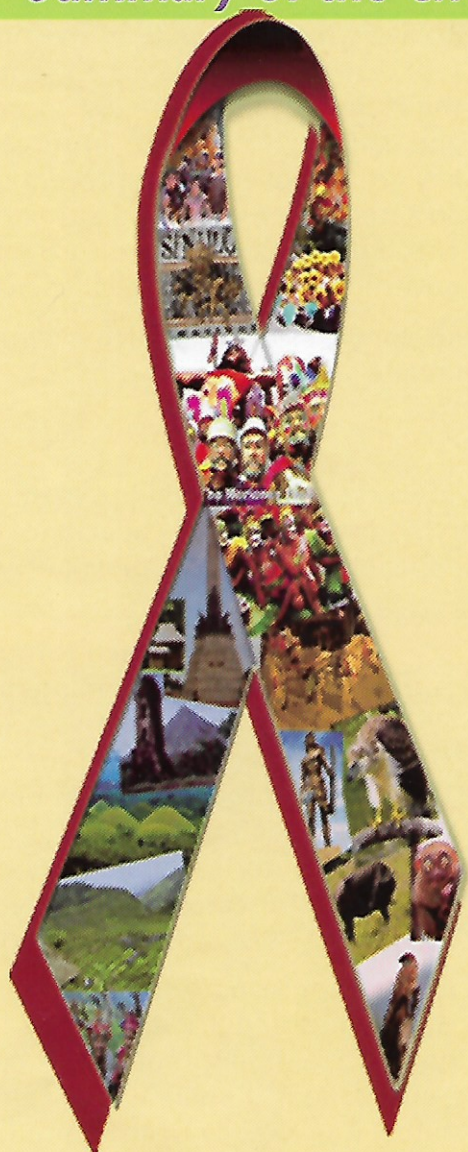


HIV & AIDS in the Philippines

Summary of the UNGASS Country Progress Report 2008



Figures that matter

Cumulative number of HIV & AIDS cases	3,061
Cumulative number of AIDS death	782
Number of AIDS death	307
Reported cases in 2006	309
Reported cases in 2007	342
Reported modes of transmissions (January 1984 – December 2007)	
<i>a. Unsafe sexual transmission</i>	
• Heterosexual contact	1,838
• Homosexual contact	620
• Bisexual contact	230
<i>b. Contaminated blood/blood products</i>	
	19
<i>c. Injecting drug use</i>	
	7
<i>d. Needle prick injuries</i>	
	3
<i>e. Perinatal transmission</i>	
	45
<i>Source: HIV and AIDS Registry 2007</i>	

I. Overview of the AIDS epidemic

The Philippines's HIV and AIDS situation is yet to reach the critical level, with the national prevalence at less than 0.1% of the population.

From 1984 to 2007, the number of registered cases stands at 3,061; of these, 2,754 are still living. Of the total number of cases, 52% were registered in just the last seven years (2001–2007).

More than half (2,027) of people living with HIV and AIDS (PLHA) are males, 1,023 are females, and 11 had no reported gender. In terms of age group, more than half (58%) are in their peak productive years (men and women aged 20 – 39 years old).

Included in the most at risk populations (MARPs) are the female sex workers (FSW), men who have sex with men (MSM), injecting drug users (IDU), and male clients of FSW.

2007 Estimates of MARPs and VPs				
MARPs	Low	High	HIV prevalence	
			Low	High
FSW	128,196	156,108	0.01	0.19
MSM	203,340	610,019	0.07	0.98
IDU	7,239	14,478	0.00	0.73
Male clients of FSW	813,359	1,423,378	0.01	0.09
VP				
Current OFW	883,897	883,897	0.10	0.26
Former OFW	1,700,000	1,700,00	0.05	0.13
Out-of-school youth	11,600,000			
Streetchildren	224,417			

main conduit, condom use among the MARPs remains to be below the universal access target. The 2007 Integrated HIV Behavioral and Serologic Surveillance (IHBS) showed that in the year prior to the survey, only 48% of FSW, 27% of IDU, and 49% of MSM who have had sex with multiple partners used a condom.

II. Key accomplishments

To avert the possibility of having a full-blown HIV epidemic at hand, the Philippines has already adopted and instituted measures in three key areas: governance; prevention; and treatment, care, and support. Through the concerted efforts of government agencies, civil society

groups, and donors, significant achievements have been made:

Governance

- A series of workshops was held to further strengthen the organizational capacity of the Philippine National AIDS Council (PNAC).
- The local health system is being strengthened through a series of trainings for health service providers and the procurement of basic laboratory equipment for social hygiene clinics located in identified risk zones.
- There is now an approved Anti-retroviral Therapy Guidelines and Voluntary Counseling and Treatment Protocol. A post-exposure prophylaxis guideline for health care personnel has already been drafted.
- Closer coordination with local government units (LGUs) have led to the formation of local AIDS councils in 29 LGUs. Receptive LGUs have also enacted local AIDS ordinances.
- A monitoring and evaluation system is now in place.
- Representatives coming from the MARPs and vulnerable communities are being trained in advocacy and prevention.

Overseas Filipino workers (OFWs), out-of-school youth, and street children are in the vulnerable population (VP) category (see table on page 3). OFWs account for 35% of the cases, but it should be noted that they are required to undergo HIV screening for employment purposes, unlike the general public and other MARPs.

Although the Philippines remains to be a low prevalence country, it should not be reason enough to be complacent as trends show that the number of HIV and AIDS cases are on the rise. Previously, an average of 20 new cases was reported every month; but in 2007, the average rose to 29.

Although the Philippines remains to be a low prevalence country...trends show that the number of HIV and AIDS cases are on the rise.

In 2007, the World Health Organization and the Department of Health estimated that there could be 7,490 people living with HIV in the country; up from the 6,000 estimate in 2002.

All the main ingredients for an epidemic are already in place. For instance, sexual activities remain to be the leading modes of transmission (88%). Although transmission through heterosexual contact went down from 193 in 2006 to 139 in 2007, transmissions through homosexual and bisexual contacts rose from 81 to 107 and 26 to 74 respectively. Although sexual transmissions are still the

Scorecard in selected key indicators

National commitment and action

Expenditures: Domestic and international AIDS spending
2006: US\$ 8,561,155 • 2007: US\$ 4,829,217 (up to September 2007)

National programs

Indicator 4 • Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy
2006: 99% (170/172) • 2007: 56% (336/600)

Indicator 6 • Percentage of estimated HIV+ incident TB cases that received treatment for TB and HIV
2006 and 2007: 49% of all cases (99/201)

Indicator 8 • Percentage of MARPs that have received an HIV test in the last 12 months and who know the result
FSW: 12% (618/5205) • MSM: 16% (169/1059) • IDU: 4% (33/752) • Clients of FSW: 6% (78/1275)

Knowledge and behavior

Indicator 13 • Percentage of young women and men aged 15 – 24 who both correctly identify ways of preventing the sexual transmission of HIV and who rejects major misconceptions about HIV transmission

Q1: People can reduce the risk of having HIV by limiting sex to one uninfected partner: 72% (4709/6558) • Q2: People can reduce the risk of having HIV by using condoms: 48% (3136/6558) • Q3: AIDS cannot be transmitted by supernatural means: 79% (5188/6558) • Q4: AIDS cannot be transmitted by mosquito bites: 59% (3899/6558) • Q5: A person cannot become infected by sharing a food with person with AIDS: 49% (3190/6558)

Indicator 14 • Percentage of MARPs who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission
FSW: 2% (93/5205) • MSM: 10% (106/1059) • IDU: 26% (199/752) • Clients of SW: 19% (240/1275)

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Prevention

- 39 LGUs have set up local HIV and AIDS responses.
- 100% Condom Use Program are in place in 15 sites.
- 32 public Voluntary Counseling and Treatment (VCT) centers with trained counselors and medical thechnologists were established.
- Almost 300 Foreign Service Officers were trained, allowing them to provide HIV education and outreach programs for Filipino communities on site.
- Nine LGUs have adopted low profile injecting drug use (IDU) harm reduction programs.
- There is now a greater cooperation and coordination with faith-based sector. Aside from the printing of the "Training Manual on HIV and AIDS for Catholic Church Pastoral Workers," there is also a plan to set up HIV prevention and care initiatives in three dioceses.

Treatment, Care, and Support

- Through GFATM, 336 patients are now receiving free ARV treatment in 11 treatment hubs established all over the country. Private hospitals are encouraged to set up a networking and referral system to allow other patients to access the treatment.
- The Philippine Health Insurance Corporation approved board resolution #921, which allows PLHIV to file for health benefits.
- People living with HIV and AIDS and their families have been given trainings in care, support, and treatment. They are also actively involved in the promotion of access to treatment.

III. Challenges and Recommendations

To effectively respond to AIDS, there are a number of challenges that must be addressed:

Low penetration of prevention programs

Since the Philippines still has a low prevalence, much of the prevention programs are focused on MARPs and vulnerable populations. A systematized education campaign that would target the general population is yet to be

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Indicator 18 • Percentage of female and male sex workers reporting the use of a condom with their most recent client
FSW: 65% (3400/5205) • MSW among MSM: 50% (75/150)

Indicator 19 • Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
Condom use with consensual partner: 32% (69/216) • Condom use with paid partner: 30% (31/102) • Condom use with paying partner: 50% (75/150)

Indicator 21 • Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected
48% (359/752)

Impact

Indicator 22 • Percentage of young women and men aged 15 – 24 who are HIV infected
2006: 44 (16 females and 28 males)
2007: 41 (4 females and 37 males)

Indicator 23 • Percentage of MARPs who are HIV infected
FSW: 0.06% (93/5205) • MSM: 0.28% (3/1059) • IDU: 0.13 (1/752) • Clients of FSW: 0% (0/1275)

Indicator 24 • Percentage of adult and children with HIV known to be on treatment 12 months after initiation of ARV therapy
Sept. 1, 2005 – Aug. 31, 2007: 96% (163/170)

Indicator 25 • Percentage of infants born to HIV-infected mothers who are infected
2006: 4 perinatal transmissions, ages ranging from 2 to 10 • 2007: 8 perinatal transmissions, ages from 2 to 8

Source: Country Report of the Philippines January 2006 – December 2007

Challenges and recommendations...from page 3 established.

Even existing prevention programs hardly reach its target sectors. The IHBSS 2007 survey showed that prevention programs (HIV testing and condom) in ten sentinel sites reached only 14% of FSW, 11% of younger FSW, 19% of MSM, and 15% of younger MSM. Programs on HIV testing, condom, and needle and syringe reached only 14% of IDUs.

Although there is a life skills curriculum for elementary and secondary school students, its implementation is very limited.

Political leadership

Support for the national response is virtually non-existent at the national level, save for a handful of elected officials. With the lack of political support from the top, amendments that would make RA 8504 more responsive are yet to be enacted. One of the proposals from concerned sectors is the harmonization of RA 8504 with laws on illegal drug use.

Although the law has been in place since 1998, a large segment of the society – including personnel of key government agencies who are supposed to implement it – are still largely unaware of its provisions. As a result, the law is hardly implemented. For instance, the mandatory HIV screening of departing OFWs is allowed by the Philippine Overseas Employment Authority and the Overseas Workers Welfare Administration although it runs contrary to RA 8504's provision on VCT.

Funding

External funding remains to be the top source for AIDS spending, with the biggest contributions coming from the GFATM and USAID. The main challenge is to look for alternative sources of funding to make existing programs sustainable. Given that the resources are limited, there is also a need for greater accountability as well as prioritization of projects that would have greater impacts in preventing the spread of HIV.

HIV & AIDS in the Philippines is a condensed version of the Country Report of the Philippines January 2006 – December 2007. The full report is available at www.unaids.org.

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