

# Viral Load Monitoring and Enhanced Adherence Counseling Flipchart

Adults, non-pregnant  
nor breastfeeding



This job tool was created by ICAP at Columbia University with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) under the terms of cooperative agreement # U2GGH000994. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the U.S. Government.

This flipchart is intended for use by health care workers in order to provide information to patients living with HIV and their families. For questions about the contents or use, please contact ICAP at [icap-communications@columbia.edu](mailto:icap-communications@columbia.edu)

# HOW TO USE THE VIRAL LOAD MONITORING AND ENHANCED ADHERENCE COUNSELING FLIPCHART

The purpose of this flipchart is to provide information about viral load monitoring to patients who are receiving ARVs in order to explain the meaning of viral load results and to help with adherence assessment and counseling, especially among those with elevated viral loads who warrant enhanced adherence counseling. It was developed for a range of health care workers (e.g. adherence counselors, doctors, nurses, pharmacists, community health workers) who work with patients living with HIV and their families in settings where viral load testing is being performed.

Each card, or set of cards, focuses on a specific topic important to the care and support of patients on ARVs who will have a viral load test done or who already have a viral load result. Topics are color coded for ease of use.

## Directions on how to use the flip chart:

- Place flipchart on table so that the patient has a good view of the pictures while you use the side with notes.
- Key messages to convey to the patients and instructions to providers are in the left part of each card.
- On the right side, **key points** have been **bolded** to serve as reminders. There are also notes to prompt and guide discussion.
- The bottom has questions to pose to the patients to review the covered material and assess patient's understanding.
- There are certain cards for specific visits, including when starting ARVs, when a viral load test is being sent, and when results are available. If the viral load result is below 1000 there are corresponding cards to use. If the viral load result is 1000 or more there are a series of cards to be used to explain the result and to conduct enhanced adherence counselling sessions.
- A separate document, the **Enhanced Adherence Plan** tool, is used to document findings and plan for cards 5-18, and should be included in the patient's file.
- After the first enhanced adherence counseling session (second and beyond), begin the session with card 16 and repeat cards 5-15 as needed.

# Card Topic (also shown to patient)

image from  
card front

## KEY MESSAGES:

» Also shown to the patients

---

---

---

---

---

---

---

---

---

---



## Let's Review:

- Points to guide review with the patients

---

---

---

---

---

---

---

---

## TALKING POINTS:

- Some instructions for providers
- Notes to prompt and guide discussion
- **Key points are bolded**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Document

Tells providers which forms to use to document discussions with the patients



## Provider Instructions

Gives providers specific instructions about their interaction and conversation with the patients

# Good counseling and communication skills

1. Good counseling and communication skills are essential. Here are some useful tips:

- Always make **eye contact** with the patient
- Sit **face to face**
- Speak clearly and in a **non-threatening voice**
- Be **non-judgmental and respectful - do not blame or criticize!**

2. To be most effective in increasing adherence to ARVs, use the following OARS techniques (Open-ended questions, Affirmation, Reflective listening, Summary statements):

## **O: Open-ended Questions (avoid questions that are answered as Yes/No)**

What makes it difficult to take your ARVs every day?

What have you already done to try and take your ARVs every day?

What do you think is likely to happen if you keep taking your ARVs as you are now?

## **A: Affirmations**

I appreciate that you are able to be honest about the way you take your ARVs.

You are clearly a resourceful person to manage so many challenges.

You've really worked hard to take your medications despite these challenges.

## **R: Reflective Listening**

You're wondering if it matters if you take your ARVs.

So you said you feel angry when you think about taking your ARVs and that makes it really hard.

What I hear you saying is you are so overwhelmed, your health is the least of your problems right now.

## **S: Summary Statements**

Let me see if I understand so far. You are struggling to take your ARVs because you want to be well and healthy, but you also have other problems in your life that make it difficult to focus on your health.

Here's what I've heard you say, let me know if it is right. You feel fine when you miss a dose and are feeling really uncertain about whether ARVs are necessary to keep you healthy.

<b>O</b>	Open-ended questions
<b>A</b>	Affirmation
<b>R</b>	Reflective listening
<b>S</b>	Summary statements

## Flipchart Card Topics

How to use the viral load monitoring and enhanced adherence counseling flipchart

3

Good counseling and communication skills

5

1. You're starting ARVs

7

2. What is a viral load?

9

3. The viral load is LOW

11

4. The viral load is HIGH

13

5. How are you taking ARVs?

15

6. What are the challenges in taking your ARVs? (1 of 3)

17

7. What are the challenges in taking your ARVs? (2 of 3)

19

8. What are the challenges in taking your ARVs? (3 of 3)

21

9. Tips to improve taking ARVs (1 of 3)

23

10. Tips to improve taking ARVs (2 of 3)

25

11. Tips to improve taking ARVs (3 of 3)

27

12. Additional help to take ARVs

29

13. Remembering to take ARVs

31

14. Understanding your ARVs

33

15. Managing privacy and getting support

35

16. Follow up on how you are taking ARVs

37

17. You've successfully reduced your viral load

39

18. ARVs are not working well

41



# 1. You're starting ARVs



- » ARVs stop HIV from making more virus, allowing you to become healthier.
- » It is important to take ARVs every day as prescribed.
- » In six months, we will check your viral load to see if ARVs are working well.

# 1. You're starting ARVs



## KEY MESSAGES:

- » ARVs stop HIV from making more virus, allowing you to become healthier.
- » It is important to take ARVs every day as prescribed.
- » In six months, we will check your viral load to see if ARVs are working well.



## Let's Review:

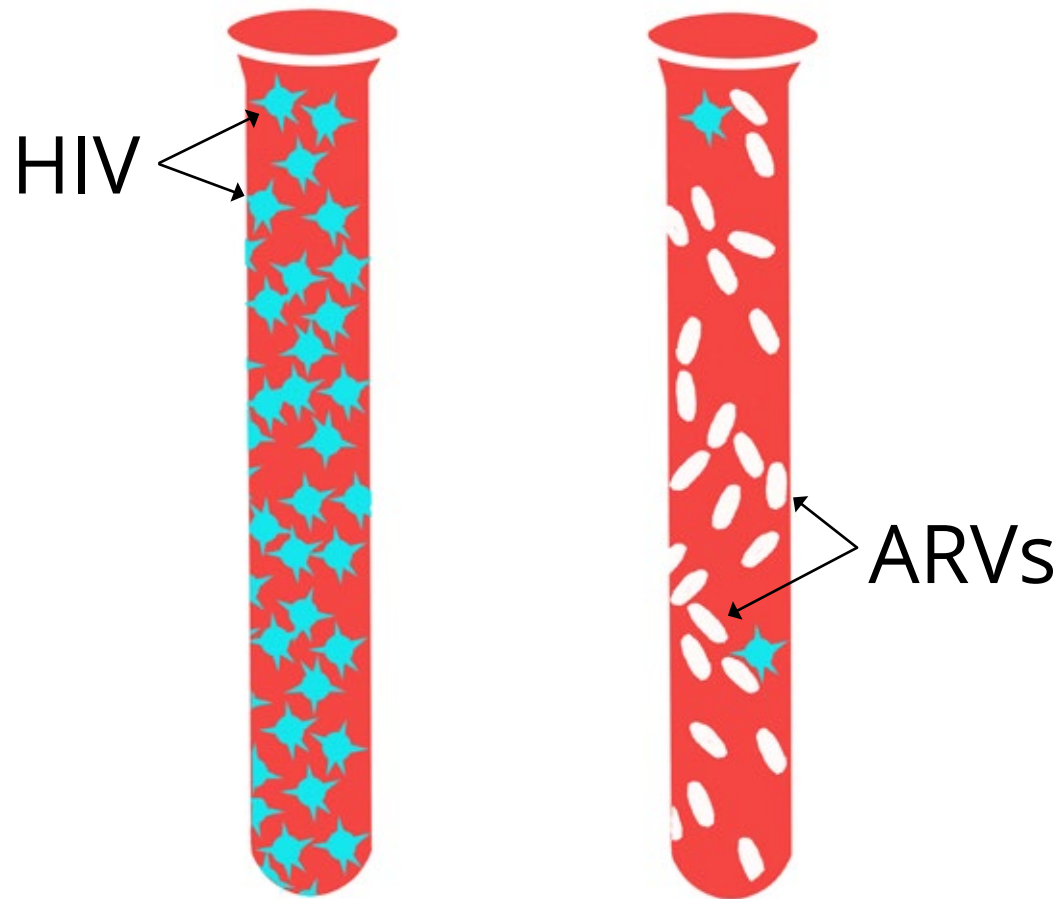
- In your own words, what do ARVs do?
- What are the benefits of taking ARVs?
- What do you think will be hard about taking ARVs every day?
- What medicines do you take and when?

## TALKING POINTS:

- What do you know about ARVs?
- When **HIV** is in the body without ARVs, it makes a **lot of virus** which can make you **sick** and more likely to **spread to sex partners** and from mother to baby (**MTCT**) during pregnancy and breastfeeding.
- **ARVs stop HIV** from making more virus and help prevent you from getting sick.
- It is important to take all ARVs every day as your health care provider has told you to make sure they work well and to keep HIV from harming you.
- **ARVs do not cure** HIV, which is why you must continue taking them.
- We will do a test called viral load in six months to see if ARVs are working well. If you are taking ARVs every day and they are working well, the viral load will usually be low (less than 1000) after six months.
- A late dose is better than a missed dose.
- **Keeping the virus low in your body has many benefits:**
  - Helps you live a longer life.
  - Prevents serious illnesses from developing over time. Low viral load can help your disease-fighting cells, called CD4s, increase and keep you from getting sick.
  - Keeps your brain healthy. Having a low viral load prevents damage to your brain.
  - Keeps you from having extra visits to the clinic.
  - Always using condoms is the best way to prevent spread of HIV to your sexual partners. Having a low viral load can help further.
  - A low viral load will help prevent spreading HIV to your baby during pregnancy or breastfeeding and will give them strong, healthy parents.



## 2. What is a viral load?



- » ARVs stop HIV from making more virus, allowing you to become healthier and prevent the virus from harming you.
- » Viral load measures how much HIV is in the blood and if ARVs are working well – the goal is a low viral load.
- » It is very important to know your viral load results. Make sure to come back and ask for your viral load results.

## 2. What is a viral load?



### KEY MESSAGES:

- » ARVs stop HIV from making more virus, allowing you to become healthier and prevent the virus from harming you.
- » Viral load measures how much HIV is in the blood and if ARVs are working well – the goal is a low viral load.
- » It is very important to know your viral load results. Make sure to come back and ask for your viral load results.



### Let's Review:

- In your own words, what is viral load?
- Is the goal a high or low viral load?
- What are the benefits of achieving a low viral load?
- When were you instructed to return for your viral load results? We may contact you sooner if necessary.

### TALKING POINTS:

- When **HIV** is in the body without ARVs, it produces a **lot of virus** which can make you **sick** and more likely to **spread to sex partners** and from mother to baby (**MTCT**) during pregnancy and breastfeeding.
- The “**viral load**” test measures **how much virus** is in approximately one drop of blood.
- **ARVs stop HIV** from making more virus and brings the viral load down.
- If you have a high viral load, you may not look sick but the virus may be harming your body (causing your CD4 cells to decline), and over time as it produces more virus you will get sick.
- **ARVs do not cure HIV**, which is why you must continue taking them.
- If ARVs are working well, and you are taking them every day, the viral load will usually be low (less than 1000) after six months.
- The goal is a low viral load but a high CD4 count.
- CD4 count is also used to see if ARVs are working, but viral load is more accurate. Because of this, in the future CD4 tests may no longer be done.
- **Keeping the virus low in your body has many benefits:** keeping your brain healthy, preventing serious illnesses, keeping you out of the clinic, and keeping your sexual partners healthy.
- Please come back in \_\_\_\_ weeks for your viral load results. We will contact you sooner if necessary.
- If the viral load result is low (less than 1000) you will then be able to come to the health facility less frequently as long as you continue to take your ARVs.

### 3. The viral load is LOW



HIV



ARVs

- » A low viral load means you are taking your ARVs well and they are working.
- » This does not mean ARVs can be stopped.
- » Continue to take your ARVs every day.

# 3. The viral load is LOW

## KEY MESSAGES:

- » A low viral load means you are taking your ARVs well and they are working.
- » This does not mean ARVs can be stopped.
- » Continue to take your ARVs every day.



## Let's Review:

- What does a low viral load mean?
- Why is it important to continue taking your ARVs every day?
- When will the next viral load be checked?
- What medicines do you take and when?

## TALKING POINTS:

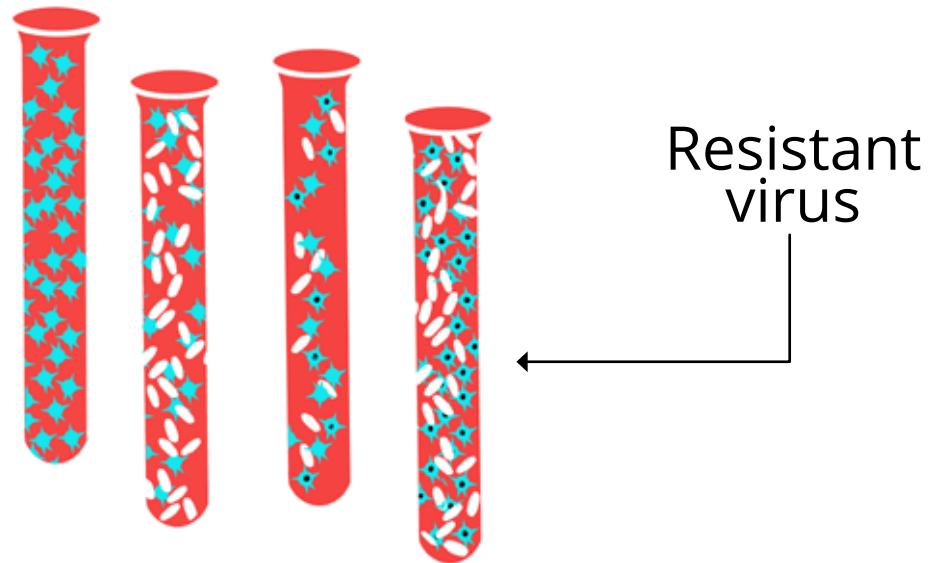
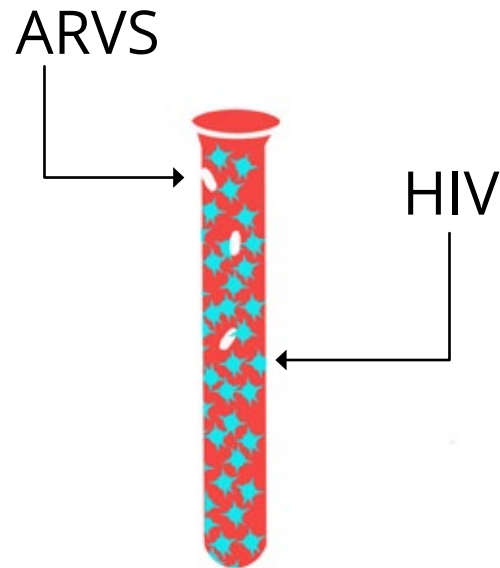
- A **low viral load (less than 1000)** *[insert patient's result here]* is a sign that you are **taking your ARVs well** and that they are working.
- This does not mean you can stop taking ARVs or using condoms.
- It is important to **continue** to take **ARVs** as instructed every day to keep HIV from making more virus, to stay healthy, and to prevent spread to sexual partners or your baby.
- A late dose is better than a missed dose.
- What has helped you remember to take your ARVs?
- Are there things that have made it hard at times to take your ARVs?

A few reminders:

- It's important to **keep all of your appointments**.
- If you notice that your **ARVs are running low, come to the clinic** even if you don't have an appointment.
- We will **check the viral load again** in \_\_\_\_\_ [six months for those newly initiated and this is first viral load result, or a year for those with more than one low viral load] if there are no new clinical problems or problems taking ARVs.
- Please let your provider know if there are any problems taking ARVs in the future, so that he/she can help you to address them.
- Your next appointment is \_\_\_\_\_. Even if you still have medications, it is important for you to come to your appointment.



## 4. The viral load is HIGH



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

# 4. The viral load is HIGH

## KEY MESSAGES:

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

## TALKING POINTS:

- The **viral load** test result is **high** [*insert patient's result*], the goal is to keep it below 1000.
- This means that **HIV** is making more virus in the body.
- This may be because you are **not taking ARVs** as instructed.
- With so much virus in the blood your immune (defense) system becomes weaker, and your CD4 cells decrease. This can affect the brain, heart, liver and kidneys and **make you sick**.
- If ARVs are not taken properly, the **virus can change** and become “**resistant**” to **the ARVs**, meaning that even if taken properly, they will no longer work.
- With a high viral load it's easier to spread HIV to your partner, so it is especially important to use condoms all the time.
- Using ARVs to lower your viral load can also help prevent spread of HIV during pregnancy or breastfeeding.



## Let's Review:

- What are the possible reasons for a high viral load?
- What can happen when your viral load is high?
- What would be good about a low viral load?
- How important do you think it is for your long-term health?
- What do you think happens if you don't take ARVs regularly?



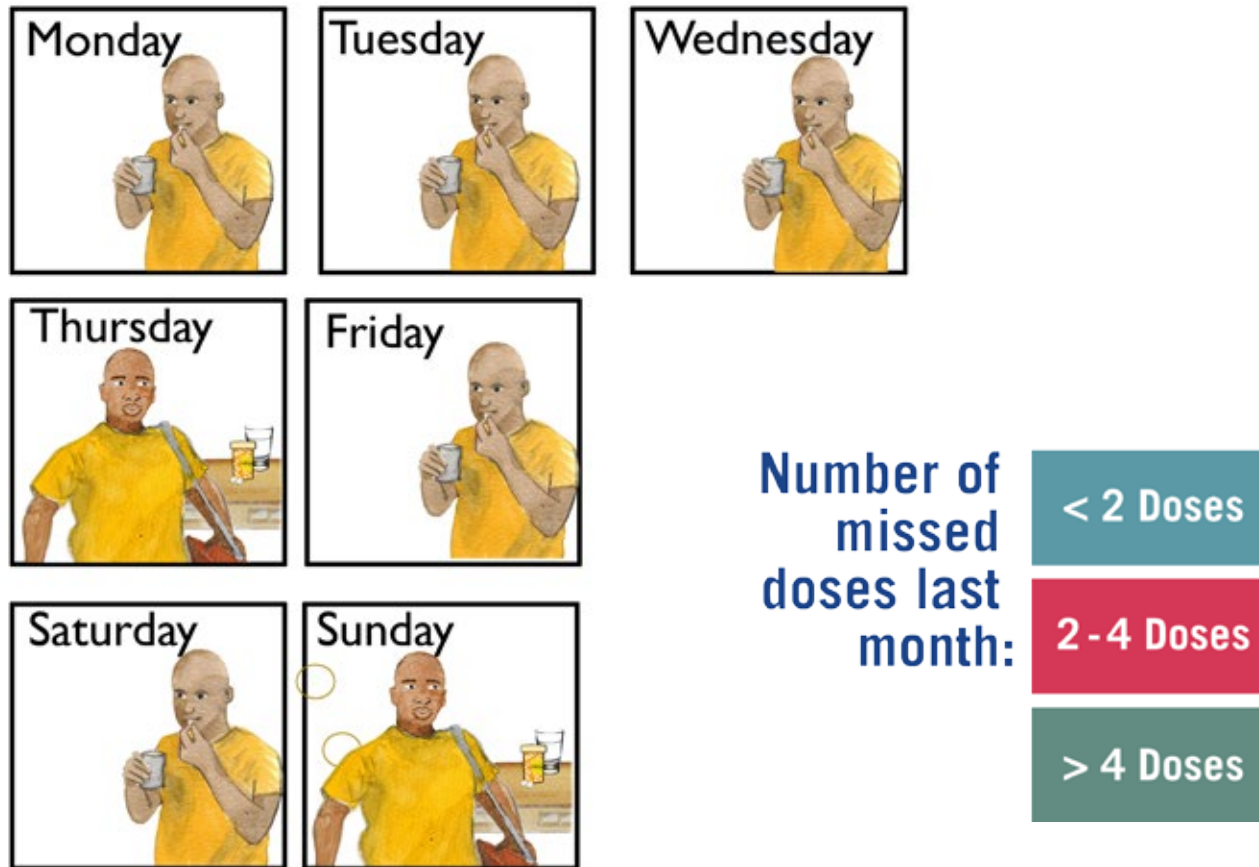
## Provider Instructions

Remember to use non-judgmental and respectful language - do not blame or criticize:

*"I am glad you came to get your viral load test results. Now we can help you work towards a low viral load."*



## 5. How are you taking ARVs?



- » It can be hard to take ARVs every day.
- » Together we will review how often you take your ARVs and see how it can improve.
- » How many times would you say you missed a dose of your ARVs in the past month?



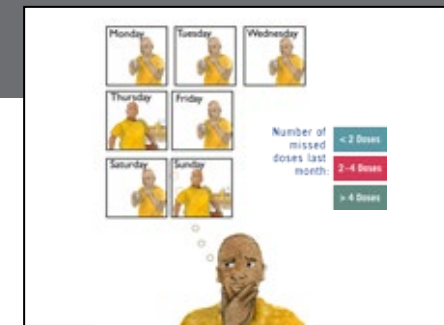
# 5. How are you taking ARVs?

## KEY MESSAGES:

- » It can be hard to take ARVs every day.
- » Together we will review how often you take your ARVs and see how it can improve.
- » How many times would you say you missed a dose of your ARVs in the past month?

## TALKING POINTS:

- Some people find it difficult to take ARVs every day.
- Many people have problems taking their pills at some point.
- Please think back to the past WEEK, how many ARV doses (days) do you think you missed?
  - » Was this a typical week?
  - » Now what about the past month?



## Document

Complete the first column of enhanced adherence session 1 on the **Enhanced Adherence Plan Tool** and mark adherence as good, fair, or poor, according to the number of doses missed per month (as per table).

Number of Missed doses per month	Adherence category
<b>Patients taking once daily regimens</b>	
< 2 doses	Good
2-4 doses	Fair
>4 doses	Poor
<b>Patients taking twice daily regimens</b>	
<4 doses	Good
4-8 doses	Fair
>8 doses	Poor

Adapted from WHO, 2012, Three interlinked patient monitoring systems



## Provider Instructions

1. Ask the patient to recall the last week and how many doses they missed.
2. Ask if this is typical.
3. Determine how many doses were missed in the last month.
4. Using the table to the left, determine if the patient's adherence is good, fair, or poor.

## 6. What are the challenges in taking your ARVs?



» Together we will review the way you take ARVs.

# 6. What are the challenges in taking your ARVs? (1 of 3)

## KEY MESSAGES:

- » Together we will review the way you take ARVs.



### Provider Instructions

Explore barriers and challenges with the patient.

**O: Open-ended Questions (Avoid questions that are answered as Yes/No, for example:**

- What makes it difficult to take your ARVs every day?
- What have you already done to try and take your ARVs every day?
- What do you think is likely to happen if you keep taking your ARVs as you are now?

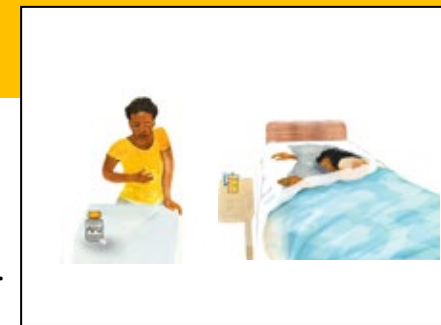


### Document

Document the specific barriers you identify with the patient on the **Enhanced Adherence Plan Tool**.

## TALKING POINTS:

- Let's explore any **challenges** you may be facing when taking ARVs.
- Please feel comfortable telling me about challenges you are facing; I am asking because I want to try to find ways to make it easier.
- Can you **recall** and describe the circumstances around the **last missed dose**?



Barriers	Questions to assess barriers
<b>Individual</b>	
<b>Knowledge deficit</b>	<ul style="list-style-type: none"><li>- Can you tell me the names of your ARVs?</li><li>- What is your understanding of how you are supposed to take ARVs (e.g. what time of day, how much [if liquid], how many [if pills])?</li><li>- What is your understanding of the purpose of the ARVs?</li></ul>
<b>Side effects</b>	<ul style="list-style-type: none"><li>- Have the ARVs affected the way you feel?</li><li>- Do you think the ARVs have made you feel ill in any way?</li><li>- If yes, please describe what problems they cause? (e.g. nausea, diarrhea, sleep disturbance)</li></ul>
<b>Forgot</b>	<ul style="list-style-type: none"><li>- Have you ever forgotten or do you often forget to take ARVs?</li><li>- Do you take them at a set time of day(s)?</li><li>- What is your method of remembering/reminding yourself to take ARVs?</li></ul>
<b>Feeling better</b>	<ul style="list-style-type: none"><li>- Do you take ARVs even when you are feeling well?</li></ul>
<b>Physical illness</b>	<ul style="list-style-type: none"><li>- Have you had illnesses that have prevented you from taking ARVs?</li></ul>
<b>Alcohol or drug use</b>	<ul style="list-style-type: none"><li>- Do you use alcohol?</li><li>- Do you use drugs?</li><li>- Do you feel this affects your ability to take ARVs?</li></ul>
<b>Depression</b>	<ul style="list-style-type: none"><li>- How is your mood in general?</li><li>- Have you been feeling sad or confused?</li><li>- If yes, has this affected your ability to take ARVs?</li></ul>



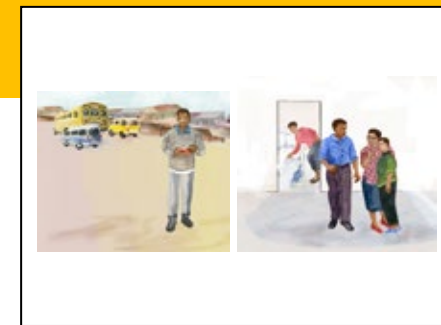
## 7. What are the challenges in taking your ARVs?



» Together we will review the way you take ARVs.



# 7. What are the challenges in taking your ARVs? (2 of 3)



## KEY MESSAGES:

- » Together we will review the way you take ARVs.

## TALKING POINTS:

- Let's continue to explore any challenges you may be facing when taking ARVs (**individual and household level barriers**).



### Provider Instructions

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

#### A: Affirmations, for example:

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



### Document

Document the specific barriers you identify with the patient on the **Enhanced Adherence Plan Tool**.

Barriers		Questions to assess barriers	
Individual (continued)			
Pill burden	-	Is the number of pills or amount of liquid a challenge for you?	
Lost/ran out of pills	-	Have you ever lost or ran out of ARVs?	
Transportation problems	-	Do you have difficulty getting to the health center to collect ARVs?	
	-	If yes, what are the reasons? (e.g. long distance, expense, job)	
Health beliefs	-	Do you believe that taking ARVs every day is beneficial for your health?	
	-	What do you think is the best way to treat HIV?	
	-	Have you tried other remedies for treating HIV?	
Scheduling difficulty	-	Have you ever been too busy or faced a schedule change that has made it difficult to take ARVs?	
	-	Does work take you away from home for long periods of time?	
	-	Do you have trouble finding privacy at work for taking ARVs?	
Household			
Share with others	-	Have you ever shared your ARVs with others?	
Fear of disclosure	-	Have you disclosed your HIV status to your family? Your partner?	
Family/partner relationships	-	Has your family or your partner been non-supportive or kept you from taking ARVs?	
Inability to pay	-	Have clinic or other fees kept you from taking ARVs?	
Food insecurity	-	Has a lack of adequate food ever been a problem for taking ARVs?	





## 8. What are the challenges in taking your ARVs?



» Together we will review the way you take ARVs.

# 8. What are the challenges in taking your ARVs? (3 of 3)



## KEY MESSAGES:

- » Together we will review the way you take ARVs.

## TALKING POINTS:

- Let's continue to explore any challenges you may be facing when taking ARVs (**institutional and community level barriers**).



### Provider Instructions

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

#### R: Reflective Listening, for example:

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



### Document

Document the specific barriers you identify with the patient on the **Enhanced Adherence Plan Tool**.

Barriers	Questions to assess barriers
<b>Institutional/Community</b>	
<b>Drug stock out</b>	<ul style="list-style-type: none"><li>- Have you ever come to the health facility and found that there were no ARVs available?</li><li>- Have you ever come to the health facility and been given only a small supply of ARVs?</li></ul>
<b>Long wait times</b>	<ul style="list-style-type: none"><li>- Have you ever left the health facility before receiving your ARVs because of long wait times?</li></ul>
<b>Stigma and discrimination</b>	<ul style="list-style-type: none"><li>- Are you fearful that people in the community will find out about your HIV?</li><li>- Does that prevent you from coming to clinic or taking ARVs?</li></ul>
<b>Political crisis/ war/ natural disaster</b>	<ul style="list-style-type: none"><li>- Is it ever unsafe for you to pick up ARVs from the health facility?</li></ul>

#### S: Summary Statements, for example:

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

## 9. Tips to improve taking ARVs



» Together we will find ways to make taking ARVs better for you.

# 9. Tips to improve taking ARVs (1 of 3)

## KEY MESSAGES:

- » Together we will find ways to make taking ARVs better for you.

## TALKING POINTS:

- I appreciate that you are able to be honest about challenges of taking ARVs.
- What I hear you saying is .... [*summarize main challenges and barriers*].
- Let's explore ways in which we can make it better for you to take ARVs.
- Do you have ideas how to make it easier to take ARVs in response to each barrier we discussed?
- Missing more than two or three doses in a month can lead to medications not working well.



## Provider Instructions

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

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



## Document

Document planned interventions to address barriers identified by patient on the **Enhanced Adherence Plan Tool**.

Barriers	Interventions to address barriers and improve adherence
<b>Individual</b>	
<b>Knowledge deficit</b>	Individual counseling for basic HIV/ARV education Group counseling/Peer support group Written instructions
<b>Side effects</b>	Nausea → take with food, anti-emetic Diarrhea → anti-diarrheal once infections ruled out, hydration Anxiety/Depression → take before bed Headache → paracetamol, evaluate for meningitis Fatigue → check Hgb, consider substitution if on AZT
<b>Forgot</b>	Medication organizer (e.g. pillbox) Visual medication schedule (eg calendar, journal/log) Reminder devices (eg phone calls, SMS, watch alarm) Treatment buddy or supporter Directly Observed Therapy Announced pill count at next session Take pills late, do not skip dose
<b>Feeling better</b>	Basic HIV/ARV education
<b>Physical illness</b>	Clinical care to address comorbidities Directly Observed Therapy Treatment buddy
<b>Alcohol or drug use</b>	Opioid substitution therapy Directly Observed Therapy Peer support group Individual counseling
<b>Depression</b>	Screening for and management of depression Individual counseling Peer support group Treatment buddy

Section continues on next page





## 10. Tips to improve taking ARVs



» Together we will find ways to make taking ARVs better for you.

# 10. Tips to improve taking ARVs (2 of 3)



## KEY MESSAGES:

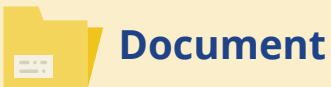
- » Together we will find ways to make taking ARVs better for you.



### Provider Instructions

Collaborate to come up with solutions, for example:

- “What have you already tried?”
- “You have thought a lot about this, what are other ways to solve this problem?”



### Document

Document planned interventions to address barriers identified by patient on the **Enhanced Adherence Plan Tool**.

Barriers	Interventions to address barriers and improve adherence
<b>Individual (continued)</b>	
<b>Pill burden</b>	Change to fixed-dose combination or once daily dosing if possible
<b>Lost or ran out of pills</b>	Extra supply of pills Drug pick-up group Educate patient to alert facility if occurs
<b>Transportation problems</b>	Drug pick up group Three month supply when feasible ART group
<b>Health beliefs</b>	Individual counseling for basic HIV/ARV education Group counseling Peer support group
<b>Scheduling difficulty</b>	Education (e.g. combine with daily routine such as bedtime or brushing teeth) Reminder devices (e.g. phone calls, SMS, watch alarm) Treatment buddy Three month supply when feasible ART group Keep a few doses of ARVs in different locations (e.g. at work) for easy access
<b>Household</b>	
<b>Share with others</b>	Individual counseling for basic HIV/ARV education Group counseling Facilitate enrollment into care/PrEP for family members
<b>Fear of disclosure</b>	Individual counseling Group counseling Peer support group Treatment buddy Unmarked pill bottle ART group Couples counseling and testing
<b>Family/partner relationships</b>	Group counseling
<b>Inability to pay</b>	Refer to social worker, peer worker, or NGO
<b>Food insecurity</b>	Refer to social worker, peer worker, or NGO



# 11. Tips to improve taking ARVs



» Together we will find ways to make taking ARVs better for you.

# 11. Tips to improve taking ARVs (3 of 3)

## KEY MESSAGES:

- » Together we will find ways to make taking ARVs better for you.



### Provider Instructions

Offer suggestions to overcome specific barriers that have been identified.

Barriers	Interventions to address barriers and improve adherence
<b>Institutional/Community</b>	
<b>Long wait times</b>	Nurse-led or community-based care Three month supply where feasible ART group
<b>Stigma and discrimination</b>	Individual counseling Group counseling Peer support group ART group
<b>Political crisis/ war/natural disaster</b>	Individual counseling Case management



### Document

- Document interventions and any needed referrals on the **Enhanced Adherence Plan Tool**.
- Summarize results and plan made. Have the patient repeat back the plan.
- Tell the patient the next follow up date and whether it is for another adherence session or for repeat viral load test.

## 12. Additional help to take ARVs



» Ways to improve taking ARVs.

# 12. Additional help to take ARVs

## KEY MESSAGES:

- » Ways to improve taking ARVs.

## TALKING POINTS:

- **Let's look closer at a few of the common barriers to taking ARVs.**
- Of the areas we discussed, what is the biggest problem you have taking ARVs?
- Here's what I've heard you say. Let me know if I understand correctly. [*Reflect back on identified challenges*]
  - » Go to card 13 (labeled Remembering to take ARVs) for "Forgets".
  - » Go to card 14 (labeled Understanding your ARVs) for "Knowledge" "Side Effects" and "Physical Illness".
  - » Go to card 15 (labeled Managing privacy and getting support) for "Disclosure".





# 13. Remembering to take ARVs



- » Always remembering to take ARVs can be difficult.



- » Missing ARV doses can be a reason for high viral load and can harm you.

# 13. Remembering to take ARVs



## KEY MESSAGES:

- » Always remembering to take ARVs can be difficult.
- » Missing ARV doses can be a reason for high viral load and can harm you.



### Provider Instructions

- Identify with the patient a daily activity that they can schedule taking their pills around.
- If there are other resources such as DOT, Peer Support, SMS reminders, or other supports in your area, assess the need and discuss with the patient.



### Let's Review:

**Remembering to take ARVs can be challenging, I'd like to check with you about a few things we discussed.**

- What changes do you plan to make to help you remember to take your ARVs?
- How do you/how will you track whether you have taken your ARVs?

## TALKING POINTS:

- What have you already tried to help you remember?
- Let me make sure I understand. What I hear you saying is [*circumstance for missing doses*]. Here are some things that others have found helpful:
  - » Put ARVs somewhere easy to remember, near something that you use every day, and keep a bottle of water there if needed.
  - » Set an alarm on your phone to remind you to take your ARVs.
  - » Carry ARVs with you so if you forget before leaving for the day, you have a spare.
  - » Use pillboxes and a calendar to mark and keep track of when ARVs are taken for the day.
  - » Ask for extra ARVs if you will not be able to return to the health facility in time for your next refills.



### Document

Document planned interventions to address barriers identified by patient on the **Enhanced Adherence Plan Tool**.



# 14. Understanding your ARVs



- » To be successful with ARVs it is important that you learn how they work, how best to take them daily, and how to avoid or manage side effects.

# 14. Understanding your ARVs



## KEY MESSAGES:

- » To be successful with ARVs it is important that you learn how they work, how best to take them daily, and how to avoid or manage side effects.



### Let's Review:

- Let's go over these instructions again to see if you have any questions.
- Can you tell me how you understand what ARVs do and how you are supposed to take them, and tips to avoid side effects?
- Provide patient with written resources if available.



### Document

Document planned interventions to address barriers identified by patient on the **Enhanced Adherence Plan Tool**.

## TALKING POINTS:

Which area is the patient having the most difficulty with?

- **Names and Frequency of Medications**
  - » Provide education and fact sheets.
- **How Medications Work**
  - » Review earlier cards from prior visits or answer questions.
- **Health Beliefs**
  - » Instruct patient to take ARVs whether they feel healthy or sick, unless otherwise directed by doctor
  - » Probe for specific beliefs about ARVs and health, for example:
    - \* "Have you heard others say negative things about ARVs?"
    - \* "Are there other remedies that you think work better than ARVs?"
- **Managing Side Effects**
  - » Take with food (nausea/headache).
  - » Take at night (drowsiness/mood).

## 15. Managing privacy and getting support



- » Your privacy is important and should be respected.



- » Sharing your status with someone you trust can help you take your ARVs every day.

# 15. Managing privacy and getting support

## KEY MESSAGES:

- » Your privacy is important and should be respected.
- » Sharing your status with someone you trust can help you take your ARVs every day.



## Document

Document planned interventions to address barriers identified by patient on the **Enhanced Adherence Plan Tool**.

## TALKING POINTS:

Ways to protect privacy:

- Use an unmarked pill bottle.
- Use pill boxes rather than bottles.
- Brainstorm places where the patient can keep ARVs that are out others' sight, but are easily visible/accessible to the the patient.

Discuss ways to decide who to share their diagnosis with and how to share. Provide the patient with fact sheets and information to assist as needed.

- What characteristics do you think make a good choice for someone to share your status with?
- What are benefits of someone knowing your status?
- How do you decide whether you can trust someone?
- How do you tell someone your status?
- Are you concerned that harm might come to you if you disclose your HIV status?

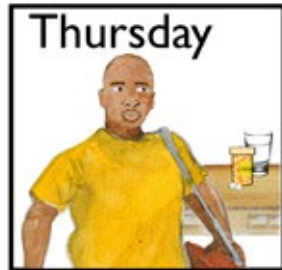
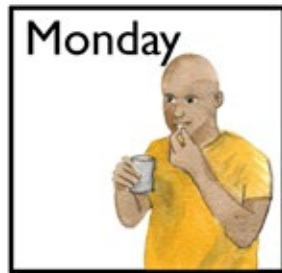
If the person is in a relationship:

- What might be beneficial for your partner if you were taking your ARVs every day?
- How do you think your partner might support you to take your ARVs?





# 16. Follow up on how you are taking ARVs



Number of  
missed  
doses last  
month:

< 2 Doses

2 - 4 Doses

> 4 Doses

- » Together we'll review the plan made last time to see how you are taking ARVs.



# 16. Follow up on how you are taking ARVs

## KEY MESSAGES:

- » Together we'll review the plan made last time to see how you are taking ARVs.

### Provider Instructions

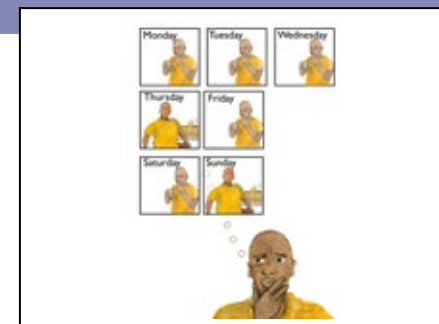
- Repeat viral load to be sent after \_\_\_\_ months of "good adherence." Advise patient of when repeat viral load will be done.
- Do not repeat viral load while adherence is fair or poor as it will likely be elevated due to this, but rather continue monthly enhanced adherence sessions using cards in this flip chart and additional pages of the Enhanced Adherence Plan Tool until the adherence is good for 3 months.
- Patients with persistent adherence problems should be referred for additional assistance as is available (e.g. psychologist or other available staff dedicated to adherence).

### Document

Complete the first column of session 2 or 3 on the **Enhanced Adherence Plan Tool** and mark adherence as good, fair, or poor, according to the number of doses missed per month (as per table). Complete the other two columns with any new barriers found and interventions planned.

## TALKING POINTS:

- Last time we met, we identified \_\_\_\_\_ (fill in barrier(s) discussed at last session) and planned \_\_\_\_\_ (fill in with interventions decided upon at last session) to help you take ARVs.
- How has that been going?
- Are there any new challenges taking ARVs?
  - » Please think back to the past WEEK, how many ARV doses (days) do you think you missed?
  - » Was this a typical week?
  - » Now what about the past month?
- I can see you've been putting a lot of effort into this. Do you have any new ideas how to make it easier to take your ARVs?
  - » Use adherence assessment tables on prior cards as needed to look for new **barriers** and **interventions**.



Number of Missed doses per month	Adherence category
<b>Patients taking once daily regimens</b>	
< 2 doses	Good
2-4 doses	Fair
>4 doses	Poor
<b>Patients taking twice daily regimens</b>	
<4 doses	Good
4-8 doses	Fair
>8 doses	Poor

Adapted from WHO, 2012, Three interlinked patient monitoring systems



# 17. You've successfully reduced your viral load



HIV



ARVs

» You have taken your ARVs well, the medications are working, and you are keeping yourself healthy.

# 17. You've successfully reduced your viral load

## KEY MESSAGES:

- » You have taken your ARVs well, the medications are working, and you are keeping yourself healthy.



## Let's Review:

Let's briefly review what a low viral load means, and your plans for continuing to take your ARVs:

- In your own words, what does having a low viral load mean?
- Why is it important to continue ARVs?
- What has helped you remember to take your ARVs?
- Are there new things or do you expect there to be things that will make it hard at times to take your ARVs?

## TALKING POINTS:

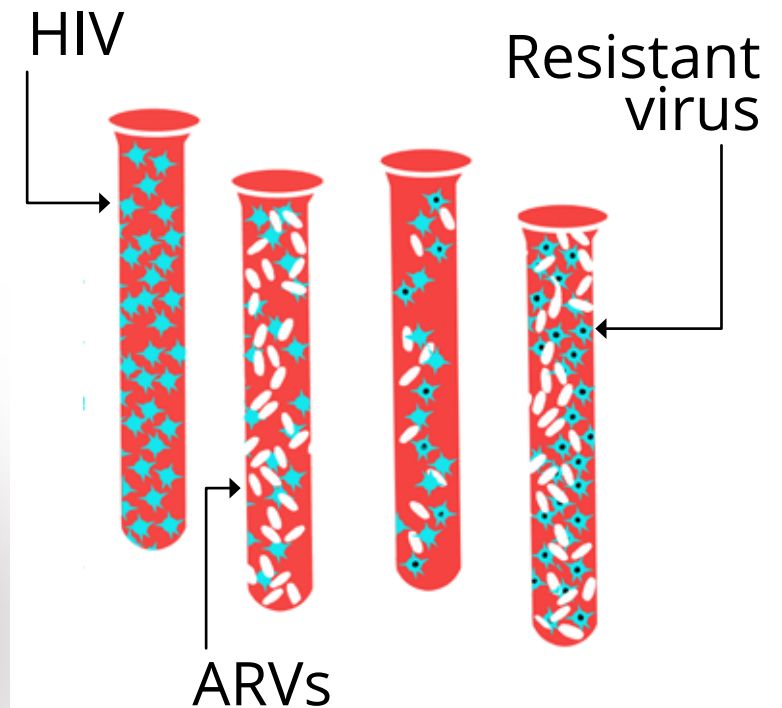
- A **low viral load** (less than 1000) [*insert patient's result here*] is a sign that **you are taking ARVs well** and the medications are working.
- Your changes in \_\_\_\_\_ [*insert intervention*] have been successful and you are getting the ARVs you need to stay well.
- It is important that you continue to take your ARVs every day to keep HIV from making more virus and to stay healthy.
- It's important to **keep track** of how much medication you have so that you **don't run out of ARVs** before the next appointment.
- If you notice that medication is running low, **come to the clinic** even if you don't have an appointment.
- We will **check** the viral load again **in six months** if there are no new problems or problems taking ARVs.
- Please let your provider know if there are any problems taking ARVs in the future, so that he/she can help you to address them.



## Document

- Document results of repeat viral load on **Enhanced Adherence Plan Tool**.

## 18. ARVs are not working well



» It is likely that the virus is resistant, meaning that it has changed and ARVs are no longer working.

» Switching ARVs is recommended.

# 18. ARVs are not working well



## KEY MESSAGES:

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



## Let's Review:

- We have discussed a lot of new information. I'd like to make certain that I have explained everything well and that I have answered your questions.
- Can you please tell me what you understand to be the next steps and why we advise changing ARVs?
- In your own words, what does resistance mean?
- What are the new ARVs and how will you take them?
- What has helped you to take your ARVs? It will be important to do these things now too to take the new ARVs exactly as prescribed.
- When is your next appointment?
- If you have any problems taking your ARVs before then, come to the clinic.
- We will check your viral load again in \_\_\_\_\_ months to see how the new ARVs are working.
- Do you have questions?

## TALKING POINTS:

- Even though you are taking the ARVs every day, your repeat viral load result is still high.
- It is likely that ARVs are not working well due to the virus being resistant.
- We recommend to change ARVs to \_\_\_\_\_.
  - » Provide detailed instructions on new regimen.
  - » Discuss possible side effects and how to avoid/manage.
  - » Provide written instructions.
- We expect that now that you are able to take ARVs every day, the new medications will reduce the viral load and keep you well.
- It is extremely important to take your new ARVs properly.
- Please let a provider know if you have any trouble so that you can get assistance.
- If you start other medications, such as TB medications, please let your provider know right away.
- Your next appointment is \_\_\_\_\_.



## Document

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



## Provider Instructions

At subsequent visits use relevant cards for adherence assessments and counseling, and explanation of viral load results. For example, at the first follow up visit after ARV switch, use the cards beginning with "How Are You Taking Your ARVs?" (Card 5) to assess adherence to new regimen and provide counseling.





ICAP was founded in 2003 at Columbia University's Mailman School of Public Health. Now a global leader in HIV and health systems strengthening, ICAP provides technical assistance and implementation support to governments and non-governmental organizations in more than 21 countries. ICAP has supported work at more than 5,200 health facilities around the world. More than 2.2 million people have received HIV care through ICAP-supported programs and over 1.3 million have begun antiretroviral therapy.

Online at [icap.columbia.edu](http://icap.columbia.edu)