



Risks | **Responsibilities**

Male Sexual Health and HIV in Asia
and the Pacific-International Consultation

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COUNTRY : PHILIPPINES

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MSM are formally organized in the Philippines

- As Organizations - Some are organized as CBOs working on various interest and taking on diverse objectives which may include livelihood, personal development, health, rights, sports development, community development or general welfare.
- A few have formed NGOs that work along issues of rights, health, gender, sexuality and HIV prevention.
- Within a Network - some of the MSM NGOs and CBOs are members of a LGBT policy advocacy network

MSM are also informally organized

- Many small groups of MSM come together to organize national and community level events such as beauty pageants, festivities for the general population and other social events. Others also come together informally in internet based formations such as chat rooms and email lists.

MSM are specifically captured in the national surveillance

- HIV prevalence among MSM is pegged within the range of 0.00 to 0.39%
- Surveillance is conducted annually in 10 highly urbanized sentinel sites
- and its includes behavioral surveillance. When co-related to estimated population size of 804,000, there is possibility that there may of at least 1,170 cases.
- The behavioral surveillance focused on behaviors that put MSM at greater risk of infection like consistency of condom use in anal sexual activities. other penetrative sexual activities are also investigated. activities with the opposite sex are also probed into.
- Reported in Dec,2005 covering surveillance conducted in the same year

‘MSM and HIV’ - related research

- 1. In the Shadows: Men who have Sex with Men;** Health Action Information Network; Michael L. Tan, DVM. PhD et.al July 2000 - desk review and experts panel of community workers on HIV/AIDS and MSM
- 2. From Bakla to Gay "Shifting Gender Identities and Sexual Behaviors in the Philippines"** by Dr. Michael L. Tan – a case study on gender identity and sexual health
- 3. The Prevailing Sexual Attitude and Behaviors Among Homosexual Men in Davao City;** IWAG-DABAW; 1999 - behavioral and attitude survey.
- 4. Setting a Research Agenda for Men who have Sex with Men in the Philippines;** TLF; 2003(unpublished) - three phased research using desk review, focused group discussions and experts panel discussion.
- 5. Sexually Transmitted and Blood-borne Infection Prevalence Assessment in High-Risk Population: Males who have sex with Males in the Philippines;** CEMSHAD,FHI,DOH;2004 -two phase study consisting of formative and qualitative assessment and HIV/AIDS behavioral and biological assessment

KEY INFORMATION GAPS

- **Gender Theory Agenda** – includes sexuality and gender theorizing; issues pertaining to Filipino men and MSM (gender and sexuality-related identities in local settings, MSM and related behavior in the local context, socio-economic context and gender, masculinities and femininities of “bakla” and other “cross-gender” categories); investigations on impact of gender and sexuality in surveillance, care and support of PLWHA, HIV and AIDS programs, reproductive health programs, government policies and programs
- **Knowledge, Attitude and Behavior Agenda** – includes looking into specific groups of MSM (seafarers, oversease Filipino workers, “Japaneras” and “Hostos,” “Parloristas,” “Service Boys” in community settings, among others); in-depth investigations on sexual practices (anal sex, condom use), sexual mapping, cohort and longitudinal methods for behavioral and epidemiological studies; determining dynamics, patterns, networks of male-to-male sex work (or sex-for-pay or sex-for-favors)
- **Serologic Surveillance Agenda** – specifically in the expansion of coverage for detection of STI and HIV and more accurate estimation of prevalence, considering protocols have already entered the internationally recommended second-generation HIV surveillance systems
- **Programs, Impact and Experience Agenda** – includes assessment and evaluation of prevention efforts on STI and HIV, documentation of learnings and good practices, impact of political maturity of MSM communities to prevention

KEY INFORMATION GAPS

- **Entitlement and Human Rights Agenda** – includes concepts and issues of entitlement among sexuality-related and gender identities and other MSM, human rights violations documentation, policy recommendation and formulation protecting human rights of LGBT persons, which enables a more nurturing environment for development and growth of program
- **Health Service Agenda** – includes sexual and general health services provision, accessibility and utilization in different cross-sections of MSM-related clientele (such as elderly MSM, young MSM, MSM PLWHA), comparisons, contrasts and prescriptions towards more responsive health systems
- **MSM and Positive Agenda** – includes life situation and experiences documentation of MSM PLWHA, participatory learning and action towards developing leads for program enhancement favoring MSM PLWHA
- **MSM in Demography Agenda** – specifically in improving population-based research systems for surfacing actual profile of MSM and related behavior in the country, considering that most references for population estimated at the moment only capture urban males and other smaller niches

Demographic data on males who have sex with males

- A consensus building workshop was conducted amongst scientists, government agencies, multi-lateral institutions, donors and epidemiologists estimating the size of the MSM population at around 804,000.

No specific budget line for MSM and HIV in the National HIV Plan

- In the GFATM funds are specifically allocated for MSM and HIV
- The CCM has no specific representation for MSM
- MSM is among the most at risk populations targeted by the Philippine GFATM projects. GFATM projects in all sites covered (11 sites for round 3) have specific allocation for MSM targeted intervention. Program includes HIV/AIDS/STI information dissemination, community organizing, capability building, condom promotion, clinical service provision and behavioral and serologic surveillance.

Other international donor and/or multilateral institutions funds

- **UNFPA** - mainly focusing on RH and gender but also funds HIV prevention among MSM in 2 key cities. Their program includes HIV/AIDS/STI information dissemination, condom promotion and clinical service provision.
- **USAID** - HIV prevention among MSM in 12 highly urbanized areas. program includes HIV/STI information dissemination, condom promotion, B and S surveillance and clinical service provision.

No existing donor coordination mechanism

There is a national plan and there are specific intervention for MSM but coverage and usage cannot be ascertained yet





- MSM and HIV specific programs and indicators are very recent inclusions in the plan. Details such as coverage and sub population targets are still being ironed out. In the past, programs have already been initiated by the national agency and funded by external donors but there have been no monitoring on coverage and usage.

Sub-populations are not specified in the plan







Sex between males is legal...

- Male to male sex is legal because there is no law that prohibits such . Neither is there a law that protects MSM from discrimination
- MSM specific HIV programmes have not reported problems with law enforcement.... but actions of law enforcers affect HIV prevention work.

There are obstacles...

-  Homophobia and discrimination based on sexual orientation and gender identity persist and are being experienced by MSM in the Philippines. "Internalized Homophobia"
-  Weakness of the health care system - the health care system is not yet cognizant of the specific needs of the MSM communities
-  MSM issues are not factored in the national and community development programs
-  Sexual minorities and MSM are not represented in policy making bodies and other governance instrumentalities except for the national AIDS council.

There are recommended solutions...

-  Strengthen MSM communities through organizing
-  Anti-discrimination legislation
-  Strengthen representation and genuine participation of MSM in HIV prevention coordinating bodies and other development bodies in the national and local level
-  Programs should promote acceptance and respect for diversity
-  Localized response through the formation of Local AIDS council to expand coverage of HIV prevention for MSM
-  Donors should support projects that give seriously include rights promotion and creating enabling environments

MSM-specific intervention is now in the national plan. Before this, there were several initiatives through the support of external donors. The following have been implemented and likely to be adopted once the plan is operationalized:

- **Information and communication** - through development of information materials, conduct of learning group sessions
- **Peer Outreach** - conducted in cruising sites, internet based sites and MSM frequented events
- **Condom distribution** -lubricants are not regularly distributed. Condoms are distributed in cruising sites and events during outreach, during learning group sessions, distribution at drop-in centers, peer network outposts
- **STI services** - integrated in the STI service delivery systems developed in the local (cities, municipalities,villages) level. On certain areas, NGO run STI services are also able to serve MSM client.
- **Enabling environment** - although not in all sites of previous and ongoing projects. activities include policy advocacy on rights protection and reduction of discrimination and representation in local AIDS prevention coordinating bodies
- **Community engagement and empowerment** - some efforts have included community organizing, rights advocacy and representation advocacy
- **NGO CBO HIV competencies strengthening** - programs include peer education training,training of trainers, BCC,
- **Other competencies** - training on community organizing and organizational development

On the negative side, MSM-specific intervention on access to treatment have not been initiated.

The interventions in the past were run by:

- **CBO** - most community based organizations work in partnership with NGOs and in some instances with local health units.
- **NGOs** -most MSM and HIV programs are run by MSM organized NGOs or non MSM NGOs who serve as implementing organizations. They generally implement peer education, condom provision, empowerment and capability building activities, enabling environment and governance engagement actions, policy advocacy, information material development and distribution and treatment referral.
- **Local government** - only for STI service provision, surveillance and HIV screening.
- **The national government** does not manage MSM specific interventions

* It is possible that in the future CBOs will take on bigger roles in delivering HIV prevention, care and support programs

MSM and HIV is part of Scaling UP towards universal access

- MSM-specific targets have been set in a participatory process that included representatives from MSM community in the national AIDS council. The same targets are reflected in the national plan.

Additional Information and/or Comments :

- It is important to reiterate that MSM and HIV is a very recent inclusion to the National Plan. Most of the interventions mentioned in this report are unplanned and have been driven mostly by external support with local partners who are mainly NGOs.