
	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	ISSUE NO. 2
		REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		U.P. LAW CENTER OFFICE of the NATIONAL ADMINISTRATIVE REGISTER PAGE Administrative Rules and Regulations 1 of 14
	<b>OCT 26 2020</b> 	

**1.0 REFERENCES**

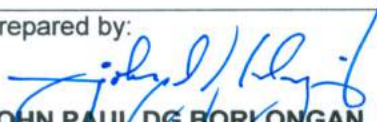



- a. Republic Act No. 11166 the Philippine HIV and AIDS Policy Act;
- b. BJMP HSO-GUI-006 re: Rules and Regulations on the Management of Human Immunodeficiency Virus (HIV) Among Inmates in All BJMP Jails Nationwide, dated June 15, 2015;
- c. DILG Memorandum Circular No. 2013-29 "Strengthening Local Response Toward More Effective and Sustained Responses to HIV and AIDS";
- d. UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); and
- e. WHO Guidelines (2016) on HIV infection and AIDS in Prisons.


**2.0 RATIONALE**

The Bureau of Jail Management and Penology is one with the Department of Health (DOH) in dealing with the management of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS). The Bureau is aware of the extent of the problem and will work closely with DOH's HIV/AIDS and Antiretroviral Therapy Registry of the Philippines (HARP) which monitors the spread of HIV in the country. The prevalence of the HIV cases in the jail setting must be given attention as persons who have used/injected drugs, freelance sex workers and males who have sex with males who are now in the custody of jail and prison institutions form part of the identified susceptible groups to acquire HIV/AIDS in the community.

This policy shall be implemented to carry out a holistic approach in the management of HIV/AIDS among PDL to include their family, visitors and BJMP personnel through proper education on prevention and treatment envisioned to raise awareness and eliminate stigma.

Republic Act No. 11166 known as the "Philippine HIV and AIDS Policy Act" will be the basis to strengthen previous issuances on proper information, prevention, treatment, care and support for PDL Living with HIV (PDLLHIV) detained in BJMP facilities.

Prepared by:  <b>JOHN PAUL DE BORLONGAN, MD</b> Jail Chief Inspector Medical Division Chief Directorate for Health Service	Reviewed by:  <b>DENNIS UROCAMORA, CESE</b> Jail Chief Superintendent Deputy Chief for Operations of the Jail Bureau/ Quality Management Representative	Approved by:  <b>ALLAN S IRAL, CESE</b> Jail Director Chief, BJMP
Noted by:  <b>ARTHUR C LORENZO, MD</b> Jail Chief Superintendent Director, Directorate for Health Service		

	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 2 of 14

### 3.0 OBJECTIVES

- 3.1 To advocate and promote the health of PDL by increasing awareness on HIV and AIDS, its causes and effects, prevention measures, early diagnosis and treatment;
- 3.2 To provide and enhance access of PDL to HIV screening, treatment, care, and support services from the time of commitment, during period of detention, and upon transfer to other facility or release and re-integration into the community; and
- 3.3 To prevent further spread of HIV infection among PDL in jails.

### 4.0 SCOPE/COVERAGE

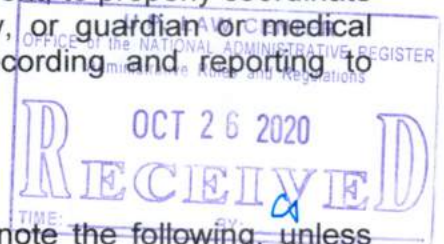
- 4.1 This memorandum circular shall be implemented in all BJMP jail facilities in coordination with partner agencies particularly Regional DOH, City Health/Municipal Health or partner Local Health Units and DOH-accredited-NGOs providing or catering HIV treatment/management and training.
- 4.2 The BJMP through DHS with its regional and jail unit counterparts shall provide medical screening adhering to the IRR of RA 11166 relevant to the following procedures: (1) upon entry medical screening; (2) during the period of detention programs/activities observing pre and post counselling; (3) voluntary consultation of PDL; and (4) upon transfer to other facility (BJMP-to-BJMP or BJMP to BuCor) or release to community. A jail health staff as a public health worker shall provide guidance to PDL strictly observing medical confidentiality with his/her consent, to properly coordinate and endorse the medical case to his/her family, or guardian or medical facility for continuance of treatment, proper recording and reporting to national health authorities.


### 5.0 DEFINITION OF TERMS

The following terms as used in this Circular shall denote the following, unless otherwise stipulated:

**Acquired Immune Deficiency Syndrome (AIDS)** - refers to a health condition where there is a deficiency of immune system that stems from infection with the Human Immunodeficiency Virus or HIV, making an individual susceptible to opportunistic infections.

**Anti-retroviral Therapy (ART)** - refers to the treatment that stops or suppresses viral replication or replications of a retrovirus like HIV, thereby slowing down the progression of infection. ARV or anti-retroviral refers to the regimen for HIV.



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 3 of 14

**Client-initiated Counselling and Testing (CICT)** - happens when individuals seek or access HIV testing and counselling services on their own initiative.

**Communicable Diseases Focal Person** - a duly designated personnel of jail health unit/regional division assigned to oversee the implementation of HIV programs in the facility which includes the coordination of referrals within and outside the facility/office.

**Comprehensive Health Intervention for Key Populations** - refers to evidence-based policies, programs and approaches that aim to reduce transmission of HIV and its harmful consequences on health, social relations and economic conditions.

**Compulsory HIV Testing** - refers to HIV testing imposed upon an individual characterized by lack of consent, use of force or intimidation, the use of testing as a prerequisite for employment or other purposes and other circumstances when informed choice is absent.

**Facility-Based Screening** - is the "Community Based Screening" equivalent in jail setting/facility administered by a trained counsellor or motivator in non-clinical settings and is generally combined with education and outreach events such as health affairs. The term screening is used to emphasize the need for a follow up diagnostic and confirmatory HIV test in case of reactive screening results.


**High-risk Behavior** - refers to a person's involvement in certain activities that increase the risk of transmitting or acquiring HIV.

**Human Immunodeficiency Virus (HIV)** - refers to the virus, of the type called retrovirus, which infects cells of the human immune system and destroys or impairs the cells' function. Infection with HIV results in the progressive deterioration of the immune system leading to immune deficiency.

**HIV Counselling** - refers to the interpersonal and dynamic communication process between a client and a trained counsellor, who is bound by code of ethics and practice to resolve personal, social or psychological problems and difficulties and whose objective in counselling in the context of an HIV diagnosis is to encourage the client to cope with anxiety and stress and plan for the future.

**HIV and AIDS Counsellor** - refers to any BJMP personnel or any individual from partner agency/ies trained by an institution or organization accredited by the Department of Health (DOH) to provide counselling services on HIV and AIDS with emphasis on behavior modification.

**HIV and AIDS Monitoring** - refers to the documentation and analysis of the number of HIV and AIDS infections and the pattern of its spread, included in DHS monthly reporting tool.

	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 4 of 14

**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 on persons living with HIV.

**HIV-Negative** - refers to the absence of HIV or HIV antibodies upon HIV testing.

**HIV-Positive** - refers to the presence of HIV infection as documented by the presence of HIV and HIV antibodies in the sample being tested.

**HIV Testing** - refers to any facility-based, mobile medical procedure, or community-based screening modalities that are conducted to determine the presence or absence of HIV in a person's body. HIV testing is confidential, voluntary in nature and must be accompanied by counselling prior to and after the testing and conducted only if with informed consent of the person.

**HIV-related Testing** - refers to any laboratory testing or procedure done in relation to a person's HIV condition.

**HIV Testing Facility** - refers to any DOH accredited on-site or mobile testing center, hospital, clinic, laboratory and other facility that has the capacity to conduct voluntary HIV counselling and HIV testing.

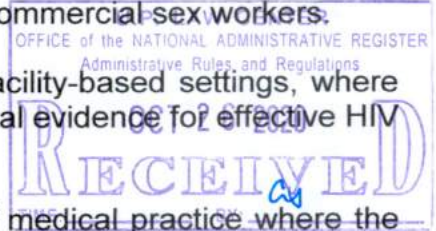
**HIV Transmission** - refers to the transfer of HIV from one infected person to an uninfected individual through unprotected sexual intercourse, blood transfusion, sharing of contaminated intravenous needles or which may occur during pregnancy, delivery and breastfeeding.


**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 or conveyed verbally.

**Key Affected Populations** - refers to those groups or persons at higher risk of HIV exposure or affected populations whose behavior make them likely to be exposed to HIV or to transmit the virus. Pertaining to PDL, these are persons who inject drugs, men who have sex with men, and commercial sex workers.

**Laboratory** - refers to an area or place including facility-based settings, where research studies are being undertaken to develop local evidence for effective HIV response.

**Medical Confidentiality** - refers to the core duty of medical practice where the information provided by the patient to health practitioner/s and his/her health status is kept private and is not divulged to third parties. The patient's health status can however, be shared with other medical practitioner involved in the professional care of the patient, who will also be bound by medical confidentiality. Medical confidentiality applies to the attending physician, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counselling, testing or professional care of the patient. It also



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 5 of 14

applies to any person who, in any official capacity, has acquired or may have acquired such confidential information.

**Opportunistic infections** - refers to illnesses caused by various organisms, many of which do not cause diseases in persons with healthy immune system.

**Partner Notification** - refers to the process by which the "index client", "source", or "patient" who has a sexually transmitted infection (STI) including HIV, is given support in order to notify and advise the partners that have been exposed to infection. Support includes giving the index client a mechanism to encourage the client's partner to attend counselling, testing and other prevention and treatment services. Confidentiality shall be observed in the entire process;

**PDL Living with HIV (PDLHIV)** - refers to a PDL diagnosed to be infected with HIV.

**Pre-exposure Prophylaxis** - refers to the use of prescription drugs as a strategy for the prevention of HIV infection by people who do not have the HIV and AIDS. It is an optional treatment, which may be taken by people who are HIV-negative but who have substantial, higher-than-average risk of contracting an HIV infection.

**Pre-test Counselling** - refers to the process of providing an individual with information on the biomedical aspects of HIV AIDS and emotional support to any psychological implications of undergoing HIV testing and the test result itself before the individual is subjected to the test.

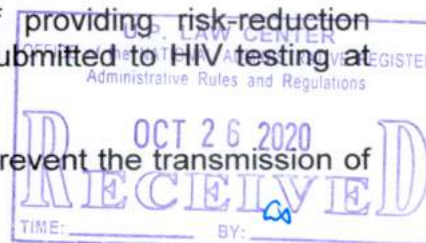
**Post-exposure Prophylaxis** - refers to a preventive medical treatment started immediately after exposure to pathogen (HIV) in order to prevent infection by the pathogen and the development of the disease.


**Post-test Counselling** - refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time the result is released.

**Prophylactic** - refers to any agent or device used to prevent the transmission of an infection.

**Provider-Initiated Counselling and Testing (PICT)** - refers to a health care provider initiating HIV testing to a person practicing high-risk behavior or vulnerable to HIV after conducting HIV pre-test counselling. A person may elect to decline or defer testing as consent is conditional. A PICT can be a trained BJMP personnel.

**Safer Sex Practices** - refers to choices made and behaviors adopted by a person to reduce or minimize the risk of HIV transmission. These may include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms and reducing the number of sexual partners.



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	ISSUE NO. 2
		REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 6 of 14

**Sexually Transmitted Infections (STIs)** - refers to infections that are spread through the transfer of organisms from one person to another as a result of sexual contact.

**Sexual Orientation** - refers to the direction of emotional and sexual attraction or conduct towards people of the same sex (homosexual orientation) or towards people of both sexes (bisexual orientation) or towards people of the opposite sex (heterosexual orientation) or to the absence of sexual attraction (asexual orientation).

**Social Hygiene Clinic (SHC)** - refers to a clinic of a local government unit, usually part of its municipal/city health office or rural health unit that provides services related to reproductive health and wellness including sexually transmitted infections (STI).

**Social Protection** - refers to a set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks and enhancing their capacity to protect themselves against hazards and interruptions on or loss of income.

**Stigma** - refers to the dynamic devaluation and dehumanization of an individual in the eyes of others, which may be based on attributes that are arbitrarily defined by others as discreditable or unworthy, which may result in discrimination when acted upon.

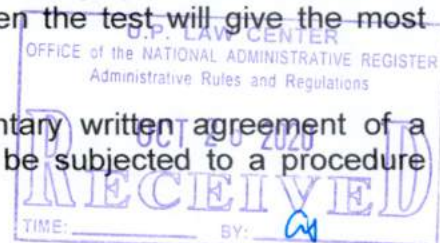
**Treatment Hubs** - refers to private and public hospitals or medical establishments accredited by the DOH to which have the capacity and facility to provide treatment and care services to PDLLHIV or offering/providing treatment support to BJMP facilities.


**Tutok-Gamutan** - refers to an individualized and innovative practice of dispensing or administering medication prescribed by a physician or medical officer administered by the Jail Health Unit personnel.

**Voluntary HIV testing** - refers to HIV testing done on an individual who, after having undergone pre-test counselling willingly submits to such test.

**Window period** – refers to the time ranging from two (2) weeks to twelve (12) weeks between the initial HIV infection and the development of antibodies during which an infected person will test “negative” upon HIV testing. This is the period wherein the virus is already replicating in the blood and lymph nodes and can be transmitted to infect others and it is the point when the test will give the most accurate result.

**Written Informed Consent** - refers to the voluntary written agreement of a person allowing himself or herself to undergo or be subjected to a procedure based on full information.



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 7 of 14

## 6.0 PROCEDURAL GUIDELINES

### 6.1. Jail HIV Management Program

6.1.1. The overall thrust is to integrate and mainstream the management of HIV related activities and services in jail units.

6.1.2. A coordinator for communicable diseases from the DHS, RHSD and jail health unit will be designated to oversee and facilitate communicable/infectious diseases programs (including Jail HIV Management Program) in the national, regional and jail unit levels.

6.1.3. The Jail Warden as the head of the jail unit/facility shall always be involved and well informed in HIV management related activities to be facilitated or conducted.

6.1.4. All jail personnel shall be oriented on this circular with equal support from the Regional Personnel Records Management Division and Regional Human Resource Development with their jail unit counterparts.

6.1.5. Support from Regional Divisions for Welfare and Development and Operations shall also be well coordinated as need arises relating to this policy/program.

6.1.6. Partnerships and Linkages shall be established. For PDL to receive continuous HIV prevention, treatment and care from the time of intake procedures, duration of custody, transfer or release to the community, the BJMP shall establish linkages with government agencies specially the local health units and social hygiene clinics, as well as partnership with DOH accredited civil society/organizations and identified faith-based groups for health services.

6.1.7. Health Personnel Deployment & Movement: To give importance to skills training and to ensure the continuity of HIV program implementation, assignment/designation of jail health personnel shall be well coordinated between the DHS, DPRM and DHRD with their regional counterparts.

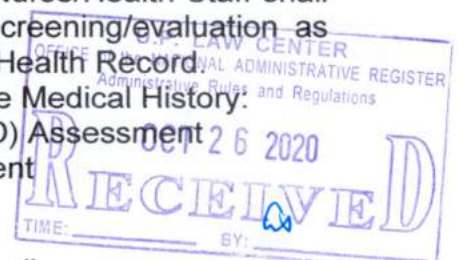
### 6.2. Screening, Management and Treatment of PDLHIV

#### 6.2.1. Screening and Testing Procedures

6.2.1.1. Upon commitment of PDL, the Jail Nurse/Health Staff shall conduct a complete and holistic medical screening/evaluation as part of the intake procedures using the PDL Health Record.

PDL Health Record (PHR) will include Medical History:

- a) Non-Communicable Disease (NCD) Assessment
- b) Communicable Disease Assessment





## MEMORANDUM CIRCULAR

TOPIC

MANAGEMENT OF HUMAN  
IMMUNODEFICIENCY VIRUS (HIV) AND  
ACQUIRED IMMUNODEFICIENCY SYNDROME  
(AIDS) AMONG PERSONS DEPRIVED OF  
LIBERTY (PDL) IN ALL JAIL FACILITIES

DOCUMENT NO.

BJMP-DHS-MC- 107

ISSUE NO.

2

REVISION NO.

1

EFFECTIVE DATE

10 NOV 2020

PAGE

8 of 14

- b1. Screening for Tuberculosis
- b2. HIV Risk Assessment
- b3. Hepatitis B & C
- b4. Sexually Transmitted Diseases
- c) Neuro-psychology Evaluation
- d) Alcohol, Smoking and Substance Involvement Screening
- e) Maternal History

6.2.1.2. Jail Nurse/Health Staff shall encourage PDL to submit for prescribed medical procedures provided with appropriate consent if found to be highly susceptible in acquiring an identified communicable/infectious disease. Strict medical (nursing) ethics and medical confidentiality shall be observed at all times.

6.2.1.3. If the result is positive, the PDL must be sent for confirmatory test in the laboratory or at a separate and private area of the facility by a trained jail health staff or if not readily available (personnel and facility) external health service providers or partners may be tapped. (Refer to the 12.0 Flowchart of the Standard Process prescribed by DOH).

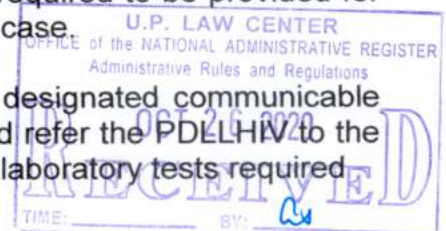
6.2.1.4. The trained/delegated Jail Nurse/Health Staff shall coordinate with the Local Government Unit (LGU) through the City or Municipal Health Office for purposes of reporting and support on management, treatment and other health intervention.

6.2.1.5. The trained/delegated Jail Nurse/Health Staff shall prepare a management plan to concerned PDL and inculcate the importance of adhering to treatment and provide guidance pertaining to continuance of management/treatment done anticipating possible PDL transfer to other facility or release to community.

### 6.2.2. Handling of PDL Diagnosed to be living with HIV (PDLLHIV)

6.2.2.1. The Jail Health Unit must take the lead in the management, treatment and care of PDLLHIV in coordination with the Local Government Unit (LGU) through the City Health Office (CHO) or Municipal Health Office (MHO) including identified treatment hubs in the area whichever is fit. Involvement and proper information to the warden as the head of the facility is required to be provided for the proper management of such medical case.

6.2.2.2. The Jail Health Unit led by the designated communicable disease focal person shall coordinate and refer the PDLLHIV to the CHO/MHO or treatment hub for baseline laboratory tests required.







## MEMORANDUM CIRCULAR

DOCUMENT NO.

BJMP-DHS-MC- 107

TOPIC

MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES

ISSUE NO.

2

REVISION NO.

1

EFFECTIVE DATE

10 NOV 2020

PAGE

9 of 14

(CBC, chest X-ray, SGPT/SGOT, creatinine & BUN, pregnancy test and CD4 cell count).

6.2.2.3. Consent, counseling and enrollment to antiretroviral therapy, other supplemental regimen, its requirement and side effects/adverse reactions shall be provided and discussed with the patient.

6.2.2.4. The PDLLHIV who gave consent on receiving antiretroviral therapy with basis on the IRR shall be enrolled/recorded in the jail health unit, HIV/AIDS and Antiretroviral Therapy Registry of the Philippines (HARP) or by the attending physician of the treatment hub or CHO or MHO.

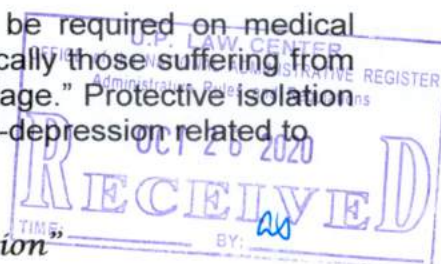
6.2.2.5. With proper coordination with partner health agency (CHO/MHO/treatment hub), the ART medications and/or other supplemental regimen prescribed shall be provided by the identified partner health agency and shall be stored and documented by the jail health unit, whereby the regimen shall be innovatively dispensed/administered as prescribed and with adherence to medical confidentiality practicing the treatment principle of "Tutok-Gamutan."


6.2.2.6. The Jail Health Unit shall monitor the response to treatment, assessment and proper coordination and referral for management of side effects/adverse drug reaction. To include the assessment and proper coordination and referral for the management of signs and symptoms of opportunistic infection.

6.2.2.7. Identified PDLLHIV who refused consent to receive treatment or any intervention shall be properly documented for health recording purposes adhering to public health safety. He/she shall be closely monitored and intermittent or frequent encouragement and counselling with consent shall be provided.

6.2.2.8. Decisions on isolation for health conditions should be recommended only by a medical doctor with valid basis. PDL rights should not be restricted further than is absolutely necessary on medical grounds and as provided for by public health standards and regulations. PDLLHIV should have equal access to workshops and other program available to the general jail population.

6.2.2.9. Isolation for limited periods may be required on medical grounds for PDLLHIV more so and specifically those suffering from pulmonary tuberculosis in an "infectious stage." Protective isolation may also be required for PDL with immune-depression related to



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	ISSUE NO. 2
		REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 10 of 14

AIDS but should be carried out only with an informed consent. Decisions on the need to isolate or segregate PDLLHIV should only be taken on medical grounds and only by health personnel with supervision of medical officer with proper information and coordination with the warden.

### 6.2.3. Regular Check Up

6.2.3.1. A Jail Nurse shall observe and keep patient confidentiality through innovations in the conduct of regular check-up which includes HIV Education and HIV Risk Assessment.

6.2.3.2. Once a PDL gave his/her consent, the Jail Nurse shall proceed to pre- and post HIV counseling regardless of the result.

6.2.3.3. If test results yield positive, concerned PDLLHIV shall be referred to CHO, MHO, treatment hub or satellite treatment hub for treatment and other laboratory workout.

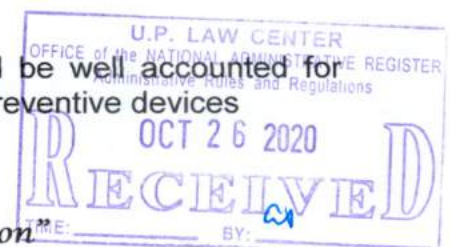
### 6.2.4. Prevention and Promotion of Health

6.2.4.1. On a scheduled period, a trained Jail Health Staff shall provide Pre-HIV test counseling prior to the conduct of HIV screening and regardless of the result, post-HIV counseling shall also be provided. Schedule for this activity will depend on targeted PDL jail population and this will be a regular health unit-facilitated activity. This may also include health promotion activities to be conducted to PDL supported by health partners or civilian/religious organizations.

6.2.4.2. Information, Education and Communication (IEC) materials shall be made available and accessible with support and in coordination with Regional Health Division and DOH National AIDS and STI Prevention and Control Program (NASPCP) through DOH Regional Offices.

6.2.4.3. The Jail Health Unit shall always inform, seek approval and coordinate with the warden all programs/activities related to health promotion including HIV/AIDS prevention programs. The provision of prophylaxis and other devices for HIV prevention can be requested from the Department of Health (DOH) or local health counterparts as well as from identified NGOs/religious service providers.

6.2.4.4. Anti-retroviral (ARV) regimen shall be well accounted for with proper recording and storage. Other preventive devices





## MEMORANDUM CIRCULAR

TOPIC

MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES

DOCUMENT NO.

BJMP-DHS-MC- 107

ISSUE NO.

2

REVISION NO.

1

EFFECTIVE DATE

10 NOV 2020

PAGE

11 of 14

pertaining to STI and HIV (such as lubes and condoms) shall not be allowed or tolerated and shall be classified as contraband.

6.2.4.5. Regular conduct of education/information to all PDL on preventive measures pertaining to communicable diseases including STI and HIV shall be facilitated without prejudice or bias to identified groups at risk or susceptible to such diseases.

6.2.4.6. Preventive measures should include faithful implementation of the rules on conjugal visits.

6.2.4.7. The policy on "no tattooing, no body-piercing and no foreign body implantation to organs" shall be strictly implemented and proper information and education shall be conducted pertaining to the ill effects of such prohibited activities.

6.2.4.8. Pre and post-exposure prophylaxis (PEP) in cases of Occupational Exposure among jail health care workers shall be made available and accessible.

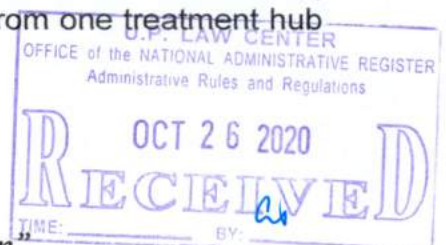
### 6.2.5. Transfer


6.2.5.1. The Records Unit shall inform the Health Service Unit on the anticipated transfer of the concerned PDLLHIV.

6.2.5.2. To prevent interruption of treatment of PDLLHIV on anti-retroviral therapy (ART), the Jail Health Service Unit must coordinate and establish network or linkages with CHO/MHO or treatment hub to ensure continuous ARV regimen.

6.2.5.3. Transfer of PDLLHIV on ART including the remaining antiretroviral drugs and health records shall be coordinated and endorsed by the Jail Nurse to health counterparts in the receiving jail, facility or institution. The need and process shall be explained thoroughly to concerned PDLLHIV. Same is true to identified PDLLHIV who refused and did not consent to receive treatment.

6.2.5.4. Inform the physician of the CHO/MHO or treatment hub where the patient is enrolled in for treatment regarding the transfer. The sending treatment facility shall now be responsible in coordinating with the receiving treatment facility regarding access to ARV regimen and services for PDLLHIV to be transferred, hence, the procedure for transfer of patient from one treatment hub to another shall apply.



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	ISSUE NO. 2
		REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 12 of 14

### 6.2.6. Release

6.2.6.1. The Records Unit shall inform the Health Service Unit on the anticipated release of a PDLLHIV to community.

6.2.6.2. To prevent interruption of treatment of PDLLHIV on ART the Jail Health Service Unit must coordinate and establish network or linkages to ensure continuous ARV regimen.

6.2.6.3. The Health Service Unit shall inform the physician of the CHO, MHO or treatment hub where the PDLLHIV on ART is enrolled on the status of impending release to community. Coordination and endorsement using standard forms shall be made to ensure continued treatment and care. Upon information and coordination provided to the treatment facility, the treatment facility shall now be the one responsible in coordinating and handling the medical case of the released PDL.

6.2.6.4. The need for referral to treatment and its process shall be explained thoroughly to concern PDL. With consent from the PDLLHIV, his family or guardian shall be informed on their role and support desired.

6.2.6.5. For identified PDLLHIV who refused and did not consent to receive treatment however, it is the public health duty of the Jail Health Unit to protect the welfare of the general population of the community hence the medical case will be reported to proper health authorities (such as CHO/MHO and/or Regional DOH HIV Program Coordinator).

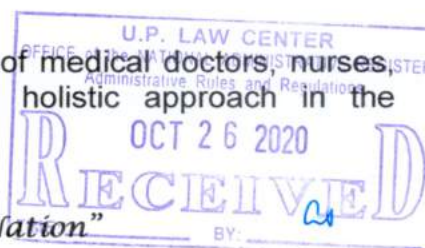
### 6.3. Capability Building


6.3.1 Jail health personnel must undergo HIV training and be provided with technical support from the Department of Health (DOH) through the support of the Philippine AIDS Council (PNAC) and DOH accredited NGOs.

6.3.2 Jail health personnel shall be provided with training to include HIV Risk Assessment, Basic STI/HIV/AIDS Education, HIV Counseling and Testing and other related skills training.

6.3.3 Trained jail health personnel must facilitate information drive/initiate conduct of training among PDL and personnel.

6.3.4 Organize HIV Support team comprised of medical doctors, nurses, counsellors and social workers to provide holistic approach in the management of an HIV affected PDL.



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. BJMP-DHS-MC- 107
	TOPIC  <b>MANAGEMENT OF HUMAN  IMMUNODEFICIENCY VIRUS (HIV) AND  ACQUIRED IMMUNODEFICIENCY SYNDROME  (AIDS) AMONG PERSONS DEPRIVED OF  LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	ISSUE NO. 2
		REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
		PAGE 13 of 14

**7.0. MONITORING CLAUSE**

- 7.1. Each jail facility shall report HIV cases to Regional Health Service Division (RHSD) to be reported to the DHS following Reporting Template from Annex C:
  - 7.1.1. Number of newly admitted PDL screened for HIV
  - 7.1.2. HIV Cases for the month
  - 7.1.3. Total number of PDLLHIV
  - 7.1.4. Number of PDLHIV ongoing ARV treatment
- 7.2. Each RHSD shall supervise the implementation of this Policy in the BJMP facilities and monitor compliance of the procedures.
- 7.3. The DHS shall collect and analyze all data once received for purposes of policy formulation, program enhancement and for other useful intention.

**8.0 SEPARABILITY CLAUSE**

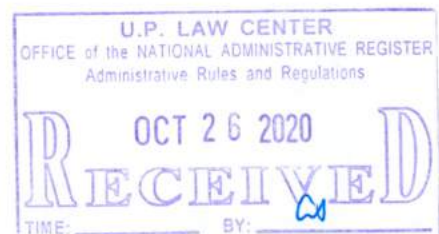
In the event that provision or part of this policy is declared invalid by competent authority, all other provisions not affected by such declaration shall remain valid and effective.


**9.0 REPEALING CLAUSE**

All other existing BJMP issuances which are inconsistent with the provisions of this Memorandum Circular (MC) are hereby rescinded or modified accordingly.

**10.0 EFFECTIVITY**







This circular shall take effect after fifteen (15) days from filing a copy thereof at the Office of the National Administrative Register (ONAR), University of the Philippines Law Center in consonance with Sections 3 and 4, Chapter 2, Book VII of Executive Order 292, otherwise known as "The Revised Administrative Code of 1987".



	<b>MEMORANDUM CIRCULAR</b>	DOCUMENT NO. <b>BJMP-DHS-MC- 107</b>
	TOPIC	ISSUE NO. 2
	<b>MANAGEMENT OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG PERSONS DEPRIVED OF LIBERTY (PDL) IN ALL JAIL FACILITIES</b>	REVISION NO. 1
		EFFECTIVE DATE <b>10 NOV 2020</b>
	PAGE 14 of 14	

**11.0 ANNEXES**

- Annex A: Jail HIV Management Team
- Annex B: Flowchart: Jail HIV Management Program
- Annex C: HIV Risk Assessment
- Annex D: DOH Guidelines in HIV Testing
- Annex E: Jail HIV Reporting Template

Prepared by:  <b>JOHN PAUL DG BORLONGAN, MD</b> Jail Chief Inspector Medical Division Chief Directorate for Health Service	Reviewed by:  <b>DENNIS U ROCAMORA, CESE</b> Jail Chief Superintendent Deputy Chief for Operations of the Jail Bureau/ Quality Management Representative	Approved by:  <b>ALLAN S IRAL, CESE</b> Jail Director Chief, BJMP
Noted by:  <b>ARTHUR C LORENZO, MD</b> Jail Chief Superintendent Director, Directorate for Health Service		 <p style="text-align: center;"><b>OCT 26 2020</b></p> <p style="text-align: center;">RECEIVED</p> <p>TIME: _____ BY: </p>

**BJMP HIV Management Program Administration:**

**Directorate for Health Service → Medical Division**

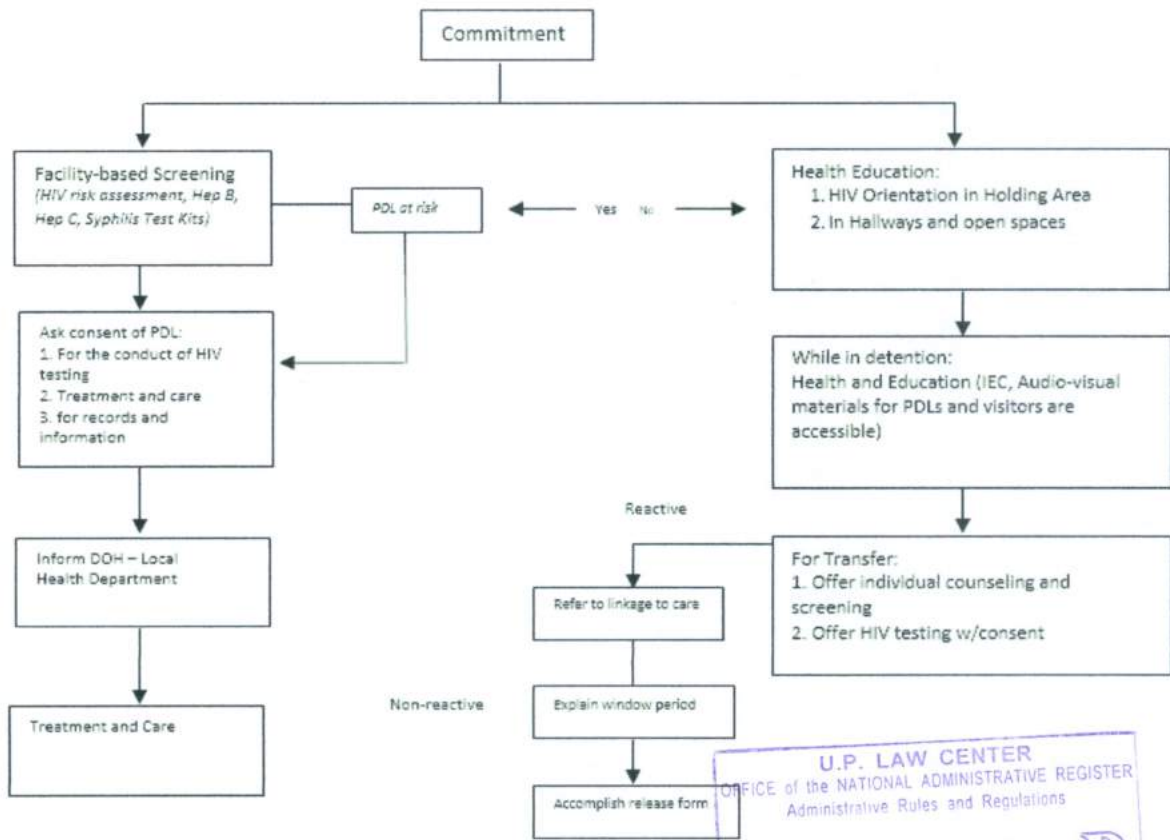


**National Communicable Disease Coordinator  
(Medical and Nurse CD Coordinator)**



- **Regional Health Service Division:**
  - Regional Communicable Disease Coordinator
    - Jail Health Service Unit:
      - Jail Unit Chief Nurse
      - Jail Nurse/s and Jail Health Staff
        - Jail Communicable Disease Focal Person
          - Jail HIV Management Program Focal Person

**FLOWCHART: Jail HIV Management Program**



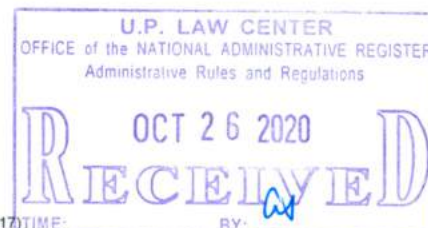
U.P. LAW CENTER  
OFFICE of the NATIONAL ADMINISTRATIVE REGISTER  
Administrative Rules and Regulations  
**RECEIVED**  
OCT 26 2020  
TIME: \_\_\_\_\_ BY: *as*

## HIV Risk Assessment

HIV TESTING		A
<p>The Department of Health (DOH) has an existing program for the prevention and control of the Human Immunodeficiency Virus (HIV) in the Philippines. The Epidemiology Bureau (EB) of DOH is mandated by Republic Act 8504 to collect information that will be used in planning activities to help stop the spread of HIV and to support and treat those diagnosed to have HIV. Your full cooperation is very important to this program. Please answer all questions as honestly as possible.</p>		
<b>ABOUT THE TEST</b>		
<p><b>1. What is HIV testing?</b> An HIV test is a blood test. It will show if you have antibodies to HIV-- the virus that causes AIDS. A sample of blood will be taken from your arm. If the first test (screening) is reactive, another test (confirmatory) will be done to make sure that the first test is confirmed to be positive. A positive test means you have been infected with HIV, a negative test means you are probably not infected because it takes time for the body to produce antibodies. If you think you have been exposed recently, you need to be re-tested after 6 weeks to make sure you are not infected.</p>		
<p><b>2. Voluntary HIV testing</b> Taking an HIV test is voluntary. Under Republic Act 8504, you cannot be tested without your knowledge and consent. If you do not want to be tested, you have the right to refuse the test.</p>		
<p><b>3. Confidentiality of Test Results</b> Your test result is confidential. It will only be given to you personally.</p>		

Please fill up this form after you have signed the informed consent to be tested for HIV.

PERSONAL INFORMATION SHEET (FORM A)	
All information given will be <b>STRICTLY CONFIDENTIAL</b> . Please fill out this form <b>COMPLETELY</b> and as honestly as possible. Please write in <b>CAPITAL LETTERS</b> and <b>CHECK</b> the appropriate boxes.	
DEMOGRAPHIC DATA	
1	PhilHealth Number: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Not enrolled in PhilHealth
2	Name (Full name) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>First Name Middle Name Last Name Suffix (Jr, Sr, III, etc)</small>
3	First 2 letters of mother's real name <input type="text"/> <input type="text"/> First 2 letters of father's real name <input type="text"/> <input type="text"/> Birth order <input type="text"/> <input type="text"/>
4	Birth date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age: <input type="text"/> <input type="text"/> Age in months (for less than 1 year old): <input type="text"/> <input type="text"/>
5	Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female Self-identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
6	Current Place of Residence: City/Municipality: _____ Province: _____ Permanent Residence: City/Municipality: _____ Province: _____ Place of Birth: City/Municipality: _____ Province: _____
7	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Other, please specify: _____
8	Highest Educational Attainment: <input type="checkbox"/> None <input type="checkbox"/> Highschool <input type="checkbox"/> Vocational <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate
9	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
10	Are you currently living with a partner? <input type="checkbox"/> No <input type="checkbox"/> Yes
11	Are you currently pregnant? (if female only) <input type="checkbox"/> No <input type="checkbox"/> Yes Number of children: <input type="text"/> <input type="text"/>
OCCUPATION	
12	Current Occupation (please specify main source of income): _____ If no current work, please specify previous occupation: _____
13	Currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes; please indicate level: <input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/> College <input type="checkbox"/> Post-graduate
14	Did you work overseas/abroad in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when did you return from your last contract? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Year</small> Where were you based? <input type="checkbox"/> On a ship <input type="checkbox"/> Land What country did you last work in? _____





**HISTORY OF EXPOSURE**

15 Did your birth mother have HIV when you were born?  No  Yes

**Answer all . Have you ever experienced any of the following? Please check the appropriate column for each item.**

	No	Yes; the most recent time was within the past 12 months	Yes; the most recent time was more than 12 months ago
Sex with a <u>female</u> with no condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a <u>male</u> with no condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with someone whom you know has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Paying for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly accepting payment for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injected drugs without doctor's advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational exposure (needlestick/sharps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gotten a tattoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infection (STI / STD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 Age at first sex:    Not applicable Age at first injecting drug use:    Not applicable

18 **If you have ever had sex, please answer this section. If the answer is none, write "0" in the box.**  
 How many FEMALE sex partners have you ever had?       Year of last sex with a female: \_\_\_\_\_  
 How many MALE sex partners have you ever had?       Year of last sex with a male: \_\_\_\_\_

**MEDICAL HISTORY**

19 **Please check all that apply.**  
 Current TB patient  With hepatitis B  CBS reactive  
 Currently pregnant  With hepatitis C  Taking PreP

**REASONS FOR HIV TESTING**

20 **Please check all that apply.**  
 Possible exposure to HIV  Employment - Overseas/Abroad  No particular reason  
 Recommended by physician  Employment - Local/Philippines  Other (please specify): \_\_\_\_\_  
 Re-testing  Requirement for insurance \_\_\_\_\_

**PREVIOUS HIV TEST**

21 **Have you ever been tested for HIV before?**  No  Yes  
 If yes, when was the most recent test?        
 Month Year  
 Which testing facility did you have the test? \_\_\_\_\_ City/Municipality: \_\_\_\_\_  
 What was the result?  Positive  Negative  Indeterminate  Was not able to get result

**To be filled up by PHYSICIAN, CLINIC STAFF or COUNSELOR only**

22 **Clinical Picture:**  Asymptomatic  Symptomatic Describe S/Sx: \_\_\_\_\_  
 World Health Organization (WHO) Staging: \_\_\_\_\_  No physician available to do staging  
**Patient type:**  Inpatient  Outpatient  Mobile HTS client

**To be filled up by TESTING FACILITY only**

23 **Name of Testing Facility:** \_\_\_\_\_ **Referred by (if referral):**  
**Complete Mailing Address:** \_\_\_\_\_  TB-DOTS/PMDT facility  
**Contact Numbers:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  Antenatal/Maternity clinic

24 **Name of Counselor (with signature):** \_\_\_\_\_

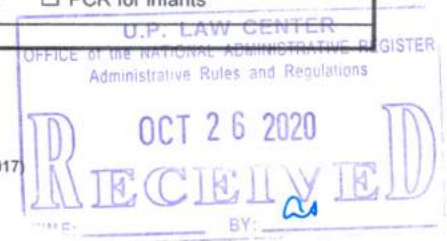
**To be filled up by RHIVDA Facility only**

25 **RHIVDA code:** \_\_\_\_\_ **Date tested:**        
 Result:  Non-reactive  Positive  Negative  Indeterminate  
 Month Day Year

**To be filled up by SACCL only**

26 **SACCL Laboratory Code:**            
**HIV Results Confirmed by:** \_\_\_\_\_ **Date HIV Confirmed:**        
 Month Day Year  
**Test:**  Western Blot  PCR for infants

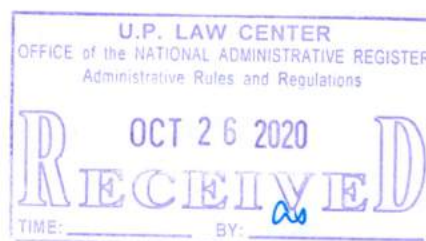
END



DOH Guidelines on HIV Testing

Sample text

1. When qualified personnel is available xxx
2. Either a phlebotomist or an HIV proficient medical technologist assigned in jails shall perform blood extraction, but only the HIV proficient medical technologist shall perform the test. The standard process of HIV testing prescribed by the DOH shall apply.
3. For jails with no HIV proficient medical technologist to perform the test, the HIV focal person/HIV-in-Charge shall coordinate with the local government unit through the Social Hygiene Clinic for HIV Testing.



**Jail HIV Reporting Template**

Jail Facility Name: _____	Regional Office: _____	
	Number	Remarks
Number of newly admitted PDL screened for HIV		
HIV Cases for the Month		
Total number of PDLHIV		
Number of PDLHIV ongoing ARV treatment		

U.P. LAW CENTER  
 OFFICE of the NATIONAL ADMINISTRATIVE REGISTER  
 Administrative Rules and Regulations  
**OCT 26 2020**  
**RECEIVED**  
 TIME: \_\_\_\_\_ BY: \_\_\_\_\_