OPTIONS AGYW Training Package

Attachment 7b: Scenarios with Facilitator’s Notes to Guide Discussion

**Notes to the facilitator:**

1. The scenarios have been designed to:
* Encourage participation and application of learning.
* Provide cross-cutting information.
* Draw out issues related to combination prevention and sexual and reproductive health and rights.
* Sensitize health care providers.
1. Points to guide discussion have been provided. These are not exhaustive, and other issues may arise. Always refer to the current local guidelines and standards.
2. All scenarios focus on situations and questions posed by AGYW.
3. Encourage participants to identify key information and counselling points and issues raised in each scenario. Focus on issues and key points participants need to be aware of and sensitive to when they are promoting or providing PrEP to AGYW.
4. Select the scenarios that are most suitable to your participants or that complement the presentations.
5. Adapt names/scenarios for your specific context.
6. Use for discussion with the whole group, smaller groups, or pairs, as appropriate to the group and time available.

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| **Summary for screening and PrEP initiation**Screening for PrEP: * Educate about the risks and benefits of PrEP.
* Assess risk and eligibility.
* Conduct HIV counselling and testing and other screening based on country protocols (e.g., serum creatinine level, hepatitis B and STI screen, pregnancy test).
* Provide contraceptive counselling and offer services.
* Provide safer-sex and risk-reduction counselling.
* Arrange follow-up visits.

Baseline investigations:* Assessment of HIV status: This assessment should be done based on the local standard HIV testing algorithm. (Review the HIV testing algorithm with the participants.)
* When there is a history of exposure within the past 72 hours, consider PEP per guidelines before initiating PrEP. Review for any symptoms of acute HIV infection.
* Check creatinine and calculate creatinine clearance.
* Perform a syndromic STI screen or, if resources allow, a full STI panel regardless of symptoms. Treat any STIs detected according to the relevant local guidelines.
* Perform HBSAg and HBSAb tests (where available). If both are negative, vaccinate for HBV. Acute or chronic HBV is not a contraindication to PrEP, but monitoring of liver function (i.e., through LFT) is advised, especially if considering cycling off PrEP.
* Perform a pregnancy screen.
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**And remember, young people need:**

* A combination of information, counselling, someone who will listen and take their concerns seriously, and problem-solving.
* Counselling and information appropriate to their lives.
* A relaxed atmosphere with privacy and confidentiality. Establish rapport and be non-judgemental.
* Counselling and information appropriate to their age, maturity, and life experience.
* Support, reassurance, and motivation.

**Scenario 1:** Zinzi is an 18-year-old contraception client and is very interested in PrEP. She is on NetEn, the two-month injectable. She has missed appointments and been late for several appointments for re-injection. She wants to know if she can take PrEP and continue drinking alcohol. She also has a bit of marijuana every now and then, and asks if PrEP will be less effective if she takes drugs. She is excited and wants to know if she can begin PrEP a few days before her friend’s birthday party in two weeks.

**Scenario 1: Points for discussion**

* Zinzi’s decision to go on PrEP should not be determined by her alcohol or drug use, but through the provision of additional information.
* Reassure her that PrEP does not interact with alcohol or other drugs, which can be used when taking PrEP, unless adherence is hampered by substance use.
* She clearly does not understand how PrEP needs to be taken, so needs specific information regarding lead-in and effective use. Ensure that she understands it takes 7 days of daily PrEP to be fully protected against HIV.
* Explore PrEP adherence and what will be required for effective PrEP use.
* Discuss risk and risk reduction.
* Discuss contraception, HIV and STI prevention, and condom use. Ensure that Zinzi understands that PrEP will not protect her against STIs or pregnancy.

**Scenario 2:** Maria, a 21-year-old university student, is interested in PrEP. She has a steady boyfriend. They have been together for eight months, and she says they are open with each other about HIV and safer sex. They both had an HIV test when they first met, and both tested negative. She is petrified of getting HIV and wants to use PrEP as an extra precaution. She also wants to know if they need to continue to use condoms when using PrEP.

**Scenario 2: Points for discussion**

* They both tested HIV-negative eight months ago. Have either been unfaithful since then, and possibly exposed to HIV? How often do they use condoms?
* If they are both genuinely HIV-negative, do they need PrEP?
* Discuss combination prevention (i.e., circumcision, STI and pregnancy prevention in addition to HIV prevention).
* Discuss ways in which Maria may persuade her boyfriend to have another HIV test. (In fact, they both need to have another test.)
* Explore PrEP adherence and what will be required as effective use of PrEP.
* Ask Maria whether she would be comfortable talking to her boyfriend about PrEP. Discuss strategies for having the conversation with her boyfriend and what she would like to do if he is not receptive.
* Discuss condom use and contraception (i.e., STI and pregnancy prevention).

**Scenario 3:** Thandi is 16 years old and interested in trying PrEP, but she has several concerns. She wants to know:

1. How effective PrEP is
2. Whether PrEP will interfere with her contraception (the injectable DMPA)
3. If PrEP will give her acne, as she used to suffer badly from acne
4. If PrEP will cause her to gain weight, as she is trying not to put on weight with DMPA

On baseline blood testing, you find that Thandi has a negative HBSAg and HBSAb.

**Scenario 3: Points for discussion**

* Currently in South Africa PrEP is only available to people over 18 (South African PrEP Guidelines), unless on a study/demonstration project, which will specify the age. Tenofovir should not be prescribed for children under 12 years old unless the child weighs more than 35 kg (source: manufacture’s factsheet).
* Thandi seems to be sexually active. Do you think you should provide PrEP regardless of her age? You don’t want to turn her away by probing about her sex life, and you want prevention services to be accessible to her. So how do you do this?
* What about the legal framework as it relates to sex with minors in your respective country? How do you check for rape, abuse, or sexual exploitation?
* PrEP does not interfere with any contraceptive methods, so positively reinforce her use of contraception.
* PrEP does not cause acne, so you can discuss other reasons for acne (e.g., hormonal changes due to adolescence, diet, skin care).
* PrEP has not been shown to cause weight gain. Discuss issues around healthy lifestyle, exercise, and eating. Discuss the side effects of PrEP (e.g., nausea, diarrhoea, headache) and that these side effects typically go away after a couple of weeks of PrEP use.
* Other points:
* Discuss risk and risk reduction.
* Discuss HIV testing, contraception, HIV and STI prevention, and condom use.

Discuss vaccination for HBV. How would you explain the reason behind vaccinating her?

**Scenario 4:** Sandi is 18 years old and comes to the clinic to seek advice. She has heard about PrEP from the DREAMS project peer educator. Sandi is in a panic. She had sex last night, and the condom came off. She wants to know if she can go on PrEP now to prevent HIV. She says that accidents like this (condom slipping off) have happened before, and sometimes her boyfriend refuses to use condoms. She is worried about a vaginal discharge as well.

**Scenario 4:** **Points for discussion**

* Discuss the differences among PEP, PrEP, and ART. Each uses a different combination of ARV medication**.**
	+ **PEP** reduces the risk of HIV after exposure to HIV (e.g., condom slips off or breaks, unprotected anal or vaginal sex, needle pricks, blood spills/exposure, sharing of needles). PEP should be taken within 72 hours after exposure, but the sooner the better.
	+ **PrEP** is taken to reduce the risk of HIV infection over time. To be effective, PrEP needs to be taken before, during, and after sexual exposure. For women, this at least 20 days before and 28 days after exposure.
	+ **ART** is taken by HIV-positive peopleto strengthen the immune system and reduce the amount of virus in the blood stream. ART does not cure HIV, but reduces a person’s infectiousness.
* Discuss Sandi’s risk in this situation.
* Counsel her to that PEP is an option and she could then consider PrEP if she completes PEP, continues to be at risk and HIV-negative.
* Discuss and counsel her on her ability to negotiate condom use, given her partner’s previous refusal.
* Screen for STIs and manage accordingly.
* Explore PrEP as an alternative, whether to talk with her boyfriend about PrEP, and her boyfriend’s likely response.
* Discuss contraception, HIV testing, HIV and STI prevention, and condom use.

**Scenario 5:** Promise is a 21-year-old woman training as a hairdresser. She has two sexual partners—Andrew and Thabo.Andrew is bisexual and from time to time has sex with other men. He says he tests regularly, uses PrEP, and is completely safe to have sex with. Promise wants to know what evidence there is that PrEP works and is wondering if she should also use PrEP. She is using the implant for contraception and is worried that the two (i.e., PrEP and the implant) may interfere with each other. She also wants to bring Thabo to get PrEP so that they will be well protected.

**Scenario 5: Points for discussion**

* Explain that PrEP is effective when used properly and that growing research supports this:
	+ *“PrEP has been shown to prevent HIV in diverse groups: gay men and other men who have sex with men, transgender people, heterosexual men and women, and people who inject drugs. PrEP reduces HIV by up to 90 percent compared with placebo when taken correctly; the actual efficacy achieved depends on adherence.”[[1]](#footnote-1)*
* Practice explaining this in your own words so it is clear and understandable to a young person.
* If Promise is interested, explain how PrEP works:
	+ *“When cells are infected with HIV, they become little factories that make billions of new HIV viruses every day. ARV drugs work by blocking entry into the cell or, like TDF/FTC, by blocking the steps that HIV uses to make copies of itself once inside the cell. If an HIV-negative person has enough TDF/FTC in his or her blood stream when exposed to HIV (during unprotected sex), the medicine keeps the HIV from making enough copies of itself to “take hold” and cause the person to become infected.”[[2]](#footnote-2)*
* Practice explaining this in your own words so it is clear and understandable to a young person.
* PrEP does not interfere with contraception:
	+ *“PrEP does not affect the efficacy of hormonal contraceptives, and hormonal contraceptives do not affect PrEP efficacy. PrEP medicines are processed in the kidneys, while contraceptive hormones are processed in the liver. There are no known drug interactions between TDF and FTC on the one hand and oral, injectable, or implanted hormonal contraceptives on the other.”[[3]](#footnote-3)*
* There are issues to explore with Promise related to risk for HIV and STIs: HIV testing, condom use, and whether her partners are circumcised.
* Even though Andrew says he is using PrEP, there is still a risk, so Promise needs to consider condom use with him. She needs to explore her risk in relation to Thabo.
* Explore whether Promise would feel comfortable discussing PrEP use with Andrew and Thabo.
* Discuss contraception, HIV and STI prevention, and condom use.

**Scenario 6:** Beauty is a 20-year-old married woman whose husband is HIV-positive. He has been on ART for nine months. Until now, they have been using condoms all the time. She wants to get pregnant and wants to know if she can use PrEP to provide protection against HIV during unprotected sex. She is worried that the PrEP may interact with her husband’s ART and wonders whether PrEP is safe during pregnancy. She has also heard that it may reduce her sex drive and fertility.

**Scenario 6: Points for discussion**

* Is viral load testing available? If Beauty’s husband has been on ART for more than six months, is adherent, and is virally suppressed, then the risk of transmission is substantially reduced. There is a school of thought that advocates, based on evidence, that the risk is so small that he is not infectious, and therefore that PrEP is not necessary.[[4]](#footnote-4)
* This is not a straightforward question to answer. Some people feel more reassured when they use PrEP with an HIV-positive partner, even if the virus is suppressed. Promise herself needs to make the decision.
* However, if ART is taken every day as instructed by a health care provider, it can reduce the level of HIV so much that standard blood tests cannot detect the virus in that person’s blood. This stops the HIV disease from progressing to AIDS. When somebody has undetectable levels of HIV (known as undetectable viral load) there is not enough virus in their blood to transmit HIV to their sexual partners. This is being promoted as U=U (undetectable equals untransmissible). Someone can find out if their viral load is undetectable by going to a facility that offers viral load testing. However, they need to keep taking ART as prescribed to keep their viral load undetectable.
* **Viral Load:** A measure of the amount of HIV in the body.
* **Undetectable Viral Load:** When someone is on ART and the virus level in their body is so low that standard blood tests cannot detect it.
* <https://www.fhi360.org/sites/default/files/media/documents/linkages-u-equals-u-english.PDF>
* Discuss issues related to safer conception, understanding the menstrual cycle and ovulation, and timing intercourse at the time of ovulation.
* Reassure Beauty that PrEP does not interact with her partner’s ART.
* Address PrEP safety in pregnancy
* PrEP has not been shown to affect a person’s libido (sex drive). For some people, it enhances sex, as they feel they are more protected.
* Explain to Beauty that fertility (i.e., one’s chances of getting pregnant) is not affected by PrEP.

**Scenario 7:** Catherine is on PrEP but went away for the weekend and forgot to take her pills. She comes in to the ECHO site in tears, as she is now worried the PrEP won’t work. How would you proceed? What would you do clinically? How would you counsel her?

She comes back for her six-month PrEP check-up, and her creatinine clearance is 45. How would you proceed? What would you do clinically? How would you counsel her?

**Scenario 7: Points for discussion**

* Determine how many doses Catherine missed. PrEP is forgiving, so if she missed some doses, she should resume taking it as soon as possible. However, reinforce that adherence and effective use of daily PrEP is needed for full protection.
* You can usually miss one day a week and be safe. If you remember later in the day, you can take it as soon as you remember, but do not take two does in one day. Resume PrEP use as soon as possible. If you miss multiple doses, it is worth using extra protection until you build up concentrations of the drug again. If you are adherent, PrEP is very effective, but effectiveness wanes as adherence does.
* Screen for signs and symptoms of acute HIV infection.
* Encourage consistent use. Look at ways Catherine can remember to take her pills with her the next time she goes away.
* Discuss contraception, STI prevention, and condom use as well.
* Discuss issues relating to missed doses, and how the client can avoid this in the future

**Scenario 8:** Brenda is a 19-year-old sex worker working at a truckers’ stopping point. She would like to try PrEP but says she has heard all sorts of stories about it. You need to clarify and explain the following (i.e., if each issue is true or false, fact or myth).

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| **Issue** | **Points for discussion** |
| * PrEP makes you nauseous all the time.
 | * One of the side effects is nausea. Other mild side effects are headache and weight loss. These tend to go away after the first month.
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| * You won’t get pregnant if you use PrEP for a long time.
 | * PrEP does not affect fertility (i.e., the ability to get pregnant).
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| * PrEP leads to weight loss/gain.
 | * PrEP has resulted in weight loss in a very small percentage (3-4%) – but it is not common.
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| * If you take PrEP and then become HIV-positive, ART will not work.
 | * The risk of developing HIV drug resistance is very small (<0.1%), especially if clients adhere to PrEP and are routinely screened for HIV infection.
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| * Some women lose hair when they use PrEP.
 | * There is very little evidence that PrEP results in hair loss. Other factors, like constant braiding, aging, and a person’s biological make-up, can result in hair loss.
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| * PrEP causes vaginal dryness.
 | * There is no link between the two. However, other factors such as lack of arousal and aging may cause dryness. Discuss the use of lubricants.
 |
| * Some women get unbalanced hormones and grow hair on their faces and chests when they use PrEP.
 | No, this is a myth. PrEP does not affect hormonal levels, although health conditions or hormonal contraceptives may do so.  |
| * PrEP does not work if taken with alcohol and drugs.
 | * PrEP can be taken alongside alcohol and drugs.
* Emphasize adherence and effective use of PrEP.
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| * Like ART, PrEP only works if taken for life.
 | * PrEP can be taken for as long as necessary. Some people use PrEP during seasons of risk and then go off.
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* It is important to replace myths with facts, provide accurate information, and communicate in a way that young people can understand.
* Sensitisation relating to PrEP requires community outreach and information.

**Scenario 9:** Fatima is in her first year of college, living away from home. She only sees her boyfriend on holidays and is preparing to go home for Christmas. She is very keen to use PrEP when she sees her boyfriend, and she wonders if she can go on and off PrEP. She wants to know how long she should take it before and after seeing her boyfriend.

When she comes back for a follow-up visit, she decides she will stay on PrEP “just in case.”

She returns to see you three weeks after her return from her visit home, as she is anxious that she has missed her menstrual period.

**Scenario 9: Points for discussion**

* Raise the issue of cycling on and off PrEP.
* Counsel about lead-in according to national guidelines/study standard operating procedures.
* Lead-in is 20 days; after last exposure, PrEP needs to be taken for 28 days to be effective (as per SA guidelines – add country specific here).
* Discuss contraception, HIV testing, HIV and STI prevention, and condom use.
* PrEP does not affect the menstrual cycle. Discuss whether Fatima used condoms/contraception when she went home and on her return. If the pregnancy test is positive, follow your country guidelines for PrEP and pregnancy.

**Scenario 10:** Violet, a 22-year-old woman, has been married for two years. Her husband has many partners and frequently stays out all night drinking. She went on PrEP, but her husband recently discovered that she is on PrEP, beat her up, and threw her drugs into the toilet, accusing her of having HIV and sleeping with other men. She comes to you saying she thinks she will have to stop her PrEP.

**Scenario 10: Points for discussion**

* This case requires discussion about GBV, IPV, disclosure, stigmatisation, and rights. These need to be unpacked and explored as important aspects of PrEP provision.
* Explore counselling and support strategies: why she wanted to go onto PrEP in the first place, why it is important to stay on PrEP, how she can protect herself against HIV and STIs, alternatives to giving in to her husband’s demands, and the possible consequences.
* Explore ways Violet can safely take PrEP without disclosing it to her husband (e.g., hiding the pills, keeping them at work).
* Counsel her that PrEP does not protect her from STIs or pregnancy, and discuss contraception, HIV testing, STI prevention, and condom use.
* Look at what resources there are for referral.

**Scenario 11:** Sally aged 17 wants to use PrEP but is worried that her parents and friends may find out. There was a lot of gossip when one of her friends told others that she was on PrEP, as everyone thought her friend was actually HIV-positive but trying to hide the fact.

**Scenario 11: Points for discussion**

This raises issues related to PrEP and AGYW in terms of:

* Privacy and packaging of PrEP
* Who needs to know about a client’s use and why
* Stigma and ways to mitigate stigma
* Conversations with AGYW about their right to protect themselves and how they can educate/advocate for PrEP
* Discussing HIV, STI, and pregnancy prevention (e.g., condom use and contraception)
* Social mobilisation and communicating about PrEP
	+ What are the priorities in terms of creating an enabling environment for PrEP?
	+ How can you use communication and social mobilisation to mitigate the fears Sally raised?
	+ In your community/sphere of influence, where would you prioritise your efforts?

**Scenario 12:** Fatima is using PrEP but is too scared to tell her fiancé, John, as she fears she may lose him. She strongly suspects that he has other partners. She loves John very much and hopes to settle down with him, get married, and start a family. John pays her school fees and transport. She thinks she must stop using PrEP, as it feels like too much of a risk.

**Scenario 12: Points for discussion**

* See points under scenario 10.
* This raises the issue of gender imbalances, dependence, and the dilemma AGYW have in terms of balancing their need for and right to protection with the consequences of honesty and disclosure.
* Counsel Fatima that PrEP does not protect her from STIs or pregnancy, and discuss contraception, HIV testing, STI prevention, and condom use.

**Scenario 13:** Jabu has just begun taking PrEP and comes back after a few days complaining of a stomachache and nausea. She says she wants to quit.

**Scenario 13: Points for discussion**

* Discuss the importance of managing side effects. Among those who discontinue PrEP, many do so within the first month.
	+ Every drug has potential side effects.
	+ Not everyone develops side effects.
	+ If side effects develop, they are usually minor and usually disappear after a few days.
	+ The benefits of PrEP outweigh the risks.
* Explore support strategies, including symptomatic management.
* Reassure Jabu that side effects last a few days and usually diminish within the first month.
* Focus on the positives and advantages of PrEP.
* Reassure, motivate, and support Jabu (e.g., through peer/expert client support) to continue.
* After attempting to manage her side effects symptomatically, explore her tolerance of the side effects, how they are affecting her, and whether she wishes to continue or stop PrEP. Explore her risk and alternative prevention options.
* If she stops, counsel her to stay on PrEP for the 28 days after her last sexual exposure, or as per your country’s guidelines.

**Scenario 14:** Lizzie has been on PrEP for a year. Her partner has been on ART, takes his ARV drugs consistently, and is virally suppressed. She wants to know if she can stop taking PrEP because her partner says he is no longer infectious.

**Scenario 14: Points for discussion**

* See points under scenario 6.
* If Lizzie’s partner has been on ART for more than six months, takes his ART regularly, and is virally suppressed, then the risk of transmitting the virus is minimal. Many factors increase or decrease the risk of transmission of HIV, such as viral load, route of exposure, and STIs.

Viral load refers to the amount of HIV in a blood sample of a person living with HIV. Generally, the higher the viral load, the more likely a person is to transmit HIV. Both "undetectable" and "viral load suppression" refer to extremely low measurements of HIV. The terms are often used interchangeably in public health communications.

*Undetectable viral load*: ART can reduce a person’s viral load to the point where it is so low (usually under 40 copies/ml, depending on the test) that it cannot be detected, which prevents the sexual transmission of HIV while improving the health of a person living with HIV. It does not fully clear the virus from the body or cure someone of HIV. Excellent adherence, or taking ART as prescribed, is important to maintain an undetectable viral load.

​*Viral load suppression*: When ART suppresses a person's viral load to 200 copies/ml or less, this is called being "virally suppressed." (Refer to local guidelines for standard thresholds.) Being virally suppressed prevents the sexual transmission of HIV while improving the health of a person living with HIV.Studies show that when a person is virally suppressed, the risk of transmitting HIV to their sexual partners is very minimal. Excellent adherence, or taking ART as prescribed, is important to maintain viral suppression.

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For the purposes of the U=U campaign, the term "undetectable" is used synonymously with the term "virally suppressed."[[5]](#footnote-5)

**Scenario 15:** Connie is in her second year of college and is under great pressure, as she needs to get above a certain mark to get her bursary for the next year. She has already failed some of her subjects in the first semester. She has been using PrEP for about three months and comes in for a check-up. She complains that she has frequent headaches and thinks it’s from the PrEP pills. Since she is taking her exams soon, she thinks she should perhaps stop using PrEP.

**Scenario 15: Points for discussion**

* Although headaches may be a side effect of PrEP, it is important to explore alternative explanations for Connie’s headache.
* Look at the pattern of side effects since Connie started on PrEP.
* She is under pressure to pass exams, especially as she has not performed well in the year. Look at her support needs with regards to this, including how she can best manage stress.
* Assess her for ongoing risk.
* She can continue with PrEP, as it is proving protection against HIV, and take painkillers when it gets bad.
* The bottom line is that continuing/discontinuing PrEP is Connie’s decision. However, she must be counselled that she should take PrEP for 28 days following her last exposure to ensure that she is protected.

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