

Guidelines for HIV Prevention, Treatment and Adherence: *How the Sector is enabling Social Services Practitioners to apply skills and best practice*

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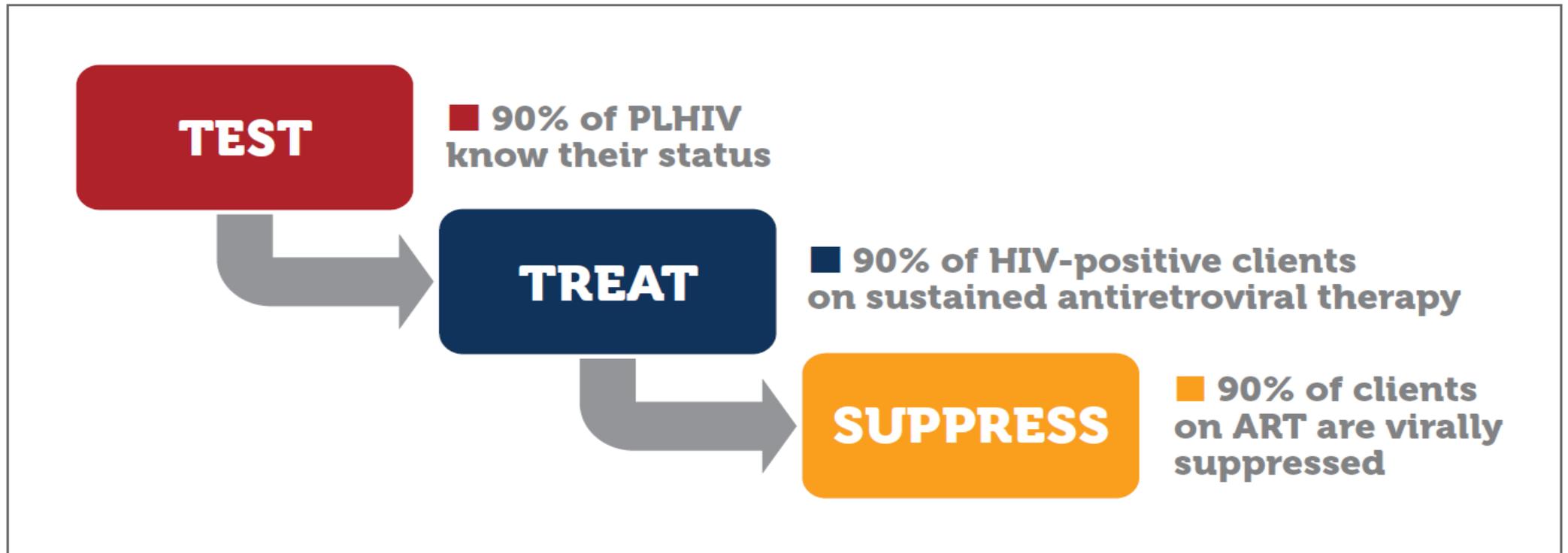
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Overview

- Why the Guidelines
- Universal Test and Treat
- Policy to practice
- What the Guidelines for SSPs aim to Achieve
- Prescripts from the Children's Act
- Conclusion

Universal Test and Treat



Prior to 1st September 2016, HIV-Positive Clients in South Africa were eligible for treatment only when their CD4 count fell below 500. As from 1st Sept 2016, the policy changes introduced Universal Test and Treat, irrespective of CD4 Count.

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Moving from current practice to future opportunity



Comprehensive
HIV testing policy
& procedure

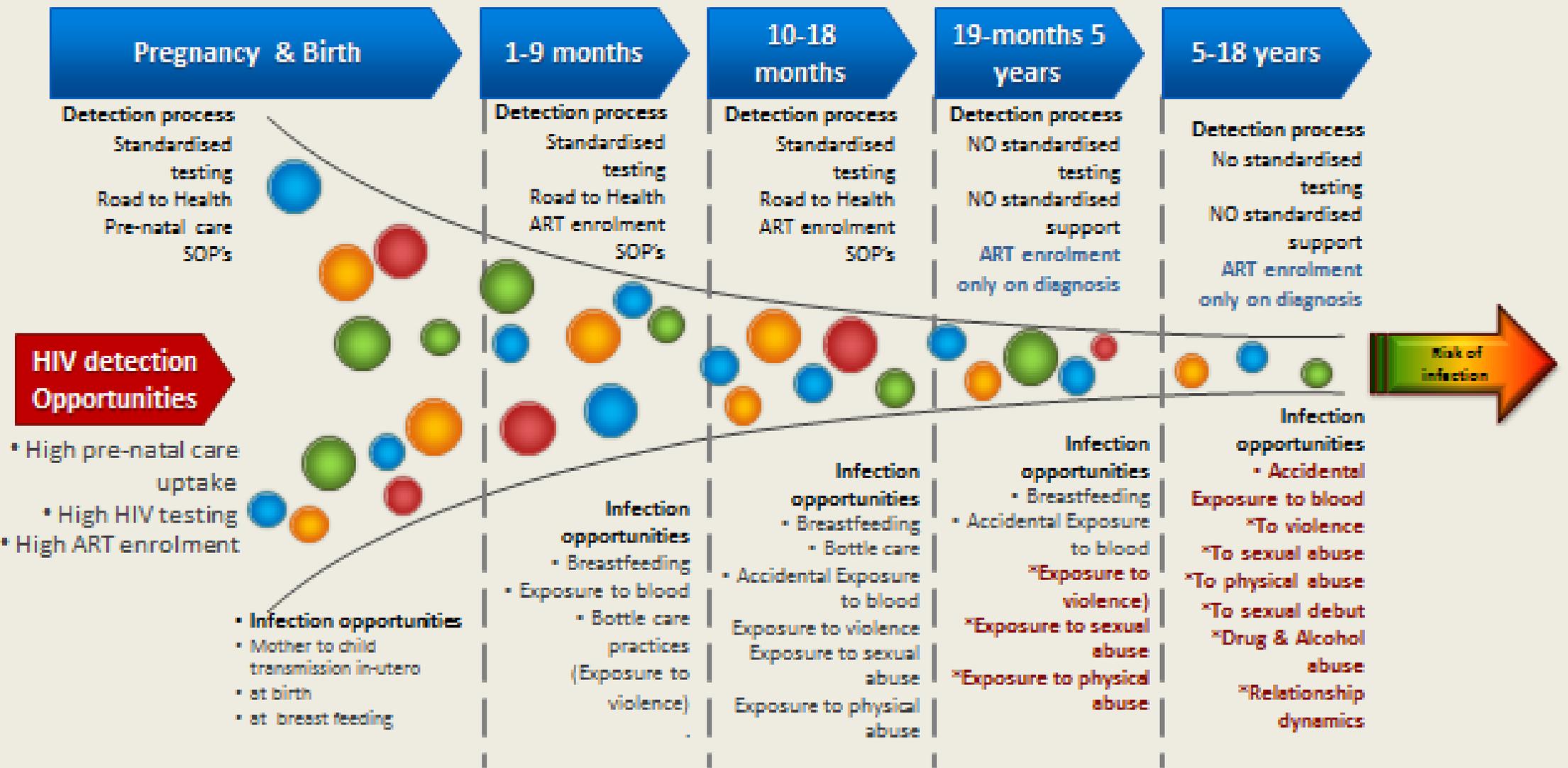


Securing
outcomes

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HIV detection VS infection opportunities across childhood



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Policy to Practice

Finding a voice for referral and psychosocial support for HIV testing

Need

- HIV not just a health problem
- Has significant social implications
- Affects the development of individual and family life
- Have to address HIV within a broader context

Idea

- Have a clearly defined role and pathway within the DSD to integrate and mainstream HIV oriented services across service areas
- Set a framework and methodology for social sector to work within.

Guidelines

- Support early identification of individuals at highest risk of HIV infection, provide enhanced PSS for testing, treatment and adherence support.
- Promotes multi-disciplinary approaches and inter-sectoral responses for Social Service Practitioners

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Why the Guidelines

- Understanding HIV: providing constructive information about HIV prevention, treatment, care and support
- Designed to equip social service practitioners with the necessary communication and counselling skills to facilitate referrals to HCT
- Helping social service practitioners to understand the needs and challenges of those accessing HCT
- Hands-on, practical approaches to HCT referrals for social service practitioners in community settings
- Psychosocial support: effective, age appropriate counselling, support groups, parent/caregiver support
- Addressing key aspects such as status disclosure and linkage to care

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What does the Guideline sets out to do

- The ***Guidelines for Social Services Practitioners: Supporting Access and Referral to HIV services*** provides a pathway for Social Service Practitioners to navigate HIV Testing Services in a coordinated and integrated manner
- Practitioners should at all times provide Correct Information about HIV testing services by covering the following areas:
 - Pre and Post-test age appropriate **C**ounseling
 - Informed **C**onsent
 - Referral to HTS
 - Follow-up on referrals for HTS
 - Psychosocial support for treatment adherence
 - Advocate for linkages to appropriate HIV prevention, treatment and **C**are services

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The Guidelines Covers the Following Areas

- Best Interest of the child - Children's Act (sections 130 and 132)
- The 5 C's Consent, Confidentiality, Counselling, Connection, Correct Results
- Policy and Legal Framework (including the Children's Act; HTS Policy)
- Roles and responsibilities of parents and the family in the context of HIV orientated services to children
- HIV Screening (What; Who; Where; When; Why)
- Referral and Linkages (Networking, Collaboration; Coordination)
- Test, Treat and Adherence
- Disclosure

HIV testing

- Section 130 (1) No child may be tested for HIV except when:
- (a) It is in the best interests of the child and consent has been given in terms of subsection (2)

Best Interests of the Child and Consent to Testing

- The right of a child to participate in decision-making related to his/her own healthcare is an important principle guiding interactions between the SSP, the child and his or her parent/guardian, including counselling.
- With regard to HIV Testing Services, the Children's Act (sections 130 and 132) specifies that a child may be tested for HIV when it is in the **best interests of the child** and **informed Consent** has been given by the child, or a parent or caregiver, if necessary.

Consent to HIV testing

May be given by:

- A child who is 12 years or over
- A child under the age of 12 years who is of sufficient maturity and understand the risks, benefits and social implications of that test
- Parent, Caregiver or Provincial Head of Social Development if the child is under 12 and is not of sufficient maturity
- Designated Child Protection Organisation- if arranging placement a child under 12 who is not of sufficient maturity

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Consent to HIV testing cont...

- The superintendent or person in charge of a hospital,
 - if child is under 12 and is not of sufficient maturity
 - the child has no parent, caregiver or DCPO
- Children's court consent for all the above
 - if such consent is unreasonably withheld
 - if the child, parent or caregiver is incapable

Counseling before and after HIV testing

Sec 132 (1) A child **may** be tested for HIV **only** after proper counseling by an **appropriately trained person**:

(a) If the child is of sufficient maturity and understands the benefits, risks and social implications of such a test **&**

(b) The child's parent or caregiver has knowledge of the test

(2) Post-test counseling **must** be provided by an **appropriately trained person**:

(a) If the child is of sufficient maturity and understands the implications of the result **AND**

(b) The child's parent or caregiver has knowledge of the test

Confidentiality of Information on HIV/AIDS status of children

Sec 133 (1) No person may disclose the fact that a child is HIV-positive without consent given in terms of subsection (2) except-

- (a) Within the scope of that person's powers and duties to the Act or any other law
- (b) When necessary for the purposes of carrying the provisions of this Act
- (c) For the purposes of legal proceedings
- (d) Ordered by a court

Consent to disclose HIV/AIDS status of children

Section 133 (2) Consent **may** be given by:

- A child who is 12 years or over
- A child under the age of 12 years who is of sufficient maturity and understand the risks, benefits and social implications of such a disclosure
- Parent, Caregiver or Provincial Head of Social Development if child is under 12 and is not of sufficient maturity
- Designated Child Protection Organisation- if arranging placement a child under 12 who is not of sufficient maturity

Disclosure of HIV Status

- Children, adolescents and young people need a lot of support from community caregivers, social workers, peers, communities and their families to ***disclose safely and confidentially***, and to be able to cope with any negative reactions from families, friends and their community.
- In accordance with the Children's Act (Section 133) ***children should decide who to disclose their status*** to and who should know their HIV status.
- It is important for the SSP to promote that child knows his/her status and that disclosure be done in a safe and confidential manner.

Conclusion

- Referrals for HIV Testing, Treatment and Adherence is not a one-stop service and that ongoing linkage to care and support is extended to all, even after post-test counselling.
- HIV testing services (HTS) is the gateway to a complete continuum of care, and that organisations and partners within the communities should provide further support when needed.

“It is in our Hands to end HIV and TB”



LET DSD ACTIONS COUNT

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THANK YOU QUESTIONS AND COMMENTS

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