フィリピン共和国エイズ対策基礎調査団報告書

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平成6年3月

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国際協力事業団
医療協力部

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序　　文

エイズは決定的治療法が発見されないまま猛威を振るっており、1992年までに全世界において約250人に１人即ち約1,200万人の成人がHIVに感染し、1993年だけでも約100万人が感染したと言われている。アジアにおいても罹患率は上昇中であり約100万人が感染したと言われ、多くの人口を持つためにこのまま適切な対策が執られなければ莫大な社会経済的影響を与えるであろう。

本年度実施の日米包括経済協議において日米両国が共同して解決すべき全世界的問題のひとつとしてエイズが取り上げられ、日米両国が協調して調査団を派遣して共通の項目につき調査を行い相互に意見や情報を交換することが事務レベルで合意された。この決定を受けて、エイズを中心とする感染症基礎調査団をアジアにおける当該分野での重要国のひとつであるフィリピン共和国（比国）に1992年３月16日から同月24日まで派遣し、同国のエイズの疫学的状況の動向と対策の現状を調査した。

本調査団は現地調査で得られた資料及び情報を分析、検討し、ここに報告書を取り纏めることとなった。本報告書が今後比国に対し実施される我が国からのエイズ対策に係る協力の一助となれば幸いである。

今回の調査団の派遣に当たって多大なるご協力を賜った比国政府関係者及び国内協力機関関係者各位に対し深甚なる謝意を表する次第である。

平成６年３月

国際協力事業団

理事　小澤　大二

JOSE LINGAT MEMORIAL REGIONAL HOSPITAL

RITM にて

フラビエール保健長官との会見

目　　次

1．事前調査団の派遣

1－1　調査団派遣の背景と目的

エイズとHIV感染症が地球的規模で人類の社会経済発展に及ぼしうる影響を考慮すると、先進諸国並びに国際機関等が協調したより効果的な統合的アプローチがエイズ対策の実施において切望される。

我が国はフィリピン共和国（以下比国）において1976年より感染症対策に不可欠な診断研究機能の確立に協力し、さらに1987年からは、我が国の無償資金協力によって設立された熱帯医学研究所(RITM)において急性呼吸器感染症、下痢症及びHIV感染症分野での第３国研修を実施し、近隣諸国への診断研究技術の移転に努めている。

エイズが前述のように人類に与えうる影響を考慮した結果、また同時に本年度実施された日米包括経済協議において両国が協力して対応すべき世界的問題のひとつとしてエイズが取り上げられたことも踏まえて、この度日米両国が協調して比国に調査団を派遣して調査を行い、相互に意見や情報を交換することとなった。我が国は、当該分野での予防とコントロールに係る協力活動をアジア、アフリカ、南米の国々で強化することを意図し、アジア地域では診断研究機能の強化に重点を置く活動を通して同国及び近隣諸国への貢献を画策している。本調査団は比国におけるエイズの疫学的状況の動向と係る政策の現状を調査分析し、当該分野における我が国の協力計画策定に資することを目的として派遣された。

1－2　調査団構成

団長	大　谷　　明	総括	バイオメディカルサイエンス研究会会長 国立予防衛生研究所名誉所員
団員	吉　原　なみ子	実験室診断	国立予防衛生研究所エイズ検査室長
団員	富　沢　一　郎	公衆衛生	厚生省エイズ結核感染症課専門官
団員	大　西　英　之	協力計画	外務省技術協力課事務官
団員	上潟口　徳次郎	医療協力	国際協力事業団医療協力部特別嘱託
団員	岩　本　園　子	研修企画	国際協力事業団研修事業部研修第一課

1－3　調査団日程

月　日	日　　程
3/16（水）	成田－－＞マニラ移動
	大使館とPhillipine Population Associationによるブリーフィング
3/17（木）	JICA事務所表敬、保健省エイズプログラムマネジャー訪問
	保健省研究検査部及びサンラザロ病院訪問
3/18（金）	USAID 表敬、同エイズプログラム担当者によるブリーフィング及び
	意見交換、ReachOut及び Remedios 訪問（NGO）
3/19（土）	Jose B. Lingad Memorial Regional Hospital 訪問
	（吉原団員合流）
3/20（日）	資料整理
3/21（月）	熱帯医学研究所(RITM)訪問、保健省監視担当次官補訪問
3/22（火）	赤十字血液銀行部門及びHoly Redeemer Blood Bank訪問
	WHO/WPROエイズ担当者訪問
3/23（水）	国家経済開発庁訪問(NEDA)、保健省長官表敬、同エイズプログラムマ
	ネジャー調査結果報告
3/24（木）	大使館／JICA調査結果報告
	マニラ－－＞成田移動

1－4　主要面談者

保健省	Dr.Juan M.Flavier,	Secretary of Health
	Dr.Linda L.Milan,	Assistant Secretary, External Relations
	Dr.Manuel M.Dayrit,	Assistant Secretary, Field Epidemiology Training Program
	Dr.Mark E.White,	Coordinator
	Dr.Dennis Maducdoc,	Program Manager, National AIDS Prevention & Control Program
	Dr.Ma.Elena F.Borroneo,	Medical Specialist−STD/AIDS
	Dr.Rineveth Bernal,	MSII−STD/AIDS
Bureau of Research & Laboratory (BRL)		
	Dr.Marietta D. Baccay,	Director, Ⅳ
	Dr.Nenita S. Canafrauch	
San Lazaro Hospital		
	Dr.Virgilio Gonzales,	Medical Officer, Chief Ⅲ
	Dr.Edna Santiago,	Medical Specialist Ⅲ
Research Institute for Tropical Medicine (RITM)		
	Dr.Remigio M.Olveda,	Director
	Dr.Mary Ann Lansang,	Assistant Director
	Dr.Noel L.J.Miranda,	OIC, Research & Training Div.
	Ms.Ester M.Ramono,	OIC. Chief Nurse, Administration Div.
	Dr.Celia C.Carlos,	OIC, Microbiology Dept.
	Dr.Mari Rose Aplasca,	OIC, AIDS Reseach Group
	Dr.Fem Julia E.Paladin,	Head, Virology Section,(National Research Center for HIV Testing)
Jose B. Lingad Memorial Regional Hospital, San Fernando, Pampanga		
	Dr.Carlota B.Manzano,	regional Pathologist, Region 3
National Economic Development Authority (NEDA)		
	Mr.Eugenio B.Inocentes, Ⅲ	Assistant Director, Public Investment Staff
	Ms.Ailene S.Ruiz,	Chief, Health Nutrition Facility Planning Div., Social Development Staff
Phillipine National Red Cross		
	Dr.Elepoldo P.Magpusao,	Physician In−charge, National Blood Center

Dr.Cecilia Francisco, OIC, National Blood Program

Holy Redeemer Blood Bank

Dr.Jesus M.Garcia

Mrs.Ellen P.Garcia

USAID

Mr.Thomas W.Stukel, Director

Mr.Richard Johnson, Deputy Director

Dr.Emmanuel Voulgapoulos, Chief, Office of Population, Health and Nutrition

Dr.Corazon R.Manaloto, Public Health Advisor

Ms.Patricia A.Moser, AIDS Surveillance & Education Project

Dr.Asuncion A.Paraan, Consultant/BRL-Regional Health XI

Ms.Cameron Pippitt, Project Development Officer

PATH (Program for Adaptation of Technology for Health)

Ms.Leona D'Agnes, Country Ditector

Ms.Carmina Aquino, Consultant

World Health Organization

Dr.Rabin M.Sarda, Medical Officer

Mrs.Lorraine Kerse, Nurse Educator, Global Program on AIDS

伊藤　隆　技術移転特別プログラム担当医官

岡部　信彦　感染症地域アドバイザー

ReachOut (AIDS Education Foundation)

Mr.Jomar Fleras, Managing Director

Dr.Joan Castro

Remedious AIDS Foundation

Ms.Pia Arboleda, Executive Director

Ms.Marianna S.Balquiuedra, Associate Director

The Phillipine Population Association, Inc.

Ms.Florina Iteto-Dumlao, Consultant

在マニラ日本大使館

村山比佐斗　公使

須永　和男　一等書記官（経済班長）

柏樹　悦郎　一等書記官

依田　紀彦	二等書記官
JICAフィリピン事務所	
橋本　明彦	所長
小原　基文	所員
岩崎　英二	所員

2. 要　約

本調査団は8日間に渡り比国の関係施設を訪問、必要事項を調査した結果、以下のような結論に達した。

同国保健省の発表によれば、同国におけるエイズウイルスの感染は1984年2名の患者発生以来1994年1月までに、患者125名、無症候感染者350名、計475名と記録されている。しかし、保健省当局ではエイズ感染の特質上、感染者の正確な把握は困難であり、公表された数字は氷山の一角に過ぎず、実際の感染者は5,000ないし50,000人と推定している。同国赤十字社の調査によれば、供血者100,000人につきエイズ抗体陽性者は27人と言われ、この数字は日本の0.45人の60倍、タイ国の760人の3.6%である。この事実から、現在同国のエイズ流行はアジアのなかでも小規模に留まっていると推定される。

しかし、同国政府はエイズ感染を楽観視してはいない。なぜなら、エイズ流行の危険因子は明らかに同国に存在しているからである。その1は貧困であり、その2は輸血血液検査の不備である。同国では輸血用血液の75%は商業銀行による売血で賄われ、残りの25%は赤十字社及び国立病院付属血液センターによる献血とされている。この輸血用血液の汚染検査は、保健省のBureau of Research & Laboratory (BRL)の指示により、梅毒、B型肝炎、マラリア、エイズ検査が義務付けられているが、明らかに全検体について実施されていない。最近実施した保健省の輸血直前血液の抜き取り検査によれば、約300検体に1検体の割合でエイズ抗体陽性検体が発見されたという。危険因子としての売春は存在し、麻薬常用者のエイズ陽性率は低いといわれる。しかし、気がかりなのは同国においては主として宗教上の理由でコンドームの使用に抵抗があることである。

今回の調査団の意図するところは、米国と協調して比国のエイズ対策に如何に協力できるかを探るものであり、この点でUSAIDの駐在担当官と意見を交換した。その結果、1）エイズの疫学的サーベイランス活動の強化、2）輸血血液の安全検査の確立、3）NGO支援によるエイズの啓蒙活動支援の3点において米国と協調して同国を支援することで理解が得られた。当方で考えていた第3国研修でのエイズ協力については，国内のエイズ検査体制の強化の目的での研修について賛意が得られた。

以上の調査結果に基き、本調査団は現時点で比国に対し、米国と協調してエイズ対策を実施するにあたって、1）HIV感染とエイズ発病状況の正確な把握のための検査診断能力強化によるサーベイランス体制整備支援、2）エイズ対策関係者への研修強化、3）一般大衆及びリスクグループ等へのエイズ教育啓蒙活動の促進の3点の支援を開始することが妥当であると考える。また、上記支援の実施に当たっては、意図される目的が十分達成されるように在比JICA事務所、大使館が支援の過程で十分に関与し、またUSAIDとの連絡も密に維

持することが望ましい。また、上記支援を効果的に行うためには、日本からの専門家の派遣も随時必要となろう。

3．比国におけるエイズ感染状況と対策

3－1　エイズ感染状況

保健省(DOH)が1993年に発表したところによると同国において1994年1月に77の死亡事実を含む累計475件のHIV感染が発表され、このなかには1984年以降発生した125件のエイズ患者と350件の無症候HIVが含まれている。同国では1986年1月からエイズに関してはDOHへの報告義務が課せられ、1987年2月にはDOH内にエイズレジストリーが設置された。その報告結果によると、感染年齢は15～29才が最も多く次に30～44才が多くなっており同症が社会経済発展に与える影響を裏づけている。また、同国では1993年9月までに公的あるいは私的医療機関において約120万件に対してエイズ抗体検査が実施された。

これまでに同国で実施されたエイズ調査結果によると、エイズに関する知識レベルは国全体で見ると78％となっており、世界平均の92％と比較して低くなっている。同症に関する知識及び意識は、一般的に高学歴であるほど、また高収入であるほど高い。年齢層で言うと、青壮年層方が高く、若年及び老年層は低くなっている。性別では男性の方が高いが、ここで留意されるのは、知識や意識が高くとも予防行動に直接結びつかないことであり、一般的に男性はコンドーム使用を好まず実行していない。女性の場合もコンドーム使用を予防方法の最後の手段とする傾向が強く、その前に禁欲、相手の選定や限定等を選びがちである。一方、性産業従事者の使用度は他と比べて高く依頼された場合75％の顧客が使用に協力するそうである。エイズに関する情報を得る媒体としてはTVとラジオが多い。これらの媒体は知識と意識の向上には役立つが、予防等の行動喚起には結びつかない。

同国の特長は200万人を越える海外労働者を抱えること、国内に大きな性産業を抱え外国人の感染者との接触機会が多いことである。海外労働者のある部分は海外において娯楽や性産業に従事しエイズに感染している。実際に1984年同国にて初めてHIV感染が判明した時2名のうち一人は海外労働者であって、1992年の調査でも355例のうち39例は海外感染であった。更に、RITMも海外労働者には国内の売春婦よりもHIV陽性者が多いと指摘している。このグループの特徴のひとつとして男女共にエイズに関する情報量が不足していること、男性の場合国内では考えられない性行動に走り感染機会を助長していることが言えよう。女性の場合予防を含む諸行動を選択する際に男性の決断に依存する傾向が強い。また、比国国民は一般的にエイズ感染者に対し否定的であり感染者を差別する傾向があり同情は余り持たないようである。同性愛者に関して社会的にその地位は認められておらず、彼等を含む性産業従事者を対象とした調査結果によると、その多くが貧困と雇用機会不足を理由に現況に甘んじており、機会があれば転職を希望している。

3－2　エイズ政策概況

1984年に比国で最初のエイズ患者が発見された後、次のエイズ対策及び活動が実施された。

'86　RITM/BRL＋米海軍研究班によるセロサーベイランス開始

2 '87　National Aids Prevention & Control Commitee 設立……(a)
(under the office of the undersecretary for public health)

11 '87　First International conference on Aids in Asia開催

8 '88　National Advisory Commitee for Aids Control……(a)をreplace.
National Medium-term Plan for the prevention & control of Aids (NAPCP)（'89～'93）の承認と実施

'90　The medium term planを修正

'91　National Sentinel Surveillance Plan 実施：ハイリスク・グループのモニタリング

'92　大統領によりJuan M. Flavier が保健長官に任命されエイズ対策が脚光を浴びる。エイズユニットをOffice of special concernsに移し、Ass.Secretary を議長とするNational Advisory Committee 設立。

'93　保健長官を議長とするPhilippine National Aids Council(PNAC)設立

1988年９月には次の12項の政策がエイズ予防対策ナショナルアドバイザリーコミッティで承認され翌年１月には保健長官によって承認されている。この政策が同国における全エイズ対策活動の基本となっている。

(1) 予防とコントロールを対策プログラムの優先事項とする。
(2) 学校教育のカリキュラムにエイズ教育を包含する。
(3) IEC活動の一環としてHIV/AIDSキャンペーンを実施する。
(4) ハイリスクグループを対象にコンドーム使用のキャンペーンを実施する。
(5) 輸血、献血をスクリーニングする。
(6) 強制検査は行わない。ハイリスクグループには検査を奨励する。
(7) 検査結果、カウンセリング、治療内容を公開せず、個人の秘密を守る。
(8) 保健省によりHIV感染例の統計を記録する。
(9) 感染者は適切なカウンセリングと治療を受けられる。
検疫と隔離は行わない。
(10) 患者が必要とする医療と生活保障の提供
(11) 原則として観光客はHIV検査対象外とする。

(12) ビザ申請時に申請者はHIV検査結果を添付申請する。(停止中)

同国エイズ対策には3項目の長期目標がある。

長期目標

(1) HIV感染の減少

(2) HIV感染関連罹病と死亡の減少

(3) エイズが個人、家族、コミュニティに与える影響を抑える。

同様に次の7項目からなる中期目標がある。

(1) 感染者モニタリングの継続

(2) 公営医療機関に持ち込まれる血液をスクリーニングする。

(3) 安全な性行動を助長する保健教育の促進

(4) ハイリスクグループ対象のコンドーム使用の奨励。

(5) 私立、個人医療機関の血液スクリーニングシステムの確立

(6) 注射針と注射器の正しい消毒法の普及実施

(7) エイズが個人、家族、コミュニティに与える影響を抑える。

前述の中期及び長期目標達成のために次の5項目からなる戦略が設けられている。

(1) 性交感染の防止

(2) 血液感染の防止

(3) 注射感染の防止

(4) 母子感染の防止

(5) エイズが個人、家族，コミュニティに与える影響を抑える。

同国のエイズ感染予防対策プログラムであるNational Aids Prevention & Control Program (NAPCP)の実施に必要な予算は1993年度で約835万ドルとなっておりその構成は次のようになっている。

ラボラトリーサービス	54%
臨床看護及び管理	25%
IEC (情報・教育，コミュニケーション)	17%
プログラム管理	2%
監視 (サーベイランス)	2%

上記プログラムの実施上の構成は、次のようになっている。

(1) IEC：保健省(DOH)内Public Information & Education Serviceにて調整。

1992年7月にUSAIDの協力を受けAIDS Surveillance & Education Project (ASEP)によりIEC活動の基本となるA Communication Strategyを策定した。ASEPのIEC部分は独立したサブプログラムとして米国NGOのPATHと共同して比国NGOにより直接実施される。ASEPはHIV感染監視機構の確立とIECを通したHIV感染の減少を促進する。本プログラムでは一般大衆とキーグループに分けた対応が行われ、又、学校教育を通してのエイズ教育もDOH,DECS等による補助を受けて実施される。

(2) ラボラトリーサービス：RITM (National Reference Center) & BRL (National Reference Laboratory)担当。

HIV感染確認テスト実施、テストキットの認定、検査技師の研修と認定、検査手順の規定、検査施設の認定を実施する。

(3) 臨床看護及び管理：San Lazaro Hospital & RITM

サンラザロ病院はNational Reference Hospitalであり初期診断と治療及びヘルスワーカーの訓練を行う。RITMには限定された看護収容設備しかない。

(4) 監視：CDCS, HIS, NQS, FETPで実施。

DOH内に設置されたField Epidemiological Training Program (FETP)にエイズレジストリーが整備され、HIV感染とエイズの診断及びエイズのケースレポートが行われる。HIV抗体テストは130あるSocial Hygiene Clinicのうち5ケ所、全ての地域病院／検査所と医療センター及び42の私立病院で可能である。93年末の時点においては約120万件のエイズテスト結果が報告されている。HIV感染確認テストはBRL, RITM, 及びNAMRU－Ⅱで可能であり、血清サーベイランスに関しては国内14の都市で実施中であり、その一環として地域病院／検査所と血液銀行も検査結果をDOHに報告することとなっている。ハイリスクグループを対象とするセンチネルサーベイは94年に4ケ所で実施され、将来的には14ケ所に拡張される予定である。

同国エイズ感染予防対策プログラムの意思決定最高機関は比国ナショナルエイズ審議会(PNAC)であり、大統領令により1992年12月に設立された。その下部機関としては、ナショナルプログラムの実施機関であるNAPMCに助言を与えるナショナルアドバイザリーコミティー(NAC)があり保健省次官補を議長とするRITM, BRL、サンラザロ病院、CDCS等の関係者で構成される。また，ナショナルプログラム実施の調整とモニタリングには保健省内のエイズ／STDユニットが当たっている。

第2期中期エイズ計画(NAPCP)開始を控え、WHOと比国の専門家により第1期計画

('88～'93) の中間評価が実施された。評価結果は次のようになっている。

(1) IEC

一般大衆の意識向上が見られNGOが行っているIECサービスをハイリスクグループが以前よりも頻繁に利用するようになった。HIV／エイズ教育を教育・文化・スポーツ省が学校教育カリキュラムに入れること、同輩による教育とカウンセリングの活用にも成功している。しかし、中央と地方では計画と実施能力において能力に格差があるようである。

(2) ラボラトリーサービス

施設は改善されたが、依然一般大衆の使用は限定されている。試薬等サプライが頻繁に欠乏する。

(3) 患者の看護

私立病院では患者の治療を行うことに抵抗があり患者に対する差別が始まっている。

(4) 監　視

Sentinel surveillance実施に遅れが見られる。HIV／エイズ統計が活用されておらず、エイズ検査結果に関する秘密を守る政策が欠如している。

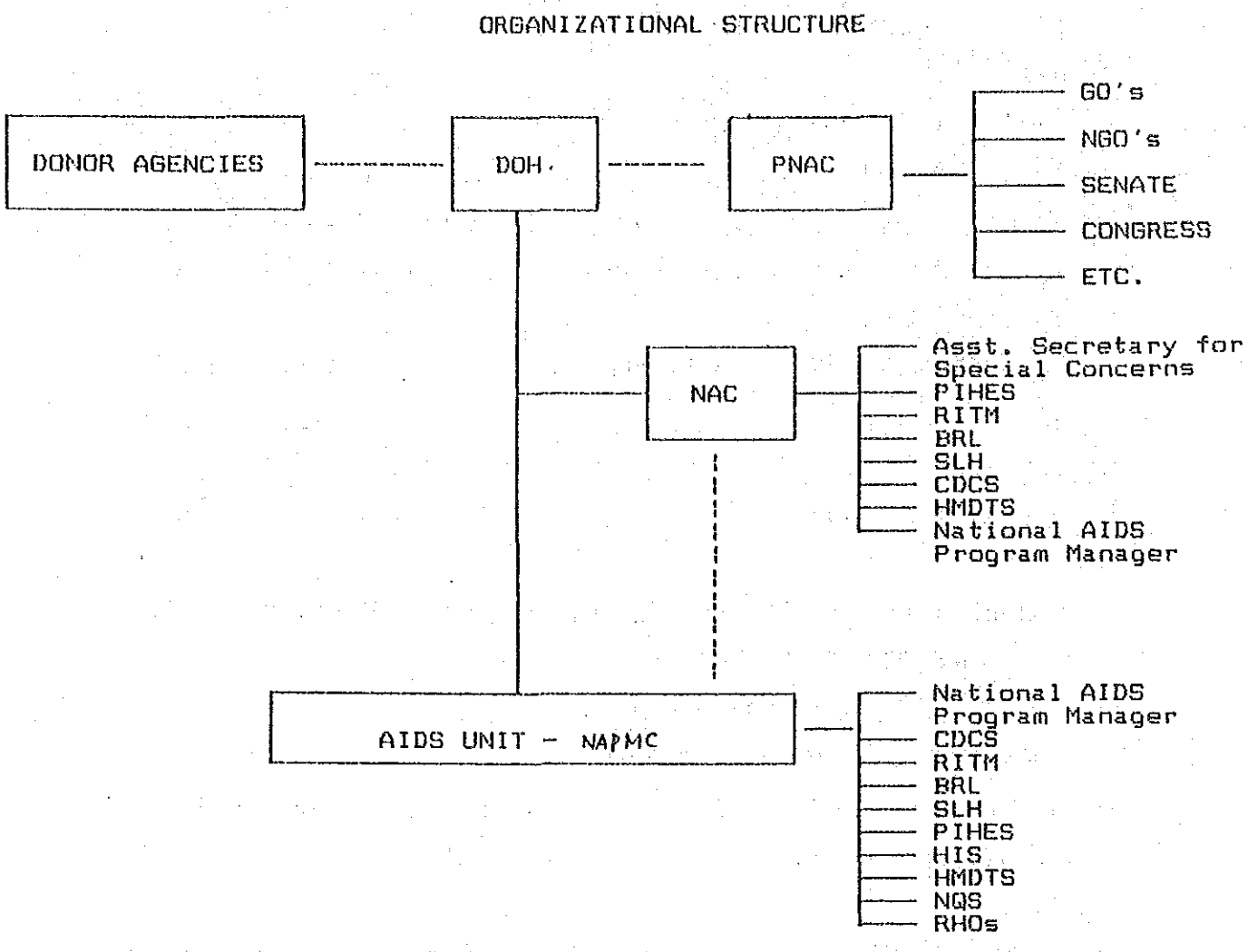
上記を踏まえて下記の助言が与えられた。

(1) 性産業従事者に対するHIVテスト政策の見直し。

(2) 監視に関しエイズ検査結果の秘密性が保持され、DOH内FETP (Field Epidemiological Training Program)が責任を持って監視とデータ収集体制を整備し、実施することが肝要である。

(3) ラボサービスに関してはテスト、レファレンスそして研修機能に対する需要に対応できるようRITMとBRLの役割を見直す必要がある。

(4) IEC活動に関しては、地方名士の活用を重点としNGO間の強力なネットワーク構築を目指す。ヘルスワーカー対象のカウンセリング能力、意識と行動を改善する技術の研修実施等。



PNAC - Philippine National AIDS Council

NAC - National Advisory Committee

NAPMC - National AIDS Programme Management Committee

図－1　比国エイズ対策体制

3－3　エイズ分野でのNGO活動

1992年にHIV/AIDSネットワークが結成され38組織が所属する。主な活動内容には、IEC/ADVOCACY、研修及びサービスがある。

(1) IEC/ADVOCACY

－定期刊行物発行

－メディアを通じての、正しいエイズに関する知識の促進：TV、ラジオ、新聞、ビデオその他

－カウンセリング

ドロップインセンター

ホットライン

クリニック

－世界エイズデイ記念典（1993年12月）

－第1回世界エイズ・ビデオ・ポスター祭（1993年3月）

－法案15件ペンディング中

(2) 研　修

－性産業従事者対象同輩カウンセラー研修

－同性愛者対象エイズ予防研修、セックス日記の奨励

－医学生・看護学生・助産婦・歯科技工士対象のエイズ予防セミナー

－大学ソロリティー・フラタニティー対象同輩カウンセラー研修

－家族計画担当者対象エイズ研修

－女性ボランティア研修

(3) サービス：避妊、性感染者、HIVテスト、ドロップインセンターに関する情報サービス

－妊娠テスト

－自主的コンフィデンシャルHIVテスト

－技能訓練

－麻薬使用者・性産業従事者対象のドロップインセンター及び該当者のサンラザロ病院への紹介

－図書館、ビデオ等情報サービス

－カウンセリング

論　点

－活動内容が、IEC/ADVOCACY、ネットワーキング、研修に集中

－ロデスティックス、物資サプライ、検査関連サービスや施設整備、研究分野での活動

は少ない。

－NGO個々の能力を基に需要に対する活動の方向づけが必要。

主なNGO

1. Foundation for Adolescent Development (FAD)
2. DKT International (Philippine Social Marketing Program)
3. Family Planning Organization of the Philippines (FPOP)
4. Health Action Information Network (HAIN)
5. Institute of Maternal and Child Health (IMCH)
6. Institute for Social Studies and Action (ASSA)
7. Kabalikat ng Pamilyang Pilipino (Kabalikat)
8. Population Services Pilipinas, Inc. (PSPI)
9. Philippine NGO Council for Population, Health and Welfare (PNGOC)
10. ReachOut AIDS Education Foundation (ReachOut)
11. Third World Movement Against Exploitation of Women (TW-MAE-W)
12. Remedios AIDS Foundation, Inc.
13. WomanHealth Philippines, Inc. (WomanHealth)

4．調査結果

4－1　エイズ対策実施体制

同国において最初のエイズ感染患者が発見されたのは1984年であり、発見された2名のうち1名が外国人旅行者、他の1名が帰国海外契約労働者であった。1986年には国内に大規模な米軍基地を保有することもあり米国海軍医学研究班(UMRUII)が熱帯医学研究所(RITM)と保健省研究検査部(BRL)と共同でセロサーベイランスを開始している。その後、同国でもエイズ対策整備の必要性が高まり、1987年に保健省公共保健局のもとでエイズ予防コントロールコミッティー(NAPCC)が設置された。保健省はNAPCCが米国の協力を受け1988年に中期（'88～'93）エイズ予防コントロール計画(NAPCP)を取り纏めたことにともないNAPCCをエイズコントロールナショナルコミティー(NAC)と改編し、運営体制の整備を行い、同年8月には前述中期計画を実施に向けて公表した。現在では、中期計画第2期（'93～'97）実施中であり、計画の実施には保健省、RITM, BRL、サンラザロ病院等の関係機関で構成されるナショナルエイズマネジメントコミッティー(NAPMC)が当たっている。NAPMCには保健省内エイズ/STD班が調整と監視業務を提供し、前述のNACが上部機関として助言や実施状況を監査している。また、国のエイズ対策の最高機関としては、1992年に大統領令により設置された保健長官を長として政府機関、財界、NGOの代表で構成される比国ナショナルエイズ審議会(PNAC)がある。現長官であるフラビエール氏はNGO出身であり1992年に選出されたが、献血運動を始め活発なエイズ活動を展開している。

エイズ対策の方針としては、前述中期エイズ計画(NAPCP)のなかで次の12項目が定められており、同国における全てのエイズ対策はこれに準じている。

(1) エイズ予防をプログラム最優先事項とする。
(2) 学校教育の中での一貫したエイズ教育の推進
(3) 情報提供を含むエイズキャンペーン
(4) コンドーム使用促進キャンペーン
(5) 献血、採血時のスクリーニング促進
(6) 制度的な強制血液検査を行わない。（インフォームコンセント）
(7) 検査結果等個人に関する秘密保護
(8) 保健省による監視及び統計情報の整備
(9) 感染者の適切な看護とカウンセリング
(10) 感染者への医療と生活保護の提供
(11) 観光客に対するHIV検査の免除

⑿　長期滞在査証申請時におけるHIV検査結果要求（停止中）

上記に関し保健省は予防促進目的でのIEC活動及び学校教育に統合されたエイズ教育の強化、それと監視体制強化目的でのエイズ検査機能と体制整備確立を最優先課題としている。

エイズ感染症には治療方法がいまだに発見されていないために感染の予防が最も効果的であり、ここに重点が置かれている。感染予防促進目的での情報提供、教育、啓蒙促進活動には米国や豪州を初め海外からの援助が集中し、同国においてはこれらの援助を受けたNGOが本分野で積極的な活動を展開している。

前述の中期エイズ計画はIEC、研究検査、治療看護、監視の活動分野をもって構成され保健省及び関係機関が分野毎に責任を持って活動を実施している。エイズ政策の最優先事項のひとつであるサーベイランス（監視）に関しては、保健省公衆衛生サービス室に設けられている疫学調査研修計画(FETP)が全国的な感染者の登録と統計の作成を行っている。エイズレジストリーはここに設置されている。サーベイランスには、輸血採血時等の血液検査によるもの；全国に15ケ所ある地域病院／検査所及び血液銀行から報告されるもの；性病クリニックでの自主検査結果とNGOによる自主検査キャンペーンの結果；性産業従事者、海外契約労働者、同性愛者に対するサーベイランスと主に４つの情報源を利用して実施されている。HIV感染者が発見された場合には、強制的には各地域病院／検査所を経てFETPに報告されるが、私立の病院や検査所等が直接報告する場合もある。しかしながら、現状では全国レベルでの監視体制が整備されているとは言えず、保健省ではWHO、米国、豪州等の協力を得ながらその整備に努めている。

４－２　エイズ感染状況

保健省発表によるHIV感染・エイズの動向は1994年１月時点において次のとおりである。

表－1　HIV/AIDS感染状況

年	Asymptomatic HIV	AIDS			UNCLASSIFIED	TOTAL
		ALIVE	DEAD	TOTAL		
８４	0	0	2	2		2
８５	6	0	4	4		１０
８６	２１	1	7	8		２９
８７	２６	4	8	１２		３８
８８	２１	4	１０	１４		３５
８９	３２	2	5	7		３９
９０	５２	2	１４	１６		６８
９１	６６	4	9	１３		７９
９２	５２	8	9	１７		６９
９３	６１	２３	8	３１	8	１００
９４	5	0	1	1		6
計	３４２	４８	７７	１２５	8	４７５

保健省の公表数字は上記のとおりであるが、同国においては実際には５千人から５万人の感染者／患者が存在すると推定される。この推定は、１）受動的推定（病院、検査所から保健省への報告）、２）積極的推定（保健省が売春婦等のハイリスクグループ対象に調査）によってなされるが全国民を対象にしていないために実際には報告されているよりも多い感染者と患者が存在するものと考えられる。上記で感染者数を推定した際に使われた根拠は次のようなものである。

(1) 比国のハイリスクグループの感染者は0.1%であり、全国民がこれに該当する場合75,000人（人口7,500万人の0.1%）が感染者と患者総数の上限となる。

(2) WHO/GPA (Global Program on Aids)は報告数の10～100倍の患者と感染者が存在すると推定している。

我が国にも数千から数万人の感染者と患者が存在すると言われ、比国の現時点におけるエ

イズの蔓延状況は我が国に近似している。そのために、我が国がエイズ対策として推進している国民に対する啓蒙普及活動や監視体制の強化と同様に、比国においてもIEC活動等のエイズ教育の促進や監視体制の確立を図り感染の発生を抑制することが早急に必要である。なお、WHOは比国のエイズ感染率がタイ国と比較して低いのは性風俗産業を通じた感染が少ないこと、注射針を介する麻薬薬物常用者が少なく従ってこの分野の感染者が少ないことを指摘している。

表－2　性別及び年令層によるHIV陽性者
AIDS/HIVレジストリー（'84－Jan'94）

年齢層 Agegroup (years)	女 Female	男 Male	不明 Unknown	計 TOTAL
0 - 14	4	7	0	11
15 - 29	154	67	0	221
30 - 44	40	115	0	155
45 >	6	25	0	31
Unknown	22	31	4	57
Total 計	226	245	4	475

Source: Department of Health AIDS Registrar's Office
資料；保健省エイズレジストリー・オフィス

表－3　通報済HIV/AIDS感染経路

Modes of Transmission	January 1 - 31, 1994 (n = 6)			Cumulative: 1984 - Jan. 1994			TOTAL
	HIV	AIDS	Unknown	HIV	AIDS	Unknown	
Sexual							
Heterosexual	2	0	0	184	60	2	246
Homo/Bisexual	0	0	0	33	52	0	86
Blood/blood products	0	0	0	2	3	0	5
Needles & syringes	0	0	0	2	1	0	3
Mother to Infant	1	1	0	4	4	0	8
Unknown	2	0	0	117	5	6	128
	6	1	0	342	125	8	475

Source: Department of Health AIDS Registrar's Office

4－3　熱帯医学研究所(RITM)におけるエイズ研究

(1) 概　要

RITMはJICAの援助により設立された研究所であり、マニラ郊外のモンテンルパの丘の上の見晴らしの良い場所にある。基礎的研究を行う研究棟および病院、研修棟がある。病院は1階は外来とそれに付随した施設、2階は入院病棟になっている。病室は大部分が個室であり、エイズのためには1部屋（ベッドは患者用と付き添い用と2台）用意されている。2階建の研修棟は大講堂1つおよび複数のセミナー室、実験室があり、1回に100以上の講義、30人程度の実習が可能である。別棟に3階建の宿泊施設があり、トイレとシャワー（湯は出ない）がある個室（一泊約2400円）と2人部屋を合わせると60～70人宿泊ができる。ただし、クーラーの付いた部屋は3部屋のみである。病院に接続して研究所がある。

(2) 機　能

RITMの機能の1つはNational Health Reference Centerである。HIVに関してのRITMとBRLの役割の違いはBRLが公立病院や赤十字血液センターの陽性サンプルの確認やそれらの医療従事者に対する指導および教育であるのに対して、RITMは民間病院、検査センター、血液銀行（売血所）のスクリーニングで陽性となった検体の確認試験、民間の検査室や血液銀行の技師に対する技術講習、検査試薬の品質管理と評価および研究活動などである。RITMは1985年からエイズ研究が始まり、1988年からは国内の医療従事者を対象にした研修および第三国研修が開始されている。

(3) 活　動

比国のエイズ研究の中心的存在であり、調査、研究、教育等多岐にわたり、活躍している。活動は大きく次の4つに分けられる。

1. Surveillance,　2. Clinical Management and Care,　3. Laboratory Services,
4. Communications and Health Education

これまでのエイズに関する主な活動とその期間は下記の通りである。

	期　間
1）Surveillance	
a）マニラを中心に男性および女性のcommercial sex wokers	1985～1992
b）海外労働からの帰国者	1989
c）国立血液センターの献血者	1990
d）母児感染	1991
2）HIV感染者およびエイズ患者の看護と追跡調査	1986～現在
診断上の検査の完備、追跡とカウンセリング	
エイズの発症予防と治療	

3）Laboratory

a）Private Lab. からの陽性検体についての確認試験	1987～現在
b）HIV検査試薬の評価	1988～現在
c）Private Lab. の医療従事者に対するワークショップ	1988～現在
d）p24 抗原検査、CD数、血中ウイルスなどの検査	1987～現在
e）安くて検査効率の良い方法の開発	1990～現在

・血清を5～10検体をpoolして検査する方法の検討（経済的）

・ろ紙で採取した血液の検査システムの有用性（輸送に便利）

f）マニラにおける検査室の検査技術の評価	1991～1992
g）品質評価の国際的プログラムへの参加	1988～現在

4）教育活動

a）国外、国内、地方での講演と講義：100回／年	1985～現在
b）売春婦（夫）に対してAIDS/STD教育	1989～1990
c）医療従事者に健康教育の指導	1990～現在
d）高校生のためのエイズ教育	1992～1993
e）海外労働者に健康教育	1993～現在
f）売春婦に対するAIDS/STDカウンセラーと教育法の開発	1993～1994
g）医師、看護婦、ソーシャルワーカーのための2～5日間教育コース	1991～現在
5）テレビ、ラジオ、新聞などのトークショウーへの参加	1985～現在
6）経　済	
エイズが比国に与えうる経済的影響の調査	1993～現在
7）HIV感染者のための生計援助	1991～現在
8）第三国研修	1988～現在

1年交替で行う急性呼吸器感染症(ARI)と下痢性疾患(DD)に併せてエイズウイルス検査のコースがある（附属資料4－4、Anex 1の1993年のプログラムを参照)。

9）国内におけるHIV検査熟達コース

1994年は5日コースを4回実施した（附属資料4－4 Anex 2)。1993年のコースの内容を添付する（附属資料4－4 Anex 3)。

(4) 問題点と今後の対策

1）施設および機器

メインテナンスがよくされているし、有効に活用されている様子である。特にセミナールームはフルスケジュールである。

2）研究成果は行政および現場に応用されている。例えば、HIV検査に5本まとめて検査するpoolingはHIV感染者の少ない比国では有効であり、WHOでも採用されている。島の多いこの国ではサンプルの輸送にろ紙による採取は有効である。

3）熱心に仕事をしている様子であるがスタッフが少ない。LoboratoryはHIVだけの専任者が一人もいない。

4）第三国研修はARIやDDに付随した形で研修がされているため、参加者の中にはエイズ検査に従事していない研修生もいる。逆にエイズ担当であり、ARIやDDに関心のない参加者もいる。研修の成果を上げるためにはそれぞれの担当者が受講することがのぞましい。エイズ研修を独立させ、日数を増やして、現行の抗体検査に加えて、PCRなどの病原検査を加えたカリキュラムによりエイズ分野の研修を充実させて欲しいとの要望があった。

調査団側の意見としてもPCRは研修のみならず特に母子感染の早期診断には必須な検査であるので、ルーチンのHIV感染診断にも活用できようset upしておく必要があると認められる。また、PCRのない国の研修生であってもこのような手段を用いれば早期診断が出来るという事を知ることは意義があるし、比国に検査依頼のルートを作っておけば検査が可能であろう。ただし、検査する場合の試薬など消耗品はだれが面倒を見るかをはっきりさせておくべきである。

5）比国内にリンパ球の状態を知るFlow Cytometerが1台もない状態である。HIV感染者の予後の予測、治療、モニタリングに必要であり、CD4数、T4/T8を検査出来ない状態ではエイズ患者を正確に把握しているかどうかも疑問である。Flow Cytomenterは是非整えたいところであるが使えるようになる為の技術講習、メインテナンスおよび消耗品の供給を考慮する必要がある。

4－4　血液事業におけるエイズ対策

(1) 現　状

比国の血液事業は赤十字血液センターのボランティア献血（無償）と商業的血液銀行の商業的供血（売血）の2種類がある。主に全血採血であり、成分採血はほとんどない。売血が全採血量の70～80％を占める。我が国の1960年代始めの状況である。原則的にはHBs抗原、マラリア、梅毒およびHIVの検査が行われることになっているが、赤十字血液センターにおけるHIV検査は全国の赤十字血液センター44カ所のうち採血量の多い17カ所でしか検査されていない。これは全採血量の50％に過ぎない。採血バッグのおもてにHIV検査の有無を貼って供給している。

商業的血液銀行は全血液に対してHIV検査をおこなうことになっている。報酬は500㎖

で150ペソであり、病院には400ペソで渡される。病院は患者に約1500ペソを要求する（病院によって値段は違う）。

視察した商業的血液銀行はスクリーニング検査はPA法で行い、陽性の場合はRITMに確認試験を依頼する。PA法の試薬の原価が65ペソ、HBs抗原など他の検査試薬や採血バッグ、注射器、人件費などを含めると相当額になる。諸経費から考えて全ての血液を検査しているとは思えない。また、面会した経営者の部屋の隅のテーブルに試験官立てと検査試薬や機器が並んでいたが常に使っている雰囲気ではなかった。２つの採血用ベッドは採血中であり、入口に数人が順番を待っていた。

(2) HIV抗体陽性率

各施設の担当者によれば赤十字血液センターは10万本に27本、商業的血液銀行は10万本に６本の割合でHIV抗体陽性が見つかる。しかし、赤十字血液センターのHBs抗原検査済み血液を病院や診療所で再検すると陽性例がみつかる。最近実施された抜き取り検査でHIV抗体陽性血液が４本見つかり、３本は商業的血液銀行から、１本は赤十字血液センターのものであった。

(3) 問題点と今後の対策

1）赤十字血液センターの全血液につきHIV検査を実施すること。そのためには①試薬の供給②検査技術の講習が必要である。①については当面無償供与する必要がある。試薬としては高感度であり、しかも特殊な機器を必要としない凝集法のPA法（セロディアHIV、富士レビオ製）が適している。赤十字血液センター側も抗体をまとめて検査するpoolingなど効率的な検査法を検討すべきである。②については現在HBs抗原の検査が凝集法で行われているので短期間の研修で技術の修得が可能であろう。

2）売血を廃止してボランティア献血による献血率を上げるための努力

我が国でも売血から献血に切り替えたことによって輸血後肝炎が激減したことは周知の事実である。そのためには①住民の献血意識の向上（採血時の傷み以外に血を抜かれる恐怖などがあると聞いた。）②献血移動車による採血（現在日赤から供与された車が３台あるが古くて使えない）③PR活動。

3）商業血液銀行の検査の徹底

HIV陽性率が血液センターよりも低いことおよび再検査や抜き取り検査でHIV陽性およびHBs抗原陽性例が見つかることなどから検査が完全に実施されているかどうか疑問である。

4）BRLの能率化と活性化

BRLの検査室がフルに稼働しているとは思われない。午後４時前に視察に行ったが検査室が活発に使われていた形跡がなかった。

4－5　USAIDのエイズ分野での協力

米国は比国内に大規模な軍事施設を長年にわたって保有したためにエイズが軍事施設に従事する同国民に与える影響を考慮した上で、1984年に比国での最初のエイズ患者が発見された直後より米国海軍医学研究班(UMRU－Ⅱ)により比国保健省と共同で感染者の監視を開始している。比国は1988年に中期エイズ計画(NAPCP)を纏めたが、米国はUSAIDを通じてその作成にも協力し、実施に当たっては360万ドルを1988年から1992年の期間に直接保健省に対して供与している。この援助は、IEC活動の強化；エイズカウンセリングに係る研修；エイズホットラインの運営；地域保健所の機能強化；NGO活動支援；コンドーム拡販調査の実施に使用された。更に、1993年から1997年の期間にはWHO及び保健省と共同でエイズ監視教育プロジェクト(ASEP)を実施する計画であり約660万ドルを予算計上している。本プロジェクトは監視部門とIEC部門で構成され、監視部門ではエイズ感染状況の正確な把握とエイズ対策実施のサポート体制を確立するために全国レベルでのサーベイランスネットワークの整備を目標に約210万ドルを拠出するが、実施自体はWHO/WPROが保健省と共同で行う。このプログラム実施により、戦略的で全国を網羅する監視体制が確立される事となる。ASEPのIEC部門には約450万ドルの予算が計上されHIV感染を抑制する行動の促進とNGOネットワークの確立を目的とした活動が展開される事となる。当該部門はASEPの中の独立したサブプログラムとしてとらえられ、米国NGOであるPATH(Program for Appropriate Technology for Health)が運営を任せられている。この分野での活動は、比国中期エイズプログラムであるNAPCPとの協調部門としてとらえられ、選定したひとつあるいは２つのNGOを機能強化し、そこから他のNGOに拡張していくことが計画されている。

USAIDとのエイズ分野での協調強力の可能性が当調査団との間で協議された。その結果、監視体制強化のために検査施設の機器の整備が必要であり、この分野で米国との補完的協力が可能であり、更にエイズ教育の普及と活動強化のためのNGO支援の分野で、米国は機器の供与が制度的に不可能なために我が国との協力が可能と判明した。なお、比国では保健長官の方針でNGOが直接外国援助を受けられる仕組みができている。機器の供与には、小規模無償資金協力や海外青年協力隊との連携等で可能であろう。

4－6　世界保健機構(WHO)のエイズ分野での協力

WHOは西太平洋地域事務所(WPRO)を通じて保健省に対してエイズ予防を中心とした政策策定、プログラム実施管理、研修、啓蒙普及活動計画等の分野で協力している。WHOの資金からは30万ドルがエイズ分野に割り当てられ、その内25万ドルがエイズ対策プログラムの運営に使われ、５万ドルは専門家の雇用や個別事業に使われている。また、WHOは予算

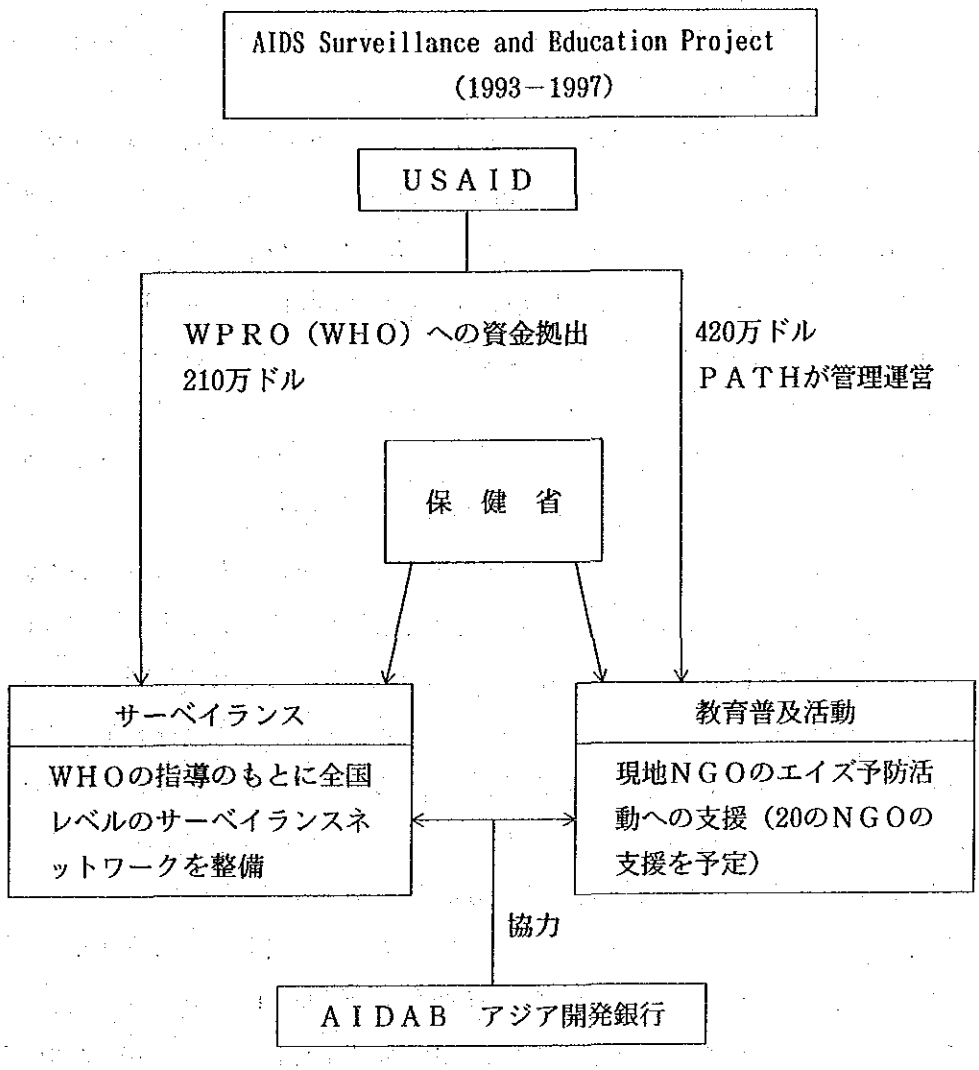
から最低15％はIEC活動を促進するためにNGO支援に使うように保健省に対して指導している。USAIDはエイズ監視教育プロジェクト(ASEP)監視部門の実施をWHOに委託しており約210万ドルの予算が計上されている。この分野での協力として、現在では130あるSocial Hygiene Clinicのうちわずかに9ケ所でしかHIVのスクリーニングが出来ないので、これを30ケ所で可能となるよう保健省と共に監視体制強化に努めている。WHOとしては民衆のエイズに対する恐怖心及び否定的な心理面を考慮して、性病検査に含まれたHIV検査を実施させる意向である。保健省が実施中の中期エイズ計画実施管理の指導として、WHOはプログラム管理専門家を保健省内エイズ／HIV班に派遣している。

WPRO管轄地域でエイズ対策の実施が必要な国は、ベトナム、カンボディア、ラオス、比国、中国（南部）であるとのことであった。

（参考１）USAIDのエイズ分野の協力実績及び予定

1988～92	360万ドル	上記イの活動
1993～97	630万ドル 120万ドル	上記ロの活動 上記ロの個別の研究、評価等への協力
1993	5.5万ドル	血液銀行等調査研究
1993～94	25万ドル	AIDSCAP（性交感染症等への研究）

（参考２）USAIDの事業計画



図－２　USAIDの事業計画

4－7　NGOの協力

比国におけるエイズ対策の特徴のひとつはIEC分野でのNGO有効活用である。この政策を促進するために外国からの援助は政府機関を介することなく、直接NGOへ供与可能な仕組みになっており保健省は調整業務に当たっている。USAIDによると保健省の調整機能が十分機能しておらず、またNGO個々の能力が弱いにもかかわらずひとつでエイズ対策に要求されるすべての機能を具備しようとする傾向があり更なるNGOの活動方向指導が必要との指摘があった。現保健長官は、NGO出身者であり、会見の際NGOへの協力の際はNGOにも実力に差異があるのでNGOをまとめる団体を介して援助をしたらどうかという助言もあった。同国におけるエイズ対策の最高機関は保健長官が議長を努め国の機関とその他のセクター代表者で構成されるPNAC (Philippine National AIDS Council)であるが、５つのNGO５組織代表が席を保有する。

同国では、USAIDが積極的なNGOの支援を行っており、1992年から1997年の期間に約210万ドルを拠出する計画である。この援助はASEPというエイズに関する監視と教育強化プロジェクトのIEC分野であり、米国NGOであるPATHが比国NGOと共同で活動を実施することとなっている。約20のNGOがPATHに援助申請を行い援助を受けているが、申請から資金の拠出には約１ケ月がかかっている。援助は活動資金、研修には使用できるが、車両や視聴覚機器の購入には適用しない。米国以外にも豪州もAIDABを介してIEC/ADVOCACY分野で1993年から1995年の間に179万オーストラリアドルの予算で５つのプロジェクトを実施する予定である。一般的に言いどのNGOも資金難に苦しんでいる。

NGOによるエイズ活動は1988年に開始され、年を追うごとに活発になっているが、1993年にHIV/AIDSネットワークが情報を交換し活動を強化拡張することを目的として約30の組織で結成された。調査団は代表的NGOのひとつであるReachOutを訪問した。代表者の話では、活動資金はオーストラリア政府、リーバイスジーンズ、ドイツ政府、American Foundation For Aids、その他の寄付等で賄い比国政府からは全く得ていないとのことだった。活動自体は、10名のフルタイムのスタッフ、25名のパートタイムでのカウンセラーそして25名の学生ボランティアで実施しているが、協力者総数は約400名だという。IEC活動の一環として、ここでは50万ペソの予算で400部のエイズ教育ビデオを作成し中学校と高校に配布し表彰されているが、予算のうち23万5000ペソをUSAIDから援助されている。本NGOではエイズホットラインも午前10時から午後10時まで運営しているが、かかって来る電話のほとんどが感染に対する恐れから感染時の症状を聞くものであり、かけてくるものの80％が男性、70％が独身、そして60％が学生とのことであり、年齢に当たっては５才から71才の広範囲に渡っていた。

5．提　言

HIV感染者、エイズ患者数が相対的に少ない比国の現状においては、主要な感染の危険因子への対策を講じることにより感染者の発生を抑制することが極めて重要な課題である。そのための対策として、以下の3項目に優先度を置くことが有効な手段であると考えられる。

(1) HIV検査を行うラボラトリーの検査能力強化と、感染者統計収集ネットワークの整備および輸血用血液スクリーニングによるHIV感染サーベイランスの確立を行いHIV感染の発生状況を正確かつタイムリーに把握して、適切な対応を可能にする。

(2) エイズ対策のさまざまな活動に従事する保健医療要員の教育・訓練を行い、エイズ対策事業を実効あるものとする。訓練の対象としては、サーベイランスにかかわる検査技師、統計情報担当者、患者のケアを行う医師、看護婦等が考えられる。

(3) 一般大衆及びリスク・グループを対象としてエイズ及びエイズ予防に関する知識を普及するための教育活動を促進する。

我が国の協力も、これらの優先度の高い活動を支援することが望ましく、以下の計画の実施可能性について更に詳細に調査・検討することが望ましい。

1）HIV検査キットの供与によるサーベイランスの強化と輸血血液の安全性確保

エイズ対策を進めていくためには、正確なサーベイランス・データを迅速に入手することが必要である。そのためには、HIV検査を実施する保健省内のBRL、全国15カ所のリージョナル・ラボラトリー、SUAIDが援助の対象としているSocial Hygiene Clinicsなどの検査・診断施設の能力向上のために必要な施設にHIV検査キットを供与することが効果を上げると期待される。

エイズ・サーベイランスの戦略としては、特定のリスク・グループを対象としていくつかのサーベイランス地点で定期的に調査するセンティネル・サーベイランスがUSAIDの援助(ASEP)で実施されている。このASEPのサーベイランスと協調して同プロジェクトの終了する1997年まで継続して検査キットを供与することによる相乗効果が期待できる。

もうひとつのサーベイランスの方法として、全国各地で採取される輸血血液を検査することによる継続的な感染のモニタリングが考えられる。現在、フィリピンでは民間業者による売血が全輸血の約80％を占めており、主として赤十字社の血液センターで実施されている献血はわずか20％程度である。さらに、その献血のうちHIV抗体検査スクリーニングを経て使用されているものは50％とのことである。

赤十字血液センターにおけるスクリーニング実施率を100％まで高めて、献血の安全を図るとともに、危険な売血から安全な献血への移行を促進することが重要であるのはもち

ろんであるが、全国の血液センター・ネットワークを通じて感染状況のモニターを行うことが可能になる。

これらテストキットの供与に際しては、明確なサーベイランス戦略のもとで各レベルの供与対象施設とその役割を特定して行うことが必要であり、実施計画策定のためには保健省との対話の継続が必要である。

2）熱帯医学研究所(RITM)のエイズ研究強化

RITMは保健省傘下の研究所として、エイズ診断のリファレンスラボラトリーとして確定診断を行う他、エイズに関する調査・研究・教育を実施しており、これら機能の強化を通じてサーベイランスや患者ケア等のプログラムの充実が期待される。

RITMからは、病原検査を実施するためのPCR(Polimerase Chain Reaction)と、リンパ球の状態をモニタリングしてエイズ患者の状態を把握するためのフローサイトメーター(Flow Cytometer)の供与への希望が調査団に伝えられている。

PCRはすでに一台が他の研究のために使用されているので、エイズ研究用に導入した場合にも十分に活用することができる。ただし、機材を設置する実験室の確保、維持管理および消耗品の供給体制等については更に確認を要する。フローサイトメーターは、米国海軍医学研究所(UMRU－Ⅱ)が一台所有しているとのことであるが、米軍基地の撤退に伴ってこの機材を米国に持ち帰る予定とのことである。

機材計画の策定と機材の導入時に必要な実験室診断分野の技術指導の必要性の確認を行うべく専門家チームを派遣することが必要と考えられる。

3）実験室診断および関連分野の人材訓練

HIV感染の実験室診断およびサーベイランスに関する人材訓練は、BRLがリージョナル・ラボラトリーや赤十字などの公的セクターのラボラトリーを担当し、RITMが民間セクターのラボラトリーを担当している。比国内の診断ラボラトリー全体の能力強化をはかるためには、公的機関のみならず民間の医療機関や血液銀行の人材養成も重要な要素である。

RITMはまた、JICAの協力のもとで実施中の第三国研修コース「急性呼吸器感染症、下痢症およびエイズ実験室診断および研究ワークショップ」を実施中で、比国のみならずアジア大洋州の近隣国の人員訓練にも、貢献している。

RITMから調査団に対しては、a）感染症コースの一部として実施されているエイズ関連のテーマを独立させてエイズ特設第三国研修コースの開始、b）比国内の実験室要員を対象にした第二国研修コースの新設に関して日本の協力を求められた。RITMでは、上記2）で要望したPCRを使用した診断方法等を取り入れた研修プログラムを実施したいとのことであり、具体的な案の提出を待って検討のうえ対応することが望ましい。

第三国研修に関しては、USAID側の参加（講師派遣等）の可能性についても更に調整する必要がある。また、第二国研修については、BRLとRITMが協調・協力して公的セクターと民間セクターの両方を含めた研修コースを設置することが望ましく、保健省において両機関の協力方法の調整が必要である。

4）エイズ教育活動の促進

比国では従来からNGOによる社会活動が活発に行われており、当該分野においても民衆に密着したNGOの活動は極めて効果的に機能しており、同国でエイズ教育啓蒙活動の普及を進めていく上でNGOの活用と支援は有効な手段である。USAIDはエイズ・サーベイランス教育プロジェクト(ASEP)のもとで比国内のNGOに対して活動経費を支援しているが、我が国もこれに協調してIEC機器(VCR、OHP、パーソナル・コンピューター等）をエイズ教育分野のNGOに供与することが望ましい。このプログラムを実施する場合は、日本政府が直接NGOを支援するスキームとして設置された小規模無償資金協力の制度を利用することが可能かと考えられる。

保健省フラビエール長官から本調査団に対して、エイズ関連の活動に従事する連合体がすでに形成され、活動の調整を行っているので、日本政府が個々のNGOに直接援助するのではなく、この連合体を通じて援助をお願いしたいとのコメントがあった。

附　属　資　料

1．比国におけるエイズに関する現状分析
2．保健省機構図
3．保健省エイズ班作成エイズ関連資料
4．熱帯医学研究所におけるエイズ関連活動
5．血液銀行システム評価レポート
6．米国国際開発庁(USAID)エイズ関連レポート
7．エイズ関連の活動を行っているNGOリスト

1．比国におけるエイズに関する現状分析

1－1　Epidemiology
1－2　Government Program on AIDS
1－3　Non-Government Organizations
1－4　International Funding/Assistance/Support
1－5　Evaluation of the National AIDS Prevention and Control Program (NAPCP)

SITUATIONAL ANALYSIS ON AIDS IN THE PHILIPPINES

Prepared by : The Philippine Population Association, Inc. (PPA)
For : The Japan International Cooperating Agency (JICA)
1 February - 30 March 1994

FOREWORD

This study was undertaken upon the request of the Japan International Cooperating Agency (JICA) to serve as a background material for determining future development assistance for the National AIDS Program in the Philippines. The general objective of the study was to prepare a state-of-the-art on AIDS situation in the Philippines. More specifically, the study aimed to: (1) provide information on the epidemiology of AIDS in the Philippines, with special attention to at-risk groups; (2) describe the national policy, programs and projects of the Philippine Government on AIDS and the nature and extent of support provided by non-government organizations; (3) identify the sources of support and assistance for the national AIDS program and the type and scope of coverage of these assistance; and (4) identify gaps in programs and projects for AIDS in the country.

This situationer was undertaken from 1 February - 30 March 1994 by the PPA-HRN National Secretariat headed by Ms. Ma. Florina Ileto-Dumlao. Also hired specifically for this project was Ms. Perla Aragon-Choudhury, a freelance feature and technical writer. A Technical Working Group provided direction and technical assistance. The Technical Working Group consisted of Dr. Dennis Maducdoc, Programme Manager of the National AIDS Prevention and Control Program (NAPCP), Dr. Corazon Raymundo, Director of the U.P. Population Institute (UPPI) and current President of the Philippine Population Association (PPA) and Professor Eliseo de Guzman, also of the UPPI.

Data sources for this study were basically from published and unpublished studies, reports,records and other publications provided by various agencies. These were supplemented by interviews of selected key personnel of government and non-government institutions and donor agencies.

The Philipine Population Association, Inc. is grateful for the cooperation and assistance provided by the personnel of the Department of Health and other government institutions, the non-governmnent organizations and the key-staff of the donor agencies.

LIST OF ABBREVIATIONS

AFAO	-	Australian Federation of AIDS Organization
AIDAB	-	Australian International Development Assistance Bureau
AIDS	-	Acquired Immunodeficiency Syndrome
ARC	-	AIDS-Related Complex
ARO	-	Asia Research Organization
ASEP	-	AIDS Surveillance and Education Project
BRL	-	Bureau of Research and Laboratories
CDCS	-	Communicable Disease Control Service
CSWs	-	Commercial Sex Workers
DBM	-	Department of Budget and Management
DECS	-	Department of Education, Culture and Sports
DFA	-	Department of Foreign Affairs
DILG	-	Department of Interior and Local Governments
DKT	-	DKT International (Philippine Social Marketing Program)
DOH	-	Department of Health
DOJ	-	Department of Justice
DOT	-	Department of Tourism
DSWD	-	Department of Social Welfare and Development
FAD	-	Foundation for Adolescent Development
FETP	-	Field Epidemiology Training Program
FGDs	-	Focus Group Discussions
FPOP	-	Family Planning Organization of the Philippines
GOP	-	Government of the Philippines
GPA	-	Global Programme on AIDS
HAIN	-	Health Action Information Network
HACT	-	HIV/AIDS Core Team
HIS	-	Health Intelligence Service
HIV	-	Human Immunodeficiency Virus
HMDTS	-	Health Manpower Development and Training Services
HOMS	-	Hospital Operations and Management Services
ICASO	-	International Council of AIDS Service Organization
IEC	-	Information Education Communication
IMCH	-	Institute for Maternal and Child Health
ISSA	-	Institute for Social Studies and Action
IVDU	-	Intravenous Drug Use
KABP	-	Knowledge, Attitudes, Behavior and Practices
KAP	-	Knowldege, Attitudes and Practices
MLC	-	Marching for Life Coalition
MSM	-	Men who have Sex with Men
NAPCP	-	National AIDS Prevention and Control Programme

NCR	-	National Capital Region
NEDA	-	National Economic and Development Authority
NGO	-	Non-Government Organization
NTMRF	-	New Tropical Medicine Research Foundation
OCWs	-	Overseas Contract Workers
PAWID	-	Pasay City AIDSWatch and Information Drive
PCF	-	Philippine Center Foundation
PCPD	-	Philippine Center for Population and Development
PHIV	-	Person Living with AIDS
PhP	-	Philippine Peso
PHOs	-	Provincial Health Offices
PIHES	-	Public Information and Health Education Service
PNAC	-	Philippine National AIDS Council
PLCPD	-	Philippine Legislators Committee for Population and Development Foundation, Inc.
PNGOC	-	Philippine NGO Council on Population, Health and Welfare
PSPI	-	Population Services Pilipinas, Inc.
PWA	-	Person with AIDS
RAIC	-	Remedios AIDS Information Center
REACHOUT	-	ReachOut AIDS Education Foundation
RHO	-	Regional Health Office
RHU	-	Regional Health Unit
RITM	-	Research Institute for Tropical Medicine
SHCs	-	Social Hygiene Clinics
SLH	-	San Lazaro Hospital
STDs	-	Sexually Transmitted Diseases
TRENDS	-	Total Research Needs
TWG	-	Technical Working Group
TW-MAE-W	-	Third World Movement Against Exploitation of Women
UNICEF	-	United Nations International Children's Fund
UPCMC	-	University of the Philippines College of Mass Communication
UPCPH	-	University of the Philippines College of Public Health
USAID	-	United States Agency for International Development
USNAMRU 2	-	United States Naval Research Unit 2
WHO	-	World Health Organization
WHO-GPA	-	World Health Organization Global Programme on AIDS
WomanHealth	-	WomanHealth Philippines, Inc.
WPRO	-	Western Pacific Regional Office

COUNTRY PROFILE

1. Geographical highlights

Located north of the equator, the Republic of the Philippines is a developing country with a culturally diverse population.[1] About 85 % of Filipinos are Christians, almost 10%, Muslims and the rest, animists. Throughout the 7,100 islands, 87 dialects are spoken; Filipino is the national language and English is widely spoken.

The Philippines has three main islands spread out over 300 square kilometers: Luzon in the north, which holds 54.9% of the total population estimated to be 62 million in mid-1990; Mindanao in the south which has 23.6%; and the Visayas between the two, 21.5%.[2]

The Philippines has a tropical climate with a mild temperature, abundant rainfall and three pronounced seasons - wet or rainy, cool and dry, and hot and dry.

With the Quezon City as the capital, the country is divided into 15 regions, 76 provinces, 60 cities, 1,544 municipalities or towns and 41, 907 villages called **barangays.**[3]

2. Population [4]

As of May 1, 1990 the Philippines had a population of 60,685,000 compared to 48, 098,000 ten years earlier. The 1980- 1990 growth rate of 2.3% would double the population size in 30 years.

In 1990 the Philippines had a total number of 11,403,000 households with a mean size of 5.3 persons. There were 202 persons per square kilometer of land; in particular, the range for population density was 12,467 persons per square kilometer for Metro Manila and 63 for the Cordillera Administrative Region in the north.

The median age was around 21 years in 1990. Metro Manila had the oldest population at a median age of 24.5 years; Bicol had the youngest, 18.8 years.

3. Economic situation

The main sources of income of Filipinos are agriculture, fishing, mining, logging and small- and medium- scale industries.[5]

The Philippines was in an economic crisis in the 1970s but slowly recovered starting 1987. In the first half of 1993 the real gross national income grew by 1.8%, compared to 1% the year before, but this gain is constrained by a continuing power crisis, natural calamities like volcanic eruptions, armed insurgency and a work force that has an underemployment rate of 22% and an unemployment rate of 11%. [6]

Other factors hampering development are cited by the **Medium-Term Population and Development Plan (1993-1998)**: rapid population growth, the balance of payment crisis due to inadequate foreign exchange earnings, heavy importation of inputs, poor foreign investments and huge debt payments. [7]

In 1980 the real per capita income was PhP 12, 595 but this declined to PhP 11, 619 in 1990. The absolute number of poor families continued to grow even if poverty incidence declined from 49.3% in 1985 to 46.5% in 1991.[8] Of the poor families that year, more than 45% had children under 18 and nearly half had less than seven years old. [9] Another way of interpreting this particular piece of data is the dependency ratio per 100 persons in the working ages of 15-64 years. In 1990 the dependency ratio was 70, meaning nearly three people were relying for sustenance on four persons that year.[10]

4. The Situation of Women

As the cost of living rises because of the decreasing real value of the peso, women tend to be economically active. But on the average, women in the Philippines have a lower participation rate in the labor force than men at 50% against 80%.[11]

In 1992 the total number of employed men (14.2 million, according to the National Statistics Office), exceeded that of women (8.3 million) by one-third despite the bigger number of women college graduates in all the age groups.

Women were also earning less than men whose average income was about double the females' except in professional and clerical work.

Another set of statistics in 1990 confirms what has come to be known as the feminization of poverty. Women have to work for a living and to support dependents even without legal protection or job security.

More than half of all women workers were married in 1990. About half of all working women were unpaid family workers. The proportion of self-employed women grew from 23% in 1976 to 30% in 1990. They formed 49% of the number of agricultural workers but were being pushed by low economic returns to migrate to cities where they formed 39.7% of the work force.[12]

Some attempted to work abroad but 45% fell victims of illegal recruitment in 1990 and 57% of illegal labor recruiters were women who perhaps were forced to earn a living this way.

In October 1991, of the estimated 752,700 Filipino overseas workers, 40.6% were women. These women formed 75% of the 275,000 service workers as helpers and housekeepers in Hong Kong and Singapore. Of choreographers or dancers working abroad, 90.5% were women; of the nurses abroad, 84.7% were women.[13]

Filipino women seem to be earning less than their male counterparts; contribute invisibly to the production of goods and services; set up their own livelihood in the buy-and-sell business or as street vendors; or work abroad in the services sector. In the government service they are outnumbered by men who comprised 52% of the 1.26 million government employees in 1990.[14]

A 1993 program review by the United Nations Population Fund noted that most Filipinos consider the status of women as a non-issue since they are highly visible in Philippine society. But this visibility has its dark side. Women are shown by the media in unflattering ways: as housewives, domestics and sex objects. Only recently have wife beating, sexual abuse and other forms of sexual violence against women emerged as issues. The wife may hold the purse strings but she gets no acknowledgement for making both ends meet, particularly when the income to be administered is meager from the start.[15]

5. Health Situation

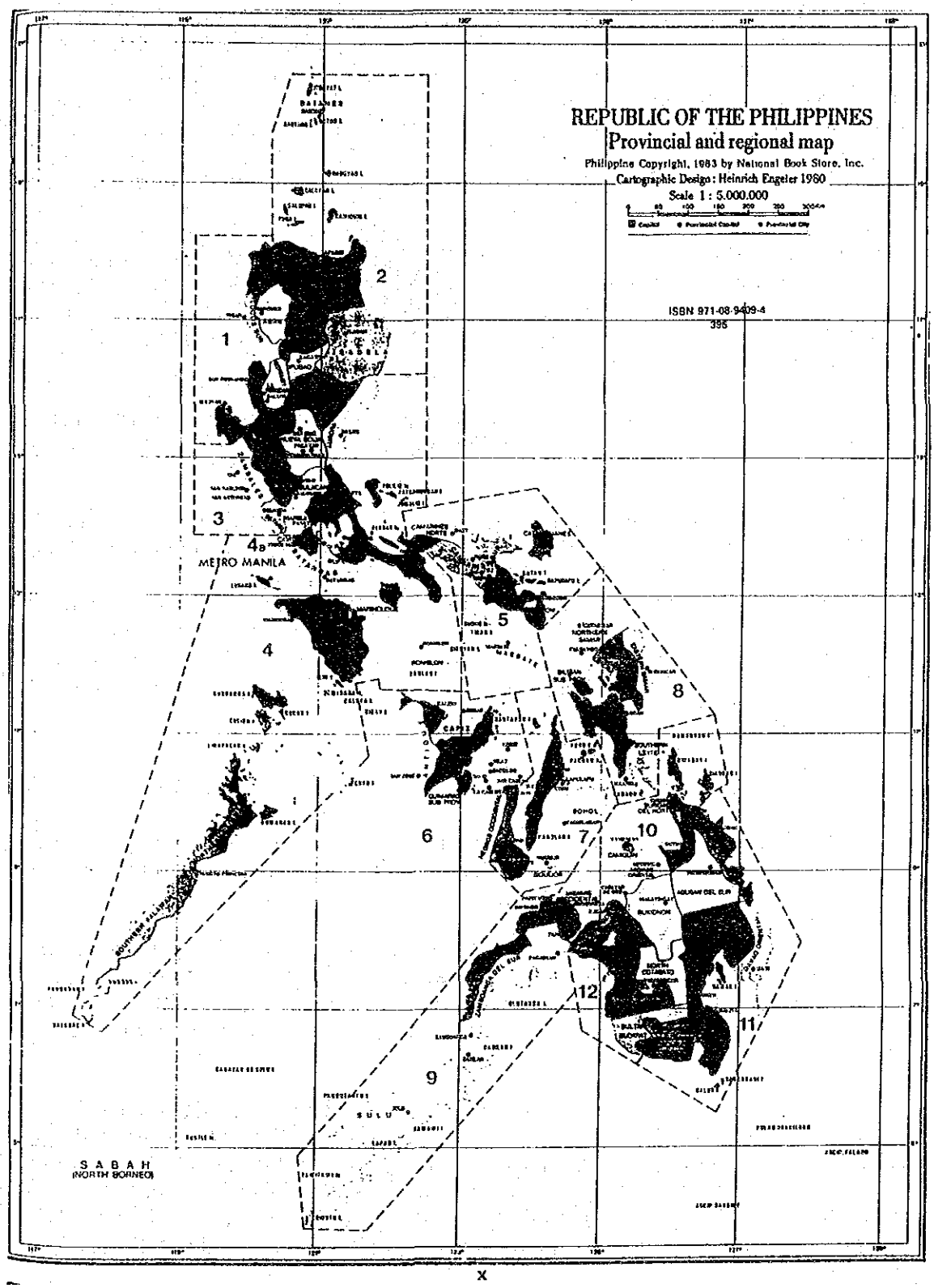
In terms of morbidity, women die most often from pneumonia and the record for the period 1980-1989 was 3 out of 20 deceased females.[16]

Since 1989 the leading cause of maternal death during childbirth has been postpartum hemorrhage (44% to 31% in 1989). The maternal mortality rate has not greatly improved: 9 deaths per 10,000 live births in 1984, 11 in 1986 and 10 in 1989. Pneumonia was also the most common cause of death among males in 1980 and 1985 but was overtaken by heart disease in 1989. Roughly six out of 10 deceased persons died from the ten leading causes of death that year: pneumonia, heart disease, tuberculosis, malignant neoplasm, vascular disease, diarrheal diseases, accidents, measles, nephrosis and septicemia.

As for infants the leading cause of deaths is also pneumonia, comprising one-fourth of the total from 1980 to 1989. Other leading causes are perinatal and respiratory diseases which have gone up between 1985 and 1989. More males than females die of infancy. The infant mortality rate was estimated to have decreased between 1980 and 1989.

Especially true for pregnant and lactating mothers, women are more vulnerable than men to anemia, an indicator of poor nutritional status. Between 1978 and 1987 the incidence of anemia decreased especially among pregnant and lactating mothers. The proportion of underweight children aged 0-6 also decreased from 17.2% in 1982 to 13.9% in 1989.

Communicable diseases remain a serious concern in the Philippines according to the **Medium-Term Plan on Prevention and Control.** In 1989 the rate of tuberculosis was 6.6 sputum positives per thousand population while malaria and schistosomiasis remained endemic in many parts of the country. While not communicable, the rates for cardiovascular diseases and cancer were also increasing.[17]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AIDS IN THE PHILIPPINES: A SITUATION ANALYSIS

In 1981 a new syndrome was recognized among homosexual men in the United States - a syndrome that has come to be known universally as Acquired Immunodeficiency Syndrome (AIDS).[1] Two years later its etiological agent had been identified as the human immunodeficiency virus (HIV). By the mid-1980s it was clear that HIV had spread throughout the world as a pandemic. What happens when a person is positive for HIV? His body resistance is impaired because his helper cells, the T-4 cells, get destroyed.[2] Opportunistic infections, those which he can normally repel but which produce serious and often fatal diseases if his immunocompetency is lessened, appear and multiply. These opportunistic malignancies and infections include **P. carinii pneumonia, toxopalsmosis** and **coccidiomycosis.** Other viral infections in AIDS are due to **Herpes simplex, Herpes zoster, papovirus, cytomegalovirus, Eppstein-Barr virus and hepatitis B virus.** As for developing countries, infections due to **salmonella, M.tuberculosis** and other bacteria have been reported.

Among the malignancies reported in AIDS are **non-Hodgkins lymphoma** and **Kaposi's sarcoma.** Some children develop bacteria infections and lymphatic interstitial pneumonitis.

AIDS is also known to cause neurological infections. But that is putting the cart before the horse: it might take years for HIV infection to become frank AIDS.

In any case, some HIV-infected patients develop persistent and generalized lymphadenopathy syndrome while others suffer from fevers, weight loss, diarrhea, thrush and a number of illnesses now classified under the term "AIDS-related complex"(ARC). It has been said that one does not die of AIDS but from the complications caused by the ARC.

HIV: THE TIP OF THE ICEBERG

Because it may take two years before a person develops the symptoms of full-blown AIDS, cases of AIDS may appear later even if HIV transmission were stopped today. Eventually all HIV-infested persons may develop AIDS.

It was in the late seventies and early eighties that HIV began spreading extensively in certain urban areas of the Americas, Australasia and Western Europe, mainly among homosexual or bisexual men and injecting drug users (IDUs), and in the Caribbean and East and Central Africa among men and women with multiple sex partners.[3]

Now the HIV is in all continents of the world and is estimated to have infected 14 million adults since it became a pandemic in the late eighties. According to World Health Organization (WHO), this figure is the **cumulative HIV incidence,** representing **all** estimated HIV infections since the onset of the pandemic. On the other hand, WHO gives a global figure of 12 million for the estimated HIV **prevalence:** the total number of persons with HIV infection alive at any given moment.

1 − 1　Epidemiology

I. EPIDEMIOLOGY

What are the latest figures of HIV infection and AIDS in the Philippines? As of February 28, 1994 the Field Epidemiology Training Program (FETP) of the Department of Health (DOH) has identified 483 cases: 343 are asymptomatic HIV cases; 128 AIDS and 12 unclassified or those that were reported seropositive but could not be definitely categorized as asymptomatic or symptomatic. For January and February, 1994, there were already 14 cases reported as HIV seropositive. (Table 1) [4]

Of these seropositive cases, 230 were female and 249, male. Among females, 155 were in the age group 15-29 years old, while among males 223 belonged to the age group 30-44 years old. Yet, for both sexes, the largest number of cases is concentrated in the 15-29 age bracket, with a combined total of 223, i.e. 155 females and 68 males. (Table 2)[5]

Two hundred forty-nine of the 483 reported cases (52%) were infected heterosexually. For more than a quarter (132) the modes of transmission are unknown, while 86 cases got infected through homosexual or bisexual means. The other modes reported are mother to infant, 8; blood/blood products, 5; and needles and syringes, 3. (Table 3)[6]

Another FETP document analyzing data for the period 1984-1993 shows that of 467 cases, 220 (47%) were females and 243 (53%) were males.[7] The median age for women was 25 years with a range of 1 month to 72 years. For men, the corresponding figure was 33 years (with a range of 4 months - 57 years). More women were in the 15-29 years group; in contrast more men were reported to be 30 years and above.

The mode of transmission was sexual intercourse for 327 cases, of which 242 were heterosexual. Of these heterosexual transmissions, 169 cases were below 30 years of age, of which 151 or 82% were women. Most of the females were commercial sex workers or CSWs (74%).

The males who got infected through heterosexual means were older; 42 or 74% were above 30 years of age. Sixteen of those in this age group were overseas contract workers (OCWs).

The figures should be interpreted with caution since the AIDS/HIV Registry has been collecting data on groups said to be at risk for infection and most of the tests have been done on CSWs and OCWs. Nevertheless, it is safe to say that HIV infection has been spreading among persons engaged in unprotected penetrative sex with many partners.

Defining groups at risk

In 1985 serosurveillance for AIDS started as an activity of the Research Institute for Tropical Medicine (RITM), the Bureau of Research and Laboratories (BRL), and the United States Naval Medical Research Unit - 2 (US NAMRU-2).

Two years later a National AIDS Registry was created at DOH for an official, complete, up-to-date and confidential record of cases. According to reports to the Registry and through serosurveillance by DOH, CSWs, homosexuals, bisexuals and OCWs are considered vulnerable to HIV infection.

The sex industry thrives in the Philippines because of massive poverty and unemployment. It is the main source of income to an estimated 65,000 women. It is a major dollar earner from thousands of foreigners who may knowingly or unknowingly pass on the HIV virus to commercial sex workers.[8]

The risk increases with the low rate of condom use among sex workers. This was documented by a study showing that 46% of women attendants at massage parlors in Metro Manila, 21% of bar girls and 62% of male sex workers had had gonorrhea but were hardly using condoms.[9]

As reported to the National AIDS Registry, homosexuals and bisexuals have a high seropositivity rate and experience much risk by choosing casual partners who may be hard to trace.

As for OCWs, their lengthy separation from loved ones make them vulnerable to multiple sex partners and to risks and this is heightened by foregoing condoms.

Many OCWs are illegally recruited who, for fear of reprisals or deportation, reveal nothing about sexual abuse and other forms of maltreatment that exposed them to possible HIV infection.

A third reason why OCWs are considered a high-risk group is that many work as entertainers in, say, Japan where offers of unprotected sex may seem financially rewarding yet are vitiated by the very high cost of living.[10]

HIV tests and results

In the Philippines HIV testing has been limited largely to OCWs who must present clearances to host countries and to CSWs who are required by the Sanitation Code to be tested every two weeks for gonorrhea and every six weeks for syphilis.

The Code is used by local government units to make employees of fun houses undergo HIV testing. Screening is done twice before confirmatory testing at RITM, the National Reference Center for HIV Testing, or at BRL, the National Reference Laboratory.

In September 1993 a report presented at a workshop convened by the Asian Development Bank said that as of that time 1,214,634 HIV antibody tests had been reported by both government and private agencies.[11] From 1985 to 1992 a total of 1,050,192 antibody tests were done on groups at risk.

The subjects included OCWs, men who have sex with men (MSM), male CSWs, hospitality girls, male STD patients, blood donors and units for transfusion, the military, intravenous drug users (IVDUs), ordinary residents, TB patients, prisoners, Philippine Navy personnel, unwed mothers and drug rehabilitation center clients.

Testing positive for HIV per 1,000 persons were 22 men who had sex with men, 16 IVDUs, 3 classified under "Others", 2 from the military and 1 hospitality girl.

The results confirmed that the Philippines does have cases of HIV but proponents of a national surveillance system project say that the results may be unreliable.[12] According to them, seropositive cases were identified from among prostitutes who may have been repeatedly tested with each return to the STD clinic for a check-up.

This multiple counting of each person and the type of clients the prostitutes have - US military base personnel who are screened for HIV before being assigned to the Philippines and who are regularly checked - make data statistically unreliable.

Despite these questions discernible patterns emerge. Since 1984 there has been an increase in the reported number of HIV infections and AIDS cases. Since 1988 the number of HIV - positive cases in blood samples has also been increasing. There is a rise in the number of HIV transmissions in the country.

Other countries have experienced that once there is a growth in the number of infected people, the epidemic will grow logarithmically.

In 1989 Thailand reported the same number of actual AIDS and seropositive cases as the Philippines three years ago - 60 - yet it was established when better data were available that there were actually about 100,000 persons infected with AIDS.

In Thailand the infection spread to the general population from CSWs, whose ranks have had prevalence rates rising from less than 1% to 30% then to 40% - and higher in certain areas - in just less than two or three years.

To public and private sectors in Thailand the infection has cost more than $100 million for AIDS prevention in 1992. If uncontrolled the infection would kill 560,000 at the most by the end of the century and extract $8.5 billion from the economy as a cumulative loss.

In 1992 the USAID staff who was then formulating a surveillance and education project noted that Philippine conditions were like Thailand's as far as AIDS was concerned. The staff interpreted this to mean that an epidemic could be growing unobserved.

Can surveillance confirm this? The system installed under ASEP (or AIDS Surveillance and Education Project) shows data for the first round in Quezon City and for two rounds in Cebu City. NAMRU has its set of data in Pasay.[13]

In Quezon City the seropositivity rate from June to August 1993 was still low: 1 out of 300 female CSWs but they were identified as the high-risk group among the six sub-groups tested because of their multiple sex partners (4 per week), non-practice of safe sex (more than half of the 300 tested), and non-use of condoms (57% never used).[14]

In Cebu the first two rounds of surveillance had comparable findings and identified three issues: multiple high-risk behavior among the study groups, low condom use rate, and significant sexual behavior among commercial sex workers and freelancers.[15]

Of the 89 unregistered prostitutes in the first round of the surveillance, 39% had more than one sex partner a day, 9 times more likely in particular, yet 60% of them did not require their partner to use condoms.

In the second round the freelance sex workers were found to have a median of 14 partners a week, to be 17 times more likely than female commercial sex workers to have more than 7 partners a week, twice as likely not to require condoms, and 6 times more likely to use injecting drugs.

NAMRU studied CSWs in Pasay City, Paranaque and Makati and found eight from Pasay to be HIV-positive. All eight accept money for sex, frequently of the penis-vaginal type and had sex 1.5 times per week during the previous 12 months of the study with Caucasian (87.5%) and Asian (37.5%) partners. Half of those positive had genital ulcers and vaginal discharges; 37% used condoms either always or frequently.[16]

These are the most recent findings on surveillance across the country which might indeed just be the tip of the iceberg as far as HIV infection is concerned.

KABP STUDIES ON AIDS

There is as yet no vaccine or drug against AIDS. Today's most viable tool for preventing it is intervention that reduces risk-taking behavior. Such intervention could be for the general population as well as those at risk because of their activities. Yet what is known about them? What is the impact of the AIDS epidemic on their sexual behavior?

One of the main sources of information is the growing number of studies on AIDS-related knowledge, attitudes, behavior and practices (KABP).

Among the earliest studies were those conducted in 1985 among clients of social hygiene clinics (SHCs) in Metro Manila and in the two former sites of American bases in the country, Olongapo and Angeles. These were followed by an analysis of nationwide data from 1985 to 1989 and by at least three more in Metro Manila from 1989 to 1992.

As for the general public the Asia Research Organization (ARO) conducted a nationwide public opinion survey in October 1987 as one of the 35 affiliates of Gallup International participating in the First Annual George H. Gallup Memorial Survey. The following year ARO was commissioned by the DOH and by the AIDSCOM of the United States Agency for International Development (USAID) to repeat the survey to serve as basis for a television and radio campaign from January to May 15, 1990.

In 1989, another private research firm, Total Research Needs, Inc. (TRENDS), did fieldwork in Metro Manila covering purposive samples of "sentinel" populations: 100 male sex workers, 100 female sex workers, 200 men who have sex with men (MSM), 150 young male adults, 150 young female adults, 100 male overseas workers and 100 female overseas workers. TRENDS developed the questionnaire through exploratory qualitative focus group discussions (FGDs) with groups at risk. For this situation analysis only the results of the male overseas workers were available.

The 1989 study on unmarried adults was the basis of a tri-media campaign on AIDS the following year. Later TRENDS tracked 200 young adults of Metro Manila whose demographic profiles were comparable to those in the 1989 survey to study their reactions to the campaign. Two years later another mass media campaign was launched and again evaluated with 300 young Metro Manilans as respondents.

As for overseas contract workers, the TRENDS study in 1989 is supplemented by 1991 workshops held among seamen and their wives/regular partners conducted by the Institute for Social Studies and Action (ISSA).

Other attempts to collect information relevant to AIDS include a four-institution survey of Metro Manila in 1990 funded by the World Health Organization (WHO) and surveys initiated by researchers from the University of the Philippines.

The University of the Philippines College of Public Health held a study covering a sample of the general population of 1,617 respondents from 702 households. The UP Department of Psychology studied 225 hospitality girls. The UP College of Mass Communication studied 200 seamen but its report is not readily available.

Other university-based researchers complemented these efforts. De La Salle Social Development Research Center focused on 200 homosexuals.

From September 1991 to August 1992 the Health Action Information Network (HAIN) held a seminar-workshop for freelance male workers who use a major shopping center in central Manila. Changes in their views and behavior were documented by HAIN utilizing pre- and post-workshop questionnaires and the diary method. HAIN has also surveyed Metro Manila students of medical sciences for workshops on HIV/AIDS prevention.

For its part, RITM has conducted surveys among hospital workers and students, the latter for the on-going integration of AIDS prevention concepts into the school curriculum.

Most of the studies used or modified the AIDS interview schedule of the WHO Global Programme.

In 1994, a desk review of 28 studies was commissioned by the Program for Appropriate Technology in Health (PATH) as part of the USAID/Philippines' AIDS Surveillance and Education Project (ASEP) from 1992-1997. Fourteen of the studies and project reports used in this desk review which was done by Dr. Michael L. Tan were available for this situation analysis.

The following sub-sections portray the profiles of the general population and the risk groups relative to AIDS as gleaned from these studies.

1. The General Population

Among the receivers of information-education communication (IEC) materials on AIDS are the undifferentiated members of the "general public." In the context of AIDS education, members of the general population may at one time or another join a group at risk and it is important that they know how to reduce the chances of getting AIDS through IEC materials.

It is also the general population that may either support or discriminate against groups at risk on AIDS. The public may either believe or combat stereotypes about prostitutes depending on whether they are aware of the circumstances behind involuntary prostitution. The general population may hold the view that commercial sex workers or gays deserve AIDS because of their lifestyles. In the ARO survey of 1987, Filipinos in general agreed with the statement that it is the people's own fault if they get AIDS. This indicates that the general population hold attitudes that will impinge on programs directed at AIDS.

1.1 The two nationwide surveys by ARO

Between 1987 and 1990, three AIDS surveys drawing sample respondents from the general population were conducted. Asia Research Organization (ARO) did the 1987 study as part of a 35-country survey of Gallup International and a 1988 study for DOH- AIDSCOM. Using the same structured questionnaire ARO queried 2000 respondents throughout the country in face-to face interviews. These respondents were drawn from sample provinces, cities/towns, **barangays**(villages) and households chosen at random under a multi-stage sampling scheme.

In the households selected by ARO, the respondents aged 18 years old and over were chosen at random with the use of a selection key (Kish Grid). The 1988 study was supplemented by booster samples of 100 respondents each from Greater Cebu, Olongapo and Angeles areas. The last two hosted the American bases for about 50 years; Metro Cebu now gets many foreign visitors.

The respondents comprised of 745 from urban areas and 1255 from rural areas.

1.1.1. Knowledge levels/attitudes

For both studies 78% of the respondents had heard or read of AIDS (sources of information not given). Awareness was higher among the males, the younger generation (18-39 years old), the more affluent and the more educated. AIDS awareness was almost universal in Metro Manila with 96 per cent in both years. In contrast, low levels were observed in Mindanao (75 per cent for both years), and in provincial Luzon (72 per cent for 1988). In Visayas awareness significantly increased from 78 per cent in 1987 to 84 per cent in 1988.

In the identified high-risk areas (those with booster samples) awareness about AIDS was much higher than the national and regional levels.

Concern for AIDS declined between 1987 and 1988. In 1987, AIDS was seen as the most urgent health problem of the country by 23% of respondents nationwide. A year later there was a decrease of 6%. In Metro Manila the proportions declined from 40% to 28%. For Olongapo the figure was 30%, for Greater Cebu 24% and for Angeles 20% in 1988.

In 1987, 62% of the respondents said that AIDS would develop into an epidemic for certain groups; this number hardly changed in 1988 (63%). This number made the Philippines rank third in this type of prognostication among countries that yielded a global average of 33%. Across the nation, respondents identified these groups as people with several sexual partners (94%); married people who had an occasional affair (91%); homosexuals (91%); intravenous drugs users (84%); people who need transfusion (81%); men (75%); women (68%); hemophiliacs (61%); hospital staff and doctors and nurses (35%); and couples who are entirely faithful (11%).

The degree of personal concern about getting AIDS was not high, 39% in 1987 and 36% in 1988 but the country ranked fourth among the 35 surveyed by Gallup.

The older respondents (55 years old and over) and the married ones were relatively more concerned about getting AIDS. This fear was higher in the Ilocos, in Western and Central Visayas, and in Southern Mindanao.

Even as correct knowledge about AIDS increased from 1987 to 1988, so did myths and misconceptions. Among the 35 countries the Philippines had a myth index of 3 and a correct index of 17. Myths were clearly linked with a high concern about getting AIDS and with believing that it would be an epidemic.

Misconceptions abound on how AIDS is caught from an infected person among the lower socio-economic classes, the women, the less-educated, the very young and the very old, and those in small urban towns.

1.1.2. Risk avoidance

Of those aware about AIDS, around two-thirds (67%) said that they did not have to change their behavior or have not thought of changing it because of the risk of getting AIDS. This percentage barely changed between the two surveys implying a relatively stable sexual activity on the safeside insofar as catching AIDS is concerned.

An examination of the remaining third who reported that they had changed their behavior or were planning to because of the risk of AIDS, showed that the admission was relatively higher among the men, the young (18-24 years), the singles and those in Metro Manila.

Less respondents in 1988 did things differently than in 1987 because of the fear of getting AIDS. However, 15% more declared that they now choose sexual partners more carefully; 9% more started avoiding homosexuals, and 5% more were using condoms for the first time or more often than before.

Four percent more Filipinos say that AIDS sufferers should be treated with compassion (76% in 1988 as against 72% in 1987 which had given the country a rank of 16th among the 35 countries studied). The Filipinos ranked the highest in believing that AIDS victims have only themselves to blame for their disease. The typical respondents said that they would refuse to work alongside an AIDS victim, making the country rank fifth worldwide in this issue. This aversion was most prevalent in Mindanao and Greater Cebu City than in other sections of the country.

1.2. The Metro Manila study

The third study was done by a research team of the UP College of Public Health. Headed by Dr. Teodora Tiglao and co-investigators Sandra Tempongko and Dulce Gust, the team studied a sample of the general population in the four cities and twelve municipalities of Metro Manila in 1990.

This study involved households generated from the household samples used by the National Statistics Office in its 1985 household survey of Metro Manila. In each of the 702 households generated, all those household members aged 15-69 years old were interviewed. These included 975 females and 640 males. More than half (54%) of the total sample were teen-agers (15-19 years) and young adults aged 20-29 years. Slightly more than one-fifth (22%) were in their thirties; 14% in their forties; 10% in their fifties; and only one respondent in his sixties.

Two out of 5 respondents had reached or finished a university-level education while 3 out of 8 were high school graduates or had been students. Expectedly the Roman Catholic religion predominated over other groupings (89 per cent).

The respondents comprised of students (21%), housewives (19%), service and sales workers (18%), professionals (6%), clerks (4%), laborers (3%), crafts and related workers (3%), legislators or administrators and managers (1%), plant and machine workers (1%) and military personnel (0.4%). Other respondents included those engaged in other professions (6%), retirees (0.8%) and unemployed (11.0%). Only a few (1%) declined to specify their occupations.

More than half (51%) were married or had regular partners.

1.2.1. Knowledge levels/attitudes

More than 9 out of 10 Metro Manilans had heard of AIDS but half knew just a little about it. The chief sources of information were television, newspapers and the radio. Unfortunately these were shown by correlation studies to be better at creating awareness of AIDS than in changing behavior.

While only less than 1 in 6 were aware of the etiological agent of AIDS, majority already knew the risk-taking behaviors. More than half (57%) mentioned sexual contact with AIDS carriers. Others cited blood transfusions (2%), liaison with homosexuals (1%), contaminated needles/syringes (0.2%) and drug addiction (0.1%).

A sizable number had incorrect beliefs about the prevention, cure and transmission of AIDS. For example, they enumerated droplets, mosquitoes and shared utensils as modes of transmission.

The respondents were asked how risky is intercourse with someone with AIDS. Very risky, said 86% of them. They rated these other activities as also very risky: sexual intercourse with a prostitute, 68%; anal sex with someone you do not know, 46%; oral sex with someone you do not know, 38%; donating blood, 30%; sexual intercourse with persons who inject drugs, 26%; using unsterilized needles, 23%; injecting drugs, 23%; and deep kissing with a person who has AIDS, 17%.

Most (almost 4 out of 5 respondents) believed that they had a small chance of getting AIDS but more than 3 out of 5 were worried about it.

1.2.2. Sexual history/patterns

Of the 940 married respondents 9 out of 10 said that they have but one partner in their entire lives. Almost two-thirds (65%) have regular partners since they were 15-24 years of age. The earliest age at which one respondent declared having had a regular partner was 10 years while the latest was 57 years.

The males were more sexually active than their female counterparts. The former likewise started at an earlier age, 44% having had sex when they were only 10-19 years old.

More than 2 out of 7 (29%) did not marry the person with whom they had their first full intercourse. About three quarters had many partners before marriage. About the same proportion holds true for the unmarried individuals who have current partners.

Even after marriage about a fifth (18%) of husbands reported having partners other than their wives.

Majority of the general population were heterosexual. Only a handful said they were bisexual (5%), pure homosexuals (3%) and pure lesbians (2%).

1.2.3. Risk avoidance

Many believed that AIDS may be avoided by changing sexual behavior. Three out of 8 stressed avoiding multiple sex partners while around a fourth exercised self-control and shunned pick-up girls.

Some 166 respondents admitted that they needed to change their behavior but only 81 had actually done so.

While half said they knew how to protect themselves against sexually transmitted diseases (STDs), only a small proportion (11%) were using condoms. A quarter said they were protecting themselves by having only one partner.

The other respondents use ineffective means like antibiotics and vitamins (16%), controlling the sex urge when drunk (14%), sizing up a prospective partner (10%), and a combination of methods such as mixing lemon juice with alcohol and hot water, withdrawal, and urination or washing up the genitals after sexual act (9%).

1.2.4. Correlation of demographic data with AIDS-related behavior

An analysis was done to discover how personal data are related to AIDS knowledge, attitudes and practice. Indices were made for each factor and correlated to each other.

Knowledge of AIDS is closely related to educational attainment, media exposure, perception of threat to one's self and awareness of risk-taking behavior. **Awareness of risk-taking behavior** is determined by educational attainment, media exposure and knowledgeability of AIDS.

The analysis showed that **condom use** is a function of educational attainment, media exposure, and favorable attitude to condoms.

It was also demonstrated that **condom awareness** is determined by educational attainment, media exposure and condom use.

1.3. Discussion

These studies show that most Filipinos are aware of AIDS but tend to believe in some myths about it. The gap in knowledge may hamper personal responsibility for AIDS prevention, as was expressed by many interviewees.

But this desire "to do something" should be viewed against the level of sexual activity reported by males in Metro Manila. It has been established that condoms are shunned and an early coital debut is made. With the continuing risks for sexually transmitted diseases, men should get cues from the environment encouraging risk reduction.

These cues could come from a number of sources: personal sources such as peer or friends, or institutional such as health authorities and the mass media. It is therefore imperative to make these three important sources up to date and knowledgeable on AIDS. Since they are generally perceived as people-friendly, they can help correct inaccuracies in information that can aggravate the situation and increase levels of infection.

Aside from these sources, the school system itself, both formal and nonformal, can educate a "captive" audience about responsible sexuality from an early age. The tasks at hand is to systematize AIDS education - facilitating it with methods and materials that are truly useful and meaningful. However, accurate information must be matched by services for the general public and for high risk groups. Indeed there is a need for a multi-pronged strategy against AIDS.

2. Young Adults

2.1. TRENDS study

In 1989, the Department of Health commissioned a private research firm, Total Research Needs, Inc. (TRENDS) to conduct a study aimed (1) to guide the development of communication/education strategies on AIDS prevention and control among young adults in the Philippines and (2) to have a baseline of knowledge, attitudes and behavior to assess progress of the program for AIDS prevention and control.

2.1.1. Demographic profile

A sample of 300 adults aged 18-24 were interviewed in Metro Manila, with an equal number of males and females. It included 126 respondents (42%) who were between the ages 18 and 19; 75 (25%) between 20 and 21, and the rest (99 respondents) between the ages of 22 and 24. The last age group covered an equal number of men and women. There were more women (58%) in the 18-19 age group, and more men (63%) in the 20-21 year old group. Most of the respondents were educated. Only 7% did not finish high school; 21% completed high school; 52% had some college education and 20% obtained a college degree. As should be expected, those in the upper income levels had more with college education (82%) as compared to 63% of those in the lower group.

Most (72%) were not gainfully employed. A few (5%) held managerial or professional positions while 22% were in sales, clerical, services or crafts occupations.

2.1.2. Knowledge levels/attitudes

Nearly all respondents (98%) had heard of AIDS through the media, primarily television. Fewer (33%) heard of it from friends or colleagues and from school (19%).

The men were less inclined than women to say that "any sexual activity" is a very likely mode of transmission (61% against 71%). Likewise, the men were less likely than women (49 vs. 68 per cent) to believe that lessening casual sex can very effectively reduce the risk of AIDS.

Men were also less likely to say that they reduce the risk of AIDS very effectively by "having sex with people known to me" (30% compared to 40% among women); by having fewer sex partners (43% as against 67%); by avoiding sex with prostitutes (70% vs. 83%) and with strangers (61% as against 78%).

More than half of the men (52%) compared to only 36% of women gave careful sex practice as a way of making themselves resistant to AIDS. One-fourth of the women felt that "anybody" is very likely to catch AIDS, as against 14% of the male respondents.

Many women believed that AIDS can be transmitted by sneezing or coughing, inhaling the air, using or sharing needles and utensils or through swimming pools, public toilets and mosquitoes.

Women are more likely than men (10-20% more) to believe that they can lessen risks by practising withdrawal, reducing the frequency of casual sex and of the number of partners, having sex only with well-known people, and avoiding sex with prostitutes and strangers. Almost all women respondents (95%) felt that those at-risk for AIDS should be tested; only 87% of the men were of the same belief.

2.1.3. Sexual history and patterns

Close to 63% of the males have had sexual experience. Of these males 57% did it with women, 27% with prostitutes, and 9% with men.

The men in the survey reported a median age of 17.7 when they first had sex with a woman. Only 1 in ten of the women have had sexual experience with the median age of first sex with a man pegged at 19.7 years.

None of the women reported having multiple partners in the past six months but 2 out of 5 had sex within the same time, all with the same partners.

Two out of 5 men and 3 out of 5 women felt that only married partners can have sex. More than half (51%) said that it should be limited to one partner only, as against 73% for the women.

More women than men felt that partners should discuss previous partners before having sex (63 per cent vs. 42 per cent).

2.1.4. Risk avoidance

More men than women (41% against 21%) confessed "When I get sexually excited I forget about AIDS," yet more men than women (20% vs. 14%) declared that they have changed behavior or lifestyle "a lot" to avoid the risk of AIDS. Close to 4 out of 9 men have changed sexual behavior because of the disease in contrast to only 1 in 8 women.

Less than 20% of the males always or sometimes used condoms whenever they had sex. Much less women have ever asked their partner to use a condom before sex (5%).

A full 77% of the women reported they would make an effort to get more information about AIDS compared to 3 out of 5 men.

2.1.5. Discussion

It would seem that sex is a factor for extent of concern about AIDS. Women are more prone to believe in myths about how AIDS is transmitted.

This is a cue for the contents of information suitable for women: materials that discuss and debunk myths and misconceptions about AIDS and reinforce positive information now possessed.

Another area of concern is the inconsistency of behavioral partners: men more than women admitted that they have changed both lifestyle and sexual behavior because of AIDS, but they forget AIDS when they get sexually excited and generally shun condoms.

Men disagreed with statements that sex should be limited to married partners, to one partner alone and that there is a need to discuss previous partners before having sex. Such disagreements make men appear to be at greater risk than women to contract AIDS.

Men must be invited to modulate these feelings into AIDS-free sexuality. But will they pay attention to fear appeals in the face of their insistence on sexual freedom? It is apparent that men and women will respond to different types of communication materials, both face-to-face and mass media, on the basis of their disposition about the disease.

2.2. Evaluating a media campaign on AIDS for young adults

In June, TRENDS surveyed 200 young Metro Manilans with demographic characteristics comparable to those of the respondents of the 1989 survey on young adults. The study aimed to know their reactions to the mass media campaign.

In 1992, a campaign was conducted from February to April to encourage dialogue among young adults as well as risk reduction through postponement of sex and avoidance of commercial sex.

The 1992 media campaign was also evaluated by TRENDS with a probability sample population of 300 unmarried males and females from Metro Manila, aged 18-24 years, from the socioeconomic classes ABCD. For this situation analysis the evaluation study was not available. Data on it were extracted from Dr. Michael Tan's review of 28 studies.

2.2.1. Knowledge levels/attitudes

In 1990, the main sources of information for AIDS advertising were television (virtually all respondents and across sex and economic standing) and radio (by 58% of the females).

For this situation analysis there are no data available for 1992 save that television remains the most frequently cited source of information for HIV, followed by radio and newspapers. Newspapers (mostly tabloids), magazines, posters, hand-outs, brochures and leaflets were identified as minor sources.

After five months of continuous airing of the plugs in 1990, unaided recall for AIDS as a health issue affecting Filipino youths had doubled the pre-survey score (21% vs. 46%). Regardless of economic or age segmentation, 96% were aware of the campaign materials on AIDS. Most vividly remembered was the primary message that the disease is transmitted sexually (55%). The second most recalled message corrected misconceptions on the transmission of AIDS (30%).

Most young adults (64-94%) who were aware of the advertising could correctly identify the modes of transmission of AIDS, thus retaining in their minds the points both stated and implied by the ads.

After the campaign, knowledge about AIDS improved. Even when the young adults said that they knew very little or even nothing about it, many recognized the message on careful sex practices (90% versus 44% in the pre-study).

A majority correctly perceived that direct sexual contact is the main channel of AIDS infection. Myths that were included in the advertisements decreased: using public toilets, sneezing/coughing and being bitten by a mosquito.

While not all myths were corrected in the media campaign, those prevailing in the 1989 survey decreased: deep kissing/lips to lips, living in the same house with a person with AIDS, using or sharing utensils, breathing infected air, social kissing, and hugging/shaking hands.

The effectivity index of having a monogamous relationship rose slightly from 3.4 in 1989 to 3.6 in 1990. The index for praying (not a message in the advertisement) decreased from 3.2 to 2.9.

When the media campaign ended, 84% of those surveyed said that they were at low risk to AIDS infection. The figure had been 74% before the campaign. Of those who considered themselves at low risk, 49% said the same situation would apply to their personal acquaintance. The figure was 63% in 1989.

Less than a third of the young adults (30%) saw AIDS as a personal concern. The respondents believed that AIDS concerns every Filipino. This is shown by the 88% who disagreed with the statement that "We will all die anyway so why worry about AIDS" and 92% agreed that "Anyone who engages in behavior/lifestyle that may put him at risk should be tested."

In reviewing these tracking studies Dr. Tan pointed out that the analyses "tend to read in too many changes in knowledge and attitudes, and to attribute these to the campaign."(p. 15)

According to Dr. Tan retrospection would suggest the existence of a high level of awareness in 1989 - "approaching saturation" - about HIV/AIDS. Many of the respondents correctly recalled that AIDS could be acquired by sexual contact with an infected person, but others mistakenly recalled that "AIDS can be cured" or that it could be transmitted through the air.

Dr. Tan points out that a mass media campaign can be interpreted in many ways and should probably support other strategies. It was useful but still inadequate, according to him,
that the campaign was linked to a more interpersonal strategy as the Remedios AIDS hotline.

For 1990 some 18% said the message of the campaign was "to call the hotline" and 60% said they were very/somewhat interested and definitely would likely call. But 24% were apathetic about calling. In 1992 only 6% correctly got the key slogan of the campaign (AIDS. Think about it. Talk about it.) Only 5% could remember the message "Call up the AIDS hotline." None could remember the number.

2.2.2. Risk avoidance

Since they claimed to be abstaining from premarital sex and to be avoiding high-risk sex partners, 3 out of 5 of the respondents saw no need to change their behavior in order to avoid AIDS.

The few who have changed their behavior focused on careful sexual practices. The greatest was in the area of abstention from premarital sex.

Yet myths persisted. Some of those who promised to be careful on sexual practices said they would practise ineffective methods like washing genitals before and after sex, practising withdrawal, and refraining from donating/selling blood.

2.2.3. Discussion

The usefulness of media as a change agent is undeniable. Advertisements that are well made can find a niche in the minds of television viewers, thus facilitating attitude change.

It has been demonstrated that the media can drastically change wrong beliefs.

It is hard to combat rumors and misconceptions but a headway is made through mass media. Efforts in this direction must be maintained. Moreover, the gains from media campaign must also be sustained.

The campaign through the airwaves must be complemented by interpersonal communication. Peers that are trusted can now correct remaining myths in a face-to-face setting. Authority figures in different areas of concern can reinforce these learnings. Informal as well as formal leaders can be harnessed for the day-to-day implementation of new learnings.

3. Men Who Have Sex With Men

There appears to be a lack of scientific data on the sexual and preventive behavior of homosexuals relative to HIV infection. Such data could help design programs intervening with their risky behavior. It was this need for empirical evidence on such behavior that personal interviews were conducted from January to December 1990 among 200 male homosexuals in Metro Manila. Two in-depth interviews generated case studies on a beautician and on a marketing manager.

The study was done by De La Salle University Social Development Center as part of a four-institution collaborative research funded by WHO on sentinel groups.

The study confirmed the risk faced by homosexuals from casual partners and from the transfer of body fluids.

No study on female homosexuals were available for this situation analysis.

3.1. Demographic profile

Most of the respondents (79%) were below 30 years of age. Almost all (98%) were single. All had formal education; 59% had some college education.

Respondents came mainly from two sectors: fashion, entertainment and beauty culture, 37%, and white collar, 35%.

Of 152 who were gainfully-employed, three-fifths were earning along the poverty line, PhP 1,001-5000 a month, while a fifth were earning PhP 9,001 or more a month.

The respondents belonged to large-sized families; 2 out of 5 respondents had four to six siblings, seven to nine, 27% and one to three, 25%.

Two-thirds had both parents still alive while 29% had but one living parent.

Majority (53%) were living in the same household as their parents. Their fathers were white-collar workers (51%) while mothers were predominantly housewives (55%).

3.2. Knowledge levels/attitudes

All the respondents had heard of AIDS but 45% said they know just a little and 37% said they have moderate knowledge of it.

The most important sources of information were television, newspapers, magazines and friends, in that order. Doctors, psychiatrists, nurses, television, and newspapers were singled out as the preferred sources of information.

Half of the respondents scored moderately in a test of knowledge of risks (7-11 out of 17 activity-items); 43% had high scores (12-17 items correctly answered).

Though 88% correctly said that AIDS could be passed on through sex, 13% mentioned mosquito bites or personal effects of someone with AIDS as means of transmission.

About 4 out of 5 were of the opinion that AIDS threatens the health of homosexuals at present and within the next few years. Even if a third said they would never get it, they were worried about it.

3.3. Sexual history

The homosexuals in the sample had no sexual contact with women, further establishing the study criterion that the men interviewed were indeed homosexuals.

The respondents first had sex with men when they were between 15 and 19 years of age, perhaps during the period of adolescent experimentation.

Over the years, 64 respondents (32%) reported having had 1-35 sexual partners; 22 (11%) have had 26-50; 15 (7.5%) have had 51-75 partners; 17 (8.5%), 76-100 partners and 82 respondents (41%), 101 partners. Each year the sample respondents had an average of 36 sexual partners.

The homosexuals had only one to four regular partners on the average of nine years of homosexual activities, but had an average of four casual partners in the month before this study.

They meet casual partners in moviehouses (44%), gay bars, discotheques and beerhouses (41%) and open streets (28%).

While most respondents paid casual partners, they said they could get "noncommercial sex" in third-run cinema houses where they perform a wide range of sexual acts with casual partners like fondling, kissing, oral sex, etc.

Semen exchange had been done by 75 respondents: 29 with regular partners and 46 with casual ones.

Despite multiple partners and unsafe sexual practices, only six respondents said they have had sexually transmitted diseases.

3.4. Risk avoidance

A majority (52%) felt no need to change sexual behavior. Three-fourths said that they could control themselves to avoid getting sick.

To avoid getting AIDS, 36% would carefully select partners or know them before having sex, and 22% would lessen or avoid sex.

Genital fondling is considered a safe act commonly practiced by 55 homosexuals with their regular partners and 98 with casual partners.

Twelve used a condom with every sexual contact while 41 seldom or rarely did. Vitamins and antibiotics and showers were taken before (21 per cent) and after sex (18%). Avoiding oral or anal intercourse was adhered to by 14 per cent and the swallowing of semen was rejected by the same number.

3.5. Discussion

Thinking that sex with men pose no risk and that they are protected by careful choice of partners or vitamins and showers, few homosexuals use preventive measures. However, many recognize their vulnerability to the disease along with the prostitutes and the sexually-active individuals.

This realization of a threat can encourage homosexuals to change sexual practices and avoid partners that endanger them. They can be assisted in this by prevention programs that take into consideration their sexual orientation, including their probable under-reporting of STDs.

More research on their lifestyle is needed since they form a subculture that requires a rigorous - yet understanding study.

4. Overseas Contract Workers

No less than former President Corazon Aquino has called them "**ang mga Bagong Bayani natin.**" The estimated two million overseas contract workers (OCWs) are the new heroes of the Republic as they prop up the national economy with dollars earned at great risk to their personal and family lives. In addition, OCWs face great risks with AIDS, officially as early as 1984 when one of two persons diagnosed as having HIV was an OCW. Eight years later, 39 of the 355 reported HIV-positive individuals (11 per cent) believed that they had contracted the disease while working abroad.[17]

OCWs resemble sero-positive cases in that both are in the prime ages of their economic productivity and sexual activity and are skilled enough to move between domestic and international work places.

OCWs have been ranked by an RITM study to be more likely HIV-positive than prostitutes. They are at risk because they work in traditionally high-risk occupations like entertainment and service which may lead to prostitution. Moreover, those with questionable travel documents encounter hazards of sexual abuse and exploitation for job security and salary augmentation in the face of revised contract terms. Compensating for loneliness they relate with prostitutes or establish homosexual relations or liaison with multiple partners.

Three studies on OCWs are available for this situation analysis: (1) three focus group discussions (FGDs), (2) a survey by TRENDS as part of a sentinel group study, and (3) an education-cum-prevention project of the Institute of Social Studies and Action (ISSA), a non-government organization engaged in advocacy and education on women's reproductive health and health rights.

The respondents comprised of male and female OCWs and the spouses or partners of seamen. All three studies were done in Metro Manila although in addition, there were some interviews in the provinces of Batangas and La Union.

The research instruments were adapted from the TRENDS (1989) and HAIN (1991) surveys.

4.1. Demographic profile:

The TRENDS FGDs had 27 male participants from the C and D economic class.[18] Most had worked in Saudi Arabia. Eleven were 21-30 years old; ten, 31-40 years old; and six, 41-50 years old.

The TRENDS survey had a purposive sample of 100 male and 100 female overseas workers aged 21-44 years old. All had worked abroad for one to two years before the study. Jobs followed the stratification of leading occupational groups of overseas workers set by the Philippine Overseas Employment Administration (POEA). Those from the medical and allied services were excluded.[19]

The respondents to the ISSA interviews were 60 seamen connected with El Greco-Tsakos Manning Agency. The agency arranged for the conduct of physical examinations by medical staff of Women's Health Care Foundation, the sister organization of ISSA.[20]

Almost half of the male ISSA interviewees (29) were middle adults (29-48 years of age), 25 were early adults (19-26 years of age) and 6 were late adults, 49 years or above.

Thirty-three of the male interviewees were veteran seamen (having had more than one trip on board a ship); 15 were new (only one trip); and twelve were applicants.

The male interviewees were not necessarily the participants of the education/prevention lecture-workshops on AIDS.

Like their spouses, the wives/regular partners of the respondents were interviewed before and after separate lecture-workshops. In Metro Manila, there were 25 women, 20 in Batangas, and 14 in La Union.

The detailed demographic profile of only 37 participants who completed the workshop evaluation forms could be ascertained.

Of these participants, 23 were male and 14 female. The average age was 28 years for the seamen and 37 years for the women.

A large proportion of the men were college graduates (91%); the rest (9%) were high school graduates. Of the women, 58% were college graduates; the rest were high school graduates.

As to socioeconomic grouping, 53% of the men were earning PhP 5,000-10,000 or above monthly; 30% less than PhP 5,000; 13% above PhP 10,000; and 4%, no income.

Among the women, 36% were earning PhP 5,000-10,000 monthly; another 36%, above PhP 10,000; 14%, below PhP 5,000; and another 14%, no figure.[21]

4.2. Knowledge/attitudes

All of the overseas workers had heard about AIDS but the quality of knowledge about AIDS varied. In fact they scored lowest among the four sentinel groups surveyed by TRENDS.

Only the FGD study groups have data on sources of information for AIDS. However, these were not ranked or quantified: readings, seminars and discussions with friends, relatives, peers, medical practioners and affected personalities.

Information from the FGDs shows that most of the respondents knew that AIDS is a new form of sexually transmitted disease and that it is incurable and fatal.

The less-informed mentioned incorrect transmission routes: exchange of saliva or any fluids, kissing lips-to-lips, sitting beside a carrier, being in the same room as him or her and using personal effects or utensils.

Like the FGD participants, those in the TRENDS survey had inadequate knowledge about AIDS. Only 31% of the male respondents recognized that it is incurable (the average for the sentinel groups is 35%) and 18% classified it as fatal. Ten per cent said they "knew nothing" about AIDS.

In contrast, the respondents of the ISSA workshops who accomplished all the evaluation questionnaire scored an average of 7.5 of a potential perfect score of 15 in a pre-test on knowledge about modes of transmission of AIDS and a post-test average of 8.1 correct answers. They may be said to have a fair level of general knowledge about AIDS.

That the male respondents learned more about AIDS is seen in the change in their score on mosquitoes as a vector of the virus: 38% on the pre-test and 70% in the post-test.

All OCWs knew that there is a test for AIDS because they must undergo one before working in a receiving country. In the TRENDS survey, for instance, 85% of the males were aware of diagnostic test and 78% knew about blood tests. About 1 in 5 also believed that a urine test is diagnostic.

All three surveys reveal misconceptions about AIDS. On blood transfusion for instance, 61% of the TRENDS survey respondents believed that donating blood can transmit AIDS. About 7 out of 10 seamen (ISSA study) were not willing to donate or sell blood because of this misconception.

Across all three surveys, the male respondents scored low in the perception about AIDS as a serious problem (82% in the TRENDS survey as against 87% of the total population of the four sentinel groups surveyed), as a definite threat that would spread thoughout the Philippines (45% as against 62% average for all four groups), and as a personal risk (22% as against 32% of all respondents).

The FGD participants believed that only the perverse and the depraved, which they thought they were not, would contract AIDS. Since they were careful and clear, the prescription to change sexual behavior to avoid AIDS did not apply to them.

The FGD participants considered the homosexuals as at greatest risk, because of their "perversion." So are the male youth who are "daring and ready to try new things." They conceded that female prostitutes also spread AIDS, but those they use abroad are safe and clean.

As for the females, those in the TRENDS survey had a low 6% awareness rating about AIDS (the average was 24% across all groups). Seven per cent admitted that they knew nothing about it, as against 17% for all the groups.

Only 25% of the women in the same survey knew that it was incurable (the average across the four groups was 35%). Only 9% knew that it was fatal as against 19% for all respondents.

While the women overseas workers knew that AIDS is sexually transmitted, they also had higher scores in misconceptions on transmission such as living with infected individuals and sharing utensils.

Only about three-quarters (74%) of the women overseas workers perceived AIDS to be serious. Less than half (49%) believed that it would definitely spread in the country.

Only a handful (18%) believed that AIDS was a personal threat to someone like them. In fact, less than a fourth of the women overseas workers believed that they would ever get the disease.

As to the wives of seamen, they had higher scores than their spouses in knowledge both pre-workshop and post-workshop levels. What is interesting in the workshop scores is that while 74% of the seamen declined to donate blood for fear of transmitting AIDS, 65% of the women were willing to do it. Close to four-fifths of the seamen (78%) said that withdrawal before orgasm could help avoid AIDS; only 60% of the spouses did.

But it is also interesting that while 75% of the men did not believe in taking antibiotics and vitamins against AIDS, only a third of the women debunked this myth. The women were also convinced that washing the genitals before and after sex can prevent AIDS infection.

4.3. Sexual history/pattern

In the TREND group, 73% of the males and 52% of the females recognized that working overseas would increase their risks to AIDS.

Most of the men (70%) and the women (52%) admitted that they engaged in sexual activities that they would never consider at home.

About 17% of the male participants in the same survey had some sex encounters. Two of 5 admitted they have been sexually active with sex workers. Of that figure half had encounters in the year before the survey. The FGD participants and the seamen also confided that they had sexual encounters abroad.

The FGD participants also said that their sex practices with their wives were modest when compared to "avant-garde" techniques (they would not think of asking their wives to do oral sex on them, for instance) and what they did with sex workers was calculated and well-thought out rather than spontaneous.

The FGD participants also said that even if they used partners overseas, they went back to their wives.

There was also a strong aversion to anal sex among partcipants of all three studies, part of what the FGD males called "**kababuyan**"- perversions that correlate with AIDS.

Still machismo values are strong. Only half of the seamen preferred to have only one partner and were perceived by their wives as being capable of killing them (wives) if they should catch them being unfaithful.

Almost all of the seamen (92%) saw masturbation among men as natural. In the same vein more than half of the TRENDS survey participants (60%) said that it is natural for men to pursue sex at every opportunity.

Condom use was low: 51% had tried using it but only 2% reported using it "always" and another 6% "occasionally."

The same was true for the FGD participants. One said he would feel choked by a condom. Another said that it takes away the pleasure of sex; he would rather masturbate than use one. Still another called it an absurdity inasmuch as one engages in sex to fully enjoy and not to control the enjoyment.

As for the seamen, 27% of the 60 interviewees have not used condoms even if 83% did perceive a threat of getting STDs and 77% of AIDS.

The same pattern was true for the seamen in the workshop. Almost 83% perceived condom use as an interference during intercourse and 92% said that it reduced pleasure.

Amidst all this insistence on full sex enjoyment, however, it is interesting to note that 17% of the male overseas workers in the TRENDS survey said that they have not had any sexual intercourse.

Almost a third of the women workers reported the same. The women seemed to be restrained by society from full sex enjoyment. A full 93% of the seamen's spouses preferred having only one partner. A number of them denied practising or claimed ignorance of masturbation.