

Exploring the HIV Epidemic in the Philippines: Initiatives and Challenges

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Dear Editor,

The Philippines is experiencing the fastest-growing HIV epidemic in the Western Pacific region with a whopping 418% and 535% chance of new HIV infections and AIDS-related deaths, respectively, from 2010-2022 (Figure 1). As of March 2024, the Department of Health (DOH) reported an average of 55 individuals who are diagnosed with HIV every day. The agency also mentioned that out of the 122 255 people living with HIV in the country currently, only 64%, or 78 633 of them, are currently on antiretroviral therapy.¹ With the rapidly increasing HIV epidemic in the country, the estimated 189 000 People living with HIV (PLHIV) by the end of 2023 is projected to increase by more than two times to 401 700 by 2030.²

The government has implemented some initiatives to address the health crisis. The Republic Act 11166, known as the Philippine HIV and AIDS Policy Act of 2018, is designed to strengthen the comprehensive policy on HIV and AIDS prevention, treatment, care, and support; reconstitute the Philippine National AIDS Council (PNAC) and appropriate funds. It includes the role and membership of PNAC, information and education programs, preventive measures, safe practices and procedures, screening, testing, counseling, health and support services, confidentiality, discrimination and corresponding penalties, and appropriations.³ The Philippines moved from centralized HIV diagnosis confirmation by Western blot to a decentralized rapid HIV diagnostic algorithm (rHIVda). Dolutegravir-based antiretroviral (ARV) therapy is now the first line. Pre-exposure prophylaxis (PrEP) in the form of emtricitabine-tenofovir disoproxil fumarate has been rolled out.⁴ PrEP is the use of ARV drugs by people to prevent contracting HIV. It was introduced in the Philippines in 2017 through Project PrEPY, a multi-stakeholder pilot project. Although PrEP has proven to be extremely successful in preventing

HIV transmission, its low uptake, especially among men who have sex with men (MSM), remains low. PrEP is available mainly in urban areas of the Philippines and is not accessible to the provinces. In addition, the number of primary HIV care facilities and treatment centers continue to increase.

Despite these initiatives, the current situation shows not much improvement to control the rising HIV cases. Thus, it is important to identify the challenges or root causes that hinder the success of government programs. First, continued stigma and discrimination are significant factors. Stigma is a kind of behavior that causes people to be perceived as less or shamed, and it can be enacted through experiencing discrimination, felt through vulnerability toward discrimination, or internalized through self-validation of negative societal experiences.⁵ About one in five reported stigma and discrimination experienced by PLHIV within the past year, mostly from being gossiped about by friends and family. This stigma and discrimination affect their engagement in HIV-related services, like testing, management, and treatment.⁶ Second, the utilization of artificial contraceptives, like condoms, that can prevent the spread of HIV is very low. According to the 2017 Philippine National Demographic and Health Survey (NDHS), only 2% of currently married women and 3% of sexually active unmarried women have male partners who have

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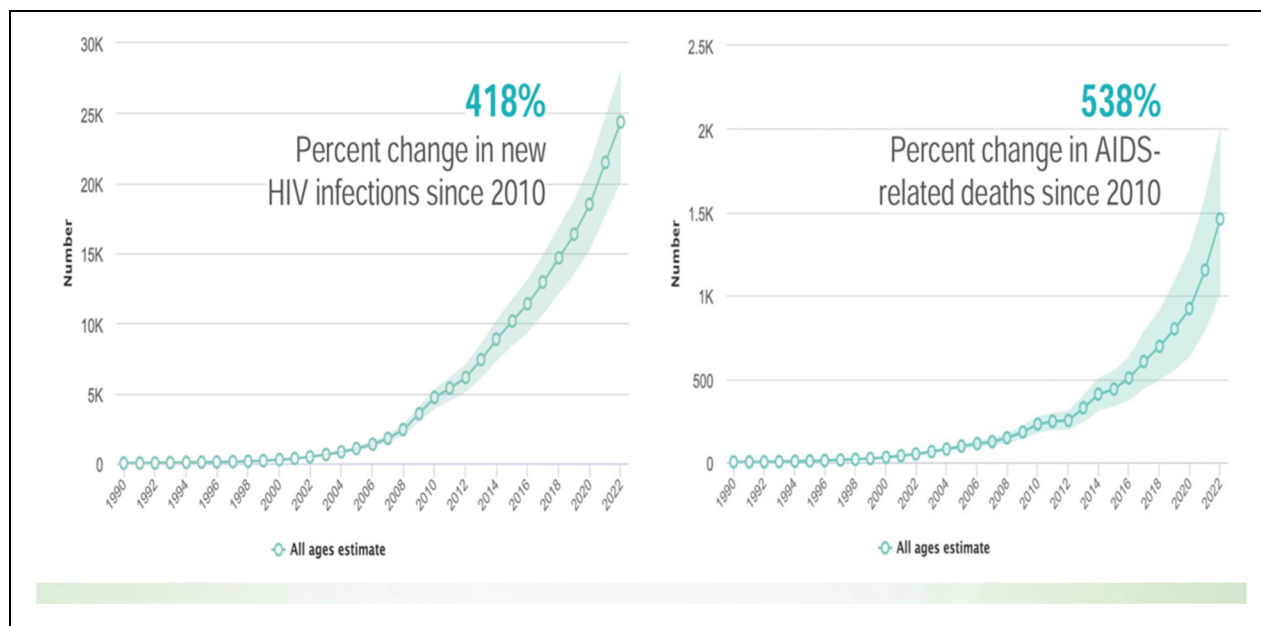


Figure 1. Trend of new HIV infections AIDS-related deaths (2010-2022).
Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

ever used condoms.⁷ This practice places any of the sexual partners at a high risk of getting the infection. Third, the rise of online dating sites/apps (Tinder, Bumble, Grindr, FilipinoCupid, OKCupid, Coffee Meets Bagel) and the various social media platforms (Facebook, TikTok, Instagram, Youtube) pave the way to having an “instant” romantic relationship that can result to many cases of risky sexual behaviors like unprotected intercourse, one-night stand, casual sex, orgy, among others. Third, there should be an expanded coverage for PrEP awareness and usage, especially in rural settings and those populations with lesser education opportunities. Healthcare providers in the country must include in its goals the rendering of PrEP service, with the help of private companies and the government. Lastly, the conservative attitude that the Catholic Church greatly influences prevents the full implementation of sexual education in all schools in the country. It is also known that the Church opposes the use of artificial contraceptives and prefers to rely on parents to teach their kids about reproductive health. However, many families are not knowledgeable enough for this task as conversations on sex matters remain taboo in many families.

If the mentioned non-pharmacological challenges that are confronted by the country against HIV/AIDS are gradually addressed, then a significant impact is possible to achieve and improve the said epidemic. Although it is difficult, everything is possible if all the institutions involved (government, private sector, schools, religious groups, and families) have a harmonious dialogue and collaboration for the sake of the common good. It is a call to action to be one with the entire nation.

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Contributionship

The lone author did all the preparation, writing, and completion of the manuscript.

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Ethics Approval

Ethics approval and informed consent for participation are not required for this Letter to the Editor since it does not involve sensitive issues on human and animal participants. It contains the author’s personal views and analysis based on publicly available information regarding the rapid increase in HIV cases in the Philippines and the government responses, such as policies and prevention strategies.

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