



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 1, 2020

DEPARTMENT MEMORANDUM

No. 2020 - 0311

FOR: ALL UNDERSECRETARIES and ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS/SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, TREATMENT AND REHABILITATION CENTERS and DOH-DESIGNATED HIV TREATMENT HUBS, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS and ATTACHED AGENCIES; AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines on the Continuity of HIV and STI Services in the Midst of Varying Community Quarantine Systems

I. BACKGROUND

The Philippines is one the ASEAN countries severely affected by the COVID-19 pandemic. By end of June 2020, a total of 36,438 cases were reported with 1,225 total number of deaths. The COVID-19 pandemic has unmasked the weaknesses of the health system such as the delivery of services of the HIV and AIDS program. In March and April 2020, while there was only a documented 5% reduction in the number of PLHIV accessing the life-saving antiretroviral (ARV) drugs from HIV treatment hubs, almost 50% reduction was noted in the access to HIV testing services. Furthermore, the total numbers of cases reported in March 2020 was only 50% (or 500 HIV reported cases) of the average monthly recorded cases in 2019. As most of the provinces and low – risk cities in the country transition into “Modified General Community Quarantine”, the HIV and STI services need to be seriously supported so the country will be able to fulfill its commitment on the 90-90-90 fast track strategies of the United Nations, i.e., 90% of the estimated PLHIV know their HIV status, 90% of diagnosed PHIV are initiated on treatment, and 90% of PLHIV on ART are virally suppressed.

II. OBJECTIVE

To provide guidance on HIV and STI program implementers on the transition to the New Normal phase during the COVID-19 pandemic.

III. SCOPE AND COVERAGE

These guidelines shall cover all health facilities- Rural Health Units, Social Hygiene Clinics, Primary HIV Care Clinics, DOH-certified HIV Treatment Hubs, and DOH-NASPCP Coordinators.

IV. GENERAL GUIDELINES

1. Revise its operations based on Administrative Order 2020-0016, "*Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies*" with the objectives to: a) Increase Physical and Mental Resilience, b.) Reduce contact, c) Reduce transmission, and d) Reduce duration of Illness in accordance with (bit.ly/2C3bj4)
2. Exhaust measures to integrate HIV in the existing HealthCare Provider Network in the Local Government Unit in accordance with the Universal Health Care Act or Republic Act 11223.
3. Institutionalize infection prevention and control measures based on DOH Department Memorandum (DOH-DM) No. 2020-0208, "*Interim Guidelines on Enhancing the Infection Prevention and Control Measures through Engineering and Environmental Controls in All Health Facilities and Temporary Treatment and Monitoring Facilities during the COVID-19 Pandemic.*" (bit.ly/2C3bj4)
4. Continue providing necessary support for essential workforce such as food, shuttle services, as necessary.
5. Ensure all healthcare workers are oriented and trained on standard Infection Prevention and Control measures and Mental Health and Psychosocial Services (MHPSS) to patients and staff based on Department Circular (DOH-DC) 2020-0106, "*Use of World Health Organization Interim Guidelines for Health Workers Exposure Risk Assessment and Management in the Context of COVID-19 Virus*" and Department Memorandum 2020-0230, "*Interim Guidelines on the Implementation of Mental Health and Psychosocial Support (MHPSS) in the Coronavirus Disease 2019 (COVID-19) Response*", respectively. (bit.ly/2C3bj4)

V. SPECIFIC GUIDELINES

A. HIV Services

1. Collaborate with existing network of Community- Based Organization in promoting the HIV and STI services of health facilities, including access to condoms and lubricants, HIV screening and testing, and treatment;
2. Ensure uninterrupted access to vital health services such as life-saving antiretroviral therapy (ART) to protect the health and safety of persons deprived of liberty (PDL) with HIV who qualified for early release in prisons or jails;
3. Promote HIV and STI services through social media applications, trimedia and virtual channels (online outlets of broadcasting networks and newspaper/magazine publications)
4. Support conduct of outreach activities by Community-Health Outreach workers, Peer Educators, and volunteer as long as they are provided appropriate PPE;

5. Intensify facility-based HIV screening in Rural Health Units, and HIV-facilities, such as Social Hygiene Clinics, Primary HIV Care Clinics and HIV Treatment Hubs;
6. Expand availability and access to rapid HIV Diagnostic Algorithm (rHIVDA) especially in DOH regional hospitals, Existing Primary HIV Care Clinics, and Social Hygiene Clinics of Category A cities (high – HIV burden). For regions with low-HIV burden, rHIVDA shall be prioritized at least in one (1) laboratory per province.
7. Conduct close-monitoring and reporting of ARV and other commodities based on timelines set in the Department Memorandum 2020-0273: Directory of DOH- Designated HIV Treatment Hubs and Primary HIV Care Facilities in the Philippines; (bit.ly/2C3bj4)
8. Engage in telemedicine services with PLHIV and clients from the key populations with no prejudice to quarterly physical pick – up of ARV by PLHIV to ensure their health status is assessed especially from other life-threatening conditions such as Tuberculosis and HIV treatment failure. Electronic prescriptions are allowed under *FDA Circular No. 2020-007: Guidelines in the Implementation of the Use of Electronic Means of Prescription for Drugs for the Benefit of Individuals Vulnerable to COVID-19*; (bit.ly/2C3bj4)
9. Provide electronic travel pass to PLHIV or Community-based HIV Screening Provider, or HIV Case Manager, to facilitate movement of individuals in case of localized lockdowns due to resurgence of COVID-19, the health facilities;
10. Ensure continuous access to ARVs including use of available courier services, hospital or LGU vehicles, and transport network vehicle services (TNVS) for pick-up and delivery of ARVs as well as engagement of partners from community-based organizations for ARV access points;
11. Coordinate closely with HIV viral load testing centers for a seamless referral of PLHIV for their scheduled viral load test.
12. Collaborate with other government and private sectors to provide additional HIV prevention to key populations, and care and support services to the PLHIV must be exercised to enable them to cope with the prevailing situation and adjust to the new normal.

B. COVID-19 prevention measures


1. All health facilities shall observe the following measures:
 - a) Physical distancing of at least one (1) meter or 3-feet between individuals in all areas at all times;
 - b) Wearing of face mask by clients and health care workers (plus face shields) within the facility premises;
 - c) Active body temperature and symptoms screening for all individuals prior to entrance to the facility with proper advice for symptomatic persons;

2. Implementation of a scheduling mechanism for consults through SMS, phone call, or online platforms;
3. Use of appropriate Personal Protective Equipment (PPE) by health care workers subject to DOH-DM No. 2020-0176, "*Interim Guidelines on the Rational Use of Personal Protective Equipment for Coronavirus Disease 2019*" and DOH-DMNo.2020-0197, "*Interim Guidelines on the Optimal Use of Personal Protective Equipment During Severe Shortage of Supplies*; (bit.ly/2C3bj4)
4. Conduct immediate case investigation and contact tracing when suspect, probable, or confirmed cases among health facility staff and/or clients are reported;
5. Furthermore, HIV facilities are strongly encouraged to consult with their local inter-agency task force on compliance with administrative and engineering protocols to prevent the spread of COVID-19 in their respective facilities.

VI. EFFECTIVITY

This order shall take effect immediately.

By Authority of the Secretary of Health:


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Undersecretary of Health
Public Health Service Team