



Directions on Use:

To use this tool:

- The pages with white backgrounds should face the patient
- The pages with light blue background should face you. These pages contain details on what to say and focus on for that page.
- The material on the light blue pages is only to support you. You do not have to read every word directly from the page. You can test how it is going with the client and move forward with your best judgment.
- All of the information should be narrated to the patient. Do not expect the patient to read the page.



At the start of the session, explain how you will use this tool, what information you will discuss, and ask the patient to think of someone in their life whom they may want to share this information with.



When you see this symbol on a page, you should pause, ask the patient if they have any questions or comments, and address them before continuing.



When you see this symbol on a page, you should practice the teach-back method:

- Ask the patient: 'Pretend I am the person in your life you thought of at the beginning of our session. How would you explain the information you just heard about this HIV prevention option?'
- If the patient does not cover the key points, use the key points on that page to remind them.

How will we use this decision tool?



- Learn about your HIV prevention options
- Learn what is important to you and what you like about different HIV prevention options
- Help you make a decision about which option is best for you



We will talk about 4 HIV prevention methods: daily oral PrEP, injectable PrEP, male condoms, and female condoms



We will stop at times for you to ask questions or provide comments. Feel free to interrupt me if you have a question before we reach a pause.



Think of someone (a friend, family member, or your partner) you might want to share this information with.

How will we use this decision tool?

Objectives:

- To introduce the patient to the tool and the shared decision making process
-

Counsellor script

- Welcome! Today, we will be reviewing your options for HIV prevention, and working together to find a method that works best for you. We'll evaluate the methods against your personal values, preferences, and opinions in order to make a decision that is the best fit for you, even if that decision is to not make a decision, or choose none of the options.
- We will start by discussing four key HIV prevention methods: daily oral PrEP, injectable PrEP, male condoms, and female condoms. I'll provide comprehensive information about each, explaining how they work, their effectiveness, and any potential side effects.
- After understanding the options, we will shift our focus to what's important to you. This is a crucial part of our process. We'll identify and discuss your personal values and preferences related to HIV prevention, like ease of use, safety, and privacy.
- Based on your values and preferences, we'll evaluate each prevention method. The final decision about which method to use, or even to use none at all, is yours. My role is to support you and ensure that you have all the information and guidance you need to make a choice that feels right for you.
- Throughout this process, I'd like you to think about whether there's someone in your life who could benefit from this information. We can discuss ways to share your insights about HIV prevention effectively with friends, family, or partners.

What is HIV?



What do you know about HIV?



Where have you heard about HIV?

HIV

Objectives:

- To learn what the patient knows or has heard about HIV and correct any misunderstandings or misinformation
-

Counsellor script

- Before we get started, I would like to understand what you may already know about HIV.
- Can you first tell me where you have heard about HIV before today?
- Thank you, can you tell me what you have heard about HIV?
- **Counsellor Note:** *gently correct any misinformation or misconceptions voiced by the patient before moving on.*

What is HIV?



HIV is a germ. It weakens your body's ability to fight diseases or infections.



HIV is mainly spread through unprotected sex, but can also be passed through blood and breastmilk.



Babies can get HIV from their mothers during pregnancy, childbirth, and breastfeeding.

What is HIV?

Objectives:

- To explain what HIV is and how it can be transmitted
-

Counsellor script

- Many people in our community have heard or talked about HIV.
- Some people share things that are not true about HIV, so some of what you have heard may not be correct. So I want to make sure that you understand what HIV is and how it is passed from person to person.
- HIV is a germ that makes your body weak so that it cannot fight other diseases or illnesses. HIV is mainly transmitted through fluids during unprotected sex. It can also be passed from person to person through blood if a person without HIV comes into contact with the blood of a person who has HIV, or through breastmilk.
- If a mother is HIV-positive, her baby can get HIV from her during pregnancy, childbirth, or breastfeeding.

How does being pregnant affect my chances of getting HIV?

WOMEN HAVE A GREATER CHANCE OF GETTING HIV DURING PREGNANCY AND BREASTFEEDING.



Physical changes during pregnancy put women at greater risk for HIV



You and your partner may see changes in your sexual relationship.



Couples are more likely to have sex without a condom during pregnancy.

Why does being pregnant affect my chances of getting HIV?

Objectives:

- To explain that women have a higher chance of getting HIV during pregnancy and breastfeeding

Counsellor script

- Women have a higher chance of becoming HIV-positive during pregnancy and breastfeeding. This happens for a few reasons.
- Pregnancy causes changes in a woman's body that make it easier for the body to get HIV.
 - **IF patient asks about changes, give more information:**
 - During pregnancy, the body's defenses are weaker and hormones make mucus linings thinner, so a woman becomes more prone to getting HIV if she is exposed.
- Sometimes, a couple's sexual relationship may also change during this time. Couples may be less likely to use condoms because the woman is already pregnant, which means you are less protected from HIV. Even if you feel that your relationship with your partner has not changed, it can still be beneficial to talk about methods that provide protection from HIV and whether you might like to use them.



Counsellor Note: *Pause for questions before continuing*

What are my chances of getting HIV during pregnancy and breastfeeding?

Every year **4 out of 100** women in Malawi will become HIV-positive during pregnancy or breastfeeding



What are my chances of getting HIV during pregnancy and breastfeeding?

Objectives:

- To explain that women who are pregnant or breastfeeding are at risk of becoming HIV-positive
-

Counsellor script

- Every year, about 4 out of 100 Malawian women will become HIV-positive during pregnancy or while breastfeeding.
- Because women who are HIV-positive have a chance of passing HIV to their baby, it is important to protect yourself from HIV during pregnancy and breastfeeding so that your child also remains protected.



Clarify any information that the patient got wrong before continuing.

What are the chances of my baby getting HIV if I become HIV-positive during pregnancy?

Every year **8 out of 100** babies with HIV-positive mothers will get HIV during pregnancy or breastfeeding²



Every year 44 out of 100 mothers that give HIV to their babies became HIV-positive while pregnant or breastfeeding²



What are the chances of my baby getting HIV if I become HIV-positive?

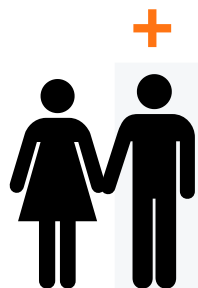
Objectives:

- To explain that babies of women who are HIV-positive are at risk of being exposed to HIV and becoming HIV-positive from their mothers
 - To explain that the babies of mothers who become HIV-positive during pregnancy or breastfeeding are at an increased chance of becoming HIV-positive
-

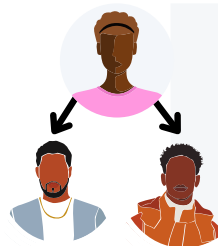
Counsellor script

- **What do you know about HIV transmission?**
- **Are there any factors that you think may increase your risk for HIV?**
- As I mentioned before, there is a chance of passing HIV to your baby if you become HIV-positive.
- In fact, 8 out of every 100 babies with mothers who are HIV-positive will get HIV from their mother during pregnancy or breastfeeding. And 44 out of 100 mothers who give HIV to their babies became HIV-positive while pregnant or breastfeeding.
- This means if you become HIV-positive during pregnancy or breastfeeding, there is a high chance that you will end up giving HIV to your baby.

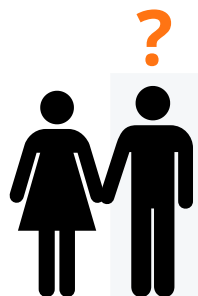
What can increase my chances of getting HIV?



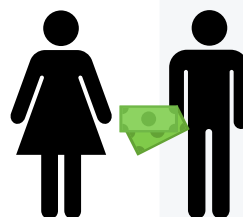
Partner is HIV-positive and not taking ART regularly



You or your partner have other partners



Unprotected sex with a partner of unknown HIV status



You give or receive money for sex



Recent or current STI

What are the HIV risk factors – PATIENT ONLY

Objectives:

- To explain how the risk factor the patient presents with increases their chance of getting HIV
-

Counsellor script

There are a few risk factors that give you a higher chance of getting HIV. You have been identified as a candidate for this counseling because you meet one of these risk factors. There may also be others that apply to you. Which of these risk factors are true for you?

Counsellor Note: *Discuss applicable risk factors with patient. Discuss any risk factors the patient wants to learn more about.*

- 1.If a woman's partner is HIV-positive, he has a high chance of transmitting HIV to his partner if a prevention method is not used and he is not virally suppressed or regularly taking HIV treatment.
- 2.If a woman does not know her partner's HIV status, there is a risk of acquiring HIV from her partner, as the partner may be HIV-positive. In such cases, it is recommended to get tested to learn both individuals' HIV status.
- 3.Having had a sexually transmitted infection or other vaginal infection in the past 6 months increases the chances of a person acquiring HIV, because STIs cause changes in the body that make it more susceptible to HIV. Additionally, having an STI suggests that one member of a partnership acquired the infection from another sexual partner, who could potentially expose the couple to HIV.
- 4.If a woman or her partner has multiple sexual partners, the risk of acquiring HIV is higher because they are exposing themselves to more partners and may not know the HIV status of those partners. Research has also shown that in certain communities, during pregnancy and breastfeeding, men may seek sexual partners outside of their marriage, thereby increasing the likelihood of introducing HIV into the relationship.
- 5.Engaging in transactional sex, where money is exchanged for sex, increases the chances of acquiring HIV because there may be less ability to negotiate safe sex and use condoms with sexual partners.
- 6.Individuals between the ages of 15 and 24 who have a partner who is 5 or more years older have a higher chance of acquiring HIV. This is due to the higher HIV infection rates among older men, and the age difference may limit their ability to negotiate safe sex with the older partner.

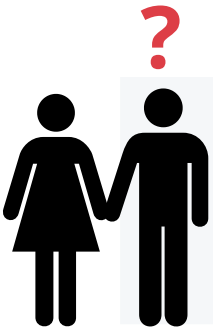


Provide specific counseling based on risk factors.

What can increase a woman's chances of getting HIV?



If her partner has HIV and isn't taking ART all the time



If she has unprotected sex with a partner of unknown HIV status



If she's had a recent or current STI

What are the HIV risk factors? (patient + partner)

Objectives:

- To explain how the risk factor the patient presents with increases their chance of getting HIV
-

Counsellor script

There are a few risk factors that give you a higher chance of getting HIV. You may have one or more of these risk factors, or you may feel that you do not have any of these risk factors. Even if you do not meet one of the factors on this page, it is important to still take care to prevent HIV, as pregnancy and breastfeeding are times when you have a bigger chance of getting HIV and passing it on to your baby.

1. Some couples are discordant whereby one partner is HIV+ while the other partner is HIV negative. When the HIV+ partner adheres to ART, the risk of transmitting HIV to the HIV negative partner is low but if the HIV+ partner does not adhere to ART schedule or is not on ART, the risk of HIV transmission to the HIV negative partner is very high.
2. If you do not know your partner's HIV status, you have a chance of getting HIV from your partner, as your partner may be HIV-positive. If you do not know your partner's HIV status, we can help the two of you to get tested.
3. If you have had a sexually transmitted infection or other vaginal infection in the past 6 months, you have a higher chance of getting HIV. STIs cause changes in the body that make it easier for the body to get HIV.



Provide specific counseling based on risk factors.

Check-in



Which of these risks might apply to you?



Do you think you need protection from HIV?



Do you have any questions about the things that can increase your chances of getting HIV?

Check-in

Objectives:

- To understand the patients thoughts about using an HIV prevention method
-

Counsellor instructions:

Go through the questions one by one with the patient. For each question, ask the patient to think out loud and follow up with probing questions to understand why the patient answer the way they did.

Counsellor script

Before we talk about which option you feel may be right for you, I want to ask you a few questions to make sure I have communicated everything clearly and understand how you are feeling.

First, which risk factors **do you think may apply** to you?

- Why do these factors impact your chance of getting HIV?

Do you think you need protection from HIV?

IF NO: What are the reasons for that?

- **Counsellor note:** *Remind the patient of the risk factors you discussed and whether or not this influences how they feel about wanting or needing protection from HIV*

IF YES: Now I'd like to understand the reasons that you feel you want and need protection from HIV.

- **Counsellor note:** *If the patient does not mention their specific HIV risk factors, remind them of the risk factors you discussed and how that impacts their chance of getting HIV*

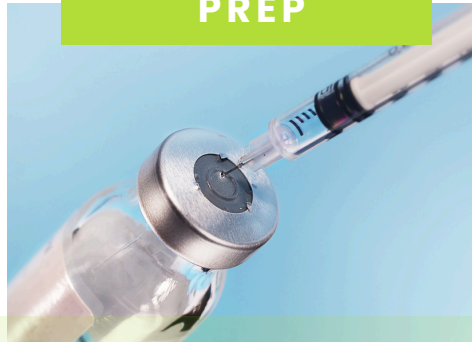
What Choices Do I Have to Prevent HIV?

DAILY ORAL PREP



A daily pill you can take to stop HIV from taking hold and spreading in your body

INJECTABLE PREP



An injectable, long-acting form of PrEP that needs to be taken every two months.

MALE CONDOMS



A thin layer of latex or plastic worn over the penis during sex that creates a barrier to limit your exposure to body fluids that carry HIV

FEMALE CONDOMS



A soft plastic pouch placed inside the vagina during sex that creates a barrier to limit your exposure to body fluids that carry HIV

What choices do I have to prevent HIV?

Objectives:

- To explain what the different options are that a woman can use to prevent HIV infection
-

Counsellor script

Counsellor Note: *Make sure to mention that choosing no method is an option*

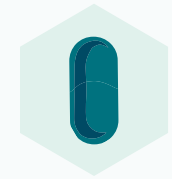
There are different HIV prevention options you can choose from to protect yourself from HIV. Today we will talk through these different options so you can choose the one that will be the best for you. You may have heard of or used some of the options, and some may be new to you. We will talk about the same information for each option, whether you have heard of them or not, so you have all of the information you need to make a decision that is right for you.

- **Daily oral PrEP:** This is PrEP you can take in the form of a daily pill to stop HIV from taking hold and spreading in your body.
 - **Injectable PrEP:** This is an intramuscular injectable, long-acting form of PrEP that is taken once every two months.
 - **Male Condoms:** A thin layer of latex or plastic that is worn over the penis during sex that creates a barrier to limit your exposure to body fluids that carry HIV.
 - **Female Condoms:** A soft plastic pouch that is placed inside the vagina during sex that creates a barrier to limit your exposure to body fluids that carry HIV.
-



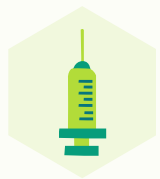
**Asking Participant: Are you already familiar with any of these methods?
Are there any of these you're not interested in learning more about?**

Have you heard of the PrEP pill before?



**Daily Oral
PrEP Pill**

**What do you know about
the PrEP pill?**



**Injectable
PrEP**



**Have you heard of
injectable PrEP before?**



**What do you know about
injectable PrEP?**

Oral and Injectable PrEP

Objectives:

- To learn what the patient knows or has heard about oral and injectable PrEP and correct any misunderstandings or misinformation
-

Counsellor note: *This introductory script is the same for oral and injectable PrEP. Ask about each separately, while using the appropriate descriptor. Also, gently correct any initial misinformation or misconceptions voiced by the patient before moving on. You will cover a lot of information on oral and injectable PrEP in the following pages, so you do not need to be very detailed here.*

Counsellor script

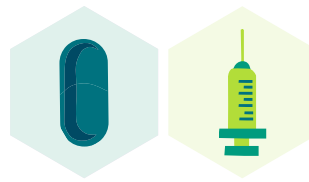
Before I tell you about oral and injectable PrEP, I would like to understand what you may already know about PrEP.

Can you first tell me if you have heard about the PrEP pill before today?

- **If YES:**

- Where did you hear about (oral/injectable) PrEP?
- What do you know about (oral/injectable) PrEP?

- **If NO:** That is very okay. Many people in our community have not heard about the (oral/injectable) PrEP before. I'd like to tell you about (oral/injectable) PrEP now so you know about all of your HIV prevention options.

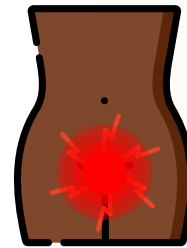


Oral and Injectable PrEP

THE ORAL PREP (PRE-EXPOSURE PROPHYLAXIS) PILL IS A DAILY PILL FOR PEOPLE WHO ARE HIV-NEGATIVE AND WANT OR NEED PROTECTION FROM HIV. INJECTABLE PRE-EXPOSURE PROPHYLAXIS (PREP) IS A LONG-ACTING INJECTABLE TAKEN ONCE EVERY 2 MONTHS.



Both forms of PrEP are highly effective at preventing HIV when doses are taken on time.



Oral and Injectable PrEP do not protect you from or treat other STIs.



Oral and Injectable PrEP do **not** treat or cure HIV. It is only for people who are HIV-negative.



Oral PrEP can safely help protect your baby from HIV. Although it is still being studied, injectable PrEP has not been shown to cause pregnancy or birth complications

Oral and Injectable PrEP

Objectives:

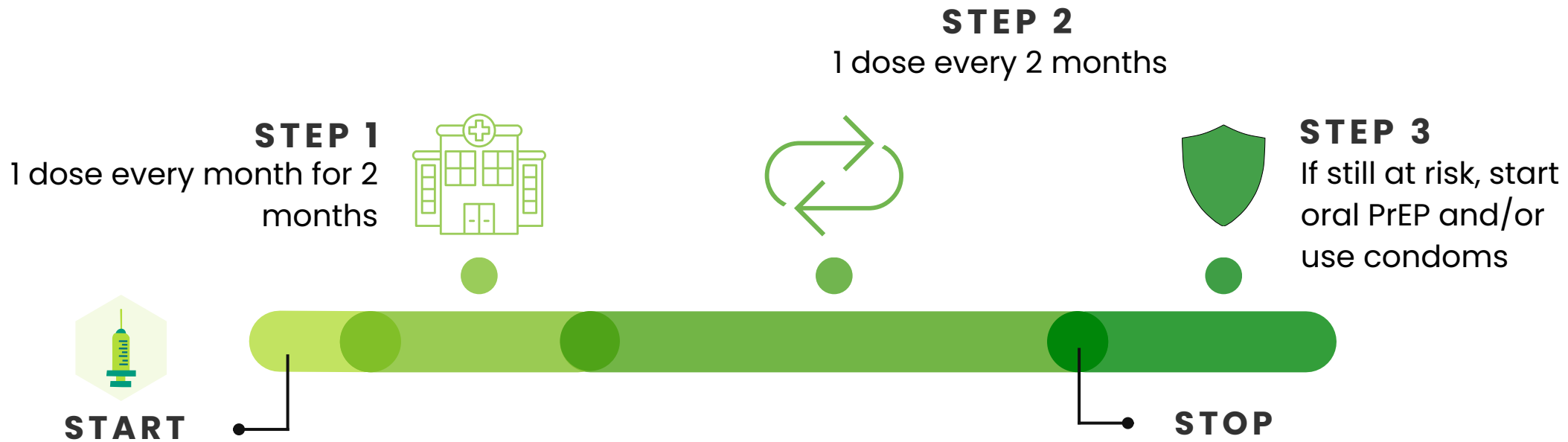
- To provide patients with an overview of what the PrEP pill and PrEP injectable are and how they work
-

Counsellor script

The PrEP, or Pre-Exposure Prophylaxis, pill is a daily pill for people who are HIV-negative and at risk of HIV. The PrEP pill can protect you if you are exposed to HIV by stopping the virus from establishing itself in your body. Injectable PrEP can also protect you if you are exposed to HIV, but it comes in the form of long-lasting, two-month doses.

- For either form of PrEP to protect you, it is important to take the medication at the right time. The PrEP pill should be taken every day. When you start injectable PrEP, you must get an injection every month for two months. After the first two months and until you decide to stop using injectable PrEP, you will need to get one dose once every two months. When taken with high adherence, PrEP is highly effective in preventing HIV.
- Oral and injectable PrEP do not treat or cure HIV. **PrEP is only for people who are HIV-negative to prevent HIV infection.**
- To protect you from HIV, oral PrEP must reach a certain level in the body. For women, it can take up to 7 days of taking the pill regularly before there is enough of the medicine in your body to protect you from HIV. If you have taken the PrEP pill for at least 7 days, and you continue to take PrEP every day, you will be protected from HIV every time you have sex, no matter what your sexual activity is like.
- Oral PrEP and injectable PrEP do not treat or protect you from other STIs.
- The PrEP pill is safe to take during pregnancy and breastfeeding, and can help protect you and your baby from HIV. The effects of injectable PrEP on pregnant women and their babies are still being studied. **There is currently no indication that PrEP causes birth defects, miscarriage, low birth weight, or any other complications during pregnancy, birth, or after birth.**

PrEP Timelines



PrEP Timelines

Objectives:

- To provide patients a description of the different steps involved in taking injectable and oral PrEP.
-

Counsellor script

As previously mentioned, the effectiveness of injectable and oral PrEP is based on receiving dosages on time. PrEP may not protect you from getting HIV if injections or pills aren't taken according to schedule. Here are representations of the timeline for both injectable and oral PrEP.

Injectable PrEP:

- First, you will start by taking one dose every month for two months.
- After this time, you will need to go to a medical counsellor once every two months to get an injection. Remember that to get your next dose, you will need to have a negative HIV test.
- You can be on injectable PrEP for as long as you would like protection from HIV. This is six doses every year, compared to a pill every day. **If you decide to stop using injectable PrEP and you are still at risk, you can start oral PrEP and/or use condoms**

Oral PrEP:

- To protect you from HIV, oral PrEP must reach a certain level in the body. For women, it can take up to 7 days of taking the pill regularly before there is enough of the medicine in your body to protect you from HIV. If you have taken the PrEP pill for at least 7 days, and you continue to take PrEP every day, you will be protected from HIV every time you have sex, no matter what your sexual activity is like.
- Oral PrEP should be taken every day, around the same time each day.
- You can stop taking oral PrEP at any time



How Effective is Oral and Injectable PrEP?



Without PrEP

Each year, between 2 and 5 out of 100 women who do not take any form of PrEP would become HIV-positive.⁵



WITH PrEP Pill

Each year, between 0 and 2 out of 100 women who do take the PrEP pill will become HIV-positive.^{6,7}



WITH Injectable PrEP

Each year, less than 1 out of 100 women who use injectable PrEP would become HIV-positive.⁸



How effective are Oral and Injectable PrEP?

Objectives:

- To explain that oral and injectable PrEP are very effective in preventing HIV
- Women who do not use any form of PrEP HIV positive more often than women who do not use PrEP.

Counsellor script

- When taken every day, the PrEP pill can reduce the risk of getting HIV from sex. And when received every 2 months, injectable PrEP can reduce the risk of getting HIV from unprotected sex by 88%, compared to the PrEP pill. **Women who receive the PrEP pill may not take it every day as prescribed, and so some may still be at risk for HIV. There may be rare other reasons that a woman using PrEP could get HIV, but it is extremely uncommon to get HIV if you are using PrEP consistently.**
- These pictures show how many women in Malawi are newly infected with HIV in one year if they use do not use any form of PrEP, if they do use oral PrEP, and if they use injectable PrEP.
- Women who do not use PrEP become HIV-positive more often. Each year, between 2 and 5 out of 100 women who do not take oral PrEP will become HIV positive.
- Women who use oral or injectable PrEP become HIV-positive less often than women who do not use PrEP. Each year, between 0 and 2 out of 100 women who take oral PrEP will become HIV positive, and less than 1 out of 100 women who use injectable PrEP would become HIV positive within one year.



Counsellor Note: Pause for questions before continuing



What women may like about the PrEP pill



The PrEP pill is safe during pregnancy and breastfeeding for you and your baby



Oral PrEP can provide peace of mind if your partner is HIV+ or you don't know their status



The PrEP pill can help protect your baby from HIV



You're in control with the pill. You can choose who you tell about using oral PrEP



PrEP pills are safe to use with other medications like panadol and vitamins



The PrEP pill protects against all ways HIV can be transmitted

What women may like about the PrEP pill

Objectives:

- To explain the benefits or positive attributes of oral PrEP that may make women want to select the PrEP pill as an HIV prevention option
-

Counsellor script

Now let us talk about some things that might make women want to use the PrEP pill to prevent HIV.

- The PrEP pill is safe to use during pregnancy and breastfeeding for you and your baby. If you take the PrEP pill while pregnant or breastfeeding, it will protect your baby from HIV.
- The PrEP pill is safe to use with other medications like family planning, vitamins, panadol, or malaria medications.
- The pill can provide you with peace of mind if you do not know your partner's HIV status or if your partner is HIV-positive. You can worry less about HIV infection.
- The PrEP pill puts you in control of your health and HIV prevention. You can decide if and whom you tell about taking the PrEP pill.



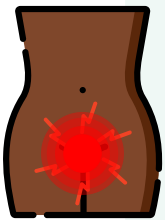
What women may dislike about the PrEP pill



Some people find it difficult to take a pill at the same time every day



Some people experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain



Oral PrEP does not protect against other STIs



Serious side effects are rare but can affect your kidney, liver and bones



Some people find the smell, taste, or size of the PrEP pill unpleasant

What women may dislike about the PrEP pill

Objectives:

- To explain the risks or negative attributes of oral PrEP that may make women want to select an HIV prevention option other than the PrEP pill
-

Counsellor script

There are also some features of oral PrEP that may lead women to choose a different HIV prevention option.

- Women have to take oral PrEP every day for full protection against HIV, and should try to take PrEP around the same time every day.
- Oral PrEP does not protect against other STIs like piles or Candida.
- Some people find the smell, taste, or size of the PrEP pill unpleasant
- Minor side effects **have been reported in about 1 out of 10 people who have used PrEP pills and** include diarrhea, headache, fatigue, and stomach. These side effects usually go away after about one month, and have been shown to stop completely when you stop taking the medication.
- More serious side effects are very rare **and are reported in less than 1 out of 100 people that use PrEP pills** and include problems with liver functioning, kidney damage, and thinning of the bones. Serious side effects are often a result of other underlying health conditions. You will be screened for underlying health conditions before you start taking oral PrEP, and will be monitored while taking PrEP to prevent any serious side effects.



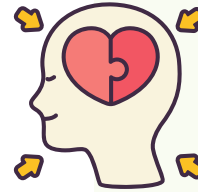
Clarify any information that the patient got wrong before continuing.



What women may like about injectable PrEP



Injectable PrEP is private and confidential. There's no need to bring medicine home, so it's less likely that someone will discover your injectable PrEP use than with oral PrEP



Injectable PrEP can provide peace of mind if your partner is HIV+ or you don't know their status



You're in control with injectable PrEP. You can choose who you tell about using injectable PrEP



Injectable PrEP is convenient: infrequent dosing, no need to remember daily



Injectable PrEP is safe to use with other medications like panadol and vitamins



Injectable PrEP protects against all ways HIV can be transmitted

What women may like about injectable PrEP

Objectives:

- To explain the benefits or positive attributes of injectable PrEP that may make women want to select injectable PrEP as an HIV prevention option.

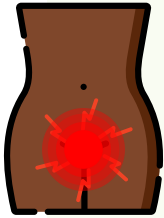
Counsellor script

Now let us talk about some things that might make women want to use injectable PrEP to prevent HIV.

- With injectable PrEP, you are in control and can choose whom you tell about your use.
- With injectable PrEP, you are always protecting against all modes of HIV transmission.
- And you have peace of mind if your partner is HIV+ and you don't know their HIV status. As long as you get your dosages on time, you will have less worry about getting HIV.
- It is safe to take injectable PrEP alongside your other medications such as vitamins and family planning.
- Compared to other methods, injectable PrEP is convenient because you don't have to remember to take or use it on daily basis. After the first two months of using injectable PrEP, you will need to get doses six times a year.
- Lastly, injectable PrEP limits the likelihood of experiencing violence from your partner because it is something that dissolves in your body and cannot be seen.



What women may dislike about injectable PrEP



Injectable PrEP does not protect against other STIs



Serious side effects are rare but can affect your mood and liver



Some people experience side effects like injection site reactions, headaches, fever, fatigue, back pain, rash, and muscle pain, weight gain



Some women have fears of needles



Some women have challenges with regularly attending appointments

What women may dislike about Injectable PrEP

Objectives:

- To explain the risks or negative attributes of injectable PrEP that may make women want to select an HIV prevention option other than injectable PrEP.

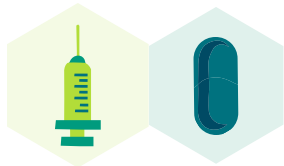
Counsellor script

There are also some features of injectable PrEP that may lead women to choose a different HIV prevention option:

- Injectable PrEP does not protect against other STIs. To protect against STIs you should use condoms alongside injectable PrEP.
- Some people have reported experiencing side effects like injection site reactions (38%, mostly mild or moderate pain), headaches (17.1%), fever, fatigue (3%), back pain (6.6%), rash, weight gain (some studies have reported an average increase in about 1.23 kg per year), and muscle pain. Most of these side effects will go away over time.
- Serious side effects are rare but a few women have reported some depressive symptoms, liver damage (5.4%), and hypersensitivity to the medication.
- Finally, some women dislike needles and some women might have challenges with regularly attending appointments.



Clarify any information that the patient got wrong before continuing.



What do you think of oral and injectable PrEP?



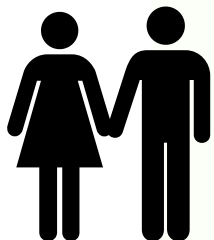
Can you see yourself using the PrEP pill? What about injectable PrEP?



What do you like about the PrEP pill? What do you like about injectable PrEP?



What are you concerned about with the PrEP pill? What are you concerned about with injectable PrEP?



How would your partner feel about you using the PrEP pill? What about injectable PrEP?

Method check-in

Objectives:

- To understand what the patient thinks of oral and injectable PrEP so far.
-

Counsellor Note: *Use the worksheet to note the patient's responses. You will revisit these with the patient during values clarification. **IF** the patient does not explain a reason for their answers, ask them to tell you more so you can understand **why** they feel that way.*

Counsellor script

- Now that we have learned about PrEP, I want to ask you some questions so I can understand what you think about oral and injectable PrEP so far.
- Is oral PrEP something you could see yourself using? What about injectable PrEP?
- What do you like about the PrEP pill? What do you like about injectable PrEP?
- What are you concerned about with the PrEP pill? What are you concerned about with injectable PrEP?
- **IF partner present:** Ask partner how he feels about the PrEP pill and injectable PrEP
- **IF patient only:** How do you think your partner would feel about you using the PrEP pill? What about injectable PrEP

Counsellor Note: *Note down the information the patient shares during this check-in on the SDM worksheet.*

**Have you heard of male
condoms before?**



Male Condoms

**What do you know about
male condoms?**



Female Condoms



**Have you heard of female
condoms before?**



**What do you know about
female condoms?**

Male and Female Condoms

Objectives:

- To learn what the patient knows or has heard about male and female condoms and correct any misunderstandings or misinformation
-

Counsellor script

Counsellor note: *This introductory script is the same for male and female condoms. Ask about each separately, while using the appropriate descriptor.*

In this section, we will be talking about both male and female condoms. Before we talk more about them, I would like to understand what you may already know about male condoms and female condoms.

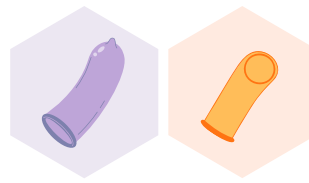
Can you first tell me if you have heard about (male/female) condoms before today?

- **If YES:** Have you used (male/female) condoms before?
 - **If YES:** What was your experience using (male/female) condoms like? Would you use (male/female) condoms again in the future with your partner? What do you think about (male/female) condoms?
 - **If NO:** That is very okay. We are going to talk about (male/female) condoms now. Please stop me if you have any questions
-



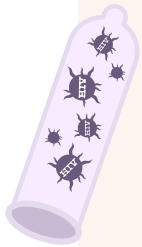
Asking Participant: Are you interested in learning more about male

condoms? If NO: Skip information covering male condoms/female condoms



Male and Female Condoms

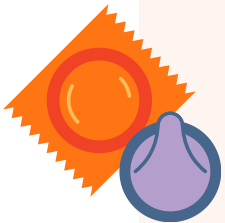
A MALE CONDOM IS A THIN LAYER OF LATEX, PLASTIC, OR NATURAL MEMBRANE THAT IS WORN OVER THE PENIS DURING SEX. A FEMALE CONDOM IS A SOFT PLASTIC POUCH THAT IS PLACED INSIDE THE VAGINA BEFORE SEX.



Both create a barrier that protects you from semen or body fluids that carry HIV and other STIs.



Male condoms are placed over the erect penis before sex and removed after sex. Female condoms are inserted into the vagina before sex



You need to use a new condom every time you have sex

Male and Female Condoms

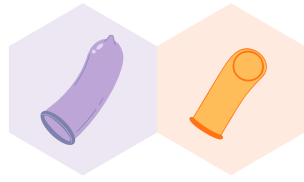
Objectives:

- To provide the patient with an overview of what male and female condoms are, and how they prevent HIV
-

Counsellor script

Now let us talk about other HIV prevention options – the male and female condom, also sometimes called external or internal condoms. You may have heard of these before or even used them, so some of the information I share with you may be familiar, but I want to make sure you have all the information about your options before you make a decision.

- A male condom is a thin layer of latex, plastic, or natural membrane that is worn over the penis during sex. A female condom is a soft plastic pouch that is placed inside the vagina before sex. They should not be used at the same time.
- When used correctly, both male and female condoms create a barrier that limits your exposure to semen or other body fluids that carry HIV and other STIs.
- Male and female condoms should never be reused. You should dispose of condoms after each use.



How Effective Are Male and Female Condoms?



Without Condoms

Each year, about 4 out of 100 women who do not use condoms will become HIV-positive ^{10, 13, 14}



WITH Condoms

Each year, 0 to 1 out of 100 women who use condoms will become HIV-positive ¹¹⁻¹⁴



How effective are male and female condoms?

Objectives:

- Explain how effective male and female condoms are for HIV prevention, and the frequency of HIV infections with and without condoms
-

Counsellor script

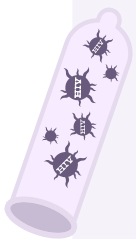
- When used consistently and correctly, male condoms are between 80–90% effective at preventing HIV, while female condoms are between 79–95% effective at preventing HIV.
 - These pictures show how many women in Malawi are newly infected with HIV in one year if they use male or female condoms and if they do not use condoms.
 - Women who do not use condoms become HIV-positive more often. Each year, about 4 out of 100 women who do not use male condoms will become HIV positive.
 - Women who use condoms become HIV-positive less often than women who do not use condoms. Each year, 0 to 1 out of 100 women who use condoms will become HIV-positive.
-



Counsellor Note: Pause for questions before continuing



What women may like about male condoms



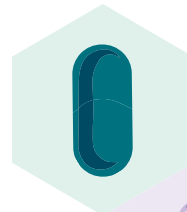
Protect against other STIs



Do not have side effects, unless you are allergic to latex



Easy to find and not expensive



Condoms can be used with PrEP to protect against HIV and STIs

What women may like about male condoms

Objectives:

- To explain the benefits or positive attributes of male condoms that may make women want to select male condoms as an HIV prevention option
-

Counsellor script

Now let us talk about some things that might make women want to use male condoms to prevent HIV.

- Male condoms protect against other STIs like gonorrhea and chlamydia.
- Male condoms have no side effects, unless you are allergic to latex.
- You can use male condoms and PrEP together to combine the benefits of each method. Using male condoms and PrEP together can increase your protection from HIV and STIs.



What women may dislike about male condoms



You have to use a condom every time you have sex



Some people do not like the feeling or smell



If you don't use a condom every time you have sex, you are not protected from HIV



Can break or slip during sex, which reduces protection



You do not control male condom use



Can cause an allergic reaction if you have a latex allergy

What women may dislike about male condoms

Objectives:

- To explain the risks or negative attributes of male condoms that may make women want to select an HIV prevention option other than male condoms
-

Counsellor script

There are also some features of male condoms that may lead women to choose a different HIV prevention option.

- If you do not use a male condom every time you have sex, you are not protected from HIV and STIs.
- Inconsistent male condom use can result in a risk of HIV transmission as high as no male condom use at all, so if you do not use male condoms every time you use sex, you are not protected from HIV.
- Women are not always able to control male condom use, because the male partner will be the one to wear the male condom. This means you will need to discuss condom use with your partner(s).
- Some people find the feeling or smell of male condoms unpleasant. Some people feel that male condoms reduce sexual pleasure
- Male condoms can break or slip during sex, which reduces protection against HIV
- If you have a latex allergy, male condoms can cause an allergic reaction, including rash, hives and runny nose.



Clarify any information that the patient got wrong before continuing.

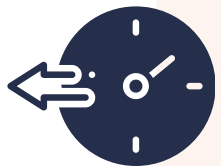
What women may like about female condoms



Protect against other STIs



Can enhance pleasure for you and your partner



Can be inserted up to 8 hours before sex



Women are more in control



Most do not have side effects, although latex allergies are possible



Less likely to break than male condoms

What women may like about female condoms

Objectives:

- To explain the benefits or positive attributes of female condoms that may make women want to select female condoms as an HIV prevention option
-

Counsellor script

Now let us talk about some of the things that might make women want to use female condoms as their HIV prevention option:

- Female condoms protect against other STIs
 - Female condoms can be inserted into the vagina up to 8 hours before sexual intercourse
 - Most female condoms are not made of latex, so female condoms usually do not have side effects, including allergic reactions
 - Female condoms can enhance sexual pleasure for you and your partner by stimulating the tip of the penis, the vulva, and the clitoris
 - Women are more in control when using female condoms
 - Female condoms are less likely to break than male condoms
-



Counsellor Note: Pause for questions before continuing



What women may dislike about female condoms



You have to use a female condom every time you have sex



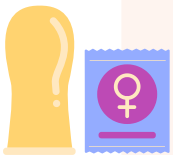
More likely to slip than male condoms



Some people have pain, irritation, discomfort, or bleeding from the vagina



Some people find the feeling or smell unpleasant



Some people find them difficult or unpleasant to use because of their size



May need to discuss use with your partner

What women may dislike about female condoms

Objectives:

- To explain the risks or negative attributes of female condoms that may make women want to select an HIV prevention option other than female condoms
-

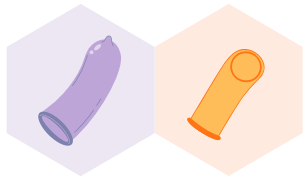
Counsellor script

Now let us talk about some things that may lead women to choose a different HIV prevention option.

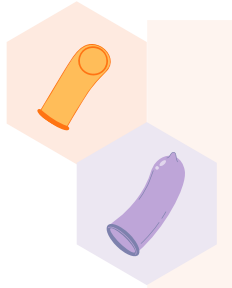
- You need to **use female condoms every time you have sex** in order to be protected from HIV. If you do not use a condom every time you have sex, you are not protected from HIV or STIs.
- Some women experience **pain, irritation, discomfort, or bleeding from the vagina** during insertion of the female condom or during sex when using female condoms
- Some people find the smell or feeling of female condoms unpleasant
- Female condoms can break or the penis may enter the vagina outside of the condom, reducing your protection against HIV
- Even though you will be the one to wear a female condom, the woman is not completely in control of female condom use, as women use the condom with their partner. So you may need to discuss using female condoms with your partner
- Some find them difficult or unpleasant to use
 - They are larger and harder to conceal and take more time to put on than male condoms
 - Some people find female condoms unappealing due to the part of the condom that hangs over the vagina
 - Some people find that the female condom can be noisy if inserted before sex, and can be heard when walking around. Other people feel that the female condom is noisy during sex, and feel that some people may hear the condom and know they are having sex.



Clarify any information that the patient got wrong before continuing.



What do you think of male and female condoms?



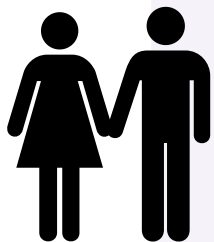
Have you ever used male condoms with your current partner? What about female condoms?



What do you like about male condoms?
What do you like about female condoms?



What are you concerned about with male condoms?
What about female condoms?



How does your partner feel about male or female condoms?

Method check-in

Objectives:

- To understand what the patient thinks of male and female condoms so far.
-

Counsellor Note: *Use the worksheet to note the patient's responses. You will revisit these with the patient during values clarification. **IF** the patient does not explain a reason for their answers, ask them to tell you more so you can understand **why** they feel that way.*

Counsellor script

Now that we have learned about male and female condoms, I want to ask you some questions so I can understand what you think about female condoms so far.

- Have you ever used male or female condoms with your current partner? Are male condoms something you could see yourself using? What about female condoms?
- What do you like about male condoms? What do you like about female condoms?
- What are you concerned about with male condoms? What are you concerned about with female condoms?
- **IF partner present:** Ask partner how he feels about male/female condoms.
- **IF patient only:** How do you think your partner would feel about using male or female condoms?

Counsellor Note: *Note down the information the patient shares during this check-in on the SDM worksheet.*

Are there any other ways I can prevent HIV?



Routine couples
HIV testing and
counselling



HIV treatment as
prevention



STI treatment
as prevention

VMMC

Medical male
circumcision



PEP (Post-exposure
prophylaxis)

Are there other ways I can prevent HIV if I don't want to use an everyday method?

Objectives:

- To provide patients with an overview of other HIV prevention options if a patient does not wish to select a everyday prevention method

Counsellor script

Besides PrEP and condoms, there are additional options to reduce your HIV risk. You can choose alternative prevention methods or combine them with PrEP or condoms for increased protection. It's important to be aware of all available options, including the choice of not using any method. However, if you decide not to use any of these methods, you will not be protected from HIV.

- **Regular couples HIV testing and counseling** – can help protect you from HIV by knowing your and your partner's HIV status and being counseled on ways to stay protected from HIV so that you and your partner can stay protected if one of you becomes positive. It is recommended that you and your partner get tested for HIV every 3–6 months. You should still practice regular couples HIV testing and counseling if you do choose another HIV prevention method.
- **HIV treatment as prevention for discordant couples** – If your partner is HIV positive, they should take ARV treatment to stay healthy. If your partner takes ARVs and is virally suppressed (are taking HIV medication regularly for at least 6 months and do not have a detectable viral load), this can prevent them from passing HIV to you.
- **STI treatment as prevention** – people with STIs have a higher chance of becoming infected with HIV if exposed, so treating STIs can be important to reduce your chance of HIV. If you have an STI, you should get STI treatment whether you do or do not use another HIV prevention method.
- **Medical male circumcision** – male circumcision reduces the chance of sexually transmitting HIV by removing the foreskin, which is vulnerable to infection.
- **PEP (pre-exposure prophylaxis)** – is used to prevent HIV after known exposure, such as sexual violence or unprotected sex with an HIV-positive individual. It is not taken on a daily basis for HIV prevention and should not be relied upon as a regular prevention method.

Values Clarification:

WHAT'S IMPORTANT TO YOU?

Values Clarification

Counsellor script

Up to this point, we've discussed various HIV prevention methods in detail. The next step is essential: it's about making a choice that's right for you. We recognize that every individual has unique values and preferences, and the effectiveness of any prevention method is greatly enhanced when it aligns with those values.

In this section, our goal is to help you identify and prioritize what truly matters to you when selecting an HIV prevention method. Together, we'll be making a connection between your core values and the methods available. You might even decide that none of the options are the right fit for you now, and that's okay too!

To do this, we'll be using cards that display common values tied to the HIV prevention methods we've discussed. As we explore each value, we want you to think about how they resonate with you and how each method we've talked about might fulfill these values. By the end of this exercise, our hope is that you'll have a clearer picture of the prevention method that aligns most closely with your personal values and lifestyle. This clarity will serve as a foundation for the choices you'll make going forward.

Counsellor Instructions:

After reading the next page, you will start by flipping the page in this book to a value and reading the value out loud. Then place the corresponding Value Card on the table in front of the patient with the value facing up. Explain what that value means, and answer any questions before moving to the next value.

After you have talked about each value, ask the patient to select 3-5 values that are most important to them. Keep those Value Cards out and move the rest to the side. For each of the Value Cards the patient chose, flip the card over to show how the methods align with that value:

- **A green checkmark** means the method does meet that value
- **A red X** means the method does not meet that value
- **A yellow triangle** means the method may meet that value, depending on the patient's situation. Discuss these with the patient to understand their situation.

Values Clarification: What's Important to You?



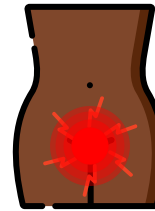
No side effects



Controlled by you



Safe for you and your baby



Prevents other STIs



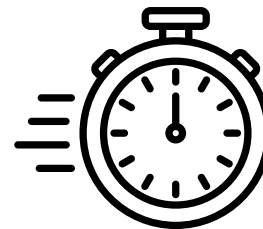
Easy to keep private



No concerns about reducing sexual pleasure



No need to take a daily pill



Immediate protection

What's important?













Objectives:

- To identify what the patient feels is most important in an HIV prevention option
-

Counsellor script

- This page shows different things that may be important to you in an HIV prevention option. We have talked about which options have these things, but now I want to know **which of the things are most important to you** so we can learn what HIV prevention option will be best for you. Please **pick 3–5 cards that show the values that you think are most important.**
- If you have any questions about the things shown on the page, please let me know and I can answer them as we look at each one.
- If there is something missing from this list, please let tell me.

I want a method that...

		PrEP Pill 	Injectable PrEP 	Male Condoms 	Female Condoms 
Safe for you and your baby 		✓	△	✓	✓
Easy to keep private 		△	✓	△	△
No side effects 		✗	✗	△	△
Prevents other STIs 		✗	✗	✓	✓
No need to take daily pill 		✗	✓	✓	✓
Controlled by me 		✓	✓	✗	△
No concerns about reducing sexual pleasure 		✓	✓	△	△
Immediately effective 		△	△	✓	✓
Other					

SURE



Do you understand the advantages and disadvantages of each option?



Are you clear about which advantages and disadvantages matter most to you?



Do you feel you have enough support and advice to make a decision today?

SURE

Counsellor instructions:

*Go through the SURE questions one by one with the patient. For each question, ask the patient to think out loud and follow up with probing questions to understand why the patient answered the way they did. If the patient answers yes to a question, you can move on to the next question **after you understand why they answered yes**. If the patient answers no to any question, you will need to return to parts of the tool from earlier in the session to help the patient work through things that are not clear. See the **Counsellor note** under each question for instruction on which portion of the tool you should return to if the patient answers no to that question.*

Question	If YES	If NO
Do you understand the advantages and disadvantages of each option?	Probe on: <ul style="list-style-type: none">• Patient's understanding• Which advantages/disadvantages are not clear	<ol style="list-style-type: none">1. Clarify which option(s) patient does not understand2. Re-visit method and risk information for option(s)
Are you clear about which advantages and disadvantages matter most to you?	Probe on: <ul style="list-style-type: none">• Which matter most• What makes these most important	<ol style="list-style-type: none">1. Revisit values clarification2. Help patient understand how values align with risks and benefits of options
Do you feel you have enough support and advice to make a decision today?	Probe on: <ul style="list-style-type: none">• Support patient has• How support will help them in decision• What other support is desired	<ol style="list-style-type: none">1. Clarify what support is desired2. If support from others:<ul style="list-style-type: none">• Provide/review take home information• Remind patient of teach back & rehearse

SURE

DO YOU HAVE AN IDEA ABOUT WHICH HIV PREVENTION METHOD(S) YOU PREFER?



PrEP Pill



Injectable PrEP



Male condoms



Female condoms



I do not want to use an HIV prevention method



I need more time to make a decision



Do you feel sure about the best choice for you?

SURE

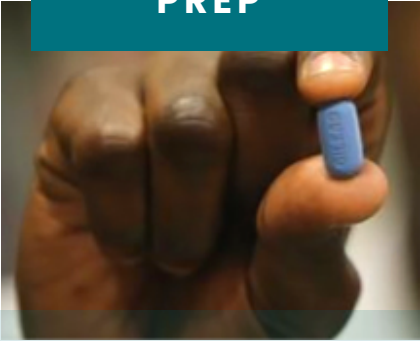
Counsellor instructions:

*Continue going through the questions one by one with the patient. For each question, ask the patient to think out loud and follow up with probing questions to understand why the patient answered the way they did. If the patient answers yes to a question, you can move on to the next question **after you understand why they answered yes**. See the **Counsellor note** under each question for instruction on what to do if the patient answers no to a question.*

Question	If YES	If NO
Do you have an idea of which method(s) you prefer?	<div>1. Remind patient they can use methods in combination, or choose not to use a method</div> <div>2. Probe on which method(s) and why</div>	<div>1. Ask what else is needed to make decision</div> <div>2. If patient needs more time, record details and schedule follow up</div>
Do you feel sure about the best choice for you?	<div>1. Probe on what makes patient sure about this choice</div> <div>2. Proceed to post-decision counselling</div>	<div>1. Ask what else is needed to make a decision</div> <div>2. Clarify any remaining questions or uncertainty</div>

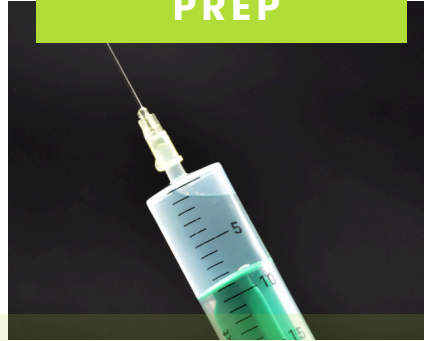
What choices do I have to prevent HIV?

DAILY ORAL PREP



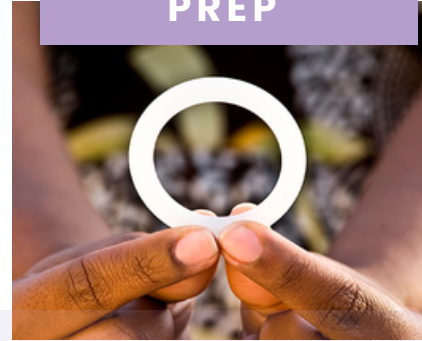
A **daily pill** you can take to stop HIV from taking hold and spreading in your body

INJECTABLE PREP



An **injection** taken **every two months** that stops HIV from spreading in your body

VAGINAL RING PREP



A **ring** that is put inside the vagina **once a month** to stop HIV from taking hold and spreading in your body

MALE AND FEMALE CONDOMS



A **thin layer** of latex or plastic worn **during sex** that creates a barrier against fluids that may carry HIV

Have you heard of these methods before?



What do you know about these methods?

