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Philippine AIDS Advocacy in the Context of Globalization and Development: The Perspectives of International Humanitarian Organizations

INTRODUCTION

Globalization dramatically emphasizes global interdependence of developed and developing countries. One of its foci is on health care problems of societies at risk. By the early 1990s, nations had faced one of world's most serious challenges, Acquired Immunodeficiency Syndrome (AIDS) crisis (Kendall, 2013). In a case study, 16% of the 36 million people suffering from Human Immunodeficiency Virus (HIV) were from the South and Southeast Asia (McMichael, 2004). As globalization arises, developing countries, particularly the Philippines, battle HIV and AIDS with the assistance of various organizations. These global actors work as a common platform to address the illness. To date, World Health Organization (WHO) (2008) evinced that there has been intensified exchanges amongst nations that share common threats, challenges, or opportunities that initiated global stewardship. Correspondingly, these organizations like the Global Fund, support programs and projects for fighting AIDS that are solely suitable within a country context (Stillman & Bennett, 2005). National-based organization in the Philippines has reported its alignment with the projects of various international organizations. Philippine Non-Governmental Organization Council on Population, Health and Welfare (PNGOC), in particular, coordinates with Global Fund on the AIDS Project and manages it to partner NGO-sub grantees.

Considering that the Philippines pursues to bring the spread of HIV to an abrupt stop by 2015 (Health Action Information Network, 2011), the study's objectives are to determine the impacts of international humanitarian organizations (IHOs) on the AIDS advocacy in the Philippines and to present the progress of local organizations in advocating for HIV/

AIDS through the assistance of these IHOs. Likewise, it is significant to understand the country's response on HIV/AIDS through the perspectives of IHOs. Geared to harmonize actions of nations around the world, United Nations (UN) and its agencies are key IHOs. Having said, this research concentrates on the process of responding to the epidemic particularly through advocacy interventions directed by international organizations who are the external source of a country included in the Global South, whereby 154 countries from Africa, Central and Latin America, and Asia are likely to experience political, social, and economic challenges (Odeh, 2010). This concept of Global South directs the study in the context of globalization where international organizations like the UN associate with these economically backward countries. As a member state in the UN since 1945, the Philippines situates numerous UN Theme Groups on HIV and AIDS. The involvement of UN and its agencies in such course affect national policies, disseminate resources, and include approximately all states as members in the international system (Beckfield, 2010).

Accordingly, this research recognizes the current position of Philippine AIDS advocacy on the global scale in which is significant in improving the state health systems. The impacts of IHOs on the process of strengthening the capacity of selected local NGOs in advocating for the health and the well being of people most at risk are also presented. Notably, external sector seems to contribute more by technical guidance.

LITERATURE REVIEW

Literatures imply that much is known in the field of HIV/AIDS but this global phenomenon need more of national attention as its long-term consequences differ amongst nations. The process of advocating for HIV/AIDS is driven not only by social determinants but also by political and economic forces, which affect the goal of halting the spread of the epidemic by 2015. This section presents related literatures composing of the following themes: (1) *Globalization and Health* in which discusses the global perspective on addressing health concerns, (2) *Emergence of HIV/AIDS* in which indicates background on the epidemic and its key affected populations, (3) *People Living with HIV/AIDS* in which states the adverse effects of the epidemic in the society, and (4) *Advocacy* in which reviews what advocacy is, who works on it, and how it works.

GLOBALIZATION AND HEALTH

Perhaps there is no country that is not aiming for a greater prosperity. Having a common denominator on economic instability, countries from the global south gain access to a broader goods and services. The dynamisms of globalization in accordance to United Nations' projection do have the capacity to facilitate growth and eradicate poverty in the 21st century (R., 2013). One could infer that globalization requires to be deliberated in all its given manifestations. A study by Bertucci and Alberti (2001) even describes it as 'increasing and intensified flows of goods, services, capital, ideas, information and people' between countries producing 'cross-border integration of economic, social, and cultural activities'. Often associated with many worldwide phenomena, globalization has an alternative term called the network society. Noticeably a social structure driven by the power relationships amongst global networks of social organizations, network society is considered global in which makes its logic not only engaging in the national context but also within global governance just without the presence of a global government (Castells & Cardoso, 2000). According to Castells and Cardoso (2000), global governance is implied as a functional need and is accepted by nation-states wherein they initiate in co-managing global processes that seem to affect their own governing practice through sharing sovereignty while still branding their flags.

This global perspective gives emphasis not only on the political and economic issues but as well on the social and environmental in which sharing of global concerns help address social problems that demand global wide efforts for solutions (Luhman & Cunliffe, 2013; Cohen & Paul, 2007). The connection between globalization and health is evident when accommodating the global spread of medical expertise and technologies useful in diagnosing and treating various sufferings (Ritzer, 2009). Global health was considered as a mediator between HIV/AIDS knowledge and assumed importance of domestic issues (Okamoto et al., 2011). Thus, globalization and health primarily undergo the process of interaction among support systems and recipient countries that shape respective national priorities.

Due to increasing pressing health issues all over the world, globalization is evidently scaling up. According to World Health Organization (n.d.), here emerged the Global Health

Initiatives (GHIs), “a new global trend”, in which through public-private partnerships, global efforts intended to provide intensified health care programs for poor countries that suffer on specific diseases. For instance, the Global Fund raises the Global Fund to Fight AIDS, Tuberculosis and Malaria where they offer significant contributions and resources to countries like the Philippines. These initiatives largely describe the response of various countries on the urgency to develop collaborative and effective solutions on health problems (Deaton, 2004; World Health Organization, n.d.). Clear instance of globalization is the Millennium Development Goals (MDGs) whereas developed countries agreed to invest in human development. 6th goal from the MDGs is to combat HIV/AIDS, malaria, and other diseases.

EMERGENCE OF HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life threatening condition and is the latter stage of *Human Immunodeficiency Virus* (HIV) in which efficiently attacks and weakens the human’s immune system. HIV infection can be developed in an average of ten years depending on the human’s diet. This translates as one of the most challenging diseases that the world has faced for the past three decades. Through the field of Medical Science, HIV was known to arise in the early 1980s. Here emerged debates concerning how and where the epidemic started. Theorists even tried to explain using the concept of *zoonosis*, a viral transfer between animals and humans. Over the years, medical advances translate to the availability of ARV treatments only to prolong lives of PLWH but unfortunately not to terminate the virus. Though HIV is considered a *lentivirus*, it could be promptly transmitted through three primary acts: (1) unprotected sexual contact, (2) infected blood transfusion, and (3) infected mother to child contact. Certain blood and body fluids (i.e. semen, vaginal secretions, and breast milk) run the process of transmission. This problem involves everyone in the society regardless of age, gender, and even racial groups.

Similar to other developing countries, the Philippines battles with the challenges and impacts of HIV and AIDS. According to UNAIDS, the Philippines is one of only seven countries where HIV cases had grown to more than 25% in the past 10 years. Noted by the country’s Department of Health (DOH), the following areas are most at risk for the

spread of AIDS: primarily Cebu, Angeles, and Davao. Subsequently, Manila, Pasay, and Quezon City were added up to the list. These areas posted the highest risk behaviors that cause HIV/AIDS spread, mainly of men who have sex with other men (MSM). Young adults, men who have sex with men (MSM), commercial sex workers, injecting drug users (IDUs), overseas Filipino workers (OFWs), and the sexual partners of people in these groups are vulnerable to HIV infection (Farr & Wilson, 2010). There is no guarantee that a large HIV epidemic will be avoided in the near future. Apparently, there has been an increasing incidence rate of HIV contagion among people (15-49 years olds) living in the Philippines and there has been no change or decrease in the number of people dying from AIDS-related causes between 2001-2011 (UNAIDS, 2012). There was an increased count of 300 percent over the past years of identified HIV/AIDS cases in the country, with a total of 14, 025 since 1984, the year it was detected in the country, as warned by United Nations (UN) (Tubeza, 2012; Mayuga & dela Cruz, 2013). Even more, this alarming trend of HIV cases has reached young Filipinos belonging to 15-24-age bracket (Integrated Regional Information Networks, 2011).

According to the Philippine AIDS Prevention and Control Act of 1998, section 2(a), the gravity of the epidemic demands resilient response from the State thus it provides public awareness regarding prevention and control. However, HIV and AIDS remain affecting diverse social and cultural settings and need to be addressed immediately and continuously.

PEOPLE LIVING WITH HIV/AIDS

Rather than a 'personal trouble', living with HIV/AIDS in the twentieth century is perceived to be more of a 'public issue'. The problem is not only confined to the contours of the Philippines but is shared by other parts of the world. The growing number of HIV cases globally is a good depiction of American Sociologist C. Wright Mills' "Sociological Imagination" whereas perceiving one's own experience through the sociological lens enables one to understand it in an alternative point of view. Mills (1959) argues that a private matter is not addressed alone but opened to the society where many share the same experience. Evidently, discourse on the illness taps not only the stigma and discrimination held upon people living with HIV/AIDS (PLWHA), but also the policy and

programs of the state for them (Das, 2001). Concerted efforts are needed to further the responses as health systems in several countries in Asia and the Pacific face challenges in reaching the whole population including lack of supervision and support, inadequate equipment and supplies, and insufficient financial resources (Asian Development Bank, 2009).

ADVOCACY

Advocacy is simply the act of working for a cause. It is supposedly the initial strategic feature of any program and project proposed to prevent, mitigate, and eliminate the spread of HIV/AIDS. In the Philippines, DOH and UN agencies are few of many who practice this act. This shows significant engagement between global actors and AIDS advocacy in the Philippines. Some instances include: (1) World Health Organization (WHO) being the key associate to the country's health department in its advocacy on the importance of harm reduction program of persons who inject drugs (PWID) (Mesquita et al., 2008) and (2) Global Fund being one of the partners of PNGOC in implementing programs in relevance to AIDS (Philippine Non-Governmental Organization Council on Population, Health and Welfare, 2013). With all the shared movements, there really is a need to assess all impacts the global actors had brought to the AIDS advocacy in the country. HIV and AIDS response in the country is multi-sectoral. In the international community, United Nations is amongst the first agencies to be founded to commit towards working with governments all over the world in response to various issues pertaining to the promotion of human rights, the upholding of peace and security, and the expansion of relations among nations. Started in 1945, UN is pondered as the largest IGO in the world alongside the following UN Theme Group on HIV/AIDS: United Nations Development Programme (UNDP), United Nations Educational Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), World Bank (WB), World Health Organization (WHO), United Nations Office on Drugs and Crime (UNDCP), and United Nations Population Fund (UNFPA). To date, there have been local and international organizations that actively participate in the response particularly in advocating for HIV/AIDS hence the foci of this study:

UNAIDS Philippines is an intergovernmental organization (IGO), which oversees the works of its UN Theme Group on HIV/AIDS in the country. UNAIDS has a Resource Center which caters international and local information materials on HIV and AIDS.

UNDP Philippines is committed to respond on HIV/AIDS through the promotion of leadership and mitigation of its impacts on human development. It partners mainly with the Local Government Academy (LGA), an independent non-partisan organization functioning in the local government.

WHO Philippines is a Cosponsor of UNAIDS in responding to the epidemic and supports mainly its Member States. It partners mainly with the country's Department of Health (DOH).

ASP or AIDS Society of the Philippines is a membership and non-profit organization established in 1996. It is comprised of members, experts, and professionals from the government, non-governmental agencies, and the private sector. They are mostly concerned on collaborating with some forms of media, organizing international and local conferences, and implementing HIV prevention activities. These activities include education about HIV and AIDS, condom distribution, and HIV/AIDS counseling and testing. A key feature this organization possesses is that a clinic is situated in their office in which offer testing services for those who want to know their statuses.

PLCPD or Philippine Legislators' Committee on Population and Development is an organization exclusive to national legislators. It was established in 1989 by a group of legislators with the goal of working with and among legislative bodies regarding policy issues such as population and development, reproductive health, public health, governance and fiscal reforms, gender equality and equity, environmental concerns, education, agrarian reform and rural development, trade and investments, labor, housing and urban development; child rights, and human rights. Currently, the organization is composed of 7 Senators and 59 Congressmen.

PPAI or Pinoy Plus Association, Inc. is a pioneer people's association established in 1994. It is composed entirely of PLWHA members. In the early 2000s, Pinoy Plus as a non-profit/non-stock NGO did not have money but they remained persistent. Remedios AIDS

Foundation then adopted them and taught PPAI about running an organization such as implementing activities. PPAI works solely on prevention, treatment, counseling, and referral services for the key affected populations and for those most at risk.

The Philippines has been making global social interactions that seem to support its long-term mission for the HIV/AIDS crisis. Initially, the process involves exchange of resources among health organizations. This interaction builds joint programs in which direct to both interdependency and commitment—the stronger an organization is, the less vulnerable to economic fluctuations it becomes (Hall, 1996). Funding has targeted countries and populations with higher HIV burden and lower income (Avdeeva, Lazarus, & Abdel, 2011).

On the other hand, according to UNAIDS' estimation, a government response should include an allocation of between 0.5%-3% of government revenue on HIV depending on a country's HIV prevalence. Hence, the reliance on external sources alone could trigger insufficient opportunities. In the Philippines, 50% of the allocated fund for HIV/AIDS programs and services come from external sources (UNAIDS, 2009). This concept of dependency (on those financially dominants) has brought dramatic changes to developing countries resulting to poverty (Shah, 2013). Bottomore (1965) had viewed the complexity of social stratification from a political dimension. This draws the study near politico-economic system whereas economic growth or changes in state policy could affect the structure of social class (King, 2008). The Philippines has struggled on dealing with AIDS crisis as they face shortage in budget (Macaraig & Agence, 2011). Being that, structural inequality is possibly present in the situation. When social structures have the power to deny or otherwise disadvantage individuals through systematic ways, structural violence occurs (Farmer, 2004). Also, it determines who has access to counseling and treatment for the illness (Arachu & Farmer, 2005).

UNAIDS suggests that “political will and leadership, societal openness and determination to fight against stigma, a strategic response, multisectoral and multilateral action, community based responses, social policy reform to reduce vulnerability, longer term and sustained response, learning from experience, and adequate resources” are the common

strategic features that basically work on communities and countries that are challenged by HIV/AIDS epidemic. Apparently, the Philippines' response to the epidemic has not fully justified some of these. *Learning from experience* per se conveys arguments regarding the plan of implementing the mandatory HIV testing in the country. UN agencies and various local NGOs oppose to the supposed intervention of the DOH because of the fact that it did not work for countries that have undergone its whole process. The country's Department of Health in particular is the main actor to initiate such mandatory alongside Philippine National AIDS Council (PNAC), the country's central advisory, planning and policy making body on the prevention and control of HIV and AIDS. It may be viewed as a strategic plan but it undermines vulnerable groups such that it actually heightens stigma and discrimination of key affected populations. Another possible tendency is that those who think of getting tested could experience stigma and discrimination making them not pursue the testing.

On another note, the epidemic challenges political and economic stability of nations. Paul Farmer's *Structural Violence* defines the social arrangements that disadvantage the society.

As I see it, the problems identified here relate with the said concept. The forces involve both international and local agencies' capacities to make the process move and thus seem to be the hindrance. It may still manifest positive outcomes by having many agencies come up with concerted efforts in responding for the epidemic. To further the concepts on structural violence, the research studies Farmer (1996) emphasis on the significance of political and economic factors in analyzing public health systems. Strengthening the public health system includes providing sufficient supplies and facilities and "a system of financing that doesn't deny people access to care for reasons of poverty" (Farmer, 2007). Known complexities in the environment, such as social, political, and economic determinants, cause the hindrance to accessing adequate prevention and treatments to HIV/AIDS but as well the cause for creating concerted efforts from both international and local NGOs to strengthen AIDS advocacy in the country. Though with the presence of these global actors, the HIV prevalence in the country remained low but has now become alarming. According to Altman (1999), many countries relate to problems like "lack of

political will, existence of barriers against admitting the causes of infection and addressing them in practical ways, severe stigma directed against both those with HIV and those from groups associated with AIDS (sex workers, needle-users, homosexuals, etc.), and pressure for survival on large numbers of people who are poor, homeless, and ill educated". However, as Paul Farmer mentioned, 'neither culture nor pure individual will is at fault'.

RESEARCH PROBLEM

Considering that the Philippines pursues to halt the spread of HIV by 2015, the research aims to know how IHOs present in the country are affecting Philippine AIDS advocacy. The general question of this research is:

What is the impact of international humanitarian organizations to the AIDS advocacy in the Philippines in the perspectives of UNAIDS, UNDP, and WHO?

To answer this, the following specific questions are:

1. What are the HIV/AIDS advocacy themes that Asia Pacific applied for the past 20 years?
2. How do international humanitarian organizations (i.e. UNAIDS, UNDP, and WHO) engage with local organizations (i.e. ASP, PPAI, and PLCPD) in terms of responding to HIV/AIDS?
3. To what extents do these local organizations relate with the international humanitarian organizations?
4. What is the current position of Philippine AIDS advocacy on the global scale?

THEORETICAL LENS

This section provides an elaboration of a sociological concept rooted from a theory to serve as a guide throughout the study. Inquiry into the development assistance of IHOs in the Philippine AIDS advocacy is driven by cultural, social, political, and economic factors and can be perceived through the concept provided in the World Polity Theory (WPT). John W. Meyer, a sociologist and emeritus professor today, coined the term world polity in 1980, which perspectives focus mainly on the associational processes of global actors creating a common culture through the international sphere. Hence, it suggests that

states perform basing on the provisions of IGOs and INGOs. This could be illustrated through Jason Beckfield's (2010) characterization on United Nations and its agencies that are said to be incorporating almost all its member states, influencing their national policies, and allotting resources for them.

According to Boli and Thomas (1997), contributors of WPT, global actors present in this approach are dominants, which include states, trans-national corporations, intergovernmental organizations (IGOs), and international non-governmental organizations (INGOs). Shaping policy in the field of human rights (Hafner-Burton & Tsutsui, 2005), the involvement of IGOs and INGOs leads to expectations that developing countries tend to become isomorphic or to embed "similar legal systems, population and health policies, and environmental laws from dominant countries". The process of world society's impacts on nation-states to produce isomorphism (Meyer et. al., 1997) is approached through identifying mechanisms whereby global actors rationally pursuing their interests that then become similar choices and decisions of nation-states. Meyer, Boli, Thomas, & Ramirez (1997) explicate that the process includes the construction of identity and purpose, the systematic maintenance of actor identity, and the legitimacy of actorhood of such subnational units as individuals and organized interests.

CONCEPTUAL FRAMEWORK

For a comprehensive understanding of the HIV/AIDS global health phenomenon, variables shown in Figure 1 are all intertwined in presenting the involvement of the dominant global actors, which are the IHOs to one of its member-states represented by the Local Organizations. Accordingly, this research inquires on different social organizations as variables undergoing the process of developing human rights practices – Local HIV/AIDS Advocacy, that is.

WPT implies that societies are controlled by a wider culture through regionalization alongside globalization (Beckfield, 2010). United Nations and its agencies being IGOs as well are briefly interpreted (a) as IGOs that do not possess power to force state to do anything rather they can only *sustain and promulgate common culture*, (b) as important actors in inducing *social change*, and (c) as IGOs that operate by *codifying, modifying, and*

propagating global cultural structures. Further, both international and local themes and fundings are included because they help basically in running the advocacy.

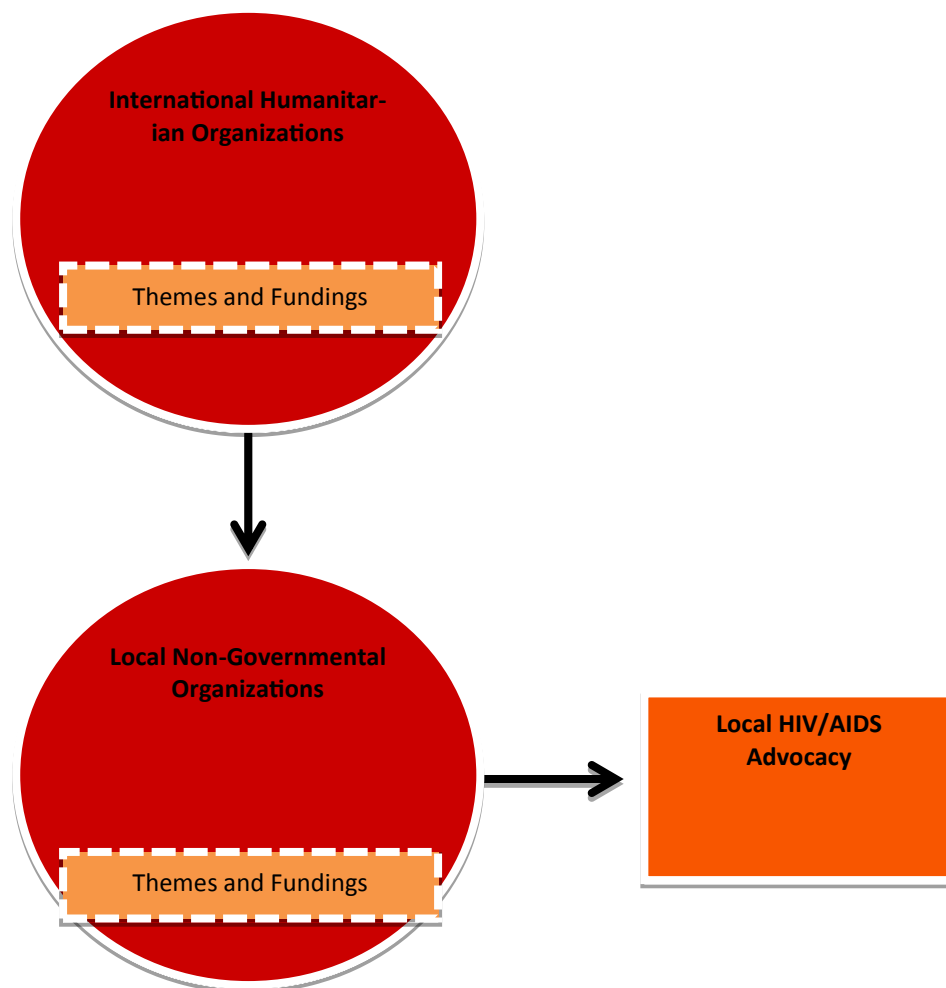


Figure 1 - Conceptual Framework of the Study

METHODS

This study employs a Qualitative Approach, which is mainly composed of archives and semi-structured interviews. It adapts Focused Ethnography coined by a German sociologist, Hubert Knoblauch (2005). This strategy of ethnography uses the setting and patterns of interaction amongst institutions as its main focus and is typically directed over short-term field visits yet with intensive data collection and analysis. An important part of the study’s process is inviting key informants (KIs) from selected organizations to take part on this research because they are well equipped with the knowledge on the HIV/AIDS issue in the Philippines hence they could give considerable contributions.

For archives, the researcher utilized online databases, PNAC library, and HIV/AIDS-related reading materials given by KIs. For the semi-structured interviews, 2-3 field visits at each of the selected organizations' offices were conducted within three (3) consecutive months whereas the researcher was able to build rapport with the KIs. Consequently, the researcher utilized these data gathering tools: audio recorder, interview guides, and fieldnotes. To provide needed information and insights, Project Heads from the following international humanitarian organizations are invited to be KIs: (a) Joint United Nations Programme on HIV/AIDS (UNAIDS), (b) United Nations Development Programme (UNDP), (c) World Health Organization (WHO). Significantly, these IHOs function as global actors that provide health promotion, prevention, and treatment on both developed and developing countries.

UNAIDS Ms. Teresita "Bai" Bagasao is the key informant from UNAIDS and is the *Country Coordinator* in the Philippines. She represents the Secretariat.

UNDP Ms. Fe Cabral is the key informant from UNDP Philippines and is currently the *Programme Associate* for HIV & AIDS.

WHO Dr. Maria Nerissa N. Dominguez, MD, MPH is the key informant from WHO Philippines and just recently came back to the position of *HIV Coordinator* this year.

To validate the data given by IHOs, Project Heads from the following local organizations are also invited to be KIs: (a) AIDS Society of the Philippines (ASP), (b) Pinoy Plus Association Inc. (Pinoy Plus/PPAI), (c) Philippine Legislators' Committee on Population and Development, Inc. (PLCPD). Significantly, these local organizations have various features in dealing with HIV/AIDS advocacy.

ASP Ms. Cecil Añonuevo, a Project Head, is the key informant from ASP.

PPAI Mr. Noel Quinto is currently a Board of Adviser of PPAI and is the key informant from this organization. He was the President of the organization back in 2003.

PLCPD Ms. Nenita "Nitz" Dalde is the key informant from this organization and works as one of the National Advocacy Officers.

Collected data were transcribed in Microsoft Word and encoded using qualitative data analysis software called NVivo. Moreover, this research observes ethical procedures to

give justice to the its academic purposes through the provision of a 4-page informed consent form (ICF) patterned in the ICF for Qualitative Studies of World Health Organization (2009). The ICF contains two parts: (1) Information Sheet wherein information about the study is explained and (2) Certificate of Consent wherein KI signs if s/he chooses to participate. Likewise, participation is voluntary.

The insights expressed in this study are not necessarily the views of UST, UNAIDS, UNDP, WHO, ASP, PPAI, and PLCPD.

FINDINGS

Qualitative data presented in this section covers determined impacts of international humanitarian organizations to the HIV/AIDS advocacy in the Philippines. It is divided into three (3) parts: (1) advocacy themes that Asia and the Pacific adapted from the past 20 years; (2) social organizations that interrelate in responding to the HIV and AIDS issue in the Philippines; and (3) local HIV/AIDS advocacy that is practiced by IHOs and local NGOs.

1. ADVOCACY THEMES

This part provides results from the first specific question of this study while using the archives. Table 1 presents the advocacy themes that had been implemented during the World AIDS Day, one of the global public health campaigns observed by all UN member states and adapted by Asia Pacific for the past 20 years.

Table 1. World AIDS Day Themes

| YEAR | THEME |
|-------------|---|
| 1995 | Shared Rights, Shared Responsibilities |
| 1996 | One World. One Hope. |
| 1997 | Children Living in a World with AIDS |
| 1998 | Force for Change: World AIDS Campaign with Children |
| 1999 | Listen, Learn, Live: World AIDS Campaign with Children & Young People |
| 2000 | AIDS: Men Make a Difference |
| 2001 | I care. Do you? |
| 2002 | Stigma and Discrimination |
| 2003 | Stigma and Discrimination |
| 2004 | Women, Girl, HIV and AIDS |
| 2005 | Stop AIDS. Keep the Promise |

| YEAR | THEME |
|------|--|
| 2006 | Stop AIDS. Keep the Promise – Accountability |
| 2007 | Stop AIDS. Keep the Promise – Leadership |
| 2008 | Stop AIDS. Keep the Promise – Lead – Empower – Deliver |
| 2009 | Universal Access and Human Rights |
| 2010 | Universal Access and Human Rights |
| 2011 | Getting to Zero |
| 2012 | Getting to Zero |
| 2013 | Getting to Zero |
| 2014 | Getting to Zero |

2. SOCIAL ORGANIZATIONS

This section provides results from the semi-structured interviews with the Project Heads from UNAIDS, UNDP, WHO, ASP, PLCPD, and PPAI. The domains of inquiry are divided into 2: (1) the first tackles (a) the engagement with partner organizations/sectors and (b) the shaping of Philippine HIV/AIDS advocacy while (2) the second tackles (a) assimilation of local NGOs with the shared advocacy goals of IHOs, (b) the hitches in working with IHOs, and (c) the plight of HIV/AIDS in the country.

The second specific question of this study inquires on how IHOs effectively engage with local organizations/sectors. The prominent answer from the KIs is that they organize dialogues, conferences, consultations, and meetings with their partner local organizations/sectors. They engage to the extent that they provide (a) Technical Assistance and (b) Financial Assistance.

“So our advocacy really is to use our, sabihin nating, whether financial or human and technical resource, to be able to address key critical issues.”

[So our advocacy really is to use our, let's say, whether financial or human and technical resource, to be able to address key critical issues.]

–UNAIDS

“Marami kaming partnership before na we strengthen their capacity in terms of leadership and governance, ganon, promotion of human rights, project management, financial management, mga ganon”

[We have many partnerships before that we strengthen their capacity in terms of leadership and governance, promotion of human rights, project management, financial management, something like that.]

–UNDP

“We support also upon agreement with the national government, with the national agency, like this month, Cebu City. So we are providing support also to Cebu City kasi yang Cebu City ang isa sa pinakamataas na prevalence ng HIV. ... WHO Country Office is supporting the Department of Health in its National Program on the prevention of HIV and STI. The program in DOH is NASPCP, National AIDS and STI Prevention and Control Program.” *[We support also upon agreement with the national government, with the national agency, like this month, Cebu City. So we are providing support also to Cebu City that has one of the highest prevalences of HIV. ... WHO Country Office is supporting the Department of Health in its National Program on the prevention of HIV and STI. The program in DOH is NASPCP, National AIDS and STI Prevention and Control Program.]*

-WHO

Table 2 presents the perceived interventions of IHOs on how they shape HIV/AIDS advocacy in the country. Remarkably, emerging interventions show a process of shaping the advocacy. Answers from KIs reveal that *contextualizing* the issue is done before running programs and projects in which result to a proactive relationship amongst concerned groups such as the local NGOs, DOH, and local government units (LGUs). In this process, IHOs enrich awareness on the HIV/AIDS issue and recognize ownership of the country on the said issue. Next intervention would be *strengthening* local NGOs and other concerned sectors. *Empowering* their member state through encouraging partnership and supporting current advocacy works follows the second intervention.

Table 2. Perceptions on Shaping the HIV/AIDS Advocacy

| THEME: INTERVENTIONS | VERBATIM EXTRACTS FROM KEY INFORMANTS' RESPONSES |
|-------------------------------|---|
| CONTEXTUALIZING | |
| Awareness on the Issue | <p>“We understand that, of course, HIV may manifest itself as a health challenge it actually needs different sectors.” -UNAIDS</p> <p>“At the global level, yung division of labor namin is UNDP is responsible to help address the situation of those men having sex with men (MSM)” -UNDP</p> <p>“Support for the TG community is to establish baseline data for the TG HIV and STI prevalence and behavioral data. The first ever study done in the Philippines and in Asia.” -WHO</p> |

| THEME: INTERVENTIONS | | VERBATIM EXTRACTS FROM KEY INFORMANTS' RESPONSES | |
|------------------------------|--|--|--|
| CONTEXTUALIZING | | | |
| Ownership | | <p>“Parang sa amin, meron kaming konting support but we recognize that it’s their call eh.” <i>[Like in us, we have minimal support but we recognize that it’s their call.]</i></p> <p>-UNDP</p> | |
| STRENGTHENING | | | |
| Knowledge Development | | <p>“We work with them so ang amin, it’s basically dialogue tapos sharing of evidence, sharing of best practice.” <i>[We work with them so for us, it’s basically dialogue then sharing of evidence, sharing of best practice.]</i></p> <p>-UNAIDS</p> <p>“We provide support for improving data used for strategic information and establish evidence to improve program implementation. These are those generated by NEC of DOH, IHBSS, ART database, HIV/AIDS Registry.”</p> <p>-WHO</p> | |
| Capacity Building | | <p>“It’s really strengthening our partner’s capacity to be able to carry out some of those changes.”</p> <p>-UNAIDS</p> <p>“We are supporting them in areas where they need our support, where they can’t perform their function because of limited capacity, resources, skills.”</p> <p>-UNDP</p> <p>“Standard and guidelines are developed for member country use.”</p> <p>-WHO</p> | |
| Policy Development | | <p>“We supported the CSOs to have a series of meetings to come up with proposed amendments.”</p> <p>-UNAIDS</p> <p>“Our presence in the country is valued for technical assistance in areas of policy and standards development, disease surveillance, laboratory support, and health systems strengthening.”</p> <p>-WHO</p> | |

| THEME: INTERVENTIONS | | VERBATIM EXTRACTS FROM KEY INFORMANTS' RESPONSES | |
|------------------------------|--|--|--|
| CONTEXTUALIZING | | | |
| Resource Mobilization | <p>“It’s really helping stakeholders, whether it’s government or civil society, to use the evidence para yung allocation of resources natin or even request increase in resources.” <i>[It’s really helping stakeholders, whether it’s government or civil society, to use the evidence for the allocation of our resources or even request for increase in resources.]</i></p> <p>-UNAIDS</p> <p>“TG partners also support the SHC (Social Hygiene Clinic) in their outreach activities to increase uptake of HCT. We also provide support to the SHC of Cebu City on establishing what the psychological needs of the PWIDs and provided training for health workers and peer educators of PWIDs. WHO as a technical agency collaborate and partner with agencies in need of TA (technical assistance).”</p> <p>-WHO</p> | | |
| EMPOWERING | | | |
| Partnership | <p>“The way we operate is we coordinate with the national government in charge with the AIDS, sino yun? It’s the Philippine National AIDS Council.” <i>[The way we operate through coordinating with the national government in charge with the AIDS, who is that? It’s the Philippine National AIDS Council.]</i></p> <p>-UNDP</p> <p>“We have provided partnership opportunity for the TG NGO (Transgender Non-Governmental Organization) in Cebu City establish linkage with the Social Hygiene Clinic and services for TG be available on a certain day of the week.”</p> <p>-WHO</p> | | |
| Supporting Advocacy | <p>“We look at our common agenda.”</p> <p>-UNAIDS</p> <p>“Basically ang ginagawa ng UNDP in terms of AIDS advocacy is more on yung MSM helping to promote their human rights.” <i>[Basically, what the UNDP does in terms of AIDS advocacy is more on helping MSM to promote their human rights.]</i></p> <p>-UNDP</p> | | |

The third specific question of this study focuses on the extent to which local NGOs relate with IHOs. In validation of what IHOs have previously shared in the interviews, this part recognizes the insights of local NGOs on the impacts of IHOs to them. Initially, most of the answers indicate positive feedbacks.

“Bine-base pa rin natin sa kultura pa rin natin. Tumutugma naman yung mga guidelines na binababa satin ng mga development organizations (IHOs) pero kung hindi sya tugma, hindi naman natin ina-accept yan.”
[We still basing on our culture. Apparently, guidelines from development organizations match with our culture; but if it doesn't, we don't accept it.]

-ASP

In Table 3, however, KIs from local NGOs identified few hitches in working with concerned IHOs predominantly on responding to the HIV prevalence in the country and these are: (1) lack of financial aid and (2) misinterpretation of their presence by some decision-makers. First, local NGOs understand that UNAIDS, UNDP, and WHO are not funding agencies but a local NGO finds it as a problem. Similarly, there is a certain issue to which how some members of the society perceive international organizations. Some do not fully understand the intentions of international organizations in the country to the extent that they are viewed as interlopers.

Table 3. Hitches in Working with IHOs

| EMERGING HITCHES |
|--|
| <p>“Kaya lang ang problema sa kanila, hindi sila makapagbigay sa amin ng core funding ... core funding to run the office.” <i>[The problem with them is that they cannot give core funding ... core funding to run the office.]</i></p> <p>-PPAI</p> |
| <p>“Hindi tumutulong. Simpleng nakekealam.” <i>[Not helping. Simply interferes.]</i></p> <p>-PLCPD</p> |

Each local NGOs has a unique feature to which seemingly affects its view on the plight of HIV/AIDS advocacy in the country. Mounting to the above-mentioned hitches, the plight resulted to the following: (1) *partnership* wherein local NGOs work with concerned organizations and sectors, (2) *responsibility* wherein they as an organization comprised of PLHIV understand that they are actors accountable in functioning to

respond to the issue as they are the issue as well, and (3) *development* wherein they as an organization of legislators have carried efficacy of HIV/AIDS advocacy on some level that it improved awareness on the issue. Table 4 shows the views of local NGOs on the plight of HIV/AIDS advocacy.

Table 4. Views of Local NGOs on the Plight of HIV/AIDS Advocacy

| THEME | MEANING | VERBATIM EXTRACTS FROM KEY INFORMANTS' RESPONSES |
|----------------|---|--|
| Partnership | Recognizing active organizations and working together | <p>"Para alam rin ng program na 'ang ASP pala may ganito'. Halimbawa may need na ganon, 'dito sa ASP may ganitong serbisyo' o 'itong ASP may programa with UNAIDS.'" <i>[For the program to know that 'ASP has something like this', for instance that there is a need on this, one could say that 'in ASP, there is that kind of service' and that 'ASP has this program with UNAIDS.']</i></p> <p>-ASP</p> |
| Responsibility | Being part in resolving the HIV/AIDS issue | <p>"Kami (PLHIV) ang problema kaya kasama kami mag-solve ng problema." <i>[We are the problem that is why we take part in solving the problem.]</i></p> <p>-PPAI</p> |
| Development | Improving awareness on the HIV/AIDS issue | <p>"Well, I think it's promising kasi marami ng enlightened ngayon – sa congress palang eh. Parang last quarter nitong nagdaang congress, may mga tatlong privilege speech na finacilitate din yan ng PLCPD, actually hindi pala last quarter kasi simula nung December during the World AIDS Day na naka-receive sya ng magandang response eh. Wala talagang bumanat sa floor." <i>[Well, I think it's promising because many are now enlightened – in the congress per se. Last quarter this past congress, there were three (3) privilege speeches that PLCPD facilitated, actually not last quarter because it started on December during the World AIDS Day that it received a good response. Nobody argued/interrupted in the floor.]</i></p> <p>-PLCPD</p> |

3. LOCAL HIV AND AIDS ADVOCACY

This section presents the findings on the fourth specific question of this study, which looks into the current position of Philippine HIV/AIDS advocacy. This is divided into: (1) the strengths and weaknesses of IHOs and (2) the concepts of social organizations on HIV/AIDS advocacy. Being that, Table 5 shows the strengths and the weaknesses of IHOs in responding to HIV/AIDS issue within the country. KIs first identified the kind of organization they belong to and considered it as their own strengths. They expressed the expertise of their organizations on the field of HIV/AIDS, the strong positioning in advocacy works, and the ability to provide standards followed by its member state and to hand out credible advocacies. Conversely, they provided weaknesses on (a) implementation, (b) internal management, and (c) resource mobilization.

Table 5. Strengths and Weaknesses of IHOs

| ORGANIZATION | STRENGTH | WEAKNESS |
|--------------|--|---|
| UNAIDS | Being a Joined Programme that has expertise on the HIV/AIDS field, has global guidance, and reviews evidence-based data before taking action | Is not an implementing organization and has issues with its internal management |
| UNDP | Being a UN agency that now has a strong positioning in advocating for AIDS, acts as a mediator between conflicting sectors, responds to the issue in collaboration with the government who it recognizes as the main actor to lead in the response | Has difficulty in mobilizing resources |
| WHO | Being a technical agency that sets standards followed by DOH | No mentioned weakness |

In relation with Table 2 wherein perceptions of KIs on shaping the advocacy in the country are given, Table 6 shows distinct themes and its meanings regarding the concept of HIV/AIDS advocacy. All KIs were asked about how their organizations view it. Some of them seemingly agree on two particular themes – strategy and mobilization.

Table 6. Concepts of HIV/AIDS advocacy

| VERBATIM EXTRACTS FROM KEY INFORMANTS' RESPONSES | THEME | MEANING |
|---|--------------|--|
| <p>“Andoon din yung concept ng continuum of risk. Hindi porket na-diagnose natin na positive sya, iiwanan na natin sya. So nandyan yung referral natin sa mga treatment hubs tsaka yung pag-handle ng mga cases.” [There is also the concept of continuum of risk. Not because one is already diagnosed positive, we would just leave him/her. So our referral to treatment hubs is offered as well as how to handle such cases.]</p> <p>-ASP</p> | Prevention | Avoid further harms through continuous actions |
| <p>“Our main function really is to coordinate the efforts of UN agencies and one of our platforms is advocacy. By advocacy, we put on the table based on evidence what we refer to as game changers or key policies that will then lead to the impact of the epidemic”</p> <p>-UNAIDS</p> <p>“Pagsinabing advocacy, yun nag concept namin. Policy yan, papunta yan sa isang legislation na long term i-institutionalize mo yung policy reform.”</p> <p>-PLCPD</p> | Strategy | Creates advocacy goals using valid and reliable data to be implemented in the long run |
| <p>“It (advocacy) should be multi-sectoral, meaning, when you do advocacy, you have to ensure that different sectors participate in the process. So when you say sectors, you’re talking about the government, the NGOs, the local government, and the people living with HIV.”</p> <p>-UNDP</p> <p>“The other part of the advocacy is making sure that key stakeholders are participating.”</p> <p>-UNAIDS</p> | Mobilization | Ensures participatory amongst concerned groups |
| <p>“Wala kaming separate advocacy. It usually goes with government. Tapos ang government, yung mga advocacy rin nila is based on our guide na binibigay namin sa kanila.” [<i>We don’t have a separate advocacy. It usually goes with the government. Then the government’s advocacies are based on the guide that we give them.</i>]</p> <p>-WHO</p> | Empowerment | Supports partner sector in their advocacy works |

One of them articulated the importance of *mobilization*:

“Of course, yung different sectors na yan may kanya-kanya silang advocacy pero dapat meron din silang... although may kanya kanya sila, may individual advocacy sila, at the end of the day it is very important na dapat meron din silang parang synergy or they come up with an advocacy strategy na multi-sectoral na they engage with one another kasi mas malakas yun.”

[Of course, these different sectors each have their own advocacy but they should have... although they each have individual advocacy, at the end of the day, it is very important that they possess synergy or they come up with an advocacy strategy that is multi-sectoral that they engage with one another because it is stronger.]

-Ms. Fe Cabral, UNDP

DISCUSSION

“Participate in life instead of just watching it pass you by.”

-Lindsey Wonderson

This quote could describe why selected social organizations partake in the response which now encompasses interventions on preventing, mitigating, and eliminating the spread of HIV and AIDS across the world and relatively in the Philippines. Based on the findings, international humanitarian organizations affect the HIV/AIDS advocacy in the Philippines towards long-term impacts which are: (a) internal capacity building of partners through technical and financial assistances and (b) organizational motivation through embedding the principle of synergy. Roles of IHOs in the Philippines are identified through the given concepts of AIDS advocacy, strengths and weaknesses, and perceptions on shaping the AIDS advocacy in the Philippines. They appear to be International organizations have the capacity to leverage for local NGOs in which the conformity of local NGOs with international guidelines becomes a medium of strengthening their political will to advocate for AIDS as well as restricting stigma and discrimination amongst vulnerable groups. Being the external sector, IHOs are providers of interventions and advocates campaigning for policy development that taps health and social factors for the mere reason that they have the competence to leverage partners and Member States. This is persistent in the World Polity Theory (WPT) that was applied in this study.

Accordingly, the researcher themed the findings into the following concepts from WPT:

(a) sustain and promulgate common culture, (b) induce social change, and (c) codify, modify, and propagate global cultural structures. All of which situates IHOs into efficacy. As the theory views them, IHOs are intergovernmental organizations (IGOs), which then make them global actors. All these IGOs (i.e. UNAIDS, UNDP, and WHO) are committed to promote advocacy for HIV/AIDS and respond through the creation of strategic interventions for key affected populations all over the world while working with local NGOs (i.e. ASP, PLCPD, and PPAI).

ON SUSTAINING AND PROMULGATING COMMON CULTURE

Advocacy Themes

The first specific question from this study inquires on advocacy themes from the past 20 years. Generally, IGOs demonstrate assistance through accessing global evidence-based data. UN alongside Global Fund to Fight AIDS, TB and Malaria are non-voting members of the Global Steering Committee of World AIDS Campaign. With the goal of ensuring governments and policy makers are achieving their HIV targets and commitments and mobilizing resources in benefit of the health and social development of vulnerable groups (World AIDS Campaign, 2011), other significant groups comprising the said committee are Global Network of People Living with HIV/AIDS, International Community of Women Living with HIV/AIDS, Youth Coalition, Global Unions Programme on HIV/AIDS, International Council of AIDS Service Organisations, Ecumenical Advocacy Alliance, and International Women's AIDS Caucus. Notably, UN has been providing themes that mainly guide their advocacy works in all over the world. Based on the findings, the Asia and Pacific, where the Philippines belongs to, appears to adapt the provided advocacy themes.

"It contributes sa amin (PLHIV). Nale-lessen ang stigma and discrimination pag naga-advocacy sila regarding HIV and AIDS, like in transmission kung paano nakukuha. At the same time, through advocacy ganon, nakanakakuha kami ng new member ng positive na inire-refer namin sa ospital, which is very good para maagapan agad sila para magkaroon agad ng treatment."

[It contributes to us (PLHIV). Stigma and discrimination are lessened when they advocate for HIV and AIDS, like in transmission – how it is acquired. At the same time, through that kind of advocacy, we get new member of positive who we refer to hospitals, which is very good for them to be treated immediately.]

–PPAI

Engagement Between IGOs and Local NGOs

Though under Social Organizations section, engagement of both international and local levels is the inquiry of the second and third specific questions. From the findings, IGOs have brought organizational motivation principle whereas they encourage exchanges of intellectual views and opinions through dialogues, conferences, consultations, and meetings. Further, in relation to what a KI from IGO articulated regarding the concept of HIV/AIDS advocacy (Table 6) in which indicates that they have promoted synergy amongst concerned groups, responses of local NGOs confirm to it.

“Kung ano yung sayaw nila, yun din naman ang sayaw ng mga organizations (local NGOs).”

[What they dance is what organizations dance too.]

–ASP

A KI shares that even though local NGOs each have varying programs and services, they are remain organized and can move synchronically because of the influence of IGOs mainly through the implemented advocacy themes. Hereafter, another KI commends IGOs’ presence in the country because they have been consistent with their interventions.

“Kaya nga kung wala yun (guidelines of international NGOs), hindi tayo sistemado.”

[That is why if the guidelines of international NGOs are not present, we are not systematized.]

–ASP

“I have nothing but good words for those 3 international organizations kasi yung interventions nila consistent. It’s ever present, ever since andyan sila.”

[I have nothing but good words for those 3 international organizations because their interventions are consistent.]

–PLCPD

In an article by Andrew Williams (2004), a Professor at University of Kent, Department of Politics and International Relations, UN and other international organizations have been conducting a series of major conferences and discussion papers in response to the problems of international intervention in taking action to the world’s problems. This could also indicate the presence of internalization process wherein local NGOs assimilate and accept the ideas, norms, and values of external authorities.

ON INDUCING SOCIAL CHANGE

Social Organizations

While rooting from the international sphere, IGOs, regardless of their characteristic as dominants, cannot force states to act according to IGOs' will (Beckfield, 2010). This is supported by the findings of this paper wherein IGOs in the Philippines recognize ownership of the issue, which means they only act as guides to the state and do not impose. Given that IGOs provide standards, local NGOs, on the other hand, still examine what is handed down to them. They would only accept if the interventions were appropriate in the country. Apparently, all interventions are applicable.

Contrariwise, local NGOs identified hitches in working with IGOs including (1) IGOs' being unable to help in terms of funding and (2) IGOs' presence being misinterpreted by some members of the society.

Economic Assistance

According to the KI from PPAI, the organization just depends on short-term projects that are occasionally handed to them by the IGOs (i.e. UNAIDS, UNDP, and WHO) being the reason why they cannot fully operate at times. KI also shared struggles during the early times of HIV prevalence in the country whereas ARV is not yet present in the country so they had to 'smuggle' a fair maximum of 50 bottles from countries where treatment is available. The courses they have taken depict their undeniable commitment to their organization as they give face and voice to PLWHA living in the Philippines. Financial assistance is a big factor in this case. Currently, Asia Pacific Network of People Living with HIV and AIDS (APNP) supports PPAI and from the KI's (2014) own words, '*they do not neglect us*'. However, most of the international humanitarian organizations that this study focuses do not contribute financially to them. "*We work respectively*" (Quinto, 2014). Nevertheless, PPAI members are willing enough to raise fund coming from their own pockets in spite of the fact that they, themselves, are economically challenged. Even so, this tends to weaken them more or be deprived on that matter. Local NGOs in this case are expecting that the presence of IGOs would mean added source of funding.

Misinterpretation

As PLCPD initiated and facilitated the amendment of Republic Act 8504 or the Philippine

AIDS Prevention and Control Act of 1998, misinterpretation on the presence of IHOs emerged. Although HIV is relatively new topic to them, PLCPD already had quite an exposure to the said field, as it was a part of the Reproductive Health Bill, a prior issue they have supported. Initially, their advocacy works on HIV started in 2011, which include familiarizing to the content and linking with policy makers who will support the legislation of the policy reform. This year, the organization is expecting that the Committee on Appropriations would hear the Budget Tariff Provision from the bill. Having said, some decision-makers who create the issue appears to be lacking education on HIV and AIDS for them to refer international organizations as ‘nakikialam’ or interlopers to the extent that they would like to set limitations. For instance, at one point, some did not want to invite international organizations during a meeting. KI from PLCPD disagrees with the argument of these people in which they identify that the epidemic is indeed a domestic problem and because these IGOs look at the issue at a larger scale, whatever IGOs have to say would not be applicable to the local context. There are but members of the society particularly those who are active in the policy advocacy for HIV/AIDS are lacking education on the epidemic that they tend to misinterpret the shared interventions of external sectors in the country. Besides, going back to the HIV/AIDS history, society had resistance at the earlier responses to the epidemic due to its sensitivity, which involves the sexual nature of the disease to the extent that international agencies come into disagreement where some underestimated the potential scale of the epidemic (Whiteside, 2008). In the earlier years, ‘home-grown’ advocacy is the most effective response. However, this does not mean that it should be implemented again because nations have changing trends. What is applicable before could not be applicable today.

“Iba-ibang trend lang kasi iba-iba uso noon, iba yung uso ngayon. So ngayon medyo straight forward na. Before, discrete pa ang messages natin. Ngayon, straight forward na sya.” [Trends are merely unlike because trends from the past vary to the present. So now, it is quite straightforward already. Before, our messages were discrete. Now, it is straightforward.]

–ASP

This misinterpretation, however, is disagreed in C. Wright Mill’s Sociological Imagination wherein personal trouble could be seen as public issue using the

sociological lens (1959) as discussed in the Literature Review section. The intention of IGOs to improve human rights is just accurate for a country situated in the Global South. Hence, it is appalling to view those who help the country as such.

Ironically, Mandatory Testing was recently mulled by the DOH; though they have clarified that it is only “for patients who may be suspected to have HIV infection based on a risk-based assessment” (Santos, 2014). Certainly, it has discriminating factor wherein patients would be screened if suspected, meaning people are to be judged and condemned at most. The possibility that this kind of intervention will be implemented gained numerous critiques from concerned groups in the field of HIV/AIDS, counting the conflict between the Catholic and Protestant churches in the country (Punay, 2014). International and local organizations corroborate that mandatory testing failed and did not work to countries that have previously implemented it to the extent that it resulted to tremendous effects (Dalde, 2014). Apparently, the point of the Catholic Church represented by Jaro Archbishop Angel Lagdameo suggested that the intervention has to include the government exercising attending to patients and cases with proper care most especially to human dignity.

Shaping of the Philippine AIDS Advocacy

In relation to the above topic, Contextualization Interventions as seen in Table 2 matters in creating an advocacy strategy whereby in the process of responding to the issues, social organizations tend to use evidence basing from the context of the epidemic in a country. Contextualization results to: (a) awareness on the issue and (b) acknowledgment of ownership of the issue. Similar to other issues in the society, HIV campaigns take time to change the behaviors of the people and need to be critical to make them aware and alarmed. Nonetheless, it is good to ponder on what is more important between highly considering human rights and strictly implementing paradigms crucial to the former. There are but many ways to prevent the epidemic and it requires critical thinking, sympathy, and a sense of responsibility. Being that, the action does not only come from the government, institutions, and other development sectors, rather, those who are living with or without HIV/AIDS should also respond rightfully to

disseminated messages from these global actors. Further, to answer the misinterpretation of local decision-makers to IHOs, the findings of this study show that IHOs are present to support the country in its endeavors and not to interfere. In terms of *Strengthening Interventions*, it implies that local NGOs become equipped in advocacy works and even in the whole HIV/AIDS response in the country. In this case, IHOs provide them with the right knowledge; help them build their capacities; guide them in policymaking; and assist them in mobilizing resources. Equally important, *Empowerment Interventions* indicate that there is a working relationship between international and local organizations that they build partnership and give support particularly in the promotion of advocacy works. Thus, this agrees to the article of Andrews (2013), which states that in sight of the numbers of projects and value of engagement, external influence is wide spread and continues to grow across all countries.

ON CODIFYING, MODIFYING, AND PROPAGATING GLOBAL CULTURAL STRUCTURES

Local NGOs Relating with IHOs

Rendering to WPT, IHOs, also known as IGOs, are likewise to codify, modify, and propagate global cultural structures. KI from PLCPD simply considers that IHOs are present in the country to provide guidance and attests this through their actual works. For instance, UNAIDS acts as the guide in the advocacy process at the national and local levels. Information (i.e. identified key affected populations in the country) given by UNAIDS is accepted by both levels making them share the same concepts on HIV/AIDS. KI added that WHO regularly updates regarding their guidelines on HIV matters (i.e. antiretroviral treatment). Because of this synergy amongst the works of concerned groups, there are no big issues confronted in administering the advocacy in PLCPD's part. Another, when asked about their relationship with IGOs, KI from PPAI clearly stated that IGOs have a great impact to their organization for the mere fact that they are receiving technical assistance particularly on prevention and treatment especially from UNAIDS and Global Fund. Knowledge acquired from these kinds of assistance is shared to more concerned groups within their reach. Hence, multi-sectoral approach is significant in the process of advocating for HIV and AIDS.

Multi-Sectoral Approach

Advocacy is merely defined as the act of responding to the issue through concerted efforts. Through the multi-sectoral approach, local NGOs are adapting to the shared goals of international humanitarian organizations as narrated by key informants from the local. Hence, having good working relationships amongst concerned sectors matter in achieving advocacy goals with synergy. Advocacy themes presented earlier are stances of the synergy; they are made by global actors and applied to regional then to national. From the past 20 years, global actors have been commendable for bringing changes and mediations amongst nations most at risk. From the narratives of local NGOs, concerned groups in partnerships do have the possibility to meet the shared goals they advocate for. Seemingly, selected IGOs have given recognition to their kind of organization to identify their strengths and weaknesses. Being under the UN system gives benefit and proficiency for key organizations to play the roles of global actors. The researcher agrees to the argument of Archer (2001) that international organizations should be given 'particular considerations to their constitutions, their legal personalities, and their institutional problems'. They could be at terms lacking of financial contribution but disregarding everything would not decline their expertise on being responsible global organizations.

CONCLUSION

High-risk groups (i.e. young adults, MSM, commercial sex workers, IDUs, OFWs, and the sexual partners of people belonging in these groups) in the Philippines are given protective measures by both international and local organizations, whether health or social interventions, conversely, HIV prevalence in the country stays low but in any case grows alarming because stigma and discrimination in this society remain apparent, hence, high-risk groups tend not to utilize such measures. However, issues don't only tap IHOs and local NGOs alone. PLHIV, who are also advocates well immersed in different corners of the society, ascertain that there is stigma coming even from the government. Therefore, one may ask if it is possible for a society to become more open. Perhaps, this is not only a challenge for the society but also for concerned organizations from both international and local levels to produce the utmost intervention yet.

HIV and AIDS as a global health and social issue imprints in the society that everyone from the local, national, regional, and international levels has a role to play in the response in any given constituency. Particularly, the findings show a serious call to social, economic, and political actions while the Philippines has not reached the peak of the problem. This starts from advocacy, the primary “step in any program intended to prevent or slow down HIV and AIDS” (Health Action Information Network, 2005). The prospect of discriminating and stigmatizing PLWHA that resulted to a notable resistance of possible HIV-positives to testing and treatment remains a struggle to concerned organizations in the Philippines resulting to the creation of various advocacy interventions.

Because they are committed to promote human rights as their global goal, IHOs impact is seen mainly in how they shape the advocacy in the Philippines through (1) contextualizing the HIV/AIDS issue and (2) strengthening and (3) empowering concerned organizations, may it be the government or the local NGOs (i.e. ASP, PLCPD, and PPAI). Based on the findings, IGOs greatly impacted local organizations in terms of technical assistance, to the extent that these external sectors strengthen their own goals and empowered them, although not much of financial support. While it is true that local NGOs follow IHOs’ guidelines, local NGOs asserted that they first review what is handed

down to them before adapting. The only condition should be it must be in context. For the past years, interventions from selected IHOs (i.e. UNAIDS, UNDP, and WHO) have been culturally acceptable. Hence, the country was able to progress with the changes, demands, and pace of the HIV/AIDS global advocacy because of willingly conforming to the guidelines. Philippine AIDS advocacy is continuously being supported therefore improved.

Hence, globalization in this context means favoring foreign policy wherein local NGOs are assimilating a wider culture brought by global actors. But in the assimilation of their influence, globalization is towards human development.

RECOMMENDATION

Across the stance of the Catholic Church on the Reproductive Health Law (Republic Act 10354), these selected social organizations are urging the society to the use of condoms, a contraceptive and a protection against sexually transmitted diseases. In fact, some are actually providing these to the public. On the contrary, IGOs focus more on funding the ARV treatment. It is a wise decision for this medication is part and partial on the lives of PLWHA. However, the growing number of HIV incidence in the Philippines should not be underestimated. As WHO HIV Coordinator Dr. Nerissa Dominguez said, HIV prevalence is already alarming although it is low; it is increasing. Here comes the importance of advocacy. Noticed by UNAIDS in its 2010 report for being one out of only seven countries to increase HIV prevalence rate, the Philippines needs to double its efforts on the response per se. Upon concentrating on ARV treatment alone, HIV/AIDS advocacy suffer when both should be receiving the same quality and quantity of attention because DOH reports an increasing trend today on Filipinos having 16 new HIV cases every day. Thus, to the government and all actors involved in the HIV/AIDS response, the researcher recommends balancing the focus on all types of response. Another, to the international humanitarian organizations present in the country, the researcher commends the promising interventions hence suggests that assistance be continued and improved until HIV and AIDS epidemic is resolved in the country and across the world.

Advocacy being a part of the country's vast response on HIV and AIDS, the researcher

suggests to scholars that further studies be made particularly on the other kinds of response because there is not much of literatures provided in the Philippine setting. This study may hopefully be considered as a reference for concerned agencies to improve their systems and for aspiring researchers to develop and expand the study.

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