

BRIEFER ON THE PHILIPPINE HIV AND AIDS EPIDEMIC

HIV SITUATION IN THE PHILIPPINES

- In 33 countries, the HIV incidence has fallen by more than 25% between 2001 and 2009. In seven (7) countries however, incidence increased was noted by more than 25% between 2001 and 2009. The **Philippines** is one of these seven countries with high rates of HIV transmission (*UNAIDS Report on the Global AIDS Epidemic, 2010*).
- In the **Philippines**, the HIV prevalence have gone as high as 4% (IHBSS, 2009) amongst males having sex with males (MSMs) and 52% amongst people who inject drugs (PWID) based on the 2010 Respondent Driven Sampling in Cebu City.
- Sex is still the main mode of transmission. From what used to be heterosexual, it has shifted to homo and bisexual transmissions – up to 80% in 2010. In addition, recent data have shown a rapid expansion of HIV infection amongst PWID (*Philippine AIDS Registry, 2010*).
- To date, there are 5 to 6 new HIV cases being reported daily to the Department of Health AIDS Registry. This figure is a mark increase from an average of one (1) case a day in 2006 (IHBSS 2009).
- Estimated projection of HIV cases will reach 46,000 by end of 2015 from 6,015 HIV cases reported as of end of 2010 (*Spectrum Projection, UNAIDS, 2010*).

KEY ISSUES

Policy Environment

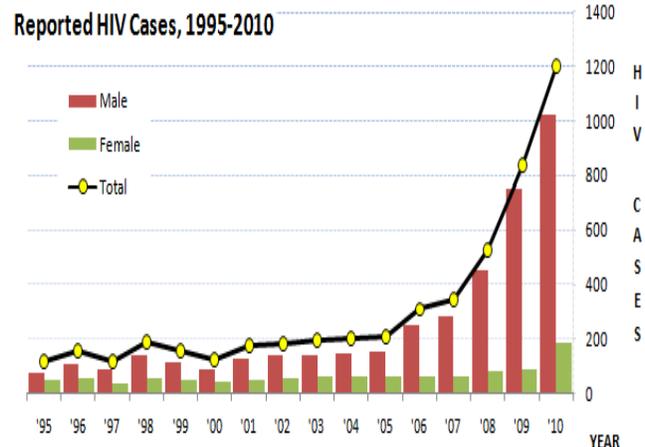
- The legal framework of the national AIDS response is Republic Act 8504 or “The Philippine AIDS Prevention and Control Act of 1998”. A large segment of society – both national and local agencies are still largely unaware of the law’s existence or are unsure of how to operationalise the provisions of the law. As a result, the law is hardly enforced.
- The AIDS Medium Term Plan (AMTP) is the national strategic blueprint for the national AIDS response. The 5th AMTP is supported by a costed sector-specific operational plan and a resource mobilization plan. However, the country’s HIV and AIDS plans and programmes are for most part, under-funded or unfunded.

Scorecard: INCIDENCE

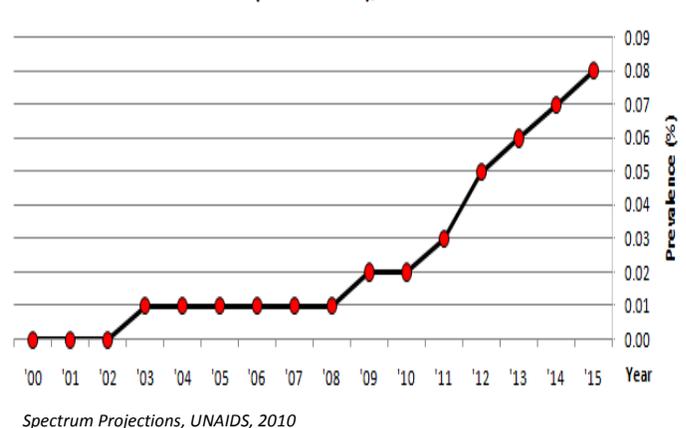
Changes in the Incidence Rate of HIV Infection, 2001-2009, Selected Countries

Increasing >25%	Stable		Decreasing >25%	
Armenia	Angola	Kenya	Belize	Malawi
Bangladesh	Argentina	Lesotho	Botswana	Mozambique
Georgia	Belarus	Lithuania	Burkina Faso	Myanmar
Kazakhstan	Benin	Malaysia	Cambodia	Namibia
Kyrgyzstan	Cameroon	Niger	Central African Republic	Nepal
Philippines	Democratic Republic of the Congo	Nigeria	Cote d' Ivoire	Papua New Guinea
Tajikistan	France	Panama	Guinea	Rwanda
	Germany	Republic of Moldova	Sierra Leone	South Africa
	Ghana	Senegal	Suriname	Swaziland
	Haiti	Sri Lanka	Thailand	Togo
		Uganda	United Republic of Tanzania	Zambia
		United States of Amreica	Zimbabwe	

AIDS Scorecards, Overview: UNAIDS Report on the Global AIDS Epidemic, 2010



Estimates of HIV Prevalence (Adults 15-49), 2000-2015



- The national AIDS response has been primarily health-sector led. Yet even the health sector response has been constrained by current policy environment. This condition hinders the implementation and scale-up of evidence-based effective strategies like sexuality education, condom promotion and distribution, and instituting a drug-related infection control measure.

Governance and Management Systems

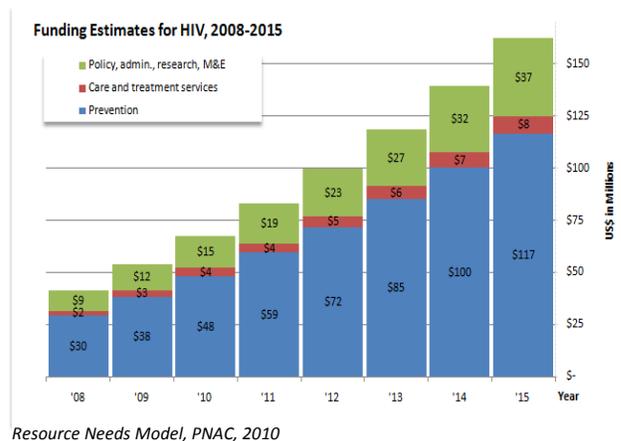
- The PNAC needs to support, facilitate, coordinate and monitor the implementation of the 5th AMTP. Being the policy-making body on HIV and AIDS in the country, it has yet to define the country's prevention strategy, and set standards of quality.
- Some multi-sectoral Local AIDS councils have been created as a platform for mainstreaming HIV across the different sectors and agencies at the LGU level.

Monitoring & Evaluation and Strategic Information

- Programme implementation, monitoring and coordination needs to shift from being largely "project" level to an institutionalised system of the national HIV and AIDS response.

Funding

- More than half of total AIDS spending comes from external sources and around 20% per year come from the government.
- The 2010 estimate cost required to fund a national response was at USD 68 million. To respond effectively to the current trend of the epidemic, the country will require more than USD 150 million by 2015. (*2010 Resource Needs Model Costing, PNAC-NEDA.*)
- Most countries should be spending 22.50 to 43 pesos (.50 USD to USD1) per capita to be able to halt and reverse the HIV epidemic in the country, based on the Report of the Commission on AIDS in Asia.



CRITICAL ACTIONS REQUIRED

- Build the capacity and ensure accountability of PNAC member agencies especially key institutions, such as the Labor and Education Departments institutional to carry out their mandates in relation to HIV response.
- Address policy issues that hinders the implementation and scaling-up coverage of evidence-based effective strategies, particularly sexuality education, condom use, mandatory testing and drug-related infection control measures.
- Support the prevention amongst most-at-risk populations towards universal access goals, including:
 1. Focused intervention on males who have sex with males and people who inject drugs, as well as sustained programmes for female sex workers;
 2. Clearly defined packages of interventions for most-at-risk populations, including regular review and update of unit costs and the overall estimation of fund requirements for the national response over the next five years;
 3. Target contiguous cities and/or provinces with the most HIV cases; and,
 4. Strengthen procurement and management supply systems.
- Improve generation, management and official dissemination of data. In particular, strengthen the surveillance system to capture better data for analysis, including reflecting the trends in various risk groups and general population.
- Increase domestic resources (government and private sector) and targeted investments in prevention programmes that would create the greatest impact.