



Short Communication

The dire sexual health crisis among MSM in the Philippines: an exploding HIV epidemic in the absence of essential health services



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SUMMARY

The rate of HIV is exploding in the men who have sex with men (MSM) population in the Philippines. There is a paucity of information with respect to sexual behaviour, condom use, psychological health, and the prevalence of other STIs in the MSM subpopulation. At present there are no existing private or public clinical services in the country that focus on health services of MSM. We discuss the current epidemic situation and the steps needed to further define the rapidly evolving epidemic among MSM.

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The rate of HIV has been rising at an alarming rate over the past seven years in the men who have sex with men (MSM) subpopulation in the Philippines.¹ In the year 2014 alone, there were 6,011 newly diagnosed cases of HIV. This total represents 27% of the total number of cases identified (22,527) since the epidemic began in 1984 (Figure 1, below).

1. Emergence of the HIV epidemic among MSM

From 1984 (when the first cases were reported) to 2014 a total of 22,527 people have been diagnosed with HIV infection in the Philippines. Most (91%) are male, with a peak incidence in the 25–29 age group and a trend towards younger age of diagnosis over time (Figure 2, below).²

Ninety-three percent of cases were infected through sexual contact (24% heterosexual; 47% homosexual; and 30% bisexual), 5% through needle sharing among injecting drug users, <1% through mother-to-child transmission and <1% through blood transfusion or needle prick injury.² The year 2007 was a pivotal year for the emergence of the HIV epidemic among MSM in the Philippines. It marked a shift in the predominant mode of transmission from

heterosexual to homosexual contact and a rapid acceleration in the transmission rate. For example, it took ten years for the number of new HIV diagnoses to double from 154 in 1996 to 309 in 2006, but a mere two years for the 342 new HIV cases in 2007 to double to 629 cases in 2009.^{3–5} The most recently published results from the country's Integrated HIV Behavioural and Serological Surveillance System (IHBSS) report that among those thought to have been infected with HIV through sexual contact in 2009, almost 70% had engaged in same sex contact. Historical data from the IHBSS show that among people to have acquired their HIV sexually, the number reporting any homosexual contact exceeded the number reporting only heterosexual contact every year since 2007.³

As of December 2014 there were a total of 6,011 newly diagnosed cases of HIV reported for the year 2014. Eighty-five percent (4,789) of the diagnosed cases were identified among MSM with a median age of 28 years.² As mentioned, this number represents 27% of the total number of cases identified (22,527) since the epidemic began in 1984 (Figure 3, right). Thus, young sexually active MSM are now considered the 'core transmitters' in the spread of HIV in the Philippines and there is anecdotal evidence that a high proportion of these are from relatively advantaged socioeconomic backgrounds.

At present there are no existing private or public clinical services in the country that focus on health services for MSM. Public social hygiene clinics (SHCs) run by local government units

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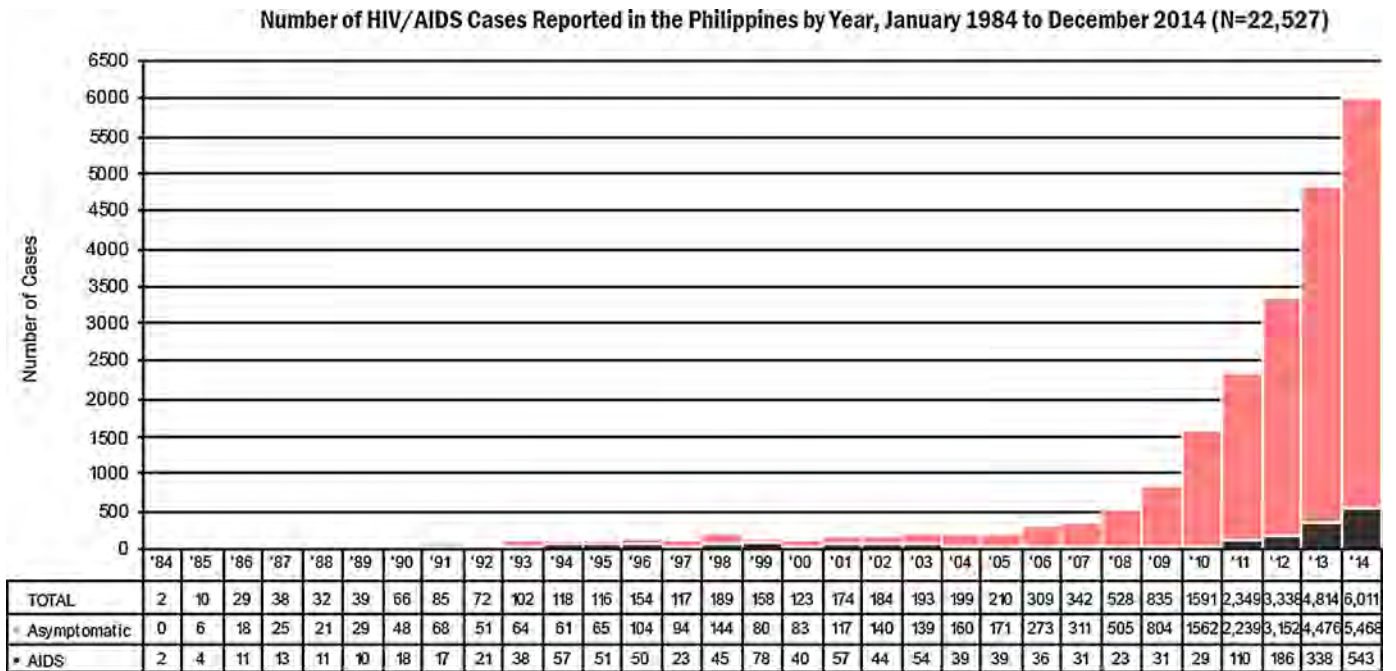


Figure 1. Cumulative number of HIV/AIDS cases in the Philippines reported from 1984–2014.

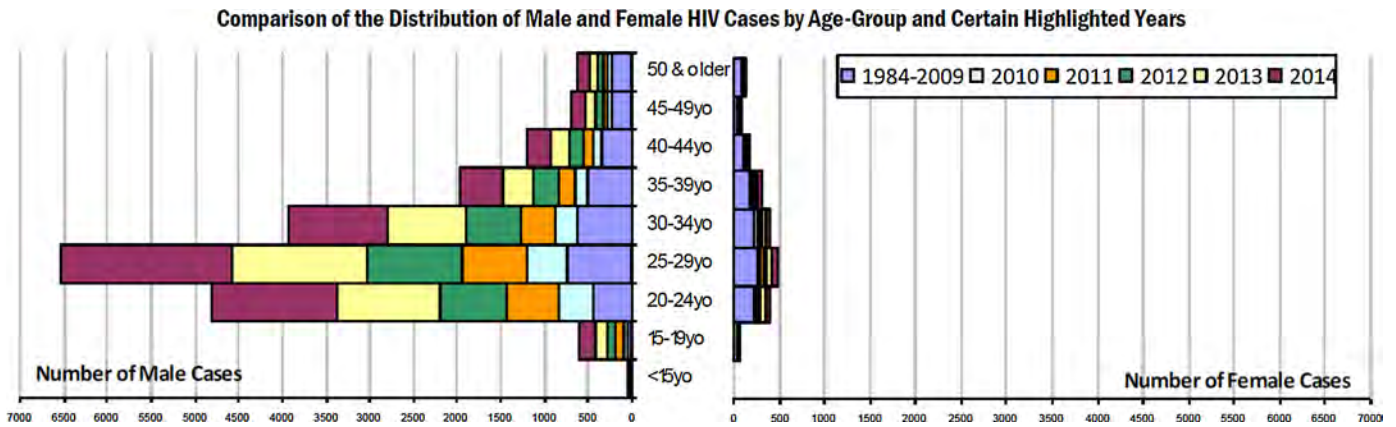


Figure 2. A comparison of HIV/AIDS cases stratified by age and sex in the Philippines from 1984–2014.

Reported Modes of HIV Transmission

Mode of Transmission	December 2014 n=509	Jan-Dec 2014 n=6,011	Cumulative N=22,527
Sexual Contact	475	5,649	20,994
<i>Heterosexual contact</i>	<i>71 (15%)</i>	<i>860 (15%)</i>	<i>4,934 (24%)</i>
<i>Homosexual contact</i>	<i>250 (53%)</i>	<i>2,928 (52%)</i>	<i>9,806 (47%)</i>
<i>Bisexual contact</i>	<i>154 (32%)</i>	<i>1,861 (33%)</i>	<i>6,254 (30%)</i>
Blood/Blood Products	0	0	20
Injecting Drug Use	33	357	1,068
Needle Prick Injury	0	0	3
Mother-to-Child	1	5	67
No Data Available	0	0	375

Figure 3. Reported modes of HIV transmission for 2014 in the Philippines.

provide sexual health screening and treatment for female service establishment workers such as bar attendants, guest relations officers and massage parlor attendants, who would be categorized as registered female sex workers during STI surveillance activities. Recently, the Department of Health has enjoined some SHCs to provide services to MSM referred by NGOs through outreach activities, but utilization of SHCs services by MSM remains very low. Staff at SHCs or other public and private clinics are not currently trained on the provision of comprehensive care in relation to the health of MSM.

1. 2. Defining the emerging HIV epidemic among MSM sexual networks

Although data are limited, different genetic subtypes of HIV-1 have been identified in different at-risk populations in the Philippines. MSM sexual networks in which frequent HIV/STI transmission and acquisition exists, are the hypothesized reservoirs for the generation of future genotypic subtypes and drug

resistant strains. Identifying genotypic sub-clusters within MSM sex partners will allow us to document the micro-evolution of the virus modified by different host immune responses. Moreover, the characterisation of the nature of transmission within MSM sexual networks is needed to help develop clinical services aimed at this subpopulation. Given the doubling of HIV cases each year since 2007 in the country, urgent action is now needed to halt the epidemic. Understanding the transmission dynamics within hidden MSM sexual networks is paramount to making this possible. The proposed research will demonstrate the feasibility of an enhanced screening and prevention program for MSM in the country. Moreover, this research will be extremely valuable in helping shape future policy and more effective evidence-based preventive programs specifically for the MSM subpopulation.

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