Policy Brief

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Addressing a National Health Threat: The Philippine HIV Epidemic

As the HIV epidemic continues to evolve and new challenges emerge, the importance of updating the Philippine legal framework on HIV and scaling up the country's response to put an end to this national health threat cannot be overemphasized.

Introduction

Almost four decades since modern medicine became aware of acquired immune deficiency syndrome (AIDS)[1] in the early 1980s, the world is still grappling with the dreaded disease to this day. Globally, there are an estimated total of 76.1 million infections, 35 million deaths and 36.7 million people living with human immunodeficiency virus (PLHIV) (UNAIDS, 2018). While significant breakthroughs have been made in HIV research such as the introduction of antiretroviral (ARV) drugs, the search for a cure remains elusive.

In the Philippines, the first two diagnosed cases of HIV infection were reported in 1984. From 1984-2007, the prevalence rate of HIV was low and the rate of new infections was slow. However, since 2008, the country has been taking a turn for the worse with sudden and unprecedented surge in the number of new HIV infections. In fact, it is now considered as a country with a concentrated HIV epidemic among key affected populations (KAPs) such as men who have sex with men (MSM), males/transgender women who have sex with males (M/TSM), people who inject drugs (PWID) and female sex workers (FSW). From an average of one new HIV case per day in 2008, a staggering 31 new cases daily are being recorded this year. From January to May 2018, 169 HIV-related deaths have been reported.

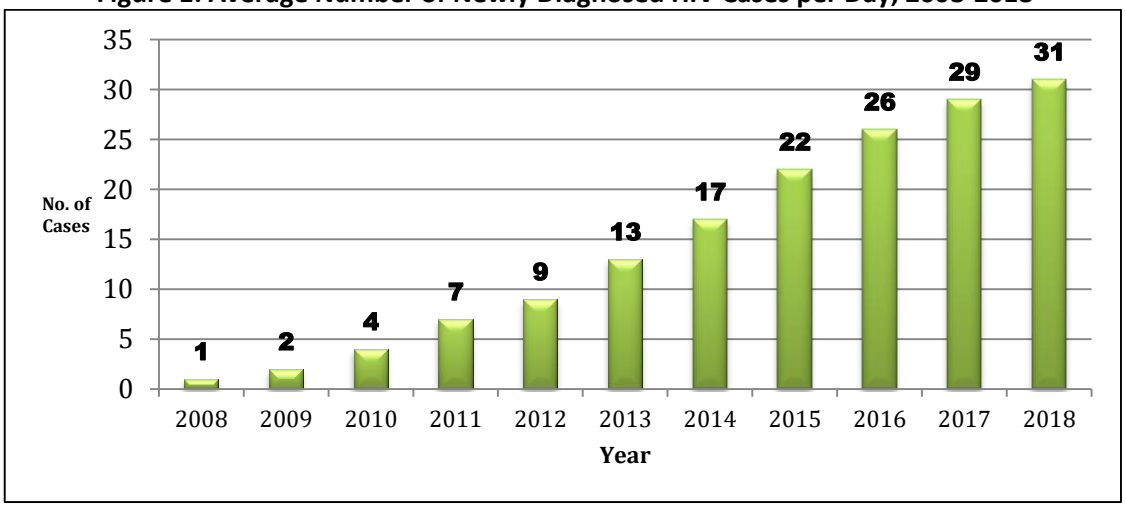
The country has an existing law, Republic Act No. 8504, otherwise known as the Philippine AIDS Prevention and Control Act of 1998. RA No. 8504 reconstituted the Philippine National AIDS Council (PNAC), a multi-sectoral body created in 1992 by virtue of Executive Order No. 39 by then President Fidel V. Ramos. This 20-year-old statute serves as the national legal framework in the country's fight against the dreaded disease. With the advances in HIV research and policy, there is an increasing public clamor to amend the existing law to make it more responsive to the changing needs of the times.

The SEPO Policy Brief, a publication of the Senate Economic Planning Office, provides analysis and discussion on important socio-economic issues as inputs to the work of Senators and Senate Officials. The SEPO Policy Brief is also available at www.senate.gov.ph.

[1] AIDS is caused by the human immunodeficiency virus (HIV), which is acquired either through sexual contact, exposure to infected bodily fluids such as blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids and breast milk; needle sharing, or through mother-to-child transmission. The virus targets the infected person's immune system, compromising its ability to fight off disease and exposing the infected individual to opportunistic infections often leading to AIDS.

The country is at a crucial point in its fight against HIV where it has the opportunity to take a decisive action to reverse the tide and stop the epidemic before it gets out of hand. This Policy Brief seeks to: (1) present the current state of the country's HIV epidemic; (2) identify gaps in addressing said public health threat; and (3) propose policy recommendations for the government to undertake.

Figure 1: Average Number of Newly Diagnosed HIV Cases per Day, 2008-2018



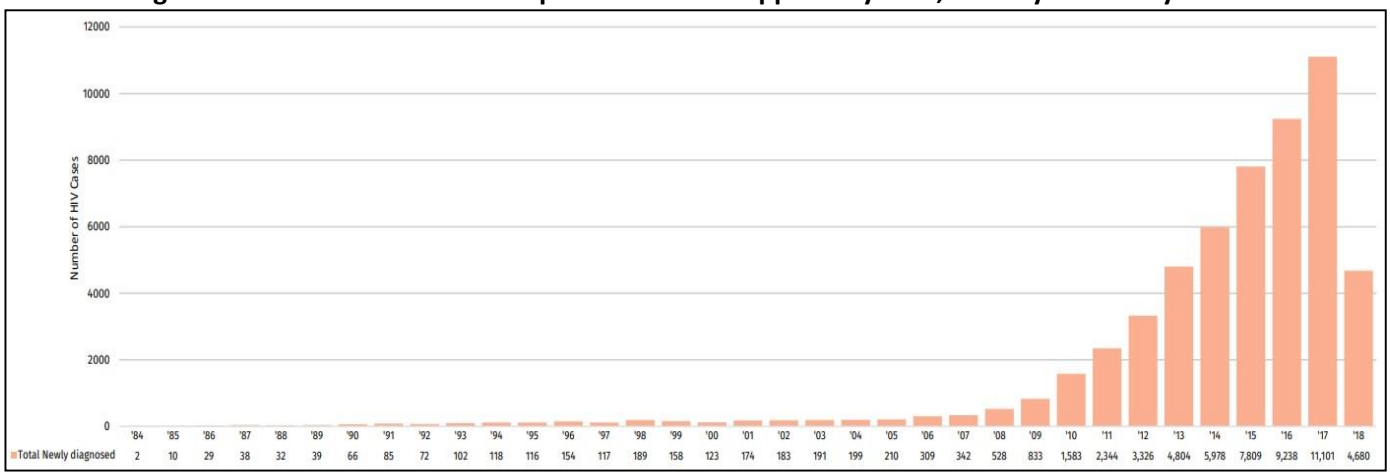
Sources: Department of Health-Epidemiology Bureau HIV/AIDS and Antiretroviral Therapy Registry of the Philippines (HARP) May 2017 and May 2018 Reports

The HIV Epidemic in the Philippines

Alarming Number of New HIV Cases

The Philippines has an alarming number of new HIV infections. Case in point, the number of new cases has doubled from 154 in 1996 to 309 in 2006 but the usual ten-year doubling period was easily reached in just two years from 2007 to 2009.

Figure 2: Number of HIV Cases Reported in the Philippines by Year, January 1984-May 2018



Source: DOH-Epidemiology Bureau HARP, May 2018

While HIV cases have been declining globally, in the Philippines it is the opposite. In fact, it was recently named the country with the fastest-growing HIV epidemic in the Asia-Pacific region with a 141 percent increase from 2010 to 2016. It was also among 10 countries that accounted for more than 95 percent of all new infections in the region in 2016 alongside China, India, Indonesia, Malaysia, Myanmar, Pakistan, Papua New Guinea, Thailand and Vietnam (UNAIDS, 2017). Based on the Department of Health (DOH) data, in 2017, there were 11,103 reported new HIV cases (DOH, 2017a), a 20 percent increase from the 9264 new cases reported in 2016 (DOH, 2016b). From January to May 2018, 4,680 new cases were recorded (DOH, 2018a).

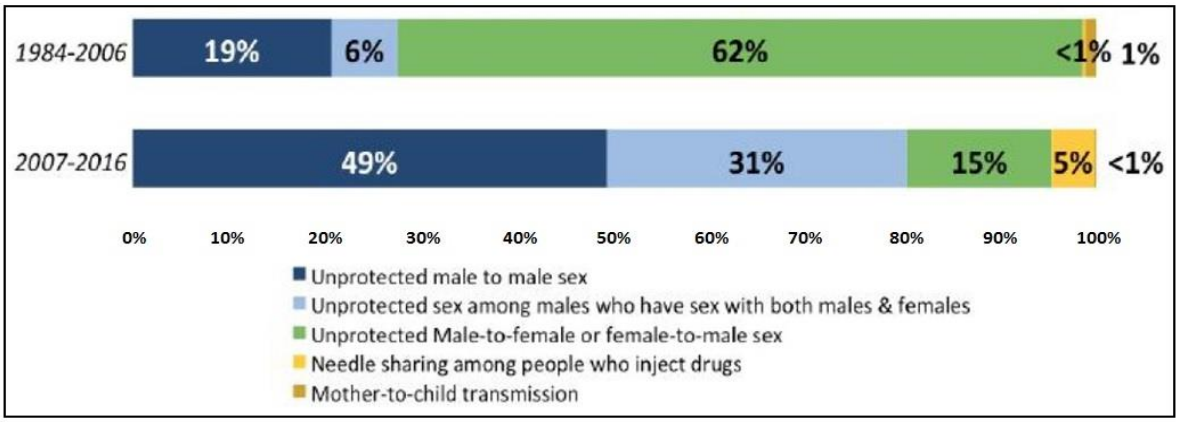
Furthermore, while the increase in new infections may be due to the DOH's heightened push for HIV testing (Barre, 2016), the fact remains that there is a significant increase in the number of new HIV cases in recent years, particularly among KAPs such as MSM, M/TSM, PWID and FSW. Over the years, the country's HIV epidemic has also evolved from a mainly external transmission due to overseas Filipino workers (OFWs) returning to the country to a primarily locally-transmitted disease.

The MSM Subpopulation

A comparison of the modes of HIV transmission from the periods 1984-2006 and 2007-2016 shows that MSMs are now considered as the primary driver of the HIV epidemic in the Philippines. Before, 62 percent of HIV was transmitted through unprotected heterosexual sex but this has now been reduced to 15 percent. The significant dip in HIV cases may have been due to the government's intensified efforts specifically targeting FSW and OFW.

However, unprotected male-to-male sex has now become the main mode of transmission at 49 percent. In May 2018 alone, more than half (56 percent) of the newly diagnosed HIV cases came from the MSM subpopulation (DOH, 2018a). HIV prevalence among M/TSM in ten sentinel sites (Angeles City, Baguio City, Cebu City, Cagayan de Oro City, Davao City, General Santos City, Iloilo City, Zamboanga City, Pasay City and Quezon City) was at a staggering 3.41 percent (DOH, 2015) from just 1.05 percent back in 2009 (DOH, 2011).

Figure 3. Modes of HIV Transmission, 1984-2016



Source: DOH-Epidemiology Bureau HARP, December 2016

Having HIV on its own carries with it a societal stigma–more so if an individual belongs to a certain subpopulation. Most MSM avoid accessing health and HIV services due to fear of legal and social repercussions, discrimination and even violence. These factors present a serious barrier to the effective delivery of HIV prevention and treatment services among the MSM subpopulation. Historically, there is a lack of research on male-to-male sex in the Association of Southeast Asian Nations (ASEAN) region, and this has been reflected in the lack of targeted prevention programs for this subpopulation (ASEAN, 2011). In the Philippines, it was only in recent years when the country took notice of the growing HIV cases among MSM forcing the government to focus and scale up its HIV program response on the most at-risk and vulnerable populations.

Among MSM and PWID, it is supposed that only a few know their HIV status, hence preventing them from accessing early treatment (ASEAN, 2011). Based on UNAIDS data, the number of MSM who are aware of their HIV status through HIV testing increased from 5 percent in 2011 to 16 percent in 2015, yet this number is still very low. The major reasons identified for not getting an HIV test are the following: people feel no need to get tested; afraid to get tested; do not have time; do not know where to get tested; or live too far from the testing center (DOH, 2015).

There is also the issue of linkage to care[2] among PLHIV (PNAC, 2017). It must be noted that diagnosis is just the first step and is a necessary precursor to retention in care, antiretroviral therapy (ART) initiation, and

[2] Linkage to care is the bridge between HIV testing and HIV treatment, care and support.

viral suppression. ART initiation is important as it is proven to significantly reduce the likelihood of HIV-related complications and death (Samji, et al., 2013; Kitahata, et al., 2009). It also lessens the chances of HIV onward transmission (McNairy & El Sadr, 2014). However, many of those diagnosed with HIV either do not return for their results, or are not linked to care after having received their results. Without effective linkage to care, the PLHIV miss out on the benefits from early HIV treatment.

Moreover, there is an observed increase in the number of HIV-afflicted pregnant women who likely have partners who engage in sex with other men. From January 1984 to May 2018, 258 pregnant women were diagnosed with HIV (DOH, 2018a). In 2012, the country recorded an average of one case of pregnant woman diagnosed with HIV per month but this has increased to five cases per month in 2016 (DOH, 2016a). Given this connection between MSM and HIV-afflicted pregnant women, the increasing HIV cases could spill over to mothers and their children without an effective prevention mother-to-child transmission (PMTCT)[3] program in place.

A Youth Epidemic

Young people aged 15-24 years old are having more sex than ever before but have limited access to adequate sex education and contraceptive services–a reality faced by countries in Asia-Pacific, including the Philippines (UNFPA, UNESCO and WHO, 2015). There is an uptick in the country's new cases among individuals aged 15-24 years old from 2,625 in 2016 to 3,451 in 2017 (DOH, 2016b; DOH, 2017a).

Young M/TSM, particularly those in said age group, are at a disadvantageous position in terms of diagnosis, linkage to care, treatment and viral load testing[4]–essential HIV services for PLHIV. Of the total reported M/TSM diagnosed cases in 2016, the 15-19 years old age bracket accounted for only 4 percent while the 20-24 years old age group was at 26 percent in terms of availing of essential HIV services. The DOH estimates that only 3 percent of diagnosed M/TSM aged 15-19 years old are on ART while 11 percent belong to the 20-24 years old group (DOH, 2016a). The same data also revealed that younger age groups often start late with ART as compared to other age groups.

Among key affected populations such as MSM, PWID and FSW, a study revealed that there is a two-to-three-year lag from their first unprotected sex to their first use of condom (PNAC, 2017). With the average sexual debut among Filipinos pegged at either 16 or 17 years old, the younger subpopulation has a higher risk of contracting HIV within two to three years from their first sexual encounter. This gap is a major contributor to the increasing number of new HIV cases among the youth.

Government Efforts Against the HIV Epidemic

As the national legal framework in the country's fight against HIV, RA No. 8504 provides for the formulation of policies in support of a comprehensive national HIV and AIDS response by key government agencies. These include guidelines on prevention and control, policy and strategies for prevention in the workplace, integration of HIV and AIDS education in all schools nationwide, guidelines on the entry of PLHIV to the Philippines, as well as policy guidelines on HIV testing among children (PNAC, 2005).

The PNAC was reconstituted to be the central advisory, planning and policy-making body on the prevention and control of HIV in the country. It is mandated to come up with a comprehensive national HIV plan, which at present is more popularly known as the AIDS Medium-Term Plan (AMTP). Now on its sixth iteration, the AMTP 2017-2022 sets the targets to be achieved in the next six years and provides the general strategic directions in terms of national, regional and local multi-sectoral HIV response.

[3] PMTCT programmes provide ART to HIV-positive pregnant women to stop their infants from acquiring the virus during pregnancy, childbirth or breastfeeding.

[4] A test to measure the amount of HIV in the blood; the more HIV in the blood, the higher the viral load and the faster the immune system cells (CD4+ T-cells) are likely to be destroyed, eventually leading towards AIDS.

Currently, the government provides HIV services and treatment through DOH-designated treatment hubs nationwide. This includes the provision of free ARV drugs largely funded by external sources such as the Global Fund.[5] Since 2010, the Philippine Health Insurance Corporation (PhilHealth) has also been providing an Outpatient HIV/AIDS Treatment (OHAT) package paid through a case-based payment scheme with an annual reimbursement of thirty thousand pesos (PhP30,000.00) for HIV/AIDS cases confirmed by the Sexually Transmitted Disease/AIDS Central Cooperative Laboratory (SACCL) or the Research Institute for Tropical Medicine (RITM). Per PhilHealth Circular No. 011-2015, the amount shall cover the cost of medicines, laboratory exams including the immune system cell (CD4) level determination test and the ARV drug toxicity monitoring test, and professional fees of providers.

The DOH likewise issued guidelines[6] on ART initiation among infected adults and adolescents and on PMTCT. Though it has yet to formalize it through the issuance of an Administrative Order (AO), it has also recently adopted the "treat all" approach in most of its treatment hubs, which removes all limitations on ART initiation eligibility among PLHIV, regardless of CD4 count[7] and age group, among others. With regard to the World Health Organization (WHO)-recommended use of daily oral pre-exposure prophylaxis (PrEP),[8] the DOH is currently in the process of pilot testing in select areas in the National Capital Region (NCR).

At the local government level, the Department of the Interior and Local Government (DILG) issued Memorandum Circular (MC) No. 99-233 in 1999, directing all local chief executives to undertake programs and projects as mandated in RA No. 8504 to support the overall national HIV prevention and control efforts (LGA, 2011). In 2013, the DILG issued MC No. 2013-29 which mandates the strengthening of local HIV responses through organization of a functional Local AIDS Council (LAC). The LAC is a multi-sectoral local body chaired by the local chief executive, co-chaired by the chairperson of the Sanggunian Committee on Health/Social Concerns, and members composed of local functionaries and sectoral representatives. It is envisioned to localize the provisions of RA No. 8504 and promote synergy among LGUs and various stakeholders in regard to HIV prevention and treatment efforts. To develop the technical capacities of local government units (LGUs), the DILG, DOH, and Department of Social Welfare and Development (DSWD) collaborated to establish Regional AIDS Assistance Teams (RAATs) composed of representatives from each of the aforesaid agencies (LGA, 2011).

The UNAIDS Fast-Track Strategy

In 2014, the Joint United Nations Programme on HIV and AIDS (UNAIDS) launched the Fast-Track Strategy which outlined plans to step up HIV response in low- and middle-income countries to meet the Sustainable Development Goal (SDG) target of ending AIDS as a public health threat by 2030. The said strategy outlines the need to reduce new HIV infections and AIDS-related deaths by 90 percent by 2030 in relation to 2010 mortality levels. To achieve this, the Fast-Track Strategy sets out targets for prevention and treatment, known as the 90-90-90 targets, which include reducing new annual HIV infections to fewer than 500,000 by 2020 and eventually to less than 200,000 by 2030. Once achieved, this will have ended AIDS as a public health threat.

In response to the escalating number of new cases, the Philippine government, through the DOH, adopted the UNAIDS 90-90-90 target which stipulates that by 2020: (1) 90 percent of PLHIV should know their status or have been diagnosed; (2) 90 percent of those who know their status should be on ART; and (3) 90 percent of those on ART should be virally suppressed.

To determine how far the country is from achieving the aforementioned targets, it is crucial to look into the latest 2016 DOH data on the Philippine HIV care cascade (See Figure 4). A cascade is composed of five stages: HIV testing and diagnosis; linkage and enrolment in care; ART; retention; and viral suppression. On the first 90

[5] The Global Fund, founded in 2002, is a 21st-century partnership organization among governments, civil society, the private sector designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics.

[6] This is through the issuance of Administrative Order Nos. 2009-0006 and 2009-0016 on PMTCT.

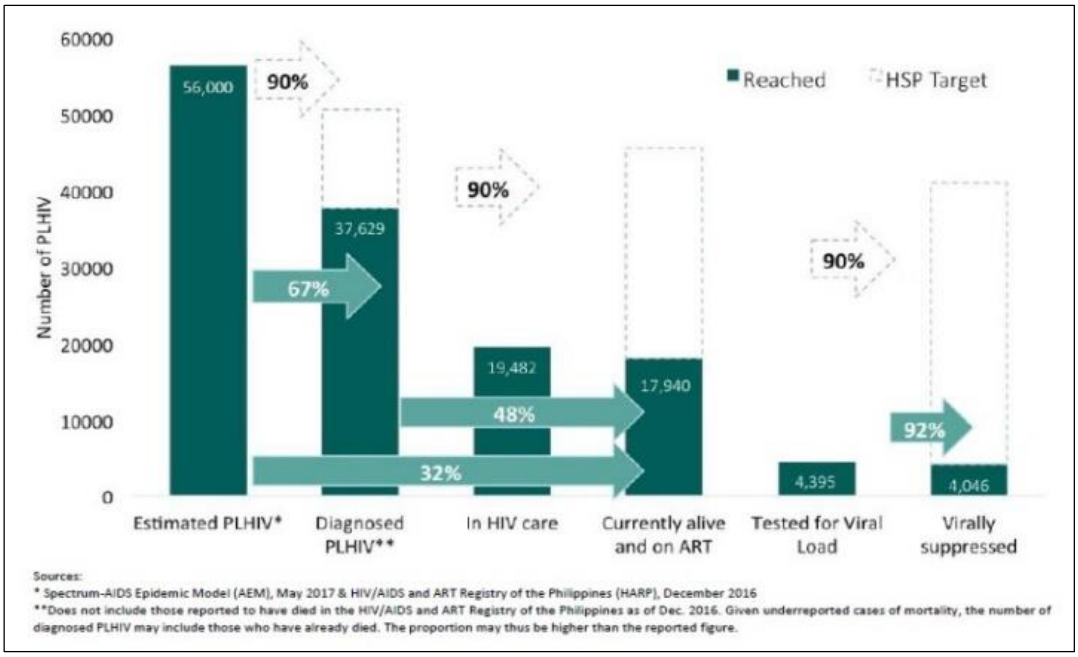
[7] The CD4 count is like a snapshot of how well your immune system is functioning. CD4 cells (also known as CD4+ T cells) are white blood cells that fight infection. The more you have, the better. These are the cells that the HIV virus kills. As HIV infection progresses, the number of these cells declines. When the CD4 count drops below 200, a person is diagnosed with AIDS. A normal range for CD4 cells is about 500-1,500. Usually, the CD4 cell count increases when the HIV virus is controlled with effective HIV treatment.

[8] PrEP is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected.

percent target (HIV diagnosis), the country has so far achieved 67 percent (37,629 HIV diagnosis out of the 90 percent target of 50,400). On the second target (ART enrolment), the country's performance is at 48 percent (17,940 out of the 45,360 target). On the third 90 percent target (viral suppression), the country's performance is at a mere 22.5 percent (4,046 out of the 40,824 target).

Given the above accomplishment and the rising number of new HIV cases, it is therefore vital for the government to step up its efforts in the next two years to at least have a better chance of achieving even just the first 90 percent target.

Figure 4: Philippines' HIV Care Cascade, January 1984- December 2016



Source: DOH, 2016

Gaps in Addressing the HIV Epidemic

While the government has been trying to stem the tide of the epidemic, the following gaps need to be addressed: (1) outdated HIV and AIDS legal framework for prevention and control; (2) poor HIV and AIDS information, education and communication (IEC) program; (3) existing barriers to condom access and low condom use; and (4) declining external funding support yet increasing new HIV cases (HRW, 2016; Gotzadze, 2016).

Outdated HIV and AIDS Legal Framework

RA No. 8504 is often described as an outdated 20-year-old legal framework in urgent need of amendment. Moreover, the PNAC is barely able to fulfill its mandated role in the fight against HIV given its issues on funding and internal governance. Since its creation, the PNAC has had a total of six AMTPs. While the said plans were good in paper, there were problems in implementation, particularly on the availability of funding and the necessary personnel complement with corresponding expertise to carry out the plan. This has consequently resulted in disjointed funding of prevention programs which are often left to the whims of the sitting government officials.

Furthermore, some harm reduction initiatives that could reduce HIV transmission such as the needle and syringe programs (NSPs) for PWID are not available in the Philippines because they run counter to the provisions of the Comprehensive Dangerous Drugs Act of 2002 (PNAC, 2017). While studies show compelling evidence that increasing the availability and utilization of sterile injecting equipment among PWID reduces HIV infection substantially with no major unintended negative consequences (WHO, 2004; Fernandes et al., 2017), it is not being implemented in the country as the law prohibits the possession of equipment, instrument, apparatus and other drug paraphernalia for dangerous drugs.

Another legal issue is Section 15 of RA No. 8504 which requires parental or legal guardian proxy consent before a minor can be tested for HIV. Moreover, minors who need to start on ART should be accompanied only by parents to ensure adherence to treatment, monitor and manage side effects. This is problematic for it impedes early detection and treatment of patients, especially of children who are orphaned or have no legal guardians (PNAC, 2017).

To date, the House of Representatives and the Senate of the Philippines have already approved on third and final reading their respective versions of the bill seeking to amend RA No. 8504 (House Bill No. 6617 and Senate Bill No. 1390). These measures will have yet to be reconciled by the Bicameral Conference Committee and the Bicameral version will be ratified by both Houses of Congress which will then be submitted to the Office of the President for signing into law. One of the key amendments in the bills seeks to provide access to persons aged 15 years old and above to undergo HIV testing and counseling without the need for consent from a parent or guardian based on the principle of evolving capacities of the child.[9] There is also a provision for the institutionalization of a redress mechanism for PLHIV to ensure that their civil, political, economic and social rights are protected. The PNAC will also be strengthened by providing adequately trained personnel occupying permanent positions, and designating the PNAC as an independent body attached to the DOH and streamlining its membership. The Senate version goes even further with a provision on providing a separate budget for the PNAC under the General Appropriations Act (GAA). The PNAC is also expressly given the mandate to ensure the operationalization and implementation of the AMTP. Moreover, both versions provide for the National AIDS/STI Prevention and Control Program (NASPCP) which shall be composed of qualified medical and support personnel with permanent appointments and adequate yearly budget. The measures also seek to bolster confidentiality protections and outline clearer guidelines on media reporting. As an intervention to curb the increasing number of mother-to-child HIV transmission cases, both bills seek to integrate PMTCT programs into existing maternal and child services. This provision will be crucial in the early diagnosis of HIV among pregnant women and the prevention of vertical transmission.[10] Penalties and fines for all discriminatory acts and practices are also proposed to be made more stringent.

Poor HIV and AIDS Information, Education and Communication (IEC) Program

While the national IEC Program on HIV and AIDS has been sufficient in programmatic scope, it is inadequate in terms of coverage. Although knowledge on HIV and AIDS among key affected populations in the country has increased to 35 percent throughout the years, it remains below the 90 percent target. The 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBSS) likewise reported that only three out of 10 M/TSM have knowledge on HIV. The number is even lower among the youth in general: only 17 percent know the correct ways of HIV prevention, can identify HIV misconceptions, and know where to get HIV services (DRDF & UPPI, 2014). Despite the low HIV and AIDS awareness, 31 percent of single youth have already engaged in sex (NYC, 2015). Among MSM and M/TSM, only 35 percent of those aged 15 to 24 have correct knowledge on HIV transmission and prevention (UNAIDS, 2017).

Most public and private schools do not have sex education classes or instructions on sexually transmitted infection (STI) prevention (HRW, 2016) despite the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 (RA No. 10354) mandating the implementation of comprehensive sexuality education (CSE). Efforts by the government to integrate sex education in the country's basic school curriculum were often met with strong opposition from the Roman Catholic Church and other conservative leaders of the country for fear that it might promote the early onset of sexual activity, promiscuity and other sinful acts. However, studies show that CSE actually helps delay the onset of sexual relations by providing young adolescents the right information at the right time (Lindberg & Maddow-Zimmet, 2011; UNESCO, 2015). Other benefits include promotion of responsible sexual behavior, and fewer sexual partners upon maturity. With the Department of Education's (DepEd) issuance of Department Order No. 31 entitled, "Policy Guidelines on the Implementation of

[9] The concept is enshrined in Article 5 of the Convention on the Rights of the Child recognizing the developmental changes and the corresponding progress in cognitive abilities and capacity for self-determination undergone by children as they grow up, thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection and to allow their participation in opportunities for autonomous decision-making in different contexts across different areas of decision-making.

[10] It is the passage of a disease-causing agent (pathogen) from mother to baby during the period immediately before and after birth.

Comprehensive Sexuality Education" last July 2018 which lays down a common understanding of CSE concepts, messages and protocols, it is hoped that CSE implementation in schools will be better carried out at the soonest possible time.

Linked to the HIV and AIDS information and education is the advent of social media and advances in technology. Based on a 2018 report,[11] the number of internet users in the Philippines has reached 67 million, most of whom belong to the younger generation. With access to smartphones and tablets, the youth are likely to be exposed to a slew of online materials including social media platforms and online dating apps that are used to organize illicit meetups, often leading to sex. This kind of risky behavior, coupled with limited HIV and AIDS information and education puts the youth at greater risk of contracting STIs, including HIV.

Barriers to Condom Access and Low Condom Use

Another issue at the center of the HIV epidemic is condom use. In the Philippines, the Roman Catholic Church wields a strong influence on the lives of Filipinos. To the Church, only natural family planning methods are considered morally acceptable while the use of condoms is regarded as a violation of its moral teachings and principles.

However, correct and consistent use of condoms has been proven to be highly effective in HIV prevention. The HIV pandemic in Cambodia, Myanmar and Thailand among sex workers declined because of the 100% Condom Use Program (CUP), pioneered in Thailand and adapted by a number of ASEAN member states (ASEAN, 2011). Although the 100% CUP was piloted in the Philippines in select LGUs back in 2000 (PNAC, 2005a), it has yet to be implemented on a sustained scale similar to that of Thailand mainly because of strong opposition from some sectors of society. Condom use is very crucial in slowing down the spread of HIV particularly among MSM. While condom use increased from 36 percent in 2011 to 49.8 percent in 2017 (UNAIDS, 2017), it is still below the 80 percent target among MSM set by the DOH.

The RPRH Law also prohibits minors (under the age of 18) from accessing modern family planning methods (including condoms) without a written consent from their parents or guardians. This policy is detrimental to young adolescents who have begun sexual activity before reaching 18 years old. In 1994, only 13 percent of young adolescents have begun sexual activity before reaching the legal age but it has increased to 23 percent in 2013 for both males and females (DRDF & UPPI, 2014). Hence, government is exposing young adolescents to greater risk of contracting HIV by prohibiting their access to condoms. These legal barriers are also prevalent among LGUs that craft ordinances regulating/prohibiting access to condoms, thereby preventing underprivileged youth who rely solely on government facilities for condoms and other reproductive health needs.

The issue on condom use is further aggravated by the belief among Filipino men that using a condom during sexual intercourse reduces pleasure. President Rodrigo Duterte himself was quoted to have said that condoms are not pleasurable. However, it is worth noting that the President also issued Executive Order No. 12 which expedites the actions crucial in attaining and sustaining zero unmet needs for modern family planning, including condoms for all poor households by 2018 within the context of the RPRH Law.

Declining Funding Support, Increasing New HIV Cases

HIV response in the Philippines is severely underfunded with a wide open resource gap. While it is true that domestic spending from the government and the private sector has been increasing, the rate of increase is not fast enough to meet the required funding and bridge the resource gap in time. It is estimated that the country would need an average annual investment of US$51 million (PhP2.7 billion)[12] between 2015 and 2030 to reverse the HIV epidemic (UNAIDS, 2015). With this annual amount, the number of new HIV infections can be expected to go down to less than 500 new cases per year by 2020, effectively halting the spread of the epidemic. In 2015 alone, the total combined (public, private and external sources) HIV investment in the

[11] Data from United Kingdom-based consultancy, We Are Social
[12] Based on current US dollar-Philippine peso exchange rate of $1- P53

Philippines was just US$7 million (PhP901 million) – US$34 million (PhP1.8 billion) short of the required annual investment of US$51 million (PhP2.7 billion).

HIV investment from external sources has significantly declined by 38 percent in 2015 as global funding support shifted focus towards low-income African countries. An assessment of the country's HIV program readiness to transition from external support revealed that the Philippines is exposed to moderate to high risk. As such, the country must exert more effort in terms of ensuring a more sustainable transition from external funding support by increasing domestic investment on HIV programs (Gotsadze, 2017).

Table 1. Sources of Philippine HIV Program Financing, 2011-2015 (in thousand U$D)

Source	2011		2012		2013		2014		2015	
	US$	%	US$	%	US$	%	US$	%	US$	%
Public	4,181	33%	4,655	48%	4,523	44%	11,035	61%	13,032	73%
External	3,872	31%	4,966	51%	5,810	56%	6,922	38%	4,582	26%
Private	4,593	36%	23	0.2%	18	0.2%	108	1%	195	1%
Total	**12,647**	**100%**	**9,644**	**100%**	**10,351**	**100%**	**18,065**	**100%**	**17,808**	**100%**

Source: The Philippines HIV/AIDS Program Transition from Donor Support Transition Preparedness Assessment Country Report, 2017

In terms of the appropriations in the proposed bills seeking to amend RA 8504, HBN 6617 and SBN 1390 did not indicate a specific amount most likely to provide flexibility in the determination of the annual funding requirement. The Senate version stipulates that the Department of Budget and Management (DBM), in coordination with the Department of Finance (DOF) and the DOH, should consider the prevailing HIV and AIDS incidence in determining the annual appropriations. SBN 1390 also provides for an annual appropriation for LGUs for them to carry out their action plans as specified in the law. This is very crucial to ensure LGU participation in the effective implementation of the law at the local level. Most importantly, both versions expressly prohibit the realignment of the PNAC funds, savings and other resources to other programs of the DOH or any other agency, unless related to the implementation of the law.

Conclusion and Recommendations

Since the onset of HIV cases in the Philippines in the early 1980s, the government and other sectors have made significant strides in the prevention and management of the disease. The enactment into law of RA No. 8504 institutionalized and strengthened the country's HIV response. However, two decades into its implementation, the country is facing an even greater hurdle with the alarming increase in new infections among MSM and PWID. Clearly, there are existing policy gaps, as well as emerging challenges, that require immediate action.

Foremost, it is clear that there is a need to amend RA No. 8504 to scale up the country's current HIV response and remove all legal restrictions to access to treatment and care. This will pave the way for a more enabling legal and social environment for PLHIV. While both Houses of Congress have approved on third and final reading their respective versions of the bill seeking to amend RA No. 8504, legislators should also look into the possibility of adopting the NSP program and an all-out implementation of the 100% CUP to stem the increase in new infections, especially among MSM and PWID. These interventions are important since these would directly benefit not only MSM and PWID, but also the general population. Although the DOH is already implementing the "treat all" approach and pilot testing PrEP as recommended by the WHO, it is crucial that these interventions are backed up by adequate policy to ensure sustainability. The RPRH Law which restricts the youth under 18 years old from purchasing condoms without parental/guardian's consent should also be revisited in light of data indicating that there is an increasing proportion of youth who have begun sexual activity before the age of 18 (DRDF & UPPI, 2014). This is a worrying reality which policymakers must face immediately with evidence-based policies and interventions.

While aforesaid restrictive legal provisions may have well-intentioned justifications, in reality, the authorities may be doing irreparable damage by excluding these people from the health system in terms of sexual and reproductive health, and social protection rights. In fact, instead of restricting the scope through

legislation, government should expand the coverage of the national HIV program with particular focus on the people who are most at risk and where they are located. The ultimate goal of government should be to achieve universal health coverage by ensuring that ART and broader HIV services reach those in greatest need and are sustainable in the long term. The integration of essential HIV services into national health benefit packages, promotion of innovative public-private partnerships for increasing access to ARV drugs and strengthening health and community systems to deliver comprehensive and quality services are among the mechanisms the government can use to realize said goal (WHO, 2016). The inclusion of a review provision (at least every five years) should the bill become a law would also be helpful in ensuring that the law remains responsive to the changing needs of the times.

At the heart of the national HIV response is the AMTP–the blueprint which sets the targets to be achieved and provides the general strategic directions in terms of national, regional and local multi-sectoral HIV response. Through it, government efforts are prioritized, aligned and harmonized to focus finite resources on interventions which would deliver the greatest benefit. In order for a new law on HIV to be effectively executed, all efforts must be exerted to ensure that the AMTP is likewise fully and strictly implemented. Towards this end, a mechanism should be in place to monitor the plan's implementation progress and to hold offices/persons to account in the event of a failure to implement the AMTP.

Apart from amendments to empower the PNAC in terms of technical and institutional capacity, there should also be mechanisms in place to ensure effective implementation of HIV control and prevention programs at the subnational level in furtherance of RA No. 8504. To do so would require the adoption of a more decentralized structure of HIV response implementation to allow for wider access to programs and services. This is where the role of the LAC, as a multi-sectoral local HIV and AIDS body is very important. However, there is a need for the DILG to ensure that LGUs abide by their memorandum circulars on the organization of a functional LAC by taking disciplinary or legal action against violators. This has been done before to LGUs without a barangay peace and order council and/or local anti-drug abuse council, local special bodies similar to LAC.

While the DepEd has already issued CSE minimum standards for learning institutions, the PNAC should also come up with a standardized module for community intervention with emphasis on forging partnerships with local officials and other stakeholders in the community. Through CSE and the standardized module for community intervention, it is hoped that sexual and reproductive health education can start within the family and in the process dispel any taboos related to it.

With the internet's wide reach, government and other sectors concerned should maximize the use of this platform to increase HIV awareness and prevention, and encourage the public to avail of free government services. An internet-based intervention would greatly complement other existing government programs, particularly on sharing vital HIV information and knowledge to the youth who are extremely active in social media and online dating sites and applications.

Given all the tasks needed to be done, it is imperative that there is strong and sustained political will at the national and subnational levels, and adequate domestic investments on HIV to ensure effective implementation. Boosting domestic funding for HIV can be done through the strengthening government capacity to mobilize additional financial resources–not only through national funds, but also through resource augmentation from subnational entities and non-governmental organizations. A law, no matter how well-crafted it may be, is only as good as its implementation.

Both versions of the bill seeking to amend RA No. 8504 do not only offer crucial policy interventions meant to address the multifaceted issues on HIV prevention and treatment, they also serve as an eye opener that HIV is a major health threat that should be treated as a national emergency. The country is at a critical point in its fight against HIV where it still has the opportunity to take decisive actions to stem the HIV epidemic before it gets out of hand.

Time is of the essence. Government, in partnership with all sectors concerned, should fully commit now to address this national emergency and protect the health and development of this country and its people.

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