

KINGDOM OF CAMBODIA  
NATION RELIGION KING



**COMMUNICATION STRATEGY**  
**FOR A UNDETECTABLE=UNTRANSMITTABLE**  
**CAMPAIGN IN CAMBODIA**  
**2021-2025**



*Ending AIDS as a Public Health Threat by 2025*

***Undetectable=Untransmittable is your key to a healthy  
and happy life if you are a person living with HIV!***

*Disclaimer: The images and photos in this document are used for illustrative purposes only. They do not imply a particular health status, attitude or behaviour on the part of any person appearing in the photographs.*

# ACKNOWLEDGEMENTS

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This communications strategy was developed with assistance of Marie Noelle BELOT, international consultant, with overall guidance provided by NCHADS and UNAIDS.

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This communication strategy and approaches for U=U campaign brought together experts in human-centred approach; information, education and communication (IEC); social and behaviour change (SBC); clinical background; community engagement; advocacy; information and communication technology (ICT); social marketing and monitoring and evaluation.

We thank all of you for your participation and contribution.

Phnom Penh, March 11, 2021

**Director of NCHADS**



**Dr.LY PENH SUN**

# LIST OF ABBREVIATIONS

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<b>ART:</b>	Antiretroviral therapy
<b>AUA:</b>	ARV Users Association
<b>CDC:</b>	U.S. Centers for Disease Control and Prevention
<b>CPN+:</b>	Cambodian People Living with HIV Network
<b>CRS:</b>	Catholic Relief Services
<b>CSO:</b>	Civil Society Organizations
<b>EpiC:</b>	Meeting Targets & Maintaining Epidemic Control Project
<b>FHI360/EpiC:</b>	Family Health International 360/EpiC project
<b>GPC:</b>	Global HIV Prevention Coalition
<b>HCP:</b>	Health Care Providers
<b>IEC:</b>	Information Education Communication
<b>JAMA:</b>	The Journal of the American Medical Association
<b>KHANA:</b>	Khmer HIV/AIDS NGOs Alliance
<b>KP:</b>	Key Populations
<b>LTFU:</b>	Loss to follow-up
<b>MMD:</b>	Multi-Month Dispensing of ARV
<b>NAA:</b>	National AIDS Authority
<b>NCHADS:</b>	National Centre for HIV/AIDS, Dermatology and STD
<b>NEJM:</b>	New England Journal of Medicine
<b>NSP V:</b>	The Fifth National Comprehensive and Multisectoral HIV Strategic Plan
<b>PAC:</b>	Prevention Access Campaign
<b>PE:</b>	Peer Educators
<b>PEP:</b>	Post-exposure prophylaxis
<b>PLHIV:</b>	People Living with HIV
<b>PrEP:</b>	Pre-exposure prophylaxis
<b>PSF:</b>	Patient and Provider Satisfaction Feedback
<b>RHAC:</b>	Reproductive Health Association of Cambodia
<b>ROI:</b>	Return on Investment
<b>SBCC:</b>	Social Behaviour Change Communication
<b>SD:</b>	Stigmatization and discrimination
<b>SMS:</b>	Short Message Service
<b>STI:</b>	Sexually Transmitted Infections
<b>EW:</b>	Entertainment Workers
<b>TOT:</b>	Training of Trainers
<b>U=U:</b>	Undetectable=Untransmittable
<b>UNAIDS:</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID:</b>	United States Agency for International Development
<b>US-CDC:</b>	United States-Centers for Diseases Control and Prevention
<b>VL:</b>	Viral Load
<b>WAD:</b>	World AIDS Day
<b>WHO:</b>	World Health Organisation

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## EXECUTIVE SUMMARY

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This communication strategy for a U=U campaign in Cambodia 2021-2025 builds upon the global leadership of the Government of Cambodia and NCHADS in achieving UNAIDS 90-90-90 targets before deadline and reaching 95-95-95 targets by 2025.

The symbol U=U stands for Undetectable=Untransmittable. It puts a spotlight on the now well-established and scientifically validated fact that a sexually active person living with HIV (PLHIV), who is on anti-retroviral therapy (ART) and has an undetectable viral load, cannot transmit HIV to sexual partners. This is a life-affirming revelation for PLHIV, key populations (KP) who are HIV positive or negative, health care providers (HCP) and others involved in HIV response.

The proposed theme of this campaign is: *“U=U is your key to a healthy and happy life if you are a person living with HIV.”* The central focus is on explaining U=U and promoting positive understanding of it as a reward for staying on ART. That means emphasising the life-enhancing impacts of U=U as motivations to adhere to ART and make the necessary behaviour changes for healthy living. The rewards include enjoying the benefits of U=U, including the freedom to work as desired, fall in love and have happy family lives.

This U=U campaign reaffirms Cambodia’s leadership in HIV response by undertaking a sharply focussed and sustainable U=U communication strategy and campaign to be implemented between 2021-2025. Despite successes over the past 25 years, a key misunderstanding remains in Cambodia among health care providers (HCP) and PLHIV, which have assumed increased importance because of the COVID-19 pandemic and its impacts on PLHIV.

From the U=U perspective, the most important issue is the frequent disbelief among HCP, PLHIV, at risk key populations (KP) and others that U=U is a certainty and not an exaggeration. A U=U campaign is an urgent necessity to clearly establish at all levels of HIV response the perception that ART taken without interruption and supplemented by regular viral load testing does indeed lead to undetectable viral loads and elimination of HIV transmission to sexual partners.

All actors in HIV response must clearly understand that U=U is a fact, based on indisputable scientific evidence. Communication on U=U should establish this comprehension and motivate PLHIV to take ownership of the campaign and become voluntary advocates.

Reaching U=U status requires early HIV testing and initiation on ART, uninterrupted treatment, regular viral load testing and quick access to test results. These and other necessary issues are included in this communication strategy but it remains focussed on messages to establish U=U as a desirable goal worth striving for, especially as Cambodia has health services and other facilities related to HIV response.

It offers guidance and examples of motivational slogans and short and longer messages to create understanding of U=U and how it is achieved. A significant part of messaging focuses on removing feelings of self-stigma and internal stigma linked to HIV+ status and eliminating external stigma from HCP and others in the community. Emphasis is placed on campaign branding, as the central visual asset enhanced with motivational messages disseminated by multi-communication channels like print, radio, television, social media and website.

This U=U campaign suggests an integrated methodology linking four intervention strategies and eleven guiding principles. It includes multi-year operational plans and regular monitoring and evaluation to make changes and improvements as it unfolds over time. These are essential for maintaining flexibility and responsiveness to client needs in local communities over the five-year time period and establish sustainability for a longer term.

The intervention strategies must be implemented simultaneously because they are interlinked and networked as a “whole person” approach. Achieving U=U is a motivation for each individual PLHIV although HIV response is a public health matter. For the individual PLHIV, best results are likely to come from health services responses that care for the whole person, including health issues, self-stigma and external stigma.

This U=U campaign is designed to persuade each PLHIV or at risk KP to understand that U=U offers pathways to a productive life but is not the end of the road. It is the first essential step and its requirements must be maintained as prescribed with support from health services. It encourages PLHIV communities to take ownership of messaging and advocacy within their networks of peers, friends and family as well as with local society and authorities.

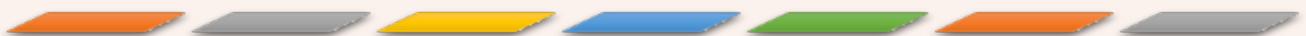
The four intervention strategies suggested are: 1. Mobilize and empower PLHIV and KP for ownership of the U=U Campaign to maximise benefits for them; 2. Strengthen HCP to create an enabling environment for PLHIV and KP; 3. Strengthen advocacy for social change in U=U; and 4. Maximise use of digital technology in the U=U campaign.

The first important step in preparing and implementing a U=U campaign is to develop appropriate messages according to the audience segmentation suggested in this strategy document. The next step would be to train all actors in the HIV response, especially HCP staff, to stabilize understanding of U=U, the scientific evidences of U=U, the viral load serology and other relevant aspects including COVID-19 and its impact on the audiences. A small group of “master trainers” could be trained to run the training sessions all over the country starting in big cities in 2021 going to scale in both rural and urban areas in 2022, 2023, 2024, 2025. The operational plan of action and M&E sections of this document offer suggestions for activities, timelines and evaluation of performance indicators. These will be useful for regularly adapting and improving the U=U campaign to better suit client needs.

# SECTION 1. SITUATION ANALYSIS, LESSONS LEARNED AND BRIEF REVIEW OF LITERATURE

Situation analysis and introduction for U=U in Cambodia  
People living with HIV Stigma Index 2.0 and lessons learned.

- Providers and Patient Satisfaction Feedback (PSF) and lessons learned.
- Brief Review of literature.
- Examples of U=U campaign around the world.
- Examples of U=U campaign in the neighbourhood.
- Lessons learned from other U=U campaigns.



# SITUATION ANALYSIS FOR U=U IN CAMBODIA

## INTRODUCTION

The Government of Cambodia has been a global leader in addressing HIV/AIDS for the past 25 years. Cambodia has been recognised globally for achieving UNAIDS 90-90-90 targets before deadline and the government strongly hopes to achieve 95-95-95 targets by 2025.

Now it is reaffirming leadership by undertaking a sharply focussed and sustainable U=U communication strategy and campaign to be implemented between 2021-2025. The symbol U=U stands for Undetectable=Untransmittable. It puts a spotlight on the vital fact that a person living with HIV (PLHIV) who is on treatment and has an undetectable viral load cannot transmit HIV to sexual partners or anyone else. This is a life-affirming revelation for PLHIV, key populations (KP), health care providers (HCP) and others involved in HIV response.

A U=U campaign is an urgent necessity because often HIV health service providers and PLHIV are not convinced that regular ART treatment does lead to undetectable viral loads and elimination of HIV transmission to others. All actors in HIV response must clearly understand that U=U is a fact based on indisputable scientific evidence. Communication on U=U should establish this comprehension and motivate both HCP and PLHIV to take ownership of the campaign and become voluntary advocates.

Reaching U=U status requires early HIV testing and initiation on ART, uninterrupted treatment, and regular viral load testing and quick access to test results. These and other necessary issues are included in this communication strategy for a U=U campaign in Cambodia. The central focus is on explaining U=U and promoting positive understanding of it as a reward for staying on ART. That means emphasising the life-enhancing impacts of HIV response as motivations to adhere to ART and make the necessary behaviour changes to enjoy U=U status. At the same time, it makes clear that U=U is not an end in itself. It is the first essential step to a healthy life provided its requirements are maintained with support from public health care services. It encourages PLHIV communities to take ownership of messaging and advocacy within their networks of peers, friends and family as well as with local society and authorities.

This U=U campaign includes multi-year operational plans and regular monitoring and evaluation to make changes and improvements as it unfolds over time. These are essential for maintaining flexibility and responsiveness to client needs in local communities over the five-year time period.

## THE SITUATION IN CAMBODIA

In early 2020, 61,926 people living with HIV (PLHIV) were on antiretroviral therapy (ART) in Cambodia (about 84.8% of the total estimated PLHIV), with loss to follow-up (LTFU) averaging more than 2.2% of the total treatment cohort per quarter. From January to June 2020, 1,834 PLHIV were newly enrolled on ART. Limited efforts resulted in locating and re-enrolling only 219 of those lost to follow-up on treatment. Migration for work and other reasons may account for some LTFU, but service quality, stigma, and discrimination may serve as root causes for losing clients.

The first HIV infection was diagnosed in 1991 and the first AIDS case was confirmed in 1993. Since then, Cambodia has substantially reduced the prevalence of HIV in adults ages 15 to 49 years, from 1.7% in

1998 to 0.8% in 2010 to 0.5% in 2019 (NCHADS, 2016; UNAIDS, 2018; UNAIDS, 2019). There were an estimated 780 new infections within the population in 2019, a 62% decline since 2010. AIDS-related deaths declined by 54% between 2010 and 2019 to an estimated 1,300 (UNAIDS, 2019).

In 2013, Cambodia announced its intent to eliminate new HIV infections by achieving the UNAIDS 90-90-90 targets by 2020 and going further to achieve 95-95-95 (and fewer than 300 new HIV infections annually) by 2025, thus coming close to achieving an AIDS Free Generation. As of end 2019, Cambodia had diagnosed approximately 84% of the total estimated PLHIV, placed all diagnosed on ART, and has documented significant viral load suppression of PLHIV on treatment.

To better understand and address client LTFU, the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS), with support from the USAID/PEPFAR-funded LINKAGES project, developed patient and provider satisfaction feedback (PSF) tools. The discriminatory attitudes of health facility staff toward PLHIV are readily recognized by ART clients and may influence their decisions about staying in care. Staff feedback to assess those attitudes was solicited using the PSF tools. NCHADS subsequently suggested that motivational counseling skills and U=U awareness will be added into the Health4All training curriculum.

### **People living with HIV stigma index 2.0 (Cambodia, November 2019)**

The People Living with HIV Stigma Index 2.0 (PLHIV Stigma Index 2.0) was implemented in Cambodia under leadership of the Cambodian People Living with HIV Network. The aims were to understand the causes, extent, and effects of stigma and discrimination experienced by people living with HIV (PLHIV) in Cambodia. The survey received technical support and guidance from the Population Council, National AIDS Authority, and a National Advisory Committee (NAC), comprising members from government, civil society, bilateral and multilateral agencies, and PLHIV and key population networks. It received funding from FHI360 LINKAGES Project/ United States Agency for International Development (USAID) and Joint United Nations Programme on HIV/AIDS (UNAIDS).

Recommendations based on the results of the PLHIV Stigma Index 2.0 included the needs for:

- Promoting HIV/AIDS education.
- Improving client-provider interaction and health service coverage.
- Providing community-based social support.
- Expanding social health protection support.

[https://www.stigmaindex.org/wp-content/uploads/2020/10/Cambodia-SI-Report-2019\\_English.pdf](https://www.stigmaindex.org/wp-content/uploads/2020/10/Cambodia-SI-Report-2019_English.pdf)

### **Lessons relevant to the U=U campaign from Stigma Index 2.0**

The Stigma Index 2.0 findings revealed persistence of internalized stigma (self-stigma) and external stigma in some healthcare settings (especially in non-HIV services).

**Internalized stigma (self-stigma)** should be a central focus of the U=U campaign because it was found to be significantly high across the provinces surveyed. There is substantial lack of understanding on viral load and on detectability and transmissibility. These are directly relevant for communication about U=U.

Generally, more women reported higher levels of shame and feelings of worthlessness, while men reported higher levels of guilt. Some potential reasons for **high internalized stigma** include fewer community-based HIV sensitization activities and self-help/peer support groups and reduced home-based care support.

Self-stigma is a complex issue that depends on many socio-demographic factors and requires further rigorous quantitative and qualitative analyses. But it should be addressed immediately through the U=U campaign.

**External healthcare stigma** occurs when health care providers speak badly to a PLHIV and avoid physical contact. External stigma from other sources was observed to be low in Cambodia but that may also be because of a low rate of disclosure to non-family members.

The U=U campaign's central focus is on PLHIV and KP in Cambodia. It will provide adequate HIV/AIDS education and accurate understanding of the meaning of U=U through activities in different settings, including health care places, at the workplace, entertainment sites and at schools and universities.

Importantly for U=U, viral load testing and viral load suppression are not clearly understood. One-fifth of respondents participating in the Stigma Index 2.0 survey did not know the meaning of viral load suppression. In addition, there is a common misunderstanding that undetectable viral load means being cured of HIV. This needs priority attention since it may cause PLHIV to drop out of treatment and disconnect from HIV support networks.

The U=U campaign addresses these misunderstandings directly because they increase risks of elevated viral loads after having left treatment, rising incidence of STIs, unwanted pregnancy, and potentially new HIV infections as a result of risky sexual behaviours.

The lack of understanding that undetectable viral load means it is untransmissible, but does not cure HIV, may also have negative impacts on perceptions of self-stigma and guilt and external stigma towards PLHIV.

### **Lessons from Patient and Provider Satisfaction Feedback (PSF) tool**

Priority is given in the U=U campaign to lessons from a recent survey using a Patient and Provider Satisfaction Feedback (PSF) tool. It sought anonymous feedback from health facility staff using an anonymous tablet-based questionnaire survey. They were asked about their perceptions of their clients, their clients' behaviour, HIV, and their own fears and perceived risks about working in an HIV clinic. NCHADS selected one large and one small ART facility in each PEPFAR-supported province, whose clients represented 23.6% of the national ART cohort. The aim was to assess the extent to which health care providers' attitudes and practices contributed to loss of clients.

From July 2018 through July 2020, 372 ART provider questionnaires were completed on tablets. Among these, 60 providers (16.1%) reported avoiding physical contact when providing care or services to PLHIV; 40 (10.8%) reported wearing double gloves when providing care or services; 60 (16.1%) disagreed and 49 (13.2%) strongly disagreed with the statement that "women living with HIV should be allowed to have babies if they wish"; 78 (21.0%) expressed significant concern about contracting HIV from PLHIV while taking blood samples; and 46 (12.4%) felt that even adequate personal protective equipment would not protect them from possible HIV infection.

Based on these findings, the U=U campaign can better integrate with interventions planned to address perceived risks by staff, including staff attitudes and practices related to PLHIV and KP that

are potentially stigmatizing and perceived by clients as discriminatory, resulting in loss to follow-up (LTFU). Importantly, it will communicate that effective ART reduces viral load and transmission risk (undetectable = untransmissible), including mother-to-child transmission.

Some challenges to implementation emerge from the COVID-19 context, e.g., the number of patients participating in the PSF diminished; the PSF national team has not been able to conduct monitoring and coaching during the pandemic because of limitations on travel and gatherings.

(Update on Stigma and Discrimination Reduction Activities in Health Care Settings; National Center for HIV/AIDS, Dermatology and STD (NCHADS), Ministry of Health Cambodia. November 2020.)

## **BRIEF REVIEW OF LITERATURE**

### **U=U IS AN EVIDENCE-BASED GAME CHANGER**

U=U is the most important evidence-based fact about HIV prevention since the beginning of antiretroviral therapy (ART). The U=U campaign highlights recently confirmed scientific findings that deserve more dissemination to PLHIV, key populations (KP), health providers, decision-makers, workplace colleagues, teachers, media and the wider public.

The design of Cambodia's U=U communication takes account of public health safety restrictions imposed because of the current COVID-19 pandemic. The U=U campaign integrates social distancing, hand washing and other sanitary measures to be respected especially at health care service sites used for HIV prevention.

This campaign is designed for the specific purpose of raising awareness about U=U. But its strategic communication recognizes that U=U encompasses almost all the HIV prevention cascade from the first test for HIV through ART, retention, adherence, loss to follow up and healthy living when the viral load is undetectable and untransmittable. It includes health care providers and dispensation of ART in the COVID-19 context, particularly multi-month dispensation (MMD) when necessary to avoid risks. It also addresses offline and online outreach to PLHIV and high risk KP to underline the benefits of U=U to motivate them to get tested, enter the treatment cascade and take responsibility for self-care. (*Strategic Considerations for Mitigating the Impact of COVID-19 on Key Population May 2020. (UNAIDS, EpiC -USAID, PEPFAR, GPC).*)

Achieving U=U is important because it can be transformative for PLHIV and their interpersonal relationships. It affirms that they are not infectious and can be touched and loved. Many PLHIV around the globe face both institutional and personal stigma and discrimination. As a result, many avoid sexual relationships because of their perceived potential to transmit HIV.

U=U is a game changer because it provides hope, generates empowerment and leads to greater feelings of self-esteem, which lead to a better quality of life for PLHIV. Partners can have loving and sexually active relationships with them without worrying about contracting HIV infections. Women living with HIV can become pregnant and bear children without transmitting infection.

The condition for everything is that the PLHIV must maintain undetectable viral levels by continuing daily treatment with antiretroviral therapy (ART). Viral loads must be tested regularly and ART must not be interrupted. Undetectable viral load is defined as having less than 40 copies of HIV per millilitre of blood. ART can make the viral load so low that a test cannot detect it. This is called an undetectable viral load.

While the impact of ART on reducing HIV transmission has been known for a long time, it is new to say it stops sexual transmission. This change is especially important since PLHIV adhering to ART can be recognized as people who should be treated like anyone else, without prejudice and discrimination. The good news is that attainment and maintenance of the first U (undetectable) spontaneously achieves the second U (untransmittable).

Getting to the first U (undetectable) requires awareness that HIV treatment works and easy access is available to seek care, stay in care and live well. The way to start is to get tested to know HIV status and then choose options to stay healthy. Cambodia's U=U campaign addresses this continuum from start to end.

## **WORLDWIDE SCIENTIFIC EVIDENCE: U=U IS EFFECTIVE AND EFFICIENT**

The fact that people living with HIV who are virally suppressed cannot sexually transmit the virus to others is now well recognized in the HIV/AIDS community. In early 2016, the Undetectable=Untransmittable (U=U) slogan was launched by the Prevention Access Campaign (PAC).

HIV organizations across the world have joined the U=U campaign to endorse the statement that HIV sexual transmission does not occur when viral load is undetectable on HIV antiretroviral therapy (ART).

The studies below demonstrated the effectiveness of ART for preventing sexual transmission of HIV. The summaries below are from FHI360-LINKAGES U=U Fact Sheet.

### **HPTN 052 TRIAL**

This trial found that immediate ART initiation reduced HIV transmission between serodiscordant couples by 93 percent.

From April 2005 to May 2015, the study enrolled 1,763 serodiscordant heterosexual couples from Botswana, Brazil, India, Kenya, Malawi, South Africa, Thailand, United States, and Zimbabwe. A total of 78 partners became infected with HIV during the study; of these, 46 were virologically linked to the HIV-positive partner, 26 were not linked, and six could not be traced. Among the 46 linked cases, three were in the immediate treatment arm while 43 were in the delayed arm. Transmission occurred when viral suppression had not been achieved, either due to the timing of treatment (HIV was transmitted shortly before or after treatment initiation by the index partner) or treatment failure.

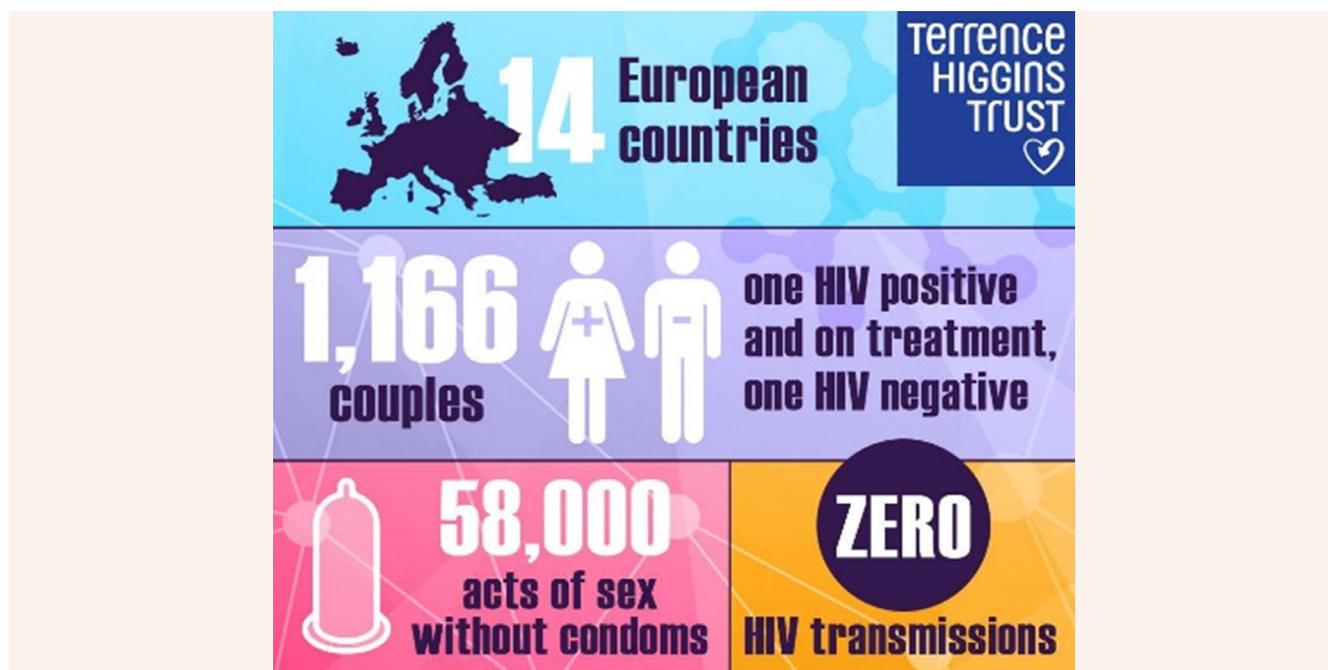
*Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Antiretroviral therapy for the prevention of HIV-1 Transmission. N Engl J Med. 2016; 375:830-839.*

### **PARTNER STUDY**

This study found no documented cases of sexual HIV transmission among serodiscordant couples when the index partner was virally suppressed.

From September 2010 to May 2014, the study enrolled 1,166 HIV serodiscordant couples (both heterosexual couples and men who have sex with men [MSM]) from 14 European countries). All couples reported condomless sex, and the index partner was virally suppressed. A total of 11 HIV-negative partners became HIV infected during the study period, but none of the infections were phylogenetically linked (i.e., newly infected partner did not acquire HIV from the enrolled index partner), making the within-couple transmission rate zero.

Rodger AJ, Cambiano V, Bruun T, Vernazza P, Collins S, van Lunzen J, et al. Sexual activity without condoms and risk of HIV transmission in sero-different couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA*. 2016;316(2):171-81.



## PARTNER 2 STUDY

In PARTNER 2, the PARTNER study continued from 2014 to 2018 with MSM serodiscordant couples only and found no linked HIV transmissions.

“The findings that HIV-positive MSM who were virally suppressed had zero risk of transmitting HIV to their partners, provided the most definitive conclusion yet that antiretroviral treatment is an extremely powerful tool in preventing HIV transmission — and that the concept of U=U can be applied just as reliably to gay men as to heterosexuals.”

Rodger A et al. Risk of HIV transmission through condomless sex in MSM couples with suppressive ART: The PARTNER2 Study extended results in gay men. *AIDS* 2018, 23-27 July 2018, Amsterdam. Late breaker oral abstract WEAX0104LB. <http://programme.aids2018.org/Abstract/Abstract/13470>.

## OPPOSITES ATTRACT STUDY

This study from 2012 to 2015 found no instances of linked HIV transmission among 358 serodiscordant MSM couples from Australia, Thailand, and Brazil.

At baseline, 79.9 percent of the HIV-positive partners were on ART, and 77.9 percent were virally suppressed. About 57 percent reported anal sex with an outside partner during any point in the study follow-up period, and the study included a total of 16,889 acts of condomless anal sex. There were three new HIV infections, but none of them were linked to the enrolled index partner.

Bavinton BR, Grinsztejn B, Phanuphak N, Jin F, Zablotska I, Prestage G, et al. HIV treatment prevents HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil. *IAS* 2017; 2017 Jul 23-26; Paris, France. <http://programme.ias2017.org/Abstract/Abstract/5469>

## EXAMPLES OF U=U CAMPAIGN AROUND THE WORLD.

### UGANDA U=U CAMPAIGN 2017.

The Love-to-Love organization in Uganda, which was established to respond to children and youth born and living with HIV, began championing the U=U message in 2017 to reach people living with HIV. The Love-to-Love staff are highly committed to ensuring that persons aged 15-35 who encounter social, physical, and mental challenges are aware of and knowledgeable about the U=U campaign because they believe it will promote hope and medication adherence and fight self-stigma.

A lesson from Love to Love is to use multiple channels, such as Twitter, radio talk shows, and Facebook to promote the U=U campaign. Additionally, they have held multiple events such as marches and community dialogues in Kampala, Uganda and developed captivating songs that endorse the U=U message. Love to Love engages community gatekeepers so they are able to build and sustain community ties with youth-led organizations, health centres, schools, faith-based organizations, and music and drama clubs. In the future, Love to Love plans to translate U=U into local languages in different regions and to evaluate their promotion and dissemination of the U=U campaign.

(CDC-DGHT U=U strategic toolkit)

### ZAMBIA U=U CAMPAIGN 2019

The main goal of the Zambia U=U campaign is to raise awareness and provide education to Zambians living with HIV about the importance of taking ARV daily to achieve viral suppression and prevent the sexual transmission of HIV.

A lesson is that to help ensure the success of their campaign efforts, the CDC Zambia office aligned their U=U efforts with their existing programmatic work focused on engagement and retention in care for PLHIV. The CDC Zambia office advises PEPFAR-funded countries interested in disseminating U=U messages to obtain national level buy-in, identify champions, and engage specific groups of key stakeholders before attempting to launch a campaign.

Launching the U=U campaign was a part of the National Health Week during which Zambian officials showcase the health interventions and services prioritized by the Ministry of Health (MOH) and partners. T-shirts were distributed at the launch event in May 2019 and an original song was performed by a popular local musician, B-Flow. The music video for the original song is available and can be viewed and shared via this link: <https://youtu.be/RtPWaZkH0Qk>

Following the national launch, the CDC Zambia office launched the U=U campaign in three CDC-supported provinces. To ensure community buy-in, provincial stakeholder meetings were held prior to the launch of U=U in the provinces. Attendees at these stakeholder meetings included traditional leaders, religious leaders, representatives from groups for people living with HIV, media, health care workers from local health facilities and districts, and the Provincial Health office. Each meeting included a presentation of the scientific evidence for U=U followed by an hour-long question and answer session.

(CDC-DGHT U=U strategic toolkit)

## DOMINICAN REPUBLIC U=U CAMPAIGN

HIV Prevention staff at CDC Dominican Republic (DR) quickly realized that the terms “undetectable” and “untransmittable” may be too complex for their target populations.

When they asked participants in a HIV prevention workshop about “untransmittable”, 33 percent thought the term had something to do with the transmission system in cars. A lesson is the importance of using phrases that people understand immediately instead of potentially confusing them by using a message that may be too technical. Specifically, they wanted something catchy because catchy phrases are often used to market products and ideas in the Caribbean.

While they are still in the early phases of their efforts, they identified two possible slogans to test with their target audiences as alternatives to “U=U.” The slogans are “cerca de cero no te la pego” or “si ta’ en cero no te la pego.” These slogans loosely translate to “Close to zero, I won’t give it to you.”

*(CDC-DGHT U=U strategic toolkit)*

## PAC U=U CAMPAIGN

A social marketing campaign by the Prevention Access Campaign (PAC) called +series is helping to spread the message that Undetectable = Untransmittable (U=U). PAC hopes their series will help organizations and health departments to share the U=U message. The videos are in first-person narratives told through intricate illustrations. Subtitles are also available in Chinese, French, Filipino, and Spanish for all four videos.

A lesson is that **first-person narratives can arouse a lot of interest and be remembered.** This principle has been advocated by the Centers for Disease Control and their website allows visitors to customize posters so let them share their personal social media accounts.

The +series educates about U=U through evocative images and stories that touch on issues of stigma, race, gender identity, sexual orientation, depression, love and compassion. It is a conversation starter that goes beyond viral suppression.

*(Prevention Access Campaign) <https://www.preventionaccess.org/>*

## EXAMPLES OF U=U CAMPAIGNS IN THE NEIGHBOURHOOD: THAILAND AND VIETNAM

### THAILAND, APCOM/ PAC: U=U IS A GAME-CHANGER (February 2020)

APCOM Foundation and PAC Thailand are working in partnership to bring a regional discussion on U=U to Asia, emphasizing the game changing evidence underlying U=U.

There should be no doubt about the science underlying U=U. It is backed by an overwhelming evidence-base built over the past twenty years. Research proving U=U has been published in the top three medical journals (JAMA, The Lancet, NEJM) and validated by the world's leading medical, research, and public health institutions including the WHO, UNAIDS, U.S. National Institutes of Health, U.S. Centers for Disease Control and Prevention, Public Health England, China Center for Disease Control and Prevention, and federal health ministries on every continent.

APCOM Foundation and Prevention Access Campaign). <https://www.apcom.org/thailand-uu-is-game-changing-fact-that-must-be-shared/>

### VIETNAM U=U (K=K) CAMPAIGN

Undetectable=Untransmittable (U=U) or *Không phát hiện = Không lây truyền* (K=K) in Vietnamese, is a global community-driven movement based on disseminating the research findings that PLHIV who take their HIV medicine daily and achieve and maintain viral suppression cannot sexually transmit HIV to their partners.

From the fall of 2017, Vietnam emerged as an innovator for disseminating the K=K message to address stigma and support epidemic control goals. The lessons from Vietnam's successes so far indicate how buy-in from the community, health care providers, and national government can enable a successful U=U campaign.

Early official support for K=K was provided by the Vietnam Ministry of Health, which changed treatment guidelines to monitor viral suppression (under 200 copies of the virus in each millilitre of blood). It conducted public dissemination activities including a press conference and sharing information on national television. In September 2019, the Vietnam Administration of HIV/AIDS Control (VAAC) issued K=K Dissemination Guidelines, endorsing the findings and guiding provinces to incorporate K=K into their HIV program activities.

Through community leaders, including Vietnam's Network of PLHIV (VNP+), the findings were disseminated to key population networks using a variety of media channels, such as YouTube and Facebook with logo and photo competitions, livestreams, infographics, etc. Community organizations are now emphasizing K=K as a powerful motivation for health and patient literacy. The K=K message is empowering for PLHIV and reduces stigma related to HIV transmission and HIV as a terminal illness-- as one client stated, "I have the life and the love I want." A national K=K campaign with full MOH endorsement from the ministerial level on World AIDS Day was launched on October 22, 2019. (CDC-DGHT U=U strategic toolkit).

## SOME LESSONS LEARNED FROM OTHER U=U CAMPAIGNS

To be successful, it is necessary to:



- Involve audiences in a maximum number of activities, especially peer education and peer-led activities and events.
- Use a variety of communication channels for different targets.
- Improve buy-in from the community, health care providers, political leaders, media and the government.

- Continue review and improve existing materials and develop new ones (IEC).
- Increase use of social media like Facebook and YouTube especially for youth and KP.
- Simplify the language and use phrases that the target audiences understand.
- Organize collective events like marches and competitions for the health week, WAD etc. because they can have significant beneficial impacts.
- In a period of pandemic, like COVID-19, it is important to use MMD and safe delivery of ART as well as telemedicine and keep in regular touch with clients through messages via digital or SMS.

### Important points to address:

- Promote the knowledge that undetectable = untransmittable. Also support better awareness of HIV-status, treatment adherence and access to viral load monitoring among PLHIV.
- HIV treatment has life-changing individual benefits by enabling people living with HIV to stay healthy, maintain their quality of life and have a lifespan similar to people not living with HIV. ART is now recognized to have important health benefits by interrupting transmission of HIV.
- Advocate for scaling up accessible, affordable and stigma-free testing, including viral load testing, and treatment services that retain people in care for as long as needed.
- Address stigma and discrimination at multiple levels (family, society, healthcare settings) that deters people living with HIV from accessing HIV prevention, treatment and care services.



# SECTION 2.

## U=U CAMPAIGN DEVELOPMENT PROCESS AND GUIDING PRINCIPLES

Process of the Strategy Development Document

U=U Campaign Vision, Mission, Goal, Objectives

Audience Segmentation

Guiding principles





*The Communication Strategy and Approaches for the U=U Campaign in Cambodia put beneficiaries at the centre of all activities.*

*They are involved from the start to develop their ownership over the campaign. They become peer-led agents of change. Feelings of ownership motivate them and their peers to make the behaviour changes necessary to obtain maximum benefits.*

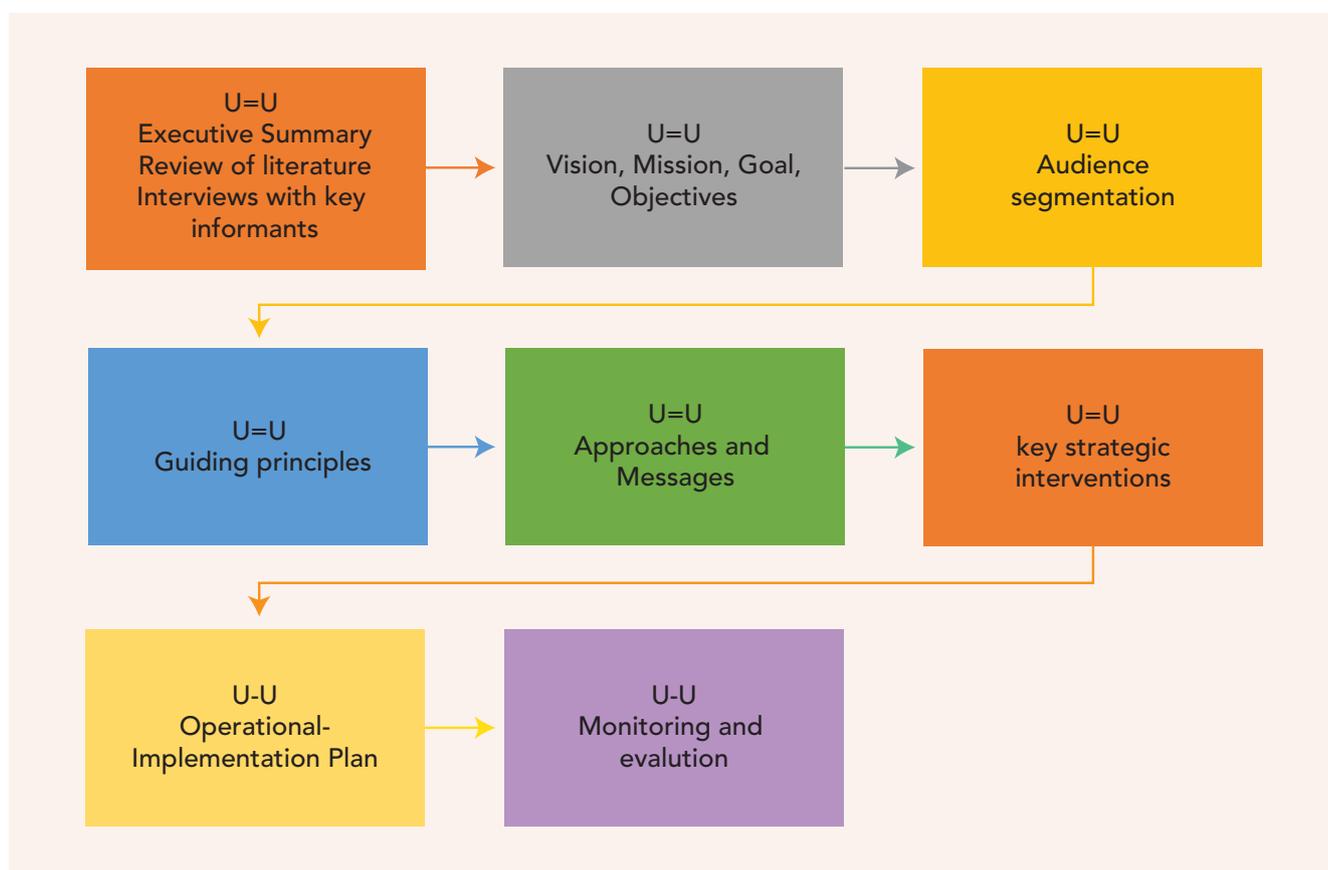
## PROCESS OF STRATEGY DEVELOPMENT FOR U=U DOCUMENT

In November-December 2020, the National Center for HIV/AIDS, Dermatology and STDS (NCHADS) led the process of developing the communication strategy for U=U with support of UNAIDS and in collaboration with other key partners.

### Developing this communication strategy entailed:

1. Reviewing international, regional and local literature related to U=U campaign strategy and approaches including surveys.
2. Undertaking key informant interviews with government officials and staff from various organizations who are implementing partners in Cambodia. Interviews were conducted with NCHADS, NAA, ARV Users Association, CPN+, FHI 360/EpiC, KHANA, RHAC, CRS, Health care providers at Chouk Sar Clinic, Social Health Clinic, UNAIDS and US-CDC. The detailed list of key informants is in Annex 1.
3. Drafting and circulating a zero draft of the communication strategy for feedback.
4. Revising the draft after feedback/comments received.
5. Presenting the document for validation at the Stakeholders meeting on 10 December 2020.
6. Revising the final version after the validation

### Overview of the content of U=U Communication Strategy Campaign document



# U=U CAMPAIGN VISION, MISSION, GOALS, OBJECTIVES

## Vision of the U=U campaign

Improved health and quality of life of all PLHIV and KP by accessing affordable and stigma-free high-quality HIV prevention, care and treatment to end AIDS as a public health threat by 2025 in Cambodia.

## Mission of the U=U campaign

- Provide client-centered, evidence-based demand creation and advocacy interventions through multiple and innovative forms of communications.
- Establish firm understanding in particular among HCP, PLHIV and KP that U=U is a scientific fact that can be attained through appropriate ART treatment and relevant behaviour changes.
- Motivate PLHIV to get involved and take ownership of U=U campaign messaging so that it is lived at the local levels in PLHIV communities with support from locally active partners and authorities.

## Goals of the U=U campaign

The goals of this U=U campaign are aligned with overall goals of the Cambodia's HIV programme:

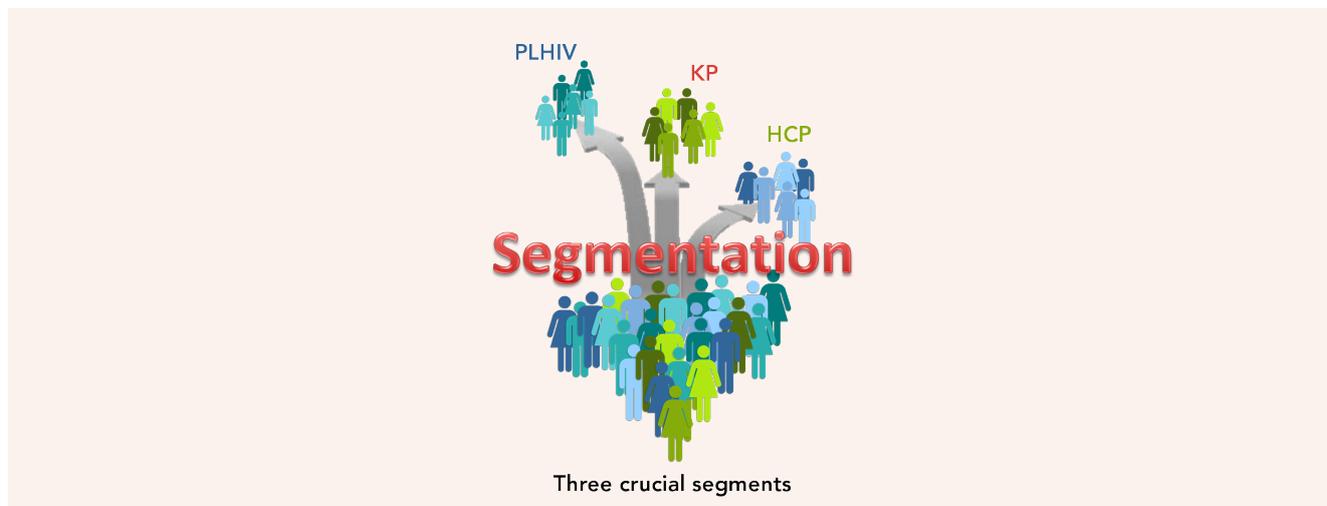
- Reduce new HIV infections
- Reduce AIDS-related deaths
- Reduce PLHIV and KP related stigma
- End AIDS as a public health threat by 2025

## Objectives of the U=U campaign

- Increase understanding and awareness of U=U.
- Increase demand for HIV testing and counselling services.
- Promote early HIV tests, early treatment initiation, ART adherence, retention and re-engagement from loss to follow up.
- Reduce stigma and discrimination in all HIV services and non-HIV services.
- Reduce self-stigma by developing skills such as self-esteem, self-efficacy and empowerment of PLHIV and KP.



# AUDIENCE SEGMENTATION FOR U=U CAMPAIGN IN CAMBODIA



There are 3 crucial audiences for the U=U campaign:

1. Individual level: PLHIV and KP.
2. Interpersonal level: families and friends.
3. External level: Health Care Providers (HCP) and other influencers.

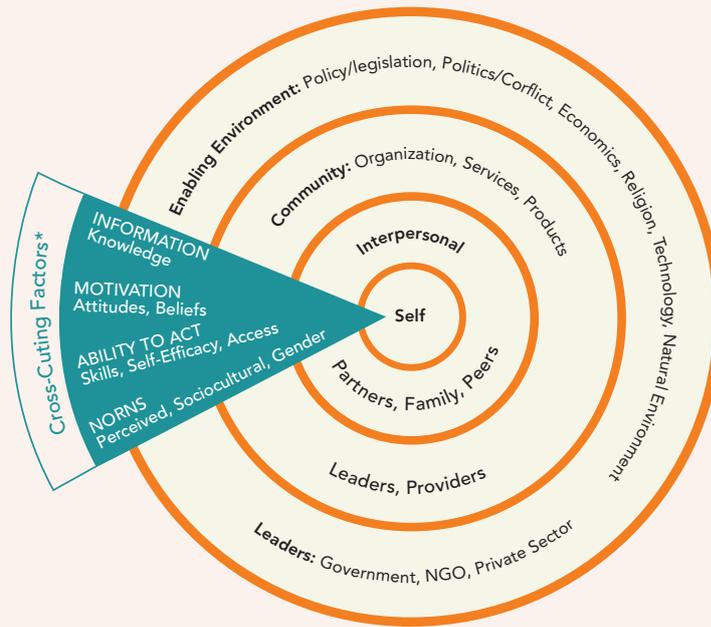
The segmentation is based on the socio-ecological model for change that identifies the various audiences to be reached for successful results (Annex. 3).

Audiences are not prioritized in order of importance. All levels in the illustration below are equally important because each interlinks with the others, thus reinforcing one another. In effect, reaching only PLHIV is unlikely to give desired results without support from personal networks of friends, health care providers and others in the community.

## Why each level is important.

- 1) **The tertiary level:** Well-trained Health Care Providers will have a great positive influence on PLHIV, their families, and partners. Accurate and positive articles written by journalists will greatly impact on reducing stigmatization at social and personal levels (external and internal stigma). Political influencers, local authorities, social media influencers, media will advocate for support and/or changing in policies in the favour of PLHIV and KP. A U=U campaign cannot be successful in obtaining desired motivation and behaviour changes from PLHIV's without such important support.
- 2) **Secondary level:** Interpersonal networks of families, peers and friends. These are the networks that provide emotional sustenance to primary level audience and their support can be very helpful from the first HIV test through to U=U status.
- 3) **Primary level:** This is the U=U campaign's central focus because it is at the self-level that individual PLHIV and KP must find the motivation to exercise self-care and stick with ART and lifestyle changes required to reach U=U status.

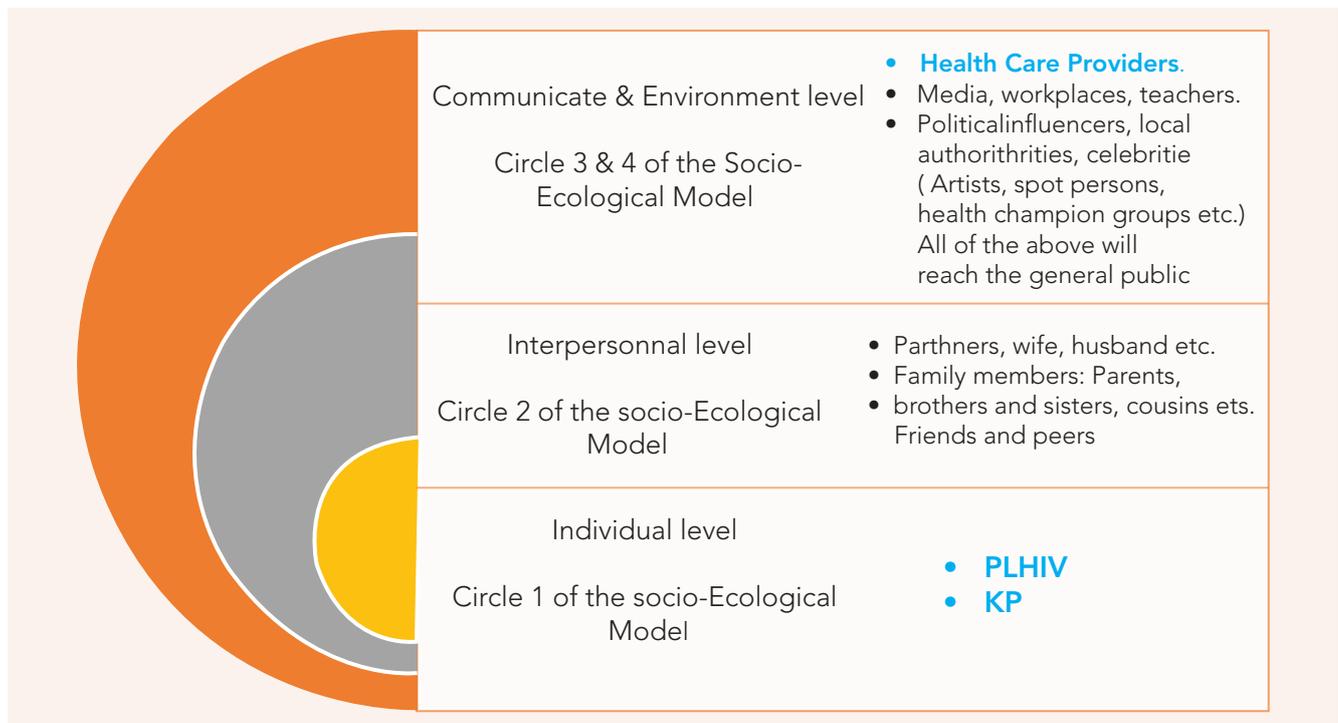
### Socio-Ecological Model for Change



\*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Camegie (2000)

### Most important audiences: all PLHIV, KP and Health Care Providers



How the primary level is influenced by secondary and tertiary levels.



**It is very important for KP unaware of their serological status to be tested rapidly and initiate treatment immediately if found to be HIV+. Thus, they can reach U=U as early as possible.**

# GUIDING PRINCIPLES

## ESTABLISH STRONG BASES FOR U=U CAMPAIGN STRATEGY

### 1. Based on a long-term brand identity with interesting logo and motivational tagline / slogan)

The U=U campaign establishes a longer-term brand identity to provide a visual signature, e.g. a logo and tagline/slogan, which will be used in all formats and on all platforms of communication.

Identity is a unique set of associations about what the health services represent in the mind of target audiences. A key component of this identity is the emotional connection established between the target and the services and client behaviour. This is the central visual asset enhanced by motivational messages disseminated by print, radio, television, social media and web site.

The logo and tagline/slogan will be developed in collaboration with a communication agency or with technical support of key partners who have communication expertise in Cambodia before the campaign starts. A U=U campaign communication brief will be provided to the selected communication agency or technical partners to ensure correct adherence to the strategy. After the logo is developed, it should not be changed during the campaign to avoid confusion.

Establishing a clear brand identity is important to avoid crossed wires that might result from various local, national and international stakeholders in different parts of Cambodia using their own visual aids, methods and messages. It is vital that all actors participating in U=U communication and campaigning remain within the national umbrella.

It is crucial to pre-test the logo and tagline in order to make sure that it is well accepted and well understood by the clients/beneficiaries. Logo and tagline should be dynamic in the design, visually attractive (including the colours) and easily recognizable.

### Examples of dynamic, positive taglines Motivational Slogan

*U=U ENJOY YOUR LIFE FULLY!*

*U=U BRINGS HEALTH, HOPE, HAPPINESS, LOVE AND SUCCESS!*

*U=U IS YOUR KEY TO A HEALTHY AND PRODUCTIVE LIFE!*

*U=U KEEPS YOU HEALTHY TO ENJOY FAMILY AND WORK!*

## **2. Based on effective positioning of visuals and consistent messages, harmonized and unified by a common thread in all formats of communication used.**

The positioning of U=U campaign is based on the visuals assets and messages that are consistent in style, tone, look, and feel. Consistency of messages and visuals will be the strength and success of the U=U campaign and communication in Cambodia.

Messages based on positivity and self-esteem, including images of happiness, a healthy future and hope, will be the keys to a successful U=U campaign because of the lasting emotional connections they will create with beneficiaries. Harmonized positive messages will establish strong positioning for U=U communication.

## **3. Based on scientific evidence and emphasis on results.**

The U=U campaign is based on an overwhelming body of clinical evidence firmly establishing that Undetectable=Untransmittable is scientifically sound. U=U means that people living with HIV who achieve and maintain an undetectable viral load by taking ART daily as prescribed cannot sexually transmit the virus to others. Hundreds of HIV organizations have supported the statement that HIV transmission does not occur when viral load is undetectable on ART.

The treatment impacts of ART on HIV were well known but saying that it stops transmission completely is new. This change is especially important because prejudice and discrimination against people living with HIV is still widespread.

The communication strategy for U=U will implement best local and international practices that have been demonstrated to increase knowledge, change or improve attitudes, produce desirable behaviour changes, and promote changes in social norms.

## **4. Based on a human-centred and participatory approach to transfer ownership to beneficiaries.**

The U=U communication strategy in Cambodia focuses on multiple audiences, which means that their views and needs must be listened to carefully and included in campaign design. The campaign must put people at the centre of the action because its central goal is to obtain changed behaviours at various levels.

Listening to people more actively is at the core of the U=U campaign in Cambodia. A people-centred approach encourages greater participation from the community allowing them to share their ideas and problems. It also allows for a better balance of decision-making between the authorities and people.

The emphasis on participation of target audiences will facilitate a transfer of ownership of the U=U campaign to beneficiaries. It is essential to make them stakeholders so that they collaborate in effecting the changes in their behaviour required to attain U=U.

The U=U campaign's strategic communication promotes participatory decision-making by stakeholders and beneficiaries at all stages of the process, including planning, implementation, monitoring and evaluation. Building a sense of ownership helps ensure that the strategy is implemented effectively and belongs to its beneficiaries.

## 5. Based on a human rights approach.

The inclusion of human rights as a central element of the U=U Campaign's strategic communication will help to ensure that PLHIV and KP have dignified access to information and services in all HIV care and non-HIV health care across Cambodia.

A human rights-based approach is essential to ending AIDS as a public health threat. Rights-based approaches create an enabling environment for successful HIV response and affirm the dignity of people living with, or vulnerable to, HIV.

With the adoption of the Sustainable Development Goals, United Nations Members States committed to leave no one behind and to end the HIV epidemic by 2030. Leaving no one behind requires addressing stigma, discrimination, and other legal, human rights, social and gender-related barriers that make people vulnerable to HIV and hinder their access to HIV prevention, treatment, care and support services. These challenges particularly affect the human rights of PLHIV and key populations.

The U=U campaign strategy in Cambodia will be mindful of such issues in developing messages and materials for diverse audiences.

## 6. Based on a Social and Behavioural Change Model (SBCC).

The U=U campaign is based on the SBCC Model and used to promote, reinforce, and maintain healthy behaviour in the individual, community and society. SBCC stimulates demand for information and services. It examines people's knowledge and motivations, social / gender norms, skills and finally the environment.

The SBCC is based on three prongs:

- 1. Communication for behaviour change for the individual and the community** under a multi-media and participatory approach (interpersonal communication, advice, talk, group discussion, group support, peer education, use of social networks and digital media without forgetting traditional / local media etc.)

- 2. Social mobilization for the community** (community engagement and dialogues, community forums, workshops capacity-building, songs, drama, competitions, traditional theatre, and special events related to health etc.)

- 3. Advocacy for political and social engagement** through selecting strong political influencers, local leaders especially traditional leaders, media activities with regular events, press conference/press release for print, radio and television journalists and bloggers. A balance mix of traditional and digital media will have a significant impact at all levels.



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

## 7. Based on the benefits of behaviour change.

The U=U messages and other various activities must include the benefits of behaviour change. Audiences, including in the workplaces of PLHIV, must easily perceive the benefits they can obtain if they take the recommended actions promoted by the communication.

Health is created through the interplay of a person's biology and the social determinants that shape interaction with others. These social determinants include factors such as knowledge, attitudes, norms and cultural practices. The U=U communication will design messages and delivery methods to encompass multiple ways in which PLHIV perceive messages.

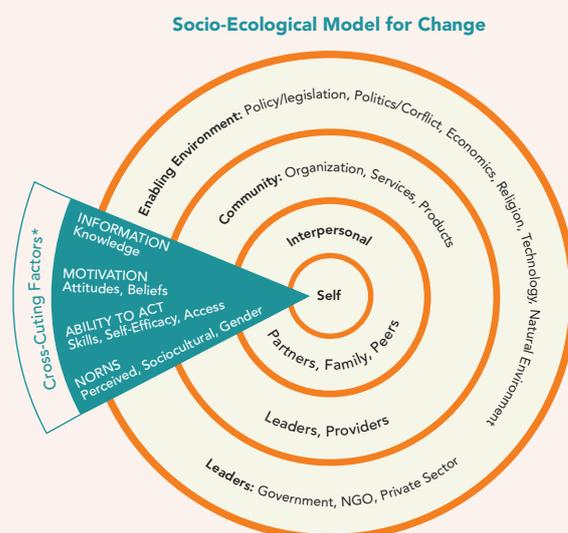
The U=U campaign has direct benefits for PLHIV and the secondary and tertiary participants if they properly understand and implement behaviour change. This places importance on the simplicity and relevance of the messages to the daily lives of PLHIV and support provided through the accessibility and affordability of health services.

## 8. Based on a Socio-Ecological Model (several levels of interventions).

The U=U campaign is based on this model (already mentioned in audience segmentation above) which sets the social context going beyond individual behaviour. The socio-ecological model examines the many levels of influence in order to find the "tipping point" for change. Information, motivation, ability to act and norms cut across factors in the triangle influencing each level of the rings (see annex 3 for larger illustration).

- **Individual level (Self):** Personal behaviours.
- **Interpersonal level:** How the person interacts with their close social network (partners, friends/peers, family etc.)
- **Community level:** Community at large includes health care services, political influencers, local & traditional leaders, social media influencers, journalists, teachers, owners/managers/workers of various workplaces etc.

*Campaign activities and messages act on each of the rings. Cross-cutting factors include information, motivation, ability to act, and norms.)*



\*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Camegie (2000)

## **9. Based on high quality of communication and campaign activities.**

The U=U campaign in Cambodia must be of high quality. Messages, educational communication materials and events are professionally designed and appropriate to the needs of each audience. The materials are informational, up to date, positive, attractive, motivational and from recognized trusted sources.

Quality of counselling and care in HIV related services and non-HIV services must demonstrate professionalism and respect of human rights. Today, more tools than ever are available to prevent HIV transmission and for PLHIV to stay healthy. The U=U campaign will encourage persons at risk for HIV to talk about HIV testing, condoms, pre-exposure prophylaxis (PrEP), and HIV treatment in order to take action to protect themselves and their partners. For those already living with HIV, it will encourage ART retention and adherence.

For PLHIV, it is important to make choices to stay healthy and protect others. The U=U campaign will show how they can overcome internal barriers to get in care and stay on treatment so that they can live longer and healthier lives. HIV stigma is negative attitudes and beliefs about PLHIV. Communication on U=U will make it easier to lead healthy lives by highlighting the role that each person plays in stopping HIV stigma. It will give voice to PLHIV, their family and friends.

## **10. Based on sustainability for a long-term and high-intensity U=U campaign.**

The U=U campaign in Cambodia is horizontal and developed to continue for a longer term, unlike short-lived campaigns (e.g. a week-long campaign for the World AIDS Day). Its communication strategy is designed for extension to increasing numbers of new members of target audiences over time. The longer term, high intensity and frequency of interventions will have significant impacts on beneficiaries. Continuously adapting and changing prevention messages or repackaging will ensure that the campaign maintains its momentum.

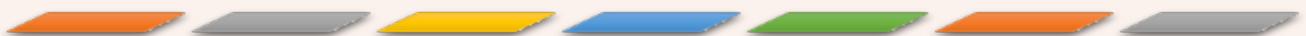
## **11. Based on attention to profitability and return on investment (ROI) to make the U=U campaign in Cambodia self-sustaining.**

The strategic communication of the U=U campaign will be aimed at adoption of priority health behaviours that result in undetectable viral load. It is crucial not to think in terms of expenditures but in terms of investment and ROI. The campaign provides ROI by reducing costs related to new HIV cases and allowing PLHIV to be productive citizens contributing to national wealth and wellbeing like other people. It will prioritize at the start (2021) interventions in areas in Cambodia with high population density and high density of PLHIV or KP to deliver greater exposure to behaviour change messages. Year 2021 will focus on big cities (Urban areas). The following years 2022, 2023, 2024, 2025 will go to scale including rural geographical area.

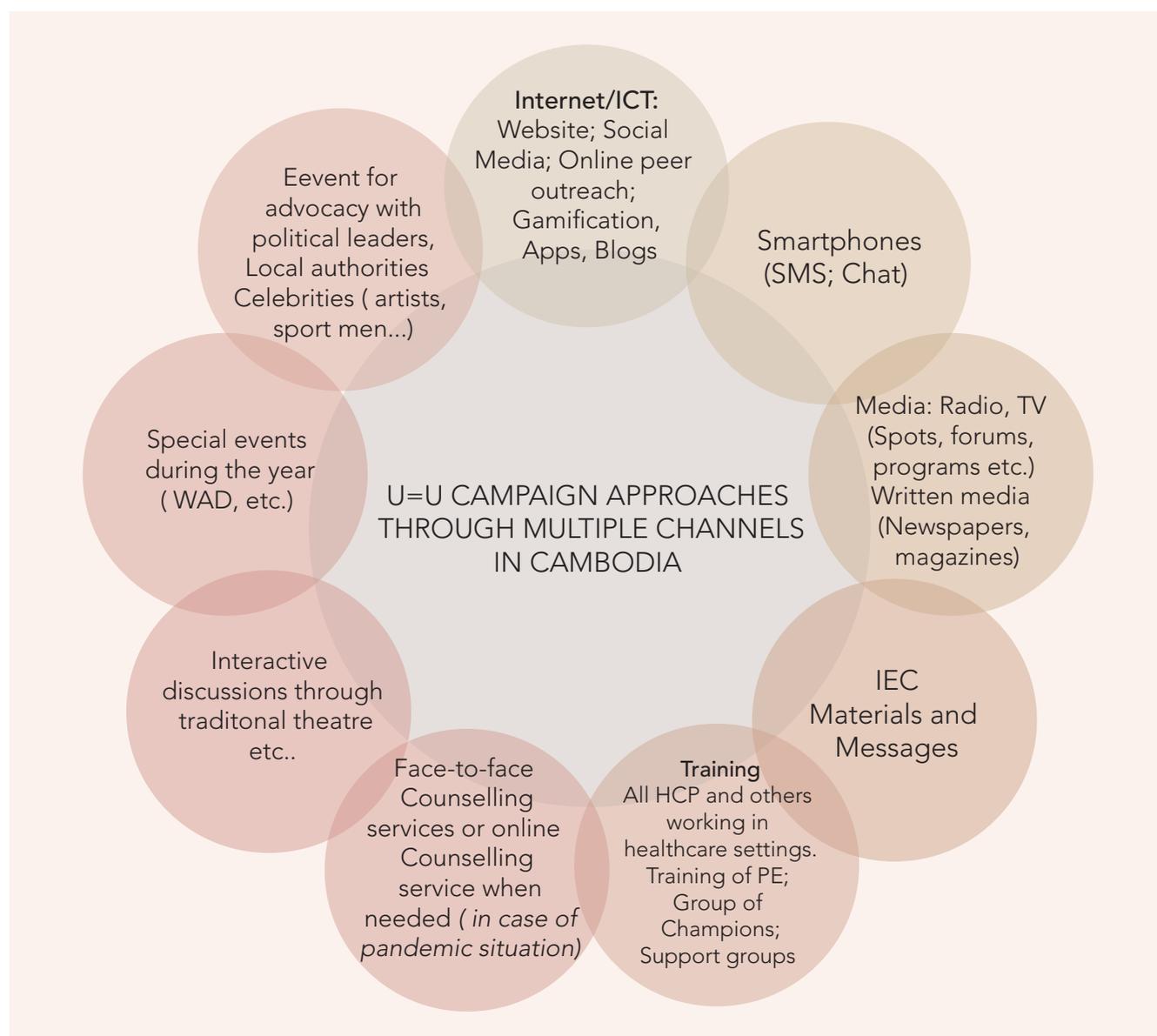
## SECTION 3.

# APPROACHES FOR A MOTIVATIONAL U=U CAMPAIGN IN CAMBODIA

A multi-channel communication approach for social and behaviour change.  
Approaches related to each audience segment: advantages and disadvantages.  
Developing motivational messages for the U=U campaign.  
Suggested messages for slogans, posters, scenario narratives etc.  
Suggested messages against internal stigma and external stigma



## USING A MULTI-CHANNEL COMMUNICATION APPROACH FOR SOCIAL AND BEHAVIOUR CHANGE.



The U=U campaign in Cambodia will use communication approaches carrying messages through multiple channels that work together and are mutually reinforcing. To improve effectiveness, the messages will be consistent and transmitted without disruption.

Communication will be based on a variety of activities from traditional approaches to ICT and digital platforms, including:

1. *Interpersonal and community mobilization*: IEC materials and messages, training of HCP, counselling, peer education, group of champions, support groups, events for political influencers and local authorities, community dialogue and forums, art competitions, participatory activities for special events during the year (e-g. World AIDS Day etc.).

2. *Mass Media*: particularly to raise awareness of the general public and communities where PLHIV and KP are found and may encounter stigma, including print media like newspapers, magazines etc., radio and television (talk shows, spots, games etc.).
3. *Traditional media*: theatres etc.
4. *Smartphone*: SMS, WhatsApp, chat etc.
5. *Digital and social media*: Internet, e-mails, website, blogs, social media platforms especially Facebook widely used in Cambodia by young PLHIV and KP, as well as online peer outreach, gamification/entertainment, smartphone applications etc.

## APPROACHES RELATED TO EACH AUDIENCE SEGMENT: ADVANTAGES AND DISADVANTAGES

Channel	Audiences reached	Advantages	Disadvantages
<b>Interpersonal Communication Channels (IPC activities)</b>			
<u>IEC/SBCC materials &amp; messages</u> (posters, brochures, post cards, t-shirts, caps, USB key and other promotional materials)	<u>Primary, secondary and tertiary audiences.</u> All audiences	<p>Materials well-adapted to each target. People can relate to the materials.</p> <p>Materials have to be understandable, attractive and accessible.</p> <p>Good materials will have a great impact especially in trust and credibility. People will engage more easily in changing or adopting new behaviours.</p> <p>Materials can be shared in social media platforms to reach a greater number of people</p>	<p>Materials that do not focus on the target.</p> <p>Inconsistency in contents will create confusion.</p> <p>Poor printing. Poor distribution.</p> <p>Not using the U=U Campaign brand identity, e.g. changing the logo, tagline or using negative images or illustrations.</p> <p>Can be costly depends on quantity to print and existing distribution networks.</p>

<p><b><u>Face-to-face discussions</u></b> Counselling services.</p>	<p><b><u>Primary and secondary audiences</u></b></p>	<p>Two-way communication. Builds provider or counsellor and client better relationship.</p> <p>Highly effective</p>	<p>Difficult to control messages.</p>
<p><b><u>Training of all health care providers (HCP)</u></b></p>	<p><b><u>Tertiary audiences</u></b></p> <ul style="list-style-type: none"> <li>All health care providers at HIV and non-HIV services all over Cambodia. (Medical doctors, nurses, counsellors, laboratory staff, and others working in healthcare settings)</li> </ul>	<p>HCP will feel better as they understand U=U, including stigma and discrimination. They will be able to help PLHIV and KP to remove their self-stigma in increasing their self-esteem and self-confidence.</p> <p>Decrease in external stigma and discrimination.</p>	<p>Takes time to train all HCP in non-HIV services all over Cambodia.</p>
<p><b><u>Peer education offline</u></b> Face-to-face education one-to-one or one to group.</p> <p>=====</p> <p><b><u>Online peer education</u></b> One-to-one or one-to-group online</p>	<p><b><u>Primary audiences</u></b> Face-to-face or in small group of KP and/or PLHIV</p> <p>=====</p> <p><b><u>Primary audiences</u></b> Individuals or in small group of KP and PLHIV</p>	<p>Build trust</p> <p>=====</p> <p>Online peer education is effective.</p> <p>People can stay at home.</p>	<p>Limited group</p> <p>=====</p> <p>Need internet connection</p> <p>Slow in connectivity</p>

<b>Community Channels</b>			
<p><u>Activities through Community mobilization.</u></p> <p>Community debates, folk drama, song theatre etc.</p>	<p><u>Primary, secondary and tertiary audiences</u></p> <p><u>General public</u></p>	<p><b>Participatory</b></p> <p>May be more credible than mass media as the audiences are more engaged in the events.</p>	<p>Can become costly depending on how big and the frequency of these activities.</p> <p>During these activities all audiences may be present (careful with messages and images which could shock the general public, e.g. older persons).</p>
<p><u>Special events for special days such as for instance big rallies</u> (World AIDS Day etc.)</p>	<p><u>Everyone participating in the special events (all audiences)</u></p> <p><u>General public</u></p>	<p>Reach many people in the community where the events are happening.</p> <p>Can be participatory with innovative large street games etc.</p>	<p>During special events all audiences may be present (careful with messages and images which could shock the general public, e.g. older persons).</p>
<b>Mass media channels</b>			
<p><u>Edutainment/ entertainment:</u></p> <p>Television e.g. spots, interactive games, songs, forum-discussion and other participatory programs.</p>	<p><u>Primary, secondary and tertiary audiences</u></p> <p><u>Primary, secondary and tertiary audiences</u></p> <ul style="list-style-type: none"> <li>All watching the programme (Health care providers, political leaders, decisions makers, local authorities, teachers, students, journalists etc.)</li> </ul>	<p>Power of persuasion because of the association between the image and the sound and text.</p> <p>Television reaches a vast majority of all audiences and has the dynamic of sight, sound, and motion to relate the story. Television enables story or testimonies to come to life.</p> <p>Deliver a maximum impact.</p>	<p>Fragmented</p> <p>Production cost can be high especially at certain times of the year.</p> <p>Time slots given may not be times where most of audiences are present.</p>

<u>Edutainment/ entertainment:</u> Radio	<u>Primary, secondary and tertiary audiences</u> <ul style="list-style-type: none"> <li>All listening the programme (Health care providers, political leaders, decisions makers, local authorities, teachers, students, journalists etc.)</li> </ul>	Power of persuasion with interesting innovative radio spots.  Audiences can be engaged.  Large number of people reached.	Fragmented. Could be costly  No visual  Sound may not be well recorded.
<u>Written press</u> Magazines Newspapers	<u>Primary, secondary and tertiary audiences</u> <ul style="list-style-type: none"> <li>Individuals</li> <li>Families</li> <li>Peers and friends</li> <li>All others reading the articles (Health care providers, political leaders, decisions makers, local authorities, teachers, students, journalists etc.)</li> </ul>	Mass medium  Timely  Message length Influential  Can give details on messages from radio and television.  Magazines (can be targeted at specific audiences)	For literates only  Poor reproduction quality  Poor photos and images
<b>Smartphone channels</b>			
<u>U=U WhatsApp</u>	<u>Primary audience</u> <ul style="list-style-type: none"> <li>PLHIV</li> <li>KP</li> </ul>	Targeted to primary audiences only Individuals or WhatsApp group. Well secured platform.	Need an internet connection
<u>U=U SMS</u>	<u>Primary audience</u> <ul style="list-style-type: none"> <li>PLHIV</li> <li>KP</li> </ul>	Targeted to primary audiences only.  Not necessary to get internet connection to receive or send messages	Need a phone  Could be costly in Cambodia

<b>Digital-online channels</b>			
<p><b><u>Online Gamification</u></b> Games like quizzes and other interesting applications</p>	<p><b><u>Primary, secondary and tertiary audiences could have access to the games</u></b></p>	<p>Interesting and people feel good, they learn faster and better.</p> <p>Can play on smartphone or on computer.</p> <p>Can share the game or link to network of friends</p>	<p>Need internet connection Slow connectivity</p>
<p><b><u>Website U=U</u></b> can be linked to an existing website. However, a section U=U is separate within the website</p>	<p><b><u>Primary, secondary and tertiary audiences</u></b></p>	<p>Low cost as it can be a part of an existing website.</p> <p>All people with access to internet can navigate to the existing website and link to U=U. A special password could be given to KP and PLHIV (if necessary).</p> <p>The website is a portal for U=U information on the campaign, messages, brochures, schedule of events etc.</p> <p>Can interconnect partners to share information.</p>	<p>Need internet connectivity.</p> <p>Internet can be slow depending the region.</p>
<p><b><u>U=U Blog (special)</u></b> Digital newspaper Blog can be added to an existing website</p>	<p><b><u>Primary, secondary and tertiary audiences</u></b></p>	<p>Link can send to network of friends.</p>	<p>Low cost as it can be linked to the existing website</p>

<p><b><u>Social Media platforms</u></b> (sharing of messages, information etc.)</p>	<p><b><u>Primary and secondary audiences</u></b></p>	<p>Can be targeted to PLHIV and KP Primary audiences can share information about the U=U campaign to their network of friends (second level)</p> <p>Dissemination of photos, events, sharing IEC materials etc.)</p> <p>Facebook in Cambodia is an excellent channel of communication and well secured platform.</p> <p>Social media can interconnect U=U partners to share information.</p>	<p>Low cost almost free. Need internet connection Could be low in connectivity.</p>
<p><b>Advocacy communication channels</b></p>			
<p><b><u>Advocacy events and materials.</u></b></p> <p>IEC/SBCC materials</p> <p>Presentation of U=U to each specific group.</p> <p>Working closely with the media: Special materials for Journalists (press releases, press kits, press conferences and photos opportunities)</p>	<p><b><u>Tertiary audiences</u></b></p> <ul style="list-style-type: none"> <li>• Health care providers</li> <li>• Political influencers</li> <li>• Local authorities</li> <li>• Celebrities</li> <li>• Group of champions-Role models</li> <li>• Journalists</li> <li>• Teachers</li> <li>• Workplaces</li> </ul>	<p>Builds support among policymakers.</p> <p>Create a positive environment. Counters opposition.</p> <p>Create a shift in public opinion and mobilize necessary resources and forces to support an issue, policy, or constituency.</p>	<p>Can take long time before seeing the change (new policies...).</p>

# DEVELOPING MOTIVATIONAL MESSAGES FOR THE U=U CAMPAIGN

## Positivity and coherence for motivation

Motivational messages are the key. The U=U campaign will be recognizable for its positive and coherent messages linked by a common thread highlighting the benefits of ART for PLHIV and others in their lives. The positive messages will use images, real photos (as much as possible), drawings and illustrations that are pleasing to the eye and allow PLHIV to feel self-confidence to change their behaviour and attitude.

Messages must include the three essential elements to achieve behaviour change:

- 1) *Clearly specified target audiences.*
- 2) *Easy-to-take actions.*
- 3) *Focus on the benefits of taking the suggested actions.*

A message that promotes an action without explaining the benefits is unlikely to be successful for behaviour change. The tone must be similar on all platforms.

It is important to remember that the target talking to the target (peer-led message) is much more effective than healthcare professionals or other authorities giving advice. For example, a PLHIV explaining how regular ART has caused improvements to his/her life beyond HIV can be persuasive for another PLHIV.

Messages should be developed through focus group discussions with the audiences and pretested with them to see what is easier to understand and directly relevant to their real-life situations.

U=U campaign messages should cover promoting HIV testing and all aspects of ART retention and adherence and the importance of respecting viral load testing appointments and getting the results. They should also help to improve understanding of PEP, PrEP medications, nurture long-term health outcomes with healthy lifestyles, conduct regular STI checks, and continue condom use to reduce the risk of STIs or unwanted pregnancy.

Messages should highlight functional and/or emotional benefits and make a clear “call to action” by underlining the benefits of overcoming barriers and performing the recommended behaviour. Benefits should be explained in terms of what PLHIV value, such as respect from peers, a better love life, a healthy family, or greater success. A clear call to action links the message to the behavioural objective, e.g., “Get tested for HIV and take your partner for HIV testing today.”

The principles for developing successful U=U messages:

1. Messages should be concise, clear and understandable for the intended audience by being free of jargon and technical language.
2. Messages should be repeated in all U=U materials and at SBCC events because multiple exposures to the same message through multiple channels can help to maximize the effects of behaviour change.
3. Messages should state the benefits of adopting a recommended behaviour to surmount barriers, such as lack of skill, lack of social support, or lack of time.

4. Benefits can be functional and emotional. Functional benefits include physical gains based on scientific validation, e.g. suppresses HIV, allows love, marriage and pregnancy etc. Emotional benefits describe the social or psychological gains, including reassurance, peace of mind, confidence, or social status.
5. Emphasizing emotional benefits is important because research shows that they are a main driver of human motivation and behaviour.

## Content of messages

Messages to be communicated need to be as concise and simple as possible. They must be factually correct, reliable and up to date. Over time, messages are likely to lose their impact. So, repeated messages (e.g. those promoting HIV testing) need to be redesigned and repackaged in order to reach the target audiences and maintain their interest. When repeating basic messages, it is important to modify their frequency and design, ideally in consultation with the target audiences.

Information about a health problem or risk is best combined with a 'call to action'. This means offering a concrete and practical way to solve the problem or reduce the risk (e.g. 'No more STI, get your free condoms from...!', 'Make an appointment today by calling 666. 777'). For the target group to successfully implement the call to action, messages need to be practical and match the lived experience of PLHIV and KP in Cambodia.

Effective messages emphasize respect and support. They build on established social norms, such as the principle of equal responsibility for protecting one's own health. Wording, imagery and design of messages tend to work best when they are developed in consultation with the target group, e.g. through focus groups or pre-testing of materials.

It is important to remember that messages targeted at KP reach both HIV-negative and HIV-positive (as well as untested) persons and can inadvertently contribute to addressing stigma and discrimination of KP.

## Style and imagery of the messages (visual assets)

The style and visuals convey a large part of the overall message and should be adapted to the Khmer context in order to be effective. Collaborating closely with the target audiences is useful to adapt images to local circumstances.

There is a range of suggestions for creating better images in Cambodia:

- Recruiting voluntary members of the target audiences as models (peer-led).
- Using professional models or actors to create a specific look.
- Using models of different ages, and ethnic appearance in Cambodia
- Using a personality well-known in Cambodia (e.g. a Political leader/influencer, a famous athlete or singer.)

## Using humour in messages

The use of humour and cartoon images can help overcome taboos and embarrassment. Because humour is very specific to each culture and subculture, it is important to pre-test humorous messages carefully with members of the target audiences.

# SUGGESTED KEY MESSAGES ON U=U

## Adapting messages to Cambodia

The U=U messages must be adapted to take into account the following:

- Local epidemiological picture in Cambodia (e.g. prevalence, behavioural data etc.)
- Communication channel/s or media (e.g. website, social media, smart phone app, poster, brochure etc.).
- Available services (e.g. testing locations, opening times, costs etc.).
- Local languages, slang used by the PLHIV and KP.
- Specific subpopulations of the target audiences.
- Social-cultural circumstances (e.g. legislation, languages, cultural beliefs, taboos etc.)

The messages must be positive and express hope, health and happiness. Each message should be developed as part of the PLHIV's conversation with another, i.e. target talks to target. That will make the messaging more friendly and motivational.

Messages should be displayed in the right places such as: ART sites, KP clinics or centres where they access to services, maternal and health care clinics and counselling services. Some messages can be displayed in workplaces, e.g. garment factories, entertainment sites, offices etc. They should also be sent to journalists and broadcasters, teachers, political leaders and other influencers.

### Some examples of U=U messages

The messages below are offered only as *examples* of what may be suitable for the U=U campaign. Messages addressing self-stigma and external stigma are at the end of this section. *Actual messages should be developed by the team in Cambodia* using focus group discussion and pre-testing. A few members of the target audiences should be present during the development of messages.

### *Examples of motivational slogans for promotional materials, including banners, T-shirts, caps, and stickers etc.*

- U=U=NO MORE FEAR! (Slogan)
- U=U=SAVING LIVES! (slogan)
- U=U ENJOY YOUR LIFE FULLY! (Slogan)
- U=U BRINGS HEALTH, HOPE, AND SUCCESS! (Slogan)
- U=U=HEALTHY LIFE! (Slogan)
- U=U IS YOUR KEY TO A HEALTHY AND PRODUCTIVE LIFE! (Slogan)
- U=U=ZERO RISK TO TRANSMIT HIV! (Slogan)
- EARLY HIV TEST = EARLY TREATMENT = EARLY UNDETECTABLE = EARLY UNTRANSMITTABLE

### *Examples of motivational short messages for posters.*

- U=U does not protect against STI or pregnancy, so I also use condoms.
- Good adherence to ART is essential for U=U.
- I take my ART each day and now I am undetectable.

- I am living with HIV. I have a family and own a restaurant.
- I am living with HIV and just got married. I have an undetectable viral load.
- I am living with HIV and I work successfully.
- My husband is living with HIV. He takes ART and reached an undetectable viral load. I know he cannot infect me with HIV.
- People living with HIV can have a productive and healthy life.
- People living with HIV can play sports.
- PLHIV with an undetectable viral load, cannot transmit HIV through sex.
- You can have a great future life even if you are living with HIV.

*Examples of motivational longer messages that could be used in scenarios for short plays and narratives, e.g. for mass media (spots for radio and television), social media, videos/YouTube, and to create songs or poems:*

- I am proud to be a peer educator and peer-leader. I provide latest information to my friends about how to keep them healthy and productive lives though they are living with HIV.
- I am a young MSM. Tomorrow I will get tested for HIV. If I am HIV positive, I will take ART regularly which then viral load will be undetectable so I cannot transmit the virus to my partner.
- My parents are very supportive and encourage me to continue my ART each day. They say, "Your life is a treasure and you must cherish it". I love my parents!
- I am a person living with HIV for the last 4 years. I am strong and healthy. I work in a factory and I take ART without missing a day. I have achieved viral load undetectable and know that I cannot transmit the virus to my wife. I feel good!
- My friend, having HIV today is not the end of the world. Medical treatment called ART is available for free in Cambodia. And you should know that by taking ART each day you can expect to live as long as someone who does not have HIV. You cannot transmit HIV to others while you are viral load undetectable.
- Even if I have a viral undetectable and cannot transmit HIV to my partner, I still need to wear condoms to avoid STI. I feel more relaxed and safer!
- Even if I have a viral undetectable and cannot transmit HIV to my husband, if I want to avoid pregnancy; I use condom when I have sex. This makes me feel more relaxed.
- My friend, you can get an HIV test for free in Cambodia. Do not hesitate to do so. If you test positive, there are HIV treatment called ART that will keep you healthy and you will not transmit the virus to your partner when viral load is undetectable.
- We have been married for two years. I am living with HIV and take my medication each day. My viral load is undetectable and I cannot transmit HIV to my wife. We just got a beautiful little girl who is healthy and HIV free. What a wonderful life!
- You know, my friend, ART is free in Cambodia. Do not hesitate to get HIV test. You can have a good healthy life even if you are HIV+.

- I take ART each day, so I can have a good healthy life, get married and have children. I know I cannot transmit the virus to anyone as long as I take my medicine each day and viral load remains undetectable. I have hope and I plan for the future!
- Now that I take ART each day, I feel more relaxed because my viral load is undetectable, I cannot transmit HIV to my husband. It is great! I can have healthy children as well.
- My husband is HIV - and I am HIV +. We have a normal life because I take ART each day. I am certain I cannot transmit the virus to him or my children. We are safe and happy!
- I am living with HIV. I take ART each day and get my viral load tested regularly to make sure I cannot transmit the virus to my wife. We both feel good and safe!
- We are going to have a baby even though my wife is HIV+, There is no problem because she does exactly what the doctor says about taking ART each day and she is healthy and viral load undetectable. She cannot transmit the virus to me or to our child. We are even planning to have another child. We love life!
- I am living with HIV but by taking ART regularly, I stay healthy and play sports with my friends. I plan to open a restaurant, get married and have children like anyone else. What a good life in front of me!
- I just tested positive for HIV. I started ART immediately to secure my long-term health, rapidly be undetectable and not transmit the virus to my partner. Life is precious!

### *Examples of generic messages for brochures.*

- Many studies have shown zero HIV transmission when the viral load is undetectable. Stay undetectable by regular adherence to treatment!
- Regular ART taken each day decreases the viral load to a level that is undetectable and therefore untransmittable. Stay untransmittable!
- Sex with a person living with HIV who is taking ART each day and has an undetectable viral load poses zero risk of transmission. Go ahead, you are safe!
- Taking ART each day and having an undetectable viral load is great but continue to use condoms to avoid STI or unwanted pregnancy.
- Scientists around the world agree that people living with HIV who have undetectable viral load cannot pass on the virus to their sexual partner. However, use condoms to lower the risk of STI or unwanted pregnancy.
- People living with HIV can easily eliminate the risk of transmitting HIV to partner(s) through sex as long as they take their medicine regularly and maintain an undetectable viral load.

## **MESSAGES ADDRESSING STIGMA AND DISCRIMINATION**

All messages should be written in a way that respects the target audience and recognizes their strengths. The more successful interventions are those that work with, and are supportive of, individual PLHIV, KP, their networks and community structures.

Messages that combat prejudice and discrimination, for example among healthcare workers or in the general public, can also have a positive influence on general prevention efforts.

Messages directed at a general public should explain that rethinking negative attitudes toward PLHIV and KP brings benefits to society as a whole. It is also helpful to communicate directly that society should recognize and defend the rights of PLHIV. Legislative changes and official campaigns against stigma and discrimination should support community-level activities to positively influence changes in social attitudes.

Changing social attitudes takes time. It is particularly important that PLHIV and KP are empowered with practical information, new skill sets and support in order to deal with discrimination and homonegativity. This may include locally relevant information about current laws affecting relationships and sex between men, where and how to report discrimination, and how to access health and other support services.

### *Examples of motivational messages addressing stigma and discrimination*

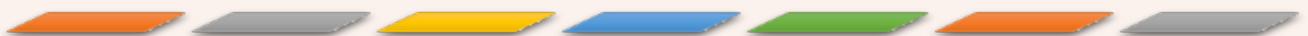
#### *Part 1. Reduce self-stigma (internal stigma)*

- I no longer have to hide from others, I am a part of society. Having HIV is not crime.
- I build up my self-esteem so I can face life without hiding. I am not anymore scared.
- I am self-confident now that I have reached undetectable viral load and cannot transmit HIV to others.
- I want to show others that I do not have to hide, there is place for me.
- I am a peer educator and teaching about how to reduce self-stigma made me more confident.
- I want to say that no one should ever hide from others. I have a good self-image
- I used to feel guilty having HIV, now with U=U my guilt vanishes totally.
- Before reached an undetectable viral load, I tried to avoid going to parties, now I go out with friends and feel happy.
- U=U also remove the self-blame I had earlier, I feel so good now

#### *Part 2. Reduce external stigma and discrimination*

- I stand up against homophobia. I have right to love the person I want.
- I am a man, there is nothing shameful with being sexually attracted to other men. That is a human right!
- I have the right to access any health care service without being stigmatized. It is my fundamental human right.
- I am man living with HIV and I am well respected when I go the any health care center. It makes me feel good.
- I see that nurses do not have to put double gloves when they take my blood for test. I do not perceive myself as a contagious person and feel great.
- I see that health care providers do not hesitate physical contact, they made me feel good and my self-esteem goes up. No more hiding.
- I no longer feel bad when I go to a health care center, I know doctors will treat me with respect.

# SECTION 4. U=U CAMPAIGN STRATEGY IN CAMBODIA KEY STRATEGIC INTERVENTIONS



## DESCRIPTION OF THE KEY STRATEGIC INTERVENTIONS

The key strategic interventions are linked to the five objectives of the U=U campaign

- Increase understanding and awareness of U=U.
- Increase demand for HIV testing and counselling services.
- Promote early HIV tests, early treatment initiation, ART adherence, retention and re-engagement from loss to follow up.
- Reduce stigma and discrimination in all HIV services and non-HIV services.
- Reduce self-stigma by developing skills like self-esteem, self-efficacy, and empowerment of PLHIV and KP.

The strategic interventions will:

- Encourage PLHIV and KP to access necessary health services consistently and with ease, thus satisfying demand and developing trust.
- Bring PLHIV to adopt healthy behaviours towards reaching U=U status, which is a reward to ART adherence.
- Advocate and raise awareness with a view to creating an enabling environment favourable to PLHIV and KP.
- Improve use of digital technology tools for effectiveness and faster results from the U=U Campaign.

### STRATEGY 1: MOBILIZE AND EMPOWER PLHIV AND KP FOR OWNERSHIP OF THE U=U CAMPAIGN TO MAXIMISE BENEFITS FOR THEM.

***Strategy 1.1. Increase participation and commitment of PLHIV and KP including peer educators to be the faces of the U=U campaign, using multiple communication channels.***

It is essential that all U=U Campaign activities with primary audiences and secondary audiences provide PLHIV with a feeling of commitment and participation at all levels of preparation, implementation, monitoring and evaluation. They should feel a sense of ownership over the campaign.

**Audiences (Primary and secondary level):**

PLHIV, KP and their peers and families.

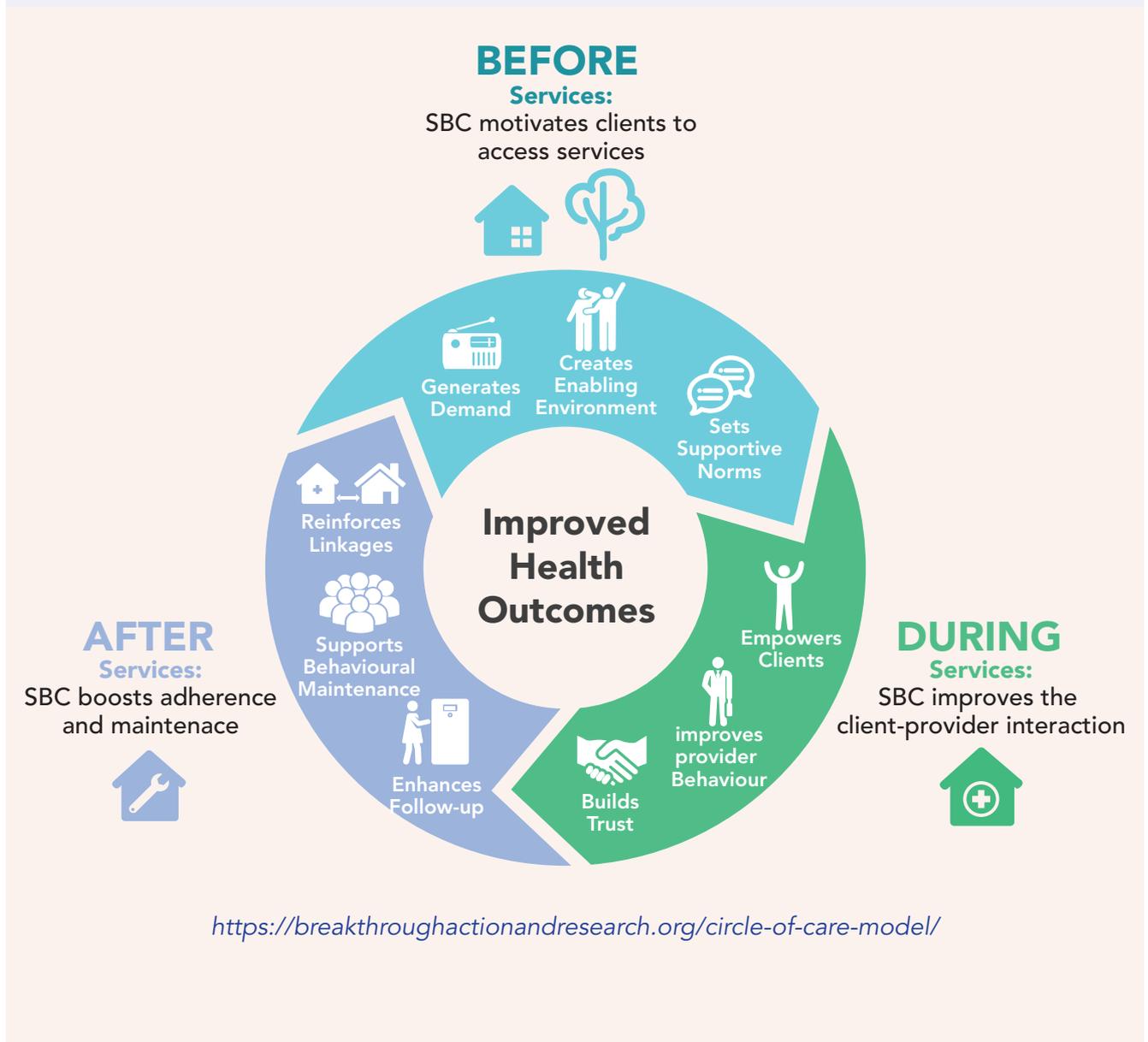
**Suggested activities to engage PLHIV, e.g., by inclusion in:**

- Key message development.
- Production and distribution of material specific to PLHIV, KP (posters, leaflets, stickers, picture boxes etc.).
- TV and radio spot, videos and YouTubes, including opportunities to be actors themselves.
- Use of social networks and smartphones to raise awareness among their peers either in person or using their personal and social media networks.

- Improvement of their capabilities for interpersonal communication and group animation (peer education/peer-led sessions)
- Monitoring, reporting and evaluation of results and outcomes of the campaign.

## STRATEGY 2. STRENGTHEN HEALTH CARE PROVIDERS TO CREATE AN ENABLING ENVIRONMENT FOR PLHIV AND KP.

### Strategy 2.1. Focusing on the Circle of Care Model



## U campaign activities motivate audiences to access services by:

- **Generating demand** – raise U=awareness of services, address knowledge gaps and misperceptions, and increase self-efficacy to access services.
- **Creating an enabling environment** – support dialogue between communities and health providers to build mutual understanding, conduct advocacy and mobilize leaders and political influencers to remove barriers or change policies.
- **Setting supportive norms** – foster practices that promote health-seeking and social support for services by mobilizing communities to discuss health issues and influencing how and to whom clients talk about health.

## U=U campaign activities improve audience-provider interaction and trust by:

- **Empowering audiences** – support each audience segment (primary, secondary and tertiary) to express their needs and concerns by increasing their health literacy, confidence, self-efficacy, and knowledge about a health issue or service.
- **Improving health care provider behaviour** – improve provider skills and influence their attitudes towards client audiences by addressing underlying assumptions stemming from cultural norms and personal beliefs that may lead to biases in care.
- **Building trust** – positively influence service providers' interactions with audiences and shaping positive client perceptions of providers as credible and caring.

## U=U campaign activities boost adherence and maintenance by:

- **Increasing follow-up** by creating a supportive environment that encourages audiences to stay engaged after their initial visit to the clinic.
- **Supporting behavioural maintenance** by addressing contextual issues, such as interpersonal relationships that might negatively influence sustained behaviour change, including ART adherence.
- **Reinforcing linkages** by supporting the development and promotion of referral systems that help to connect audiences from their home or communities to health care facilities and from one service to another.

***Strategy 2.2. Involve all health care providers and others working in the HIV settings in quality services by developing capacity-building courses to improve knowledge, attitudes and practices relating to all aspects of U=U.***

Strengthening the capacity of HCP is essential to encourage PLHIV and KP to seek out and consume quality health services. Competent and welcoming health care providers are crucial because they will facilitate trust, acceptance and access to prevention, care and treatment (refers to Circle of Care Model above).

A main challenge in Cambodia arises from the belief of some HCP that U=U is not true or is an exaggeration. They may wear double gloves or masks expressing a negative non-verbal message to the PLHIV. So, scientific evidences must be part of the training. If COVID-19 precautions require putting facemask, double gloves etc., the health worker should explain this to the client to prevent feelings of stigma, non-acceptance or avoidance on the part of those who should help them.

## Audiences: (Tertiary level)

This level includes HCP (medical doctors, nurses, counsellors, laboratory staff, peer educators, social workers) and others that could be working within the health care settings.

### Suggested activities:

- Develop a training module for HCP and other staff in HIV services delivery settings to establish clear understanding that U=U is a scientific fact and to remove confusion or misunderstanding about viral loads, viral load testing and how viral loads are made undetectable and untransmittable.
- The module will contain the following subjects: understanding the Circle of Care Model; U=U campaign; stigma and discrimination; self-stigma; positive attitude towards PLHIV, KP; and skills such as: two-way communication, respect in diversity, self-esteem, self-confidence. The training sessions will be based on practical exercises through participatory activities like role-play, interactive games, competitions etc. (please see in annex 5 a suggested list of contents for the training module)
- Train all HCP and others in HIV and non-HIV services all over Cambodia
- Disseminate IEC/SBCC materials: posters to display on the walls of the health care setting and other promotional materials for distribution. Radio spots, YouTubes, videos that could be used for instance in waiting rooms where people have time to watch them.

*Note: The above training should be added to the National Health training curriculum*

## STRATEGY 3: STRENGTHEN ADVOCACY FOR SOCIAL CHANGE IN U=U.

### **Strategy 3.1. Engaging political influencers and other community leaders to provide a safe and supportive environment through advocacy.**

The U=U campaign in Cambodia aims to change behaviour at both individual and social level. Its communication encourages policies, laws and regulations that provide support for sustainable behaviour change.

Emphasis is placed on promoting government, community and public support to avoid policy setbacks that might undermine the positive impacts of a U=U campaign. Communication for U=U will be part of Cambodia's comprehensive response to the HIV epidemic. It involves use of proven HIV prevention options and well-designed behaviour change messages disseminated through effective offline and online platforms.

### Audiences (tertiary level):

Political influencers, provincial authorities, celebrities like artists/singers/sports champions, teachers, media and other traditional communicators.

### Suggested activities:

- Facilitate dialogue through presentations, meetings, workshops etc.
- Produce and distribute advocacy kits presenting the situational analysis of HIV AIDS, PLHIV and KP in Cambodia; the strategy used in U=U Campaign; and the importance of engaging in the U=U Campaign.
- IEC/SBCC materials (brochures etc.).
- Invitation to events related to the U=U Campaign where top officials can make a speech or do the official launching.

***Strategy 3.2. Build the capacities of journalists and media professionals, including digital media on U=U and responsible handling of content relating to PLHIV and KP.***

Journalists and other media professionals are an essential link in awareness-raising and social education. Information or opinions conveyed by reputable media professionals are often accepted as credible and their influence must be taken into account in U=U Campaign communication.

The engagement of reputable journalists and media professionals will help limit misinformation and fake news. U=U implementors should work to gain the support of media professionals to promote and sustain the development of a responsible press on PLHIV-related and KP issues in Cambodia.

### Audiences (tertiary level):

Editors and journalists from radio, television, written press, and bloggers etc.

### Suggested activities:

- Short presentations on the U=U Campaign.
- Dissemination of IEC/SBCC materials (brochures etc.).
- Invitation to events related to U=U Campaign.
- Organizing regular press conferences.
- Development of press kits containing data, photos, information, internet links and messages on the U=U Campaign.
- Provide journalists with a U=U focal point person from whom they can get updated and accurate information.

## **STRATEGY 4: MAXIMISING USE OF DIGITAL TECHNOLOGY IN THE U=U CAMPAIGN.**

### ***Strategy 4.1. Create Buzz for faster dissemination of U=U Campaign messages through social media and social networks of friends.***

The internet is booming in Cambodia providing a real opportunity for the U=U campaign. It is delivering an unprecedented supply of information to people. Increasingly, people have access to the internet and its various applications and social media platforms.

Extensive use of the internet should be a priority of the U=U campaign in Cambodia because digital platforms are quick and effective ways of generating BUZZ for the U=U campaign. An advantage is that digital platforms provide low-cost channels for rapidly creating partnerships and disseminating a large number of U=U messages, especially to young people, young couples and KP who already use social networks and smartphones (SMS, WhatsApp, chat etc.).

#### **Audiences (Primary and secondary level):**

U=U Campaign implementors, PLHIV, KP and their peers.

#### **Suggested activities:**

- Use an existing website and add a separate section U=U campaign.
- Develop a U=U campaign on Facebook.
- Develop a blog on the U=U campaign.
- Motivate PLHIV and KP to use their social networks of friends to disseminate or share information concerning the U=U campaign.
- Use smartphone technology with SMS, chat, WhatsApp and other applications useful to PLHIV and KP

***All 4 Strategic Interventions above must happen together and simultaneously for deeper and faster results.***



# SECTION 5. OPERATIONAL PLAN FOR IMPLEMENTATION OF THE U=U CAMPAIGN



# OPERATIONAL PLAN FOR IMPLEMENTATION OF U=U IN CAMBODIA

## OPERATIONAL PLAN OF ACTION: Schedule for developing and implementing the U=U campaign.

The operational plan includes the following elements:

- What? The activities to be undertaken and their sequence.
- When? The estimated schedule for implementation.
- Who? The persons/organizations who will be responsible for each activity, (partners/stakeholders).

## LIST OF ACTIVITIES TO BE PERFORMED IN 2021 STARTING WITH LARGE URBAN AREAS (BIG CITIES).

Year 2021: Q1, Q2, Q3, Q4

*Going to scale covering all Cambodian urban and rural areas:  
Year 2022, Year 2023, Year 2024, Year 2025.*

### **Establish a special U=U campaign technical working group.**

- This group will be composed of specialists in SBCC, community mobilization, advocacy, and M&E. They will be selected from among diverse partners/stakeholders.
- **Develop the TOR** for the technical working group (frequency of meetings, responsibilities, make changes in operational-implementation plan if needed, etc.)

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (January 2021)

### **Select the communication agency or technical support of key partners** that will work on the U=U campaign

- **Develop the TOR** for the communication agency.
- **Develop a creative** brief for the communication agency to establish the campaign's positioning in terms of graphics, illustrations, images, photos and messages.

Implementers responsible: NCHADS with support from partners

Estimated schedule: Q1 (January 2021)

### **Create the U=U brand identity for Cambodia.**

- The identity is dynamic, powerful and positive as expressed in a logo and tagline as well as a soundtrack (for radio, TV and other audio platforms).
- Work in close collaboration with the communication agency.
- Pre-test logo/tagline and soundtrack with the audiences.

These activities are very important to establish the brand identity and brand recognition.

Implementers responsible: NCHADS with support from partners

Estimated schedule: Q1 (January 2021)

**Rapidly review existing IEC educational materials** (posters, leaflets, brochures, spots for radio and TV done for U=U) that could be re-used or improved. However, all re-used materials will need the U=U brand identity.

**Develop new messages and visuals** to be used in all activities (harmonization, consistency with a common thread of positivity, joy, hope, health and good future).

Organize several Focus Group Discussions to **pre-test the new messages** with the audiences.

Make changes (if necessary). Pre-test the messages and materials once more with the audiences.

Messages must be perceived as relevant to the audiences. They should be clear and attractive with the actions to perform and benefits.

Implementers responsible: NCHADS with support from partners

Estimated schedule: Q1 (January 2021)

### **Use an existing website and add a separate section on U=U campaign.**

- It is important that the additional part U=U in an existing website maintains the brand identity and harmony in messages.
- Work with the communication agency to find an appropriate website designer. Work closely with the designer.
- Select a website manager who will maintain and add U=U posting as required.
- Pre-test the website new additional part U=U with the audiences.
- Make the changes after the pre-test (if necessary). Pre-test the website (section U=U) once more with the audiences.
- Open the new section U=U of the website on the official launching day

Implementers responsible: NCHADS with support from partners

Estimated schedule: Q1 (January 2021)

### **Develop a Facebook page on the U=U campaign.**

- It is important to use one specific Facebook to avoid confusion, keep brand identity and harmony in all messages.
- Work with the communication agency to find an appropriate Facebook designer. Work closely with the designer.
- Pre-test the Facebook with the audiences.
- Make changes after the pre-test (if necessary). Pre-test the Facebook once more with the audiences
- Select a Facebook manager who is responsible for uploading postings
- Activate the Facebook at the official launch of the U=U campaign

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February 2021)

### **Develop a blog on the U=U campaign. The blog could also be a part of the existing website**

- It is important to use one specific blog to avoid confusion and keep the brand identity and the messages harmonized.
- Work with the communication agency to find an appropriate blog designer. Work closely with the designer and involve the audiences.
- Pre-test the blog with the audiences. Make the changes after the pre-test (if necessary). Pre-test the blog once more with the audiences.
- Select a blog manager who will maintain and update the site as needed
- Activate the blog at the official launch of the U=U campaign.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February-March 2021)

### **Social media influencers.**

- Map the social media influencers in Cambodia and select a couple of them in terms of their interests in social affairs, human rights, health, youth, and education. Check the number of followers and select those most appropriate.
- Organize a meeting with each influencer to explain what you expect from him/her for the U=U campaign.
- Discuss and negotiate the budget. Some social media influencers may be too expensive.
- Develop a TOR to clarify their responsibilities and frequency of their postings or interventions.
- It may be better at the start to work with social influencers you worked with in the past. Later, more influencers could be added.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February-March 2021)

### **Prepare for yearly special events U=U. The established calendar of special events can be replicated each year**

- Develop a list of yearly events where U=U messages and activities could be added. WAD, health week, local festivals etc.
- Prepare the U=U events with activities like theatre, forums, giant quizzes on the street or market place, counselling booths etc.
- Make sure you have the legal permission for such events with local authorities
- Print IEC materials and develop new ones if needed
- Promote the event much on time (What, when, where and how?)

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February-March 2021)

### **IEC materials development (for the launching events).**

- Develop several IEC materials for immediate use with most audiences and media
- Posters, brochures, stickers and other promotional materials about U=U (t-shirts, caps, pens, USB keys etc.) to be disseminated during the U=U campaign's launch events.
- Decide the number of copies you will need for the launch events in all selected cities

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February-March 2021)

## **Official launch the U=U Campaign starting with major urban areas first (big cities).**

### Preparation of the U-U Campaign launch in each city:

- Select one local focal point for the launching event.
- Organize a preparatory meeting in each city.
- Prepare a press kit for the media (photo opportunities, press release, internet links of the U=U website, Facebook, blog etc.), provide the name and phone number of the press focal point in each city.
- Prepare the invitation of influencers in each of the selected cities, e.g., political influencers, local authorities, social media influencers, celebrities, the media (editors, journalists, broadcasters, bloggers).
- Organize the launch event and time of activities (e.g. place of launching, music, dance, speeches from local authorities, press conference, distribution of promotional materials etc.).
- Decide if the cities have a separate day for the launching or the event would be same day in all selected cities.

### Implement the official launch events.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (March 2021)

## **Continue to develop IEC materials during the year (as needed)**

- Develop IEC materials (posters, brochures and spots for radio and TV).
- Invite some members of the audiences to participate in the development of the materials.
- Pre-test with the audiences.
- Make necessary changes and pre-test once more.
- Disseminate (face-to-face and electronically through SMS, social media, and website).

Implementers responsible: NCHADS and partners

Estimated schedule: Q2-Q4 (April-December 2021)

**Create new Champion groups or re-energize existing ones, groups of peer-led** to advocate the U=U Campaign and act as agents of change and role models  
Develop the TOR (responsibilities etc.).

Implementers responsible: NCHADS and partners

Estimated schedule: Q1 (February-March 2021)

### **Training of trainers of all health care providers and other staff in the healthcare settings**

- Develop a training module for HCP and other staff in HIV services delivery settings. The contents of the training module should include following subjects: understanding the Circle of Care Model; U=U Campaign; stigma and discrimination; self-stigma; positive attitude towards PLHIV, KP; skills such as: two-way communication, respect in diversity, self-esteem, self-confidence. It should also contain information concerning the impact of COVID-19 on vulnerable people, e.g., KP and PLHIV. The training sessions will be based on practical exercises through participatory activities like role-play, interactive games, competitions etc. (See in annex 5 a suggested list of contents for the training module.)
- Establish a calendar for training sessions.
- Train a group of master trainers to run the training sessions.
- Train of all staff in HIV and non-HIV services all over Cambodia (urban first)
- Disseminate IEC/SBCC materials: posters to display on the walls of the health care centre and other promotional materials for distribution. Radio spots, YouTube, videos that could be used for instance in waiting rooms where people have time to watch them.

Implementers responsible: MOH/NCHADS and other partners

Estimated schedule: Q1-Q2-Q3 (March-September 2021)

### **Disseminate information through the use of audiences' social platforms to share with their social networks of friends.**

Motivate members of the online peer outreach group to use their social media platforms to specifically disseminate messages concerning user-friendly testing services in Cambodia for KP and to share posters, brochures, articles on U=U blog and provide links to official U=U social media and website

**See also some information on Going Online to Accelerate the Impact of HIV Programs 2019. FHI360-LINKAGES Programs, USAID, PEPFAR.**

Implementers responsible: NCHADS and HIV CSO

Estimated schedule: Q2-Q4 (March-Dec. 2021) 2022-25

### **Video materials.**

- Develop several two to three-minute YouTube video on various aspects of understanding U=U.
- The videos should be targeted at PLHIV, KP, health care providers, counsellors, champion groups, peer educators including online peer outreach, teachers, media, political influencers, provincial authorities and social media influencers.
- Each video should be around a narrative that tells a story that includes U=U messages.
- The narrative should increase hope and positive messages for a healthy life. It should avoid warnings and talking down to PLHIV or KP.
- YouTube videos have more impact than other messages because they are seen almost anywhere and at any time on smartphones. So, they should be produced with care.
- Work with the communication agency to find an appropriate YouTube designer. Work closely with the designer and involve the target audiences.
- Pre-test the YouTube videos with the beneficiaries. Make changes, as necessary.

Implementers responsible: NCHADS and partners

Estimated schedule: Q2-Q3 (April-September 2021)

### **Develop APPS for smartphone (e.g. quizzes).**

- Develop an application for smartphones to test knowledge about U=U, e.g. a digital quiz. Many PLHIV and KP use smartphones and could download and share the application.
- Decide for more applications as needed

Implementers responsible: NCHADS and partners

Estimated schedule: Q3-Q4 (July-December 2021)

### **Smartphones (SMS, WhatsApp.)**

- SMS to remind PLHIV to go to their viral load test appointments and results (if SMS are feasible and not too expensive).
- SMS to disseminate U=U messages (if feasible and not too expensive)
- WhatsApp and chat for disseminating pictures, videos, VL results etc.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1-Q4 (January-December 2021)

### **Digital gamification for edutainment and infotainment.**

- Develop digital games during the year for the U=U part of the existing website. Many PLHIV and KP use internet often and could play them.
- Work closely with the webmaster of the existing website to examine various possibilities.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1-Q4 (January-December 2021)

### **Work with the media for advocacy (agents of change).**

- Prepare the press kit for each event during the year.
- Regular press conference with editors, journalists, broadcasters, bloggers to update information concerning the U=U campaign and its progress.
- Work with TV, radio programs to organize interviews, forums, interactive discussions, diffusion of spots etc.
- Make sure to adhere to the brand identity.
- Select a press focal person.

Implementers responsible: NCHADS and partners

Estimated schedule: Q1-Q4 (January-December 2021)

### **Work with political influencers, local authorities, social media influencers and celebrities for advocacy (agents of change).**

- Prepare a list of most influential persons.
- Prepare events, invite influencers and explain what you do and the importance of the U=U campaign.
- Regularly send them brochures and other materials
- Select a focal point person.

Implementers responsible: NCHADS and partners

Estimated schedule: Q2-Q4 (April-December 2021)

### **Work with schools, universities (teachers and students)**

- Make a list of schools and universities first in urban areas and the following years going to scale.
- Send educational materials to teachers that they could use in their classes to explain the U=U campaign.
- Organize a short orientation meeting with teachers in different schools and universities to answer their questions.
- Develop a brochure on questions and answers so that teachers have the right information.
- Select a focal point person.

Implementers responsible: NCHADS and partners

Estimated schedule: Q2-Q4 (April-December 2021)

### **Involve the workplaces/private sector (owners, managers, workers)**

- Make a list of major workplaces especially garment factories and entertainment settings (karaoke bars, beer gardens etc.)
- Develop very simple educational materials on U=U.
- Organize short orientation sessions so that face-to-face awareness can take place using interactive presentation and games.
- Select a focal point person.

Implementers responsible: NCHADS and partners

Estimated schedule: Q2-Q4 (April-December 2021)

### **Monitoring**

Monitoring takes place on regular basis throughout the year

- Monitor monthly or quarterly

### **Evaluation**

- Rapid/short evaluation at the end of each year
- Mid-term U=U evaluation in December 2023 (longer more detailed evaluation)
- Final evaluation at the end of year 2025.

Implementers responsible: NCHADS and partners

Estimated schedule: Year 2021-2015

Each year, a U=U rapid evaluation will take place. Lessons learned from it will determine the following year's activities and budget. The evaluation will also help in improving, creating or even deleting certain activities.

## START IN 2021 WITH URBAN AREAS (BIG CITIES)

### GO TO SCALE: YEAR 2022, 2023, 2024, 2025

Continue activities performed in year 2021 and apply lessons learned and adapt to smaller cities as needed.

- Continue activities under same brand identity all over Cambodia.
- New messages (as needed).
- Continue to train the health care providers in all HIV and non-HIV services.
- Use of social media & website (as applicable).
- Continue with yearly events U=U (events according to provinces).
- Continue to develop groups of champions (locally as needed).
- Continue with KP online peer outreach to disseminate U=U messages and other relevant information through their social media networks of friends (when applicable).
- Continue developing videos and YouTube spots respecting the environment (rural vs. urban)
- Continue using telephones for sending SMS or WhatsApp to disseminate information, videos, messages to remind people of getting their viral load test.
- Continue using applications and digital gamification for edutainment (when applicable)
- Continue working with the media (press kit, press release, press conference on regular basis.)
- Continue working with the local political influencers and other local authorities, celebrities etc.
- Continue awareness in schools and universities
- Continue awareness at the workplace
- Continue with monitoring and evaluation each year

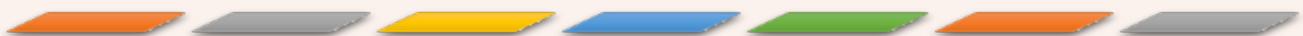


# SECTION 6. MONITORING AND EVALUATION OF THE U=U CAMPAIGN IN CAMBODIA

Monitoring&Evaluation

Performance Indicators

Data Collections and dissemination



## MONITORING AND EVALUATION

A monitoring and evaluation (M&E) plan must be incorporated into the U=U campaign. Monitoring and evaluation are two distinct but partly overlapping activities. They serve to ensure the U=U campaign is run as effectively as possible and to learn from experience. Both are essential elements of effective campaign management.

As a rule, about 10% to 15% of the overall campaign budget should be set aside for M&E activities. The U=U campaign has a team of M&E within the Technical Working Group to ensure sufficient attention to this crucial aspect of the campaign. The M&E team should meet on a monthly basis.

M&E will assess on-going implementation of campaign activities and help to shape necessary improvements or changes to U=U communication.

**Regular monitoring** allows you to see if the U=U campaign is proceeding according to plan or it needs to be changed. It is a process of tracking the campaign implementation phase.

Monitoring involves the ongoing collection of information about the activities and operation of the campaign. This information is used to determine what the campaign is actually doing and whether activities are being implemented as intended.

**Evaluation** indicates if the U=U campaign is achieving its annual objectives. The M&E team should meet at the end of each year to evaluate the progress towards achieving the goals and objectives set at the beginning of the campaign.

Evaluation involves the periodic collection of information about the activities, characteristics, and outcomes of the campaign. This information is used to make judgments about the overall campaign, improve campaign effectiveness, and identify lessons learned.

### MONITORING U=U CAMPAIGN ACTIVITIES

The implementation of communication activities should be monitored and evaluated in order to measure the progress of the program towards the achievement of results

The following mechanisms will be developed to allow better monitoring of communication activities:

#### **Periodic meetings**

Each month, the U=U monitoring team will meet to review if U=U activities are performed according to the implementation plan.

Taking into account feedback from partners, decisions will be made on whether changes in activities are necessary. Changes could mean removal of or adjusting some activities or changing their schedules for implementation.

A brief report about possible changes and lessons learned will be disseminated to all stakeholders.

## EVALUATION OF U=U CAMPAIGN ACTIVITIES

Evaluation indicates whether the U=U campaign is achieving its objectives.

- Each year, a U=U rapid evaluation will take place (Year: 2021, 2022, 2024, 2025).
- A mid-term bigger evaluation will take place in year 2023.
- End-term evaluation will take place at the end of year 2025.

Lessons learned from yearly evaluation will determine the following year's activities and budget. The evaluation will help in improving, creating or deleting certain activities for the following year.

### Objectives of evaluation

The evaluation at the end of each year will assess improvement in the five main objectives below:

- Increase understanding and awareness of U=U.
- Increase demand for HIV testing and counselling services.
- Promote early HIV tests, early treatment initiation, ART adherence, retention and re-engagement from loss to follow up.
- Reduce stigma and discrimination in all HIV services and non-HIV services.
- Reduce self-stigma by developing skills such as self-esteem, self-efficacy and empowerment of PLHIV and KP.

*The existing national website's section dedicated to the U=U campaign will make it possible to report on the campaign's achievements and progress. It will be continuously fed by the contributions of all the actors of the campaign at their different levels of intervention. It will report by word, image and video on the campaign's key activities and will also serve as a photo gallery and documented narrative of the U=U campaign's results.*

## FRAMEWORK FOR EVALUATION

The framework for evaluation will record measured results at the output, outcome and impact levels, as below. This is necessary to effectively measure the U=U communication strategy's achievements.

The U=U campaign evaluation will use both quantitative and qualitative methods to collect data, including from existing government sources, research institutions and special studies.

**The output, outcome indicators and impact suggested in this U=U strategy are illustrative. A more detailed standard evaluation should be developed in Cambodia with M&E experts from various stakeholders.**

*The suggestions below are prioritized for criteria that are measurable. They will provide faster and more comparable outcomes while avoiding too many indicators.*

## Suggested Indicators framework

*(to be finalised by M&E expert team locally)*

### STRATEGY 1. MOBILIZE AND EMPOWER PLHIV AND KP FOR OWNERSHIP OF THE U=U CAMPAIGN TO MAXIMISE BENEFITS FOR THEM

*Strategy 1.1. Increase participation and commitment of PLHIV and KP including Peer Educators to be the faces of the U=U campaign using multiple communication channels*

Performance indicators related to PLHIV, KP, Peer Educators commitment and participation

Output indicators	Outcome indicators	Impact
<ul style="list-style-type: none"> <li>Number of U=U IEC materials developed and distributed to PLHIV, KP and peer educators in year 2021</li> </ul>	<ul style="list-style-type: none"> <li>% of PLHIV who can remember at least 3 U=U messages in the last 6 months</li> <li>% of KP who can remember at least 3 U=U messages in the last 6 months</li> <li>% of PE who can remember at least 3 U=U messages in the last 6 months</li> </ul>	<p>Developed feelings of ownership in the primary audiences over the U=U Campaign.</p> <p>Created a human-centred approach related to respect for human rights of PLHIV.</p>
<ul style="list-style-type: none"> <li>Number of PLHIV and KP who participated in the IEC materials development process as they were invited to participate during the year 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Number of PLHIV who feel engaged and committed to the U=U Campaign because of their participation in activities in year 2021.</li> <li>Number of KP who feel engaged and committed to U=U Campaign due to their participation in activities in the year 2021</li> </ul>	

**STRATEGY 2. STRENGTHEN HEALTH CARE PROVIDERS TO CREATE AN ENABLING ENVIRONMENT FOR PLHIV AND KP**

*Strategy 2.2. Involve all health care providers and others working in health service settings in quality services by developing capacity-building courses to improve knowledge, attitudes and practices relating to all aspects of U=U.*

**Performance indicators related to HCP training (HIV and non-HIV health services)**

Output indicators	Outcome indicators	Impact
<ul style="list-style-type: none"> <li>• Number of HCP of HIV and non-HIV services who received training on U=U in the year 2021</li> </ul>	<ul style="list-style-type: none"> <li>• % of HCP interviewed who can remember the definition of U=U in a simple sentence at the end of 2021</li> <li>• % of HCP interviewed who can remember and name the two different forms of stigma at the end of 2021</li> <li>• % of HCP interviewed who reported to be more confident in explaining U=U to their client when needed</li> <li>• Number of HCP reporting a 25% increase demands for health services by PLHIV and KP by end of 2021</li> <li>• Number of HCP who demonstrate zero stigma while receiving PLHIV or KP in the year following the training by the end of 2021</li> </ul>	<p>Improved quality services in all HIV and non-HIV services for all clients including PLHIV and KP.</p> <p>Increased demand for HIV treatment and HIV services</p> <p>Increased trust between HCP and clients.</p>

### STRATEGY 3. STRENGTHEN ADVOCACY FOR SOCIAL CHANGE IN U=U

*Strategy 3.1. Engaging political influencers and other community leaders to provide a safe and supportive environment through advocacy.*

#### Performance indicators related to political influencers and community leaders

Output indicators	Outcome indicators	Impact
<ul style="list-style-type: none"> <li>• Number of U=U IEC materials developed and distributed to political and community leaders in year 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• % of political and community leaders who can remember and correctly name at least 3 messages from the U=U IEC materials received in the last 6 months.</li> <li>• Number of political and community leaders who recall hearing at least 5 radio or TV spots concerning the U=U Campaign in the last 6 months</li> </ul>	<p>Impacted positively on knowledge, attitudes and behaviour change.</p> <p>Created a better supportive environment with policies, law and regulations beneficial to PLHIV and KP.</p>
<ul style="list-style-type: none"> <li>• Number of political and community leaders invited to join and act as Advocates for the U=U Campaign in year 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• % of political and community leaders who got engaged in the U=U Campaign by the end of 2021.</li> <li>• Number of new policies achieved in favour of PLHIV and KP.</li> <li>• Number of new policy initiatives taken during the year 2021.</li> </ul>	

**Strategy 3.2. Build the capacities of journalists and media professionals, including digital media on U=U and responsible handling of content relating to PLHIV and KP.**

**Performance indicators related to working with the media (Journalists etc,)**

Output indicators	Outcome indicators	Impact
<ul style="list-style-type: none"> <li>Number of media events organized and conducted (press conferences, presentations, U=U launching events) in 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Number of media professionals who participated in media events organized during year 2021.</li> <li>Number of clear and accurate press articles and editorials published in the last 6 months.</li> </ul>	<p>Promoted and sustained a responsible press relating to PLHIV and KP in Cambodia.</p> <p>Contributed to reducing stigma and discrimination against PLHIV and KP by creating a better and safer environment.</p>
<ul style="list-style-type: none"> <li>Number of press kits developed and distributed in the year 2021</li> </ul>	<ul style="list-style-type: none"> <li>Number of media professionals who find press kits informational and interesting during the year 2021</li> <li>Number of media professionals who contacted the U=U focal point during the year 2021 to ask questions and seek documents</li> </ul>	
<ul style="list-style-type: none"> <li>Number of U=U IEC materials developed and distributed to the media in the year 2021</li> </ul>	<ul style="list-style-type: none"> <li>% of media professionals who can accurately remember at least 3 messages by the end of year 2021</li> </ul>	

## STRATEGY 4. MAXIMIZE USE OF DIGITAL TECHNOLOGY IN THE U=U CAMPAIGN

*Strategy 4.1. Create Buzz for faster dissemination of U=U Campaign messages through social media and social networks of friends.*

### Performance Indicators related to use of internet and social media platforms

Output indicators	Outcome indicators	Impact
<ul style="list-style-type: none"> <li>Number of invitations sent each year to social media influencers to disseminate U=U information using their social media platform.</li> </ul>	<ul style="list-style-type: none"> <li>Number of new social influencers who positively accepted to use their networks of followers by the end of each year.</li> </ul>	<p>Impacted significantly on disseminating U=U awareness to all audiences</p>
<ul style="list-style-type: none"> <li>Usage of existing website and the added section for the U=U Campaign in the year 2021</li> </ul>	<ul style="list-style-type: none"> <li>Number of PLHIV who liked the website U=U section in 2021.</li> <li>How many times a month (or a week) PLHIV clicked on the existing website and linked to U=U section of the existing website during the year 2021.</li> <li>Number of KP who like the website U=U section in 2021.</li> <li>How many times a month (or a week) KP clicked on the existing website and linked to U=U section in 2021.</li> </ul>	<p>Created Buzz for U=U by contributing to rapid dissemination of information about U=U benefits.</p>

<ul style="list-style-type: none"> <li>• Development and dissemination of a U=U Facebook by early 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of PLHIV who liked the Facebook U=U by the end of 2021.</li> <li>• How many times a month (or a week) PLHIV clicked on the Facebook by the end of the year 2021.</li> </ul>	<p>Official website and official social media platforms will have very positive impacts, and increased credibility and trust in the U=U Campaign</p>
<ul style="list-style-type: none"> <li>• Development and dissemination of a U=U blog that is linked to the existing website by early 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of KP who like the Facebook U=U by the end of the year 2021</li> <li>• How many times a month (or a week) KP clicked on the Facebook by the end of the year</li> <li>• Number of PLHIV who liked the U=U blog by the end of 2021.</li> <li>• How many times a month (or a week) PLHIV clicked on the U=U blog by the end of 2021.</li> <li>• Number of KP who liked the blog U=U by the end of 2021.</li> <li>• How many times a month (or a week) KP clicked on the U=U blog by the end of 2021.</li> </ul>	
<ul style="list-style-type: none"> <li>• Number of PLHIV and KP who built their own social media platform in 2021 and explain/promote U=U..</li> </ul>	<ul style="list-style-type: none"> <li>• % of PLHIV, KP that use their personal social media platform to reach their peers et disseminate U=U information by the end of 2021.</li> </ul>	
<ul style="list-style-type: none"> <li>• Number of SMS, WhatsApp messages and applications that were developed specifically for the PLHIV and KP during the year 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• % of PLHIV using their smartphones for SMS, chat, WhatsApp and special applications by end 2021.</li> <li>• % of KP using their mobile phone for SMS, chat, WhatsApp and special applications.</li> </ul>	<p>Impacted significantly on disseminating U=U information and creating trust and credibility.</p>

*Supplementary indicators related to IEC/SBCC and community mobilisation activities*

**Performance indicators related to all audiences (primary, secondary and tertiary)**

Output indicators	Outcome indicators	Impact
IEC /SBCC materials (including radio and TV spots, YouTubes and other SBCC activities produced and disseminated during the year 2021.	<ul style="list-style-type: none"> <li>• At least 80% increase of PLHIV who ask for early treatment by end of year 2021.</li> <li>• % of PLHIV who report correct ART adherence by the end of 2021.</li> <li>• Number of PLHIV who report re-engagement from loss to follow up by end of year 2021.</li> </ul>	Impacted on knowledge, attitudes and practices, as well as health and well-being of PLHIV and KP.
IEC /SBCC materials (including radio and TV spots, YouTubes and other SBCC activities produced and disseminated during the year 2021.	<ul style="list-style-type: none"> <li>• At least 80% increase of KP who seek testing and counselling services by the end of December 2021</li> <li>• % of the tertiary audiences who will increase their knowledge of at least 60% on U=U during the year 2021</li> <li>• % of all audiences by the end of 2021 will be able to accurately name two behaviours to follow by a PLHIV to reach an Undetectable level</li> <li>• % of all primary and secondary audiences by the end of 2021 will be able to accurately name two behaviours to follow by a PLHIV to reach an Undetectable level</li> </ul>	

**Performance indicators gathered at the end of year 2021, after most of the activities have been implemented, will be considered as the base. The results will be used to establish more exact performance indicators for the next years (2022, 2023, 2024, 2025)**

## DATA COLLECTION

The qualitative and quantitative data required for the selected measurable indicators will come from various sources (e.g. number of visits to the U=U campaign website, Facebook, blog etc.), data from research organizations and from the government. Alternatively, specific instruments can be designed to collect the data (e.g. questionnaires, interviews, focus group discussions, observations sessions etc.)

## REPORTING AND DISSEMINATION

It is crucial to report evaluation results (at the end of each year) not only to the funders, management, governance structures, but also to the target audiences since they have ownership over the U=U Campaign. Feedback loops can be created by posting short summaries of evaluation results on the U=U website and social media platforms including the U=U Campaign blog. Such feedback loops highlight the involvement of the audiences.

### Some strategic questions to be asked when planning the reporting and dissemination

- To whom should the results of U=U Campaign be disseminated?
- Who else would benefit from viewing the results?
- What can be reported back to the audiences?
- How can the reported results be presented in a meaningful way?
- What are the key findings of the interventions?
- How can the results be used to inform future communication projects (lessons learned)?

Graphical representations can often communicate quantitative results more effectively. Further, a selection of quotations can be used to link the themes emerging from qualitative data back to the lived experience of the respondents.

Given the need for constant change and innovation in developing communication interventions, it is useful to feed evaluation results directly into the planning process for future interventions.

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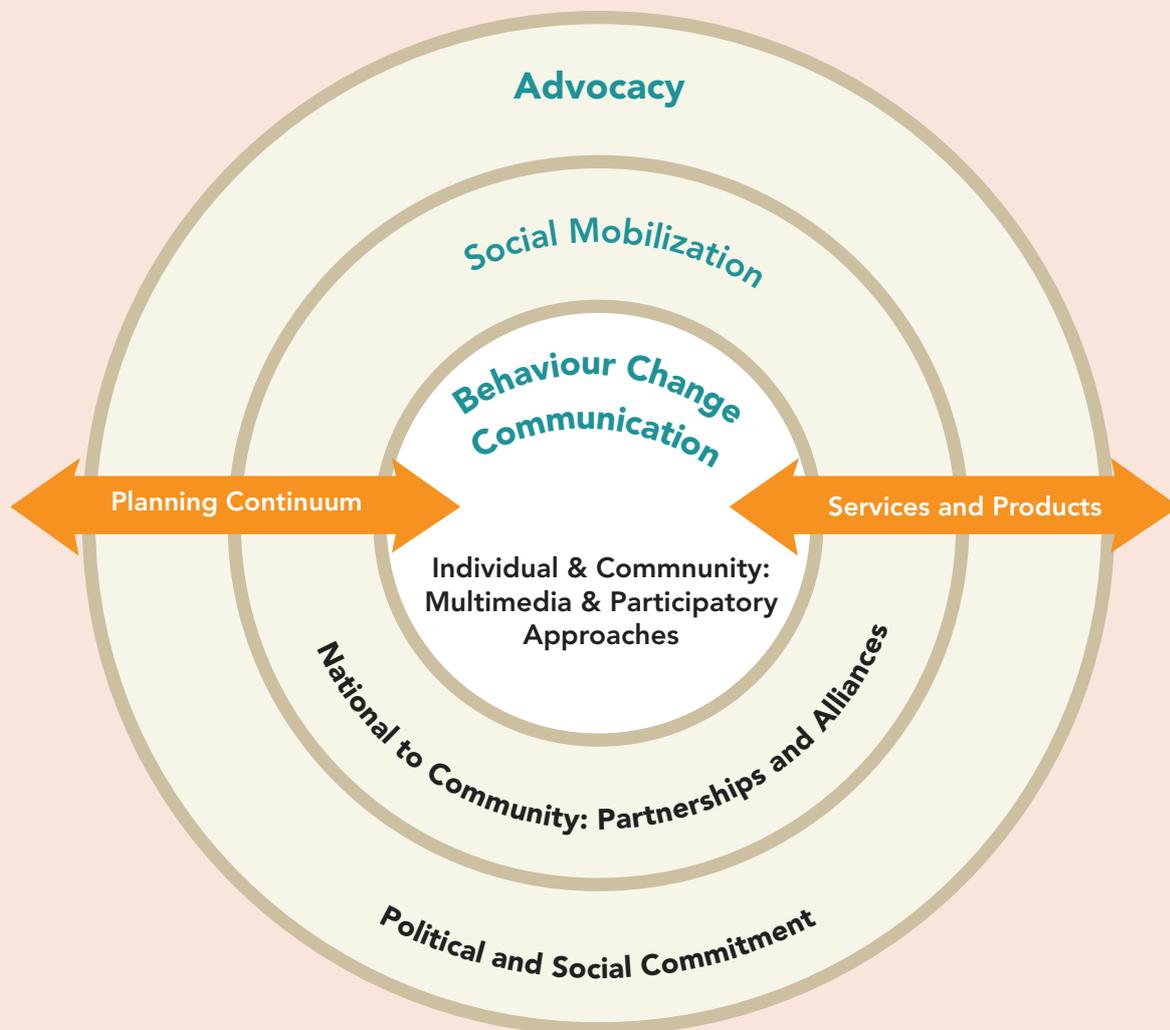
<https://www.fhi360.org/sites/default/files/media/documents/linkages-u-equals-u-english.PDF>

## ANNEX 1. LIST OF ORGANISATIONS & KEY INFORMANTS INTERVIEWS

N	Name of Organisations	Name of Key Informants
1	ARV Users Association	Ms Han Sieng Horn
2	CPN+	Mr. Sorn Sotheariddh
		Mr. Seum Sophal
3	NAA	H.E Dr. Tia Phalla
4	NCHADS	Dr Ly Penh Sun
		Dr Ouk Vichea
		Dr Lan Vanseng
		Dr Samreth Sovannarith
		Dr Ngov Bora
5	KHANA	Dr Tep Samnang
6	RHAC	Mr. Choub Sok Chamreun
7	FHI360-EPIC	Dr. Veth Sreng
		Dr. Steve Wignall
		Mr. Phal Sophat
		Ms. Vinich Virak
8	CRS	Mr. Ngo Menghak
		Mr. Chhit Thy
9	Chouk Sar Clinic	Mr. Yun Phearun
10	Social Health Clinic	Dr Chan Niphal
11	UNAIDS	Dr. Vladanka Andreeva
		Mr. Polin Ung
12	US-CDC	Dr Chan Sodara
13	Healthcare provider	Dr Prak Narom

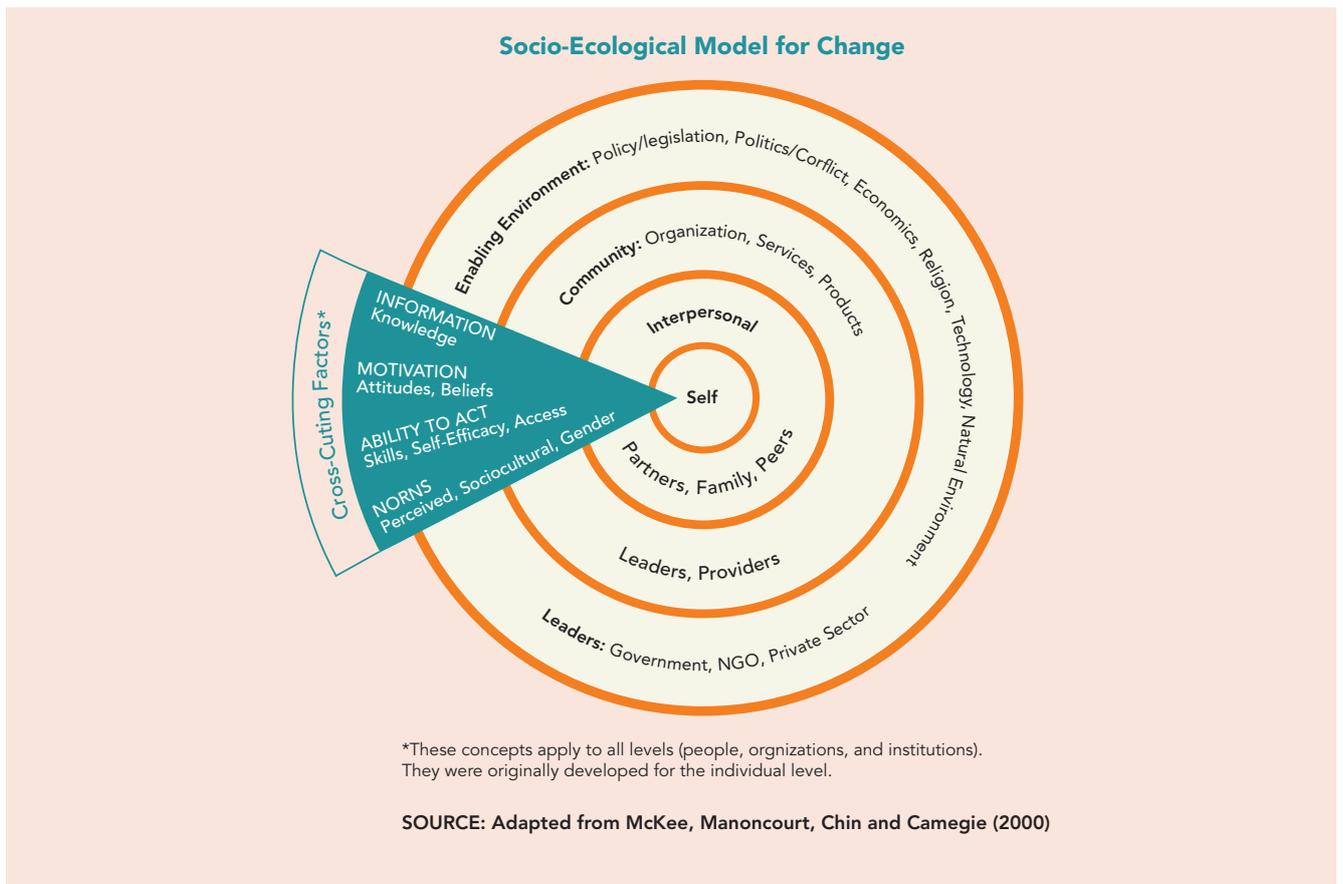
## ANNEX 2. THREE KEY STRATEGIES OF SOCIAL BEHAVIOUR CHANGE COMMUNICATION

### Three Key Strategies of Social Behaviour Change Communication

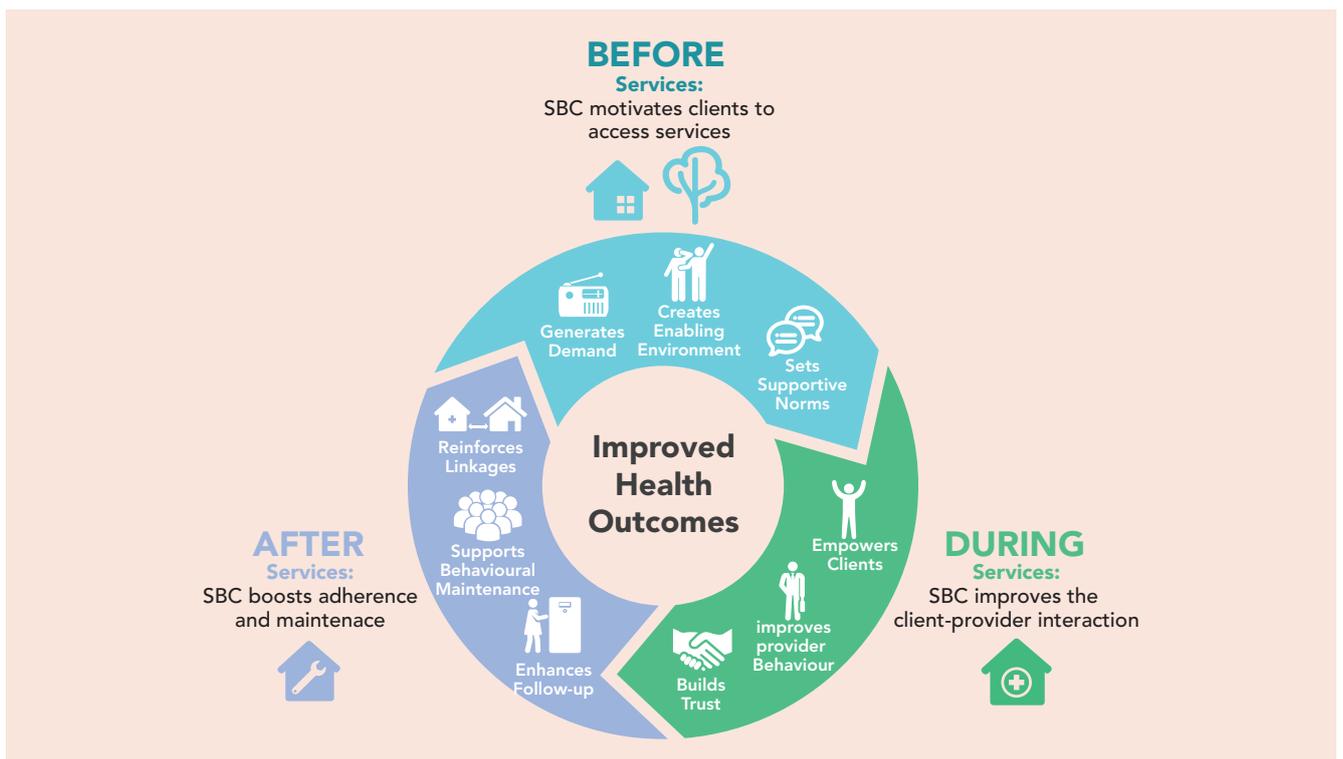


SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

### ANNEX 3. SOCIO-ECOLOGICAL MODEL FOR CHANGE



### ANNEX 4. CIRCLE OF CARE MODEL TO MOTIVATE SOCIAL AND BEHAVIOUR CHANGE (Before the services, During the services and after the services)



## **ANNEX 5. SUGGESTED LIST OF CONTENTS FOR THE HEALTH CARE PROVIDERS TRAINING (in all HIV AND NON-HIV SERVICES)**

*(To be revised and adapted with the technical support of key partners)*

A Five-day training module should first be developed (More elements can be added as needed) The training should include:

1. Sexuality, HIV/AIDS knowledge.
2. Understanding the Circle of Care Model and its importance to all clients and especially to PLHIV and KP to create demand and trust.
3. History of U=U scientific studies that prove U=U is equal to zero transmission in sex.  
Understanding of the first U and the second U  
What is viral load (VL)? Issues related to VL testing and results. How to send the results faster to the client (SMS, WhatsApp, Chat or other means that are affordable and available in Cambodia).  
Understanding that early testing, early treatment, early undetectable and early untransmittable
4. What is stigma and discrimination (SD)
5. What is self-stigma and external stigma? How this can impact on U=U?
6. Respect of diversity (nationality, religions, gender, female entertainment, LGBTI etc.)
7. Respect of human rights
8. Motivational counselling skills
9. Understanding COVID-19 and its impact on PLHIV and KP.  
understanding the importance of MMD for ART but also for other comorbidities (e.g., HIV, TB). Preventive measures, anxiety reduction and mental health.
10. Internet links of all relevant and updated information concerning U=U, HIV/AIDS, STI, COVID-19, human rights, Stigma and discrimination etc.
11. Discussion of the U=U campaign messages and IEC/SBCC materials

**The training sessions will be based on interactive presentations for the knowledge part; practical exercises through participatory-experiential activities like role-plays, interactive games, competitions, small group work etc.**

**This training or parts of it can be adapted and delivered to PE, social workers etc.**



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