

ART/TB Rx initiation and adherence counseling model

Updated January 2015

Structure

The key features of the proposed ART/TB initiation and adherence counseling model, in contrast to current ART preparation models are:

- The limitation of the number of preparation sessions, to allow for faster initiation on ART
- To strengthen the post-initiation support, enabling active learning for patients while they are on ART
- To allow fast tracking without compromising the content of the sessions
- To integrate TB counseling in order to support TB/HIV co-infected patients

Approach

The approach is characterized by:

- Limited time spent on repeated treatment literacy, while focusing on the integration of ART and TB treatment into daily life
- A patient centered approach where patients decide when they are ready to start ARV's
- 14 simple specific adherence support steps to address. The objective of these steps is to support the patients in reflecting on solutions to overcome their barriers to initiation and adherence on treatment

Tools

- Session guide for counselor and counselor supervisor's use
- Adherence plan for patient's use and a copy to keep in patient's file
- HIV/ART, TB flipchart as educational tool for counselor
- HIV/ART and TB brochure as handout for patient
- HIV/ART video as educational tool for counselor (optional)
- Testimonies (live, video or written)

Training

Training of counsellors

- Training of counsellors (3 day training):
 - Theoretical training on initiation and adherence counseling model, guidelines and tools
 - Practical training based on the use of the guideline and tools through exercises, role-plays and case studies
- For each counselor, mentoring on-site by a counselling supervisor

Training of counselling supervisors

- Basic training of counsellors + a half day training on supervision tools and practical exercises
- Mentoring on-site by trainer

Supervision

- Who:
 - NGO counselling supervisors/coordinators supervise the counsellors and report to facility manager.

- How:
 - Observation of sessions (To supervise certain number of sessions with each counselor per month with the supervision check list)
 - Audit and analysis of adherence plans (e.g.: Take 3 files of patients who have completed the 2nd session, 3 who have completed 3rd session and 3 for 4th session and see if adherence plan has been completed correctly until the right session)
 - Analysis of specified outcome indicators (e.g.: percentage of initiated patients that went through the 4 sessions)
 - Monthly report to the facility manager including quantitative and qualitative information from the above indicators (e.g.: report number of sessions observed, etc.)
 - See supervision tools, report summary.

Outline of the sessions

Sessions:	Steps	Topics to be discussed:
Session 1A+* (group or individual)	Step 1+	- TB education
Session 2 + (individual)	Step 2+ Step 3+ Step 5+ Step 6+ Step 7+ Step 8+ Step 9+	MY 3 REASONS TO LIVE A LONG & HEALTHY LIFE - Identify support system - Planning future appointments - Creation of a medical schedule - Managing missed doses - Reminder strategies - Storing medication and extra doses - Dealing with side effects
Session 1 1A (group/individual) 1B (individual) 1C (group/individual patients not ready to start)	Step 1 Step 2 Step 3 Step 4+ Step 4	- HIV/ART education MY 3 REASONS TO LIVE A LONG & HEALTHY LIFE - Identify support system - Planning future appointments - Combining TB Treatment and ART* - Readiness to start treatment - Agreement with the patient on an <u>Adherence plan</u> (1 copy for patient/ 1 copy in the file) - Investigation of the reasons of non-readiness to start ART, testimony of expert patients, identification of barriers to start treatment and strategies to overcome these.
Session 2 (individual)	Step 5 Step 6 Step 7 Step 8 Step 9	- Creation of a medication schedule - Managing missed doses - Reminder strategies - Storing medication and extra doses - Dealing with side-effects Adapt patients adherence plan
Session 3 (individual)	Step 10 Step 11 Step 12	Review adherence plan - Planning trips - Dealing with substance use - Communication with treatment team Adapt patients adherence plan
Session 4 (individual)	Step 13 Step 14 Step 14+	Review adherence plan - Preventing relapse - Education on Viral Load monitoring - Education on TB continuation phase - Discuss further support Adapt patients adherence plan

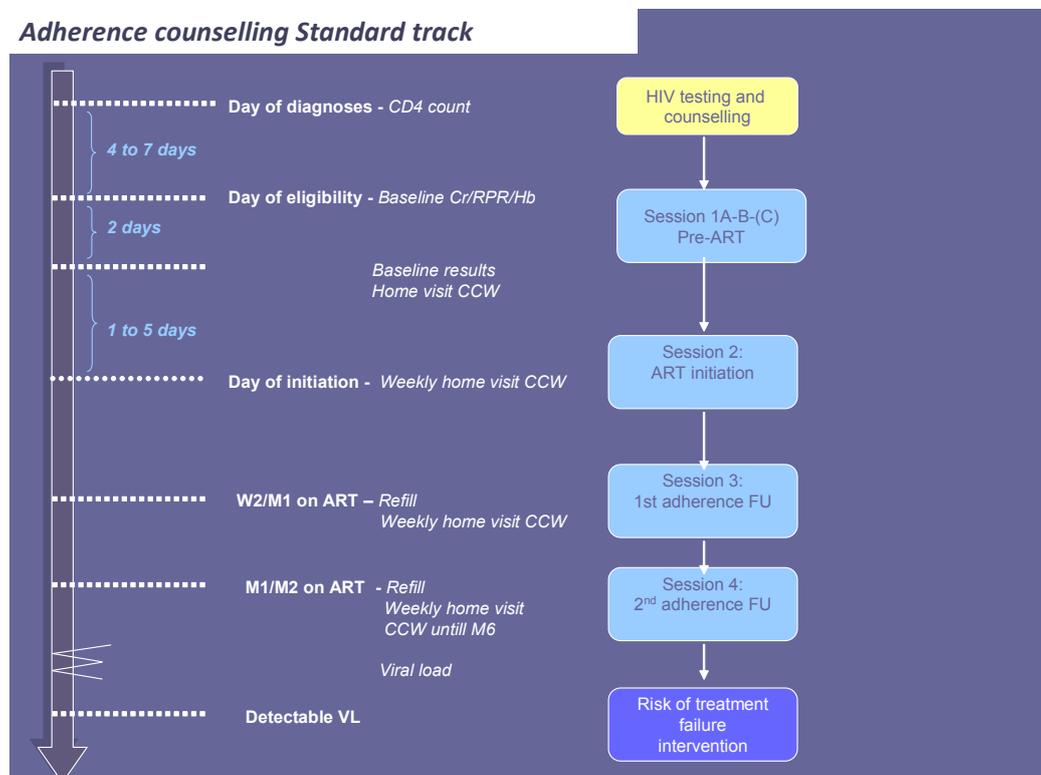
*All steps with a "+" following the number are referring to steps to be facilitated for TB/HIV co-infected patients only.

Planning of sessions

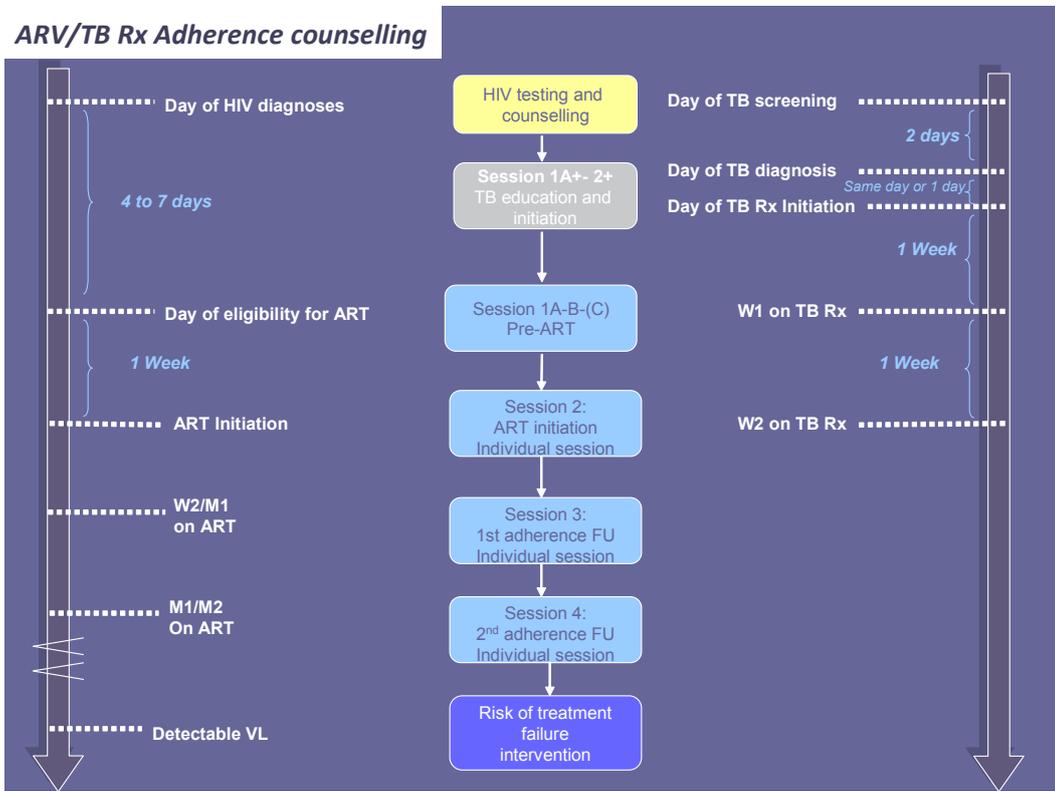
- A standard track (initiation within 14 days after HCT for TB/HIV co-infected patients) and fast track (initiation within a week from HCT) for ART preparation sessions is available. There is no difference between content, only timing of each session.
- Patient to be fast tracked if he/she feels ready or there is a clinical necessity for being fast tracked.
- Co-infected patients can follow the same plan including few specific additions related to TB.

The extent to which a patient can be fast tracked will depend on practical arrangements per health facility (availability of Point of Care (POC) CD4, booking of medical appointments for ART initiation, ordering/availability of treatment)

Below are possible ways of implementing the standard, ART/TB Rx and fast tracks:

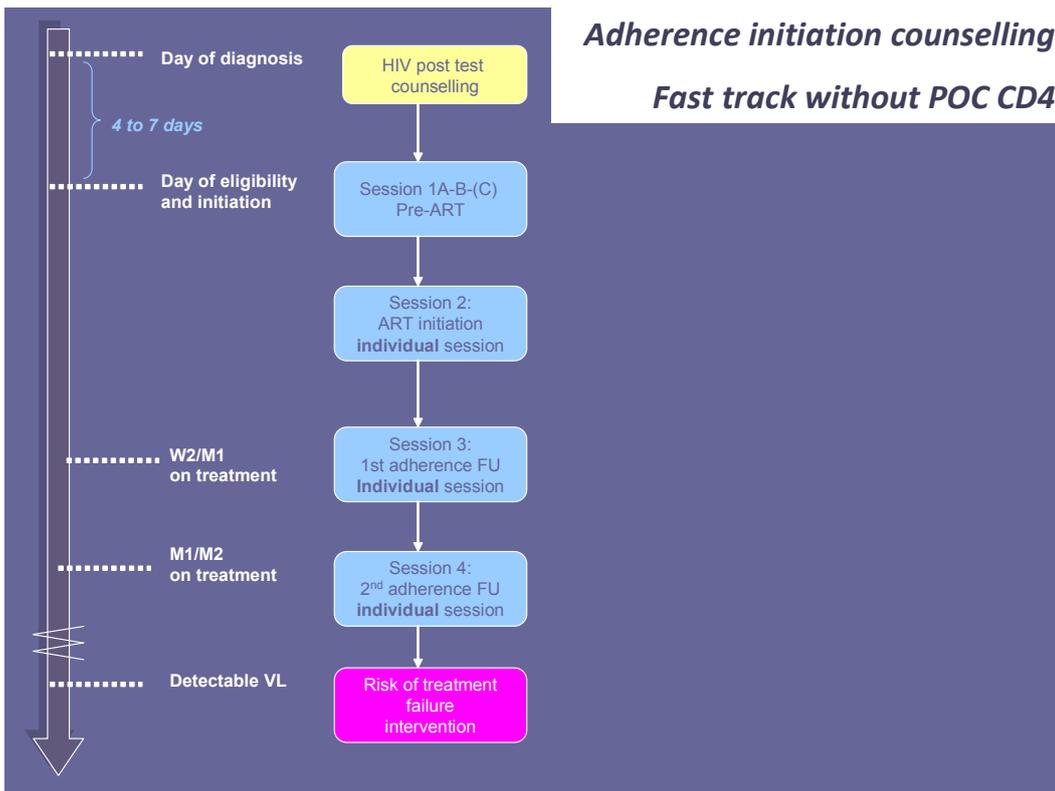


ARV/TB Rx Adherence counselling



Adherence initiation counselling

Fast track without POC CD4



Session 1A+: TB education session

Target group	Patients eligible for TB Treatment
Timing	On day patients receive TB diagnoses and are initiated on TB treatment
Objectives	Understand basic principles of TB and TB treatment
Duration	15 min/individual or 25 min/group
Mode	Group or individual
Tools	TB flipchart
Note	Only for TB/HIV co-infected patients

Content - Adherence Step 1+ – TB education:

1. Introduction

- Facilitator introduces him/herself
- Explain objectives of the session
- Emphasize confidentiality

2. What is TB?

TB is an infectious disease caused by a germ. This germ is a tiny particle you can breathe in and it can make you sick either a few weeks after it is breathed in, or many months, or even years later. TB mainly damages the lungs by growing and causing local destruction. This form is called pulmonary TB and is infectious to others.

Active TB disease can also occur in parts of the body outside of the lungs: in the glands (lymph nodes), the bones, the spine, the brain, or any other part of the body. These forms are called extra-pulmonary TB, and are not infectious to others (unless they occur together with pulmonary TB).

3. How is TB spread?

People that have active (DR) TB disease in their lungs spread it in the air when they are coughing, sneezing or spitting. Then other people can breathe in the (DR) TB germ and in turn may get sick sooner or later. The TB germ gets into the air and can be breathed in by anyone around. This happens more in small, crowded spaces. Children and people with weak immune system are most at risk of getting TB. TB can't be spread by shaking hands, sharing cups or eating utensils.

4. How can you prevent yourself from passing TB to others?

Is it important to follow some rules to prevent you from passing TB/DR-TB to others:

- Cover your mouth with a tissue or your sleeve when you cough or sneeze
- Ventilate: open windows and doors (let sunshine and fresh air in) in your house, cars, taxis,...
- Wear a mask
- Do not spit inside any buildings or on the floor (spit in a can, a tissue paper or a cup and pour it in the trash or in the toilet).
- Avoid close contact with others until you have completed 2 weeks treatment (if possible sleep in a room on your own during this time)
- The most important way to avoid spreading TB is to complete your treatment

5. What are the symptoms of TB?

Anyone experiencing a cough for more than 2 weeks, loss of appetite, loss of weight, night sweats or chest pain needs to go to the clinic for a sputum test.

Other symptoms can exist and are specific to the part of the body where the (DR)TB germ is growing and causing destruction.

All children under 5 living with you should be taken to the clinic for TB test and preventive treatment.

6. What is the link between TB and HIV?

TB is the most common serious opportunistic infection among people living with HIV/AIDS (PLHIV).

HIV attacks the soldiers (CD4 cells) of the immune system that protect the body from infection. As the immune system of PLHIV is weak, (DR)TB easily develops in the body.

(DR) TB can be treated and cured. HIV can be treated but cannot be cured.

TB and HIV are spread in different ways: TB germs are breathed in and HIV is most commonly spread through unsafe sex.

When you have HIV and TB at the same time, you should start ARVs 2 weeks after starting your TB treatment.

Starting both treatments at nearly the same time will help you to heal the TB better and faster, because ARVs will help making your immune system stronger.

7. How TB Treatment works?

- The TB Treatment:

- There are medicines to fight against the TB. The fight is not easy: each medicine is not strong enough on its own, and we need a combination of at least 4 medicines to fight the TB. They are often put together in one tablet (a fixed dose combination or FDC).
- Some TB hides deep in the lungs and since TB grows slowly, it takes time for the medicines to do the job. The treatment takes at least 6 months to kill all the TB germs.

- How to adhere to your (DR) TB treatment?

- During the entire 6 months, TB medicines need to be taken every single day.
- When you miss a dose, you should take the forgotten dose as soon as you remember and then get back to your usual medication schedule.
- One of the medicines (Rifampicin) needs to be taken on an empty stomach, since its absorption is reduced by food. An empty stomach means that medicines should be taken at least 30 minutes before a meal or 2 hours after. Water is allowed.
- Medicines should be kept in a dry place, not too hot, and in a safe place.

- The risk of poor adherence:

If you stop before 6 months or don't take TB treatment regularly, the TB germ will start growing again. You'll get sick and have to take longer and more complicated treatment to get rid of the germs. You may also spread the disease to others and develop DR TB.

- **Side effects of TB Treatment:**

- Most people do not get side effects. Some people could experience mild side effects like heartburn, nausea, rash, painful feet or urine turning orange.
- Few people may experience more serious side effects like yellow skin/eyes, severe abdominal pain, bruising or problems with sight and hearing. If you have any of these serious side effects you should come straight away to see your doctor or nurse.
- It is better not to use any alcohol in the period that you are taking TB treatment. This combination will have a bad effect on your liver and your nerves.
- Some people are over-sensitive to sunshine when using TB treatment. Therefore it is discouraged to stay in the sun too long.
- If you are taking contraception, the TB medicines could affect their effectiveness. Talk about it with the doctor or nurse.

8. What is the difference between TB and DR-TB?

DR-TB is resistant to some of the TB treatment that are used as 'first line treatment'

Your drug-resistant TB germ could have been acquired from another DR-TB patient.

Or the DR-TB germ could have developed inside your body if you were previously taking TB treatment and did not take your TB treatment regularly or did not get an appropriate treatment. In the absence of enough TB treatment in a person's body during treatment, the TB germs change and become stronger and more dangerous. After a while, some of the TB treatment have no effect anymore on the changed TB germ, that now is called resistant or DR-TB.

The treatment used to treat normal TB will not kill the DR-TB germs. DR-TB treatment is more difficult to treat and the treatment take a long time to kill the DR-TB germs.

DR TB treatment takes up to 2 years, with an intensive and a continuation phase.

9. Closure of session

- Check if patients have any further questions
- Handout TB brochure to patients
- Give a short motivational speech

❖ *"Congratulations for coming to this session. Knowing about TB and TB treatment is a first step to take care of yourself. We are here to support you in achieving the next steps.*

Session 2+: TB initiation	
Target group	Patients eligible for TB Treatment
Timing	On day patients are initiated on TB Treatment, after session 1A+
Duration	25 min
Mode	Individual
Tools	Adherence plan
Note	Only for TB/HIV co-infected patients
Content: TB Initiation, preparing individual adherence plan	
<p>1. Introduction</p> <ul style="list-style-type: none"> - Counsellor introduces him/herself - Explain objectives of the session - Emphasize confidentiality - Assess patient understanding from previous session through questions: <ul style="list-style-type: none"> ➤ How long do you have to take TB treatment? ➤ Why can't you stop your treatment as soon as you feel better? <p>2. Identify life goals</p> <p><i>“Think about what is important to you in your life; think about things that matter to you, what could be your goals in life, people you want to support, goals you want to achieve? Can you tell me 3 main reasons for you to start treatment and live a long and healthy life? And write them on your adherence plan”</i></p> <p>(Assess if the patients can write. If they can't, assist them to do so)</p> <p>3. Adherence Step 2+- Identify support system</p> <ul style="list-style-type: none"> - Explain adherence goal: <ul style="list-style-type: none"> <i>“It can be a big help to have told someone about your TB status. This person could help remind you to take your treatment, be a listening ear, accompany you to the hospital, etc.”</i> - Identify barriers: <ul style="list-style-type: none"> ○ <i>“Have you told someone about your TB status; any family, friend, or coworker?”</i> ○ <i>“What are the reasons you feel unable to talk about it to some people?”</i> - Make a plan: <ul style="list-style-type: none"> ○ <i>“Who could help remind you to take your medication?”</i> ○ <i>“Do you have a person close to you that can support you in your treatment?”</i> ○ <i>“Would you agree to have a Community Care Worker (CCW) visiting you at home to support you?”(Explain what a CCW is to client).</i> <p>4. Adherence Step 3+ - Planning for future appointments</p> <ul style="list-style-type: none"> - Explain the adherence goal: <ul style="list-style-type: none"> <i>“For the 6 months of TB treatment, you will need to come every month for your medical check-up and get your next months supply of TB treatment.”</i> - Identify barriers: <ul style="list-style-type: none"> ○ <i>“What might cause you to miss monthly appointments?”</i> - Make a plan: 	

- *“How will you get to your medical appointments?”*
- *“What would you do if something prevents you from coming to your appointment (e.g. no money for taxi, train not working, raining when you usually walk, sick child, being too sick yourself)?”*
- *“Which solutions/plan can you identify if one of these situations happens?”*
- *“When is best to schedule your clinic appointments and how can you make sure you remember?”*

5. Adherence Step 5+ - Creation of a medication schedule

- Review adherence goal:
 - “As you already know, TB treatment needs to be taken everyday.”*
- Identify barriers:
 - *“Can you tell me how a regular day looks like for you (wake up time, work time, meals and bed time)?”*
 - *“How does the week day look different, than on weekends?”*
 - *“What moments of the day/days of the week might be difficult to take your medication?”*
- Make a plan
 - *“According to your schedule, what would be the best time for you to take your TB treatment?”*
 - If there is a possibility for the patient to have a pill box, teach them how to use it for all treatment they are taking:
 - explain goal of pill box: have doses prepared for different days of the week, help to see what to take at what time, help to remind you if you actually took your doses.
 - check if patient is willing to use a pill box or rather would take directly from pill containers – only proceed if patient wants it.
 - explain how pill box works, show how to fill it and advise to refill only once entire week is empty)
 - test understanding of patient:
 - ask where patient will take pills from on Thursday morning, on Saturday morning,...
 - ask to fill the pill box for 1 week in front of you
 - ask the patient to indicate which pills are the first ones he/she will take
 - ask the patient how the pill box will help him/her know if he/she has missed a dose
 - If there is no pill box, assess the understanding of the patients checking when they would take which pill from which container.

6. Adherence step 6+: Managing missed doses

- Explain adherence goal:
 - “As TB treatment has to be taken everyday, it is necessary you know what to do in case if you miss a dose.”*
- Identify barriers:
 - *“In which situation could you forget (or be unable) to take your medication?”*
 - *“What will you do if you forget to take your treatment or if you are*

late for a dose?"

- Make a plan:
 - *"Take your medication immediately when you remember, no matter how much time has passed"*
 - *"Then continue on the same medical schedule"*
 - *"Remember to inform your doctor or nurse of any missed doses"*

7. Adherence Step 7+ - Reminder strategies

- Explain adherence goal:

"Having reminders can help you to focus on the reasons to stay healthy and to remember when to take your TB treatment"
- Identify barriers
 - *What difficulties have you previously faced with remembering to take medication (like antibiotics or other)?*
 - *How have you previously reminded yourself to take these medications?*
- Make a plan
 - Identify reminder tools (propose stickers or whatever they want like a piece of fabric) and link them to the 3 reasons to stay healthy and alive on the adherence plan
 - *"These reminders can be put in your house/workplace to remind you of your reasons to stay healthy and to take your Treatment"*
 - *"Where could you place each reminder so that you can see them at each dosing time?"*
 - Place the sticker or piece of fabric on the patient's adherence plan next to the 3 main reasons for staying healthy.
 - Encourage the patient to read these reasons to stay healthy every day preferably right before they take their medication.
 - *"What other things could you use to remind you to take your medications (set cell phone alarm, get family members to remind you)?"*

8. Adherence Step 8+ - Storing medication at home and keeping extra doses

- Explain adherence goal:

"It is important to identify a convenient place to store your treatment and to carry some with you in case you can't access your treatment on time"
- Identify barriers:
 - *"Do you worry about people seeing your medication?"*
 - *"Where could you keep your medication at home?"*
 - *"What type of situation could happen where you would not have access to your medication?"*
- Make a plan:
 - *"Which safe and convenient place can you identify to store your treatment at home or a place where you usually take your treatment?"*
 - *"Where could you carry extra doses of treatment in case you do not make it home on time for your scheduled dose (in pocket of jacket or bag that you usually take at work or when you go out)?"*
 - *"What could you keep them in (eg. envelope, little plastic bag or*

container, ...)?”

9. Adherence step 9+ - Dealing with side-effects

- Review adherence goal
 - “Every patient will probably experience some light side effects like heartburn, nausea, rash or urine turning orange when starting treatment. Severe side effects are rare. Remember that if you do not feel well, it may be a side effect or some other illness, you should continue your treatment and come to the clinic so the nurse/doctor can help decide what is wrong. Please don’t stop any one of your treatment as this will prevent the medication from working properly”.*
- Identify barriers
 - *“What kind of side effects do you think might prevent you from taking your medication?”*
 - *“How will you deal with these side effects?”*
- Make a plan:
 - *“What will you do if you are experiencing minor side effects?”*
 - *“If small side effects appear, they may just last for few days. Remind yourself the reasons why you want to stay healthy and alive and keep taking your treatment.”*
 - *“If you vomit in the first hour after taking your treatment, take all of them again. If one hour or more has passed, don’t.”*
 - Identify a plan on what to do when experiencing severe problems.
 - *“If the side effect is bothering you so much that it may prevent you from taking your medication then DO NOT STOP YOUR TREATMENT. Continue to take your medication and go to the clinic as soon as possible to see your doctor/nurse. There are things that s/he can do to help you feel better and be better able to cope with the side effects”*

10. Closure of session

- “It is important to come for your CD4 count result. It is recommended to start ARV’s after 2 weeks on TB treatment. You will first adapt to TB treatment and then start ARV’s after 2 weeks. You will have a session explaining how ARV’s can help you.”*
- Check if patients want to talk about any other issue or has any question
 - Give positive reinforcing message to patient:
 - ❖ *“I can hear that you have taken the decision to take care of your health and you can be proud of that. We will be there to support you. As you have identified new steps to accomplish, I’m looking forward to seeing you next time to hear how it has been going. Even if you are struggling to adhere, feel free to come and let’s find solutions together. We will be here to support you.”*
 - Inform the patient on next appointment date.
 - Offer condoms to the patient (if it brings questions, provide appropriate explanations).

Session 1A: Pre-ART education session	
Target group	Patients eligible for ART
Timing	On day patients receive CD4 results
Objectives	Understand basic principles of HIV and ARV treatment
Duration	15 min/individual or 25 min/group
Mode	Group or individual
Tools	HIV/ART flipchart HIV/ART video (optional)
Content - Adherence Step 1 – HIV/ART education	
<p>1. Introduction:</p> <ul style="list-style-type: none"> - Facilitator introduce him/herself - Explain objectives of the session - Emphasize confidentiality <p>2. What has HIV done to our body so far?</p> <ul style="list-style-type: none"> - <u>Role of the immune system (CD4) – card 1</u> <ul style="list-style-type: none"> o <i>Health and diseases:</i> Diseases like TB, flu, malaria, HIV and others, are caused by germs, bacteria, and viruses. These diseases are your enemies and can make you sick. o <i>CD4 and the Immune System:</i> The CD4 are cells that live inside the blood and protect the body against the diseases. They are like "soldiers" of your body and they fight against the enemies of your health, the diseases. All CD4 cells together are the "Army" of the body what we call the immune system. - <u>Action of HIV on the immune system – card 1</u> <ul style="list-style-type: none"> o <i>What is HIV and HIV multiplication?</i> HIV is a virus that enters your body. This virus is clever: it makes more and more HIV when it enters the body and attacks our CD4 cells, destroying the Immune System (our body soldiers). o <i>The CD4 count:</i> The blood test you had taken is called a CD4 count which measures how strong the immune system is – how much of your body soldiers have been killed. The CD4 test is the most important test for deciding when you need to start treatment. - <u>Opportunistic infections and need to start treatment– card 1</u> <ul style="list-style-type: none"> o <i>Opportunistic infections</i> When the HIV kills your CD4 cells (your body soldiers) diseases can enter into the body and make you sick. We call these opportunistic infections. The most frequent are tuberculosis, diarrhea, skin diseases and others. o <i>The importance to start treatment early</i> The best time to start taking ARV treatment is when your CD4 has reached 500. Below 350 you are at a higher risk of getting infections like TB. The lower your CD4, the higher the risk of serious opportunistic infections. The earlier you start ARV's, the faster your CD4 count will return to normal and the smaller the chance that you will get sick. We used to only start patients on ART when their CD4 was less than 200, but 	

after years of putting patients on ART, we now know better for patients to start earlier. Waiting to start when you are sick or when your CD4 count is less than 200 means more chance of getting very sick and dying.

For pregnant or breastfeeding women it is important to start ART early at any CD4 count. We do this to protect your baby from getting HIV. Starting on ART lifelong will keep the virus quiet in your body and will keep your CD4 high. This will protect your future babies and keep you healthy.

3. How taking ARVs can help you

- Action of ART on HIV – card 2

ARVs are treatment which stop the multiplication of HIV. When HIV stops making more in our bodies, our CD4 cells grow again making our immune system strong again to fight off diseases. ARV's do not kill all HIV in the body. We need to take 3 different ARVs every day for the rest of our lives to keep our HIV under control. It is the combination of the 3 that makes the treatment work. Taking one or 2 won't be strong enough to fight against HIV. Some of these 3 ARVs need to be taken once a day and others need to be taken twice a day. This depends on how long the specific drug lasts in the body to fight the HIV. These 3 ARVs can sometimes be combined into one tablet, to be taken once a day.

This is called a Fixed Dose Combination (FDC). FDCs are a combination of those 3 different ARVs. Your clinician/nurse will decide which treatment is right for you.

ART is treatment for life and should not be stopped and restarted many times. The better you adhere (take your treatment in the right way) to your treatment, the longer you will live.

4. How to live with your ARV treatment?

- Adherence to ART – card 3

○ medication schedule

ARV's are to be taken every day as close to the same time as possible.

Most patients will need to take their treatment once a day, a few will still need to take their treatment in the morning and evening with a 12 hours interval.

Each one should choose the best time according to his habits: wake up time, work, school, etc.

When you miss a dose, you should take the forgotten dose as soon as you remember and then get back to your usual medication schedule.

In the individual session with the counselor, you will make a plan on how to adhere to your treatment by using simple tricks to remind you of doses, where to store your medication,...

○ Support system

It can be a big help to have disclosed your status to somebody. This person could help remind you to take your treatment, be a listening ear, accompany you to the hospital. However, you can start treatment even if you haven't told anyone your status.

○ Preventing missed doses

Learning a new habit like adhering to treatment takes time and practice. It is normal for you to forget a dose or to take a dose late, but we will work with you to help you become good at taking your medication at the same time every day. With time, taking your ARVs will become easier.

- Side effects of ART
 - All patients will probably have some light side effects at the start of their treatment. It is normal to experience some nausea, headache, dizziness, diarrhea. They disappear within a few weeks after starting treatment. It is important to continue to take your treatment even if you experience these side effects.
 - Some patients may experience vomiting when they take their ARVs, especially in the beginning when your body is still adapting to the medication. If you do vomit in the hour following the time you have taken your medication, then you must take an other dose (all of them).
 - Only a few patients will experience serious symptoms. If this happens to you, you should not stop taking your treatment, but come to the health facility as soon as possible for the nurse/doctor to identify what the problem is. The problem could be due to side effects, but could also be related to HIV itself or something else completely.

- Risks of poor adherence – card 4
 - What is poor adherence to ART?
ARV's are to be taken every day as close to the same time as possible. Poor adherence occurs when we often take our pills too late, when we forget to take a dose, when we do not take all of our pills or when we stop the treatment because we are feeling better, etc.
 - First consequence of bad adherence: diseases
If you do not take your ARVs every day at your chosen time, you will not have enough ARVs in your blood to fight the HIV. So the HIV will multiply again and destroy the CD4, which means you cannot fight off illness and will get sick.
 - Second consequence of bad adherence: resistance
If the HIV virus encounters few ARVs in the blood, and multiplies, it can transform itself, and become able to resist the ARV attacks meaning that your ARVs will no longer work to kill your HIV.
 - Third consequence of bad adherence: transmission
If your viral load is high meaning there is a lot of HIV in your blood, there is a much higher chance of passing HIV to your baby during pregnancy, delivery or breastfeeding. The chance of infecting your partner with HIV through unprotected sex is also a lot higher.

5. What is the way forward to start ART?

To prepare you for starting ARV's, you will first go through an individual session today and then you will have a second session on the day you'll start ARV's with the counselor. The counselor will help you in making an adherence plan that suits you.

Once you have started treatment, you will have a 3rd session with the counsellor on the day that you come to the clinic for your first medication refill (after 2 weeks or one month according to the clinic settings).

The second time that you'll come for your refill, you will also meet the counselor to support you in adhering to your treatment.

6. Closure of session

- Check if patients have any further questions
- Handout HIV/ART brochure to patients

- Give a short motivational speech

- ❖ *“I’d like to congratulate you on this session. You have made the first big step towards taking care of your health, which is often the most difficult one. You have showed that you can do this for yourself and we are here to support you in your accomplishment of the next steps.*

Session 1B: Pre-ART individual session	
Target group	Patients eligible for ART
Timing	On day patients receives CD4 results, after session 1A
Duration	15 min
Mode	Individual
Tools	Adherence plan
Note	<p>For TB/HIV co-infected patients:</p> <ul style="list-style-type: none"> ▪ Review the Life goals and the steps 2 and 3 focusing TB/ART integration. ▪ Address Adherence step 4 and step 4+ related to readiness to start ART while taking TB treatment. ▪ Assess how it is going to implement the steps of the adherence plan for the TB treatment so far ▪ Ask specific questions related to integration of TB Treatment and ART (TB/ART questions)
<p>Content: Preparing individual Adherence Plan</p> <p>1. Introduction</p> <ul style="list-style-type: none"> - Counsellor introduces him/herself - Explain objectives of the session - Emphasize confidentiality for all the sessions - Assess patient understanding from previous session through questions: <ul style="list-style-type: none"> ➤ How do ARV's act on HIV? ➤ How/when must you take them? For how long will you take ARV's? <p>2. Identify/review life goals</p> <p><i>“Think about what is important to you in your life; think about things that matter to you, what could be your goals in life, people you want to support, goals you want to achieve? Can you tell me 3 main reasons for you to remain healthy and alive and start treatment? And write them on your adherence plan”</i></p> <p>(Assess if the patients can write. If they can't, assist them to do so)</p> <p>3. Adherence Step 2- Identify support system</p> <ul style="list-style-type: none"> - Review adherence goal <ul style="list-style-type: none"> <i>“It can be a big help to have told someone about your HIV status. This person could help remind you to take your treatment, be a listening ear, accompany you to the hospital, etc. It is however your choice to talk about it and you can start treatment without having told anyone.”</i> - Identify barriers: <ul style="list-style-type: none"> ○ <i>“Have you talked about your HIV status to any family, friend or coworker?”</i> ○ <i>“What are the reasons you feel unable to tell some people?”</i> - Make a plan: <ul style="list-style-type: none"> ○ <i>“Who could help remind you to take your medication?”</i> 	

- *“Do you have a person close to you that can support you in your treatment?”*
- *“Would you agree to have a Community Care Worker visiting you at home to support you?” (explain what CCW does to patient, if necessary)*
- TB/ART: *“If you have someone supporting you to take your TB Treatment, could that person also support you to take ARV’s?”*

4. Adherence Step 3 - Planning for future appointments

- Explain the adherence goal:
 - “For the first year on treatment, you will need to come every month for your medical check-up and get your next months supply of ARVs.”*
- Identify barriers:
 - *“What might cause you to miss monthly appointments?”*
- Make a plan:
 - *“How will you get to your medical appointments?”*
 - *“What would you do if something prevents you from coming to your appointment (e.g. no money for taxi, train not working, raining when you usually walk, sick child, being too sick yourself)?”*
 - *Which solutions can you identify if one of these situations happens?*
 - *“When is best to schedule your clinic appointments and how can you make sure you remember?”*

5. Adherence Step 4+: Combining ARV and TB Treatment*

- Explain the adherence goal:
 - “Regardless of your CD4 count, you should start ARVs as soon as you have completed 2 weeks on TB treatment. This will make your immunity stronger to fight against TB and other infections. This would mean a lot of pills for both TB and HIV for 6 months until your TB is cured.”*
- Identify barriers:
 - *“What are your concerns regarding taking both treatments?”*
 - *“Do you think you can adhere to both at the same time?”*
- Make a plan:
 - Support patient to measure the advantages/disadvantages of taking both treatment at the same time (increase the chances to be cured of TB, being healthier versus taking many pills) and to make the balance between them.

6. Adherence Step 4 – Readiness to start treatment

- Explain the adherence goal:
 - “To ensure yourself a longer life and to be healthy, you should start your treatment as soon as you are ready.”*
- Identify barriers:
 - *“What are some of your concerns regarding lifelong ARV treatment?”*
 - *“Do you think you will be ready to start ARV’s as soon as possible?”*
- Make a plan:
 - *“ If some of your concerns haven’t been addressed in this session, we may discuss them in the coming sessions and see how to overcome them. Always feel free to express your concerns and we can discuss them”*

* Step to be facilitated only for patient co-infected with TB and HIV

- In case the patient feels ready to start ARV's as soon as possible: Fix a date in the coming days for the next appointment with nurse and counselor where patient will start treatment and make an adherence plan
- In case the patient does not feel ready to start: If there is a possibility to have a group for session 1C, then refer patient to the Treatment Readiness group where they will be able to discuss with other patients their concerns to start treatment and work on their readiness for treatment. Otherwise, facilitate an individual session 1C session immediately. Explain that patient can decide in any of the Treatment Readiness group or individual sessions that they are ready to start and they will be given an appointment to start.

7. Closure of session

- Check if patient wants to talk about any other issue or has any question
- Give positive reinforcing message to patient:
 - If patient is ready to start as soon as possible:**
 - ❖ “You can be proud of what you have accomplished so far. It is very courageous to have decided to start treatment. I can hear that you have taken the decision to take care of your health and you can be proud of that. We will be here to support you in this new step that you have decided to accomplish”.
 - If the patient is not ready to start:**
 - ❖ “You can be proud of what you have accomplished so far. It is courageous to recognize your limits. It can help to discuss the reasons you don't feel ready to start treatment. I propose that we take a bit more time to discuss your concerns (facilitate individual or group session 1C the same day)”.
- Offer condoms to the patient (if it brings questions, provide appropriate explanations).

Session 1C: Treatment readiness session	
Target group	Patients eligible for ART who do not feel ready to start treatment
Timing	According to clinic workload
Duration	Group: 40 min- Individual: 20 minutes
Mode	Group session preferably led by peer educator otherwise counsellor and expert patient /individual session Patients can attend this group/individual session several times When patients state they are ready to start treatment, they will be referred for session 2
Tools	Testimony of expert patient (attendance/video/written)
<p>Content for GROUP session:</p> <p>1. Introduction of facilitator and objectives of group</p> <ul style="list-style-type: none"> ○ Introduce facilitators ○ Explain to patients why they are in this group session <i>“Everybody attending this group expressed the same concern of not feeling ready to start ARV treatment right away. Today we will discuss together about our concerns and try to find ways forward together.”</i> ○ Ensure confidentiality between patients and facilitator <p>2. Discuss reasons why patients do not feel ready to start treatment</p> <p><i>“We have all been advised to start ARV treatment as soon as possible in order for us to stay healthy. However each one of us is dealing with concerns that make us feel not ready to start treatment at our next clinic visit. We’d like to invite all of you to share your concerns within the group.”</i></p> <ul style="list-style-type: none"> ○ Sharing of concerns among patients ○ Show understanding and normalize their concerns. <p>3. Testimony of expert patient *testimonies pages 22-26</p> <ul style="list-style-type: none"> ○ Testimony addressing issues like fear of side-effects, feeling healthy, non-disclosure, taking TB treatment, fear of not being adherent,... ○ Ask patients what stood out for them in this testimony, what was most important message for them. <p>4. Identify a plan to overcome concerns</p> <ul style="list-style-type: none"> ○ Frame problems of patients: <ul style="list-style-type: none"> - <i>“Some concerns might have a solution to them (like disclosure), other do not have a short term and clear solution to them (fears of side effects, fear of not being able to adhere,...)”</i>. - <i>“It is <u>not</u> necessary to overcome all of these concerns before starting treatment. Sometimes we will need to find the strength to start and give ourselves time to learn how to deal with problems as they come up.”</i> ○ Identify a plan to tackle problems within the group <ul style="list-style-type: none"> - Disclosure: how do others think to disclose, start to disclose to person you trust most, assisted disclosure by counselor or other trusted person,... - Side effects: what would you do when you face side effects, correct misconceptions,... - Feeling healthy: explain benefits of starting ARVs early: <ul style="list-style-type: none"> ➤ <i>“You may feel healthy now but you are at risk of getting sick. If you</i> 	

are on ARVs you protect yourself much better as you have less risk of opportunistic infections and you'll live longer"

- *"If you are on ARVs there is less risk of transmitting HIV to your partner and/or baby when pregnant"*
- *"It is easier to learn to adhere when you are well then when you are feeling sick and unwell"*
- *"There is a risk of developing drug resistance if you don't take your ARV's correctly."*

- **Wanting to complete TB treatment before starting ART:**

"Taking both treatment means taking a lot of pills at the same time. On the other hand, taking ARV's increases your chance to heal from TB because the CD4 count is increasing on ARV's, making you stronger"

- **Fear to be unable to adhere:** normalize fears

"Adherence is a skill you'll learn by doing. We will help you make a plan and we keep supporting you once you have started your ARVs to make sure your plan is working for you"

5. Explain way forward

- Invite patients to think at home about their motivation to stay healthy versus their reasons to postpone initiation.
- Give motivational speech on how they will find strength to start and we will be here to support them.
- Explain patients that if they do not feel ready to start now, they can join the group again at the next session (or come individually).
- Book patients who state they are ready to start for ART start (medical and counselors appointment)

Content for INDIVIDUAL session:

1. Introduction of the session:

- Explain that you would like to discuss a bit further about the patients concerns of not feeling ready to start ARV treatment right away and try to find ways forward
- Ensure confidentiality

2. Discuss reasons why patients do not feel ready to start treatment

- *"You have been advised to start ARV treatment as soon as possible to stay healthy. However, it seems that you are dealing with concerns that make you feel not ready to start treatment at your next clinic visit. I'd like to invite you to share your concerns about that"*
- *"What makes you feel not ready or afraid to start ARV's as soon as possible?"*
- Show understanding and normalize the patient concerns: Explain that these are common concerns and that many patients have experienced that before starting treatment

3. Testimony of expert patient *Testimonies from page 23-27

- *"I'd like to share with you a testimony of patients. They share with us the way in which they addressed or dealt with issues like yours"*
- Read or show video of testimonies of concerns that may be related to the patient concerns (fear of side-effects, feeling healthy, non-disclosure, taking TB treatment, fear of not being adherent,...)

- *“What points really affected you in this testimony, what was the most important message for you?”*

4. Identify a plan to overcome concerns

- Frame problems of the patient:
 - *“Some concerns might have a solution (like disclosure), others do not have a short term and clear solution (fears of side effects, fear of not being able to adhere,...)”*
 - *“It is not necessary to overcome all of your concerns before starting treatment. Sometimes you will need to find the strength to start and give yourselves time to learn how to deal with problems as they arise”*
- Identify a plan to tackle problems, explore solutions with the patient:
 - **Disclosure:** to who and how would you imagine to disclose?
“Start to disclose to person you trust most, be assisted by counselor or other trusted person to disclose,...”
 - **Side effects:**
“What would you do when you face side effects?”
Correct misconceptions,...
 - **Feeling healthy:**
 - Explain benefits and risks of starting ARVs early
 - *“You may feel healthy now but you are at risk of getting sick. If you are on ARVs you protect yourself much better as you have less risk of opportunistic infections and you’ll live longer.*
 - *If you are on ARVs there is less risk of transmitting HIV to your partner and less risk of transmitting to your baby when pregnant.*
 - *It is easier to learn to adhere when you are well then when you are feeling sick and unwell*
 - *There is a risk of drug resistance if you don’t take your ARV’s correctly.”*
 - **Being willing to complete TB treatment journey before starting ARV:**
“Taking both treatment means taking a lot of pills at the same time. On the other hand, taking ARV’s increases your chance to heal from TB because the CD4 count is increasing on ARV’s, making you stronger”
 - **Fear to be unable to adhere:** normalize fears
“Adherence is a skill you’ll learn by doing. We will help you make a plan and we keep supporting you once you have started your ARVs to make sure your plan is working for you.

5. Explain way forward

- Invite patients to think at home about their motivation to stay healthy versus their reasons to delay initiation.
- Give motivational speech on how they will find strength to start and we will be there to support them.
- Explain to patients that if they do not feel ready to start now, they can come for another session to discuss it. Propose an appointment to the patient for another session (or invite to join readiness group if there is a possibility to have one).
- Book patients whom express to be ready to start for ART start (medical and counselors appointment).

SESSION 1C Testimony

Disclosure: Nelisa

My name is Nelisa, I live in Mandela Park. I was tested for HIV when I found out I was pregnant in 2012. I tested positive for HIV and my CD4 was 320 on the same day at Michael Mapongwana (MM) Clinic. It was a shock to get both pieces of information, that I was pregnant and HIV positive.

The counselor who prepared me for treatment told me that it was important to talk about my status with my partner. I was so shocked, I didn't know if I could tell my boyfriend, and what about my mother? I did not feel ready to tell anyone!

The counselor said that I should tell (disclose) my status to my boyfriend because he could be a support system for me, but also, that he should test so that we know his status also.

I wanted to tell my boyfriend, but I didn't know how to. The counselor said she could help me if I could bring him to the clinic. She said she won't tell him, but she would be there to support me while I tell him, and also to give him more information.

My boyfriend didn't want to come at the beginning, but when I told him I was pregnant he visited the clinic with me. It was not easy, I did not have the right words, but the counselor helped me to share my status. She told him how important it was for him to test also, and gave him pamphlets about the important information on HIV and ARV treatment.

My boyfriend tested negative. It was hard for him to know that I was HIV positive, but he stayed with me. We have our child, and he helped me to stay a good patient to also protect my child. Telling my boyfriend made me stronger because I knew I wasn't alone. The decision to start was not easy, I had to work through my problem. I made a good decision for my health. I could tell other people to do the same.

SESSION 1C Testimony

Fear of being unable to adhere: Zola

My name is Zola, I am from Harare. I tested because my partner tested and found out she was HIV positive. I found out I was positive for HIV even though I felt very well. My CD4 count showed that my body was not as strong as I feel, at 274.

The nurse sent both me and my partner to the counselor to prepare us for ARV treatment. The counselor told us that the treatment was for life. She said that I will be starting this and taking it lifelong. This made me very worried.

I was not used to taking treatment. I never took my medication for flu or antibiotic right. I was not sure I could commit to taking my ARV treatment for the rest of my life! I have a lot of fear about not being able to take the treatment, I have a lot of fear about missing doses and getting really very sick.

The counselor told me that there are ways to prepare yourself to help me being ready. She told me about different ways I could remind myself to take treatment, like using my alarm, or even using my girlfriend to remind me.

The counselor shared with me that I might forget, and that as long as I take it when I remember I will be okay. She said the bad thing about not taking my treatment at all is much worse. So I should rather try and learn ways to remember, and it will become easier over time.

I am glad I had my partner, but also that we talked about ways to help me remember. This helped me on the days I remembered late, and helped me organize a good time to actually take my treatment.

I knew I wasn't alone. There are a lot of people learning to take their treatment. As long as I remember that I am doing this for my health, and for my future, then it will be okay. The decision to start was not easy, I had to work through my problem. I made a good decision for my health. I could tell other people to do the same.

SESSION 1C Testimony

Feeling Healthy: Yonela

My name is Yonela, and I stay in Site C, Khayelitsha. I was diagnosed with HIV in 2009. It has not been an easy road for me. When I found out my status, I was not ready.

I found out I was HIV positive when the nurse at my clinic said I should test because I had been treated for STI's twice before. I didn't think about the test, but just did it. I felt healthy and strong, even though I had received treatment for STI's.

When I came back for my CD4 results, the nurse told me I had to start ARV treatment because my CD4 count was low, at 240. At first I said no. I felt strong, I felt healthy, I didn't think there was anything wrong with me – because I didn't feel sick at all.

The nurse and the counselor explained to me that even though I feel healthy now, my body is not strong enough to fight off sickness. They explained that because of the HIV, my body was at risk of getting sick because my immune system could not protect me.

I had had two STI's before. The nurse said that with my status and my CD4 I was at risk of giving the HIV to my partners. She said ARV treatment could lower that risk and protect me.

This was very difficult for me to overcome. I was not ready to accept my status or the reality that I was at risk to be more sick because my body was getting weaker.

The most important information they said to me was that it is easier to learn how to take the treatment when I am healthy. If I waited until I was sick, it would be difficult to adhere because I'd be so unwell.

The decision to start was not easy, because the ARVs is a commitment for life. But I did not want to give my partners HIV, and I also wanted to stay strong. I think its much better to be well, and on ARVs, and work through your problems than to wait until you are very sick. I made a good decision for my health. I could tell other people to do the same.

SESSION 1C Testimony

Side Effects: Ntombekhaya

My name is Ntombekhaya, I live in Makhaza. I found out I was HIV positive in 2011. The nurse told me my diagnosis and sent me to the counselor to prepare me to start treatment. I was not well, very sick, and my CD4 was 97.

The counselor told me all about what HIV is, and what it does in my body. She also gave me information about the treatment that I would take to keep the HIV down, and to build my immune system to me make me stronger.

My counselor told me all about the types of effects the medication would have on my system. This made me very scared. I did not know anyone who was on their ARV treatment, but I did hear in the community of all the side effects that people could suffer from. This made me even more scared.

I don't like feeling sick, but I also don't like feeling nauseous or vomiting. I did not want to be in pain, and so the idea of side effects really made me not want to start.

Even though the counselor told me that not all the patients will feel side effects, and that she said it would be only for a short time, I still didn't feel ready.

I waited, and I kept on getting weaker and more sick. I knew that the only way to get stronger was to overcome my feeling of being afraid for something I could not prepare for (ie. Side effects). The counselor helped me make a plan in case I felt some effects. She gave me advice to try to overcome my fear.

I started 4 months after I was told to start treatment, and I was very very sick. The support I got from the clinic, especially my counselor helped me to stay on my treatment at that time. I did get nauseous, but after two weeks it stopped. Its been a long time now, and I don't feel anything when I take my treatment. The decision to start was not easy, I had to work through my problem. I made a good decision for my health. I could tell other people to do the same.

SESSION 1C Testimony

TB/HIV Co-infected patient wanting to finish TB Rx first: Ayanda

My name is Ayanda, and I stay in Khayelitsha. I am living with HIV. I have known since 1999 when I gave birth to my first child that I am HIV positive.

In April 2003 I started losing weight. I was not getting better for a long time, I was getting worse. I started coughing and so I saw a doctor. He diagnosed me with pneumonia. But I still wasn't improving from the treatment he gave me. I went to a second doctor and she said I had TB.

I started with TB treatment in May 2003. The doctor checked my CD4 count at the TB clinic, and it was very low, 87. The doctor who gave me my results said I should start with ARV treatment as soon as possible.

I was very afraid about taking so much medication. It seemed like a lot of tablets to swallow for both TB and HIV. The doctor told me that you can take both treatments for TB and for HIV at the same time. She said the ARVs will help make me stronger, so that my body can fight the TB.

I had to learn how to mix my treatments. I'd wake up at about 7 and take my ARVs and do the same in the evening. I'd take the ARVs in the morning and go to the clinic at 9 to get my TB treatment. It was not easy to get used to, but in time, it became easier. People usually get side effects when they are taking a lot of pills. With TB treatment I was a bit nauseous at the beginning. I was lucky to not have any problems with my ARVs.

I managed to finish my TB treatment in that six months because I took them so well everyday and my TB was gone.

I would tell people who have both TB and HIV that we know TB is curable and you take TB treatment for 6 months. The ARVs is a commitment for life. It also depends on you as an individual if you take your treatment properly. The doctor said I had TB and I had to start ARVs as well – I made a good decision for my health. I could tell other people to do the same.

Session 2: ART initiation session	
Target group	Patients eligible for ART on day of initiation
Timing	After the medical consultation on day of initiation For fast tracked patients, this session could be done on same day as CD4 results are given, after session 1 is completed
Duration	25 min
Mode	Individual
Tools	Pillbox
Note	For TB/HIV co-infected patients: <ul style="list-style-type: none"> ▪ Review Adherence Steps 5 to 9 focusing on ART/TB treatment integration. ▪ Assess how it is going to implement the steps of the adherence plan for the TB treatment so far Ask specific questions related to integration of TB Treatment and ART (TB/ART questions)
Content: ART Initiation + continue Adherence Plan	
<p>1. Introduction</p> <ul style="list-style-type: none"> - Counsellor introduce him/herself - Explain objectives of the session <p>2. Adherence Step 5 - Creation of a medication schedule</p> <ul style="list-style-type: none"> - Review adherence goal: <p style="margin-left: 20px;"><i>“As you already know, ARV treatment needs to be taken at the same time everyday (once or twice depending on treatment).”</i></p> - Identify barriers: <ul style="list-style-type: none"> ○ <i>“Can you tell me how a regular day looks like for you (wake up time, work time, meals and bed time)?”</i> ○ <i>“How does that day look different for week/weekends?”</i> ○ <i>“What moments of the day/days of the week might be difficult to take your medication?”</i> - Make a plan: <ul style="list-style-type: none"> ○ <i>“According to your schedule, what would be the best time for you to take your treatment?”</i> ○ If there is a possibility for the patient to have a pill box, teach them how to use it for <u>all</u> treatment they are taking <ul style="list-style-type: none"> - explain goal of pill box: have doses prepared for different days of the week, help to see what to take at what time, help to remind you if you actually took your doses. - check if patient is willing to use a pill box or rather would take directly from pill containers – only proceed if patient wants it. - explain how pill box works, show how to fill it and advise to refill only once entire week is empty) - test understanding of patient <ul style="list-style-type: none"> ➤ ask where patient will take pills from on Thursday morning, on Saturday night ➤ ask to fill the pill box for 1 week in front of you ➤ ask the patient to indicate which pills are the first ones he/she will take 	

➤ ask the patient how the pill box will help him/her know if he/she has missed a dose

- If there is no pill box, assess the understanding of the patient checking when he would take which pill from which container.

TB/ART:

- *“At what time are you currently taking your TB treatment?”*
- *“How would you organize yourself to make sure you take both treatment?”*

3. Adherence step 6: Managing missed doses

- Review adherence goal:
“As ARV’s have to be taken everyday at the same time, it is necessary you know what to do in case you miss a dose.”
- Identify barriers:
 - *“In which situation could you forget (or be unable) to take your medication?”*
 - *“What will you do if you forget to take your treatment or if you are late for a dose?”*
- Make a plan:
 - *“Take your medication immediately when you remember, no matter how much time has passed”*
 - *“Remember to inform your doctor or nurse of any missed doses”*

4. Adherence Step 7 - Reminder strategies

- Explain adherence goal:
“Having reminders can help you to focus on the reasons to stay healthy and to remember when to take your Treatment”
- Identify barriers:
 - What difficulties have you previously faced with remembering to take medication?
 - How have you previously reminded yourself to take these medications?
- Make a plan:
 - Identify reminder tools (propose stickers or whatever they want like a piece of fabric or dolls) and link them to the 3 reasons to stay healthy on the adherence plan
 - *“These reminders can be put in your house/workplace to remind you your reasons to stay healthy and to take your Treatment”*
 - *“Where could you place each reminder so that you can see them at each dosing time?”*
 - Put the sticker on the adherence plan next to the 3 reasons for staying healthy. Encourage the patient to read these reasons to stay healthy every day preferably right before they take their medication.
 - *“What other things could you use to remind you to take your medications (set cell phone alarm, get family members to remind you)?”*

5. Adherence Step 8 - Storing medication at home and keeping extra doses with me

- Explain adherence goal:
 - “It is important to identify a convenient place to store your treatment and to carry some with you in case you can’t access your treatment on time”*
- Identify barriers
 - *“Do you worry about people seeing your medication?”*
 - *“Where could you keep your medication at home?”*
 - *“What type of situation could happen where you would not have access to your medication?”*
- Make a plan:
 - *“Which safe and convenient place can you identify to store your treatment at home or at place where you usually take your treatment?”*
 - *“Where could you carry extra doses of treatment in case you do not make it home on time for your scheduled dose (in pocket of jacket or bag that you usually take at work or when you go out)?”*
 - *“What could you keep them in (eg. envelope, little plastic bag or container, ...)?”*

6. Adherence step 9 - Dealing with side-effects

- Review adherence goal
 - “Every patient will probably experience some light side effect like dizziness, nausea, headache, diarrhea when you start ARV’s. Severe side effects are rare. Remember that if you do not feel well, it may be a side effect or some other illness, you should continue ALL your treatment and come to the clinic so the nurse/doctor can help decide what is wrong. Please don’t stop any one of your treatment as this will prevent the medication from working properly”*
- Identify barriers
 - “What kind of side effects do you think might prevent you from taking your medication?”*
 - “How will you deal with these side effects?”*
- Make a plan:
 - *“What will you do if you are experiencing minor side effects like nausea, headache, vomiting,...?”*
 - *“If small side effects appear, they may just last for few days. Remind yourself the reasons why you want to stay healthy and alive and keep taking your treatment”*
 - *“ If you vomit up to one hour after taking your medication, take all of them again”*
 - Identify a plan on what to do when experiencing severe problems
 - If the side effect is bothering you so much that it may prevent you from taking your medication then **DO NOT STOP YOUR TREATMENT**. Continue to take your medication and go to the clinic as soon as possible to see your doctor/nurse. There are things that s/he can do to help you feel better and be better able to cope with the side effects.

7. Closure of session

- Check if patients have any other questions
- Have the patient list the adherence plan you have agreed on and provide a copy of it to the patient
- Give a short motivational speech:
 - ❖ You have accomplished several steps now , congratulations. I can see that you are trying your best to take good care of yourself. You have identified new steps to accomplish, I'm looking forward to seeing you next time to hear how it has been going. Even if you are struggling to adhere, feel free to come and let's find solutions together. We will be here to support you.
- Inform the patient on next appointment date.
- *"Next time you are coming for refill for your medication, we will see each other and then we will still see each other one more time after that"*
- Offer condoms to the patient (if it brings questions, provide appropriate explanations).

Session 3: 1st Adherence follow-up session	
Target group	Patients on ART at first clinic visit after initiation
Timing	On day of first clinic visit after initiation, being 2 weeks (ARVs) or 1 month (TB treatment) after initiation Before medical appointment
Duration	20 min
Mode	Individual
Tools	Adherence plan
Content:	
1. Review Adherence plan	
<ul style="list-style-type: none"> - <i>“Now you have been on treatment for two weeks, can you tell me how the treatment has been working out for you?”</i> - <i>How many doses do you think you’ve missed in the past 2 weeks?</i> - <i>“Can you show me how and which tablets you are taking at what time?”</i> - <i>“Let us have a look at your adherence plan and tell me how you managed to implement each plan”.</i> - <i>“What are the difficulties you have faced since you have started treatment?”</i> - <i>“ What have you done to overcome them so far?”</i> - If solution (plan) proposed, ask if the solution has worked - If the solution worked, congratulate the patient on their initiative and abilities to find solutions to their problems. - If the solution did not work then help the patient to find a solution. Follow the 3-step plan, i.e. Identify the adherence goal, identify the barriers, and make a plan. 	
2. Adherence Step 10 - Planning for trips	
<ul style="list-style-type: none"> - Explain adherence goal <ul style="list-style-type: none"> <i>“Now that you have started Treatment it is useful to prepare for any trip away from your home (e.g. when you go home to the Eastern Cape) so that you will be able to stay on treatment when away.</i> - Identify barriers <ul style="list-style-type: none"> ○ <i>“What are your regular travel plans throughout the year?”</i> ○ <i>“What would prevent you from being able to come to the clinic before you travel?”</i> ○ <i>“What would make it difficult for you to access treatment in another clinic?”</i> - Make a plan <ul style="list-style-type: none"> ○ <i>“If your travels are planned, it is best to come to the clinic in advance so we can give you a drug supply to cover your time away (and a transfer letter in case there is a chance you don’t come back for any reason)”</i> ○ <i>“If your travels are unplanned and you don’t have time to come to the clinic, it is important to identify as soon as possible a clinic near your travel destination where you can get your treatment.”</i> <ul style="list-style-type: none"> - Identify closest clinic to regular travel location - Program phone number of regular clinic into cell phone, as well as their file number, so patient can call local clinic to get confirmation of being patient and the medication they are 	

currently on.

- *“If you find yourself in a situation where you can’t access medication, could you ask your family or a friend to collect your medication at your usual clinic and send it via taxi to your destination?”*

3. Adherence Step 11 - Dealing with substance use

- Explain adherence goal
 - “Taking alcohol or drugs makes it difficult for us to remember to take treatment. If possible it is best to limit your use, but if you are planning to take any alcohol or drugs, it is important to plan ahead so that you don’t forget to take your treatment”*
- Identify barriers:
 - *“How often do you use alcohol, drugs (assess if more than 3 times a week, what and how much)...”*
 - *“Has this had any effect on adhering to your medication in the past 2 weeks?”*
- Make a plan
 - *“In case you are going to drink alcohol or use drugs, what could you do to make sure you remember to take your treatment? Eg.*
 - *Take your Treatment before you go out drinking*
 - *If you are already out, ask a friend who is not drinking to make sure you take your Treatment.*
 - *Ask your wife or a family member to bring your medication to you and remind you to take them on time.*
 - *If you feel your alcohol or drug use is affecting your adherence, would you feel ready to be referred to some professionals that may help you to work on that problem (refer)*

4. Adherence Step 12 - Communication with treatment team

- Explain adherence goal
 - “It is important to discuss your medical concerns – any symptoms, medications, side effects with your nurse/doctor when you see them”*
- Identify barriers
 - *“What questions would you like to ask your doctor/nurse?”*
 - *“What might cause you not to ask your doctor the questions you have?”*
- Make a plan
 - *“How will you remember the questions you want to ask your nurse/doctor?”*
 - *“What other medical (if possible) or non-medical person (then make sure information passes to the clinician) do you trust in the clinic to help you address questions to your nurse/doctor?”*

5. Closure of session

- Check if patients want to talk about any other issues
- Have the patient list the plans and back-up plans you have agreed on and add them onto the patient’s adherence plan
- Give a short motivational speech on how you believe in the patient and you know they can do this:
 - ❖ *“You have reached so many steps now since the beginning of your*

treatment, it is impressive. It is very courageous for you to have come back today to talk to us about how these first weeks on treatment have been. I'm confident you have the abilities to take care of yourself. Keep up the good work and we will still be here to support you if you need us. I propose we see each other at least one more time in one month (or one and half, depending on the organization of the medical appointments) to see how you're doing with the treatment".

- Inform the patient on next clinic visit
- Offer condoms to the patient (if it brings questions, provide appropriate explanations).

Session 4: 2nd adherence follow-up session	
Target group	Patients on ART at second clinic visit after initiation
Timing	On day of clinic visit, 1 or 2 months after ART initiation Before medical consultation
Duration	20 min
Mode	Individual
Tools	HIV/ART flipchart
<p>Content:</p> <p>1. Review Adherence plan</p> <ul style="list-style-type: none"> - <i>“Now you have been on treatment for one month, can you tell me a bit more how your treatment has been working out for you?”</i> - <i>“Did you experience any difficulty implementing your adherence plan?”</i> - <i>What are the difficulties you have faced since you have started treatment?</i> - <i>What have you done to overcome them so far? Did this solution work?</i> - <i>If the solution worked, congratulate the patient on their initiative and problem-solving abilities.</i> - <i>If the solution did not work then help the patient problem-solve to find a solution. Follow the 3-step plan, i.e. Identify the adherence goal, identify the barriers, and make a plan.</i> <p>2. Adherence Step 13 - Preventing any future problem in taking the treatment</p> <ul style="list-style-type: none"> - Revise adherence goal: <ul style="list-style-type: none"> <i>“Remember that making a change like taking medication every day takes time and practice. Forgetting a dose or missing an appointment can happen. If that happens, it is important to get back to your adherence plan as soon as possible instead of having hopeless thoughts and giving up.”</i> - Identify barriers: <ul style="list-style-type: none"> ○ <i>“How would you feel if some day you forget to take your medication?”</i> ○ <i>“What would you do if you do not feel like taking it?”</i> ○ <i>“What could stop you from restarting your treatment if you missed a few doses?” (for example, feeling bad and thinking you are sick already, feeling like giving up)</i> - Make a plan: <ul style="list-style-type: none"> ○ <i>“What can you do to pick yourself up and start from where you left off before you missed a dose or experienced a difficulty”</i> ○ <i>“What can you learn from missing a dose that will help you avoid missing others in the future?”</i> ○ <i>Should it happen, “Tell yourself that you’re only human and it is normal to forget, with time it will get easier. The most important thing is to go back to your medication schedule as soon as possible”</i> ○ <i>“What can you do to motivate yourself, to start again.</i> ○ <i>“What can you learn from missing a dose that will help you avoid missing others in the future?”</i> <i>(for example, going out and not sleeping at home, plan: making sure you have a extra dose with you).</i> 	

3. Adherence Step 14: Educate on viral load monitoring

- What is the goal of your ARV treatment? – card 5
When you take your ARVs every day, they stop your HIV multiplying (making more HIV in your body) and prevent HIV from killing your CD4's. Therefore, when taking ARV's, the quantity of HIV in your body will decrease.
- How to know if your ART treatment is working?
By doing a viral load test. A viral load test measures the amount of HIV in your blood and is done by drawing blood.
- When to have a viral load test?
At 4 months and 1 year on treatment, and once a year after that, as part of the routine follow up of HIV+ patients on ART
If there is a problem with your viral load, it is taken again 3 months later.
- What does a viral load result mean?
 - Undetectable viral load, less than 400 copies, means that you have so little HIV in your blood, it can't be seen, as the multiplication of the virus is stopped by the ARV treatment. The HIV has stopped making more HIV in your body. Undetectable viral load in the blood does not mean you no longer have HIV. HIV is still there, but it is very small/little in the body so it cannot be seen/measured. An undetectable viral load is very good as it means you have your HIV under control. You should continue your good adherence.
 - Detectable viral load, more than 400 copies, means that there is a lot of HIV in the blood as it can be seen by the test. The HIV is still making more HIV in your body.
 - It is your right to know your viral load result!
- What could explain a detectable viral load?
 - You are facing a lot of problems to adhere to your treatment. This is the most common cause for a detectable viral load.
 - By solving your adherence problems early, you can get your VL to undetectable.
 - In a few cases, you could be adherent but there is another medical problem.

"I have tried to explain what a viral load is and why knowing your viral load is important. I want to make sure I explained things clearly, so let's review what we discussed. Can you tell me what a viral load is what you understand about the viral load test?"

- From the patient's response, assess their understanding of VL
- If the patient has trouble responding or gives incorrect information, review VL again

4. Adherence Step 14+: Education on continuation phase

- What is the goal of your TB treatment?
You need to take at least 6 months of TB treatment to be rid of all TB germs in you lungs or other parts of your body
- How to know if your TB treatment is working?
By doing a sputum test:
You will need to do a sputum check after 2 months on treatment: You

will be asked to spit into 2 jars that will be sent for testing.
Your sputum can be positive, which means you are still infectious to others (additional test will have to be done). If your sputum is negative, you are less infectious.

If the result of the sputum test after 2 months on treatment comes back negative, it means that you are improving, your tablets will then be changed for the continuation phase of 4 months. Even if you feel better, you should continue your treatment.

You will need to do an other sputum check after 5 months on treatment. If the result of that one is negative, you will still have to take treatment for 1 month to be cured. Then your treatment will be stopped at 6 months.

(Sputum test at months 3 and 7 for those on Category II treatment)

- What are the risks if you do not complete your TB treatment?

The germs might grow again. You will then have to pass to a longer (8 months) and more complicated treatment (injections). The risk is also that you may spread TB or DR TB)

5. Further support

- No more fixed counseling sessions are scheduled
- However, counselors are always available if you would need any support in the future
- A first viral load test will be done at month 4. If your VL would be detectable, you will receive adapted support but I know you can get your VL down to undetectable.
- If you are 12 months on treatment, have had 2 undetectable viral loads and were always on time for your appointments, you can join an ART adherence club. ART Adherence clubs are groups of around 30 people who meet quickly once every 2 months to get their supply of ARVs and receive a clinical check up once a year. (handout adherence clubs brochure)

6. Closure of session

- Check if patients want to talk about any other issue
- Give a short motivational speech on how you believe in the patient and you know they will be able to continue their adherence plan. You will be there in case they need any support. "You have managed to reach the final step of the process. You have worked on all the steps to ensure good adherence to your treatment by creating your own adherence plan. Congratulations for this hard work. I encourage you to keep following your adherence plan and to come every month for your ART refill. If you happen to experience some difficulties to follow your treatment, feel free to come and see me. My door remains open whenever you may need it. We are there to support you".
- Offer condoms to the patient (if it brings questions, provide appropriate explanations).

Adherence plan (for patient and carbonated paper for patient's file)

My 3 reasons to live a long and healthy life:

1.
2.
3.

Session 1 after ART education session (date)	Session 1- TB (date):
Adherence step 1: education on HIV <input type="checkbox"/>	Adherence step 1 TB+: education on TB <input type="checkbox"/>
Adherence Step 2 - Patient Support system Members of my support system:..... Who else can support me in my treatment:.....	Agree for CCW home visit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Adherence Step 3 - Getting to appointments How to get to appointment:..... Back up plan to get to appointments:..... How to remember appointments:.....	
Adherence step 4: My readiness to start treatment I don't feel ready and will go to ARV treatment readiness group on:..... I do feel ready and will start ARV treatment on :.....	

Session 2 (date):	Session 2 - TB (date):
Adherence Step 5 - Medication schedule The best time for me to take my treatment is : ARV's:.....TB:.....	Weekend ARV's/TB :.....
Adherence step 6: Managing missed doses If I miss a dose, my plan is.....	
Adherence Step 7 - Reminder strategies I will put my reminder stickers on:..... I will read my reasons for taking treatment at:..... My other reminder tools are:.....	
Adherence Step 8 - Storing medication and extra doses I will store my medication in:..... I will carry extra supply and keep it in:.....	
Adherence Step 9 – Dealing with side-effects My plan for minor side effects is:..... My plan for side effects that worry me is:.....	

Session 3 (date)
Adherence Step 10 - Planning for trips <i>Contact number of my clinic</i> Regular travel location:..... Closest clinic at regular travel location:.....
Adherence Step 11 - Dealing with substance use My plan to make sure I take my treatment if I used alcohol or drugs is:.....
Adherence Step 12 - Communicating with treatment team My focal person in clinic is:.....

Session 4 (date)
Adherence Step 13 – Preventing any future problems in taking my treatment What will I do if I make a mistake while learning to take my treatment:.....
Adherence step 14: Education on Viral load <input type="checkbox"/> Step 14 TB+ :Education on TB Continuation phase <input type="checkbox"/>

ARV GOAL: My first Viral load will be undetectable!

TB GOAL: I have completed 6 Months TB treatment and I'm cured of TB!

Acknowledgements:

Life Steps Intervention developed by Steven Safren and colleagues from Massachusetts General Hospital / Harvard Medical School published in Safren, S., Gonzalez, J.S., & Soroudi, N. (2008). *Coping with Chronic Illness: A Cognitive-Behavioral Therapy Approach for Adherence and Depression*. Oxford University Press: U.S.A.