

HIV/AIDS COUNTRY PROFILE: Philippines

PHILIPPINE NATIONAL AIDS COUNCIL

HAIN
HEALTHACTION
NETWORK

UN THEME GROUP ON HIV/AIDS IN THE 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 Tel. nos. (632) 338-6440 and 743-0512

Research Team:

Dr. Michael L. Tan, Ph.D. Bernard A. Tomas, MPH Kathleen Y. Cheng Joyce P. Valbuena

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Abbreviations

ADB - Asian Development Bank

AFP - Armed Forces of the Philippines

AIDS - Acquire Immune Deficiency Syndrome

ARMM - Autonomous Region of Muslim Mindanao

ASEAN - Association of Southeast Asian Nation

BSS - Behavioral sentinel surveillance

CAR - Cordillera Administrative Region

DECS - Department of Education Culture and Sports

DFA - Department of Foreign Affairs

DILG - Department of Interior and Local Government

DOH - Department of Health

DOLE - Department of Labor and Employment

DSWD - Department of Social Welfare and Development

DOT - Department of Tourism

FETP - Field Epidemiology Training Program

FFSW - Freelance female sex worker

FIES - Family Income and Expenditures Survey

GDP - Gross domestic product

GMA - Greater Manila area

GNP - Gross national product

GRDP - Gross regional domestic product

HIV - Human Immunodeficiency Virus

HSS - HIV sentinel surveillance

JICA - Japan Cooperation Agency

KfW - Kreditanstalt fur Wiederaufbau (The German Development Bank)

LGU - Local government unit

MSM - Men who have sex with men

MSTD - Male STD patient

MSW - Male sex worker

NCR - National Capital Region

NDHS - National Demographic and Health Survey

NEDA - National Economic and Development Authority

NSO - National Statistics Office

NSCB - National Statistics Coordination Board

PHS - Philippine Health Statistics

POEA - Philippine Overseas Employment Administration

PNAC - Philippine National AIDS Council

PNP - Philippine National Police

PSY - Philippine Statistical Yearbook

RA - Republic Act

RFSW - Registered female sex worker

RHPI - Reproductive Health Philippine, Inc.

SHC - Social hygiene clinic

STD - Sexually transmitted disease

SK - Sanggunian Kabataan

STI - Sexually transmitted infection

UNAIDS - Joint United Nations Program on HIV/AIDS

UNDP - United Nations Development Program

UNFPA - United Nations Family Planning Agency

UNICEF - United Nations Children's Fund

USAID - United States Agency for International Development

WHO - World Health Organization

Introduction

This Country Situation Report on HIV/AIDS updates the last report prepared by UNAIDS in 1998. We have retained the original format of looking into needs, responses and challenges but have introduced a new format to reflect the changes that have emerged in the last two years.

Our approach to evaluating needs was to look at the many different factors that shape risks, at the individual and societal level. We have therefore expanded the range of statistics to describe these risks, drawing on research in epidemiology, economics and anthropology to evaluate where the Philippines is, as the 20th century ends, with regard to the HIV/AIDS epidemic, as well as where we might be headed for.

The report was compiled during the last quarter of 1999, based on available statistics from government agencies as well as research conducted by NGOs and academic institutions. To look at existing responses, we reviewed several reports, interviewed key people and sent out a questionnaire to different agencies asking them to describe their activities in relation to HIV/AIDS. These questionnaires were valuable in helping us to identify geographical areas or sectoral concerns where stronger responses are needed and what challenges face us for the future.

We have deliberately avoided giving too much information on accomplishments of individual organizations or agencies because past experience has shown there are serious sustainability problems with many of the projects. We found that some projects hailed as "Best Practice" or models as recently as two years ago have run into problems, or even folded up.

This report was compiled on limited time (three months) and on a very small budget. We hope that even with these limitations, the report will be useful to policy makers and program managers, and stimulate more support for a more in-depth situational analysis in the future.

Background information

A. Geopolitical features

Geographic boundaries

The Philippines is an archipelago with over 7,000 islands. Its total land area is 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. The Philippine territorial coastline extends 13,411 kilometers.

Government

The Republic of the Philippines adopted a new Constitution in 1987. As Head of State, the president directs the executive branch of the government, members of which are the secretaries of the various departments and line agencies. The legislative body consists of the Senate with 24 members and the House of Representatives with 217 members. The president and most members of the legislative body are elected by the people.

Administrative divisions

The Philippines is divided into 16 regions: Regions I-XII, the National Capital Region (NCR), CARAGA, Cordillera Administrative Region (CAR), and the Autonomous Region of Muslim Mindanao (ARMM). The local government is organized into 78 provinces, 82 cities, 1,525 municipalities and 41,940 barangays. The Local Government Code, which took effect in 1992, provided greater autonomy to the political and territorial subdivisions, primarily through expanded spending and revenue collection powers.

DEMOGRAPHY

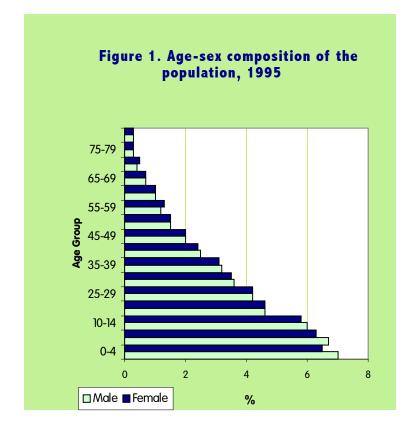
		Year	\$ ource
Total population	76.3 million	2000 (projection)	PSY 1999
Annual population growth rate	2.3%	1990-1995	PSY 1999
Population 15-49 years old	39.3 million	2000 (projection)	PSY 1999
Urban population (as % of total)	56	1997	UNDP 1999
T otal fertility rate	3.6	1997	UNDP 1999
Contraceptive prevalence rate	47%	1990-1998	UNDP 1999

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			IM		TATE OF	•

		Y ear	Source
GNP per capita (US \$)	1,050	1998	W orld B ank 1999
GDP growth	3.0 %	1999 (projection)	ADB 1999
Inflation rate	7.5 %	1999 (projection)	ADB 1999
Total debt service (US\$)	5.17 billion	1998	W orld B ank 1999
U nemployment rate	9.8 %	1998	PSY 1999
U nderemployment rate	23.7 %	1998	PSY 1999
Female economic activity rate	31.4 %	1997	UNDP 1999
Annual average family income (in Pes os)	123,881	1997	FIES 1997
Poverty incidence	37 %	1997	PSY 1999
Human development index rank (HDI)	77	1999	UNDP 1999

LITERACY AND EDUCATION

		Y ear	Source
Functional literacy rate	83.8 %	1994	PSY 1999
Male	81.7 %	1994	PSY 1999
F em ale	85.9 %	1994	PSY 1999
Out-of-s chool youth (7-12 yrs. old)	8.3 %	1996 - 1997	UNICEF 1997
Out-of-s chool youth (13-16 yrs. old)	36.1 %	1996 - 1997	UNICEF 1997
Median number of years of schooling			
Male	5.8	 1998	NDHS 1998
F em ale	6.0	1998	NDHS 1998
E ducation as % of total national government expenditures	19	1999	PSY 1999



B. Demography

The last official census (1995) reported a total population of 68.3 million, with an annual growth rate of 2.3 percent (1990-1995). The projected population by the year 2000 is 76.3 million. About 56 percent of the population live in urban areas (UNDP 1999).

The breakdown shows that the population is unevenly distributed over the 16 regions. The National Capital Region (NCR) and the adjacent Southern Luzon region account for nearly one-third of the total population. The National Capital Region remains the most densely populated region, with an average density of 14,864 persons per square kilometer.

It is estimated that by the year 2000, people in the 15-19 year age group would have reached 39,269,466, or 51 percent of the total population. Males slightly outnumber females with a male to female sex ratio of 101 to 100.

Overseas work and migration

In 1997, the Philippine Overseas Employment Administration (POEA) deployed about 755,684 overseas contract workers (OCWs). Of these, 562,384 are land-based and 193,300 sea-based workers. However, it is estimated that the number of overseas contract workers could reach 6.1 million (Asia and Pacific Migration Journal, 1998).

C. Literacy and education

The number of years one stays in school is crucial. The longer an individual stays in school, the longer he/she is exposed to education programs that could equip him/her with the knowledge and skills needed to protect oneself against HIV/AIDS.

Simple literacy is quite high with recent figures showing a rate of 93.9 percent. Literacy rates for males and females do not vary significantly. Urban areas have higher literacy rates and more people reach higher levels of education compared to people in the rural areas.

It is not surprising to see regional variations in the median number of years of schooling. NCR has the highest number of years of schooling and ARMM has one of the lowest.

D. Language and religion

Language and religion are two important considerations in designing health programs, especially with respect to HIV/AIDS. All in all, there are about 70 languages spoken in the country. Although many Filipinos now understand Tagalog, it would still be useful to translate information materials into the more commonly spoken languages such as Tagalog, Cebuano, Ilocano, Ilongo and Bicolano.

The Philippines is predominantly Catholic; 83 percent of the population belong to the said religion. The remaining 17 percent belong to religions that include Islam, Protestant, Aglipay, Born-again Christians and others.

The Roman Catholic hierarchy has strongly opposed condom use both for contraception and for HIV prevention.

E. Exposure to mass media

There are numerous newspapers, magazines, television and radio stations in the Philippines but there are still limits to coverage. The National Demographic and Health Survey of 1998 found that 5 percent of women had no access to mass media, access defined as being able to read a newspaper weekly, or watch television weekly, or listening to the radio daily. In the Cordillera Administrative Region, the percentage of women without such access reaches 15 percent while in the Autonomous Region of Muslim Mindanao, the figure is 31 percent.

On a national basis, 79.8 percent of women are able to watch television weekly, 79.6 percent listen to the radio daily and 63 percent get to read newspapers weekly.

The Trends/MBL survey in 1996 among men in four cities found that 80 percent watch TV at least once a day, while 66 percent listen to the radio daily and 59 percent get to read newspapers daily.

Table 1. Average family income 1997

	Income
	(in Pesos)
National	123,168
NCR Metro Manila	270,993
CAR	112,361
1- Ilocos Region	102,597
2 - Cagayan Valley	86,822
3 - Central Luzon	133,130
4 - Southern Tagalog	132,363
5 - Bicol Region	77,132
6 W. Visayas	86,730
7 Central Visayas	85,215
8 E. Visayas	67,722
9 W. Mindanao	87,294
10 N. Mindanao	99,486
11 S. Mindanao	94,408
12 - Central Mindanao	81,093
13 CARAGA	71,726
ARMM	74,885

Source: Family Income and Expenditures Survey, 1997

F. Socio-economic indicators

Income and expenditures

The Family Income and Expenditures Survey (FIES) in 1997 show wide variations in the average annual family income, ranging from about P67,772 in Eastern Visayas to P270,993 in NCR.

There is disparity in income levels between urban and rural areas. Average family income in the urban areas (P178,121) is more than twice that in the rural areas (P73,319).

Food and housing account for the bulk of expenditures, leaving little for other expenses such as education and medical care.

Income distribution and poverty incidence

The distribution of income remains inequitable. Wealth remains concentrated in a few families. Figures from the 1997 FIES (in PSY 1999) show that between 1994 to 1997, the share of the richest 30 percent increased from 63.7 percent in 1991 to 67.2 percent in 1997. On the other hand, the share of the poorest 30 percent of the total population dropped from 8.8 percent to 7.8 percent.

The overall poverty incidence in the Philippines is 37 percent. Mindanao continues to have the highest incidence of poverty, with all regions having at least 45 percent of the population's income below the poverty threshold. ARMM, Bicol and Central Mindanao appear to be the poorest regions.



Unemployment and underemployment

The unemployment rate has risen since the Asian economic crisis, from 7.7 percent in 1997 to 9.8 percent in July 1999. Underemployment is quite high at around 23.7 percent.

Female participation in labor continues to be low as compared to males. Only about 31.4 percent of females in the economically productive age group are employed outside the home.

Health situation on the Philippines

		Year	Source
Life expectancy at birth (years)	68.5	1998	NSO
Crude death rate (per 1,000 pop)	6	1996	UNPOP
Crude birth rate (per 1,000 pop)	29	1996	UNPOP
Infant mortality rate			
(per 1,000 livebirths)	35.3	1998	NDHS 1998
Maternal mortality rate			
(per 100,000 livebirths)	172	1991-1997	NDHS 1998

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Table 4. Ten leading causes of morbidity, 1996 Rate per 100,000

	Number of Cases	R ate
1. Diarrheas	998,280	1,434.8
2. Pneumonias	677,230	974.4
3. Bronchitis	602,172	866.6
4. Influenza	560,172	805.1
5. TB respiratory	152,466	219.1
6. Malaria	68,055	97.8
7. Diseases of the heart	61,310	88.1
8. Measles	35,389	50.9
9. Chicken pox	33,924	48.8
10. Dengue fever	15,571	22.4

Source: DOH Health Intelligence Service (in DOH website 1998)

Illness and death

The leading causes of illness are shown in Table 4 while the leading causes of death are in Table 5. The lists show that infectious diseases continue to be major problems, although non-communicable diseases and accidents are also major causes of death.

Table 5. Leading causes of mortality, 1993 Rates per 100,000

Causes	Number of deaths	R ates
1. Cardiovascular diseases	85,940	128.3
2. Pneumonias	35,582	53.1
3. Malignant neoplasms	25,399	37.9
4. Tuberculosis (All forms)	24,580	36.7
5. Violence	14,120	21.0
6. Accidents	13,477	20.1
7. Chronic obstructive pulmonary disease		
(COPD)	11,154	16.7
8. Diarrheal diseases	5,757	8.6
9. Respiratory conditions		
of newborn	5,651	8.4
Nephritis, nephrotic Syndrome	5,510	8.2

Base Source: DOH Philippine Health Statistics 1993 (published 1999)

HIV/AIDS and the other notifiable diseases

While there are thousands of reported cases and deaths from other diseases, reports of AIDS and HIV disease continue to be low. Even if we consider underreporting, the disease burden from HIV/AIDS is still low compared to many diseases. But HIV/AIDS could aggravate the burden from other diseases. For instance, TB is a common opportunistic infection in people with AIDS.

Table 6. Notifiable diseases and deaths

Notifiable diseases and deaths	Five-vear average (1990 to 1994)		19	995
	Cases	Deaths	Cases	Deaths
AIDS	29	13	52	22
Tuberculosis	147,952	23,825	119,181	27,053
Measles	53,408	2,587	23,382	1,121
Infectious hepatitis	16,305	853	10,072	1,152
Malignant neoplasms	38,904	23,558	36,681	28,487
Pneumonia	399,482	35,645	666,074	33,637
Accidents	141,038	8,083	171,548	15,786
Diseases of the heart	97,540	32,142	118,676	50,252

Source: Philippine Statistical Yearbook 1999

Table 7. Health expenditures, 1999

Health expenditures

Of the total national government expenditure, only about 2.4 percent went to the health. With the Local Government Code coming to effect in 1992, the health care delivery system has been decentralized. Health care services including vertically organized disease control and other public health programs of the government have been devolved to the local government units (LGUs). The Department of Health at the national level maintained some functions, such as providing technical assistance to LGUs and administering national and regional health programs.

	Expenditures	Percent
	(in million pesos)	distribution
Total	579,481	100.0
Social services	195,213	33.0
Education, culture and		
manpower development	112,356	19.0
Health	14,108	2.4
Housing and community		
development	1,790	0.3
Land distribution	2,536	0.4
Other social services	4,709	0.8
Subsidy to local		
government units	35,808	6.0
Economic services	128,462	22.2
Defense	30,191	5.2
Other general		
public services	104,376	18.0
Net lending	520	0.1
Interest payments	120,719	20.8

Source: Philippine Statistical Yearbook 1999

TARLE	2	HEALTH	FACILITIES	AND	DEDSONNEL
IADLE	Ο.	HEALIN	LWCILIIE2	AND	PERSUNNEL

	Year
1,713	1998
1,097	1998
616	1998
2.3	1998
3.61	1997
5.73	1997
18.56	1997
	1,097 616 2.3 3.61 5.73

Source: Philippine Statistical Yearbook 1999

Health facilities and personnel

There are significantly more private than public hospitals. The figures by regions (see Regional Profile on page 24) suggest that hospitals are unevenly distributed across the regions. ARMM had the least physical access to hospitals.

In addition to the hospitals, there are around 2,405 Rural Health Units (RHU's) and 13,096 Barangay Health Stations (BHS). RHU's are usually staffed by a doctor, a nurse and midwives while BHS's would have at least one midwife.

The number of doctors, nurses and midwives has declined over the years. The latest figures are listed in the table above. The ratios of doctors and nurses to the population suggest that they are unevenly distributed across the regions. Usually, it is the midwives who are at the frontline of the health care delivery system.

The distribution of hospital and health personnel between rural and urban could not be determined from the data.



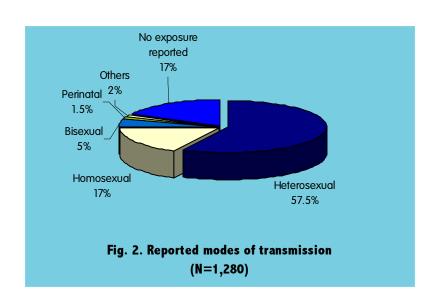
HIVAIDS situation

1704 3	eptember 1999	
Cumulative number of HIV/ AIDS cases	Total	1,280
	Male	761
	Female	512
	Children <15 years	22
Cumulative number of AIDS cases	Total	420
	Male	266
	Female	154
	Children <15 years	10
Number of AIDS deaths	Total	200
	Male	122
	Female	78
	Children <15 years	5

Note: Numbers do not always add up to the total because of cases with missing information.

A. HIV/AIDS

he cumulative number of HIV and AIDS cases since AIDS was first reported in the Philippines is shown in the Table 9. Data from the AIDS Registry suggest that more than 75 percent of the reported HIV infections were acquired through sexual transmission. Of these infections, more than half are reported as being through heterosexual transmission.



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More HIV/AIDS cases have been reported among females than males. HIV infections among females occur at a younger age; 80 percent of the females were infected between 19-29 years of age. Among the males, most infections occurred in the 30-35 age group. HIV/AIDS cases have been reported in all regions in the country.

HIV sentinel surveillance

The DOH monitors the HIV/AIDS epidemic through a program of "surveillance" in 10 sentinel sites. In each of these sites, particular sentinel populations are tested: e.g. sex workers, injecting drug users, STD patients and men who have sex with men (MSMs). If more than 1 percent of those tested are found HIV positive, the HIV problem is considered to be potentially serious. So far, all sentinel sites have reported prevalence rates of more than 1 percent for particular populations. We are not naming sites and so-called "hot-spots" because populations are mobile. Based on these data sources, the projected number of HIV cases by the year 2000 is estimated to be at 38,000 HIV/AIDS cases (Department of Health 1998). This is low compared to other countries (see Table 10) but this does not mean HIV will not become a problem.

Figure 3. HIV Ab seropositives by gender and age group (From January 1984 to December 1999)
(N=1,325)

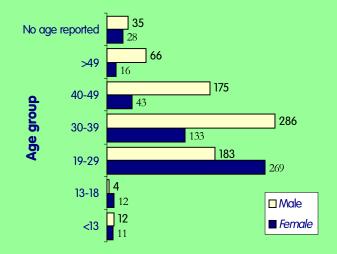


Table 10. Estimated HIV infection rates in selected countries, 1997

	Estimated number of infected adults and children	Adult infection rate (%)
Zimbabwe	1,500,000	25.84
Botswana	190,000	25.10
Thailand	780,000	2.23
Myanmar	440,00	1.80
India	4,100,000	0.82
United States	820,000	0.76
Malaysia	68,000	0.62
Singapore	3,100	0.15
Australia	11,000	0.14
Philippines	24,000	0.06
Indonesia	52,000	0.05
Japan	6,800	0.01

Source: UNAIDS 1998

Table 10. Reported STIs in social hygiene clinics 1995 to 1997

	Total number of STIs reported
1995	51,827
1996	15,638
1997	16,082

Source: DOH FETP 1998

Figure 4. Syphilis rates in female sex workersFrom the National HIV Sentinel Surveillance 1993-1998

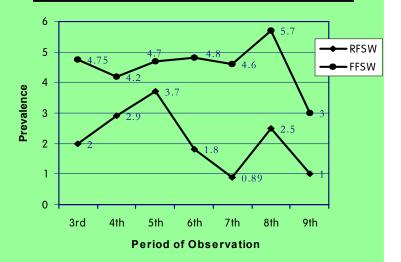
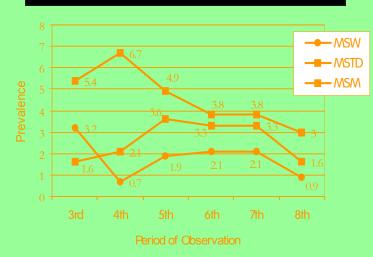


Figure 5. Syphilis rates among male sentinel groups
From the National HIV Sentinel Surveillance 1993-1998



B. Other sexually transmitted infections (STIs)

Sexually transmitted infections increase one's vulnerability to HIV infection. It is therefore important to prevent and treat these diseases, and to estimate their prevalence in the country.

Data sources on the distribution of STIs have been quite limited as the government reporting system remains passive. Data on STIs mainly come from Social Hygiene Clinics (SHC) where sex workers are tested as a prerequisite for their work permits. Table 11 shows the total number of STIs reported from 143 SHCs during the years 1995 to 1997 while figures 4 and 5 show syphilis rates in various populations covered by the HIV Sentinel Surveillance from 1993 to 1998. The rates fluctuate and range from below one percent to seven percent.

Table 12 compares studies by Monzon (1991), Manalastas (1994) and Aplasca-de los Reyes (1999) involving sex workers. Caution should be made in comparing the figures since the diagnostic tests may vary. Note the high chlamydia infection rates reported in Manalastas' study. Not included in the table is a recent study in Cebu (Abenicio and others 1998) reporting a 19 percent prevalence rate for chlamydia among establishment based women sex workers and 64 percent for freelance women sex workers. The sample of freelance sex workers was, however, quite small with 44 women tested.

In recent years there have been STI prevalence studies conducted among the "general population", mainly women in antenatal clinics. Earlier studies that have been cited in the 1998 UNAIDS country profile are those of Manalastas (1994) and Agdamag (1996). The reports from more

Table 11. Prevalence studies on STIs among population groups at increased risk for HIV

	Monzon (1991) Sex workers			t as (1994) orkers	Agdamag (1996)	
	Female n= 936 %	Male n= 421 %	Female n= 311 %	Male n= 297 %	Female and Male n= 287 %	
Gonorrhea	14.5	3.1	10.6	22.2	7.3	
Chlamydia	13.0	2.9	17.3	22.7	15.5	
Trichomoniasis	3.8		6.7	30.9	2.0	
Candidiasis	5.2		4.8		3.0	
Bacterial vaginosis	0.2		11.6		1.5	
Syphilis	2.2	1.4	2.8	6.7	3.0	
Genital herpes	0.9		0	0		
Genital warts	2.1	2.6	0	0		
Source: DOH 1998a						

Table 13. STI prevalence study among "general population" groups in Baguio, Cebu and Davao

STIs	Policemen n= 1,072	Ante-natal women n=1,000
Gonorrhea	0.3%	0
Chlamydia infection	3.3%	9.5%
Trichomoniasis		2.4%
Syphilis	0.09%	0.3%

Source: Aplasca-de los Reyes 1999

recent studies are presented in Table 13 and 14. These recent studies show that chlamydia prevalence can be significant. Such infections are often asymptomatic and are difficult to detect with diagnostic tests. The more sensitive polymerase chain reaction (PCR) tests used in research are quite expensive. Besides chlamydia, other reproductive tract infections that need attention include candida, trichomoniasis and bacterial vaginosis.

Table 14. STI prevalence study among "general population" groups in Manila

STIs	Urban poor men n= 200	Urban poor women n= 400	Pregnant women (Fabella) n= 410	Non-pregnant women (Fabella) n= 190
Gonorrhea		1.8%	0.4%	1.6%
Chlamydia infection	9%	17.8%	32.7%	8.9%
Trichomoniasis		1.3%	9.4%	3.1%
Candidiasis		2.5%	34.7%	40.0%
Bacterial vaginosis		32.5%	50.2%	27.6%
Syphilis		2.0%	0.8%	4.2%

Source: RHPI 1999

Based on a review of existing data, a consensus panel estimates the following STI prevalence rates among Filipino adults: chlamydia, 6 percent; gonorrhea, 1 percent; trichomoniasis 1 percent and syphilis, 0.5 percent. (Department of Health 1998).

Attempts to link seroprevalence studies with social and behavioral research are needed. An example of what can be done comes with the work of Wi and others (1998) who found that gonococcal and chlamydial infections among women sex workers were associated with younger age and not being registered. In turn, being younger and not registered was associated with inconsistent condom use. The chain of risk factors is quite clear and shows how gender and social relations may correlate with risks for STIs.

C. Antibiotic resistance

The Antimicrobial Resistance Surveillance Program reported high levels of resistance of *Neisseria gonor-rhea* to penicillin, ciprofloxacin and ofloxacin (See Table 15). The emergence of resistance to ciprofloxacin has been a serious source of concern. Ciprofloxacin has been the drug of choice for many years because it is both effective and affordable. But a randomized controlled study (Aplasca and others 1997) found that ciprofloxacin is no longer useful for gonorrhea in the Philippines because of high failure rates (43%). Cefixime and other third-generation cephalosporins remain the last effective antibiotics for treating gonorrhea. However, these drugs are expensive and may not be affordable.

Irrational use of antibiotics contribute to the problem of antibiotic resistance. Abellanosa and Nichter (1996), and Wi (1998) have documented the use of antibiotics for prophylaxis and self-treatment among Filipinos.

Some practices of medical practitioners could also contribute to problems of resistance. Aplasca and others (1997) pointed out that inappropriate dosage of ciprofloxacin and the use of less active quinolones (rosoxacin and norfloxacin) probably contribute to selective quinolone resistance.

Table 15. Antibiotic resistance in Neisseria gonorrheaJanuary to December 1998

	N. gonorrhea
Pencillin	82%
Ciprofloxacin	63%
Ofloxacin	68%
Tetracycline	22%
Spectinomycin	0

Source: Carlos, C. 1998

Social and Behavioral aspects

he risks for HIV infection come mainly from unprotected sex with multiple partners, vertical transmission (mother to child during pregnancy or breastfeeding) and through the sharing of contaminated syringes and needles during injecting drug use. Most of the social and behavioral studies that have been conducted focus on risks from sexual transmission.

Earlier AIDS-related social and behavioral studies have been reviewed (Tan 1994). We present an update here based on studies published after 1994.

In the last five years there have been few surveys conducted on HIV/AIDS, STIs or other aspects of sexual and reproductive health. We were able to review the following KAP (knowledge, attitudes, practices) surveys, all of which involved random samples:

- a) The second Young Adult Fertility and Sexuality Study (YAFS-II) conducted by the UP Population Institute in 1994 with a national sample of 10,879 male and female respondents aged 15 to 24. Preliminary figures were released in the form of brochures (UPPI undated) while a fuller report with commentaries and analysis was released recently (Raymundo, Xenos and Domingo 1999). This YAFS-II survey was not specific to HIV/AIDS but includes much information useful for HIV/AIDS programs.
- b) A Trends-MBL study involving males aged 15 to 49 years in four cities: Metro Manila, Cebu, Iloilo and Davao. Two rounds were conducted, the first in 1995 involving 1200 respondents and the second in 1996 involving 900 respondents. The surveys were intended to look at risk factors among males and the impact of a government AIDS information campaign. There are, however, problems in the survey's designs that make the

behavioral data difficult to interpret. (For example, a person is considered at risk if he has sex with another "man who has sex with men".)

- c) A survey conducted in 1996 by Health Action Information Network (HAIN) of males and females aged 15 to 49 years in five cities and towns, with a total of 1,800 respondents.
- d) A study in Baguio, Metro Cebu and Davao City on determinants of risky behavior related to STDs and HIV/AIDS among married couples (Tempongko and Ramos-Gagante 1999).

Besides these surveys, the Department of Health has a Behavioral Sentinel Surveillance (BSS) that runs parallel to their seroprevalence studies. The BSS monitors risk factors for sentinel populations including knowledge about HIV/AIDS, perceptions of personal risk and condom use. The different rounds should not, however, be used for comparison purposes because these are not cohorts. Moreover, several of the populations, such as men who have sex with men, are not random samples.

Besides these quantitative surveys, there have been a number of qualitative studies including the following:

- a) A study of sexual risk factors among young adults in Iloilo and Metro Manila conducted by Health Action Information Network (Tan, Ujano and others 1996).
- b) A study of women sex workers in Pasay City (Ratliff 1999).
- c) Studies on men who have sex with men (Tan 1995) and on male sex workers (Tan 1999).
- d) Ofreneo and Ofreneo's review of sex work in the Philippines (1998).

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Salient points from these studies are summarized below. We have opted not to include too many statistics because the range of figures reported can be quite wide.

A. Awareness and knowledge about HIV/AIDS

There is, generally, high awareness about HIV/AIDS and correct knowledge about the ways HIV is transmitted. However, misconceptions about HIV transmission persist, including the following: donating blood, mosquito bites, sharing utensils, social kissing.

	T OT AL %	GMA %	Cebu Citv %	lloilo Citv %	Davao Citv %
Talking near/being near a person with AIDS	23	24	12	13	22
 Using public toilet 	22	24		6	22
 A mosquito bite 	22	24	24		7
Kissing	10	10	24	13	7
 Using the same utensils used by person with AIDS 	6	5	29		4
 Sitting on a seat vacated by a person with AIDS 	6	5	6		15
 Shaking hands with a person with AIDS 	5	5		6	7
By saliva	5	5	6	13	

Note: GMA Greater Manila area Source: TRENDS-MBL Survey 1996

Table 16. Misconceptions about HIV prevention

	T otal	GMA %	Cebu Citv %	lloilo Citv %	Davao Citv %	
Prayers	18	20	5	15	5	
Exercise	11	12	7	7	4	
Take antibiotics/medicines	11	9	14	23	17	
Right/Good diet	9	9	5	11	14	
Take vitamins	2	2	4	3	1	
• Others	2	2	2	2	3	
Nothing can be done	44	42	56	40	57	

Note: GMA Greater Manila area

Source: TRENDS MBL Survey 1996 (male respondents)

Correct knowledge about prevention methods (abstinence, mutual monogamy and use of condoms) is high but is also accompanied by myths. Especially significant are the high numbers of people who believe that the use of antibiotics can prevent HIV.

Tempongko and Ramos-Gagante (1999) report that some men rely on "pink cards" of sex workers as a "protective" measure. The pink cards certify the women have been tested in Social Hygiene Clinics for sexually transmitted infections. This reliance on the pink cards can lead to false assurances and increase the risks for STIs and HIV/AIDS.

Earlier surveys showed that people were aware there was no cure for HIV/AIDS. This awareness, however, may have changed with more recent informal surveys showing that people think there is a cure, possibly because of media accounts about antiretroviral drugs and clinical studies. Informal surveys conducted by HAIN in Antipolo in October 1999 found people citing "coconut oil", among others, as cure for HIV, the result of media coverage of clinical trials.

Table 17. Sources of information about HIV/AIDS

	GMA %	Cebu City %	lloilo Citv %	Davao City %
• Friends/colleagues	71	82	75	82
• Media - Net	38	12	19	11
• TV - Net	19	6	13	4
 Public Posters/ Brochures 	5	6		4
Newspapers/ Magazines	5			4
• Cinema	5			
• Family/Relatives		6	5	4
• School/Teachers	5	6		4
• Books				
Health Worker				
• Others				

Source: TRENDS-MBL Survey 1996

"Friends" are usually cited as the most common sources of information about HIV/AIDS. The family is rarely mentioned as a source. HAIN's survey in 1996 found that health workers and lectures were also significant sources of information. Moreover, those who rely on "friends" as information sources had lower knowledge scores than those whose main sources of information were lectures in schools or those from health workers.

The Trends-MBL study found that despite a massive HIV/AIDS information campaign, "transmission myths are spreading rather than declining." The YAFS-II study found that those who talked about AIDS with three or more people (e.g., friends, parents, teachers) had a much better understanding of AIDS than those who relied on only one "forum" (e.g., friends). Moreover, there were "sizeable" differences in AIDS knowledge based on educational attainment.

B. Sexual behavior

Much emphasis has been given to premarital sex as a risk factor for HIV/AIDS but Balk, Domingo, Cruz and Brown (1999) correctly warn that premarital sexual activity is "only a crude indicator of the level of risk in the population". They explain that figures on premarital sex "fail to distinguish between those who have had sex once in their lifetime from those who have had many sexual partners." Neither do these figures reveal who the sexual partners are.

It is therefore important to try to get other information on sexual behavior and practices to determine sexual risks. Some of the more important figures are summarized here.

The YAFS-II reports that 57.5 percent of currently married males and 34.5 percent of currently married females had premarital sexual experience. The first sex partner for males varies, and include girlfriends, casual acquaintances or a sex worker. For females, the first sex partner is usually the boyfriend or future spouse.

In the YAFS-II study, four percent of married women and 16 percent of married men said they had extramarital affairs. The percentage of men having extramarital affairs was higher in rural areas (19%) than in urban areas (10%). There was no difference between rural and urban areas for women having extramarital affairs.

The YAFS-II survey found that the probability of men paying for sex grows steadily with age, reaching about 20 percent at age 24. The first round of the Trends survey in 1995 found that eight to 19 percent of males went to a woman sex worker in the last 6 months before the survey, with the highest percentage reported among men aged 26 to 30.

The YAFS-II study reports that the likelihood of engaging in commercial sex is much greater for high school and college-educated males than those with only a primary school education.

Ofreneo and Ofreneo (1998) estimate that about 0.5% of the rural adult population and one percent of the urban adult population may be involved in sex work, giving a total of about 400,000 to 500,000 sex workers in the country. Their survey of sex workers in Metro Manila showed high awareness about STDsand HIV/AIDS but low use of condoms, with customer refusal cited as the main reason for non-use.

Nearly all the studies so far concentrate on commercial sex work among women yet the YAFS-II study also found that 3.5 percent of all males surveyed reported having received pay for sex at some time. Those who paid them were both men and women.

Tan (1999) writes that most local male sex workers self-identify as heterosexual and may be married, which means potential epidemiological links for infection among different populations.

Studies among young adults (Tan, Ujano and others 1996) and married couples (Tempongko and Ramos-Gagante 1999) show that gender relations affect sexual behavior. Women may not be able to protect themselves because they feel sex is an obligation to the male. Among couples, women may not be able to refuse sex because of fear of physical violence from the husbands, or that the husbands might seek sexual gratification through extramarital sex.

C. Attitudes toward condoms and condom use

In the YAFS-II study, only 58 percent of respondents were aware that condoms can prevent AIDS. Moreover, 90 percent of the males had at least one negative attitude toward condoms. The most common negative attitude, held by 58 percent of respondents, was that condoms make sex less pleasurable while 34 percent said condoms were too expensive to use regularly.

There is a wide reported range in condom use among different groups. In the YAFS-II study, only

22 percent of male respondents who knew about condoms said they had ever used condoms. Those with greater knowledge about AIDS were more likely to use condoms than those with poor or moderate knowledge; however, the actual level of use is still low. Of the men who have sex with a sex worker in the last six months, only 27 percent used condoms every time or most of the time, therefore putting themselves and the sex workers at risk.

Information from the surveys on condom use should be interpreted with caution. It is not clear if condoms are used consistently and correctly. In the HAIN study, focus group discussions were also used to ask respondents to demonstrate how a condom would be used. Many problems were found in people's knowledge of proper condom use.

Qualitative studies such as those of Ratliff (1999) show that sex workers use condoms selectively, depending on their perceptions of their clients. Boyfriends and regular clients may not be perceived as sources of risk and therefore condoms are not used with such partners. Such perceptions are not limited to sex workers. A study among young adults (Tan, Ujano and others 1996) also found that decisions to use condoms or other risk-reducing measures depend on the perceptions about the partner, including their being "decent", "clean" or even "committed."

D. Injecting drug use

Reports on injecting drug use have a wide range of figures. The Trends survey found that five percent of males inject illegal drugs while YAFS-II reports a figure of two percent for males and slightly less than two percent for females.

The DOH BSS reports varying levels of injecting drug use, with high figures for Cebu City and General Santos. One of their report claims very high injecting drug use figures among fisherfolk in General Santos. Such findings need to be further validated.

National Capital Region (NCR)

DEMOGRAPHY		YEAR
Total population	10,405,479	2000
Annual population growth rate (%)	3.3 (2.3)	1990-1995
Population 15-49 years old	5,517,832	1995
ECONOMY		
Per capita GRDP	28,262	1998
Unemployment rate	15.1 <i>(9.6)</i>	1998
Underemployment rate	19.4 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	274,823 <i>(123,881)</i>	1997
Poverty incidence (%)	9.6 <i>(37)</i>	1997
Annual per capita poverty threshold	14,360 (11,388)	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	92.4 <i>(83.8)</i>	1994
Male	91.8 <i>(81.7)</i>	
Female	93.0 <i>(85.9)</i>	
Median number of years in school		1998
Male	9.4 (5.8)	
Female	9.2 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	68 <i>(66)</i>	
Female (years)	72 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	23.7 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	38.6 <i>(48)</i>	1998
Maternal mortality rate per 100,000 livebirths	119.1 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	1.7 (2.3)	1998
Doctor per 100,000 people	4.9 (3.6)	1997
Nurse per 100,000 people	5.1 <i>(5.7)</i>	1997
Midwife per 100,000 people	7.6 (18.6)	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR			
	Male	Female	
% who ever had premarital sex (PMS)	39.9	11.3	
Average age at 1st PMS	17.8	18.7	
Average age of partner at 1st PMS	18.6	22.8	
% had sex again with 1 st partner	36.3	76.4	
% who had sex without consent		12.5	
PMS partner (%)			
Boyfriend/girlfriend	45.5	93.1	
Fiance	0.5	1.4	
Friend	51.0	5.6	
Sex worker	3.0		
Other	0.0	0.0	
Average age at 1 st marriage	20.0	19.2	
Average age at 1 st child delivery		19.3	
% ever paid for sex	14.4		

Total population 1,400,490 2000 Annual population growth rate (%) 1.71 (2.32) 1990-1995 Population 15-49 years old 634,308 1995 ECONOMY Per capita GRDP 14,413 1998 Unemployment rate 8.9 (7.9) 1998 Underemployment rate 21.3 (23.7) 1998 Underemployment rate 21.3 (23.7) 1998 Annual average family income (in Pesos) 112,361 (123,881) 1997 Poverty incidence (%) 38.9 (37) 1997 Annual per capita poverty threshold 9,873 (11,388) 1997 LITERACY AND EDUCATION Functional literacy rate (%) 78.6 (83.8) 1994 Male 76.8 (81.7) Female 80.5 (85.9) Median number of years in school 1998 Male 5.3 (5.8) Female 5.5 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 69 (72) Infant mortality rate per 1,000 livebirths 42.7 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 192.8 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 3.5 (2.3) 1998 Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997 Midwife per 100,000 people 12.1 (5.7) 1997 Midwife per 100,000 people 45 (18.6) 1997	DEMOGRAPHY	_	YEAR
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(in Pesos) 112,361 (123,881) 1997	Underemployment rate	21.3 <i>(23.7)</i>	1998
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Female 5.5 (6.0)	Median number of years in school		1998
HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 63 (66) Female (years) 69 (72) Infant mortality rate per 1,000 livebirths 42.7 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 52.4 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 192.8 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 3.5 (2.3) 1998 Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997	Male	5.3 <i>(5.8)</i>	
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Female (years) 69 (72) Infant mortality rate per 1,000 livebirths 42.7 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 52.4 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 192.8 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 3.5 (2.3) 1998 Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997	Life expectancy at birth (projected)		2000
Infant mortality rate per 1,000 livebirths	Male (years)	63 (66)	
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HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 3.5 (2.3) 1998 Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997	Under-five mortality rate per 1,000 livebirths	52.4 <i>(48.0)</i>	1998
Hospital per 100,000 people 3.5 (2.3) 1998 Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997	Maternal mortality rate per 100,000 livebirths	192.8 <i>(179.7)</i>	1995
Doctor per 100,000 people 5.8 (3.6) 1997 Nurse per 100,000 people 12.1 (5.7) 1997	HEALTH FACILITIES AND PERSONN	EL	
Nurse per 100,000 people 12.1 <i>(5.7)</i> 1997	Hospital per 100,000 people	3.5 <i>(2.3)</i>	1998
	Doctor per 100,000 people	5.8 <i>(3.6)</i>	1997
Midwife per 100,000 people 45 (18.6) 1997	Nurse per 100,000 people	12.1 <i>(5.7)</i>	1997
	Midwife per 100,000 people	45 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	24.1	11.8
Average age at 1 st PMS	17.6	18.5
Average age of partner at 1st PMS	18.3	23.1
% had sex again with 1st partner	35.0	83.3
% who had sex without consent		9.1
PMS partner (%)		
Boyfriend/girlfriend	50.0	91.7
Fiance	5.0	8.3
Friend	45.0	
Sex worker		
Other	0.0	0.0
Average age at 1st marriage	20.1	19.2
Average age at 1st child delivery		19.6
% ever paid for sex	3.5	

Source: UPPI 1997

REGIONAL PROFILES

Cordillera Administrative Region (CAR)

Region I: **Ilocos**

DEMOGRAPHY		YEAR
Total population	4,140,531	2000
Annual population growth rate (%)	1.3 <i>(2.32)</i>	1990-1995
Population 15-49 years old	1,858,542	1995
Economy		
Per capita GRDP	6,494	1998
Unemployment rate	8.2 (9.6)	1998
Underemployment rate	14.5 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	102,597 <i>(123,881)</i>	1997
Poverty incidence (%)	44.7 <i>(37)</i>	1997
Annual per capita poverty threshold	11,981 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	86.4 (83.8)	1994
Male	85.6 <i>(81.7)</i>	
Female	87.3 <i>(85.9)</i>	
Median number of years in school		1998
Male	6.1 <i>(5.8)</i>	
Female	6.3 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	67 <i>(66)</i>	
Female (years)	72 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	41.5 <i>(35.3)</i>	1998
Under-five mortality rate per 1,000 livebirths	51.4 <i>(48.0)</i>	1998
Maternal mortality rate per 100,000 livebirths	161 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	2.4 (2.3)	1998
Doctor per 100,000 people	2.5 (3.6)	1997
Nurse per 100,000 people	4.5 <i>(5.7)</i>	1997
Midwife per 100,000 people	13.9 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR			
	Male	Female	
% who ever had premarital sex (PMS)	15.1	8.0	
Average age at 1st PMS	18.6	18.1	
Average age of partner at 1st PMS	19.0	23.0	
<mark>% ha</mark> d sex again with 1 st partner	35.5	81.3	
% who had sex without consent		15.6	
PMS partner (%)			
Boyfriend/girlfriend	44.4	90.6	
Fiance	4.8	9.4	
Friend	49.2	0.0	
Sex worker	1.6		
Other	0.0	0.0	
Average age at 1 st marriage	19.8	18.9	
Average age at 1 st child delivery		19.3	
<mark>% ev</mark> er paid for sex	4.8		

DEMOGRAPHY		YEAR
Total population	2,812,589	2000
Annual population growth rate (%)	1.5 <i>(2.32)</i>	1990-1995
Population 15-49 years old	1,261,822	1995
ECONOMY		
Per capita GRDP	6,029	1998
Unemployment rate	4.1 (9.6)	1998
Underemployment rate	22.1 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	86,818 <i>(123,881)</i>	1997
Poverty incidence (%)	38.9 <i>(37)</i>	1997
Annual per capita poverty threshold	9,873 (11,388)	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	86.6 (83.8)	1994
Male	85.6 <i>(81.7)</i>	
Female	86.6 <i>(85.9)</i>	
Median number of years in school	, , , , , , , , , , , , , , , , , , , ,	1998
Male	5.5 <i>(5.8)</i>	
Female	5.6 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	66 (66)	
Female (years)	69 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	37.1 <i>(35.3)</i>	1998
Under-five mortality rate per 1,000 livebirths	52.6 (48.0)	1998
Maternal mortality rate per 100,000 livebirths	191 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN		
Hospital per 100,000 people	3.0 (2.3)	1998
Doctor per 100,000 people	5.7 <i>(3.6)</i>	1997
Nurse per 100,000 people	10.7 <i>(5.7)</i>	1997
Midwife per 100,000 people	31.1 <i>(18.6)</i>	1997

Region II: Cagayan Valley

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Fema le
% who ever had premarital sex (PMS)	20.8	8.5
Average age at 1st PMS	17.9	17.8
Average age of partner at 1st PMS	18.6	22.0
% had sex again with 1 st partner	35.7	92.3
% who had sex without consent		12.5
PMS partner (%)		
Boyfriend/girlfriend	55.8	85.7
Fiance	0.0	14.3
Friend	44.2	0.0
Sex worker	0.0	
Other	0.0	0.0
Average age at 1 st marriage	20.1	18.4
Average age at 1 st child delivery		19.1
% ever paid for sex	9.4	

Region III: Central Luzon

DEMOGRAPHY		YEAR
Total population	7,686,845	2000
Annual population growth rate (%)	2.1 <i>(2.3)</i>	1990-1995
Population 15-49 years old	3,632,514	1995
ECONOMY		
Per capita GRDP	11,594	1998
Unemployment rate	11.9 <i>(9.6)</i>	1998
Underemployment rate	9.1 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	133,831 <i>(123,881)</i>	1997
Poverty incidence (%)	20.1 <i>(37)</i>	1997
Annual per capita poverty threshold	12,837 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	87.3 <i>(83.8)</i>	1994
Male	86.1 <i>(81.7)</i>	
Female	88.5 <i>(85.9)</i>	
Median number of years in school		1998
Male	6.5 <i>(5.8)</i>	
Female	6.2 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	68 <i>(66)</i>	
Female (years)	73 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	28.7 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	39.4 <i>(48.0)</i>	1998
Maternal mortality rate per 100,000 livebirths	170 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	1.8 <i>(2.3)</i>	1998
Doctor per 100,000 people	1.6 <i>(3.6)</i>	1997
Nurse per 100,000 people	2.5 (5.7)	1997
Midwife per 100,000 people	8.4 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	24.7	9.2
Average age at 1st PMS	18.5	17.8
Average age of partner at 1st PMS	19.2	21.7
% had sex again with 1st partner	28.0	70.8
% who had sex without consent		17.8
PMS partner (%)		
Boyfriend/girlfriend	46.0	95.8
Fiance Fiance	0.8	4.2
Friend	46.8	0.0
Sex worker	5.6	
Other	0.8	0.0
Average age at 1 st marriage	19.8	18.9
Average age at 1 st child delivery		19.5
% ever paid for sex	12.1	

Total population	DEMOGRAPHY		YEAR
Population 15-49 years old 5,118,227 1995	Total population	11,301,272	2000
Per capita GRDP	Annual population growth rate (%)	3.5 (2.3)	1990-1995
Per capita GRDP	Population 15-49 years old	5,118,227	1995
Unemployment rate 9.4 (9.6) 1998 Underemployment rate 20.7 (23.7) 1998 Annual average family income (in Pesos) 132,212 (123,881) 1997 Poverty incidence (%) 30.1 (37) 1997 Annual per capita poverty threshold 12,507 (11,388) 1997 LITERACY AND EDUCATION Functional literacy rate (%) 88.0 (83.8) 1994 Male 86.3 (81.7) Female 89.8 (85.9) Median number of years in school 1998 Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	ECONOMY		
Underemployment rate 20.7 (23.7) 1998 Annual average family income (in Pesos) 132,212 (123,881) 1997 Poverty incidence (%) 30.1 (37) 1997 Annual per capita poverty threshold 12,507 (11,388) 1997 LITERACY AND EDUCATION Functional literacy rate (%) 88.0 (83.8) 1994 Male 86.3 (81.7) Female 89.8 (85.9) Median number of years in school 1998 Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Per capita GRDP	13,219	1998
Annual average family income (in Pesos) 132,212 (123,881) 1997 Poverty incidence (%) 30.1 (37) 1997 Annual per capita poverty threshold 12,507 (11,388) 1997 LITERACY AND EDUCATION Functional literacy rate (%) 88.0 (83.8) 1994 Male 86.3 (81.7) Female 89.8 (85.9) Median number of years in school 1998 Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Unemployment rate	9.4 (9.6)	1998
(in Pesos) 132,212 (123,881) 1997 Poverty incidence (%) 30.1 (37) 1997 Annual per capita poverty threshold 12,507 (11,388) 1997 LITERACY AND EDUCATION Functional literacy rate (%) 88.0 (83.8) 1994 Male 86.3 (81.7) 1998 Female 89.8 (85.9) 1998 Median number of years in school 1998 Male 6.0 (5.8) 1998 Female 6.0 (6.0) 1998 HEALTH INDICATORS 2000 2000 Life expectancy at birth (projected) 2000 2000 Male (years) 66 (66) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Underemployment rate	20.7 (23.7)	1998
Poverty incidence (%) 30.1 (37) 1997	Annual average family income		
Annual per capita poverty threshold LITERACY AND EDUCATION Functional literacy rate (%) Male Male Median number of years in school Male Female Male Male Female Male Female Male M	(in Pesos)	132,212 <i>(123,881)</i>	1997
Functional literacy rate (%) 88.0 (83.8) 1994 Male	Poverty incidence (%)	30.1 <i>(37)</i>	1997
Functional literacy rate (%) Male Male 88.0 (83.8) 1994 Male 89.8 (85.9) Median number of years in school Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) Male (years) Female (years) 1998 Under-five mortality rate per 1,000 livebirths 139 (179.7) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	<u> </u>	12,507 <i>(11,388)</i>	1997
Male 86.3 (81.7) Female 89.8 (85.9) Median number of years in school 1998 Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	LITERACY AND EDUCATION		
Nedian number of years in school 1998	Functional literacy rate (%)	88.0 <i>(83.8)</i>	1994
Median number of years in school Male Male Female 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) Male (years) Female (years) Female (years) Infant mortality rate per 1,000 livebirths Under-five mortality rate per 1,000 livebirths Maternal mortality rate per 100,000 livebirths Maternal mortality rate per 100,000 livebirths HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Male	86.3 <i>(81.7)</i>	
Male 6.0 (5.8) Female 6.0 (6.0) HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Female	89.8 <i>(85.9)</i>	
Female HEALTH INDICATORS Life expectancy at birth (projected) Male (years) Female (years) Infant mortality rate per 1,000 livebirths Under-five mortality rate per 1,000 livebirths Maternal mortality rate per 100,000 livebirths HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Median number of years in school		1998
HEALTH INDICATORS Life expectancy at birth (projected) 2000 Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Male	6.0 <i>(5.8)</i>	
Life expectancy at birth (projected) Male (years) Female (years) Infant mortality rate per 1,000 livebirths Under-five mortality rate per 1,000 livebirths Maternal mortality rate per 100,000 livebirths HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 2000 2000 35.3 (36.6) 1998	Female	6.0 (6.0)	
Male (years) 66 (66) Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	HEALTH INDICATORS		
Female (years) 73 (72) Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Life expectancy at birth (projected)		2000
Infant mortality rate per 1,000 livebirths 35.3 (35.3) 1998 Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Male (years)	66 <i>(66)</i>	
Under-five mortality rate per 1,000 livebirths 53.2 (48.0) 1998 Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Female (years)	73 <i>(72)</i>	
Maternal mortality rate per 100,000 livebirths 139 (179.7) 1995 HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Infant mortality rate per 1,000 livebirths	35.3 <i>(35.3)</i>	1998
HEALTH FACILITIES AND PERSONNEL Hospital per 100,000 people 2.6 (2.3) 1998	Under-five mortality rate per 1,000 livebirths	53.2 (48.0)	1998
Hospital per 100,000 people 2.6 (2.3) 1998			1995
	HEALTH FACILITIES AND PERSONN	EL	
Doctor per 100 000 people 4.9 /3.61 1007			
	Doctor per 100,000 people	4.9 (3.6)	1997
Nurse per 100,000 people 7.3 <i>(5.7)</i> 1997	·	• • • • •	1997
Midwife per 100,000 people 21.1 <i>18.6)</i> 1997	Midwife per 100,000 people	21.1 <i>18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Fema <mark>le</mark>
% who ever had premarital sex (PMS)	24.2	8.9
Average age at 1 st PMS	18.2	18.2
Average age of partner at 1st PMS	18.8	22.0
% had sex again with 1 st partner	37.0	75.9
% who had sex without consent		5.5
PMS partner (%)		
Boyfriend/girlfriend	47.0	83.9
Fiance	1.3	8.9
Friend	46.4	7.1
Sex worker	5.3	
Other	0.0	0.0
Average age at 1 st marriage	19.8	18.5
Average age at 1 st child delivery		19.1
% ever paid for sex	6.0	

Source: UPPI 1997

REGIONAL PROFILES

Region IV:Southern Tagalog

RegionV: Bicol

DEMOGRAPHY		YEAR
Total population	4,755,820	2000
Annual population growth rate (%)	1.9 <i>(2.3)</i>	1990-1995
Population 15-49 years old	1,966,699	1995
ECONOMY		
Per capita GRDP	5,400	1998
Unemployment rate	9.4 (9.6)	1998
Underemployment rate	44.5 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	77,098 <i>(123,881)</i>	1997
Poverty incidence (%)	57.5 <i>(37)</i>	1997
Annual per capita poverty threshold	10,497 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	82.6 <i>(83.8)</i>	1994
Male	81.3 <i>(81.7)</i>	
Female	84.5 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.4 <i>(5.8)</i>	
Female	5.5 <i>(6.0)</i>	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	66 (66)	
Female (years)	71 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	31.4 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	52.5 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	165.6 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	2.9 2.3)	1998
Doctor per 100,000 people	3.0 (3.6)	1997
Nurse per 100,000 people	5.4 <i>(5.7)</i>	1997
Midwife per 100,000 people	19.4 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	25.6	9.4
Average age at 1st PMS	18.7	18.3
Average age of partner at 1st PMS	18.5	21.7
% had sex again with 1st partner	39.5	81.8
% who had sex without consent		6.1
PMS partner (%)		
Boyfriend/girlfriend	63.2	91.2
Fiance	6.9	5.9
Friend	25.3	2.9
Sex worker	4.6	
Other	0.0	0.0
Average age at 1 st marriage	20.7	18.8
Average age at 1 st child delivery		19.3
% ever paid for sex	7.6	

DEMOGRAPHY		YEAR
Total population	6,324,098	2000
Annual population growth rate (%)	1.3 <i>(2.3)</i>	1990-1995
Population 15-49 years old	2,786,769	1995
ECONOMY		
Per capita GRDP	9,473	1998
Unemployment rate	8.0 <i>(9.6)</i>	1998
Underemployment rate	22.3 (23.7)	1998
Annual average family income		
(in Pesos)	86,733 <i>(123,881)</i>	1997
Poverty incidence (%)	48.2 <i>(37)</i>	1997
Annual per capita poverty threshold	10,558 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	80.9 <i>(83.8)</i>	1994
Male	77.3 <i>(81.7)</i>	
Female	84.8 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.3 <i>(5.8)</i>	
Female	5.8 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	66 (66)	
Female (years)	72 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	26.0 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	41.6 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	184.2 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	1.3 <i>(2.3)</i>	1998
Doctor per 100,000 people	3.6 (3.6)	1997
Nurse per 100,000 people	5.9 <i>(5.7)</i>	1997
Midwife per 100,000 people	25.8 <i>(18.6)</i>	1997
	•	

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR	AVIOR		
	Male	Fema <mark>le</mark>	
% who ever had premarital sex (PMS)	21.4	6.9	
Average age at 1 st PMS	18.1	19.1	
Average age of partner at 1st PMS	18.2	22.5	
% had sex again with 1 st partner	33.1	77.8	
% who had sex without consent		2.2	
PMS partner (%)			
Boyfriend/girlfriend	40.5	80.4	
Fiance	3.8	8.7	
Friend	55.7	10.9	
Sex worker	0.0		
Other	0.0	0.0	
Average age at 1 st marriage	21.3	18.7	
Average age at 1 st child delivery		19.5	
% ever paid for sex	7.9		

Source: UPPI 1997

REGIONAL PROFILES

Region VI: Western Visayas

REGIONAL PROFILES

Region VII: Central Visayas

DEMOGRAPHY		YEAR
Total population	5,539,177	2000
Annual population growth rate (%)	1.7 <i>(2.3)</i>	1990-1995
Population 15-49 years old	2,449,838	1995
ECONOMY		
Per capita GRDP	10,813	1998
Unemployment rate	11.2 (9.6)	1998
Underemployment rate	12.7 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	85,500 <i>(123,881)</i>	1997
Poverty incidence (%)	39.5 <i>(37)</i>	1997
Annual per capita poverty threshold	8,726 (11,388)	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	80.9 <i>(83.8)</i>	1994
Male	78.5 <i>(81.7)</i>	
Female	83.2 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.3 <i>(5.8)</i>	
Female	5.6 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	68 <i>(66)</i>	
Female (years)	73 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	23.6 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	38.4 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	158.2 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	1.9 <i>(2.3)</i>	1998
Doctor per 100,000 people	4.8 (3.6)	1997
Nurse per 100,000 people	8.4 <i>(5.7)</i>	1997
Midwife per 100,000 people	26.6 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	32.6	13.8
Average age at 1 st PMS	17.2	18.0
Average age of partner at 1st PMS	18.8	22.2
% had sex again with 1 st partner	49.2	72.7
% who had sex without consent		7.3
PMS partner (%)		
Boyfriend/girlfriend	61.2	87.7
Fiance	2.3	7.0
Friend	32.6	5.3
Sex worker	3.1	
Other	0.8	0.0
Average age at 1 st marriage	20.2	18.8
Average age at 1 st child delivery		18.9
% ever paid for sex	9.7	

Source: UPPI 1997

DEMOGRAPHY		YEAR
Total population	3,743,895	2000
Annual population growth rate (%)	1.8 <i>(2.3)</i>	1990-1995
	1,518,004	
Population 15-49 years old ECONOMY	1,310,004	1995
Per capita GRDP	5,545	1998
Unemployment rate	7.8 <i>(9.6)</i>	1998
Underemployment rate	27.0 <i>(23.7)</i>	1998
Annual average family income	27.0 (23.7)	1990
(in Pesos)	68,018 <i>(123,881)</i>	1997
Poverty incidence (%)	49.0 <i>(37)</i>	1997
Annual per capita poverty threshold	8,755 <i>(11,388)</i>	1997
LITERACY AND EDUCATION	0,/33 (11,300)	1997
Functional literacy rate (%)	79.7 (83.8)	1994
Male		1994
	75.7 <i>(81.7)</i>	
Female	84.2 <i>(85.9)</i>	
Median number of years in school		1998
Male	4.1 <i>(5.8)</i>	
Female	5.0 <i>(6.0)</i>	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	64 <i>(66)</i>	
Female (years)	68 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	60.8 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	85.6 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	189.8 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	2.1 (2.3)	1998
Doctor per 100,000 people	3.1 <i>(3.6)</i>	1997
Nurse per 100,000 people	4.8 <i>(5.7)</i>	1997
Midwife per 100,000 people	19.2 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

	Male	Female
% who ever had premarital sex (PMS)	24.5	15.5
Average age at 1st PMS	18.1	18.2
Average age of partner at 1st PMS	17.6	21.3
% had sex again with 1 st partner	39.3	78. <mark>1</mark>
% who had sex without consent		3.6
PMS partner (%)		
Boyfriend/girlfriend	57.1	83.9
Fiance	0.0	3.2
Friend	42.9	6.5
Sex worker	0.0	
Other	0.0	6.4
Average age at 1 st marriage	20.5	18.4
Average age at 1 st child delivery		19. <mark>1</mark>
% ever paid for sex	2.2	

Source: UPPI 1997

REGIONAL PROFILES

Region VIII: Eastern Visayas



Region IX: Western Mindanao

DEMOGRAPHY		YEAR
Total population	3,152,009	2000
Annual population growth rate (%)	2.4 (2.3)	1990-1995
Population 15-49 years old	1,373,045	1995
ECONOMY		
Per capita GRDP	8,166	1998
Unemployment rate	7.1 <i>(9.6)</i>	1998
Underemployment rate	25.5 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	89,370 <i>(123,881)</i>	1997
Poverty incidence (%)	45.5 <i>(37)</i>	1997
Annual per capita poverty threshold	9,670 (11,388)	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	75.4 <i>(83.8)</i>	1994
Male	72.6 <i>(81.7)</i>	
Female	78.1 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.0 <i>(5.8)</i>	
Female	5.3 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	64 (66)	
Female (years)	70 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	44.6 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	74.9 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	200.3 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	2.6 (2.3)	1998
Doctor per 100,000 people	2.7 (3.6)	1997
Nurse per 100,000 people	6.2 <i>(5.7)</i>	1997
Midwife per 100,000 people	23.4 (18.6)	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	21.6	8.5
Average age at 1 st PMS	18.1	18.0
Average age of partner at 1st PMS	18.1	22.9
<mark>% ha</mark> d sex again with 1 st partner	48.4	58.3
% who had sex without consent		4.0
PMS partner (%)		
Boyfriend/girlfriend	67.2	88.0
Fiance	1.6	8.0
Friend	29.7	4.0
Sex worker	1.6	
Other	0.0	0.0
Average age at 1st marriage	20.2	18.7
Average age at 1st child delivery		18.6
% ever paid for sex	4.9	

Source: UPPI 1997

DEMOGRAPHY		YEAR
Total population	4,441,739	2000
Annual population growth rate (%)	2.3 (2.3)	1990-1995
Population 15-49 years old	1,221,223	1995
ECONOMY		
Per capita GRDP	9,879	1998
Unemployment rate	6.8 <i>(9.6)</i>	1998
Underemployment rate	38.6 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	99,473 <i>(123,881)</i>	1997
Poverty incidence (%)	53.2 <i>(37)</i>	1997
Annual per capita poverty threshold	10,455 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	83.4 <i>(83.8)</i>	1994
Male	79.5 <i>(81.7)</i>	
Female	87.4 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.3 <i>(5.8)</i>	
Female	5.7 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	64 (66)	
Female (years)	70 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	41.0 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	64.8 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	224.9 <i>(179.7</i>)	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	2.2 (2.3)	1998
Doctor per 100,000 people	1.8 <i>(3.6)</i>	1997
Nurse per 100,000 people	2.6 <i>(5.7)</i>	1997
Midwife per 100,000 people	15.2 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	30.4	11. <mark>5</mark>
Average age at 1st PMS	18.4	18. <mark>2</mark>
Average age of partner at 1st PMS	18.4	21. <mark>9</mark>
% had sex again with 1 st partner	28.0	52. <mark>4</mark>
% who had sex without consent		5 <mark>.</mark> 1
PMS partner (%)		
Boyfriend/girlfriend	65.4	82. <mark>9</mark>
Fiance	2.8	12. <mark>2</mark>
Friend	31.8	4. <mark>9</mark>
Sex worker	0.0	
Other	0.0	0.0
Average age at 1 st marriage	20.2	18. <mark>9</mark>
Average age at 1 st child delivery		19. <mark>2</mark>
% ever paid for sex	3.8	

Source: UPPI 1997

REGIONAL PROFILES

Region X: Northern Mindanao

REGIONAL PROFILES

Region XI: Southern Mindanao

DEMOGRAPHY		YEAR
Total population	5,749,821	2000
Annual population growth rate (%)	2.7 (2.3)	1990-1995
Population 15-49 years old	2,331,788	1995
ECONOMY		
Per capita GRDP	10,501	1998
Unemployment rate	8.7 <i>(9.6)</i>	1998
Underemployment rate	41.3 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	94,356 (123,881)	1997
Poverty incidence (%)	44.6 <i>(37)</i>	1997
Annual per capita poverty threshold	10,489 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	79.4 <i>(83.8)</i>	1994
Male	75.6 <i>(81.7)</i>	
Female	83.2 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.6 <i>(5.8)</i>	
Female	6.0 <i>(6.0)</i>	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	66 <i>(66)</i>	
Female (years)	71 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	40.9 (35.3)	1998
Under-five mortality rate per 1,000 livebirths	61.2 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	224.9 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	3.2 (2.3)	1998
Doctor per 100,000 people	1.3 <i>(3.6)</i>	1997
Nurse per 100,000 people	1.7 <i>(5.7)</i>	1997
Midwife per 100,000 people	6.5 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

EXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)	31.7	15.5
Average age at 1st PMS	17.7	18.8
Average age of partner at 1st PMS	18.1	21.9
% had sex again with 1 st partner	49.1	69.6
% who had sex without consent		13.7
PMS partner (%)		
Boyfriend/girlfriend	69.4	80.4
Fiance	2.7	14.3
Friend	26.1	5.4
Sex worker	1.8	
Other	0.0	0.0
Average age at 1 st marriage	20.4	18.8
Average age at 1 st child delivery		19.2
% ever paid for sex	6.3	

Source: UPPI 1997

DEMOGRAPHY		YEAR
Total population	2,660,270	2000
Annual population growth rate (%)	2.7 (2.3)	1990-1995
Population 15-49 years old	1,186,365	1995
ECONOMY		
Per capita GRDP	9,035	1998
Unemployment rate	6.6 <i>(9.6)</i>	1998
Underemployment rate	25.5 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	81,364 <i>(123,881)</i>	1997
Poverty incidence (%)	55.4 <i>(37)</i>	1997
Annual per capita poverty threshold	11,155 <i>(11,388)</i>	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	77.4 <i>(83.8)</i>	1994
Male	74.2 <i>(81.7)</i>	
Female	80.7 <i>(85.9)</i>	
Median number of years in school		1998
Male	5.4 <i>(5.8)</i>	
Female	5.9 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	64 (66)	
Female (years)	70 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	48.4 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	75.9 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	187.3 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	3.7 (2.3)	1998
Doctor per 100,000 people	3.7 (3.6)	1997
Nurse per 100,000 people	6.4 <i>(5.7)</i>	1997
Midwife per 100,000 people	25.2 (18.6)	1997

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Fema <mark>le</mark>
% who ever had premarital sex (PMS)	22.1	7.4
Average age at 1 st PMS	18.2	18.3
Average age of partner at 1st PMS	18.2	21.8
% had sex again with 1st partner	42.9	82.4
% who had sex without consent		22.2
PMS partner (%)		
Boyfriend/girlfriend	77.6	70.6
Fiance		11.8
Friend	20.4	17.6
Sex worker	2.0	
Other	0.0	0.0
Average age at 1 st marriage	20.5	18.4
Average age at 1 st child delivery		18.6
% ever paid for sex	4.9	

Source: UPPI 1997

REGIONAL PROFILES

Region XII: Central Mindanao

REGIONAL PROFILES

Region XIII: CARAGA

DEMOGRAPHY		YEAR
Total population	1,942,687	2000
Annual population growth rate (%)	1.8 <i>(2.3)</i>	1990-1995
Population 15-49 years old	918,399	1995
ECONOMY		
Per capita GRDP		1998
Unemployment rate	9.9 (9.6)	1998
Underemployment rate	25.8 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	71,806 <i>(123,881)</i>	1997
Poverty incidence (%)		1997
Annual per capita poverty threshold		1997
LITERACY AND EDUCATION		
Functional literacy rate (%)		1994
Male		
Female		
Median number of years in school		1998
Male	5.2 <i>(5.8)</i>	
Female	5.5 (6.0)	
HEALTH INDICATORS	, , ,	
Life expectancy at birth (projected)		2000
Male (years)		
Female (years)		
Infant mortality rate per 1,000 livebirths	53.2 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	82.5 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths		1995
HEALTH FACILITIES AND PERSONNE	EL	.,,,
Hospital per 100,000 people		
Doctor per 100,000 people		
Nurse per 100,000 people		
Midwife per 100,000 people		

Note: Figures in parenthesis refer to the national situation

SEXUAL BEHAVIOR		
	Male	Female
% who ever had premarital sex (PMS)		
Average age at 1 st PMS		
Average age of partner at 1st PMS		
% had sex again with 1 st partner		
% who had sex without consent		
PMS partner (%)		
Boyfriend/girlfriend		
Fiance		
Friend		
Sex worker		
Other		
Average age at 1 st marriage		
Average age at 1st child delivery		
% ever paid for sex		

Source: UPPI 1997

DEMOGRAPHY		YEAR
Total population	2,206,106	2000
Annual population growth rate (%)	1.8 <i>(2.3)</i>	1990-1995
Population 15-49 years old	1,028,908	1995
ECONOMY		
Per capita GRDP	3,849	1998
Unemployment rate	4.8 (9.6)	1998
Underemployment rate	18.3 <i>(23.7)</i>	1998
Annual average family income		
(in Pesos)	74,729 (123,881)	1997
Poverty incidence (%)	63.8 <i>(37)</i>	1997
Annual per capita poverty threshold	11,214 (11,388)	1997
LITERACY AND EDUCATION		
Functional literacy rate (%)	61.2 <i>(83.8)</i>	1994
Male	63.2 <i>(81.7)</i>	
Female	59.1 <i>(85.9)</i>	
Median number of years in school		1998
Male	2.8 (5.8)	
Female	2.5 (6.0)	
HEALTH INDICATORS		
Life expectancy at birth (projected)		2000
Male (years)	55 <i>(66)</i>	
Female (years)	59 <i>(72)</i>	
Infant mortality rate per 1,000 livebirths	55.1 (<i>35.3</i>)	1998
Under-five mortality rate per 1,000 livebirths	97.6 (<i>48.0</i>)	1998
Maternal mortality rate per 100,000 livebirths	320.3 <i>(179.7)</i>	1995
HEALTH FACILITIES AND PERSONN	EL	
Hospital per 100,000 people	1.0 (2.3)	1998
Doctor per 100,000 people	4.2 (3.6)	1997
Nurse per 100,000 people	7.1 <i>(5.7)</i>	1997
Midwife per 100,000 people	19.3 <i>(18.6)</i>	1997

Note: Figures in parenthesis refer to the national situation

	Male	Fema <mark>le</mark>
% who ever had premarital sex (PMS)		
Average age at 1 st PMS		
Average age of partner at 1st PMS		
% had sex again with 1 st partner		
% who had sex without consent		
PMS partner (%)		
Boyfriend/girlfriend		
Fiance		
Friend		
Sex worker		
Other		
Average age at 1 st marriage		
Average age at 1st child delivery		
% ever paid for sex		

Source: UPPI 1997

REGIONAL PROFILES

Autonomous Region of Muslim Mindanao (ARMM)

Existing Personses

A. National response

he national response to HIV/AIDS is multisectoral and centrally directed. The Philippine National AIDS Council (PNAC), a multisectoral body composed of government and non-government institutions appointed by the President, formulates and monitors policies and the national response.

Activities of the earlier PNAC, which existed from 1992 to 1998, have been described in previous editions of the Country Situation Report. The earlier PNAC played a major role in formulating and lobbying for the passage of the Philippine AIDS Prevention and Control Act of 1998 (RA 8504).

The highlights of RA 8504 are:

- Prohibition of compulsory testing for HIV;
- Respect of human rights, including privacy of individuals with HIV;
- Accreditation of HIV testing centers and requiring pre-and post-test counseling;
- Integration of HIV/AIDS education in schools from intermediate to tertiary levels;
- Integration of HIV/AIDS education in schools from intermediate to tertiary level;
- Provision of basic health and social services for individuals with HIV;

NATIONAL RESPONSE: A CHORONOLOGY OF PAST ACTIVITIES

- 1984: AIDS was first reported in the Philippines.
- 1985: US Naval Medical Research Unit (NAMRU) begins HIV antibody testing in the Philippines.
- 1986: DOH declares AIDS a notifiable disease.
- 1987: DOH AIDS Registry established.
- 1988: First Medium Term Plan (MTP I, 1989-1993) for HIV/AIDS
- 1989: Establishment of National HIV Sentinel Surveillance (HSS)
- 1992: Executive Order 39 establishes the Philippine National AIDS Council (PNAC).
- 1993: Integration of STD and AIDS control programs in the DOH, resulting in the National AIDS/STD Prevention and Control Program.
- 1994: Second Medium Term Plan for HIV/AIDS.
 Pinoy Plus, the first organization of people with HIV/AIDS, established.
- 1995: PNAC forms a Committee on Policy and Development to formulate a Philippine National HIV/AIDS Strategy (actually a statement of principles).
- 1997: Philippines hosts the 4th International Congress on AIDS in Asia and the Pacific.
- 1998: Congress passes Republic Act 8504, the Philippine AIDS Prevention and Control Act.
- 1999: External review of the national response to HIV/AIDS.
 PNAC reconstituted, and formulates a Strategic Plan.
 Implementing Rules and Regulations (IRR) for RA 8504 are formulated.

THE PHILIPPINE NATIONAL AIDS COUNCIL

"PNAC is the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines." (RA 8504)

Functions:

- PNAC is a multisectoral national policy and advisory body for all HIV/ AIDS prevention and control activities in the country. It advises the President regarding policy development for AIDS prevention and control.
- It is responsible for the implementation of RA 8504. The law mandated PNAC to develop and monitor the national response to HIV/AIDS.

Member-

- Promotion of safety and precautions in procedures and practices that carry the risk of HIV transmission;
- Prohibition of discrimination in workplaces, schools, hospitals, insurance services against PLWHAs; and
- Reconstitution and strengthening of PNAC.

There was a lull in activities following the passage of RA 8504 because of the need to select members for a new PNAC. Although members for the new PNAC were selected in 1998, it was not until May 1999 that formal appointments were made and the new PNAC members sworn in.

The reconstituted PNAC has, however, initiated various activities in the last few months of 1999, including the following:

- Drafting of a new Communication Plan by sectors, spearheaded by the Philippine Information Agency;
- Drafting of a primer on the Implementing Rules and Regulations (IRR) for the AIDS Law;
- Drafting of a 3rd Medium Term Plan;
- Outreach to LGUs including consultations in various regions and the commissioning of a "How to" manual for local responses to HIV/ AIDS;
- Support for organizations and institutions to work with various sectors: Kabalikat with the Philippine National Police; the National Maritime Polytechnic with maritime students; The Library Foundation for men who have sex with men and CHAIN/Team for Kids with the youth.

Table 19. Government responses for HIV/AIDS prevention and control

	Policy	devt.				Preventio	n and control		
Government agencies	Nat'l	Local	Institution al building	Monitoring	IEC	STD mngt	Condom distribution	Blood safety	Care and support
DOH	X	X	X	X	X	X	X	X	X
NEDA	X		X		X				
DOLE	X		X		X				
DECS	X		X		X				
DILG	X				X				
DOT	X				X				
DSWD	X				X				х
DFA	X				X				
AFP/PNP				X	X				
LGUs/SKs		x		x	x		X		

Source: Miralao et al. 1999

B. Responses at the regional level

Responses from local government units (LGUs) have been limited for two reasons. First, many LGUs have limited funds for health programs in general. Second, national priorities for HIV/AIDS are still in the process of being formulated, with a Strategy Plan from PNAC formulated only this year. (An earlier HIV/AIDS National Strategy published in 1995 only gives guiding principles for HIV/AIDS strategies.) The new AIDS Act, as well PNAC and its thrusts, still has to be explained to LGUs. This is presently being done through programs supported by UNDP and the European Union.

Despite these limitations, some LGUs have managed to allot part of their Internal Revenue Allotment (IRA) to HIV education projects and to local AIDS councils. This happens in areas where there are NGOs that are able to lobby for such activities.

Table 20 summarizes activities known to exist in different regions. This is based on responses to questionnaires we sent out to contacts. The table is intended to show gaps in services and programs across the regions.

Table 20. HIV/AIDS related activities by region

ACTIVITIES	NCR	CAR	I	Ш	Ш	IV	V	VI	VII	VIII	IX	х	ΧI	XII	CARAGA	ARMM
Policy development	X															
Advocacy	X	X	X	X				X	X		X	X	X		X	x
IEC	X															
- Women	X		X	X				X	X		X	X	X		X	X
- Men who have sex with men	X							X	X		X		X		X	
- Overseas Filipino workers	X				X			X	X		X		X		X	
- Sex workers	X		X					X	X		X	X	X		X	
- Health providers	X							X	X		X		X			
- Young people and children	X			x				X	X		X	x	X	х	х	х
- Workplace	X		X			X							X	X	X	
- Rural/ fishing Communities	X					X						X	X		X	
- Injecting drug users	X					X										
- Educators/academe	X	X				X		X		X			X		X	
- Social workers/ community volunteers	X															
Social/behavioral research	X								X			X	X			
Surveillance /monitoring	X	X	X					X	X		X	X	X			
Blood safety	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Clinical services	X					X			X						_	
Care and support for PLWHAs and their families	X					X		X								

Note: "x" mark denotes the activities that exist in the region



C. Donor responses

There are various international donor agencies supporting HIV/AIDS programs in the Philippines. Table 21 summarizes activities supported by these donor agencies. This is based on their responses to our inquiries, as well as information compiled by Miralao and others (1999).



Table 21. Donor responses to HIV/AIDS prevention and control

						Prevent	tion		Care and	support
DONORS	Policy development	Institutional building	Advocacy	Surveillance/ Monitoring	IEC	Condoms dist.	STD management	Research	Counseling	Clinical services
Multilateral										
UNAIDS	x	X	Х		X		X	X		
UNICEF	x				X				Х	
UNDP	Х	Х								
UNFPA	х	X	Х		X				Х	Х
WHO				х			х			
World Bank							х			
ADB					х		х			
ASEAN					X					
European										
Union	Х	Х	Х		Х		Х	X		Х
Bilateral	•			<u> </u>						
AusAID	X		Х		Х		X	Х		Х
JICA				X	X		X			X
KFW						X	X			
USAID	Х	Х		Х	Х		Х	Х		Х
International NGOs										
Ford Foundation		Х	Х		Х		x	x		
Plan International					x		Х	X		



D. NGO responses

Table 22 and 23 summarize activities and sectoral concerns of different NGOs. These are based on their responses to a questionnaire we mailed out to them.



VOV. 1994

Table 22. Sectoral concerns of non-government organizations

	_												
	Women	Men who have sex with men	Migrant populations	Sex workers	Health providers	Young adults and children	Workplace	Rural fishing communities	Intravenous drug users	Educators / academe	Social workers	PLWHAs and their families	
ABYAN, Inc.						x							
AIDS Council for Negros Occidental Welfare		х		х	х								
AIDS Research Group													
AIDS Society of the Philippines (ASP)			х		х							Х	
Associates for Integral Development Foundation	х	х		х		х							
Baguio Center for Young Adults (BCYA)						х							
Bidlisiw Foundation, Inc.													
Caritas Manila			х			х						Х	
Catholic Relief Services (CRS)	Х		x			x				×			
Cebu Youth Center, Inc. (CYC)		х			х	х							
Christian Children's Fund, Inc.,						х							
College of Public Health, UP Manila						х							
Community and Family Services International (CFSI)	х		Х		X	X							
Community Health and Development, Inc. (COMDEV)						х							
Control of HIV/AIDS/STD Partnership Programme in Asia Region (CHASPPAR)			x			x				x			
CWATAM Coop., Inc.	х		Х			х							
DKT International, Inc.	х	х	Х	х	х	х	Х	х		х	х	х	

Table 22. Sectoral concerns of non-government organizations (continued)

	Women	Men who have sex with men	Migrant populations	Sex workers	Health providers	Young adults and children	Workplace	Rural/ fishing communities	Intravenous drug users	Educators/ academe	Social workers	PLWHAs and their families
Family Planning Organization of the Philippines (FPOP)	х			х		Х	•					
Fellowship for Organizing Endeavors, Inc. (FORGE)	х			X		X						
Foundation for Adolescent Development (FAD)						X						
Free Legal Assistance Volunteers Association	Х	X		X		X						
Health Action Information Network (HAIN)	X	х	х	x	X					X		Х
Higala Association, inc.						X						
HIV/AIDS Network Philippines, Inc.					X							X
HOPE Foundation, Inc.					х	х						х
Human Development and Empowerment Services (HDES)												
Institute for Social Studies and Action (ISSA)	x			X	х	х						
Institute of Primary Health Care (IPHC)	х				X	x		X				
IWAG-Dabaw, Inc.		×										
Kaagapay Support Group for PLWHAs (KSG)												Х
Kaaraydan Kang Antiqueno Foundation, Inc. (KAF)	X		х			X						
Kababaihan Laban sa Karahasan Foundation, Inc. (KALAKASAN)	Х		X		X	X						X
Kabalikat ng Pamilyang Pilipino, Inc.	х			X		х						

Table 22. Sectoral concerns of non-government organizations (continued)

	Women	Men who have sex with men	Migrant populations	Sex workers	Health providers	Young adults and children	Workplace	Rural/ fishing communities	Intraveno us drug users	Educators / academe	Social workers	PLWHAs and their families
Kapatiran-Kaunlaran Foundation, Inc.	х					Х			х			
Kasiglahan Foundation, Inc.	Х					Х						
Katipunan ng Kababaihan Para sa Kalayaan, Inc. (KALAYAAN)	х		х									
Kaugmaon Center for Children's Concerns						х						
Liceo Center for Community Development	х				х	х						
Linangan ng Kababaihan, Inc. (LIKHAAN)	х			х		х						
Lorma Community Development Foundation (LCDFI)	х			х								
Marina Clinic				Х								
METSA Foundation, Inc.	Х					Х						
Names Project Philippines					Х							Х
Neighbors Population Development Services	x	x		x		x						
Positive Action Foundation Philippines, Inc.			х									Х
Pearl S. Buck Foundation, Inc.	Х			Х		x						X
PHILCADSA	х				Х	х						
Philippine National Red Cross												
Pinoy Plus Association	х					х						х
Population Council, Manila	Х				х	х						х

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Table 22. Sectoral concerns of non-government organizations (continued)

	Women	Men who have sex with men	Migrant populations	Sex workers	Health providers	Young adults and children	Workplace	Rural/ fishing communities	Intravenous drug users	Educators / academe	Social workers	PLWHAs and their families
Population Services Pilipinas	Х			Х		х						
PROCESS Foundation	х			Х								
Program for Appropriate Technology in Health (PATH)		х		х								
Program on Psychosocial Trauma and Human Rights (UP-CIDS PST)	x			X	X	X						
ReachOut Foundation	х	x		Х		x						
Remedios AIDS Foundation, Inc. (RAF)	х	x	x	Х		x	х					x
Social Health, Environment and Development (SHED)			х	Х		х						
TALIKALA, Inc.				Х								
TAMBAYAN – Center for the Care of Abused Children, Inc.						x						
The Library Foundation		x										
The Salvation Army	х					х						х
Trade Union Congress of the Philippines (TUCP)	x											
TriDev Specialists Foundation, Inc.												
Univeristy of Bohol Family Care and Lying-In Center (UBFCLC)	x				х	х						
UP Center for Women's Studies Foundation, Inc.	х					х				х		
Woman Health, Philippines	х			х	х	х						
Women's Health Care Foundation	х			х		х						
Women's Media Circle Foundation	х					х						х

Table 23. Summary of activities of non-government organizations in the Philippines

	Information	Training and education	Biomedical research/ surveillance	Social/ behavioral research	Clinical services	Advocacy	Care and support for PLHWAs and their families	Counseling
ABYAN, Inc.	х	х				х		J
AIDS Council for Negros Occidental Welfare	х	х						
AIDS Research Group			х	х	х			
AIDS Society of the Philippines (ASP)	х	х				х	x	
Associates for Integral Development Foundation	Х	х			х	х		
Baguio Center for Young Adults (BCYA)	х	х				x		
Bidlisiw Foundation, Inc.								
Caritas Manila	х	х					х	
Catholic Relief Services (CRS)	х	х				х		
Cebu Youth Center, Inc. (CYC)	Х	х						
Center for the Promotion, Advocacy and Protection of the Rights of the Child								
Christian Children's Fund, Inc.,	x	x				x		
College of Public Health, UP Manila	Х	Х		х				х
Community and Family Services International (CFSI)	Х	х		Х		Х		
Community Health and Development, Inc. (COMDEV)		x						

Table 23. Summary of activities of non-government organizations in the Philippines (continued)

		Training and	Biomedical research/	Social/ behavioral	Clinical		Care and support for PLWHAs	
	Information	education	surveillance	research	services	Advocacy	and their families	Counseling
Control of HIV/AIDS/STD Partnership Programme in Asia Region (CHASPPAR)	х	Х		X				Х
CWATAM Coop., Inc.	X	x				X	x	
DKT International, Inc.	х	x		x		X		
Family Planning Organization of the Philippines (FPOP)	Х			X	X	Х		
Fellowship for Organizing Endeavors, Inc. (FORGE)	Х	x				Х		
Foundation for Adolescent Development (FAD)	Х	x						X
Free Legal Assistance Volunteers Association		x				X		
Health Action Information Network (HAIN)	x	x		x		x	x	
Higala Association, inc.		х						
HIV/AIDS Network Philippines, Inc.	х					Х		
HOPE Foundation, Inc.	х	х				Х	x	
Human Development and Empowerment Services (HDES)		x						
Institute for Social Studies and Action (ISSA)	х	х			х	X		
Institute of Primary Health Care (IPHC)	Х	Х						

Table 23. Summary of activities of non-government organizations in the Philippines (continued)

		Training and	Biomedical research/	Social/ behavioral	Clinical		Care and support for PLWHAs	
IWAG-Dabaw, Inc.	Information X	education X	surveillance	research	services	Advocacy	and their families	Counseling
Kaagapay Support Group for PLWHAs (KSG)	^	^				X	x	
Kaaraydan Kang Antiqueno Foundation, Inc. (KAF)	Х	Х				Х		
Kababaihan Laban sa Karahasan Foundation, Inc. (KALAKASAN)	Х					Х		
Kabalikat ng Pamilyang Pilipino, Inc.	х	Х		х		X	х	
Kapatiran-Kaunlaran Foundation, Inc.	х	х						
Kasiglahan Foundation, Inc.	х	Х				х		
Katipunan ng Kababaihan Para sa Kalayaan, Inc. (KALAYAAN)	Х	X		Х		Х		
Kaugmaon Center for Children's Concerns		X				X		X
Liceo Center for Community Development	х	Х		х	х	х		
Linangan ng Kababaihan, Inc. (LIKHAAN)	х	Х				х		
Lorma Community Development Foundation	х	Х				х		х
Marina Clinic		Х			х			
METSA Foundation, Inc.		х		х		х		
Names Project Philippines	х					х	х	

Table 23. Summary of activities of non-government organizations in the Philippines (continued)

	Information	Training and education	Biomedical research/ surveillance	Social/ behavioral research	Clinical services	Advocacy	Care and support for PLWHAs and their families	Counseling
Neighbors Population Development Services	Х					Х		
Pearl S. Buck Foundation, Inc.	X	x				x	x	
PHILCADSA	х	х				х		
Philippine National Red Cross								
Pinoy Plus Association	х	х				х	х	
Population Council, Manila	х		х					
Population Services Pilipinas		х			х			
PROCESS Foundation	х	х			х	х		
Positive Action Foundation Philippines, Inc.		Х					х	х
Program for Appropriate Technology in Health (PATH)		Х	Х	X				
Program on Psychosocial Trauma and Human Rights (UP-CIDS PST)	Х	Х		Х		Х		
ReachOut Foundation	х	х		х	х	х		

Table 23. Summary of activities of non-government organizations in the Philippines (continued)

	Information	Training and education	Biomedical research/ surveillance	Social/ behavioral research	Clinical services	Advocacy	Care and Support for PLWHAs and their families	Counseling
Remedios AIDS Foundation, Inc. (RAF)	x	Х	x		х	x	х	х
Social Health, Environment and Development (SHED)	х	Х		х		Х		
TALIKALA, Inc.	x	х				x		
TAMBAYAN – Center for the Care of Abused Children, Inc.	х	Х				х		
The Library Foundation	x	х						x
The Salvation Army	х	Х				х	х	
Trade Union Congress of the Philippines (TUCP)	х	Х			х			
TriDev Specialists Foundation, Inc.								
Univeristy of Bohol Family Care and Lying-In Center (UBFCLC)	х	Х		х	х	Х		
UP Center for Women's Studies Foundation, Inc.	х	x		х		х		
Woman Health, Philippines	x	х						
Women's Health Care Foundation	х	х				Х	х	
Women's Media Circle Foundation	х					х		

PMOY PUS

e (the authors of the report) are not in the position to make recommendations. We have presented data showing the gaps that exist in HIV/AIDS work. For example, among the sectors there are some that are neglected, such as men who have sex with men. Among the activities, care and support for people living with HIV is the weakest. We have also tried to give an overview of regional initiatives, and we see some regions have very few activities in the area of HIV/AIDS.

The challenges we face are formidable and could make for a long list. Here, we have come up with the most pressing challenges as identified in various documents: (a) the proposed Strategic Plan 1999-2004 of the Philippine National AIDS Council (PNAC 1999c); (b) an external evaluation of the national response (Miralao and others 1999) and (c) an evaluation of European Union-supported programs in the Philippines (Hardon 1998).

Policy formulation

- As one external evaluation points out, the PNAC Strategy is not a strategy but a policy document. A national strategy is still needed, identifying general thrusts, targets and priorities and distribution of tasks.
- Disseminate Implementing Rules and Regulations (IRR) for the AIDS Act.
- Integrate HIV/AIDS into other programs such as primary health care, reproductive health, the education system.

Information, education and communication

- Develop appropriate training curricula for reproductive and sexual health.
- Develop training curricula for specific audiences, e.g., overseas Filipino workers.

- Develop tracking surveys and operations research to assess the impact of various IEC approaches, including those used in the mass media and through interpersonal activities (e.g., seminars, workshops).
- Integrate gender issues into all HIV/AIDS information, education and communication programs.

Research

- Institutionalize epidemiological activities within DOH and LGUs for monitoring purposes.
- Market Improve research design and data collection methodologies.
- Establish actual correct and consistent condom use and reasons for non-condom use or incorrect condom use.
- Documentation of "Good Practices", particularly experiences of local government units (LGU) and the interface between government, NGOs and other sectors of civil society.
- Develop participatory evaluation methods to assess different programs.

Care and support

- Promote full participation of PLWHAs in planning, implementation and evaluation of services.
- 🞗 Strengthen self-help groups .
- Provide home-based care.
- Organization of support groups through partnerships with LGUs.

WORKING ON HIV/AIDS

PNAC Members

AIDS Society of the Philippines (ASP)

607 Doña Syjuco Bldg.

1212 Remedios cor. Taft Ave., Malate, Manila

Tel: (02) 536-5509 / 536-5694

Fax: (02) 536-5512

E-mail: aidsphil@philonline.com.ph

Website: http.www.philonline.com.ph/-aidsphil/index.html

Contact: Dr. Ofelia T. Monzon, President

Center for the Promotion, Advocacy and Protection of

the Rights of the Child (formerly Children's Laboratory

for Drama in Education Foundation)

295-A P. Tuazon Blvd. Cubao, Quezon City

Tel: (02) 911-7867 / 913-3464

Fax: (02) 911-7867

E-mail: chrights@info.com.ph

Contact: Irene Fonacier Felizar, Executive Director

Commission on Higher Education

Upper 5th Floor DAP Building San Miguel Ave., Pasig City

Tel: (02) 636-1693

Contact: Ms. Kate Botengan

Department of Budget and Management

Budget and Finance Bureau

Gen. Solano St., Malacañang, Manila

Tel: (02) 735-1775 / 735-4884

Contact: Mr. Gil Montalbo, Assistant Director

Department of Education, Culture, and Sports (DECS)

DECS Complex, Meralco Ave., 1600 Pasig City

Telefax: (02) 633-7245

Contact: Dr. Adelfo Trinidad. Director

Department of Foreign Affairs

UN and other International Organizations Social, Cultural and Humanitarian Affairs

2330 Roxas Blvd., Manila

Tel: (02) 831-8973

Contact: Mr. Aladin Villacorte, Executive Director

Department of Health

San Lazaro Compound, Sta. Cruz, Manila

Tel: (02) 743-8301 loc 1650/1600

Contact: Dr. Amelina Medina, STD/AIDS Coordinator

Department of Interior and Local Government (DILG)

PCG II Bldg., EDSA cor. Mapagmahal St.

Brgy. Pinyahan, Diliman, Q.C

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-OSHC)

North Ave. cor. Science Road, Diliman, Quezon City

Tel. (02) 928-6690 / 928-6738

Fax: (02) 929-6939

E-mail: oshcdole@skyinet.net

Contact: Dr. Dulce Estrella-Gust, Executive Director

Department of Social Welfare & Development (DSWD)

Batasang Pambansa Complex, Constitution Hills, Q.C.

Tel: (02) 931-9147 Fax: (02) 931-9146

E-mail: bcm@miss.dswd.gov.ph, spb@miss.dswd.gov.ph

Website: http://dswd.gov.ph

Contact: Belinda Manahan, Undersecretary

Department of Tourism (DOT)

Rizal Park, TM Kalaw, Manila

Tel: (02) 523-5103 / 526-7655 / 523-8411 to 20 loc 136

Fax: (02) 525-3740

E-mail: dotinfo@mnl.sequel.net

Contact: Dr. Generoso Sison, Medical Officer

Health Action Information Network (HAIN)

9 Cabanatuan Rd., Philam Homes, Q.C.

Tel: (02) 927-6760 Telefax: (02) 929-8805 E-mail: hain@mail.info.com.ph

Website: www.hain.org

Contact: Dr. Michael L. Tan, Executive Director

House of Representatives

Batasang Pambansa

Constitution Hills, Quezon City

Tel: (02) 931-6247

Contact: Hon. Edith Yotoko-Villanueva

Representative, House Committee on Health

Institute for Social Studies and Action (ISSA)

10 Malumanay St., UP Village, QC

Telefax: (02) 921-7451 E-mail: issa@pacific.net.ph

Contact: Rowena Alvarez, Executive Director

League of City Mayors

2nd Floor PBSP Bldg.

Magallanes St. cor. Real St.

Intramuros, Manila

Tel: (02) 527-6512 / 527-3757

Contact: Atty. Gil Cruz, Executive Director

WORKING ON HIV/AIDS

League of Governors/Provinces

2nd Floor, Fil Garcia Bldg.

Kalayaan Ave., Diliman, Quezon City

Tel: (02) 433-0152

Contact: Atty. Jomar Olegario, Head, Policy Development

Group

National Economic and Development Authority

(NEDA)

Ortigas Center, Pasig City Tel: (02) 631-2189 / 631-3758

Contact: Ms. Erlinda Capones, Director IV

Philippine Hospital Association

No. 14 Kamias Road, 1102 Quezon City

Tel: (02) 922-7674

Contact: Dr. Rico Medina Sr., President

Philippine Information Agency (PIA)

Visayas, Ave., Quezon City

Tel. (02) 920-2413 / 920-4348

Contacts: Emelyn Quintos-Libunao, Staff Director, PDS

Pinov Plus Association. Inc.

3/F ALHI Bldg., 1489 Tayuman St. cor. Severino Reyes

St., Sta. Cruz, Manila Tel: (02) 255-5919 Fax: (02) 255-5919

Bahay Lingap, San Lazaro Compound

Quiricada St., Sta. Cruz, Mla. E-mail: PINOYPLUS@info.com.ph Contact: Lea Sales, President

Senate of the Philippines

4th Floor Magsaysay Center

1680 Roxas Blvd., Manila Tel: (02) 552-6869 / 552-0951

Contact: Hon. Juan Flavier

Senator, Senate Committee on Health

Technical Education & Skills Development Authority

(TESDA)

TESDA Complex, 37 East Service Road South Superhighway, Taguig, Metro Manila

Tel: (02) 809-1611 / 893-5110

Fax: (02) 818-7728

Website: http://www.tesda.org

Contact: Carlos Gallekanao, Jr., Executive Director

The Library Foundation

c/o Institute of Politics and Governance 70 Matahimik St., Teacher's Village

Diliman, Quezon City Tel: (02) 436-2041

Contact: Mr. Ferdinand Buenviaje, President

Trade Union Congress of the Philippines (TUCP)

TUCP-PGEA Cmpd., Eliptical Rd., Diliman, Q.C.

Tel: (02) 922-2185 E-mail: tucp@easy.net.ph

Contact: Ariel Castro, Director for Education

Women's Health Care Foundation

1589 Quezon Ave., 1100 Quezon City

Tel: (02) 929-9492 Telefax: (02) 924-0717 E-mail: whcf@epic.net

Contact: Gladys Malayang, Executive Director

United Nations agencies

United Nations Joint Programme on HIV/AIDS (UNAIDS)

3rd Floor NEDA sa Makati Bldg., 106 Amorsolo St.

Makati City

Tel: (02) 892-0611 loc 266

Fax: (02) 840-0732

E-mail: unaids.fo.phi@undp.org

Contact: Dr. Victor Mari Ortega, Country Programme Advisor

United Nations Development Programme (UNDP)

7th Floor NEDA sa Makati Bldg., 106 Amorsolo St.

Legaspi Village, Makati City

Tel: (02) 892-0611 Fax: (02) 816-4061

E-mail: vicente.salas@nygate.undp.org

Contact: Dr. Vicente Salas, Programme Manager

United Nations Education, Scientific and Cultural Organization (UNESCO)

DFA Bldg., Roxas Blvd., Pasay City

Tel: (02) 834-4818

E-mail: unescoph@mozcom2.mozcom.com

Contact: Mr. Enrique B. Babaran, Development Project Officer

United Nations Population Fund (UNFPA)

6th Floor NEDA sa Makati Bldg., 106 Amorsolo St.

Legaspi Village, Makati City

Tel: (02) 892-0611

E-mail: unfpa@pworld.net.ph

Contact: Ms. Rencee Tayzon, Programme Officer

United Nations Information Center (UNIC)

3rd Floor NEDA sa Makati Bldg., 106 Amorsolo St.

Legaspi Village, Makati City

Tel: (02) 892-0611

E-mail: unic-mla@gaia.psdn.iphil.net

Contact: Mr. Luis Torres, Information Officer

WORKING ON HIV/AIDS

United Nations International Children's Fund (UNICEF)

6th Floor NEDA sa Makati Bldg., 106 Amorsolo St.

Legaspi Village, Makati City

Tel: (02) 892-0611 Fax: (02) 810-1453

E-mail: pmoselina@unicef.org

Contact: Mr. Pol Moselina, Program Officer

United Nations Resource Center (UNRC)

NEDA sa Makati Bldg., 106 Amorsolo St.

Legaspi Village, Makati City

Tel: (02) 892-0611

E-mail: clark.soriano@nygate.undp.org Contact: Mr. Clark Soriano, Consultant

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. Gilles Poumerol, Regional Adviser

in STD, HIV/AIDS Program

World Bank - Manila Office

Central Bank Multi-Storey Building

Roxas Blvd., Manila Tel: (02) 521-2726

International Labor Organization (ILO)

NEDA sa Makati Bldg. Amorsolo St. Makati City Tel: (02) 819-3614

National Capital Region

AIDS Research Group

Department of Health, Research Institute for Tropical

Medicine, Alabang, Muntinlupa, M.M.

Tel: (02) 842-2828 Fax: (02) 842-2295

E-mail: mraplasca@healthnet.phl.org Contact: Dr. Mari Rose Aplasca, Head

Caritas Manila

2002 Jesus Street, Pandacan, Manila

Tel: (02) 564-1831 Fax: (02) 563-9309

E-mail: caritas@mailstation.net

Contact: Msgr. Francisco Tantoco Jr., Executive Director

Catholic Relief Services (CRS)

CBCP Bldg. 470 Gen Luna St., Intramuros, Manila

Tel: (02) 527-8331 to 35 Fax: (02) 527-4140

E-mail: crsphils@globe.com.ph

Contact: Mark Pierce, Country Representative

Christian Children's Fund, Inc.

8th Floor, Strata 100 Bldg.

Emerald Avenue, 1600 Pasig City

Tel: (02) 631-1575 to 78 E-mail: ccftpo@skyinet.net

Contact: Ms. Saturnina Laudico-Hamili, National Director

College of Public Health

University of the Philippines Manila

Dean's Office, Department of Medical Microbiology

625 Pedro Gil St., Ermita, Manila

Tel: (02) 524-2703 Fax: (02) 521-1394

Contact: Dr. Veronica F. Chan, Dean and Professor

Community and Family Services International (CFSI)

2nd Floor Torres Bldg. 2442 Park Ave., Pasay City MCC-PO Box 2733, Makati City, Metro Manila

Tel: (02) 510-1045 Fax: (02) 551-2225

E-mail: CFSI@mozcom.com

Website: http://members.aol.com/eia97/cfsi.html Contact: Steve Muncy, Executive Director

Control of HIV/AIDS/STD Partnership Programme in Asia

Region (CHASPPAR)

University of the Philippines, College of Public Health

Telefax: (02) 521-1390

Email: s.tempong@lagundi.iph.upm.edu.ph Contact: Dr. Sandra Tempongko, Regional Expert

Department of Health-National AIDS/STD Prevention and Control Program

3/F Bldg. 12, San Lazaro Compound, Sta. Cruz, Manila

Tel: (02) 742-8301 loc. 2254, 2256, 2257

Telefax: (02) 743-0512 E-mail: naspcp@doh.gov.ph

Contact: Dr. Loreto Roquero, Director III

Department of Health-Field Epidemiology Training Program

San Lazaro Compound, Sta. Cruz, Manila

Telefax: (02) 743-6076

Contact: Dr. Concepcion Roces

WORKING ON HIV/AIDS

DKT International, Inc.

5F Cedar Executive Building II 26 Timog Ave., 1100 Quezon City

Tel: (02) 411-1126 to 28 Fax: (02) 372-6630

E-mail: dkt@philonline.com.ph

Contact: Mr. Andrew B. Piller, Project Director

Family Planning Organization of the Philippines (FPOP)

50 Doña Hemady St., New Manila, Q.C.

Tel: (02) 721-7302; 721-7101

Fax: (02) 721-4067

E-mail:FPOP@fastmail.i-next.com

Contact: Rogelio A. Fortes, Executive Director

Foundation for Adolescent Development (FAD)

1140 R. Hidalgo St., Quiapo, Manila

Tel. (02) 734-1788 Telefax: (02) 734-8914

E-mail: fadinc@codewan.com.ph

Contact: Cecille Villa, Executive Director

HIV/AIDS Network Philippines, Inc. (HAN)

1066 Remedios St., Malate, Mla.

Tel: (02) 524-4831 Fax: (02) 522-3431

E-mail: nenetgem@pacific.net.ph Contact: Archie Rivera, Chair

Kaagapay Support Group for PLWHAs (KSG)

c/o RAF, Inc. 1066 Remedios St., Malate, Mla.

Tel: (02) 524-0924; 524-4831

Fax: (02) 522-3431

E-mail: nenetgem@pacific.net.ph Contact: Nenet L. Ortega, President

Kababaihan Laban sa Karahasan Foundation, Inc. (KALAKASAN)

1 Matiwasay St., UP Village, Q.C.

Tel: (02) 921-2222; 433-2803 Fax: (02) 921-0955

E-mail: kalakasan@iconn.com.ph Website: http://www.iconn.com.ph Contact: Anna Leah L. Sarabia, Director

Kabalikat ng Pamilyang Pilipino Foundation, Inc.

Rm 201 Westwood Condominium, Eisenhower St.,

Greenhills, San Juan, Metro Manila Tel: (02) 721-2528/ 724-0478

Fax: (02) 721-0375

E-mail: kabalikat@mozcom.com

Contact: Charlene A.Taboy, Executive Director

Kapatiran-Kaunlaran Foundation, Inc.

937 P. Paredes St., Sampaloc, Manila

Tel: (02) 735-46664 Fax: (02) 735-1465 E-mail: kkfi@skyinet.net

Contact: Priscilla Atuel, Executive Director

Katipunan ng Kababaihan Para sa Kalayaan, Inc. (KALAYAAN)

41 Maginhawa St., UP Village, Q.C.

Tel: (02) 435-2019 Fax: (02) 435-2019

E-mail: kalayaan@skyinet.net

Contact: Riza Faith C. Ybanes, Program Coordinator

Linangan ng Kababaihan, Inc. (LIKHAAN)

92-A Times St., West Triangle, Q.C.

Tel: (02) 926-6230 Telefax: (02) 411-3151

E-mail: likhaan@phil.gn.apc.org

Contact: Dr. Junce Lirza D. Melgar, Executive Director

Names Project Philippines

c/o RAF 1066 Remedios St., Malate, Mla.

Tel: (02) 524-0924 Fax: (02) 522-3431

E-mail: nenetgem@pacific.net.ph Contact: Nenet Ortega, Co-Chair

Pearl S. Buck Foundation, Inc.

5/F Prudential Bank Building.

1377 cor. Sta. Monica Street, Ermita, Manila

Tel: (02) 522-0195; 525-7292

Fax: (02) 526-0270

E-mail: psbico@globe.com.ph Website: http://www.pearl-s-buck.org Contact: Nancy Obias, Country Director

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

c/o Kapatiran-Kaunlaran Foundation, Inc. 937 P. Paredes St. Sampaloc, Manila

Tel: (02) 314-0241 Fax: (02) 735-14-65

Email: bettty@pcu.pcu.com.ph

Contact: Betty I. Molina, Ph.D., President

Philippine HIV/AIDS NGO Support Programme, Inc. (PHANSuP)

Mezzanine, Brickville Condominium, 28 N. Domingo St.,

New Manila, Quezon City Tel: (02) 415-4381 / 726-6921

Fax: (02) 726-6922

E-mail: phansup@phil.gn.apc.org

Contact: Jun Cristobal, Program Manager

Philippine National Red Cross

Bonifacio Drive, Port Area Intramuros, Manila

Tel: (02) 527-8384 Fax: (02) 527-0857

Contact: Dr. Cecilia J. Francisco,

National Blood Services Manager

WORKING ON HIV/AIDS

Population Council, Manila

2A3 Monteverde Mansions, 85 Xavier St., Greenhills,

San Juan, Metro Manila Tel: (02) 722-6886 Fax: (02) 721-2786

E-mail: pcmanila@philonline.com Website: http://www.popcouncil.org

Contact: Dr. Marilou Palabrica-Costello, Host Country

Advisor

Population Services Pilipinas, Inc.

274 Gil Puyat Ave., 1300 Pasay City

Tel: (02) 831-2876 Fax:(02) 804-0798 E-mail: bod@pspi.org

Contact: Rostom Deiparine, Chief Operating Officer

Positive Action Foundation Philippines, Inc.

c/o ASP

607 Doña Syjuco Bldg.

1212 Remedios cor. Taft Ave., Malate, Manila

Tel: (02) 536-5509 / 536-5694

Fax: (02) 536-5512

Contact: Joshua Formentera, President

Program for Appropriate Technology in Health (PATH)

395 Sen. Gil Puyat Ave., 1254 Makati City

Tel: (02) 895-3201/899-1580

Fax: (02) 899-5561

E-mail: pathphil@skyinet.net Website: http://www.path.org

Contact: Dr. Carmina Aquino, Executive Director

Program on Psychosocial Trauma and Human Rights

(UP-CIDS PST)

UP-CIDS/PST Bahay ng Alumni Magsaysay Ave., UP Diliman, Q.C.

Tel: (02) 435-6890

E-mail: pstcids@info.com.ph

Contact: Dr. Elizabeth Protacio-Marcelino, Program

Director

ReachOut Foundation

2030 M. Adriatico Street, Malate, 1004 Manila

Tel: (02) 523-8862 Fax: (02) 523-8861

E-mail: reachout@pworld.net.ph Website: http://www.reachout.com.ph Contact: Jomar Fleras, Managing Director

Remedios AIDS Foundation, Inc.

1066 Remedios St., Malate, 1004 Manila

Tel: (02) 524-0924/ 524-4831

Fax: (02) 522-3431

E-mail: reme1066@skyinet.net

Website: http://www.remedios.com.ph

Contact: Dr. Jose Narciso Melchor C. Sescon,

Executive Director

The Salvation Army

1414 Leon Guinto Sr. St. Malate, Manila

PO Box 3830 Manila 1099 Tel: (02) 524-0086 to 88

Fax:(02) 521-6912

E-mail: sarmy@surfshop.net.ph

Contact: Col. Robert Saunders, Territorial Commander

TriDev Specialists Foundation, Inc.

115-B Palm Court Street, F.B. Harrison, Pasay City

Telefax: (02) 551-0262/ 551-0395

E-mail: tridev@skyinet.net

Contact: Perfecto Uysingco, Executive Director

UP Center for Women's Studies Foundation, Inc.

Magsaysay cor Ylanan St., UP Diliman, Q.C.

Telfax: (02) 920-6880 E-mail: ucws@skyinet.net

Contact: Dr. Sylvia Guerrero, Executive Director

Woman Health Philippines, Inc.

129-A Matatag St., Brgy. Central, Q.C.

Telefax: (02) 435-5254

E-mail: womanhealth@phil.gn.apc.org

Contact: Ana Marie Nemenzo, National Coordinator

Women's Education, Development, Productivity and Research Organization (WEDPRO)

14 Maalahanin St., Teachers Village Diliman, Q.C.

Tel: (02) 433-6045 Telefax: (02) 921-7053 E-mail: wedpro@ginet.net

Contact: Ma. Dulce Natividad, Executive Director

Women's Media Circle Foundation, Inc.

1 Matiwasay St., UP Village, Diliman, Q.C.

Tel: (02) 9228728 Fax: (02) 921 0955

E-mail: womedia@phil.gn.apc.org

Contact: Anna Leah L. Sarabia, Executive Director

Cordillera Administrative Region

Baguio Center for Young Adults, Inc. (BCYA)

#33 Assumption Road, 2600 Baguio City

Telefax: (074) 442-8193

E-mail: BCYA@Bgo.pworld.net.ph

Contact: Marlene B. De Castro, Executive Director HIV/AIDS-related activities: Information, resource center,

training & education, advocacy

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

WORKING ON HIV/AIDS

Region I: Ilocos

Department of Health-Regional Field Office No. 1

2500 San Fernando, La Union

Tel: (072) 242-4592 Fax: (072) 242-4774

Contact: Dr. Fabian Uson, STD/AIDS Coordinator

Lorma Community Development Foundation (LCDFI)

Lorma College Compound, Carlatan, San Fernando, 2500 La Union

Telefax: (072) 888-2616 to 18 Loc. 400 Contact: Dr. Felimon Lagon, Executive Director

Region II: Cagayan Valley

CWATAM Coop., Inc.

OWWA Regional Office, 3rd Flr., Sychangco Bldg., Bonifacio St., 3500 Tuguegarao, Cagayan

Tel: (078) 846-2706/ 846-1736

Fax: (078) 844-1575

E-mail: Cwatam_Tug@eudoramail.com Contact: Elizardo G. Narag, Executive Director

Department of Health-Regional Field Office No. 2

3500 Tuguegarao, Cagayan

Tel: (078) 844-1748

Contact: 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) 961-3580

Fax: (045) 961-3860; 961-3802

Contact: Dr. Eloisa Pineda, STD/AIDS Coordinator

Region IV. Southern Tagalog

Department of Health-Regional Field Office No. 4

QMMC Compound, Project 4, Quezon City

Tel: (02) 913-0864 Fax: (02) 913-4650

Contact: Dr. Rosenda Pang-Ramos, STD/AIDS Coordinator

Region V. Bicol

Department of Health-Regional Field Office No. 5

4500 Legaspi City Tel: (0522) 455-247

Contact: Dr. John Ferchito Avelino, STD/AIDS Coordinator

Region VI. Western Visayas

AIDS Council for Negros Occidental Welfare

301 North Point Bldg., BS Aquino Drive, Bacolod City

Telefax: (034) 434-6362

E-mail: hopefdn@mozcom.com Contact: Luigi de la Rama, President

Department of Health-Regional Field Office No. 6

5000 Iloilo City

Tel: (033) 77650/ 79880

Contact: Dr. Lourdes Naragdao, STD/AIDS Coordinator

HOPE Foundation, Inc.

North Point Bldg., B.S. Aquino Drive, Bacolod City

Tel/Fax: (034) 434-6362

E-mail: hopefdn@lasaltech.com, hopefdn@mozcom.com

Contact: Gloria Melocoton, Executive Director

Kaaraydan Kang Antiqueno Foundation, Inc (KAF)

2F, Horace-Homer Bldg., cr. TA Fornier & Solana Sts.

San Jose de Buenavista, Antique

Tel: (036) 540-9218

Contact: Gilma Moscoso-Enano, Program Director

PROCESS Foundation, Inc.

31 Avancena St., Molo, Iloilo City

Telefax: (033) 337-7386 E-mail: process@iloilo.net

Contact: Wilfredo Homicillada, Executive Director

Region VII. Central Visayas

Bidlisiw Foundation, Inc.

3/F Kalubiran Bldg., 69 J.M. Basa cor. V. Rama Ave.

6000 Cebu City Tel: (032) 232-2103

Contact: Ms. Nelly Majadillas, Executive Director

Cebu Youth Center, Inc. (CYC)

2/F Cebu City Sports Center, Osmena Blvd., Cebu City

Telefax: (032) 254-4956

Contact: Reynaldo A. Lim, President, BOT

WORKING ON HIV/AIDS

Department of Health-Regional Field Office No. 7

6000 Cebu City

Tel: (032) 254-0109/ 253-6361 Contact: Dr. Purificacion Labitan, STD/AIDS Coordinator

Fellowship for Organizing Endeavors, Inc. (FORGE)

3/F Tanchan Building, Colon St., 6000 Cebu City

Tel: (032) 412-1092 Fax: (032) 412-1081 E-mail: forge@mozcom.com

Contact: Anna Marie Rellin-Ngolaban, Executive Director

Free Legal Assistance Volunteers Association

Rm. 207 Mingson Bldg, Juan Luna St., 6000 Cebu City

Tel: (032) 256-2718 Fax: (032) 254-7739

E-mail: FreeLAVA@mozcom.com

Contacts: Antonio Auditor, Deputy Executive Director

Marina Clinic

Silliman University Medical Center, Aldecoa Drive,

Dumaguete City Tel: (035) 425-2157 Fax: (035) 225-5593

Contact: Dr. Fe L. Sycip-Wale, Project Director

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

Maria Clara Street, 6300 Tagbilaran City

Tel (038) 411-4925 Fax (038) 411-3101

E-mail: hassew@universityofbohol.com

Contact: Hon. Nuevas T. Montes, Executive Director

Region VIII. Eastern Visayas

Department of Health-Regional Field Office No. 8

6500 Tacloban City

Tel: (063) 321-3052/ 325-5114

Contact: Dr. Alfredo Y. Perez, Junior Director

Region IX: Western Mindanao

Department of Health-Regional Field Office No. 9

7000 Zamboanga City Tel: (062) 991-1995

Contact: Dr. Greta Lacandalo, STD/AIDS Coordinator Human Development and Empowerment Services (HDES)

c/o Philippine Red Cross, Zamboanga Chapter

7000 Zamboanga City Tel: (062) 992-1622

Contact: Vic Liozo, Executive Director

Neighbors Population Development Services

Tomas Castillo Road, Baliwasan, Zamboanga City

Tel: (062) 991-4236 Fax: (062) 993-0630

E-mail: npds@netscape.net

Contact: Felix V. Rosario, President & Chief Executive

Region X: Northern Mindanao

Department of Health-Regional Field Office No. 10

9000 Cagayan de Oro City

Tel: (08822) 726476

Contact: Simer E. Belacho, STD/AIDS Coordinator

Liceo Center for Community Development

Rodolfo N. Pelaez Blvd., Kauswagan

Cagayan de Oro City

Tel: (088) 858-4093 / (0822) 722-244 loc 126

Fax: (08822) 722-244 loc 114 E-mail: LCCD@ldcumail.fapenet.org Website: http://www.ldcu.fapenet.org

Contact: Dr. Rafaelita Golez, Executive Vice President

Region XI: Southern Mindanao

ABYAN, Inc.

Family Clinic, Gen. Santos Drive, Koronadal, South Cotabato

Tel: (083) 228-4003 Fax: (083) 228-3661

Contact: Dr. Ma. Hazel Mejala, President

Community Health and Development, Inc. (COMDEV)

Dadiangas South Central Elementary School Compound Quirino Avenue, 9500 Gen. Santos City

Tel: (083) 552-4973

Contact: Miriam C. Grafilo, Executive Director

Department of Health-Regional Field Office No. 11

8000 Davao City

Tel: (082) 227-5903/ 227-5913

Contact: Dr. Ruby Pila , STD/AIDS Coordinator

WORKING ON HIV/AIDS

Higala Association, Inc.

#46 Palma Gil Street, Obrero, Davao City

Tel: (082) 222-0060

Contact: Bernardo Mondragon, Executive Director

Institute of Primary Health Care (IPHC)

Circumferencial Rd., Bajada, Davao City

Tel: (082) 226-2344 Fax: (082) 221-3527

E-mail:iphc@dv.webling.com

Contact: Luz Canave-Anung, Executive Director

IWAG-Dabaw, Inc.

1-D Denia Apartment, Ponce Street, Davao City

Telefax: (082) 221-8487

Contact: Mr. Rodrigo B. Giducos, Executive Director

Kaugmaon Center for Children's Concerns Foundation, Inc.

#59 cr. Vinzon & Cervantes Sts., Bo. Obrero, Davao City

Telefax: (082) 221-6669

Contact: Ms. Faustina B. Carreon, Executive Director

METSA Foundation, Inc.

Km. 20 Los Amigos, Tugbok District, Davao City

Tel: (082) 293-0219

Contact: Anita Morales, Project Coordinator

Social Health, Environment and Development (SHED)

c/o Mindanao State University Campus,

Fatima, General Santos City

Tel: (083) 553-8979

Fax: (083) 552-3595

E-mail: shed@gsc.wibling.com

Contact: Dr. Domingo M. Non, Executive Director

TALIKALA, Inc.

Sputnik cor Panganiban St., Dona Vicenta Village,

Davao City

Tel: (082) 221-6728 Fax: (082) 224-0048

E-mail: talikala@interasia.com.ph

Contact: Alma O. Lusanta, Executive Director

TAMBAYAN—Center for the Care of Abused

Children, Inc.

63 Artiaga St., 8000 Davao City

Telefax: (082) 222-1025

E-mail: tambayan@davao.fapenet.org Contact: Sr. Cecilia Fonacier, President, BOT

Region XII. Central Mindanao

Department of Health-Regional Field Office No. 12

9600 Cotabato City Tel: (064) 421-2196 Fax: (064) 421-2373

Contact: Narciso Castillon, Program Coordinator

Kasiglahan Foundation Inc.

#5 Don Cesar Street, Vilo Subdivision, 9600 Cotabato City

Tel (064) 421-4078/ 421-7777

Fax (064) 421-9050

E-mail: kasiglahan@marist.edu.ph

Contact: Sis. Jenne Facultad, Program Director

Region XIII: CARAGA

Associates for Integral Development Foundation

Ground Floor, UCCP Bldg., Lopez Jaena St., Butuan City

Tel (085) 342-9387/ 8154303

Fax (085) 342-9572

Contact: Roger O. Fabe, Executive Director

Department of Health-Regional Field Office—CARAGA

8600 Butuan City

Tel: (085) 345-208/ 435-667 Contact: Dr. Sylvia Somontan, STD/AIDS Coordinator

ARMM

Department of Health-Regional Field Office—ARMM

9600 ARMM Compound, Cotabato City

Tel: (064) 421-3988 Fax: (064) 421-6842

Contact: Dr. Jainal M. Hamad, Regional Secretary

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