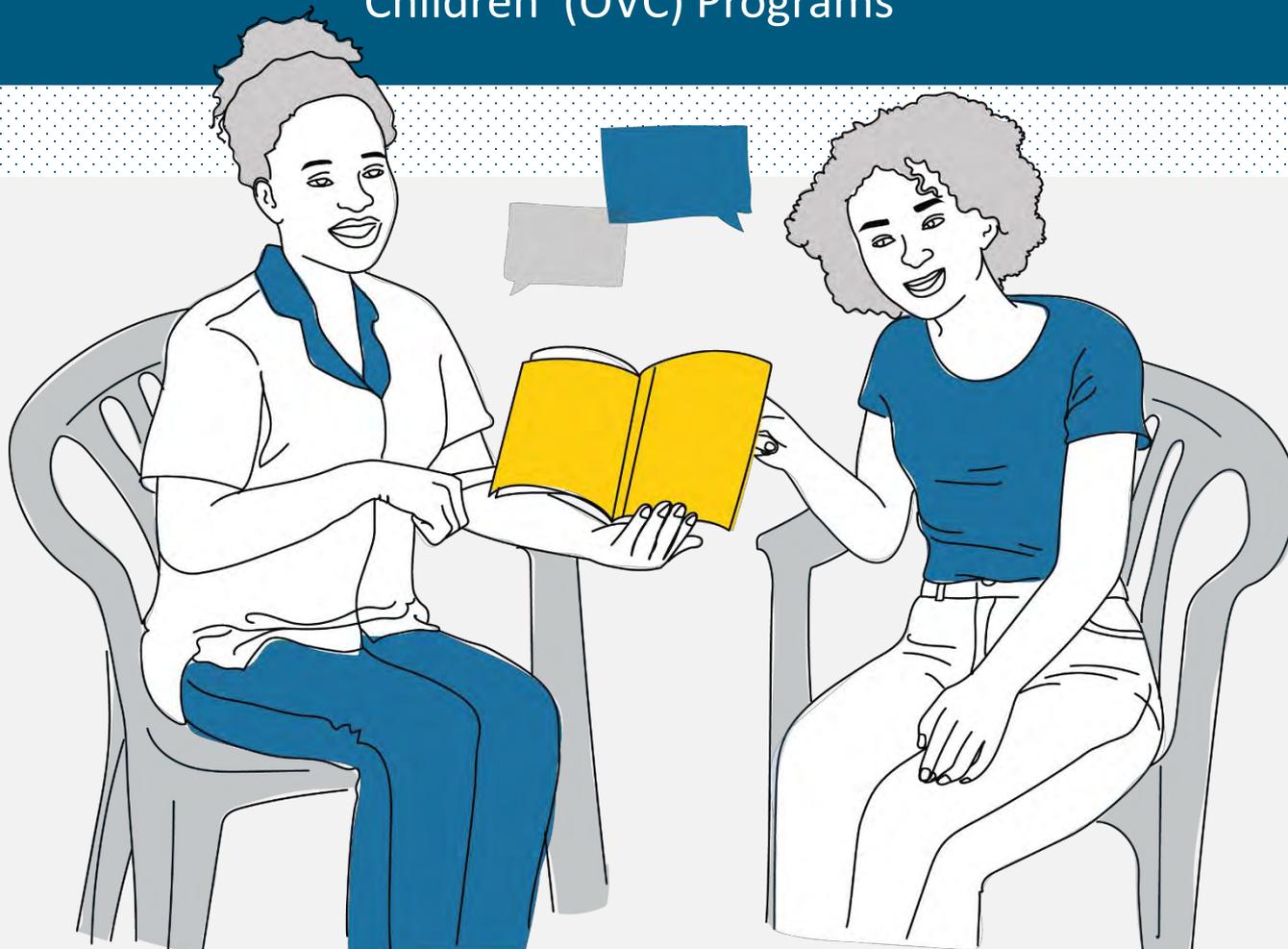


January 2024

# HIV Treatment Adherence Counseling and Retention Guide

A job aid for cadres supporting adolescents living with HIV (ages 15-19) in Orphans and Vulnerable Children (OVC) Programs



## Acknowledgments

This tool is adapted from the Life Steps for ART Adherence tool developed by Lena Anderson, John Jospin, and Steve Safren; and the Viral Load Monitoring Toolkit developed by ICAP at Columbia University, and Centers for Disease Control and Prevention.

This adapted version for Orphans and Vulnerable Children (OVC) programs was published by FHI 360. Durham, NC ( <https://www.fhi360.org/>). If you have any questions about its content or usage, please contact Caterina Casalini ([CCasalini@fhi360.org](mailto:CCasalini@fhi360.org)) or Tanya Medrano ([tmedrano@FHI360.org](mailto:tmedrano@FHI360.org)).

The original version of this guide was developed with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) as part of the Meeting Targets and Maintaining Epidemic Control (EpiC) project. This adaptation of the guide was made possible with FHI 360 institutional funds. The content is the sole responsibility of the authors and does not necessarily represent the views of the U.S. Government.

# Contents

---

SECTION	Page
■ Overview of the tool and counseling tips .....	4-15
■ Introduction to the Counseling Sessions.....	16-17
■ 1. Introduction to HIV Treatment.....	18-31
■ 2. Addressing Barriers to Adherence.....	32-69
■ 3. Multimonth Dispensing (MMD).....	70-79
■ 4. Decentralized Drug Distribution (DDD).....	80-87
■ 5. Returning to Care and Special Situations.....	88-109

# Purpose and use of this tool

---

This tool will be used to provide counseling and support to adolescents living with HIV (ALHIV) ages 15-19, to ensure they adhere to HIV treatment and achieve viral load suppression. It will help identify risks that may prevent adolescents' adherence and treatment continuity, identify and plan supportive interventions, and track progress. The guide is intended for OVC program cadres with ALHIV counseling responsibilities, such as community case workers, case worker supervisors, and linkage officers/coordinators.

## STRUCTURE

---

The guide includes the following five sections:

**Section 1. Introduction to HIV Treatment.** Introduces adolescents to HIV treatment, drug resistance, and viral load; helps adolescents identify their own reasons/motivations for starting and/or continuing treatment and identify challenges they have faced or might face in staying adherent.

**Section 2. Removing Obstacles to Adherence.** Helps adolescents discuss obstacles they are encountering, or may potentially encounter, when adhering to treatment and develop a plan to address each obstacle. The slides in this section may not all be relevant for all adolescents.

**Section 3. Multimonth Dispensing (MMD).** Helps adolescents understand the benefits of MMD, how to manage a larger supply of medication and less frequent clinical consultations, and how to stay adherent to treatment and healthy between medication refills.

**Section 4. Decentralized Drug Distribution (DDD).** Helps adolescents understand the benefits of DDD; where to pick up medications; issues related to privacy, confidentiality, and stigma and discrimination when receiving DDD services; and when and how to reach out to the ART clinic, if needed.

**Section 5. Return to Care and Special Situations.** Guides adolescents on specific situations they may face after missing doses or stopping treatment, such as having an unsuppressed viral load, and what to expect when they re-start or return to treatment.

# SAMPLE COUNSELOR'S CARD

## Card Topic

The topic is shown in the adolescent's card along with an image (each topic has multiple cards)

### KEY MESSAGES

Important information to share with the adolescent

#### Let's Review

Questions to guide review with adolescents

Assess the adolescent's understanding of what was discussed and provide opportunities to address misunderstandings.

#### Document

Tells the counselor which forms to use to document discussions with adolescents

The "Adherence Barriers and Interventions Log" can be used in initial and follow-up sessions to document findings from the discussions (see sample next page). It should be included in the adolescent's case file and updated in each counseling session.

### TALKING POINTS

- Notes and questions to prompt and guide discussion
- Suggested steps for follow-up
- **Key points are in bold**
- Questions to ask adolescents are in *italics*

Each point is optional; adolescents will get tired if every point is discussed

#### Counselor Instructions

Gives the counselor specific instructions for their interactions and conversations with adolescents

Guidance on how to optimize messaging and/or counseling

**The flipchart should be positioned on a desk or table so that the adolescent can see the pictures while you see the notes card.**

# SAMPLE: Adherence Barriers and Interventions Log

Purpose: This register documents longitudinally the barriers and solutions to ART adherence for each OVC client.

Instructions: At each encounter, score ART adherence (good; poor) based on the national guidelines or, if not available, use the 7-days recalling system (Good = 7/7 doses within last week; Poor = 1+ missed doses within last week). Enter a maximum of three ART adherence barriers per client per assessment. Assist the client to prioritize the most relevant barriers. Keep the log in the adolescent's file.

COUNTRY XXX	PROVINCE/REGION XXX	DISTRICT XXX
REFERENCE ART CLINIC XXX	REFERENCE ART HEALTH CARE PROVIDER XXX	OVC CASE WORKER XXX
OVC CLIENT ID 123	ADDRESS 123 First Road, Town	DATE OF BIRTH 01.01.2007
ART START DATE dd/mm/yyyy 02.01.2023	PHONE 1234567	SEX AT BIRTH M

DATE dd/mm/yyyy	ART ADHERENCE	ART ADHERENCE BARRIER	ART ADHERENCE SOLUTION	DATE dd/mm/yyyy	ART ADHERENCE	ART ADHERENCE BARRIER	ART ADHERENCE SOLUTION	DATE dd/mm/yyyy	ART ADHERENCE	ART ADHERENCE BARRIER	ART ADHERENCE SOLUTION
06.01.2023	Poor	Knowledge	education for the client	02.06.2023	Good	None					
13.01.2023	Poor	Forgot dose	change time pill intake	16.06.2023	Good	None					
20.01.2023	Poor	Disclosure	peer support	14.07.2023	Good	None					
27.01.2023	Good	None	successfully disclosed to mother								
03.02.2023	Good	None									
10.02.2023	Poor	Forgot dose	change time pill intake								
24.02.2023	Poor	Illness/nausea	take pill with food								
10.03.2023	Poor	Forgot dose	create reminder on phone								
24.03.2023	Good	None									
07.04.2023	Poor	Ran out of medication	get meds from DDD pickup point (not clinic)								
21.04.2023	Good	None									
05.05.2023	Good	None									
19.05.2023	Good	None									

Create an "Adherence Barriers and Interventions Log" that suits the needs of your program.

# COUNSELING CARD TOPICS

---

Introduction to the counseling sessions

## **Section 1 Introduction to HIV Treatment**

1. Starting and understanding treatment
2. Resistance
3. Viral load: undetectable = non-transmissible (U=U)
4. Why start and stay on treatment?
5. Planning to stay on treatment

## **Section 2 Addressing Barriers to Adherence**

6. Transport to the clinic
7. Keeping appointment dates and obtaining medication refills
8. Making a daily medication schedule
9. Storing medications
10. When at school
11. Traveling away from home
12. Coping with side effects
13. Disclosure
14. Violence
15. Substance use
16. Mental health
17. Physical health
18. Healthy lifestyle and ART adherence
19. Nutrition and food security
20. Handling missed doses
21. Psychosocial and peer support
22. Communicating with the treatment team
23. Review and summary of adherence planning

## **Section 3 Multimonth Dispensing**

24. Optimized treatment
25. Multimonth dispensing (MMD)
26. Benefits of multimonth dispensing
27. Challenges of multimonth dispensing

## **Section 4 Decentralized Drug Distribution**

28. Decentralized drug distribution (DDD)
29. DDD pickup points
30. Safety and quality of DDD services

## **Section 5 Returning to Care and Special Situations**

31. Follow-up adherence counseling visit
32. Returning to care after having missed dose(s) or stopped treatment
33. Tips to improve taking medications
34. Your viral load is suppressed
35. Your viral load is not suppressed
36. HIV medications are not working well

# Setting the stage for a productive counseling session

---

Take the following steps to ensure the adolescent is comfortable sharing information, planning, and problem solving with you.

- Choose a quiet and private space to meet.
- Sit face-to-face and make eye contact.
- Speak clearly, respectfully, and in a non-threatening tone.
- Use language the adolescent can understand.
- Explain the limits of confidentiality. You will not share their information with others unless you are concerned for their health and safety or the health and safety of others.
- Don't assume the adolescent lacks knowledge. Check what they already know before presenting new information.
- When presenting new information, stop frequently and assess the adolescent's understanding of the information.



**Focus on the adolescent's needs and motivations.**

# Motivational interviewing (MI) and communication skills

---

Good communication skills are critical for supporting adolescents to initiate and remain on treatment. Use the following MI techniques as appropriate (sample language is provided):

- A. REFLECTIVE LISTENING:** Use “you” statements; interpret nonverbal signs to gather information, guide the conversation, and reinforce the adolescent’s motivations for change.
- You’re wondering if it matters if you take your medications.
  - You are so overwhelmed that your health is the least of your problems right now.
  - Let me see if I understand. You want to start treatment, but you are worried your family, friends, peers, partner will find out. You would like to disclose your status, but this does not feel like the right time. Is that right?
- B. AFFIRMATION:** Accentuate the positive, recognize the adolescent’s worth, support, and encourage.
- I appreciate you for being honest about the challenges you are facing taking your medications.
  - You are clearly a resourceful person to manage so many challenges.
  - You’ve worked hard to take your medications despite these challenges.
- C. QUESTIONING:** Use open-ended questions that seek information and the adolescent’s perspective.
- What makes it difficult for you to take your medications every day?
  - What have you already done to try to take your medications every day?
  - What do you think is likely to happen if you keep taking your medications as you are now?

# Motivational interviewing and communication skills

---

- D. ASK-TELL-ASK:** Ask what the adolescent knows; ask permission to offer new information; ask what the adolescent thinks of the new information.
- I get that question a lot. First, let me ask you, what have you heard about this?
  - I understand you're feeling concerned about how your family, friends, peers, partner might react.
  - Many people have felt the same way when they first encountered this problem.
  - We've found that there are effective ways to talk to your family, friends, peers, partner about this.
  - Would you like to hear more about that?
- E. RECOGNIZE WHEN THE ADOLESCENT TALKS ABOUT CHANGE:** When the adolescent expresses the desire, ability, rationale, need, or commitment to change.
- F. STRENGTHEN WHAT THE ADOLESCENT SAYS ABOUT CHANGE:** Reflect, affirm, ask for examples, and summarize.
- Use the confidence/importance ruler. Ask the adolescent to indicate, on a scale of 0–10, how important change is to them and how confident they are they can achieve it.
  - Ask questions about desires, abilities, needs, or reasons for change. This highlights their motivation, which is a significant factor in the effectiveness of treatment.
  - Prompt discussion about possible barriers to progress. This information can be used to help the adolescent set treatment goals that are realistic, engaging, and achievable. It can also help highlight issues that the adolescent might want to include in the agenda for future sessions.

# Communication “traps” to avoid

## Avoid these:

- Assuming you know the adolescent better than they know themselves
- Telling the adolescent why they should change or pushing them to agree to change when they are not ready
- Arguing with the adolescent
- Ordering the adolescent to do something
- Blaming, shaming, or judging the adolescent



## Try these instead:

- Use open-ended questions to understand the adolescent’s knowledge, experiences, and challenges
- Learn about the adolescent’s own reasons for making a change
- Explore reasons for the adolescent’s resistance; shift the focus to something else if necessary
- Use simple and double-sided reflection when the adolescent is not sure about a decision
- Involve the adolescent in problem solving
- Emphasize that the adolescent is free to make decisions for themselves



# Key considerations for counseling adolescents (1)

---

- Normal developmental changes during adolescence often make it difficult for adolescents to understand and accept an HIV diagnosis, understand the health implications of risky behaviors, and make rational and wise health decisions.
- Addressing risk perception is an essential component in supporting adolescents' adherence to treatment since they tend to have low risk perception; this can affect their uptake of services and adherence to treatment.
- Adolescents face unique barriers based on their sex, gender, and sexual orientation. For instance, adolescent boys are less likely to access health services in many communities. Counselors should assess and address barriers to service uptake in collaboration with adolescents as active participants.
- Counselors should recognize and address the specific needs of adolescent subpopulations, such as young pregnant and/or breastfeeding mothers, and young key population members.
- Counselors should foster relationships with adolescents by creating a balance between providing appropriate health supervision and listening to adolescents' voices regarding their health.
- Counselors must ensure their personal beliefs do not interfere with their ability to provide nonjudgmental person-centered care to adolescents.

# Key considerations for counseling adolescents (2)

---

- Counselors should openly discuss with adolescents when and how to involve their caregivers and respect their right to confidentiality if they choose not to have some of their personal information shared with their caregiver.
- Adolescents should be involved in decision-making about their health and empowered to take responsibility for their own health through health literacy, mentorship, and support from trusted adult figures or peers, in addition to their caregivers.
- Helping adolescents develop self-care skills is important since they may no longer receive close oversight and support from their caregivers and may be responsible for carrying out treatment-related activities (e.g., taking medications, attending clinic appointments) on their own.
- Educate older adolescents on the transition to adult HIV care and treatment services and conduct transition readiness assessments.
- Make sure the OVC program is facilitating access to differentiated service delivery (DSD) models and multimonth (MMD) dispensing that meet the special needs of the adolescent.
- Make sure the OVC program is providing appointment reminders to the adolescent and their caregiver; and tracking any missed appointments.

# Tips for building rapport with adolescents

---

- Respect the adolescent
- Do not use judgmental words or body language
- Do not be critical
- Use easy-to-understand language and educational materials; and use visuals to explain and simplify complex information
- Ensure conversations are private
- Reassure the adolescent about confidentiality and discuss the meaning of confidentiality
- Be open to and allow enough time for questions; be honest when you do not know the answer and get the information from another source or cadre
- Empathize with the adolescent's situation and concerns; reassure them that the feelings they are experiencing are normal
- Listen carefully and help adolescents make informed decisions
- Help adolescents to recognize and build on their strengths

# Adolescents risk segmentation checklist

---

The following checklist can be used to assess the ALHIV's risks and the need for more frequent and intensive ART adherence monitoring. Intensify monitoring when there is at least one risk factor.

- HIV stigma (enacted and internalized; community- or school-based)
- Loss of biological parents (orphanhood)
- Lack of, or unreliable, parental/family support
- Other illnesses (e.g., noncommunicable diseases)
- Mental health issues (e.g., anxiety or depression)
- Advanced HIV disease
- Taking multiple medications; pills burden
- History of experiencing violence (sexual, physical, emotional)
- Poverty; limited ability to buy food and to become economically independent in the transition from adolescence to adulthood
- Limited privacy to take medications (e.g., at school)
- Lack of disclosure by the caregiver to the ALHIV; or by the ALHIV to the caregiver/family
- Caregiver/family mobility
- Misunderstandings, false beliefs about ARV medications
- Feeling healthy
- Injecting drugs or using alcohol
- Involved in transactional sex, same sex relationships, or is transgender
- Adolescent child of a key population member (e.g., female sex worker)

# Introduction to the Counseling Sessions



# Introduction to the Counseling Sessions



## KEY MESSAGES

- We are going to meet regularly during the next few months.
- I will support you with your treatment to help you live a healthy life.
- When we meet, it's important that you be open to sharing your experiences and your ideas.
- You should also feel free to ask questions at any time. If I don't have the answer to your questions, I will try to find it for you by our next session.

## TALKING POINTS

- Thank you for participating in this counseling session. It shows that you are serious about taking care of your health.
- My name is \_\_\_\_\_, and I am a [Title] working with [Name of the OVC program implementer].
- My role is to support you to take your medication as you were advised and to help you live free from illness and the worry of passing the HIV virus to someone else.
- We are going to meet a few times over the next \_\_\_ months to ensure your treatment is working and to address any challenges along the way.
- You can contact me anytime you have a question or would like support. Here is my phone or WhatsApp number (provide number).
- *How does that sound to you?*
- Today I would like to orient you on your HIV treatment.
- *Is there anything you would you like to get from our discussion today?*

SECTION

1

---

Introduction to HIV  
Treatment

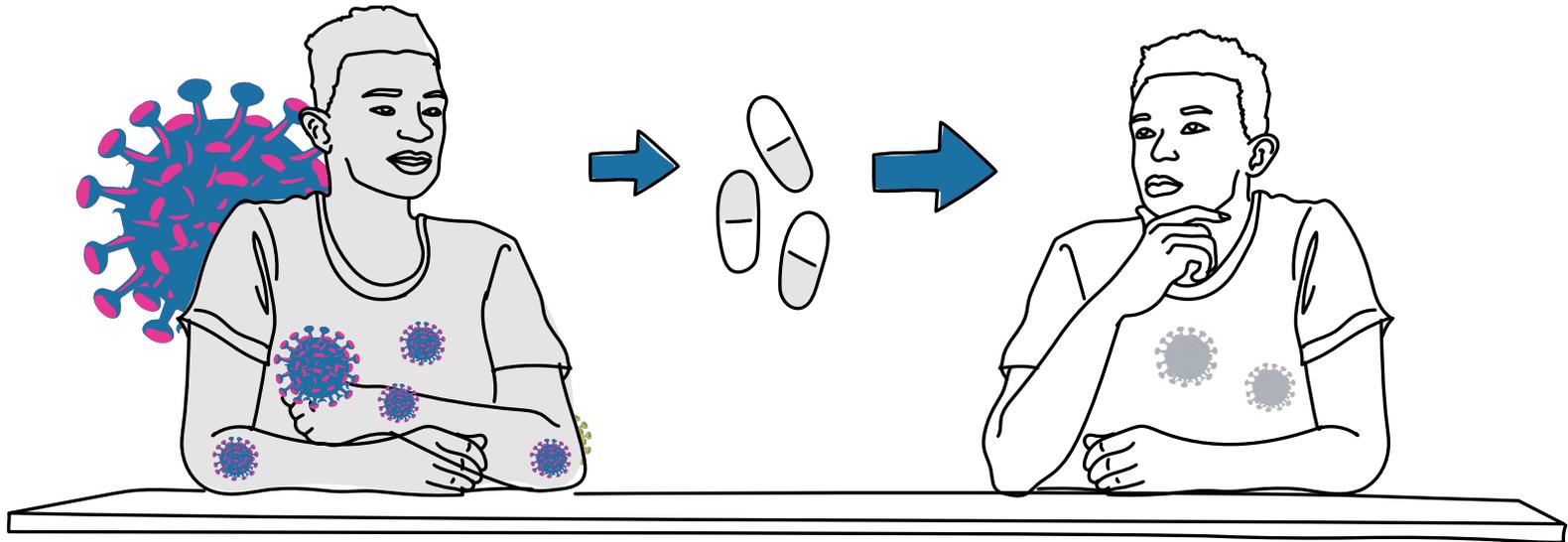
SECTION

1

---

Introduction to HIV  
Treatment

# 1. Starting and understanding HIV treatment (1)

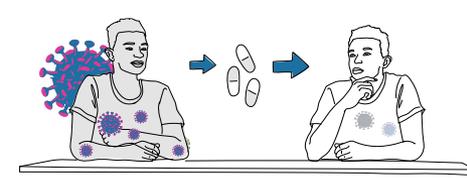


Start HIV treatment as soon as you test positive for HIV.

HIV treatment is also called **antiretroviral therapy (ART)**.

**ARVs**—antiretrovirals —is the common name for HIV medication.

# 1. Starting and understanding HIV treatment (1/2)



## KEY MESSAGES

- All ALHIV should start HIV treatment as soon as they test positive for HIV. If that is not possible, then they should start **within 1 week**.
- HIV treatment is also called antiretroviral therapy (**ART**).
- ARVs—**antiretrovirals**—is the common name for HIV medication.
- Only a qualified clinical provider can *prescribe* HIV medications, but ART can be *dispensed* by any authorized community worker
- HIV medications may need to be adjusted as adolescents grow and gain weight.



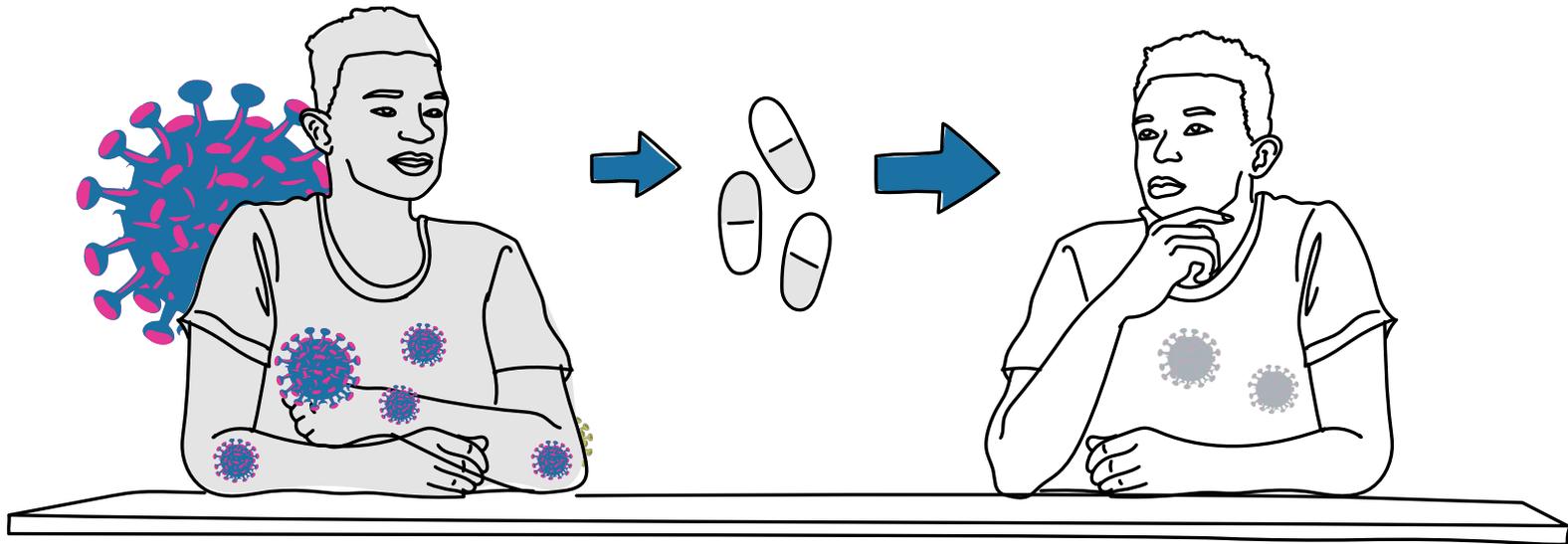
## Let's Review

- *When should an adolescent who tests HIV positive start HIV treatment?*
- *In your own words, what are antiretrovirals?*
- *Who can prescribe and who can distribute antiretrovirals?*

## TALKING POINTS

- All adolescents who test HIV positive should start HIV treatment immediately. If that is not possible, then they should start treatment **within 1 week**.
- *What do you know about HIV treatment?*
- HIV treatment, also called antiretroviral therapy (**ART**), begins with the provider choosing an HIV regimen. **A regimen** is a combination of drugs or medications that are given together.
- ARVs—**antiretrovirals**—is the common name for HIV medications.
- Only a **qualified clinical provider** can decide what regimen or combination of drugs/medications to prescribe to an adolescent. However, the medications can be distributed by a variety of providers, including peer outreach workers.
- As an adolescent develops and grows and gains weight, the clinical provider may need to **adjust the ARV medications**.
- HIV medications are **not the same for everyone**. They may come in liquid, capsules, or pill/**tablet** form, depending on the person's age, weight, and **ability to swallow**.

# 1. Starting and understanding HIV treatment (2)

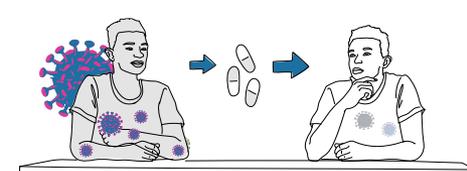


HIV treatment **stops the HIV virus from making more copies of itself**, allowing you to stay healthy.

While HIV treatment **will not cure HIV**, when you stay on it, **the amount of the virus in your body becomes very low and remains hidden**.

It is important that you adhere to your treatment. Treatment **adherence is when you take your medications exactly as prescribed by your doctor**.

# 1. Starting and understanding HIV treatment (2/2)



## KEY MESSAGES

- HIV treatment stops HIV from making more copies of itself, allowing you to stay healthy.
- While treatment will not cure HIV, the amount of the virus in your body becomes very low and remains hidden.
- It is important to adhere to treatment by taking your medication every day exactly as prescribed by your doctor.



## Let's Review

- *In your own words, what does treatment do?*
- *What medications do you take and when?*
- *What do you think may be hard about taking your medication every day?*

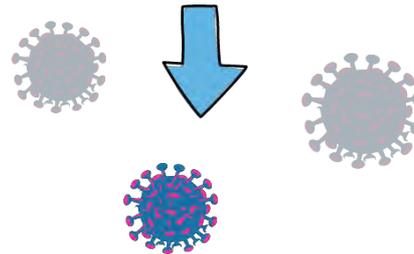
## TALKING POINTS

- HIV medications stop the HIV virus from making more virus, prevent you from getting sick, and allow you to have a healthy life.
- When there is enough medicine in your blood, HIV almost disappears from your body, remaining hidden.
- **Treatment does not cure HIV**, which is why **you must continue taking your medication even if you are feeling well.**
- If you forget to take your medication or run out of medication, the virus makes more copies of itself, which can make you sick and more likely to spread HIV to others (e.g., through sex). It can also be passed from adolescent mothers to their babies during pregnancy, delivery, and breastfeeding.

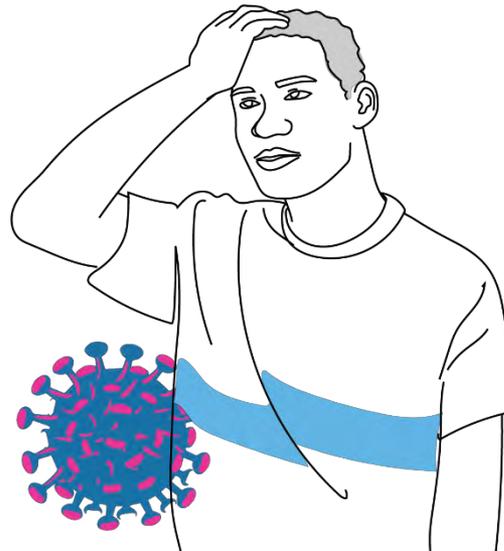
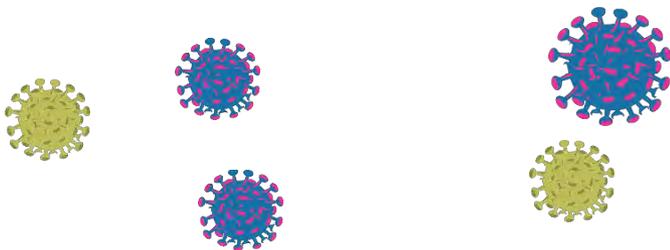
## 2. Resistance



**Takes medication everyday = very low levels of the virus in the body**

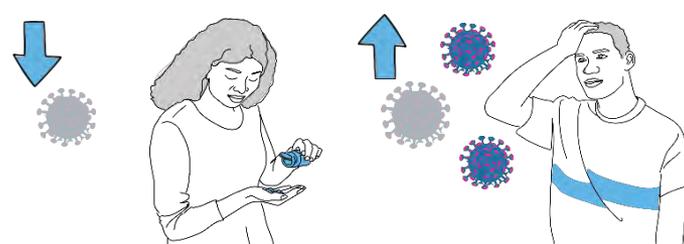


**Misses doses = virus produces more copies of itself, and your medication may no longer work as efficiently**



It is important that you take your medication every day as prescribed and avoid missing doses, so you can stay healthy and protect loved ones from HIV transmission in the future.

## 2. Resistance



### KEY MESSAGES

- If you miss too many doses of your medication, the virus can change, and your treatment may no longer work.
- This can make it harder for you to stay healthy and protect your loved ones from HIV transmission.



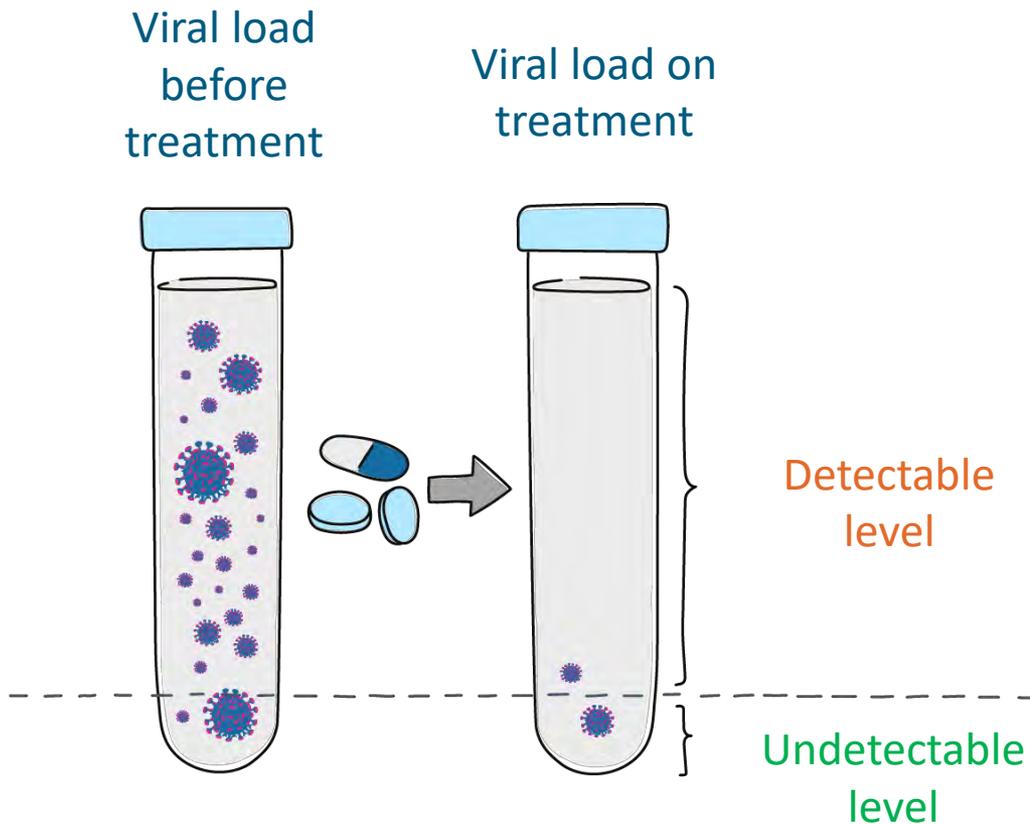
### Let's Review

- *In your own words, what can happen if you miss too many doses of your medication?*
- *What does it mean if you develop resistant copies of HIV?*

### TALKING POINTS

- The picture above shows someone who took their medication everyday. The medication stopped the virus from making more copies of itself, and the person has very little virus in their body.
- The picture below shows someone who missed doses. When you miss doses, the virus can make more copies of itself. It can also change and become resistant. See how the virus looks different in the pictures?
- If the virus changes, your medicine may no longer work, and you will become sick and will not be able to live a healthy life. Also, in the future you might pass the new virus to someone else, and the medicine would not work for them either.
- This is why it is important to not miss doses.

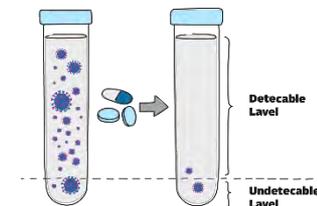
### 3. Viral load: undetectable = untransmittable (U=U)



- If you are starting treatment, a viral load test will be conducted in six months to see how much virus is in your body.
- If the treatment is working, the laboratory may not find virus in your blood. This means the virus is undetectable. HIV is still there, but at a very low level.
- If the virus cannot be detected, then you can no longer pass HIV to others (e.g., through sex).
- It is important to have your viral load test done and to know the results of your test.

Source: Clinicalinfo.HIV.gov [Internet]. HIV/AIDS glossary. Bethesda (MD): Office of AIDS Research, National Institutes of Health. c2023 [cited 2023 Aug 9]. Available from: <https://clinicalinfo.hiv.gov/en/glossary/undetectable-viral-load>.

### 3. Viral load: undetectable = untransmittable (U=U)



#### KEY MESSAGES

- You will receive a viral load test in six months to see how much HIV is in your body.
- If you adhere to your medications and treatment is working, the laboratory may not find the HIV virus in your blood. This is called “being undetectable.” HIV is still there, but at a very low level.
- If it is undetectable, then you will stay healthy and no longer sexually transmit HIV to others.
- It is important to have your viral load test done and to know the results of your test.



#### Let's Review

- *In your own words, what is a viral load?*
- *What are the benefits of achieving a low viral load?*
- *If you are newly initiated on ART, when should you have a viral load test?*

#### TALKING POINTS

- Viral load is the amount of HIV virus in your blood, and viral load tests measure the amount of virus in the blood.
- If you stop your medication, HIV will make more copies of itself, and over time, you will get very sick. This is called AIDS.
- AIDS can lead to death and increases the risk of passing HIV to someone else.
- However, if you take your medication exactly as prescribed by your doctor and the treatment is working, the laboratory may not find HIV in your blood. This is called being undetectable. The virus is still there, but at a very low level.
- When you adhere to your medications, your viral load test result number will usually be less than 1,000 after six months. The goal is to have a low viral load number (200 ml or lower).
- It is important to have your viral load test done and to know the results of your test.
- *What are some of the benefits of having a suppressed viral load?*
  - You stay healthy and live longer
  - Make fewer hospital visits
  - If undetectable (refer to national guidelines), you cannot transmit HIV to your sexual partners. However, it is still important to use condoms to protect against other sexually transmitted infections.

## 4. Why start and stay on treatment?



### Benefits of staying on treatment

1.

---

2.

---

3.

## 4. Why start and stay on treatment?



### KEY MESSAGES

Using a simple sticker/notecard system may help you remember to take your medication and why it is important to take them.



#### Counselor Instructions

Ask what support the adolescent might need from you, a friend, partner, or loved one to maintain his/her motivation to stay healthy.



#### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

### TALKING POINTS

- *What are some of the benefits or reasons for you to start and stay on treatment?*
  - Please write them on a notecard.
- Some people use a sticker/notecard system to help them remember their reasons for staying on treatment.
- You can place a sticker, string, or colored piece of paper somewhere in your home to help you remember:
  - To take your medicine daily and on time
  - Why it is important to take your medication and go to clinics appointments
- *If a sticker/card system would not work for you, what else might work?*

## 5. Planning to stay on treatment



Taking medications on time can be challenging.

Making a plan to address possible challenges will make it easier when challenges arise.

Today we will:

- A. Identify possible challenges
- B. Develop a plan and backup plan to address each potential challenge

# 5. Planning to stay on treatment



## KEY MESSAGES

- Taking your medications on time can be challenging.
- Making a plan to address possible challenges will make it easier when these challenges arise.



## Counselor Instructions

- Use motivational interviewing techniques such as the importance/confidence ruler to gauge the adolescent's readiness and confidence in initiating treatment.
- Based on the challenges identified by the adolescent, proceed to the relevant cue cards in this section.

## TALKING POINTS

- *On a scale of 1–10 how important is it for you to start/stay on treatment? (1 = not important; 10 = very important)*
- *Why did you provide a \_\_\_\_ [adolescent's number], as opposed to a \_\_\_\_ [insert lower number]?*
- *How confident are you that you could start and stay on treatment, on a scale of 1–10? What can make you more confident?*
- *What do you see as some potential challenges?*
- Based on the challenges you identified, we can discuss some methods to help you achieve your treatment goals.
  - With each one we will create a plan and backup plan.
  - This will help you stay healthy and live the lifestyle you want to live.
- *How does this sound to you?*
- *Do you have any questions before we talk about those challenges?*

SECTION

2

---

Addressing Barriers  
to Adherence

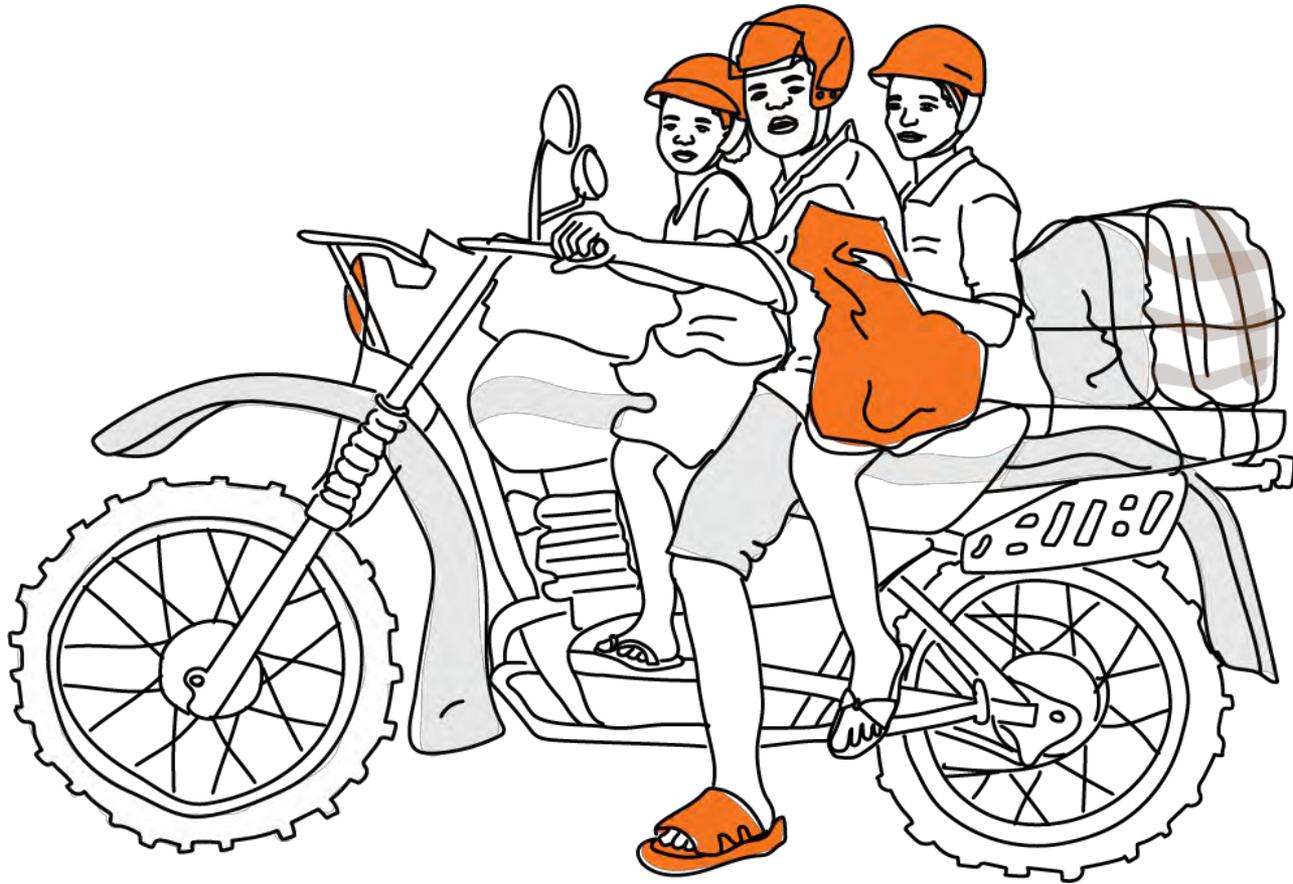
SECTION

2

---

Addressing Barriers  
to Adherence

## 6. Transportation to the clinic



## 6. Transportation to the clinic



### KEY MESSAGES

Transportation challenges are common but can be overcome by planning ahead.



#### Counselor Instructions

Use open-ended questions (for example):

- What support might you need to make it to your next appointment?
- How is travelling to the ART clinic impacting your adherence to treatment?
- What would you need to resolve the transport issues?



#### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

### TALKING POINTS

- *How do you usually get to your medical appointments (walk, drive, moto, bus, taxi, friend)?*
- *Do you usually get to your appointments on time?*  
If not, identify potential challenges with this question:
  - *What problems do you usually experience with transportation? (not enough money for transport, rainy season, transport not available at time of appointment, clinic is too far, etc.)*
- *What is your plan to address these challenges?*
  - Adolescent will get to the clinic by \_\_\_\_\_ (walking, taking a bus, etc.)
  - In case of a problem (no bus fare, rain, etc.) adolescent will get to the clinic by \_\_\_\_\_

## 7. Keeping appointment dates and obtaining medication refills



# 7. Keeping appointment dates and obtaining medications



## KEY MESSAGES

Getting ART refills, keeping clinical appointments, and having viral load tests done are key to ensure continuity of treatment.



### Counselor Instructions

Use open-ended questions (for example):

- What support do you need to remember your appointments?
- How can I support you to disclose your HIV status to a family member or loved one?
- Remind the adolescent about the days/hours of operation of the ART clinic.



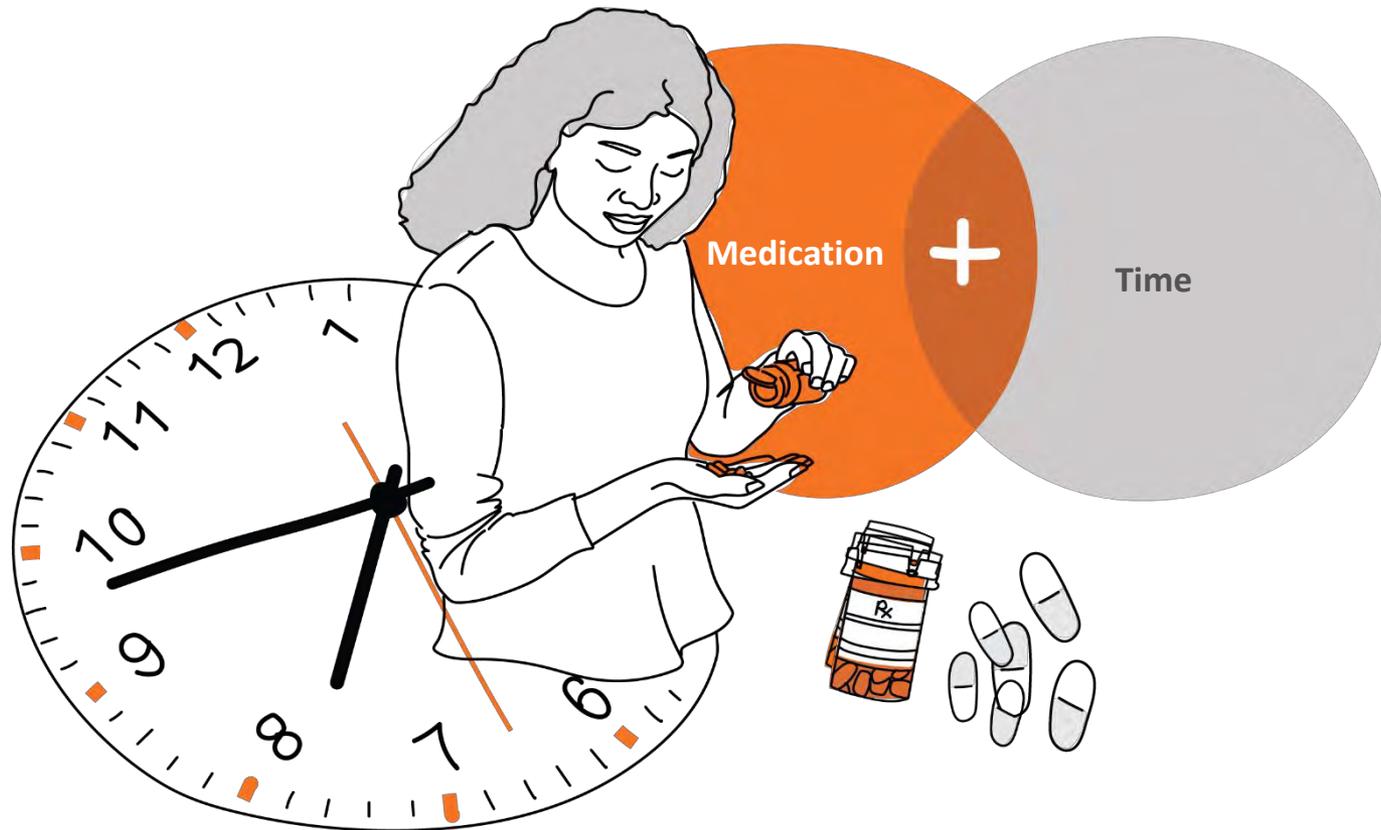
### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- *What is your goal to keep appointments and obtain medication refills?*
- *What might cause you to miss your appointments?*
  - Stigma and discrimination, lack of disclosure of HIV status, illness, etc.
  - Plan to change treatment site or moving soon
- *What can you or I do to ensure you keep your appointment dates and obtain your refills?*
  - Receive SMS or a phone call appointment reminder from the ART clinic or from the OVC program
  - Have a family member or friend pick up the medication refills
  - Create a physical calendar
  - Set up automatic reminders using a phone

## 8. Making a daily medication schedule



# 8. Making a daily medication schedule



## KEY MESSAGES

Simple reminders at home can help you remember to take your medications every day. Such strategies have proven to improve adherence.



### Counselor Instructions

- **Use open-ended questions (for example):** What support do you need to ensure you remember to take your medications?
- **Identify possible solutions based on potential risks**



### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

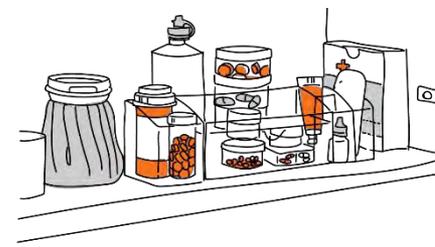
- *What happens in your typical day from the moment you wake up to when you go to sleep?*
- *What might prevent you from taking your medication? When might it be harder for you? (identify specific times and situations)*
- *What activities can you carry out at the same time as taking your medication so that each time you do it you will remember to take your medication?*
- *What can you do to take your medications on time?*  
We can make a medication schedule together to ensure you take your drugs on time and keep your virus level low.

### Things you can do:

- Put the medications somewhere easy to remember (e.g., near something you use everyday).
- Take at dinner time or during a nightly TV/radio show.
- Place reminders around the house (on a piece of tape, a string tied around a door, in the bathroom, etc.)
- Set an alarm on your phone.
- Carry spare medications wherever you go.
- Use pillboxes and a calendar to keep track of when medications are taken.
- Ask for extra medication if you will not be able to return to the health facility in time for your next refill.
- Work with treatment buddy; request SMS reminders from counselor.



# 9. Storing medications



## KEY MESSAGES

It may help to have extra medication in a place you can always access it.



### Counselor Instructions

Use open-ended questions (for example):

- What is a reliable place where you can store your medications?
- What challenges might arise if you store your medications in \_\_\_\_\_?



### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

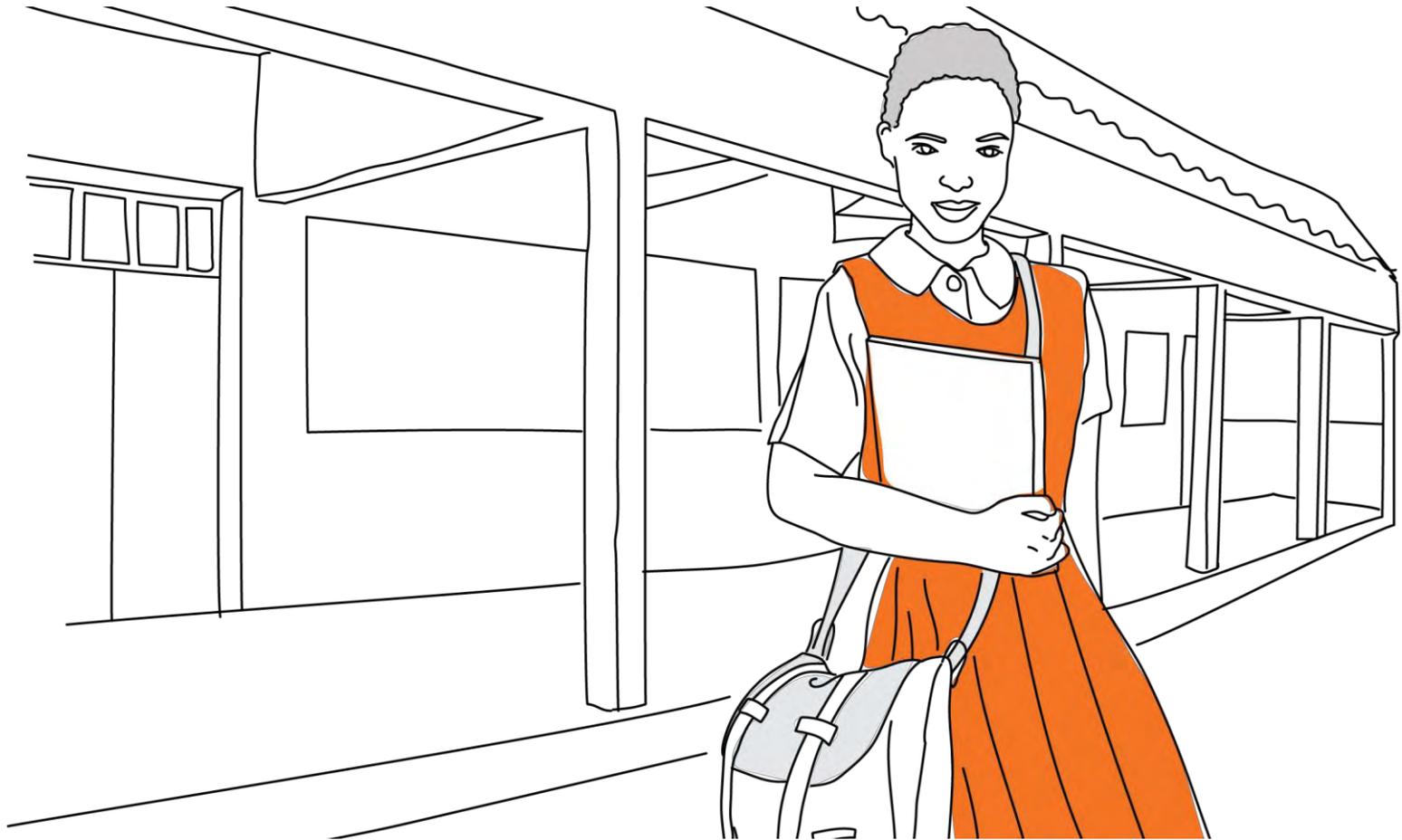
## TALKING POINTS

- *How do you plan to store your medications safely?*
- *What might prevent you from storing your medications properly?*
- *What would happen if other people saw your medications?*
- *Are there any young children in your house who may open your medication containers? If so, what are some private places in your home where you can store your medications away from children?*
- *Where could you keep some extra medication just in case?*

### Possible solutions:

- Store extra medication in a purse/handbag, backpack, jacket, special compartment, sealed container, etc.; a place where it is always with you.
- Put the pill bottle inside an unmarked box (do not re-pack the pills into another container because the pill bottles contain a substance to keep pills dry and preserve them).
- Use pill boxes rather than bottles, when transporting medications to school or work, or when travelling.

## 10. When at school



# 10. When at school



## KEY MESSAGES

- Adolescents might have limited ability to achieve their personal treatment goals while in school because of their dependence on teachers and school nurses.
- Adolescents may need to store and take medication under the supervision of school nurses, which can lead to involuntary disclosure.
- The school can also limit the adolescent's privacy, leading to stigma and discrimination.
- Adolescents need to be accepted and appreciated by their peers, which can result in peer pressure.
- Transitioning out of school may further affect treatment continuity.



## Counselor Instructions

### Use open-ended questions (for example):

- Do you take your medications exactly as you should when you are in school? If not, why not?
- How is your school assisting you to take your medications?
- Have you disclosed your HIV status to anyone within the school?
- Do you experience any stigma or pressure from your peers that negatively affects your adherence to treatment?



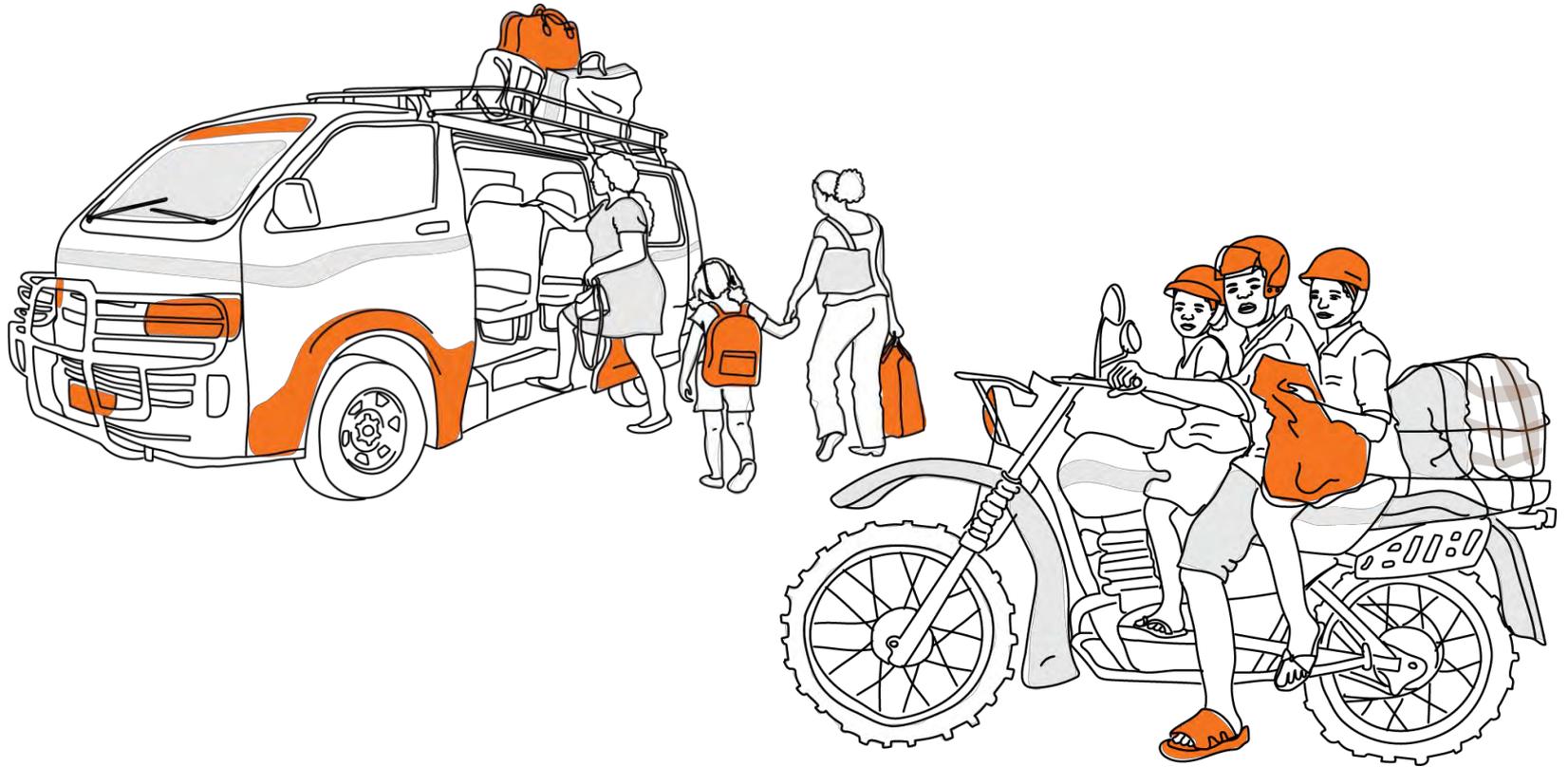
## Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- At boarding school, adolescents might feel dependent on their teachers or school nurses to take their medication. – *Do you feel so too?*
- Adolescents may need to store and take their medication under the supervision of school nurses, which can lead to involuntary disclosure. – *Has this happened to you?*
- Disclosing one's HIV (positive) status in school may lead to loss of friends, bullying, social exclusion, and being denied schooling. – *Have you disclosed to anyone in school? How did it change your life and adherence to your medications?*
- Adolescents like being accepted and appreciated by their peers. – *Does wanting acceptance and appreciation from your peers influence your choices and adherence to the medications?*
- HIV-related stigma in school environments can increase due to limited privacy, inadequate systems for supporting students living with HIV, and lack of family support and advocacy on behalf of the ALHIV. – *Is your school and/or family supporting you to stay on treatment and continue being healthy?*
- Transitioning out of school may affect treatment continuity. – *Do you think this might happen to you as well?*

# 11. Traveling away from home



# 11. Traveling away from home



## KEY MESSAGES

- Traveling might disrupt your adherence to treatment.
- Prior to traveling, obtain sufficient medications from the ART clinic to avoid running out of pills before returning from your trip.
- It is also important to identify a backup clinic where medications can be obtained in case your return home is delayed. I can help you identify a clinic.

### Counselor Instructions



#### Assess the likelihood of travel:

- *Do you travel to visit your parents/relatives/friends during the school holidays?*
- *Do you have plans in the next months to travel/move to another community to study?*

**Ensure the adolescent has your contact information and the clinic's saved in his/her phone. Obtain a backup number of a friend or family member who will know about the adolescent's status and can help reach him/her if needed.**

### Document



Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- *What might prevent you from taking your medications while you are away from home?*
  - Running out of medication, medication stolen, arrests, violence, alcohol use, not wanting others to see you take your medication, feeling good and not wanting to think about your medication, etc.
- *If you are going on a trip or planning to attend school away from home, how will you ensure you have enough medication while gone?*
  - Plan: \_\_\_\_\_
  - Backup plan: \_\_\_\_\_
- *Would you be comfortable letting me know if you plan to travel for a long period?*

### Possible solutions:

- A peer, friend, or family member may be able to help get your medication. *Who could do this?*
- *How could someone send you your medication (i.e., bus, friend, family member traveling to that area, etc.)?*
- *Identify another clinic in the area where you are going so you can access your medications if your return home is delayed.*

## 12. Coping with side effects



# 12. Coping with side effects



## KEY MESSAGES

- Some adolescents experience side effects, many of which will lessen over time. However, it is important to continue taking the medications.
- Adolescents should inform their case worker of any side effects and discuss whether a referral to the ART clinic is needed to review the medication with the clinical provider.



### Counselor Instructions

If the adolescent has not yet begun taking ARVs, you can discuss potential side effects and develop a plan for addressing them if they arise.

- *Who can you contact if you experience discomfort or side effects?*



### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- *What side effects have you experienced before? If you haven't experienced any side effects, what have you heard about side effects related to HIV treatment?*
  - Common side effects are headache, nausea, muscle aches.
  - You should stay on treatment even if you are experiencing side effects.
- *What side effects have you experienced that made you stop your medication, or would make you stop if you had them?*
- *What have you done about any side effects you have experienced? Have you talked to your doctor about them?*
- *What will you do if you experience any of the common side effects we have discussed?*

### Possible solutions:

- Immediately contact your clinical provider to discuss any side effects, and how you feel about your medications. The provider will determine if there is a need to discontinue or change the treatment regimen.
- Keep taking your medication until you have seen your doctor.
- Take your medication with food (to avoid nausea/headache).
- Take your medication at night (to avoid drowsiness/mood changes).

## 13. Disclosure



Tell a trusted family member or friend about your HIV status.

# 13. Disclosure



## KEY MESSAGES

- Nondisclosure of HIV status is a key barrier to treatment adherence among adolescents.
- Disclosure of HIV status helps adolescents receive emotional and practical support for their treatment.
- Disclosure should always be voluntary.
- Support for disclosure should be provided in the manner that is agreed with the adolescent.



### Counselor Instructions

#### Use open-ended questions (for example):

- Do you think that disclosing your HIV status can help you adhere to treatment?
- What do you think about disclosing your HIV status to people you are close to?
- What support would you like to receive to assist you with disclosure?



### Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

- Disclosure is the process of sharing one's HIV status with someone else.
- Although disclosure can be hard, it has many benefits. For example, it can:
  - Relieve your fear of stigma and anxiety and lead to more social support from your family, peers and any sexual partner(s) you may have.
  - Help you receive support from those who know your HIV status so you can take your medications correctly.
  - Improve your sense of personal power and control over your own health.
- Disclosure is a voluntary decision. You do not have to disclose to anyone, but it will help to have someone close to you know your HIV status and support you with your treatment plan.
- Disclosure can be emotionally difficult and can sometimes be met with anger, blame, or even violence from those you disclose to, so it is important to get support from someone trained in this area who can prepare you and support you in the disclosure process.
- I can help you to disclose [Note for counselor: Say this only if you have been trained on disclosure.] or link you to a trained counselor in the ART clinic who can help.
- *Who do you think would be the best person to disclose your status to?*
- *What could be the reaction of the person to whom you want to disclose?*
- *How do you think disclosure to this person would help you in adhering to treatment?*

# 14. Violence



# 14. Violence



## KEY MESSAGES

- Adolescents living with HIV can experience high levels of stigma and discrimination due to their HIV-positive status.
- Stigma and discrimination can lead to different types of violence: neglect, and physical, sexual, and emotional violence.
- Violence can negatively affect treatment initiation, adherence, and continuity.
- There are safe, specialized, and private services that support survivors of violence.



### Counselor Instructions

- Assess the adolescent for violence/risk of violence using the OVC program's violence screening tool.
- Refer the adolescent for support, if risk of violence is identified, using the OVC program's service provider directory.
- If violence is identified/disclosed, provide first-line support using the Listen, Inquire, Validate, Enhance, Safety and Support (LIVES) approach and refer to post-violence care services.

### Document



Document the specific barriers in the **Adherence Barriers and Interventions Log**. Include the completed violence screening tool in the adolescent's case file.

## TALKING POINTS

- Adolescents living with HIV can experience elevated levels of stigma and discrimination at home, in the community, and in school due to their HIV-positive status. Stigma and discrimination can manifest as neglect, and physical, sexual, or emotional violence.
- Examples of stigma and discrimination include exclusion from education, food, health, or other basic support; or physical sexual violence within the community and/or family; as well as bullying and teasing by peers in the community and in school.
- Violence, in all its forms, can negatively affect treatment initiation, adherence, and continuity, so it's important that we discuss any violence that you have experienced.
- Remember that this is a safe and private space, and that I am here to support you. I will keep all information you share with me confidential.
- *Have you ever experienced any type of violence at home, at school, or in your community you would like to share with me?*
  - (If violence has been experienced) *Who did you tell about this?*
  - (If violence was disclosed) *What support did you receive?*
  - (If violence was not disclosed to anyone) *Why didn't you tell anyone?*
- *How did this experience of violence affect your initiation or adherence to HIV treatment?*
- *There are specialized confidential services available to help survivors of violence, as well as safe spaces where survivors can stay to prevent further violence. Would you like me to refer and accompany you to such services?*

## 15. Substance use



# 15. Substance use



## KEY MESSAGES

- If you use substances, it is important to ensure this does not prevent you from taking your medications everyday on time.
- Substance use can negatively impact your treatment adherence and prevent you from reaching viral load suppression.
- Specialized services are available to help you with substance use.



### Counselor Instructions

Use the OVC program's service directory to identify a service provider and refer the adolescent to substance use treatment and counseling if desired and available.



### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- Substance use can negatively impact treatment adherence and prevent you from reaching viral load suppression.
- If you use drugs/alcohol regularly, we can plan together how you could remember to take your medication while you are using.
- *What aspects of your substance use might make it challenging for you to remember to take your medications?*
  - *How often do you drink alcohol or use other drugs?*
  - *How does this interfere with taking your medications?*
  - *Do you forget to take your medication when you are using?*
- What can you do to remember to take your medicine when you are using?
  - *Who are you usually with and where are you when you are drinking/using drugs?*
  - *Is there a friend/family member (e.g., support person) who could bring you medicine and encourage you to take it?*
  - *Would hearing an alarm/seeing stickers help you remember?*
  - *What if you were to change the time of your medication? Would that help you remember?*
- *Do you need help or support for stopping substance use? I can refer you to specialized services.*

## 16. Mental health



# 16. Mental health



## KEY MESSAGES

- Mental health can affect adherence to treatment and the overall health and well-being of ALHIV.
- Psychologists and counselors can help ALHIV understand and cope better with their negative feelings and emotions.

### Counselor Instructions



#### Use open-ended questions (for example):

- How do you feel today?
- Did you feel that way before?
- Have you had any issues with your family, friends, or in your community?
- *Have you had or do you have suicidal thoughts?*

**If the adolescent is having suicidal thoughts, urgently refer and accompany him/her to a mental health service provider in the health facility.**

### Document



Document specific barriers you identify in the **Adherence Barriers and Interventions Log.**

## TALKING POINTS

- An HIV-positive diagnosis and the associated stigma and discrimination from family, peers, community members, and health facility staff can lead to mental health issues among ALHIV.
- Adolescents with mental health issues are less likely to adhere to treatment and achieve viral load suppression.
- *Do you often feel anxious, sad, hopeless, or angry? Do you often feel like crying? Do you feel like life is not worth living/have suicidal thoughts? Have you lost interest in doing things you used to love? Do you feel fatigued?*
- *What do you think is making you feel this way?*
- *What do you do to cope with these feelings and emotions?*
- A psychologist or counselor can help you understand and cope better with negative feelings and emotions.
- *Would you like me to refer you and accompany you to the health facility so you can see a psychologist or counselor?*
- Remember that I am here to support you.

## 17. Physical health



# 17. Physical health



## KEY MESSAGES

- You should visit your health center or contact your case worker if you constantly have diarrhea, vomiting, headache, rash, fever, or fatigue.
- You can still visit your health center between appointments even if you receive a three- to six-month supply of ARVs.

### Counselor Instructions



#### Use open-ended questions (for example):

- When would you need to see a clinical provider between appointments?

### Document

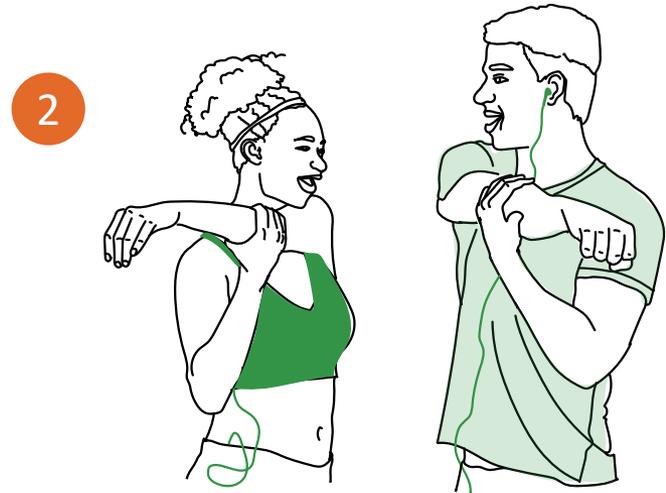


Document any concerns and discuss how they can be mitigated.

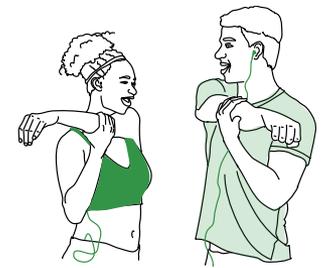
## TALKING POINTS

- *Do you often have diarrhea, nausea, vomiting, abdominal pain, headache, rash, fever, or fatigue?*
- You should go to the health center as soon as possible if you ever have any of these symptoms before you get too sick.
- Remember, you can still contact or visit your health center between appointments even if you receive a three- to six-month supply of ARVs.
- Make sure you have my/your case worker's contact information, as well as for the health center.
- You can contact any of us if you ever have a health problem. We are here to support you and keep you healthy.

# 18. Healthy lifestyle and ART adherence



# 18. Healthy lifestyle and adherence to ART



## KEY MESSAGES

- To keep healthy, it is important for you to take your medication as indicated by your doctor to maintain viral suppression.
- It's also important for you to have a healthy lifestyle to prevent illnesses and stay healthy.
- A healthy lifestyle includes eating healthy foods, drinking clean water, practicing good hygiene, and exercising regularly.



### Counselor Instructions

#### Use open-ended questions (for example):

What should you do to continue to stay healthy?



### Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

- To be healthy and maintain viral load suppression you need to take your medications as prescribed. You also need to have a healthy lifestyle.
- Having a healthy lifestyle means that you:
  - Have all the vaccines needed for your age. Vaccines help prevent infections and diseases.
  - Have proper nutrition by eating healthy foods, such as fruits and vegetables.
  - Drink clean water.
  - Use a latrine or toilet.
  - Practice good personal hygiene, including hand washing and menstrual hygiene.
  - Stay active and exercise or play sports regularly.

## 19. Nutrition and food security



# 19. Nutrition and food security



## KEY MESSAGES

- Good nutrition means having enough nutritious food to eat every day from the three food groups (carbohydrates, protein, fats).
- Nutritious foods (e.g., fruits, vegetables) are especially important for ALHIV since they help protect you against diseases and stay healthy.
- Taking food with medication can help avoid side effects.



### Counselor Instructions

#### Use open-ended questions (for example):

What types of foods do you think will help you have proper nutrition?

Use a job aid to explain and provide examples of the foods in each of the three food groups.



### Document

Document any concerns and discuss how they it can be mitigated.

## TALKING POINTS

Today we will talk about how important it is for you to have enough, as well as nutritious, food to eat.

- Good nutrition means that you have the food your body needs every day to be strong, have energy, and grow and develop.
- Good nutrition requires a balanced diet that includes proteins, carbohydrates, and fats so that essential vitamins and minerals are obtained.
- Good nutrition protects you against diseases, which is especially important for adolescents with HIV to stay healthy and have good treatment outcomes.
- For ALHIV who are pregnant or new mothers, eating nutritious food will help her health and the unborn baby's (or new baby exposed to HIV).
- Having enough food to eat contributes to adherence to HIV medications since taking your medication with food helps avoid side effects.

## 20. Handling missed doses



# 20. Handling missed doses



## KEY MESSAGES

- It's understandable to miss a dose from time to time. The important thing is to get back on track as soon as possible.
- It's important to identify strategies to avoid missing doses in the future.
- We will check in about this at the start of every session.



### Counselor Instructions

Adolescents should never be made to feel foolish for missing one or more doses. Focus on strategies to prevent missed doses in the future.



### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

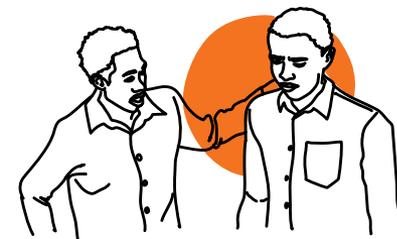
## TALKING POINTS

- Take your ARV medications exactly as prescribed by your doctor. Do not miss any doses.
- Remember, when you miss doses, the virus can make more copies of itself, or change. If the virus changes, your medicine may no longer work, and you may become very ill.
- Some people forget to take their medication from time to time. The important thing is to learn from the experience so that it doesn't happen again in the future.
- *What are some of the reasons that have contributed to you missing doses?*
- *What would be the best way for you to respond when you miss a dose?*
- When you miss a dose, keep a positive attitude and try to return to your medication schedule as soon as possible.
- *What beliefs may keep you from restarting your medication schedule when you miss a dose?*

## 21. Psychosocial and peer support



# 21. Psychosocial and peer support



## KEY MESSAGES

- Psychosocial support (PSS) refers to activities to support a person's emotional, social, mental, and spiritual needs.
- PSS helps adolescents cope better with the challenges of living with HIV and adhere to treatment.
- It's important that you join a peer support group so you can receive PSS and learn from the experiences of other ALHIV who are positive role models.



### Counselor Instructions

#### Use open-ended questions (for example):

What kind of psychosocial or peer support do you think you need?



### Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

- *What do you know about psychosocial support (PSS)?*
- PSS refers to **activities to support a person's emotional, social, mental, and spiritual needs.**
- For **people living with HIV, PSS helps cope with HIV infection and its related challenges, including** adherence, disclosure, and stigma and discrimination.
- PSS for ALHIV includes:
  - Support for establishing trusting relationships with caregivers and/or other adults
  - Basic counseling during home visits or clinic visits
  - Support groups and mentorship programs
  - Other activities that nurture feelings of being loved, supported, safe, and encouraged
- Peer support groups are particularly important for ALHIV because they provide the opportunity to receive support and learn from peers who are positive role models.
- Peer support groups are available for you to participate. *Would you like to know more about them? Would you like me to help you join a group?*
- I provide psychosocial support to you during these counseling sessions, but if you would like to receive additional support from someone else, please let me know. I will be happy to put you in touch with them.
  - *Who would you feel comfortable receiving support from? Is there a family member, a friend, or community member you would like support from?*
  - *Why would this be a good person for you to receive support from?*
  - *Does this person know your HIV status? If not, how and when would you disclose to them?*
  - *If this person says they are unable to support, who else could you ask? (backup plan)*

## 22. Communicating with the treatment team



## 22. Communicating with the treatment team



### KEY MESSAGES

The treatment team in the health center includes the HIV clinical providers (doctor, nurse), counselor, peer support group manager, and OVC linkage coordinator and case worker. They can be contacted anytime with questions, especially if psychosocial issues or unforeseen situations arise that may impact your ability to stay on treatment.



#### Counselor Instructions

- **Assess ways in which the adolescent feels comfortable making contact when they need support.**
- Support the adolescent to identify feasible options for contacting the health team if he/she has questions.



#### Document

Document the specific barriers you identify in the **Adherence Barriers and Interventions Log**.

### TALKING POINTS

- It is important for you communicate with your treatment team whenever you have questions or concerns.
- The treatment team includes the HIV clinical providers (doctor, nurse), peer support group manager, OVC linkage coordinator, and your case worker.
- You can contact the treatment team anytime with questions, especially if issues or situations arise that may prevent you from adhering to treatment (provide telephone numbers if desired).
- It is important to write down your questions or concerns on a piece of paper before you talk to the treatment team, so you don't forget them.

#### Questions for discussion:

- *What might prevent you from speaking to the doctor, nurse, peer support group manager, OVC linkage coordinator, or case worker about any questions or concerns you have?*
- *Who on your treatment team do you feel most comfortable talking to?*
  - *What can you do to make sure you see this person during your visit to the ART clinic?*
  - *If this person is not at the ART clinic on the day of your visit, who would you speak to about your questions or concerns?*

## 23. Review and summary of adherence planning



# 23. Review and summary of adherence planning



## KEY MESSAGES

Adolescents should be supported and empowered to take charge of their own health by making these plans.

### Counselor Instructions



Use motivational interviewing techniques to reinforce what the adolescent remembers from the discussion.

- Provide support for any items that the adolescent may have forgotten.
- Always end on a positive note.
- Affirm that the efforts the adolescent is making demonstrate how dedicated they are to protecting their health.

### Document



Document the specific barriers you identify with the patient on the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- Let's review what we have talked about today:
  - Motivation for starting (or) staying on treatment
  - Potential barriers to staying on treatment
  - Plans and backup plans
- *Can you tell me the plans and backup plans we agreed on today?*
  - PROBE ON, AND IF NEEDED, SUMMARIZE ANY PLANS AND BACKUP PLANS THAT THE ADOLESCENT DEVELOPED
- *Do you have any questions or concerns about your plans/backup plans, or anything else?*
- Thank you again for taking time to talk today about why adherence to medication is important, and how to stay on treatment.
- I look forward to meeting with you again on \_\_\_\_\_.
- *Would you like a reminder of our next meeting?*

SECTION

3

---

Multimonth Dispensing (MMD)

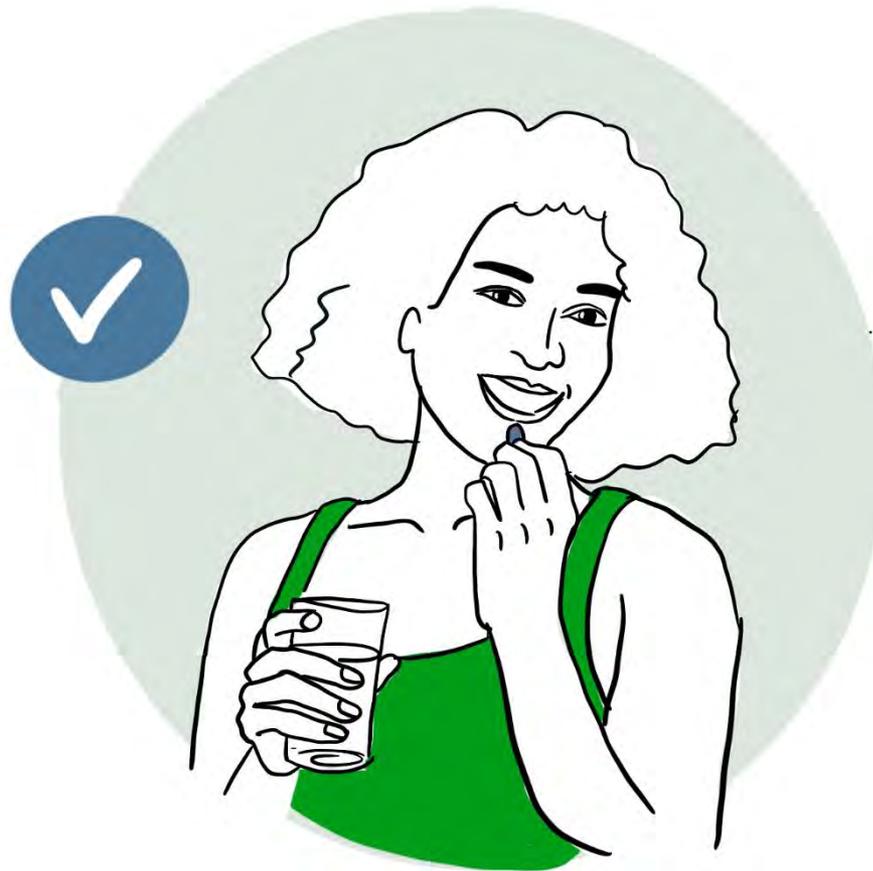
SECTION

3

---

Multimonth Dispensing (MMD)

## 24. Optimized treatment



# 24. Optimized treatment



## KEY MESSAGES

- Current medications are easier to take, safer, and more effective because they achieve faster viral suppression with very few side effects and can be taken by adolescents and adults.
- A several-months supply of these medications can be provided to you.



### Counselor's Instructions

#### Use open-ended questions (for example):

- How would you rate your current ARV medication?
- Do you have questions about the type of ARV medicines you are taking?



### Document

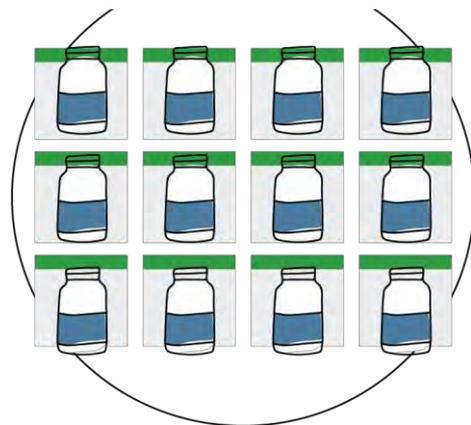
Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

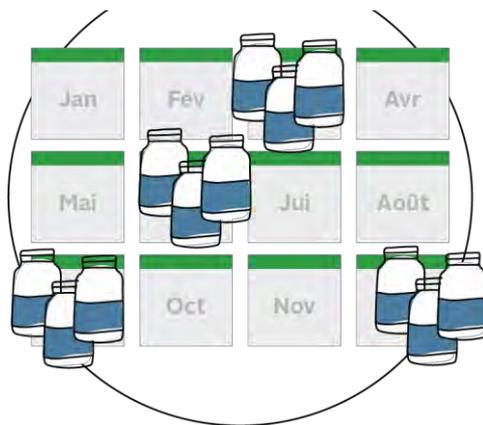
- Current ARV medications are safer and more effective than earlier ones.
- This means that they help achieve viral suppression faster, have fewer side effects, and are easier to take.
- They can also be used by adolescents and adults.
- When you become an adult, you will not need to change ARV medications if your current clinical situation does not change.
- Because the ARV medications are so much better, your clinical provider can give you a multimonth supply.

## 25. Multimonth dispensing (MMD)

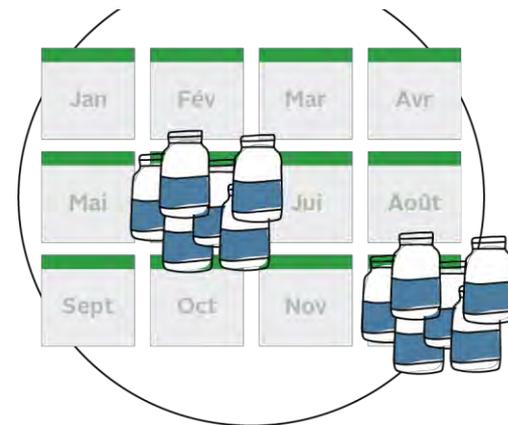
**One-month supply**



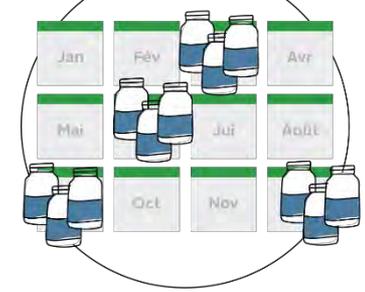
**Three-months supply**



**Six-months supply**



# 25. Multimonth dispensing (MMD)



## KEY MESSAGES

- Multimonth dispensing (MMD) refers to receiving a three- to six-month supply of ARV drugs, resulting in fewer visits per year to the ART clinic for medication refills.
- Never share or sell your medications. This does not help anyone and could prevent you from having enough medication to take.



### Counselor's Instructions

#### Use open-ended questions (for example):

- What have you heard about multimonth dispensing (MMD) of antiretroviral drugs?
- What do you think about the fact that you have to go to the ART clinic less times a year?



### Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

- Instead of receiving a one-month supply of ARV drugs, you can receive enough for three to six months. This is called multimonth dispensing.
- This means that you will only need to pick up ARV medications a few times a year.
- The medication you will receive is the same you have been taking. Nothing changes except how many months worth of medication you receive at each visit.
- Do not share or sell your ARV drugs. This will not help anyone and could prevent you from having enough medication to take.

## 26. Benefits of multimonth dispensing



# 26. Benefits of multimonth dispensing



## KEY MESSAGES

- Fewer visits to the ART clinic saves you time and money you can use for other needs, such as studying and doing homework or having fun with friends.
- The waiting time for ARV refill will be shorter, the time available to speak with the clinical providers will be longer, and the risk of exposure to contagious diseases will be lower.



## Counselor Instructions

### Use open-ended questions (for example):

- In your opinion, what are the advantages or disadvantages of going to the ART clinic less often?
- Which of these benefits are you most interested in?
- What will you do with the time and money you save each month?



## Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

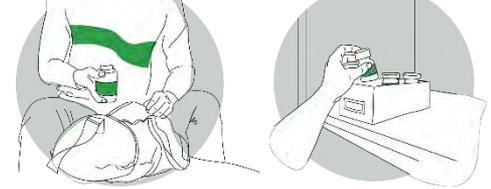
Multimonth dispensing has many benefits for you:

- You don't have to visit the ART clinic as often, saving you time and money each month.
- You can use the money you save for other important needs like food, clothes, or for savings.
- You can use the time you save for other activities, such as having fun with friends and peers, doing your homework, and spending more time with your family.
- Having more free time also improves your mental health and allows you to take better care of yourself.
- You also have less chance of missing an appointment, shorter wait times (potentially), more time to spend with the clinical provider, and less risk of exposure to contagious diseases such as coronavirus.
- You will not have to miss school as often to go to the ART clinic.

## 27. Challenges of multimonth dispensing



# 27. Challenges of multimonth dispensing



## KEY MESSAGES

- You can use a discreet bag to carry your ARV drugs to protect your privacy.
- At home you can keep your medicines in a cool, secure place.
- You can always go back to see your clinical provider between appointments.



### Counselor Instructions

#### Use open-ended questions (for example):

- What are some of your concerns about multimonth dispensing?
- How do you think these concerns can be overcome?



### Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

Here are some things you can do to avoid some of the challenges of multimonth dispensing:

- Use a discreet bag to carry your supply of medications to protect your privacy.
- Some adolescents use “double” bags for more privacy.
- At home, store the ARV drugs in a private, cool, and secure place.
- Some adolescents store the bottles/boxes of ARV medications in different places in the house to avoid storing all together.
- Other adolescents put the ARV bottles/boxes in another unmarked box to protect their privacy.
- Because refills are less frequent, you will also meet the clinical provider less frequently, but you can always come back to see your provider between appointments, if needed.

SECTION

4

---

Decentralized Drug Distribution (DDD)

SECTION

4

---

Decentralized Drug Distribution (DDD)

## 28. Decentralized drug distribution (DDD)



# 28. Decentralized drug distribution (DDD)



## KEY MESSAGES

- DDD is possible because today's ARV drugs are safer, easier to take, and more effective.
- The ARV drugs are the same ones you have been taking but can be picked up from a place that suits your needs better.
- DDD also helps avoid overcrowding in health centers and helps adolescents avoid the risk of contracting other infections.
- DDD reduces the time and money you spend traveling to the health center and picking up ARV drugs.



## Counselor Instructions

### Use open-ended questions (for example):

- What do you know about the safety and convenience of the ARV drugs you are taking?
- How much time and money do you spend traveling to the health center to collect your ARV drugs?
- How long did you have to wait at the health center the last time you were there to collect your ARV drugs?
- If you did not need to pick up your medication at the health center, what would you do with that time and money?



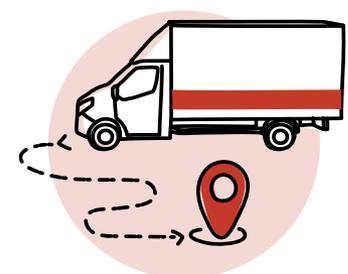
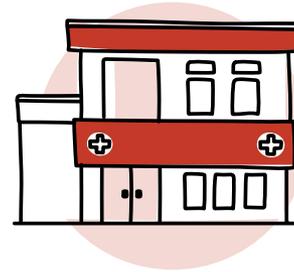
## Document

Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

- You can receive the new antiretroviral medications through decentralized drug distribution (DDD).
- This means that you can pick up the medications at another location besides the health center.
- The medications provided through DDD are the same as the ones you have been taking. Nothing changes except where you pick them up.
- DDD will save you time and money since you will not have to travel to the health center as often and wait to receive your medications.

# 29. DDD pickup points



## 29. DDD pickup points



### KEY MESSAGES

- Medications can be picked up at a location that best suits your needs.
- I can offer you a list of places where you can collect your medications besides the health center.
- You can discuss and agree on the pickup point with your clinical provider.



#### Counselor Instructions

##### Use open-ended questions (for example):

- What do you know about DDD?



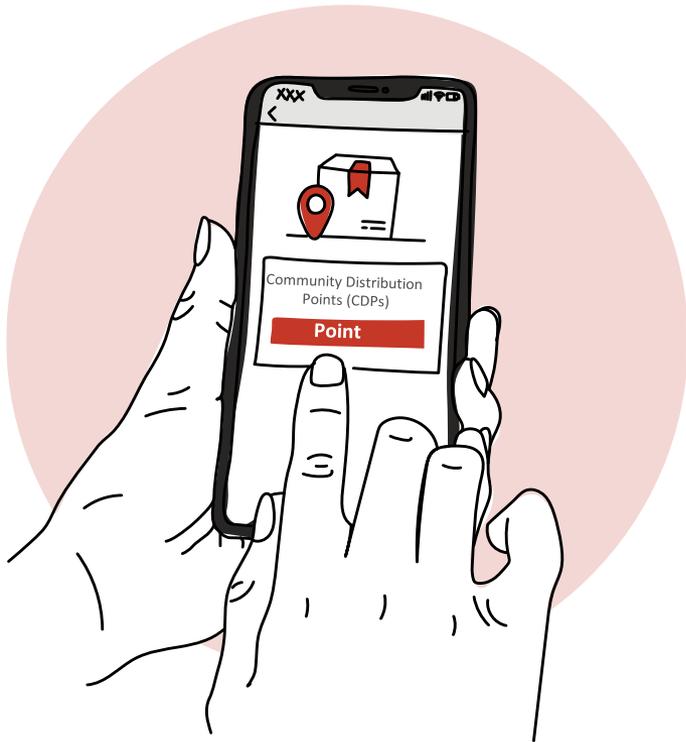
#### Document

Document any concerns and discuss how they can be mitigated.

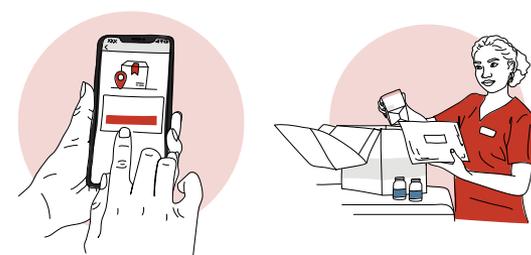
### TALKING POINTS

- You can pick up your medicines at the designated collection point/place outside the health center.
- Several support sites are available:
  - Health posts
  - Community places (for example, where community ART groups meet)
  - The office of community organizations or nongovernment organizations
  - Community private pharmacy
  - Private clinics
  - Faith-based organization clinics
  - Home delivery
- You can choose the support site that best suits your needs. This may be a location:
  - Closer to your home that saves time and travel costs
  - Not necessarily closer to your home, but better meets your needs for privacy and confidentiality
  - Where you receive other services
  - Your home, in some cases

## 30. Safety and quality of DDD services



# 30. Safety and quality of DDD services



## KEY MESSAGES

- DDD pickup locations are selected based on safety and convenience for clients, and services are offered in accordance with national guidelines.
- The quality of service is controlled, and the ARV drugs are the same as those at the center.
- ARV drugs are prepackaged; their name is not visible on the outside.
- Where possible, other medications that the adolescent requires are also be provided.

### Counselor Instructions



Use open-ended questions (for example):

- What are some of the concerns you have about DDD?
- How do you think you can overcome some of these concerns?

### Document



Document any concerns and discuss how they can be mitigated.

## TALKING POINTS

You may have concerns about DDD, so let's talk more about this:

- The pickup points/locations are selected based on safety and convenience for clients. They meet all confidentiality and privacy standards.
- Services are offered in accordance with national guidelines and standards of care.
- DDD providers (e.g., community worker, peer outreach worker, pharmacist) have been trained on standards of care and national guidelines.
- The quality of services is regularly evaluated by the same team that evaluates the health center.
- Medications and services are the same as those offered at the health center.
- Medicines are provided at the point/place of refill by the health center; a system ensures their uninterrupted availability.
- Medications are prepackaged, and their name is not visible on the outside, so no one can see what you are getting. The package does not have a personal ID, only a code that is linked to each adolescent to ensure they receive the correct medications.
- Where possible, a three- to six-month supply is dispensed to avoid having to return too often for refills.
- When needed, other medications will be provided to you, so you do not have to travel to multiple locations to pick up medications.

SECTION

**5**

---

Returning to Care and  
Special Situations

SECTION

**5**

---

Returning to Care and  
Special Situations

## 31. Follow-up adherence counseling visit

**Welcome  
back!**



# 31. Follow-up adherence counseling visit



## KEY MESSAGES

- It's good to see you again!
- Today we will continue to explore challenges you may be having and actions we can take so you can stay healthy.



### Counselor Instructions

- **Explore barriers and challenges with the adolescents.**
- **Use open-ended questions:**
  - Affirm! Avoid having the adolescent feel they have failed.
  - Reframe: You are really taking your health seriously despite facing a number of challenges.
  - Note all challenges in the Log.
- **Go to the appropriate cue cards in the Adherence Planning section to review plans and adjust as needed.**



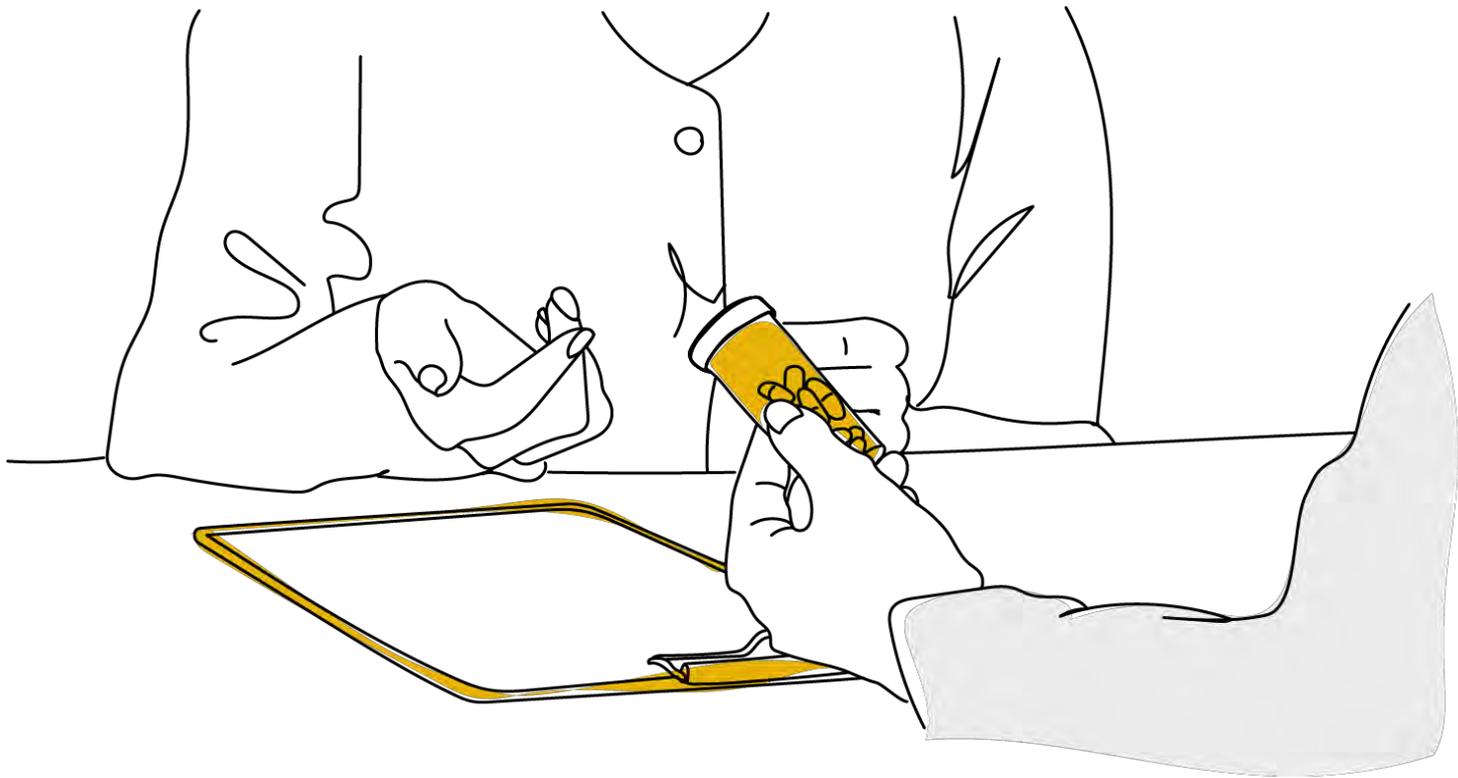
### Document

Document the specific barriers in the **Adherence Barriers and Interventions Log**.

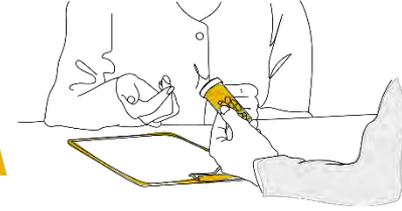
## TALKING POINTS

- *Hello, how are you? Are there any specific issues you would like us to discuss today?* (Take note of the issues so you can discuss them before the session ends).
- *How are things going with the plans we discussed the last time?*
- *Have you faced any challenges that have affected your ability to stay on treatment since we last met? If so, what challenges have you faced?* (Probe for the following challenges):
  - Adherence to treatment medications and schedule (*Any issues with taking medications on time, missed doses, or medication side effects?*)
  - Keeping appointments (*Problems with transportation? Inflexible school schedules?*)
  - Provider-caregiver-adolescent communication (*Any privacy or confidentiality issues?*)
  - Getting medication refills (*Any issues with transport to the pickup point?*)
  - Disclosure (*Need to disclose to anyone new? Problems disclosing?*)
  - Social support (*Any stigma and discrimination issues?*)
  - Violence (*Any physical, sexual, or verbal violence? Was it reported? How did it affect your adherence?*)
  - Substance use or mental health issues (*What issues? How are they affecting your adherence?*)
  - Travel (*Any travel plans? How will medications be obtained?*)
- Let's look back at your plan. We might have to make some revisions together. *How does that sound to you?*

## 32. Returning to care after having missed dose(s) or stopped treatment (1)



## 32. Returning to care after having missed dose(s) or stopped treatment (1/3)



### KEY MESSAGES

- I'm glad to see you again.
- Today we will explore ways to help you stay on treatment.



### Counselor Instructions

- **Use open-ended questions:**
  - Affirm! Avoid having the adolescent feel like they have failed.
  - Reframe: You made an effort and faced some challenges. Coming in today shows how much you want to take care of yourself.
- **Go the appropriate cue cards in the Adherence Planning section to develop or review their plan and adjust as needed.**



### Document

Document the specific barriers on the **Adherence Barriers and Interventions Log**.

### TALKING POINTS

- Tell me about your experience taking your medications.
  - *What medications were you taking?*
  - *How were you taking them?*
  - *What side effects did you have?*
  - *What were the reasons that made you stop?*
  - *When did you stop taking them?*
- Let's explore the challenges that affected your treatment.

BARRIERS	PROBING QUESTIONS TO ASSESS BARRIERS
Limited knowledge	<i>Can you tell me the names of your medications? What was your schedule/plan to take them? (e.g., time of day, how many [if pills]) What do think is the purpose of your medications?</i>
Side effects	<i>Have the medications affected the way you feel? What problems have they caused? (e.g., nausea, diarrhea, sleep disturbance)</i>
Forgot taking dose(s)	<i>Do you forget to take your medications? Do you take them at a set time every day? What is your method for remembering to take them?</i>
Felt better	<i>Do you take your medications even when you are feeling well?</i>
Illness	<i>Have you had any illnesses that prevented you from taking your medications?</i>
Substance use	<i>Do you use alcohol? Do you use drugs? Do you feel this may be affecting your ability to take your medications?</i>
Mental health	<i>How is your mood in general? Have you been feeling sad or confused? Have these emotions affected your ability to take your meds?</i>
Health beliefs	<i>Do you believe that taking your medications everyday is good for your health? Have you ever tried other remedies to treat HIV? If so, what remedies?</i>

## 32. Returning to care after having missed dose(s) or stopped treatment (2)



## 32. Returning to care after having missed dose(s) or stopped treatment (2/3)



### KEY MESSAGES

I'm glad to see you again. Today we will continue to explore ways to help you stay on treatment.



#### Counselor Instructions

Summarize what was learned from the adolescent about any specific barriers identified on this card.

**A: Affirmations, for example:**

- I appreciate that you are honest about the way you take your medications.
- You are clearly a resourceful person to manage so many challenges.
- You've worked really hard to take your medications despite these challenges.



#### Document

Document the specific barriers on the **Adherence Barriers and Interventions Log**.

### TALKING POINTS

Let's continue to explore any challenges you have faced to stay on treatment.

BARRIERS	QUESTIONS TO ASSESS BARRIERS
<b>Pill burden</b>	<i>Has the number of pills or amount of liquid been a challenge for you?</i>
<b>Lost/ran out of medication</b>	<i>Have you lost or run out of your medications?</i>
<b>Transportation problems</b>	<i>Have you had any difficulties getting to the health center to pick up your medications? If yes, what are the reasons (e.g., long distance, transport money)?</i>
<b>Scheduling difficulties</b>	<i>Have you been too busy to take your medications? (e.g., studying, working on household chores) Have you been able to take your medications at school? Have you had an inflexible school schedule that affected your ability to obtain refills and take your daily medication?</i>
<b>Sharing meds with others</b>	<i>Have you ever shared your medications with others?</i>
<b>Fear of disclosure</b>	<i>Have you disclosed your HIV status with family members, teachers, or friends? If not, what are your concerns about disclosure?</i>
<b>Lack of family, friend/peer support</b>	<i>Have family members, teachers, or friends/peers been nonsupportive or kept you from taking your medications? Have you experienced any form of violence, including physical, sexual, or verbal? Are you afraid of potential violence if you disclose your status?</i>
<b>Inability to pay</b>	<i>Have clinic fees or other types of fees kept you from taking your medications?</i>
<b>Food insecurity</b>	<i>Has lack of food ever been a problem for taking your medications?</i>

## 32. Returning to care after having missed dose(s) or stopped treatment (3)



## 32. Returning to care after having missed dose(s) or stopped treatment (3/3)



### KEY MESSAGES

Let's continue exploring ways to help you stay on treatment and remain healthy.



#### Counselor Instructions

Summarize what was learned from the adolescent about any specific barriers identified on this card.

Use reflective listening, for example:

- You're wondering if it matters if you take your medications.
- So, you said you feel angry when you think about taking your ARVs and that makes it really hard.
- What I hear you saying is that you are so overwhelmed that your health is the least of your problems right now.



#### Document

Document the specific barriers on the **Enhanced Adherence Plan Tool**.

### TALKING POINTS

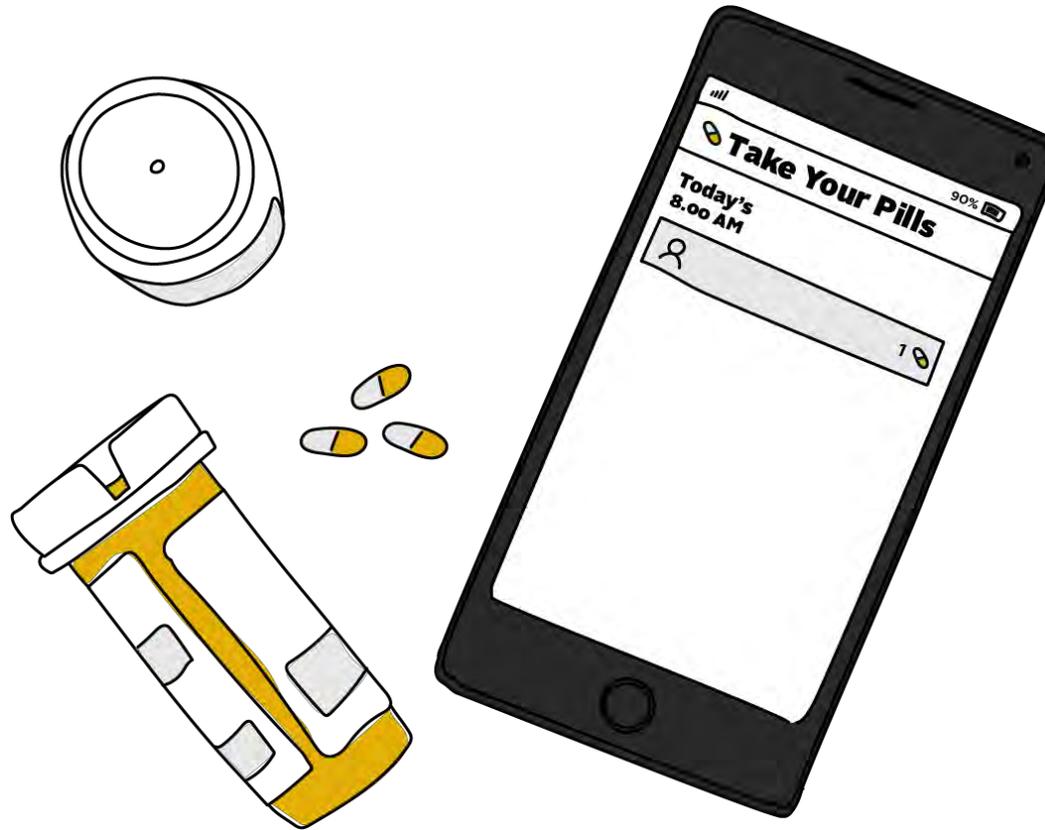
Let's continue to explore any challenges you have faced in taking your medications.

BARRIERS	QUESTIONS TO ASSESS BARRIERS
Drug stock-out	<i>Have you ever come to the health facility and found there were no medications available, or was given only a small supply?</i>
Long wait times	<i>Have you ever left the health facility before receiving your medications because of very long wait times?</i>
Stigma and discrimination	<i>Are you afraid that people in your family, community, school, or group of friends will find out about your HIV? Does that prevent you from coming to clinic or taking your medications?</i>
Political crisis/war/natural disaster	<i>Is it ever unsafe for you to go the health facility to pick up your medications?</i>

Use summary statements (for example):

- *Let me see if I understand so far.* You are struggling to take your medication even though you want to be well and healthy, but you also have other problems in your life that make it difficult to focus on your health.
- *Here's what I've heard you say; let me know if it is right.* You feel fine when you miss a dose and are feeling really uncertain about whether the medications are necessary to keep you healthy.

## 33. Tips to improve taking medications (1)



Together we will find ways to make it easier for you to take your medications.

# 33. Tips to improve taking medications (1/3)



## KEY MESSAGES

Together we will find ways to make it easier for you to take your medications.



### Counselor Instructions

After giving a tip, ask if it seems helpful or if there are questions:

- *How likely do you think it is that this will help you?*
- *How likely are you to try...?*
- *What questions do you have about...?*



### Document

Document the specific barriers on the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

- You are taking your health seriously by talking about challenges you have faced taking your medications [summarize main challenges and barriers].
- *What might be the outcome if you regularly missed your doses?* [Use ASK-TELL-ASK if the adolescent does not provide accurate information].
- Let's explore ways in which we can make it easier for you to take your medications. *How might you address some of the challenges you raised?*
  - [Use adolescents' ideas and the tables on next three cue cards or the Adherence Planning cue cards to develop solutions.]

BARRIERS	INTERVENTIONS TO ADDRESS BARRIERS AND IMPROVE ADHERENCE		
<b>Knowledge deficit</b>	<ul style="list-style-type: none"> <li>• Individual counseling for basic HIV/ARV education</li> </ul>	<ul style="list-style-type: none"> <li>• Group counseling/ peer support group</li> </ul>	<ul style="list-style-type: none"> <li>• Written instructions</li> </ul>
<b>Side effects</b>	<ul style="list-style-type: none"> <li>• Nausea → take with food (refer to physician if persists)</li> <li>• Headache → take paracetamol (refer to physician)</li> </ul>	<ul style="list-style-type: none"> <li>• Diarrhea → refer to physician</li> <li>• Fatigue → refer to physician</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety/depression → take before bed; refer to physician if persists</li> </ul>
<b>Forgot</b>	<ul style="list-style-type: none"> <li>• Medication organizer (i.e., pillbox)</li> <li>• Treatment buddy or peer supporter</li> <li>• Supervision of intake</li> </ul>	<ul style="list-style-type: none"> <li>• Visual schedule (calendar, journal)</li> <li>• Announced pill count at next session</li> </ul>	<ul style="list-style-type: none"> <li>• Reminder (e.g., phone calls, SMS, alarm)</li> <li>• Take pills late; do not skip dose</li> </ul>
<b>Felt better</b>	<ul style="list-style-type: none"> <li>• Basic HIV/ARV education</li> </ul>		
<b>Illness</b>	<ul style="list-style-type: none"> <li>• Refer to physician</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision of medication intake</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment buddy, peer supporter</li> </ul>

### 33. Tips to improve taking medications (2)



Together we will find ways to make it easier for you to take your medications.

# 33. Tips to improve taking medications (2/3)



## KEY MESSAGES

Together we will find ways to make it easier to take your medications.



### Counselor Instructions

Collaborate to develop solutions (for example):

- What have you already tried?
- You have thought a lot about this. What are other ways to solve this challenge?



### Document

Document the specific barriers on the **Adherence Barriers and Interventions Log**.

## TALKING POINTS

Let's continue to explore ways in which we can make it easier for you to take your medications.

BARRIERS	INTERVENTIONS TO ADDRESS BARRIERS AND IMPROVE ADHERENCE		
<b>Mental health</b>	<ul style="list-style-type: none"> <li>• Refer to professional</li> </ul>	<ul style="list-style-type: none"> <li>• Individual counseling</li> <li>• Peer support group</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment buddy, peer supporter</li> </ul>
<b>Pill burden</b>	<ul style="list-style-type: none"> <li>• Refer to physician</li> </ul>	Change to fixed-dose combination, if available	
<b>Lost/ran out of pills</b>	<ul style="list-style-type: none"> <li>• Extra supply of pills</li> </ul>	<ul style="list-style-type: none"> <li>• Community adherence group (to pick up and support taking drugs)</li> </ul>	<ul style="list-style-type: none"> <li>• Educate to alert facility if it occurs</li> </ul>
<b>Transportation problems</b>	<ul style="list-style-type: none"> <li>• Community adherence group (to pick up/support taking drugs)</li> </ul>	<ul style="list-style-type: none"> <li>• Multimonth dispensation (3- to 6-month supply when feasible)</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment buddy who can pick up drugs, DDD</li> </ul>
<b>Health beliefs</b>	<ul style="list-style-type: none"> <li>• Individual counseling for basic HIV/ARV education</li> </ul>	<ul style="list-style-type: none"> <li>• Group counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support group</li> </ul>
<b>Scheduling difficulty</b>	<ul style="list-style-type: none"> <li>• Education (combine with daily routine such as bedtime or brushing teeth)</li> </ul>	<ul style="list-style-type: none"> <li>• Reminders through phone calls, SMS, alarm</li> <li>• ART group, DDD</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment buddy, peer supporter</li> <li>• Keep a few doses in different locations for easy access</li> </ul>
<b>Alcohol or drug use</b>	<ul style="list-style-type: none"> <li>• Opioid substitution therapy</li> <li>• Individual counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision of medication intake</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support group</li> </ul>

### 33. Tips to improve taking medications (3)



Together we will find ways to make it easier for you to take your meds.

# 33. Tips to improve taking medications (3/3)



## KEY MESSAGES

Together we will find ways to make it easier to take your medications.



### Counselor Instructions

- Offer suggestions to overcome specific barriers that have been identified.
- Summarize the plans.
- Ask the adolescent if she/he has any questions.
- Discuss the date of the next follow-up session and its purpose.



### Document

Document interventions and any needed referrals on the **Adherence Barriers and Interventions Log.**

## TALKING POINTS

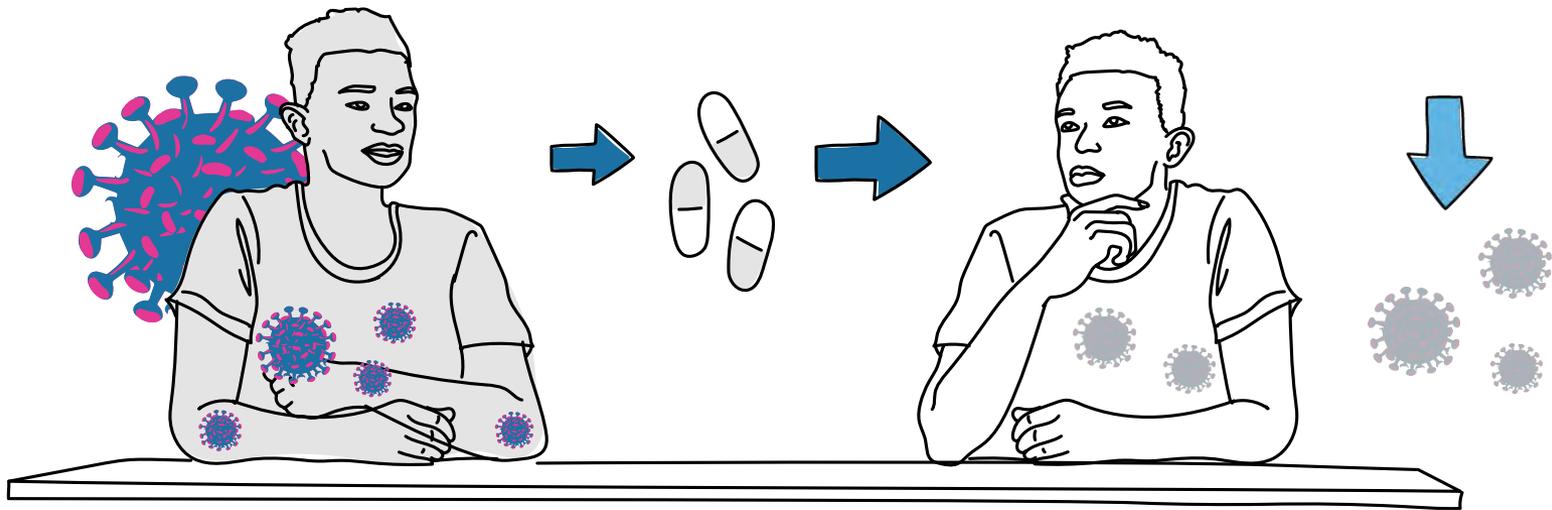
Let's continue to explore ways in which we can make it easier for you to take your medications.

BARRIERS	INTERVENTIONS TO ADDRESS BARRIERS AND IMPROVE ADHERENCE		
<b>Sharing meds with others</b>	<ul style="list-style-type: none"> <li>• Individual counseling for basic HIV/ARV education</li> </ul>	<ul style="list-style-type: none"> <li>• Group counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate enrollment into care/PrEP for family members</li> </ul>
<b>Fear of disclosure</b>	<ul style="list-style-type: none"> <li>• Individual counseling</li> <li>• Treatment buddy, peer supporter</li> <li>• Couples counseling and testing</li> </ul>	<ul style="list-style-type: none"> <li>• Group counseling</li> <li>• Unmarked pill bottle</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support group</li> <li>• ART group</li> </ul>
<b>Family/partner/friend/peer relationships</b>	<ul style="list-style-type: none"> <li>• Group counseling</li> <li>• One on one counseling</li> <li>• Support group</li> </ul>		
<b>Inability to pay</b>	<ul style="list-style-type: none"> <li>• Refer to social protection services or economic strengthening services</li> </ul>		
<b>Food insecurity</b>	<ul style="list-style-type: none"> <li>• Refer to services that offer food supply or supplement if malnutrition</li> </ul>		
<b>Long wait times</b>	<ul style="list-style-type: none"> <li>• Nurse-led or community-based care</li> </ul>	<ul style="list-style-type: none"> <li>• MMD</li> </ul>	<ul style="list-style-type: none"> <li>• ART group</li> </ul>
<b>Stigma and discrimination</b>	<ul style="list-style-type: none"> <li>• Individual/group counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support group</li> </ul>	<ul style="list-style-type: none"> <li>• ART group</li> </ul>
<b>Political crisis, war, natural disaster</b>	<ul style="list-style-type: none"> <li>• Individual counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Case management</li> </ul>	

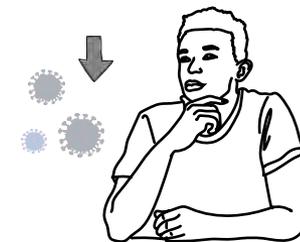
## 34. Your viral load is suppressed

A suppressed viral load means that you are adhering to your medications, and they are working. This does not mean that you can stop taking your medications.

**Continue to take your medication every day to keep the viral load suppressed; this will keep you from getting sick.**



## 34. Your viral load is suppressed



### KEY MESSAGES

- A suppressed viral load means you are taking your ARVs as prescribed, and they are working.
- This does not mean ARVs can be stopped.
- Continue to take your ARVs everyday.



### Let's Review

- *What does a suppressed viral load mean?*
- *Why is it important to continue taking your medications every day?*
- *When will your viral load be checked again?*
- *What medicines do you take and when?*

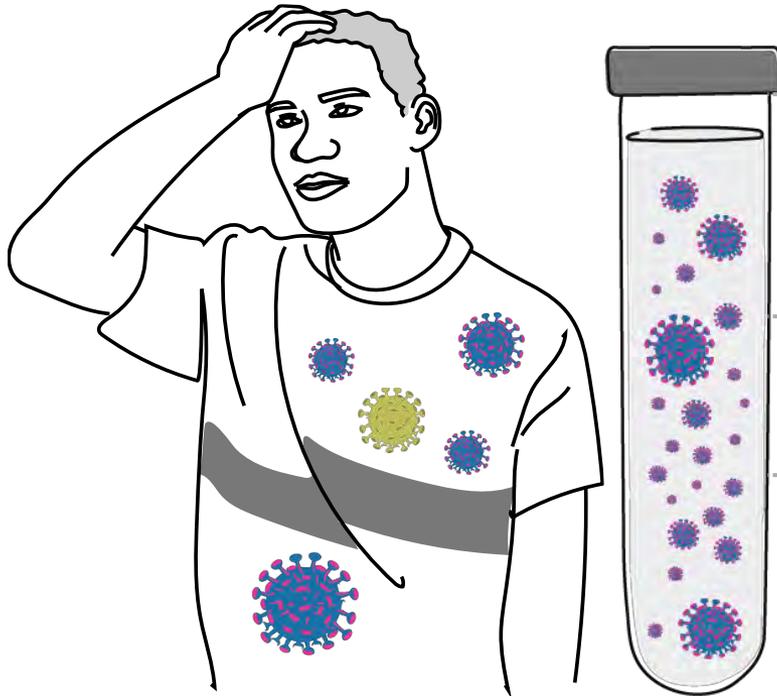
### TALKING POINTS

- Your viral load is \_\_\_\_\_.
- A suppressed viral load (refer to national cut-off) means you are taking your medications as prescribed, and they are working. It does not mean you can stop taking them or stop using condoms (if sexually active).
- Until your viral load is suppressed, it is still possible to sexually transmit HIV to your boyfriend/girlfriend.
- A late dose is better than a missed dose.
- *Have you experienced any challenges in taking your medications? What has helped you remember to take them?*

A few reminders:

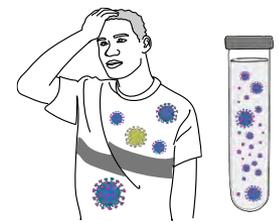
- It's important to keep all of your appointments.
- If you notice that your medications are running low, come to the clinic even if you don't have an appointment.
- Clinical providers will check the viral load again in \_\_\_\_ [six months for newly initiated adolescents and if this is first viral load result, or one year for those with more than one low viral load test result].
- Please let your clinical provider know if you have any problems taking your medications in the future, so that he/she can help you address them.
- Your next is appointment is \_\_\_\_\_. Even if you still have medications, it is important that you come to your appointment.

## 35. Your viral load is NOT suppressed



- HIV is making more virus and harming your body.
- You may be missing doses of your medications.
- Or...
- ....the virus may have changed, and the medications are no longer working.

# 35. Your viral load is NOT suppressed



## KEY MESSAGES

- This means that HIV is making more virus and harming your body.
- You may be missing doses of your ARVs.
- The virus may be resistant, meaning it has changed, and your medications are no longer working.



### Counselor Instructions

Remember to use nonjudgmental and respectful language – do not blame or criticize:

- I am glad you came to get your viral load results. Now we can help you work toward a low viral load.

### Let's Review

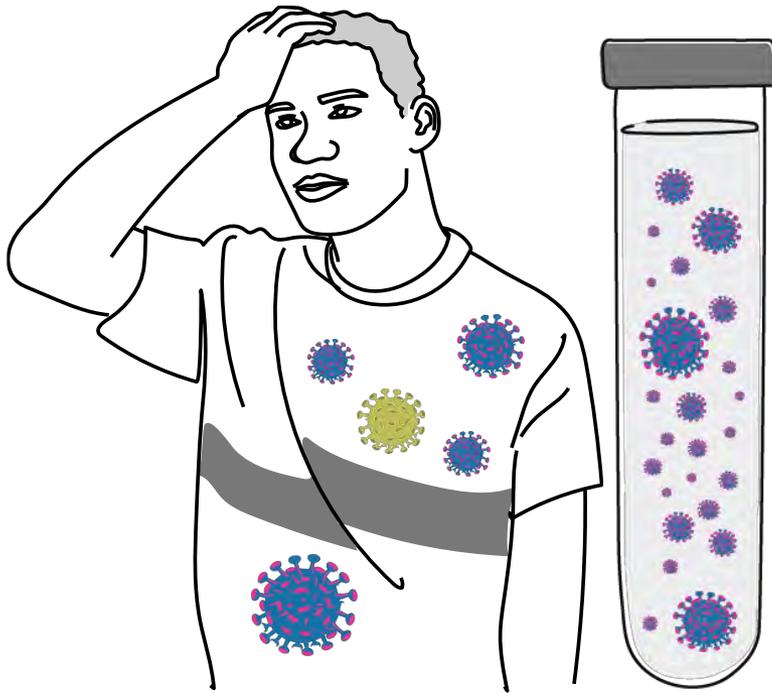


- *What are possible reasons for an unsuppressed viral load?*
- *What can happen when your viral load is not suppressed?*
- *What is beneficial about having a suppressed viral load? How important is your long-term health?*
- *What do you think happens if you don't take ARVs regularly?*

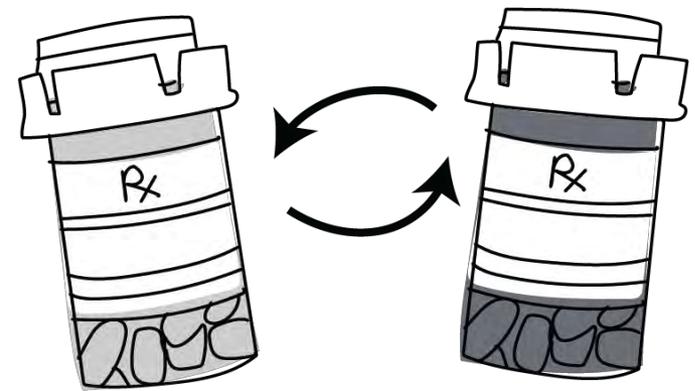
## TALKING POINTS

- Your viral load is \_\_\_\_\_, which is considered unsuppressed.
- The goal is to keep your viral load undetectable, below 200 ml.
- Unsuppressed means that HIV is making more virus in the body.
- This may be because you are not taking your medications as instructed, or because the medicine is not effective for the form of the virus you have.
- With this much virus in your blood, your immune (defense) system becomes weaker. This can affect your brain, heart, liver, and kidneys, and make you sick.
- If your medications are not taken properly, the virus can also change and become “resistant,” meaning that even if taken properly, they will no longer work.
- With an unsuppressed viral load, it is easier to spread HIV to your partner, so it is especially important to use condoms all the time.
- *If you were to continue missing doses, what might be some of the outcomes? What is the worst thing that could happen?*
- *If you were to take your treatment every day, what would you hope would happen?*

## 36. HIV medications are not working well

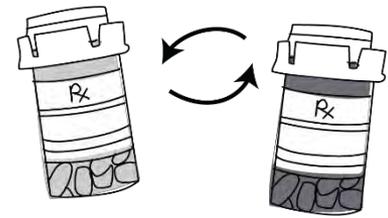


It is likely that the virus has changed, and your medications are no longer working.



Switching your medication is recommended.

# 36. HIV medications are not working well



## KEY MESSAGES

- It is likely that the virus is resistant, meaning that it has changed, and your medications are no longer working.
- Switching your medication is recommended.



### Let's Review

- *Can you please tell me why your doctor changed your medication?*
- *In your own words, what does resistance mean?*
- *What are the new medications you are taking, and how will you take them?*
- *What has helped you to take your medications?*
- *When is your next appointment?*
- *I will want to check your viral load again in \_\_\_ months to see how the new medications are working.*
- *Do you have questions?*

## TALKING POINTS

- If you are taking your medications every day and your viral load result is still high, it likely that the medications are not working well (the medication is not stopping HIV from making copies).
- If your clinical provider has recommended that you change your medication regimen; discuss possible side effects and how to avoid or manage them.
- The new medication should reduce your viral load and keep you well.
- It is important to take your new medications properly.
- Please let your provider know if you have any problems so you can get assistance. (Note for counselor: If the adolescent agrees, you can inform the clinical provider and help with referrals to other services, as appropriate).
- If you start other medications, such as for tuberculosis, please let your provider know right away.
- Your next appointment is \_\_\_\_\_.

### Counselor Instructions



Use relevant cards for adherence assessments and counseling, and explanation of viral load results.

### Document



Document new ARVs on the **Enhanced Adherence Plan Tool**.

