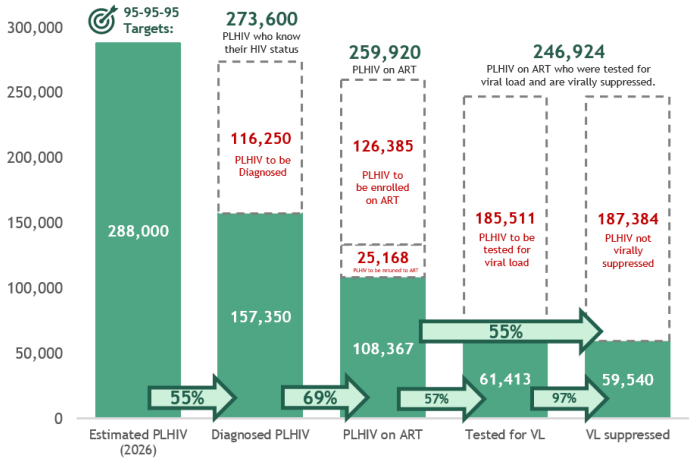
HIV & AIDS SURVEILLANCE OF THE PHILIPPINES

HIV & AIDS CONTINUUM OF CARE

The latest Philippine HIV estimates show that by the first quarter of 2026, there would have been 288,000 estimated People Living with HIV (PLHIV) in the country. As of March 2026, 157,350 (55% of the estimated) PLHIV have been diagnosed or laboratory-confirmed. Further, 108,367 (69% of the diagnosed) PLHIV are currently on life-saving Antiretroviral Therapy (ART), of which 61,413 (57%) PLHIV have been tested for viral load (VL) in the past 12 months. Among those tested for VL, 59,540 (97%) were virally suppressed. However, only 55% were virally suppressed[1] among PLHIV on ART [Figure 1]. Compared to the previous reporting period (Oct-Dec 2025), diagnosis coverage decreased by 6%, treatment coverage increased by 3%, and VL suppression among PLHIV on ART decreased by 2%.

Figure 1. National Care Cascade as of March 2026



See Annex : HIV Care Cascade per Region and Age Group

95-95-95 ACCOMPLISHMENT, as of March 2026

1st 95	2nd 95	3rd 95
Diagnosing 95% of Estimated PLHIV	95% of Diagnosed PLHIV on Treatment	Testing and Suppressing the viral load of 95% of PLHIV on Treatment
55%	69%	55%
N : Number of Diagnosed PLHIV D : Estimated Number of PLHIV	N : Number of PLHIV on ART D : Number of Diagnosed PLHIV	N : Number of VL Supp PLHIV on ART D : Number of PLHIV on ART

The 95-95-95 Targets
The 95-95-95 by 2025 is the global targets set by the Joint United Nations Programme on HIV and AIDS (UNAIDS). The Philippines, as one of the states who committed to the "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" adopted during the General Assembly in June 2021, integrated these high-level targets in the 7th AIDS Medium Term Plan - 2023 to 2028 Philippines: Fast Tracking to 2030. It aims that by 2030, 95% of people living with HIV (PLHIV) know their HIV status or are diagnosed, 95% of PLHIV who know their status are receiving treatment (ART), and 95% of PLHIV on ART have a suppressed viral load so their immune system remains strong, and the likelihood of their infection being passed on is greatly reduced (Undetectable=Untransmissible).

The Philippine People Living with HIV (PLHIV) Estimates
The Philippines has been using the national PLHIV estimates to determine the state and trend of the epidemic in the country, to aid programmatic response and develop strategic plans, and to monitor progress towards the 95-95-95 targets. Annually, the National HIV/AIDS & STI Surveillance and Strategic Information Unit of the Department of Health-Epidemiology Bureau leads the process of developing the PLHIV estimates, which was modeled through the AIDS Epidemic Model (AEM) and Spectrum. The latest PLHIV estimates were updated in May 2025 with analyzed and triangulated data from the HIV/AIDS & ART Registry of the Philippines (HARP), Integrated HIV Behavioral and Serologic Surveillance (IHBSS), Key Population surveys, Laboratory and Blood Bank Surveillance (LaBBS), Population Census, and other program data. Further, the development of PLHIV estimates underwent a comprehensive consultation, validation, and vetting process with technical experts from EastWest Center, UNAIDS, WHO, and key national, regional, and local program implementers and stakeholders.

Diagnosed PLHIV
The total number of diagnosed or laboratory-confirmed HIV cases reported in the HIV/AIDS Registry who are currently alive or not yet reported to have died.

PLHIV on ART
A PLHIV who is currently on ART is defined as having visited the facility for an antiretroviral (ARV) refill or accessed ARV refill before or within 30 days after pill run-out.

Virally Suppressed PLHIV
PLHIV on ART who have viral load of ≤1000 HIV RNA copies per mL of blood. Viral load refers to the amount of HIV present in an infected person's blood.

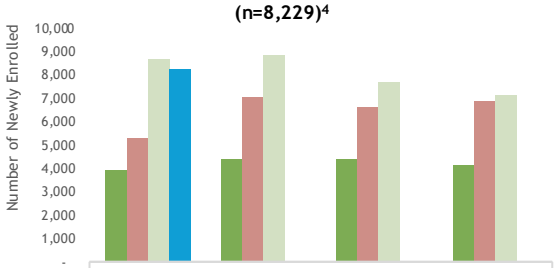
PREVENTION

*Note: **Data for oral PrEP is partial** as of March 2026. Data validation is in progress and will be reflected in the succeeding reports.

From January to March 2026, there were 8,229* clients newly enrolled to Pre-Exposure Prophylaxis (PrEP), a 16% increase from the previous quarter [Figure 2]. Of the enrollees in this period, 96 (3%) were less than 18 years old at the time of enrollment, 3,385 (41%) were 18-24 years old, 3,557 (43%) were 25-34 years old, 1,173 (14%) were 35 years old and above[1,2]. PrEP is most heavily used by the young key populations and young adults aged 18 to 34 who experience the greatest burden of disease. The majority of those newly enrolled to PrEP were from the facilities of the National Capital Region (NCR) (3,457, 42%), Region 4A (1,389; 17%), and Region 7 (914; 11%)[3]. PrEP is most widely distributed in Greater Metro Manila (GMM), where most cases occur.

Since the implementation of PrEP in March 2021, a total of 96,890 clients have been enrolled. Of these, 92,691 (96%) were males, and 61,517 (63%) were 25 years old or older. The majority of clients ever enrolled in PrEP (78%; 75,807) were registered at facilities in NCR, CALABARZON (Region 4A), and Central Luzon (Region 3). Among the total enrolled, only 24% (14,614) returned for a PrEP refill in 2026, while 8% (8,219) were new enrollees. Of the 65,838 non-returnees, 2,012 (3%) tested positive for HIV[3].

Figure 2. Quarterly PrEP Enrollment as of March 2026 (n=8,229)[4]



	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
2023	3,893	4,375	4,358	4,090
2024	5,265	6,972	6,606	6,847
2025	8,600	8,816	7,662	7,097
2026	8,229			

DIAGNOSIS

Newly Reported Cases, Jan - Mar 2026	With Advanced HIV Disease, Jan - Mar 2026[5,6]	Average Cases per day, Jan - Mar 2026	Total Reported Cases, Jan 1984 - Mar 2026
4,633	1,104	51	168,079

Male	Female
4,381	252

Age group[7]	<15 y/o	15 to 24 y/o	25 to 34 y/o	35 to 49 y/o	50 and older
	<1%	31%	46%	18%	3%

In January to March 2026, there were 4,633 confirmed HIV-positive individuals reported to the One HIV/AIDS & STI Information System (OHASIS), 9% lower than the cases recorded in the same quarter last year. Of the recorded cases for this quarter, 1,104 (24%) had an advanced HIV disease at the time of diagnosis, which is 2% lower than the same reporting period last year[5,6]. The quarter average cases per day is 51, decreased by 11% compared to the previous reporting period.

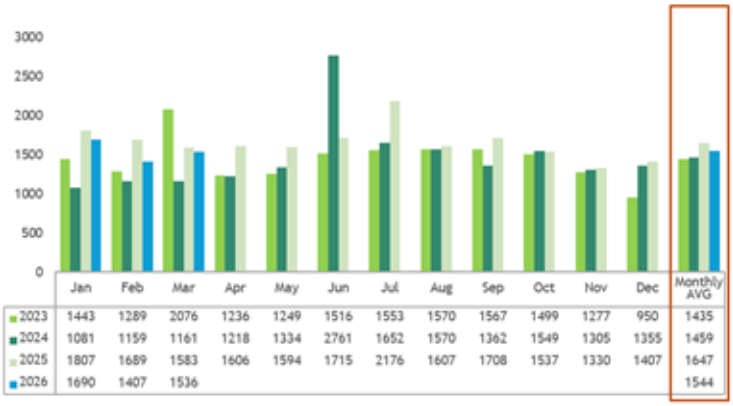
Of the newly reported confirmed HIV-cases this period, 4,381 (95%) were males, while 252 (5%) were females. The age of the newly reported cases ranged from 2 to 77 years old (median: 28 years). By age group, 23 (<1%) were less than 15 years old, 1,443 (31%) were 15–24 years old, 2,118 (46%) were 25–34 years old, 845 (18%) were 35–49 years old, and 116 (3%) were 50 years and older[7]. More than half of all newly reported cases (58%) in this quarter were confirmed in Certified Rapid HIV Diagnostic Algorithm (rHIVda) Confirming Laboratories (CrCLs). Moreover, the number of reporting Certified rHIVda Confirming Laboratories (CrCLs) in OHASIS increased from 26 facilities in 2021 to 195 as of 2026.

1. Age at the time of enrollment to PrEP. 8 have no data on age
2. Percentages were rounded off to the nearest whole number; hence, sum may not be equal to 100% due to rounding of figures
3. For this quarter, 1 obtained PrEP from overseas facilities. Since March 2021, 74 had no data on PrEP facility
4. Difference in totals from the previous quarter reports is due to validation or late reporting from sites
5. AHD definition is based on clinical criteria of WHO staging 3 and 4 or immunologic criterion of baseline CD4 result <200 cells/mm³
6. 3,529 cases had non-advanced HIV infection. Of these, 1196 (33%) had no data on immunologic/clinical criteria at the time of diagnosis which were then classified as non-advanced HIV disease.
7. Age classification is based on age upon diagnosis. 88 individuals have no data on age.

Cumulatively, 168,079 confirmed HIV cases have been reported to the HARP since the first reported HIV case in the Philippines in 1984. Expanded testing strategies yielded a wider coverage for diagnosis, thus capturing more cases in the country.

Since 2021, the number of newly diagnosed HIV cases reported each month has consistently increased. In 2021, the average monthly cases recorded were 1,027, which rose by 21% to 1,244 in 2022. The upward trend continued in 2023, with an additional 15% increase that brought the average to 1,435 monthly cases. In 2024, a smaller increase of 2% was observed, resulting in an average of 1,459 cases per month. The rise became more pronounced again in 2025, when the average monthly diagnoses reached 1,647, reflecting a 13% increase from the previous year. However, as of the first quarter of 2026, the average monthly cases declined to 1,544, which is 9% lower compared to the same period in 2025, when the average was 1,693 cases [Figure 3].

Figure 3. Number of monthly newly diagnosed HIV cases, Jan 2023 - Mar 2026



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly AVG
2023	1443	1289	2076	1236	1249	1516	1553	1570	1567	1499	1277	950	1435
2024	1081	1159	1161	1218	1334	2761	1652	1570	1362	1549	1305	1355	1459
2025	1807	1689	1583	1606	1594	1715	2176	1607	1708	1537	1330	1407	1647
2026	1690	1407	1536										1544

Geographic Distribution

From January to March 2026, the regions with the highest reporting of newly diagnosed cases were NCR, CALABARZON (Region 4A), Central Luzon (Region 3), SOCCSKSARGEN (Region 12), and Davao (Region 11), accounting for 62% (2,888) of the total cases [Figure 4].

From 1984 to March 2026, NCR and Regions 4A, 3, 7, and 11 consistently report the highest number of cases, with a total of 119,626 cases (71%). During this period, 48,441 cases (28%) were reported from other regions within the country, while 12 cases (<1%) were reported overseas. [Table 1].

Figure 4. Distribution of newly diagnosed HIV cases by region of residence [8]
Jan - Mar 2026 (n=4,633)

Region	Number of Cases	%
NCR	989	21%
4A	808	17%
3	551	12%
12	277	6%
11	263	6%
7	228	5%
6	216	5%
1	191	4%
10	183	4%
5	158	3%
9	137	3%
NIR	133	3%
2	108	2%
4B	101	2%
8	101	2%
CARAGA	84	2%
BARMM	42	1%
CAR	37	1%

Table 1. Number of diagnosed HIV cases, by region of residence, 1984 - Mar 2026[8,9]

Region	Jan 2020 - Mar 2026 (n=94,385)		Jan 1984 - Mar 2026 (N=168,079)		CrCIs as of 2026 (n=195)
NCR	23,951	25%	52,054	31%	39
4A	16,982	18%	28,211	17%	19
3	10,721	11%	17,760	11%	18
7	5,960	6%	12,137	7%	8
11	5,329	6%	9,464	6%	5
6	4,634	5%	7,162	4%	9
12	3,210	3%	5,046	3%	10
1	3,219	3%	4,892	3%	10
10	3,055	3%	4,667	3%	10
NIR	3,029	3%	4,548	3%	7
5	2,647	3%	3,977	2%	9
9	2,117	2%	3,107	2%	13
2	2,120	2%	3,077	2%	8
4B	2,176	2%	3,059	2%	5
8	2,036	2%	3,052	2%	6
CARAGA	1,598	2%	2,373	1%	9
CAR	868	1%	1,465	1%	7
BARMM	564	1%	766	<1%	3

Sex and Age

Majority of the total reported cases (158,670; 94%) were males, while 9,399 (6%) were females [Figure 5]. Since 2011, the proportion of males among the newly diagnosed cases has consistently been at least 94%.

By age group[11], 588 (<1%) were below 15 years old upon diagnosis, 50,457 (30%) were among the youth aged 15-24 years old, 82,894 (49%) were 25-34 years old, 29,650 (18%) were 35-49 years old, and 4,279 (3%) were aged 50 and older. The age of diagnosed cases ranged from <1 to 81 years old (median: 27 years). Diagnosed cases are getting younger as predominant age group shifted to 25-34 years old starting 2006, and the proportion of cases among 15-24 years old has reached 30% as of 2025 [Figure 6]. Moreover, the highest percent change in the past five years occurred among the <15 age group (+111%), followed by the 15-24 age group (+85%) [Table 2].

Figure 5. Proportion of diagnosed HIV cases by sex, Jan 1984 - Mar 2026[10]

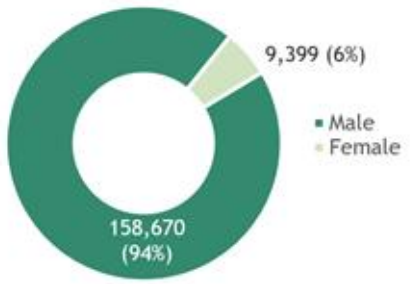
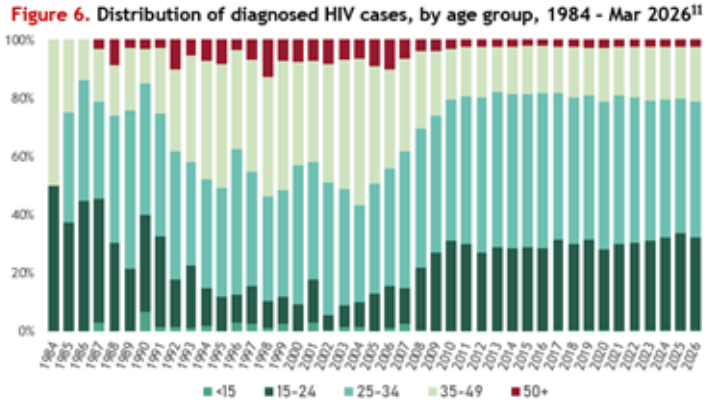


Figure 6. Distribution of diagnosed HIV cases, by age group, 1984 - Mar 2026[11]



8. From January to March 2026, 25 (<1%) had no data on residence; From Jan 2020- March 2026, 157 (<1%) had no data on residence while 12 (<1%) were from overseas; Since 1984, 1,250 cases (1%) had no data on residence and 12 (<1%) were from overseas.
9. Residents of some regions obtain confirmatory testing from the facilities of other regions.
10. No data on sex for 10 cases
11. No data on age for 211 cases

Table 2. Percent increase between March 2021 and March 2026 of cumulative cases by age group

Age group	As of Mar 2021	As of Mar 2026	% Increase
<15	278	588	111.51%
15-24	27,190	50,457	85.57%
25-34	47,701	82,894	73.78%
35-49	16,332	29,650	81.55%
50+	2,459	4,279	74.01%
TOTAL	93,960	167,868	78.66%

Mode of Transmission (MOT)

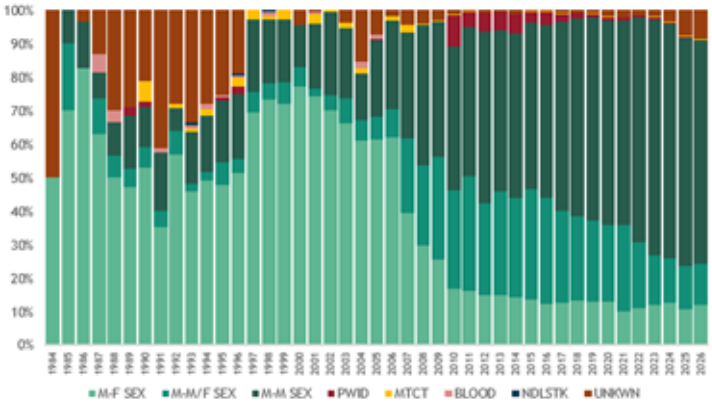
In the first quarter of this year, 4,214 (91%) newly reported cases had acquired HIV through sexual contact – 3,095 through male-male sex, 567 through male-male/female sex[12], and 552 through male-female sex. Meanwhile, 2 (<1%) reported sharing of infected needles, and 13 (<1%) through mother-to-child transmission (MTCT) [Table 3].

Table 3. Number of diagnosed HIV cases, by mode of transmission and sex, 1984 - March 2026. [13, 14]

Mode of Transmission	Jan - Mar 2026 (n=4,619)		Jan 2020 - Mar 2026 (n=94,272)		Jan 1984 - Mar 2026 (n=167,966)	
	M (4,367)	F (252)	M (89,385)	F (4,887)	M (158,562)	F (9,394)
Sexual Contact	3,993	221	85,662	4,528	152,003	8,709
Male-male	3,095	-	63,349	-	102,136	-
Both males & females[13]	567	-	15,964	-	36,171	-
Male-female	331	221	6,349	4,528	13,696	8,709
Sharing of infected needles	1	1	430	29	2,490	157
Mother-to-child	9	4	128	117	233	211
Blood products	0	0	0	0	5	14
Needlestick injury	0	0	0	0	2	1

Sexual contact has consistently been the leading mode of HIV transmission among newly diagnosed cases over the years [Figure 7]. From January 1984 to March 2026, of the 167,966 reported cases, 160,712 (96%) were acquired through sexual contact. This includes 102,136 cases from male-male sex, 36,171 from male-male/female sex, and 22,405 from male-female sex.

Figure 7. Distribution of diagnosed HIV cases, by mode of transmission, Jan 1984 - March 2026[14]

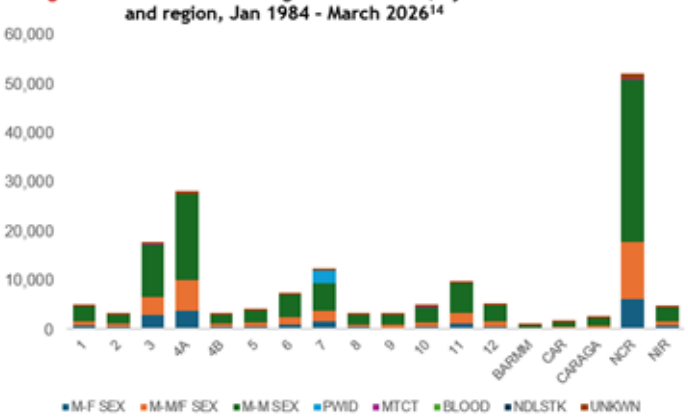


There has been a notable increase in reported HIV cases resulting from MTCT. Out of a total of 444 cases, more than half (55%, 245) were reported from 2020 to the current reporting period.

Additionally, sharing of infected needles has consistently accounted for 2% (2,647) of the total cases. Transmission through blood or blood products has been reported in 19 cases (<1%) with no new cases reported since 2012. During this quarter, no new cases of needlestick injury were recorded. The last reported case occurred in 1998, and no further incidents have been documented since then.

Among diagnosed male cases, 138,307 (87%) acquired HIV through sex with another male, 13,696 (9%) through sex with a female, 2,490 (2%) through sharing of infected needles, and 233 (<1%) through mother-to-child transmission. Similarly, among diagnosed females, the predominant mode of transmission was sexual contact, with 93% (8,709) acquiring HIV through sex with a male. Additionally, 211 (2%) diagnosed female cases were attributed to mother-to-child transmission, and 157 (2%) were due to sharing infected needles.

Figure 8. Distribution of diagnosed HIV cases, by mode of transmission and region, Jan 1984 - March 2026[14]



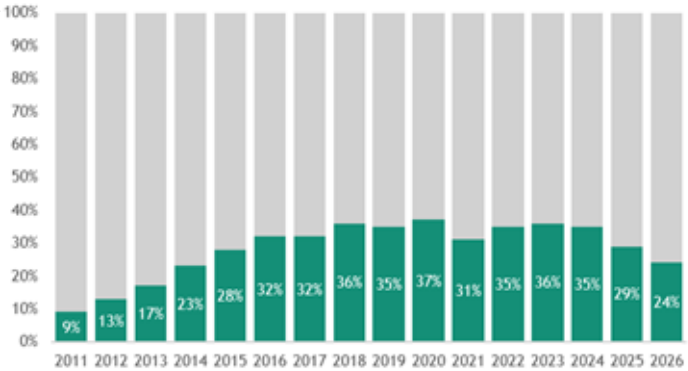
Mode of transmission (MOT) shows regional variations. For instance, 32% (44,799) of diagnosed males who have sex with males were from NCR. Over half (57%; 251) of those who acquired HIV through MTCT were from NCR, Region 4A, and Region 3. Moreover, almost all (99%, 2,647) who acquired HIV through sharing of infected needles were from Region 7 [Figure 8]. The MOT in these regions mirrors national data.

Advanced HIV Disease (AHD)

Reporting of Advanced HIV Disease (AHD)[15] cases only started in 2011. Among the total reported cases, 50,805 (31%) were diagnosed with AHD. HIV cases without immunologic or clinical tagging were classified as non-AHD. Immunologic or clinical criteria at the time of diagnosis were unavailable for 28% (44,264) of non-AHD cases.

From 2011 to 2020, there was a notable increase in the proportion of cases with AHD [Figure 9], rising from 9% in 2011 to 37% in 2020. Since 2021, the proportion of AHD cases has remained relatively stable, consistently exceeding 30% annually, with the current proportion being 13% lower than in 2020. Median baseline CD4 improved over the past five years, from 205 cells/mm^3 in 2020 to 221 cells/mm^3 in 2025.

Figure 9. Proportion of newly diagnosed HIV cases with advanced HIV disease, 2011 - March 2026



12. Among males only
13. Sex at birth: M=Male, F=Female
14. No data on MOT for 4,133 cases
15. Classification of diagnosed cases with advanced clinical manifestations based on immunologic and clinical criteria has been newly implemented in 2022. Previously advanced HIV cases were identified based solely on available clinical criteria.

TREATMENT

Antiretroviral Therapy (ART)

In January to March 2026, there were 4,716 PLHIV who were enrolled in ART, of which 4,665 (99%) were on the first line regimen, 1 (<1%) were on the second line regimen, and 50 (1%) were on other lines of regimen. Among them, 22 (<1%) were less than 15 years old, 1,534 (33%) were 15-24 years old, 2,175 (46%) were 25-34 years old, 887 (19%) were 35-49 years old, and 98 (2%) were 50 years and older. The median CD4[19] of these patients upon enrollment was at 182 cells/mm^3.

Newly Enrolled to ART, Jan-Mar 2026[16]: **4,716**

Median Baseline CD4 at enrollment (in cells/mm^3)[17]: **182**

PLHIV on ART as of Mar 2026: **108,367**

Current age (in years)[18]

Age Range	1 - 84
Median Age	33

Sex assigned at birth[19]

Male	104,207
Female	4,159

Table 4. Number of PLHIV ever enrolled to ART by treatment outcome and region of treatment facility as of March 2026

Region of Treatment Facility[20]	Treatment Outcome						
	Alive on ART[21] (n= 108,367)	Lost to Follow-up[22] (n=30,644)	Dead (n= 7,131)	Trans out (Overseas)[23] (n= 18)	Stopped[24] (n= 4)	Total (n=146,164)	% LTFU
NCR	43,052	14,425	1,752	0	0	59,229	24%
7	7,646	3,007	709	0	0	11,362	26%
4A	13,163	2,642	681	1	0	16,487	16%
3	9,895	2,216	1,100	5	1	13,217	17%
11	6,774	2,034	336	0	0	9,144	22%
12	3,680	844	159	0	0	4,683	18%
10	2,755	780	201	0	0	3,736	21%
NIR	2,644	647	392	0	0	3,683	18%
6	5,049	634	594	7	0	6,284	10%
4B	1,338	603	115	0	0	2,056	29%
8	1,371	568	122	0	0	2,061	28%
5	1,986	564	224	0	0	2,774	20%
1	2,340	423	173	0	0	2,936	14%
9	1,710	407	166	4	0	2,287	18%
CAR	1,296	263	83	0	0	1,642	16%
CARAGA	1,392	241	122	0	3	1,758	14%
2	1,880	223	147	1	0	2,251	10%
BARMM	395	119	55	0	0	569	21%

A total of 146,164 people with HIV have ever been enrolled in ART since 2002. Of these, 108,367 (74%) were reported to be currently receiving ART, with ages ranging from 1 to 84 years and a median age of 33 years. Among those on ART, 106,292 (98%) were on a first-line regimen, 965 (1%) on a second-line regimen, and 1,110 (1%) on other treatment regimens.

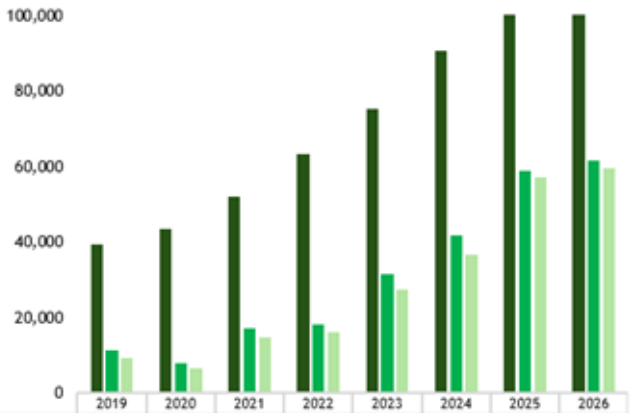
As of March 2026, 30,666 (21%) individuals who were previously on ART were no longer receiving treatment. This group includes 30,644 individuals who were lost to follow-up, 4 who refused to continue ART for various reasons, and 18 who reported migrating overseas [Table 4].

61% of the PLHIV on ART are concentrated in the GMM, which includes NCR, CALABARZON, and Central Luzon. Conversely, NCR, Central Visayas, and CALABARZON contribute to 61% of the total number of PLHIV not on treatment in the country. The highest rates of clients lost to follow-up are observed in MIMAROPA (29%), followed by Eastern Visayas (28%).

Viral Load (VL) Testing and Suppression

Among the PLHIV on ART as of March 2026, a total of 103,825 individuals had been enrolled in ART for at least 3 months and were tagged as eligible for viral load testing. Of these eligible individuals, 61,413 (59%) PLHIV underwent viral load testing within the past 12 months. Specifically, 16,628 (27%) were tested between January to March 2026, 16,027 (26%) were tested between October to December 2025, 15,430 (25%) were tested between July to September 2025, and 13,328 (22%) were tested between April to June 2025.

Figure 10. Viral Load Testing and Suppression among PLHIV on ART, 2019 - March 2026



	2019	2020	2021	2022	2023	2024	2025	2026
PLHIV on ART	39,162	43,367	51,863	63,221	75,300	90,568	100,671	108,367
VL Tested	11,269	7,675	17,129	17,957	31,330	41,746	58,887	61,413
VL Suppressed	9,240	6,457	14,547	15,851	27,468	36,633	57,182	59,540
%Tested	29%	18%	33%	25%	42%	46%	59%	57%
%Suppressed	82%	84%	85%	88%	88%	88%	97%	97%

Table 5. Viral load testing and Suppression among PLHIV on ART by region of treatment facility, as of March 2026

Region of Treatment Facility	Viral Load Status among PLHIV on ART per region				
	Alive on ART (n= 108,367)	Tested for VL[25] (n= 61,413)	% Tested for VL	VL Suppressed (n= 59,540)	% Suppressed
NCR	43,054	22,979	53%	22,455	98%
4A	13,163	8,168	62%	7,945	97%
3	9,895	6,145	62%	5,940	97%
7	7,646	3,831	50%	3,736	98%
11	6,774	4,005	59%	3,871	97%
6	5,049	3,548	70%	3,463	98%
12	3,680	1,405	38%	1,322	94%
10	2,755	1,693	61%	1,603	95%
NIR	2,644	1,801	68%	1,763	98%
1	2,340	1,228	52%	1,174	96%
5	1,986	1,384	70%	1,280	92%
2	1,880	1,434	76%	1,386	97%
9	1,710	932	55%	894	96%
CARAGA	1,392	765	55%	687	90%
8	1,371	559	41%	530	95%
4B	1,338	380	28%	374	98%
CAR	1,296	866	67%	848	98%
BARMM	395	289	73%	268	93%

16. Enrolled on ART from January to March 2026 regardless of diagnosis date
17. No data on baseline CD4 count for 2,806 cases newly enrolled to ART in January to March 2026
18. Current age as of the reporting period
19. No data on sex for 1 case
20. Current treatment facility where PLHIV last visited for antiretroviral (ARV) refill
21. PLHIV is alive on ART if he/she visits the treatment facility for ARV refill within 30 days from expected day of last (run-out) pill
22. PLHIV is lost to follow-up if he/she did not visit the treatment facility for ARV refill within 30 days from expected day of last (run-out) pill
23. Clients who reported to have migrated or transferred to another country
24. Clients who stopped due to refusal to treatment.
25. PLHIV currently alive on ART and tested for viral load within the past 12 months from the reporting period

Furthermore, among the 61,413 PLHIV on ART who were tested in the past 12 months as of March 2026, 59,540 (97%) were virally suppressed (≤1,000 copies/mL) while 1,873 (3%) were not virally suppressed. Moreover, viral testing coverage more than doubled from 2020 to March 2026 but remained below 50% until 2024. As of March 2026, VL testing coverage reached a record high of 59% [Figure 10].

Regionally, all regions except SOCCSKSARGEN (Region 12), MIMAROPA (Region 4B), Central Visayas (Region 7), and Eastern Visayas (Region 8) have reached viral load testing coverage exceeding 50%, with suppression rates ranging from 90% to 98% [Table 5].

MORTALITY

Newly reported deaths Jan - Mar 2026
204

Total reported deaths Jan 1984 - Mar 2026[26]
10,727

From January to March 2026, 204 deaths from any cause were reported among people diagnosed with HIV, 14% lower than in Q1 of the previous year. Of these, 2 (1%) were aged 0–14 years, 24 (12%) were 15–24 years, 98 (48%) were 25–34 years, 61 (30%) were 35–49 years, and 19 (10%) were aged 50 years and above

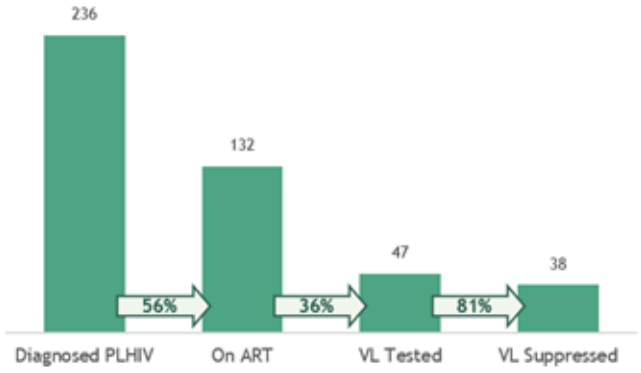
From 2020 to 2026, there have been 5,387 deaths reported among diagnosed HIV cases in the Philippines, with more than 500 new deaths reported each year since 2016.

Since January 1984, a total of 10,727 deaths have been reported. Among total deaths, 5,105 (48%) had an advanced HIV disease at the time of diagnosis.[30] Among age groups of diagnosed HIV cases, the largest proportion of reported deaths were among 25-34 years old accounting for 4,783 (45%) of total deaths, followed by 35-49 years old with 2,811 (26%), 15-24 years old with 1,486 (14%), 50 years old and older with 574 (5%), and <15 years old with 72 (<1%). 9% of the reported deaths had no reported age at the time of death.

OTHER VULNERABLE POPULATIONS

Pregnant Women with HIV

Figure 11. HIV Care Cascade among PLHIV Diagnosed during pregnancy within the past year (Feb 2025-Mar 2026)



From January to March 2026, there were 42 HIV-positive women aged 15 to 36 years (median age: 24) who were pregnant at the time of diagnosis. This represents an 8% increase compared to the same reporting period last year.

Reporting of pregnancy status at the time of diagnosis was integrated into the HARP in 2011. Since then, a total of 1,220 diagnosed women have been reported as pregnant at the time of diagnosis.

Among pregnant women diagnosed with HIV within the past year (n=236), 125 (53%) were aged 15–24 years, 85 (36%) were aged 25–34 years, and 26 (11%) were aged 35–49 years.

All pregnant women diagnosed within the past year (n=236) were alive at the time of reporting. Of these, 181 (77%) were initiated on ART; however, only 132 (73%) were retained on ART. Among those on treatment, 47 (36%) underwent viral load testing, of whom 38 (81%) were virally suppressed [Figure 11].

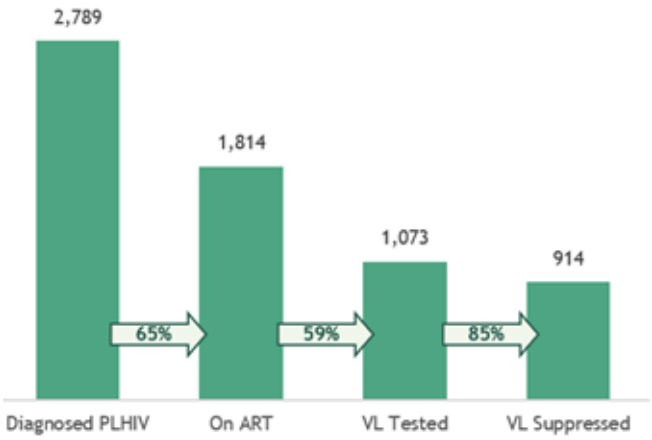
Transgender Women (TGW)

From January to March 2026 there were 29 newly reported cases who identified as transgender women (TGW)[27] where 9 (31%) were 15 - 24 years old, 12 (41%) were 25 - 34 years old, 7 (24%) were 35-49 years old, and 1 (3%) was 50+ years old. The age at diagnosis ranged from 20 to 67 years old (median: 29 years).

Of the 3,026 TGW diagnosed with HIV from January 2018 to March 2026, almost all (2,984; 99%) acquired HIV through sexual contact, 6 (<1%) through sharing of infected needles, 1 (<1%) through MTCT on, and 34 (1%) had no data on MOT. By age group, 865 (29%) were 15-24 years old at the time of diagnosis, almost half (1,487; 49%) were 25-34 years old, 598 (20%) were 35-49 years old, and 75 (2%) were 50 years and older, and one had no data on age. The age of diagnosis ranged from 15 to 75 years old (median: 28 years).

Among the diagnosed cases of TGW, 2,789 (92%) were currently alive. Of these, 2,608 (94%) were initiated on ART; however, only 1,814 (65%) among diagnosed TGW living with HIV were retained on ART. Of those who were on treatment, only 1,073 (59%) were tested for viral load, with 85% (914) viral load suppression [Figure 12].

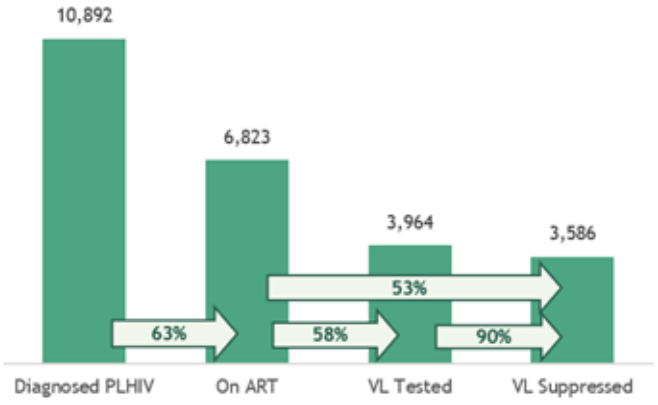
Figure 12. HIV Care Cascade among TGW living with HIV



26. Reported deaths are due to any cause and not limited to AIDS-related causes. These are based on reported date, and actual date of death may not necessarily fall in the current reporting period
27. Transgender woman tagging is based on the reported gender identity of clients. Reporting of gender-identity in HARP started in 2018

Migrant Workers

Figure 13. Diagnosis and Treatment coverage among migrant workers living with HIV



From January to March 2026, 223 migrant workers were reported, among whom were Filipinos aged 19 to 64 (median: 34). Of the Filipino migrant workers, 205 (92%) were males, and 18 (8%) were females. Most (211; 95%) acquired HIV through sexual contact: 144 (64%) through male-male sex, 32 (14%) through sex with both males and females, and 35 (16%) through male-female sex, and 12 (5%) had no data on transmission. There was a 17% increase in HIV diagnoses among migrant workers compared to the same period last year, and an 11% increase for the past five years.

Since 1984, 11,579 (7%) of diagnosed cases have been migrant workers. Of these, 11,332 (98%) acquired HIV through sexual contact, 20 (<1%) through needle sharing, 9 (<1%) through exposure to blood, 4 (<1%) through needlestick injury, and 210 (2%) had no data on transmission.

Among the diagnosed cases of migrant workers, 10,892 (94%) were currently alive. Of these, 9,097 (84%) were initiated on ART, but only 6,823 (63%) among diagnosed PLHIV were retained on ART. Of those who were on treatment, only 3,964 (58%) were tested for viral load (VL), with 90% (3,586) VL suppression [Figure 13].

People Engaging in Transactional Sex[28]

In January to March 2026, 500 (11%) of the newly diagnosed cases engaged in transactional sex within the past 12 months. Majority (488, 98%) were males and 12 (2%) were females, their age ranged from 15 to 77 years old (median: 34 years). Of the male cases, 173 (35%) reported accepting payment for sex only, 223 (45%) reported paying for sex only, and 92 (19%) engaged in both. On the other hand, among female cases, 4 (33%) accepted payment for sex, 2 (17%) reported paying for sex only, and 6 (50%) engaged in both. 11,154 (59%) of the total cases who had history of transactional sex were diagnosed from 2020 to 2026, of which almost half (47%) of them paid for sex [Table 6].

Since the reporting of transactional sex began in December 2012, a total of 18,774 cases have been reported to HARP. The majority, 18,252 (97%), were males, while 522 (3%) were females. Among them, 6,383 (34%) accepted payment for sex, 9,330 (50%) paid for sex, and 3,061 (16%) engaged in both.

Among the diagnosed cases who had history of transactional sex, 17,401 (93%) were currently alive. Of these, 15,968 (92%) were initiated to ART however, only 11,631 (67%) among of them were retained on ART. Of those who were on treatment, only 6,745 (58%) were tested for viral load with 97% (6,522) viral load suppression.

Table 6. Diagnosed HIV cases who engaged in transactional sex, by sex and age, 2012 - March 2026 (n= 18,774)[29,30]

Type of Transactional Sex	Jan - March 2026 (n=500)	2020 - March 2026 (n=11,154)	2012 - March 2026 (N=18,774)
Accepted	177	3,952	6,383
Male	173	3,807	6,058
Female	4	145	325
Age Range (median)	15-52 (25)	14-63 (26)	12-68 (26)
Paid for Sex Only	225	5,266	9,330
Male	223	5,236	9,275
Female	2	30	55
Age Range (median)	17-77 (34)	15-80 (33)	13-80 (32)
Engaged in Both	98	1,936	3,061
Male	92	1,881	2,919
Female	6	55	142
Age Range (median)	16-71 (31)	14-73 (29)	14-73 (29)

28. People engaging in transactional sex includes all individuals who reported having either accepted payment, paid for sex,or done both in the form of money or in kind in the past 12 months. This also encompasses other key populations with similar experiences. Reporting of transactional sex was included in the HARP starting December 2012.
29. Transactional sex within the past 12 months at the time of diagnosis
30. Cumulative number of cases reported regardless when the person engaged in transactional sex. Reporting of specific timeperiod when the person last engaged in transactional sex started only in 2017 [Form version 2017]

HIV & AIDS Surveillance of the Philippines - Editorial Team

Data Quality Team

Ruela P. Haynes
Surveillance Officer

Angeline C. Molina
Surveillance Officer

John Benedict R. Palo
Database Specialist

Data Analytics Team

Syo Joseph M. Mateo
Surveillance Officer

Gian Rei A. Mangcucang
Surveillance Officer

Niel Gabriel E. Saplagio
Surveillance Officer

Noel S. Palaypayon, RN, MGM-ESP
Manager, NHSSS

Mariel A. Dejesa, MD, MPM
OIC-Division Chief, Monitoring and Evaluation Division (MED)

Gerna M. Manatad, MD, PHSAE, MDM, CESO IV
Director IV, Epidemiology Bureau

HIV & AIDS Surveillance of the Philippines

The HIV & AIDS Surveillance of the Philippines (HASP) is the official record of total number of diagnoses (laboratory-confirmed), ART outcome status and deaths among people with HIV in the Philippines. All individuals in the registry are confirmed by the San Lazaro Hospital STD/AIDS Cooperative Central Laboratory (SACCL) which is the HIV/AIDS National Reference Laboratory (NRL) and DOH Certified Rapid HIV Diagnostic Algorithm - rHIVda Confirmatory Laboratories (CrCLs). Confirmed HIV positive individuals were reported to the DOH-Epidemiology Bureau (EB) and recorded to OHASIS. ART figures are counts of HIV positive adult and pediatric patients currently enrolled and accessing Antiretroviral (ARV) medication during the reporting period in 306 treatment hubs and primary HIV care treatment facilities that had reported in EB. This report did not include patients who have previously taken ARV but have died, left the country, have been lost to follow-up and/or opted not to take ARV. Lost to follow-up is considered once a person have failed to visit a treatment facility 1 month after the expected date of ARV refill. HASP is a passive surveillance system. Except for HIV confirmation by the NRL & CrCLs, all other data submitted to the HASP are secondary and cannot be verified. Hence, it cannot determine if an individual's reported place of residence was where the person got infected, or where the person lived after being infected, or where the person is presently living. This limitation has major implications on data interpretation. Readers are advised to interpret the data with caution and consider other sources of information before arriving at conclusions.

National HIV/AIDS & STI Surveillance and Strategic Information Unit (NHSSS)

Department of Health 2/F Bldg. 19, San Lazaro Compound, Sta. Cruz, Manila 1003 Philippines
+632 8651-7800 local 2952

nhsss@doh.gov.ph
ebreports@doh.gov.ph
https://doh.gov.ph/
@hivepicenter

For further details or data requests not covered in this report, please send us your inquiries.

Access a list of facilities offering HIV services at:
tinyurl.com/HIVFacilities
or by scanning the QR Code

HIV Care Cascade

Care Cascade by Region

REGION	ESTIMATED PLHIV 2026	DIAGNOSED PLHIV	1st 95) (Dx PLHIV/ Est. PLHIV)	ON ART	2nd 95 (On ART/ Dx PLHIV)	VL TESTED	VL TESTING COVERAGE (VL Tested/On ART)	VL SUPPRESSED	VL SUPPRESSION AMONG TESTED	3rd 95 (VL Suppressed/ On ART)
1	9,500	4,619	49%	3,217	70%	1,795	56%	1,735	97%	54%
2	5,800	2,853	49%	2,231	78%	1,571	70%	1,528	97%	68%
3	34,300	16,253	47%	11,445	70%	6,982	61%	6,766	97%	59%
4A	50,000	26,620	53%	18,517	70%	10,806	58%	10,525	97%	57%
4B	4,900	2,840	58%	1,810	64%	673	37%	662	98%	37%
5	7,200	3,634	50%	2,581	71%	1,646	64%	1,554	94%	60%
6	13,400	6,358	47%	5,115	80%	3,523	69%	3,437	98%	67%
7	21,400	11,318	53%	6,563	58%	3,497	53%	3,401	97%	52%
8	5,400	2,852	53%	1,823	64%	859	47%	827	96%	45%
9	4,900	2,889	59%	1,995	69%	1,065	53%	1,030	97%	52%
10	8,000	4,356	54%	3,043	70%	1,821	60%	1,733	95%	57%
11	16,700	9,026	54%	6,035	67%	3,584	59%	3,459	97%	57%
12	9,000	4,797	53%	3,612	75%	1,580	44%	1,524	96%	42%
BARMM	1,200	716	60%	447	62%	266	60%	254	95%	57%
CAR	2,700	1,383	51%	1,011	73%	695	69%	681	98%	67%
CARAGA	3,900	2,197	56%	1,645	75%	937	57%	859	92%	52%
NCR	81,300	49,567	61%	31,309	63%	17,170	55%	16,757	98%	54%
NIR	8,300	3,971	48%	2,948	74%	1,927	65%	1,889	98%	64%

Note: Regional cascade is based on the residence of the HIV-positive individual at the time of diagnosis.; Dx = Diagnosed

Care Cascade by Age Group

AGE GROUP	ESTIMATED PLHIV 2026	DIAGNOSED PLHIV	1st 95) (Dx PLHIV/ Est. PLHIV)	ON ART	2nd 95 (On ART/ Dx PLHIV)	VL TESTED	VL TESTING COVERAGE (VL Tested/On ART)	VL SUPPRESSED	VL SUPPRESSION AMONG TESTED	3rd 95 (VL Suppressed / On ART)
CHILDREN (<15)	1,700	392	23%	269	69%	165	61%	125	78%	37%
YOUTH (15-24)	63,800	14,361	23%	10,580	74%	5,322	50%	5,050	95%	48%
ADULTS (25+)	222,500	142,391	64%	94,567	66%	55,002	58%	53,503	97%	57%

Note: Age is based on the current age of the PLHIV as of the reporting period.

Care Cascade by Key Population

KEY POPULATION	ESTIMATED PLHIV 2026	DIAGNOSED PLHIV	1st 95) (Dx PLHIV/ Est. PLHIV)	ON ART	2nd 95 (On ART/ Dx PLHIV)	VL TESTED	VL TESTING COVERAGE (VL Tested/On ART)	VL SUPPRESSED	VL SUPPRESSION AMONG TESTED	3rd 95 (VL Suppressed/ On ART)
MALES HAVING SEX WITH MALES (MSM)	220,000	130,081	59%	92,030	71%	53,213	58%	51,742	97%	56%
PERSONS WHO INJECT DRUGS (PWID)	2,900	2,169	75%	524	24%	275	52%	265	96%	51%
OTHER MALES	42,900	12,297	29%	6,716	55%	3,673	55%	3,600	98%	54%
OTHER FEMALES	20,600	8,139	40%	3,880	48%	2,263	58%	2,074	92%	53%

Note:
Key Population: This group is identified based on their reported risky behaviors or exposures at the time of diagnosis. The classification focuses on the behaviors or exposures rather than the individual's sexual orientation, gender identity, or expression (SOGIE). KP tagging is among adult PLHIV (15+). MSM group includes transgender women.
"Other Males" and "Other Females": These refer to the general population of males and females who are not specifically categorized as part of the key population.