

HIV & COVID-19

The Philippine Experience



Lessons from the Dual Epidemic of HIV and COVID-19

- The COVID-19 pandemic has revealed gaps and provided opportunities for innovation in HIV prevention and treatment services in the Philippines.
- There is a need to leverage advances in technology to improve provision of and access to HIV-related services; and to revisit and adapt policies to address current and future needs of people living with HIV.
- Interorganizational collaboration is necessary to solve challenges across levels of the HIV care cascade.
- The Philippines must learn from its experience of navigating the HIV epidemic during the COVID-19 pandemic.

HIV Cascade of Care During the COVID-19 Pandemic: *Emergent Challenges, Innovative Responses*

The Philippines currently has one of the fastest-growing HIV epidemics in the world, with cases increasing exponentially since 2008. Efforts to mitigate the continued rise of HIV cases in the country have progressed in the past decade due to the strengthened partnership between the government and community-based organizations. However, this progress is currently being hampered by the COVID-19 pandemic.

Recognizing the challenges posed by the COVID-19 pandemic to HIV prevention and treatment programs in the Philippines, the University of the Philippines Manila and Brown University, through the NIH Fogarty Training Program for the Prevention of HIV Among Vulnerable Populations hosted a series of webinars from June to August 2021 to discuss these emergent challenges, and highlight the innovations carried out by various sectors to ensure the continuous implementation of HIV prevention and treatment programs in the country.

Conversations with Dr. Raffy Deray of the Department of Health, Dr. Rosario Tactacan-Abrenica of the San Lazaro Hospital, and Mr. Danvic Rosadiño of the LoveYourself Inc. during the first webinar session, which was moderated by Dr. Noel Juban of the University of the Philippines Manila, revealed that **the Philippines was able to respond to the challenges in HIV prevention and treatment program implementation that arose because of the COVID-19 pandemic.** However, there remains more work that needs to be done to end the HIV epidemic in the country.

33 CASES / DAY

The number of Filipinos diagnosed with HIV per day decreased from 35 in 2019 to 33 in 2020.

The decrease may be due to lack of testing during the pandemic.

57.85% ON TREATMENT

Only 57.85% of the 86,771 Filipinos who are diagnosed with HIV as of April 2021 are on treatment.

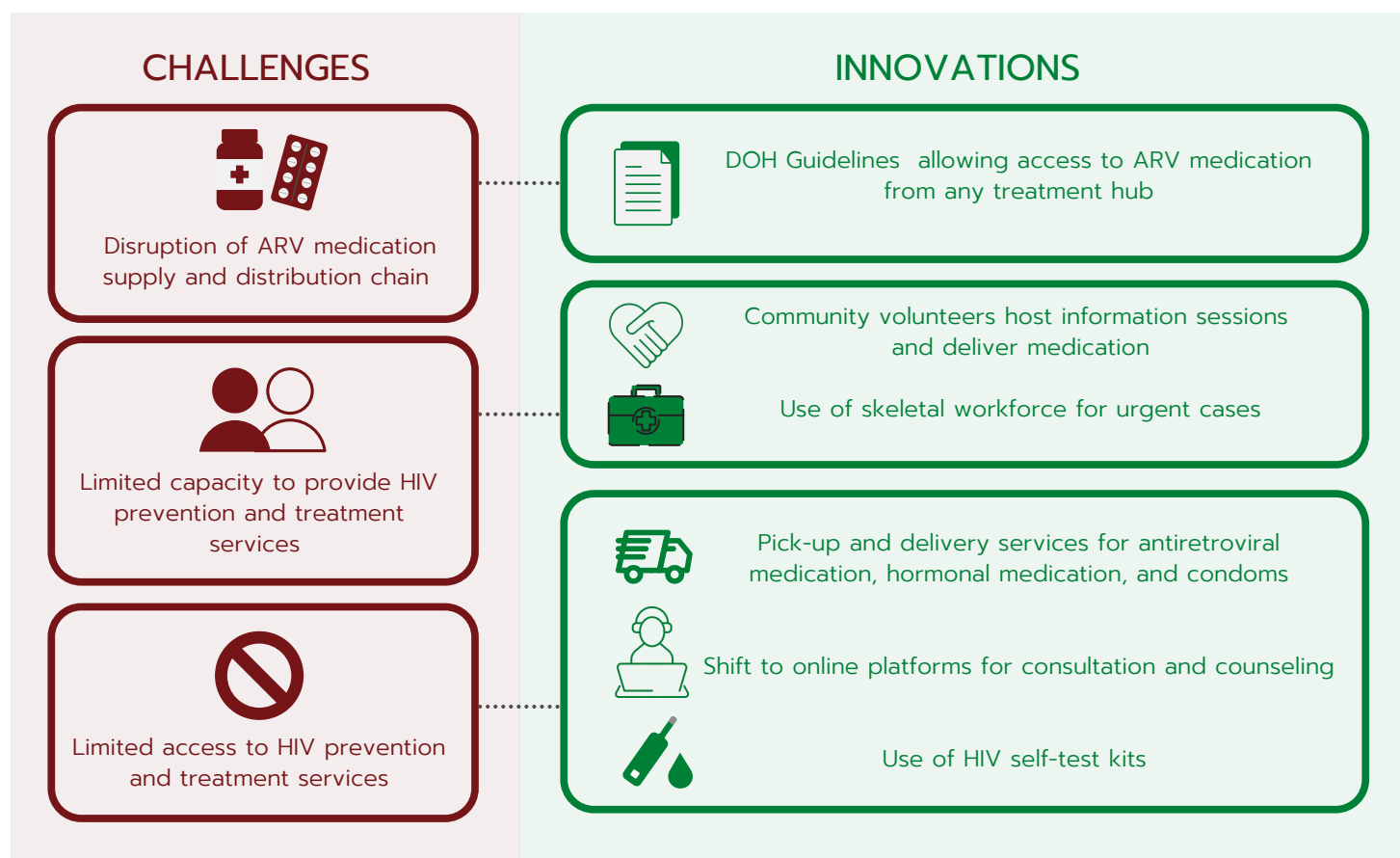
Community quarantines limited access to HIV-related services during the pandemic.

133,000 IN 2021

It is estimated that Filipinos living with HIV will reach over 133,000 by the end of 2021.

This number is expected to triple by 2030.

Figure 1. Challenges and Innovations in HIV Prevention and Treatment During the COVID-19 Pandemic



Challenges in the implementation of HIV prevention and treatment programs in the Philippines were exacerbated by the COVID-19 pandemic. But with the collaborative efforts of the government, private sector, and community-based organizations, Filipinos living with and affected by HIV were able to continue receiving and engaging in life-saving activities and medication.

Majority of the challenges stemmed from the implementation of community quarantine measures across the country. HIV testing, counseling, and consultation services which are usually conducted in clinics were reduced since providers and clients faced limitations in transportation. Supply and distribution of life-saving antiretroviral (ARV) medication was also interrupted, and deliveries to areas outside of Metro Manila were delayed.

In response, the Department of Health (DOH) mandated that all accredited treatment hubs and primary HIV facilities ensure access to treatment while also minimizing COVID-19 risk for staff and clients. This included accommodation of ARV requests from any person living with HIV (PLHIV) regardless of their affiliation status with the treatment hub. Community-based organizations (CBOs) responded by creating and strengthening their online platforms to continue raising awareness on HIV and COVID-19, and providing counseling to PLHIV. They also mobilized their volunteers to help deliver HIV self-test kits, ARV medication, and condoms to those who are not able to leave their homes during the community quarantine. The DOH and the CBOs also designated “skeletal workforces” to cater to PLHIV clients with urgent health concerns that are unresolvable through online platforms.

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