



HIV / AIDS IN METROPOLITAN MANILA, PHILIPPINES

Dr. Maria Loida Alzona

Director III

MMDA

OUTLINE

- ✘ Background of HIV/AIDS in the Philippines
- ✘ Current Situation in Metro Manila
- ✘ Cumulative Profile
- ✘ Challenges
- ✘ Local Strategic Responses
- ✘ Local Legislative Action

METROPOLITAN MANILA

- ✘ Most populous region at 12 to 14 million
- ✘ Highly urbanized; center of culture, economy, education and government
- ✘ Made up of 17 local government units
- ✘ Over an area of 619.5 square kilometers
- ✘ Each LGU is governed by a Mayor
- ✘ MMDA coordinates common services
- ✘ MM Council of Mayors – policy making body

BACKGROUND ON HIV / AIDS

- ✘ First HIV / AIDS case in January, 1984
- ✘ Initially among female sex workers
- ✘ Government Response:
 - Creation of the Philippine National AIDS Council in 1992
 - Philippine AIDS Prevention and Control Act in 1998
 - Anti Retroviral Therapy made available

-
- ✘ Diagnosed cases remains at less than 0.1% of the total Philippine population
 - ✘ Slow growing prevalence from 1984 to 2000
 - ✘ Case review from 2001 to 2009 revealed
 - Fast growth at 25% increase
 - Increase in male cases
 - Cases are getting younger
 - Most cases are in Metropolitan Manila

CURRENT SITUATION IN METRO MANILA

Total No. Cases in the Philippines from
January, 1984 to August, 2016:

35,383

Total No. Cases in Metropolitan Manila
January, 1984 to August, 2016:

15,685 (44%)

-
- × No. of Cases from January to June, 2016 is 18% higher over the same period in 2015
 - × 76% of cases are within the 25 to 34 age group:
 - 20 to 24 years – 23%
 - 25 to 29 years – 33%
 - 30 to 34 years – 20%

-
- ✘ Most populous and progressive cities in Metro Manila registered highest number of cases

Quezon City

Manila

Makati

Caloocan City

CUMULATIVE PROFILE IN METRO MANILA

✘ Asymptomatic Cases	93%
✘ Age Group 25-29 years	33%
✘ Median Age	28 years
✘ Male Predominance	96%
✘ Homosexual	53%
✘ Bisexual	32%
✘ Overseas Workers	10%
✘ Case Fatality Rate (CFR)	4%

CHALLENGING FACTORS

1. Large MSM community
2. Dense concentration of MSM friendly entertainment establishments and high number of gay cruising sites
3. High risk practices (anal sex & low condom use) and low knowledge of HIV / AIDS prevention
4. Growing HIV / AIDS prevalence from one every three days to one every three hours

LOCAL STRATEGIC RESPONSES

- ✘ Expansion of health center services to include HIV/AIDS interventions (case finding, testing and treatment)
- ✘ Capacity building of public health and social welfare workers on counselling and on mainstreaming HIV awareness in their work
- ✘ Strengthening HIV/AIDS reporting systems and monitoring the quality of services

-
- ✘ Increasing awareness, decreasing the stigma and increasing the perception that services are available, affordable, accessible and useful
 - ✘ Promotion of multi sector collaboration and partnership to increase awareness, improve public knowledge and effect behavior change
 - ✘ Sustain the initiatives and increase investment through the creation of the local AIDS councils

LOCAL LEGISLATIVE ACTION

- ✘ Passage of the Local City Ordinance on Strengthening the City AIDS Council, its Composition and Functions in furtherance of Policies and Measures for the Prevention and Control of STD/HIV/AIDS in the city and providing penalties for violations thereof and providing funds therefore

SALIENT FEATURES OF THE ORDINANCE

- ✘ Multi sector composition of the AIDS Council; with specific defined roles
- ✘ Specific regulations for entertainment establishments
- ✘ Mandatory / compulsory testing of persons charged with rape, those involved in certain violations of the Family Code and blood and organ donors

-
- ✘ Guarantee on confidentiality and privacy and against discriminatory acts and practices
 - ✘ Annual budget appropriation to sustain the city HIV/AIDS Prevention and Control Program implemented by the city health offices and monitored and evaluated by the City AIDS Councils