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TAC, YN, EE, Section27 welcomes HCT for teens but cautions on approach

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Media Statement

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We support implementation of a programme of HIV Counselling and Testing (HCT) for Teens ... but proper planning and protection of human rights of learners is essential

The Treatment Action Campaign (TAC), The Yezingane Network (YN) , Equal Education and SECTION27 welcome the Department of Health?s plans to extend HIV Counselling and Testing (HCT) campaign to children 12 years and older. But we call for it to be done in a measured, phased manner after thorough and consultative planning.

Encouraging HIV testing among young people is necessary. It is a tragic fact that HIV infection is a reality and a risk for teenagers. For over a decade studies have consistently shown rising rates of HIV infection after the age of 14, where HIV prevalence has been known to reach as high as 20% amongst girls aged 18 to 20. This, together with high rates of teenage pregnancy, shows that unprotected sex does take place among youth of school age.

We therefore believe that extending the HCT campaign to teens can benefit this age group if approached carefully. Like adults, teenagers have a right of access to health care services, including for their sexual and reproductive health. It is unlawful to deny teenagers access to HIV preventative methods, such as condoms, information and HIV testing ? when it is well know that they are at risk. But the right to access treatment, must also be accompanied with the surety that those in need of support are able to obtain it easily.

We believe the HCT campaign potentially also opens unique opportunities to prevent new infections among teenagers and to create better knowledge of sexuality, sexual health and HIV.

However we are very concerned about the challenges of conducting HIV testing with teens in the course of ordinary school activities and without serious preparation. Most schools in our country do not have a proper life-skills programme, despite government claims to the contrary. Problems of bullying, sexual abuse and substance abuse are widely reported. In this context, schools may pose serious challenges to privacy, confidentiality and voluntary participation. In a school setting learners reactions will be watched by their peers and educators.

This is why it is necessary to thoroughly prepare teens, their families and communities to ensure that children?s rights are protected, that there is no stigmatisation of HIV positive children and to ensure that the longer term care and support for post-testing is in place *prior* to testing. We should not take chances with individual children?s lives because we think we are promoting the greater good.

Children of different ages, including adolescents, have complex developmental needs which are not widely understood. Some of these needs require specialised training and more involved and longer term interventions. Testing must be promoted but at the same time entirely voluntary, confidential and children must be able to freely decline an HIV test.

The campaign provides a valuable opportunity for parents and children to discuss sex and sexuality. However, parental involvement should not extend to being able to deny children the choice of taking an HIV test. To do so would be a violation of children?s rights and autonomy in terms of the Children?s Act. After proper preparation, counselling and protection of confidentiality, neither schools nor parents should be able to veto the informed decision of a young person to test for HIV.

Treatment Action Campaign General Secretary Vuyiseka Dubula says, ?There needs to be clear guidelines and a long-term strategy that will look at the psychosocial support needs of children pre- and post-testing. This will mean bringing teachers, learners and parents on board before the campaign kicks off to try to lay a foundation that safeguards against stigma and discrimination.?

She adds, ?Referral support systems need to be established for children who test HIV positive so that they don?t drop out of school and that they have proper health care follow up and services. Steps also need to be taken to ensure that those who test negative are encouraged to continue to stay negative.?

Yoliswa Dwane, Head of Policy, Communications and Research at Equal Education says, ?Most schools do not have social workers. Teachers carry the social burden, on top of overloaded teaching responsibilities. To introduce testing into that environment is a risk. Proper counselling, and absolute confidentiality for the learners are prerequisites. If these are put firmly in place the HCT in schools campaign can succeed.?

Cati Vawda Chairperson of the Yezingane Network says, ?The SANAC HCT in Schools Task Team needs to ensure that the strategy document comprehensively addresses mental health and social issues including those that are not HIV specific and will be inevitably raised through proper preparation and counselling and testing such as abuse.?

The organisations jointly urge the following:

- A thorough 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. This phase must include education, information, communication and advocacy.
- Ensure that planning, implementation and monitoring are in children?s best interest and fully and meaningfully realise and protect their rights to health, information, care and support, and participation.
- 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.
- Proper attention to HIV prevention, in tandem with testing, including ensuring the availability of condoms at schools.
- Support from parents, but no veto power in the hands of schools or parents. The decision to test, in the context of counselling, support and information, must be in the hands of the young people themselves.
- Rapidly strengthening and monitoring the Life Skills curriculum including effective training and attitude changes for educators.

We urge the South African National AIDS Council (SANAC) which includes the Departments of Health, Basic Education, Social Development and Public Service and Administration to pay close attention to these issues and give a public assurance that these requirements will be met. We call for independent monitoring of the campaign.

Finally we urge SANAC to ensure that all relevant government departments take a multi-dimensional approach to this campaign (HIV, child development and protection, mental health, safety and security and access to health care) in order to achieve maximum benefits for the learners and for the fight against the spread of HIV. In this they can be assured of

our support.

- ENDS -

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