



## FAST TRACK CITIES

### MOBILIZING RESOURCES TO STRENGTHEN INTEGRATION OF HIV/AIDS SERVICES INTO THE CITY HEALTH PROGRAM

A mere decade ago, the profile of the Philippines HIV epidemic was described as “low and slow” with an average one new case per day. Ten years later, in 2017, thirty-one new cases each day (roughly one every 45 minutes) are reported. It is now the country in the region with the fastest rate of increase of HIV, 141% increase in the number of cases between 2010 to 2015, while almost all other countries in the region are experiencing declines. Eight of ten new infections occur in young MSM and HIV prevalence rates in MSM

and transgender females are between 5 to 6%, four times the rates in 2009.

Quezon City, (population 2.9 million, 2015) the most populous city in the country, has been at the forefront of the response. In 2015 to 2016, over 1500 new cases of HIV were diagnosed, approximately 10% of all cases in the country, while its population comprises less than three per cent of the total Philippine population of 103 million.

The leadership of Quezon City has been a model in innovation



scale up of prevention and treatment services, with 24,000 HIV tests done in 2016 alone (compared to 10,800 in 2014 and 14,200 in 2015) and 796 new HIV cases detected in the city.

and mobilizing resources. City Mayor, Herbert Bautista, signed onto the Paris Declaration in 2015 and it is the only city in the ASEAN Cities "Getting to Zero" initiative that developed an evidence-based investment plan for 2012-2016. The investment plan was reviewed and calibrated for 2015-2019 and continues to be a useful and important tool to mobilize resources from different sectors and partners within and outside the city to implement and scale up innovations on HIV services. Incorporation of HIV into the larger goal of universal health coverage through Philippine Health Insurance (PhilHealth), and collaboration with the private sector were two key features. This resulted in a three-fold increase in investment from the city treasury, from 15 million pesos (\$ 335,000) in 2013, to 43 million (\$ 895,000) in 2016. This paved the way for a rapid

Continued review of data and population-location mapping of "hotspots" have led to opening of one new specialized clinic each year, locally referred to as "sundown clinics", which are attached to social hygiene (STI and SRH) clinics but operate at different hours. Now, there are three such clinics operating in the city and one more slated to open in 2018. These provide a wide range of HIV and public health services - counseling, testing, STI diagnosis and management, provision and education on ART and a referral system through a "service delivery network" innovation. These clinics are both MSM and trans-friendly, with the pioneer clinic, "Klinika Bernardo" winning a prestigious national award for local governance in 2014, putting Quezon City's HIV response on the national spotlight. Mayor Bautista is proud to announce, *"This is a fitting testament that the city*

*government is concerned with addressing the needs of people with HIV...Quezon city will continue to be a transformative force for HIV..."*

Adopted from national policies, several local policies have been developed to prevent AIDS related discrimination, institutionalize peer education as a strategy, sustain domestic resources, and promote standards for service delivery. In addition tools and mobile applications for reaching populations at risk, referrals and reporting have been developed. Mayors of other cities, as members of the League of Cities of the country, have started to follow the Quezon City example.

While there have been remarkable and unprecedented increase and demand for HIV testing, "leakage" through the continuum of care remain a concern. In 2016, for example, only 51% of those who tested HIV positive claimed the results and of these, roughly two of three (65%) started on ART. The national testing guidelines specifying the Western Blot test for confirmation means that the test results will only be released after 4-8 weeks. Adherence rates are not well monitored, and

testing for viral suppression is still not performed routinely.

Several options, such as the use of rapid HIV tests, are now being used in some pilot project to reduce the waiting times. Huge improvement has been reported, for example, the average CD4 counts for those started on treatment used to be 70 or lower, but now the average is 200. Client-centered case management has increased follow-up rates and improved linkages between various care services. A service delivery network (SDN) system was introduced to facilitate the standardized referral of PLHIV between various member organizations, where all clients, including those from other parts of the Philippines may be efficiently tracked among service providers, ensuring that a continuum of comprehensive care services is provided after HIV testing and diagnosis. The SDN approach has dramatically improved the coverage and quality of treatment, care and support for PLHIV in the city. In addition, registered residents of Quezon City who are poor and living with HIV receive other forms of social protection support, such as transportation allowance medical assistance,

inclusion in the national health insurance scheme, and access to disability-related benefits. The SDN approach has been replicated in other cities in Metro Manila and is showing promising results.

A dilemma for many cities is that as the response improves, word gets around, attracting more clients and challenging the capacities of the program. While the funding gaps for the Philippine response remains wide and HIV infection continues to

increase, there is a brighter hope that in Quezon City, the HIV response is keeping pace, is moving in the right direction, and showing the way to achieve 90-90-90 by 2022.



## REFERENCES

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