

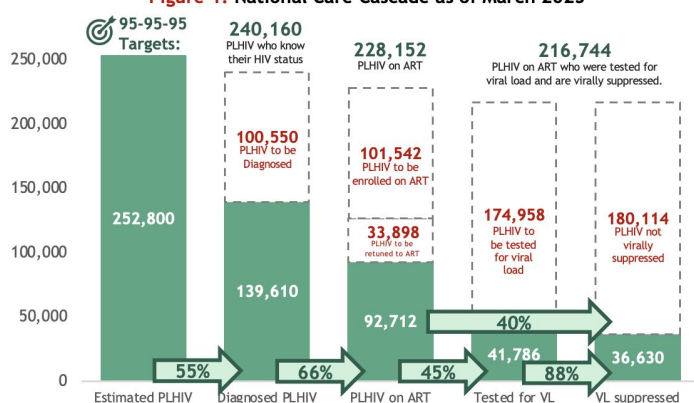


HIV & AIDS SURVEILLANCE OF THE PHILIPPINES

HIV & AIDS CONTINUUM OF CARE

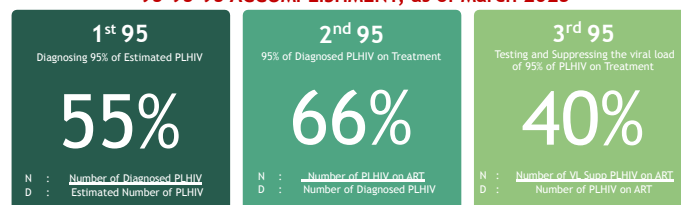
The latest Philippine HIV estimates show that by the end of 2025, there will be 252,800 estimated People Living with HIV (PLHIV) in the country. As of March 2025, 139,610 (55% of the estimated) PLHIV have been diagnosed or laboratory-confirmed, and are currently living or not reported to have died. Further, 92,712 (66% of the diagnosed) PLHIV are currently on life-saving Antiretroviral Therapy (ART), of which, 41,786 (45%) PLHIV have been tested for viral load (VL) in the past 12 months. Among those tested for VL, 36,630 (88%) were virally suppressed. However, only 40% were virally suppressed among PLHIV on ART [Figure 1]. Achievement for the national 95-95-95 targets have decreased compared to the previous reporting period. Diagnosis coverage decreased by 8%, attributable to the increase in estimated PLHIV for 2025. Treatment coverage decreased by 1%, indicating losses to the treatment cascade, while viral load suppression among on ART remained the same.

Figure 1. National Care Cascade as of March 2025



See Annex : HIV Care Cascade per Region, Age Group

95-95-95 ACCOMPLISHMENT, as of March 2025



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 (PLHIV) know their HIV status or are diagnosed, 95% of PLHIV who know their status are receiving treatment (ART), and 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 2024 with analyzed and triangulated data from the 2023 HIV/AIDS & ART Registry of the Philippines (HARP), 2022 Integrated HIV Behavioral and Serologic Surveillance (IHBS), 2019 and 2020 Online Survey among Males having Sex with Males and Transgender Women (MSM & TGW), 2019 Facility-based Survey, 2023 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 2023 were based on the IHBS 2018, HARP December 2022, and Population Census 2020.

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.

PLHIV on ART

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

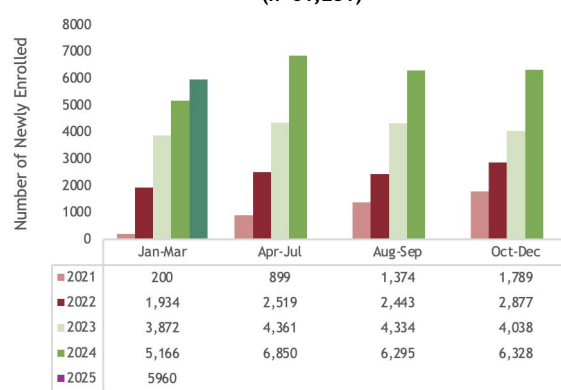
Virally Suppressed PLHIV

PLHIV on ART who have viral load of ≤ 50 copies/mL. Viral load refers to the amount of human immunodeficiency virus (HIV) present in an infected person's blood.

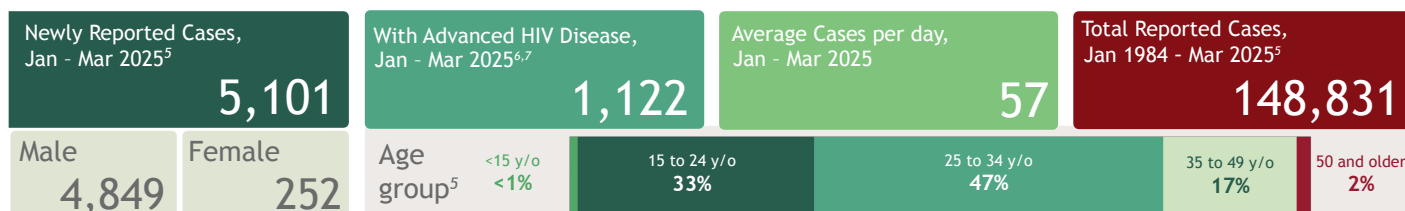
PREVENTION

In January to March 2025, there were 5,960 clients newly enrolled to Pre-Exposure Prophylaxis (PrEP), which is a 38% increase in new enrollees compared to the same period in 2023. Of the enrollees in the first quarter, 86 (1%) were less than 18 years old at the time of enrollment, 2,659 (45%) were 18-24 years old, 2,491 (42%) were 25-34 years old, 723 (12%) were 35 years old and above.^{1,2} Majority (67%) of those newly enrolled to PrEP were from the National Capital Region (NCR) (1,929, 33%), CALABARZON (1,271, 22%), and Central Luzon (708, 12%).³ PrEP is most heavily used by the young key populations and young adults aged 25 to 34 which experience the greatest burden of disease, and is most widely distributed in Greater Metro Manila where most cases occur.

Since the implementation of PrEP in March 2021, a total of 61,281 clients have been enrolled. Of these, 59,218 (97%) were male, and 38,963 (64%) were 25 years old or older. The majority of clients ever enrolled in PrEP (84%, 51,358) were registered at facilities in NCR, CALABARZON (4A), and Central Luzon (3).³ As of March 2025, among the total enrolled, only one-fifth (21%, 12,944) returned for a PrEP refill in 2025, while 10% (5,960) were new enrollees. Of the 48,337 non-returnees, 982 (2%) tested positive for HIV.

Figure 2. Quarterly PrEP Enrollment as of March 2025 (n=61,281)⁴

DIAGNOSIS



In January to March 2025, there were 5,101 confirmed HIV-positive individuals reported to the One HIV/AIDS & STI Information System (OHASIS), 50% higher than the cases recorded in the same quarter last year. Of the recorded cases for this quarter, 1,122 (22%) had an advanced HIV infection^{6,7} at the time of diagnosis, which is 12% higher than the same reporting period last year. Compared to last year's first quarter average of 37 cases per day, there has been a 55% increase compared with this year's daily average of 57 cases.

Of the newly reported confirmed HIV-cases this period, 4,849 (95%) were males while 252 (5%) were females. The age of the newly reported cases ranged from 1 to 81 years old (median: 27 years). By age group⁵, 30 (<1%) were less than 15 years old at the time of diagnosis, 1,686 (33%) were 15-24 years old, 2,380 (47%) were 25-34 years old, 886 (17%) were 35-49 years old, and 115 (2%) were 50 years and older⁴. Moreover, 3,486 (68%) identified themselves as cisgender, 148 (3%) as transgender women, 6 (<1%) as transgender man, 41 (<1%) as neither man nor woman, and 62 (1%) as others, while 1,347 (26%) had no data on gender identity⁸. Of the newly reported cases, 3,244 (64%) were confirmed in Certified Rapid HIV Diagnostic Algorithm (rHIVda) Confirming Laboratories (CrCLs), while 1,857 (36%) were confirmed through the National Reference Laboratory-San Lazaro Hospital/STD AIDS Cooperative Central Laboratory (NRL-SLH/SACCL).

1. Age at the time of enrollment to PrEP. 1 has no data on age among new 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 the PrEP facility. For this quarter, 24 had no data on PrEP facility while 786 were overseas.

4. Since March 2021, 146 had no data on PrEP facility while 1,871 were overseas.

5. Difference in totals from the previous quarter reports is due to validation or late reporting from sites.

6. Includes reported deaths. Age classification is age upon diagnosis.

7. AND definition is based on clinical criteria of WHO staging 3 and 4 while immunologic criterion is based on baseline CD4 results (<200 cells/mm³).

8. 3,973 cases had non-advanced HIV infection. Of these, 3,721 (94%) had no data on immunologic/clinical criteria at the time of diagnosis which were then classified as non-advanced HIV disease.

9. 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.

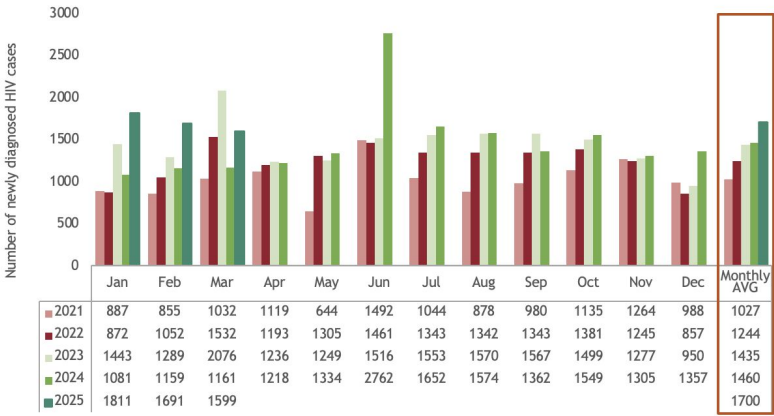


Cumulatively, 148,831 confirmed HIV cases have been reported to the HIV/AIDS and ART Registry of the Philippines since the first reported HIV case in the Philippines in 1984.

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% (1,244) in 2022, and then rose by an additional 15% (1,435) in 2023. A 2% increase in the average diagnosis in 2024 was observed at 1,460 monthly. As of the first quarter of 2025, average monthly cases reached 1,700. This is 50% higher than the same period last year (1,136).

Moreover, the number of reporting Certified rHIVda Confirming Laboratories (CrCLs) in OHASIS increased from 26 facilities in 2021 to 104 as of March 2025.

Figure 3. Number of monthly newly diagnosed HIV cases, 2021 - Mar 2025



Geographic Distribution

From January to March 2025, the regions with the highest reporting of newly diagnosed cases were NCR, CALABARZON (Region 4A), Central Luzon (Region 3), Davao (Region 11), Western Visayas (Region 6), and Central Visayas (Region 7), accounting for 69% (3,498) of the total cases, while 31% of cases (1,585) were reported from other regions [Figure 4]⁹. Between 2020 and March 2025, these same regions contributed to 73% (54,738) of the total reported cases. The remaining 20,243 cases (27%) were distributed across other regions [Table 1]¹⁰.

From 1984 to March 2025, the same regions have consistently reported the highest number of cases, with a total of 113,976 cases, representing 77% of all reported cases [Table 1]. During this period, 33,634 cases (23%) were reported from other regions within the country, 13 cases (<1%) were reported from overseas, and 1,208 cases (<1%) had no data on their region of residence.

Figure 4. Distribution of newly diagnosed HIV cases by region of residence⁹, Jan - Mar 2025 (n=5,101)

Region	Number of Cases	%
NCR	1,251	25%
R4A	905	18%
R3	554	11%
R11	306	6%
R6	257	5%
R7	225	4%
R5	201	4%
R10	178	3%
R12	178	3%
R1	174	3%
R4B	163	3%
R9	141	3%
NIR	125	2%
R8	117	2%
R2	111	2%
CARAGA	105	2%
BARMM	46	1%
CAR	46	1%

Table 1. Number of diagnosed HIV cases, by region of residence, 1984 - Mar 2025¹⁰

Region	Number of CrCLs as of March 2025 (n=104)	January 2025 - March 2025 (n=5,101) ¹⁰	January 2020 - March 2025 (n=75,111) ¹⁰	January 1984 - March 2025 (N=148,831) ¹⁰
NCR	16	1,251 25%	19,737 26%	47,855 32%
4A	14	905 18%	13,641 18%	24,873 17%
3	10	554 11%	8,631 11%	15,672 11%
6	10	257 5%	3,714 5%	6,242 4%
CARAGA	6	105 2%	1,229 2%	2,004 1%
NIR	6	125 2%	2,316 3%	3,835 3%
2	5	111 2%	1,614 2%	2,571 2%
7	5	225 4%	4,801 6%	10,984 7%
12	5	178 3%	2,301 3%	4,137 3%
1	4	174 3%	2,478 3%	4,152 3%
4B	4	163 3%	1,702 2%	2,585 2%
5	4	201 4%	2,068 3%	3,398 2%
9	4	141 3%	1,459 2%	2,449 2%
10	4	178 3%	2,396 3%	4,008 3%
8	3	117 2%	1,602 2%	2,618 2%
11	3	306 6%	4,214 6%	8,350 6%
CAR	1	46 1%	707 1%	1,304 1%
BARMM	0	46 1%	371 <1%	573 <1%

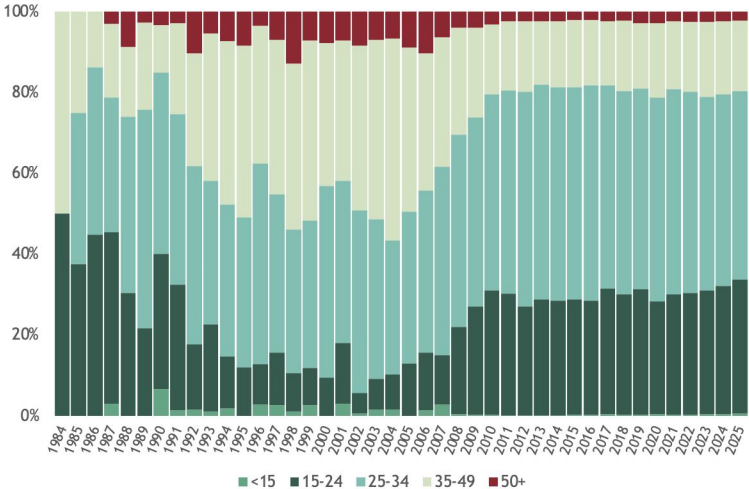
Sex and Age

Majority of the total reported cases (140,452, 94%) were males and 8,369 (6%) were females [Figure 5]¹². Since 2012, the proportion of males among the newly diagnosed cases has consistently been at least 95%.

By age group, 514 (<1%) were below 15 years old, 44,187 (30%) were among the youth aged 15-24 years old, half (74,081, 50%) were 25-34 years old, 26,146 (18%) were 35-49 years old, and 3,823 (3%) were 50 years and older¹³. The age of diagnosed cases ranged from <1 to 81 years old (median: 28 years).

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 5]. Among age groups, the highest increase in the proportion of cases in the past five years were among those below 15 years old (+133%), followed by those aged 15-24 years (+106%).

Figure 5. Distribution of diagnosed HIV cases, by age group, 1984 - Mar 2025¹²



9. From Jan to Mar 2025, 16 (<1%) had no data on residence while 2 (<1%) were from overseas;
10. From Jan 2020 - Mar 2025, 117 (<1%) had no data on residence while 13 (<1%) were from overseas; Since 1984, 1,208 cases (1%) had no data on residence and 13 (<1%) were from overseas.
11. Residents of BARMM obtain confirmatory testing from the facilities of other regions.
12. No data on sex for 10 cases
13. No data on age for 80 cases

Mode of Transmission (MOT)

In the first quarter of this year, 4,899 (96%) newly reported cases had acquired HIV through sexual contact – 3,645 through male-male sex, 705 through male-male/female sex¹⁴, and 549 through male-female sex. Meanwhile, 12 (<1%) reported sharing of infected needles, 17 (<1%) through mother-to-child transmission, and 173 (3%) had no data on mode of transmission at the time of diagnosis [Table 2].

Table 2. Number of diagnosed HIV cases, by mode of transmission and sex, January 1984 - March 2025^{15, 16}

Mode of Transmission	January 2025 - March 2025 (n= 5,101)		January 2020 - March 2025 (n=75,001)		January 1984 - March 2025 (n=148,721)	
	M (4,849)	F (252)	M (71,152)	F (3,849)	M (140,354)	F (8,357)
Sexual Contact	4,666	931	69,117	3,610	130,855	7,560
Male-male	3,645	-	50,399	-	89,198	-
Both males & females ¹³	705	-	13,608	-	33,823	-
Male-female	316	233	5,110	3,610	12,459	7,792
Sharing of infected needles	12	0	407	29	2,470	157
Mother-to-child	10	7	102	100	207	194
Blood /blood products	-	-	-	-	5	14
Needlestick injury	-	-	-	-	2	1
No data	161	12	1,526	110	2,190	199

Sexual contact has consistently been the leading mode of HIV transmission among newly diagnosed cases over the years [Figure 7]. From January 1984 to March 2025, of the 148,831 reported cases, 143,272 (96%) were acquired through sexual contact. This includes 89,198 cases from male-male sex, 33,823 from male-male/female sex, and 20,251 from male-female sex [Table 3].

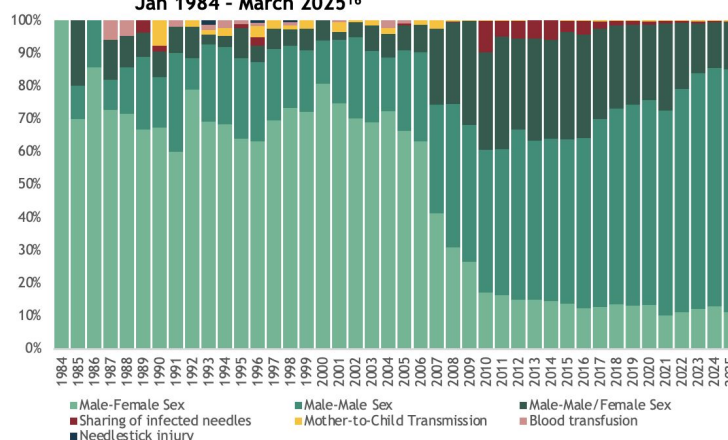
In contrast, there has been a notable increase in reported HIV cases resulting from mother-to-child transmission. Out of a total of 401 cases, half (50%, 202) were reported between January 2020 and March 2025 [Table 2].

Additionally, sharing of infected needles has consistently accounted for 2% (2,627) of the total cases. Transmission through blood or blood products has been reported in 19 cases (<1%) with no new cases reported since 2012; while 3 cases (<1%) of needlestick injuries have been reported between 1993 to 1998. Furthermore, 2,399 cases (2%) have an unknown mode of transmission.

Among diagnosed male cases, 123,021 (88%) acquired HIV through sex with another male, 12,459 (9%) through sex with a female, 2,470 (2%) through sharing of infected needles, and 207 (<1%) through mother-to-child transmission. Similarly, among diagnosed females, the predominant mode of transmission was sexual contact, with 93% (7,792) acquiring HIV through sex with a male. Additionally, 194 (2%) diagnosed female cases were attributed to mother-to-child transmission, and 157 (2%) were due to sharing infected needles [Table 2].

Modes of transmission (MOT) show regional variations. For instance, 34% (41,446) of diagnosed males who have sex with males were from NCR. Over half (57%, 401) of those who acquired HIV through mother-to-child transmission were from NCR, Region 4A, and Region 3. Moreover, almost all (99%, 2,627) who acquired HIV through sharing of infected needles were from Region 7. Mode of transmission in these regions mirror national data.

Figure 6. Distribution of diagnosed HIV cases, by mode of transmission, Jan 1984 - March 2025¹⁶



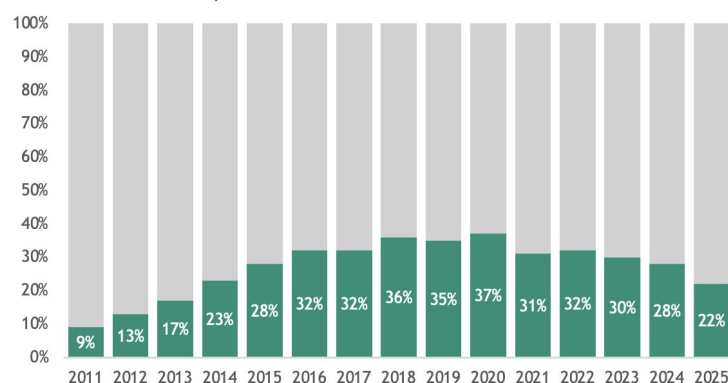
Advanced HIV Disease (AHD)

Reporting of Advanced HIV Disease (AHD)¹⁷ cases only started in 2011. Among the total reported cases, 41,550 (29%) were diagnosed with AHD, 8% higher compared to the same quarter of the preceding year. Notably, data on immunologic and clinical criteria at the time of diagnosis were unavailable for 96,693 (68%) cases. HIV cases without immunologic or clinical tagging were classified as non-AHD.

From 2011 to 2020, there was a notable increase in the proportion of cases with AHD [Figure 7], rising from 9% in 2011 with a median baseline CD4 count of 128 cells/mm³, to 37% in 2020 with a median baseline CD4 count of 198 cells/mm³. Over the past 5 years, there was a 41% decrease in the proportion of AHD cases, with a median CD4 count of 225 cells/mm³.

The proportion of AHD cases has been steadily declining since 2021, with the current proportion being 15% lower than in 2020. In comparison to the first quarter of 2024, the median baseline CD4 count saw a decrease from 223 cells/mm³ to 213 cells/mm³ in the first quarter of 2025.

Figure 7. Proportion of newly diagnosed HIV cases with advanced HIV disease¹⁷, 2011 - March 2025



14. Among males only

15. Sex at birth: M=Male, F=Female

16. No data on sex and MOT for 10 cases

17. Classification of diagnosed cases with advanced clinical manifestations based on immunologic and clinical criteria has been newly implemented in 2022. Previously advanced HIV cases were identified based solely on available clinical criteria.



TREATMENT

Antiretroviral Therapy (ART)

In January to March 2025, there were 4,658 people with HIV who were enrolled to treatment, of which, 4,611 (99%) were on the first line regimen, 5 (<1%) were on second line regimen, and 42 (<1%) were on other lines of regimen. Among them, 25 (<1%) were less than 15 years old, 1,526 (33%) were 15-24 years old, 2,201 (47%) were 25-34 years old, 819 (18%) were 35-49 years old, and 86 (2%) were 50 years and older. The median CD4¹⁹ of these patients upon enrollment was at 202 cells/mm³.

Newly Enrolled to ART,
Jan- Mar 2025¹⁸

4,658

Median Baseline CD4
at enrollment (in
cells/mm³)¹⁹

202

PLHIV on ART as of March 2025 **92,712**

Current age (in years)²⁰

Age Range 1 - 83

Median Age 33

Sex assigned at birth

Male 89,061

Female 3,411

Table 3. Number of PLHIV by treatment outcome and region as of March 2025

Region of Treatment Facility ²¹	Treatment Outcome			
	Alive on ART ²² (n= 92,712)	Lost to Follow-up ²³ (n= 27,641)	Trans out (Overseas) ²⁴ (n= 13)	Stopped ²⁵ (n= 5)
NCR	39,109	12,770	-	-
4A	10,370	2,625	1	-
3	8,472	1,958	7	1
7	6,596	2,772	-	-
11	5,905	1,760	-	-
6	4,271	597	-	-
12	3,145	794	-	-
10	2,284	672	-	-
NIR	2,218	573	-	-
5	1,629	431	-	-
1	1,617	607	-	-
2	1,506	204	1	-
9	1,287	328	4	-
4B	1,205	372	-	-
CAR	1,085	206	-	-
CARAGA	971	312	-	4
8	950	614	-	-
BARMM	92	46	-	-

Among the 126,610 people living with HIV (PLHIV) who have ever been enrolled on antiretroviral therapy (ART) since 2002, a total of 92,712 individuals aged 1 to 83 years old (median age: 33 years) were alive on ART as of March 2025. Of these, 90,853 (98%) were on a first-line regimen, 997 (1%) were on a second-line regimen, and 862 (1%) were on other lines of regimen.

As of March 2025, 27,659 (22%) individuals who were previously on ART were no longer receiving treatment. This group includes 27,641 individuals who were lost to follow-up, 5 who refused to continue ART for various reasons, and 13 who reported migrating overseas [Table 3].

Sixty-three percent of the PLHIV on ART are concentrated in the Greater Manila Area (GMM), which includes NCR, CALABARZON, and Central Luzon. Conversely, NCR, Central Visayas, and CALABARZON contribute to 66% of the total number of PLHIV not on treatment in the country. On the other hand, the highest rates of clients lost to follow-up are observed in Central Visayas (65%), followed by BARMM (50%) and Central Visayas (42%).

Viral Load (VL) Testing and Suppression

Among the PLHIV on ART as of March 2025, a total of 88,269 individuals had been enrolled in ART for at least 3 months and were tagged as eligible for viral load testing. Of these eligible individuals, 41,786 (47%) PLHIV underwent viral load testing within the past 12 months. Specifically, in 2025, 10,242 (25%) were tested between January to March 2025, 9,465 (23%) were tested between October and December 2024, 6,959 (18%) between July and September 2024, and 9,825 (25%) between April and June 2024.

Further, among the 41,786 PLHIV on ART who were tested in the past 12 months as of March 2025, 36,630 (88%) were virally suppressed²⁶ while 5,156 (12%) were not virally suppressed. Moreover, there has been a notable 45% increase in viral testing coverage from January 2020 to March 2025. On the other hand, viral suppression rates have ranged from 82-88% since 2019 while viral load testing coverage has consistently remained below 50% [Figure 8].

Regionally, Ilocos Region (1), Cagayan Valley (2), Central Luzon (3), Bicol (5), Western Visayas (6), Cordillera Administrative Region (CAR), and Negros Island Region (NIR) and have reached viral load testing coverage exceeding or equal to 50%, with suppression rates ranging from 82 to 93%. In contrast, other regions have reported coverage below 50%, the lowest being in BARMM, with suppression rates varying from 67 to 100% [Table 4].

Figure 8. Viral Load Testing and Suppression among PLHIV on ART, 2019 - March 2025^{25,26}

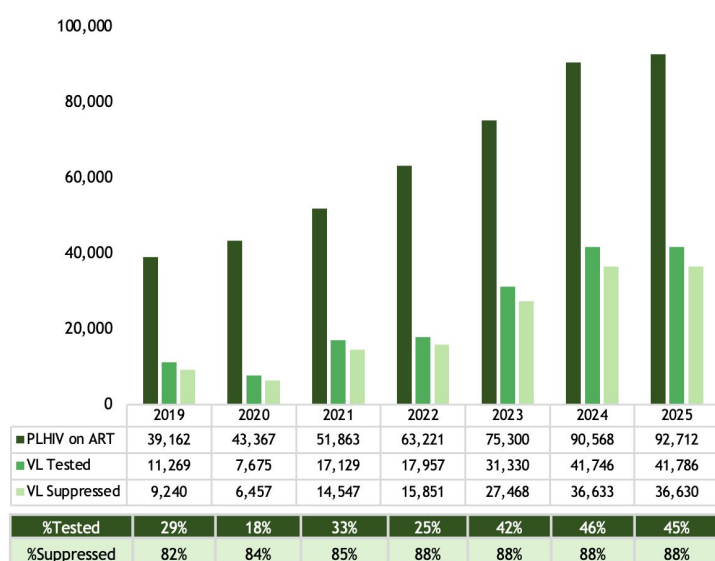


Table 4. Viral load testing and Suppression among PLHIV on ART by region, as of March 2025^{26,27}

Region of Treatment Facility	Viral Load Status among PLHIV on ART per region				
	Alive on ART (n= 92,712) ²²	Tested for VL (n= 41,786)	% Tested for VL	VL Suppressed (n= 36,630)	% Suppressed
NCR	39,109	17,617	45%	15,932	90%
4A	10,370	4,645	45%	3,908	84%
3	8,472	4,865	57%	4,159	85%
7	6,596	2,192	33%	1,880	86%
11	5,905	2,295	39%	2,063	90%
6	4,271	2,724	64%	2,422	89%
12	3,145	977	31%	774	79%
10	2,284	311	14%	207	67%
NIR	2,218	1,330	60%	1,201	90%
5	1,629	972	60%	812	84%
1	1,617	816	50%	667	82%
2	1,506	1,085	72%	944	87%
9	1,287	167	13%	114	68%
4B	1,205	497	41%	417	84%
CAR	1,085	708	65%	655	93%
CARAGA	971	264	27%	209	79%
8	950	320	34%	265	83%
BARMM	92	1	1%	1	100%

18. Enrolled on ART from January to March 2025 regardless of diagnosis date

19. No data on baseline CD4 count for 2,662 cases newly enrolled to ART in January to March 2025

20. Current age as of the reporting period

21. Current treatment facility where PLHIV last visited for antiretroviral (ARV) refill

22. 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

23. 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

24. Clients who reported to have migrated or transferred to another country

25. Clients who stopped due to refusal to treatment

26. Viral Suppression is defined as having <50 copies of HIV per milliliter of blood, based on DOH AO 2022-0024

27. PLHIV currently alive on ART with at least 1 visit and screened within the reporting period



MORTALITY

Newly reported deaths
Jan - Mar 2025

145

Total reported deaths
Jan 1984 - Mar 2025²⁸

9,221

From 2020 to March 2025, there have been 4,146 deaths reported among diagnosed HIV cases in the Philippines, with more than 500 new deaths reported each year since 2016.

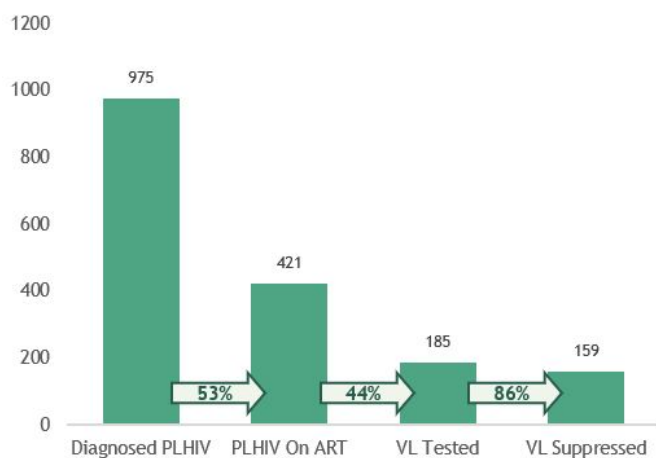
Since January 1984, a total of 9,221 deaths have been reported, which is 22% higher than total reported deaths of the same quarter last year. Among deaths, 4,295 (47%) had an advanced HIV disease at the time of diagnosis.²⁹ Among age groups, the largest proportion of reported deaths were among 25-34 years old accounting for 4,069 (44%) of total deaths, followed by 35-49 years old with 2,335 (25%), 15-24 years old with 1,285 (14%), 50 years old and older with 469 (5%), and <15 years old with 62 (<1%). 11% of the reported deaths had no reported age at the time of death.

28. Reported deaths are due to any cause and not limited to AIDS-related causes. These are based on reported date, and actual date of death may not necessarily fall in the current reporting period
29. 4,837 (52%) out of 9,221 deaths had no data on immunologic/clinical criteria at the time of diagnosis.

OTHER VULNERABLE POPULATIONS

Pregnant Women with HIV

Figure 9. Diagnosis and Treatment coverage among PLHIV Diagnosed during pregnancy



From January to March 2025, there were 45 HIV positive women aged 16 to 40 years old (median: 24 years) who were pregnant at the time of diagnosis. This was a 29% increase compared to the same reporting period last year.

The reporting of pregnancy status at the time of diagnosis was integrated into HIV and AIDS Registry of the Philippines in 2011; and since then, a total of 1,016 diagnosed women were reported pregnant at the time of diagnosis. Over the past 5 years, there has been a 29% increase in reported cases during the first quarter.

Among the pregnant women at the time of diagnosis, 975 (96%) were currently alive. Of these, 793 (81%) were initiated to ART however, only 421 (53%) among them were retained on ART. Of those who were on treatment, only 185 (44%) were tested for viral load, of which 159 (86%) had viral load suppression [Figure 9].

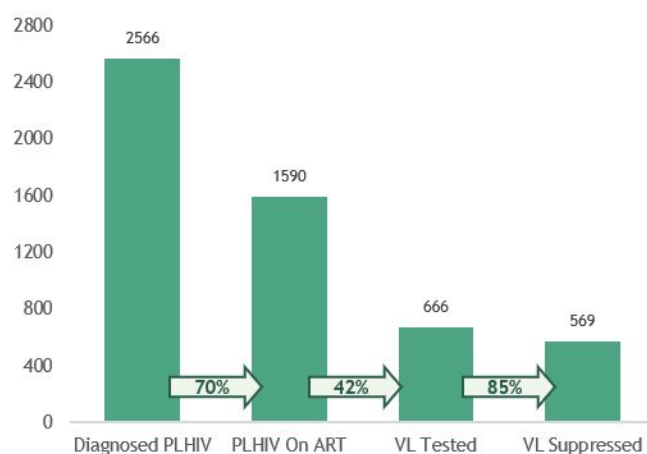
Transgender Women (TGW)

From January to March 2025 there were 148 newly reported cases who identified as transgender women (TGW)³⁰ where 44 (30%) were 15 - 24 years old, 67 (45%) were 25 - 34 years old, 33 (22%) were 35-49 years old, and four (3%) were 50 years and older. The age of diagnosis ranged from 16 to 67 years old (median: 28 years).

Of the 2,747 TGW diagnosed with HIV from January 2018³¹ to March 2025, almost all (2,714, 99%) acquired HIV through sexual contact, five (<1%) through sharing of infected needles, and 26 (1%) had no data on mode of transmission. By age group, 781 (28%) were 15-24 years old at the time of diagnosis, almost half (1,351, 49%) were 25-34 years old, 547 (20%) were 35-49 years old, and 67 (2%) were 50 years and older, and one had no data on age. The age of diagnosis ranged from 15 to 67 years old (median: 28 years).

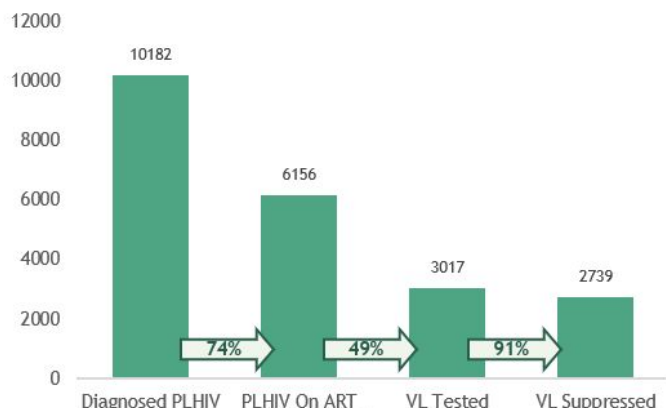
Among the diagnosed cases of TGW, 2,566 (93%) were currently alive. Of these, 2,285 (89%) were initiated to ART however, only 1,590 (70%) among diagnosed TGW living with HIV were retained on ART. Of those who were on treatment, only 666 (42%) were tested for viral load with 85% (569) viral load suppression [Figure 10].

Figure 10. Diagnosis and Treatment coverage among TGW living with HIV





Migrant Workers

Figure 11. Diagnosis and Treatment coverage among migrant workers living with HIV

From January to March 2025, 190 migrant workers were reported, among whom were Filipinos aged 18 to 72 (median: 34). Of the Filipino migrant workers, 166 (87%) were male and 24 (13%) were female. Most (186, 98%) acquired HIV through sexual contact: 109 (57%) through male-male sex, 27 (14%) through sex with both males and females, and 50 (26%) through male-female sex; 4 (2%) had no data on transmission. There was a 3% increase in HIV diagnoses among migrant workers compared to the same period last year, and a 1% increase over the past five years.

Since 1984, 10,819 (7%) of diagnosed cases have been migrant workers. Of these, 10,603 (98%) acquired HIV through sexual contact, 19 (<1%) through needle sharing, 9 (<1%) through exposure to blood, 3 (<1%) through needlestick injury, and 179 (2%) had no data on transmission.

Among the diagnosed cases of migrant workers, 10,182 (94%) were currently alive. Of these, 8,334 (82%) were initiated to ART, but only 6,156 (74%) among diagnosed living with HIV were retained on ART. Of those who were on treatment, only 3,017 (49%) were tested for viral load with 91% (2,739) viral load suppression [Figure 12].

People Engaging in Transactional Sex

In January to March 2025, 596 (12%) of the newly diagnosed engaged in transactional sex within the past 12 months. Majority (584, 98%) were males and 12 (2%) were females, their age ranged from 11 to 77 years old (median: 29 years). Of the male cases, 231 (40%) reported accepting payment for sex only, 248 (42%) reported paying for sex only, and 105 (18%) engaged in both. On the other hand, among female cases, 8 (67%) accepted payment for sex, only one (8%) reported paying for sex only, and 3 (25%) engaged in both. Fifty-four percent or 8,962 of the total cases who had history of transactional sex were diagnosed from 2020 to 2025, of which more than half (65%) of them paid for sex [Table 6].

Since the reporting of transactional sex began in December 2012, a total of 16,586 cases have been reported to HARP³². The majority, 16,115 (97%), were males, while 471 (3%) were females. Among them, 5,573 (34%) accepted payment for sex, 8,346 (50%) paid for sex, and 2,667 (16%) engaged in both.

Among the diagnosed cases who had history of transactional sex, 15,404 (93%) were currently alive. Of these, 12,406 (83%) were initiated to ART however, only 9,832 (64%) among of them were retained on ART. Of those who were on treatment, only 4,451 (47%) were tested for viral load with 87% (3,854) viral load suppression.

Table 5. Diagnosed HIV cases who engaged in transactional sex, by sex and age, 2012 - 2025 (n= 16,586)^{33,34}

Type of Transactional Sex	Jan - Mar 2025 (n=596)	2020 - 2025 (n=8,962)	2012 - 2025 (N=16,586)
Accepted	239	3141	5573
Male	231	3026	5278
Female	8	115	295
Age range (Median)	15-60 (25)	14-62 (26)	12-68 (26)
Paid for sex only	249	4280	8346
Male	248	4257	3298
Female	1	23	48
Age range (Median)	11-77 (33)	11-80 (33)	11-80 (32)
Engaged in both	108	1541	2667
Male	105	1500	2539
Female	3	41	128
Age range (Median)	17-63 (29)	14-73 (29)	14-73 (29)

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

34. 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 292 treatment hubs and primary HIV care treatment facilities that had reported in EB. 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 NRL & CrCLs, 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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For further details or data requests not covered in this report, please send us your inquiries.

Access a list of facilities offering HIV services at:
tinyurl.com/HIVFacilities
or by scanning the QR Code





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	73,700	45618	62%	28246	62%	13052	46%	11684	90%	41%
4A	43,800	23632	54%	15391	65%	7071	46%	6167	87%	40%
3	30,000	14438	48%	9911	69%	5420	55%	4687	86%	47%
7	19,200	10279	54%	5684	55%	2022	36%	1736	86%	31%
11	14,600	7956	54%	5265	66%	2027	38%	1818	90%	35%
6	11,500	5543	48%	4321	78%	2640	61%	2351	89%	54%
1	7,900	3906	49%	2419	62%	1222	51%	1062	87%	44%
12	7,700	3926	51%	2765	70%	989	36%	823	83%	30%
NIR	7,100	3356	47%	2358	70%	1396	59%	1252	90%	53%
10	6,900	3724	54%	2542	68%	474	19%	359	76%	14%
5	6,100	3131	51%	2163	69%	1150	53%	992	86%	46%
2	4,800	2393	50%	1788	75%	1145	64%	1001	87%	56%
8	4,500	2447	54%	1475	60%	529	36%	462	87%	31%
9	4,200	2268	54%	1470	65%	286	19%	245	86%	17%
4B	4,200	2406	57%	1592	66%	684	43%	587	86%	37%
CARAGA	3,300	1861	56%	1211	65%	360	30%	303	84%	25%
CAR	2,300	1236	54%	888	72%	559	63%	511	91%	58%
BARMM	900	537	60%	312	58%	106	34%	86	81%	28%

Note: 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)	1,500	388	26%	214	55%	116	54%	71	61%	33%
ADOLESCENTS (10-19)	13,700	6,713	49%	4,357	65%	1,906	44%	1,627	85%	37%
YOUTH (15-24)	50,700	42,038	73%	27,747	66%	12,255	44%	10,773	88%	39%
ADULTS (25+)	194,100	87,973	45%	55,814	63%	26,053	47%	22,871	88%	41%

Note: Age is based on the current age of the PLHIV as of the reporting period. Overlap in counts occur between adolescent and youth age groups.

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)	194,300	116,142	60%	79,215	68%	36,227	46%	31,879	88%	40%
PERSONS WHO INJECT DRUGS (PWID)	2,800	2,354	84%	579	25%	173	30%	158	91%	27%
OTHER MALES	36,500	13,436	37%	6,769	50%	3,170	47%	2,760	87%	41%
OTHER FEMALES	18,000	7,496	42%	3,192	43%	1,580	49%	1,371	87%	43%

Note:

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+). MSM group includes transgender women.

"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.