Department of Health | Epidemiology Bureau

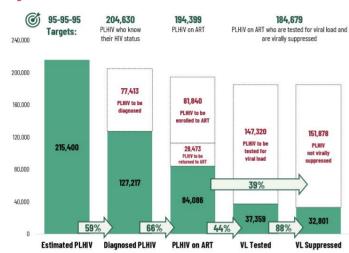
HIV & AIDS SURVEILLANCE OF THE PHILIPPINES

HIV & AIDS CONTINUUM OF CARE

The latest Philippine HIV estimates show that by the end of 2024, there will be 215,400 estimated People Living with HIV (PLHIV) in the country.

Of the estimated PLHIV, 127,217 (59%) cases have been diagnosed or laboratory-confirmed and currently living or not reported to have died, as of June 2024. Further, 84,086 (66%) PLHIV are currently on life-saving Antiretroviral Therapy (ART), of which, 37,359 (44%) PLHIV have been tested for viral load (VL) in the past 12 months. Among those tested for VL, 32,801 (88%) are virally suppressed. However, only 39% were virally suppressed among PLHIV on ART [Figure 1].

Figure 1. National Care Cascade as of June 2024



See Annex A: HIV Care Cascade per Region, Age Group and Key Population

95-95-95 ACCOMPLISHMENT, as of June 2024





The 95-95-95 Targets
The 95-95-95 by 2025 is the global targets set by the Joint United Nations Programme on HIV and AIDS (UNAIDS). The Philippines, as one of the States who committed to the "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" adopted during the General Assembly in June 2021, integrated these high-level targets in the 7th AIDS Medium Term Plan - 2023 to 2028 Philippines: Fast Tracking to 2030. It aims that by 2030, 95% of people living with HIV know their HIV status or are diagnosed, 95% of PLHIV on ART have a suppressed viral load so their immune system remains strong, and the likelihood of their infection being passed on is greatly reduced (Undetectable=Untransmissible).

The Philippine People Living with HIV (PLHIV) Estimates
The Philippines has been using the national PLHIV estimates to determine the state and trend of the epidemic in the country, to aid programmatic response and develop strategic plans, and to monitor progress towards the 95-95-95 targets. Annually, the National HIV/AIDS & STI Surveillance and Strategic Information Unit of the Department of Health-Epidemiology Bureau leads the process of developing the PLHIV estimates, which was modeled through the AIDS Epidemic Model (AEM) and Spectrum. The latest PLHIV estimates were updated in May 2023 with analyzed and triangulated data from the 2022 HIV/AIDS & ART Registry of the Philippines (HARP), 2018 Integrated HIV Behavioral and Serologic Surveillance (IHBSS), 2019 and 2020 Online Survey, 2022 Laboratory and Blood Bank Surveillance (LaBBS), 2020 Population Census, and other program data. Further, the development of PLHIV estimates underwent a comprehensive consultation, validation, and vetting process with technical experts from EastWest Center, UNAIDS, WHO, and key national, regional, and local program implementers and stakeholders. Previously released estimates in May 2022 were based on the IHBSS 2018, HARP December 2020, and Population Census 2015.

Diagnosed PLHIV
The total number of diagnosed or laboratory-confirmed HIV cases reported in the HIV/AIDS Registry who are currently alive or not yet reported to have died.

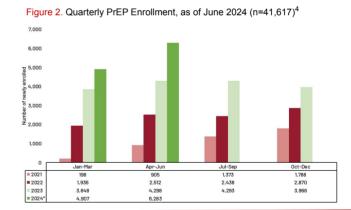
A PLHIV who is currently on ART defined as visited the facility for an ARV refill or accessed ARV refill, and has not run-out of pill for 30 days

Virally Suppressed PLHIV
PLHIV on ART who have viral load of ≤50 copies/mL. Viral load refers to the amount of the Human Immunodeficiency virus (HIV) present in an infectéd person's blood.

PREVENTION

In April to June 2024, there were 6,283 clients newly enrolled to Pre-Exposure Prophylaxis (PrEP), which is a 46% increase in new enrollees compared to the same period in 2023. Of the enrollees in the 2nd quarter, 98 (2%) were less than 18 years old at the time of enrollment, 2,647 (42%) were 18-24 years old, 2,753 (44%) were 25-34 years old, 781 (12%) were 35 years old and above 1,2. More than half (54%, 3,382) of the newly enrolled to PrEP were from the National Capital Region (NCR).

Since the implementation of PrEP in March 2021, a total of 41,617 clients have been enrolled. Of these, 40,477 (97%) were male, and 65% (27,206) were 25 years old or older. The majority of clients ever enrolled in PrEP (89%, 36,991) were registered at facilities in the NCR, CALABARZON (4A), and Central Luzon (3) regions³. Among the total enrolled, over half (52%, 21,507) returned for a PrEP refill in 2024, of which 52% or 11,190 were new enrollees in the first semester. Of the 20,110 non-returnees, 3% (597) tested positive for HIV.



DIAGNOSIS



In April to June 2024, there were 5,321 confirmed HIV-positive individuals reported to the One HIV/AIDS & STI Information System (OHASIS), of which, 1,485 (28%) had an advanced HIV infection 5,6 at the time of diagnosis. Compared to last year's first quarter average of 44 cases per day, there has been a significant increase of 32%, with 58 reported daily on average.

Of the newly reported confirmed HIV-cases this period, 5,016 (94%) were males while 305 (6%) were females. The age of the newly reported cases ranged from 1 to 79 years old (median: 27 years). By age group, 26 (<1%) were less than 15 years old at the time of diagnosis, 1,725 (32%) were 15-24 years old, 2,514 (47%) were 25-34 years old, 922 (17%) were 35-49 years old, and 134 (3%) were 50 years and older⁴. Moreover, 3,568 (67%) were cisgender, 163 (3%) identified themselves as transgender women, 16 (<1%) identified as others, 21 (<1%) as neither man nor woman, seven (<1%) as transgender man and 1,546 (29%) had no data on gender identity 8. Of the newly reported cases, 3,300 (62%) were confirmed in Certified Rapid HIV Diagnostic Algorithm (rHIVda) Confirming Laboratories (CrCLs) while 2,021 (38%) were confirmed through the National Reference Laboratory-San Lazaro Hospital/STD AIDS Cooperative Central Laboratory (NRL-SLH/SACCL). This quarter, test kits for confirmatory testing in CrCLs were replenished, leading to a higher proportion of diagnoses compared to SACCL.

- 1. Age at the time of enrollment to PrEP; 4 has no data on age among Q2 2024 enrollees
 2. Percentages were rounded off to the nearest whole number sum may not be equal to 100% due to rounding of figures
 3. Based on the region of PrEP facility, 17 had no data on PrEP facility
 4. Difference in totals from previous quarters were due to late reporting from the sites
 5. Age at diagnosis for 2rd quarter, Reported diagnosed HIV cases, including deaths

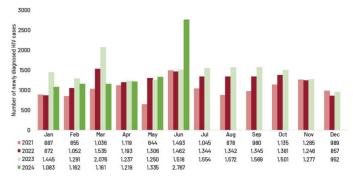
- 6. Advanced HIV Disease (AHD) definition is based on clinical criteria of WHO staging 3 and 4 while immunologic criterion is based on baseline CD4 results
- 1,928 cases had non-advanced HIV infection and 741 had no data on immunologic/clinical criteria at the time of diagnosis
 Gender identity is based on sex at birth and self identity reported at the time of diagnosis. Those with unknown gender identity either had unspecified or no data on self identity and/or sex at birth.

Cumulatively, 135,076 confirmed HIV cases have been reported to the HIV/AIDS and ART Registry of the Philippines since the first reported HIV case in the Philippines in 1984 [Figure 3].

Since 2021, the number of newly diagnosed HIV cases reported monthly has been increasing [Figure 3]. The average monthly cases were 1,027 in 2021, increased by 21% or 1,245 in 2022, and then rose by an additional 15% or 1,437 in 2023. However, during the first semester of 2024, no significant difference was observed compared to the monthly average of the previous year.

Moreover, the number of reporting Certified rHIVda Confirming Laboratories (CrCLs) in OHASIS increased from 26 facilities in 2021 to 61 facilities in the first semester of 2024.

Figure 3. Number of monthly newly diagnosed HIV cases, 2021-June 2024



Geographic Distribution

From April to June 2024, the regions with highest reporting of newly diagnosed cases were NCR, CALABARZON (4A), Central Luzon (3), Western Visayas (6), Central Visayas (7), and Davao region (11) accounting for 72% of the total cases while 1,401 cases (26%) were reported from other regions [Figure 4] 9. Between January 2019 and June 2024, these same regions contributed to 77% or 57,167 of the total reported cases. The remaining 16,815 cases (23%) were distributed across other regions [Table 1]¹⁰.

Similarly, from January 1984 to June 2024, these regions have consistently reported the highest number of cases, with a total of 107,875 cases, representing 80% of all reported cases [Table 1]. During this period, 25,962 cases (19%) were reported from other regions within the country, nine cases (<1%) were reported from overseas, and 1,230 cases (1%) had no data on their region of residence.

Figure 4. Distribution of newly diagnosed HIV cases by region of residence 9, Apr-Jun 2024 (n= 5,321)

| Region | Number of Cases | % |
|--------|--------------------|-----|
| NCR | 1,128 | 21% |
| 4A | 941 | 18% |
| 3 | 614 | 12% |
| 6 | 452 | 8% |
| 7 | 376 | 7% |
| 11 | 340 | 6% |
| 12 | 194 | 4% |
| 1 | 192 | 4% |
| 10 | 158 | 3% |
| 4B | 150 | 3% |
| CARAGA | 144 | 3% |
| 8 | 138 | 3% |
| 2 | 130 | 2% |
| 5 | 113 | 2% |
| 9 | 96 | 2% |
| CAR | 55 | 1% |
| BARMM | 31 | <1% |

Number of diagnosed HIV cases, by region of residence, Jan 1984 -

| Region | January 2024 – June 2024 (n=8,727) ¹⁰ | | January June (n=73,9 | 2024 | January 1984 - June 2024 (N=135,076) ¹⁰ | |
|--------|--|-----|----------------------------|------|--|-----|
| NCR | 2,177 | 24% | 20,605 | 28% | 44,633 | 33% |
| 4A | 1,631 | 19% | 13,323 | 18% | 22,449 | 17% |
| 3 | 931 | 11% | 8,489 | 11% | 14,131 | 10% |
| 7 | 619 | 7% | 5,443 | 7% | 10,909 | 8% |
| 6 | 656 | 8% | 5,267 | 7% | 8,259 | 6% |
| 11 | 429 | 5% | 4,040 | 5% | 7,494 | 6% |
| 12 | 282 | 3% | 2,279 | 3% | 3,692 | 3% |
| 1 | 326 | 4% | 2,332 | 3% | 3,656 | 3% |
| 10 | 269 | 3% | 2,274 | 3% | 3,555 | 3% |
| 5 | 236 | 3% | 1,843 | 2% | 2,850 | 2% |
| 8 | 225 | 3% | 1,518 | 2% | 2,290 | 2% |
| 2 | 208 | 2% | 1,507 | 2% | 2,243 | 2% |
| 9 | 134 | 2% | 1,338 | 2% | 2,160 | 2% |
| 4B | 219 | 3% | 1,475 | 2% | 2,152 | 2% |
| CARAGA | 185 | 2% | 1,114 | 2% | 1,718 | 1% |
| CAR | 94 | 1% | 684 | 1% | 1,172 | 1% |
| BARMM | 37 | <% | 303 | <1% | 474 | <1% |

Sex and Age

Majority of the total reported cases (127,422, 94%) were males and 7,644 (6%) were females [Figure 5] 11. By age group, 450 (<1%) were below 15 years old, 39,743 (29%) were among the youth aged 15-24 years old, half (67,631, 50%) were 25-34 years old, 23,675 (18%) were 35-49 years old, and 3,501 (3%) were 50 years and older ¹². The age of diagnosed cases ranged from <1 to 81 years old (median: 28 years).

Since 2012, the proportion of males among the newly diagnosed cases has consistently been at least 95%. Moreover, diagnosed HIV cases are getting younger with the predominant age group shifting from among 35-49 years old in 2002 to 2005, to 25-34 years old starting 2006 [Figure 6]. Among age groups, the most significant increase in the proportion of cases over the past five years (2019-2023) compared to the period from 1984-2018 was observed in individuals below 15 years old. Specifically, there were 179 cases in this age group from 1984 to 2018, while there were 230 cases in just the past five years.

Figure 5. Proportion of diagnosed HIV cases, by sex, Jan 1984 – June 2024 1

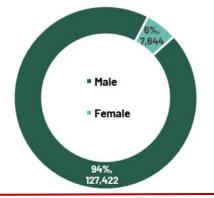
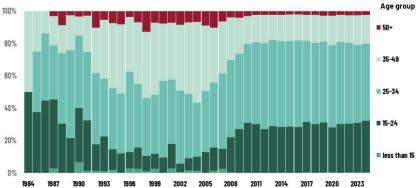


Figure 6. Distribution of diagnosed HIV cases, by age group, Jan 1984 – June 2024 12



^{9. 67 (1%)} cases reported on Apr-Jun 2024 had no data on region of residence while 2 <1% were from overseas;
10. From Jan-Jun 2024, 6 were from overseas; From Jan 2019- Jun 2024, 139 (<1%) had no data on residence while 9 (<1%) were from overseas; Since 1984, 1,230 cases (1%) had no data on residence and 9 (<1%) were from 1. No data on sex for 10 cases
12. No data on age for 76 cases

Mode of Transmission (MOT)

In the second guarter of this year, 5,102 (96%) newly reported cases had acquired HIV through sexual contact - 3,705 through male-male sex, 408 male - male /female ¹³, and 281 male - female sex. Meanwhile, 25 (<1%) reported sharing of infected needles, 15 (<1%) through mother-to-child transmission, and 179 had no data on mode of transmission at the time of diagnosis [Table 3].

Number of diagnosed HIV cases, by mode of transmission and sex, Jan 1984 - June 202414, 15

| Mode of Transmission | January 2024 – June 2024 (n= 5,321) | | January June 2 (n=73, | 2024 | January 1984 – June 2024 (n=135,076) ¹⁵ | | |
|------------------------------------|---|------------|-----------------------------|--------------|--|--------------|--|
| | M (5,016) | F (305) | M (70,196) | F (3,786) | M (127,422) | F (7,644) | |
| Sexual Contact | 4,821 | 281 | 60,313 | 3,557 | 122,934 | 7,121 | |
| Male-male | 3,705 | 2 | 48,281 | - | 79,405 | 8 | |
| Both males & females ¹³ | 708 | - | 14,806 | - | 31,971 | * | |
| Male-female | 408 | 281 | 5,226 | 3,557 | 11,558 | 7,121 | |
| Sharing of infected needles | 22 | 3 | 505 | 37 | 2,457 | 157 | |
| Mother-to-child | 9 | 6 | 95 | 99 | 184 | 176 | |
| Blood /blood products | 0.50 | - | (5.) | 2572 | 5 | 14 | |
| Needlestick injury | - | 2 | 120 | - | 2 | 1 | |
| No data | 164 | 15 | 1,120 | 93 | 1,840 | 175 | |

Sexual contact has consistently been the leading mode of HIV transmission among newly diagnosed cases over the years [Figure 7]. From January 1984 to June 2024, of the 135,076 reported cases, 130,060 (96%) were acquired through sexual contact. This includes 79,405 cases from male-male sex, 31,971 from male-male/female sex, and 18,679 from male-female sex [Table 3].

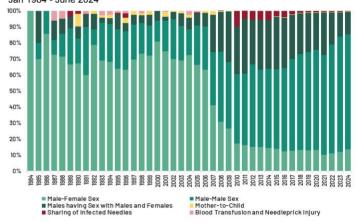
In contrast, there has been a notable increase in HIV cases resulting from mother-to-child transmission. Out of a total of 360 cases, more than half (54%, 194) were reported between 2019 and June 2024 [Table 3].

Additionally, sharing of infected needles has consistently accounted for 2% (2,614) of the total cases. Transmission through blood/blood products and needlestick injuries has been reported in 22 cases (<1%). with no new cases reported since 2011. Furthermore, 1,838 cases (1%) have an unknown mode of transmission.

Among diagnosed male cases, 111,376 (87%) acquired HIV through sex with another male, 11,558 (9%) through sex with a female, 2,457 (2%) through sharing of infected needles, and 184 (<1%) through mother-to-child transmission. Similarly, among diagnosed females, the predominant mode of transmission was sexual contact, with 93% (7,121) acquiring HIV through sex with a male. Additionally, 176 cases (2%) were attributed to mother-to-child transmission, and 157 cases (2%) were due to sharing infected needles [Table 3].

Modes of transmission (MOT) show regional variations. For instance, 35% of diagnosed males who have sex with males were from NCR; over half of those who acquired HIV through mother-to-child transmission were from NCR, Region 4A, and Region 3 (59%); and almost all (99%) who acquired HIV through sharing of infected needles among people who inject drugs were from Region 7.

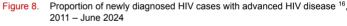
Figure 7. Distribution of diagnosed HIV cases, by mode of transmission, Jan 1984 - June 202415

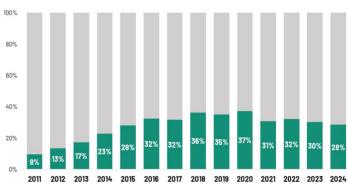


Advanced HIV Disease (AHD)

Reporting of Advanced HIV Disease (AHD)¹⁶ cases only started in 2011. Among the total reported cases, 40,045 (30%) were diagnosed with Advanced HIV disease (AHD). Notably, data on immunologic and clinical criteria at the time of diagnosis were unavailable for the remaining 92,519 (68%) cases.

From 2011 to 2020, there was a notable increase in the proportion of cases with AHD, rising from 9% in 2011, with a median baseline CD4 count of 128 cells/mm3, to 37% in 2020 [Figure 8], with a median baseline CD4 count of 198 cells/mm³. Over the past 5 years, there was a 17% increase in AHD cases with a median CD4 count of 227 cells/mm3. This trend experienced a slight decline to 31% in 2021, 32% in 2022, 30% in 2023, and further decreased to 28% in the first quarter of 2024. In comparison to the second quarter of 2023, the median baseline CD4 count saw a slight decline from 233 cells/mm3 in 2023 to 226 cells/mm3 in 2024.





TREATMENT

Antiretroviral Therapy (ART)

Newly Enrolled to ART, Apr- June 20241 4,463 Median Baseline CD4 at enrollment (in cells/mm³)¹⁸

| PLHIV on ART as of Ju | ne 2024 84,086 |
|--------------------------|-----------------------|
| Current age (in years)19 | Sex assigned at |
| Age Range 1 - 82 | birth Male 80,863 |
| Median Age 32 | Female 3,223 |
| Age Range 1 - 82 | birth Male 80, |

In April to June 2024, there were 4,463 people with HIV who were enrolled to treatment, of which, 4,405 (99%) were on the first line regimen, nine were on second line regimen, and 49 were on other line of regimen. Among them, 38 (1%) were less than 15 years old, 1,378 (31%) were 15-24 years old, 2,176 (49%) were 25-34 years old, 759 (17%) were 35-49 years old, and 111 (2%) were 50 years and older. The median CD418 of these patients upon enrollment was at 216 cells/mm3.

newly implemented in 2022. Previously advanced HIV cases were identified based solely on available clinical criteria

^{15.} No data on sex and MOT for 10 cases

^{16.} Classification of diagnosed cases with advanced clinical manifestations based on immunologic and clinical criteria has been

^{17.} Started on ART are those enrolled from January to March 2024 regardless of diagnosis date

^{18.} No data on baseline CD4 count for 1,616 cases newly enrolled to ART from October to December 2023

Among the 112,413 people living with HIV (PLHIV) who have ever been enrolled in antiretroviral therapy (ART) since 2002, a total of 84,086 individuals aged 1 to 82 years old (median age: 32 years) were alive on ART as of June 2024. Of these, 82,155 were on a first-line regimen, 1,102 were on a second-line regimen, and 828 were on other lines of regimen.

As of June 2024, 23,393 individuals (21%) who were previously on ART were no longer receiving treatment. This group includes 23,375 individuals who were lost to follow-up (LTFU), five who refused to continue ART for various reasons, and 13 who reported migrating overseas [Table 4].

Sixty-four percent of the PLHIV on ART are concentrated in the Greater Manila Area (GMM), which includes NCR, CALABARZON (4A), and Central Luzon (3). Conversely, the highest rates of lost to follow-up are observed in NCR, followed by Central Visayas (Region 7) and CALABARZON (4A). Together, these three regions contribute to 64% of the total number of PLHIV not on treatment in the country.

Table 4 Number of PLHIV by treatment outcome and region, as of June 2024

| D! | 44 | Treatmen | t Outcome | | |
|------------------------|-------------------------------|------------------------------------|---------------------------------------|-----------------------|--|
| Region of Treatment | Alive on ART ²¹ | Lost to Follow-up ²² | Trans out (Overseas) ²³ | Stopped ²⁴ | |
| Facility ²⁰ | (n= 84,086) | (n= 23,375) | (n= 13) | (n= 5) | |
| NCR | 37,724 | 10,388 | 7 | - | |
| 4A | 8,805 | 2,235 | 1 | - | |
| 3 | 7,477 | 1,768 | 7 | 1 | |
| 7 | 6,648 | 2,376 | 5 | - | |
| 6 | 5,347 | 757 | 2 | - | |
| 11 | 5,215 | 1,638 | 2 | 2 | |
| 12 | 2,369 | 887 | 5 | | |
| 10 | 2,078 | 514 | 2 | - | |
| 1 | 1,508 | 370 | - | - | |
| 5 | 1,388 | 424 | Η. | = | |
| 2 | 1,274 | 199 | 1 | 2 | |
| 8 | 977 | 352 | | - | |
| CAR | 917 | 191 | Ψ. | | |
| 4B | 883 | 395 | 4 | 2 | |
| 9 | 728 | 520 | E | - | |
| CARAGA | 673 | 340 | Ε. | 4 | |
| BARMM | 74 | 21 | 8 | 전 | |

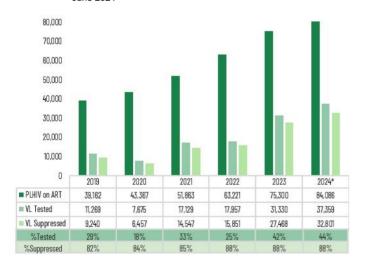
Viral Load (VL) Testing and Suppression

Among the PLHIV on ART as of June 2024, a total of 79,800 individuals had been enrolled in ART for at least 3 months and were tagged as eligible for viral load testing. Of these eligible individuals, 37,359 PLHIV (47%) underwent viral load testing within the past 12 months. Specifically, 6,112 (16%) were tested between April and June 2024, 12,732 (34%) between January and March 2024, 10,070 (27%) between October and December 2023, and 8,445 (23%) between July and September 2023.

Further, among the 37,359 PLHIV on ART who were tested in the past 12 months as of June 2024, 32,801 (88%) were virally suppressed 25 while 4,558 (12%) were not virally suppressed. Moreover, there has been a notable 178% increase in coverage over the past 5 years (2019-2023). On the other hand, viral suppression rates have ranged from 82-88% since 2019 while viral load testing coverage has consistently remained below 50%.

Regionally, Western Visayas (Region 6), Central Luzon (Region 3), and NCR have reached viral load testing coverage exceeding 50%, with suppression rates ranging from 84-90%. In contrast, other regions have reported coverage below 50%, with suppression rates varying from 72-93%, the lowest being in Region 9[Table 5].

Figure 9. Viral Load Testing and Suppression among PLHIV on ART, 2019 -June 2024^{25,26}



Viral load testing and Suppression ²⁵ among PLHIV on ART by region, as of Table 5. June 2024

| Region of | Viral Load Status among PLHIV on ART per region | | | | | | | | |
|-----------------------|---|---------------------------------|--------------------|---------------------------------|-----------------|--|--|--|--|
| Treatment Facility | Alive on ART (n= 84,086) | Tested for VL (n= 37,359) | % Tested for VL | VL Suppressed (n= 32,801) | % Suppressed | | | | |
| NCR | 37,724 | 18,252 | 48% | 16,404 | 90% | | | | |
| 4A | 8,805 | 3,886 | 44% | 3,269 | 84% | | | | |
| 3 | 7,477 | 4,010 | 54% | 3,396 | 85% | | | | |
| 7 | 6,648 | 2,498 | 38% | 2,215 | 89% | | | | |
| 6 | 5,347 | 3,218 | 60% | 2,851 | 89% | | | | |
| 11 | 5,215 | 2,149 | 41% | 1,950 | 91% | | | | |
| 12 | 2,370 | 629 | 27% | 511 | 81% | | | | |
| 10 | 2,078 | 250 | 12% | 160 | 64% | | | | |
| 1 | 1,508 | 448 | 30% | 369 | 82% | | | | |
| 5 | 1,388 | 591 | 43% | 458 | 77% | | | | |
| 2 | 1,274 | 544 | 43% | 487 | 90% | | | | |
| 8 | 977 | 270 | 28% | 218 | 81% | | | | |
| CAR | 917 | 181 | 20% | 169 | 93% | | | | |
| 4B | 883 | 331 | 37% | 271 | 82% | | | | |
| 9 | 728 | 21 | 11% | 15 | 71% | | | | |
| CARAGA | 673 | 81 | 3% | 58 | 72% | | | | |
| BARMM | 74 | 0 | 0% | 0 | 0% | | | | |

MORTALITY

Newly reported deaths Apr-Jun 2024

Total reported deaths Jan 1984 - Jun 2024²⁷

From January to June 2024, there were 308 reported deaths due to any cause among people diagnosed with HIV, of which, five (1%) were below <15 years old at the time of death, 48 (14%) were 15-24 years old, 162 (47%) were 25-34 years old, 106 (31%) were 35-49 years old, and 23 (7%) were 50 years old and above.

From January 2019 to June 2024, there have been 4,882 deaths reported among diagnosed HIV cases in the Philippines, with more than 500 new deaths reported each year since 2018.

Since January 1984, a total of 7,859 deaths have been reported, of which, 3,699 (47%) had an advanced HIV disease at the time of diagnosis 28. Among age groups, the largest proportion of reported deaths were among the 25-34 years old accounting for 3,940 (49%) of total deaths followed by 35-49 years old with 2,046 (25%), 15-24 years old with 1,627 (20%), 50 years old and older with 419 (5%), and <15 years old with 69 (1%). Eight (<1%) of the reported deaths had no reported age at the time of death.

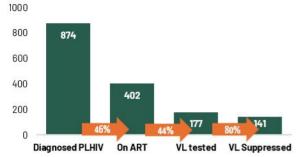
^{20.} Current treatment facility where PLHIV last visited for ARV refill
21. PLHIV is alive on ART if he/she visits the treatment facility for ARV refill within 30 days from expected day of last (run-out) pill
22. PLHIV is lost to follow-up if he/she did not visit the treatment facility for ARV refill within 30 days from expected day of last (run-out) pill
23. Clients who reported to have imprated or transferred to another country
24. Clients who stopped due to refusal to treatment
25. Viral Suppression is defined as having less than 50 copies of HIV per milliliter of blood, based on DOH AO 2022-0024
26. PLHIV currently alive on ART with at least 1 visit and screened within the reporting period

^{27.} Reported deaths due to any cause and not limited to AIDS-related causes. Based on reported date, and actual date of death may not necessarily fall in this reporting period 8. 53 (1%) of the total reported deaths had non-advanced HIV infection and 4,107 (52%) had no data on immunologic-clinical criteria at the time of diagnosis.

OTHER VULNERABLE POPULATIONS

Pregnant Women with HIV

Figure 10. Diagnosis and Treatment coverage among PLHIV Diagnosed during pregnancy



From April to June 2024, there were 31 HIV positive women aged 16 to 37 years old (median: 23 years) who were pregnant at the time of diagnosis. This was a 55% increase compared to the same reporting period last year.

The reporting of pregnancy status at the time of diagnosis was integrated into HARP in 2011, and since then, a total of 902 diagnosed women were reported pregnant at the time of diagnosis. Moreover, over the past 5 years, there has been a 11% increase in reported cases.

Among the pregnant women at the time of diagnosis, 874 (97%) were currently alive. Of these, 704 (81%) were initiated to ART however, only 402 (46%) among them were retained on ART. Of those who were on treatment, only 177 (44%) were tested for viral load with 80% (141) viral load suppression [Figure 10].

Transgender Women (TGW)

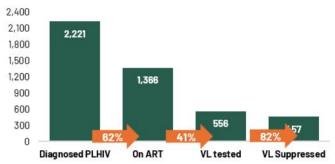
from April to June 2024 there were 163 newly reported cases who identified as transgender women ²⁹ where 54 (33%) were 15 - 24 years old, 76 (47%) were 25 - 34 years old, 29 (18%) were 35-49 years old, and three (1%) were 50 years and older. The age of diagnosis ranged from 15 to 56 years old (median: 25 years).

Of the 2,355 TGW diagnosed from January 201830 to June 2024, almost all (2,329, 99%) acquired HIV through sexual contact, four (<1%) through sharing of infected needles, and 23 (1%) had no data on MOT. By age group, 663 (28%) were 15-24 years old at the time of diagnosis, half (1,172, 50%) were 25-34 years old, 464 (20%) were 35-49 years old, and 55 (2%) were 50 years and older, and one had no data on age. The age of diagnosis ranged from 15 to 63 years old (median: 22 years).

Among the diagnosed cases of TGW, 2,221 (94%) were currently alive. Of these, 1,909 (81%) were initiated to ART however, only 1,366 (41%) among diagnosed TGW living with HIV were retained on ART.

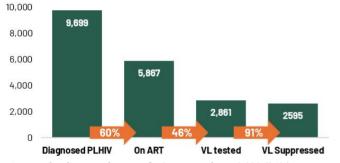
Of those who were on treatment, only 556 (41%) were tested for viral load with 82% (457) viral load suppression [Figure 11].

Figure 11. Diagnosis and Treatment coverage among TGW living with HIV



Migrant Workers

Figure 12. Diagnosis and Treatment coverage among Migrant Workers living with HIV



From April to June 2024, 212 (4%) of reported cases were Filipinos aged 18 to 69 (median: 42) who had worked overseas in the past five years. Of these, 186 (88%) were male and 26 (12%) were female. Most (205, 97%) acquired HIV through sexual contact: 118 (56%) through male-male sex, 29 (14%) through sex with both males and females, and 58 (27%) through male-female sex; 7 (3%) had no data on transmission. There was a 18% increase in HIV diagnoses among migrant workers compared to the same period last year, and a 14% decrease over the past 5 years.

Since 1984, 10,280 (8%) of diagnosed cases have been migrant workers. Of these, 9,893 (98%) acquired HIV through sexual contact, 19 (<1%) through needle sharing, 9 (<1%) through exposure to blood, 3 (<1%) through needlestick injury, and 161 (2%) had no data on transmission.

Among the diagnosed cases of Migrant workers, 9.699 (94%) were currently alive. Of these, 7.473 (77%) were initiated to ART however, only 5.867 (60%) among diagnosed living with HIV were retained on ART. Of those who were on treatment, only 2,861 (47%) were tested for viral load with 91% (2,595) viral load suppression [Figure 12].

People Engaging in Transactional Sex

In April to June 2024, 656 (12%) of the newly diagnosed engaged in transactional sex within the past 12 months. Majority (641, 98%) were males and 15 (2%) were females, their age ranged from 14 to 66 years old (median: 29 years). Of the male cases, 261 (41%) reported accepting payment for sex only, 277 (43%) reported paying for sex only, and (16%) engaged in both. On the other hand, among female cases, 14 (93%) accepted payment for sex, and one (7%) engaged in both. More than half, 8,900 (60%), of the total cases who had history of transactional sex were diagnosed from 2019- June 2024, of which half (50%) of them paid for sex [Table 6].

Since the reporting of transactional sex began in December 2012, a total of 14,875 cases have been reported to HARP³¹. The majority, 14,444 (97%), were males, while 431 (3%) were females. Among them, 4,909 (33%) accepted payment for sex, 7,623 (51%) paid for sex, and 2,343 (16%) engaged in both.

Among the diagnosed cases who had history of transactional sex, 13,883 (93%) were currently alive. Of these, 11,455 (83%) were initiated to ART however, only 8,766 (77%) among of them were retained on ART. Of those who were on treatment, only 3,879 (44%) were tested for viral load with 86% (3,353) viral load suppression.

Diagnosed HIV cases who engaged in transactional sex, by sex and age, Dec 2012 – Jun 2024 (n= $14.875)^{32.33}$

| Type of Transactional Sex | January 2024 - June 2024 (n=1,060) | January 2019- June 2024 (n=8,900) | December 2012 June 2024 (N=14,875) | |
|------------------------------|--|---|--|--|
| Accepted | 404 (38%) | 3,030 (34%) | 4,909 (33%) | |
| Male | 385 | 1,701 | 4,640 | |
| Female | 19 | 61 | 269 | |
| Age range (Median) | 16-56 (26) | 14-61 (26) | 12-68 (26) | |
| Paid for sex only | 471 (44%) | 4,429 (50%) | 7,623 (51%) | |
| Male | 469 | 4,406 | 7,579 | |
| Female | 2 | 23 | 44 | |
| Age range (Median) | 15-71 (33) | 10-80 (32) | 10-80 (32) | |
| Engaged in both | 185 (17%) | 1,441 (16%) | 2,343 (16%) | |
| Male | 179 | 1,402 | 2,225 | |
| Female | 6 | 39 | 118 | |
| Age range (Median) | 14-60 (29) | 14-73 (29) | 14-73 (29) | |

^{32.} Transactional sex within the past 12 months at the time of diagnosis

^{29.} Transgender woman tagging is based on the reported gender identity of clients which is female
30. Reporting of gender-identity in HARP started in 2018
31. People engaging in transactional sex includes all individuals who reported having either accepted payment, paid for sex, or
done both in the form of money or in kind in the past 12 months. This also encompasses other key populations with similar
experiences. Reporting of transactional sex was included in the HARP starting December 2012.

^{33.} Cumulative number of cases reported regardless when the person engaged in transactional sex. Reporting of specific time period when the person last engaged in transactional sex started only in 2017 [Form version 2017]

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HIV & AIDS Surveillance of the Philippines

The HIV & AIDS Surveillance of the Philippines (HASP) is the official record of total number of diagnoses (laboratory-confirmed), ART outcome status and deaths among people with HIV in the Philippines. All individuals in the registry are confirmed by the San Lazaro Hospital STD/AIDS Cooperative Central Laboratory (SACCL) which is the HIV/AIDS National Reference Laboratory (NRL) and DOH Certified Rapid HIV Diagnostic Algorithm - rHIVda Confirmatory Laboratories (CrCLs). Confirmed HIV positive individuals were reported to the DOH-Epidemiology Bureau (EB) and recorded to OHASIS. ART figures are counts of HIV positive adult and pediatric patients currently enrolled and accessing Antiretroviral (ARV) medication during the reporting period in 230 treatment hubs and primary HIV care treatment facilities that had reported in EB. This report care treatment racilimes that had reported in E.B. This report did not include patients who have previously taken ARV but have died, left the country, have been lost to follow-up and/or opted not to take ARV. Lost to follow-up is considered once a person have failed to visit a treatment facility 1 month after the expected date of ARV refill. HASP is a passive surveillance system. Except for HIV confirmation by the NRI & CrCl s all other data submitted to the HASP are secondary and cannot be verified. Hence, it cannot determine if an individual's reported place of residence was where the person got infected, or where the person lived after being infected, or where the person is presently living. This limitation has major implications on data interpretation. Readers are advised to interpret the data with caution and consider other sources of information before arriving at conclusions.



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(A) @hivepicenter

Access a list of facilities offering HIV services at: tinvurl.com/HIVFacilities

For further details or data requests not covered in this report, please send us your inquiries.

HIV Care Cascade

Care Cascade by Region

| REGION | ESTIMATED PLHIV | DIAGNOSED PLHIV | 1st 95) (Dx PLHIV/ Est. PLHIV) | ON ART | 2nd 95 (On ART/ Dx PLHIV) | VL TESTED | VL TESTING COVERAGE (VL Tested/On ART) | VL SUPPRESSED | VL SUPPRESSION AMONG TESTED | 3rd 95 (VL Suppressed/ On ART) |
|--------|--------------------|--------------------|--------------------------------------|--------|---------------------------------|-----------|--|---------------|--------------------------------------|---|
| NCR | 60,800 | 42,573 | 70% | 26,941 | 63% | 13,174 | 49% | 11,755 | 89% | 44% |
| 4A | 38,400 | 21,397 | 56% | 13,898 | 65% | 6,449 | 46% | 5,639 | 87% | 41% |
| 3 | 25,300 | 13,099 | 52% | 8,888 | 68% | 4,680 | 53% | 4,023 | 86% | 45% |
| 7 | 17,900 | 10,277 | 57% | 5,884 | 57% | 2,338 | 40% | 2,064 | 88% | 35% |
| 6 | 15,000 | 7,282 | 49% | 5,518 | 76% | 3,222 | 58% | 2,850 | 88% | 52% |
| 11 | 13,000 | 7,134 | 55% | 4,601 | 64% | 1,902 | 41% | 1,721 | 90% | 37% |
| 1 | 6,600 | 3,443 | 52% | 2,224 | 65% | 772 | 35% | 664 | 86% | 30% |
| 12 | 6,600 | 3,521 | 53% | 2,351 | 67% | 784 | 33% | 684 | 87% | 29% |
| 10 | 6,000 | 3,312 | 55% | 2,305 | 70% | 407 | 18% | 310 | 76% | 13% |
| 5 | 5,100 | 2,700 | 53% | 1,805 | 67% | 803 | 44% | 655 | 82% | 36% |
| 2 | 4,000 | 2,124 | 53% | 1,531 | 72% | 669 | 44% | 599 | 90% | 39% |
| 8 | 3,800 | 2,140 | 56% | 1,385 | 65% | 497 | 36% | 434 | 87% | 31% |
| 9 | 3,700 | 2,019 | 55% | 1,052 | 52% | 177 | 17% | 152 | 86% | 14% |
| 4B | 3,600 | 2,019 | 56% | 1,262 | 63% | 548 | 43% | 465 | 85% | 37% |
| CARAGA | 2,800 | 1,601 | 57% | 930 | 58% | 201 | 22% | 168 | 84% | 18% |
| CAR | 2,100 | 1,107 | 53% | 789 | 71% | 232 | 29% | 203 | 88% | 26% |
| BARMM | 800 | 445 | 56% | 246 | 55% | 79 | 32% | 61 | 77% | 25% |

Footnote: Regional cascade is based on the residence of the HIV-positive individual at the time of diagnosis.; Dx = Diagnosed

Care Cascade by Age Group

| REGION | ESTIMATED PLHIV | DIAGNOSED PLHIV | 1st 95) (Dx PLHIV/ Est. PLHIV) | ON ART | 2nd 95 (On ART/ Dx PLHIV) | VL TESTED | VL TESTING COVERAGE (VL Tested/On ART) | VL SUPPRESSED | VL SUPPRESSION AMONG TESTED | 3rd 95 (VL Suppressed/ On ART) |
|------------------------|--------------------|--------------------|--------------------------------------|--------|---------------------------------|-----------|--|------------------|--------------------------------------|---|
| CHILDREN (<10) | 1,300 | 222 | 17% | 185 | 83% | 73 | 39% | 37 | 51% | 20% |
| ADOLESCENTS (10-19) | 11,300 | 1,355 | 12% | 1,032 | 76% | 319 | 31% | 242 | 76% | 23% |
| YOUTH (15-24) | 50,700 | 12,277 | 24% | 9,485 | 77% | 3,318 | 35% | 2,748 | 83% | 29% |
| ADULTS (25+) | 168,400 | 114,562 | 68% | 74,346 | 65% | 33,932 | 46% | 29,990 | 88% | 40% |

Footnote: Age is based on the current age of the PLHIV as of the reporting period.

Care Cascade by Key Population

| | | | | | - | - | | | | |
|---|--------------------|--------------------|--------------------------------------|--------|---------------------------------|-----------|--|---------------|-----------------------------------|---|
| REGION | ESTIMATED PLHIV | DIAGNOSED PLHIV | 1st 95) (Dx PLHIV/ Est. PLHIV) | ON ART | 2nd 95 (On ART/ Dx PLHIV) | VL TESTED | VL TESTING COVERAGE (VL Tested/On ART) | VL SUPPRESSED | VL SUPPRESSION AMONG TESTED | 3rd 95 (VL Suppressed/ On ART) |
| MALES HAVING SEX WITH MALES (MSM) | 165,000 | 105,408 | 64% | 71,897 | 68% | 32,542 | 45% | 28,691 | 88% | 40% |
| PERSONS WHO INJECT DRUGS (PWID) | 3,000 | 2,230 | 74% | 552 | 25% | 234 | 42% | 211 | 90% | 38% |
| OTHER MALES | 29,300 | 12,298 | 42% | 6,128 | 50% | 2,747 | 45% | 2,375 | 86% | 39% |
| OTHER FEMALES | 14,800 | 6,902 | 47% | 3,031 | 44% | 1,375 | 45% | 1,170 | 85% | 39% |

Footnote:

Key Population: This group is identified based on their reported risky behaviors or exposures at the time of diagnosis. The classification focuses on the behaviors or exposures rather than the individual's sexual orientation, gender identity, or expression (SOGIE). KP tagging is among adult PLHIV (15+). **"Other Males" and "Other Females":** These refer to the general population of males and females who are not specifically categorized as part of the key population.