I. THE CURRENT SITUATION

Epidemiology

- The estimated size of the MSM population was reported as 203,340 to 610,019 in the 2008 UNGASS report. These estimates appear to be derived from a series of stakeholder workshops in 2007. (Reference: 15)

- In 2010, the government estimated that the HIV prevalence among MSM was 0.99%, showing an increase from 0.28% in 2007 and 0.11% in 2003. (13,15,25)

- In the year 2009, 41.79% of HIV cases were from male-male sex, which increased from 27% in 2006. Up to 2009, 29.31% of all cumulative HIV cases were from male-male sex. (25)

- In 2007, the general population prevalence rate in the Philippines was less than 0.1%. (15)

- In 2005, integrated bio-behavioural surveillance was conducted with 521 MSM and found: 32% of MSM tested positive for at least 1 STI. Rectal Chlamydia was found at 14.6% in Manila and 18.4% in Baguio; rectal gonorrhea was found at 7.7% in Manila and 10.8% in Baguio; urethral Chlamydia was 11.2% in Manila and 8.5% in Baguio; and syphilis was found at 6.2% in Manila and no cases were found in Baguio. (8)

Behavior, Knowledge and Social Research relating to HIV

- In 2007, 40% of MSM had sexual intercourse with more than one partner in the previous year. In 2005, the average number of male partners in the last month was 5.4 in Manila and 3.3 in Baguio. 48% had had anal sex with 2 or more male partners in the last month in both cities. (8,9)

- From 2007 to 2010, 32-34% of MSM used condoms at the last occasion of anal sex with a male partner. (9,15,25)

- In 2005, consistent condom use with male partners was reported by 10.8% of MSM in Manila and 1.5% of MSM in Baguio. (8)

- In 2005, across 6 sites, unprotected sex was more common with male partners than female partners over the past 12 months. (9)

- The 2010 UNGASS report stated that 7% of MSM had been tested for HIV in the previous 12 months and knew the result, down from 16% in 2007. (15,25)

- In 2009, 34.3% of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions, which showed an increase from 10% in 2007. In 2005, less than one-third of MSM knew that consistent condom use can prevent HIV and STI transmission. (8,15,25)

- In 2005, 74% of MSM had sold sex in Manila and 36% had sold sex in Baguio. (8)

- In 2005, 66% of MSM in Cebu City felt they were at risk of contracting HIV. (9)

Legal Situation and Law Enforcement Authorities

- Sex between males is legal. (23)

- Sex work is illegal. (10)

- There are no laws protecting MSM/TG. Schools can adopt any policy on exclusion of students or banning condoms. (23)

- The law does not allow TG to change sex/gender on official documents and records. (23)


- Reports of difficulties with law enforcement authorities for MSM and HIV workers have been documented. Condoms have been used as evidence of sex work; police have raided MSM venues; there have been reports of extortion by police; venues have difficulty taking part in HIV interventions if condoms are involved; and the anti-vagrancy law and anti-public scandal law have been used to harass MSM and TG. (14,23)

- In 2009, the legal system in the Philippines was categorized as “moderately repressive” for MSM/TG by a UN legal review. (23)
MSM Community, other Social Research and Stigma/Discrimination

- There is very little published information about the MSM and TG community in the Philippines.
- Significant levels of harassment, stigmatization, discrimination, violence and extortion have been reported. (19,20)

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan. (6)
- There is not a specific budget line for MSM in the NSP. (6)
- The NSP includes: HIV prevention, MSM & HIV specific support services, peer outreach, STI services, community engagement and empowerment, strengthening of MSM CBOs, and targeted condom and lubricant distribution. (6,14)
- The current NSP ends in 2010. (6)
- The Philippines has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In Round 3, there was a focus on MSM. In 2007, a specific budget line of USD $2.6 million has been earmarked for MSM through the Global Fund, accounting for 11% of total spending on HIV in 2007. (14,15)
- In 2006, it was reported that there was no MSM representation on the Country Coordinating Mechanism for the Global Fund. (14)
- In 2008, the government reported on all 5 of the UNGASS indicators directly relevant to MSM. (1)
- In 2006, it was reported that there were MSM-related leadership and spokespeople. (14)

Community-based Response

- MSM are formally and informally organized, with CBOs, outreach programs, and a national LGBT policy network. (14)

Support from multi-laterals and international NGOs

- International organizations such as UNFPA, UNDP and USAID have conducted and support MSM and TG programs in the Philippines, including information dissemination, condom promotion, surveillance and clinical service provision. The UNDP supported the first sexuality conference in 2009, and is supporting an MSM project until 2012. (14,23)

Strategic Information

- There is ongoing research on MSM/TG in the Philippines, conducted by academics, NGOs and government agencies. (14)
- MSM are part of the surveillance system, which also includes behavioural surveillance. (9,14)

National and International Networks

- The Philippines has the Lesbian and Gay Legislative Advocacy Network. (14)
- It is represented on the newly formed Insular South East Asia Network, which was established in 2009.
III. THE RESULTS

Coverage of prevention

- In 2010, the UNGASS report stated that 29% of MSM had been reached by prevention activities, showing an increase from 19% in 2007. In 2005 and 2006, the government reported reaching only 2% of 591,370 MSM (or 10,053 people). (10,15,18,22,25)

- In 2005, the following proportions of MSM received HIV information from outreach workers in a bar in the last 3 months: 19% in Angeles; 18% in Cebu City; 41% in Davao; 26% in General Santos; 9% in Iloilo; and 26% in Zamboanga. (9)

- In 2005, the following proportions of MSM received condoms in a bar, massage parlour or cruising area in the last 3 months: 29% in Angeles; 16% in Cebu City; 21% in Davao; 14% in General Santos; 11% in Iloilo; and 17% in Zamboanga. (9)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $13 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (12)

IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.

- The to-be-developed national strategic plan (2011 – 2015) should include a costed comprehensive response for MSM and TG.

- Advocate for the inclusion of MSM in HIV strategies at the provincial level within provincial plans.

- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.

- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.

- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.

- Scale up MSM-friendly VCT and sexual health screening centers.

- Expand care, treatment and support facilities for HIV-positive MSM and TG.

- Address stigma and discrimination toward PLHIV in MSM communities.

- Specific prevention activities should focus on transgender people.
V. REFERENCES

All references are available at:

www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Philippines are available at: