



HIV/AIDS HEALTH PROFILE

| HIV and AIDS Estimates | |
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| Total Population* | 91.1 million (mid-2007) |
| Estimated Population Living with HIV/AIDS** | 12,000 [7,300-20,000] (end 2005) |
| Adult HIV Prevalence** | <0.1% [<0.2%] (end 2005) |
| HIV Prevalence in Most-At-Risk Populations** | IDUs: 1% (Cebu City) (2005) MSM: 1-3% (2001) (Cebu City & Quezon) Sex Workers: 0.16% (2005) (Cebu City) |
| Percentage of HIV-Infected People Receiving Antiretroviral Therapy*** | 10% (end 2006) |

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

The Philippines is a low-HIV-prevalence country, with less than 0.1 percent of the adult population estimated to be HIV-positive. Since 1984, when the Philippines' first case of HIV was reported, approximately one-third of diagnosed HIV/AIDS cases have occurred among returning migrants. However, because HIV testing for these workers is mandatory in most host countries, this number may be disproportionately high. As of September 2007, the Department of Health (DOH) AIDS Registry in the Philippines reported 2,965 people living with HIV/AIDS (PLWHA). UNAIDS estimates that 12,000 Filipinos were HIV-positive by the end of 2005.

Heterosexual intercourse accounts for the majority (61 percent) of the Philippines' reported HIV/AIDS cases, followed in descending order by homosexual and bisexual relations, mother-to-

child transmission, contaminated blood and blood products, and injecting drug use, according to UNAIDS. Men comprise 66 percent of reported cases. Most-at-risk groups include men who have sex with men (MSM), 1 to 3 percent of whom were found to be HIV-positive by sentinel surveillance conducted in Cebu and Quezon cities in 2001, and injecting drug users (IDUs), 1 percent of whom were found to be HIV-positive in Cebu City in 2005. A high rate of needle sharing among IDUs in some areas (77 percent in Cebu City) is of concern. Sex workers, because of their infrequent condom use, high rates of sexually transmitted infections (STIs), and other factors, are also considered to be at risk. In 2002, just 6 percent of sex workers interviewed said they used condoms in the last week. As of 2005, however, HIV prevalence among sex workers in Cebu City was relatively low, at 0.2 percent.

Several factors put the Philippines in danger of a broader HIV/AIDS epidemic. They include increasing population mobility within and outside of the Philippine islands; a conservative culture, adverse to publicly discussing issues of a sexual nature; rising levels of sex work, causal sex, unsafe sex, and injecting drug use; high STI prevalence and poor health-seeking behaviors among at-risk groups; gender inequality; weak integration of HIV/AIDS responses in local government activities; shortcomings in prevention campaigns; inadequate social and behavioral research and monitoring; and the persistence of stigma and discrimination, which results in the relative invisibility of PLWHA. Lack of knowledge about HIV among the Filipino population is troubling. Approximately two-thirds of young women lack comprehensive knowledge on HIV transmission, and 90 percent of the population of reproductive age believe you can contract HIV by sharing a meal with someone.

The Philippines has high tuberculosis (TB) incidence, with 131 new cases per 100,000 people in 2005, according to the World Health Organization. HIV infects 0.1 percent of adults with TB. Although HIV-TB co-infection is low, the high incidence of TB indicates that co-infections could complicate treatment and care for both diseases in the future.

National Response

Wary of nearby Thailand's growing epidemic in the late 1980s, the Philippines was quick to recognize its own sociocultural risks and vulnerabilities to HIV/AIDS. Early responses included the 1992 creation of the Philippine National AIDS Council (PNAC), the country's highest HIV/AIDS policymaking body. Members of the Council represent 17 governmental agencies, including local governments and the two houses of the legislature; seven nongovernmental organizations (NGOs); and an association of PLWHA. The passing of the Philippine AIDS Prevention and Control Act in 1998 was also a landmark in the country's fight



against HIV/AIDS. However, the Philippines is faced with the challenge of stimulating government leadership action in a low-HIV-prevalence country to advocate for a stronger and sustainable response to AIDS when faced with other competing priorities. One strategy has been to prevent STIs in general, which are highly prevalent in the country.

The PNAC developed the Philippines' AIDS Medium Term Plan: 2005–2010 (AMTP IV). The AMTP IV serves as a national road map toward universal access to prevention, treatment, care, and support, outlining country-specific targets, opportunities, and obstacles along the way, as well as culturally appropriate strategies to address them. In 2006, the country established a national monitoring and evaluation system, which was tested in nine sites and is being expanded. Antiretroviral treatment is available free of charge, but only 10 percent of HIV-infected women and men were receiving it as of 2006, according to UNAIDS.

The Government of the Philippines participates in international responses to the HIV/AIDS epidemic. Most recently, in January 2007, the Philippines hosted the 12th Association of Southeast Asian Nations Summit, which had a special session on HIV/AIDS.

The Philippines is a recipient of three grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (2004 third round, 2006 fifth round, and 2007 sixth round) to scale up the national response to HIV/AIDS through the delivery of services and information to at-risk populations and PLWHA. The U.S. Government provides one-third of the Global Fund's contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), the Philippines in fiscal year 2007 received \$990,000 for essential HIV/AIDS programs and services. USAID programs in the Philippines are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Through its Strengthening Local Governance for Health Project, USAID/Philippines helps local governments use funds to plan and implement HIV/AIDS prevention, education and other services and supports NGOs in financing and delivering prevention activities for at-risk groups. The Health Policy Development Program supports DOH-led policy development for strengthening intervention programs for most-at-risk populations and for promoting an improved policy environment for HIV prevention. The Sustainable Health Improvements through Local Empowerment and Development Project helps the local government in the Autonomous Region for Muslim Mindanao implement HIV/AIDS education activities. USAID's 2005–2009 HIV/AIDS strategy for the Philippines focuses on HIV prevention among groups most-at-risk in six areas of the country: the Clark Development Zone, Manila, the metropolitan area of Cebu, the Iloilo-Bacolod area, the Davao-General Santos corridor, and Zamboanga City.

USAID is working with local government units and NGOs to strengthen and encourage sustainable surveillance systems, strengthen NGOs to identify and educate most-at-risk groups, and create a positive policy environment.

Important Links and Contacts

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Web site: <http://philippines.usaid.gov/>

USAID HIV/AIDS Web site, Philippines:
http://www.usaid.gov/our_work/global_health/aids/Countries/ane/philippines.html

For more information, see http://www.usaid.gov/our_work/global_health/aids