

HIV/AIDS COUNTRY PROFILE **Philippines** 2002



PRODUCED BY
HEALTH ACTION INFORMATION NETWORK (HAIN)
SUPPORTED BY
PHILIPPINE NATIONAL AIDS COUNCIL (PNAC)
UNITED NATIONS JOINT PROGRAMME ON HIV/AIDS IN THE PHILIPPINES (UNAIDS-PHILIPPINES)

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For more information contact:

Philippine National AIDS Council Secretariat
National AIDS/STD Prevention and Control Program
3rd Floor Building 12, Department of Health
San Lazaro Compound, Sta. Cruz, Manila
Telephone (63-2) 338 6440 and (63-2) 743 0512
Email pnac@doh.gov.ph

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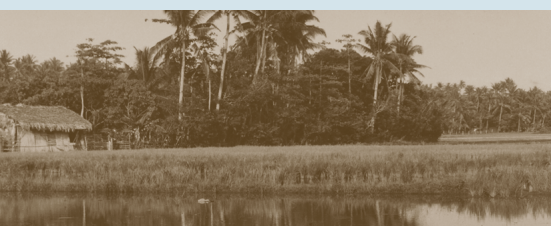
TABLE OF CONTENTS

INTRODUCTION	01
I. HIV/AIDS: THE PHILIPPINE CONTEXT	02
	Geography Government Population Income and Poverty Literacy and Education Religion
II. THE PHILIPPINE HEALTH SITUATION	04
	Illness and Death Government Health Expenditure Health Facilities and Personnel
III. HIV/AIDS IN THE PHILIPPINES	06
	HIV/AIDS Cases HIV Sentinel Surveillance Other Sexually Transmitted Infections Antibiotic Resistance Opportunistic Infections
IV. POPULATIONS AT RISK	09
	Women Young Adults Men Who Have Sex With Men (MSM) Overseas Filipino Workers (OFWs)
V. HIV/AIDS AWARENESS AND PREVENTION	12
	Knowledge on HIV/AIDS Media Involvement Health-Seeking Behavior Condom Use
VI. THE EFFECTS OF HIV/AIDS	14
	Social and Macroeconomic Effects Effects on the Health Care System Effects on Families and Individuals
VII. RESPONDING TO HIV/AIDS	15
	The National Government Responses at the Regional Level Sectoral and NGO Responses Donor Responses
VIII. CHALLENGES	20
APPENDICES	23
	National and Regional profiles PNAC Members List of donors and international agencies Directory of organizations and activities References

LIST OF TABLES	Table 1	Average family income 2000
	Table 2	Distribution of total family income by income decile, 1997 & 2000
	Table 3	Health indicators
	Table 4	Ten leading causes of morbidity 2000
	Table 5	Ten leading causes of mortality 1998
	Table 6	Notifiable diseases and deaths 1995 & 1997
	Table 7	National government expenditure 2002
	Table 8	Health facilities and personnel
	Table 9	Estimated HIV infection in selected countries 2001
	Table 10	Reported number of people with HIV/AIDS 1984-2002
	Table 11	STI prevalence studies among sex workers
	Table 12	RTI/STI prevalence among women
	Table 13	RTI/STI prevalence among men
	Table 14	Enactment of local ordinance on STD/HIV/AIDS
	Table 15	Local AIDS Council Budget (ASEP Sites)
	Table 16	Summary of Activities of NGOs

LIST OF GRAPHS	Figure 1	Reported modes of transmission
	Figure 2	HIV Ab Seropositives by gender and age groups 2002
	Figure 3	Percentage of young adults engaging in risky sexual behavior, 2002
	Figure 4	Condom use among general population (in selected sites) 2002

ABBREVIATIONS	AIDS	Acquired Immune Deficiency Syndrome
	AMTP	AIDS Medium-Term Plan
	ASEP	AIDS Surveillance and Education Project
	DOH	Department of Health
	DOLE	Department of Labor and Employment
	FGD	Focus Group Discussion
	FHI	Family Health International
	FIES	Family Income and Expenditure Survey
	FLSW	Freelance Sex Worker
	HAART	HIV/AIDS Anti-Retroviral Therapy
	HAIN	Health Action Information Network
	HIV	Human Immunodeficiency Virus
	IDU	Intravenous Drug User
	IEC	Information Education Communication
	LGU	Local Government Unit
	MSM	Men Who Have Sex With Men
	NASPCP	National AIDS and STI Prevention and Control Program
	NCR	National Capital Region
	NDHS	National Demographic Health Survey
	NEDA	National Economic and Development Authority
	NGO	Non-Government Organization
	NHSS	National HIV Sentinel Surveillance
	NSO	National Statistics Office
	NSCB	National Statistical Coordination Board
	OFW	Overseas Filipino Workers
	OSHC	Occupational Safety and Health Center
	PATH	Program for Appropriate Technology in Health
	PHDR	Philippine Human Development Report
	PIP	People in Prostitution
	PLWHA	People Living with HIV/AIDS
	PNAC	Philippine National AIDS Council
	RFSW	Registered Female Sex Worker
	RITM	Research Institute for Tropical Medicine
	RTI	Reproductive Tract Infection
	SHC	Social Hygiene Clinic
	STD	Sexually Transmitted Disease
	STI	Sexually Transmitted Infection
	UNAIDS	United Nations Joint Programme on HIV/AIDS
	UPPI	University of the Philippines Population Institute
	UNFPA	United Nations Population Fund
	WHO	World Health Organization
	YAFS	Young Adult Fertility and Sexuality (Study)
	PSY	Philippine Statistical Yearbook



INTRODUCTION

This Country Profile on the HIV/AIDS situation in the Philippines updates the last report prepared by the Health Action Information Network (HAIN) in 2000. Following the previous profile's format, this country profile incorporates a wide range of data that sheds further light into the HIV/AIDS situation in the Philippines. Aside from data on the country's demography and health situation, this profile also has data on economic indicators, education and poverty.

This profile begins with a look on the Philippines—how the country's current economic, political and cultural status affect, whether positively or negatively, the spread of HIV/AIDS. It then studies the country's health system and the current situation of HIV/AIDS—number of cases, deaths and monitoring. Groups who are at risk of contracting the disease are then identified, along with a discussion of how the disease affects individuals and communities and how its spread is prevented. This profile ends on a forward-looking note, pointing to the challenges that face the country in the fight against HIV/AIDS.

Data for this profile was compiled in 2002. Sources of information include official government statistics, academic studies and NGO-conducted research. This profile also includes the list of target sectors and activities of the various organizations and agencies working on HIV/AIDS.

This profile is the product of months of labor and research. This was made with the intention and hope that it will give a complete insight into the country's HIV/AIDS situation, so that appropriate action may be done. We hope that this will be a useful tool for policymakers, program managers, business leaders and other stakeholders in their decisions on how they can help in the fight against HIV/AIDS.



I

HIV/AIDS: THE PHILIPPINE CONTEXT

GEOGRAPHY

The Philippines is an archipelago comprised by over 7,000 islands with a total land area of about 300,000 square kilometers. It is bounded on the west and north by the South China Sea, on the south by the Celebes Sea, and on the east by the Pacific Ocean. It has a tropical climate characterized by hot, wet and humid conditions most of the year.

The country's archipelagic nature may have helped to slow down the spread of HIV/AIDS in the Philippines. The movement of people, particularly infected individuals, is slowed down. Furthermore, the country's detachment from mainland Asia may have helped to shield it from the rapid cross-border spread of HIV/AIDS observed elsewhere in South East Asia.

GOVERNMENT

The Republic of the Philippines has a centralized national government based in Manila. It has a presidential form of government with three separate and equal branches of government – the executive, legislative and judiciary. The President, through the Department of Health (DOH), directs the country's health policy.

The country is divided into 16 regions and 78 provinces. Each province is headed by a governor, while each region is overseen by a regional coordinating body. Provinces are then divided into municipalities and cities, both headed by mayors. The smallest local government unit is the *barangay*, which is headed by a barangay captain. There are around 42,000 barangays in the Philippines.

Local government units (LGUs) are tasked with the implementation of national health policies and programs. However, different political dynamics exist at each government level. Various political and economic interests tug government units at all sides. Thus, national health policies are not always implemented at the barangay level. Furthermore, the Manila-based central government and the Department of Health cannot always oversee and enforce national policies in all areas.

POPULATION

As of May 2000, the Philippines has a population of 76.5 million with an annual population growth rate of 2.32 percent. The country has a population density of 255 persons per square kilometer. By 2002, the country is projected to have a population of 79.2 million.

The country's population is unevenly distributed, with around 60 percent of the population living in urban areas (UNFPA, 2001). Furthermore, about a third of the population lives in the National Capital Region (NCR) and the adjacent Southern Tagalog Region. The NCR is the country's most densely populated region, with an average density of 15,617 persons per square kilometer.

Rapid population growth puts stress on a country's resources, slowing down economic growth and development. This negatively affects the delivery of social and health services – the very services needed to prevent the spread of HIV/AIDS.

INCOME, POVERTY AND EMPLOYMENT

On average, Filipino households have an annual income of 144,039 pesos, or less than US\$ 3,000. According to the 2000 Family Income and Expenditure Survey (FIES), 27.5 percent of Filipino families are poor. Poverty incidence is lowest in Metro Manila with 5.6 percent of households below the poverty line, while it is highest in the province of Sulu, where 92.0 percent of families are poor.



Income inequality continues to be a problem in the Philippines. According to the 2002 Philippine Human Development Report (PHDR), the richest ten percent of the population consumes more than ten times as much as the poorest ten percent. Moreover, per capita income in Metro Manila (Php 266,922) is more than four times higher than that in Sulu (Php 55,458).

In October 2002, 10.2 percent of the Philippine workforce was unemployed, higher than the 9.8 percent unemployment rate recorded a year earlier. On the other hand, underemployment was recorded at 15.3 percent.

Poverty and unemployment can act as catalysts for the spread of HIV/AIDS, severely limiting an individual's options and opportunities. Overseas employment is often the only viable option for many Filipinos. Members of poor households with unemployed heads are sometimes forced to go into the sex trade, exacerbating the spread of HIV/AIDS. Poverty also reduces access to education and information—two elements needed to prevent the spread of the disease.

Income inequality among the country's different regions hastens in-country migration. The flux of people into areas of perceived prosperity (e.g. urban areas) places stress on local resources, which may lead to social and health problems down the road.

Average Annual Family Income 2000		Income in
		Pesos
National		
NCR	National Capital Region	144,039
CAR	Cordillera Autonomous Region	300,304
Region 1	Ilocos Region	139,613
Region 2	Cagayan Valley	120,898
Region 3	Central Luzon	108,427
Region 4	Southern Luzon	151,449
Region 5	Bicol Region	161,963
Region 6	Western Visayas	89,227
Region 7	Central Visayas	109,600
Region 8	Eastern Visayas	99,531
Region 9	Western Mindanao	91,520
Region 10	Northern Mindanao	86,135
Region 11	Southern Mindanao	110,333
Region 12	Central Mindanao	112,254
Region 13	CARAGA	90,778
ARMM	Autonomous Region of Muslim Mindanao	81,519

Distribution of total family income by income decile, 1997 and 2000		
	1997	2002
First Decile	1.7	2.3
Second Decile	2.7	3.4
Third Decile	3.5	4.2
Fourth Decile	4.3	5.1
Fifth Decile	5.4	6.1
Sixth Decile	6.8	7.6
Seventh Decile	8.7	9.4
Eighth Decile	11.5	11.8
Ninth Decile	16.2	16.0
Tenth Decile	39.3	33.9

LITERACY, LANGUAGE AND EDUCATION

The Philippines enjoys a simple literacy rate of 93.9 percent as of 1994, with literacy rates not varying significantly among sexes. Literacy rates are higher in urban areas, as people have more access to education compared with people in rural areas.

While simple literacy may be high, there are more than 100 languages spoken in the Philippines, making communication and education a bigger issue than what the literacy rate suggests. While the medium of instruction is mandated to be Filipino (a national language derived from Tagalog) and English, these are not the first tongues of most Filipinos. Though



most Filipinos understand Tagalog, it is still advisable to educate and inform using the native tongue of the targeted audience.

The government is mandated to provide six years of primary education and four years of secondary education to all Filipinos. According to the Department of Education, only 67 percent of those who begin their primary education actually get to finish it. The situation is worst in Muslim Mindanao, where only 34 percent of those who begin Grade One actually get to graduate from elementary school.

The number of years one stays in school is crucial for exposure to HIV/AIDS prevention and education programs. It equips persons with the knowledge and skills needed to protect oneself from HIV/AIDS. While public awareness on HIV/AIDS is practically universal, a gap between knowledge and behavioral change exists; many misconceptions about prevention and transmission still persist.

RELIGION

The Philippines is predominantly Catholic, with 83 percent of Filipinos professing to be of this faith. The other 17 percent are Muslims, Protestants, Iglesia ni Cristo, Unitarian Christians, Aglipayans, and others.

The Roman Catholic Church leadership strongly opposes the use of condoms for contraception or HIV/AIDS prevention. While the Catholic Church's influence over its flock's sexual behavior is debatable, it nevertheless possesses substantial political clout in all levels of government, influencing the country's health policy and its implementation.

II

THE PHILIPPINE HEALTH SITUATION

Filipino males have a life expectancy of 67 years at birth, while females have a life expectancy of 72 years. In 1998, the country had an estimated infant mortality rate of 35 deaths per 1,000 live births.

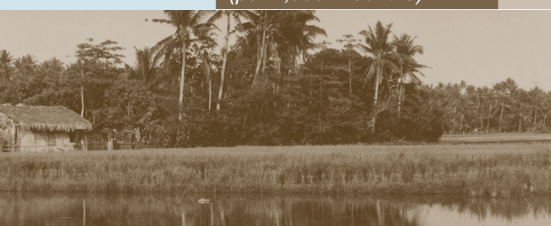
In 1998, there were 1,632,859 live births recorded in the Philippines, while there were 352,992 deaths reported in the same year.

ILLNESS AND DEATH

Infectious diseases remain a major health problem in the Philippines. Of the 10 leading causes of morbidity seven are communicable diseases.

Health Indicators			
	Year	Source	
Life expectancy at birth (years)	69.6	2002	NSO 2003
Crude death rate (per 1,000 pop)	5.8	2002	FHSIS
Crude birth rate (per 1,000 pop)	26.20	2001	WHO
Infant mortality rate (per 1,000 livebirths)	35.3	1998	NDHS 1998
Maternal mortality rate (per 1,000 livebirths)	172	1997	NDHS 1998

Ten leading causes of morbidity 2002		
Rate per 100,000	Number	Rate
1. Diarrheal disease	866,411	1134.8
2. Bronchitis	700,105	917.0
3. Pneumonias	632,930	829.0
4. Influenza	502,718	658.5
5. Hypertension	279,992	366.7
6. TB Respiratory	126,489	165.7
7. Disease of the heart	52,957	69.4
8. Malaria	50,869	66.6
9. Chicken Pox	35,306	46.2
10. Measles	23,287	30.5



Cardiovascular diseases are the leading causes of mortality in the country, followed by respiratory diseases. Tuberculosis, which is a communicable disease, is the sixth leading cause of death in the Philippines.

While there are thousands of reported cases and deaths from other diseases, reports of HIV/AIDS infections continue to be low. In 1998, there were 646,789 reported cases of pneumonia and 151,650 cases of tuberculosis. In the same year, there were 45 reported cases of AIDS. Even if underreporting is taken into account, the disease burden from AIDS is still comparatively lower than that from other diseases.

However, AIDS could contribute to the burden of other diseases. For instance, tuberculosis is a common opportunistic infection in people with AIDS.

Ten Leading causes of mortality 1998		
Causes	Number	Rate
1. Diseases of the heart	55,830	76.3
2. Diseases of the vascular system	41,380	11.7
3. Pneumonia	33,709	46.1
4. Malignant neoplasms	32,090	43.9
5. Accidents	29,874	40.8
6. Tuberculosis (all forms)	28,041	38.3
7. Chronic obstructive pulmonary diseases and allied conditions	14,228	19.5
8. Diabetes Mellitus	8,819	12.1
9. Other diseases of respiratory system	7,516	10.3
10. Nephritis, Nephrotic Syndrome and Nephrosis	7453	10.2

Notifiable diseases and deaths				
	1995		1998	
	Cases	Deaths	Cases	Deaths
AIDS	52	22	45	16
Tuberculosis (all forms)	119,181	27,053	151,650	28,041
Measles	23,382	1,121	23,591	697
Infectious hepatitis	10,072	1,152	5,664	966
Malignant neoplasms	36,681	24,487	6,595	31,606
Pneumonia	666,074	33,637	646,789	33,709
Accidents	171,548	15,786		11,047
Disease of the heart	118,676	50,252	72,309	55,830

GOVERNMENT HEALTH EXPENDITURE

Of the 781 billion-peso national budget for 2002, only two percent, or 14.5 billion pesos, was allocated for health services. On the other hand, debt servicing got a lion's 26-percent slice (204 billion pesos) of the budget.

The health care delivery system has been decentralized with the implementation of the Local Government Code in 1992. Health care services including disease control and other public health programs have been devolved to LGUs. However, the DOH still maintains some functions such as providing technical assistance to LGUs and administering national and regional health programs.

HEALTH FACILITIES AND PERSONNEL

There are more private hospitals than public hospitals in the Philippines. Of the 1,708 hospitals in the country, 1,068 are privately owned and only 640 are public hospitals (DOH, 2001). Hospitals are unevenly distributed across regions. While there are 177 hospitals in Metro Manila, the Autonomous Region of Muslim Mindanao (ARMM), which is one of the poorest regions in the country, has only 14 hospitals.

In addition to the hospitals, there are around 2,405 rural health units (RHU) and 13,096



barangay health stations (BHS) in 1997. RHUs are usually staffed by a doctor, a nurse and a few midwives, while BHSs should have at least one midwife.

The number of doctors, midwives and the other health professionals in the country has declined over the years with many working overseas. Those who remain in the Philippines often choose to stay in cities.

National Government Expenditures 2002		
	Expenditures (in million pesos)	Percent Distribution
TOTAL	780,790	100.00
Social Services	232,294	29.8
Education, culture and manpower development	129,672	16.6
Health	14,518	1.9
Housing and community development	2,229	0.3
Land distribution	4,536	0.6
Other social services	1,913	0.3
Subsidy to local government units	49,736	6.4
Economic Services	157,736	20.2
Defense	46,113	5.9
General Public Services	133,645	17.1
NET LENDING	6,135	0.8
INTEREST PAYMENTS	144,908	19.99

Health Facilities and Personnel		
		Year
Number of hospitals	1,708	2001
Private	1,068	2001
Public	640	2001
Hospital to population ratio (per 100,000 population)	2.24	2000
Doctor to population ratio (per 100,000 population)	3.85	2000
Nurse to population ratio (per 100,000 population)	6.18	2000
Midwife to population ratio (per 100,000 population)	21.51	2000

III

HIV/AIDS IN THE PHILIPPINES

The first HIV case in the Philippines was reported in 1984 with the death of a foreign national. Subsequent reports involved women sex workers in areas near former US military bases. This was mainly because the serologic survey and testing was done only among men and women involved in the sex industry.

In 1986, the DOH classified HIV/AIDS as a notifiable disease to keep track of its spread. The following year, it institutionalized the HIV/AIDS Registry.

HIV/AIDS CASES

In 2002, UNAIDS estimated that some 42 million adults and children worldwide are living with HIV/AIDS. That year, five million more people were infected with HIV. An estimated 20 million people have died of AIDS since the 1980's.

The Philippines has a relatively low prevalence rate in the world with less than one percent of Filipino adults infected with HIV. On the other extreme is Zimbabwe, with a 33.7 percent adult infection rate.

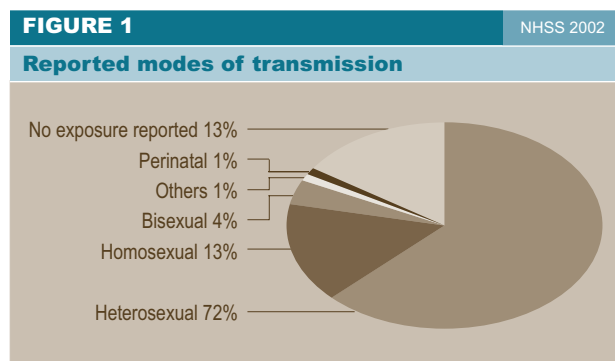
The HIV/AIDS epidemic in the Philippines has been described by public health experts as "low and slow," with current estimates of 13,000 infected Filipinos. As of December 2002, the cumulative number of reported HIV cases was 1,796. Of these infections, 1,210 were asymptomatic, while 586 were AIDS cases. Data from the National HIV Sentinel Surveillance (NHSS) show that 85 percent of reported infections were acquired through sexual contact. The highest HIV infection rates were found in people aged 20 to 49 years old.



The HIV/AIDS registry shows that most cases of HIV infection among females happen at a younger age compared to males. About 47 percent of infected females are between 20-29 years of age. On the other hand, around 38 percent of infections among males occurred in the 30-39 age group. HIV/AIDS cases have been reported throughout the country.

	Estimated number of infected adults and children	Adult infection rate (%)
Zimbabwe	2,300,000	33.7
Botswana	330,000	38.8
Thailand	670,000	1.8
Myanmar	530,000	1.99
India	3,970,000	0.8
United States	900,000	0.6
Malaysia	42,000	0.4
Singapore	3,400	0.2
Australia	12,000	0.1
Philippines	9,400	<0.1
Indonesia	120,000	0.1
China	850,000	0.1
Cambodia	170,000	2.7
Vietnam	130,000	0.3

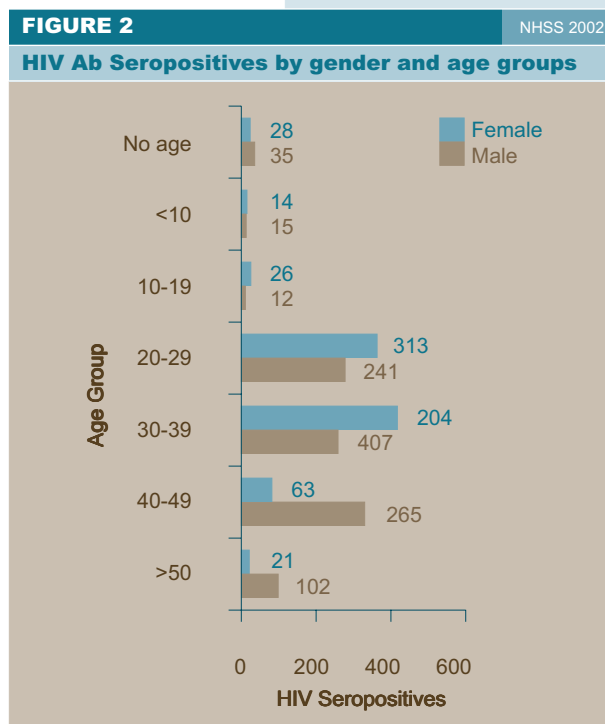
Cumulative Number of HIV/AIDS cases	Total	
	1,796	
	Male	1,112
	Female	677
	Children <15 years	30
Cumulative Number of AIDS cases	Total	
	586	
	Male	391
	Female	195
Number of AIDS Death	Total	
	249	
	Male	154
	Female	95



HIV SENTINEL SURVEILLANCE

The DOH monitors the HIV/AIDS epidemic through its surveillance programs in ten sentinel sites identified throughout the country. These sites are areas in the Philippines seen as vulnerable to the spread of HIV/AIDS. Particular populations are monitored and tested for HIV/AIDS and other STIs; namely, female sex workers, men having sex with men and injecting drug users.

In 2000, the NHSS reports an HIV infection rate of less than one percent in most of the sentinel sites. On the other hand, syphilis rates were consistently high among freelance female sex workers, injecting drug users, and men who have sex with men.



OTHER SEXUALLY TRANSMITTED INFECTIONS

STIs are co-factors for HIV transmission. Epidemiological studies show that risk for HIV increases among individuals with STI. STI prevalence studies are also used as primary indicators of sexual behavior that makes one vulnerable to HIV infection. In the country, through the DOH's HIV sentinel surveillance program, particular populations are monitored for STI infection due to their risky behaviors and situations.

Reports on STIs mainly come from social hygiene clinics (SHC) where sex workers are regularly tested as a prerequisite for their work permits. From 1993 to 1999, the number of STI cases reported annually averaged about 35,500. Government agencies and non-governmental organizations conducted similar surveillance activities among other population groups. According to behavioral and special STI prevalence studies conducted by the NHSS and Family Health International (FHI), there seems to be a potential for the rapid transmission of HIV/AIDS due to unsafe sexual practices and high STI rates.

TABLE 11

STI Prevalence studies among sex workers

Sexually Transmitted Infections	Velmonte (1998)	FETP (1998)	Aplasca (1999)	FHI (1999)		
	Manila (%)	Cebu (%)	Baguio Cebu Davao (%)	Angeles (%)		
	Females n=650	Females n=241	Females n=943	Females n=450	Client n=100	MSM n=100
Gonorrhea	4.9	-	2.1	25	1	1
Chlamydial infection	36.5	41.5	-	36	12	16
Trichomonas	5.8	-	14.6	6	1	1
Candidiasis	2.9	-	-	-	-	-
Bacterial vaginosis	40.7	-	-	64	-	-
Syphilis	-	-	1.3	12	2	5
Herpes genitalis	-	-	-	-	-	-
Genital warts	-	-	-	-	-	-

TABLE 12

(source: FHI 2002)

RTI/STI prevalence among women (general population)		
RTI/STI	In adult women (%)	In young women (%)
Chlamydian (n=2,402)	5.75	7.7
Gonorrhea (n=2,402)	0.75	0.7
Syphilis (n=2,410)	0.17	-
Trichomoniasis (n=2,267)	3.18	-
Candidiasis (n=2,334)	17.16	-
Bacterial Vaginosis (n=2,410)	28.56	-
	In adult men (%)	In young men (%)
Chlamydia (n=2,402)	4.4	9.0
Gonorrhea (n=2,402)	1.1	1.7
Syphilis (n=2,410)	0.2	-

High STI infection rates have been observed among sex workers. FHI's 1999 STI/RTI Prevalence Study shows a 36 percent chlamydial infection rate among female sex workers in Angeles City.

In recent years, STI prevalence studies on the general population, mainly among women, have been conducted. FHI's 1999 STI/RTI study reports that the prevalence rates of gonorrhoea and chlamydia are higher among younger people. Young people are at risk of serious complications of infections. Infection rates among the youth, especially among young men, indicate high-risk sexual behavior and poor reproductive and sexual health awareness.

ANTIBIOTIC RESISTANCE

Due to misconceptions regarding the treatment of STIs, antibiotics are often misused. This leads to new strains of resistant bacteria, making treatment of STIs more difficult and costly.



A study by Aplasca-de Los Reyes in 2000 found 63 percent of the female sex workers infected with gonorrhea were resistant to ciprofloxacin. Risk for gonococcal infection is associated with having sex with a new client, self-prescribed prophylactic antibiotic use, work in brothels, and inconsistent condom use.

OPPORTUNISITC INFECTIONS

As HIV progresses it weakens the body's immune response to illnesses and infections. People living with HIV/AIDS are prone to several opportunistic infections, one of which is tuberculosis. In the Philippines, 36 percent of people infected with HIV have active tuberculosis.

POPULATIONS AT RISK

Over the last five years, social and behavioral studies show that certain groups may be at a high risk for HIV/AIDS. The term "populations at risk" expresses that in particular societies some groups may be at a higher risk for HIV than others due to economic, social and even biological circumstances.

In a 2000 report by Tan et al., five groups were identified as more susceptible than others for HIV in the Philippines: women, young adults, men who have sex with men, sex workers, and overseas Filipino workers.

WOMEN

Women are more vulnerable to HIV/AIDS because of physiological, social and cultural circumstances.

HIV is passed more easily from men to women, rather than from women to men, for anatomical and physiological reasons. Moreover, the reproductive tracts of young women are prone to injury during intercourse, increasing their risk of contracting STIs and HIV.

Socially, women are less capable of protecting themselves or negotiating for safe sex. This applies to female sex workers negotiating with clients, as well as to women in general who may be put at risk by their partners' risky sexual behavior.

In a 2001 study by Tempongko and Ramos-Gagante in three major cities, about 40 percent of women respondents admitted to having no confidence to ask their regular partners to use condoms even if they have adequate knowledge of HIV/AIDS/STI. Most of the women also cannot articulate their sexual needs. About 43 percent of them admitted to having been forced into sex at times, and 15 percent believed it was their "obligation" to have sex with their partners.

Since many women are unable to find jobs in the formal sector, they have no stable source of income, becoming economically dependent on their husbands or boyfriends. If a woman finds herself in an abusive relationship, escape or disengagement is difficult due to economic considerations. Given this inequity that comes with economic dependence, a woman's ability to protect herself from the consequences of her partner's high-risk sexual activity may be greatly reduced.

YOUNG ADULTS

Preliminary results of the 3rd Young Adult Fertility and Sexuality (YAFS 3) study by the University of the Philippines Population Institute (UPPI) show that young adults have liberal attitudes on sexuality and sexual practices.

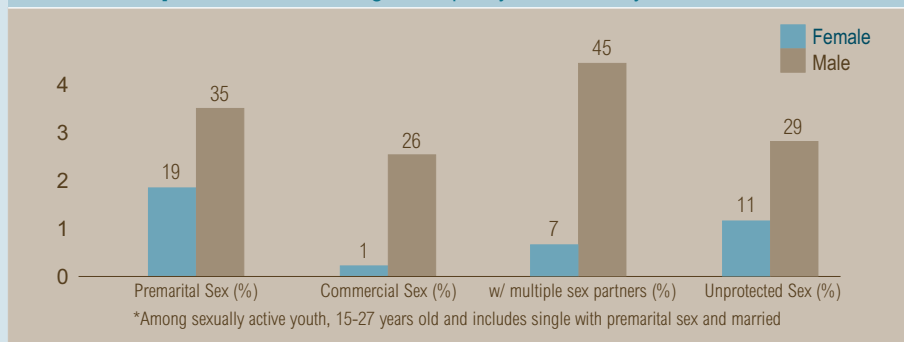
IV



The YAFS 3 survey shows that young adults engage in commercial and unprotected sex. Though young adults still seem to have poor knowledge about STI/AIDS a third of young adults think AIDS can be cured, and a large proportion thinks that they are not vulnerable to AIDS.

FIGURE 3

SOURCE: UPPI, Preliminary YAFS result, 2002

Sex-related practices: Percentage of Filipino youth with risky sexual behaviors, 2002

Another study, conducted in 2000 by Tempongko et al., was done in Manila universities to identify the level of knowledge, attitudes and perceptions of third and fourth year college students (18-22 years old) on STI/HIV/AIDS. The study found that although there seemed to be a good level of knowledge on STI/HIV/AIDS transmission and prevention, misconceptions were still present. Premarital sex and inconsistent condom use were common. Unprotected sex with acquaintances, romantic partners or friends was not seen as dangerous. Condoms were used only during intercourse with sex workers, but even in such occasions, respondents reported non-use due to unavailability. Condoms were also perceived to reduce sexual pleasure.

The combination of immature sexual attitudes and lack of information places young adults at a risk of contracting HIV/AIDS. And the stifling of sex education in schools by conservative lobbies does not help in reducing this risk.

MEN WHO HAVE SEX WITH MEN (MSM)

Among reported HIV cases in the Philippines, more than 20 percent involve male-to-male transmission. The rate could be higher, but because of the stigma attached to same-sex sexual activity, males are not likely to admit they engaged in homosexual activity.

A HAIN study in 2000 pointed out that many MSM have retreated into the “shadow” populations to avoid the stigma of coming out to their family and work colleagues. There is strong stigmatization, including cases of discrimination, harassment and outright physical violence against homosexuals. Moreover, religious attitudes labeling homosexual acts as “sinful” perpetuate this stigma against homosexuals.

It should be noted, though, that not all MSM are homosexuals. Male sex workers, who may otherwise be considered heterosexual, may have male clients. On the other hand, some MSM still consider themselves “real” men, such as those who have sex with other men in prisons, ships or construction yards.

Sexual relationships of many MSM tend to be anonymous and casual because of the need to keep their identities hidden. This is done to avoid shame or social stigma. Living in the “shadows” hinders MSM access to HIV/AIDS information, education and treatment. Whether they consider themselves homosexual or heterosexual, MSM face a high risk of contracting HIV/AIDS because of their circumstances and social attitudes towards them.



SEX WORKERS

The illegal status of sex work hinders the access of sex workers to information on reproductive health and STIs, health services and education programs, increasing their vulnerability to infection. Moreover, this makes them unable to negotiate for safe sex and impose safe sexual practices.

In a 2000 HAIN study (A Matter of Time), different risk levels among various types of sex workers were found. Women and child sex workers are more susceptible to infection than males because of a lesser ability to negotiate for safe sex. On the other hand, freelance sex workers and male sex workers may be getting little information on HIV/AIDS because of few information programs targeted for them.

Although entertainment establishments are issued certificates that insure clients of “wholesome” and “sanitary” services, these arrangements may push sex workers and establishment owners to conceal risky behavior and actual infections to get their certification. In some sentinel sites, STI infection rates were high even among registered sex workers with weekly-updated health cards. This policy creates a false sense of security among patrons of entertainment establishments who perceive these as places free of HIV/AIDS or STIs.

OVERSEAS FILIPINO WORKERS (OFWs)

Current statistics indicate that about 30 percent of Filipinos infected with HIV are OFWs (NHSS 2002).

The vulnerability of migrant workers is determined and influenced by several factors. Each of these factors occur during various stages of the migration cycle and nature of their employment. A study conducted by Kalayaan/CARAM Philippines (1998) among 450 first-time departing migrant workers revealed that low knowledge on HIV/AIDS, low condom use, poor health-seeking behavior and an attitude of invincibility towards HIV/AIDS affect their vulnerability to infection. A gap between knowledge and behavior has also been reported among the respondents. Moreover, their low knowledge on the everyday realities, such as emotional loneliness caused by being away from home, cultural adaptations and difficult working conditions that await them also contribute to their vulnerability.

The Scalabrini Migration Center conducted a study in 2000 to assess population mobility and HIV vulnerability in the Brunei-Indonesia-Malaysia-Philippines (BIMP) area. The study showed low awareness on STIs and HIV/AIDS among migrants. Different living and working conditions of Filipino migrants suggest that they have different degrees of vulnerability to HIV, most vulnerable being those working in the entertainment or sex industry.

Seafarers are also at a high risk of contracting HIV. About 20 percent of the 1.2 million seafarers worldwide are Filipino. In 1996, there were 307 shipping companies deploying 200,000 Filipino seamen.

Macho values put seafarers at risk because of the belief that it is but natural for men to pursue sex at every opportunity. FGDs and interviews conducted by HAIN revealed that seafarers believe that one of the benefits of becoming a seafarer is to “taste” women at every port. Many commercial sex workers are available in almost every port, and are sometimes brought on board. But according to a study by the DOLE-OSHC, only 49 percent of seafarers practice safe sex. Knowledge on HIV/AIDS among seafarers was found to be low, accompanied by high-risk sexual practices.

With the increasing number of returning OFWs who are HIV-positive, serious attention should be given to protect them and reduce their vulnerability. Social welfare institutions must be equipped to respond to the needs of those infected and to prevent infection among those who are about to leave.





HIV/AIDS AWARENESS AND PREVENTION

KNOWLEDGE ON HIV/AIDS

Knowledge gaps and misconceptions on the prevention, transmission and treatment of HIV/AIDS continue to persist despite efforts to disseminate Information, Education and Communication (IEC) materials.

An FGD by the Foundation for Adolescent Development among young factory workers in Manila found that most respondents believed only *Japayukis* (entertainers working in Japan) were infected with HIV/AIDS.

Furthermore, a HAIN study among maritime students in Bohol showed that awareness on HIV/AIDS remains low. Not a single respondent could remember any IEC ad or media campaign on HIV/AIDS. Knowledge on preventive measures tended to be full of myths, such as the use of vitamins and antibiotics, coitus interruptus, and washing of the penis. Attitudes towards condoms remained negative, with 88 percent of respondents believing that condoms decrease sexual pleasure.

A study by Protacio-Marcelino et al. conducted in 2001 found that there was a lack of correct information on HIV/AIDS among child sex workers. The word “AIDS” evoked strong negative feelings among the children because of fear of contracting it. They seemed to demonstrate a general awareness of STIs and HIV/AIDS because they were conscious of the fact that they were vulnerable. However, misconceptions and inaccurate information were still prevalent. For instance, some of the young sex workers mentioned that STIs could be treated by a mixture of detergent soap, soft drinks and coconut juice, or by taking antibiotics as a prophylactic. Although government and NGO health care workers are seen as sources of information on STIs and HIV/AIDS, young sex workers continue to rely on advice from friends and peers, providing them with information on how to identify and assess “clean” customers, signs and symptoms of disease, and treatment and prevention of diseases.

The distribution of IEC materials has the tendency to “talk to the converted” – reaching people already knowledgeable on the issue and not the people who really need to be informed. Moreover, lack of educational materials in local languages other than Tagalog has also been a problem.

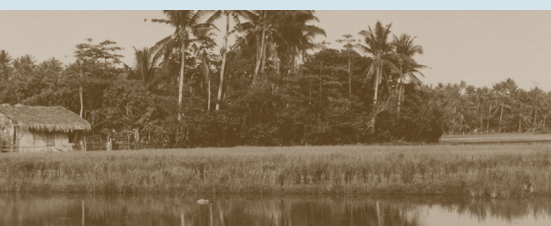
MEDIA INVOLVEMENT

A 1999 report of the NHSS shows that in 10 sentinel sites, the media is the main source of information among groups with high-risk sexual behavior. However, not all information on HIV/AIDS that the media portrays is helpful in educating the public.

During a symposium on sexuality sponsored by the AIDS Society of the Philippines (ASP) in October 2001, Dr. Michael Tan (2002) pointed out that while the Philippine media is fairly liberal, it does not follow that the country is at the forefront of education on sex and sexuality, pointing out that HIV/AIDS stories are often sensationalized.

“The brand of sensationalism in the Philippines actually carries a patina of moralism,” Tan stated. “AIDS has reconfigured the crime-and-punishment, crime-and-redemption theme, even in news coverage.” Tan reported that the depiction of AIDS in Philippine media carries with it commonly held prejudices against PLWHAs and the social stigma that comes with them. “Reporters carry these norms and project them, sometimes complicating AIDS education because prejudices – against gay men, against sex workers, against neighbors – are reinforced,” he added.

One reason why HIV/AIDS reporting in the Philippines is poorly done is that many media practitioners lack relevant education on the subject, leading to insensitivity regarding



HIV/AIDS issues. There may be a need to educate media practitioners regarding HIV/AIDS issues so that they may responsibly report these issues.

Recognizing the role of media, ASP initiated the AIDS Media Awards in an effort to strengthen the organization's links with media practitioners, and to promote a pro-active participation of the media in educating the public about HIV/AIDS.

HEALTH-SEEKING BEHAVIOR

Health-seeking behavior decreases vulnerability to infection and may reduce HIV/AIDS prevalence in the country. Behavioral Sentinel Surveillance rounds conducted by the NHSS in 2000 reveal that a majority of registered and freelance sex workers seeks medical help from social hygiene clinics. MSM, on the other hand, tend to rely more on advice given by friends or relatives.

However, among other population groups such as the youth, health-seeking behavior is not a common practice. For example, young people don't often report RH-related problems, mainly out of shame or embarrassment.

Preliminary results of the YAFS 3 survey show that a significant proportion of young adults who have RH complaints are not seeking medical help. For example, of the 2,424 young males who had any serious RH problem, only 22 percent (533) sought medical attention. Many teenagers are ashamed to admit having RH-related problems, making them unlikely to seek advice from medical personnel.

TABLE 13 (source: NHSS 2000)

Health seeking behavior among sentinel groups

	RFSW%	FLSW%	MSM%	IDU*%
Social Hygiene Clinic	65	39	19	-
Private Doctor	19	15	32	40
Hospital	7	7	17	7
Friend or relative	18	23	40	60
Co-worker	14	9	22	13
Pharmacy	11	14	15	40
Self-medication	13	26	25	-
*in Cebu City only				

CONDOM USE

A big challenge in HIV/AIDS IEC activities is achieving behavioral change. Practicing safe sex, particularly condom use, is not yet widespread among Filipinos, even among those with multiple sexual partners.

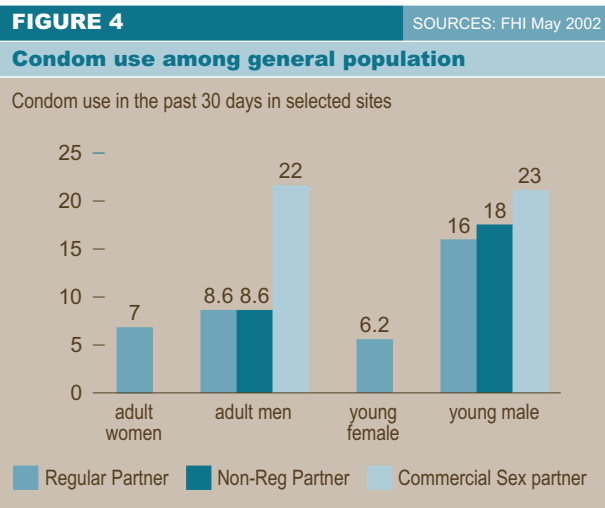
Results from a series of FGDs by PATH-ASEP among male sex workers, MSM and male sex patrons conducted in 2002 show that there is a high level of awareness and knowledge about condoms. While they are primarily seen as a contraceptive, a majority of the participants saw the value of condoms as protection from STIs. However, the results also reflect the popular misconception that condom use lessens sexual pleasure. Respondents who admitted to using condoms reveal that they do so only occasionally, and that religion and cultural norms influence their decision whether or not to use a condom.

Moreover, the study showed that condom use among clients of sex workers is generally low. Even if male customers generally accept that female sex workers would negotiate



for condom use, many admit to discouraging its use to maximize sexual pleasure. On the other hand, male sex workers report that they avoid condom use to please customers.

Oftentimes, condoms are only used for intercourse with sex workers. Condom use is seen as unacceptable during sex with regular partners (e.g. wives or girlfriends). In a study by FHI conducted in May 2001, 22 percent of adult male respondents reported condom use during intercourse with sex workers, while only nine percent reported the same during intercourse with their regular partners.



VI

THE EFFECTS OF HIV/AIDS

HIV/AIDS has adverse effects at the national and individual levels. A 2000 study by HAIN looks into the implications of HIV/AIDS on development in the Philippines. The study reports that the interaction between HIV/AIDS and development is a two-way process, where lack of development increases susceptibility and vulnerability to HIV/AIDS, while the disease negatively impacts development.

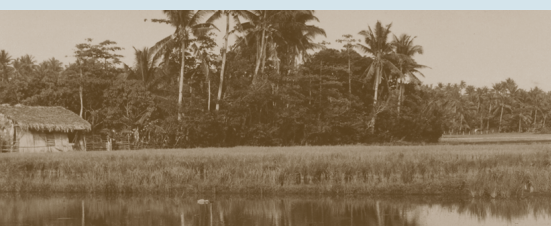
SOCIAL AND MACROECONOMIC EFFECT

Currently, the socio-economic impact of HIV/AIDS may seem minimal because of the low prevalence rate of HIV in the country. However, foreseen socio-economic effects point to increased expenditures needed for HIV/AIDS. This scenario may prove to be problematic, as government funds on social services are very limited. An unchecked spread of HIV/AIDS will put pressure on the already meager national health budget.

If the prevalence of HIV increases among the local labor force, there may be an increase in absenteeism, exacerbating underemployment and unemployment in the country. This may result in a reduction of production and economic growth.

However, even if prevalence rates increase among OFWs, it is unlikely that the sector will be severely affected. There is still a large number of unemployed Filipinos, so there will be enough workers to take their place. However, with the returning HIV-positive OFWs, stress would be placed on the resources of the country's health care system.

On the other hand, HIV/AIDS does not significantly affect tourism. Although Thailand has a high HIV prevalence rate, this has no effect on its booming tourism industry. The Philippines' negative image abroad (e.g. kidnappings) has a more adverse impact on tourism than HIV/AIDS.



EFFECTS ON THE HEALTH CARE SYSTEM

Access to drugs for people living with HIV/AIDS (PLWHAs) remains a great challenge. Many PLWHAs do not have access to basic drugs needed to treat HIV-related infections and other conditions.

The financial burden for the care of people with HIV/AIDS falls mainly on the government, particularly the DOH. However, the DOH faces severe limitations – the scarce resources of the department are not enough to care for all infected patients.

The high price of HIV-related drugs, especially anti-retroviral drugs, is one of the main barriers to their availability to PLWHAs. Patenting, limited supply, little competition and high taxes contribute to this situation.

HIV/AIDS Anti-Retroviral Therapy (HAART) costs up to 30,000 pesos per month – almost six times higher than the mandated monthly minimum wage. People on anti-retroviral drugs also need to have their viral loads regularly monitored – a procedure that costs 7,000 pesos.

The San Lazaro Hospital and the Research Institute for Tropical Medicine (RITM) are two government hospitals that provide health care to PLWHAs. However, optimal care is not always given. For instance, of the 135 HIV/AIDS patients monitored by the RITM, only 34 patients receive anti-retroviral drugs. Moreover, not all of the drugs are supplied by the hospital; some of the drugs are provided by NGOs, or are paid for by the PLWHAs themselves.

EFFECTS ON FAMILIES AND INDIVIDUALS

At a low and slow epidemic rate, the impact of HIV/AIDS in the Philippines is felt more at the micro-level than at the national level. Its impact on households, families and communities is significant enough to threaten social cohesion and solidarity among families and communities.

A family with one afflicted member suffers increased financial, social, and psychological stress. The direct effects that a PLWHAs family endures include direct medical costs (medicines and care), debts, and the disruption of other important activities (e.g. a child's education). A family with an HIV-positive member also suffers possible job loss, the depletion of savings, increased debts, long term medical costs, and funeral costs should the victim pass away.

Poor households are affected worst due to poor health and sanitary conditions, vulnerability to natural disasters, and more severe gender inequality. They also have the least access to medical care and HIV/AIDS medication.

RESPONDING TO HIV/AIDS

THE NATIONAL GOVERNMENT

The Philippine AIDS Prevention and Control Act (Republic Act 8504) of 1998 is cited by UNAIDS as a good initiative on HIV/AIDS prevention and control. The law provides a clear basis for policies and plans to address the problem of HIV/AIDS. However, four years after its passage, the law has yet to be fully implemented and put into action.

The Philippine National AIDS Council (PNAC) is the country's lead agency in the fight against HIV/AIDS. It coordinates and oversees various programs and activities dedicated to the prevention and control of HIV/AIDS in the Philippines. The DOH has its National AIDS and STI Prevention and Control Program (DOH-NASPCP), which had a budget of US\$ 318,000

VII



in 2002. School-based education and information dissemination on HIV/AIDS/STI, on the other hand, is done through the Department of Education (DepEd). The DepEd also develops and provides multimedia information and instructional materials for this purpose.

Shortly after the passage of the AIDS Prevention and Control Act, PNAC prepared the 2000-2004 AIDS Medium-Term Plan (AMTP) for accelerating the country's response to HIV/AIDS. It serves as a basis for determining what activities are to be prioritized. Implementation of this plan also forms part of the country's contribution to the global efforts against HIV/AIDS.

The plan focuses on the prevention of HIV/AIDS among the vulnerable groups in the 15-49 age bracket, which accounts for 51 percent of the Philippine population. The overall goal of the plan is to encourage greater involvement of PLWHAs and to give focus to people in prostitution (PIP), clients of PIPs, intravenous drug users, men who have sex with men, the youth, and migrant workers.

To be effective, the AMTP aims to promote multi-sectoral collaboration in the target areas. It obtains the information it needs from different places such as universities and colleges, bar and nightclub areas, and even large corporations.

The five focus strategies of the AMTP

Improve care and support for people with HIV/AIDS through enhanced hospital-based services, promoting community-based care and support for PLWHAs, private sector involvement in counseling and treatment services and increased access to voluntary counseling and treatment.

Address the specific needs of people in prostitution by increasing access to acceptable and effective STI services for sex workers and their clients, strengthening the capacity of peer educators to influence behavioral change, and intensifying condom social marketing.

Empower the youth sector with correct knowledge and information on reproductive health, sexuality and HIV/AIDS; initiate youth-friendly RH services and peer counseling; and assist young people living with STI/HIV/AIDS.

Provide protection to migrant workers from mandatory HIV antibody testing by pushing for strict compliance to provisions of RA 8504 on testing and confidentiality.

Increase awareness on HIV/AIDS in the workplace by improving awareness of workers, medical personnel and union members on HIV/AIDS, rights and development issues.

RESPONSES AT THE REGIONAL LEVEL

Responses from LGUs have been limited for two reasons. First, many LGUs have limited funds for health programs. Second, national priorities for HIV/AIDS are still in the process of being formulated, with a Strategy Plan from PNAC formulated only this year.

Despite these limitations, some LGUs have managed to allot part of their Internal Revenue Allotment (IRA) for HIV education projects and to local AIDS councils. However, this only happens in areas where there is strong lobbying for such activities from NGOs, international health agencies, or concerned public officials or individuals.



According to the DOH, in 2002, the various LGUs had a budget of US\$ 200,000 for programs on the prevention and control of HIV/AIDS/STI in the local level.

Cities	Ordinances			
	5 HIV/STD Policies	Aids Council	IRR	CMP
Davao	✓ 4 Policies	✓	Drafted	
General Santos	✓	✓	✓	Draft
Zamboanga	✓	✓	Drafted	
Cebu	✓	✓		
Iloilo	✓	✓	✓	✓
Angeles	✓	✓	✓	✓
Pasay	✓	✓	Drafted	
Quezon City	✓	✓	Drafted	

Sites	2001 (Php)	2002 (Php)
Davao		<500,000
General Santos	800,000	800,000
Zamboanga	2,500,000	2,500,000
Iloilo	46,150	112,000
Angeles	1,600,000	1,700,000
Pasay		1,500,000
Quezon City	1,009,000	1,200,000

SECTORAL AND NGO RESPONSES

The NHSS, an ASEP project that started in two different cities in 1993, is now done in 10 cities and is to be integrated into local health systems.

Some of the specific proposals of the ASEP project include the provision and delivery of information through various forms of interactions, helping alter prevailing local attitudes and norms that hinder communities from confronting the health aspects of commercial and casual sex; and the creation of informal support systems in some cities to provide health and education services to commercial sex workers and clients.

NGOs and community-based organizations in some regions do their share in developing HIV programs that cover education, information and prevention. In 2000, NGOs in Mindanao, with assistance from various national and international agencies, organized their own HIV/AIDS/STI Convention to respond to regional needs. This was also done in the Visayas in 2002.

Treatment counselling for PLWHAs and their families are mainly provided by NGOs through training sessions and workshops on home-based health care programs. An example is a manual produced by the Remedios AIDS Foundation on counselling and alternative therapy for home-based care.

Advocacy programs through peer education are also utilized by a number of NGOs to effectively reach to their constituencies.

Table 16 provides a complete listing of the various Philippine health- and HIV/AIDS-oriented NGOs, and the activities or programs they carry out.



TABLE 16
Summary of activities of non-government organizations in the Philippines

	Information	Research Center/Library	Training and Education	Biomedical research/surveillance	Social behavior research	Clinical Services	Advocacy	Care and support for PLWHAs
ABYAN, Inc								
Action for Health Initiatives (ACHIEVE)								
AIDS Council for Negros Occidental Welfare (AIDS Council-NOW)								
AIDS Research Group-Research Institute for Tropical Medicine (RITM)								
AIDS Society of the Philippines (ASP)								
Alternative Research and Development Center, Inc (ALTERLAW)								
Associates for Integral Development Foundation, Inc (AID Foundation)								
Baguio Center for Young Adults, Inc (BCYA)								
Bathaluman Crisis Center								
Bidlisiw Foundation, Inc (BFI)								
Caritas Manila (CM)								
Catholic Relief Services-USSC (CRS-USSC)								
Cebu City Health Department								
Center for the Promotion, Advocacy and Protection of the Rights of the Child (LUNDUYAN)								
Community and Family Services International (CFSI)								
Community Health and Development, Inc (ComDev)								
Contract Workers Alliance of Tuguegarao Multi-Purpose Cooperatives (CWATAM)								
Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR)								
DKT Philippines								
EBGAN, Inc								
Family Planning Organization of the Philippines (FPOP)								
Free Rehabilitation, Economic, Education and Legal Assistance Volunteers Ass., Inc (FREELAVA)								
Foundation for Adolescent Development (FAD)								
Gabriel Medical Assistance Group (GMAG)								
Health Action Information Network (HAIN)								
Harnessing Self-reliant Initiative and Knowledge, Inc (HASIK)								
Higala Association, Inc (HIGALA)								
HIV/AIDS Network Philippines, Inc								
HOPE Volunteer Foundation, Inc								
Human Development and Empowerment Services (HDES)								
Institute for Social Studies and Action (ISSA)								
Institute of Primary Health Care-Davao Medical School (IPHC-DMSF)								
Institute for Maternal and Child Health (IMCH)								
Integrated Maternal Childcare Services & Development, Inc (IMCSDI)								
Kaagapay Support Group for PWAs								



TABLE 16/continuation**Summary of activities of non-government organizations in the Philippines**

	Information	Research Center/Library	Training and Education	Biomedical research/surveillance	Social Behavior research	Clinical Services	Advocacy	Care and support for PLWHAs
Kabalikat ng Pamilyang Pilipino Foundation, Inc								
KAHAYAG								
Kaugmaon Center for Children's Concerns Foundation, Inc ((KCCFI)								
Kauswagan Community Social Center (KAUSWAGAN)								
Liceo Center for Community Development (LCCD)								
Mahitana Foundation, Inc (MFI)								
Marina Clinic								
Mag-uugmad Foundation, Inc								
METSA, Inc								
Names Project Philippines, Inc								
People's Recovery, Empowerment and Development Assistance Foundation, Inc (PREDA)								
Philippine Business for Social Progress (PBSP)								
Philippine Council of NGOs Against Drug and Substance Abuse (PHILCADSA)								
Philippine NGO Support Program (PHANSuP)								
Pinoy Plus Association, Inc (PPAI)								
Positive Action Foundation Philippines, Inc (PAFPI)								
Population Services Pilipinas, Inc (PSP)								
Program for Appropriate Technology in Health, Philippines (PATH Philippines)								
Reachout Foundation International								
Remedios AIDS Foundation, Inc								
Reproductive Health Rights and Ethics Center for Studies & Training (REPROCEN)								
Silliman University Medical Center Foundation, Inc (SUMCFI)								
Social Health Environment and Development Foundation (SHED)								
TALIKALA, Inc								
TAMBAYAN Center for the Care of Abused Children, Inc								
The Library Foundation (TLF)								
The Philippine National Red Cross (PNRC)								
The Salvation Army, Inc								
Trade Union Congress of the Philippines								
Tri-Dev Specialist Foundation, Inc								
University of Bohol Family Care and Lying-In Center (UBFCLC)								
University of Southern Philippines Foundation, Inc								
Woman Health Philippines								
Woman's Health Care Foundation (WHCF)								
Women in Development Foundation (WDF)								



DONOR RESPONSES

The decrease in official development assistance (ODA) given by developed countries to developing countries since 1992 affects the global fight against HIV/AIDS. This is especially detrimental to the 28 countries worst affected by HIV/AIDS, mostly from Africa.

It is estimated that seven to 10 billion US dollars are needed annually to support prevention and treatment in developing countries. This cost, however, should be obtained from new donors and not solely from existing development assistance funds.

Funding from bilateral relationships is generally “donor-driven” – i.e. focus on certain issues by donor countries determines the amount of money that would be given as “aid” to developing countries.

The largest allotment of ODA is still in the area of poverty alleviation, with large-scale projects on infrastructure and resettlement getting some significant support. In contrast, funding for health facilities and services to control communicable and infectious diseases would appear to be relatively small.

VIII

CHALLENGES

It has been four years since the passing of the Philippines AIDS Law, but the challenge of implementing it at all government levels remains. The AIDS Medium Term Plan has illustrated its strategies and plans to implement the law from the national to the barangay level.

Although some efforts have been laudable, much work remains for the government. The country needs structural and social reforms to effectively implement HIV prevention and education programs. These reforms include the protection of human rights (e.g. protection against mandatory HIV testing), economic growth and development that reaches the poorest sectors of society, and the elimination of discrimination against women and homosexuals. Moreover, LGUs have to allocate some of their resources to HIV/AIDS prevention so that more grassroots IEC programs may be implemented at the local government level.

While antiretroviral drugs are valuable in helping PLWHAs go on with their lives, their prohibitive costs make them inaccessible to the very people who need them. Bringing down the cost of these drugs and making them accessible for PLWHAs remains a challenge for the government and NGOs alike. Likewise, the private sector, particularly the pharmaceutical industry, can do a lot to bring down the cost of these life-saving drugs by not charging exorbitant royalties and mark-ups.

Although the HIV infection rate among IDUs is still relatively small, there is a potential for this to worsen in a small period of time. Presently, HIV surveillance among IDUs is done in Cebu, however, this is not enough to monitor this group. There is very little information on the practice, behaviors and vulnerabilities of IDUs. More surveillance and monitoring should be done on this particular population to prevent a possible explosion of HIV/AIDS cases within the group.

Full commitment from government officials from the different agencies and local government units still remains to be seen. Government agencies have yet to push through with their commitments to allocate funds for HIV/AIDS programs. Only full commitment and political will are needed to fully implement the AMTP.



A 2000 HAIN study conducted for NEDA-UNDP cited the following actions to reduce susceptibility and vulnerability to HIV/AIDS:

1. Adopting an HIV and development framework for risk analysis
2. Strengthening social and behavioral research
3. Monitoring the impact of HIV prevention strategies
4. Expanding multisectoral involvement
5. Involving local government units
6. Sustaining information, education and communication campaigns
7. Incorporating gender issues into HIV/AIDS education and training
8. Respecting human rights

To alleviate the adverse impact of HIV/AIDS, the following actions need to be done:

1. Strengthen the social protection system
2. Strengthen research in relation to clinical care (including exploring the feasibility of community- and home-based care)
3. Strengthen the National Drug Policy and the essential drugs program (to improve access to medicines)
4. Educate the public on human rights
5. Stop AIDS profiteering (i.e. activities that exploit other people's suffering for individual gain)
6. Encourage economic development



APPENDICES

NATIONAL STATISTICS			
DEMOGRAPHY		YEAR	SOURCE
Total Population	79.2 million	2002 (projection)	PSY 2001
Annual population growth	2.4%	1975-1999	UNDP 2002
	1.6%	1999-2015	
Population 15-49 years old	41.25 million	2002 (projection)	PSY 2001
Urban population (as % of total)	59.3	2001	UNDP 2002
Total fertility rate	3.24	2001	UNFPA 2001
Contraceptive prevalence (currently married women 15-49 years old)	49.5%	2001	FPS 2001
ECONOMY			
GNP per capita (US\$)	1,050	2001	World Bank 2002
GDP growth (annual average)	4.6%	2002	NSCB 2002
Inflation rate	6.1%	2001	ADB 2002
Total debt service (US\$)	13.7 billions	2000	World Bank 2002
Unemployment rate	9.8%	2001	PSY 2002
Underemployment rate	19.9%	2000	PSY 2002
Female economic activity rate	49.5%	2000	UNDP 2002
Annual average family income (in pesos)	144,039	2000	FIES 2000
Poverty incidence	33.75%	2000	FIES 2000
Human development index rank	77	2001	UNDP 2002
LITERACY AND EDUCATION			
Functional literacy rate	83.8%	1994	PSY 2002
Male	81.7%	1994	PSY 2002
Female	85.9%	1994	PSY 2002
Out-of-school youth (7-12 years old)	8.3	1996-97	Unicef 1997
Out-of-school youth (13-16 years old)	36.1	1996-97	Unicef 1997
Median number of years schooling			
Male	5.8	1998	NDHS 1998
Female	6.0	1998	NDHS 1998
Education as % of total national expenditure	16.6	2002	PSY 2002

REGIONAL PROFILES	Year	NCR	CAR	Region I	Region II	Region III	Region IV
Demography							
Total Population	2002	9,932,560	1,365,220	4,200,478	2,813,159	8,030,945	11,793,655
Annual population growth (%)	2002	1.06	1.82	2.15	2.25	3.20	3.72
Population 15-49 years old (projected)	2002	6,186,545	766,933	2,185,285	1,485,242	4,236,379	6,313,733
Economy							
Per capita GRDP (in pesos)	2002	29,775	15,923	6,650	7,330	11,011	13,402
Unemployment rate	2001	16.5	6.1	9.1	4.8	10.3	10.5
Underemployment rate	2000	10.4	19.3	18.4	13.4	8.0	19.0
Annual average family income (in pesos)	2000	300,304	139,613	120,898	108,427	151,449	161,963
Poverty incidence (%)	2000	12.7	43.9	43.5	36.3	22.9	31.7
Functional literacy rate	1994	92.4	78.6	86.4	86.6	87.3	88.0
Male		81.7	76.8	85.6	85.6	86.1	86.3
Female		85.9	80.5	85.6	86.6	88.5	89.8
Median number of years in school	1998						
Male		9.4	5.3	6.1	5.5	6.5	6.0
Female		9.2	5.5	6.3	5.6	6.2	6.0
Health Indicators							
Projected life expectancy at birth	2002						
Male (in years)		67.82	63.32	67	65.92	68.26	66.13
Female		72.34	68.88	72.08	69.21	73.22	72.83
Infant mortality rate per 1,000 livebirths	1998	23.7	42.7	41.5	37.1	28.7	35.3
Under-five mortality rate per 1,000 livebirths	1998	38.6	52.4	51.4	52.6	39.4	53.2
Maternal mortality rate per 100,000 livebirths	1995	119.1	192.8	161	191	170	139
Health Facilities and Personnel							
Hospital per 100,000 people	1998	1.7	3.5	2.4	3.0	1.8	2.6
Doctor per 100,000 people	1997	4.9	5.8	2.5	5.7	1.6	4.9
Nurse per 100,000 people	1997	5.1	12.1	4.5	10.7	2.5	7.3
Midwife per 100,000 people	1997	7.6	4.5	13.9	31.1	8.4	21.1

Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	ARMM
4,674,855	6,208,733	3,701,064	6,208,733	3,091,208	2,747,435	5,189,335	2,598,210	2,095,367	2,412,159
1.68	1.56	2.79	1.56	2.18	2.19	2.60	2.08	1.63	3.86
2,320,838	3,304,652	2,894,886	3,304,652	1,666,226	1,471,285	2,839,042	1,427,007	1,146,104	1,194,416
5,457	10,032	11,777	10,032	7,963	13,056	11,267	9,385	5,915	3,924
7.6	9.0	9.9	9.0	7.0	7.2	9.5	6.9	8.0	4.0
38.6	22.9	10.2	22.9	20.8	35.2	33.7	30.0	21.9	14.7
89,227	109,600	99,531	109,600	86,135	110,333	112,254	90,778	81,519	79,590
62.8	51.2	43.9	51.2	53.0	52.2	46.3	57.9	73.9	57.9
82.6	80.9	80.9	80.9	75.4	83.4	79.4	77.4		61.2
81.3	77.3	78.5	77.3	72.6	79.5	75.6	74.2		63.2
84.5	84.8	83.2	84.8	78.1	87.4	83.2	80.7		59.1
5.4	5.3	5.3	5.3	5.0	5.3	5.6	5.4	5.2	2.8
5.5	5.8	5.6	5.8	5.3	5.7	6.0	5.9	5.5	2.5
65.78	65.55	67.77	65.55	64.44	64.44	65.66	63.87		63.87
70.83	71.81	72.53	71.81	69.57	69.78	70.58	69.76		69.76
31.4	26.0	23.6	26.0	44.6	41.0	40.9	48.4	53.2	55.1
52.5	41.6	38.4	41.6	74.9	64.8	61.2	75.9	82.5	97.6
165.6	184.2	158.2	184.2	200.3	224.9	224.9	187.3		320.3
2.9	1.3	1.9	1.3	2.6	2.2	3.2	3.7		1.0
3.0	3.6	4.8	3.6	2.7	1.8	1.3	3.7		4.2
5.4	5.9	8.4	5.9	6.2	2.6	1.7	6.4		7.1
19.4	25.8	26.6	25.8	23.4	15.2	6.5	25.2		19.3

PNAC MEMBERS**AIDS Society of the Philippines (ASP)**

6/F Rm. 607 Doña Felisa Syjuco Building
1212 Remedios corner Taft Avenue

Malate, Manila

Tel (02) 536-5694

Fax (02) 536 5509

Email aidsphil@pacific.net.ph

Contact person Dr. Carlos Calica, president

Target Sectors

- People with HIV/AIDS
- Health professionals
- Injecting drug users

Center for Promotion, Advocacy and Protection of the Rights of the Child (LUNDUYAN)

17-17 A Casmer Apartments, Del Pilar corner

Don Jose Streets, Barangay San Roque,

Cubao, Quezon City 1109

Tel (02) 913 3464

Telefax (02) 911 7867

Email chrighs@info.com.ph

Contact: Ms. Irene Fonacier-Felizar, executive director

Target Sectors

- Women
- Young people and children
- People with HIV/AIDS

Commission on Higher Education (CHED)

Upper 5th Floor DAP Building

San Miguel Avenue, Pasig City

Tel (02) 636 1693

Contact: Dr. Manuel Puzal

Department of Budget and Management (DBM)

Budget and Finance Bureau

Gen Solano St., Malacañang, Manila

Tel (02) 735 1775 / 735 4884

Contact: Mr. Arthur Bumatay

Department of Education (DepED)

DECS Complex, Meralco Avenue,

1600 Pasig City

Telefax (02) 633 7245

Email tgsantos@deped.gov.ph

Contact: Dr. Thelma G. Santos

Department of Foreign Affairs (DFA)

UN and other International Organizations Social, Cultural and Humanitarian Affairs

2330 Roxas Blvd., Manila

Tel (02) 831 8973

Contact Mr. Petronila P. Garcia

Department of Health (DOH)

San Lazaro Compound,

Sta. Cruz, Manila

Tel (02) 743 8301 loc 1650/1600

Contact: Dr. Manuel Dayrit, secretary of health

Contact: Dr. Loreto B. Roquero, Jr., director III, PNAC

PNAC MEMBERS**Department of Interior and Local Government (DILG)**

PCG II Building., EDSA corner Mapagmahal St.,
 Barangay Pinyahan,
 Diliman, Quezon City
 Tel (02) 925 0361
 Fax (02) 920 0347
 Contact: Austere Panadero, assistant secretary

Department of Justice (DOJ)

Padre Faura St., Ermita, Manila
 Telefax (02) 524 6304
 Contact: Atty. Ricardo Paras III, assistant secretary

Department of Labor and Employment – Occupational Safety and Health Center (DOLE-OHSC)

North Avenue, corner Science Road,
 Diliman, Quezon City
 Tel (02) 928 6690 / 928 6738
 Fax (02) 929 6939;
 Email oshc@skyinet.net
 Contact: Dr. Dulce Estrella-Gust

Department of Social Welfare & Development (DSWD)

Batasang Pambansa Complex,
 Constitution Hills, Quezon City
 Tel (02) 931 8144 / 931 8101
 Fax (02) 951 2802
 Email: pspb@miss.dswd.gov.ph
 Contact: Lourdes G. Balanon, undersecretary

Department of Tourism (DOT)

Rizal Park, TM Kalaw, Manila
 Tel (02) 523 5103 / 526 7655 / 523 8411 to 20 loc 136
 Fax (02) 523 3740
 Email dotinfo@mnl.sequel.net
 Contact: Dr. Milagros Lorenzo

Health Action Information Network (HAIN)

26 Sampaguita Ave., Mapayapa Village II
 Capitol District, Quezon City
 Tel 952 6312
 Telefax 952 6409
 Email hain@info.com.ph
 Website: www.hain.org
 Contact: Dr. Edelina dela Paz, executive director

Target Sectors

- Health Professionals
- Young people
- Women
- MSMs
- Other NGOs

House of Representatives

Batasang Pambansa
 Constitution Hills, Quezon City
 Tel 931 6247
 Contact Hon. Antonio Yapchagi

PNAC MEMBERS**Institute for Social Studies and Action (ISSA)**

29 Magiting St., Teacher's Village East,
Diliman, Quezon City
Tel 436 7017
Telefax 921 6170
Email issa@pacific.net.ph
Contact: Ms. Georgina Villar, executive director

Target Sectors

- Women
- Young People
- Sex Workers

League of City Mayors

2/F PBSP Building
Magallanes St., corner Real St.
Intramuros, Manila
Tel (02) 527 6512 / 527 3757
Contact: Atty. Gil Cruz, executive director

League of Governors/Provinces

2/F Fil Garcia Building
Kalayaan Avenue,
Diliman, Quezon City
Tel (02) 433 0152
Contact: Atty. Jomar Olegario, Head of Policy Development Group

National Economic Development Authority (NEDA)

12 Blessed Jose Maria Escriva Drive,
Ortigas Center, Pasig City
Tel (02) 631 5435 / 631 2189
Fax (02) 631 3758
Email emcapones@neda.gov.ph / asruiz@neda.gov.ph
Website <http://www.neda.gov.ph>
Contact: Erlinda M. Capones, director, NEDA-SDS

Target Sectors

- Women
- Young People
- Health professionals

Philippine Hospital Association

14 Kamias Road,
1102 Quezon City
Tel 922 7674
Fax 921 2219
Contact Dr. Tiburcio S. Macias

Philippine Information Agency (PIA)

Visayas Avenue,
Quezon City
Tel (02) 920 2413 / 920 4348
Contact Emelyn Quintos-Libunao, staff director, PDS

Pinoy Plus Association, Inc (PPAI)

c/o 1066 Remedios Street
Malate, Manila
Tel 524 0924
Fax 522 3431

PNAC MEMBERS

Email pinoy-plus@yahoo.com
 Contact: Mr. Noel Pascual, OIC

Target Sectors

- People with HIV/AIDS
- Affected and infected children by HIV/AIDS

Senate of the Philippines

4/F Magsaysay Center
 1680 Roxas Boulevard, Manila
 Tel (02) 552 6869 / 522 0951
 Contact: Senate Committee on Health

Technical Education & Skills Development Authority (TESDA)

TESDA Complex, 37 East Service Road
 South Superhighway,
 Taguig, Metro Manila
 Tel 809 1611 / 8935110
 Fax 818 7728

Email ektalavera@tesda.org

Website <http://www.tesda.org>

Contact: Elmer K. Talavera, executive director,
 National Institute for Vocational Education and Training (NitVet)

The Library Foundation (TLF)

1830-B Luis Ma. Guerrero Street
 Malate, Manila 1004
 Tel 400 8375
 Fax 484 1673

Email tlf@tlfmanila.org

Contact: Mr. Ferdinand Buenviaje, executive director

Target Sectors

- Young People
- Men who have sex with men

Trade Union Congress of the Philippines

TUCP-PGEA Compound
 Masaya corner Maharlika Street, Quezon City 1101
 Tel 922 2185
 Telefax 921 9758

Email secrucp@tucp.org.ph

Contact: Ariel Castro, director for education

Target Sectors

- Women
- Young workers / Youth (18-24)
- Workers (in general)

Woman's Health Care Foundation (WHCF)

1589 Quezon Avenue,
 Quezon City 1104
 Tel 929 9492
 Fax 924 0717

Email whcf@pacific.net.ph

Contact: Gladys R. Maglayang, executive director

Target Sectors

- Women
- Young People / Adults
- Health Professionals

**LIST OF DONORS AND
INTERNATIONAL AGENCIES****German Technical Cooperation**

2/F Department of Health Building 3,
Tayuman St., Rizal Avenue,
Sta. Cruz, Manila
Tel (02) 732 0121 / 742 3417 / 741 1363
Fax 711 6140
Contact: Dr. Christian Jahn, GTZ advisor

Japan International Cooperation Agency – Philippine Office

12/F Pacific Star Building
Sen. Gil Puyat Avenue corner Makati Avenue,
Makati City
Tel (02) 893 3081
Fax (02) 816 4222
Contact: Ms. Yoko Harada, project formulation officer

Philippine National AIDS Council (PNAC)

3/F Building 12
Department of Health Compound
Sta. Cruz, Manila
Tel (02) 338 6440
Fax (02) 743 0512
Email pnac@doh.gov.ph
Contact: Dr. Roderick Poblete, director PNAC Secretariat

United Nations Joint Programme on HIV/AIDS (UNAIDS)

2nd Floor NEDA sa Makati Building,
106 Amorsolo Street, Makati City
Tel (02) 892 0611 loc 266
Fax (02) 849 0732
Email unaids.ph@undp.org
Contact: Dr. Arthur Jaucian, country programme advisor

United Nations Development Programme (UNDP)

7/F NEDA sa Makati Building,
106 Amorsolo Street, Makati City
Tel (02) 8920611
Fax (02) 815 4061
Email bella.evidente@undp.org
Contact: Ms. Bella Evidente, programme manager

**United Nations Education, Scientific and Cultural Organization
(UNESCO)**

DFA Building, Roxas Boulevard,
Pasay City
Tel (02) 834 4818
Email unescoph@mozcom.com
Contact: Mr. Enrique B. Babaran, development officer

United Nations Information Center

3/F NEDA sa Makati Bldg.,
106 Amorsolo Street, Makati City
Tel (02) 892 0611
Email infocentre@unicmanila.org
Email unic-mla@philonline.com.ph
Contact: Mr. Luis Torres, information officer

**LIST OF DONORS AND
INTERNATIONAL AGENCIES****United Nations Children's Fund (UNICEF)**

6/F NEDA sa Makati Building,
106 Amorsolo Street, Legaspi Village
Makati City
Tel (02) 892 0611
Fax (02) 810 1453
Email Imoselina@unicef.org
Contact: Mr. Leopoldo Moselina, chief, Child Protection Section

United Nations Population Fund (UNFPA)

6/F NEDA sa Makati Building,
106 Amorsolo Street, Legaspi Village
Makati City 1229
Tel (02) 892 0611 loc 312
Fax (02) 8178616
Email mserdoncillo@unfpa.org.ph
Contact: Dr. Moises Serdoncillo

World Health Organization (WHO)

Western Pacific Regional Office
U.N. Avenue, Manila
Tel (02) 528 8001
Fax (02) 521 1016
Email std@who.org.ph
Contact: Dr. Bernard Fabre-Teste,
regional adviser in STD, HIV/AIDS Program
Contact: Dr. Jean-Marc Olive,
WHO representative at the DOH (olivej@phl.wpro.who.int)

World Bank – Manila Office

23/F Taipan Place, Emerald Avenue
Ortigas Center, Pasig City
Tel 917 3001
Fax 917 3050
Email Tho@worldbank.org
Contact: Ms. Teresa Ho, Focal Point for HIV/AIDS

International Labor Organization (ILO)

NEDA sa Makati Bldg.,
106 Amorsolo Street, Makati City
Tel (02) 819 3614
Email fulgencio@ilo.org
Contact: Ms. Sylvia Fulgencio

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

Action for Health Initiatives (ACHIEVE)

162-A Sct. Fuentebella Ext, Barangay Sacred Heart,
Kamuning, Quezon City 1103

Tel 414 6130

Telefax 426 6147

Email achieve@pacific.net.ph

Contact: Ms. Malu Marin, executive director

Target Sectors

- Women
- People with HIV/AIDS
- Migrant Population

Alternative Law Research and Development Center, Inc (ALTERLAW)

19 Ma. Elena St., Hayatville Subdivision

Proj. 6, Quezon City

Tel 929 5489

Fax 929 5481 / 425 1705

Email alterlaw@vsia.com

Contact: Atty. Glenda Litong, Executive Director

Target Sectors

- People with HIV/AIDS

Caritas Manila

2002 Jesus Street,

Pandacan, Manila

Tel 564 1831 to 36

Fax 563 9309

Email caritas@impactmet.net

Contact: Msgr. Francisco Tantoco Jr., executive director

Target Sectors

- Women
- Young People
- People with HIV/AIDS
- Injecting Drug Users

Catholic Relief Services (CRS-USSC)

CBCP Bldg., 470 Gen. Luna

Intramuros, 1002 Manila

Tel 527 8331 to 35

Fax 527 4140

Email crsphils@globe.com.ph

Contact: Douglas Ryan, Country Representative

Target Sectors

- Women
- People with HIV/AIDS

Commission on Population – NCR (POPCOM-NCR)

2/F POPCOM Building

Welfareville Compound

Mandaluyong City

Tel (02) 531 7320 / 531 6650

Fax (02) 531 6521

Email mainmail@popcom.gov.ph

Website <http://www.popcom.gov.ph>

Contact: Rosalinda D. Marcelino, Regional Director

Target Sectors

- Agencies involved in population and family planning

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

Community and Family Services International (CFSI)

2/F Torres Building, 2442 Park Avenue,
Pasay City
Tel 510 1045/46
Fax 551 2225
Email headquarters@cfsi.ph
Website [Http://www.cfsi.ph](http://www.cfsi.ph)
Contact: Steve Muncy, executive director

Target Sectors

- Women
- Young people
- Sex Workers

**Control of HIV/AIDS/STD Partnership Project in Asia Region
(CHASPPAR)**

625 Pedro Gil Street, Rm 210 Mezzanine
College of Public Health, University of the Philippines
Ermita, Manila
Telefax 5211390
Email chasppar_philippines@yahoo.com
Contact: Dr. Sandra Tempongko, project coordinator Regional Office
Contact: Dr. Roderick Poblete, Focal Person CHASPPAR PHIL

Target Sectors

- Young People
- People with HIV/AIDS
- Migrant Populations

DKT International, Inc

Suite 801 The Linden Suites,
37 San Miguel Ave., Ortigas Center, Pasig City
Tel 687 5567
Fax 631 1652
Email dkt@frenzy.com.ph
Website [//frenzy.com](http://frenzy.com)
Contact: Mr. Terry Scott, country director

Target Sectors

- Women
- Young people
- Men who have sex with men
- Sex workers

Family Planning Organization of the Philippines (FPOP)

50 Doña Hemady Street, New Manila
1112 Quezon City
Tel 721 7101 / 722 6466 / 724 7141 / 723 0478
Fax 721 4067
Email fpop1969@yahoo.com
Contact: Atty. Rhodora Raterta, executive director

Target Sectors

- Women
- Young People

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

Foundation for Adolescent Development Inc (FAD)

1037 R. Hidalgo Street,
Quiapo, Manila 1001
Tel 734 1788
Fax 734 8914
Email fadinc@codewan.com.ph
Contact: Ms. Cecilia C. Villa, executive director

Target Sectors

- Women
- Young People

Gabriel Medical Assistance Group

c/o RONN Carmel Hospital
115 M. Ponce Street,
Kalookan City
Tel 363 2775 / 363 2789
Contact: Dr. Carolina Gabriel, executive director

Target Sectors

- Women
- Young People
- People With HIV/AIDS
- Health Professionals

HIV/AIDS Network Phils., Inc (HAN)

c/o 1066 Remedios corner Singalong Street,
Malate, Manila 1004
Tel 524 0924
Fax 522 3431
Email nenetgem@yahoo.com
Contact: Ms. Nenet Ortega, chair

Harnessing Self-Reliant Initiatives and Knowledge, Inc (HASIK)

Rm. 142 Alumni Center, Magsaysay Avenue,
University of the Philippines
Diliman, Quezon City
Tel 925 2102
Fax 925 9319
Email hasik@surfshop.net.ph
Contact: Maricris R. Valte, executive trustee

Target Sectors

- Women
- Young People

Institute of Maternal and Child Health (IMCH)

13 Capitol Hills Drive
Old Balara, Diliman,
Quezon City
Tel 951 5004 / 433 0930
Fax 433 7891 / 433 0960
Contact: Dr. Julieta R. De La Cruz, executive director

Target Sectors

- Women
- Young People
- Health Professionals

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

**Integrated Maternal Child Care Services and Development, Inc
(IMCCSDI)**

Corner Faith and Amity Streets,
Capitol Estates II,
Commonwealth Avenue,
Diliman, Quezon City
Telefax (02) 428 2385
Contact: Dean Marco Antonio Sto. Tomas, president/ceo

Target Sectors

- Women
- Young People
- Health Professionals
- Sex Workers

Kaagapay Support Group for PLWHAs (KSG)

c/o RAF Incorporated
1066 Remedios corner Singalong Street
Malate, Manila
Tel (02) 524 4831 / 524 0924
Fax (02) 522 3431
Contact: Ms. Nenet L. Ortega, president

Target Sectors

- People with HIV/AIDS and their families

Kabalikat ng Pamilyang Pilipino Foundation, Inc.

93 Cambridge St., Cubao,
Quezon City
Tel (02) 912 2054 / 438 0171
Fax (02) 437 3038
Email kablikat@mozcom.com
Contact: Ms. Charlene Taboy, executive director

Target Sectors

- Women
- Young people
- People with HIV/AIDS
- Health Professionals
- Men who have sex with men
- Sex Workers

Names Project Phils., Inc

c/o 1066 Remedios corner Singalong Street,
Malate, Manila 1004
Tel (02) 524 0924 / 524 4831
Fax (02) 522 3431
Email nenetgem@yahoo.com
Contact: Ms. Nenet L. Ortega, Co-chairman

Target Sectors

- People with HIV/AIDS
- Other NGOs
- Families of HIV positives

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

NATIONAL CAPITAL REGION

National HIV Sentinel Surveillance

National Epidemiology Center – Department of Health
Bldg. 9 San Lazaro Compound
Rizal Avenue, Sta.Cruz, Manila
Tel (02) 743 6076
Fax (02) 743 6076
Email nhss@metro.net.ph
Contact: Dr. Consorcia Lim-Quizon, OIC National Epidemiology Center

Target Sectors

- Health professionals
- Local government personnel
- Non-Government Organizations

Philippine Business for Social Progress

PSDC Building
Magallanes corner Real Street,
Intramuros, Manila
Tel (02) 527 7441 to 50 / 527 3747
Fax (02) 527 3740 or 43
Contact: Mr. Gil T. Salazar, executive director

Target Sectors

- Women
- Health Professionals
- Companies / Businesses

**Philippine Council of NGOs Against Drug and Substance Abuse
(PHILCADSA)**

c/o Kapatiran-Kaunlaran Foundation, Inc
937 P. Paredes Street, Sampaloc,
Manila
Tel (02) 314 0241
Fax (020) 712 6631
Contact: Mrs. Estela Ponce

Target Sectors

- Health Professionals
- Community / Drug Abuse Specialists

Philippine Federation for Natural Family Planning

4/F The Manila COD Building,
Cubao, Quezon City 1100
Email nfp_ead@yahoo.com
Telefax (02) 9110201
Contact: Ms. Esperanza Dowling, executive director

Target Sectors

- Women
- Young People
- Health Professionals
- Sex Workers

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

Philippine HIV/AIDS NGO Support Program (PHANSup)

Mezzanine, Brickville Condominium
28 N. Domingo Street, New Manila
Quezon City 1112
Tel (02) 726 6921 / 726 6922
Fax (02) 415 4381
Email rlibatique@phansup.org
Contact: Ms. Alejandro M. Torres, OIC

Target Sectors

- Women
- Young People
- People with HIV/AIDS
- Health Professionals
- Men who have sex with men

Philippine National Red Cross

Bonifacio Drive, Port Area,
Manila 2803
Email ebmejia8@hotmail.com / ebmejia@redcross.org.ph
Tel (02) 527 8384 to 94
Fax (02) 527 6660
Contact: Mrs. Lourdes R. Loyola, secretary general

Target Sectors

- Young People
- People with HIV/AIDS
- Health Professional
- Streetchildren

Population Services Pilipinas, Inc (PSPI)

247 Gil Puyat Avenue,
Pasay City 1300
Email hqi@pspi.org
Tel (02) 831 2876
Fax (02) 804 0798
Contact: Jessica Valentin, senior management advisor

Target Sectors

- Women
- Young People
- Sex Workers

Positive Action Foundation Philippines, Inc (PAFPI)

2613 Dian Street,
Malate, Manila 1044
Tel (02) 832 6239
Fax (02) 404 2911
Email pafpi@edsamail.com.ph
Contact: Mr. Joshua Formentera, president

Target Sectors

- Women
- Young People
- People with HIV/AIDS
- Migrant Populations

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
NATIONAL CAPITAL REGION

Program for Appropriate Technology in Health (PATH)

26/F Yuchengco Tower, RCBC Plaza
6819 Ayala Avenue corner Sen Gil Puyat Avenue,
Makati City
Tel (02) 845 2921
Fax (02) 845 3182
Email pathphil@path.org
Contact: Dr. Carmina Aquino, executive director

Target Sectors

- Women
- Young People
- Health professionals
- Male patrons of sex workers
- Men who have sex with men
- Sex Workers
- Injecting drug users

Remedios AIDS Foundation, Inc (RAF)

1006 Remedios cor Singalong Sts.,
Malate, Manila 1004
Tel (02) 524 0924 / 524 4831
Fax (02) 522 3431
Email reme1066@skynet.net
Contact: Dr. Jose Narcisco Melchor C. Sescon, executive director

Target Sectors

- Young People
- People with HIV/AIDS
- Health professionals
- Sex Workers

**Reproductive Health Rights and Ethics Center for Studies and Training
(REPROCEN)**

College of Medicine, University of the Philippines
Medical Annex Building, 547 Pedro Gil Street,
Ermita, Manila 1044
Tel (02) 400 0748
Fax (02) 400 6658
Email reprocen@upcm.e-mail.ph
Contact: Atty. Elizabeth Aguilin-Pangalangan

Target Sectors

- Women
- Young People
- Health professionals
- Law professionals

Research Institute for Tropical Medicine (RITM)

Department of Health Research Institute for Topical Medicine
Alabang, Muntinlupa City
Tel (02) 807 2628-32 / 809 7599
Fax (02) 842 2828 / 8422215
Contact: Dr. Rossana Ditangco, head AIDS Study Group

Target Sectors

- People with HIV/AIDS
- Health professionals
- Prison Inmates

The Salvation Army, Inc

1414 L. Guinto Sr., St., Ermita,
Manila 1000

Tel (02) 524 0086 to 88

Fax (02) 521 6912

Email sarmy.wavephil.com / saph11@ph1.salvationarmy.org

Contact: Lt. Colonel Alex Urbien, chief secretary

Target Sectors

- Women
- Young People
- People with HIV/AIDS
- Barangay and Community Level

Tri-Dev Specialist Foundation, Inc

58 San Gabriel Street, Sta. Rita Village,
Sucat Road, Parañaque City

Telefax (02) 820 3285

Email tridev@info.com.ph

Contact: Perfecto Uysingco, executive director

Target Sectors

- Women
- Young People
- Sex Workers

Woman Health Philippines

129-A Matatag St., Barangay Central,

Quezon City 1100

Tel (02) 435 5254

Telefax (02) 927 3319

Email womanhealth@surfshop.net.ph

Contact: Ana Marie Nemenzo, national coordinator

Target Sectors

- Women
- Health Professionals
- Men

Women in Development Foundation

QCC PO Box 1205, Quezon City

Tel (02) 922 8048

Contact: Ms. Virginia J. Pasalo, chairperson

Target Sectors

- Women
- Young People
- Migrant Populations

Baguio Center for Young Adults, Inc (BCYA)

33 Assumption Road,

Baguio City 2600

Tel (074) 445 0623

Fax (074) 4428193

Email bcyaphil@hi-world.ph

Contact: Marlene B. De Castro, executive director

Target Sectors

- Women
- Young People
- Sex Workers

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

NATIONAL CAPITAL REGION

CORDILLERA ADMINISTRATION REGION

DIRECTORY OF ORGANIZATIONS AND ACTIVITIES

CORDILLERA ADMINISTRATION REGION

Department of Health-Regional Field Office CAR

2600 Baguio City
Tel (074) 442 8096
Fax (074) 442 7591
Contact: Dr. Elvira Belingon, STD/AIDS coordinator

The EBGAN, Inc

Rm 314 Laperal Building, Session Road,
Baguio City 2600
Tel (074) 445 673
Contact: Ms. Lynn Madalang, executive director

Target Sectors

- Women
- Young People
- Sex workers

REGION I ILOCOS REGION

Department of Health-Regional Field Office No. 1

San Fernando, La Union
Tel (072) 242 4952
Fax (072) 242 4774
Dr. Fabian Uson, STD/AIDS coordinator

REGION II CAGAYAN VALLEY

CWATAM Cooperative, Incorporated

OWWA Regional Office,
3rd Floor Sychangco Building,
Bonifacio St., Tuguegarao, Cagayan
Tel (078) 846 2706 / 846 1736
Fax (078) 8441575
Email Cwatam_Tug@eudoramail.com
Contact: Elizardo G. Narag, executive director

Target Sectors

- Migrant Populations

Department of Health-Regional Field Office No. 2

3500 Tuguegarao, Cagayan
Tel (078) 844 1748
Dr. Ma. Cecilia Uagay, STD/AIDS coordinator

REGION III CENTRAL LUZON

Department of Health-Regional Field Office No.3

2000 San Fernando, Pampanga
Tel (045) 3580
Fax (045) 961 3860 / 961 3802
Dr. Eloisa Pineda, STD/AIDS coordinator

Preda Foundation, Incorporated

Upper Kalaklan, Olongapo City 2200
Tel (047) 223 9629
Fax (047) 222 5573
Email preda@svisp.com / predair@svisp.com
Fr. Shay Cullen, executive director

Target Sectors

- Women
- Young People

Department of Health Regional Field Office No.4

QMMC Compound, Project 4,
Quezon City
Tel (02) 913 0864
Fax (02) 913 4650
Contact: Dr. Rosalinda Pang-Ramos, STD/AIDS coordinator

Department of Health-Regional Field Office No.5

4500 Legaspi City
Tel (0522) 455 247
Contact: Dr. John Ferchito Avelino, STD/AIDS coordinator

**AIDS Council for Negros Occidental Welfare
(AIDS Council-NOW)**

301 North Point Building,
BS Aquino Drive,
Bacolod City, Negros Occidental
Telefax (034) 434 6362
Email hopefdn@lasaltech.com
Contact: Gloria A. Melocoton, executive director

Target Sectors

- Women
- Young People
- Health professionals

Department of Health-Regional Field Office No.6

5000 Iloilo City
Tel (033) 77650 / 79880
Dr. Lourdes Naragdao, STD/AIDS coordinator

HOPE Foundation, Incorporated

Rm 302 North Point Building,
B.S. Aquino Drive,
Bacolod City
Negros Occidental
Telefax (034) 434 6362
Email hopefdn@lasaltech.com
Contact: Gloria Melocoton, executive director

Target Sectors

- Women
- Young People
- Health Professionals

Kabalaka Reproductive Health Center (KABALAKA-CPU)

College of Nursing, Central Philippine University
Jaro, Iloilo City 5000
Telefax (033) 329 5802
Email kabalaka@iloilo.net
Ms. Marian Virgie F. Gumayan, executive director

Target Sectors

- Women
- Young People
- Men who have sex with men
- Sex workers

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

REGION IV SOUTHERN LUZON

REGION V BICOL REGION

REGION VI WESTERN VISAYAS

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

REGION VI WESTERN VISAYAS

Kahublagaan Sang Panimalay

25 Magsaysay Village, La Paz,
Iloilo City 5000
Telefax (033) 320 0854
Email kspfi@skyinet.net
Ms. Jessica C. Salas, managing director
Target Sectors

- Women

REGION VII CENTRAL VISAYAS

Bidlisiw Foundation, Inc (BFI)

3/F Kalubiran Building
69 J.M. Basa corner V. Rama Avenue,
6000 Cebu City
Tel (032) 4195348
Fax (032) 2619863
Email bidlisiw@mozccom.com
Contact: Ms. Nelly Majadillas, executive director
Target Sectors

- Young People
- Pharmacists and assistants
- Men who have sex with men
- Sex Workers

**Cebu City Health Department-STD/AIDS Detection Unit
(CCHD-SADU)**

City Health Department
General Maxilom Extension, Cebu City
Tel (032) 233 0987
Fax (032) 23268
Dr. Ilya Abellanosa, head STD/AIDS Detection Unit
Target Sectors

- Men who have sex with men
- Sex workers
- Injecting drug users
- Advocacy

Department of Health-Regional Field Office No.7

6000 Cebu City
Tel (032) 254 0109 / 253 6361
Contact: Dr. Purificacion Labitan, STD/AIDS coordinator

Free Legal Assistance Volunteers Association (FREELAVA, Inc)

Rm 207 Mingson Building, Juan Luna Street,
6000 Cebu City
Tel (032) 256 2718
Fax (032) 254 7739
Email freelava@mozcom.com
Contact: Antonio Auditor, executive director
Target Sectors

- Women
- Young People
- Social network of sex workers
- Sex workers

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

REGION VII CENTRAL VISAYAS

Kauswagan Community Social Center

c/o Cebu Doctors' College
on Gender, Sexuality and Reproductive Health
Talamban, Cebu City 6000
Telefax (032) 345 9251
Email mysan@mozcom.com
Contact: Ms. Purita R. Sanchez, project coordinator

Target Sectors

- Women
- Young People
- Health professionals

Mag-uugmad Foundation, Inc (MFI)

Rm 41 Ted Manreza Building, F. Ramos Street,
Cebu City 6000
Tel (032) 253 3474
Fax (032) 412 5617
Email mfi-cebu@mozcom.com
Contact: Mr. Leonardo A. Moneva, executive director

Target Sectors

- Women
- Young People
- Farmers

Marina Clinic

Dauin, Negros Oriental
Tel (035) 4252157
Fax (035) 255 5593
Contact: Dr. Ma. Lourdes E. Ursos, head

Target Sectors

- Women
- Sex workers

Silliman University Medical Center – FP Center

Silliman University, Dumaguete City 6200
Tel (035) 225 0841
Fax (035) 255 0839
Contact: Ms. Honoria Dinopol, executive director

Target Sectors

- Women
- Young People
- Sex workers

University of Bohol Family Care and Lying-In Center (UBFC-LC)

Maria Clara Street, Tagbilaran City
Telefax (038) 411 3101
Email jas4@yahoo.com
Contact: Hon Nuevas T. Montes, project director

Target Sectors

- Women
- Young People
- Health professionals
- Sex workers

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

REGION VIII EASTERN VISAYAS

Department of Health-Regional Field Office No.8

6500 Tacloban City
Tel (063) 321 3052
Contact: Dr. Alfredo Y. Peres, junior director

REGION IX WESTERN MINDANAO

**Department of Health-Center for Health Development
Zamboanga Peninsula IX (DOH-CHD ZP IX)**

Calarian, 7000 Zamboanga City
Tel (062) 9911313
Email doh_rfo@jetlink.com.ph
Contact: Dr. Brenda Demerre Lopez, STD/HIV/AIDS program coordinator

Human Development and Empowerment Services (HDES)

23 Mapecon Building, N.S. Valderosa Street, Zamboanga City
Telefax (062) 9920642
Email mhim882002@yahoo.com
Contact: Vic A. Liozo Jr, executive director

Target Sectors

- Women
- Young People
- Health professionals
- Sex workers

REGION X NORTHERN MINDANAO

Department of Health-Regional Field Office No. 10

9000 Cagayan de Oro City
Tel (08822) 726 476
Contact: Simer E. Belacho, STD/AIDS coordinator

Liceo Center for Community Development

R. N. Pelaez Boulevard, Kauswagan, Cagayan de Oro City
Tel (088) 858 4093 to 95 loc 126
Fax (088) 722 2244 loc 114
Email lccd@lcd.edu.ph
Contact: Maria Chona V. Palomares, director

Target Sectors

- Women

REGION XI SOUTHERN MINDANAO

ABYAN, Incorporated

Family Clinic, Gen. Santos Drive, Koronadal, South Cotabato
Tel (083) 228 4003
Fax (083) 228 3661
Email abnerhnavarro@yahoo.com
Contact: Dr. Ma Hazel Mejala, president

Target Sectors

- Young People
- Health professionals
- Teacher's and parents of adolescents

Bathaluman Women Crisis Center Foundation, Inc (BCCF)

c/o DBF Building, Km 5 Rivera Village,
Bajada, Davao City 8000
Telefax (082) 221 5691
Email bataluman@skyinet.net
Contact: Ms. Layda Canson, executive director

Target Sectors

- Women
- Young People

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**
REGION XI SOUTHERN MINDANAO

Brokenshire Integrated Health Ministries, Inc

P.O. Box 80238, Madapo Hills,
Davao City 8000
Tel (082) 227 5706
Contact: Fax (082) 224 1214
Rev. Ruben dela Cruz, chief executive director

Community Health and Development (ComDev)

029 Kayumanggi St., Block 2
Dadiangas Heights Subdivision
General Santos City 9500
Telefax (083) 552 4973
Email comdev@gsc.weblinq.com
Contact: Ms. Miriam C. Garafillo, executive director

Target Sectors

- Women
- Young People
- Health professionals
- Men

Department of Health Regional Field Office No. 11

8000 Davao City
Contact: Dr. Ruby Pila, STD/AIDS coordinator

Development of People's Foundation (DPF)

Rivera Village, Km 5., Bajada,
Davao City 8000
Telefax (82) 227 7714
Email dpf@philwebinc.com
Contact: Dr. Regina Ingente, executive director

Target Sectors

- Women
- Young people
- Health professionals

Higala Association, Inc (HIGALA)

Purok 14 Bugat, Ma-a
Telefax (082) 2441753
Email higala@skyinet.net
Contact: Onesimo A. Tabaco, executive director

Target Sectors

- Women
- Young People

Institute of Primary Health Care (IPHC-DMSF)

Circumference Road., Bajada Drive,
Davao City 8000
Tel (082) 226 2344
Fax (082) 221 3527
Email iphc@main.dmsf.edu.ph
Contact: Luz Divina S. Canave-Anung, executive director

Target Sectors

- Women
- Young People

DIRECTORY OF ORGANIZATIONS AND ACTIVITIES

REGION XI SOUTHERN MINDANAO

Kaugmaon Center for Children's Concerns Foundation, Inc (KCCFI)

59 corner Vinzon and Cervantes Streets,
Barangay Obrero, Davao City 8000
Telefax (082) 2221 6669
Email kaugmaon@mozcom.com
Contact: Ms. Faustina B. Carreon, executive director

Target Sectors

- Women
- Young People
- Substance abusers

MAHITANA Foundation, Inc

Cannery Site, Polomok,
South Cotobato 9504
Email mahitana@gs-link.net
Tel (083) 500 2731
Telefax (083) 5002796
Contact: Mr. Martiniano L. Magdolot, executive officer

Target Sectors

- Women

METSA Foundation, Inc

Km 20 Los Amigos, Tugbok District,
Davao City 8000
Tel (082) 293 0219
Email metsafoundation@hotmail.com / metsa@eudoramail.com
Contact: Anita Morales, project coordinator

Target Sectors

- Women
- Young People

Mindanao Working Group on Reproductive Health, Gender and Sexuality (MWG)

Social Research Office,
Ateneo de Davao University
Jacinto St., Davao City
Telefax (082) 224 2955
Email bing_chan@yahoo.com
Contact: Lourdesita Sobrenega-Chan, coordinator

Target Sectors

- Women
- Young people
- Health Professionals
- GOs and NGOs
- Academe

Social Health, Environment and Development (SHED)

c/o Mindanao State University Campus, Fatima,
General Santos City 9500
Tel (083) 553 8979
Fax (083) 380 7149
Email SHED@gsc.webling.com
Contact: Dr. Domingo M. Non, executive director

Target Sectors

- Seafarers
- Sex workers
- Injecting drug users

TALIKALA, Incorporated

Sputnik corner Panganiban Street,
Doña Vicenta Village, Davao City 8000
Tel (082) 221 6728
Fax (082) 224 0048
Email talikala@interasia.com.ph
Ms. Eunice Casiple, executive director

Target Sectors

- Women
- Young People
- Sex workers

TAMBAYAN Center for the Care of Abused Children, Inc

63 Artiaga Street,
Davao City 8000
Telefax (082) 222 1025
Email tambayan@davao.fapenet.org
Contact: Pilgrim Bliss Gayo-Guasa, program coordinator

Target Sectors

- Young People

Department of Health-Regional Field Office No.12

9600 Cotobato City
Tel (064) 421 2196
Fax (064) 421 2373
Contact: Narciso Castillon, program coordinator

Associate for Internal Development Foundation

Ground Floor, UCCP Building,
Lopez Jaena Street, Butuan City
Tel (085) 342 9387 / 815 4303
Fax (085) 342 9572
Contact: Roger O. Fabe, executive director

Target Sectors

- Women
- Young People
- Communities

Department of Health Regional Field Office-CARAGA

8600 Butuan City
Tel (085) 345 208 / 435 667
Contact: Dr. Sylvia Somontan, STD/AIDS coordinator

Department of Health Regional Field Office- ARMM

9600 ARMM Compound,
Cotobato City
Tel (064) 421 3988
Fax (064) 421 6842
Contact: Dr. Jainal M. Hamad, regional secretary

**DIRECTORY OF ORGANIZATIONS
AND ACTIVITIES**

REGION XI SOUTHERN MINDANAO

REGION XII CENTRAL MINDANAO

CARAGA

ARMM

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