



**ORAL
PRE-EXPOSURE PROPHYLAXIS
(PrEP)
TRAINING FOR PROVIDERS
IN NIGERIA**

TRAINER MANUAL



AUGUST 2022

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(PrEP) Training for Providers in
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Acknowledgment

The Federal Ministry of Health wishes to acknowledge the contributions of everyone who participated in the development of this training manual to guide and empower healthcare workers with the requisite information on provision of quality Oral Pre-Exposure Prophylaxis (PrEP) services in Nigeria. This document will serve as an important resource material for PrEP Providers in Nigeria.

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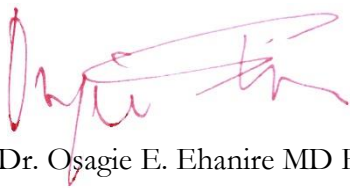
Dr, M.O Alex-Okoh
Director Public Health,
Federal Ministry of Health

Foreword

Nigeria has made significant progress in the reduction of new HIV infections in the past decade through the scale up of HIV prevention programs. In addition, access to HIV treatment has improved the quality of life of adults and children living with HIV. Key populations at substantial risk include sex workers (SW), men who have sex with men (MSM), and people who inject drugs (PWID), as well as other priority populations such as sexually exposed adolescents and young people. This reality makes it imperative for continued efforts to expand access to effective HIV prevention interventions. It also emphasizes the need for continuing the scale-up of access to HIV treatment programs for individuals living with HIV.

HIV service providers are important gatekeepers of Pre-exposure prophylaxis (PrEP), and play a crucial role in creating HIV prevention programs that effectively reach individuals who would benefit from PrEP the most. The goal of this training manual is to equip service providers with the skills required to provide PrEP in an effective and safe manner. This training manual provides information regarding the evidence for PrEP effectiveness, procedures, monitoring and evaluation of service delivery. PrEP offers a unique opportunity to confront the HIV epidemic, prevent HIV acquisition by individuals at risk for HIV, and reach global targets. The training is intended for health care workers who are already familiar with the basics of HIV prevention care and treatment. It is anticipated that facilities will need to adapt this training to reflect specific local contexts and include evidence from new research and experience in the use of PrEP.

This training manual is therefore developed as part of government policy to guide healthcare workers in providing quality oral PrEP services.



Dr. Osagie E. Ehanire MD FWACS
Honourable Minister of Health
Ministry of Health, Nigeria

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Acronyms

AHI	Acute HIV Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centres for Disease Control and Prevention
FTC	Emtricitabine
Ab/Ag	Antibody/Antigen
EpiC	Meeting Target and Maintaining Epidemic Control
HBsAg	Hepatitis B surface Antigen
HBV	Hepatitis B Virus
HCV	hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIV-DR	HIV Drug Resistance
HTS	HIV Testing Services <i>or</i> HIV Testing Strategy
iNSC	integrated Next Step Counselling
IPV	Intimate Partner Violence
LTFU	Loss to Follow-up, Lost to Follow-up
MSM	Men who have Sex with Men
NSC	Next Step Counselling
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother-To-Child Transmission [of HIV]
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Injects Drugs
RCT	Randomised Controlled Trial
RNA	Ribonucleic Acid
RISE	Reaching Impact Saturation and Epidemic Control
RPR	Rapid Plasma Reagin (test for syphilis)
STI	Sexually Transmitted Infection
TasP	Treatment as Prevention
TDF	Tenofovir Disoproxil Fumarate
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization
3TC	Lamivudine

Introduction

Section I-1: Training Manual Overview

Background

Training Manual Goal

The goal of the *Oral Pre-Exposure Prophylaxis (PrEP) Training for Providers in Nigeria* is to equip HIV care providers with the knowledge and skills necessary to provide oral PrEP to appropriate candidates with high-quality services to decrease the risk of HIV infection.

Training Manual Development

This training manual is adapted by the Federal Ministry of Health, Nigeria from ICAP at Columbia University which used a backward design approach. Experts developed a series of competency statements (tasks or skills) that HIV service providers would need to provide oral PrEP to appropriate candidates with the required level of proficiency. Next, the team created learning objectives and assessment measures to describe what HIV service providers should be able to achieve at the end of the training programme. These learning objectives were then sequenced and grouped into learning modules. Finally, the team created learning activities and training tools for all learning objectives. Training tools include a trainer’s manual, a participant’s manual, job aids, tools for monitoring and evaluation (M&E), and a comprehensive slide set with essential content, visuals, and talking points.

Competencies and Contents

During the training, PrEP service providers will develop core competencies—specifically, they will be able to:

- Understand the basics of oral PrEP
- Create demand for oral PrEP
- Identify eligible candidates for oral PrEP.
- Assess medical eligibility for oral PrEP.
- Provide adherence counselling and support to individuals eligible for and users of oral PrEP.
- Prescribe oral PrEP.
- Conduct clinical, laboratory, and risk assessments during follow-up visits. Logistics and supply chain management for oral PrEP

The training manual contents include:

- Oral PrEP basics
- Oral PrEP demand creation
- Oral PrEP eligibility screening
- Oral PrEP initial and follow-up visits
- Monitoring and managing oral PrEP: creatinine, seroconversion, and stigma
- Data capturing tools (DCTs) for Oral PrEP
- Event-driven oral PrEP

Target Participants

The target participants for this training include providers and related health care team members with *existing* knowledge and experience in HIV prevention, care, and treatment programmes, including:

- Medical doctors
- Nurses
- Pharmacists/Pharmacy technicians
- Medical Laboratory Personnel
- Counsellors
- Peer outreach workers and educators
- Community health extension workers (CHEWs)
- Medical records staff

Components of This Training Package

You should familiarise yourself with all components of this training package well in advance of the training. The package includes the Trainer Manual and the Participant Manual, as well as PowerPoint slides, job aids, and sample M&E tools.

Trainer Manual

The Trainer Manual contains 7 modules, each divided into training sessions of varying length. Each training session details the time, materials, and advance preparation needed to complete the session; step-by-step instructions on how to deliver the session; and any scenarios or role-play guidance needed. You may use the manual as a step-by-step guide to delivering the training sessions.

Before leading the training, please review the full training manual, including this introduction, all training sessions, clinical and role-play scenarios, job aids, and M&E tools. Take note of any advance preparation needed. For example, for some training sessions, you must prepare a few additional slides or, with a colleague, plan and practice a role-play to be performed during a session.

Participant Manual

The Participant Manual is divided into 7 modules, each containing the learning objectives, all contents to be delivered (from the slides), scenarios, role-plays, and instructions for pair and small-group activities. Participants will use the manuals throughout the training. In some training sessions, participants will close their manuals in order to attend to an interactive trainer presentation. In other sessions, participants will have their manuals open in order to read content or follow activity instructions. Participants should retain their manuals at the end of the training for future reference. Please review the entire Participant Manual before leading the training.

PowerPoint Slides

The PowerPoint slides contain each module's learning objectives, key content to be delivered, scenarios, instructions for pair or small-group activities, and notices for breaks and lunch. You should use the slides hand in hand with the Trainer's Manual. The steps in the trainer's manual list all slides for each session, and in some cases, key points to emphasize when showing a slide. Please review all slides before leading the training.

Job Aids and M&E Tools

The appendices in the trainer and participant manuals contain all the oral PrEP job aids needed for the training. Photocopy them from the manual as needed. Please download and print the oral PrEP M&E from the Toolkits section of the NASCP website www.nascp.gov.ng

How to Use This Training Package

The Trainer's Manual is a step-by-step guide for conducting the training. To prepare:

- Read through this introduction first, including the sample training agenda and tips for training preparation, logistics, and setup.
- Read through Module 1 summary, including the Module 1 time needed, learning objectives, and materials and preparation needed.

Read through each of the sessions in Module 1. Each session includes:

- Time needed
- Learning objectives
- Materials needed

Advance preparation

- Trainers should ensure that all required materials are available for the training. In addition, trainers should familiarize themselves with the slides for each module.
- If needed, you may make your own notes in the Trainer Manual to assist you in leading the sessions
- If you are leading sessions with a co-trainer, note who will do each session step and who will take care of materials and preparation needed

Training Programme Schedule

Oral PrEP Training for Providers in Nigeria was developed as a training that will take 5 days to complete.

A Sample Training Agenda

Day 1		
1	8:30am – 9:00am	Registration
2	9:00am - 9:05am	Opening Prayer
3	9:05am - 9:15am	Introduction
4	9:15am - 9:35am	Opening/welcome remarks
5	9:35am - 9:45am	Goodwill messages
6	9:45am – 10:10am	National PrEP program- The Journey so far
7	10:10am –10:40am	Tea Break
8	10:40am–11:00 am	Expected training outcomes and overview
9	11:00am – 11:25am	Pre- training assessment
10	11:25am – 1:00pm	Module 1 - Oral PrEP Basics
11	1:00pm – 2:00pm	Lunch Break
12	2:00pm – 4:15pm	Module 1 – Oral PrEP Basics
13	4:15pm - 4:30pm	Tea Break & Closing
14	4:30pm -5:00pm	Facilitators meeting

Day 2		
1	8:30am - 9:00am	Registration
2	9:00am - 9:05am	Opening Prayer
3	9:05am – 9:20am	Recap
4	9:20am -10:20am	Module 2 – Oral PrEP Eligibility Screening
4	10:20am -10:50am	Tea Break
6	10:50am –1:30pm	Module 2 – Oral PrEP Eligibility Screening..... continues
7	1:30pm – 2:30pm	Lunch Break
8	2:30pm – 5:00pm	Module 3 – Oral PrEP Initial and Follow- up Visits
9	5:00pm	Facilitators meeting

Day 3		
1	8:30am -9:00am	Registration
2	9:00am -9:05am	Opening Prayer
3	9:05am - 9:20am	Recap
4	9:20am – 10:20am	Module 4 – Monitoring and Managing Oral PrEP Use: Creatinine, Seroconversion and Stigma
5	10:20am -10:50am	Tea Break
6	10:50am – 1:30pm	Module 4 – Monitoring and Managing Oral PrEP Use: Creatinine, Seroconversion and Stigma.....continues
7	1:30pm -2:30pm	Lunch Break
8	2:30pm – 5:00pm	Module 5 – Oral PrEP Monitoring and Evaluation tools
9	5:00pm	Tea Break & Closing
10	5:00pm – 5:20pm	Facilitators meeting

Day 4		
1	8:30am -9:00am	Registration
2	9:00am -9:05am	Opening Prayer
3	9:05am - 9:20am	Recap
4	9:20am -10:20am	Module 6 - Event Driven PrEP (ED-PrEP)
5	10:20am- 10:50am	Tea Break
6	10:50am – 1:30pm	Module 6 - Event Driven PrEP (ED-PrEP) Continues
7	1:30pm – 2:30pm	Lunch Break
8	2:30pm – 5:00pm	Module 7 - Oral PrEP Demand Creation
9	5:00pm	Tea break & closing
10	5:00pm – 5:20pm	Facilitators meeting

Day 5		
1	8:30am -9:00am	Registration
2	9:00am -9:05am	Opening Prayer
3	9:05am - 9:20am	Recap
4	9:20am – 10:20am	Module 7 - Oral PrEP Demand Creation Continues
5	10:20am -10:50am	Tea Break
6	10:50am – 1:30pm	Post-training assessment
7	1:30pm – 2:30pm	Lunch Break
8	2:30pm – 3:30pm	Discussions
9	3:30pm – 4:00pm	Next Steps
9	4:00pm – 4:30pm	Closing

Set up a registration table at least 30 minutes before the training programme is scheduled to start. Participants should stop at the registration table before they enter the training room for the first time. This is where they will:

- Register for the training or sign in if already registered. The sign-in sheet may include spaces for name, job title, place of employment, address of employer, work phone number, cell phone number, and e-mail address.
- Fill in their name tags. Trainers and participants should wear their name tags throughout the training to facilitate the learning of names and future networking.

One trainer and one support person may staff the registration table for most training group sizes. Other trainers should be available to meet and greet participants and troubleshoot problems. Their presence will help ensure a positive first impression and learning environment.

Starting the Training Day

Begin by answering any questions and reviewing the agenda for the day. You may also use this time to orient participants to the training facility (e.g., location of bathrooms and where breaks and meals will be served) and other logistical matters. This should take no more than 5 to 10 minutes.

Training Evaluation

Pre-Training Assessment

The training package includes an evaluation consisting of multiple-choice questions intended to measure participants' knowledge of key content and skills related to oral PrEP implementation. The pre-training assessment is designed to give participants a sense of what they need to know and be able to do by the end of the training. The completed pre-training assessment therefore gives trainers a quick snapshot of participants' level of knowledge. Trainers should review completed pre-training assessment to identify areas to concentrate during the training.

Post-Training Assessment

Post-training assessment questions are the same as those asked in the pre-training assessment, with multiple-choice response options, and are designed to measure learning of key content and skills related to oral PrEP implementation. Trainers will grade and review knowledge gained during the training with the participants.

Training Evaluation Form

The Training Evaluation Form is an important source of feedback and provides information on how the training programme should be improved in future to meet participants' training needs. Training completion certificates should be presented to the participants who successfully complete the training.

Section I-2: Trainer Roles and Responsibilities and Training tips

Trainer Roles and Responsibilities

Trainers Set the Standards for the Discussion—As the trainer, you must stay focused, alert, and interested in the discussion and learning that is taking place. You create the standards of communication by looking around the room at all participants, listening closely, and encourage contributions from everyone.

Trainers Make the Training Environment a Priority—You are in charge of deciding everything, from how the tables and chairs are set up to where small-group exercises will take place, and all other logistics.

Trainers Keep Track of Time—It is easy to overschedule activities and not incorporate participants' contributions and experience sharing.

Trainers Explain the Purpose of Each Learning Activity and Its Significance to Participants—In addition, tell participants how much time you expect to spend on each activity.

Trainers Keep the Discussion Moving—They do this using various techniques and tools when tension arises or discussion slows. You must be prepared with strategies to keep participants engaged and learning.

Trainers Pay Attention to Participants' Behaviour—You should observe verbal and nonverbal cues from participants and take appropriate actions to meet both spoken and unspoken needs.

Trainers Are Responsible for Ensuring Confidentiality in the Learning Environment—During the training, participants will share clinical scenarios as well as stories of how they, their colleagues, and their managers have handled different scenarios in the workplace. They may also share stories about themselves or their friends—stories that are personal and not meant to be discussed outside the classroom. Typically, these stories illustrate a lesson learned or exemplify current practice. Encourage participants to feel safe

sharing by explaining that all such information will remain confidential. Also, ensure that you serve as a role model in maintaining confidentiality.¹

Trainer Preparation

Trainer Checklist

Before the Training	
	Read the competency statements, learning objectives, technical content, discussion questions, session steps, and clinical and role-play scenarios.
	Prepare for each session by reading all session steps, scenarios, and exercise instructions.
	Obtain and organize the materials needed for the training.
	Review the PowerPoint slides and become familiar with their content. Practice using the computer and LCD projector and presenting technical content using the slides.
	Consider how to explain group exercises or to draw responses from an audience. Be prepared by thinking ahead and developing strategies for moving the discussion forward. For complicated exercises or discussions, consider co-facilitation.
	Develop a plan and strategies for monitoring time and keeping to the schedule. For example, consider where you might shorten a discussion or role-play activity if needed.
	Familiarize yourself with participants' work sites, roles, responsibilities, skills, and experiences before and during the training.

Training as a Team

When planning a module presentation with a co-trainer(s), consider the following questions to help clarify your roles:

- How will you divide up training content with your colleague(s)?
- What is your teaching style? How does your teaching style differ from that of your colleague?
- How will you make transitions between presentations? Consider each needed transition.
- What challenges might arise? How can you and your colleague ensure you will work well together?
- What signal will the two of you use to get one another's attention during a presentation?
- How will you handle staying on task?
- How will you present participant questions?
- How will you get participants back from breaks in a timely manner?

The Team Training Checklist (*below*) will help you plan the key tasks you and your co-trainer need to accomplish before the training programme starts.

Team Training Checklist

Preparation	
	Decide who will lead and teach each session of each module, including who will lead each exercise within each session.
	Decide on a plan for staying on schedule, including how you and your colleague will signal one another when time is up.
	Decide together how to arrange the room.

¹

□ During the Training	
	Support your colleague while he or she is presenting by paying attention. Never correct your colleague in front of the group.
	Ask for help from your training colleague when you need it—for example, when you do not know the answer to a question or you are not sure of something.
	Sit somewhere that gives the spotlight to your colleague yet allows the two of you to make eye contact if needed.
□ After the Training	
	Review the completed training evaluation forms and discuss what you thought went well and what could have been done better. Take notes so that you will remember your thoughts for the next training.
	Discuss ways to support one another during future trainings.

Set the Environment

You are responsible for creating an environment that supports learning by ensuring that participants feel safe, supported, and respected. Take the time to carefully plan and deliver the training in a way that creates a psychologically safe and supportive environment.

Strategies for making participants comfortable while fostering trust include:

- Arrange the seats so that participants can see one another as well as they can see the trainer.
- Establish rapport with participants by greeting them warmly and being pleasant, knowledgeable, and approachable.
- Ask participants to introduce themselves at the beginning of the training by stating their name, organization, and position.
- Encourage participants to share their expertise and answer one another's questions when appropriate.

Know Your Audience

It is important to learn about your audience. This means learning something about the individuals who will be participants in the training so you can tailor content and exercises.

For example, you may want to learn the following about the participants of an upcoming training:

Participant Demographics—Knowing the age, sex, and other demographic information for each participant will help in planning logistics (i.e., training venue and timing) and in adapting clinical scenarios and other exercises.

Education—Familiarity with participants' educational background can help you gauge the type of language to use and tailor it to their level of achievement and general knowledge.

Job or Position—Knowing participants' jobs or positions and place of employment will help you relate training competencies and content to their work.

Knowledge, Experience, and Skills in HIV Prevention, Care, and Treatment—Having this information about participants will help you determine the level at which content should be taught, the time and methods needed to teach the content, and the best types of clinical scenarios and learning methods for the group. During small-group work, consider inviting participants with more

experience to contribute to the discussion, model role-plays, and pair up with participants who have less experience.

You can get some indication of participants' baseline knowledge, experience, and skill by finding out where participants work and asking about their job positions, how long they have been in those positions, and whether they currently see HIV-positive and HIV-negative clients. The pre-training assessment will also help determine participant knowledge and skill level related to implementing oral PrEP.

Attitudes—Awareness of participant attitudes toward the training can give you a sense of issues that will need to be addressed. Try to find out how participants feel about the upcoming training. Are they looking forward to it? Or do they see it as a waste of time? What is their attitude toward the topics to be presented?

Ways to Learn About Your Audience

There are many ways to learn about your audience:

- Ask participants to complete a training registration form that includes questions on current job title, number of years in the position, educational background, time working in HIV, details on the type of programmes they have been engaged in (e.g., pediatrics, adolescent and/or adult HIV services), and their expectations and concerns regarding the training.
- Have participants complete the pre-training assessment.
- As time allows, include an icebreaker that helps participants get to know one another. Suggestions for icebreakers may be found on the website of the Centre for Innovation in Social Work & Health, <http://cahpp.org>.
- Talk with participants before the start of the training, during breaks and meals, and at the end of the day.

Manage Time

1. **Know the Content to Be Taught**—Well in advance of the training, study the material to ensure that you understand it fully. If you need help, seek support from an expert or the resources listed at the end of this introduction. Consider how sessions can be shortened or lengthened, depending on participant learning needs. Consider how the timetable can be adjusted to create more time if it is needed. For example:
 - Shorten breaks or lunch.
 - Lengthen the day (e.g., start 30 minutes earlier or end 15 minutes later).
 - Shorten or skip presentations, exercises, or discussion questions in content areas that participants know well.
2. **Practice Before the Training**—Practice presenting (aloud) introductions, general content, and instructions, using the materials available for the training. Practice co-facilitating technical content and exercises using the Trainer Manual and PowerPoint slides.
3. **Be Flexible but Follow the Agenda**—The agenda will let participants know how long modules are expected to last.

4. **Keep Time**—Trainers should keep track of time by utilizing a clock or watch without distracting participants. Use signs ('5 minutes', '1 minute', and 'stop') to tell co-trainers and participants how much time they have left.
5. **Use a 'Parking Lot'**—This is a good way to handle discussions that take too much time or are related, but not critical, to the topic under discussion.
6. Inform the participants that all the modules covered are in the Participant Manual.

Adult Learning Principles

The design of this training is based on these principles of adult learning:

Respect – Adult learners must feel respected and feel like equals.

Affirmation – Adult learners need constructive feedback and praise.

Experience – Adult students learn best by drawing on their own knowledge and experience.

Relevance – Learning must meet adults' real-life needs.

Engagement – Adult learners must engage with the material through dialogue and discussion with peers.

Immediacy – Adult learners must be able to apply the new learning immediately.

20–40–80 Rule – Adult learners typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.

Thinking, Feeling, and Acting – Teaching is more effective when learners think, feel (emotions),

The Parking Lot

The parking lot is a sheet of flip chart paper posted in the training room. Its purpose is to provide a place to document unresolved issues that will be addressed before the end of the training. For example, when a discussion strays too far from a particular module's objectives or runs over time, you can use the parking lot to record the topic or question being discussed. The topic or question remains there until an agreed-on time, such as at the end of the training, during a break, or during an upcoming relevant module. At this time, the group can revisit the topic or question and remove it from the parking lot.

and act (do something with new knowledge).

Safety and Comfort –Adult learners need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ignored or belittled.

Training Methodologies

To put the principles of adult learning into practice, this training uses a variety of participatory methodologies, including brainstorming, scenarios, role-play, and other small-group activities. These activities are designed to elicit and build on participants' experience and knowledge, promote discussion and reflection on key issues, provide hands-on practice of content learned, and help participants learn from one another.

In addition, these participatory methodologies promote higher retention of content and create an open, engaging, and supportive learning environment. Based on the 20–40–80 rule noted above, participants who only hear trainer lectures will not learn or retain information as effectively.²

Discussions

A discussion is a dialogue between participants and the trainer, with participants responding to discussion questions and to one another's ideas. During discussions, new questions may surface. When the trainer leads a large-group discussion, they must manage the discussion by keeping participants focused, actively eliciting responses, and limiting participants who like to talk a lot. When participants have small-group discussions, they must do likewise.

To Facilitate Any Discussion:

- Set a time limit and keep track of time.
- Explain that participants who want to speak should raise their hands.
- Keep the discussion on target and moving along.
- Encourage everyone to participate and call on each person who raises a hand.
- Limit participants who like to talk a lot (politely redirect them into staying focused).
- Ask questions to encourage more responses to a question—for example: 'What else?' 'What other ideas do you have?'
- Wrap up the discussion by summarising main points.

Small-Group Work

The trainer divides participants into small groups to do a learning activity. Examples of small-group activities include discussions, scenarios, and role-play practice. Small groups allow each person to participate more than they would in the large group. Small-group work also helps participants get to know one another and work with new colleagues.

To Facilitate Small-Group Work:

- Before you divide participants into small groups, give clear instructions for the task (using the instructions included in the training session steps).
 - Group participants so that they are not always working with people they know well. To vary groups' composition: Select participants randomly and then group by suit or numbers, or ask participants to draw at random from a container of coloured objects or slips of paper, and then group by colours, or group participants by birthday (seasons or months), by first letter of first or last name, by last digit of their phone number, or by height—then, based on how many fall into each category, re-sort these groups so that you have groups of an optimal size.

²

- Instruct the groups to make sure that all group members participate.
- Have each group choose a timekeeper.
- Keep track of time yourself and provide half-time, 5-minute, and 1-minute warnings.
- As the groups are working, move from one to another to make sure that participants have understood the task and are making progress.

Brainstorming

In brainstorming, the trainer asks a question or poses a problem and asks participants to respond with as many ideas as they can think of. Brainstorming may be used with both large and small groups. The purpose is to generate as many ideas as possible.

To Facilitate a Brainstorming session:

- Explain that the goal is not to arrive at a single correct answer but to generate as many ideas as possible.
- Take one idea per participant, one at a time.
- Keep the pace lively.
- Encourage all participants to offer ideas—do not rely on a few participants to do all the talking.
- After the brainstorming, review, organise, and prioritise responses with participants.
- If participants brainstorm in small groups, ask groups to keep the points above in mind as they work.

ROLE-PLAYS

A role-play is a brief informal performance where participants act out roles in order to practice handling a particular problem or situation and to experience what it is like to be in those roles. Role-playing is informal; participants do not need to memorise dialogue or perform perfectly—the point is to experience the situation and learn from that experience.

To Facilitate a Role-Play:

- Give clear instructions for the role-play (using the instructions included in training session steps).
- Set a time limit for role-play practice and performance and manage the time well.
- Remind participants that role-playing does not require a perfect performance but rather provides an opportunity to practice handling real-life situations. It is fine to make mistakes during role-play.
- Debrief the role-play with a large-group discussion (using the debriefing questions included in the training session steps).

Scenarios

A scenario is a brief description of a realistic situation that participants discuss and analyze. Scenarios give participants the opportunity to apply newly acquired knowledge to a particular problem or situation and to generate possible solutions to challenges presented in the scenario.

To Use Scenarios Effectively:

- If participants will use the scenario in small groups or pairs, give clear instructions (using the instructions included in the training session steps).
- If you write your own scenarios, make them simple and brief. Use realistic situations similar to those that participants face. Give essential information and leave out unnecessary details.
- Provide questions to guide participants in analyzing the scenario and a list of essential points to be covered in discussion for yourself and co-trainers.

Trainer Presentations

The trainer presents information by speaking to the whole group, sometimes using visuals such as slides. Most people are familiar and comfortable with trainer presentations, because many primary, secondary, and university-level classes are taught in this way. Presentations work well for introducing new information, as long as they are brief and accompanied by visuals (i.e., slides or a flip chart).

To Present Effectively:

- In advance, check the slide projector, flip chart, and other equipment to make sure it is working properly.
- Keep the presentation short—5–15 minutes.
- Ask questions during the presentation to engage participants in the material you are presenting (using the questions included in training session steps).
- Use open body language and a friendly, clear tone of voice.
- Watch participants during the presentation; if they look confused or bored, ask questions to gauge their understanding or move along more quickly.
- As much as possible, move around the room while you are presenting
- Face participants when you are explaining a visual; do not face the visual itself.
- To wrap up your presentation, summarize it and repeat the main points.

Welcome, Introductions, Training Overview, and Ground Rules

1. Slide: Oral Pre-Exposure Prophylaxis (PrEP) Training for Providers in Nigeria
 - (Show the first slide of the deck, welcome participants to the training, and introduce yourself and the other trainers.)
2. Welcome!
 - Please circulate the registration sheet so that everyone may complete it.
 - Please take a name tag and write your name on it.
 - Please take a copy of the Participant Manual, folder, pen, and notebook. You will use your manuals during days 1, 2, and 3 of this training and will take them home at the end of Day 2.
3. Introductions
 - Please introduce yourselves briefly by sharing your name, the name of your organization, and your position there.

4. Slide: Expected Training Outcomes
 - (Review the competencies aloud.)
5. Slide: Training Overview
 - (Review the modules aloud.)
6. Ground Rules
 - To ensure the training is effective, the group will agree on some ground rules. These will help the training run smoothly, maximise learning, and encourage participation.
 - (Review the ground rules aloud.)
 - Do any other rules need to be added?
7. Ask participants what questions they have about the training so far and answer as appropriate.

Pre-Training Assessment

1. Explain that participants will now complete a pre-training assessment.
 - The purpose of this assessment is to find out what you know about implementing PrEP. Your responses will help us adjust the training.
 - We assume that PrEP is new to many of you, so do not worry if you do not know all the answers.
 - Please give me your assessment when you have finished.
 - You will have approximately 20 minutes to complete the assessment.
2. Give participants the pre-training assessment. As participants are working, go around and help if needed.
3. Collect all pre-training assessments.
4. Debrief
 - How did you feel about the questions in the pre-training assessment?
 - Were the questions easy or difficult? Why or why not?
 - Why did you answer the way you did?

We will review the answers to the questions after you complete the post-training assessment at the end of the training.

Materials

- Trainer Manual (needed for all sessions)
- 1 Participant Manual per participant (needed for all sessions)
- 1 folder per participant (needed for all sessions)
- 1 copy of the pre- and post-training assessment per participant (in the participant folder)
- Module slides (needed for all Module sessions)
- Registration sheet
- Name tags
- 1 pen and 1 notebook per participant
- 1 pre-training assessment per participant

Module 1: Oral Prep Basics

Total Time: 2 Hours

Learning Objectives

After completing Module 1, participants will be able to:

- Define oral PrEP.
- Differentiate oral PrEP from post-exposure prophylaxis (PEP) and antiretroviral therapy (ART).
- Describe the need for oral PrEP.
- Identify people with substantial risk for HIV infection.
- Explain the relationship between oral PrEP effectiveness and adherence.
- Understand the oral PrEP regimens currently used in Nigeria in line with WHO recommendations.
- Explain the risks and benefits of oral PrEP.

Presentation Schedule

Topic	Time Allocated	Method
Learning Objectives State the learning objectives	5 minutes	Facilitation
Introduction to Module 1	5 minutes	Facilitation
Combination Prevention	5 minutes	Facilitation
What is Pre-Exposure Prophylaxis?	10 minutes	Discussion
Global progress on oral PrEP	2 minutes	Facilitation
National progress on oral PrEP	3-5 minutes	Facilitation
Oral PrEP use in Nigeria	5 minutes	Facilitation
What is Post-Exposure Prophylaxis?	10 minutes	Discussion
What are some similarities and differences between oral PrEP and PEP?	10 minutes	Discussion
Differences between oral PrEP and ART?	10 minutes	Discussion
Why we need oral PrEP	10 minutes	Facilitation
Local HIV Epidemiology	5-10 minutes	Facilitation
Who are the KPs and other populations of focus for oral PrEP in the communities you serve?	10 minutes	Facilitation
Evidence that oral PrEP works (Group Activity)	25 Minutes	Discussion
What is Adherence?	10 Minutes	Discussion
Importance of Adherence to ART	5 Minutes	Facilitation

Adherence and Oral PrEP Efficacy.	5 Minutes	Facilitation
ARVs Recommended for Oral PrEP	5 Minutes	Facilitation
Oral PrEP Side Effects	5 Minutes	Facilitation
Will oral PrEP encourage people to use condoms less often or to have more sexual partners (i.e. Risk Compensation)?	10 Minutes	Discussion
Will Oral PrEP Lead to More HIV Drug Resistance?	7 Minutes	Facilitation
PrEP and STIs	25 Minutes	Discussion
Can PrEP be used with Drug and Other Substances?	5 Minutes	Facilitation
Module 1 Key Points	5 Minutes	Summarize
Nigerian Example on PrEP Uptake	3 Minutes	Reference

Discuss

- Who are the KPs and other priority populations of focus for oral PrEP in the communities you serve?

(Take some volunteer responses and confirm or correct as needed.) Refer to next slide

- Key populations are defined as groups who, due to specific high-risk behaviours, are at an increased risk of HIV infection irrespective of the epidemic type or local context. Also, there are often legal and social issues that increase their vulnerability to HIV. Key populations are important to the dynamics of HIV transmission and in the control of the epidemic.

Slide: Key Populations and Priority Populations

(Review the information aloud.)

However, Oral PrEP is not offered among people in prisons or other closed settings in Nigeria yet.

Group Activity

Refer participants to participants manual.

Ask participants what questions they have about the content presented thus far, invite participants to answer one another's questions, and complement and clarify answers as needed.

Evidence That Oral PrEP Works

1. Explain that participants will now work in small groups to review studies that examined the effectiveness of PrEP.
2. Divide participants into groups of 4 to 6 each.
3. **Slide: Group Activity**
 - In your participant manuals, find and read: ARVs Used in PrEP Trials; iPrEx Study; PROUD: Immediate vs. Deferred PrEP; ANRS IPERGAY: On-Demand Oral PrEP in High-Risk MSM; Partners PrEP Demonstration Project; the Key HIV PrEP Trials Using Oral Tenofovir (TDF) or Tenofovir-Emtricitabine (TDF-FTC) Table; and Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention. Do not read beyond this point. (Trainer should refer to appendix for detailed information on oral PrEP studies)
 - Then discuss the following questions with your small group:
 - From these studies, what can you conclude about the effectiveness of oral PrEP?
 - In what circumstances was PrEP found to be most effective?
 - You will have 25 minutes to work.
4. As the groups are working, go round and help as needed.
5. When the groups have finished, ask each of the questions in turn and take volunteer responses from the groups. Confirm or correct responses as needed.

Slide: Discuss

- Will oral PrEP encourage people to use condoms less often or to have more sexual partners (i.e., 'risk compensation')?

(Take a few volunteer responses, and then show the next slide.)

Slide: Discuss

- Does oral PrEP prevent other STIs?
- What can people do to prevent other STIs while they are taking oral PrEP?
- What should the package of prevention services include?

Ask participants to turn to the person next to them and for a few minutes discuss the 3 questions on the slide with one another.

(After a few minutes, ask for some volunteer responses to the questions.)

Module 2: Oral Prep Screening and Eligibility

Total Time: 3 Hours 40 Minutes

Learning Objectives

After completing this Module, participants will be able to:

- Know the policy recommendations regarding oral PrEP
- List the various entry points for Oral PrEP
- List Know the criteria for oral PrEP use.
- Use the Oral PrEP Eligibility Form to screen clients for substantial risk of HIV acquisition.
- List the contraindications for oral PrEP.
- Explain how to exclude acute HIV infection (AHI).

Presentation Schedule

Topic	Time Allocated	Methods
Learning Objectives	3 Mins	Presentation State the Learning Objectives
WHO Recommendations	3 Mins	Presentation Read and explain
Oral PrEP in the National Guidelines on HIV Prevention, Treatment and Care (2020)	2 Mins	Presentation State the recommendation,
Entry Points for Oral PrEP	15 Mins	Discussion
Oral PrEP, as contained in the training slides, Criteria & Key Points for Commencement of Oral PrEP	20 Mins	Discussion/ Presentation Ask and clarify the meaning as contained in the training slides,
National HIV Testing Algorithm	10 Mins	Discussion Assess knowledge on national algorithm
Acute HIV Infection (AHI)	20 Mins	Discussion/ Presentation Define, state symptoms and diagnosis of AHI
Risk Assessment for Oral PrEP,	30 Mins	Discussion / Presentation /Group Work Assess knowledge on risk assessment
Short Break	10 Mins	
Oral PrEP for Serodiscordant Couples	10 Mins	Presentation
Renal Screening	10 Mins	Presentation

Oral PrEP Use in Pregnancy	5 Mins	Presentation
Oral PrEP and Hormonal Contraceptives	5 Mins	Presentation
Willingness to Use Oral PrEP as Prescribed	5 Mins	Presentation
Criteria for Oral PrEP Initiation	5 Mins	Presentation
Clinical Scenarios	60 Mins	Group Work
Summarize the Key Points	5 Mins	Presentation

Refer to module 2 in the National Training Slides.)

The Pre-Exposure Prophylaxis (PrEP) Screening and Eligibility Form

Trainer to use this as a guide to practice with the Participants on the use of the Screening and Eligibility Form

Inform the participants:

- To find the Oral Pre-Exposure Prophylaxis (PrEP) Screening and Eligibility form in their folders.
- To recall the identified types of questions that must be asked in order to screen for oral PrEP eligibility.
- That using the screening form can ensure screening is done consistently and well documented.
- To ensure completion of the screening form with the client.
- To review the screening form section by section

Note: Briefly review the form in sections with participants (emphasis on Sections 4 and 6)

- Section 4

Inform the participants:

- This section provides question prompts that will help you to determine whether the client belongs in each category. You may need to use other prompts as well—for example, the questions that you brainstormed earlier about serodiscordant couples and proximate factors.

- Section 6

Inform the participants:

- This section's questions will help you to assess suspected acute HIV infection, known as AHI. Remember that you must exclude AHI to prescribe oral PrEP.

Clinical Scenarios

You may wish to revise and adapt these scenarios, or write new ones to reflect participants' local context and client populations or to include client situations more relevant to participants' area.

Clinical Scenario 1

Ricky, a 22-year-old transgender man, presents at the clinic because he is interested in starting oral PrEP. He reports using condoms sometimes during sex with his male partner who is living with HIV. His partner has been on ART for 4 years. His partner's most recent viral load from 'a few months ago' was reported as 1200 copies/mL. Their last unprotected intercourse was four weeks ago. Ricky is in good health and takes no medications. His rapid HIV test today is negative.

- Is Ricky a candidate for oral PrEP?
- Why or why not? ~~What did you consider in order to determine eligibility?~~
- Do you need more information?

Clinical Scenario 2

Tracy, an 18-year-old female sex worker, comes to the clinic because she feels sick and thinks she might have HIV. She reluctantly explains that during the past year, she has been having sex for money or gifts in order to support her 2 children. Some of her partners have used condoms and others have not. She does not know whether her partners have HIV. Tracy reports that she has been feeling run-down and sick for the past few weeks. Her HIV test today is negative.

- Is Tracy a candidate for PrEP?
- Why or why not?
- Do you need more information?

Clinical Scenario 3

Hauwa a 30-year-old wife and mother presents at the clinic because she has heard that she can get drugs that will prevent her from getting HIV. She suspects that her husband has been injecting drugs because he has needle marks on his arms. She reports that her husband has not been tested. Hauwa's HIV test result today is negative.

- Is Hauwa a candidate for PrEP?
- Why or why not?
- Do you need more information?

Instruction for the groupwork:

Explain that participants will now work on scenarios in groups to practice determining eligibility for oral PrEP and divide participants into groups of 4 to 6 each (belonging to different groups from previous groupings).

- Ask participants to read the clinical scenarios.
 - Then discuss the scenario questions.
 - Refer to the PrEP screening tool during your discussion as needed.
 - You will have 30 minutes to work.
 - Reconvene for plenary (30 minutes)
- As the groups are working, move round and provide supportive supervision as needed.
 - When the groups have finished work, ask the following:
 - Would someone from each group please read the scenarios aloud?
 - How did your group answer the scenario questions?
 - What questions or comments do you have about these scenarios?

Answers to Scenario Questions

Scenario 1

Is Ricky a candidate for oral PrEP?

- Yes

Why or why not?

Ricky is at substantial risk for HIV infection (intercourse without condoms, partner with HIV who does not have a suppressed viral load).

- *Ricky's partner's viral load.*
- *Rapid HIV antibody test window.*
- *No other eligibility issues. Any potential modifiable challenges or barriers should not be equated with eligibility. For instance, we know he is 'in good health' so he might have limited experience taking a daily medication. Developing the habit can be a topic for adherence education and counselling.*

Scenario 2

Is Tracy a candidate for PrEP?

- *Yes, if she does not have AHI or creatinine clearance greater than 60ml/min.*

Why or why not?

- *Tracy is at substantial risk (multiple partners, sometimes without condoms).*

Do you need more information?

- *AHI must be ruled out.*

Scenario 3

Is Hauwa a candidate for PrEP?

- *Yes.*

Why or why not?

- *Hauwa may be at substantial risk (partner possibly using drugs).*

Do you need more information?

- *AHI must be ruled out.*

Module 3: Oral Prep Initial and Follow-Up Visits

Total Time: 4 Hours 45 Minutes

Learning Objectives

After completing Module 3, participants will be able to:

- Understand Oral PrEP initial and follow-up visits
- Describe the content of counselling for oral PrEP initial and follow-up visits.
- Follow the Integrated Next Step Counselling (iNSC) process to counsel clients on sexual health and oral PrEP adherence.
- List possible challenges encountered in providing oral PrEP services and how to manage them.
- Know the appropriate guidelines to be used in providing oral PrEP services.

Materials Required

The trainer is required to have the following materials:

- Module 3 slides
- Session 3.3 iNSC Role-Play Scenarios (trainer manual and page...in Participant Manual)
- Copies of the table of iNSC steps, components, and examples (see annex number... of participants manual)
- Provider Checklist for Substantial Risk for each participant (see annex number ... in participants manual)
- Frequently Asked Questions about Oral PrEP job aid for each participant (in the participant folder)
- Flip chart papers
- Markers (for writing on the flip chart paper)

Specific Preparation

In preparation for this session, the trainers should:

- Review Integrated Next Steps Counselling (iNSC) Role-Play Scenario in slide 105
- Review the Provider Checklist for Substantial Risk
- Review the Frequently Asked Questions about Oral PrEP job aid
- Post blank sheets of flip chart paper on the wall or easel where everyone can see them. (Label one sheet ‘Oral PrEP Challenges’ and the other ‘Oral PrEP Strategies.’)
- Decide how you will divide participants into pairs so that they are with different partners from the previous role-play session.
- Decide how you will divide participants into small groups (by counting or other method).

2. Slide: Module 3

- The next several sessions will cover Module 3 content.

Table...Presentation schedule

Topic	Time	Method of delivery
Learning objectives	2 minutes	Presentation
Definition of Oral PrEP initial visit	1 Minutes	Presentation
Steps/services (minimum package) for Oral PrEP Initial Visit	5 Minutes	Presentation
Oral PrEP Initial visit Counselling	14 Minutes	Facilitation/discussion
Oral PrEP Efficacy Counselling Messaging (1 slide)	2 Minutes	Presentation
Features of Oral PrEP Counselling (3 slides)	5 Minutes	Presentation
Key approaches to Promoting Oral PrEP (1 slide)	2 minutes	Presentation
Integrated Next Step Counselling (iNSC) (1 slides)	10 minutes	Presentation
Integrated Next Step Counselling: Flow chart (1 slides)	18 minutes	Presentation/Discussion
Steps in iNSC (11 slides)	15 minutes	Facilitation
Role-Play (iNSC) (1 slide). See details below	1hour	Facilitation/Role play
Role-Play Debrief	20 minutes	Facilitation
Key Adherence Messaging for Oral PrEP Initial visit(1 slide)	5 Minutes	Presentation
Oral PrEP Initial Visit: Adherence Strategies (1 slide)	5 minutes	Presentation
Group Discussion (1 slide). See details below.	15 minutes	Facilitation/group work
Definition of Oral PrEP follow-up visit (2 slides)	1 minute	Presentation
Procedures (minimum package) for Oral PrEP follow-up Visit (1)	10 minutes	Presentation
Oral PrEP follow-up visit Counselling (2 slides)	10 minutes	Presentation/discussion
Oral PrEP Follow-up Visit Checklist (2 slides)	10 minutes	Presentation
Assessing Oral PrEP Adherence during follow-up visit (3 slides)	10 minutes	Presentation
Discussion Prompts for Follow-Up Visits (3)	25 minutes	Facilitation
Factors Responsible for Poor Oral PrEP Adherence (4 slides)	25 minutes	Presentation

Factors Promoting Oral PrEP Adherence (2 slides)	15 minutes	Presentation
Adherence Assessments (1 slide)	5 minutes	Presentation
Oral PrEP visit schedule (1 slide)	5 minutes	Presentation
Oral PrEP Discontinuation (3 slide)	15 minutes	Presentation
Clinical Scenario (Oral PrEP discontinuation)	20 minutes	Facilitation/group discussion
Group Work/Discussion on PrEP implementation challenges and strategies to address it (1 slide)	15 minutes	Facilitation/group work
Key Points (1 slide)	5 minutes	Presentation

*Refer to table above for trainer guide.

Trainer to:

- a. Read aloud the learning objectives
- b. Ask participants to share their understanding of oral PrEP initial visit

Part 1 –Trainer Role-Play (20 minutes)

- Invite your fellow trainer to the front of the training hall. Explain that you will perform a role-play where a provider conducts iNSC with a client.

Slide 134: Clinical Scenario for Role-Play

- a) (Read the scenario aloud—iNSC Role-Play Scenario for Trainers, *below*.)

iNSC Role-Play Scenarios

Chioma, a female sex worker, came to your facility. She is interested in starting oral PrEP. She uses condoms during sex with commercial clients but not with her long-term partner, whose HIV status is unknown. She had a negative HIV test 6 months ago and wants to avoid HIV infection. She would like to have a baby with her partner. She is using an injectable hormonal contraceptive because she usually forgets to take her oral contraceptives every day.

- We will now role-play this scenario.
- Please observe the role-play and follow along with the table of iNSC steps in your manuals.
- As you observe, think about how you might use iNSC yourself in this scenario.

-
- As you observe, think about how you might use iNSC yourself in this scenario.
 - Perform the role-play (5–10 minutes).

Slide 135: Role-Play Debrief

- How well did the provider follow the iNSC steps?

- What types of prompts or strategies worked best? Why?
- What were the most challenging aspects of the counselling?
- How did the provider handle the challenges?
- What other questions or comments do you have about iNSC so far?
- Take volunteer responses and encourage a discussion. Summarize challenges and strategies as needed.

Part 2 – Participant Role-Play 1 (45 minutes)

- Explain that participants will now role-play in pairs in order to practice how to follow the iNSC steps when counselling clients on oral PrEP.
- Pair up participants for the role-play.

All participants iNSC Role-Play 1

- Find iNSC Role-Play Scenario 1 in your manuals.
- Decide who will play the provider and who will play the client.
- Practice a brief role-play.
- Have the client answer using the information in the iNSC Role-Play Scenario 1 in your Participant Manual.
- Ask the provider to use the iNSC steps and sample prompts as if they were counselling a real client.
- As you are practicing, I (trainer) will observe and choose a pair to perform. I will not tell you which pair I choose, so everyone must be prepared to perform.
- You will have 15 minutes to work
- As pairs are working, circulate, observe role-playing, and help as needed. As you circulate and observe, choose a pair to perform. Do not tell participants which pair you have chosen. (Choose a different pair from those chosen for Module 2) When pairs have role-played for about 15 minutes, call for everyone's attention.

iNSC Role-Play 1 Debrief.

Encourage a discussion about the following questions:

- What did you learn by doing these role-plays?
- What types of prompts or strategies worked best? Why?
- What were the most challenging aspects of the counselling? Why?
- How could you address the challenges? What strategies would you use?

Selected participants Part 3—Participant Role-Play 2

- *Ask the selected pair of participants to come to the front of the room and perform the role-play (5-10 minutes)*

- *Reverse role-play* – (Repeat the process for Role-Play Scenario 1 and debrief. Participants who played the provider for Role-Play Scenario 1 should play the client; those who played the client should play the provider.) (5-10 minutes)

Factors responsible for poor adherence/factor promoting adherence (Group Discussion)

Participants will now work in small groups to brainstorm the reasons for poor adherence and ways to support adherence. Divide participants into groups of 4 to 6 each.

- Close your participant manuals.
- With your small group, brainstorm on one of these questions:
- Question 1: What are some common reasons for poor adherence? Include reasons associated with the individual, the medication and the health system.
- Question 2: What can providers do to promote and support adherence? Include counselling, reminder calls, and other activities.
- Choose one group member to record your questions on a sheet of notebook paper.
- You will have 10 minutes to work. Assign each small group either Question 1 or Question 2.
- As the groups are working, move around and provided necessary guidance.

Slides 116-117: Follow-Up Oral PrEP Visit Checklist

- Please find this checklist in your participant manuals (page 36).
- Use this checklist as overall guidance during follow-up oral PrEP visits.
- During the follow-up visit, repeat the HIV test to confirm HIV-negative status. Repeat HIV testing to inform decisions on whether to continue, if negative, or discontinue, if positive Prep.
- Schedule for repeat HIV testing:
 - 1 month after starting PrEP
 - Every 3 months thereafter
 - Use HIV testing algorithms in line with national guidelines.
 - Note that the main limitation of antibody-based HIV testing is the window period (time from HIV infection to detection of antibodies). Rapid tests will not detect AHI, which must be clinically assessed at every follow-up visit.
 - Reference: National Guidelines for HIV Prevention, Treatment and Care 2020; Table 7.2. Follow-up visits procedures, p 98, National Guidelines for HIV Testing Services, 2021
- (Review the checklist aloud.)

Oral PrEP Discontinuation (Group Work)

Clinical Scenario

Agboola has been on oral PrEP (TDF/FTC) for the last 9 months. At the follow-up visit, he is in good health, and his repeat HIV test is negative. Agboola reports recently starting a monogamous relationship with a man who tested HIV negative last year and feels he might no longer need oral PrEP.

(Read the scenario aloud.)

How would you manage this case?

- Take volunteer responses and confirm or correct as necessary. Encourage a brief discussion.
- Ask participants what questions they have about the information presented thus far, invite participants to answer one another's questions, complement and clarify answers as necessary.
- Remind participants that the information presented in this session is in their manuals. They may review the information during a break or over lunch.

Oral PrEP Challenges and Strategies-

Group Discussion

Participants have now learned about oral PrEP screening and initial and follow-up visits. In this session, they will consider challenges to implementing oral PrEP and how to address those challenges.

Divide participants into groups of 4 to 6 participants each (different groups than those during previous sessions).

With your small group, brainstorm responses to these questions:

- What challenges can you, as a PrEP service provider face while implementing oral PrEP?
- What strategies can you, as a provider employ to address the challenges?
- Choose one group member to record your responses in writing.
- As the groups are working, move around and provide support and guidance, as necessary.
- When the groups have finished, take one response to question 1, from each group in turn, until all ideas have been shared. As the groups share ideas, write them briefly on the flip chart paper labelled ‘Oral PrEP Challenges.’
- Encourage a discussion. Participants may ask questions or comment on other groups’ ideas.
- Repeat this process for Question 2.
- Summarize by pointing out that participants have shared valuable strategies in this session. They may wish to write the strategies in their notebooks.
- Leave the challenges and strategies sheets posted for the remainder of the training.

Module 4: Monitoring and Managing Oral PrEP Use

TOTAL TIME: 1 HOUR 50 MINUTES

Learning Objectives

After completing Module 4, participants will be able to:

- Explain causes and management of creatinine elevation.
- Explain how to manage seroconversion.
- Develop strategies to minimize oral PrEP stigma.

Specific Preparation

- Decide how you will divide participants into small groups (by counting or another method).
- Ensure the walls of the hall are suitable to accommodate “gallery walk”

Presentation schedule

TOPIC	TIME ALLOCATED	METHOD
State the Learning Objectives.	3 Mins	Presentation
Monitoring Creatinine Elevation	15 Mins	Presentation
Managing Creatinine Elevation	15 Mins	Presentation
Seroconversion on Oral PrEP	5 Mins	Presentation
Managing Seroconversion	15 Mins	Discussion
Oral PrEP ‘Special Considerations	5 Mins	Presentation
Oral PrEP and Stigma	45 Mins	Group activities (Discussion, Gallery walk and assessment)
Summarize Key Points	5 Mins	Presentation

Refer to slides on module 4 of the National training slides.

Trainer to use this as a guide to inform participants on key points for emphasis.

Inform the participants on:

Monitoring and Managing Creatinine Elevation

- Urinalysis is used as a screening test to exclude proteinuria.
- Renal impairment is defined as having an estimated creatinine clearance of <60 ml/min
- Stop oral PrEP if creatinine elevation is confirmed on a separate specimen on a separate day and if estimated creatinine clearance decreases to <60 ml/min.

Sero-Conversion

- HIV acquisition can be prevented with consistent use of oral PrEP.
- If a person using oral PrEP tests positive for HIV, oral PrEP should be **stopped immediately** and the person referred for prompt initiation of HIV treatment.

Special Consideration

Consideration	Recommendation
Hormonal contraception	<ul style="list-style-type: none"> • Oral PrEP does not affect the efficacy of hormonal contraceptives, and hormonal contraceptives do not affect oral PrEP efficacy.
Pregnancy and breastfeeding	<ul style="list-style-type: none"> • Oral PrEP is safe in people who are pregnant and/or breastfeeding who are at continued substantial risk of HIV acquisition.
Hepatitis B infection (HBV)	<ul style="list-style-type: none"> • Oral PrEP does not affect the efficacy of HBV vaccine.
Management of recent HIV exposure with PEP	<ul style="list-style-type: none"> • People who have been exposed to HIV within 72 hours should be offered PEP. • The National Guidelines for HIV Prevention, Treatment and Care (2020) recommend a TDF/3TC/DTG (preferred) drug combination for 28 days. • PEP may be transitioned to oral PrEP after 28 days if the HIV test remains negative and there is substantial ongoing risk of HIV acquisition.

Stigma

HIV Stigma is a negative attitude and beliefs about People living with HIV (PLHIV). It is also the prejudice that comes with labelling an individual as part of a group that is believed to be socially unacceptable.

- Confidentiality is essential in oral PrEP services.
- People may face stigma if their oral PrEP use becomes known.
- *Trainer to:* Ask participants what questions they have about the information presented thus far, invite participants to answer one another's questions. Complement and clarify answers as needed.

Group Discussion

- Remind participants that they already have experience in dealing with the stigma related to HIV testing and ART services. Now they will brainstorm strategies for minimizing potential stigma associated with oral PrEP. Divide participants into groups of 4 to 6 each (belonging to different groups from previous sessions). Give each group a sheet of flip chart paper and a marker.

As the groups are working, move around and provide supportive supervision as needed.

When the groups have finished, ask them to tape their sheets to the walls around the room. They should use all walls so that sheets are not grouped too closely.

Once the sheets have been posted, invite all participants to walk around the 'gallery' and read the strategies on the sheets. Ask participants to return to their seats.

Encourage a brief discussion. Ask:

- What strategies did the groups have in common?
- What experiences with, or tips for, implementing these strategies can be shared with the group?
- What new strategies did you discover during this activity and how might you implement them at your facilities?
- What other questions or comments do you have about strategies for minimizing stigma?

Invite participants to answer one another's questions. Complement and clarify answers as needed.

Point out the resource lists in the participant manuals and invite the class to explore them after the training.

Module 5: Oral PrEP Monitoring and Evaluation

Total Time: 4 Hours 30 Minutes

Learning Objectives

After completing Module 5, participants will be able to:

- Understand the rationale for monitoring and evaluation (M&E).
- Correctly fill out the Oral PrEP data collection tools.
- Identify the correct order of the steps that health care workers should take during an initial oral PrEP visit.

Specific Preparation

The trainer should ensure the following Oral PrEP data collection tools are available;

- Oral PrEP Screening and Eligibility form
 - Oral PrEP Care Card
 - Oral PrEP Register
 - Oral PrEP Monthly Summary Form
- Review the forms and the Session 5.1 Scenarios for M&E Practice in advance.
 - Decide where the groups will paste their group work
 - Decide how you will divide participants into pairs (by counting or other method).
- Decide how you will divide participants into small groups (by counting or other method).

Presentation Schedule

TOPIC	TIME ALLOCATED	METHOD
Learning Objectives	3 Mins	Presentation
Rationale for Monitoring & Evaluation	5 Mins	Presentation
Monitoring and Evaluation Tools for Oral PrEP	10 Mins	Presentation
Entry Points for Oral PrEP	15 Mins	Discussion
Oral PrEP Tools Hands-on – this session should be purely practical with each participants given the different tools to fill under the guidance of the facilitator and the M & E officer present	60 Mins	Discussion/Practical

Using the preferred slides explain Oral PrEP Indicators	30 Mins	Discussion
Using the slides explain the Service Flow Chart	10 Mins	Presentation
Flow Chart for Reporting	10 Mins	Presentation

Refer to the slides on module 5 of the National training slides

Supply chain and Handling PrEP drugs

- Pharmacists or Providers charged with storage of PrEP drugs should ensure the following:
 - Storage at ambient temperatures of 15-30° C
 - Ensure the container bottles are tightly shut and dispense the medicines only in their original containers
 - PrEP users should be advised to retain the desiccant in the container throughout the period it is being used.
 - Ensure a 4-month supply is available for each PrEP user when initiating new users on PREP.

Module 6: Event-Driven PrEP (ED-PrEP)

Total Time: 30 Minutes**Learning Objectives**

After completing Module 6, participants will be able to:

- Define event-driven PrEP (ED-PrEP).
- Consider programmatic changes needed to implement ED-PrEP.
- Identify people eligible for ED-PrEP.
- Explain how to take ED-PrEP effectively.
- Describe the advantages and disadvantages of ED-PrEP.
- Identify resources for the development of ED-PrEP implementation tools.

Materials

- Module 6 Slides

Advance Preparation

- Post slide: Module 6.

Presentation Schedule

Topic	Time Allocated	Method
Gender and sexual identity in the context of ED-PrEP.	3-7 minutes	Facilitation
Define event-driven PrEP (ED-PrEP).	5 minutes	Facilitation
Clients Eligible for ED-PrEP	5 Minutes	Facilitation
Policy Considerations	5 minutes	Facilitation
How to take ED-PrEP effectively.	5 minutes	Facilitation
Evidence for ED-PrEP Efficacy and Implementation	7 Minutes	Facilitation
Drug Regimen for ED-PrEP.	3 Minutes	Facilitation
Advantages and Disadvantages of ED-PrEP.	3-5 minutes	Facilitation
Starting and Stopping oral PrEP (MSM Only).	5 Minutes	Facilitation
Dosing Scenarios 1 -3:	15 Minutes (5 Mins per Scenario)	Facilitation
Switching Between Daily and ED-PrEP	7 minutes	Facilitation
Dosing Scenarios 4 -5:	10 Minutes (5 Mins per Scenario)	Facilitation
Consideration for Monitoring Visits for Ed_PrEP Clients.	10 Minutes	Facilitation
Module 6 Key Points.	5 minutes	Facilitation

Event-Driven PrEP (ED-PrEP)

Slide: Gender and Sexual Identity (2 slides)

- (Review the information aloud.)
The need to define gender and sexual identity to describe subgroups who are eligible for ED-PrEP.

Slide: Policy Considerations

- WHO issued a technical brief in July 2019 to update the dosing considerations of oral PrEP for MSM.
- ED-PrEP is included in the National Guidelines for HIV Prevention, Treatment and Care 2020.
- WHO update on ED- PrEP 2022

Slide: Clients Eligible for ED-PrEP

- (Review who is eligible for ED-PrEP.)
- Key Takeaway: Evidence suggests ED-PrEP protects MSM from HIV transmission ONLY during anal sex.

Module 7: Oral PrEP Demand Creation

Learning Objectives

After completing Module 7, participants should be able to:

- Understand the concept of Demand Creation for Oral PrEP
- Utilize demand creation strategies for improved Oral PrEP services
- Know how to plan demand creation interventions for Oral PrEP services

Materials Required

The trainer is required to have the following materials:

- Module 7 slides (needed for all Module 7 sessions)
- Flip chart papers
- Markers (for writing on the flip chart paper)
- Projector/laptop

Advance Preparation

In preparation for this session, the trainers should:

Trainers to review and understand the content of the presentation slides.

Slide: Module 7

Topic	Time	Method of delivery
Learning objectives (1 slide)	2 Minutes	Presentation
Concept of Oral PrEP demand creation (1 slide)	2 Minutes	Presentation/discussion
Steps in planning Oral PrEP Demand Creation (1 slide)	5 Minutes	Presentation
Strategies and approaches for Oral PrEP Demand creation (2 slides)	14 Minutes	Facilitation/discussion
Community mobilization and engagement for Oral PrEP (1 slide)	2 Minutes	Presentation
Steps for Stakeholder Mobilization and Engagement (1 slide)	5 Minutes	Presentation
Advocacy for Oral PrEP (1 slide)	2 Minutes	Presentation
Steps for conducting advocacy for Oral PrEP (2 slides)	10 Minutes	Presentation
Relevant targets audiences for advocacy and how to support oral PrEP intervention (2 slides)	18 Minutes	Presentation/Discussion
Interpersonal Communication/ Enhancing Provider-Client Interaction: Empathy Building for Oral PrEP (Introducing the Empathways)	25 Minutes	Presentation/Role play

Trainer to:

1. Read aloud the objectives of the module
2. Ask participants about their understanding of Oral PrEP demand creation. Clarify and provide the standard definition using the slides.
3. Present the steps in planning oral PrEP demand creation
4. Discuss the approaches/strategies for oral PrEP demand creation among different target audiences (reference: National HIVST and PrEP communication strategy, 2021).
5. Ask participants to explain community mobilization and engagement. Clarify and discuss using the slides.
6. Probe further and ask participants to discuss how they can carry out stakeholders' mobilization and engagement. Harmonize responses, present and discuss the steps.
7. Ask participants to share their understanding of what advocacy means, and how it can facilitate oral PrEP demand creation/interventions. Harmonize all responses, clarify and discuss.
8. Present and discuss the steps for conducting advocacy for oral PrEP

9. Ask participants to list the different target audiences who can support oral PrEP demand creation/intervention and their roles. Clarify, present and discuss.
10. Introduce Empathways and lead a discussion on the facilitator's cards. The cards will help to drive the sessions effectively

Post-Training Assessment, Evaluation, And Resource Materials

Total Time: 30 MINUTES

Materials

- Module 7 slides
- 1 pre- and post-training assessment and 1 Training Evaluation Form per participant (in the participant folder)
- 1 completion certificate per participant

Advance Preparation

- Insert local PrEP resources, organizations, clinics, and studies into the Local PrEP Resources slide.
- Create completion certificates for all participants.

Post-Training Assessment, Training Evaluation, and Closing

1. Slide:

- In this session, you will complete a post-training assessment and an evaluation of the training and explore additional resources on oral PrEP.

2. Slide: Post-Training Assessment

The objective of this post-training assessment is to find out what you have understood about providing oral PrEP services and how much your knowledge has improved. The results of the pre-training and post-training assessments will help improve future trainings.

Note

- Remember to write your name on your post-test questionnaire.
- Discuss the correct answers to the questions after the assessment.
- You have 15 minutes to complete the assessment.

(Review the points on the slide aloud.)

Follow the following steps to conduct the post-test assessment:

- Give participants the Post Training Assessment, allowing 15 minutes to complete it. As participants are working, circulate and help as needed.
- Collect all the tests. Take a few minutes to mark the tests (perhaps while participants are completing the Training Evaluation Form).

Training Evaluation

Steps to conduct training evaluation

- a. Give participants copies of the Training Evaluation Form.
- b. Tell participants to **Please take a few minutes to complete this Training Evaluation Form.**
- c. Reinforce that you welcome their honest feedback to help in improve future trainings.

- d. Inform participants that the evaluation will be confidential. They do not need to include their names.
- e. Return participants marked pre-training and post-training assessments to them.
- f. Review the answers briefly with the group.

Slide: Resource Materials (4slides)

All of these resources are available at the beginning of your Participant Manual.

- (Review the resources aloud.)

Slide: Thank You for Your Participation!

- Thank you for your participation.
- We wish you the best in implementing PrEP at your facilities.
- Please make sure to take your participant manuals.

Appendix

Pre- and Post-Training Assessment
Pre- and Post-Training Assessment Answer Key
Training Evaluation Form
Oral PrEP Studies
Materials Needed for Participant Folders
Certificate of Completion

A. Pre- and Post-Training Assessment for Oral PrEP Training for Providers in Nigeria

Please tick the correct answer to each question below:

- 1. Is the following statement true or false? ‘Oral pre-exposure prophylaxis (PrEP) is a medication you take for life.’**
 - a) True
 - b) False

- 2. Counselling to support oral PrEP use and adherence may be provided by:**

(Select all that apply.)

 - a) Pharmacists
 - b) Nurses
 - c) Lay counsellors
 - d) Peer workers

- 3. Which of the following are WHO-recommended regimens for oral PrEP?**

(Select all that apply.)

 - a) Tenofovir/emtricitabine (TDF/FTC)
 - b) Tenofovir/emtricitabine + efavirenz (TDF/FTC) +(EFV)
 - c) Tenofovir/lamivudine (TDF/3TC)
 - d) Zidovudine/lamivudine (AZT/3TC)

- 4. Is the following statement true or false? ‘Oral PrEP is safe to use during pregnancy and breastfeeding.’**
 - a) True
 - b) False

- 5. Oral PrEP is safe to use with:**

(Select all that apply.)

 - a) Hormonal contraception
 - b) Recreational drugs
 - c) Alcohol
 - d) Antibiotics

- 6. Oral PrEP should be discontinued if:**

(Select all that apply.)

 - a) The health care worker decides it is no longer right for the client.
 - b) The estimated creatinine clearance decreases to <60 ml/min.
 - c) The client reports headaches and stomach upset.
 - d) The client tests HIV positive.

- 7. Is the following statement true or false? ‘Oral PrEP and post-exposure prophylaxis (PEP) are both used by HIV-negative persons to prevent HIV acquisition.’**
- a) True
 - b) False
- 8. Oral PrEP can be offered as part of a comprehensive HIV prevention package for:**
(Select all that apply.)
- a) Men who have sex with men
 - b) Individuals with potential HIV exposure in the last 72 hours
 - c) People who inject drugs
 - d) Serodiscordant couples
- 9. Is the following statement true or false? ‘Oral PrEP is protective against a variety of sexually transmitted infections.’**
- a) True
 - b) False
- 10. Counselling to support oral PrEP adherence should include:**
(Select all that apply.)
- a) A client-centered approach
 - b) Identification of barriers to taking oral PrEP
 - c) Identification of client-specific strategies to use oral PrEP effectively
 - d) Integration of condom use

B. Pre- and Post-Training Assessment for Oral PrEP Training for Providers in NIGERIA—Answer Key

- 1) b
- 2) a, b, c, d
- 3) a, c
- 4) a
- 5) a, b, c, d
- 6) b, d
- 7) a
- 8) a, b, c, d
- 9) b
- 10) a, b, c, d

C. Training Evaluation Form

Instructions: Please rate the following statements on a scale from 1 to 5.

	<input type="checkbox"/> Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	<input type="checkbox"/> Strongly Agree
1. The training objectives were clear.	1	2	3	4	5
2. This training met my expectations.	1	2	3	4	5
3. The technical level of this training was appropriate.	1	2	3	4	5
4. The pace of this training was appropriate.	1	2	3	4	5
5. The trainers were engaging (i.e., interesting).	1	2	3	4	5
6. The information I learned in this training will be useful to my work.	1	2	3	4	5
7. I am confident that after this training, my facility will be able to implement oral PrEP for all eligible candidates.	1	2	3	4	5

Instructions: How helpful were each of the training modules to you and your work? If you have specific comments, please write them on the next page.

	<input type="checkbox"/> Not Helpful				<input type="checkbox"/> Very Helpful
Module 1: Oral PrEP Basics	1	2	3	4	5
Module 2: Oral PrEP Eligibility Screening	1	2	3	4	5
Module 3: Oral PrEP Initial and Follow-Up Visits	1	2	3	4	5
Module 4: Monitoring and Managing Oral PrEP: Creatinine, Seroconversion, and Stigma	1	2	3	4	5
Module 5: Oral PrEP Monitoring and Evaluation Tools	1	2	3	4	5
Module 6: Event-Driven PrEP	1	2	3	4	5

What was the best part of this training?

How could we improve this training?

Other comments:

Thank you for your participation and for your commitment to implementing oral PrEP!

D. Oral PrEP Studies

ARVs Used in PrEP Trials

- Oral daily tablet of TDF/FTC (300mg tenofovir disoproxil fumarate/200mg emtricitabine)

Oral daily tablet of TDF (300mg tenofovir disoproxil fumarate)

- TDF/FTC and TDF alone are both equally safe and effective for heterosexual men and women.
- TDF alone was also found to be effective among PWIDs.
 - There is limited evidence on the use of TDF alone for PrEP in MSM.
- TDF/FTC was approved for oral PrEP by the US Food and Drug Administration (FDA) in 2012.

iPrEx Study

Study Design:

- N = 2499 HIV-seronegative men (or transgender women)
- Sexual orientation: sex with men
- All received risk-reduction counselling, condoms, and STI Rx

Regimens:

- TDF/FTC (Truvada): 1 pill PO daily
- Placebo: 1 pill PO daily

Result:

- 44% reduction in incident HIV in the TDF/FTC arm

PROUD

Immediate vs. Deferred PrEP in High-Risk MSM in a ‘Real World’ Trial

- Randomised, open-label trial of daily oral TDF/FTC oral PrEP in MSM in 13 STI clinics in London
- Immediate (n = 267) vs. deferred for 12 months (n = 256)
- Primary endpoint: HIV infection in the first 12 months from enrolment

Results

- Incident HIV infection: 3 in immediate arm, 20 in deferred arm
- Reduction: 86% (90% CI 64–96; p=0.0001)
- Number needed to treat for 1 year to prevent 1 infection: 13 (90% CI:9–25)

ANRS IPERGAY

On-Demand Oral PrEP in High-Risk MSM

- Randomised double-blind trial
- Event-driven oral TDF/FTC (n = 199) vs. placebo (n = 201)
 - 2 tablets taken 2–24 hours before sex
 - 1 tablet taken 24 hours after sex

- 1 tablet taken 48 hours after first event-drive dose
- Primary endpoint: HIV seroconversion

Results

- 86% reduction in risk seen in oral PrEP arm (95% CI:40–98, $p = 0.002$)
- Median of 16 pills taken per month in each arm
- Number needed to treat for 1 year to prevent 1 infection: 18

Partners PrEP Demonstration project

- Open-label multi-country study
- Integrated delivery of oral PrEP and ART in serodiscordant couples
- Oral daily TDF/FTC given as PrEP to HIV-negative partner and continued 6 months beyond Initiation of ART for partner living with HIV
- Interim analysis: 96% reduction in expected infections (*all* HIV infections)

Oral PrEP can be used as a “bridge” to fully suppressive ART in serodiscordant couples.

Key HIV PrEP Trials Using Oral Tenofovir or Tenofovir-Emtricitabine (TDF-FTC)

STUDY	STUDY POPULATION	STUDY RANDOMISATION	HIV INCIDENCE IMPACT
iPrEx (Brazil, Ecuador, South Africa, Thailand, US)	2499 MSM and TG women	Daily oral TDF-FTC or placebo	TDF-FTC: 44% ↓
Partners PrEP Study (Kenya, Uganda)	4147 heterosexual HIV-discordant couples	Daily oral TDF, TDF-FTC, or placebo	TDF: 67% ↓ TDF-FTC: 75% ↓
TDF2 Study (Botswana)	1219 heterosexual men and women	Daily oral TDF-FTC or placebo	TDF-FTC: 63% ↓
FEM-PrEP (Kenya, South Africa, Tanzania)	2120 women	Daily oral TDF-FTC or placebo	TDF-FTC: no protection
VOICE (South Africa, Uganda, Zimbabwe)	5029 women	Randomised to daily oral TDF, TDF-FTC, oral placebo, TDF vaginal gel, or gel placebo	TDF: no protection TDF-FTC: no protection TDF gel: no protection
Bangkok TDF Study (Thailand)	2143 PWID	Randomised to daily oral TDF or placebo	TDF:49% ↓
IPERGAY (France, Quebec)	400 MSM	Randomised to “on-demand” oral TDF-FTC or placebo	TDF-FTC: 86% ↓

PROUD
United Kingdom) 545 MSM and TG women Randomised to daily oral TDF-FTC immediately or delayed Immediate TDF-FTC: 86% ↓

Sources: **iPrEx:** Grant RM, et al. *N Engl J Med.* 2010;363:2587–99. **Partners PrEP:** Baeten JM, et al. *N Engl J Med.* 2021;367:399–410. **FEM-PrEP:** Van Damme L, et al. *N Engl J Med.* 2021;357:411–22. **Bangkok TDF Study:** Choopanya K, et al. *Lancet.* 2013;381:2083–90.

E. Materials Needed for Participant Folders

Each participant folder should include the following:

- 1. Pre-Training Assessment**
- 2. Post-Training Assessment**
- 3. Training Evaluation Form**
- 4. PrEP Job Aids**
 - a. Screening for Substantial Risk of HIV Infection Chart**
 - b. Frequently Asked Questions about PrEP**
- 5. The PrEP M&E Tool Package, including:**
 - a. Oral Pre-Exposure Prophylaxis (PrEP) Eligibility Screening Form**
 - b. Oral PrEP Care Card**
 - c. Oral PrEP Register**
 - d. Oral PrEP Monthly Summary Form**

PrEP Provider Job Aids

- **Screening for Substantial Risk of HIV Infection**
- **Frequently Asked Questions about PrEP**

B. Screening For Substantial Risk of HIV Infection *(based on history in the past 6 months)*

- **Client who is sexually active in a high HIV prevalence population (either in the general population or key population group) PLUS reports ANY of the following in the past 6 months:**
 - Vaginal or anal intercourse without condoms with more than 1 partner, OR
 - Sex partner with one or more HIV risk, OR
 - History of an STI (based on lab test, syndromic STI treatment, self-report), OR
 - History of use of post-exposure prophylaxis (PEP)

OR

- **Client who reports history of sharing of injection material/equipment with another person in the past 6 months**

OR

- **Client who reports having a sexual partner in the past 6 months* who is HIV positive *AND* who has not been on effective HIV treatment**

**On ART for less than 6 months, or has inconsistent or unknown adherence*

F. Frequently Asked Questions About Oral PrEP

What is PrEP?

PrEP stands for **pre**-exposure **pro**phylaxis. It is a single daily pill that **protects** you from getting infected with HIV. It works when you take it **before** you are exposed to HIV.

Who should use PrEP?

PrEP is for **anyone** (both men and women) who is at substantial risk of becoming infected with HIV. It is for situations and times when you may have a high risk of HIV infection.

Is PrEP a new drug?

No. PrEP is not new. PrEP is made of antiretroviral drugs (HIV medication) used to help treat people who are HIV positive and for preventing mother-to-child HIV transmission (PMTCT).

When and how do I use PrEP?

- See a health care provider to find out if you are eligible for PrEP.
- If you are prescribed PrEP, you must take 1 pill every day.
- You can take PrEP any time of day and at different times on different days, as long as you take 1 pill every day.
- You can take PrEP with or without food.
- When starting or re-starting PrEP, you must take it every day for at least 7 days before you are protected.
- You must see your health care provider for regular follow-up visits while on PrEP.
- While taking PrEP, you must test for HIV every 3 months to be sure you are not infected.

How long do I use PrEP?

PrEP is recommended as added protection for people who are at substantial and ongoing for HIV infection. For most people, PrEP will not be a lifelong medication. It is for a time in your life when you feel you are regularly or frequently at risk for HIV. As part of your follow-up care for PrEP, your health care provider will help you assess your risk and decide whether or not PrEP is still appropriate for you. If you wish to stop PrEP, talk to your health care provider about how to safely stop.

How well does PrEP work?

PrEP does not provide 100% protection, but it is highly effective and provides a great deal of protection against HIV. Among clients who take PrEP consistently, as prescribed, PrEP reduces the risk of HIV infection during sex by over 90%.

What if I miss a dose?

If you miss a dose, just take it when you remember. For example, if you usually take PrEP in the morning, but one day realize at 10 in the evening that you forgot, it is okay to take 1 pill then and resume your usual morning schedule the next day. Remember, PrEP is effective when taken every day.

Is PrEP an HIV vaccine?

No. PrEP is not an HIV vaccine. PrEP is a pill that works only when taken consistently and correctly—1 pill every day. Unlike a vaccine, PrEP stops working once you stop taking it.

Will I have side effects while taking PrEP?

You may experience some side effects—like nausea, vomiting, or abdominal pain—but these usually stop within the first weeks of starting PrEP.

Will PrEP affect my liver?

No. Several studies have shown that PrEP medication does not affect the liver. However, the same medication used for PrEP is also used to treat hepatitis B (a liver disease), so before you start PrEP, you should first be screened for hepatitis B to make sure your liver is okay.

Will PrEP affect my kidneys?

For some clients, PrEP can affect the kidneys. It is important for PrEP clients to have their kidneys checked regularly by a health care provider, using a creatinine test, because kidney problems caused by PrEP may not be obvious or show any symptoms.

Can I take PrEP if I use alcohol or drugs?

Yes. PrEP works if you drink alcohol and/or use recreational drugs. However, alcohol and drug use can cause you to forget to take PrEP. See your provider if you need help with alcohol or drug use.

Will PrEP work if I am HIV positive?

No. PrEP is only for HIV-negative people. You must be tested regularly for HIV while taking PrEP.

I just had sex without a condom with someone who is HIV positive. Should I take PrEP?

No. PrEP works only when it is taken **before** you are exposed to HIV. If you have sex with someone whom you believe may be HIV positive, go immediately to a health care provider and ask for **PEP** (post-exposure prophylaxis).

If I take PrEP every day, can I stop using condoms?

No. PrEP does not protect against other sexually transmitted infections (STIs) or pregnancy, as condoms do. Condoms also provide additional protection against HIV. You should use condoms even when taking PrEP.

Can I use PrEP and hormonal contraception (e.g., oral, injectable, implants) at the same time?

Yes. It is safe to use PrEP and hormonal contraception (i.e., birth control) at the same time. Taking them together does not make them less effective.

Do I have to tell my partners that I am taking PrEP?

No. PrEP can be private. You do not have to tell anyone that you are taking PrEP unless you want to. However, people sometimes find it helpful to tell a partner, friend or family member that they are taking PrEP so that people can help support their PrEP use.

Will PrEP cause erectile dysfunction, 'loss of man power,' sterility, or infertility?

No. Over several years, men who have taken PrEP have not had any of these problems.

Can I use PrEP if I am pregnant or breastfeeding?

Yes. It is safe to use PrEP during pregnancy and breastfeeding.

Can I take 2 PrEP pills just before having sex to avoid getting HIV?

No. To avoid possible side effects, you should take your PrEP medication every day as prescribed.

Can both my partner and I take PrEP?

Yes. PrEP is for all people at substantial risk of HIV.

Can I give PrEP to my children if they are sexually active?

No. To ensure proper screening and follow-up, PrEP can be given only by professional health care workers. If you think your child is at substantial risk for HIV infection, seek services at a clinic.

When and how can I stop PrEP?

Starting PrEP does not mean taking PrEP for the rest of your life. You may stop if you are no longer at substantial risk for HIV infection. However, after your last potential HIV exposure, you should keep taking PrEP for 28 more days. If you want to stop PrEP, see your health care provider.

What else can I do to stay HIV negative?

- Use PrEP together with other ways of preventing HIV including:
- Use condoms every time you have sex.
- Get regular HIV testing for yourself and your partners.
- Get screened and treated for STIs.
- Get counselling and support to reduce behaviours that put you at risk for HIV.

How does PrEP compare to PEP (post-exposure prophylaxis)?

- You take PrEP before you are exposed to HIV; you take PEP after you are exposed to HIV.
- PrEP is taken as long there is substantial risk for HIV infection. PEP is taken for only 28 days after exposure to HIV.
- Both are given by health care providers to HIV-negative people to keep from getting HIV.
- Both must be taken correctly and consistently to work well.
- Both use HIV treatment medication to help stop HIV infection in those exposed to HIV.

What other countries are using PrEP?

The medication in PrEP has been approved in the United States, South Africa, Brazil, Peru, Kenya, Canada, Australia, Belgium, Botswana, Czech Republic, Denmark, United Kingdom, France, Lesotho, Namibia, Netherlands, Taiwan, Thailand, Zambia, Zimbabwe, and others.

Remember

- PrEP is a pill you take once a day to prevent HIV infection.
- PrEP works best if you take it every day as prescribed.
- If you take PrEP as prescribed, it will stop you from becoming infected with HIV.
- PrEP does not protect against other STIs or pregnancy.
- PrEP is private. You do not have to tell anyone you are using it.
- PrEP is safe. Mild side effects, which some people experience, usually go away after the first few weeks.
- You must take PrEP under the care of a health care provider and go to the clinic for regular follow-up visits.
- PrEP is not a lifelong medication. It is for a time of life when you feel at substantial risk of HIV exposure.

Do you have more questions about PrEP?

Come see us to learn more!

With support from

