Communications Strategy for “Immediate Access to ART for All”

Emerging lessons from Swaziland

Emma Mafara
Clinton Health Access Initiative, Swaziland
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Presentation Overview

- Context
- Results and learnings formative rapid assessment
- Development of the communications strategy
- Main elements of the communications strategy/message development
- Future directions/next steps
Context Swaziland

- Population of Swaziland: ~1.1 million people
- Highest HIV prevalence and highest TB incidence in the world
- 31% prevalence among 18-49 year olds
- 2.38% incidence among 18-49 year olds
- 80% TB patients also HIV infected
- HIV disproportionately affects women –HIV incidence is higher among women (3.1% for women and 1.7% for men)
- 94% of new infections in adults arise from heterosexual transmission—the main mode of HIV transmission in Swaziland
The MaxART programme

- Led by the Government of Swaziland, a consortium of multi-disciplinary stakeholders is managing an initiative called, *MaxART – Maximizing ART for Better Health and Zero New HIV Infections*.

- The first phase of MaxART started in July 2011, focused on *improving access to and uptake of HIV services* in Swaziland, and preparing the ground for the second phase.

- The MaxART *Immediate Access to ART for All Demonstration Project* is the second phase: to test the approach of providing ART to all people living with HIV aged 18 years and above regardless of CD4 count, stage or viral load in a government managed healthcare system.
Why the communications strategy?

- Other studies* and current experiences from interventions offering lifelong ART to pregnant mothers in Swaziland have noted the need for expanded communications programs to support the roll out of ART in order to: **provide information and support to different target groups, answer queries, prevent misinformation regarding antiretroviral therapy and provide information on the location of services**

- The context is also characterized by **frequent changes in HIV messages informed by science** e.g. changes in ART initiation guidelines creating lots of skepticism and mistrust.

- This stressed the importance of effective communication, including informed decisions on **appropriate messages and communication channels**, in supporting urgent treatment and care initiatives.

- Prior to the design and implementation of the communications strategy a **formative rapid assessment** was conducted to have a deep understanding of the priority audiences.

Objectives of formative rapid assessment.

- to identify **specific audiences** for an Immediate Access to ART for All communication strategy and gauge the attitudes and opinions of this audience segment in relation to early ART.

- To understand **the barriers and motivators** of early ART among intended audiences.

- To understand lessons learned and effective strategies from other interventions- particularly those on going providing lifelong ART to all HIV+ pregnant women in Swaziland.
Study design

- 8 FGDs with community target groups
- 26 in-depth interviews with community target groups
- 18 key informant interviews
- Desk review including the Pre-Study assessment conducted between April and June 2013 to understand the perceptions of Health providers and people living with HIV about early ART
Results (1) Participants opinions to start ART early

Motivators to early ART
- Accepting because of fear of being seen sick*
- Strength and better health
- Prolonged life
- Will accept if provider says so*

“If I start now when I am not sick, people will never know that I am living with HIV.” *(male 39yrs)*

“If I go to the clinic and the nurse thinks, I should start then I will have to start because they know what is good for me” *(female 21yrs)*
Results (2) Barriers to starting ART early

Barriers to early ART

- Cannot start when feeling healthy*
- Fear of side effects*
- Fear to commit to lifelong treatment
- Stigma
- Disclosure

“In the past, providers told people that since their CD4 count was above 350 they could delay starting treatment and eat well. Why should I start treatment now when I feel healthy and my CD4 count is over 350?” (Man 43yrs)

“I have seen that when you start these drugs you become disfigured, your face and body will become ugly and everyone will know that you are HIV positive. Some people even become sicker and die. I would rather not start early” (Female 28yrs)
Results (3) Intentions specific to prevention benefits of early ART

- Prevention and individual health benefits both motivating factors to start ART early.

Barriers to starting early ART for prevention benefits

- Fears of drug resistance*
- Fears about possible misuse of information*
- Negative impact on condom use

*No, I will not. I heard that if you are HIV positive and on ARVs you cannot have sex without a condom, you will give them a drug resistant HIV which nurses cannot treat” (Female 34yrs Hhohho region)

“Personally I think it is nice information to have for the health worker and not the client, because you know what people do, they will tell themselves I am not infectious and they will be spreading the HIV” (Senior nurse-In charge- Pre-study assessment by E. Vernooij and M. Mehlo April 2013)
Conclusions & Recommendations: formative rapid assessment

There are a number of factors, which could undermine the successful roll-out of Immediate Access to ART for All.

- These include: a lack of accurate knowledge about ART treatment options, coupled with a number of myths and misconceptions, and poor attitudes and perceptions to ART
- Stigma
- Willingness of people to start using ART prior to feeling sick

The implementation of early ART for HIV prevention presents an opportunity to re-orientate conversations to the benefits of early ART, emphasizing the role of ART in maintaining health and as part of an HIV prevention package.

- Need to increase knowledge and build health provider and community awareness of individual and public health benefits of early ART.
Communications strategy: The process

1. State program goals
2. Identify target population
3. Understand your target population
4. Segment population
5. Define behavioral objectives
6. Develop strategy and monitoring tools
7. Develop Communication products
8. Pretest
9. Implement and Monitor
Main elements of the communications strategy and message development

- Modeling of empowering health provider-client relationships
- Tailoring of messages on benefits of early ART
- Creative communication approaches
Priority audience segments

Two distinct segments emerged from the formative assessment:

1. **Primary audience**:
   - Health providers (frontline health workers, clinic ancillary staff, community based health workers, clinic supervisors, community health committees)
   - men and women 18 years and above
   - Families
   - couples
   - Adolescents

2. **Secondary audience**:
   - opinion leaders
   - PLHIV (support groups)
   - CBOs and other NGOs, civic society groups
   - Regional Health Mentors and Regional Management Teams
   - Media
   - AIDS coordinators (District and National)
Communications objectives

- To build **awareness** and **increase comprehensive knowledge** about the benefits and possible risks of Immediate Access to ART for All to target groups by 60% from current baseline.
- To **enhance access** to, and **uptake of**, accurate, adequate and timely information to support **utilization** of Immediate Access to ART for All for PLHIV and their families.
- To **enhance communication skills** of health providers and other key players to deliver quality Immediate Access to ART for All services.
Messaging - The process

- Development of audience profile
- Identification of desired behavior change
- Identification of information
- Development of key benefit statements
- Development of messages from key benefit statements
- Pretest messages with target audience
- Analyze & interpret results
Key generic message

**Key Promise**
Early initiation of ART irrespective of CD4 count improves quality of life

**Supporting points for early ART initiation**
- It keeps PLHIV healthy and reduces the risk of TB.
- When ART is taken correctly and consistently and is used together with male or female condoms; it reduces the risk that a PLHIV will pass the HIV virus to their sex partner

**Message points for adherence**
- Starting ART is a lifelong decision that PLHIV have to make on their own
- ART must be taken correctly and consistently for the benefits to be realized
Messaging approach

Phase 1: increase knowledge & build awareness

Phase 2: build the will by removing barriers

Phase 3: Reinforce action by promoting access to services
Strategic approach

Social Mobilization
(To build context to support effective access to intervention)

Community Mobilization

Interpersonal Communication
Health providers
Individuals & community

Advocacy
Future directions

- Need to capitalize on the **identified determinants of behavior** to successfully implement “Immediate Access to ART for All”

**Next steps:**

- Design and test communications interventions to improve uptake of “Immediate Access to ART for All”
- Determine acceptability of “Immediate Access to ART for All” messages among targeted audiences.
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