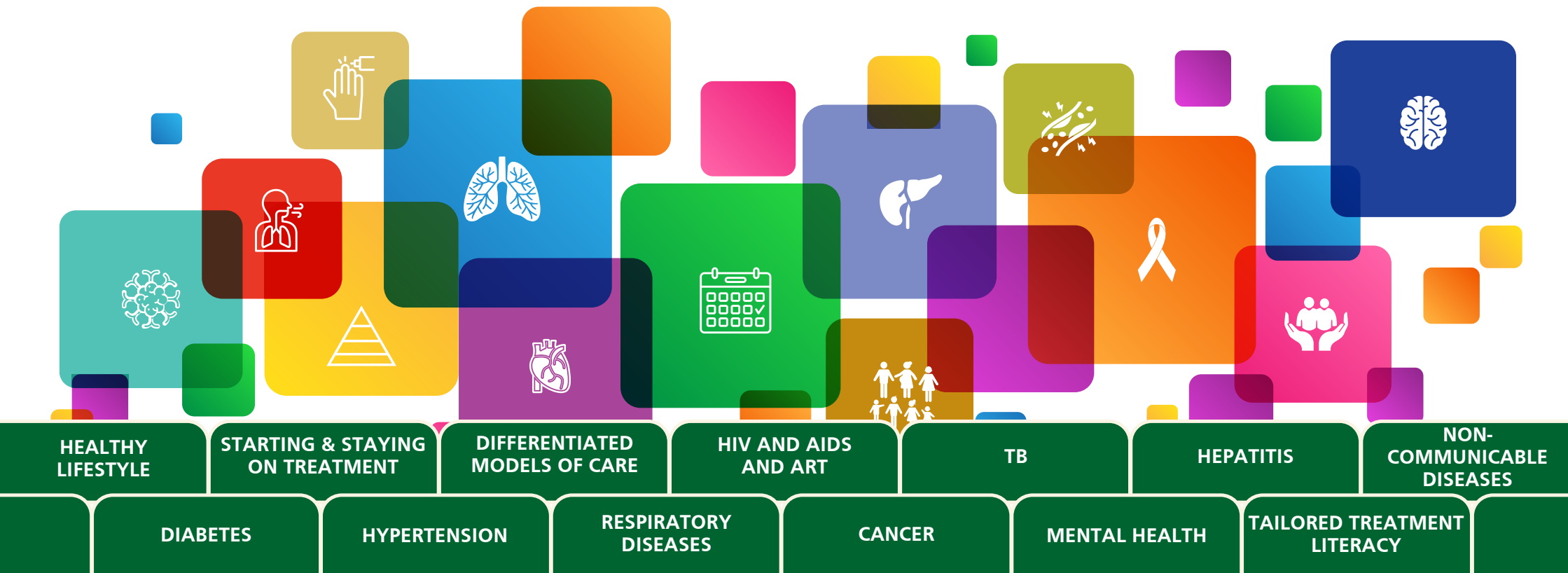


# INTEGRATED TREATMENT LITERACY FLIP CHART

Health Education on Illness, Prevention and Treatment



# Introduction to the Treatment Literacy Flip Chart

## Purpose:

The purpose of this Integrated Treatment Literacy Flip Chart is to guide and assist health care service providers during the counselling of patients to provide standardised education on various communicable and non-communicable illnesses.

## Who can use the Treatment Literacy Flip Chart?

The flip chart can be used during education and counseling by the following health care workers:

- Enrolled nursing assistants and enrolled nurses
- Health promoters
- Lay counsellors
- Home-based carers
- Community health workers
- Ward based outreach team leaders
- Support group facilitators

# Contents

04	Healthy Lifestyle
14	Starting and Staying on Treatment. Journey to Health. Roadmap for the 1st 12 Months
36	Differentiated Care
66	HIV and AIDS and ART
124	TB
148	Hepatitis
152	Non-communicable Diseases
158	Diabetes
176	Hypertension
190	Respiratory Disease
202	Cancer
214	Mental Health
236	Tailored Treatment Literacy

# HEALTHY LIFESTYLE



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

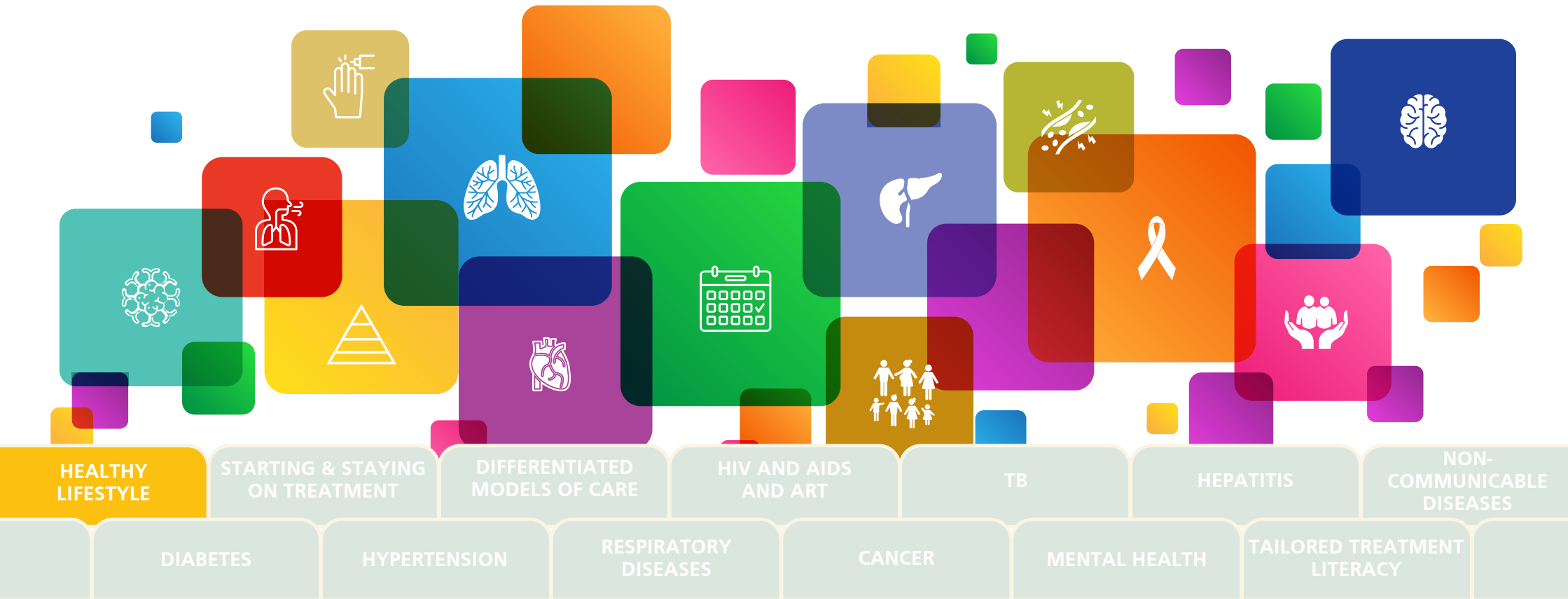
CANCER

MENTAL HEALTH

TAILORED TREATMENT LITERACY

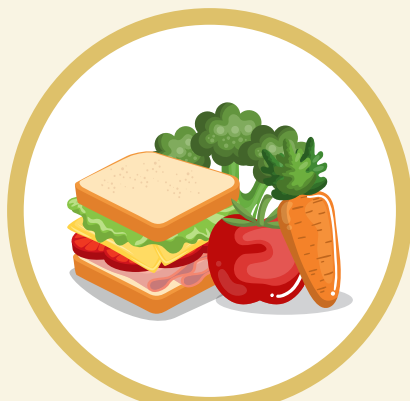
**Treatment Literacy Flip Chart**

# HEALTHY LIFESTYLE



## Treatment Literacy Flip Chart

# Healthy lifestyle



Healthy eating



Wash hands



Avoid alcohol & smoking



Exercise



Sleep



Manage stress



Drink water



Understand illness



Take your medicines



Consult before taking OTC

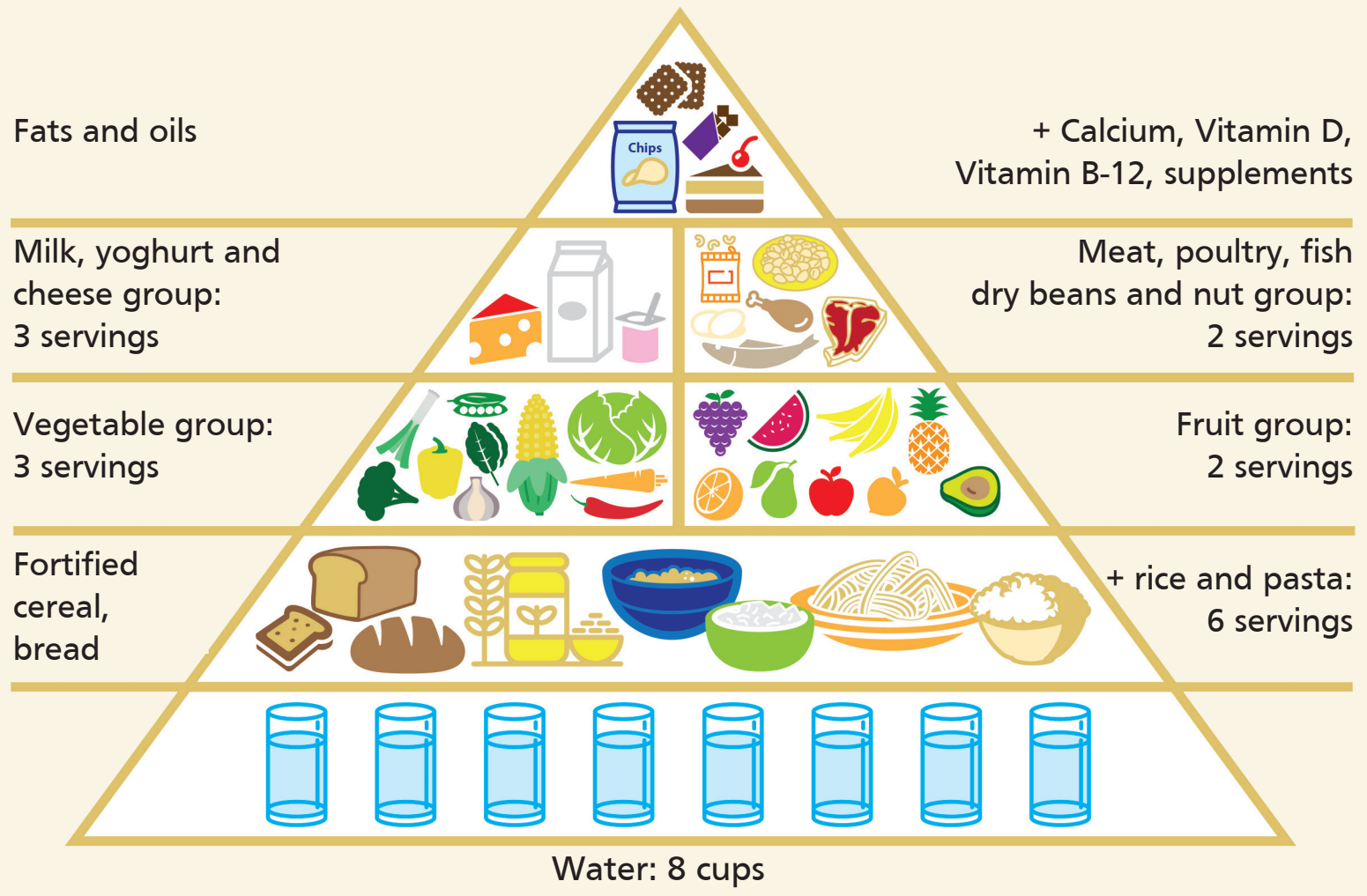
# Healthy lifestyle

- Try to lead a healthy lifestyle, especially if you have a chronic illness by:
  - adopting healthy eating habits, managing portion size
  - reducing salt, sugar and animal fat in your meals
  - drinking plenty of water
  - washing hands before eating
  - avoiding alcohol and substance abuse
  - not smoking
  - managing stress
  - exercising
  - getting enough sleep
- To stay healthy and manage your illness it is important to:
  - understand your illness and test results, including what helps or harms your health.
  - know when to take your medicine and how: with or without meals, or at a different time to other medicines.
  - take your medicine every day to keep you healthy.
- Ask a doctor or pharmacist before buying medicine to make sure it's safe for you and won't clash with your other meds.








Ask your doctor which diet and exercise plan fits your body best.  
– Everybody's body is different.

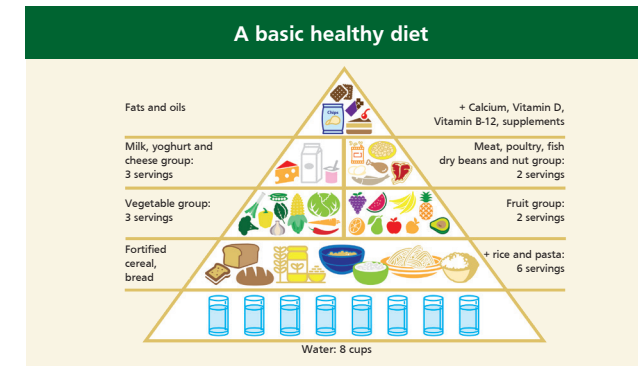
# A basic healthy diet



# A basic healthy diet

- Manage portion size.
- Eat a mix of foods to get all the nutrients your body needs.
- Check the Food Pyramid for a simple guide to a balanced diet.
  - Eat more from the bottom of the triangle and less from the top.

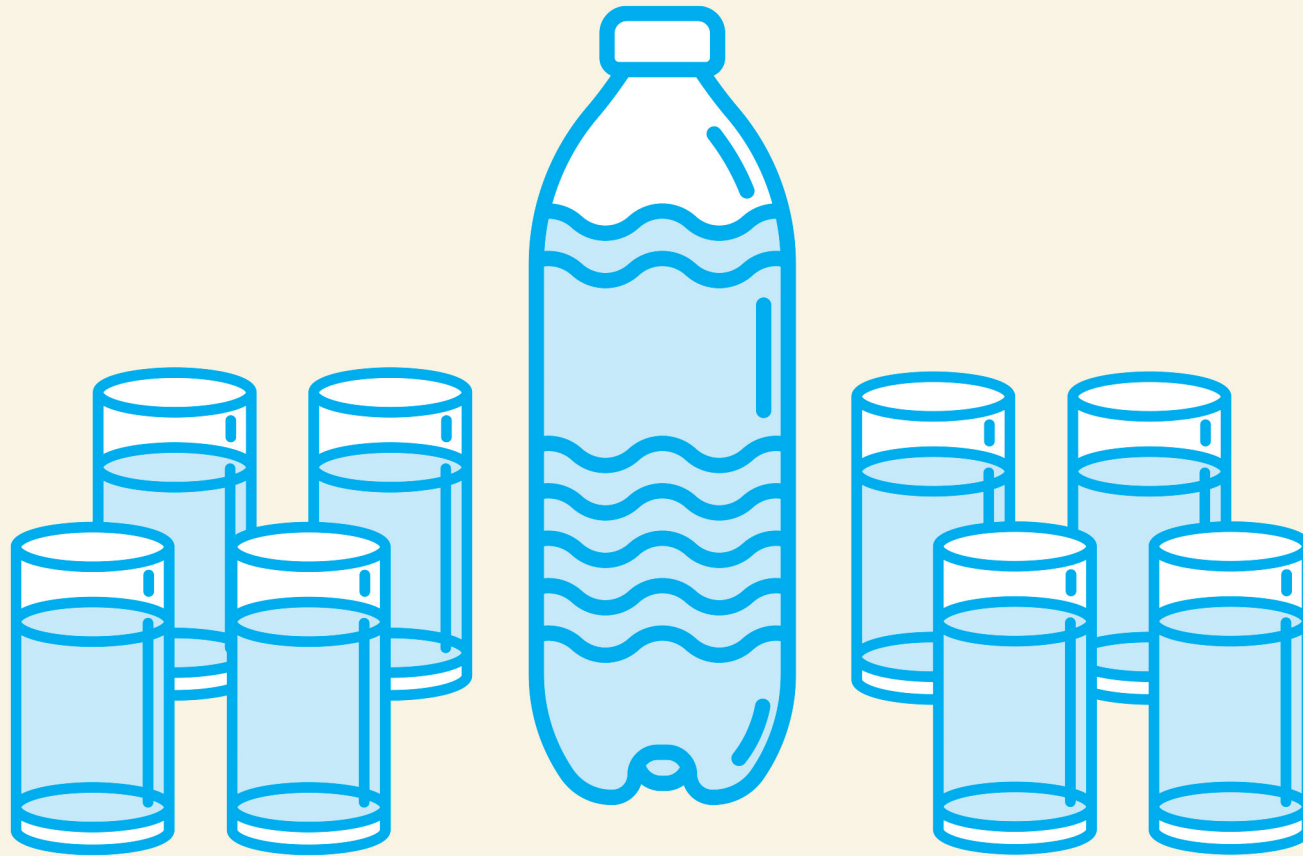
Carbohydrates (starch)	<i>"Energy"</i>		High fibre choices: wholewheat bread, brown rice, oats, wholewheat pasta, barley. Limit refined/white grains.
Proteins	<i>"Repair &amp; Build"</i>		Lean meat, chicken, fish, beans, lentils, eggs.
Dairy and Alternatives	<i>"Bone &amp; Teeth"</i>		Milk, amasi, yoghurt, cheese. Fortified dairy alternatives (e.g. soy).
Fats	<i>"Brain health"</i>		Healthy fats are in nuts, seeds, avocado, fish, peanut butter, soft margarine, canola, olive or sunflower oil.
Fruit and vegetables	<i>"Gut health &amp; immunity"</i>		Aim for colour and variety "Eat the rainbow". These provide fibre and a variety of vitamins.



An unhealthy diet often leads to serious illnesses like heart disease, diabetes, and cancer, and makes it harder to fight infections.

**Remember:** Eating healthy fuels your body, strengthens your bones and skin, boosts your mood, helps you focus and helps fight off sickness.

# Healthy living and clean water



Drink lots of clean water

# Healthy living and clean water

- Drinking clean water keeps you healthy and helps your body work right.
- Clean water is vital for:
  - prevent dehydration, which causes headaches, tiredness, and unclear thinking
  - control your body temperature
  - help nutrients get to your cells
  - flush waste and toxins out of your body
  - lower the risk of kidney stones and infections like cholera or hepatitis
- To make water safe to drink, boil it for at least 1 minute to kill germs. If the water is cloudy, first let it settle and strain through a clean cloth before boiling.



Clear / pale yellow urine = hydrated.

Yellow / gold urine = drink more water.

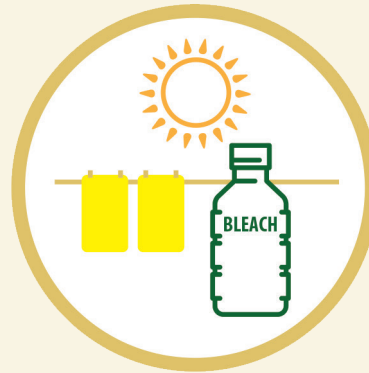
**Remember:** Drink plenty of water every day.  
Drink more when you have diarrhoea, are vomiting or sweating heavily.

# Safe food preparation

Clean kitchen



Germ-free sponges



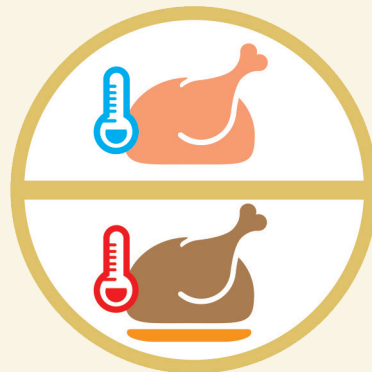
Clean dishes



Clean hands



Fully cooked



Clean spills



No expired food



# Safe food preparation

- Maintain a clean environment in the kitchen.
- Clean cloths, sponges and scourers with bleach or let them dry in sun.
- Wash dishes with hot, soapy water.
- Wash hands before touching food, cover all wounds.
- Keep uncooked food separate from cooked food.
- Clean up with soap immediately after spills.
- Avoid food that has passed its expiry date.
- Cook in a ventilated space.



- Clean:** Wash hands and surfaces often.
- Separate:** Keep raw meat away from other food.
- Cook:** Cook to proper temperatures.
- Chill:** Refrigerate promptly.

**Remember:** To avoid food poisoning, you must handle, cook, and store food properly, as bacteria are invisible and without smell.

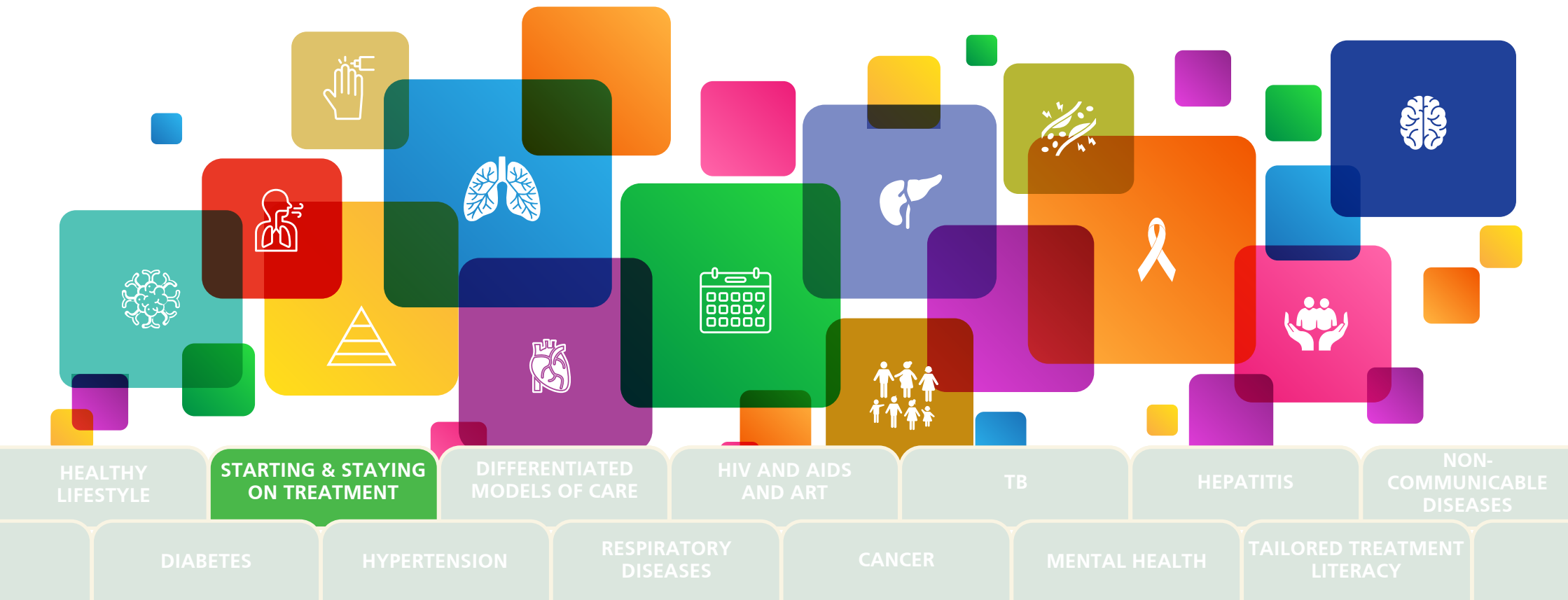
# STARTING AND STAYING ON TREATMENT



HEALTHY LIFESTYLE	<b>STARTING &amp; STAYING ON TREATMENT</b>	DIFFERENTIATED MODELS OF CARE	HIV AND AIDS AND ART	TB	HEPATITIS	NON-COMMUNICABLE DISEASES
DIABETES		HYPERTENSION	RESPIRATORY DISEASES	CANCER	MENTAL HEALTH	TAILORED TREATMENT LITERACY

## Treatment Literacy Flip Chart

# STARTING AND STAYING ON TREATMENT

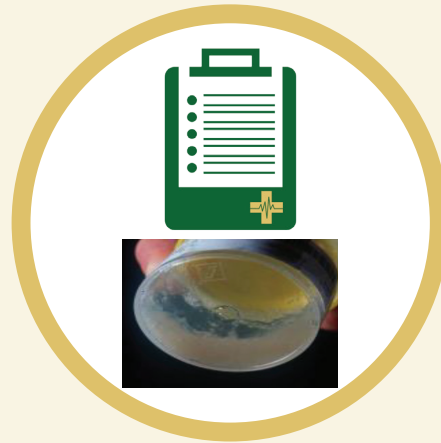


## Treatment Literacy Flip Chart

# Screening and testing



**HIV Testing**



**Tuberculosis  
screening and  
testing**



**Blood Pressure**

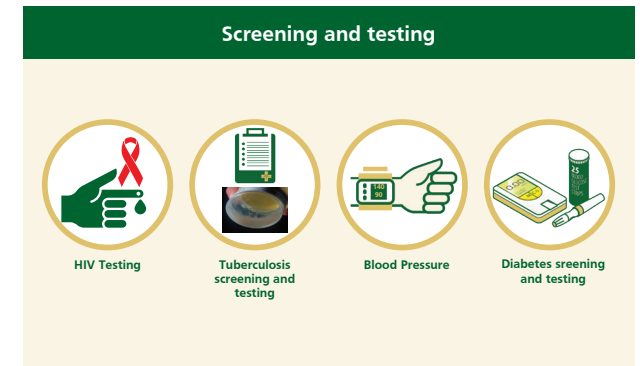


**Diabetes  
screening  
and testing**

# Screening and testing

## Get free health tests at clinics or community campaigns:

- **HIV tests every year for most people having sex.**
  - Pregnant and breastfeeding women: every 3 months.
  - Sex workers, men who sleep with men: every 6 months.
  - If on PrEP: at month 1 then every 3 months.
  - Immediately after condomless sex with a new partner/person.
  - Immediately after STI, TB or viral hepatitis is suspected or confirmed.
- **TB screen at every clinic visit.**
- **TB sputum test**
  - every year if living with HIV.
  - if in contact with someone with TB.
  - if you have any symptoms of TB.
  - If you were treated for TB in the last 2 years.
- **Blood pressure**
  - every year if 40+; every 2-5 years if younger.
- **Diabetes**
  - every year if 45+ or at risk; otherwise every 3 years.



HIV can take 6 weeks after infection to show up in your blood.

A negative test may mean you are in this "window period" so will need a repeat in 6 weeks.

# What does linkage to care mean?

Linkage to



Prevention and/or  
treatment



Counselling



Follow-up  
services

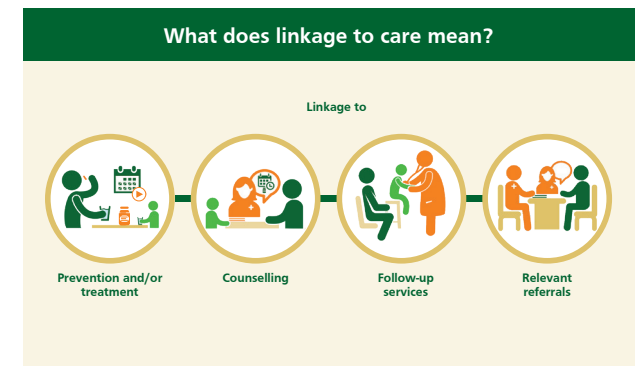


Relevant  
referrals

# What does linkage to care mean?

Linkage to care connects you with health services for prevention, treatment, counselling and referrals.

- Preventive care: getting health tips and medicine early to stop illnesses from starting.
- Start treatment right away.
- Counselling includes:
  - lifestyle changes to keep you healthy and stop diseases from starting.
  - information about your diagnosed condition and how it is treated.
  - support in choosing health-seeking behaviour.
  - support in making decisions about your health.



Not linking to care can result in chronic illness, serious health problems and a lower quality of life.

**Remember:** Getting the right treatment or prevention keeps you healthy.

# What is your role to ensure that you and your family are linked to care?



Health checks



Ask and understand



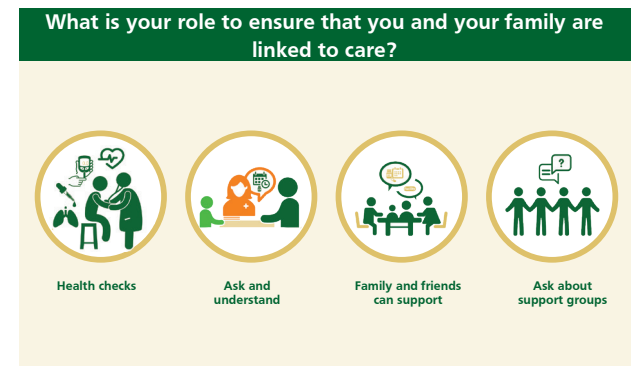
Family and friends can support



Ask about support groups

# What is your role to ensure that you and your family are linked to care?

- Get free health screens and tests at clinics or community campaigns:
  - HIV tests every year.
  - TB screen at every clinic visit.
  - Blood pressure: yearly if 40+; every 2 - 5 years if younger.
  - Diabetes: yearly if 45+ or at risk; otherwise every 3 years.
  - Hepatitis respiratory illness, mental health illness, cancers.
- Bring your child or partner for testing at the clinic if they might have been exposed to HIV, TB or other illnesses.
- After your diagnosis, discuss with your healthcare worker to choose the best place for your follow-up care.
- State your concerns and ask questions if you're unsure.
- Consider telling family and friends so they can support you.
- Ask your clinic about support groups for your condition.



Bring your ID, passport, or birth certificate to the clinic.

The clinic uses this number to track your care across different clinics and services; and to get any relevant blood results.

**Remember:** Start treatment immediately (same day if possible).

# Same day counselling before treatment start



**Support to understand your illness and stay on track with your treatment**

# Same day counselling before treatment start

- After your diagnosis, you will get fast support to understand your illness and stay on track with your treatment.
- This is your chance to learn about your illness and why taking your medicine is important.
  - Mention concerns and ask questions.
  - Be open about your struggles.
  - Agree on goals with your healthcare worker.
  - Start and complete an adherence plan.
  - Understand your care, from diagnosis to check-ups.
  - Agree on appointment dates.
- Eat well and stay active to help manage long-term illnesses like HIV or diabetes.
  - Manage stress
  - Get enough rest and sleep
  - Cut down smoking and drinking
  - Regular exercise
  - Healthy eating habits



Most long-term illnesses like HIV and diabetes require daily, lifelong treatment.

# What does adherence mean?

## Adherence



## Benefits



Take medicines  
on time

Eat as  
advised

Refill  
on time



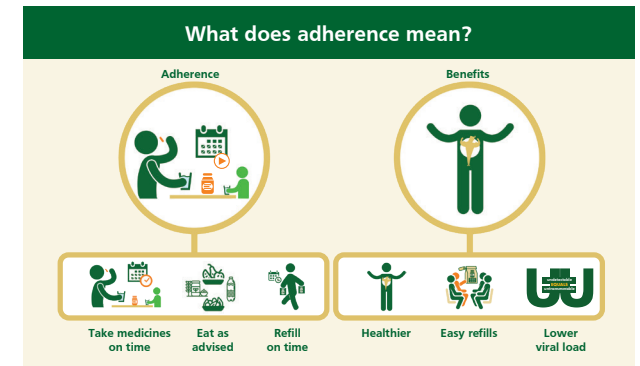
Healthier

Easy refills

Lower  
viral load

# What does adherence mean?

- **Adherence** means how well you stick to your doctor's advice about meds, food, and daily habits.
- **Adhering to treatment means you:**
  - take your medicine exactly as your doctor instructed.
  - take your doses at the same time every day.
  - follow instructions on diet.
  - collect your treatment in time so you don't run out.
- **Benefits of adherence:**
  - you'll be healthier by managing your illness and live longer.
  - you can avoid getting sicker.
  - you can feel better and stay active.
  - you can become stable and get longer medication supplies and easier, faster pickup options.
  - for HIV you can achieve viral load suppression (U=U) and prevent passing it to other people during sex.



**Remember:** You have the power to improve your health by sticking to your treatment plan.

# Making your adherence plan



Your reason to stay healthy



Your support system



Getting to appointment



Medicine timing



Missed doses



Dealing with side effects



Plan for trips



Backup plan if you use alcohol or drugs

# Making your adherence plan

- Plan ahead for lifelong treatment to make it easier to stay on track and healthy.
  - Make sure the treatment fits into your life and routine.
- Your personal adherence plan will include:
  - your motivations to stay healthy.
  - your support system.
  - how you will get to appointments.
  - confirm your readiness to start treatment.
- Your plan also includes your choices about:
  - when you will take your medicine.
  - how you will manage missed doses.
  - what you will use as reminders.
  - where you will store your medicine.
  - how you will deal with side-effects.
  - how you will plan for trips away.
  - your plan if you use alcohol or drugs.
- Your plan confirms your understanding of:
  - options for easier refills if you stay adherent.
  - the tests that see if your treatment is working.



Keep your plan practical and personal and realistic to your daily life.

# What is your role to ensure that you and your family adhere to treatment?



Understand advice



Follow advice



Get advice for child



Know how to take meds



Take meds on time



Report side effects



Get support



Go for appointments

# What is your role to ensure that you and your family adhere to treatment?

- Take your medicine as directed and follow all health advice.
- Ask your clinician how to make sure your child/family member takes their meds correctly.
  - We can help you explain things to your child and show them how to stay healthy and well.
- Know why and how to take your medicine.
- Make sure you understand the advice on how to stick to the treatment so you can make a plan for yourself or your child.
- Tell your clinician if this medicine makes you or your child feel very unwell.
- Identify who can support you.
- Go to the health facility for follow-up appointments.



# Why it is important to stay in care?



See your clinician regularly to stay healthy

# Why it is important to stay in care?

- Staying in care means keeping your appointments and staying in touch with your clinician to manage your health long-term.
- **Benefits of Staying in Care:**
  - Better health outcomes due to:
    - effective management of chronic illnesses.
    - adherence to treatment plans.
  - Care that is personalised to you.
  - Preventive care for health conditions you may get due to lifestyle or if it runs in the family.
  - Early diagnosis of new conditions.
  - Ongoing treatment of diagnosed conditions.



**Remember:** Remaining in care is the best gift you can give to yourself and your loved ones.

# What is your role to ensure you and your family stay in care?



Follow adherence plan



Stick to treatment



Collect treatment



Keep appointments



Get scheduled blood tests

# What is your role to ensure you and your family stay in care?

- Complete your adherence plan and review as necessary.
- Follow the adherence plan and take charge of your own health.
- Stick to treatment and collect medication as scheduled.
- Come for medical follow-up visits and blood tests as agreed with health care worker.
- Always bring your child for follow-up scheduled appointment.



If you move to a different area tell your clinic and request a transfer letter.

**Remember:** Manage your family's health and honour appointments.

# Keep your info updated to stay connected



State preferred way to communicate



Update contact details



Book appointment that works



Book same time as child



Name of child's school



Book same time as child

## Keep your info updated to stay connected

- Agree on the best way to be contacted if necessary; such as through home visits, by phone or SMS.
- Please update your contact info and your treatment supporter's info at every visit if anything has changed.
- Book your next appointment and make sure the date and time works for you.
- Try to book your treatment visits on the same day as your children to make it easier.
- Please share the name of your child's school so we can contact them if your child misses an appointment.
- If you or your child miss a visit, we'll contact you using your preferred method.



We will contact you by your preferred method if we need to reach you before your next appointment.

**Remember:** Keep your contact info updated to stay reachable.

# DIFFERENTIATED CARE



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

**DIFFERENTIATED MODELS OF CARE**

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

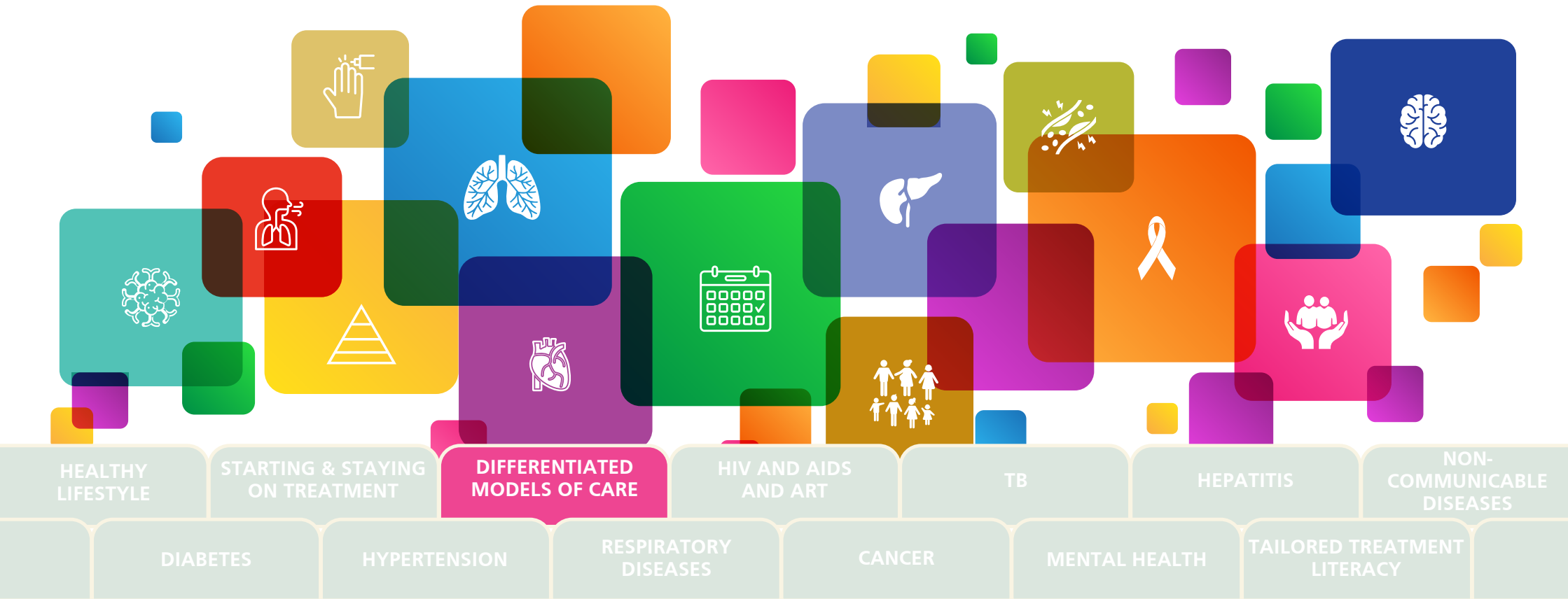
CANCER

MENTAL HEALTH

TAILORED TREATMENT LITERACY

**Treatment Literacy Flip Chart**

# DIFFERENTIATED CARE



## Treatment Literacy Flip Chart

# Integrated care of people living with chronic conditions



# Integrated care of people living with chronic conditions

- We'll tailor your care and medicine supply to fit your health needs, age, and how well you're doing with your treatment.

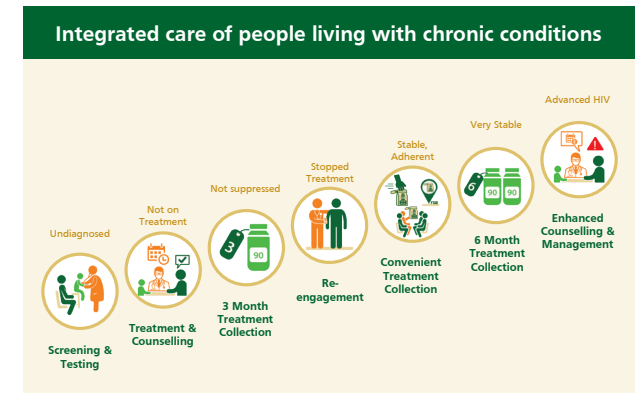
- Tailored packages of care include:

Integrated care for patients with chronic conditions

Standardised education sessions and counselling

Giving eligible patients a longer treatment supply

Patient tracing and re-engagement



**Remember:** "Personalised care helps you stay on treatment, provides support and guidance, and reduces facility visits."

# What options are available to make adherence easier?

## Multi-month Dispensing



3 month supply



6 month supply

## Convenient Treatment Collection



Facility Pick-up Point



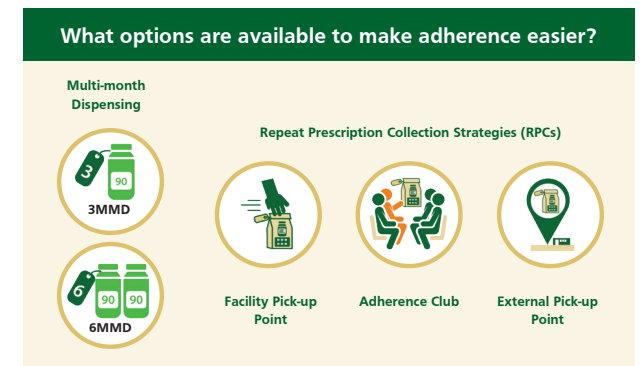
Adherence Club



External Pick-up Point

# What options are available to make adherence easier?

- **Multi-Month Dispensing:**
  - You can get more than 1 month (up to 6 months) of medication at a time.
- **Facility Pick-Up Point:**
  - Fast one-stop medicine pick-up.
  - This may be at the facility pharmacy or special room, or a mobile outreach point.
- **Adherence Club:**
  - Local support groups for stable patients to meet, get counselling, and collect 3 months of medication at once.
- **External Pick-Up Point:**
  - Patients pick up their treatment at a nearby approved location or via an automated machine.



For options 2 and 4, patients just pick up their medication and skip all check-in or clinical procedures during treatment collection only visits.

**Remember:** Once your chronic illness is well-controlled you can get more than one month of medicine at a time.

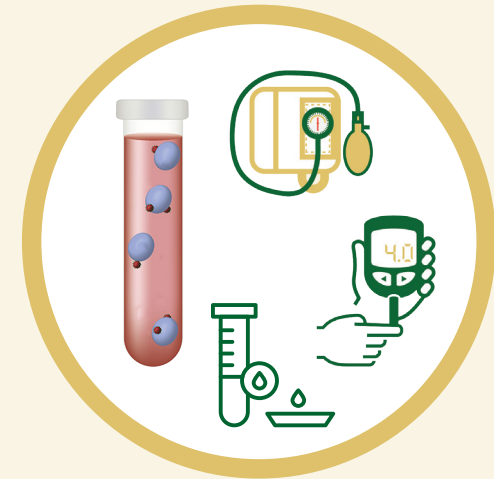
# When will you qualify for Multi-Month Dispensing?



**Over 6 months old,  
Not Pregnant,  
Mother of child more  
than 1 year old**



**Time since start  
of treatment**



**Chronic illness is  
well-controlled**

# When will you qualify for Multi-Month Dispensing?

## Multi-Month Dispensing (3MMD) 3 months of treatment:



- Above 6 months old.
- On treatment at least 3 months.
- Stable condition, no follow-up needed for 3 months.
  - after you've returned to treatment.
  - children on ART 6 months – 5 years old.
  - new moms until baby's next vaccination date.

## Multi-Month Dispensing (2MMD) 2 months of treatment:



- Above 6 months old.
- On ART at least 1 month.
- 2 months after starting TB treatment or in the second phase of TB treatment.
- Stable condition, no follow-up needed for 2 months.
  - clients 1 month after treatment start.
  - new mothers at childbirth.
  - your next clinical visit is in 2 months.
  - you're on second phase of of TB treatment.

When will you qualify for Multi-Month Dispensing?

Over 6 months old, Not Pregnant, Mother of child more than 1 year old

Time since start of treatment

Chronic illness is well-controlled

Your next appointment and prescription refill will be scheduled based on treatment supply given.

# When do you qualify for convenient treatment collection?

## Options



**Facility  
Pickup Point**



**External  
Pickup Point**



**Adherence Club**

# When do you qualify for convenient treatment collection?

## Convenient Treatment Collection: 3 months of treatment

- Most recent assessment results normal.
  - Viral Load < 50 copies/mL.
  - HbA1c taken in past 12 months  $\leq$  8% for diabetes.
  - 2 consecutive BP < 140/90 mmHg for hypertension.
- Clinically stable, no TB or other opportunistic infection.
- Clinical follow-up not needed for 6 months.
  
- For children and adolescents all above criteria plus
  - no regimen or dosage changes in the last 3 months.
  - age-appropriate disclosure was achieved or parent/caregiver counselled on process.



Above 18 years old, not pregnant



5–18 years old, not pregnant

# How does convenient treatment collection work for stable patients?



Regular health check



Offer if you qualify



6-month script



Collect 3 months medication from clinic



Collect 3 months medication from Adherence Club, or Pickup Point

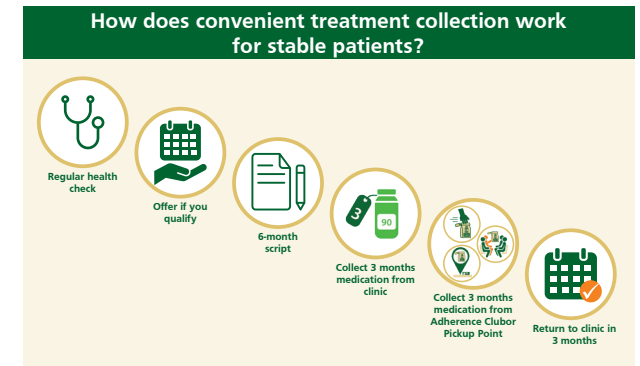


Return to clinic in 3 months

# How does convenient treatment collection work for stable patients?

## What happens during your visit?

- STEP 1 You see a nurse or doctor for your health check.
- STEP 2 If you qualify, your clinician will offer you convenient treatment collection options.
- STEP 3 If you want it, your clinician will write a 6-month prescription.
- STEP 4 Pick up a 3-month supply of your medicine from the clinic right after your appointment (from your clinician or the clinic pharmacy).
- STEP 5 After 3 months, pick up your next 3-month supply at your chosen club or pickup point.
- STEP 6 Come back in 3 months for a check-up and a new 6-month prescription.



# 6MMD – 6 months of treatment in 1 visit



# 6MMD – 6 months of treatment in 1 visit

## You may qualify if:

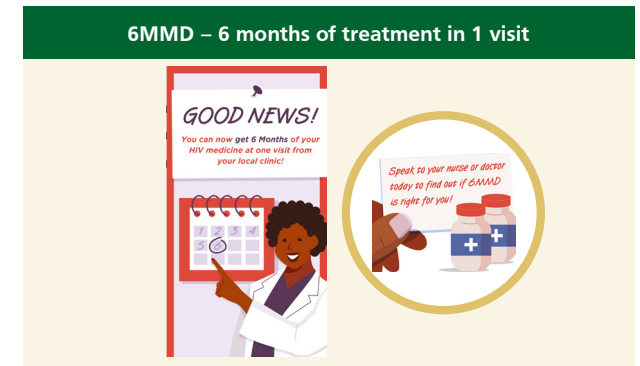
- you are over 5 years old.
- you are not pregnant and do not have a baby under 1 year old.
- you are clinically stable, you don't have TB or other illness that needs checkups more than every 6 months.
- your last two viral loads were both less than 50 copies/mL.
- you have been on treatment for at least 12 months.
- your ART regimen is TLD.
- you choose to collect a 6-month supply from the clinic.

## Why 6MMD is helpful to you?



- Fewer clinic visits – only 2 visits per year.
- No repeat collections required.
- Saves transport costs and time off work or school.
- Helpful if you are travelling for work or family reasons.

**Remember:** Your nurse or doctor will check your file to confirm if you are eligible.



6MMD is only for people on TLD (HIV treatment), not yet for other chronic conditions.

6MMD is optional. If you qualify for 6MMD BUT prefer a shorter supply, you can continue to collect at your preferred pick-up point.

# Collecting 6 months of treatment – how does it work?



Regular health check



Offer if you qualify



6-month script



Collect 6 months' medication



Return in 6 months

# Collecting 6 months of treatment – how does it work?

## What happens during your visit?

- |        |  |
|--------|--|
| STEP 1 | You see a nurse or doctor for your health check.   |
| STEP 2 | If you qualify, your clinician might offer you 6MMD.   |
| STEP 3 | If you choose 6MMD, your clinician will give you a 6-month prescription.   |
| STEP 4 | You'll get all 6 months of medicine at once, either directly from your clinician or from the clinic pharmacy right after your visit. |
| STEP 5 | You will be given a return date in 6 months' time to return for your next check-up.  |



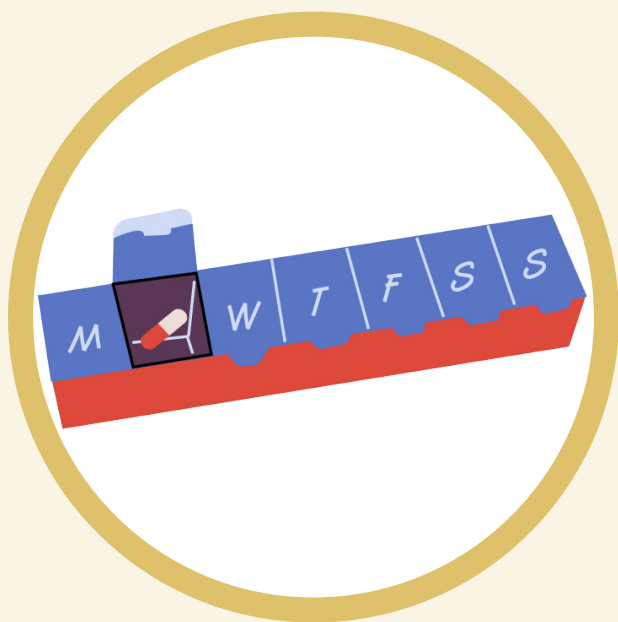
If you are stable on TLD and other chronic medication, you will only need to visit the clinic every 6 months for a check-up.

You will receive your first 3 months of medication immediately, and pick up the remaining 3 months later from a club or collection point.

# How to take care of your medicines



**Away from sunlight  
and children**

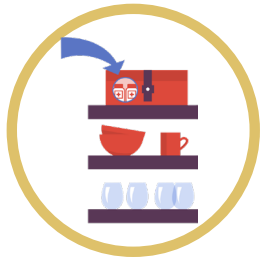


**Transfer tablets for  
a week at most**

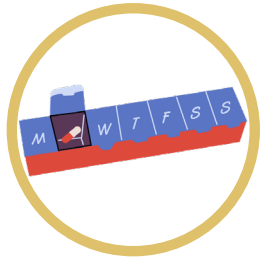


**Keep bottles  
closed**

# How to take care of your medicines



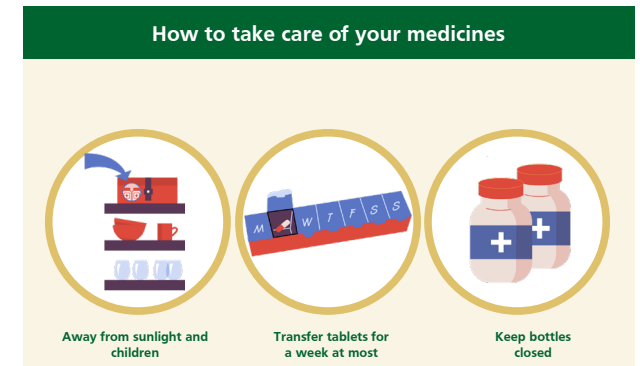
- Store your medicine in a cool, dry, safe place, away from sunlight and children.
- Do not share your medicine with anyone.



- Do not transfer all the pills out of the original containers into other containers.
- You can transfer a few pills into a weekly pill box or other small container for the day or week.



- Do not remove the small packet inside the original pill container. This is called the desiccant and absorbs unwanted moisture so it keeps the pills dry.
- Close the lid tightly after taking medication.



# What to expect when given multi-month treatment supply



Check the next appointment date with Clinician



Your next treatment supply may be shorter or longer



See Clinician if you become sick or pregnant

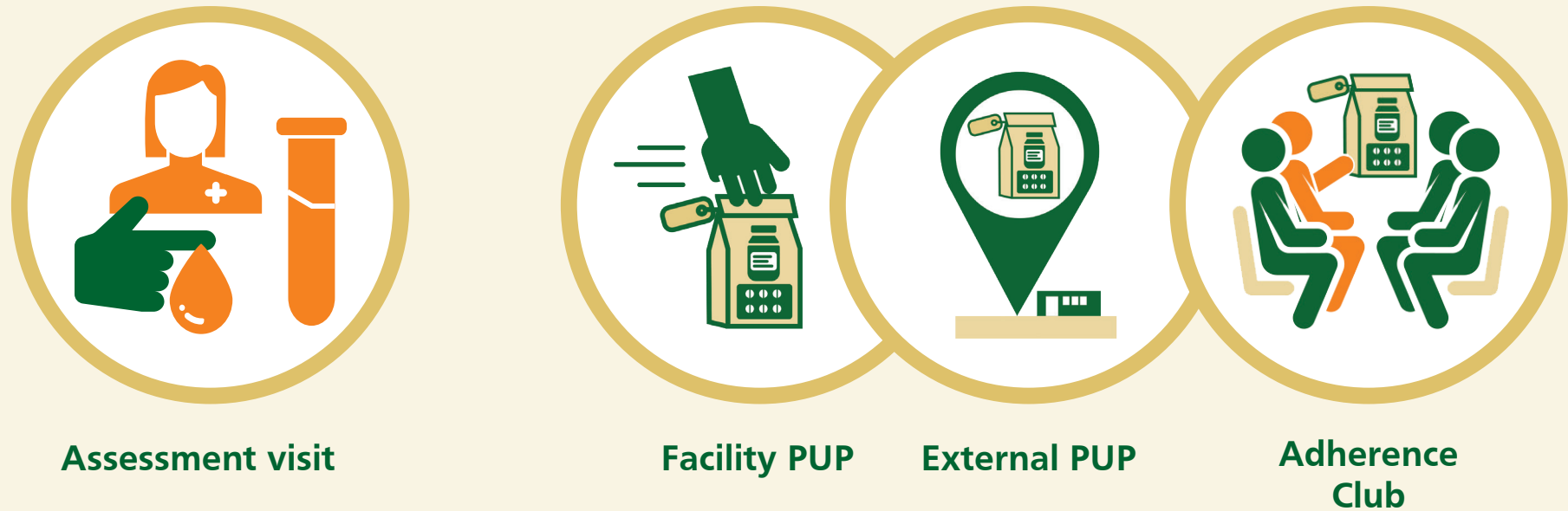
# What to expect when given multi-month treatment supply

- Come back to the facility for the next appointment date.
  - Multi-month supply does not include a one-stop visit just for treatment unless part of convenient treatment collection.
- The months of treatment given might change based on your check-ups or supply levels.
- If you have any health problems or become pregnant, come in immediately to see the clinician.  
Do not wait for the next appointment date.



**Remember:** You get checked by the clinician and get your medicine in the same visit.

# What to expect when collecting medicines from a pick-up point or club



# What to expect when collecting medicines from a pick-up point or club

## At the clinical assessment visit, you will:

- have your health checked by the clinician.
- be given a choice of collection options.
- receive a 6-month repeat prescription.
- receive 3 months of treatment (2 months if stock is low).
- set your next check-up for 6 months from now.

## Facility Pick-up Point

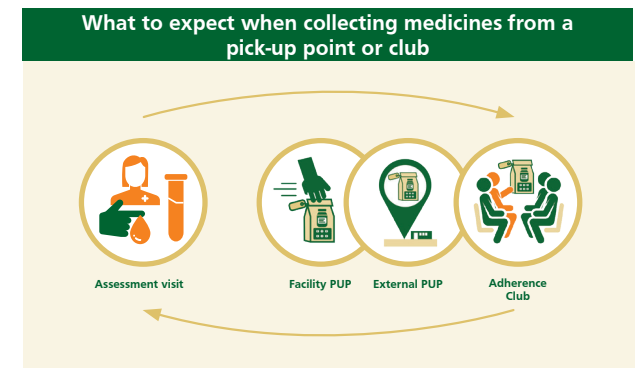
- Go straight to the pharmacy or the pickup area to get your remaining medicine.

## External Pick-up Point

- You can pick up your medicine from your chosen location.
  - Examples: local pharmacy, designated community venue, a post-box or secure drop-box.

## Adherence Club

- 45–90 minute group support sessions for 10–30 people to discuss health and treatment.
- These meet at the clinic, a home, or a local spot.
- Multiple months treatment supply is distributed at each group meeting (the remainder of your 6-month script).

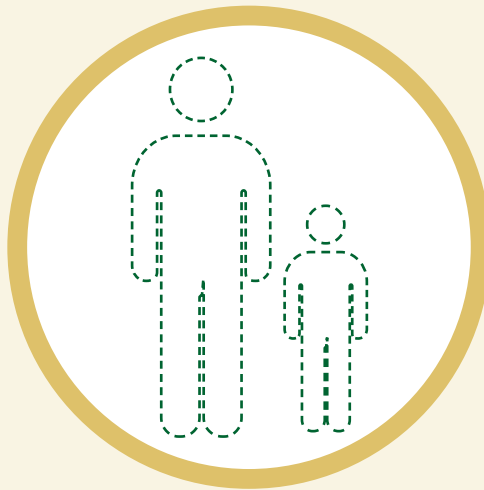


If you feel sick, go to the clinic now; don't wait for your appointment.

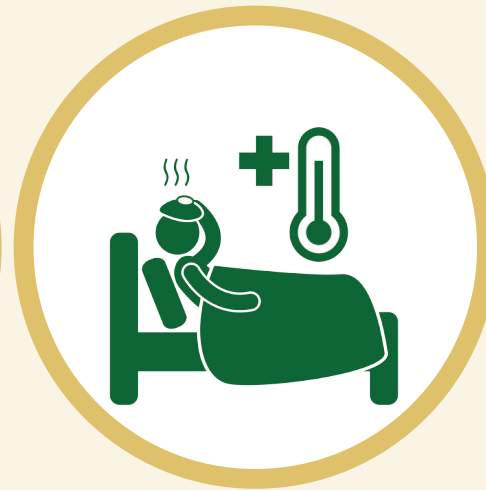
A nominated buddy can pick up medicine for you on the set date, but not two times in a row, or during clinic visits.

Collect your treatment within 28 days of your appointment (ideally on the day).

# When more frequent clinical care may be needed



**Missed appointment/  
collection for more  
than 28 days**



**Illness or TB  
co-infection**



**Pregnancy**



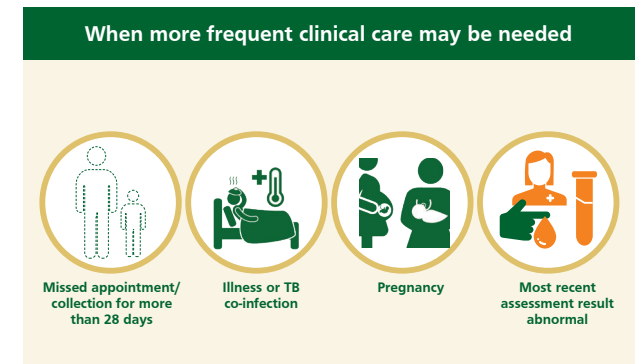
**Most recent assessment  
result abnormal**

# When more frequent clinical care may be needed

You may need extra care, medical check-ups, and closer monitoring if:

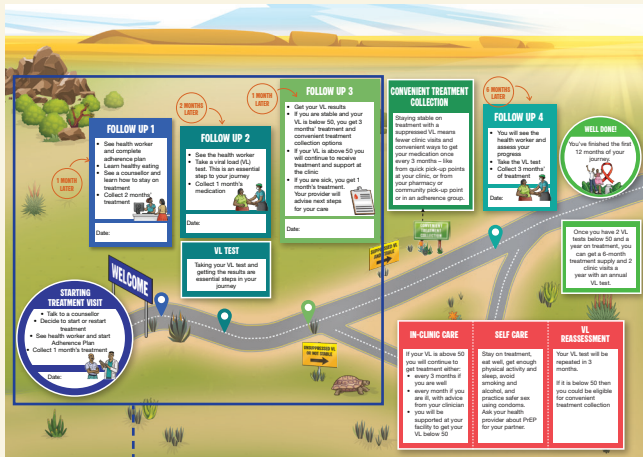
- you get sick or get ill with TB or other serious infections like meningitis.  
(A clinician will need to assess you)
- you become pregnant.  
(Visit facility for combined care for you and your baby, do not wait for your next scheduled date)
- your test results are not normal.  
(Your viral load is 1000 or higher)
- miss a scheduled appointment or collection by more than 28 days.
  - If you're less than 28 days late, you can still get your medicines at your usual spot.
  - If it's been longer, you'll need a quick check-up and blood tests first.

**Remember:** This helps keep you stable. Once you have a normal result and meet other criteria, you can go back to convenient medicine collection.



If your HIV viral load is low but still detectable (50–999), you can keep collecting your medication as normal, but you must meet with a clinician to discuss it and receive extra counselling to help bring the virus down.

# Your journey to health – the first 4 months



**STARTING TREATMENT VISIT**

- Start/restart treatment
- Start adherence plan

1 MONTH LATER

**FOLLOW UP 1**

- Learn about adherence
- 2 months' treatment

2 MONTHS LATER

**FOLLOW UP 2**

- Viral Load (VL) test
- 1 month's treatment

1 MONTH LATER

**FOLLOW UP 3**

Get your VL results

- If below 50 – convenient collection
- If above 50 but you are well – In-clinic care

# Your journey to health – the first 4 months

## The first 4 months

### Starting treatment visit

- Talk to a counsellor.
- Decide to start or restart treatment.
- See health worker and start Adherence Plan.
- Collect 1 month's treatment.

1  
month  
later

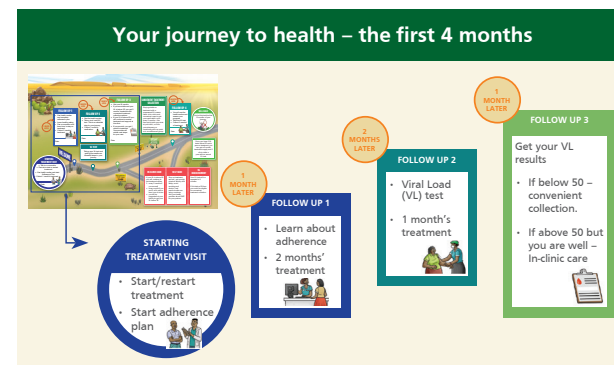
### At your 1st follow-up visit

- See health worker and complete adherence plan.
- Learn healthy eating.
- See a counsellor and learn how to stay on treatment.
- Collect 2 months' treatment.

2  
months  
later

### At your 2nd follow-up visit

- See the health worker.
- Take a viral load (VL) test.
- Collect 1 month's medication.

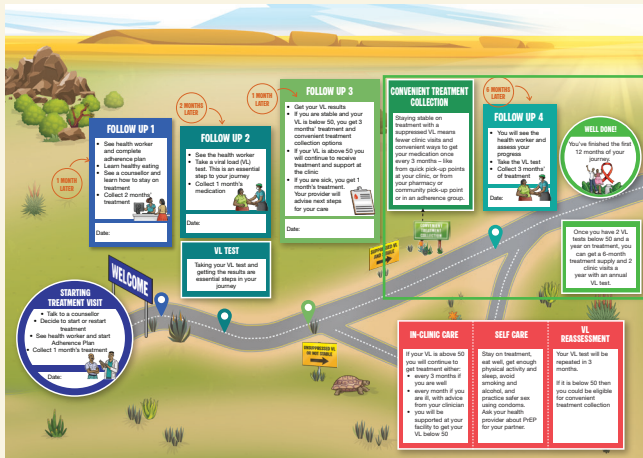


1  
month  
later

### At your 3rd follow-up visit

- Get your VL results.
- If your VL is below 50, you get 3 months' treatment from facility and can choose a convenient treatment collection option.
- If your VL is above 50 you will continue to receive treatment and support at the clinic.
- If you are sick, you get 1 month's treatment. Your provider will advise next steps for your care.

# Your journey to health – if your VL is undetectable



6 MONTHS LATER

## FOLLOW UP 4

- Viral Load (VL) test
- 3 month's treatment

2 MONTHS LATER

## WELL DONE!



12 months on ART



2 VLs below 50



6 month treatment supply from next script

## CONVENIENT TREATMENT COLLECTION

- Fewer clinic visits
- Convenient ways to get your medication.

# Your journey to health – if your VL is undetectable

## If your VL is suppressed and you are stable

### You qualify for convenient treatment collection

Staying stable on treatment with an undetectable VL means fewer clinic visits and convenient ways to get your medication once every 3 months – like from quick pick-up points at your clinic, or from your pharmacy or community pick-up point or in an adherence group.

6  
months  
later

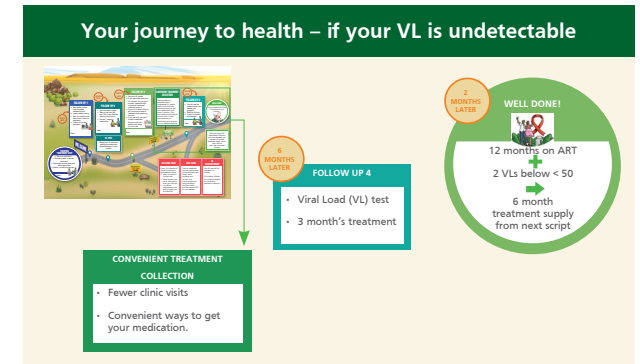
### At your 4th follow-up visit

- You will see the health worker and assess your progress.
- Take the VL test.  
(remind them if they do not take your blood)
- Collect 3 months' of treatment.

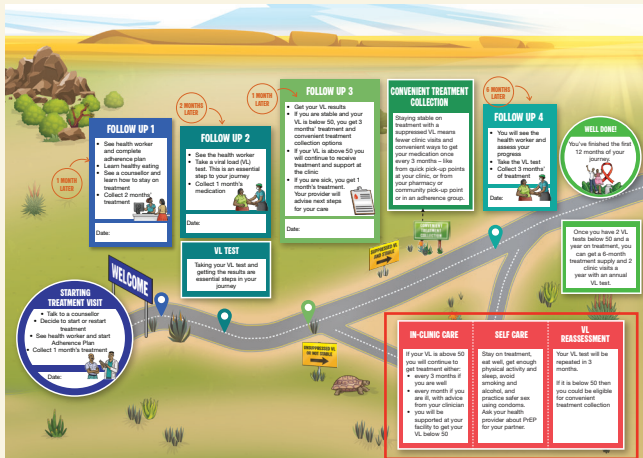
2  
months  
later

### When you are 12 months on ART

- You've done a great job.
- You've finished the first 12 months of your journey.
- Once you have 2 VL tests below 50 and a year on treatment, you can get a 6-month treatment supply and 2 clinic visits a year with an annual VL test.



# Your journey to health – if your VL is detectable



**IN-CLINIC CARE**

VL above 50

↓

care in facility

**SELF CARE**

- Stay on treatment
- Be healthy
- Use condoms
- Minimise smoking and alcohol
- Bring contacts for testing
- PrEP for partner

**VL REASSESSMENT**

- VL repeat in 3 months
- When VL below 50

↓

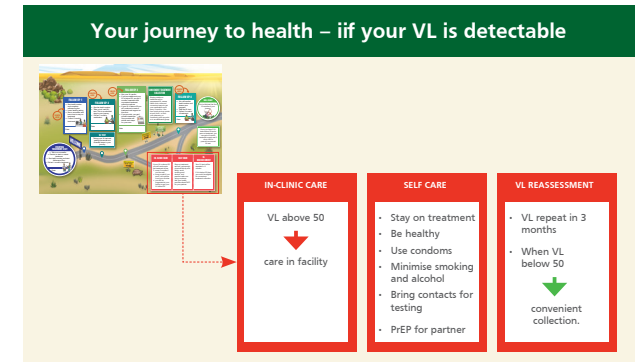
convenient treatment collection

# Your journey to health – if your VL is detectable

## If your VL is detectable and you are not stable

### You will continue to receive care at your facility

- If your viral load is 50 or above you will continue to get treatment either:
  - every 3 months if you are well.
  - every month if you are ill, with advice from your health provider on next steps for your care.
- You will be supported at your facility with counselling to get your viral load below 50.



## Self care

- Stay on treatment, eat well, get enough physical activity and sleep, minimise smoking and alcohol, and practice safe sex with condoms.
- Ask your health provider about PrEP for your partner.

3  
months  
later

## VL Reassessment

- Your VL test will be repeated in 3 months.
- If it is below 50 then you could be eligible for convenient treatment collection.

# HIV AND AIDS AND ART



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

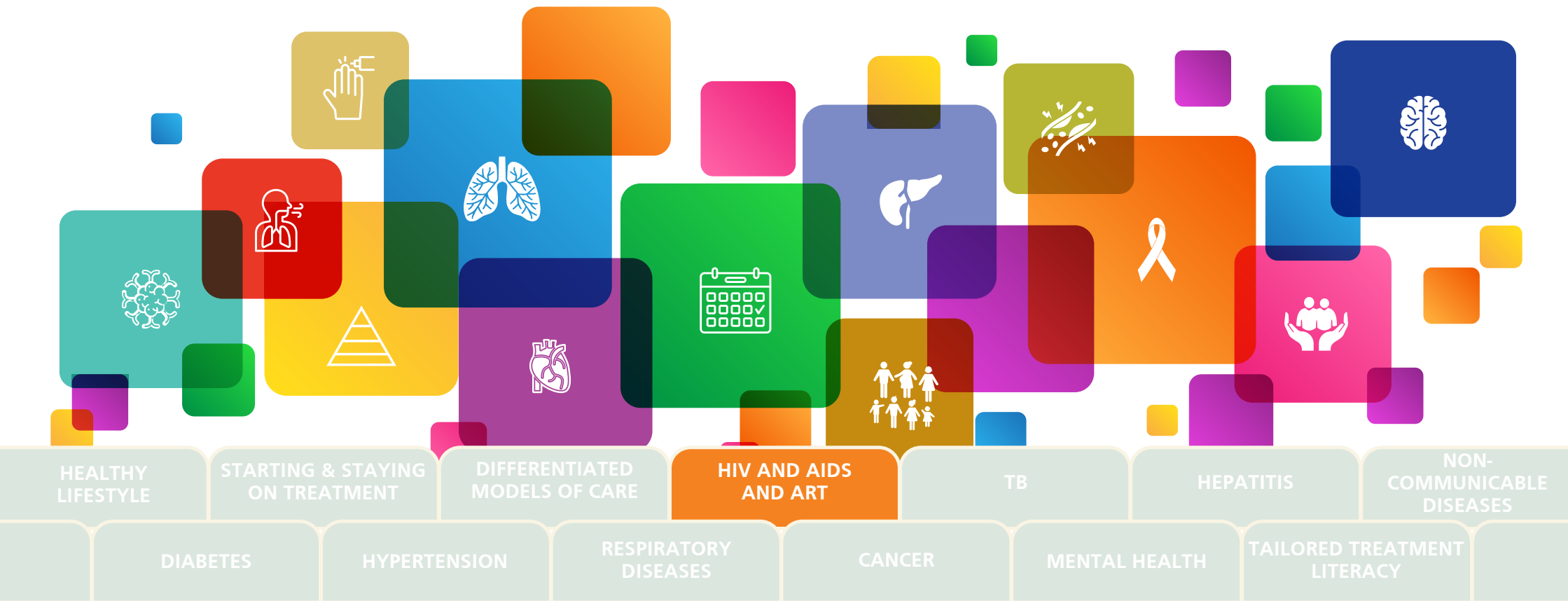
CANCER

MENTAL HEALTH

TAILORED TREATMENT LITERACY

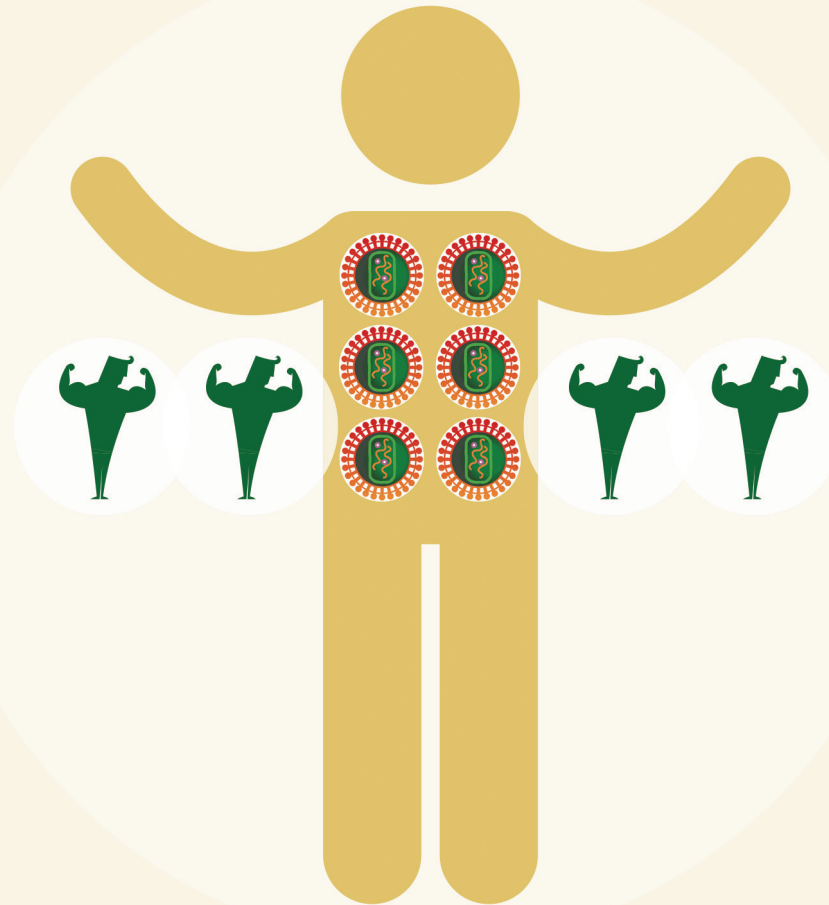
## Treatment Literacy Flip Chart

# HIV AND AIDS AND ART



## Treatment Literacy Flip Chart

# Understanding HIV and AIDS



# Understanding HIV and AIDS

## What is HIV?

- HIV (Human Immunodeficiency Virus) is a virus that enters your body and weakens the immune system.
- This virus uses the human body's own CD4 cells to make copies of itself.
- It attacks our CD4 cells (our body's defence system, soldiers).

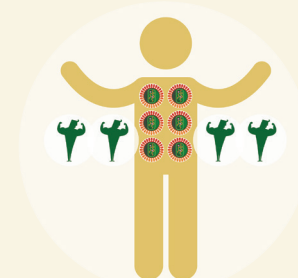
## What is AIDS?

- AIDS (Acquired Immunodeficiency Syndrome) is the most serious stage of HIV.
- CD4 (defence cells) drop below 200 cells/mm<sup>3</sup>.
- Opportunistic infections take advantage of the weakened immune system and one or more is present.  
(active TB is the most common opportunistic infections in SA).

## Advanced HIV Disease (AHD)

- Stage 3 or 4 illness (AIDS) in adults or adolescents.
- HIV in all children under 5 is considered advanced; unless they have had ART for more than a year and are stable.

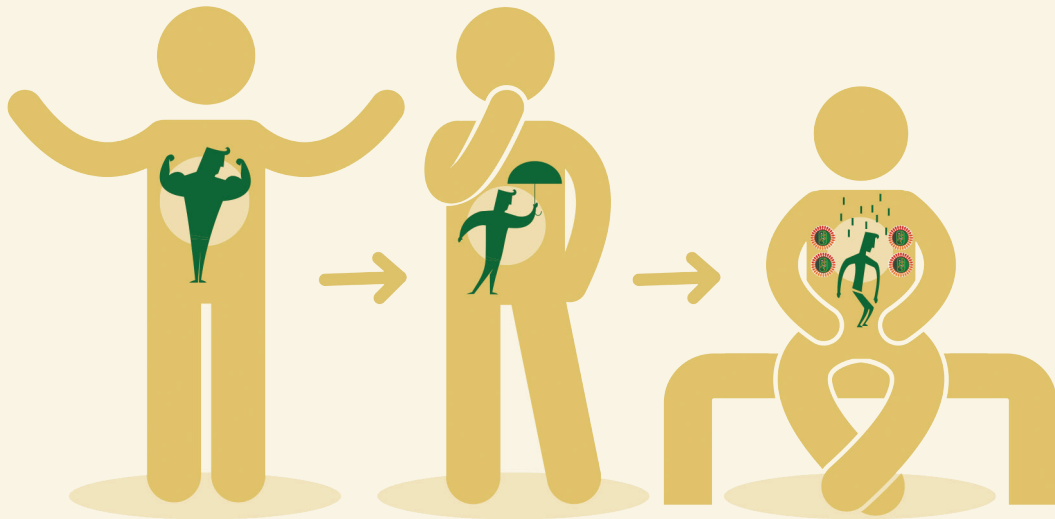
### Understanding HIV and AIDS



Progression of HIV to advanced stages (AIDS) can be prevented with ART.

People with AHD have a higher risk of dying even after starting ART.

# What are CD4 cells?



“Soldiers” of the body that fight against diseases

HIV-negative person

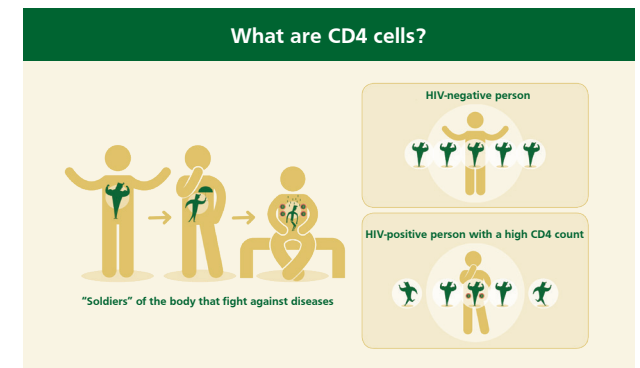


HIV-positive person with a high CD4 count



# What are CD4 cells?

- CD4 cells are cells that live inside our blood and protect the body against diseases.
- They are like 'soldiers' of the body and they fight against diseases.
- Together with other cells, CD4 cells form the body's 'army', which is called the immune system.
- After you test positive for HIV, your health care provider will test the level of your CD4.
- It measures how strong the immune system is and how many soldiers you are left with to fight infections.



When the HIV kills your CD4 cells (your body's soldiers) infections can enter into the body and make you sick.

# What symptoms are there in early HIV vs AIDS?



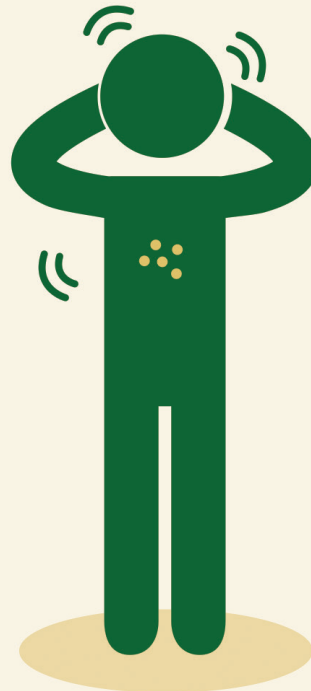
**Stage 1**

Mostly no symptoms



**Stage 2**

Mild symptoms



**Stage 3**

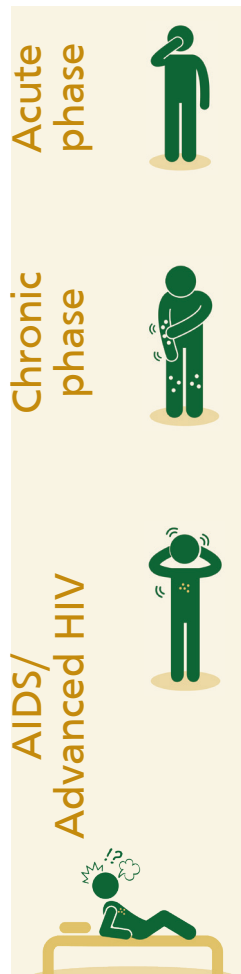
Advanced symptoms



**Stage 4**

Severe symptoms

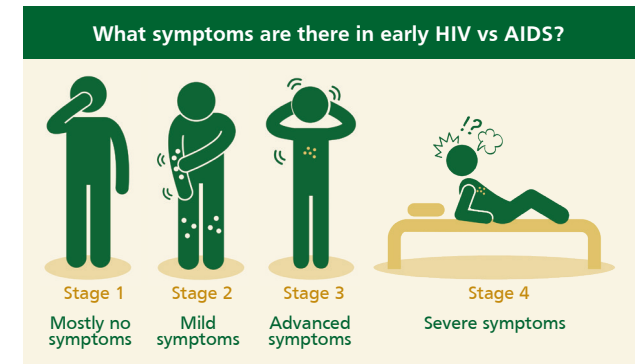
# What symptoms are there in early HIV vs AIDS



- Often no symptoms.
- Short-lived flu-like symptoms: fever, chills, aches, sore throat, fatigue, swollen lymph nodes (during the acute phase shortly after infection).
- Unexplained moderate weight loss < 10%.
- Recurring upper respiratory infections.
- Fatigue.
- Skin rashes, shingles, mouth ulcers, fungal nail infections.
- Unexplained moderate weight loss > 10%.
- Chronic diarrhoea and/or Fever > 37.6°C > 1 month.
- Oral thrush, other mouth rashes or ulcers.
- Lung TB, severe bacterial infections.
- Low blood cell counts.
- HIV wasting syndrome: weight loss, fever and diarrhoea.
- Pneumonia, TB outside the lungs, brain infections.
- Chronic herpes infections, thrush in mouth and lungs.
- Skin and other cancers, heart and kidney damage.

## Danger signs:

Go to hospital immediately if you have any of the following: new seizures, weakness, confusion, headaches, new problems with vision, strange behaviour, unable to walk, coughing up blood, trouble breathing, swollen lymph nodes, high fevers, severe diarrhoea or vomiting, other severe symptoms.



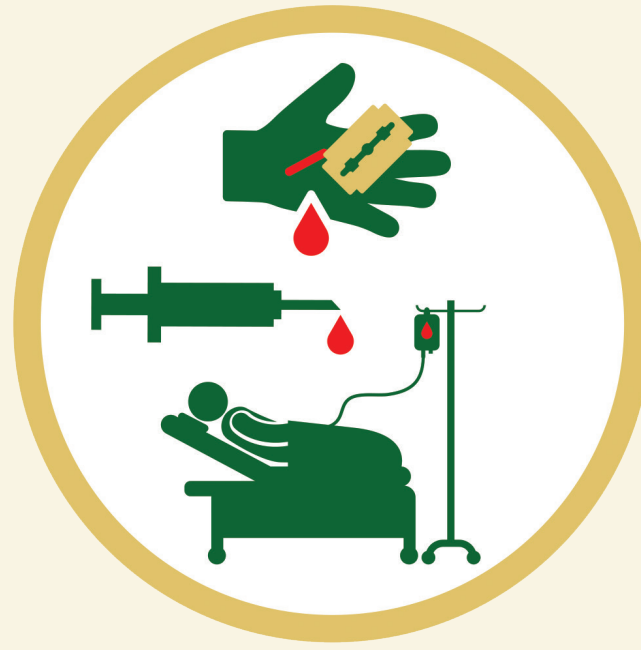
An HIV test is the only way to know for sure if you have HIV.

When HIV becomes AIDS, you go from feeling fine to feeling a little sick, and then to being very sick.

# How is HIV spread?



Unprotected sex with someone with detectable HIV



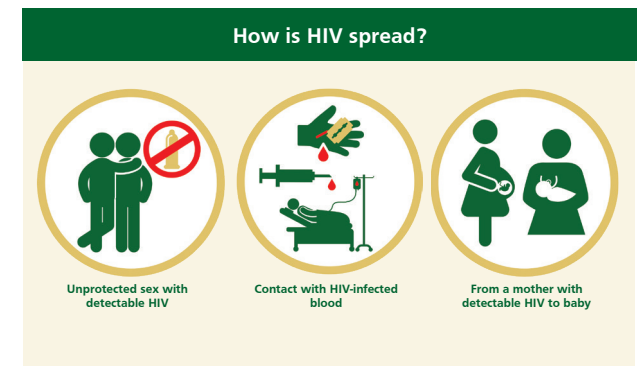
Contact with HIV-infected blood



From a mother with detectable HIV to baby

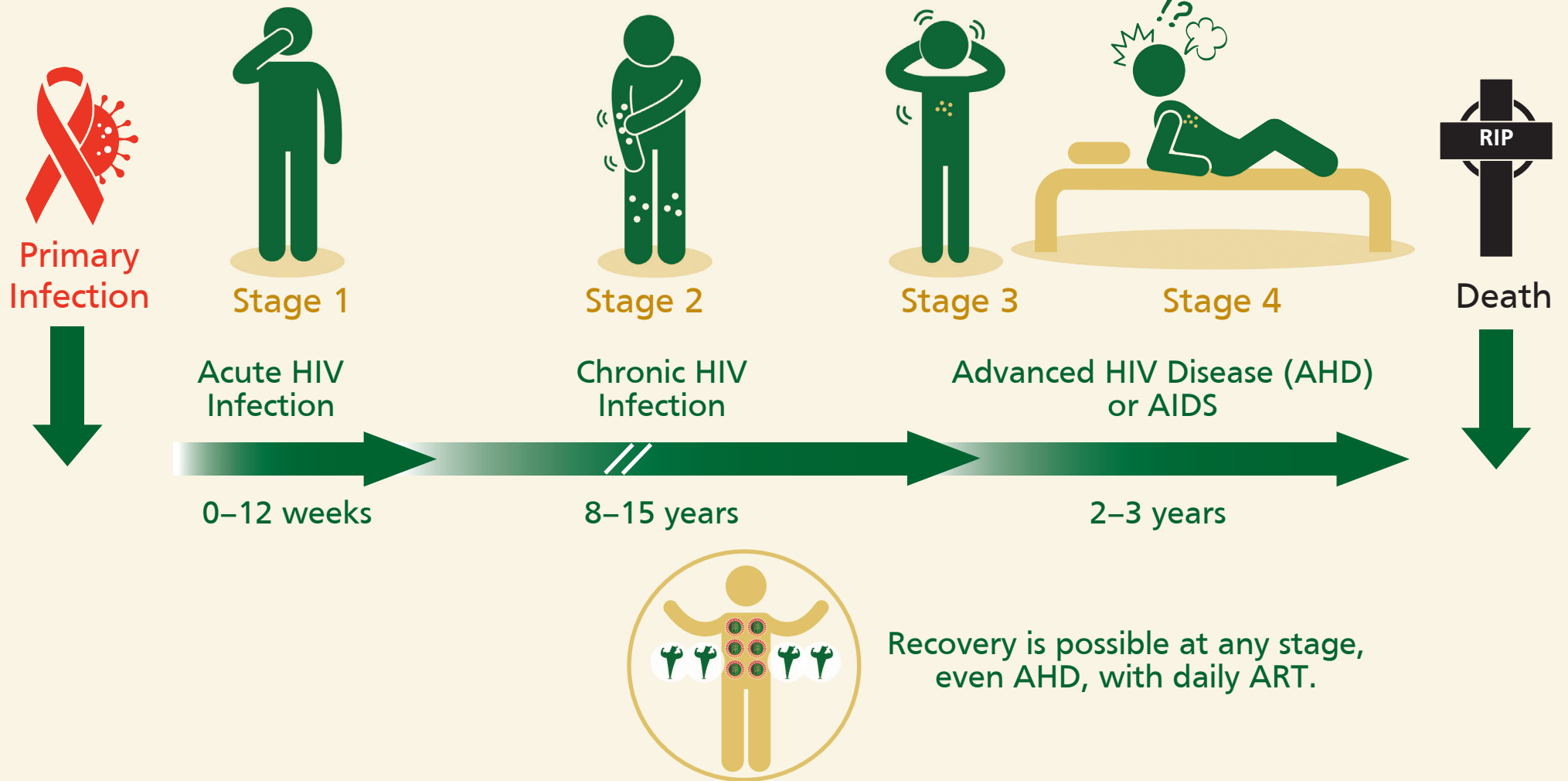
# How is HIV spread?

- Having unprotected anal, vaginal or oral sex with someone who is living with HIV and has a detectable viral load.
- Having unprotected anal, vaginal or oral sex with someone who is living with HIV and has a detectable VL.
- Exposure to infected blood during transfusions or medical accidents.
- Sharing needles or blades that have already been used by someone else.
- From a mother living with HIV, with a detectable VL, to her baby during pregnancy, delivery, or breastfeeding.



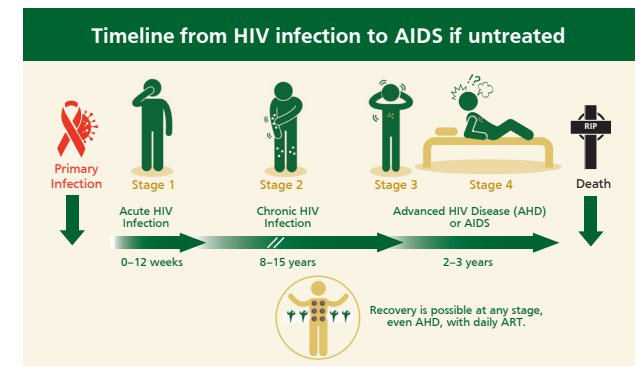
**Remember:** You cannot get HIV from daily, casual contact like shaking hands, hugging, or sharing cups and food.

# Timeline from HIV infection to AIDS if untreated



# Timeline from HIV infection to AIDS if untreated

- Right after infection, the virus multiplies quickly, making the blood highly contagious for a few weeks.
  - The risk of transmitting HIV is very high.
  - Some people can have flu-like symptoms.
  - Others have no symptoms at all.
- Chronic HIV is still active, multiplying, and can be passed to others.
  - Some people may not have symptoms; others may get sick.
  - This stage may last over 10 years or progress faster.
- If untreated, HIV can turn into Advanced HIV Disease or AIDS.
  - Your immune system is too weak to fight off major illnesses.
  - High virus levels mean a high risk of transmission.



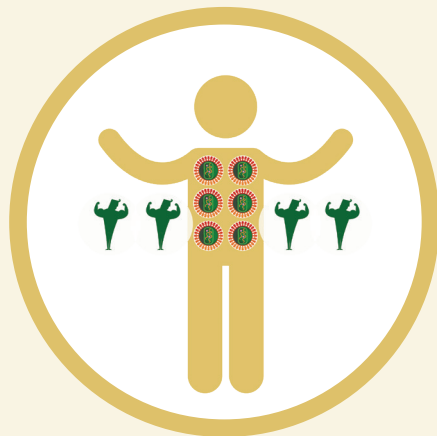
Without treatment, HIV is usually fatal within 8 to 10 years.

People with Advanced HIV Disease (AHD) have a higher risk of dying even after starting ART.

**Remember:** Most people can recover and become healthy if they start daily ART at any stage; even with Advanced HIV Disease.

# Treating HIV with Antiretroviral Treatment (ART)

## Daily anti-retroviral treatment



Helps you live longer and better



Lowers the chance of severe infections



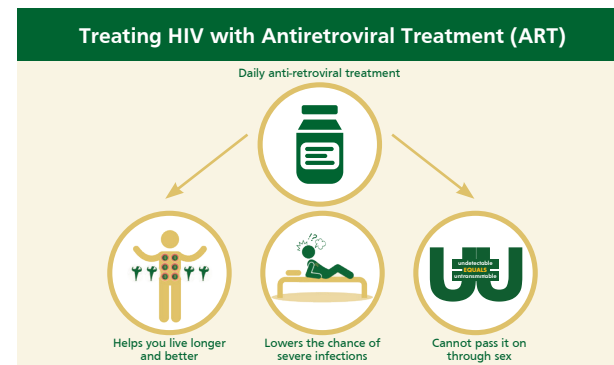
Cannot pass it on through sex

# Treating HIV with Antiretroviral Treatment (ART)

- HIV is treated with Antiretroviral Treatment (ART).
- ART stops the multiplication of HIV, reducing the amount of HIV in the body to an undetectable level.

## Benefits of ART:

- Preserves and improves immune function.
- Reduces the risk of opportunistic infections and cancers.
- Reduces the risk of HIV transmission if a person with HIV achieves a viral load that is undetectable or below 50.
  - Zero risk to sexual partners.  
Undetectable=Untransmittable (U=U).
  - Significantly reduced risk from mother to child and through needle-sharing.



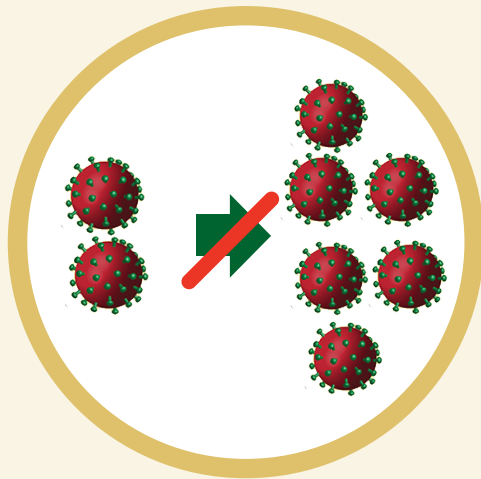
Daily ART keeps HIV under control, stopping it from turning into AIDS.

Advanced HIV Disease will require more frequent care and close monitoring.

**Remember:** There is no cure for HIV, but daily medicine lets people live long, healthy lives.

# How ART works to manage HIV

ART



**Blocks HIV  
multiplication**



**Reduces  
viral load**



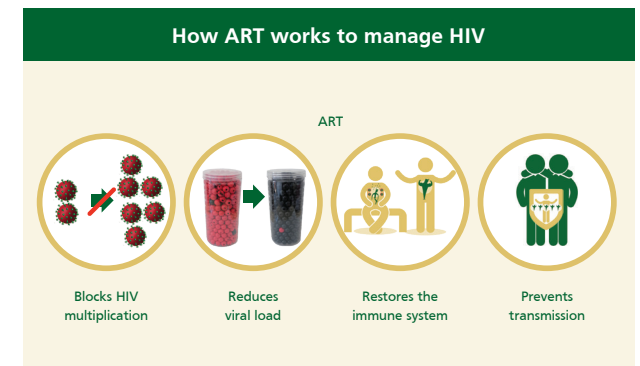
**Restores the  
immune system**



**Prevents  
transmission**

# How ART works to manage HIV

- ART stops the virus from making copies of itself.
- Lowers the amount of HIV in the body.
  - Daily medicine reduces HIV to such low levels that standard tests cannot find it (undetectable).
  - This often happens within a few months.
- Fixes and strengthens your body's defence system to fight off serious diseases that HIV has made it vulnerable to.
- Daily ART keeps virus levels low so you're unlikely to pass on HIV.
- If your virus is undetectable, you cannot pass it on to sexual partners (untransmittable).
  - The risk of a mother passing the virus to her baby during pregnancy, birth, or breastfeeding is almost zero.



Taking ART for life helps you stay healthy and live a normal lifespan.

**Remember:** There is no cure for HIV, ART does not get rid of all HIV.

# When should Antiretroviral treatment be started?

As soon as you are clinically, emotionally and psychologically ready to start



# When should Antiretroviral treatment be started?

- Most people can begin taking their daily pills on the same day they test positive.
- Start ART sooner to keep your immune system strong and avoid getting sick.
- Starting ART early reduces the chance of infecting your partner or your unborn or breastfeeding baby with HIV.
- Pregnant or breastfeeding women who have tested negative for HIV should keep testing for HIV every 3 months during pregnancy and while breastfeeding.
- Starting ART early in pregnancy or while breastfeeding greatly reduces the risk of passing the virus to the baby.



**Remember:** Taking HIV medicine when you're ready is a brave way to stay healthy for a long time.

# How is Antiretroviral treatment (ART) taken?



Daily at the same time



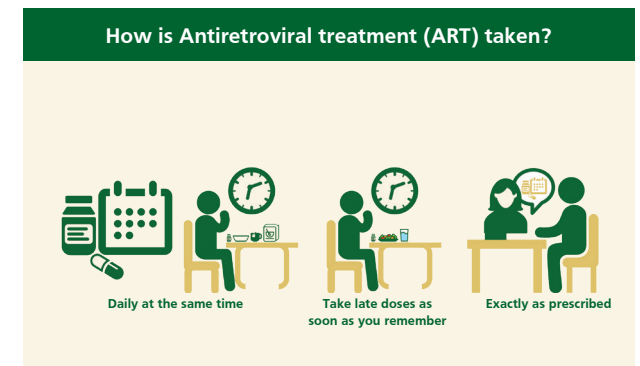
Take late doses as soon as you remember



Exactly as prescribed

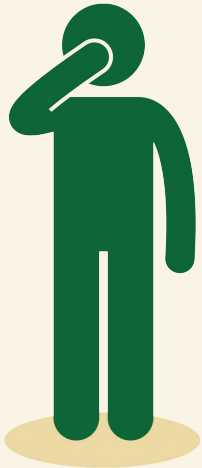
# How is Antiretroviral treatment (ART) taken?

- Take your pill every day at the same time for life to stay healthy to keep HIV under control.
- Don't stop and restart your HIV medication without telling your clinician.
- Any missed dose should be taken as soon as you remember.
  - If this is close to the time for your next dose do not take a double dose, just the one.
- Take your HIV meds exactly as prescribed to keep the virus under control, avoid getting sick, and stay healthy.



**Remember:** The better you are at taking your treatment, the healthier you will be and the longer you will live!

# Does ART have side effects?



Most people have none



Some feel a little unwell for a few weeks



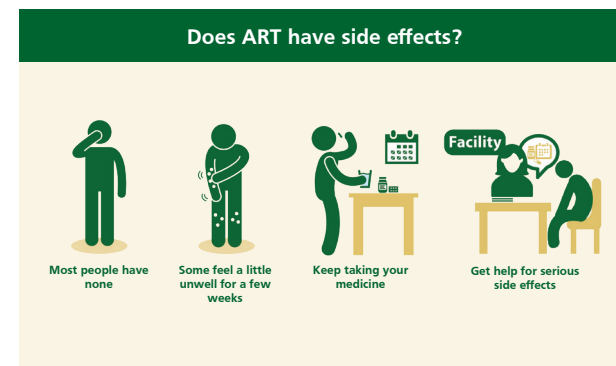
Keep taking your medicine



Get help for serious side effects

# Does ART have side effects?

- Most people on HIV medication feel fine and have no side effects.
- When you start HIV medicine, some patients might feel a bit unwell for the first few weeks.
- You might feel dizzy, have a headache, a running stomach, or trouble sleeping (feeling sleepy or not being able to sleep).
  - Nausea? Eat small, frequent meals. Try ginger tea.
  - Runny tummy? Drink plenty of fluids. Eat bland foods.
  - Dizziness or sleep issues? Take meds at bedtime.
- Keep taking your medicines even if they bother you, but let your clinician know.
- If you vomit within 60 minutes of your dose, take it again.
- Go to the facility if you have serious side effects.



**Remember:** Never stop treatment alone.  
Don't stop or skip doses. Speak to your clinician.

# Family or a friend's support helps you stay on ART



Treatment reminder



Appointment reminder



Emotional support



Help collect medicines



Get help

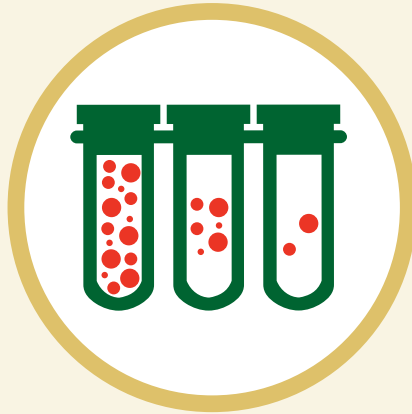
# Family or a friend's support helps you stay on ART

Family and friends you trust can help you:

- to take your treatment as advised by the health care worker.
- to remind you about your facility appointments.
- by listening to your concerns, make you feel supported and less lonely while taking HIV medicine.
- to pick up your treatment if you are unable to go to your medicine parcel pick up point.
- to inform the facility if you are too sick or call a Community Health Worker Team Lead for help.



# Benefits of good adherence to antiretrovirals



Reduced viral load



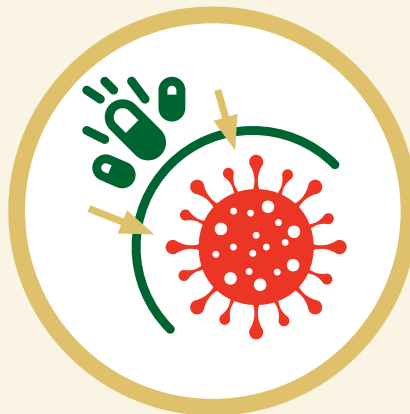
Fight off illness better



Can't pass on HIV to partner



Mom protects baby



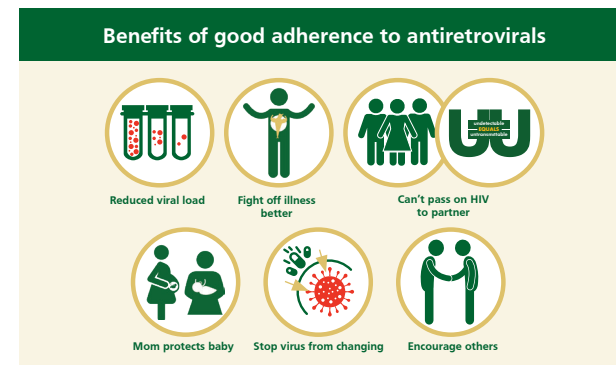
Stop virus from changing



Encourage others

# Benefits of good adherence to antiretrovirals

- Treatment works quickly to keep the virus under control.
- A stronger immune system that prevents infections leads to better overall health.
- Virus levels stay low enough that tests can't find them. Undetectable equals Untransmittable (U=U).
- If your HIV is undetectable, you cannot pass it to sexual partners.
- Moms with HIV can greatly lower the risk of passing it to their babies.
- Stops the virus from changing and getting harder to treat.
- You can become a success story to encourage other people living with HIV to take charge of their health and stay healthy.



For medicines to work we need to take them as prescribed.

Skipping HIV medicines allows HIV to multiply.

**Remember:** Taking your ART every day makes HIV a manageable condition, so you can live a long, healthy life.

# What are the dangers of poor adherence?



More virus in the blood



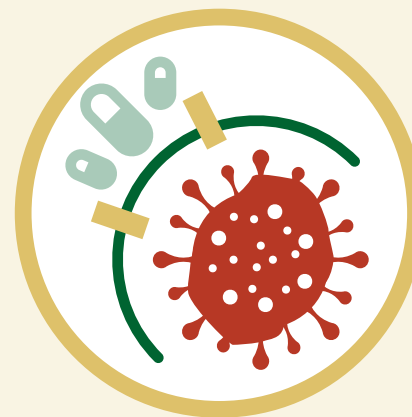
You can get sick



HIV can spread to partners



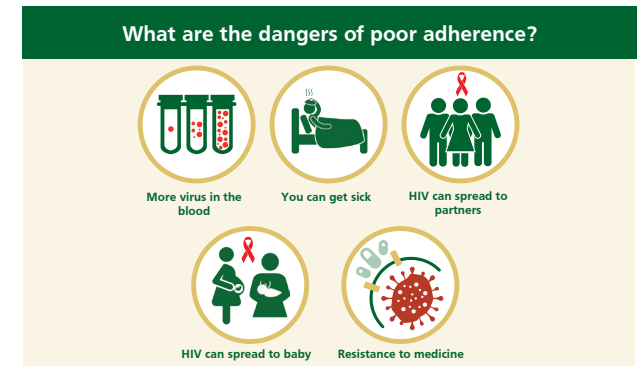
HIV can spread to baby



Resistance to medicine

# What are the dangers of poor adherence?

- If you do not take your ART every day you will not have enough ART in your blood to fight the HIV.
- Skipping your pills lets the virus grow and makes you sick.
- Increases the chance of your partners acquiring HIV.
- Increases the risk of HIV being transmitted during pregnancy or breastfeeding.
- Skipping or taking medication incorrectly can lead to antiretroviral resistance.
  - If there isn't enough medicine in your blood, the virus can change and learn how to fight off the drugs.
  - Your current medication will stop working to control the virus.



**Remember:** If you're having trouble taking your medicine, talk to a healthcare worker for tips on how to stay on track.

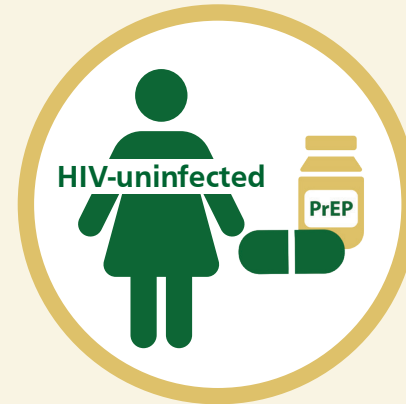
# What is PrEP?



Shield to stop infection



Prevents HIV before exposure



For HIV-uninfected only



Daily pill

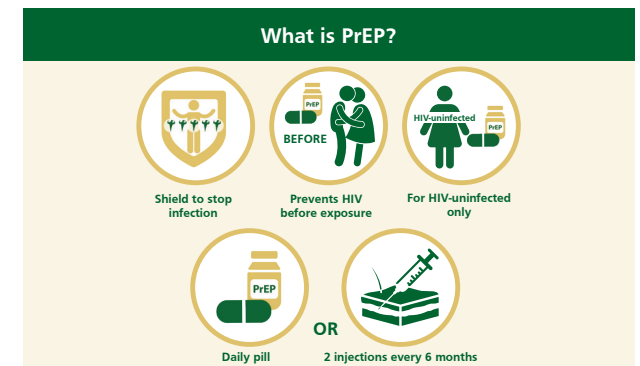
OR



2 injections every 6 months

# What is PrEP?

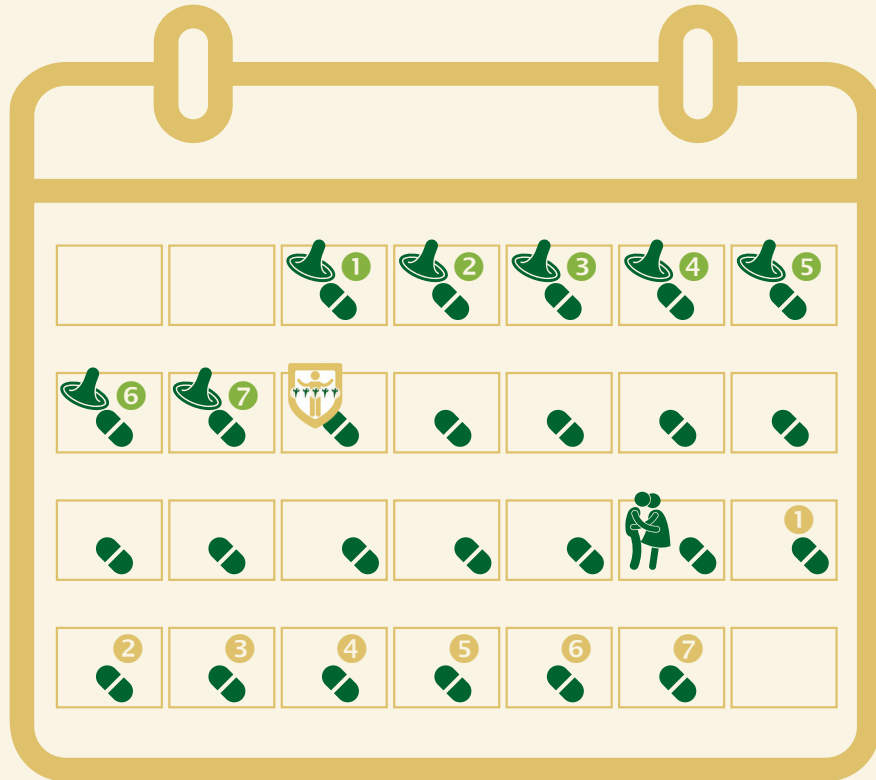
- Pre-exposure prophylaxis (PrEP) is an option that people without HIV can take before exposure to prevent getting the virus.
- PrEP works like a shield that stops HIV from infecting your body if you are exposed to it.
  - If you have a partner with HIV or sex with someone whose status you don't know.
  - If you aren't always using condoms PrEP could be for you.
  - If you cannot always control your risk of getting HIV.
- PrEP can be a daily pill or 2 injections given 6 monthly.
- You can use PrEP if you test HIV negative, show no signs of acute HIV infection.
  - you must weigh 35kg or more (injection); 30kg or more (pills).
- Symptoms of acute HIV infection can include fever, swollen glands, skin rash, headache, sore throat, aches and pain, mouth sores, night sweats, nausea and vomiting, quick weight loss.



**Remember:** PrEP does not cure HIV, but can prevent HIV infection if you tested HIV-negative.

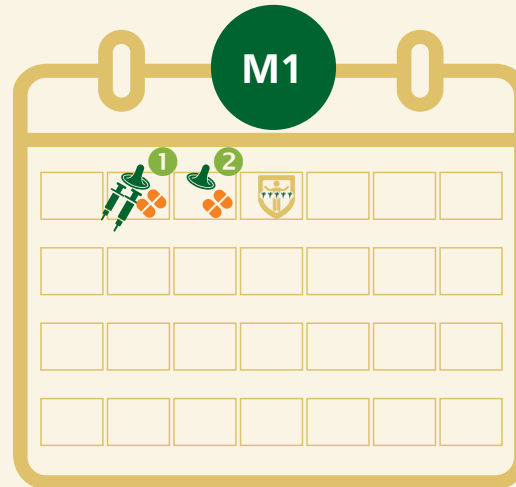
# HIV protection with PrEP

**Pills daily** – Protection after 7 days of pills



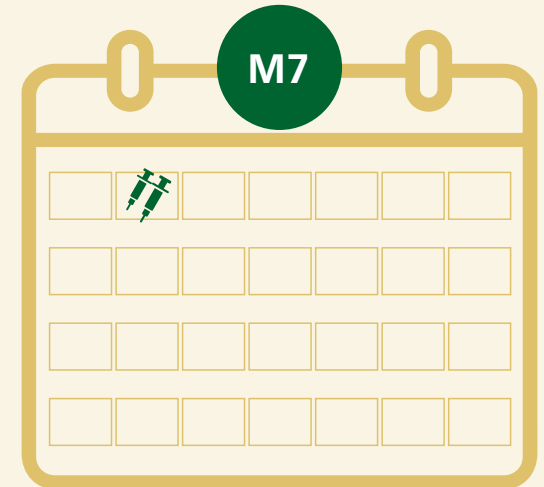
Continue PrEP pills for 7 days after last exposure

Protection 2 days after injections



Start of protection

**Injections every 6 months**



Use condoms during this time

# HIV protection with PrEP

- PrEP shields your immune cells from HIV.

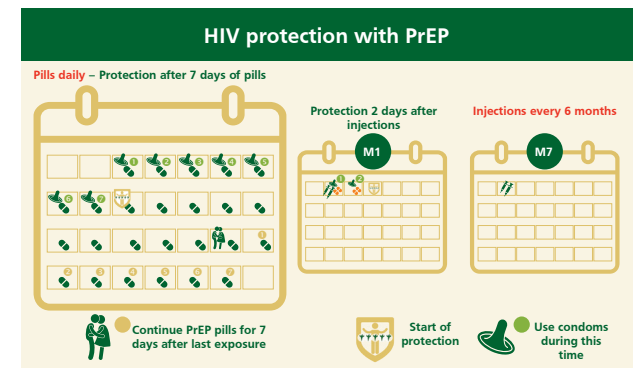
## PrEP pills

- Daily PrEP takes 7 days of consistent, once-daily pills to fully protect you against HIV.
  - You must use condoms for 7 days until PrEP pills are fully active.
- You can stop PrEP 7 days after your last potential HIV exposure.



## PrEP injections

- Day 1: 2 injections and 2 pills. Day 2: 2 pills
- The prevention injections protect you from HIV on day 3.
  - You must use condoms for 2 days until PrEP injections are fully active.
- The injections are repeated every 6 months.
- If you are more than 2 weeks late for your injections, you may need to take the initial pills again.



Always contact your clinician if you want to stop PrEP pills or injections.

When you stop taking PrEP you are no longer protected for HIV.

**Remember:** PrEP is only for HIV-negative people who want extra protection against the virus.

# Key things to know when taking PrEP



Take when at risk



Take PrEP pills every day



Mild, short-term side effects



Continue PrEP pills 7 days after risk ends



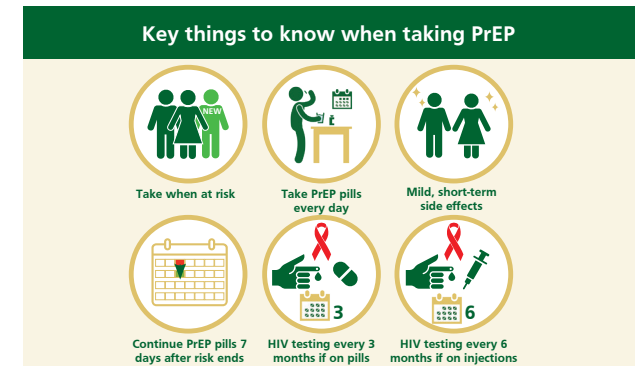
HIV testing every 3 months if on pills



HIV testing every 6 months if on injections

# Key things to know when taking PrEP

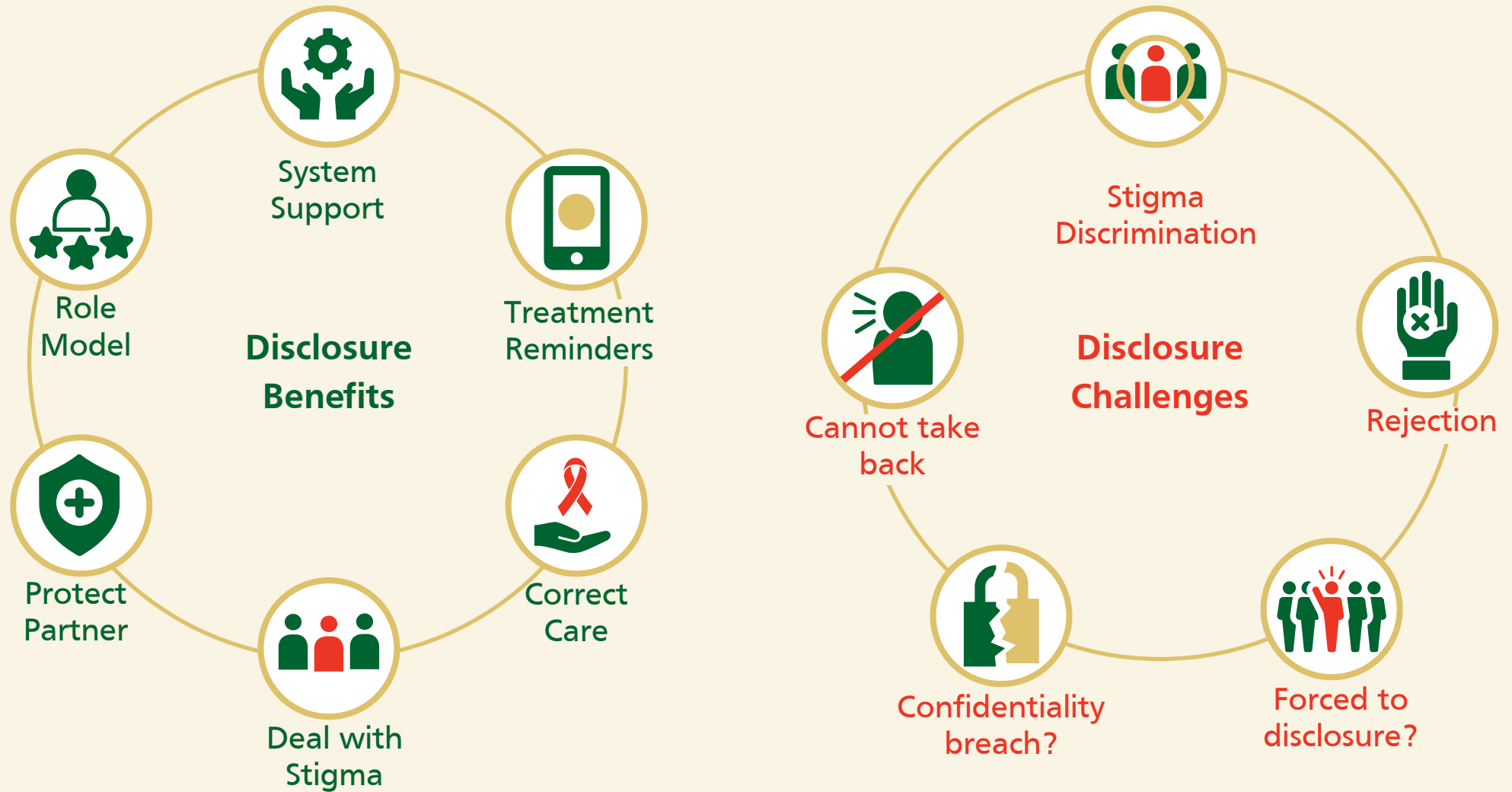
- Take PrEP whenever you are at high risk of HIV, whether for a short time or over many years.
- Take PrEP pills every day even if you don't have sex.
- PrEP only prevents HIV, not STIs or pregnancy. Always use a condom to fully protect yourself.
- Many people have no side effects on PrEP pills.
- Side effects are usually mild and last only a few days.
- Side effects that may happen include diarrhoea, headache, abdominal pain, and nausea.
  - after the injections there could be pain, redness, swelling or lumps for a few days.
- Test for HIV 1 month after starting PrEP, then:
  - every 3 months if on PrEP pills.
  - at each 6-monthly injection visit, before the injections.



PrEP can be used during pregnancy and breastfeeding to protect mom and baby from getting HIV.

**Remember:** If you take it correctly, PrEP is highly effective at preventing HIV.

# HIV status disclosure benefits and challenges



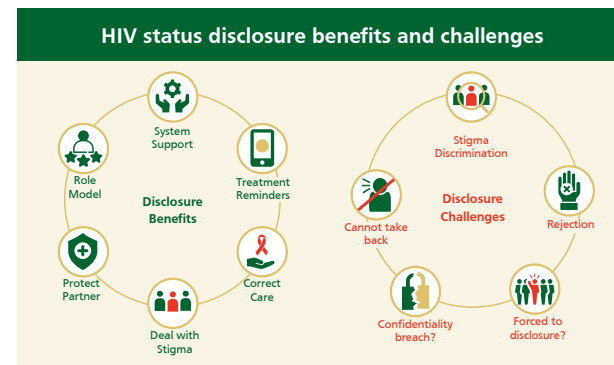
# HIV status disclosure benefits and challenges

## Benefits of disclosure:

- A support system for dealing with emotions of living with HIV.
- Help you with treatment reminders or getting your medicine.
- Clinicians can provide the correct care.
- It can help you feel better about yourself and stop worrying what others think.
- Sharing with your HIV-negative sexual partner can help:
  - ensure your partner is protected with condoms or PrEP if your viral load is not detectable.
  - have more trust and intimacy.
- You can be a role model for others on how to live a long and healthy life with HIV.

## Challenges with disclosure:

- Stigma, discrimination or negative perceptions from some people.
- Rejections from who don't know that virally suppressed people cannot transmit HIV.
- Feeling forced to disclose before you are ready.
- Once you disclose you cannot take it back.
- Anyone you trusted not keeping it confidential.



# Strategies for safe and supportive disclosure of HIV



Who?



What?



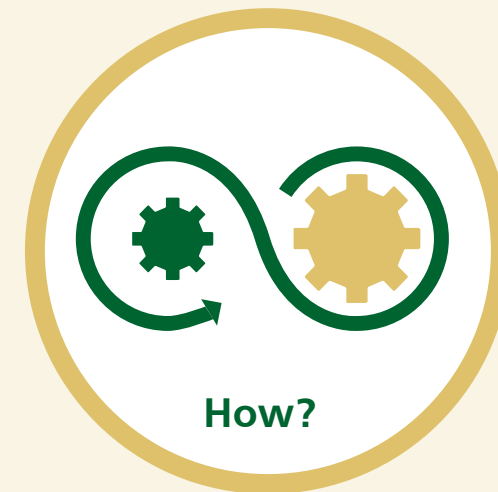
Where?



When?



Why?



How?

# Strategies for safe and supportive disclosure of HIV

## Who?

- Parents, Caretaker, Children
- Brothers, Sisters
- Sexual partners
- Friends, Neighbours
- Doctor, Nurse
- Workmates

## Where?

- Choose a safe and comforting location
- Your home
- The other person's home
- A neutral location

## Why?

Think about your motivation

- Desire for support
- Self-empowerment
- Sense of responsibility
- It should not be forced

## What?

- Decide what you will share and what you will not share
- Don't feel pressured to answer every question

## When?

- Take time to prepare
- You don't have to tell anyone right away
- Pick times that work for both of you

## How?

- In person, on the phone, in writing, other
- Alone, or with another friend or family member
- With a medical provider
- Leaving out medications or HIV-related information



Disclosure should not be forced or coerced. No-one can make this choice but you.

**Remember:** Disclosure is YOUR choice:  
Who, what, where, when, why and how is totally up to you.

# A healthy and quality life is possible with the consistent intake of ART

1. Before ART



**High VL**  
Easy to fall sick  
High risk of passing on HIV

2. After starting ART



**Lower VL**  
Harder to get sick

3. With continued intake of ART



**Tests can't pick up VL**  
Unlikely to get sick  
Low risk of passing on HIV

- = HIV cells/viral load
- = Body immune system/CD4 count

# A healthy and quality life is possible with the consistent intake of ART



## Before you start ART

- HIV Load/amount is high
- Transmission risk is high
- Immune system is weak
- It is easy to fall sick
- May be hard to do daily activities



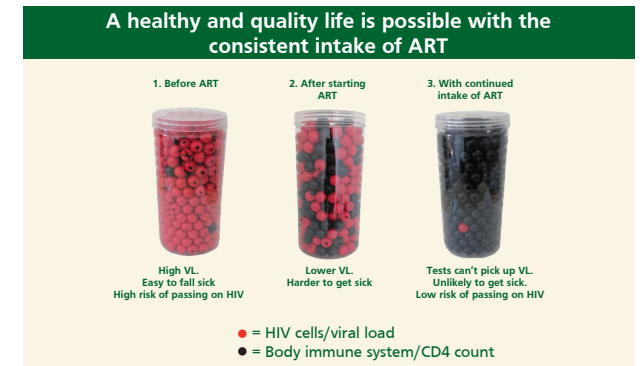
## After starting ART

- HIV amount starts to reduce
- Immune system gets stronger



## With continued intake of ART

- HIV amount becomes low
- Immune system controls the HIV
- Zero risk of transmission (U=U)
- Low risk of other infections
- Quality of life improves



If you stop treatment, the virus will wake up and grow again, just like going back to the bottle full of red beads where it was multiplying.

**Remember:** Taking HIV pills every day at the same time keeps the virus under control.

# Why is it important to monitor viral load regularly?



To check:



if treatment is working



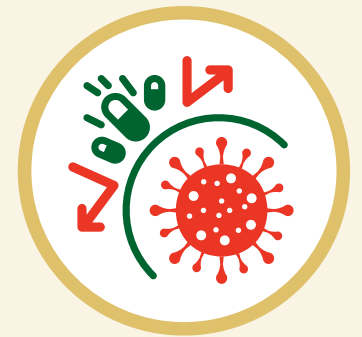
immunity



risk of passing on HIV



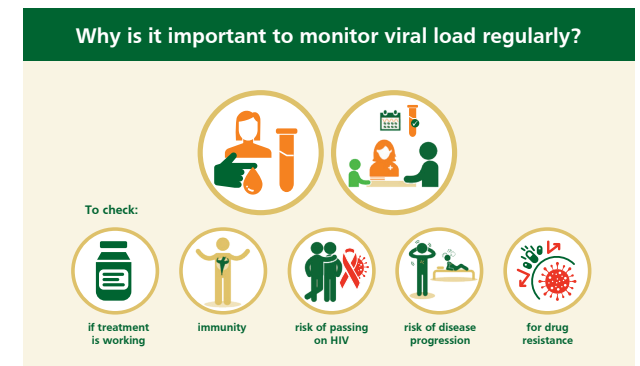
risk of disease progression



for drug resistance

# Why is it important to monitor viral load regularly?

- Regular tests show if your medicine is controlling the virus.
- Lower viral load = Treatment is working.
- High virus count means your body has poor immunity and is struggling to fight back.
- If your viral load levels are undetectable, you can't pass the virus through sex.
- Lowering your virus count stops the disease from progressing to AIDS.
- Know if your HIV is developing resistance
  - Low viral load means your HIV is not drug resistant.
  - High viral load despite taking meds means the virus is ignoring the treatment, so a change of medicine may be needed.



Check your viral load at 3 and 10 months, then yearly if it's low. If the viral load result is high, you'll need more tests

# What high and low viral loads mean for health outcomes

High Viral Load



Chance of getting sick

High

Chance of drug resistance

High

Risk of HIV transmission

High

Low Viral Load



Low

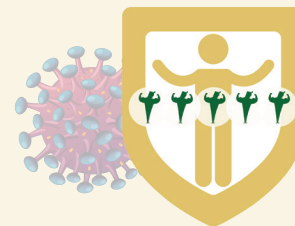
Low

Low

Undetectable Viral Load



As healthy as someone without HIV



Effectively ZERO



ZERO risk to sexual partners

# What high and low viral loads mean for health outcomes

## High Viral Load

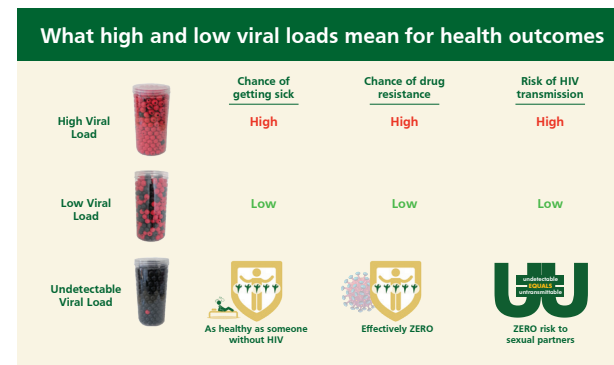
- ✗ You have a high likelihood of getting infections.
  - When HIV weakens your body's defences, other diseases and cancers attack more easily, turning HIV into AIDS faster.
- ✗ If your HIV meds aren't keeping the virus levels low, there's a very high chance (7 in 10) the virus will learn how to beat the drugs.
- ✗ You are very likely to pass on HIV.

## Low Viral Load

- ✓ You are at low risk of becoming ill because of HIV.
- ✓ With a small amount of HIV in your blood and skip doses, your medicine may stop working for about 1 in 3 people.
- ✓ You can pass HIV to others.

## Undetectable Viral Load

- ✓ Your life-expectancy is like that of a person without HIV.
- ✓ Likelihood of developing drug resistance is effectively zero.
- ✓ When viral load is undetectable, there is ZERO risk of HIV through sex.
- ✓ When a mother has an undetectable VL there is almost no risk of HIV being transmitted to her baby during pregnancy or breastfeeding.



Your goal is to achieve and maintain an undetectable viral load.



# Undetectable = Untransmittable U=U



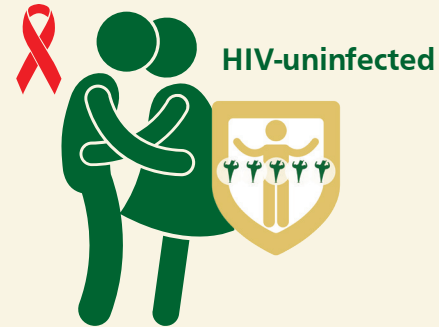
Virus in blood is  
too low to detect



ZERO risk to  
sexual partner



Achieve "Undetectable" in  
3-6 months with daily meds



# Undetectable = Untransmittable U=U

- ✓ I am UNDETECTABLE if my viral load is less than 50 copies/ml and cannot be detected by standard laboratory tests.
- ✓ An UNDETECTABLE viral load is certain if take my ART daily as prescribed.
- ✓ I am UNTRANSMITTABLE means I cannot pass HIV to my sexual partners.
- ✓ Keeping your HIV at an undetectable level helps you safely conceive a child with your partner with almost no risk of passing on HIV.
- ✓ Protect those that you love by adhering to ART, being Undetectable and Untransmittable.
- ✓ It may take 3 to 6 months of taking HIV treatment medicines to bring your HIV down to an undetectable level.
- ✓ Taking ART is a lifelong commitment. You must take your HIV medicine every day for the rest of your life to stay healthy.
- ✓ If you stop taking HIV medicines, your HIV can rebound to a detectable level within 1 to 2 weeks, and you may pass HIV to your sex partners.



Having an undetectable viral load means you can “get back to normal”.

**Remember:** Keeping your HIV undetectable helps you live a long and healthy life.

# Reasons why your viral load could be high

You could have a high viral load due to issues with any of these



Adherence



Bugs  
(Infections)



Correct Dose



Drug  
Interactions



RE-sistance

# Reasons why your viral load could be high



## Adherence

- Medicines not taken daily.
- Missed Doses.



## Bugs (Infections)

- Infection – look for symptoms or signs.
- If you have fever, headache, fatigue, muscle aches, sore throat, rashes, etc. tell your clinician.



## Correct Dose

- Incorrect dose. If weight has gone up but the ART dose hasn't, the dose may now be too low; especially if your child was under 35 kg at the last adjustment.



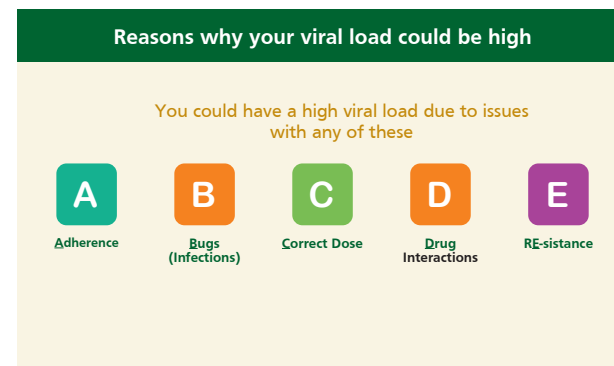
## Drug Interactions

- There may be interactions between ART and other medicines prescribed or bought over the counter. Tell your clinician what you are taking.



## RE-sistance

- If all of the above are excluded, there may be resistance to your HIV drugs.



A high viral load indicates your HIV medication may not be working effectively due to inconsistent adherence, the virus developing resistance, or other factors.

# The role of nutrition in managing HIV



Weight



Retain muscle



Nutrients



Wound healing



Recovery



Strength

# The role of nutrition in managing HIV

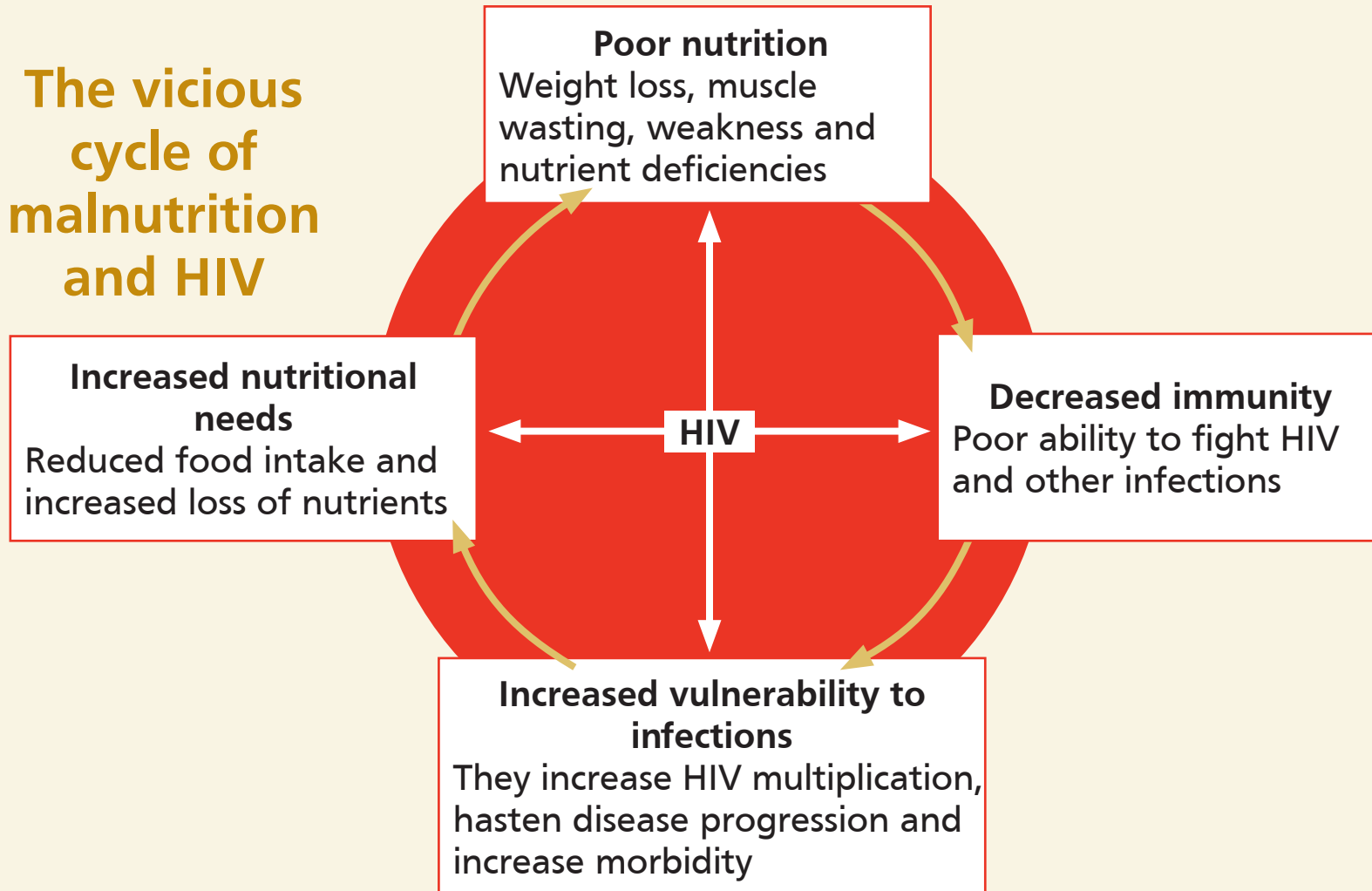
Good nutrition helps people living with HIV/AIDS to:

1. Keep weight stable
2. Prevent loss of muscle
3. Replace lost nutrients
4. Improve wound healing
5. Improve recovery from infections
6. Help with treatment absorption
7. Help with side effects
8. Increase strength
9. Improve feeling of well-being



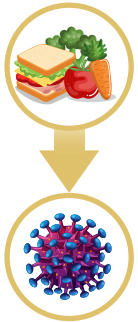
# Nutrition and HIV

## The vicious cycle of malnutrition and HIV



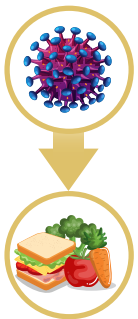
# Nutrition and HIV

## Nutrition impact on HIV

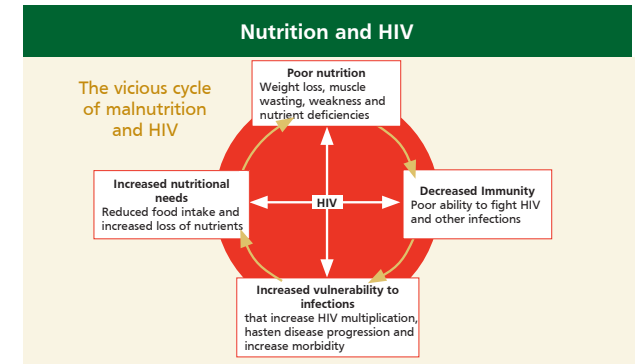


- Nutritious food helps keep your immune system strong.
- Poor nutrition weakens your immune system, allowing HIV to multiply faster.

## HIV impact on nutrition



- To stay at a healthy weight, people with HIV need to eat more than those without it.
- HIV and opportunistic infections reduce appetite.
- HIV and opportunistic infections reduce absorption.
- HIV-related mouth and gastrointestinal (GI) sores can significantly impact nutrition by causing pain.
- HIV makes you more likely to get food poisoning, so it's important to pick, cook, and store food safely.



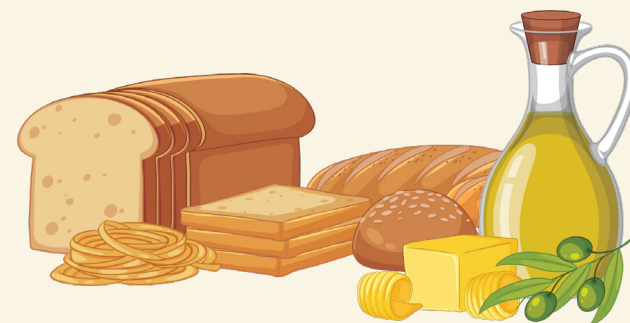
Check if there is a food assistance program in your area for people living with HIV.

# What should you try to eat while on ART?

## A balanced diet



**Protein**  
Body-building foods



**Carbohydrates and fats**  
Energy-giving foods



**Fruits & vegetables**  
Protects against infection



# What should you try to eat while on ART?

- A balanced diet with 70% carbohydrates, 10 – 13% protein, 16 – 18% fat.
- Protein-rich foods in every meal.  
(lean meats, chicken, fish, eggs, low fat dairy, beans, nuts, seeds)
- Calories may need to be increased to maintain weight or correct weight loss and combat fatigue.
- Small, frequent, non-spicy meals can help manage nausea and vomiting. Try ginger tea or ale.
- Drink plenty of fluids, especially water.
- Include a variety of fruits and vegetables.
- Choose whole grains like oats, brown rice, whole wheat bread for fibre.
- Avoid high-fat, greasy, fried or spicy foods.  
(especially if you have a runny tummy)



# Some myths on how you acquire or prevent HIV through diet

Myths ✘



Some food, herbs or  
drink can give you  
HIV/can prevent HIV

# Some myths on how you acquire or prevent HIV through diet

## Myths

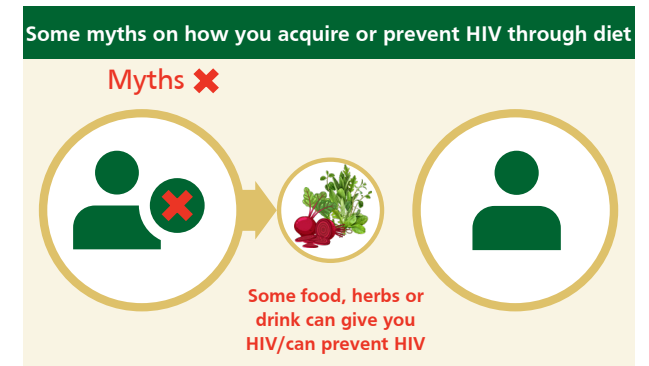


- ✘ HIV can be transmitted through food (e.g. bananas, oranges, contaminated food) or by sharing utensils.
- ✘ Some foods/drinks can prevent HIV; e.g. beetroot water, coconut milk.

## Facts



- ✔ There is no evidence that HIV can be passed on through food or drink, even if it is prepared by or shared with someone with HIV. HIV can't survive long enough outside the body.
- ✔ Consuming specific foods, drinks will not prevent transmission. These claims are unsupported by scientific evidence.



**Remember:** You can only get HIV by coming into direct contact with certain body fluids (blood, semen, breast milk, vaginal fluids, not saliva) from a person with HIV who has a detectable viral load.

# Some myths on how you cure HIV through diet

Myths ✘



Some food, herbs or  
drink can cure HIV

# Some myths on how you cure HIV through diet

## Myths

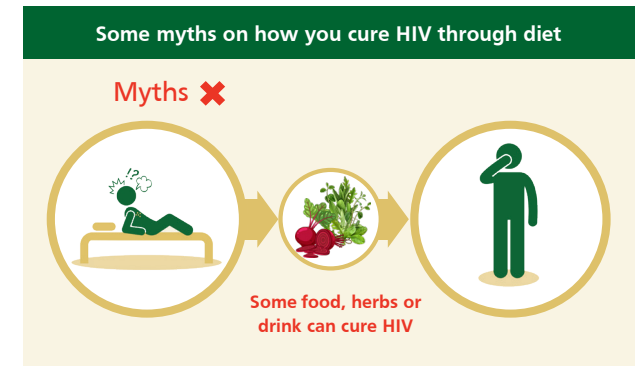


- ✘ Certain foods can cure HIV; e.g. beetroot, garlic, African potato.
- ✘ Traditional medicine and herbal remedies can cure HIVS.
- ✘ Certain vitamins & supplements/immune boosters can cure HIV.

## Facts

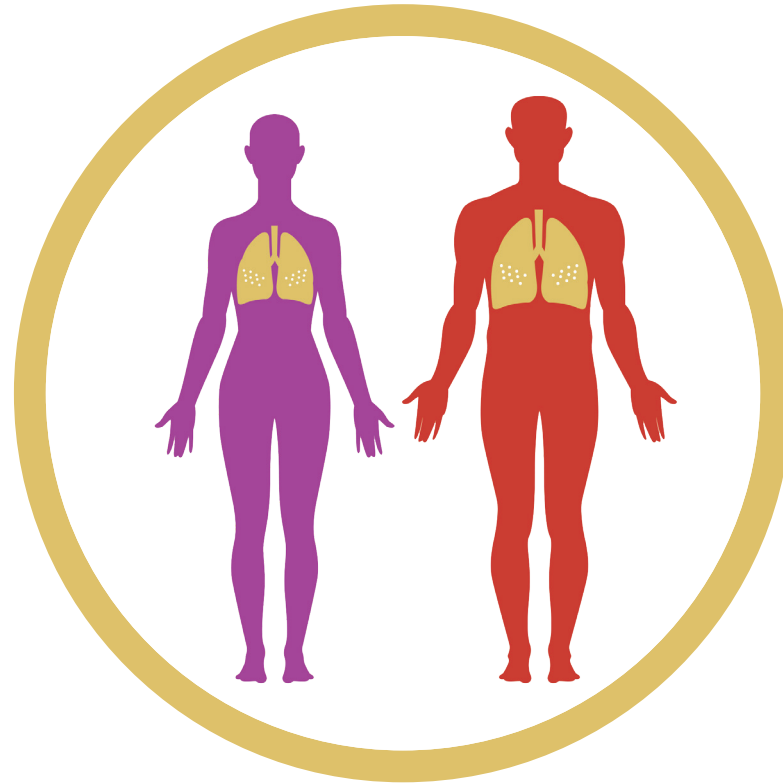


- ✔ There is no cure for HIV, and no diet or supplement can treat it.
- ✔ No traditional medicine or herbal remedy has been proven to cure or prevent HIV.
- ✔ No, these do not target the specific immune cells HIV attacks.



**Remember:** A healthy diet can support overall health but cannot cure or treat HIV. Antiretrovirals can treat and control it but also cannot cure it.

# TB



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

**TB**

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

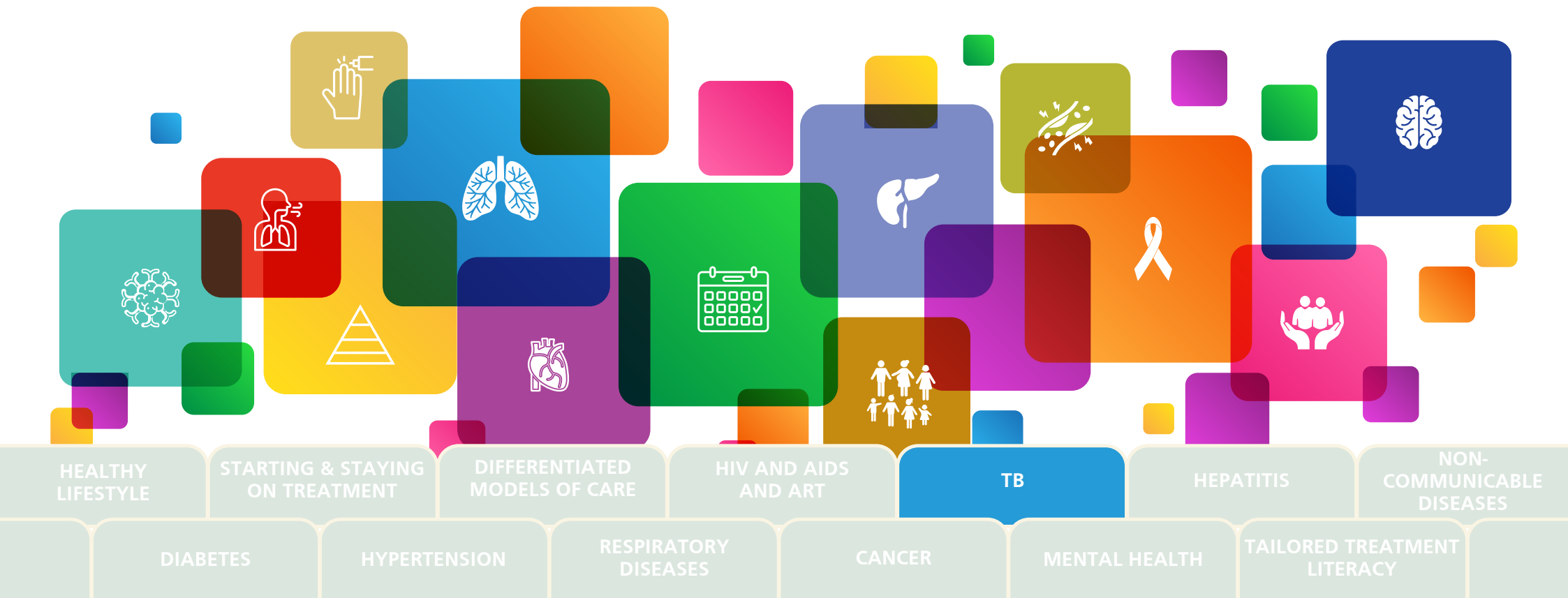
CANCER

MENTAL HEALTH

TAILORED TREATMENT LITERACY

## Treatment Literacy Flip Chart

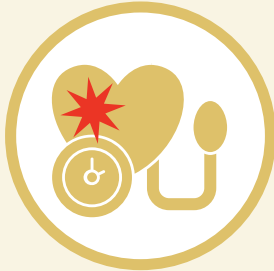
# TB



## Treatment Literacy Flip Chart

# What health conditions often happen together with HIV

Hypertension



Kidney Disease



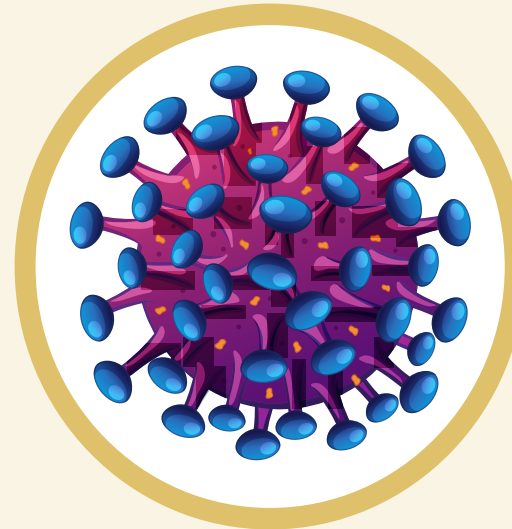
Diabetes



Cardiovascular Disease



Mental Health



Tuberculosis



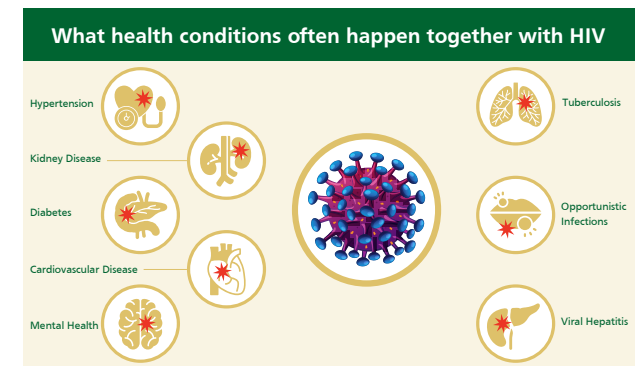
Opportunistic Infections



Viral Hepatitis

# What health conditions happen together with HIV

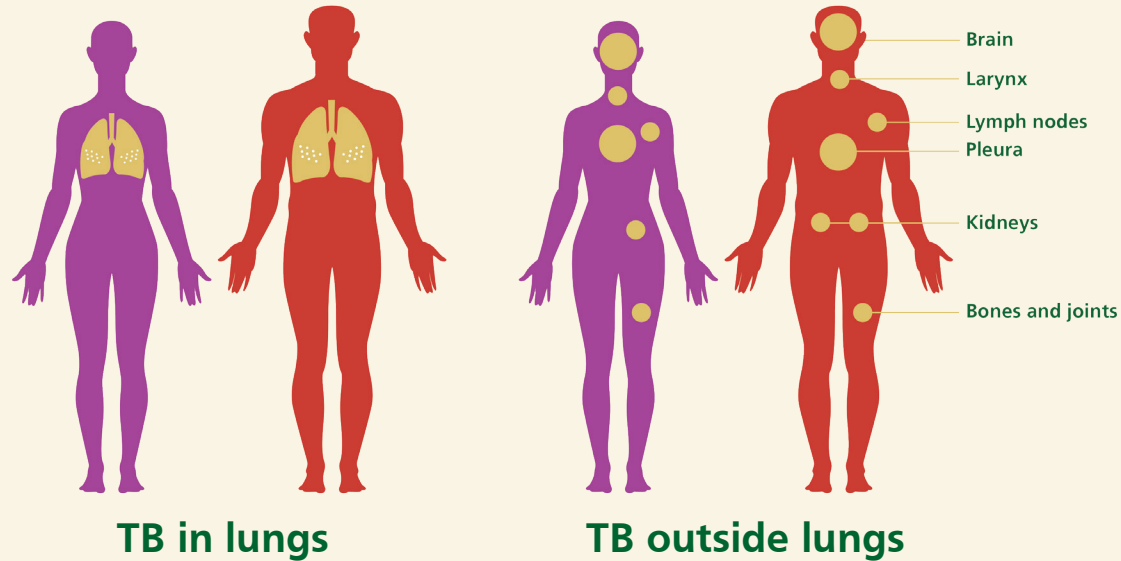
- People living with HIV can often also have one or more of these conditions:
  - High blood pressure
  - Diabetes (high blood sugar)
  - Cancers
  - Mental Health Conditions (depression, anxiety, substance use)
  - Kidney Disease
  - Heart problems (heart attack, heart failure, hardening of the arteries, stroke)
- They are also more likely to get some infections because their immune system is weakened.
  - Tuberculosis, Viral Hepatitis, STIs.
  - Opportunistic infections such as meningitis (fungal infections of the lining of the brain), fungal lung infections, pneumonia, oral thrush, herpes.



Getting all your care in one place makes it easier to manage your health and leads to better results.

**Remember:** HIV rarely exists alone; if you have HIV you will likely have another condition or infection.

# What is TB? What are its symptoms?



Cough



Fever



Weight loss



Night sweats

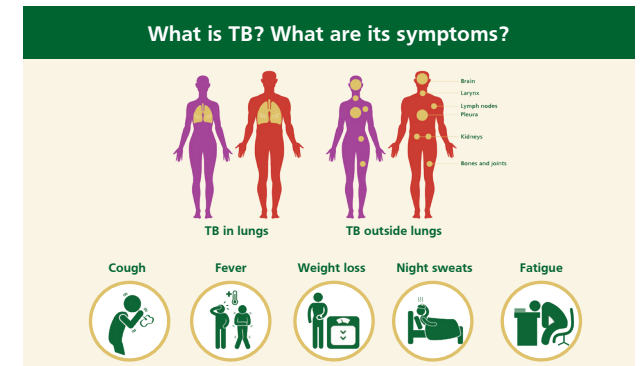


Fatigue



# What is TB? What are its symptoms?

- Tuberculosis (TB) is a contagious bacterial infection.
- More than 8 in 10 cases are in the lungs – Pulmonary TB. This is the only type that is infectious.
- Other parts of the body can be affected – Extra-Pulmonary TB.
  - It can occur in the lymph nodes, the membrane around each lung, and also the brain, voice box, kidneys, bone and joints.
- Main TB symptoms:



## Adults

## Children

- Cough of any duration if living with HIV; 2 weeks or more if HIV-uninfected
- Fever for more than 2 weeks
- Unexplained weight loss more than 1.5kg in a month
- Drenching night sweats
- Documented weight loss/failure to thrive (check ROAD TO HEALTH CARD)
- Fatigue (less playful)

- Other symptoms can be specific to the part of the body where the TB bacteria is growing.

**Remember:** If you have any of these signs or symptoms, you need to go to the clinic to be tested for TB.

# How does TB spread? How can you prevent passing it on?



Prevent passing it on:



Cover your mouth



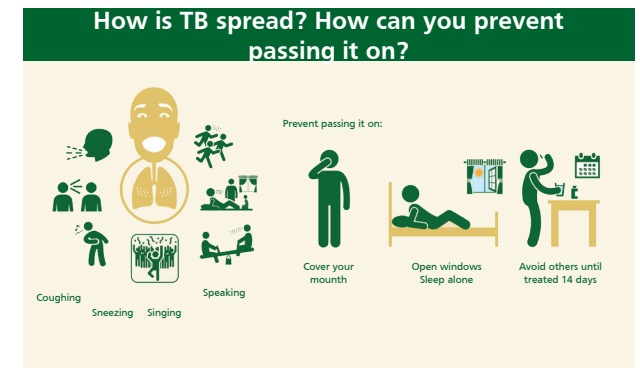
Open windows  
Sleep alone



Avoid others  
until treated  
14 days

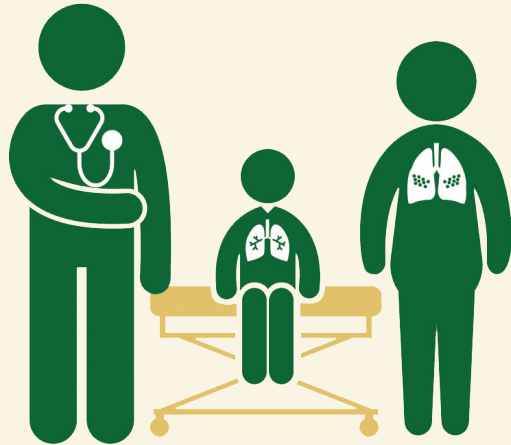
# How is TB spread? How can you prevent passing it on?

- TB spreads through the air when a person with active lung or throat TB coughs, sneezes, speaks, or sings, releasing germs that others can breathe in.
- TB cannot be spread through casual contact like shaking hands, sharing food, or touching surfaces.
- You can prevent passing on TB to others:
  - Cover your mouth with a tissue, a mask or your sleeve when you cough or sneeze.
  - Let sunshine and fresh air in: open windows and doors in your house, workplace, cars, taxis, schools, crèches, hospital.
  - Wear a mask when near to others.
  - Avoid close contact with others until you have completed at least 14 days of treatment:
    - if possible, sleep in a room on your own during this time.

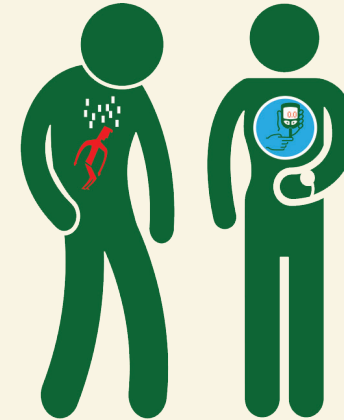


**Remember:** People with TB are usually less likely to spread the germ after taking effective treatment for a few days to two weeks. However, it is still important to follow your clinician's advice to protect others.

# Who is at high risk of getting TB?



Those with weak immunity

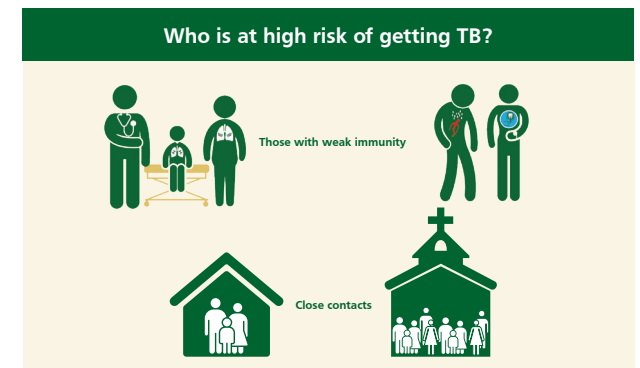


Close contacts



# Who is at high risk of getting TB?

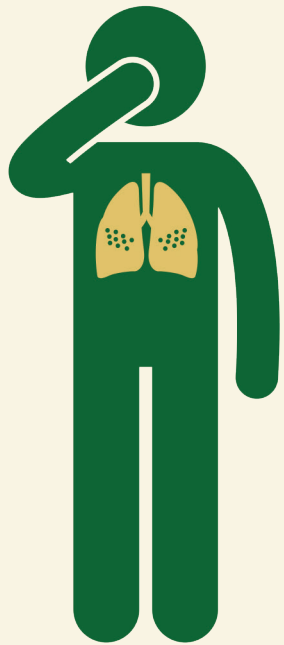
- People with weakened immunity, including everyone living with HIV.
- People with high-risk health factors: those with long-term lung damage, diabetes, smokers, heavy drinkers, or those who are severely underweight.
- Everyone – kids to adults – who has been around someone with TB at home, work, or school. These include:
  - people who work or live in crowded spaces or in a closed, not well-ventilated environment such as miners, prisoners.
  - healthcare workers have a high risk due to exposure.
  - TB survivors are at higher risk of getting TB again.
- Children under 5 can get severely ill if infected.



If you are at high risk for TB, you may be able to take medicine to prevent getting sick. This is usually a weekly dose for 3 months, or a daily dose for 3 to 12 months.

**Remember:** If you are at high risk, get tested for TB even if you feel fine. You will be offered preventive treatment if without symptoms and put on treatment if you test positive.

# What is the link between TB and HIV?



Easier to get TB if living with HIV



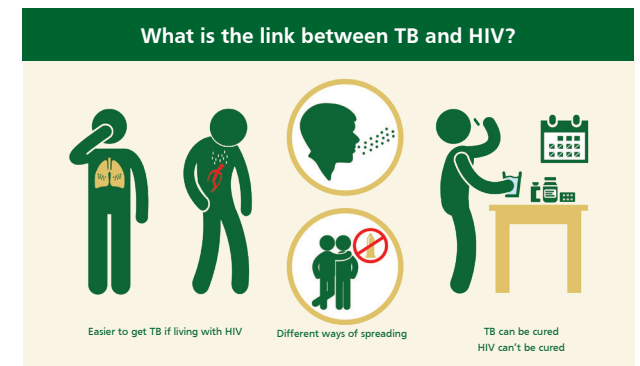
Different ways of spreading



TB can be cured  
HIV can't be cured

# What is the link between TB and HIV?

- TB is the most common serious opportunistic infection among people living with HIV and AIDS.
- HIV attacks the soldiers (CD4 cells) of the immune system that protect the body from infection.
- HIV makes it easier to be infected with TB and more likely that sleeping TB turns into active, contagious disease.
- TB and HIV are spread in different ways:
  - TB bacteria are breathed in.
  - HIV is most commonly spread through unprotected sex.
- TB can be treated and can be cured.
- HIV can be treated but cannot be cured.
- In the first 3 months of treating TB and HIV together you may feel worse even if the meds are working.
  - It's because your body's defences get stronger, overreact and attack the TB bacteria.
  - No need to stop treatment. We will support you.



When you have HIV and TB at the same time and have not been started on ART, you will start TB treatment first then ART.

# How should TB treatment be taken?



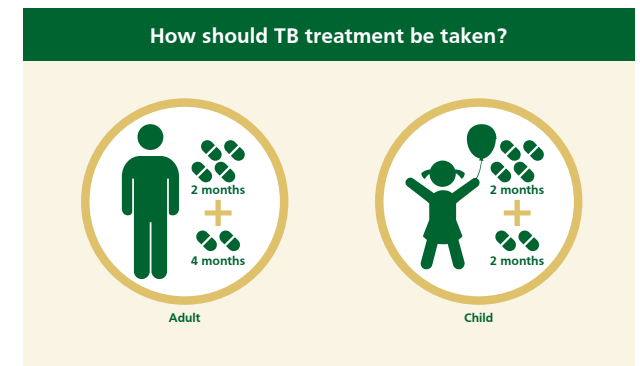
Adult



Child

# How should TB treatment be taken?

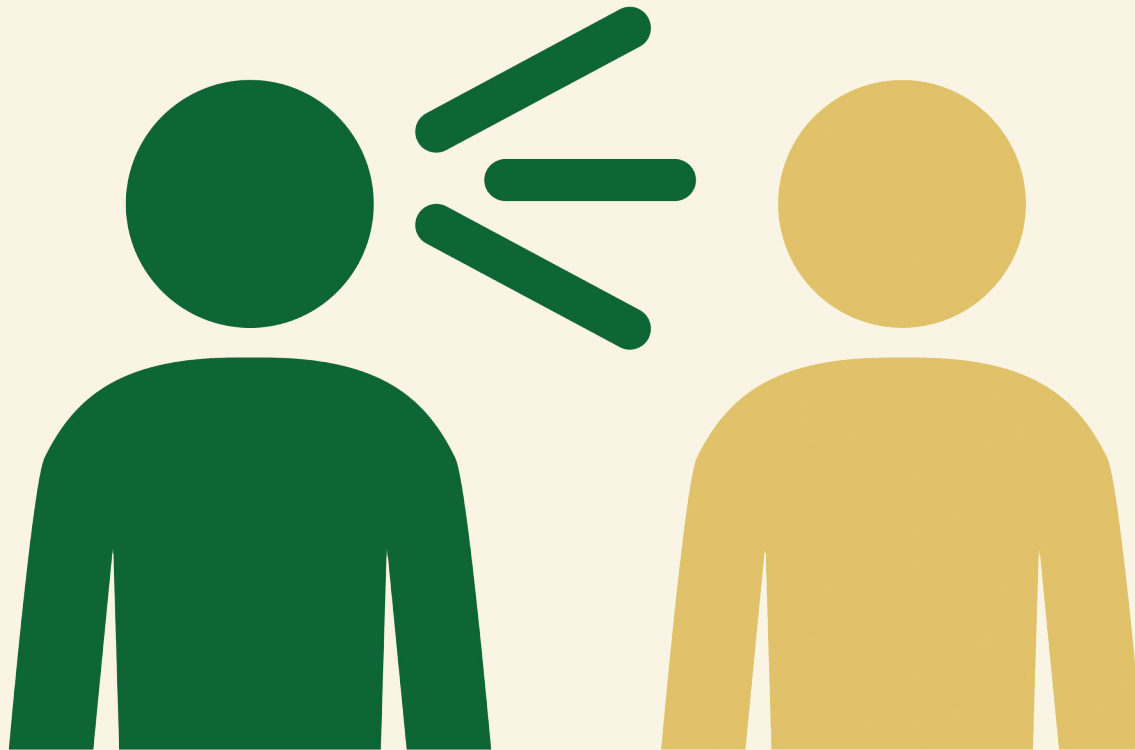
- Standard TB treatment takes 6 months:
  - Months 1–2: a combination of 4 drugs daily (to kill bacteria).
  - Months 3–6: a combination of 2 drugs daily (to clear the infection).
- Children with mild lung TB only need 4 months of treatment: 2 months of the 4-drug combination then 2 months of the 2-drug combination; as long as it's their first time having TB and they are healthy by month 4.
- If you miss a dose, take the missed dose as soon as you remember, then continue with your normal schedule.
  - If it's almost time for your next dose, just take that one. Never double up.
  - Your treatment time may be extended to cover the missed doses and finish all your tablets.
- Medicines should be kept in a safe, dry place that is not too hot.



If you are very ill, the treatment with 2 drugs may be extended to 7 months; making the total treatment time 9 months.

**Remember:** Your goal is to finish all your TB medicine to get completely cured!

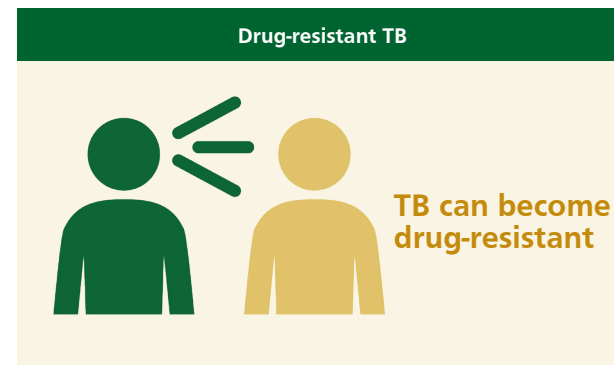
# Drug-resistant TB



**TB can become  
drug-resistant**

# Drug-resistant TB

- Drug-resistant TB happens when the standard medicine can no longer kill the germ.
- This means that the TB has become resistant to the normal TB drugs.
- Drug-resistant TB can develop by:
  - not completing the full course of TB treatment.
  - incorrect using of medication: wrong dose or combination of TB treatment.
  - using drugs that are ineffective for the type of TB the person might have.
- A person can be infected with the drug-resistant TB (DR-TB) strain from another person who has DR-TB.



**Remember:** People living or spending a lot of time with someone who has drug-resistant TB (DR-TB) should get tested for TB right away.

# How does treatment for DR-TB medication work?



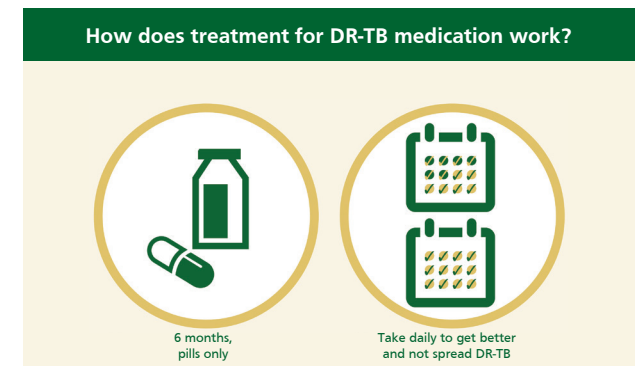
**6 months,  
pills only**



**Take daily to get better  
and not spread DR-TB**

# How does treatment for DR-TB medication work?

- Most people with hard-to-treat TB can now take a simpler, shorter, 6-month, all-pill treatment.
- Depending on your health or how the illness responds to medicine, you may need a longer, personalised treatment plan.
- Treatment involves different combinations of oral medicines, tailored to your needs.
- Take your TB medicine every day to get better, prevent it from getting worse, and stop spreading it to others.

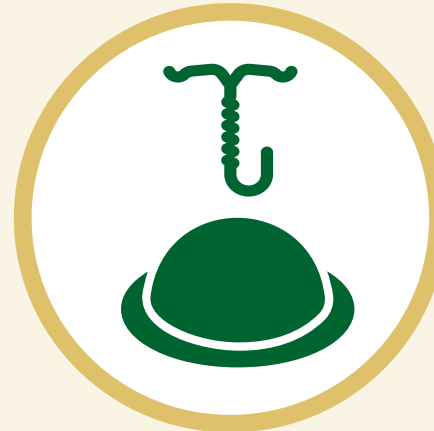


**Remember:** Completing the full course of DR-TB treatment is your best chance of being cured!

# TB medicine and contraceptives



TB meds make birth control pills and injections less effective



Coils and diaphragms not affected



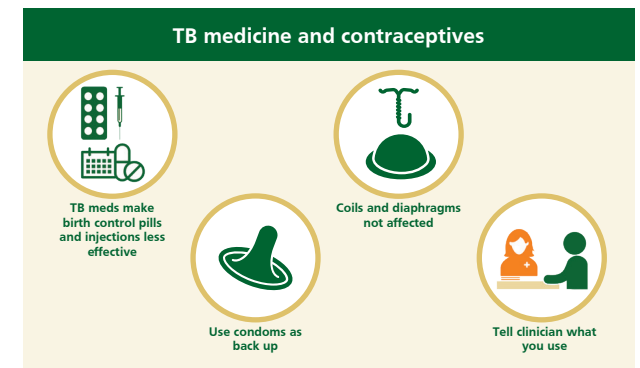
Use condoms as back up



Tell clinician what you use

# TB medicine and contraceptives

- Some TB medication can make birth control pills, some injections and the vaginal ring less effective, increasing the risk of pregnancy.
- Use condoms during your whole TB treatment, plus for 4 weeks after you finish to prevent pregnancy.
- TB medication does not affect the effectiveness of the coil (IUDs) or diaphragms.
- Tell your clinician which birth control you use. TB treatment can make it less effective, increasing the risk of pregnancy.



**Remember:** Inform the health care worker if you are using contraceptives.

# What are the side effects of TB treatment?

## Minor side effects

Heartburn



Nausea

Rash



Painful feet

Orange urine



## Serious side effects

Yellow skin/eyes



Bad tummy pain

Bruising



Sight problems

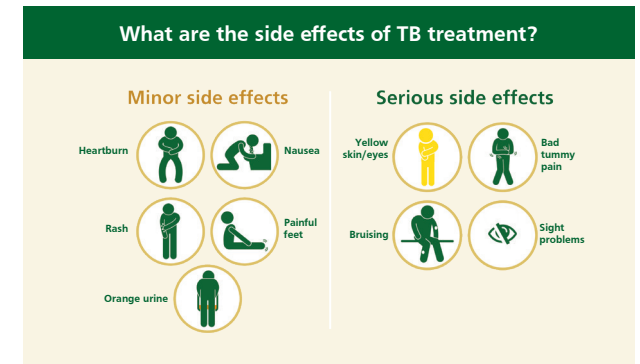
# What are the side effects of TB treatment?

## Minor side effects:

- Most clients do not get side effects.
- Some clients could experience mild side effects like:
  - heartburn
  - nausea
  - rash
  - pain or burning feeling in hands and feet
  - urine turning orange

## Serious side effects:

- A few people may experience serious side effects like:
  - yellow skin/eyes
  - severe abdominal pain
  - bruising
  - problems with sight
  - shortage of red blood cells



If you have any of these serious side effects, go to the facility to be seen by a doctor or nurse.

# TB treatment and alcohol



Avoid drinking



Reduce effectiveness



Inform your clinician



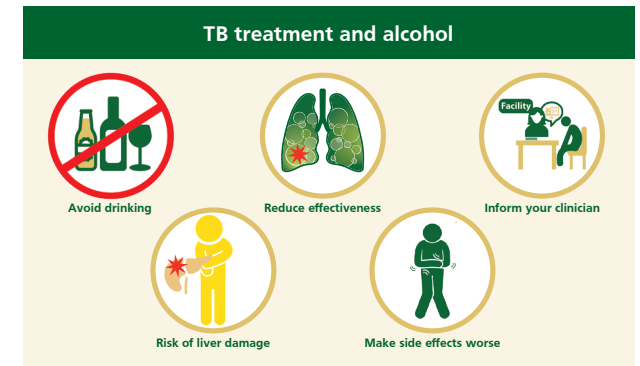
Risk of liver damage



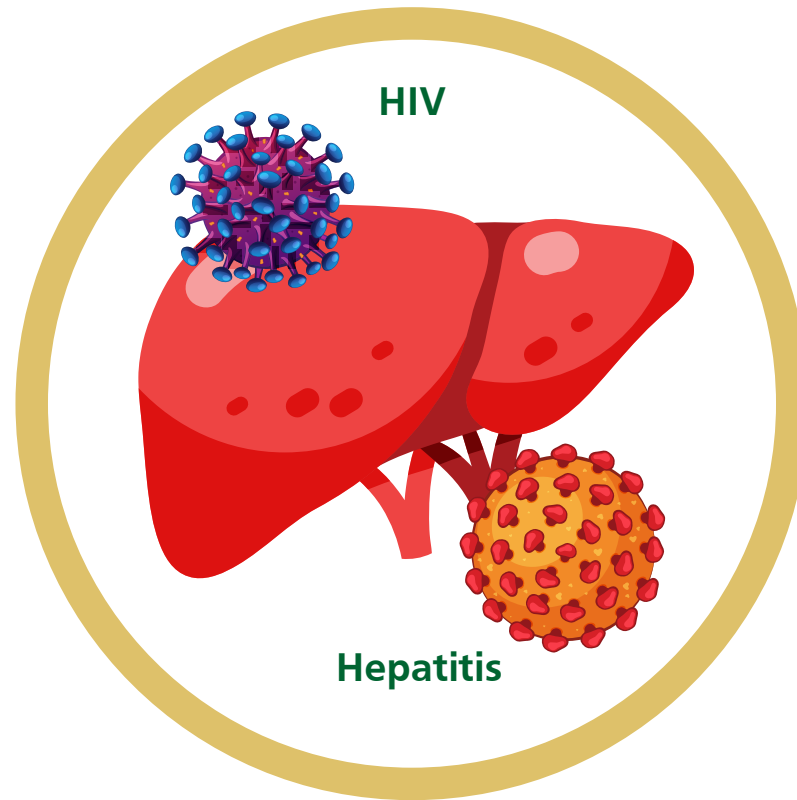
Make side effects worse

# TB treatment and alcohol

- It is better not to drink any alcohol while taking TB treatment.
- Mixing TB treatment with alcohol can damage your liver.
- Drinking alcohol with medicine can make the treatment fail, allowing the infection to last longer or get worse.
- Alcohol can intensify the side effects of some TB medications.
- If you are struggling to cut down on alcohol, keep taking your TB medicine and tell your doctor or nurse immediately.



# HEPATITIS



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

CANCER

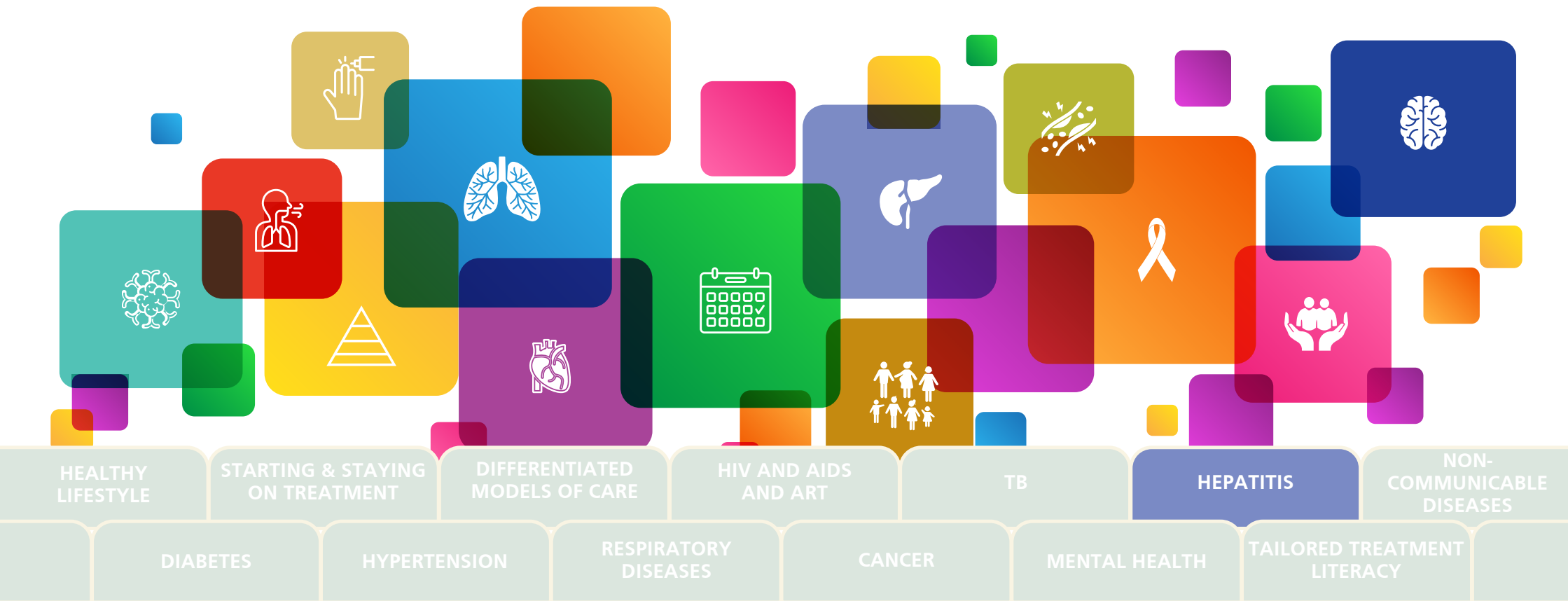
MENTAL HEALTH

TAILORED TREATMENT LITERACY

**Treatment Literacy Flip Chart**

Education on Hepatitis | Page 148

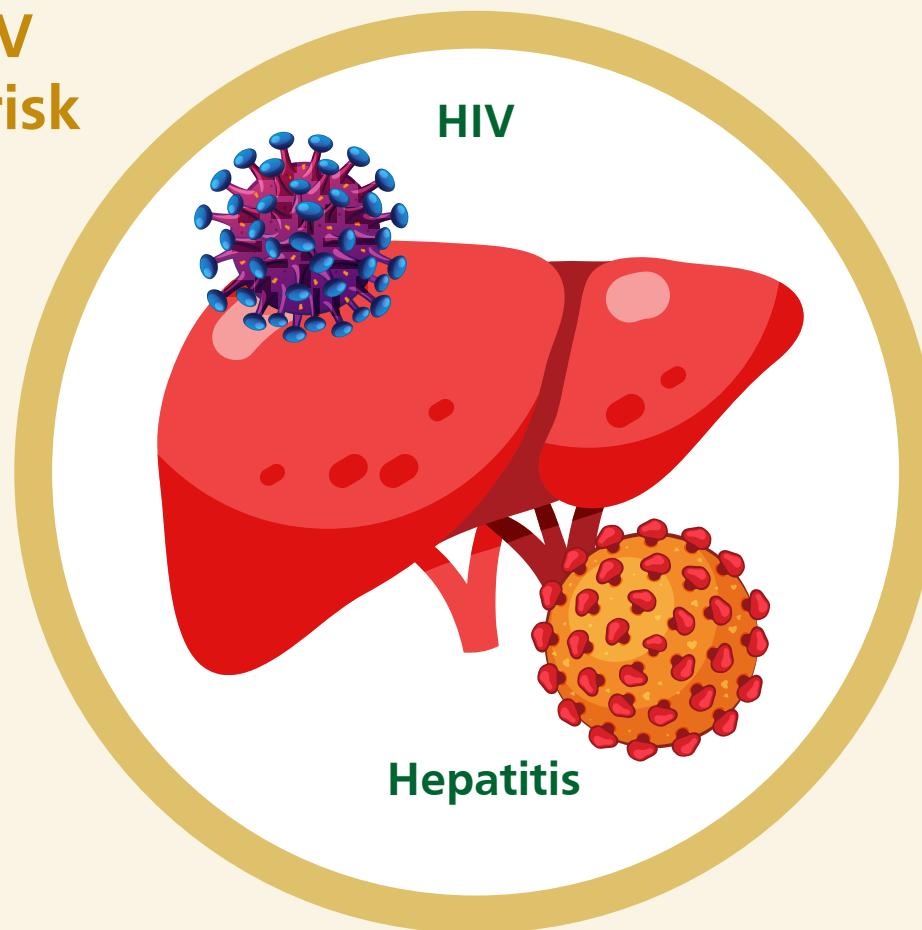
# HEPATITIS



## Treatment Literacy Flip Chart

# Viral hepatitis

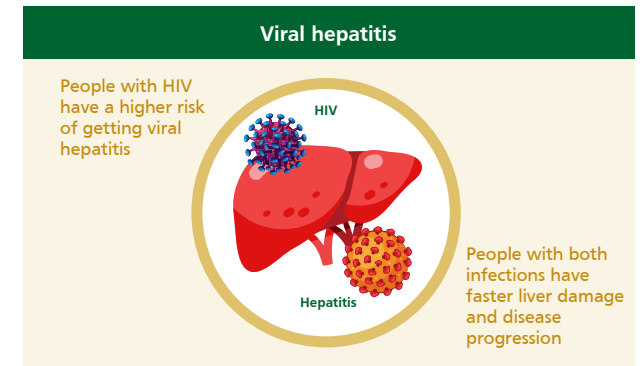
People with HIV  
have a higher risk  
of getting viral  
hepatitis



People with  
both infections  
have faster  
liver damage  
and disease  
progression

# Viral hepatitis

- About 1 in 10 People Living with HIV also have viral hepatitis (inflamed livers).
- Both HIV and some types of hepatitis spread through contact with blood, semen or other body fluids.
  - Avoid sharing toothbrushes, razors or needles.
  - Reliably use condoms, especially with a new partner.
  - Advise needle-sharing/sexual contact/s to test.
- Without treatment hepatitis can lead to serious liver damage or cancer, and can be worse in people with HIV.
- Hepatitis B can be prevented with a safe and effective vaccine.



Hepatitis B and C spread through blood, semen and body fluids.

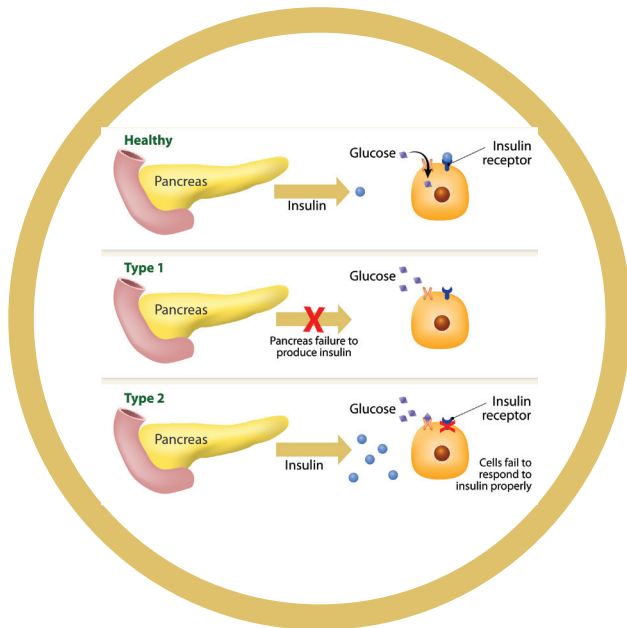
Hepatitis A and E is transmitted through contaminated food and water.

Hepatitis can also be a result of excessive alcohol or some drugs/medications especially taken in excess.

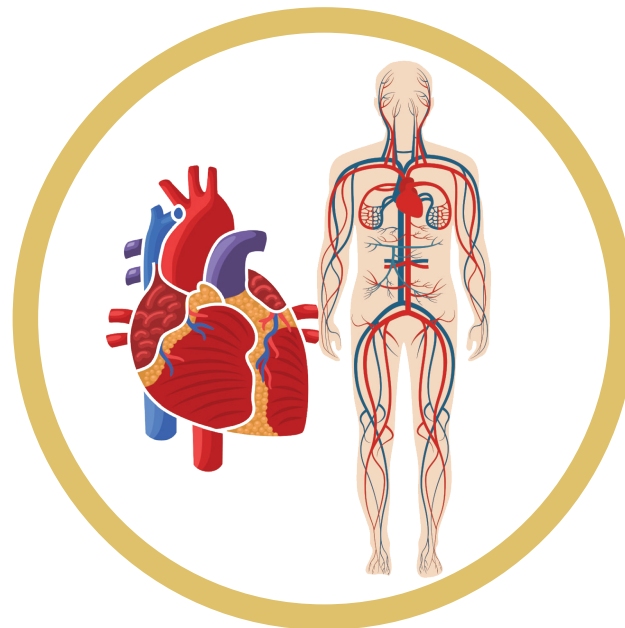
General symptoms	Liver symptoms
Feeling very tired, loss of appetite, fever, nausea, vomiting, pain near the top right of your belly.	Yellowing of skin and whites of eyes, itching, dark urine and light stools.

**Remember:** Hepatitis infections can last less than 6 months if the immune system is strong. If your immune system is weak the virus can stay in your body for life.

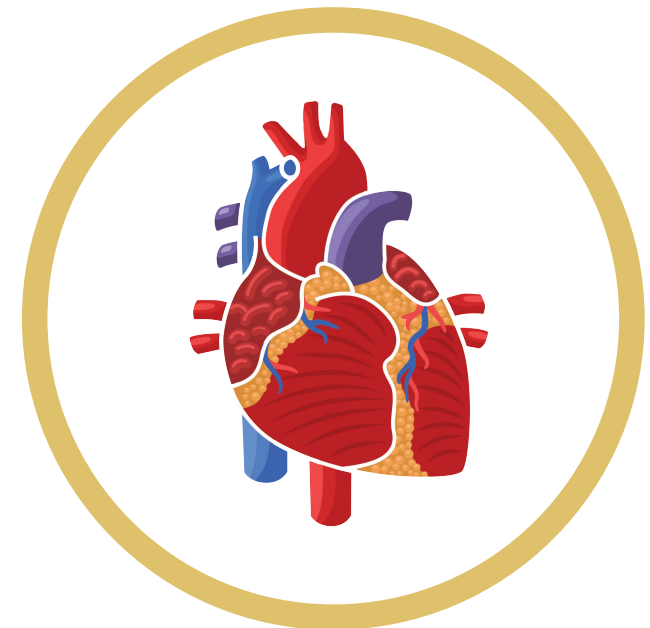
# NON-COMMUNICABLE DISEASES



**Diabetes**



**Hypertension**

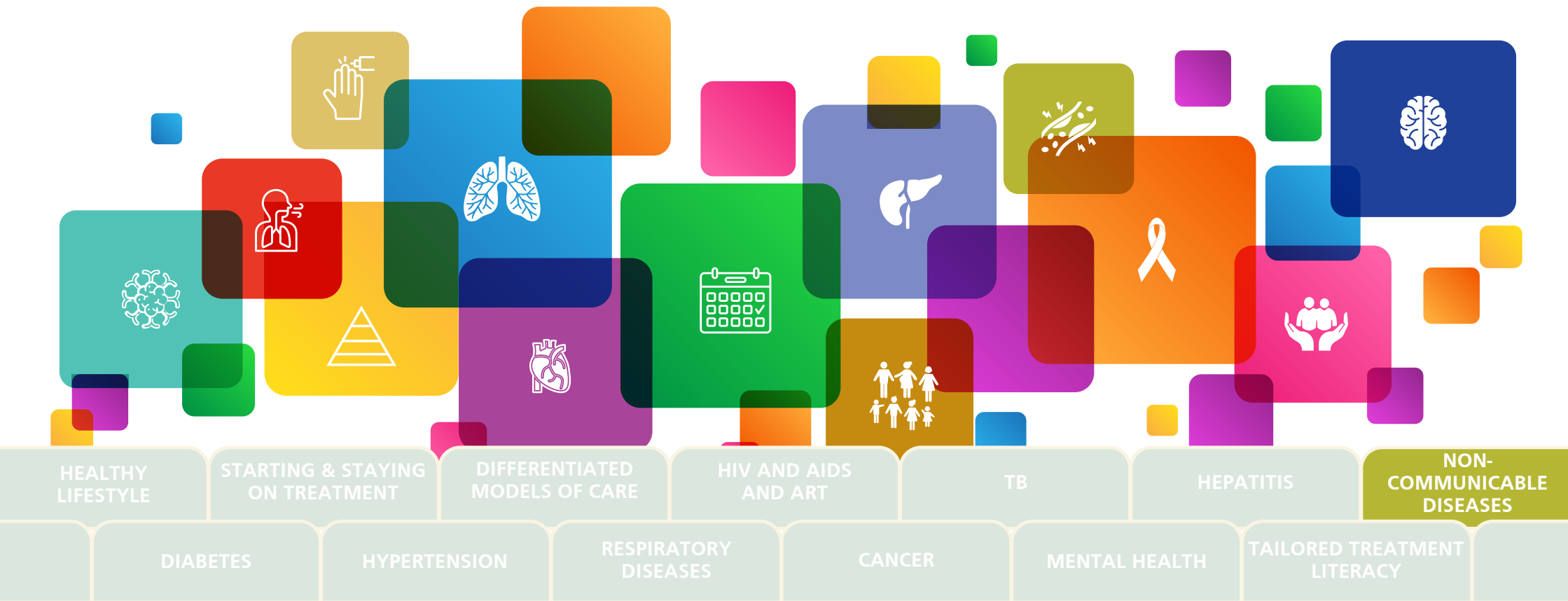


**Heart and blood vessel problems**

HEALTHY LIFESTYLE	STARTING & STAYING ON TREATMENT	DIFFERENTIATED MODELS OF CARE	HIV AND AIDS AND ART	TB	HEPATITIS	<b>NON-COMMUNICABLE DISEASES</b>
DIABETES	HYPERTENSION	RESPIRATORY DISEASES	CANCER	MENTAL HEALTH	TAILORED TREATMENT LITERACY	

## Treatment Literacy Flip Chart

# NON-COMMUNICABLE DISEASES



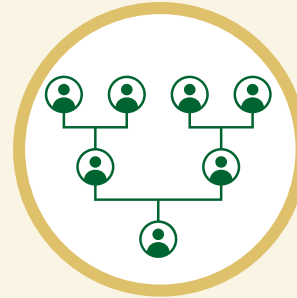
## Treatment Literacy Flip Chart

# What are non-communicable diseases?

Not passed on from others



Long-lasting



Family history



Age



Unhealthy diet



Pollution



Too much alcohol



Lack of exercise

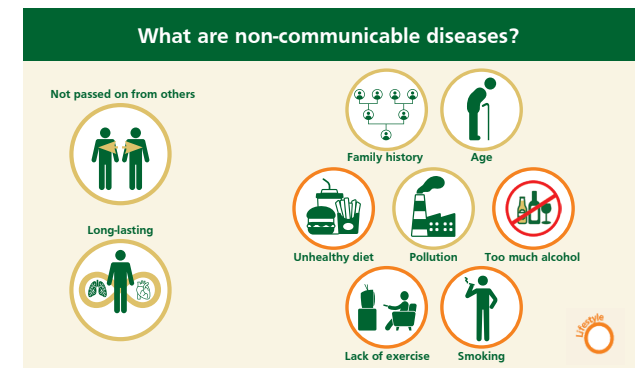


Smoking



# What are non-communicable diseases?

- Non-communicable diseases are chronic conditions, that are not passed from one person to another.
  - They can't be spread through the air or contact.
- They are long-lasting, often for a lifetime.
- Common non-communicable diseases include:
  - diabetes,
  - hypertension,
  - other heart and blood vessel problems that can cause strokes or heart attacks,
  - cancer,
  - chronic lung diseases,
  - chronic kidney disease,
  - liver disease,
  - mental health conditions.



## Common risk factors:

### Lifestyle:

- Smoking
- Unhealthy eating habits
- Lack of regular exercise
- Excessive alcohol use

### Environmental risks:

- Air pollution
- Toxic exposure

### Background risks:

- Age
- Family history

**Remember:** Many risk factors can be prevented and managed through lifestyle changes.

# How likely are chronic diseases to impact you/ those you know?

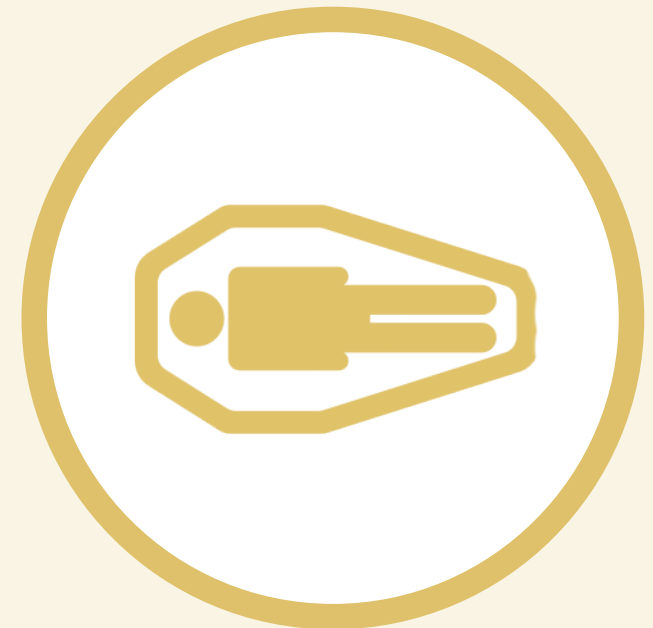
More than half of adults has 1 or more chronic condition



Diabetes



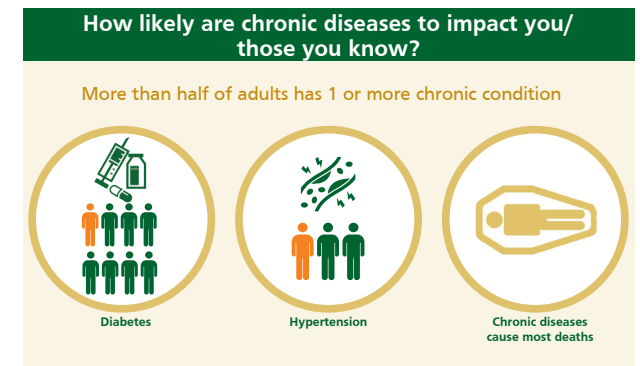
Hypertension



Chronic diseases  
cause most deaths

# How likely are chronic diseases to impact you/those you know?

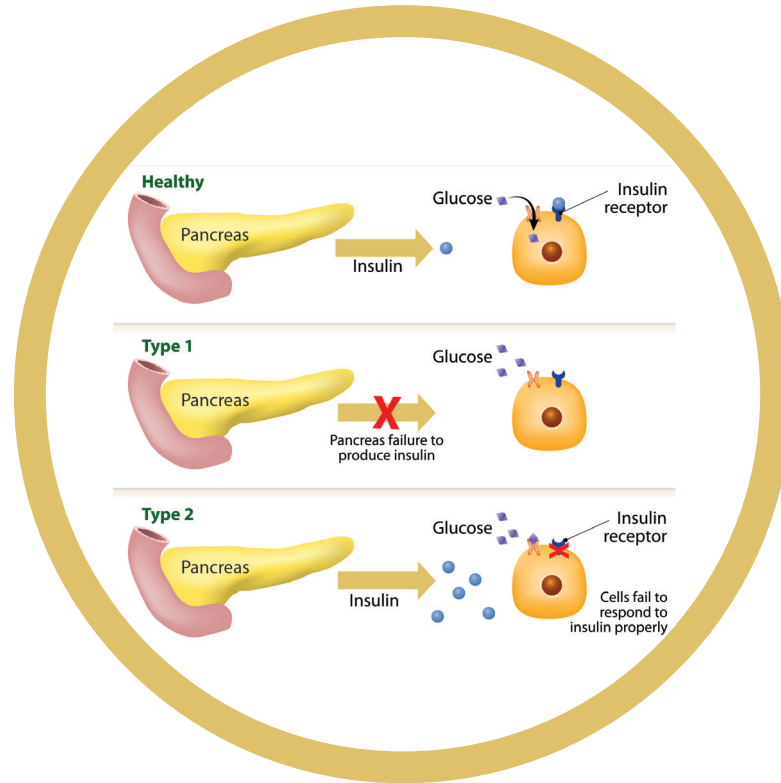
- More than half of adults in South Africa has at least one chronic condition.
  - Diabetes affects 1 out of every 8 adults.
  - 35 – 50% of adults have high blood pressure.
  - 1 in 12 adults have had strokes.
- Chronic diseases are responsible for most deaths in South Africa.
  - Deaths from lifestyle-related diseases are increasing.
  - Diabetes has replaced TB as the number one cause of death.\*
  - High blood pressure jumped from the 6th leading cause of death to the 2nd in just three years.\*
  - Conditions affecting the brain's blood vessels (e.g. stroke) are the 3rd highest cause of death.\*
- Some chronic diseases are called "silent killers" as they often have no symptoms especially in the beginning.



\* These exclude COVID – the leading cause of death in 2020 and 2021.

**Remember:** Get tested regularly for long-term illnesses, especially if your family has a history of these.

# DIABETES



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

CANCER

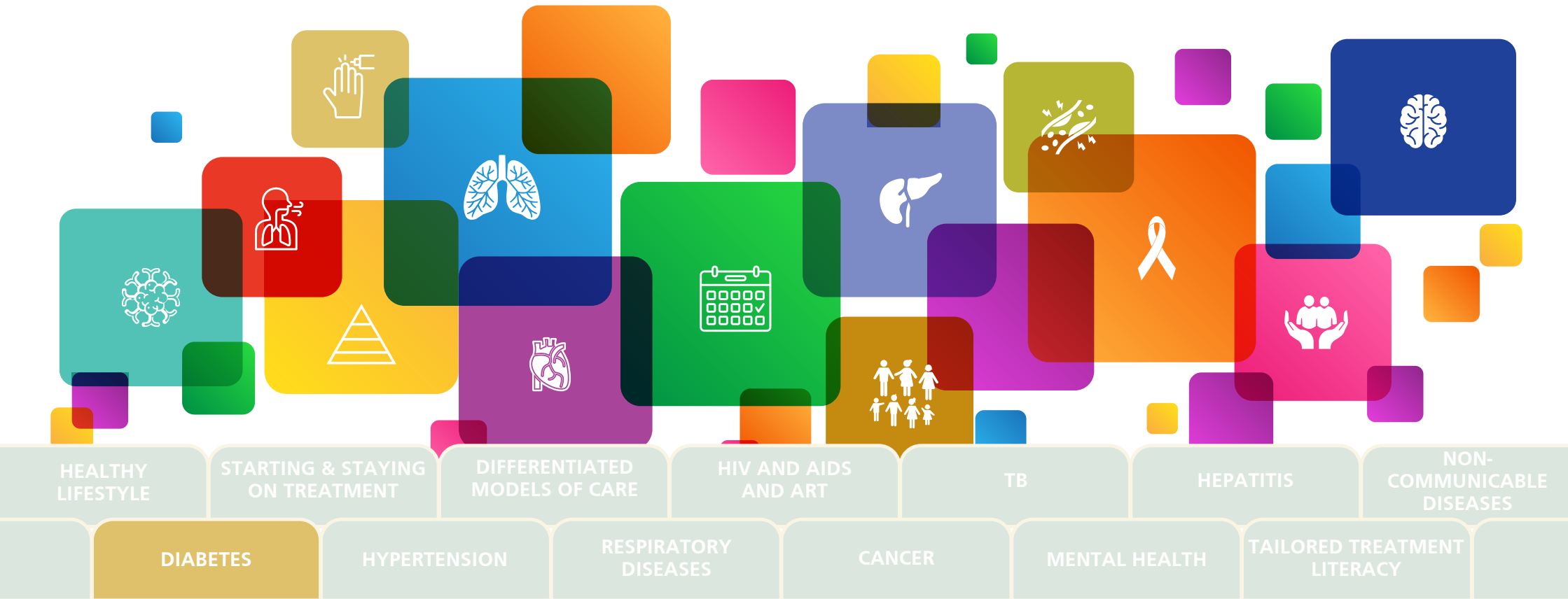
MENTAL HEALTH

TAILORED TREATMENT LITERACY

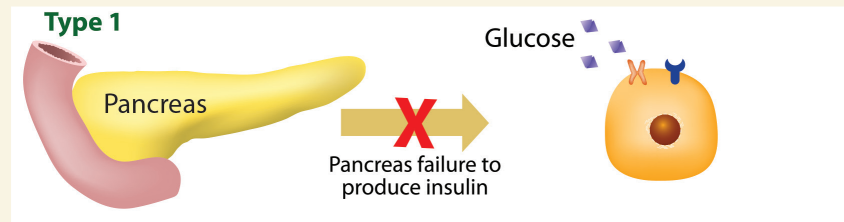
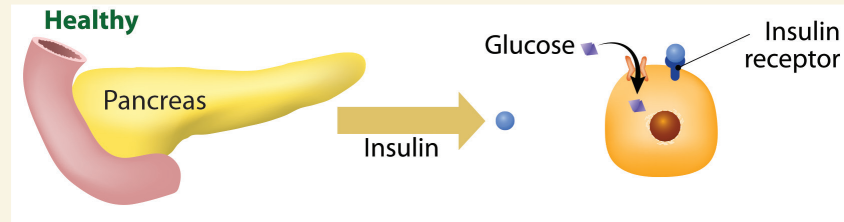
Treatment Literacy Flip Chart

Education on Diabetes | Page 158

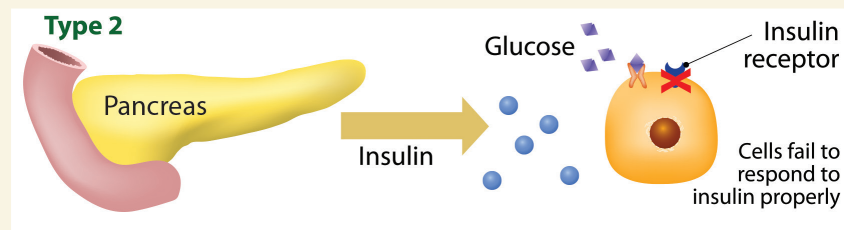
# DIABETES



# What is diabetes?

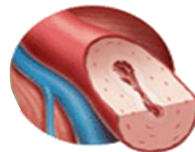


**Not enough insulin made**

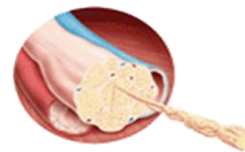


**Can't use insulin made**

Reduced blood flow



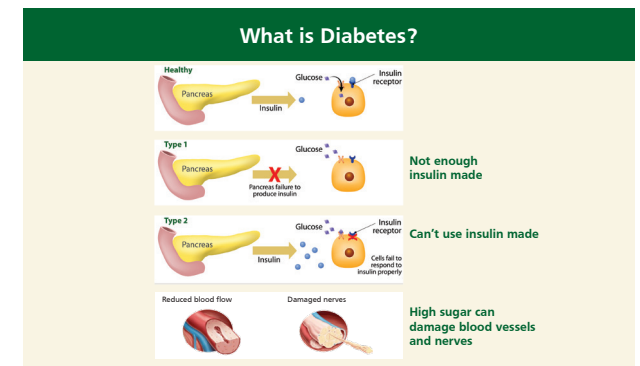
Damaged nerves



**High sugar can damage blood vessels and nerves**

# What is diabetes?

- Diabetes is a long-term condition where the body cannot manage blood sugar properly, causing levels to rise above normal.
- The pancreas, an organ near the stomach, makes insulin to help 'sugar' get into your cells to give them energy.
- With diabetes, your body either doesn't make enough insulin or can't use it properly to turn food into energy.
- The blood will have very high sugar levels.
- Too much sugar in your blood can damage your blood vessels and nerves in some parts of your body.



# The types of diabetes and how they can be prevented?



Type 1

Can't be prevented



Type 2  
(most common type)

Can be prevented



Type 3

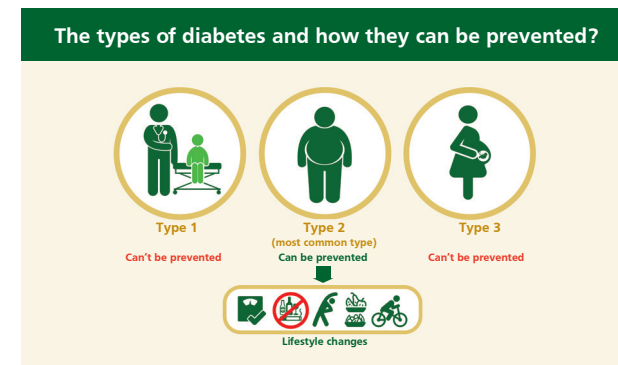
Can't be prevented



Lifestyle changes

# The types of diabetes and how they can be prevented

Type 1	Type 2 (90% of cases)	Type 3
Often develops in children, but can in young adults.	Often develops in adults, but can in children.	Gestational diabetes occurs during pregnancy due to hormonal changes.
Family history of Type 1 Diabetes.	Over 30 years old, and often overweight.	Goes away after birth. Type 2 may develop.
Cannot be prevented.	Can be prevented with lifestyle changes.	Cannot be prevented.
Diagnose as early as possible, when the symptoms appear.	Correct body weight. Regular exercise. Healthy diet. Reduce alcohol intake. Stop smoking.	Will resolve at the end of the pregnancy.



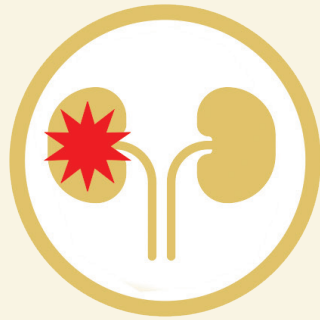
You can prevent these serious conditions with a healthy lifestyle, consistent medication and regular monitoring.

**Remember:** It is important to be screened for diabetes throughout your pregnancy but especially from week 24.

# Possible risks associated with uncontrolled diabetes



**Heart attacks  
Strokes**



**Kidneys  
failure**



**Vision  
loss**



**Skin/gum  
sores**



**Depression**

# Possible risks associated with uncontrolled diabetes

Diabetes can lead to serious health issues by damaging blood vessels and nerves in the body.



- Heart attacks and strokes from heart and blood vessel problems.



- Damage to kidneys over time, with potential failure.



- Damage to tiny blood vessels in the eyes, which can lead to vision loss or blindness.
- Sight problems or even blindness from damaged blood vessels in eyes leading to glaucoma or high sugar levels causing cataracts.



- Gum disease or skin infections, including ulcers on legs, due to blood vessel damage.



- Depression is more common in people with diabetes.

## Possible risks associated with uncontrolled Diabetes



Heart attacks  
Strokes



Kidneys  
failure



Vision  
loss



Skin/gum  
sores



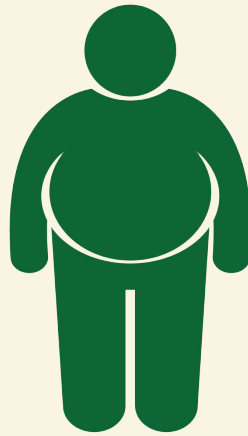
Depression

You can prevent these serious conditions with a healthy lifestyle, consistent medication and regular monitoring.

# Who is at risk of diabetes?



Overweight



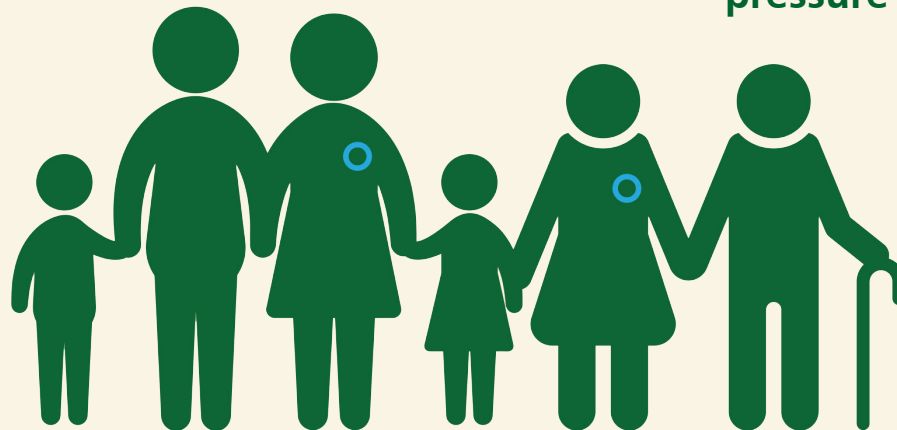
Large waist



High blood pressure



Past stroke



Diabetes in family



Diabetes in pregnancy

# Who is at risk of diabetes?

- Overweight people.
- Large waist circumference:  
**Women: larger than 80 cm**  
**Men: larger than 94 cm**
- People with high blood pressure.
- People who have had a stroke in the past.
- Family history of diabetes.
- History of diabetes in pregnancy.



# What are the signs and symptoms of diabetes?



Urinating often



Needing to drink often



Weight loss



Always hungry



Blurred vision



Tingling hands/feet



Very tired



Very dry skin



Erection problems



Thrush

# What are the signs and symptoms of diabetes?

- Frequent urination – passing water more often.
- Excessive thirst – needing to drink often.
- Unexplained weight loss.
- Always hungry – even after large meals.
- Sudden vision changes such as blurred vision.
- Tingling or numbness in hands or feet.
- Feeling very tired most of the time.
- Very dry skin, sores that are slow to heal.
- Can't get or keep an erection firm enough for sex.
- Long-lasting vaginal thrush and urinary tract infections.



# How to manage your diabetes?



**Monitor your glucose levels**  
**Other key health checks**



**Take your medication**



Healthy eating

Exercise

Stop smoking

Foot care

**Make healthy lifestyle choices**

# How to manage your diabetes?

- Monitor your blood sugar levels.
  - Your clinician will say how often.
- Check blood pressure, weight and eyesight often.
- For type 1 lifelong insulin injections, pens, pumps.
- For type 2 lifestyle changes, diabetes medicines, maybe insulin.
- Healthy lifestyle choices are key:
  - Healthy eating – to keep blood sugar stable.
  - Regular exercise – to lower blood sugar, use insulin better and help weight loss.
  - Stop smoking – to help lower blood sugar, use insulin better. protect blood vessels.
  - Check and care for your feet.
    - Check daily for cuts, swelling, sores.
    - Wash and moisturise and wear proper footwear.
    - High blood sugar can cause nerve damage and poor blood flow.
    - A small cut or blister can turn into a serious infection.



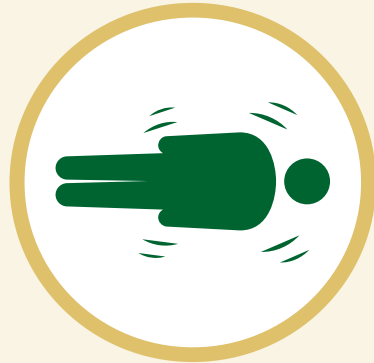
# When you (or someone else with diabetes) need urgent attention



Chest pain



Confusion



Fits



Drowsiness



Dizziness



Fever



Dry mouth



Sweating



Thirst



Fast heartbeat

# When you (or someone else with diabetes) need urgent attention

If you (or someone else with diabetes) have any of the following, please seek medical attention immediately:

- Chest pain (potential heart attack)
- Confusion or unusual behaviour (low or high blood sugar)
- Fits/seizures (extremely low or extremely high blood sugar)
- Drowsiness (low blood sugar, can be high blood sugar)
- Weakness/dizziness (low blood sugar, can be high blood sugar)
- Fever (higher risk of heat-related illness)
- Dry mouth or skin not bouncing back (high blood sugar)
- Shaking (low blood sugar)
- Sweating (low blood sugar)
- Palpitations (low or high blood sugar)
- Thirst or hunger (low blood sugar)
- Low blood pressure and fast heartbeat (low blood sugar)

**Remember:** Recognise your low blood sugar symptoms and check your blood sugar. If less than 3.9 mmol/L with a fingerstick test, have a drink with sugar, a sweet or glucose tablet. Recheck in 15 minutes and repeat if needed.



Symptoms of a potentially life threatening condition:

Rapid deep breathing  
nausea, vomiting, abdominal pain,  
fruity-smelling breath.

Seek medical attention  
immediately!

# How diabetes affects HIV and TB and vice versa



**HIV can increase risk of diabetes**

**Diabetes can make HIV worse**

**Diabetes increases risk of TB**

**TB can trigger diabetes**

**Both TB and diabetes are harder to manage**

# How diabetes affects HIV and TB and vice versa

## HIV impact on diabetes

- HIV can increase the risk of diabetes.
  - HIV causes chronic inflammation.

## Diabetes impact on HIV

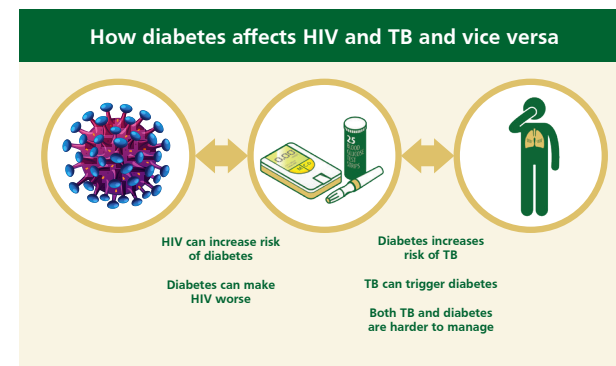
- Diabetes can make complications worse.
- Diabetes can reduce the blood levels of some ART.
- Diabetes can increase hospitalisations and risk of death.

## Diabetes impact on TB

- People with diabetes are more likely to get TB than people without it.
  - Increased risk of being infected with TB.
  - Increased risk for inactive TB infection to become active TB.
  - Increased risk of more severe disease.
- With diabetes, TB treatment can take longer to work.
- With diabetes, TB is more likely to come back again or lead to death.

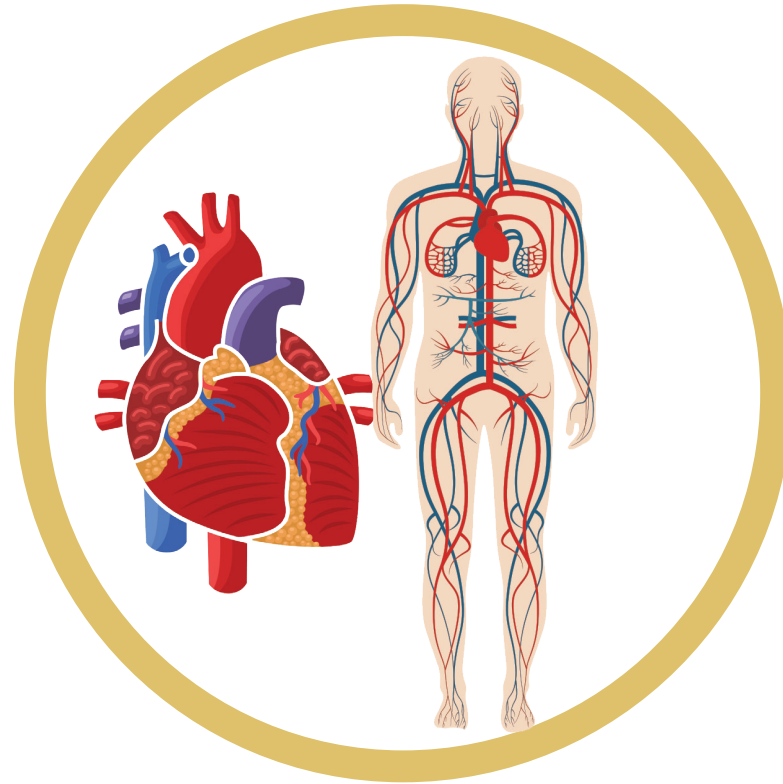
## TB impact on diabetes

- TB can trigger diabetes.
- TB can make diabetes harder to manage.



Managing your blood sugar is key to beating both TB and diabetes.

# HYPERTENSION



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

**HYPERTENSION**

RESPIRATORY DISEASES

CANCER

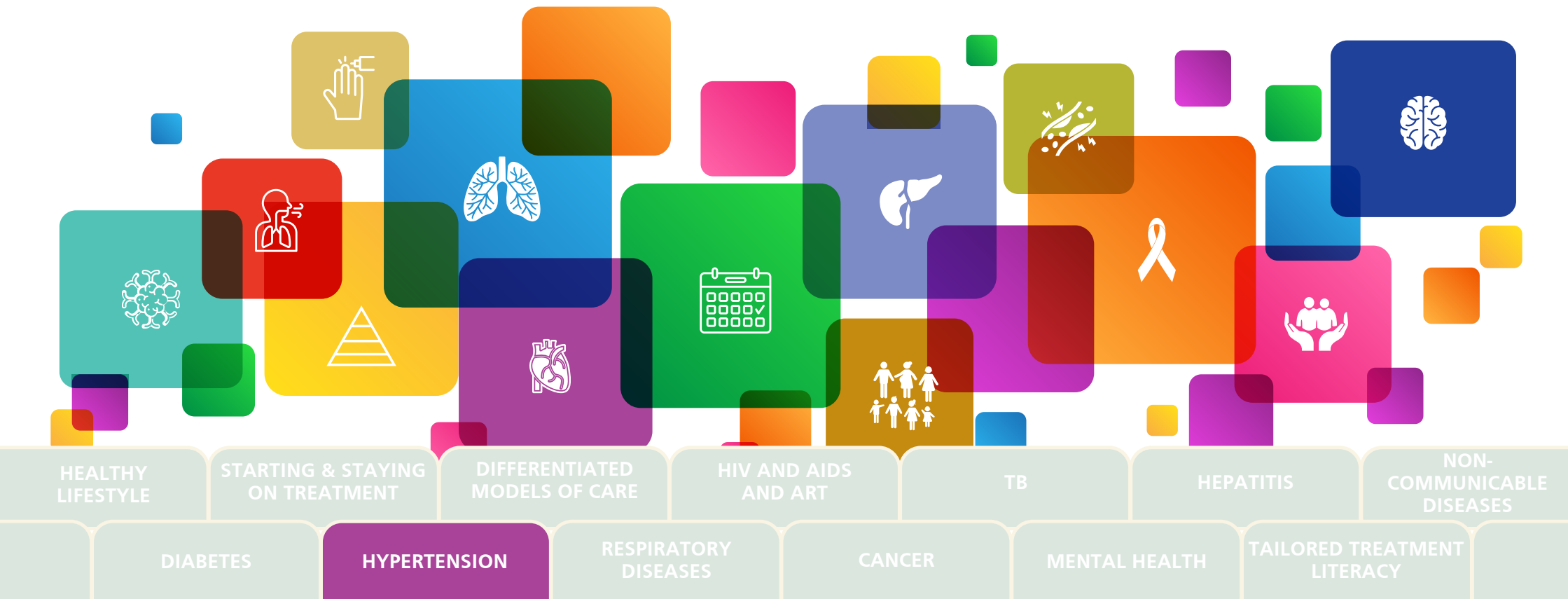
MENTAL HEALTH

TAILORED TREATMENT LITERACY

**Treatment Literacy Flip Chart**

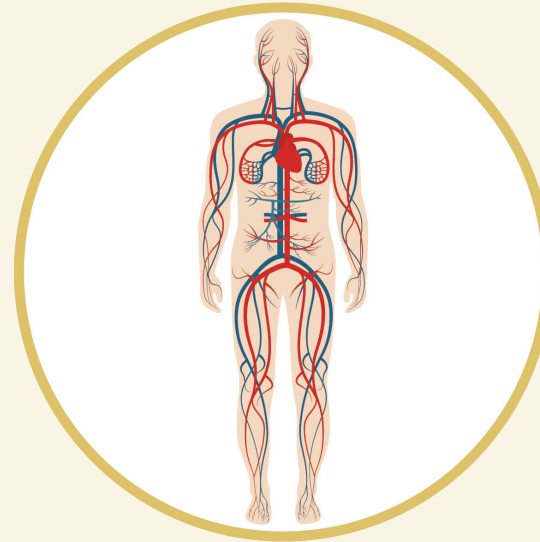
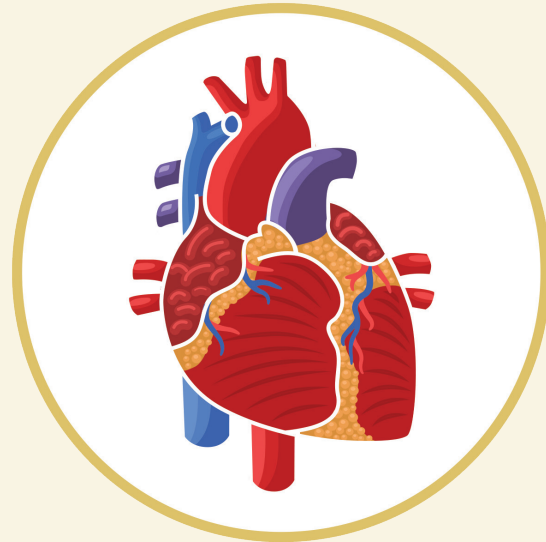
Education on Hypertension | Page 176

# HYPERTENSION



## Treatment Literacy Flip Chart

# What is hypertension (high blood pressure)? What causes it?



## Risk factors you can change



Smoking



Excess weight



Too much salt



Too much fat



Too much alcohol



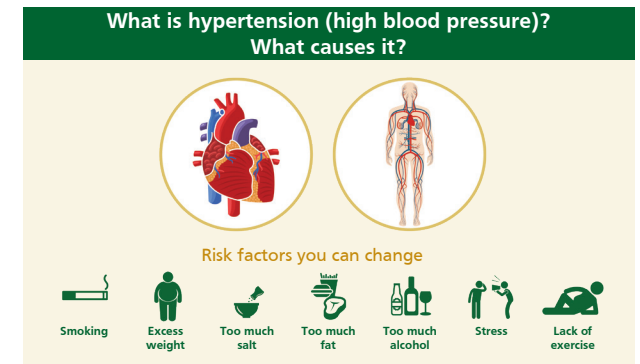
Stress



Lack of exercise

# What is hypertension (high blood pressure)? What causes it?

- Our heart works like a pump and makes the blood circulate around the body.
- With every heartbeat blood is pushed through the blood vessels and sent through the body carrying oxygen and nutrition.
- With high blood pressure the force of the blood against your blood vessels is high, making your heart work harder.



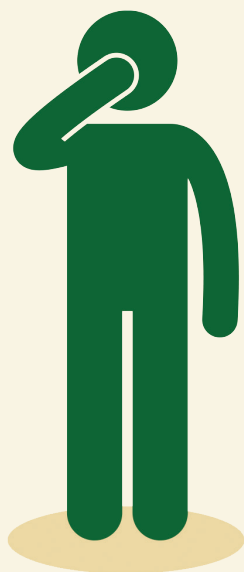
## Controllable risk factors

- smoking
- being overweight
- eating a lot of salt and fat
- drinking a lot of alcohol
- stress and lack of sleep
- not getting exercise

## Factors that can't be controlled

- age (as blood vessels become harder)
- race/ethnicity (African or Southeast Asian)
- family history of high blood pressure
- underlying medical conditions e.g. renal diseases, certain medications

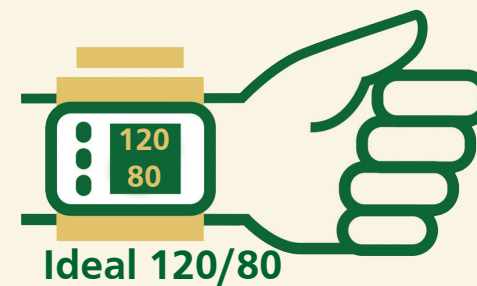
# Importance of understanding your blood pressure reading



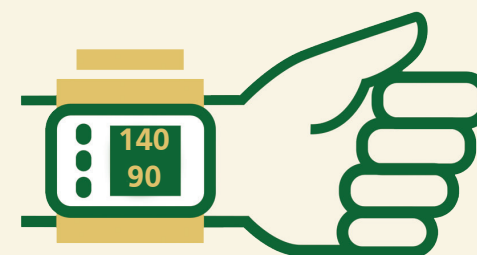
There may be no symptoms



BP readings – only way to diagnose



Ideal 120/80



High blood pressure more than 140/90

# Importance of understanding your blood pressure reading

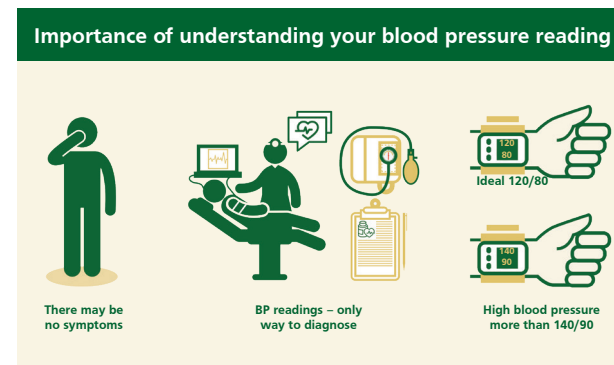
Understanding your blood pressure readings is vital because:

- High blood pressure can have no symptoms, and the readings can be the only way to know you have it.
- It can help you know if lifestyle changes are needed like reducing salt and alcohol, no smoking, managing stress or exercising more.
- Your doctor uses it to guide your management and treatment.
- You and your doctor will know when the treatment is working.
- You can prevent serious complications such as strokes or heart attacks.

Blood pressure is measured with a blood pressure machine.

- Systolic is the upper number when your heart beats.
- Diastolic is the lower number when your heart rests between beats.
- The goal is to have a reading of 120/80 mmHg.
- The clinician diagnoses high blood pressure when blood pressure stays above 140/90 mmHg, when taken on different days.

**Remember:** Your goal when taking blood pressure medicines is to have blood pressure less than 140/90 mmHg.



# How to manage your high blood pressure?

## Lifestyle modifications



Lose extra weight



Reduce stress



Exercise



Reduce salt, fats



Reduce excess alcohol



More fruits and veg



Stop smoking



Blood pressure medication

# How to manage your high blood pressure?

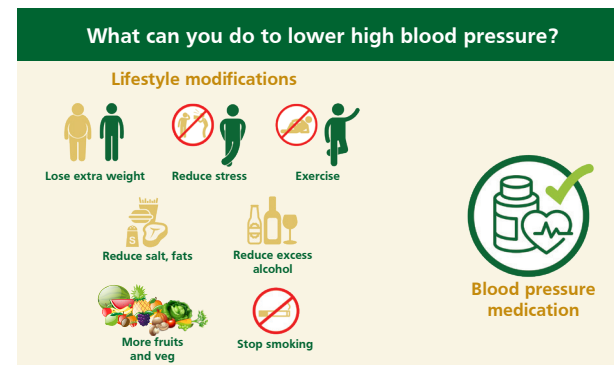
Lifelong lifestyle changes can control your blood pressure:

- lose weight if overweight
- reduce stress
- exercise 30 minutes a day or more
- eat food low in salt, saturated fats and cholesterol
- no excessive alcohol use
- increase fruit and vegetables to five servings per day
- do not smoke

When lifestyle changes alone aren't enough to lower your blood pressure, your clinician may prescribe medicines.

- Continue lifestyle changes to help manage your blood pressure.
- The clinician will choose suitable treatment for you depending on your blood pressure and medical history.
- Your medicines may be different than someone with the same condition.

**Remember:** It is very important to take your blood pressure medicines as prescribed even when the BP seems controlled.



# Possible risks of uncontrolled blood pressure

Burst blood vessels



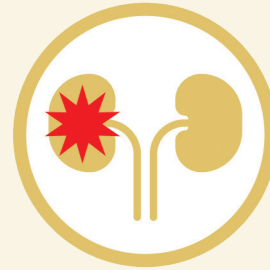
Heart attack



Stroke



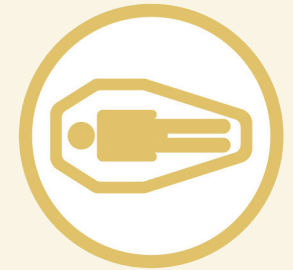
Kidney failure



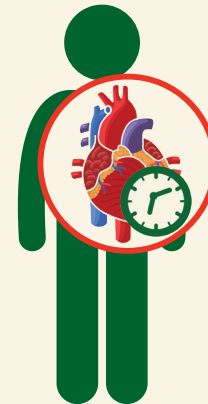
Vision loss



Death

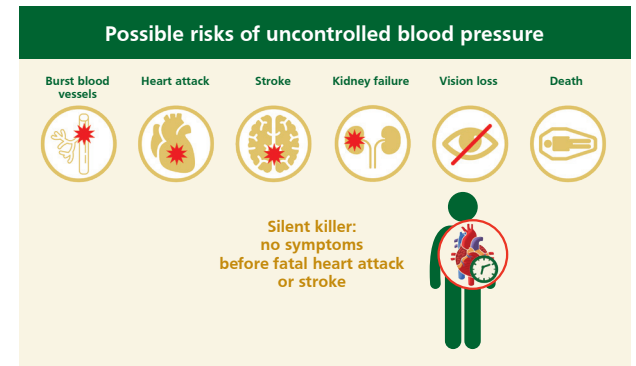


Silent killer:  
no symptoms before  
fatal heart attack  
or stroke



# Possible risks of uncontrolled blood pressure

- High blood pressure can cause blood vessels to burst or become blocked.
- The rupture or blockage can lead to:
  - heart attack or heart failure.
  - aneurysm – when the artery wall weakens and bulges and can burst.
  - stroke – if blood supply to the brain is affected.
  - kidney failure – due to damage of small blood vessels in the kidneys.
  - loss of vision – if blood vessels in the eyes are damaged.
  - restricted blood flow to the legs and maybe removal of the leg.
  - death.
- If you have high blood pressure and any of the following happens, get urgent medical attention:



- eyesight issues
- confusion
- chest pain
- difficulty breathing
- sudden weakness on 1 or both sides, vision problems, dizziness, worse when lying flat
- dizziness
- severe headache
- leg swelling
- difficulty speaking or swallowing

**Remember:** Without treatment, the risk of serious health complications is very high.

# How often should I go to the clinic for my high blood pressure check up?



New treatment or dose.....every 2 to 4 weeks

Stable.....every 3 to 6 months

Controlled 1 year or more.....every 6 months

Never diagnosed 40 or older.. every year

Never diagnosed under 40.....every 2 to 5 years

# How often should I go to the clinic for my high blood pressure check up?

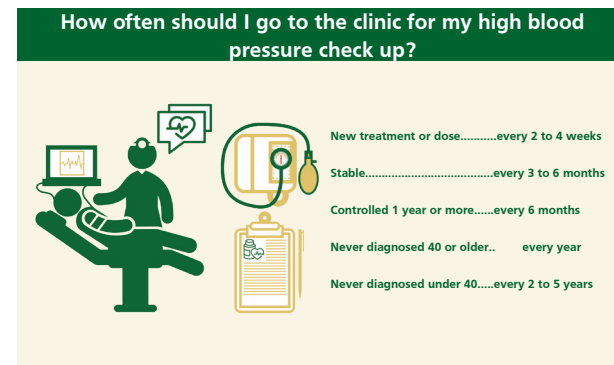
## If you are on blood pressure medicines:

- See your doctor regularly to:
  - make sure your medicine is working.
  - get your blood pressure checked.
  - have a routine physical exam.
- When we start your blood pressure treatment, we'll help you build healthier habits and make it easier to remember your pills.

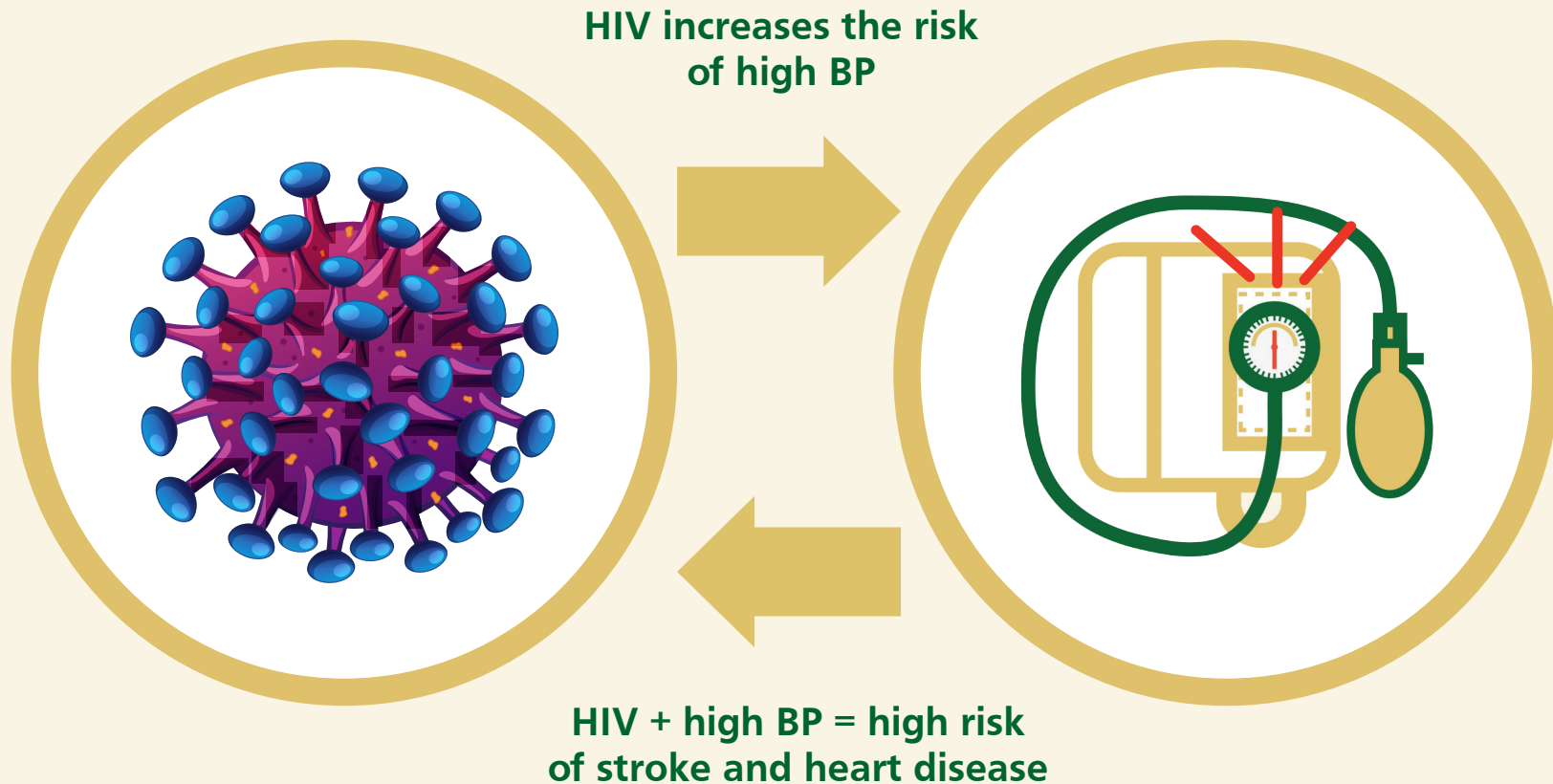
## Frequency of check-up:

- If starting new treatment or adjusting dosage – check every 2–4 weeks.
- Once stable, get your BP checked every 3–6 months.
- If controlled for 1 year or longer check every 6 months.
- If never diagnosed with hypertension have it checked yearly if over 40 and every 2 to 5 years if under 40.

**Remember:** You can live longer and improve quality of your life when you manage your blood pressure as advised.



# How HIV and high blood pressure affect each other



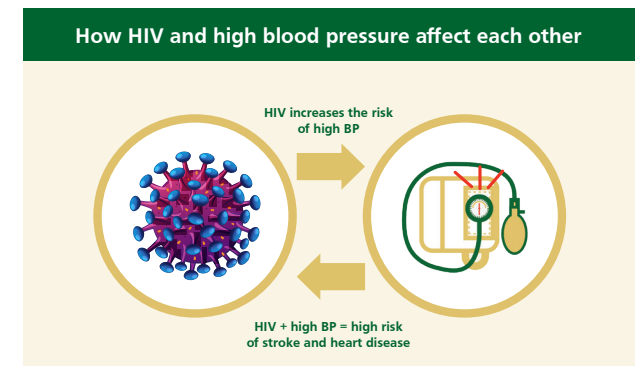
# How HIV and high blood pressure affect each other

## HIV impact on high blood pressure:

- HIV can increase the risk of high blood pressure because:
  - chronic inflammation can damage and harden blood vessels.
  - HIV and some ART can cause “clogged” or narrowed arteries.
  - of an increased risk of kidney conditions.
  - it reduces the ability of blood vessels to relax.
- Some ART medications:
  - have an increased risk of high blood pressure.
  - cause weight gain which can contribute to high blood pressure.

## High blood pressure:

- makes the risk of heart disease and stroke twice as likely in people living with HIV than in those without the virus.



**Remember:** High blood pressure is a one of the diseases commonly found in People Living with HIV, so it is vital they are both monitored and treated together.

# RESPIRATORY DISEASES



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

**RESPIRATORY DISEASES**

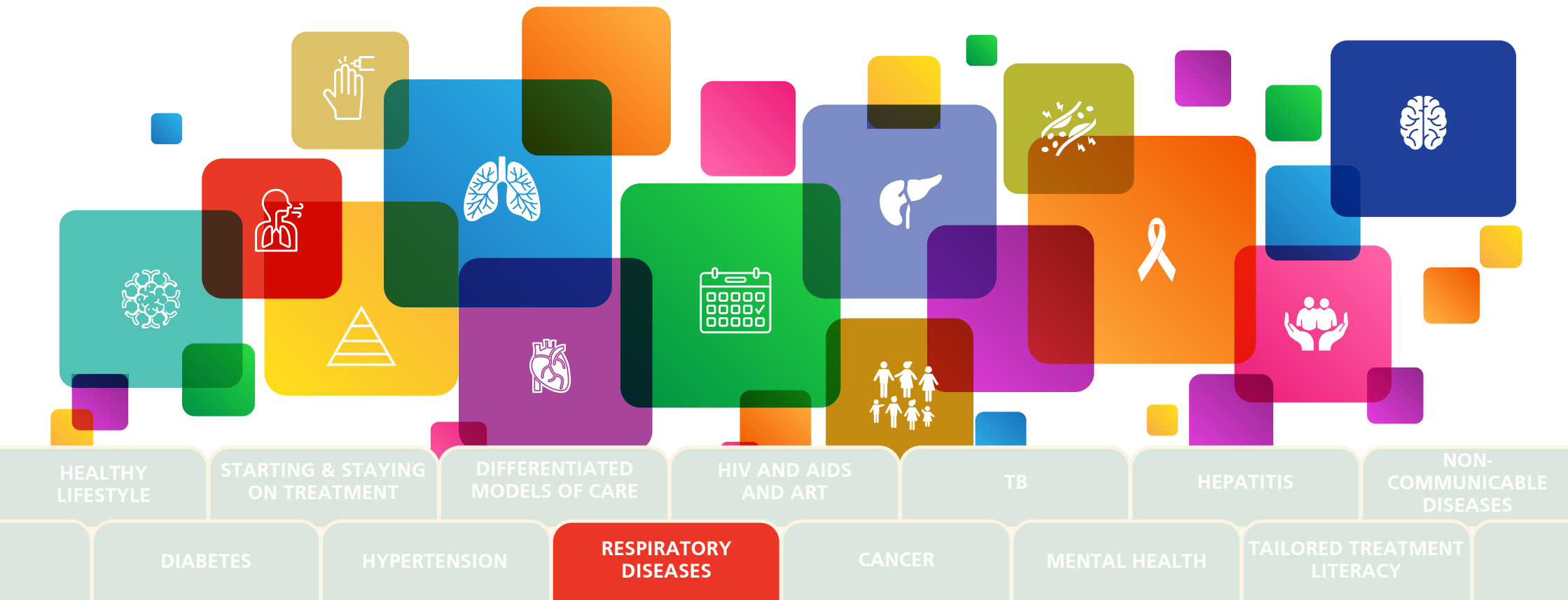
CANCER

MENTAL HEALTH

TAILORED TREATMENT LITERACY

**Treatment Literacy Flip Chart**

# RESPIRATORY DISEASES



## Treatment Literacy Flip Chart

# Chronic respiratory diseases

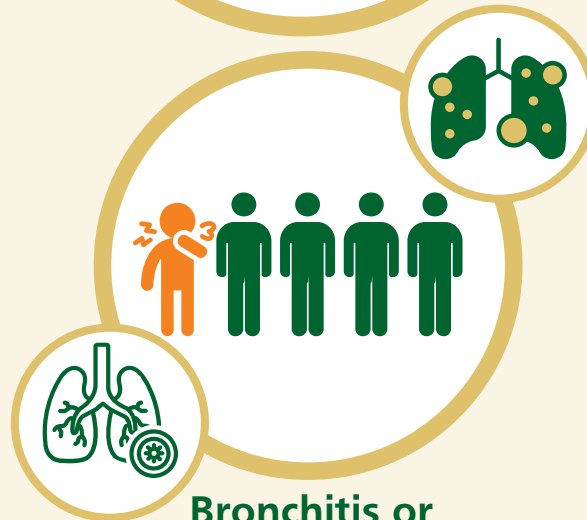
Chronic lung disease



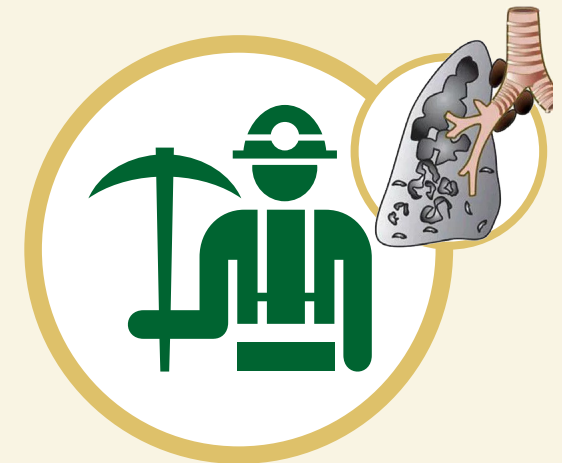
Difficult to breathe



Asthma 1 in 8



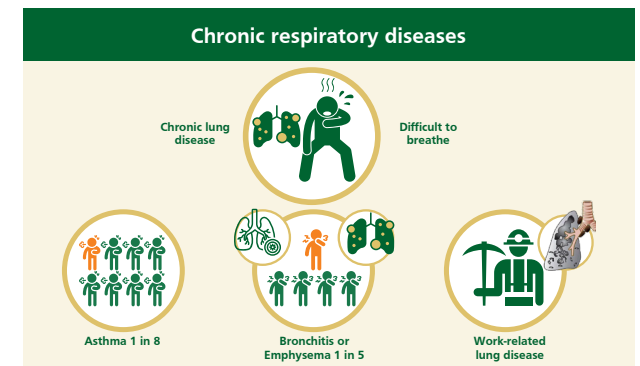
Bronchitis or Emphysema 1 in 5



Work-related lung disease

# Chronic respiratory diseases

- Long-lasting lung conditions that make it hard to breathe. Most common are: asthma, emphysema, chronic bronchitis.
- **Asthma:**  
airways are narrowed from swelling and tightening and clogged with thick mucus.
  - About 1 in 8 South Africans were diagnosed with asthma; double the world average.
  - Most people with asthma are not diagnosed.
  - SA has the 5th highest death rate from asthma in the world.
- **Emphysema:**  
air sacs in the lungs are damaged.
- **Chronic bronchitis:**  
main tubes to lungs are swollen and irritated
  - About 1 in 5 South Africans have one of these.
  - Most people are not diagnosed.
- **Work-related lung diseases:**
  - Coal worker “black lung” and silicosis from breathing in harmful dust at work (mines, quarries and construction).



Chronic lung diseases like emphysema and chronic bronchitis are a “top 10” natural cause of death in SA.

# Symptoms of asthma, chronic bronchitis, emphysema

ALL:



Coughing



Shortness of breath



Chest tightness



Wheezing



# Symptoms of asthma, chronic bronchitis, emphysema

## Asthma

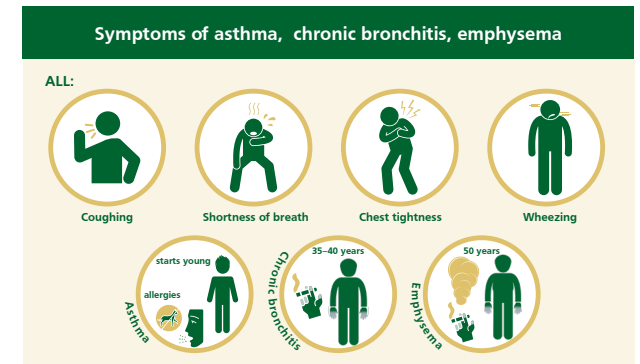
- Symptoms in episodes; usually normal breathing.
- Cough worse at night, early morning, in cold air, with stress.
- Starts before 20 years old.
- Family history of asthma.
- History of hay fever, eczema or other allergies.

## Chronic bronchitis

- Symptoms ongoing, worsens over years.
- Cough wet with thick yellow or green mucus. (at least 3 months per year for more than one year).
- Blue or grey lips, skin and/or nails (especially with physical exertion).
- General tiredness.
- Starts usually after 35 - 40 years old.
- History of heavy smoking or dusty workplace.
- History of frequent colds and flu.

## Emphysema

- Shortness of breath very serious. Pursed-lip breathing.
- Cough almost every day.
- Extreme tiredness.
- Unintended weight loss.
- Barrel-shaped chest.
- Starts usually after 40 years old.
- History of heavy smoking.



Know the symptoms for these diseases and seek medical attention and testing if they appear or worsen.

# Management of asthma and chronic bronchitis/emphysema



Stop smoking



Avoid triggers



Lung infection tests



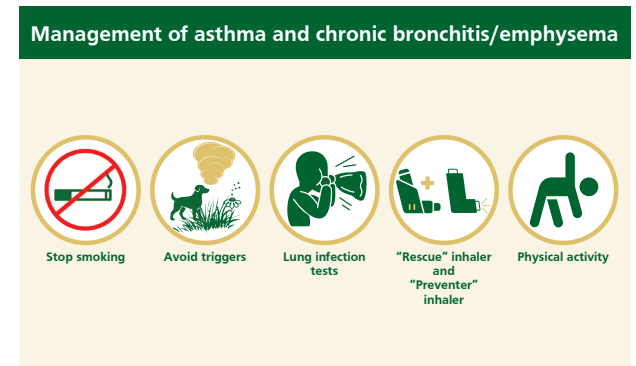
"Rescue" inhaler and "Preventer" inhaler



Physical activity

# Management of asthma and chronic bronchitis/emphysema

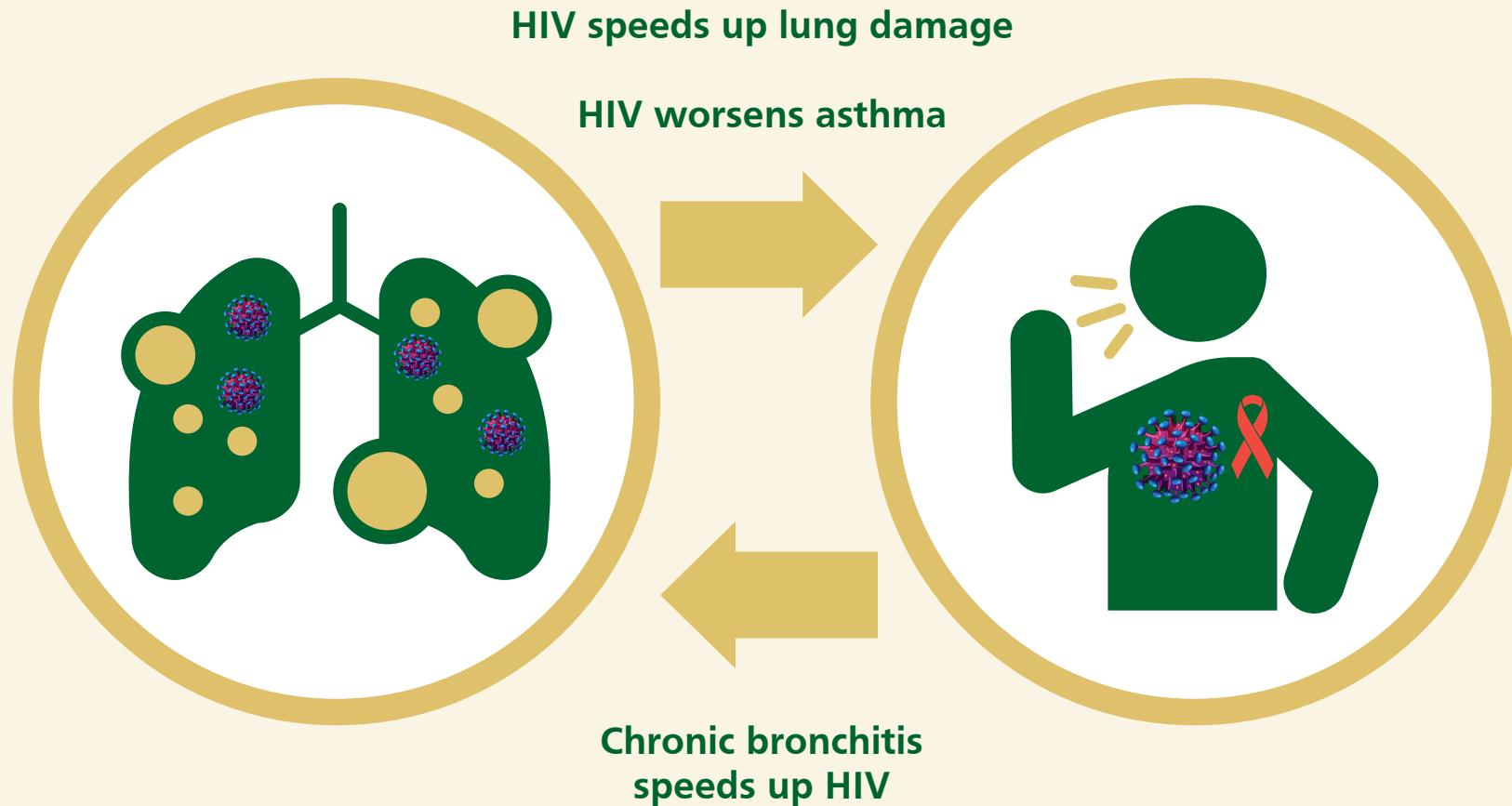
- Stop smoking.
- Avoid things and triggers that irritate your lungs (smoke, pollution, strong smells, dust).
- Avoid the triggers that may worsen your asthma or hayfever (e.g. animals, pollen, grass, aspirin, ibuprofen, atenolol).
  - check if exercise is a trigger for you
- Do lung function tests as recommended.
- Understand your medication:
  - “rescue” inhaler for fast help to breathe easily. It does not control illness.
  - “preventer” inhaled steroids reduce swelling, prevent future symptoms, but doesn’t help right away.
  - antibiotics may be needed for acute episode of bronchitis.
- Increase physical activity: walking, gardening, housework, stairs instead of lifts.



Rinse and gargle after each dose of inhaled steroid to avoid oral thrush.

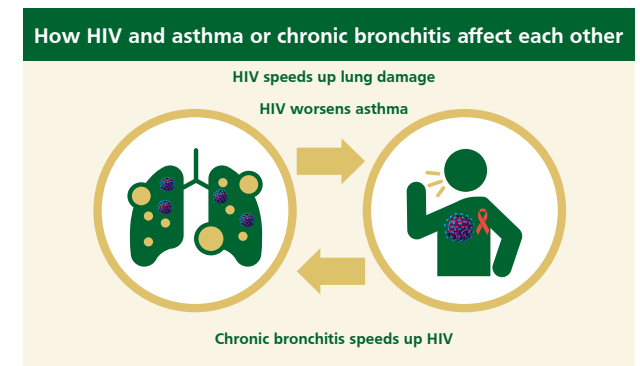
**Remember:** Take your steroid inhaler every day as prescribed, even when you feel well. Your airways will be less inflamed and you'll be less likely to have a flare-up.

# How HIV and asthma or chronic bronchitis affect each other



# How HIV and asthma or chronic bronchitis affect each other

- HIV can impact on asthma by:
  - increasing asthma-related symptoms.
  - increasing airway inflammation.
  - triggering or worsening asthma by weakening your immune system and cause it to overreact to things like dust or pollen.
  - increasing the antibody that triggers allergic reactions.
  - speeding up lung function decline if the HIV is poorly controlled.
- HIV can impact on chronic bronchitis and emphysema by:
  - speeding up lung damage, making symptoms appear sooner.
  - causing further lung damage due to a weak immune system being unable to fight off infections.
  - causing chronic bronchitis to develop in non-smokers.
- Chronic bronchitis and emphysema impact on HIV by:
  - speeding up HIV progression and increasing complications.
  - impacting the likelihood of dying.

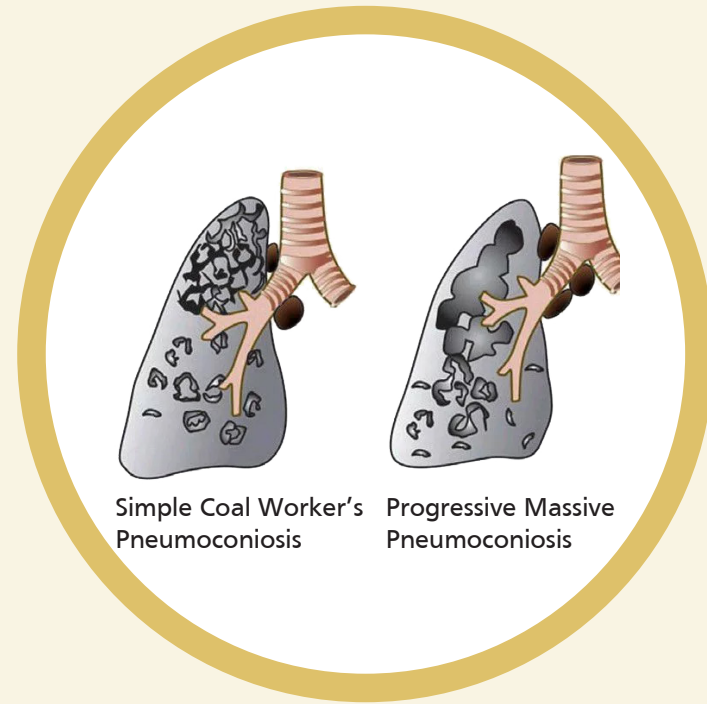


**Remember:** To live a longer, healthier life, it is essential to stay on top of your HIV treatment and lung care. Quitting smoking is a key step to improve lung health.

# Work-related lung diseases



**Silicosis**



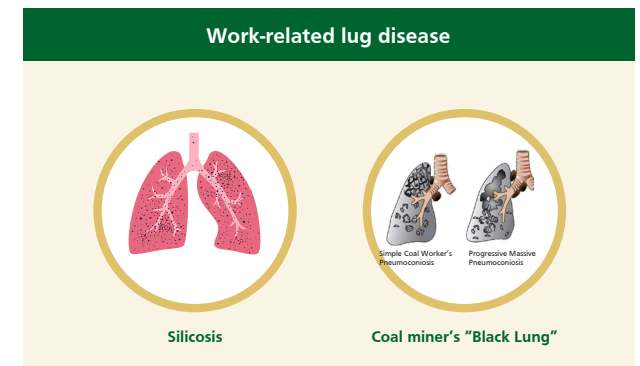
Simple Coal Worker's  
Pneumoconiosis

Progressive Massive  
Pneumoconiosis

**Coal miner's  
"Black Lung"**

# Work-related lung diseases

- Coal pneumoconiosis (black lung): caused by long-term breathing of coal dust.
- Silicosis “miners’ phthisis” or “the dust disease”: caused by breathing in silica dust, commonly found in mining, construction, sandblasting, and quarrying.
- Residents nearby may be also be affected.
- Potential symptoms
  - Persistent cough.
  - Shortness of breath (at first during physical effort, later at rest).
  - Chest pain or tightness.
  - Fatigue.
  - Weakness.
  - Weight loss.
  - Increased risk of tuberculosis.

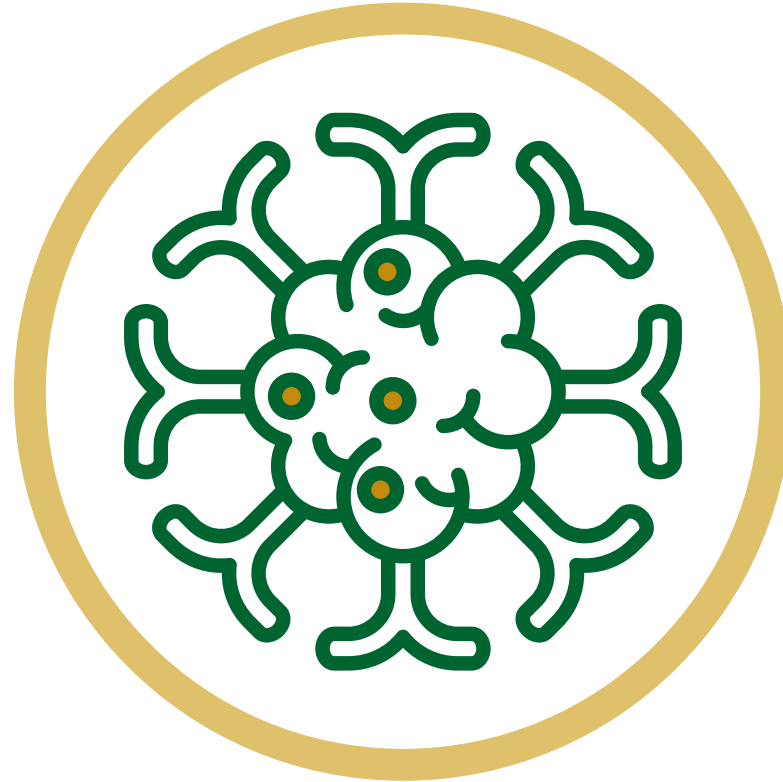


Miners should use protective gear and have regular health check-ups.

Quit smoking as it worsens lung damage.

**Remember:** You can't cure “black lung” and silicosis, but you can prevent them.

# CANCER



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

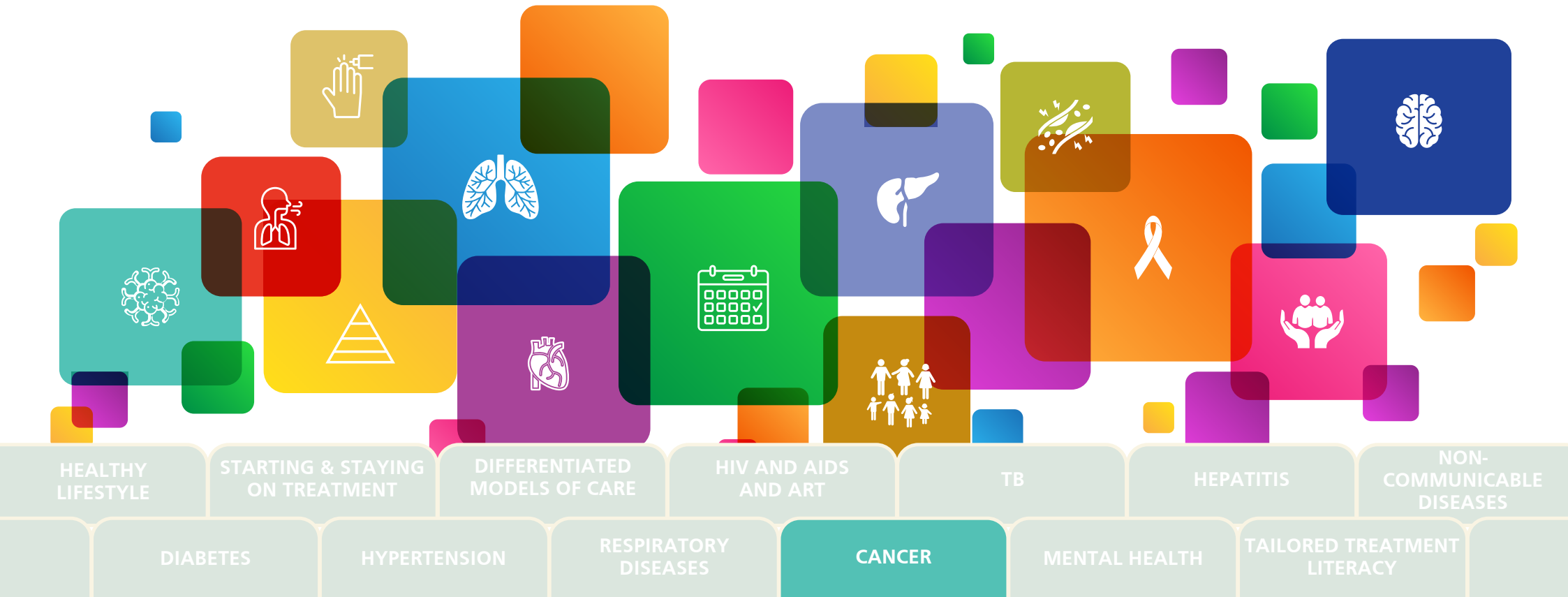
RESPIRATORY DISEASES

CANCER

MENTAL HEALTH

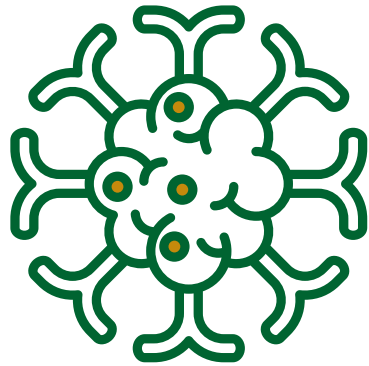
TAILORED TREATMENT LITERACY

# CANCER

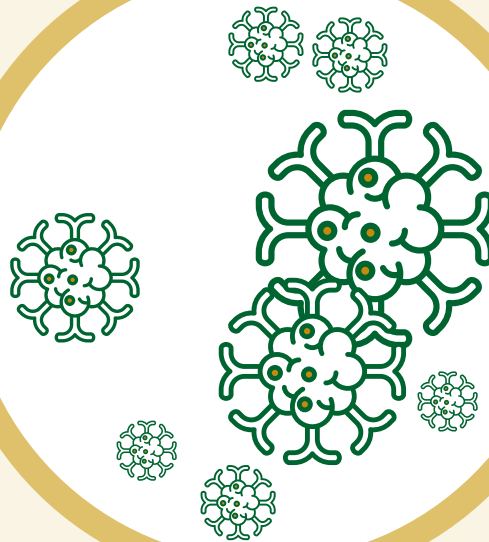


## Treatment Literacy Flip Chart

# What is cancer?



Cells keep growing



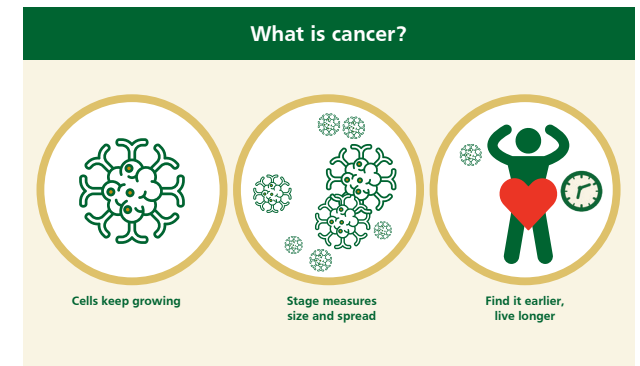
Stage measures size and spread



Find it earlier, live longer

# What is cancer?

- Cancer is a disease where a group of body cells won't stop growing, forming a lump.
- Cancer can invade or spread to other parts of the body.
- The stage of cancer depends on how much it has grown or spread.
  1. the lump is small and has not spread.
  2. the lump is larger, may have spread to nearby glands.
  3. the lump is larger, has spread to nearby tissues and lymph nodes.
  4. (metastatic) spread is to distant parts of the body, e.g. to the bones, lungs, brain, liver lymph nodes.
- Regular checkups and screening tests can find cancer early before you feel sick or have any symptoms.
- With early diagnosis and treatment, patients:
  - can receive gentler treatment with less side-effects.
  - feel better, with less side-effects and can live normally.
  - have a better chance of living longer and surviving their illness.



Treatment works best when it starts early when the lump is small and in one place.

**Remember:** How early a cancer is found and treated impacts your chances of having a long life.

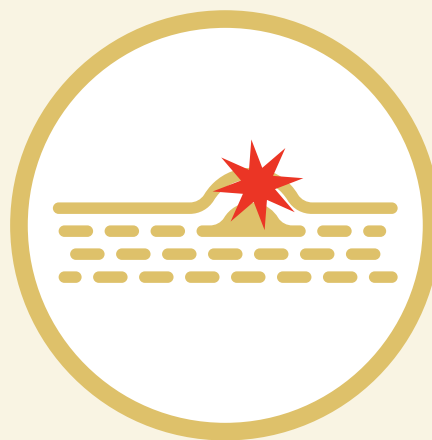
# Common types of cancer and their risk factors



Lung Cancer



Breast Cancer



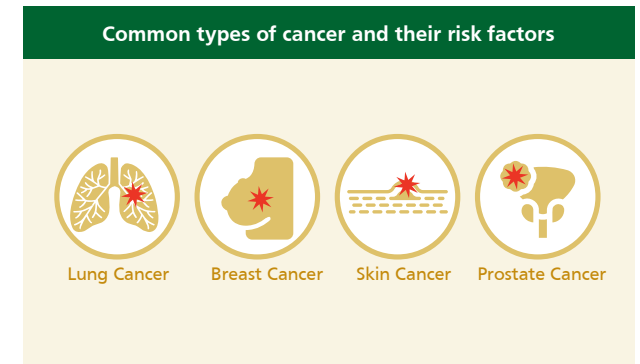
Skin Cancer



Prostate  
Cancer

# Common types of cancer and their risk factors

- **Lung cancer**
  - The leading cause of cancer-related death in SA. Low survival rate.
  - Risks include smoking, work-related exposure, HIV, pollution, family history.
  - Symptoms include a new chronic cough, coughing up blood, unexplained chest/shoulder pain, shortness of breath.
- **Skin cancer**
  - The most common cancer overall in SA and globally. High survival rate.
  - Key risk is skin damage from intense rays from the sun.
  - Symptoms include new, changing, or unusual spots, moles, or sores that don't heal, often appearing on sun-exposed skin.
- **Breast cancer**
  - The most common cancer overall in SA and globally. High survival rate.
  - Key risk is skin damage from intense rays from the sun.
  - Symptoms include new, changing, or unusual spots, moles, or sores that don't heal, often appearing on sun-exposed skin.
- **Prostate cancer**
  - Most common cancer in men; with a high survival rate.
  - Risk factors: age, being African/AfroAmerican, family history.
  - Symptoms include: urinating more often, weak or interrupted stream, difficulty starting or stopping, blood in urine.



The chances of living a long time with cancer also depends on the type of cancer.

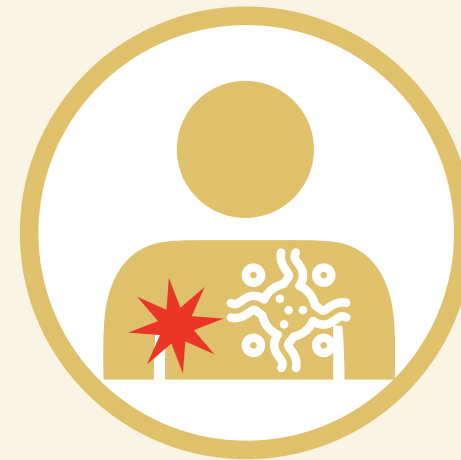
# Cancers seen more in weakened immune systems and viral infections



**Cervical  
Cancer**



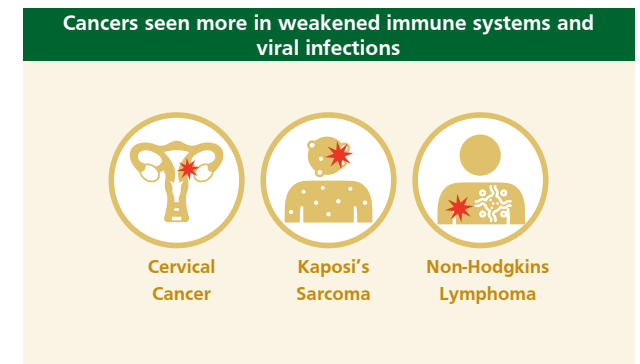
**Kaposi's  
Sarcoma**



**Non-Hodgkins  
Lymphoma**

# Cancers seen more in weakened immune systems and viral infections

- **Cervical cancer (an AIDS-defining cancer)**
  - Risk factors: HPV infection from unprotected sex, HIV, multiple sex partners, early sexual start, family history, long term oral contraceptives.
  - Symptoms include:
    - spotting between periods,
    - bleeding after sex,
    - unusual or smelly vaginal discharge,
    - pain during sex.
  - Average 10-year survival – 50%.
- **Kaposi's sarcoma (an AIDS-defining cancer)**
  - Risk factors: weak immune systems from HIV, Epstein-Barr virus, organ transplant medication, being Mediterranean/East European.
  - Symptoms include dark skin spots that do not itch or hurt.
  - 10-year survival rate can be 70%, under 50% if HIV-related.
- **Non-Hodgkins Lymphoma (an AIDS-defining cancer)**
  - Risk factors: Epstein-Barr virus, Hepatitis, weakened immune systems (HIV, cancer drugs), family history.
  - Symptoms include painless lumps in the neck, armpit, or groin.
  - Average 10-year survival 60%.



Certain cancers develop frequently in people with HIV because their immune systems have become severely weakened.

Cervical cancer can be prevented with a vaccine in young girls before puberty and with early diagnosis and treatment can be cured.

# Cancers seen more in weakened immune systems and viral infections (cont.)



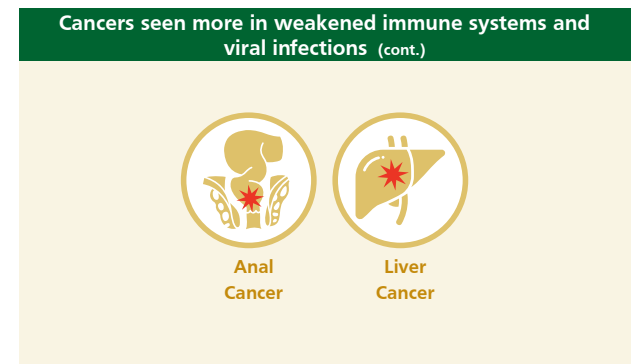
**Anal  
Cancer**



**Liver  
Cancer**

# Cancers seen more in weakened immune systems and viral infections (cont.)

- **Anal cancer**
  - Risk factors: HPV infection from receptive anal sex, multiple sex partners, history of cervical or vulval cancer, smoking.
  - Symptoms include:
    - bleeding on stool or seen on toilet paper,
    - itching,
    - pain,
    - a feeling of fullness in the area,
    - small hard lump near the anal opening.(These symptoms may be mistaken for hemorrhoids or skin cracks).
  - Average 10-year survival – 70%.
- **Liver cancer**
  - Risk factors: chronic hepatitis B or C infections, excessive alcohol, obesity, family history, HIV.
  - Symptoms include:
    - losing weight without trying,
    - no interest in food, extreme tiredness,
    - dull pain in the top right part of your belly.
  - Because this is usually found late, the long-term outlook is poor.



Certain cancers develop frequently in people with HIV because their immune systems have become severely weakened.

Cervical cancer can be prevented with a vaccine in young girls before puberty and with early diagnosis and treatment can be cured.

# How can cancer be managed?



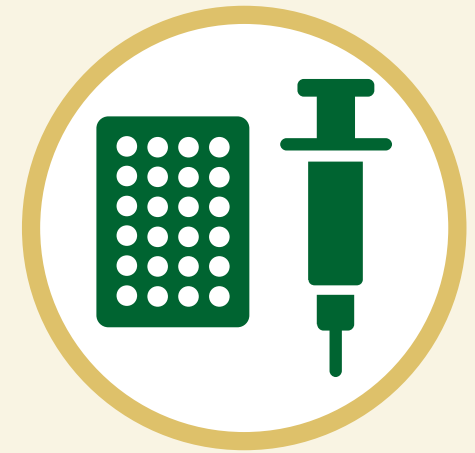
**Surgery**



**Radiation**



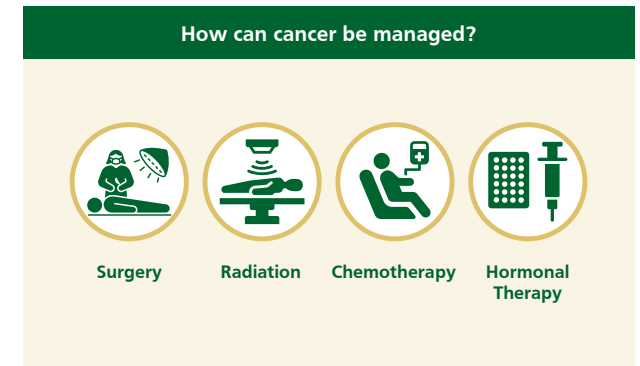
**Chemotherapy**



**Hormonal Therapy**

# How can cancer be managed?

- **Surgery**
  - Physically removes all or part of the cancer tumour.
  - It is most effective when the cancer has not spread.
- **Radiation Therapy**
  - Uses high-energy X-rays to damage cancer cells and stop them from growing.
  - Can be used alone as primary treatment, before surgery or after surgery to kill remaining cells.
  - It is a local treatment, targeting a specific area of the body.
- **Chemotherapy**
  - Uses special drugs to kill or slow down fast-growing cancer cells:
    - to block the “food” and energy cancer cells need to survive and grow.
    - to stop cancer cells from splitting and creating more cancer cells.
    - before surgery to make the tumour smaller and easier to remove.
    - after surgery or radiation to kill hidden cells and lower the chance of the cancer coming back.
- **Hormonal therapy**
  - Slows or stops the growth of some cancers that need hormones to grow (such as breast and prostate cancer).



- The main goals of cancer treatment can be to -
- get rid of all the cancer (cure)
  - shrink or slow the cancer
  - relieve symptoms and improve quality of life.

# MENTAL HEALTH



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

CANCER

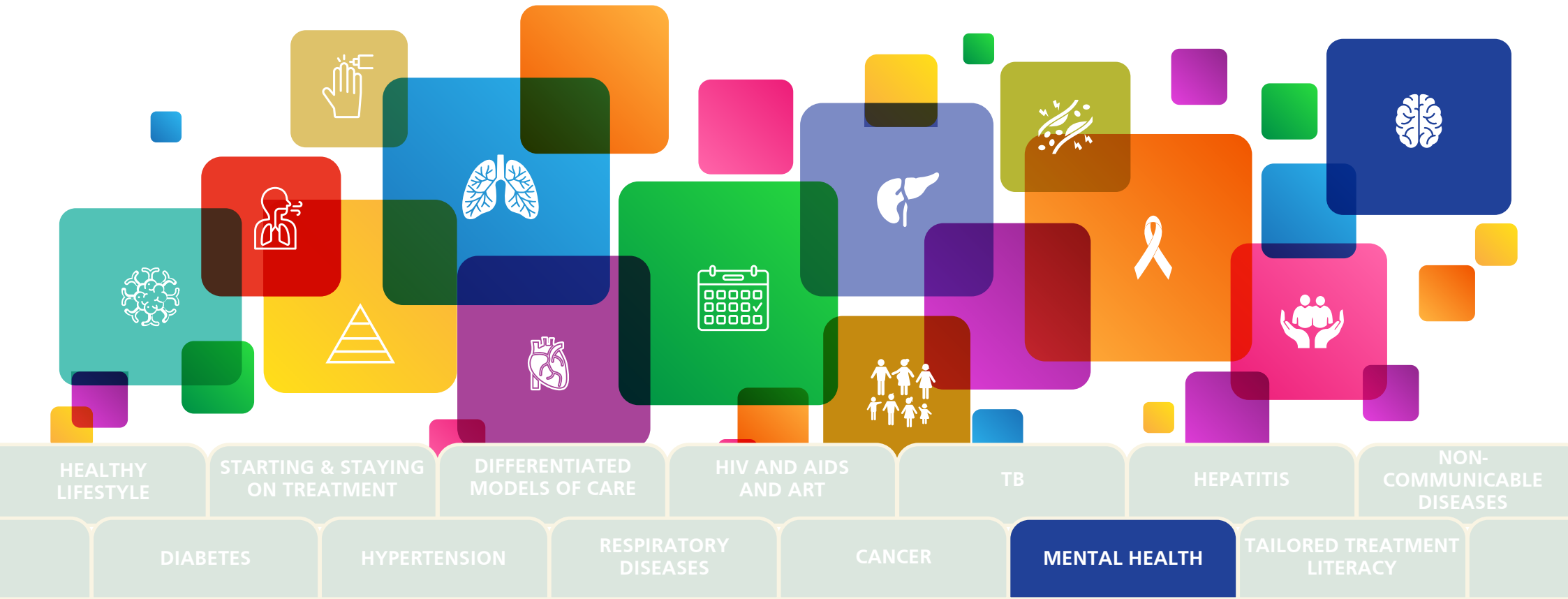
**MENTAL HEALTH**

TAILORED TREATMENT LITERACY

**Treatment Literacy Flip Chart**

Education on Mental Health | Page 214

# MENTAL HEALTH



# What is mental health?



Feeling good



It affects everything else

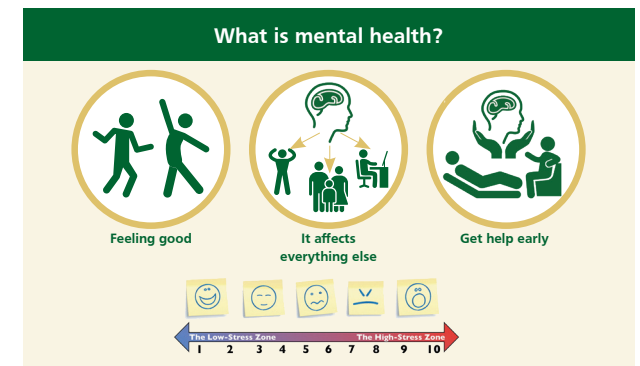


Get help early



# What is mental health?

- Mental health is feeling good, managing daily stress, working well, and being part of your community. It means knowing what you're good at and living up to your potential.
- Mental health is about enjoying life and handling tough times.
- Your mental health can affect your daily life, how you get along with others and even your physical health.
- Mental health problems are real and sometimes very serious.
- Asking for help shows strength, and tackling problems early stops them from getting worse.



**Remember:** Being sad or stressed can make it harder to stick to your treatment plan.

# What are the signs and symptoms of mental health illnesses?



# What are the signs and symptoms of mental health illnesses?

- Extreme changes in mood which are not normal for you.
- Always feel very angry or very worried.
- Feel very sad for a very long time.
- Feeling worthless.
  
- Spending too much time in bed.
- Always tired and can't sleep.
- Exercise obsessively.
- Eating way too much or not eating enough.
- Spending money excessively.
  
- Losing interest in things you enjoyed, in work or school.
- Avoiding friends and family.
- Growing need to use alcohol or drugs.
  
- Hearing and seeing things that others do not see.
- Thinking your mind is controlled or out of control.
  
- Hurting yourself or others or destroying things.
- Feeling on edge, jittery, or having panic attacks.



# Do's and Don'ts if seeing symptoms of mental health illness



**DO'S**

- Seek help
- Talk to friends
- Time with loved ones
- Rest
- Religious activities
- Regular meals
- Exercise

The 'DO'S' infographic is a large circle with a gold border containing seven green icons and their corresponding text labels. The icons represent: a person at a desk with a speech bubble (Seek help), two people talking (Talk to friends), a couple embracing (Time with loved ones), a person sleeping (Rest), people at a church service (Religious activities), a sandwich and vegetables (Regular meals), and a person exercising (Exercise).



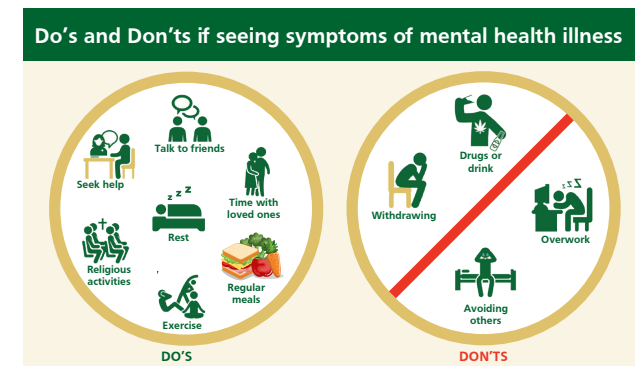
**DON'TS**

- Withdrawing
- Drugs or drink
- Overwork
- Avoiding others

The 'DON'TS' infographic is a large circle with a gold border, crossed by a red diagonal line. It contains four green icons and their corresponding text labels: a person sitting alone in a chair (Withdrawing), a person with a marijuana leaf and a bottle (Drugs or drink), a person at a desk with a speech bubble (Overwork), and a person sitting on a bench (Avoiding others).

## Do's and Don'ts if seeing symptoms of mental health illness

- **DO'S** (Things that can help you to deal with the symptoms):
  - Talk to friends you trust and spend time with them.
  - Get back to daily routine such as work, school, housework.
  - Take part in religious or spiritual activities.
  - Play sports or get regular exercise.
  - Eat regular meals.
  - Get adequate rest.
  - Take a break and relax.
  - Do fun things like singing or dancing, even if not in the mood.
- **DON'TS** (Things to try and avoid)
  - Using alcohol or drugs to cope.
  - Withdrawing from family and friends.
  - Withdrawing from daily activities.
  - Overworking.
  - Blaming yourself or others.
  - Not taking care of basic needs: eating, sleeping, staying clean.



# Challenges people living with mental illnesses could have



Hidden by family



Delaying treatment



Stigma



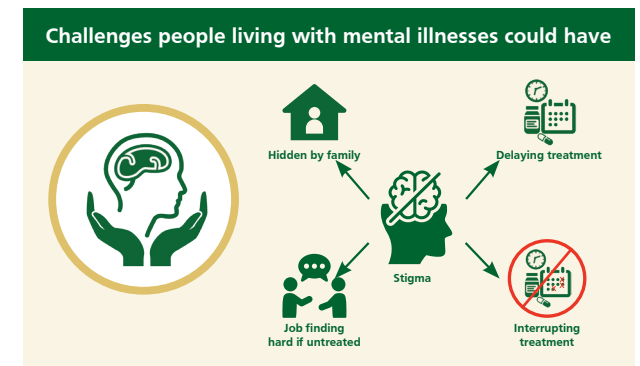
Job finding  
hard if untreated



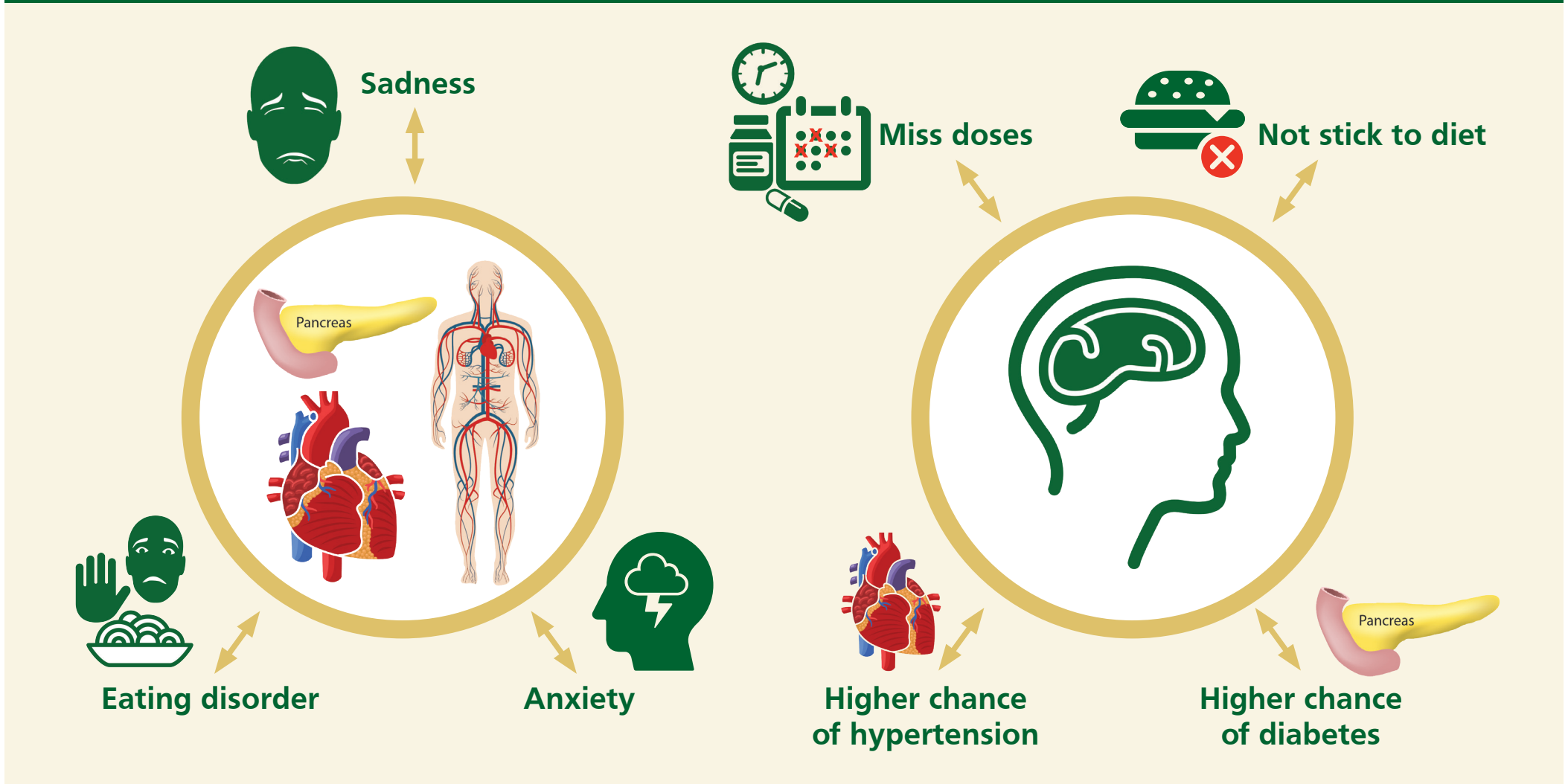
Interrupting  
treatment

# Challenges people living with mental illnesses could have

- They may be stigmatised if people don't realise it's a medical condition.
- Families of those with mental illness often feel embarrassed and try to keep it a secret.
- They may be locked up if their behaviour is unacceptable.
- Stigma around mental health can:
  - delay seeking help and treatment.
  - cause them to interrupt treatment.
  - make it harder to find work.



# How mental health illnesses and chronic disease impact each other



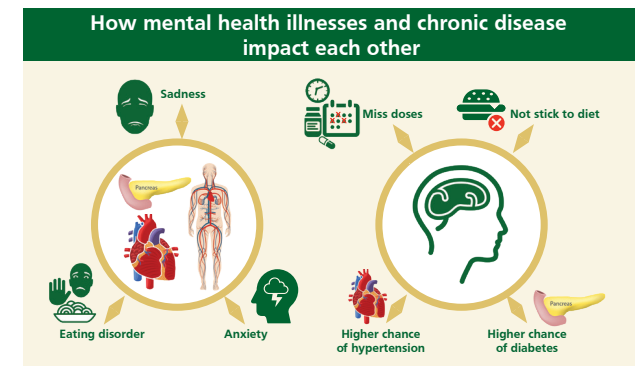
# How mental health illnesses and chronic disease impact each other

- **Chronic disease impact on mental illness**

- Long-term disease can cause intense sadness.
- Dealing with the disease can cause anxiety and stress.
- Diabetes can lead to eating disorders.

- **Mental illness impact on chronic disease**

- It can make it hard for people to stick to their treatment.
- It can make it hard for people to stay with diet or healthy habits.
- Schizophrenia, depression, bipolar disorder, or binge eating can increase the risk of physical illnesses like diabetes.
- Anxiety, alcohol abuse, stress can increase blood pressure.



Tell your doctor how you're feeling so they can get you the right help.

# Common mental health illnesses and HIV

## Mental illness

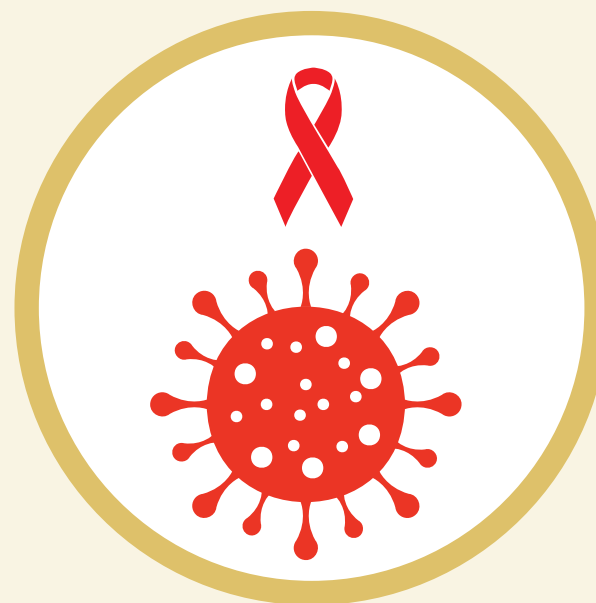


  
Sex without condoms

  
Needle sharing

  
Not saying "NO"

## HIV



  
Depression

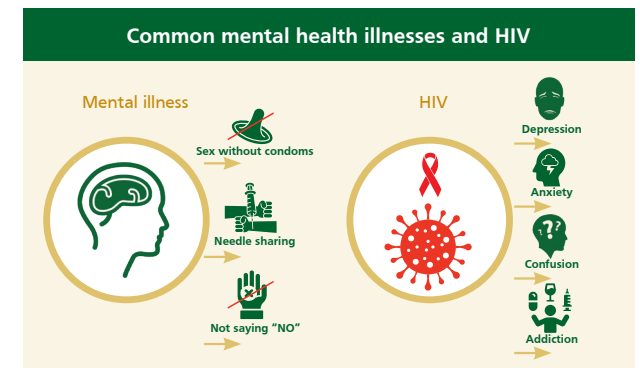
  
Anxiety

  
Confusion

  
Addiction

# Common mental health illnesses and HIV

- Mental health conditions increase the risk of HIV infection due to:
  - increased sexual activity, without protection.
  - higher chance of substance use, with possible needle sharing.
  - not thinking clearly about risks.
  - not being able to say “no”.
- People living with HIV have a higher chance of experiencing:
  - depression.
  - anxiety about the future.
  - stress from discrimination or stigma.
  - memory loss or confusion.
  - drug/alcohol addiction.



You need to tell your clinician about what you are experiencing so you can be linked to the support you need.

## Note:

- Depression is the most common mental health illness amongst people with HIV.  
If it isn't treated, a person might interrupt ART, get sicker and maybe increase their risk of dying.

# Mental health treatment and adherence



Stay on treatment to keep it managed

# Mental health treatment and adherence

## Can mental health illnesses be treated?

- Yes, mental health issues can be treated.
- If you have a mental health illness and are treated, you can recover well or even completely.
- Because mental illness is complicated, it is hard to predict exactly when, how, or how intense it will be.

## Why must treatment be adhered to?

- Stick to your mental health treatment plan to keep your condition under control.
- This will help you to live and work with your mental health illness.



# What is substance abuse?



Using alcohol or drugs that hurts your health,  
safety, or life

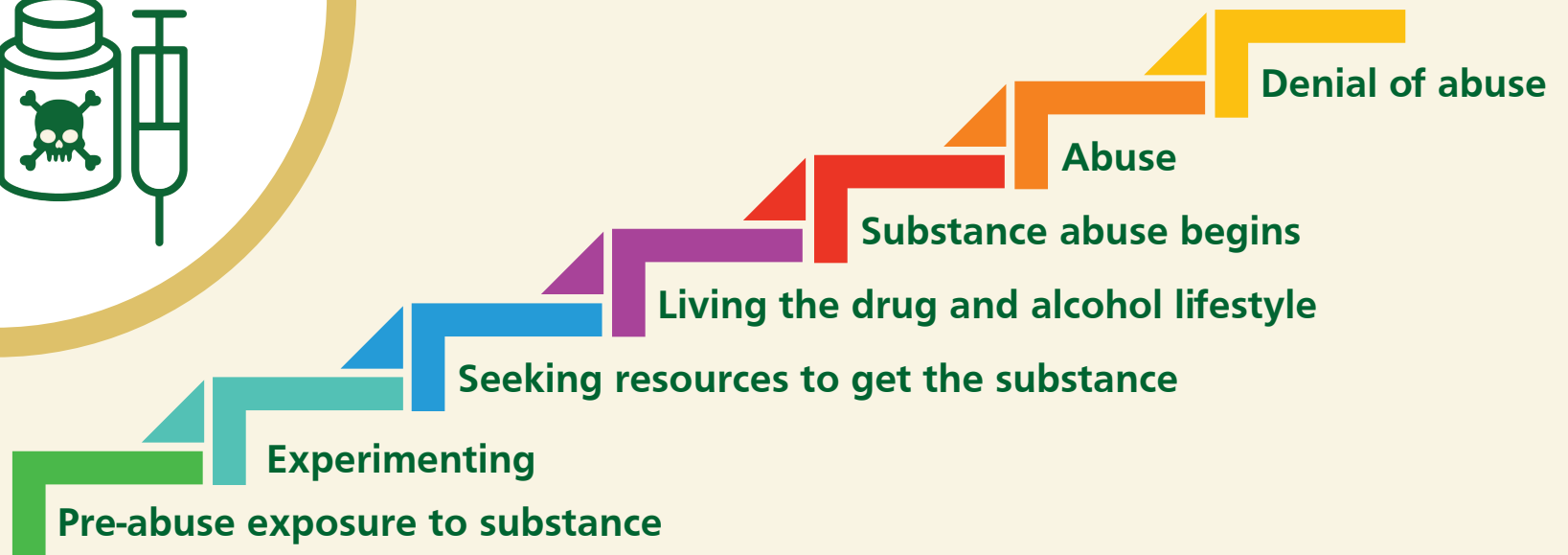
# What is substance abuse?

- Substance abuse is using drugs or alcohol too often or in excess.
- This causes addiction and makes your body and mind crave them constantly and you cannot stop.
- Substances include:
  - alcohol
  - tobacco
  - snuff
  - dagga
  - mandrax
  - cocaine
  - acid and LSD
  - tik (meth)
  - nyaope
  - medication like cough syrup and pain killers
  - everyday household substances such as glue, turpentine, benzene, cooking spray and petrol.



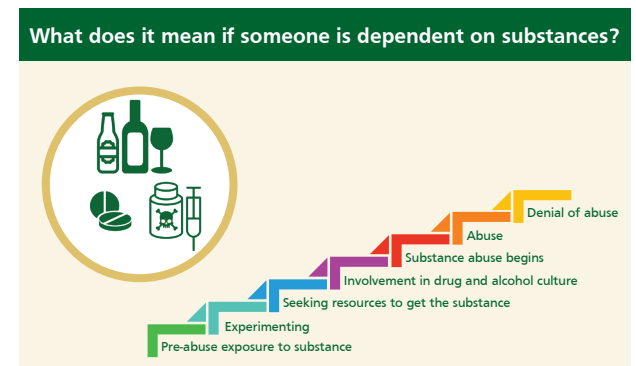
**Remember:** Drugs and alcohol can make you forget to take your medicine or miss clinic appointments.

# What does it mean if someone is dependent on substances?



# What does it mean if someone is dependent on substances?

- Drug use can spiral out of control.
- Stages are:
  1. Exposure
  2. Experimentation
  3. Seeking the substance
  4. Living the drug or alcohol lifestyle
  5. Start of substance abuse
  6. Abuse
  7. Denial of abuse
- A person is dependent on substances if they repeat cycles of heavy use, showing at least three of these signs over time:
  - using more than originally planned.
  - they know it's a problem but can't control it.
  - spending most of their time/money getting, using, and hiding the substance.
  - missing work, school, or neglecting home responsibilities.



**Remember:** If you are worried about yourself or a friend, inform the health care worker or contact South Africa Anxiety and Depression Group Substance Abuse Helpline on 0800 12 13 14 or SMS 32312. Open 7 days a week.

# Staying adherent on treatment when using substances



Drink or drugs can make you forget



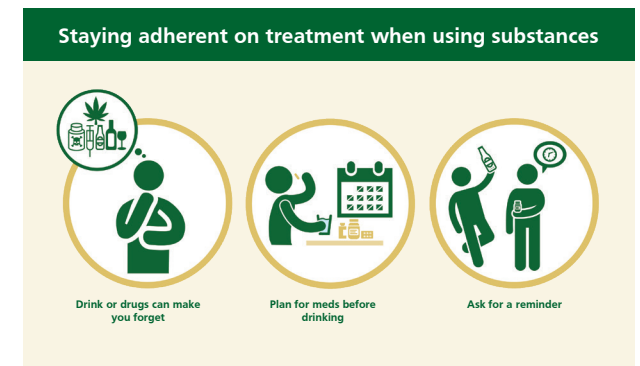
Plan for meds before drinking



Ask for a reminder

# Staying adherent on treatment when using substances

- It is hard to stick to long-term treatment if you are using drugs or alcohol.
- Try to cut down on alcohol and drugs while taking long-term medication.
- If you're drinking or using drugs, don't stop taking your meds.
- Drinking or using drugs makes it easy to forget your meds.
- To make sure you do not forget to take treatment:
  - Plan ahead and take treatment before you start drinking or using.
  - Ask a sober friend to remind you to take them in case you forget later.



**Remember:** If you feel that your drug or alcohol use is a problem, we can refer you to a service to help you to cut down your usage.

# TAILORED TREATMENT LITERACY



HEALTHY LIFESTYLE

STARTING & STAYING ON TREATMENT

DIFFERENTIATED MODELS OF CARE

HIV AND AIDS AND ART

TB

HEPATITIS

NON-COMMUNICABLE DISEASES

DIABETES

HYPERTENSION

RESPIRATORY DISEASES

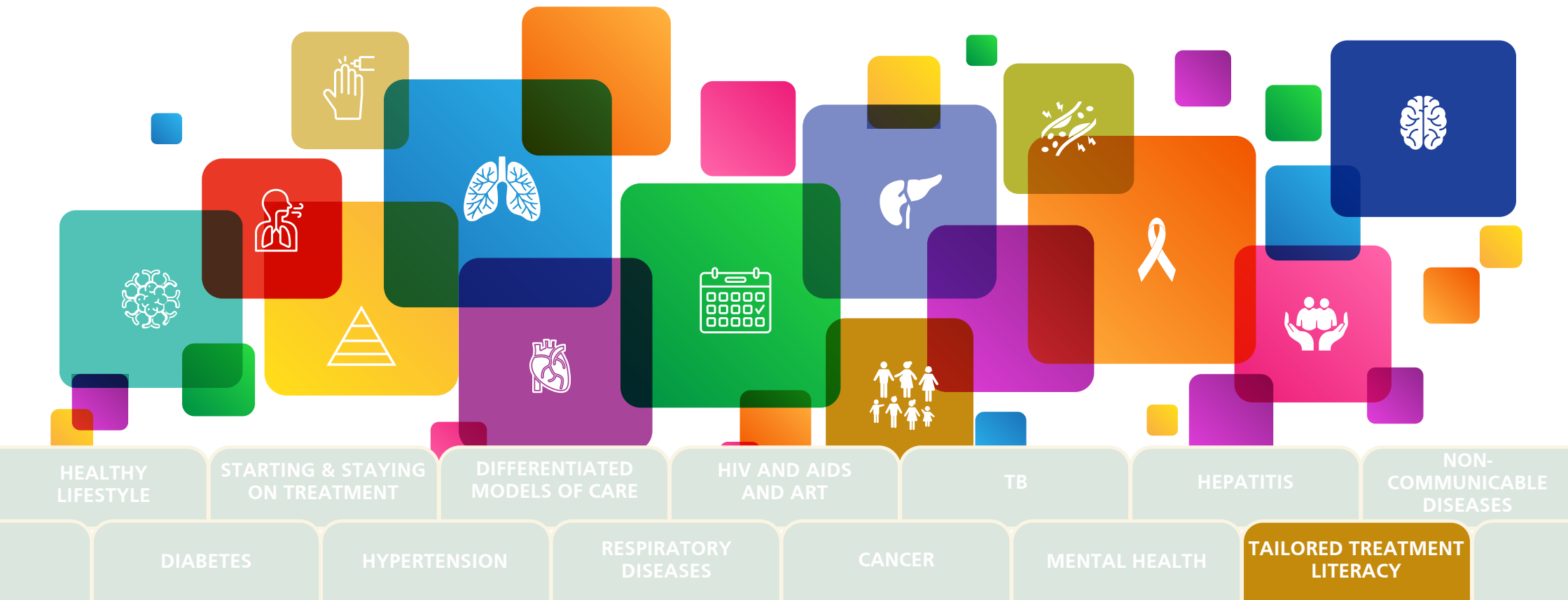
CANCER

MENTAL HEALTH

**TAILORED TREATMENT LITERACY**

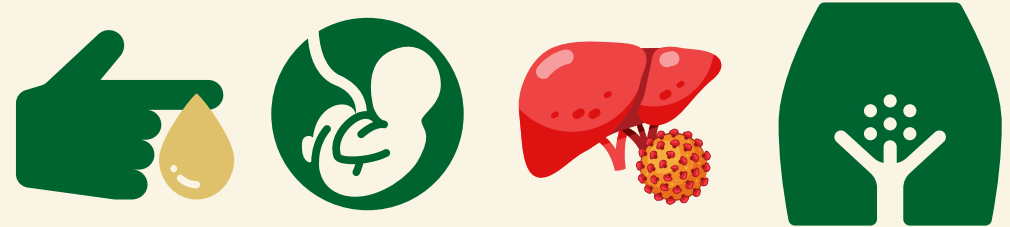
## Treatment Literacy Flip Chart

# TAILORED TREATMENT LITERACY



## Treatment Literacy Flip Chart

# Key points for pregnant women



Identify HIV, TB, hepatitis or syphilis early



Keep your baby safe from infections

# Key points for pregnant women

Get tested early for HIV, TB, hepatitis, and syphilis



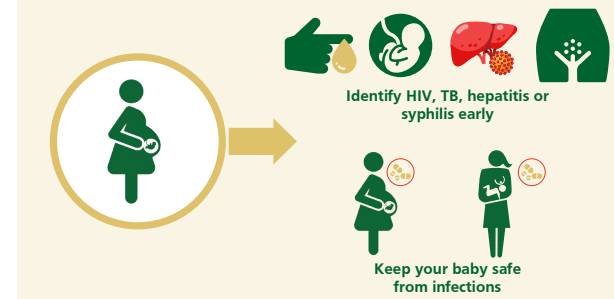
Keep your baby safe from HIV, TB, hepatitis, and syphilis



- If you are not being treated for HIV you will be tested for HIV at your first pregnancy visit.
- If you test HIV-negative, you will be retested at every antenatal visit and the day the baby is born.
- If you were exposed to HIV during sex, ask for post-exposure prophylaxis (PEP) within 72 hours.
- You will also be screened for TB and tested for syphilis at every visit.
- If your test shows HIV you will be started or restarted on antiretroviral treatment (ART).
  - It will keep your own body healthy.
  - It will keep your immune system strong.
  - It will prevent HIV-related illnesses.
  - It will prevent passing on the virus to the baby.
- You will be treated for TB or syphilis if tests are positive.

**Remember:** If you're living with HIV, ART during pregnancy is essential to prevent the virus from transmitting to your baby.

## Key points for pregnant women



Testing regularly is vital. One of every four women giving birth in South Africa is HIV-infected.

You need to be screened for Hepatitis B during every pregnancy.

# Drug interactions with ART during pregnancy



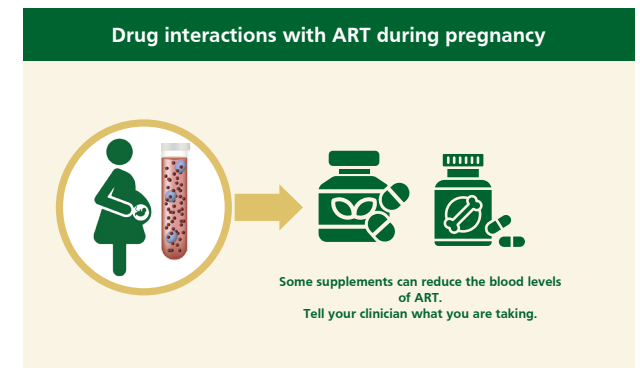
Some supplements can reduce the blood levels of ART

Tell your clinician what you are taking

# Drug interactions with ART during pregnancy

Some pregnancy vitamins can stop your HIV medicine (dolutegravir/DTG) from working properly.

- Both calcium and iron supplements decrease DTG if taken together on an empty stomach.
- DTG and calcium or iron supplements can be taken at the same time if taken with food.
- Calcium and iron supplements must be taken at least 4 hours apart.
- Antacids with magnesium or aluminium decrease DTG with or without food.  
Take at least 2 hours after or 6 hours before DTG.



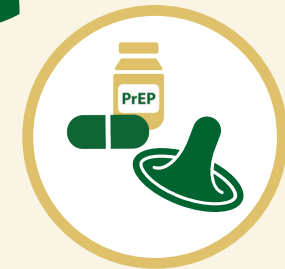
Tell your clinician about what else you are taking so they can adjust the dose of DTG, if necessary.

**Remember:** Drug interactions can make your HIV medicine too weak to work. This can cause high viral load, make the mother sicker and HIV can pass to the baby.

# Key points for breastfeeding women



If you have HIV  
baby needs prevention



If you don't have HIV –  
stay safe

# Key points for breastfeeding women

If you're living with HIV



- Your viral load needs to be tested every 6 months while you're breastfeeding.
- Your baby will need to take medicine for prevention if you are living with HIV.
- If their HIV test at birth was positive the medicine would be changed from prevention to treatment.

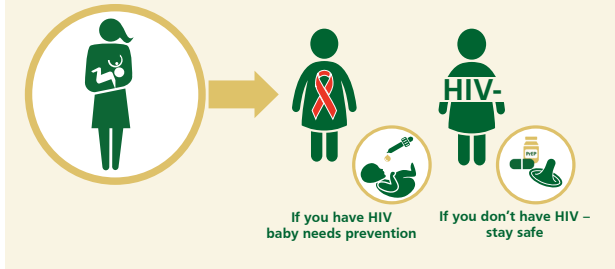
If your test is HIV negative



- Reduce your risk of getting HIV.
  - Limit the number of sexual partners.
  - Use condoms.
  - Test for HIV every 3 months, until breastfeeding ends.
  - If your partner is living with HIV, encourage him to start and stay on ART and achieve viral suppression.

**Remember:** A high viral load when pregnant or breastfeeding is a **MEDICAL EMERGENCY!** If a mother's viral load stays high, the baby may acquire HIV. If you breastfed in the last week the infant needs to be tested immediately. If you are still breastfeeding the baby needs prevention meds for up to 12 weeks.

## Key points for breastfeeding women

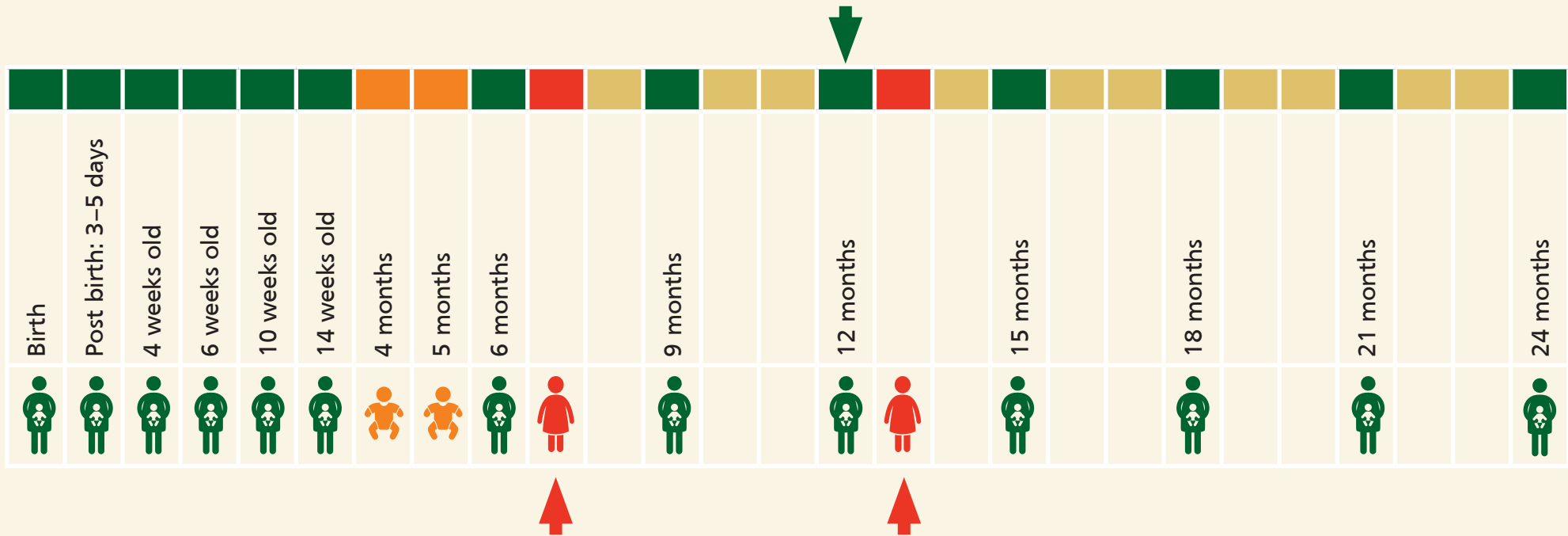


Testing with your partner helps you get fast treatment if one of you has it; and fast prevention for the other.

Ask for Pre-Exposure Prophylaxis (PrEP) if your partner's HIV status is unknown or if it is positive.

# Caring for babies and toddlers together with you

Eligible for Convenient Treatment Collection if VL is Undetectable



Only if VL in prior month was high

Where possible the clinician will try to align visits for you and the baby for the first few years

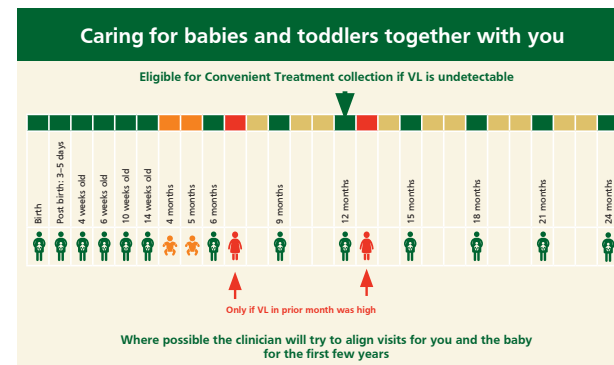
# Caring for babies and toddlers together with you

## Clinic visits together



- You and your baby should visit the clinic at the same times where possible.
  - First 6 months: baby 6 times; you 4 times
  - Until baby is 2 years: every 3 months for both
  - Until 5 years old: every 6 months (every 3 months if baby is on ART)
- HIV treatment visits should be at the same time as the vaccination schedule in the Road to Health Booklet.
- Your baby needs 1 of these if exposed to TB:
  - TB preventive treatment if negative for TB.
  - TB treatment if positive for TB.
- The TB vaccine (BCG) will be given at birth.
  - The vaccine will be repeated after TB treatment in newborns with confirmed TB.
  - The vaccine will be repeated after TB preventive treatment if they were exposed to TB.

## TB and newborns



Assessments and treatment or prevention for HIV and TB for both mother and baby should be done in the same consultations.

Ask about convenient treatment collection when the baby is 1 year old if your VL is undetectable.

# Infant feeding advice



**0 – 6 months**  
**Breastfeeding only.**  
Speak to nurse about  
exceptions



**6 months**  
**Gradual addition**  
**of solid foods.**



**2 years or more**  
If possible  
**Breastmilk on demand.**  
Stop gradually over 1 month

# Infant feeding advice

- Breastfeeding **ALONE** is recommended for the first six months for all babies.
  - Shorter breastfeeding is better than never starting.
  - After 6 months, start feeding the baby solid food that is full of nutrients, suitable for the baby and safe to eat.
  - Continue breastfeeding often, whenever the baby wants, until 2 years or longer.



Introducing solids before 6 months is strongly discouraged!  
The younger the infant, the higher the risk to the infant's health.

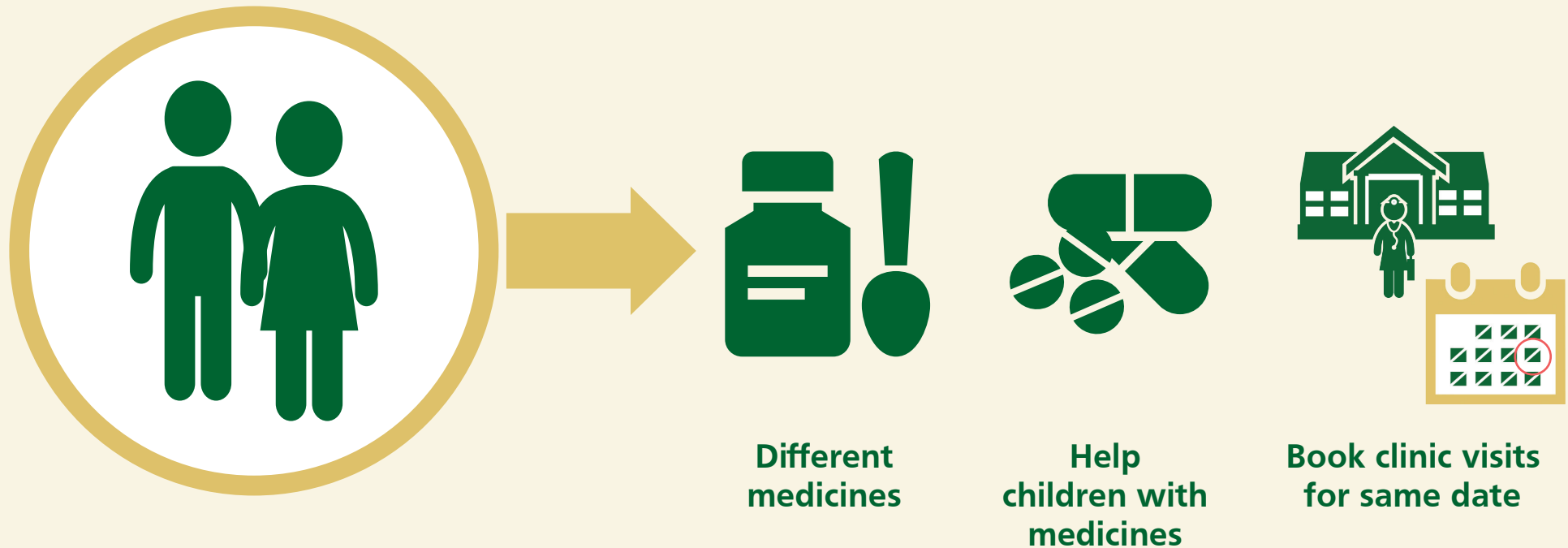
- Breastfeeding should stop gradually over a month.
- Taking HIV medicine makes it safer to feed a baby both breastmilk and formula by lowering the chance of passing on the virus.

**Remember:** If your viral load is “undetectable,” the baby is very unlikely to get HIV during breastfeeding.  
If your viral load is high, the baby needs a test and preventative medicine to stay safe if negative.  
If the baby tests positive the preventive treatment will be stopped and ART started.



Feeding advice for babies is the same, whether the mom has HIV or not.

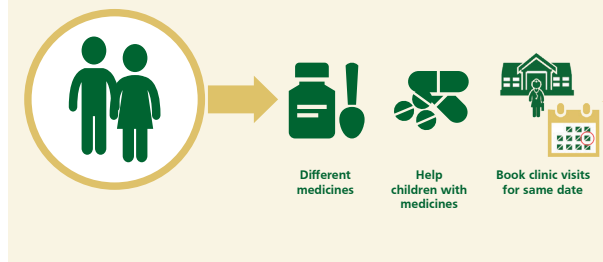
# Key points for children and adolescents (5 – 14 years old)



# Key points for children and adolescents (5 – 14 years old)

- Children often need different medicines and specific doses based on their weight and age.
- Parents or caregivers need to ensure children's care:
  - Help children take their medicine, talk openly about their health.
  - Get children to their clinic visits.
- Family-centred approach:
  - Schedule joint appointments for you and children.
  - If your family gets medication refills, ask to pick them all up at the same time and place to save trips.
- Older children can ask for visits after school or on vacation.
- Adolescents from 12 years old can self-consent for some medical tests, treatment or even surgery.
  - HIV self-screening or testing from 12 years old.
  - Contraceptives, HIV or TB prevention or treatment.
  - Healthcare workers must keep your private information secret.
- The HPV vaccine protects girls 9+ from a common cancer later in life.

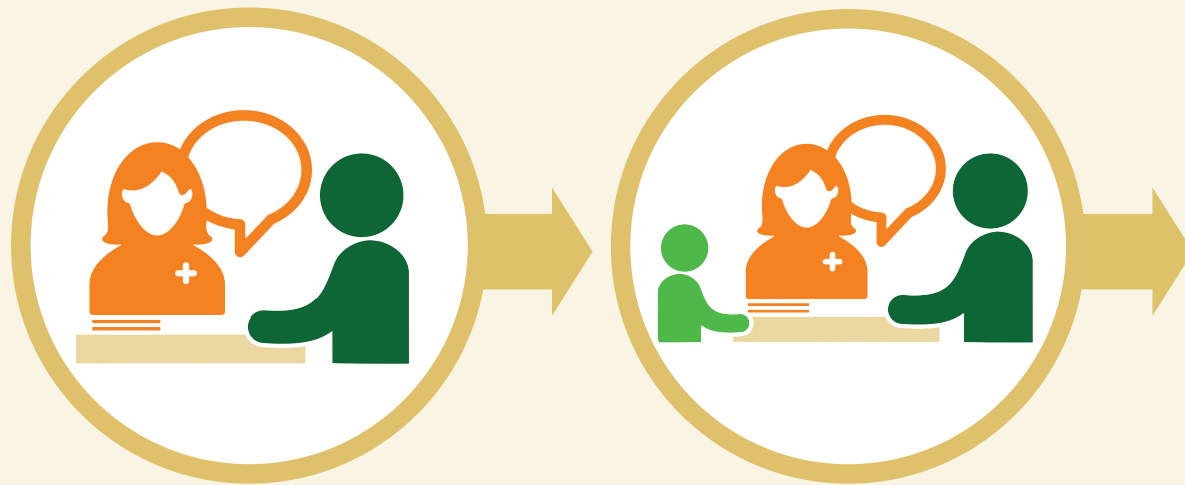
## Key points for children and adolescents (5 – 14 years old)



Over 140,000 children and young adolescents in South Africa are HIV-infected.

Only 2 out of 3 of these are on anti-retroviral treatment.

# Partial disclosure for children living with HIV



Guidance and preparation without the child

Session with the child

## Partial disclosure using simple words for children 5 – 9 years



Different types of germs



Soldiers in the body – the immune system



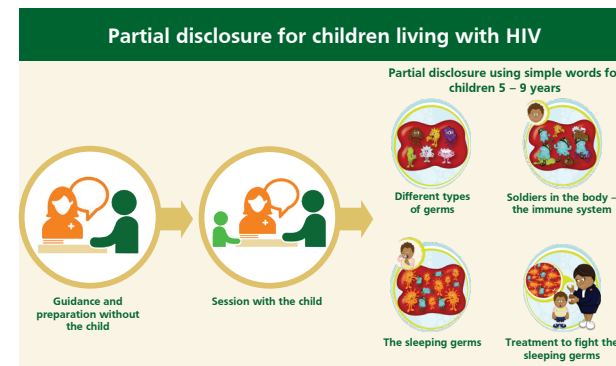
The sleeping germs



Treatment to fight the sleeping germs

# Partial disclosure for children living with HIV

- Disclosure will be a gradual process over many years.
- We'll help you explain to your child why they need their medicine.
  - This preparation will be done without the child present.
  - You can make a plan when, who will tell the child, who the child can talk to about it, what will be discussed, picking the words and picture or other tools to be used to help the child understand.
- Partial disclosure (5 – 9 years).
  - Helping a child understand about health, healthy eating, staying active.
  - Tell them about infections as “germs” that make you sick.
  - Small soldiers in our blood look for germs, fight them and protect us from getting sick.
  - There is a strong germ that is stronger than the soldiers.
  - Medicine has special warriors and fight the strong germs and put them to sleep.
  - The soldiers get strong again if we take the medicine every day.
  - Explain they have the strong germ and that their “good night medicine is keeping the strong germ asleep”.



# Full disclosure about HIV for children from 10 years old



**MYTHS vs FACTS**

Can stay healthy



Medicines keep you safe



Problems due to no disclosure



Can avoid passing on HIV

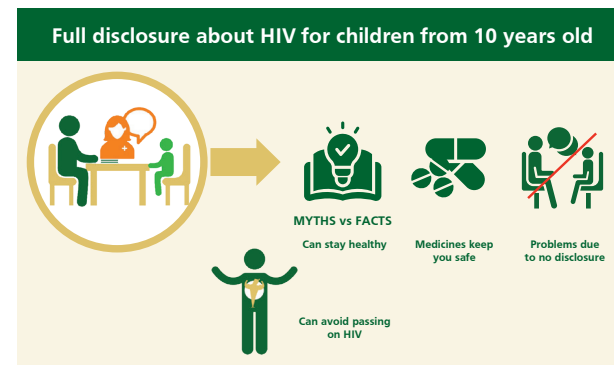
# Full disclosure about HIV for children from 10 years old

1

- Dispel negative myths:
  - Teach teens the facts about HIV and untrue myths before disclosing their status.
- Key things to understand:  
People living with HIV:
  - can stay healthy and never get AIDS.
  - can live as long as those without if they take their treatment daily.
  - may look and may feel perfectly healthy.
  - have zero risk of passing HIV through sex if they are taking meds daily and have a viral load too low for a test to find.
  - can live a completely normal life and follow any career they want.

2

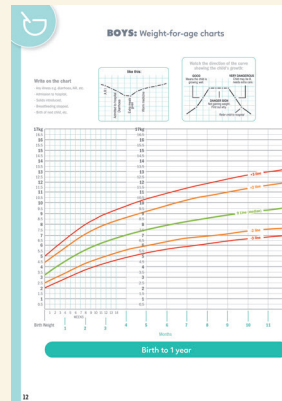
- Full disclosure (from 10 years)
  - They were born with HIV, a virus that weakens their body's germ-fighters, making it hard to fight off illnesses.
  - The medicine puts HIV to sleep, so it can't attack your immune system. This keeps you strong and protects you from other infections.
  - If you skip your meds the virus learns to fight back, making you sicker.



Not telling a teenager about their HIV by their early teens can lead to:

- poor adherence and worse health.
- emotional difficulties.
- passing on HIV if sexually active.
- an upsetting accidental discovery.

# Monitoring infants and young children



Plotting weight to monitor gain

**ANTIRETROVIRAL DRUG DOSING CHART FOR CHILDREN 2022**

1 x 120/60 mg tab od

1.5 x 120/60 mg tabs od

2 x 120/60 mg tabs od

2.5 x 120/60 mg tabs od

3 x 120/60 mg tabs od

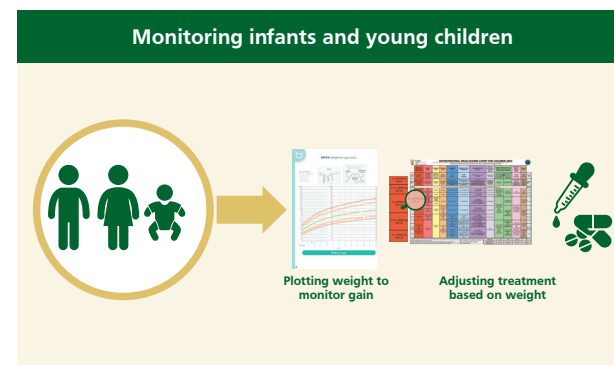
2 x 120/60 mg tabs od

Adjusting treatment based on weight

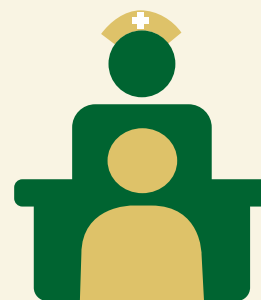
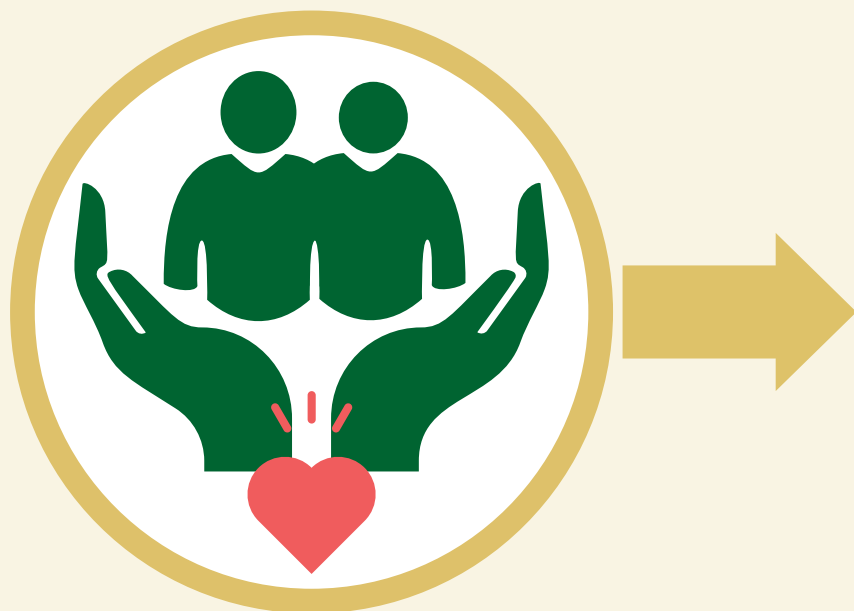


# Monitoring infants and young children

- It is important to monitor your infant's growth and height.
  - Take your child to the clinic where visits will include measuring their weight and height and plotting it on a graph in their Road to Health Booklet.
    - This will tell you if your baby is gaining weight in a healthy way, not too slowly or too quickly.
    - Most babies will lose weight in the first few days and get back to their birth weight by 2 weeks old.
    - You can weigh your baby every month for the first 6 months, then every 2 months until their 1st birthday and less often after that.
- Adjusting treatment based on weight.
  - Drug doses for infants and small children depend on their weight.
  - For infants and children living with HIV, the dose of their antiretroviral medicine needs to be adjusted 5 times between birth and when they reach 35 kg.



# Care of the caregiver



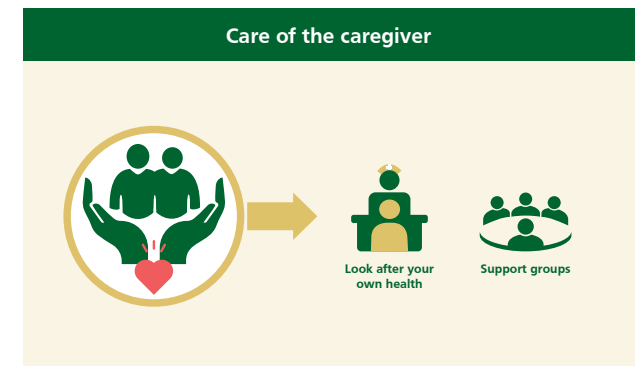
Look after your  
own health



Support groups

# Care of the caregiver

- If you are a caregiver of a child or children living with HIV:
  - You must look after your own health to be able to care for your children or others depending on you.
  - Caregivers have a higher risk for high blood pressure, heart disease and depression.
- Check with the clinic on what's available to support you:
  - Ask about what counselling or support groups are available.
  - Ask about community-based healthcare workers in your area.
  - Check whether you are eligible to receive government or other support for finance or food.
  - Check if there are any aids to help you keep the child on treatment:
    - practical strategies, plans.
    - brochures or pamphlets.
    - access to more than 1 month supply of treatment.



# Challenges you may face as an adolescent or youth (15 – 24 years old)



Stigma



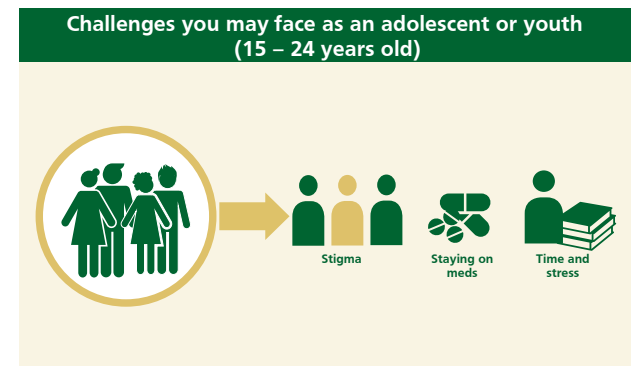
Staying on  
meds



Time and  
stress

# Challenges you may face as an adolescent or youth (15 – 24 years old)

- Inadequate or insensitive disclosure to you about your HIV.
- Stigma (including self-stigma) and discrimination:
  - Rejection, gossip and discrimination from peers, communities and family.
- Issues with HIV status disclosure (not close to family, fear of rejection from friends).
- Difficulties with antiretroviral adherence:
  - Some teenagers do not manage to stay on medication as they transition from care as a child to adult care (more wait times, less private, self-navigated).
- Increased time and stress from study, work or family commitments.
- Unemployment amongst more than half of youth in SA under 25.
- Poverty:
  - Taking medicines on an empty stomach can lead to side-effects.
  - Lack of money for transportation to and from the clinic.
- Poor mental and physical health:  
(anxiety, depression, stress, poor eating habits, not enough exercise)
- Inadequate provision of youth friendly HIV services.
- Many schools are not equipped to support HIV-infected students.



bWise ([bwisehealth.com](http://bwisehealth.com)) is your digital companion that can provide information regarding contraceptives, mental health, access to health services, regardless of your HIV status.

# Key points for adolescent girls & young women (15 – 24 years old)



HIV and STI  
testing if having  
sex



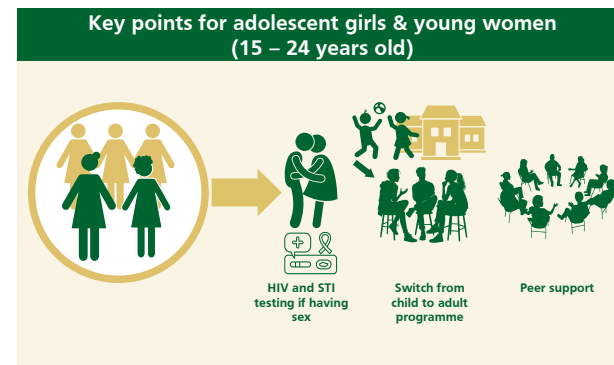
Switch from  
child to adult  
programme



Peer support

# Key points for adolescent girls & young women (15 – 24 years old)

- Test for HIV once a year if you're sexually active & every 6 months:
  - If you have more than 1 sexual partner.
  - If you have sex without a condom after having alcohol or drugs.
- Test immediately for HIV if you never tested or last tested negative:
  - If your mother was diagnosed before you stopped breastfeeding.
  - If you used a HIV-self-screening kit and it screened positive.
  - If you recently changed partners or if you were diagnosed with a sexually transmitted infection, viral hepatitis or TB.
- If living with HIV and on ART, at 15 you switch from child to adult HIV care programmes with more self-management.
  - Stay on treatment to stay healthy, even with school or social commitments.
  - Apps can help with appointment reminders, pill reminders and information.
- Support from family or peers with HIV can help you to manage your infection and help keep you physically and emotionally healthy.
  - Ask if the clinic has adolescent and youth friendly services or support groups or in-clinic or in-community health workers that can support you.
  - Check for support groups online.
  - Discuss any medical information from online or peers with your clinician.
- Peer influence can sometimes stop you from making healthy choices.



# Additional points for adolescent girls and young women (15 – 24 years old)



Highest risk of  
HIV infection



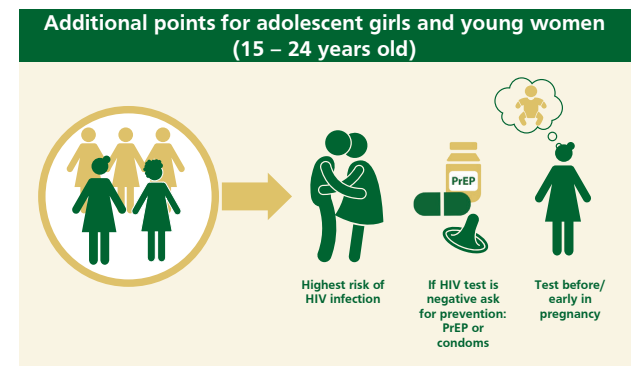
If HIV test is  
negative ask  
for prevention:  
PrEP or  
condoms



Test before/  
early in  
pregnancy

# Additional points for adolescent girls and young women (15 – 24 years old)

- As an adolescent girl or young woman under 25 years old you have the highest risk of being infected with HIV.  
(more than 3 times as likely as young men and twice as likely as older women)
  - Your risk is especially higher if you:
    - are in a relationship with a partner at least 5 years older.
    - don't or can't insist on wearing condoms.
    - fear or experience violence from their partner.
    - have limited access to education and healthcare services.
    - are forced into sex for money, help, gifts, resources or favours.
- If your HIV test is negative ask about prevention: PrEP or condoms. PrEP (Pre-Exposure Prophylaxis) is very effective at HIV prevention.
- Get tested for STIs as well.  
(found in over half of young women with HIV, but only 1 in 10 of those without it).
- Take treatment consistently.
  - Discuss with your healthcare worker your plan for staying on treatment.
  - Plan how to get your medical care secretly if you are afraid of violence or don't want others to know.
- Get tested for HIV before or early in pregnancy to protect your baby.  
(less than 2 in 5 teenagers living with HIV knew their HIV status before their first pregnancy visit).



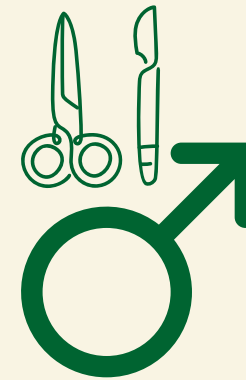
Ask about PrEP if you are HIV-negative, especially if you have a partner that is HIV-positive or HIV-unknown.

If you are recently diagnosed with HIV or have a detectable VL, encourage your partner to be on PrEP.

# Key points for adolescent boys and young men (15 – 24 years old)



HIV and STI  
testing if having  
sex



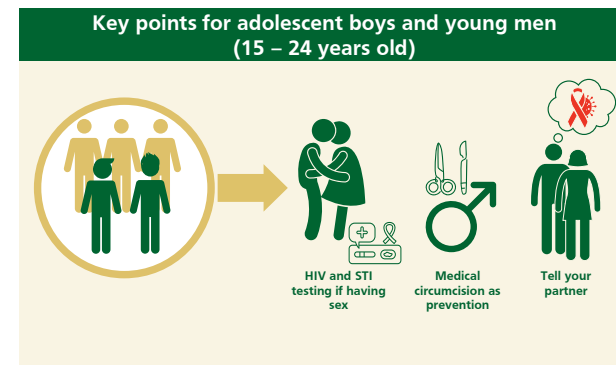
Medical  
circumcision as  
prevention



Tell your  
partner

# Key points for adolescent boys & young men (15 – 24 years old)

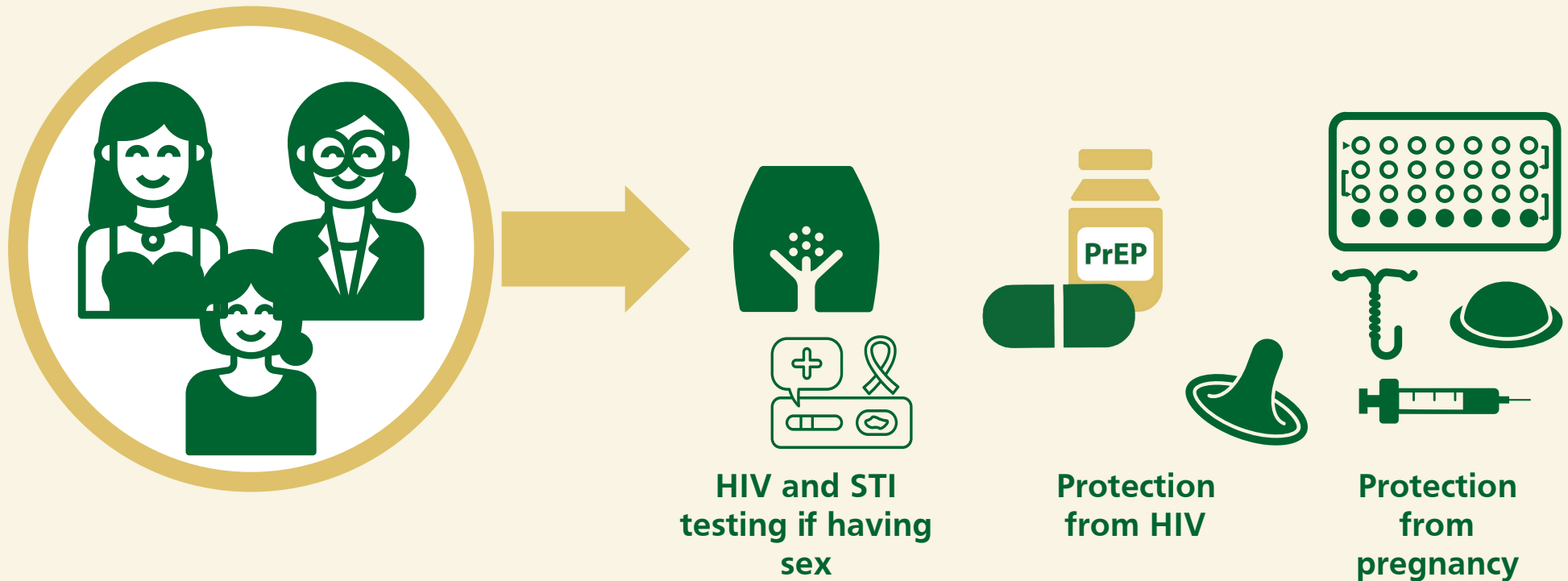
- Make sure you test for HIV, get onto ART and stay on ART consistently.
  - Young men and teenage boys with HIV are less likely than young women to know their HIV status, take treatment, or get the virus under control.
  - As such, they have a higher chance of progressing to AIDS.
- Test for STIs, especially if you are HIV-infected.
  - STIs has been reported in 1 in 3 adolescents and young men living with HIV vs 1 in 20 of those without HIV.
- Getting circumcised cuts your risk of acquiring HIV from a woman by about 60%.
  - If you need to observe tradition, ask about an option that respects your cultural traditions whilst being medically safer.
- If living with HIV, tell your partner(s). It is the right thing to do.
  - You can save their life.
  - You can both support each other to stay on treatment.



Ask about PrEP if you are HIV-negative, especially if you have a partner that is HIV-positive or HIV-unknown.

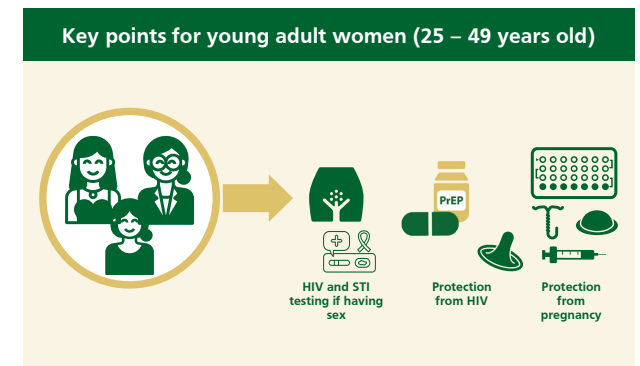
If you are recently diagnosed with HIV or have an unsuppressed VL, encourage your partner to be on PrEP.

# Key points for young adult women (25 – 49 years old)



# Key points for young adult women (25 – 49 years old)

- Get screened for HIV and STIs at least every year.
  - More often if you have more than 1 partner.
  - Test for HIV, chlamydia, gonorrhoea, syphilis and hepatitis B.
  - Many STIs have no symptoms.
  - Testing can help you start treatment early before they cause serious illness.
  - STIs can be passed on sexual partners and to infants during childbirth.
- Ask about protection against sexually-transmitted diseases and HIV.
- You can have access to contraception if not ready to have babies.
  - You have a right to access contraceptives and receive confidential counselling and medical services from 12 years old.
  - Ask your clinician about your options, telling them about what other treatment or prevention you are taking.
- Test and know your HIV status if pregnant or planning to be.
  - Take ART during pregnancy and breastfeeding and until you have little HIV in your body and reduce the risk passing the virus on to your baby.
  - Continue after breastfeeding for the rest of your life to stay healthy.



**Remember:** With consistent treatment people with HIV or STIs can live long healthy lives, achieve their dreams and form families.

# Key points for young adult men (25 – 49 years old)



Make wise choices



Know your status



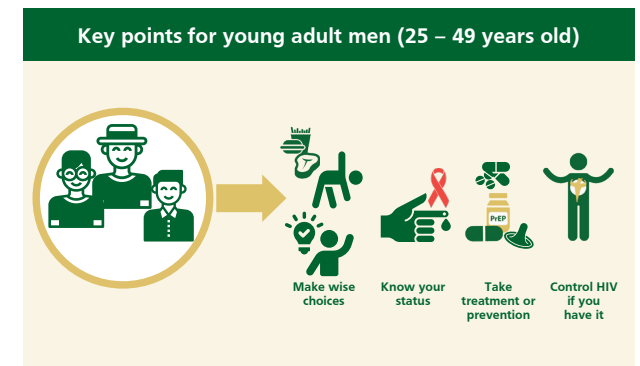
Take treatment or prevention



Control HIV if you have it

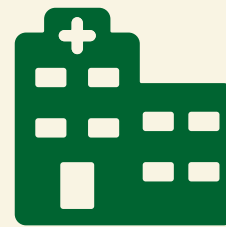
# Key points for young adult men (25 – 49 years old)

- This is an age when you have many life changes:
  - Starting college, university or a new job.
  - Moving into a home with a partner or friends.
  - More freedom in your social life – sometimes with unhealthy lifestyle choices such as a poor diet, inadequate exercise, overuse of alcohol, trying out drugs.
- Half as many men have HIV compared to women, but more men die each year from AIDS. This is because of poorer health-seeking behaviours:
  - Men are less likely to know their HIV status, less likely to be on HIV treatment, less likely to be virally suppressed.
- Many men living with HIV are enjoying the freedom of being virally suppressed, they are taking their treatment and living a healthy life without worry or stress related to having HIV.



**Remember:** If you know your status and take prevention if your HIV test is negative, or consistent treatment if you're living with HIV, you can live a long and healthy life.

# Key points for men



Utilise health services



Understand your illness



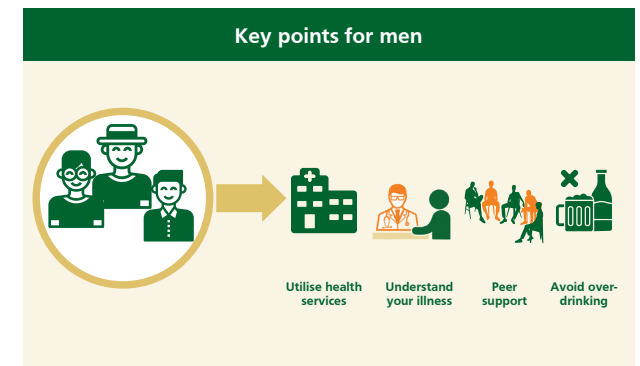
Peer support



Avoid over-drinking

# Key points for men

- Men tend to utilise health services less. Some of the barriers to accessing care include:
  - beliefs about the way men should behave.
  - concerns about confidentiality.
  - inconvenience.
  - believe they can manage health problems on their own.
- You can address stigma and discrimination by educating yourself and others about HIV.
- There may be support for men living with HIV in your area and it is important to find out what services are offered in your clinic and community.
- Binge drinking in South Africa is high amongst men and can result in:
  - alcohol poisoning.
  - injuries and accidental death.
  - risky behaviour leading to higher risk of STIs and HIV infection.
  - long term health problems such as liver disease, cancers, heart issues, mental health issues, bone damage, stomach ulcers.



# Key points for individuals 50 years and older



**Condoms if  
without HIV  
(if not 1-on-1)**



**HIV test if  
new partner**



**Screen or  
test for  
chronic  
illnesses**

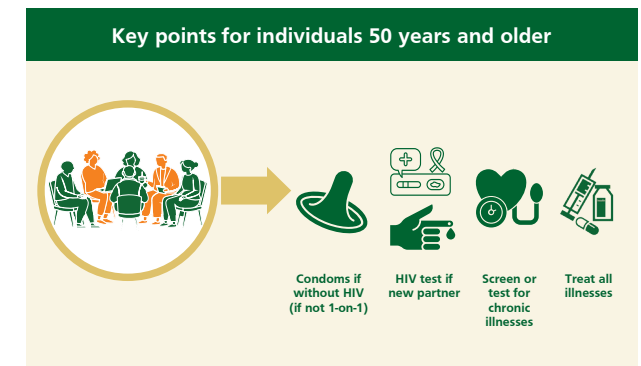


**Treat all  
illnesses**

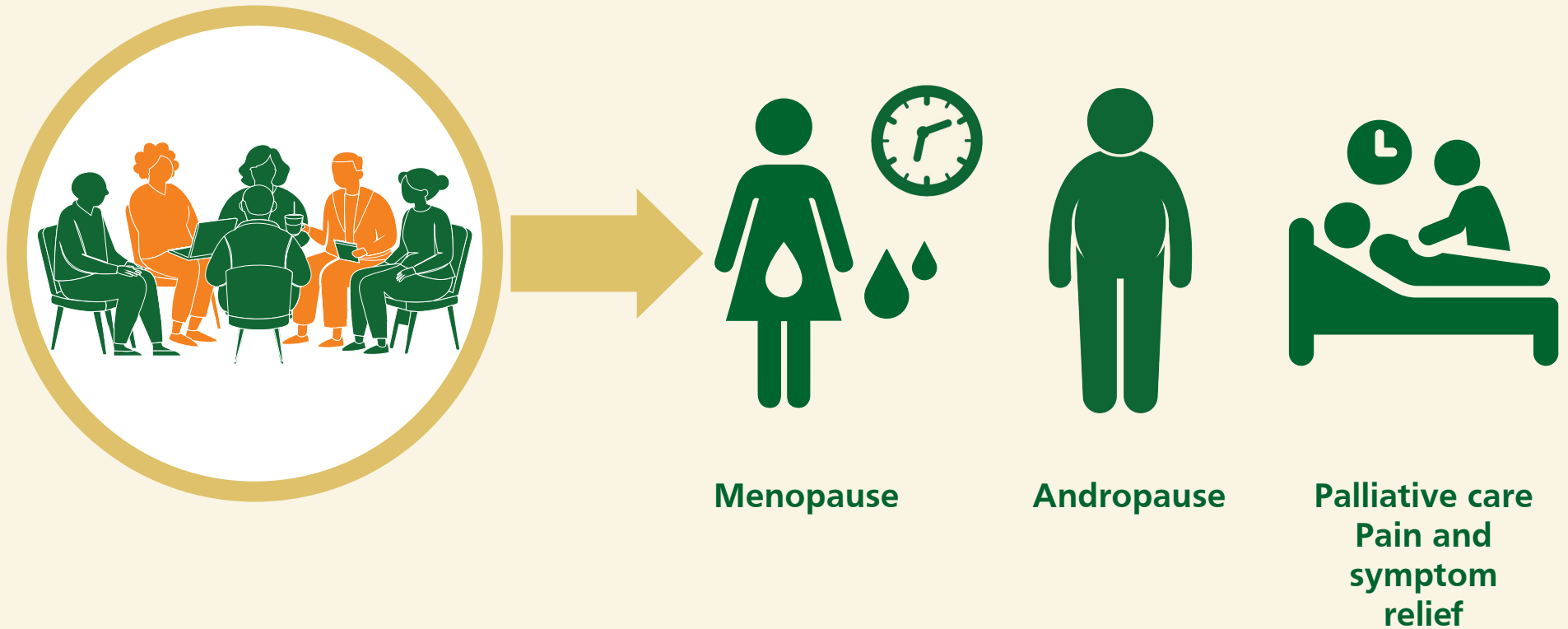
# Key points for individuals 50 years and older

- If currently without HIV continue to use condoms consistently unless you are in a 1-on-1 relationship.
- If you've had a new sexual partner test for HIV and STIs.
- If you are living with HIV start and continue antiretroviral treatment to stay healthy.
- If you have other illnesses tell your clinician about them.
- Screen or test regularly for those you don't have (e.g. diabetes, high blood pressure, other heart disease, high cholesterol, lung disease, kidney disease, liver disease, cancers).
  - More than half of South Africans over 50 years old have 1 or more illness.
  - These conditions can be more frequent in people with HIV.
  - Some HIV medications may increase the risk of heart disease; but the overall benefits on ART on reducing HIV illness and death outweigh the risks of higher cholesterol and heart disease.
  - The medication for some of these may reduce the blood levels of some antiretroviral drugs, so your clinician will need to know to either increase the dosage of some drugs or swop them out for others.

**Remember:** Be sure to tell your clinician if you are using traditional medicines. Some of these may interact with antiretrovirals, medicines for high blood pressure, diabetes and others and reduce their effectiveness.



# Additional points for individuals 50 years and older



# Additional points for individuals 50 years and older

## Menopause in women (12 months with no period, usually from age 45–55)

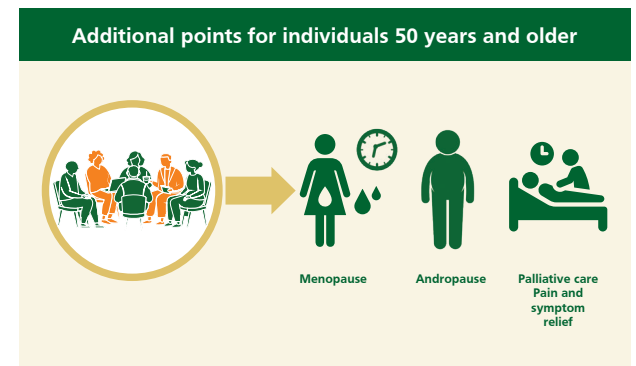
- Symptoms: hot flashes, vaginal dryness, poor sleep, depression, weight gain.
- Risks: weak bones, stroke or heart attack, memory loss, confusion.
- Advice:
  - Weight-bearing exercise, vitamin D and calcium to strengthen bones.
  - Dress in layers and use fans to handle hot flashes.
  - Lubricants for vaginal dryness.
  - Discuss hormone replacement therapy with your clinician.

## Andropause in men (Testosterone levels drop slowly from age 30)

- Symptoms: extreme tiredness, less interest in sex, less muscle, more belly fat, depression, poor sleep.
- Risks: stroke, heart attacks, weak bones, diabetes, slower healing.
- Advice:
  - Strength training, reduce alcohol, stop smoking, healthy eating.
  - Ask clinician about testosterone replacement.

## Palliative care

- Support focused on relieving pain and symptoms of serious illnesses.
  - Older adults with HIV often manage multiple illnesses (like heart disease, diabetes, bone density loss) on top of HIV, leading to more “pill burden”, side effects, possible drug interactions.
  - Ask your clinician for a palliative care referral at any stage of advanced HIV.



# Mental health considerations if 50 years or older and living with HIV



Intense sadness



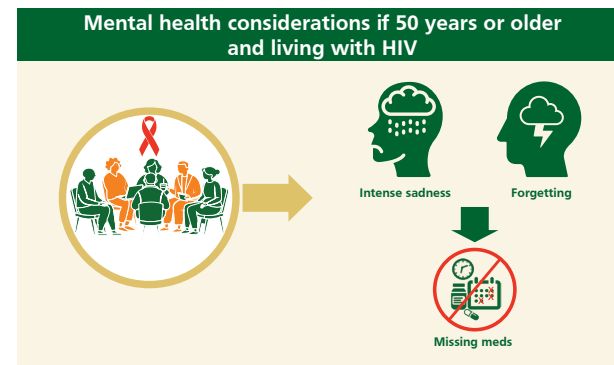
Forgetting



Missing meds

# Mental health considerations if 50 years or older and living with HIV

- You might be more likely to feel very sad or anxious.
  - These can make it harder to stick to your treatment.
  - Losing friends, loneliness and taking part less in activities can occur.
  - HIV-related stigma may make you engage less with healthcare workers or others.
  - Ask healthcare worker how to get mental health help.
  - Get out more, meet people, and ask about support groups for older adults living with HIV.
- Forgetting things and having trouble focusing can make it hard to take your medicine on time.
  - Make sure you take your medicine on time by using alarms, pill organizers, sticky notes, and help from family.
  - HIV can also cause memory and attention problems.
  - Severe memory and thinking problems is much less with ART.
  - Stay connected with friends and family.
  - Keep your brain sharp with puzzles or by learning something new.



**Remember:** If you are living with HIV, ask your clinician for a mental health check-up if you haven't had one in the last year.

# Key points for sex workers, and LGBTQIA+ individuals



HIV test is negative



HIV screening and testing



Condoms



PrEP

On HIV treatment (ART)



Peer support

Living with HIV undetectable VL



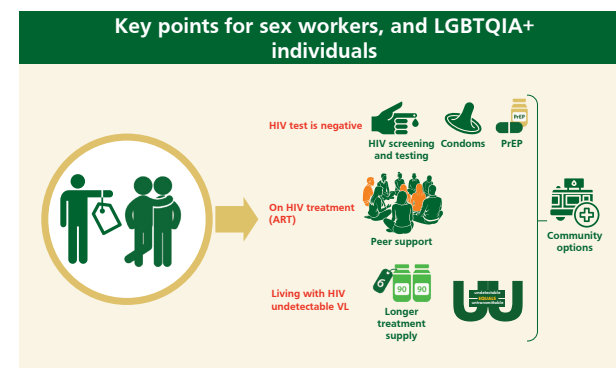
Longer treatment supply



Community options

# Key points for sex workers, and LGBTQIA+ individuals

- If last HIV test was negative, test for HIV or use a HIV self-screening kit every 6 months if you are a sex worker or an LGBTQIA+ individual.
- If living with HIV and on ART:
  - Encourage those in your network to test for HIV and STIs.
  - If you can't find a local HIV support group, consider starting one.
- If viral load is undetectable:
  - ask if you qualify for longer treatment supply.
  - be a role model in your network on controlling HIV.
  - remember U=U: if viral load is less than 50 HIV cannot be transmitted to your sexual partners.
- Ask about local health workers, pop-up clinics, or walk-in centres near you for easy medical support:
  - HIV and STI screening and testing.
  - Condoms, condom-compatible lubricants.
  - Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP).
  - Treatment monitoring.
  - Easy treatment collection.



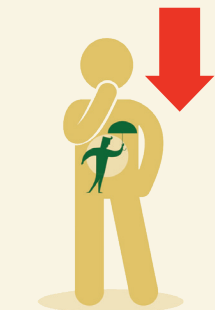
Everyone deserves fair, respectful, and equal healthcare.

**Remember:** PrEP and/or condoms can help protect you from HIV.  
If infected consistent ART can help you live and long and healthy life.

# Key points for people who use substances: drugs and/or alcohol



Drugs and alcohol



Weakens  
the body's  
defences



Can forget  
meds



Weakens  
treatments



Sharing needles



Possible HIV  
Infection



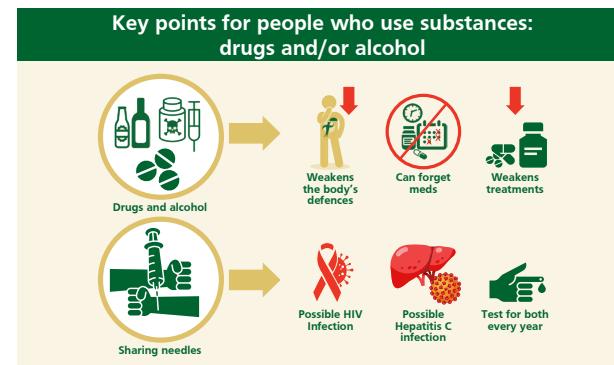
Possible  
Hepatitis C  
infection



Test for both  
every year

# Key points for people who use substances: drugs and/or alcohol

- If living with HIV and on ART:
  - Encourage those in your network to test especially if you share needles.
  - Drugs and alcohol weaken your immune system and can stop your HIV medication (ART) from working properly.
  - Some drugs can interact with HIV medicines causing serious side effects.
- Drug and alcohol use can make you forget to take your ART.
  - If you know you will drink or take drugs:
    - Take the ART earlier in the day.
    - If you drink, try not to exceed 1 drink for women and 2 drinks for men.
    - If you inject drugs never re-use or share needles and syringes.
- If you are virally suppressed, you can be a role model in your network on controlling HIV.
- If last HIV test was negative, test for HIV every year:
  - Check where and when local mobile clinics or outreach teams offer free HIV/STI testing, and prevention options (PrEP/PEP).
- If you inject drugs, get checked for Hepatitis C every 6 to 12 months, even if you previously tested negative.



Sharing needles can spread HIV and Hepatitis C through infected blood.

Ask the clinic if they have programs to keep drug users safe, like free clean needles or medicine to manage addiction.

Use clean needles and condoms to prevent infections.

# ACKNOWLEDGEMENTS

The Integrated Treatment Literacy Flip Chart is the result of a collective effort involving extensive consultation, research, and writing. It incorporates the latest information from the National Department of Health, the World Health Organization (WHO), and other reputable institutions.

The collaboration and support of the Provincial Departments of Health, District Health teams, healthcare facilities, Centers for Disease Control through BroadReach Health Development and other partner organisations, and technical experts have been instrumental in bringing this valuable resource to completion. The National Department of Health extends its sincere appreciation to all contributors and acknowledges the support and resources provided by partner organisations throughout this process.

Centers for Disease Control (CDC) and BroadReach Health Development (Pty)Ltd.

Dr. Musa Manganye, Director HIV/AIDS Treatment Care and Support, National Department of Health

Ms. Lufuno Malala, Programme Manager: Care & Treatment, DMOC, Cluster: HIV/AIDS & STIs National Department of Health

Published by the National Department of Health,  
Dr. AB Xuma Building, 1112 Voortrekker Rd, Pretoria Townlands 351-Jr, Pretoria, 0187

© 2025 Department of Health

Requests to reprint this publication should be addressed to the:  
Director, Care and Support Directorate, National Department of Health  
Private Bag X 828  
Pretoria 0001  
South Africa

Email: [Musa.Manganye@health.gov.za](mailto:Musa.Manganye@health.gov.za)

Telephone: +27 (0)12 395 9216/9393

The publication is available on [www.health.gov.za](http://www.health.gov.za)

This publication was supported by Grant Number: 5 NU2GGH002380-05-00. Its contents are solely the responsibility of the National Department of Health of South Africa and do not necessarily represent the official views of the Implementing Agency.

