Undetectable = Untransmittable

(U=U)

Strategic Toolkit

PURPOSE

The toolkit was designed with a goal of collective learning to influence action.

The aims of the toolkit are to:

- Provide countries with helpful tools and resources to facilitate the dissemination of U=U messages.

- Help countries assess their resources, context, needs, and goals to determine how best to utilize the U=U campaign and messages; and

- Help increase collaboration among stakeholders to support the adoption and dissemination of U=U messages and activities.

Who should use this toolkit?

The U=U Strategic Toolkit was designed to help build the capacity and skills of in-country staff to promote the U=U campaign and supporting messages. The toolkit can be used by anyone interested in delivering accurate information about U=U. However, specific resources consider the unique roles and context of community members, civil society organizations, health care providers, faith-based organizations, and leaders across sectors.

How do you use this toolkit?

The U=U Strategic Toolkit contains comprehensive information and guidance to support disseminating the U=U message. It is organized to provide a solid foundation about U=U before engaging communities, sharing the message, and evaluating your efforts. Finally, the toolkit includes case examples of U=U dissemination activities as tools and resources to help you start your U=U efforts. We recommend reading all toolkit sections before accessing the resources as each section builds on the next and presents a complete picture of U=U together U=U. However, if you only want to explore specific topics, you can use the links below to move around the document.

Updated February 2023

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
CDC	Centers for Disease Control and Prevention
COP	Country Operation Plan
DGHT	Division of Global HIV & TB (Tuberculosis)
DHP	Division of HIV Prevention
FBO	Faith-Based Organization
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ICAP	International Center for AIDS Care and Treatment Program
MCH	Maternal and Child Health
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure Prophylaxis
SBCC	Social Behavior Change Communication
SHIP	Sexual Health in Practice
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
VAAC	Vietnam Administration of HIV/AIDS Control
WHO	World Health Organization

U=U Background

What is the science?

Four critical studies, HIV Prevention Trials Network (HPTN052)[1]; Partners of People on ART – A New Evaluation of Risks (PARTNER)[2]; Opposites Attract[3]; and PARTNER2[4], demonstrated the effectiveness of antiretroviral treatment (ART) for preventing sexual transmission of HIV. All studies mentioned above followed HIV-serodifferent couples with one partner who was living with HIV and being treated with ART to achieve viral suppression and one partner who was living without HIV at the start of the study. Viral suppression was defined as less than 200 copies of HIV RNA per milliliter of blood for all three latter studies [2-4] and less than 400 copies of HIV RNA per milliliter for the HPTN052 study.[1] Follow-up assessments in all the studies included regular measurement of plasma HIV RNA concentrations for the partner living with HIV and HIV testing of the partner living without HIV. In addition, in each study, new HIV infections among a previous partner living without HIV were assessed phylogenetically to determine whether the strain of HIV was genetically linked to their partner living with HIV.

The studies included more than 500 HIV-serodifferent heterosexual couples and more than 1,300 HIV-serodifferent men who have sex with men couples. Couples in the studies engaged in over 160,000 sex acts without pre-exposure prophylaxis (PrEP) or a condom.[2-4] **Zero linked sexual transmissions occurred among HIV-serodifferent couples when the partner living with HIV achieved durable viral suppression**. The findings from these studies provided scientific proof of viral

suppression, achieved by HIV medication adherence, as a viable method for preventing sexual transmission of HIV.

What is the U=U campaign?

The Prevention Access Campaign developed the U=U (Undetectable = Untransmittable) campaign in early 2016 to increase awareness about the relationship between viral suppression and the prevention of sexual transmission of HIV.[5,6] The Prevention Access Campaign believes the U=U message improves the lives of people living with HIV by reducing their fear of giving HIV to people they have sex with, decreasing HIV stigma, and strengthening advocacy efforts for universal access to HIV treatment.[6] Approximately 1,099 organizations from 105 countries have shared the U=U message.[7] The campaign has been translated into over 25 languages, including K=K in Vietnamese, N=N in Dutch, B=B in Turkish, and I=I in Spanish, Italian, and Portuguese.

Why does U=U matter?

For people living with HIV, the promise of being able to eliminate their risk of transmitting HIV to their sexual partners by decreasing their viral load through medication adherence can serve as motivation to initiate and maintain care and treatment. Similarly, U=U provides healthcare providers with scientific evidence and encouraging messages to share with their patients to help increase ART initiation, routine engagement in medical care, ART adherence, and viral suppression.

How does U=U address HIV stigma and discrimination?

The Division of HIV Prevention (DHP) at the U.S. Centers for Disease Control and Prevention (CDC) defines HIV stigma as "negative attitudes and beliefs about people living with HIV".[8] Examples of HIV stigma include beliefs that only certain types of people can get HIV, feelings that people deserve to get HIV because of their lifestyle or choices and making moral judgments about people who seek out methods to prevent them from getting HIV.

While stigma is what people think about HIV, discrimination refers to behaviors that result from stigmatizing attitudes or beliefs about HIV. HIV discrimination is treating people differently than others solely because they have HIV. Examples of HIV discrimination may include receiving poor treatment in health care and education settings; being denied or losing employment, housing, and other services; being denied access to educational and training programs; and being victims of violence and hate crimes.

HIV-related stigma and discrimination prevent people from learning their HIV status, disclosing their status to family members and sexual partners, and accessing medical care and treatment.

U=U has the power to dismantle HIV stigma and discrimination by giving life with HIV a new face; because ART helps people living with HIV have long, healthy lives, achieve viral suppression, and prevent transmission to people they have sex with. HIV no longer needs to be viewed as a death sentence, and people with HIV should not be considered a risk to others. As such, the stigma and discrimination associated with fears of death and transmission can be alleviated.

Community Engagement

How and why is U=U driven by the community?

The U=U campaign was developed by community members who sought to ensure that people living with HIV know and understand that if they are adherent to their medication and achieve an undetectable viral load, they can live long, healthy lives, have children, and not have to worry about transmitting HIV to others.[5] The U=U campaign empowers individuals to talk and think about HIV transmission and viral suppression within their communities.[5] U=U was created and driven by communities; as such, community engagement is at the heart of the movement and its worldwide adoption and dissemination. This toolkit section provides a high-level overview of community engagement, what it entails, and how to employ and consider community engagement methods as the foundation of your U=U efforts.

What is community engagement?

Community engagement involves relationships and a mutual exchange of information, ideas, and resources between community members, civil society organizations, faith-based organizations, policymakers, businesses, and government. The overarching goals of community engagement are to:

- Develop and maintain trust among partners.
- Ensure programs, initiatives, and services are culturally tailored, cost-effective, and sustainable.
- Create better communication.
- Improve overall health outcomes.[9-11]

- Community engagement empowers individuals and groups to act effectively to facilitate change.

What is meaningful community engagement?

Meaningful community engagement occurs regularly and among a range of partners in various venues and formats that will accommodate the needs and priorities of the community. When meaningful community engagement occurs, practitioners gain a greater understanding and knowledge about the community. It is important to remember that building and maintaining relationships with community partners and engaging them in multiple ways during a project, initiative, or service requires continuous effort.

The following are best practices for meaningful community engagement:[12,13,14]

Practice cultural competence.

- Establish a defined set of values and principles and demonstrate behaviors and attitudes that enable you and your team to work effectively with people from different cultures.
- Develop and maintain the capacity to value diversity, conduct self-assessments, assess the dynamics of cultural differences, acquire and institutionalize cultural knowledge, and adapt to the diversity and cultural contexts of the communities you and your team serve.

Know the community.

- Conduct both a needs assessment and a capacity assessment to identify cultural commonalities and differences and determine your program's ability to address identified commonalities and differences.
- Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experiences with other outside groups seeking to engage them in similar programs. In addition, learn about the community's perceptions of those initiating the engagement activities.
- Involve individuals representing the community's diversity at your organization's planning table and encourage cross-cultural dialogues.
- Facilitate formal and informal opportunities for cross-cultural interactions among program recipients and staff.

Be considerate about the location of meetings and events.

- Can all participants get there quickly by public transportation (e.g., tro tro, bus, tap-taps)?
- Is the location meeting "neutral" for all participants?
- Is the venue familiar and accessible to all participants?

Identify underrepresented sections of the community at meetings or events.

- Why was this group underrepresented?
- How can this information guide your planning and outreach efforts?
- Did you work through existing community networks?

Manage expectations by being honest.

- Be transparent in describing your role, responsibilities, capacities, and limitations (e.g., time and financial constraints).
- Do not solicit feedback about topics for which a decision has already been made; feedback will neither be considered nor influence the final decision.

Establish "rules of engagement" with partners.

- Build contributor ownership of the process from the beginning.
- Establish shared culture and norms regarding expectations for participation, boundaries for folks who might talk more than others, and permission for those who tend to say less in a group setting.

Listen more, speak less.

- Seek the perspective, expertise, and lived experience of each contributor you meet.

Gather feedback and seek buy-in on the initiative, its goals and objectives, and its marketing materials.

- Try to make meetings participatory and active.
- Seek feedback from the groups you are actively trying to engage.
- Invest time in building relationships with grassroots community leaders who may serve as information conduits being sure to acknowledge their time and efforts explicitly.

Reduce language barriers.

- Eliminate the use of technical jargon and acronyms during meetings.
- Dedicate funds for interpretation and translation services.
- Connect with Civil Society Organizations to determine: (1) what language(s) your constituency speaks; (2) whether literacy is an issue; and (3) people who can translate information into the appropriate language.

Who should be engaged?

Community engagement is effective when collaboration is as inclusive as possible. This means that partners from different parts of the community should assume different roles in the community engagement process. Partners are affected directly or indirectly by or influence an effort.[15]

Additionally, partners may include people strongly interested in the effort for intellectual, academic, philosophical, or political reasons. Community networks and organizations can be involved in identifying partners, their interests, and best engagement strategies.

Partners in a U=U collaboration could include:

- People living with HIV, their partners, and family members
- Faith-based organizations
- Healthcare providers
- Local members of existing community partnerships
- Support organizations (e.g., Civil Society Organizations and those who work closely with people living with HIV)
- Local policymakers
- Governmental agencies
- Grantmakers

Sharing the U=U Message

U=U is a powerful message of prevention of transmission as a by-product of viral suppression makes it an attractive option for countries seeking to decrease HIV stigma and discrimination, alleviate fears associated with HIV testing, and, perhaps most importantly, increase ART adherence and retention with hopes of ultimately improving the proportion of people living with HIV who are virally suppressed.

Before sharing the U=U message, consider the need to tailor and adapt the campaign to fit your local context. Tailoring and adapting a health communication campaign goes beyond translating the language or choosing culturally appropriate images. You also need to ensure that the campaign speaks to the needs and concerns of your primary target audience(s), fits well with your other prevention initiatives and messages, is easily understood by the people you seek to reach, and is something people are willing and able to believe. Finally, it is best practice to share potential messages and communication materials with partners and members of your target audience to solicit their feedback and suggestions for improvement.

Before deciding to disseminate U=U messages, you should identify the following:

- Your primary target audience(s) (e.g., health care workers, people living with HIV, adolescent girls and young women, key populations, general population, etc.).
- Your communication goal(s) (e.g., increase enrollment in care, provide education about the importance of medication adherence, inform clients about viral load testing, decrease HIV stigma, etc.).
- Possible mode(s) of dissemination (e.g., community forums, flyers, social media, radio, etc.).
- Your key messages.
- A call to action (e.g., call a clinic to make an appointment, tell someone about U=U, take your medicine every day, etc.); and
- Barriers your target audience may face related to medication adherence and viral suppression.

Helpful tools and resources to support you as you seek to develop and disseminate U=U messages can be found in the Technical Assistance part of this toolkit.

Key Messages

This section provides key messages to help you communicate effectively about concepts related to U=U. These messages can be used in clinical settings, during community meetings, or included on websites, prevention materials, or social media platforms. While many of the messages may seem similar, each has a slightly different tone, purpose, or key message point. Therefore, you may combine some of the messages depending on your intended purpose, audience, context, and mode of delivery.

When sharing messages via social media, use short, simple messages that contain one or two easily understood key points that quickly grab someone's attention. Conversely, in clinical settings or on a website where you want to provide more detail, consider the longer messages that include more key message points.

Messages about medication adherence

- Take your HIV medicine daily to stay healthy, live longer, and protect your sex partners.
- When you take your medicine daily, the amount of HIV in your blood will become so low that you won't pass HIV to people you have sex with.
- HIV medicine works by decreasing the amount of HIV in your blood. After several months of taking your medicine daily, the amount of HIV in your blood will become so low that a test cannot detect it. When that happens, your HIV is "undetectable." The only way to keep your HIV undetectable is to continue taking your medicine daily.

Messages about how U=U prevents the sexual transmission of HIV

- Taking your HIV medicine helps protect your partners. How? Taking your HIV medication daily is the only way to get and keep an undetectable viral load. Once your viral load is undetectable, you cannot give HIV to people you have sex with.
- If you are living with HIV, taking your HIV medicine daily is the most important thing you can do to stay healthy and protect your sexual partners. When you take your medicine daily, the amount of HIV in your blood can become so low that a test cannot detect it. If you continue taking your medication daily, the amount of HIV will remain low, and you will not pass HIV to people you have sex with.

Messages about U=U and other prevention considerations

- Never share needles or equipment with anyone else if you inject drugs. Even if the amount of HIV in your blood is so low that a test cannot detect it, you can still pass HIV to someone if you share needles or injection equipment with them.
- If you take your HIV medicine every day for several months, the HIV in your blood will become very low, and you can have sex without passing HIV to your partner. When this happens, your HIV is undetectable.
- Before your HIV is undetectable, you should always use condoms when you have sex and may want to talk to your HIV-negative partners about PrEP, a daily medication people without HIV can take to reduce their chance of getting HIV.
- Taking your HIV medicine will help you stay healthy and prevent you from giving HIV to people you have sex with. HIV medicine will not protect you or your partners from sexually transmitted infections (STIs). Get tested for STIs and encourage those you have sex with to get tested too. If you have an STI, get treated for it right away.

Messages about viral load monitoring and staying undetectable

- Do not miss any of your healthcare appointments, even if you do not feel sick. During your appointments, your doctor or nurse will run a test to ensure the amount of HIV in your blood is still low enough to prevent you from passing HIV to people you have sex with.
- Take your medicine daily and check your viral load levels regularly to ensure your HIV remains undetectable.
- Having undetectable HIV does not mean your HIV is cured. You must take your medicine daily if you want your HIV to stay undetectable.
- Getting and keeping an undetectable viral load is the best thing you can do to stay healthy and protect your partners.
- If you stop taking your HIV medicine, the amount of HIV in your blood will increase quickly, and your HIV will not be undetectable anymore. However, when your HIV is detectable, you can pass HIV to people you have sex with.

Evaluation and Sustainability

What is evaluation?

Evaluation is the systematic collection and analysis of information about the activities, characteristics, outcomes, and impacts of programs and projects.[16] In simpler terms, evaluation provides information to help judge the program's merit, improve the program's effectiveness, and inform decisions about future programming. The CDC Evaluation Framework guides public health professionals in using program evaluation by summarizing and organizing steps to this framework are four standards for effective evaluation:

1. Utility
2. Feasibility
3. Propriety
4. Accuracy

Use the steps and standards described in CDC's Evaluation Framework to select the best methods to evaluate a U=U campaign. Then, use your monitoring and evaluation findings to guide ongoing changes to your campaign.

What are the types of evaluation?

Formative evaluation, conducted before or in the early stages of a campaign, guides the development of campaign materials and techniques that appeal to the priority audience. This type of evaluation usually includes audience analysis and pretesting.[18]

Process evaluation assesses campaign implementation and is conducted as the campaign progresses. Process evaluation can help build confidence in the project among organizational leadership and partners and increase support for its

continued implementation or expansion to other countries. Process evaluation can also identify problems or barriers in the project, pointing to needed corrections or modifications.[18]

The summative evaluation assesses the short-term and long-term changes that result from campaign activities. Summative evaluation is conducted at the end of a project to compare outputs and outcomes with baseline measures. Its purpose is to establish project success and can support success stories and lessons learned.[18]

Limited resources may force you to choose between process, formative, or summative evaluation. None used alone will provide a complete picture of what happened in your communication campaign. However, process evaluation can help you understand why you did or did not accomplish your objectives. Therefore, consider prioritizing process measures that will allow you to manage your program best.

Why is evaluation important?

Multiple factors influence an individual's health behavior, including peer and spousal support, social norms, advertising and mass media, and community and institutional factors (e.g., the availability of services). Health communication campaigns, such as U=U, can influence an individual's health behavior. At times, it takes work to separate the impact of your communication campaign from the effects of other factors or potential influences. For this reason, communication campaigns are usually one component of a more extensive program or intervention. Evaluation of communication messages, products, and audience engagement will help in-country staff to analyze behavior trends. In addition, it will inform the next steps for the program or intervention. Ideally, monitoring and evaluation should be embedded throughout campaign planning.

Evaluation of communication campaigns helps:

- Determine how and to what extent campaign activities and products are making a difference for the targeted audiences (e.g., what impact are the communication activities and products having, such as changes in awareness, knowledge, behaviors, and policies)?
- Increase the skill and expertise of in-country staff through continuous learning.
- Inform decision-making about future communications initiatives and outreach.
- Demonstrate the value of campaign efforts. Evaluation results help measure the value of specific communication strategies or tactics, enabling countries to direct resources to support systems that offer the highest return on investment.

How do you sustain a communication campaign?

Sustainability is an essential component of a successful campaign. Suppose a campaign effort is to survive beyond initial funding. In that case, established organizations must promote, disseminate, and continue communication messages. Thus, sustainability is about creating and building momentum to maintain community-and country- broad change by organizing and maximizing community assets and resources. It means institutionalizing policies and practices within communities and organizations. Sustainability requires an approach that emphasizes the development and involvement of community and civil society partners who understand (and can lead and develop long-term buy-in for) the U=U campaign.

Integral to achieving sustainability is the development of a sustainability plan. Sustainability planning can be facilitated by:

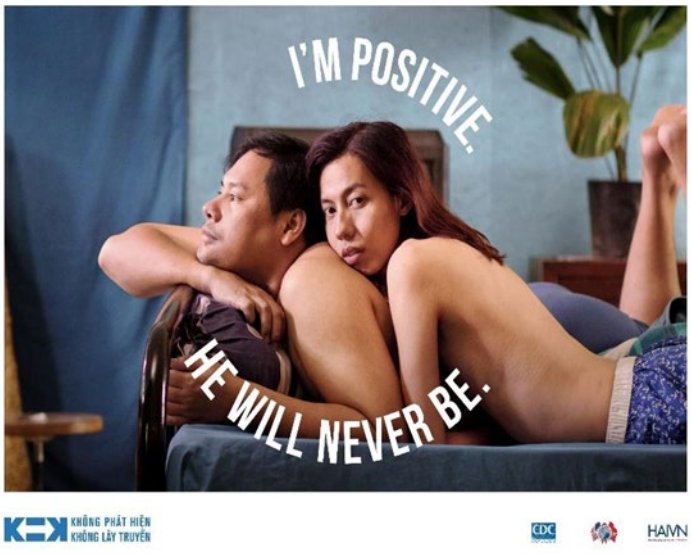
- Obtaining input and buy-in from the community and contributing organizations.
- Determining appropriate indicators for evaluation.
- Documenting information on program progress.
- Sharing results of program success that resonates with funders.
- Identifying long- and short-term sustainability strategies to achieve program goals.
- Organizing and prioritizing financial, human, and in-kind resources.
- Documenting and sharing information on program progress.
- Empowering employees and program partners to support sustainability strategies.
- Establishing mechanisms to identify and solve challenges.

Learning from Colleagues: U=U Case Examples

Vietnam

Undetectable=Untransmittable (U=U) or Không phát hiện = Không lây truyền (K=K) in Vietnam is a global community-driven movement based on disseminating the research findings that people living with HIV who take their HIV medicine daily and achieve and maintain viral suppression cannot sexually transmit HIV to their partners. In the fall of 2017, Vietnam emerged as an innovator in disseminating the K=K message to address stigma and support epidemic control goals.

Early official support for K=K was provided by the Vietnam Ministry of Health through changing treatment guidelines to monitor viral suppression under 200 copies/ML and through 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. Vietnam is the first President's Emergency Plan for AIDS Relief (PEPFAR) country to support U=U officially.

Through community leaders, including Vietnam's Network of people living with HIV, the findings were disseminated to key population networks using a variety of media channels, such as YouTube and Facebook, with logo and photo competitions, live streams, infographics, etc. Community organizations now emphasize K=K as a powerful health and patient literacy motivation. The U=U message empowers people living with HIV 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 Ministry of Health endorsement from the ministerial level on World AIDS Day was launched on October 22, 2019. Vietnam's successes include how buy-in from the community, health care providers, and national government enable a successful U=U campaign.

Zambia

PEPFAR and CDC partnered with the Zambian government to implement the U=U campaign for people living with HIV. The main goal of the Zambia U=U campaign is to raise awareness and educate Zambians living with HIV about the importance of taking HIV medicine daily to achieve viral suppression and prevent the sexual transmission of HIV. 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 people living with HIV.

The CDC Zambia office began planning to promote and disseminate U=U messages in March 2019. PEPFAR Zambia (i.e., CDC and United States Agency for International Development (USAID)) held a national contributor meeting led by the National ART Coordinator and CDC Country Director, Dr. Simon Anglory. Members of the national HIV treatment technical working group, civil society groups for people living with HIV (e.g., the Network of Zambians living Positively), senior medical personnel from major health facilities, and representatives from implementing partner agencies attended the contributor meeting. During the meeting, attendees learned about the scientific evidence supporting U=U and U=U efforts in other PEPFAR-funded countries. By the end of the meeting, partners in attendance endorsed the U=U campaign. Following the national contributor meeting, the CDC Zambia Communications Specialist and the Embassy Media representative invited journalists to a briefing and discussion session in Lusaka to share information about U=U and announce the launch of the national U=U campaign.

PEPFAR Zambia and the Zambian government also had a joint meeting to plan for the kick-off event for the U=U campaign. Together, they agreed to launch the U=U campaign as part of National Health Week, during which Zambian officials showcase

the health interventions and services prioritized by the Ministry of Health and partners. As a result, on May 8, 2019, the President of Zambia, Mr. Edgar Chagwa Lungu, the Minister of Health, Dr. Chitalu Chilufya, and the U.S. Ambassador, Daniel Foote, officially launched the U=U campaign in Zambia as a chosen prioritized national health initiative during National Health Week. The launch event was well-orchestrated to spark excitement for U=U; t-shirts were distributed, and a popular local musician, B-Flow, performed an original song. 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. Regional contributor meetings were held before the launch of U=U in the provinces. Attendees at these contributor meetings included traditional leaders, religious leaders, representatives from groups for people living with HIV, media, healthcare 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. Based on the feedback they received during the meetings, The Ministry of Health and CDC Zambia office agreed to tailor materials and messages for different populations and provinces. Specifically, U=U resources developed by CDC Vietnam and CDC headquarters were adapted and translated into both English and the local language of the province.

On June 19, U=U was launched in Livingstone by the Provincial Minister, the Provincial Health Director, and the CDC Associate Director for Programs, Dr. Kancheya. The following day, the Provincial Minister (represented by the Provincial Permanent Secretary), the Provincial Health Director, and the CDC Country Director launched the

U=U campaign in Mongu. Lastly, on July 10, U =U was launched in Chipata by the Provincial Minister, Provincial Health Director, and the CDC Associate Director for Programs, Dr. Kancheya. All three launches were preceded by public service announcements, interviews with health experts on local television and radio stations in each Province, and U=U-themed performances by local artists in various districts at community "road shows."

CDC Zambia office continues to have ongoing conversations with the Ministry of Health about developing Information, Education, and Communication materials and other U=U materials for health facilities and the public. The information, education, and communication materials will increase awareness about reinforcing ART adherence among people living with HIV. The CDC Zambia office has also pretested and piloted new U=U messages and will sub-grant the promotion and dissemination of U=U efforts through treatment partners. In addition, a tentative contributor message workshop has been scheduled with civil society organizations to discuss the development of additional messaging on retention, stigma, condoms, and PrEP.

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 partners before attempting to launch a campaign. For example, to gain buy-in from the Ministry of Health, the CDC Zambia office emphasized that the U=U concept was already a current component of the National HIV Guidelines even though it wasn't explicitly messaged as U=U; they suggested to the Ministry of Health using U=U as a message to support programmatic efforts would lead to more significant impact.

CDC Zambia plans to continue contributor and media engagement in Country of Operations (COP) 19, including an additional U=U media training session. The Zambian government and CDC Zambia funded all work related to the U=U campaign.

Dominican Republic

HIV Prevention staff at CDC Dominican Republic quickly realized that "undetectable" and "untransmittable" might be too complex for their target populations. When they asked participants in an HIV prevention workshop about "untransmittable," 1/3 of the people questioned thought the term had something to do with the transmission system in cars. CDC Dominican Republic HIV Prevention staff felt it was essential to use a phrase people would understand immediately instead of potentially confusing people by using a message that may be too complex. 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."

Uganda

The Love to Love organization in Uganda, established to respond to children and youth born and living with HIV/AIDS, 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 people ages 15-35 who encounter social, physical, and mental challenges know about the U=U campaign because they believe it will promote hope, medication adherence, and fight self-stigma. Love to Love uses multiple channels, such as Twitter, radio talk shows, and Facebook, to promote the U=U campaign. Additionally, they have held numerous 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 to build and sustain community ties with youth-led organizations, health centers, schools, faith-based organizations, and music and drama clubs. Love to Love is currently organizing a U=U summit for partners in Uganda to gain consensus for the movement to ensure that people living with HIV, and their families, are informed that medication adherence can result in a long and healthy life. 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.

Frequently Asked Questions (FAQs)

As you build contributor support for U=U, you may encounter questions about broader considerations for implementation. This document is a collection of frequently asked questions and concerns and suggested responses designed to help ease doubts, increase buy-in for U=U, and dispel potential myths.

Q. Is there any evidence showing U=U works among persons who inject drugs? In our context, HIV is found chiefly among injection drug users and their sexual partners. We are concerned that a "U=U works for sex but not for injection" will confuse our clients. Is U=U still appropriate for our setting? How do we avoid confusing people?

A. Currently, no scientific evidence shows that an undetectable viral load prevents the transmission of HIV through sharing of needles and injection equipment. Persons who inject drugs that are virally undetectable drugs will not transmit HIV to their sexual partners. Still, this same protection will not be afforded to people sharing needles or injection equipment. To avoid confusing people, keep the messages simple – anyone with HIV who is virally undetectable can't transmit HIV through sex, no matter their other risk behaviors.

Q. Suppose we promote U=U nationally through mass and social media. In that case, inevitably, some people living with HIV will tell their sexual contacts that they are virally undetectable when they're not. What are some ways we can prevent this from happening?

A. There is a risk that some people will need clarification about their viral load status. For example, someone could have had an undetectable viral load result at one point and assume they are still undetectable when they are not. Therefore, it is essential

to have clear messaging about the importance of continual viral monitoring and medication adherence to remain undetectable.

Remember that being virally undetectable and using treatment as prevention is mainly controlled by people living with HIV. As such, HIV-negative people should feel empowered to use self-directed prevention methods, such as PrEP or condoms. In cases of index testing, you can encourage and train healthcare providers to include this guidance in post-test counseling sessions with people who test negative for HIV and are in a serodifferent relationship. Using other prevention methods does not diminish the importance of U=U or our scientific confidence in treatment as prevention.

Q. The scientific evidence doesn't convince some key partners since it comes from controlled studies. So how do we convince them that U=U in real life?

A. It is essential to remind partners that U=U utilizes the findings of one randomized controlled trial and three observational cohort studies. The key message you should ensure they understand is that U=U encourages people living with HIV to start and stay on HIV treatment. Treatment adherence will help a person living with HIV achieve viral suppression; however, non-adherence is related to the development of ART resistance, progression to acquired immunodeficiency syndrome (AIDS), or even death.

As we all know, medication adherence assists with making HIV a manageable chronic condition. It prolongs the lives of people living with HIV. Therefore, you can encourage partners to embrace the medication adherence aspect of U=U, supported by a bulk of scientific evidence.

Q. Can the "pleasure factor" of sex without a condom be promoted as part of U=U messaging?

A. It is always a best practice to conduct message testing with your target audiences before disseminating U=U messaging. Message testing should assess motivators and barriers for achieving and maintaining an undetectable viral load to prevent the transmission of HIV through sex. You should also ensure your audiences understand the words you use in your messaging, the underlying concepts, and the desired action steps. For example, suppose the "pleasure factor" strongly motivates people to achieve and maintain an undetectable viral load. In that case, you should feel comfortable considering it as an option for messaging, assuming your key partners are satisfied with this messaging. Indeed, a large part of the U=U movement, outside of decreasing stigma and discrimination for people living with HIV and increasing medication adherence and viral suppression, was to give people living with HIV renewed confidence about their ability to have a "normal" and pleasurable sex life without fear of transmitting HIV to their partners.

However, you may find that the pleasure of condomless sex is not a strong motivator for people to become virally undetectable. In that case, it would not be wise to use it as part of your main messaging because it would likely detract from other messaging points that may be more important to your target audience.

Q. Can service providers recommend condomless sex for discordant couples if the spouse living with HIV has an undetectable viral load and they do not have any outside-of-marriage sexual relationship and do not practice any risky behaviors?

A. If this is a mutually monogamous relationship without needle sharing, the science behind U=U and treatment as prevention supports this recommendation. Suppose the spouse living with HIV achieves and maintains an undetectable viral load. In that case, they will not transmit HIV to their HIV-negative spouse in the presence of

condomless sex. This recommendation should be supported with counseling about the importance of medication adherence to maintaining an undetectable viral load. Further, couples should be counseled that the benefit of not transmitting HIV will disappear quickly (sometimes within a few days) if the spouse living with HIV stops taking their medication.

Q. What is the exact definition of an "undetectable" viral load when considering U=U?

A. The U=U campaign was designed to share the message of treatment as prevention. Four critical studies, HIV Prevention Trials Network (HPTN052)[1]; Partners of People on ART – A New Evaluation of Risks (PARTNER)[2]; Opposites Attract[3]; and, demonstrated the effectiveness of viral suppression, resulting from ART, for prevention of the sexual transmission of HIV. Viral suppression was defined as less than 200 copies of HIV RNA per milliliter of blood for the three latter studies [2-4] and less than 400 copies of HIV RNA per milliliter for the HPTN052 study.

Q. If a patient is lower than 1000 copies, does the U=U apply to them?

A. Population-based HIV Impact Assessments (PHIA) in13 countries show that nearly all (~95%) individuals on ART (with detectable antiretroviral (ARV) medications or self-reported taking ART), and who met the survey definition of viral suppression (HIV viral load <1000 copies/mL), also had a viral load <200 copies/mL[20]. In addition, unpublished evidence from the PHIA shows that approximately 85% of virally suppressed individuals on ART had a viral load of <50 copies/mL.

People living with HIV should consult their HIV treatment provider to understand the clinical implications of an HIV viral load <1000 versus <50 copies/mL.

Q. What do we do if our systems can't detect below 800 copies per µL?

A. Limits of detection vary by platform and sample type. For example, Dried Blood Spot (DBS) and Plasma separation Cards (PSC) sample types and some point of care (POC) plasma-based platforms have detection limits ranging between 400 and 900 copies/mL. In contrast, plasma samples on most centralized and some POC platforms have detection limits ranging between 20 to 40 copies/mL. Until more studies show that sexual transmissions are zero below 800 copies per mL, people living with HIV should try to access plasma-based viral load testing that will achieve the <200 lower level of detection.

Q. Can you clarify the use of U=U messaging for breastfeeding mothers? A recent article showed infections among the HIV-exposed infant, despite the mother being undetectable.

A. Our Maternal and Child Health (MCH) Branch colleagues at CDC Headquarters recently reviewed the literature on U=U and preventing mother-to-child transmission. Their review found that there is effectively no risk of transmission when women are diagnosed with HIV and start ART ***before*** conception. However, during their review, they found limited data about breastfeeding and the transmission of HIV when a mother is virally suppressed. For example, most studies excluded the breastfeeding period or were from non-breastfeeding populations. In addition, the available breastfeeding data were limited to case counts and were conducted among women who started ART after conception. As a result, the MCH Branch developed three pillars for U=U for mother-to-child transmission. These are:

a. **Pillar #1: Test and start ART before conception**
    i. Identify women and adolescent girls living with HIV before conception
    ii. Ensure linkage to ART and adherence support as soon as possible

iii. *Key message for women: Know your HIV status and start ART if diagnosed with HIV*

b. **Pillar #2: Pregnancy planning for women living with HIV**
   i. Understand pregnancy goals and support safe conception for women living with HIV and their partners in the ART clinic
   ii. Provide voluntary family planning options at the ART clinic, ideally or through referrals
   iii. Ensure viral suppression before conception
   iv. *Key message for women living with HIV: Make sure you have a suppressed viral load before you get pregnant*

c. **Pillar #3: Viral suppression before and during pregnancy and breastfeeding**
   i. Ensure sustained viral suppression throughout the exposure period
   ii. *Key message for women living with HIV: Maintain ART adherence and viral suppression during pregnancy and breastfeeding*

Q. Does U=U still hold for both HIV-1 and HIV-2 infection? What if someone has a mixed HIV-1 and HIV-2 infection?

A. The HPTN052 study, Opposites Attract, and PARTNER 1 and 2 only included individuals who were HIV-1 infected.

Q. How do you use U=U messaging to increase offering & acceptance of index testing?

A. It is a best practice to conduct formative research before developing U=U messages to increase the offering and acceptance of index testing. While U=U was not designed as a campaign to encourage HIV testing, there may be situations where it is appropriate to use it for this purpose.

For example, index cases may be more willing to share the names of their partners and people they inject with once they learn about U=U because U=U promises that once someone is diagnosed with HIV, begins medication, and becomes virally

undetectable, they can live a healthy life. They won't be able to transmit HIV to their partners through sex. Conversely, suppose an index case has partners living with HIV who remain unaware of their status. Those partners won't be able to start and adhere to ART and experience the benefits of an undetectable viral load.

Q. When counseling a client newly initiated on ART, what is the minimal period of ART adherence before we can advise that they can start having condomless sex?

A. A person's viral load is considered "durably undetectable" when all viral load test results are undetectable for at least six months after their first undetectable test result. Most people will achieve their first undetectable viral load test within 3-6 months of starting ART. This means most people must be on treatment for 9 to 12 months for a durably undetectable viral load. At this point, they can be advised to start having condomless sex.

Technical Assistance

Capacity Assessment

Before implementing U=U, it is best practice to conduct a capacity assessment to ascertain your strengths, areas of improvement, needs, resources, and gaps. A capacity assessment will help you identify areas of potential concern and opportunities for using U=U to increase engagement in HIV prevention, testing, and care and treatment efforts. After completing the capacity assessment, you should identify your capacity for integrating U=U into your prevention efforts. Resources, contributor buy-in, level of community engagement, and capacity of your existing healthcare system can all influence your level of readiness and implementation for U=U. Fortunately, there are options for using U=U to make an impact and improve HIV prevention outcomes at every capacity level. A capacity assessment tool can be found here in the Resources section. Remember—capacity assessment is a process that is just as important as the outcome.

The resources section of this toolkit groups resources into three tiers based mainly on capacity and stage of readiness. Completing the capacity assessment will help you identify the best tier for guidance and support. Following is a list of the resources and tools available for each tier of technical support. You may want to focus only on the resources in one tier, or you may decide to pick and choose resources across tiers based on your specific needs.

- **Tier 1: Basic training and resources to help increase knowledge, awareness, and comprehension of U=U**
    - Summary of the Science Behind U=U
    - Can't Pass It On Training
    - U=U Scientific Literature Resources
    - U=U Resource Sheet for Health Care Workers
    - U=U Resource Sheet for People Living with HIV
    - U=U Scientific Briefer
    - Modifiable U=U Ice Breaker Slides/ Flashcards.
    - How-to Guide for developing a short U=U informational video
    - Viral Load Monitoring and Enhanced Adherence Counseling Flipcharts
    - U=U FAQ: Considerations for Defining "Undetectable."
    - WHO Guidelines
    - Considering U=U for the Prevention of Mother-to-Child Transmission
    - U=U Resource Guide

- **Tier 2: Tools and Resources to increase community and contributor buy-in of U=U**
    - Capacity Assessment Tool
    - Campaign Example: From Condom to PrEP & U=U
    - Community Engagement Assessment Tool
    - Community Mobilization Guide
    - Engaging Faith-Based Organizations in HIV Prevention
    - Guidance About How to Engage Partners Around U=U
    - How-to Guide for facilitating a community dialogue

- **Tier 3 – Tools and resources to facilitate the development of large-scale U=U message dissemination.**
    - The P Process: Five Steps to Strategic Communication
    - Guidance on developing and pretesting concepts, messages, and materials
    - Communication mobilization guide: engaging media

  - Social media toolkit
  - Guide to writing for social media
  - Developing and pretesting a text messaging program for health behavior change: recommended steps

- **Tier 4 – Tools and resources to help guide the evaluation of a large-scale U=U campaign.**
  - Guidance on how to develop an evaluation plan
  - Guidance on how to develop indicators
  - Guidance on sustainability

Tier 1 Resources

Click on the title of each resource to be directed to the specific tool or resource.

Summary of the Science Behind U=U

The HIV Prevention Branch at CDC Headquarters hosted a Summary of the Science Behind U=U for some global partners). The webinar included a background on the origin of the U=U campaign, a review of the scientific support for U=U, and research supporting the effects of U=U messaging on the increased uptake of HIV prevention services and positive outcomes among people living with HIV. Consider sharing the webinar recording with colleagues, key partners, or others interested in learning more about the scientific evidence supporting U=U. This presentation is available in pdf or video format.

Disclaimer

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Can't Pass it on Training

The Terrence Higgins Trust created a self-directed learning resource for all healthcare professionals and anyone working with people living with HIV. The training includes modules on The 'Evidence supporting U=U' featuring Professor Alison Rodger, the lead author on the Partner 1 and Partner 2 studies, and talking to patients about U=U featuring Professor Chloe Orkin, the previous chair of the British HIV Association, who was a vital champion of the U=U campaign dealing with difficult questions featuring Terrence Higgins Trust's Medical Director, Dr. Michael Brady and discussing U=U in the context of primary care featuring Dr. Melissa Gardner, General Practitioner (GP) and Director of the social enterprise Sexual Health in Practice (SHIP) that teaches GPs and practice nurses about sexual health in primary care. The patient's perspective – featuring a range of people living with HIV sharing their views on what U=U means to them and how it has impacted them. The Global perspective features Bruce Richman, founder of the Prevention Access Campaign. There are also patient resources for you to use in your healthcare setting, a CPD log to reflect on

what you have learned, and free downloadable training resources to use to train colleagues about U=U that include PowerPoint presentations and case studies that will support training about a range of scenarios that may be encountered in clinical settings.

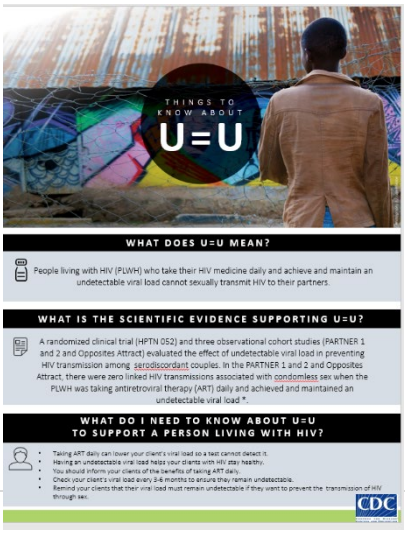
U=U Scientific Literature Resources

This folder contains access to a spreadsheet that summarizes and organizes up-to-date scientific articles related to U=U by year, author, title, type of study, and location. In addition, it provides access to the pdf versions of the articles themselves, which can be a helpful way to better understand the science behind U=U, evidence of U=U as an effective tool, and identify obstacles and possible obstacles and solutions when implementing a U=U program.

U=U Resource Sheets and Briefer

The Community Engagement Team in the HIV Prevention Branch at Headquarters developed resource sheets to help facilitate communication about U=U among people living with HIV and healthcare workers who provide care to people living with HIV. The team also developed a scientific briefer to help educate critical partners who influence decisions and policies about HIV care and treatment. The resource sheets and scientific briefer are Tier 1 Resources. Before you access these resources, consider the guidance below about best using the resource sheets and scientific briefer to advance or support your U=U efforts.

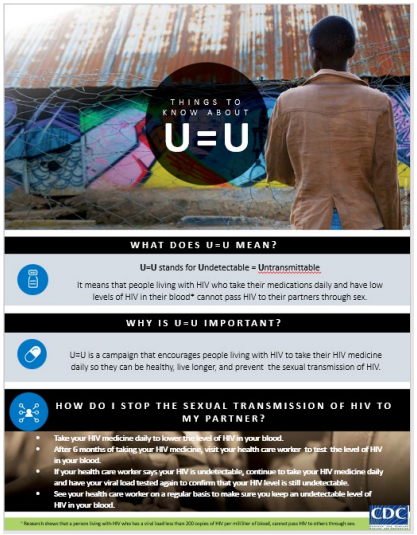
U=U Resource Sheet for Health Care Workers



The resource sheet for Health Care Workers was developed to provide health care workers with the information and knowledge they need to understand U=U well enough to feel comfortable talking about it with their clients. This resource sheet should be shared with health care workers, health educators, outreach workers, and peer educators working in clinics, civil society organizations, or other organizations, facilities, and programs that provide HIV testing services and care and treatment services for people living with HIV. In addition, healthcare workers should be encouraged to refer to this resource sheet when they discuss U=U with their clients. The resource sheet answers the following questions:

- What does U=U mean?
- What is the scientific evidence supporting U=U?
- What must I know about U=U to support someone living with HIV?
- How long must my client's viral load be undetectable before HIV is untransmittable sexually?
- What else should I tell my clients with HIV?
- Do clients with an undetectable viral load need to use condoms

U=U Resource Sheet for People Living with HIV



The resource sheet for People Living with HIV can be used by healthcare workers, health educators, outreach workers, or peer educators to help facilitate conversations with people living with HIV about U=U and the benefits of medication adherence. Additionally, people living with HIV can take this resource sheet home to refer to it when explaining U=U to their partners or if they need to be reminded of how attaining an undetectable viral load will prevent them from passing HIV to their sexual partners.

The resource sheet answers the following questions:

- What does U=U mean?
- Why is U=U important?
- How do I stop the sexual transmission of HIV to my partner?
- What else do I need to know about U=U?
- Where can I find more information about U=U?

U=U Scientific Briefer

The scientific briefer is the longest and most detailed of the three resource documents developed by the HIV Prevention Branch. The briefer is intended to give a more in-depth overview of U=U, including the vital role of U=U and treatment as prevention reaching epidemic control, the scientific evidence supporting U=U, and critical factors for consideration. The scientific briefer can be shared with key partners, including Ministry of Health staff, government officials, leaders in healthcare facilities, community leaders, and other gatekeepers. The scientific briefer was developed to help convince key partners of the importance and validity of U=U, dispel myths, and ease concerns.

The briefer includes the following sections:

- Overview of the global HIV epidemic
- Origin of the U=U campaign
- Scientific evidence supporting U=U
- Important factors for consideration:
    - Lack of awareness and knowledge about viral suppression
    - Duration of ART before achieving viral suppression
    - Knowledge of viral load level
    - Monitoring of viral load
    - Medication adherence
    - People who inject drugs
    - Prevention of mother-to-child transmission
    - Protection against sexually transmitted infections
- Current Division of Global HIV and TB (DGHT) efforts to support U=U
- Future DGHT U=U efforts
- References

Slides/Flashcards

This short slide deck provides simple definitions of “undetectable” and “untransmittable,” addresses the time to achieve an undetectable status, and emphasizes the importance of continued medication adherence to maintain an

undetectable HIV viral load. The slides are provided in both PowerPoint and PDF format.
You may decide to:

- Print the slide presentation and use it as a handout or educational resource to support U=U efforts in the field,
- Save the presentation as a PDF on a smartphone or laptop computer and encourage healthcare workers to use it in situations when a short intro to U=U may be helpful,
- Print slides to make 2-sided palm cards about U=U (tip: print slides 2 and 3 on the front and back of a palm card),
- Customize the images in the slides to be more appropriate for your setting and target populations.

Make Your Own U=U Educational Video

Healthcare workers, outreach workers, civil society organizations, and others may want to share a short video about U=U as an icebreaker to start a conversation about U=U. We developed a 60-second script, a 30-second script, and a guidance document to help you create your U=U icebreaker video using your iPhone. Once created, your video(s) can be shared in various ways, including in the field on a smartphone, during presentations as part of a PowerPoint slide deck, or on a computer or tablet in a healthcare facility.

Viral Load Monitoring and Enhanced Adherence Counseling Flipcharts

The Care and Treatment Branch at Headquarters worked with ICAP to develop flipcharts for a range of healthcare workers (e.g., adherence counselors, doctors, nurses, pharmacists, and community health workers) to support clinical counseling on viral load and decision-making for how to use viral load results to improve patient management.
The flip charts in English, French, Portuguese, and Swahili explain the meaning of viral load results and help with adherence assessment and counseling, especially

among people with elevated viral loads who warrant enhanced adherence counseling. In addition, the flip charts were recently revised to incorporate specific messages about U=U.

U=U FAQ: Considerations for Defining "Undetectable"

Many common questions are answered clearly, such as what is considered "undetectable," how the World Health Organization (WHO) guidelines influence the U=U campaign, how providers can help prevent confusion and support U=U, and more and straightforwardly in this infographic.

World Health Organization Guidelines

The WHO published these updated guidelines on HIV prevention, testing, treatment, service, delivery, and monitoring in July 2021. This set of recommendations is primarily for national HIV program managers in low and middle-income countries, clinicians, healthcare providers, and organizations that provide technical and financial support to HIV programs in resource-limited settings.

Considering U=U for the prevention of mother-to-child transmission

Colleagues in the Maternal and Child Health Branch at Headquarters developed this helpful diagram to highlight the considerations for thinking about how U=U applies in the context of mother-to-child transmission. The diagram is based on findings from the scientific literature. It presents three pillars healthcare workers should consider when working with pregnant women and women of childbearing age to help prevent mother-to-child transmission of HIV.

U=U Resource Guide

The Community Engagement Team in the HIV Prevention Branch at Headquarters compiled a U=U resource guide consisting of a collection of existing resources (e.g., fact sheets, videos, PowerPoint presentations) that can be used to disseminate the U=U message. This guide is intended to offer a quick referral to U=U resources. Before deciding to use any of the available resources included, consider whether

materials are appropriate for your priority audiences and country priorities and whether they need to be tailored to fit within your local context.

Tier 2 Resources

Click on the title of each resource to be directed to the specific tool or resource.

Capacity Assessment Tool

Use the Capacity Assessment Tool to assess organizational capacity to deliver communication activities and products. This tool provides a practical method of organizational self-assessment that can be used to acknowledge strengths, clarify different perceptions, and plan strategies to enhance capacity in communication efforts. The tool is designed to be a conversation starter within and between organizations engaged in a technical assistance relationship.

Campaign Example: From Condoms to PrEP & U=U

Your U=U efforts will exist alongside other HIV prevention programs and priorities. Some countries have begun to wonder how their messages for HIV testing programs, PrEP implementation, and U=U can support each other without confusing potential target audiences or alienating vital partners. We are sharing an educational asset from the "Be Sure. Play Sure. Stay Sure." campaign launched by the New York City Department of Health in the United States as an example of how messages across the HIV prevention continuum can be presented in synergy to encourage multiple methods of HIV prevention based on a person's specific circumstances.

Community Engagement Assessment Tool

Before implementing community engagement, assessing your current community engagement efforts is essential. The Community Engagement team in the HIV Prevention Branch at Headquarters developed a tool that evaluates the PEPFAR country team's existing community engagement efforts and identifies opportunities for engagement. This tool can serve as a baseline for follow-up assessments and allows programs to develop a longitudinal profile of community engagement efforts over time. This tool utilizes existing and validated community engagement literature, models, and tools.

Community Mobilization Guide

While not U=U or HIV specific, the CDC Community Mobilization Guide to support a community-based effort to eliminate syphilis in the United States provides valuable guidance about working with and mobilizing communities to eliminate a sexually transmitted infection. Specifically, the following sections include information and strategies that may be useful as you plan and implement local U=U efforts:

- Section II: Mobilizing the Community
- Section III: Mobilizing Community-Based Organizations and Faith-Based
- Section IV: Mobilizing Health Care Providers
- Section V: Mobilizing Policy Makers and Opinion Leaders

As you read the various sections in the document, think about how the strategies used for syphilis elimination in the U.S. apply to promoting U=U in your local context. Then, use and adapt appropriate strategies for engagement.

Engaging Faith-Based Organizations in HIV Prevention

This manual is a capacity-building tool to help policymakers and programmers identify, design, and follow up on HIV prevention programs undertaken by faith-based organizations (FBOs). The manual can also be used by development practitioners partnering with FBOs to increase their understanding of the role of FBOs in HIV prevention and to design plans for partnering with FBOs to halt the spread of the virus.

Evaluating Potential Partners

This tool is easy-to-use to consider how different community members, civil society organizations, and others might fit into your communication strategy.

Type of Partnership	Questions to Consider	Partners to recruit
Networking	What partners are well respected in the community? What partners could lend brand appeal? What partners have relationships with key community decision makers? What partners can lend support?	
Coordination	What partners have the expertise and resources we need? What partners might be willing to devote time and effort?	
Cooperation	What partners represent the community you want to support with your U=U efforts? What partners have a broad base of support that can be brought to the effort? What partners might be willing to devote significant time and effort?	
Collaboration	What partners share the CDC country office vision for medication adherence and viral suppression? What partners can help the CDC country office improve their communication efforts? What partners will directly benefit from U=U's success? What partners can provide leadership? What partners might be willing to devote substantial time and effort?	

Facilitating a community dialogue

A "dialogue" is a community conversation that can take many forms. It can involve five people around a kitchen table, five hundred people in a large civic setting, or anything in between.

A community dialogue can help:

- Expand the base of constituencies and voices (i.e., youth, business, the faith community, and civil society leaders).
- Reach common ground -- integrate the workings of more formal institutions and partnerships with the leadership from communities and civil society organizations.
- Launch new initiatives and strengthen the impact of existing community improvement partnerships; and
- Generate local media attention.

There is no one best way to host a dialogue. It depends on what you want to accomplish. Tailor the best approach for your objectives, setting, participants, time, and capacity. General steps are outlined below to help you prepare and conduct a community dialogue (Community Toolbox, 2019).

Preparing for a Community Dialogue:

___You focus your issue (e.g., health clinics, condoms, HIV prevention)

___You build a dialogue team to host the event

___You determine your goals for the dialogue (e.g., to reach common ground, launch new initiatives, generate media coverage, etc.) and design the session to support them

___You decide who will participate

___You select and prepare your facilitator

___You set a place, date, and time for your dialogue

___You designate someone to record the dialogue

___You create an inviting environment

___You invite participants

Conducting the Dialogue:

___You greet participants and introduce the facilitator
___You establish ground rules for the dialogue as well as a relaxed atmosphere
___You use the seven questions to foster dialogue
___You monitor the group process
___You allow time for closing discussion and any follow-up steps
___You engage the media and document the event if consistent with your goals

Making Your Dialogue Count:

___You record your findings and get results to participants and relevant organizations within ten days
___You follow up with the group on its interests
___You keep the conversation going

Tier 3 Resources

Click on the title of each resource to be directed to the specific tool or resource.

The P Process: Five Steps to Strategic Communication

To develop and launch a U=U campaign, you must learn about Social and Behavior Change Communication (SBCC) and how to create strategic, evidence-based health communication programs. The P Process is a 5-step process embraced by health communication professionals. The Health Communication Capacity Collaborative at Johns Hopkins Bloomberg School of Public Health developed the P Process guidance resource below. The resource explains that "the P Process is a step-by-step roadmap that can guide you from a loosely defined concept about changing behavior to a strategic and participatory program grounded in theory and has measurable impact." This resource will walk you through the five steps to help you develop a robust health communications campaign. The five steps are:

1. Inquire
2. Design your strategy
3. Create and test
4. Mobilize and monitor
5. Evaluate and evolve.

Guidance on Developing and Pretesting Concepts, Messages, and Materials

Developed by the National Cancer Institute, this book is a revision of the original Making Health Communication Programs Work. The purpose of the publication is to guide communication program planning. This resource provides valuable guidance on steps for developing and pretesting concepts, messages, and materials. Pay

particular attention to Stage 2: Developing and Pretesting Concepts, Messages, and Materials.

Community Mobilization Guide: Engaging Media

While not U=U or HIV specific, the CDC Community Mobilization Guide to support a community-based effort to eliminate syphilis in the United States provides valuable guidance about working with and mobilizing communities to eliminate a sexually transmitted infection. Specifically, the following section includes information and strategies that may be useful as you engage the media for your local U=U efforts:

- Section VI: Working with the Media

Social Media Toolkit

Social media can be used to disseminate U=U messages to community and civil society organizations. This toolkit is designed to help users get started in social media by providing information for developing governance for social media, determining which channels will best meet your communication objectives, and helping you create a social media strategy.

Guide to Writing for Social Media

This guide was designed to provide guidance and to share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it helpful too.

Developing and Pretesting a Text Messaging Program for Health Behavior Change: Recommended Steps

This paper guides developing a text messaging program to change health behaviors. Steps for creating a text messaging program include conducting formative research for insights into the target audience and health behavior, designing the text messaging program, pretesting the text messaging program concept and messages, and revising the text messaging program.

Tier 4 Resources

Click on the title of each resource to be directed to the specific tool or resource.

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Developing an Effective Evaluation Plan

This workbook applies the CDC Framework for Program Evaluation in Public Health. The Framework lays out a six-step process for the decisions and activities involved in conducting an evaluation. While the Framework provides steps for program evaluation, the steps are only sometimes linear and represent a more back-and-forth effort; some can be completed concurrently. Sometimes, skipping a step and returning to it makes more sense. The important thing is that the steps are considered within the specific context of your program. The workbook is intended to offer guidance and facilitate capacity building on various evaluation topics. We encourage users to adapt the tools and resources in this workbook to meet their program's evaluation needs.

Criteria for Selection of High-Performing Indicators: A checklist to inform monitoring and evaluation

The checklist includes practice-based criteria to be considered in the selection of indicators for use in monitoring and evaluation. The selection of indicators can be a complex, time-consuming task. In some cases, this process needs to be made explicit for partners. Moreover, those expected to participate in this work come to the discussion with varying knowledge relevant to monitoring and evaluation. Therefore, how do we assess the quality of indicators proposed for use? And how do we encourage the full participation of partners in this dialogue? The purpose of the checklist is three-fold: (1) aid in establishing a process and shared vocabulary for dialogue with partners regarding the selection of indicators; (2) reinforce the necessary connection of indicators to the evaluation questions to be addressed by

the study; and (3) contribute to the design of data collection activities more clearly linked to intended uses of findings.

Sustainability Planning Guide

The CDC planning guide supports coalitions, public health professionals, and others in developing, implementing, and evaluating a successful sustainability plan. It also presents information on sustaining policy strategies, sustainability approaches, and sustainability planning examples.

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