

## Fast Facts 2013

		Trend
People living with HIV <sup>1</sup>	28,000 [23,000-39,000]	↑
Women living with HIV <sup>1</sup>	5,000 [4,000-6,600]	↑
Young women living with HIV <sup>1</sup>	1,600	↑
Young men living with HIV <sup>1</sup>	5,100	↑
New HIV infections <sup>1</sup>	4,600 [3,300-8,000]	↑
People receiving ART <sup>2</sup>	5,355	↑
AIDS Deaths <sup>1</sup>	<500 [<500-<500]	↑
Reported HIV cases <sup>2</sup>	4,814	↑

1) 2013 HIV EPP/Spectrum estimates produced in country and endorsed and used by the Philippines government; 2) 2013 Philippines AIDS Registry

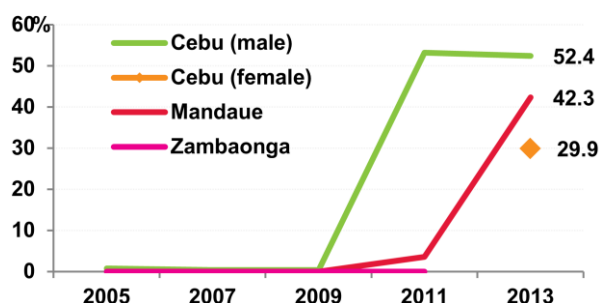
### HIV is rapidly expanding among people who inject drugs and men who have sex with men in certain cities

Estimated 28,000 people living with HIV in 2013, an 11-fold increase since 2001, while new HIV infections increased 8 times from 2001 to an estimated 4,600 new HIV infections in 2013 (*Philippines HIV estimates 2013*).

There is an alarming increase in HIV cases in recent years. Reported cases increased from 1 per day in 2007 to 13 in 2013. 80% of newly reported cases in 2013 are attributable to male-to-male sex (*2013 Philippines AIDS Registry*).

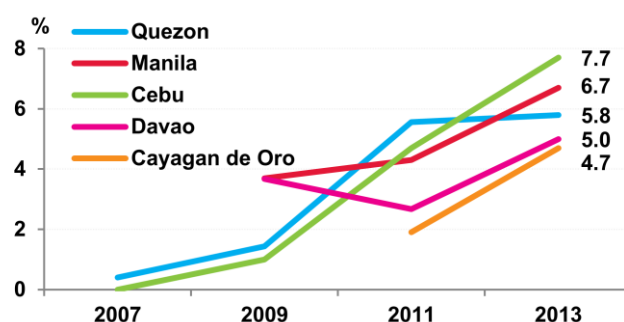
Typical of the pattern seen elsewhere in Asia, the epidemic in Philippines began with explosive growth of HIV among people who inject drugs (PWID); in Cebu, HIV prevalence in male PWID increased from 0.8% in 2005 to 52.4% in 2013. Recent surveillance indicates that HIV is spreading from Cebu to the neighbouring city of Mandaue, where prevalence has increased from 0% in 2009 to 42.3% in 2013 (*IHBSS 2005 to 2013*).

**Figure1: Explosive HIV epidemic among PWID in cities, 2005-2013**



The epidemic is also rising rapidly among men who have sex with men (MSM). Preliminary data from Integrated HIV Behavioural and Serologic Surveillance Survey (IHBSS) 2013 indicates HIV prevalence among MSM is 5% and above in four cities, 7.7% in Cebu, 6.7% in Manila, 5.8% in Quezon City and 5% in Davao.

**Figure2: Rapidly expanding HIV epidemic among MSM in cities, 2007-2013**



In Cebu HIV prevalence among female sex workers (FSW) was 5.5% in 2011 – much higher than the national prevalence of 0.3%. The first IHBSS among transgender was conducted in Cebu and prevalence estimated at 3.7% in 2013 (*IHBSS 2011 and 2013*).

### High HIV risk behaviours exist

Reported low levels of condom use at last sex among all key populations: 15% among PWID, 36% among MSM and 64% among FSW. Young MSM used condoms even less than their older counterparts (*IHBSS 2011*).

Needle sharing is high among PWID; only 25% reported safe injecting practices at last injection (*IHBSS 2011*).

Overlapping risk behaviours among key populations and risks of onward transmission to their intimate partners are also causes for concern. For instance, 70% of MSM and 36% of PWID sold sex in the last year, 6.4% of MSM injected drugs in last year and 79% MSM reported they had vaginal sex with females in their lifetime (*IHBSS 2009 and 2011*).

### Response: Mixed progress

- ✚ Less than 30% of key populations were reached with HIV prevention programmes in 2011; coverage is particularly low among MSM at less than 15%.
- ✚ Due to political barriers, needle and syringe exchange programmes have not been easily accepted, and remain as a pilot project in Cebu.
- ✚ Importantly, less than one fifth of FSW, and only 5% of MSM and PWID in Philippines know their HIV status (*IHBSS 2011*).
- ✚ People on treatment have tripled since 2011, with overall 5,355 people living with HIV were receiving antiretroviral treatment by the end of November 2013 (*2013 Philippines AIDS Registry*).
- ✚ Of 19 HIV positive pregnant women detected in 2012, 11 were provided life-long ART (option B+) and 8 were provided maternal triple ARV prophylaxis (option B).

### AIDS response financing

- ✚ According to The Philippines 5<sup>th</sup> AIDS Medium Term Plan (2011 – 2016) the country will need an estimated US\$ 73 million annually to fund the AIDS response.
- ✚ Despite increased domestic public budget allocation for HIV programmes between 2009 and 2011, the country still has low investment on HIV, with an estimated total spending of US\$ 8 million in 2011 - highlighting a resource gap of over US\$ 65 million.
- ✚ Latest AIDS spending matrix report shows less money was spent on HIV prevention programmes for key populations – only 17% of total prevention spending in 2011.

### Stigma and legal barriers

- ✚ The Stigma Index Report in 2009 showed 8% of surveyed people living with HIV were denied health services due to their HIV status.
- ✚ Analysis of National Commitments and Policy Instrument 2012 found there are punitive laws relating to drugs (possession of drug paraphernalia) and criminalization of sex work.

### Challenges and game changers

#### ✚ **Challenges**

- The numbers of people living with HIV are still too low in the context of competing priorities (28 thousand people living with HIV in a population of 100 million).
- There is a need for better strategic information. Reported cases are higher than estimated new infections possibly because they represent new and old infections, and also Spectrum modeling may have underestimated the epidemic. AIDS Epidemic Model (AEM) is now being finalised and higher estimates are expected.
- Maximizing resources in a climate of diminishing external funding for HIV and AIDS.

#### ✚ **Game changers**

- Strong political message from the highest levels of leadership in the context of a prevailing low level concentrated epidemic.
- Resource gap is effectively covered by mobilization of larger domestic resources.
- Optimal spending on evidence-informed prevention programmes for key populations.
- Move to rapid testing sooner than the Government's plan of 2015 with strong community engagement.