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Models on how community-based organizations of key affected populations can contribute significantly to HIV-AIDS service delivery: Experience from the Philippines

In 2018, the Philippines has been identified by the Lancet as the country with the highest growing new HIV cases in the Asia Pacific Region. This phenomenon requires a collaborative and well-coordinated effort from various sectors, including government, non-government, developmental partners and private entities. The HIV epidemic in the country is primarily concentrated among four key affected populations. These include MSM and TG communities, people who inject drugs and young vulnerable persons belonging to the 15 to 24

age group. In response to the challenge of providing a client-centered, human rights-based intervention and with a differentiated care approach to service delivery, the 6th AIDS Medium Term Plan of the Philippines highlights the need for community based organizations (CBO) of key affected populations to take a more active role not only in advocacy, but also indirect provision of health services, including HIV testing, to clients, as well. The National Health Sector Reform Agenda of the Department of Health also provides policy support to the need to meaningfully involve organizations of affected groups in combating disease. This study presents various models of CBO-engagement to HIV-AIDS service delivery in the Philippines. These models include the collaboration of CBOs with the Social Hygiene Clinics of the Local Government Units in conducting regular outreach,



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the use of the COPE Strategy in reaching out to the key populations and lastly, the establishment and operations of Community Centers that are run by CBOs. The Community Center Model is patterned after the One-Stop-Shop approach to the delivery of services which streamlines the process from HIV testing up to treatment enrollment. A review of the data in 2017 and 2018, indicates that CBO-led community testing and treatment centers for HIV have

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significantly contributed to the country's AIDS response. In particular, these centers account for 24% to 31% of the total new cases of PLHIVs that were diagnosed. They were also observed to have a relatively high treatment enrollment rate of 70% to ARV medications. These data from the Philippines provides support to the boundless potential of community organizations in playing a significant part in curbing and managing the "fast and furious" rates of new HIV cases in the country. Hence, the

active involvement of CBOs needs to be nurtured and sustained as an integral part of a national HIV-AIDS response.

Biography

Loyd Brendan P. Norella completed his Doctor of Medicine from the University of the Philippines, Philippine General Hospital at the age of 24 years old. He also has a master's in Public Health Methodology from the Universite Libre Bruxelles, Belgium. He did his postdoctoral research at the College of Public Health of the Chulalongkorn University

in Bangkok, Thailand and attended training at the TH Chan School of Public Health at Harvard University in Boston. He has more than 15 years of experience as a medical doctor, venereologist, health social science researcher and development program specialist. Currently, he is the Chief of Party of the Global Fund HIV-AIDS Grant in the Philippines after serving as the Program Director of the ISEAN-Hivos Global Fund Multi-Country HIV-AIDS Grant in South East Asia.

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