GENERATING DEMAND FOR THE TEST THAT COUNTS: COMMUNITY-LED CAMPAIGNS TO INCREASE ROUTINE VIRAL LOAD TESTING

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Background

Routine viral load testing (RVLT) is key to effective HIV treatment monitoring for people living with HIV (PLHIV). Scaling up RVLT is essential to achieving viral suppression for people on antiretroviral treatment. However, uptake of RVLT among PLHIV remains low, hindered by a mix of demand and supply-side barriers; a significant barrier is the lack of awareness of the need for RVLT. Innovative, targeted community-led approaches are needed to generate demand.

Methods

Building on a three-month pilot phase, the International Treatment Preparedness Coalition and six community organisations developed stepwise campaigns in the Democratic Republic of Congo (DRC), Kenya, Sierra Leone, South Sudan and Zimbabwe. Community, lab and health ministry representatives jointly identified country-specific barriers to RVLT and affected populations. Audience and context-specific multimedia communication campaigns were rolled out by communities between July and December 2021. A post-campaign survey assessed campaign receptivity and changes in behaviour.

Results

Across the six countries, communication campaigns reached over 77,000 people including adults, youth and pregnant women living with HIV, as well as key population groups and religious leaders. Tailored messaging reached people on radio (32%), Facebook (31%), WhatsApp (15%), peer engagement meetings (12%), Twitter (8%), posters (1%) and less than 1% through SMS and virtual meetings. A total of 212 people responded to the post-campaign assessment survey. Thirty-three percent found the peer groups the most effective in learning new information. WhatsApp (16%), Facebook (13%), radio (11%) and virtual meetings (8%) were also ranked highly as engaging platforms. The top reasons why these methods were selected were because they presented the information in a way that was easy to understand and were interactive. The campaign also revealed country-specific variations in the platforms people used most to learn new information. In DRC, these were peer groups and virtual meetings; in Kenya, Twitter, Facebook and virtual meetings; in Malawi and South Sudan, peer groups and WhatsApp; in Sierra Leone, peer groups and Facebook; and in Zimbabwe, peer groups, WhatsApp and virtual groups. The campaign also led to behavioural changes in the target audience such as getting a viral load test (VLT), following up with the health facility to get the VLT results and telling friends about VLT. Despite these successes, delayed test results, lab reagent stockouts, non-functioning machines and COVID-19 prioritization at health facilities were systemic barriers to consistent RVLT access.

Conclusions

Context-specific communication campaigns are effective tools in creating demand for viral load testing, particularly when informed by and adapted to local realities. While dissemination through social media channels gained traction, the target audience found interactive, in-person meetings most engaging and effective in learning new information. Persistent barriers to RVLT call for additional community-led initiatives to identify and address these barriers, thus maximizing the impact of creating demand for RVLT and improving treatment outcomes for PLHIV.