Republic of Malawi

T=T CAMPAIGN STRATEGY 2022-2026

(Tizirombo tochepa = Thanzi)

Undetectable equals untransmittable: Empowering communities and raising awareness about HIV treatment adherence and viral load monitoring

JUNE 2022

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Foreword

Malawi has made considerable progress in the fight against HIV and AIDS since the first case was reported in 1985. The key game changer has been the scale-up of effective antiretroviral therapy (ART) to all people living with HIV. By December 2021, 898,132 of the estimated 986,000 Malawians living with HIV were alive on ART[1]. Sustained political will through creation of an enabling policy environment, the public health approach to implementation, consistent funding (U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Global Fund and other institutions), a strong data system, uninterrupted supply chain, coordination and collaboration with stakeholders, including the recipients of care have all contributed to the success. The consistently high viral suppression rates (93%) reported by the program[2] have led to the adoption of ***Tizirombo tochepa =Thanzi (T=T)*** concept as a treatment literacy campaign to raise awareness on clinical benefits of ART and Viral Load (VL) monitoring for clients on treatment.

The Government of Malawi remains committed to the UNAIDS global goal of ending AIDS by 2030 and achieve the "95-95-95" targets, with 95 percent of all people living with HIV aware of their status, 95 percent of those diagnosed initiated and retained on ART, and 95 percent of patients on ART virally suppressed by 2025. The Ministry of Health and National AIDS Commission will continue to strengthen collaboration with civil society organisations (CSOs) and networks of people living with HIV to raise awareness on the benefits of treatment adherence and VL monitoring as well as the concept of Treatment as Prevention (TasP) through the T=T campaign. Key to this campaign is the participation of communities of people living with HIV.

The Ministry expresses its gratitude for the technical and financial assistance received from numerous partners in the development of this strategy and their continued support in its dissemination and operationalisation.

Dr Charles Mwansambo

Secretary for Health

[1] Ministry of Health, Department of HIV & AIDS, HIV program report, Q4 2021

[2] UNAIDS, HIV Spectrum estimates for Malawi, 2022

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Acronyms and Abbreviations

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CLM	Community Led Monitoring
CSAF	Civil Society Advocacy Forum
CSO	Civil Society Organisation
DBS	Dried Blood Sample
DHA	Department of HIV, AIDS, STI and Viral Hepatitis
DHAMIS	Department of HIV and AIDS Management Information System
EID	Early Infant Diagnosis
e-MTCT	Elimination of Mother to Child Transmission
FP	Family Planning
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Service
LDL	Lower than detectable limit
MDHS	Malawi Demographic and Health Survey
MPHIA	Malawi Population HIV Impact Assessment
MSM	Men who have Sex with Men
MSTG	Malawi Standard Treatment Guidelines
NAC	National AIDS Commission
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PrEP	Pre-Exposure Prophylaxis
QI	Quality Improvement
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
T=T	Tizirombo tochepa=Thanzi labwino
TB	Tuberculosis
U=U	Undetectable equals Untransmittable
UNAIDS	United Nations Programme on HIV/AIDS
VL	Viral Load (the number of viral particles per millilitre of blood)
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation

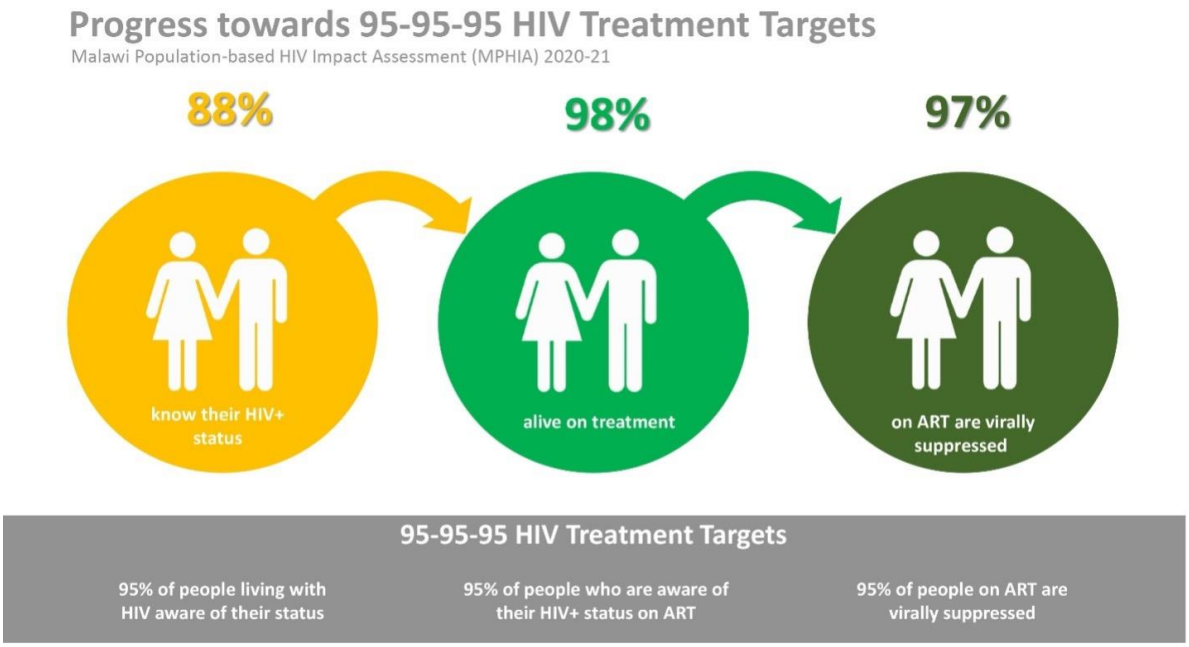
1. Introduction and Background

Epidemiology of HIV in Malawi

Malawi has an estimated 986,000 people living with HIV**Error! Bookmark not defined.** representing a prevalence of 8.6%. ver 890,000 were on ART and 97% of them were virally suppressed as of December 2021[1,2]. The 2020-2021 Malawi Population-based HIV Impact Assessment (MPHIA) report showed an estimated 20,000 new HIV infections among adults annually compared to 28,000 in the 2015/16 MPHIA survey findings. This can be attributed to the high viral load suppression rates reported at 97% (MPHIA 2020/21). The findings further reveal that highest number of new HIV infections occur among women aged 15 years and older compared to their male counterparts at 0.29% versus 0.12% incidence rates respectively[2]. Urban areas continue to be the epicentres of new infections with Lilongwe and Blantyre cities recording incident rates of more than the national average 0.10%**Error! Bookmark not defined.**. HIV spectrum estimates of 2022 show that adolescent girls nd young women (AGYW), female sex workers (FSW), and men who have sex with men (MSM) as the sub-populations where most of the new infections were likely occurring**Error! Bookmark not defined.**

On the other hand, recent data shows that the number of new HIV infections per year among those aged 15 years and older has taken a consistent downward trajectory from 0.37% in 2015 to 0.17% in 2022**Error! Bookmark not defined.**[,2]. With the vidence that high VL is a key driver of sexual HIV transmission, it is an indisputable fact that higher VL suppression rates have contributed to the lowering of incidence rates.

Figure 1: Malawi's progress on the 95-95-95 targets for 2025[2]



The Malawi National T=T Campaign Strategy 2022–2026 shall serve as a tool for planning, implementing, monitoring, and mobilising resources for the campaign. The strategy provides a multisectoral framework for a sustainable, coordinated, comprehensive campaign and outlines roles and responsibilities for all stakeholders within the given five-year timeframe. T=T is part of an international campaign aimed at raising awareness on how ART, when taken appropriately, prevents onward transmission of HIV to sexual partners. It builds on other policy documents such as the national viral load and early infant diagnosis (EID) implementation and scale up plan, reflecting both advances and ongoing challenges in the HIV response. The document provides an opportunity for Malawi to embark on a new path aimed at sustaining the gains made in HIV programming in the country.

[2] Ministry of Health, Malawi population-based HIV impact assessment, 2020/2021

Viral load Monitoring Overview

VL testing is critical to accurately identify treatment failure due to either poor adherence or antiretroviral resistance. Since resistance testing is not available in most resource-limited settings, VL results are used to identify individuals who need adherence counselling and close follow-up. In Malawi, VL scale-up efforts began in 2014 and coverage has improved from 6% to 64% in 2021, however the coverage target which was set at 95%[3]. has not been met. The challenge of low coverage has a direct bearing on the roll-out and success of the T=T campaign and this necessitate that campaign activities be aligned to the approaches outlined in the VL and EID scale up and implementation plan.

VL sample collection in Malawi is conducted at ART clinics, with samples transported to and processed at central laboratories. The Ministry of Health has published a standard operating procedure (SOP) manual on VL monitoring to provide convenient information to healthcare workers for use at clinic level. Several partners have been conducting community campaigns to increase patient demand for VL testing.

Through individual and group approaches, key treatment literacy messages focusing on adherence, retention, and VL monitoring are being championed in Malawi.

The Ministry of Health has defined the VL suppression cut-off points in the context of Malawi considering the various factors at play such as the specimen type that is predominantly used in the country.

Table 1: Classification of VL results with cut-offs for interpretation of viral load suppression

Sample type	Suppressed	Low-level viraemia	Viraemia 1000+
DBS	<LDL	<400 <550 <839 Any value 400-999	1000+
Plasma	<LDL <20 <30 <40 <150 Any value 20-199	Any value 200-999	1000+

[3] Ministry of Health, 2019 – 2020 HIV VL/EID Implementation and Scale up plan for Malawi, 2019

2. Context for the U=U campaign

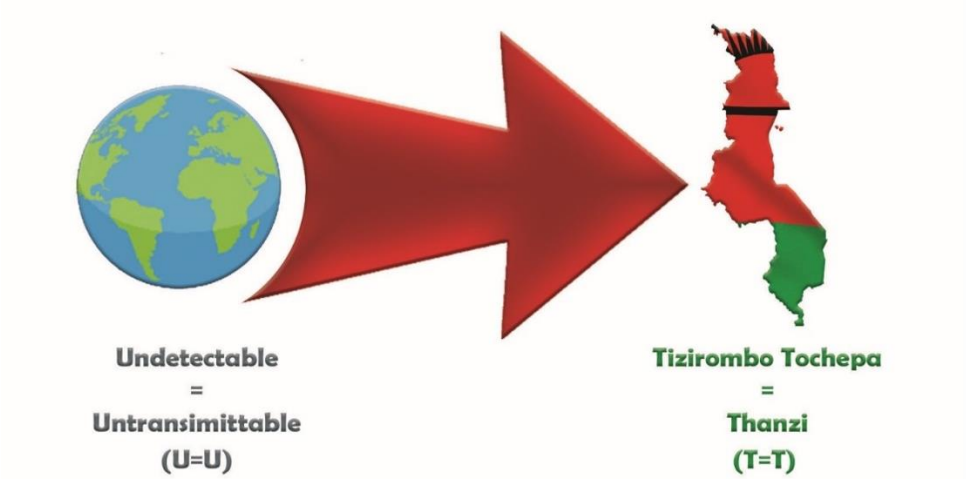
Context and adaptation

The U=U campaign, which began in the United States, has become a global movement that emphasizes the absolute priority of getting people living with HIV onto effective ART as soon as possible after diagnosis. U=U is a critical component of sustainable approaches to the prevention of HIV. The main purpose of the U=U campaign is to disseminate accurate, clear and unambiguous information to people living with HIV and those at risk, and challenge HIV-oriented institutions, government, civil society and the private sector, to promote awareness and understanding of U=U campaign.

In early 2016, the Prevention Access Campaign developed the U=U campaign to increase awareness about the relationship between viral suppression and the prevention of sexual transmission of HIV. The Prevention Access Campaign believes the U=U message im-proves lives of people living with HIV by reducing their fear of transmitting HIV to their sexual partners, decreasing HIV related stigma and discrimination, and strengthening advocacy efforts for universal access to HIV treatment. Malawi has contextualised the campaign in a way which is meaningful to people living with HIV, their sexual partners and the public. The T=T campaign has been developed using the concept of the U=U ("Undetectable = Untransmittable") campaign as the blueprint.

The contextualization from U=U to T=T is meant to adapt the campaign to meet the aspirations of the community of people living with HIV as well as respond to the gaps in the treatment programme in Malawi.

Figure 2: Adaptation of the Global U=U campaign to T=T campaign



Alignment with other policy documents

The Government of Malawi (GoM) is a signatory to several global and regional commitments relating to HIV and AIDS. These commitments have been domesticated to demonstrate the government's obligation to invest in the national response to HIV and AIDS and achievement of sustainable results. The T=T strategy is aligned to global and national development priorities as described in the strategic context below.

1. **Global HIV and AIDS Strategy (2021-2026)**:: The new Global AIDS Strategy (2021–2026) seeks to reduce the inequalities that drive the AIDS epidemic and put people at the centre to get the world on-track to end AIDS as a public health threat by 2030.
2. **UN Sustainable Development Goal 3:** Target 3.3 to end AIDS by 2030; Malawi is being guided by the UNAIDS fast track strategy and the 2020 – 2025 HIV NSP which set targets for prevention and treatment known as 95-95-95 by 2030.
3. **Political Declaration on HIV and AIDS**: Ending Inequalities and Getting on Track to End AIDS by 2030: In June 2021 the UN General Assembly committed to "urgent and transformative action" to end the gender inequalities, restrictive laws and multiple forms of discrimination that perpetuate the global AIDS epidemic, adopting a Political Declaration that spells out measures to stop the disease in its tracks by 2030.

4. **HIV and AIDS (Prevention and Management) Act, 2018**: This legislation makes provision for the government to ensure universal treatment for all persons infected with HIV and addresses challenges of stigma and discrimination related to HIV.
5. **National HIV and AIDS Policy**: This policy provides guidance to the national HIV and AIDS response including the various interventions that should be implemented such as promotion treatment literacy.
6. **Malawi Health Sector Strategic Plan II (2017-2022)**: GoM has developed an Essential Health Package (EHP) which lists priority conditions and diseases that affect most Malawians. Treatment for these conditions and diseases is provided free of charge for all Malawians, irrespective of their socio-economic status. HIV is one of the conditions covered in the EHP.
7. **Malawi National Strategic Plan for HIV and AIDS (2020-2025)**: The NSP recognises treatment for all as the most cost-effective HIV prevention intervention.
8. **HIV Prevention Strategy (2021-2026)**: The strategy applies a prevention framework that combines biomedical, behavioural, and structural interventions. It aims to contribute to a reduction of new infections towards the target of 11,000 annual infections by 2025 as stipulated in the NSP. The strategy is promoting treatment as prevention (TasP) as a critical HIV prevention intervention
9. **HIV and AIDS Strategy for Higher Education Institutions**: The strategy is premised on the quest to provide an implementation framework for HIV and AIDS programs in Higher Education Institutions (HEI) in Malawi. It lays out strategic interventions which aim to create demand for HIV and AIDS services and to mitigate the social, economic and health impact of HIV and AIDS among students and staff in these institutions.
10. **Malawi Guidelines for Clinical Management of HIV in Children and Adults (2022)**: The guidelines standardise clinical management of HIV-positive patients using an integrated and public health approach. The guidelines also provide a standardised approach to HIV clinical management including treatment monitoring using an integrated public health approach that promotes attaining and sustaining viral load suppression.

Evidence for U=U

HIV treatment is highly effective in reducing the transmission of HIV. People living with HIV on ART who have an undetectable level of HIV in their blood have a negligible risk of transmitting HIV sexually. Table 1 summarises key findings that have informed U=U at the global level and T=T in Malawi.

Table 1: Key findings that has informed U=U campaign at global level

Name of Study	Years	Population	Sites	Key Findings
HPTN 052	2005-2015	Sero-discordant heterosexual couples	Botswana, Brazil, India, Kenya, Malawi, South Africa, Thailand, United States, and Zimbabwe	This trial found that immediate ART initiation reduced HIV transmission between sero-discordant couples by 93 percent.
PARTNERS Study	2010-2014	Sero-discordant couples (Both heterosexual couples and men who have sex with men [MSM])	14 European countries	This study found no documented cases of sexual HIV transmission among sero-discordant couples when the index partner was virally suppressed.
PARTNERS 2 Study	2014-2018	MSM sero-discordant couples		Found no linked HIV transmissions
Opposites Attract Study	2012-2015	MSM	Australia, Thailand, Brazil	This study found no instances of linked HIV transmission among 358 sero-discordant MSM couples

WHO included these study findings in its testing guidelines of 2019 and UNAIDS published an explainer and a press release in 2019 in support of the U=U concept. Buy-in of the U=U concept has varied across countries and regions over time. In several countries, the U=U concept has been adapted to country context. In the Netherlands, the U=U concept has been localised to “Niet meetbaar = Niet overdraagbaar” (N=N); in Turkey, “Belirlenemeyen = Bulaştırmayan” (B=B), in Vietnam, “Không phát hiện bằng Không lây truyền” (K=K) and in Malawi, Tizirombo tochepa = Thanzi (T=T).

Implementation of the T=T campaign in Malawi will require both bio-medical (clinical) and social approaches to effectively address strategic objectives around VL monitoring and treatment literacy at both clinic and community level. Globally, communities of people living with HIV have used behavioural and social approaches to implement treatment literacy activities around the U=U concept. Community ownership will therefore be a critical enabler for implementing a successful campaign. This evidence forms the basis of the U=U campaign which was launched internationally after the four large studies.

Further evidence shows that men exposed to treatment as prevention messaging in the context of U=U prior to accessing health services were more likely to accept an HIV test when offered one[4]. It must also be mentioned that the validity of the treatment as prevention/U = U concept depends on achieving and maintaining an undetectable VL in an individual with HIV. Achieving and maintaining an undetectable VL relates to taking and adhering to ART as prescribed, time to viral suppression and viral load testing recommendations[5].

In Malawi Treatment as Prevention has been demonstrated through the prevention of mother-to-child transmission (PMTCT) strategy which was rolled out in 2011 when Option B+ was introduced. By 2019, an estimated 76,420 paediatric infections were averted, and the transmission rates decreased to 2% at 6 weeks after birth and 7.6% at the end of the breastfeeding period[6]. The clinical evidence and campaign should not be interpreted as undermining proven public health interventions, such as condom use; instead, it is about providing accurate information to people living with HIV that ART has a place in HIV prevention programming.

Justification of T=T campaign in Malawi

From the evidence demonstrated in this document and the impressively high VL suppression rates, we can anticipate that the T=T campaign will be an instrumental treatment awareness tool targeted at empowering persons living with HIV in Malawi. This knowledge will position them as a key player in the fight in as far as the target of getting to zero new infections by 2030 is concerned. There couldn't be any other better time than now to raise awareness on the treatment as prevention concept through such a campaign.

Promotion of the T=T campaign in Malawi has multiple benefits in both national HIV programs and in the individual lives of people living with HIV. In national programs, the T=T campaign could potentially promote progress towards reduction of HIV related stigma and discrimination of people living with HIV— including self-stigma—reducing fear among partners living with HIV, increasing demand for HIV testing services and ART initiation.

Promoting benefits of early treatment and drug adherence through treatment literacy campaigns has spill over benefits beyond the people living with HIV. It is likely to motivate those that are newly diagnosed to go on treatment quickly.

T=T campaign will offer an opportunity for Malawi to accelerate progress toward reaching 95-95-95 targets and achieving epidemic control by 2030. Furthermore, the T=T campaign will also target the missing population of people living with HIV not yet diagnosed (including youth, and men), to go for testing and initiate treatment.

The campaign will focus on population groups with the highest HIV incidence and prevalence, including adolescent girls and young women, adult males, and key populations. It is envisaged that the T=T campaign will lead to the following outcomes:

- Transform understanding of HIV treatment in the general population, especially among men and youth.
- Shift social norms toward knowing ones HIV status and how achieving viral suppression provides protection to their sexual partners.
- Reduce stigma and discrimination.
- Empower people living with HIV to know their VL through VL testing and person-centred care, thereby improving the efficiency and effectiveness of HIV care.

[4] Smith et. Al, 2021, Participatory Prototyping of a Tailored Undetectable Equals Untransmittable Message to Increase HIV Testing Among Men in Western Cape, South Africa

[5] Eisinger et. al, 2019, HIV Viral Load and Transmissibility of HIV Infection

[6] Government of Malawi, 2020-2025 National Strategic plan for HIV response in Malawi, 2020

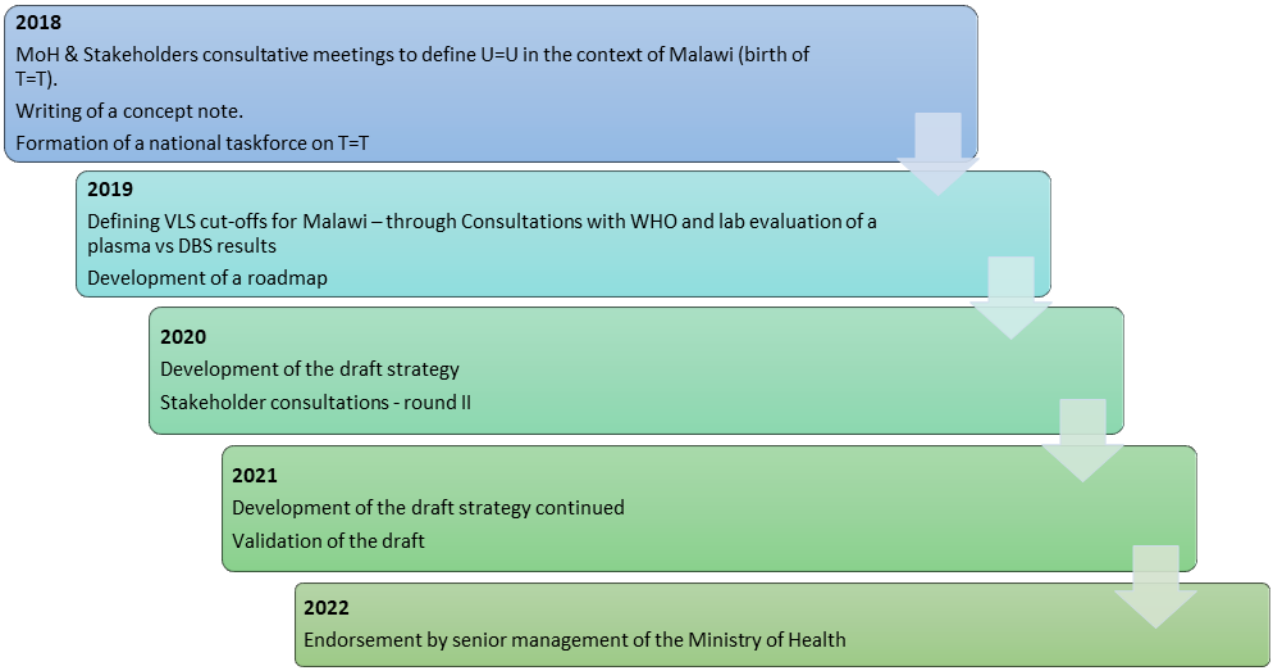
3. The process of developing the strategy

Engagements on the T=T campaign commenced in 2018 through meetings with donors, implementing partners, development partners, UN agencies, academic and research institutions, CSOs representing people living with HIV, and key and vulnerable populations. Evidence generated from published literature on the concepts of treatment as well as the U=U campaign itself influenced the decision to adopt the global campaign, contextualized to Malawi.

Recognising that the campaign was CSO-driven globally, the Ministry of Health together with CSOs agreed to name it Tizirombo Tochepa = Thanzi labwino (T=T) to make it locally relevant to Malawians. A national stakeholders taskforce was then formed to develop a campaign strategy guided draft concept note which was developed by recipients of care. The taskforce comprised NAC, CSOs, faith-based organisations such as CHAM, PEPFAR, implementing partners and Health education services (HES) unit in the ministry of Health. It was co-chaired by MoH - Department for HIV & AIDS (DHA), NAC and leadership of civil society advocacy forum on HIV and AIDS (CSAF). Part of the work for this Taskforce was development of a roadmap with three key components which included messaging, treatment literacy and scale-up of routine VL activities.

Defining the cut-offs for interpretation of VL suppression was another step taken in the process of developing the strategy. This involved consultations with local and international experts including WHO.

Figure 3: Process of developing the T=T strategy for Malawi



4. Goals, objectives, and outcomes of the campaign

Overall goal of the campaign

A healthy society where people living with HIV are empowered to live a virally suppressed and healthy life by 2026 and beyond.

Campaign objectives

The T=T campaign seeks to leverage prospective downstream benefits of promoting prevention at all levels, including primary (preventing transmission to uninfected persons), secondary (ensuring regular VL monitoring and health screenings among people living with HIV) and tertiary (improving quality of life for people living with HIV). The campaign is premised upon the following strategic objectives.

- To increase access and uptake of treatment information to 95% of people living with HIV by 2026.
- To increase VL testing coverage among people living with HIV from 60% to 95% by 2026.
- To strengthen social and community mobilization interventions on T= T campaign strategy scale up by 2026 and beyond.
- To strengthen advocacy interventions on T=T campaign strategy scale up by 2026.

Specific campaign outcomes

Primary outcomes:

- Increased demand for VL testing.
- Increased proportion of clients who have access to VL monitoring.
- Increased proportion of clients who are virally suppressed.
- Increased number of clients who newly initiate on treatment.
- Increased number of clients who re-start treatment; Decrease the number of clients that are lost-to-follow-up (LTFU) to improve continuity in treatment and improve adherence.
- Increased treatment literacy among the people living with HIV and their communities.
- Reduced number of new infections.

Secondary outcomes:

- Reduced anxiety and misguided beliefs associated with HIV testing and treatment.
- Reduced HIV related stigma and discrimination including self-stigma.
- Motivated people living with HIV who start and stay on treatment.
- Increased appreciation of clinical benefits associated with ART and viral load monitoring.
- Increased understanding of consequences that result from dropping off from ART.

5. Target populations for the T=T campaign

Rationale for the target populations

Malawi's achievement of the fast-track 90-90-90 treatment targets in 2020 has not been without shortcomings. For example, the VL suppression rates in some vulnerable populations remain suboptimal[1]. Additionally, numbers of new HIV infections have consistently remained high for some key populations such as FSWs, MSMs, AGYW and older men. In addition, HIV related stigma and discrimination, specifically self-stigma, though reduced, still exists and has a bearing on access to available services. As such, this strategy plays a critical role in reaching the key target populations driving new HIV infections in Malawi. To reach these target populations, we require involvement of other influential sectors of the society such as faith and community leaders, social and traditional media influencers and prominent artists.

1. People living with HIV on, or off treatment

The target population for this campaign will be as follows:

- **Adult people living with HIV on, or off, HIV treatment**: Adult people living with HIV have good understanding of HIV treatment and benefits of living a long and healthy life, however, they fear widespread social judgment if their status is revealed. This acts as a barrier to taking ARVs. Other people living with HIV feel that ARVs are a daily reminder of their life not being how they want it to be. The Stigma Index of 2016 revealed existence of psychological issues that included low self-esteem, self-blame, feeling of shame, guilt, blaming others, feelings of deserved punishment and suicidal ideation among people living with HIV due to depression. Such issues are likely to culminate into defaulting treatment and poor VLS rates.
- **Pregnant women and lactating mothers**: The mental burden that comes with pressure to digest a new HIV-positive diagnosis at an antenatal clinic and fears of disclosing this information to a partner has potential to mislead a pregnant woman to default HIV treatment. This happens despite the benefits of HIV treatment being a motivator to help her stay on treatment. The same dilemma is faced by a lactating mother who needs to be on treatment consistently throughout the lactating period.
- **Persons with disabilities**: Access to healthcare is a challenge for people with disabilities, especially those with impaired vision and hearing. Not only do they face the double stigma of two health conditions but may also experience abuse and violence.

2. Population groups that are highly likely not to suppress/drivers of incidence.

According to Malawi HIV program data, young people living with HIV on ART are unlikely to attain VLS due to non-adherence to treatment than adults. In addition, men, sex workers, MSM, and transgender persons are somewhat mobile and have limited access to health care services including adherence counselling as they access treatment from one point to another with likelihood of changing identities when accessing ART. VL monitoring for this population remains challenge.

- **Key populations**: MSMs and transgender (TG) persons are largely an underground population due to unfavourable cultural and legal environment. For MSM, criminalization of sexual behaviours, prevalent homophobia and discrimination at facilities, and fear of disclosure of sexual orientation or practices by health providers or other recipients of care pose significant barriers to accessing HIV treatment.
- **Men**: Men of middle age groups (25-40 years) in Malawi are among mobile populations; they have poor health seeking behaviours because they value social economic activities more than health due to norms relating to masculine invincibility. Men have the tendency of using their partner/spouse's HIV-status as a proxy for their own HIV status. They suffer denial and self-stigma and discrimination and are most likely not to disclose HIV status to sexual partners than women.
- **Young people living with HIV**: Young people living with HIV aged between 10-24 falls under the policy category of AGYW as well as adolescent boys and young men (ABYM). These groups are face a higher risk of defaulting treatment due to various reasons that include depression, long distance to ART clinics, non-flexible opening hours, long waiting times at the clinic, stigma and discrimination (including self-stigma), negative reactions and attitudes from care

givers, unstable guardianship especially for the orphaned and issues around the age of consent for HIV testing and treatment[7]. Delayed or no disclosure also impacts on treatment uptake in this group.

3. Influencers for the campaign

Influencers play a key role in motivating treatment uptake among people living with HIV. They have influence on family values, religion, culture, and power dynamics. The following are the targeted influencers for the T=T campaign in Malawi.

- **Care providers**: Care providers, medical and non-medical, play a critical role in providing treatment, care and support for HIV and opportunistic infections. The quality of services and information delivered to persons living with HIV in health delivery platforms will often determine an individual's ability to remain in care or not. Supporting care providers to deliver empowering T=T messages will consequently influence people living with HIV to remain on treatment and attain VLS.
- **Religious leaders**: Faith healing claims are common in religious communities. These claims influence People Living with HIV to stop treatment. Equipped with the right information on HIV, religious leaders have the capacity to reverse misconceptions and misguided beliefs that make people living with HIV discontinue treatment. Religious leaders are powerful influencers within the religious community as they build relationships, trust and following of many individuals and they are potential asserts for the T=T campaign.
- **Community leaders**: Community leaders have many roles that impact people living with HIV. These roles include providing advice and encouragement, regulating and restricting harmful cultural practices, formulating by-laws, and handling sexual abuse complaints. Over years, community leaders have played a role in facilitating community care of people living with HIV. T=T campaign will leverage on these roles and support the integration of campaign messaging in existing community structures and support systems that promote treatment adherence, continuity and VL suppression.
- **Social media influencers:** Social media platform offers opportunities of delivering treatment literacy messages to sub-populations that may not easily be reached through traditional media. The use of social media influencers has proven beneficial in recent years. Social media influencers utilise a variety of platforms including Facebook, WhatsApp and Instagram to express their opinions on specific issues, consequently influencing their audience. Social Media Influencers will therefore play a role in promoting HIV treatment literacy and attainment of VLS especially among young people living with HIV.
- **Artists:** Artists are crowd pullers who use music, poems and other creative arts to attract people. Using the same creative arts, artists have proven to have a positive impact in influencing behaviour change in the public and can use the same channels to influence HIV treatment adherence for VLS.

[7] Shubber Z, Mills EJ, Nachega JB, Vreeman R, Freitas M, Bock P, et al. (2016) Patient-Reported Barriers to Adherence to Antiretroviral Therapy: A Systematic Review and Meta-Analysis. PLoS Med 13(11): e1002183. doi: 10.1371/journal.pmed.1002183

6. Key campaign strategies and delivery approaches

Campaign strategies

Activities for the campaign will focus on four key strategies which aim to; (i) Increase access and uptake of HIV treatment information to 95% of people living with HIV, (ii) Increase routine viral load testing coverage among people living with HIV from 60% to 95%, (iii) Strengthen social and community mobilization interventions on T=T strategy scale-up and (iv) Strengthen advocacy interventions on T=T strategy scale up by 2026.

Campaign delivery approaches by target populations and target influencers

The campaign will employ a range of approaches ranging from conventional awareness and demand creation methods to new methods which will require innovation.

Campaign approaches by target population:

General population

- Mass media campaigns
  - Electronic media
  - Print media (posters, etc.)
  - Virtual awareness and demand creation using professional sites, social media platforms and search engines
- Use of influencers
  - Faith leaders
  - Traditional leaders
  - Artists and entertainers
- Digital exchange of the information through Chipatala cha pa Foni

People living with HIV

- Treatment and care awareness campaigns through platforms for people living with HIV.
  - Support groups
  - Organizations for people living with HIV
  - HIV care clinics
- Digital transmission of VLT results to reduce turn-around time.

Men

- T=T messaging in Male-friendly clinics.
- Use of Influencers
  - Male champions
  - Faith influencers (e.g., men's ministry)
- Male-targeted awareness campaigns
  - Electronic media
  - Print media
  - Virtual awareness and demand creation using professional sites and social media platforms

Young people living with HIV

- Peer-to-peer treatment literacy in youth and teen clubs
- Virtual awareness and demand creation
  - Search engines
  - Social media platforms
- Digital exchange of information through Chipatala Cha Pa Foni.
- Use of influencers

- Artists and entertainers
- Young treatment advocates

Pregnant and lactating mothers

- In-person treatment literacy sessions in antenatal (ANC) and under 5 clinics
  - Use of Mentor mothers
  - Use health care workers (HCWs)
- Provision of adherence support
  - Use of Mother groups
  - Use of peer navigators through home visits.
- Awareness campaigns and demand creation through
  - electronic media
  - print media (posters, etc.)
  - Virtual awareness and demand creation using search engines and social media platforms

Key populations (FSWs, MSMs, TGs)

- Awareness campaigns and demand creation through
  - Virtual awareness and demand creation using dating sites, KP sites and social media platforms
- Digital exchange of information through the use of
  - SMS platforms
  - Chipatala cha pa Foni
- In-person treatment literacy sessions in safe spaces
  - Use of peer educators/navigators

Persons with disabilities

- Awareness campaigns and demand creation through print media
  - Publishing messages in appropriate forms such as braille and colourful printing
- Awareness campaigns and demand creation through electronic media
  - Recording of messages in sign language

Campaign approaches by target influencers:

Care providers

- Integration of T=T messaging into day-to-day work in facilities and communities
- Integration of T=T messaging into pre-service and in-service trainings on ART and prevention of mother-to-child transmission (PMTCT) for healthcare workers and expert clients.

Religious leaders

- Integration of T=T messaging in religious sermons and activities.

Traditional leaders

- Integration of T=T messaging in traditional and community activities
- Development of by-laws that are in line with the T=T campaign

Social media influencers

- Awareness and demand creation through
  - Blogging
  - Audio-visual materials
  - Opinion polling
  - Hosting live sessions with subject matter experts

Artists and Entertainers

- Awareness and demand creation through
  - Audio-visual materials
  - Talks during events
  - Ambassadorship through social, print and electronic media

7. Roles and Responsibilities for successful implementation of the campaign

The following institutions will implement various roles and responsibilities guided by their mandate for the successful implementation of the campaign:

1. **Ministry of Health – Department for HIV, AIDS, STIs and Viral Hepatitis**
   - Technical oversight on the biomedical component of the campaign
   - Ensuring that the campaign aligns to national HIV Care and Treatment guidelines.
2. **Ministry of Health – Health Education Services**
   - Quality assurance of T=T messaging
3. **National AIDS Commission**
   - Technical oversight on the campaign
   - Ensuring that the campaign is implemented in accordance with the HIV and AIDS Prevention and Management Act of 2018 and that it aligns to relevant national documents
   - Vetting and accreditation of campaign messages before publishing and disseminating to public
4. **Local Assemblies**
   - Provide technical oversight and coordinate the implementation of the campaign at district level
   - Integrate T=T messaging into day-to-day clinic/community activities
   - Dissemination of T=T messaging
   - Distribution of IEC materials to facilities and communities
5. **Civil Society Organizations**
   - Lead advocacy and implement the campaign.
6. **Development Partners**
   - Provide funding for campaign.
7. **Implementing partners**
   - Allocating resources towards implementation of the campaign activities
   - Implementation of the T=T messaging.
   - Integrating T=T in existing HIV activities
8. **Faith-based organizations**
   - Implementation and advocacy.
9. **People living with HIV sector**
   - Advocate and mobilise resources for campaign.
   - Dissemination of T=T messaging to networks of people living with HIV

8. Implementation Plan

Strategic Objective 1: Increase access and uptake of treatment information to 95% of people living with HIV by 2026

Goal	Specific objective	Activities	Outputs	Baseline (2021)				Target																Leading Agent
								2022				2023				2024				2025				
Raise awareness on T=T	To standardise and harmonize the T=T Campaign	Implement policy guidance on T=T communication campaign	T=T literacy manual implemented				X																	MoH – DHA, NAC
		Develop an operational guide for the T=T campaign	Operational guide to be part of the strategy					X																MoH – DHA, NAC
		Integrate T=T in HIV clinical management training curriculum for service providers	T=T campaign messaging is integrated in the in-service HIV clinical management curriculum for service providers					X																MoH – DHA
		Publish and Disseminate the T=T campaign strategy to all relevant stakeholders	Dissemination of the T=T Campaign strategy						X	X														MoH – DHA, NAC
		Conduct stakeholder mapping	Listing of all stakeholders working on T=T related activities							X														MoH – DHA, NAC
	To increase knowledge of treatment among communities of people living with HIV	Orient PLHIV organizations on the T=T campaign	# of PLHIV organizations oriented					X																NAC
		Design, develop, and produce behaviour change communication materials including radio, television and print and social media materials	BCC Materials including radio, TV and Print materials							X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC, MoH- DHA & HES
		Disseminate T=T BCC messages and materials to all target populations and relevant stakeholders	Disseminated T=T Policy, IEC messages and materials							X	X													NAC, MoH- DHA & HES

Goal	Specific objective	Activities	Outputs	Baseline (2021)				Target																Leading Agent
								2022				2023				2024				2025				
		Engage and Train Social Media influencers to disseminate T=T Campaign messages	Trained Social Media influences							X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC, MoH- DHA & HES
		Engage traditional Media Partners on the T=T campaign	T=T messages disseminated through traditional media							X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC, MoH- DHA & HES
		Engage and Partner with search engines ad selected social media platforms such as twitter to disseminate messages on T=T campaign	Disseminated messages								X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA, NAC
		Support media monitoring for T=T campaign messages across various media platform	Media coverage reports								X	X	X	X	X	X	X	X	X	X	X	X	X	NAC, CSOs
		Engage a telecommunications service provider to support USSD and SMS communications on T=T messaging for the general public	# of T=T messages disseminated using USSD and SMS								X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA, NAC
		Engage media to disseminate T=T messages using various platforms Sponsor ads on search engines and social media to raise awareness on T=T	T=T messages disseminated using media platforms # of people reached through search engines and social media with T=T sponsored ads								X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA, NAC
	To increase awareness of Health Care	Integrate T=T in existing job aids and tools for peer educators	# Of Primary level HCW capacitated on T=T campaign								X	X												MoH, NAC

Goal	Specific objective	Activities	Outputs	Baseline (2021)				Target																Leading Agent
								2022				2023				2024				2025				
	Providers on T=T Campaign	Building capacity of HCWs through trainings, supportive supervision and mentorship on T=T campaign strategy	# Of Primary level HCWs capacitated on T=T campaign					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC
		Integrate T=T information and messages in routine HIV services	T=T Messages are integrated in HIV IEC materials							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH – DHA
		Train mentor mothers to provide ongoing treatment literacy education sessions, counselling and peer support to pregnant and lactating mothers	# of mentor mothers trained in treatment literacy education sessions, counselling and peer support.							X	X	X	X	X	X	X	X	X	X	X	X	X	X	
		Train Mother groups to provide coaching, peer support, and referrals to pregnant and lactating mothers.	# of Mother groups trained in coaching, peer support, and referrals							X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	To promote gender responsive and non-discriminatory services progressively accessible to couples (women and men), adolescent boys and girls and key populations on ART	Conduct gender sensitive and rights based, person to person and couple dialogues in communities on ART	# of person to person/couple dialogues conducted							X	X	X	X	X	X	X	X	X	X	X	X	X	X	IPs, CSOs
		Integrate T=T messages in male friendly clinics	# of Male-friendly clinics integrating T=T messages							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MoH – DHA, IPs

Goal	Specific objective	Activities	Outputs	Baseline (2021)				Target																Leading Agent
								2022				2023				2024				2025				
	Raise awareness of T=T campaign among men	Identify and use male influencers and champions to promote T=T	# of male influencers disseminating T=T messages							X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC , CSOs
		Conduct male targeted awareness campaigns in venues where men are found	# of male targeted awareness campaigns conducted							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH – HES, NAC, CSOs
		Disseminate digital messaging on T=T using pop up advertising on betting and dating sites	# of men reached with T=T messages through digital platforms							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH – HES, NAC, CSOs, IPs
	Raise awareness of T=T campaign among young people	Integrate T=T in sports and entertainment events targeting young people	# of sports and entertainment events integrated T=T messages							X	X	X	X	X	X	X	X	X	X	X	X	X	X	
		Disseminate T=T messaging using social media platforms targeting young people	# of young people reached with T=T messages through social media							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH, NAC, IPs, CSOs
		Identify and use youth influencers and champions to promote T=T	# of youth influencers disseminating T=T messages							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH, NAC, IPs, CSOs
		Integrate T=T campaign messages in teen club activities	# of teen clubs integrating T=T							X	X	X	X	X	X	X	X	X	X	X	X	X	X	MOH, NAC,
	Exchange of T=T information through Chipatala Chapafoni and similar platforms	Build Capacity of CCPF call centre team and others on T=T	# of people oriented to support T=T through CCPF and others							X														MOH, NAC,
		Create T=T Content and job aids for CCPF team	Content and job aids developed							X	X													MOH, NAC,
		Integrate T=T messages in existing digital exchange operators training manuals	T=T integrated in training manuals							X														MOH , NAC

Goal	Specific objective	Activities	Outputs	Baseline (2021)				Target																Leading Agent
								2022				2023				2024				2025				
	To increase knowledge of treatment among key populations (FSW, MSM, TG) living with HIV	Integrate T=T content in peer educators/navigators training manuals and tools to provide ongoing treatment literacy education sessions, counselling and peer support to KPs living with HIV	# of KP peer educators/navigators trained in treatment literacy education sessions, counselling and peer support.							X				X				X				X	X	NAC, CSOs
		Support the delivery of T=T sessions to KPs living with HIV	# of T=T sessions for KPs living with HIV supported							X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC, CSOs

Strategic Objective 2: To increase viral load testing coverage among people living with HIV from 60% to 95% by 2026

Goal	Objectives	Activities	Indicator	Baseline (2021)	Target																Leading Agent
					2022				2023				2024				2025				
95% of PLHIV access routine VL testing by 2026	To empower PLHIV to demand VLT and results	Promote demand for VLT and results through peer educators, faith leaders	# of clients demanding for VLT and results			X	X	X	X	X	X	X	X	X	X	X	X	X	X	
		Conduct awareness campaigns at community and national level on VLT and results	Increase awareness on VLT and results			X	X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA, NAC
	To strengthen VL monitoring system	Establish facility-based, low-cost quality improvement initiatives on VLT and result transmission	# Of Low-cost QI initiatives on VLT & Result transmission established			X	X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA
		Promote use of digital transmission of Results to providers and clients	# Of results transmitted digitally			X	X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA
		Offer community-level sample collection	# of Community-level sample collection pints established and community samples collected					X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA

Strategic Objective 3: To strengthen social and community mobilization interventions on T=T strategy scaleup by 2026

Goal	Objectives	Activities	Indicator	Baseline (2021)	Target								Leading agent
					2022		2023		2024		2025		
Establish a sustainable resource base to meaningfully support the T=T campaign by 2026	To mobilize communities to support the T=T campaign	Support community leaders to establish community structures and systems supporting T=T campaign	# of community structures mobilized and engaged		X	X	X	X	X	X	X	X	NAC, CSOs
		Empower support groups through trainings	# of support groups empowered with skills for community mobilization and engagement		X	X	X	X	X	X	X	X	NAC, CSOs
		Establish community-led monitoring and evaluation for T=T	Community-led M & E for T=T Established		X	X	X	X	X	X	X	X	NAC, MoH, CSOs
		Orient community influencers on the T=T campaign	# of influencers oriented to support T=T campaign		X	X	X	X	X	X	X	X	NAC, CSOs
		Use influencers and social media to reach out to youth in institutions of Higher Learning to promote the campaign	# of influencers used for campaign		X	X	X	X	X	X	X	X	NAC, CSOs
		Engage mother bodies of denominations such as ECM, EAM etc to cascade T=T messages across all faith structures	# of mother bodies engaged and oriented on T=T		X	X	X	X	X	X	X	X	NAC, CSOs
		Tailor T=T messaging into support group manuals	Support group manual revised to include T=T		X	X							NAC, MoH, CSOs
		Conduct Training of Trainers for Support Group Leaders on T=T	# of ToTs trained		X	X							NAC, MoH, CSOs
		Identify and orient PLHIV T=T champions at community level	# of champions identified and oriented		X	X							NAC, MoH, CSOs

Strategic Objective 4: To strengthen advocacy interventions on T=T strategy scale up by 2026.

Goal	Objectives	Activities	Indicator	Baseline (2021)	Target																Leading Agent
					2022				2023				2024				2025				
Enhance advocacy structures and mechanisms	To mobilize communities to support the T=T campaign	Conduct resource mobilization campaigns with various stakeholders	Number of resource mobilisation campaigns conducted			X	X	X	X	X	X	X	X	X	X	X	X	X	X	All partners and stakeholders
		Engage stakeholders on resource gaps, programmatic gaps, program updates, quality issues	Number of stakeholder engagement meetings conducted			X	X	X	X	X	X	X	X	X	X	X	X	X	X	MoH-DHA, NAC
		Appoint an ambassador for the campaign	Appointment of a campaign ambassador			X														T=T National taskforce

9. Monitoring and Evaluation

The Department of HIV & Viral Hepatitis will have the overall responsibility of monitoring and evaluating the implementation of this strategy. A results Framework to track implementation of the strategy will be used to monitor progress on implementation of this strategy. Key sources of data for tracking progress will be both qualitative and quantitative. Treatment cascade indicators (outcome and process will be utilised to measure performance of this strategy.

The following will be key sources of data:

DHAMIS: DHA management information system (DHAMIS) will be used to track treatment cascade indicators including ART linkage data, VLT and suppression data and VLT coverage data. This data is already tracked routinely at quarterly intervals and will there-fore continue to be used to review the performance of T=T campaign. Specific indicators and targets have been included in result framework matrix

LMIS: Laboratory Management Information System (LMIS) will be used to track and measure some VLT indicators.

CLM: Special attention has been raised on the use of community led monitoring (CLM) tools in measuring quality of service and experiences of recipient of care with service delivery. In the implementation of the T=T campaign, CLM tools will be used to measure some treatment literacy indica-tors. Refer to the matrix below.

Demographic Health Survey (DHS): A few outcome-level parameters will be measured through DHS including measuring changes in knowledge and perceptions around T=T concept.

LAHARS: The Local Authority HIV and AIDS Assessment and Reporting System (LAHARS) housed at NAC will capture community indicators on HIV and AIDS.

Table 6: Results Framework to track implementation of the strategy

Strategic area	Outcome	Indicator	Indicator definition	Baseline	Target	Data source	Frequency	Responsibility
Treatment monitoring (VL)	Increased number of clients who are virally suppressed	Proportion of PLHIV and on treatment that are virally suppressed	Number of PLHIV and on treatment with a documented suppressed VL result divided by number of PLHIV and on treatment with a VL result	95%	95%	LIMS	Quarterly	MoH - DHA
	Reduced time taken for VL results to be given to a recipient of care	Proportion of recipients of care who receive their VL result within 4 weeks	Number of VL results received by recipients of care (RoC) within 4 weeks divided by Number of VL samples collected	???	80%	DHAMIS	Quarterly	MoH - DHA
	Improved VL coverage	Proportion of PLHIV and on treatment with a VL test done	Number of PLHIV and on treatment with one VL test done divided by number of PLHIV and on treatment	60%	95%	DHAMIS & LIMS	Quarterly	MoH - DHA
	Increased number of recipients of care who are newly initiated on treatment	Proportion of newly diagnosed recipients of care linked to ART	Number of newly diagnosed recipients of care started on ART divided by total number of new positives	98%	99%	DHAMIS	Quarterly	MoH - DHA
	Increased number of clients who restart treatment	Proportion of clients who restart treatment after treatment interruption	Number of clients who restart treatment after treatment interruption divided by total number of clients that are lost to follow up	N/A	95%	EMR HIS Dashboard	Quarterly	MoH-DHA
	Reduced number of new infections	Number of new positives reported annually	Number of new positives per defined national population	19,000	11,000	HIV Spectrum Estimates MPHIA Survey report	Annually	NAC MoH - DHA
	Increased demand for VLT and results	Number of VLTs done annually	Number of VLTs done divided by the number of eligible clients annually	60%	95%	DHAMIS	Quarterly	MoH - DHA
Treatment literacy	Increased treatment literacy among the PLHIV on ART and their communities	Proportion of PLHIV and on treatment reached with T=T messages	# of PLHIV and on treatment reached with T=T messages divided by adult	N/A	60%	Community Led Monitoring	TBD	Civil Society Advocacy Forum

Strategic area	Outcome	Indicator	Indicator definition	Baseline	Target	Data source	Frequency	Responsibility
			population of PLHIV and on treatment			MDHS; MPHIA		NSO
	Reduced anxiety associated with HIV testing and treatment	Proportion of PLHIV and on treatment with improved mental health outcomes	# of PLHIV and on treatment with improved mental health outcomes divide by # of adult PLHIV and on treatment	N/A	60%	Community Led Monitoring (PHQ tools)	Bi-Annually	Civil Society Advocacy Forum Research institutions
	Reduced misconceptions associated with HIV testing and treatment	Proportion of population who reject incorrect information about T=T	# of people who reject incorrect information divide by total sample population	N/A	60%	MDHS	TBD	MOH-DHA NSO NAC CSO Research institutions
	Motivated PLHIV who return and stay on treatment	# of PLHIV aged 15+ retained in care	# of PLHIV aged 15+ returned and retained on treatment divided by total # of PLHIV and on treatment who returned	78%	85%	DHAMIS	Quarterly	MoH-DHA
	Increased appreciation of clinical benefits associated with treatment regimens and VL monitoring	Proportion of PLHIV with knowledge of clinical benefits of treatment monitoring	Number of PLHIV aged 15+ with knowledge of benefits of treatment divided by total number of PLHIV (Sample size)	N/A	65	Community-Led Monitoring MDHS	TBD	MOH-DHA NAC NSO Research institutions

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