HIV and AIDS Voluntary Counselling and Testing

Module2: Basic Information on HIV and AIDS Counselling and Testing

National AIDS Control Programme
February 2008
Basic Information on HIV and AIDS

Objectives:

1. Define HIV and AIDS
2. Give the differences between HIV and AIDS
3. Discuss types of HIV
The name implies that HIV is a virus:

- Viruses are the smallest living organisms.
- They can only reproduce themselves inside the cells of another living organism.
- Virus is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens it.
- The immune system is the body’s defence against disease.
- With a damaged defence system the body is vulnerable to a range of infections and diseases.
Types and subtypes of HIV

- HIV-1
  - Group M
  - Group N
  - Group O
  - Group P
  - Subtypes: A, B, C, D, F, G, H, J, K, CRFs

- HIV-2
AIDS: Acquired Immune-deficiency Syndrome

- **Acquired** refers to the fact that one gets the disease from elsewhere – one doesn’t just develop it spontaneously. One gets it from another person, who is infected through contact with person’s infected blood and/or sexual fluids HIV.
- **Immune** refers to the body's defence system for fighting off disease.
- **Deficiency** indicates a weakness in human system.
- **Syndrome** means a specific collection of symptoms and diseases.

- **AIDS** is a term used to indicate the most serious stage of a person's infection with HIV.
Difference between **HIV** and **AIDS**

- When people become infected with **HIV**, they do not become sick with **AIDS** immediately.
- A person may be infected for many years with **HIV** and look and feel completely healthy.
- During this time he or she can spread the virus to other people.
- When a person infected with **HIV** begins to get many sicknesses, we say that he or she has **AIDS**.
- Everyone who is infected with **HIV** will eventually get **AIDS**.
Objectives:

1. Define the immune system
2. Describe how HIV destroys the immune system
3. Explain the WHO clinical staging
Immunology

- The study of how the body responds to foreign proteins and the mechanism by which the body protects itself from attack.

- The main function of immune system is to protect the bodies from attack by many infectious agents that we all meet during our lives.
Immune System

☑️ The **Immune System refers to** A detection system that detects foreign proteins in the body.

☑️ A number of different mechanism that prevent the growth or multiplication of the infectious agent in the body e.g. response of **antibodies**

☑️ Immune response is **Specific** to the particular invader in the body

☑️ Foreign substances that enter the body and induce immune response are called **antigens** e.g. HIV.
One of the immune response is production of antibodies.

These antibodies for HIV are usually produced between 6 and 8 weeks following infection.

Understating this will help to recognize when an individual should or should not be tested.

However a negative result cannot be used as an indicator that the individual is absolutely not infected.

The antibodies test result might change from negative (sero-conversion) to positive if recently infected.
How HIV causes AIDS

- HIV enters the body through sexual intercourse or any other mode of transmission.
- HIV circulates in the host’s blood stream.
- It attaches itself to the CD4 cell using receptors.
- Then HIV releases its RNA (ribonucleic acid) into CD4 cells.
- The viral RNA and viral enzyme called “reverse Transcriptase" which is part of the virus adapts to viral DNA (which under normal situation HIV doesn't have).
Viral Deoxyribo Nucleic Acid (DNA) enters the cell nucleus and is incorporated into the DNA of the Human cell, thus becoming part of the cell's genetic material.

The release of viruses from the infected cells result in death of the cells and the process is repeated with newly produced viruses attacking more CD4 cells.

When a CD4 cell is activated by the infection or other diseases the virus uses the cell to replicate itself.

This process continues and CD4 cells are depleted until the body immune system is weakened.
This results in a person developing opportunistic infections, which mark the beginning of AIDS.

It is these infections that kill individuals.

This process results in the progressive destruction of CD4 cells which does not only result in the decline of CD4 cells in number, but is accompanied by profound impairment of the functioning of the remaining lymphocytes.
“Pathophysiology” What HIV does in the body

HIV

CD-4 Receptor

CD-4 Cell

New HIV
Hints

Someone with AIDS means:

☑ His / her ability to fight of diseases decreases.
☑ He / she can still transmit the HIV virus to others.
Session 3 : The Trends of HIV and AIDS Situation
Objectives:

1. Discuss the global situation of HIV

2. Explain the current disease, patterns and trends of HIV/AIDS spread in Tanzania

3. Discuss the impact of HIV/AIDS on individuals
The global HIV/AIDS situation

- Globally, the HIV/AIDS epidemic continues to sweep across the continents.
- The number of estimated adult HIV infected worldwide has more than quadrupled since 1990.
- This is from 10 million to over 40 million to date (end of year 2003).
- Included in the 40 million are 4.2 – 5.8 million adults and children under 15 years newly infected with HIV during 2003.
The overwhelming majority of HIV infected people (over 70%) are living in Sub-Saharan Africa.

Three distinctive epidemiological patterns of HIV have been identified globally.
Pattern 1

☑ Countries, including North America, Western Europe, Australia and New Zealand had the epidemic starting in late 1970s and early 1980s among homosexual men and intravenous (injecting drugs into the veins) users.

☑ Heterosexual transmission however occurs and is increasing.
Countries, including most Sub-Saharan Africa and areas of the Caribbean, have HIV transmission which is predominantly heterosexual and peri-natal, with an additional contribution from unscreened blood transfusions and inadequate injection procedures.
Pattern 3

- Countries, including North Africa, the Middle East, Eastern Europe and most of the countries of Asia and Oceania had HIV reported late.

- However, the situation is changing fast, with increasing numbers of HIV amongst intravenous drug users and commercial sex workers.
The HIV Situation in Tanzania

- Based on NACP Surveillance Report 2005/6, it is estimated that by December 2005 1,840,000 (860,000 males and 980,000 females) were living with HIV/AIDS in the country. Eighty per cent of them are in the productive age group of 20-49 years.

- In the age groups 20 – 24 and 25 – 29 female HIV cases were about twice as many as for males.
HIV Prevalence by Region


National Average:
- 5.7%

Percent of women and men age 15-49 who are HIV-
HIV Prevalence: Key Findings

• **5.7%** of adults are *HIV-positive*.
  – **6.6%** of women and **4.6%** of men are infected
• Prevalence is higher in *urban than rural areas* (8.7% vs. 4.7%)
• Prevalence is **highest** among those who are *divorced/separated or widowed*: **25%** of widowed women are HIV-positive.
• HIV prevalence is **highest in Iringa, Dar, and Mbeya**.
• Prevalence **increases** with *number of sexual partners in lifetime*
• **7.9%** of couples are *discordant*. 
The AIDS Situation

- Only about 190,000 AIDS cases have been reported officially since the discovery of the first case.

- AIDS cases are heavily underreported. However the Ministry of Health estimates that only one out of five cases get reported.

- It is generally assumed that it takes about 7-10 years for a person in Tanzania to progress from HIV infection to the development of AIDS related diseases and, eventually die.
HIV prevalence pattern in different settings

- Urban: 8.7%
- Rural: 4.7%
- Female: 12%
- Male: 9.6%
- Female: 5.8%
- Male: 4.8%

Very few people in Tanzania have come up for voluntary counselling and HIV testing (about 40%).
HIV Prevalence in Couples

- Both Partners HIV Negative: 89.5%
- Both Partners HIV Positive: 2.6%
- Man Positive, Woman Negative: 4.4%
- Woman Positive, Man Negative: 3.5%
Impact of HIV/AIDS to an individual

☑ Sickness and pains

☑ Stress and psychological trauma

☑ Decline in personal economic gains

☑ Stigma and discrimination

☑ Finally, death
Impact of HIV/AIDS to family and society

- Economy decline
- Psychological trauma
- Stigma and discrimination of the family
- Loss of a beloved one
Impact of HIV/AIDS to the nation

☑ Adult mortality in Tanzania has increased considerably in recent years

☑ Child mortality decline during the eighties and early nineties have been reversed

☑ Life expectancy has been reduced to 47 years as opposed to the projected 56 years without AIDS

☑ World Bank estimates a reduction of average real GDP growth rate in the period 1985-2010 from 3.9 per cent without AIDS to between 2.8 and 3.3 with AIDS
✓ Loss of skilled human resources

✓ Additional burden on the health system

✓ Reduced productivity

✓ Drop in economy of the country

✓ Increased burden of orphans as indicated in the table below.
Session 4: Modes of HIV Transmission and Related Risk Factors
Objectives:

1. Discuss transmission modes of HIV
2. Identify risk behaviours in transmission of HIV
3. Explain the relationship between STI and HIV transmission
4. Discuss the HIV progression
5. Explain the WHO clinical staging of HIV
Modes of HIV transmission

HIV survives and is found in body fluids of an infected person. These fluids include:

- Blood
- Seamen
- Vaginal secretions
- Milk
- Saliva
Modes of HIV transmission

A person can get infected when there is interaction between his/her body fluid and that of an infected person. It could be through any of the following means.

- Unprotected sexual intercourse
- Blood transfusion.
- Sharing sharp instruments.
- From mother to child during pregnancy, at birth or during breastfeeding.
Risk factors for HIV transmission include

- Unsafe sex
- Multiple sexual partners
- Presence of STI
- Drug abuse
- Cultures that contribute to HIV spread:
  - Widow inheritance.
  - Cleansing widows.
  - Female Genital Mutilation (FGM)
Relationship between STI and HIV

- STIs facilitate the transmission of HIV and vice versa
- The same mode of transmission which is unprotected sexual intercourse
- The risk factors for HIV infection are the same for STI transmission.
WHO clinical staging of HIV infection

- WHO identifies four stages from infection of HIV to development of full blown AIDS
Clinical stage I

- Asymptomatic
- Persistent Generalized Lymphoadenopathy (PGL)
Clinical stage II

- Weight loss: Unexplained loss of body weight about 10% in a short period

- Minor Mucocutaneous (Seborrheic dermatitis, pruritus, fungal nail infection, oral ulcerations)

- Herpes zosters within last 5 years

- Recurrent upper respiratory infections
Clinical stage III

- Weight loss: Unexplained loss of body weight about 10% in a short period.

- Unexplained diarrhea > 1 month.

- Unexplained prolonged fever intermittent or constant > 1 month.

- Oral candidiasis (Thrush).

- PTB within the past year.

- Severe bacterial infection i.e. Pneumonia, poliomyelitis
Clinical stage IV

- HIV wasting syndrome.
- Pneumosistic carinii pneumonia.
- Intrapulmonary TB.
- Cryptococcosis extra pulmonary
- Lymphoma.
- Systemic candiasis of respiratory system and esophagus.
- Kaposis’s sarcoma.
- Full brown AIDS.
HIV progression in children

These include:

- 60 – 70% of babies born to HIV positive mothers are not infected.
- 30 – 40% of babies of HIV positive mothers are infected with HIV.
- Therefore:
  - 1/3 of the children die in first year of life.
  - 1/3 of the children die in second or third year of life.
  - 1/3 of children live from 3 to 15 years.
Module 2: Basic Information on HIV and AIDS Counselling and Testing

Session 5: Overview of MTCT and PMTCT
Objectives:

1. Discuss the magnitude of mother to child transmission

2. Describe modes of HIV transmission from mother to child

3. Identify factors associated with mother to child transmission of HIV infection

4. Explain the goals of PMTCT programme
The magnitude of MTCT

- Mother to child transmission of HIV in Tanzania is set to have a dramatic impact on child survival.
- Using an estimated HIV prevalence rate of 12% for antenatal women and a total of vertical transmission rate of approximately 40%, 72,000 babies will become infected with HIV from their mothers (approximately 25,000 through breastfeeding) per year.
- Therefore, mother to child transmission accounts for the additional 64,800 child deaths.
- Adding 64,800 to the existing 150,000 child death from common childhood infection represent 43% increase in infant mortality.
- This a big set back to the improved to the infant survival enjoyed by the country in the last two decades though universal immunization and improved integrated management of childhood illness (IMCI).
Modes of HIV transmission

• Children with HIV are likely to acquire the infection from their mothers:
  - During the mother’s pregnancy (in utero) 10%
  - At the time of delivery 20%
  - Or through breastfeeding 10%
• Blood transfusion 10%; Transfusion with blood from an individual with HIV will invariably transmit the virus.
Factors that increase the risk of transmitting HIV to infant

Viral factors:

- High levels of maternal viral load (viraemia) are associated with increase in transmission:
  - Pregnant women who have just recently acquire the virus; the amount of viral load in the body is high.
  - During final stage, progressing from HIV infection to AIDS, at this juncture the viral load is high; therefore, transmission of the viral to the infant is high.

- Laboratory tests can quantify the amount of virus (viral load) and can evaluate the degree of immune suppression (CD4 counts).

- Transmission rates have shown to differ in different types of HIV e.g. subtype C is associated with MTCT of HIV compared to subtype A, B & D.


**Maternal factors:**

- Unprotected sex during pregnancy and lactation period may lead to maternal re-infection.

- Poor maternal nutrition e.g. vitamin A deficiency.

- Presence of maternal infections during pregnancy and delivery e.g. STIs such as syphilis, chancroid and bacterial vaginosis, malaria reduce the effectiveness of placental barrier against foetal infections.

- Maternal HIV infection stage; in advanced stage of AIDS is associated with increased risk of HIV transmission.

- Presence of abruption-placenta or chorioamnionitis
Obstetric factors:

- Mode of delivery e.g. vaginal delivery the foetus is exposed to vaginal secretions and blood.

- Intra-partum haemorrhage is associated with increased HIV transmission to the foetus due to the exposure of baby to maternal blood and secretions.

- Obstetric procedures e.g.
  - Through invasive procedure e.g. cephalic version, instrumental deliveries
  - Early rupture of membranes
  - Through episiotomies and vacuum deliveries.
  - Perineal tears
**Fetal factors:**

☑ Prematurity
   - Delicate skin easily to get bruised thus entry point of HIV transmission.

☑ Twin pregnancy
   - 1\textsuperscript{st} twin is more likely than 2\textsuperscript{nd} twin to be infected.

**Postnatal factors:**

☑ Breast conditions e.g.
   - mastitis
   - breast abscess
   - nipple cracks
Pattern of infant feeding
- Breast milk transmission of HIV can take place at any point during lactation.
- Prolonged breastfeeding.
- Mixed feeding.

Infant infections e.g.
- Oral thrush
- Oral ulcers, sores
Definition of PMTCT programme

Prevention of mother-to-child transmission programme is a strategy aimed at reducing the number of children born with HIV infection. Transmission of HIV may occur during pregnancy, delivery or post natal through breastfeeding.
PMTCT services provided

- Routine HIV testing and counselling
- Antiretroviral (ARV) treatment and prophylaxis for mothers and children
- Safer delivery practices
- Counselling and support for safer infant feeding practices
- Long-term follow-up care for mother and child and family planning
Importance of VCT to PMTCT

- Services of care, support and prevention of HIV can reach majority of pregnant women
- Routine counselling and voluntary testing can reduce stigma associated with HIV testing when partners or families are involved
- Counselling and testing for HIV can assist to integrate HIV and other programmes of Health care
- Women who are found to be HIV positive can be offered care, support and prevention services.
- Women who are found to be HIV negative can be supported to remain negative
Module 2: Basic Information on HIV and AIDS  Counselling and Testing

Session 6: HIV Prevention Strategies
Objectives:

1. Discuss HIV prevention strategies
Control of STI

- STI provides entry ports for HIV
- STI control and prevention has been proven to be one of the major strategies
- It reduces HIV transmission
Promoting condom use

- Male Condoms are one of the most effective and easy to use barriers preventing the sexual transmission of HIV

- Condoms also are also effective in preventing the transmission of other STIs and for family planning

- Female condoms have been introduced are especially accepted by groups like female Commercial Sex workers.
Promoting VCT

- Provides entry point to care and treatment
- Contributes towards behaviour change
- User-friendly service in public or private settings which provide counselling, testing on site and diagnostic / treatment and / or referral services for people who want to know their HIV status
- Empowers disclosure of HIV sero-status
- Provides psychological and social support.
Prevention of mother-to-child transmission

- Possible to reduce the risk to transmitting HIV from the mother to the child
- Low cost or free medication has become available
- Reducing the risk of transmission will have very beneficial effects on the survival of babies and children
Adolescent Reproductive Health and Life Skills education

- Life-skills, reproductive health and AIDS / Sex- Education approaches have demonstrated their effectiveness to support young people for behavior change.

- Has encouraged young people to maintain sexual relations which reduce the risk of HIV transmission.
Promoting condom use for vulnerable groups

- HIV infection is substantially higher in specific population groups than in the general sexually active population.

- Vulnerability is related directly to their professional activities (Commercial sex workers).

- May be due to their social and cultural marginalisation (Men who have sex with men).

- May be associated to their professions bringing them either in frequent contact with places of sexual mixing (bar maids).
• May be due to longer periods of separation from families or stable relationships (prisoners, migrant workers including miners, military)

• May be due to complete breakdown of stable social environment (refugees, intravenous drug users).
Workplace Programmes

• Used to reach workers and their families

• Can reach substantial numbers of people and provide prevention education and skills

• Can be used to minimize stigma
Provision of Safe blood

• Eliminate HIV transmission through blood-transfusion and contaminated blood-products
Male Circumcision
HIV prevalence according to frequency of Male circumcision

<table>
<thead>
<tr>
<th>Low circumcision rate (&lt;20% circumcised)</th>
<th>Countries</th>
<th>HIV prevalence</th>
<th>High circumcision rate (&gt;80% circumcised)</th>
<th>Countries</th>
<th>HIV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>24.1</td>
<td></td>
<td>Benin</td>
<td>1.8</td>
<td></td>
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<tr>
<td>Malawi</td>
<td>14.1</td>
<td></td>
<td>Cameroon</td>
<td>5.4</td>
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<tr>
<td>Mozambique</td>
<td>16.1</td>
<td></td>
<td>Democratic Republic of Congo</td>
<td>3.2</td>
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<tr>
<td>Namibia</td>
<td>19.6</td>
<td></td>
<td>Gabon</td>
<td>7.9</td>
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<td>Swaziland</td>
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<td></td>
<td>Ghana</td>
<td>2.3</td>
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<td>Zambia</td>
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<td></td>
<td>Guinea</td>
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<td>Zimbabwe</td>
<td>20.1</td>
<td></td>
<td>Kenya</td>
<td>6.1</td>
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</tbody>
</table>

Male circumcision can prevent transmission of HIV by 60%
Prevention with Positives

• Most HIV prevention strategies target preventing uninfected individuals from becoming infected with HIV.
• Prevention with Positives is a new prevention intervention that has been developed to target HIV-positive individuals.
• Prevention with Positives is designed both to prevent HIV transmission to others and also to protect the health of infected individuals by providing them with information, skills, and support.
Safer sex

• Sex without penetration.

• Having sex with only one partner in your lifetime.

• Having sex with your partner after you have both had an HIV test and found that you are both negative. You both then must only have sex with each other.

• Sex using a condom correctly and consistently.
Correct use of condom

The male condom

- Carefully open the package so the condom does not tear.
- Do not unroll condom before putting it on.
Correct use of condom

- Just before you want to enter your partner put the condom on to your hard penis.

- Press the tip of the condom when you put it on so that you push any air out of the tip.
Correct use of condom

- Continue squeezing the tip while rolling the condom down over your hard/erect penis so that the whole penis is covered with the condom.

- Now you are ready to enter your partner
Correct use of condom

- Always put on a condom before entering partner.
Correct use of condom

- After ejaculation, (coming), hold rim of condom and pull penis out before penis gets soft.
Correct use of condom

- Slide condom off without spilling liquid (semen) inside.
Correct use of condom

- Tie and wrap the condom (in paper, if available) then throw in dust bin or toilet away from the reach of children.
- Wash hands.
Correct use of condom

- Burn or bury the condom with other trash. Wash hands.
Correct use of condom

The Female Condom

- Squeeze inner ring for insertion.
Correct use of condom

- Insert in vagina like a tampon
Correct use of condom

- Push inner ring as far up into vagina as it will go
Correct use of condom

- Outer ring stops at the opening of the vagina
Correct use of condom

- Twist outer ring one full turn to stop contents from spilling, then gently pull condom out.
Correct use of condom

- Wrap condom in paper and throw it away immediately after use. Do not flush down toilet. Do not re-use.
Correct use of condom

Remember!

- Always check the expiry date on the packet - old condoms are not safe.
- Do not use a condom more than once
- Some people want to use lubricants to make sex easier. Do not use any kind of vaseline or Petroleum jelly for this because it damages the condom - find out which creams are safe.
- Use only water-based lubricants with latex condoms e.g. K.y.jelly
- Avoid damaging the condom with sharp objects such as rings or fingernails
Session 7: Myths and Misconceptions About HIV and AIDS

Module 2: Basic Information on HIV and AIDS  Counselling and Testing
Objectives:

1. Identify myths and misconceptions about HIV

2. Discuss myths and misconceptions about HIV
Myths that contribute to confusing people from the truth about HIV infection. Be sure to explain that HIV is never spread through the following means:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Myth</th>
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</thead>
<tbody>
<tr>
<td>Witchcraft</td>
<td>Eating together with PLHIV</td>
</tr>
<tr>
<td>Coughing</td>
<td>Sharing toilets with PLHIV</td>
</tr>
<tr>
<td>Handshaking or hugging</td>
<td>Swimming together with PLHIV</td>
</tr>
<tr>
<td>Dry kiss</td>
<td>Travelling with PLHIV</td>
</tr>
<tr>
<td>Mosquito bites</td>
<td>Playing games with PLHIV</td>
</tr>
</tbody>
</table>
HIV/AIDS is NOT Spread By

- talking
- sneezing or coughing
- playing together
- insect bites
- sharing toilet facilities
- shaking hands
- sharing meals
- cooking
- water
- food
Objectives:

1. Define consent, informed consent, confidentiality, shared confidentiality and anonymous testing

2. Discuss the meaning of confidential and anonymous testing

3. Define the concepts of confidentiality and informed consent for HIV testing
CONSENT

☑ Deliberate permission given by a client to a health care provider to proceed with the proposed HIV test procedure.
INFORMED CONSENT

- Informed consent is deliberate permission given by a client to a health care provider to proceed with the proposed HIV test procedure.

- This permission is based on an adequate understanding of the advantages, risks, potential consequences and implications of an HIV test result, which could be either, positive or negative.

- The permission is exclusively the choice of the client and should never be implied, presumed or coerced.
CONFIDENTIALITY

☑ This is the state of being ‘private’.

☑ Access to a client’s personal and confidential information should be restricted.

☑ Confidentiality is a basic right of the client. Any information obtained from a client should be respected.

☑ It is of critical importance that clients who come out to be tested due to The stigma.
A breach of confidentiality is an infringement on a client’s private rights and is a disincentive to VCT service utilization.

Confidentiality does not mean that the HIV test result is only revealed to the person tested; it also means that everything that a Counsellor learns from his/her interaction with the client in pre-, post- and ongoing counselling is kept confidential except when the client gives a written consent or when there is need to provide a referral note in the case of follow up care and treatment.

Confidentiality does not end when the client leaves the VCT site nor does it end with the client’s death.

Pledged confidentiality is eternal.
Anonymous/Unlinked testing

- Anonymous, /unlinked testing means that a test result cannot be traced back to the client who provided the blood specimen and no record is available.

- Epidemiologists and the Ministry of Health and Social Welfare use unlinked, anonymous testing to monitor trends in HIV infection in different geographical areas and populations.

- In VCT pseudonyms can be used to enhance anonymous testing.
Session 9: The Role of Voluntary Counselling and Testing in HIV Prevention, Care and Coping
Objectives:

1. Describe aims and objectives of voluntary counselling and testing

2. Discuss evidence that VCT is an entry point to HIV prevention, care, treatment and support

3. Discuss evidence that VCT facilitates client behaviour change

4. Explain the role of VCT in partner notification

5. Discuss evidence that VCT reduces HIV transmission
Role of VCT

The role of counseling and testing in HIV prevention and care is to achieve the following:

- Access to early care and support
- Prevention of HIV Transmission
- Reduction of stigma and discrimination
- Planning for the future
- Increasing awareness and positive behavior change
- Adherence and compliance
**Benefits and linkages of VCT**

- Planning for future orphan care will Making
- Acceptance of serostatus and coping
- Facilitates behavioural change and involvement of others
- Normalizes HIV/AIDS
- Facilitate access to Mother to Child Intervention
- Early Management of Opportunistic Infections and HIV (e.g. TB, etc.)
- Access to syphilis screening and treatment and other STIs
- Access to Preventive Therapy (TB and bacteraemia) and Contraceptive Advice
- Access to ARVs

*Voluntary Counseling and Testing*