources such as IEC materials, condoms for STI/HIV prevention, STI medicines and supplies, and SHC office equipment, even in a supposed resource-rich LGU like Quezon City, is telling of the highly inadequate level of resources mobilized locally for HIV prevention. But when resources are available, Quezon City exhibits a propensity for strategic allocation as with the recruitment of full-time peer educators.

## Section 5: Integration of QCSAC programs in the Quezon City Development Plan by 2002

In the section on Social Development Plan, the updated City Development Plan mentions STD/HIV/AIDS Prevention and Management as a basic service. Under the various service packages, the Essential Health Care Package for Adolescents and Youth includes adolescent reproductive health which encompasses fertility awareness, family planning, responsible sexual behavior, and management of reproductive tract infections (RTIs). The Essential Health Care Package for Adult Males and Females also includes reproductive health (FP, responsible sexual behavior, management of reproductive tract infections). Under Disease Prevention and Control, STD/HIV/AIDS Prevention and Control is included.

There is nothing on HIV and AIDS prevention or care and support under the provision of social safety nets which consists of various programs (e.g., child welfare, youth welfare, women welfare, elderly welfare, welfare of the disabled, family welfare).

### **Article IIII. STD/HIV/AIDS Prevention and Control Policies**

#### Sections 7 and 8. Compulsory STD/HIV/AIDS Education prior to issuance of a business permit or license to operate

These sections compel all operators and/or managers and entertainers of registered entertainment establishments, old and newly registered, to attend an STD/HIV/AIDS seminar prior to granting the establishments a license or permit to operate.

The responsibility for ensuring attendance of operators and managers in an STD/HIV/AIDS Seminar before they are granted sanitary permit (which is a documentary requirement before they are issued a business permit by the Business Permit and Licensing Office) is lodged with the Sanitation Division of the CHD. The same holds for the compulsory attendance of entertainment establishment workers in the same seminar before they are issued

health certificates. The health certificates of each entertainment establishment worker are also required before the operator is granted a sanitary permit. (For massage and spa establishments, masseuses are required instead to attend a three-day massage course, which is a skills training that includes HIV prevention.) After attending the seminar, participants are issued a proof of attendance which the Ordinance has a penal provision against faking (Section 12).

Based on interviews with key informants, there is full implementation of this provision, but only for entertainment establishment workers. It is said that many operators or managers have not undergone the seminar as many of them just send representatives. Even if the sanitation division desires stronger compliance, they can only recommend to the BPLO which is tasked with enforcement (e.g., thru non renewal of business permit or the issuance of a cease-and-desist order to erring establishments). Also, as mentioned earlier, some establishments do not comply for the reason that they get raided anyway even if they comply. The non-compliance of some creates a bandwagon for the others to follow suit. As a remedial measure, efforts are exerted to reach the operators and managers with HIV and AIDS education during outreach social hygiene clinics conducted in big entertainment establishments.

The three-day massagist course, which incorporates the basics of HIV prevention, is conducted by the SHC physician with a trained CHD staff and/or peer educator. This is done twice a month with 40-60 trainees per batch. First time trainees pay P300 for the course plus the SHC check-up. The stand-alone HIV and AIDS module, which is required for all health certificate applicants, is conducted three to four times a day for entertainment and non-entertainment workers alike, with up to 40 trainees per batch. There is a fee of P50 for the seminar. As massage and sauna establishment workers, as well as entertainment establishment workers, are required to renew their health certificates yearly, massage and sauna establishment workers have to undergo refresher skills training three days every year. Attendance in HIV and AIDS seminar is not a requirement

when renewing health certificates. As practiced in Quezon City, all permits, certificates, licenses issued by the City Government expires on the last day of December each year regardless of when they were granted. The large number of masseuses<sup>16</sup> poses a challenge in scheduling the training sessions before the end of December. The length of the training has also been cited as a reason for drop-outs. The big number of participants per training batch may not also be conducive to learning, interaction, and retention.

Lastly, the quality of conduct of the HIV prevention module is also not being monitored. There is no pre- and post-test to determine progress in knowledge and attitude of health certificate applicants as a result of the seminar.

### Section 9: Peer Educator Requirement

This section requires all entertainment establishments to have at least one (1) peer educator.

Each year, the City Health Department trains around 50 peer educators (PEs), which roughly represent 20 percent of entertainment establishments. The PEs undergo a three-day training. To have a better chance of continuity, many of the PEs enlisted and trained are the “Mama Sans” (pimps) and the floor managers, as they stay with the establishment much longer than entertainment workers. They also have supervisory responsibilities over entertainment workers.

As part of continuing capacity building, the PEs are invited to seminars and are sometimes also involved in surveys (e.g., IHBSS). Aside from building knowledge, these activities help sustain their enthusiasm.

Starting March 2010, the CHD fielded 11 full-time peer educators to reach two highly vulnerable segments, namely, MSMs and FSWs. Seven of them were recruited from the ranks of MSMs and perform PE work among MSMs. Four are entertainment workers whose PE work focuses on FSWs. They are paid a monthly salary equivalent to what the “casuals” (temporary contractual employees) in the City

Government receive. Engaging full-time PEs was decided on by the CHD based on IHBSS data and the realization that they should not always be dependent on NGOs to reach MARPs. Due to the absence of PEs in many of the establishments, especially the bigger ones, some of the full-time PEs also make the rounds of the entertainment establishments to conduct education and one-on-one advocacy work to promote compliance with Section 9 of the Ordinance.

#### Section 10: Availability of Prophylactics as well as availability and visibility of information materials

Most establishment owners in Quezon City do not consider it their responsibility to purchase condoms for their workers and clients. The extra cost and the police raids in the past that used the presence of condoms, among others, as ground for raids and arrests are disincentives to making condoms available. (It was observed though that after a series of dialogues between health authorities and the police establishment brokered by an NGO, the local PNP is now more cooperative and has significantly reduced using the availability of condoms as a basis or one of the bases to clamp down on establishments.) Whenever available, condoms from donor agencies like the Global Fund are distributed to establishments or directly to the entertainment workers (one box of three condoms per entertainment worker) during their SHC-administered check-ups.

While the availability of condoms is part of the masterlisting/reporting on entertainment establishments, no establishment has been penalized for non-compliance with this section. In a masterlisting of establishments done in the later part of 2010, only nine of 46 reported establishments in District 1 had condoms available.

The presence of IEC materials in entertainment establishments is also something that the CHD monitors regularly. As mentioned earlier, there is a scarcity of IEC materials, much less audience-focused materials. They only reproduce existing materials and these have been found to be unattractive to target segments.

## Section 11: Regular STD Screening for Entertainers and Others with Similar Occupations

Each entertainment worker is given a yellow card that is updated whenever the entertainment worker submits herself for check-up in the SHC. For entertainers working in bars and night clubs, they are required to undergo VD check-up every other week, while masseuses or massage attendants are required to do so weekly. A fee of P65 is paid every check-up. Aside from VD check-up in the SHCs, the SHC staff also conducts outreach clinic in entertainment establishments where their services are requested.

There are three Social Hygiene Clinics in QC (Bernardo, Project 7, Batasan along IBP Road). Based on estimates by the CHD, less than 50 percent of entertainment workers update their yellow cards regularly. Entertainment workers' compliance with the required frequency of check-ups is something that relies mainly on the good will of establishment operators or managers to encourage their entertainment workers to go to the SHC. The non-compliance of more than half of entertainment workers with the social hygiene requirements indicates, among others, the lack of a strong linkage between monitoring, advocacy, and enforcement, thus leaving room for police intervention. Targeted advocacy or encouragement is something that the full-time peer educators can focus on.

## Section 12. Requirement for the issuance of health certificate

Please refer to discussions under Sections 7 and 8.

## Section 13. Non-Hiring of Minors

This section is reinforced by Section 14 of the Ordinance which requires the presentation by the applicant in a registered entertainment establishment of an NSO-authenticated birth certificate to the Permit and Licensing Office, as well as a health certificate issued by the Social Hygiene Clinic, before a working permit is issued to the applicant.



According to a key informant in the police establishment, one of the reasons for police raids, where the Women's Desk have been asked to participate, is the presence of minors, implying that the process of issuing work permits does not guarantee the non-hiring of minors. As mentioned earlier, suspicion of violating the law, including the hiring of minors (which is also covered by the Anti-Trafficking in Persons Act) can lead to indiscriminate arrests and detention.

### Section 15. Universal Access to STD Health Care

This section calls for: a) strengthening of the SHCs through provisions of sufficient equipment, reagents and supplies, and adequate personnel; b) access to health care services of all individuals working in entertainment outfits; c) development and adoption by entertainment establishments of a health care plan that addresses the RH needs of entertainers and other employees; and d) submission to the City Government of copies of entertainment establishments' policies in accordance with labor laws and other related national and local policies.

The first and second items are being addressed by the City Government, while the third and fourth items remain largely unimplemented.

Each of the SHCs has three staff: a doctor; nurse; and a medical technologist. Aside from conducting VD check-ups and seminars, the three SHCs also take turns in conducting outreach clinics in 'cruising sites' of sex workers, and in the City Jail. The 11 full-time peer educators also help conduct lectures and condom use demonstration in the SHCs and outreach clinics. As the peer educators make the rounds of entertainment establishments, they help bridge the SHCs with the entertainment establishments (e.g., coordinating outreach VD check-ups held in the establishments during off-hours). The peer educators also assist in organizing the outreach clinics in the cruising sites where they invite sex workers and pimps alike to avail of information, pre-test counseling and rapid plasma reagent test. Regardless of the test results, the

client is given a post-test counseling. In case of a reactive result, the specimen is sent to the SACCL in San Lazaro for confirmatory testing. If the confirmatory test is positive, a face-to-face counseling session is done. Once the client has decided to seek treatment, referral is made to a treatment hub of the client's choice. These details are shared here to underscore the workload of the SHC staff. In the Bernardo SHC, the need for a laboratory assistant was articulated as the SHC medical technologist is already overstretched, reading 2,700 to 3,000 slides or more monthly.

While there were no training needs expressed by SHC informants, the quality of pre-test counseling administered to those who submit to HIV testing (e.g., whether client-initiated or provider-initiated) is worth probing, especially in the light of the heavy workload of the SHC staff. In one of the SHCs, more than 50 percent of those who underwent HIV testing have not claimed the results of their confirmatory test for many months now. While the number of unclaimed HIV test results could be due to a number of reasons, it would be of value to determine if there are improvements needed in the conduct of pre-test counseling so that it effectively drives the message of personal responsibility and the value of knowing the test results. STI medicines and other supplies are generally adequate, except in one SHC where azithromycin was mentioned as an item they often run out of. Equipment and facilities were also described as adequate, although in Project 7, the need for an appropriate counseling room was expressed. The SHC in Bernardo does not even have a telephone line at the time of the interviews. There were no informants interviewed for the SHC in Batasan.

#### Section 16. Compilation of Roster of Entertainers/Employees

The City Health Department does not maintain a roster or masterlist of all entertainers and other entertainment establishment employees. (This study does not consider it necessary or feasible to have a masterlist of entertainers and other entertainment establishment employees. For purposes of planning, a gender and age disaggregated count of entertainment workers and

those in similar occupation, the number of entertainment establishments per district and the number of entertainment and related workers per establishment would be helpful.)

### Section 17. Prohibition of Medical Malpractice

Specific to service provision in the SHC, the STD/HIV/AIDS Coordinator of the City Health Department conducts regular monitoring in the SHCs every two weeks, if not weekly. There has been no complaint or report of malpractice against any of the SHCs and staff in the last four years.

### Section 18. Prohibition against Divulging of Confidential Information of Persons Living with STD/HIV/AIDS

As a rule, only the SHC physician can access the records of clients. Confidentiality is observed in the SHC by not asking for the names of clients, and through the uses of aliases or codes instead of real names. For those attending the massagist course, they are required to submit their legal names accompanied by their NSO birth certificate.

An informant mentioned that confidentiality is not 100 percent guaranteed because of referral and continuum of care that could result to information leakage (i.e., other health workers having undue access to client records). There is a need to emphasize the value of confidentiality in the training courses conducted for health providers.

### Section 19. Prohibition for Illegal Operation of Entertainment Establishments

This section declares that entertainment establishments operating without business permit/license to operate shall be deemed illegal.

The issuance of a business permit or license to operate is dependent on a number of requirements, among them is the sanitary permit. In a masterlisting of entertainment establishments in District 1 done in the later part of 2010, only four of the 46 reported establishments with business permit have a sanitary permit. Of those without

sanitary permit, one was meted a penalty for “refusing entry.” The Sanitation Division explains that the status of compliance of establishments in said masterlist is something they have been following up with the establishment operators/managers since early this year. As a matter of due process, the Sanitary Inspector issues up to three sanitation orders to erring establishments. If they fail to comply after the third sanitation order, the case is referred to the Business Permit and Licensing Office (BPLO) for a cease-and-desist order.

## **Article IV. Penal Provision**

### **Section 20. Penalty for Violation of the Ordinance**

The wording of this section needs revision as it states that “Any person found guilty of violating all the provisions of this Ordinance shall be meted with ...penalties”. (The word “all” should be replaced by the word “any”.)

This correction notwithstanding, penalties have actually been imposed although with a very limited scope. The CHD estimates that only 10 to 20 percent of erring establishments had been meted penalties. As per Section 20, the penalties are: a) a fine of P2,000 and/or imprisonment of one (1) month for the first offense; b) a fine of P3,000 and/or imprisonment of three (3) months for the second offense; and b) a fine of P5,000 and/or imprisonment of six (6) months and/or permanent closure of establishment for the third offense. According to a city hall personnel, the fine is rather small even for a third offense that it does not engender fear among those bent to violate the law.

Also, in the light of national laws that can be interpreted as more overriding than the Ordinance (e.g., Anti Trafficking in Persons Act, Code of Sanitation), it is challenging to sort which penalties are attributed to which laws.

## **Article V. Implementation and Monitoring**

### **Section 22: Implementing and Monitoring Agencies**

Client Compliance Monitoring is conducted in entertainment establishments every two years. The Compliance Monitoring Team consists of members from the CHD, Social Hygiene Clinics, Sanitation Division, the Social Services and Development Division, the City Planning and Development Office, the Business Permit and Licensing Office, and the Department of Public Order and Safety. Each team member looks after its own mandate and determines if it is complied with by the establishments. In addition to this biennial exercise, the conduct of the Integrated HIV Behavioral and Serological Surveillance (IHBSS) also provides an opportunity to monitor the compliance of establishments with HIV prevention requirements and standards. The conduct of Client Compliance Monitoring by an inter-agency team is a good mechanism for working together and for promoting transparency of transactions with establishments. However, this needs to be strengthened such that it captures what is really going on in between the biennial or annual compliance checks. (Please also refer to discussions under Sections 4 and 11.)

## **Article VII. Trust Fund**

### **Section 23. Collection of Penalties**

This section stipulates that all collections by the City Treasurer's Office from the payment of penalties pursuant to Article IV (Section 20) of the ordinance shall be deposited in a Trust Fund. The succeeding section (Section 24) on Trust Funds specifies that collections (of penalties) shall be used in providing medical and social assistance for the entertainers infected by Sexually Transmitted Diseases (STD).

Owing to the very limited number of erring establishments that are actually meted penalties, this Section has not been given due attention.

## **Article VIII. Final Provisions**

### **Section 25. Implementing Rules and Regulations**

This section states that within six (6) months after the ordinance is fully enacted, the QCSAC shall formulate and issue appropriate rules and regulations necessary for the implementation of the ordinance.

The Ordinance was enacted on 20 March 2001. Presumably in 2001, a set of implementing rules and regulations was formulated. The draft IRR was also sent to the DOH for review, and comments on the IRR were given by DOH in May 2002.

In the course of this study, the researchers inquired if there is an IRR that was duly approved by the QCSAC and signed by the City Mayor who is also the Chairperson. While the answer given was a “yes” a copy of the said IRR cannot be found. Thus, in the review of the implementation of the Ordinance, only the Ordinance itself was used as reference.

### **B. PASAY CITY AIDS PREVENTION AND CONTROL ORDINANCE**

Although there is no functioning local AIDS Council, the Ordinance is still in effect even if implementation is only partial.

## **Article II: Rules and Regulations for HIV/AIDS/STI Prevention and Control**

### **Section 3: Compulsory AIDS/STI Education**

This section requires the attendance to STI/AIDS Awareness Seminar of applicants for Mayor’s work Permit/License of Occupational Health Permits/Certificates prior to the issuance/renewal of such (as originally provided in City Ordinance No. 236 s. 1993). It also requires all operators/managers, entertainers and other employees of entertainment establishments to undergo STI/HIV/AIDS education, conducted by the Social Hygiene Clinic (SHC), regularly. Unlike in the Quezon City Ordinance, this section in the Pasay City Ordinance

is not covered by a penalty clause. The only penalty clause [Section 12] refers to prohibited acts in entertainment establishments and not about violation of procedures or requirements.

The STI/HIV/AIDS awareness seminars are organized by the Sanitation Division of the City Health Department while the lectures are delivered by the SHC nurse. The seminars are held once to twice a week with 100 to 150 participants per batch. In practice, attendance in this awareness-raising session is a one-off requirement for those applying for health certificates and work permits the first time and is not required for renewal, even if the wording of the Ordinance makes this a requisite for renewal. Managers attend the sessions, but not the operators. Participants pay P50 for the session. No pre- and post-tests are administered, even randomly, to gauge the effect of the lectures on knowledge of the disease. There is also no provision for peer education in the establishments in the whole text of the Ordinance, although there is one in the IRR that was never approved.

#### Section 4: Availability and Accessibility of Prophylactics and Information Materials

This section, which reinforces City Ordinance No. 482 s. 1995, requires that prophylactics or condoms and information on its proper use be made available in all lodging places and entertainment establishments.

Condoms are available in most lodging places for clients who ask for them, but not in entertainment establishments. There are no information materials on HIV prevention or proper condom use in both lodging places and entertainment establishments. Condoms from GFATM are distributed to entertainment workers during outreach physical examination done by the SHC in the requesting establishments.

With a policy to deny business permit or license to new entertainment establishments with GROs, it is worth probing whether the presence of condoms in an entertainment establishment is not treated by the police as a basis to put the establishment in their watchlist.

## Section 5: Regular STI Examination

This section requires all entertainers and others with similar nature of occupation to undergo regular STI examination, done by the Social Hygiene Clinic (SHC), every two (2) weeks in order to ensure personal and public safety

Pasay City has one SHC ran by a doctor, a nurse, and a medical technologist. The SHC, which is housed in a very small area in the City Hall itself, receives 20 to 50 clients daily, with Mondays and Fridays as peak days. Compared to other SHCs like that in Quezon City, this is a moderate load. The medical technologist reads an average of 300 specimen slides a week (1200 per month) including those collected during outreach clinics.

Workers in entertainment establishments, massage parlors and spas who are holders of pink cards issued by or emanating from the Sanitation Division are required to visit the Social Hygiene Clinic every two weeks. For entertainment establishments with more than 70 entertainment workers, the SHC staff goes to the establishments and conducts outreach clinic. On the other hand, white card holders are not required to undergo social hygiene examination.

In Pasay City, the determination of whether workers get a pink card or a white card seems to be subject to discretion. There are accounts that a number of establishments whose workers are exposed to high risks (e.g., GROs, masseuses) were/are given white cards instead of pink cards. In a KTV bar sampled in this study, the GROs who are all lined up welcoming guests at the entrance of the bar and who join the guests on their tables are white card holders, according to their manager. In another night club that is part of a cluster of five entertainment establishments across a five-star hotel, bikini-clad women are pink card holders while the GROs who also join customers on their tables are white card holders. The locus of responsibility, as well as the criteria, for determining which type of health card should an entertainment establishment worker get are not clear. This lack of uniformity in the exercise of a regulatory



power creates anxiety that there might be a good number of establishment-based entertainment workers who are not being covered by SHC services even if the nature of their work necessitates the utilization of these services. One reason given why this is happening is that operators mis-declare the type of establishment for which they are applying a business permit (i.e., declaring that the establishment is just an eatery or a music lounge that will not employ GROs, but does otherwise after the permit or license is issued). With a policy not to issue a permit or license to any new establishment that will employ GROs, mis-declaration during the stage of acquiring permit or license seems a quick fix, but something that should not go unnoticed with timely and regular monitoring.

A records check by the SHC found out that there are now only 125 pink card holders in Pasay City<sup>17</sup> when, in 2009, the number of pink card holders reached as high as 900. Probing on the latest figure is important in order to plug the possible gaps in the procedure for issuing health cards (pink or white).

## Section 6: Development and Submission of Health Care Policies

This section requires all operators and managers of entertainment establishments to develop a set of establishment health care policies and other related policy in accordance with existing labor laws and other related national and local policies, particularly City Ordinance No. 180 s. 1992, and submit the same to the City Government.

This was never enforced, though this was a possibility when there was still an active PCAC which counted among its members the Pasay City Entertainment Establishment Owners and Managers Association (PACEOMA).

## Section 7: Employment Pre-Requisites

This section requires all applicants for employment in entertainment establishments to present an original copy of his/her NSO authenticated birth certificate and other legal documents

duly authenticated by the City Health Office, prior to granting them working permits

This section is generally complied with by establishment operators and managers. However, the raids done in the past because of the presence of minors seem to reflect that this provision, which is also reinforced by the Anti-Trafficking in Persons Act (RA 9208), gets violated at times.

### Section 8: Roster of Entertainers/Employees

The section tasks the Sanitation Division of the City Health Office to maintain an up-to-date master list of entertainers and other employees indicating their names, ages and establishments where employed every six months. Similarly, all entertain establishments are required to keep a daily time record of its entertainers/employees and to make these records available for inspection at all times

The SHC has a masterlist of registered entertainment workers while the BPLO has the list of entertainment establishments. Given what is said to be mis-declarations by owners about the nature of their business establishments, especially the small ones, completeness of the lists is an issue.

## **Article III: Prohibited Acts and Practices**

### Section 9: Prohibited Acts in Entertainment Establishments

This section prohibits the following acts and practices: (a) entertainment that does not conform with the Revised Penal Code provision for “entertainment for public and general patronage”; (b) lewd shows and other entertainment activities that violate gender-sensitive accepted standards of morality and decency; (c) having private entertainment rooms with locks, non-transparent partitions/walls or any form of obstruction from public view that may facilitate performance of illegal activities such as prostitution, use of illicit drugs, acts of lasciviousness or any other acts that violate women’s rights; and (d) dismissing

or penalizing an entertainer by reason of rejection of a client.

According to informants from the Sanitation Division and the BPLO, entertainment establishments are monitored for these prohibited acts or practices. Aside from the monitoring conducted separately by the Sanitation Division and the BPLO, there is also a semi-annual compliance monitoring of establishments conducted by a composite team consisting of the engineering office, the permits and licensing office, the social hygiene clinic, the sanitation division, and the CSWDO. There is said to be a continuing drive to discourage entertainment establishments from engaging in these prohibited activities or practices. Part of this drive is the policy not to issue any new license to new establishments that hire GROs.

#### Section 10: Prohibition Against Medical Malpractice

This section considers insensitive or inhumane treatment of client by medical practitioners or other staff assisting or directly providing medical services/exams as constituting medical malpractice. Clientele shall be made aware of their right to file charges for abuses committed against them.

To date, there is no reported case of medical malpractice involving the SHC in relation to entertainment workers utilizing SHC services.

Like in most SHCs, Pasay City SHC does not solicit client feedbacks for purposes of monitoring quality of service delivery. While the SHC staff is adequately trained, the physical environment where they work may not be conducive to quality care that and could discourage health seeking behavior.

#### Section 11: Prohibition Against Hiring of Minors

This section prohibits the employment of persons below 18 years old.(Please refer to discussion under Section 7: Employment Pre-requisites.)

## Section 12: Penalties:

This Section sets the penalties for violating the prohibitions under Article III, as follows:

a fine of P2,000 and/or imprisonment of one (1) month for the first offense; P3,000 and/or imprisonment for three (3) months for the second offense; and a fine of P5,000 and/or imprisonment of six (6) months and/or permanent closure of establishment.

Establishments found engaging in prohibited acts are said to be issued two notices. After the second notice and the establishment continues with the violation, its business permit is revoked.

The placement of this section on penalty under the article on prohibited acts that include, among others, the hiring of minors does not seem to harmonize with that of the penalty provisions of RA 9208 which imposes more severe penalties for acts of human trafficking.

## **Article IV: The Pasay City AIDS Council (PCAC)**

### Section 13 and 14: Establishes the PCAC and defines its functions

These sections state the reason for creating the PCAC, which is to oversee a concerted local multi-sectoral and comprehensive response to HIV and AIDS, and to spell out the roles of the PCAC. Section 14 cites the following functions of the PCAC:

- a) Secure from government agencies concerned recommendation on how their respective agencies could operationalize specific provisions of the Ordinance;
- b) Monitor the implementation of the rules and regulation of the Ordinance, issue or cause the issuance of orders or make recommendation to the implementing agencies as the Council considers appropriate;

- c) Develop a comprehensive long-term local HIV/AIDS prevention and control program and monitor its implementation;
- d) Coordinate the activities of and strengthening working relationship between government and non-government agencies involved in the campaign against HIV/AIDS;
- e) Coordinate and cooperate with foreign and international organizations regarding data gathering, research and treatment modalities concerning HIV/AIDS; and
- f) Evaluate the adequacy and make recommendations regarding the utilization of local resources for the prevention and control of HIV/AIDS in Pasay City

#### Section 15: Structure (Committees)

This section names the four committees of the PCAC, namely: (a) Information, Education and Communication; (b) Research, Surveillance and Monitoring; (c) Care and Support; and (d) Management and Coordination. The tasks of the Committee on Care and Support are clustered under four categories:

- 1) Hospital-based services (PCGH);
- 2) Community-based services;
- 3) Social Hygiene Clinic; and
- 4) Insurance for PLHIVs.

#### Section 16: Membership and Composition

This section enumerates the 23 members of the PCAC: 14 city government agencies, the City Hospital, a university, two barangay and youth leagues, an entertainment owners' association, and four slots for accredited NGOs working on STI/HIV/AIDS.

### Section 17: Reports

This section requires the PCAC to submit an annual report of its activities and accomplishments to the Office of the City Mayor, copy-furnished the City Council.

### Section 18: Secretariat

This section mandates the PCAC to determine a competent body that will serve as its Secretariat, and be provided an adequate budget.

### Section 19: Appropriations

This section provides for an initial appropriation P1,500,000 from the City Government Funds for FY 2002, and states that the subsequent appropriations should be provided thereafter.

### Section 20: Grants/Donations

Authorizes the PCAC to directly manage funds from grants, donations and other sources for implementing activities related to STI/HIV/AIDS prevention

### Section 21: Implementing Guidelines

Mandates the PCAC to formulate and issue the appropriate guidelines necessary for the implementation of the Ordinance within six (6) months after the Ordinance is fully enacted.

### **Discussion of Article IV:**

HIV prevention activities were initiated in Pasay City through the City Health Office, in collaboration with other government offices and non-government organizations under the AIDS Surveillance & Education Project (ASEP) of USAID-PATH and implemented by NGO grantee-TRIDEV in the 1990s. In 1999-2000, as a multi-

sector response led by the CHO-SHC, the Pasay City AIDS Task Force and the Pasay City Entertainment Establishment Owners and Managers Association (PACEOMA) were organized and mobilized.

On March 19, 2002, the Sangguniang Panglunsod approved the AIDS Prevention and Control Ordinance and the Mayor swore in the officers and members of PCAC. However, with the closing of the ASEP Project, the PCAC became inactive, with the same happening to PACEOMA. In 2005, TRIDEV implemented the USAID-funded “Strengthening STI and HIV/AIDS Prevention Program” in Pasay City. The project reactivated and reconstituted PCAC and PACEOMA, with capability-building activities provided to the members of both bodies. It was also during this time that the City appropriated P1.5M for PCAC’s plans and activities<sup>18</sup>. However, based on accounts of PCAC members, this appropriation did not translate to actual release of funds.

The City Health Office provided administrative support to PCAC. It was planned that PCAC will hire/designate two regular staff to serve as secretariat that will be housed either at the Vice mayor’s office or the CHO, but this never materialized.

Through the USAID Project, PCAC’s membership increased to 25 with the City Budget Office, City Treasurer’s Office, and PNP-Chief of police as new members. PCAC and its committees were said to be active during the period of the project (2005-2006). Likewise, through PCAC (with assistance from TRIDEV), peer educators from the ranks of FSW, MSM and bus drivers were recruited, trained and mobilized to conduct interpersonal communication (IPC) activities among at-risk and vulnerable groups. Male involvement in HIV prevention was also introduced, with the participation of the local PNP, bus drivers and maritime students.

It was only during the implementation of the USAID project that the IRR of the Ordinance was drafted. The draft reached first reading before TRIDEV’s project ended. With the termination of the USAID project in 2006, the PCAC continued with its functions.

However, with no technical guidance and no sustained allocation of funds, the PCAC became inactive, with its last meeting held in 2009. Thus, the task of HIV prevention again became the sole responsibility of the CHO, with some information and education work for the general population being shared by the City Social Welfare and Development Office. It is worth mentioning here that while the CSWDO will soon implement the DSWD-UNDP Program for Referral System for Care and Support, there is no HIV and AIDS Core Team (HACT) at the Pasay City General Hospital.

---

<sup>15</sup> *A number of SAMACKA member-establishments have experienced what they describe as arbitrary raids and indiscriminate detention of their workers, including those with working permits and updated health certificates. Out-of-court settlements are resorted to by establishment owners, arrested workers, as well as customers, and this entails a hefty cost. Defenseless against these raids, SAMACKA is losing influence over its members who now tend to believe that the money they spend to comply with all the sanitary and STI/HIV/AIDS requirements is best allocated for out-of-court settlements or for establishing a “friendly” relationship with the police.*

<sup>16</sup> *As a proxy indicator, SAMACKA estimates that there are more than 300 massage and spa establishments in Quezon City, including the small ones that are categorized as wellness or therapeutic centers. The big ones employ as many as 80 masseuses and the smaller ones with 5 to 20 masseuses.*

<sup>17</sup> *As reported during the validation workshop held on 30 May 2010 in Baclaran, Pasay City.*



# 5

## Recommendations

The study, including the validating workshops, identified the following action points for the consideration of the City Governments and their development partners, including DOH and the Philippine National AIDS Council (PNAC).

### **A. Making Information Available for Better Decision/Policy-making and Program Planning**

1. Sensitize policy and decision-makers in the City on the national and local HIV situation and the implications of inaction.
2. In order to determine the adequacy of the current level of funding and how optimal is the utilization of resources for STI/HIV prevention in the City, there should be a specific budget item, as well as annual tracking of expenditures for the STI and HIV and AIDS program. This specifically applies to Pasay City which does not have a budget line item for STI and HIV and AIDS.
3. To help promote transparency, avoid conveying conflicting policy messages, build trust and foster respect for laws, there should be:

a) A common understanding among concerned city government office of national laws, codes, policies and standards that have implications, direct and indirect, to HIV prevention in entertainment and related establishments, and in the community in general.

As effective dissemination is done using “handles” with which the target audience can “hold on” to in understanding the message, an audience-focused dissemination of RA 8504 should be conducted for various specific segments which include, among others, the following: 1) sanitary inspectors; 2) local PNP; 3) local social welfare and development workers; and 4) economic and fiscal sectors (BPLO, City Treasurer, Budget Officer).

b) A common understanding of protocols for the conduct of raids in establishments, as well as the basic rights of affected persons (e.g., entertainment workers, sex workers, MSM)

In relation to the Anti-Trafficking in Persons Act, the City Government should look into the coordinative nodes for enforcing the Act, taking into consideration gender and human rights, the continuing need for HIV prevention measures in establishments (i.e., condom distribution) and the need for checks and balance in the conduct of raids and arrests.

Peer educators should be taught of the legal rights of establishment-based entertainment workers, spa and massage establishment workers, freelance sex workers, and MSMs so that they can include this in their outreach education sessions.

It would be logical to uphold transparency of transactions and trust of entertainment establishment owners, managers and workers when enforcing the law. As shown in the experience of Angeles City, arbitrariness of police actions against establishments can be minimized and transparency promoted by having an inter-agency team to monitor and enforce compliance.

- c) Readily available and easy-to-understand information on:
  - a) procedures governing pertinent regulatory functions of the LGU (e.g., issuance of business permit or license, sanitation permit, health certificate/pink card/white card to workers in entertainment and related establishments; b) the legal rights of entertainment workers, both establishment-based and freelance, and MSMs; and c) resources or support related to STIs, HIV and AIDS. As to information on resource support, an STI, HIV and AIDS resource directory that is disseminated in the proper forum (e.g., community discussions or assemblies, individual meetings of QCSAC member organizations, outreach sessions in the cruising sites and entertainment establishments, during the conduct of the massagist course and the HIV and AIDS seminar) is deemed helpful.
- d) reporting of oversight in the performance of these regulatory functions.

## **B. Strengthening Quality of Services**

1. Where measurement of quality or impact is possible, this should be taken advantage of. For example, pre- and post-test even just in random batches, could be done for health certificate applicants attending HIV and AIDS seminars. The same holds for HIV and AIDS education done by NGOs, the local social welfare and development office, and the Barangay Operations Center in the communities.
2. The high percentage of unclaimed positive test results in Quezon City SHCs and the very low utilization of counseling and rapid testing services in the Pasay City SHC could be indicative that there is still room for improvement in the conduct of counseling. Self-assessment tools for providers of pre- and post-test counseling should be made available and their regular use, as well as the sharing of insights from their use, be made a part of quality assurance mechanisms. Counseling sessions should be client-centered and dig into the internal resources

or strengths of the client to take responsibility. Mechanisms should also be explored to reach those who are not claiming their test results (e.g., asking for their email address, in addition to mobile phone number) and efforts to reach them should be properly documented to foster accountability. The requirement of confidentiality should also be complied with at all times.

### **C. Strengthening Partnerships**

1. Strengthen Inter-Agency Client Compliance Monitoring by tracking progress periodically in between these monitoring visits, using data collected from other modalities. Perhaps, the full-time peer educators can work with the sanitary inspectors for this purpose. The participation of civil society organizations, including community-based organizations, in compliance monitoring should also be explored. Section 18 of the AIDS Law could be invoked for this purpose.
2. Strengthen and expand membership of QCSAC to include other NGOs. MSM, as a sector, should be represented in the QCSAC. The current efforts to form other organizations of establishment owners should include establishments that cater to or work with MSMs and RFSWs.
3. Link up condom social marketing outfits with entertainment establishments.
4. Strengthen the network of PLHIV that will advocate for a more accessible treatment hub and unimpeded access to ARVs and other drugs.
5. Set indices of performance for treatment, care and support in view of the increasing number of PLHIV. Indices of performance should include not just the deliverables of the CHD and the Social Hygiene Clinics but also those of the Quezon City General Hospital (e.g., preparedness of the HIV and AIDS Core Team) and the Social Services and Development Department (e.g., for

mobilizing communities for care and support).

6. In order to bring positive changes in STI and HIV prevention in the City, shortcomings and problems in the implementation of the Ordinance should be identified in a participatory manner, involving various city government offices who are part of the local AIDS Council. This should be followed by a duty bearer analysis that will help in understanding which agency has the primary obligation to address specific problems and shortcomings in the policy and program environment, what are the duties of the different agencies, what actions are they taking or not taking to fulfill their duties, if they have a motivation, authority and resources or capacity to perform their duties, as well as to understand what needs to change for duty bearers to carry out their duties.

This duty bearer analysis should also guide the City on whether it should revise its AIDS Prevention and Control Ordinance or if it will simply aim to strengthen its implementation without amending it.

#### **D. Other specific recommendations**

##### **Information-Education-Communication**

1. IEC materials should be audience-focused or tailor made for workers in entertainment and related establishments, or for other MARPs. For entertainment, massage and spa establishments, operators think that posters are more cost efficient compared to hand-out materials. Also, education sessions especially in the bigger establishments should foster an atmosphere of fun and camaraderie (e.g., HIV and AIDS quizzes following lectures, with 'prizes' given to those who answer correctly).
2. Strictly enforce the requirement for operators and managers to attend HIV and AIDS seminar. Leadership by example in complying with this requirement could mean a lot. Non-compliance should have no room if the City Government does not want complacency and apathy to reign in. Targeted advocacy or encouragement aimed at operators and managers is something that the full-time peer educators can be asked to perform.

---

<sup>18</sup> During the period when the USAID-MSH project was being implemented, the PCAC and its committees amended City Ordinance 2341 through a series of workshops and consultation meetings. The amendment is said to have been approved by the City Council in 2006.

## Bibliography

---

V. Salas et al (2008). A comprehensive analysis of Injecting Drug Use in the Philippines: PRIMEX-ADB

Review of the Effectiveness and Impact of Philippine Legislation in the HIV/AIDS Arena: Focus on RA 8504 and its IRR

Initiating Local Response to HIV/AIDS: A Guidebook. PNAC-UNDP, 2000

Powerpoint presentation on The Growing HIV Problem in the Philippines, National Epidemiology Center, Department of Health

### Key informants

Mila Uysingco, Executive Director, TRIDEV

Nenet Ortega, Practicing embalmer and Board member of Pinoy Plus Association

### Quezon City

Dr. Irene Grafil, Quezon City Health Department

Dr. Rowell B. Romulo, Sanitary Inspector, Quezon City Health Department

Dr. Suzette Encisa, Head, Social Hygiene Clinic – Cubao

Dr. Monina Santos, Head, Social Hygiene Clinic – Project 7

PCI Julieta Torio, Women's Desk, QC PNP, Camp Karingal

Mr. Anthony Liam, Vice President, SAMACKA

Managers of two massage establishments

### Pasay City

Dr. Cesar Encinares, Pasay City Health Department

Dr. Joan Ranieses, Pasay City Health Department

Mr. Michael Cosico, Sanitary Inspector

Ms. Delia Camacho, Social Welfare and Development Officer

PCI Editha Dulay, Women's Desk, Pasay City PNP

Manager of a massage establishment and two entertainment establishments







