

Adherence Counselling

Checklist Counselling Prior to PrEP Initiation

This is a list of important topics to discuss with clients when explaining PrEP for the first time and deciding whether it might be right for the client. It is not comprehensive. Please ensure you use your organisation's available counselling tools for each of these topics.

✓	What to discuss:	How to discuss it:
	Assess the client's risk profile	Develop a clear picture of the client's risk profile and lifestyle; make sure they understand how their lifestyle impacts their risk profile. IMPORTANT: use your organisation's risk assessment tools.
	Combination prevention	Taken daily, PrEP is an additional prevention option. It should be used in combination with other prevention tools, like condoms, PEP, healthy lifestyles, treatment for STIs, male medical circumcision, and ART for partners living with HIV. REMEMBER: counselling should highlight that ideally PrEP should be used with condoms.
	Condom negotiation	Some clients, especially sex workers, may not be able to enforce condom use. Provide guidance on how to safely advocate for condom use by the partner. IMPORTANT: does your organisation have a tool that can help you?
	STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use. REMEMBER: STIs may increase the risk of HIV acquisition.
	Contraception / Fertility goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
	Adherence (daily)*	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection. *More detail is provided in the Adherence section that follows.
	Side effects	Some people get mild side effects when they start PrEP, but they generally go away after a few weeks. The most common side effects include: nausea, headache, tiredness, diarrhea, depression, abnormal dreams, vomiting, rash, problems sleeping, and changes in appetite.
	Intimate partner violence (IPV)	People who have abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP. Ask about the client's relationships, and for clients experiencing abuse, provide counselling and referrals, when possible.
	Talking to your partner, family, friends, etc.	Deciding whether to tell anyone about your PrEP use is a completely personal decision. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with the client whether and how they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
	Visit schedule	Explain the visit schedule for PrEP use. The client must return for follow-up visits at the first month, and then every three months. They must also return to the clinic monthly to pick up their pills.



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Checklist Follow-Up Counselling



Follow-up sessions will most likely be brief. It is critical to review adherence during these discussions and re-evaluate the client's risk profile if he or she has experienced lifestyle changes. Please ensure you use your organisation's available counselling tools for each of these topics.

✓ What to discuss:	How to discuss it:
Re-assess the client's risk profile	Discuss any lifestyle changes that may affect the suitability of PrEP use.
Combination prevention	Touch base with the client's sexual health plan and make sure they have access to other prevention resources, as appropriate.
STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use. IMPORTANT: If your client presents with an STI, they will need additional counselling.
Contraception / Fertility goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
Adherence (daily)*	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection. *More detail is provided in the Adherence section that follows.
Side effects	Touch base about the client's experience with side effects. REMEMBER: If side effects are serious, please involve a doctor with your client's care.
Intimate partner violence (IPV)	People who have abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP. Ask about the client's relationships, and for clients experiencing abuse, provide counselling and referrals, when possible.
Talking to your partner, family, friends, etc.	Deciding whether to tell anyone about your PrEP use is a completely personal decision. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with the client whether and how they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
Visit schedule	Explain the visit schedule for PrEP use. The client must return for follow-up visits at the first month, and then every three months. They must also return to the clinic monthly to pick up their pills.

Adherence is critical to provide protection against HIV.

- Suggest methods to remind the client to take the pill every day

For example:

 - Take the pill at the same time every day;
 - Incorporate it into your daily activities, like part of your morning routine or when a favourite TV show comes on;
 - Set a phone alarm;
 - Encourage family members or friends to remind you;
 - Use daily pillboxes
- Discuss what to do if a pill is missed – take it as soon as remember

Remember: Supporting pill-taking should be honest, direct, and non-confrontational

Steps to follow:

1. Assess how pill taking is going for PrEP client
2. Positively affirm client to support provider/client relationship
3. Identify a motivator to support effective pill taking
4. Provide PrEP education regarding effective use and effectiveness of PrEP
5. Identify barriers to effective use
6. Provide realistic strategies to address barriers
7. Discuss use of other HIV prevention measures that are relevant to situation
8. Client leaves with realistic and achievable plan to increase or sustain use