

## INTEGRATED ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES TOWARDS HIV PREVENTION



### Adolescents living with HIV

The Philippine AIDS Prevention and Control Act of 1998 (RA 8504) requires minors (persons under 18 years old) to secure parental consent when undergoing HIV testing. This discourages minors from taking the test who may have varying reasons or personal circumstances why they do not want to immediately disclose their health status to their parents.

Take the case of a 17-year old transgender girl, Maria, from Iloilo City. She was supposed to be in school, but instead, was bedridden with an undiagnosed illness. In March 2017, she started feeling weak and suffered from recurring cough and colds – at times even spitting and defecating blood. She asked for help from a friend who encouraged her to get tested for HIV but she was too afraid of being disowned by her family if they found out. Luckily her friend pressed on, and with the help of the nurse and the social worker at the Family Planning Organization of the Philippines (FPOP) in Iloilo City,<sup>1</sup> she finally submitted herself for testing. When the results came in, she was diagnosed HIV positive.

Maria is but one of the dozens of Ilonggo adolescents living with HIV. In the Philippines, as of December 2016, 62 per cent of new HIV infections came from the 15–24 age group.<sup>2</sup> While HIV testing and treatment services are readily available, the legal restrictions for HIV testing for minors and the general stigma and discrimination against persons living with HIV are barriers to these life-saving services.



FPOP Iloilo nurse and case manager, Kriss Vladimir Homena, conducts follow-up anti-retroviral treatment adherence counselling with an adolescent enrolled at the treatment facility.

### Proxy consent for minors

Like Maria, there are other Ilonggo minors who are in need of HIV testing services but are unable to ask for parental consent. The *Usap Tayo*<sup>3</sup> sessions revealed that some adolescents needed medical services for sexually transmitted infections (STIs). In particular, the “Patyo Boys”<sup>4</sup> had experienced recurring penile

discharges for several months but were too afraid or too ashamed to ask for help. Some of the male participants reported that they were paid in exchange for sex or that their girlfriend had an unplanned pregnancy. Female participants revealed that they had unplanned pregnancies or a history of abortion.

### Key facts and figures

2016–18 FPOP data	Adolescents (age 10–19)	Minors (below age 18)
Tested for HIV	694	135
Reactive	25	4

Some minors who were reached through peer education do not have ready access to their parents, like senior high students living in dormitories and boarding houses around Iloilo City National High School and the University of Iloilo. Minors rescued by the Crisis Intervention Unit of the Iloilo City Social Welfare and Development Office were found needing STI screening and HIV testing services. Some adolescents living in shelters and some who are still living with their parents reported abuses at home and obstacles to obtaining their parents’ consent. This is where the proxy consent and case management of a social worker or a physician is needed. In lieu of parental consent, HIV service providers obtain proxy consent from the physician or social worker handling the minor’s case.

### UNICEF actions

The Bibingka approach: When baking a Filipino rice cake, one needs to have equal heat above and below to cook it evenly to perfection. UNICEF Philippines influenced the local government to follow the same approach. Working closely with government agencies and other development partners at the national level, UNICEF Philippines is taking steps to craft a national policy on proxy consent and case management for minors living with HIV. At the local level, equal efforts are invested in gathering evidence through local actors and stakeholders implementing the Proxy Consent Pilot Project in Iloilo City and five other cities of Davao, Zamboanga, Cebu, Pasay and Quezon City.

### Strategic approach

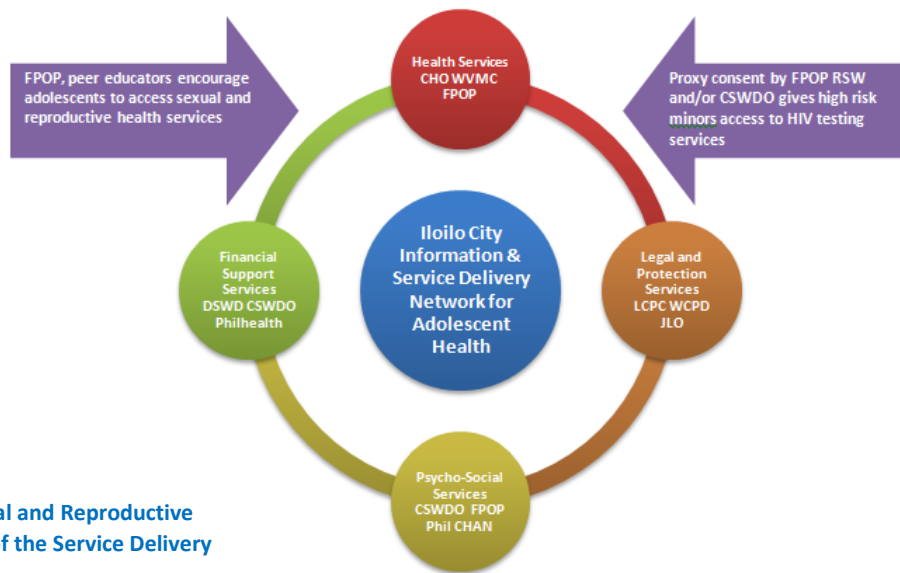
To address the multi-faceted issue of HIV, particularly adolescents living with HIV, a holistic approach has been adopted by UNICEF and its implementing partners. Through the All In Platform for Action for Adolescent Development and Participation, through the Integrated Sexual and Reproductive Health and HIV Service Delivery Network, issues were viewed from both the medical and the social protection lenses with an integrated approach to service delivery. This meant

<sup>1</sup> FPOP Community Health Care Birthing Center and Laboratory, Inc.

<sup>2</sup> AIDS Epidemic Modelling, December 2016.

<sup>3</sup> “Let’s Talk” focus group discussion developed by UNICEF.

<sup>4</sup> Out-of-school youth, members of a gang frequenting the local cemetery.



**Figure 1. Adolescent Sexual and Reproductive Health, a representation of the Service Delivery**

securing the cooperation of various actors in the city and partners in the region, from the health sector, the social welfare sector and the key population themselves. On the practical side, it meant making comprehensive sexual and reproductive health services available, providing them to adolescents and removing the strain and pressure of the already highly stigmatized HIV testing services.

The All In strategy intends to accomplish the following results. All In contributes to building an enabling environment through enacting policies, standards and guidelines that promote and encourage Ilonggo adolescents to access services in safe spaces in the city. All In aims to strengthen the supply of health and social services by equipping service providers from both public and private facilities and agencies in Iloilo City to provide quality adolescent-sensitive and client-friendly services. Meanwhile it also aims to strengthen the demand for these services. The target population in the city are those most in need, such as poor urban youths, vulnerable groups such as adolescents in lesbian, gay, bisexual, transgender, queer or intersex communities and their cisgender<sup>5</sup> partners. All In also collects, analyses and uses strategic information and data on sexual and reproductive health and HIV services for adolescent HIV programmes in Iloilo City.

### Challenges and local issues

At the inception of the Proxy Consent Pilot Project in Iloilo City, there were risks and challenges. These ranged from structural and policy barriers to the cultural and social practices of the communities involved. The challenges were compounded by attitudes and behaviours of some stakeholders, including both the duty-bearers and the rights-holders. Some of the barriers observed in this project were as follows. The Local AIDS Council was not fully functional and did not convene regularly. The AIDS Council had not received substantial funding from the local government. The HIV programme was heavily anchored in the health sector. At the start of the project, the Service Delivery Network for HIV and Adolescent Health had not been established. The referral system was set up but it was not fully coordinated, there was little monitoring and barely any evaluation. Weak coordination fed the perception of conflict between various key players in service delivery, making it difficult to advance from consultations and collaborations into coordinated actions. The support

group for people living with HIV seemed to lack competence in handling adolescent cases. Some key players in the local health sector were less cooperative with the Proxy Consent Pilot Project without working guidelines from the Department of Health (DOH). The Department issued Circular 2016-0171 on Enhancing Linkage to Care of People Living with HIV but the treatment hubs follow the National Treatment Guidelines which have not been updated to follow the treat-all policy, which recommends all people living with HIV begin treatment regardless of CD4 count.<sup>6</sup> Without comprehensive sexuality education in schools, conversations about sex and sexuality are still largely seen as a taboo in this city in the southern Philippines. Social norms dictate that the family, specifically the parents, have sole authority in making decisions for minors without considering the evolving capacities of adolescents as they grow up.

### Key actions taken

FPOP and the local government established the Iloilo City Information and Service Delivery Network (IISDN) for Adolescent Health and Development and reactivated the Iloilo City STI and AIDS Council. This was accomplished through the collaborative efforts of the Iloilo City Council, which passed local legislations and provided funds. The three *Sangguniang Panlungsod* committees (Health; Women and Family Affairs; and Youth and Sports Development) worked together to achieve those results.



**Jess Montelibano, FPOP social worker, discusses options with an adolescent living with HIV for educational assistance coming from the city and private partners.**

At least 50 service providers and social workers combined were trained on proxy consent and case management for adolescents living with HIV. The City Health Officer and the Adolescent Health Coordinators

<sup>5</sup> People whose gender identity matches their sex at birth

<sup>6</sup> CD4 are a type of white blood cell, also called T-cells, which find and destroy invading pathogens.

of Iloilo City attended consultations for this project. The leadership and crucial support of the Iloilo City Social Welfare and Development Office, particularly the Focal Person on Child and Youth Welfare, led to the smooth implementation of this pilot project, generating the necessary evidence on the ground. The Social Welfare and Development Office was responsible for the social workers and case managers handling minors living with HIV. The Focal Person provided all initial results to pertinent special bodies such as the local Council for the Protection of Children, the local Health Board and the Information and Service Delivery Network for Adolescent Health to raise their awareness and compel necessary actions.

These capacity-building activities strengthen the supply of services, and parallel efforts aim to generate demand by training hundreds of peer educators in key youth populations using life skills modules on creating connections, *Usap Tayo* and behaviour change communication. The peer educators have linked adolescent clients to sexual and reproductive health services offered by different facilities and agencies in Iloilo City and they have attended consultations.

From 2016 to 2018, through the complementary efforts of FPOP, Iloilo City reached and tested 3,095 clients, including 694 adolescents. Of the 179 clients who tested HIV positive, 25 were teenagers. Four of the teenagers received proxy consent and were eventually reintegrated back to their families. Also, 389 female adolescents received short- and long-acting contraception and sexual and reproductive health counselling. Although teenage pregnancy rate in the city has declined year on year from 2015 to 2018, STIs, specifically gonorrhoea and syphilis, including vertical transmissions of HIV, remain an issue.

These accomplishments and crucial engagements were facilitated through the Regional Multisectoral Partnership on STI, HIV and AIDS Prevention and Control<sup>7</sup> currently headed by DOH Regional Office VI (Western Visayas). The special attention of the Adolescent Health and Development Program of DOH Regional Office VI has been instrumental in raising awareness of HIV among minors among other regional and local partners. Regional Office VI of the Department of Social Welfare and Development resumed providing financial and medical assistance to indigent people living with HIV after a two-year pause. This was set in motion by discussions on the increasing number of adolescents living with HIV through the Proxy Consent Pilot Project.

At the national level, DOH Administrative Order 2017-0019 includes provisions for proxy consent by social workers under Article VI, Section A-3-b. Meanwhile, further approval is pending for a Joint Administrative Order between DOH, the Department of Social Welfare and Development and the Department of Justice on the Guidelines of the Provision of Proxy Consent and Case Management of Adolescents.

### Lessons learned

HIV is a borderless concern that can only be solved by borderless solutions. This means that cross-sector collaboration between health service providers and the social welfare sector are imperative because HIV is both a medical concern and a social protection concern.

The AIDS Prevention and Control Act of 1998 (RA 8504) was the starting platform for all of the discussions on the need for proxy consent. The future direction, however, is not focused on the law, nor on changing the law, but on the need to harmonize existing policies and achieve synergy in implementing interrelated programmes for children at risk and children in need of special protection, especially minors at risk of HIV infection.

### Recommendations

To fully realize the aspirations for age-inclusive HIV programming, partners need to support a higher level of advocacy initiatives based on evidence gathered in previous UNICEF projects. The next step is for Iloilo City to develop a Strategic Plan for the Adolescent Health and Development Program, leading to the establishment of the following: HIV investment planning; a local ordinance on testing minors; and a strategic and operational plan for the Iloilo City STI and AIDS Council.

It is also recommended that the rest of the Western Visayas region should learn from the experience of Iloilo City and other Local Government Units should consider replicating this project. This can be done through a Regional Development Council Resolution enjoining all Local Government Units to replicate the best practices of the Iloilo City pilot project on proxy consent and case management of adolescents living with HIV. It is envisaged that the same regional partners on the Iloilo City pilot project will be involved in scaling up the project throughout the region. Other regions may also learn from the experiences of the Ilonggos, and the approach can be tailored to the contextual dynamics of other communities. Those wishing to replicate the project should identify HIV champions and advocates. Partnerships must be institutionalized to ensure adolescents receive the rightful care that they deserve.



Iloilo City social workers visit the Western Visayas Medical Center - HIV/AIDS Core Team during the city tour of their Service Delivery Network.

With the help of the social workers and health service providers, Maria was reintegrated back to her family and is already taking life-saving anti-retroviral treatment.<sup>8</sup> The local government provided her with financial and educational assistance and she is on her way towards regaining a normal life and becoming a productive member of the society. This outcome became a reality for her, and hopefully for all at-risk minors in the future, because of the dedication and commitment of people working together to protect the rights of children, especially adolescents living with HIV in Iloilo City.

<sup>7</sup> Members of the partnership include representatives of government agencies and private organizations

<sup>8</sup> Anti-retroviral therapy suppresses HIV in sero-positive patients.