



Skills Building: Counselling Integrating HIV prevention with other services

Dr Natasha Davies Anova Health Institute Thursday, 25 October 2018 Southern African HIV Clinicians' Society Conference

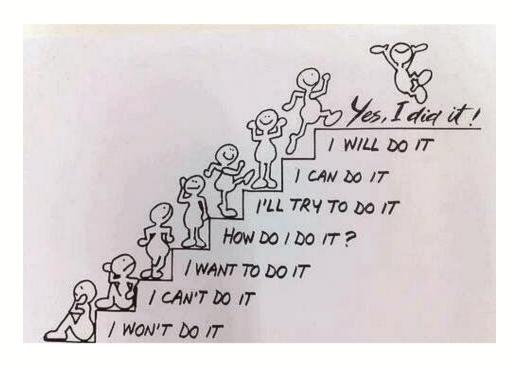
Aim

Encourage improved integration of

- HIV prevention counselling
- 2. Provision of biomedical HIV prevention interventions
- 3. Awareness of Treatment as Prevention (TasP) U=U

into all possible service settings





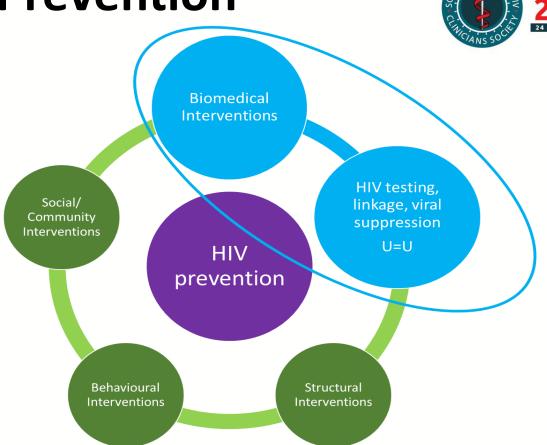
Combination Prevention

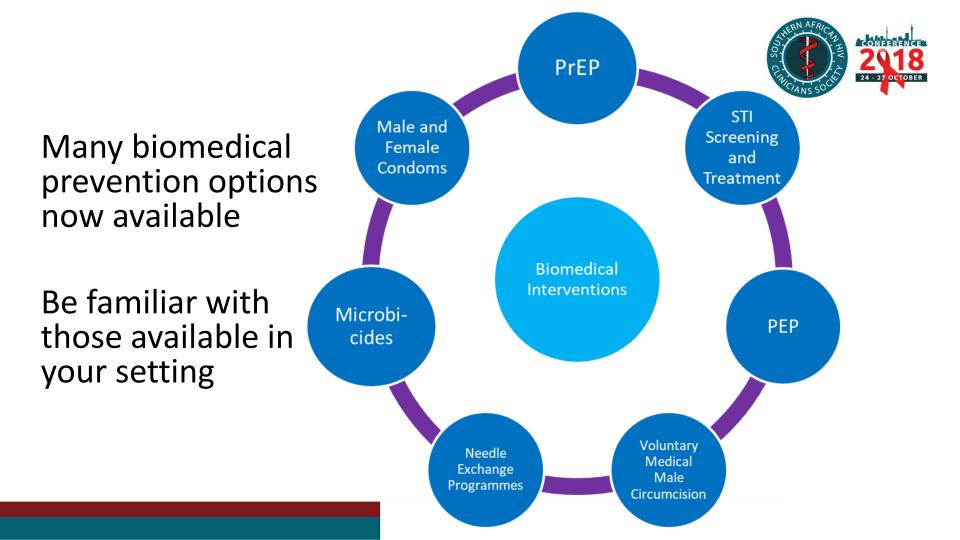
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THICH ANS SOCIETY 24 - 27 OCTOBER

Effective HIV prevention =

complex, multifaceted approach





Anyone



HIV does not discriminate and neither should you



Never assume someone is not at risk of HIV

Anywhere



Every health care setting represents an **OPPORTUNITY** for HIV prevention







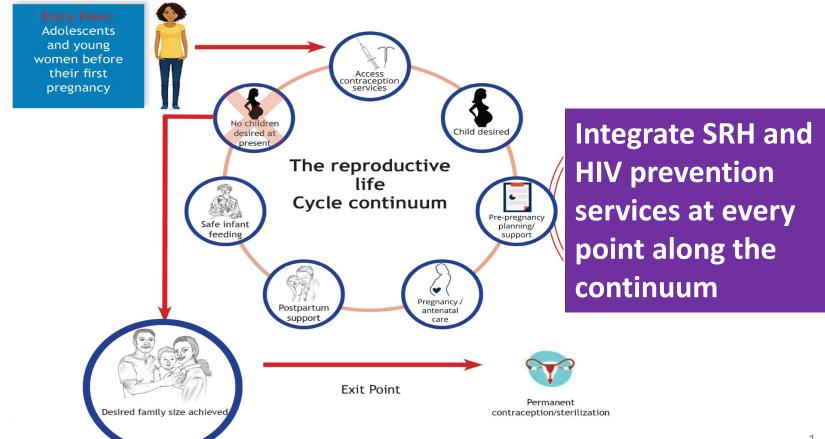
 No matter where or why a person engages, healthcare providers should keep HIV prevention in their minds as part of every health interaction



Sexual and Reproductive Health Services

HIV-Prevention Opportunities Abound

Reproductive life cycle continuum



Contraception/ Family Planning Services

CANS SOLE 24-27 OCTOBER

Consider all HIV negative or unknown status women attending contraception services to be at risk of HIV

- Adolescent girls and young women = key group
 - Prioritise PrEP/contraception integration
- Males: partner testing and ART linkage (TasP)
- Routine STI screening, treatment and partner tracing
- Continuous HIV prevention education
- Regular re-testing (PICT/self-screening)



Safer Conception Services







HIV-affected people planning pregnancy
with
minimal horizontal or vertical HIV transmission risks

Routine fertility intentions screening for all HIV-affected people

Ask the question

Are you and your partner thinking of having a baby any time soon?

Safer Conception HIV Prevention Interventions



SAHIVCS safer conception guidelines launching on Saturday, 15h10, Hall 4





Antenatal Care

When a woman tests newly positive, prevention opportunities were missed

- Offer <u>all</u> pregnant women (private and public) HIV testing
- HIV negative women need ACTIVE prevention support
 - In SA, 4-9% women seroconvert during pregnancy/breastfeeding
 - HIV acquisition risk increases 2-3 fold in pregnancy
 - New infection in pregnancy/breastfeeding = high risk vertical transmission



Key HIV prevention strategies for pregnant women

- TasP partner testing, ART linkage, suppression
- PrEP particularly important for vulnerable women
- STI screening, treatment and partner tracing/ treatment
- Consistent condom use
- Regular re-testing

Well-baby Well Family Clinics



Baby-focused clinics but caregivers matter too
Breastfeeding moms = priority group

- 4-9% seroconvert
- HIV negative breastfeeding moms need comprehensive prevention package

BUT

Offer all caregivers HIV testing and counselling

- HIV negative keep them negative
- **HIV positive** TasP, adherence, viral suppression
- Screen caregivers for fertility intentions
 - Link to contraception or safer conception services

Preventing unplanned pregnancies is key to eliminating vertical transmission



Other SRH Services



Termination of Pregnancy Services

- Overlapping risks: unplanned/unwanted pregnancy, HIV
- ALL: offer HIV testing/counselling and HIV risk assessment
- Prep for any woman identified at substantial risk of HIV infection
 - Combined with HIV risk reduction counselling

Sexually transmitted infections clinics

- STI treatment, partner tracing and treatment
- Combine couples STI and HIV interventions

Medical male circumcision clinics

MMC also provides opportunity to educate about other prevention options and to engage couples

ART Services: TasP

Educate about U=U

- Overarching message not debatable
- Support adherence, avoid treatment interruptions, monitor VL regularly

Partner testing and counselling (index testing)

- Check partners' status
- Support safe disclosure

Re-engagement in care

- Actively support return to care
- Stop creating barriers

Not virally suppressed

- Discuss HIV prevention strategies for partners
 - Consistent condom use
 - MMC
 - PrEP 'bridge'



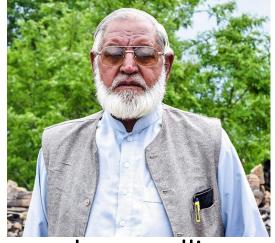




General PHC Services

- Remember anyone can be at risk of HIV
 - All chronic clients
 - All acute clients
 - Even those who are escorting someone else





- Offer everyone HIV testing and counselling
- HIV positive: immediate ART linkage
- HIV negative: risk assessment and provide HIV prevention information and linkage

Services for Substance Users



- Needle exchange
 - know where your nearest programme is
- Routine HIV counselling and testing
- PrEP
- Sexual partners: HTS, prevention education
- Rehabilitation and support for those wishing to discontinue use



Mental Health Services





- Poor mental health impacts HIV risk and ART adherence
- Mental health service clients should access:
 - HIV testing and counselling (if able to give informed consent)
 - HIV negative: comprehensive risk reduction counselling, appropriate HIV prevention package
 - HIV positive: ART linkage with enhanced adherence support including engaging relatives/partners for treatment support
- Be aware of increased risk behaviours associated with poor mental health

Services for Victims of Intimate Partner Violence or Sexual Assault



PEP

Start within 72 hours

PrEP

 If repeated risk exposure e.g. cannot negotiate condom use

Counselling supportPartner engagement

where safe and appropriate



School Based Services and Adolescent/ Youth Friendly Services (AYFS)





School Based Interventions

- Sex and sexuality education
- HIV prevention education
- HIV testing or self-screening
- Easy access to free condoms
- Confidential counselling and support

AYFS

- Providers need to be approachable
- PrEP = key strategy in this age group
- Support HIV positive adolescents to prevent horizontal and vertical transmission

Community Outreach Activities



- Highest risk groups may never access facility-based healthcare services
- Community based campaigns remain key to increase HIV prevention awareness and strategy uptake amongst key and vulnerable populations



Summary



Anyone you interact with may be living with or be at risk of HIV so

Don't just stand there



Act: keep those who are at risk HIV-free

Act: help those living with HIV to be:

- Aware: tested, U=U empowered
- **Healthy**: ART for their own health
- Uninfectious: TasP, check viral suppression
 - If not suppressed DO SOMETHING
 - Support them to reach undetectable
 - Link at risk partner(s) to prevention strategies until U=U achieved



Thank you