Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

ADMINISTRATIVE ORDER
No. 2025 - 0027

NOV 24 2025

SUBJECT: Guidelines on the Establishment and Certification of HIV Treatment Hubs in the Philippines

I. RATIONALE

The Philippines has a human immunodeficiency virus (HIV) prevalence of less than 1%, yet it faces a significant public health challenge, currently experiencing the fastest-growing HIV epidemic in Asia and the Pacific. Between 2010 and 2022, annual new infections surged by 418%. As of June 2025, progress toward the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets for ending acquired immunodeficiency syndrome (AIDS)-related deaths by 2030 stands at 57-66-47. The estimated number of people living with HIV (PLHIV) in 2025 is 252,800.

In response to the escalating HIV crisis in the country, the Department of Health (DOH) Disease Prevention and Control Bureau (DPCB), through the National AIDS and STI Prevention and Control Program (NASPCP), has initiated *"OPLAN PROPEL: Expanding and Scaling Up HIV Response."* One of its aims is to expand HIV Treatment Hubs to enhance access to high-quality services among key populations, particularly PLHIV. This initiative aligns with key legal frameworks, including Republic Act (RA) No. 11223 or the *Universal Health Care Law*, and RA No. 11166, otherwise known as the *Philippine HIV and AIDS Policy Act*, that emphasize the need for comprehensive strategies to provide quality HIV treatment and care. Its primary objectives include ensuring accessible, high-quality HIV services for all individuals, while striving to eliminate AIDS-related deaths by 2030 through improved treatment options.

Since 2007, the DOH has been responsible for designating and certifying HIV treatment hubs, with support from the Centers for Health Development (CHDs) through advocacy, technical assistance, and oversight. This responsibility is grounded in Executive Order No. 292, or the Administrative Code of 1987, which affirms the DOH's mandate to implement national health programs, including those addressing HIV and AIDS in the country. To ensure high-quality care within these hubs, key strategies include standardized, evidence-based protocols, training for healthcare providers on the latest advancements in HIV care, and the implementation of patient safety and quality assurance protocols.

The establishment and certification of HIV Treatment Hubs are essential to standardize services, ensure compliance with legal standards, and improve health outcomes. Establishing clear guidelines for these hubs will support consistent service delivery, reduce stigma, and ultimately enhance the quality of life for people living with HIV (PLHIV). In line with this, RA No. 10173, or the Data Privacy Act of 2012, protects the confidentiality of PLHIV and other key populations, helping to reduce stigma and discrimination associated with HIV. Moreover, this initiative supports the Department of Health's 8-Point Action Agenda, which embodies the vision of *"Sa Bagong Pilipinas, Bawat Buhay Mahalaga,"* reflecting the nation's commitment to upholding the health and well-being of all Filipinos.

II. OBJECTIVE

This Order shall provide technical guidance for the establishment, certification, renewal, and continuous compliance of a health facility with the intent to be an HIV treatment hub in the Philippines, ensuring quality HIV care, access, and sustainable service delivery aligned with DOH policies and national health goals. Specifically, it shall:

A. Provide standards for the establishment and certification of HIV treatment hubs;
B. Outline the operational guidelines of HIV treatment hubs;
C. Outline the roles and responsibilities of different DOH units/offices and other relevant stakeholders.

III. SCOPE OF COVERAGE

This Order shall apply to all health facilities, whether government or privately owned, that intend to be designated as HIV Treatment Hubs in the Philippines. It shall likewise be observed by the DOH, its Central Office bureaus, CHDs, and other concerned stakeholders involved in the implementation, monitoring, and provision of HIV and AIDS-related services.

In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of this Order shall be subject to the applicable provisions of RA No. 11054 (Bangsamoro Organic Act) and the subsequent rules and policies issued by the Bangsamoro government.

IV. DEFINITION OF TERMS

A. Assessment tool — refers to the checklist to be used by the applying facility and the certifying team to assess if the HIV treatment hubs/health facilities meet the basic requirements and standards prescribed by the DOH.

B. Care partner — refers to a partner institution of a DOH-certified HIV treatment hub that provides HIV services to PLHIV or vulnerable groups deprived of liberty in enclosed settings.

C. Case Management Team (CMT) — refers to a team of multidisciplinary care providers, including but not limited to physicians, nurses, medical technologists, social workers, counselors, pharmacists, psychiatrists, nutritionists, case managers, encoders, and other relevant personnel who oversee HIV and AIDS management in the treatment hub.

D. Certification — refers to the process of recognizing an HIV treatment hub/health facility as capable of providing differentiated HIV and other STI quality care services based on the requirements prescribed in this Order.

E. Differentiated HIV service delivery — refers to a person-centered approach of providing HIV prevention, testing, treatment, support, and care.

F. Health facilities — refers to facilities or institutions where medical services are provided to individuals. It includes hospitals, clinics, and other institutions that offer healthcare services, including, but not limited to, diagnosis, treatment, and care for patients.

G. HIV treatment hub — refers to private or public hospital or medical establishments, such as but not limited to social hygiene clinics, HIV care clinics, primary care facilities, rural health units, city health offices, certified by the CHD and duly accredited by Philippine Health Insurance Corporation (PhilHealth), that have the

capacity and facility to provide the highest quality HIV prevention, treatment, and care services, including other STIs, to key populations and PLHIV.

H. Loss to Follow-up (LTFU) — refers to individuals living with HIV whose outcomes are unknown because they have not returned to a health facility or community ART site for their HIV care or to collect their antiretroviral medications. This category includes undocumented "silent" transfers, individuals who have died, and those who have interrupted treatment. (WHO, Supporting Re-engagement in HIV Treatment Services, July 2024)

I. Main HIV treatment hub — refers to a DOH-certified HIV treatment hub that oversees the operation and activities of its satellite HIV treatment hub(s) and care partners.

J. Satellite HIV treatment hub — refers to a health facility that is an extension of a DOH-certified HIV treatment hub and operates under its direct supervision, offering HIV preventive and screening services, and refills of antiretroviral drugs (ARVs).

V. GENERAL GUIDELINES

A. Any public- or privately-owned health facility may apply for certification as an HIV treatment hub, provided it is strategically located to effectively serve the community and ensure accessibility to a comprehensive continuum of HIV services, from prevention to care.

B. All HIV treatment hubs shall have sufficient manpower. The HIV and AIDS Core Team (HACT) shall consist of at least a physician, a registered nurse, a case manager, and an encoder.

C. All HIV Treatment Hubs shall be able to provide differentiated HIV service delivery, such as but not limited to, clinical management including rapid antiretroviral therapy (ART) enrollment, multi-month ART dispensing, patient monitoring, and other care and support services, health promotion and provision of preventive care including Pre-Exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP), and testing services at all times.

D. HIV treatment hubs may establish satellite HIV treatment hub(s) in areas where there is an increase in the number of cases and limited or no access to HIV treatment hubs.

E. Every HIV Treatment Hub, including its Satellite HIV Treatment Hub(s), shall establish and maintain a system for continuous quality improvement (CQI) activities.

F. All HIV Treatment Hubs, including their satellite HIV Treatment Hubs, shall maintain quality HIV services, aiming to keep the loss-to-follow-up (LTFU) rate at or below 5% for all PLHIV enrolled in treatment on an annual and cumulative basis.

G. All HIV Treatment Hubs shall strictly adhere to and ensure compliance with infection prevention and control policies issued by the DOH or its recognized agencies and/or organizations.

H. All HIV treatment hubs shall utilize the official reporting platforms, such as but not limited to, One HIV, AIDS & STI Information System (OHASIS).

I. All HIV Treatment Hubs shall ensure the anonymity and confidentiality of every patient in accordance with the provisions of the Philippine HIV Policy Act and its implementing rules and regulations (RA No. 11166) and Data Privacy Act (RA No. 10173).

J. Only DOH-certified HIV treatment hubs shall be eligible to apply for PhilHealth accreditation as providers of the Outpatient HIV/AIDS Treatment (OHAT) Package.

K. In the event of operational disruptions or closure, contingency and risk mitigation measures must be activated to ensure uninterrupted services for clients and safeguard continuity of care.

VI. SPECIFIC GUIDELINES

A. Certification of HIV Treatment Hub Procedures

1. All HIV treatment hubs shall be DOH-certified prior to their operation and must continuously comply with the policies and guidelines on HIV services set forth by the DOH.
2. Any LGU-owned or private hospital/health facility with the intent to become an HIV treatment hub shall coordinate with its respective Provincial/City/Municipal Health Office or Provincial DOH Office through the local government unit (LGU) HIV coordinator for needs assessment and technical assistance.
3. DOH hospitals that are interested in establishing an HIV Treatment Hub shall submit a letter of intent directly to the CHD. The latter shall then closely coordinate with the LGU HIV coordinator within its region for needs assessment and technical assistance.
4. The LGU HIV coordinator and/or CHD representative, preferably a Development Management Officer, shall assist the potential HIV Treatment Hub in the conduct of self-assessment, using the assessment tool ***(Annex A)***, to determine the readiness of the facility.
5. After the conduct of technical assistance and needs assessment, potential HIV Treatment Hubs shall submit a letter of intent to the CHD, copy furnished to the Provincial/City/Municipal Health Office, which has jurisdiction over the facility, along with the duly accomplished assessment tool.
6. A certifying team shall be organized and capacitated by the CHD to conduct an assessment for an HIV treatment hub. This shall be composed of the following:
    a. HIV regional coordinator or his/her authorized representative;
    b. Authorized representative from the Provincial DOH Office, Provincial/City Health Office, or District Health Team, preferably not assigned to the same municipality as the applicant; **and**
    c. Authorized representative from the Regional Epidemiology and Surveillance Unit (RESU).
7. The certifying team shall conduct an ocular visit to determine the readiness of the facility and to validate the submitted self-accomplished assessment tool, within ninety (90) calendar days upon submission, unless prevented by force majeure or other unforeseen circumstances beyond their control. In such cases, the ocular visit may be rescheduled or extended, and the certifying team will notify the relevant parties of the delay and the new timeline.
8. Upon the completion of the ocular visit and validation process, the certifying team shall arrive at a consensus for the rating of the facility and an overall recommendation as to whether the facility has met at least 75% of the prescribed standard stated herein and its annexes.
9. The DOH-CHD shall send a letter of compliance with an attached summary report to the health facility within five (5) working days after completion of the validation process. The summary report shall include a brief description of the validation process, observations, rating, and final decision indicating whether the facility is certified or needs reassessment.

10. The same report shall also be filed within the respective DOH-CHD for recording purposes and as a reference for the issuance of the certificate.
11. The DOH-CHD Local Health Support Division- Infectious Disease Cluster shall facilitate the issuance of an HIV Treatment Hub Certificate duly signed by the Regional Director or his/her authorized representative, which shall be ***valid for three (3) years.*** Effective from January 1 of the first year or the date of initial approval, and shall expire on the last working day of December of the third year. Please see attached ***Annex B*** for the template.
12. The name of the facility shall be formally endorsed by the DOH-CHD Local Health Support Division-Infectious Disease Cluster to the DOH DPCB for inclusion in the official list of DOH-certified HIV treatment hubs. This list shall be updated quarterly and shall be released through a Department Memorandum.
13. Once included in the official list, the DOH-DPCB, through the CHD, shall equitably allocate HIV commodities, such as but not limited to, condoms, lubricants, ARVs, and viral load cartridges, to the DOH-Certified HIV treatment hubs. These services shall be provided free to all PLHIVs and key populations.
14. If an HIV treatment hub has not satisfied the minimum rating for certification, the LGU HIV coordinator shall provide necessary support to fulfill and meet the requirements of an HIV treatment hub. However, if the facility continues to fail after three (3) consecutive assessments in one application for a period of three (3) months, the DOH-CHD shall deny the application for certification of the HIV treatment hub.
15. A new application may be submitted after six (6) months from the date of the last reassessment in order to provide ample time to comply with the prescribed standards. During this period, the DOH-CHD-Infectious Disease Cluster shall exhaust all means to provide technical support to the facility to enable its compliance.

B. Data Management and Reporting

1. All HIV Treatment Hubs shall encode and maintain clinical reports, inventory of HIV- and AIDS-related commodities, and other required data, including HIV-related mortality as specified in DOH guidelines, into official reporting platforms, such as but not limited to, the One HIV, AIDS & STI Information System (OHASIS), in a timely manner.
2. All HIV Treatment Hubs shall ensure the anonymity and confidentiality of every patient information, including medical records and personal details, shall be handled with the utmost care and protected from unauthorized access, use, or disclosure.
3. All HIV Treatment hubs must adhere to the principle of ***"Primacy of HIV Confidentiality,"*** which explicitly states that while all provisions of the Data Privacy Act of 2012 are applicable, the specific and more stringent confidentiality provisions of RA No. 11166 and its IRR shall apply in case of any perceived conflict or ambiguity.

C. Healthcare Provider Network (HCPN)

1. All HIV Treatment Hubs shall be part of an HCPN within their region where they can refer services that they are not capable of rendering, such as, but not limited to, confirmatory rapid HIV diagnostic algorithm clinical laboratory, hospital admission, diagnostic services for patient follow-ups, other ancillary services, etc.

2. An HIV Treatment Hub that has reached maximum capacity in terms of complement manpower, space, and other resources, which could potentially compromise the quality of services, may refer clients to other HIV treatment hubs within the HCPN.
3. HIV Treatment Hubs may enter into a Memorandum of Agreement (MOA) with a care partner, such as but not limited to, jails, drug abuse treatment and rehabilitation centers, detention centers or inpatient psychiatric facilities, and health facilities located in Geographically Isolated and Disadvantaged Areas (GIDAs) within their network. These care partners, once formally linked through an MOA, shall be considered part of the HCPN.
4. Service users in these care partner facilities, including those in GIDAs, shall be included in all national reporting mechanisms and reflected in the inventory of commodities submitted by the main HIV Treatment Hub to the official DOH online platform.
5. The HCPN shall ensure equitable access to HIV-related services, including HIV testing, ART, and follow-up diagnostics, especially for populations in hard-to-reach areas.
6. All Treatment Hubs shall execute formal Data Sharing Agreements with other health facilities within their HCPN. These agreements must be compliant with the standards set by the National Privacy Commission and must include robust technical and organizational safeguards to protect the confidentiality of patient data, particularly the highly sensitive nature of HIV status.

D. Satellite HIV Treatment Hub

1. Main HIV Treatment Hubs that intend to have satellite HIV treatment hub(s) shall inform their respective CHD and LGU in writing.
2. In cases where the Satellite Treatment Hub(s) are located outside the regional geographic boundary of its Main HIV Treatment Hub, the CHD, which has jurisdiction over the Satellite HIV Treatment Hub, shall also be notified in writing.
3. The LGU shall assess the necessity of establishing a Satellite HIV Treatment Hub in a specific area based on the following criteria and, if deemed necessary, provide an endorsement to its CHD:
    a. **High-Risk Populations:** Areas with key populations or vulnerable groups (e.g., men who have sex with men, people who inject drugs, sex workers)
    b. **HIV Cases:** The LGU shall check if there are high rates of HIV in the area or an increasing number of new cases.
    c. **Access to Care:** If the area is far from existing Treatment Hubs or has limited healthcare access.
    d. **Local Healthcare Capacity:** If the local health facilities cannot offer adequate HIV care, a satellite hub will be considered to fill that gap.
    e. **Available Resources:** The LGU shall evaluate if the necessary resources and funding are available.
4. The CHD with jurisdiction over the Satellite HIV Treatment Hub(s) shall then review the merits of the request. They may conduct ocular visits if deemed necessary. Upon approval, the CHD will notify the CHD overseeing the Main Treatment Hub in writing, facilitating the inclusion of the Satellite HIV Treatment Hub(s) in the certificate for the HIV Treatment Hub.
5. Satellite HIV Treatment Hub shall provide promotive, preventive, and screening services, and refill of antiretroviral drugs. Dispensing of opportunistic infection

(OI) prophylaxis, immunization, and treatment of STIs may be provided only after consultation with the physician of the Main Hub. Any other interventions shall be coordinated with the Main Hub.

6. The Main HIV Treatment Hub shall be responsible for the overall operations of its Satellite HIV Treatment Hubs, including regular inventory reporting to and coordination with the CHD where the Satellite Hub(s) is/are located, to ensure continuity in the allocation of HIV commodities.
7. The Main HIV Treatment Hub shall ensure that its satellite HIV Treatment Hub(s) located outside its regional geographic boundary are part of the HIV service delivery referral network within its locality for the provision of other HIV services beyond its scope.
8. Satellite HIV Treatment Hubs shall be under the supervision of its Main HIV Treatment Hub. A MOA stipulating the roles and responsibilities, including support for resource needs and mechanisms of financial subsidies from PhilHealth's OHAT package, of each party shall be in place to ensure accountability. This must be signed by both parties.
9. The Main HIV Treatment Hub shall be responsible for providing mentorship to its Satellite HIV Treatment Hubs, in close coordination with the CHD, which shall offer technical assistance and support.
10. Satellite Hubs shall be highly encouraged to become independent and fully functional HIV Treatment Hubs within two (2) years from the start of their operations.
11. Satellite HIV Treatment Hubs shall be listed in the Certificate of the Main HIV Treatment Hub, a copy of which shall also be posted in a conspicuous area.

E. Renewal of Certificate Procedures

1. HIV Treatment Hubs shall submit a written request to the CHD Regional Director to renew their certificate during the second quarter of the expiration year, with a copy furnished to the LGU where they are located. During this period, the HIV Treatment Hub must conduct a self-assessment to ensure ongoing compliance with HIV service delivery standards.
2. HIV Treatment Hubs that failed to file within the 2nd quarter of the year may be accepted until the last working day of the year. However, the reassessment visit will be scheduled on the latter date after the schedule of those that filed during the prescribed timeline. The effectivity date of the Certificate may be affected depending on the date of the visit.
3. For HIV Treatment Hubs with deviation from the standards set by the DOH, necessary corrective actions and plans to address identified gaps shall be initiated. This shall be well documented and submitted to the CHD.
4. The HIV Regional Coordinator shall convene and set a schedule with the certifying team for the conduct of a reassessment visit to the HIV treatment hub in the 3rd to 4th quarter prior to the end of the validity of their certificate to verify the submitted self-accomplished assessment tool and corrective action plan, if applicable.
5. Upon the completion of the ocular visit and validation process, the certifying team shall arrive at a consensus for the rating of the facility and an overall recommendation as to whether the facility has met at least 85% of the standard.
6. The DOH-CHD shall send a letter of compliance with an attached summary report to the health facility within five (5) working days after completion of the

validation process. The summary report shall include a brief description of the validation process, observations, rating, and final decision indicating whether the facility will be recertified or further technical assistance and reassessment is necessary.

7. The same report shall also be filed within the respective DOH-CHD for recording purposes and as a reference for the issuance of the new certificate.
8. The DOH-CHD Local Health Support Division- Infectious Disease Cluster shall facilitate the re-issuance of an HIV Treatment Hub Certificate duly signed by the Regional Director or his/her authorized representative which shall be ***valid for three (3) years,*** effective from January 1 of the same year and shall expire on the 3rd year of December 31, using the same template for certificate.
9. The CHD shall provide necessary technical assistance to HIV treatment hubs that fail to reach the minimum rating of 85%. Follow-through shall be constantly done to ensure that quality HIV service delivery is being provided by the said facility.
10. In the event that an HIV treatment hub fails to meet a rating of at least 85% for three (3) consecutive visits despite exhausting all possible means in maintaining high-quality HIV services, the CHD may recommend a temporary discontinuation of services until a corrective action has been taken and concrete preventive measures and plans are in place. Concurrently, the CHD shall immediately activate the risk mitigation team for proper patient navigation.
11. Whenever the HIV treatment hub decides to cease its operation or opt not to renew its certificate, for whatever reason, it shall notify the CHD in writing, copy furnished to the LGU where it is located, at least six (6) months prior to its closure for proper navigation of patients.

F. Assessment and Mentoring

1. The certifying team may be reconvened at any given time to conduct an assessment and mentoring, as deemed necessary.
2. The certifying team uses the assessment tool to validate the facility's continuous compliance with the set standards.
3. In the event that the rating of the facility falls below 85%, the DOH-CHD shall properly document the identified gaps and officially inform the facility in writing within five (5) working days after the completion of the validation process. Thereafter, the certifying team shall schedule a reassessment of the HIV treatment hub, focusing primarily on identified gaps and/or areas of non-compliance.
4. The DOH-CHD shall mobilize all means to provide technical support to the HIV treatment hub to enable the latter to address areas of non-compliance.

G. Continuous Quality Improvement (CQI)

1. Each HIV Treatment Hub shall establish and maintain a CQI Program, consistent with Administrative Order No. 2025-0001 "*Adoption of the National Quality Policy and Strategy for Health (NQPS-H)*" and AO No. 2020-0034 "*Revised Guidelines on the Implementation of Continuous Quality Improvement (CQI) Program in Health Facilities in Support of Quality Access for Universal Health Care.*" Please refer to Annex C for the recommended CQI Program.
2. HIV treatment hubs shall develop a CQI Program with a written implementation plan and periodic quality review sessions.
3. The HIV treatment hub shall conduct customer satisfaction surveys on a regular basis to solicit input and feedback on facility and process improvements.

H. Risk Management and Mitigation

In cases of unforeseen circumstances that the HIV Treatment Hub and/or its Satellite HIV treatment hubs are bound to cease or terminate their operation, the CHD in coordination with the DOH-NASPCP shall undertake contingency measures to ensure continuity of services for the affected service users, such as but not limited to:

1. Provision of zoning or catchment area for the affected service users;
2. Activation of the Risk Mitigation Team, which is composed of the following:
   a. Regional NASPCP Coordinator or its authorized representative
   b. Authorized representative from the RESU
   c. Authorized representative from a PLHIV support group
   d. Authorized representative from developmental partners, if the affected facility is their support site

Key responsibilities of the Risk Mitigation Team include the securing transfer of patient records, ensuring uninterrupted access to medications, and facilitating referrals to new healthcare providers. The team is also responsible for effective communication with all relevant stakeholders, minimizing risks such as data breaches or disruptions in care, and managing the financial and logistical aspects of the closure.

VII. MONITORING AND EVALUATION

Monitoring and evaluation of the certified HIV Treatment Hub shall remain within the remit of the CHD. To keep track of the overall progress of certification at the regional and national levels and ensure compliance with the set standards, the DPCB shall maintain its oversight function in the process as an advisory body. As such, it shall periodically review and provide an avenue for improvement of the process that impacts services provided to the PLHIV and key populations. Supplemental guidelines on the monitoring and evaluation plan shall be provided in a separate policy issuance.

VIII. TRANSITORY PROVISION

Reassessment of existing HIV treatment facilities shall be conducted within two (2) years after issuance of this guideline.

IX. ROLES AND RESPONSIBILITIES

A. The **DPCB** shall**:**

1. Perform oversight functions in the certification process and act as an advisory body in addressing key issues, such as, but not limited to, potential conflicts of interest, adherence, and compliance with standards, etc.
2. Build technical capacity of the Regional Program Managers to ensure uniform and consistent implementation of the standards stated herein.
3. Set National Operating Standards for the HIV treatment hub nationwide.
4. Update and keep the national registry of certified HIV treatment hubs nationwide.
5. Disseminate the updated list of duly recognized HIV treatment hubs nationwide through a Department Memorandum, released quarterly.
6. Analyze national stock and consumption data to allocate resources to HIV treatment facilities nationwide adequately.
7. Conduct coordinated monitoring visits to CHDs and HIV treatment hubs to provide technical assistance and ensure adherence to standards.

B. The **Epidemiology Bureau** shall**:**

1. Update and maintain HIV surveillance and information systems, such as but not limited to the One HIV, AIDS & STI Information System (OHASIS), to monitor the epidemiological trends and the progress of the health sector response.
2. Receive, collate, process, and evaluate all HIV- and AIDS-related medical reports from all HIV treatment hubs. This shall be implemented using a coding system to ensure anonymity and confidentiality.
3. Provide capacity building for the utilization of OHASIS, including access of the HIV treatment hub to the system.
4. Submit monthly inventory report of commodities from OHASIS to NASPCP every 5th day of the succeeding month.
5. Ensure testing and treatment compliance reporting through OHASIS of HIV treatment facilities.
6. Analyze and disseminate reliable and timely information to NASPCP performance indicators.

C. CHDs shall:

1. Lead the assessment and certification process for HIV Treatment Hubs, ensuring compliance with national standards.
2. Provide technical assistance, mentorship, and supervision to both Main and Satellite Hubs throughout the certification process.
3. Facilitate capacity-building activities to strengthen the operational and service delivery capabilities of HIV Treatment Hubs.
4. Oversee the activation and coordination of the Risk Mitigation Team to address service delivery disruptions and emergencies.
5. Ensure the timely provision and equitable distribution of HIV commodities to certified HIV Treatment Hubs.
6. Monitor the availability and adequacy of HIV commodities across all certified hubs to prevent stockouts and service interruptions.

D. The **PhilHealth** shall:

1. Provide guidelines on the accreditation of DOH-certified HIV treatment hubs and availment of the OHAT Package.
2. Accredit DOH-certified HIV treatment hubs in accordance with the existing guidelines on accreditation of healthcare institutions and their subsequent revisions.

E. The **DOH Certified HIV Treatment Hub** shall:

1. Strictly adhere to the prescribed standards in providing HIV services.
2. Ensures that all necessary medical reports related to HIV and AIDS are systematically and timely encoded in OHASIS while maintaining anonymity and confidentiality.
3. Ensure implementation of the CQI plan within its facility.
4. Maintain records of inventory of ARVs, testing, prevention, and other treatment commodities, which shall be done through OHASIS.
5. Timely submission and encoding of requested data in the online information system.
6. Regularly coordinate with its Regional Program Coordinator for the continuous allocation of supplies and commodities provided by the national government.
7. Oversees the operations of its Satellite HIV treatment hubs, if any.

F. LGUs are encouraged to:

1. Provide appropriate resources to implement the guideline.
2. Ensure that the infrastructure of the facilities implementing HIV Testing Services (HTS) and treatment hubs is adequate and fully functional.

3. Integrate HIV treatment hubs into local investment plans for health (LIPHs) and annual operational plans (AOPs), through its functional Local AIDS Council.
4. Support and allocate funds for the procurement of devolved HIV and STI commodities to the Certified HIV treatment hubs, implementation of quality control, and participation in EQAS and other potential capacity-building activities.
5. Employ monitoring and supervision mechanisms to ensure adherence to guidelines and provisions stipulated in the MOA.
6. Ensure inclusion of HIV treatment hubs in the local HCPN.

X. ~~VIII.~~ SEPARABILITY CLAUSE

If any part or provision of this Order is rendered invalid by any court of law or competent authority, the remaining parts or provisions not affected shall remain valid and effective.

XI. ~~IX.~~ EFFECTIVITY

This Order shall take effect fifteen (15) days after publication to the Official Gazette or a newspaper of general circulation, with three (3) copies to be filed with the Office of the National Administrative Registrar of the University of the Philippines Law Center pursuant to Section 3, Chapter 3, Book VII of Executive Order No. 292, Series of 1987 through this Department's records officer or its equivalent functionary.

TEODORO J. HERBOSA, MD
Secretary of Health

AO NO. _____

ANNEX -A

Republic of the Philippines
DEPARTMENT OF HEALTH

National HIV, AIDS AND STI Prevention And Control Program
ASSESSMENT TOOL FOR HIV TREATMENT HUB

BAGONG PILIPINAS

Name of the treatment hub: _____

Complete Address: _____

_____

Contact Information: _____ Email address: _____

☐ Self-Assessment ☐ Initial

☐ Renewal ☐ Monitoring

Existing Certificate No.: _____ Date Issued: _____ Validity: _____

Name of the Owner or Governing Body (if corporation):

_____

Name of the Head of the HIV Treatment Hub:

_____

GENERAL INFORMATION: INSTRUCTIONS:

A. **For Initial, Renewal or Monitoring**

1. The following shall accomplish this Assessment Tool for HIV treatment hub:
   a) HIV regional coordinator or his/her authorized representative, medical officer, nurse, and/or medical technologist of the HIV Treatment Hub.
   b) Authorized representative from the Provincial DOH Office or Provincial/City Health Office; **and**
   c) Authorized representative from the Regional Epidemiology and Surveillance Unit (RESU)
2. The Center for Health Development (CHD) coordinator shall consolidate and validate the results. Thereafter, submit the recommendations to the Office of the Regional Director for the issuance of *Certificate as an HIV Treatment Hub* for facilities that have gained a rating of at least 75% for initial and at least 85% for renewal. A letter of compliance shall be issued for facilities that fail to meet the minimum rating.
3. The CHD shall endorse the list of DOH-Certified HIV Treatment Hubs within their jurisdiction to the Disease Prevention and Control Bureau (DPCB).
4. The DOH-Certified HIV Treatment Hubs shall be listed in the Department Memorandum on the updated list of DOH-Designated HIV Treatment Hubs released quarterly.

B. **For Applicants.**
Please submit this ***self-accomplished Assessment Tool FOR HIV treatment hub*** to DOH-Center for Health Development through the Regional HIV Coordinator along with the letter of expression of interest to become a designated HIV Treatment Hub addressed to CHD Regional Director.

SCORING:

A. Each indicator shall be graded from 1-3 depending on its availability.

B. Each category of criteria have a corresponding weight or percentage depending on the impact of indicators, which will be multiplied by the total score, to wit:

1. HIV Clinic Set-up – 10%
2. Human Resources – 10 %
3. Management and Administration – 10%
4. Services – 25%
5. Mobilization and Coordination – 15%
6. Infection Control – 5%
7. Monitoring, Recording and Reporting – 15%
8. Logistics Management – 5%
9. Good Storage Practice – 5%

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
I. HIV CLINIC SET-UP (10%)			
1. The treatment hub shall have a waiting area conducive for its clients.	1 With waiting areas but is not conducive to its clients. 2 With an area of at least 1.4 sqm distance between the registration and waiting areas. 3 With the 1.4 sqm distance between the registration and waiting areas; **and** With queuing process for clients		
2. The treatment hub shall have a registration area that ensures confidentiality.	1 Clients proceed directly to the registration area. 2 The registration area is visible to other clients, compromising confidentiality. 3 Logbook and client information are kept in safe spaces with limited access to authorized personnel;		
3. There is a presence of room or area providing auditory and visual privacy for clients during counseling, consultation, examination and specimen collection.	1 No identified room 2 Designated area for counseling, consultation, examination and specimen collection with makeshift divider. 3 With a dedicated room and/or area that is soundproof and the clients are not seen from the outside during the sessions.		
4. There is an examination room that provides complete privacy to clients for physical examination and specimen collection.	1 No dedicated examination room for physical examination and specimen collection. 2 With an examination room, but limited privacy.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	3 With examination room/area providing total auditory and visual privacy for clients		
5. There shall be an available HIV menu of services posted in conspicuous areas.	1 No posting visible 2 Visible posting but incomplete information 3 Visible posting with complete information		
6. There must be separate entrances and exits for patients.	1 No separate entrance and exit 2 Separate entrance and exit but is not completely confidential 3 Separate entrance and exit in place that ensures confidentiality.		
7. There is a patient flow chart posted properly in the visible area(s).	1 Patient flowchart not posted 2 Patient flow is not clearly visible 3 Patient flow is posted visibly		
8. There is a clearly defined client process flow through visible signage but not necessarily reflecting the word "HIV " to prevent stigma and discrimination.	1 No visible signage 2 Signage is not clearly visible 3 With visible signage		
9. There is a system of scheduling for regular clients in place including information on Telemedicine.	1 No information posted 2 Information is not clearly visible, incomplete. 3 Information is clearly visible, complete.		
10. The clinical protocol on PrEPand PEP for HIV, STI, and Hepatitis are visibly placed in the clinic.	1 No information posted 2 Information is not clearly visible, incomplete. 3 Information is clearly visible, complete.		
	(Score/27)*(100)*(10%)		
II. HUMAN RESOURCES (10%)			
1. There shall have at least 1 set of Case Management Team (CMT) **Notes:** • Number of staff shall commensurate the number of clients/service users accessing health services.	1 The treatment hub has a set of the following personnel: a. Team Lead: i. Physician with a permanent position b. Members: i. Registered Nurse ii. Case Manager iii. Encoder		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
• Recommended Case Manager to service users ratio is 1:500	2 The treatment hub has a set of the following personnel: a. Team Lead: i. Physician with a permanent position b. Members: i. Registered Nurse ii. Registered Medical Technologist iii. Registered Pharmacist iv. Case Manager v. Encoder 3 The treatment hub has a full-range of team, who are as follows: a. Team Lead: i. Physician with a permanent position b. Members: i. Registered Nurse ii. Registered Pharmacist iii. Registered Medical Technologist iv. Registered Psychiatrist v. Medical Social Worker vi. Registered Nutritionist vii. Case Manager/s viii. Encoder ix. HIV coordinator from the local health department/CBO		
2. At least two (2) staff have undergone training on HIV Counseling and Testing provided by the DOH or its recognized training provider.	1 At least two (2) staff have undergone training but not updated. 2 At least two (2) treatment hub staff are trained but only one (1) has updated training 3 At least two (2) treatment hub staff have received updated training		
3. There shall be a clearly stated duties and responsibilities including a duly accomplished Non-Disclosure Agreement (NDA)	1 All staff have written duties and responsibilities but failed to accomplish the NDA. 2 All staff including volunteers have written duties and responsibilities.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	3 All staff including volunteers have written duties and responsibilities and a duly accomplished NDA.		
4. The HACT has received training on primary health care for HIV and AIDS or has undergone refresher course(s) on clinical management in the past 2 years. **(For Renewal)**	1 Only 1 member of the HACT has undergone refresher and updated training course(s) on clinical management. 2 2-3 HACT members have received refresher and updated training course(s) on clinical management 3 All members have received updated training		
5. The One HIV/AIDS and STI Information System (OHASIS) shall be well-maintained and data are up to date. **(For Renewal)**	1 OHASIS is maintained but with ≤ 50% clients' data backlogs for encoding 2 OHASIS is maintained but with ≤ 30% clients' data backlogs for encoding 3 OHASIS is well-maintained and 100% of clients' data are up to date		
For Initial Score/15*(100)*10% **For Renewal Score/9*(100)*10%**			
III. MANAGEMENT AND ADMINISTRATION (10%)			
1. There is a treatment hub manager to supervise overall operations and provide feedback to staff on their performance.	1 No dedicated or designated treatment hub manager. 2 There is a designated treatment hub manager. 3 There is a dedicated treatment hub manager.		
2. There shall be policies and/or mechanisms to prevent breach in confidentiality	1 Absence of policies to prevent breach in confidentiality. 2 With existing policies but needs improvement 3 With comprehensive policies to prevent breach in confidentiality		
3. All staff have been oriented on the provisions of RA No. 11166 and RA No. 10173.	1 Not all staff have undergone orientation on the provisions of RA No. 11166 and RA No. 10173 and/or have signed the *"Oath of Confidentiality"*		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	2 All staff have been oriented on the provisions of RA No. 11166 and RA No. 10173 but not properly documented and/or failed to sign of the *"Oath of Confidentiality"* 3 With proof that all staff have undergone orientation on the provisions of RA No. 11166 and RA No. 10173 and complete filing of signed the *"Oath of Confidentiality"*		
4. There shall be client feedback mechanisms in place on preventing stigma and discrimination related to HIV and AIDS.	1 With an existing policy on preventing stigma and discrimination related to HIV and AIDS, and collecting clients' feedback are in place. 2 With an existing policy on preventing stigma and discrimination related to HIV and AIDS, and the collection of clients' feedback is confidential and kept in a securely locked box. 3 With an existing policy on preventing stigma and discrimination related to HIV and AIDS, the collection of clients' feedback is confidential and kept in a securely locked box, and analysis and processing of clients' feedback is being documented, including corrective action taken, if needed.		
5. The dispensing, storage and inventory of ARV drugs shall follow the standard pharmacy procedures.	1 With existing policy on dispensing, storage and inventory of ARV drugs but not in accordance with the standard pharmacy procedures 2 With existing policy on dispensing, storage and inventory of ARV drugs and aligned with the standard pharmacy procedure but no proof of implementation		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	3 With existing policy on dispensing, storage and inventory of ARV drugs, aligned with the standard pharmacy procedures and with complete and updated documentation		
	Score/15*(100)*15%		
IV. SERVICES (25%)			
1. There shall be provision of combination HIV prevention (CombiPrev) services, including condoms, lubricants and IEC materials and access to PrEP and PEP.	1 The treatment hub offers basic CombiPrev services, including IEC materials, condoms and lubes only. 2 The treatment hub offers a full scope of CombiPrev services, including IEC materials, condoms, lubes, PrEP, and PEP, but is currently out of stock of any one of the abovementioned commodities. 3 The treatment hub offers a full scope of CombiPrev services, including IEC materials, condoms, lubes, PrEP, and PEP, and all are currently available.		
2. There are available HIV testing services.	1 The treatment hub offers standard HIV screening tests only. 2 The treatment hub offers standard HIV testing with one or two other types of testing services. 3 The treatment hub offers a full range of differentiated HIV testing services including viral load and CD4 testing.		
3. There shall be provision of TB screening and risk screening for other STIs	1 The treatment hub has limited laboratory services and has limited referrals for these services. 2 The treatment hub has in-house laboratory services and/or referrals. 3 The treatment hub has extensive in-house laboratory services and accepts referrals of different		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	types of laboratory services from other treatment hubs		
4. There shall be Pre- and Post-HIV test counseling services.	1 The treatment hub does not provide Pre- and Post-HIV test counseling 2 The treatment hub provides Pre- and Post-HIV test counseling but the counselors are not trained. 3 The treatment hub provides full and extensive Pre- and Post-HIV test counseling		
5. There is a provision of family planning (FP) counseling including Prevention of Mother to Child Transmission (PMTCT), if applicable.	1 The treatment hub has limited services and has limited referral for these services 2 The treatment hub has in-house capacity for the provision of both FP and PMTCT services and/or referrals but is not complete 3 The treatment hub has an extensive in-house FP/PMTCT services or has a comprehensive procedure for referral of different types of services.		
6. The differentiated treatment services and management of PLHIV shall be based on the current guidelines.	1 The treatment hub offers limited treatment and management services for PLHIV. 2 The treatment hub provides differentiated treatment services but management of PLHIV are not aligned with the guidelines. 3 The treatment hub provides updated differentiated treatment services and management of PLHIV follows current guidelines.		
7. There shall be a provision of immunization, TB preventive therapy, Co-trimoxazole and other OI prophylaxis for PLHIV.	1 Preventive and OI prophylaxis and/or policy for referral of these services is not available. 2 There are available preventive and OI prophylaxis, and/or with existing policy on referral but are limited. 3 There are available preventive and OI prophylaxis and/or referral mechanisms for access.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
8. There shall be provisions of adherence and continuing psychosocial and mental health counseling.	1 No screening or psychosocial and mental health counseling is being offered. 2 There is limited psychosocial and mental health services offered and a policy on referral for further assessment is in place. 3 There is an in-house screening and psychosocial and mental health counseling.		
9. There is a provision of telemedicine consultation.	1 No telemedicine consultation services 2 There is a telemedicine service but it is limited. 3 There is a wide-range of telemedicine services from consult for PrEP, follow-up testing, ART refill.		
	Score/27*(100)*25%		
V. MOBILIZATION, REFERRAL, AND COORDINATION (15%)			
1. The treatment hub is part of an established referral network for coordination of other needed services by the PLHIV with other health facilities and providers, such as, but not limited to HIV treatment hubs managing opportunistic infections, TB-DOTS, mental health services, antenatal care services (ANC), social welfare services, support groups, etc.	1 There is no available multidisciplinary care and/or policy on referrals. 2 The treatment hub has entered into a referral network of at least one other relevant service from other health facilities or treatment hubs. 3 The treatment hub has entered into a referral network of at least two other relevant services from other health facilities or treatment hubs.		
2. The treatment hub is part of an established network or through healthcare provider network (HCPN) for referral and coordination with hospitals for PLHIV needing in-patient services.	1 The treatment hub has no policy and has not entered into a memorandum of agreement (MOA) with HCPN. 2 The treatment hub has an existing policy on referral of PLHIV needing tertiary care but has not entered into a MOA with a hospital within its HCPN. 3 The treatment hub has an existing policy on referral of		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	PLHIV needing tertiary care and has entered into a MOA with at least 1 hospital within its HCPN.		
3. The treatment hub is part of an established referral network for access of other laboratory services outside the treatment hub including CD4 and viral load testing.	1 The treatment hub has no policy and has not entered into a memorandum of agreement (MOA) with any laboratory or treatment hub that is part of the referral network for other laboratory services. 2 The treatment hub has an existing policy on referral of other laboratory services but has not entered into a MOA with any laboratory or treatment hub that is part of the referral network. 3 The treatment hub has an existing policy on referral of other laboratory services and has entered into a MOA with any laboratory or treatment hub that is part of the referral network.		
4. The referral forms are available and used by the HACT.	1 There is no standard referral form used by the HACT. 2 There are existing standard referral forms but incompletely filled-up. 3 There are existing standard referral forms and are properly accomplished.		
5. There is an available updated service referral directory, including economic and social support.	1 There is no service referral directory available. 2 There is a service referral directory but not updated 3 There is an updated service referral directory.		
6. There is a commitment to utilize resources for emergency procurement of ARV drugs to prevent treatment interruption among PLHIV.	1 There is no existing policy on utilization of funds in case of potential ARV stock-outs and no proof of commitment, such as but not limited to, work and financial plan reflecting emergency funds for procurement of ARVs.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	2 There is an existing policy on utilization of funds in case of potential ARV stock-outs but no proof of commitment. 3 There is an existing policy on utilization of funds in case of potential ARV stock-outs and proof of commitment.		
7. The treatment hub is accredited by PhilHealth and oriented on the PhilHealth OHAT package including appropriate utilization of OHAT funds. **(For Renewal)**	1 The treatment hub is not yet Philhealth accredited 2 The treatment hub has submitted applications for PhilHealth accreditation but awaiting approval or in the process of compliance. 3 The treatment hub is PhilHealth accredited and OHAT funds are appropriately utilized.		
For Initial Score/21*(100)*10% **For Renewal Score/18*(100)*10%**			
VI. INFECTION CONTROL PRACTICES (5%)			
1. The treatment hub has a policy on infection prevention and control (IPC) for prevention of STI/HIV transmission, TB and other communicable diseases in the healthcare setting that is in accordance with the IPC manual by the DOH.	1 The treatment hub has an existing policy but is not aligned with the IPC manual and is not being enforced. 2 The treatment hub has an existing policy that is aligned with the IPC manual but is not properly enforced. 3 The treatment hub has an existing policy that is aligned with the IPC manual and properly implemented..		
2. There shall be existing guidelines and procedures for proper and safe disposal of general waste, hazardous, and infectious substances that are in accordance with the standards set in the IPC manual by the DOH.`	1 There is no existing policy and procedures for safe disposal of general waste, hazardous, and infectious substances. 2 There is an existing policy and procedures for safe disposal of general waste, hazardous, and infectious substances but not aligned with the IPC manual. 3 There is an existing policy and procedures for safe disposal of general waste, hazardous, and		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	infectious substances that is aligned with the IPC manual.		
	Score / 6 * (100)*(5%)		
VII. MONITORING, RECORDING AND REPORTING (15%)			
1. The treatment hub maintains a record of the number of PLHIV accessing services and referred from and to other HIV treatment hubs. (**For Renewal)**	1 The treatment hub has its own recording system for PLHIV accessing service but no system for referral from and to other treatment hubs. 2 The treatment hub has its own recording system for PLHIV accessing service including referred patients but no system for referral to other treatment hubs. 3 The treatment hub has an existing record system for PLHIV accessing services and referred from and to other HIV treatment hubs.		
2. There are personnel trained on the standardized recording and reporting forms submitted to DOH and there is a protocol on data security and confidentiality. **(For Renewal)**	1 The treatment hub has an existing policy on data security and confidentiality but there is no personnel trained on the standardized recording and reporting. 2 The treatment hub has no existing policy on data security and confidentiality but there is at least one (1) personnel trained on the standardized recording and reporting. 3 The treatment hub has an existing policy on data security and confidentiality and all of its personnel are trained on the standardized recording and reporting.		
3. The treatment hub has a filing system that maintains confidentiality is in place and being maintained at all times.	1 The treatment facility has no filing system. 2 The treatment facility has a filing system but is prone to breach of confidentiality. 3 The treatment hub has a filing system that maintains confidentiality at all times.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
4. The patient files are secured in a locked cabinet and access is limited only to designated staff.	1 The patient files are kept in a cabinet that has no lock. 2 The patient files are kept in a locked cabinet but can be easily accessed by anyone. 3 The patient files are secured in a locked cabinet and only designated staff have access.		
5. There must be a secured dedicated hardware and network infrastructure system for OHASIS as the official platform for recording and reporting for HIV.	1 The treatment hub has a hardware and network infrastructure system but is not dedicated to OHASIS, not secured, no antivirus, and prone to malware. 2 The treatment hub has a dedicated hardware and network infrastructure system for OHASIS but is slow and lagging. 3 The treatment hub has a dedicated hardware and network infrastructure system for OHASIS and is fully functional.		
6. The treatment hub shall ensure timely recording and reporting in existing DOH database and surveillance systems, such as OHASIS.	1 The treatment hub has an existing policy on recording and reporting to the DOH database and surveillance but no evidence of utilization. 2 The treatment hub has an existing policy on recording and reporting to the DOH database and surveillance but encoding is not regularly done. 3 The treatment hub has an existing policy on recording and reporting to the DOH database and surveillance, and conducts timely regular encoding.		
	For Initial Score/18*(100)*15% **For Renewal Score/12*(100)*15%**		
VIII. LOGISTICS MANAGEMENT (5%)			
1. There is a trained focal person in charge of logistics management of HIV drugs and commodities.	1 The treatment hub has a designated focal person in charge of logistics management but not trained.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
	2 The treatment hub has a trained designated focal person in charge of logistics management. 3 The treatment hub has a trained dedicated focal person in charge of logistics management.		
2. The treatment hub shall ensure availability of HIV commodities at all times.	1 The treatment hub has an existing policy on the procurement of HIV drugs and commodities but details on forecasting and quantification are not included. 2 The treatment hub has an existing policy on forecasting, quantification and procurement of HIV drugs and commodities but there are circumstances and records of stock-outs. 3 The treatment hub has an existing policy on timely and efficient forecasting, quantification, and procurement of HIV commodities and drugs, and these are available at all times.		
3. The treatment hub conducts regular drug inventory and requisitions.	1 The treatment hub has no existing policy on drug inventory and requisitions, and no schedule for the regular conduct of drug inventory and requisitions. 2 The treatment hub has an existing policy on drug inventory and requisitions but does not have a schedule for the regular conduct of drug inventory and requisitions. 3 The treatment hub has an existing policy on drug inventory and requisitions and have a schedule for the regular conduct of drug inventory and requisitions		
4. There is a documentation of timely submission of inventory reports for HIV commodities including	1 The treatment hub does not have documentation of timely submission of inventory reports.		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
drugs as required by the DOH. **(For Renewal)**	2 The treatment hub has documentation or proof submission of inventory reports but with evidence of delays. 3 The treatment hub has complete documentation or proof of timely submission of inventory reports.		
	For Initial Score/12*(100)*5% **For Renewal Score/9*(100)*5%**		
IX. GOOD STORAGE PRACTICE (5%)			
1. The storage room is secured and only authorized personnel can enter.	1 The treatment hub has no storage room and anyone has access to HIV commodities including ARVs. 2 The treatment hub has a storage room and anyone has access to HIV commodities including ARVs.. 3 The treatment hub has a storage room and only authorized personnel have access to HIV commodities including ARVs..		
2. The storage room has sufficient capacity for storing and sorting different HIVcommodities following the first expiry first out (FEFO) manner.	1 The treatment hub has no storage room. 2 The treatment hub has no storage room but has a dedicated area for storing and sorting. 3 The treatment hub has a storage room where storing and sorting of HIV commodities following FEFO are being done.		
3. The products are stored in a dry, well-lit, well-ventilated, and in an acceptable room temperature and out of direct sunlight.	1 The storage of the treatment hub has dim light and the room temperature is not monitored regularly. 2 The storage of the treatment hub is well-lit, well-ventilated, and room temperature regularly monitored but is located in an area with direct sunlight. 3 The storage of the treatment hub is well-lit, well-ventilated, room temperature regularly monitored, and located in an area out of direct sunlight		

CRITERIA	MEANS OF VERIFICATION	SCORE	REMARKS
4. The storeroom is secured from the risk of water penetration.	1 The storeroom of the treatment hub has evidence of ceiling, wall or floor water leakage and has no existing policy on contingency plan in case of heavy rain. 2 The storeroom of the treatment hub has evidence of ceiling, wall or floor water leakage but with an existing policy on contingency plan in case of heavy rain. 3 The storeroom of the treatment hub has no evidence of ceiling, wall or floor water leakage, and has an existing policy on conduct of regular maintenance checks.		
5. The HIV commodities are free from physical damage and viable.	1 There are damaged and expired commodities in the storage area 2 The damaged or expired HIV commodities are separated from regular stock but not properly labeled. 3 The damaged or expired HIV commodities are separated from regular stock and are properly labeled.		
	Score/15*(100)*(5%)		
	FINAL SCORE		

SUMMARY:

Criteria	Score	Remarks
HIV Clinic Set-up (10%)		
Human Resources (10%)		
Management and Administration (10%)		
Services (25%)		
Mobilization and Coordination (15%)		
Infection Control (5%)		
Monitoring, Recording and Reporting (15%)		
Logistics Management (5%)		
Good Storage Practice (5%)		
FINAL SCORE :		
RATING:		

RECOMMENDATION:

- ☐ For Certification Valid from _____ to _____
- ☐ For Reassessment after 6 months, specify date: _____
- ☐ Non-issuance of Certificate, specify reasons: _____

_____

_____

Assessed by:

Name	Designation	Signature

Acknowledged by:

Signature:_____

Name:_____

Position/Designation:_____

Date:_____

AO No. _____

ANNEX - B

Republic of the Philippines
DEPARTMENT OF HEALTH
Center for Health Development

BAGONG PILIPINAS

CERTIFICATION

This is to certify that

[Name of the Facility]

[Address]

has passed the standards and requirements set forth by
the Department of Health as
an HIV Treatment Hub

Certificate No. : MM- 20240510-001

(Format: CHD-year/day/month-certificate no.)

Issued on : 17 July 2024

Valid Until : 31 December 2027

[List of Satellite Hubs, if any:]

By the Authority of Secretary of Health:

Not Valid without a Seal

[Name of the Director]
Director IV
Center for Health Development

This Certificate shall be Renewed Every (3) Years.

AO No. _____

ANNEX C

Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

National HIV, AIDS AND STI Prevention And Control Program
CONTINUOUS QUALITY IMPROVEMENT PROGRAM

I. Programmatic Indicators

The following are the performance measures contributing to the overall national target of 95-95-95 toward ending AIDS-related deaths by 2030. It is imperative that the DOH-designated HIV treatment hub ensure and monitor their contribution in attaining this goal.

Cascade of Care	National Target	Description of the Measure	Desired Outcome
Prevention	158,000 PrEP Enrollees by 2026	Proportion of clients who were enrolled on PrEP after a negative HIV screening test. *Numerator - Number of clients who were enrolled to PrEP* *Denominator - Number of clients who had a negative HIV screening test*	Key population enrolled to PrEP service are prevented from acquiring HIV infection
Diagnosis	95% of the People Living with HIV (PLHIV) know their status	Proportion of clients with a positive HIV confirmatory test who were enrolled at an HIV facility to begin their HIV care during the last measurement period *Numerator: Number of clients with a positive HIV confirmatory test who were enrolled at the HIV facility to begin their HIV care* *Denominator: Number of clients with a positive HIV confirmatory test*	Same-day diagnosis and immediate link to care
Treatment	95% of the people who know their HIV status will receive antiretroviral therapy (ART)	Proportion of clients linked to care to the facility who were started on timely ART during the last measurement period *Numerator: Number of clients who initiated ART within 7 days of linkage to care in the facility* *Denominator: Number of clients linked to care*	Same-day initiation of ART

Cascade of Care	National Target	Description of the Measure	Desired Outcome
	95% of the people receiving ART will have viral suppression	Proportion of clients 3-6 months on ART *from initiation*, who did an HIV viral load, during the last measurement period *Numerator: Number of clients on 3-6 months of ART from initiation who did an HIV Viral Load* *Denominator: Number of clients on 3-6 months of ART from initiation*	All PLHIV receiving ART will be tested for viral load at least once a year
		Percentage of clients, regardless of age, with a diagnosis of HIV with an HIV viral load not detected or less than 200 copies/ml at last viral load test during the measurement year *Numerator: Number of clients with an HIV viral load not detected or less than 200 copies/ml at the last HIV viral load test during the measurement year* *Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one viral load measurement in the measurement year*	Ensured that all PLHIV have undetectable viral load.
Sustain and Care	Ending AIDS-related death by 2030	Percentage of clients who were referred to special care or diagnosed with advanced HIV disease and/or co-morbidities as determined by the assessments made during the MCM encounter during the measurement year *Numerator: Number of clients with at least one referral to special care during the measurement year* *Denominator: Number of clients who were determined to require special care as a result of assessments made in case management care planning during the measurement year*	All PLHIV needing tertiary or specialized care are referred to the healthcare provider network.

II. Definition of terms in Quality Management

1. **Quality management** — refers to all activities of the overall management function that determine quality policies, objectives, and responsibilities and implement them through quality planning, quality assurance, and quality improvement.

2. **Quality planning** — includes overall quality objectives, priority indicators, governance, organizational structure, selection of health service personnel, allocation of resources, monitoring and evaluation, and design and oversight of quality improvement and assurance initiatives.

3. **Quality assurance** — refers to a range of activities related to systematic assessment and monitoring, intended to ensure that services are fulfilling stated requirements for quality, in the context of the delivery of health services. These include measuring performance against standards; performing external evaluation (such as accreditation), monitoring system visits, quality assurance checklists for HIV rapid tests; and supportive supervision.

4. **Quality improvement** — refers to an organizational strategy that formally involves analyzing process and outcomes data and the application of systematic efforts to improve performance. It is a specific method designed to continually improve performance as part of a routine process, designed to test changes in programme services, continually measure the effects of these changes, and use data to address gaps to improve clinical performance and health outcomes over time. There are diverse quality improvement models and many of them use the **plan-do-study-act (PDSA) cycle** method, which is used to continually improve health system performance. (Fig. 1)

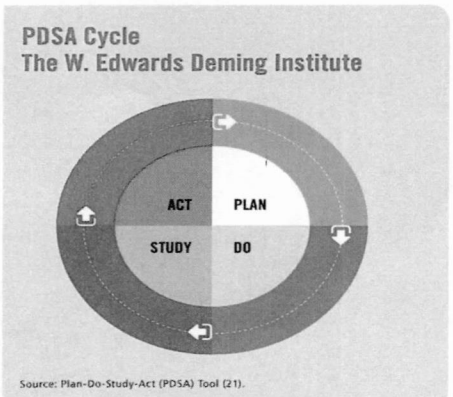

Figure 1. The plan-do-study-act cycle

III. HIV Quality of Care (QOC) Program Standards

The Department of Health, through the National AIDS, STI Prevention and Control Program, is committed to advancing the quality of HIV clinical care delivered to people living with HIV, and to building capacity for quality management in HIV programs. These goals are consistent with the Republic Act No. 11223, otherwise known as the Universal Health Care Act, which seeks to ensure equitable access to quality and affordable health care. Similarly, these will accelerate measurable and continuous progress toward effective, equitable, and consumer-centered services and improved patient outcomes.

Based on the New York State HIV QOC Program Standards, the following are identified as enablers of quality HIV services:

A) Infrastructure of the HIV Quality Management Program

The HIV quality management program is actively supported and formally guided by clinical leadership and senior administration, providing institutional commitment and allocation of appropriate resources to ensure sustainable implementation of improvement activities. The HIV quality management program is effectively linked with the institution-wide quality management program, as evidenced by the routine reporting of improvement efforts and performance measurement data.

HIV Program Staff Program staff know the quality management infrastructure, understand their roles in improvement activities, and actively participate in agency-wide quality management program activities.

1. HIV Quality Management Committee

The HIV quality management committee is fully accountable for HIV-specific improvement activities, the development of annual quality improvement goals, the prioritization of key quality indicators for review, the sharing of HIV performance data with staff and stakeholders, including consumers, as well as the routine evaluation of the HIV quality management program. The committee membership includes staff from all key medical and non-medical services. Client or support group representatives who provide input to ensure that services effectively meet or exceed patient needs and expectations are included. The committee meets at least once every other month.

2. Quality Management Plan

Each HIV quality management program has a written quality management plan that is reviewed and updated annually by the HIV quality management committee. The plan is shared with staff and consumers to gather input and to promote involvement in the quality management program and its activities. The plan includes the following elements:

a. Quality statement describing the overall mission of the HIV quality management program.
b. Staffing plan describing roles and responsibilities pertaining to the quality management program, including the quality committee, its membership, and leadership.
c. Performance measurement activities describing indicators and data collection methodologies.
d. Annual improvement goals are based on identified performance data gaps, internal program priorities, and statewide public health objectives.
e. Processes for training and engagement of staff, consumers, and stakeholders; and
f. Procedure(s) for routine evaluation of the quality management program.

The quality management plan includes a formal work plan that identifies implementation responsibilities and a timetable for their completion. The work plan is reviewed routinely at quality management committee meetings and used as part of the formal evaluation of the HIV program to monitor whether it is being implemented as planned and whether goals are achieved.

B) Performance Measurement

1. Performance Indicators

Performance indicators guide the development and implementation of improvement activities. Indicators are chosen based on identified gaps in performance, internal HIV program priorities, and external expectations. The quality management plan describes these performance indicators, including their definitions, data sources, desired health outcomes, and frequency of data collection. Indicator definitions are updated at least annually to reflect current standards of care and practices.

2. Performance Reviews

HIV facilities conduct and analyze the performance of core HIV services at least quarterly and more frequent measurements based on identified needs for improvement and, as needed, to fulfill reporting requests made by the NASPCP or CHD HIV program. At a minimum, indicators measure key health outcomes, such as treatment enrollment, retention, and viral load suppression.

HIV facilities should generate and review newly diagnosed and established PLHIV on treatment cascade data at least annually. Programs are expected to develop, measure, and revise process changes aimed at diminishing gaps in linkage, engagement, treatment, and viral suppression outcomes to improve patient health and contribute to statewide goals aligned with the DOH 8-point agenda and the UNAIDS fast-track targets to sustain gains and continuously improve care for people living with HIV.

3. Data Analysis and Follow-up

Performance data results are reviewed during quality management committee meetings to guide improvement activities. Data are disaggregated by patient characteristics, including age, sex, race/ethnicity, and HIV exposure risk, to identify potential disparities in HIV care and services. An action plan to address performance gaps includes describing implementation steps, specific responsibilities, and a time frame to complete activities. Performance data results are shared with staff, consumers, and key stakeholders.

4. Information System

The DOH Epidemiology Bureau (EB) has a functional and efficient information system in place for tracking all HIV clients, which is known as the One HIV/AIDS Information System (OHASIS). The program's information system produces meaningful performance data reports that include client-specific and aggregate data on key quality of care indicators, such as viral suppression. The system is accessible to all relevant staff. The program is

encouraged to use data from local and regional public health departments to augment the analysis of information available internally.

C) Quality Improvement Activities

The HIV quality management program continuously strives to eliminate gaps in quality of care outcomes that are identified and prioritized by the HIV quality management committee, based on organizational treatment cascade findings and other performance data, client and staff input, as well as external expectations.

The quality management committee oversees all improvement activities to eliminate gaps in quality of care outcomes by continuously seeking to eliminate waste, add value, and strengthen processes.

Improvement teams with cross-functional representation, including clients, are formed to address specific gaps in care, drill down data, investigate and improve current processes, and monitor changes, adjusting processes accordingly. Results of continuous improvement work are presented to the HIV quality management committee, shared among staff and consumers, and are used to spur further improvements, and for future planning.

D) Staff Involvement

The HIV quality management committee and improvement teams are staff members representing all roles and disciplines, including medical providers. Job expectations and descriptions require staff involvement in quality management activities. An annual staff satisfaction survey is implemented with results shared with staff and used for improvement.

Staff participate in capacity-building activities, which have specific activities to improve the quality of care outcomes by focusing on HIV cascade data and reducing stigma and discrimination to clients. Staff are expected to participate in QI learning networks, which promote peer learning, accelerate improvement project implementation, and spread improvements between providers to help reach national goals.

The objectives, progress, and results of improvement activities are routinely communicated to staff to increase awareness and participation in the HIV quality management program. At a minimum, quality improvement training for staff occurs annually. QI activity updates are provided to staff, at a minimum, on a quarterly basis.

E) Client/Community Engagement

Clients/Community are routinely included in improvement activities to solicit their input and feedback in selecting improvement priorities.

The HIV quality management program involves consumers in quality improvement activities that include: membership on the HIV quality management committee/support groups/ART clubs, participation on improvement teams, coordination between the support group and quality management committees, formal solicitation of client representative input to

identify improvement activities, training for clients in quality improvement, and review of performance data.

The quality management program assesses client experience at least annually. Findings are formally integrated into improvement activities and communicated back to staff and clients.

IV. Elements of CQI Program

1. **People-Centeredness.** Adopting the perspectives of clients, carers, families, and communities as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people, rather than individual diseases, and that respect social preferences.

2. **Effectiveness**. Delivering evidence-based health care services and products to those who need them to improve health outcomes for individuals and communities.

3. **Safety.** Delivering health care services and products that avoid harm and minimize the risk of unnecessary harm to people and health service providers for whom the care is intended. Thus, institutionalization of the Patient Safety Program as mandated by Administrative Order No. 2020-0007 shall be embraced among all healthcare facilities at all levels and networks.

4. **Efficiency.** Delivering health care services and products in a manner that maximizes the benefit of available resources and avoids waste (technical efficiency); resources are used appropriately to ensure optimum benefits for patients and the population (allocative efficiency).

5. **Equity.** The extent to which a health system does not vary in quality and deals fairly with the distribution of healthcare and its benefits to the people regardless of age, sex, gender, race, ethnicity, socio-economic status, religion, linguistic or political inclination/affiliation, or geographical location. Further, equity implies considerations of fairness so that in some circumstances, individuals will receive more care than others to reflect differences in their ability to benefit or in their particular needs.

6. **Access.** Ability of the people to obtain health care and products that are timely, geographically and financially reasonable, socio-culturally sensitive, and provided in a setting where skills and resources are appropriate to medical needs.

7. **Appropriateness.** Defined as that care is effective (evidence-based); efficient (cost-effective); and consistent with the ethical principles and preferences of the relevant individual, community, or society. The priority given to each of these dimensions varies in different populations. Appropriateness contains a judgment regarding care at different decision levels (such as health care delivery, and research and development) that summarizes clinical, public health, economic, social, ethical, and legal considerations. It is therefore important to consider who makes the judgment, on what evidence, and following which consultation process.

8. **Integration.** Providing care that is coordinated across the entire spectrum of health care services and providers and makes the full range of health services available throughout the life course.

References:

1. DOH - Administrative Order No. 2020-0034: *"Revised Guidelines on the Implementation of Continuous Quality Improvement (CQI) Program in Health Facilities in Support of Quality Access for Universal Health Care"*
2. WHO technical brief on *maintaining and improving quality of care within HIV clinical services* (July 2019)
3. New York State HIV Quality of Care (QOC) Program Standards