



HIV AND AIDS

SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



SITUATION
OF
CHILDREN
IN THE PHILIPPINES

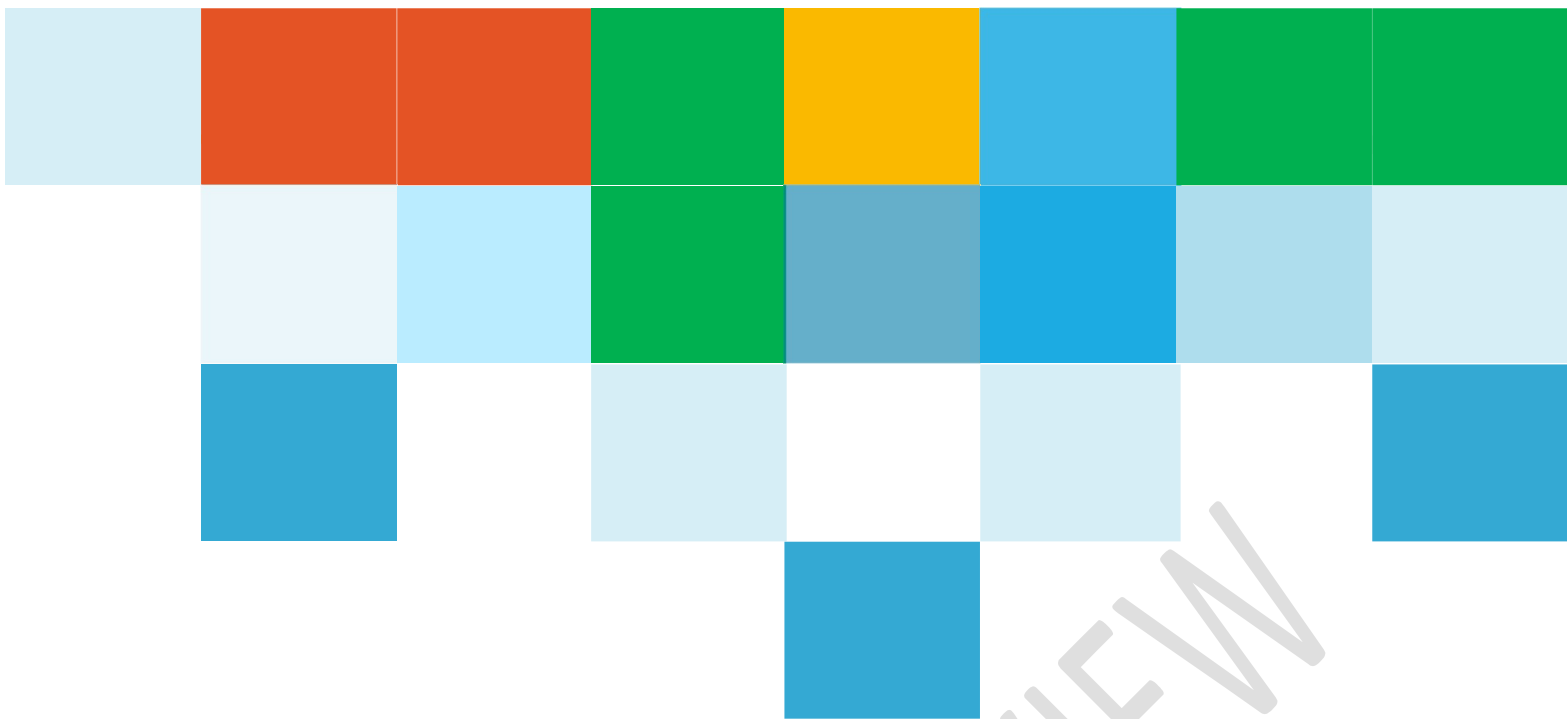


Publication Date

2023

Reports available at situationofchildren.org/latest-evidence

Situation of Children Reports provide in-depth analyses of child rights issues in the Philippines to help facilitate informed decision-making in child welfare and rights, covering areas like health, education, and protection. To view interactive dashboards and access the latest data, please visit www.situationofchildren.org



Children and adolescents living with and affected by HIV need access to treatment, care and support to survive and thrive.

Efforts are made to provide access to HIV prevention, treatment, and care for children and adolescents, irrespective of age, gender, poverty, or social status.

There's a pressing need for universal access to HIV prevention, treatment, and care, transcending age, gender, poverty, or social status, to ensure the survival and thriving of children and adolescents affected by HIV.

The Philippines has been reporting the fastest-growing HIV epidemic in Asia and the Pacific in the past decade (UNFPA 2023).

By October 2022, the number of recorded new cases started seeing a rapid rise especially in

the younger generations following the relaxation of COVID-19 social distancing measures in early 2022.

It is estimated that a little less than half of new infections in 2023 will be among the youth.

Child Rights Situation Analysis

In 2022, there was a total of 14,970 registered HIV cases, a 21.3 per cent increase from 2021, and a 62 per cent increase from 2016.

A considerable drop was witnessed in 2020, possibly as a consequence of government-imposed social distancing measures during the COVID-19 pandemic and a lack of outreach during that time.

The number of recorded HIV cases started rising rapidly following the relaxing of government-imposed social distancing measures in early 2022.

As of October 2022, newly diagnosed HIV cases are weighted towards younger generations with 29 per cent among those aged 15-34 years.

In 2023, 47 per cent of new infections in 2023 are estimated to be among the youth (15-24 years old).

Despite contributing the largest proportion of new HIV infections, the youth have a lower diagnosis coverage than those in older age groups.

The Philippines suffers from low rates of HIV diagnosis and antiretroviral therapy (ART) coverage among children, and lower HIV prevention coverage among the youth, especially minors.

Equity & Risk

EQUITY

Gender	<p>In 2022, there were reportedly 14.2 thousand diagnoses of HIV among males in the Philippines, compared to 723 diagnoses among females. This highlights the extent of the gender-based inequity with regard to HIV and AIDS in the country, with men significantly more at risk.</p>
Disability	<p>This situation analysis has not been able to determine any data which disaggregates by disability under this subdimension.</p>
Subnational	<p>Urban locations appear to be more at risk of high rates of HIV. Metro Manila accounts for the majority of new HIV cases in 2022, followed by Region IV-A and Region III. By contrast, the more rural region of BARMM reportedly recorded less than 1 per cent HIV prevalence among its population in 2021.</p>
Others	<p>Male-to-male sex is noted to be a substantial means of HIV and AIDS transmission, with 10,006 infections acquired in this way in 2022. This represents 66.8 per cent of all infections for that period. This indicates that men of diverse sexual orientation may be at higher risk of deprivation under this indicator. Age is also a factor of inequity, with new cases weighted towards those of young generations.</p>

RISKS

Natural hazards	<p>No natural hazard-related risks were identified as yet under this subdimension.</p>
Conflict	<p>No conflict-related risks were identified as yet under this subdimension.</p>
Health Crisis/Pandemic	<p>No health/pandemic-related risks were identified as yet under this subdimension.</p>
Other risks	<p>Changes to personnel and leadership within the DoH affect the delivery of child health services in the Philippines. Each new senior official or representative appointed or elected may introduce new structures and priorities, which can make it challenging for INGOs and other partners to work effectively as they need to rebuild connections, networks and relationships, particularly for advocacy work. Such changes affect all health services.</p>

Legislation & Policy Analysis

Republic Act 11166, enacted in 2018 and also known as the Philippine HIV and AIDS Policy Act, pertains to HIV and AIDS in the Philippines.

The act builds upon the groundwork set out by the now-defunct Philippines AIDS Prevention Control Act of 1998. The act provides for easier access to condoms and other preventative measures.

The new law facilitates easier access to learning about one's HIV status, in particular for young people aged 15 years and above who can now undergo an HIV test without parental or guardian consent. The law also makes treatment for HIV and AIDS more readily available and lays the groundwork for access to free treatment.

To facilitate this, the law also allows for the reconstitution of the Philippine National AIDS Council to allow for a more streamlined approach to implementation. Finally, the law also tightens rules surrounding the spread of misinformation and discriminatory practices regarding the disease.

Bottleneck Analysis

Demand

- **HIV-related stigma.** Individuals living with HIV often experience stigma related to their diagnosis within their communities. In the Philippines, people living with HIV face stigma due to their status which is seen as a marker of sin and moral uncleanliness.
- **A lack of finances to travel to health care facilities.** This is particularly a bottleneck in more deprived regions and among families affected by issues like unemployment. Social protection schemes go some way to providing safety nets for these families, but the reach of these programmes varies significantly across the Philippines. Furthermore, this is likely to be a bottleneck particularly for families with children with disabilities who may need greater accessibility requirements, or with parents with disabilities who are more likely to have employment challenges.
- **Continued fear of contracting COVID-19 when accessing health care facilities.** This was reported to be a bottleneck impacting demand for health care services.

Supply

- **Women and girls have limited access to health care facilities due to gendered norms related to household responsibilities.** Prevailing gendered norms which view women and girls as the primary duty bearers of household responsibilities are a major bottleneck for the realization of women and girls'

access to health care services. For instance, it was reported that women often cannot take the time out to travel to health care facilities due to childcare responsibilities.

- **Inadequate provision of adolescent-friendly health services at health care facilities.** This is a significant bottleneck, as it impacts adolescents' demand for health care services. Even for those in contact with the health system, the assistance received is often inadequate and fails to address their needs.

For instance, a 2019 study found that teenage girls who were in contact with the health system still continued to use no contraception, or used traditional and other less-effective methods as they did not receive adequate family planning counselling.

- **Inadequate supply chains for health.** Bottlenecks throughout the health sector supply chain remain an important challenge. These include bottlenecks in the financing, procurement, delivery and storage of medical supplies.

The lack of reporting on supply usage was also reported to be a major issue, which leads to issues of tracking procured commodities for health. Evidence shows that these bottlenecks have led to delays in the delivery of health services, including child immunization and reproductive health services.

- **Limited access to health care facilities due to long travel distances and inadequate transport links, particularly in rural areas.** The number and distribution of accessible health care facilities varies greatly by province and municipality.

For instance, a 2019 UNICEF study highlighted that all study participants from San Jorge, a first-class municipality in Region XIII, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third-class municipality in Region IX, a lower 46.2 per cent were this near. This bottleneck is particularly important given that poorer families often lack the necessary finances to travel to health care facilities, as identified in the Immediate bottlenecks.

- **A lack of technical capacity among rural populations to carry out social development programmes such as health promotion activities.** These programmes and activities rely heavily on local participation. While this is positive in improving the localization of social development initiatives, it has also been identified as a key bottleneck.

Local populations are often engaged in the implementation of programmes without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which leads to inefficiency.

Enabling environment

- **HIV education.** At a nationwide level, there is generally poor education around HIV, HIV transmission, HIV treatments and the importance of HIV testing. This makes it harder for stigmas around the country's HIV epidemic to be challenged.
- **Limited coordination between national and local levels of government.** The provision of health services is devolved in the Philippines, and thus requires robust coordination and coherence between different levels of government. While the introduction of policies and passing of laws happens at the national level, LGUs are the main duty bearers for implementation. Although a range of policies and laws have been introduced, there are major gaps in implementation due to issues of capacity, financing, human resources and motivation at the LGU level.

At the root of these issues is the overarching bottleneck of a lack of coordination between national and local levels of government. As reported by one key informant, "there is a major disconnect in what the national government tells LGUs what they should do, versus what they can do."

Another key informant, a national government stakeholder, noted that knowledge and capacity-transfer from the national to the subnational needs to be a top-down process with national government agencies leading these efforts. It was, however, also noted that national agencies lack the budgetary requirements to do this widely and therefore rely on LGUs to seek technical assistance as and when needed.

- **Inadequate progress indicators being measured and a resultant lack of robust data being collected to inform policymaking.** This is a critical bottleneck, as without the right data, it is difficult to determine where challenges lie and how they should be addressed. Furthermore, it is essential that data be disaggregated in order to inform more targeted policymaking. This bottleneck is noted to be acute for some groups, including those with disabilities.

DRAFT

References

1. UNFPA (2023). Philippine Population and Development Situation Analysis (Document received from UNICEF), p.104-105.
2. LawPhil. (2018). Republic of the Philippines, Congress of the Philippines: Seventeenth Congress, Third Regular Session: Republic Act No 11166.
3. WHO. (2019). New law important boost to HIV response in the Philippines.
4. Department of Health Epidemiology Bureau. (2022). HIV/AIDS & ART Registry of the Philippines.
5. Statista. (2023). Number of newly-diagnosed HIV cases in the Philippines in 2022, by gender.
6. PhilStar. (2023). HIV cases up 21% in 2022.
7. Department of Health, Epidemiology Bureau. (2021). HIV/AIDS & Art registry of the Philippines, p. 1.
8. Justin Bustamante and Michal W Plankey. (2022). Identifying Barriers to HIV Testing Among Men Who Have Sex with Men (MSM) in the Philippines.
9. Oxfam. (2020). Addressing Unpaid Care to Close the Gender Gap in the Philippines and Zimbabwe, p.5.
10. Nagai M, Bellizzi S, Murray J, Kitong J, Cabral EI, et al. (2019). Opportunities lost: Barriers to increasing the use of effective contraception in the Philippines. PLOS ONE 14(7): e0218187.
11. Abrigo, M. (2021). Four stylized facts on health in the Philippines. Philippine Institute for Development Studies.
12. EPRI & UNICEF. (2019). Final Report: Rapid qualitative assessment of the impact of Pantawid Pamilyang Pilipino Program (4Ps) on nutrition outcomes in beneficiary households in selected municipalities, p.981-982. Document Received from UNICEF.
13. Situation Analysis of Child Rights. Validation Workshop. In-person. Manila. June 2023.

The information presented in this report reflects the analyses and findings of the researchers and does not necessarily represent the views of the United Nations Children's Fund (UNICEF), the Council for the Welfare of Children (CWC), the National Economic and Development Authority (NEDA), or their collaborating organizations. Although efforts have been made to ensure the accuracy and reliability of the data, this report primarily utilizes publicly available information, which may not fully encapsulate all aspects of children's situations in the Philippines.

The collaborating organizations do not assure the completeness or accuracy of the data included in these reports and accept no responsibility for any consequences stemming from their usage. The inclusion or mention of specific entities, research findings, or approaches in the reports does not constitute endorsement or preference by the collaborating organizations. Furthermore, references to specific geographic or administrative regions, or the use of the term "country," are intended solely for analytical purposes and do not indicate any position on the legal status, governance, or territorial integrity of such regions.
