Informed Choice Counselling (PrEP Choice)

Job Aid for Healthcare Providers

Developed by:

Supported by:

Add social media handles and WhatsApp number

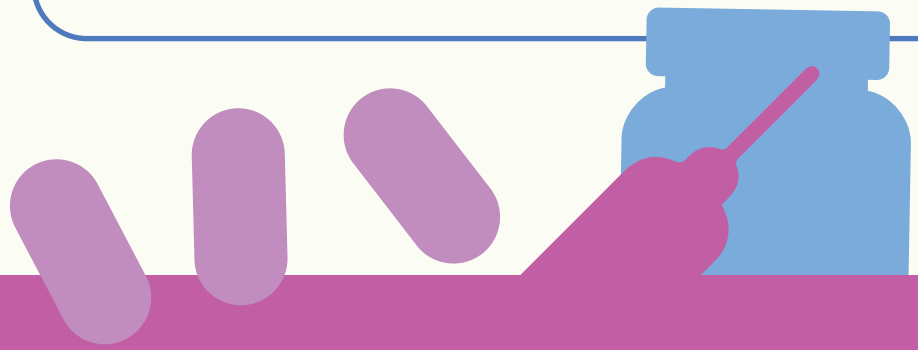
Version June 2026: This material has been adapted based on resources developed by Wits RHI in support of the National Department of Health in South Africa. This activity is made possible by the generous support of Unitaid.

Informed Choice

INFORMED CHOICE: Individuals have the autonomy, knowledge, and freedom from coercion at any given time to select the best method for them in a specific market.

Supported by a healthcare provider, a client can make an educated decision about an HIV prevention method that works for their unique lifestyle and needs.

As healthcare providers, we need to ensure clients are aware of their HIV prevention options and informed and supported to make choices that are relevant to their needs and lifestyle.



- What options are available?
- Accurate and understandable information about each option.
- Based on the information, be able to weigh up the different options.
- And finally, select an option that will work best for their lifestyle and needs.

In order to make an informed choice, an individual needs to know:

OPTIONS ALONE ARE NOT CHOICE

OPTIONS refer to discrete HIV prevention methods available in a specific market.

BUT...

CHOICE is about having the correct information about each method and feeling confident that (without any coercion), a person can choose the method that will work best for them.

Choice Counseling

Is part of a conversation between you and your client.

Assisting the client in making an informed choice is part of the counseling process - whereby the provider and client explore the client's knowledge and needs in relation to the available options.

People who test negative for HIV and are interested in HIV prevention options should receive counseling on each method prior to starting a method as well as at follow-up visits.

This ensures that clients understand how to use their method, are supported in effective method use, discuss challenges, and receive support should they wish to change to other prevention options.

The discussion needs to be:

- Client-centered and client-led
- A two-way conversation
- Flexible

Embracing both sexual and reproductive health and HIV, as per the client's needs – especially issues such as contraception, planning for pregnancy, sexually transmitted infections (STIs), and gender-based violence.

HIV prevention is interrelated with sexual and reproductive health and rights, and as such, HIV prevention should always be discussed alongside other needs, including pregnancy intention, STI prevention, and GBV prevention and support.

COMPARING HIV PREVENTION METHODS:

	Oral PrEP	LEN	Event-driven PrEP	Condoms	VMMC	**ART** for a partner living with HIV	PEP
How is it used?	One pill a day	Two injections every 6 months. When this method is started, a person also takes 2 tablets on the day of the injections, and 2 more tablets the next day.	2 pills before sex → 1 pill after 24h → 1 pill after 48h	Every time you have sex	Once-off procedure for men	Medication taken daily by your partner	One pill a day, for 28 days only
How well does it work?	More than 90%	More than 96% effective when used as prescribed	Highly effective (up to 90%) for men who have sex with men (MSM).	90-95% if used correctly and consistently	About 60% for the circumcised partner	Very effective if the partner is virally suppressed	More than 80%
Can I keep it secret?	Yes, you can hide the pills	Yes	Yes	No	No	Up to your partner	Yes, you can hide the pills
Where does it prevent HIV?	Your whole body	Your whole body	Your whole body	Only for the penis, vagina and anus	Only for the penis for the circumcised partner	Your whole body	Your whole body
Any side effects?	Yes, some	Yes, some	Yes, some	None	None	None	Yes
Will this prevent other STIs/ pregnancy too?	No, but you can add condoms/ contraception	No, but you can add condoms/ contraception	No, but you can add condoms/ contraception	Yes	Does not prevent pregnancy but does partially prevent some other STIs	No, but you can add condoms/ contraception	No, but you can add condoms/ contraception
Will this prevent HIV if my partner is living with HIV?	Yes	Yes	Yes	Yes	Yes, but only up to 60% for the circumcised partner	Yes, if your partner is virally suppressed	Yes
Will this prevent HIV AFTER I had sex?	No	No	No	No	No	No	Yes

NOTE: PEP should be used within 72hrs (3 days) AFTER a possible exposure to HIV and can be used together with emergency contraception and STI testing.

Some of these methods can be used while a person is pregnant and/or breastfeeding - check your country's guidelines for the correct information.

COMPARING HIV PREVENTION METHODS:

DAILY ORAL PrEP

Very effective, more than 90%.

Prevents HIV all over the body, including during injection drug use

One pill a day, every day.

Can be used by pregnant and breastfeeding people.

Can be kept private - pills can be hidden.

Mild side effects like headache and nausea, go away after 1-2 weeks.

Client will need to visit the clinic to start the method, return after 1 month for their first follow-up, then visit the clinic every 3 months after that.

LEN

More than 96% effective when used as prescribed.

Prevents HIV all over the body.

Given as two injections every 6 months (with tablets when starting).

Can be used by pregnant and breastfeeding people. Important to discuss this option with a healthcare provider.

Can be kept private; no one will know unless you choose to tell them.

Mild side effects (e.g. injection site pain, swelling, or small lump) that usually go away over time.

Client will need to visit the clinic to start the method, return for follow-up and then return to the clinic every 6 months to receive two subcutaneous injections.

*EVENT-DRIVEN PrEP

Highly effective (up to 86% to 97%) for men who have sex with men (MSM).

Prevents HIV all over the body.

2 pills (2–24h before sex) → 1 pill (24h after the first dose) → 1 pill (24h after the previous dose).

Can be kept private - pills can be hidden.

Mild side effects like headache and nausea.

Client will need to visit the clinic 1 month after initiation and/or every 3 months for counselling and testing for HIV and other STIs.

World Health Organization, 2019. What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Technical Brief (WHO/CDS/HIV/19.8). Geneva: World Health Organization. Available at: http://apps.who.int/iris.

PEP

Very effective, more than 80%. Must be taken within 72hrs (3 days) of a possible exposure.

Prevents HIV all over the body AFTER a possible exposure to HIV, if taken within 72hrs of a possible exposure.

One pill a day, every day for 28 days.

Can be used by pregnant and breastfeeding people.

Can be kept private - pills can be hidden.

Moderate side effects, like headache and nausea, go away after 1-2 weeks.

Client will need to visit the clinic to start the method, and return to the clinic for a follow-up visit as per the healthcare provider's instruction.

CONDOMS

98% effective with perfect use.

Prevents HIV from sexual exposures, vaginal or anal.

Has to be used every time a person has sex.

Can be used by pregnant and breastfeeding people.

Very hard to keep private and must be negotiated with a partner.

No side effects!

Client can collect condoms from anywhere that it is convenient to them - regular HIV testing is advised.

TREATMENT for a PARTNER LIVING WITH HIV

Very effective!

If the person living with HIV is virally suppressed, they cannot pass on the virus to anyone else.

One pill a day, every day for the rest of the person's life - for the partner living with HIV.

Can be used by anyone living with HIV.

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No side effects for the partner of the person living with HIV.

No clinic visits but you can accompany your partner living with HIV to the clinic. Regular HIV testing is advised.

VMMC

Effective, up to 60% for the person who is circumcised.

Prevents HIV only for the circumcised person, only through sexual exposure.

Medical procedure with permanent effect.

Not available for people who do not have a penis.

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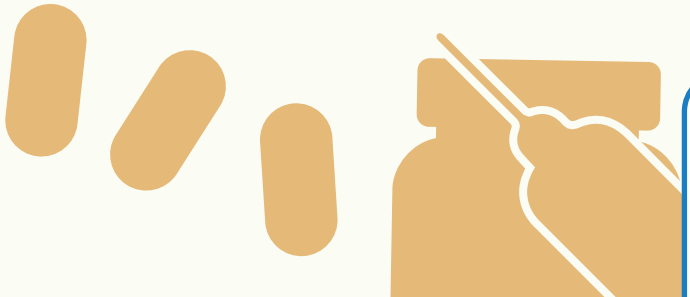
Some side effects and mild pain for up to 10 days after the medical procedure.

Client will need to visit the clinic for the procedure and commit to some follow-up visits. Client will need to take some time off from work.

CONTRACEPTION

A client can use any of the HIV prevention methods listed here and combine them with a contraceptive (family planning) method that works for them. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).



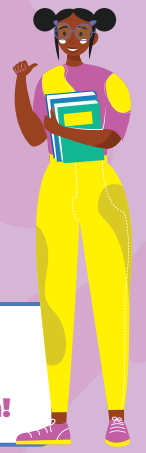
Only condoms prevent other STIs too.

Oral PrEP and LEN require some blood draws.

Only some people experience these mild side effects that will go away after a couple of days.

Is your client ready to choose PrEP?

Add social media handles and WhatsApp number



Answer **"yes"** to both!

Eligible for PrEP

Discuss the benefits, drawbacks, details, and commitment required for each PrEP product. Allow your client to make an informed decision!

Check PrEP eligibility

NO	**Tests HIV negative?**	YES
NO	**Interested in PrEP?**	YES

REMINDER: Check for signs of **Acute HIV Infection** (AHI) and screen for recent exposure to HIV.

Answer **"no"** to even just one question and your client is NOT eligible for PrEP

There are many HIV prevention methods that a person can try and use:

- **Condoms**
- **PEP (AFTER an exposure to HIV)**
- **Treatment for STIs**
- **Medical male circumcision**
- **U=U: ART for partners living with HIV**

NOTE:

If your client is seeking prevention AFTER an HIV exposure: PEP should be used and is ideally given within 24 hrs and no later than 72 hours (3 days) AFTER possible exposure to HIV, and can be used together with emergency contraception and STI testing.

Oral PrEP

- One pill a day, every day for as long as needed
- Needs to be taken for 7 days before maximum efficacy is reached
- More than 90% effective
- Prevents HIV from any form of exposure
- Some side effects, only in first month of use
- Does not prevent other STIs
- Does not prevent HIV AFTER an exposure
- Initiate, return to clinic 1 month later and then only once every 3 months

Event-Driven PrEP

- Taken as pills around the time of sex (2–1–1 dosing)
- Needs to be in place for 24hrs before maximum efficacy is reached
- Highly effective (up to 86% to 97%) for men who have sex with men (MSM)
- Prevents HIV all over the body
- Mild side effects like headaches and nausea
- Does not prevent other STIs
- Does not prevent HIV AFTER exposure
- Client will need to visit the clinic 1 month after initiation and/or every 3 months for counselling and testing for HIV and other STIs.

LEN

- One injection every 6 months
- 7-day waiting period before maximum efficacy is reached
- Most effective PrEP method available
- Prevents HIV from any form of exposure
- Some side effects, but these are minimal
- Does not prevent other STIs
- Does not prevent HIV AFTER an exposure
- Initiate, return to clinic 1 month later and then only once every 2 months

Note for HCP: Check potential contraindications for any of the above PrEP drug regimen

* HCPs may need to offer additional support to clients. A client who initiates any PrEP method may also need your support with continuation, effective use, and committing to their clinic visit schedule.

Some of these methods can be used while a person is pregnant and/or breastfeeding. Check your country's guidelines for the correct information.

PrEP ♥ IS CHOICE

#ICHOOSEME