



PREVENTION FOR POSITIVES: A COURSE MODULE FOR HEALTHCARE PROFESSIONALS

FACILITATOR'S GUIDE

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ACKNOWLEDGMENTS

Family Health International (FHI) is proud to present *Prevention for Positives: A Course Module for Healthcare Professionals*. FHI developed this module to build clinical staff knowledge about prevention with HIV-positive persons in low-resource settings. FHI staff Leine Stuart and Gretchen Bachman authored the module, and other FHI staff—Irina Jacobson, Kwaku Yeboah, Mukadi Ya Diul, Philippe Chiliade, Kathleen Casey, Prisca Kasonde, Kwasi Torpei, and Nancy Jamieson—reviewed drafts and made important contributions.

ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral drug
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
HPV	Human papilloma virus
MTCT	Mother-to-child transmission of HIV
PLHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis

INTRODUCTION

This module encourages healthcare providers to actively promote prevention to their HIV-positive patients. To do this, providers need to know the facts about positive prevention, and they need tips on how to broach the topic with their clients. The module is designed as a PowerPoint presentation that can be delivered in as little as 90 minutes.

Interactive discussions throughout the presentation are recommended, since people learn better when they apply new knowledge to their own experience. Many of the slides include discussion questions, both within their notes and in the facilitator's guide. Self-testing and role-playing activities are also included that maximize audience participation.

Estimated time

Review objectives	5 minutes
Present content	60 minutes
Activities and discussion	25 minutes
Total time	90 minutes

Session plan

1. Present purpose and objectives of the session
2. Present content
3. Guide group activities and discussion

Supplies needed

Flipchart and pens

Slide 1. Prevention for Positives



Slide 2. Purpose

Discussion questions

- Why is HIV prevention important for people who are already HIV-infected?
- At what point do you start talking to your positive clients about prevention?
- In your experience, what are some of the misconceptions that your positive clients have about HIV prevention?
- Have you found that your colleagues have misconceptions about prevention for positive persons? If so, what are these misconceptions?



Slide 3. Objectives

Notes

Explain that the first objective is to ensure that providers have all the facts about promoting prevention for positives. However, it is not enough for providers to simply know the facts. To be effective, providers must also know how to relate these facts to their clients in understandable ways.

This module thus begins with the facts, and it continues with ideas and suggestions that may enable providers to relate this information to clients in ways that are effective and meaningful but do not take a lot of time.

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Objectives

- Explain why prevention for positives is important within HIV healthcare service delivery.
- Define strategies that allow providers to assess needs and optimize prevention for positives.
- Describe important patient education messages for prevention for positives.
- Discuss provider level of knowledge and sense of competency in this area (self-assessment).

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Slide 4. What is prevention for positives?

Discussion question

Before presenting this slide, ask participants to provide their own examples of what is meant by prevention for positives.

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What is prevention for positives?

Includes supporting positive persons to

- prevent transmission of HIV virus to others
- prevent the possibility of HIV re-infection
- prevent other sexually transmitted infections
- make informed decisions about health choices, including contraception and pregnancy

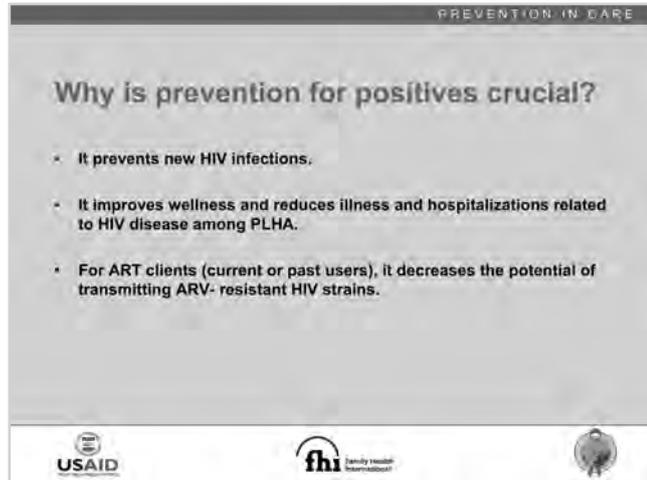
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Slide 5. Why is prevention for positives crucial?

Notes

1. Prevents new HIV infections

- All transmission starts with at least one infected person. Care alone has limited impact on transmission; care with prevention has the most impact.
- PLHA are sexually active.
- With contraception and planned pregnancies, there is reduced risk of MTCT.



2. Improves wellness and reduces illness and hospitalizations among PLHA.

- It prevents the risk of HIV re-infection.
- It prevents transmission of HIV-related conditions that require care, such as STDs.

3. Decreases threat of transmitting ARV-resistant HIV strains

- Transmission among ART users could lead to transmission of resistant strains.
- ART is limited to only a few regimens in most settings.
- Transmission could lead to the use of more expensive ARV regimens.

Slide 6. Why providers play a critical role

Notes and discussion question

Ask participants to identify some of the things that might make it difficult for providers to talk to their clients about prevention.

Time is one of the constraints that providers often raise. Mention this, if not brought up by participants. Tell participants that you will be explaining later in the session a method that helps them go quickly through basic facts of prevention with their clients.

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Why providers play a critical role

- **Clinical staff are respected as health authorities. Their advice has meaningful impact, and they have the expertise to help positive people weigh the pros and cons.**
- **Providers may be the only persons with whom positive people feel comfortable discussing the issue.**
- **Providers have regular interactions with positive people.**
- **Providers can connect patients to community support and reinforce community interventions.**

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Slide 7. Strategies for providers

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Strategies for providers

- **Know the facts about prevention for positives.**
- **Explain these facts to clients in lay terms.**
- **Incorporate prevention into routine clinical visits.**
- **Keep the patient's motivations for prevention at the forefront.**
- **Maintain a dialogue with all positive patients about prevention knowledge and plans.**
- **Assist positive patients to access support to practice prevention.**

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Slide 8. Self-test

Notes

Participants conduct self-tests of their level of knowledge about prevention for positives. It is important to let them know that this is an anonymous test. It is intended to help identify gaps in knowledge among all staff, not to evaluate individual performance or knowledge. Participants should not write their names on their tests. Explain that an important outcome of the activity is that areas where further training is needed on prevention for positives will be identified.

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Activity: Self-test

- **Purpose:**
 - Identify gaps in knowledge and identify further training needs.
- **Instructions:**
 - You have 15 minutes to finish the test.
 - Please do not write your name on the test.
 - We will discuss the test answers at the end of the first section of this module.
 - Tests will be collected at the end of the session.

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Distribute the clinical staff self-assessment survey (see pages 28–30) and ask participants to complete it. This should take approximately 15 minutes. Have participants hold on to their completed tests until the end of section that reviews the facts about HIV re-infection and the relationship between HIV and STDs, and contraception and pregnancy (slide 23).

Slide 9. The facts on HIV re-infection (1)

Notes

Before going over this slide, ask participants how a person who is HIV-positive can be re-infected with HIV. Point out that re-infection refers to a new or secondary infection by a virus that has already infected a person; this is also called “superinfection.”

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The facts on HIV re-infection (1)

- **Documented evidence exists that HIV-1 infected clients can be re-infected by different strains of HIV-1.**
 - Initial infection by HIV-1 provided no benefit in immunity against re-infection.
- **Dual infection by HIV-1 and HIV-2 has also been documented.**
- **There can be considerable diversity between the original HIV strain and the second strain, or only marginal difference between the strains.**
- **Progression of HIV disease is more rapid in patients infected with multiple HIV strains.**

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Slide 10. The facts on HIV re-infection (2)

Notes and discussion questions

Ask participants the following questions:

- What implications does HIV re-infection have for clients who are in sero-concordant relationships? (That means both partners are HIV-positive.)
- What implications does HIV re-infection have for a client who is positive and has more than one partner?

Make sure to raise the following points, if not mentioned:

- Sero-concordant couples may not believe they are at risk for HIV re-infection since they are both already infected.
- Knowledge of the risk of re-infection may motivate HIV-positive persons to use safer sex practices for their own protection.

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The facts on HIV re-infection (2)

Implications for care and treatment:

- **For a patient on ART, the new HIV strain may not be sensitive to the specific ARVs the patient is currently taking.**
 - A change of regimen is required.
 - ARVs that are effective against both strains are needed. These are difficult to select without resistance-testing.

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Slide 11. The facts on HIV and STDs (1)

Notes

STDs are likely increase susceptibility to HIV infection by two mechanisms:

- Genital ulcers (such as syphilis, herpes or chancroid) result in breaks in the genital tract lining or skin, creating a portal of entry for HIV.
- Non-ulcerative STDs (such as chlamydia, gonorrhea, and trichomoniasis) increase the concentration of cells in genital secretions that can serve as targets for HIV (for example, CD4+ cells).

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The facts on HIV and STIs (1)

- **STIs increase susceptibility to HIV by**
 - creating breaks in genital tract lining or skin (genital ulcers)
 - increasing concentration of cells in genital secretions that can serve as targets for HIV, such as CD4+ cells (non-ulcerative STIs)
- **STIs contribute to increased infectiousness.**
 - An HIV-infected person who is also infected with another STI has an increased likelihood of transmitting HIV through sexual contact than is an HIV-infected person not co-infected with another STI.

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Slide 12. The facts on HIV and STDs (2)

Notes

There is substantial biological evidence that an HIV-infected person who is also infected with another STD has an increased likelihood of transmitting HIV through sexual contact, compared to an HIV-infected person who is not co-infected with another STD.

- When HIV-infected individuals are also infected with other STDs, they are more likely to have HIV in their genital secretions. For example, men who are infected with both gonorrhea and HIV are more than twice as likely to shed HIV in their genital secretions than men who are infected solely with HIV.
- The median concentration of HIV in semen is as much as 10 times higher in men who are infected with both gonorrhea and HIV than in men infected solely with HIV.

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The facts on HIV and STIs (2)

- **In HIV/STI co-infection, there is greater likelihood of shedding HIV in genital secretions, and the median concentration of HIV in semen is much greater.**
- **For HIV-infected persons, contracting other STIs (such as hepatitis B and HPV) can contribute to immuno-suppression and progression of HIV disease.**
- **Regular and consistent use of condoms reduces this risk and helps those living with HIV to stay well.**

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Slide 13. The facts on HIV and contraception (1)

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The facts on HIV and contraception (1)

- Condoms are the only contraceptive method that also helps to prevent other STIs.
- Persons living with HIV can use almost any family planning method, with the exception of spermicides or diaphragm with spermicides.
- Caution: Women at high individual risk of STIs or those living with AIDS but not on ART should avoid using an IUD.

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Slide 14. The facts on HIV and contraception (2)

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The facts on HIV and contraception (2)

- Drug interactions between hormonal methods of contraception and some ARVs may result in either decreased blood levels of contraceptive hormones or increased or decreased concentrations of the co-administered ARV.
- Caution: For women on ART, there is a possibility of drug interactions between some ARVs and hormonal methods of contraception, particularly oral contraceptives.

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Slide 15. The facts on HIV and contraception (3)

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The facts on HIV and contraception (3)

- **For women on ART:**
 - Recommend a back-up contraceptive method (e.g., condoms)
 - Counsel about the importance of using contraceptive method correctly (e.g., not missing any oral contraceptive pills)
- **Use of nevirapine, efavirenz, nelfinavir, and lopinavir/ritonavir is associated with decreased blood levels of contraceptive hormones.**
- **While the effect on contraceptive effectiveness is unknown, a backup method (such as a condom) should be recommended, and women should be counseled on the importance of adherence to oral contraceptives.**

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Slide 16. The facts on pregnancy and HIV (1)

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The facts on pregnancy and HIV (1)

- **Women living with HIV may desire to bear children.**
- **Explaining options in a nonjudgmental manner to HIV-positive women and couples optimizes the safety of the woman and the child.**

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Slide 17. The facts on pregnancy and HIV (2)

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The facts on pregnancy and HIV (2)

If a couple or either member is taking ART, counsel them to

- take ART with 100% adherence and use safer sex practices for at least 6 months
- engage in unprotected sex only during the ovulation window period and if their clinical condition is good
- use safer sex practices except around the time of ovulation

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Slide 18. The facts on pregnancy and HIV (3)

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The facts on pregnancy and HIV (3)

If the couple is not taking ART or the woman is not HIV-infected, counsel them to

- engage in unprotected sex during the ovulation window period only
- use safer sex practices except around the time of ovulation

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Slide 19. The facts on pregnancy and HIV (4)

Notes

For women who are pregnant or intending to become pregnant and need ART, efavirenz should not be included in the regimen, particularly during the first trimester, because of teratogenicity (risk of birth defects).

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The facts on pregnancy and HIV (4)

- Without intervention, the risk of transmitting HIV from mother to child ranges from 25% to 40%.
- HIV transmission from mother to child can occur during pregnancy, labor and delivery, and breastfeeding.
- HIV-positive women and their partners should be aware of the risk of HIV transmission to an unborn child and how to reduce this risk.

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Slide 20. The facts on pregnancy and HIV (5)

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The facts on pregnancy and HIV (5)

- Caution: HIV-positive women who are pregnant or intending to become pregnant should avoid efavirenz if HAART is prescribed.
- Collaboration with PMTCT providers is needed in delivering care to HIV-positive pregnant women, including HAART if indicated.
- Providers should discuss family planning options with HIV-positive women prior to childbirth to enable them to plan ahead and choose postpartum contraceptive methods.

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Slide 21. The facts on condoms and sexual dysfunction (1)

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The facts on condoms and sexual dysfunction (1)

- Sexual dysfunction is more common in men with HIV. This may be due to many factors, organic as well as psychogenic.
- Most sexual dysfunctions are probably not due to condom use, but to HIV disease or other chronic health conditions.
- According to several studies, presence of sexual dysfunction is associated with inconsistent condom use in HIV-positive men.
- Condom use prevents STIs, which can cause sexual dysfunction.

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Slide 22. The facts on condoms and sexual dysfunction (2)

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The facts on condoms and sexual dysfunction (2)

- Asking male clients about difficulties in using condoms can open discussions about sexual dysfunction and strategies to improve condom use and minimize risk of HIV transmission.
- Factors that may reduce correct and consistent condom use include the following:
 - premature ejaculation prior to placing the condom
 - loss of erection while putting the condom on or during intercourse (may lead to condom slippage)
 - retarded ejaculation (premature removal of condom out of frustration)

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Slide 23. Self-test review

Notes and self-test answer key

Go over each of the test questions (see page 28) and provide explanations for any answered incorrectly.

Ask participants to identify areas where they feel they may need more information and experience.



Section I		Section II
1. False	8. True	1. D
2. False	9. False	2. B
3. False	10. True	3. B
4. False	11. True	4. B
5. False	12. True	5. C
6. False	13. False	
7. False		

Slide 24. How to talk to clients about prevention

Notes and discussion questions

Ask participants to describe their sense of competency and comfort in raising and discussing issues of sexuality, risk behaviors, and substance use with their clients.

Ask participants if they need more information on any of these issues.

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How to talk to clients about prevention

1. Explain facts in lay terms.
2. Ask open-ended questions.
3. Give clients reasons that matter to them.
4. Try to put clients at ease.
5. Be supportive.

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Slide 25. Explain facts using lay terms

Notes and discussion questions

Point out that it is easy for clinicians to fall back on medical terms or jargon that clients are unlikely to understand, and ask participants to explain the following in lay terms:

- HIV re-infection
- HIV strains
- ovulation window

Clients may have an especially difficult time talking about parts of the body, including genitalia. Using terms that are considered appropriate in the local cultural context may help clients feel more at ease.

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1. Explain facts using lay terms

- **Avoid medical jargon.**
 - Use lay terms that anyone can understand, not terms only health practitioners know.
- **Use culturally appropriate terms.**
 - Clients may be more comfortable if you use words and terms that they use.

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Slide 26. Ask open-ended questions

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2. Ask open-ended questions

Open-ended questions (that can't be answered yes or no) may yield details that can help you help your client.

- "What are you doing to practice safer sex?"
- "When was the last time you had sex?"
- "What street drugs (marijuana, glue, etc.) have you tried?"

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Slide 27. Give clients reasons that matter to them

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3. Give clients reasons that matter to them

- "If you use a condom, you will keep yourself healthy by protecting yourself from STIs."
- "By having condoms with you, you increase your chance of having safer sex."
- "By using a condom, you can protect yourself from other HIV strains that may be difficult to treat."

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Slide 28. Put clients at ease

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4. Put clients at ease

- **Tell them they are not being singled out:**
"We talk to all of our patients about safer sex."
- **Acknowledge discomfort:**
"It may feel a little uncomfortable to talk about this, but protecting your health is important."
- **Use examples with "some":**
"Some of my clients think that..." or "Some clients have told me that they..."

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Slide 29. Be supportive

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5. Be supportive

- **Express concern:**
"I'm concerned about your total health and any actions that can affect your health."
- **Don't judge clients' behavior.**
- **Remind your clients of their rights:**
 - **Confidentiality:** "I can be trusted to keep a secret."
 - **Choice:** "You always have a choice."
 - **Clarity:** "I want you to tell me if I haven't been clear about something."

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Slide 30. Incorporate prevention into routine visits (1)

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Incorporate prevention into routine visits (1)

Rationale:

- Allows for building a trusting relationship with the patient, which facilitates discussion of difficult subjects such as sexuality.
- For the patient, provides contact with someone with the knowledge to educate about how to prevent HIV transmission.
- Enables assessment of risk behavior over time and strengthens a patient's understanding of how to reduce risks.
- Reinforces prevention messages from the community.

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Slide 31. Incorporate prevention into routine visits (2)

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Incorporate prevention into routine visits (2)

Include prevention at every opportunity, including

- HIV clinical care
- ART adherence education sessions
- PMTCT
- family planning services
- STI services
- TB services
- youth-focused services

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Slide 32. A brief method for helping clients prevent new HIV infections

ASSESS • PLAN • SUPPORT

Notes

Providers have limited time to spend with each client. To use this time optimally, providers need to find out quickly the factors that might put clients and their partners at risk for HIV, the plans of action that clients might take to prevent or minimize risk, and the support clients might need to carry out their plans.

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ASSESS • PLAN • SUPPORT

A brief method for helping clients prevent new HIV infections

- **Assess:** Help clients assess their risks.
- **Plan:** Help clients make realistic prevention plans.
- **Support:** Offer clients support to succeed with their plans.

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Assess, Plan, Support emphasizes the three things that providers need to do to help their clients prevent new infections.

Slide 33. At every visit: Assess (1)

Notes and discussion question

To prevent HIV transmission, providers need to know the unique factors that put each individual at risk. However, telling clients all the risk factors is likely to overwhelm them, and will result in a missed opportunity to focus on factors that are the most pressing. Asking a series of questions helps the provider learn what the client already knows, thus saving valuable time. While an initial assessment will likely involve lots of questions, the number should decrease in subsequent visits and as a relationship and understanding is built between client and provider.

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

At every visit: Assess (1)

At each visit, conduct a brief risk assessment:

- **Assess patient's understanding of the importance of prevention and strengthen, as needed.**
- **Address patient's health in relation to risk behaviors and barriers to safer behaviors, such as inconsistent use of contraception, multiple sex partners, and alcohol and recreational drug use.**
 - Reassure patient about confidentiality.
 - Determine disclosure of HIV status.

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Prior to presenting the next slides, ask participants to list the key factors that should be assessed to determine the HIV risk, both to the client and others.

Slide 34. At every visit: Assess (2)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

At every visit: Assess (2)

- **Based on need, refer for additional risk reduction or other services, such as substance-abuse treatment.**
- **Assess the best family planning method this client could use to prevent an unwanted pregnancy.**
 - Provide information and access to contraception.
- **Refer pregnant women to PMTCT services.**

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Slide 35. At every visit: Assess (3)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

At every visit: Assess (3)

Screen for STIs:

- **Assess for presence of genital discharge, burning or pain on urination, and sores or ulcers on external genitalia/perineum.**
- **For women, perform pelvic exam at least annually, preferably with PAP smear, or more frequently as indicated.**
- **Order lab testing, where available, for syphilis, gonorrhea, chlamydia, and HPV.**

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Slide 36. At every visit: Assess (4)

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ASSESS • PLAY • SUPPORT

At every visit: Assess (4)

Screen for potential or evidence of abuse or violence.

- Assess for visible bruising on face, extremities, and torso.
- If follow-up questions are indicated, ask:
 - “Have you ever felt afraid of your partner?”
 - “Has your partner ever pushed or hurt you or threatened to hurt you in any way?”

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Slide 37. At every visit: Assess (5)

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ASSESS • PLAY • SUPPORT

At every visit: Assess (5)

If the potential or evidence of abuse exists, develop an action plan with the patient and ensure implementation of steps identified, e.g.,

- safe shelter
- referral for counseling or domestic violence services
- partner notification and follow-up, with and without patient involvement

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Slide 38. At every visit: Assess (6)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

At every visit: Assess (6)

Ask the following questions:

- "Are you currently sexually active or do you plan to be?"
- If yes, "Have you disclosed your status to your partner(s)?"
- If no, "What response would you anticipate from your partner(s) if you disclosed your status and his/her/their possible exposure to HIV?"

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Slide 39. Plan: Help clients make prevention plans (1)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

Plan: Help clients make prevention plans (1)

- **Discuss ways to reduce high-risk behaviors, such as unprotected vaginal or anal sex.**
- **Help clients think of actions to protect themselves, now and in the future.**
- **Ask clients what might work for them and offer suggestions when they don't know.**
- **Praise protective behaviors.**

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Slide 40. Plan: Help clients make prevention plans (2)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

Plan: Help clients make prevention plans (2)

- Correct any misinformation and fill in any knowledge gaps.
- Agree verbally with clients on plans to keep them safe and reduce risk, perhaps including learning more about how to prevent HIV infection or bringing partners in for HIV testing.

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Slide 41. Support: Offer clients support to succeed in their plans (1)

PREVENTION IN CARE

ASSESS • PLAN • SUPPORT

Support: Offer clients support to succeed in their plans (1)

- Reinforce what clients have to lose or gain by maintaining or changing their behavior.
- Make positive statements about HIV prevention.
- Assure confidentiality and be respectful.
- Provide literature and condoms.

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Slide 42. Support: Offer clients support to succeed in their plans (2)

PREVENTION IN CARE

ASSESS + PLAN + SUPPORT

Support: Offer clients support to succeed in their plans (2)

- Discuss support resources available, and provide clients with all the information they need to find resources.
- If the resource is an organization, tell clients the fees charged, if any, the hours it is open, and where it is located.
- Invite clients to make a return visit.

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Slide 43. Repeat at all follow-up visits

Notes

Providers need to work with clients over time; most people don't change their behaviors overnight, and clients' situations also change. Clients who were not at risk for HIV may become at risk due to a change in their situations. For example, once patients stabilize on ART and start to feel better, they are likely to have a more active sex life. Asking clients regularly about any changes that would impact their ability to protect themselves and others should be routine at all visits, initial as well as follow up.

PREVENTION IN CARE

ASSESS + PLAN + SUPPORT

Repeat at all follow-up visits

1. Assess
2. Plan
3. Support
 - Ask questions about the behavioral goals set at the last visit.
 - Ask about changes and progress.
 - Build on issues discussed last time.
 - Remember to reinforce any positive behaviors the patient has engaged in since the last visit.
 - Identify possible new problems.
 - Restate behavioral goals or set new ones.

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Slide 44. Activity: Role play (1)

Notes

Depending on time, ask two participants to volunteer for the role play, with one as the provider and the other as the patient. Alternatively, ask all participants to break into pairs for the role play, as above.

PREVENTION IN CARE

Activity: Role play (1)

Patient
Janet is a 27 year-old married woman who presents at the HIV clinic for the first time. She reports that she tested HIV-positive two years ago, and provides written confirmation. She states that she has never been on ART.

She reports poor appetite and intermittent diarrhea in the past six months. Her physical exam reveals she has oral candidiasis and is cachectic (wasting). Bruising is evident on the left side of her face and upper arms.

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Slide 45. Activity: Role play (2)

Discussion questions

At the end of the role play, ask participants the following questions:

- What are your observations about the role play?
- What things did the provider say that you thought you might use yourself?
- What seemed to be the most difficult questions for the provider to ask?
- Are there ways in which the provider might have asked these questions that would have made it easier for the client?

PREVENTION IN CARE

Activity: Role play (2)

Provider

- Conduct an assessment of Janet's knowledge about transmitting HIV to her partner and during pregnancy, as well as her experience and knowledge of contraceptives.
- Discuss possible domestic violence and follow-up interventions.

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Slide 46. Thank you for participating



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PLEASE DO NOT WRITE YOUR NAME ON THIS FORM

Self-assessment for Clinical Staff

Your help is needed! The answers you provide to the questions that follow will help plan future training for staff. We are not evaluating individual staff members. The information you give will be confidential: no one in the facility will know who filled out this information.

Section 1: True or False

Please answer each of the questions by checking "true" or "false."

1. HIV and AIDS are the same thing.
 True False
2. All people who have TB also have HIV.
 True False
3. You cannot always tell whether a person has HIV by looking at them.
 True False
4. Once a patient starts ARV treatment, he or she can no longer transmit HIV infection to others.
 True False
5. If a person is HIV-infected, then his or her partner must also be HIV-infected.
 True False
6. Once a person has HIV, he or she cannot be infected again with HIV.
 True False
7. When one family member with HIV infection begins ARV treatment, it is helpful for him or her to share drugs with other family members who also have HIV infection but do not have access to ARV treatment.
 True False
8. Sexually transmitted infections, including HIV, are more easily transmitted from men to women than from women to men.
 True False
9. Infants living with HIV are likely to progress to AIDS more slowly than adults with HIV.
 True False

10. Women—and especially adolescent females—who are at high individual risk of sexually transmitted infections should avoid using an intrauterine device (IUD) to prevent pregnancy.
 True False
11. Some antiretroviral drugs taken for HIV may reduce the effectiveness of birth-control pills in preventing pregnancy.
 True False
12. Untreated sexually transmitted diseases increase the risk of sexual HIV transmission.
 True False
13. Pregnancy cannot occur before the first menstrual period following birth.
 True False

Section II: Multiple Choice

Please answer each question by checking only one of the possible answers provided.

1. Mother-to-child transmission of HIV can occur during
 A. pregnancy
 B. labor and delivery
 C. breastfeeding
 D. all of the above
2. The “window period” refers to
 A. the time it takes for a person taking ARV to have an undetectable viral load
 B. the time it takes for a person who has been infected with HIV to test positive for HIV antibodies
 C. none of the above
3. A woman who presents with vaginal discharge should be
 A. treated for STI right away
 B. treated for STI only if she answers questions that reveal she has been at risk for STI
 C. none of the above
4. PCP (*Pneumocystis carinii* pneumonia) and other infections in infants living with HIV can be prevented by
 A. ciprofloxacin
 B. cotrimoxazole or TMP/SMX (Septrim)
 C. doxycycline
 D. all of the above

5. If you are HIV-negative and get a needle-stick injury (from a used needle), you should do the following to reduce your risk of HIV transmission:
- A. take a very strong antibiotic such as ciprofloxacin
 - B. wait until you see signs of HIV and then talk to someone about it
 - C. ask about antiretroviral prophylaxis as soon as possible
 - D. none of the above

Section 3: Your recommendations

1. Do you have any specific questions about HIV and AIDS that you would like answered? Please write them below.

2. Are there any specific topics related to HIV and AIDS that you think should be included in future training and updates for staff? Please describe these below.

Please do not answer this section

Circle service area most appropriate to staff interviewed. (More than one area may apply.)

HIV/ART	OPD	STI
IPD	TB	MCH
FP	PEDS	Laboratory
Pharmacy/dispensary	Casualty	Administration
Other _____		

**Answers to clinical staff
self-assessment survey**

Section I	Section II
1. False	1. D
2. False	2. B
3. True	3. B
4. False	4. B
5. False	5. C
6. False	
7. False	
8. True	
9. False	
10. True	
11. True	
12. True	
13. False	

Until recently, HIV prevention efforts in low-resource settings have primarily targeted persons at risk, though prevention is also crucial for HIV-positive people. People living with HIV and AIDS require knowledge and support so they can protect others from infection, protect themselves from HIV re-infection, and avoid other sexually transmitted infections. *Prevention for Positives* includes a facilitator's manual and a set of PowerPoint slides that quickly update health care staff technical knowledge about this important topic. In addition to HIV prevention, the slides also discuss related issues in positive prevention, including facts on sexual dysfunction, pregnancy, and contraception.

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