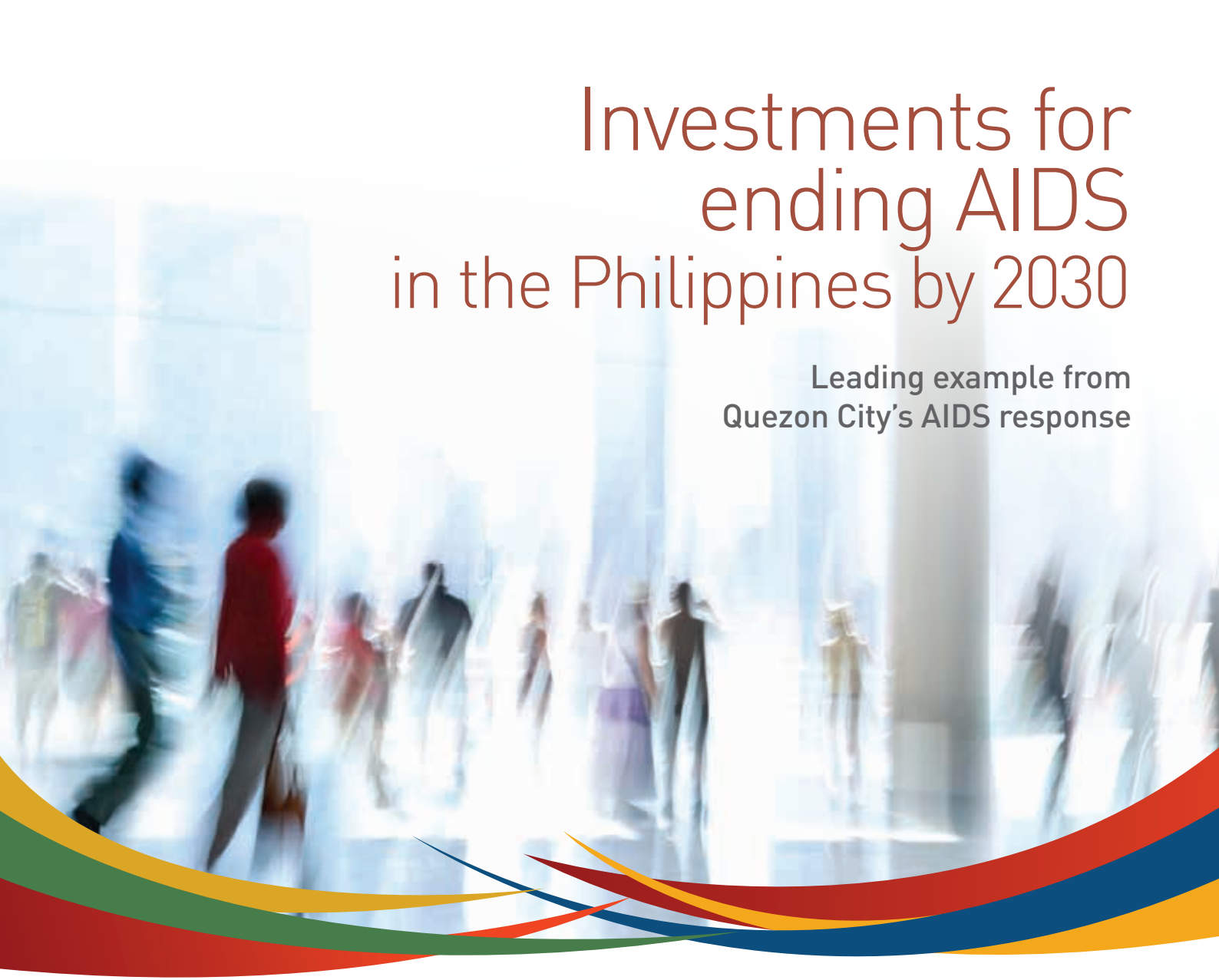
# Investments for ending AIDS in the Philippines by 2030

## Leading example from Quezon City's AIDS response



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# A TIPPING POINT IN MANY WAYS...

The Philippines is at a critical juncture in its response to HIV.

Unlike some other countries in South-east Asia, AIDS has largely spared the country. For more than two decades, the Philippines has experienced relatively low levels of new HIV infections. However, all indications are that if the country does not act now, the epidemic could soon spiral out of control.

As the epidemic has quietly evolved, it has become concentrated in specific populations. For example among men who have sex with men (MSM), and people who inject drugs and their partners. These are often the very populations with least access to comprehensive health services.

And yet, as the Philippines moves towards middle-income status, external support for the AIDS response is set to decline. This means the country must ensure that the limited resources available are spent where they have maximum impact. The need for a sustained increase in domestic HIV investment is also becoming increasingly urgent.

Coverage of HIV services for those most in need is growing, but still far below the level needed to contain the epidemic. Nationally, HIV prevention reaches less than 15% of MSM, an estimated 16% of female sex workers and about 6% of people who inject drugs. According to recent data, only 20% of all people estimated to be living with HIV had been tested and were accessing treatment. Things are changing fast, but the vast majority of those in need of medicines still do not know their HIV status.

Because stigma, discrimination and marginalization still block access to services, fewer people are seen at each subsequent stage of the HIV services 'cascade', highlighting some of the barriers health services face when reaching out to these communities.

Alongside other countries, the Philippines continues its rapid urbanization. Our towns and cities bear a large part of the HIV burden, and the country will not control HIV without effective action in our local governments and in our neighbourhoods. Our job in Quezon City is by no means finished. We hope that sharing the first steps we have taken in our commitment to stop the epidemic provides useful pointers and inspiration to our colleagues, communities and friends in other municipalities.

Herbert Bautista
Mayor of Quezon City


# THE CASE FOR HIV-RELATED INVESTMENT

The HIV response in the Philippines is critically underfunded. Although donor spending has increased steadily over the past three years, international contributions to HIV programmes are declining globally. In the Philippines, the HIV budgets of the central government, local governments and the private sector are growing, but not fast enough to meet increasing needs. The current resource gap is rapidly widening. Investing in the HIV response not only saves lives and improves the health of our cities: It also generates substantial returns on investment by decreasing care and support costs, sometimes long into the future.

Available resources should also be used more strategically. Investments in prevention interventions need to target key affected populations.[1] In order to have the maximum impact on new infections, HIV interventions must focus on where HIV risk and burden is highest. This is not yet happening: Between 2009 and 2011, just 20% of all HIV-related investment in the Philippines was spent on changing knowledge, attitudes and practices among key populations. As a result, coverage of the two most affected communities – men who have sex with men (MSM) and people who inject drugs (PWID) – may be as low as 15%.

Returns on HIV investments can be measured in several ways. Apart from the reduction in annual new infections and the treatment costs that will be saved if fewer people become HIV positive, one of the most significant indicators is the number of healthy, productive years of life that can be saved.[2] Because HIV often impacts younger people, each HIV infection averted saves over 25 productive life years, on average. Because every life year saved is equivalent to approximately one year of earned per capita GDP, preventing HIV also has a significant impact on national productivity and economic growth.

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[1] The World Health Organization defines most-at-risk populations as men who have sex with men, transgender people, people who inject drugs and sex workers. Each country should define the specific populations that are particularly vulnerable HIV and key to their epidemic and response, based on the epidemic and social context.

[2] This is often expressed as 'disability-adjusted life years' (or DALYs).

To achieve the highest returns, investment needs to start promptly, while the epidemic is still low and concentrated in specific key populations.

Available lessons highlight the following priorities:

- Scale up HIV testing and treatment.
- Ensure a sufficient supply of antiretroviral treatment (ART).
- Enhance care and support to improve treatment adherence.
- Focus on HIV prevention, testing and care among key populations – such as MSM and PWID – in high-burden areas.
- Integrate and decentralize HIV services into health systems and community-based services.

## It is estimated that through an average national investment of P4 billion each year from 2015 to 2030, **'Ending AIDS'** will:

For the past two decades, most of the new HIV infections in the Philippines have occurred within major urban areas. In response, Local Government Units (LGUs) in a number of high HIV burden cities have mobilized to understand more about specific local epidemics and to increase their investment in local responses. Of six cities that were identified to develop *AIDS Investment Plans,* Quezon City (QC) has advanced furthest in the process. Just under 10% of the total HIV incidence in The Philippines takes place in QC and the city AIDS programme is fully supported by the Quezon City Government through its Health Department.

AIDS investment planning has been facilitated in Quezon City by a number of enabling factors:

- A proactive and responsive Health Department that has provided leadership in the HIV response.
- Strong coordination and cooperation between Quezon City Health Department and other key partners.
- Well-functioning local AIDS Council with an annual work plan, budget and a firm legal basis.
- Consistent use of strategic information to plan and guide the response.
- High-level commitment from a supportive local executive and legislature.

After initial discussions between the Quezon City Health Department, the Quezon City STD & AIDS Council (QCSAC), the Philippines National AIDS Council (PNAC) Secretariat, UNAIDS and other international partners, the process of developing the *Quezon City AIDS Investment Plan* followed a clear and deliberate process.

The HIV services programme in Quezon City has benefited from high-level political commitment from both the executive and legislative branches of the local government, which has issued numerous local ordinances in support of the AIDS response.


Services are designed in partnership with MSM organizations.

Friendly staff gain trust of their clients.

Peer educators promote HIV prevention and clinic services.

Community-friendly facilities cater specifically to MSM and transgender people.

*"When you look at the clinic, Wow!...It doesn't look like a government facility. And that is what we want."*

Herbert M. Bautista
Mayor of Quezon City


# WHAT MAKES QUEZON CITY'S HIV SERVICES SO UNIQUE?

'Sundown' Clinics are co-located with social hygiene clinics.

Working hours are adjusted to cater to clients' schedules.

Testing is done rapidly and results are available promptly.

Services are personalized, confidential and respectful.

Services embrace the continuum of care delivery model – boosting client retention.

Clinics work with local organizations to enhance acceptance and expand outreach.

# SERVICE DELIVERY NETWORK APPROACH

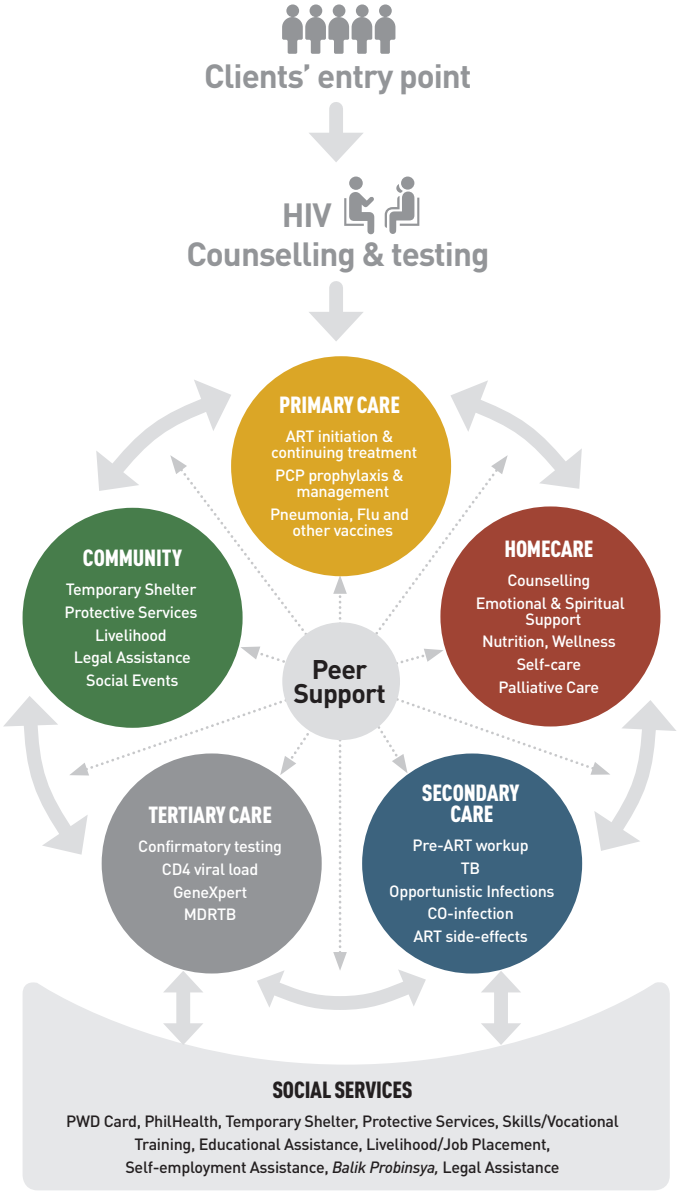
Because people living with HIV (PLHIV) and their families deal with so many evolving concerns, systems that link, coordinate and consolidate services are essential. This is the basis for the accessible and interconnected care, treatment and support services that are made available through the pioneering QC Service Delivery Network (SDN) for PLHIV.

The key SDN practical activities are to facilitate the standardized referral of PLHIV between various member organizations, where clients may be efficiently tracked among service providers, and to ensure that a continuum of care 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 QC, with the following specific objectives:

- increasing the proportion of PLHIV adherent to therapy;
- decreasing the proportion PLHIV lost to follow-up;
- improving quality of services for PLHIV; and
- strengthening the tracking and feedback mechanisms between and among concerned agencies.

As part of the SDN outcomes, the Quezon City Health Department now delivers services in accordance with the SDN approach through a broad network of member organizations, including four daytime Social Hygiene Clinics, and three operating during extended hours (so-called 'Sundown' clinics) catering specifically to MSM and transgender women, through client-friendly facilities and peer outreach services. The clinic locations are defined with reference to identified 'hotspots' of HIV prevalence.

**Figure 1** Service Delivery Network (SDN) approach



# RESULTS AND IMPACT

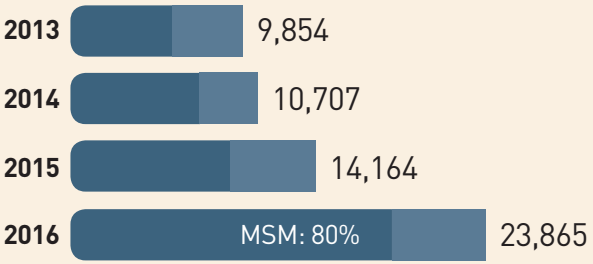
The proactive HIV investments in QC have driven the number of HIV tests conducted annually to unprecedented levels, and around 80% of all voluntary counselling and HIV testing now takes place among MSM. The number of HIV tests conducted each year has risen steadily from around 10,000 people in 2013 to 24,000 in 2016. In 2016, around 3% of all people coming forward for an HIV test in QC facilities – or just over 700 people – were confirmed to be living with HIV.

As a result of effective prevention programmes in QC, condom use among MSM has increased from less than 30% in 2011 to over 50% in 2015. Between 2014 and 2016, 437 people were enrolled on ART, of which the vast majority (98%) are male. Despite incredible progress, there is still extensive 'loss to follow up' of individual clients throughout the continuum of care: Of the 700 or so people who were confirmed as living with HIV, only around 370 people (53%) actually returned to facilities for their test results. And of those, only 240 continued through to ART enrolment, meaning that around 65% of people testing positive for HIV still do not receive treatment.

Computer models of the local HIV epidemic indicate that expanded and intensified prevention and treatment coverage – building on the results achieved so far – will give rise to significant decreases in new HIV infections in QC in the next few years.

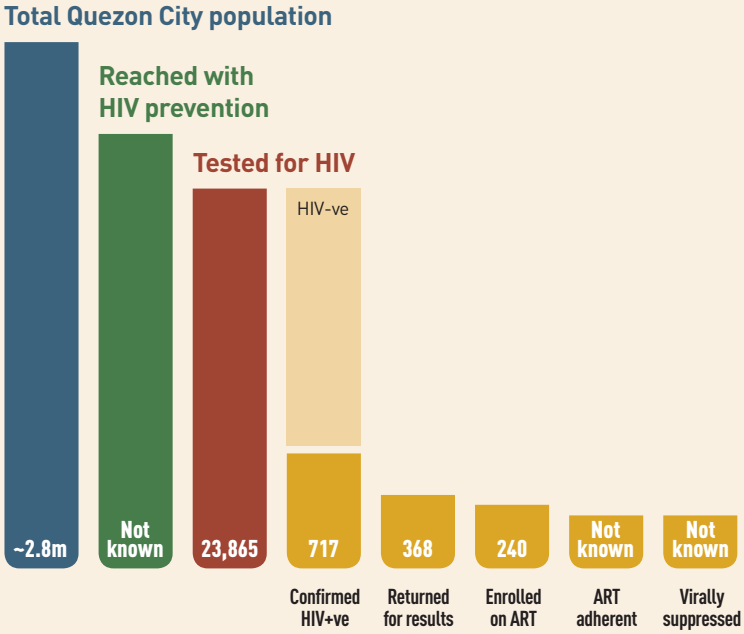
The *Operational Guidelines* of the Quezon City SDN, and other manuals/operating procedures instituted through the establishment of the Social Hygiene Clinics/Sundown Clinics, have been captured in detail and are available to other cities as they plan and roll out their own HIV responses.

**Figure 2** HIV counselling and testing conducted annually in Quezon City




*Quezon City, 2013–2016 QCHD Programme Records*

**Figure 3** Client retention in Quezon City HIV care cascade (2016)



# INSPIRING OTHER CITIES

Quezon City continues to learn and to strengthen its HIV response. In addition to providing detailed operational guidelines, many of the early and most valuable lessons QC partners have learned have been converted into concise 'tips' for other cities:

- Know your epidemic: Recognize where the problems lie. Then identify where and how the LGU must invest accordingly.
- Use your data: Study past HIV trends and future projections to make a compelling case for investment.
- Know your Mayor! What kind of information or issues does he/she respond to? Use this knowledge to tailor the approach when and seeking support for the programme.
- Make your Mayor a champion for the HIV response.
- Lobby and cultivate good relationships with other decision-makers/facilitators in the LGU, including financial decision-makers.
- Identify resources from diverse potential sources (e.g. local and national government departments and/or funds, development partners and the private sector).
- Make it easy for investors to help: Show how investing in the response can improve the well-being of their clients or stakeholders and, at the same time, generate good publicity.
- Package HIV and behavioural data in a way that is immediate and easy to understand: Keep it concise, and use simple graphs, charts and bullet points.

# LOOKING AHEAD

This brief summary of the Quezon City HIV response and *Investment plan for AIDS* highlights decisive initial actions that have been taken, and the resilient commitments that have been made. It embodies the start of a journey with a clear ultimate destination:

**90%**

**of Filipinos living with HIV knowing their HIV status.**

**90%**

**of Filipinos who know their HIV status on treatment.**

**90%**

**of Filipinos on treatment with suppressed viral loads.**

For QC, several specific 'next steps' are already visible on the horizon:

- Establishment of two additional 'one-stop-shop' HIV service facilities: Based on detailed geographic mapping of the city, the new centres will be located in strategic areas in order to improve service delivery for key populations.
- Expansion of the current Service Delivery Network to include more community-based organizations and other health facilities.
- Improving client-centred case management to decrease loss to follow-up and improve linkages between care services.
- Institutionalizing transgender health programme.
- Expansion of HIV prevention strategies to reach younger key populations.

There are also specific actions in the pipeline for the Department of Health, in support of local actions across the broader National Capital Region (NCR), building on the experience and lessons from Quezon City:

- Assist local government units (LGUs) to establish and organize local AIDS councils, along the lines of the QC model.
- Establish a region-wide network of Local AIDS Councils to strengthen service delivery through shared responsibility (i.e. Regional Service Delivery Network).
- Provide other LGUs with pro forma ordinances or policies that they can easily adopt in support of achieving widespread HIV knowledge among young people and to achieve the 90:90:90 targets.
- Support other LGUs to organize and establish integrated social hygiene clinics with three components: a) Primary care/first point of contact with health system; b) peer outreach (through 'sundown' clinics); and c) dedicated/shared primary HIV treatment facility for ART.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