

# Beyond the Candlelight in the New Normal: Activating Dormant Local AIDS Councils to Rebuild the Philippine HIV Response Post-COVID-19

## 1 Executive Summary

As we commemorate the May 2022 Philippine International AIDS Candlelight Memorial, we honor the lives lost to the epidemic. However, lighting candles is insufficient without institutional action. In the post-COVID-19 “new normal,” the Philippine HIV crisis is resurging. Prolonged pandemic lockdowns severely disrupted testing and antiretroviral (ART) supply chains, masking a silent surge in new infections, particularly among the 15–24 age group. Despite the mandate of Republic Act No. 11166, the localized response remains critically weak because most Local AIDS Councils (LACs) function only on paper, lacking permanent ordinances and dedicated budgets. To secure our human capital and ensure development justice in the post-pandemic recovery phase, Local Government Units (LGUs) must transition these councils into fully funded, resilient institutions. Empowered by their increased budget shares under the 2022 Mandanas-Garcia ruling, LGUs must pass comprehensive LAC ordinances, integrate HIV services into Universal Health Care (UHC) primary care networks, and empower the Sangguniang Kabataan (SK) to lead digital surveillance campaigns. Moving beyond paper compliance is the only way to truly honor the fallen and protect the living.

## 2 Background

Local Government Units experienced challenges to sustain HIV/AIDS interventions in the post-pandemic landscape because their Local AIDS Councils lack permanent legal structure. This reliance on temporary Executive Orders results in a fragmented epidemic response incapable of addressing the massive backlog of missed HIV testing and care caused by COVID-19.

The Philippine HIV and AIDS Policy Act or Republic Act No. 11166 legally mandates the creation of LACs to localize the national HIV strategy [1]. Furthermore, the implementation of the Mandanas-Garcia ruling in 2019 that took effect in 2022 provides LGUs with the financial capacity to absorb devolved health services, perfectly aligning with the ongoing rollout of the Universal Health Care Act (Republic Act No. 11223) [2].

Prior to the pandemic, the country recorded roughly 35-50 new HIV cases daily. COVID-19 lockdowns caused a dramatic 61% drop in HIV testing in 2020, leading to a dangerous rise in late-stage HIV presentations and AIDS-related opportunistic infections in 2022 [3]. The steepest rise in new cases remains among adolescents and young adults [4].

**Why it Matters Now:** The May Candlelight Memorial coincides with a critical transition. The “new normal” requires health systems that are resilient against concurrent public health emergencies. If dormant LACs are not immediately activated and funded, the hidden wave of HIV infections incubated during the pandemic will severely compromise the nation's young workforce and demographic dividend.

### **3. Evidence/Key Findings**

Data indicates that facility-based HIV testing drastically decreased during the COVID-19 lockdowns. Without functional LACs to drive community-based catch-up testing, many young individuals remain undiagnosed and outside the care cascade [3].

Many LACs were established via Mayoral Executive Orders simply to satisfy previous DILG audit requirements. Because these EOs do not automatically appropriate funds, and because of the May 2022 local elections, many of these councils are currently dissolving or losing their mandate [5].

The pandemic accelerated the need for digital health. Communities without localized, mobile or web-based ICT surveillance tools struggled to map HIV hotspots or navigate patients to ART refills during lockdowns.

HIV programs treated as vertical, isolated services suffered the most during COVID-19. Facilities that integrated HIV screening into broader primary care and pandemic response showed greater resilience [3].

### **4. Recommendations**

#### **4.1 Policy Options**

Option 1: The Status Quo (Low impact, Low sustainability)

Continuing to rely on temporary Executive Orders and external NGO grants. In the post-COVID-19 landscape, this guarantees that HIV services will remain underfunded and highly vulnerable to future health system shocks or political transitions following the 2022 elections.

Option 2: Incremental Reform (Medium impact, medium sustainability)

Reactivating LACs via new Executive Orders from newly elected Mayors and adding COVID-19/infectious disease protocols to their mandate. This improves immediate coordination but still fails to secure permanent, structural LGU funding.

Option 3: Transformative Change (High impact, High sustainability)

Highly Recommended: Mandating the institutionalization of LACs via comprehensive local ordinances, fully funding them using the new Mandanas-Garcia National Tax Allotment (NTA), integrating them into UHC primary care, and empowering youth (SK) to lead digital surveillance.

#### **4.2 Pass Comprehensive Local HIV/AIDS Ordinances**

The Sanggunian (Sangguniang Bayan/Panlungsod) must pass an ordinance that permanently establishes the LAC, mandates multi-sectoral composition (including youth and PLHIV), and mandates an annual budget into the Annual Investment Plan, utilizing the increased Mandanas-Garcia NTA [6].

#### **4.3 Integrate LACs into Pandemic-Resilient UHC Networks**

Transition HIV/AIDS from an isolated program into the LGU's broader UHC rollout. Through the Local Health Boards, Provincial/City/Municipal Health officers—ensure local primary care facilities are equipped to offer continuous, stigma-free testing and ART dispensing even during localized health emergencies.

#### 4.4 Institutionalize Youth Leadership and Digital Health

Mandate the SK Federation to co-lead the localized response. Allocate SK funds to adopt mobile/web-based ICT solutions for health surveillance, and launch digital storytelling campaigns to reduce stigma and encourage testing in the new normal.

#### References

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