

HIV Prevention for People Living with HIV/AIDS: An Intervention Toolkit for HIV Care and Treatment Settings

Each year, approximately two and a half million people become newly infected with HIV, a trend expected to continue unless effective prevention interventions are rapidly brought to scale in the areas hardest-hit by HIV/AIDS. Traditionally, HIV prevention efforts have focused on HIV-negative individuals. In recent years prevention experts have emphasized the importance of addressing prevention with HIV-positive individuals. These prevention interventions aim to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners and infants. Because an HIV-positive person is involved in the transmission of each new infection, prevention interventions aimed at people infected with HIV can have a larger effect on disease spread than comparable efforts aimed at people who are not infected. Prevention for people living with HIV is an essential part of a comprehensive prevention approach.

Delivering prevention messages to HIV-positive individuals in care and treatment settings can significantly impact the HIV transmission risk behavior of infected persons. Two US-based health care provider-delivered interventions involving providers discussing prevention topics (e.g., serostatus disclosure, consistent condom use) were found to be effective at decreasing the rate of unprotected sex in HIV-positive individuals (Fisher et al., 2006; Richardson et al., 2004). The intervention and materials developed for this project were adapted from Partnership for Health (Richardson et al., 2004), with additional components added to the intervention to more comprehensively address prevention and to meet the demands of African epidemics. During field testing of these interventions in the African context, health care providers reported that having brief conversations with their HIV-infected patients using these materials was feasible.

The rapid scale-up of HIV care and treatment in resource-limited settings has created an opportunity to reach many HIV-infected individuals on a regular basis. To take advantage of this opportunity, the President's Emergency Plan for AIDS Relief (PEPFAR) supported the HIV Prevention Branch of the Global AIDS Program to develop a comprehensive prevention package for HIV care and treatment settings. This prevention package is designed to support integration of HIV prevention into the routine care of HIV-positive patients. During the course of standard care, discussions between health care providers and HIV-positive patients about HIV prevention-related topics (e.g., reducing risky sexual behavior, disclosing HIV status, partners' HIV testing) often do not occur or do not occur on a consistent basis. Consequently, many HIV-positive individuals may unknowingly continue to engage in behaviors that put their sex partners and future children at risk for acquiring HIV. In addition, preventive services such as family planning and managing sexually transmitted infections (STIs) are often not delivered during routine HIV clinic visits, leaving further missed opportunities to reduce transmission of HIV. This package of trainings and tools helps health care providers of all cadres and counselors deliver accurate and comprehensive prevention messages and services to their patients on a consistent basis.

HIV Prevention for People Living with HIV/AIDS: An Intervention Toolkit for HIV Care and Treatment Settings includes four clinic-based interventions, which address both behavioral and biomedical prevention strategies. These interventions train health care providers (e.g., medical doctors, clinical officers, nurses, pharmacists), as well as lay counselors (who have no technical or medical training), to routinely address multiple aspects of prevention, including, basic behavioral messages for prevention of sexual transmission, family planning, management of sexually transmitted infections, and counseling on ARV adherence and alcohol use, with HIV-infected patients. The intervention toolkit is outlined below.

HIV Prevention for People Living with HIV/AIDS: Tools for Health Care Providers in HIV Care and Treatment Settings



Many HIV-infected individuals are sexually active and require assistance with a range of behavioral and biomedical risks. Health care providers in HIV care and treatment settings are uniquely positioned to routinely assess these risks and provide appropriate advice and services. They also have regular, ongoing contact with patients and can reach the largest number of HIV infected individuals with critical prevention messages and services.

This intervention is designed to train health care providers on the key behavioral and biomedical prevention interventions. In a 2-day training, health care providers and professional staff who are involved in the care of HIV-infected patients are trained on why prevention interventions are critical, what the key prevention steps and messages are, and how to address these topics on a routine basis with their HIV-infected patients. They are trained to use two tools to facilitate meeting their patient's prevention needs. Providers and staff are given a *provider card*, a one page job aid which identifies 5 key prevention steps to briefly address at each clinic visit—1) assess and address sexual risk behaviors, 2) assess medication adherence 3) identify and treat STIs, 4) address family planning needs, and 5) give condoms. Also, providers are given a scripted, illustrated *flip chart* to assist them in assessing a patient's risk status and delivering tailored prevention messages about partner testing, disclosure, sexual risk reduction, and family planning. Finally, health care providers are trained to end each visit by helping the patient set a prevention goal and actively distributing condoms, handouts, and, if needed, referrals.

Materials and Audience:

Trainer's Manual: Experienced health care providers and trainers use this manual during the 2-day training.

Participant's Manual: Health care providers use this manual during the 2-day training and thereafter as a reference.

One-Page Provider Card: Health care providers use this tool to remind them about questions to ask and steps to following during patient visits. Patients do not see this card.

Flip Chart: Health care providers use this tool during patient visits. On one side, they read the text, and on the other side, the patient looks at illustrations and small amounts of text.

2 Exam-Room Posters, 1 Waiting Area Poster, 2 Patient Handouts: Educational materials for HIV-positive patients (many with lower literacy levels) who see these posters and handouts during their clinic visits.

Management of Sexually Transmitted Infections for People Living with HIV/AIDS: A Tool for Health Care Providers in HIV Care and Treatment Settings

Routinely identifying and treating STIs in HIV-infected patients is important for improving the health of HIV-infected individuals, as well as protecting the health of their sex partners and future children. Patients infected with HIV may develop more severe STI symptoms and may be more likely to have STI-related complications. In addition, HIV-infected patients with STIs may be more likely to transmit HIV to their sex partners than HIV-infected patients who do not have STIs.



This intervention trains HIV providers to integrate assessment and treatment of STIs into the care of their patients living with HIV. In a two-day training providers are taught to routinely assess, identify, and syndromically treat STIs in HIV-infected patients as part of routine HIV care. Providers learn to ask the patient about STI symptoms, determine if any abnormal clinical signs are present, make a syndromic diagnosis and then treat as indicated by a WHO algorithm or their national MOH guidelines. Providers will also be trained on partner management and special considerations for STI management in pregnant women. Clinics will need to arrange for STI commodities to be available in HIV clinic settings.

Materials and Audience:

Trainer's Manual: Experienced health care providers and trainers use this manual during the 2-day training.

Participant's Manual: Health care providers use this manual during the 2-day training and thereafter as a reference.

Flow Chart: Health care providers use this technical algorithm for the syndromic management of STIs. Patients do not look at or read from this tool.

Family Planning and Safer Pregnancy Counseling for People Living with HIV/AIDS: A Tool for Health Care Providers in HIV Care and Treatment Settings

There is a large unmet need for family planning services among HIV-positive women. Similarly, many couples living with HIV desire children, but do not know how to minimize health risks to themselves, their sex partners, and their infants. Most HIV clinics refer women to family planning clinics, but these referral clinics are not necessarily equipped to meet the specific needs of HIV-positive women, and may not know the HIV status of the women they are seeing. Further, referrals to family planning clinics with long queues are often deterrents to seeking services.



This intervention trains HIV providers to integrate family planning services and safer pregnancy advice into the routine care of HIV infected patients. Health care providers, nurses, and other relevant staff participate in a 2-day training on integration of basic family planning counseling and services into routine HIV care. They receive training on the important role contraceptives and counseling play in the reduction of maternal-to-child transmission of HIV. Providers are trained to assess pregnancy status and intentions at every clinic visit, encourage dual method use to women who wish to prevent pregnancy, and provide brief guidance on safer conception,

pregnancy, and delivery for women who wish to conceive. A job aid with key guidance on the above topics serves as a clinical reference. Clinics will need to arrange for family planning commodities (oral contraceptive pills and injectable contraception) to be available in HIV clinic settings*. The intervention and materials used in this project were adapted from WHO's *IMAI Reproductive Choices and Family Planning for PLHA* (WHO, 2006) specifically for providers in HIV care and treatment settings.

*PEPFAR funds cannot be used to purchase contraceptives; they can only be used to purchase condoms. Wrap-around funds must be used to purchase contraceptives.

Materials and Audience:

Trainer's Manual: Experienced health care providers and trainers use this manual during the 2-day training.

Participant's Manual: Health care providers use this manual during the 2-day training and thereafter as a reference.

Flip Chart Clinical Reference: Health care providers use this tool as a reference to technical information during patient visits. Patients do not look at or read from this tool.

HIV Prevention and Adherence Counseling for People Living with HIV/AIDS: A Tool for Counselors in HIV Care and Treatment Settings



Many HIV-positive patients need assistance to reinforce prevention messages and address barriers to changing risk behaviors. Given high patient volume, health care providers face significant time constraints and are unable to dedicate time for in-depth conversations with patients. Training lay persons, most of whom are HIV-positive, to provide prevention counseling to HIV-positive patients in HIV clinics is one way to help patients get the assistance they need without over-burdening busy providers.

This intervention trains lay counselors to provide a range of clinic-based counseling services. Lay counselors will participate in a 4-week training to learn skills in HIV prevention counseling and rapid HIV counseling and testing. Specifically, they are trained to counsel HIV-positive patients on a range of prevention issues, including disclosure, HIV testing for sex partners and family members, risk reduction practices, alcohol reduction, and medication adherence (2 weeks of training). Counselors are trained to counsel patients individually on identified prevention and/or adherence issues, as well as to lead group education sessions in clinics for patients in waiting areas. Lay counselors are also trained to test and counsel patients' sex partners where permitted by country guidelines (2 weeks of training). Job aids include an *individual counseling guidebook*, a *flip chart for group education*, and a *flip chart for counseling and testing*. The intervention and materials for this project have been adapted from the WHO IMAI training (WHO, 2004), and the US Department of Defense's Healthy Living Program, in collaboration with WHO and DoD.

Materials and Audience:

Trainer's Manual: Experienced counselors or nurses with HIV and counseling experience use this manual during the 2-4 week training.

Participant's Manual: Lay persons from the community, many with HIV, with no medical training and a high school equivalent education, use this manual during the 2-4 week training and thereafter as a reference.

Flip Chart for Group Education: Lay counselors use this tool to educate HIV-positive patients during presentations in the clinic waiting area. On one side, lay counselors read the text to the audience, and on the other side, waiting area patients look at illustrations of the concepts and small amounts of text.

Individual Counseling Guidebook: Lay counselors use this guidebook to assess and counsel HIV-positive patients on certain prevention and adherence topics during individual counseling sessions. Patients do not see this guidebook.

HIV Counseling and Testing Guidebook: Lay counselors use this guidebook to read information to people before and after they are tested for HIV and for instructions on HIV rapid test administration. Patients do not see this guidebook.

Next Steps for Implementation

These trainings and tools were developed as a generic package for the African HIV clinic context. They can be translated and adapted as needed for specific country contexts. They can also be easily adapted for other clinic contexts that treat HIV infected persons (e.g., TB clinics, PMTCT clinics) or community settings (e.g., home-based care, counseling or support services for people living with HIV, support groups, VCT settings, etc.). These interventions were adapted from evidence-based interventions shown to be effective at reducing risk behavior so it is recommended that adaptation guidance be considered and core elements maintained. Guidance on adaptation, implementation and training is available upon request from the developers of these materials.

For More Information:

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