



**Training of SFH counselor Testers on HIV
Prevention Tools with Emphasis on PrEP
24th April, 2017**

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Date and Venue

On the 24th of April, 2017, Alaka Oluwatosin, Assistant Program Officer for NHVMAS, was graciously hosted by Society for Family Health (SFH), Akwa Ibom. NHVMAS leveraged on SFH State level review meeting with a group of her counselor testers to sensitize participants on HIV prevention tools, with Emphasis on PrEP. The training was carried out at the SFH office, No. 20, D-Line, Ewet Housing Estate, Uyo, Akwa Ibom.

NHVMAS Training team

The members of the training team:

1. Alaka Oluwatosin

Agenda

1. Introduction of self
2. Existing HIV prevention tools
3. New HIV prevention tools
4. Basic facts about PrEP

Participants

12 participants and 2 coordinators were present at the training.

Introduction

Upon arrival at SFH, NHVMAS representative, Mr. Oluwatosin was taken round the office to introduce him other staff on the project by Programme Officer, Philomena. The meeting started at 10:30 am. All participants introduced themselves, stating their names, affiliations and best food after which Mr. Oluwatosin then gave a brief overview of the purpose of the training to prepare the minds of the counselor testers on what to expect



Existing HIV prevention tools

This session was facilitated by Oluwatosin. He showed participants pictures of different existing prevention tools. Participants were required to pick anyone of the tools and discuss about it. Some highlight on the discussion of HIV existing tools include:

Male Medical circumcision

- A great percentage of men in Nigeria are circumcised. This reduces the chances of males contracting HIV.
- The foreskin of an uncircumcised penis harbors several bacteria which can increase vulnerability of the woman to HIV infection.

Post Exposure Prophylaxis

- It requires taking ARV for 4weeks

- It is taken when there has been a one-time exposure of an individual to the virus. E.g rape, health worker occupational hazard,
- Must be used within 72 hours after exposure or contact
- Use 24h ours after exposure- Best
- Use 48 hours after exposure- Better
- Use 72 hours after exposure: Good

STI Management:

STI creates "holes" in the penis/vagina through thereby creating microscopic openings and increasing vulnerability. It is very important that it is treated properly to reduce the risk of HIV.

Behaviour Change:

- Delay sexual debut (the earlier one starts, the more likely he/she is to have multiple sexual partners.
- Reduce sex partners to the barest minimum
- Correct and consistent use of condom

Lubricants:

- Does not protect against HIV infection
- Reduces friction during sexual intercourse
- It is very helpful during anal sex to lubricate the rectum and for vagina sex to prevent dry sex
- For men who do not like to use condom, drop a little quantity of lubricant inside the condom before wearing it. It works magic.

New Prevention Tools

The participants were made to understand that a lot of studies are being conducted on microbicides and vaccines. Before long, answers would be gotten.

Vaccine: A vaccine is a substance that is use to provide immunity against an infection. HIV vaccine is used to protect an individual from coming down with the virus.

Microbicide: A microbicide is a substance, that can be applied rectally or vaginally which has the ability to protect against STIs and HIV.

Treatment as prevention: Some say it is using one stone to kill two birds. It is a situation whereby a person living with HIV is placed on ART treatment not only to keep them healthy and inhibit its progression to AIDS, but to significantly reduce the risk of transmitting the virus to an uninfected partner by about 96%. It works by suppressing the viral load so much so that it becomes undetectable.

Facts about PrEP

A power point presentation was made on the basic facts about PrEP which highlighted the following.



Participants learned about the combination prevention approach recommendation by the WHO which involves combination of biomedical, behavioural and structural intervention to reduce HIV transmission. In Nigeria, our National Strategic Plan (NSP) is already committed to combination prevention, however, PrEP position is not integrated with combination programming and in the NSP. Participants were made to understand that a lot of awareness about PrEP among important stakeholders cannot be overemphasized.

Candidates for PrEP

People at substantial risk of acquiring HIV due to their risky behavior are potential candidates of PrEP. This includes:

a) Men who have sex with men (MSM) who have

- An HIV-positive sexual partner
- Recent bacterial STI
- High number of sex partners
- History of inconsistent/no condom use

b) Heterosexual women and men

- HIV-positive sexual partner
- Recent bacterial STI
- High number of sex partners
- History of inconsistent/no condom use
- Commercial sex work
- High-prevalence area or network

How It works

PrEP is taken only by individuals who are HIV negative as a pill of Truvada a day (combination of Tenofovir and emtricitabine). PrEP stops HIV from taking hold and spreading throughout your body. It is highly effective for preventing HIV if used as prescribed, but it is much less effective when not taken consistently.

Other important talking point about fact about PrEP

- It should be taken same time everyday
- It offers over 90% protection if used consistently
- It is used by people who are HIV negative but at substantial risk of HIV
- It does not protect against other STIs and pregnancy

- It requires you attend hospital every three months to get a HIV test to rule out any HIV infection
- Renal assessment must be conducted to ensure that the kidneys are working normally and are in good shape.

Discontinuing PrEP

Positive HIV result, Acute HIV signs or symptoms, non-adherence to usage, development of renal diseases, infection with hepatitis A or B, lowered risk behavior are all possible reasons for an individual to discontinue PrEP.

Discussions

Question: "Is PrEP Safe?"

Answer: Truvada which is the brand name for PrEP is safe and well tolerated by humans. However, it is important that users get their kidneys assessed by a medical professional to ensure that it can cope with the usage of PrEP as kidney malfunction is a possible side effect.

Question: "Once a protective coverage as been attained as a result of PrEP usage, can one stop taking the pill?"

Answer: PrEP does not work the same way as a vaccine. A vaccine teaches your body to fight off infection for several years. However for PrEP, you take a pill every day by mouth. Non-adherence to this would render usage ineffective.

Question: what is the difference between PrEP and PEP?

PrEP is taken by people who are sustainably exposed to HIV due to their behavior while PEP is taken by someone who has had a onetime exposure to the virus. Also, PrEP must be must be taken daily over a period unlike PEP which must be taken at least 72 hours after exposure and continued for a maximum of 4weeks.

Question "If one starts PrEP, can he or she stop using condoms?"

Answer: Condoms are the only tool that protects against both HIV and certain other sexually transmitted infections (STIs) while preventing pregnancy when used correctly and consistently. For people who do not use condoms every time they have sex, PrEP can provide effective protection against only HIV. Using condoms correctly and consistently while taking PrEP will provide the maximal protection against HIV and STIs. The choice to use either of the two is a personal decision that should be made upon information acquisition.

Question: "Where can one get microbicides?"

Answer: microbicides are still in the clinical phase of research. No effective microbicide has been rolled out yet. The availability of a microbicide would greatly empower women to protect themselves and their partners. So it is important that we

make them prepared and inform them about it prior to its arrival to promote utilization of the product upon its development.

EVALUATION FORM FOR PREP AWARENESS PROGRAMME/TRAINING

1. Please provide us with some feedback about Workshop module.

Please indicate your overall satisfaction with the <u>content</u> of each of the modules:	Please circle one N (N=8)					No Response
	Very Good	Good	Fair	Poor	Very Poor	
1 – HIV prevention: Existing tools	5 (62.5%)	3 (37.5%)	-	-	-	-
2 – HIV prevention: New prevention tools	4 (50%)	4 (50%)	-	-	-	-
3– PrEP presentation	5 (62.5%)	3 (37.5%)	-	-	-	-

2. Please provide us with some feedback on your experience of the Workshop:

Please indicate your agreement with the following statements:	Please circle one (N=8)					No Response
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
This Workshop provided me with HIV prevention existing tools	5 (62.5%)	3 (37.5%)	-	-	-	-
This Workshop provided me with new insights about New prevention tools	5 (62.5%)	3 (37.5%)	-	-	-	-
This Workshop provided me with new insights about PrEP	2 (25%)	5 (62.5%)	-	-	-	1 (12.5%)
Participating in this Workshop was a good use of my time	5 (62.5%)	3 (37.5%)	-	-	-	-
I will be able to apply the content of this Workshop to my everyday work	5 (62.5%)	3 (37.5%)	-	-	-	-
Overall, the facilitation style was effective	4 (50%)	3 (37.5%)	-	-	-	1 (12.5%)
There was adequate time allocated for informal discussions among workshop participants	5 (62.5%)	3 (37.5%)	-	-	-	-
The Workshop was well-organized.	2 (25%)	6 (75%)	-	-	-	-

3. What changes would you recommend to make this Workshop better?

- Information about training like this shouldn't be impromptu but it should be pre-planned and arranged before time

- The training improved my idea on HIV and also all about PrEP
- The workshop should be quickly organised for the most at risk populations.

4. Any other comments?

- Training of this sort should be done once in a while to enlighten us.
- I hereby comment that the training was good and it also increased my knowledge about PrEP. Keep it up

PRE-POST ANALYSIS

S/N	CODE NAME	Post Test	Pre Test	Post Test-Pre Test
1	Agnes	10	5	5
2	CJN	10	4	6
3	1307	10	3	7
4	101	10	4	6
5	1	8	5	3
6	Jeone P Jeone	7	4	3
7	1212	8	-	8
8	1864	9	-	9
	TOTAL	72	25	
	AVERAGE	9	4.17	5.9
	SD	1.20	0.75	2.17