



SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

# Supporting Effective PrEP Pill Taking and Providing HIV Risk Reduction Counselling

**Benjamin Brown**  
**Senior Technical Consultant**  
**Anova Health Institute**  
[bbrown@anovahealth.co.za](mailto:bbrown@anovahealth.co.za)



# Outline

---

1. Integrating PrEP into standard HIV risk reduction practices
2. Strategies to Support Effective Pill Taking
3. Integrated PrEP Counselling Strategies



# Background:

---

- The aim of PrEP counselling is to ensure your patient is effective at following the daily PrEP regimen and in doing so, reducing their risk for HIV infection.
- This includes aspects of both:
  - HIV Risk Reduction
  - Support for Effective Pill Taking



# Background:

---

- Counselling PrEP users should recognise that changing sexual or risk behaviour is equally as complicated as for non-communicable disease
- Correct and evidence-based information should be provided to PrEP users as well as the delivery of other prevention strategies
- Counselling PrEP users is an individualised process but is easily integrated



# 1. Integrating PrEP into standard HIV Risk Reduction Services



# Traditional HIV Risk Reduction Counselling

---

- HIV risk reduction counselling focuses on changing behavioural practices to eliminate risk of HIV exposure
- HIV risk is influenced by more than just individual behavior (i.e. structural risks, community practices etc.)
- These additional influences are hard to address clinically
- Such behaviour change counselling requires long term engagement with clients
- Consider Peter's story.....



# Meet Peter....

---

Peter is one of your patients who:

- is overweight
- has a poor diet
- does not exercise
- has high cholesterol
- overall significant risk of MI

What do you do/recommend for Peter?



# Three Months Later.....

---

Peter is still:

- overweight
- eats steers/KFC 3-4 nights per week
- does not exercise
- takes his cholesterol medication





# Three Months Later.....

---

- Are you surprised?
- What drives Peter's behaviour?
  - Immediate gratification is stronger than long term gain
  - Behaviour change is hard
- What kind of plan would you make for Peter?
  - Running marathons vs. Light exercise and diet

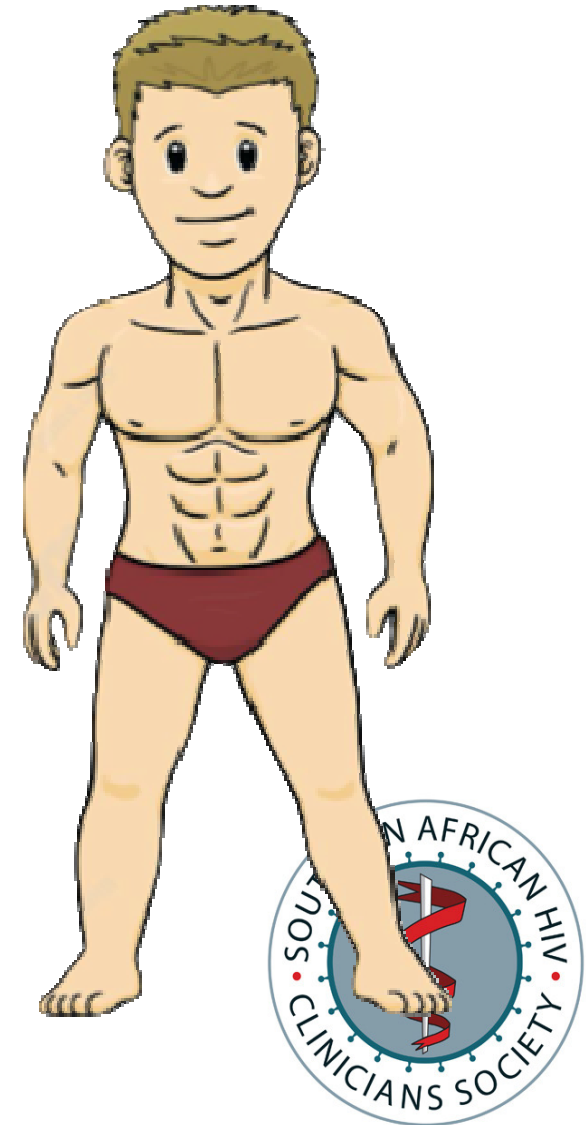


# Meet (a different) Peter....

---

Peter is one of your patients who:

- comes for HIV testing regularly
- has multiple male sexual partners
- struggles to use condoms all of the time
- uses alcohol and other substances
- overall significant risk for HIV infection



# Meet (a different) Peter....

---

- Peter has essentially the same risk profile as someone who is overweight and doesn't diet. But does he get treated the same?
- We treat these situations differently because:
  1. Sex makes us (HCW) uncomfortable
  2. We inherently understand and treat ID risk differently than NCD
  3. We haven't had a great set of tools to help reduce sexual risk

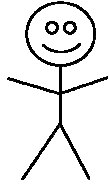


# PrEP and HIV Risk Reduction:

---

- PrEP is now a tool we can add to the HIV prevention tool kit that can **fill gaps** left by other prevention measures
- PrEP counselling **integrates well** with current practices and can be conducted by lay counsellors, nurses, and clinicians
- PrEP may support **achievable risk reduction** where traditional prevention strategies have failed
- For example.....





---

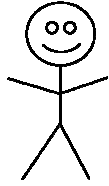
Unprotected Anal Sex

Substance Use

Multiple Sexual Partners

Sex Work





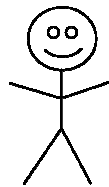
---

Unprotected Anal Sex

Substance Use

Multiple Sexual Partners

Sex Work

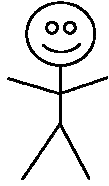


---

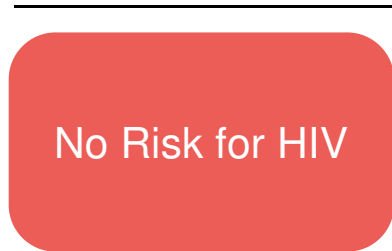
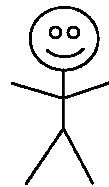
Uses Condoms  
all the time

Monogamous



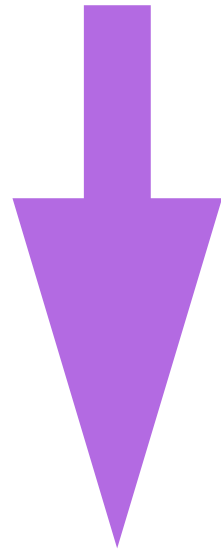
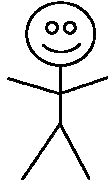


High risk for HIV

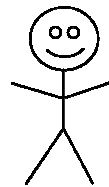


No Risk for HIV

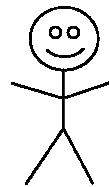
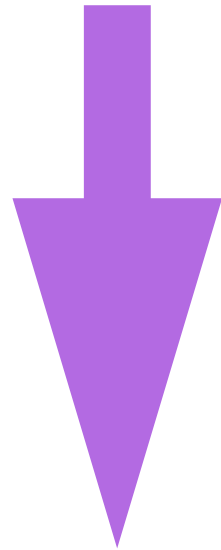
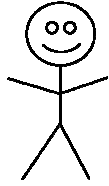




Standard counselling tells us to push people down this cliff of behaviour change





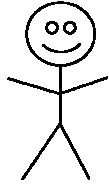


But is this realistic?

How easy is it for patients to change?

Is this sustainable?



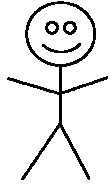


---

Unprotected Anal Sex

Multiple Sexual Partners





---

Unprotected Anal Sex

Multiple Sexual Partners

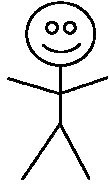
**Maybe some  
day**

---

Uses Condoms  
all the time

Monogamous





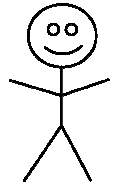
Unprotected Anal Sex  
Multiple Sexual Partners

**Maybe some  
day**

Uses Condoms  
all the time  
Monogamous



Unprotected Anal Sex  
Multiple Sexual Partners

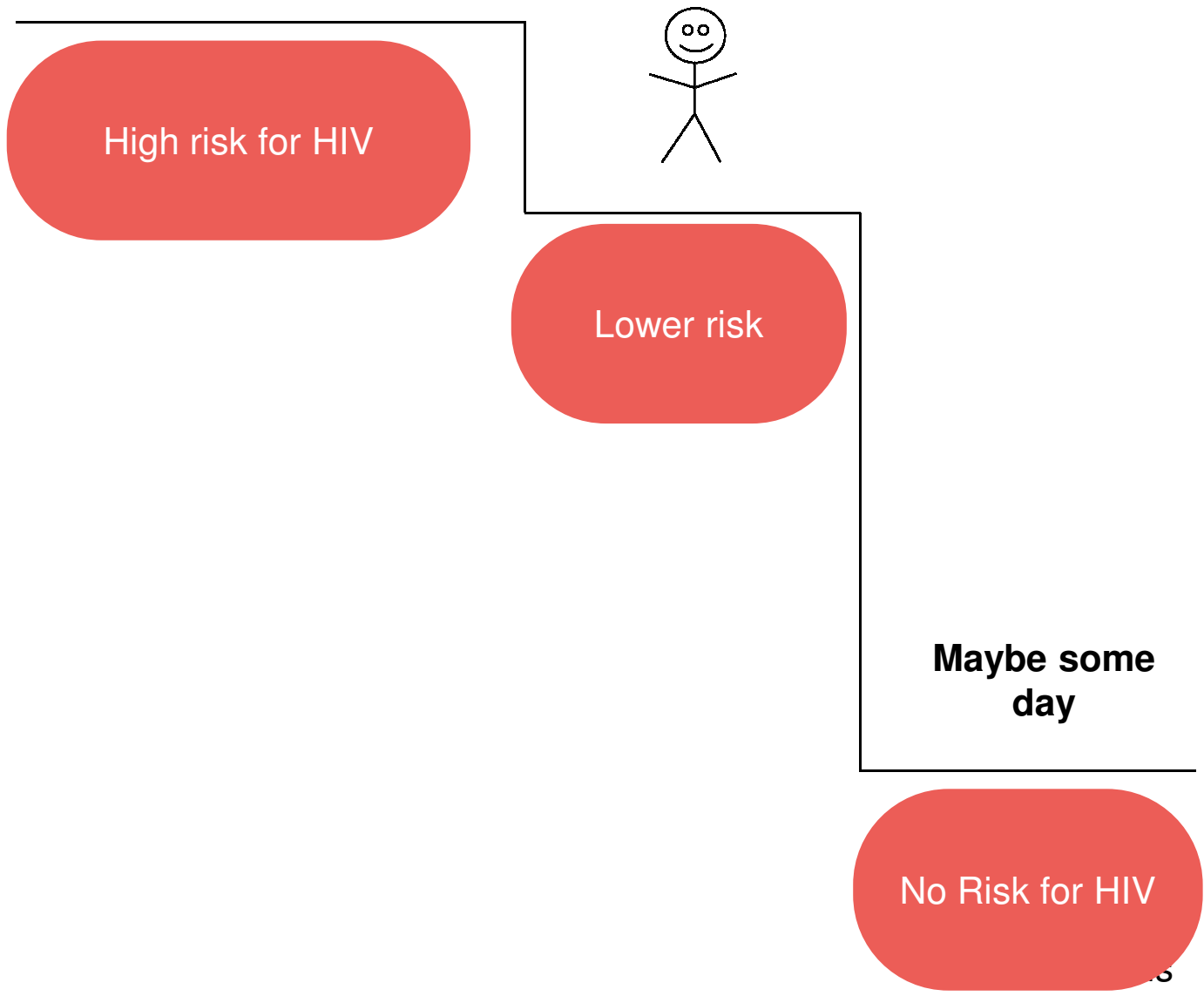


Comes for testing  
every month

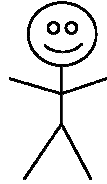
**Maybe some  
day**

Uses Condoms  
all the time  
Monogamous





Unprotected Anal Sex  
Multiple Sexual Partners



Comes for testing  
every month

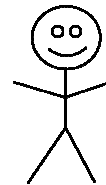
**Maybe some  
day**

Uses Condoms  
all the time  
Monogamous



Unprotected Anal Sex  
Multiple Sexual Partners

Comes for testing  
every month



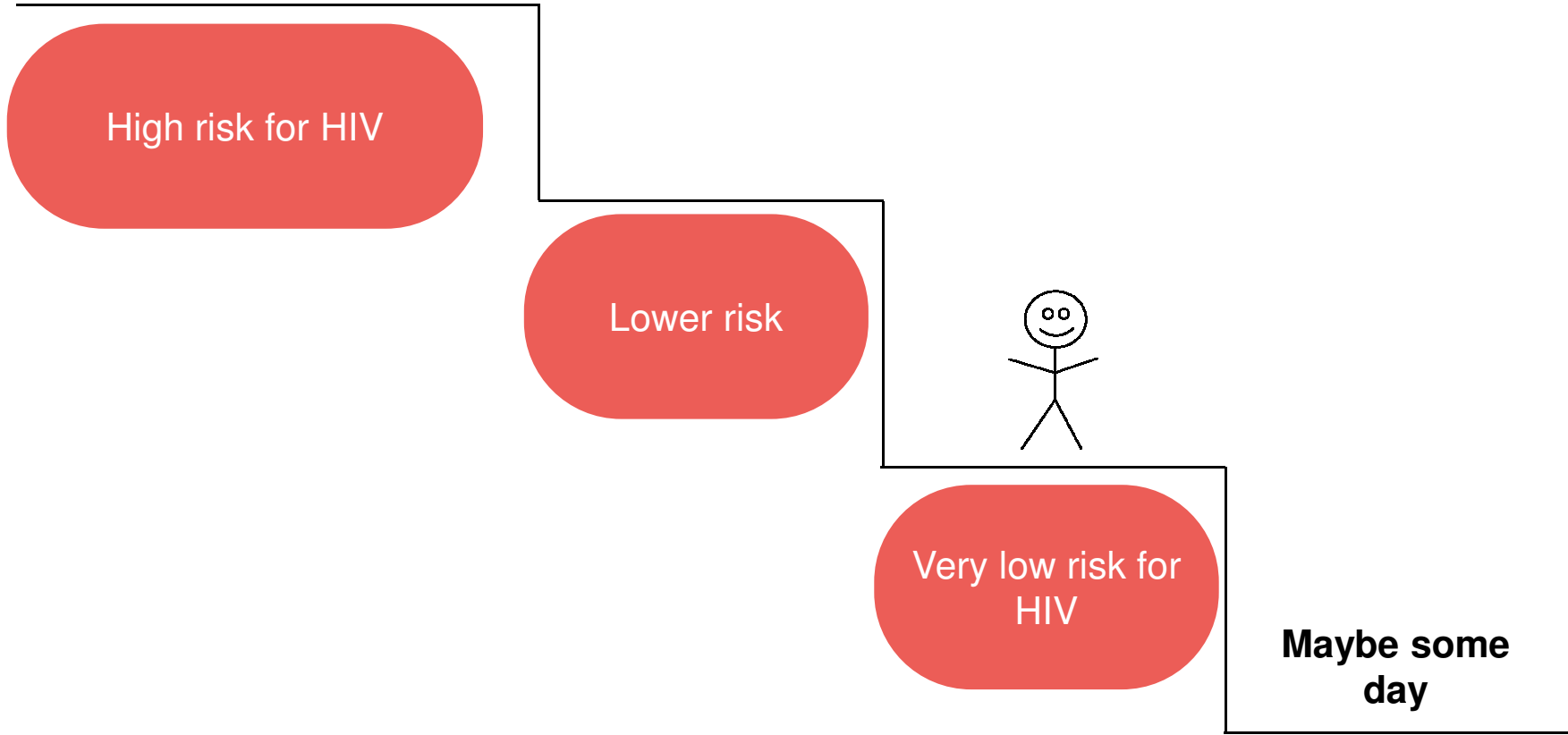
Starts using PrEP

**Maybe some  
day**

Uses Condoms  
all the time  
Monogamous







Considering where our patient comes from; he is still at some risk for getting HIV but is this level of risk relevant?



What could have happened if we just told our patient to use condoms from the beginning?



## PrEP is different from other prevention measures

---

- Great because people make decisions about PrEP in “cold” states (i.e. behavioural economics theory)
- PrEP is empowering and doesn't require a significant or immediate change in lifestyle, users feel like they can keep doing what they do and stay safe.
- Establishes a useful long-term relationship to address other risks
- PrEP still relies on some form of behaviour change in order to reduce HIV risk (i.e. pill taking)



## 2. Supporting Effective Pill Taking



# Pill Taking vs. Adherence

---

- Adherence = Pill Taking
- PrEP is not treatment. Would you tell someone to be adherent to condoms?
- Supporting pill taking should be honest and direct and non-judgemental.
- The key to pill taking counselling is establishing an open, honest relationship.
- Recognise that taking a daily pill for an otherwise healthy person may require coaching but is highly achievable



# Examples of Good Counselling Messages:

---

- *“You’ve decided to use PrEP as a way to protect yourself and thats great.”*
- *“Pill taking isn’t easy and takes some practice, especially if you aren’t used to taking pills.”*
- *“Its okay to not be perfect at taking your pills, it takes time. But remember, in order for PrEP to work you have to take your pills regularly.”*
- *“I’m here to help by working with you to figure out a way to make taking your pills easier, so that you get the most protection you can.”*



# Tips for Supporting PrEP Pill Taking:

---

- Schedule medication taking time to correspond with the patient's daily routine activities
- Use reminders e.g. cell phone, alarms, beepers, calendars
- Use of pillboxes
- Review disclosure issues to identify those who can support the patient's intentions to take their pills or barriers to pill-taking due to lack of disclosure/privacy at home
- Join an on-line support group e.g. Facebook: PrEP Rethinking HIV Prevention or #wethebrave



Taken from: Guidelines for Expanding Combination Prevention and Treatment Options for Sex Workers: Oral Pre-Exposure Prophylaxis (PrEP) and Test and Treat (T&T), Department of Health, April 2016

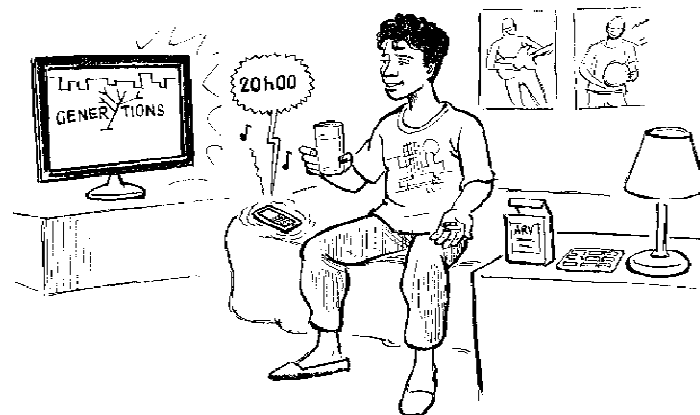




# Tips for Supporting PrEP Pill Taking:

---

- Use alternative methods of communication: SMS, social networking, mobile applications
- Integrate mobile services and outreach into existing services
- Enhance peer support strategies, such as the use of clubs
- Provide alternative clinic hours, if possible
- Collect additional contact information for each patient
- Provide patients in advance with referral partners in the event that they migrate, or provide with additional stock/prescription



Taken from: Guidelines for Expanding Combination Prevention and Treatment Options for Sex Workers: Oral Pre-Exposure Prophylaxis (PrEP) and Test and Treat (T&T), Department of Health, April 2016



### **3. Counselling Strategies for Effective PrEP Pill Use**



# PrEP Counselling: A combined Approach

---

- The effective use of PrEP tremendously reduces risk of HIV infection
- Therefore, being effective with PrEP pill taking is a strategy to achieve HIV risk reduction
- Why two different forms of counselling?
- Combined counselling brings together risk reduction and pill taking in order to save time and remain relevant to the PrEP user



# PrEP Counselling: a combined Approach

---

- “Integrated Next Step Counselling” was used throughout the iPrEX trial and many biomedical HIV prevention strategies, developed by Rivet Amico
- This is not prescriptive, other counselling strategies with similar scope or your current practices can also be used (i.e. motivational interviewing)
- PrEP counselling places emphasis on reducing risk in a sustainable way rather than eliminating it entirely in one go



# PrEP Counselling: a combined Approach

---

- Patient-driven, based on their needs, resources, and preferences - it is not prescriptive
- Recognises that behaviour change is not easy and human beings are not perfect
- Focus on the identification of “small wins”, more achievable “next steps”, in reducing risk and/or making pill taking easier



# Supporting Effective PrEP Pill Taking:

---

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



# Supporting Effective PrEP Pill Taking:

---

## 1. Assess how pill taking is going for PrEP client

- Sipho has been taking PrEP for three months but explains that he has not been able to use it regularly in the last month.

## 2. Positively affirm client to support provider/client relationship

- “Getting in the habit of taking pills can be tough but it’s great that you’ve brought this up so that we can work together to find a solution”

## 3. Identify a motivator to support effective pill taking

- “I see that you’ve been taking PrEP for three months now, what has that been like for you?”
- Sipho acknowledges that he hasn’t been using condoms with his sexual partners and that taking PrEP has given him a great deal of peace of mind. “I’m glad that you are taking PrEP if you aren’t using condoms regularly.”



# Supporting Effective PrEP Pill Taking:

---

## 4. Provide PrEP education regarding effective use and effectiveness of PrEP

- “Remember, its okay to miss 2 or 3 of your PrEP tablets, you will still have some protection against HIV but its best to take it daily. If you are missing more than 2 or 3 of your tablets each week it can reduce its ability to protect you from HIV. Lets figure out a way to help get you there together.”

## 5. Identify barriers to effective use

- Sipho explains that he has been spending a lot of weekends away from his place and travelling for work. He either forgets to bring his tablets or leaves them at home because he feels uncomfortable.
- [Identified barriers: Change in Routine/Disclosure Issues]
- [Consider: Which could be the easiest to implement right away to increase his use]





# Supporting Effective PrEP Pill Taking:

---

## 6. Provide realistic strategies to address barriers

- “I know it can be tough when you change your routine to remember to take your tablets. Have you tried using a non-labeled pill container? This will be discreet and easy to carry with you...What other ways do you think would be useful?”

## 7. Discuss use of other HIV prevention measures that are relevant to situation

- “Let’s schedule another appointment in a few months just to update your STI screening. Making sure we keep you treated for STIs will also help reduce your chances of getting HIV.”

## 8. Client leaves with realistic and achievable plan to increase or sustain use

- Siphso will keep a back up of his medication in his weekend or travel bag as an extra protection against forgetting to bring it.



# Summary:

---

- Discussing effective PrEP use with your client should be open and affirming.
- Risk behaviour change is hard (just like other examples in life) and may take a long time to adjust
- Many practices may not have the capacity to address realistic traditional behaviour change.
- Supporting Effective PrEP use among your clients is a new opportunity to address HIV risk in an effective, efficient, and achievable way



# The Essentials:

---

- When initiating a new client onto PrEP or supporting a long term user, you must:
  - Ensure that proper education has been provided regarding PrEP use, required lead in times, dynamics of cycling, and required use for protective levels
  - Ensure that your client leaves with a plan in place to support their pill taking, identify at least one potential barrier, and identify a solution for that barrier



# A Final Thought:

---

**Consider this:** If you can focus your time and energy into ensuring that your client is able to effectively take their PrEP medication then they will be leaving your facility with an additional 92%-100% protection against HIV.

- Has there ever been a time in your practice where you have been able to provide that level of protection to a client?
- How does this make you feel?





SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

**Questions?**





SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

With thanks to:  
Wits Reproductive Health & HIV Institute  
Right to Care



ANOVA  
HEALTH INSTITUTE



**With special thanks to Anova Health Institute for  
the use of their materials**

