HIV and AIDS in the PHILIPPINES, 2008
3,358 Cases
(January 1984 – July 2008)

- Asymptomatic: 2,562 (75%)
- AIDS: 796 (25%)
  - Death: 310 (39%)

New HIV+ for July 2008 - 53 cases
HIV and AIDS Cases by Year
(January 1984 – December 2007)
Since January 1984, total cases of HIV+

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>123</td>
</tr>
<tr>
<td>2005</td>
<td>210</td>
</tr>
<tr>
<td>2006</td>
<td>309</td>
</tr>
<tr>
<td>2007</td>
<td>342</td>
</tr>
<tr>
<td>July 2008</td>
<td>297</td>
</tr>
</tbody>
</table>

Estimate

(WHO): 2005 10-13,000
(DOH): 2007 7,490
HIV+ Cases by Age Group and Gender

- <10
- '10-14
- 15-18
- 19-24
- 25-39
- 40-49
- > 50
- No age

Male | Female
--- | ---

[Bar chart showing HIV+ cases by age group and gender, with specific data points for each age group for males and females.]
• 74% are males
• 94% Transmission by Sexual Contact
• Of the 1,142:
  seafarers (33%)
  domestic helpers (17%)
  employees (9%)
  entertainers (8%)
  health workers
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; HIV infection reported</td>
</tr>
<tr>
<td>1985</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; HIV+ case confirmed</td>
</tr>
<tr>
<td>1986</td>
<td>HIV and AIDS declared as notifiable disease</td>
</tr>
<tr>
<td>1987</td>
<td>HIV and AIDS Registry established</td>
</tr>
<tr>
<td>1992</td>
<td>Philippine National AIDS Council established</td>
</tr>
<tr>
<td>1993-97</td>
<td>Surveillance activities established</td>
</tr>
<tr>
<td>1997</td>
<td>National Workplace Policy ratified</td>
</tr>
<tr>
<td>1998</td>
<td>Republic Act 8504 enacted</td>
</tr>
<tr>
<td>2000-2004</td>
<td>Local AIDS councils created</td>
</tr>
</tbody>
</table>
Low and Slow to Hidden and Growing

“The Iceberg Phenomenon of HIV”
Hidden transmission
Hidden groups with high risk behavior
Hidden fears, prejudices and misconceptions among the population

people diagnosed & registered

People NOT diagnosed & / or NOT registered
Or WHO DO NOT COME OUT
Estimates of STI infections, 2001
*(general population)*

<table>
<thead>
<tr>
<th></th>
<th>Low Estimate</th>
<th></th>
<th>High Estimate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence</td>
<td># of cases</td>
<td>Prevalence</td>
<td># of cases</td>
</tr>
<tr>
<td>CHLAMYDIA</td>
<td>5.6%</td>
<td>2,251,200</td>
<td>7.7%</td>
<td>3,095,400</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>0.7%</td>
<td>281,400</td>
<td>1.7%</td>
<td>683,400</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>0.2%</td>
<td>80,400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• 12,000 (7,300-20,000) people are living with HIV *
• Low prevalence rate (less than 1%)
• Sexual contact as main mode of transmission (88%)
• 58% of cases are in 25-39 years age group
• 67% are male
• 1 in every 3 reported cases are OFW
**Is the Philippines in the verge of an upsurge of HIV/AIDS?**

<table>
<thead>
<tr>
<th>Year</th>
<th>Genetic Subtype (clade)</th>
<th>Profile of cases</th>
<th>Milestones in the response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980s</td>
<td>Subtype B</td>
<td>Women CSW</td>
<td>WHO- GPA/MOH NGOs</td>
</tr>
<tr>
<td></td>
<td>* Americas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990s</td>
<td>B, A, A/E, A/F</td>
<td>Predominantly, Heterosexual</td>
<td>PNAC</td>
</tr>
<tr>
<td></td>
<td>* Asia, Thailand, China, Middle East</td>
<td>- Tally of OFWs</td>
<td>Pinoy Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ASEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RA 8504</td>
</tr>
<tr>
<td>2000</td>
<td>B/B, C/C, A/B, G/A</td>
<td>Mostly OFW</td>
<td>IRR</td>
</tr>
<tr>
<td></td>
<td>* Asia, Russia</td>
<td></td>
<td>MTP III</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Local Responses</td>
</tr>
<tr>
<td>2004</td>
<td>B, E, F, C, A, No (D, H, I, J, and O)</td>
<td>All occupations</td>
<td>MTP IV</td>
</tr>
</tbody>
</table>
The sex workers/PIP

- Mean age of 20
- Discrete/Diversifying modes of rendering services
- Difficult to reach freelance subgroups
- Mean no. of partners/week = 3
- 40% condom use rate
- High STI rates
IDUs

- Growing number in Cebu, General Santos and Zamboanga
- 80% still share injecting drug equipment
- Lowest condom use rate among vulnerable groups
- 90% prevalence of Hepatitis C in some areas
- Potential bridge to other population groups
Youth

- Approximately:
  - 3% of 15-27 of male popn - YAFS
  - 7% of ≥18 y.o. male popn - Dr. M. Tan
- Hidden sexual networks
- High STI rates (32%)
- Increasing practice of anal sex (72%)
- Low condom use rates <20%
Conclusion

- Sexual route is the major mode of transmission;
- Most cases are in the economically productive age groups;
- HIV cases registered is low yet increasing; a lot more “HIDDEN”;
- More OFWs are infected because of exposure;
- The prevalence among certain GHR in some cities is > 1%.
- Transmission is towards GEN POP.
Spread of HIV to the Population

General Population

HRGs will have clients / partners

Clients will have sex with with regular / permanent partners

Partners / offsprings will be infected / affected
Red Flags

- Number of new HIV cases increasing
- Growing size of local pool of HIV
- High level of needle sharing among IDUs
- High prevalence of risk behaviours
- High STI prevalence
- Low level of knowledge on HIV and AIDS
Challenges to Addressing the Epidemic

• Many lack basic information about HIV/AIDS

• Most people in low- and middle-income countries do not have access to key prevention and care services

• Lack of infrastructure, training, quality & monitoring systems, facilities etc. may impede access; other barriers include price, patent laws and other regulatory issues; and the impact of the epidemic on the health sector and health care workers
Challenges continued…

• Collateral effects of the epidemic (epidemic exacerbates existing problems and vice versa)

• There are promising research directions – microbicides, vaccines – but a vaccine is still years away

• Resources…$$$
“We cannot afford to give any room for complacency for if we allow it to catch up on us, the consequences are simply unthinkable”

Dr. Manuel Dayrit
Policy Framework on HIV & AIDS
What has the Philippine government done regarding the epidemic?
Country AIDS Response
• **1984 to 94**
  – 1st AIDS case recorded in the Philippines
  – HIV/AIDS declared as a Notifiable Disease
  – National AIDS/STD Prevention and Control Program and AIDS Registry
  – Republic Act 8504
  – Philippine National AIDS Council
  – 1st-4th AIDS Medium Term Plan
  – DOH initiated HIV biological surveillance
• 1995 to 2000
  – First Filipino movie with AIDS Theme: “The Dolzura Cortez Story” and inaugurated “Bahay Lingap”
  – Creation of HIV/AIDS Core Teams in all govt. hospitals
  – Hosted 4th International Congress on AIDS in Asia and the Pacific
  – STD/AIDS Cooperative Central Laboratory (SACCL) and Behavioral Surveillance
  – Republic Act 8504 (AIDS Law)
• 2000-05
  – UNGASS Declaration of Commitment on HIV/AIDS
  – Adopts UNAIDS “Three Ones”
  – 4th AIDS Medium Term Plan 2005-2010
  – Develop Monitoring and Evaluation Systems
The GUIDES

RA 8504 – AIDS Law
4th AMTP– AIDS Medium Term Plan
Legal Basis
RA 8504

**REPUBLIC ACT 8504**

Otherwise known as AIDS Law  
Signed in February 1998  
Promulgating policies and prescribing measures for the  
   Prevention and Control of HIV/AIDS  
in the Philippines  
Instituting a Nationwide HIV/AIDS information and education program  
Comprehensive monitoring system  
Strengthen the Philippine National AIDS Council
RA 8504

Rationale of RA 8504

- Prevention and control of HIV and AIDS
- Protection of rights and dignity of persons with HIV and AIDS
- Recognition of role of persons with HIV and AIDS in prevention and control of the disease
- Provision of control measures in high-risk settings
RA 8504

What are its key features?

Article I   :  Education and Information
Article II  :  Safe Practices and Procedures
Article III :  Testing, Screening , and Counseling
Article IV  :  Health and Support Services
Article V   :  Monitoring
Article VI  :  Confidentiality
Article VII :  Discriminatory Acts and policies
Article VIII : The Philippine National AIDS Council
HIV/AIDS Education & Information in health facilities, schools, workplaces, in the communities, for Filipinos going abroad, tourists & transients.
KEY FEATURES

NO COMPULSORY TESTING:

* as a precondition for employment
* for admission to educational institutions
Article III: Testing, Screening & Counseling
Section 16. Prohibition on Compulsory HIV Testing

Compulsory HIV testing as a precondition to employment, admission to educational institutions, … the provision of medical service or any kind of service… shall be deemed unlawful.
KEY FEATURES

MEDICAL CONFIDENTIALITY

- health professionals
- health workers
- workers
- employers
- recruitment agencies
- insurance companies
- data encoders
- other record custodians
Section 34.

Disclosure to sexual partners
KEY FEATURES

NO DISCRIMINATION FOR:

* optimal medical care in hospitals, health institutions & community based care
* employment, livelihood, self help and cooperative programs
* admission to schools, travel & entry, elective & appointive positions
* access to credit, health/accident/life insurance
* burial services
Reconstitution & Strengthening of the PNAC

- attached agency to the DOH
- central advisory & policy making body
- oversee an integrated & comprehensive approach to HIV/AIDS prevention & control
The Philippine National AIDS Council (PNAC)

The central advisory, planning and policy-making body for the comprehensive and integrated HIV / AIDS prevention and control program in the Philippines
## PNAC MEMBERSHIP & COMPOSITION

- **DOH** – permanent chair
- **DILG** - vice; elected every 2 yrs.
- **CHED**
- **TESDA**
- **DOLE**
- **DSWD**
- **DepEd**
- **DOJ**
- **NEDA**
- **Senate Com. Health on Health**
- **Congress Com. On Health**
- **DOT**
- **DBM**
- **DFA**
- **PIA**
- **GOVs. League**
- **City Mayor’s League**
- **GOVs. League**
- **City Mayor’s League**
- **PLWHA = 2**
- **Sectoral Rep = 6**
- **Health & Professional Organizations = 2**
PNAC Response

The Fourth AIDS Medium Term Development Plan (AMTP IV)  
2005 – 2010

Vision

Greater access to holistic response

Goal

To prevent the further spread of HIV/AIDS infection and reduce the impact of the disease on individuals, families and communities
PENALTIES FOR:

- Violations on medical confidentiality
  6 months to 4 years imprisonment, fines, suspension or revocation of license/accreditation

- Discriminatory acts & policies
  6 months to 4 years imprisonment, fines not over P10,000, revocation of license/permits
PENALTIES FOR:

- Misleading information/advertising
  2 months to 2 years imprisonment

- Knowingly & negligently infecting others in the practice of one’s profession
  6-12 years imprisonment, fines, suspension or revocation of license/accreditation
THANK YOU!