



Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



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DEPARTMENT CIRCULAR

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FOR: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES OF HEALTH; MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT (CHD); CHIEFS OF DEPARTMENT OF HEALTH MEDICAL CENTERS, HOSPITALS; HEADS OF HIV TREATMENT HUBS, PRIMARY HIV CARE FACILITIES, AND OTHER HIV AND STI SERVICE FACILITIES; LOCAL GOVERNMENT UNITS; AND OTHERS CONCERNED

SUBJECT: Strengthening Condom Access and Distribution as Part of HIV and AIDS Combination Prevention

I. BACKGROUND

Access to condoms is a fundamental component of comprehensive and evidence-based HIV and sexually transmitted infection (STI) prevention. Republic Act No. 11166, otherwise known as the *Philippine HIV and AIDS Policy Act*, mandates the adoption of rights-based, age-appropriate, gender-responsive, and evidence-based measures to prevent HIV transmission. In particular, Section 11 of the Act directs the active promotion of safer sexual practices, including the consistent and correct use of condoms, especially among key populations. The Act likewise calls for multisectoral HIV prevention interventions in workplaces, learning institutions, communities, ports of entry and exit, and programs for overseas Filipino workers and other populations at increased risk.

This is further supported by Department of Health Administrative Order No. 2026-0005, titled "*Guidelines on Differentiated Service Delivery for Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis in the Prevention of HIV in the Philippines*," and Administrative Order No. 2022-0035, titled "*Guidelines in the Implementation of Differentiated HIV Testing Services*." These issuances promote accessible, client-centered, community-responsive, and differentiated HIV prevention services. Within these service delivery platforms, condoms and compatible lubricants remain essential options in the combination prevention package and should be routinely offered,

as appropriate, together with HIV testing, PrEP, PEP, STI services, and other risk-reduction interventions.

Government-procured condoms are distributed through Centers for Health Development (CHDs), local government units (LGUs), health facilities, HIV service facilities, community-based organizations, and other implementing partners. Despite the availability of commodities, access and utilization remain uneven. Clients may encounter limited or inconvenient distribution points, restricted operating hours, stigma associated with requesting condoms, and missed opportunities when condoms are not routinely offered during relevant health and prevention encounters. Uneven utilization may likewise result in the accumulation of slow-moving stocks in certain warehouses or facilities while other areas continue to experience access gaps.

Maximizing utilization shall therefore focus on increasing actual access and end-user uptake rather than merely transferring stocks between warehouses or institutions. This requires expansion of access points, integration of condoms into routine prevention service delivery, coordination with National Government Agencies (NGAs) and LGUs, proactive redistribution of slow-moving stocks, and simplified monitoring of actual off-take.

II. OBJECTIVE

These operational guidelines are issued to guide CHDs, LGUs, health facilities, HIV service facilities, participating NGAs, community-based organizations, and other partners to expand equitable, convenient, confidential, and non-stigmatizing access to condoms, integrate condom provision into combination HIV prevention services, and optimize allocation, utilization, and redistribution of government-procured stocks.

III. SCOPE OF APPLICATION

These guidelines shall apply to Department of Health (DOH) Central Office units, CHD, Ministry of Health-BARMM, DOH hospitals and other DOH-managed service delivery points; provincial, city, and municipal LGUs; public and private HIV treatment hubs, Primary HIV Care Facilities, HIV testing facilities, social hygiene clinics, and other participating health facilities; community-based organizations; participating NGAs and their regional counterparts; and other access points supported through the National HIV, AIDS and STI Prevention and Control Program (NASPCP).

IV. GENERAL GUIDELINES

- A. Condom distribution shall be provided as a routine HIV/STI prevention commodity and as an integral component of combination HIV prevention.
- B. The CHDs, LGUs, and facilities shall ensure that condoms are made available through multiple facility-based, community-based, institutional, and outreach channels, particularly in settings where clients may have limited or inconvenient access to prevention commodities.
- C. Provision of condoms shall be voluntary, confidential, non-stigmatizing, and client-centered. Clients shall not be required to disclose HIV status, sexual

orientation, gender identity, or detailed sexual behavior solely as a condition for receiving condoms.

- D. All implementing units shall observe appropriate storage, inventory control, and first-expiry-first-out (FEFO) principles, and shall promptly redistribute stocks that are unlikely to be utilized before expiry.
- E. Allocations to facilities, LGUs, NGAs, and other access points shall be based on realistic reach, expected uptake, existing stocks, storage capacity, and actual consumption or off-take.

V. SPECIFIC GUIDELINES

A. Regional Coordination with NGA regional counterparts

- 1. CHDs shall identify and coordinate with relevant regional offices of NGAs and government institutions that can expand condom access to populations under their respective mandates. These may include, but are not limited to, the Department of Labor and Employment (DOLE), Commission on Higher Education (CHED), Department of Migrant Workers (DMW), Overseas Workers Welfare Administration (OWWA), Department of the Interior and Local Government (DILG), and other agencies participating in or supporting the NASPCP.
- 2. The CHD shall identify a focal person; propose access or distribution points; estimate reachable population; identify distribution modality, storage arrangement, and replenishment arrangement; implement confidentiality safeguards and reporting mechanism in each agency/office and before delivery of commodities.
- 3. Distribution in offices/organization shall be voluntary and non-stigmatizing. Clients shall not be required to disclose sensitive personal information as a prerequisite for access.

B. Coordination with Local Government Units and Expansion of Access Points

- 1. CHDs shall provide technical assistance to LGUs in identifying underserved areas and establishing additional condom access points based on local HIV/STI burden, existing service coverage, population movement, and documented or observed access gaps.
- 2. LGUs may establish or expand condom access in rural health units, primary care facilities, social hygiene clinics, HIV service facilities, youth- and wellness-oriented services, community centers, outreach activities, and other suitable locations that provide convenient and discreet access.
- 3. Where feasible, LGUs and facilities may establish self-service condom dispensers, pick-up boxes, or similar low-barrier mechanisms. Each access point shall have a designated custodian or responsible unit, a regular replenishment schedule or refill trigger, appropriate storage conditions, and a simple mechanism for monitoring off-take.

4. The location and design of condom access points shall protect client privacy, reduce stigma, prevent tampering or product damage, and provide clear referral information for HIV testing, PrEP, PEP, STI services, and other appropriate health services.
5. National government agencies with nationwide or multiregional access points may coordinate with DPCB - NASPCP through the Philippine National AIDS Council (PNAC) Secretariat. The PNAC Secretariat shall facilitate coordination with participating agencies and concerned CHDs, while DPCB - NASPCP and the CHDs shall remain responsible for commodity allocation and supply management.
6. Health facilities, LGUs, community-based organizations, civil society organizations, and other participating institutions may request condom allocations from the concerned CHD using existing requisition procedures. The request shall indicate the proposed access points, estimated population to be reached, requested quantity, current stock balance, storage capacity, and designated reporting focal person. Initial allocations may be released in phases, while subsequent releases shall be based on validated off-take, remaining stock, and compliance with reporting requirements.

C. Integration of Condoms into Prevention Service Delivery

1. All feasible HIV and STI service delivery points shall proactively and routinely offer condoms and, when available, compatible lubricants as part of the prevention bundle rather than waiting for clients to specifically request them. Acceptance of condoms shall remain voluntary and shall not be a condition for receiving any other health service.
2. The prevention bundle may include HIV testing or HIV self-testing information, condoms and lubricants, PrEP information or provision, PEP information or referral, STI screening or treatment, risk-reduction information, and linkage or referral to other appropriate prevention and care services.
3. Condoms should be routinely offered, as appropriate, during facility- and community-based HIV testing, HIV self-test distribution, oral or long-acting PrEP initiation and follow-up, PEP services, STI consultations, reproductive health or family planning encounters, outreach activities, and other prevention encounters where feasible.
4. Facilities and outreach teams may provide reasonable take-home quantities based on client need, expected interval before the next service contact, existing stock, and access barriers. Unnecessarily restrictive per-client limits that create repeated access barriers should be avoided.
5. Secondary distribution to partners or peers may be supported when appropriate to expand prevention access, provided that commodity accountability and reporting are maintained without collecting unnecessary personal identifiers.

D. Communication and Demand Generation

1. CHDs, LGUs, facilities, and partners shall pair increased condom availability with clear, positive, and non-stigmatizing communication/message that presents condoms as one of several effective options for combination HIV prevention.
2. Communication materials and activities should direct clients to available HIV testing, provision of oral and long-acting PrEP, PEP, implementation of STI services, treatment initiation and provision of treatment, and other relevant services, as applicable.
3. Demand generation activities shall prioritize settings and populations where access gaps are identified. Distribution activities should be designed to create sustained access rather than one-time mass releases without follow-up or replenishment mechanisms.

E. Supply Management, Allocation, and Redistribution

1. CHDs and receiving units shall maintain inventory records sufficient to track quantity received, quantity issued or dispensed, remaining balance, source, and expiry date.
2. FEFO shall be strictly applied. Stocks with earlier expiry shall be prioritized for deployment to access points with demonstrated or reasonably projected demand while maintaining product quality and appropriate storage.
3. CHDs shall review stock status and utilization using the Monthly Inventory Reports (MIR) at least monthly and shall initiate redistribution when a facility, LGU, or access point is unlikely to utilize available stocks before expiry. Redistribution may be undertaken within the region or coordinated with DPCB for inter-regional transfer, subject to existing logistics and documentation requirements.
4. The quantity released to an access point shall not exceed its realistic distribution capacity merely for the purpose of reducing warehouse inventory. Facilities and partners shall not accept quantities that cannot be properly stored, monitored, and utilized before expiry.

F. Recording, Reporting, and Use of Data

1. Implementing units shall distinguish between: (a) condoms transferred or issued to another warehouse, facility, institution, or access point; and (b) condoms dispensed or taken by intended end users. End-user dispensing or verified access-point off-take shall be the primary measure of consumption.
2. CHDs shall use utilization data to adjust subsequent allocations, identify high and low access points, expand successful channels, and redistribute stocks from slow-moving to higher-utilization areas.

VI. MONITORING AND EVALUATION

CHDs shall consolidate and review regional condom access and utilization data on a regular basis and provide feedback to LGUs, facilities, and partner access points. At a minimum, the following indicators shall be monitored:

1. Number of condoms dispensed to or taken by intended end users during the reporting period
2. Number of active condom access points, disaggregated by type of access point where feasible
3. Quantity of condoms on hand by expiry period and quantity assessed to be at risk of expiry
4. Reporting completeness of participating facilities, LGUs, and institutional access points.

Transfers between warehouses or institutions shall be reported separately and shall not be counted as end-user utilization. DPCB may issue or adopt simplified reporting templates and additional indicators as needed for national monitoring.

VII. ROLES AND RESPONSIBILITIES

A. Disease Prevention and Control Bureau (DPCB) shall:

1. Provide national policy and technical guidance on condom access, distribution, and integration into combination HIV prevention;
2. Coordinate with relevant national government agencies and PNAC mechanisms to expand institutional access channels;
3. Review national stock, expiry, and utilization data and facilitate inter-regional redistribution when necessary; and
4. Monitor implementation and update operational guidance, reporting tools, and allocation approaches as needed.

B. Philippine National AIDS Council Secretariat

1. Facilitate coordination among DPCB/NASPCP, PNAC member agencies, CHDs, LGUs, and participating organizations in identifying and expanding appropriate condom access points;
2. Support the consolidation and monitoring of commitments, proposed access points, and implementation updates from participating PNAC member agencies; and
3. Elevate interagency policy and operational issues affecting condom access and distribution to the PNAC for appropriate discussion and action.

C. Participating National Government Agencies and Institutional Partners:

1. Participating NGAs and institutional partners are encouraged to designate focal persons and identify feasible access points consistent with their mandates and existing policies;
2. Coordinate with the DOH, CHDs, or LGUs on commodity requirements, receipt, storage, distribution, and replenishment; and
3. Support voluntary, confidential, and non-stigmatizing condom access and provide agreed utilization or off-take information for program monitoring.

D. Centers for Health Development shall:

1. Map regional stocks, expiry dates, existing distribution channels, and geographic or population access gaps;
2. Coordinate with LGUs, DOH facilities, regional offices of NGAs, community-based organizations, and other partners to establish or expand condom access points;

3. Provide technical assistance on prevention bundling, access-point operations, storage, inventory management, confidentiality, and reporting;
 4. Facilitate allocation, distribution, and redistribution of condoms using FEFO, realistic demand, actual off-take, and expiry risk; and
 5. Consolidate regional utilization data, identify implementation gaps and good practices, and submit required reports to DPCB/NASPCP.
- E. Local Government Units (Provincial, City, and Municipal Levels) shall:
1. Identify and maintain appropriate facility- and community-based condom access points within their jurisdiction;
 2. Integrate routine condom offering into feasible HIV, STI, reproductive health, primary care, and outreach services;
 3. Ensure proper storage, timely replenishment, and monitoring of dispensers, pick-up points, and other distribution mechanisms; and
 4. Coordinate with the CHD on stock requirements, redistribution needs, access gaps, and utilization reporting.
- F. Health Facilities, Community-Based Organizations, and Other Participating Access Points:
1. Provide condoms through confidential, voluntary, accessible, and non-stigmatizing mechanisms;
 2. Routinely offer condoms as part of feasible prevention service bundles and provide accurate information or referral to related HIV/STI prevention services;
 3. Maintain appropriate stock records and storage conditions and promptly inform the CHD or LGU of slow-moving stocks, impending expiry, or the need for replenishment; and
 4. Submit required utilization or off-take data without collecting unnecessary personal identifiers.

By Authority of the Secretary of Health:


GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Undersecretary of Health