

# ARASA

## Trainer of Trainer (TOT Manual)

HIV, TB and Human Rights



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## MODULE 2

Facilitator's Guide

**ARASA**  
AIDS & Rights  
Alliance  
for Southern Africa

## Guide to icons used in this manual

Throughout this manual you will find icons. Each relate to a different aspect of examples and activities for each topic.



**Key Points:**  
the main facts and messages summarised, usually at the end of the unit



**Definitions, Examples and Guidance**



**Case study:**  
This is an example of where the topic has been implemented



**Resources and References:**  
Additional key resource materials are listed here



**Self Reflection:**  
How does the topic relate to you or the situation in your country



**Class Activity:**  
an opportunity to put your learning into practice



**Read this:**  
a reference source is provided to provide more detail on the topic



**Lunch Break**



**Tea Break**



**Suggested Materials**



**Suggested Time Allocated to Each Session**

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# Acronyms

ACHPR	African Commission on Human and Peoples' Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS and Rights Alliance for Southern Africa
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASWA	African Sex Workers Alliance
AU	African Union
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CND	Commission on Narcotic Drugs
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSC	Community Score Card
CSO	Civil Society Organisation
DNA	Deoxyribonucleic Acid
DR-TB	Drug-resistant TB
DRC	Democratic Republic of Congo
EAC	East African Community
EALA	East African Legislative Assembly
ECOSOC	United Nations Economic and Social Council
eMTCT	Elimination of Mother-to-Child Transmission
FGM	Female Genital Mutilation
FTA	Free Trade Agreements
FTM	Female-to-Male
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HRC	Human Rights Council
HRW	Human Rights Watch
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IP	Intellectual Property
IPRs	Intellectual Property Rights
ITPC	International Treatment Preparedness Coalition
KELIN	Kenya Legal & Ethical Issues Network on HIV and AIDS
LDAs	Least Developed Countries

LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MTF	Male-to-Female
MDR-TB	Multi-Drug Resistant Tuberculosis
MSF	Médicins Sans Frontières
MSM	Men Who Have Sex With Men
MTCT	Mother-to-Child Transmission
NAC	National AIDS Council
NGO	Non-Governmental Organisation
OHCHR	Office of the High Commissioner for Human Rights
OVC	Orphans and Vulnerable Children
PIHT	Provider-Initiated HIV Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-exposure Prophylaxis
PWUD	People Who Use Drugs
R&D	Research and Development
RNA	Ribonucleic Acid
SACHPR	African Commission on Human and Peoples' Rights
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SEA	Southern and East Africa
SOGI	Sexual Orientation and Gender Identity
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign
TB	Tuberculosis
TRIPS	Trade-Related Aspects of Intellectual Property
UDHR	Universal Declaration on Human Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCHR	United Nations Commission on Human Rights
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organisation
WTO	World Trade Organisation
WSW	Women Who Have Sex With Women
XDR-TB	Extensively-Drug Resistant Tuberculosis

# Health Rights



- 1.1 Welcome and Introduction: **30 minutes**
- 1.2 What is the Right to Health, including Sexual and Reproductive Health? **1 hour**  
Class Activity 1: What is the right to health?
- 1.3 Key Health Rights Issues in the Context of HIV and TB: **1hour 30 minutes**  
Class Activity 2: What are the key health rights issues in the context of HIV and TB?
- 1.4 Why are Rights-based Laws and Policies Important? **1 hour 30 minutes**  
Class Activity 3: Protective health laws and policies
- 1.5 Access to Health Services for HIV and TB: **1 hour 30 minutes**  
Class Activity 4: What are rights-based responses to access to health services?

## DAY TWO

- 1.6 Welcome and Recap **30 minutes**
- 1.7 Access to Health Care Services for HIV and TB: **1 hour**  
Class Activity 5: Treatment, Care and Support
- 1.8 The Right to HIV Testing with Informed Consent: **1 hour**  
Class Activity 6: How to protect rights in an HIV testing policy
- 1.9 The Right to Confidentiality: **1 hour**  
Class Activity 7: Confidentiality and Disclosure
- 1.10 What are the Key Confidentiality / Informed Consent Issues in the Context of HIV and TB? **1 hour**

# Unit 1 module 2

# unit 1

## 1.11 Quarantine and Isolation: 1 hour

Class Activity 8: When is quarantine and isolation OK?

### DAY THREE

## 1.12 Welcome and Recap: 30 minutes

## 1.13 Protecting Rights in the Context of HIV, TB, Quarantine and Isolation: 1 hour 30 minutes

Class Activity 9: The Case of *Daniel Ng'etich and Anor V Attorney General* in Kenya

## 1.14 HIV and TB Research: 1 hour

Class Activity 10: HIV and TB Research

Wrap Up: 30 minutes

### Prior to the workshop

Ensure that room is set up in a U-shape and that all learners will be able to see the flipchart. The room should also be set up so that the learners can easily work in small groups.

Check with the kitchen/caterer to confirm tea times and lunchtime.

Load Presentation T onto your computer.

Make copies of Guidelines 1 to 12 of the *UNAIDS (2006) International Guidelines on HIV/AIDS and Human Rights*

Ensure you have copies of the *ARASA (2016) HIV, TB and Human Rights in Southern and East Africa Report* for participants.

Make copies of Annexure A for Class Activity 4.

Pin pieces of flipchart paper on the wall where everyone can see them.

### Preparation just before the session starts

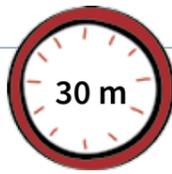
Hand out the Learner's Guide and make sure that everyone has completed the attendance register.

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.



### Materials needed

- Flipchart paper, different coloured felt-tip pens, Prestik or drawing pins
- A number of small, Post-It pad sized cards for small group work – perhaps around 100 cards.
- Copies of the *ARASA (2016) HIV, TB and Human Rights in Southern and East Africa Report* for group work
- Copies of the *UNAIDS International Guidelines on HIV and Human Rights Guideline: 1 to 12*
- Copies of Annexure A



## 1.1: Welcome and Introduction

### The role of the facilitator

As the facilitator, you should introduce yourself to the group and tell them a little about your own background and why you are facilitating this session. The role of the facilitator is critical to ensuring the success of the session and your role is to plan and guide the session so that learners understand the material being taught, everyone is able to participate meaningfully and questions and concerns are addressed.

Welcome the learners to the programme for the morning/afternoon. Ask each learner to introduce themselves and say a few words about the organisation they belong to and the work they do.

Explain that this session on health rights is part of a week-long training module detailing health rights relevant to people living with HIV, TB and key populations most affected by HIV; and treatment literacy for HIV and TB.

Ask each learner to write one expectation for the module on the flipchart paper. Try to keep these papers visible during the module and include time at the end of the module to refer back to them to see whether they have been met. If you notice any unrealistic expectations, it is important to clarify the expected outcomes for the module and make sure that learners understand these from the beginning of the module.

Explain that this session aims to **outline what the right to health means and why it's important, as well as explain some of the key health rights issues for HIV and TB and how best to respond to these issues.**

By the end of the session, learners should be able to:

- Define the right to health
- Understand why the right to health is important
- Explain some of the key HIV and TB health rights issues facing people living with HIV and key populations
- Know how to develop rights-based responses to these health rights issues in law and policy
- Explain the right to testing only with voluntary and informed consent
- Understand the need to protect people from unnecessary quarantine and isolation.



## 1.2: What is the Right to Health, including Sexual and Reproductive Health?

Ask the group of learners:

What is the right to health? What does it mean when we say we have a right to health?

Write up responses on flipchart paper.

Refer to the relevant pages in the Learner's Guide - Module 1: Unit 3.

Explain to participants that:

- All people have the right to health
- The right to health includes freedoms (such as the right to be protected from forced treatment)
- The right to health also includes entitlements (such as the right to have health services for HIV and TB).



### Class Activity 1: What is the right to health?

Request that the learners work in small groups where they are seated. Hand out 10 small cards to each group. Ask the groups to spend 10 to 15 minutes writing down an example of something we can expect as part of the right to health, in the context of HIV or TB. These can be entitlements (e.g. services) or freedoms (e.g. privacy), on as many cards as they wish to (maximum 10).

Examples include:

- Health information about how to prevent HIV or TB
- Access to antiretroviral treatment
- Access to voluntary HIV and TB testing and counselling services
- Non-discrimination in access to services
- Confidentiality.

Allow each group to read out their cards and to stick them up on the wall in the front of the room. Ask learners to help you group the cards together to identify various themes, for example:

- Health facilities
- Trained staff
- Health information and education
- Prevention services
- Treatment services
- Care and support services
- Non-discrimination
- Voluntary testing and treatment
- Confidentiality.

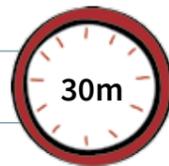
Use the presentation to reinforce the meaning of the right to health, and the right to sexual and reproductive health, including the notion that the right to health has different components.

Note that the right to sexual and reproductive health also includes freedoms and entitlements but is more specific to sexual health rights, e.g.:

- The right to a safe and satisfying sex life and the right to decide whether to have children
- The right to decide freely on reproductive health matters
- The right to have our reproductive choices respected and treated confidentially
- The right to be treated only when we give our voluntary and informed consent to all goods and services
- The right to a range of reproductive health information, goods, services and facilities without discrimination.



tea/coffee break



### 1.3: Key Health Rights Issues in the Context of HIV and TB



#### Class Activity 2: What are the key health rights issues in the context of HIV and TB?

Ask the learners to think about the question ‘What are the key health rights issues facing people in relation to HIV and TB?’ Remind them that it will help to think about all the different aspects of the right to health they discussed in the previous session and how some or all of these rights may be violated in the context of HIV or TB.

Divide learners into six groups, depending on the size of the group. If the group is very large, divide them into more smaller groups and allocate countries accordingly.

Give each group a copy of the ARASA (2016) *HIV, TB and Human Rights in Southern and East Africa Report*. Allocate 2 or 3 country reports to each group.

Ask groups to take 45 minutes to read through the country reports and, as a group, make a note of the key health rights issues that they notice. They should make note of health rights issues facing all people living with HIV as well as those for specific populations like women, children and young people, sex workers, men who have sex with men etc.

Give each group an opportunity to feed back to the larger group. Note the key human rights issues down on flip chart paper for all the learners to see.

Reflect on the answers. Ask learners to add any other key health rights issues not reflected during the group work.

Refer to the relevant sections in Unit 1.3.3. in the Learner’s Guide to go through key health rights issues in relation to HIV and TB. Use the presentation to help you. Be sure to pick up on the following key issues, amongst others:

- **Access to treatment:** There has been great progress in increasing access to anti-retroviral treatment (ART) for HIV and for TB, but problems remain. Treatment costs are still high. Certain populations are not being reached with ART. Treatment for multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) is limited.
- **Right to treatment with voluntary, informed consent and right to confidentiality:** There are still reports of people being tested and treated without giving their voluntary, informed consent and of unlawful disclosures of their private medical information. Pregnant women report being

routinely tested for HIV without consent. There are also reports of mandatory HIV tests for key populations like sex workers in some countries, with disclosures being made to authorities.

- **Quarantine, Isolation and Exclusion:** With TB, especially with MDR and XDR-TB, people are often kept in isolation or kept in quarantine away from their families for long periods of time. In some places, travellers may be barred from entering a country because of having TB previously or because of latent tuberculosis infections.
- Women living with HIV report violations of their sexual and reproductive health rights. They report feeling stigmatised by health care workers, being forced to test for HIV without their consent, getting limited information on their birthing and feeding options, being discouraged from having children and even being forced into sterilisation.
- Young people also struggle to get sexual and reproductive health information and services in some countries without the help of their parents or guardians. This discourages them from using HIV-related health care services.
- Key populations most affected by HIV, such as sex workers, men who have sex with men, transgender people and people who use drugs report difficulties in accessing other services, like prevention services. They report stigma and discrimination from health care workers and limited goods and services to meet their specific needs



lunch



## 1.4: Why are Rights-based Laws and Policies Important?



### Class Activity 3: Protective health laws and policies

Hand out copies of the summary Guidelines 1 to 12 of the *UNAIDS International Guidelines on HIV and Human Rights*. Ask learners to read through Guideline 3 and Guideline 6.

Ask the participants the following question:

- What kinds of health laws and policies should states put into place to protect the health rights of people living with HIV and other key populations?
- Why are they important?
- If participants have access to the internet on their smart phones, ask them to look up the relevant health laws in their countries and to assess whether they protect the rights of people living with HIV and key populations?

Discuss the answers. Note that laws and policies should be rights-based, protecting people's rights to equality, confidentiality and autonomy as well as promoting their access to relevant services. This encourages affected people to access services and serves broader public health goals of reducing the spread of HIV and TB and providing treatment and care for those who are affected.

Refer participants to Units 1.3.4 and 1.3.5 in the Learner's Guide. Use the presentation to help you go through the information with learners.

Summarise the session by asking learners to reflect on existing, concrete examples of good health laws and policies in the region and to share examples from their own countries.



## 1.5: Access to Health Services for HIV and TB



### Class Activity 4: What are rights-based responses to access to health services?

Hand out copies of Annexure A.

Explain the right to equality before the law. Ask participants to:

- Consider the right to equality
- Think about how that right could be infringed
- Think about the ideal kind of HIV or TB information/prevention programmes that countries can introduce that integrate protection of each person's right to equality.

Go through each right in the same way. Repeat the exercise with each right again, but this time ask the learners to think about HIV and TB treatment programmes.

Use the Model Answer on page 9 as a guide to discussions with the learners.

Summarise the session by adding any additional suggestions for rights-based HIV or TB information, prevention and treatment programmes. Discuss with participants how looking at rights charters and thinking about possible rights infringements – e.g. health laws policies and programmes that discriminate - can be a useful starting point for the development of all areas of the response to HIV and AIDS.

### Model Answer

Human Right	Examples of Information and Prevention Programmes	Examples of Treatment Programmes
<b>Article 3:</b> Every individual shall be equal before the law. Every individual shall be entitled to equal protection of the law	Health policy provides that HIV information and education programmes will be available for all people	Health policy provides that HIV and TB treatment programmes are available to all people
<b>Article 2:</b> Every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national or social origin, fortune, birth or other status.	HIV information and education programmes can include messages about reducing stigma and discrimination against people living with HIV and other populations.  HIV information and education programmes can include messages targeting women and girls as well as men and boys.  HIV information and education programmes can include prevention messages targeting men same-sex sexual partners, not only heterosexual sexual partners.	The law says that no person may be discriminated against in access to HIV and TB treatment programmes.  ART is available to prisoners without discrimination, including those who are non-citizens of the country.  TB treatment is available to all migrant workers without discrimination.
<b>Article 6:</b> Every person shall have the right to liberty and to the security of his person.	HIV testing is provided on the basis of voluntary and informed consent.	TB treatment is voluntary, not compulsory.
<b>Article 16:</b> Every individual shall have the right to enjoy the best attainable state of physical and mental health.	Young people have access to sexual and reproductive health services, including information on HIV and access to condoms.	Sex workers have access to treatment, care and support for HIV.



## Day Two

### Set up of room and preparation before learners arrive:

Ensure that room is set up in a U-shape and that all delegates will be able to see the flipchart and set up the room so that the learners can easily work in small groups.

Check with the kitchen/caterer to confirm tea times and lunchtime.

Load Presentation T onto your computer.

Make copies of Guidelines 1 to 12 of the *UNAIDS (2006) International Guidelines on HIV/AIDS and Human Rights*.

Make copies of Annexure B, or write the following questions for Class Activity 5 on flip chart paper:



- What right do people have to treatment, care and support? How does protecting the right impact on people affected by HIV and/or TB?
- What do the UNAIDS International Guidelines say we should do to protect rights in relation to treatment, care and support?
- What has the country/region done with regard to treatment, care and support?
- What has the country/region failed to do with regard to treatment, care and support?

Make copies of Annexure C for Class Activity 6.

Pin pieces of flipchart paper on the wall where everyone can see them.

### Preparation before learners arrive

Hand out the Learner's Guides and make sure that everyone has completed the attendance register

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.

#### Materials needed



- Flipchart paper, different coloured felt-tip pens, Prestik or drawing pins
- Copies of Annexures B and C.



## 1.6: Welcome and Recap

Welcome the learners back for Day Two of Health Rights. Explain that this session will continue outlining **how to develop rights-based responses for key health rights issues**.

By the end of the session, learners should be able to:

- Know how to develop rights-based responses to:
  - o Ensuring access to HIV and TB health care services
  - o Providing voluntary services
  - o Protecting confidentiality rights
  - o Removing punitive / coercive approaches to health, and
  - o Protecting research rights.
- Provide examples of rights-based health laws and policies in Southern and East Africa.

Recap what was learnt on Day One. Briefly go round the room and allow the learners to highlight a key lesson they learned during Day One.



## 1.7: Access to Treatment, Care and Support



### Class Activity 5: Treatment, Care and Support

Divide participants up into small groups. Hand out copies of Annexure B. Refer the participants to Class Activity 5 in their Learner's Guide and ask them to discuss the questions. They can also refer to Guidelines 3 and 6 of the *UNAIDS International Guidelines on HIV and Human Rights* for more information.

Explain that questions 1 and 2 provide the learners with a chance to recap the right to treat, care and support people affected by HIV and TB. They don't need to report back on these answers.

Question 3 requires them to apply that information to their own countries or region, to talk about what has been done and what still needs to be done. These discussions are important for feedback.

Give groups the opportunity to report back.

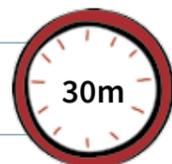
Summarise the groups' findings together. Identify the key issues relating to treatment, care and support and identify the key populations who are affected. Ensure that concrete examples of some of the key issues picked up on in the *ARASA (2016) HIV, TB and Human Rights Report* (set out on Day One) are discussed. Discuss any new examples of other issues or other affected populations and allow learners the opportunity to share similar experiences from other countries, where appropriate.

Also support learners to identify whether laws, policies and plans are not in place, or whether they are in place but not well implemented or enforced.

Refer learners to the remaining information in Unit 1.4 of the Learner's Guide. Use the presentation to assist you.



tea/coffee break



## 1.8: The Right to HIV Testing with Voluntary and Informed Consent

Refer learners to Unit 1.5.1 of the Learner's Guide. Discuss the section on the right to testing and treatment to always be done only with voluntary, informed consent. Use the presentation to help you.

Raise the issue of Provider-Initiated HIV Testing and Counselling (PITC), allowing learners an opportunity to discuss this issue. Be sure to discuss the fact that this form of HIV testing, as recommended by UNAIDS, is recommended only in countries with generalised HIV epidemics and that it is not routine testing but is rather a routine offer of testing. It should still be accompanied by pre-test information and the option to refuse the HIV test. It should also take place in an enabling environment, where prevention, treatment, care and support services, as well as a protective legal, social and policy framework are provided.

UNAIDS argues that this form of HIV testing balances medical ethics, and clinical, public health and human rights objectives since it protects basic human rights but also promotes access to prevention, treatment, care and support services.



### Class Activity 6: How to protect rights in HIV testing policy

Divide participants into groups of 5 or 6 depending on the size of the group.

Ask each group to discuss and agree on an HIV testing policy for their country. Tell learners that the policy should include details regarding

- Under what conditions HIV testing is done
- How offers of HIV testing are made
- If / how consent is given
- Whether and how counselling or information is provided
- Whether confidentiality is protected.

Encourage participants to use public health and human rights arguments to explain their choice. Hand out copies of the Siracusa Principles and Annexure C: Activity 6. Ask the groups to check their policy in terms of this checklist, to see whether their policy achieves a balance between public health and human rights objectives.

Ask the groups to give a brief report back in plenary. Help them to explain their public health and human rights arguments using the Siracusa Principles and the Human Rights Assessment Tool. Some rationales are provided on the next page.

Public Health Rationales	Human Rights Rationales
<p><b>Increasing access to HIV testing:</b> Although many countries have HTC policies and programmes in place, there are still limited numbers of people who have been tested for HIV and are aware of their HIV status. Any testing policy that may result in scaling up access to HIV testing will serve public health goals. Conversely, any testing policy that may discourage people from accessing services (like mandatory HIV testing) will not serve public health goals.</p>	<p><b>The right to equality and non-discrimination:</b> A health policy should protect people from unfair discrimination. For example, an HIV testing policy should ensure that its principles (such as confidentiality), processes (how testing is conducted) or consequences (increased knowledge and disclosure) protect affected people from unfair discrimination on the basis of HIV status.</p> <p>A health policy should also not discriminate in targeting some populations and excluding others, in a way that is discriminatory.</p>
<p><b>Accessing people at earlier stages of disease:</b> Many people who do test for HIV only do so when they have advanced clinical disease. This reduces the effectiveness of treatment and care options, such as ART. It also reduces their opportunities to limit the spread of HIV to their sexual partners. Testing policies that aim to encourage people to test for HIV as early as possible will support public health goals for preventing the further spread of HIV and caring for those who are HIV-positive.</p>	<p><b>The right to privacy and confidentiality:</b> An HIV testing policy should ensure that the right to confidentiality is protected both in principle and through the procedures followed.</p>
<p><b>Reducing the spread of HIV:</b> By supporting more people to know their HIV status and to adopt preventive measures, whether positive or negative, HTC policies help to reduce the spread of HIV.</p>	<p><b>The right to autonomy/freedom and security of the person:</b> An HIV testing policy should protect a person's right to only be tested with informed consent. A policy that is mandatory, or results in patients feeling pressured to give consent that is not truly voluntary, will infringe this right.</p>
<p><b>Improving access to treatment, care and support:</b> If an HTC policy supports people to find out their HIV positive status and directs them towards appropriate treatment, care and support, this helps to support public health goals of promoting the health and wellness of affected populations.</p>	<p><b>The right to health/access health care services:</b> An HIV testing policy should protect a patient's right to access health care services. In the event that a policy discourages people from accessing health services, it may infringe this right. Where a policy, however, results in increased access to health services and increased prevention of HIV, treatment, care and support for people living with HIV and AIDS, it promotes the right to health.</p>



## 1.9: The Right to Confidentiality

Review the right to confidentiality with learners. Use the relevant sections of Unit 1.5.2 of the Learner's Guide and the presentation to help you. Draw attention to what the right means, its importance in terms of promoting public health goals and when and how the right may be limited.



### Class Activity 7: Confidentiality and Disclosure

Divide participants up into groups of 3. Give each person in a group a role – one person will be a patient with HIV, another a health care worker counselling that patient and the third person a concerned sexual partner.

Ask the groups to develop a role play based around a situation where the health care worker believes it may be necessary to disclose the patient's HIV status. The groups should act out what each person may say or do in that situation.

Ask one group to volunteer to present their role play in plenary.

Discuss the following questions with the larger group:

- What rights does the patient have?
- What rights does the sexual partner have?
- What responsibilities does the health care worker have towards the patient and/or sexual partner?
- Were the steps taken by the health care worker in accordance with the SADC/EAC recommendations?
- Do you think the SADC/EAC recommendations are useful in this situation? Why or why not?
- Can you think of any other situations where you believe a disclosure of HIV status is, or should be lawful? Why?

Summarise the session by reinforcing why the right to confidentiality is important for a country's response to HIV and TB. Help learners to make the link between not only protecting a human right but also promoting public health goals, by encouraging people to feel unafraid of accessing health care services. Also discuss why policies that 'force' disclosure may be inappropriate and the importance of creating an enabling environment that encourages voluntary disclosure.



lunch





## 1.10: What are the Key Confidentiality/Informed Consent Issues in the Context of HIV and TB?

Ask participants what they think some of the key human rights issues are in relation to HIV, TB and the rights to informed consent (to testing and to treatment) and confidentiality. Encourage them to give examples in the form of stories, where appropriate and examples of generalised issues. Some of the key issues identified by ARASA include:

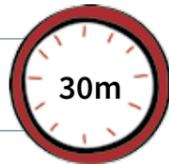
- Mandatory/coerced HIV testing, especially for vulnerable and key populations like women and sex workers
- Conditional access to health care services – e.g. pregnant woman complain of access to anti-retroviral treatment being made conditional on their use of contraception
- Coerced sterilisation of pregnant women with HIV
- Forced disclosure of a person’s HIV status (e.g. to health care workers, care givers, family members, sexual partners).

Note the answers up on flipchart paper for the learners to reflect on.

Refer participants to the relevant section in Unit 1.5.3 in the Learner’s Guide and use the presentation to help you to identify and add any issues not reflected in the discussions.



tea/coffee break



## 1.11 Quarantine and Isolation



### Class Activity 8: When is quarantine or isolation acceptable?

Ask participants to reflect on the rights to autonomy, liberty and security of the person and to consider the following question:

- May the rights to autonomy, liberty and security of the person be limited, in order to quarantine or isolate a patient?
- Can you give some examples of quarantine or isolation for health purposes?
- When would quarantine or isolation be an acceptable limitation of rights?
- What factors would you consider?

Remind learners to think of the principles and public health/human rights assessment tool they used in Class Activity 6. They may relook at these tools in their Learner’s Guides.

Discuss the answers.

Some possible considerations and discussions may include those set out below:

- Rights may be limited. However, the limitation should be reasonable, justifiable and necessary to achieve a public health goal.
- Some examples of quarantine or isolation may include the quarantine of a patient with an infectious disease (e.g. Ebola, TB). Isolating the patient is done when the patient is infectious, in order to prevent the spread of the disease to other persons who may come into contact with the patient.
- Quarantine or isolation would be an acceptable limitation of rights where it was necessary to achieve a public health goal (like limiting the spread of an infectious disease), it did not involve too drastic a limitation of rights and there were no less restrictive and effective means available to achieve that goal.
- Various considerations should be made in determining whether a coercive public health measure like quarantine is justifiable. In terms of the Siracusa Principles, considerations would include:
  - o Whether the requirement of quarantine is set out in a law that applies generally to all persons
  - o Whether quarantine/isolation will achieve a legitimate objective – in this case, whether it will achieve a public health goal of limiting the spread of the disease

- o Whether it is proportional to the objective – that is, whether the drastic nature of the measure (quarantining a patient) and other factors such as the length of time that it will take place, is proportional to the public health objective; and whether it will in fact achieve the stated objective of preventing the spread of the disease
- o Whether there are other possible approaches that could be more protective of human rights while still achieving the public health objectives.

Ensure that learners understand that while rights may be limited, we should only do so where it is in the interests of public health and where it will in fact achieve the public goal that it aims to achieve. Where there are less restrictive, alternative means to achieving the same goals, these should be considered.

Refer participants to the relevant section in Unit 1.6.1 and 1.6.2 of the Learner’s Guide and use the presentation to help you to discuss quarantine and isolation as a limitation of rights with the examples provided in relation to HIV and TB.



## Day Three

### Prior to the workshop

#### Initial preparation

Prepare copies of the summary of the case of *Daniel Ng’etich and Anor v Attorney-General* in Kenya

#### Set up of room and preparation before learners arrive

Ensure that room is set up in a U-shape and that all delegates will be able to see the flipchart and set up the room so that the learners can easily work in small groups.

Check with the kitchen/caterer to confirm tea times and lunchtime

**Load the Presentation onto your computer.**

**Make copies of Annexures C and F.**

Pin pieces of flipchart paper on the wall where everyone can see them

#### Preparation before the session starts

Hand out the Learner’s Guides and make sure that everyone has completed the attendance register.

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.



#### Materials needed

- Flipchart paper, different coloured felt-tip pens, Prestik or drawing pins
- Copies of Siracusa Principles
- Copies of Annexures C and F.



## 1.12: Welcome and Recap

Welcome the learners back for Day Three of Health Rights. Explain that this session aims to continue outlining how to develop rights-based responses for key health rights issues.

By the end of the session, learners should be able to:

- Know how to develop rights-based responses to:
  - o Ensuring access to HIV and TB health care services
  - o Providing voluntary services
  - o Protecting confidentiality rights
  - o Removing punitive/coercive approaches to health, and
  - o Protecting research rights.
- Provide examples of rights-based health laws and policies in southern and east Africa

Recap what was learnt on Day Two. Briefly go round the room and allow the learners to highlight a key lesson they learned during Day Two.



## 1.13: Protecting Rights in the Context of HIV, TB, Quarantine and Isolation



### Class Activity 9: The case of *Daniel Ng'etich and Anor v Attorney General in Kenya*

Divide participants up into small groups. Hand out copies of the case of *Daniel Ng'etich and Another v Attorney General and Another, 2014*. Explain that the groups should read through the case study and identify the factors the court considered in deciding imprisonment was an unreasonable response to the TB crisis.

Allow groups to give feedback in plenary. Ask groups to suggest alternative public health responses to encourage TB treatment adherence.

Summarise the groups' responses and identify any other factors the court could have discussed as well as other potential public health responses to encourage TB treatment.

In this case, the court looked at various issues such as:

- The length of time the TB patients were imprisoned for
- The conditions in the prisons which placed prisoners with TB at increased risk
- Medical evidence
- The impact on human rights
- The provisions of the Public Health Act
- The alternatives to imprisonment.

Other possible alternatives could be to isolate the patients within a medical facility, or alternatively to promote community based treatment models that promote informed care for patients, encourage compliance and provide support to patients to take their TB treatment.

Refer learners to the additional information in Unit 1.6.3 of the Learners Guide, using the presentation to help you.



tea/coffee break





## 1.14: HIV and TB Research

Refer learners to Unit 1.7 in the Learner's Guide to review HIV and TB research issues.



### Class Activity 10: HIV and TB Research

Divide participants up into 4 large groups. Ask participants to provide some examples of HIV and TB research-related laws, policies and ethical guidelines in their country or region.

Allow groups to report back in plenary. Ask one group to present their discussions and answers to the larger group. Give other groups a chance to comment or provide alternative answers, in accordance with group discussions.

Some important points to note are the following:

- All people have the right to equality and non-discrimination, autonomy and confidentiality. They also have the right to be protected from exploitation, which includes the right to be protected from being forced to take part in medical experimentation without having given informed consent.
- Participants in African countries may be vulnerable to exploitation for various reasons. Their countries may not have strong laws, policies and guidelines for regulating research. Pharmaceutical companies may view African countries as good places to conduct research. Some people may feel that taking part in research is beneficial and helps them to access better treatment and care. Others may not understand the research and give consent without full information and understanding. This makes participants vulnerable.
- Prisoners are especially vulnerable. They are confined in a hierarchical institution. Their rights are already limited. They may not feel that they have the freedom to refuse consent and may feel pressured to consent.
- In the example, the prison warder has encouraged prisoners to take part in the research. They have also been offered an inducement to take part which may further encourage them to take part. They may fear losing benefits if they refuse to take part. All of these factors may impact on the voluntariness of the consent that they give.
- Research laws, policies and guidelines should recognise populations like prisoners as a vulnerable population. Additional safeguards should be put in place to make sure prisoners only consent to research on the basis of voluntary and informed consent.

Summarise the session by asking learners if they can give examples of research laws, policies and/or ethical guidelines in their own country that may have protected the research participants.

### Wrap up

Hand out copies of the Summative Assessment (Annexure D) and the Unit Outcomes Checklist (Annexure E). Tell learners that they will have a few minutes to answer the questions. Collect the answers when learners have completed the questionnaires.

Ensure that you examine the answers so that you can give feedback to learners who may be struggling with the material.

## Annexure A: Class Activity 4: Access to Treatment, Care and Support

Consider the following rights set out in the *African Charter on Human and Peoples' Rights* and answer the following question in relation to each right:

- Think about the right and how it can be infringed
- Discuss and agree on an ideal HIV or TB information programme/prevention programme/treatment programme to protect this right.

Human Right	Examples of Information and Prevention Programmes	Examples of Treatment Programmes
<b>Article 3:</b> Every individual shall be equal before the law. Every individual shall be entitled to equal protection of the law		
<b>Article 2:</b> Every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national or social origin, fortune, birth or other status.		
<b>Article 6:</b> Every person shall have the right to liberty and to the security of his person.		
<b>Article 16:</b> Every individual shall have the right to enjoy the best attainable state of physical and mental health.		

## Annexure B: Class Activity 5: How Well do we Protect the Right to Treatment, Care and Support in our Region?

Answer the questions below:

- What right do people have to treatment, care and support? How does protecting this right impact on people affected by HIV and/or TB?
- What do the UNAIDS International Guidelines say we should do to protect rights in relation to treatment, care and support?
- What has the country/region done with regard to treatment, care and support?
- What has the country/region failed to do with regard to treatment, care and support?

## Annexure C: Class Activity 6: How to Protect Rights in an HIV Testing Policy

Discuss and agree on an HIV testing policy for your country. The policy should include details regarding:

- Under what conditions HIV testing is done
- How offers of HIV testing are made
- If / how consent is given
- Whether and how counselling or information is provided
- Whether confidentiality is protected.

Once you have agreed on your HIV testing policy check it against the following public health/human rights checklist:

Public Health Rationales	Human Rights Rationales
<b>Increasing access to HIV testing:</b> Although many countries have HIV Testing and Counselling (HTC) policies and programmes in place, there are still limited numbers of people who have been tested for HIV and are aware of their HIV status. Any testing policy that may result in scaling up access to HIV testing will serve public health goals. Conversely, any testing policy that may discourage people from accessing services (like mandatory HIV testing) will not serve public health goals.	<b>The right to equality and non-discrimination:</b> A health policy should protect people from unfair discrimination. For example, an HIV testing policy should ensure that its principles (such as confidentiality), processes (how testing is conducted) or consequences (increased knowledge and disclosure) protect affected people from unfair discrimination on the basis of HIV status.
<b>Accessing people at earlier stages of disease:</b> Many people who do test for HIV only do so when they have advanced clinical disease. This reduces the effectiveness of treatment and care options, such as Antiretroviral Treatment (ART). It also reduces their opportunities to limit the spread of HIV to their sexual partners. Testing policies that aim to encourage people to test for HIV as early as possible will support public health goals for preventing the further spread of HIV and caring for those who are HIV-positive.	<b>The right to privacy and confidentiality:</b> An HIV testing policy should ensure that the right to confidentiality is protected both in principle and through the procedures followed.
	<b>The right to autonomy freedom and security of the person:</b> An HIV testing policy should protect a person's right to only be tested with informed consent. A policy that is mandatory, or results in patients feeling pressured to give consent that is not truly voluntary, will infringe this right.
	<b>The right to health/access health care services:</b> An HIV testing policy should protect a patient's right to access health care services. In the event that a policy discourages people from accessing health services, it may infringe this right. Where a policy, however, results in increased access to health services and increased prevention of HIV, treatment, care and support for people living with HIV and AIDS, it promotes the right to health.

## Annexure D: Summative Assessment

Complete the following quiz to assess your knowledge of health rights. Tick whether each of the following statements is true or false.

Question	True	False
The right to health just means that everyone has a right to medical care		X
The right to health includes freedoms and entitlements	X	
Protection for human rights and good health are linked	X	
A human rights-based approach to health issues is based on human rights standards set out in international, regional and national human rights instruments.	X	
Routine HIV testing means that everyone who goes to a health facility will receive an HIV test and will not have to consent to the test		X
A health care worker can disclose your HIV status to your sexual partner		X
Confidentiality about HIV status is important to encourage people to be tested	X	
TB is an infectious disease so it is OK to quarantine people to stop TB from spreading		X
If people living with TB do not take their treatment, it is OK to force them to do so		X

## Annexure E: Unit Outcomes Checklist

Use the checklist below to see whether you have met the outcomes that were set out for this unit.

Outcome	Yes, I have met this outcome	No, I have not met this outcome	These are the things I still need to revise
Define the right to health			
Understand why the right to health is important			
Explain some of the key HIV and TB health rights issues facing people living with HIV and key populations			
Know how to develop rights-based responses to these health rights issues in law and policy			
Explain the right to testing only with voluntary and informed consent			
Understand the need to protect people from unnecessary quarantine and isolation.			

## Intellectual Property Rights and Access to Medicines



- 2.1 Welcome and Introduction: **15 minutes**
- 2.2 How does Intellectual Property impact on Access to Essential Medicines? **45 minutes**  
Class Activity 1: Access to medicines and intellectual property
- 2.3 Intellectual Property and Access to Medicines: **1 hour**  
Class Activity 2: Buzz groups on intellectual property
- 2.4 TRIPS and Access to Medicines: **1 hour and 15 minutes**  
Class Activity 3: How does TRIPS help or hinder?  
Wrap Up: **15 minutes**

# unit 2

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## Set up of room and preparation before the learners arrive

Ensure that the room is set up in a U-shape and all learners can see the flipchart. The room should also be set up so that the learners can easily work in small groups.

Check with the caterer to confirm tea times and lunchtime. Make sure that they are aware of any dietary restrictions amongst learners.

**Load Presentation U onto your computer.**

Load the video entitled: *Why you can't get the life-saving drugs you need*, onto your computer:  
[https://www.youtube.com/watch?v=5m\\_9zzQKp3U](https://www.youtube.com/watch?v=5m_9zzQKp3U)

**Make copies of Annexure A and B to distribute to learners at the end of the session.**

Pin pieces of flipchart paper on the wall where everyone can see them.

## Preparation just before the session starts

Hand out the Learner's Guides and make sure that everyone has completed the attendance register.

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.

### Materials needed



- Flipchart paper, different coloured felt-tip pens, Prestik or drawing pins
- Copies of Annexures A and B.



## 2.1: Welcome and Introduction

### The role of the facilitator

As the facilitator, you should introduce yourself to the group and tell them a little about your own background and why you are facilitating this session. The role of the facilitator is critical to ensure the success of the session. Your role is to plan and guide the session so that learners understand the material being taught, everyone is able to participate meaningfully and questions and concerns are addressed.

Welcome the learners to this session. Ask each learner to introduce themselves and say a few words about the organisation they belong to and the work they do.

Explain that this session is part of a week-long training module on various aspects of HIV, TB and health rights. At the end of this unit, learners should have basic information about intellectual property rights, the links between the protection of these rights and access to medicine.

Ask each learner to write one expectation for the module on the flipchart paper. Try to keep these papers visible during the module and include time at the end of the module to refer to them to see whether they have been met. If you notice any unrealistic expectations, it is important to clarify the expected outcomes for the module and make sure that learners understand these from the beginning of the module

Emphasise that advocacy on access to medicines and intellectual property rights is complex and this session is intended to provide an introduction to the key issues, but is not a comprehensive training module on the issue. It is also important to explain the importance of civil society engaging in advocacy to advance access to essential medicines. Civil society has developed and led campaigns that have resulted in improved access to medicines for millions of poor people, including people living with HIV and TB.

Move into the session by asking learners to turn to the relevant sections in the Learner's Guide and discuss the key learning outcomes for this session on advocacy.

### The key outcomes are to:

- Understand what intellectual property rights (IPRs) are and the rationale for protecting these rights
- Understand the links between IPRs and access to essential medicines
- Understand the definition of a patent
- Understand the barriers presented by IPRs to access medicines
- Have basic information about the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the use of the flexibilities provided for by TRIPS which can improve access to medicines at a domestic level
- Understand the key advocacy issues on access to essential medicines and IPRs.



## 2.2: How does Intellectual Property impact on Access to Essential Medicines?



### Class Activity 1: Access to medicines and intellectual property

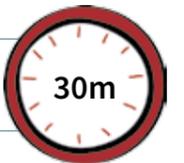
Introduce the video entitled *Why you can't get the life-saving drugs you need* and explain that Ellen t'Hoen worked for Doctors Without Borders/Médecins Sans Frontières (MSF) and led their campaign on access to medicines.

At the end of the video, give learners an opportunity to ask questions and express their opinions on what they have heard.

End the session by summarising the main points of the presentation.



tea/coffee break





## 2.3: Intellectual Property, Patents and Access to Medicines

Ask learners if anyone has experience advocating for access to medicines and if they all willing share their experiences with the group. Ask them to address the challenges they experienced doing this work and how they dealt with those challenges. This part of the session should take about 20 minutes.



### Class Activity 2: Buzz groups on intellectual property

Divide learners into small groups of 2 to 3 people and ask each group to discuss:

- What is intellectual property?
- What is a patent?

If learners don't know what these are, ask them to write down questions and issues they would like answered. Give groups approximately 15 minutes for this part of the exercise.

Using Presentation U, Slides 2 to 6, explain what property and intellectual property rights are and how these interact with access to medicines. Give learners an opportunity to ask questions and check in whether the presentation has answered any questions that they wrote down.

Drawing on the previous session and the information they have learned in this session, ask learners to share examples they know of that show how patents and intellectual property affect access to HIV and/or TB treatment. Ask them to share examples of advocacy to increase access to these medicines, if they know of any.

Summarise the session by asking learners to shout out advocacy messages on patents and intellectual property. Write these on flipchart paper where all learners can see them. Messages could include statements such as these:

- Patents should be for the public good and should support access to health for everyone
- Everyone has the right to benefit from new drugs
- People should not be prevented from getting access to life saving medication because it is too expensive.

This exercise was adapted from: *ITPC (2014) Advocacy for Community Treatment Toolkit*



## 2.4: Trade-Related Aspects of Intellectual Property Rights (TRIPS) and TRIPS Flexibilities



### Class Activity 3: How does TRIPS help or hinder?

This exercise will be done in plenary.

Ask learners what they know about:

- TRIPS
- TRIPS flexibilities

Ask learners to share any examples they know of where TRIPS has threatened or improved access to treatment for people living with HIV. Write this information on flipchart paper.

Using Presentation U, slides 7 - 13, explain what TRIPS is and how TRIPS flexibilities work. Ask learners if they have questions or need further clarification. Building on the last session, ask learners to identify additional ways in which TRIPS could threaten or improve access to HIV or TB treatment in their communities or countries. Add these ideas to the flipchart.

Again, ask participants to summarise the session by developing advocacy messages. These could include messages like:

- TRIPS presents a significant threat to access to life-saving treatment for people living with HIV. For example, it can block access to new medicines, promote monopolies and keep prices of medicines unaffordable.
- TRIPS flexibilities present a vital opportunity to focus on what matters most – in terms of access to essential medicines that protect public health and deal with health crises, such as HIV and TB.

This exercise was adapted from: *ITPC (2014) Advocacy for Community Treatment Toolkit*.

### Wrap up

Hand out copies of the Summative Assessment (Annexure A) and the Unit Outcomes Checklist (Annexure B). Tell learners that they will have a few minutes to answer the questions. Collect the answers when learners have completed the questionnaires.

Ensure that you examine the answers so that you can give feedback to learners who may be struggling with the material.

## Summative Assessment

Question	True	False
Property laws only protect tangible property		X
Intellectual property rights are legal rights over creations of the mind and innovations	X	
International property rights help inventors to keep information about their invention secret		X
Patents can make medicines more expensive.	X	
The TRIPS agreement helps to relax intellectual property laws so that medicines are more readily available		X
TRIPS obliges member states to meet certain minimum standards and incorporate them in their national laws	X	

## Annexure A: Summative Assessment

Complete the quiz to assess your knowledge of intellectual property and access to medicines. Tick whether each of the following statements is true or false.

Question	True	False
Property laws only protect tangible property		X
Intellectual property rights are legal rights over creations of the mind and innovations	X	
International property rights help inventors to keep information about their invention secret		X
Patents can make medicines more expensive	X	
The TRIPS agreement helps to loosen intellectual property laws so that medicines are more readily available.		X
TRIPS obliges member states to meet certain minimum standards and incorporate them in their national laws.	X	

## Annexure B: Unit Outcomes Checklist

Use the checklist below to see whether you have met the outcomes that were set for this unit.

Outcome	Yes, I have met this outcome	No, I have not met this outcome	These are the things I still need to revise
Understand the definition of intellectual property			
Understand the definition of a patent and the rights conferred on the owner of the patent			
Explain the links between patent protection and access to medicines			
Define the difference between genetic and patented drugs			
Explain how generic medicines can improve access to essential medicines			
Understand how TRIPS creates barriers to access essential medicines			
Explain what TRIPS flexibilities are and why they are important to access to essential medicines			
Understand that barriers to access do not only include IPRs			

## Treatment Literacy



### DAY ONE

3.1 Welcome and Introduction: **30 minutes**

3.2 The Basic Science: HIV and the Human Body: **2 hours**

Class Activity 1: HIV and the body: questions, answers and key messages

3.3 HIV Treatment: **1 hour 30 minutes**

Class Activity 2: What is HIV treatment?

3.4 Monitoring HIV Treatment: **1 hour**

Class Activity 3: Messages on monitoring

Wrap Up: **15 minutes**

### DAY TWO

3.5 Welcome and Recap **30 minutes**

3.6 Monitoring Antiretroviral Therapy (ART): **2 hours**

Class Activity 4: Advocating for access to routine viral load testing

Class Activity 5: Reporting back on campaigns for access to routine viral load testing

3.7 HIV, Children and Mothers: **1 hour 30 minutes**

Class Activity 6: Role plays on children and mothers living with HIV

Wrap up: **30 minutes**

# unit 3

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## Set up of room and preparation before the learners arrive

Ensure that the room is set up in a U-shape and that all delegates will be able to see the flipchart. Set up so that the learners can easily work in small groups.

Check with the kitchen/caterer to confirm tea times and lunchtime.

### Load Presentation V onto your laptop.

Prepare index cards or small pieces of paper for the first session on the human body. Ensure that you have enough of these to give each participant at least two pieces of paper.

Pin pieces of flipchart paper on the walls where everyone can see them.

## Preparation just before learners arrive

Hand out the Learner's Guides and make sure that everyone has completed the attendance register.

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.



### Materials needed

- Flipchart paper, different coloured kokis, Prestik or drawing pins
- Copies of Annexures C and D.



## 3.1: Welcome and Introduction

### The role of the facilitator

As the facilitator, you should introduce yourself to the group and tell them a little about your own background and why you are facilitating this session. The role of the facilitator is critical to ensuring the success of the session and your role is to plan and guide the session so that learners understand the material being taught and everyone is able to participate meaningfully and questions and concerns are addressed.

Welcome the learners to the programme for the day. Ask each learner to introduce themselves and say a few words about the organisation they belong to and the work they do.

Explain that this session is part of a week-long session on HIV, TB and health rights. It focuses on **treatment literacy** and will take two days to complete.

Ask each learner to write one expectation for the module on the flipchart paper. Try to keep these papers visible during the module and include time at the end of the module to refer back to them to see whether they have been met. If you notice any unrealistic expectations, it is important to clarify the expected outcomes for the module and make sure that learners understand these from the beginning of the module

Explain that this session aims to help activists understand the basic science of HIV transmission and antiretroviral therapy (ART) so that they can advocate for better access to treatment for people living with HIV. The unit also provides information about the needs and challenges of providing ART to pregnant women, breastfeeding women and children.

#### At the end of the training, participants should be able to:

- Understand basic information about the body and how it works
- Understand what HIV is and how it is transmitted
- Understand the basic science around HIV testing and treatment, including the need for routine viral load testing
- Understand the specific treatment needs of pregnant women, breastfeeding mothers and children.



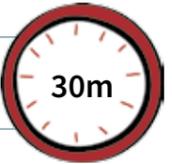
## 3.2: The Human Body and HIV

This section is intended to ensure that participants **understand basic science behind HIV, how it affects the body and how it is diagnosed.**

Make a presentation using slides 2-12 of Presentation V to assist you. Ask the participants to write down any questions that they have during the presentation and explain that these will be answered during the next session. Hand out index cards or the pieces of paper to participants to write down their questions.



tea/coffee break



This short question and answer session will provide an opportunity for participants to ask questions about the powerpoint presentation on HIV and the Human Body and for the facilitator to check that they have understood the presentation.



### Class Activity 1: HIV and the body - questions, answers and key messages

Ask participants to put their questions into a box. Divide participants in small groups, depending on how many participants are attending the session.

Read aloud a question from the box and ask participants to answer their question in their group. Then ask one of the groups to share their answer. Make sure that you correct any inaccurate information before moving onto the next question. Repeat this process until you have worked through all the questions. Do not duplicate questions, to avoid asking the same question twice.

Once all the questions have been answered, ask the groups to develop key messages on the following issues:

- What is HIV?
- How is it transmitted?
- How does HIV attack the body?
- How can you protect yourself from HIV, if you are HIV-negative?
- How is HIV diagnosed?

Write these messages on the flipchart paper pinned around the room.



lunch





### 3.3: HIV Treatment

This session will give participants information about HIV treatment, including the basic science around ARVs, adherence and treatment failure, side effects and treatment monitoring.



#### Class Activity 2: What is HIV treatment?

Give participants 10 minutes to read through section 3.5 of the Learner's Guide. Hand out index cards and pieces of paper and ask participants to write down any questions they have while they are reading. Collect the pieces of paper and sort them out to eliminate the questions that are duplicates.

Use slides 13 - 21 to make a presentation about the key aspects of HIV treatment.

Break the participants into small groups, divide the questions into the number of groups and give each group a set of questions to work with. Ask the groups to discuss each question and try to answer it, based on the information from the Learner's Guide and the presentation. If the group does not feel they can answer the question, they should park it for the plenary discussion. Ask the groups to allocate time to see whether anyone in the group has questions that have not been answered. Write those questions down on pieces of paper.

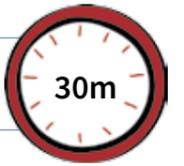
Bring the groups back to plenary and ask each group to share one of their questions and their answers. Allow groups to also ask any unanswered questions. Allow for a short discussion and make sure that you correct any incorrect or unclear information.

At the end of the session, summarise the key messages on HIV treatment for the group:

- HIV treatment, known as **antiretroviral therapy (ART)** works by controlling the reproduction of HIV and keeping the amount of virus in the body low.
- The amount of HIV in a person's body is known as their **viral load** and keeping it low/undetectable is one of the goals of ART.
- The **treatment cascade** begins with HIV testing and diagnosis and leads to access to treatment, care and support. It focusses on making sure that people with HIV are quickly identified and linked to treatment and other services and supported to adhere to HIV treatment.
- WHO recommends that all people living with HIV start treatment as soon as possible after diagnosis and that lifelong ART treatment be provided to everyone living with HIV.
- People on ART must take their medication every day at the same time: this is called **treatment adherence**. Failure to do that can lead to resistance to ART and treatment failure.
- It is important for people on ART to regularly check whether their treatment is working – this is called **treatment monitoring**. The best way to monitor whether treatment is working is to do a viral load test.
- WHO recommends that viral load testing be carried out at 6 months and 12 months after starting ART, and then every 12 months.



tea/coffee break





## 3.4: Monitoring HIV Treatment

This session will provide basic information about why it is important to monitor HIV treatment and the tools available for monitoring. The session will also lay the foundation for the sessions on Day Two on campaigning for access to routine viral load testing.

Show participants slide 21 of the powerpoint presentation and ask them to read through section 3.5.6 of the Learner's Guide on treatment monitoring. Allow about 10 minutes to read through the section.

Once all the participants have read through the section, ask them if they have any questions.



### Class Activity 3: Messages on monitoring

Ask participants to form buzz groups with the person on either side of them. Each group should discuss the following questions:

- Why is it important to monitor HIV treatment?
- What are the different ways of monitoring treatment?

Once they have answered and discussed these questions, ask each group to develop three key advocacy messages on treatment monitoring.

Write down the messages from each group on flip chart paper and once each group has reported back, allow for a few minutes of discussion to clarify any misconceptions or answer any outstanding questions.

### Wrap Up

Summarise the main takeaways from the sessions and give participants an opportunity to ask any clarifying questions.

Explain that Day 2 will focus on viral load testing and advocating for access to routine viral load testing. Tell participants that they will need to do some preparation for the training. They will need to:

- Research whether routine viral load testing is part of their country's HIV response. They can find this information on the website of their country's department of health; in their country's HIV progress report to UNAIDS or in their national commitments and policy instrument – this information is available at <http://www.unaids.org/en/regionscountries/countries>
- If routine viral load testing is available in their country, research whether it is accessible to everyone.

Explain to participants that they will be developing an advocacy campaign on access to routine viral load testing and it is important for them to understand the situation in their country in order to participate in the training.

## DAY TWO

### Set up of room and preparation before the learners arrive

Ensure that the room is set up in a U-shape and that all delegates will be able to see flipchart. Set up so that the learners can easily work in small groups.

Check with the kitchen/caterer to confirm tea times and lunchtime.

### Load Presentation V onto your computer.

Load the AIDS and Rights Alliance for Southern Africa (ARASA) and International Treatment Preparedness Coalition's video *Be Healthy, Know Your Viral Load*, available at: <https://www.youtube.com/watch?v=0Hfy7e80IMg>

If you cannot show the video on a single AV system, ensure that you can screen it on several laptops and participants can watch in small groups.

Make copies of Annexures A and B to hand out at the end of the session.

Pin pieces of flipchart paper on the wall where everyone can see them.

### Preparation just before the session starts

Hand out the Learner's Guides and make sure that everyone has completed the attendance register.

Ensure that each learner has a name card that is visible to everyone in the room and that every learner has water.



### Materials needed

- Flipchart paper, felt-tip pens, Prestik
- Copies of Annexure A and B.



### 3.5: Welcome and Recap

Welcome the learners back for Day Two of the unit on Treatment Literacy. Explain that this session will build on the previous day's information, but will focus on **routine viral load testing and developing participants' capacity to advocate for access to routine viral load testing in their countries and communities.**

Explain that ARASA and the International Treatment Preparedness Coalition (ITPC) are running a campaign to highlight the need for routine viral load testing for every person living with HIV. Refer learners to the [www.knowyourviralload.org](http://www.knowyourviralload.org) website.

Recap what was learnt on Day One. Briefly go round the room and allow the learners to highlight a key lesson they learned during Day One.



### 3.6: Monitoring Antiretroviral Treatment (ART)

Refer learners to the relevant pages dealing with Unit 3.5.6 of the Learner's Guide. Tell participants that they can refer to the Learner's Guide section on Advocacy to further guide them as they develop their campaign.

Show the ARASA and ITPC video, *Be Healthy, Know Your Viral Load*, available at: <https://www.youtube.com/watch?v=0Hfy7e80IMg>

Use Presentation V slides 22 to 26 to help you to help you facilitate a discussion about what viral load testing is and why it is important.



#### Class Activity 4: Advocating for access to routine viral load testing

Divide participants into groups of 5 or 6 depending on the size of the group. If possible, divide participants from the same organisation or country into the same group. If that is not possible, group participants from countries with similar policies or context together.

Request that participants navigate to the website: [www.knowyourviralload.org](http://www.knowyourviralload.org) and read the resources in the 'Resource' section of the website.

Ask each group to develop an advocacy campaign on access to routine viral load testing. If participants do have information about the viral load policy in their country, ask them to develop the campaign based on the policy: if the country does not have a policy on routine viral load testing, they should develop a campaign to persuade the country to develop and implement a policy that is consistent with the WHO guidelines. If their country does have a policy, they may need to develop a campaign on creating awareness about the need for routine viral load testing amongst a particular group. The more the campaign is relevant to their own country, the more participants will benefit from the discussion.

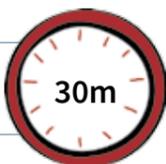
Give the groups an hour to develop the policy. Ask groups to appoint one of their members to report back on the campaign to the plenary. The rapporteur should be prepared to discuss:

- The main messages of the campaign
- Who the target audience is
- The main activities for the campaign
- Who potential allies are that they can work with to advance access to viral load testing.

Identify anyone who is likely to oppose a campaign on access and what the reasons for their opposition would be.



tea/coffee break





### Class Activity 5: Reporting back on campaigns for access to routine viral load testing

Ask each group to present their campaign to the plenary – give each group between 5 – 7 minutes for their presentation.

Allow for discussion at the end of each presentation so that participants can ask questions about the campaign and give input and suggestions on the strategy and focus of the campaign.

End the session by asking participants to summarise the key messages on routine viral load testing. Write them on flipchart paper where all participants can see them. Participants should identify:

- The importance of routine viral load testing in helping people living with HIV know if their ART is working
- What the WHO says about viral load testing and how often it should take place
- What the situation is in their country and what barriers there might be to viral load testing.



lunch



## 3.7: HIV, Children and Mothers

Ask learners to read units 3.6 and 3.7 of the Learner's Guide on their own. Give them a few minutes to complete this task.

Explain to participants that children and their mothers have special treatment needs that are different to those of adults. Use slides 27 – 30 to guide your presentation.



### Class Activity 6: Role plays on children and mothers living with HIV

Divide participants into small groups and give each group a piece of paper describing the scenario they will be developing a role play for.

Ask each group to develop a 2 minute role play based on the scenario: they should focus on providing accurate information about HIV testing and treatment. Give participants 30 minutes to develop and practice their role plays.

Bring participants back to the plenary and ask each group to perform their role play. At the end of each role play, allow a few minutes for participants to give feedback and ask questions.

Summarise the main points for each role play:

- **Scenario 1:** HIV can be transmitted to an unborn infant during pregnancy and labour– this is called vertical transmission or mother-to-child transmission of HIV.

Without appropriate interventions, Alice has a high risk of transmitting HIV to her unborn infant. The World Health Organisation (WHO) recommends that all pregnant women living with HIV start ART as soon as they are diagnosed with HIV. Since Alice is already on ART, she has a good chance that her baby will not get HIV.

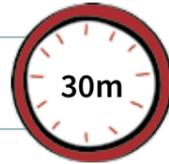
Participants can also raise the need for a viral load test for Alice to see whether her ARVs are working. Alice should also get information about how to feed her baby. WHO recommends that women with HIV who are on treatment, breastfeed their babies for 12 months, if they are able to.

- **Scenario 2:** Thembishle should be offered an HIV test for her and her baby, Noah. Thembishle should receive proper pre-test counselling and give her informed consent before she and Noah are tested for HIV. The health care worker should explain to Thembishle what kind of test they will be doing on Noah: if the clinic can only offer the Elisa test, the health care worker should explain to Thembishle that the test is not completely reliable because her antibodies will still be in Noah's body for up to 18 months after his birth. If the test is negative for Noah, she will need to bring him back for another test. The health care worker should prepare Thembishle for what she will do if her own test result is positive and discuss treatment options for her and Noah.

- **Scenario 3:** The health care worker should recommend that Winnie be tested for HIV and explain to Vuyo that the test that she had as a baby may not have been reliable. The health care worker should explain what Winnie’s treatment options are if the test is positive and tell Vuyo that WHO recommends that children living with HIV start treatment as soon as they are diagnosed.



tea/coffee break



### Wrap up

Hand out copies of the Summative Assessment (Annexure A) and the Unit Outcomes Checklist (Annexure B). Tell learners that they will have a few minutes to answer the questions. Collect the answers when learners have completed the questionnaires.

Ensure that you examine the answers so that you can give feedback to learners who may be struggling with the material.

## Summative Assessment

Question	True	False
A strong immune system helps people living with HIV to fight off illness		X
The HI virus is not found in breastmilk	X	
People who use injecting drugs are at high risk of HIV exposure due to use of non-sterile injecting equipment		X
You can tell someone has HIV by looking at them because people living with HIV are always very thin	X	
Access to HIV treatment is a human right		X
HIV treatment works by controlling the amount of HIV in the body	X	
If a person living with HIV’s viral load is high, it means that HIV treatment is working		X
Opportunistic infections happen when a person living with HIV’s immune system is weak	X	
People living with HIV should start treatment immediately, regardless of CD4 count	X	
People living with HIV can stop taking their medication when they feel better		X
Adherence means taking medication every day at the same time	X	
Infants with HIV should only start HIV treatment when they are 12 months old		X
Mothers living with HIV should not breastfeed their infants		X

## Annexure B: Summative Assessment

Complete the following quiz to assess your knowledge of HIV treatment. Tick whether each of the following statements is true or false.

Question	True	False
A strong immune system helps people living with HIV to fight off illness		
The HI virus is not found in breastmilk		
People who use injecting drugs are at high risk of HIV exposure due to use of non-sterile injecting equipment		
You can tell someone has HIV by looking at them because people living with HIV are always very thin		
Access to HIV treatment is a human right		
HIV treatment works by controlling the amount of HIV in the body		
If a person living with HIV's viral load is high, it means that HIV treatment is working		
Opportunistic infections happen when a person living with HIV's immune system is weak		
People living with HIV should start treatment immediately, regardless of CD4 count		
People living with HIV can stop taking their medication when they feel better		
Adherence means taking medication every day at the same time		
Infants with HIV should only start HIV treatment when they are 12 months old		
Mothers living with HIV should not breastfeed their infants		

## Annexure B : Unit Outcomes Checklist

Use the checklist below to see whether you have met the outcomes that were set out for this unit.

Outcome	Yes, I have met this outcome	No, I have not met this outcome	These are the things I still need to revise
Explain how HIV is transmitted			
Explain the role of the immune system			
Understand the basic science behind HIV treatment			
Understand what a viral load test is and why it is important			
Explain how HIV is diagnosed			
Explain what the treatment cascade is			
Describe the special treatment and testing needs of pregnant women and infants			

