



HIV/TB Testing Services Demand Creation Strategy

SUMMARY



health
Department:
Health
REPUBLIC OF SOUTH AFRICA



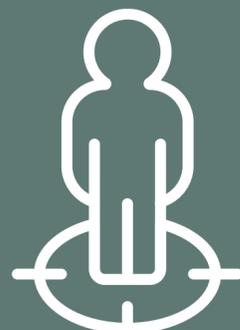
The HTS Demand Creation Strategy has two parts:

PART 1: The HTS Demand Creation Strategy

This provides the approach to create HTS Demand as it relates to the Cheka Impilo campaign in South Africa

PART 2: PRIMER Manual

This provides practical advice and tools on how to implement the Strategy



TARGET AUDIENCE

The Cheka Impilo campaign is intended to reach those prioritised in the Cheka Impilo strategy, namely:

- AGYW: 15–24 years
- ABYM: 15–24 years
- Key and vulnerable populations for HIV, TB and STIs identified in NSP 2017–2022
- Under-tested women and children
- Adults 40 years and older

And specifically, these populations that are found within the high burden districts.



STRATEGY: CORE CONCEPTS

- » Flexible yet focused
- » Creation of archetypes
- » Demand and supply
- » People delivering health services
- » COVID-19 opportunities and barriers

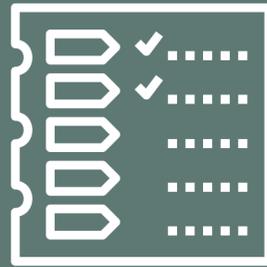
The strategy has to be flexible enough to be implemented by any party effectively, but sharply focused on the attributes of specific target audiences.

A key value innovation of the strategy is the creation of archetypes

The strategy recognises that the demand and supply of health services need to intersect optimally

The strategy acknowledges that the health system is delivered by people who have their own thoughts, values and behaviours.

As a result of COVID-19, society has a heightened awareness of the importance of not contracting infectious diseases. People are acutely aware that, “it can happen to me.”



STRATEGY: CAMPAIGN STRUCTURE

- » Targets
- » Timebound
- » Leadership
- » Multi-sectoral
- » Infrastructure

The Cheka Impilo campaign needs structure to guide its implementation and its focus areas. While it is an over-arching campaign around wellness, all evidence points to targeted approaches being necessary for success to be accelerated.

The campaign needs to clearly articulate objectives, so that implementation can be guided, progress can be tracked and success measured. A multi-sectoral approach must be taken in setting the targets so that complete buy-in from the outset is ensured.

The campaign needs to operate within a definite time period. It is recommended 12 months with an additional 6 months lead time for preparatory activities.

Clear and visible leadership of the campaign is required at all levels, ranging from political, to sectoral, to ambassadorial.

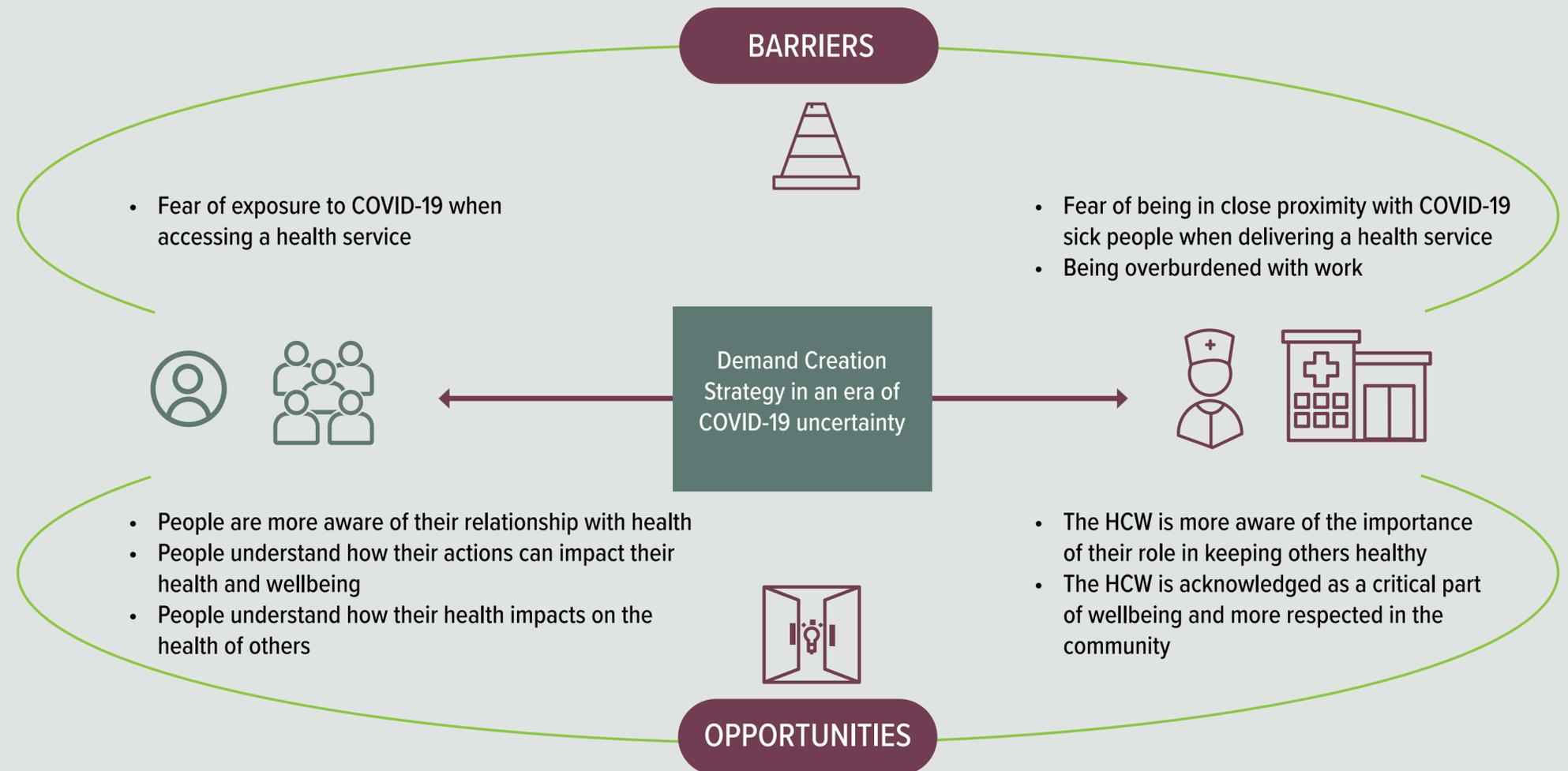
The Nerve Centre Team should continue its efforts with regular oversight of the campaign, open communication and ensuring the free flow of information, successes and challenges from and to the sector they represent.

The necessary infrastructure must be in place to ensure the flow of information within and across sectors, and to engage directly with the target audience.

- Reporting app
- Campaign app
- Logistics system

In summary, the HTS demand creation strategy addresses:

- The **archetype**
- Who is part of a **key or vulnerable population**
- Who receives **health services from a Health Care Worker**
- Who is part of the **health system**
- All of the above, taking place in an **environment of COVID-19**





STRATEGY: DEMAND CREATION

Demand generation activities should take place at two levels:

1. The overarching campaign reaching a national audience and driven by high level profiling; which is supported by
2. Focused and tailored campaigns for a highly specific target audience

Overarching campaign will address:

- Media relations representing campaign leadership, results and progress
- National media buy for high level campaign awareness
- Technology (active website, campaign app, database for communication)
- National Support Centre for psychosocial support
- Sector specific efforts which represent specific needs



STRATEGY: DEMAND CREATION

Demand generation activities should take place at two levels:

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Focused and tailored campaigns for a highly specific target audience

The brand needs to be eye catching with a broad appeal, yet adaptable to specific target audiences and various programmes. Similarly, while the overarching tagline must be broad to appeal to all South Africans, Cheka Impilo needs to have specific messaging directed towards specific and targeted audiences.

Rationale for revised messaging

Cheka Impilo – Care for your Health – is all about wellness with its all-encompassing facets of physical, mental and emotional health.

Never in living memory, has an awareness of wellness and all its components been so front of mind for so many. COVID-19 has reminded us that well-being is a holistic concept encompassing physical, mental and emotional health. It is a fragile thing that can be rapidly taken away breaking families, communities and economies. In short, health simply cannot be taken for granted; health comes with responsibilities. Being “well” is not just about “me” – it is about our partner, our family and friends, our community and our country: If I want everyone else to be well, I need to also play my role in being healthy and well. I have a new respect for being healthy and well.

Alongside the existing messaging the additional tagline and call to action across all target audiences is:

“Wellness start with me...”

This call can be adapted to target audiences, including HCW, depending on desired use, providing flexibility yet continuity in the messaging.

“My partner’s wellness starts with me...”

“My family’s wellness starts with me...”

“Community wellness starts with me...”

Creative and messaging should be directed towards selected archetype:

Key and vulnerable population (recognizing individuals can fall into more than one category)

Key populations for HIV and STIs

- Sex workers
- Transgender people
- Men who have sex with men (MSM)
- Inmates
- People who use drugs (PWUD)

Vulnerable populations for HIV and STIs

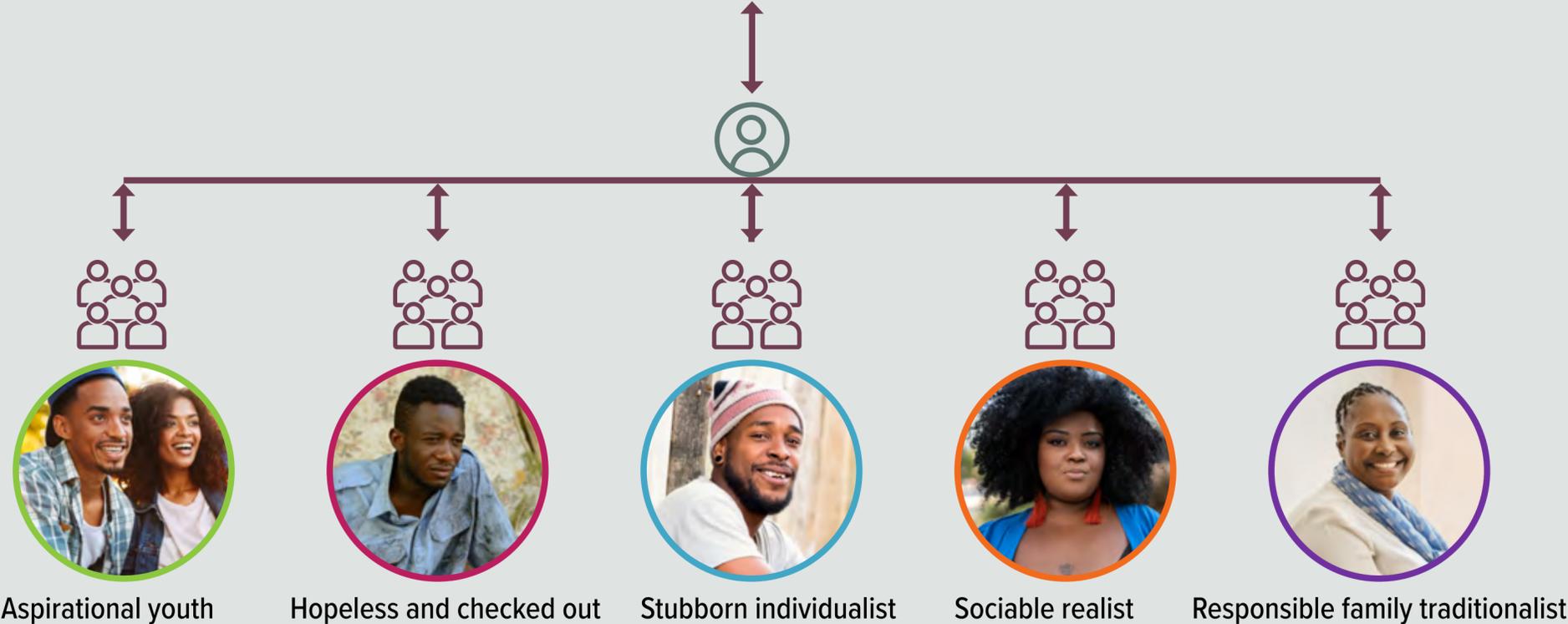
- Adolescent girls and young women (AGYW)
- Children including including orphans and vulnerable children (OVC)
- Other Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) populations
- Mine Workers
- People living in informal settlements
- People with disabilities
- Mobile populations, migrants and undocumented foreigners

Key populations for TB

- People living with HIV
- Household contacts of TB index patients
- Health Care Workers
- Inmates
- Pregnant women
- Children < 5 years old
- Diabetics
- People living in informal settlements
- Mine workers and peri-mining communities

The creation of archetypes

- Demographics
- Cultural and social norms
- Personality
- Media preferences
- Testing status, preferences & perceptions
- Risk profile
- Attitudes





ASPIRATIONAL YOUTH

- **18–24 year old males and females** who have had limited exposure to the other issues which indicate **strong vulnerabilities**.
- **Personality traits:** like to live a lifestyle that impresses others, look good, brand and design conscious, and want to stand out from the crowd. Prefer to spend money on experiences rather than things and want to live a healthy, environmentally responsible lifestyle. Happy with life and concentrated on getting ahead.
- **Strong social media interaction** and like **downloading** music/videos and movies.
- **89% have tested for HIV in the past.** Most likely to have tested within the past few months. The preference is to test at a health clinic.
- Trigger to test is most likely to be sex with someone with an unknown sexual history. Parents are strongest influencers to test. Also have a high awareness and exposure to media.
- A diagnosis of HIV is perceived to severely impact quality of life.
- Perceive themselves to be at low risk of contracting COVID-19.

A Closer Look

GENDER

- Slightly more male than female



ROMANTIC STATUS

- Largely single/without partner
- Divorced



INCOME

- Almost half have no income or low levels of earning



AGE

- 25 to 35 years
- AGYW & ABYM (15 to 24 years)



EDUCATION & EMPLOYMENT

- Most have some school with/without matric
- Most are unemployed with some working full time
- Some students and self employed



TESTING & HIV STATUS

- HIV negative
- Recent test (within 6 months)



PREFERRED LOCATION TO TEST

- Health facility



INFLUENCERS

- Mobilisers
- Medical professional
- Partner/wife/husband
- Parent/caregiver



TESTING TRIGGERS

- If have Multiple and concurrent sexual partners (MCP)
- (Possible) Exposure to HIV
- Having a STI
- Nothing would make me test



PERCEPTION OF RISK

- Ranges from very high to low risk



KEY POPULATION GROUP/ AREAS OF VULNERABILITY

- Alcohol user
- Adolescent girl/young women
- Adolescent boy/young men
- Mobile and migrant population
- Prisoner
- MSM (males having sex with males)
- Sex worker
- Survivor of sexual assault
- Pregnant
- People with disabilities



MEDIA PREFERENCES

- TV, Radio, Newspaper, IEC, Magazines, Social media



PERCEPTIONS OF HIV DIAGNOSIS

- HIV cannot be cured but can be managed
- Even with HIV you can have a good quality of life
- HIV protocols are easily accessible and easy to follow



PERCEPTIONS OF HIV TESTING

- Testing is free and easy to access
- Testing is essential for good health
- Can be done by NGOs
- HSS can be purchased for use at home

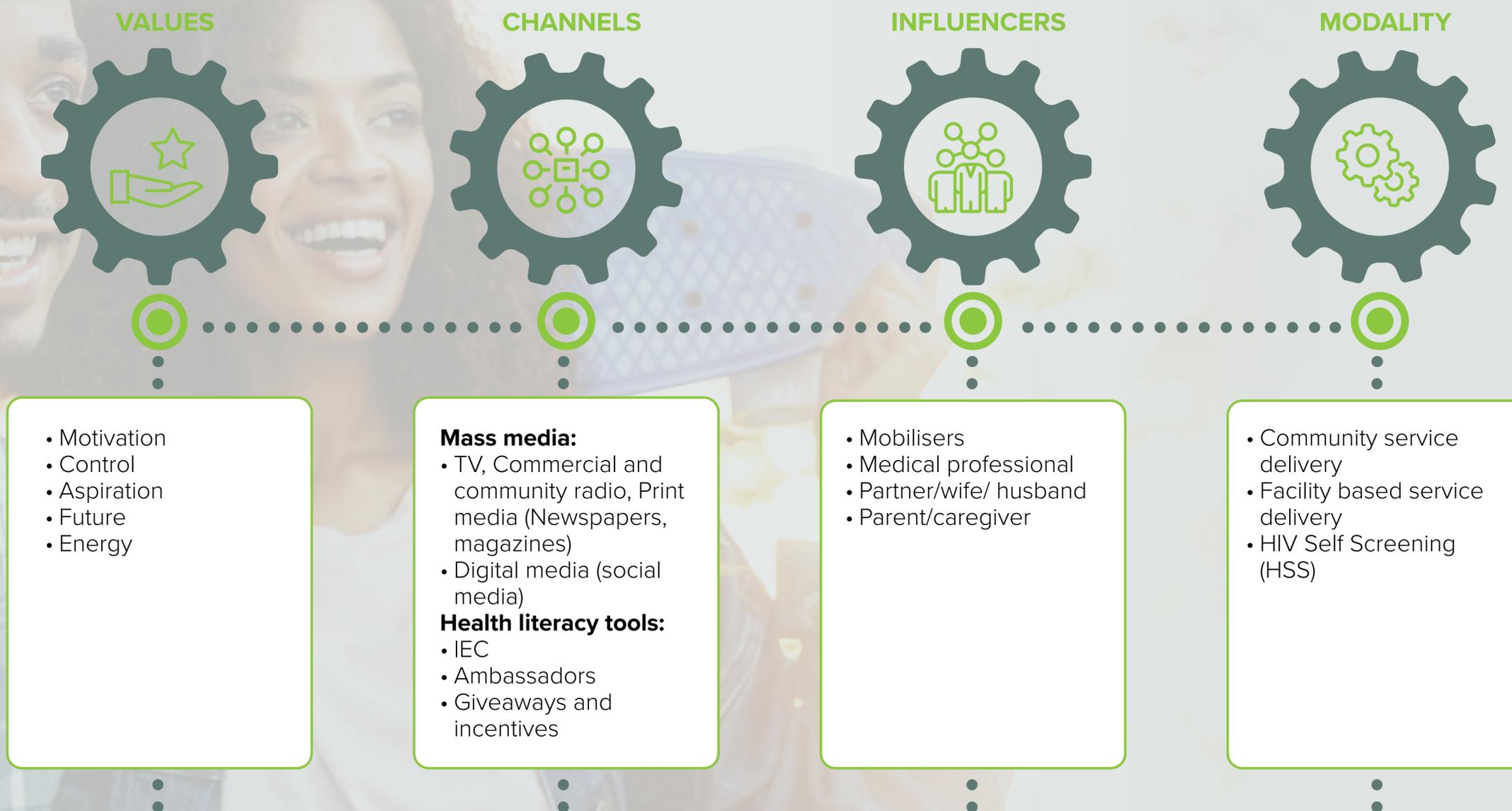


PERCEPTION OF IMPACT OF POSITIVE DIAGNOSIS ON BEHAVIOURS

- You need to take medication for the rest of your life
- You need to share your status with your partner
- You will be treated with empathy and understanding by HCW



How to reach archetype in HTS Demand Creation Campaign



MESSAGING



Wellness starts with me...

- My future is in my control with HIV Self Screening (HSS)
- HIV self-screening is a safe and confidential way for me to know my status and take control
- I will test today because my future is in my hands
- I will secure my future when I know my status
- So I choose to test for HIV, TB, STIs regularly
- I reduce my risk for COVID-19 by doing the right things, and I test for HIV regularly

Sample IEC material





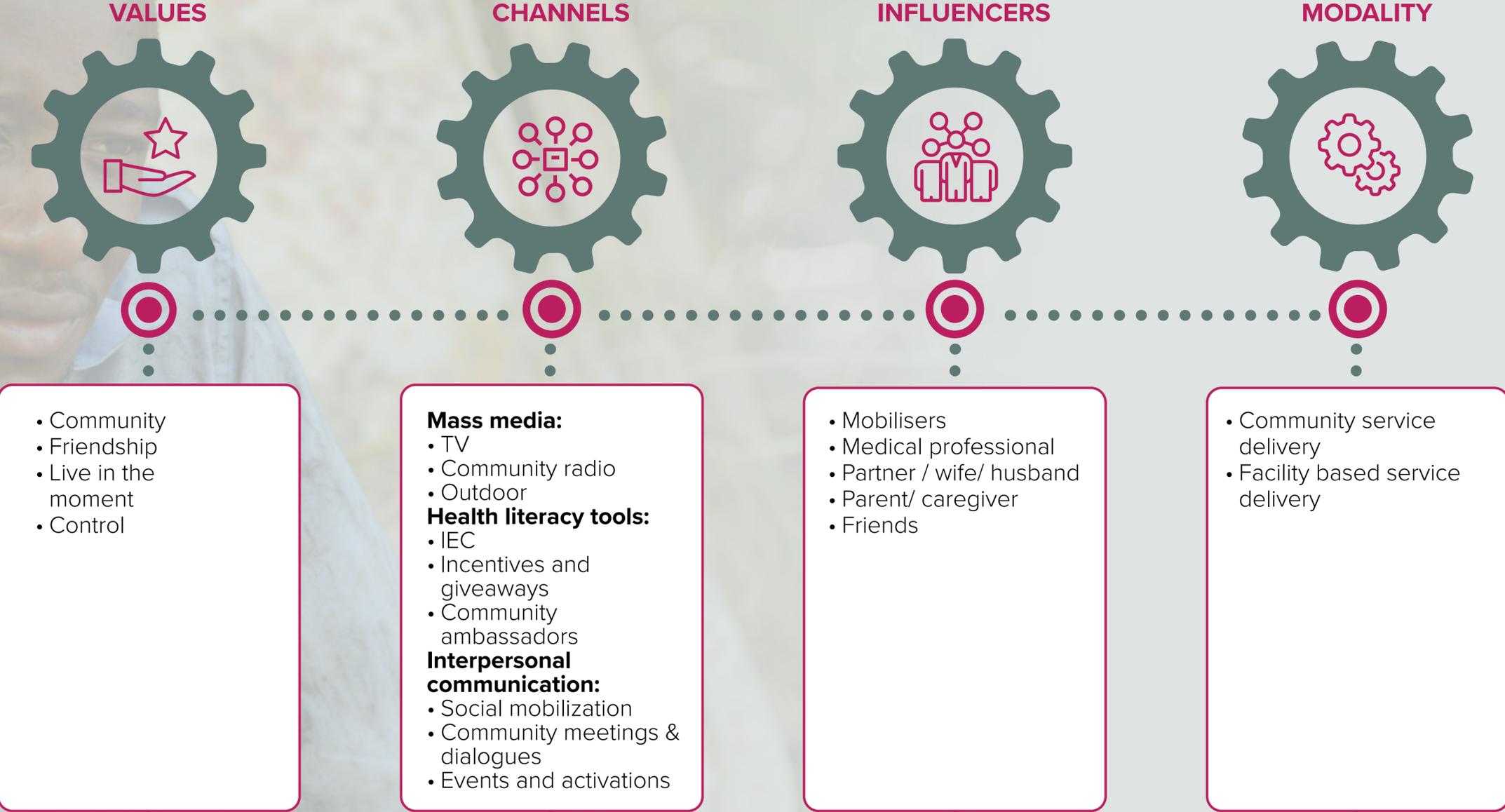
HOPELESS AND CHECKED OUT

- Most often **single males in the 36–44 year age group** who have **low levels of education** and are **currently unemployed with no income**. High incidence of **regular drug usage**.
- **Personality traits:** Prefer to live for today rather than worry about the future. Want to live a life that impresses others suggesting susceptibility to peer pressure. Not particularly happy with life at the moment, disinterested in family and family time or anything related to a work environment. Prefer to spend the money they have on pleasure rather than save it.
- **Like watching sport.**
- **Least likely to test at all** and certainly not regularly, even though they perceive themselves to be high risk and are aware that their lifestyle makes them susceptible.
- **Trigger to test:** sharing of needles, or sex with multiple partners and if had to test would prefer a self screening device.
- **Friends or peer groups are strongest influencers to test.**
- **Barriers to testing:** Could not cope with knowing that they were positive and feel that they would be discriminated against or stigmatised.
- **Feel that HIV testing is unnecessary and a waste of time.**
A diagnosis of HIV is perceived to be a death sentence which limits your employment opportunities and severely impacts your quality of life and isolates you from your community. HIV is likely to make you feel unwell for the rest of your life.
- **COVID-19 is not particularly on their radar.**

A Closer Look



How to reach archetype in HTS Demand Creation Campaign

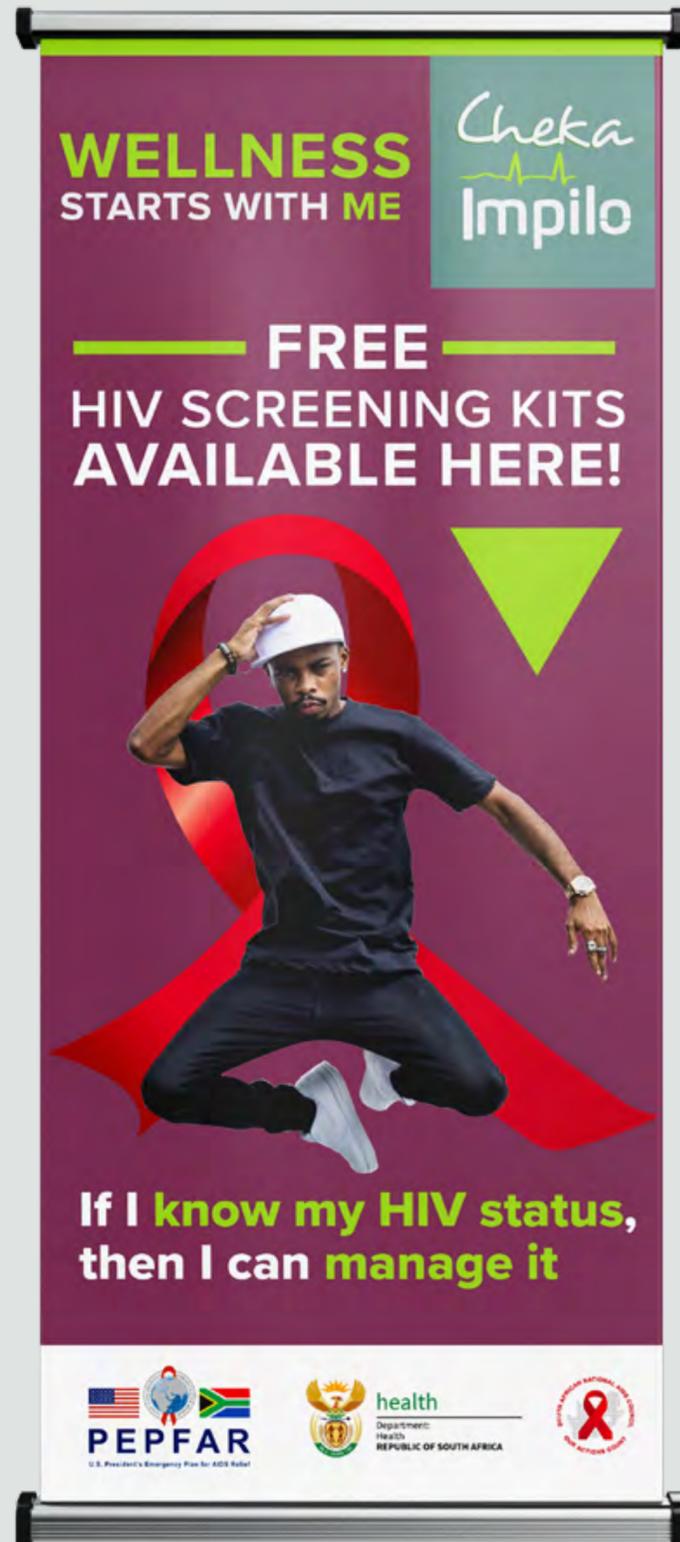


MESSAGING

Wellness starts with me...

- If I know my HIV status, then I can manage it
- Nowadays everyone tests for HIV - isn't it time you did?
- Unsafe sex? Then it's time to test for HIV
- HIV self screening is a safe way to test in private

Sample IEC material





STUBBORN INDIVIDUALIST

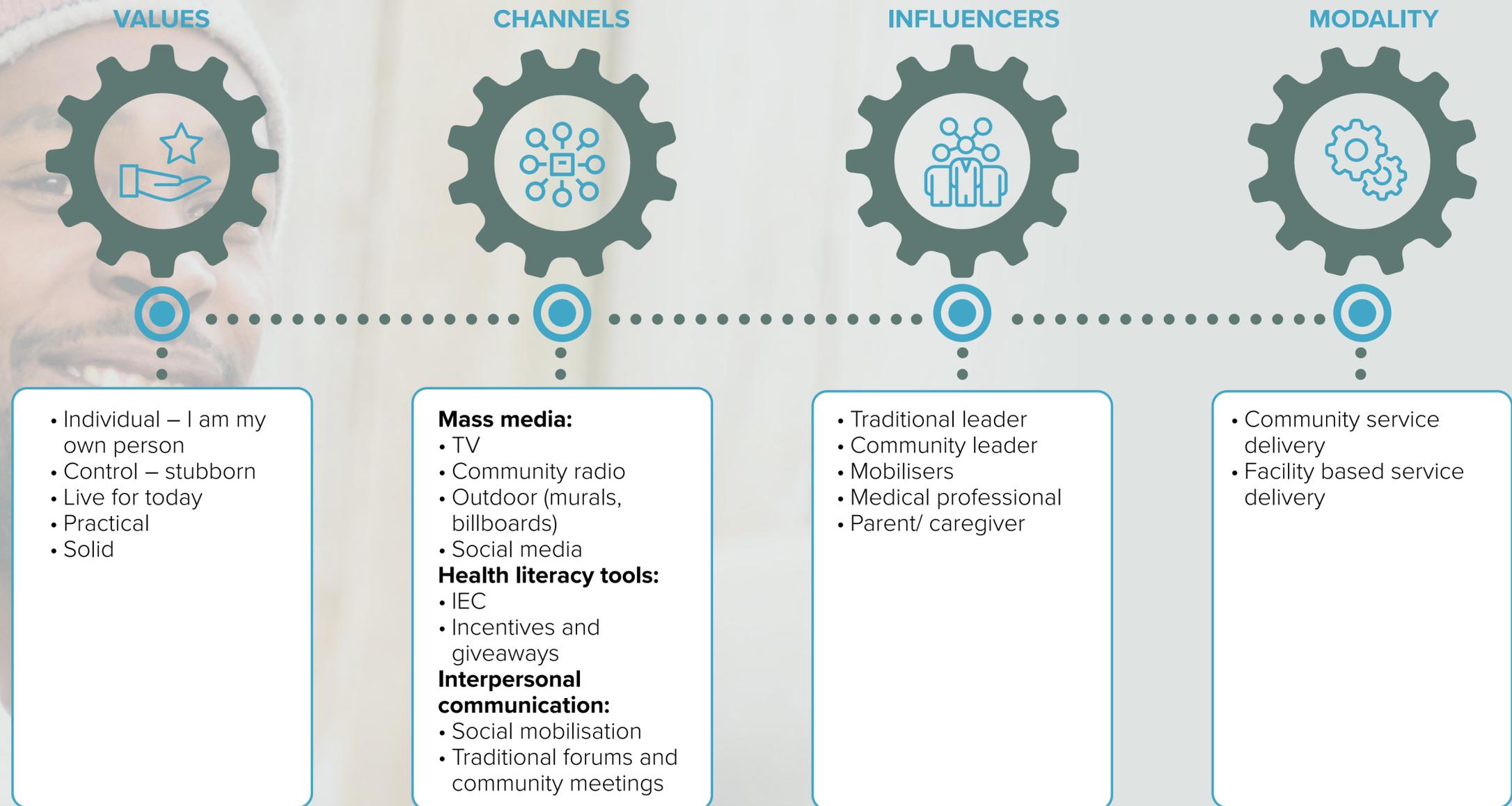
- **Most often single males in the 25–35 year age** group who have low levels of education and are currently unemployed with no income. High incidence of regular drug and alcohol usage.
- **Personality traits:** Prefer to live for today rather than worry about the future. Practical person who prefers to experience life rather than own things. Lives by their own rules, is sociable and feel that current circumstances prevent them from doing what they would like to.
- **Do not really have any hobbies or interests.**
- **Tested for HIV a few years ago** and believe themselves to be currently negative. Don't see the need to test regularly and perceive themselves to be low risk.
- **Trigger to test:** sharing of needles.
- **Relatively immune to influencers** and will make own decision.
- **Barriers to testing:** Testing is unnecessary, waste of time and a hassle.
- **A diagnosis of HIV is perceived to be a death sentence** which isolates you from your community and causes people to discriminate against you. Limits your employment opportunities and severely impacts your quality of life.
- **HIV is likely to make you feel unwell for the rest of your life.**
- **Not sure how likely they are to contract COVID-19**, but not keen to go to a clinic at this time due to the pandemic.



A Closer Look



How to reach archetype in HTS Demand Creation Campaign



MESSAGING



Wellness starts with me...

- I take care of myself by testing for HIV
- I protect myself against COVID-19 and test for HIV
- When I know my status, I can help myself
- I do it on my terms and test for HIV

Sample IEC material





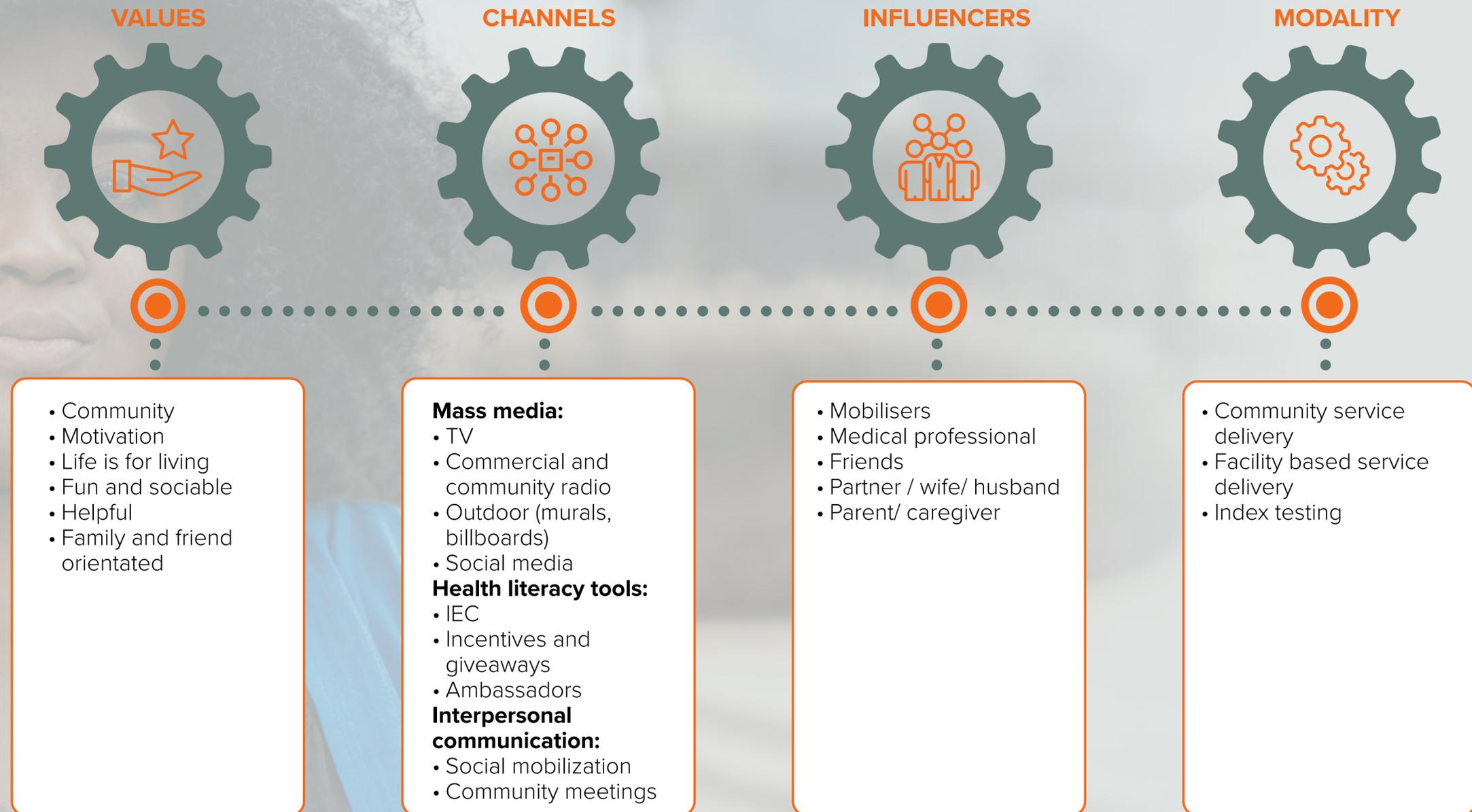
SOCIAL REALIST

- **Most often females in the 25–35 year age** category who are part of a mobile population and are unemployed.
- Some incidence of **drug use**.
- **Personality traits:** Live by their own rules, sociable and enjoy helping others in need. Feel that lifestyle is constrained by current circumstances. Family is important, but so are friends.
- **Hobbies:** Like to socialise with friends and family.
- **Tested for HIV about a year ago.** See the need to test regularly. Perceive themselves to be at medium to high risk.
- **Trigger to test:** Medical professionals advised to do so, or felt ill and was one of the tests which was recommended.
- **Friends and pamphlets are strong influencers** to test the group.
- **Barriers to testing:** No strong barriers – if advised to be tested, this group will generally comply.
- **A diagnosis of HIV is perceived to stigmatise and cause discrimination and judgement** of lifestyle choices.
- **Financially worse off after COVID-19 lockdown** and feel their risk of contraction is high. Not afraid to go to clinics during the pandemic. Are not significantly limiting their social contact with people.

A Closer Look



How to reach archetype in HTS Demand Creation Campaign



MESSAGING



Wellness starts with me...

- Testing regularly for HIV is the right thing for me and my partner
- My friends test regularly for HIV – and so do I
- By knowing my status, I can relax and enjoy life

Sample IEC material





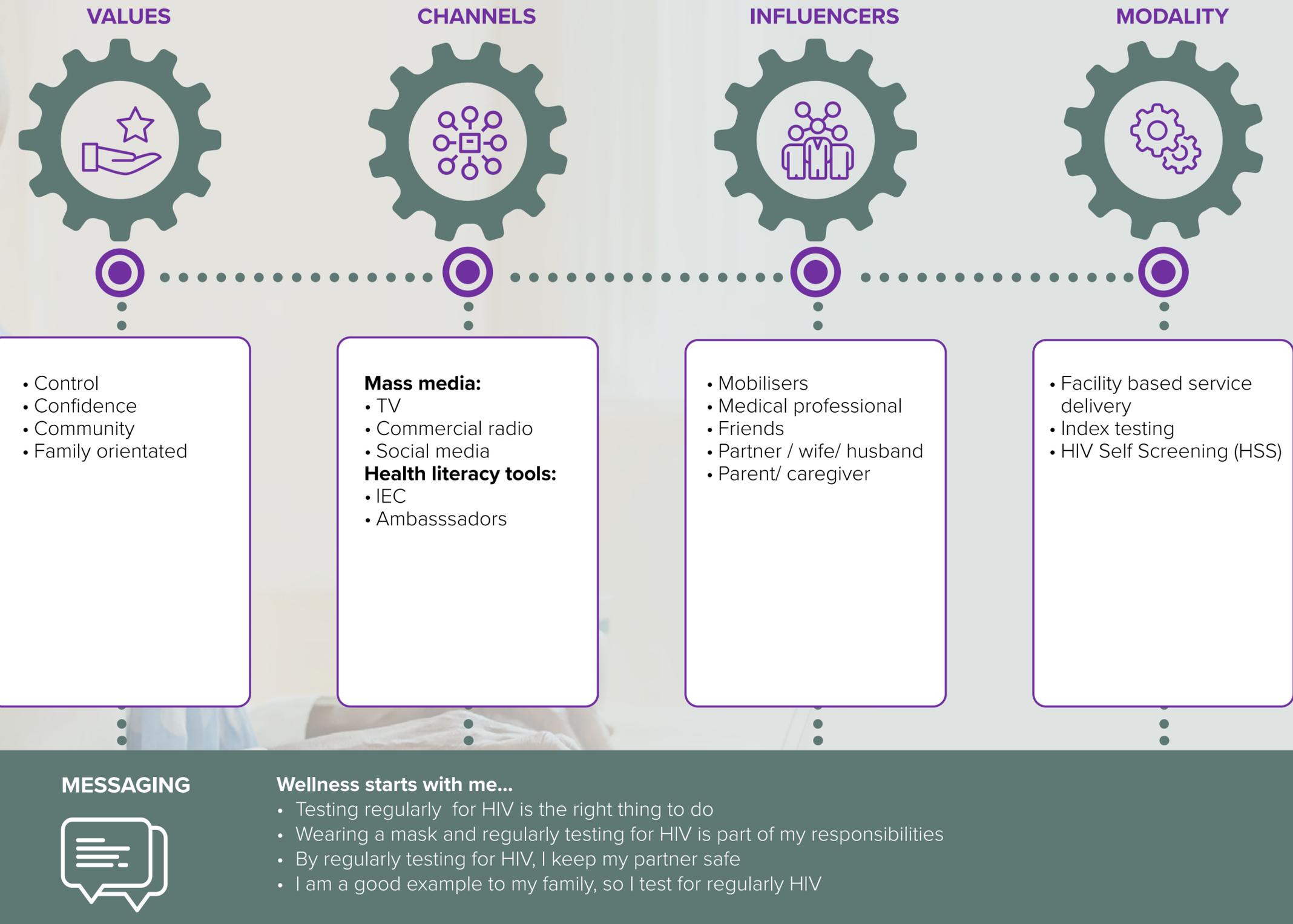
RESPONSIBLE FAMILY TRADITIONALIST

- **Generally, work full time**, have a **good income** and are **married or have a romantic life partner**.
- **Exposure through work environment** – healthcare workers.
- **Personality traits:** Outspoken about social issues and strives for a family work balance. Spends time with family and wants to leave a legacy for their family. Think about and plan for the future – prepared to work hard to achieve what they desire. Enjoy helping those in need.
- **Hobbies:** Like to spend time with family, goes to church and enjoys cooking and baking.
- **Tested for HIV recently and are committed to testing regularly** if they currently test negative. A couple of times per year is perceived to be acceptable.
- **Trigger to test:** Seemed like a good idea – responsible health choice.
- **Those who tested positive were surprised** at the diagnosis – this group perceive themselves to be low to medium risk.
- **Life partner was a strong influencer.**
- **Barriers to testing:** No strong barriers – good health care practice.
- **Believe that a diagnosis of HIV requires you to approach your sexual interactions differently.** It will NOT isolate you from your community, or severely impact your quality of life or make you feel unwell for the rest of your life.
- **No sure about the COVID-19 risk of contraction**, but are taking the precautions of limiting their social contact with people.

A Closer Look



How to reach archetype in HTS Demand Creation Campaign



Sample IEC material



Key and Vulnerable Population per Archetype

As disability is a cross-cutting issue and is present within key and vulnerable populations, an inclusive approach should be taken in the designing of campaigns and to include them within all archetypes.

KEY AND VULNERABLE POPULATION	ASPIRATIONAL YOUTH	HOPELESS AND CHECKED OUT	STUBBORN INDIVIDUALIST	SOCIABLE REALIST	RESPONSIBLE FAMILY TRADITIONALIST
Adolescents and young women	✓			✓	
Adolescents and young men	✓			✓	
Pregnant women	✓				✓
Couples and partners					✓
Adult men		✓			✓
Healthcare providers and workers exposed to HIV					✓
Survivors of sexual assault	✓				
Prisoners	✓	✓			
Migrant and mobile populations	✓	✓		✓	✓
Populations abusing alcohol and other drugs	✓	✓	✓	✓	✓
Men who have sex with men (MSM)	✓	✓			
Sex workers	✓	✓			
People injecting/ using drugs (PWID/PWUD)		✓	✓	✓	
Transgender			✓	✓	



STRATEGY: DELIVERING SUPPLY SERVICES

» **Promotion of Index (injecting, family and sexual contacts)**

As a high yield modality, index testing needs further exploration to realise its potential and improve its application in the field. Given it is a resource intensive and expensive modality, it would be best used for highly targeted interventions.

» **Promotion of HIV self-screening**

HSS has huge potential specifically for key populations. Efforts to increase awareness of this modality should be deployed to increase acceptability of modality and to ensure that kits are available for use.

» **Guidelines on National Quality Assurance for HTS (reliable, efficient and effective)**

The guidelines need regular reviewing and updating to ensure they are responsive to the current needs of the health care system and the clients. Furthermore, key populations should be engaged in the development of QA guidelines so that their specific needs are addressed.



STRATEGY: DELIVERING SUPPLY SERVICES

» Promotion of improved linkages to HIV prevention services for people testing HIV-negative in community- and facility-based HTS

There is a need to re-consider the linkage landscape and how to link people based on needs, location and programmes.

» Community Service Delivery

Community service delivery is a critical component of reaching the target audience and client's needs. As a society we are informed, moulded and supported by our communities, and if health services are fundamentally anchored in a community, it supports the notion that “we care about your health”.

» Getting HIV prevention commodities to people

The distribution of commodities needs to take into account: logistics, confidentiality and safety (of items and of people). This must be underscored by communication and use of networks, including community partners and local infrastructure. Services need to be taken to the people as far as possible.



STRATEGY: DELIVERING SUPPLY SERVICES

» **Screening and testing for COVID-19 and its link to HIV, TB, and STIs screening and testing**

COVID-19 needs to become a part of the health services being offered, rather than being a prioritised health service. This is to ensure that care for other diseases and conditions does not get compromised in the interim. To this end, COVID-19 needs to form part of an integrated and comprehensive package of services that ranges from COVID-19 screening and testing, to HIV testing, TB screening and testing, NCD, etc.

» **The strengthening of partnerships between government departments and allocated sectors**

Strong partnerships are made through a sustained effort by all parties and a willingness by all parties to make the partnership work

A shared vision

Acceptance of roles and fair allocation of responsibilities

Open and clear communication



MONITORING AND EVALUATION OF STRATEGY IMPLEMENTATION

Monitoring and Evaluation (M&E) on the strategy implementation must be conducted and results shared via the Nerve Centre to all stakeholders. The relevant health and non-health indicators should be tracked as per the Cheka Impilo strategy. If required, course correction is to be implemented as soon as possible. Progress to be shared with all stakeholders.



NEXT STEPS

Post approval, the implementation of this strategy will require the Nerve Centre Team's leadership to allocate roles and responsibilities and to produce a project plan that will need to be monitored for progress.

It is also recommended that all parties are made aware of the existence and purpose of the PRIMER Manual so that they can readily download and make use of in their campaign planning. Given COVID-19, online training of the Manual should take place to orientate users and to ensure there is proper usage of the Manual.

PRIMER Manual

The PRIMER Manual contains the practical tools to implement tailored campaigns within the overarching Cheka Impilo campaign.

P_____ PLANNING

R_____ STAKEHOLDER RELATIONSHIP MANAGEMENT

I_____ IMPLEMENTATION

MER_ MONITORING, EVALUATION AND REPORTING

MODULE 1: Determining your campaign target audience

MODULE 2: Setting targets

MODULE 3: Approach

MODULE 4: Channels for your Demand Creation Campaign

MODULE 5: Location of Demand Creation Campaign Activities

MODULE 6: The Timing of a Campaign

MODULE 7: Costing your Demand Creation Campaign

MODULE 8: The Demand Creation Team

MODULE 9: Stakeholder Relationship Management

MODULE 10: Implementing your Demand Creation Campaign

MODULE 11: Monitoring, Evaluating and Reporting on your Demand Creation Campaign

TEMPLATES

Content Snapshot

MODULE 3: CHANNELS FOR YOUR DEMAND CREATION CAMPAIGN

Mass media

Mass media encompasses all the types of communication that are used to reach a large number of people from the target audience in a short space of time. Mass media, can therefore, be a highly effective way of getting your message out, however, it can often be an expensive approach. Mass media is made up of a broad range of channels. The key channels are discussed in more detail.







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TELEVISION
OUTDOOR
DIGITAL
PRINT

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MODULE 3: CHANNELS FOR YOUR DEMAND CREATION CAMPAIGN







RADIO
TELEVISION
OUTDOOR
DIGITAL
PRINT

FORMAT AND DESCRIPTION	
Advert	<ul style="list-style-type: none"> Typically 30 or 45 seconds. Therefore, the message must be quickly and effectively conveyed. Remember the costs associated with producing an advert e.g. music, script, voiceover, recording studio. Consider the language of the advert, which may require translation and another voice over artist.
Public service announcement (PSA)	<ul style="list-style-type: none"> The radio presenter will read out a pre-prepared script relating to your campaign. Normally this is a short script of up to 45 seconds.
Interview with one of the presenters	<ul style="list-style-type: none"> An interview allows for a discussion on a topic relevant to your campaign. This encourages depth and probing. Remember, the more airtime allocated, the greater the cost.
Radio programme	<ul style="list-style-type: none"> There may be a regular slot on a radio programme that discusses issues related to your campaign, e.g. a health and wellness programme. Your campaign may form part of the programme, allowing the campaign to get regular exposure and allow listeners to ask questions. The programme format also allows you to work through different issues relating to your campaign. Radio programmes often seek content, however, be mindful of the cost of this exposure.

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Cheka
Impilo

To view the full strategy and
PRIMER Manual, kindly visit
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