



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER
NO. 2 s. 1997

SUBJECT: National Policy Guidelines for the Prevention and Management of Sexually Transmitted Diseases (STDs)

Rationale:

The Department of Health, taking the lead in preventing the spread of HIV/AIDS in the Philippines has established the National AIDS Prevention and Control Program in August 1988. By virtue of Administrative Order No. 57-A s. 1989, the 12 policy statements for the prevention and control of HIV/AIDS in the Philippines were ratified to become the basis for national strategies in the fight against the AIDS disease in the country.

Recognizing the strong association of STDs in the transmission of HIV, the National STD Control Program was integrated into the National AIDS Prevention and Control Program in 1994. Both programs are now being implemented with complementing strategies and approaches. STD case management is one complementary strategy in preventing HIV transmission and shall always include diagnosis made according to the resources available, effective treatment based on the national recommendations, education and counseling on treatment compliance and risk reduction including condom promotion and encouragement to notify sexual partners.

In consideration of the HIV and STD epidemiological situations in the Philippines and the experiences gained by the Department since the establishment of the National AIDS Prevention and Control Program in 1988, the 12 policy statements were revised. Administrative Order No. 7-C s. 1995 was then issued to revise the policy statements contained in Administrative Order No. 57-A s. 1989. The revised policy guidelines will complement the existing and future strategic planning documents of the National AIDS/STD Prevention and Control Program.

To provide strategic directions for future activities and complement the existing guidelines of the National AIDS/STD Prevention and Control Program, the following policy statements shall form the bases for the prevention and management of STDs at all levels of the health care system nationwide in order to lessen complications and consequences and reduce the spread of HIV.

1. AIDS/STD prevention and control program shall be implemented in all levels of STD service facilities.
2. Acceptable, affordable and effective case management of patients with STD shall be made accessible to all individuals through the general health care system including Maternal and Child Health Services (MCHS), Family Planning (FP) and other medical services, whenever possible.
3. Syndromic management, which includes diagnosis based on recognizable groups of signs and symptoms and provision of treatment against the majority of organisms producing the syndrome, shall be applied when and where reliable laboratory diagnostic support is not consistently available.
4. Designated referral sites with appropriate laboratory support to STD diagnosis shall be made available at least on a regional level.



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5. The role of Social Hygiene Clinics shall be expanded to provide STD services not only for special populations but also for the general community, and where appropriate, provide services to referrals from other levels of the health care system.
6. The promotion of STD health-seeking behavior, as a priority, shall be included in the local or national HIV/STD plans.
7. Drugs used for STD management shall be in accordance with the updated STD Treatment Guidelines of the Department.
8. The Department of Health in collaboration with the local government units shall ensure that doctors, nurses, midwives, pharmacists and other health care workers, both hospital and community based, receive appropriate training on STD case management.
9. The existing reporting system for STD surveillance shall be strengthened and be made culturally appropriate in collaboration with the local government units and other health-related agencies.
10. Operational research necessary to the performance of the National AIDS/STD Prevention and Control Program, including microbiological surveys, shall be coordinated by the AIDS/STD Unit. NASPCP shall see to it that significant results shall be disseminated and acted upon appropriately.
11. The program shall encourage case finding in vulnerable populations e.g. registered and unregistered sex workers and asymptomatic patients at increased risk of infection. Routine testing for syphilis among pregnant women shall be encouraged at all health care facilities such as hospital, primary health care centers etc., and where resources can be made available should be free of charge.

Specific guidelines to implement the above policies shall be formulated and widely disseminated through the AIDS/STD Unit to all programs and services involved in the prevention and control of STD in the Philippines.

This order shall take effect immediately.


CARMENCITA NORIEGA-REODICA, MD, MPH, CESO II
Secretary of Health