

Surveillance Sites



■ HIV and AIDS in the
PHILIPPINES, 2008



■ **3,358 Cases**
(January 1984 – July 2008)

Asymptomatic **2,562 (75%)**

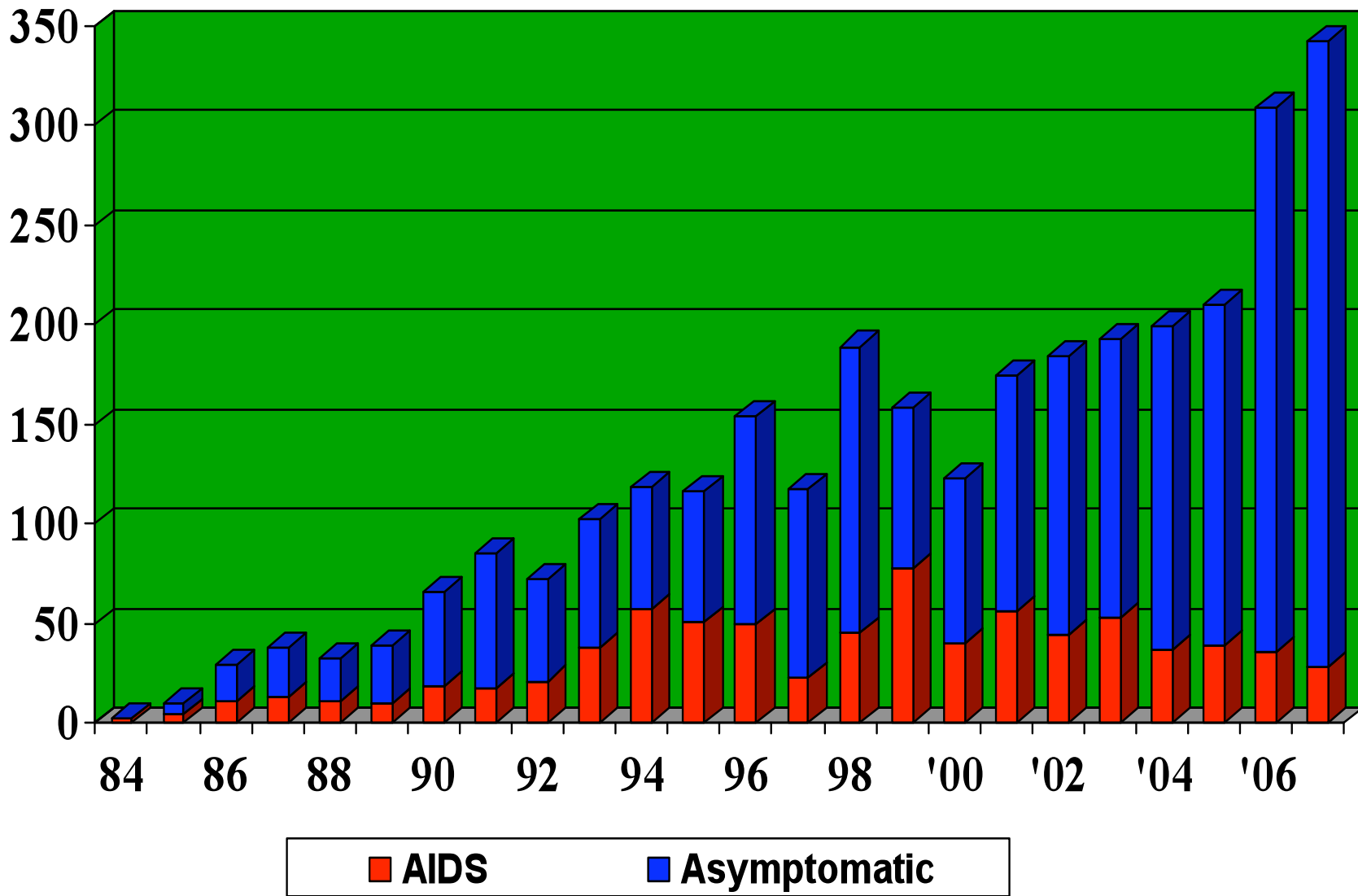
AIDS **796 (25%)**

- **Death** **310 (39%)**

New HIV+ for July 2008 - 53 cases

HIV and AIDS Cases by Year

(January 1984 – December 2007)



NATIONAL AIDS STATISTICS



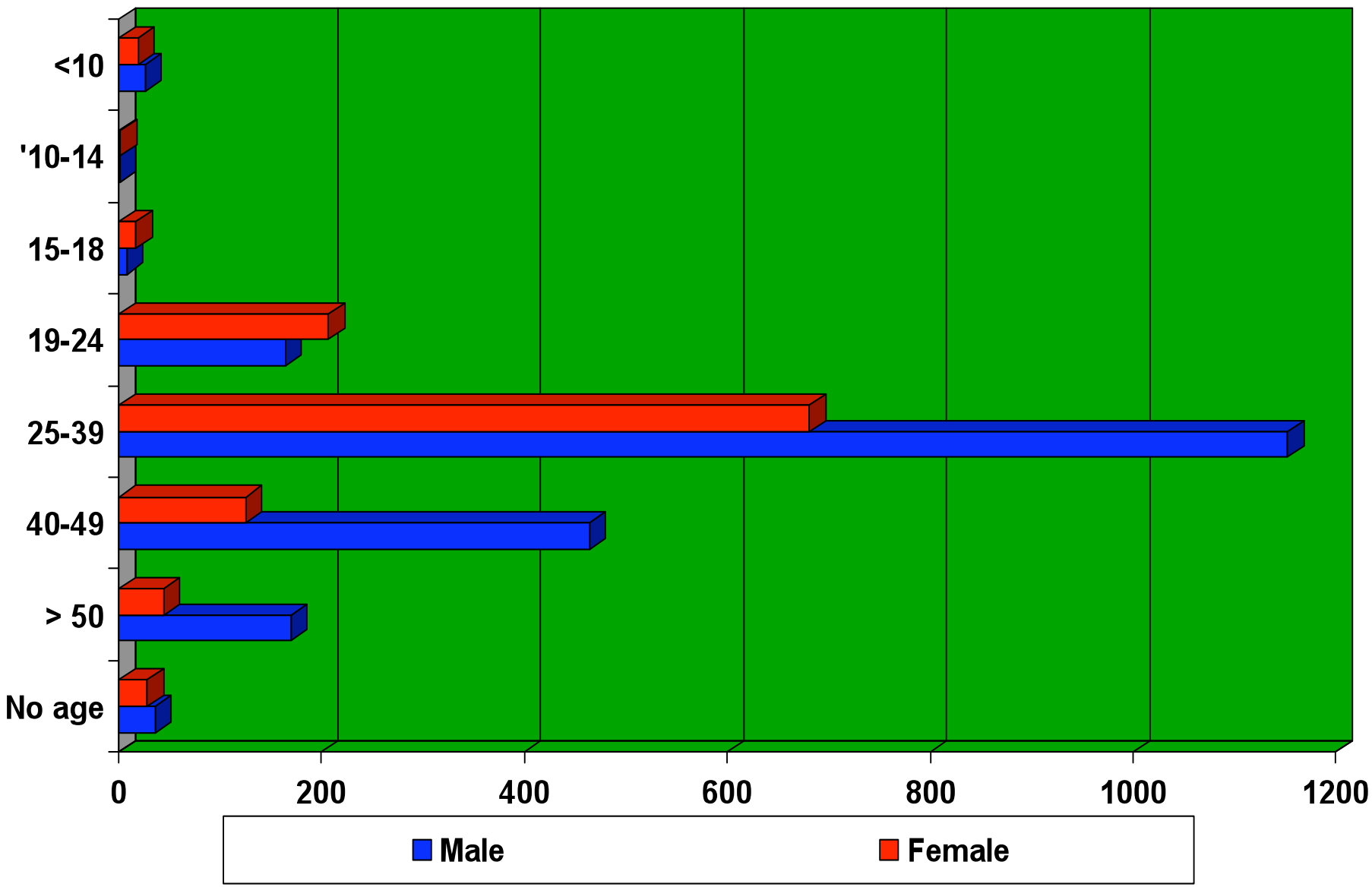
Since January 1984,
total cases of HIV+

| | |
|-----------|-----|
| 2000 | 123 |
| 2005 | 210 |
| 2006 | 309 |
| 2007 | 342 |
| July 2008 | 297 |

Estimate

| | |
|---------------|-----------|
| (WHO) : 2005 | 10-13,000 |
| (DOH) : 2007 | 7,490 |

HIV+ Cases by Age Group and Gender



■ **1,142 cases (34%) among OFW**
(January 1984 - July 2008)

- **74% are males**
- **94% Transmission by Sexual Contact**
- **Of the 1,142 :**
 - seafarers (33%)**
 - domestic helpers (17%)**
 - employees (9%)**
 - entertainers (8%)**
 - health workers**



■ Milestones in the Philippines

| | |
|-----------|--|
| 1984 | 1 st HIV infection reported |
| 1985 | 1 st HIV+ case confirmed |
| 1986 | HIV and AIDS declared as notifiable disease |
| 1987 | HIV and AIDS Registry established |
| 1992 | Philippine National AIDS Council established |
| 1993-97 | Surveillance activities established |
| 1997 | National Workplace Policy ratified |
| 1998 | Republic Act 8504 enacted |
| 2000-2004 | Local AIDS councils created |

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



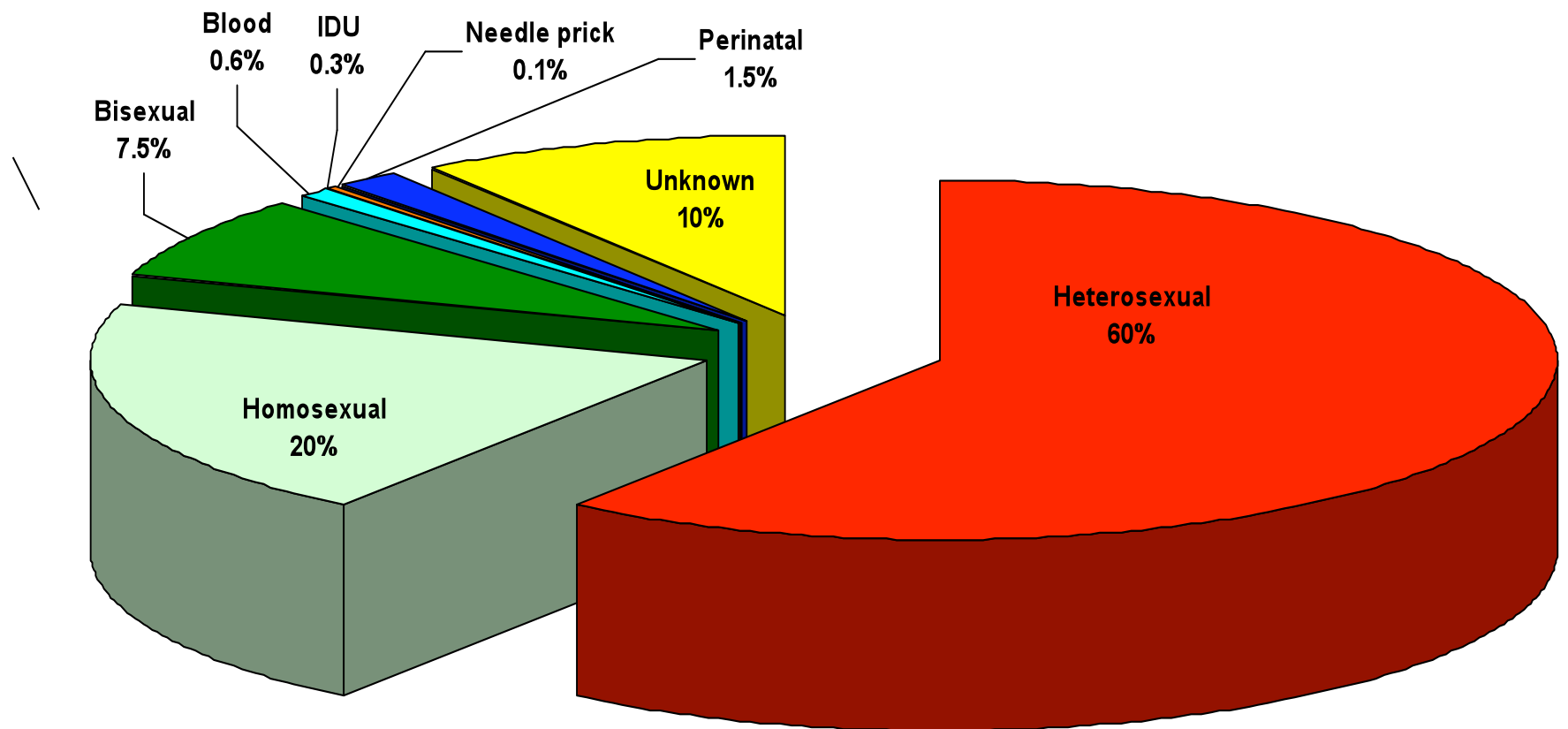
Estimates of STI infections, 2001 (general population)

| | Low Estimate | | High Estimate | |
|-------------|--------------|------------|---------------|------------|
| | Prevalence | # of cases | Prevalence | # of cases |
| ■ CHLAMYDIA | 5.6% | 2,251,200 | 7.7% | 3,095,400 |
| ■ GONORRHEA | 0.7% | 281,400 | 1.7% | 683,400 |
| ■ SYPHILIS | 0.2% | 80,400 | | |



■ MODE OF TRANSMISSION

(January 1984 - July 2008)



■ Highlights of National status

- **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?



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

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 group



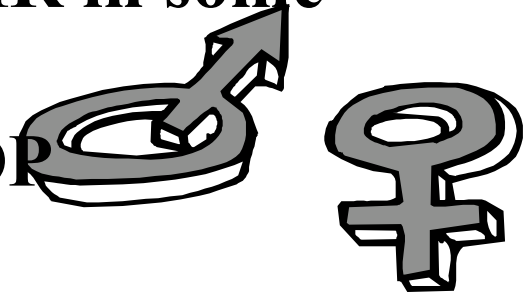
Youth

- **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%**

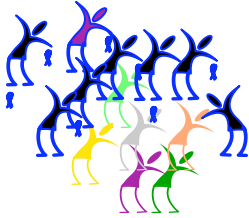


Conclusion

- **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



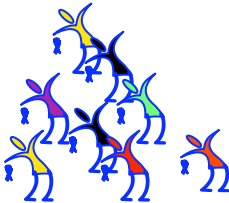
General Population



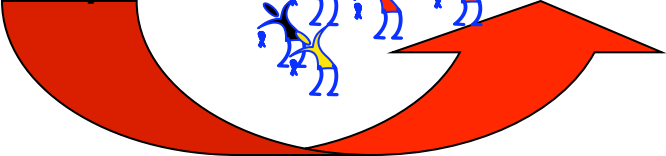
HRGs will have clients / partners



Partners / offsprings will be infected / affected



Clients will have sex with regular / permanent partners



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

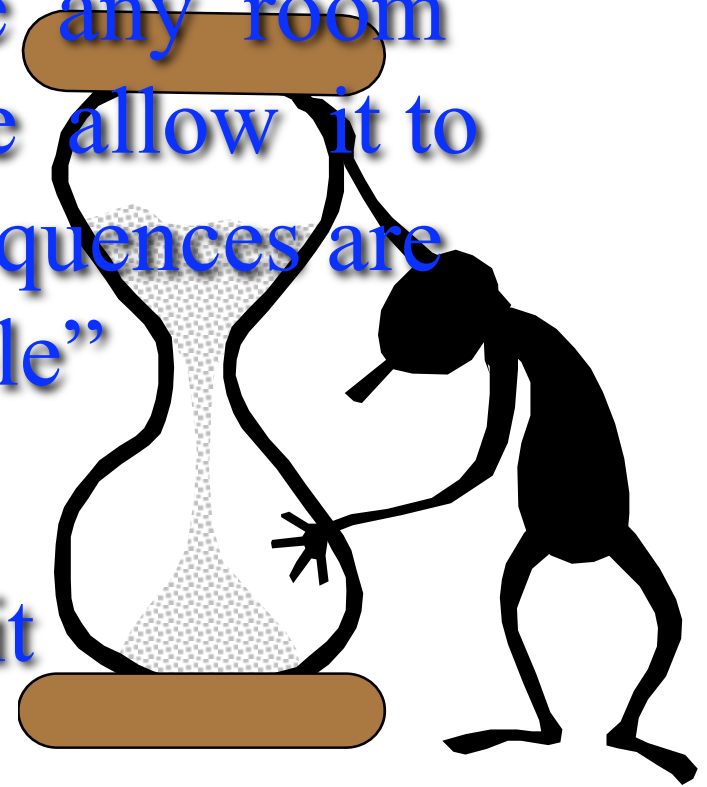
Challenges continued...

- 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?**

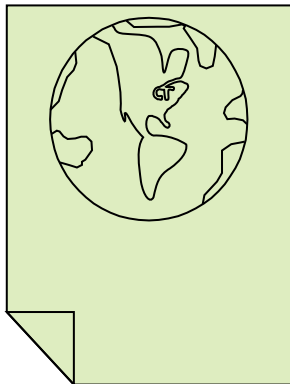
Country *AIDS* Response

- **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**

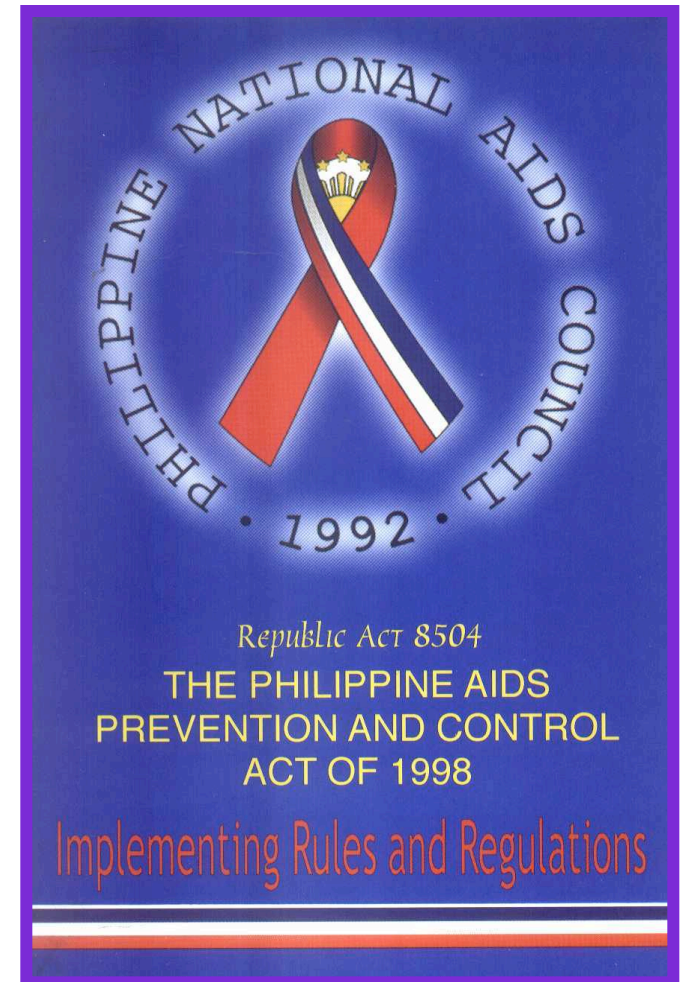
The GUIDES



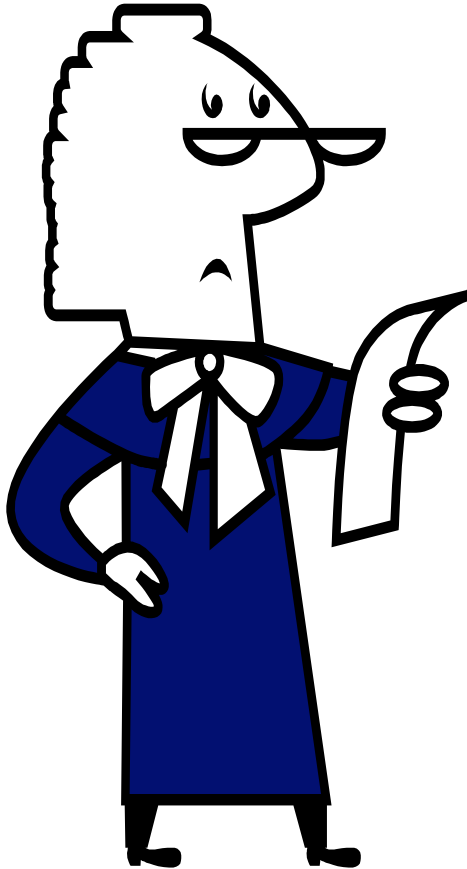
RA 8504 – AIDS Law

**4th AMTP– AIDS Medium Term
Plan**

Legal Basis



RA 8504



“An Act Promulgating
Policies and Prescribing
Measures for the
Prevention and Control
of
HIV and AIDS
in the Philippines”

REPUBLIC ACT **8504**

Otherwise known as AIDS Law

Signed in February 1998

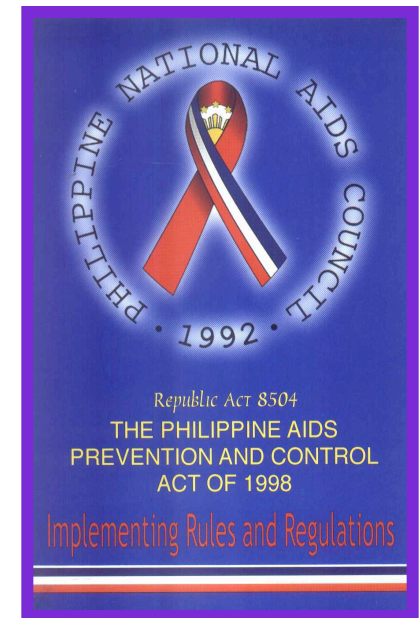
Promulgating policies and prescribing measures for
the

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**

KEY FEATURES



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

RA 8504

Article III:



Testing, Screening & Counseling

RA 8504

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



KEY FEATURES



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** • **DOT**
 - **TESDA** • **DBM**
 - **DOLE** • **DFA**
 - **DSWD** • **PIA**
 - **DepEd** • **GOVs. League**
 - **DOJ** • **City Mayor’s**
 - **NEDA** • **League**
- **Senate Com. Health on Health**
 - **Congress Com. On Health**
- Health & Professional Organizations = 2**
PLWHA = 2
Sectoral Rep = 6

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***

KEY FEATURES



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

KEY FEATURES



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!

