

The Philippines

Snapshot (2020-2022)

Executive Summary

Overview

The Health Sector-HIV Strategic Plan (2020-2022) has a Fast-Track Prevention, Testing, Treatment and Adherence Framework targeting high risk Key Populations (KP) among Men who have Sex with Men (MSM), Transgender women (TGW), Young Key Populations (YKP) and People who inject Drugs (PWID) in high burden areas through the use of high impact prevention, testing, treatment and adherence (HIPTTreA) strategies.

The strategy goal is to reverse, by 2022, the trend of HIV epidemic by reducing the estimated annual new HIV infections to less than 7,000 cases.

Strategies are included for prevention, testing, treatment and adherence; and addressing social/legal barriers and improving strategic information and program management.

Strategies for service delivery aim to maximise options (e.g. inclusion of PrEP and HIV self-testing), increase points of access (e.g. online testing options), diversify access points (e.g. strengthen community run services) and improve quality of service delivery (e.g. enhance case management).

Key Populations are MSM, TGW, YKP and PWID.

HIV Epidemic and Behavioural Data

The Philippines has become the fastest growing HIV epidemic in the world with a 203% increase in new HIV infections from 2010 to 2018. As of 2019, the cumulative HIV infection was 217,200 while the current national projection is approximately 107,500 People living with HIV (PLHIV).

MSM and TGW account for 80% of the cases. The predominant mode of transmission shifted since 2007 from heterosexual sexual contact to sexual contact among MSM.

Program Coverage

Compared to most countries in Asia, the performance of the Philippines across the testing and treatment cascade is poor. Whereas more than 50% of PLHIV in most other Asian countries are on anti-retroviral Treatment (ART), only 44% of PLHIV are on ART. While it is estimated that 73% of PLHIV know their status, this estimate should be treated with caution given the low rate of HIV testing among MSM who account for around 80% of new HIV infections. (In 2018 it was estimated only 29% were tested).

Coverage of prevention interventions among key populations is low. 52% of MSM and 42% of TGW don't have access to condoms.

Among MSM aged 15-17 y/o and 18-20 y/o, 69% and 61% respectively don't have access to condoms.

National Strategy Funding

In 2020 more than 90% of funding for strategy implementation was from domestic sources. It is anticipated that in 2023 there will be a funding gap of 58.9% (US\$ 132,014,363) necessary to fully implement the national strategy.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Sex work and drug use are illegal. Extrajudicial killing of drug users is common under the rubric of a war on drugs. Homosexuality is not criminalised.

Sex reassignment surgery is not recognised by Philippines law as a basis for gender.

The strategy includes support for lobbying efforts for local Anti-Discrimination Ordinances, Anti-Discrimination Bill/ Sexual Orientation and Gender Identity Expression (ADB/SOGIE) bill, Anti-Hate Crime, Gender Recognition Law, and amendments to the Dangerous Drugs Act.

Meaningful involvement of the Community

Meaningful involvement of the community is encapsulated through three of the principles guiding the strategy: (i) meaningful KP community engagement; (ii) sustainable HIV responses through a strengthened health and community systems and (iii) a multi-sectoral collaboration.

The strategy states that at least 30 % of investment be allocated for community-led service delivery.



Overview of the National Strategic Plan

The Health Sector-HIV Strategic Plan (2020-2022) has adopted a Fast-Track Prevention, Testing, Treatment and Adherence Framework aimed at targeting high risk KP among MSM, TGW, YKP and PWID in high burden areas through the use of high impact prevention, testing, treatment and adherence (HIPTTreA) strategies ¹.

Vision: Zero new infections, Zero discrimination and Zero AIDS-related deaths

Goal: By 2022, reverse the trend of HIV epidemic by reducing the estimated annual new HIV infections to less than 7,000 cases.

Objectives:

1. Increase condom use among MSM and TGW from 38% (2018) to 70% (2022)
2. Increase coverage of Pre-Exposure Prophylaxis from 0.05% (2017) to 7% of MSM by 2022
3. Increase HIV diagnosis from 72% (2018) to 95% by 2022
4. Increase ART coverage from 5% in 2018 to 95% by 2022
5. Sustain viral suppression among PLHIV on ART at 90%
6. Increase safe injecting practices among PWID from 40% in 2019 to 80% by 2022
7. Reduce barriers to accessing HIV prevention, testing and treatment services in the health care delivery system.

Strategies are included for prevention, testing, treatment and adherence and addressing social/legal barriers and improving strategic information and program management.

Strategies for services delivery aim to maximise options (e.g. inclusion of PrEP), increase points of access (e.g. on line testing options), diversify access points (e.g. strengthen community run services) and improve quality of service delivery (e.g. enhance case management). ²

Key Populations

Key Populations are: ³

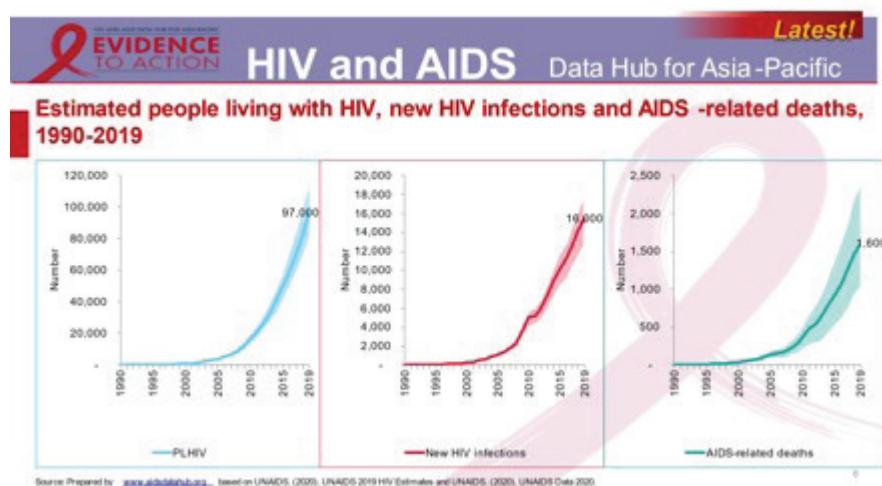
- Men who have Sex with Men (MSM),
- Transgender Women (TGW),
- Young Key Populations (YKP) and
- People who Inject Drugs (PWID)

HIV services will also be provided to Vulnerable Populations (VP) such as: (1) Women at risk (Female Sex Workers (FSW)-registered female sex workers (RFSW) and freelance female sex workers (FFSW), female partners of MSM and Pregnant Women, and (2) Male Sex Workers.

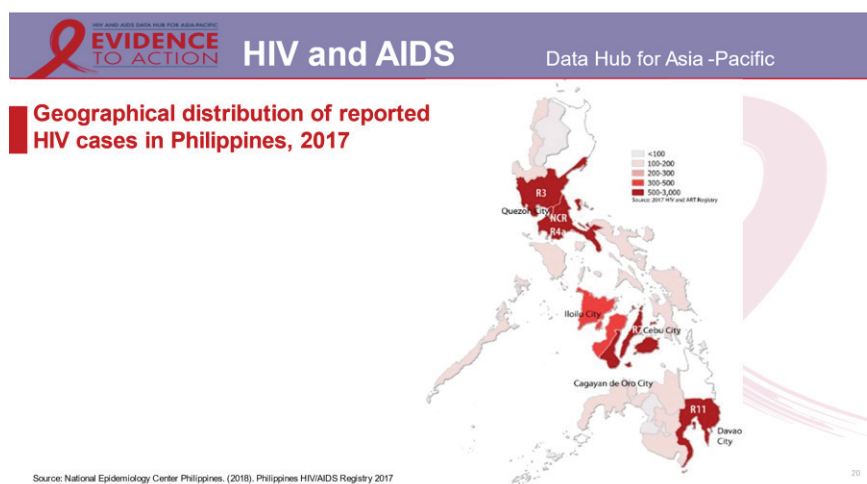


HIV Epidemic and Behavioural Data

The Philippines has become the fastest growing HIV epidemic in the world with 203% increase in new HIV infections from 2010 to 2018. As of 2019, the cumulative HIV infection was 217,200 while the current national projection is approximately 107,500 cases. ⁴ (note in the table below the estimated number in 2019 is 97,000).



Of the diagnosed cases, 86% are from 11 high burden areas. ⁵ However these provinces are geographically dispersed from Central Luzon in the north to Davao in the south.



MSM and TG account for 80% of new infections. Since 2007, the predominant mode of transmission shifted from heterosexual sexual contact to sexual contact among MSM. The proportion of HIV cases among MSM and TGW nearly doubled in the past ten years. ⁶



Among key populations HIV prevalence is highest among PWID at 29%. However, because the population size of MSM is much higher, most PLHIV among key populations are MSM.

| Key Population | Population Size | HIV Prevalence | Estimated PLHIV |
|----------------|-----------------|----------------|-----------------|
| MSM | 830,000 | 5% (2018) | 41,500 |
| TGW | 190,000 | 3.95% (2018) | 7,505 |
| PWID | 7,400 | 29% (2015) | 2,146 |
| Sex workers | 210,000 | 0.6% (2015) | 1,260 |

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing; and status awareness for key populations in 2018 (unless otherwise noted). Data was not reported for transgender people (included with MSM) ⁷

| Population | Condom Use | Safe Injecting | ART Coverage | HIV status awareness | Prevention Program Coverage |
|---------------------------|--------------|----------------|--------------|----------------------|-----------------------------|
| Men who have sex with Men | 40.1% | | | 28.4% | 14.6% |
| Transgender People | 40.6% | | | 36.3% | 37.6% |
| Female Sex workers | 85.3% | | | 36.3% | 71.8% |
| PwID | 14.5% (2015) | 63.6% (2015) | | 26.9% | 51.8% (2016) |

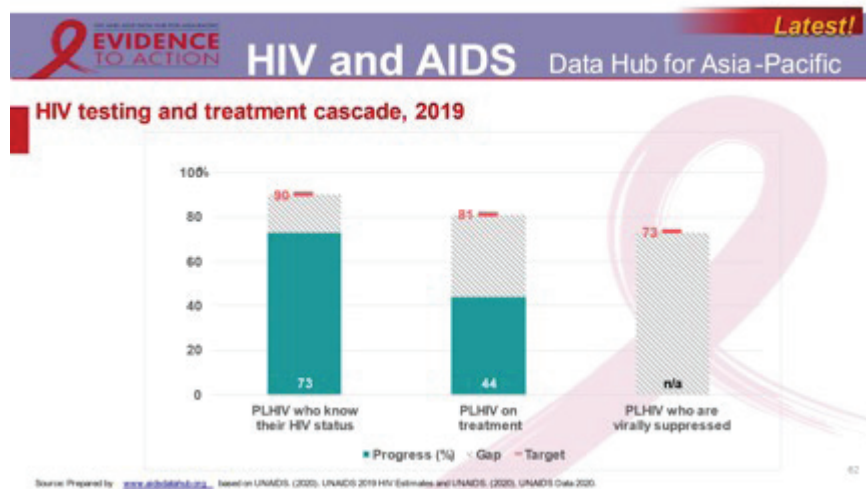
- Comprehensive knowledge on HIV prevention and transmission is low as shown by the following data: MSM (32%), TGW (33%), FSW (48%), M-PWID (33%) and F-PWID (35%). HIV knowledge is lowest among 15-17 years old MSM at 25% ⁸
- Correct knowledge of MSM and TGW on preventive messages is also low. Only 41% correctly answered that withdrawal of penis before ejaculation does not reduce the risk for HIV transmission, merely 11% knew that there is low chance of getting HIV from someone who is correctly taking ARV (Undetectable = Untransmittable or U=U), and awareness of PrEP is just 7%. ⁹
- Condom use among 2018 IHBSS respondents is low except for Registered Female Sex Workers (RFSW) (85%). For MSM it is 38%, TGW 39%, M-PWID 15% and F-PWID 16%. ¹⁰
- 64% of PWID reported using ¹¹



Program Coverage

Compared to most countries in Asia, the performance of the Philippines across the testing and treatment cascade is poor. Whereas more than 50% of PLHIV in most other Asian countries are on anti-retroviral Treatment (ART), only 44% of PLHIV are on ART. While it is estimated that 73% of PLHIV know their status, this estimate should be treated with caution given the low rate of HIV testing among MSM who account for around 80% of new HIV infections. (In 2018 it is estimated that only 29% were tested) ¹²

Given that 80% of recent diagnoses are among MSM it would be very useful to know what percentage of MSM who tested positive are aware of their status. This information is available through the Integrated HIV Behavioral and Serologic Surveillance (IHBSS) study conducted in 2018. However, it is not available in reports. The 2015 HBSS among Males/Transgenders who have Sex with Males (M/TSM) showed that out of 309 participants (3.2%) who tested HIV positive, only 128 had ever tested for HIV and 27 (less than 10% of those who were HIV positive) knew their status.



To bridge the gap in diagnosis, the National Strategy outlines measures to diversify and expand targeted testing strategies to include social and sexual network testing and self-testing while scaling up Community Based Services (CBS).

Measures to increase ART uptake and adherence include expansion of treatment sites, improvement in support for PLHIV, as well as policy changes to reduce financial barriers to ART and improve management of ART procurement and distribution.

Coverage of prevention interventions among key populations is low: 52% of MSM and 42% of TGW don't have access to condoms. Among MSM aged 15-17 y/o and 18-20 y/o, 69% and 61% respectively don't have access to condoms.



| Population | Prevention Program Coverage |
|---------------------------|-----------------------------|
| Men who have sex with Men | 14.6% |
| Transgender People | 37.6% |
| Female Sex workers | 71.8% |
| PwID | 51.8% (2016) |

Key prevention strategies and activities included in the national strategy are: (1) Combination Prevention through condom use, pre-exposure prophylaxis (PrEP), Undetectable=Untransmittable (U=U) messaging and targeted communication strategy for KP and vulnerable populations; (2) National Condom Strategy; (3) Expand condom access points for KP and vulnerable populations; (4) Public introduction of PrEP; (5) Support to Trans-Health Package of Services; (6) Community and online outreach; and (7) Support to establishment and operations of community centers.¹³

National Strategy Funding

In 2020 more than 90% of funding for strategy implementation was from domestic sources. In the 2020 funding request to the Global Fund, it was anticipated that in 2023 there would be a funding gap of 58.9% (US\$ 132,014,363) to fully implement the national strategy. Subsequently it has been announced that PEPFAR will allocate US\$ 18.2 million over the period 2021-22.

Funding required and anticipated funding and sources¹⁴

| | 2021 | | 2023 | |
|--|-------------|-------|-------------|-------|
| Total Funding needs for the National Strategic Plan | 191,751,978 | | 224,351,484 | |
| Domestic source: Government revenues | 45,472,971 | 15.8 | 47,169,687 | |
| Domestic source: Social health insurance | 20,338,949 | 26.2 | 34,372,824 | |
| Domestic source: Private sector contributions (national) | 2,472,389 | | 2,991,591 | |
| Total previous, current and anticipated DOMESTIC resources | 68,284,310 | 35.6% | 84,534,102 | 37.7% |
| Total previous, current and anticipated EXTERNAL Resources (non-Global Fund) | 709,402 | | 665,702 | |
| Funding request within the country allocation | 9,249,144 | | 7,137,317 | |
| Annual anticipated funding gap | 113,092,452 | 59% | 132,014,363 | 58.9% |



Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Sex work is illegal. However, there are significant regulations at the local level that are often related to location of brothels and mandatory health testing that in effect recognises sex work.

Drug use is illegal and draconian measures are used to enforce the law under the rubric of a war on drugs. Drug users have been randomly killed by law enforcement officers. The “War on Drugs” has gravely affected harm reduction and HIV health promotion interventions for PWID. Advocacy for investment and services for PWID is significantly silenced in the current political climate, impacting the ability for the response to address the needs of key populations.¹⁵

Age-related barriers are also an issue affecting YKP. In the past, HIV testing of children below age 18 without the consent of parents or guardians was prohibited. However, under the new Republic Act 11166 “any young person aged below 15 who is pregnant or engaged in high-risk behavior shall be eligible for HIV testing and counselling with the assistance of a licensed social worker or health worker. Consent to voluntary HIV testing shall be obtained from the child without the need of a guardian.”¹⁶

Homosexuality is not illegal.

Sex reassignment surgery is not recognised by Philippines law as a basis for gender as one’s gender is determined at birth.

An assessment conducted in 2018 on barriers to accessing HIV and TB services reveals that the five most significant barriers were: shame, internal stigma, fear and denial by people from KPs about the reality of HIV, the risk and consequences of being diagnosed with HIV; service delivery problems including location, timing, confidentiality, quality and discriminatory treatment; fear of violence and loss of freedom if identified as a KP.¹⁷

The strategy includes support for lobbying efforts for local Anti-Discrimination Ordinances/ Sexual Orientation, gender identity and gender expression (ADB/SOGIE) bill, Anti-Hate Crime, Gender Recognition Law, and amendments to the Dangerous Drugs Act.¹⁸



Meaningful involvement of the Community

Meaningful involvement of the community is encapsulated through three of the principles guiding the strategy: ¹⁹

- Meaningful KP community engagement
- Sustainable HIV responses through strengthened health and community systems
- A multi-sectoral collaboration

The strategy stated that at least 30 percent of investment be allocated for community-led service delivery. ²⁰

1. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P23
2. Ibid. p24
3. Ibid p25
4. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P14
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7. UNAIDS 'AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed June 2021)
8. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P16
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12. Philippines CCM, Funding Request Form Allocation Period 2020-2022 p4
13. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P26
14. Ibid
15. Philippines CCM, Funding Request Form Allocation Period 2020-2022 p6
16. Philippines CCM, Funding Request Form Allocation Period 2020-2022 p6
17. Ibid p6
18. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P53
19. Department of Health Disease Prevention and Control Bureau. PHILIPPINE HEALTH SECTOR-HIV STRATEGIC PLAN 2020-2022. March 2020. P25
20. Ibid p52