HIVST COMMUNICATIONS AND DEMAND CREATION TOOLS, EXPERIENCES FROM THREE COUNTRIES IN AFRICA

EXHIBITION HOT TALK
WEDNESDAY, 8 JULY 2020
10:00 CAT | 01:00 PST
HIVST COMMUNICATIONS AND DEMAND CREATION TOOLS, EXPERIENCE FROM ESWATINI IN AFRICA STAR

6 - 10 JULY 2020

VIRTUAL
TECLAR MAPHOSA
MARKETING & COMMUNICATIONS DIRECTOR | PSI, ESWATINI

SPEAKER
HIVST COMMUNICATIONS AND DEMAND CREATION TOOLS,
EXPERIENCE ESWATINI IN AFRICA
STRATEGY DEVELOPMENT

- Define the health need/Situation analysis
- Target consumers/target audiences

- Behavioral objectives
- Communication objectives

- Messages
- Communication channels

- Implementation plan
- Monitoring and evaluation plan

PSI’s Keystone Process

- DIAGNOSE
- DECIDE
- DESIGN
- DELIVER
DEFINING THE HEALTH NEED

ESWATINI PROGRESS TOWARDS 90/90/90         SHIMS 2, 2016

SHIMS 2, 2016
90-90-90 Achievements by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Diagnosed</th>
<th>On Treatment</th>
<th>Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>77.5</td>
<td>88.6</td>
<td>91.3</td>
</tr>
<tr>
<td>Female</td>
<td>88.6</td>
<td>86.9</td>
<td>92.2</td>
</tr>
<tr>
<td>Total</td>
<td>84.7</td>
<td>87.4</td>
<td>91.9</td>
</tr>
</tbody>
</table>

SHIMS 2, 2016
90-90-90 Achievements by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Diagnosed</th>
<th>On Treatment</th>
<th>Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>66.1</td>
<td>81.7</td>
<td>76.4</td>
</tr>
<tr>
<td>25+</td>
<td>87.1</td>
<td>88.0</td>
<td>93.3</td>
</tr>
<tr>
<td>Total</td>
<td>84.7</td>
<td>87.4</td>
<td>91.9</td>
</tr>
</tbody>
</table>
CAMPAIGN STRATEGY

OBJECTIVE
To increase awareness with target audience about HIVST

TARGET AUDIENCE
• 16 to 24-year olds in rural and urban areas
• 25+ year old men in rural and urban areas

KEY MESSAGES
• Simple & easy to use
• Quick
• Private & discreet
• Be in control
• Credible
• Reliable

CHANNELS
• Above the line e.g. mass media and social media
• Below the line e.g. posters and interpersonal communication
• Out door media e.g. billboards
DEVELOPMENT PROCESS

• Process for the campaign began in September 2019
• The strategy was presented to and approved by the HIV Testing Services (HTS) Technical Working Group (TWG)
• Based on the strategy, the next step was development of the national campaign for HIVST
• Key stakeholders came together to develop a creative brief for involvement and ownership. The creative was used to recruit a creative agency
• A creative agency was selected together with MOH
THE INITIAL PITCH

• This was the initial concept pitched when recruiting the agency.
• Unfortunately the concept could not be accepted because:
  • It was not suitable to the majority of the target audience. 70% of the population are in the rural areas and a small proportion would know and relate to the Black Panther concept.
  • like a bhoza (boss) concept has been used in other health campaigns.
  • Need to promote HIVST rather than a product/company.
• The concept was revised based on feedback
• The agency then proposed 3 concepts for the campaign name and logo
• Campaign concepts were pretested with target audience and presented to TWG for technical feedback
• The campaign name and logo were selected and approved in March
• The approved concepts illustrated giving power to the consumer, being in control – ability to conduct the test on their own, HIV testing has gone DIY and the simplicity.
PROPOSED CAMPAIGN NAMES

1. TIHLOLE WENA
   (Test yourself)

2. KUSETANDLENI TAKHO
   (It’s in your hands)

3. TENTELE WENA
   (Do it yourself)

SELECTED:

Tihlole wena for communication in siSwati
Do it yourself for communication in English

LOGO OPTIONS

1. HIV SELF TESTING
2. HIV SELF TESTING
3. HIV SELF TESTING
CREATIVE LOOK

HIV SELF TESTING
Make decisions that will impact your destiny.
TEST YOURSELF.

Test for HIV using an HIV Self-test kit during the partial lockdown. It's simple and easy to use. Do it yourself. Call 1212 to find out where you can get the kit.

HIV ST PROMOTIONAL MATERIALS
OUTCOME

• When the country was hit by COVID-19, community HIV testing (traditional) was halted. HIVST was deemed essential and preferred method during the situation.
• Materials, based on the approved campaign, were developed to respond to the COVID-19 situation and promote access to HIVST kits during.
• PSI supported MOH and established access points closer to the consumer like outside shops and pharmacies.
• Adverts were placed in the local newspaper, social media and radio. Uptake of HIVST increased significantly during the implementation of the campaign in light of the COVID-10 response.
• A total number of 45,844 kits were distributed from Oct 2019 – May 2020. Of those distributed, 24,879 (54%) were distributed March – May 2020. Uptake of HIVST kits doubled during this period.
CHALLENGES AND RECOMMENDATIONS

• To get all the required approvals required before proceeding was a lengthy resulting in the process taking longer than anticipated. It is important to incorporate these when setting timelines as well as well closely with key focal persons to expedite the process.

• COVID-19 affected the implementation of the campaign. However, PSI quickly adjusted to roll out the campaign and promote access to HIVST kits during partial lockdown. It is important to be flexible and make changes given certain unforeseen circumstances.
UENA ITUTSE
HIVST Demand Creation in Lesotho
STAR
6 - 10 JULY 2020
VIRTUAL
AGENDA

▪ WELCOME AND INTRODUCTIONS
▪ ABOUT LESOTHO
▪ AUDIENCE PROFILING & DEVELOPMENT
▪ TECHNICAL APPROACH & CREATIVE EXECUTION
▪ BUMPS IN THE ROAD
▪ CAMPAIGN LAUNCH & BEYOND
UENA ITUTSE - HIV Self-Test Demand Creation Campaign – Lesotho

Mpho Brown
Marketing & Communications Manager
Population Services International
Lesotho
Demographic Profile

- Population ~ 2.1 million
- Median age ~ 24
- Urbanization ~ 30%
- Ethnically homogenous ~ 99% Sotho
- Religiously homogenous ~ 96% Christian
- High Literacy ~ 80% - 90%
- High Unemployment ~ 24%
- High Poverty ~ 50%
- HIV Prevalence ~ 25%
HOW DID WE DECIDE, PROFILE AND DEVELOP OUR ARCHETYPES?

In keeping with PSI’s Keystone frame work; the team engages in substantive insights collection exercises to establish the current behaviors and attitudes of those most at risk of HIV infection, and map out the desired behaviors and attitudes. The team employs a mix of mainly secondary research data and some primary data from 3 main sources 1) past program data and insights 2) data from social media listening campaigns 3) limited baseline telephonic insights.

Several audiences have been identified for which significant analysis, iteration and refinement is ongoing throughout the campaign.
Primary Audiences & Archetypes

**THABO (30-45)**

Blue collar, urban/peri-urban male who most likely works in the security forces, or as a contractor, mining, or long distance trucking.

He has multiple sexual partners whilst most likely also maintaining a long term relationship with one. Sometimes worries about his ‘steady’ partner cheating due to his irregular work schedule and being away many times, but has not way to verify this.

**MPHO (18-25)**

Urban dwelling, city slicker young woman who's life revolves around ‘the good life’, partying, throws caution-to-the-wind, have fun and be seen to be living their best life at all costs.

May have some education but not completed, and her sources of income is primarily from men older than herself, either subtly or directly in exchange of sexual favors.

**LERATO (30-45)**

Slightly on the margins, financially struggling woman who lives in the outskirts of town. She may be single, but mostly has a ‘Thabo’ in her life who is away most of the time.

She doesn’t have adequate education for stable employment and earns mostly from informal employment, help from family and friends, and sometimes in desperate situations, subtle sexual favors.
Technical Approach & Creative Execution
Consideration across 6 triggers of behavior change

- Material Incentives
- Information
- Rules & Regulations
- Emotional Appeals
- Social Influences
- Choice Architecture
Material Incentives

• Decreasing the perceived and real effort to engage in the desired behavior

• Increase the perceived costs of not engaging in the desired behaviour
Adopting common and trending use of language and colloquial terms to increase relatability.

- Campaign name which is also a logotype for campaign

Clear and easy outlining of desired behaviour

- Discordancy messages
Emotional Appeals

• Leveraging emotive storytelling and visual
• Three-part mini series for TV, Radio and Social
  • Characters representing all the target audiences interwoven in the story as part of a sexual/relationship triangle
Social Influences

• Leverage on the behaviors, beliefs and expectations of the target audience. What they know, believe and want.

• Make behavior/choices the perceived norm in that target group

• Make the behavior observable
  • *This eliminates excuses for not engaging in behavior*

• *E.g Social media FAQ*
Choice Architecture

• Tying places of high impact messages and behavioral nudges to places where services can be accessed.
  • **OOH placement near points of service**
BUMPS IN THE ROAD
Challenges & Fixes

**STAKEHOLDER ENGAGEMENT**
- General need for better alignment with Ministry communications team during insights collection, campaign development and creative direction decisions
- Diverted attention of the national agenda and discourse towards politics and COVID-19
- Used COVID-19 Risk Comms TWG to incorporate discussion and need for HIVST to maintain access to services

**COVID-19**
- Huge delays in campaign rollout due to complete shut down of economic activity in the country for months
- Diversion of attention and resources
- Adopted Co-Messaging approach
- Soft launch on Social Media & PR approach

**CULTURAL & CONTEXTUAL CUES**
- Some Initial creative executions had elements that could have been perceived as disrespectful or overbearing (*e.g. finger pointing*)
- Through engagement with programs, ministry and past experience were able to make changes
WHERE ARE WE NOW?
Soft Launch Well Underway

• Massive social media push – FAQ campaign to drive full knowledge and information about HIVST
• Drive engagement, shareability, build online community and a ‘movement’
• Top of mind awareness of the campaign lays strong foundation for reception of other campaign elements
HIV TESTING AND TREATMENT IN THE TIME OF COVID-19

Date: May 4, 2020

Matlisotso Mosala

Maseru, 5 May: As the world battles the novel Corona virus the challenge in Lesotho has not only been trying to keep the virus out but strengthening healthcare services and ensuring safety as the nationwide lock down came into effect.

Lesotho has one of the highest HIV prevalence rates in the world. It has been an even bigger challenge for HIV positive people to get their antiretroviral (ARVs) given that some health care facilities experienced go-slow from health practitioners.

According to the Lesotho Population-based HIV Impact Assessment (LePHIA) survey that was conducted by the Ministry of Health from November 2016 to May 2017 Lesotho was well on meeting the global 90-90-90

Meanwhile, the Ministry of Health and Population Services International (PSI) Lesotho is strongly urging Basotho to make use of the HIV Self-Test product, so that if need be, they get initiated on treatment as soon as possible and bolster their immune systems to give themselves a fighting chance against the opportunistic pandemic.

The HIV Self-Test kit, is explained as a screening tool, and it is advised that after each test, if it comes out positive (result with two lines), individuals continue on to a health facility to take a follow up confirmatory test and to get started on treatment.

PSI explained that the HIV-Self Test kits are distributed in partnership with the Ministry of Health and can be accessed free of charge at all major government health facilities, as well as PSI’s New Start sites across various districts in the country.

PSI Lesotho’s Program Director, Dr. Cyril Nkomo states “In this day of COVID-19, it is even more so important for people to make use of this Self-Test tool, as we are all encouraged to maintain stringent levels of Physical Distancing”.

He explained that their work as PSI in the communities of testing people in mobile sites in attempts to bring services closer to people has stopped for the time being. Dr Nkomo however said it remains imperative that people get to find out their status, and immediately get on treatment if they need to.

The HIV Self-Testing program has been running in Lesotho since December 2017, distributing HIV Self-Testing kits to more than 200,000 Basotho across the country to date.
Looking ahead

• Campaign ATL launch date: July 10th
• 360 degree media blitz
• Three month runway for PSI to launch and accelerate the national campaign
• Campaign handover to the Ministry of Health
COSTING OF HIVST DISTRIBUTION AND LINKAGE MODELS

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WEDNESDAY, 8 JULY 2020

NEXT SESSION

14:00 CAT | 05:00 PST