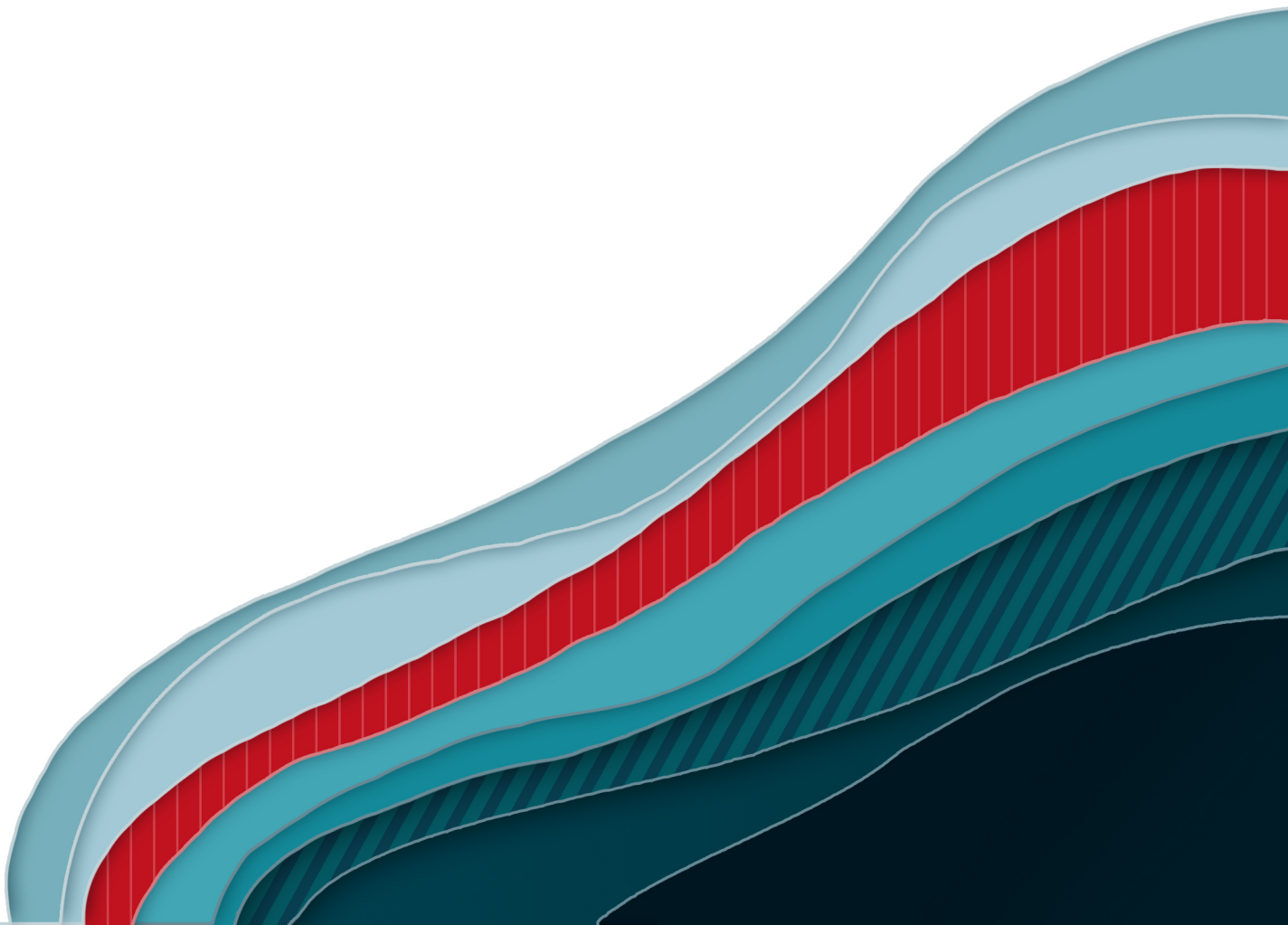





Impact of the COVID-19 Pandemic to the Philippine HIV Epidemic

ANNUAL REPORT 2020





Annual Report 2020: Impact of the COVID-19 Pandemic to the Philippine HIV Epidemic

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Introduction

The COVID-19 has forced the Philippines to undergo several community quarantine restrictions to limit the spread of the new virus, hence limiting mobility throughout the country. This limit in social mobility created a variety of barriers for the access of the community to HIV prevention, testing, and treatment services.

Understanding the magnitude of the COVID-19 impact on the Philippine HIV epidemic will be pivotal in mitigating its effects, strengthening current good practices, and diving into innovations in strategies.

Prevention coverage decreased, but high risk behavior of MSM and TGW were sustained

Prevention coverage decreased from 26% to 17%, ergo lower condom use

In 2018, 26% of the males who have sex with males (MSM) & transgender women (TGW) were able to receive the prevention package defined as having received HIV information, had access to condoms whether free or bought, and were tested for HIV in the past 12 months. It shows that those who received the complete prevention package were six times more likely to use a condom than those who did not receive any of the components.

HIV testing, a key component in the prevention package, significantly decreased by 61% from 2019 to 2020. This reduced the national prevention coverage from 26% to 17%, with National Capital Region (NCR) and Cebu City at greater disadvantage. NCR and Cebu City held prolonged community restrictions in 2020 resulting in longer periods of challenged service delivery.

Following the prevention coverage, national condom use decreased from 38% to 36%. While the 5% decrease appears manageable, the blow received by NCR was at 17%. Ensuring sufficient demand and supply of a comprehensive prevention package during this pandemic will encourage protective behavior among key populations.

Amid community restrictions, there was a sustained level of high risk sexual behavior

Amid the community quarantine restriction, the proportion of MSM & TGW engaging in anal sex in the past 12 months was sustained from 79% to 78% in 2020. Albeit there is evidence of decreased sexual activity during the months of March to May, sexual activity paced up reaching pre-pandemic levels during the second half of the year when community restrictions started to loosen. In effect, there was no decrease in the proportion of MSM & TGW engaging in high risk behavior.

The median number of months engaging in anal sex and median number of sex partners in 2020 were as the same level as pre-COVID-19 situation. On the contrary, there were less MSM & TGW who cruise or go to physical venues (street parks, malls etc.) to find sexual partners (37% to 13%) as a result of restrictions in mobility brought by the pandemic. A shift to having regular partners (1% to 25%) among MSM & TGW was observed in 2020. However, having regular partners may be defined as having a boyfriend, casual sex partner, and similar arrangement which may not be directly associated with safer sex practices and risk reduction.

Disruptions in service delivery and uptake increased the treatment gap

HIV testing decreased by 61%, the number of newly diagnosed cases per day ropped from 35 to 22 in 2020, and treatment initiation was reduced by 28%

Compared to the number of reported HIV tests in 2019 (1,216,678), there was a 61% decrease in 2020 (477,965). This is due to the community restrictions which disrupted several testing and outreach modalities such as community based screening (CBS), outreach testing, and facility testing.

Subsequent to the decrease in testing is the decrease in the number of newly diagnosed cases. In 2019, an average of 35 cases per day (12,778) were reported in the HIV, AIDS and ART Registry of the Philippines (HARP). But in 2020, this decreased to 22 cases per day (8,058) -- a 37% decrease. The decrease was evident across all age groups, but adolescents aged 15-17 and 18-20 were more affected receiving a blow of 46% and 47%, respectively [Table 1].

Prevention Coverage



2019 - 26%
2020 - 17%

Combination of receiving HIV information, access to condom and hiv testing in the past 12 months



Behavior of MSM & TGW in the midst of the pandemic

- Same level of risk as pre-covid situation
- Same median number of anal sex partners and months with anal sex
- Shifting to having a regular partner in 2020



61% decrease in HIV testing

37% decrease in diagnosis

Table 1. Number of newly diagnosed cases by age group, 2019 - 2020

Age group	2019	2020	% decrease
<15	38	32	16%
15-17	120	65	46%
18-20	921	492	47%
21-24	2,911	1,684	42%
25-34	6,354	4,071	36%
35-49	2,068	1,480	28%
>50	366	234	36%

Primary care facilities, such as Social Hygiene Clinics (SHCs), Rural Health Units (RHUs), Health Centers (HC) and TB DOTS (Directly Observed Treatment, Short Course) Facilities, were a principal source of HIV diagnoses in 2019 accounting for 47% (6,090 of 12,778) of new cases. However, due to lower service uptake and disruption, this was halved (50%) in 2020 [Table 2].

Table 2. Number of newly diagnosed cases by facility type, 2019 - 2020

Facility type	2019	2020	% decrease
Primary Care Facilities (SHCs, RHUs, HC, TB DOTS)	6,090	3,034	50%
Hospital	5,523	4,328	22%
Laboratory / Clinic	1,165	696	40%

Similar with testing and diagnosis, treatment enrollment took a toll in 2020. There was an observed 28% decrease (from 11,654 in 2019 to 8,429 in 2020) in treatment initiation amid the pandemic.

Treatment gap widens with diagnosis and retention gap taking bigger blows

The country's progress towards the 90-90-90 accomplishment received a setback in 2020. Before the COVID-19 pandemic, a gradual increase was observed both in diagnosis and treatment coverage. However, as seen in figure 1, diagnosis coverage slightly decreased to 68% and treatment coverage was steady at 61% by the end of 2020. Meanwhile, viral load (VL) testing coverage which has only started gaining ground in 2019 (28%) was reduced to 17% in 2020. VL suppression rate among those tested remains high at 94% [Table 3] [Figure 1].

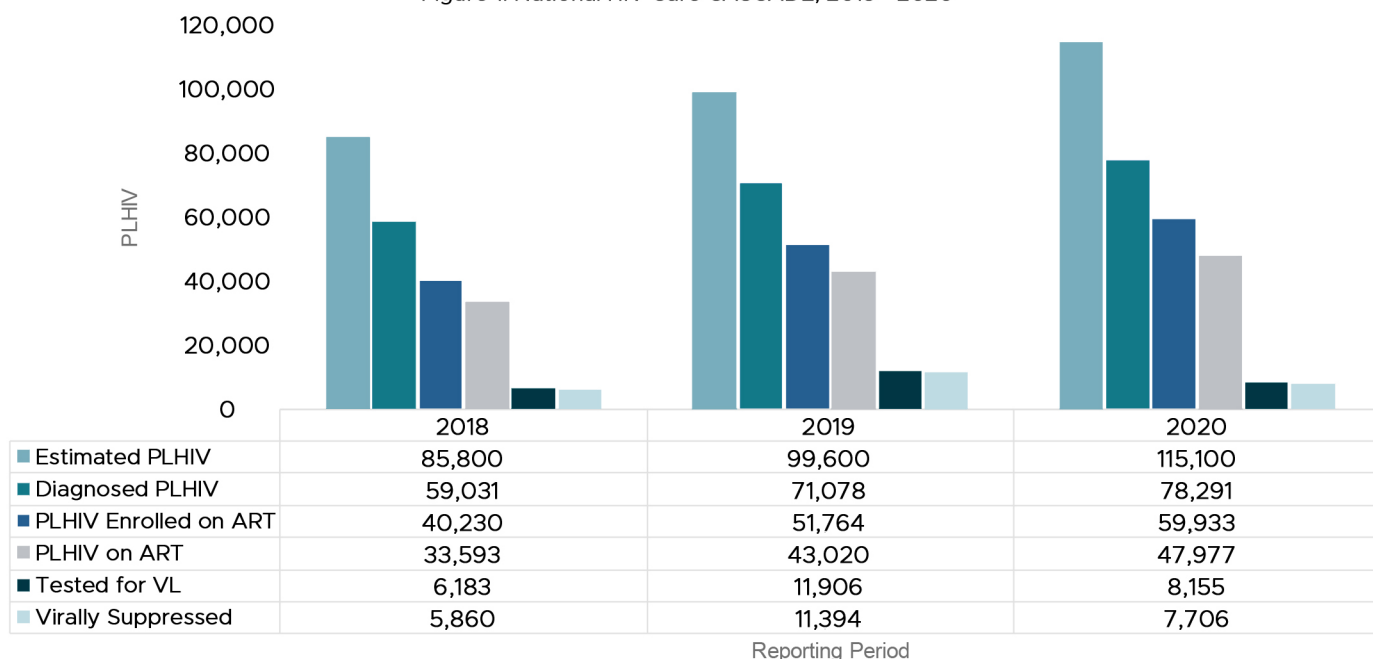


Decline in expected treatment coverage

Table 3. National accomplishments against the 90-90-90 targets, 2018-2020

Reporting Period	Diagnosis coverage Diagnosed PLHIV among Estimated	Treatment coverage PLHIV on ART among Diagnosed	VL testing coverage Tested for VL in the past 12 months among PLHIV on ART	VL Suppression Virally suppressed among tested
2018	69%	57%	18%	95%
2019	71%	61%	28%	96%
2020	68%	61%	17%	94%

Figure 1. National HIV Care CASCADE, 2018 - 2020



The decrease in diagnosis coverage underscores the challenges in testing and case detection. Meanwhile, further examining the leakage between diagnosis and treatment adherence reveals an increasing proportion of people living with HIV (PLHIV) who started treatment, but were lost to follow up (LTFU). In brief, there was a 19% increase in treatment gap from 2019 (56,580) to 2020 (67,123) [Table 4].

19%
increase in
treatment gap

PLHIV not on art	2019 - 57,580
	2020 - 67,123

Table 4. Treatment gap across the cascade of care, 2019 - 2020

	As of December 2019	As of December 2020	% Change
PLHIV to be diagnosed	28,522	36,809	29%
Diagnosed PLHIV for treatment enrollment	19,314	18,358	-5%
PLHIV Enrolled to ART but LTFU	8,744	11,956	37%
Treatment gap	57,580	67,123	19%

The trend of new infections continues to increase, and the goal of reversing its trend requires massive scale up

Sustained behavior, decreased prevention coverage, and wider treatment gap accelerated new infections

The COVID-19 pandemic created a domino effect in service delivery and uptake for HIV. Decrease in prevention coverage, consequently affecting condom use of MSM & TGW coupled with sustained high risk behavior and larger treatment gap for 2020, the rate of new HIV infections doubled from 10% between 2019 and 2020 to 21% between 2020 and 2021 [Figure 2].

With the current progress and strategies, the number of Filipinos living with HIV will reach 133,800 in 2021 and it will triple to 331,500 to 2030 when the global target to end AIDS will conclude.

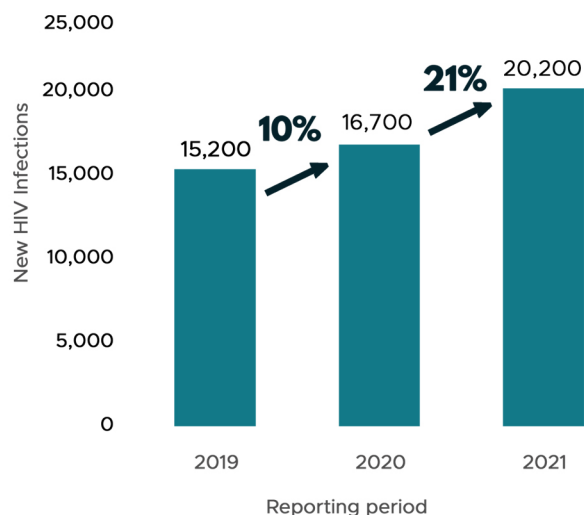


Figure 2. Number of new HIV infections, 2019 - 2021

Achieving the HIV Health Sector plan requires a massive scale up

The goal of the HIV Health Sector (HSP) plan is to reverse the trend of new HIV infections by reducing the number of new HIV infections to less than 7,000 new HIV infections by 2022.

However, if we only maintain the baseline prevention coverage at 17%, diagnosis coverage at 68%, and treatment coverage at 61%, HIV infections will continue to increase up to 23,000 in 2022 and 53,100 by 2030 [Figure 3]. Meeting the national projection of slight increase in prevention (19%), diagnosis (72%), and treatment (69%) based on historical trend of accomplishment, annual new infections will have been reduced to only 21,800 by 2022. Meanwhile, if we successfully achieve the HIV Health Sector Plan of 90% prevention coverage, 95% diagnosis coverage, and 95% treatment coverage, the number of new infections will decrease to 8,800 by 2022. The goal of curbing the new infections to less than 7,000 will materialize by 2023 – a year delayed on the expected attainment of the HSP.

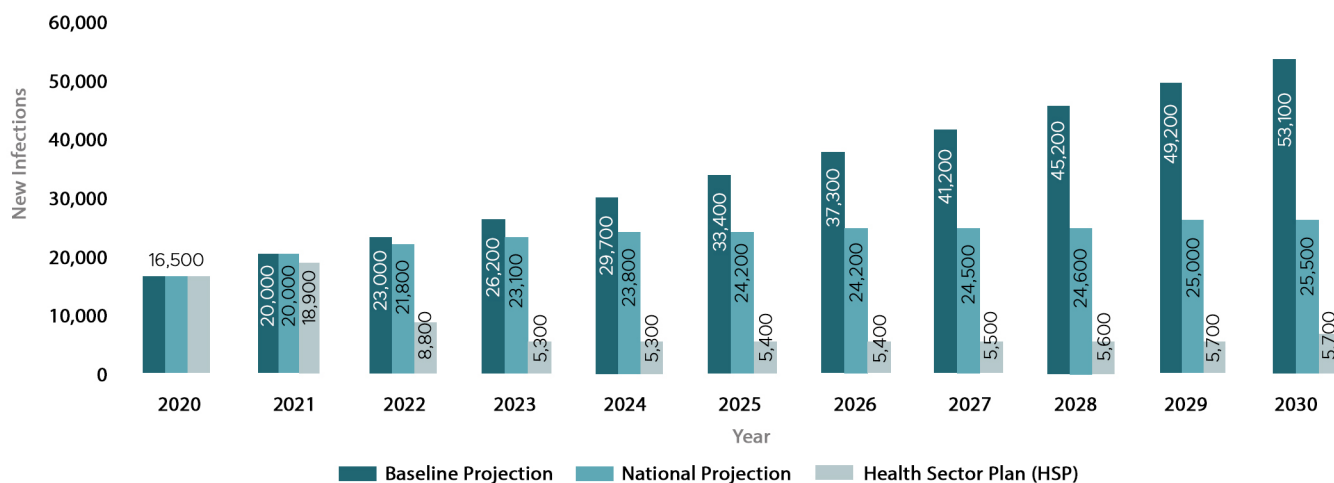


Figure 3. Annual number of new HIV infections (15+), 2020 - 2030

Achieving the HSP requires a massive scale up including strengthening of the current programs - while conforming them in the COVID-19 context. Innovations, such as online outreach activities, self-testing, telemedicine, and pre-exposure prophylaxis (PrEP) should be continued and expanded. However, scale-up requires an equivalent cost and investment, which will be challenging as we continue to strategically divide our limited resources. Tantamount on ensuring service availability is an enabling environment free of stigma and discrimination, all in the context of the new normal.

Maneuvering in the new normal: same vision, accelerated response, and innovative approach

The Philippine HIV epidemic was not spared of the impact of the COVID-19 pandemic. HIV services were disrupted from prevention, testing, and treatment; resulting in a continuous increase in new infections in the country.

While data shows several setbacks, there were several innovations established in 2020 from government, non-government, and community-based organization (CBO)-led initiatives. Online outreach activities were employed; pre-exposure prophylaxis (PrEP) commenced; HIV self-testing services were piloted; certified rHIVda Confirmatory Laboratories (CrCL) were expanded; telemedicine, ARV delivery services, and access points were launched. Further, timely and immediate implementation of other high-impact prevention, testing, and treatment strategies (HIPTTreA) such as combination prevention, national condom strategy, differentiated HIV testing modalities like social and sexual network testing and index testing, and scaling up of HIV treatment facilities and viral load testing will be pivotal as we navigate in the new normal.

Through the collaborative efforts from the community, government sectors, civil service organization, local government units, and other international partners, the goal of reversing the epidemic is still plausible. As we maneuver in the new normal, may this set back motivate us further towards our vision of Ending AIDS.

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References:

- 2019 and 2020 Online Survey among MSM and TGW
- Weighted 2018 Integrated HIV Behavioral and Serologic Surveillance
- Laboratory and blood bank surveillance, December 2020
- HIV, AIDS and ART Registry of the Philippines, December 2020
- AIDS Epidemic Model (AEM) – Spectrum, May 2021
- HIV Health Sector Plan, 2020-2022