

Module 4

HIV care and psychosocial support

HIV basic knowledge and stigma reduction in health care settings



World Health
Organization

Regional Office for the Eastern Mediterranean

Module 4

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support

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Contents

Introduction	4
Session 1: Care and treatment of persons living with HIV.....	7
Session 2: Service delivery.....	24
End-of-module quick evaluation	30

Introduction

This module is designed to enable participants to present and explain the different components of global care for a person infected with HIV. Particular emphasis will be laid on prophylaxis for a number of opportunistic infections: pneumocystosis, toxoplasmosis and tuberculosis.

The basis and underlying principles of antiretroviral therapy, and its impact on the development of the HIV infection and the HIV epidemic, will be presented.

Participants will be expected to gain awareness of the complexity of treatment and of the fact that it is a treatment for life. These are the reasons why it is important for the patient to be accompanied by a compliance support programme and a psychosocial care programme.

In order to place the care in context, a specific presentation should be prepared locally to inform participants about the existing organization in their country.

Specific objectives

After completing the module, the participants should be able to do the following.

- Name the different components of the care provided to a patient infected with HIV.
- Present the prophylaxes that should be prescribed and their indications.
- Present the criteria justifying the decision to use antiretroviral treatment.
- Present the principles underlying an antiretroviral treatment.
- Explain the value of a compliance support programme.
- Explain the value of a psychosocial care programme.
- Describe the national organization through which care is provided to persons living with HIV.

Module schedule

Sessions	Topics	Methods	Length
Session 1 Care and treatment of a person living with HIV	Section 1		
	Medical care for a person living with HIV	PowerPoint	5 minutes
		Discussion	15 minutes
	Main prophylaxes	PowerPoint	10 minutes
		Discussion	10 minutes
	Principles and impact of antiretroviral therapy	PowerPoint	20 minutes
		Discussion	10 minutes
	Section 2		
	Adherence support and psychosocial support	PowerPoint	15 minutes
		Discussion	10 minutes
Session 2 Service delivery	HIV service delivery at national level	PowerPoint	15 minutes
		Discussion	10 minutes
			120 minutes

Educational tools

- A series of slides presenting the module's goals and course documentation for session 1.
- A series of slides presenting the module's goals and course documentation for session 2 (this presentation should be prepared by the country's national AIDS control programme).

Module 4

Content

Facilitators should start the module with a reminder of the goals of Module 4.

Slide 1



Slide 2

Module 4: HIV care and psychosocial support	
Module 1	Participants will be able to: <ul style="list-style-type: none">-offer an insight into the epidemiological situation in the country and worldwide-present the HIV transmission modes and the broad approaches to prevention-implement post-exposure prophylaxis for HIV in the health care environment.
Module 2	Participants will be able to: <ul style="list-style-type: none">-describe the natural history of the HIV infection-expose the main circumstances in which the HIV infection is discovered-describe some of the clinical manifestations of the HIV/AIDS infection.
Module 3	Participants will be able to: <ul style="list-style-type: none">- name the techniques used for the biological diagnosis of the HIV infection- argue the need to comply with ethical and confidentiality imperatives in the health care environment- name the interventions to reduce HIV stigma and discrimination in health care settings.
Module 4	Participants will be able to: <ul style="list-style-type: none">- Inform a PLHIV about how care is organized in the country- Inform a PLHIV about the principles of care- Inform parents about the care available for a newborn baby, infant or child infected by HIV- argue the need for optimal adherence to antiretroviral therapy.

Slide 3

Module 4: HIV care and psychosocial support	
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Module 4	Participants will be able to: <ul style="list-style-type: none">- Inform a PLHIV about how care is organized in the country- Inform a PLHIV about the principles of care- Inform parents about the care available for a newborn baby, infant or child infected by HIV- argue the need for optimal adherence to antiretroviral therapy.

Session 1: Care and treatment of persons living with HIV

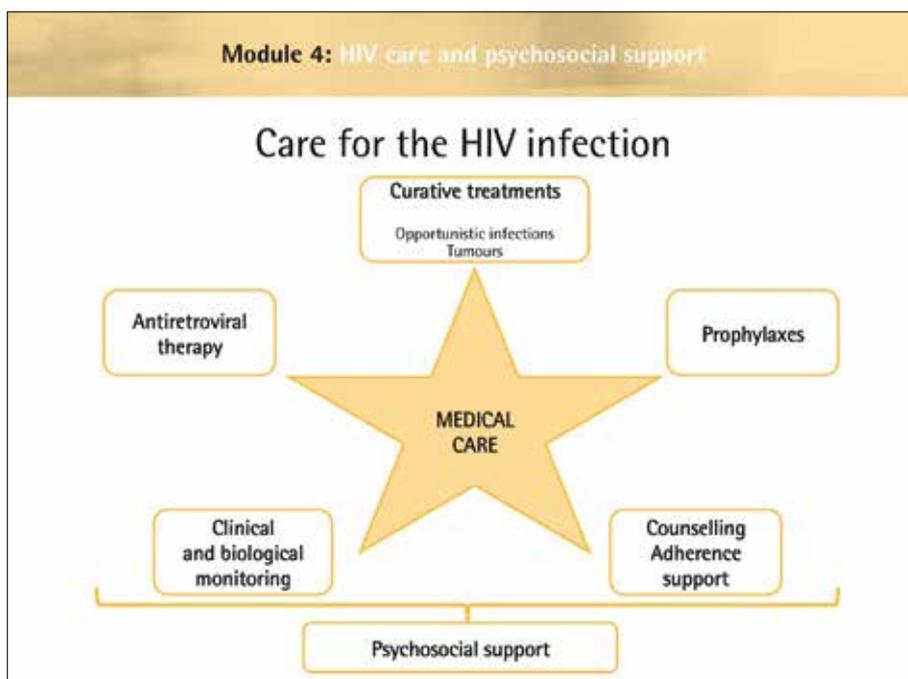
Medical care for a person living with HIV

Slide 4



The facilitator will project a slide (Slide 5) providing visual support for the information on the different components of care provided to a person living with HIV.

Slide 5: The different components of the care for a person living with HIV



Module 4

The facilitator will start by explaining that the HIV infection is not like diseases for which there is a curable cause and for which an etiological treatment is immediately prescribed to destroy the cause and enable a cure: e.g. a urinary infection treated by an antibiotic.

In an HIV infection, the cause is known but cannot be cured (in the state of the art) and this infection is complex, causing immunodeficiency and consequently other infections and cancers.

Counselling. Because HIV is a chronic, communicable infection, counselling is of great importance: it provides the patient with information on the care he or she will receive and the expected results. The patient must understand that the infection is incurable but can be controlled efficiently through correct compliance with the treatment. The patient should also receive all the information needed to reduce the risk of HIV transmission.

Adherence support. Because this is a treatment for life and misuse can lead to the development of resistance, it is important to provide therapeutic education enabling the patient to know more about the disease, realize the importance of clinical and biological monitoring, and completely understand how to follow the treatment. This compliance support is the key to optimizing the efficiency of the antiretroviral therapy.

Prophylaxes. Some infections can be avoided by chemoprophylaxis, hygiene and dietary measures or vaccination. Beyond a certain level of immunodeficiency, prophylaxis for some opportunistic infections becomes indispensable: this is the case for pneumocystosis, toxoplasmosis and tuberculosis.

Opportunistic infection treatments. Unfortunately, HIV infections are often diagnosed belatedly, when the AIDS stage has been reached. This consequently means that the opportunistic infections or cancers presented by the patient have to be treated.

Antiretroviral therapy. Antiretroviral therapy is made up of an association of several antiretroviral drugs that are active on HIV. This treatment is only started when a number of criteria are fulfilled. The use of antiretroviral (ARV) drugs is subject to strict rules and requires regular monitoring.

Clinical and biological monitoring. Patients infected with HIV, whether or not they are receiving ARV, require regular clinical monitoring and must undergo a series of biological examinations to assess their tolerance and the efficiency of the treatment.

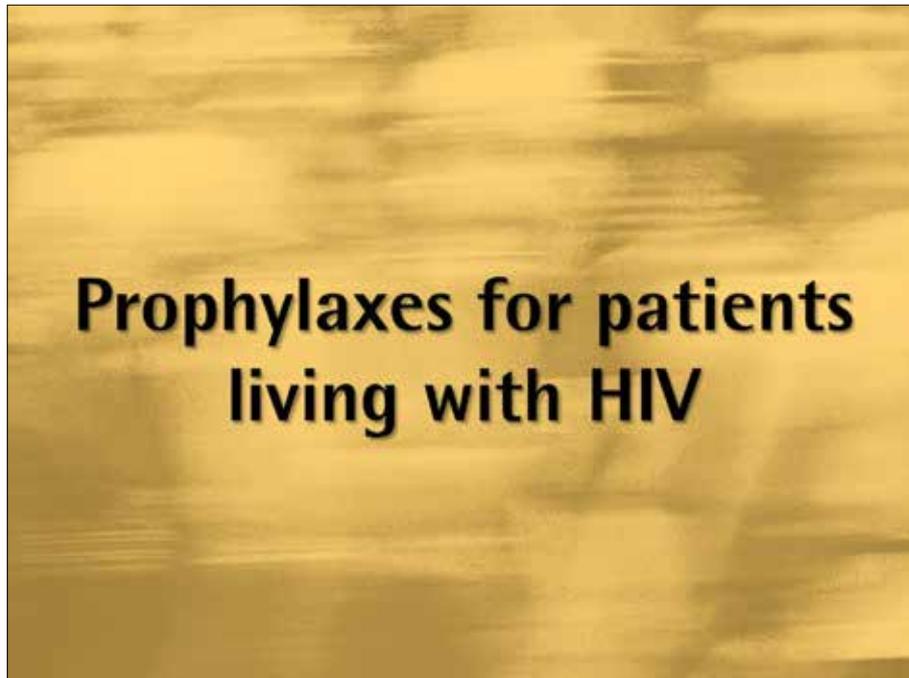
Psychosocial support. This medical care can only be optimal if it is accompanied by psychosocial support that will reduce the vulnerability engendered by the disease.

These different components will be discussed under the guidance of the facilitator who will be careful to avoid going into detail on the prophylaxes, the antiretroviral therapy, compliance support and psychosocial support, because all these points will be covered by specific presentations.

- Care for a person living with HIV must include a package of services that contribute to the patient's physical and moral well-being.
- The main components of global care are: counselling, access to prophylaxes, treatment for HIV-related morbidities and antiretroviral therapy accompanied by clinical and biological monitoring, adherence support and psychosocial support.

The main prophylaxes

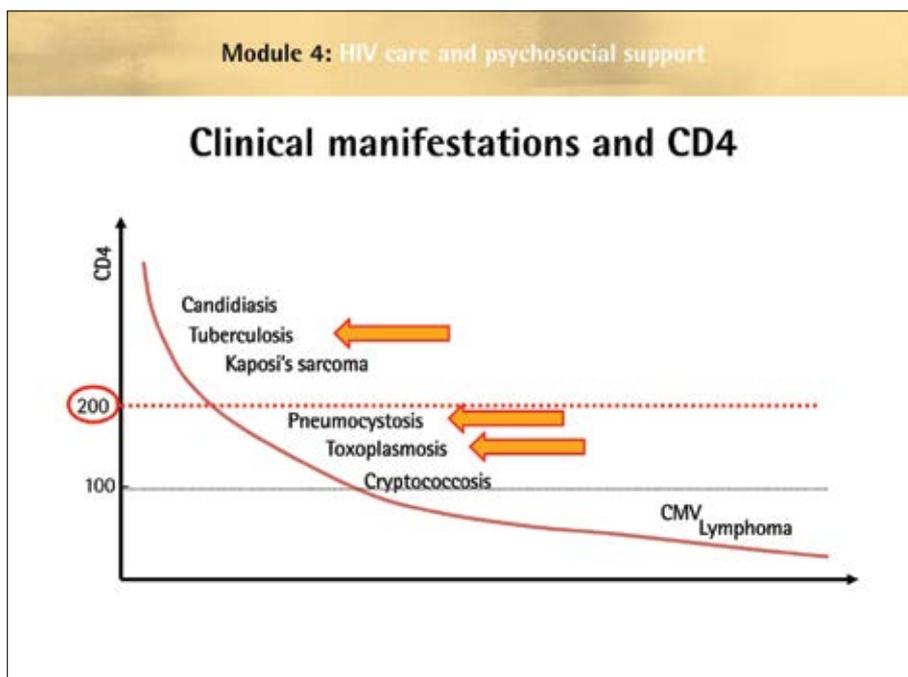
Slide 6



Because of the gradual depletion of the CD4 T lymphocytes, immunodeficiency worsens, with the risk of occurrence of opportunistic infections.

Slide 7 shows the appearance of opportunistic infections and HIV-related cancers as the CD4 count decreases. The facilitator will explain that the main infections discussed are tuberculosis, pneumocystosis and toxoplasmosis.

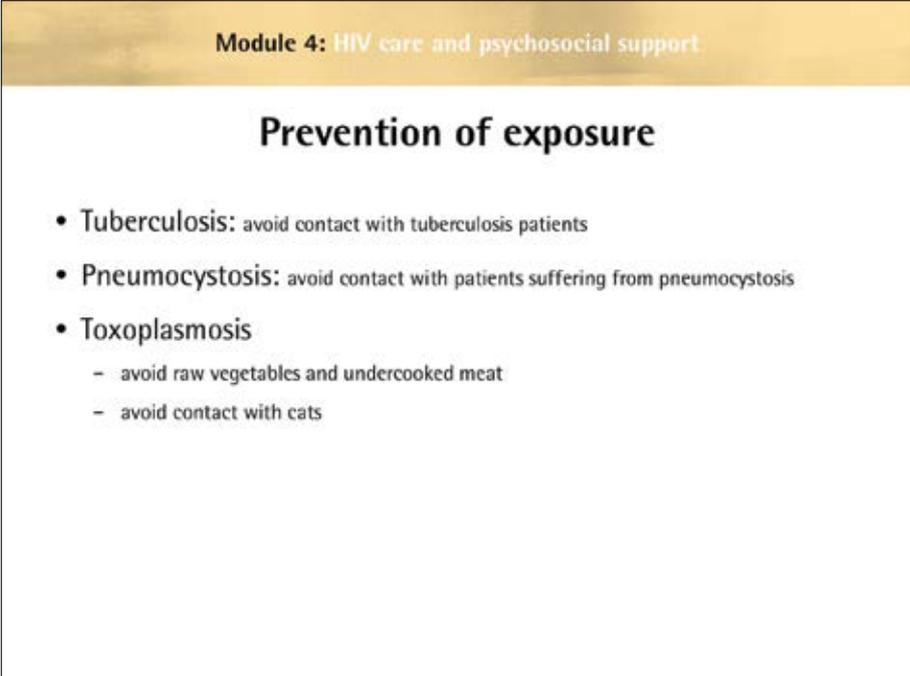
Slide 7: Clinical manifestations related to CD4 count



The facilitator will remind participants what is understood by prevention of exposure: all measures that can be taken to avoid contact with the germ that causes the infection (Slide 8).

Prevention of exposure can be implemented to reduce the risk of occurrence of numerous diseases. In the event of tuberculosis, avoidance of contact with a person suffering from contagious tuberculosis (e.g. with a pulmonary localization) is recommended. Likewise for pneumocystosis, eliminating contact with patients carrying this disease helps to reduce the risk of developing it. For toxoplasmosis, all sources of contamination by *Toxoplasma gondii* should be avoided, whether through the ingestion of raw vegetables, undercooked meat or contact with cats. It is only useful to prevent such exposure if the person has never been contaminated by toxoplasmosis. This can be confirmed by a negative toxoplasmosis serology.

Slide 8: Prevention of exposure



Module 4: HIV care and psychosocial support

Prevention of exposure

- **Tuberculosis:** avoid contact with tuberculosis patients
- **Pneumocystosis:** avoid contact with patients suffering from pneumocystosis
- **Toxoplasmosis**
 - avoid raw vegetables and undercooked meat
 - avoid contact with cats

Primary prevention is the set of measures taken for a person who has never been infected and helps to reduce the risk of an infection occurring (Slide 9).

Primary prevention may use chemoprophylaxis, as in the case of toxoplasmosis, pneumocystosis and tuberculosis, or vaccination (e.g. anti-pneumococcal). For vaccines, the rule is to contraindicate live attenuated vaccines for persons infected with HIV.

Prophylaxis for pneumocystosis and toxoplasmosis is based on the same drug, co-trimoxazole, which protects against both diseases. This is what is known as 'combined prophylaxis'. For an adult infected by HIV, the recommended prescription is one strong co-trimoxazole tablet per day as soon as the CD4 count has fallen below 200 or 350, depending on the guidelines. For newborn babies and infants exposed to HIV, co-trimoxazole should be prescribed systematically and stopped a few weeks after the end of the exposure, if there is no contamination. For infants and children infected by HIV, the co-trimoxazole indication depends on age, clinical stage and CD4 count.

Slide 9: Primary prevention

Module 4: HIV care and psychosocial support

Primary prevention

- Chemoprophylaxis
 - Pneumocystosis
 - Toxoplasmosis
 - Tuberculosis
- Vaccination
 - Anti-pneumococcal
 - Anti-hepatitis B

For tuberculosis prophylaxis, WHO recommends that all children and adults living with HIV, including pregnant women and persons receiving antiretroviral therapy, receive preventive treatment based on isoniazid. This should be taken for 6 to 36 months, or for life in places where there HIV and tuberculosis infection are highly prevalent (Slide 10).

Slide 10: Primary chemoprophylaxis for tuberculosis

Module 4: HIV care and psychosocial support

Primary prophylaxis for tuberculosis (WHO)

- All children and adults living with HIV, including pregnant women and persons following antiretroviral therapy, should receive isoniazid-based preventive treatment
- Isoniazid should be taken for 6 to 36 months, or for life in areas where there is a high prevalence of HIV infections and tuberculosis

Facilitators should prepare one or two slides summarizing the prophylaxes recommended at country level (Slide 11).

Slide 11: Prophylaxis recommendations at country level



- Effective prophylaxis for tuberculosis, pneumocystosis and toxoplasmosis is available for PLHIV.
- Combined prophylaxis using co-trimoxazole is the primary prevention for pneumocystosis and toxoplasmosis.
- For tuberculosis prophylaxis, all children and adults living with HIV, including pregnant women and persons receiving antiretroviral therapy, should receive isoniazid-based preventive treatment

Principles and impact of antiretroviral therapy

Slide 12



Antiretroviral therapy is an important component of care for PLHIV. This is the treatment that will directly attack the HIV.

Antiretroviral drugs do not destroy the HIV but inhibit multiplication, thus significantly reducing viral load: an antiretroviral treatment is considered efficient if it makes the viral load undetectable. A reduced viral load will enable the CD4 T lymphocyte count to recover and thus restore immunity (Slide 13).

Slide 13: Goals of antiretroviral therapy

Module 4: HIV care and psychosocial support

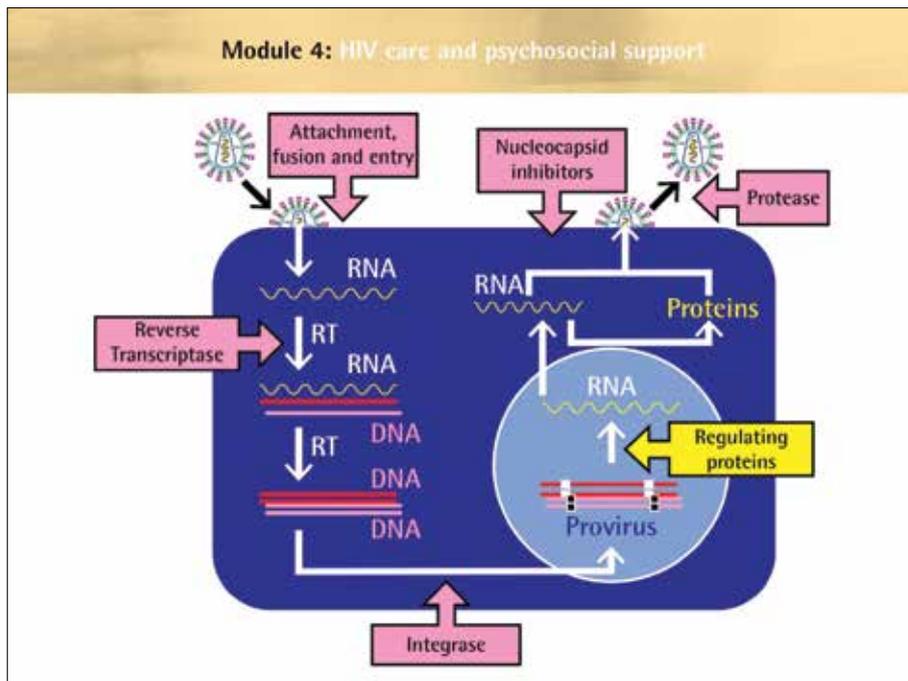
Goals of antiretroviral therapy

- Reduction of the viral load
Goal: undetectable viral load
- Restoration of immunity
Goal: increase CD4 count

Module 4

Antiretroviral drugs. To understand the active mechanisms of drugs used in antiretroviral therapy, the facilitator will use Slide 14 as a reminder of the HIV replication cycle with its different phases and the enzymes that are part of the cycle (CD4 T lymphocyte fixate on, membrane fusing, penetration of the cell by the viral RNA, proviral DNA synthesis by reverse transcriptase, migration of the DNA to the cell nucleus, integration of the DNA into the cell genome by integrase, synthesis of the cell and virus protein, splitting of the long protein chains by protease and release of virions from the cell).

Slide 14: Antiretroviral targets



After this reminder of the viral replication process, the different targets for the ARV drugs are reviewed.

- The attachment and fusing inhibitors that interfere with the mechanisms enabling the HIV genetic material to enter the cell.
- The reverse transcriptase inhibitors that prevent the reverse transcriptase from synthesizing the proviral DNA.
- The integrase inhibitors that prevent the enzyme from incorporating the proviral DNA into the cell's genetic material.
- The protease inhibitors that prevent splitting of the protein chains.

Eligibility for antiretroviral therapy. The decision to start antiretroviral therapy is determined by precise criteria based on international recommendations and policy at country level. The facilitator should use one or two slides to summarize the country's recommendations regarding initiation of antiretroviral therapy (Slide 15).

WHO's 2015 guidelines recommend initiating antiretroviral treatment as soon after HIV diagnosis as possible. With its "treat-all" recommendation, WHO removes all limitations on eligibility for antiretroviral therapy among people living with HIV; all populations and age groups are considered eligible for treatment.

Slide 15: Recommendations for the initiation of antiretroviral therapy at country level

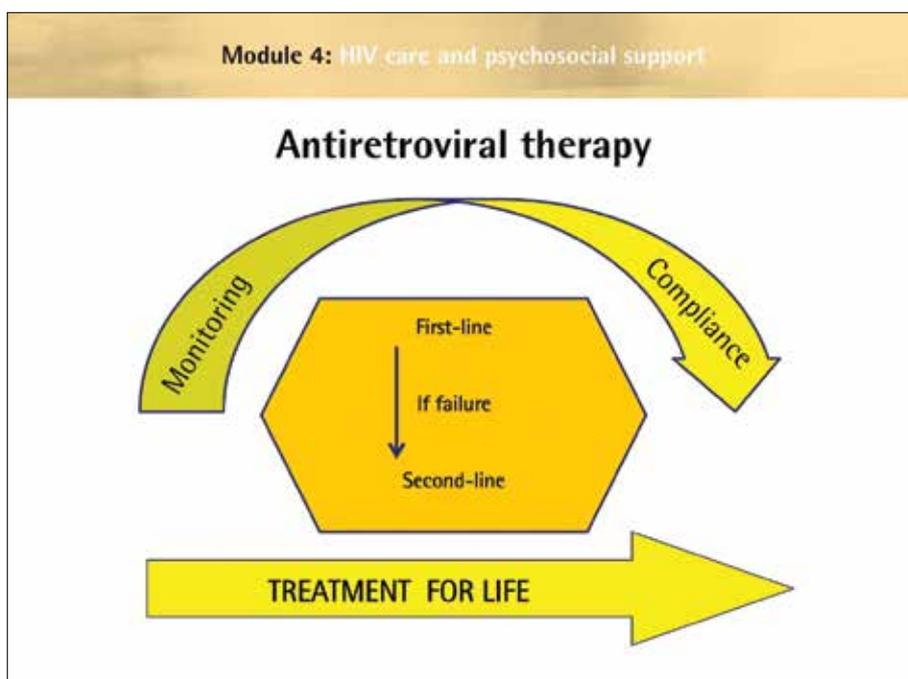
Module 4: HIV care and psychosocial support

WHO 2015 treatment update

http://www.who.int/hiv/pub/arv/15249_HIVTreatmentandCare_PolicybriefforWEB.pdf?ua=1

The principles of antiretroviral therapy. Antiretroviral therapy is subject to precise rules (Slide 16). To ensure consistency in practice, the current recommendation is to define a first-line therapeutic regimen and a second-line regimen for cases where the former fails. In all cases, the therapeutic regimen should comprise three molecules: this is known as a tritherapy. First-line regimens are made up of two nucleoside reverse-transcriptase inhibitors and one non-nucleoside reverse-transcriptase inhibitor. The second-line regimens are made up of two nucleoside reverse-transcriptase inhibitors and one protease inhibitor.

Slide 16: Principles of antiretroviral therapy



This is a prescription for life that requires regular clinical and biological monitoring. The significant constraints linked to this treatment make it necessary to implement a compliance support programme and therapeutic education to accompany the patient.

The impact of antiretroviral therapy. Slide 17 describes the impact of antiretroviral therapy. On the individual level, the facilitator has already shown that the treatment reduces the viral load and consequently helps to restore immunity. At community level, the number of AIDS-related deaths falls, and this has been observed worldwide since 2006. The number of new HIV infections is already decreasing worldwide, testifying to the effect of the treatment on HIV transmission. The treatment also helps to reduce morbidity with fewer opportunistic infections and consequently fewer days of hospitalization. The treatment has also significantly raised the quality of life and life expectancy.

Slide 17: Impact of antiretroviral therapy

Module 4: HIV care and psychosocial support

Impact of antiretroviral therapy

- **Reduced numbers**
 - of AIDS-related deaths
 - of new HIV infections
 - of opportunistic infection episodes
 - of days of hospitalization
- **Improvement**
 - of quality of life
 - of life expectancy of PLHIV

Cost of antiretroviral therapy. Over the past decade, the cost of antiretroviral drugs has fallen significantly, enhancing access to this therapy even in countries with limited resources.

Facilitators should prepare a slide showing the cost of antiretroviral therapy in the country: the average cost of first-line treatment and the average cost of a therapeutic second line (Slide 18).

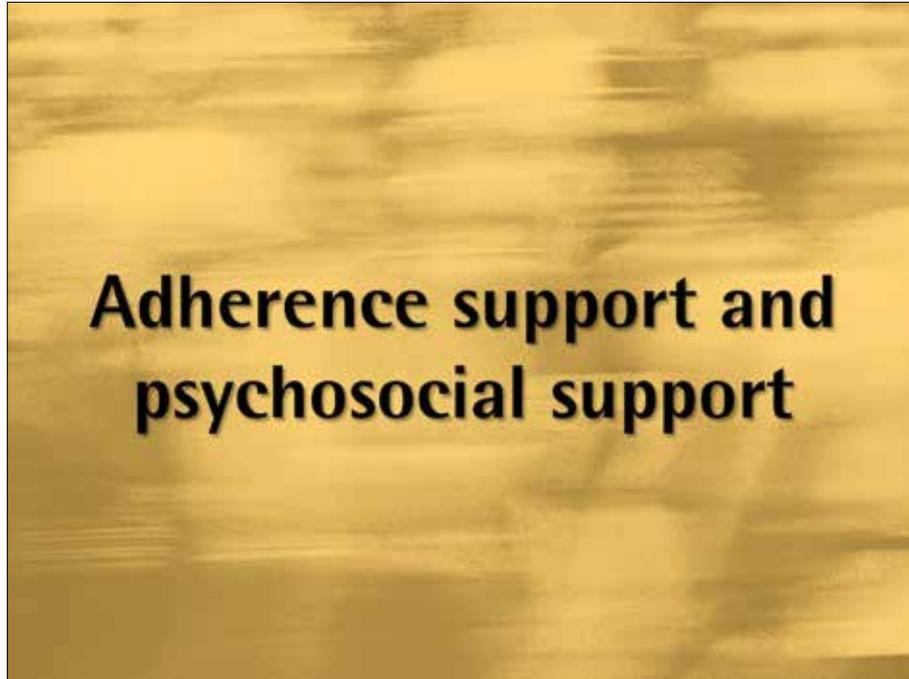
Slide 18: Cost of antiretroviral therapy

The slide features a dark blue header with the text "Module 4: HIV care and psychosocial support" in white. Below the header, the main title "Cost of antiretroviral therapy" is displayed in a large, bold, black font. The rest of the slide is blank white space.

- Antiretroviral drugs act at different levels in HIV replication.
- Different classes of antiretroviral drugs can be defined according to the mechanisms by which they act.
- At community level, antiretroviral therapy enables the reduction of new infections, AIDS-related deaths and opportunistic infection episodes.
- On the individual level, antiretroviral therapy reduces the number of days of hospitalization and improves life expectancy and quality of life.

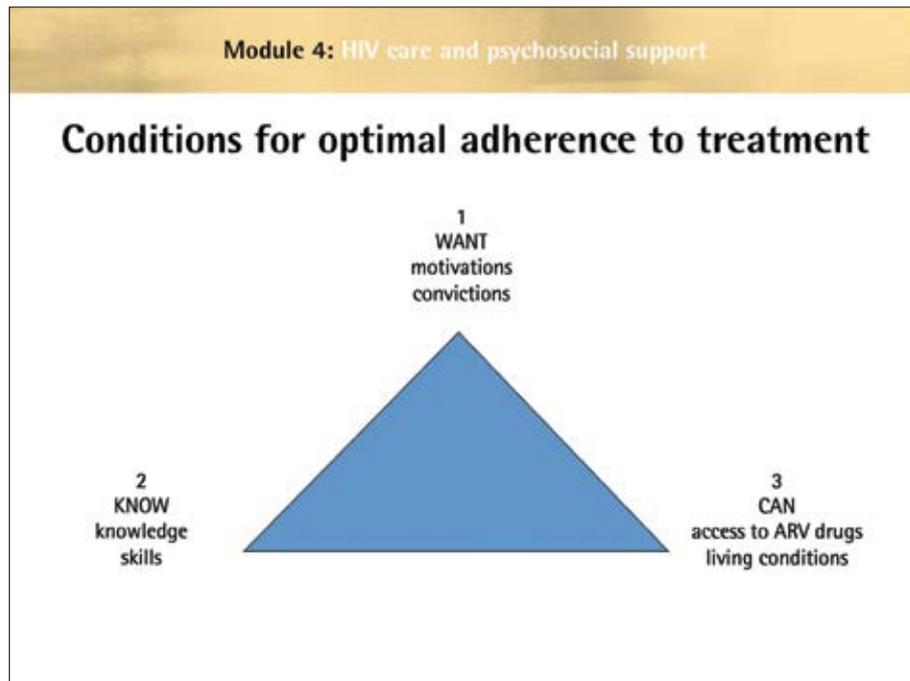
Adherence and psychosocial support

Slide 19



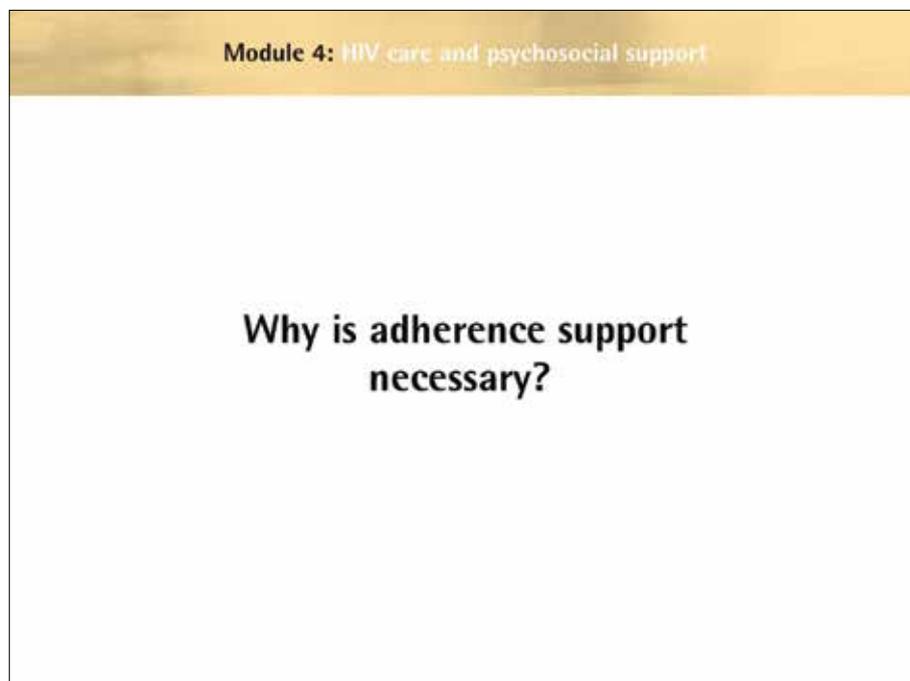
Antiretroviral therapy is complex and must be continued throughout the patient's life. The treatment does not have to be started urgently. 1) It is important to establish beforehand that the patient is willing to follow the treatment: he or she must be convinced of the expected effect of the treatment and sufficiently motivated to undergo it for life. 2) The patient must have been given all the information required to enable an understanding of the disease and of how to manage the undesirable minor side-effects of the prescribed ARV drugs. 3) The ARV drugs must be accessible with a regular unbroken supply (Slide 20)

Slide 20: Conditions for optimal adherence to antiretroviral therapy



The facilitator will be able to regain the attention of the audience by soliciting questions and answering them with the help of appropriate slides (Slide 21).

Slide 21: Why is adherence support necessary?



An adherence support programme is required (Slide 22) as for any chronic disease. This is because antiretroviral therapy is complex and is an undertaking for life. Moreover, there are many potential undesirable side-effects and possible drug interactions. Hence the need for regular monitoring and optimal adherence, despite the constraints, to avoid misuse that can cause the development of resistance.

Module 4: HIV care and psychosocial support

Why is adherence support necessary?

- Antiretroviral therapy is complex
- It is a lifetime treatment
- The treatment has unwanted side-effects
- HIV may develop resistance if the treatment is not properly followed
- The treatment requires regular monitoring
- There are potential drug interactions
- The prescribing doctor does not have enough time to answer all the patient's questions

Because the prescribing doctor does not have enough time to answer all the patient's questions, there is a need for a programme implemented by fully trained tutors or mediators working in close collaboration with the medical team.

Through the adherence support programme it should be possible to (Slide 23):

- Define a therapeutic schedule in consultation with the prescribing doctor
- Inform the patient about the HIV infection
- Make the patient aware of the means of reducing the risk of HIV transmission
- Inform the patient about the undesirable side-effects of the treatment
- Teach the patient to manage the constraints affecting daily life
- Make the patient aware of the importance of clinical and biological monitoring.

Slide 23: Contents of an adherence support programme

Module 4: HIV care and psychosocial support

Contents of an adherence support programme

- Definition of an appropriate therapeutic schedule
- Development of awareness of the ways of preventing transmission
- Management of the constraints affecting everyday life
- Development of awareness of the need for clinical and biological monitoring

Slide 24: Why is psychosocial support necessary?

Module 4: HIV care and psychosocial support

Why is psychosocial support necessary?

A person living with HIV is often very vulnerable, not only because of the circumstances surrounding the contamination, but also because people in the patient's circle have become aware of the diagnosis. The patient is often isolated, cut off by family and friends, a victim of stigmatization and discrimination. These factors are compounded by the physical repercussions of the infection which prevent the patient from going to work; this leaves the patient without financial resources, and often without access to an appropriate balanced diet addressing his or her real needs. In some cases, disclosure of the diagnosis in the working environment can lead to unfair dismissal. A psychosocial support programme is thus required to reduce the impact of social difficulties on care (Slide 25).

Slide 25: Rationale for psychosocial support

Module 4: HIV care and psychosocial support

Why is psychosocial support necessary?

A PLHIV is:

- Often isolated, cut off by family and friends
- Victim of stigmatization and discrimination
- Often without financial resources
- Often with no access to a balanced diet addressing real needs
- Sometimes a victim of unfair dismissal.

The psychosocial support programme must make it possible to (Slide 26):

- Offer psychological care
- Provide support through the work of nongovernmental organizations or support groups
- Provide support in facing the difficulties that can impede medical care
- Offer dietary support
- Offer legal support where necessary

Slide 26: Goals of psychosocial support

Module 4: HIV care and psychosocial support

Psychosocial support should enable:

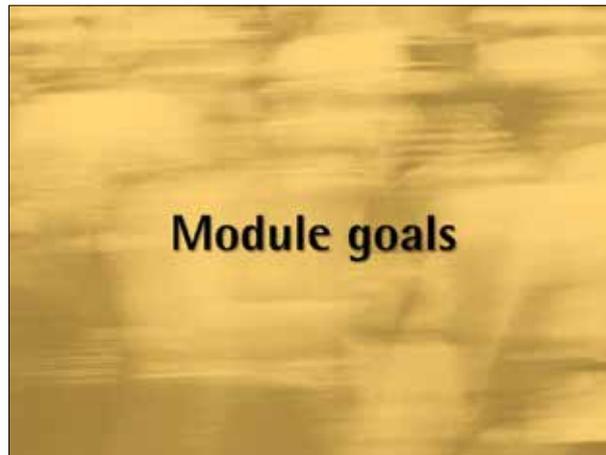
- Psychological care
- Accompaniment by nongovernmental organizations or support groups
- Support to address difficulties liable to interfere with medical care
- Dietary support
- Legal aid wherever necessary.

- An adherence support programme helps the patient to come to terms with the treatment and adhere to it.
- The efficiency of antiretroviral therapy is directly linked to adherence.
- A psychosocial support programme can reduce the patient's vulnerability and contribute to more efficient antiretroviral therapy.

Session 2: Service delivery

Facilitators should start the module with a reminder of the goals of Module 4.

Slide 1



Slide 2

Module 4: HIV care and psychosocial support	
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Slide 3

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HIV service delivery at national level

Slide 4



Facilitators should prepare a PowerPoint presentation of the HIV service delivery at national level for persons living with HIV.

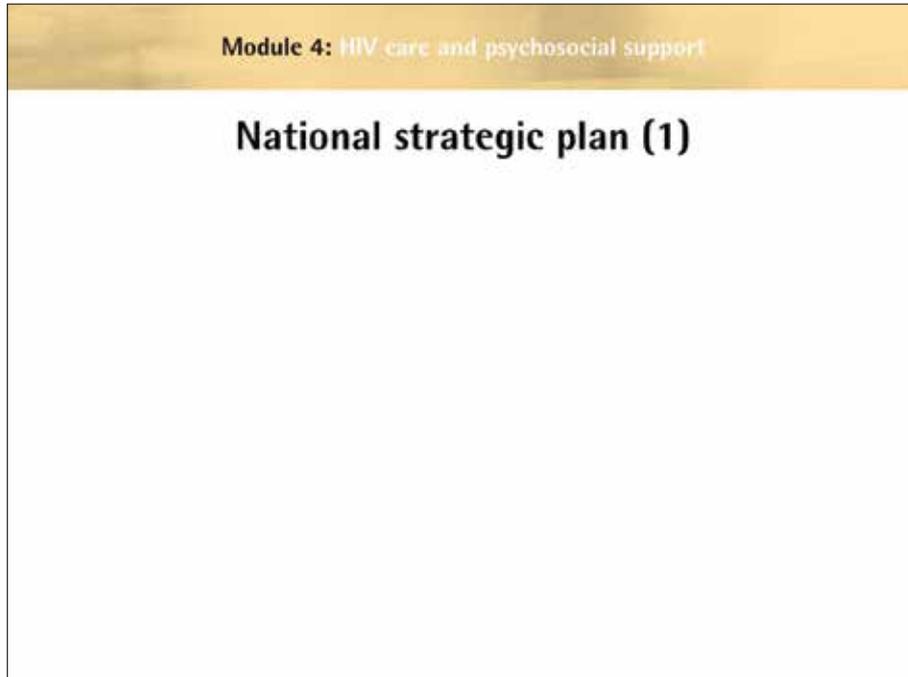
1. A slide (Slide 5) describing the national AIDS control programme.

Slide 5

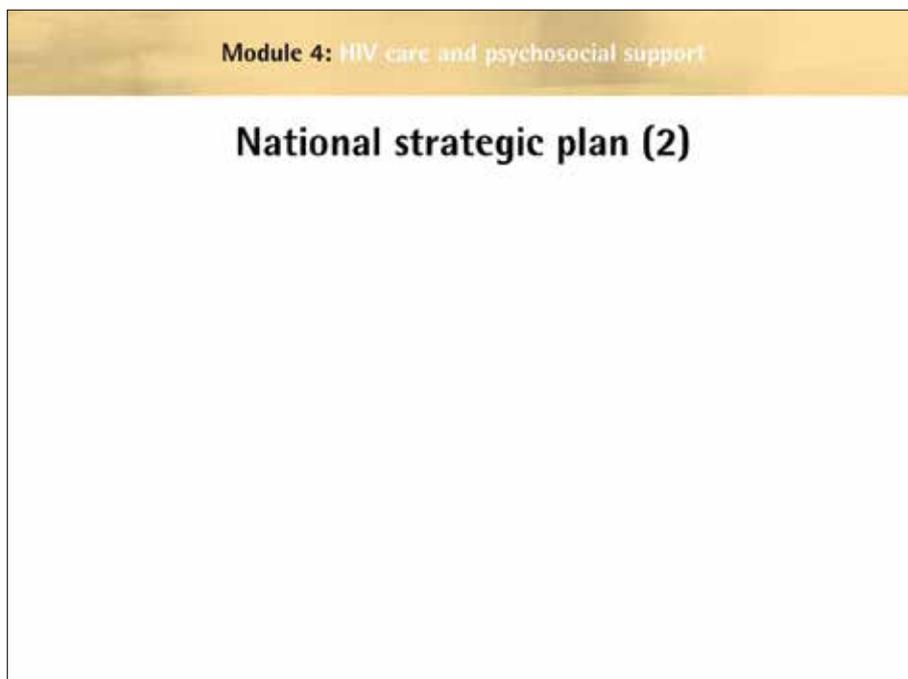


2. Two slides (Slides 6 and 7) on the national strategic plan.

Slide 6

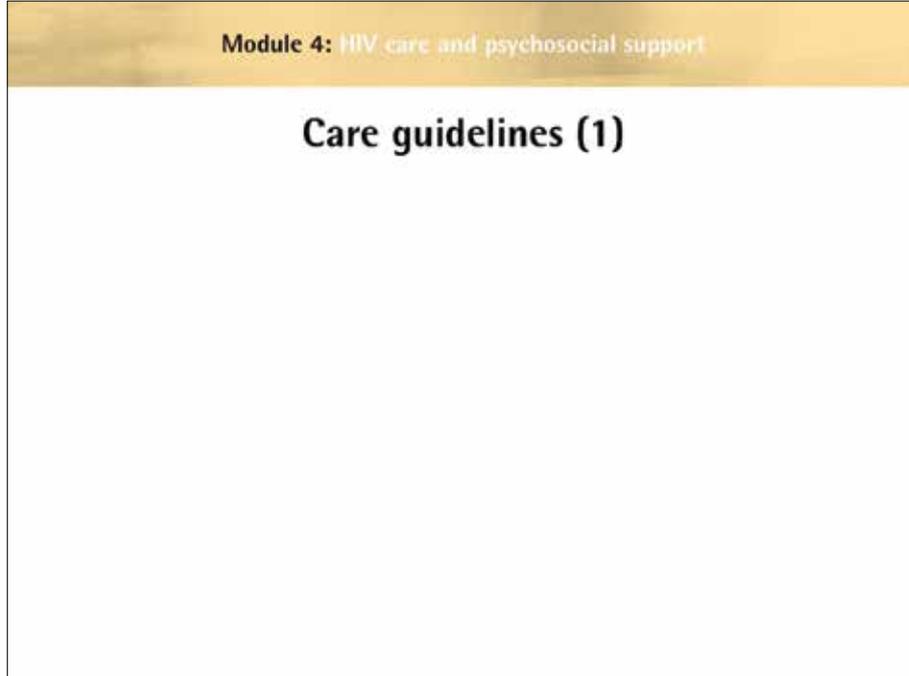


Slide 7

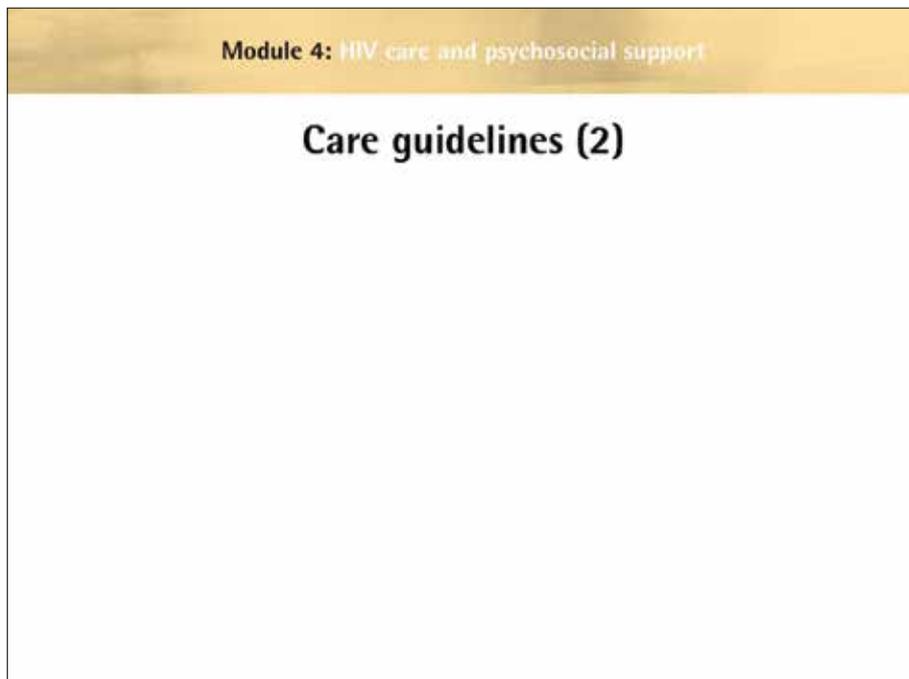


3. Two slides (Slides 8 and 9) on the national guidelines dictating care for PLHIV (adults and children).

Slide 8



Slide 9



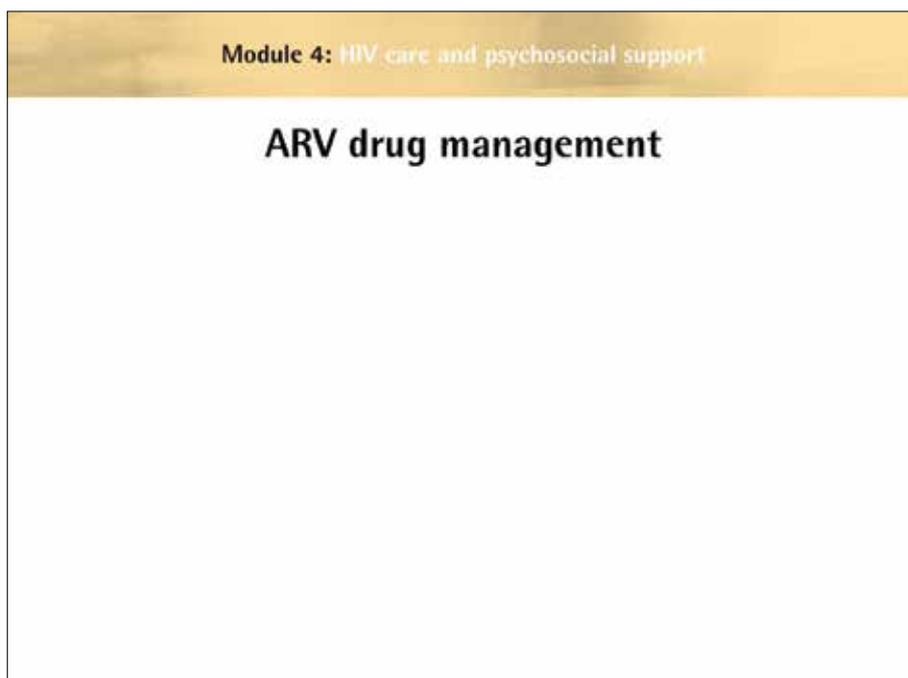
4. A slide specifying the location of HIV care centres, if possible identifying them on a map of the country (Slide 10).

Slide 10



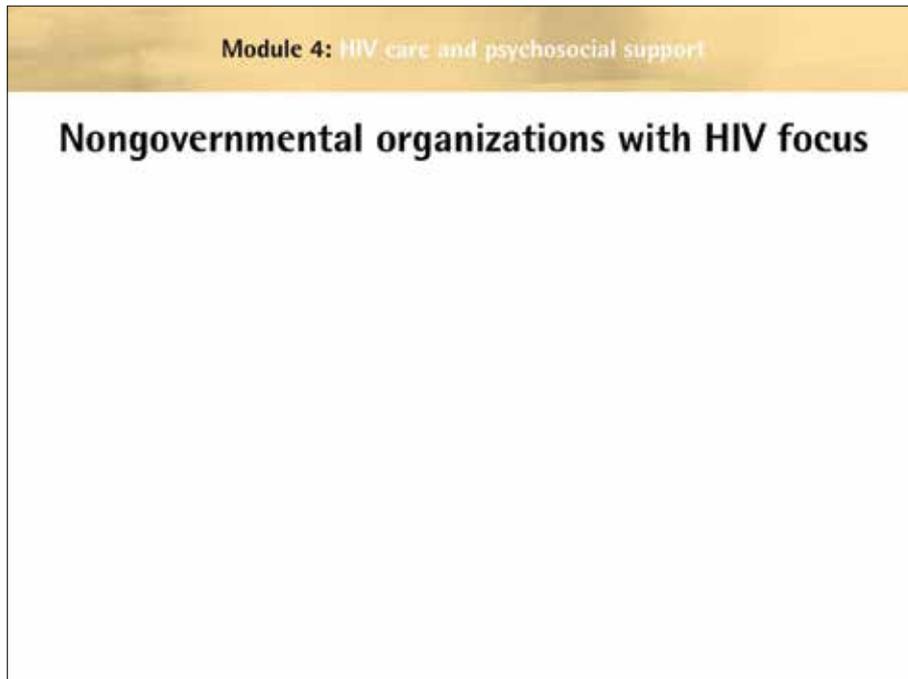
5. A slide on the management of antiretroviral drugs showing the available drugs, the mechanisms for ordering and distribution, the dispensing methods, whether the antiretroviral drugs are offered free-of-charge or the patient is required to make a financial contribution (Slide 11).

Slide 11



6. A slide on nongovernmental organizations that have a focus on HIV care (Slide 12).

Slide 12



End-of-module quick evaluation

Module title:

Please give us your opinion about the module by giving a score using the following rating scale:

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

Item	Score
1. The objectives of the module were clearly stated	
2. The trainer communicated effectively	
3. The information presented was new to me	
4. The trainer was enthusiastic about the subject	
5. The module content was practical and not too theoretical	
6. The module was well-organized	
7. The trainer asked questions and involved me in the session	
8. The content was relevant to my work	

Which aspects of the module were not clear?

Comments:

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HIV-related stigma and discrimination are major barriers to the delivery of quality services by health care providers. This comprehensive training package consists of essential information and tools for training health care workers in countries of the WHO Eastern Mediterranean Region. It comprises four modules covering the key activities and information necessary to reduce HIV-related stigma and discrimination in the health care setting.