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Asian Pacific Journal of Tropical Medicine



doi: 10.4103/apjtm.apjtm_185_26

Beyond the "public health paradox": Explaining rising HIV infections among youth in the Philippines

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To the Editor: Alibudbud[1] calls attention to rising HIV infections among young people in the Philippines and increasing access to preexposure prophylaxis (PrEP), an effective, preventative medication. The Philippines has the fastest-growing HIV epidemic in the Asia-Pacific, and about one-third of newly diagnosed cases in early 2025 were among people ages 15-24 years[2,3], highlighting the article's importance.

However, the "public health paradox" in the title may be interpreted causally rather than rhetorically, even though the author does not claim that PrEP is causing the rise in HIV infections, or that PrEP has failed. The absence of a clear definition of this phrase in the main text risks ambiguity. If readers misread the article as suggesting PrEP failure, confidence in its use may be undermined. It may also draw attention away from the structural and implementation-related factors which offer more direct explanations for the rising HIV infections.

At first glance, I interpreted the article's headline as suggesting risk compensation, the idea that people may take more risks when they feel protected (*e.g.*, reduced condom use, more sexual partners), leading to increasing HIV infections. Yet, there is mixed evidence for this among PrEP users, and it is unlikely to explain population-level HIV trends in the Philippines because PrEP coverage is too low.

The author mentioned that the number of people actively receiving PrEP each year has increased from 4 263 in 2021 to 15 719 in 2023 (actually it is now roughly 30 000 estimated cumulative PrEP initiations[4]). Coverage remains far below the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended thresholds for population level impact, making it epidemiologically implausible for current PrEP scale-up to have influenced population level HIV incidence trends.

The article[1] notes crucial factors contributing to the epidemic, such as stigma, which discourages use of testing and preventive services, and the downsizing of sexual health services because of the United States Agency for International Development (USAID) funding constraints. Structural issues are acknowledged in the article but not developed as the main explanations. There could have been discussion about inadequate HIV prevention funding[3]; limited PrEP coverage and health system capacity constraints; high-risk sexual behavior; inadequate sexual health education; gaps in the HIV treatment cascade; and geographical and economic inequities in access to PrEP and other services.

Alibudbud[1] argues for increased funding, youth-focused HIV education, expansion of telemedicine, decentralization (*e.g.*, pharmacies dispensing PrEP), and better monitoring and research and family involvement. These suggestions do not clearly link back to a "public health paradox".

I would like to add the following: a need to expand and normalize HIV testing and prevention services including innovative options (*e.g.*, long acting injectable PrEP), which should be affordable and accessible. Sexual health curricula in schools (addressing contraception, HIV transmission, and PrEP), campaigns combatting stigma and discrimination around HIV and lesbian, gay, bisexual, transgender and queer (LGBTQ) people, and the involvement of youth in planning and implementing HIV responses[5], are urgently needed.

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How to cite this article: Davey G. Beyond the "public health paradox": Explaining rising HIV infections among youth in the Philippines. Asian Pac J Trop Med 2026; 19(5): 234-236.

Article history: Received 20 April 2026 Revision 17 May 2026
Accepted 25 May 2026 Available online 29 May 2026

In conclusion, if any paradox exists, it lies not in PrEP—which is highly effective when used as directed—but in the rhetorical framing of public health issues.

Conflict of interest statement

The author declares that there are no conflicts of interest.

Funding

The author received no extramural funding for the study.

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Author's Reply: I thank the author for his/her thoughtful and constructive reading of the article and for the opportunity to further clarify key aspects of our framing and interpretation. His/her follow-up discussion is appreciated for highlighting important nuances not fully elaborated in the original article[1], especially the structural determinants and health system challenges in the HIV response in the Philippines.

It is acknowledged that the term "public health paradox" may be misinterpreted as implying a causal link between pre-exposure prophylaxis (PrEP) and rising HIV incidence, or as suggesting reduced effectiveness of PrEP. This was not the intention of the original article[1]. The term was used to describe the apparent disconnect between the availability and scale-up of effective HIV prevention tools, including PrEP, and the continued rise in new HIV infections in the Philippines. Without an explicit definition, this framing may be ambiguous and could be misconstrued as aligning with risk compensation theory. However, as noted, evidence supporting risk compensation as a primary driver of population-level HIV trends can be limited in the Philippine context, where PrEP coverage may be unequal and limited[2–5].

Likewise, structural and health system factors should be more explicitly foregrounded as central drivers of the epidemic. These include persistent stigma, inadequate and unstable funding for HIV programs, disruptions in service delivery linked to external funding constraints, such as those from the US, inequitable access to prevention and treatment services, and gaps in the HIV testing and treatment cascade[2,3,5–7]. It is acknowledged that these determinants could have been emphasized more strongly in the original discussion, and the author has rightly expanded on this discussion. His/her additional points on expanding HIV testing, strengthening sexual health education, addressing stigma and discrimination, improving youth engagement in HIV programming, and introducing innovative prevention strategies, such as long-acting injectable PrEP, can complement and strengthen the original recommendations, reinforcing the need for a comprehensive, equity-focused response[2,3,8–10].

Overall, I concur with the author that PrEP remains a highly effective HIV prevention intervention when implemented appropriately. The central challenge for the Philippines is not its efficacy but ensuring equitable access, sufficient coverage, and integration into a strengthened, comprehensive health system and service.

Conflict of interest statement

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Funding

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Edited by Zhang Q, Lei Y, Pan Y