PRIMARY HEALTH CARE
A HEALTHY NATION
MINISTRY OF HEALTH & CHILD CARE
ZIMBABWE

HIV Prevention Manual

for Pregnant and Breastfeeding Populations



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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COALITION TO ACCELERATE & SUPPORT PREVENTION RESEARCH

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NATIONAL AIDS COUNCIL
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Structure of the manual



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Why Pregnant and Breastfeeding Populations are at Risk of HIV Infection

Introduction

Globally, more than half of all the people living with HV are women. In Sub-Saharan Africa, women are particularly vulnerable, more so, during pregnancy and breastfeeding periods, when they are two to three times more likely to acquire HIV. This vulnerability is primarily heightened by socio-economic determinants such as poverty, poor standards of living, compromised quality of life, as well as limited access to public healthcare services. Biological and behavioral factors drive high HIV incidence during pregnancy and breastfeeding periods such as hormonal changes that alter genital mucosal surfaces, and frequent condom less sex with partners living with HIV or partners of unknown serostatus.



Background

Pregnant and Breastfeeding populations (PBFP) have since been left behind in HIV prevention research and the rolling out of new HIV prevention options resulting in increased mother-to-child transmission rates. HIV acquired during pregnancy, or the breastfeeding period is associated with an increased risk of HIV transmission to the infant. Globally, an estimated 1.3 million women and girls living with HIV become pregnant each year.

In the absence of interventions, the rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labor, delivery, or breastfeeding ranges from 15% to 45% according to the World Health Organization (WHO). Initiation of pre-exposure prophylaxis (PrEP) protects mothers from acquiring HIV and contributes to the reduction of vertical transmission. An increasing body of evidence has demonstrated that Tenofovir Disoproxil Fumarate containing oral PrEP is safe during pregnancy and breastfeeding periods.

Zimbabwe has made strides in identifying and treating pregnant and breastfeeding populations living with HIV. The government of Zimbabwe has committed to the elimination of mother-to-child transmission of HIV by initially developing and implementing the Plan for the Elimination of HIV and Syphilis 2018- 2022 and now shifting to the triple Elimination of HIV, Syphilis and Hepatitis B. Priority issues for the elimination of the mother-to-child transmission (MTCT) plan includes preventing incident infection among PBFP.

The strategy has significantly reduced HIV MTCT rates from 24.1% in 2010 to 8.1% in 2022 (Zimbabwe National HIV/AIDS Strategic Plan, 2023). This translates to an estimated 4,785 infants who were vertically infected, accounting for 21% of all new HIV infections in the country in 2021. An analysis of the MTCT HIV infections in 2022 revealed that initiating all the PBFPs living with HIV on ART, retaining them in care with viral suppression, and offering PrEP to those that are HIV-negative to reduce incident infections will lead to the reduction of the MTCT.

Rationale and Objectives

This manual seeks to raise awareness and sensitize communities, specifically pregnant and breastfeeding populations and their partners about the importance of HIV prevention before and during pregnancy and breastfeeding periods. The main objective is to increase the demand and improve access to HIV prevention options, including biomedical interventions such as PrEP. The manual compliments and should be used in combination with other national strategic documents, guidelines and standard operating procedures.

Specific Objectives include:

1. To ensure that PBFPs and their Partners understand their bodies.
2. To understand HIV basics.
3. To understand Risk factors for HIV infection including STIs and Gender.
4. To understand and raise awareness of the different PrEP methods.
5. To improve access to PrEP and reduce infections among PBFPs



Instructions to Facilitators

Session overview

This session focuses on providing a platform for participants and the facilitators to introduce and familiarize themselves with each other. By the end of the session, facilitators and participants should:

- know each other
- engage with each other

Session instructions

- The facilitator and each participant are to introduce themselves.
- They should share what they like, what they do etc.

The facilitator will explain that:

- Discussion should be held with respect for each other and each other's opinions.
- There is no right or wrong answer.
- If one has a question, they raise their hand and speak through the chair.

Facilitation Tips

Sit with the participants and be part of their group, relate to them as an equal member of the group whom they can trust. Encourage them to note down other describing words that they feel describe them

Explore

Facilitator's introduction	Hi everyone, my name is _____ and I am here with my colleague/s _____ _____ Today we are here to talk to you about HIV prevention in Pregnant and Breastfeeding persons. For this discussion to be as participatory as possible for everyone, there is a need for us to set a few "ground rules" we can all agree on before getting started. Express your opinion in respect of other people. Direct your questions to the chairperson
Participant's introduction	Each participant is to introduce herself with a describing phrase. For example: I am Lucy, and I am a proud mother of 2 children. Each participant is to introduce herself with what they love. For example: I am Tendai, and I love sex



Foundational Knowledge

SESSION 1

Get to Know Our Bodies

Session overview

This session focuses on understanding the mechanisms that comprises the female reproductive system. By the end of the session the participants should be able to:

- know the female body
- identify and label the female reproduction organs

Session instructions

- Participants are to be in groups and are given diagrams to identify and label body parts.
- Participants are to present how female and male body parts are different.
- Participants are to discuss the different names that female genitals are labeled in their community.

Facilitation Tips

Facilitators to provide diagrams of the human body to use during the session.



Explore

Introduction	As we develop we notice our bodies changing, and we also learn about sex, sexual pleasure, sexual assault and abuse, getting pregnant, and childbirth. But for many PBFPs and their male partners, female bodies can be a bit of a mystery. Lack of male partner understanding of the female body also undermines support of women's choices about their sexual health. This session reviews some basic information about our bodies and the names and functions of key body parts.
What is the female reproductive system?	The female reproductive system is made up of internal and external sex organs that function in the production of new offspring in humans, the female reproductive system is immature at birth and develops to maturity at puberty to be able to produce gametes and carry a fetus to full term.

Identifying the body parts

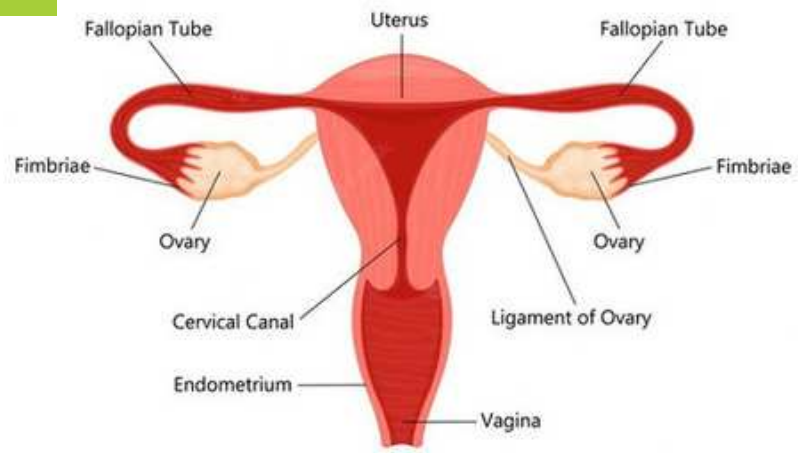


Fig 1. Front view of a pregnant female reproductive system

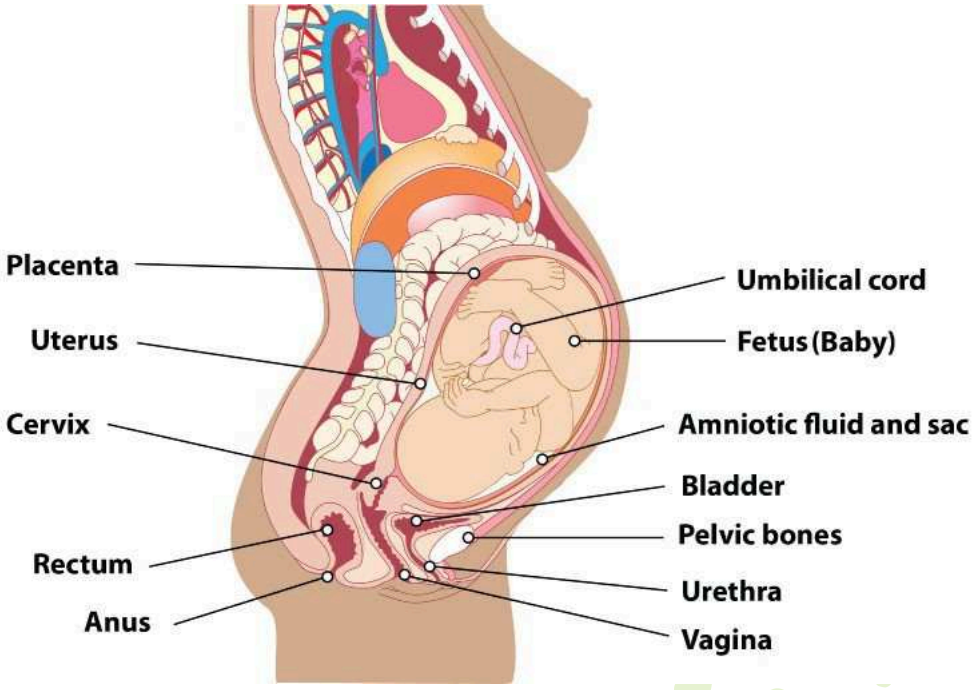


Fig 2. Side view of a pregnant female reproductive system

Risk of Acquiring HIV Increases During and After Pregnancy.

HIV infection during pregnancy and breastfeeding not only has negative consequences for the woman's health, but also carries the risk of perinatal HIV transmission to her fetus or to her newborn baby during breastfeeding. Understanding the factors that affect HIV acquisition risk during and after pregnancy is critical to ensure that women receive the best HIV prevention methods at all stages of their lives.

Changes During pregnancy

How the Body Changes

▪ DURING PREGNANCY



Weight gain:

Women of normal weight should gain
around 11 to 16 kgs over the course of their pregnancies.
Most of the weight goes to the abdomen,
which shifts a womans' center of gravity.

Blood flow:

Changing hormones increase the elasticity
and volume of the circulatory system
This means the body pumps blood at a rate
it isn't used to in order to accommodate a
growing baby

Oxygen intake:

Lung function improves during pregnancy.
an increase in the depth of each each
woman inhales by up to 50% or more.
breath increases the amount of air pregnant

Flexibility:

Pregnancy increases the hormone relaxing, which
is responsible for making ligaments and tissues more
elastic. the scan gives women after all senses of flexibility.
which increases the risk for tears and sprains.

Numerous behavioral cultural and societal factors around the world potentially could increase a woman's risk of acquiring HIV pregnancy. For example, pregnant women may face heightened challenges when negotiating condom use with their partners. In some cultures male partners of pregnant and postpartum women have more sexual contacts outside of the relationship, adding to the risk of HIV and other sexually transmitted infections. Intimate partner violence and relationship power imbalances also may contribute to an increased risk of HIV transmission



SESSION 2

HIV and AIDS: The Basics

Session overview

This session focuses on helping participants know what HIV and AIDS is. By the end of the session the participants should be able to:

- Differentiate between HIV and AIDS.
- Understand how HIV is spread.
- Understand the available HIV prevention methods

Session instructions

Discuss:

- What is the difference between HIV and AIDS?
- How is HIV spread?
- How is HIV transmission prevented?



Explore

What is HIV?

HIV refers to human immunodeficiency virus. It is a virus that attacks the immune system. It does this by entering white blood cells called CD4 cells and using them to copy itself and multiply. A healthy body has billions of CD4 cells. When HIV enters the body, it takes control of the CD4 cells. HIV then uses the cells to replicate itself, allowing the virus to grow and spread around the body. When untreated, HIV slowly weakens the body's immune system by taking over CD4 cells until the body can no longer defend itself from infection.

What is AIDS?

Without treatment HIV progresses to AIDS. AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is caused by HIV. A person develops AIDS when HIV has damaged their immune system so severely that they are no longer protected from infections and illnesses.

Facilitation Tips

Ask participants to describe the early symptoms of HIV



How is HIV transmitted?

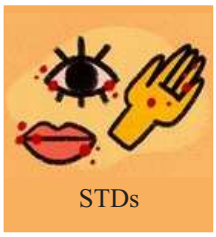
The spread of HIV from person to person is called HIV transmission. For HIV to be transmitted, it requires three things:

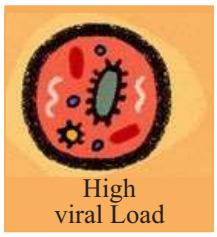
- Body fluids that carries a large amount of HIV (blood, semen, vaginal and rectal fluid, and breast milk).
- Condomless anal or vaginal sex with an infected person.
- An way for the body fluid of an HIV-positive person to enter the bloodstream of an HIV-negative person eg sharing contaminated needles and syringes

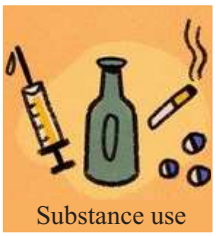
An HIV positive mother can transmit the virus and infect the baby during pregnancy, labor, delivery and breastfeeding period

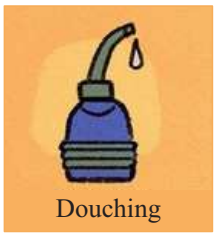
Factors That Increase Risk of HIV Transmission

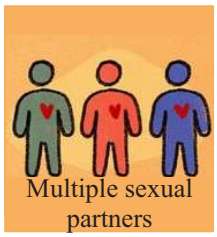








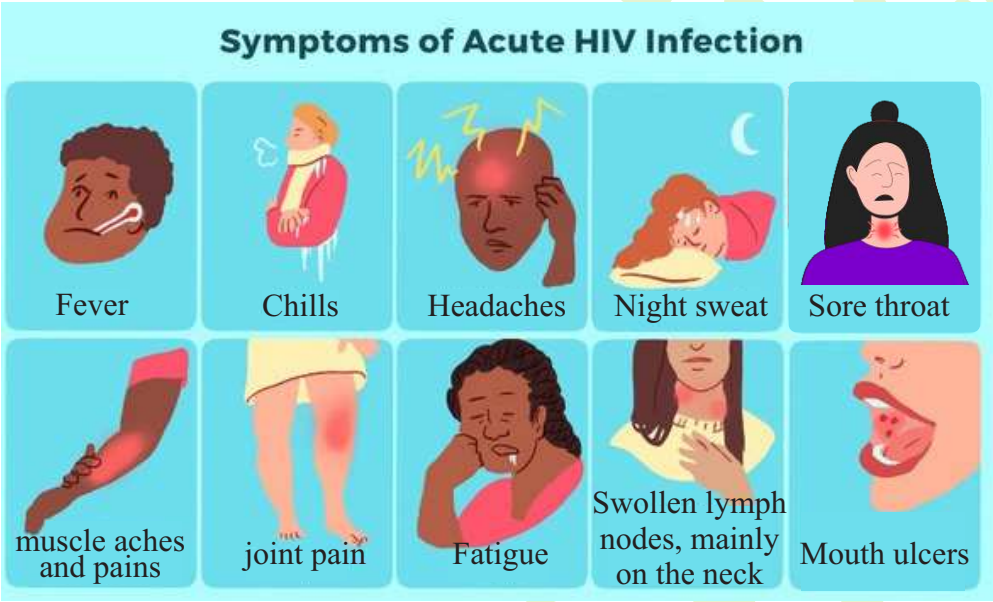




Facilitator Tip

Discuss how the factors mentioned above link to increased risk e.g:

1. Substance use can increase risk through the transmission of the virus by sharing needles and sharp objects.
2. Discuss the myths and misconceptions about how HIV is transmitted
3. The Soldier Card game will be used to discuss the basics of HIV and AIDS



These symptoms usually start a few days after exposure to HIV and can continue for up to two weeks. Not everyone develops these symptoms, and because the symptoms of acute HIV infection are the same as the symptoms of the flu or other common infections, you cannot rely on them as signs someone has HIV.



Facilitation Tips

Discuss factors that increase HIV transmission eg. Gender Based Violence, Gender Inequality.

Highlight that HIV cannot be identified by the naked eye

Encourage participants to get tested regularly.

Note
If ART is taken everyday, it is possible to reduce the levels of HIV within a person's blood (their "viral load") so that they no longer transmit the virus. The only way to know for sure that someone's viral load is undetectable is if the person is regularly seeing a Doctor to monitor the level of HIV in their blood.

Is there a cure for HIV?

There is no cure for HIV, but there is a treatment.
Antiretrovial medication, or ARVs for shot, can stop HIV from multiplying and spreading. To effectively treat HIV, a person needs to take a combination of ARVs every day. This treatment is called antiretroviral therapy (ART). If treatment is taken daily, a person with HIV can live a long and healthy life without ever developing AIDS It is recommended that people with HIV start treatment as soon as possible after a positive test. This will help them to stay healthy and can prevent AIDS from developing

Combination HIV Preventation

SESSION 1

HIV Prevention Strategies

Session Objectives

This session focuses on discussing combination HIV prevention

The session introduces the different HIV prevention methods

Session instructions

Discuss

How these different HIV prevention options can be used



Dapivirine Ring



Male Condom



Oral PREP

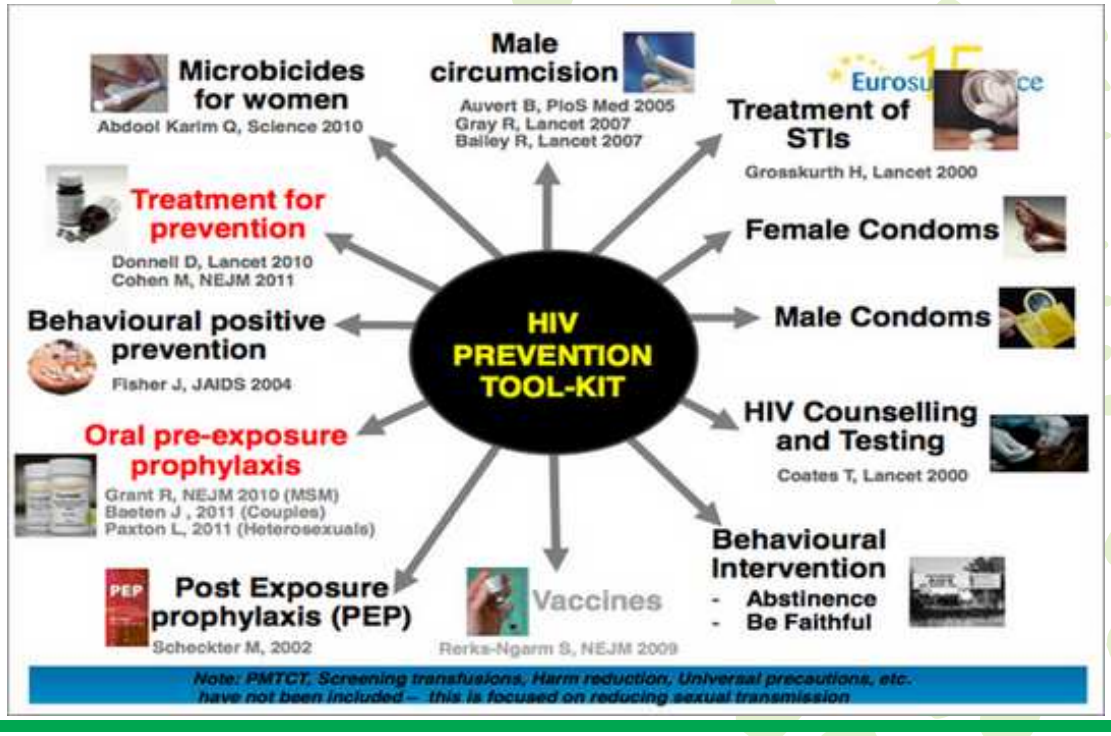


Female Condom

Explore

Combination HIV prevention refers to the combination of structural, behavioral, bio medical interventions aimed at reducing new HIV infections. Structural interventions focuses on social, economic, political, environmental, cultural and also organizational, community, legal or policy factors. These factors influence vulnerability and predispose different groups of people to HIV infection. Behavioral interventions support behavior change to reduce the risk of HIV infection. Biomedical interventions are particular tools, commodities, or mechanisms that lower infectiousness of HIV infected person and or susceptibility of HIV- negative persons to HIV. Within biomedical interventions include the use of antiretroviral drugs for HIV prevention

Structural	Behavioral	Biomedical
• Policies • Laws • Regulatory environment • Cash transfer	• Education • Counselling • Stigma reduction • Harm reduction • Adherence interventions	• HTS • Condoms • VMMC • PMTCT • STI treatment • ART • PrEP • PEP



Male and Female Condoms

Both male and female condoms are a barrier method. The barrier is a physical obstacle that prevents HIV acquisition, the transmission of sexually transmitted infections (STIs), and prevents pregnancy. Condoms function mainly in reducing contact and reducing the exchange of body fluids. Consistent and correct condom use is essential for maximum effectiveness.

Note: The facilitator to give a demonstration of how to wear a condom

HOW DO YOU PUT ON THE MALE CONDOM?



Use a new condom for each act



Before any contact, place condom on tip of erect penis with rolled side out



Unroll Condom all the way to base of penis



After ejaculation hold rim of condom in place, and withdraw penis whileit is still hard



Use only once throw away used condom safely

HOW DO YOU INSERT THE FEMALE CONDOM?



Carefully open and remove female condom from package to prevent tearing



The Thick, inner ring with closed end is used for placing in the vagina and holds condom in place. The thin, outer ring remains in placeoutside of body, covering vagina opening



Find a comfortable position. While holding outside of condom at closed end, squeeze sides of inner ring together with your thumb and forefinger and insert into vagina. It is similar to inserting a condom .



Using your Finger, push inner ring as far up as it will go until it rests against cervix. The condom will expand naturally and you may not feel it.



Be sure condom is not twisted. The thin, outer ring should remain outside vagina



Guide partner's penis into opening of female condom. Stop intercourse if you feel penis slip between condom and walls of vagina or if outer ring is pushed into vagina



To remove, gently twisted outer ring and pull female condom out of vagina



Throw away female condom in trash after using it one time. Do not reuse



DID YOU KNOW?

- Regular STI screening constitutes an important component of medical care for people with HIV infection such that the infections can be treated to reduce morbidity and secondary transmission of both HIV and STIs to others. The prevention of HIV is everyone's responsibility. There are many ways PBFPs can protect themselves from HIV or prevent the spread of the virus to others.

- PrEP Can give PBFPs more power and control over their sexual health and their ability to protect themselves from HIV.

- When choosing which HIV prevention methods to use, PBFPs need to think about approaches to prevent HIV, STIs, and pregnancy.

- Current PrEP methods do not prevent STIs or unintended pregnancy, so it is important to use condoms and contraception as well.

- If someone is currently using condoms, they should continue using condoms (with a water-based lubricant, if possible) while using PrEP to get the most protection against HIV and other STIs.

- The various PrEP methods require different dosing regimens. To provide protection against HIV, consistent and continued use is very important.

- Regular HIV testing is crucial to the prevention of HIV because most HIV transmissions come from people who do not know they are living with HIV.

- One advantage of PrEP methods is that they can be used by PBFP discreetly. Oral PrEP is safe to use during pregnancy, childbirth and breastfeeding, and studies are underway to determine if other PrEP methods are also safe to use during these times. Check with your health care provider for the latest information on the safety of different and PrEP methods during pregnancy, children and breastfeeding.

What are STIs?

STIs refer to sexually transmitted infections. The infection is transmitted through sexual contact and caused by bacteria, viruses, or parasites. What are the syndromes of STIs? A syndrome is a group of symptoms that patients describe combined with the signs that providers observe during the examination. Although sexually transmitted diseases (STDs) are caused by many different organisms, these organisms only cause a limited number of syndromes according to the World Health Organization (1997).

Types of STI Syndromes

Vaginal Discharge	Urethral Discharge	Genital Ulceration	Lower abdominal Pain
Abnormal Yellow or Green or grey discharge could suggest an infection Unusual discharge texture that is unusually thick, watery maybe a sign of an STI Odor. A strong or foul smell can be a symptom of an STI	Characterized by the release of fluid from the urethra, which is the tube that carries urine from the bladder to the outside of the body	Presence of open sores or ulcers on the genital area. These ulcers can be painful or painless	Discomfort or pain in the lower belly area





Facilitator Tip

Discuss how STIs can be prevented and treated.

DID YOU KNOW?

Zimbabwe is committed to eliminating mother-to-child transmission of HIV, Syphilis and Hepatitis B Virus thereby reducing maternal and child, morbidity and mortality. This is being achieved through the pillars of PMTCT namely:

1. Primary prevention of HIV infection

2. Prevention of unintended pregnancies among women living with HIV

3. Prevention of HIV transmission from infected women to their infants

4. Treatment, care and support of HIV infected women, their infants and their families.

Guiding Principles

- Country led,
- Universal access,
- Integrated approach,
- Alignment to national and global commitments and strategies.
- Gender responsive and human rights approach,
- Community engagement and strategic partnerships.



SESSION 2

Gender Inequality and Violence

Session overview

This session focuses on helping participants differentiate between Gender equity, equality, and inequality. By the end of the session, the participant should be able to:

1. Explain what is gender equity, equality, and inequality.
2. Explain how gender inequality and violence are linked to an increased risk of HIV infections in women.

Session instructions

Discuss:

- What promotes gender inequality and Sexual and Gender Based Violence (SGBV).
- How participants understand the link between SGBV and HIV infection.

Participant to share personal experiences or those of someone they know.



Explore

What do you understand by Intimate Partner Violence?

- Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms Intimate partner violence.
- (IPV) is abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners.
- IPV can vary in how often it happens and how severe it is.
- It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years.

Forms of Violence

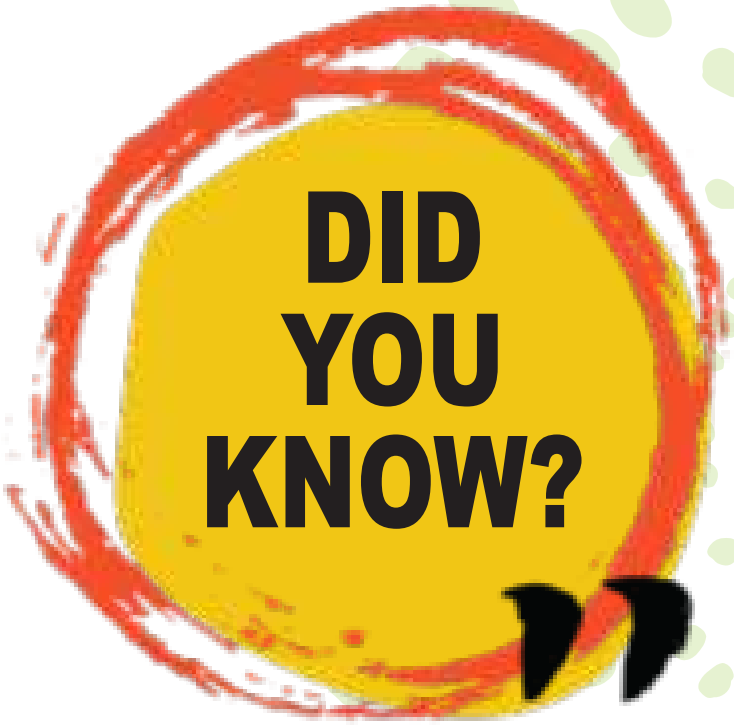
Physical Violence		Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty, and manslaughter.
Sexual Violence		Any sexual act performed on an individual without their consent. Sexual violence can take the form of rape or sexual assault.
Psychological Violence		Any act which causes psychological harm to an individual. Psychological violence can take the form of, for example, coercion, defamation, verbal insult, or harassment.
Economic Violence		Any act or behavior which causes economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education, or the labor market, or not complying with economic responsibilities, such as alimony.

IPV can be perpetrated by anyone, although it is usually perpetrated by a person who has more power than the victim, such as partners, parents, teachers, religious leaders, or other people with authority. Because men have more power than women most violence is perpetrated by men against women. Gender inequality and violence make it harder for PBFP to negotiate safer sex and access the information resources, and services they need to protect themselves from HIV. This is because:

Harmful gender norms limit women's sexual power and control.

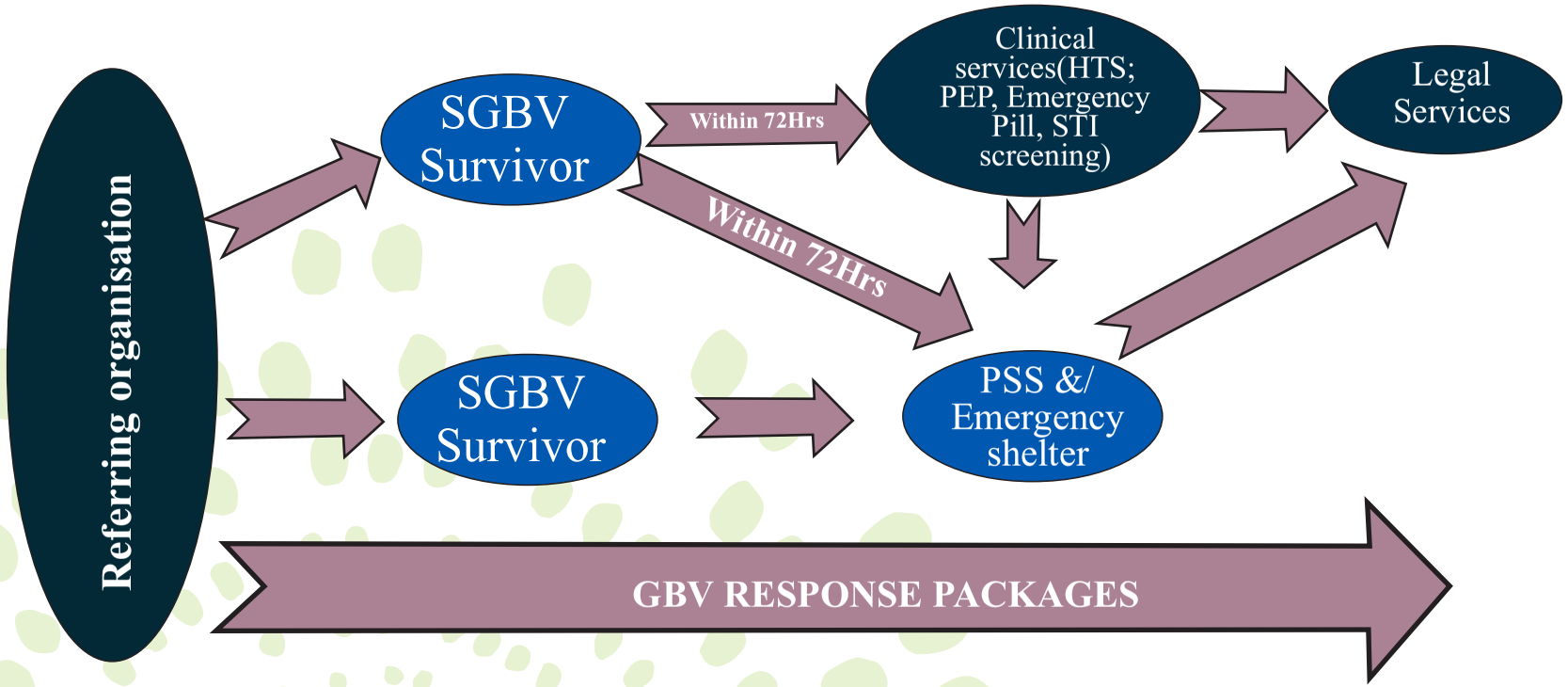
- Gender norms send different messages to women and men about their sexuality. in some communities, men are taught that sex is a natural, positive, and important part of being a man, while women's sexuality is ignored and silenced. Below are some of the messages women and men may receive about sex and sexuality.

- Harmful gender norms make it more difficult for women to get an education and be financially independent.
- Women are subjected to domestic roles e.g. practicing to be good wives, how to raise children.



Acts of intimate partner violence can have lasting effects on psychological well-being and limit the skills needed to make independent decisions about sex that might protect health and risks for HIV transmission.

Referral Pathway for Incidents of Sexual and Gender Based Violence



Multi-Sectoral Management of Sexual Abuse & Violence in Zimbabwe
Standard Operating Procedures to the 2019 Protocol for Practitioners
Managing Cases of Sexual Abuse and Violence

Introduction to PrEP

What are PrEP Methods?

In recent years, there has been important progress in expanding HIV prevention options, including methods using medications called antiretrovirals (ARVS) for people who do not have HIV. These methods are known as PrEP. PrEP is method containing medications called ARVs for HIV-negative people to prevent HIV before they are exposed to HIV.

Pre - Before Exposure - Coming into contact with HIV Prophylaxis Medication to prevent an infection from happening.

Some of the PrEP methods are available right now. Some are on their way.

Approved and available in most countries:



Oral PrEP is a pill containing antiretroviral (ARV) medication that you can take if you are HIV negative to prevent getting HIV. Most oral PrEP pills contain a combination of two ARVs.



Dapivirine Ring (PrEP Ring) - A flexible silicone ring worn in the vagina and replaced each month to prevent women from getting HIV during receptive vaginal sex. Many countries are in the process of approving this method and the Ministries / Departments of Health will provide information in relation to availability, implementation and guidelines.



PrEP Injection (CAB LA) - An injection received every 2 months to prevent people getting HIV from any kind of exposure.

New and on the way:



Dual Prevention Pill - A pill taken every day by women, that contains medication to prevent pregnancy and prevent getting HIV from any kind of exposure.



Long-acting injectable lenacapavir - An injection received every 6 months to prevent getting HIV from any kind of exposure.

Detailed guidance will be provided as new products get registered and approved for use int he country







What is the difference between PrEP, PEP and ART?

It is important to understand the differences between PrEP, PEP, and ART, including when each can be taken and whom they are for.

1. PrEP (pre-exposure prophylaxis) is for people who do not have HIV to use before they are exposed to HIV. The ARVs used in PrEP work by preventing the virus from entering or making copies of itself in the body

2. PEP (post-exposure prophylaxis) is for people who do not have HIV to use immediately after being exposed to HIV. The ARVs used in PEP work by stopping the virus from multiplying and spreading to new cells.

3. ART (antiretroviral therapy) is for people living with HIV. The ARVs used in ART slow down or stop the virus from multiplying and spreading to new cells. ART does not cure HIV, because the virus remains in the infected cells.

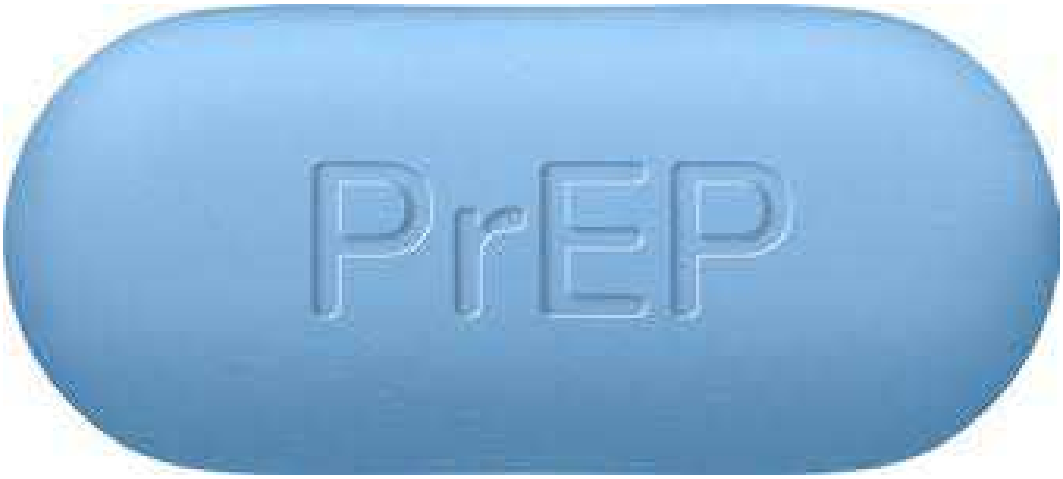
Discuss:

Discuss who can use each of the above methods.
Discuss how each of these methods work.

It is important that one understand how PrEP, PEP and ART must be used as prescribed and cannot be interchanged.

Oral PrEP

About Oral PrEP



Session overview

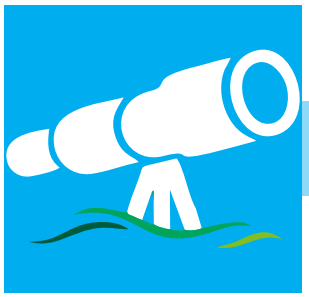
This session focuses on introducing Oral PrEP to the PBFP and focus on how it works.

The aim is to make participants understand how to use Oral PrEP as an HIV prevention option.

Session instructions

Discuss:

- What is Oral PrEP?
- How Oral PrEP works.
- Effectiveness
- Where to get Oral PrEP



Explore

What is Oral PrEP?

- Oral PrEP is a pill containing antiretroviral (ARV) medication that can be taken by HIV-negative people once a day to protect them from getting HIV. Most oral PrEP pills contain a combination of two ARVs tenofovir disoproxil fumarate TDF) and FTC but, in some countries, different combinations are in use. Researchers are also developing a new form of oral PrEP called Islatravir, which would only have to be taken once a month. Oral PrEP was the first PrEP method approved for use across the globe. You can learn more about Oral PrEP in Oral PrEP Essential knowledge

How does Oral PrEP work?

- When HIV enters the body of an HIV-negative person who is not taking oral PrEP or using other PrEP methods, it attacks and enters immune system cells known as CD4 cells. HIV then makes copies of itself in these cells and spreads to other cells.

- Oral PrEP puts a shield around CD4 cells to prevent HIV from getting in and multiplying itself. If the virus cannot multiply, it simply dies within the body.

Effectiveness of Oral PrEP

- When oral PrEP is taken every day, the amount of ARVs in the body builds up and reduces HIV vulnerability by more than 90%. Most people will be protected after they have been taking oral PrEP for seven days.

- Oral PrEP provides protection from HIV during condomless vagina and anal sex and for people who use injection drugs because it is systemic, which means it is dispersed throughout the body. Oral PrEP is therefore a good option for preventing HIV infection in PBFP who face challenges using condoms during vaginal or anal sex. In short, oral PrEP is for PBFP who want an effective method of HIV prevention.

Who can use Oral PrEP?

HIV-negative and a sexual partner with HIV who has not been on effective therapy for the preceding 6 months.

HIV-negative and sexually active in a high HIV prevalence population and any of the following:

- Vaginal or anal intercourse without condoms with more than one partner
- A sexual partner with one or more HIV risk factors, or history of an STI by lab testing or self-report or syndromic STI treatment, any use of post-exposure prophylaxis (PEP), or requesting PrEP.
- Oral PrEP does not protect against other sexually transmitted infections (STIs) or pregnancy, which is why condoms with water-based lubricant and contraception should be used in combination with oral PrEP.
- Because Oral PrEP is systemic, meaning the ARVs are present throughout the body, oral PrEP does provide protection during anal and oral sex. A male condom should also be used, with water based lubricant when possible, for protection from STIs during anal sex.



SESSION 2

Taking and Staying on Oral PrEP



Session overview

This session focuses on discussing how a person is initiated and stays on Oral PrEP

Session instructions

Discuss:

- When and how to start Oral PrEP
- Where to access Oral PrEP
- Oral PrEP adherence
- Side effects
- Adherence

Explore

When and how to start Oral PrEP?

- To get oral PrEP, PBFPs will need to have a negative HIV test, not have signs of acute HIV infection (mouth ulcers, fever, aching muscles, Joint pains, unintentional weight loss, diarrhea, etc) and not have had recent possible exposure to HIV (requiring PEP vs a PrEP method).

- PBFP may additionally need to get testing for Hepatitis B and kidney function to make sure it is safe to start oral PrEP. It is also not safe to start Oral PrEP in women with hypertensive disorders of pregnancy. PBFPs may be able to receive 3 months' worth of oral PrEP at a time and see their healthcare provider quarterly for HIV tests.

- Oral PrEP is a pill that is taken daily. It can be taken with or without food. Taking the pill at the same time each day can make remembering to take it easier. Oral PrEP has to be taken every day to be effective for anyone at risk of HIV infection.

- If it is not taken daily, the ARV levels of the person taking it will not be high enough to protect them from infection and they will remain vulnerable to HIV. It is important to emphasize this point, as studies show that many PBFP struggles with daily use of oral PrEP.

Where to access Oral PrEP services?

- Oral PrEP is available for use in Zimbabwe and it is offered in most public hospitals and clinics as well as the private sector.



Oral PrEP adherence

Adherence to the drug(s) means that an individual is taking prescribed medications correctly and consistently, it involves taking the correct drug: in the correct dose, at a consistent frequency (number of times per day), and at a consistent time of day.

People sometimes forget or skip doses. If you forget a dose, just take it when you remember. For example: If you usually take PrEP in the morning, but one day you realize at 10 p.m. that you forgot, it is okay to take one pill then and continue with your usual morning schedule the next day. If a daily dose is missed, this might mean that one's level of protection is reduced. Hence for maximum protection, it is important to fully adhere to drugs.

We suggest using the terms continuation or effective use to talk about the use of PrEP during the entire time one may be exposed to HIV, and use the word persistence to talk about overcoming barriers to continued PrEP use.



Strategies to adherence:

- Setting an alarm eg phone or watch
- Taking Oral PrEP together with fammily planning tablets.
- Keeping medication physically on oneself at all times.
- Partner or peer support for reminders and/or pill sharing
- .Trying not to run out of oral PrEP completely by keeping a backup supply and keeping their appointments with health care providers.

Oral PrEP can be used during periods in PBFP's lives when they are vulnerable to HIV, and it can be stopped when their circumstances change. It is not a lifelong medication. If PBFP no longer feels vulnerable to HIV or wants to stop using oral PrEP for other reasons, they should speak to a health care provider

Oral PrEP side effects

Taking oral PrEP is similar to taking any other medication. Some people experience side effects, but for most people, they are minor and go away within a few weeks. About one in 110 people who use oral PrEP will experience side effects, such as headache, weight loss, nausea, and vomiting.

When and how to discontinue PrEP?

The duration of Oral PrEP use may vary and individuals are likely to start and stop Oral PrEP depending on their risk assessment at different periods in their lives. You may stop taking Oral PrEP if you are no longer at substantial risk of acquiring HIV. This could be because you are not having sex or you are consistently using other HIV prevention metho ds. After the last potential exposure to HIV, you should keep taking Oral PrEP - ideally for another 28 days. If you decide to stop taking Oral PrEP, do it with the guidance of a health care provider.

Facilitation Tips

Emphasize that taking Oral PrEP is similar to taking any other medication.

Starting Oral PrEP does not mean that you will take the drug for the rest of your life.

Disclosure

Sometimes it is helpful to tell your partner, friend, or family member that you are taking Oral PrEP for support, help with drug adherence, and dealing with side effects.



However, you should not feel pressured to tell anyone that you are taking Oral PrEP if you are not prepared to do so. If you choose not to tell anyone, however, you may find it harder to remember to take a pill everyday. It is important that you make a plan about what to say if someone finds your Oral PrEP pill bottle. Many people feel very positive about Oral PrEP use because it is a responsible way to take care of themselves, their partners, and their community. Some people still do not know about Oral PrEP and may not understand why you use PrEP. Hence it is important that you fully explain to them the benefits of taking the drugs or refer them to their nearest health facility for more information.

SESSION 3

Myths and Misconceptions

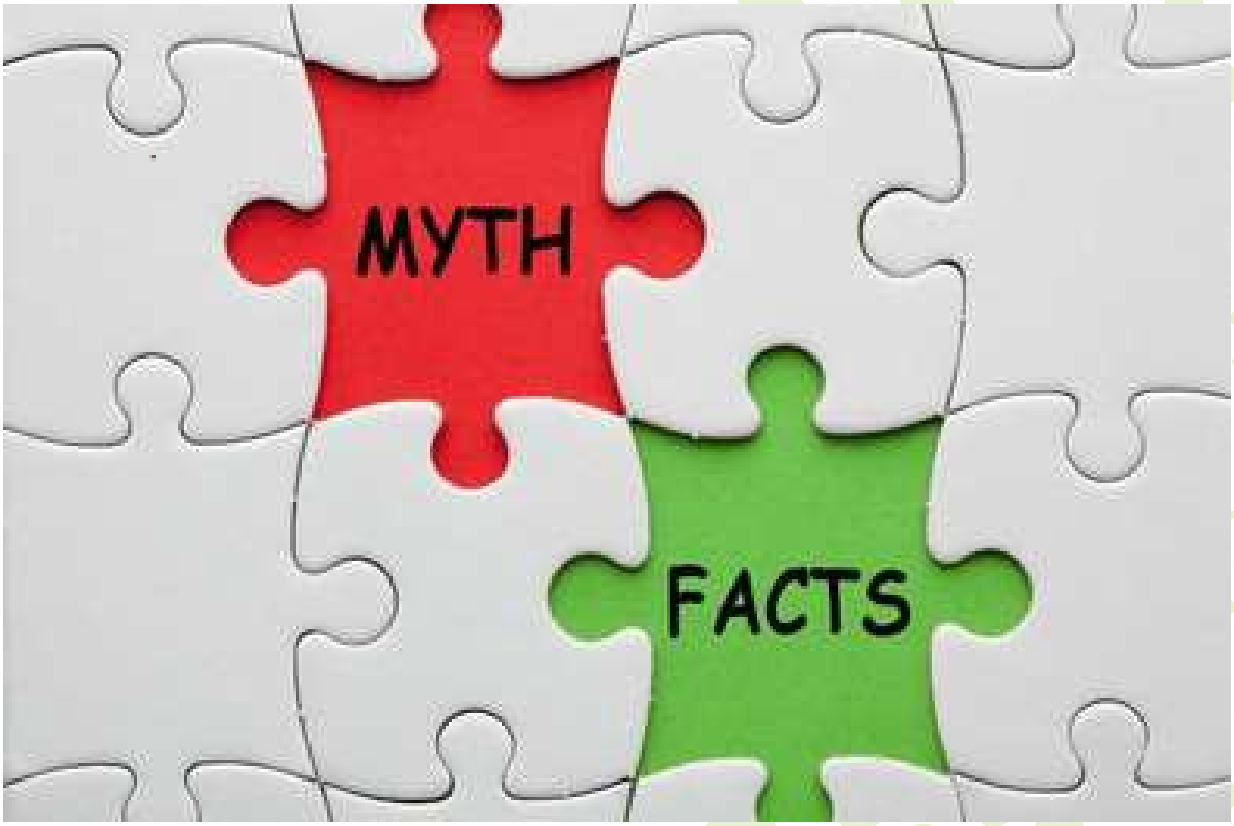
Session overview

This session focuses on addressing misinformation (myths and misconceptions) about Oral PrEP

Session instructions

Participants are to raise issues that they have heard concerning Oral PrEP.

Facilitators are to address raised issues.



Myths and Misconceptions

Oral PrEP is for people who are HIV positive
Oral PrEP can only be used by people who are HIV-negative. The medication used in oral PrEP is similar to the medication used to treat people who are HIV positive – but they work in different ways. Oral PrEP protects HIV-negative people from getting the Virus.

Oral PrEP is only for sex workers and women who are promiscuous
Oral PrEP is for anybody that is vulnerable to HIV, Rates of HIV infection among adolescent girls and young women in this country are very high This is not because they are promiscuous. It is because they often do not have access tothe information and prevention methods they need to protect themselves from HIV Oral PrEP can change this!

Oral PrEP is for girls and women who have been raped
Oral PrEP is not effective after someone has been exposed to HIV. It needs to be taken everyday and built up in a person's body to protect them from HIV.

Like ART, oral PrEP only works if taken for life
Oral PrEP only needs to be taken while someone is vulnerable to HIV, Some people use oral PrEP during periods of vulnerability and then decide to stop using it when they are no longer vulnerable.

A person is protected from HIV as soon as they start taking Oral PrEP
Oral PrEP has to build up in your system before it will protect you from HIV. Talk to your health care provider to find out how long you will need to take it before it will protect you from HIV.

Oral PrEP can only protect someone if they are having anal sex
Oral PrEP targets HIV. It is effective no matter how the virus is transmitted.

If a person takes oral PrEP and becomes HIV positive, then ART will notwork; oral PrEP leads to ART resistance
The risk of developing HIV drug resistance is very small (<0.1%), especially if clients take oral PrEP every day and get tested for HIV regularly.

Oral PrEP interferes with other medicines and supplements given to a woman during pregnancy including Family Planning methods in the postnatal period
Oral PrEP is safe to use with medications and supplements commonly prescribed for persons in pregnancy and during breastfeeding including family planning medication.

Myths and Misconceptions

Oral PrEP has terrible side effects.
All medication causes side effects in people. About one in 10 people experience minor side effects when they first start using oral PrEP (such as headaches, weight loss, nausea, vomiting, and abdominal cramps). These will usually go away in a few weeks.

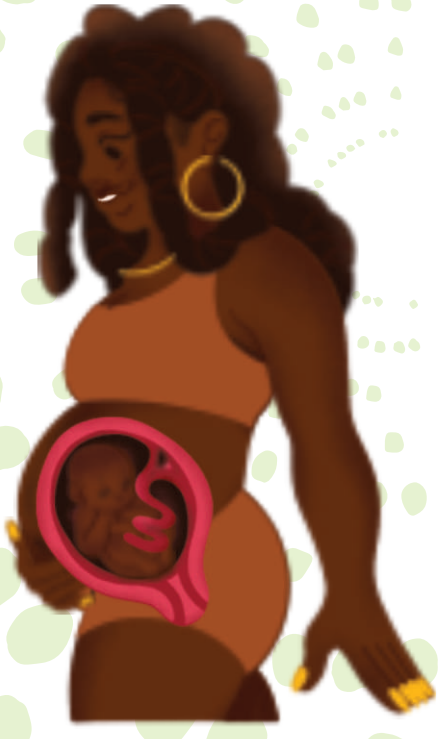
PrEP will affect the ability to become pregnant in the future.
This is not true. It has been proven that oral PrEP does not affect fertility (a person's ability to get pregnant).

Oral PrEP reduces a person's sex drive.
There is no interaction between oral PrEP and a person's libido (sex drive). However, other factors may affect sexual pleasure, sex drive, or sexual performance, such as anxiety, alcohol consumption, or a lack of arousal.

Oral PrEP reduces the effectiveness of contraception.
Oral PrEP does not affect any methods of contraception.

Oral PrEP interferes with other HIV prevention methods like condoms and lubricants.
Oral PrEP has no impact on the effectiveness of condoms and lubricants. Oral PrEP complements other prevention efforts but does not protect against STIs or pregnancy, so correct and consistent use of condoms(with water-based lubricants when possible) strengthens prevention.

Since the oral PrEP pill is so big, it is ok to crush it or break it in half.
It is not advisable to crush the tablet. It is also not advisable to break it in half, because the dosage may be compromised (i.e., some of the pills may be lost). The pill should be taken as whole.



People can share oral PrEP pills with others.
Most definitely not! Anyone who wants to use oral PrEP must get tested for HIV and get initiated on Oral PrEP at the nearest health facility.

Oral PrEP increases the chance of birth defects.
There is no evidence that PrEP increases the chance of birth defects, miscarriage, or other complications during pregnancy, birth, or after the birth

Explore

Can Oral PrEP be used by Pregnant and Breastfeeding Populations?

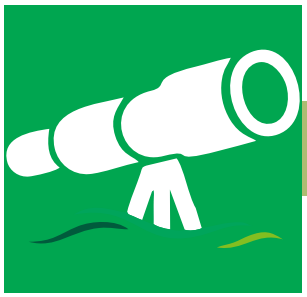
- Evidence shows that offering PrEP is a safe and effective HIV prevention strategy for pregnant and breastfeeding people. However what we know about the safety of PrEP is not enough for some countries to decide whether to offer PrEP to pregnant and breastfeeding women.

- Guidance from the World Health Organization (WHO) supports the provision of Oral PrEP to pregnant and breastfeeding populations (PBFP) who are at continuing substantial risk of HIV infection.

- Evidence has shown that this population is at increased risk of HIV acquisition during pregnancy and breastfeeding and that populations who become infected with HIV during pregnancy and breastfeeding have a higher risk of transmitting HIV to their infants as compared to populations who became infected with HIV before becoming pregnant.

- The World Health Organization (WHO) recommends its use by anyone who is at risk of HIV.





Explore

Barriers to Daily Use

PBFP can struggle with taking oral PrEP every day for a number of reasons, including:

- Fearing that if their oral PrEP use becomes known, people will think they are living with HIV or discriminate against them. PBFP may worry that they will be stigmatized in the community or by their families.
- Fearing that if their parents find out they are on oral PrEP, it will reveal they are sexually active
- Feeling the need to hide oral PrEP from family members and/orpartners, making it difficult to take it regularly.
- Finding it difficult to swallow the pill because it is larger than other pills they may be used to taking.
- Getting tired of talking it every day or forgetting to take the pills daily.
- Underestimating the chances of getting HIV; research shows that people who think they need HIV protection are more likely to adhere to oral PrEP
- Low awareness of and support for oral PrEP in the community, from parents, in-laws and partners, and among other peers
- A poor understanding of how oral PrEP works
- Barriers to using related health services, such as repeat HIV testing and returning for oral PrEP refills
- A lack of support for daily use and managing side effects
- Changes in routine, such as being away from home

Dapivirine Ring

Dapivirine PrEP Ring Basics



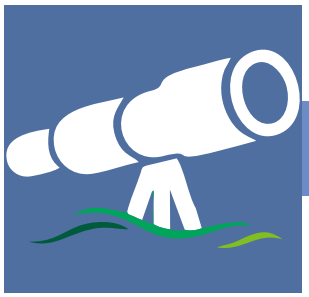
Session overview

This session focuses on discussing what is the Dapivirine Ring.

Session instructions

Discuss:

- What is the Ring?
- How the Ring works?
- Effectiveness of the Ring
- Who should use the Ring?



Explore

What is the Dapirivine PrEP Ring?
The dapivirine vaginal ring (we refer to it as the ring' or 'the PrEP ring) is a method of pre-exposure prohylaxis (PrEP) that is inserted into the vagina to prevent HIV transmission during receptive vaginal sex. The PrEP ring is made from flexible silicone that is easy to bend and contains an antiretroviral (ARV) drug called dapivirine that is slowly released in the vagina. The ring needs to be removed and replaced with a new ring every 28 days, or about once a month prophylaxis

Facilitation Tips

The ring must be in place for 24 hours before it can provide maximum protection from HIV

How does the Ring work?
The ring slowly releases an ARV called dapivirine into the vagina. Dapivirine works by preventing HIV from making copies of itself inside the body. If the various cannot multiply, there will not be enough of the virus for you to get HIV. When the ring is in the vagina, it releases enough dapivirine to block HIV from multiplying. Dapivirine does not stay in the vagina for very long if the ring is removed, which is why it's so important to keep the ring in place continuously for a month.

Effectiveness of the Ring

The PrEP ring can reduce the chances of getting HIV during vaginal sex by about 50 percent. The ring will be most effective when it is kept in place contiguously and then immediately replaced with a new ring each month. It does not need to be removed for cleaning or during menses. The PrEP ring must be in place for 24 hours before it can provide maximum HIV prevention.

Also, dapivirine PrEP does not stay in the vagina for very long after the ring is removed, therefore it is important to keep the ring in place continuously for a month until it is replaced with a new one. The ring cannot protect if it is not in place! Lastly, the ring releases dapivirine PrEP in the vagina and very little dapivirine PrEP is absorbed into the rest of the body.

Who should consider using the Ring?

The PrEP ring is an additional HIV prevention option for people who want to prevent HIV during receptive vaginal sex. It was recommended by WHO in early 2021 for women who are unable or unwilling to use oral PrEP or in situations where oral PrEP is not available, in combination with other safer sexual practices. It can be offered as an additional choice for women as part of combination HIV prevention. PBFP need to make an informed decision about which HIV prevention method they choose. Various factors may influence someone's choice; for example, oral PrEP is more effective when taken daily, someone may not have access to oral PrEP, or may face challenges taking a pill every day. The ring is just one option that can help PBFP take control of their lives and prevent HIV.

Because the PrEP ring can only prevent HIV transmission during vaginal sex, condoms (and water-based lubricant when possible) should also be used during anal sex.



Will male partners be able to feel the ring during sex? Will it be safe for male partners?

The ring does not harm the male partner or have any effect on the penis. It also does not provide HIV protection for the male partner. Most people do not feel the ring during sex. Men who reported feeling the ring during sex mostly reported that the ring did not reduce their sexual pleasure or cause them to change sexual positions or practices. It is also possible that some partners could feel the ring during foreplay if fingers are inserted in the vagina.

The Ring's side effects

Using the ring is like using any other medication. Some women will have side effects, which are usually minor to moderate and go away after a few days without needing to remove the ring. Although they are uncommon, possible side effects from the ring include urinary tract infections, discomfort of the vagina and/or area outside the vagina (vulva), changes in vaginal wetness or odor, increased itching, or pain in the lower part of the belly. No safety concerns were seen with the long- term use of the ring. If you experience vaginal changes while using the ring, it is important to visit your health care provider to make sure these are not symptoms of an STI.

When and how to discontinue the Ring?

The ring may not work to prevent HIV if it is not replaced monthly so PBFP should not use the same ring for more than one month. Only ONE ring should be worn at a time. Used rings should be placed in the foil wrapper (either its original or the empty one of the new ring), tissue, or toilet paper and disposed of in a trash/rubbisbbin that is kept away from children and animals. DO NOT throw rings in a flushing toilet or burn them. Hands should be washed after handling the used ring. When it is time to replace the ring, it is important to get the new ring before the old one is thrown away to make sure that a ring is in place at all times.

Disclosure

Sometimes it is helpful to tell your partner, friend, or family member that you are taking the ring (for support, help with drug adherence, and dealing with side effects). However, you should not feel pressured to tell anyone that you are taking the ring if you are not prepared to do so.



Some people still do not know about the Ring and may not understand why you use the ring. Hence it is important that you fully explain to them the benefits of using the ring or refer them to their nearest health facility for more information.

How To Insert and Remove the PrEP Ring

Session overview

The session focuses on discussing to us the Dapavirine Ring

Session instructions

Discuss:

- How to insert the ring?
- How to remove the ring?
- How to dispose the ring?



Credit Source: www.avac.org

Explore

How to use the ring?

The ring is one-size-fits-all. It is easy to insert, and an PBFP can insert the ring herself. Or, if she wants help, her health care provider can insert the ring for her or check its placement inside the vagina. It sits in the vagina, just below the cervix. Like a tampon, the ring cannot move past the cervix or get "lost"size in the body. The ring can stay in place because its shape is firm enough to 'hug' the sides of the vagina and not slip out.

How to insert and remove the ring or change

Steps to insert the ring:

1. If self-inserting, get into a position that is comfortable for inserting the ring, such as squatting, one leg lifting, or lying down. If being assisted by a health care provider, be in a reclined position.

2. With clean hands, squeeze the ring between the thumb and forefinger pressing both sides of the ring together so that the ring forms a "figure8" shape.

3. Use the other hand to open the folds of skin around the vagina.

4. Place the tip of the ring into the vagina opening and use your fingers to push the folded ring gently up into the vagina.

5. Push the ring as far back toward the lower back as possible. If the ring feels uncomfortable, it is probably not inserted far enough into the vagina. Use a finger to push it as far up the vagina as is comfortable.

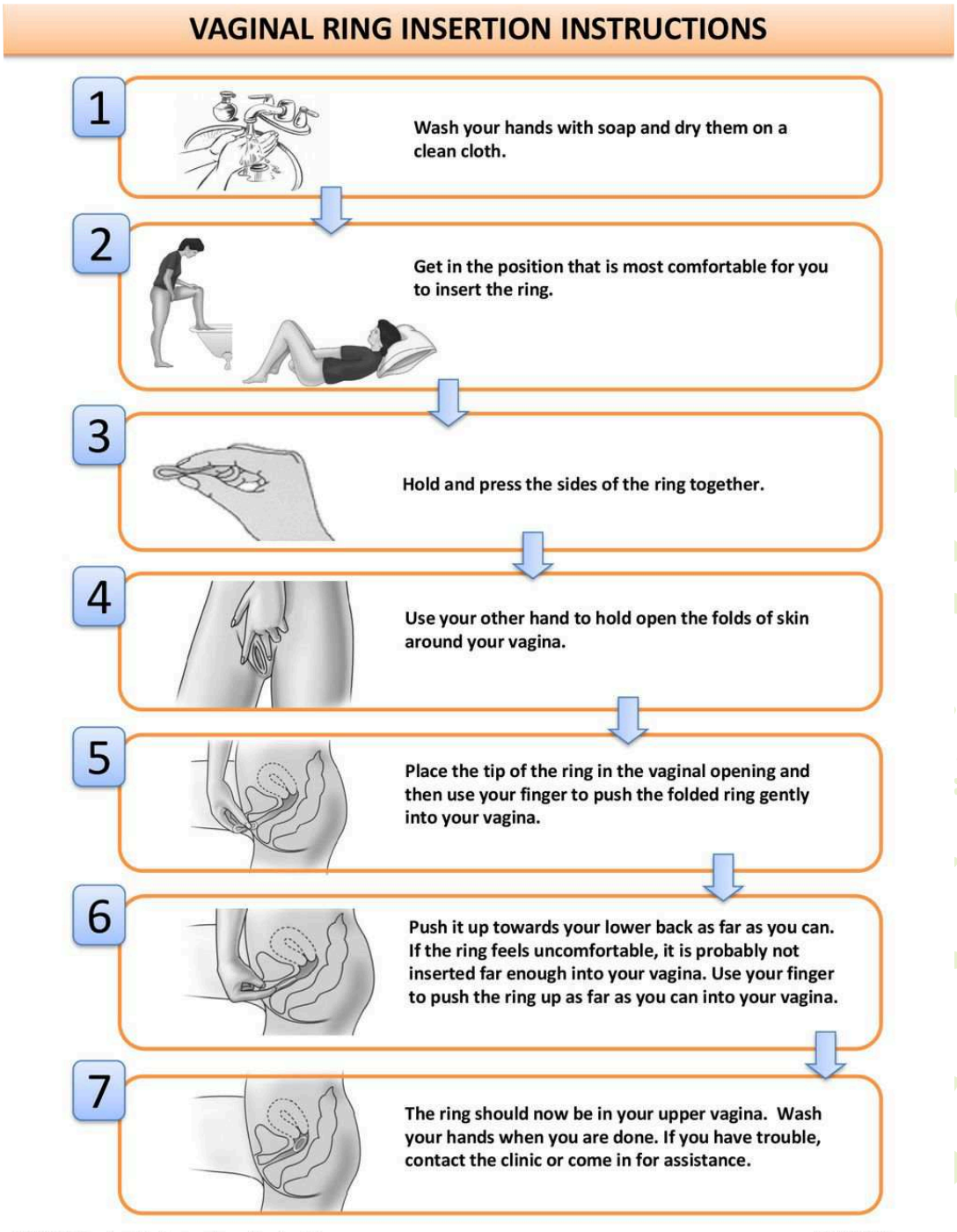




Explore

Steps to remove the ring:

1. If self-removing, get into a position that is comfortable for removing the ring, such as squatting, one leg lifted, or lying down. If being assisted by a health care provider, be in a reclined position.
2. With clean hands, insert one finger into the vagina and hook it around the edge of the ring.
3. Gently pull the ring out of the vagina.



SESSION 3

Myths and Misconception

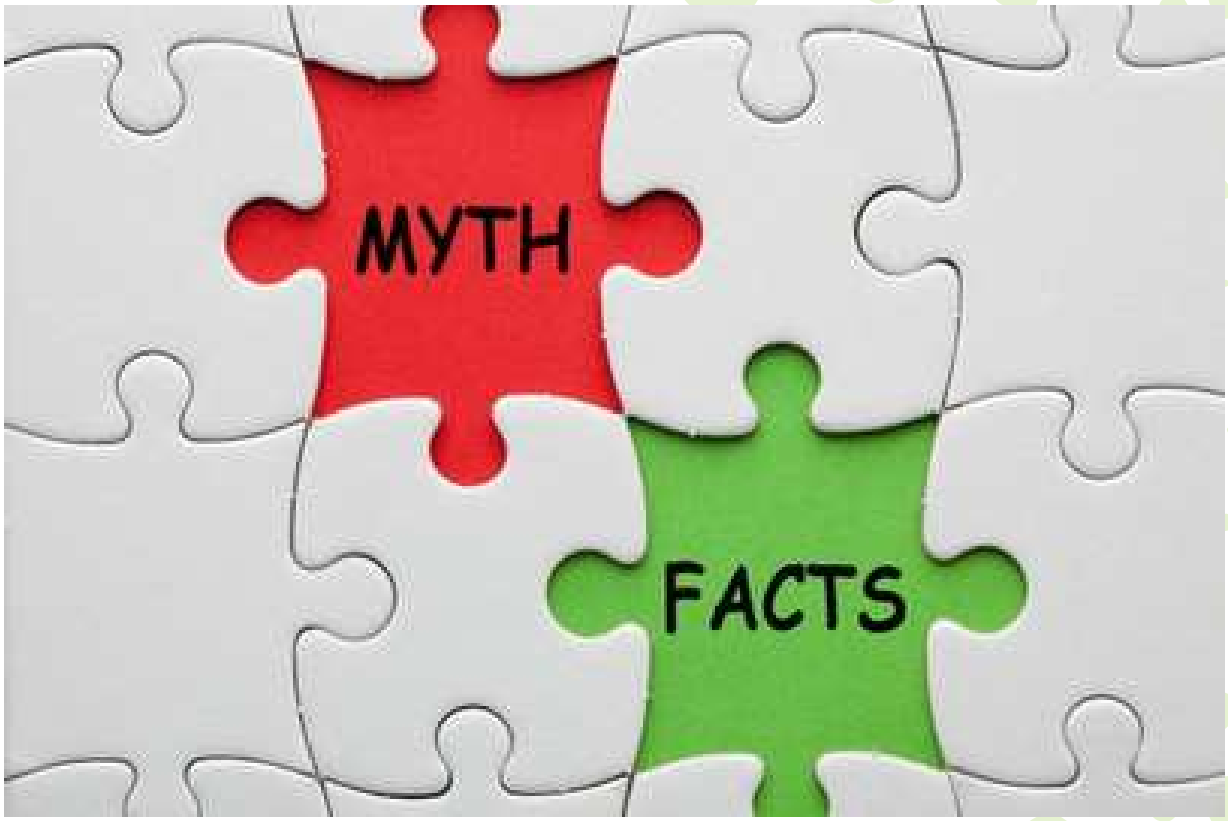
Session overview

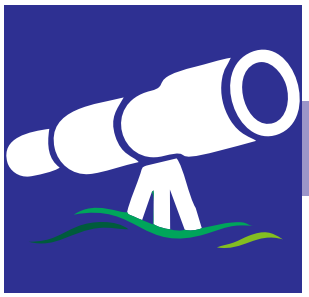
This session focuses on addressing misinformation (myths and misconceptions) about the Dapivirine ring.

Session instructions

Discuss:

- How to insert the Ring
- How the remove the Ring
- How to dispose the Ring





Explore

Does the ring protect against other STIs and pregnancy?

No, like oral PrEP. the ring only provides protection against HIV and not pregnancy or STIs. Therefore, reliable contraception and condoms (With water based lubricant, if possible) should be used to prevent unintended pregnancy and STIs.

Will the PrEP ring make a person less fertile?

The PrEP ring has no impact on hormones and has no effect on fertility. The ring does not cause STIs or cervical cancer. Because the PrEP ring does not prevent pregnancy, anyone using the ring who does not want to become pregnant should also use contraception.

Can contraception be used when using the PrEP ring?

The PrEP ring does not prevent pregnancy, so it is also important for PBFP who do not want to become pregnant to use contraception. The ring can be used with most types of contraception, such as an intrauterine device (IUD), oral or injectable contraceptives, or male or female condoms, with no complications. The IUD is placed up in the uterus past the cervix and away from vagina where the ring sits. Female condoms sit below the ring in the vagina.

However, the PrEP ring should NOT be used with other vaginal rings such as the contraceptives NuvaRing® or Annovera.

The use of the Ring among Pregnant and Breastfeeding Populations

Monthly use of the dapivirine vaginal ring has been shown to be safe and effective for HIV prevention among non-pregnant women of child- bearing potential. However, data on how the dapivirine ring affects pregnancy outcomes and infants is limited. It is therefore not a recommended option during pregnancy.

Long-Acting Injectable Cabotegravir (CAB-LA)

SESSION 1

About CAB-LA

Session overview

This session focuses on introducing CAB-LA

Session instructions

Discuss:

- What is the CAB-LA?
- How CAB-LA is administered?
- Effectiveness of the injectable
- Who should use the injectable?



Explore

What is CAB-LA?

- CAB-LA, Cabotegravir long-acting injectable for HIV pre-exposure (CAB-LA), or CAB PrEP is a method of pre-exposure prophylaxis (PrEP) that is given as an injection into the buttocks. Cabotegravir, the active medication in CAB PrEP is also used for HIV treatment in combination with other medications. When used for PrEP, injections of cabotegravir are given once a month for the first months and every two months thereafter for as long as the user has chosen this method of HIV prevention. After a person stops using CAB PrEP, it takes time for the medication to be cleared from the body. This period, when cabotegravir remains in the body but at levels that may not prevent HIV, is known as the 'tail period'. The tail period can last up to one year or more.



How is CAB-LA administered?
When CAB PrEP is injected into the buttocks, it begins to be slowly released from the muscle into the body. CAB PrEP then enters the bloodstream and prevents HIV from combining with human DNA. If the virus cannot do this, it simply dies within the body. CAB PrEP likely starts preventing HIV for most people within one week of their first injection.

Once CAB PrEP is injected into the buttocks, it cannot be removed from the body. The medicine may remain in the body for a year or more after injections are stopped, but not at high enough levels to prevent HIV. At these levels, if a person gets HIV, they may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. The period where HIV drug resistance is possible is known as the 'tail period'

Effectiveness of CAB-LA

In clinical trials, CAB PrEP reduced the chances of getting HIV even more than oral PrEP. When used as directed, oral PrEP can reduce the chances of getting HIV by up to 90 percent. Because CAB PrEP was shown to be more effective than oral PrEP, it is the most effective HIV PrEP option currently available. If someone is using CAB PrEP for HIV prevention, it is important they keep up with regular appointments for injections to make sure that there is enough cabotegravir in their body to continue to prevent HIV.

CAB-LA does not protect against other sexually transmitted infections(STIs) or unintended pregnancies.

Does CAB PrEP prevent HIV during anal sex? What about oral sex?

Yes. because it is a systemic prevention method, meaning that it is absorbed throughout the body, CAB PrEP does prevent HIV during anal sex. However, CAB PrEP has not been studied as an HIV prevention method during injection drug use.



National Guidelines

Long acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches (conditional recommendation: moderate certainty of the evidence). In 2022 the Medicines Control Authority of Zimbabwe (MCAZ s approved the use of long-acting injectable cabotegravir (CAB-LA) as pre-exposure prophylaxis for HIV prevention.

CAB-LA should be delivered as an additional choice alongside other PrEP options including oral PrEP and the DVR as part of a comprehensive HIV prevention approach. There is limited data available from the small number of women who became pregnant during CAB-LA studies. However. this initial data suggests that CAB-LA may be safe during pregnancy and breastfeeding periods. More research and safety surveillance in pregnancy are needed to monitor adverse pregnancy and infant outcomes.

Currently people of reproductive age considering or receiving CAB-LA should receive adequate counselling about the possible risks and potential benefits of receiving and be allowed to make an informed choice about whether to receive it or not.



SESSION

2

Using and Staying on CAB PrEP

Session overview

This session will focus on educating participants about CAB PrEP, its administration, potential side effects, interactions, and guidance for effective use. Key topics include managing missed doses, understanding the 'tail period,' and addressing health concerns while emphasizing the importance of regular healthcare consultations.

Session instructions

Discuss:

- How CAB PrEP is administered and what to expect during the injection process?
- Common side effects and how to manage them.
- The importance of attending healthcare appointments regularly.
- What to do if a dose is missed and the implications of the 'tail period'?
- Combining CAB PrEP with other methods for preventing pregnancy and STIs.



Using CAB PrEP

How is CAB PrEP provided?

Because CAB PrEP is an injection, a health care provider will need to give the injections at a health care facility, especially during the early days of CAB PrEP use in a country. The provider will prepare the injection site - which is located on the gluteal muscle, or the side and back of the buttocks - by cleaning the skin, and then will inject the CAB PrEP.

Are there any side effects?

Using CAB PrEP is much like getting any other injection. About two in five users will have a mild or moderate injection site reaction, such as redness, pain, and swelling at the injection site. These reactions usually last about one week and may become less frequent over time as the user gets used to the injection. If someone has an injection site reaction, their health care provider may be able to help them manage the reaction.

Like other medications, CAB PrEP also has some side effects. They include headache, dizziness, nausea, diarrhoea, tiredness, and fever. However, most of these side effects are mild or moderate, and they usually go away within one week.

Will CAB PrEP make PBFP less fertile?

CAB PrEP has not been shown to affect hormones or fertility. CAB PrEP does not cause STIs or any other illnesses of the reproductive system. Because CAB PrEP does not prevent pregnancy, anyone using CAB PrEP who does not want to become pregnant should also use contraception.

Does CAB PrEP interact with other medications, drugs, or alcohol?

Certain medications may interact with the medication in CAB PrEP, so people using them may need to choose a different PrEP method. These medicines include medications to prevent seizures, known as anticonvulsants, such as carbamazepine, oxcarbazepine, phenobarbital, and phenytoin. They also include some medications used to treat tuberculosis, known as antimycobacterials, such as rifampin and rifapentine. All of these medicines are processed by the body in the same way that CAB PrEP is and combined used may reduce the effectiveness of CAB PrEP. Some other medications that may be used with CAB PrEP require precautions, so it is important to speak to a health care provider before starting CAB PrEP.

Evidence shows that CAB PrEP interactions with other medications, recreational drugs, and alcohol are unlikely. PBFP should be reminded that alcohol and drug use could affect their ability to attend necessary health appointments so that they do not miss their doses of CAB PrEP. In addition, decision-making around preventing other STIs and unwanted pregnancy may be impaired while using alcohol or recreational drugs.

Are there any health concerns about using CAB PrEP?
Overall, a small number of participants using CAB PrEP in research studies (about 1 percent) experienced health issues that may have been related to CAB PrEP use and stopped receiving the injections. These issues included effects on the liver. Some users experienced depressive symptoms. It is also possible for someone to be allergic to CAB PrEP, which may cause symptoms such as a rash or fever. For this reason, it is important to attend health care visits regularly and communicate with a health care provider while using CAB PrEP. It is also important to remember that CAB PrEP does not prevent STIs other than HIV, so a condom should also be used during sex, with water-based lubricant if possible. Testing and treatment for STIs can be done while a person is using CAB PrEP.

Because CAB PrEP is long-acting and cabotegravir can stay in the body for a long time after the last injection, people who do not use effective HIV prevention methods during the tail period may develop drug-resistant HIV if they are exposed to HIV. For this reason, it is very important that someone who starts using CAB PrEP is able to commit to using effective HIV prevention during the tail period to prevent HIV and HIV drug resistance.

Can contraception be used with CAB PrEP?
It is okay to use CAB PrEP and any form of contraception at the same time as a strategy to prevent unwanted pregnancy and HIV. CAB PrEP does not prevent pregnancy. CAB PrEP users may be able to coordinate contraceptive refills to reduce the number of times they need to visit a clinic. CAB PrEP users should speak with their health care provider to coordinate clinic visits or if they are thinking about becoming pregnant.

What if someone misses a dose?
If a dose of CAB PrEP is missed, it is important for the user to contact their health care provider immediately. They will likely need to come in for their missed dose as soon as possible or speak with their health care provider about changing to a different HIV prevention method if CAB PrEP is not right for them. The health care provider will help the CAB PrEP user prevent HIV and HIV drug resistance.

What is the 'tail period'?

Once CAB PrEP is injected into the buttocks, it cannot be removed from the body. The medicine may remain in the body for a year or more after injections are stopped, but not at high enough levels to prevent HIV. At these levels, if a person gets HIV, they may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. The period where HIV drug resistance is possible is known as the 'tail period'. As with any HIV prevention method, people who want to stop using CAB PrEP should continue to use another PrEP method or other HIV prevention strategy as long as they may be exposed to HIV. For people who stop using CAB PrEP and may still be exposed to HIV, it is also important to use an effective HIV prevention strategy during the tail period to prevent drug resistance. After the tail period, people who may still be exposed to HIV should continue to use effective HIV prevention methods.

SESSION 3

Myths and Misconceptions

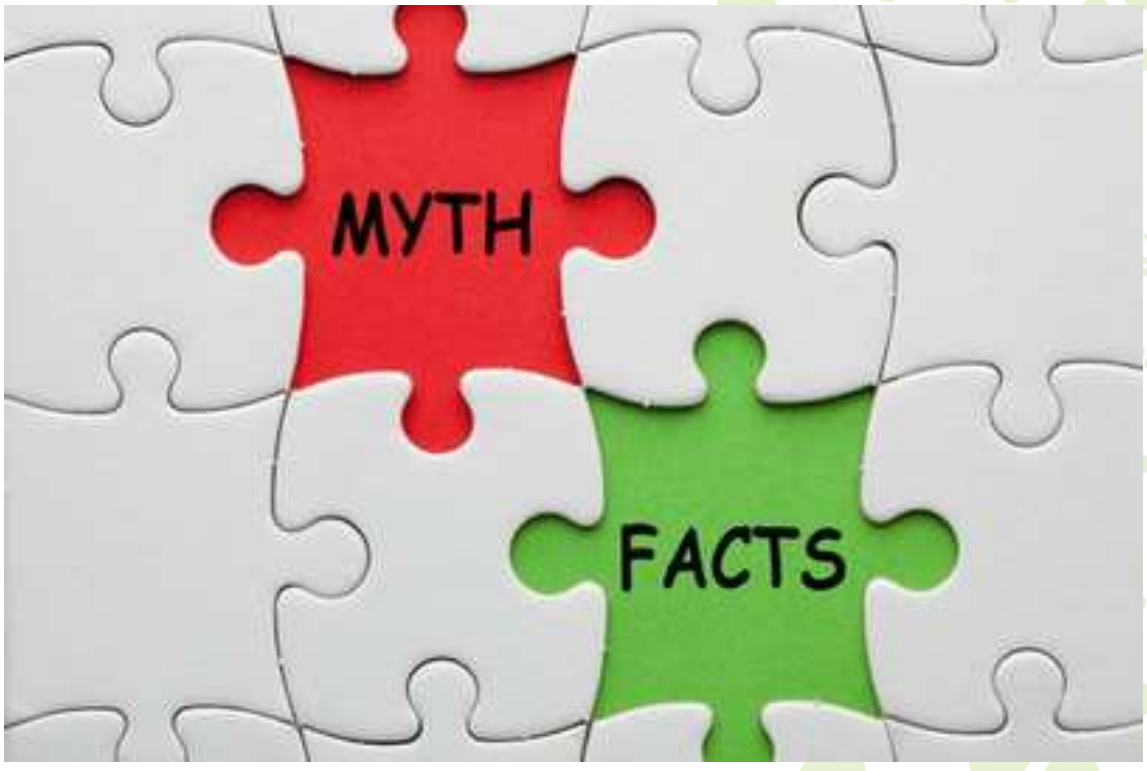
Session overview

This session will dispel common myths and misconceptions about CAB PrEP. Participants will learn evidence-based facts to increase their understanding and confidence in using CAB PrEP as an effective HIV prevention tool.

Session instructions

Discuss:

- Common myths about CAB PrEP, such as its effects on fertility, weight, or sexual activity.
- Key facts about CAB PrEP's effectiveness for different types of sexual exposures.
- The safety of CAB PrEP during pregnancy and breastfeeding.
- The importance of preventing HIV drug resistance by continuing other HIV prevention strategies after stopping CAB PrEP.
- Address any participant questions or misconceptions with evidence-based responses.



SESSION 3

Myths and Misconceptions

KEY FACTS	GET THE DETAILS
CAB PrEP prevents HIV during all sexual exposures.	CAB PrEP can prevent HIV during vaginal, anal, and oral sex.
CAB PrEP takes a long time to leave the body.	CAB PrEP can remain in the body for a year or more. To prevent HIV and HIV drug resistance, it is important to correctly use an effective form of HIV prevention as directed by your health care provider during the 'tail period' if there is a chance that you may be exposed to HIV after you stop taking CAB PrEP.
CAB PrEP has no impact on fertility.	CAB PrEP has no effect on your fertility or your ability to get pregnant, but it is important to talk to your health care provider if you are considering becoming pregnant. The impact of CAB PrEP use during pregnancy is not yet fully understood.
Side effects from CAB PrEP can be managed.	People who use CAB PrEP may have a reaction at the injection site, such as swelling, pain, or redness. Side effects from CAB PrEP may also include headache, dizziness, nausea, diarrhoea, tiredness, and fever. These side effects can be managed with help from your health care provider.
CAB PrEP does not affect sex.	CAB PrEP does not interfere with sex and can be used with condoms and water-based lubricants.
CAB PrEP does not prevent pregnancy or STIs other than HIV.	To prevent other STIs and unwanted pregnancy, it is important to use contraception and condoms, with water-based lubricant, while using CAB PrEP.

KEY FACTS	GET THE DETAILS
CAB PrEP can be used with all contraceptive methods.	CAB PrEP has not been shown to change the effectiveness of contraceptive methods, and there are no significant interactions between hormonal contraceptives and CAB PrEP. Because the health impacts of CAB PrEP on a baby born to a CAB PrEP user are not yet known, it is important to talk to your health care provider if you are thinking of becoming pregnant and are using or have used CAB PrEP.
You should speak to your health care provider before stopping CAB PrEP to prevent HIV drug resistance.	Because CAB PrEP can stay in the body for a long time after your last dose, it is important to speak to your health care provider if you are thinking of stopping the injections. Your provider will help you choose another effective HIV prevention method to use if you may be exposed to HIV.
CAB PrEP does not cause weight gain or weight loss.	CAB PrEP was not shown to cause weight loss or weight gain

Closing

Reflect

Activity: Reflection circle

Welcome participants to the session and acknowledge the, journey they have been on through these session.

Go around the circle and ask participants to finish the sentence "I am feeling....”

Facilitation Tips

Let participants know when the group will be coming together again and make sure to end on a positive note.

ACTIVITY: Learning Outcomes

1. Ask participants to consider what they have learned during the sessions.

2. Ask them to write on a sticky note something they have learned during the sessions. Go around the circle and ask participants to share the answers with the group. After each person has shared, ask them to put the sticky note on the piece of flip chart paper with the heading “Knowledge.”

3. Once all participants have finished, summarise their answers and identify common themes. Ask the group if they would like to highlight anything else they have learned that has not been mentioned.

4. Repeat this exercise by asking participants to write down and share
   - A skill they have developed during the sessions
   - A change in their attitudes, feelings, values or way of thinking

5. When you have finished the exercise, ask participants if anyone would like to share their thoughts or feelings about how the sessions have had an impact on them.

Appendices

Key Terms

A

Acquired Immunodeficiency Syndrome (AIDS)
When HIV has severely damaged the immune system so the body can no longer fight off infections

Adherence (to HIV Treatment)
Taking treatment medication consistently and as prescribed

Anal sex
Sexual activities that involve a person inserting their penis into the anus of another person

Antiretrovirals (ARVs)
Medication that stops HIV from entering a cell and multiplying

Antiretroviral therapy (ART)
A combination of antiretrovirals taken by people living with HIV to slow down the virus and reduce the amount of HIV in their blood

B

Biological Sex
Biological characteristics that a person is born with that are used to classify people as male, female or intersex

Boundaries
Limits that guide what is and is not appropriate in a relationship

C

Cd4 cells
A type of white blood cell that helps the body fight infections

Combination Prevention
Can refer to both:

- An approach to HIV prevention that includes different types of interventions aimed at reducing HIV transmission within an community or group of people
- The use of multiple prevention methods such as condoms, STI screening and treatment, and PrEP to maximise a person's protection from HIV and other unwanted sexual health outcomes

Compassion fatigue
Emotional and physical exhaustion that can happen as a result of caring for others

Continuation
The act of continuing to use PrEP while an individual is vulnerable to HIV

D

Dapivirine
An antiretroviral that is used in the dapivirine vaginal ring. This antiretroviral is only used in the ring, and not found in other HIV prevention or treatment products

F

F- Feminine
Social ideas about characteristics that are ideal or acceptable for women

G

G - Gender
Social ideas about what traits and behaviours are acceptable for people born with female or male biological characteristics

Gender-based violence(GBV)
Violence that is used to maintain and reinforce power differences based on gender

Gender inequality
The unequal treatment of someone because of their gender, and the unequal distribution of power and resources between women and men

Gender norms Social ideas and attitudes about the way people born with male or female biological characteristics should look and behave

H

H - Human immunodeficiency virus (HIV)
A virus that attacks the immune system by entering CD4 cells and using them to replicate itself

Human rights
Basic protections and privileges that every human is entitled to

Key Terms

I

Immune system
The system of the body that fights infection and disease; it includes white blood cells and antibodies.

Injectable (PrEP)
An injection containing given every two months that provides long-actingprotection against the risk of HIV infection; works best when injections are kept on schedule

Intersex
A person born with biological characteristics that do not fit within the typical characteristics of either male or female bodies

O

O - Oral PrEP
A pill that contains antiretrovirals that greatly reduces the risk of HIV when taken every day.

Oral sex
Sexual activities that involve one person using their mouth on another person's genitals

P

Peer
A person who belongs to the same social group as another person; this social group might be based on age, gender, class or other parts of a person's identity or life experiences

Persistence (with PrEP use)
Over coming obstacles to PrEP use and creating a habit of PrEP use during times when an individual is vulnerable to HIV

Post-exposure prophylaxis (PEP)A type of antiretroviral medication that stops HIV from spreading to other cells

Pre-exposure prophylaxis (PrEP)
Antiretroviral medication for HIV-negativepeople to use before they are exposed to HIV; comes in many forms (pill, vaginal ring, injectable); works by creating a shield around their CD4 cells

R

R - Ring (PrEP)
A silicone ring worn in the vaginal for a month at time that slowly releases antiretroviral medication to reduce the risk HIV infection; works best when worn all the time

S

Sexual and reproductive health and rights(SRHR)
A term used to highlight that the right to health includes sexual and reproductive health, as well as other rights that a person needs to enjoy good sexual and reproductive health

Sex workers
People who receive money or goods in exchange for sexual services, either regularly or occasionally

Sexuality
All parts of people's experience of sex, their desires, and the way they identify based on the gender of the people they are attracted

Sexually transmitted infections (STIs)
Infections that are passed on through having sex, including HIV, gonorrhoea, syphilis, herpes and chlamydia Social norms Shared expectations about how people in a community should act or think

U

U - Undetectable viral load (UVL)
When the levels of HIV in the blood of an HIV-positive person are so low they cannot be detected; if a person has an undetectable viral load, he or she cannot transmit HIV

Untransmittable
HIV cannot be transmitted through sexual transmission when the viral load is below 200copies/mL

V

V - Vaginal sex
Sexual activity that involves a person inserting their penis into another person's vagina

Resources

- HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women 2ND EDITIONhttps://app.luminpdf.com/viewer/62444fc30930728007d8c9e4
- HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women 3rd Editionhttps://www.prepwatch.org/wp-content/uploads/2023/01/MOSAIC-HIV_Ambassador_Training-AGYW-3e-LowRes.pdf
- https://eige.europa.eu/gender-based-violence/forms-of-violence
- https://mtnstopshiv.org/news/deliver-and-b-protected-studies-preventing-hiv-pregnant-and-breastfeeding-women
- https://mtnstopshiv.org/news/deliver-and-b-protected-studies-preventing-hiv-pregnant-and-breastfeeding-women
- https://mtnstopshiv.org/news/deliver-and-b-protected-studies-preventing-hiv-pregnant-and-breastfeeding-women
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5014683/
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- PrEP WATCH https://www.prepwatch.org/about-prep/cab-la/
- https://mtnstopshiv.org/news/deliver-and-b-protected-studies-preventing-hiv-pregnant-and-breastfeeding-women
- https://mtnstopshiv.org/news/deliver-and-b-protected-studies-preventing-hiv-pregnant-and-breastfeeding-women
- https://data.unicef.org/topic/hivaids/emtct/
- https://www.who.int/publications/i/item/9789240031593
- World HealthOrganization. [Accessed May 2016]; Policy brief: pre-exposure prophylaxis (PrEP) 2015
- http://apps.who.int/iris/bitstream/10665/197906/1/WHO_HIV_2015.48_eng.pdf.
- ile:///C:/Users/dell/Downloads/RiskInformed%20Programming%20for%20eMTCT_%20Implementation%20of%20risk%20screening%20tools%20and%20motivation%20package%20for%20pregnant%20and%20breastfeeding%20women%20living%20with%20HIV%20at%20risk%20of%20MTCT%2 0and%20HIV negative%20women%20at%20risk%20of%20HIV%20acquisiti.pdf
- https://slidetodoc.com/zimbabwe-elimination-of-mother-to-child-transmission-of/Program data –DHIS2 , Need for PMTCT – HIV Estimates 202055



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