

U = U

Undetectable = **U**ntransmittable

A Western Cape Toolkit



Western Cape
Government

FOR YOU

U = U

Undetectable = Untransmittable

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1. Introduction and Background

The South African National AIDS Council (SANAC), in partnership with the National Department of Health, has embarked on a process to implement a National HIV Treatment Literacy programme for persons living with HIV. The treatment literacy program seeks to explicitly acknowledge that HIV treatment eliminates transmission of HIV and makes communities and People Living with HIV (PLHIV) aware of the ground-breaking Treatment as Prevention (TasP)¹. A key component of this literacy programme is the promotion of the Undetectable=Untransmissible (U=U) campaign to enhance antiretroviral (ART) coverage and to encourage PLHIV to remain in ART care. It is acknowledged that the development and implementation of such a campaign must include the voices of PLHIV and civil society sectors. To this end, civil society members, including PLHIV, have been included in the provincial process.

The overall goal of the Treatment Literacy Programme is to have an HIV literate population that informs, empowers, and champions HIV Prevention, Care, and Treatment. The table illustrates three objectives with sub-objectives²:

Capacitate

- Implement an HIV Literacy Intervention that includes U=U messaging.
- Capacitate people living with HIV, populations placed at risk, and local communities to be HIV literate regardless of literacy level.
- Bring together institutional capacities and human resources in the form of skills and experiences, including research and ideas, to tackle HIV literacy problems beyond a single organization's capacity.

Empower

- People Living with HIV, populations at risk, and local communities can find, understand, and use HIV literacy information to inform their health-related decisions and actions.
- Empower populations placed at risk to access and use HIV prevention information to remain HIV-negative.
- Achieve HIV literacy through collective institutional efforts that ensure the efficient use of resources, program scale-up, monitoring, and sustainability.

Champion

- People Living with HIV, populations placed at risk, and local communities share HIV prevention, care, and treatment information to inform health-related decisions and actions for communities.
- People Living with HIV, populations placed at risk, and local communities participate in the development of national HIV policies, guidelines, and programmatic strategies.
- Collective institutional contribution to the evidence-based development of national HIV policies, guidelines, and programmatic strategies.

1. National Department of Health. 2022. National Multistakeholder Treatment Literacy Workshop: Concept Note.
2. Dukashe, M. 2023. Treatment Literacy and U=U Presentation (SANAC).

1.1 National Strategic Plan for HIV, TB, and STIs 2023-2028

South Africa's National Strategic Plan for HIV, TB, and STI's 2023-2028 acknowledges that although considerable strides have been made in certain areas, such as HIV testing, the country is still lagging on initiating and retaining infected people on antiretroviral therapy³. The country has nearly 8 million people living with HIV, with approximately 5,7 million of them on treatment - leaving a gap of over 2 million people who should be on treatment but are not.

It is also concerning that the percentage and levels of viral suppression are not at a level that would see us reaping the full benefits of treatment as prevention. In providing a roadmap on the journey towards a future where the burden of HIV, TB, and STI's is reduced the National Strategic Plan for HIV, AIDS, and STIs 2023-2028 outlines four strategic goals:

GOAL 1:

Break down barriers to achieving outcomes for HIV, TB and STIs

GOAL 2:

Maximise equitable and equal access to services and solutions for HIV, TB and STIs

GOAL 3:

Fully resource and sustain an efficient NSP led by revitalised, inclusive and accountable institutions

GOAL 4:

Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response

3. South Africa's National Strategic Plan for HIV, TB and STIs, 2023-2028. "The People's NSP". Available at <https://sanac.org.za/wp-content/uploads/2023/05/SANAC-NSP-2023-2028-Web-Version.pdf>

2. Objectives of the Toolkit

- To introduce the concept of Undetectable = Untransmittable (U=U).
- To create a greater awareness and understanding of U=U.
- Promote HIV prevention and adherence to HIV treatment.
- Raise awareness on the effective use of ART to prevent transmission of HIV.
- To encourage and promote regular viral load monitoring.
- Empower People Living with HIV, populations at risk, and local communities to find, understand, and use HIV literacy information to inform their health-related decisions and actions.
- To make accessible relevant information relating to HIV prevention, treatment and care.

The toolkit user target group:

- Civil Society Sector Organisations
- Community-based organisations
- Facility-based staff and Health Promoters (HPOs) working in health facilities in the Western Cape.
- Community Liaison Officers (CLOs) in the Metro and Rural Health Services
- Health Care Workers (HCWs) Community
- Health Care Workers (CHCWs)
- Western Cape on Wellness (WoW!) Champions Adult
- Women and men
- Youth
- Key and Priority Population (women and young girls) and key populations (youth in reproductive years)
- General public



3. About the U = U Campaign

Rationale

Timely diagnosis of HIV infection and sustained ART increase the quality of life for a person living with HIV and prevent the spread of the virus. For a person living with HIV, starting on ART is the first step towards achieving VL suppression: a reduction of HIV in the body to undetectable levels. Research shows that suppressing HIV to undetectable levels virtually eliminates transmission of the virus to sexual partners⁴. The threshold for U=U is under 200 copies/ml, synonymous with viral suppression⁵. According to the Joint United Program on HIV/AIDS, HIV-related stigma and discrimination serve as barriers limiting access to and acceptance of prevention services, engagement in care, and adherence to ART⁶.

Promoting the U=U Messaging via a multimedia communications campaign has proven to be successful in helping to correct misconceptions about HIV, while engaging individuals, including members of key populations, in testing and treatment services⁷. PLHIV are suffering from social rejection, isolation, depression, suicide, intimate partner violence, prosecution, and murder. Spreading the message that sustained adherence to ART can help eliminate the risk of transmitting HIV to sexual partners has proved a promising tool for furthering progress toward achieving the global targets of ending the HIV epidemic.

Potential benefits of promoting U=U include:

- Dismantling HIV stigma and discrimination
- Promoting HIV testing
- Improving linkage to care
- Motivating people living with HIV to adhere to treatment, achieve viral suppression and subsequently lead long and healthier lives, while preventing HIV transmission to sexual partners.

The fact that HIV treatment has advanced to the point that people infected with HIV can live full-length, healthy lives with zero chance of sexually transmitting the virus to others as long as they are on effective ART is a huge success⁸. Although evidence for this fact has been growing since 2000, it has been slow to influence public perception. The U=U campaign embodies the idea of treatment as prevention and must be actively promoted.

U=U is a simple but hugely important campaign based on a sound foundation of scientific evidence. It has already proven to be successful in influencing public opinion, causing more people living with HIV to understand that they can live long, healthy lives and not worry about passing HIV infection to others.

The uncomplicated and clear message of the U=U campaign will make it easier to:

- Promote the benefits of ART.
- Encourage people living with HIV to seek treatment.
- Help close the gap toward meeting the global targets for HIV.
- Help eradicate the stigma and discrimination associated with HIV still faced by PLHIV today.

Although the U=U campaign is supported this does not undermine the significant use of condoms as these protect against unplanned pregnancies and other sexually transmitted infections.

⁴ <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>

⁵ <https://preventionaccess.org/wp-content/uploads/2021/05/UU-Resources-for-HCP-PAC.pdf>

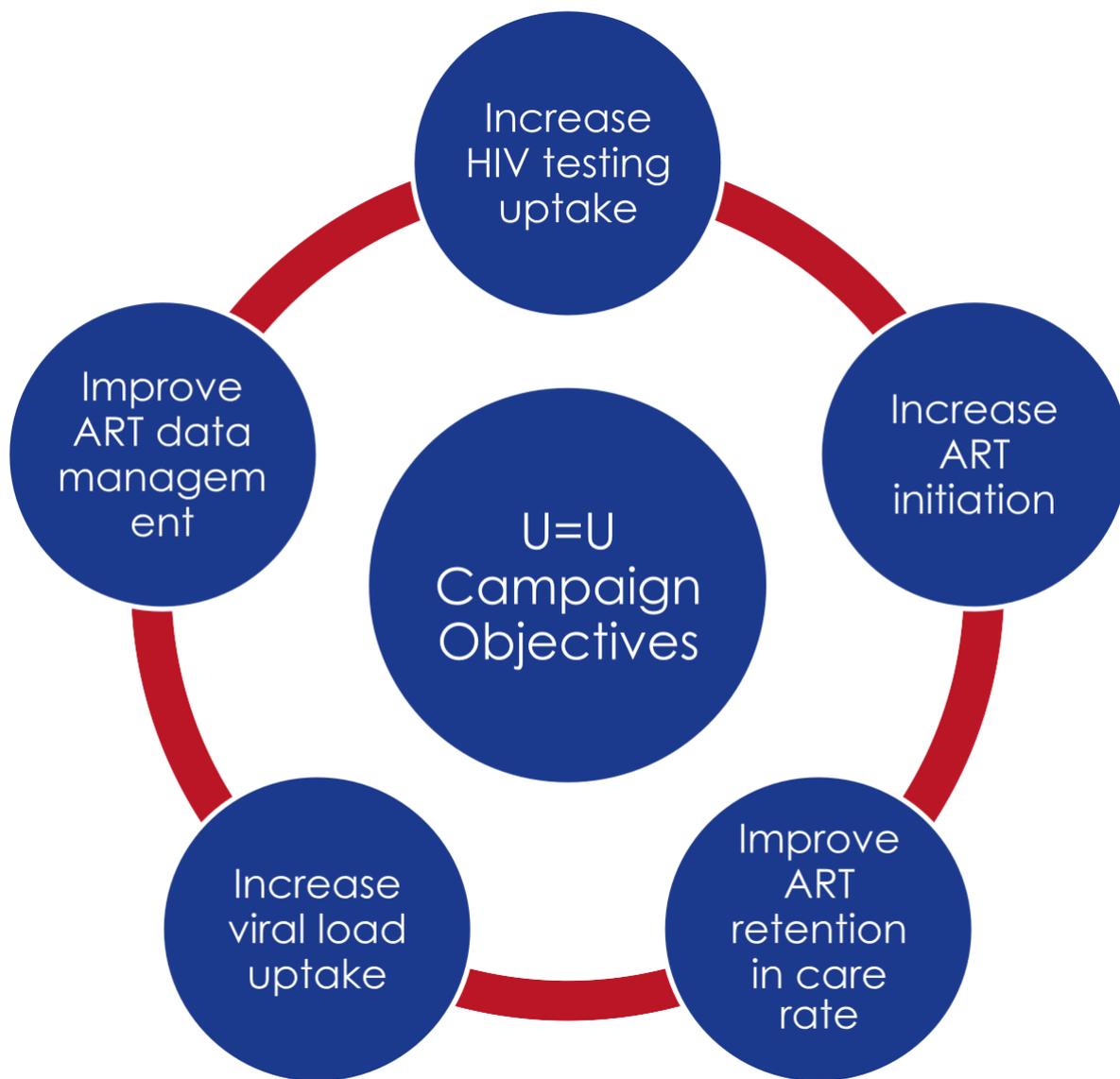
⁶ https://www.unaids.org/sites/default/files/media_asset/eliminating-discrimination-guidance_en.pdf

⁷ <https://www.cdc.gov/globalhivtb/who-we-are/features/amplifying-undetectableuntransmittable.html>

⁸ [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30183-2/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30183-2/fulltext)

Goals & Objectives

The overall goal of the U=U campaign is aimed at ensuring that people living with HIV have access to the treatment and care needed to remain healthy, improve their quality of life and prevent new HIV transmissions.



U = U Principles

The concept of U=U is grounded in the following principle⁹:

Adherence:

For HIV treatment to provide maximum benefit, it is essential that ART is taken as prescribed; the goal is to achieve an undetectable viral load. Achieving an undetectable viral load can require ART for up to 6 months. Once an undetectable viral load is achieved, continued adherence to ART is required to ensure that the virus remains suppressed, so it is not transmitted through sex. Because maintaining an undetectable viral load is foundational to the U=U strategy and may be functionally challenging for many individuals with HIV, it is recommended that consistent adherence to ART is demonstrated before relying on U=U as a sole, effective HIV prevention strategy. Consistent adherence may be confirmed with two consecutive undetectable viral load test results separated in time or a full 10-month period during which all viral load test results are undetectable (more conservative)¹⁰.

If an individual stops or is inconsistent in taking ART, they may no longer have an undetectable viral load or may be at high risk of recrudescence. In this scenario, transmission is possible; viral load must be undetectable for U=U to be an effective HIV prevention strategy. U=U assumes that an individual is adherent to HIV treatment and is consistently taking antiretroviral medications as prescribed, which is the only way to maintain an undetectable viral load. Suspension of ART adherence or intermittent adherence may lead to a viral rebound, negating the effectiveness of U=U as a stand-alone HIV prevention strategy.

VL Monitoring:

As per 2023 ART clinical guidelines, the first routine VL testing should be performed after the third dispensing cycle which is in the fourth month after three consecutive ART uptake. The second VL should be done from 10 dispensing cycles but should be aligned with the client scripting cycle. The third routine VL should be done at 22 dispensing cycles but for virologically suppressed clients. The fourth routine VL will be taken at intervals of 12 dispensing cycles for all clients who remain virologically suppressed¹¹.

U = U and HIV Transmission

U=U applies to the transmission of HIV through sex only. The risk of transmission through other routes, including breastfeeding, and sharing needles is not zero (but very minimal):

- Achieving and maintaining viral suppression through ART during pregnancy, delivery, and postpartum decreases the risk of transmission through breastfeeding to less than 1%, but not zero
- U=U and HIV transmission through breastfeeding: Studies demonstrate that ART greatly reduces the risk of HIV transmission from individuals who breastfeed their infants. However, research has not established that people whose HIV is undetectable do not transmit HIV during breastfeeding, exclusive breastfeeding is still recommended.
- U=U and HIV transmission through sharing of injection drug equipment: Studies demonstrate that ART greatly reduces the risk of HIV transmission through sharing of injection drug use equipment. However, research has not established that people with an undetectable HIV viral load do not transmit HIV through needle sharing. A disinfected syringe is not as good as a new, sterile syringe, but it can greatly reduce your risk for HIV and viral hepatitis.
- U=U and needlestick injuries: Research has not established that people with an undetectable HIV viral load do not transmit HIV to people who are stuck by a needle containing their blood. HIV post-exposure prophylaxis (PEP) is recommended.

⁹ Eisinger, et al. 2019 cited in https://www.hivguidelines.org/antiretroviral-therapy/u-equals-u/#tab_1

¹⁰ National Department of Health. 2023. 2023 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates. Available at: https://www.differentiatedservicedelivery.org/wp-content/uploads/National-ART-Clinical-Guideline-2023_04_28-signed.pdf

¹¹ National Department of Health. 2023. 2023 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and

U=U is **not** meant to replace PrEP/ PEP/Condom use but is meant to promote adherence to ART with the aim of increasing the total number of patients remaining in ART Care and to improve viral load monitoring.

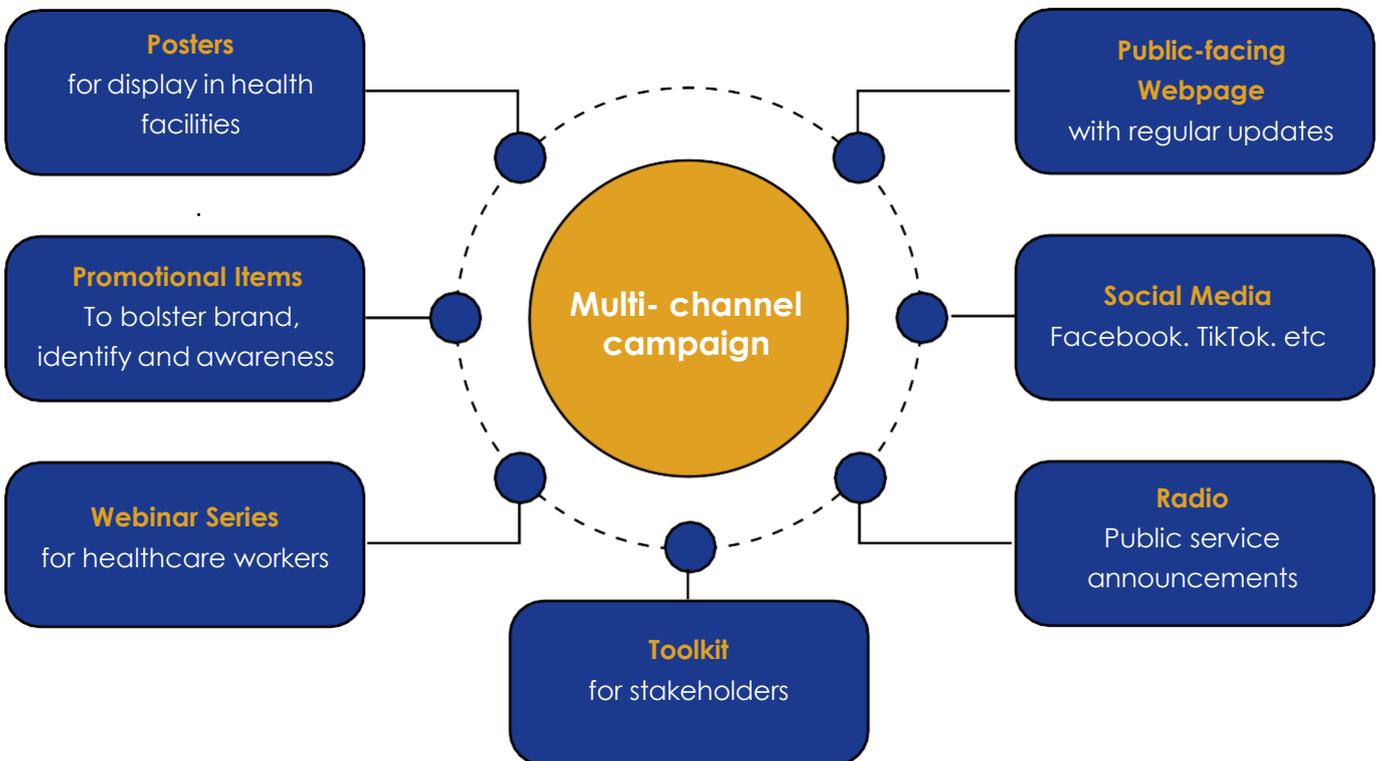
Having an undetectable viral load does **not** mean one is cured of HIV, **continuous uptake of ART is crucial.**

Having an undetectable viral load is **not** the same as being HIV-negative, people who are HIV-negative have never contracted HIV.



Campaign Elements

The following U=U campaign elements were jointly agreed upon by government and civil society representatives:



Key Messaging

The following key messages have been agreed upon:

Having an undetectable viral load prevents me from spreading HIV to my sexual partner.

I am living a long and healthy life by taking antiretroviral therapy every day.

If you do not know your HIV status, get tested at your nearest health facility today.

A positive HIV test is an opportunity to treat HIV, stay healthy and prevent HIV transmission.



4. Using this toolkit

Channels of communication

- The toolkit will be shared with relevant users via email.
- Key messages and IEC material used in this toolkit can be shared via social media pages such as the WoW! Facebook Group (WoW! Western Cape on Wellness), and the Department of Health and Wellness Facebook page (Western Cape Government Health).
- Additional material will be made available in facilities, on the website below, and will be shared to keep all informed and to align approaches
www.westerncape.gov.za/UequalsU and <https://sanac.org.za/treatment-literacy/>

Tips for social mobilisation

- Arrange information sessions or activations, such as talks at the facility or at community level, providing health education promoting U=U messaging.
- Health Talks should aim to unpack the science on Undetectable = Untransmissible (U=U) as a tool to drive treatment adherence and increase responsibility for health-seeking behaviour.
- Share information in the waiting areas of a facility.
- Share information such as IEC material in the toolkit via email, display on notice boards or on information tables.
- Share activities on social media platforms such as Facebook, Instagram, Twitter, and WhatsApp using the hashtag **#UequalsU** and or **#95-95-95**.

Measures of success

- Feedback from the toolkit users on its usefulness can be provided to the Provincial team (vuyokazi.august@westerncape.gov.za or Kelly.fortune@westerncape.gov.za) to explore and include aspects to address respective needs.
- The following indicators can be used to measure success:
 - Number of beneficiaries reached with key messages.
 - Number of key messages shared.
 - Number of IEC material distributed (via different platforms, including social media). For social media sharing on platforms, statistics can be gathered to identify number of
- Activity and feedback reports can further be used to plan, document successes and measure impact. Showcase activities in the reports by adding pictures with the relevant permission. Share activities in the Health Promotion activity plan that was communicated.
- Share the toolkit with the target audience and partners.
- Monitor & Evaluate HIV/AIDS cascade periodically to monitor trends.

5. Resources

5.1 HIV in South Africa – key facts and figures¹⁴

13.9%

Estimated proportion of population living with HIV

**8.5
million**

Total number of Persons Living with HIV in South Africa

**6.33
million**

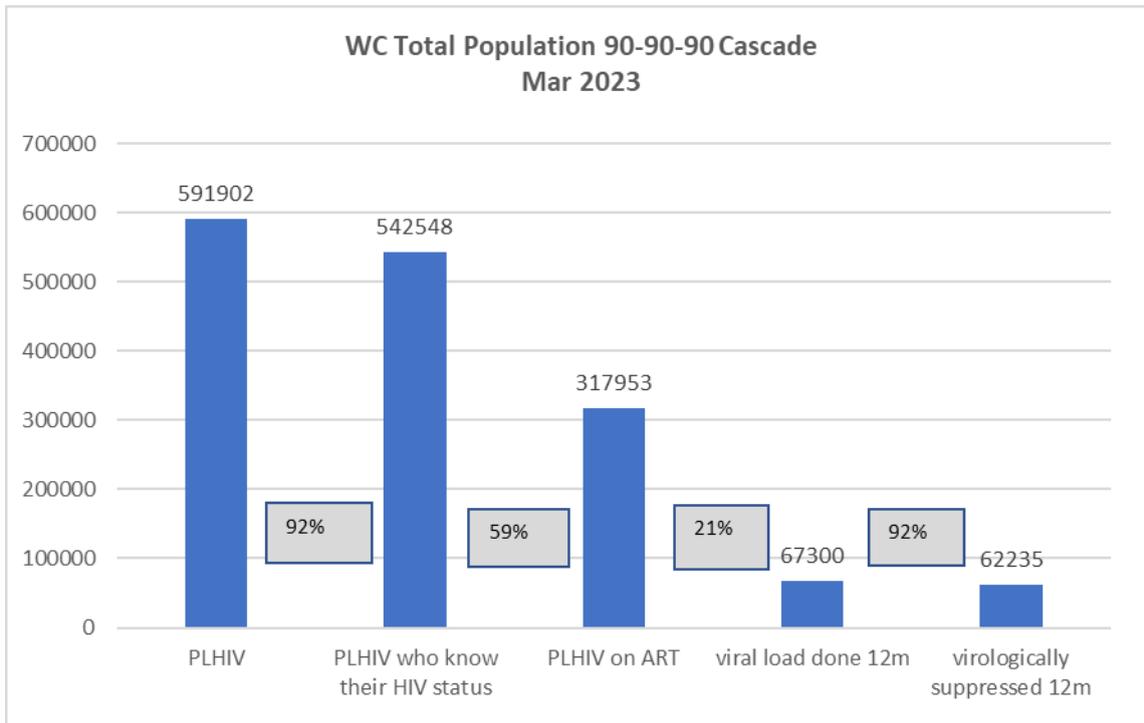
The estimated number of persons living with HIV on antiretroviral treatment

South Africa has the largest number of people enrolled in ART programme in the world.

Almost a fourth of women in South Africa in the age group between (15-49 years) are HIV Positive.

The COVID-19 pandemic has to some extent interrupted HIV prevention and treatment

5.2 Western Cape HIV Cascade



HIV 909090 Cascade (March 2022-23)¹²

- As per the graph above in the Western Cape 92% of people living with HIV know their status, 59 % of those living with HIV are on ART and 21% had their viral loads (VL) done and 92% of those whose VLs were done were virologically suppressed.
- Western Cape has a total of 591 902 People living with HIV as per DHIS data by the end of March 2023), thus achieving 92-59-92 progress towards 95-95-95 target.
- There was a noticeable underperformance on the 2nd 90 as only 59% of those who know their status are on ART.

92%

PLHIV Know their status

59%

PLHIV on ART

92%

Virologically Suppressed

The latest data shows that 92% of all PLHIV in the Western Cape know their status, 59% of the people diagnosed were on treatment. Among those on treatment, 92% were virologically suppressed.

¹² DHIS-Apr 2022-Mar 2023 90-90-90 Cascade

5.3 More about HIV

The Basics

- HIV is the Human Immunodeficiency Virus, which can lead to Acquired Immuno-deficiency Syndrome (AIDS).
- HIV destroys blood cells called CD4 cells which help the body fight disease and infection. This means that HIV compromises/weakens the immune system.
- It is documented that people living with HIV (PLHIV) are more likely to contract Tuberculosis (TB) and that TB is one of the leading causes of death among PLHIV.
- Social determinants namely, poverty, inequality, gender inequality, gender-based violence, alcohol and drug use increase vulnerability to HIV, TB, and Sexually Transmitted Infections (STI's). These factors impact health-seeking behavior and adherence to prescribed regimens.

HIV Transmission

- HIV is a virus that can be transmitted from person to person through bodily fluids (semen, vaginal secretion fluids, breast milk, and blood).
- HIV can also be transmitted from a mother to her child through pregnancy and during delivery.
- PLHIV who take antiretroviral Therapy (ART) and are virally suppressed, do not transmit HIV to their sexual partners. Early access to ART and treatment adherence with support is therefore critical to improve the health of PLHIV and to prevent HIV transmission.

HIV Treatment and Care

- Currently ART does not cure HIV infection but suppresses viral load and allows for strengthening of the immune system recovery.
- With increasing access to effective HIV prevention, diagnosis, treatment, and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives.

HIV Treatment Fatigue

- It is undeniable that there are patient-centered problems of non-adherence including issues of pill fatigue and non-disclosure. Poor adherence to ART is associated with less effective viral suppression, which risks the immediate health of the patient, but also risks creating permanent treatment resistance to that agent or group of agents within a given combination therapy regimen .
- This may have downstream effects on treatment costs as well as therapeutic options. The causes of poor adherence to ART are extremely diverse, and include the complexity of therapeutic regimens (e.g., pill burden, non-disclosure), treatment side effects, poor health literacy, poor patient-physician relationship, and limited access to ART as a result of formulary restrictions.

Adherence and need for support groups

- Several strategies have demonstrated positive effects on treatment adherence in patients with HIV both in terms of managing the disease and in terms of directly addressing barriers to adherence. The person who has tested positive needs mental health support in addition to the medication being taken for treating the virus. This is because the virus kills the immune system slowly, but mental distress deteriorates one's health rapidly.
- Support groups help in the holistic management of the disease. It helps clients to access support from the government, handle cases of transmission, disclosure, find treatment, manage relationships and safe sex, etc. A newly diagnosed patient may feel overwhelmed and support groups can help him/her/they navigate the treatment journey.



5.4 HIV, STIs, Condom use and Pregnancy Key Messages



Condoms

- Condoms prevent transmission by reducing the risk of exposure to HIV and STI's during sex.
- Laboratory studies show that the materials used to make most condoms (such as nitrile, latex, polyurethane, and polyisoprene) do not allow bacteria, viruses, or other germs to pass through them.
- Condoms act as a barrier to HIV and STI's by preventing the mouth, vagina, penis, and rectum from being exposed to bodily fluids (such as semen, vaginal fluid, and rectal fluid) that can contain HIV and STI's and/or skin infected by an STI (such as herpes and syphilis sores or genital warts).

Sexually Transmitted Infections (STI's)

- Sexually Transmitted Infections are transmissible and carry health risks if left untreated.
- Sexually Transmitted Infections (STIs) are spread from one person to another in the following ways:
 - Unprotected sexual contact.
 - Bodily fluids.
 - If you touch the infected area of another person and then yourself.
 - From mother to child during pregnancy and birth.
 - By sharing needles.
- People living with HIV have a higher risk of contracting an STI as the virus attacks cells in the immune system, which is our body's natural defense against illness.
- Using a condom properly can reduce the risk of getting infected.

HIV/STI & CONDOM MESSAGES

- **Abstain and delay** the beginning of the FIRST sexual debut.
- **Be mutually faithful** to one sexual partner.
- **Use condoms correctly** and consistently every time you have sex to protect yourself from unwanted pregnancy and STI, including HIV.
- **Know your HIV status** by testing every three months.
- **Know the signs and symptoms of STIs** (burning urine, abdominal pains, smelling discharge, and sores around the genitals).
- **Seek medical help if you have signs of STIs.**
- **Inform your partner/s when infected with STIs to receive early treatment.**
- **Always communicate your health status** (including HIV and TB status) to the healthcare provider to receive appropriate intervention and for you and your partner to be checked and tested for STIs including HIV.
- **Know your TB status** by going for TB screening

PREGNANCY EDUCATION

- **Know your HIV and TB status** and that of your partner before planning pregnancy.
- **Know your HIV and TB status** and that of your partner before planning pregnancy.
- **Plan pregnancies before 35 years** of age to decrease the risk of foetal abnormalities.
- **Abstain and delay sexual activity** and other risky behaviours (multiple partners/ drugs/alcohol abuse) as a young person.
- **Use contraception** in addition to the use of condoms
- **Always use condoms correctly** and consistently when having sex even during pregnancy
- **Eat healthy and exercise regularly.**
- **Stop drinking any alcohol, smoking, or taking illicit drugs** to prevent foetal abnormalities.
- **Stop self-medication** /taking any medication not prescribed by the health care provider. Take and adhere to prescribed medication.
- **Take folic acid together with your contraceptive** method three months before pregnancy to prevent foetal abnormalities.
- **Be aware of your health status** and medical condition before planning pregnancy.
- **Visit the nearest healthcare facility** when not feeling well.





Hi my name is Lloyd.

STIs are easy to treat.

Let me tell you how.

STI Treatment

Free STI treatment is available at your nearest clinic. Together we stand a better chance of stopping the spread of STIs.

HIV Testing Services

- You should receive counselling before testing. Counselling prepares you for the result, so you can think how a positive or a negative result will affect you.
- You should also receive counselling after your test.

If you test HIV positive

- You can live a full and normal life, including having a family and achieving your dreams.
- Thanks to ARVs, HIV is a manageable chronic condition like diabetes or high blood pressure (hypertension).
- Get informed. Plan your future. Speak to your healthcare worker.
- Read our pamphlet "I've tested HIV positive, now what?".
- Use a condom each and every time you have sex.
- ASK your clinic about female condoms.

If you test HIV negative

- Believe you can stay negative. Protect yourself. Protect others.
- Make a plan to reduce your risk of HIV by:
 - Reducing your number of sexual partners.
 - Using a condom each and every time you have sex.
 - Asking your clinic about female condoms (femidoms).
 - Testing again in 6 months.
 - Considering medical male circumcision.

Protect yourself. Protect others.




Testing is the first step to planning your future - with or without HIV.



We are all at risk

- Everyone has sex.
- You need to protect yourself and your sexual partner.

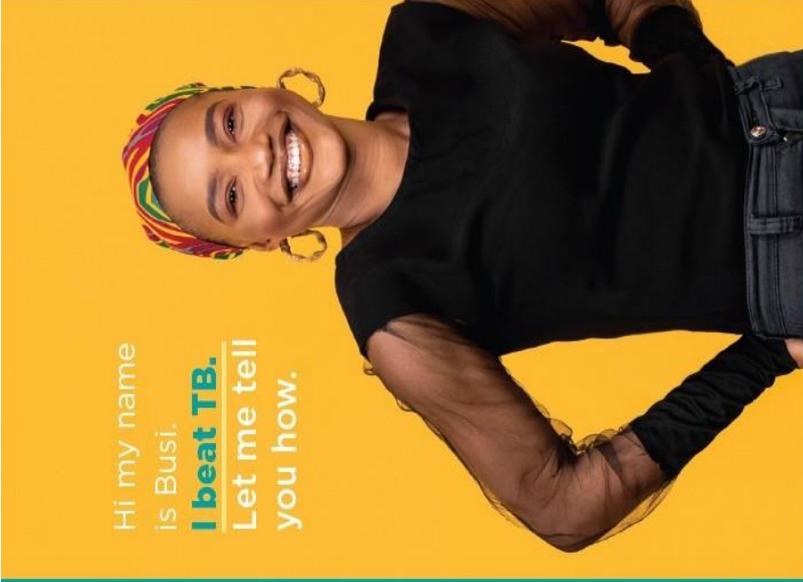
Preventing HIV

- Reducing your number of sexual partners reduces your chances of getting HIV.
- Being drunk lowers your inhibitions and may increase risky sexual behaviour. Reduce your alcohol intake.
- You can have sex and not get HIV by using a condom every time.
- Never penetrate your partner's vagina or anus without using a condom.
- Get treatment immediately for any infection or discharge from your penis, vagina or anus. Health workers are trained and are used to seeing genitals. There is nothing to be shy about.

5.6 TB Testing and Treatment Leaflet



If you have HIV, **get tested for TB.**
If you have TB, **get tested for HIV.**



Hi my name is Busi. **I beat TB.**
Let me tell you how.

HIV Testing Services

- You should receive counselling before testing. Counselling prepares you for the result, so you can think how a positive or a negative result will affect you.
- You should also receive counselling after your test.

If you test HIV positive

- You can live a full and normal life, including having a family and achieving your dreams.
- Thanks to ARVs, HIV is a chronic manageable condition like diabetes or high blood pressure (hypertension).
- Get informed. Plan your future. Speak to your health worker.
- Read our pamphlet "I've tested HIV positive, now what?".

If you test HIV negative

- Believe you can stay negative. Protect Yourself. Protect Others.
- Make a plan to reduce your risk of HIV.
- Reduce your number of sexual partners.
- Use a condom & water-based lube every time you have sex.
- Ask your clinic about female condoms (femidoms).
- Test again in 6 months.

Protect yourself. Protect others.




We are all at risk

- Everyone has sex.
- You need to protect yourself and your sexual partner.

Preventing HIV

- Reducing your number of sexual partners reduces your chances of getting HIV.
- Being drunk lowers your inhibitions and may increase risky sexual behaviour. Reduce your alcohol intake.
- You can have sex and not get HIV by using a condom every time you have sex.
- Never penetrate your partner's vagina or anus without using a condom.
- Get treatment immediately for any infection or discharge in your penis, vagina or anus. Health workers are trained and are used to seeing genitals. There is nothing to be shy about.

TB Testing & Treatment

TB testing and TB treatment are available at your nearest clinic. Together we stand a better chance of stopping the spread of TB.



Western Cape Government
FOR YOU
Health and Wellness

5.7 HIV Testing Leaflet



If you are HIV positive, get tested for TB. If you have TB, test for HIV as well!

Testing is the first step to planning your future with or without HIV.



We are all at risk

- Everyone has sex.
- You need to protect yourself and your sexual partner.

Preventing HIV

- Reducing your number of sexual partners reduces your chances of getting HIV.
- Being drunk lowers your inhibitions and may increase risky sexual behaviour. Reduce your alcohol intake.
- You can have sex and not give HIV to your partner if you use a condom every time you have sex.
- Never penetrate your partner's vagina or anus without using a condom.
- Get treatment immediately for any infection or discharge from your penis, vagina or anus. Health workers are trained and are used to seeing genitals. There is nothing to be shy about.

HIV Testing Services

- You should receive counselling before testing. Counselling prepares you for the result, so you can think how a positive or a negative result will affect you.
- You should also receive counselling after your test.

If you test HIV positive

- You can live a full and normal life, including having a family and achieving your dreams.
- Thanks to ARVs, HIV is a manageable chronic condition like diabetes or high blood pressure (hypertension).
- Have a CD4 count and viral load test so you can know when to start ARVs.
- Get informed. Plan your future. Speak to your health worker.

If you test HIV negative

- Believe you can stay negative. Protect yourself. Protect others.
- Make a plan to reduce your risk of HIV.
- Reduce your number of sexual partners.
- Use a condom and water-based lube every time you have sex.
- Ask your clinic about female condoms (fermidoms).
- Test again in 6 months.

Protect yourself. Protect others.



Hi my name is Ntuthu. I am living with HIV. Let me tell you how.



Living Positively with HIV

Care and support are available for those who test positive for HIV. Together we stand a better chance of helping you live healthier with HIV.

5.8 Prevention of Mother-to-Child Transmission Leaflet





Hi, my name is Nobuhle. I am living positively with HIV. I have just had a baby, he is HIV negative. Let me tell you how.

PMCT Programme

Enrol in the free government programme and keep your baby HIV negative. Together we stand a better chance of preventing Mother-to-Child Transmission of HIV.

Preventing HIV

- Reducing your number of sexual partners reduces your chances of getting HIV.
- Being drunk lowers your inhibitions and may increase risky sexual behaviour. Reduce your alcohol intake.
- You can have sex and not give HIV to your partner if you use a male or female condom each and every time you have sex.
- Get treatment immediately for any infection or discharge from your vagina or anus. Health workers are trained and are used to seeing genitals. There is nothing to be shy about.

HIV Testing Services

- You should receive counselling before testing.
- Counselling prepares you for the result, so you can think how a positive or a negative result will affect you.

If you test HIV positive

- You can live a full and normal life, including having a family and achieving your dreams.
- Thanks to ARVs, HIV is a manageable chronic condition like diabetes or high blood pressure (hypertension).
- Have a CD4 count done so you can know the state of your immune system.
- Get informed. Plan your future. Speak to your healthcare worker.
- Read our pamphlets: "I've tested HIV positive, now what?" and "ARVs – you can beat it!"
- Use a condom each and every time you have sex.
- Ask your clinic about female condoms.




Protect yourself. Protect others.

HAART

HAART means Highly Active Antiretroviral Therapy. All HIV positive people must start ART regardless of their CD4 count. **Remain on ARVs for life.** This will help protect your baby from becoming infected with HIV and will improve your health – the best thing you can give your baby is a healthy mother!

If you are on HAART your baby will need to take nevirapine every day for six weeks after being born.

Read our pamphlets called "I'm HIV positive, now what?" and "ARVs – you can beat it!" for more information about ARVs and living positively with HIV.

Maternal health

- It is important to stay healthy while you are pregnant.
- Eat a balanced diet and take care of yourself.
- Remember that drinking alcohol during pregnancy or when breastfeeding is dangerous and affects your baby's health.
- Ask your healthcare worker about dietary supplements such as folic acid that you can take before deciding to have a baby and iron supplements that you can take during pregnancy to prevent anaemia.

Opportunistic infections

- If you get an opportunistic infection during pregnancy, it can increase the chances of your baby being infected with HIV. This is because the infection increases your viral load and decreases your CD4 count.
- One of the most common opportunistic infections associated with HIV is TB. It is very important that you are tested for TB immediately after testing HIV positive.
- Be sure to have all opportunistic infections treated quickly and remain adherent to your ARVs.
- Being adherent means taking your medication every day, at the same time each day as prescribed by your health worker. This will help you to stay healthy and will protect your baby too!



5.9 FAQs on Pre-Exposure Prophylaxis

Can I use PrEP and contraception together?
Yes, PrEP can be taken with any kind of contraception.

Can I share PrEP with other people, my HIV-positive partner or use someone else's HIV medication?
It is important not to share your PrEP pills. Using other people's ART pills can lead to side effects, allergic reactions, make the medicine less effective, or result in not having enough medication.

Does PrEP have side effects?
Some people get mild side effects when they start PrEP. The most common side effects include headaches, nausea, vomiting, rash, and loss of appetite.

In most people, these side effects go away after a few weeks.

What happens if you take PrEP and you are HIV-positive?
PrEP should not be used as HIV treatment. HIV-positive people need a combination of three ARVs for treatment, given by the healthcare provider, according to their needs.

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PrEP works when used together with other effective HIV prevention methods.
It does not prevent STIs or pregnancy.

If I take PrEP, can I stop using condoms when I have sex?
PrEP is an extra HIV prevention option and where possible, should be used in combination with condoms. Using condoms is still the best way to prevent HIV infection. Condoms protect against STIs and pregnancy when used correctly and consistently.

Is PrEP for me?
Taking a pill everyday for ongoing protection from HIV might not be for everybody, but it is an excellent option for people at high risk of getting HIV. Most people can safely use PrEP, but a healthcare provider will need to determine if there is any reason why you should not take it.

Where can I get PrEP?
Currently in South Africa PrEP is being provided through a limited number of service delivery sites. If you feel you are at risk of getting HIV, and want to find out more about PrEP, please visit or call:

www.myprep.co.za

You'll find more information on PrEP, and where you can get PrEP.

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Frequently Asked QUESTIONS on Pre-Exposure Prophylaxis (PrEP)

WE ARE THE GENERATION THAT WILL END HIV

TAKEN DAILY, PrEP IS AN ADDITIONAL PREVENTION OPTION

health
Department of Health
REPUBLIC OF SOUTH AFRICA



5.10 Pre-Exposure Prophylaxis Leaflet



What is PrEP?

PrEP is the use of anti-HIV medication that keeps HIV-negative people from getting HIV.

How well does it work?

HIV-negative people who take PrEP every day can lower their risk of HIV by more than 90%.

What is the difference between PrEP, PEP, and ART?

All three contain antiretroviral medicines in different combination for different purposes:

- PrEP is a pill that has 2 anti-HIV medicines taken daily to prevent HIV for HIV-negative people
- PEP is taken within 72 hours after exposure to HIV (eg after rape) for 28 days to prevent HIV
- ART is a 3-medicine treatment for HIV-positive people to reduce the levels of HIV in a person's body

Photo source: Adobe Stock - Apurva on a bright yellow background. PrEP does not protect against other sexually transmitted infections. PrEP is not a cure for HIV. PrEP is not a vaccine. PrEP is not a condom. PrEP is not a barrier method. PrEP is not a form of birth control. PrEP is not a form of contraception. PrEP is not a form of sterilization. PrEP is not a form of vasectomy. PrEP is not a form of tubal ligation. PrEP is not a form of hysterectomy. PrEP is not a form of oophorectomy. PrEP is not a form of vasectomy. PrEP is not a form of tubal ligation. PrEP is not a form of hysterectomy. PrEP is not a form of oophorectomy.

PrEP is only for people who are HIV-negative.

PrEP is recommended for people with high risk for HIV exposure.

How often do I need to take PrEP?

You need to take it once a day at more or less the same time. You can take it within a few hours of your normal time - as long as you only take one pill a day.

Is PrEP Safe?

PrEP has been shown to be very safe. PrEP is also safe with alcohol and drugs, as well as contraceptives and other medicine.

How long does it take for PrEP to work?

It takes up to 7 days to be fully protected. PrEP must be taken daily!

Can I get HIV from taking PrEP?

No, you cannot get HIV from PrEP. The medications in PrEP work to prevent HIV.

What happens if I miss a pill?

If you missed a pill, take it as soon as you remember, and continue to take daily as before. Be sure to use condoms as an extra prevention option.

If I take PrEP, does this mean I have to take it for the rest of my life?

No. It is important that you take PrEP daily while at risk of getting HIV, but when you feel that you are no longer at risk you can talk to your healthcare provider about stopping PrEP.

What if I want to stop taking PrEP?

If you decide PrEP is no longer useful, discuss stopping with a healthcare provider. You will get information for how long after you should continue to make sure you are properly protected.

Can I take PrEP for one night only?

No. You need to take the pill once a day for at least 7 days before you are fully protected.

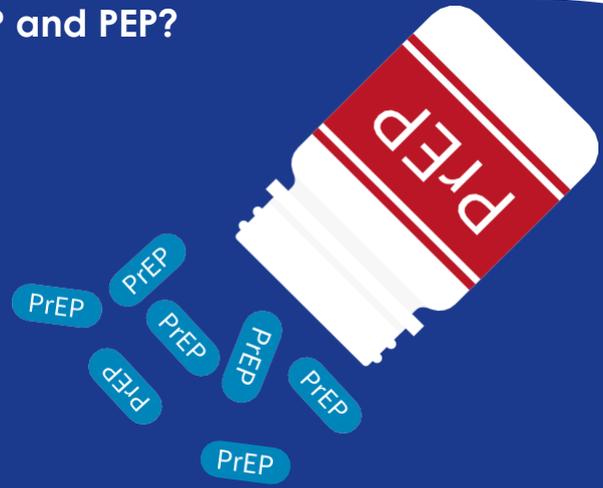
Does PrEP provide other protection?

No. It only protects against HIV infection. PrEP does not protect against pregnancy or other sexually transmitted infections.

5.11 What is the difference between PrEP and PEP?



PrEP
STANDS FOR
PRE-EXPOSURE PROPHYLAXIS



Both are treatment plans intended for people who are at high risk of HIV transmission but are currently negative for HIV. This could be:

- Someone who has had unprotected sex with a partner who has HIV or whose HIV status is unknown.
- Someone who has shared needles or drug preparation equipment with other people.
- Someone who has contracted an STD within the past six months.

The greatest difference between PrEP and PEP is timing.

PrEP stands for pre-exposure prophylaxis.	PEP stands for post-exposure prophylaxis.
As indicated by 'pre', you start to take it before you may be exposed to HIV.	As indicated by 'post', you start to take it after a single event that may have exposed you to HIV.
PrEP is designed to be used in a planned way, on an ongoing basis.	PEP is used in emergency situations.
Most people take PrEP once a day, every day. Some people can use 'event-based' dosing, which involves taking it before sex and then for two days afterwards.	PEP is a four-week course of drugs, taken once a day during that time. It is best to start PEP within 24 hours of exposure to HIV, but certainly within 72 hours.
There are two drugs in PrEP. They are usually combined in a single tablet.	There are three drugs in PEP – usually the same two that are taken for PrEP, plus a third one. The third drug works in a different way to the first two (it from a different drug class). The three drugs are usually provided in two tablets.

Call for additional resources.

This toolkit was compiled by the Provincial Council on AIDS & TB in partnership with the Western Cape Government: Health & Wellness.

Should you have additional resources to include in the toolkit, kindly submit these to Vuyokazi.August@westerncape.gov.za



Western Cape
Government

FOR YOU