

**[DOH ADMINISTRATIVE ORDER NO. 2010-0028,
September 27, 2010]**

**POLICIES AND GUIDELINES IN THE CONDUCT OF HUMAN
IMMUNODEFICIENCY VIRUS (HIV) COUNSELING AND TESTING
IN COMMUNITY AND HEALTH FACILITY SETTINGS**

I. INTRODUCTION AND RATIONALE

The Philippines still maintains less than one (1) percent prevalence rate of HIV infection. Preventive interventions must be undertaken by the country in order to maintain its low prevalence status, and the Department of Health and other concerned agencies are focusing their efforts thereon.

Pursuant to the 4th AIDS Medium Term Plan (2005-2010), HIV counseling and testing is one of the preventive interventions used to reach the most at risk population. The at-risk and vulnerable populations for HIV infection include people in prostitution, men having sex with men, people who inject drugs, and migrant workers. HIV counseling and testing is being advocated to the most at risk population because through this intervention, the same are given the opportunity to know their HIV status and at the same time are provided with information on risk reduction strategies and location of facilities to treat HIV positive individual.

Since counseling is anchored on HIV testing, efficient post-test counseling can appropriately manage the negative consequences of client's knowing their HIV status especially if the client tested positive for HIV. On the other hand, poor quality counseling which may inadequately address client issues may result in suicide, depression and other-psychological consequences in persons tested positive for HIV.

Furthermore, the importance of implementing quality counseling anchored on HIV testing as mandated by Republic Act No. 8504, "AIDS Prevention and Control Act of 1988", will not only benefit the individual being tested but will also scale up preventive intervention so as to slow down or halt the spread of HIV. Hence, there is a need to provide a standard in the conduct of HIV counseling and testing.

II. OBJECTIVES

General Objective:

To provide policies and guidelines in the conduct of HIV counseling and testing (HCT) at community and health facility settings.

Specific Objectives:

1. To identify the required components of HIV counseling and testing and set the protocol for these components;
2. To set the standards/requirements for an HIV counseling and testing facility; and

3. To define the roles and responsibilities of DOH and other stakeholders in the implementation of these guidelines.

III. SCOPE AND COVERAGE

This guideline covers all Sexually Transmitted Infection (STI) and HIV service providers, coordinators and managers of HIV clinics and /or testing laboratories, all facilities offering HIV testing for diagnostic purposes, surveillance and research, and blood safety purposes.

IV. DEFINITION OF TERMS

1. Blood Service Facility (BSF) – any unit, or office or institution providing any of the blood transfusion services and which can be a blood center, blood bank, blood collection unit or blood station.

2. Confirmatory test/testing – refers to the test performed on samples that have tested reactive to the screening test to find out if the results were true positive or not.

3. DOH Retained Hospitals – hospitals that remain under the management and supervision of the Department even after the devolution.

4. Fourth AIDS Medium Term Plan – The five-years Plan containing the country's action and response towards maintaining the low HIV prevalence status of the Philippines and preventing the spread of HIV infection.

5. Informed written consent – refers to the voluntary written agreement of a person allowing him/herself to undergo or be subjected to a procedure based on full information.

6. Overseas Filipino Workers (OFW) clinics – these are clinics that conduct pre-employment medical examination for Filipinos bound for abroad.

7. Pre-donation counseling – a process in blood donor selection wherein donors are informed about health conditions or risk behavior that would make them unsuitable to donate blood. The donor's informed consent to blood donation and to the blood testing is obtained during counseling.

8. Reactive sample – the blood sample from patient/client has antibodies that reacted to the HIV antigen or vice versa present in the screening test. However, the presence of reactive sample does not totally confirm that the person has HIV infection.

9. Screening test - refers to initial serological test performed to determine the presence of antibody and/or antigen against HIV1 and HIV2.

10. Social Hygiene Clinics – these are clinics of the local government unit that are usually part of the municipal/city health office providing reproductive health service including management of STI.

11. Treatment hub – a hospital facility with an organized HIV/AIDS Core Team (HACT) providing prevention, treatment care and support services to People Living with HIV (PLHIV) including but not limited to HIV counseling and testing, clinical management, patient monitoring and other care and support services. ARV

treatment can only be assessed through these facilities. Refer to Annex II* for the list of treatment hubs.

12. HIV Counseling and Testing (HCT) – also called Voluntary Counseling and Testing(VCT) is a counseling process that enables a client make an informed choice about being tested for HIV. The counseling process has two components, the pre and post HIV test counseling.

12.1 Pre-HIV test counseling – a process that prepares the client for the HIV test. Pre HIV test counseling explains the implications of knowing that one is or is not infected with HIV, facilitates discussion about ways to cope with knowing one's HIV status, to enable an individual to practice strategy to reduce future risk behaviors. It can be Client initiated (CICT) or provider initiated HIV counseling and testing (PICT), both process is voluntary and enables client make informed decision about being tested for HIV infection.

12.2 Post HIV test counseling – process conducted by a trained personnel to assist the client understand and cope with the HIV test result and be able to identify options for future plans including physical, mental, social, reproductive and other personal concerns.

13. HCT facility – any health facility equipped in providing services on HIV counseling and testing recognized by DOH. It can be free-standing or incorporated into existing health-care services.

V. GENERAL GUIDELINES

1. All HCT facilities shall observe the principles of counseling, informed consent and confidentiality at all times. (Refer to Annex 1* for Minimum Information provided during Pre-test counseling).

2. All HCT facilities shall be duly licensed and comply with the standards set by the Department of Health for an HIV Testing Center.

3. All Social Hygiene Clinics (SHC) shall offer to most at risk and vulnerable clients HIV counseling and testing services or referral at regular intervals.

4. All DOH-licensed OFW clinics shall provide pre-HIV test and post-HIV test counseling to all their clients for HIV testing as mandated by Republic Act No. 8504, "AIDS Prevention and Control Act of 1998". Provision for counseling shall be part of the accreditation requirements of OFW clinics.

5. Blood service facilities(BSF) shall include in its pre-donation counseling an assessment of risk behavior among all its potential blood donors. All individuals seen at BSF with high risk behavior shall be deferred and shall be referred to a HCT facility for counseling and HIV testing.

6. All identified treatment hubs (see Annex II) and DOH-retained hospitals shall set-up and provide HIV counseling and testing as part of HIV AIDS Core Team (HACT) services and as potential referral facilities for LGU and NGO based HIV counseling and testing facilities.

7. Private and LGU hospitals shall be encouraged to set-up within their systems provision of HIV counseling and testing services for walk in clients. The said services