

MEDIA BRIEFING ON HCT IN SCHOOLS - Making Testing work for Teens

The Yeziingane Network is a civil society network of networks representing thousands of organisations working to address the impact of HIV on children, families and communities. We represent the Children's Sector on SANAC. We have actively engaged around the HCT campaign, including raising our serious concerns about implementing this campaign in schools.

We have noted that our recent agreements (11 January 2011) with the Minister of Health regarding HCT in schools have not been conveyed widely. This briefing intends to clarify key points.

We fully support the HCT campaign and the ambitious targets set for the campaign.

1. We have advocated for, raised awareness and mobilised for HIV testing for children including infants, especially abandoned babies, and teens. We intend to continue this support.
2. We have promoted this in our work, with adults and children, as seen in the documents provided.
3. The HCT campaign opens unique opportunities for teens to both prevent new infections, to receive support for their sexual and reproductive health rights, and to ensure teens with HIV get on and stay on treatment as well as to receive the care and support they require for their holistic health. We seek to work with government to realise the campaign's potential.

Agreements between the Minister of Health and the Children's Sector (Yeziingane Network)

- The HCT in schools strategy and implementation plan are to be revised in line with agreements and concerns.
- The launch date will be changed in line with the above.
- A phased approach will be taken to implementation.
- Implementation will be with a limited number of schools and with close monitoring of implementation and post-testing issues at individual and facility levels.
- The HCT in schools campaign will be extended beyond June 2011.
- The campaign will target secondary schools only.
- The Task Team must develop a set of criteria for the selection of schools based on a number of key principles. Specific schools must be identified from the outset rather than delegate to final stages. Some of the schools will have strong committed governing bodies, strong support from the teachers and unions, well supported through civil society and other key governments such as social development. A balance must be maintained to ensure inclusion of schools functioning in difficult circumstance including rural communities.

There are *serious considerations* which require further attention as mass HCT in schools has high and predictable likelihood of putting large numbers of children at risk of harm, including:

1. **Significant challenges to meeting essential requirements** of: voluntary testing, Informed choice and confidentiality in school setting.
2. **On-going support services and systems for mental health and social support are weak, fragmentary and not well integrated with health services.** Pre- and post-test counselling form only a small and transient part of psychological and social support. There are only minimum forms of organised and trained support mechanisms and services available. In fact a significant proportion of individuals will deal with their diagnosis within the context of high and predictable contexts of stigma and discrimination.

3. **Serious Mental health and behaviour risks** - Children in South Africa already suffer high rates of mental health problems. Mental health problems are known to dramatically increase post-HIV diagnosis. For example:
 - a. The way a diagnosis is disclosed is known to affect the individual's mental health for the course of their lives.
 - b. PLHIV are 36 times more likely than the general population to commit suicide (for adults)
 - c. The risk of suicide is influenced by cultural factors and by the availability of psychological support
 - d. Increased risk is worse especially where mental support is limited.
 Adolescents' mental health and developmental needs mean that they have special needs, which are not currently addressed.
4. **Lack of Child protection services and support in schools** - for children whose HIV status is the result of sexual abuse, as testing and counselling might lead to disclosure of abuse.
5. **Criminalisation and obligation to report 12-16 yo engaged in sexual activities** – While there is a court challenge, currently Sections 15 and 16 of Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 criminalise children between the ages of 12 and 16 years if they consent to kissing, 'petting' or acts of sexual penetration. Anyone who knows that consenting sexual activity is happening has a duty to report it to the police as a sexual offence. This includes their friends and parents. The existing hostile environment towards teens who are sexually active, combined with the Sexual Offences Act places children at risk of criminal prosecution.

We appeal for

1. Thorough and meaningful pre-testing preparation phase at school and community level including working with educators to deal with their personal issues related to HIV and to teens' sexual and reproductive health rights, and putting into place long-term care and support for the issues that will be raised.
2. Ensure that planning, implementation and monitoring are in children's best interests and fully and meaningfully protect their rights to health, information, care and support, and participation.
3. Post-testing monitoring of stigma, discrimination, mental health and social concerns at sites. This is an area where action and operational research and communications are required.
4. Integration of HCT into Life skills curriculum including effective training and attitude changes for educators.
5. Schools to play a role in having teens work with health facilities to become adolescent friendly, by brokering a process and on-going mechanism for adolescent participation in health services. The teens could advise on what needs to be done to make the health services adolescent-friendly, and monitor and give feedback to make them even more adolescent-friendly. The Department of Health could give special recognition to health facilities that are deemed to meet these criteria by adolescents in the area.
6. We believe that Government (Health, Education, Social Development, and Local Government Departments) working together with civil society organisations can and should provide an integrated sustained response to children taking part in the HCT campaign as part of holistic health care. The Yezingane Children Sector Network promotes a spirit of collaboration, co-ordination and communication for an effective HCT in Schools Campaign to be rolled out effectively.

For more information contact

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| Cati Vawda | 083 791 7676 |
| Anthony Ambrose | 082 940 2608 |
| Menaka Jayakody | 076 932 4469 |