HIV & AIDS PREVENTION & TREATMENT AWARENESS MANUAL FOR PEOPLE LIVING WITH HIV&AIDS AND THE AFFECTED

THE NATIONAL FORUM OF PEOPLE
LIVING WITH HIV & AIDS NETWORKS IN UGANDA

(NAFOPHANU)

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The completion of this HIV&AIDS prevention and treatment awareness manual and trainers guide would not have been possible without the contributions of various people. NAFOPHANU is grateful to those who played different roles in ensuring that the manual is what we envisioned it to be. The publication includes information from various sources, including organisations, institutions, books, reports, meeting presentations and speeches made by different people.

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We believe that this manual will not only be beneficial to the PLHIV constituency but the general population. By enhancing knowledge, this manual will support and accelerate universal access of services in our country.

Thank you all for your tremendous contribution and we look forward to continued collaboration.

Samuel Kibanga James

National Coordinator

ABOUT NAFOPHANU

The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) was established in May 2003 and registered with the National NGO Board in 2004 with a country wide mandate as an umbrella organization for Persons Living with HIV/AIDS (PLHIV) to provide systematic and all inclusive coordination structure for PLHIV networks, associations and support groups in order to play advocacy, policy and decision making roles in the HIV/AIDS partnership. This was after identification, acknowledgement and recognition of gaps among PLHIV initiatives in the National Response. This was reached through a process that involved numerous consultative meetings of PLHIV from PLHIV initiatives in Uganda, with support from UNAIDS and the HIV/AIDS Partnership Committee of the Uganda AIDS Commission.

The strategic priorities for NAFOPHANU are advocacy, information sharing and dissemination, resource mobilization, partnership building and capacity building/engagement

Vision Statement

NAFOPHANU envisions a population of people living with HIV able to live a quality life.

Mission Statement

To position and coordinate the efforts of PLHA networks in order to contribute significantly to the National HIV/AIDS Response

Overall Goal

To mobilize, support and coordinate the networks of PLHA for effective service delivery by 2012.

Strategic Priorities

1. Advocacy
2. Information/ICT
3. Resource Mobilization
4. Partnership Building
5. Capacity Building/Engagement

NAFOPHANU is committed to promoting the wellbeing of PLHIV and to the National efforts of eradicating HIV in Uganda.

THE PURPOSE OF THIS MANUAL

As a key stakeholder, NAFOPHANU is committed to the National Strategic Plan (NSP) by passing the right information and supporting behavior change among PLHIV (PLHIV) and the affected.

The Government of Uganda in collaboration with key stakeholders including NAFOPHANU, came up with the overall goal of achieving universal access targets for HIV&AIDS prevention, care, treatment and social support. The NSP constitutes four thematic areas of the national response, i.e. prevention, care and treatment, social support and strengthening systems of service delivery.

As anyone can become infected with HIV, NAFOPHANU believes that promoting widespread awareness of HIV through basic HIV and AIDS education is vital for preventing all forms of HIV transmission. HIV prevention needs to reach both people who are at risk of HIV infection and those who are already infected:

PLHIV need knowledge and support to protect their own health and to ensure that they do not transmit HIV to others and access treatment, care and support.

People who do not have HIV need interventions that will enable them to protect themselves from becoming infected.

The objective of this manual is to enhance knowledge of PLHIV and affected on HIV and AIDS treatment, care and support. It also serves as an important resource for provision of a common focus so that PLHIV can talk openly and informatively as well as meaningfully participate in the national HIV and AIDS response.

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PART I: UNDERSTANDING HIV&AIDS

What is HIV

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's blood or fluids. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. Someone with HIV virus has what is called HIV infection.

Because HIV weakens the body's immune system, a person becomes vulnerable to a range of opportunistic infections, which the body could normally fight off.

What is AIDS

Acquired Immune Deficiency Syndrome (AIDS) is an advanced stage of HIV infection. It results from the destruction of the infected person's immune system which is the body's defence. Cells of the immune system fight off infection and other diseases, that If it does not work well, one is at risk for serious opportunistic infections.

To understand HIV/ AIDS we start by understanding two basic things
1. The cell of human body,
2. The human immune system, and HIV.

1.The cell

The ***cell is the basic building unit of life*** in plants and animal (human beings)

Body cells can be likened to the bricks that build a house. When connected together, cells build up ***tissue***, such as the muscle tissue, heart tissue, or brain tissue. Tissues then make ***organs*** such as the heart, the liver, the skin and so on. Different organs function together to form a ***system***. Examples of systems include the digestive system, the skeletal system, the respiratory system, the reproductive system, the immune system, and others.

White blood cells, CD4 cell and the immune system

In blood, ***white blood cells are*** the main part of our defence mechanism against infections. These white blood cells act as an army to fight diseases that attack our bodies.

Among these cells is the ***CD4 cell which acts*** as the General telling the rest of the body soldiers what to do as they fight the diseases in our bodies. It tells the other "body soldiers" how to fight the disease. The General is therefore a crucial member of the defense system. We need our immune system working properly to protect us from all the diseases that are in our surrounding. If our system is working properly, we do not get ill and we soon recover if we do after our body soldiers have defeated the disease cells in our body.

2. The Human immune system

This the ***defense system that protects the body from external and internal threats***.It is made up of two main types: **the physical system which** includes the skin and the germ-trapping linings of our respiratory and digestive passageways. The clotting of blood is an example of a physical defence mechanism to seal wounds whereas the **internal defense system** consists of a number of organs or glands which together function as a unit to produce immunological-competent cells. These organs are:

- Lymphoid organs and tissues,
- Bone marrow,
- Thymus gland,
- Lymph nodes,
- Spleen,
- Tonsils,
- Adenoids,
- Blood and lymPLHIVtic vessels among others

How HIV affects the human Immune System

We are always surrounded by germs and other organisms that can cause us serious disease which are found freely in our homes and environment. However, so long as the immune system is functioning well, we do not fall sick as the organisms are destroyed as they enter our bodies. If, however, our immune system is compromised, then the organisms take the opportunity to cause us diseases. HIV compromises our immune system by killing the CD4 which is our protector in our blood. But how does the HIV affect our immune system?
When HIV enters our body, it captures and kills our body defence generals-the CD4. At the same time, HIV is a "clever" virus. When it enters our body, it mutates and replicates thousands of new viruses that continue to kill our defence generals. The body has billions of CD4 cells so it takes time for the virus to attack and kill all of them but eventually many of them will die.

When CD4 cell numbers decline below a critical level, our body immunity is lost, and the body loses its ability to fight infectious diseases and becomes progressively more susceptible to opportunistic infections such as TB, Flu, skin infections amongst others. This is why counting the number of CD4 cells is a good way of checking how much of a person's defence is still working. This is commonly known as the CD4 count.

There's no way to tell from this result who gave you the virus, how long you have had it or when it will begin to affect your health.

Types of HIV Viruses

HIV differs from many other viruses because it has a fast replication cycle, with the generation of 10. million new virions every day, coupled with a high mutation rates. This means that there are many different **strains** of HIV, even within the body of a single infected person.

Based on genetic similarities, the numerous virus strains may be classified into types, groups and subtypes.

- HIV-1
- HIV-2.

Both types are transmitted by sexual contact with an infected person, through infected blood and from an infected mother to her child. HIV 1 is very aggressive and takes a shorter incubation period. It is common in East Africa. HIV 2 is less aggressive and takes a longer incubation period. It is common in West Africa.

The relationship between CD4, viral load, and AIDS

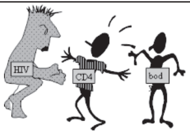
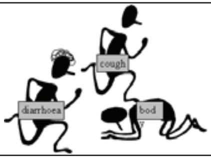
HIV cannot produce other viruses in itself. But once the virus enters the body it uses our body cells' own machinery to replicate and kills the CD4 cell (our defender). Therefore, as viral quantity (***viral load***) in the body increases, more CD4 cells get killed and the immune system loses its ability to mount an effective defense mechanism. The immune system is then compromised. Without the defense, all the other diseases in our environment have an opportunity to attack our bodies, This is why they are called opportunistic infections.

The physiology of HIV

The virus itself does not cause any disease. But because it destroys the immune system, it allows other organisms and cancer cells to cause diseases. There is a progression from the asymptomatic stage to minor opportunistic infections and then, as the body's immune system gets more compromised, AIDS occurs where serious opportunistic infections and cancers occur.

When the immune system ceases to function, any part of the body can be affected. Accordingly, ailments affecting any part of the body – from the top of the head to the soles of the feet – can occur when AIDS sets in. This is why AIDS is referred to as a "syndrome" rather than a disease.

HOW HIV AFFECTS ONES HEALTH

	1. CD4 cell is a kind of white blood cell. The CD4 is the friend of our body
	2. Infections like cough try to attack our body, but the CD4 fights them to defend the body, his friend
	3. Infections like diarrhoea try to attack our body, but the CD4 fights them to defend the body
	4. Now, HIV enters and starts to attack the CD4 Cells
	5. The CD4 notices he cannot defend himself against HIV!
	6. After some time, CD4 loses its force against HIV
	7. CD4 loses the fight. The body remains without defence.
	8. The body is all alone, without defence. All kinds of problems, like cough and diarrhoea take advantage and start to attack the body.
	9. In the end, the body is so weak that all diseases can attack without difficulty.

(Source: MOH Uganda, 2007. Primary-level Training Manual for Comprehensive Management of HIV Infection)

STAGES OF HIV INFECTION AND RELATIONSHIP BETWEEN CD4 AND VIRAL LOAD

Stage 1	When the virus first enters the body, the immune system is stimulated and it starts fighting the disease. However, it takes some time before our fighter cells are able to effectively attack the virus. There is therefore an initial period during which the quantity of the virus (viral load) is increasing. In this period, it is possible to be tested for HIV and the results to be negative. It simply means that the antibodies cannot be detected. But one may still have the virus in the body. That is the reason one is advised to repeat the test after three or six months.
Stage 2	The second Phase is the asymptomatic phase. The viral load is low and the CD4 counts i.e. the count of the number of CD4 cells, can be high. During this period, the body's immune system is mounting an effective fight against the virus and keeps the viral count low. The person shows no symptoms of illness. Meanwhile, more CD4 cells are getting infected and destroyed. Eventually the CD4 cells are destroyed to a level that they cease to be adequate to fight all the infections.
Stage 3	As more CD4 cells get destroyed by HIV, the person enters the symptomatic phase. In this phase, the body starts to experience some non- specific health problems such as weight loss, fevers, diarrhea, and enlarged glands (lymph nodes). There may also be bacterial, fungal and viral infections referred to as opportunistic infections.
Stage 4	As the CD4 cell count gets to about 200 cells per ml, more serious opportunistic infections and cancers attack the body in what is then referred to as Acquired Immune Deficiency Syndrome or AIDS. At this stage, the infected person will need to start using antiretroviral drugs (So long as the body is capable of mounting an adequate defense, there is no need for use of antiretroviral drugs. However current WHO recommendations stand at 350 cells per ml)

HIV&AIDS RELATED ILLNESSES

Opportunistic infections and conditions

HIV attacks and destroys a type of white blood cell called a CD4 cell. This cell's main function is to fight disease. When a person's CD4 cell count gets low, the immune system is compromised and the body is unable to mount effective defense against the organisms attacking it. The organisms therefore take the opportunity to invade the body and that is why the resulting ailments are referred to as ***opportunistic infections (OI).*** The diagnosis and the treatment of OI must be done by a clinician.

Opportunistic Infections are defined as those infections that attack the body only when the immunity is low, i.e. they do not attack people with normal immunity. They only take the opportunity to attack the body because the immunity is low. They can disappear if a person with low immunity gets immune recovery. OI can be caused by bacteria, fungi or viruses.

The most common OI are tuberculosis, PCP, and bacterial diseases like typhoid. Other diseases not necessarily caused by organisms but normally kept in control by the body also "take the opportunity" to attack the body. These include cancers such as Kaposis Sarcoma. Below is a graphic explanation of some of the body parts often affected by OI. The type of OI in a person depends on:

1. The level of immunity (how low the CD 4 count is)
2. Age of patient
3. Duration of HIV infection

The following are the common OI in different systems of the body:

COMMON OPPORTUNISTIC INFECTIONS

Body part	Common OI	Clinical features	Treatment/prevention
Brain	Cryptococcal meningitis	Headache, neck stiffness, discomfort in presence of light (photophobia)	I.V. Amphotericin B (in hospital)Oral fluconazole is given to all with CD4 below 100
	Toxoplasmosis	Fits, stroke, poor sight	Septrin DS twice daily for 3 months
	Dementia	Loss of memory	General supportive care till able to take ARV
	EncePLHIVlitis	Confusion, fits, drowsiness	General supportive care till able to take ART
Mouth and throat	Oral thrush (candidiasis)	White patches, sometimes redness ulcers can be very painful	Nystatin drops GV paint Mouth washes and rinses with antiseptics

Lungs	Tuberculosis	Chronic cough, chest pain, fever on and off Coughing blood Weight loss Night sweats	Anti- TB drugs combination for 6 months INH prophylaxis can be given for prevention
	Pneumocyctis pneumonia (PCP)	Fever on and off Shortness of breath Dry cough Cyanosis	Cure-High dose Septrin -4 times daily for 1 month Daily dose septrin for prevention if CD4 below 200
Gut	Cryptosporidiosis	Chronic diarrhoea, Watery sometimes blood stained	Nutritional care, hydration, Good personal hygiene
Skin	Herpes zoster	Eruption along nerve areas	Zovirax cream

NB: Medication changes from time to time and has to be prescribed by a clinician

When a patient presents with any of these signs and symptoms it is important to have them tested for HIV. OI treatment improves the quality of life .Prophylactic treatment should be started promptly when indicated. The CD4 count monitoring can help decide when to start prophylaxis.

HIV TESTING

Knowing one’s HIV status is the first step to seeking medical attention and gaining access to effective treatment that can prolong life and delay the onset of AIDS. The earlier the start of treatment, the greater the delay in the onset of the serious complications associated with HIV or AIDS. Secondly, being aware of one’s HIV status enables the person to take the necessary precautions to prevent further spread such as infecting their loved ones.

The HIV-antibody test should always include pre-test and post-test counseling. The counseling is to help one understand the test result, how to live positively (if infected), and how to avoid infections if negative. Testing for HIV is a central part of responding to the pandemic.

Testing and counseling is recommended for everyone. All of us need to know our HIV status. There are a number of reasons why we should encourage counseling and testing. For instance:

1. The test result (positive or negative) helps the doctor to determine the cause and best treatment of the various illnesses one may have. These conditions are approached differently in HIV-positive persons.
2. Knowing ones status helps to protect the spouse from infection or re-infection.
3. It may help protect the unborn child from infection.

WHAT DOES NEGATIVE OR POSITIVE RESULT MEAN

I. Negative HIV Result

A negative HIV test result means that no HIV antibodies were found in the blood. The condition is called **sero-negative.** This usually means that the person is not infected.

Almost all people develop HIV antibodies within 3 months of infection, but it can take up to six months after infection in some people. To be 100% sure, that one is negative, one must be re- tested at least 6 months after they last engaged in un protected sex or was exposed to other unsafe blood exchange.

II. Positive HIV Result

A positive HIV test result means that HIV antibodies were found in the blood, the condition is called **sero-positive.** This usually means that the person is infected with the virus that causes AIDS.

WHAT SHOULD ONE DO IF TESTED POSITIVE FOR HIV?

One can live with HIV for a very long period and be able to work and raise his or her family normally.
If you test positive, the sooner you take steps to protect your health, the better. Early medical treatment, a healthy lifestyle and a positive attitude can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions.

It is important to know that a positive HIV test should always be confirmed. If one tests positive, there are a number of important steps to be taken immediately to protect their health and that of others. These steps also play a key role in HIV treatment. They include:

1. Making behavioral changes to minimize transmission of the virus, such as practicing safer sex.
2. Seeing a doctor for Monitoring and appropriate medical action to slow the growth of HIV and delay the onset of AIDS.
3. Recreational drugs, alcoholic beverages and smoking can weaken your

immune system and they should be stopped.

4. Informing family or friends. Telling people you trust about your test result can be a very sensitive matter. Counselors and the community should assist such persons to deal with this challenge. It eliminates fear and loneliness that can affect one's life secretly.
5. Have a TB (tuberculosis) test. You may be infected with TB and not know it. Undetected TB can cause serious illness but it can be successfully treated if detected early;
6. Get screened for other sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviour so you can avoid getting STDs.
7. Think positive: thinking positively about life can be one of the most important step to healthy living. Contacting HIV can be traumatizing but it is not the end of life. Knowing that one can live a normal healthy and productive life after testing positive is the key to positive living. Finding friends, relatives or special groups that can help one to stay positive and focused on normal life is an important step.
8. Consider joining a support group for people with HIV infection or finding out about other resources available in your area, such as HIV&AIDS-knowledgeable counselors for one on one therapy. There are also many newsletters available for PLHIV.
9. Remember to use condoms to protect yourself from other infections.
10. Existing mental health conditions, such as depression, can worsen. Make sure to share your history with your doctor; those with depressed feelings may be less likely to stick to their medication or engage in repeated care
11. Pregnant women living with HIV should access PMTCT services to deliver and raise negative babies.
12. For young PLHIV should access youth friendly services.

PART II: HIV&AIDS TRANSMISION AND PREVENTION

How Is the Virus Transmitted?

HIV can be transmitted in three main ways:

- Sexual transmission
- Transmission through blood and blood products
- Mother-to-child transmission

HIV can therefore be transmitted from one person to another through the following methods:

- Unprotected sexual intercourse with an HIV-infected person. This includes vaginal or anal intercourse.
- Sharing drug injection equipment with an infected person or being accidentally pierced by sharp objects contaminated with infected blood.
- Sharing razors or toothbrushes because they may have the blood of an infected person on them.
- Infected blood used in transfusions, and infected blood products used in the treatment of certain diseases and disorders.
- Pregnancy, childbirth, and/or breastfeeding, where the virus is passed from mother to child.
- Transplanted organs from infected donors.

The risk of sexual transmission of HIV is increased by the presence of other sexually transmitted infections (STIs).

HIV and AIDS are not transmitted through casual contact (that is, where no blood or body fluids are involved). HIV is what gets passed from person to person. People don't "catch AIDS"; they "become infected with HIV."
A person may live for many years after infection, much of this time without symptoms or sickness and they can still transmit the infection to others.

HIV is not transmitted by:

- Hugging or shaking hands
- Mosquito or other insect bites
- Coughing and sneezing
- Sharing toilets or washing facilities
- Using utensils or consuming food and drink handled by someone who has HIV
- Sitting close to someone who is infected

- By working with someone who has HIV.
- From sweat, spit, tears, clothes, drinking fountains, phones, or through everyday things like sharing a meal.
- From donating blood.
- From a closed-mouth kiss (but there is a very small chance of getting it from open-mouthed kissing with an infected person if both parties have damage or sores in the mouth or bleeding gum).

How do I know if I have HIV?

You might have HIV and still feel perfectly healthy. ***The only way to know is to be tested for HIV.*** *A sample of blood is take for testing. If found negative* one should get tested at least once a year.

Who can contract HIV

HIV Anyone can get HIV as there are no particular people who get it and HIV does not discriminate. It can affect all people from all walks of life. That includes:

To avoid getting HIV or transmitting the virus to another person, it is important not to engages in risky behavior such as.

- Injecting drugs or steroids with used injection equipment.
- Having unsafe sex.
- Having risky multiple sex partners

Stopping the spread of HIV

All people whether infected with HIV or not have the responsibility of stopping the spread of HIV. Most important, people need to know their sero-status.

HIV prevention needs to reach both people who are at risk of HIV infection and those who are already infected:

- **People who do not have HIV** need interventions that will enable them to protect themselves from becoming infected;

- **People who are already living with HIV** need knowledge and support to protect their own health and to ensure that they do not transmit HIV to others known as “positive prevention/positive health dignity and prevention”. Positive prevention has become increasingly important as improvements in treatment have led to a rise in the number of people living with HIV.

HIV counseling and testing are fundamental for HIV prevention. PLHIV are less likely to transmit the virus to others if they know they are infected and if they have received counseling about safer behavior. For example, a pregnant woman who has HIV will not be able to benefit from interventions to protect her child unless her infection is diagnosed. Those who discover they are not infected can also benefit, by receiving counseling on how to remain uninfected.

The Role of STD Detection and Treatment in HIV Prevention

Sexually transmitted diseases (Commonly known as STD) such as Herpes, gonorrhea, cancroids and syphilis increase the chance of contracting or transmitting HIV. Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.

STDs appear to increase susceptibility to HIV infection by two mechanisms. Genital ulcers (e.g., syphilis, herpes, or cancroids) result in breaks in the genital tract lining or skin. These breaks create a portal of entry for HIV. Additionally, inflammation resulting from genital ulcers or non-ulcerative STDs (e.g., Chlamydia, gonorrhea, and trichomoniasis) increase the concentration of cells in genital secretions that can serve as targets for HIV (e.g., CD4+ cells).

STDs also appear to increase the risk of an HIV-infected person transmitting the virus to his or her sexual partner(s). Studies have shown that HIV-infected individuals who are also infected with other STDs are particularly likely to shed HIV in their genital secretions. For example, men who are infected with both gonorrhoea and HIV are more than twice as likely to have HIV in their genital secretions than are those who are infected only with HIV.

Treating STDs may slow transmission of HIV. Strong STD prevention, testing, and treatment can play a vital role in comprehensive programs to prevent sexual transmission of HIV.

HIV&AIDS Prevention methods

1. Prevention of Sexual transmission

Most HIV transmission in sub-Saharan Africa is due to sexual transmission. The degree to which HIV transmission occurs within relationships is a critical question. Someone can eliminate or reduce their risk of becoming infected with HIV by choosing to:

- Abstain from sex or delay first onset of sex
- Be faithful to one partner(s)
- Use Condom, which means using male or female condoms consistently

and correctly
- Safe medical male circumcision.

Comprehensive sex education is an essential part of HIV prevention. This should include training in life skills such as negotiating healthy sexual relationships, as well as accurate and explicit information about how to practice safer sex. Some sexually transmitted infections - most notably genital herpes - have been found to facilitate HIV transmission during sex. Treating these other infections may therefore contribute to HIV prevention.

2. Prevention of Transmission through blood and blood products.

People who share equipment to inject recreational drugs risk becoming infected with HIV from other drug users who have HIV. These people should be encouraged to minimize the risk of infection by not sharing equipment. The injecting drug users can be reached/ sensitized through community outreach, small group counseling and other activities that encourage safer behavior and access to available prevention options.

Transfusion of infected blood or blood products can also transmit HIV. However, the chances of this happening nowadays are greatly reduced by screening all blood supplies for the virus, and by heat-treating blood products where possible.

The safety of medical procedures and other activities that involve contact with blood, such as tattooing and circumcision, can be improved by routinely sterilizing equipment. An even better option is to dispose of equipment after each use, and this is highly recommended.

Health care workers themselves run a risk of HIV infection through contact with infected blood. The most effective way for staff to limit this risk is to practice universal precautions, which include washing hands and using protective barriers for direct contact with blood and other body fluids

3. Prevention of Mother to Child Transmission

Mother-to-child transmission (MTCT) is when an HIV-infected woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or breastfeeding. Without treatment, around of these babies born to HIV positive women will become infected with HIV during pregnancy and delivery. Others will become infected through breastfeeding. The first step towards reducing the number of babies infected in this way is to prevent HIV infection in women.

There are a number of things that can be done to help a pregnant woman with HIV to avoid passing her infection to her child. A course of antiretroviral drugs given to her during pregnancy and labour as well as to her newborn baby can greatly reduce the chances of the child becoming infected. Although the most effective treatment involves a combination of drugs taken over a long period, even a single dose of treatment can cut the transmission rate by half. Effective prevention of mother-to-child transmission (PMTCT) involves:

- Preventing HIV infection among expecting parents - making HIV testing and other prevention interventions available in services related to sexual health such as antenatal and postnatal care.
- providing appropriate counseling and support to women living with HIV to enable them to make informed decisions about their reproductive lives.
- Preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding. An HIV positive Mother should be counseled on the risks and benefits of different infant feeding options and should be helped to select the most suitable option for her situation.
- Integration of HIV care, treatment and support for women found to be positive and their families.

Because of stigma associated with HIV, some women in our society are afraid to attend clinics that distribute antiretroviral drugs, or to feed their babies formula, in case by doing so they reveal their HIV status. Stigmatizing must be discouraged and expecting positive mothers should be encouraged to disclose your status than infect your baby.

4. ABC+ Strategy

Individuals could take action to either reduce or avoid altogether the risk of becoming infected with HIV through sexual transmission. These include:

A - Abstinence, including the delay of sexual debut and abstinence until marriage

Abstinence means encouraging unmarried individuals to abstain from sexual activity as the best and only certain way to protect themselves from exposure to HIV and other sexually transmitted infections. Abstinence until marriage is particularly important for young people, as approximately half of all new infections occur among the youth. Abstinence involves abstaining from sexual activity as the most effective way to avoid HIV infection/re-infection and the adoption of social and community norms that support delaying sex until marriage and denounce cross-generational sex, transactional sex, incest and other forced sexual activity.

B- Being tested for HIV and Mutual faithfulness to a partner of known status.

In Uganda, we have had commendable success in behavior change which has contributed to a reduction in estimated adult HIV prevalence in Uganda from 15

percent in the early 1990s to about
4 percent. Be faithful means the following:

- The eliminating casual sexual partnerships;
- The developing ones skills for sustaining marital fidelity;
- Mutual faithfulness with an uninfected partner in reducing transmission of HIV among individuals in long- term sexual partnerships, e.g. by disclosing sera status to ones spouse;
- HIV counseling and testing with their partner for those couples that do HIV status;
- The endorsement of social and community norms supportive of refraining outside of marriage, partner reduction, and marital fidelity, by using strategies respect and respond to local cultural customs and norms; and
- The adoption of social and community norms that denounce cross-generational transactional sex; and rape, incest, and other forced sexual activity.

C- Correct and consistent use of condoms

Existing research demonstrates that the correct and consistent use of condoms significantly reduces, but does not eliminate, risk of HIV infection. Correct and consistent Condom use involves acquiring full and accurate information about condom usage . Behaviors that increase risk for HIV transmission include engaging in casual sexual encounters, engaging in sex for exchange for money or favors, having unsafe sex with an HIV-positive partner or one whose status is unknown, using drugs and abusing alcohol in the context of unsafe sexual interactions. Partners, even if faithful themselves, can still be at risk of becoming infected by their partners.

Post Exposure Prophylaxis (PEP) Treatment after exposure to HIV

Prophylaxis means disease prevention. Post-exposure prophylaxis (or PEP) means taking antiretroviral medications (ARVs) as soon as possible after exposure to HIV, so that the exposure will not result in HIV infection. These medications are only available with a prescription. People can be exposed to HIV accidentally in any of the following ways:

- Medical staff at work accidentally injuring themselves with the needles;
- Rescue workers and police while handling accident victims;
- during unsafe sexual activity, when a condom tears during sex,
- Sharing of needles for injecting drugs.
- Infants can be exposed to breast milk from an infected mother.

Normally, PEP should begin within as soon as possible after exposure to HIV but certainly within 72 hours. PEP is not a treatment for HIV. It should therefore not encourage people to be casual about HIV thinking that there is a post exposure treatment.

Points to note:

PEP is not a "morning-after pill." It is a program of several drugs, several times each day, for at least 30 days.
For best results, you have to take every dose of every PEP medication despite the side effects. Missing doses could mean that you develop HIV infection. It could also allow the virus to develop resistance to the medications. If that happens PEP would no longer work for you.

HIV Prevention in discordant couples

HIV sero discordance means a situation where one partner remains HIV negative even after repeated unprotected sexual exposure with the HIV + partner. It is not quite known why this happens but the most important thing is to prevent the partner who is not positive from getting infected and the positive one to live a healthy life.

Even if one partner is not sick, testing for HIV is the only way of proving discordance. Couple HIV counseling and testing is the cornerstone of many discordant couple interventions. The following methods have proved useful in preventing discordant couple's infections and supporting treatment:

1. Couple HIV Voluntary Counseling and Testing (CVCT)—both partners must regularly go for the CVCT to know their status;
2. Group-based workshops with sero-discordant couples- Both partners should be encouraged to join a support group(s).
3. Integrated antiretroviral therapy (ART) and HIV prevention programs- Doctors may advice the non positive partner to undergo PEP if necessary to stop infection.
4. Where the couple wants to have children, doctor can provide them with the right information and advice.

HIV prevention with PLHIV (Positive Prevention)

People with HIV have the right to live well with HIV. Living well with HIV includes having a healthy sex life. This means protecting people with HIV against super-infection (i.e. re-infection with a different strain of HIV) and against new STIs/STDs. There is a need for positive prevention among PLHIVs for two major reasons:

HIV to uninfected partners (primary prevention).Avoid transmitting other strains of HIV to themselves and their partners
To assist them to manage sexual situations and Both to avoid transmitting STIs to themselves (secondary prevention)

Helping PLHIVs to reduce the risk of transmitting HIV to others is an important aspect of medical care for HIV-infected individuals. Taking responsibility for preventing HIV transmission is an important concern for most PLHIV, as well as for their health care providers. Most people with HIV infection want to prevent others from being infected with HIV and also want to protect themselves from acquiring sexually transmitted infections and other strains of HIV.

The following methods can be used to minimize chances re-infection among the positive:

- Disclosing HIV status to your partner and family
- Reducing the number of sex partners
- Using condoms correctly and consistently
- Having safer sex only with other HIV-infected partners (sero-sorting)
- Avoiding alcohol and other drug use in conjunction with sex
- Maintaining maximal suppression of HIV through antiretroviral therapy

If the PLHIV requires more extensive counseling to support behavioral change, the doctor or provider may refer the patient to support groups or prevention case management to meet those needs. PLHIV should discuss those needs openly with their care providers.

Tell others that you have HIV.

- If possible, tell people you've had sex with.
- Notify a person you intend to have sex with, of your sero status.
- Practicing safe sex will help protect your health and that of your partner(s).
- In circumstances of pregnancy, both partners should disclose their sero status for timely access to PMTCT.

Prevention of Alcohol-Related HIV Risk Behaviour

Across countries and cultures, alcohol is known to reduce both the perception of risk and inhibitions to engage in risky behaviors. In Uganda, research strongly suggests that moderate to heavy alcohol consumption is associated with the behaviors that put people at risk for HIV infection.

A study conducted in Rakai, Uganda found that alcohol use to be associated with increased risk of acquiring HIV for both men and women. The risk of HIV infection was significantly higher when one partner consumed alcohol before sex, and when both partners consumed alcohol before sex. Alcohol use was also associated with increased risk behaviors including inconsistent condom use, multiple partners, and more extramarital sex. In addition to increasing the risk of HIV, excessive drinking of alcohol support HIV in the following ways:

- Prevents HIV treatment from working well.
- People to take unnecessary risks.
- Carelessness and Inconsistent condom use.
- Greater number of lifetime and recent sexual partners.
- Concurrency sexual partners.
- Reduces appetite which weakens the body.
- Intergenerational/cross generational and commercial sex, the buying and selling of sex
- The experience of violent or coercive sex.
- Encourages poverty and unemployment.
- Encourages Gender-based violence and violence against children;
- discourages discordant Couples from practicing safe method
- Discourages communication and openness and serves as an escape mechanism.

Because of the above reasons, it is better for PLHIV and non-PLHIV to avoid excessive consumption of alcohol and recreational drugs. Discussing the problem openly with your doctor, spouse or religious leaders can help one find a solution to alcohol addiction and behavior.

Safe medical Male circumcision and HIV &AIDS prevention.

Male circumcision involves removing the foreskin, a loose fold of skin that covers the head of the penis. Societies have been practicing male circumcision for hundreds of years, and it is often seen as a mark of belonging to a particular tribal or religious group. It is estimated that up to a of all men are circumcised, though rates vary widely around the world

There is now very strong evidence that male circumcision, if performed safely in a medical environment, reduces the risk of HIV transmission from woman to man by around 50%, which is enough to justify its promotion as an HIV Prevention measure .However, studies suggest that circumcision does not reduce the likelihood of male-to-female transmission, and the effect on male-to- male transmission is unknown.

But circumcision is not an overall solution to prevent infection. Even if a man has been circumcised, he must still abstain, be faithful or use condoms to substantially cut his risk of infection. Moreover, unlike condoms, circumcision does not prevent pregnancy, and does not reduce the risk from other sexually transmitted infections.

Gender based Violence and HIV Prevention and treatment

Gender-based violence fuel the HIV and AIDS pandemic by limiting access to and use of HIV and AIDS- related services for prevention, treatment, care and support. Thus, HIV and AIDS programs that fail to consider stigma and gender-based violence can be only partially effective, at best.

What is gender based violence

Gender-based violence is psychological, physical or sexual violence that is rooted in the power differential between men and women. Gender-based violence is prevalent in heterosexual relationships in countries around the world, including Uganda. Gender-based and sexual violence has significant implications for the spread of HIV and for HIV prevention. Sexual violence and rape place women and men at risk of infection, particularly in high prevalence settings.

Violence and the fear of violence acts as a significant barrier to women negotiating condom use or fidelity with their partners or choosing to leave risky relationships. Fear of violence also limits women's use of HIV/ AIDS counseling and testing services and inhibits women's disclosure of their HIV status. Heise et al (1999) observe that "*If we are to succeed in addressing two of the most critical facing Uganda today—violence against women and the AIDS pandemic—it is essential to challenge social norms which condone and even promote violence against women. This includes male behaviors which put themselves, their partners and children at risk of HIV infection.*"

Gender-based violence plays a harmful role in fueling the AIDS epidemic and we now know that intimate partner violence affects access to prevention, treatment, care and support services. The vulnerability of women and girls is locked into their lack of equality in resources, opportunity and voice throughout societies and their powerlessness puts them at greater risk of HIV infection. Empowering women is essential for reducing vulnerability.

PART III: HIV&AIDS CARE AND TREATMENT

HIV treatment

HIV has no cure and its treatment is by use of anti-HIV medications to keep an HIV infected person healthy and productive. Treatment can help people at all stages of HIV progression. Although anti-HIV medications can treat HIV infection, they cannot cure HIV infection. HIV treatment must be tailored to you and your needs by your medical doctor.

The ***main goal*** of treatment of persons infected with HIV is therefore to keep the viral load to ***undetectable*** levels. This treatment together with other ***immune boosters*** such as good ***nutrition, vitamins, micronutrients, and good hygiene***, enable the body to mount its natural immune action for as long as possible and defend the person from opportunistic diseases. But when other infections occur, specific treatment is used to the specific disease such as tuberculosis and skin disorder among others. The choice of the drug is made by a clinician. Eventually, antiretroviral drugs will be needed depending on the CD4 count.

Antiretroviral drugs

The drugs that act against HIV are called ***antiretroviral drugs*** (***ARVs).*** These drugs have many undesirable effects if they are not used properly. As HIV&AIDS has no complete cure, ARVs must be taken for life. Therefore, ***Adherence*** by and ***support*** for those on ART is crucial. Although treatment with ARVs does not cure HIV and AIDS, many people who have been bed ridden have enjoyed productive lives after being put on antiretroviral therapy (ART). It is important for a person with HIV to monitor their CD4 count in order to access ART in time.

Provision of drugs for HIV and AIDS treatment has a number of benefits such as:

- Providing better quality of life for PLHIV.
- Leading to a decrease in the number of PLHIV deaths since fewer patients will be dying.
- Giving health workers the motivation to serve by making them realize they can do more for PLHIV.

HIV and Its Treatment: What everyone should know!

I am HIV positive. What kind of Doctor do I need? Your doctor (or other health care provider) should be experienced in treating HIV and AIDS. You may want to see an infectious disease specialist. You will need to work closely with your doctor to make informed decisions about your treatment, so it is important to find a doctor with whom you are comfortable with. It may also be important to get a doctor near where you live so that the cost of transportation does not hinder you from seeing your doctor when you need to or attending your clinic regularly.

What can I expect at the doctor's office?

Your doctor will ask you questions about your health, life style, conduct a physical examination and order blood tests. This is a good time to ask your doctor questions. Before you go to see a doctor it is good to write down any questions you have and take them with you to your appointment. You can ask your doctor any question without fear. He/she is there for you. You can choose the gender of your doctor too.

What questions should I ask my doctor?

- Risks and benefits of HIV treatment
- Other diseases you may be at risk for
- How your lifestyle will change with HIV infection?
- How you can avoid transmitting HIV to others?
- How you can avoid re-infection.
- How you can achieve and maintain a healthier lifestyle?

What tests will my doctor order?

It is very important to have a CD4 count and a viral load test done at your first doctor's visit. You should also have drug resistance testing. The results will provide a **baseline** measurement for future tests.

The following tests are ideally recommended:

- *CD4 count* – CD4 cells, also called CD4+ T cells or CD4 lymphocytes, are a type of white blood cell that fights infection. HIV destroys CD4 cells weakening your body's immune system. A CD4 count is the number of CD4 cells in a sample of blood.
- *Viral load test* – A viral load test measures the amount of HIV in a sample of blood. This test shows how well your immune system is controlling the virus.
- *Drug resistance testing* – Drug resistance testing determines if an individual's HIV strain is resistant to any anti-HIV medications. HIV can mutate (change form), resulting in HIV that cannot be controlled with certain medications.
- Complete blood count
- Blood chemistry profile (including **liver** and **kidney function tests**)
- Urinalysis
- Tests for other sexually transmitted diseases (STDs
- Tests for other infections, such as hepatitis, tuberculosis, or toxoplasmosis

Am I ready to begin HIV treatment?

Once you begin taking anti-HIV medications, you need to continue taking them for the rest of your life. Deciding when or if to begin treatment depends on your health and your readiness to follow a treatment regimen. You and your doctor should discuss your readiness to begin treatment as well as strategies to help you follow your treatment regimen.

You should start treatment if:

- You are experiencing severe symptoms of HIV infection or have been diagnosed with **AIDS**
- Your **CD4 count** is 350 cells/mm3 or less (WHO recommendation)
- You are pregnant
- You have HIV-related kidney disease.
- You are being treated for hepatitis B
- When you are advised by your doctor

If my doctor and I decide to delay treatment, will I need to have my CD4 count and viral load tested again?

Yes. HIV infected people who have not started anti retroviral-medications should have a viral load test every 3 to months and a CD4 count every 3 to 6 months. You and your doctor will use the test results to monitor your infection and to decide when to start treatment.

If anti retroviral -HIV medications can help me stay healthy, why wait to start treatment?

Once you begin treatment, you may need to continue taking anti retroviral-HIV medications for the rest of your life. Although newer anti-HIV medications are easier to take, starting treatment usually means a significant adjustment in your lifestyle. Some anti retroviral- HIV medications need to be taken several times a day at specific times and may require a change in the foods you eat, when you eat meals and when you take other medications. In addition to their desired effects, anti retroviral-HIV medications may have negative side effects, some of which are serious. If the virus is not suppressed completely, drug resistance can develop. Side effects and drug resistance may influence your future treatment options.

How many medications will I need to take?

The recommended treatment for HIV is a combination of three or more medications from different classes in a regimen called **H**ighly **A**ctive **A**ntiretroviral **T**herapy (HAART). How many pills you will need to take and how often you will take them will depend on what medications you and your doctor choose. Some of the medications are combinations of two or more different anti-HIV medications from one or more classes.

Which medications should I take?

Each HAART regimen is tailored to the individual patient - there is no one “best” regimen. You and your doctor will decide which medications are right for you. Do not share your medication.

What are some of the negative side effects of HAART?

You may experience negative side effects when you take anti-HIV medications. Some of these side effects and/or **drug toxicities** are serious, even life-threatening; you may have to change medications due to intolerable side effects. You and your doctor or pharmacist should discuss the side effects of each medication. Side effects include, but not limited to, fever, nausea, wasting, dizziness, swollen limbs and fatigue. Always discuss any side effects you are having with your doctor.

How will I know if my HIV treatment regimen is working?

In general, **viral load** is the most important indicator of how well your regimen is working. Your viral load should decrease if your anti-HIV medications are effective. Other factors that can tell you and your doctor how well your regimen is working are:

- Your **CD4 count**. This should go up and stabilize if your medications are working.
- Your recent health and results of physical examinations. Your treatment regimen should help keep you healthy.

How often should I have a viral load test?

Your viral load should be tested 2 to 4 weeks after you start treatment and then every 4-8 weeks until it reaches undetectable. After that your viral load should be tested every 3 to 4 months throughout treatment to make sure your ARV-HIV medications are still working. HIV treatment should reduce your viral load to the point at which it is undetectable. An undetectable viral load does not mean that your HIV infection is gone; it simply means that the test is not sensitive enough to detect the small amount of HIV left in your blood.

If your viral load is still detectable within 4 to 6 months after starting treatment, you and your doctor should discuss how well you have **adhered** to your regimen. Missing medication doses is the most common reason for treatment failure and development of **drug resistance**. Your doctor should do a drug resistance test, which will determine if the HIV in your body has mutated into a strain that your current treatment regimen cannot control.

How often should I have a CD4 count?

CD4 counts also indicate how well your treatment regimen is working. Your CD4 count should be tested every 3 to 6 months throughout your treatment. HIV treatment should increase your CD4 count or at least keep it from going down. Talk to your doctor if you are concerned about your CD4 counts.

My doctor wants to change my treatment regimen. Why?

There are several reasons why you may need to change your treatment regimen. Two of the most important reasons are *drug toxicity* and *regimen failure*. *Drug toxicity* means that your treatment regimen causes side effects that make it difficult for you to take your medications. *Regimen failure* means that the medications are not working well enough. It is important to ask your doctor to explain why you have to change.

What is regimen failure?

Regimen failure occurs when the ARV-HIV medications you are taking do not adequately control the infection. Factors that may cause regimen failure include:

- Poor health before starting the treatment regimen.
- Poor adherence to the regimen (not taking medications exactly as instructed by your doctor).
- Previous HIV treatment and/or drug resistance**.**
- Alcohol or drug abuse.
- Side effects of medications, drug **toxicity**, or interactions with other medications.
- Medication poorly absorbed by the body.
- Medical conditions or illnesses other than HIV infection.

What happens if my regimen fails?

If your treatment regimen fails, your doctor will evaluate your treatment history, medication side effects, problems you may have had with taking the medications as directed, your physical condition, and results of drug resistance testing to determine why your regimen is failing. You and your doctor may then select a new treatment regimen to better control your infection.

What are drug interactions?

ARV-HIV medications may interact with other medications you are taking. This may reduce the effectiveness of the medications or increase the risk of side effects. You and your doctor should review all of your medications, including over-thecounter medications and herbal remedies. You should also review whether your medications should be taken with food or on an empty stomach.

What is Treatment adherence?

Adherence refers to how closely you follow (adhere to) your treatment regimen. If your regimen is failing because you cannot adhere to it, you and your doctor should discuss why you are having difficulty taking your medication and what you can do to improve your adherence.

Is adherence important for HIV treatment?

Yes! Adherence is a major issue in HIV treatment largely because:

- Adherence affects how well ARVs-HIV medications decrease your **viral load**. When you skip a medication dose, even just once, the virus has the opportunity to reproduce more rapidly. Keeping HIV replication at a minimum is essential for preventing AIDS-related conditions and death.
- Adherence to HIV treatment helps prevent **drug resistance**. When you skip doses, you may develop strains of HIV that are resistant to the medications you are taking and even to medications you have not yet taken. This may leave you with fewer treatment options should you need to change treatment regimens in the future. Because drug-resistant strains can be transmitted to others, engaging in risky behavior can have especially serious consequences. Although there are many different ARVs-HIV medications and treatment regimens, studies show *that your first regimen has the best chance for long-term success*. Taking your ARVs-HIV medications correctly (adherence) increases your chances of success.

Why is adherence difficult for many people with HIV?

HIV treatment regimens can be complicated; most regimens involve taking multiple pills each day and certain conditions must be adhered to e.g. time between drug intakes. Some anti-HIV medications must be taken on an empty stomach, while others must be taken with meals or before or after doses of other medications. This can be difficult for many people, especially for those who are sick or are experiencing HIV symptoms or negative side effects caused by their medications. Other factors that can make it difficult to adhere to an HIV treatment regimen include:

- Fear to disclose especially to partners
- Experiencing unpleasant side effects to your medications such as nausea
- Sleeping through doses
- Travelling away from home
- Being too busy
- Feeling sick or depressed
- Forgetting to take medications

What can I do to adhere to my treatment regimen?

There are many things you can do to better adhere to your treatment regimen. One of the things you can do when starting a treatment regimen is to talk with your doctor about your lifestyle. He or she will then be able to prescribe a regimen that works best for you.

Topics you should address with your doctor include:
- Your work, sleep, eating, and travel schedules
- Possible side effects of medications
- Other medications you are taking and their possible interaction with antiHIV medications
- Your level of commitment to following an HIV treatment regimen
- Not being able to afford the medications. Many people adhere well to their treatment but later adherence becomes more difficult over time. Talk with your doctor about Adherence during every visit. Your commitment to a treatment plan is critical. Patients who take their medications correctly achieve the best results.
- Your level of openness with your partner.

Before you begin an HIV treatment regimen, there are several steps you can take to help you with **adherence**:

- Talk with your doctor about your treatment regimen.
- Get a written copy of your treatment plan that lists each medication; when and how much to take; and if it must be taken before or after other medication doses.
- Understand how important adherence is.
- Be honest about personal issues that may affect your adherence. Adherence may be harder for people dealing with substance abuse or alcoholism, unstable housing, mental illness, or other life challenges.
- Consider a “dry run.” Practice your treatment regimen using vitamins. This will help you determine ahead of time which doses might be difficult to take correctly.
- Develop a plan that works for you. Many people find it helpful to identify the activities they normally do at the times they will be taking their medication. People who arrange their medication schedule around their daily routines adhere to their treatment plans well than those who do not.

How can I maintain adherence after I start treatment?

- Take your medication at the same time each day.
- Put a week’s worth of medication in a pill box at the beginning of each week.
- Use timers, alarm clocks, or pagers to remind you when to take your medication.
- Keep your medication in the place where you will take it. You may want to keep

backup supplies of your medication at your workplace or in your briefcase or purse.
- Keep a medication diary. Write the names of your medications in your daily planner, then check off each dose as you take it.
- Plan ahead for weekends, holidays, and changes in routine.
- Develop a support network of family members, friends, or co-workers who can remind you to take your medication. Some people also find it helpful to join a support group for people living with HIV.
- Monitor your medication supply. Contact your doctor or clinic if your supply will not last until your next visit.
- Do not share your drugs

What should I do if I have problems adhering to my treatment regimen?

- It is important that you tell your doctor right away about any problems you are having with your treatment plan.
- If you are experiencing unpleasant side effects, your dose may need to be adjusted or you may need a change in your regimen. Missed doses may be a sign that your treatment plan is too complicated or unrealistic for you to follow.
- Keep your doctor informed to help you get the most out of your treatment regimen and to provide workable treatment options.
- Joining support groups for experience sharing.
- Talk to your counselor and/or expert clients.

What happens if one misses a doze?

The following is advisable should one miss his or her dose for whatever reason:
- Do Not Take double dose to compensate;
- If missed within 3 hours to the next dose, take the missed dose
- If missed more than three hours, wait for the next dose.

TB &HIV

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium* (my-ko-bak-TEER-I-um) *tuberculosis*. TB most often affects the lungs, but TB germs can infect any part of the body. TB may be latent or active TB which meant that the germs are in the person's body but are not causing illness. If you have latent TB you will not have symptoms and cannot spread TB. However, when your immune system becomes too weak to stop the TB germs from growing, they can multiply and cause active TB (also called TB disease). Somebody's immune system that has already been compromised by HIV stands a greater risk of contracting TB.

How is TB spread?

TB is spread from one person to another through the air. When a person who has TB disease of the lung or throat coughs, sneezes, or sings, TB germs may be sent into the air. A person who breathes air that contains these germs may get TB. People with TB disease are most likely to spread it to people they spend time with every day, such as family members, friends, or coworkers. You cannot get TB from shaking hands, sitting on a toilet seat, or sharing dishes or utensils. If you are exposed to a person with active TB, you should ask your doctor about getting treatment, even if your skin test was negative for TB.

How do I know if I might have active TB?

Your symptoms depend on where in your body the TB germs are growing. TB germs usually grow in the lungs. TB in the lungs may cause:

- A bad cough that lasts longer than 3 weeks
- Pain in the chest
- coughing up blood or phlegm from deep inside the lungs

Other symptoms are:
- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Relationship between TB & HIV

Latent TB is much more likely to become active TB in someone with HIV. This is because HIV weakens the immune system, which makes it harder for the body to fight off diseases like TB. If one is HIV positive, it is important to be tested for TB as well so that it can be treated immediately. If you are an HIV-infected mother whose baby was born after you got HIV, have your baby tested for TB when the baby is 9 to 12 months old.

TB is treatable! The drugs that treat TB work as well in people with HIV as they do in people who do not have HIV. Several drugs are used to treat active TB. You will need to take more than one drug for several months. Your symptoms may go away within a few weeks after you start taking the medicine. *TB germs die very slowly, so you need to keep taking your medicine exactly as your doctor or nurse tells you (the right amount at the right time for the right length of time)*

Also, it is important to know that TB is a communicable disease. If you have TB disease of the lungs or throat, you can probably spread TB to other people. You may need to stay home from work or school or other activities for a few weeks until you finish your drugs. After you've taken your medicine for a few weeks, you will probably no longer be able to spread TB to others, but you need to continue taking your medicine for 6 to 9 months to be totally cured. Your doctor or nurse will tell you when you can return to work or school or other activities. The medicine should not affect your strength, your sexual function, or your ability to work. Taking the medicine as prescribed will keep you from again becoming sick with TB disease.

Need to Know Questions and Answers about TB:	
1. Am I at greater risk of getting TB because I have HIV?	Yes. Latent TB is much more likely to become active TB in someone with HIV. This is because HIV weakens the immune system, which makes it harder for the body to fight off diseases like TB. You should get tested by your doctor.
2. Since I have HIV, should I be tested for TB?	Yes. If you have not already had TB or a positive result from a skin test for TB in the past, get a tuberculin skin test, or TST at the health department or your doctor's office.
3. I am taking protease inhibitors to fight HIV infection. Can I also take medicine to cure TB	Yes. Medicines for TB and the protease inhibitors affect each other. Your doctor will decide which combination of medicines will work best for you.
4. If I have active TB, can it be cured?	Yes. The drugs that fight TB work as well in people with HIV as they do in people who do not have HIV.
5. What is drug-resistant TB?	Yes. When TB germs are not killed by a certain drug, that TB is called "drug-resistant." TB germs may become resistant when patients do not take their medicine long enough or in the right amount at the right times. Follow your doctor's advice when taking medicines. When at least two of the best anti-TB drugs (isoniazid and rifampin) cannot kill TB germs, the TB is called "multidrug-resistant" TB (MDR TB) People who have drug-resistant TB can transmit it to others
6. Can I give TB to other people?	Yes. If you have TB disease of the lungs or throat, you can probably spread TB to other people. You may need to stay home from work or school or other activities for a few weeks until you finish your drugs.

IMPORTANT NOTE ON HIV&AIDS TREATMENT:

1. ART is a lifelong treatment and requires a continuous care approach.
2. Adherence to ART of 95 % and above is necessary to prevent resistance and treatment failure.
3. ART may increase the frequency with which people use testing and counselling services, leading to accelerated HIV prevention activities.

What is Stigma & Discrimination?

Stigma and discrimination refers to the prejudice, negative attitudes, abuse and maltreatment directed at PLHIV. They can result in being shunned by family, peers and the wider community, poor treatment in healthcare and education settings, an erosion of rights, psychological damage; and can negatively affect the success of prevention, testing and treatment efforts.

Stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the AIDS epidemic as a whole. At personal level stigma can make individuals reluctant to access HIV testing, treatment and care. The effect of stigma on people's ability to access HIV testing, counseling, diagnosis, care, treatment, and prevention messages varies from setting to setting, but when present, stigma can create an environment where people may avoid HIV-related services. UN Secretary-General Ban Ki Moon says:

"Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."

Types of Stigma

To PLHIV and their Family, stigma can be internal or external. Stigma is defined as an attribute or quality that "significantly discredits" an individual in the eyes of others.

Internal stigma: also described as felt, imagined, or self stigma, *refers to the personal shame associated with HIV and AIDS and the fear of being discriminated against on account of the illness. It i*s the product of the internalization of shame, blame, hopelessness, guilt, and fear of discrimination associated with being HIV-positive. It can affect caregivers and family members, who also may internalize feelings of shame, guilt, or fear.

Internal stigma can have a profound effect on HIV prevention, treatment, and care. For example, an HIV- positive mother in Uganda continues to breastfeed her child because failing to do so may cause family and community members to suspect her HIV status. In another example a couple in Uganda, both living with HIV and too ashamed to disclose their status, delay making future plans for the care and support of their children. Internal stigma, like external stigma, breaks down families and communities.

External Stigma (Discrimination) or "enacted" stigma *refers to any measure entailing any arbitrary distinction among persons because of their confirmed or suspected HIV status or state of health*. It is rooted mainly in fear and judgment of what is different, leading to blame, distancing, and discrimination. It is an attempt to promote social order but, ironically, it breaks down communities.

Not that internal stigma is essentially linked with external stigma, as the fear of judgment or discrimination from others can profoundly influence the way in which PLHIV view themselves and cope with their HIV status. Acceptance of one's situation, disclosure, counseling and joining a social group are some of the most useful methods of helping a PLHIV to deal with Internal and External stigma.

Effects of stigma & Discrimination

The effects of HIV-related stigma and discrimination can be felt on many levels: individual, family, community, programmatic, and societal. They represent obstacles such as:

- Preventing individuals from being tested;
- Preventing persons from recognizing that they or family members are HIV positive;
- Inhibiting people from seeking care, support, and treatment;
- Causing people to mislead others;
- Impeding people from using protection in intimate relations;
- Preventing quality care and treatment;
- Increasing social inequities;
- Hindering the access of PLHIV to housing, education, employment, and mobility;
- Negatively affecting quality of life; and,
- Reinforces existing social inequalities.
- Violation of human rights

PART V: CARE & SOCIAL SUPPORT

Basic Needs: *Education: Clean water, Shelter, Health, Food, Clothing, Security, Welfare*

Home Care for People Living with HIV&AIDS: The Power of Our Community

Psychosocial support

Community Based care

Palliative care

Community Support Agents

Importance of Care and Support

PLHIV have a wide range of care and support needs. These include psychosocial support as well as treatment for ‘opportunistic infections’ (the illnesses to which they become vulnerable as the immune system is destroyed by the virus). When their HIV infection reaches the stage that it becomes life-threatening, they require treatment with antiretroviral drugs.

Access to care and support also contributes to the prevention of HIV infection. Care provision encourages confidential Voluntary Counselling and Testing (VCT). It offers an opportunity to discuss with the infected person and their caregiver (s) how they might prevent further spread of the infection, and support them in their choice to do so, e.g. by helping them to increase their safety as sexual partners or to gain access to treatment to reduce mother to child transmission of HIV.

Care and support for PLHIV and AIDS decreases the spread of infectious diseases that are commonly associated with it - particularly TB and STIs - by early diagnosis and treatment of these conditions. By caring openly and compassionately for persons infected with HIV, caregivers alleviate the community’s fear of HIV infection and reduce stigma and discrimination.

There are also social and economic benefits of care and support for people living with HIV&AIDS, for their families and workplaces, and for the wider community: when people living with HIV&AIDS are helped to live longer and more healthily, then pain and suffering, loss of income and the need for care are postponed. The workplace and economy benefit by retaining the workforce. Care and support for PLHIVand AIDS builds confidence and hope: if quality of life improves for people with HIV&AIDS, hope will be fostered for the benefit of the individual, the family and society at large.

What is Care and Support

HIV care and support is intended not only for PLHIV, but also for all those directly affected by HIV including the families, friends, children and those who provide care and support from the community. HIV Care and Support include the following,

1. **Psychosocial support** : includes
provision of counseling,
emotional and spiritual support (all part of palliative care);
reduction of stigma and discrimination;
positive living.

2. Clinical Support:
testing;
prevention and treatment of Opportunistic Infections including TB;,
symptom control and pain management, and paediatric care
treatment adherence support and information; (all part of palliative care);
alternative/traditional medicine.

3. Social and economic support: includes;
social protection (such as pensions, , free or subsidized healthcare and school fees, child and disability benefits);
targeted financial support (such as stipends, cash transfers, grants and help with funerals);
income generation and employment opportunities;
workplace policies and programmes;
capacity building and advocacy support;
food and nutrition assistance and appropriate agricultural inputs and services;

4. Human rights and legal Support: including
legal aid, support and information,
human rights legislation (including protection against violence and discrimination; land, inheritance and property rights; labour laws);
succession planning;
rights awareness-raising and
advocacy training.

5. Family & Community Support:
psychosocial (including bereavement support) and medical (all part of palliative care),
socio-economic and legal care and support (including prevention information) for families, care-providers and children infected or affected by AIDS.

Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Care and support issues and needs of primary care givers

Issues

Family or and caregivers who provide care in the home often experience severe psychological stress living with, caring for or coping with the death of PLHIVs.

Many caregivers are older people who care for their adult children at home. They not only have to cope with the loss of their child, but also often need to provide emotional support to their orphaned grandchildren.

Caregivers themselves can face stigma from people who do not understand the means of HIV transmission and wrongly assume that carers can transmit HIV to the wider community.

Needs

Psychosocial care and support in the form of counseling and support groups is therefore essential for primary caregivers.

Bereavement support for family members both before and after the person with AIDS has passed away are also important in preparing people for death of a loved one, supporting them in their grief and helping them to cope with and to come to terms with loss.

Care and support needs of children affected by AIDS

In Uganda, the social and economic situations of children (young people from birth to 18 years) varies to such an extent that all children have individual needs depending on their age, their gender, where they live, whether they have sufficient food, whether they have someone who can take care of them, whether they can go to school etc.

All children need love and stable care, and younger children have additional specific needs that include active feeding and a stimulating environment. The full range of care and support is critical yet often most challenging to deliver in the many cases of orphan-headed households.

Comprehensive care

Comprehensive care and support involves a range of services, responding to the needs of PLHIV for treatment, for material and psychosocial support, and for protection against discrimination and rejection. These would ideally include:

- Health care services and appropriate treatment of HIV related infections –people should be informed about the availability of services in their areas while health care providers may wish to consider supporting the delivery of health services to the community.
- Confidential Voluntary Counselling and Testing (VCT), as an important starting point for both prevention and care;
- An open, accepting and supportive environment for workers who disclose their HIV status, and legal provisions against discrimination;
- Psychosocial support and counselling of individuals tested HIV-positive, and their families;
- Reasonable accommodation – making changes to tasks, the workplace or working conditions(including hours and breaks) so that workers with HIV can continue in their jobs;
- Family planning services;
- Healthy living programmes, including nutritional supplements where possible;
- Financial support, training or income-generating opportunities for persons who lose employment because of HIV status, and for family members;
- Social protection, including access to benefits provided by the state and/ or the employer;
- Information and training in HIV&AIDS care and prevention for caregivers at home;
- Care and support for family members after the death of the primary breadwinner.

PART VI: LIVING POSITIVELY WITH HIV AND AIDS

What does living positively mean?

Making choices in one's life that are good for one's health
Living as normally as possible
Looking after one's spiritual and mental health
Making the best of one's life as a person with HIV or AIDS

Factors that help in Positive Living with HIV or AIDS

- Having hope for the present and future
- Accepting the positive HIV test result
- Sharing positive HIV result with spouse, children, friends, relatives, neighbors, religious leaders, counselors, school/college friends, workplace colleagues, healthy personnel, etc.
- Forgiving the incidence of infection as opposed to blaming
- Having access to adequate HIV and AIDS information
- Access to medical, care and treatment advice.
- Recognizing the need and importance of healthy living
- Recognizing the effect of one's mind on one's health
- Providing oneself with adequate and balanced nutritious foods and clean drinking water
- Ensuring one engages themselves in regular physical exercises
- Timely seeking medical services and treatment when ill
- Protecting oneself against STIs
- Preventing unwanted/unplanned pregnancies

Factors that adversely affect Positive Living with HIV or AIDS

- Denial of a positive result of an HIV test
- The feeling of hopelessness and helplessness
- Despair and unwillingness to understand and accept facts about HIV and AIDS
- A feeling of blame and inability to forgive
- A feeling of shame about oneself and the perceived fear to be stigmatized and discriminated against
- Lack of confidence
- Lack of resources; time for rest, knowledge and skills, finances, health and treatment services, etc.
- Lack of love
- Isolation and withdrawal from public engagement
- Misconceptions about HIV and AIDS and PLHIV
- Loss of self esteem
- Lack of openness about one's HIV positive infection

Nutrition and Living Positively with HIV and AIDS

Drink Plenty of Fluids

Drink clean water often
On average, drink 2 litres of water a day
Clean water by bringing it to a rolling boil
Chlorine drops like Chlorine can also be used to clean water but must be prepared according to instructions
Keep well and water storage containers clean and covered

Take fluids when not hungry
Drink between and after meals and snacks
Not drinking can make sickness worse
Drinking fluids does not provide as many nutrients as eating but is better than taking nothing
Fresh fruit juice has vitamins
Mix milk with light tea
Sour milk fights germs that cause diseases

Take fluids with diarrhea
Take Oral Rehydration Solution (ORS) after each diarrheal episode
Use only clean water when preparing ORS, prepare with clean hands
Drink clean water, rice water or soup broth
Sip small amounts of clean water often or use a straw
Take yoghurt or sour milk
Avoid sweetened juices, soft drinks, teas, and coffee
Avoid hot drinks and spicy or fried foods
Avoid alcohol and acidic fruits
Drink soups and porridge
Add pounded groundnuts or soya flour to porridge for strength
Soup broth contains vitamins

Home and Cooking Hygiene

People with HIV and AIDS are more vulnerable to getting sick and keeping surroundings clean reduces the chances of getting sick

Keep surroundings clean
Keep toilets clean and covered
Keep animals penned away from cooking area
Clean up puddles of water
Keep mats clean
Sweep often and bury garbage

Wash hands often
Wash hands with water and soap or ash after using the toilet, cleaning a baby, and before and after preparing, cooking, or eating food

Dirty hands are a major cause of infection

Wash dishes with soap
Wash dishes and pots thoroughly with soap
Rinse and cover with a clean dish towel

Rinse vegetables and fruits
Dirt on skins carries germs that can cause sickness
Rinse fruits and vegetables with clean water before eating or cooking

Store dishes
Wash food preparation area daily with soap
Keep eating and cooking utensils clean and stored in a clean, dry, covered location away from insects and animals

Go for Regular Check-ups

Don't wait until sick to go for a check-up
Regular check-ups can identify hidden sicknesses that can be treated
Get better faster by getting treatment right away
Go to clinic if getting weaker or feeling sick and do not suffer silently
Benefit from clinic services such as TB treatment and de-worming
Get family and friends to take you

Get CD4 checks regularly
A simple blood test indicates when ARVs can be started
A higher CD4 count means being better able to fight off infections
CD4 counts should be done at least twice a year

Get weighed regularly
Ensure you're not losing weight
Get young children weighed monthly

Benefit from supplements
Ask about nutrition treatment and food supplements
Micronutrient supplements may also be available

Soothing Thrush
Seek treatment
Several medications exist for treating thrush
Soothe lips with vegetable oil
Wash hands then put vegetable oil on lips several times a day
Margarine, vaseline and glycerine can also be used

Take soft, mashed foods
Try to eat despite the thrush

Cook food well and mash solid foods
Eat yoghurt, sour milk and dishes with garlic
Eat ripe pawpaw to heal sores
Drink soups, porridges, juices, and clean fluids with a straw to ease swallowing
Avoid spicy foods, food that is too hot, and acidic fruits

Clean mouth
Cleaning the mouth helps prevent the spread of thrush
Rinse mouth with 1 cup of clean, warm water with 1 teaspoon of baking soda twice daily
Mix 1 spoonful of salt into 1 cup of clean, warm water.
Dip a clean cloth into the salty water and dab on mouth irritations after each meal.

Take ARV Pills with Food

Take pills with food
Food can reduce nausea caused by some pills
Pills are absorbed better with food
Certain ARVs not often used in Zambia are taken without food.
Follow the advice of your health care provider.

Exercise, then eat and take pills

Stretching or a short walk can increase appetite

Take ARVs in company of friends or family

Taking ARVs at the same time with another person increases morale
Share snacks with family and friends outside and take pills

Take pills with liquids

Drinking liquids prepares the stomach for pills and helps one swallow pills
Clean water, fresh juice, milk with light tea, soup or rice water can be taken if food is unappetizing

Develop Healthy Habits

Exercise regularly
Short walks, knee bends, light gardening, stretching, leaning forward are simple exercises
Exercise strengthens muscles, gives energy, relieves stress and increases appetite
Exercising with others improves the mood

Avoid alcohol consumption
Alcohol can make medications like ARVs less effective
Alcohol reduces appetite

Alcohol can lead to risky behaviour
If you cannot stop completely, then drink less alcohol

Reduce other risks

Avoid smoking because it increases the risk of illness and infections like pneumonia
Abstinence or condom use can prevent one from infecting others or getting infected with more HIV

Reduce stress and worry

People with HIV and AIDS are often treated poorly by others, are worried about their future, and discouraged by getting sick often
If worry causes you to lose your appetite, try to eat your favourite foods
Talking to family, friends and spiritual leaders can make you feel better
Meet friends by joining a support group
Get enough rest

When you're diagnosed as HIV-positive, it needn't be the end of your life. It just means that you have to start living positively.
Here are some ways to do just that, courtesy of Pierre Brouard of the Centre for the Study of AIDS, University of Pretoria:
Get informed about HIV/Aids and remember to take in as much as you need at the time
Consider prophylaxis for infections, including TB and pneumocystis pneumonia
Consider conventional and alternative medical options, including antiretrovirals
If you consider complementary, indigenous and/or Chinese herbal medicine, please do so under supervision (some herbal remedies may interact negatively with antiretrovirals)
Follow a diet high in immune-boosting nutrients and antioxidants
Take a good-quality antioxidant and multivitamin
Follow a balanced diet with plenty of fruit, vegetables and whole-grains
Avoid caffeine, junk foods, alcohol, smoking and drugs
Massage therapy can relieve emotional distress, enhance body image and self-esteem, as well as improve circulation, lymph drainage and muscle relaxation
Get sufficient rest and sleep Don't share needles
If you are pregnant, consider the options to prevent transmission to your baby
Become aware of your physical, psychological and spiritual needs
Find a counsellor who you can relate to who understands HIV/Aids and who is prepared to be there for you in an ongoing and flexible way
Join a support group – research shows that appropriate support combined with a positive attitude can raise CD4-cell counts, reduce symptoms and possibly prolong lifespan
Supportive relationships with those who accept and understand the situation are important – many people living with HIV say they find a new sense of meaning and purpose in life
"Connectedness" – a network of friends and family, a readiness to find emotional support and to give and receive love – seems to encourage good health
Keep a stress diary and learn what stresses you and what symptoms it creates
Find a stress-management technique that works for you
Get regular exercise, preferably with other people

http://www.searo.who.int/EN/Section10/Section18/Section356/Section428_5500.htm

PART VII: KNOW YOUR RIGHTS & RESPONSIBILITIES

PLHIV RIGHTS & RESPONSIBILITIES

Rights and responsibilities come from the hearts of people living with HIV&AIDS in the diverse communities. PLHIV have equal rights under the Ugandan constitution like anyone else. But because they may be facing stigmatization, they can easily become unaware of their rights.

PLHIV RIGHTS

You have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance the Ugandan law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV&AIDS or related services.
4. Receive services that are culturally and linguistically appropriate, including having full explanation of all services and treatment options provided clearly in your own language and dialect.
5. Look at your medical records and receive copies of them upon your request;
6. Have your care provided by competent, qualified professionals who follow HIV treatment standards
7. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

8. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
9. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
10. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
11. Be told of the effect of not taking the treatment may have on your health, be told of any other potential consequences of your refusal;
12. Refuse to participate in research without prejudice or penalty of any sort.

D. Confidentiality and Privacy

13. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
14. Question information in your medical chart and make a written request to change specific documented information. Your physician has the right to accept or refuse your request with an explanation.

PLHIV RESPONSIBILITIES

In order to help your provider give you and other clients the care to which you are entitled, you also have he responsibility to:

1. To stop the spread of HIV by taking responsibility and disclosing to sexual partners before sex;
2. Disclose your sera-status to your employer where your condition affects your productivity;
3. Ecourage other people to adhere to the treatment regimen;
4. Advocate for easier access to treatment and other services;
5. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
6. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
7. Help and assist others as you may expect help from them.
8. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
9. Communicate to your provider whenever you do not understand and information you are given.
10. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
11. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
12. Follow the hospital/clinics rules and regulations concerning patient/client care and conduct.
13. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
14. The use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct is strictly prohibited.
15. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already know to you if you see them elsewhere.

Everyone has the right NOT to:

1. To be treated fairly and not suffer discrimination or termination due to your HIV condition.
2. Right not to disclose your sera status(however, it may be advisable to declare)
3. To education and information, and to freedom of speech.
4. Everyone has the right to work, to free choice of employment, to just and favorable conditions of work,
5. Everyone who works has the right to decent wages - “just and favorable remuneration”
6. Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.
7. Everyone, as a member of society, has the right to health and to social security.
8. Everyone has the right to privacy (protection against mandatory testing and confidentiality of personal data). In addition, every worker has the right not to be:
    - Screened for HIV and refused employment;
    - Dismissed from work because of their HIV status;
    - Denied training and promotion opportunities;
    - Subjected to compulsory testing;
    - Ostracized and isolated by colleagues;
    - Denied access to medical and sickness benefits;
    - Denied reasonable accommodation to help manage their illness.
    - Being dismissed from employment while still fit to work

Comments

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