

10. Overview of STDs and HIV/AIDS in the Philippines

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Introduction

The Philippines began a National Sexually Transmitted Disease Control Program in 1945. Social hygiene clinics, which now number 180, were created by congressional act. They are primarily in urban and rural areas where commercial sex establishments are located and serve mostly commercial sex workers and hospitality girls. Because of the HIV/AIDS epidemic, the spread of STDs is a major concern of the Philippine government.

Data on STDs

The quality of the data on STDs in the Philippines is problematic. Most of the data are obtained from female commercial sex workers. Private practitioners are reluctant to report STDs to the Department of Health. Data are not reported regularly and often are inaccurate because the wrong diagnosis has been made. Many problems with the data result from inadequate training of doctors, nurses and midwives and a lack of equipment and reagents for STD testing. Furthermore, because the social hygiene clinics do not have the capability to do syphilis testing, syphilis is known to be under-reported. Poor contact tracing is also a problem in STD identification and management.

In 1987 there were 26,450 new cases of STDs reported in the Philippines. By 1991, 75,550 new cases were reported, an increase of over 274 percent. (Part of this increase in STD cases reported may be attributed to an improved training program of health personnel conducted in 1989 and 1990.) Nongonococcal urethritis accounted for 69 percent and gonorrhea for 24 percent of the total STDs reported in 1991. Other STDs reported were candidiasis, trichomoniasis, human papillomavirus and syphilis, each representing less than 3 percent of the total cases. Approximately 62 percent of clients (primarily females) were between the ages of 15 and 25.

HIV/AIDS

In December 1984, the first case of AIDS was identified in the Philippines. In 1985, the Department of Health began serological surveillance for HIV, and by 1986 HIV/AIDS was declared a notifiable disease. In 1987, the Department of Health established the National AIDS Prevention and Control Committee (NAPCC). The NAPCC focuses on six activities: surveillance, health education, training of health workers, counseling, screening of blood units and strengthening of diagnostic facilities.

In 1991, the government began a National Sentinel Surveillance initiative to monitor trends of HIV/AIDS in high-risk groups and determine its spread in low-risk groups. In 1992, the United States Agency for International Development (USAID) provided funding to the Philippine government for National AIDS Prevention and Control Programs Surveillance and Education Activities. With the recognition that STDs are risk factors in HIV infection, the STD program was integrated into the national AIDS program in 1993.

This integrated program has identified three long-term goals:

- to reduce transmission of HIV infection
- to prevent development of STD complications
- to reduce the impact of HIV infection.

Mid-term goals of the program are to:

- monitor the incidence of infection among identified sentinel groups and the general population continuously
- implement mandatory HIV screening of all blood products
- promote safe sexual behavior, in particular condom usage
- promote disinfection practices for skin piercing instruments
- promote health education among individuals at high risk for STDs and HIV/AIDS and among the general population

Introduction of Genital Tract Infection Services at the Fertility Care Center

Following training, genital tract infection services were introduced at the Fertility Care Center (FCC) of the University of the Philippines/Philippine General Hospital and Reproductive Health Care Center. The GTI program has five components:

- history taking/screening/risk assessment
- clinical diagnosis
- laboratory diagnosis
- therapeutic management
- counseling

The clinic is equipped to diagnose and manage the following conditions: bacterial vaginosis, candidiasis, trichomonas vaginitis, gonococcal cervicitis/PID and chlamydia cervicitis (based on PMNs on Gram's stain only). It does not have the facilities for HIV or definitive chlamydia testing. Between December 1994 and March 1995, 18 cases of GTI were diagnosed in 273 family planning clients (6.6 percent), indicating a definite need for the service.

The introduction of the GTI service has had a positive impact on clients' health. It offers immediate laboratory results and more specific treatments than other clinics. It has reduced complications of GTIs and the need for referrals, and has increased client awareness of STDs. The program has saved clients money and helped to build client trust.

The program also has had a positive impact on the health professionals involved. They have gained confidence in their ability to diagnose and manage GTIs, even outside the FCC. They have had the opportunity to share information with their colleagues and increase awareness about GTIs.

A national training team has been developed consisting of public and private sector physicians and nurses. Regional local government unit family planning trainers, private sector family planning trainers and service providers have been trained for the team.

In implementing the joint Philippine government and private sector GTI program, the government has had to overcome a number of problems involving funding, selection and training of trainers, selection of trainees, choice of clinic sites and the high cost of reagents. To manage the program successfully, it is recommended that trainees be carefully selected, physicians and nurses from the same institution be trained together to work as a team, and trainers from both the government and the private sector be trained.