Revolutionizing HIV/AIDS Response of Cities in the Philippines

A Practical Guide for City Mayors

This document is a draft and is provided for information and presentation only.

The information contained herein is subject to change and does not commit the League of Cities of the Philippines and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The final version of this document will be published as soon as adopted.

Revolutionizing HIV/AIDS Response of Cities in the Philippines

A Practical Guide for City Mayors

TABLE OF CONTENTS

Introduction
Overview and Methodology 01

Educating the Public
An Approach that Still Works 03

Providing Quality Service
Bringing Facilities Closer to the People 07

Service Delivery Networks
The Ties that Bind 13

More than Meets the Eye
The Transformative Experience of Quezon City 18

Ways Forward
Limits and Potential of the New Philippine HIV and AIDS Policy Act for Cities 21

References 24

INTRODUCTION

Overview and methodology

About this guidebook

This publication aims to assist cities in improving their HIV/AIDS response by sharing what other cities have been doing and how they do it. Unlike other materials on HIV/AIDS, this guidebook narrates efforts on the ground. It works on the assumption that the lukewarm attitude of local decision-makers as evidenced by their current HIV programs is a largely because of lack of information. When cities know more, they will enthusiastically act better. It deals with the necessary requisites for responsive and strategic HIV/AIDS programs at the local level.

The guidebook is not presenting new ideas. In 2011, the Local Government Academy came up with a Local Government Guide for Practical Action wherein a 12-level step by step process was introduced in localizing AIDS response. Unfortunately, we do not have time and space for 12 levels. We only have three.

This publication looks at critical elements of education, service provision, and the establishment of a network that makes sense for local decision-makers and implementers. It veers away from the technicalities of the epidemic but shows that as a social issue, local responses do matter.

Unlike other publications, this guidebook does not prescribe. It shows what approaches work on the ground by citing concrete examples and summarizing critical elements at the end of each chapter. It complements existing materials aimed at localizing HIV/AIDS responses by continuing the discussion and picking up where the other publications left off.

Silver-linings, butterflies, and rainbows: It's going to get worse before it gets better

AIDS epidemic is multi-dimensional. It is a health issue. People living with HIV (PLHIV) need medicine and access to quality health services. It is a socio-economic issue. Data shows that most of the PLHIV

are between the ages of 15-34, the most productive period of a person. As the number of PLHIV grows, so does the demand for social services. Given this, the HIV/AIDS response needs to be multifocal. In 2015, UNAIDS Philippines came up with a report highlighting the investment options for ending AIDS in the country by 2022. The report presents five investment scenarios and how these impact the trajectory of the epidemic. It argues that the key to significantly reduce new HIV infections by 2022 is to scale-up prevention coverage for men having sex with men and persons injecting drugs, sustain coverage of female sex workers, and scale-up coverage of anti-retroviral medicine among PLHIV.

After four years, there are already 68,000 people living with HIV in the country, a total of 12,000 new infections every year, and a recorded 760 AIDS-related death. The good news is a new HIV/AIDS Law was signed this year and cities are still working double-time to arrest the epidemic.

Selecting featured cities

This publication does not discount the fact that there are more cities with good practices worth featuring for education, quality services, and service delivery networks. Due to time and resource constraints, the team picked cities based on their willingness to be featured in the publication, measured by the timeliness of their submission and their immediate response to the team's request. The team started with 28 cities worth featuring for this publication. Then, it was trimmed down to four cities per chapter. The team tried to get a representative sample from three major island groups, but some cities were not able to provide the additional documents on time. Given that the team allotted only three months for validation, interviews, and case write-ups, a limited number of cities made it to the list. These are:

- Educating the Public: the approach that still works features the practices in the cities of Zamboanga, Parañaque, and Tacurong
- Provision of Quality Health Services features the initiatives of General Santos, Baguio, and Dipolog
- Service Delivery Networks includes the experiences of Marikina, Angeles, and Danao City

Lastly, the group focused on the good practices in NCR and Cebu were the number of HIV infection is at its peak but the most determining factor is the ease to connect with the cities. Due to limited timeframe, the team focused on areas where it is easy to organize a meeting with the mayors and focal teams. Also, the team chose to feature cities that provided additional documents immediately.

EDUCATING THE PUBLIC

An approach that still works

In 2018, LCP conducted a rapid assessment survey of the cities' current programs on HIV/AIDS. Results show that 90 out of 145 cities are leading awareness-raising programs to prevent the spread of HIV. The plethora of activities ranges from conducting massive information drive in schools, selected areas of the city where the key population congregates, and to more expressive activities such as plays and concerts. If this is true, then why do we still have the epidemic?

What we found out was that impactful awareness-raising campaign needs to be inclusive, targeted, and sustainable and these are the qualities we observed in the cities of Zamboanga, Parañaque, and Quezon City. In **Zamboanga City**, for instance, HIV awareness campaign is spearheaded by active Community-Based Organizations (CBO) with support from the City Health Office. Apart from CBOs, the Local AIDS Council in Zamboanga City also has faith-based organizations as members. The religious groups are involved in various health programs of the city. Their involvement in the LAC is an extension of these health programs. Interviews conducted with the LAC on 14 December 2018 in Zamboanga City confirmed this arrangement and interviewees responded that it was the faith-based groups who lobbied for their inclusion in the LAC.

ff and officers from the mboanga City Health Office se for a photo opportunity ring LCP and UNAIDS' visit

On the other hand, in **Parañaque City**, sustainability is the main characteristic that sets their awareness-raising campaigns apart. In 2014, the city was chosen to be part of the Big Cities Project together with Taguig City and Mandaluyong City which aims to curb the spread of HIV, particularly

with men having sex with men or MSM population within Metro Manila. The year-long project funded by the Asian Development Bank and the World Bank includes the following:

1. Developing friendly services for the MSMs
2. Improved peer education and support
3. Strengthening governance for development

A peer educator from the local government of Parañaque visits and engages high school students in the city as part of the local government's Campus Invasion program that aims to raise awareness on HIV/AIDS

After one year of implementation, Parañaque City was able to build a Social Hygiene Clinic and Wellness Center and conduct outreach programs on HIV/AIDS. On the other hand, activities on peer education and support resulted in the creation of the Parañaque City Gay Alliance Movement, which became a staunch advocate of the city of its HIV campaigns. Also, the peer educators were later employed by the city to assist in the various activities. Notable of which is the Campus Invasion, wherein the peer educators organize discussions around modes of transmission, preventive measures, and the anatomy of the virus. Most of the Campus Invasion conducted were in High School campuses, except the HIV/AIDS Lecture to Grade 5 and 6 students of San Antonio Elementary School organized on 2 December 2015.

In 2016, Parañaque City focused its awareness-raising campaign in scaling-up Campus Invasion covering more high schools as possible. Campuses visited include Parañaque National High School, Polytechnic University of the Philippines and Parañaque Science High School. Apart from schools,

Parañaque City also conducts an orientation with businesses located in the city. In 2016, it held HIV/STI lecture at Metro Index

Garments while in 2017, it conducted the same lecture with AAI Worldwide Logistics. Business and youth are at the heart of the HIV campaigns in Parañaque City.

Better if you have these, but what if you don’t? Where do you start?

CHAPTER HIGHLIGHTS

Educating the Public

1. Just do it. Whether you have minimal to zero knowledge on HIV/AIDS, it pays to get educated on the causes, modes of transmission, and behavior of the virus. The statistics are grim, but the situation is not hopeless. AIDS is treatable.

2. Adopt enabling policies. Inclusive HIV campaigns start with an active Local AIDS Council. The more stakeholders the LAC has, the better. The adage that "too many cooks spoil the broth" does not work anymore. When it comes to AIDS campaign, "many cooks" can cook "more food." In the AIDS parlance, the more participation equates to more population is reached and educated. In LCP, we came up with two sample ordinances on HIV/AIDS. First is a simplified version which includes the establishment of LAC and setting aside of budget for HIV/AIDS program and second is a complete version which covers the establishment of a service delivery network. It is free. Just contact the LCP Secretariat to get a copy. Alternatively, proceed to the end of this publication for samples.

3. Be creative. In targeting key population, we have to understand their behavior. In Tacurong City, for instance, they conduct HIV campaign including testing during fiestas and city events because this is when more people go out and visit their city. Organize the Campus Invasion similar to Parañaque City. Go where the youth goes. Seek them, inform them.

4. Set aside resources. We know this, but we rarely do it. It seems there are other expenses worthy of investments. Sustainable Development Goal 3 on Good Health and Well-Being calls for the end of the epidemic of AIDS, tuberculosis, and malaria by 2030. It is a recognition that good health and well-being is part and parcel of building a better world. Cities can utilize a portion of their Gender and Development Fund for HIV/AIDS. In Danao City, funds from the Mayor's Office supplant the HIV expenses. According to Dr. Echavez, there are instances wherein the amount of reimbursement is higher than the approved HIV budget for programs. Most of the cities are setting aside portions of their health budget for HIV/AIDS.

PROVIDING QUALITY SERVICE

Bringing facilities closer to people

One of the primary drivers of an educational program on HIV/AIDS is to direct key affected populations (KAPs) to HIV/AIDS facilities in your city for them to know their status and to ensure viral suppression among PLHIVs. Following the implementation of a local and strategic education campaign on HIV/AIDS, the next logical step a city mayor can take is to ensure that quality services are indeed made available and accessible to KAPs.

Essentially, facilities for HIV/AIDS include equipment and services that administer testing and treatment of clients. Facilities range from the basic, which includes diagnostic reagents and provisions for counseling, to the comprehensive, which can consist of medicines, supplemental machines, and lab equipment that can address opportunistic infections.

An efficient tandem

Planning for a testing and treatment facility may seem daunting at first, but as the city's primary decision maker, your step zero is to engage your technical officer for HIV/AIDS who can come up with a specific strategy to bring your LGU's HIV/AIDS services closer to your people. From the interviews conducted, the common denominator for all cities that have ready and accessible facilities is the existence of a strategic and functional working relationship between the city mayor and his or her focal staff for HIV/AIDS.

Dr. Mary Lastimosa manages the General Santos Satellite Treatment Hub

This partnership can take on many forms and can involve either your city health officer, the program coordinator for HIV/AIDS, or even your medical officer. In the case of **General Santos City**, a distinct partnership in which the city mayor works in parallel with the HIV program coordinator was observed. Through an arrangement that allows them to work independently, both offices are active in pushing for HIV/AIDS programs to accommodate all clients in the city. It has led to the establishment of two treatment facilities. Under the management of the city's HIV program coordinator, Dr. Mary Lastimosa, the "General Santos Satellite Treatment Hub" currently services around 250 clients. However, with the number of HIV cases increasing at an alarming rate in the city (one patient dies every three days), city Mayor Ronnel Rivera pushed for the establishment of another facility called the "Rainbow Center for Revitalization."

The Rainbow Center for Revitalization, an additional HIV/AIDS care facility, is managed by the Office of the City Mayor of General Santos City

The Rainbow Center is located within the premises of the General Santos City Hospital, managed by the Office of the City Mayor. The Center provides a comprehensive array of services, including doctors' consultation, pediatric management of HIV infection, and peer education on tuberculosis and HIV/AIDS, among others. The establishment of the Rainbow Center is expected to accommodate the spill-over clients from the satellite treatment hub.

Consistency generates resources

A city mayor's involvement in strengthening their local HIV/AIDS strategy must also be consistent. Relevant partners such as the regional offices of the DOH and support groups are receptive to this level of dedication and can offer opportunities to augment your resources. Take for example the **City of Baguio**, where the city government's support for the Health Services Office (HSO) "since time

immemorial" and its longstanding ties with the Department of Health (DOH) led to the establishment of a full-service satellite treatment hub (Brillantes, 2019).

The Baguio Satellite Treatment Hub is situated at the Reproductive Health and Wellness Center of the city's Health Services Office (HSO). It provides antiretroviral therapy (ART) to its regular clients every month and also offers free chest x-rays, blood work, and syphilis and hepatitis B testing to its reactive patients. When the Satellite Treatment Hub was under the city's social hygiene clinic (SHC) in 2007, a monitoring report published by the National AIDS-STI Prevention and Control Program of the DOH and Family Health International identified the facility as the "most ideal" SHC in the country due to its location, completeness of SHC services, and the use of modern and sanitary fixtures, etc.

The Baguio Health Services Office houses the Baguio Satellite Treatment Hub and the city's Reproductive Health and Wellness Center (Photo: The City Government of Baguio)

This recognition caught the attention of private doctors who began referring their patients to the facility for medical services ever since the report was published (Brillantes, 2019). This is because the facility was at par with private clinics but at lower cost, making it more accessible to the general public.

The treatment hub is also setting its sights on becoming an official site for ART by the DOH. This means that DOH provides all its antiretroviral drugs through its regional office instead of the Research Institute for Tropical Medicine (RITM) located in Metro Manila, thereby reducing the logistical costs for treatment.

Beyond its facilities, Baguio City's resources also extend to its personnel. The city's network of support groups is ready to bring the facility to KAPs. One example is its community-based screening (CBS) group that performs HIV screening outside the facility. It is the social arm of the satellite treatment hub that accompanies reactive patients to post-test counseling and CD4 testing. According to Celia Flor

Brillantes, Assistant Medical Officer of the CHO, since the group is comprised mostly of MSMs, it can "easily blend with patients"—a majority of which are MSMs—and relate to their issues.

The city also takes pride in its collaborative partnerships with other members of the city's local AIDS council called the "Baguio AIDS Watch Council, Inc." (Baguio AWAC). AWAC members include the Baguio Association of Bars and Entertainment Society and the Baguio Center for Young Adults, which led the MSM track of the Baguio AWAC by screening, testing, and counseling MSMs in 2004 (Cureg & Montes, 2014).

Consensus-building is vital

Located in the northern part of the Zamboanga Peninsula, the City of Dipolog demonstrates how the active support of a city mayor advances further the HIV/AIDS program of the city.

Corazon C. Aquino Hospital

The Corazon C. Aquino Hospital (CCAH) Treatment Hub in Dipolog was a result of a series of endorsements by key actors who are vital in ensuring quality provision of HIV/AIDS services in the city. The regional office of the DOH saw its expediency and engaged the city health office in 2017. The city health office then endorsed the agency's request to the mayor and facilitated the requirements. In 2018, the city mayor approved its establishment by signing an agreement with the DOH, which then enabled the accreditation of the facility as a DOH-designated treatment hub (DOH – Regional Office IX, 2017).

The facility addressed the inconvenience of having to travel to Zamboanga City, an eight- to ten-hour drive south of the Zamboanga Peninsula, or to Cebu City, which is a plane ride away from Dipolog. Both

cities used to be the go-to treatment sites of PLHIVs residing in Dipolog and its neighboring towns, but with the establishment of the treatment hub in the LGU-run hospital, testing and treatment finally became accessible.

The treatment hub of Dipolog City is strategically and discreetly located inside the CCAH

The same agreement that activated the city's treatment hub also paved the way for CCAH to become the first "level 2 tertiary hospital in the country that facilitates the provision of safe [and] comprehensive care to HIV and AIDS patients" (DOH – Regional Office IX, 2017, p. 2). From this emerged the city's HIV/AIDS Core Team, a group of doctors, nurses, and other allied professionals tasked to offer treatment and other services to PLHIVs in a clinical setting. The set-up ensures that well-trained, competent professionals can properly administer services and fully utilize the facilities.

Nonetheless, Dipolog has already been active in its HIV/AIDS response even before the establishment of the treatment hub. Its sundown clinic, a mobile arm of the CHO, has been conducting HIV/AIDS symposia since its establishment in 2015. Staff members would visit schools, workplaces, and other public areas including the city's esplanade, the Dipolog Sunset Boulevard, to conduct HIV 101s, counseling, and even testing. Now that the treatment hub has absorbed its personnel the sundown clinic acts as a promotional and referral arm of the facility.

Aside from its sundown clinic, the CHO has also partnered with "Sangre Evida," a group of LGBT peer educators who are tasked to encourage testing among KAPs in street settings. The city mayor provides support to the group by funding their training. While their work is mostly mobile, members of Sangre Evida are also trained to receive patients in the treatment hub before counseling. Dra. Michaeline Balili, CCAH Medical Officer, fondly calls them "adhesives," since they conduct regular follow-ups with clients and encourage them to stick to their medications.

CHAPTER HIGHLIGHTS

Providing Quality Service

1. Ensuring quality services are provided by your city government starts with forging an active and functional partnership with your focal staff for HIV/AIDS who is deeply familiar with the local HIV/AIDS scenario. It could be your city health officer, the program coordinator for HIV/AIDS, or your city's medical officer.

2. It pays to maintain a good relationship with the regional office of the Department of Health. Keep them up to speed when it comes to your HIV/AIDS initiatives and maintains lines of coordination open. They are in a strategic position to advise and help your city provide the best possible service facility for PLHIVs.

3. Facilities plus adequate human resources equate to quality service. At some point in your city's HIV/AIDS journey, there is a need to seek the help of support groups, volunteers, and CBOs. They are your partners capable of bringing key affected populations closer to your facilities.

SERVICE DELIVERY NETWORKS

The ties that bind

Making sense of the HIV/AIDS epidemic begins with looking at the situation through a holistic lens. A person living with HIV (PLHIV) faces several concerns, health-related or otherwise, that develop throughout his or her treatment, or what is known as the HIV continuum of care.

Ensuring that a PLHIV receives the necessary care by the proper local agencies lies at the heart of fast-tracking local AIDS response. It is where a service delivery network (SDN) in a city comes in. Simply put, an SDN is an umbrella body of health and non-health facilities that deliver a comprehensive range of services for PLHIVs promptly through an integrated referral system. It serves as a PLHIV's safety net that is ready to accommodate his or her "medical/health, psychosocial, economic, [and] legal" (DSWD - Social Technology Bureau, 2010, p. 21) concerns.

Linkage to care

The presence of a well-coordinated SDN in your city can spell the difference between reducing the amount of virus in a patient's body and turning a manageable illness into a fatal infection.

Medical and support staff at the HIV Testing Room located inside Bale Angeleño

Therefore, an integrated mechanism can significantly improve the quality of life of PLHIVs in your city as patients, who decide to seek care are directed to all the right facilities.

Verona Guevarra, head and chief physician of Bale Angeleño, **Angeles City**'s Primary HIV Care Clinic, relies on the city's SDN to cover the wide-ranging needs of her clients. Upon learning about the concept behind the SDN, she realized its compositional similarity with the city's local AIDS council. It allowed her to tap members of the said council when it comes to the needs of PLHIVs.

Under the city's SDN, the city social welfare and development office attends to the financial and medical needs of PLHIVs. Ospital ning Angeles (ONA), an LGU-run hospital, offers laboratory, chest x-ray, and confinement services endorsed by Bale Angeleño. Rural health units provide anti-tuberculosis medicines for PLHIVs. The network also allows PLHIVs to avail of medical services in other member facilities on weekends and holidays.

Members of Angeles City's service delivery network endorsing the Paris Declaration: Ending the AIDS Epidemic at the meeting with LCP

Aside from this, Dra. Guevarra realized the need to expand the network to other doctors that cater to PLHIVs. Physicians from ONA, as well as semi-private doctors included in the SDN, are ready to accommodate patients for ophthalmological assessment, neurological management, or pneumonia treatment.

Bale Angeleño also takes advantage of the city's SDN when it comes to linkage to care, a crucial step in making sure a reactive patient enrolls in ART right away. It taps the members of an informal group of PLHIVs called "Angelic Millennials Support Group" (AMSG), who engage and steer newly diagnosed patients toward acceptance of their status. It is part and parcel of Bale Angeleño's adherence counseling, which aims to educate the patient about the medications and treatment. The AMSG also teaches patients where and how to access other services provided by the government for PLHIVs such as PhilHealth, SSS, PWD IDs, DSWD services.

Another group provides Bale Angeleño additional support when it comes to reaching out to key affected populations. "Juan Positive Movement" is a community-based organization (CBO) that

"bridges the gap between the HIV [patients] and the treatment hubs." (Del Rosario, 2018). As the lone CBO in Region 3, Juan Positive Movement works in partnership with the Department of Health – Regional Office 3 and the local governments in the region. It "shares awareness and treatment plans to HIV-positive individuals" (Del Rosario, 2018, para. 8) and provides case managers who continuously follow up on newly diagnosed PLHIVs to ensure they are linked to care. This entails sending and enrolling the patients to treatment until the patients can no longer transmit the virus.

Formalizing the mechanism

Setting up a local SDN is doable and possible. Bale Angeleño shows us that most of the elements of an SDN are already existing in any city. The challenge now is to formalize such a network so that its members are made accountable and aware of their roles and responsibilities in providing care to PLHIVs. This approach also encourages a more strategic use of financial and human resources towards efficient delivery of HIV/AIDS-related services (DSWD - Social Technology Bureau, 2010).

Members of Marikina City's service delivery network gather to commemorate the first anniversary of the group's establishment

An enabling policy is essential to push for an institutionalized SDN in your city. Such is the strategy of the city government of Marikina, which acknowledged that the provision of a comprehensive package of services could only be realized by "a network of service providers linked together by a functional, two-way referral system" (Sangguniang Panlungsod ng Marikina, 2018, p. 1). Thus, in 2018, the city's local legislative council adopted a resolution formalizing the city's service delivery network program for PLHIVs, which has been in existence as early as 2007.

According to Dr. Honeylyn Fernando, Marikina City's program coordinator for HIV/AIDS, the city's SDN integrates all departments of the city government, including the CSWDO and Gender and Development

office, both of which provide financial support for the SDN program. A total of 11 private and government hospitals are also on board to offer health services while CBOs such as the LGBT BUS offer allied support.

Dra. Fernando also mentioned that the city government is developing an operational guide for the city's SDN program. More than just activating the program, the guide can strengthen the referral process and coordination mechanism and ensure a smooth provision of services.

Community at the center of the epidemic

In a way, the presence of an SDN is a reminder that in arresting the HIV/AIDS epidemic, your city does not have to do it alone. It was never about making the city mayor the sole operator of his or her city's HIV/AIDS response. The fight against the epidemic is an exercise in collaborating with other sectors in your city. Communities are central to this cause. A city's capacity to link PLHIVs to care right away is only as good as the community of care and support that it has fostered.

Members of Danao City's service delivery network pose for a photo opportunity during LCP's visit to the City Health Office

For instance, in Danao City, Dr. Eric Echavez II shared that the excellent relationship between the city government and Minebea-Mitsumi ensures that the company workers are better informed about HIV services and facilities that the city government offers. Apart from Danao City, Dr. Echavez shared that the city also caters to the clients from the nearby municipality of Liloan and the City of Bogo.

When PLHIV requests assistance from the City Health Office, Dr. Echavez endorses the client to the City Social Welfare and Development Office for support. As the profile of PLHIV is mostly from person injecting drugs, the number of clients availing of services dwindled in 2018, when the current

administration instituted the all-out war on drugs. The nearby District Hospital offers free anti-retroviral medicine which is nearby the City Hall complex.

CHAPTER HIGHLIGHTS

Service Delivery Networks

1. Most of the components of a service delivery network are already existing in your city. Some cities even pattern their networks after their local AIDS councils. However, for an SDN to take shape, your focal staff for HIV/AIDS must be competent enough to foster a strategic partnership and arrange a coordinating mechanism among relevant service providers, private or public.

2. Formalizing a service delivery network is crucial to ensure accountability among its members. An enabling policy such a city council resolution or a partnership agreement can serve as a solid basis to put together a well-oiled system of service providers ready to administer care and support to PLHIVs at any point in their treatment.

3. A city mayor does not and should not have to do it alone. The local government can enlist the help of volunteer groups and members of the private sector to set up an expanded service delivery network.

MORE THAN MEETS THE EYE

The transformative experience of Quezon City

When you think about local AIDS response, Quezon City always comes to mind. In the last three years, Quezon City continues to invest resources on its HIV programs. It started with 52 million pesos in 2016, 74 million pesos in 2017, and 58 million pesos in 2019. In the 2016 report, Investments for Ending AIDS in the Philippines by 2030, it argues why it pays to invest in HIV programs. For one, as a country we do not have much choice. As we progress to middle-income status, global support continued to decline. In the next two years, global funding becomes non-existent, and we are confronted with a burden of addressing the growing epidemic on our own. It pays to invest and act now.

Another reason to increase HIV funding according to the Quezon City report has something to do with the productive life years. Based on demographics, Filipinos with ages 15-24 are the most susceptible to have the infection. Every infection prevented equates to 25 productive years saved. Someone, somewhere, another person, has yet to enjoy his or her life. Finally, as cities, we bear the HIV burden because it goes alongside with urbanization. As more people live in cities, the faster the infection spreads.

What is unique about the Quezon City approach is that it was able to get the buy-in of the mayor to support the HIV Program. In the same report, there are some pointers shared on how the Quezon City AIDS team was able to do it. By understanding what kind of information their mayor responds to, they were able to package a compelling narrative worthy of an audience with the mayor. In the interview conducted by the LCP team on 13 March 2019 with Dr. Rolly Cruz, he confirmed the effectiveness of such an approach. He shared that it is worthwhile to gather the data and package it in such a way that it is easy for decision-makers to act on the information. Profiling your mayor is a potent approach to get him or her on board in HIV advocacy.

Scrutiny of the Quezon City experience shows that what makes it inspiring is that it is the only site where the three vital ingredients of successful HIV programs are visible; namely education, quality services, and service delivery network. In the 2016 report, six characteristics make the Quezon City experience unique. These are:

1. Co-location of the sundown clinics with social hygiene clinics.

2. Adjusted working hours to cater to the client's schedule.

3. Testing is done rapidly, and results are available promptly

4. Services are personalized, confidential, and respectful

5. Services embrace the continuum of care model

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

All these characteristics are also present in cities in varying degrees. Items 1-3 are essential because it deals with the first 90% of the Fast-Track Cities target, i.e., 90% of people living with HIV know their status. When Quezon City co-located their sundown clinic with their social hygiene clinic, adjusted their working hours up to 11 PM, and facilitated testing, their client reach increased. On the other hand, items 4-6 or personalizing the services, engaging local organizations, and employing a continuum of care model also increased the percentage of who know their HIV status and are on anti-retroviral medicine.

Based on Quezon City Health Department Records, in 2016 only 53% of PLHIV are linked to care, and only 34% are on anti-retroviral (ART) medicine. By 2017, 85% of PLHIV are linked to care, and 62% of them are on ART. By 2018, Quezon City has breached the 90% target by registering 94% of PLHIV being linked to care while 65% are on ART.

Dr. Rolly Cruz (left), Quezon City Epidemiologist, with LCP Deputy Executive Director, Ms. Veronica Hitosis (right)

Despite these accomplishments, Quezon City is not resting on its laurels. Another social hygiene clinic is being eyed to open near Eastwood City and in Fairview City. In 2018, Quezon City Council passed its anti-discrimination ordinance, and there are efforts to improve case management to ensure that those in treatment can no longer transmit the virus or the last 90% target of the Fast-Track Cities. For one, that takes time. It is also a function of monitoring and continuous investment in resources. If the city were able to reach the first two 90% targets, it would just be a matter of time for Quezon City to reach the last 90%.

CHAPTER HIGHLIGHTS

The Quezon City Experience

1. Do not wait for assistance to come in; do your work and support will come in. During the interview with Dr. Cruz, he shared the importance of relying on local resources. Often, donor support is minimal or sporadic. By earmarking portions of the local budget, HIV programs become more focused and strategic. Local budget is always scarce; that is why city departments are trained to plan better.

2. Do not get tired. HIV programming and implementation takes time and effort. It is essential that you keep your eye on the goal, which in this case means lives saved. For Dr. Cruz, he gets inspiration from people who call him and appreciates his effort. It could get daunting at times. Often, it is hard to see where all the efforts are leading to or are your city hitting the targets. Data improvement can help inspire the caseworkers and volunteers, but at the end of the day, you get inspiration from your team and the people you helped.

3. Utilize PLHIVs in designing responsive programs. They know the market. Where they congregate, how they feel, and what assistance is needed.

WAYS FORWARD

Limits and potential of the New Philippine HIV and AIDS Policy Act for cities

On 20 December 2018, President Rodrigo R. Duterte signed the Philippine HIV and AIDS Policy Act into law. HIV/AIDS advocate rejoiced because the previous legislation has already shown its limits. It can no longer respond to the growing demand of PLHIV and of the country in arresting the epidemic. A new law has to save the day.

After decentralizing the response in 1998 with the passage of Republic Act 8504 or the Philippine AIDS Prevention and Control Act, the new law centralizes the country's intervention in arresting the epidemic. Maybe, after more than 20 years, we already know what works and what does not. Or do we?

More youth-focused

The new Philippine HIV and AIDS Policy Act recognizes two essential concepts. First, the Evolving Capacities of the Child enshrined under Article 5 of the Convention of the Rights of the Child which identifies the developmental changes and the corresponding progress in the cognitive abilities and capacity for self-determination undergone by children as they grow-up thus requiring parents and others charged with the responsibility for the child to provide varying degrees of protection and to allow their participation in opportunities for autonomous decision-making in different contexts and across different areas of decision-making. Second, the new law sets in place the Mature Minor Doctrine, which refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures, if they have been assessed by qualified health professionals to understand the nature of procedures and their consequences to decide on their own.

These two concepts are critical in implementing the provisions of Article IV of the new law on Screening, Testing, and Counseling wherein pregnant teens or those engaged in high-risk behavior below 15 years old can undergo voluntary HIV testing and counseling even without the consent of parents or guardians. The logic behind this provision is the increasing number of PLHIV between 15-24 years old.

Clearer provisions on prevention and treatment

Unlike Republic Act 8504, the new HIV and AIDS Policy Act has stronger, more targeted, and clearer provisions on prevention programs. Each national government agency has specific roles in developing information materials and in designing campaigns targeting various institutions and communities.

As for LGUs, participation is still maintained under Section 20 or in the Education of Key Populations and Vulnerable Communities. On the other hand, Local Government Leagues were given with clear functions under Section 19 or in Education in Communities. It states:

Section 19. Education in Communities. The DILG, the Union of Local Authorities of the Philippines (ULAP), the League of Provinces, the League of Cities, the League of Municipalities through the Local HIV and AIDS Councils (LAC) or the local health boards and, in coordination with the PNAC, shall implement a locally-based multi-sectoral community response to HIV and AIDS through various channels on evidence-based, gender-responsive, age-appropriate and human-rights oriented prevention tools to stop the spread of HIV. Gender and Development (GAD) funds and other sources may be utilized for these purposes.

This provision recognizes the advocacy role of the local government leagues in HIV campaigns through their members.

Limited LGU participation

Despite these good points, the current law could suffer some minor setbacks in implementation due to its failure to realize the potential of local government associations in designing educational campaigns. While Section 19 mentions the role of government leagues, it shows how little they know about these associations. It is still the Local AIDS Council of the provinces, cities, and municipalities that are tasked to implement quality HIV programs as these local government associations have no GAD budget. However, the strength of the local government association lies in its capacity to convene local chief executives and inform them of these new developments on HIV response in an environment conducive for knowledge exchange.

However, participation of local government associations is non-existent with their removal from the membership in the Philippine National AIDS Council. It has created a delicate situation because Republic Act 11166 provides for LGUs involvement in education, preventive measures, as well as funding. For instance, on Section 52, Appropriations, there is an expressed statement that says “A

separate budget item in the annual appropriations of LGUs shall be allocated for their action plans specified in this Act." Sections 20, 23, and 52 are reflective of the significant roles LGUs play in HIV program, but it assumes that LGUs can create HIV action plans.

At the minimum, the new law should have kept the membership stated under Section 45, Article 8 of Republic Act 8504 and managed the determination of the quorum as stated in Article I of Republic Act 11166. The DILG which is the agency tasked to represent LGU interest and point of view tends to still approach LGU from a supervisorial stance which could affect the practicability and effectiveness of LGU intervention.

Failure to harness the potential of collaboration and building synergies

While the law is clear on who is doing what - whether it is prevention, treatment or education - it is silent in building synergies at the level of the Philippine National AIDS Council given its more streamlined set-up. The Department of Health operates at the regional level while provinces are more strategic because there are only 80 provinces across the country. In South Cotabato, the Integrated Provincial Health Office caters to clients in 11 cities and municipalities within its jurisdiction. Most of its clients are from Koronadal City.

As the country continues to urbanize, cities bear a large part of the HIV burden. Effective action at the city level can help control the spread of HIV. Cities are where interventions could create a more significant impact.

After months of city visits and reading literature of HIV and AIDS, we believe that we now know the solutions in arresting the epidemic.

The biggest failure of the country's HIV and AIDS response lies in its inability to harness the full potential of collaboration, engagement, and creating synergies in designing and implementing a practical, doable, and impactful program for arresting the spread of HIV in the country. This publication has shown that cities are organizing awareness-raising campaigns. They are building facilities, and collaborating through a network of service providers to ensure that PLHIVs have access to care. Sustaining and scaling up these efforts to more cities and LGUs remain our biggest challenge yet.

REFERENCES

Brillantes, C. F. (2019, February 28). Baguio City Best Practices on HIV: Reproductive Health and Wellness Center (RHWC) of the Health Services Office (HSO). (LCP, Interviewer)

Cureg, E., & Montes, R. (2014). Practices that Work: HIV and AIDS Local Response in the Philippines. Pasig City: Local Government Academy.

Del Rosario, M. (2018, February 14). Angeles City conferred excellence awards for health. Retrieved from Philippine News Agency: http://www.pna.gov.ph/articles/1025264

DSWD – Social Technology Bureau. (2010, December 1). A Referral System for Care and Support Services for Persons Living with HIV and their Families in the Community. Philippines.

DOH – Regional Office IX. (2017). Memorandum of Agreement. City of Dipolog, Philippines.

Investments for ending AIDS in the Philippines, Leading Example from Quezon City's AIDS Response. Investment Options for Ending AIDS in the Philippines. UNAIDS. January 2015

Local Government Academy. Localizing the HIV and AIDS Response: Local Government Guide for Practical Action. 2011

Paranaque City Accomplishment Reports 2016-2018.

Quezon City Investment Plan on AIDS 2017-2022.

2017, July 13. Quezon City's HIV Programme becomes a model for other cities. Retrieved from http://www.unaids.org/en/resources/presscentre/featurestories/2017/july/20170713_quezon

Nathanielz, R. (2017 October). Quezon City Launches Youth Centric HIV Programme. Retrieved from https://www.shell.com.ph/sustainability/communities/social-investment-programmes/psfi/milestones/health-sanitation-and-safety/quezon-city-launches-youth-centric-hiv-programme.html

Quezon City Health Department Programme Records. 2016, 2017, 2018

Republic Act No. 11166. Philippine HIV and AIDS Policy Act. 20 December 2018

Raymundo, P. (2019, January 10). Quezon City supports HIV/AIDS Law. Retrieved from http://www.pna.gov.ph/articles/1058498.

Sangguniang Panlungsod ng Marikina. (2018, March 21). Resolution Adopting the Service Delivery Network Program for People Living with HIV (PLHIV) as a Healthy Initiative in the City of Marikina.