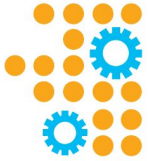




Overview & Engagement Opportunities

Phase 1

Phase 1 Overview



During phase 1 we have analysed 5 topics in the context of HIV prevention and treatment. A full report for each is available for further reference.

We have identified two topics which present as the most likely candidates for successful engagement and advocacy campaigns.

These are:

Condom Negotiation

Early ARV Uptake and Treatment Adherence

We propose two different approaches for each of these topics.

Engagement Opportunities



Condom Negotiation - Engagement Only Approach

This approach to advocacy on the issue of condom negotiation will be limited to online engagement through traditional social media platforms.

Two levels of digital activists will be engaged in this campaign:

- **Trained dialogue facilitators** will provide the backbone and structure for online engagement. They will monitor live stream conversation and respond to relevant posts in an appropriate manner, with the aim of increasing informed dialogue and community engagement. These individuals will either use their existing identities or we will create additional handles from which they will engage.
- In addition to CDC facilitators, we will **recruit existing community members** who have been identified in the historic conversation and, using online only means, engage them to bring them onto our message and ensure they are distributing accurate information and support to their peers. This function is unpaid.

Please note:

- Content distributed will all be 3rd party (i.e WHO, RSA Dept. Health etc publications) and will need approval by Shout-it-Now for validity and alignment.

Condom Negotiation



General Insights

As seen in the data, the factors leading to disempowerment to negotiate condom usage are where there is **transactional sex**, **power dynamics**, **abusive relationships** or lack of **Skills** to open dialogue.

General stigma around condom use include tacit admission to or accusation of **cheating**, having **STD/STIs** or that your partner is “**unattractive**”. Condom usage further carries difficulties for females who are **judged** both if they **do and don’t carry** condoms.

Male refusal is focused around **social norms**, it not being “**real sex**” and that it **doesn’t feel right**.

Engagement Opportunities

The condom conversation which was isolated in phase 1 had an average of **372 posts per day**. This high daily volume provides a **daily opportunities to engage** the community.

In particular, a focus will be taken in engaging issues of **disempowerment** to negotiate (through direct engagement, support community development and informational microsite), **Stigmas** (direct issue engagement, influencers and community development) and **male refusal** (through influencer engagement).

These aim to **strengthen the community** with informed opinion while changing the **male refusal narrative**.

Key messages include a focus on **shared responsibility**, open **partner dialogue** and correct **information support**.

Engagement Opportunities



Early ARV Uptake and Treatment Adherence - Engagement and Content Creation Approach

This approach to advocacy on the issue of early ARV uptake and treatment adherence will include online engagement through traditional social media platforms as well as supplementary research release and campaign content creation.

Three levels of digital activists will be engaged in this campaign:

- **Trained dialogue facilitators** will provide the backbone and structure for online engagement. They will monitor live stream conversation and respond to relevant posts in an appropriate manner, with the aim of increasing informed dialogue and community engagement.
- In addition to CDC facilitators, we will **recruit existing community** members who have been identified
- Other **research organisation and health advocacy groups** may be used to disseminate campaign content to increase reach and efficacy of the Shout-It-Now campaign.

Campaign content will focus on:

- Informing and advocating patient rights
- Skills and information gaps experienced by healthcare providers

Additional research requirements will be identified through categorisation. These will likely focus on areas where an information vacuum is leading to conspiracies or misinformation regarding the medication.

Early ARV Uptake and Treatment Adherence



General Insights

From the data collected in phase 1, we observed the importance of **community support** on adherence to ARV treatment, with a particular focus on disclosure of HIV status.

The **role of healthcare services** warrants further research to identify and address barriers at each step - from diagnosis to aftercare.

The **impact of side effects** and the **perceived health risks** of ARVs are both prominent issues reducing the likelihood of adherence.

Engagement Opportunities

The total ARV conversation which was isolated in phase 1 had an average of **27 posts per day**. Engagement in this topic will be multifaceted with many vectors for participation.

At it's core, the aim would be to **build a supportive community** between ARV users (who peer support and proactively engage), improve **medical professionals knowledge**, **hold government accountable** and provide clarity where there are **conspiracies and information vacuums** regarding drug safety.

Volume Overview

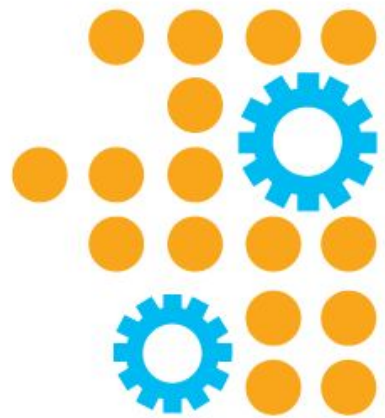


		2012			2013			2014			2015			2016			2017
		Annual Volume									4,300			203,442			71,412*
Blessers & Blessees	Quadrimestre	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st
	Volume										75	270	3,955	58,982	112,701	31,759	23,804
	% of Annual										1.74	6.28	91.98	28.99	55.40	15.61	*projected
Condom Negotiation	Annual Volume	155,181			201,989			140,343			118,361			109,763			125,601*
	Quadrimestre	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st
	Volume	39,933	55,046	60,202	65,217	73,285	63,487	52,338	44,323	43,682	40,608	42,166	35,587	29,475	35,771	44,517	41,867
	% of Annual	25.73	35.47	38.79	32.29	36.28	31.43	37.29	31.58	31.13	34.31	35.62	30.07	26.85	32.59	40.56	*projected
VMC	Annual Volume	17,176			24,357			20,346			22,592			24,579			35,334*
	Quadrimestre	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st
	Volume	4,107	7,165	5,904	5,779	10,238	8,340	6,800	8,378	5,168	6,809	8,835	6,948	6,491	9,654	8,434	11,778
	% of Annual	23.91	41.72	34.37	23.73	42.03	34.24	33.42	41.18	25.40	30.14	39.11	30.75	26.41	39.28	34.31	*projected
ARV	Annual Volume	4,994			6,983			6,532			7,908			27,641			5925*
	Quadrimestre	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st
	Volume	1104	2046	1844	2,075	2,350	2,558	2,535	2,135	1,862	1,490	2,057	4,361	3,778	20,004	3,859	1,975
	% of Annual	22.11	40.97	36.92	29.72	33.65	36.63	38.81	32.69	28.51	18.84	26.01	55.15	13.67	72.37	13.96	*projected



Engagement Topics (Non-Focus)

Topic	Historic per day	General insights	Engagement opportunities
Blessers & Blessees	244	From a STD/STI perspective, two key points present concern due to the Blessees being at a disproportionately exposed to contraction. These include relationships where one partner has had many more past partners (as with Intergenerational Sex). The second is where the Power Imbalance is so severe that there is little opportunity for dialogue and therefore negotiation. Overall, the Blesser/Blessee presents as a consenting transaction between adults with very little mention of under-age relationships.	Since 2015, the volume has grown . The vast majority of the conversation presents little engagement value . However, two areas are worth noting. The first relating to increasing condom usage (see Condom Negotiation). Next is individuals providing support to identify and help others in relationships where the power dynamic increases risk. Engagement would look to increase awareness and support regarding potential risks of both intergenerational sex and unequal power dynamics .. Lastly, it looks normalise condom usage in these relationships.
VMMC	56	In order to influence the perception of voluntary medical male circumcision, we would need to consider at least the 5 focus areas. Medical circumcision in the context of ritual / cultural circumcision expectations - a complicated narrative woven into culture and history. The growing global awareness around human rights and injustice has created some interesting dialogue online regarding the relationship between male circumcision and genital mutilation . Although there are extremes of opinion in the genital mutilation conversation, much of it can be addressed by differentiating between circumcision of minors and voluntary adulthood circumcision . We have noted that the reactions to advertising campaigns and messaging around VMMC have been mostly negative. Conflicting research , sometimes by the same institutions, relating to the efficacy of VMMC plays an inescapable role of concerns around the validity of information and research being circulated .	Within the discussion, there are a number of highly vocal and very passionate individuals . That said, the quality of information in circulation is poor . The focus is therefore to increase the quality of information and dialogue within the community. Key messages focus on “ do your own research ”, bolstering support of peers and recognising that what used to be the best (traditional ceremony) is no longer the best (and softly present VMMC). Critical, the relationship between male circumcision and female genital mutilation is also to be engaged to ensure a clear separation is made (in this case, what is good for a man is not good for a women).
Use of ARV treatment as a prev. measure	27	During phase 1 we observed a general lack of awareness related to preventative prophylaxis. Across 3 focus areas - Long Term Pre-exposure Prophylaxis for HIV Negative Adults, Mother to Child Transmission Prevention, Emergency Prophylaxis . Availability, cost and the likelihood of healthcare providers recommending or prescribing preventative prophylaxis were also identified as concerns in all three areas. Mother to Child preventative treatment is the most well know of these however it is also the area where the most concern over safety is expressed. The right to preventative treatment for mothers-to-be or sexual assault victims is not widely known or understood.	Across all the Engagement Topics, ARVs received the least ongoing engagement - despite their potential lifesaving capacity. Therefore, the objective here is to increase overall (informed) conversation , solve points of uncertainty and distrust , educating medical professionals and providing the community with the tools to help convince peers to take Emergency Prophylactics post exposure. This would largely be achieved through direct medical professional engagement along with supportive community development. Key messages include: adherence is critical, there are newborn options, 72hs for EP.



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