

Department of  
Social Welfare and  
Development



United Nations  
Development  
Programme



# **A Referral System for Care and Support Services for Persons Living with HIV and their Families in the Community**





**A Referral System for  
Care and Support  
Services for Persons  
Living with HIV and  
their Families in the  
Community**

```
graph TD; A[ ] --> B(( )); B --> C(( )); C --> D[ ]; C --> E[ ]; style A fill:none,stroke:#8B8B4B,stroke-width:1px; style B fill:#8B8B4B,stroke:#8B8B4B,stroke-width:1px; style C fill:#8B8B4B,stroke:#8B8B4B,stroke-width:1px; style D fill:#8B8B4B,stroke:#8B8B4B,stroke-width:1px; style E fill:#8B8B4B,stroke:#8B8B4B,stroke-width:1px;
```

**Department of Social  
Welfare & Development**  
Social Technology Bureau

with assistance from the  
**United Nations  
Development  
Programme**

# **A Referral System for Care and Support Services for Persons Living with HIV and their Families in the Community**

**Department of Social Welfare & Development  
Social Technology Bureau**

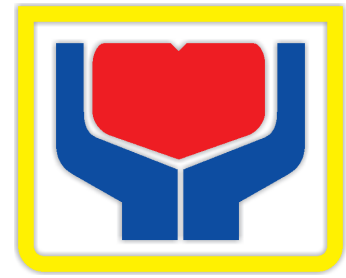
with assistance from the  
**United Nations Development Programme**

1 December 2010





## Message from the Department of Social Welfare and Development



There are a total 4,817 reported cases of AIDS from 1984-2010. The current statistics manifest that the situation is alarming and something needs to be done immediately. HIV/AIDS often poses a devastating effect on families, communities, and societies as a whole. PLHIV are confronted with multiple burdens, ranging from psychosocial to economic, and it is the prime duty of the DSWD with the support of the United Nations Development Programme, to develop a referral system that will equip LGUs with the necessary mechanisms to deliver community-based services to PLHIV.


The *Referral System for the Care and Support Services for Persons Living with HIV* is a significant tool that facilitates the collaboration of service providers and local government agencies to provide care, and support for PLHIV. With this tool, HIV/AIDS can be prevented with the harmonization of information given to people and institution of values that are against discrimination and stigmatization.

Furthermore, this Referral System will also ensure that social workers and other service providers will be guided by the principles of confidential HIV counseling and working towards empowerment of PLHIV, promoting accountability on the part of local officials, and safeguarding the future and life of children involved in cases of HIV/AIDS.

Through the Republic Act 8504 “Philippine AIDS Prevention and Control Act of 1998” and the AIDS Medium Term Strategic Plan IV (2005-2010), which is geared towards helping the country meet the MDG targets by 2015, the Department have recognized the importance of ensuring that PLHIV will have access to an environment that is caring, supportive, and sensitive to their varying needs and conditions.

I am glad that this Referral System has been crafted because it stresses that in case of HIV/AIDS something has to be done beginning from the city/municipal level up to the national level. The contents of this manual also promotes a framework that showcase a holistic response to the immediate and long term needs of the PLHIV, their families, and communities.

Together as a compassionate society, we can prevent the spread of HIV/AIDS in our nation and eventually the rest of the world. Let us stand up to this challenge and work together for a better future for the next generation.



**Corazon Juliano-Soliman**  
Secretary



## Message from United Nations Development Programme



The Philippines is at a critical moment in its response to HIV and AIDS with the rapidly accelerating rate of HIV infection in the past years. While one of the biggest challenges is scaling up effective HIV prevention strategies, equally important is improving care and support services for the increasing number of people infected and affected by HIV and AIDS.

To help mitigate the negative impact of HIV and AIDS, UNDP supported the establishment of the referral system for care and support services for people infected and affected by the disease and the development of its accompanying program manual. These manuals are products of the strategic partnership between the Department of Social Welfare and Development (DSWD) and UNDP towards successful achievement of the outcome of the joint project, “Mitigating the Economic and Psychosocial Impact of HIV and AIDS”.

The first manual, ***“A Referral System for Care and Support Services for Persons Living with HIV (PLHIV) and their Families in the Community”***, provides a framework through which stakeholders fulfill their obligations to protect and promote the rights of PLHIV, their children and affected families. It presents an effective mechanism to ensure access of PLHIV to a quality and timely delivery of services, including those that will cater the needs of their families. It is intended to facilitate the convergence of various service providers from multi-sectoral agencies to respond to the emerging needs of PLHIV towards full enjoyment of their human rights, and fulfillment of a meaningful and productive life.

The accompanying document to the referral system, ***“Program Manual on Care and Support Services for Persons Living with HIV and AIDS and their Families”***, serves as the operations manual to guide implementers in the delivery of care and support services to PLHIV, their children, and their families. It is a tool that supports the prevention and management of problems associated with HIV and AIDS at all levels: individual, family, and community, particularly those that requires psychosocial interventions.

I am delighted that the referral system is now in place. In a way, this will help support the fulfillment of DSWD’s mandate of mitigating the impact of HIV and AIDS on individuals, families and communities, and its effort to institutionalize care and support services by strengthening the role and capacities of social workers, community volunteers, and community leaders. I hope that this will also facilitate the successful implementation of the country’s Fifth AIDS Medium-Term Plan (AMTP V) particularly in addressing the emerging challenges on HIV treatment, care and support. Moreover, I hope that this would, ultimately, assist the country in attaining its MDG 6 target of halting the spread of HIV and AIDS by 2015.

I wish to extend my sincerest appreciation to DSWD for the partnership, dedication, and commitment to develop these important tools. I look forward to the effective use of these tools towards enhanced HIV prevention, care and support services in the Philippines.



**Renaud Meyer**  
UNDP Country Director

# Acknowledgements

The **Referral System for the Care and Support for Persons Living with HIV and their Families in the Community** was developed in partnership and collaboration with several stakeholders.

The Department would like to express its deepest and sincerest gratitude to the United Nations Development Programme (UNDP) for funding the DSWD-UNDP Project entitled *Mitigating the Economic and Psychosocial Impacts of HIV and AIDS*. This project is under component number three (3) of the five (5) components under *Promoting Leadership and Mitigating the Negative Impacts of HIV and AIDS on Human Development Programme* of UNDP which supported the publication of this document.

The Department commends and recognizes the contributions of the following for the formulation of this significant and unprecedented document:

- To DSWD Undersecretary Alicia R. Bala, Assistant Secretary Florita R. Villar, and STB Assistant Bureau Director Gemma B. Gabuya, for their invaluable support, guidance, and inputs;
- To Ms. Irene V. Fonacier-Fellizar and former DSWD Undersecretary Lourdes G. Balanon, for being the Resource Persons during the series of regional consultations and validation workshops and the latter for being the Consultant of this publication;
- To our partners in this UNDP Project: Positive Action Foundation of the Philippines (PAFPI), and Pinoy Plus, for providing significant inputs and sharing their first hand experiences in working with Persons Living with HIV (PLHIV);
- To the DSWD Regional AIDS Focal Persons: Mr. Armont C. Peciña, Ms. Melanie M. Barnachea, Ms. Mylah So Gatchalian, Mr. Benjamin C. Baruc, Ms. Elizabeth Lim Dy, Ms. Hazel T. Militante and Ms. Maria Clara P. De Guzman, who all throughout, tirelessly supported the project;
- To the participants of the series of consultations, writeshops, and validation workshops from the national and local government agencies: (PNAC Secretariat - Dr. Ferchito L. Avelino, DOH- National Center for Disease Control and Prevention, Dr. Gerard B. Belimac, DILG, PDEA, DepEd, DOLE, P/C/Municipal Health Offices, Social Hygiene Clinics, P/City/M Social Welfare and Development Offices); the Philippine National Red Cross; the NGOs: The Library Foundation, Remedios AIDS Foundation, TRIDEV, Bidsiliw, Babae Plus, Precious Jewels Ministry; the CBOs: HDES, Cebu Plus, Cavite Support Group, ACAC-Sister Plus Angeles City; the FBOs: Belen sa Batangas); and the Academe (CEDO-South Western University).
- To the Social Technology Bureau (STB) staff; Marilyn B. Moral, Ms. Eden C. Mariño and Ms. Elma Solis-Salamat, for their substantial contribution; and
- Most especially, to the Persons Living with HIV and their Families who inspired us and contributed to this publication.

# Table of Contents

<b>Acronyms</b>	9
<b>Part I. Background</b>	10
<i>Section 1. Introduction</i>	10
<i>Section 2. Rationale</i>	11
<i>Section 3. Policy Framework</i>	12
<i>Section 4. Guiding Principles</i>	14
<i>Section 5. Definition of Terms</i>	15
<i>Section 6. Conceptual Framework</i>	17
6.1. Continuum of Care (CoC)	17
6.2. Care and Support Services for PLHIV and their Families	18
6.3. The National Referral Mechanism	18
<b>Part II. The Referral System</b>	20
<i>Section 7. The Referral System</i>	20
7.1. The advantages of establishing a referral system	20
7.2. Essential Elements of Referral System	21
<i>Section 8. Establishing a Referral System</i>	23
<i>Section 9. Operationalization of the Referral System</i>	26
9.1. Coordinating Agencies at the Regional and City/Municipal Levels	26
9.2. Provision of Care and Support Services for PLHIV and their Families	27
9.3. Community-Based Referral System	30
<i>Section 10. Competencies of the Service Providers</i>	36
10.1. Knowledge	36
10.2. Attitudes and Behavior	36
10.3. Skills	36
<b>References</b>	37
<b>Appendices</b>	38
Appendix A: Intake Form (Form 1)	39
Appendix B: Referral for Service Form (Form 2)	42
Appendix C: Referral Feedback Form (Form 3)	43
Appendix D: Referral Registry (Form 4)	44
Appendix E: Directory of Resources (Form 5)	45
Appendix F: Implementing Rules and Regulations Republic Act No. 8504	49
Appendix G: DILG Memorandum Circular	72
Appendix H: DSWD, DOH, DILG Joint Memorandum Circular	74
on Regional AIDS Assistance Team (RAATs)	74
Appendix I: Olongapo City Ordinance on Local AIDS Council	77
Appendix J: Directory Of Resources For STI, HIV and AIDS	87
Appendix K: List of Accredited Laboratories for HIV Testing in MetroManila	94
Appendix L: List of Treatment Hubs	96

## Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
CBOs	-	Community Based Organizations
CoC	-	Continuum of Care
CorA	-	Coordinating Agency
CHED	-	Commission on Higher Education
DepEd	-	Department of Education
DILG	-	Department of the Interior and Local Government
DFA	-	Department of Foreign Affairs
DOH	-	Department of Health
DOJ	-	Department of Justice
DOLE	-	Department of Labor and Employment
DSWD	-	Department of Social Welfare and Development
FBOs	-	Faith Based Organizations
FP	-	Focal Person
HACT	-	HIV/AIDS Core Teams
HIV	-	Human Immunodeficiency Virus
LAC	-	Local AIDS Council
LGU	-	Local Government Unit
NEC	-	National Epidemiology Center
NGOs	-	Non - Government Organizations
OI	-	Opportunistic Infections
OWWA	-	Overseas Workers Welfare Administration
PAFPI	-	Positive Action Foundation Philippines, Inc.
P/C/MHO	-	Provincial/City/Municipal Health Office
P/C/MSWDO	-	Provincial/City/Municipal Social Welfare and Development Office
PLHIV	-	Persons/People Living with HIV
PNAC	-	Philippine National AIDS Council
RAATs	-	Regional AIDS Assistance Teams
RH	-	Reproductive Health
RS	-	Referral System
RecA	-	Receiving Agency
RefA	-	Referring Agency
STI	-	Sexually Transmitted Infections
TESDA	-	Technical Education Skills and Development Authority
VCT	-	Voluntary Counseling and Testing

## Part I. Background

### Section 1. Introduction

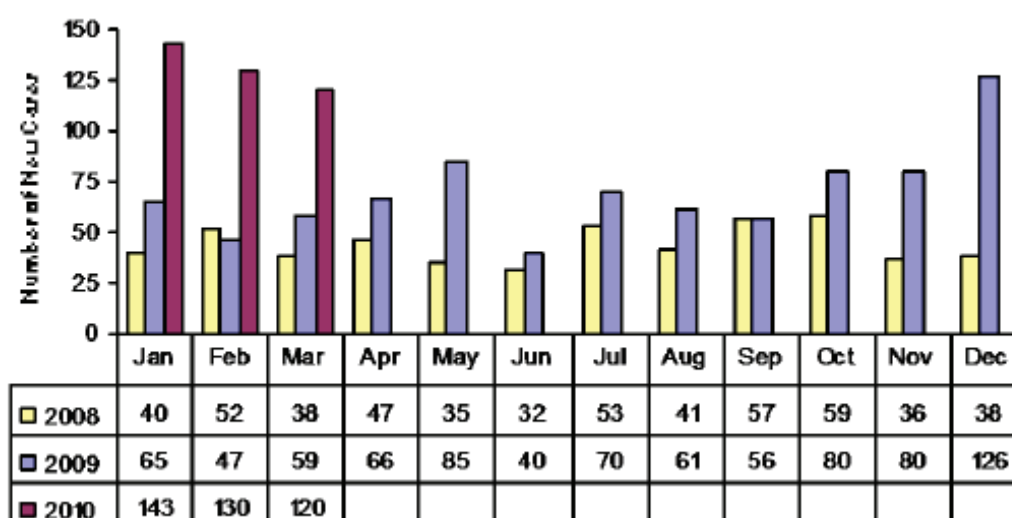
The first AIDS case in the Philippines was reported in 1984. From January 1984 to March 2010, there were a total of 4,817 HIV Ab seropositive (HIV positive) cases reported (Table 1), of which 3,979 (83%) were asymptomatic and 838 (17%) were AIDS cases.

In March 2010 alone, there were 120 new HIV Ab sero-positive individuals confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) and reported to the HIV and AIDS Registry (Table 1). This was a 103% increase compared to the same period last year (n=59 in 2009) [Figure 1].

**Table 1. HIV Cases from 1984-2010<sup>1</sup>**

Quick Facts Demographic Data	Mach 2010	Jan-Mar 2010	Cumulative Data: 1984—2010
Total Reported Cases	120	393	4,817
Asymptomatic Cases	117	387	3,979
AIDS Cases	3	6	838
Males	104	349	3,581
Females	16	44	1,225
Youth 15-24yo	35	126	850
Children <15yo	0	1	53
Reported Deaths due to AIDS	0	0	318

**Figure 1. Number of New HIV Cases per Month (2008-2010)**



With the current statistics, the country's HIV and AIDS situation has reached alarming proportions as it is now described as “expanding and growing”, from the previous “low and slow” and “hidden and growing” phases.<sup>2</sup>

<sup>1</sup> DOH, National Epidemiology Center, 2009

<sup>2</sup> DOH Press Release/26 March 2010 <http://portal.doh.gov.ph/node/2628>



Recognizing the importance of responding to the needs of Persons Living with HIV (PLHIV), Republic Act 8504 (RA 8504)<sup>3</sup> was enacted, setting policies and measures for the prevention and control of HIV and AIDS, specifically extending to every person suspected or known to be infected with HIV and AIDS, full protection of his/her human rights and civil liberties. The Philippines is also a signatory to the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment (DoC) and the ASEAN Declaration on HIV/AIDS.

Section 35 of the Implementing Rules and Regulations of RA 8504 mandates the Department of Social Welfare and Development (DSWD) to set up a **referral system** to assist PLHIV in accessing skills training and livelihood assistance programs at the regional and provincial levels. On the other hand, local government units (LGUs) through its health, social welfare and population officers shall develop HIV/AIDS referral system for delivery of community-based services (Section 34), among others.

In this connection, the DSWD, through its Social Technology Bureau with support from the United Nations Development Programme (UNDP), developed the DSWD-UNDP project on *Mitigating the Economic and Psychosocial Impact of HIV and AIDS* with this **Referral System for the Care and Support of PLHIV** as one of the major outputs. With a referral system at the community level, provision of an integrated and comprehensive psychosocial support services to PLHIV and their families is facilitated. The end-users of the referral system are the direct service providers/social workers from the government and non-government organizations catering to the needs of the PLHIV, their families and significant others.

## Section 2. Rationale

Most PLHIV face psychosocial problems such as uncertainty and adjustment to communities they belong to. This is a result of whether or not they will be accepted once again just like any ordinary member of the community. Knowing their status usually threatens their dreams and aspirations and this is brought about by the compounding fear of having HIV. The common psychosocial concerns that PLHIV experiences include the following:<sup>4</sup>

- Guilt and fear if children find out of her/his HIV status
- Self-denial or self-stigma as a result of one's HIV status
- Stigma attached to family members/relatives by the community/society
- Isolation from the community as a result of stigma/discrimination
- Loss of relationship as a result of HIV stigma
- Depression/loneliness
- Retaliation/take revenge/vengeance of PLHIV which is a result of anger/rage or denial
- Disclosure of one's HIV status-how soon to partner/family members
- Timing- "when is the right time to tell my child."
- Right to disclosure to one's HIV status- the best time to do so by the doctor/social worker if it is for the medical improvement/interest of the PLHIV and disclosed among members of the care team
- Discrimination from work, travel, education, access to information and services as a result of knowing one's HIV status

As the front liner in the provision of psychosocial services, the DSWD had actively provided prevention, care and support services to PLHIV, even before the enactment of the RA 8504. Topics on HIV and AIDS were already included in the manuals for youth, social workers and volunteers, mobilization and capacity building of communities and Social Workers/Direct Service Providers.<sup>5</sup>

<sup>3</sup> PNAC, The Philippine National AIDS Prevention and Control Act of 1998 Implementing Rules and Regulations

<sup>4</sup> DSWD and PNAC (2002) Care and Support: A Self Instructional Manual for Social Workers on HIV/AIDS/STI, Manila

<sup>5</sup> Manual on Unlad Kabataan Program include topic on STD/HIV/AIDS (1997), One module on the Manual Empowerment and Reaffirmation of Paternal Abilities or ERPAT focused on fathers as advocate in the prevention of HIV and AIDS (1995) Satellite

Based on the series of consultation-workshops among stakeholders on HIV and AIDS conducted by DSWD in December 2009 to March 2010, the following were the gaps identified in terms of programs and services for PLHIV, to wit:

- Limited access to PLHIV data
- Some Local AIDS Councils are non-functional and inactive
- Not all agencies are aware of their roles and/or responsibilities as stakeholders
- Absence of coordinating body at the local level for HIV and AIDS
- No permanent focal person on HIV and AIDS program in most of the government agencies
- Not all agencies are willing to accommodate PLHIV
- Some service providers are not equipped with knowledge, attitude/behavior and skills (KAS) in handling PLHIV
- Limited or lack of funding for programs and services for HIV and AIDS
- Lack of sustainability and continuity of programs and services
- No referral or walk-in clients received from other stakeholders
- Limited follow through activities and monitoring of PLHIV
- No feedback from receiving agencies on the referrals of PLHIV
- Limited skills training and livelihood opportunities for PLHIV
- Limited number of residential facilities accepting PLHIV
- Limited number of staff from the residential facilities trained to manage PLHIV and their affected families.

Evidently, there is no single agency that can respond to the needs of the PLHIV and their families. Further, there is a need to synchronize and harmonize all efforts of the stakeholders to optimize the resources and strengthen service delivery at the community level.

In response to these concerns, the DSWD, as a member of the Philippine National AIDS Council (PNAC), initiated the formulation of a referral system which seeks to facilitate the collaboration of service providers/agencies to respond to the various needs of PLHIV. This ensures that programs and services are harmonized and coordinated, maximizing resources and identifying gaps in services. With a referral system, advocacy efforts for the prevention of HIV and the treatment, care and support of the PLHIV and their families will be in place at the community level. It is envisioned that the referral system will lead to the PLHIV having access to services that will strengthen their capacities towards a prolonged and productive life. At the end, they will be able to meaningfully and significantly contribute to the community and society.

### Section 3. Policy Framework

This section on policy framework includes the international, regional (ASEAN) and national laws on the protection of the rights of PLHIV. In addition, there are provinces, cities, and municipalities which have promulgated ordinances, resolutions and other policies such as the creation of Local AIDS Council (LAC), which coordinates the implementation of the national

---

Symposium on Children Youth and AIDS in Asia and in Asia and the Pacific October 1997 : (DSWD-Acted as Chair), Children and AIDS Network (CHAIN) : (DSWD-Acted as Chair), Developed a guide for trainers entitled HIV AIDS Youth Advocacy Package (HAYAP) in partnership with Children and AIDS Network –Philippines, UNICEF and UNAIDS. Members of the Pag-asa Youth Association of the Philippines were organized as advocates (1997), Development and adoption of the manual entitled Gabay sa HIV/AIDS Para sa mga Lider at Boluntaryo ng Pamayanan. The manual was developed in partnership with the Philippine AIDS Council (PNAC) and the Remedios AIDS Foundation, Inc in 2002. Care and Support: A self Instructional Manual for Social Workers on HIV/AIDS/STI was developed in partnership also with PNAC. The manual focused on three modules: (1) Self-awareness: The Social Worker's Being, (2) Case Management Process: The Social Worker and the PHA and (3) Integrating the PHA with the Community (2002)



laws considering the ethnic, social, cultural, economic and political factors of the province, city, and municipality.

The **Millennium Development Goals (MDG)** adopted in 2000, include Goal 6 which sets its corresponding target of halting and reversing the spread of HIV/AIDS by 2015.<sup>6</sup> The Philippines is committed to prevent the spread of HIV in the country and to reduce the impact of the disease on infected and affected individuals, families, and communities by implementing the national law enacted in 1998.

**The United Nations General Assembly Special Session (UNGASS) Declaration of Commitment (DoC) on HIV/AIDS** was adopted on 27th June 2001<sup>7</sup>. The DoC “Global Crisis - Global Action” acknowledges that the AIDS pandemic constitutes a “global emergency and one of the most formidable challenges to human life and dignity” and calls for an urgent, coordinated and sustained response to HIV and AIDS. It stresses that “gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS,” and covers broad areas including leadership, prevention, care, support and treatment, and human rights.

The **ASEAN Declaration on HIV/AIDS** was adopted during the 7<sup>th</sup> ASEAN Summit on 6 November 2001 at Brunei Darrussalam. The Leaders of the ten ASEAN countries agreed to lead and guide national responses to the increasing incidence of HIV and AIDS in the region and strengthen multi-sectoral and inter-ministerial collaboration at the international and national levels to implement HIV and AIDS programs, among others. An ASEAN Task Force on AIDS was created which formulated the ASEAN Work Program on HIV/AIDS to ensure the region’s commitments to the UNGASS and the ASEAN Declaration by member countries.

The **Philippine AIDS Prevention and Control Act of 1998 (RA 8504)** was signed on February 13, 1998 instituting a nationwide HIV and AIDS information and educational programs, provision of services to PLHIV, establishing a comprehensive HIV and AIDS monitoring system and strengthening the Philippine National AIDS Council (PNAC). To facilitate the development and scaling up of local AIDS responses, PNAC created the Regional AIDS Assistance Team (RAAT) by virtue of PNAC Resolution No. 3 dated 27 April 2007. This resolution was further strengthened with the issuance of Memorandum Circular signed by the key officials of the Department of the Interior and Local Government (DILG), Department of Health (DOH), and DSWD on 9 November 2009 which governs the operation of RAATs. The RAAT is composed of focal persons from these three departments.

The **Fourth AIDS Medium Term Plan (2005-2010) or AMTP 4** is the country’s strategic plan which aims to prevent the further spread of HIV infection in the Philippines and reduce the impact of the disease on individuals, families, and communities in order to meet the country’s commitment to the MDG and other international and regional instruments. Objective 2 is to increase the access of persons infected and affected with HIV and AIDS to quality information, treatment, care, and support services. Strategy 3 is scaling up and improving quality of treatment, care, and support for persons infected and affected with HIV and AIDS.

<sup>6</sup> PNAC 4<sup>th</sup> AIDS Medium Term Plan 2005-2010

<sup>7</sup> <http://portal.doh.gov.ph/pnac/images/files/ungass-declaration.pdf>

## Section 4. Guiding Principles

These guiding principles is based on the harmonized values of DSWD and that of the Country Response<sup>8</sup> towards the Universal Access to HIV Prevention, AIDS Treatment, Care, and Support specifically embodied by the Continuum of Care (CoC) for PLHIV<sup>9</sup>. These will also guide the social workers/service providers and agencies/organizations in the provision of services.

- **Accountability** – ensures that actions and decisions taken by public officials are subject to oversight so as to guarantee that government initiatives meet their stated objectives and respond to the needs of the community they are meant to be benefiting, thereby contributing to better governance and poverty reduction.<sup>10</sup>
- **Best Interest of the Child** - means the totality of the circumstances and conditions which are most congenial to the survival, protection and feelings of security of the child and most encouraging to his/her physical, psychological and emotional development. It also means the least detrimental available alternative for safeguarding the growth and development of the child.<sup>11</sup>
- **Confidentiality and Right to Privacy**- refers to the management and handling of information relevant to the PLHIV and their families which must conform to the highest ethical and professional standards in case management and referral. No identifying information should be released to the media and the public. Any disclosure of any information must be with the consent of the PLHIV and that his/her privacy is protected.
- **Empowerment** – is the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situation.<sup>12</sup> The focus is on enhancement of the innate strengths and capacities of the PLHIV to make decisions for herself/himself, assist her/him to secure/access to and control over needed resources and to acquire knowledge and skills to function independently.
- **Gender Equality**- means that all human beings are free to develop their personal abilities and make choices without the limitations set by strict gender roles; that the different behavior, aspirations, and needs of women and men are considered, valued and favored equally.<sup>13</sup>
- **Informed Consent**- refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.<sup>14</sup>
- **Meaningful and Greater Involvement of PLHIV** – refers to full participation of the PLHIV, their families and significant others throughout the helping process and that all actions that will affect their welfare should ensure the active and informed engagement of PLHIV. They can be effective partners in the promotion and protection of their rights and well-being, to include their families and children, when appropriate.

<sup>8</sup> PNAC (2009) 4<sup>th</sup> AIDS Medium Term Plan: 2005-2010 and Operational Plan 2009-2010 Philippines. .

<sup>9</sup> Family Health Inc. (2007) Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific: A Tool Kit for Implementers, Bangkok

<sup>10</sup> <http://siteresources.worldbank.org/PUBLICSECTORANDGOVERNANCE/Resources/AccountabilityGovernance.pdf>

<sup>11</sup> Supreme Court (2000). Examination of a Child Witness. Manila

<sup>12</sup> Brenda DuBois & Karla Krogsrud Milley (1996) Social Work: An Empowering Profession. Mass.: Allen and Bacon

<sup>13</sup> Women's Media Circle The Ultimate Pinoy Advocate's Glossary on Gender and Sexuality

<sup>14</sup> PNAC, RA 8504 "The Philippine AIDS Prevention and Control Act of 1998

- **Networking and Linkages** – a strong active inter-link with other components such as HIV and AIDS prevention and treatment and a vast coordinated network of service providers at all levels which are crucial to the effective achievement of the intervention goals for the well-being of the PLHIV, their children, families and communities.
- **Non-discrimination** – refers to the equal treatment of an individual or group irrespective of their particular characteristics, and is used to assess apparently neutral criteria that may produce effects which systematically disadvantage persons possessing those characteristics.<sup>15</sup>
- **Rights-Based Approach**- is a conceptual framework for human development. It upholds human beings as the subject and object of development. It is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It establishes the relationship between person and the State. Moreover, it seeks to develop a key capacity- the capacity to make claims and demand accountability- needed by the poor and marginalized to overcome poverty, marginalization, and vulnerability. Under the rights-based approach, the State, as the principal duty-bearer, has primary obligations that it needs to perform to address violations (direct action or failure to act) and come up with preventive actions (no full enjoyment hence objectively prevented from enjoying the right) of the duty bearers.<sup>16</sup>

## Section 5. Definition of Terms

- **Acquired Immune Deficiency Syndrome (AIDS)**<sup>17</sup>– a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body’s immune system, making the afflicted individual susceptible to other life-threatening infections.
- **Coordinating Agency (CorA)**– the agency/organization designated as a central focal point for the referral network. The DSWD will be the CorA of the referral system at the national level.
- **Continuum of Care** –is a framework that addresses HIV as a chronic disease and develops systems that provide humane, effective, high-quality, comprehensive, and continuous care to PLHIV, their families, and significant others. It provides essential services and supportive environment to PLHIV and their family.
- **Direct Service Provider** – is the social worker, health provider/worker, peer educator, or a member of a support group who shall handle/manage the case of the PLHIV, his/her family, and significant others.
- **Human Immunodeficiency Virus (HIV)** – refers to the virus which causes AIDS.
- **HIV and AIDS Monitoring** – refers to the documentation and analysis of the number of HIV/AIDS infections and the pattern of its spread.

<sup>15</sup> <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/NONDISCRIMINATIONPRINCIPLE.htm>

<sup>16</sup> Economic, Social and Cultural Rights – Asia. 2008 B. Beyond Informality, Claiming Dignity: A Training Course for Capability Building of Leaders and members of Informal Sector Organizations, Quezon City Philippines.

<sup>17</sup> R.A. 8504 “An Act Promulgating Policies and Prescribing Measures for the Prevention and Control of HIV/AIDS in the Philippines, Instituting a Nationwide HIV/AIDS Information and Educational Program, Establishing a Comprehensive HIV/AIDS Monitoring System, Strengthening the Philippine National AIDS Council, and for other Purposes, 1998

- **HIV and AIDS Prevention and Control** – refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of People Living with HIV.
- **HIV positive** –showing indications of infection with HIV (e.g., presence of antibodies against HIV) in a blood or oral fluid test. Synonymous with seropositive. Results may occasionally be false positive.
- **HIV – negative** – showing no evidence of infection with HIV (e.g., absence of antibodies against HIV) in a blood or oral fluid test. Synonymous with seronegative. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.
- **High-Risk Behavior** – refers to a person’s frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.
- **Informed Consent** – refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.
- **Person/s/People Living with HIV** – refers to an individual/s whose HIV test indicates directly or indirectly that s/he/they is/are infected with HIV.
- **Receiving Agency** - the organization to which the PLHIV is referred for services and is also called the organization that fulfilled the referral.
- **Referring Agency**- the organization that first makes the referral and is also called the point of initiation of the referral.
- **Referral** - is the process by which the immediate needs of a PLHIV is assessed and is helped to gain access to a comprehensive HIV care and support services which include follow-up to ensure provision of such services.
- **Referral System** – is a co-operative framework through which government agencies carry out their obligations to protect and promote the human rights of PLHIV, coordinating their efforts in a strategic partnership with NGOs/FBOs and civil society as a whole. The main purpose is to ensure the human rights of PLHIV are respected and to provide an effective way to refer them to support services to address their various needs.
- **Reproductive Health** - is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Reproductive health addresses the reproductive processes, functions and systems at all stages of life; also implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this, are the rights of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant<sup>18</sup>.
- **Sexually Transmitted Infection** – refers to any infection that maybe acquired or passed on through sexual contact.

<sup>18</sup> WHO Regional Strategy on Sexual and Reproductive Health, Denmark, 2001

- **Significant Others** – are those not considered as members of the family by consanguinity or affinity, but are the intimate partners, boy/girlfriends, peers of the Person Living with HIV.

## Section 6. Conceptual Framework

### *6.1. Continuum of Care (CoC)*

People living with HIV and their families have emotional, social, physical and spiritual needs that change over time. They often must cope with the effects of stigma and discrimination, poverty, loss, neglect and abandonment. The purpose of the CoC is to address HIV as a chronic disease and develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIV and their families.

This framework describes the holistic response to the pressing needs of PLHIV, their families and children, and significant others. Responses involve the medical and psychosocial interventions as well as other support services that are necessary to restore the social functioning of PLHIV and their affected families and children. These services include emotional support and counseling, self-care empowerment, sexual and reproductive health services, standard-prophylaxis, tuberculosis (TB) screening and treatment, access to care and treatment of opportunistic infections (OIs), assistance with transport to referral sites, food and income support, end-of-life care and future planning and support for children and other family members.<sup>19</sup>

The Continuum of Care creates an enabling environment of mutual trust and support between and among the PLHIV and the service providers that would help in the smooth facilitation and access to various support services.

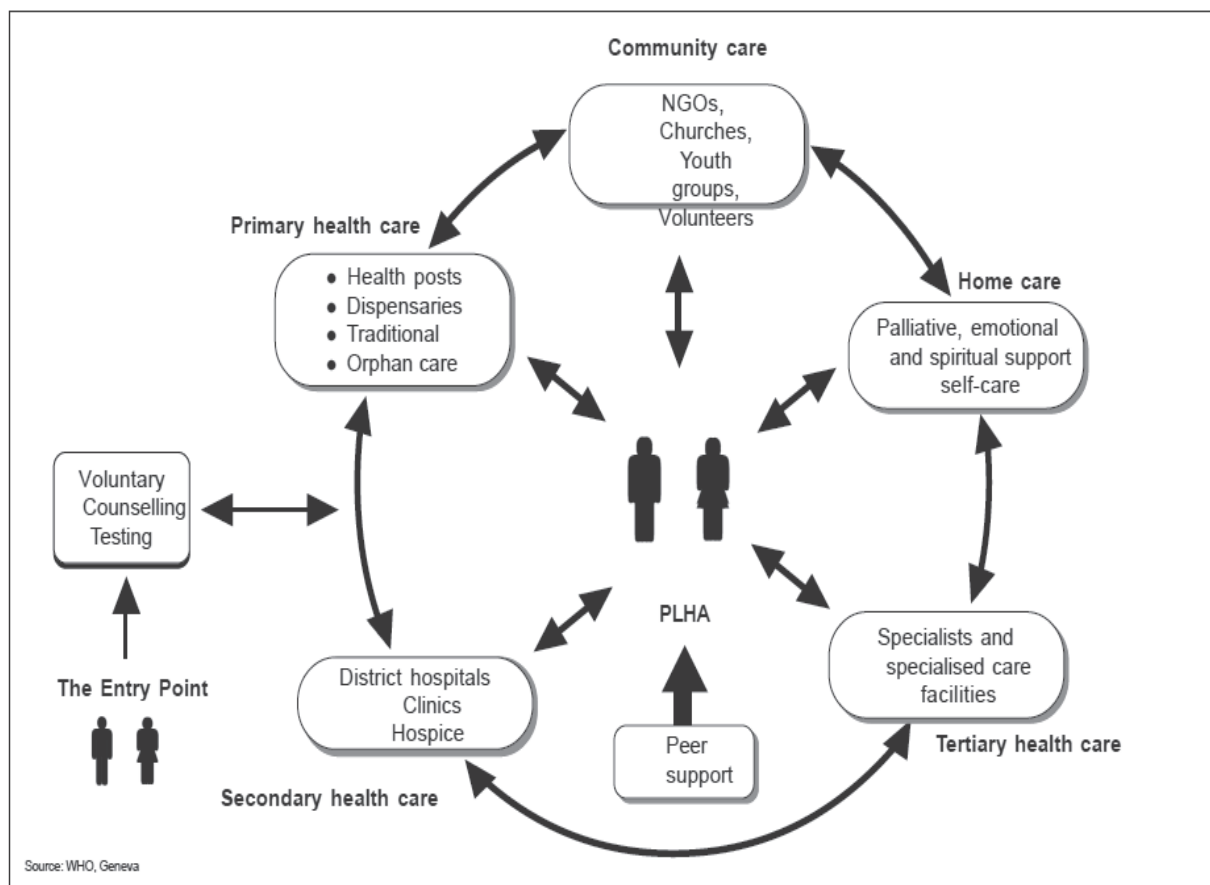
The Continuum of Care is a network that links, coordinates and consolidates care, treatment, and support services for PLHIV. These services are provided in their homes, in the communities where they live, and in the health facilities that serve them.

The Continuum of Care is also the group of services that provide comprehensive support to PLHIV and their families. While these services are generally provided by a number of different organizations, the system that links and coordinates them is planned and managed by the referral network whose members include government officials, service providers, non-governmental organization (NGO) representatives, PLHIV, and other stakeholders.

---

<sup>19</sup> Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific: a Toolkit for Implementers

**Figure 2: The Continuum of Care**



### *6.2. Care and Support Services for PLHIV and their Families*

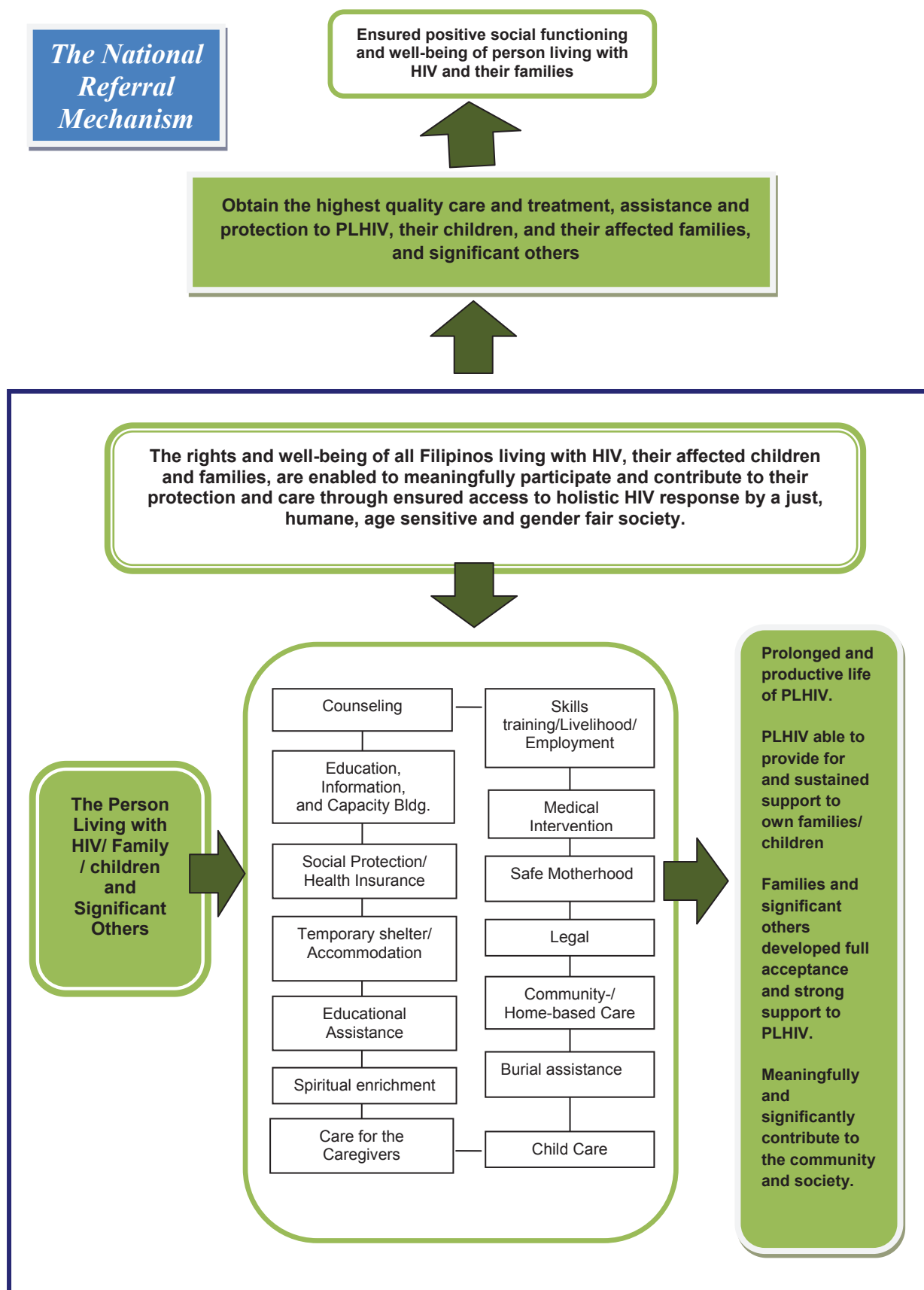
Within the Continuum of Care (CoC) and upon the decision of the PLHIV to avail care and support services, the social worker, who may come from the Local Social Welfare and Development Office, Non-Government Organizations, Faith-Based Organizations, or DSWD, will serve as the case manager.

The PLHIV and their caregivers are active participants in defining their needs and seeking options to meet these needs. They work collaboratively with a cadre of case managers who have been trained in the HIV disease process, community care, treatment and support services, and facilitating access to needed care and services. Each case manager has a defined caseload of clients.

### *6.3. The National Referral Mechanism*

Figure 3 shows the array of services, goals, and objectives of the national referral mechanism. Depending on the assessment of the social worker and/or decision of the PLHIV, any of these programs and services may be availed by the PLHIV and their families in no particular order or sequence.





**Figure 3. The National Referral Mechanism**

## Part II. The Referral System

### Section 7. The Referral System

A referral system is a co-operative framework through which stakeholders fulfill their obligations to protect and promote the rights of PLHIV, their children, affected families, and significant others by coordinating strategic partnership with civil society. It ensures a relationship between all levels of the concerned stakeholders and guarantees that PLHIV, their children and affected families receive the best possible treatment, care and support services. Therefore, the main purpose of the referral system is the provision of an effective mechanism of ensuring access to a quality and timely delivery of services.

#### *7.1. The advantages of establishing a referral system are:<sup>20</sup>*

- Obtain the highest quality care and treatment, assistance and protection to all PLHIV, their children and affected families;
- Facilitate the provision of services to meet the various needs of the PLHIV;
- Establish a feedback mechanism between and among concerned agencies to ensure that requested services are provided;
- Make possible the exchange of knowledge, skills, practices and experiences geared towards enhancing capacities of service providers; and
- Achieve a more rational use of financial and human resources for more efficient and effective delivery of services.

A referral system entails a process of coordinating service delivery which results to the following:

- Access to effective services delivered expeditiously;
- Confidentiality is maintained;
- Referrals between the agencies/organizations of the network are tracked;
- Referrals and their outcomes are documented;
- A feedback loop informs the agencies/organization of the organizations are tracked;
- Referrals and their outcomes are documented;
- A feedback loop informs the agencies/organization initiating the referring agency/organization that the requested service has been delivered and has met the needs of the client; and



- Gaps in services can be identified and steps taken by the agencies/organizations in the network to bridge them.

## *7.2. Essential Elements of Referral System*

There are certain essential elements to optimize the referral system's operational effectiveness and outcomes. These essential elements are:<sup>21</sup>

- a. **Referral Network (RN)** - a group of agencies / organizations (i.e., GOs, NGOs, CBOs, and FBOs) that in aggregate, provide comprehensive services to meet the needs of PLHIV, their families, and significant others.
  - The needs of PLHIV, their children and affected families span the continuum of care, encompassing the medical/health, psychosocial, economic, legal, and spiritual domains, end of life care, etc.
  - To effectively address these needs, the network must include a broad range of services and organizations.
  - Resolving access issues is essential to service delivery, and barriers to access should be removed so the PLHIV will be able to meet their needs.
  - Referrals can go in both directions among agencies/organizations in the network; (i.e., they can both refer and receive referrals).
- b. **Coordinating Agency (CorA)**- an agency that coordinates and oversees the referral network.
  - A specific agency/organization or unit in the network serves as the locus of responsibility for the network and its performance (in addition to its regular duties) at the regional and city/municipal level.
  - It is responsible in convening regular meetings of social service providers, working with them to address gaps and other challenges in the system, updating the service network directory, providing standardized tools and forms and performing quality assurance for the referral system. Such regular meetings and other activities are aimed at promoting collaboration and commitment to the referral process.
  - A specific unit/focal person is designated to fulfill the tasks of the coordinating agency/organization.

<sup>20</sup> DSWD and ILO, Referral System for the Recovery and Reintegration of Trafficked Persons

<sup>21</sup> Philippine Commission on Women, Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level

**c. A Focal Person at each agency/organization**

- The designated person/focal person is responsible for the processing of referrals efficiently and expeditiously such as tracking and documenting referrals and attending network meetings. S/he may also be the direct service provider in his/her own agency/organization. (Case Manager)
- Any responsible staff member of the agency/organization may be designated as the focal person.

**d. A Directory of Resources (services and agencies/organizations) at the regional, city and/municipal level**

- A directory provides an inventory of services available within a geographical area, including the name, location, and contact numbers of the organization, type of services provided, and name of designated focal person. Individual specialists or experts or volunteers maybe included in the directory.
- A directory of services facilitates referrals by making it easy to get information on available services within and outside the geographical area.

**e. A standardized referral forms**

- A standardized referral forms to be used by the members of the network ensures that the same essential information is provided whenever a referral is initiated, and that this information is received by the agency/organization fulfilling the referral. It specifically states the services needed by the PLHIV.
- The referring agency/organization should follow up with the receiving agency/organization and with the PLHIV on the service/s provided. The receiving agency/organization must also give feedback to the referring agency/organization.

**f. A feedback loop to track referrals**

- A system to track a referral is needed to ensure that the PLHIV used the service/s needed.
- A written feedback must be done by the receiving agency/organization on the status of service delivery and other pertinent information.

- The feedback from the PLHIV must be sought whether s/he is satisfied with the service received and whether his/her need/s was/were met.

**g. Documentation of referrals**

- The referring and receiving agencies/organizations must both document their respective roles in the referral processes and outcomes.
- A standardized referral registry is one way of documenting referrals.

## **Section 8. Establishing a Referral System**

A referral system involves a network of stakeholders to achieve a common goal. The referral process should be transparent and the responsibility and authorities of each partner agency should be strictly determined in such a way as to guarantee the protection of PLHIV's interests and observance of human rights.<sup>22</sup> Starting a referral system involves several steps as enumerated below and shown in Figure 4. The Coordinating Agency (CorA) or a Receiving Agency (RecA)/Referring Agency (RefA) may establish a referral system within any level of the LGU or at the agency level as service provider.

**a. Convene an initial stakeholders' meeting/workshop**

- The Head of the agency/convenor shall identify the stakeholders on the issue of HIV at the community, regional and national levels. If a directory of resources is available, this would be a good reference for the CorA/RecA/RefA on whom to invite in the meeting /workshop.
- Invitees must come from different national and local government agencies, NGOs/FBOs and if possible, a representative of PLHIV or their support group.
- The purpose/agenda of the meeting/workshop must be clear in the letters of invitation so that the staff/persons involved in handling HIV will be in attendance.

**b. Conduct a participatory mapping exercise**

- The mapping exercise should identify community resources, services available, requirements for referrals, potential barriers to access and how the network will be linked to existing support services of community -based organizations, regional and national structures.
- More than one meeting/workshop may be held to review flow of referral system from one agency to another and clarifying roles and functions geared towards a referral system within the province, city, municipality, barangay or agency.

<sup>22</sup> PCW Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level

- As a result of the process, a referral system is established and a Directory of Resources can be created or if one exists, be updated.

**c. Establish a referral network**

- The members of the referral network need to define their working arrangement and clarify their roles and expectations. They need to know the focal /contact person in each agency, contact numbers and alternative designated person/s when the focal is not in.
- In addition, they need to agree on their protocols and procedures, including the forms to be used, the services to be rendered and to what extent, fees to be collected if any, etc. It is helpful if these procedures are written down, and each member provided a copy for reference.

**d. Put systems in place to develop and support the referral network**

- A Protocol or a Memorandum of Agreement (MOA) with clear terms of reference of partners is encouraged to be forged among the members of the referral network. A formal agreement formalizes their commitment to support PLHIV, their families and children. The MOA or protocol should also include the NGOs and other service providers.
- The network's activities must be periodically evaluated and appropriate changes in the terms of reference/agreement be made.
- The Referral Network (RN) may advocate for the passage of an Ordinance creating the Local AIDS Council (if not yet created) and /or the passage of a Resolution/Ordinance by the Regional Development Council/LAC adopting a comprehensive program including the referral system for PLHIV their families and children.
- The establishment of referral system needs the support and endorsement of the local chief executive through a provincial/city/municipal/barangay ordinance/resolution/executive order. The policy serves as the mandate of the referral system as well as that of the service providers to be involved. It also becomes the basis of the resources to be allocated as needed.
- Identify and train the CorA, RefAs, and RecAs and focal persons/case managers on the referral system where roles and responsibilities of each agency are clear and understood by everyone. Training should be on the use of standardized forms, procedures of referral and documentation of the process of referral including tracking of cases.
- Service providers particularly the case managers must vigorously observe/implement the performance standards for the delivery of HIV services. Further, aside from the specific skills inherent in their respective professions/functions, they must also:
  - Be trained on gender and HIV, gender-responsive approaches to crisis intervention and case management,

medical (e.g., recognizing signs of opportunistic infections) and legal literacy (basic laws on HIV and procedures in responding to HIV cases), self care, including gender-sensitive and child-friendly interviewing and case documentation.

- Possess and demonstrate attitudes and behavior that show empathy and understanding of PLHIV and ensure confidentiality of the cases.
  - Be equipped with proper knowledge and attitudes to avoid discrimination and stigmatization because of insensitive and ill-equipped service providers.
- For an effective referral system, the members of the referral network must install documentation and recording procedures for HIV which should be part of the agency's overall management information system. The basic forms such as intake forms, progress case recordings, documents such as medical evaluation and the referral forms must be part of the case record of PLHIV. All records of cases need to be in proper order and kept in a secure place to safeguard confidentiality.
  - The referral network needs resources to assist the service providers in meeting their commitments in the provision of services to PLHIV. In addition to their basic agency budgets, funds for food, medicines, transportation, etc. for PLHIV must be provided to enable them meet crisis situations.
  - To have an effective referral system, it is important to have tools which are uniform and utilized by agencies in the referral network. This is to maintain accuracy, efficiency and consistency and for data banking purposes.

The tools used in this referral system are:

- Intake Sheet (Form 1)
- Referral for Service Form (Form 2)
- Referral Feedback Form (Form 3)
- Referral Registry (Form 4)
- Directory of Resources (Form 5)

#### **e. Mobilize the community to use and support the referral network**

- Public awareness about the referral network and services offered by the agencies should be undertaken to get support of the community and other institutions such as church, schools, local government officials and others.
- Community education and the tri-media maybe used for the information, education and communication campaign particularly for the prevention and support of PLHIV and their families.

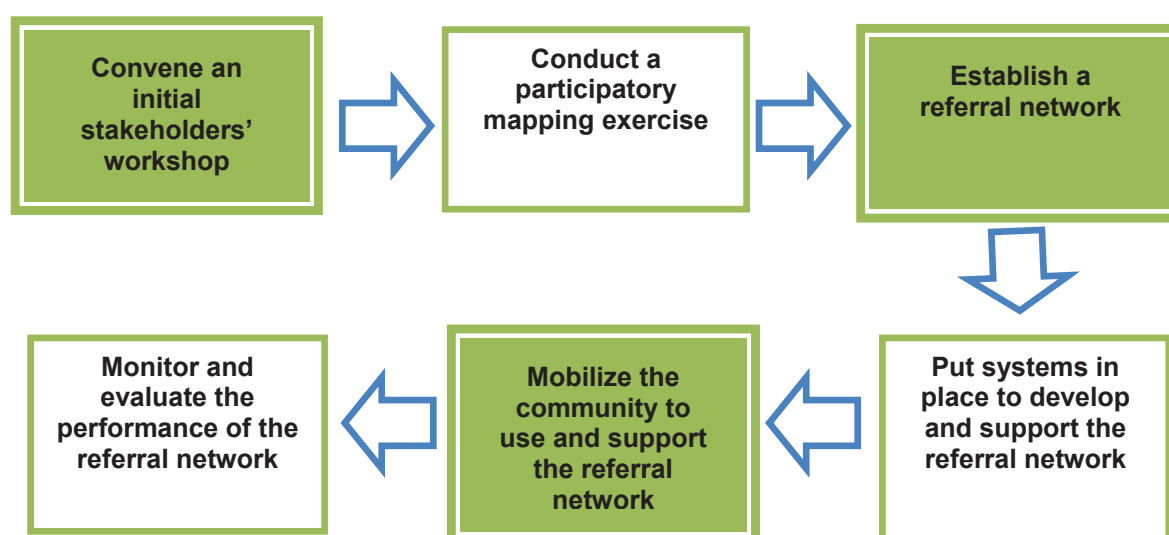
## f. Monitor and Evaluate Referral System

Monitoring and evaluation of the referral system provides information on the extent of the achievement of the objectives. Further, such feedback can lead to redesigning of the system, quality assurance and filling up the gaps in services. Some indicators are as follows:

- Total number of referrals
- Number of follow-up referrals made
- Number of referrals made to which services (e.g., medical, legal, etc.)
- Number and percentage of referral services completed
- Number and percentage of clients who report their needs were met.
- Number and percentage of clients who report satisfaction with referral process

The Coordinating Agency shall be responsible to discuss status of referrals in the periodic meetings with the agencies and address issues and concerns.

**Figure 4. Steps in Establishing a Referral System**



## Section 9. Operationalization of the Referral System

The following sections will show how the referral system works in the management of PLHIV cases using the multidisciplinary network.

### *9.1. Coordinating Agencies at the Regional and City/Municipal Levels*

#### **9.1.1. Regional Level**

At the regional level, the Regional AIDS Assistance Team (RAAT) was created by virtue of Philippine National AIDS Council (PNAC) Resolution No. 3 dated 27 April 2007 to facilitate the development and scaling up of local AIDS responses in the country. RAATs are composed of the focal persons from DILG, DOH, and DSWD.

As per the Joint Memorandum Circular, the DILG is primarily responsible in the coordination and provision of technical assistance in support to HIV and AIDS prevention programs through the establishment of local coordinating bodies like the LAC, and to advocate the resource allocation thereof; policy formulation, and enjoining local government officials and functionaries to be compliant to HIV and AIDS-related laws and policies. On the other hand, DSWD shall ensure that local counterparts are updated with policies, issuances, and psychosocial interventions related to HIV and AIDS especially in the care and support services for Persons Living with HIV and AIDS including their families and children.

Thus, DILG in close coordination with DSWD and DOH shall be the Coordinating Agency (CorA) at the regional level.

#### 9.1.2. City/Municipal Level

In the City/Municipal level, the DILG issued a Memorandum Circular 99-223 enjoining the LGU to enact ordinances, where there is none, or review existing ordinances on the matter to ensure their relevance, in support of overall HIV/AIDS prevention and control efforts (See Appendix G. DILG Memorandum Circular).

A Local AIDS Council (LAC) shall serve as the network at the city/municipal level and to install mechanisms to access services to PLHIV. The LACs are mandated to oversee a comprehensive and integrated STI, HIV and AIDS prevention and control program. (See Appendix I. Olongapo City Ordinance on LAC).

In the absence of Local AIDS Council, the City/Municipal Health, Social Welfare and Population officers shall be the coordinating body in the local level. (See Appendix F. IRR of Republic Act 8504)

### 9.2. *Provision of Care and Support Services for PLHIV and their Families*

Figure 5 shows the provision of Care and Support Services for PLHIV and their Families. The treatment, care, and support are three major components necessary for PLHIV and their families.

#### 9.2.1. Treatment

Antiretroviral therapy (ART) is the single most effective intervention for prolonging the lives and improving the quality of life of PLHIV. PLHIV today have legitimate hope for long-term survival due to lower prices and improved availability of ARV drugs. Despite this improved situation, a significant proportion of PLHIV do not access treatment. This is due to a variety of factors that include stigma and discrimination, lack of information and access to services, and poverty. Most PLHIV have not been tested and are thus unaware of their status—even though they may be eligible for ART, if they need it. Therefore, one of the best strategies to increase treatment coverage is



to increase coverage for voluntary counseling and testing (VCT) so that more individuals may know their HIV status.

### 9.2.2. Care

The PLHIV needs to maintain good health until they are ready to start ART, and during this time they require effective positive preventive services. Once they begin ART, they continue to require clinical care to stay healthy and minimize the side effects.

### 9.2.3. Support Services

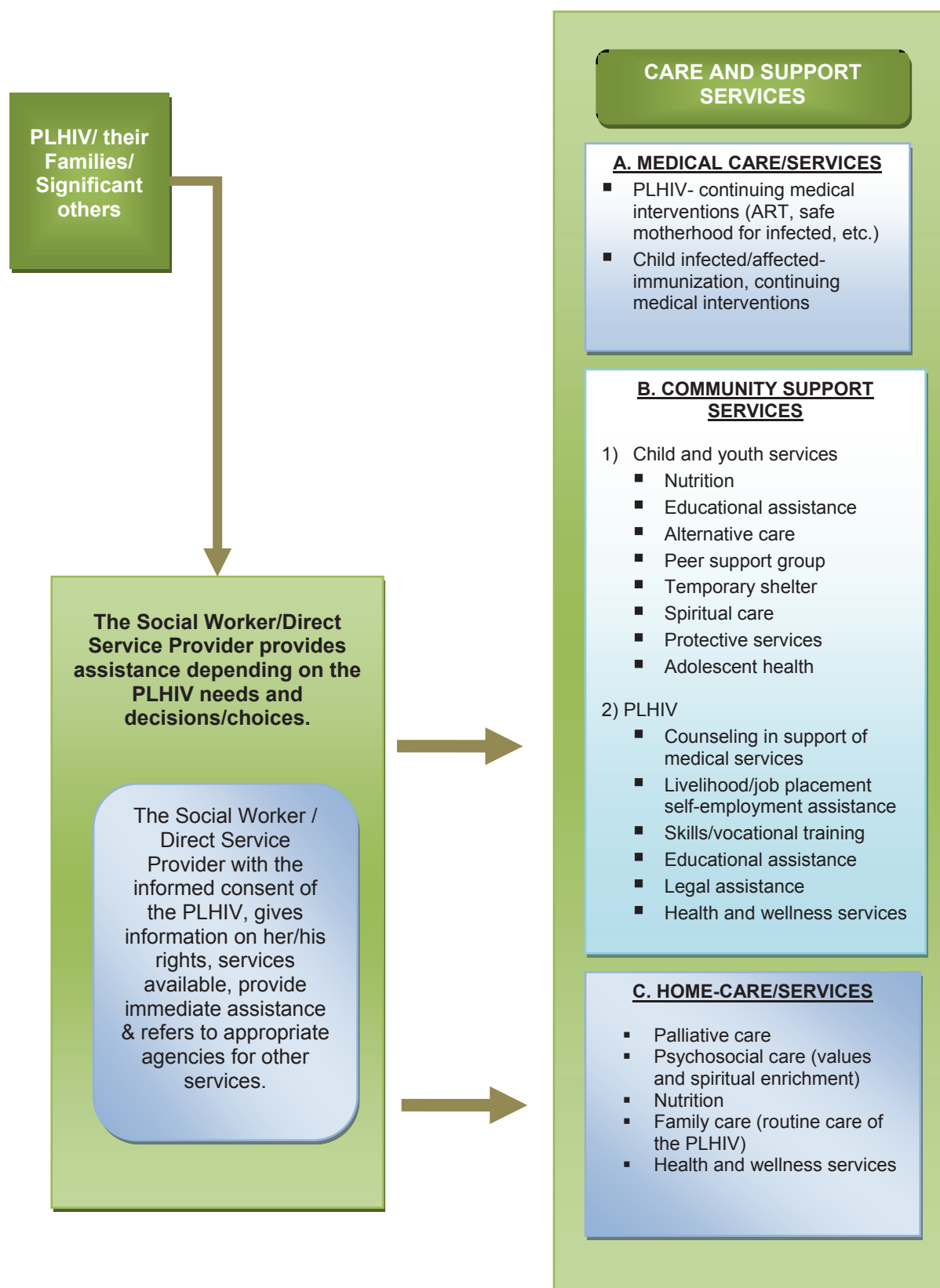
PLHIV have many non-medical needs that can affect their adherence to therapy, well-being, and ultimately their survival. The referral system ensures that clients are linked with the different providers and services they require in a timely manner.

The Social Worker is the direct service provider in-charge and acts as the case manager who must ensure the provision of services and/or referral to appropriate agencies. The social worker shall refer the PLHIV and his/her affected family to the following:

- i. health care facilities (i.e., hospitals, clinics, health offices) for the continuous ART, prevention of mother to child transmission,
- ii. support services provided by government agencies and non-government agencies, for counseling, nutrition, educational assistance, alternative care,
- iii. home-care services provided by peer educators, community-/home-based care volunteers, for values and spiritual enrichment, routine care of the PLHIV, health and wellness services.



**Figure 5. Care and Support Services for PLHIV and their Families**



### *9.3. Community-Based Referral System*

#### **9.3.1. Entry of the PLHIV in the referral system**

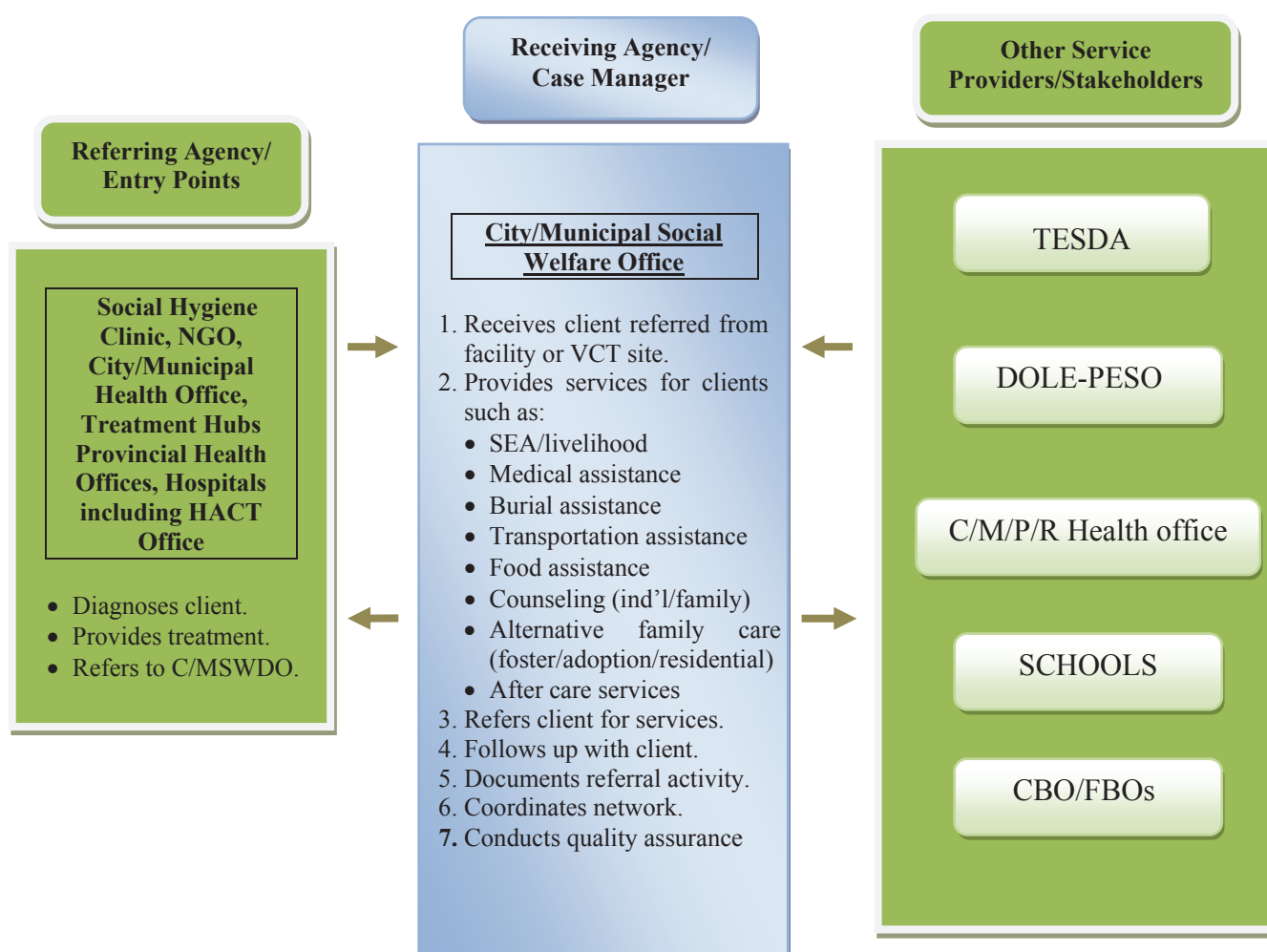
A PLHIV usually comes to the attention of the doctors, social workers, non-government organizations, faith-based organizations through:

- Referrals from NGAs, LGUs, NGOs.
  - Hotlines and other crisis intervention mechanisms
  - Family, friends, and individuals known to the PLHIV
- Self-referral of PLHIV (walk-in)
- Community-outreach of social, health agencies, legal associations, and other social development agencies; and
- Case finding during build-up of similar cases, discussion during meetings or case conferences and other social development agencies

A PLHIV enters the referral system through any of the following:

- DOH Treatment Hubs, hospitals, clinics, LGU (P/C/MHO)
- DSWD, LGU (P/C/MSWDO),
- NGOs, faith-based organizations and community-based organizations (CBOs)

### 9.3.2. General Referral Flow



### 9.3.3. The Service Providers as Receiving Agencies and Referring Agencies

The service providers (SP) are government agencies (P/C/MSWDO, P/C/M Health Office/medical facility/rural health office, and NGOs/FBOs) are both Receiving Agencies and Referring Agencies. They shall ensure that service delivery is harmonized and services are responsive based on the assessment of the needs and situation of the individual persons living with HIV. The various needs of the client are met by referring to appropriate agencies for services not provided by his/her own agency.

The C/MSWDO is also a service provider. The C/MSWD Officer shall:

- Assign a social worker as the case manager (CM) responsible in the management of a particular case. The case manager is oftentimes the Focal Person of the agency in view of the limited staff of the agency.
- The CM ensures that the PLHIV's needs are met by the agency or by referring the client to other agencies such as for medical care, legal assistance and others. The CM shall be responsible for the following tasks, among others:

- Conduct child-friendly and gender-sensitive interview to assess the specific needs of the PLHIV and actively engage her/him in analyzing and planning her/his intervention program; fills up the individual Intake form (Form 1);
  - Refer PLHIV to appropriate agencies to address his/her specific needs; fill up the Referral for Service form (Form 2) and enter in the Referral Registry (Form 4);
  - Continue providing services within the context of the over-all care and support plan; record/document such actions in the PLHIV's case folder;
  - Provide services as requested by other agencies and accomplish the Referral Feedback form (Form 3) and enter in the Referral Registry (Form 4);
  - Follow up action on such referrals and reviews feedback forms (Referral Feedback: Form 3);
  - Assess periodically the achievement of the goals of the intervention program and make adjustments as necessary;
  - Conduct a final assessment and prepare to terminate the case; accomplish a transfer or closing summary of the case.
- Ensure a successful referral and an effective case management through supervision and case consultation; and
  - Conduct case conferences with members of the multi-disciplinary team to assess achievement of goals and provision of services to specific clients; assess gaps in services and recommend measures to enhance the agency referral system.

Concerns on coordination/implementation of programs and services not resolved at the agency level should be brought to the attention of the C/MSWDO and the LAC.

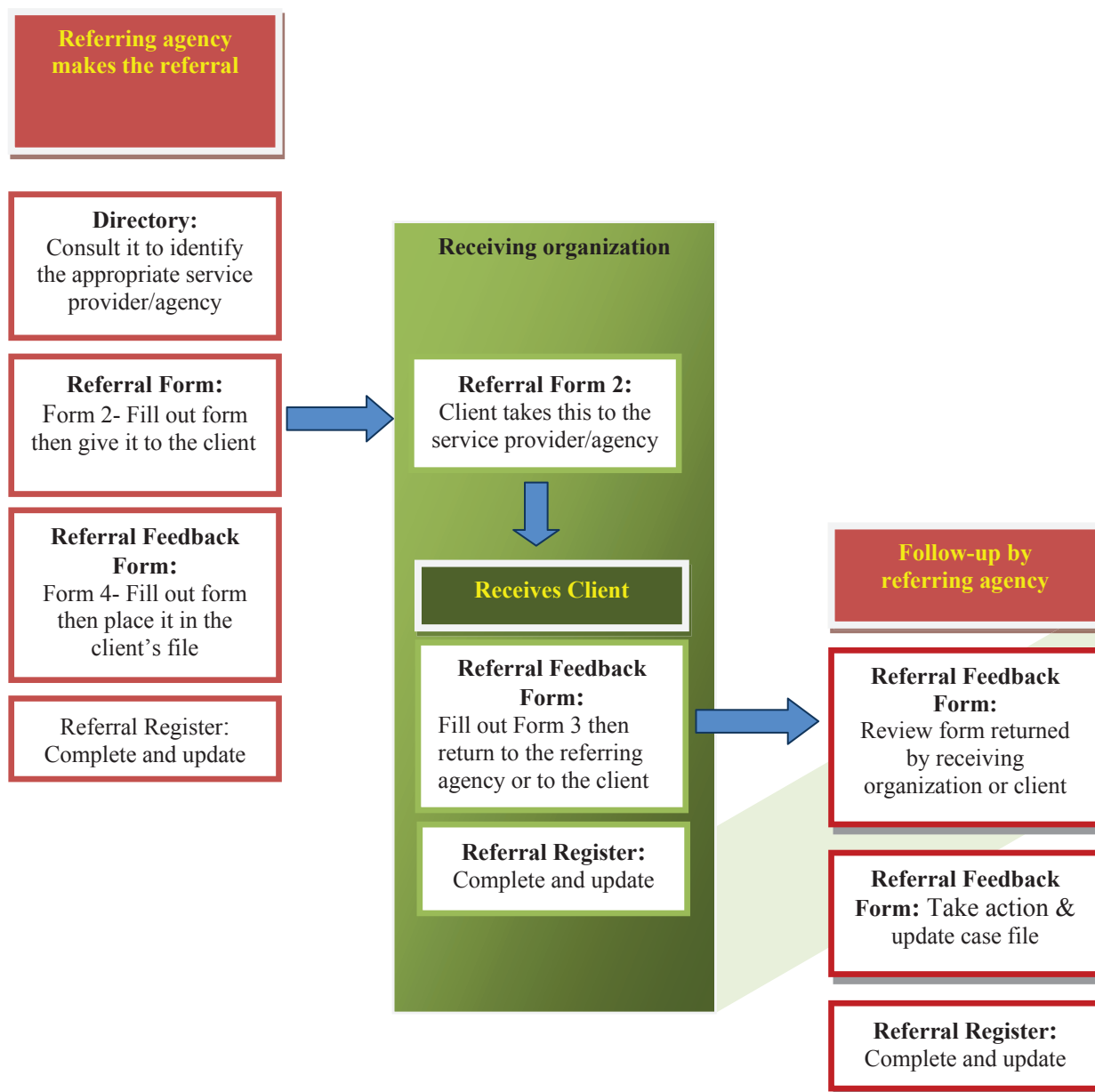
#### **9.3.4. Making a Successful Referral at the Agency Level**

Referral service is a major component of the case management process due to the fact that rarely does any one agency has all the resources to meet the needs of a client. The following are tips in making a successful referral:

- Conduct a gender sensitive interview to assess the specific needs of the PLHIV.
- Assess with the PLHIV and decide what are his/her immediate needs. Accomplish Intake Sheet (Form 1).
- Outline the various options available and help the PLHIV choose the most suitable in terms of distance, cost, and services.
- Discuss shared confidentiality with PLHIV and support him/her what information he/she may share and with whom.
- Give the PLHIV the referral request (Form 2), the name of case manager, contact numbers and address of RecA.

- Make a note in the PLHIV's file; follow-up and monitor the referral; expecting to receive a feedback from the RecA (Form 3) and the PLHIV.
- Document the referral in the agency's Referral Registry (Form 4).
- Update Directory of Resources (Form 5) as the need arises.
- Assess periodically the achievement of the goals and make adjustment as necessary.

### 9.3.5. The Referral Process and Corresponding Forms



### 9.3.6. Indicators of a Successful Referral System

1. Time-bound case management to ensure immediate and effective care and support services delivery.
2. Harmonization of legal instruments and supportive policies (provisions under RA 7160 “Local Government Code”, RA 8504 “Philippine AIDS Prevention and Control Act”, RA 9165 “Dangerous Drugs Law”) to protect the PLHIV, their families, children and significant others and the passage of local ordinance such as creation of Local AIDS Council (LAC) at the provincial, city/municipal levels and budgetary appropriation to support the services.
3. Availability of funds for programs and services, implementation of a comprehensive STI, HIV, and AIDS prevention, treatment, and control program at the local level.
4. Cost-effective, quality, accessible, responsive, and complementary psychosocial programs and services.
5. Available updated and comprehensive Directory of Resources.
6. Utilized and well accomplished referral forms.
7. Functional and actively involved stakeholders.
8. Strong linkage among stakeholders.
9. Effective and regular feed-backing, monitoring, and evaluation of cases.
10. Mechanism in place for complaints and redress of direct service providers and clients.
11. Updated data banking of PLHIV cases.

## Section 10. Competencies of the Service Providers

The following are the minimum requirements/standards for social workers/direct service providers who shall manage/handle cases of PLHIV, their families, and significant others:

### *10.1. Knowledge*

- a. International and regional human rights instruments and policies (i.e., UDHR, CEDAW, CRC, UNGASS, MDG) and national laws (RA 8504, RA 9710 (Magna Carta of Women), RA 7610 (Special Protection of Children), RA 9775 (Anti-Child Pornography) and others.
- b. Case management of STI, HIV and AIDS:
  - i. Gender-responsive case management
  - ii. Psychological interventions of HIV and AIDS
  - iii. Dynamics of the families, children and communities relative to PLHIV
- c. Referral System
  - i. Community resources (health/medical, livelihood, psychosocial, etc.)
  - ii. Focal persons of the community resources
  - iii. Roles/responsibilities of concerned agencies e.g. Social Hygiene Clinics, Treatment Hubs, and other health and social service facilities

### *10.2. Attitudes and Behavior*

- a. Gender- sensitive
  - i. Uses PLHIV and gender sensitive languages (avoids labeling and stereotyping)
  - ii. Respects and accepts the sexual orientations of his/her clients.
  - iii. Does not use sexist language/terms.
- b. Child- friendly
  - i. Respects and accepts the infected and affected children of HIV and AIDS
  - ii. Adheres, protects, and promotes children's rights
  - iii. Uses child-sensitive languages

### *10.3. Skills*

- a. Case management
  - i. Interviewing & emphatic/active listening
  - ii. Intervention planning and implementation
  - iii. Counseling & other psychosocial interventions
  - iv. Communication (verbal and written), documentation & data banking
  - v. Teamwork/multi-disciplinary teamwork
- b. Advocacy and social/resource mobilization
  - i. Project proposal preparation/program development & implementation
  - ii. Development/organization/mobilization of community resources
  - iii. Advocacy for policy/program and resource allocation for PLHIV
  - iv. Interpersonal and human relations



## References

Brenda DuBois & Karla Krogsrud Milley (1996) *Social Work: An Empowering Profession*. Massachusetts: Allen and Bacon.

Department of Social Welfare and Development & International Labour Organization ILO (2009), *Referral System for the Recovery and Reintegration of Trafficked Persons*, Manila: DSWD & ILO.

Department of Social Welfare and Development (DSWD) & Philippine National AIDS Council (PNAC), *A Self Instructional Manual for Social Workers on HIV/AIDS/STI*, Manila: DSWD & PNAC.

DOH- National Epidemiology Center, *Philippine HIV and AIDS Registry 2008 Annual Report*.

DOH Press Release/26 March 2010 <http://portal.doh.gov.ph/node/2628>

Economic, Social and Cultural Rights – Asia. (2008) *Beyond Informality, Claiming Dignity: A Training Course for Capability Building of Leaders and Members of Informal Sector Organizations*, Quezon City

<http://portal.doh.gov.ph/pnac/images/files/ungass-declaration.pdf>

<http://siteresources.worldbank.org/PUBLICSECTORANDGOVERNANCE/Resources/AccountabilityGovernance.pdf>

<http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/NONDISCRIMINATIONPRINCIPLE.htm>

<http://www.lga.gov.ph/hiv/national-capital-region.html>

Philippine Commission on Women & Inter Agency Council on Violence Against Women and Their Children (2009), *Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level*, Manila: PCW.

Philippine National AIDS Council (PNAC), *4<sup>th</sup> AIDS Medium Term Plan 2005-2010 Philippines*, Manila: PNAC.

Philippine National AIDS Council (PNAC), *Implementing Rules and Regulations of Republic Act 8504 The Philippine National AIDS Prevention and Control Act of 1998*, Manila: PNAC.

Supreme Court (2000). *Examination of Child Witness*. Manila.

USAID & FHI (2007), *Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific*, Thailand: FHI.

Joint United Nations Programme on HIV/AIDS (2008), *Terminology Guidelines*, Manila

WHO Regional Strategy on Sexual and Reproductive Health (2001), Denmark

Women's Media Circle (2006), *The Ultimate Pinoy Advocate's Glossary on Gender and Sexuality*, Manila: WMC.

# Appendices

Appendix A	Form 1 Intake Form
Appendix B	Form 2 Referral for Service
Appendix C	Form 3 Referral Feedback
Appendix D	Form 4 Referral Registry
Appendix E	Form 5 Directory of Resources
Appendix F	Implementing Rules & Regulations of the Philippines AIDS Prevention and Control Act of 1998 (R.A. 8504)
Appendix G	DILG Memorandum Circular 99-233
Appendix H	DSWD, DOH, DILG Joint Memorandum Circular On the Formation and Operation of Regional AIDS Assistance Teams (RAATs)
Appendix I	Olongapo City Ordinance on Local AIDS Council
Appendix J	Directory of Resources for STI, HIV, and AIDS
Appendix K	List of Accredited Laboratories for HIV Testing in Metro Manila
Appendix L	List of Treatment Hubs

## Appendix A: Intake Form (Form 1)

INTAKE FORM (Form 1)		CONFIDENTIAL
Instructions	<p>This form should be completed by a <i>fully trained and designated staff</i> of the implementing agency. Original copy shall be maintained by implementing agency and shall form part of the client's records. Any information contained herein and the rest of the records of the client shall be considered classified information. No information from this Form shall be shared to anyone except when needed and as may be authorized. Attach additional pages with continued narrative, if needed. Information must be encoded in the Referral Registry.</p>	

Date of Intake:

Case No.

## I. Identifying Information

Name: \_\_\_\_\_ (aka, if any): \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Complete Permanent Address: \_\_\_\_\_

Provincial: \_\_\_\_\_

City Address (zone number, if any): \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Last school attended by the client:

Address of school: \_\_\_\_\_

Date/Year	Status in school (Pls. check):	OSY	ISY
-----------	--------------------------------	-----	-----

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Skills: \_\_\_\_\_

Contact No/s: Mobile Phone: Landline:

Email Address (if any) : \_\_\_\_\_

If the client is minor, name of parent/guardian/custodian:

Relationship to the client:

## II. Family / Household Composition

[illegible]

### III. Problem Presented

---

---

---

---

---

---

### IV. Background of the Case

---

---

---

---

---

---

### VI. Initial Assessment/Impression

---

---

---

---

---

---

### VII. Intervention Plan

(Use additional sheet if needed)

Objective	Plan (activities)	Time Frame	Funding Requirements/ Source	Responsible service provider	Action taken	Expected output

### V. Evaluation/Recommendation

---

---

---

---

---

---

**PAHINTULOT NG KLIYENTE( INFORMED CONSENT)**

Ang mga nabanggit na impormasyon ay pawang katotoohan at kusang loob kong ibinigay, at ito ay maaring maibahagi sa ibang ahensya na makakatulong sa ikabubuti ng aking kasalukuyang kalagayan o kondisyon.

Nilagdaan ko ngayong \_\_\_\_\_, sa tanggapan ng \_\_\_\_\_

\_\_\_\_\_  
Pangalan at Lagda

**Prepared by:**

\_\_\_\_\_  
Name of Service Provider and Signature

\_\_\_\_\_  
Designation

## Appendix B: Referral for Service Form (Form 2)

REFERRAL FORM (Form 2)	CONFIDENTIAL
<b>Instructions</b>	This form should be accomplished when referring client for services not provided by own agency. Be specific on what types of services are requested.
<b>Note</b>	For Referring Agency (RefA) - Please be reminded to attach appropriate documents to complete the referral. Seal the envelope containing this form and the documents, and then give it to the client and instruct him/her to give bring it to RecA. After completing this form, fill up the Referral Registry (Form 4).

Date of referral							
Receiving Agency							
Contact person/Focal person of receiving agency							
Client's Name		Age		Sex		F	M
Occupation of the client		If married, number of children					
Civil status		Educational attainment					
Address of client							
Name of Parent/Guardian (if minor/child)							
Parent/Guardian's Address							
Client's Landline		Permanent Address					
Reason/s for Referral							
Specific Support Service/s Requested							
Referring Agency							
Address of the Referring Agency							
Contact number/s of Referring agency							
Referred by: (Signature over printed name of worker)							
Position/designation							
Documents accompanying referral							
Noted by: (Signature over printed name)							
Position/designation							

<b>FEEDBACK FORM (Form 3)</b>		<b>CONFIDENTIAL</b>
<b>Instructions</b>	This form should be completed by the Receiving Agency (RecA) after provision of requested services which must be forwarded to the Referring Agency (RefA). The inclusive dates of provision are needed both at the initial contact and succeeding services. The last column is to be filled up only by the case manager of client. This form may be given to the client in a sealed envelope or sent to the RefA through courier or other means.	
<b>Note</b>	The information on this form will be part of the National Care and Support Services Databank (NCSSD), particularly in the Services Provided field, thus accuracy of information is imperative.	

Case no. \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]



## Appendix D: Referral Registry (Form 4)

[illegible]

## Appendix E: Directory of Resources (Form 5)

### DIRECTORY OF RESOURCES (Form 5)

<b>Instructions</b>	This form should be completed by the CorA, RefA, and the RecA, it serves as reference before referrals are made. Part I is a list of agencies and individuals providing services for easy reference, while Part II gives the details of these agencies and individuals as to their eligibility requirements, specific services and other information about them.
<b>Note</b>	Information must be updated periodically to include new partners in the referral network.

Agencies and individuals in the referral network based on the services provided:

#### **A. Residential Care Services**

Organization	Address	Contact Person	Contact Number

#### **B. Medical Services**

Organization	Address	Contact Person	Contact Number

#### **C. Psychological/Psychiatric Services**

Organization	Address	Contact Person	Contact Number

#### **D. Educational Assistance/Scholarships**

Organization	Address	Contact Person	Contact Number

#### **E. Vocational Trainings/Skills Development**

Organization	Address	Contact Person	Contact Number

**F. Livelihood Assistance**

Organization	Address	Contact Person	Contact Number

**G. Self-Employment Assistance**

Organization	Address	Contact Person	Contact Number

**H. Micro-Finance**

Organization	Address	Contact Person	Contact Number

**I. Job Placement**

Organization	Address	Contact Person	Contact Number

**J. Legal services**

Organization	Address	Contact Person	Contact Number

**K. Alternative Family Care for Children**

Organization	Address	Contact Person	Contact Number

**L. Others**

Organization	Address	Contact Person	Contact Number

## DIRECTORY OF RESOURCES (FORM 5) Continuation

### **Agencies/Organizations**

Agencies/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact nos. : \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Focal Person on HIV/AIDS: \_\_\_\_\_  
Mobile number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Geographical coverage: \_\_\_\_\_  
Clientele served: \_\_\_\_\_

---

---

---

Eligibility Requirements:

---

---

---

---

---

---

Services Provided:

---

---

---

---

---

---

Agency/Organization's Membership in Community Affairs

---

---

---

---

---

## **INDIVIDUAL EXPERT/S**

Name: \_\_\_\_\_  
Office address: \_\_\_\_\_  
Contact nos. landline: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Contact nos./landlines: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Area/s of expertise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees, if any \_\_\_\_\_

Membership in Professional Organization/s

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix F: Implementing Rules and Regulations Republic Act No. 8504

Republic of the Philippines  
PHILIPPINE NATIONAL AIDS COUNCIL  
Manila

### RESOLUTION NO. 1

WHEREAS, Republic Act 8504 otherwise known as the "**Philippine AIDS Prevention and Control Act of 1998**" was signed into Law by the President of the Republic of the Philippines on February 13, 1998.

WHEREAS, The Philippine National AIDS Council, a multi-sectoral, central advisory, planning and policy making body is mandated by Law to oversee a comprehensive and integrated HIV/AIDS prevention and control program in the Philippines whose members were sworn into office by the President of the Republic of the Philippines on April 6, 1999.

WHEREAS, Article IX, Section 49 of Republic Act 8504 states that within six (6) months after it is fully reconstituted, The Philippine National AIDS Council is mandated to formulate and issue the appropriate rules and regulations necessary for the implementation of Republic Act 8504

BE IT RESOLVED AS IT IS HEREBY RESOLVED, that We, The Members of the Philippine National AIDS Council do hereby order and issue the following Implementing Rules and Regulations.

SUBJECT: Rules and Regulations Implementing Republic Act No. 8504 otherwise known as the "Philippine AIDS Prevention and Control Act of 1998".

Pursuant to Section 49 of Republic Act No. 8504, otherwise known as the Philippine AIDS Prevention and Control Act of 1998, the following Implementing Rules and Regulations are hereby adopted.

### RULE 1 TITLE AND APPLICATION

#### Section 1. Title

This Administrative Order shall be known as the "Rules and Regulations Implementing the PHILIPPINE AIDS PREVENTION AND CONTROL ACT OF 1998 (RA 8504)".

#### Section 2. Purpose

These Implementing Rules and Regulations (IRR) are adopted to disseminate the principles of RA 8504 and prescribe guidelines, procedures and standards for its implementation, to facilitate compliance to and achieve the objectives of the law.

#### Section 3. Declaration of Policies

Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which a cure has yet to be discovered. However, even if a cure is discovered, the Act shall continue to serve as an important guide in sustaining prevention and control efforts and caring for people of all ages already infected. The gravity of the AIDS threat demands strong State action today and in the future, thus:

a) The State shall promote public awareness about the causes, modes of transmission, consequences, and means of prevention and control of the Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) through a comprehensive nationwide education and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven

approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.

b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end,

1. compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;
2. the right to privacy of individuals with HIV/AIDS shall be guaranteed;
3. discrimination, in all its forms and subtleties, against individuals with HIV/AIDS or persons perceived or suspected of having HIV/AIDS shall be considered inimical to individual and national interest; and
4. provision of basic health and social services for individuals with HIV/AIDS shall be assured.

c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.

d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance. In seeking to eradicate these conditions, there is no intent to undermine other HIV/AIDS prevention activities. For example, this Act does not advocate eradicating prostitution through actions which drive the sex industry out of sight where it is more difficult to conduct HIV/AIDS prevention activities.

e) The State shall recognize the potential role of affected individuals in propagating vital information and education messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

f) Consistent with the above mentioned policies and in consonance with the Philippine National HIV/AIDS Strategy, the State, further, recognizes that:

- 1) Multi-sectoral involvement is essential to national and local responses to HIV infection;
- 2) People should be empowered to prevent further HIV transmission. Empowerment for all Filipinos will come through access to appropriate information and resources for prevention;
- 3) The formulation of socio-economic development policies and programs should include the consideration of the impact of HIV infection/AIDS;
- 4) Resources should be allocated taking into consideration the unique vulnerabilities of various population groups, including children, affected by HIV/AIDS and its impact; and
- 5) Continued efforts should be made to constantly improve the performance and assure the quality of HIV/AIDS related programs.

#### **Section 4. Definition of Terms**

As used in this IRR, the definitions of terms are as follows:

- 1) Acquired Immune Deficiency Syndrome (AIDS) - A condition characterized by a combination of signs and symptoms, caused by HIV contracted from another which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections.
- 2) AIDS Registry - The official record of the number of reported HIV positive and AIDS cases and deaths confirmed by either the Bureau of Research and Laboratories (BRL) or the Research Institute for Tropical Medicine (RITM), and reported to the National HIV Sentinel Surveillance System (NHSSS).
- 3) Anonymous Testing - An HIV test procedure whereby the identity of the individual being tested is protected or not known. The unlinked anonymous method tests blood drawn for other purposes for HIV antibodies without the subjects knowledge and with all identifying data removed, while the voluntary anonymous method tests blood drawn from volunteers who have no identifying information, except a code number which is matched with a similar code of a given test result.
- 4) Behavioral Surveillance System (BSS) - A systematic and regular collection of information on risk behaviors and co-factors of the transmission of HIV infection among selected population groups.
- 5) Community - A group of persons with something in common.
- 6) Compulsory HIV Testing - An HIV testing of a person attended by the lack of consent; lack of consent of the parent when said person is a minor or the legal guardian when the same is insane; or use of physical force, intimidation or any other form of compulsion.
- 7) Condom - Is a thin protective barrier or sheath worn over the male or female external reproductive organ.
- 8) Contact tracing - A method of finding and counseling the sexual partner(s) of a person who has been diagnosed as having a sexually transmitted disease or diseases.
- 9) Discrimination - A prejudicial act of making distinctions or showing partiality in the granting of privileges, benefits or services to a person on the basis of his/her actual, perceived or suspected HIV status.



- 10) Government Agency - Any of the various units of government, including a department, bureau, office, instrumentality or government-owned or -controlled corporation or a local government or a distinct unit therein.
- 11) Government Office - Any major functional unit of a department or bureau, including regional offices, within the framework of the governmental organization. It also refers to any position held or occupied by individual persons, whose functions are defined by law or regulation. All establishments or offices outside this definition are considered private offices.
- 12) Health Worker - A person engaged in health or health-related work in hospitals, sanatoria, health infirmaries, health centers, rural health units, barangay health stations, clinics and other health-related establishments.
- 13) High-Risk Behavior - A behavior or activity which when done increases the risk of acquiring or transmitting HIV. Examples are unprotected sex with multiple partners, low condom use and sharing of intravenous needles.
- 14) Hiring - The process of selecting an individual for a specific position or job.
- 15) HIV/AIDS Education - The provision of information on the causes, prevention and consequences of HIV/AIDS and activities designed to assist individuals to develop the confidence and skills needed to avoid HIV/AIDS transmission and to develop more positive attitudes towards people living with HIV/AIDS (PLWHA).
- 16) HIV/AIDS Monitoring - The documentation and analysis of the number and the pattern of spread and transmission of the HIV/AIDS infection and the prevention and control measures directed against it.
- 17) HIV/AIDS Prevention and Control - The program, strategies and measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition on PLWHAs.
- 18) HIV-negative - Denotes the absence of HIV or HIV antibodies upon HIV testing.
- 19) HIV-positive - Denotes the presence of HIV infection as demonstrated by the presence of HIV or HIV antibodies upon HIV testing.
- 20) HIV status - Denotes whether a person who has undergone an HIV test is HIV-positive or HIV-negative.
- 21) HIV Testing - A laboratory procedure done on an individual to determine the presence or absence of HIV infection.
- 22) HIV Transmission - The transfer of HIV from an infected person to an uninfected one, more commonly through sexual intercourse, blood transfusion, sharing of intravenous needles, or from the mother to the fetus or infant.
- 23) Human Immunodeficiency Virus (HIV) - The virus which causes AIDS.
- 24) Indigenous Learning Systems - Culturally rooted, formalized, and codified beliefs, knowledge and skills from recognized alternative systems of instruction which parallel modern private and public schooling. Classic examples of indigenous learning systems include the tent schools in Ifugao, Islamic or Quranic schools in Muslim societies, and child socialization practices in cultural communities.
- 25) Informed Consent - The voluntary verbal or written agreement of a person to undergo or be subjected to a procedure based on full information.
- 26) Injecting Drug Users (IDUs) - Individuals who inject prohibited or regulated drugs.
- 27) Medical Confidentiality - The expectation or situation of protecting and upholding the right to privacy of a person who had an HIV test or was diagnosed to have HIV. Confidentiality encompasses all information that directly or indirectly lead to the disclosure of the identity and HIV status of said person. This information includes, but is not limited to, the name, address, picture, physical characteristic or any other similar identifying characteristic.
- 28) Minor - A person who is below 18 years of age.
- 29) Non-formal Education - An organized non-school, community-based educational activity undertaken by the Department of Education, Culture and Sports or by other agencies, including private schools, aimed at attaining specific learning objectives for a target clientele, such as the illiterate, children who do not go to school, and adults who cannot avail of formal education. It is distinct from and outside of the regular offering of the formal school system.
- 30) Non-Government Organization (NGO) - A private, non -profit voluntary organization that is committed to the task of socio-economic development and established primarily for service.
- 31) Perceived or suspected HIV status - A judgment or suspicion about the HIV status of a person which may or may not correspond with the actual HIV status.
- 32) Person with HIV - An individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.
- 33) Pre-employment to Post-employment - The continuity of employment starting from the hiring process, through employment, resignation, retirement and after retirement or resignation of an employee.

- 34) Pre-Test Counseling - The process of providing information on the biomedical aspects of HIV/AIDS and the possible results of the HIV test; and providing emotional support for any psychological implication of undergoing HIV testing to an individual before he or she undergoes the HIV test.
- 35) Post-Test Counseling - The process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.
- 36) Private sector - The sector composed of non-government organizations, people's organizations, private schools and universities, business enterprises owned and operated by private individuals or groups, and other organizations and establishments which are not part of the government.
- 37) Prophylactic - A medical agent or device used to prevent the transmission of a disease. It does not include antibiotics and vitamins.
- 38) Sexually Transmitted Disease (STD) - Any disease that is acquired or transmitted through sexual contact.
- 39) Standardized Basic Information - The amount of knowledge on HIV/AIDS deemed sufficient by the Department of Health, the Department of Labor and Employment, the Department of National Defense and the Civil Service Commission, that enables individuals to take action for their own protection. It includes information on the nature of HIV/AIDS, its mode of transmission and causes. It discusses the issues of medical confidentiality, the dignity of the person afflicted with HIV/AIDS, the rights and obligations of employers and employees towards persons with HIV/AIDS, and the particular vulnerability of women.
- 40) Subpoena ad testificandum - A procedure of a competent court inviting a person to testify as a witness during a court trial or any investigation conducted under the laws of the Philippines. It is commonly referred to as subpoena.
- 41) Subpoena duces tecum - A procedure whereby a competent court requires a person to appear in court to present or provide specified documents and/or materials under her/his control which may be used as evidence.
- 42) Termination from work - Dismissal from work or the end of an employer-employee relationship.
- 43) Tourist - A temporary visitor staying at least 24 hours in the country for a purpose classified as either holiday (recreation, leisure, sport and visit to family, friends or relatives), business, official mission, convention or health reasons.
- 44) Transient - A temporary visitor who stays less than 24 hours in the country visited.
- 45) Treatment or Care - A health, psychological, spiritual or social intervention extended to a person with HIV/AIDS.
- 46) Voluntary HIV Testing - HIV testing done on an individual who, after having undergone pre-test counseling, willingly submits himself/herself to said test.
- 47) Window Period - Period of time, usually lasting from two (2) weeks to six (6) months during which an HIV/AIDS infected individual will test "negative" for HIV antibodies but, since the HIV is present, he or she is capable of transmitting the same.

## **RULE 2**

### **EDUCATION AND INFORMATION**

#### **Section 5. Nature and Scope**

HIV/AIDS education and information shall consist of knowledge, skills and attitude competencies, accessible and available to all Filipinos, and targeted for the following groups:

- a. Students and teachers in the primary, secondary, tertiary and vocational schools;
- b. Health workers and their clients in the government and private sectors;
- c. Employers and employees in government and private offices;
- d. Filipinos going abroad;
- e. Tourists and transients;
- f. Communities; and
- g. Population groups with relatively higher risk of acquiring or transmitting HIV/AIDS.

#### **Section 6. Purpose**

Provision of timely, accurate, adequate, appropriate and relevant HIV education and information shall empower persons and communities to think and act in ways that protect themselves from HIV infection, minimize the risk of HIV transmission and decrease the socio-economic impact of HIV/AIDS.

## **Section 7. Content**

The standardized basic information on HIV/AIDS shall be the minimum content of an HIV/AIDS education and information offering. Additional content shall vary with the target audience.

Selection of content or topic shall be guided by the following criteria:

- a) Accurate - Biomedical and technical information is consistent with empirical evidence of the World Health Organization, the DOH, or other recognized scientific bodies. Published research may be cited to establish the accuracy of the information presented.
- b) Clear - The target audience readily understands the content and message.
- c) Concise - The content is short and simple.
- d) Appropriate- Content is suitable or acceptable to the target audience.
- e) Gender-sensitive - Content portrays a positive image or message of the male and female sex; it is neither anti-women nor anti-homosexual.
- f) Culture-sensitive - Content recognizes differences in folk beliefs and practices, respects these differences and integrates, as much as possible, folkways and traditions that are conducive to health.
- g) Affirmative - Alarmist, fear-arousing and coercive messages are avoided as these do not contribute to an atmosphere conducive to a thorough discussion of HIV/AIDS.
- h) Non-moralistic and non condemnatory - Education and information materials or activities do not impose a particular moral code on the target audience and do not condemn the attitudes or behaviors of any individual or population group.
- i) Non-pornographic - Content or activity informs and educates and do not titillate or arouse sexual desire.

## **Section 8. Approaches**

A prototype module or instructional design shall be developed on the standardized basic information on HIV/AIDS. Additional content suitable to a selected target audience may be added on the prototype.

This HIV/AIDS education and information prototype shall include the following:

- a. instructional objectives;
- b. content or topics and recommended time allocation;
- c. teaching methods and activities;
- d. evaluation methods and tools; and
- e. recommended qualifications of resource persons.

Partnership and consultation shall be used in the development of the HIV/AIDS education and information prototype. The Department of Health (DOH), through the Special HIV/AIDS Prevention and Control Service (SHAPCS) shall develop the prototype, within six (6) months from the effectivity date of this IRR, in partnership and consultation with the:

- a. Department of Education, Culture and Sports (DECS), Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA);
- b. Philippine Information Agency (PIA);
- c. Department of Labor and Employment (DOLE);
- d. Department of National Defense (DND);
- e. Department of Foreign Affairs (DFA);
- f. Department of Tourism (DOT);
- g. Department of Transportation and Communication (DOTC);
- h. Civil Service Commission (CSC); and
- i. Representatives of private offices and NGOs

Suitability and flexibility shall be the basis for the adoption and modification of the prototype. The specific needs of each target audience for HIV/AIDS education and information shall be addressed by add-ons to the prototype. DOH, in collaboration with its partners, shall assure the quality of the prototype through an annual review or as often as the need arises.

## **Section 9. Types of HIV/AIDS Education and Information Offerings**

The HIV/AIDS education and information offerings shall make appropriate use of the multi-media, namely:

- a. Face-to-face instruction as in tutorials, classes, seminars, workshops and discussion groups;
- b. Print materials as in modules and other self-instructional materials, brochures, flyers, comic books, and magazines;
- c. Audio and audio-visual activities and materials as in jingles, cassette tapes, radio broadcast, radio programs, film strips, VHS and beta tapes, and TV programs; and
- d. HIV/AIDS distance education where self-instructional materials are sent to the target audience in accordance with adult learning principles.

#### **Section 10. Levels of HIV/AIDS Education and Information**

HIV/AIDS education and information shall be conducted at the following levels:

- a. Individual;
- b. Group;
- c. Organization or institution;
- d. Community;
- e. Barangay;
- f. Municipal;
- g. Provincial;
- h. Regional; and
- i. National

#### **Sec. 11. Structural Modes**

HIV/AIDS education and information shall have the following structural modes:

- a. Formal - HIV/AIDS education and information is integrated in existing or planned subjects or courses at the primary, secondary or tertiary levels of education;
- b. Non-formal - HIV/AIDS education and information is part of non-degree continuing professional education programs; orientation, on-the-job training and in-service training; and extension programs for adult education; and
- c. Indigenous learning systems

#### **Sec. 12. Training of HIV/AIDS Education and Information Trainors and Educators**

The DOH, through the SHAPCS, in collaboration with its partners in the government and private sectors, shall undertake a national and regional training program of trainers for the HIV/AIDS education and information campaign, at least once a year.

Qualifications of the participants for the training for trainers shall include:

- a. A health worker, teacher or individual working in the area of human resource development;
  - b. A representative of a government or private office or agency, school, NGO, community or local government unit (LGU) that will offer HIV/AIDS education and information training; and
  - c. Commitment to offer an HIV/AIDS education and information training for educators.
- b. Trainers, in turn, shall conduct the HIV/AIDS education and information training for educators at the group, organization, school, and community or LGU levels.

Educators shall conduct the HIV/AIDS education and information offerings at the individual, group, course, organization, community or LGU levels.

Other existing venues for the HIV/AIDS trainers and educator's training that may be considered by SHAPCS are the courses of the various health profession education programs, continuing professional education programs of the 42 nationally accredited professional organizations and the human resource development programs of the NGOs, academe and private agencies.

#### **Section 13. HIV/AIDS Education in Schools**

DECS, CHED and TESDA shall develop a school-based HIV/AIDS education and information program which shall include the HIV/AIDS education and information prototype, add-on content, and the development

and provision of multi-media information and instructional materials to schools under their respective jurisdictions.

HIV/AIDS education shall be integrated into but not limited to science and health, edukasyon pantahanan at pangkabuhayan (EPP), sibika at kultura, good manners and right conduct (GMRC), and Filipino at the elementary level; in science and technology, social studies, physical education, health and music (PEHM) and values education at the secondary and tertiary levels. HIV/AIDS education shall also be integrated by DECS into its non-formal education program and in the indigenous learning systems. Instructional materials shall be provided for such purposes.

DECS shall further strengthen its own school-based AIDS education project through the development and printing of audio-visual materials such as posters, comics, flipcharts, modules, tapes and film strips.

Flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed after consultations with the Parents - Teachers - Community - Association, association of private schools, school officials and other interest groups.

#### **Section 14. HIV/AIDS Information as a Health Service**

All efforts shall be exerted to provide inpatients with HIV/AIDS education, individually or in groups, during their period of confinement in a clinic, hospital or medical center, both government and private. The HIV/AIDS education prototype, as adopted and modified to suit the needs of this target audience, shall be used for this purpose.

Outpatient clients of barangay health stations, rural health units; district, provincial and regional hospitals; private clinics and hospitals; and government medical centers shall be given HIV/AIDS education seminars or tutorials to the extent possible.

Self-instructional HIV/AIDS materials shall be made available and accessible to inpatients and outpatients alike by the respective health agencies.

Government and private health facilities and private clinics shall be encouraged by the SHAPCS to play HIV/AIDS education and information audio and video tapes in the waiting, lounging and/or common rooms for their clients.

HIV/AIDS education and information shall be an integral part of the work of the health workers and they shall be trained for this purpose in accordance with Sec. 12 of this IRR.

Government agency members of the Philippine National AIDS Council (PNAC) shall ensure that all public health workers are trained on HIV/AIDS. In the private sector, it shall be the responsibility of the head of the health institution or agency to qualify the health workers under his or her jurisdiction as trainers and educators for the HIV/AIDS education and information program.

#### **Section 15. HIV/AIDS Education in the Workplace**

HIV/AIDS education shall be integrated in the orientation, training, continuing education and other human resource development programs of employees and employers in all government and private offices.

Each employer shall develop, implement, evaluate and fund a workplace HIV/AIDS education and information program for all their workers. The program shall include the following elements:

- a. The HIV/AIDS education prototype and the modifications therein, that are suited to the target audience;
- b. List of trainers and other resource persons from the same or other workplace(s);
- c. Training schedule;
- d. Self-learning information materials such as booklets, brochures, flyers and tapes;
- e. Dissemination and distribution schedule of self-learning materials; and
- f. A monitoring and reporting scheme

Monitoring and assessment of the workplace HIV/AIDS education program in the private sector shall be the responsibility of the DOLE, in collaboration with the DOH. The DOLE agencies in charge shall be the Inter-Agency Committee on STD/HIV/AIDS, chaired by the Occupational Safety and Health Center (OSHC) of DOLE,



as well as the Department's Regional Offices. The Labor Inspectorate under the DOLE Bureau of Working Conditions, shall be responsible for enforcing compliance to the HIV/AIDS Workplace Program.

For members of the AFP and the PNP, this shall be the responsibility of the Armed Forces Chief of Staff and the Director General of PNP, respectively. The Civil Service Commission (CSC) shall assist in the monitoring and assessment efforts for all other groups in the public sector.

Upon inspection, employers shall present records and materials of the HIV/AIDS education and information program and related activities undertaken.

The quality of the HIV/AIDS education and information program shall be under the Collective Bargaining Agreement, the human resource development unit or its equivalent in the agency or establishment.

#### **Section 16. HIV/AIDS Education for Filipinos Going Abroad**

Filipinos going abroad, consisting of all overseas Filipino workers (OFWs), as well as diplomatic, military, trade and labor officials and staff who will be assigned overseas, shall attend an HIV/AIDS education seminar prior to departure.

For OFWs, the HIV/AIDS education seminar shall be part of the Pre-Employment and Pre-Departure Orientation Seminars supervised by the DOLE. For the diplomatic, military, trade and labor officials and staff and their families, the appropriate agencies shall integrate the HIV/AIDS education into their existing training programs

The HIV/AIDS education prototype and the modifications made therein, in partnership with various agencies and sectors of government and non-government organizations, to meet the specific needs of the target audience shall be used for the seminar or training program. Additional self-learning materials such as brochure, flyers and/or tapes shall be available to each participant.

#### **Section 17. Information Campaign for Tourists and Transients**

HIV/AIDS information materials such as brochures, flyers, posters, audio and video tapes shall be prominently displayed or played, easily accessible and available at places where there are tourists and transients. These include:

- a. commonly-used modes of land, sea and air transport such as buses, ferries and ships, and airplanes;
- b. international and domestic ports of entry and exit;
- c. passenger departure and waiting rooms of bus, ship and airport terminals;
- d. travel agencies, resorts and other tourist spots;
- e. restaurants and hotels;
- f. information center booths of the DOT.

The DOT and the DOTC shall produce, distribute and disseminate the appropriate multi-media HIV/AIDS information materials using the HIV/AIDS education prototype as basis. The DOT and DOTC Regional Offices shall be adequately provided with these information materials for distribution in their respective areas of jurisdiction.

The DOT, DFA and the Department of Justice (DOJ) through the Bureau of Immigration (BI), in collaboration with the DOH, shall monitor, coordinate and assess the HIV/AIDS information campaign for tourists and transients.

#### **Section 18. HIV/AIDS Education in Communities**

Local government units (LGUs) through their health, social welfare and population officers shall undertake an HIV/AIDS education and information program in the community and shall observe the following guidelines:

- a. coordinate closely with concerned government agencies, NGOs, PLWHAs and other communitybased organizations;
- b. cover the provincial, city, municipal, barangay and household levels;
- c. use the HIV/AIDS education prototype as basis and modify the same to meet the needs of a specific target audience;
- d. utilize multi-media materials and sources; and
- e. integrate the HIV/AIDS education and information program into existing community-based HIV/AIDS prevention and control programs and other health education programs of the LGUs.

The provincial governor, city mayor, municipal mayor and barangay captain, through their respective local development councils shall produce the HIV/AIDS education and information campaign materials; and monitor, coordinate, assess and fund the implementation of the HIV/AIDS education and information campaign in communities.

#### **Section 19. Information on Prophylactics**

A labeling material shall be attached to or provided with every prophylactic offered for sale or given as donation and shall meet the following specifications:

- a. Printed information is in English and any locally used Filipino dialect;
- b. Size of the labeling material is at least 60 square cms;
- c. Text is in font size six (6) or bigger; and
- d. One labeling material is provided for each pack of prophylactic

Each labeling material shall include the following information:

- a. Date of expiry and date of manufacture;
- b. Statement that "sexual abstinence and mutual fidelity are effective strategies for the prevention of HIV/AIDS and STDs"
- c. The statement "When used properly, the use of a condom is a highly effective method of preventing most sexually transmitted diseases";
- d. Instructions on the proper use of a condom;
- e. Simple illustration that shows clearly the steps in the correct use of a condom;
- f. Advice against the use of non-water-based lubricants like baby oil or petrolatum jelly; and
- g. Advice that each condom is used only once

The requirements in this Sec. shall apply one year after the date of effectivity of this IRR. In the case of condoms supplied by donors, the receiving agency shall be responsible for meeting the said requirements.

#### **Section 20. Forms of Misleading Information**

Misleading information may take the form of false or deceptive advertisements. Further, it is misleading information when the presentation fails to reveal facts material to such presentation or the possible outcomes of using the products and/or services being advertised.

Information shall be deemed misleading if:

- a. Advertisement of the benefits or use of non-prescription drugs, devices and treatments does not comply with the specifications on indications and labeling as approved by the Bureau of Food and Drugs (BFAD);
- b. Advertisement offers false hopes in the form of a temporary or permanent cure or relief; and
- c. Reference to laboratory data, statistics and/or scientific terms used in the advertisement or packaging comes from doubtful sources or is not quoted accurately

Violations of this specific Sec. shall be punishable with a penalty of imprisonment for two (2) months to two (2) years. The same shall be without prejudice to the imposition of administrative sanctions or the suspension or revocation of the professional or business license.

### **RULE 3 SAFE PRACTICES AND PROCEDURES**

#### **Section 21. Universal Precautions**

Universal Precautions is the basic standard of infection control. The underlying principle is to assume that all patients and staff are potentially infected with blood-borne pathogens such as HIV and hepatitis B virus. Universal Precautions is intended to prevent transmission of infection from patient to staff, staff to patient, staff to staff, and patient to patient.

The procedures for Universal Precautions shall include:



- a. Standard hygienic procedures, especially handwashing, should be followed at all times.
- b. Hospital or medical center guidelines for disinfection and sterilization should be consulted and followed faithfully.
- c. Any skin disease or injury should be adequately protected with gloves or impermeable dressing to avoid contamination with a patient's body fluids.
- d. Any spills of blood or other potentially contaminated material should be liberally covered with household bleach (dilution of 1 to 10), left for 30 minutes then carefully wiped off by personnel wearing gloves.
- e. Gown, gloves, mask and protective eyewear should be worn, if possible, during surgery, childbirth and other procedures where contact with blood or body fluids is likely.
- f. Needles and sharp objects should be discarded immediately after use in puncture-proof containers marked BIOHAZARD. Do not bend or break needles by hand. Do not recap used disposable needles.
- g. Reusable needles and syringes should be handled with extreme care and safely stored prior to cleaning and sterilization or disinfection
- h. Linen soiled with blood or other body fluids should be handled as little as possible. Gloves and a protective apron should be worn while handling soiled linen.
- i. Specimens of blood and body substances should be handled as potentially infectious.

## **Section 22. HIV/AIDS Core Teams.**

All hospitals and other appropriate health care facilities shall establish an HIV/AIDS Core Team (HACT). HACT is multi-disciplinary group of health workers with policy-making, implementing, coordinating, assessing, training, research and other project development functions on matters related to the diagnosis, management and care of HIV/AIDS patients and the prevention and control of HIV/AIDS infection in the hospital. Its primary objectives are to facilitate the provision of safe, comprehensive and compassionate care to HIV/AIDS patients by properly trained personnel; to mobilize hospital and community resources towards minimizing the impact of HIV/ AIDS infection on the patient and his family; and to coordinate all efforts to prevent and control the transmission of HIV/AIDS infection.

The functions of HACT include:

- a. Implement hospital guidelines on the comprehensive care and management of HIV/AIDS patients;
- b. Provide care and counseling to HIV/AIDS patients;
- c. Promote prevention and control measures/strategies such as health education and hospital infection control;
- d. Facilitate inter- and intra- departmental/agency coordination including referral system and networking;
- e. Perform training and research activities on HIV/AIDS;
- f. Provide recommendations on hospital planning and development related to HIV/AIDS;
- g. Monitor compliance of ethico-moral guidelines for HIV/AIDS including confidentiality of records and reports and release of information;
- h. Update records and submit reports to concerned offices; and
- i. Conduct monitoring and evaluation activities.

HACT shall be composed of five (5) to seven (7) members, which may include, but is not limited to, the following:

- a. Doctors;
- b. Nurses;
- c. Medical social workers; and
- d. Medical technologists

The criteria for selecting HACT members include:

- a. Commitment to accept responsibilities and perform the tasks of HACT members;
- b. With permanent position, resident physician or specialist;
- c. Willingness to undergo training in clinical management and care of HIV/AIDS patients; and
- d. High respect for medical confidentiality

In addition to the criteria for a HACT member, the criteria for the selection of a HACT leader include:

- a. Commitment to accept responsibilities and perform the tasks of a HACT leader;
- b. High level of knowledge of the program, including positive attitudes for the clients of the program;
- c. Preferably an infections disease consultant or an internist with a permanent specialist position in the hospital; and
- d. Preferably has a direct involvement in the care and management of patients in the hospital

### **Section 23. Requirements on the Donation, Acceptance and Disposition of Blood, Tissue, or Organ**

Only blood, tissue or organ testing negative (-) for HIV shall be accepted by any laboratory or institution for transfusion or transplantation.

Before transfusion or transplantation, the recipient or his/her immediate relative may demand, as a matter of right, a second HIV test; except in an emergency case, as determined by the physician, when testing is not practical, feasible or available: Provided, That said recipient or immediate relative consents, in writing, to the HIV test waiver.

Donations of blood, tissue or organ testing positive (+) for HIV shall be disposed of properly and immediately; or accepted for research purposes only by qualified medical research organizations, and subject to strict sanitary disposal requirements as contained in the DOH Manual of Nosocomial Infections and Hospital Waste Management.

Medical research organizations qualified to accept HIV-positive (+) blood, tissue or organ are those research institutions that have an ethics review board that reviews the process by which the donation of said blood, tissue or organ was done and have the facilities to properly handle and dispose of HIV-positive (+) blood, tissue or organ donations.

Procedures and standards regarding donation, transport, handling and disposal of blood, tissue or organs as contained in the DOH Manual on Nosocomial Infections and Hospital Waste Management which are not in conflict with this IRR shall continue to be in effect. Revisions in said procedures and standards shall be made known to all concerned personnel.

### **Section 24. Guidelines on Surgical and Similar Procedures**

Standards for the prevention of HIV transmission enumerated in the procedures for Universal Precautions found in Sec. 21 of this IRR shall be observed during the following procedures:

- a. Surgical;
- b. Dental;
- c. Embalming;
- d. Handling and disposition of cadavers, blood, organs or wastes of HIV (+) persons;
- e. Tattooing; and
- f. Other similar procedures

A separate manual for each procedure shall be developed and printed by the DOH within one (1) year from the effectivity date of this IRR.

The development of the said manuals shall be in consultation and coordination with:

- a. Hospital associations;
- b. Accredited professional organizations;
- c. NGOs; and
- d. Experts from the academe

The manuals shall be formally signed and dated by the Secretary of Health and shall be incorporated as an integral part of this IRR.

The manuals shall be distributed to the national, regional and local agencies regulating the establishments where surgical, dental, embalming, tattooing or similar procedures are performed, to be used for the following:

- a. Issuance of sanitary permits,
- b. Accreditation, or
- c. Renewal of permits

The regulatory agencies issuing permits or accreditation shall be responsible for the monitoring of the compliance to these guidelines.

Each manual shall be reviewed and revised periodically. Every revision or updated edition shall be distributed to the regulatory agencies for enforcement.

Pending the official issuance of the manuals by the DOH, the following issuances, provided they are not in conflict with this IRR, shall continue to be in effect:

- a. Administrative Order No. 18, s. 1995 "Guidelines for the Management of HIV/AIDS in Hospitals" DOH, 21 November 1995);
- b. IRR of Chapter XXI of the Code of Sanitation of the Philippines (1997);
- c. Guidelines for Infectious Disease Control in Hospitals by the Committee Members for Hospital Policies on HIV/AIDS (DOH, July 1997); and
- d. Chapter 8, pages 39 to 44 of the Manual on Nosocomial Infections (DOH, December 1993)

## **Section 25. Penalties for Unsafe Practices and Procedures**

Unsafe practices and procedures shall refer to the non-compliance with the recommended universal precautions in Sec. 21 of this IRR

The penalties of an individual committing unsafe practices and procedures shall be imprisonment for six (6) to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to the following:

- a. Fines; and/or
- b. Suspension or revocation of license to practice the profession

Failure of the institution or agency to maintain safe practices and procedures as maybe required by the guidelines to be formulated in compliance with Sec. 13 of RA 8504, and Sec. 24 of this IRR shall suffer the:

- a. Cancellation of the permit or license of the institution or agency; or
- b. Withdrawal of the accreditation of the hospital, laboratory or clinic

## **RULE 4 TESTING, SCREENING AND COUNSELING**

### **Section 26. Consent as a Requisite for HIV Testing**

A written informed consent shall be obtained before HIV testing. Said consent shall be made by the:

- a. Individual to be tested;
- b. Parent of a minor; or
- c. Legal guardian of a mentally incapacitated person except for unlinked and voluntary anonymous testing as provided for in Sec. 29 of this IRR.

It is acceptable for a person being tested to use an assumed name or code name instead of the real name and written informed consent using said assumed or code name shall constitute lawful consent.

In case the person is unable to write, a thumbprint shall substitute for the signature on said consent. A written consent of a person to act as a volunteer or donor of his/her blood, organ or tissue for transfusion, transplantation, or research shall be deemed a consent for HIV testing as provided in Sec. 23 of this IRR.

The DOH, through SHAPCS shall develop a prototype informed consent form in English and any locally used Filipino dialect which may be modified accordingly. The prototype consent form shall include this excerpt from Sec. 16 of RA 8504: "RA 8504 prohibits the imposition of HIV testing as a precondition for employment, admission to an educational institution, freedom of abode, entry or continued stay in the Philippines, the right to travel or the provision of medical service or any other kind of service".

The duly accomplished informed consent record shall be kept confidential in accordance with Sec. 41 of this IRR. Except for a valid medical or legal need for this record, no access shall be allowed as provided in Sec.s 39 and 42 of this IRR.

**Section 27. Prohibitions on Compulsory HIV Testing**

HIV Testing shall not be imposed as a precondition for the following:

- a. Employment;
- b. Admission to an educational institution;
- c. Exercise of freedom of abode;
- d. Entry or continued stay in the country;
- e. Right to travel;
- f. Provision of medical service or any kind of service; and
- g. The enjoyment of human rights and civil liberties, including the right to enter into marriage and conduct a normal family life

**Section 28. Exception to the Prohibition on Compulsory Testing**

The prohibition on compulsory HIV testing shall be lifted in the following instances:

- a. Upon a court order when a person is charged with the crime specified in the following:
  1. R.A. 3815, as amended, or the "Revised Penal Code" specifically the following Articles:
    - a. Article 264 -- Administering injurious substances;
    - b. Article 335 -- Rape;
    - c. Article 337 -- Qualified seduction; and
    - d. Article 338 -- Simple seduction
  2. R.A. 7659, or the "Death Penalty Act," specifically Sec. 11, paragraph 5 -- Rape, when the offender knows that he is afflicted with AIDS; and
  3. R.A. 8353 or the "Anti-Rape Law of 1997," specifically Sec. 2 --Rape, when the offender knows that he is afflicted with Human Immuno-Deficiency Virus HIVAIDS or any other sexually transmitted disease and the virus or disease is transmissible to the victim;
- b. Upon order of the court when the determination of the HIV status is necessary to resolve relevant issues under Executive Order No. 209, otherwise known as the "Family Code of the Philippines", particularly:
  1. "Art. 45. A marriage may be annulled for any of the following causes, existing at the time of the marriage:  
...  
(3) That the consent of either party was obtained by fraud, unless such party afterwards, with full knowledge of the facts constituting the fraud, freely cohabited with the other as husband and wife; and  
...  
(6) That either party was afflicted with a sexually-transmitted disease found to be serious and appears to be incurable.  
...  
Art. 46. Any of the following circumstances shall constitute fraud referred to in number 3 of the preceding Article:  
  
(3) Concealment of sexually transmissible disease, regardless of its nature, existing at the time of the marriage;  
or
- c. When complying with the provisions of Republic Act No. 7170, otherwise known as the "Organ Donation Act" and the Republic Act No. 7719, otherwise known as the "National Blood Service Act".

## **Section 29. Anonymous HIV Testing**

Anonymous HIV testing is a procedure whereby the identity of the individual being tested is protected or not known. Two methods of anonymous HIV testing are the unlinked anonymous and the voluntary anonymous.

Any person who submits to anonymous HIV testing shall not be required to provide a name, age, address or any other information that may potentially identify the same. In the case of voluntary anonymous HIV testing an identifying symbol is substituted for the person's true name or identity. The symbol enables the laboratory doing the test and the test person to match the test result with the said symbol.

## **Section 30. Accreditation of HIV Testing Centers**

No person, firm, corporation, center, hospital, clinic, blood bank or laboratory shall perform HIV testing without accreditation by the DOH, through the BRL, in the Office for Health Facilities, Standards and Regulation (OHFSR).

The accreditation standards for performing HIV testing provided in Administrative Order No. 55-A, s. 1989 in ANNEX A shall be an integral part of this IRR, except for Sec.s 7.1.6 and 9.3 which are amended to read:

Sec. 7.1.6. Reagents: The laboratory shall utilize reagents, such as HIV kits, which have been registered with the BFAD, and evaluated and recommended by RITM.

Sec. 9.3. The names, age, sex and addresses of persons confirmed to be seropositive (by Western blot, immunofluorescence and radioimmune precipitation assay) shall be reported to AIDSWATCH as provided in Sec. 38 of this IRR.

SHAPCS and RITM shall convene a forum for consultation and review of the technical and other related issues concerning HIV testing annually or as needed. Participants of the forum shall include representatives of DOH, Philippine Association of Medical Technologists (PAMET), Philippine Society for Pathologists (PSP), HIV test kit suppliers, clinical laboratories and blood banks, and individuals actively involved in HIV testing. chan robes virtual law library

RITM shall serve as the national reference center for HIV testing.

## **Section 31. Pre-Test and Post-Test Counseling**

All individuals, centers, clinics, blood banks or laboratories offering HIV testing shall provide, free of charge, pre-test and post-test counseling for persons who avail of their HIV testing services.

Pre-test counseling shall include the following:

- a. Purpose of HIV testing;
- b. Other diseases that should be tested, if applicable;
- c. Window period;
- d. HIV test procedure;
- e. Meaning of a negative and a positive test result;
- f. Guarantees of confidentiality and risk-free disclosure;
- g. When the result is available and who can receive the result;
- h. Basic information on HIV/AIDS infection: nature, modes of transmission, risk behaviors and risk reduction methods; and
- i. Informed consent and prohibition of compulsory testing under most circumstances.

Post-test counseling after a negative test result shall include the following:

- a. Release of the test result to the test person or legal guardian of minor;
- b. Review of the meaning of negative test result;
- c. Discussion of the test person's immediate concerns;
- d. Review of the basic information on HIV/AIDS infection; and
- e. Provision of HIV/AIDS information literature and arrangement for a community referral, if necessary.

Post-test counseling after a positive test result shall include the following:

- a. Release of the test result to the test person or legal guardian of minor;
- b. Assistance and emotional support to the person in coping with the positive (+) test result;
- c. Discussion of the person's immediate concerns;
- d. Review of the meaning of a positive test result;
- e. Review of HIV/AIDS infection transmission and risk reduction;
- f. Explanation of the importance of seeking health care and supervision;
- g. Arrangements for referral to health care and other community services and to any organization of people living with HIV/AIDS; and
- h. Assistance with the disclosure of HIV status and health condition to the spouse or sexual partner, as soon as possible

Pre-test and post-test counseling shall be done in a private place away from possible interruptions. It may be done at the bedside of an ill person, in a counseling room or in a person's home, and preferably in a pleasant atmosphere.

When tests are undertaken of OFWs prior to their employment overseas, group pre-test and post-test counseling may be done. However, individual counseling shall be provided for an OFW with an HIV positive (+) result.

Only health workers who had undergone HIV/AIDS counseling training shall provide pre-test and post-test counseling. The DOH, through the SHAPCS shall produce a training kit and a trainer's training kit for HIV/AIDS counseling. The SHAPCS shall conduct national and regional trainer's training and may utilize the expertise of the academe and the NGOs for this activity. In turn, the trainers shall conduct HIV/AIDS counseling training for counselors at the provincial and institutional levels.

### **Section 32. Support for HIV Testing Centers**

The DOH through the SHAPCS shall coordinate the training of medical technologists, pathologists and other health workers who will staff the testing centers.

The SHAPCS, through RITM, BRL, accredited professional organizations and societies, qualified NGOs and experts from the academe, shall conduct training courses and workshops on HIV testing at least twice a year.

Content of the training course/workshop shall include:

- a. HIV biology;
- b. Epidemiology;
- c. Principles and methods of HIV testing;
- d. Laboratory safety and precautions;
- e. Counseling; and
- f. Quality assurance

SHAPCS, in collaboration with RITM, BRL, PAMET, LGUs, NGOs and the academe, shall form a network of HIV testing centers to facilitate the assessment of support needs and the delivery of support services, including the promotion of continuing professional education and quality assurance. Network members shall meet at least once a year.

## **RULE 5 HEALTH AND SUPPORT SERVICES**

### **Section 33. Hospital-Based Services**

A manual on the Standard Operating Procedures (SOP Manual) for the provision of a comprehensive and compassionate hospital-based care services for PLWHAs shall be developed by the SHAPCS, through a Committee, within 90 days from the effectivity date of this IRR.

The SOP Manual shall ensure the accessibility of basic hospital services and shall contain the technical, managerial, quality and procedural requirements for the physical, physiologic, psychological, socio-economic and spiritual care in the hospital of the person living with HIV/AIDS (PLWHA) and the family. The services shall include:

- a. emergency treatment;
- b. laboratory services; and
- c. diagnosis and treatment of HIV/AIDS, STD, other infections and complications



The Committee shall be composed of representatives from the following offices/sectors:

- a. OHFSR;
- b. Hospital Operations and Management Service (HOMS);
- c. San Lazaro Hospital (SLH);
- d. RITM;
- e. Accredited professional association (APOs);
- f. NGOs;
- g. Academe; and
- h. PLWHAs

Pending the official release and effectivity date of the SOP Manual, the provision of hospital services for PLWHAs in government hospitals shall follow the Guidelines in:

- h. Administrative Order No. 18, s. 1995 "Revised Guidelines in the Management of HIV/AIDS Patients in the Hospital" (DOH, 21 November 1995); and
- i. Administrative Order No. 9, s. 1997 "Amendment to Administrative Order No. 18, s. 1995 regarding the Guidelines in the Management of HIV/AIDS Patients in the Hospital" (DOH, 10 May 1997) in Annex B1 and Annex B2 of this IRR, which shall continue to be in effect until further notice of revision by the SHAPCS.

The SOP Manual shall be reviewed periodically and revised accordingly by the SHAPCS, through the DOH Committee for Hospital Policies on HIV/AIDS Prevention and Control.

#### **Section 34. Community-Based Services**

The LGUs, through its health, social welfare and population officers, in collaboration, cooperation or partnership with the following:

- a. Concerned government agencies;
- b. NGOs;
- c. Private sector organizations and establishments;
- d. People living with HIV/AIDS; and
- e. other vulnerable groups shall develop and support services for the prevention and control of HIV/AIDS and care of PLWHAs and their families in the community.

These services or programs include, but are not limited to:

- a. HIV/AIDS/STD education and information campaign;
- b. Counseling;
- c. Home-based care;
- d. Organizing community-based HIV/AIDS support groups including PLWHAs;
- e. Networking of HIV/AIDS support groups; and
- f. HIV/AIDS referral system

Community-based HIV/AIDS prevention, control and care services shall be integrated into the development plans and the existing programs of the province, city, municipality and barangay.

#### **Section 35. Livelihood Programs and Training**

Government agencies such as the Department of Social Welfare and Development (DSWD), DOLE, DECS, TESDA and Department of Trade and Industry (DTI) and private agencies, as well, shall provide opportunities for PLWHAs to participate in skills training, skills enhancement and livelihood programs. No PLWHA shall be deprived of participation by reason of HIV/AIDS status alone.

Skills training and enhancement programs along the interest and capacity of the PLWHAs and livelihood assistance in the form of capital assistance, marketing assistance and job placement shall be rendered.

The DSWD with DOLE, DILG and private agencies, and utilizing existing mechanisms and strategies, shall jointly set up a referral system to assist PLWHAs in accessing skills training and livelihood assistance programs at the regional and provincial levels.

#### **Section 36. Control of Sexually Transmitted Diseases**



To help contain the spread of HIV infection, the DOH, in coordination and cooperation with other concerned government agencies, LGUs and NGOs, shall pursue the prevention and control of sexually transmitted diseases as provided in:

- a. Administrative Order No. 2, s. 1997 "National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases (STDs)" (DOH, 20 February 1997); and
- b. Administrative Order No. 5, s. 1998 "Implementing Guidelines in STD Care Management at the Different Levels of the Health Care System" (DOH, 13 February 1998)
- c. Administrative Order No. 17-B, s. 1998 "Implementing Guidelines for STD Case Management for Children". (DOH, 17 October 1998) in Annex C1 and Annex C2 of this IRR, which shall continue to be in effect, until further notice of revision by the SHAPCS.

Further, the DOH shall ensure the periodic conduct of studies on the prevalence of STDs, levels of anti-microbial drug resistance and new treatment modalities for STDs. DOH shall submit a report of the results of these studies to PNAC.

### **Section 37. Insurance for Persons with HIV**

Within 60 days of the effectivity date of this IRR, the Secretary of Health and the Commissioner of the Insurance Commission shall create a Task Force that shall oversee a study or studies on the feasibility of offering a package of insurance benefits for PLWHAs in accordance with the guiding principles of Sections 26 and 39 of RA 8504.

The composition of the Task Force may include, but not limited to, the representatives of the following offices, agencies, or organizations:

- d. DOH;
- e. Insurance Commission;
- f. Philippine Hospital Association (PHA);
- g. Philippine Health Insurance Corporation (PHIC);
- h. Association of private insurers;
- i. Association of actuaries;
- j. Health maintenance organizations (HMOs); and
- k. Other groups, as needed

A report of the results of the feasibility study or studies shall be submitted by the DOH to PNAC within one year of the creation of the Task Force.

Should the study or studies find that insurance coverage for the PLWHA is feasible, the program shall be implemented by the concerned agencies. The PHIC shall oversee the implementation of the said insurance program.

## **RULE 7 CONFIDENTIALITY**

### **Section 41. Medical Confidentiality**

Medical confidentiality shall protect and uphold the right to privacy of an individual who undergoes HIV testing or is diagnosed to have HIV. It includes safeguarding all medical records obtained by health professionals, health instructors, co-workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of said record, file, or data.

Confidentiality shall encompass all forms of communication that directly or indirectly lead to the disclosure of information on the identity or health status of any person who undergoes HIV testing or is diagnosed to have HIV. This information may include but is not limited to the name, address, picture, physical description or any other characteristic of a person which may lead to his/her identification.

To safeguard the confidentiality of a person's HIV/AIDS record, protocols and policies shall be adopted by concerned officials, agencies and institutions.

### **Section 42. Exceptions to the Mandate of Confidentiality**

The requirement for medical confidentiality shall be waived in the following instances:

- a. When responding to a subpoena duces tecum and subpoena ad testificandum issued by a court with jurisdiction over legal proceedings where the main issue is the HIV status of an individual;
- b. When complying with the reporting requirements for AIDSWATCH as provided in Sec. 39 of this IRR; and
- c. When informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS and such treatment or care carry the risk of HIV transmission

Health workers who are exposed to invasive procedures and may potentially be in contact with blood and bodily fluids likely to transmit HIV shall be informed of the HIV status of a person, even without his/her consent. This information is vital to their protection against acquiring and transmitting the HIV infection through safe practices and procedures in accordance with Sec.s 21 and 24 of this IRR.

Those who are not at risk of transmission, must not be informed of a person's HIV status. All health workers shall maintain shared medical confidentiality.

#### **Section 43. Release of HIV/AIDS Test Results**

The result of HIV/AIDS testing shall be confidential and shall be released only to the following:

- a. Person who was tested;
- b. Parent of a minor who was tested;
- c. Legal guardian of an insane person or orphan who was tested;
- d. Person authorized to receive said result for AIDSWATCH in accordance with Sec. 39 of this IRR; and/or
- e. A Judge of the Lower Court, Justice of the Court of Appeals or Supreme Court Justice

#### **Section 44. Penalties for Violations of Confidentiality**

Penalties for violating medical confidentiality, as provided in Sec.s 30 and 32 of RA 8504, include imprisonment for six (6) months to four (4) years. Administrative sanctions may likewise be imposed, such as:

- a. Fines;
- b. Suspension or revocation of license to practice the profession; or
- c. Cancellation or withdrawal of the license to operate of any business entity, and the accreditation of hospitals, laboratories or clinics.

#### **Section 45. Disclosure to Sexual Partners**

Any person with HIV shall be obligated to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

PLWHA may seek the assistance of health workers or counselors providing the post-HIV test counseling on the matter of disclosure of HIV/AIDS and health status to spouse or sexual partner.

As a general policy, post-test counseling of PLWHA shall aim to assist him/her in informing his/her spouse or sexual partner of his/her HIV status and health condition at the earliest possible time.

### **RULE 8 DISCRIMINATORY ACTS AND POLICIES**

#### **Section 46. Discrimination in the Workplace**

Discrimination in any form, from pre-employment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV status is prohibited.

All individuals seeking employment shall be treated equally by employers who shall not make any distinction among job applicants on the basis of their actual, perceived or suspected HIV status.

Persons with HIV/AIDS already employed by any public or private company shall be entitled to the same employment rights, benefits and opportunities as other employees, namely:

- a. Security of tenure;
- b. Reasonable alternative working arrangements, when necessary;
- c. Social security, union, credit and other similar benefits; and
- d. Protection from stigma, demotion, discrimination and termination by co-workers, unions, employers and clients.

Termination from work on the basis of actual, perceived or suspected HIV status is deemed unlawful.

HIV-infected employees shall act responsibly to protect their own health and prevent HIV transmission.

Acts of discrimination against an individual seeking employment, or in the course of employment, because of his/her actual, perceived or suspected HIV status, shall be reported to the DOLE by those in the private sector and to the CSC by those in the government offices and government-owned corporations. DOLE and CSC shall resolve any such matters brought to their attention, including the implementation of administrative sanctions, as may be appropriate.

#### **Section 47. Discrimination in Schools**

No educational institution shall refuse admission to any prospective student or discipline; segregate; deny participation, benefits or services to; or expel any current student on the basis of his/her actual, perceived or suspected HIV status. This shall include any perception or suspicion of HIV status which may arise from a person being a friend, relative or associate of a PLWHA.

The right to full participation shall include the right to take part in all school activities, including all sports activities.

HIV-infected students shall act responsibly to protect their own health and prevent HIV transmission.

#### **Section 48. Restrictions on Travel and Habitation**

HIV is not among the dangerous, loathsome or contagious diseases referred to in the Immigration Code (Sec. 29). The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

#### **Section 49. Inhibition from Public Service**

The right to seek an elective or appointive public office shall not be denied to a person with HIV.

#### **Section 50. Exclusion from Credit and Insurance Services**

All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: Provided, That the person with HIV shall not conceal or misrepresent his or her HIV status to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

#### **Section 51. Discrimination in Hospitals and Health Institutions**

No hospital or other health institution shall deny access to health care services to a PLWHA or those perceived or suspected to be HIV-infected, nor charge the said persons higher fees. Access to health services must be on an equal basis for all people, regardless of perceived, suspected or actual HIV status.

Refusal to admit a person to a hospital or health care facility and refusal to provide health care or perform health services to a person in a hospital or health care facility on the basis of perceived, suspected or actual HIV status are prohibited acts.

#### **Section 52. Denial of Burial Services**

Subject to the observance of universal precautions as outlined in Sec. 21 of this IRR, any deceased person who was known, suspected or perceived to be HIV positive shall not be denied any kind of decent burial services.

Decent burial services include any ceremonial, burial or cremation practices that conform to culturally acceptable religious beliefs and norms.

Pending the development and implementation of the Guidelines/Manuals/ Protocol stipulated in Rule 3, Sec. 24 of this IRR, the following recommendations on undertaking, embalming and cremation of the remains who died with HIV shall apply:

- a. The remains of persons who died with HIV shall be buried or cremated within 24 hours after the time of death.
- b. No embalming of the remains of persons who died with HIV shall take place except:
- c. When the family requests for embalming provided that the procedure will be done by a licensed embalmer, qualified and previously trained by the National AIDS/STD Prevention and Control Service (NASPCP) on HIV/AIDS and the observance of the practice of universal precautions.
- d. The HIV status of an individual shall not be a consideration in the issuance of permits for the transfer of such remains.

**Section 53. Penalties for Discriminatory Acts and Policies**

All discriminatory acts and policies referred to in Sections 46 to 52 of this IRR and in accordance with RA 8504 shall be punishable with a penalty of:

- a. Imprisonment for six (6) months to four (4) years; and
- b. A fine not exceeding Ten thousand pesos (P10,000.00).

In addition, licenses or permits of schools, hospitals and other institutions found guilty of committing said discriminatory acts and policies shall be revoked.

**RULE 9  
THE PHILIPPINE NATIONAL AIDS COUNCIL**

**Section 54. Establishment**

The Philippine National AIDS Council or PNAC shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. For all intents and purposes, PNAC shall be attached to DOH.

**Section 55. Functions**

The Council shall be the central advisory, planning and policy-making body on the prevention and control of HIV/AIDS in the Philippines. The Council shall have the following functions:

- a. Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of RA 8504. The Council shall likewise ensure that there is adequate coverage of the following:
  1. The institution of a nationwide HIV/AIDS information and education program;
  2. The establishment of a comprehensive HIV/AIDS monitoring system;
  3. The issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;
  4. The provision of accessible and affordable HIV testing and counseling services to those who are in need of it;
  5. The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;
  6. The protection and promotion of the rights of individuals with HIV; and
  7. The strict observance of medical confidentiality.
- b. Monitor the implementation of these rules and regulations, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;

- c. Develop a Strategic Plan and update regularly, through a process of multisectoral consultation, that details a comprehensive national HIV/AIDS prevention and control program. The Plan shall be integrated into the Medium-Term Development Plan. Said Plan shall include indicators and benchmarks against which PNAC shall monitor its implementation;
- d. Coordinate the activities of, and strengthen working relationships between all partners in the response including GO, NGOs, private sectors, academe, media, vulnerable communities and people with HIV;
- e. Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and
- f. Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS. The Council shall facilitate and advocate the provision as well as mobilization and use of technical, financial and logistical support to government agencies and NGOs for the development and implementation of plans, programs and projects for the prevention and control of HIV/AIDS in the Philippines.

#### **Section 56.      Membership and Composition**

The Council shall be composed of the following:

- a. The Secretary of the DOH;
- b. The Secretary of the DECS or his/her representative;
- c. The Chairperson of the CHED or his/her representative;
- d. The Director-General of the TESDA or his/her representative;
- d. The Secretary of the DOLE or his/her representative;
- f. The Secretary of the DSWD or his/her representative;
- g. The Secretary of the DILG or his/her representative;
- h. The Secretary of the DOJ or his/her representative;
- i. The Director-General of the NEDA or his/her representative;
- j. The Secretary of the DOT or his/her representative;
- k. The Secretary of the DBM or his/her representative;
- l. The Secretary of the DFA or his/her representative;
- m. The Head of the PIA or his/her representative;
- n. The President of the League of Governors or his/her representative;
- o. The President of the League of City Mayors or his/her representative;
- e. The Chairperson of the Committee on Health of the Senate of the Philippines or his/her representative;
- q. The Chairperson of the Committee on Health of the House of Representatives or his/her representative;
- r. Two (2) representatives from organizations of medical/health professionals;
- s. Six (6) representatives from non-government organizations involved in HIV/AIDS prevention and control efforts or activities; and
- t. A representative of an organization of People Living with HIV/AIDS.

#### **Section 57.      Appointment and Tenure**

To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor ethics and social services.

All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker respectively.

The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of RA 8504.

Representatives of heads of government agencies shall at least hold a Director-level position.

NGO membership in PNAC shall consider sectoral representation as a factor in its selection. PNAC shall review the sectors to be represented by NGOs every two years. Selection of sectors shall consider the following information:

- a. Epidemiological studies - infections reported by AIDSWATCH and surveillance data;
- b. Socio-behavioral studies - vulnerability of particular population groups; and
- c. Demographic studies - size of population at risk

NGO representatives appointed to PNAC shall be NGOs from the sectors selected. They shall bring the concerns and issues of the sector they represent to PNAC. Where this is not possible, NGOs working with and advocating the concerns and issues of selected sectors shall be eligible to be NGO members of PNAC, as representatives of said sectors.

NGO members to PNAC shall meet the following qualifications:

- a. At least three years experience of working productively for the prevention and control of HIV/AIDS;
- b. Registered with the Securities and Exchange Commission;
- c. HIV/AIDS-related programs and projects are not limited to one region of the country; and
- d. Implement programs/projects that show potential for national replicability

The members representing the medical/health professional groups, non-government organizations and the representative of an organization of PLWHA shall be appointed initially for a period of two years. Subsequently, the said positions shall be filled via a nomination process as follows:

- a. Call for nominations of qualified representatives shall be published by PNAC, allowing a period of one month for the receipt of the nominations;
- b. A Nomination Committee composed of the PNAC Chair, Vice-Chair and three other PNAC members shall review the nominations, rank the nominees and submit its recommendations to PNAC for action;
- c. PNAC shall recommend two (2) nominees per position to the President.

The Secretary of Health shall be the permanent chairperson of the Council. The vice-chairperson shall be elected by the Council members and shall serve for a term of two (2) years.

#### **Section 58. Meetings and Quorum**

The Council shall hold regular meetings at least once every quarter. Special meetings may be convened by the Chairperson outside of the regular meetings as the need arises. The presence of eleven (11) members shall constitute a quorum. In the absence of the Chairperson and the Vice-Chairperson, a presiding officer shall be elected by the majority of the members present.

#### **Section 59. Reports**

All PNAC member agencies shall submit to the Council quarterly progress reports and annual reports of the programs and projects on the prevention and control of HIV/AIDS of their respective agencies or organizations. The Council, in turn, shall consolidate the reports of its member agencies for submission to the President and to both Houses of Congress on an annual basis.

#### **Section 60. Technical Committee**

A Technical Committee shall be formed by PNAC to be composed of representatives from the different member agencies of the Council. This Committee shall facilitate inter- and intra-agency coordination and monitoring of HIV/AIDS policies and programs and support PNAC in its functions

#### **Section 61. Creation of Special HIV/AIDS Prevention & Control Service**

There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service (SHAPCS) which shall be headed by a Director and staffed by qualified medical specialists and support staff with permanent appointments. It shall implement programs on HIV/AIDS prevention and control. In addition it shall also serve as the Secretariat of the Council

### **RULE 10 MISCELLANEOUS PROVISIONS**

#### **Section 62. Rules of Interpretation**

These Implementing Rules and Regulations shall be interpreted in the light of the provisions of the Constitution of the Republic of the Philippines and the declaration of policies under Sec. 2 of the Republic Act 8504.

**Section 63.      Separability Clause**

In the event that any part or provision of these Implementing Rules and Regulations is declared invalid for any reason, the other parts or provisions thereof not affected thereby shall continue to be in force and effect.

**Section 64.      Repealing Clause**

All pertinent laws, Presidential Decrees, Executive Orders, Rules and Regulations which are inconsistent with the provisions of these Implementing Rules and Regulations are hereby repealed, amended or modified accordingly.

**Section 65.      Amendments**

These Implementing Rules and Regulations may be amended, modified or supplemented when necessary for effective implementation and enforcement of RA 8504.

**Section 66.      Effectivity**

These Implementing Rules and Regulations shall take effect fifteen (15) days after its submission to the Office of the National Administrative Register

**Section. 67. Approved in the City of Manila, this thirteenth day of April in the year of Our Lord, nineteen hundred and ninety-nine.**



## Appendix G: DILG Memorandum Circular

84-33 0322/615



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT  
Francisco Gold Condominium II Bldg.  
Edsa cor. Mapagmahal St., Diliman, Quezon City

December 9, 1999

**MEMORANDUM CIRCULAR**  
**NO. 99-233**

**TO : ALL PROVINCIAL GOVERNORS, CITY MAYORS,  
MUNICIPAL MAYORS, DILG REGIONAL DIRECTORS  
AND OTHERS CONCERNED**

**SUBJECT : HIV/AIDS EDUCATION IN COMMUNITIES  
AND RELATED CONCERNS**

Republic Act No. 8504, otherwise known as the **Philippine AIDS Prevention and Control Act of 1998**, particularly Sections 9 and 23 thereof, provides that, quote:

**SEC. 9. HIV/AIDS Education in Communities.-** Local government units, in collaboration with the Department of Health (DOH), shall conduct an educational and information campaign on HIV/AIDS. The provincial governor, city or municipal mayor and the barangay captain shall coordinate such campaign among concerned government agencies, non-government organizations and church-based groups.

**SEC. 23. Community-Based Services.-** Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection, shall provide community-based HIV/AIDS prevention and care services.

HIV/AIDS prevention and control is a shared responsibility between the national and local governments, and for that matter with the

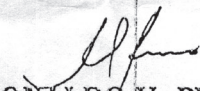


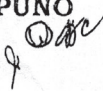
other sectors of society as well. Towards this end, all Local Chief Executives are hereby enjoined to:

1. develop and implement programs or projects in furtherance of the provisions of Republic Act. No.8504 cited above; and
2. cause the enactment of ordinances, where there is none, or review existing ordinances on the matter to ensure their relevance, in support of overall HIV/AIDS prevention and control efforts.

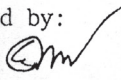
All DILG Regional Directors are likewise hereby directed to cause the widest dissemination of this Memorandum Circular to all local government units within their jurisdictions, and to see to it that the intents of the law and this Department Issuance are accordingly complied with.

For the information and guidance of all concerned.

  
RONALDO V. PUNO

Secretary 

Attested by:

  
EULOGIO "Amang" R. MAGSAYSAY, Ph.D.  
Head Executive Assistant

## Appendix H: DSWD, DOH, DILG Joint Memorandum Circular on Regional AIDS Assistance Team (RAATs)



Republic of the Philippines  
Department of Health  
Department of the Interior and Local Government  
Department of Social Welfare and Development

To: Regional Directors – DILG, DOH, and DSWD

Subject: Guidelines on the Formation and Operation of Regional AIDS Assistance Teams (RAATs)

### 1.0 Purpose

- 1.1 To provide guideline in the formation and operations of Regional AIDS Assistance Teams (RAATs) and;
- 1.2 To strengthen the interface and coordination among DOH, DILG, and DSWD in the complementation of their activities

### 2.0 Statement of Policies

- 2.1 Article VIII, Section 44 of RA 8504 mandates the Philippine National AIDS Council (PNAC) to coordinate the activities of and strengthen working relationships between government and non-government agencies involved in the campaign against HIV and AIDS.
- 2.2 The RAATs was created by virtue of PNAC Resolution No. 3 dated 27 April 2007 to facilitate the development and scaling up of local AIDS responses in the country. RAATs are made up of focal persons from three departments:

#### 2.2.1 Department of the Interior and Local Government (DILG)

The DILG is the primary catalyst for excellence in local governance that nurtures self-reliant, progressive, orderly, safe and globally competitive communities sustained by God-centered and empowered citizenry. It is mandated to promote peace and order, ensure public safety, and further strengthen local government capability aimed towards the effective delivery of basic services to the citizenry.

#### 2.2.2 Department of Health (DOH)

The Department of Health (DOH) is the principal health agency in the Philippines. It is responsible for ensuring access to basic public health services to all Filipinos through the provision of quality health care and regulation of providers of health goods and services.

#### 2.2.3 Department of Social Welfare and Development (DSWD)

The DSWD is mandated to provide assistance to other national government agencies (NGAs), LGUs, NGOs, Pos and other members of civil society in effectively implementing programs, projects and services that will alleviate poverty and empower disadvantaged individuals, families and communities for an improved quality of life as well as implement statutory and specialized programs which are directly lodged with the DSWD and not yet devolved to the local government units.

### 3.0 Definition of Terms

- 3.1 Champions- individuals from government, NGO, civil society, private business, academe, and faith-based organizations who are advocates of HIV and AIDS prevention at the local level that will help the RAATs in strengthening local response and mitigating the negative impacts of HIV and AIDS in their particular locality.
- 3.2 Fourth AIDS Medium Term Plan (AMTP) - blueprint for action in accelerating the country's response to STI/ HIV/ AIDS for 2005 -2010.
- 3.3 Local AIDS Council (LAC) - the body mandated by law to assist their respective Sanggunian in setting the direction on HIV and AIDS-related programs and activities. The Council institutionalizes LGU and NGO partnership at the local level by way of putting in place ordinances, policy, and resources to HIV and AIDS projects and activities
- 3.4 Local response- institutional mechanism at the local level vital in bringing about substantive and sustainable progress in the fight against HIV and AIDS achieved through the establishment of a coordinating body, installing plans, and allocating resources in support of these plans



- 3.5 Philippine National AIDS Council (PNAC)- is the central advisory, planning and policy making body for the comprehensive and integrated HIV and AIDS prevention and control program in the Philippines
- 3.6 RA 8504: The Philippine AIDS Prevention and Control Act of 1998- An Act promulgating policies and prescribing measures for the prevention and control of HIV and AIDS in the Philippines, instituting a nationwide HIV and AIDS information and educational program, establishing a comprehensive HIV and AIDS monitoring system, strengthening the Philippine National AIDS Council, and for other purposes
- 3.7 Regional AIDS Assistance Teams (RAATs) - composed of regional representatives from DILG, DOH, and DSWD to facilitate the development and scaling up of local AIDS responses in the country.
- 3.8 Programs, Projects, and Activities (PPAs)- set of activities as embodied in the Work and Financial Plan.
- 3.9 Work and Financial Plan (WFP) - the document that pertains to the plan formulated by the RAATs, which embodies the vision, sectoral goals, objectives, development strategies and policies in the current year. It contains corresponding Programs, Projects, and Activities which serve as primary inputs to activity programming and subsequent budgeting and implementation of projects.

#### 4.0 Roles and Responsibilities

- 4.1 Pursuant to the 4<sup>th</sup> AMTP which seeks to put in place institutional mechanisms to strengthen the local government capacity to implement a sustained, coordinated, and multisectoral AIDS response, the RAATs shall work towards developing a comprehensive program at all levels of governance to remain responsive to the current and emerging needs, and to effectively utilize strategic partnerships and maximize the overall effectiveness of government-led and community-based interventions.
- 4.2 In addition to their technical support role, the RAATs shall serve as advocates at the local level with the view of gaining commitment and action of leaders from the political and civil society sectors.
  - 4.2.1 In general, the RAATs shall effect the overall administration of the regional team and the complementation of activities between and among DOH, DILG, and DSWD. RAATs should pursue its PPAs in a holistic lens where the point of view of the LGUs is given more priority, and not as separate agencies working only as per their agency mandate.
  - 4.2.2 DILG- responsible in the coordination and provision of technical assistance in support to HIV and AIDS prevention programs through the establishment of local coordinating bodies like the LAC, and to advocate the resource allocation thereof; policy formulation, and enjoining local government officials and functionaries to be compliant to HIV and AIDS-related laws and policies
  - 4.2.3 DSWD- shall ensure that local counterparts are updated with policies, issuances, and psychosocial interventions related to HIV and AIDS especially in the care and support services for persons living with HIV and AIDS and their affected families.
  - 4.2.4 DOH- shall provide general and strategic direction in health-related response to HIV and AIDS through its Infectious Disease Cluster

#### 5.0 Synchronization Procedure

- 5.1 The team shall have the following roles and functions:

- 5.1.1 *Technical Assistance* – provide advisory and professional support services to local counterparts, local government units, and other local stakeholders in building, strengthening, and sustaining local HIV and AIDS responses.
- 5.1.2 *Capacity Building*- conduct activities to equip stakeholders in providing needed local response on HIV and AIDS concerns.
- 5.1.3 *Coordination and Networking*- regularly meet for updates, planning and coordination of activities in order to strengthen roles of local counterparts in addressing issues and concerns in support to their local responses. This shall include support to resource mobilization by identifying and building internal and external networks and partnerships with NGOs, private businesses, faith-based organizations, and media
- 5.1.4 *Information Management*- disseminate updated, accurate, relevant, and comprehensive information including research (e.g. mapping of most-at-risk and vulnerable LGUs in the region that highly need to develop local responses to HIV and AIDS) about national and local epidemic situations to policy-makers, program managers and implementers, and other stakeholders in the LGU.
- 5.1.5 *Advocacy*- identify and support champions from different stakeholders in their region that could help in strengthening local response
- 5.1.6 *Monitoring*- monitor and evaluate respective agency's regional data and situation that could be used by LGUs to tailor its HIV and AIDS response

## 6.0 Operationalization of RAATs

6.1 The team shall be guided by the following operation principles:

- 6.1.1 *Leadership* - The DOH having in place programs on HIV and AIDS prevention and control, shall assume leadership in convening the two other agencies in meetings and coordinating HIV-related activities and initiatives that deem their concerned efforts
- 6.1.2 *Focal Person*- Each agency shall identify a permanent focal person to represent the RAATs
- 6.1.3 *Meetings*- RAATs are expected to meet at least once a month to monitor progress and work on issues and concerns in the implementation of PPAs
- 6.1.4 *Planning and Budgeting*- The RAATs shall harmonize its activities with the local planning and budgeting process in order to mainstream HIV and AIDS PPAs
- 6.1.5 *Implementation*- The RAATs shall work closely with local counterparts and the LGUs, and report to national counterpart thereafter
- 6.1.6 *Reporting*- Reports of activities by the three agencies shall be submitted to their respective national agencies
- 6.1.7 *Monitoring and Evaluation*- The RAATs shall follow PNAC's standard procedures for review, reporting, monitoring, and evaluation to ensure that the program results correspond to the agreed global and national frameworks and priorities.
- 6.1.8 *Information and knowledge management*- RAATs shall disseminate updated, accurate, relevant and comprehensive information including research related national and local epidemic situation to policy makers, program managers/ implementers and other stakeholders in the LGU. Information should be closely guided in coordination with PNAC before dissemination.

## 7.0 Resource Support

7.1 Institutional capacity of RAATs to sustain response to HIV and AIDS must be strengthened and supported by:

- 7.1.1 Providing RAATs focal persons with needed technical and logistical support in the exercise of their roles and responsibilities by their respective agencies.

## 8.0 Suppletory Effect

The contents and specific provisions of RA 8504 and all other documents cited in this circular that are consistent, supportive, and complementary to the provisions stated herein shall become part and parcel of this Joint Memorandum Circular.

## 9.0 Separability Clause


If any clause, sentence, or provision of this Joint Memorandum Circular shall be invalid or unconstitutional, its remaining parts shall not be affected thereby.


## 10.0 Repealing Clause

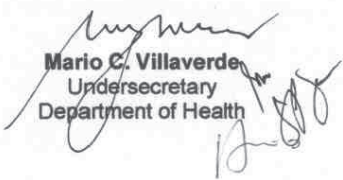
All orders, rules and regulations inconsistent or contrary to the provisions of this Joint Memorandum Circular are hereby repealed or modified accordingly.

## 11.0 Effectivity

This Joint Memorandum Circular shall take effect immediately.

  
**Austere A. Panadero**  
Undersecretary for Local Government  
Department of the Interior and  
Local Government

  
**Alicia A. Bala**  
Undersecretary  
Department of Social Welfare and  
Development

  
**Mario C. Villaverde**  
Undersecretary  
Department of Health

## **Appendix I: Olongapo City Ordinance on Local AIDS Council**

**16 June 2005  
ORDINANCE NO. 37  
(Series of 2005)**

### **AN ORDINANCE PROMULGATING POLICIES AND MEASURES FOR THE PREVENTION AND CONTROL OF HIV/AIDS/STD IN OLONGAPO CITY, CREATING THE OLONGAPO CITY AIDS COUNCIL AND PROVIDING FOR ITS POWERS AND FUNCTIONS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF AND FOR OTHER PURPOSES.**

BE IT ORDAINED, BY THE SANGGUNIANG PANLUNGSOD IN SESSION ASSEMBLED, THAT:

#### **ARTICLE I TITLE OF THE ORDINANCE**

SECTION 1. Short Title- This Ordinance shall be known as the Olongapo City HIV/AIDS/STD Prevention and Control 2005.

#### **ARTICLE II DECLARATION OF POLICIES**

SECTION 2. Declaration of Policies and Principles. Acquired Immune Deficiency Syndrome (AIDS) is a disease/condition that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong state of action today, thus, the City Government of Olongapo shall adhere to the following international, national and local policies and principles:

SECTION 2.a. ARTICLE 3, of the United Nations Convention of the Elimination of All Forms of Discrimination Against Women (UNCEDAW) states the obligations of the state to take all appropriate measures to ensure the full development and advancement for women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on the basis of equality with men;

SECTION 2.b. ITEM C, Women and Health of Strategic Objectives and Actions of THE BEIJING DECLARATION AND PLATFORM FOR ACTION which was adopted by the United Nations of the Fourth World Conference on Women in Beijing, China, our country, being a signatory, committed to:

Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services;  
Strengthen preventive programs that promote women's health;  
Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues;  
Promote research and disseminate information on women's health;  
Increase resources and monitor follow-up for women's health.

SECTION 2.c. ITEM D, Violence Against Women (VAW) of the Strategic Objectives and Actions of THE BEIJING DECLARATION AND PLATFORM FOR ACTION, our government is committed to:

Study the causes and consequences of violence against women and effectiveness of preventive measures;  
Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking.

SECTION 2.d. ARTICLE 34, United Nations Convention on the Rights of the Child (CRC) provides that the state shall protect children from sexual exploitation and abuse, including prostitution and involved in pornography;

SECTION 2.e. ARTICLE II, SECTION 10, of the 1987 Philippine Constitution states that "The state values the dignity of every human person and guarantees full respect for human rights";



SECTION 2.f. ARTICLE II, SECTION 14, of the 1987 Philippine Constitution states that “The state recognizes the role of women in nation building, and shall ensure the fundamental equality before the law of women and men”;

SECTION 2.g. SECTION 15, of the 1987 Philippine Constitution states “The state shall promote the right to health of the people and instill health consciousness among them”;

SECTION 2.h. ARTICLE II, SECTION 18, of the 1987 Philippine Constitution states that “The state affirms labor as primary social economic force. It shall protect the rights of workers and promote their welfare”;

SECTION 2.i. ARTICLE II, SECTION 20, of the 1987 Philippine Constitution states that “The state recognizes the indispensable role of the private sector, encourages private enterprise, and provides incentives to needed investment”;

SECTION 2.j. ARTICLE II, SECTION 23, of the 1987 Philippine Constitution states that “The state encourages non-governmental, community-based, sectoral organizations that promote the welfare of the nation”;

SECTION 2.k. ARTICLE II, SECTION 25, of the 1987 Philippine Constitution states that “The state shall ensure the autonomy of local government”;

SECTION 2.l. REPUBLIC ACT NO. 8504 known as “An Act Promulgating and Preventing Measures for the Prevention and Control of HIV/AIDS in the Philippines” was enacted declaring the following policies:

a. The state shall promote public awareness about the causes, modes of transmission, consequences, means of prevention, citywide education and information, and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve individuals and groups who are concern with regulation and prevention of HIV/AIDS;

b. The state shall extend to every person suspected or known to be infected with HIV/AIDS full protection, on his/her human rights and civil liberties. Towards this end:

compulsory HIV testing shall be discouraged unless otherwise provided in this ordinance;

the right to privacy of individuals with HIV shall be guaranteed;

discrimination in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual’s interest; and

provision of basic health and social services for individuals with HIV shall be assured.

c. The state shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission;

d. The state shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection. including but not limited to poverty, gender, inequality, prostitution, marginalization, drug abuse and ignorance;

e. The state shall recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

SECTION 2.m. PRESIDENTIAL EXECUTION ORDER NO. 273, approved and adopted the Philippine Plan for General-Responsive Development (1995-2025), directs all government agencies at the national, regional and local levels to take appropriate steps to ensure the policies, programs, projects and strategies outlined thereat;

SECTION 2.n. ITEM 3, Policies and strategies, Policy Advocacy and Legal Forms of the Philippine Plan for General Responsive Development (PPGD) states that “women and children should no longer be arrested or fined like criminals” (ESCAP, 1991:57). Decriminalization of the prostituted should go hand in hand with apprehension and prosecution of agents, recruiters, traffickers, pimps, procurers, establishment owners, customers and others who derive sexual gratification, financial gain and advancement, or any other benefit from prostitution of others. Decriminalization means the abolition of sexist discrimination in general and removing the culpability and criminality which the law places specifically on women prostitutes”;

SECTION 2.o. It is a declared policy of the city government to promote the welfare and well-being of the general public;

SECTION 2.p. The city government is responsible to educate the community in preventing the spread of HIV and other sexually transmitted diseases;

SECTION 2.q. It is the responsibility of the city government to provide assistance to the local individuals and their families affected by STD/HIV/AIDS;

SECTION 2.r. The City of Olongapo recognizes the fact that prostitution is a growing social menace in the society;

SECTION 2.s. Recognition of the efforts of various non-government organizations who supported and lobbied which lead to the passage of this ordinance;

SECTION 2.t. In compliance with the provisions of the Constitution, Republic Act No. 8504, and other existing international, national and local laws and directives, efforts should be made by the city government to enact policies and measures that will ensure the promotion of the right to health and protection of its constituents from any health and social ills that will hamper their full development;

### **ARTICLE III DEFINITION OF TERMS**

SECTION 3. Definition of Terms - As used in the Ordinance, the following terms are defined as follows:

- (a) “Acquired Immune Deficiency Syndrome (AIDS)”- shall mean a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body’s immune system, making the afflicted individual susceptible to other life threatening infections.
- (b) Condom- shall mean a device use to prevent the transmission of HIV/AIDS/STD.
- (c) Decriminalize- shall mean to eliminate criminal penalties for possession or use of as defined on Section 2.m of Article II of this ordinance.
- (d) Entertainment Establishment’s policies- shall refer to the statement of provisions of work and benefits of entertainers/employees.
- (e) Floor Manager- refers to an individual who supervises the activities of the entertainers.
- (f) “Human Immunodeficiency Virus (HIV)”- refers to the virus which causes AIDS.
- (g) “HIV/AIDS Prevention and Control”- refers to measures aimed at protecting non infected persons from contracting HIV and minimizing the impact of the condition of People Living with HIV.
- (h) “Person living with HIV: - refers to an individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.
- (i) Operator- refers to any natural or juridical person/s who or which is/are granted permit / license to operate an entertainment establishment.
- (j) Lewd- inclines to characterized by or inciting to lust or lechery; obscene or indecent; low or vulgar or shall mean in accordance with Offenses Against Decency and Good Customs of Article 201 of the Revised Penal Code.
- (k) Manager- refers to an individual who has the direct control and supervision of the employees working within the establishment; their other job descriptions shall be defined by their employers.
- (l) Entertainer- shall mean a person who is employed in an entertainment establishment who renders entertainment service to customers, such as GROs, dancers, masseurs, cocktail waitresses and other similar occupation.
- (m) Information Dissemination- refers to the process of relaying the policies, manner of prevention, causes and sources of infection of STD/HIV/AIDS to all persons, operators and workers in the entertainment industry.
- (n) Illegal Entertainment- refers to entertainment establishment which operates without business permit.
- (o) Entertainment Establishments- are business establishments which include but not limited to the following: bars, night clubs, disco houses, beer houses, cocktail lounges, massage clinics, karaoke bars/sing-along pub houses and other similar establishments which secured a permit to operate within Olongapo City.
- (p) Information Material- shall mean any written and/or printed material, which educates the public.
- (q) Medical Practitioners- licensed Doctor of Medicine engaged in health work in hospitals, clinics, sanitarium, health stations, barangay health centers and the like.
- (r) Employee- includes any person in the employ of an employer.

- (s) Minor- a person who is below eighteen (18) years of age or those who are unable to fully take care of themselves or protect themselves because of a physical or mental disability or condition.
- (t) Reproductive Health- As defined in the Cairo International Conference on Population and Development and the World Health Organization and affirmed during the Beijing Conference of the United Nations, “reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters relating to the reproductive system and its functions and processes”, i.e. people are able to have a satisfying and safe life and have the capability to reproduce and the freedom to decide, when and how to do so.

## **ARTICLE IV FUNCTIONS AND POWERS OF THE OLONGAPO CITY AIDS COUNCIL**

### **SECTION 4. Functions and Powers of the Olongapo City AIDS Council.**

**SECTION 4.1** Composition of the Olongapo City AIDS Council. The Olongapo City AIDS Council shall be composed of multi-sectoral/heads from the city government:

City Mayor - Honorary Chair  
 City Council Chairman of the Committee – Chair on Health  
 City Health Officer - Co-Chair  
 City Council Chairman of the Committee – Member on Women  
 Chief of the Hospital, JLGMMH - Member  
 HACT – JLGMMH - Member  
 City Schools Superintendent DepEd – Member  
 Tertiary Education Representative - Member  
 Religious Sector Representative - Member  
 Women’s Desk Head - Member  
 City Social Welfare Officer - Member  
 UBSP Programme Officer - Member  
 DOH Representative - Member  
 Business Sector Representative - Member  
 Gay Club Representative - Member  
 Reproductive Health Wellness Center Head - Member

**SECTION 4.2.** Powers and Functions of the Council – the Olongapo city AIDS Council shall have the following powers and functions:

**SECTION 4.2a.** Formulate Policies and strategies for the prevention and control of HIV/AIDS/STD with Olongapo City;

**SECTION 4.2b.** Prepare short term, medium term and long term plans for the prevention and control of HIV/AIDS/STD;

**SECTION 4.2c.** Identify and prepare remedies to problems in program coordination, gaps in policy guidelines and enhance local multi-sectoral response to HIV/AIDS/STD concern;

**SECTION 4.2d.** Initiate skills training advocacy programs, and develop strategies to benefit the people with high-risk sexual behavior, to STD;

**SECTION 4.2e.** Conduct a yearly seminar in all education institution with a tertiary level, and all modules or educational materials produced by them shall be approved by the parents-teachers organizations;

**SECTION 4.2f.** Recommend to the Sangguniang Panlungsod enactment of laws that shall control and prevent the spread of HIV/STD/AIDS;

**SECTION 4.2g.** Conduct studies as to causes of HIV/STD/AIDS incidence in Olongapo City;

**SECTION 4.2h.** Shall ensure that education and information activities on Reproductive Health, HIV/AIDS/STD prevention shall reach the different communities;



SECTION 4.2i. The AIDS Council Shall recommend the closure of any establishment found violating the prohibited acts as mentioned under Article VIII of the Ordinance;

SECTION 4.2j. Secretariat of the Olongapo City AIDS Council. The Secretariat shall be the Reproductive Health and Wellness center (PHWC) which can jointly work in partnership with an accredited NGO or institution.

## **ARTICLE V DECLARATION OF AIDS AWARENESS MONTH**

SECTION 5. AIDS Awareness Month. The Celebration of AIDS Awareness Month shall be part of the year-long activities of the City.

SECTION 5.1. Declaration of the AIDS Awareness Month. The months of December and May are hereby declared as AIDS awareness months to coincide with the commemoration day for People Living with HIV/AIDS and the International Day of Action on Women's Health. AIDS awareness should culminate on the month of December being the World AIDS prevention month;

SECTION 5.2. Advocacy Program for the AIDS Awareness Month. There shall be an advocacy program for the whole month of December for the dissemination of information for the prevention and control of AIDS.

## **ARTICLE VI FUNCTIONS OF THE REPRODUCTIVE HEALTH AND WELLNESS CENTER (RHWC)**

SECTION 6. Renaming of the Social Hygiene Clinic to Reproductive Health and Wellness Center (RHWC) and providing its functions. The RHWC shall function, but not limited to the following:

SECTION 6.a. Shall provide reproductive health care services;

SECTION 6.b. Shall provide education and information dissemination activities on the promotion of reproductive health, prevention and control of HIV/AIDS and STD;

SECTION 6.c. Case management of clienteles for various necessary information;

SECTION 6.d. Shall provide reintegration and renewal program for entertainers and other person who have practiced high risk sexual behavior, livelihood programs, counseling and crisis intervention, training, organizing and other needs of their clientele;

SECTION 6.e. Shall monitor and evaluate cases handled;

SECTION 6.f. Shall coordinate with other agencies of the city government for referral of cases and provision of other health care services and other needs of its clienteles like livelihood projects, alternative home, scholarship and other agencies;

SECTION 6.g. Minors shall be referred to concerned agencies (GOs and NGOs) for further assistance;

SECTION 6.h. Shall conduct HIV Antibody Test for the entertainers and those with similar occupation in a voluntary, regular basis. Further, pre and posttest counseling shall likewise be administered before any examination may be considered;

SECTION 6.i. RENAMING OF PRO-BOOK. The pro-book is likewise hereby renamed as Health Card.

## **ARTICLE VII RULES AND REGULATION FOR THE PREVENTION OF HIV/AIDS/STD**

SECTION 7. Rules and Regulations for the Prevention of HIV/AIDS/STD. It shall be required to an individual, group or establishment concerned to abide with the following rules and regulations:

SECTION 7.a. RULES REGARDING COMPULSORY AIDS/STD EDUCATION. It shall be mandatory/compulsory for all operators and /or managers and entertainers of an entertainment establishment to attend seminar on AIDS/HIV/STD prevention conducted semi-annually by any of the agencies such as RHWC,

Olongapo City AIDS Council, and NGO's accredited by the City government, otherwise, no permit to operate shall be granted to said registered entertainment establishment for violation thereof;

SECTION 7.b. REQUIREMENT FOR THE ISSUANCE OF PERMIT TO OPERATE. No establishment shall be allowed to operate unless a certificate of attendance to all its employees has been issued in compliance with Section 11 of Article VII;

SECTION 7.c. PEER EDUCATOR REQUIRED. It shall be required to all entertainment establishments to train at least one (1) peer educator, however, this provision shall take effect only one (1) year after the effectivity of this ordinance, otherwise, no permit to operate shall be issued in its behalf;

SECTION 7.d. AVAILABILITY OF CONDOMS AND OTHER INFORMATION MATERIAL FOR THE PREVENTION OF HIV/STD SHALL BE AVAILABLE IN ALL ENTERTAINMENT ESTABLISHMENTS INCLUDING HOTELS, MOTELS, LODGING HOUSES, SAUNA AND OTHERS;

SECTION 7.e. THE AVAILABILITY OF CONDOMS. It shall be required that all Entertainment Establishments, hotels, motels, lodging, houses, sauna and others to make condoms available within their establishments and provide guidance on the correct and consistent use of the same;

SECTION 7.f. INFORMATION MATERIAL. It shall be required that all Entertainment Establishments, hotels, motels, lodging houses, sauna and others to make information materials on HIV/AIDS/ and STD prevention and control available within the establishments and to provide such information materials when requested by customers especially on the guidance on the correct and consistent use of condom;

SECTION 7.g. THE VISIBILITY OF POSTERS and other INFORMATION MATERIALS. All entertainment establishments, hotels, motels, lodging houses, sauna and others are required to make their posters visible within their premises particularly located in comfort rooms and dressing rooms;

SECTION 7.h. CONDUCT OF MEDICAL EXAMINATION OF ENTERTAINERS AND OTHERS WITH SIMILAR OCCUPATION. All entertainers and others with similar occupation shall undergo a weekly medical examination (Gram Staining) to be conducted in a regular basis by the RHWC;

SECTION 7.i. ATTENDANCE TO SEMINARS. No entertainment establishment shall be given license or permit to operate unless the operator or entertainer shall have attended the seminar as required by this ordinance and an approved module to this effect shall be approved by the AIDS Council and RHWC for the uniformity of the implementation;

SECTION 7.j. NEWLY REGISTERED ENTERTAINMENT ESTABLISHMENT. It shall further be mandatory to all operators/managers and supervisors of a newly registered entertainment establishment to attend seminars and to secure a certificate of attendance before it can be issued a license to operate;

SECTION 7.k. AGENCIES TASKED TO CONDUCT SEMINARS and MONITORING ACTIVITIES. The RHWC, Olongapo City AIDS Council, and NGOs accredited by the City Government including the AIDS Society of the Philippines, Inc. (ASP) are hereby tasked to conduct seminars on Reproductive Health, HIV/AIDS and STD semi-annually and to make themselves accessible and available for seminar purposes to such operators and / managers and entertainers and other person who may need such services. They shall monitor from time to time the compliance to Section II of this ordinance and monitoring shall include inspection of proof of certificate of attendance of operators and/or managers and entertainers through attendance sheet;

SECTION 7.l. ELIMINATION OF SOCIAL STIGMA. All the activities to be undertaken for the prevention and control of HIV/AIDS should be addressed towards both men and women. Women's and children's vulnerability to HIV/AIDS/STD infection based on their reproductive and psychological attributes should be highlighted;

SECTION 7.m. SUBMISSION OF POLICIES. It shall be compulsory for all operators and/ or managers of entertainment establishments to provide the city government and the entertainers copies of the entertainment establishment policies in accordance with labor laws and other related national and local policies;

SECTION 7.n. CONCERNING BIRTH CERTIFICATES AND OTHER LEGAL DOCUMENTS. All applicants seeking employment in entertainment establishments shall submit an application for working permit at the Permit and Licensing Office. As prerequisite to approval of said permit, he/she must present a certified original copy of

the birth certificate. Said Office shall then process the request with corresponding line agencies concerned upon payment of processing fee;

SECTION 7.o. COMPILATION OF ROSTER OF ENTERTAINERS/EMPLOYEES. The RHWC shall maintain a regular compilation of all entertainers and employees (master list) particularly indicating their ages and respective establishment where they are employed;

SECTION 7.p. CLEARANCE FOR TRANSFER. It shall be compulsory for any entertainer to secure health clearance from the RHWC before transferring from one establishment to another within the city.

## **ARTICLE VIII PROHIBITED ACTS**

SECTION 8. PROHIBITED ACTS IN ENTERTAINMENT ESTABLISHMENTS. No entertainment establishment shall practice any of the following prohibited acts:

SECTION 8.a. Offering entertainment that appeals exclusively to the prurient interests of people and must be in accordance with the entertainment for the public and general patronage as provided by the Revised Penal Code;

SECTION 8.b. Allowing presentation of lewd shows and other entertainment activities that violate gender sensitive accepted standards offensive to morals, decency, and obscenity;

SECTION 8.c. Provides facilities such as private entertainment rooms with looks from the inside and outside glass, partition/walls that are non-transparent or with any form of obstruction from the public view that facilitates the practice of illegal activities such as prostitution, use of illegal drugs, acts of lasciviousness and other illegal acts that violates women's right. Establishments are allowed to put a three (3) feet based partition six (6) months to comply upon passage of this ordinance;

SECTION 8.d. Tolerating the activities of pimps or any person soliciting money for sexual favors;

SECTION 8.e. Any patron, pimp, manager or operator, government official/employee or any person caught watching or participating in anyway during the conduct or showing of a lewd show shall be likewise penalized;

SECTION 8.f. No public official or government enforcement officer shall be allowed to apprehend the woman and children found within an entertainment establishment, otherwise, such act shall be penalized in this ordinance;

SECTION 8.g. No operator/owner/manager can dismiss or penalize an entertainer by reason of rejection of a client;

SECTION 8.h. Any person who shall insist to stay in an entertainment establishment when he has been requested to leave by reason of exhibiting behavior contrary to public norms maybe penalized under this ordinance;

SECTION 8.i. No entertainment establishment can refuse entry to an unescorted lady/woman;

SECTION 8.j. Any person who shall falsify the certificate of attendance shall be penalized in this ordinance;

SECTION 8.k. No person shall make any monetary / financial collection or other form with material value except for payment of duly authorized membership dues of accredited organization;

SECTION 8.l. No police officer or any officer in charge in the enforcement of any law can arrest any minor or women on mere suspicion that they engaged in solicitation of money for sexual favors or vagrancy unless they have proven otherwise;

SECTION 8.m. PROHIBITION AGAINST MEDICAL MALPRACTICE. No medical practitioner or other staff assisting or directly providing medical services /exams to clientele shall be insensitive and/ or inhumane in their treatment of said patients. Clientele should be made aware of their rights to file charges for abuses committed against them;

SECTION 8.n. PROHIBITION AGAINST HIRING OF MINORS. No entertainment establishment shall be allowed to hire any minor;

SECTION 8.o. REGULATION CONCERNING MINOR WITHIN AND NEAR THE VICINITY OF AN ENTERTAINMENT ESTABLISHMENT;

SECTION 8.p. No minor shall be allowed to enter the entertainment establishment, and when a minor is found violating this provision, his/her parents shall be liable for such offense;

SECTION 8.q. All minors shall be prohibited within and five (5) meters away from an entertainment establishments, unless accompanied by a parent, relative or a person of the age of the majority;

SECTION 8.r. Any parent found neglecting his/her parental authority and as a consequence, a minor is found violating this ordinance, the parents shall be charged and not the minor;

SECTION 8.s. PROHIBITION AGAINST DIVULGING OF CONFIDENTIAL INFORMATION OF PEOPLE LIVING WITH HIV/AIDS/STD. Any person working in the government or any NGO who shall have access to confidential information acquired by reason of his/her position in the implementation of this ordinance, and who shall divulge the same to the public shall be prohibited.

## **ARTICLE IX PENALTY PROVISION**

SECTION 9. Any person found guilty of violating all the provisions of Articles VII and VIII of this ordinance shall be meted with the following penalties:

SECTION 9.a. First Offense – to pay a fine P2,000.00 and/or an imprisonment of one (1) month;

SECTION 9.b. Second Offense – to pay a fine of P3,000.00 and/or imprisonment of three (3) months;

SECTION 9.c. Third Offense – to pay fine of P5,000.00 and/or imprisonment of six (6) months and / or permanent closure of establishments;

SECTION 9.d. Any government officer found guilty violating any Sections of this Ordinance shall be charged administratively against graft and corruption practice and shall pay a fine P5,000.00 and imprisonment of one year.

## **ARTICLE X IMPLEMENTATION AND MONITORING**

SECTION 10. Implementation and Monitoring.

SECTION 10.a. Implementing and Monitoring Agencies. The following city government offices and private agencies are tasked to coordinate in the strict compliance and enforcement of this ordinance:

City Health Office  
License and Permit Division  
AIDS Council  
Olongapo City Police Office – Women’s Desk  
Gender Development office / Council  
Social Welfare and Development Office  
AIDS Task Force

SECTION 10.b. AIDS TASK FORCE. This refers to the group of individuals appointed by the city mayor which shall function as the agency which conduct HIV testing surveillance and Counseling. It shall conduct regular HIV/STD surveillance activities and testing;

SECTION 10.c. POLICE WOMEN’S DESK. The PNP Women’s Desk is tasked to file all corresponding violation on the prohibited acts of this ordinance.

## **ARTICLE XI APPROPRIATION**

SECTION 11. Appropriation. An amount equivalent to 10% of the GAD fund (which is 5% of the General Fund of the city) shall be appropriated to fund the project mentioned in this ordinance, provided further that at least 30% thereof shall be used to purchase medicines for the treatment of sexually transmitted diseases (STD). Revenues derived from smear test, business tax and related tax collected from the entertainment industry shall be solely allocated for the use of the RHWC.

## **ARTICLE XII FINAL PROVISION**

SECTION 12. Final Provisions.

SECTION 12.a. Separability Clause. If for any reason, any section or provision of this ordinance is declared unconstitutional or invalid, the other sections or provisions hereof which are not affected thereby shall continue to be in full force and effect;

SECTION 12.b. Repealing Clause. All ordinance, local issuances or rules inconsistent with the provisions of this ordinance are hereby repealed or modified accordingly;  
Con't. of Ordinance No. 37 Series of 2005.

SECTION 12.c. Effectivity Clause. This Ordinance shall take effect immediately upon approval and posting in 3 conspicuous places in the city;

SECTION 12.d. Let copies of this ordinance be furnished the AIDS Society of the Philippines and the Olongapo City AIDS Council, Inc. for their information and record.

APPROVED UNANIMOUSLY, May 25, 2005.

Original Signed:

ROLEN C. PAULINO  
City Vice Mayor & Presiding Officer  
(On Leave)

NOEL Y. ATIENZA CYNTHIA G. CAJUDO  
Temporary Vice Mayor & Presiding Officer City Councilor

TEODORO D. DEL ROSARIO BELLA P. ASUNCION  
City Councilor City Councilor

MAREY BETH D. MARZAN ANGELINA B. ANDRADA  
City Councilor City Councilor

BRIAN PATRICK H. GORDON ANSELMO A. AQUINO  
City Councilor City Councilor  
dovetail

EDWIN J. PIANO GINA G. PEREZ  
City Councilor City Councilor

NAPOLEON F. CAPISTRANO ROBINE ROSE C. BUENAFE

President, Liga ng mga Barangay SK Federation President

ATTEST:

ELFLIDA S. SALMON  
Council Secretary

APPROVED BY HIS HONOR, THE CITY MAYOR \_\_\_\_\_.

JAMES GORDON, JR.  
City Mayor  
ATTEST:

DELFIN A. JUICO, JR.  
Secretary to the City Mayor

## Appendix J: Directory Of Resources For STI, HIV and AIDS

Organization	Address and Contact Information	Contact Person
<b>AIDS Study Group and Men's Health Study Group</b>	National Institutes of Health University of the Philippines, Manila G/F NIH Building, Pedro Gil Street, Ermita Manila Tel: (02) 5247571	<b>Prof. Laufred I. Hernandez</b> Mobile: (0920) 953-2236 E-mail: <a href="mailto:laufred2000@yahoo.com">laufred2000@yahoo.com</a>
<b>Action for Health Initiatives (ACHIEVE)</b>	162-A Sct. Fuentebella Ext., Brgy. Sacred Heart, Q.C. Telefax: (02) 426-6147/ (02) 414-6130	<b>Maria Lourdes S. Marin</b> Executive Director
<b>AIDS Society of the Philippines (ASP)</b>	Address: 2/F OTM Building, 71 Scout Tuazon St., South Triangle, Quezon City Tel: (02) 376-2541/ 42 / 45 Fax: (02) 376-2546 / 410-0204	<b>Jose Narciso Melchor C. Sescon, MD</b> -President
<b>ALTERNATIVE LAW RESEARCH &amp; DEVELOPMENT CENTER, INC. (ALTERLAW)</b>	Address: 19 Ma. Elena St., Hayville, Project 6, Quezon City 1100 Telephone Number: (63)(2) 929-5489 / 455-1319	<b>Atty. Gilda E. Guellermo</b> Executive Director
<b>AMERICAN CHAMBER FOUNDATION PHILIPPINES INC.</b>	Address: 4554 Casino cor Duvaner st., Brgy Palanan, Makati Telephone Number: (63)(2) 834-0184/ 551-8060 Fax Number: (63)(2) 834-1192	<b>Ms. Nadia Carlos</b> - Executive Director
<b>ASIA ACTS AGAINST CHILD TRAFFICING (ASIA ACTS)</b>	Address: Rm. 224 LTM Bldg., Luzon Ave., Quezon City Telephone Number: (632) 952-9982 Fax Number: (632) (632) 952-0280	<b>Ms. Amihan Abueva</b> Regional Coordinator
<b>CARITAS MANILA, INC</b>	Address: 2002 Jesus St., Pandacan, Manila 1011 Telephone Number: (63)(2) 563-9309 Fax Number: (63)(2) 563-9308	<b>Rev. Father Anton C.T. Pascual</b> Executive Director
<b>CATHOLIC RELIEF SERVICES (CRS) - USCC</b>	Address: CBCP Building, 470 Gen. Luna St., Intramuros, Manila 1002 Telephone Number: (63)(2) 527-8331 to 35 Fax Number: (63)(2) 527-4140	<b>Ms. Milagros Lasquety</b> Health Program Manager
<b>CENTER FOR MULTIDISCIPLINARY STUDIES ON HEALTH AND DEVELOPMENT (CEMSHAD)</b>	Address: A7C Bldg. 570-A Padre Faura St., Ermita Manila 1000 Telephone Number: (63)(2) 526-9165 telefax	<b>Prof. Nymia P. Simbulan</b> - President <b>Dr. Reynaldo H. Imperial</b> Executive Director
<b>CHILDREN'S FUND, INC. (CF)</b>	Address: 8th Floor Strata 100 Bldg., Emerald Ave., Ortigas Center, Pasig City 1605 Telephone Number: (63)(2) 631-1575 to 78 Fax Number: (63)(2) 631-2813	<b>Ms. Anna Maria Locsin</b> National Director
<b>COMMUNITY AND FAMILY SERVICES INTERNATIONAL (CFSI)</b>	Address: 2/F Torres Bldg., 2442 Park Ave., Pasay City 1300 Telephone Number: (63)(2) 510-1043 (632) 510-1040 / 46; Fax Number: (63)(2) 551-2225	<b>Mr. Steven Muncy</b> Executive Director
<b>CONTROL OF IV/AIDS/STD PARTNERSHIP PROJECT IN ASIA REGION (CHASPPAR)</b>	Address: U.P. Manila, College of Public Health Rm. 210M, 625 P. Gil St. Ermita, Manila 1000 Telephone Number: (63)(2) 521-1390 telefax	<b>Dr. Sandra Tempongko</b> Project Coordinator
<b>DEVELOPMENT CONCEPT, INC. (DEVCON)</b>	Address: 9 Lalaine Bennet cor. Aurora Pijuan Sts., BF Resort, Las Piñas City 1704 Telephone Number: (63)(2) 871-0877 telefax	<b>Ms. Senena G. Martinez</b> Executive Director
<b>DKT PHILIPPINES, INC.</b>	Philippine Social Marketing Programs Address: Suite 801, The Linden Suites # 37 San Miguel Ave., Ortigas Center, Pasig City 1600 Telephone Number: (63)(2) 687- 5567 Fax Number: (63)(2) 631-1652	<b>Mr. Terry L. Scott</b> – Country Director <b>Dr. Carlos L. Calica</b> - NGO-GO Affairs



Organization	Address and Contact Information	Contact Person
ENGENDERHEALTH	Address: Unit 803 Diplomat Condominium, Roxas Blvd. Cor. Rusell Ave., Pasay City 1300 Telephone Number: (63)(2) 551-6024 to 26 Fax Number: (63)(2) 832-31568	<b>Dr. Loreto B. Roquero, Jr.</b> Country Program Manager
END CHILD PROSTITUTION, CHILD PORNOGRAPHY AND THE TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES - INTERNATIONAL YOUNG PEOPLE'S PARTICIPATION PROJECT (ECPAT-ITPP)	Address: c/o ECPAT V. Luna Road Extension, Sikatuna Village , 1101 Quezon City Telephone Number: (632) 925-2804 Fax Number: (632) 433-1150	<b>Ms. Dolores Alforte</b> Executive Director
FAMILY PLANNING ORGANIZATION OF THE PHILIPPINES, INC. (FPOP)	Address: 50 Doña M. Hemady St., New Manila, Quezon City 1112 Telephone Number: (63)(2) 721-7101 / 722-6466 / 721-7302; Fax Number: (63)(2) 721-4067	<b>Atty. Rhodora M. Roy-Raterta</b> Executive Director
FOUNDATION FOR ADOLESCENT DEVELOPMENT, INC. (FAD)	Address: 1037 R. Hidalgo St., Quiapo, Manila Telephone Number: (63)(2) 734-1788	<b>Ms. Cecilia C. Villa</b> Executive Director
FRIENDLYCARE FOUNDATION, INC.	Address: 710 Shaw Blvd., Mandaluyong City Telephone Number: (63)(2) 722-2968/ 722-2993 Fax Number: (63) (2) 718-2869 Website: www.friendlycare.com.ph	<b>Ms. Leni V. Questa</b> President
GABRIEL MEDICAL ASSISTANCE GROUP (GMAG)	Address: c/o RONN Carmel Hospital, 115 M. Ponce St., Caloocan City 1400 Telephone Number: (63)(2) 363-2775 / 363-2789	<b>Dr. Carolina Gabriel</b> Executive Director
GABRIELA National Alliance of Women's Organization in the Philippines	Address: 35 Sct. Delgado St., Bgy. Laging Handa, Roxas District, Quezon City 1103 Telephone Number: (63)(2) 371-2302 / 374-3451 Fax number: (63)(2) 374-4423	<b>Ms. Jovita Mataro-Montes</b> Director, Women's Rights Department
GLOBAL ACTION FOR DEVELOPMENT (GAD)	Address: 288 Unit Concepcion Apartment, Concepcion St., San Joaquin, Pasig City 1600 Telephone number: (63)(2) 627-0001 telefax	<b>Ms. Feliciano E. Eraldo</b> CEO
GRASSROOTS WOMEN'S EMPOWERMENT CENTER, INC.	Address: 110 T. Jacinto St., 12th Avenue Ext. Caloocan City Telephone number: (63)(2) 366-7479 Fax number: (63)(2) 928-1980 telefax	<b>Ms. Emelita P. Salamanca</b> Executive Director
HARNESSING SELF- RELIANT INITIATIVES AND KNOWLEDGE, (HASIK) INC	Address: Rm. 142, Alumni Center Magsaysay Avenue, University of the Philippines, Diliman, Quezon City 1101 Telephone Number: (63)(2) 925-2102 Fax Number: (63)(2) 925-6026	<b>Ms. Maricris R. Valte</b> Executive Trustee  <b>Ms. Mina T. Malabed</b> Manager Director
HEALTH ACTION INFORMATION NETWORK (HAIN)	Address: 26 Sampaguita Avenue Mayapa Village II, Barangay Holy Spirit, Quezon City 1127 Telephone Number: (63)(2) 952-6312 Fax Number: (63)(2) 952-6409 telefax	<b>Dr. Edelina de la Paz</b> Executive Director
HIV/AIDS NETWORK PHILS., INC.	Address: 1066 Remedios cor. Singalong Sts., Malate, Manila 1004 Telephone Number: (63)(2) 524-4831/ 524-0924 Fax Number: (63)(2) 522-3431	<b>Ms. Ced Apilado</b> Secretariat/Coordinating Council
IN TOUCH FOUNDATION, INC.	Address: 48 McKinley St., Forbes Park, Makati Telephone Number: (63)(2) 893-1893 / 893-7606 Fax Number: (63)(2) 893-1892	<b>Ms. Mala Lever</b> Executive Director



Organization	Address and Contact Information	Contact Person
<b>INSTITUTE FOR SOCIAL STUDIES AND ACTION (ISSA)</b>	Address: Rm. 303 3/f 1589 Crispina Bldg. Quezon Ave., West Triangle, Quezon City 1101 Address: Quezon City Central P.O. Box 1078 Philippines Telephone Number: (63)(2) 410-1685	<b>Ms. Florence M. Tadiar</b> CEO  <b>Dr. Edwin Reuel A. Ylagan</b> Exec. Director
<b>INSTITUTE OF MATERNAL AND CHILD HEALTH (IMCH)</b>	Address: 2/F Community Comprehensive Clinic #13 Capitol Hill Drive Old Balara, Diliman, Quezon City Telephone Number: (63)(2) 433-0960 Fax Number: (63)(2) 433-0930	<b>Ms. Corazon M. Raymundo</b> OIC
<b>KABABAIHAN LABAN SA KARAHASAN (KALAKASAN) FOUNDATION, INC.</b>	Address: Gota de Leche Bldg. 859 S. H. Loyola St., Sampaloc, Manila Telephone Number: (63)(2) 735-5555 Fax Number: (63)(2) 735-8303	<b>Ms. Anna Leah Sarabia</b> Director
<b>KABALIKAT NG PAMILYANG PILIPINO, INC. (KABALIKAT)</b>	Address: 93 Cambridge St. Cubao, Quezon City Telephone Number: (63)(2) 832-1291	<b>Ms. Marilyn Calilung</b> Executive Director
<b>KAPISANAN NG MGA KAMAGANAK NG MIGRANTENG MANGGAGAWANG PILIPINO, INC. (KAKAMMPI)</b>	Address: # 105 Sct. Rallos, Kamuning, Q.C. Telephone Number: (63)(2) 441-5008 Fax Number: (63)(2) 926-6928	<b>Ms. Ma. Fe Nicodemus</b> Chairperson
<b>LESBIAN ADVOCATES PHILIPPINES (LeAP!), Inc.</b>	Address: #58-E Kamias Road, Quezon City 1102 Telephone Number: (63)(2) 426-9438 / (0918) 9396235; Fax Number: (63)(2) 435-2019	<b>Ma. Cristina "Ging" Cristobal</b> Executive Director
<b>LINANGAN NG KABABAIHAN, INC. (LIKHAAN)</b>	Address: 92 Times St., West Triangle Homes, Quezon City 1104 Telephone Number: (63)(2) 926-6230 Fax Number: (63)(2) 411-3151	<b>Dr. Junice Lirza D. Melgar</b> Executive Director <b>Dr. Benito E. Molino</b> Coordinator, Clinical Services
<b>LUNDUYAN PARA SA PAGPAPALAGANAP, PAGPAPATAGUYOD AT PAGTATANGOL NG KARAPATANG PAMBATA</b>	Address: 17-17A Casmer Apartment, Del Pilar corner Don Jose St. Bgy. San Roque, Cubao, Quezon City 1109 Telephone Number: (63)(2) 913-3464 Fax Number: (63)(2) 911-7867	<b>Ms. Irene V. Fonacier-Fellizar</b> President, CEO and Chief Mentor
<b>MGA KABABAIHAN PARA SA TAO (MAKATAO) FOUNDATION, INC.</b>	Address: 208 JM Templora St., Santulan 1478, Malabon, M.Mla. Telephone Number: (63)(2) 294-4852	<b>Ms. Leah de Leon</b> Executive Director
<b>MIGRANT FORUM IN ASIA (MFA)</b>	Address: 9B Mayumi St. UP Village, Quezon City Telephone Number: (63)(2) 433-3508 Fax Number: (63)(2) 433-1292	
<b>NATIONAL COMMISSION ON THE OPTIONS FOR LIVING FOUNDATION (O'LIVE)</b>	Address: Rm. 3 2/F CNR Bldg II Taft Ave. cor Escoda St. Manila 1004 Telephone Number: (63)(2) 521-0938	<b>Dr. Gloria S. Itchon</b> Chairperson
<b>PATH PHILIPPINES</b>	Address: 24th Floor Yuchengco Tower, RCBC Plaza, 6819 Ayala Avenue cor. Sen. Gil Puyat Avenue, Makati City 1200 Telephone Number: (63)(2) 845-2921 Fax Number: (63)(2) 845-3182	<b>Ms. Carmina Aquino</b> Vice- President/ CEO
<b>PASIG MEDICAL AND MATERNITY HOSPITAL FOUNDATION, INC.</b>	Address: 101 London St. Pasig Green Park Vill. GF Pasig Medical and Maternity Hospital Manggahan, Pasig City 1600 Telephone Number: (63)(2) 646-1067	<b>Mr. Jesus Ermita</b> Hospital Administrator <b>Dr. Estradella O. Ermital</b> Medical Director
<b>PEARL S. BUCK INTERNATIONAL, INC.</b>	Address: 28-A Eugenio Lopez St., Bgy. South Triangle, Quezon City 1103 Telephone Number: (63)(2) 925-5956 to 60 Fax Number: (63)(2) 925-5961telefax	<b>Ms. Ana Maria J. Locsin</b> Country Director

Organization	Address and Contact Information	Contact Person
<b>PHILIPPINE ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION</b>	Address: 25 Magiting St., Teachers Village, Diliman, Quezon City 1128 Telephone Number: (63)(2) 921-4108 cell: (0918) 840-2810 / (0918) 875-0876	<b>Mr. Oscar B. Escobar</b> President
<b>PHILIPPINE BUSINESS FOR SOCIAL PROGRESS (PBSP)</b>	Address: Philippine Social Development Centre (PSDC) Building Magallanes cor. Real Sts., Intramuros, Manila Telephone Number: (63)(2) 527-7741 to 50 loc 107; Fax Number: (63)(2) 527-3750 / 527-3751	<b>Mr. Gil T. Salazar</b> Executive Director
<b>PHILIPPINE COUNCIL OF NGO's AGAINST DRUG AND SUBSTANCE ABUSE (PHILCADSA)</b>	Address: c/o Kapatiran-Kaunlaran Foundation, Inc., 937 P. Paredes St. Sampaloc, Manila Telephone Number: (63)(2) 314-0241 Fax Number: (63)(2) 735-1465	<b>Fr. Rocky Javier</b> President <b>Ms. Cheryl Rabanillo</b> Executive Director
<b>PHILIPPINE FEDERATION FOR NATURAL FAMILY PLANNING (PFNFP)</b>	Address: # 67 A K-8 East Kamias, Quezon City Telephone Number: (63)(2) 924-1323	<b>Ms. Esperanza A. Dowling</b> Executive Director <b>Mr. Oscar B. Escobar</b> President
<b>PHILIPPINE HEALTH SOCIAL SCIENCE ASSOCIATION, INC. (PHSSA)</b>	Address: Rm. 138 Asian Social Institute Bldg., 1518 Leon Guinto St. Malate, Manila 1000 Telephone Number: (63)(2) 523-9392	<b>Prof. Fatima Alvarez-Castillo</b> National Program Coordinator
<b>PHILIPPINE HIV/AIDS NGO SUPPORT PROGRAM, INC. (PHANSuP)</b>	Address: 4/F VDNS Bldg. 59 B. Panay Ave. Quezon City Telephone Number: (63)(2) 376-2623 / 376-2624 Fax Number: (63)(2) 376-2622 telefax	<b>Mr. Roberto A.O. Nebrida</b> Executive Director
<b>PHILIPPINE LEGISLATORS' COMMITTEE ON POPULATION AND DEVELOPMENT (PLCPD)</b>	Address: Rm. 611 Northwing Bldg., House of Representatives Batasan Complex, Quezon City 1126; Extension Office: 25 B&C Matiyaga St., Central District Quezon City Tel. Nos. (63)(2) 921-1044 / 925-1800 / 436-2373 Fax Number: (63)(2) 925-1800 loc. 108	<b>Mr. Ramon San Pascual</b> Executive Director
<b>PHILIPPINE MEDICAL WOMEN'S ASSOCIATION</b>	Address: 70 V. Luna Rd. cor. Malakas St., Q.C. Telephone Number: (63)(2) 925-0191 Fax Number: (63)(2) 921-3947	<b>Dr. Esperanza Q. Dela Paz</b> President
<b>PHILIPPINE MEDICAL WOMEN'S ASSOCIATION</b>	Address: 70 V. Luna Rd. cor. Malakas St., Quezon City Telephone Number: (63)(2) 925-0191 Fax Number: (63)(2) 921-3947	<b>Dr. Esperanza Q. Dela Paz</b> President
<b>The PHILIPPINE NATIONAL RED CROSS (PNRC)</b>	Address: Bonifacio Drive, Port Area, Manila 2803 Telephone Number: (632) 527-8384 to 90 loc.125 or 155 Fax Number: (632) 527-0858 and 527-6353	<b>Mrs. Jelma C. Dela Peña</b> Director of Operations
<b>PHILIPPINE NGO COUNCIL ON POPULATION HEALTH AND WELFARE, INC. (PNGOC)</b>	Address: Rm 304-305 3/F Diplomat Condominium Russel Ave. cor. Roxas Blvd. Pasay City Telephone Number: (63)(2) 852-1898	<b>Dr. Eden R. Divinagracia, PhD</b> Executive Director <b>Ms. Chi Balledo</b> Deputy Director
<b>PHILIPPINE RURAL RECONSTRUCTION MOVEMENT (PRRM)</b>	Address: K56 Mother Ignacia cor., Dr. Lazcano sts. Quezon City 1103 Telephone number: (63)(2) 372-4991/ 372-4992 / 372- 4988 / 410-5235 / 415-5422 Fax Number: (63)(2) 372-4995	<b>Cong. Wigberto E. Tañada</b> President <b>Dr. Jonathan Flavier</b> Community-Based Health Specialist
<b>PINOY PLUS ASSOCIATION, INC.</b>	Address: c/o Remedios AIDS Foundations, Inc. 1066 Remedios cor. Singalong Sts., Malate, Manila 1004 Telephone Number: (63)(2) 524-0924/ 524-4507 Fax Number: (63)(2) 524-3431 1805 P. Guevarra St., Sta. Cruz, Manila	<b>Mr. Eddy Razon</b> President <b>Mr. Jerico Paterno</b> Exec. Director

Organization	Address and Contact Information	Contact Person
<b>POPULATION COUNCIL, MANILA</b>	Address: Unit 2A3 Monteverde Mansions, 85 Xavier St., Greenhills, San Juan, Metro Manila 1500 Tel. Number: (63)(2) 722-6886 / 725-7957 Fax Number: (63)(2) 721-2786 telefax	<b>Dr. Marilou Palabrica-Costello</b> Host Country Advisor <b>Dr. Ma. Cecilia S. Acuin</b> Program Office
<b>POSITIVE ACTION FOUNDATION PHILIPPINES, INC. (PAFPI)</b>	Address: 2613-2615 Dian St., Malate, Manila, Telephone Number: (63)(2) 404-2911 Fax Number: (63)(2) 832-6239	<b>Mr. Joshua Formentera</b> President <b>Mr. Rodel Navarra</b> Executive Director
<b>POPULATION SERVICES PILIPINAS, INC. (PSPI)</b>	Address: 2015 Gil Puyat Ave., Pasay City 1300 Telephone Number: (63)(2) 831-2876 Fax Number: (63)(2) 804-0798	<b>Mr. Virgilio L. Pernito</b> Chief Executive and Programme Director
<b>PRECIOUS JEWELS MINISTRY</b>	Address: P.O. Box 3356 Metro Manila 1099 Telephone Number: (632) 309-9937 / 921-5860 telefax (Quezon City Office)	<b>Ms. Lorraine Anderson</b> Executive Director
<b>PRESS FOUNDATION OF ASIA</b>	Address: 3/F S & L Bldg., Roxas Blvd., Manila Telephone Number: (63)(2) 525-3265 / 523-3223 Fax Number: (63)(2) 522-4365	<b>Mr. Juan L. Mercado</b> Editorial Director
<b>REACHOUT FOUNDATION INTERNATIONAL</b>	Address: 2030 M. Adriatico st., Malate, Manila Telephone Number: (63)(2) 0917-8338499	<b>Mr. Jomar Fleras</b> President /CEO
<b>REMEDIOS AIDS FOUNDATION, INC. (RAF)</b>	Address: 1066 Remedios cor. Singalong Sts., Malate, Manila 1004 Telephone Number: (63)(2) 524-0924 / 524-4831	<b>Maria Cecilia Añonuevo – Deputy Executive Director</b>
<b>REPRODUCTIVE HEALTH RIGHTS AND ETHICS CENTER FOR STUDIES AND TRAINING (REPROCEN) - Social Medicine Unit (SMU)</b>	Address: College of Medicine, University of the Philippines; Medical Annex Bldg., 547 Pedro Gil St., Ermita, Manila 1000 Telephone Number: (63)(2) 400-6658	<b>Prof. Elizabeth Aguilung-Pangalangan</b> Head
<b>RESPONSIBLE PARENTHOOD MATERNAL AND CHILD HEALTH ASSOCIATION OF THE PHILS.</b>	Address: PCPD Bldg., Pasong Tamo Extension, Taguig 1270 Telephone Number: (63)(2) 816-0175 telefax	<b>Ms. Emma M. Magsino</b> Executive Director
<b>RODEL NAVAL FOUNDATION (RONACO)</b>	Address: Blk. 2 lot 10 Laneville Subd., Cainta Rizal (temporary); Tel.No.: (63)(2) 248 0606 Fax Number: (63)(2) 781 6741 <a href="http://www.members.rogers.com/~ronaco">http://www.members.rogers.com/~ronaco</a>	<b>Maggie Ferrera</b> Executive Director
<b>SAMAHAN NG MAMAMAYAN ZONE ONE TONDO, INC. (ZOTO)</b>	Address: Blk.13 Lot C 1-3 Maya-maya St., Phase 2 Area 2, Dagat-dagatan, Navotas Telephone Number: (63)(2) 258-0254 / 285-9957 Fax Number: (63)(2) 288-0370	<b>Mr. Butch Ablir</b>
<b>SALVATION ARMY, INC.</b>	Address: 1414 L. Guinto Sr. St., Ermita, Manila Telephone Number: (63)(2) 524-0086 to 88 Fax Number: (63)(2) 521-6912	<b>Ms. Alma Villanueva-Acub, RN</b> Coordinator, HIV/AIDS Program & Integrated Mission
<b>SOCIAL DEVELOPMENT RESEARCH INSTITUTE (SDRC)</b>	3/F William Hall, De La Salle University Taft Avenue, Manila Tel: (02) 524-4611 local 402	<b>Jesusa Marco, PhD – Director</b>
<b>SOCIETY FOR THE ADVANCEMENT OF REPRODUCTIVE HEALTH</b>	Address: c/o PNGOC 38-A San Luis St., Pasay City 1300 Telephone Number: (63)(2) 551-6285 Fax Number: (63)(2) 834-5008 telefax	<b>Dr. Virgilio R. Oblepias</b> President <b>Eden R. Divinagracia, PhD</b> Secretary General
<b>TAHANAN OUTREACH PROJECTS AND SERVICES</b>	Address: 2589 Sta. Clara Syquia & Leyva Sts., Sta. Ana, Manila 1009 Telephone Number: (63)(2) 564-4241 / 562-7717 Fax Number: (63)(2) 564-4338 telefax	<b>Atty. Ester Sison-Cruz</b> Acting President

Organization	Address and Contact Information	Contact Person
<b>THE LIBRARY FOUNDATION (TLF)</b>	Address: 2001 M. Reyes St., Makati City Telephone Number: (63)(2) 751-7047	<b>Anastacio Marasigan</b> Executive Director
<b>THIRD WORLD MOVEMENT AGAINST THE EXPLOITATION OF WOMEN</b>	Address: 41 Rajah Matanda St., Project 4, Quezon City 1109 Telephone Number: (63)(2) 913-9255 / 439-9119 Fax Number: (63)(2) 913-6435 (Good Shepherd)	<b>Sr. Mary Soledad Perpiñan, RGS</b> Head/Coordinator
<b>TRADE UNION CONGRESS OF THE PHILIPPINES (TUCP)</b>	Address: TUCP-PGEA Compound, Elliptical Road, Quezon City 1101 Telephone Number: (63)(2) 924-7551/ 433-2208/ 922-0917 Fax Number: (63)(2) 434-3704 / 433-2208	<b>Mr. Ariel B. Castro</b> Director for Education
<b>TRAINING RESEARCH INFORMATION DEVELOPMENT SPECIALIST FOUNDATION, INC. (TRI-DEV)</b>	Address: 58 San Gabriel St., Sta. Rita Village, Sucat, Parañaque City 1711 Telephone Number: (63)(2) 820-3285 (telefax)	<b>Mr. Perfecto S. Uysingco</b> Executive Director
<b>UNLAD KABAYAN MIGRANT SERVICES FOUNDATION</b>	Address: 59-B Malumanay st., Teachers Village West, Quezon City Telephone Number: (63)(2) 920-6950 Fax Number: (63)(2) 920-6880	<b>Ms. Angela Villalba</b> Executive Director
<b>UP CENTER FOR WOMEN'S STUDIES FOUNDATION, INC.</b>	Address: Magsaysay cor. Ylanan Sts., UP Diliman, Quezon City 1101 Telephone Number: (63)(2) 920-6950 Fax Number: (63)(2) 920-6880 telefax	<b>Ms. Carina C. David</b> Information Officer
<b>WOMAN HEALTH PHILIPPINES, INC.</b>	Address: 129-A Matatag St., Barangay Central, Quezon City 1100 Telephone Number: (63)(2) 927-3319 Fax Number: (63)(2) 927-3317	
<b>WOMEN AND GENDER INSTITUTE (WAGI)</b>	Address: Caritas Hall, Miriam College, Katipunan, Quezon City 1101 Telephone Number: (63)(2) 580-5400 loc. 350 Fax Number: (63)(2) 435-9229 telefax	<b>Ms. Josefa Francisco</b> Executive Director <b>Ms. Tesa De Vela</b> Deputy Director
<b>WOMEN'S CRISIS CENTER</b>	<b>Address: 3F ER Trauma Extension, Annex Bldg.</b> East Avenue Medical Center, East Ave., Q.C. Tel. No: (63)(2) 924-9315 (Admin.) / 926-7744 Fax Number: (63)(2) 924-9315 / 453-0305 telefax	<b>Ms. Eden Bonahua - Parot</b> Executive Director
<b>WOMEN'S EDUCATION, DEVELOPMENT, PRODUCTIVITY, RESEARCH &amp; ADVOCACY ORGANIZATION (WEDPRO), INC.</b>	Address: P.O. Box 2985 Quezon City Central Post Office: NIA Road, Diliman, Quezon City Telephone Number: (63)(2) 926-4876 Tele Fax Number: (63)(2) 421-4882 / 453-0305	<b>Ms. Marlea P. Muñoz</b> Executive Director
<b>WOMEN'S FEATURE SERVICE PHILIPPINES, INC. (WFS)</b>	Address: Unit 612 Manila Astral Tower 1330 Taft Ave. cor Padre Faura, Ermita, Manila 1000 Telephone Number: (632) 525-9721 telefax	<b>Ms. Olivia H. Tripon</b> President Phil. Bureau Chief
<b>WOMEN'S HEALTH CARE FOUNDATION (WHCF)</b>	Address: 1589 Quezon Ave., Quezon City 1104 Telephone Number: (63)(2) 929-9494 / 929-9492 Fax Number: (63)(2) 924-0717 telefax	<b>Dr. Merlita U. Awit</b> Executive Director <b>Dr. Florence M. Tadiar</b> President
<b>WOMEN IN DEVELOPMENT FOUNDATION</b>	Address: QC PO Box 1025, Quezon City, Philippines Telephone Number: (63)(2) 922-8048	<b>Ms. Virginia J. Pasalo</b> Chairperson
<b>WOMEN'S LEGAL BUREAU, INC. (WLB)</b>	Address: 11 Matimtiman St., Teacher's Village, Diliman, Quezon City 1101 Telephone Number: (63)(2) 921-3893 / 921-8053 Fax Number: 921-4389	<b>Prof. Maureen C. Pagaduan</b> Executive Director

Organization	Address and Contact Information	Contact Person
<b>WOMEN'S LEGAL EDUCATION, ADVOCACY AND DEFENSE (WomenLEAD)</b>	Address: 59 Mahabagin st., Teachers Village, Quezon City Telephone Number: (63)(2) 435-6823 / 436-6738 Fax Number: (63)(2) 435-6823 telefax	<b>Atty. Marla A. Barcenilla</b> Executive Director
<b>WOMEN'S MEDIA CIRCLE FOUNDATION, INC. (WoMEDIA)</b>	Address: GOTA De Leche Bldg. 859 S.H. Loyola St. Sampaloc, Manila Telephone Number: (63)(2) 735-9687 Fax Number: (63)(2) 735-8303 telefax	<b>Ms. Anna Leah Sarabia</b> Executive Director <b>Ms. Sinag De Leon-Amado</b> Assistant Director for Projects



## Appendix K: List of Accredited Laboratories for HIV Testing in MetroManila

LOCATION	ACCREDITED LABORATORY	ADDRESS
CALOOCAN	1) CU-FDTMF HOSPITAL	Samson road, Caloocan City
LAS PIÑAS	2) PERPETUAL HELP MEDICAL CENTER	Pamplona, Las Piñas
MANILA	3) MANILA DOCTORS HOSPITAL	UN Avenue, Ermita
	4) PHILIPPINE NATIONAL RED CROSS	Bonifacio Drive, Port Area, Manila
	5) OUR LADY OF LOURDES HOSPITAL	Sta Mesa, Manila
	6) STO. THOMAS UNIVERSITY HOSPITAL	España, Manila
	7) JOSE REYES MEMORIAL MEDICAL CENTER	Rizal Avenue, Sta. Cruz, Manila
	8) MEDICAL CENTER MANILA	1122 Gen. Luna., Ermita, Manila
	9) MARY CHILES HOSPITAL	667 Gastambide, Sampaloc, Manila
	10) METROPOLITAN HOSPITAL	1375 Masangkay St., Sta Cruz, Manila
	11) HOSPITAL NG MAYNILA	Pres. Quirino Ave., Malate, Manila
	12) SAN LASARO HOSPITAL	Quiricada St., Sta Cruz, Manila
	13) HOSPITAL OF THE INFANT JESUS	1556 Laong-laan St., Sampaloc Manila
	14) ST. JUDE HOSPITAL	Dimasalang cor. D. Quijote, Sta Cruz, Mla.
	15) THE FAMILY CLINIC AND HOSPITAL INST.	1474 Ma. Clara St., Sampaloc, Manila
	16) REMEDIOS AIDS FOUNDATION	1066 Remedios cor. Singalong St., Malate, Manila
MAKATI	17) MAKATI MEDICAL CENTER	2 Amorsolo St., Legaspi Village, Makati City
	18) ST. CLARE'S MEDICAL CENTER	1838 Dian St., Palanan Makati City
MANDALUYONG	19) THE MEDICAL CITY GENERAL HOSPITAL	San Miquel Ave., Lourdes Rd. Mandaluyong City
	20) THE POLYMEDIC GENERAL HOSPITAL, INC.	
MUNTINGLUPA	21) HILLSIDE GENERAL HOSPITAL	West Service Rd., Alabang, Muntinlupa
	22) RESEARCH INST. FOR TROPICAL MEDICINE (RITM)	FCC Alabang, Muntinlupa
	23) MPI-MEDICAL CENTER MUNTINLUPA	338 National Rd., Pututan, Muntinlupa City
PARAÑAQUE	24) MEDICAL CENTER PARAÑAQUE	Dr. Santos Ave., Sucat, Parañaque
PASAY	25) SAN JUAN DIOS HOSPITAL	2772-2774 Roxas Blvd., Pasay City
	26) MANILA SANITARIUM HOSPITAL	1975 Donada St., Pasay City
PASIG	27) RIZAL MEDICAL CENTER	Shaw Blvd., Pasay City
	28) STO. NIÑO DE SAN ANTONIO MATERNITY AND GENERAL HOSPITAL	Bo. Dela Paz, Pasig City
QUEZON CITY	29) LUNG CENTER OF THE PHILIPPINES	Quezon Avenue, Q.C
	30) AFP MEDICAL CENTER	V. Luna Road, Q.C.
	31) UERM MEDICAL CENTER	Aurora Blvd., Q.C.
	32) ST. LUKE'S MEDICAL CENTER	279 E. Rodriguez Sr. Blvd., Q.C.
	33) PHILIPPINE HEART CENTER	East Avenue Q.C.
	34) PHILIPPINE ORTHOPEDIC HOSPITAL	Maria Clara St. cor. Banawe Q.C
	35) PHILIPPINE CHILDREN'S MEDICAL CENTER	Quezon Avenue, Q.C
	36) NATIONAL KIDNEY AND TRANSPLANT INSTITUTE	East Avenue, Q.C. 6 N. Ramirez St., Rotonda, Q.C.
	37) UNITED DOCTOR'S MEDICAL CENTER	11 Banawe St., Q.C.
	38) CHILDREN'S MEDICAL CENTER PHIL., INC.	North Avenue, Q.C.
	39) VETERANS MEMORIAL MEDICAL CENTER	North Avenue, Q.C
	40) CAPITOL MEDICAL CENTER	Scout Magbanua St., Q.C
	41) DE LOS SANTOS MEDICAL CENTER	201 E. Rodriguez Sr. Ave., Q.C
	42) QUEZON CITY GENERAL HOSPITAL	Seminary Road EDSA, Q.C
	43) QUEZON INSTITUTE CLINICAL LAB.	E. Rodriguez Avenue, Q.C
	44) PNP GENERAL HOSPITAL	Camp Crame, Q.C.
	45) NATIONAL CHILDREN'S HOSPITAL	L16 E. Rodriguez Blvd., Q.C

LOCATION	ACCREDITED LABORATORY	ADDRESS
	46) FEU-NRMF HOSPITAL	Regalado St., Fairview, Q.C.
SAN JUAN	47) CARDINAL SANTOS MEDICAL CENTER	Wilson St., Greenhills San Juan
VALENZUELA	48) FATIMA MEDICAL CENTER	120 Mac Arthur Highway Valenzuela

### **DIRECTORY OF MAJOR GOVERNMENT HOSPITALS FOR HIV AND AIDS**

<b>San Lazaro Hospital (SLH)</b>	Quiricada St. Sta. Cruz, Manila Tel: 743-3776- 8 local 206 ; 309-9529/28 / 740-8301 loc 6000 Fax: 711- 4117 Email: rtactacanabrenica@yahoo.com	<b>Dr. Rosario Jessica Tactacan-Abrenica</b> Medical Specialist II/HACT Leader Head, HIV/AIDS Pavilion
<b>Research Institute for Tropical Medicine (RITM)</b>	Filinvest Corporate City Alabang, Muntinlupa City Fax: (02) 842- 2828 Tel: 526 1705 / 8072628/38 local 801/208 Fax: 842 2245	<b>Dr. Rossana A. Ditangco, MD</b> Research Chief
<b>Philippine General Hospital (PGH)</b>	Taft Avenue, Manila Tel: 5548400 Telefax: 5261705	<b>Dr. Dominga Gomez</b> SAGIP, PGH
<b>STI and AIDS Central Cooperative Laboratory (SACCL)</b>	309-9528 – 9 local 206	

## Appendix L: List of Treatment Hubs

### **Ilocos Training and Regional Medical Center (ITRMC)**

San Fernando, La Union  
Dr. Jeisela B. Gaerlan  
Medical Specialist II/HACT Leader  
Clinic: (072) 700-3808

### **Corazon Locsin Montelibano Memorial Regional Hosp**

Lacson St., Bacolod City, Negros Occidental  
Dr. Candido Alam  
HACT Leader/Medical Specialist  
Tel: (034) 435-1591; (034) 433-2697

### **Baguio General Hospital and Medical Center (BGHMC)**

Baguio City  
Dr. Maria Lorena L. Santos  
HACT Leader / Medical Officer II

### **Vicente Sotto, Sr. Memorial Medical Center (VSSMC)**

B. Rodriguez St., Cebu City 6000  
Dr. Maria Consuelo B. Malaga,  
HACT Leader  
Tel: (032) 253-7564; (032) 253-7564 / 9882

### **San Lazaro Hospital (SLH)**

Quiricada St., Sta. Cruz, Manila  
Dr. Rosario Jessica Tactacan-Abrenica  
Medical Specialist II/HACT Leader  
Head, HIV/AIDS Pavilion  
Tel: 309-9529/28; 740-8301 loc 6000

### **Zamboanga City Medical Center (ZCMC)**

Evangelista St., 7000 Zamboanga City  
Dr. Jejunee Rivera  
HACT Leader/Medical Officer III  
Tel: (062) 991-0573

### **Research Institute for Tropical Medicine (RITM)**

Filinvest Corporate City, Alabang, Muntinlupa City  
Dr. Rossana A. Ditangco, Head, HIV Research Unit  
Tel: 5261705; 8072628/38 local 801/208;

### **Davao Medical Center (DMC)**

J.P. Laurel St., Bajada, 8000 Davao City  
Dr. Alicia Layug, HACT Leader  
Tel: (081) 227-2731

### **Philippine General Hospital (PGH)**

Taft Avenue, Ermita, Manila  
Dr. Jodor Lim / Ms. Dominga C. Gomez  
HACT, SAGIP/ PGH  
Telefax: 5261705

### **Cagayan Valley Medical Center**

Tuguegarao City, Cagayn Valley

### **Bicol Regional Training & Teaching Hospital**

Legaspi City, Albay  
Dr. Rogelio G. Rivera  
Chief of Hospital III  
Tel: (052) 483-0016 / 483-0086 / 483-0017

### **Jose B. Lingad Memorial Medical Center**

San Fernando, Pampanga

### **Western Visayas Medical Center (WVMC)**

Q. Abeto St., Mandurriao, 5000 Iloilo City  
Dr. Ray Celis  
HACT Leader/Medical Specialist III  
Tel: (033) 321-2841 to 50

### **Or visit/inquire at:**

Nearest Social Hygiene Clinics (Special STI Clinics);  
City/Municipal Health Offices NGO Partners at the local level





