Since the first AIDS cases in Tanzania in 1983, the HIV epidemic has affected all sectors of the society, making it not only a major public health concern, but also a socio-economic and development problem. Household surveys estimate the sero-prevalence in adults aged 15-49 years in Tanzania at 5.1%, with a wide variation among regions (THIMS, 2012). Heterosexual intercourse is the main mode of transmission and women are at higher risk of infection than men.

The Government of Tanzania has strengthened efforts to scale up care and treatment services. It is estimated that 21% - 30% of people living with HIV in Tanzania have registered at Care and Treatment Centers (CTC), and 69% of eligible adults are receiving ARVs. Availability of ART has had great impact in prolonging lives. ART serves as both a prevention strategy against new HIV infections, as well as a treatment strategy for reducing AIDS-related morbidity and mortality.

Near perfect adherence, defined as 95% adherence or higher, is required for treatment efficacy. Failure to achieve optimal adherence can result in treatment failure and/or ART resistance, which could in turn require regimen changes that increase treatment costs, decrease one’s quality of life, and/or lead to progression to AIDS.

Adherence and retention of ART-eligible clients has been a significant challenge in Tanzania. Barriers to adherence and retention include stigma, lack of social support, side effects from ARVs, lack of food, depression, alcohol use, ineffective referrals, long wait times at health facilities, and costs related to transport to health facilities, among others. Clients are often lost to follow-up, and, given scarce resources and overburdened health systems, it is often difficult to trace defaulters. Adherence counseling, disclosure to family members, social support, having a treatment supporter that reminds one to take ARVs, and medication alarms/reminders, on the other hand, have been shown to improve adherence and retention.

Supporting HIV-positive children and adolescents with adherence is even more challenging and complex. Disclosure of a child’s HIV-positive status to that child by their caretakers is a major barrier. Many children take their ARVs without knowing why. As a result, they cannot participate fully in their own treatment and illness prevention, and are unable to take responsibility for their own treatment in the event of parent or caretaker death. Children who are unaware of their status are not able to develop their own adherence strategies, are not self-motivated to adhere to treatment, and do not view adherence as a shared responsibility. Children who are told their status, have a committed treatment supporter, and have social support, on the other hand, have been shown to have improved psychological wellbeing and rates of adherence and retention.

In support of Tanzania’s efforts to make sure there is optimal adherence to treatment and retention in treatment appointments, the Tanzania Capacity and Communication Project (TCCP) in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), the Tanzania Commission for AIDS (TACAIDS), and treatment partners sought to design a campaign with the goal of contributing to the national target of 90% of people living with HIV (PLHIV) on ART virally suppressed by the end of 2017 by increasing the proportion of adult and pediatric ART clients retained in care and treatment and adherent to ART and appointments.

HIV in Tanzania

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TCCP supported the collaborative design of an HIV treatment campaign through a task force co-chaired by the National AIDS Control Program (NACP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), and the Tanzania Commission for AIDS (TACAIDS). Task force membership included numerous care and treatment partners. The campaign targeted supporters of PLHIV (e.g. family, friends, employers, neighbors, caregivers of children and adolescents on ART, teachers) as the primary audience, and people living with HIV as the secondary audience. Communication objectives for supporters of PLHIV were to increase knowledge of the importance of adherence, remind PLHIV to take ARVs at the right times and in the right way, assist PLHIV to attend scheduled appointments, disclose HIV status to HIV positive children and adolescents, and to have non-stigmatizing attitudes towards PLHIV. For PLHIV, the communication objectives were to increase disclosure of HIV status to at least one treatment supporter, attain 95% or higher adherence to ART, and attend scheduled appointments and tests.

The campaign was grounded in theories of social support, which posit that increased levels of perceived and enacted support will result in increased levels of adherence and retention. The campaign was also based in Social Cognitive Theory, a component of which dictates that individuals can learn to perform new behaviors by exposure to interpersonal or media portrayals of those behaviors, especially through modeling by peers whom the observer feel are similar to themselves.

Campaign messages centered around:
- Disclosure of HIV status
- The importance of adherence to medication
- The roles of treatment supporters and tips for adherence support (including encouragement of PLHIV to adhere to medication and attend appointments, assist with preparing nutritious meals for PLHIV, supporting PLHIV in attending support groups and providing transport to medical appointments.)
- Side effects and how to manage them
- Practicing behaviors that protect sexual partners from HIV in discordant relationships

The design team developed and pre-tested potential campaign names, slogans, and logos in collaboration with the advertising agency, Khanga Rue Media (KRM). Tunakuthamini (‘We value you’) was selected as the campaign name. The accompanying logo featured three people embracing each other to show togetherness.

Creating the Look

The design team developed radio spots, a signature song, and posters, which were all pre-tested with members of the campaign’s target audience and reviewed by the task force. Radio spots featured characters modeling support in different types of relationships, including best friends, cousins, an uncle.
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Tunakuthamini was launched in November 2015 nationwide through national radio stations. Six unique radio spots were aired on five stations (Clouds FM, RFA, TBC FM, TBC Taifa, and Uhuru FM). By February 2016, they had been aired 4,500 times. The spots and the Tunakuthamini signature song were also uploaded to SoundCloud, where people could listen on-demand.

Key messages on care and treatment issues were incorporated into the TCCP Radio Magazine Program, which operates on 18 radio stations throughout Tanzania.

At the community level, HIV care and treatment issues were incorporated into the Safari ya Mafanikio (Journey of Success) Community Resource Kit to increase community knowledge, shift attitudes, and promote HIV care and treatment behaviors. One example of activities conducted at the community level during small group sessions included the “What happens in the body?” session. During this activity, a short drama sketch demonstrates and explains HIV, AIDS, opportunistic infections, what antiretroviral drugs do, and what happens if someone fails to adhere to ART, in a memorable way. Session participants become characters and act out the roles and interactions of blood cells, HIV, infections, and ARVs in the body.

As of February 2016, a total of 4,217 people in 12 regions had received orientation on the CRK, including CBOs, RHMTs, CHMTs, and Community Change Agents.
Tanzania Capacity & Communication Project (TCCP)

Impact

Omnibus survey data revealed 13.9% of respondents had heard of the campaign as of December 2015, despite only having launched a month prior. This increased to 18.7% in March 2016. In the latest survey, there was no significant difference in exposure by sex, urban or rural setting, education level, or age. When exposed respondents were asked what the campaign encourages people to do, the majority said support people living with HIV (27.3%). Sixteen percent (16%) of exposed respondents reported discussing Tunakuthamini with someone during the last three months.

Next Steps for Implementation

Next steps will be to reinforce the mass media and community outreach components of the campaign by developing print and support materials. Materials will be used at health facility level, and through service delivery partners’ existing HIV treatment structures, such as PLHIV support groups, peer educator or treatment supporter networks, CBOs, NGOs, and others. Such materials might include brochures, discussion guides, talking points, referral cards, provider job aids, and promotional materials. To that end, a materials review and adaptation workshop was held in February 2016 to kick-start the process.

Shifting the Paradigm

Many HIV treatment initiatives that have been developed in Tanzania target PLHIV. Tunakuthamini is unique in that it takes a social networks approach to encourage friends, family members, colleagues, and others to take an active role in supporting those close to them who are living with HIV.

The campaign draws attention to love and appreciation as important parts of the lives of PLHIV, showing that PLHIV are real people – wives, friends, brothers, children, co-workers and partners who need our support in order to best adhere to treatment and clinic appointments. The campaign reminds people that their identity as a broker, best friend, businessperson, doctor, or tailor is stronger than their identity as someone living with HIV.

Tunakuthamini reaffirms the many positive roles of PLHIV, which extend far beyond their illness. Furthermore, it helps those who support PLHIV play affirming roles within these relationships. The campaign’s executions emphasize the inseparable, reciprocal nature of the relationship dynamic, demonstrating in equal parts what PLHIV and what their supporters add to the relationship.

Tunakuthamini strengthens the bond between the two target groups, and combats HIV stigma with a universal message of love. In doing so, it also significantly expands the target audience, moving it from the 5.1% of people who are living with HIV, to the much larger proportion of individuals who know someone living with HIV. This, in turn, allows the campaign to go where other HIV treatment initiatives have not gone before – to mass media.

Whereas HIV treatment SBCC interventions typically utilize print materials and community education as their primary communication channels, the intensive mass media side of Tunakuthamini has the potential to dramatically increase reach and create an unprecedented shift in current norms related to HIV treatment, adherence, stigma, and support.