

U=U Africa Forum Report | 25 May 2021
U=U Africa “Best Practices” Forum: Communicating U=U



About the U=U Africa “Best Practices” Forum

Dear U=U colleagues,

The U=U Africa “Best Practices” Forum built upon the Love to Love Organization’s U=U conference/march in Uganda in 2019 and the CEYOHU U=U conference in 2020.

Between 65 to 70 participants joined us from 21 countries: Botswana, Burkina Faso, Eswatini, Ghana, Great Britain, Ivory Coast, Kenya, Lesotho, Liberia, Malawi, Mali, Niger, Nigeria, Senegal, South Africa, Tanzania, Togo, Uganda, USA, Zambia, and Zimbabwe.

The call to action was clear: now that science has confirmed the message, it’s our role as advocates who care about people with HIV and ending the epidemic to collaborate and communicate this message.

The two-hour forum focused on how people are communicating U=U, primarily for stakeholders currently engaged in U=U education programs in Africa. We learned about six U=U education programs in Africa that inform and engage key affected populations, health providers, and the public and heard feedback from a global perspective. The goals were to share lessons learned and identify the programs and people on the continent who are doing the U=U work. Together, we will continue to mobilize stakeholders and build the U=U Africa movement.

The [video](#) and [presentations](#) are posted online, including presentations from participants who were not able to share during the discussion section due to limited time.

This is the first of a series of forums to stimulate and support country- and region-wide African U=U movements and partners like you with practical tools and guidance as you change what it means to live and love with HIV.

Thank you to all the organizations and individuals who presented and participated in the forum and discussion groups.

Prepared by the U=U Africa “Best Practices” Forum Planning Committee | 14 June 2021

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Bruce Richman - Prevention Access Campaign – USA

About this Report

Below is a synthesis of some of the key themes and lessons identified during the U=U Africa “Best Practices” Forum for communicating U=U. This report and additional input from stakeholders will help us develop a U=U Africa Communications Guide to support organizations and advocates in their communications work. The report also includes information from the pre-survey, which notes some of the participants' future topics of interest.

Presenters

Dr. Simon Agolory - CDC - Zambia
Oswald Chisenga - Phenomenal Positive Youths Association - Zambia
Mandisa Dukashe - HIV Survivors and Partners Network - South Africa
Nina Hasen - PSI - Zimbabwe, Malawi, Eswatini, Mozambique, and South Africa
William Matovu - Love to Love Organization - Uganda
Kennedy Mupeli - CEYOH - Botswana
Bruce Richman - Prevention Access Campaign – International

Key Lessons

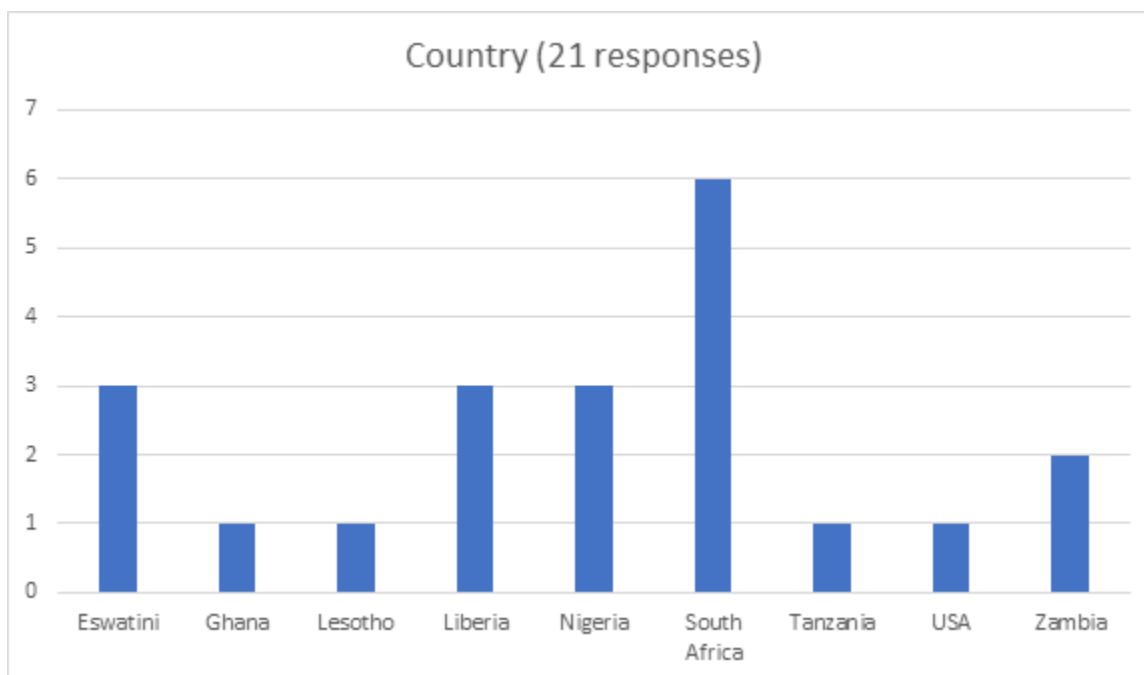
1. Community Engagement
 1. Community-led U=U campaigns are often more authentic and engaging than those that minimally engage the community.
 2. Peer leaders and peer educators are critical in promoting the U=U message.
 3. Engage multiple stakeholders, including community, healthcare workers, civil society organizations, traditional leaders, political leaders, musicians.
 4. Conduct training sessions for buy-in for community educators and other information providers focused on the basic U=U science, U=U communication strategies, and the role U=U plays in epidemic control.
2. Communication Strategies and Tools
 1. Real pictures and stories may be more effective at engaging people with HIV and the public.
 2. Use visual aids and plain language for increasing health literacy around U=U.
 3. Develop a U=U Communication Approach:
 1. Identify the audience, determine the goals and objectives, craft key messages, and make a communication plan.
 2. Identify the objective/message, understand the context, identify the influencers/messengers, and communication mediums to reach your audience.
 4. Consider various outreaches to engage audiences, including one-on-one talks, marches, community outreach visits, social media, TV, radio concerts, music videos, and print media.

3. Messaging Tips

1. Normalize life with HIV and the reality that people with HIV can lead long, healthy lives and cannot transmit the virus. Communicate the message that people with HIV are no different than anyone else.
2. Elevate the voices of people with HIV and members of the community in meaningful ways.
3. Ensure that the messaging and content aligns with the social context, such as using local language(s) to promote the U=U concept.
4. Design messages that are culturally appropriate and meet the interests of your various audiences.
5. Underscore that U=U applies to sexual transmission:
 1. More research is needed to understand transmission through needle sharing. While there is limited research on breastfeeding, the risk is estimated to be under 1% when the mother is undetectable. Recommendations vary by country and relative risks associated with the availability of clean water for formula.
6. If messaging about condoms, underscore that condoms are not needed to prevent HIV transmission through sex when the HIV-positive partner is undetectable.
 1. Condoms can be helpful to prevent pregnancy or other STIs; the HIV-negative partner is unsure of their partner's adherence or status; or as an added, but not medically necessary, sense of safety.
7. Ensure continuous sensitization – by repeatedly educating about U=U to overcome the natural human tendency to resist change.
8. Share positive and inspiring stories about successful protection for discordant couples, the birth of HIV-negative babies, and defaulters who are now adherent to ARVs.
9. If people argue that U=U only pertains to gay men or other communities, remind them that U=U applies to all people with HIV and that HIV does not discriminate with who it affects.
10. Inform about U=U to encourage HIV testing, treatment uptake, and adherence.
11. Messaging surrounding U=U should be clear, confident, consistent, and conscious.
12. Acknowledge the challenges to achieving an undetectable viral load and explain the role that U=U plays in advocacy to leave no one behind.

Pre-Survey Results

Note: These survey results reflect 21 respondents. The sample size is not large enough for this information to generalize the experiences of communicating U=U across the many African countries or those represented below. While some people may resonate with the survey results outlined below, others may have different perceptions and experiences.

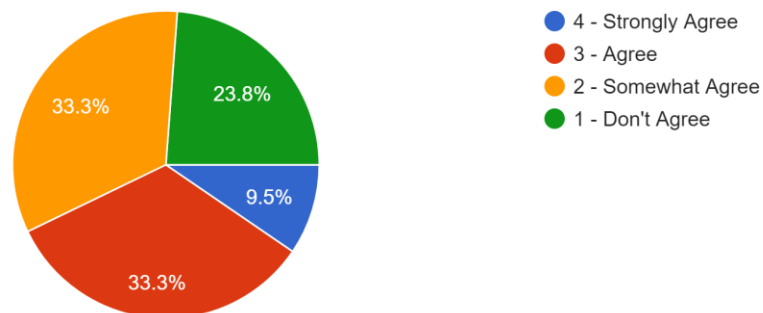


1. What do you hope to learn from this forum?
 - a. The diversity of strategies regarding U=U
 - b. To learn better ways of promoting the U=U message
 - c. How other countries have implemented U=U
 - d. Innovative ways to reach key populations/different groups about the U=U message
 - e. Global best practices of U=U
 - f. To learn more about U=U and the science behind it in addition to how to communicate in ways that aren't confusing
 - g. To see how stakeholders in other countries are using U=U knowledge to improve their HIV response efforts
2. Have you faced challenges to communicating the U=U information? How did you overcome them?
 - a. Two respondents were able to overcome challenges to the credibility of the message by using discordant couples openly living with their status, working with peer educators, and communicating the science.
 - b. Two respondents face challenges to government buy-in and are still negotiating.

- c. To address the reduced contact time to educate about U=U due to Covid-19 , one respondent used social media focused messaging to reach the target audience.
 - d. When local health workers expressed concerns about potential negative impacts of U=U messaging related to condomless sex or other concerns, one respondent conducted seminars in collaboration with influential health professional bodies.
 - e. To address misunderstanding about the technical language, especially when English is a second language, one respondent communicated in plain language.
3. How do you measure success?
- a. Reaching the third 90
 - b. When viral load coverage and suppression among clients is above 95%
 - c. Patients indicating that they have increased motivation to achieve viral suppression
 - d. Improvements in the uptake of ART as well as adherence and retention
 - e. Tracking the reach of the message (U=U) and how potentially it can reduce stigma and discrimination around HIV/AIDS
 - f. HIV service uptake and stigma reduction
 - g. The number of clients who have access to service and return to care
 - h. Behavior change and communication
 - i. Call/service center statistics
 - j. Using standard tools of marketing to measure the reach of their campaigns
 - k. No specific way of way of measuring success / working on it
4. Knowledge about U=U in your country:

People with HIV are informed about U=U.

21 responses

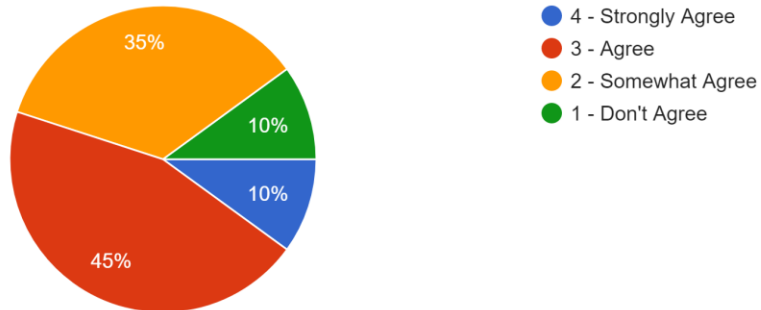


43% Agree or Strongly Agree

57% Somewhat Agree or Don't Agree

Healthcare workers are informed about U=U.

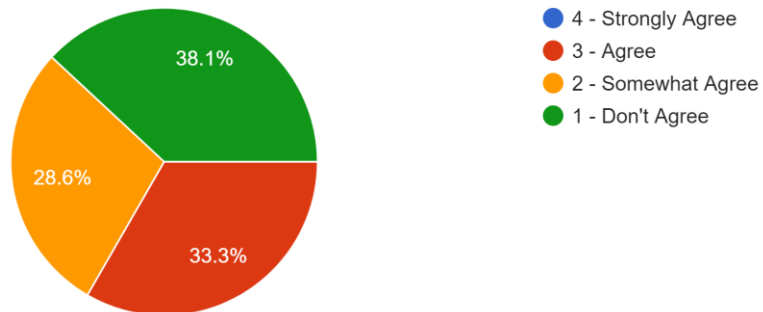
20 responses



55% Agree or Strongly Agree
45% Somewhat Agree or Don't Agree

The general public is informed about U=U.

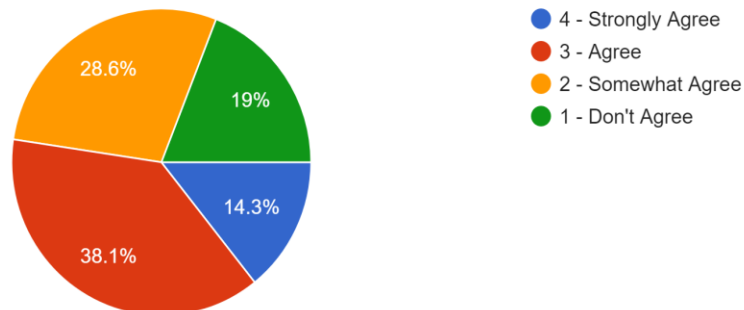
21 responses



33% Agree or Strongly Agree (No one marked strongly agree for this statement)
67% Somewhat Agree or Don't Agree

Health care workers (doctors, nurses, social workers, etc.) are informing patients with HIV about U=U.

21 responses

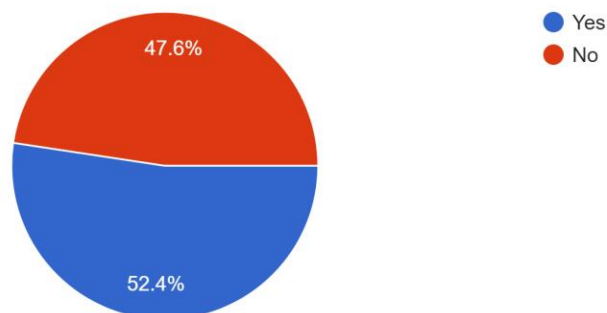


52% Agree or Strongly Agree

48% Somewhat Agree or Don't Agree

The Health Ministry is actively taking steps to educate the community about U=U.

21 responses



52% yes | 48% No

Respondents from the following countries answered yes: Tanzania, South Africa, Nigeria, Zambia, Liberia, Lesotho, and Ghana

Respondents from the following countries answered no: Nigeria, Eswatini, South Africa, and Liberia

5. Future Topics – percent of participants interested

- U=U training for healthcare provider: science, history, communications – 91%
- U=U training for civil society: science, history, communications – 81%
- U=U research (current and future directions) – 71%
- U=U in the context of broader sexual health and STIs – 71%

- e. U=U in advocacy for optimal treatment, care and diagnostics – 71%
- f. Addressing other forms of stigma as a barrier to treatment and prevention – 71%
- g. Understanding the science of U=U – 67%
- h. U=U and criminalization – 57%
- i. U=U Country-wide program models (Vietnam, Zambia, England) – 43%
- j. Documenting (video/audio), writing the successes and achievement – 5%