

# Philippines

Country Review December 2011

## PHILIPPINES AT A GLANCE

Total population (in thousands)	93,617 (2010) <sup>1</sup>
Annual population growth rate	1.7% (2010-2015) <sup>1</sup>
Population aged 15-49 (thousands)	48,149 (2010) <sup>2</sup>
Percentage of population in urban areas	49% (2010) <sup>3</sup>
Crude birth rate (births per 1,000 population)	24.7 (2008) <sup>4</sup>
Under-5 mortality rate (per 1,000 live births)	32 (2008) <sup>5</sup>
Human development index (HDI) – Rank/Value	97/0.638 (2010) <sup>6</sup>
Life expectancy at birth (years)	72.3 (2010) <sup>6</sup>
Adult literacy rate	93.6% (2005-2008) <sup>6</sup>
Ratio of girls to boys in primary and secondary education (%)	102 (2008) <sup>4</sup>
GDP per capita (PPP, \$US)	3,541 (2009) <sup>4</sup>
Per capita total health expenditure (Int.\$)	130 (2007) <sup>5</sup>

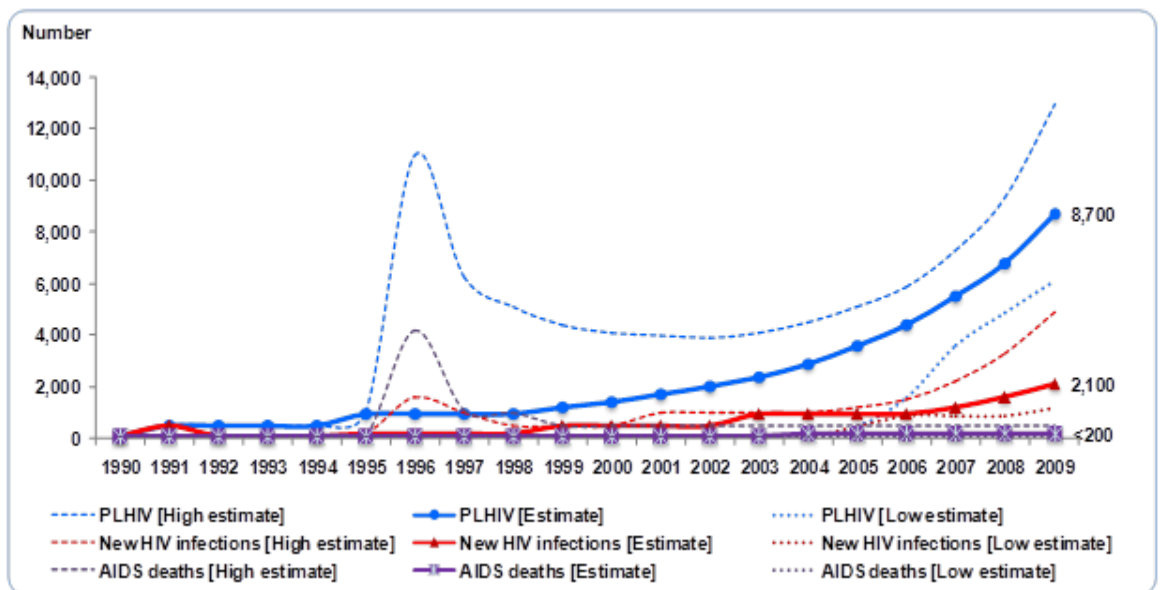


## HIV EPIDEMIOLOGY AND TRENDS

The first HIV case in the Philippines was detected in 1984. By the end of 2010, 6,015 individuals reported to the Philippine HIV & AIDS Registry, with more than one-fourth of all new infections being detected in 2010.<sup>7</sup> In addition, a cumulative 852 AIDS cases and 323 AIDS-related deaths have been reported as of the end of 2010.<sup>7</sup>

An estimated 8,700 [6,100-13,000] adults and children are currently living with HIV, a substantial increase from the estimated 1,700 [<100-4,000] in 2001 (Fig. 1).<sup>8</sup> Overall HIV prevalence in the adult population remains to be less than 1%. However, after years of low HIV prevalence in most at risk populations (MARPs), in 2011, alarmingly high HIV prevalence was found in some sentinel sites (53% among IDUs in Cebu city and 5% among MSM in Metro Manila and Cebu City).<sup>9; 10; 11</sup>

**Figure 1: Estimated number of adults and children living with HIV, new infections and AIDS deaths, 1990-2009**



Source: UNAIDS, Report on the Global AIDS Epidemic, 2010

## Surveillance system<sup>12</sup>

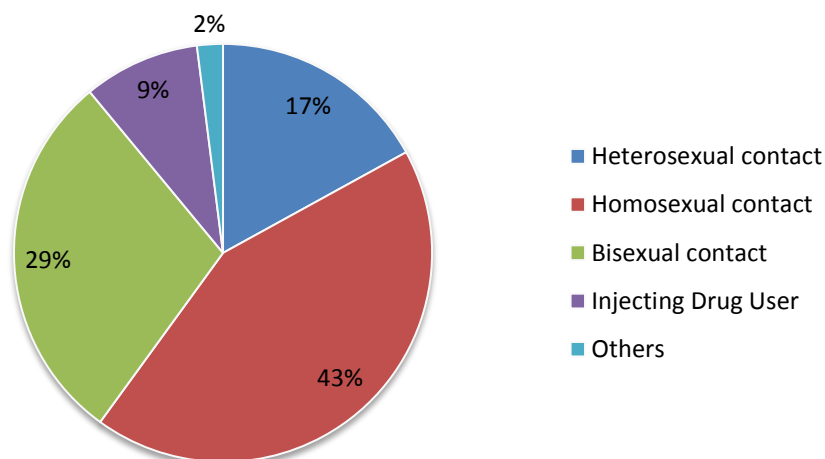
- *AIDSWATCH* (managed by the Department of Health through the National Epidemiology Center): the HIV monitoring system, which includes the AIDS Registry (passive) and systematic surveillance (IHBSS) is carried out every two years among sex workers, men who have sex with men and injecting drug users.
- Sentinel STI Etiologic Surveillance System: set up in December 2001 and made operational in 2003 – is used to collect and validate STI and HIV reports from social hygiene clinics and hospitals.
- National Economic and Development Authority tracks the NASA and analyzes annual AIDS spending to inform the national response.
- HIV-related demographic household survey (every 5 years).

## WHO IS AT RISK OF HIV IN THE PHILIPPINES?

HIV prevalence is concentrated among key affected populations – that is, men who have sex with men (MSM), injecting drug users (IDUs), sex workers and Overseas Filipino Workers (OFW). The vulnerable groups are the out-of-school youth and partners of key affected populations. Since 1984, the number of HIV positive cases from OFWs, particularly those that are MSM or clients of FSWs has significantly contributed to annual reported HIV cases (as much as 52% in 2002).<sup>13</sup> In 2010, although the proportion was down to only 11% of all annual cases, the actual number of OFWs reported infected increased to 174.<sup>7</sup> As a caveat to the trend observed, OFWs have been among the most tested segment of the working population from the Philippines.

Among the cumulative reported cases of HIV, sexual transmission is the leading mode of transmission as of December 2010, accounting for 90% of cases.<sup>7</sup> Still, all other known modes of transmission have been reported including by perinatal transmission, injecting drug use, blood transfusion and needle prick injuries (Fig. 2).

**Figure 2: Percent distribution of reported HIV/AIDS cases by mode of transmission, Jan-Dec 2010 (n=1,591)**



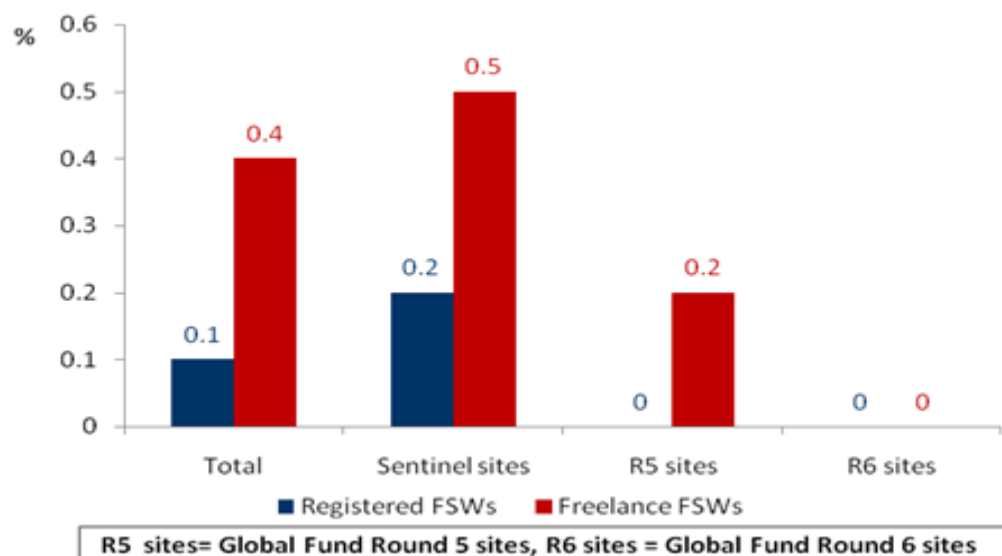
Source: Prepared by www.aidsdatahub.org based on Philippine HIV and AIDS Registry, Department of Health, National Epidemiology Center, December 2010

### Female sex workers

The estimated population size of registered establishment female sex workers (FSWs) and freelance FSWs in 2009 was 70,167 and 89,175 respectively.<sup>14</sup> The male clients of FSWs are estimated to number between 436,702 and 1,149,215.<sup>14</sup> Although there are no official estimates of the population size of male sex workers, the 2007 Integrated HIV Behavioural and Serological Surveillance (IHBSS) found that of the 1,059 MSM surveyed, 150 (14%) were paid for sex.<sup>15</sup> Sex worker venues include hotel rooms, casas (brothels), bars and nightclubs, saunas and spas, cabarets, gay clubs and the streets.<sup>16</sup> There are also establishments, special tourist agencies and escort services that cater to MSM, women and paedophiles.<sup>16</sup>

In 2007, HIV prevalence among FSWs surveyed was 0.06%.<sup>15</sup> Higher prevalence was found in 2009 IHBSS. Of the 5,322 registered FSWs surveyed, seven were HIV-positive (0.13%), and 16 of the 4,154 freelance FSWs were HIV-positive (0.39%).<sup>17</sup> The IHBSS sample populations were obtained from ten sentinel surveillance sites as well as from 5 Global Fund Round 5 sites and 8 Global Fund Round 6 sites (Fig. 3). In 2009 IHBSS, 0.4% of registered FSWs and 2.4% of freelance FSWs tested positive for syphilis.<sup>17</sup>

**Figure 3: HIV prevalence among registered and freelance female sex workers, various sites, 2009**



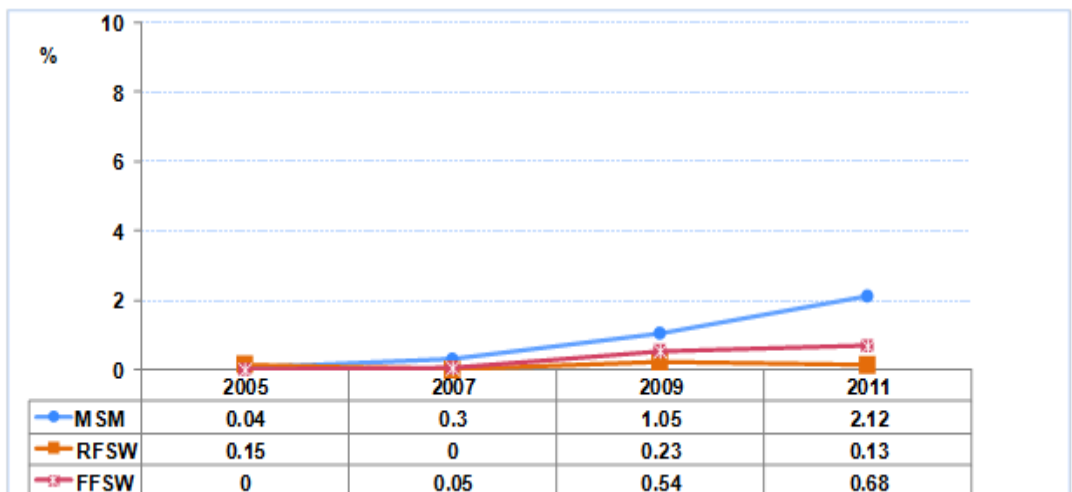
Source: IHBSS National Dissemination Forum, 11 December 2009, Heritage Hotel, Manila

In 2011, HIV prevalence remains high as 0.13% among registered FSWs and 0.68% among freelance FSWs<sup>11</sup> (fig. 4).

### Men who have sex with men

Homosexual contact is the second-most common transmission route for HIV in the Philippines. The estimated number of MSM in the country ranges from a low of 390,733 to a high of 689,529.<sup>14</sup> Overall HIV prevalence among MSM from the 2009 IHBSS was 0.99%.<sup>12</sup> In particular, HIV prevalence among MSM in national sentinel sites was 1.1% in 2009, and increased to 2.1% in 2011 IHBSS.<sup>11</sup> Similar to FSWs, STI prevalence is also of concern among MSM, with a syphilis prevalence of 2.1% in 2009.<sup>17</sup> In addition, the combination of multiple risk factors – including sexual networking among MSM, women and IDUs – increases the risk of infection among MSMs and the population at large.

**Figure 4: HIV prevalence among registered establishment based female sex workers (RFSW), freelance female sex workers (FFSW), and MSM in 10 sentinel sites, 2005-2011**

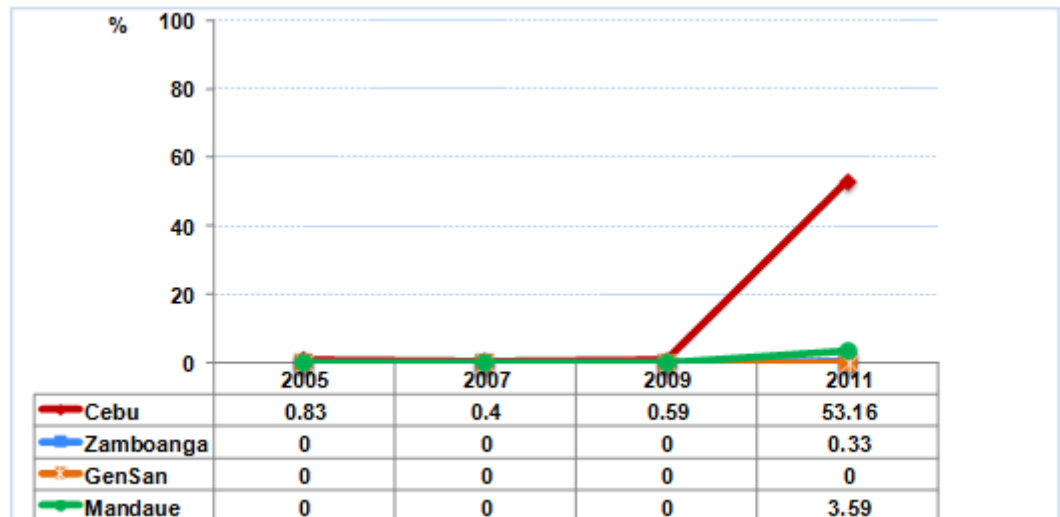


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on National Epidemiology Center, Department of Health, Philippines, Integrated HIV Behavioral & Serologic Surveillance (IHBSS) 2005-2011

### Injecting drug users

There are an estimated 12,304 to 16,607 IDUs in the Philippines<sup>14</sup> – representing a very low number compared with most other Southeast Asian countries. In 2009, overall HIV prevalence among IDUs reached 0.21% (up from 0.1% in 2007).<sup>12; 15</sup> Moreover, the 2009 IHBSS found that syphilis prevalence was 2.3% among IDUs, while Hepatitis C prevalence was extremely high in the sentinel sites – at 35.2% overall and as high as 95% in one sentinel site, pointing to extensive use of non-sterile needles.<sup>17</sup> In a recent survey conducted in 2011, 160 of 301 IDUs tested in Cebu were found HIV-positive (53%).<sup>9; 10; 11</sup>

**Figure 5: HIV prevalence among people who inject drugs in sentinel sites, 2005 – 2011**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on National Epidemiology Center, Department of Health, Philippines, Integrated HIV Behavioral & Serologic Surveillance (IHBS) 2005-2011

## Knowledge, Vulnerability & Risk Behaviours

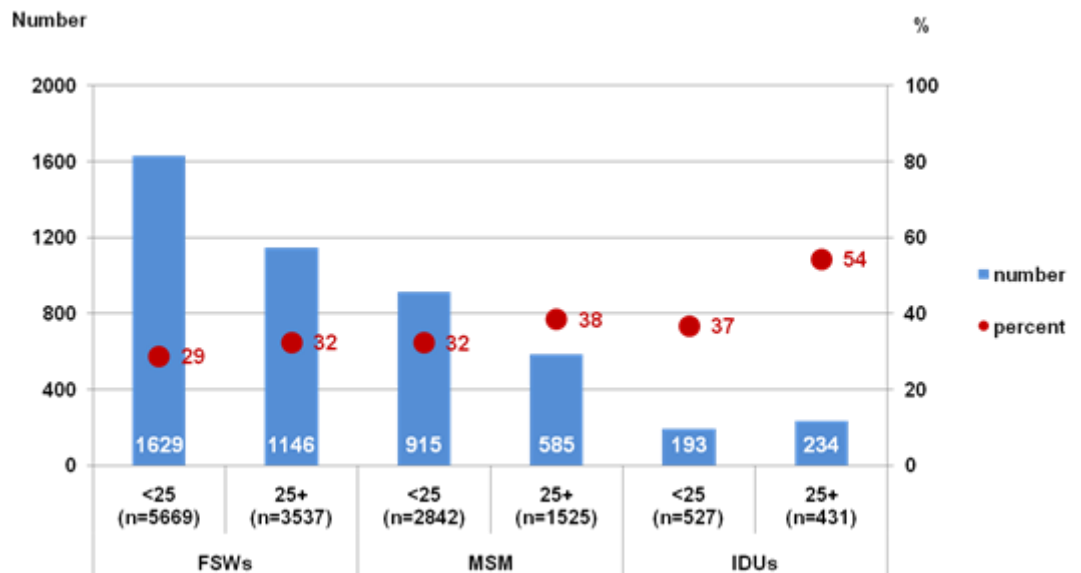
### Vulnerability Factors:<sup>18</sup>

- The Philippines has one of the lowest documented rates of condom use in Asia, due to a variety of factors, particularly common perception of its primary use to be only for pregnancy prevention;
- Increasing casual sexual activity, particularly among young men aged 15-25; there is a great need for enhanced behavioural surveillance for additional data in this vulnerable group;
- Returning overseas Filipino workers that participate in unprotected casual sex and other risky behaviour while overseas;
- Widespread misconceptions about transmission of HIV, low level of knowledge about prevention of HIV, especially among key affected populations and the youth;
- High needle-sharing rates and use of unsterile needles/syringes among injecting drug users.

### Knowledge about HIV

In 2007, levels of comprehensive knowledge about HIV (that is, the ability to both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission) among key affected populations was low – particularly so among FSWs (2%) and men who have sex with men (10%) as compared to clients of FSWs (19%) and IDUs (26%).<sup>15</sup> Comprehensive knowledge increased markedly among all key affected populations in 2009, to 30% among FSWs, 34% among MSM and 45% among IDUs.<sup>12</sup> As shown in Figure 6, this knowledge was lower among individuals aged younger than 25 years as compared to their older counterparts.

**Figure 6: Number and percent of key affected populations with comprehensive knowledge of HIV by age group, 2009**



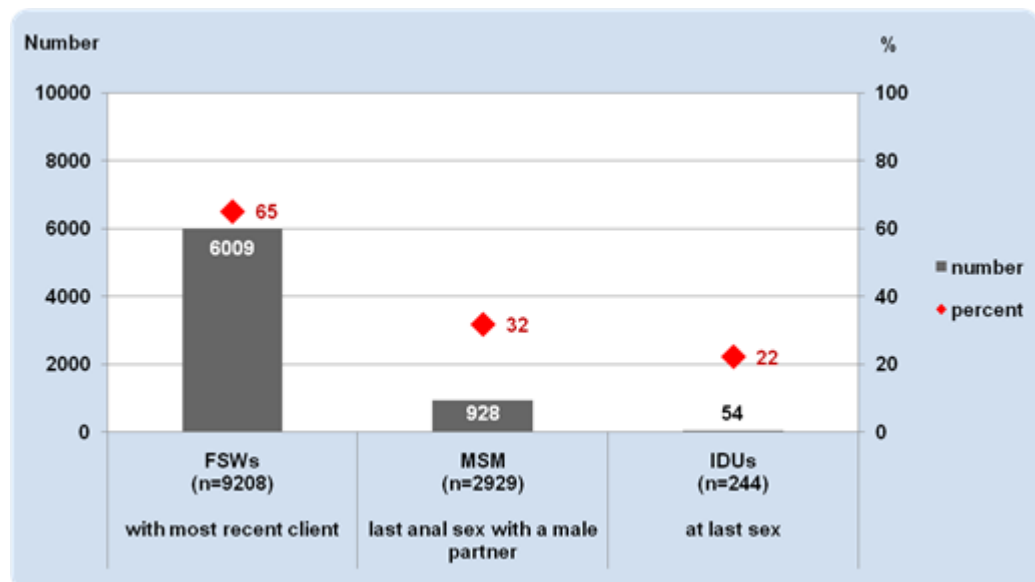
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Philippines, Integrated HIV Behavioral and Serologic Surveillance (IHBSS), 2009, cited in UNGASS Country Progress Report, 2010

Among women (aged 15-49) in the general population, 22% had comprehensive knowledge of HIV in 2008.<sup>19</sup> This figure was 21% among young women aged 15-24.<sup>19</sup> While 94% of women aged 15-49 had heard of HIV and AIDS, only 67% knew that HIV can be prevented by abstaining from sexual intercourse, 59% knew that HIV can be prevented by using condoms every time they have sexual intercourse and 77% knew that limiting sexual intercourse to one HIV negative partner could prevent transmission.<sup>19</sup>

### Condom use

A contributory factor to the rise in HIV cases is the low usage of condoms. Condom use among sex workers is not within the country target of at least 80%, with the IHBSS 2009 reporting an estimated 65% use among FSWs (72% of registered FSWs and 62% of freelance FSWs) and 30.3% of MSWs reported using a condom at last sex.<sup>12</sup> MSM and IDUs also report very low rates of condom use at last sex – at 32% and 22%, respectively in 2007 (Fig.7).<sup>12</sup>

**Figure 7: Number and percent of key affected populations who reported the use of a condom at last sex, 2009**



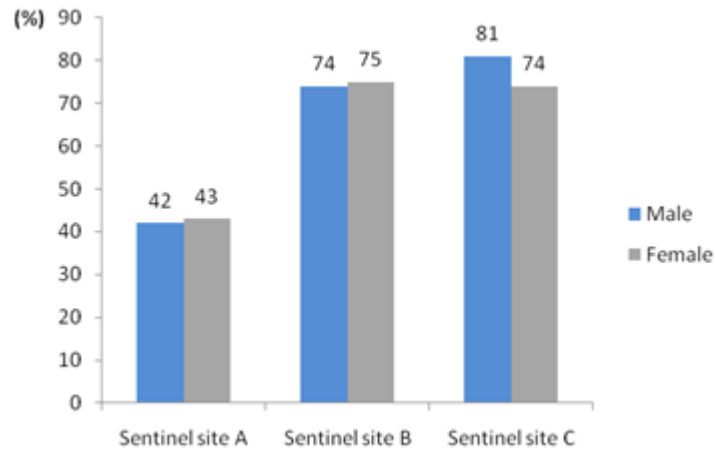
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Philippines, Integrated HIV Behavioral and Serologic Surveillance (IHBSS), 2009, cited in UNGASS Country Progress Report, 2010

### Use of sterile injecting equipment

A high percentage of IDUs reportedly share unclean injecting equipment. Across various sentinel sites in 2009, the percentage of IDUs reporting having shared needles at their last injection ranged from 42% among males in site A to 81% among males in site C (Fig. 8).<sup>17</sup> Overall, 85% of IDUs reported the use of sterile injecting equipment at last injection in 2009 – a marked increase from the 48% reported in 2007.<sup>12; 15</sup>



**Figure 8: Percentage of IDUs sharing needles at last injection, by gender and sentinel site, 2009**



Source: Prepared by www.aidsdatahub.org IHBSS National Dissemination Forum, 11 December 2009, Heritage Hotel, Manila

## NATIONAL RESPONSE

### *Law and policy implementation*

The following are legal issues relating to HIV and AIDS in the Philippines:

- The Philippines AIDS Prevention and Control Act (1998) addresses issues including confidentiality and anti-discrimination and prohibits compulsory testing;<sup>20</sup>
- Sex work is illegal, yet common in many areas;<sup>21</sup>
- The Dangerous Drugs Law criminalizes distribution of sterile needles, a major component of harm reduction strategies for IDUs. Therefore drug use is often treated as a criminal rather than a social or health issue.<sup>21</sup>
- The Philippines does not have laws that criminalize homosexual behaviour.

## **Governance**

The Philippine National AIDS Council (PNAC) is the country's highest advisory, planning and policy making body on HIV. The council members represent 26 government agencies, NGOs, professional organizations and a representative from people living with HIV/AIDS. The PNAC coordinates and oversees programmes and activities that aim to prevent and control HIV in the Philippines.

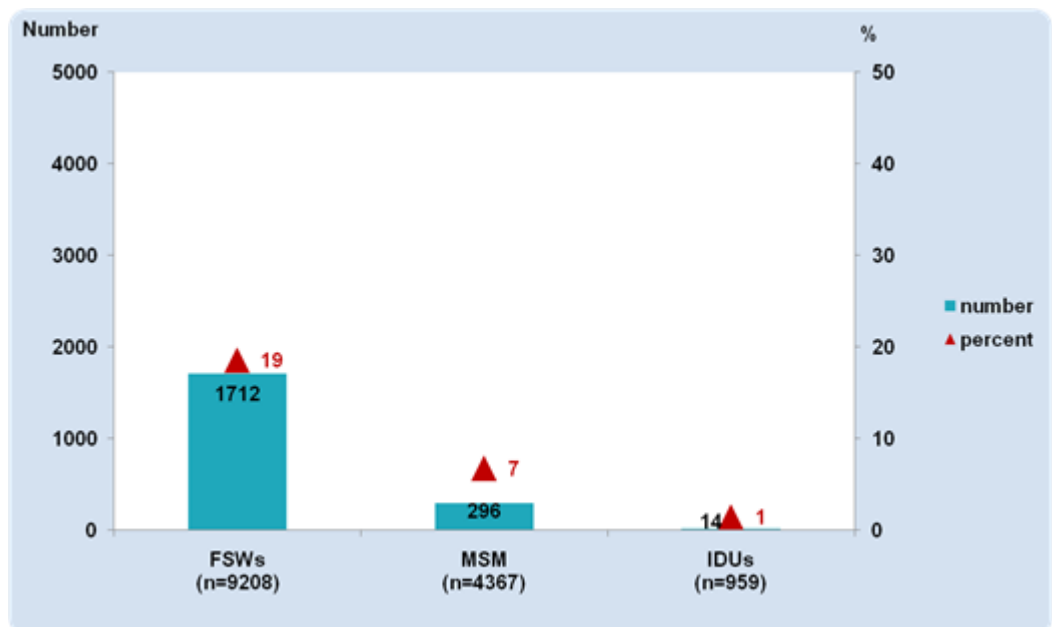
Over the years, the Philippine Government's responses to HIV have included the following:[12](#): [15](#)

- Enactment of relevant laws that mandate promulgation of policies and prescription of measures for HIV prevention and control in the Philippines, institutionalisation of a nationwide information and educational programme;
- Creation of programmes to prevent and control AIDS and STIs including HIV testing and counselling, establishment of the HIV surveillance system, establishment of a comprehensive national HIV and AIDS M&E system;
- Development of AIDS Medium Term Plans (AMTP) to guide policy makers and programme planners:
  - The 5th AIDS Medium-Term Plan for 2011-2016 (AMTP-V) states the need for "improvements in the existing treatment, care and support packages in terms of coverage for the most at risk populations as well for stronger advocacies to cause change in sexual behaviors." The Plan also calls for intervention measures for "transgender and persons in prostitution;"
- Development of guidelines, standards, and protocols for HIV case reporting, treatment, care, and support, including provision of antiretroviral drugs (ARVs)
  - Guidelines on "Integrated Management of Pediatric HIV infection and AIDS," have been developed and implemented in three major hospitals in collaboration with an NGO. The project provides a model of care for infected and affected children, including access to ARVs, psychological and social support through a network of partners;
- Capacity building of health care providers and the creation of the HIV and AIDS Core Team (HACT), made up of doctors, nurses, medical technologists, and social workers in government-retained hospitals, together with NGOs based in the community. Patients can access ART from 13 hospitals across the country. There are also 68 hospitals (public and private) with HACTS that have been strengthened and updated on HIV and AIDS clinical management;
- Information, education & communication (IEC) strategies on HIV have been integrated into existing community-based programs. Community-based social workers and child-focused government and non-government organizations (NGOs) are further capacitated;
- Development of AIDS modules for integration in school curricula at all levels, including primary and secondary schools, the bachelor course on education as well as non-formal education;
- Creation of Local AIDS Councils (LACs) and enactment of local AIDS ordinances, including provision of budgetary allocations;
- Development of a national workplace policy, which paved the way for "AIDS in the workplace" programmes;
- Integration of AIDS and Migration in the curriculum of the Foreign Service Institute of the Department of Foreign Affairs (DFA).

### HIV Prevention programmes

As of 2009, 82 out of a total of 114 health facilities were providing voluntary counselling and testing (VCCT) services (up from 52 in 2008).<sup>22; 23</sup> In the 2009 IHBSS, only 19% of FSWs, 7% of MSM and 1% of IDUs had received an HIV test in the last 12 months and knew the results (Fig. 9).<sup>12</sup> The earlier 2007 IHBSS found this figure to be 12%, 16% and 4% among FSWs, MSM and IDUs, respectively, as well as 6% among clients of sex workers.<sup>15</sup>

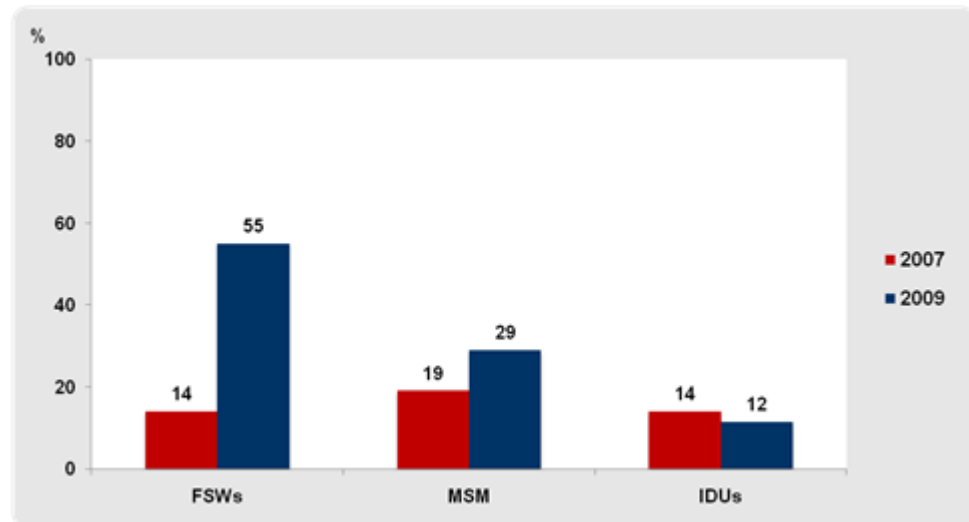
**Figure 9: Number and Percent of key affected populations who received an HIV test in the past 12 months and knew the results, 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Philippines, Integrated HIV Behavioral and Serologic Surveillance (IHBSS), 2009, cited in UNGASS Country Progress Report, 2010

One likely reason for this low HIV testing coverage among key affected populations is the fact that not many were reached with HIV prevention programmes in the past few years (Fig.10). While programmes reached more FSWs in 2009 as compared to 2007, IDU coverage declined and current levels remain at less than 60% among all 3 populations.<sup>12; 23</sup>

**Figure 10: Percentage of key affected populations reached with HIV prevention programme, 2007 and 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Philippines, Integrated HIV Behavioral and Serologic Surveillance (IHBS, 2009, cited in UNGASS Country Progress Report, 2010 and IHBS 2007 reported in Towards Universal Access Scaling up Priority HIV/AIDS Interventions in the Health Sector Progress Report, 2010

In terms of harm reduction interventions, as of 2009, there were 0.2 needle and syringe programme sites per 1,000 IDUs, with an average of 1.7 needles/syringes distributed by such programmes per IDU per year.<sup>23</sup> Substitution therapy is not implemented because there is no established evidence for opiate substitution for Nalbuphine (nubain), the most commonly used substance among local IDUs.<sup>12</sup>

### ***Antiretroviral treatment, Prevention of Mother-to-Child Transmission***

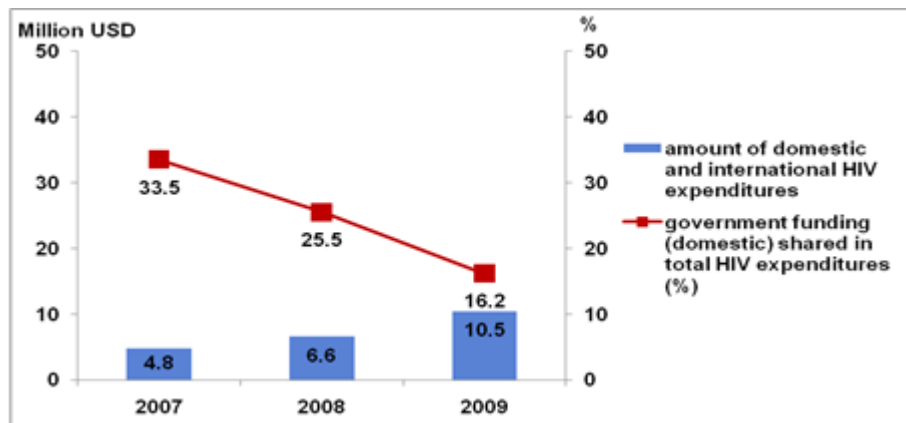
In 2009, 23 out of 114 health facilities were providing antiretroviral therapy (ART), with 750 adults and children receiving ART (up from 532 in 2008)<sup>22; 23</sup> and according to 2010 guidelines, 37% of adults and children needing ART received it (60% based on 2006 guidelines).<sup>12</sup>

In terms of prevention of mother-to-child transmission (PMTCT), as of 2008, 3,783 health facilities were providing antenatal care services, with 13 was providing ANC and VCCT services and ARVs for PMTCT.<sup>23</sup> In 2009, 1-4% of pregnant women living with HIV received ARVs for PMTCT.<sup>23</sup>

## ECONOMICS OF AIDS

Overall spending for AIDS has more than doubled from \$4.8 million in 2007 to \$10.5 million in 2009; however, the percent of government share in total HIV expenditure has decreased by more than half from 33.5% in 2007 to 16.2% in 2009 (Fig. 11). During the period 2007 to 2009, about 67% of total AIDS spending was financed by external sources, while 22.7% came from domestic sources.<sup>12</sup> In recent years, most funding came from the Global Fund, while other external contributors included UN agencies, the Asian Development Bank, the European Commission, USAID, the World Bank and WHO.<sup>8; 12</sup>

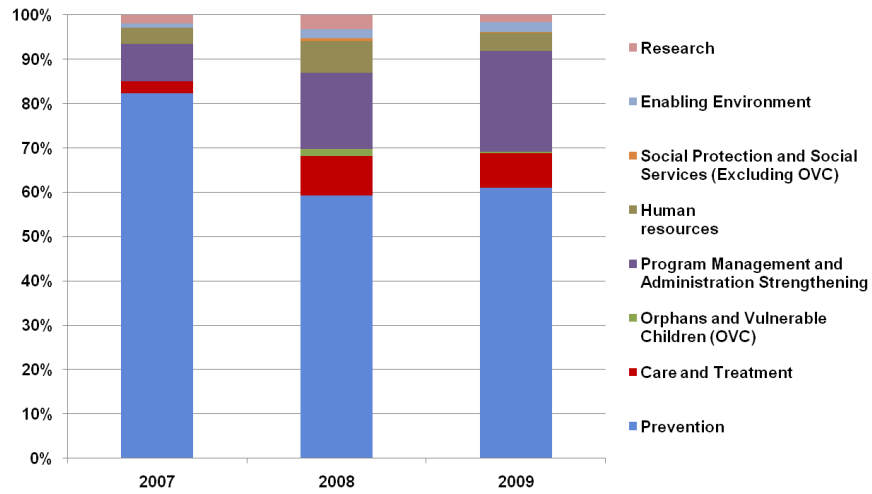
**Figure 11: Amount of domestic and international HIV expenditures and % shared by government, 2007 - 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Report on the Global AIDS Epidemic, 2010

In terms of spending by activity, prevention initiatives remain the highest followed by program support costs, and treatment and care activities (Fig. 12).<sup>8</sup> With regards to AIDS spending for prevention among key affected populations in 2009, 2% of the prevention subtotal was spent towards harm-reduction programmes for IDUs, 3% went towards programmes for MSM and another 3% went towards programmes for sex workers and their clients.<sup>12</sup>

**Figure 12: Percent distribution of AIDS spending by category, 2007- 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Report on the Global AIDS Epidemic, 2010

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