U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

PHILIPPINES

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	9,400
Total Population (2002)	77.13 million
Adult HIV Prevalence (end 2001)	<0.1%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and their clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	<0.1%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	—

Sources: UNAIDS, U.S. Census Bureau

Since the first case of AIDS in the Philippines was reported in 1984, the documented HIV/AIDS epidemic has progressed slowly. According to the Philippines Department of Health, as of December 2003, 1,965 cases of HIV infection had been reported, and of these, 636 individuals (32 percent) were reported to have AIDS. At the end of 2001, UNAIDS estimated that 9,400 Filipinos had HIV infection. Despite the difference between reported cases and estimates, the adult HIV prevalence rate remains less than 0.1 percent when averaged over the whole country.

HIV infection is found in all regions of the country, although it appears to be concentrated in the urban areas of Luzon, Mindanao, and Visayas Islands. Sexual intercourse remains the predominant mode of transmission, accounting for up to 86 percent of all infections. Mother-to-child and other modes of transmission, such as via blood and blood products, needle-stick injuries, and injecting drug use, account for smaller percentages of infections.

Map of Philippines: PCL Map Collection, University of Texas

Although the Philippines has had some success keeping the AIDS epidemic at bay, an active sex industry and a population of injecting drug users pose an ongoing threat for future spread of the disease. Behavioral data from 1997 to 2001 indicate knowledge of AIDS and prevention practices is increasing, yet many Filipinos continue to practice behaviors that place them at risk for HIV infection.

Several underlying factors may contribute to the low average HIV prevalence and its slow growth:

- Circumcision is practiced, which is associated with modest lower prevalence in areas in Africa
- Geography is complicated (no land borders, many islands)
- A culture of sexual conservatism exists
- Relatively low levels of injecting drug use are present
- National, multisector HIV/AIDS policies and information, education, and communication campaigns are effective

NATIONAL RESPONSE

The Government of the Philippines has acted aggressively to prevent the spread of HIV. A National AIDS Prevention and Control Program was

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established in 1987, and in 1995, the Philippine National AIDS Council—the central advisory, planning, and policy body for all HIV/AIDS prevention and control activities in the country—developed a national HIV/AIDS strategy. One of the AIDS Council's most significant accomplishments was the enactment of the Philippine AIDS Prevention and Control Act of 1998, which has become a model for HIV/AIDS-related human rights legislation. UNAIDS has highlighted the legislation and the participatory process used for its formulation as a "best practice." Key aspects of the legislation include:

- Prohibition of compulsory testing for HIV
- Respect for human rights, including privacy of individuals living with HIV/AIDS
- Integration of HIV/AIDS education in schools from intermediate to tertiary levels
- Provision of basic health and social services for individuals with HIV
- Promotion of safety and precautions in practices that carry the risk of HIV transmission
- Prohibition of discrimination against persons living with HIV/AIDS in the workplace, schools, and hospitals, and in insurance services

In 1993, with funding from the U.S. Agency for International Development (USAID) and technical assistance from the World Health Organization, the Department of Health established the National HIV/AIDS Sentinel Surveillance System. Today, the Philippines conducts both serological and behavior surveillance at ten sentinel sites. Although an evaluation of USAID assistance conducted in 2001 showed that surveillance, education, and policy initiatives had been successful, the evaluation also indicated that several gaps need to be filled. These include better HIV sentinel and behavioral surveillance; better education and policy activities; and stronger advocacy efforts, especially for the most underserved and at-risk populations, such as freelance female sex workers, men who have sex with men, and injecting drug users.

USAID SUPPORT

USAID has devised a 2002–2006 strategic plan for HIV/AIDS activities that will total about $6 million, or about $1.5 million per year. The plan proposes to continue and expand the activities that occurred through the previous initiatives and calls for cost-effective interventions that can be sustained by local government units before the end of the funding period. The principal objectives are as follows:

- Keep HIV/AIDS infections low and avoid an increase in the prevalence rate
- Prevent further infections among the most-at-risk groups
- Integrate sustainable HIV/AIDS interventions into the programs of local government units and nongovernmental organizations

In general, the strategy will consist of four overarching interventions:

- Improve the overall health of the Philippine population by strengthening HIV/AIDS surveillance
- Develop plans for sustaining the support of local government units
- Strengthen the ability of nongovernmental organizations to identify and educate the most-at-risk groups
- Create a positive policy environment to remove obstacles to implementation and continuation

Capacity development

Ongoing USAID assistance is geared toward strengthening the capability of local governments to fund and manage activities to maintain the low prevalence of HIV/AIDS in their communities.

The 2002–2006 strategic plan recommends national policies to ensure that HIV/AIDS interventions can be implemented and sustained. In essence, this means developing plans for local government units to absorb and direct future prevention activities. So far, the national government and some local governments have been willing to fund HIV prevention activities; others need to be convinced to do so.

Nongovernmental organizations and the private sector

USAID funds activities that strengthen the ability of nongovernmental organizations and the private sector to perform HIV/AIDS education, prevention, and care work. Efforts are being made to enhance the skills of such organizations in behavioral knowledge and best practices, and in particular, to increase their role in policy and advocacy. Efforts are also being made to involve youth and other community members in activities to help them reduce their vulnerability to HIV infection.

Participation of people living with HIV/AIDS

USAID and its partners recognize that people living with HIV/AIDS must be involved at all stages of program development, implementation, and monitoring. By providing technical support, the organizations that represent these individuals will be able to play an important role addressing the epidemic. Acting as educators and spokespersons for prevention, care, and support messages empowers individuals with HIV infection and removes the stigma from the disease by reducing the social distance between those infected and those who are not. Involving people living with HIV/AIDS also ensures that care and support interventions are meeting the needs of those being served.

Prevention

Funds for USAID projects are being used to assist local governmental units to develop local plans and strategies to serve the most-at-risk population groups. USAID partners are developing a generic strategy for sustained serological and behavior surveillance, combined with appropriate health services and behavior change communication efforts geared toward those most at risk for HIV infection. Once a sustainability strategy is accepted, USAID will support activities to transform this generic strategy in locality-specific plans for eight HIV/AIDS sentinel surveillance sites.

Surveillance

Programs sponsored by USAID strive to understand the cultural context of sexually transmitted infections and are designed to refine and accelerate existing prevention programs. Although the current surveillance system operates well, additional data need to be collected; further, the HIV sentinel surveillance methodology and social and behavioral research are inadequate to detect all cases of HIV/AIDS.

USAID continues to assist the National AIDS Prevention and Control Program with surveillance activities and supports the establishment of a national surveillance system for sexually transmitted infections. USAID/Philippines will expand technical assistance to the private sector, including nongovernmental organizations, and to local government units that wish to extend surveillance and education activities to reach more individuals at risk for HIV infection, including men who have sex with men, injecting drug users, and registered and freelance female sex workers. These activities will consist of expanding the HIV surveillance survey, strengthening the ability of nongovernmental organizations to identify the most-at-risk groups, conducting one-time studies of other at-risk groups, integrating the HIV surveillance survey with infectious disease surveillance, and making the behavior surveillance survey methodology stronger.

FOR MORE INFORMATION

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