Pre-Exposure Prophylaxis (PrEP) Training for Providers in Clinical Settings

Trainer Manual
Version 3.0
Pre-Exposure Prophylaxis (PrEP) Training for Providers in Clinical Settings: Trainer Manual, Version 3.0, was developed by ICAP at Columbia University in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), with funding from the U.S. President’s Plan for AIDS Relief (PEPFAR) under the terms of cooperative agreement #U2G-GH000994. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the U.S. Government.

The training was developed as a set of tools that are adaptable to each county’s context and guidelines. The use of PrEP is evolving, so it is expected that these documents will require updating over time as recommendations change.

Organizations and entities that choose to adapt these documents for their own use should credit ICAP at Columbia University and note that their work is an adaption.

For questions about the contents or use, please contact ICAP at icap-communications@columbia.edu.

**Recommended Citation**


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Foreword

Despite remarkable progress in HIV treatment, annual new infections have hovered close to 2 million globally for several years, with an estimated 1.8 million new HIV infections in 2017. Thus, large numbers of individuals remain at substantial risk for acquisition of HIV infection. Key populations at substantial risk include sex workers (SW), men who have sex with men (MSM), transgender persons (TG), and people who inject drugs (PWID), as well as other priority populations such as sexually active adolescent girls and young women in southern Africa. These realities compel the need for continued efforts to expand access to effective HIV prevention interventions while at the same time continuing the scale-up of access to HIV treatment programs for individuals living with HIV.

PrEP is an efficacious HIV prevention intervention. It involves the use of antiretroviral drugs (ARVs) by HIV-negative persons to prevent acquisition of HIV. Several clinical trials have demonstrated the efficacy of PrEP in MSM and transgender women, serodiscordant couples, heterosexual men and women, and PWIDs. PrEP is provided as a component of a package of HIV prevention interventions, including: regular HIV testing; promotion and provision of condoms; screening and management of sexually transmitted infections (STIs); risk reduction counseling; and harm reduction interventions. There is global consensus that PrEP is an important tool in the package and that it should be offered to people at substantial risk for HIV infection as part of a combination HIV prevention approach.

Health care providers, and HIV service providers in particular, are important gatekeepers of PrEP and play a crucial role in creating HIV prevention programs that are effective and that reach the individuals who would most benefit from PrEP. The goal of ICAP’s PrEP training package is to equip clinical providers with the skills to provide PrEP in a safe, effective manner. The training provides information on the evidence for PrEP effectiveness, on PrEP procedures, and on monitoring and evaluation of PrEP service delivery. PrEP offers a unique opportunity to confront the HIV epidemic, prevent HIV acquisition by individuals at risk for HIV, and reach global targets.

This training is intended for healthcare workers who are already familiar with the basics of HIV prevention, care, and treatment. It is anticipated that facilities will need to adapt this training to reflect specific contexts and to include evidence from new research and experience in the use of PrEP.

ICAP at Columbia University
New York City
March 2019
Web: http://icap.columbia.edu
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<tr>
<td>AHI</td>
<td>acute HIV infection</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>antiretroviral</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>FSW</td>
<td>female sex worker</td>
</tr>
<tr>
<td>FTC</td>
<td>emtricitabine</td>
</tr>
<tr>
<td>Ab/Ag</td>
<td>antibody/antigen</td>
</tr>
<tr>
<td>HBsAg</td>
<td>hepatitis B surface antigen</td>
</tr>
<tr>
<td>HBV</td>
<td>hepatitis B virus</td>
</tr>
<tr>
<td>HCV</td>
<td>hepatitis C virus</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HIV-DR</td>
<td>HIV drug resistance</td>
</tr>
<tr>
<td>HTS</td>
<td>HIV testing services or HIV testing strategy</td>
</tr>
<tr>
<td>iNSC</td>
<td>integrated next step counseling</td>
</tr>
<tr>
<td>IPV</td>
<td>intimate partner violence</td>
</tr>
<tr>
<td>LTFU</td>
<td>loss to follow-up, lost to follow-up</td>
</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>NSC</td>
<td>next step counseling</td>
</tr>
<tr>
<td>PEP</td>
<td>post-exposure prophylaxis</td>
</tr>
<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission [of HIV]</td>
</tr>
<tr>
<td>PrEP</td>
<td>pre-exposure prophylaxis</td>
</tr>
<tr>
<td>PWID</td>
<td>person who injects drugs</td>
</tr>
<tr>
<td>RCT</td>
<td>randomized controlled trial</td>
</tr>
<tr>
<td>RNA</td>
<td>ribonucleic acid</td>
</tr>
<tr>
<td>RPR</td>
<td>rapid plasma reagin (test for syphilis)</td>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>TasP</td>
<td>treatment as prevention</td>
</tr>
<tr>
<td>TDF</td>
<td>tenofovir disoproxil fumarate</td>
</tr>
<tr>
<td>TG</td>
<td>transgendered person</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>VMMC</td>
<td>voluntary male medical circumcision</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>3TC</td>
<td>lamivudine</td>
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INTRODUCTION

SECTION I-1: TRAINING OVERVIEW TRAINING GOALS AND DEVELOPMENT

The goal of the Pre-Exposure Prophylaxis (PrEP) Training for Providers in Clinical Settings is to equip HIV care providers with the knowledge and skills necessary to provide PrEP to appropriate candidates and with high quality in order to decrease the risk of HIV infection.

ICAP at Columbia University used a backward design approach to develop this training. First, content and training experts were identified. Together, these experts developed a series of competency statements (tasks or skills) that HIV care providers would need in order to provide PrEP to appropriate candidates with the required level of proficiency. Next, the team created learning objectives and assessment measures to describe what HIV care providers should be able to achieve at the end of the training program. These learning objectives were then sequenced and grouped into 6 learning modules. Finally, the team created learning activities and training tools for all learning objectives. Training tools include a trainer manual, a participant manual, job aids, tools for monitoring and evaluation (M&E), and a comprehensive slide set with essential content, visuals, and talking points.

Competencies and Content Areas

During the training, health providers will develop core competencies—specifically, they will be able to:

- Identify eligible candidates for PrEP.
- Assess individual risk for HIV.
- Educate and counsel PrEP candidates and users.
- Assess medical eligibility for PrEP.
- Prescribe PrEP.
- Conduct clinical and laboratory assessments during follow-up PrEP visits.
- Determine how PrEP monitoring and evaluation tools can be used locally.
- Provide adherence education, counseling and support to PrEP candidates and users.

This is a classroom-based training. Content areas include:

- PrEP basics.
- PrEP screening and eligibility.
- Initial and follow-up PrEP visits.
- Monitoring and managing PrEP side effects, seroconversion, and stigma.
- Monitoring and evaluation tools for local use.
The target population for this training includes providers and related health care team members with existing knowledge and experience in HIV prevention, care, and treatment programs, including:

- Physicians.
- Medical officers.
- Clinical officers.
- Nurses.
- Nurse midwives.
- Prevention and treatment counselors.
- Lay or peer outreach workers and educators.
- Monitoring and evaluation staff.

**Training Adaptation**

This training program is generic. It was developed with a view to future adaptation at country, state, provincial, and facility levels, as applicable to local HIV epidemiology and populations at risk. The recommendations that form the technical content are based primarily on those from global organizations such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention. All the training tools, whether clinical or educational, need local review and adaptation to ensure that they meet local needs, have the support of key local stakeholders and health providers, and reflect national guidelines and policies.

**Components of This Training Package**

You should familiarize yourself with all components of this training package well in advance of the training. The package includes the trainer manual and the participant manual as well as PowerPoint slides, job aids, and sample M&E tools.

**Trainer Manual**

The trainer manual contains 6 modules, each divided into training sessions of varying length. Each training session contains the time, materials, and advance preparation needed to complete the session; step-by-step instructions for how to deliver the session; and any scenarios or role-play guidance needed. You may use the manual as a step-by-step guide to delivering the training sessions.

Before leading the training, please review the full training manual, including this introduction, all training sessions, clinical and role-play scenarios, job aids, and M&E tools. Take note of any advance preparation needed. For example, for some training sessions, you must prepare a few additional slides or, with a colleague, plan and practice a role-play to be performed during a session.

**Participant Manual**

The participant manual is divided into 6 modules, each containing the learning objectives, all content to be delivered (from the slides), scenarios, role-plays, and instructions for pair and small
group activities. Participants will use the manuals throughout the training. In some training
sessions, participants will close their manuals in order to attend to an interactive trainer
presentation. In other sessions, participants will have their manuals open in order to read content
or follow activity instructions. Participants should retain their manuals after the training’s end.
Please review the entire participant manual before leading the training.

PowerPoint Slides
The PowerPoint slides contain each module’s learning objectives, key content to be delivered,
scenarios, instructions for pair or small group activities, and notices for breaks and lunch. You
should use the slides hand in hand with the trainer manual. The trainer manual session steps list
all slides for each session, and in some cases, key points to emphasize when showing a slide.
Please review all slides before leading the training.

Job Aids and Monitoring and Evaluation Tools
The trainer and participant manual appendices contain all PrEP job aids needed for the training.
Photocopy them from the manual as needed. Please download and print the PrEP monitoring

How to Use This Training Package
The trainer manual is a step-by-step guide for conducting the training. To prepare:

- Read through this introduction first, including the sample training agenda and tips for
  training preparation, logistics, and setup.
- Read through the Module 1 summary, including the Module 1 time needed, learning
  objectives, and materials and preparation needed.

Read through each Module 1 session in turn (Sessions 1.1 through 1.5). Each session contains:

- Time needed to conduct the session.
- Learning objectives covered during the session.
- Materials needed for the session.
- Advance preparation needed for the session.
- Notes about a particular aspect of the session.
- Steps for leading the session, including what to say and do with participants, which slides to
  post, and when and where participants should consult their participant manuals.
- Content for the session, which includes content that you will use during the session.
  Some content is for the trainer only, but most is also in the participant manual.
- As you review each session, view each slide and the section of the participant manual
  named in each step, so that you are familiar with the content and how it will be used.
- If needed, you may make your own notes in the trainer manual to assist you in leading
  the sessions.
- If you are leading sessions with a co-trainer, note who will do each session step and
  who will take care of materials and preparation needed.
- Repeat this process for Modules 2, 3, 4, 5, and 6.
ADAPTING CONTENT TO THE SPECIFIC CONTEXT

There are a variety of reasons to adapt the clinical scenarios and exercises in the trainer manual. For example:

- If you have simplified a session to suit a specific target group (possibly based on results of the pre-training assessment), the clinical scenarios or other exercises may also have to be changed.
- You may want to substitute the clinical scenarios or exercises in the manual with others that are more relevant to the specific context at hand. If you do, make sure that all the points that the original scenario or exercise was designed to illustrate are included in the replacement scenario or exercise.

If you do choose to adapt, amend, or replace a clinical scenario or exercise, evaluate the quality of the new scenario or exercise by asking yourself the following questions:

- Is the task in the new scenario or exercise clearly defined?
- Is the new scenario or exercise consistent with the content of the module?
- Does the new scenario or exercise achieve the same objective(s) as the original?
- Does the new scenario or exercise fit in the time allotted?
- Does the new scenario or exercise contribute to the variety of activities offered?
- Will the new scenario or exercise engage participants in active thinking and learning?
- What advantages does the replacement scenario or exercise have over the original?
- What materials will be needed?
- Do new PowerPoint slides need to be created for the new scenario or exercise?

Training Program Schedule

PrEP Training for Providers in Clinical Settings was developed as a 6-module face-to-face training that will take 2 ½ days to complete.

Modules should be taught sequentially.

A Sample Training Agenda

<table>
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<th>Day 1</th>
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<tbody>
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<td>8:00–8:30</td>
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<td>8:30–10:30</td>
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<td>10:30–10:45</td>
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<tr>
<td>10:45–12:00</td>
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<tr>
<td>12:00–13:00</td>
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<tr>
<td>13:00–14:15</td>
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<tr>
<td>14:15–14:30</td>
</tr>
<tr>
<td>14:30–16:30</td>
</tr>
</tbody>
</table>
Day 2

8:30–11:00  Module 3: Initial and Follow-Up PrEP Visits

11:00–11:15 MORNING BREAK

11:15–12:00 Module 3: Initial and Follow-Up PrEP Visits (continued)

12:00–13:00 LUNCH

13:00–14:30 Module 3: Initial and Follow-Up PrEP Visits (continued)

14:30–14:45 AFTERNOON BREAK

14:45–16:00 Module 4: Monitoring and Managing PrEP Side Effects, Seroconversion, and Stigma

Day 3


10:15–10:30 MORNING BREAK

10:30–12:00 Module 5: PrEP Monitoring and Evaluation Tools (continued)

12:00–12:30 LUNCH (½ hour)

12:30–1:30 Module 5: PrEP Monitoring and Evaluation Tools (continued)

1:30–2:00 Module 6: Post-Training Assessment, Evaluation, and Closing

Set up a registration table at least 30 minutes before the training program is scheduled to start. Participants should stop at the registration table before they enter the training room for the first time. This is where they will:

- Register for the training, or sign in if already registered. The sign-in sheet may include spaces for name, job title, place of employment, address of employer, work phone number, cell phone number, and e-mail address.
- Fill in their name tags. Trainers and participants should wear their name tags throughout the training to facilitate the learning of names and future networking.

One trainer and one support person may staff the registration table for most training group sizes. Other trainers should be available to meet and greet participants and troubleshoot problems. Their presence will help ensure a positive first impression and learning environment.

STARTING THE TRAINING DAY

Begin by answering any questions and reviewing the agenda for the day. You may also use this time to orient participants to the training facility (e.g., location of bathrooms and where breaks and meals will be served) and other logistical matters. This should take no more than 5 to 10 minutes.

Training Evaluation

Pre-Training Assessment

The training package includes a pre-training assessment consisting of questions intended to measure participants’ pre-training knowledge of key content and skills related to PrEP implementation. The pre-training assessment is designed to give participants a sense of what they need to know and be able to do by the training’s end. The completed pre-training assessments therefore give trainers a quick snapshot of what participants do and do not know. You should review the completed pre-training assessments in order to identify content areas that you may need to adapt during the training, but you will not formally grade the pre-training assessments or return them to participants.
Post-Training Assessment
The training package includes a multiple-choice post-training assessment (Module 6). Post-training assessment questions are the same as those asked in the pre-training assessment, with multiple-choice response options, and are designed to measure learning of key content and skills related to PrEP implementation. You will grade and return these assessments to participants.

Training Evaluation Form
The Training Evaluation Form is an important source of feedback and provides information on how the training program should be improved in the future so as to better meet participant training needs. Please distribute program completion certificates to participants after they have handed in their completed post-training assessments and evaluation forms.

SECTION I-2: TRAINER ROLES AND RESPONSIBILITIES AND TRAINING TIPS

TRAINER ROLES AND RESPONSIBILITIES

Trainers Set the Standards for the Discussion—The trainer, you must stay focused, alert, and interested in the discussion and learning that is taking place. You create the standards of communication by looking around the room at all participants, listening closely, and encouraging contributions from everyone.

Trainers Make the Training Environment a Priority—You are in charge of deciding everything, from how the tables and chairs are set up to where small group exercises will take place, and all other logistical issues. You are also responsible for judging how the physical environment of the training affects participants’ engagement and learning, and for making any necessary changes.

Trainers Keep Track of Time—it is easy to overschedule activities and not incorporate enough down time for participants. Always allow for activities to take longer than expected.

Trainers Explain the Purpose of Each Learning Activity and Its Significance to Participants—Additionally, tell participants how much time you expect to spend on each activity.

Trainers Keep the Discussion Moving—They do this using various techniques and tools when tension arises or discussion slows. You must be prepared with strategies to keep participants engaged and learning.

Trainers Pay Attention to Participants’ Behavior—you should observe verbal and nonverbal cues from participants and take appropriate actions to meet both spoken and unspoken needs.

Trainers Are Responsible for Ensuring Confidentiality in the Learning Environment—During the training, participants will share clinical scenarios as well as stories of how they, their colleagues, and their managers have handled different scenarios in the workplace. They may also share stories about themselves or their friends—stories that are personal and not meant to be discussed outside the classroom. Typically, these stories illustrate a lesson learned or exemplify current practice. Encourage participants to feel safe sharing by explaining that all such information will remain confidential. Also, ensure that you serve as a role model in maintaining confidentiality.¹

Trainer Preparation

Trainer Checklist

<table>
<thead>
<tr>
<th>✔ Before the Training</th>
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<tbody>
<tr>
<td>Read the competency statements, learning objectives, technical content, discussion questions, session steps, and clinical and role-play scenarios.</td>
</tr>
<tr>
<td>Prepare for each session by reading all session steps, scenarios, and exercise instructions.</td>
</tr>
<tr>
<td>Obtain and organize the materials needed for the training.</td>
</tr>
<tr>
<td>Review the PowerPoint slides and become familiar with their content. Practice using the computer and LCD projector and presenting technical content using the slides.</td>
</tr>
<tr>
<td>Consider how to explain group exercises or to draw responses from an audience. Be prepared by thinking ahead and developing strategies for moving the discussion forward. For complicated exercises or discussions, consider co-facilitation.</td>
</tr>
<tr>
<td>Develop a plan and strategies for monitoring time and keeping to the schedule. For example, consider where you might shorten a discussion or role-play activity if needed.</td>
</tr>
<tr>
<td>Familiarize yourself with participants’ worksites, roles, responsibilities, skills, and experiences before and during the training.</td>
</tr>
</tbody>
</table>

Training As a Team

When planning a module presentation with another trainer or co-trainer, consider the following questions to help clarify your roles:

- How will you divide up training content with your colleague(s)?
- What is your teaching style? How does your teaching style differ from that of your colleague?
- How will you make transitions between presentations? Consider each needed transition.
- What challenges might arise? How can you and your colleague ensure you will work well together?
- What signal will the two of you use to get one another’s attention during a presentation?
- How will you handle staying on task?
- How will you field participant questions?
- How will you get participants back from breaks in a timely manner?

The Team Training Checklist (below), will help you to plan the key tasks you and your co-trainer need to accomplish before the training program starts.

Team Training Checklist

<table>
<thead>
<tr>
<th>✔ Preparation</th>
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</thead>
<tbody>
<tr>
<td>Decide who will lead and teach each session of each module, including who will lead each exercise within each session.</td>
</tr>
<tr>
<td>Decide on a plan for staying on schedule, including how you and your colleague will signal one another when time is up.</td>
</tr>
<tr>
<td>Decide together how to arrange the room.</td>
</tr>
</tbody>
</table>
Support your colleague while he or she is presenting by paying attention. Never correct your colleague in front of the group.

Ask for help from your training colleague when you need it—for example, when you do not know the answer to a question or you are not sure of something.

Sit somewhere that gives the spotlight to your colleague yet allows the two of you to make eye contact if needed.

**After the Training**

Review the completed Training Evaluation Form and discuss what you thought went well and what could have been done better. Take notes so that you will remember your thoughts for the next training.

Discuss ways to support one another during future trainings.

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**Set the Environment**

You are responsible for creating an environment that supports learning by ensuring that participants feel safe, supported, and respected. Take the time to carefully plan and deliver the training in a way that creates a psychologically safe and supportive environment.

Strategies for making participants comfortable while fostering trust include:

- Arrange the seats so that participants can see one another as well as they can see the trainer.
- Establish rapport with participants by greeting them warmly and being pleasant, knowledgeable, and approachable.
- Ask participants to introduce themselves at the beginning of the training by stating their name, organization, and position.
- Encourage participants to share their expertise and answer one another’s questions when appropriate.

**Know Your Audience**

It is important to learn about your audience. This means learning something about the individuals who will participate in the training so you can tailor content and exercises.

For example, you may want to learn the following about the participants of an upcoming training:

**Participant Demographics**—Knowing the age, sex, and other demographic information for each participant will help in planning logistics (i.e., training venue and timing) and in adapting clinical scenarios and other exercises.

**Education**—Familiarity with participants’ educational background can help you gauge the type of language to use and tailor it to their level of achievement and general knowledge.

**Job or Position**—Knowing participants’ jobs or positions and place of employment will help you relate training competencies and content to their work.
Knowledge, Experience, and Skills in HIV Prevention, Care, and Treatment—Having this information about participants will help you determine the level at which content should be taught, the time and methods needed to teach the content, and the best types of clinical scenarios and learning methods for the group. During small group work, consider inviting participants with more experience to contribute to the discussion, model role-plays, and pair up with participants who have less experience.

You can get some indication of participants’ baseline knowledge, experience, and skill by finding out where participants work and asking about their job positions, how long they have been in those positions, and whether they currently see HIV-positive and HIV-negative clients. The pre-training assessment will also help determine participant knowledge and skill level related to implementing PrEP.

Attitudes—Awareness of participant attitudes toward the training can give you a sense of issues that will need to be addressed. Try to find out how participants feel about the upcoming training. Are they looking forward to it? Or do they see it as a waste of time? What is their attitude toward the topics to be presented?

Ways to Learn About Your Audience
There are many ways to learn about your audience:

- Ask participants to complete a training registration form that includes questions on current job title, number of years in the position, educational background, time working in HIV, details on the type of programs they have been engaged in (e.g., pediatrics, adolescent and/or adult HIV services), and their expectations and concerns regarding the training.
- Have participants complete the pre-training assessment.
- Talk with participants before the start of the training, during breaks and meals, and at the end of the day.

Manage Time

1. **Know the Content to Be Taught**—Well in advance of the training, study the material to ensure that you understand it fully. If you need help, seek support from an expert or the resources listed at the end of this introduction. Consider how sessions can be shortened or lengthened, depending on participant learning needs. Consider how the timetable can be adjusted to create more time if it is needed. For example:
   - Shorten breaks or lunch.
   - Lengthen the day (e.g., start 30 minutes earlier or end 15 minutes later).
   - Shorten or skip presentations, exercises, or discussion questions in content areas that participants know well.

2. **Practice Before the Training**—Out loud, practice presenting exercise introductions, general content, and instructions, using the material that will be used during the training. Practice co-facilitating technical content and exercises using the trainer manual and PowerPoint slides.

3. **Be Flexible but Follow the Agenda**—The agenda will let participants know how long modules are expected to last.
4. **Keep Time**—Place a clock or watch in a place where you can see it and where it will not distract participants. Use signs (“5 minutes,” “1 minute,” and “stop”) to tell co-trainers and participants how much time they have left.

5. **Use a “Parking Lot”**—It is a good way to handle discussions that take too much time or are related, but not critical, to the topic under discussion.

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**The Parking Lot**

The parking lot is a sheet of flip chart paper posted in the training room. Its purpose is to provide a place to document issues that are important but tangential. For example, when a discussion strays too far from a particular module’s objectives or runs over time, you can use the parking lot to record the topic or question being discussed. The topic or question remains there until an agreed-on time, such as at the end of the training, during a break, or during an upcoming, relevant module. At this time, the group can revisit the topic or question and remove it from the parking lot.

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**Effective Training**

Trainers should always keep the following guidelines in mind.

- Prepare in advance.
- Keep track of time and pace activities accordingly.
- Maintain good eye contact.
- Encourage participation and questions.
- Speak clearly and loudly enough.
- Explain instructions clearly and repeat them as needed.
- Summarize and emphasize key points at the end of each module.
- Write clearly and boldly.
- Give constructive and positive feedback.
- Be aware of the participants’ body language.
- Keep the group focused on the task.
- When using visuals, stand facing the participants (not the visual).
- Do not assume that everyone has the same baseline knowledge.
- Do not assume that everyone can read and write at the same level.

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**ADULT LEARNING PRINCIPLES**

The design of this training is based on these principles of adult learning:

- **Respect**—Adult learners must feel respected and feel like equals.
- **Affirmation**—Adult learners need constructive feedback and praise.

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Experience—Adult students learn best by drawing on their own knowledge and experience.

Relevance—Learning must meet adults’ real-life needs.

Dialogue—Trainers and learners must enter into dialogue and learn from one another.

Engagement—Adult learners must engage with the material to be learned through dialogue, discussion, and learning from peers.

Immediacy—Adult learners must be able to apply the new learning immediately.

20–40–80 Rule—Adult learners typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.

Thinking, Feeling, and Acting—Teaching is more effective when learners think, feel (emotions), and act (do something with new knowledge).

Safety and Comfort—Adult learners need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ignored or belittled.

TRAINING METHODOLOGIES

To put the principles of adult learning into practice, this training uses a variety of participatory methodologies, including brainstorming, scenarios, role-play, and other small group activities. These activities are designed to elicit and build on participants’ experience and knowledge, to promote discussion and reflection on key issues, to provide hands-on practice of content learned, and to help participants learn from one another.

In addition, these participatory methodologies promote higher retention of content and create an open, engaging, and supportive learning environment. Because of the 20–40–80 rule noted above, participants who only hear trainer lectures will not learn or retain information as effectively.4

DISCUSSIONS

A discussion is a dialogue between participants and the trainer, with participants responding to discussion questions and to one another’s ideas. During discussions, new questions may surface. When the trainer leads a large group discussion, she or he must manage the discussion by keeping participants focused, actively eliciting responses, and limiting participants who like to talk a lot. When participants have small group discussions, they must do likewise.

To Facilitate Any Discussion

• Set a time limit and keep track of time.
• Explain that participants who want to speak should raise their hands.
• Keep the discussion on target and moving along.
• Encourage everyone to participate and call on everyone who raises a hand.
• Limit participants who like to talk a lot.
• Ask questions to encourage more responses to a question—for example: “What else?” “What other ideas do you have?”
• Wrap up the discussion by repeating and summarizing main points.

SMALL GROUP WORK
The trainer divides participants into small groups to do a learning activity. Examples of small group activities include discussions, scenarios, and role-play practice. Small groups allow each person to participate more than they would in the large group. Small group work also helps participants get to know one another and work with new colleagues.

To Facilitate Small Group Work
- Before you divide participants into small groups, give clear instructions for the small group task (using the instructions included in training session steps).
- Group participants so that they are not always working with people they know well. To vary groups’ composition: Ask participants to count off or draw at random from a deck of playing cards and then group by suit or numbers. Or ask participants to draw at random from a container of colored objects or slips of paper and then group by colors. Or group participants by birthday (seasons or months), by first letter of first or last name, by last digit of their phone number, or by height—then, based on how many fall into each category, re-group these groups so that you have groups of an optimal size.
- Instruct the groups to make sure that all group members participate.
- Have each group choose a timekeeper.
- Keep track of time yourself and provide half-time, 5-minute, and 1-minute warnings.
- As the groups are working, move from one to another to make sure that participants have understood the task and are making progress.

BRAINSTORMS
In brainstorms, the trainer asks a question or poses a problem and asks participants to respond with as many ideas as they can think of. Brainstorming may be used with both large and small groups. The purpose is to generate as many ideas as possible.

To Facilitate a Brainstorm
- Explain that the goal is not to arrive at a single correct answer but to generate as many ideas as possible.
- Take one idea per participant, one at a time.
- Keep the pace lively.
- Encourage all participants to give ideas—do not rely on a few participants to do all the talking.
- After the brainstorming, review, organize, and prioritize responses with participants.
- If participants brainstorm in small groups, ask groups to keep the points above in mind as they work.

ROLE-PLAYS
A role-play is a brief informal performance where participants act out roles in order to practice handling a particular problem or situation and to experience what it is like to be in those roles. Role-playing is informal; participants do not need to memorize dialogue or perform perfectly—the point is to experience the situation and learn from that experience.
To Facilitate a Role-Play
- Give clear instructions for the role-play (using the instructions included in training session steps).
- Set a time limit for role-play practice and performance, and manage the time well.
- Remind participants that role-playing does not require a perfect performance but rather provides an opportunity to practice handling real-life situations. It is fine to make mistakes during role-play.
- Debrief the role-play with a large group discussion (using the debriefing questions included in the training session steps).

SCENARIOS
A scenario is a brief description of a realistic situation that participants discuss and analyze. Scenarios give participants the opportunity to apply newly acquired knowledge to a particular problem or situation and to generate possible solutions to challenges presented in the scenario.

To Use Scenarios Effectively
- If participants will use the scenario in small groups or pairs, give clear instructions (using the instructions included in training session steps).
- If you write your own scenarios, make them simple and brief. Use realistic situations similar to those that participants face. Give essential information and leave out unnecessary details.
- Provide questions to guide participants in analyzing the scenario and a list of essential points to be covered in discussion for yourself and co-trainers.

TRAINER PRESENTATIONS
The trainer presents information by speaking to the whole group, sometimes using visuals such as slides. Most people are familiar and comfortable with trainer presentations, because many primary, secondary, and university-level classes are taught in this way. Presentations work well for introducing new information, as long as they are brief and accompanied by visuals (i.e., slides or a flip chart). To do a trainer presentation:
- In advance, check the slide projector, flip chart, and other equipment to make sure it is working properly.
- Keep the presentation short—between 5 and 15 minutes.
- Ask questions during the presentation to engage participants in the material you are presenting (using the questions included in training session steps).
- Use open body language and a friendly, clear tone of voice.
- Watch participants during the presentation; if they look confused or bored, ask questions to gauge their understanding or move along more quickly.
- As much as possible, move around the room while you are presenting.
- Face participants when you are explaining a visual; do not face the visual itself.
- To wrap up your presentation, summarize it and repeat the main points.
PrEP Resources

PREP RESOURCES FOR PROVIDERS


PrEP Resources for PrEP Users


MODULE 1: PrEP BASICS

TOTAL TIME: 2 HOURS

LEARNING OBJECTIVES
After completing Module 1, participants will be able to:

- Define PrEP.
- Differentiate PrEP from post-exposure prophylaxis (PEP) and antiretroviral therapy (ART).
- Describe the need for PrEP.
- Identify people at risk and people at substantial risk for HIV infection.
- Identify key populations (KPs) for PrEP at the local level.
- Explain the relationship between PrEP effectiveness and adherence.
- State the key reasons why PrEP is needed.
- Specify the PrEP regimens approved by WHO and within one’s own country.
- Identify concerns regarding the implementation of PrEP.
- Explain the risks and benefits of PrEP.

MATERIALS

- Trainer manual (needed for all sessions)
- 1 participant manual per participant (needed for all sessions)
- 1 folder per participant (needed for all sessions)
- 1 copy of the pre- and post-training assessment per participant (in the participant folder)
- Module 1 slides (needed for all Module 1 sessions)
- Registration sheet
- Name tags
- 1 pen and 1 notebook per participant
- 1 pre-training assessment per participant

ADVANCE PREPARATION

- Prepare the training room: arrange chairs; put out name tags, participant manuals, pens, and registration sheet; prepare the slide projector.
- Prepare a registration sheet.
- Make 1 copy of the pre-training assessment per participant.
- Prepare a few slides presenting local HIV epidemiology.
- Add country-specific data to Slide: ARVs Recommended for Oral PrEP.
- Decide how you will divide participants into small groups (by counting or other method).
Day 1
Session 1.1. Welcome, Introductions, Training Overview, and Ground Rules

TIME: 20 MINUTES

METHODS
Interactive trainer presentation

MATERIALS
- Trainer manual (needed for all sessions)
- 1 participant manual per participant (needed for all sessions)
- 1 folder per participant (needed for all sessions)
- Module 1 slides (needed for all Module 1 sessions)
- Registration sheet
- Name tags
- 1 pen and 1 notebook per participant

ADVANCE PREPARATION
- Prepare the training room: arrange chairs; put out names tags, participant manuals, pens, and registration sheet; prepare the slide projector.
- Prepare a registration sheet.
- Post Slide: PrEP Training for Providers in Clinical Settings.

SESSION

1. Slide: Post-Exposure Prophylaxis (PrEP) Training for Providers in Clinical Settings
   - (Show the first slide of the deck, and welcome participants to the training and introduce yourself and the other trainers.)

2. Slide: Welcome!
   - Please circulate the registration sheet so that everyone may complete it.
   - Please take a name tag and write your name on it.
   - Please take a participant manual, folder, pen, and notebook. You will use your manuals during Days 1, 2, and 3 of this training and will take them home at the end of Day 2.

3. Slide: Introductions
   - Please introduce yourselves briefly by sharing your name, the name of your organization, and your position there.
4. Slide: PrEP-Specific Competencies  
   • (Review the competencies aloud.)

5. Slide: Training Overview (2 slides)  
   • (Review the modules aloud.)

6. Slide: Ground Rules  
   • For the training to be effective, the group will agree on some ground rules. These will help the training run smoothly, maximize learning, and encourage participation.  
   • (Review the ground rules aloud.)  
   • Do any other rules need to be added?

7. Ask participants what questions they have about the training so far, and answer as appropriate.

Session 1.2. Pre-Training Assessment

**TIME: 25 MINUTES**

**METHOD**  
Pre-test

**MATERIALS**  
• Module 1 slides  
• 1 pre- and post-training assessment per participant (in the participant folder)

**ADVANCE PREPARATION**  
• Post Slide: Pre-Training Assessment

**SESSION**  
Explain that participants will now complete a pre-training assessment.

1. Slide: Pre-Training Assessment  
   • The purpose of this assessment is to find out what you know about implementing PrEP. Your responses will help to adjust the training.  
   • We assume that you know little about PrEP, so do not worry if you do not know all the answers.  
   • Please give me your assessment when you have finished.  
   • You will have approximately 20 minutes to complete the assessment.

2. Give participants the pre-training assessment. As participants are working, circulate and help if needed.

3. Collect all pre-training assessments.
4. Slide: Pre-Training Assessment Debrief
   - How did you feel about the questions in the pre-training assessment?
   - Were the questions easy or difficult? Why or why not?
   - Why did you answer the way you did?
   - We will review the answers to the questions after you complete the post-training assessment at the end of the training.

Session 1.3. Introduction to Pre-Exposure Prophylaxis

TIME: 20 MINUTES

METHODS
Interactive trainer presentation, pair discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:
   - Define PrEP.
   - Differentiate PrEP from PEP and ART.
   - Describe the need for PrEP.
   - Identify people at risk and people at substantial risk for HIV infection.
   - Identify KPs for PrEP at the local level.

MATERIALS
   - Module 1 slides

ADVANCE PREPARATION
   - Prepare a few slides presenting local HIV epidemiology.
   - Add country-specific approved HIV national training curricula, with a citation that includes a Web address, on the PrEP Training for Providers in Clinical Settings slide.
   - Add recent incidence data on the Local HIV Epidemiology slide.
   - Post Slide: PrEP Training for Providers in Clinical Settings.

► You may suggest that trainees keep their participant manuals closed during this and other interactive presentations. Allow participants who wish to follow along in their manuals to do so.

SESSION

1. Slide: PrEP Training for Providers in Clinical Settings
   - This training is for professional and lay HIV providers and other health care team members in clinical settings and is based on approved HIV training resources.

2. Slide: PrEP Curriculum
   - (Review the information aloud.)
3. Slide: Module 1
   • The next several sessions will cover Module 1 content.

4. Slide: Module 1 Learning Objectives (2 slides)
   • (Review the learning objectives aloud.)

5. Slide: Introduction to Module 1
   • (Review the information aloud.)

6. Slide: Combination Prevention
   • (Review the information aloud.)
   • This training will focus on biomedical interventions, specifically the use of antiretroviral drugs (ARVs) for pre-exposure prophylaxis, or PrEP.

7. Slide: Question
   • What is pre-exposure prophylaxis (PrEP)?

8. Take a few volunteer responses and then show the next slide.

9. Slide: Pre-Exposure Prophylaxis
   • (Review the information aloud.)
   • The concept of providing a preventive drug before exposure to an infectious agent is not new. We have been using this concept for other diseases (e.g., for malaria prophylaxis—taking antimalarial drugs before traveling to an endemic area to prevent infection).

10. Slide: Global Progress of PrEP
    • (Review the points on the slide aloud.)

11. Slide: Question
    • What is PEP?

12. Take a few volunteer responses and then show the next slide.

13. Slide: Post-Exposure Prophylaxis (PEP)
    • (Read the definition aloud.)

14. Slide: Questions
    • 1) What are some similarities and differences between PrEP and PEP?
    • 2) What are the main differences between ART and PrEP?

15. Ask participants to turn to the person next to them and for a few minutes discuss the 2 questions on the slide with one another. (Participants do not need to write anything.)

16. After a few minutes, ask for some volunteer responses to Question 1.
17. Slide: Comparing PrEP and PEP
   • (Review the comparisons aloud.)

18. Slide: Questions
   • (Ask for some volunteer responses to Question 2.)
   • Slide: Differences Between ART and PrEP
   • (Review the information aloud.)

19. Slide: Why We Need PrEP
   • (Review the information aloud.)

20. Slide: Local HIV Epidemiology
   • (Explain local HIV epidemiology, where most new HIV infections are happening, and the different KPs targeted for PrEP use at a local level.)

21. Slide: Question
   • Key populations are groups of people most at risk for contracting HIV. Who are the KPs and other populations targeted for PrEP in the communities you serve?

22. Slide: Key Populations, Priority Populations
   • (Review the information aloud.)

23. Take some volunteer responses and confirm or correct as needed.

24. Ask participants what questions they have about the content presented thus far, invite participants to answer one another’s questions, and complement and clarify answers as needed.

25. Explain that the content covered in this session is in the participant manual. Participants may review the content during a break or over lunch.

**Session 1.4. Evidence That PrEP Works**

**TIME: 35 MINUTES**

**METHODS**
Small group activity, interactive trainer presentation

**LEARNING OBJECTIVES**
After completing this session, participants will be able to:
   • Explain the relationship between PrEP effectiveness and adherence.
   • State the key reasons why PrEP is needed.

**MATERIALS**
   • Module 1 slides
ADVANCE PREPARATION

- Decide how you will divide participants into small groups (by counting or other method).
- Review the PrEP studies information in the participant manual.
- Insert the most recent studies or updates on the studies into the PrEP Evaluation Studies slide, which has links that you can use to obtain updated information.
- Post Slide: Small Group Activity.

SESSION

1. Explain that participants will now work in small groups to review studies that examined the effectiveness of PrEP.

2. Divide participants into groups of 4 to 6 participants each.

3. Slide: Small Group Activity
   - In your participant manuals, find and read: ARVs Used in PrEP Trials; iPrEx Study, PROUD: Immediate vs. Deferred PrEP; ANRS IPERGAY: On-Demand Oral PrEP in High-Risk MSM; Partners PrEP Demonstration Project; the Key HIV PrEP Trials Using Oral Tenofovir (TDF) or Tenofovir-Emtricitabine (TDF-FTC) table; Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention. Do not read beyond this point.
   - Then discuss these questions with your small group:
     - From these studies, what can you conclude about the effectiveness of PrEP?
     - When was PrEP found to be most effective (i.e., under what circumstances)?
   - You will have 10 minutes to work.

4. As the groups are working, circulate and help as needed.

5. When the groups have finished, ask each of the questions in turn, and take volunteer responses from the groups. Confirm or correct responses as needed.

6. Present the next 2 slides in order to summarize and confirm what participants have deduced from the studies.

7. Slide: Evidence PrEP Works
   - (Review the information aloud.)

8. Slide: Global Expansion of PrEP
   - (Review the information aloud.)

9. Slide: PrEP Use in a Routine Setting
   - (Review the information aloud.)
   - (Review the information aloud.)

10. Slide: Question
    - How would you define adherence?

11. Take a few volunteer responses and confirm or correct as needed.

12. Slide: Defining Adherence
    - (Read the definition aloud.)

    - This slide shows planned, ongoing, and completed PrEP studies as of June 2015. You can get updated information on the PrEPWatch website.

    - (Review recent evaluation studies you’ve researched for this slide, and explain the information.)

15. Slide: Summary
    - (Summarize as needed.)

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**Session 1.5. PrEP Regimens, Side Effects, Drug-Resistant HIV, and Sexually Transmitted Infections**

**TIME: 20 MINUTES**

**METHODS**
Interactive trainer presentation, pair discussion, large group discussion

**LEARNING OBJECTIVES**
- Specify the PrEP regimens approved by WHO and within one’s own country.
- Identify concerns regarding the implementation of PrEP.
- Explain the risks and benefits of PrEP.

**MATERIALS**
- Module 1 slides

**ADVANCE PREPARATION**
- Add country-specific data to Slide: ARVs Recommended for Oral PrEP.
- Post Slide: ARVs Recommended for Oral PrEP.
SESSION

1. Slide: ARVs Recommended for Oral PrEP
   - This training focuses on daily oral PrEP.
   - (Provide country-specific data here.)

2. Slide: PrEP Side Effects: Reports from RCTs
   - (Review the information about RCTs—randomized controlled trials—aloud.)

3. Slide: Side Effects: Reported in iPrEx OLE
   - (Review the information aloud.)
   - Study participants reported GI symptoms, headaches, and some skin problems—a “start-up syndrome” that in most cases was transient. It is important to counsel clients about it.

   - (Review the information aloud.)

   - (Review the information aloud.)

6. Slide: Questions
   - Does PrEP protect against other STIs?
   - What can people do to protect themselves against STIs while they are taking PrEP?
   - What should the package of prevention services include?

7. Ask participants to turn to the person next to them and for a few minutes discuss the 3 questions on the slide with one another.

8. After a few minutes, ask for some volunteer responses to the questions.

9. Slide: Does PrEP Protect Against Other STIs?
   - (Review the information aloud.)

10. Slide: Key Initial Visit Counseling Messaging: PrEP and Substance Use
    - (Review the information aloud.)

11. Slide: Module 1 Summary
    - (Read the summary aloud.)

12. Ask participants what questions they have about the content presented in Module 1; invite participants to answer one another’s questions; and complement and clarify answers as needed.

13. Explain that the content covered in this session is in the participant manual. Participants may review the content during the break or over lunch.

14. Slide: MORNING BREAK
    - We will reconvene in 15 minutes.
MODULE 2: PrEP SCREENING AND ELIGIBILITY
TOTAL TIME: 4 HOURS 15 MINUTES

LEARNING OBJECTIVES
After completing Module 2, participants will be able to:

- Name the 5 main eligibility criteria for PrEP.
- Use the standard medical screening form for PrEP eligibility and substantial risk.
- Name the contraindications for PrEP.
- Explain how to exclude acute HIV infection (AHI).

MATERIALS
- Module 2 slides (needed for all Module 2 sessions)
- Session 2.4 Clinical Scenarios 1 to 4 (below and in slides and the participant manual)
- Session 2.5 Screening Role-Play Scenarios (below and in the participant manual)
- 1 photocopy of the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form for each trainer and each participant (in the participant folder)

ADVANCE PREPARATION
- Add your country’s national HIV testing algorithm to the algorithm slide.
- Review Session 2.4 Clinical Scenarios (below).
- Review Session 2.5 Screening Role-Play Scenario for Trainers (below).
- Review the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form.
- Ask your fellow trainer or an experienced colleague to be prepared to perform the role-play with you during this session. Practice in advance if possible.
- Review Screening Role-Play Scenarios 1 and 2 (below and in participant manual).
- Decide how you will divide participants into pairs so that they work with someone new, not just the person next to them.
- Decide how you will divide participants into small groups (by counting or other method).

Session 2.1. Eligibility Criteria—HIV Testing and Acute HIV Infection
TIME: 15 MINUTES

METHODS
Interactive trainer presentation

LEARNING OBJECTIVES
After completing this session, participants will be able to:

- Name the 5 main eligibility criteria for PrEP.
- Explain how to exclude acute HIV infection.
- Name the contraindications for PrEP.
MATERIALS
- Module 2 slides

ADVANCE PREPARATION
- Post Slide: Module 2.
- Add your country’s national HIV testing algorithm to the algorithm slide.

SESSION

1. Slide: Module 2
   - The next several sessions will cover Module 2 content.

2. Slide: Module 2 Learning Objectives
   - (Review the learning objectives aloud.)

3. Slide: WHO Recommendations
   - (Review the information aloud.)

4. Slide: Questions
   - Who should receive PrEP?
   - What are the eligibility criteria for initiating PrEP?

5. Take a few volunteer responses and then show the next slide.

6. Slide: Eligibility for PrEP
   - (Read the eligibility criteria aloud.)

7. Slide: Exclude HIV Infection Before Starting PrEP
   - (Review the information aloud.)

   - (Review your country’s HIV testing algorithm aloud.)

9. Slide: Question
   - What is acute HIV infection?

10. Take a few volunteer responses and then show the next slide.

11. Slide: Acute HIV Infection
    - (Review the information aloud.)

12. Slide: Acute HIV Infection
    - An estimated 40% to 90% of clients with acute HIV infection will experience flu-like symptoms, usually appearing days to weeks after exposure. These include:
- Fever
- Fatigue
- Anorexia
- Rash (often erythematous maculopapular)
- Pharyngitis
- Generalized lymphadenopathy
- Mucocutaneous ulceration
- Headache
- Aseptic meningitis
- Radiculitis, myelitis
- May present with thrush, zoster, or other opportunistic infections (OIs), if CD4 depressed

- These symptoms are not specific to HIV; they occur in many other viral infections.
- Remember that many clients with acute HIV infection are asymptomatic.

13. Slide: Question
   - Why must you assess for acute HIV infection before prescribing PrEP?

14. Take a few volunteer responses and then show the next slide.

15. Slide: Diagnosis of Acute HIV Infection
   - (Review the information aloud.)

16. Ask participants what questions they have about the content presented thus far, invite participants to answer one another's questions, and complement and clarify answers as needed.

17. Remind participants that the information presented in this session is in their manuals. They may review the information during a break or over lunch.

**Session 2.2. Eligibility Criteria—Substantial Risk of HIV Infection**

**TIME: 45 MINUTES**

**METHODS**
Small group brainstorm, interactive trainer presentation

**LEARNING OBJECTIVES**
After completing this session, participants will be able to:
- Name the 5 main eligibility criteria for PrEP.

**MATERIALS**
- Module 2 slides
ADVANCE PREPARATION

- Post Slide: Question.
- Decide how you will divide participants into small groups (by counting or other method).

SESSION

1. Slide: Question
   - Who is at substantial risk for HIV infection?
2. Take a few volunteer responses and then show the next slide.
3. Slide: Substantial Risk for HIV Infection
   - (Review the risk categories aloud.)
4. Slide: Potential Signs of Risk
   - (Review the information aloud.)
5. Explain that participants will practice using a screening form to determine eligibility. But first, participants will work in small groups to brainstorm the types of questions that providers should ask in order to screen for substantial risk.
6. Divide participants into groups of 4 to 6 participants each.
7. Slide: Small Group Brainstorm (2 slides)
   - Close your participant manuals.
   - With your group, brainstorm questions to ask to screen for substantial risk.
   - Keep in mind that you must ask about clients’ sexual behaviors, their partners’ sexual behaviors, issues with serodiscordant couples, and other aspects of their situation—for example, their current life circumstances.
   - Choose one group member to record questions on a sheet of notebook paper.
   - When you have finished your brainstorm, find the list of sample screening questions in your manuals.
   - Compare your brainstormed questions to this list.
   - Make a note of any questions you missed and any questions on your list that do not appear in the manual.
   - You will have 15 minutes to work.
8. As the groups are working, circulate and help as needed.
9. When small groups have finished, post Slide: Screening for Substantial Risk.
   - Asking questions should not be seen as a way of rationing PrEP or excluding people from PrEP services.
   - Screening questions can be used to introduce the consideration of PrEP and to offer PrEP to people who are attending services but had not presented specifically to access PrEP.
10. Slide: General Screening Questions
   - Of these questions, which were on your brainstormed lists (more or less)?
   - Did you brainstorm any questions not on this list? What questions? Why would you ask them?

11. Confirm or correct participants’ responses as needed. Make sure to take responses from all small groups.
   - Point out that a client’s ability to adhere to a daily regimen is important and that adherence will be discussed in greater detail later in the training.

12. Slide: Serodiscordant Couples
   - Review the information on the slide aloud.
   - ART that suppresses viral load is highly effective for preventing transmission to partners.
   - PrEP may provide additional protection to serodiscordant couples in a number of situations.
   - In addition, any sign of intimate partner violence (IPV), controlling behavior, or anger or fear in response to questions about HIV treatment should prompt discussion about PrEP as a way to control risk for HIV.

13. Slide: For a Person Who Has a Partner with HIV
   - These types of questions aim to assess whether the partner with HIV is virally suppressed, and the level of risk during sex (e.g., whether condoms are used).
   - Of these questions, which did you include in your brainstormed lists (more or less)?
   - Did you brainstorm any questions not on this list? What questions? Why would you ask these?

14. Slide: Additional Factors to Ask About
   - These types of questions help identify additional proximate factors that might give you context and help you to better understand a client’s level of risk.
   - (Repeat the process for the previous slide.)
   - Explain that in later sessions, participants will practice using a standard PrEP screening form.

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**Session 2.3. Eligibility Criteria—Creatinine Clearance, Pregnancy, and Willingness to Use PrEP As Prescribed**

**TIME: 15 MINUTES**

**METHODS**
Interactive trainer presentation

**LEARNING OBJECTIVES**
After completing this session, participants will be able to:
- Name the 5 main eligibility criteria for PrEP.
- Name the contraindications for PrEP.
MATERIALS
• Module 2 slides

ADVANCE PREPARATION
• Post Slide: Creatinine and Estimated Creatinine Clearance.

SESSION

1. Slide: Creatinine and Estimated Creatinine Clearance
   • (Review the information and equation aloud.)

2. Slide: Online Cockcroft-Gault Calculator
   • You can also use an online calculator to calculate the eGFR (estimated glomerular filtration rate, related to creatinine clearance).
   • Let’s use the example of a 26-year-old woman with a weight of 55 kg and a serum creatinine of 6.9 µmol/L.

3. Slide: Question
   • Is PrEP safe during pregnancy?

4. Take a few volunteer responses and then show the next slide.

5. Slide: PrEP Use During Pregnancy
   • Several systematic reviews have evaluated the safety of tenofovir disoproxil fumarate (TDF) in pregnant women with chronic hepatitis B (HBV) and TDF safety in pregnant women living with HIV.
   • The Partners Demonstration Project, which evaluated outcomes of 30 study participants who elected to continue PrEP throughout pregnancy, found no greater frequency of adverse pregnancy outcomes or restricted infant growth than in participants who elected to discontinue PrEP during pregnancy. Findings support the use of PrEP during pregnancy.
   • WHO considers PrEP a valuable component of a combination prevention package for HIV-negative pregnant and breastfeeding women, along with screening for acute infection, adherence counseling, safety monitoring and HIV retesting every 3 months, in addition to other existing HIV prevention options, including condoms.
   • Slide: Women and PrEP (Review the points aloud.)

6. Slide: Willingness to Use PrEP As Prescribed
   • (Review the points aloud.)
   • Education and counseling are provided to support clients to make informed choices on PrEP.
   • Clients must not be coerced into using PrEP.

7. Slide: Eligibility Criteria Recap
   • (Review the criteria aloud.)
8. Ask participants what questions they have about criteria for PrEP eligibility, invite participants to answer one another’s questions, and complement and clarify answers as needed.

9. Remind participants that the information presented in this session is in their manuals. They may review the information during a break or over lunch.

10. Slide: LUNCH
   • We will reconvene in 30 minutes.

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**Session 2.4. The Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility Form**

**TIME: 1 HOUR**

**METHODS**
Small group scenarios, large group discussion

**LEARNING OBJECTIVES**
After completing this session, participants will be able to:
- Name the 5 main eligibility criteria for PrEP.
- Use the standard medical screening form to determine PrEP eligibility and substantial risk.

**MATERIALS**
- Module 2 slides
- Clinical scenarios 1 to 4 *(below, in Module 2 slides, and in the participant manual)*

**ADVANCE PREPARATION**
- Review the clinical scenarios *(below)*.
- Review the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form *(in the participant folder)*.
- Decide how you will divide participants into small groups *(by counting or other method)*.
- Post Slide: PrEP Screening for Substantial Risk and Eligibility.

**SESSION**

1. Slide: PrEP Screening for Substantial Risk and Eligibility (2 slides)
   - Please find the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form in your participant folders.
   - In the brainstorming session, we identified what types of questions you must ask in order to screen for PrEP eligibility.
   - Using a standard form can ensure that screening is done consistently and is well documented.
   - Source to complete this form: Complete this screening form with the client.
   - Let us review the screening form section by section.
2. Review the form sections briefly with participants.
   - Section 4: This section provides question prompts that will help you to determine whether the client belongs in each category. You may need to use other prompts as well—for example, the questions that you brainstormed earlier about serodiscordant couples and proximate factors.
   - Section 6: This section’s questions will help you to assess suspected acute HIV infection, known as AHI. Remember that you must exclude AHI to prescribe PrEP.

3. Explain that participants will now work on scenarios in small groups to practice determining eligibility for PrEP.

4. Divide participants into groups of 4 to 6 participants each (different groups than during previous sessions).

5. Slide: Small Group Clinical Scenarios
   - Read the clinical scenario assigned to your group.
   - Then discuss the scenario questions.
   - Refer to the PrEP screening tool during your discussion as needed.
   - You will have 10 minutes to work.

6. Assign each small group one of the clinical scenarios (below and in the participant manual). You may need to assign more than one group to each scenario.

7. As the groups are working, circulate and help as needed.

8. When the groups have finished work, post Slide: Clinical Scenario 1.
   - Would someone from the group(s) that discussed this scenario please read the scenario aloud?
   - How did your group answer the scenario questions?
   - What questions or comments do other groups have about this scenario?

9. Take volunteer responses and confirm or correct as needed. Encourage discussion.

10. Slides: Clinical Scenarios 2, 3, and 4 (3 slides)
    - (Repeat the process from Clinical Scenario 1.)

11. Explain that these clinical scenarios have given participants some practice working with the eligibility criteria. In the next session, participants will practice using the screening form.

12. Slide: AFTERNOON BREAK
    - We will reconvene in 15 minutes.
CLINICAL SCENARIOS

You may wish to revise and adapt these scenarios, or write new ones, to reflect participants’ local context and client populations, or to include client situations more relevant to your area.

Clinical Scenario 1
Joseph, a 22-year-old man, presents at the clinic because he is interested in starting PrEP. He reports using condoms sometimes during sex with his HIV-positive male partner. His partner is healthy and has been on ART for 4 years. His most recent viral load from “a few months ago” was reported as 1200 copies/mL. Their last unprotected intercourse was last week. Joseph is in good health and takes no medications. His rapid HIV antibody test today is negative.

Is Joseph a candidate for PrEP?
- Yes

If so, what did you consider in order to determine eligibility?
- Joseph is at substantial risk for HIV infection (intercourse without condoms, partner with HIV).
- Joseph’s partner’s viral load.
- Rapid HIV antibody test window.
- No other eligibility issues. Any potential modifiable challenges or barriers should not be equated with eligibility. For instance, we know he is “in good health” so he might have limited experience taking a daily medication. Developing the habit can be a topic for adherence education and counseling.

Clinical Scenario 2
Marie, an 18-year-old woman, comes to the clinic because she feels sick and is afraid she might have HIV. She reluctantly explains that, during the past year, she has been having sex for money or gifts in order to support her 2 children. Some of her partners have used condoms and others have not. She does not know whether her partners have HIV. Marie reports that she has been feeling run-down and sick for the past few weeks. Her rapid HIV antibody test today is negative.

Is Marie a candidate for PrEP?
- Yes, if she does not have AHI or creatinine clearance greater than 60ml/min.

If so, why?
- Marie is at substantial risk (multiple partners, sometimes without condoms).

What other information would you need in order to determine eligibility?
- AHI must be ruled out.
- Creatinine clearance must be determined.

Clinical Scenario 3
Geraldine, a 30-year-old wife and mother, presents at the clinic because she has heard that she can get drugs that will prevent her from getting HIV. She suspects that her husband has been injecting drugs, as he has needle marks on his arms. Geraldine is afraid that her husband might have HIV and that he will infect her. She reports that her husband has not been tested. Geraldine’s rapid HIV antibody test today is negative.
Is Geraldine a candidate for PrEP?
- Yes.
If so, why?
- Geraldine is at substantial risk (partner possibly using drugs).
What other information might you need in order to determine eligibility?
- AHI must be ruled out.
- Creatinine clearance determined.

Clinical Scenario 4
Daniel is a 25-year-old man who presents at the clinic seeking treatment for “blisters.” He reports that, during the past several days, he has had a few painful blisters around his mouth and on his genitals. He declines to report his sexual activity; he says he is a married man and faithful to his wife. He asks whether he can take just one pill for the blisters here at the clinic, so that his wife or neighbors do not find out that he is taking pills. Daniel does not want to take any medications ongoing, as his neighbors or church might find out and conclude that he has HIV. He declines to take an HIV test.

Is Daniel a candidate for PrEP?
- Not at this visit.
Why?
- Daniel has signs of a recent STI (oral and genital blisters), suggesting that he may be at substantial risk for HIV, but he has declined HIV testing and does not acknowledge risk behavior that indicates the need for PrEP.

Session 2.5. PrEP Screening Tool Practice
TIME: 2 HOURS

METHODS
Role-play, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:
- Use the standard medical screening form to determine PrEP eligibility and substantial risk.

MATERIALS
- Module 2 slides
- Screening role-play scenarios (below and in the participant manual)
- Photocopies of the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form, 1 for each trainer and participant (in the participant folder)

ADVANCE PREPARATION
- Review the Screening Role-Play Scenario for Trainers (below).
• Ask your fellow trainer or an experienced colleague to be prepared to perform the role-play with you during this session. Practice in advance if possible.
• Review Screening Role-Play Scenarios 1 and 2 (below).
• Decide how you will divide participants into pairs so that they work with someone new, not just the person next to them.

If you are short on time, you may need to shorten or skip Part 3 of this session. For example, you may choose to not have a pair perform in Part 3.

SESSION

Part 1—Trainer Role-Play (30 minutes)

1. Invite your fellow trainer or colleague to the front of the room. Explain that you will perform a role-play where a provider screens someone for PrEP eligibility using the screening tool. Ask participants to listen and watch carefully, and follow along with the forms in their participant manuals.

2. Perform the role-play (below; 5 to 10 minutes). The person playing the provider should use the screening tool while role-playing, as if with a real client.

3. Debrief the role-play with Slide: Trainer Role-Play Debrief.
   • Based on the role-play, how would you complete Section 5 of the screening tool?
   • To determine eligibility, what other information would you need to gather?
   • What was most challenging about this screening?
   • How did the provider handle the challenges?
   • What other questions or comments do you have about the role-play?

4. Take volunteer responses and encourage a discussion. Summarize challenges and strategies as needed.

Part 2—Participant Role-Play 1 (45 minutes)

5. Explain that participants will now role-play in pairs in order to practice using the screening tool.

6. Pair up participants and ask them to find the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form in their folders.

7. Slide: Screening Role-Play 1
   • Find Screening Role-play Scenario 1 in your manuals.
   • Decide who will play the provider and who will play the client.
   • Practice a brief role-play.
   • Have the client answer using the information in Screening Role-Play Scenario 1 in your participant manual.
   • Ask the provider to use the screening tool and complete it as if he or she were interviewing a real client.
• Start with Section 3 of the form.
• As you are practicing, I will observe and choose a pair to perform. I will not tell you which pair I choose, so everyone must be prepared to perform.
• You will have 15 minutes to work.

8. As pairs are working, circulate, observe role-playing, and help as needed.

9. As you circulate and observe, choose a pair to perform. Do not tell participants which pair you have chosen.

10. When pairs have role-played for about 15 minutes, call for everyone’s attention.

11. Slide: Screening Role-Play 1 Debrief. Encourage a discussion.
   • Based on the role-play, how would you complete Section 5 of the form?
   • To determine eligibility, what other information would you need?
   • What did you learn by doing these role-plays?
   • What worked best? Why?
   • What was most challenging? Why?
   • How could you address the challenges? What strategies would you use?

12. Ask a pair of participants to come to the front of the room and perform the role-play (5 to 10 minutes).

13. Slide: Screening Role-Play Performance Debrief
   • What challenges did the provider encounter and how did she or he handle them?
   • What did the provider do well?
   • What could the provider improve the next time around?

Part 3—Participant Role-Play 2 (45 minutes)

14. Slide: Screening Role-Play 2
   • Repeat the process for Role-Play Scenario 1 and debrief. Participants who played the provider for Role-Play Scenario 1 should play the client; those who played the client should play the provider.

15. Slide: Screening Role-Play 2 Debrief
   • (Repeat the debrief process from Scenario 1.)

16. Slide: Module 2 Summary
   • (Read the summary points aloud.)
SCREENING ROLE-PLAY SCENARIOS

➤ You may wish to revise and adapt these scenarios, or write new ones, to reflect participants’ local context and client populations, or to include client situations more relevant to your area.

Screening Role-Play Scenario for Trainers
Gabrielle, a 25-year-old married woman, visits the clinic for a routine maternal and child health visit. She confides to the nurse attending to her that she is distressed because of her husband’s behavior. Lately, he has been staying out all night and refuses to tell her where he has been. Gabrielle has seen marks on his arms. She is afraid that he might be using drugs and is worried that he is at risk of acquiring diseases through injecting behavior.

Despite the problems with her husband, Gabrielle has sex (vaginal) with her husband almost every week. Her husband does not like to use condoms. Gabrielle does not know whether her husband has HIV, as he refuses to get tested; he says that such tests are for “bad people.” She fears, though, that he may be having sex with other women.

Gabrielle has not had any STIs. She has not taken PEP. She last had sex with her husband 2 nights ago. She feels fine and does not have a fever, or cold or flu-like symptoms.

➤ Participant Instructions: Skip sections 1 and 2 of the screening tool. Role-play sections 3, 4, and 6 of the screening tool. After the role-play, you will complete Section 5 with the whole group. In addition to the question prompts in Section 4, you may need to use other questions such as the ones brainstormed earlier.

Screening Role-Play Scenario 1
Justine, a 19-year-old sex worker with a live-in boyfriend, was born a male but has been living as a woman since she was 15. She has had sex with multiple male partners over the last 6 months, a few times without condoms. She does not know whether she has any STIs, but she has no symptoms.

Justine’s boyfriend is living with HIV and has been on ART for about a year. He has adhered to the treatment regimen very well and is in good health. Justine is proud of him for this. Justine and her boyfriend use condoms during sex.

A few weeks ago, Justine was tested for HIV after a scary encounter with a client. The test was negative. Justine has come to the clinic today because she is feeling poorly. She has had a fever and chills in recent days and wants medicine in order to feel better.

➤ Participant Instructions: Skip sections 1 and 2 of the screening tool. Role-play sections 3, 4, and 6 of the screening tool. After the role-play, you will complete Section 5 with the whole group. In addition to the question prompts in Section 4, you may need to use other questions such as the ones brainstormed earlier.

Screening Role-Play Scenario 2
Lucien, 25 years old, is a married man who has sex regularly with men outside his marriage as well as with his wife. His wife does not know about the sex with men. With male partners, Lucien insists on using condoms during sex but he does not do so with his wife.

Lucien has come to the clinic because the last time he was with a man, the condom broke, and he is worried that he might have gotten HIV. He does not know the HIV status of his male sex
partners. He assumes that his wife does not have HIV, but she has not been tested. He does not use drugs or share injecting material with others.

- Participant Instructions: Skip sections 1 and 2 of the screening tool. Role-play sections 3, 4, and 6 of the screening tool. After the role-play, you will complete Section 5 with the whole group. In addition to the question prompts in Section 4, you may need to use other questions such as the ones brainstormed earlier.
MODULE 3: INITIAL AND FOLLOW-UP PrEP VISITS

TOTAL TIME: 4 HOURS 45 MINUTES

LEARNING OBJECTIVES
After completing Module 3, participants will be able to:

- Specify the procedures for the initial PrEP visit.
- Demonstrate knowledge of national HTS guidelines and local algorithms for HIV testing.
- Describe the rationale and content for brief counseling during the initial PrEP visit.
- Follow the Integrated Next Step Counseling (iNSC) process to counsel clients on sexual health and PrEP adherence.

MATERIALS
- Module 3 slides (needed for all Module 3 sessions)
- Session 3.3 iNSC Role-Play Scenarios (below and in participant manual)
- Photocopies of the table of iNSC steps, components, and examples, 1 for each trainer and participant (in the participant manual)
- 1 Provider Checklist for Substantial Risk per participant (in the participant folder)
- 1 Frequently Asked Questions about PrEP job aid per participant (in the participant folder)
- 2 blank sheets of flip chart paper
- Marker (for writing on the flip chart paper)

ADVANCE PREPARATION
- Review the iNSC Role-Play Scenario for Trainers (below).
- Ask your fellow trainer or an experienced colleague to be prepared to perform the role-play with you during this session. Practice in advance if possible.
- Review Session 3.3 iNSC Role-Play Scenarios 1 and 2 (below and in the participant manual).
- Review the Provider Checklist for Substantial Risk (in the participant folder).
- Post 2 blank sheets of flip chart paper on the wall or easel where everyone can see them. Label one sheet “PrEP Challenges” and the other “PrEP Strategies.”
- Decide how you will divide participants into pairs so that they are with different partners from the previous role-play session.
- Decide how you will divide participants into small groups (by counting or other method).
Day 2

Session 3.1. Initial Counseling: Key Messages

TIME: 20 MINUTES

METHODS
Interactive trainer presentation

LEARNING OBJECTIVES
After completing this session, participants will be able to:

• Specify the procedures for the initial PrEP visit.
• Describe the rationale and content for brief counseling during the initial PrEP visit.

MATERIALS
• Module 3 slides

ADVANCE PREPARATION
• Post Slide: Module 3.

SESSION

1. Slide: Module 3
   • The next several sessions will cover Module 3 content.

2. Slide: Module 3 Learning Objectives (2 slides)
   • (Review the learning objectives aloud.)

   • After you have determined that a client is eligible for PrEP, your initial PrEP visit with the client should follow these suggested procedures.
   • (Review the procedures on the slide.)

   • Please find this checklist in your participant manuals.
   • Use this checklist as overall guidance during initial PrEP visits.
   • You may need to customize this checklist to align with national guidelines and practices at your facility, as it may not contain everything done at your facility during an initial PrEP visit.
   • (Review the checklist aloud.)

5. Slide: Initial PrEP Counseling
   • Counsel clients before they start PrEP. (This is the last of the procedures suggested in previous slide).
   • This initial counseling should focus on these areas.
   • (Review the counseling points on the slide aloud.)
   - These are key messages that you should give during counseling at the initial visit. These messages emphasize how PrEP works best.
   - (Review the messages on the slide aloud.)

7. Slide: PrEP Counseling
   - (Read the slide aloud.)

   - (Review the prompts aloud.)

9. Slide: Understanding Context
   - (Review the information aloud.)

10. Slide: Key Initial Counseling Messaging: Supporting Adherence
    - These messages will help the client to adhere to the PrEP regimen.
    - (Review the messages on the slide aloud.)

11. Slide: Adherence Strategies
    - (Review the strategies aloud.)
    - Disclosing PrEP use to a trusted individual is an effective strategy to help with PrEP adherence.

12. Ask participants what questions they have about the information presented thus far, invite participants to answer one another’s questions, and complement and clarify answers as needed.

13. Remind participants that the information presented in this session is in their manuals. They may review the information during a break or over lunch.

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Session 3.2. Initial Counseling: Adherence Support

TIME: 45 MINUTES

METHODS
Small group brainstorm, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:
   - Describe the rationale and content for brief counseling during the initial PrEP visit.

MATERIALS
   - Module 3 slides

ADVANCE PREPARATION
   - Post Slide: Small Group Brainstorm.
   - Decide how you will divide participants into small groups (by counting or other method).
SESSION

1. Explain that a crucial part of initial PrEP counseling is to support adherence. Participants will now work in small groups to brainstorm the reasons for low adherence and ways to support adherence.

2. Divide participants into groups of 4 to 6 participants each.

3. Slide: Small Group Brainstorm
   - Close your participant manuals.
   - With your small group, brainstorm one of these questions:
     - Question 1: What are some common reasons for low adherence? Remember to include both reasons associated with the individual and the medication, and reasons related to the health system.
     - Question 2: What can providers do to promote and support adherence? Include counseling, reminder calls, and other activities.
   - Choose one group member to record your questions on a sheet of notebook paper.
   - You will have 10 minutes to work.

4. Assign each small group either Question 1 or Question 2.

5. As the groups are working, circulate and help as needed.

6. When the groups have finished, post Slide: Understanding Adherence.
   - (Review the individual factors on the slide aloud.)
   - Small groups that brainstormed Question 1—Which of these factors did you include on your brainstormed lists? Which did you miss? What other factors did you brainstorm (if any)?
   - (Repeat this process for the medication factors and factors related to the health system.)
   - Remember that reasons for low adherence may be related to the client, the ARV regimen, or the health system.

7. Slide: Understanding Nonadherence: Voluntary vs. Involuntary (2 slides)
   - It is helpful to think about nonadherence as voluntary or involuntary in order to better target adherence support strategies.

8. Slide: Adherence: Lessons from ART Programs
   - The health provider can support adherence by learning from ART programs some of the general strategies that have been shown to positively influence adherence.
   - (Review the points on the slide aloud.)
   - Small groups that brainstormed Question 2—Which of these points did you include on your brainstormed lists? Which did you miss?

   - The provider can use each of the options and strategies on the right side of the table to address each of the specific support issues listed on the left side.
(Review the support issues and provider options on the slide aloud.)
Small groups that brainstormed Question 2—Which of these points did you include on your brainstormed lists? Which did you miss? What other approaches did you brainstorm (if any)?

10. Slide: Adherence Assessments
   - Note that measuring drug levels in blood and hair samples costs more than other options.

11. Slide: Drug Supply
   - (Review the information aloud.)

12. Remind participants that, in addition to the adherence strategies presented here (which are also in the participant manual), they should make note of any other strategies named by participants during the brainstorm that are appropriate for their context and setting.

Session 3.3. Integrated Next Step Counseling

TIME: 2 HOURS 20 MINUTES

METHODS
Role-play, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:
- Follow the recommended iNSC process to counsel clients on sexual health and PrEP adherence.

MATERIALS
- Module 3 slides
- iNSC Role-Play Scenarios (below and in the participant manual)
- Photocopies of the table of iNSC steps, components, and examples, 1 for each trainer and participant (in the participant manual)

ADVANCE PREPARATION
- Post Slide: Promoting PrEP.
- Review the iNSC Role-Play Scenario for Trainers (below).
- Ask your fellow trainer or an experienced colleague to be prepared to perform the role-play with you during this session. Practice in advance if possible.
- Review iNSC Role-Play Scenarios 1 and 2 (below).
- Decide how you will divide participants into pairs so that they are with different partners from the previous role-play session.

Schedule the morning break for after Part 1 or Part 2 of this session (or before this session if you are running late). If you are short on time, you may choose not to have a pair perform in Parts 3 and/or 4.
SESSION

Part 1—Introduction to Integrated Next Step Counseling (30 minutes)

1. Slide: Promoting PrEP
   - (Review the approaches on the slide aloud.)
   - In this session, we will learn more about one of these approaches—Integrated Next Step Counseling, or iNSC.

2. Slide: Essential Features of PrEP Adherence Counseling
   - (Review the information aloud.)

   - (Review the information aloud.)

   - (Review the information aloud.)

5. Slide: Integrated Next Step Counseling
   - (Review the information on the slide aloud.)

   - This is the recommended flow for a step-by-step counseling process that leads to clear strategies and formal plans for PrEP use and sexual health not related to PrEP.
   - (Review the steps on the slide aloud.)

7. Slide: Steps in iNSC (2 slides)
   - (Review each step, component, and example aloud.)

8. Slide: Introduce the Counseling Session
   - (Review the information aloud.)

9. Slide: Review the Client’s Experiences
   - (Review the information aloud.)

10. Slide: HIV Risk Reduction Strategies to Explore with the Client
    - (Review the information aloud.)

11. Slide: Explore the Context of Client-Specific Facilitators and Barriers
    - (Review the information aloud.)

12. Slide: Tailor the Discussion to Focus on Pill Taking
    - (Review the information aloud.)

13. Slide: Identify Adherence-Related Needs
    - (Review the information aloud.)
14. Slide: Strategize with the Client on the Next Step  
   • (Review the information aloud.)

15. Slide: Agree on Which Strategy to Try Next  
   • (Review the information aloud.)

16. Slide: Close and Document  
   • (Review the information aloud.)

17. Ask participants what questions they have about the information presented thus far, invite participants to answer one another’s questions, and complement and clarify answers as needed.

18. Slide: Peer Workers for PrEP  
   • (Review the information aloud.)

   • (Review the information aloud.)

**Part 2—Trainer Role-Play (20 minutes)**

20. Invite your fellow trainer or a colleague to the front of the room. Explain that you will perform a role-play where a provider conducts iNSC with a client.

21. Slide: Clinical Scenario for Role-Play  
   • (Read the scenario aloud.)
   • We will now role-play this scenario.
   • Please observe the role-play and follow along with the table of iNSC steps in your manuals.
   • As you observe, think about how you might use iNSC yourself in this scenario.

22. Perform the role-play (5 to 10 minutes).

23. Debrief the role-play with Slide: Role-Play Debrief.  
   • How well did the provider follow the iNSC steps?  
   • What types of prompts or strategies worked best? Why?  
   • What were the most challenging aspects of the counseling?  
   • How did the provider handle the challenges?  
   • What other questions or comments do you have about iNSC so far?

24. Take volunteer responses and encourage a discussion. Summarize challenges and strategies as needed.
Part 3—Participant Role-Play 1 (45 minutes)

25. Explain that participants will now role-play in pairs in order to practice following the iNSC steps when counseling clients on PrEP adherence.

26. Pair up participants, and give each individual a copy of the iNSC steps, components, and examples.

27. Slide: iNSC Role-Play 1
   - Find iNSC Role-Play Scenario 1 in your manuals.
   - Decide who will play the provider and who will play the client.
   - Practice a brief role-play.
   - Have the client answer using the information in the iNSC Role-Play Scenario 1 in your participant manual.
   - Ask the provider to use the iNSC steps and sample prompts as if he or she were counseling a real client.
   - As you are practicing, I will observe and choose a pair perform. I will not tell you which pair I choose, so everyone must be prepared to perform.
   - You will have 15 minutes to work.

28. As pairs are working, circulate, observe role-playing, and help as needed.

29. As you circulate and observe, choose a pair to perform. Do not tell participants which pair you have chosen. (Choose a different pair from Module 2.)

30. When pairs have role-played for about 15 minutes, call for everyone’s attention.

31. Slide: iNSC Role-Play 1 Debrief. Encourage a discussion.
   - What did you learn by doing these role-plays?
   - What types of prompts or strategies worked best? Why?
   - What were the most challenging aspects of the counseling? Why?
   - How could you address the challenges? What strategies would you use?

32. Ask a pair of participants to come to the front of the room and perform the role-play (5 to 10 minutes).

33. Slide: iNSC Role-Play Performance Debrief
   - How well did the provider follow the iNSC steps?
   - What types of prompts or strategies worked best? Why?
   - What were the most challenging aspects of the counseling?
   - How did the provider handle the challenges?
   - What could the provider improve the next time around?

34. Slide: MORNING BREAK
   - We will reconvene in 15 minutes.
Part 4—Participant Role-Play 2 (45 minutes)

35. Slide: iNSC Role-Play 2
   • (Repeat the process for Role-Play Scenario 1 and debrief. Participants who played the
     provider for Role-Play Scenario 1 should play the client; those who played the client
     should play the provider.)

36. Slide: iNSC Role-Play 2 Debrief
   • (Review the information on the slide aloud.)

37. Slide: LUNCH
   • We will reconvene in 30 minutes.

iNSC ROLE-PLAY SCENARIOS

iNSC Role-Play Scenario for Trainers
Anne, a sex worker, is interested in starting PrEP. She uses condoms during sex with clients but
not with her long-term partner, whose HIV status is unknown. She had a negative HIV test
6 months ago and wants to avoid HIV infection, because she would like to have a baby with her
partner. She is using an injectable hormonal contraceptive as she used to forget to take her oral
contraceptives every day.

iNSC Role-Play Scenario 1
Geraldine, a 30-year-old wife and mother, asks about starting PrEP. She presented at the clinic
because she heard that she could get drugs that would prevent her from getting HIV. She
suspects that her husband has been injecting drugs, because he has needle marks on his arms.
Geraldine is afraid that her husband might have HIV and that he will infect her. She reports that
her husband has not been tested. Geraldine’s rapid HIV antibody test today was negative. She is
eager to start PrEP but worries that her husband might see her taking pills and become abusive
or make her stop the medication.

iNSC Role-Play Scenario 2
Joseph, a 22-year-old man, presented at the clinic because he is interested in starting PrEP. He
reports using condoms sometimes during sex with his HIV-positive male partner. His partner is
healthy and has been on ART for 4 years. His most recent viral load from “a few months ago”
was reported as 1200 copies/mL. Their last unprotected intercourse was last week. Joseph is in
good health and is taking no medications. His rapid HIV antibody test today was negative.
Joseph reports that he loves to live life from moment to moment. He says that he is not good at
“following orders” and is worried that he might forget to take his pills.
Session 3.4. PrEP Follow-Up Visits

**TIME: 40 MINUTES**

**METHODS**
Interactive trainer presentation, large group discussion

**LEARNING OBJECTIVES**
After completing this session, participants will be able to:
- Specify the suggested procedures for follow-up PrEP visits.
- Describe the rationale and content for follow-up counseling at each visit.

**MATERIALS**
- Module 3 slides
- 1 Provider Checklist for Substantial Risk per participant (in the participant folder)
- 1 Frequently Asked Questions about PrEP job aid per participant (in the participant folder)

**ADVANCE PREPARATION**
- Post Slide: PrEP Follow-Up Visits.
- Review the Provider Checklist for Substantial Risk (in the participant folder).

**SESSION**

1. Slide: PrEP Follow-Up Visits
   - (Review the points on the slide.)

2. Slide: Follow-Up PrEP Counseling (2 slides)
   - (Review the points on the slide.)

   - During the follow-up visit repeat the HIV test to confirm HIV-negative status. You need repeat HIV testing to inform decisions on whether to continue or discontinue PrEP.
   - Repeat HIV testing:
     - A month after starting PrEP.
     - Every 3 months thereafter.
   - Programs should use national HIV testing algorithms.
   - It is useful to remember that the main limitation of serological tests is that they will not detect AHI, which must be clinically assessed at every follow-up visit.
   • Please find this checklist in your participant manuals.
   • Use this checklist as overall guidance during follow-up PrEP Visits.
   • You may need to customize this checklist to align with national guidelines and practices at your facility, as it may not contain everything done at your facility during an initial PrEP visit.
   • (Review the checklist aloud.)

5. Slide: Repeat HIV Testing
   • (Review the points on the slide aloud.)

   • Please find the Provider Checklist for Substantial Risk in your participant folders.
   • You will use this checklist during every follow-up visit to assess for substantial risk for HIV infection.

7. Slide: Assessing PrEP Adherence (2 slides)
   • (Review the information aloud.)

8. Slide: Discussion Prompts for Follow-Up Visits (3 slides)
   • (Review the prompts aloud.)

   • (Review the points on the slide aloud.)

10. Slide: PrEP Clinical Pathway
    • Please find this pathway in your participant manuals.
    • (Review the pathway aloud.) This pathway may be customized to align with national guidelines.

11. Slide: Question
    • Facilities may use information, education, and communication (IEC) materials and activities to address challenges around PrEP acceptance and adherence. What questions or concerns might clients have about PrEP that IEC materials could help answer?

12. Take some volunteer responses and encourage a brief discussion.

    • Please find the Frequently Asked Questions about PrEP job aid in your folders.
    • (Review the information aloud.)

    • (Review the information aloud.)
    • You may adapt these materials to use at your facilities.
15. Ask participants what questions they have about IEC materials, invite participants to answer one another’s questions, and complement and clarify answers as needed.

16. Slide: Clinical Scenario for Discussion
   - (Read the scenario aloud.)
   - How would you manage this case?

17. Take volunteer responses and confirm or correct as needed. Encourage a brief discussion.

18. Make sure that these points are included in the discussion:
   - PrEP can be started and stopped as needed.
   - People can move through periods of substantial risk (e.g., change in sexual practices, change in relationship status).
     - Clients can choose to discontinue PrEP if they are no longer at substantial risk of HIV.
     - Clients who wish to stop PrEP should inform the provider of their wish to do so.
     - The provider should document HIV test results at the time of stopping PrEP.
     - Providers should counsel clients about other prevention methods.
     - Clients wishing to restart PrEP at a later date should undergo HIV testing and other baseline tests (covered in Module 2).
   - Please note that PrEP is also discontinued if:
     - A client tests HIV positive (in which case you would refer for treatment and care).
     - There is suspicion of AHI.
     - There is an increase in creatinine clearance >60ml/min.
   - Discontinuation of TDF-containing PrEP in clients with active hepatitis B virus can cause exacerbation of hepatitis B (i.e., hepatic flare).

19. Slide: Peer Outreach for Follow-Up
   - (Review the information aloud.)

21. Ask participants what questions they have about the information presented thus far, invite participants to answer one another’s questions, and complement and clarify answers as needed.

22. Remind participants that the information presented in this session is in their manuals. They may review the information during a break or over lunch.
Session 3.5. PrEP Challenges and Strategies

TIME: 50 MINUTES

METHODS
Small group brainstorm, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:

• Name typical challenges that facilities and providers may face when implementing PrEP, and strategies for addressing them.

MATERIALS
• Module 3 slides
• 2 blank sheets of flip chart paper
• Marker (for writing on the flip chart paper)

ADVANCE PREPARATION

• Decide how you will divide participants into small groups (by counting or other method).
• Post 2 blank sheets of flip chart paper on the wall or easel where everyone can see them. Label one sheet “PrEP Challenges” and the other “PrEP Strategies.”
• Post Slide: Small Group Brainstorm.

SESSION

1. Explain that participants have now learned about PrEP screening and about initial and follow-up visits. In this session, they will consider challenges to implementing PrEP and how to address those challenges.

2. Divide participants into groups of 4 to 6 participants each (different groups than during previous sessions).

3. Slide: Small Group Brainstorm
   • With your small group, brainstorm responses to these questions:
     ▪ Question 1: What challenges will you face when implementing PrEP?
     ▪ Question 2: What strategies might you use to address these challenges?
   • Choose one group member to record your responses on a sheet of notebook paper.
   • You will have 15 minutes to work.

4. As the groups are working, circulate and help as needed.

5. When the groups have finished, take one response to Question 1 from each group in turn, until all ideas have been shared. As the groups share ideas, write them briefly on the flip chart paper labeled “PrEP Challenges.”
6. Encourage a discussion. Participants may ask questions or comment on other small groups’ ideas.

7. Repeat this process for Question 2.

8. Summarize by pointing out that participants have shared valuable strategies in this session. They may wish to write the strategies in their notebooks.

9. Slide: Module 3 Summary
   - (Review the points on the slide aloud.)

10. Leave the challenges and strategies sheets posted for the remainder of the training.

11. Slide: AFTERNOON BREAK
    - We will reconvene in 15 minutes.
MODULE 4: MONITORING AND MANAGING PrEP SIDE EFFECTS, SEROCONVERSION, AND STIGMA

TOTAL TIME: 1 HOUR 15 MINUTES

LEARNING OBJECTIVES
After completing Module 4, participants will be able to:

- Explain how to manage creatinine elevation.
- List additional causes of creatinine elevation.
- Explain how to manage seroconversion.
- Develop strategies to minimize PrEP stigma.
- Give examples of gaps in knowledge about PrEP.
- Describe how M&E tools might be adapted for local use.

MATERIALS

- Module 4 slides (needed for all Module 4 sessions)
- 1 blank sheet of flip chart paper per group of 4 to 6 participants
- 1 marker per group (for writing on flip chart paper)
- Tape (for posting flip chart sheets on the walls)

ADVANCE PREPARATION

- Decide how you will divide participants into small groups (by counting or other method).

Session 4.1. Managing Creatinine Elevation, Seroconversion, and Special Situations

TIME: 15 MINUTES

METHODS
Interactive trainer presentation

LEARNING OBJECTIVES
After completing this session, participants will be able to:

- Explain how to manage creatinine elevation.
- List additional causes of creatinine elevation.
- Explain how to manage seroconversion.

MATERIALS

- Module 4 slides

ADVANCE PREPARATION

- Post Slide: Module 4.
SESSION

1. Slide: Module 4
   • The next several sessions will cover Module 4 content.

2. Slide: Module 4 Learning Objectives
   • (Review the learning objectives aloud.)

3. Slide: Monitoring Creatinine Elevation
   • (Review the points on the slide aloud.)
   • Ideally, clients should have eGFR measured at baseline and after 6 months of PrEP.

4. Slide: Question
   • How would you manage an increase in creatinine clearance?

5. Take a few volunteer responses and then show the next slide.

6. Managing Creatinine Elevation
   • (Review the points on the slide aloud.)

7. Slide: Seroconversion on PrEP
   • In clinical trials there were very few cases of seroconversion on PrEP.

8. Slide: Question
   • How would you manage seroconversion on PrEP?

9. Take a few volunteer responses and then show the next slide.

10. Slide: Managing Seroconversion
    • (Review the points on the slide aloud.)

    • (Review the situations and recommendations on the slide aloud.)

12. Ask participants what questions they have about the information presented thus far, invite participants to answer one another’s questions, and complement and clarify answers as needed.

13. Remind participants that the information presented in this session is in their manuals. They may review the information at the end of the training or at home.
Session 4.2. Minimizing Stigma

TIME: 1 HOUR

METHODS
Small group brainstorm, gallery walk, interactive trainer presentation

LEARNING OBJECTIVES
After completing this session, participants will be able to:
- Develop strategies to minimize PrEP stigma.
- Give examples of gaps in knowledge about PrEP.
- Describe how PrEP M&E tools might be adapted for local use.

MATERIALS
- Module 4 slides
- 1 blank sheet of flip chart paper per group of 4 to 6 participants
- 1 marker per group
- Tape (for posting flip chart sheets on the walls)

ADVANCE PREPARATION
- Decide how you will divide participants into small groups (by counting or other method).

SESSION
1. Slide: Minimizing PrEP Stigma
2. KPs usually face stigma and discrimination. Use of PrEP may add more stigma.
3. Remind participants that they already have experience in dealing with the stigma related to HIV testing and ART services. Now they will brainstorm strategies for minimizing potential stigma associated with PrEP.
4. Divide participants groups of 4 to 6 participants each (different groups than during previous sessions). Give each small group a sheet of flip chart paper and a marker.
5. Slide: Small Group Brainstorm
   - With your small group, brainstorm a list of possible strategies to minimize the stigma that your PrEP clients may face.
   - Choose one group member to record your ideas on the sheet of flip chart paper.
   - You will have 20 minutes to work.
6. As the groups are working, circulate and help as needed.

7. When the groups have finished, ask them to tape their sheets to the walls around the room. They should use all walls so that sheets are not grouped too closely.

8. When sheets are posted, invite all participants to walk around the “gallery” and read the strategies on the sheets (5 to 10 minutes).

9. Ask participants to return to their seats.

10. Encourage a brief discussion. Ask:
   - What strategies did the groups have in common?
   - What experiences with, or tips for, implementing these strategies can you share with the group?
   - What new strategies did you discover during this activity and how might you implement them at your facilities?
   - What other questions or comments do you have about strategies for minimizing stigma?

11. Slide: Current Gaps in Knowledge and Need for Continued Surveillance
   - You have learned the basics of implementing PrEP at your sites. However, gaps in your knowledge of implementing PrEP remain.
   - The evidence for PrEP efficacy and safety presented in these slides come from current data. As PrEP programs expand and different groups of clients are followed on PrEP, the PrEP knowledge base will also expand.

12. Slide: Module 4 Summary
   - (Review the points on the slide aloud.)

13. Invite participants to answer one another’s questions, and complement and clarify answers as needed.

14. Point out the resource lists in the participant manuals, and invite the class to explore them after the training.
MODULE 5: PrEP MONITORING AND EVALUATION TOOLS

TOTAL TIME: 4 HOURS 30 MINUTES

LEARNING OBJECTIVES

After completing Module 5, participants will be able to:

• Correctly complete the PrEP Screening Log, PrEP Facility Record, Seroconversion Tracker, and PrEP Client Register.

• Use the Provider Checklist for Substantial Risk during PrEP follow-up visits.

• Correctly complete the PrEP Monthly Summary Form and the PrEP Quarterly Cohort Report.

• Describe how PrEP M&E tools might be adapted for local use.

• Identify the correct order of the steps that health care workers should take during an initial PrEP visit.

• Identify at which steps of the initial PrEP visit the health care worker should complete or refer to the PrEP Screening Log, PrEP Screening for Substantial Risk and Eligibility form, Integrated Next Step Counseling Flow, PrEP Client Register, and PrEP Facility Record.

• Identify the correct order of the steps that health care workers should take during a follow-up PrEP visit.

• Identify at which steps of the follow-up PrEP visit the health care worker should complete or refer to the Provider Checklist for Substantial Risk, Integrated Next Step Counseling Flow, PrEP Client Register, and PrEP Facility Record.


MATERIALS

• Module 5 slides (needed for all Module 5 sessions)

• 1 PrEP Screening Log, 1 PrEP Provider Checklist for Follow-Up PrEP Visits, 1 PrEP Facility Record, 1 Seroconversion Tracker, 1 Checklist for Substantial Risk, and 1 PrEP Client Register, per participant (in the participant folder)

• 1 PrEP Monthly Summary Form and 1 PrEP Quarterly Cohort Report per participant (in the participant folder)

• 1 copy of the completed PrEP Monthly Summary Form and PrEP Quarterly Cohort Report per participant (see Advance Preparation, below)

• Session 5.1 Scenarios for M&E Practice (below and in the participant manual)

• Sample data during 1 month (below and in the participant manual)

• PrEP initial visit steps (below) written on sheets of 8 ½ x 11-inch paper and photocopied, enough for 1 set of steps per group of 4 to 6 participants (see Advance Preparation, below)

• 1 Provider Checklist for Substantial Risk per participant (in the participant folder)

• Markers

• Tape (for posting sheets of paper on the walls)
ADVANCE PREPARATION

- Make 50% more copies of each of the above forms than you expect to need (in case some participants must redo a form).
- Review the forms and the Session 5.1 Scenarios for M&E Practice in advance.
- Complete a PrEP Monthly Summary Form and a PrEP Quarterly Cohort using the data below.
- Review the PrEP Client and Clinic Flow Initial Visit steps in Session 5.3.
- Write each PrEP Client and Clinic Flow Initial Visit step in Session 5.3 in large letters onto one 8 ½ x 11-inch sheet of paper. Do not number the steps. Do not include the notes.
- Photocopy the PrEP Client and Clinic Flow steps—the 8 ½ x 11-inch sheets you have written out—so that you have 1 set of steps for each group of 4 to 6 participants.
- Shuffle each set of individual sheets so that the steps are not in order.
- Decide where the groups will post their PrEP Client and Clinic Flow steps in Session 5.3. Choose areas such as long walls or corridors, where all the steps will fit when taped one after the other. Each small group should have its own area for posting.
- Decide how you will divide participants into pairs (by counting or other method).
- Decide how you will divide participants into small groups (by counting or other method).

Day 3
Session 5.1. PrEP Facility Record, Follow-Up Visits, and Client Register

TIME: 1 HOUR 45 MINUTES

METHODS
Role-play, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:

- Correctly complete the PrEP Screening Log, the PrEP Facility Record, the Seroconversion Tracker, and the PrEP Client Register.
- Use the Provider Checklist for Substantial Risk during PrEP follow-up visits.
- Describe how PrEP M&E tools might be adapted for local use.

MATERIALS

- Module 5 slides
- 1 PrEP Screening Log, 1 PrEP Provider Checklist for Follow-Up PrEP Visits, 1 PrEP Facility Record, 1 Seroconversion Tracker, 1 Provider Checklist for Substantial Risk, and 1 PrEP Client Register per participant (in the participant folder)
- Scenarios for M&E Practice (below and in the participant manual)
ADVANCE PREPARATION

- Make 50% more copies of each of the above forms than you expect to need (in case some participants must redo a form).
- Post Slide: Module 5.
- Review the forms in advance.
- Decide how you will divide participants into pairs (by counting or other method).

SESSION

Part 1—PrEP Screening Log and PrEP Facility Record (45 minutes)

1. Slide: Module 5

2. Slide: Module 5 Learning Objectives (2 slides)
   - (Review the learning objectives aloud.)

   - (Review the information on the slide.)

4. Slide: PrEP Screening for Substantial Risk and Eligibility (2 slides)
   - We practiced using this form in Module 3.
   - Source to complete this form: This screening form is completed with the client.

5. Slide: PrEP Screening Log (2 slides)
   - Please find the PrEP Screening Log in your participant folders.
   - The PrEP Screening Log is completed after the initial PrEP Screening.
   - It should include everyone screened for PrEP, regardless of whether they are eligible for PrEP or decline it.
   - The log shows how many of those screened are eligible for PrEP, and among those eligible, how many accept or decline PrEP.
   - Source document to complete this form: Consult the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form.
   - Let us review the form section by section.

6. Slide: Question
   - Why is it important to collect the data in the PrEP Screening Log?

7. Take a few volunteer responses and then show the next slide.

8. Slide: Importance of the PrEP Screening Log
   - (Review the points on the slide aloud.)
   • Please find the PrEP Facility Record in your participant folders.
   • This form is completed after the initial PrEP screening, for clients who agree to start PrEP.
   • The provider must ask questions of the client in order to complete some sections of the form.
   • Other sections are completed using test results and information obtained during PrEP screening.
   • Source to complete this form: Complete this form with the client and consult the PrEP Screening for Substantial Risk and Eligibility form.
   • PrEP Follow-Up Visits sections of this form will be completed at each follow-up visit.
   • Let us review the form section by section.

10. Explain briefly how to complete the form, section by section. Point out that the provider must ask the client the questions in Section C.

11. Explain that participants will now practice completing this form in pairs. Divide participants into pairs.

12. Slide: Practice: PrEP Facility Record
   • Find the M&E Practice Scenarios in your manuals.
   • Choose one scenario. Decide who will play the provider and who will play the client.
   • Participants playing a client should review the synopsis of their characters in order to respond appropriately.
   • Conduct a brief role-play in which the provider completes the PrEP Facility Record with the client (as if with a real client).
   • Use today’s date or other appropriate dates for test dates on the form.
   • Repeat this process for another scenario, with roles reversed.
   • You will have approximately 15 minutes to work.

13. As pairs are working, circulate and help as needed. Check to make sure that participants are completing the form correctly.

14. When pairs have finished, call for everyone’s attention. Invite one pair to come to the front of the room and explain how they completed sections C and D of the form for one scenario.

15. As needed, confirm or correct their answers and explain anything else about the form that participants want to know.

16. Ask participants what questions they have about the PrEP Facility Record, invite participants to answer one another’s questions, and complement and clarify answers as needed.

Part 2—PrEP Follow-Up Visits, Provider Checklist for Substantial Risk, and PrEP Client Register (1 hour)

17. Slide: PrEP Client Register (2 slides)
   • Please find the PrEP Client Register in your participant folders.
18. Explain briefly how to complete the form, section by section.

19. Explain that participants will now practice completing this form in pairs. Ask participants to pair up again with their partners from the previous role-play. Ask participants to gather the PrEP Provider Checklist for Follow-Up PrEP Visits, Provider Checklist for Substantial Risk, and PrEP Client Register from their folders.

20. Slide: Practice: PrEP Follow-Up Visits and Client Register (2 slides)
   - Choose one of the same scenarios from your previous role-play (PrEP Facility Record).
   - Decide who will play the provider and who will play the client.
   - Role-play a brief initial PrEP follow-up visit.
   - Have the “providers” use the Provider Checklist for Follow-Up PrEP Visits as a guide, as well as the Provider Checklist for Substantial Risk.
   - Have the “clients” invent appropriate answers for questions about adherence—for example, about side effects and signs and symptoms of AHI.
   - Use a date 1 month from today for the visit date, plus other appropriate dates as needed.
   - Repeat this process for another scenario, with roles reversed.
   - Then complete the PrEP Visits section of the Facility Record and the PrEP Client Register for the “client” that you interviewed.
   - You will each complete your own form.
   - You will have approximately 20 minutes to work.

21. As pairs are working, circulate and help as needed. Check to make sure that participants are completing the forms correctly.

22. When pairs have finished, call for everyone’s attention. Invite one pair to come to the front of the room and explain how they completed the PrEP Client Register for one of their scenarios.

23. As needed, confirm or correct their answers and explain any other aspects of the forms.

24. Ask participants what questions they have about the Provider Checklist for PrEP Follow-Up Visits and Client Register, invite participants to answer one another’s questions, and complement and clarify answers as needed.

25. Slide: Question
   - If a client is overdue for a return visit and the outcome is not recorded (e.g., died, lost to follow-up, or transferred out), what should you do?
26. Take a few volunteer responses and then summarize:
   - Check the client's PrEP Facility Record to see whether any of the information missing
     from the PrEP Client Register is on the Facility Record. If it is not, and if the client has
     not returned and does not have an outcome recorded in the Facility Record, a team
     member should follow up with the client.

27. Slide: When Seroconversion Occurs
   - (Review the points on the slide aloud.)

28. Slide: Seroconversion Tracker
   - Please find the Seroconversion Tracker in your participant folders.

29. Slide: Importance of the Seroconversion Tracker
   - Please find the Seroconversion Tracker in your folders.
   - The tracker is completed during follow-up visits for PrEP clients who seroconvert to HIV positive.
   - Source documents to complete this form: PrEP Client Register and ART records.
   - Refer to the variable and code definitions on the form as needed when completing the tracker.
   - The tracker will help ensure appropriate linking and follow-up of clients diagnosed
     with HIV and can facilitate reporting of seroconversions for surveillance.

30. Slide: Question
   - How might you adapt and use these forms at your facilities?

31. Take volunteer responses and encourage a brief discussion.

32. Slide: MORNING BREAK
   - We will reconvene in 15 minutes.

M&E PRACTICE SCENARIOS

You may wish to revise and adapt these scenarios, or write new ones, to reflect participants’ local context and
client populations, or to include client situations more relevant to your area.

M&E Practice Scenario 1
Joseph, a 22-year-old man, presented at the clinic because he is interested in starting PrEP. He
reports using condoms sometimes during sex with his HIV-positive male partner. His partner is
healthy and has been on ART for 4 years. His most recent viral load from “a few months ago” was
reported as 1200 copies/mL. Their last unprotected intercourse was last week. Joseph is in good
health and takes no medications. His rapid HIV antibody test today was negative. Joseph reports that
he loves to live life from moment to moment. He says that he is not good at “following orders” and
is worried that he might forget to take his pills. Joseph has agreed to start PrEP.

M&E Practice Scenario 2
Marie, an 18-year-old woman, presented at the clinic because she feels sick and is afraid she
might have HIV. She reluctantly explains that, during the past year, she has been having sex for
money or gifts in order to support her 2 children. Some of her partners have used condoms and others have not. She does not know whether her partners have HIV. Marie reports that she has been feeling run-down and sick for the past few weeks. Her rapid HIV antibody test today is negative. After you determine that there is no suspicion of AHI, Marie has agreed to start PrEP.

M&E Practice Scenario 3
Geraldine, a 30-year-old wife and mother, is interested in starting PrEP. She presented at the clinic because she heard that she could get drugs that will prevent her from getting HIV. She suspects that her husband has been injecting drugs, as he comes home with needle marks on his arms. Geraldine is afraid that her husband might have HIV and that he will infect her. She reports that her husband has not been tested. Geraldine’s rapid HIV antibody test today was negative. She is eager to start PrEP but worries that her husband might see her taking pills and become abusive or make her stop taking the medication. Geraldine has agreed to start PrEP.

M&E Practice Scenario 4
Gabrielle, a 25-year-old married woman, has come to the clinic distressed because of her husband’s behavior. Lately, he has been staying out all night has needle marks on his arms when he returns. She is afraid that he might be using drugs. Gabrielle has come to the clinic to get medicine to protect against any infection that her husband might have. She feels that she cannot control his behavior, but she can try to protect herself.

Despite the problems with her husband, Gabrielle has sex (vaginal) with her husband almost every week. Her husband does not like to use condoms. Gabrielle does not know whether her husband has HIV, as he refuses to get tested; he says that such tests are for “bad people.” She fears, though, that he may be having sex with other women.

Gabrielle has not had any STIs. She has not taken PEP. She does not use drugs or share injecting material with others. She last had sex with her husband 2 nights ago. She feels fine and does not have a fever, or cold or flu-like symptoms. Her rapid HIV antibody test today is negative. Gabrielle has decided to start PrEP.

M&E Practice Scenario 5
Justine, a 19-year-old sex worker with a live-in boyfriend, was born a male but has been living as a woman since she was 15. She has had sex with multiple male partners over the last 6 months, a few times without condoms. She does not know whether she has any STIs, but she has no symptoms.

Justine’s boyfriend is living with HIV and has been on ART for about 1 year. He has adhered to the treatment regimen very well and is in good health. Justine is proud of him for this. Justine and her boyfriend use condoms during sex.

A few weeks ago, Justine was tested for HIV after a scary encounter with a client. The test was negative. Justine has come to the clinic today because she is feeling poorly. She has had a fever and chills in recent days and wants medicine in order to feel better. You determine that there is no suspicion of AHI. Justine agrees to start PrEP.
M&E Practice Scenario 6
Lucien, 25 years old, is a married man who has sex regularly with men outside his marriage, as well as with his wife. His wife does not know about the sex with men. Lucien insists on using condoms during sex with men but he does not do so with his wife.

Lucien has come to the clinic because the last time he was with a man, the condom broke, and he is worried that he might have gotten HIV. He does not know the HIV status of his male sex partners. He assumes that his wife does not have HIV but she has not been tested. He does not use drugs or share injecting material with others. Lucien’s HIV test is negative. He agrees to start PrEP.

M&E Practice Scenario 7
Anne, a sex worker, is interested in starting PrEP. She uses condoms during sex with clients but not with her stable partner, whose HIV status is unknown. She had a negative HIV test 6 months ago and wants to avoid HIV infection, because she would like to have a baby with her partner. She is using an injectable hormonal contraceptive as she used to forget to take her oral contraceptives every day. Anne’s HIV test is negative. She has decided to start PrEP.

Session 5.2. Monthly and Quarterly Forms
TIME: 1 HOUR 30 MINUTES

METHODS
Small group activity, large group discussion

LEARNING OBJECTIVES
After completing this session, participants will be able to:

- Describe how PrEP M&E tools might be adapted for local use.

MATERIALS
- Module 5 slides
- 1 PrEP Monthly Summary Form and 1 PrEP Quarterly Cohort Report per participant (in the participant folder)
- 1 copy of the completed PrEP Monthly Summary Form and the PrEP Quarterly Cohort Report per participant (see Advance Preparation, below)
- Sample data during 1 month (below and in the participant manual)

ADVANCE PREPARATION
- Make 50% more copies of each the above forms than you expect to need (in case some participants must redo a form).
- Post slide: PrEP Monthly Summary Form.
- Review the forms in advance.
- Complete a PrEP Monthly Summary Form and a PrEP Quarterly Cohort Report using the data below, and photocopy them.
- Decide how you will divide participants into small groups (by counting or other method).
SESSION

Part 1—PrEP Monthly Summary Form (45 minutes)


2. Slide: PrEP Monthly Summary Form (2 slides)
   - Please find the PrEP Monthly Summary Form in your folders.
   - Optimally, all data from all HIV testing points referring for PrEP within a facility should be combined and reported here.
   - The number of clients testing HIV negative is the “denominator” for assessing coverage of who is eligible for PrEP screening. Data for the HIV testing and results table should be taken from clinic HIV testing services (HTS) registers.
   - Source documents to complete this form: Use the PrEP Screening Log and PrEP Client Register.
   - Let us review the form section by section.

3. Explain briefly how to complete the form, section by section.

4. Explain that participants will now practice completing this form in small groups. Divide participants into groups of 4 to 6 participants each (different groups than during previous sessions). Ask participants to find the PrEP Monthly Summary Form in their folders.

5. Slide: Practice: PrEP Monthly Summary Form
   - Find the Sample Data for PrEP Monthly Summary Form in your manuals.
   - With your group, complete the PrEP Monthly Summary Form using this data.
   - As a group, discuss how to complete each section.
   - Then each participant should complete her or his own form.
   - You will have 15 minutes to work.

6. As groups are working, circulate and help as needed. Check to make sure that participants are completing the form correctly.

7. When the groups have finished, call for everyone’s attention. Give each participant a copy of the completed PrEP Monthly Summary Form, and ask the groups to check their forms against the completed form.

8. Then ask the groups how their work compares to the completed form and, as needed, explain anything that needs clarification.

9. Ask participants what questions they have about the PrEP Monthly Summary Form, invite participants to answer one another’s questions, and complement and clarify answers as needed.
Part 2—PrEP Quarterly Cohort Report *(45 minutes)*

For Part 2 of this session, participants may use the sample data for the PrEP Quarterly Cohort Report exercise instead of the data provided below; the sample data are on the first page of the report.

10. Ask participants to stay with their small groups.

   - Please find the PrEP Quarterly Cohort Report and a completed example in your folders.
   - This form is used to collect and track data per quarter and PrEP cohort.
   - Source document to complete this form: Use the PrEP Client Register.
   - Let us review the form section by section.

12. Explain briefly how to complete the form, section by section. Explain briefly how to calculate cohort outcomes (percentage of cohort alive and on PrEP, percentage receiving HIV test, and other categories).

   - Find the instructions for PrEP Quarterly Cohort Report in your manuals.
   - With your group, complete the PrEP Quarterly Cohort Report using this information.
   - Discuss as a group how to complete each section.
   - Then each participant should complete his or her own form.
   - You will have 15 minutes to work.

14. As the groups are working, circulate and help as needed. Check to make sure that participants are completing the form correctly.

15. When the groups have finished, call for everyone’s attention. Give each participant a copy of the completed PrEP Quarterly Cohort Report, and ask the groups to check their forms against the completed form.

16. Then ask the groups how their work compares to the completed form, and, as needed, explain anything that needs clarification.

17. Ask participants what questions they have about the PrEP Quarterly Cohort Report, invite participants to answer one another’s questions, and complement and clarify answers as needed.

18. Slide: Question
   - How might you adapt and use these M&E forms for your facilities?

19. Encourage a brief discussion. Invite participants to answer one another’s questions, and complement and clarify answers as needed.

20. Slide: LUNCH
   - We will reconvene in 30 minutes.
### SAMPLE DATA FOR PrEP MONTHLY SUMMARY FORM

#### A: Clients Who Received HIV Testing for PrEP Screening

<table>
<thead>
<tr>
<th>GENDER</th>
<th>AGE</th>
<th>HIV STATUS</th>
<th>SITUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>21</td>
<td>Negative</td>
<td>Male partner is HIV positive</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>Positive</td>
<td>Sex worker</td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>Negative</td>
<td>Injects drugs; AHI suspected</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>Negative</td>
<td>Was born a male</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>Negative</td>
<td>Has sex with men</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>Negative</td>
<td>Female partner is HIV positive</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
<td>Negative</td>
<td>Husband has sex with men</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>Negative</td>
<td>Was born a male</td>
</tr>
<tr>
<td>Male</td>
<td>45</td>
<td>Positive</td>
<td>Has sex with men</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>Negative</td>
<td>Sex worker</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>Negative</td>
<td>Has sex with sex workers; AHI suspected</td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
<td>Negative</td>
<td>Has sex with men</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>Positive</td>
<td>Injects drugs</td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>Negative</td>
<td>Sex worker</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>Negative</td>
<td>Husband has sex with sex workers</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>Negative</td>
<td>Injects drugs</td>
</tr>
</tbody>
</table>

#### B: Clients Who Started PrEP

- Determine based on HIV test results and AHI information above.

#### C: Returning PrEP Clients Who Received Follow-Up HIV Testing

<table>
<thead>
<tr>
<th>GENDER</th>
<th>AGE</th>
<th>HIV STATUS</th>
<th>SITUATION</th>
<th>FOLLOW-UP TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>21</td>
<td>Negative</td>
<td>Male partner is HIV positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>Positive</td>
<td>Sex worker</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>Negative</td>
<td>Injects drugs; AHI suspected</td>
<td>Negative</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>Negative</td>
<td>Was born a male</td>
<td>Negative</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>Negative</td>
<td>Has sex with men</td>
<td>Negative</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>Negative</td>
<td>Female partner is HIV positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
<td>Negative</td>
<td>Husband has sex with men</td>
<td>Positve</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
<td>Negative</td>
<td>Was born a male</td>
<td>Negative</td>
</tr>
<tr>
<td>Male</td>
<td>45</td>
<td>Positive</td>
<td>Has sex with men</td>
<td>Positive</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>Negative</td>
<td>Sex worker</td>
<td>Negative</td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>Negative</td>
<td>Has sex with sex workers; AHI suspected</td>
<td>Positive</td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
<td>Negative</td>
<td>Has sex with men</td>
<td>Negative</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>Positive</td>
<td>Injects drugs</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>Negative</td>
<td>Sex worker</td>
<td>Positive</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>Negative</td>
<td>Husband has sex with sex workers</td>
<td>Negative</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>Negative</td>
<td>Injects drugs</td>
<td></td>
</tr>
</tbody>
</table>
Instructions for PrEP Quarterly Cohort Report
Use your completed PrEP Monthly Summary Form and the information (below) to complete the PrEP Quarterly Cohort Report for Cohort 1.

- Transferred in: female, age 24, HIV status negative, sex worker.
- Transferred in: male, age 55, HIV status negative, has sex with men.
- Female, age 19, injects drugs, stopped PrEP due to positive HIV test.
- No PrEP clients stopped because they were no longer at substantial risk.
- Male, 45, has sex with men, was lost.
- No PrEP clients from this cohort died.

Session 5.3. PrEP Client and Clinic Flow
TIME: 1 HOUR

METHODS
Interactive trainer presentation, small group activity

LEARNING OBJECTIVES
After completing this session, participants will be able to:

- Identify the correct order of steps for health care workers to take during initial PrEP visits.
- Identify at which steps of the initial PrEP visit the health care worker should complete or refer to the PrEP Screening Log, the PrEP Screening for Substantial Risk and Eligibility form, the Integrated Next Step Counseling Flow, the PrEP Client Register, and the PrEP Facility Record.

MATERIALS

- Module 5 slides
- PrEP initial visit steps (below), written on sheets of 8 ½ x 11-inch paper and photocopied, enough for 1 set of steps per small group of 4 to 6 participants (see Advance Preparation, below)
- 1 Provider Checklist for Substantial Risk per participant (in the participant folder)
- Markers
- Tape (for posting paper on the walls)

ADVANCE PREPARATION

- Post Slide: Question.
- Review the PrEP Client and Clinic Flow Initial Visit steps (below).
- Write each PrEP Client and Clinic Flow Initial Visit step in large letters onto one 8 ½ x 11-inch sheet of paper. Do not number the steps. Do not include the notes.
- Photocopy the PrEP Client and Clinic Flow steps (sheets) you have written so that you have 1 set of steps for each small group of 4 to 6 participants.
• Shuffle each set of individual sheets so that the steps are not in order.
• Decide how you will divide participants into small groups (by counting or other method) so that each group has 4 to 6 participants.
• Photocopy a set of forms for each group.
• Decide where the groups will post their PrEP Client and Clinic Flow steps. Choose areas such as long walls or corridors where all the steps will fit when taped one after the other. Each group should have its own area to post.

SESSION

Part 1—PrEP Client and Clinic Flow: Initial Visit Steps (45 minutes)

1. Explain that in this session, participants will review the flow of an initial PrEP visit.

2. Slide: Question
   • What are the possible entry points or ways a client could be referred to or introduced to PrEP?

3. Take a few volunteer responses and then show the next slide.

4. Slide: Entry Points for PrEP (2 slides)
   • (Review the points on the slide aloud.)

2. Slide: PEP to PrEP Transition
   • (Review the points on the slide aloud.)

3. Slide: Entry Points for PrEP for M&E Use
   • (Review the points on the slide aloud.)

4. Slide: Introduction to PrEP Client and Clinic Flow
   • (Review the points on the slide aloud.)

5. Explain that participants will now examine the PrEP Client and Clinic Flow steps for the initial PrEP visit.

6. Divide participants into groups of 4 to 6 participants each.

7. Slide: Small Group Activity
   • Each step of the PrEP Client and Clinic Flow for the initial visit (from page 78, below) is written on a sheet of paper.
   • Each group will receive a set of the steps.
   • With your group, tape the steps onto the wall in the correct order, horizontally.
   • Everyone should discuss the steps and, working together, put them in order, revising along the way as needed.
   • Do not number the steps, just tape them to the wall in the correct order.
   • You will have 15 minutes to work.
8. Give each group a set of the initial visit steps and some tape.

9. Direct the groups to the walls or corridors where they will work.

10. As groups are working, circulate and help as needed.

14. When the groups have finished, check the work of each group. As you check, if you find a step out of order, ask the whole group where that step should go, and then place the step correctly (or ask a participant to do it).

15. When the steps for all the groups are in the correct order, give each group a marker and ask them to number all the steps.

16. Ask participants what questions they have about the PrEP Client and Clinic Flow for the initial visit, invite participants to answer one another’s questions, and complement and clarify answers as needed.

**Part 2—PrEP Client and Clinic Flow: Follow-Up Visit Steps (15 minutes)**

17. Ask participants to return to their seats.

   - Please find the PrEP Client and Clinic Flow: Follow-Up Visit Steps in your manuals.
   - Let us review the steps one by one.

19. Review the steps one at a time, taking and answering questions as needed.

20. Ask participants what questions they have about the PrEP client flow for follow-up visits, invite participants to answer one another’s questions, and complement and clarify answers as needed.

   - (Review the information aloud.)

22. Slide: PrEP Client Definitions
   - (Review the information aloud.)

23. Ask participants to find the PrEP Client Definitions and PrEP Outreach for Follow-Up information in their manuals. Review the details briefly. Point out that the definitions may be adapted for outreach activities and that it is important for clinics and health care workers to have a clear definition of what they consider loss to follow-up (LTFU) for M&E purposes.

24. Slide: Questions
   - When a client misses a PrEP follow-up appointment, what procedures are followed at your facilities? How are they similar to or different from this information?
   - Now that you have reviewed client flow and the M&E tools, what challenges can you see for PrEP follow-up at your facilities?
   - What strategies might be used to address the challenges?
25. Ask the questions one at a time. Take volunteer responses and encourage a brief discussion.

26. Slide: Question
   - What final questions or concerns do you have about implementing PrEP?

27. Encourage a brief discussion. Invite participants to answer one another’s questions, and complement and clarify answers as needed.

**PrEP CLIENT AND CLINIC FLOW**

**PrEP Client and Clinic Flow—Initial Visit Steps**

- *Health care workers should use the Provider Checklist for Initial PrEP Visit as a guide throughout the initial PrEP visit.*

1. The client arrives at the facility for HTS.
2. The client receives HIV pre-test counseling.
3. The client receives HIV testing.
4. The client receives results of HIV test and post-test counseling.
   - **4a. HIV-positive clients** are referred or linked to HIV care and treatment services.
   - **4b. HIV-negative clients** are counseled on all methods of HIV prevention, including PrEP.
5. The health care worker screens the client using the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form.

   - *Note: The Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form should be started when the health care worker introduces PrEP to a client, regardless of whether the client is interested in starting PrEP. This is because 1) the purpose of the PrEP screening form is to assess eligibility for PrEP, not interest; and 2) the PrEP screening form is also meant to capture clients declining PrEP.*

7. **The client accepts or declines PrEP.**
8. The health care worker completes the Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility form and records the information in the PrEP Screening Log.
9. **If client accepts PrEP:** The health care worker begins completing the PrEP Facility Record.
   - *Note: HBV and creatinine information on the PrEP Facility Record will be completed later, when lab results are available.*
10. **If the client declines the health care worker’s offer of PrEP:** The healthcare worker assesses and documents the reasons for the response and provides additional risk reduction and prevention counseling and referrals.
11. The health care worker provides PrEP adherence and combination prevention counseling (using the Integrated Next Step Counseling Flow.)

12. The health care worker completes a regular client physical exam, including screening and treatment for STIs and other infections and a pregnancy test (if needed).

13. The health care worker provides a PrEP prescription and an appointment card with the date of the next scheduled PrEP follow-visit.

14. Laboratory samples are collected for HBV and serum creatinine tests. HBV and creatinine labs may be collected at any point after the client accepts PrEP and before the client leaves the clinic.

15. The PrEP prescription is filled and dispensed, and the client leaves the facility. Each country should create a PrEP Dispensing Log.

16. The health care worker completes the PrEP Client Register.

**PrEP Client and Clinic Flow—Follow-Up Visit Steps**

- **Health care workers should use the Provider Checklist for Follow-Up PrEP Visits as a guide throughout follow-up PrEP visits.**

1. Health care worker checks creatinine laboratory results and records the results in the PrEP Facility Record.

2. The health care worker calls clients with out-of-range calculated creatinine clearance to stop PrEP.

3. The client arrives at facility for a scheduled PrEP follow-up visit.

4. The client receives HIV pre-test counseling.

5. The client receives HIV testing.

6. The client receives the results of the HIV test and post-test counseling.
   - **6a. HIV-positive clients** are referred or linked to HIV care and treatment services. The health care worker completes the Seroconversion Tracker.
   - **6b. HIV-negative clients** continue in the PrEP program.

7. The health care worker discusses HBV and creatinine lab results with the client.
   - **7a. If the client tested positive for HBV,** the health care worker considers treatment for HBV per the national guidelines and counsels client about possible HBV viremia rebound.
   - **7b. If the client tested negative for HBV,** the health care worker should discuss the client getting the HBV vaccination (if available in country).

8. The health care worker confirms the client’s desire to remain on PrEP.
9. The health care worker screens the client for substantial risk for HIV infection using the Provider Checklist for Substantial Risk job aid.

10. The health care worker assesses for signs and symptoms of AHI.


12. The health care worker assesses and manages PrEP side effects.

13. The health care worker provides risk reduction counseling.

14. The health care worker completes a regular client physical exam, including screening and treatment for STIs and other infections and a pregnancy test (if needed).

15. The health care worker refills the PrEP prescription and completes an appointment card with the date of the next scheduled PrEP follow-visit.

16. Laboratory samples are collected for serum creatinine tests every 6 months.

17. If a creatinine test comes back abnormal, PrEP is stopped.

18. The PrEP prescription is refilled and dispensed.

19. The health care worker completes the follow-up sections of the PrEP Facility Record and PrEP Client Register.

**DISCONTINUING PrEP**

**Steps for Discontinuation of PrEP**

1. With the client, the health care worker assesses the reasons for stopping PrEP and records them in the PrEP Facility Record and PrEP Client Register.

2. The health care worker counsels the client to continue PrEP for 28 days after the last possible HIV exposure, unless contraindicated by WHO guidelines.

3. The health care worker educates the client about AHI.

4. The health care worker counsels the client on the use of alternative prevention methods and provides condoms, lubricants, and referrals to available harm reduction services as appropriate.

5. The health care worker discusses the possibility of PrEP re-initiation in the future.

**Additional Steps**

1. The health care worker completes the Monthly Summary Form every month for all clients screened for PrEP.

2. The health care worker completes the PrEP Quarterly Cohort Report every quarter for all clients initiated on PrEP.
MODULE 6: POST-TRAINING ASSESSMENT, EVALUATION, AND CLOSING

TOTAL TIME: 30 MINUTES

MATERIALS
- Module 6 slides
- 1 pre- and post-training assessment and 1 Training Evaluation Form per participant (in the participant folder)
- 1 completion certificate per participant

ADVANCE PREPARATION
- Insert local PrEP resources, organizations, clinics, and studies into the Local PrEP Resources slide.
- Create completion certificates for all participants.

Session 6.1. Post-Training Assessment, Training Evaluation, and Closing

TIME: 30 MINUTES

METHODS
Post-training assessment, written evaluation

MATERIALS
- Module 6 slides
- 1 pre- and post-training assessment and 1 Training Evaluation Form per participant (in the participant folder)
- 1 completion certificate per participant

ADVANCE PREPARATION
- Insert a list of local PrEP resources, organizations, clinics, and studies into the Local PrEP Resources slide.
- Create completion certificates for all participants.
- Post slide: Module 6.
SESSION

1. Slide: Module 6
   • In Module 6 you will take a post-training assessment and complete an evaluation of the training.

2. Slide: Post-Training Assessment
   • (Review the points on the slide aloud.)

3. Give participants the post-training assessment, allowing 15 minutes to complete it. As participants are working, circulate and help as needed.

4. Collect all the tests. Take a few minutes to mark the tests (perhaps while participants are completing the Training Evaluation Form).

5. Slide: PrEP-Specific Competencies
   • (Remind participants that this training has focused on these competencies. Review the competencies aloud.)

6. Give participants copies of the Training Evaluation Form.

7. Slide: Training Evaluation
   • Please take a few minutes to complete this Training Evaluation Form.
   • We welcome your honest feedback to help us improve future trainings.
   • Your evaluation will be confidential. You do not need to include your name.

8. Thank everyone for their participation and wish them the best in implementing PrEP at their facilities. Make sure that participants take their manuals home with them.

9. Return participants’ marked pre-training and post-training assessments to them. Review the answers briefly with the group.

10. Slide: Other PrEP Resources for Providers (2 slides)
    • (Review the resources aloud. The list is in the beginning of the participant manual.)

    • (Review the resources aloud. They are listed in the first few pages of participant manuals.)

12. Slide: Local PrEP Resources
    • (Insert local PrEP resources, organizations, clinics, and studies and review them with the group.)

13. Give participants their completion certificates.

14. Slide: Thank You for Your Participation!
    • Thank you for your participation.
    • We wish you the best in implementing PrEP at your facilities.
    • Please make sure to take your participant manuals.
APPENDIX

A. Pre- and Post-Training Assessment
B. Pre- and Post-Training Assessment Answer Key
C. Training Evaluation Form
D. Materials Needed for Participant Folders
E. Certificate of Completion
A. PRE- AND POST-TRAINING ASSESSMENT FOR
PrEP TRAINING FOR PROVIDERS IN CLINICAL SETTINGS

Please tick the correct answer to each question below:

1. Is the following statement true or false? “Pre-exposure prophylaxis (PrEP) is a medication you take for life.”
   a) True
   b) False

2. Counseling to support PrEP use and adherence may be provided by:
   (Select all that apply.)
   a) Pharmacists
   b) Nurses
   c) Lay counselors
   d) Peer workers

3. Which of the following are WHO-recommended regimens for PrEP?
   (Select all that apply.)
   a) Tenofovir/emtricitabine (TDF/FTC)
   b) Tenofovir/emtricitabine + efavirenz (TDF/FTC + (EFV)
   c) Tenofovir/lamivudine (TDF/3TC)
   d) Zidovudine/lamivudine (AZT/3TC)

4. Is the following statement true or false? “PrEP is safe to use during pregnancy and breastfeeding.”
   a) True
   b) False

5. PrEP is safe to use with:
   (Select all that apply.)
   a) Hormonal contraception
   b) Recreational drugs
   c) Alcohol
   d) Antibiotics

6. PrEP should be discontinued if:
   (Select all that apply.)
   a) The health care worker decides it is no longer right for the client
   b) The estimated creatinine clearance decreases to <60 ml/min
   c) The client reports headaches and stomach upset
   d) The client tests HIV positive
7. Is the following statement true or false? “PrEP and post-exposure prophylaxis (PEP) are both used by HIV-negative persons to prevent HIV acquisition”
   a) True
   b) False

8. PrEP can be offered as part of a comprehensive HIV prevention package for:
   (Select all that apply.)
   a) Men who have sex with men
   b) Individuals with potential HIV exposure in the last 72 hours
   c) People who inject drugs
   d) Serodiscordant couples

9. Is the following statement true or false? “PrEP is protective against a variety of sexually transmitted infections.”
   a) True
   b) False

10. Is the following statement true or false? “PrEP is a new drug.”
    a) True
    b) False

11. Counseling to support PrEP adherence should include:
    (Select all that apply.)
    a) A client-centered approach
    b) Identification of barriers to taking PrEP
    c) Identification of client-specific strategies to use PrEP effectively
    d) Integration of condom use
B. POST-TRAINING ASSESSMENT FOR PrEP TRAINING FOR PROVIDERS IN CLINICAL SETTINGS—ANSWER KEY

1) b
2) a, b, c, d
3) a, c
4) b
5) a, b, c, d
6) b, d
7) a
8) a, b, c, d
9) b
10) b
11) a, b, c, d
C. TRAINING EVALUATION FORM

Instructions: Please rate the following statements on a scale from 1 to 5.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training objectives were clear.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2. This training met my expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3. The technical level of this training was appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>4. The pace of this training was appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<td>5. The trainers were engaging (i.e., interesting).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6. The information I learned in this training will be useful to my work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>7. I am confident that after this training, my facility will be able to implement PrEP for all eligible candidates.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Instructions: How helpful were each of the training modules to you and your work? If you have specific comments, please write them on the next page.

<table>
<thead>
<tr>
<th>Module</th>
<th>Not Helpful</th>
<th>Very Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: PrEP Basics</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Module 2: PrEP Screening and Eligibility</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Module 3: Initial and Follow-Up PrEP Visits</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Module 4: Monitoring and Managing PrEP Side Effects, Seroconversion, and Stigma</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Module 5: PrEP Monitoring and Evaluation Tools</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Module 6: Post-Training Assessment, Evaluation, and Closing</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>
What was the best part of this training?

How could we improve this training?

Other comments:

Thank you for your participation and for your commitment to implementing PrEP!
D. MATERIALS NEEDED FOR PARTICIPANT FOLDERS

Each participant folder should include the following:

1. Pre-Training Assessment
2. Post-Training Assessment
3. Training Evaluation Form
4. PrEP Job Aids
   a. PrEP Clinical Pathway
   b. Screening for Substantial Risk of HIV Infection Chart
   c. Provider Checklist for Initial PrEP Visits
   d. Provider Checklist for Follow-Up PrEP Visits
   e. Provider Checklist for Substantial Risk
   f. Frequently Asked Questions about PrEP
5. The PrEP M&E Tool Package, including:
   a. Pre-Exposure Prophylaxis (PrEP) Screening for Substantial Risk and Eligibility
   b. PrEP Screening Log
   c. PrEP Facility Record
   d. PrEP Client Register
   e. Seroconversion Tracker
   f. PrEP Monthly Summary Form
   g. PrEP Quarterly Cohort Report
E. CERTIFICATE OF COMPLETION

(Attached separately as a Word document for adaptation)

Certificate of Completion

Completed:
PrEP Training for Providers
in Clinical Settings

>INSERT TRAINING DATE<

>INSERT TRAINER'S NAME, TITLE, AND ORGANIZATION<
PrEP PROVIDER JOB AIDS

A. PrEP Clinical Pathway

B. Screening for Substantial Risk of HIV Infection

C. Provider Checklist for Initial PrEP Visit

D. Provider Checklist for Follow-Up PrEP Visits

E. Provider Checklist for Substantial Risk

F. Frequently Asked Questions about PrEP
A. PrEP CLINICAL PATHWAY

Confirm HIV Negative Status

- Perform rapid HIV test according to national guidelines/algorithms.
- Link HIV-positive persons promptly to care and treatment services.

Screen for Substantial Risk for HIV

Client who is sexually active in a high-HIV-prevalence population (either in the general population or key population group) plus reports any of the following in the past 6 months:
- Vaginal or anal intercourse without condoms with more than one partner, OR
- Sex partner with one or more HIV risk, OR
- History of a sexually transmitted infection (STI), based on lab test, syndromic STI treatment, or self-report, OR
- History of use of post-exposure prophylaxis (PEP)

OR

Client who reports history of sharing of injection material/equipment with another person in the past 6 months

OR

Client who reports having a sexual partner in the past 6 months* who is HIV positive AND who has not been on effective HIV treatment

*On ART for less than 6 months, or has inconsistent or unknown adherence

Establish Eligibility

Clients are eligible if they fulfill ALL the criteria below:
- HIV negative.
- Are at substantial risk for HIV.
- Have no signs or symptoms of acute HIV infection.
- Have creatinine clearance (eGFR) >60 ml/min.*

*Absence of creatinine results should not delay PrEP initiation. Providers should do same-day initiation of PrEP, then discontinue PrEP later if the patient’s eGFR is not within the appropriate range.

PrEP Initiation

- Provide information on PrEP, the importance of adherence, the potential side effects, and a follow-up schedule.
- Screen and manage for STIs.
- Do risk-reduction counseling and provide condoms and lubricants.
- Do PrEP adherence counseling.
- Prescribe PrEP.
- Schedule a follow-up visit and provide appointment card with the date.
- Stress the importance of returning to the clinic and notifying a provider if side effects or signs and symptoms of acute HIV infection develop.

PrEP Follow-Up Visits

- Plan follow-up visits 1 month after starting PrEP and every 3 months thereafter.

At follow-up visits:
- Repeat the HIV test.
- Ask about side effects.
- Support and monitor adherence.
- Do risk-reduction counseling.
- Do family planning counseling, and provide condoms and lubricants.
- Screen for STIs.
- Repeat eGFR after 6 months on PrEP.
- Prescribe PrEP.
- Schedule a follow-up visit and provide appointment card with the date.
B. SCREENING FOR SUBSTANTIAL RISK OF HIV INFECTION (based on history in the past 6 months)

- Client who is sexually active in a high HIV prevalence population (either in the general population or key population group) PLUS reports ANY of the following in the past 6 months:
  - Vaginal or anal intercourse without condoms with more than 1 partner, OR
  - Sex partner with one or more HIV risk, OR
  - History of an STI (based on lab test, syndromic STI treatment, self-report), OR
  - History of use of post-exposure prophylaxis (PEP)

- Client who reports history of sharing of injection material/equipment with another person in the past 6 months

- Client who reports having a sexual partner in the past 6 months* who is HIV positive AND who has not been on effective HIV treatment
  *On ART for less than 6 months, or has inconsistent or unknown adherence
C. PROVIDER CHECKLIST FOR INITIAL PrEP VISIT

- Conduct HIV testing (using the algorithm in the national HIV testing guidelines).
  Assess on HIV infection status.

- Exclude acute HIV infection.
  - Ask about the last potential exposure to HIV.
  - Ask about and look for flu-like symptoms.

- Screen for substantial risk for HIV.

- Screen for signs and symptoms of kidney disease.
  To identify potential pre-existing renal impairment if lab results are not available on the day of testing.

- Conduct serum creatinine testing (calculate eGFR).
  Absence of creatinine results should not delay PrEP initiation. Providers should do same-day initiation of PrEP, then discontinue PrEP if a patient’s eGFR is not within the appropriate range.

- Screen for hepatitis B (HBsAg).
  - To identify undiagnosed hepatitis B (HBV) infection.
  - To identify those eligible for vaccination against hepatitis B.

- Screen for sexually transmitted infections (STI).
  - Perform syndromic and etiological STI testing (depending on local guidelines).
  - Rapid plasma reagin test (RPR) for syphilis (if available).

- Conduct risk reduction counseling.
  - Refer clients based on needs (i.e., for social support, harm reduction, gender-based violence programs, etc.).

- Counsel on family planning.
  - Perform a pregnancy test for women.
  - Provide condoms and lubricants.
  - Provide other contraception.

- Provide information on PrEP, including potential side effects; schedule a follow-up visit.

- Conduct PrEP adherence counseling.

- Prescribe PrEP.

- Schedule the next PrEP follow-up appointment, and provide an appointment card.

*This checklist to be aligned with national guidelines on PrEP.*
D. PROVIDER CHECKLIST FOR FOLLOW-UP PrEP VISITS

- **Brief PrEP Counseling**
  - Ask about signs and symptoms of acute HIV infection.
  - Assess for substantial ongoing risk for HIV.
  - Confirm the client wishes to remain on PrEP.
  - Review facilitators and barriers to PrEP use.

- **Adherence Counseling**
  - Assess adherence and adherence challenges.
  - Provide adherence counseling.
  - Discuss the importance of effective use of PrEP.

- **Assessment and Management of Side Effects**
  - Ask about and manage side effects.

- **Confirmation of HIV-Negative Status**
  - Repeat HIV test 1 month after starting PrEP, then every 3 months thereafter.

- **Calculation of Estimated Creatinine Clearance (eGFR): Recommended Frequencies**
  - At least every 6 months—more frequently if there is a history of conditions affecting the kidney (e.g., diabetes, hypertension, any chronic nephropathy).
  - Check creatinine test results, calculate creatinine clearance, and add the results to the appropriate forms.

- **Screening for Sexually Transmitted Infections (STIs)**

- **Risk Reduction Counseling**
  - Refer clients based on their specific needs (i.e., for social support, harm reduction, gender-based violence programs, etc.).

- **Counseling on Family Planning**
  - Perform a pregnancy test for women, if indicated.
  - Provide condoms and lubricants.
  - Provide other contraception.

- **PrEP Prescribed**

- **Schedule next appointment, and provide appointment card**

    STOP PrEP when a client using PrEP tests positive for HIV and link promptly to treatment and care services. Start ART for HIV infection immediately.

* Checklist to be aligned with national guidelines on PrEP *
E. PROVIDER CHECKLIST FOR SUBSTANTIAL RISK

Providers should assess for a client's substantial risk at each PrEP follow-up visit by asking the questions below. *If at least one item is ticked, the client is at substantial risk.*

Have you...

- Had vaginal sexual intercourse with more than one partner of unknown HIV status in the past 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Had vaginal sex without a condom in the past 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Had anal sexual intercourse in the past 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Had sex in exchange for money, goods or a service in the last 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Injected drugs in the past 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Been diagnosed with a sexual transmitted infection (STI) more than once in the past 12 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Taken post-exposure prophylaxis (PEP) for exposure to HIV in the past 6 months?  
  Y □ N □ (If yes, tick substantial risk.)

- Do you have a partner who is living with HIV?  
  Y □ N □ Don’t know □ (If no or don’t know, continue to Client Risk Classification.)

- Is your HIV-positive partner on ART?  
  Y □ N □ Don’t know □ (If no or don’t know, tick substantial risk.)

- Has your HIV-positive partner been on ART for at less than 6 months?  
  Y □ N □ Don’t know □ (If no or don’t know, tick substantial risk.)

Client Risk Classification

- □ SUBSTANTIAL RISK *(At least one item indicating substantial risk is ticked above)*
- □ NOT AT SUBSTANTIAL RISK *(If none of the substantial risk items above are ticked)*
F. FREQUENTLY ASKED QUESTIONS ABOUT PrEP

What is PrEP?
PrEP stands for pre-exposure prophylaxis. It is a single daily pill that protects you from getting infected with HIV. It works when you take it before you are exposed to HIV.

Who should use PrEP?
PrEP is for anyone (both men and women) who is at substantial risk of becoming infected with HIV. It is for situations and times when you may have a high risk of HIV infection.

Is PrEP a new drug?
No. PrEP is not new. PrEP is made of antiretroviral drugs (HIV medication) used to help treat people who are HIV positive and for preventing mother-to-child HIV transmission (PMTCT).

When and how do I use PrEP?
• See a health care provider to find out if you are eligible for PrEP.
• If you are prescribed PrEP, you must take 1 pill every day.
• You can take PrEP any time of day and at different times on different days, as long as you take 1 pill every day.
• You can take PrEP with or without food.
• When starting or re-starting PrEP, you must take it every day for at least 7 days before you are protected.
• You must see your health care provider for regular follow-up visits while on PrEP.
• While taking PrEP, you must test for HIV every 3 months to be sure you are not infected.

How long do I use PrEP?
PrEP is recommended as added protection for people who are at substantial and ongoing for HIV infection. For most people, PrEP will not be a lifelong medication. It is for a time in your life when you feel you are regularly or frequently at risk for HIV. As part of your follow-up care for PrEP, your health care provider will help you assess your risk and decide whether or not PrEP is still appropriate for you. If you wish to stop PrEP, talk to your health care provider about how to safely stop.

How well does PrEP work?
PrEP does not provide 100% protection, but it is highly effective and provides a great deal of protection against HIV. Among clients who take PrEP consistently, as prescribed, PrEP reduces the risk of HIV infection during sex by over 90%.

What if I miss a dose?
If you miss a dose, just take it when you remember. For example, if you usually take PrEP in the morning, but one day realize at 10 in the evening that you forgot, it is okay to take 1 pill then and resume your usual morning schedule the next day. Remember, PrEP is effective when taken every day.

Is PrEP an HIV vaccine?
No. PrEP is not an HIV vaccine. PrEP is a pill that works only when taken consistently and correctly—1 pill every day. Unlike a vaccine, PrEP stops working once you stop taking it.
Will I have side effects while taking PrEP?
You may experience some side effects—like nausea, vomiting, or abdominal pain—but these usually stop within the first weeks of starting PrEP.

Will PrEP affect my liver?
No. Several studies have shown that PrEP medication does not affect the liver. However, the same medication used for PrEP is also used to treat hepatitis B (a liver disease), so before you start PrEP, you should first be screened for hepatitis B to make sure your liver is okay.

Will PrEP affect my kidneys?
For some clients, PrEP can affect the kidneys. It is important for PrEP clients to have their kidneys checked regularly by a health care provider, using a creatinine test, because kidney problems caused by PrEP may not be obvious or show any symptoms.

Can I take PrEP if I use alcohol or drugs?
Yes. PrEP works if you drink alcohol and/or use recreational drugs. However, alcohol and drug use can cause you to forget to take PrEP. See your provider if you need help with alcohol or drug use.

Will PrEP work if I am HIV positive?
No. PrEP is only for HIV-negative people. You must be tested regularly for HIV while taking PrEP.

I just had sex without a condom with someone who is HIV positive. Should I take PrEP?
No. PrEP works only when it is taken before you are exposed to HIV. If you have sex with someone whom you believe may be HIV positive, go immediately to a health care provider and ask for PEP (post-exposure prophylaxis).

If I take PrEP every day, can I stop using condoms?
No. PrEP does not protect against other sexually transmitted infections (STIs) or pregnancy, as condoms do. Condoms also provide additional protection against HIV. You should use condoms even when taking PrEP.

Can I use PrEP and hormonal contraception (e.g., oral, injectable, implants) at the same time?
Yes. It is safe to use PrEP and hormonal contraception (i.e., birth control) at the same time. Taking them together does not make them less effective.

Do I have to tell my partners that I am taking PrEP?
No. PrEP can be private. You do not have to tell anyone that you are taking PrEP unless you want to. However, people sometimes find it helpful to tell a partner, friend or family member that they are taking PrEP so that people can help support their PrEP use.

Will PrEP cause erectile dysfunction, “loss of man power,” sterility, or infertility?
No. Over several years, men who have taken PrEP have not had any of these problems.

Can I use PrEP if I am pregnant or breastfeeding?
Yes. It is safe to use PrEP during pregnancy and breastfeeding.

Can I take 2 PrEP pills just before having sex to avoid getting HIV?
No. To avoid possible side effects, you should take your PrEP medication every day as prescribed.
Can both my partner and I take PrEP?
Yes. PrEP is for all people at substantial risk of HIV.

Can I give PrEP to my children if they are sexually active?
No. To ensure proper screening and follow-up, PrEP can be given only by professional health care workers. If you think your child is at substantial risk for HIV infection, seek services at a clinic.

When and how can I stop PrEP?
Starting PrEP does not mean taking PrEP for the rest of your life. You may stop if you are no longer at substantial risk for HIV infection. However, after your last potential HIV exposure, you should keep taking PrEP for 28 more days. If you want to stop PrEP, see your health care provider.

What else can I do to stay HIV negative?
- Use PrEP together with other ways of preventing HIV including:
  - Use condoms every time you have sex.
  - Get regular HIV testing for yourself and your partners.
  - Get screened and treated for STIs.
  - Get counseling and support to reduce behaviors that put you at risk for HIV.

How does PrEP compare to PEP (post-exposure prophylaxis)?
- You take PrEP before you are exposed to HIV; you take PEP after you are exposed to HIV.
- PrEP is taken as long there is substantial risk for HIV infection.
  - PEP is taken for only 28 days after exposure to HIV.
- Both are given by health care providers to HIV-negative people to keep from getting HIV.
- Both must be taken correctly and consistently to work well.
- Both use HIV treatment medication to help stop HIV infection in those exposed to HIV.

What other countries are using PrEP?
The medication in PrEP has been approved in the United States, South Africa, Brazil, Peru, Kenya, Canada, Australia, Belgium, Botswana, Czech Republic, Denmark, United Kingdom, France, Lesotho, Namibia, Netherlands, Taiwan, Thailand, Zambia, Zimbabwe, and others.

REMEMBER
- PrEP is a pill you take once a day to prevent HIV infection.
- PrEP works best if you take it every day as prescribed.
- If you take PrEP as prescribed, it will stop you from becoming infected with HIV.
- PrEP does not protect against other STIs or pregnancy.
- PrEP is private. You do not have to tell anyone you are using it.
- PrEP is safe. Mild side effects, which some people experience, usually go away after the first few weeks.
- You must take PrEP under the care of a health care provider and go to the clinic for regular follow-up visits.
- PrEP is not a lifelong medication. It is for a time of life when you feel at substantial risk of HIV exposure.

Do you have more questions about PrEP?
Come see us to learn more!