

Implementing and Scaling Up U=U

Undetectable = Untransmittable

A Resource Guide

July 2024, 1st ed.



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ABBREVIATIONS

4Cs	Clear, Confident, Consistent, and Conscious	PBFW	Pregnant and Breastfeeding Women
ART	Antiretroviral Therapy	PEPFAR	President's Emergency Plan for AIDS Relief
ARVs	Antiretroviral Medications	PrEP	Pre-exposure Prophylaxis
ANC	Absolute Neutrophil Count	PEP	Post-exposure Prophylaxis
CBO	Community-Based Organization	PMTCT	Prevention of Mother-to-Child Transmission
CD4	Clusters of Differentiation 4	PLHIV	People Living with HIV
CDC	Centers for Disease Control and Prevention	RNA	Ribonucleic Acid
CLM	Community-Led Monitoring	S&D	Stigma and Discrimination
COP/ROP	Country/Regional Operational Plan	SBCC	Social and Behavior Change Communication
CSO	Civil Society Organization	SANAC	South African National AIDS Council
DGHT	Division of Global HIV & TB	S. M. A. R. T	Specific, Measurable, Achievable, Relevant, Time-Related
GHC	Global Health Center (CDC)	SMS	Short Message/Messaging Service
IEC	Information, Education, and Communication	STI	Sexually Transmitted Infection
FBO	Faith-Based Organization	SWOT	Strengths, Weaknesses, Opportunities, and Threats
FY	Fiscal Year	TasP	Treatment as Prevention
HIV	Human Immunodeficiency Virus	TB	Tuberculosis
HTS	HIV Testing Services	TOT	Training of Trainers
IAPAC	International Association of Providers of AIDS Care	U=U	Undetectable = Untransmittable
KP	Key Populations	UNAIDS	Joint United Nations Programme on HIV and AIDS
KPI	Key Performance Indicators	VL	Viral Load
M&E	Monitoring and Evaluation	VMMC	Voluntary Medical Male Circumcision
MOH	Ministries of Health	WHO	World Health Organization
MTCT	Mother-to-Child Transmission		
NGO	Non-Governmental Organization		
PAC	Prevention Access Campaign		

OPERATIONAL DEFINITIONS

Audience Segmentation divides a more extensive primary or influencing audience into smaller, more distinct groups or segments based on specific characteristics, behaviors, or demographics. It involves analyzing data and identifying commonalities among people within the primary or influencing audience to create meaningful and actionable pieces.

Communication Activities refer to the various actions, methods, or strategies used to convey U=U messaging to an intended audience. These activities facilitate effective communication and engage the audience to achieve specific communication goals. Communication activities can occur through different channels and formats depending on the context and objectives. (See **Strategic Communication Approaches**.)

Communication Objectives are specific goals or outcomes your U=U Communication Strategy aims to achieve through your communication activities. These objectives provide a clear direction and purpose for your communication activities, guiding the planning, execution, and evaluation of your strategic communication approaches.

Community Engagement involves and collaborates with community members, organizations, and contributors in decision-making, problem-solving, developing, and implementing initiatives or programs directly affecting their lives and well-being. It recognizes the importance of including diverse perspectives, knowledge, and experiences of community members in shaping solutions and policies that are responsive to their needs. Community engagement is a participatory approach that seeks to engage people and communities in planning, implementing, and evaluating initiatives that affect them. It goes

beyond simply informing or consulting the community and aims for active and meaningful involvement.

A **Core Message** is a concise and focused statement that captures the essence of the main idea or key point you want to convey to your audience. It serves as the central theme or takeaway of your communication, whether a presentation, campaign, speech or any form of messaging. The purpose of a core message is to provide a clear, memorable, and impactful statement that effectively communicates your intended meaning or purpose. Craft your core message to resonate with your intended audience and help them understand and retain the message you want to convey. U=U's core message is Undetectable = Untransmittable; "A person living with HIV who is treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners."

Differentiated Service Delivery is a client-centered approach, simplifying and adapting services to better meet the needs of people living with HIV and reducing unnecessary burdens on the health care system.

An **Evaluation Plan** outlines the systematic approach and methods for assessing the efficiency and effectiveness of your U=U communication activities. It guides the evaluation process. It provides a roadmap for collecting, analyzing, and interpreting data to draw conclusions about your outcomes and inform decision-making. An evaluation plan typically includes evaluation objectives, evaluation questions, evaluation design, data collection methods, how data will be managed and steps for quality assurance, how data will be reported and disseminated, and a timeline.

Focus Populations refer to the people or groups that directly receive or engage in U=U messaging or activities. They are the intended recipients of the U=U activities, services, or support. Example focus populations include people living with HIV, their caregivers, their partners, health workers, community institutions and organizations, and the general population.

Gender-Affirming refers to actions, practices, or interventions that support and affirm an individual's gender identity. It involves respecting and acknowledging a person's self-identified gender rather than relying solely on assigned sex at birth or societal expectations. Gender-affirming approaches recognize that people have the right to define and express their gender identity, which may not align with the sex they were assigned at birth. These approaches aim to create an inclusive and supportive environment where people are affirmed and respected in their gender identity. Gender-affirming practices may include social affirmation, medical interventions, mental health support, legal recognition, education, and awareness.

Guiding Principles are the fundamental beliefs or values that serve as a foundation for decision-making, behavior, and actions in various contexts. For example, U=U's messaging guiding principles are the 4Cs: clear, confident, consistent, and conscious.

Harm Reduction Services are practical strategies and interventions to reduce the negative consequences of certain behaviors or conditions, particularly substance use or high-risk behaviors. Harm reduction aims to promote people's health, well-being, and safety, even if they continue engaging in high-risk behaviors. Harm reduction services recognize that complete abstinence from the behavior may not be achievable or desirable for everyone. Instead, they focus on minimizing the potential harms and risks associated with certain behaviors. Examples of harm reduction services include needle and syringe programs, safer drug use education, opioid substitution therapy, supervised consumption sites, outreach and support services, HIV and Hepatitis testing and treatment, sexual health services, overdose prevention, and naloxone distribution.

Health Communication refers to sharing information, knowledge, and messages about health promotion, disease prevention, healthcare services, and public health initiatives. It involves exchanging information between people, communities, health workers, organizations, and the media to facilitate informed decision-making, promote behavior change, and improve health outcomes.

Health Equity refers to the principle of ensuring that every individual has an equal opportunity to reach optimal health outcomes, regardless of their social, economic, or demographic characteristics. It recognizes that differences in health status and access to healthcare should not be determined by factors such as race, ethnicity, gender, socioeconomic status, geographic location, or other social determinants of health.

Health Worker refers to a person working in a component of the healthcare system, whether professional or non-professional, including voluntary unpaid workers (e.g., clinicians, nurses, community outreach workers, and peer mentors).

HIV Combination Prevention is the comprehensive approach of using multiple strategies such as biomedical, behavioral and structural, to reduce transmissions. It recognizes that no single prevention method is effective to combat the HIV epidemic, and a combination of techniques is needed.

HIV Literacy refers to the capacity of individuals, communities, and organizations to obtain, interpret, and understand essential HIV prevention, testing, and care information, skills, and services and the competence to use such information to prevent HIV transmission and related stigma and discrimination; to know of and understand their HIV status, ART regimen, and test results; to enhance the physical, mental, and social well-being of all, especially people living with HIV.

HIV-Related Discrimination refers to the unfair treatment or differential behavior towards people based on their HIV status. It can be seen in various settings, including healthcare, education, employment, housing, and within families and communities. Discrimination can lead to denial

of healthcare services, loss of employment or educational opportunities, and violation of human rights.

HIV-Related Stigma refers to the negative beliefs, stereotypes, and prejudices associated with HIV. It often leads to social exclusion, marginalization, and labeling of people as being “dirty,” immoral,” or “undesirable.” Stigma can manifest in different ways, such as gossip, social rejection, verbal or physical abuse, or denial of rights and opportunities.

An **Implementation Plan** is a detailed document or roadmap outlining the steps, actions, and resources required to achieve the U=U Strategic Plan and U=U Communication Strategy goals and objectives. It provides a structured approach for executing a program or strategy effectively and efficiently. An implementation plan includes partner roles, responsibilities, activities, timeline, budget, and management considerations.

Influencing Audience(s) refers to the people, groups, or organizations that persuade, convince, or guide the primary audiences’ beliefs, attitudes, behaviors, or actions.

Information, Education, and Communication (IEC) is used in public health to promote awareness, understanding, and behavior change among people and communities. **Information** refers to providing accurate, relevant, evidence-based knowledge and facts about a particular topic or issue. This includes disseminating information about health risks, preventive measures, available services, and resources. **Education** involves creating opportunities for learning and building knowledge and skills. It aims to enhance understanding and equip people to make informed decisions and take appropriate actions. Education may include formal or informal training sessions, workshops, seminars, awareness, and anti-stigma and discrimination campaigns. **Communication** is sharing information and facilitating dialogue between people or groups. It involves using various communication channels and strategies to engage with intended audiences effectively. Communication efforts may include mass media awareness, anti-stigma and discrimination campaigns, interpersonal

communication, social media, community mobilization, and advocacy.

Input Indicators measure the contributions necessary to implement the program (e.g., funding, staff, key partners, infrastructure).

Key Messages are carefully selected words compelling, sincere, and powerful enough to move people to action. They are the main points of information you want to convey, demonstrating how you add value to your audience’s lives.

Key Populations are groups of people at higher risk of acquiring or transmitting HIV due to specific biological, behavioral, or social factors. PEPFAR’s definition of key populations includes but is not limited to, men who have sex with men, people who inject drugs, sex workers, transgender people, and prisoners and other incarcerated populations. Examples of other key populations often disproportionately affected by HIV include people with disabilities, older people living with HIV, and migrants and internally displaced people.

A **Logic Model** describes the main elements of a program and how they work together to achieve desired outcomes.

A **Monitoring and Evaluation Framework** is a strategic framework that describes how the U=U Strategic Plan needs to be monitored and evaluated. It outlines how monitoring and evaluation will occur at different stages in the program’s life cycle. It is useful when a complex or large-scale program requires a whole-of-government approach, system reforms, and multi-agency implementation.

A **Monitoring Plan** is an operational plan that outlines how the U=U Communication Strategy activities will be monitored. It can be one or multiple plans that address different communication activities. A monitoring plan provides a structured approach for collecting data, tracking progress, and assessing the performance and effectiveness of your activities over time. A monitoring plan typically includes monitoring objectives, indicators, data collection methods, data sources, an outline of data analysis, reporting, a timeline, and roles and responsibilities.

Outcome Indicators measure whether the program achieves the expected effects/changes in the short, intermediate, and long term. Some programs refer to their longest-term/most distal outcome indicators as impact indicators.

A **Person-Centered Approach** recognizes the importance of involving people living with HIV as active participants in their care. It shifts the focus from solely treating the disease to addressing the holistic needs and preferences of the person.

Positioning Statement refers to how you want your communication activities to be perceived. Consistent and compelling messaging helps shape the reputation and positioning of your U=U activities.

Prevention of Perinatally Acquired HIV (traditionally referred to as Prevention of Mother-To-Child Transmission or PMTCT) is a comprehensive approach to prevent the transmission of HIV from a childbearing person living with HIV to their child during pregnancy, childbirth, chestfeeding, and breastfeeding. Prevention of Perinatally Acquired HIV Transmission programs aim to reduce the risk of HIV transmission and improve the health outcomes of both the parent and children. Prevention of Perinatally Acquired HIV may be used as a more gender-inclusive term than Prevention of Mother-To-Child Transmission.

Primary Audience refers to the principal or intended group of people for whom U=U messaging is primarily developed. They are the primary recipients of the communication and the group whose message is designed to engage, inform, or influence. They are the critical contributors with the most interest, relevance, or influence in conveying the message. (See **Focus Populations**.)

Priority Populations describe groups of people who, in a specific geographical context (country or location), are essential for the HIV response because they are at increased risk of acquiring HIV or being disadvantaged when living with HIV due to a range of societal, structural, or personal circumstances. In addition to people living with HIV and the globally defined key populations, countries may identify other priority populations for their

national responses if there is clear local evidence for an increased risk of acquiring HIV or experiencing different adverse HIV-related health outcomes among other people.

For U=U, priority populations may include but are not limited to adolescents and youth, serodifferent couples, pregnant, chestfeeding, and breastfeeding people, and key populations.

Process Indicators measure the program's activities and outputs (direct products/deliverables of the activities). Together, measures of activities and outputs indicate whether the program is being implemented as planned.

A **Readiness Assessment** systematically evaluates an organization or program's preparedness to implement specific activities or interventions. It assesses the organization's capacity, resources, and readiness factors necessary for successful implementation. This assessment helps identify strengths, gaps, and areas for improvement to ensure the activities or interventions' effectiveness and sustainability. (See **SWOT Analysis**.)

Risk Compensation suggests that individuals accept a certain level of subjectively estimated (or perceived) risk to their health in exchange for benefits they expect from (an) activity.

A **Serodifferent Couple** is a partnership where one partner is diagnosed with HIV (seropositive), and the other is not (seronegative).

Seronegative is a person who shows no evidence of HIV in a blood test (e.g., there is an absence of antibodies against HIV).

A **Seropositive** is a person with antibodies against HIV detected in a blood or gingival exudate test (commonly known as a saliva test).

A **Situational Analysis** systematically evaluates an organization or program's preparedness to implement a specific program or intervention.

Social and Behavioral Change Communication (SBCC) is a systematic and evidence-based approach to promoting positive social and behavioral changes at the individual, community, and societal levels. It combines communication theories, behavior change

models, and social science principles to design and implement strategies influencing attitudes, norms, beliefs, and behaviors to achieve desired health and social outcomes.

Social Determinants of Health are the conditions in which people are born, grow, live, work, and age that shape their health and well-being. These social and economic factors, often beyond an individual's control, significantly determine health outcomes and health inequities within populations. Social determinants of health include socioeconomic status, education, employment, working conditions, neighborhood and built environment, social support networks, cultural factors, access to healthcare, social and economic policies, and discrimination and social inequities.

Strategic Communication Approaches are the organized U=U communication activities, the “how” U=U communication objectives are met through a mix of tools, channels, vehicles, and media.

A **Strategic Communication Framework** visualizes how your U=U Communication Activities are expected to achieve the objectives.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis is a strategic planning technique used to help an organization identify its strengths, weaknesses, opportunities, and threats related to project planning. It is sometimes called a situational analysis or readiness assessment.

Sustainability refers to the ability of your U=U Strategic Plan and Communication Strategy to strengthen or support its intended outcomes and benefits over the long term, even after the initial funding or support ends. It involves establishing mechanisms, strategies, and practices that enable your strategic plan to continue delivering its intended benefits and achieving its goals beyond the initial implementation phase.

Theory of Change is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.

The **Training of Trainers (TOT)** model is intended to engage master trainers in coaching new trainers

who are less experienced with a particular topic or skill or with training overall.

Treatment as Prevention (TasP) is a biomedical approach to HIV prevention that involves using antiretroviral therapy to suppress the viral load of people living with HIV to prevent transmission to others through sex or syringe sharing, and from parent to child during pregnancy, birth, breastfeeding, and chestfeeding.

Treatment Fatigue is the decreased desire and motivation to adhere to a treatment regimen among patients prescribed long-term protocols.

U=U Activities refer to the specific actions, tasks, or interventions planned and implemented as part of the U=U Strategic Plan and Communications Strategy to achieve its objectives. U=U activities can include contributor planning and workshops, IEC material development, training, U=U message integration during service provision (e.g., healthcare services, counseling, mentoring, legal aid, etc.), U=U awareness and anti-stigma and discrimination campaigns, advocacy and policy engagement, community engagement and mobilization, research and development, and monitoring and evaluation.

A **U=U Champion** is a designated U=U contributor who ensures that everyone involved in implementing an activity is on board and on track to complete the activity successfully and on time. U=U champions also assist in mobilizing the team and obtaining the resources required to complete projects.

U=U Communication Strategy is a comprehensive plan outlining the situational analysis, goals, intended audience, U=U messaging, communication channels, and activities to effectively convey information and achieve desired outcomes. It serves as a roadmap for your U=U communication efforts and ensures consistency, relevance, and effectiveness in reaching its intended audience.

U=U Contributors are people, groups, or organizations with an interest or stake in the U=U activities. Contributors include those affected by, directly interested in, or somehow involved with the challenge and those who control access to

people or resources needed. They are directly or indirectly affected by or can influence the outcomes, decisions, or actions of the U=U Strategic Plan.

U=U Implementation Framework includes seven strategic objectives for planning, executing, and sustaining your U=U program. The seven strategic objectives include: 1) Engage, 2) Strategize, 3) Develop Materials, 4) Capacitate, 5) Integrate Messaging, 6) Disseminate Materials, and 7) Monitor and Evaluate.

U=U Messaging refers to the process of using the guiding principles (the 4c's) to share the U=U core message (via any communication channel/method) with a basic messaging approach of 1) Create Awareness: "Have you heard about U=U?"; 2) Foster Understanding: "Do you know what U=U means?" and 3) Explain Why U=U Matters specific to the individual(s) receiving the information: "Let me explain why U=U is important to you."

U=U Strategic Areas of Intervention refers to the core areas of intervention for creating awareness around U=U and disseminating U=U messaging and IEC materials. Strategic areas of intervention include 1) Differential Service Delivery, 2) Community Engagement and Mobilization Activities, and 3) Mass Media Campaigns.

U=U Strategic Plan refers to an agreed-upon description of the mission, implementation framework objectives, theory of change (or logic model), planned activities, and intended outcomes of your U=U program.

Undetectable or not detected means no measurable virus by the test or sample type used. Having an undetectable viral load eliminates the risk of transmission to sexual partners.

Viral Load refers to the amount of HIV genetic material (RNA) in a person's blood. It is measured using a laboratory test that quantifies the number of copies of HIV RNA per milliliter (mL) of blood. The viral load test indicates the level of HIV replication and activity in the body. A higher viral load generally means more active HIV in the body, while a lower viral load suggests reduced HIV replication.

Viral Load Monitoring refers to the regular assessment of the amount of HIV genetic material (RNA) in a person's blood over time. It involves conducting viral load tests at scheduled intervals to measure HIV replication and activity in the body. Viral load monitoring is typically performed regularly, as determined by health workers, based on individual factors such as treatment history, adherence, and overall health status.

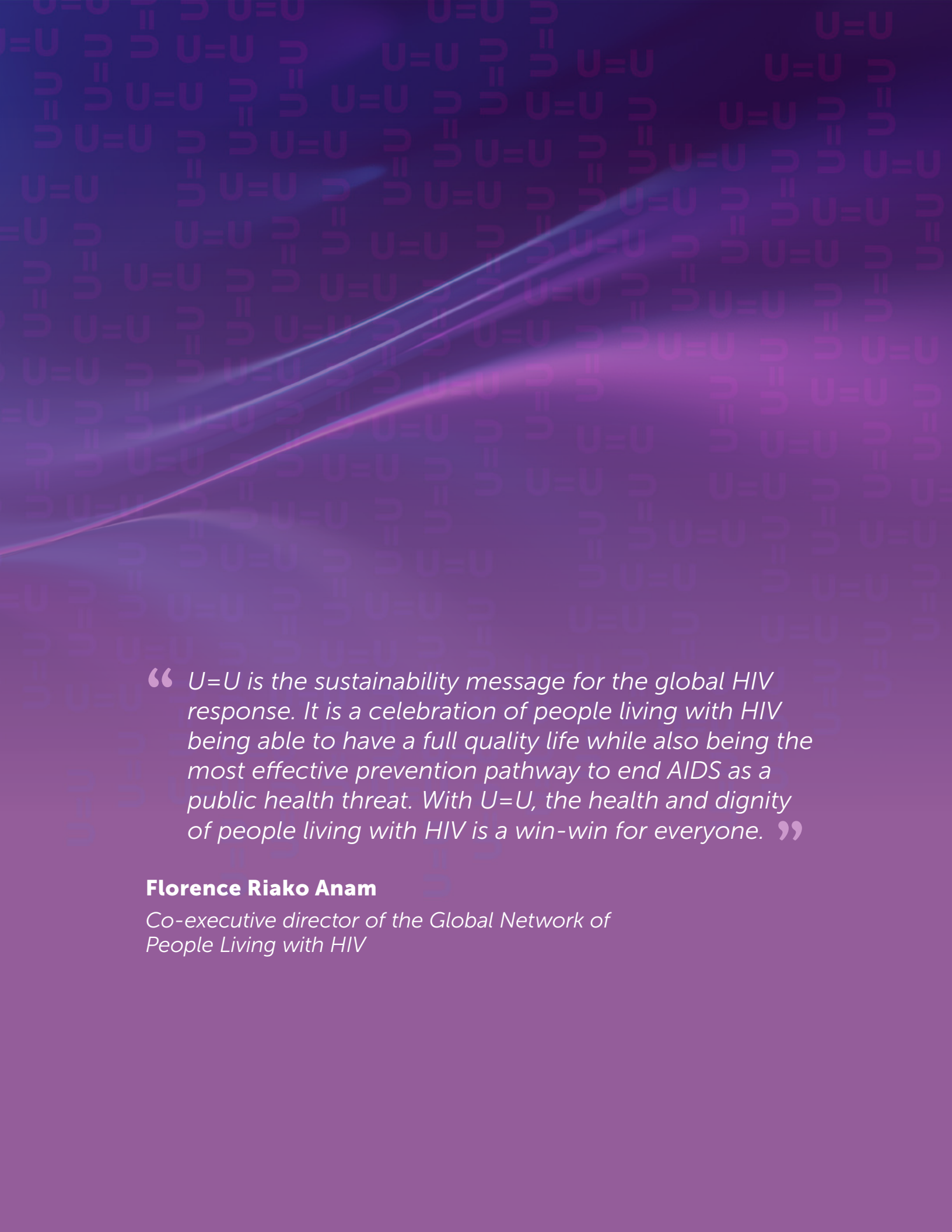
Viral Load Testing refers to the laboratory analysis of a blood sample to measure the amount of HIV genetic material (RNA) in a person's blood. The test provides a quantitative measurement of the viral load, indicating the level of HIV replication and activity in the body. Viral load testing is typically performed in specialized laboratories using highly sensitive techniques, such as polymerase chain reaction (PCR) or nucleic acid amplification tests (NAATs). The results are reported as the number of HIV RNA copies per milliliter (mL) of blood.

Viral Suppression refers to reducing the amount of virus in the body. It is typically measured by a viral load test. The measurement for viral suppression can differ based on country and region. For instance, at the date of this publication, the CDC defines viral suppression as <200 copies/mL while UNAIDS defines viral suppression as 1,000 and below. Viral suppression is often used interchangeably with undetectable, although they may be in fact different measurements depending on the context.

Wearables are any item that can be worn. Wearables can be used to help raise awareness about U=U.



Credit: Prevention Access Campaign



“ U=U is the sustainability message for the global HIV response. It is a celebration of people living with HIV being able to have a full quality life while also being the most effective prevention pathway to end AIDS as a public health threat. With U=U, the health and dignity of people living with HIV is a win-win for everyone. ”

Florence Riako Anam

*Co-executive director of the Global Network of
People Living with HIV*

INTRODUCTION

As an HIV prevention strategy, treatment as prevention (TasP) is one of the most effective biomedical tools for preventing the onward transmission of HIV.¹

Despite the effectiveness of this strategy, messaging on the importance of TasP has been slow to reach people living with HIV and the broader global community.²

In 2016, the Prevention Access Campaign (PAC) launched the Undetectable = Untransmittable (U=U) campaign to build a consensus on the science and to address this gap in health messaging.

The community-led U=U campaign is now a global health and human rights movement with over 1000 official partners in 105 countries.³

In 2019, Eisinger et al. recognized U=U as bridging “the best of biomedical science with current concepts in behavioral and social science.”⁴

A systematic review of 72 studies by Bor et al. (2021) found that interventions disseminating U = U information had beneficial impacts on HIV testing, adherence, viral suppression, and stigma reduction without leading to increased incidence of sexually transmitted infection (STI).⁵

As an individual and relationship-level intervention, U=U can:

Increase the uptake of HIV testing services. Smith et al. (2021) found that peer-delivered messaging about U=U to adult males almost doubled the proportion of men who came to a mobile clinic for free HIV testing.⁶

Improve treatment adherence and viral suppression. In a study by Okoli et al. (2020), clients whose health workers discussed U=U with them had better treatment adherence, viral suppression, optimal sexual health, and were more likely to share their HIV status with others.⁷

Improve the quality of life and well-being of people living with HIV (e.g., improve health outcomes, decrease fear of transmission, reduce internalized stigma). In a 2021 systematic review of knowledge and attitudes around U=U, people living with HIV believed U=U enabled a positive self-image and reduced internalized stigma.⁵

As a community and organizational-level intervention, U=U can be used to:

Improve HIV literacy. Ferreira et al. (2022) found HIV knowledge significantly correlated with knowledge of U=U in Brazil.⁸

Increase health equity by championing universal access to care and treatment. UNAIDS (2022) Report by the NGO Representative recognized U=U as a foundational, community-led global HIV health equity strategy.⁹

Reduce HIV-related stigma and discrimination. In a large cluster-randomized trial of a community-level U=U education intervention in rural Malawi, Derksen et al. (2016) found that people living in the intervention communities where U=U messaging was shared had lower levels of stigma and increased care-seeking.¹⁰

The studies and literature presented here are selected examples and do not represent the totality of work supporting U=U in these areas.

Despite the growing body of evidence supporting its multi-level benefits, U=U has yet to reach its full potential as an HIV intervention.

Some of the reasons for this include:

- There is a lack of awareness and education about U=U among key populations, health workers, and the general public.
- A limited understanding of implementing U=U as an intervention and its benefits.
- There is a lack of resources, specifically funding and technical expertise, to implement, scale, monitor, and evaluate U=U.

- In some settings, there is an unwillingness to share the U=U message because of stigma and judgmental views.^{11–12}

Through this resource guide, we aim to address some of these challenges by building the capacity and skills of those implementing and scaling up U=U.

While the primary intended audience of this resource guide is the President's Emergency Plan for AIDS Relief (PEPFAR) program staff and its partners, anyone interested in implementing U=U can use this resource guide.

ORGANIZATION OF THE RESOURCE GUIDE

This resource guide is divided into six parts. It is designed to gradually build your understanding of U=U, situate it within the science, effectively communicate its core message, develop a strategic plan, and implement activities while monitoring and evaluating these efforts. Resources, tools, country examples, and essential messages support each guide section.

Acknowledging that readers will have varying levels of understanding and experience implementing U=U, each section is detailed below to help you navigate the resource guide based on your needs.

Part I: Understanding U=U

Part I summarizes the supporting science of U=U and defines what it means to be undetectable, viral suppression, and transmission risk.

Part II: Communicating U=U

Part II covers how to communicate U=U, including its core message, example key messages, guiding principles, and a basic approach for delivering U=U messaging via any communication channel. Part II also provides recommendations for addressing hesitancy and promoting confidence in U=U.

Part III: U=U Strategic Planning

Part III introduces the U=U Implementation Framework, which includes seven strategic objectives for executing U=U activities. This section details the first two strategic objectives: 1) Engage and 2) Strategize. The resources in this section help develop a U=U Strategic Plan, including an example mission statement and program logic model. It also includes the resource “Developing a U=U Communication Strategy,” an in-depth guide to assist U=U contributors in developing a U=U Communication Strategy.

Part IV: Implementing U=U

Part IV covers strategic objectives: 3) Develop information, education, and communication (IEC) materials, 4) Capacitate, 5) Integrate Messaging, and 6) Disseminate IEC materials outlined in Part III U=U Strategic Planning.

Part V: Monitoring and Evaluating U=U

Part V covers the last strategic objective, 7) Monitor and Evaluate. It includes a plan for monitoring U=U Strategic Plan activities, information on selecting process and outcome indicators for your Communication Strategy, and case examples demonstrating how to align indicators with communication objectives and activities. This section includes a U=U Monitoring and Evaluation Framework template and considerations for sustaining U=U activities.

Annexes

At the end of the resource guide, you will find several helpful annexes:

Annex 1: Supporting Global Strategies to End HIV outlines where U=U is included and supports global strategies to end HIV.

Annex 2: U=U in PEPFAR details, where you can find U=U in PEPFAR's 5-Year Strategy, Country/Regional Operational Plan (COP/ROP23) Guidance for All PEPFAR, supported countries, and Fiscal Year (FY) 2024 Technical Considerations.

Annex 3: Considerations for Priority Populations outlines consideration for Adolescents and Youth, Serodifferent Couples, and Pregnant, Chestfeeding, and Breastfeeding People living with HIV from a person-centered approach.

Annex 4: Considerations for Key Populations outlines consideration for sex workers, gay men and other men who have sex with men, transgender people, other gender-diverse people, people who inject drugs, and people in prisons and other enclosed settings living with HIV from a person-centered approach.

Annex 5: HIV Treatment Literacy provides information and additional resources on how U=U supports the promotion of HIV Treatment Literacy.

Annex 6: Health Equity provides information and additional resources on how U=U supports Health Equity.

Annex 7: HIV-Related Stigma & Discrimination provides information and additional resources on how U=U helps reduce and mitigate HIV-related stigma and discrimination.

Annex 8: U=U Implementation Checklist is a printable checklist of the example activities by each U=U Implementation Framework's strategic objectives.

Annex 9: Accessible Explanation of Figures

The following icons used throughout the resource guide help locate:



Resource

References, papers, and briefs that provide additional information on the topic



Country Example

U=U examples from around the globe



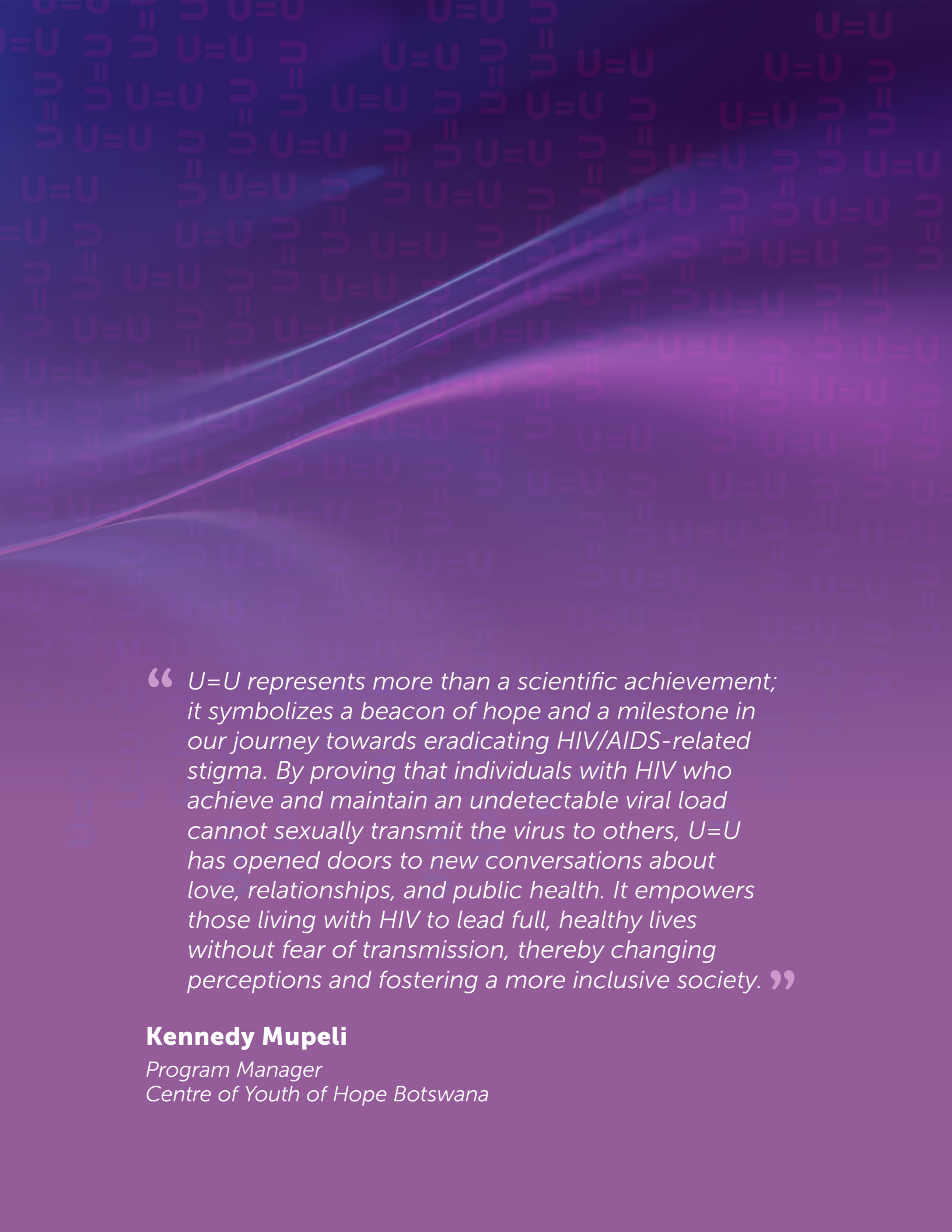
Tools

Worksheets, templates, checklists, or presentations that can be adapted for use



Message

Important messages to consider



“U=U represents more than a scientific achievement; it symbolizes a beacon of hope and a milestone in our journey towards eradicating HIV/AIDS-related stigma. By proving that individuals with HIV who achieve and maintain an undetectable viral load cannot sexually transmit the virus to others, U=U has opened doors to new conversations about love, relationships, and public health. It empowers those living with HIV to lead full, healthy lives without fear of transmission, thereby changing perceptions and fostering a more inclusive society.”

Kennedy Mupeli

Program Manager
Centre of Youth of Hope Botswana

PART I.

UNDERSTANDING U=U

Part I overviews the science behind U=U and defines undetectable, viral suppression, and transmission risk.

SECTION HIGHLIGHTS

A summary and resource [“A Summary of the Science Behind U=U”](#)

And [Undetectable, Viral Suppression, and Transmission Risk](#)

SUMMARY OF THE SCIENCE

Four critical studies, [HIV Prevention Trials Network \(HPTN052\)](#)¹³, [Partners of People on ART—A New Evaluation of Risks \(PARTNER\)](#)¹⁴ [Opposites Attract](#)¹⁵ and [PARTNER2](#)¹⁶, demonstrated the effectiveness of antiretroviral therapy (ART) for preventing sexual transmission of HIV. All studies mentioned above followed HIV-serodifferent couples, with one seropositive partner being treated with ART to reach viral suppression and one seronegative partner at the start of the study. Viral suppression was defined as less than 200 copies of HIV ribonucleic acid (RNA) per milliliter of blood for all three latter studies and less than 400 copies of HIV RNA per milliliter for the HPTN052 study.

Follow-up assessments in all the studies included regular measurement of plasma HIV RNA concentrations for the seropositive partner and HIV testing of the seronegative partner. In addition, in each study, new HIV diagnoses among a previous seronegative partner were assessed phylogenetically to determine whether the strain of HIV was genetically linked to their seropositive partner.

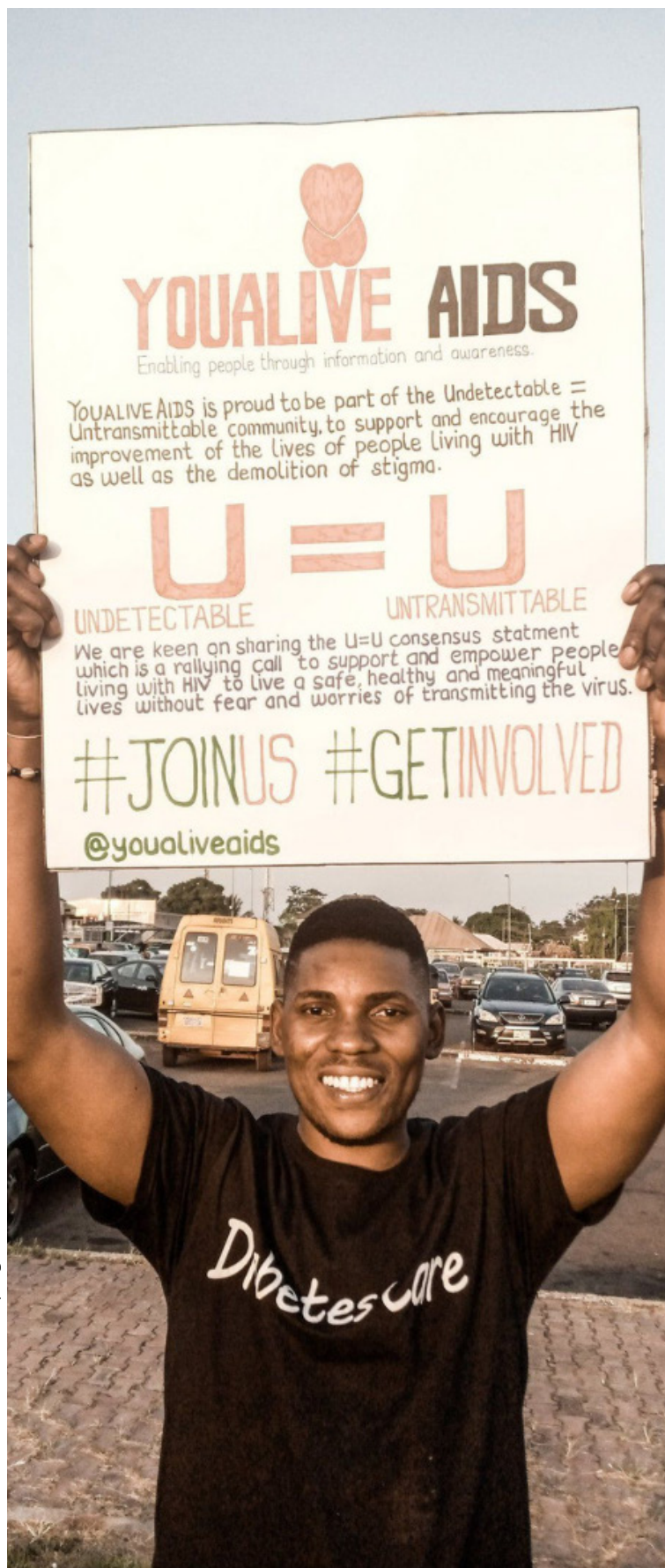
The studies include 123,888 sex acts without Pre-Exposure Prophylaxis (PrEP) or a condom.

The findings from these studies provide scientific proof of an undetectable viral load, reached by HIV medication adherence, as a viable method for preventing sexual transmission of HIV, also known as “Treatment as Prevention.”



Download a slide presentation on
[“A Summary of the Science Behind U=U.”](#)





Access the systematic review of acquisition risk, “[The risk of sexual transmission of HIV in individuals with low-level HIV viremia](#),” in The Lancet for a comprehensive review of the science supporting U=U.

Articles

The risk of sexual transmission of HIV in individuals with low-level HIV viraemia: a systematic review

Laure Kuhn, Robert Loe, Delia Rennie, Lutz Gissel

Summary Background The risk of sexual transmission of HIV from individuals with low-level HIV viraemia receiving antiretroviral therapy (ART) has important public health implications, especially in resource-limited settings that use alternatives to plasma-based viral load testing. This Article examines the evidence related to sexual transmission of HIV at varying HIV viral load levels to inform messaging for people living with HIV, their partners, their healthcare providers, and the wider public.

Methods We conducted a systematic review and searched PubMed, MEDLINE, Cochrane Central Register of Controlled Trials, Embase, Conference Proceedings Cytosine Index-Science, and WHO Global Index Medicus, for work published from Jan 1, 2010 to Nov 12, 2022. Studies were included if they pertained to sexual transmission between serodiscordant couples at various levels of viraemia, the science behind undetectable=untransmittable, or the public health impact of low-level viraemia. Studies were excluded if they did not specify viral load thresholds or a definition for low-level viraemia or did not provide quantitative viral load information for transmission outcomes. Reviews, non-research letters, commentaries, and editorials were excluded. Risk of bias was evaluated using the ROBINS-I framework. Data were extracted and summarised with a focus on HIV sexual transmission at varying HIV viral loads.

Findings 245 studies were identified and eight were included in the analysis, comprising 7762 serodiscordant couples across 23 countries. The certainty of evidence was moderate: the risk of bias was low. These studies showed no HIV transmission when the partner living with HIV had a viral load less than 200 copies per mL. Across the remaining four prospective studies, there were 323 transmission events; none were in patients considered stable on ART. Among all studies there were two cases of transmission when the index partner's (ie, patient with previously diagnosed HIV infection) most recent viral load was less than 1000 copies per mL. However, interpretation of both cases was complicated by long intervals (ie, 30 days and 53 days) between the transmission date and the most recent index viral load result.

Interpretation There is almost zero risk of sexual transmission of HIV with viral loads of less than 1000 copies per mL. These data provide a powerful opportunity to destigmatise HIV and promote adherence to ART through dissemination of this positive public health message. These findings can also promote access to viral load testing in resource-limited settings for all people living with HIV by facilitating uptake of alternative sample types and technologies.

Funding Bill & Melinda Gates Foundation.

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Introduction Viral load testing is the gold standard for monitoring the response to HIV antiretroviral therapy (ART) with the goal



See Prevention Access Campaign's [U=U Flagship Endorsements](#)

U=U

FLAGSHIP

ENDORSEMENTS

updated 01 December 2023

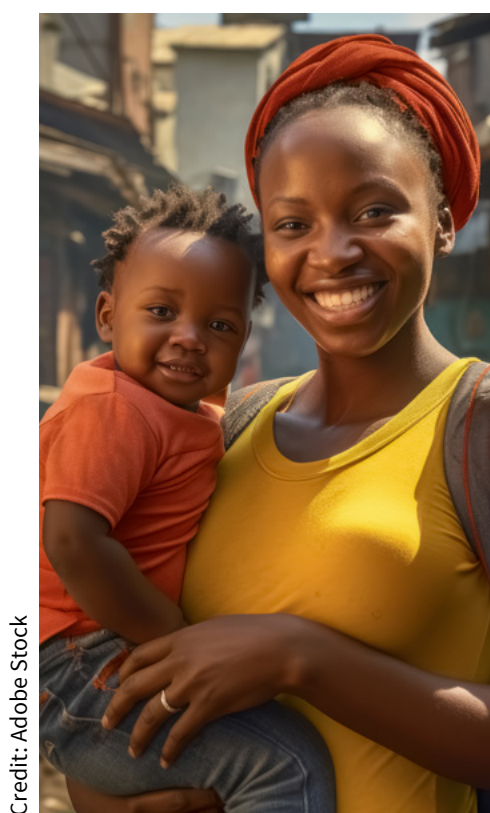


Treatment as prevention, or TasP, is a biomedical approach to HIV prevention that involves using ART to suppress the viral load of people living with HIV to reduce transmission risk to others through sex or syringe sharing and from parent to child during pregnancy, birth, breastfeeding, and chestfeeding. By effectively suppressing the virus to undetectable levels, TasP eliminates the risk of onward sexual HIV transmission.¹⁷

The U=U message is essential to the TasP strategy. It aims to communicate the scientific evidence that

when an individual maintains an undetectable viral load, they cannot transmit HIV sexually. In addition, this message helps combat HIV-related stigma and supports people living with HIV in having healthy and fulfilling sexual relationships.

Getting and keeping an undetectable viral load by taking ART is the best thing people living with HIV can do to stay healthy and prevent transmission of HIV to others through sex.¹⁸



Credit: Adobe Stock

HIV TREATMENT as PREVENTION
A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV

 People with HIV who take **HIV medication as prescribed**

 and get and keep an **undetectable viral load**

 **will not transmit HIV** to their HIV-negative partners through sex

JUNE 2022 LEARN MORE AT [HIV.GOV/TASP](https://www.hiv.gov/tasp) 

Figure 1. HIV Treatment as Prevention from HIV.gov

UNDETECTABLE, VIRAL SUPPRESSION, AND TRANSMISSION RISK

Getting people living with HIV status to an undetectable level is a key HIV treatment goal.

Viral suppression refers to reducing the amount of virus in the body. It is typically measured by a viral load test. The measurement for viral suppression can differ based on country and region. For instance, at the date of this publication, the CDC defines

viral suppression as <200 copies/mL while UNAIDS defines viral suppression as 1,000 and below. Viral suppression is often used interchangeably with undetectable, although they may be in fact different measurements depending on the context

In its 2023 policy brief, the World Health Organization (WHO) defines undetectable as “no measurable virus by the test or sample type used”. Otherwise stated, undetectable means there is so little virus in the blood that a lab test can’t measure it.¹⁹

WHO (2023) advised messaging for clinicians and other health facility staff delivering HIV care.

All people living with HIV:

- An undetectable viral load is the ultimate goal of antiretroviral therapy for all people living with HIV, for their health, and to prevent onward transmission to their sexual partner(s) and children. **This message should be reinforced at every visit, while reaching viral suppression should be a cause for celebration.**



There is zero risk of transmission to sexual partner(s) with an undetectable viral load or a viral load under 200 copies/mL.¹⁸

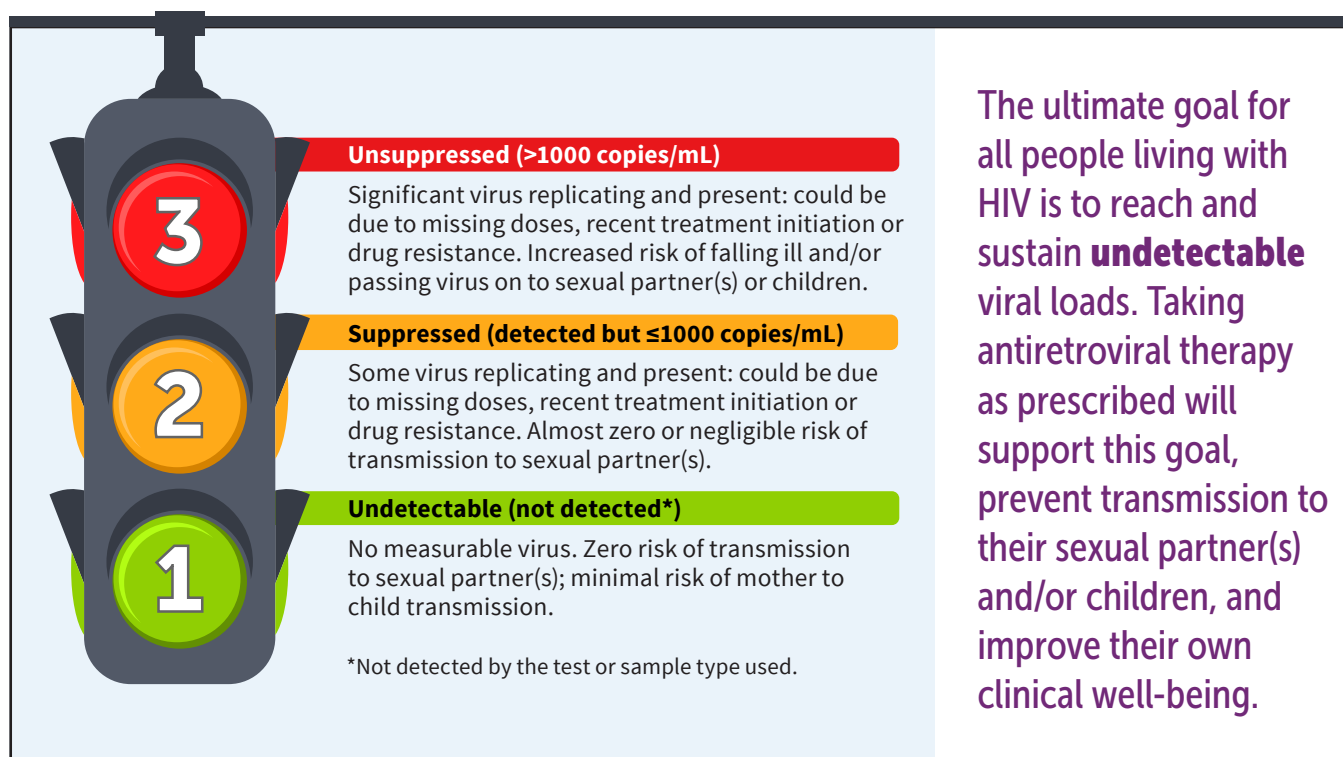


Figure 2. WHO three categories of viral load levels

People living with HIV who have an **undetectable** viral load:

- Along with achieving better health, **there is zero risk** of transmitting HIV through sex as long as they continue to take their antiretroviral therapy as prescribed.

People living with HIV who have a **suppressed but detectable** viral load:

- Along with achieving better health, **there is almost zero or negligible risk** of transmitting HIV through sex as long as they continue to take their antiretroviral therapy as prescribed.

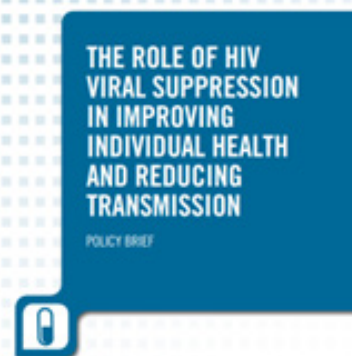
Further, they should receive encouragement for reaching this threshold while addressing adherence and exploring other barriers to reaching an undetectable viral load.

Additionally, the brief states that it is important to share viral load test results as soon as they are available with people living with HIV who fall into any of the three viral load categories: unsuppressed, suppressed, and undetectable. Although those whose unsuppressed viral load results may need to be rapidly called back to the clinic for further counseling, all people living with HIV should be told their test results.

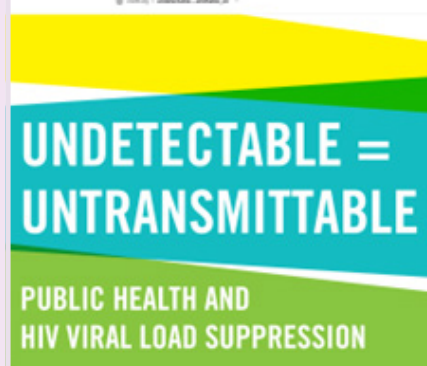


Credit: Adobe Stock

Access the WHO's Policy Brief on "[The role of HIV Viral Suppression in improving individual Health and reducing transmission.](#)"



Access UNAIDS Explainer "[Undetectable = Untransmittable: Public Health and HIV Viral Load Suppression](#)"





“ The world and people living with HIV need to know about the concept of U=U and the wonders that ARV is doing, we are not a danger to anyone, we need to work together to spread the correct information and end the stigma against people living with HIV. ”

Helena Nangombe

Founder and Coordinator

Young Women's Empowerment Network, Namibia

PART II.

COMMUNICATING U=U

Part II provides an overview of communicating U=U using its core message, guiding principles, and messaging approach.

SECTION HIGHLIGHTS

U=U's Core Message

[Example Key Messages](#)

[U=U's Guiding Principles—the 4Cs](#)

[U=U's Basic Messaging Approach](#)

[Addressing Hesitancy and Promoting Confidence](#)

CORE MESSAGE

A **core message** is a concise and focused statement that captures the essence of the main idea or key point you want to convey to your audience. It serves as the central theme or takeaway of your communication, whether a presentation, campaign, speech or any form of messaging. The purpose of a core message is to provide a clear, memorable, and impactful statement that effectively communicates your intended meaning or purpose. Craft your core message to resonate with your intended audience and help them understand and retain the message you want to convey.

U=U'S CORE MESSAGE

U=U: UNDETECTABLE = UNTRANSMITTABLE

A person living with HIV who is on treatment and maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.

U=U uses behavior-based communication strategies to positively influence knowledge, attitudes, and social norms among people, institutions, and communities.

U=U encourages effective health communication best practices, including the following:

- **Community-developed** language to convey the U=U message that is easy for the intended audience to understand..
- It **prioritizes the most critical information**, emphasizing a core message that resonates with its intended audience's specific concerns, values, and benefits (i.e., transmission risk).

- **“U=U” uses a recognizable visual image** that effectively conveys complex information in an accessible and memorable way.
- The core **message is empowering and actionable**, motivating the audience to take positive health actions (i.e., maintaining an undetectable viral load).

Follow U=U’s core message with distinct key messages tailored to your audiences in all U=U communications and activities.

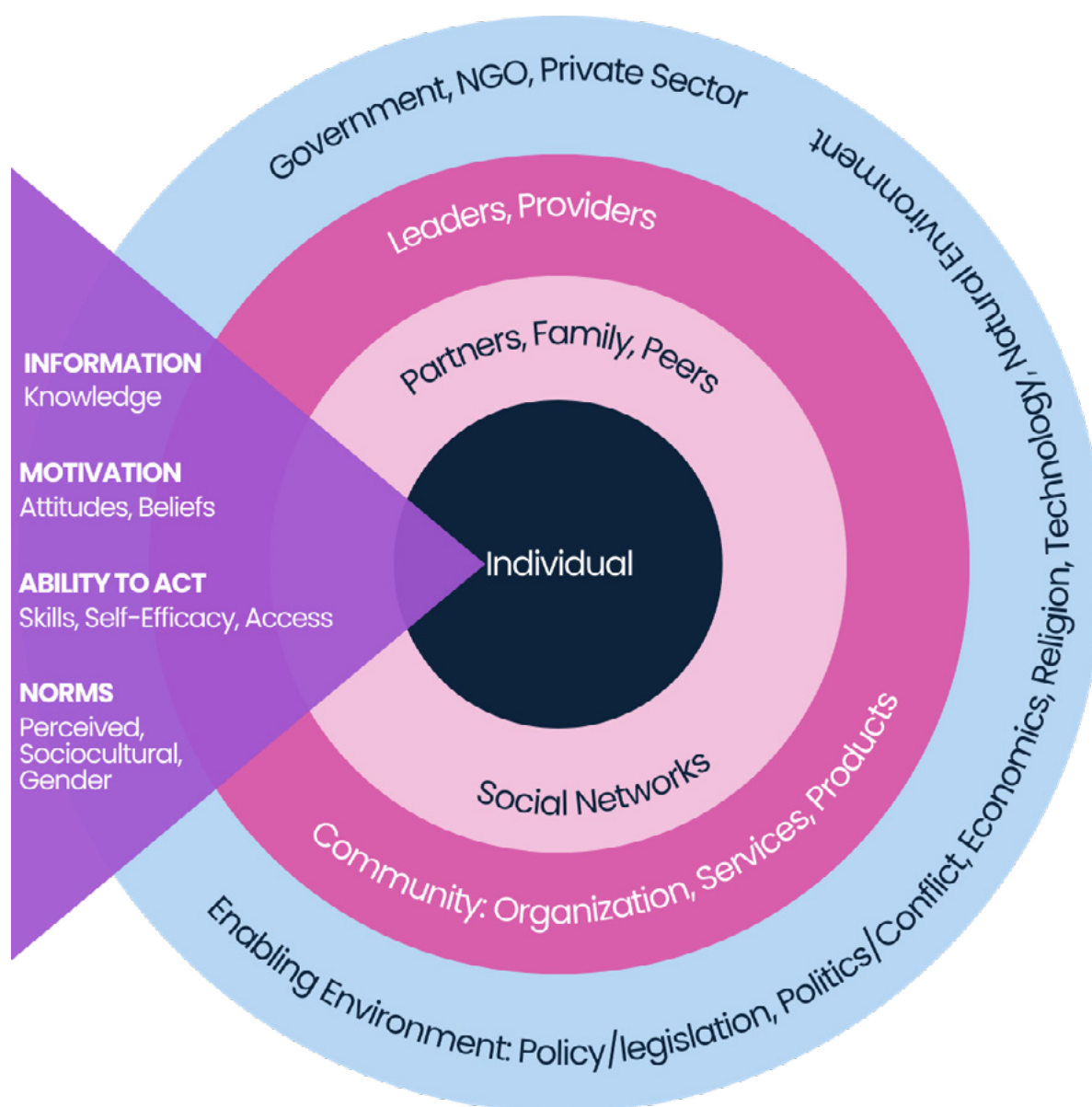
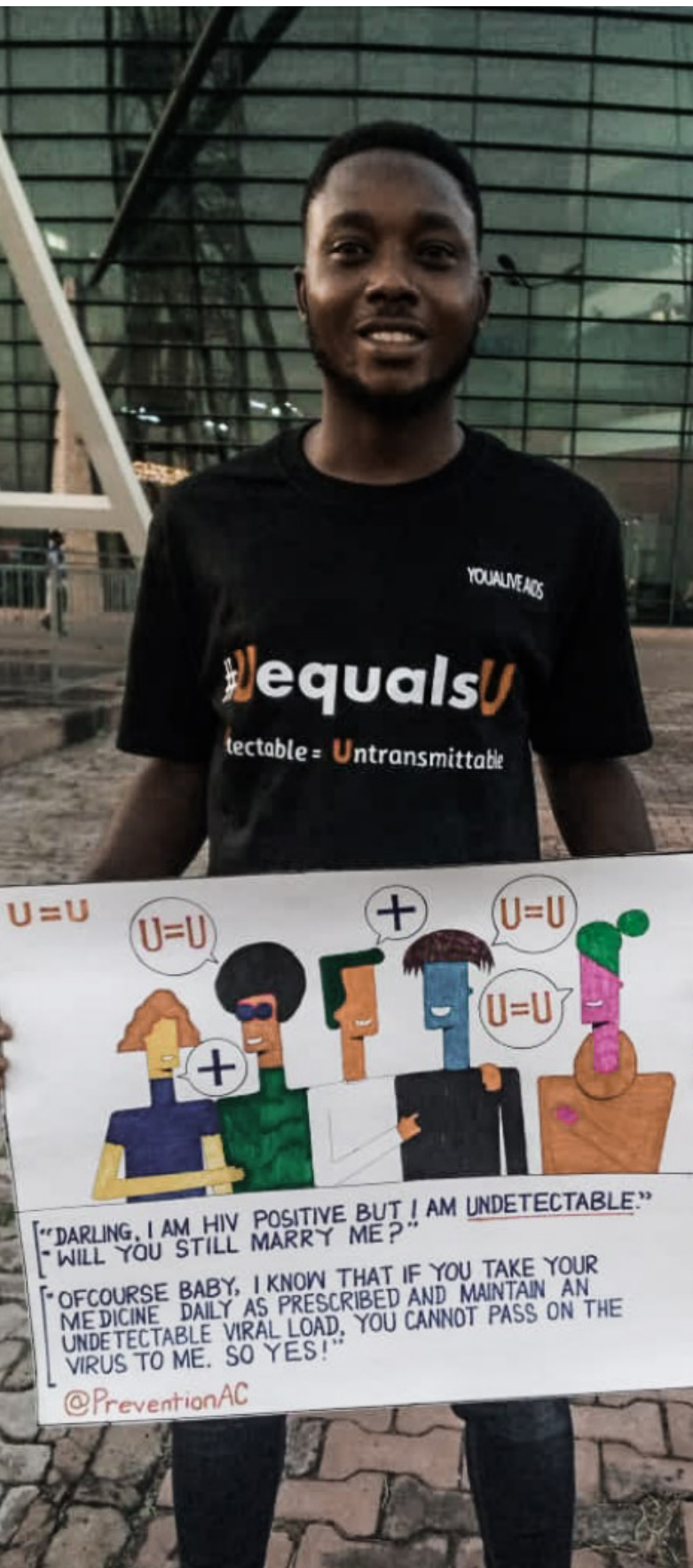


Figure 3. Socio-Ecological Model of Behavior Change²¹



Credit: Prevention Access Campaign

KEY MESSAGES

Key messages are carefully selected words that are compelling, sincere, and have the power to move people to action. They are the main points of information you want to convey, demonstrating how you add value to your audience's lives.²⁰

KEY MESSAGES ARE...

- Concise:** Avoid jargon and acronyms
- Active:** Make every sentence active
- Positive:** Talk about what one can do, not what you can't
- Short:** One memorable sentence, 10–15 seconds to say
- Specific:** Address a particular challenge and audience

Developing key messages using a behavioral change approach involves:

- Improving one's **knowledge** of the topic by providing information.
- Tapping into one's **motivation** by addressing attitudes and beliefs.
- Increasing one's **ability to act** by improving skills, self-efficacy, and access to adopt the desired behavior.
- Addressing **norms** (e.g., perceived, socio-cultural, gender) that may affect perception of information and uptake of the desired behavior.



Always test key messages with the intended audience.

EXAMPLE KEY MESSAGES

INTENDED AUDIENCE	KEY MESSAGES
People with unknown status	HIV is not a death sentence. You can have a long and healthy life with HIV treatment. You do not need to fear knowing your status.
People living with HIV	HIV is not a death sentence. You can have a long and healthy life with HIV treatment. You can have a healthy sex life and relationships without fear. Take your medications as prescribed to reach and stay undetectable.
Support networks of people living with HIV (parents, family, caretakers, partners)	Love your loved ones without fear. Support your loved ones in staying undetectable. U=U is a message of hope and inclusion.
Health workers	Knowledge of U=U is a health right for everyone. U=U motivates clients to test, initiate treatment, and stay undetectable. U=U prevents the onward transmission of HIV. Encourage and celebrate clients on their way to undetectable status.
Ministries of Health (MOH) and other government agencies	Knowledge of U=U is a health right for everyone. U=U motivates clients to test, initiate treatment, and stay undetectable. U=U prevents the onward transmission of HIV. U=U improves HIV literacy. U=U reduces stigma and discrimination. Equitable access to treatment, viral load testing, and monitoring are necessary to achieve U=U. U=U is a public health strategy for ending the epidemic.
Policy and lawmakers	Equitable access to treatment, viral load testing, and monitoring are necessary to achieve U=U. U=U is a public health strategy for ending the epidemic. U=U challenges the premise of HIV criminalization and discriminatory laws and practices.

GUIDING PRINCIPLES

In communication, **guiding principles** are the fundamental beliefs or values that serve as a foundation for decision-making, behavior, and actions in various contexts.

The four guiding principles of U=U messaging, known as the **4Cs**, are clear, consistent, confident, and conscious.

1. **Clear.** The first “C,” Clear, ensures that messaging uses clear terminology that does not create doubt in the audience’s mind. For example, use language like “Zero risk” or “No Risk” rather than “Almost zero.”
2. **Confident.** The second “C,” Confident, ensures that messaging is delivered confidently. For example, say, “We do know” versus “You never know...” If the messenger is unsure, encourage the messenger to borrow their confidence from the scientific evidence.
3. **Consistent.** The third “C,” Consistent, ensures that messaging is delivered repeatedly and in the same way by the intended audience’s trusted and credible sources. When all approaches communicate the same message point, effectiveness increases.
4. **Conscious.** The fourth “C,” Conscious, ensures that messaging is delivered with compassion, empathy, and respect for the audience. Not everyone can reach and maintain an undetectable viral load due to structural, social, and emotional barriers. Therefore, WHO (2023) recommends encouraging and celebratory messages that recognize meaningful achievements by people.

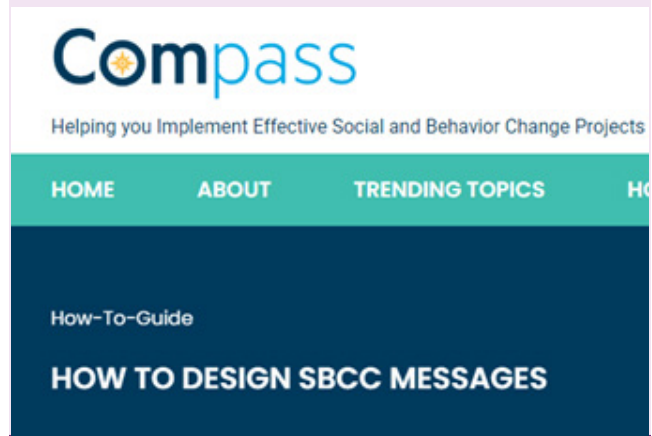
Incorporating U=U’s core message and guiding principles for message delivery **makes this concept impactful**.



Access PAC’s [Communicating U=U](#) presentation for more information about using the 4Cs



Access Compass’ how-to-guide [“How to Design SBCC Key Messages”](#) to learn more about developing effective key messages for your audiences



#sayzero

U=U BASIC MESSAGING APPROACH

U=U messaging refers to the process of using the guiding principles (the 4c's) to share the U=U core message (via any communication method) with a basic messaging approach of 1) Create awareness about U=U: “Have you heard about U=U?”; 2) Foster understanding: “Do you know what it means?” 3) Explain why U=U matters specific to the individual(s) receiving the information: “Let me explain why U=U is important to you”.



Changing (e.g., adding additional words and jargon) or not including the U=U core message reduces its impact and effectiveness.

THIS BASIC APPROACH IS THE FOUNDATION OF U=U MESSAGING.

“Have you heard of U=U?”



“Do you know what U=U means?”



“Let me explain why U=U is important to you.”



Figure 4. U=U Basic Messaging Approach



Download the International Association of Providers of AIDS Care's (IAPAC) [Getting to U=U Conversation Map](#)



Credit: Prevention Access Campaign

ADDRESSING HESITANCY AND PROMOTING CONFIDENCE

Addressing hesitancy requires understanding the concerns and providing accurate information respectfully and empathetically.

EXAMPLE QUESTIONS ABOUT U=U

WILL PEOPLE WITH UNDETECTABLE VIRAL LOADS ENGAGE IN INCREASED RISK? (RISK COMPENSATION)

Risk compensation suggests that individuals accept a certain level of subjectively estimated (or perceived) risk to their health in exchange for benefits they expect from (an) activity.²² Many HIV biomedical interventions (e.g., volunteer medical male circumcision (VMMC),²³ PrEP²⁴, and ART)^{12,25} are met with concerns about risk compensation. However, much of the concern about risk compensation is rooted in behavioral assumptions and stigma towards groups receiving counseling.

Address these concerns by stressing treatment's proven effectiveness versus concerns about how treatment *may* increase risk behavior. Additionally, acknowledge that withholding information about U=U violates medical ethics, perpetuates health inequities, and infringes on the sexual health and human rights of people with HIV.²⁶

DOES U=U PROMOTE CONDOMLESS SEX?

U=U promotes the scientific fact that effective ART prevents the further transmission of HIV. Like the question above on risk compensation, this concern is less about U=U and more about concerns about people's behavioral preferences.

Share honest information that condoms are not necessary to prevent HIV transmission if they maintain an undetectable viral load. Emphasize that condomless sex is safe during periods of ART adherence when the sexual partner living with HIV maintains an undetectable viral load. In circumstances where there are multiple sexual partners with unknown status, encourage other combination prevention strategies (e.g., PrEP, condoms).

WHAT ABOUT HIV REINFECTION/SUPERINFECTION?

HIV superinfection (sometimes referred to as reinfection) is when a person with HIV gets another type, or strain, of the virus. The new strain of HIV can replace the original strain or remain along with the original strain. Let those concerned about superinfection know that taking medicine to treat HIV can help protect someone from getting a superinfection. Importantly, if both sexual partners have HIV and keep an undetectable viral load, they will not transmit HIV to each other through sex.

continued on the next page ➡

ONLY SOME PEOPLE CAN REACH UNDETECTABLE STATUS.

Although this is not a question, it is worth addressing while promoting U=U.

One factor limiting reaching an undetectable status is the lack of universal access to treatment, which is mainly due to structural determinants of health and other inequities. Even when treatment is accessible, a person's choice to take it is a personal choice to be respected regardless of outcome.^{27–30}

Access to HIV treatment can be limited by various factors, including financial barriers, healthcare infrastructure, stigma and discrimination, gender-based violence, geographic challenges, legal and policy barriers, and gender inequality.

U=U messaging champions the effectiveness of individual and population health benefits of HIV treatment and can be used in a multi-faceted approach to address many of these barriers, including improved healthcare infrastructure, expanded access to affordable medications, reduced stigma, and discrimination, strengthened legal frameworks, and efforts to address gender inequalities.

Decreased adherence to medication schedules is a significant factor in one's ability to reach an undetectable status. Many factors detailed above may contribute to poor adherence. Behavioral factors like treatment fatigue can also contribute to poor adherence.

Decreased adherence can also contribute to drug resistance. HIV drug resistance occurs when the virus mutates or changes its genetic makeup, reducing the effectiveness of ART.

While championing U=U, acknowledge drug resistance issues and emphasize the importance of people living with HIV to work closely with health workers to ensure proper adherence to prescribed ART, selecting appropriate drug combinations, and regularly monitoring viral load and treatment response to minimize the risk of drug resistance, and promote living a healthy life without the risk of onward transmission.

IS SHARING U=U MESSAGING IN SPACES WITH LIMITED VIRAL LOAD TESTING AND TREATMENT ACCESS OKAY?

Yes! Even in spaces with limited access to viral load testing and treatment, ensuring that individuals are informed about all available treatment options respects their autonomy, enables informed decision-making, promotes well-being, fosters trust, and upholds the ethical responsibilities of health professionals. Additionally, U=U messaging supports the entire HIV continuum, not just viral load testing and treatment (see [Part IV's U=U Message Integration into Service Delivery Model](#)). As well, U=U messaging helps improve HIV treatment literacy, promote health equity, and reduce HIV-related stigma and discrimination (see [Annex 5: HIV Literacy](#), [Annex 6: Health Equity](#), and [Annex 7: HIV-Related Stigma & Discrimination](#)). Share the U=U message widely to encourage collaborative efforts between affected communities, governments, and international and civil society organizations (CSOs) to expand access to HIV treatment and care.

continued on the next page ➔

WILL CLIENTS UNDERSTAND THE U=U MESSAGE?

As discussed in [Part II's Core Message](#), U=U is designed to be clear and concise, focusing on the critical information about TasP. Consider the widespread, community-led uptake of U=U across over 100 countries and its impact on those receiving the U=U message. Beyond its simplicity, the U=U message is inspirational and aspirational, signaling that ending HIV is possible, people can live productive lives with HIV, and transmission to people without HIV can be eliminated.²

WHAT ABOUT LEGAL LIABILITY AROUND SAYING ZERO RISK?

To address concerns around legal liability when communicating zero risk, use the extensive scientific evidence that shows zero transmission cases among undetectable people. As stated in the second 4Cs, borrow confidence from the experts. The WHO 2023 policy brief on viral suppression underscores that people living with HIV who maintain an undetectable viral load should be told that, along with achieving better health, there is zero risk of transmitting HIV through sex if they continue to take their ART as prescribed.

Additionally, encourage critical discussions around the risks of undermining or ineffectively communicating the scientific evidence against the public health benefits of promoting an effective biomedical intervention.



Credit: Prevention Access Campaign

Strategies for Addressing Hesitancy

Active Listening. Begin by actively listening to the concerns and questions of hesitant people. Allow them to express their fears, doubts, or uncertainties without judgment. This creates a safe space for open dialogue.

Empathy and Respect. Show kindness and respect for their perspectives. Acknowledge their concerns and validate their emotions. Avoid dismissing or belittling their hesitancy, as it may further entrench their doubts.

Provide Accurate Information. Offer clear, concise, and evidence-based information about the topic of concern. Address common misconceptions or myths and provide facts to counter them. Use trusted sources such as reputable health organizations or health professionals.

Tailor the Message. Adapt your communication to the individual's needs and values. Frame the information in a relatable and relevant way to their specific circumstances. Address their specific concerns and highlight the benefits or potential risks in a personalized manner.

Share Stories and Testimonials. Personal stories and testimonials from people who have overcome their hesitancy can be powerful tools. In addition, sharing the experiences of others with similar concerns but ultimately making informed decisions can help build trust and provide reassurance.

Involve Trusted Sources. Encourage people to consult trusted health workers or professionals who can address their specific concerns. Sometimes, hearing from a knowledgeable and trusted source can alleviate hesitancy more effectively than general information.

Address Science-Specific Concerns. If hesitancy is related to specific concerns such as definitions or risk transmission, offer clear explanations and refer to scientific findings and policy guidance.

Education and Health Literacy. Improve health literacy by providing educational materials, resources, or workshops that enhance understanding of U=U. This can help people to make informed decisions based on accurate information.

Peer Support and Community Engagement. Encourage people to engage with supportive communities or peer networks to discuss their concerns, share experiences, and find guidance from others who have overcome hesitancy. Peer support can be influential in addressing hesitancy.

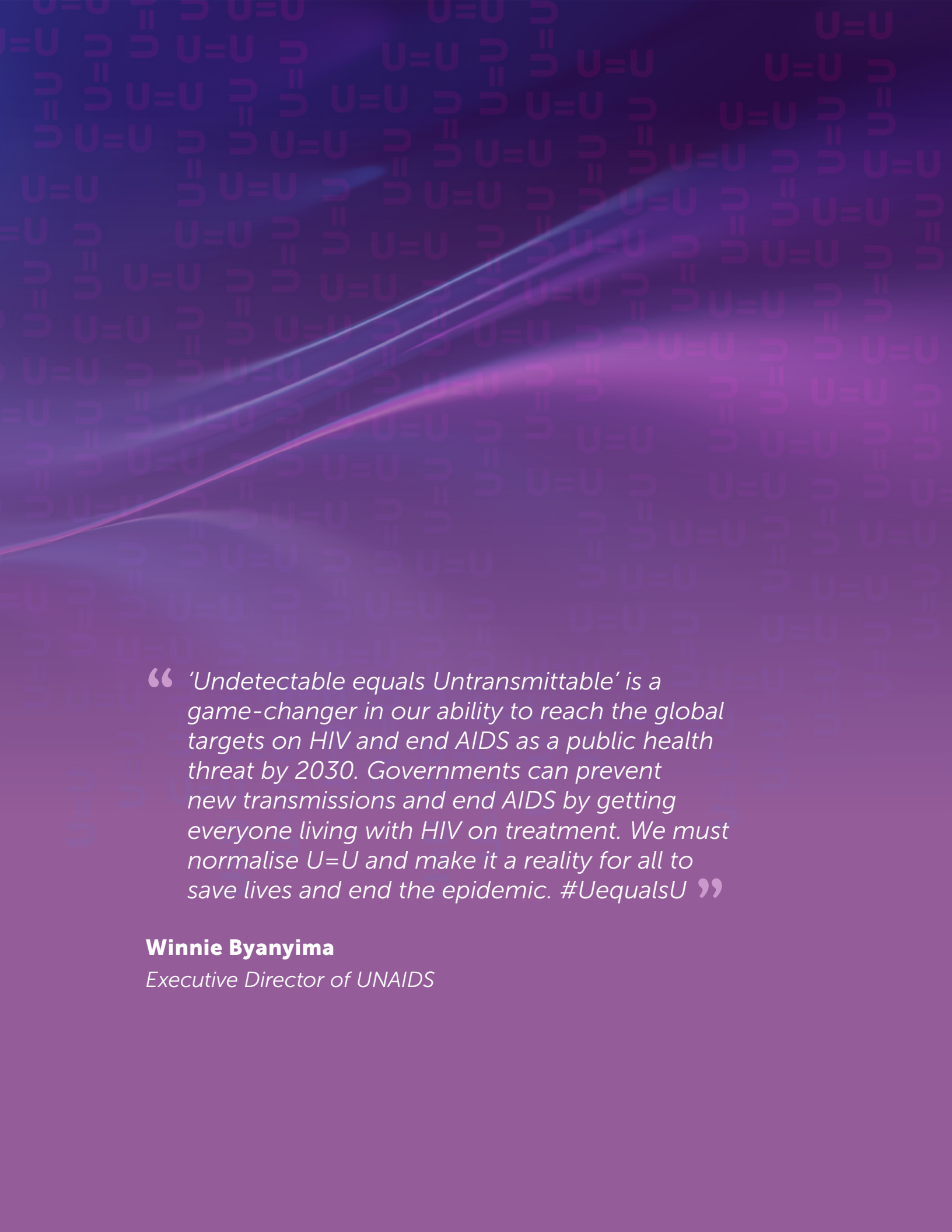
Time and Patience. Addressing hesitancy often requires time and patience. Recognize that changing someone's perspective or decision may not happen immediately. Be available for follow-up discussions and provide ongoing support as needed.

Everyone's hesitancy is unique, and a personalized approach is crucial. It's essential to approach these conversations with empathy, respect, and a focus on providing accurate information to help people make informed decisions.



Access [Everyday Words for Public Health Communication](#).

This tool lists terms that authors frequently use in public health materials and the terms' everyday alternatives.



“ ‘Undetectable equals Untransmittable’ is a game-changer in our ability to reach the global targets on HIV and end AIDS as a public health threat by 2030. Governments can prevent new transmissions and end AIDS by getting everyone living with HIV on treatment. We must normalise U=U and make it a reality for all to save lives and end the epidemic. #UequalsU ”

Winnie Byanyima

Executive Director of UNAIDS

PART III.

U=U STRATEGIC PLANNING

Strategic planning is a critical first step in implementing any successful public health intervention. Part III introduces the U=U Implementation Framework, which includes seven strategic objectives for implementing U=U. This section details information for executing the first (Engage) and second (Strategize) strategic objectives.

SECTION HIGHLIGHTS

An overview of the [U=U Implementation Framework](#)

Strategic Objective 1: Engage, including:

[Example Activities for Strategic Objective 1](#)

[Identifying U=U Contributors and Champions](#)

Fundamentals of [Community Engagement](#)

Strategic Objective 2: Strategize, including:

[Example Activities for Strategic Objective 2](#)

Developing a U=U Strategic Plan, with an [example mission statement](#) and [U=U Program Logic Model](#)

[Conducting a Readiness Assessment](#)

A template for a [U=U Strategic Plan Implementation Plan](#)

An overview and resource, “[Developing a U=U Communication Strategy](#)”, detailing how to identify focus populations, communication objectives, strategic areas of intervention, and communication approaches.

U=U IMPLEMENTATION FRAMEWORK

The **U=U Implementation Framework** includes seven strategic objectives for planning, implementing, and sustaining your U=U program.

See [Annex 8: U=U Implementation Checklist](#) for a complete list of example activities for each strategic objective.



01. ENGAGE

Proactively engage U=U contributors to foster community support and mobilization for U=U activities.



02. STRATEGIZE

Create a U=U Strategic Plan and U=U Communication Strategy, including a Monitoring & Evaluation Framework and Implementation Plan with U=U contributors, including focus populations.



03. DEVELOP MATERIALS

Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment.



04. CAPACITATE

Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence.



05. INTEGRATE MESSAGING

Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery.



06. DISSEMINATE MATERIALS

Disseminate U=U IEC materials for focus populations tailored to each audience segment.



07. MONITOR AND EVALUATE

Monitor and evaluate U=U Strategic Plan and U=U Communication Strategy activities.

Figure 5. U=U Implementation Framework

STRATEGIC OBJECTIVE 1. ENGAGE

Proactively engage U=U contributors to foster community support and mobilization for U=U activities.

STRATEGIC OBJECTIVE 1. EXAMPLE ACTIVITIES

- ☐ Identify U=U contributors and champions representing all segmented populations of people living with HIV, including youth and key populations, to serve as U=U champions.
- ☐ Identify U=U health worker contributors, including HIV and general providers, to serve as U=U champions (e.g., collaborating on developing IEC materials and supporting ongoing training, delivery, facility branding, monitoring, and evaluation of U=U activities).
- ☐ Identify U=U community-level U=U contributors and champions (e.g., collaborate on developing IEC materials and support the dissemination of U=U messaging within their organizations and networks, including community-based organizations, civil society, and faith-based organizations).
- ☐ Identify U=U education contributors and champions to support the dissemination and integration of U=U messages into the curriculum at the primary level, institutions of higher learning, and medical programs.
- ☐ Identifying U=U Ministry of Health (MOH) and other governmental agency contributors to serve as U=U champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).
- ☐ Identify U=U policy contributors and champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).
- ☐ Create a forum, listserv, and opportunities for U=U champions to strategize, share best practices, and provide updates on U=U activities.
- ☐ Hold regularly scheduled meetings, calls, and events with U=U champions to ensure progress updates and sustain momentum.

STRATEGIC OBJECTIVE 1 ENSURES:

Increased collaboration and partnerships among relevant U=U contributors, including government agencies, health workers, CBOs, international organizations, and focus populations, to promote and support the integration of U=U messaging collectively.

Identifying U=U Contributors and Champions

Strategic planning is effective when collaboration is as inclusive as possible. This means that U=U contributors from different parts of the community assume various roles in community engagement.

U=U Contributors are people, groups, or organizations with an interest or stake in the U=U activities. Contributors include those affected by, directly interested in, or somehow involved with the challenge and those who control access to people or resources needed. They are directly or indirectly affected by or can influence the outcomes, decisions, or actions of the U=U Strategic Plan. In addition to U=U contributors, identify a few U=U champion(s) within each group of U=U contributors.

A **U=U Champion** is a designated U=U contributor who ensures that everyone involved in implementing an activity is on board and on track to complete the activity successfully and on time. U=U champions also assist in mobilizing the team and obtaining the resources required to complete projects.

Engaging and involving U=U contributors in designing, implementing, monitoring, and evaluating U=U activities is essential for promoting ownership, effectiveness, and sustainability. Their collaboration and active participation contribute to a comprehensive and inclusive U=U Strategic Plan.

EXAMPLE ROLE DESCRIPTION FOR A U=U CHAMPION³¹

- Identify every objective of the activity.
- Ensure all other activity team members understand these objectives to guarantee a cohesive process and successful implementation.
- Track the progress of an activity from inception to completion.
- Analyze the project strategies used and suggest any necessary alterations or improvements.
- Keep an eye open for possible holdups that may cause delays.
- Maintain an accurate and reasonable activity timeline.
- Oversee that the project activities are carried out according to budget.
- Communicate clearly with activity team members and the larger group of U=U contributors.



Credit: Adobe Stock

Contributors in a U=U collaboration can include:

People Living with HIV. People living with HIV are the most critical contributors to any U=U activities. Their experiences, needs, and perspectives guide strategic planning, communication strategy development, implementation, and evaluation.

Health Workers. Whether professional or non-professional, health workers, including voluntary unpaid workers (e.g., clinicians, nurses, community outreach workers, and peer mentors), are critical in HIV prevention, testing, treatment, and care services. Their expertise and involvement are essential for the success of U=U activities.

Key and Priority Populations. Key and priority populations are contributors who experience a higher burden of HIV. Their involvement is crucial to ensure that U=U activities are tailored to their specific needs, culturally appropriate, and address their unique challenges.

Key populations are groups of people at higher risk of acquiring or transmitting HIV due to specific biological, behavioral, or social factors. PEPFAR's definition of key populations includes but is not limited to men who have sex with men, people who inject drugs, sex workers, transgender people, and prisoners and other incarcerated populations. Examples of other key populations often disproportionately affected by HIV include people with disabilities, older people living with HIV, and migrants and internally displaced people.³²

Priority populations describe groups of people who, in a specific geographical context (country or location), are essential for the HIV response because they are at increased risk of acquiring HIV or being disadvantaged when living with HIV due to a range of societal, structural, or personal circumstances. In addition to people living with HIV and the globally defined key populations, countries may identify other priority populations for their national responses if there is clear local evidence for an increased risk of acquiring HIV or experiencing different adverse HIV-related health outcomes among other people.³³

For U=U, priority populations may include but are not limited to adolescents and youth, serodifferent couples, and pregnant, chestfeeding, and breastfeeding people.

Community-Based Organizations. CBOs are community-led organizations that provide support, education, advocacy, and services to people living with or affected by HIV. They often have close connections to the communities they serve and play an essential role in reaching key and priority populations and providing U=U activities.

Government Agencies. Government agencies, such as MOH or national HIV control programs, contribute significantly to U=U activities. They provide policy

guidance, allocate resources, coordinate efforts, and ensure the implementation of national strategies for HIV prevention, treatment, care, and support.



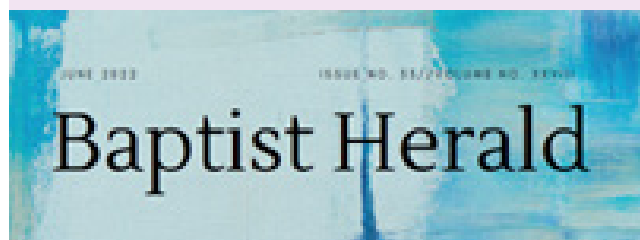
Identifying U=U champions and securing buy-in from MOH early in the strategic planning process is critical to the success of your U=U activities.

International Donors and Development Agencies. Donors and development agencies provide financial and technical support to U=U national, regional, or global activities. They contribute resources, expertise, and guidance to strengthen the capacity of countries and organizations to implement U=U activities.

Civil Society Organizations and Faith-Based Organizations. CSOs, FBOs, advocacy groups, and human rights organizations contribute to U=U activities. They play a crucial role in advocating for the rights of people living with HIV, promoting awareness, addressing stigma and discrimination, and fostering community engagement.



See India's collaboration with FBO The Baptist Herald to develop "[Messages of Hope](#)" on pgs. 36–38.



Research Institutions. Research institutions and academic organizations contribute to U=U activities through research, data collection, monitoring, and evaluation. Their expertise helps generate evidence-based approaches, guide policy decisions, and improve the effectiveness of HIV prevention, treatment, and care interventions.

Media and Communication Channels. Media outlets, journalists, and communication channels (both traditional and digital) are crucial contributors to U=U activities. They can raise awareness, disseminate accurate information about U=U, reduce stigma, and shape the general population's perception of U=U and HIV-related issues.

Community Engagement

Community engagement involves and collaborates with community members, organizations, and contributors in decision-making, problem-solving, developing, and implementing programs or programs directly affecting their lives and well-being. It recognizes the importance of including

diverse perspectives, knowledge, and experiences of community members in shaping solutions and policies that are responsive to their needs.

Community engagement is a participatory approach that seeks to engage people and communities in planning, implementing, and evaluating programs that affect them. It goes beyond simply informing or consulting the community and aims for active and meaningful involvement.

Community engagement is **not a one-time event**. Ensure that community engagement starts before strategizing and is ongoing through all strategic activities.

Effective community engagement fosters:

- Collaboration, partnership development, and trust building
- Ensures the meaningful involvement of persons living with HIV
- Creates supportive and enabling environments for persons living with HIV



Figure 6. Approach to Community Engagement

STRATEGIC OBJECTIVE 2. STRATEGIZE

Create a U=U Strategic Plan and U=U Communication Strategy, a Monitoring & Evaluation Framework, and an Implementation Plan with U=U contributors, including focus populations.

STRATEGIC OBJECTIVE 2. EXAMPLE ACTIVITIES

- Hold a strategic planning workshop(s) / event(s) with all U=U contributors, especially focus populations, and develop a U=U Strategic Plan.
- Conduct a readiness assessment with U=U contributors to assess preparedness to implement the U=U Strategic Plan.
- Work with U=U contributors to develop a U=U Communication Strategy.
- Work with U=U contributors to develop an Implementation Plan.
- Work with U=U contributors to develop a Monitoring and Evaluation Framework.

STRATEGIC OBJECTIVE 2 HELPS:

Increase ownership and implementation of U=U activities among U=U contributors.

Develop a U=U Strategic Plan

A **U=U Strategic Plan** refers to an agreed-upon description of the mission, objectives, theory of change (or logic model), planned activities, and intended outcomes of your U=U program.

The main elements of a Strategic Plan may include:

- An Executive Summary
- A Mission and Vision Statement
- Strategic Objectives
- Program Logic Model
- Strengths, Weaknesses, Opportunities, and Threats (SWOT)
- Implementation Plan
- Monitoring and Evaluation Framework
- Funding Streams and Budget

The development of the Strategic Plan is often organized around the core challenges you wish to address by implementing U=U.



Use the Compass for Social Behavioral Change toolkit to learn [How to Conduct a Stakeholder Workshop](#) to engage your U=U contributors in the strategic planning process.



Core Challenges

Example **core challenges** may include:

Improving HIV Prevention, Care, and Treatment Outcomes

- Demand generation for:
 - HIV testing
 - Treatment (ART)
 - Routine viral load testing and monitoring
- Improved contact tracing
- Early initiation of ART
- Retention in HIV care
- Consistent adherence to antiretroviral medications (ARVs)
- Undetectable viral load

Addressing HIV Priority Areas

- HIV Literacy
- Health Equity
- HIV-related Stigma and Discrimination Reduction and Elimination

For additional information on how U=U supports these HIV priority area outcomes, see [Annex 5: HIV Literacy](#), [Annex 6: Health Equity](#), and [Annex 7: HIV-Related Stigma & Discrimination](#).

Identifying the core challenge(s) helps frame the mission and vision for the strategic plan.

EXAMPLE MISSION STATEMENT

Our mission is to help equip people living with HIV and the general population with additional knowledge to eliminate stigma and transform HIV prevention by promoting the worldwide Undetectable = Untransmittable (U=U) message.

We strive to ensure that everyone understands the scientific evidence that people who maintain an undetectable viral load cannot transmit HIV sexually, leading to improved quality of life, reduced fear and discrimination, and a future free from the burden of HIV transmission.

Through education, advocacy, and community engagement, we work towards a world where every person living with HIV can live authentically, without the fear of transmitting HIV, and where treatment as prevention becomes the cornerstone of HIV prevention strategies.

Together, we can change perceptions, break down barriers, and create a society that supports the well-being and sexual health of all people, regardless of their HIV status.

Credit: Prevention Access Campaign



After developing a mission statement for your program, customize the U=U Implementation Framework's seven strategic objectives: 1) Engage, 2) Strategize, 3) Develop Materials, 4) Capacitate, 5) Integrate Messaging, 6) Disseminate Materials, and 7) Monitor and Evaluate, using the S.M.A.R.T framework:

- **Specific**—targets a specific outcome, indicator, or area for improvement.
- **Measurable**—quantifies the indicator(s)
- **Achievable**—states what results can realistically be achieved with available resources.
- **Relevant**—provides meaning and importance to the community.
- **Time-related**—specifies when the result(s) can be achieved.

While all elements are not necessarily relevant in all situations, setting specific and measurable goals clarifies what to achieve and provides a basis for quality assessment and improvement.³⁴

For example, revise Strategic Objective 4, “Capacitate those providing U=U messaging by developing curriculum and supporting materials to build their awareness and expertise,” using a S.M.A.R.T. framework.

SPECIFIC	Make the objective specific by identifying populations and geographic locations.	Capacitate HIV health workers in the Southern Province .
MEASURABLE	Add a measurable indicator to establish a denominator.	Capacitate 80% of HIV health workers in the Southern Province.
ACHIEVABLE	Adding parameters can ensure that the goal is realistic based on the available resources.	Capacitate 80% of HIV health workers in PEPFAR-funded clinics in the Southern Province.
RELEVANT	Get contributor feedback to determine if the goal is meaningful to the community.	Is this goal, in this geographic area, with this population important?
TIME-RELATED	Add a time-bound component to the objective to help keep track of progress.	By December 2025.

Original Strategic Objective

Capacitate those providing U=U messaging by developing curriculum and supporting materials to build their awareness and expertise.

S.M.A.R.T Strategic Objective

Capacitate 80% of HIV health workers in PEPFAR-funded clinics in the Southern Province by developing a curriculum and supporting materials to build their awareness and expertise by December 2025.

Next, map out the U=U Program Logic Model.

A **logic model** describes the main elements of a program and how they work together to achieve desired outcomes. A logic model may also be called your plan's theory of change. The **Theory of Change** is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.³⁵

U=U Program Logic Model

INPUTS

Partnerships

Program contributors' buy-in and engagement

Funding

Guidelines and Program Materials

Staff

Trainers

Commodities and equipment

Monitoring and Evaluation tools and guidance

Client-level data systems and community-based systems

OBJECTIVES

ENGAGE: Proactively engage U=U contributors to foster community support and mobilization for U=U activities.

STRATEGIZE: Create a U=U Strategic Plan and U=U Communication Strategy, including a Monitoring & Evaluation Framework and Implementation Plan with U=U contributors, including focus populations.

DEVELOP MATERIALS: Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment.

CAPACITATE: Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence.

INTEGRATE: Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

DISSEMINATE MATERIALS: Disseminate U=U IEC materials for focus populations tailored to each audience segment.

MONITOR AND EVALUATE (M&E): Monitor and evaluate U=U Strategic Plan and U=U Communication Strategy activities.

SHORT-TERM OUTCOMES

Increased collaboration and partnerships among U=U contributors to collectively promote and support the integration of U=U messaging.

Increased engagement of U=U contributors in promoting and disseminating accurate information about U=U within their respective communities, fostering a supportive and inclusive environment for people living with HIV.

Increased availability of U=U messaging and IEC materials tailored for focus populations.

Increased awareness and knowledge of U=U among health workers.

Increased motivation among health workers to provide U=U messaging.

Increased soft skills of health workers providing U=U messaging (i.e., provider-client communication).

Increased knowledge among health workers of when and how to integrate U=U messaging into routine service delivery.

Improved health worker attitudes and care provided to people living with HIV, including key populations.

continued on the next page ➡

Increased utilization of a mix of communication channels, including traditional media, social media platforms, healthcare settings, community events, and educational materials, to disseminate U=U messaging to focus populations.

Increased knowledge and awareness of U=U, including the benefits of U=U and how to stay undetectable among focus populations and communities.

Increased data to assess the implementation of the U=U Strategic Plan and Communication Strategy and the impact of the U=U Communication Strategy activities on intended outcomes.

INTERMEDIATE OUTCOMES

Increased systematic collaborations and complementary activities among U=U contributors and focus populations to raise awareness around U=U.

Increased ownership and implementation of U=U activities at the community level.

Increased number of health workers trained in providing U=U messaging.

Increased integration and consistent delivery of U=U messaging in the facility and community care settings.

Increased usage of U=U messaging and IEC materials tailored for focus populations.

Improved health worker-client communication.

Increased demand and uptake of HIV services, including HIV testing, treatment (PrEP, PEP, and ART), and viral load testing and monitoring among clients receiving U=U messaging.

Increased motivation among clients living with HIV to stay on treatment and remain undetectable.

Increased # of people living with HIV aware of their viral load.

Increased # of people living with HIV with an undetectable viral load.

Increased # of people aware of their HIV status.

Reduced feelings of the internalized stigma associated with HIV diagnosis.

Reduced fear among people living with HIV of sexual transmission to their partners.

Reduced fear of transmission among sex partners of people living with HIV and the general population.

Increased ability of clients on ART to discuss HIV status with sexual partner(s) and others.

Improved data collection, quality, and use of data on U=U messaging for decision-making.

Increased ability to measure changes in attitudes, beliefs, and behaviors related to HIV prevention, treatment adherence, and stigma reduction due to U=U messaging, using pre- and post-communication activities surveys, focus groups, or other evaluation methods.

IMPACTS

Sustained community-level mobilization and support around U=U.

Increased awareness and inclusion of U=U in national guidelines, policies, and programs related to HIV prevention, treatment, and care.

Increase in the proportion of the population who are HIV literate.

Reduced discrimination from health workers towards people living with HIV, including key populations.

Increase equitable and non-discriminatory HIV service delivery for all populations, including key populations.

Increased trust in HIV prevention, care, treatment services, and health workers among all populations.

Improved sexual health regardless of HIV status.

Reduced HIV transmissions.

Reduced social exclusion for all people living with HIV, including key populations.

Improved quality of life for people living with HIV.



Download the
“[U=U Program Logic Model](#)”
as a Word document.



Part III provides a model for U=U strategic planning. The example mission statement, objectives, and program logic model are not meant to be directive or exhaustive.

Use the information in Part III to craft a strategy that reflects the needs and priorities of your U=U Strategic Plan.



Credit: Adobe Stock

Credit: Prevention Access Campaign



Conduct a Readiness Assessment

A **readiness assessment** systematically evaluates an organization or program's preparedness to implement a specific program or intervention. It assesses the organization's capacity, resources, and readiness factors for successful implementation. This assessment helps identify strengths, gaps, and areas for improvement to ensure the effectiveness and sustainability of your U=U Strategic Plan.

By conducting a readiness assessment, you identify areas that need attention and develop action plans to strengthen capacity to implement activities successfully. This assessment helps mitigate risks, enhances effectiveness, and increases the chances of achieving desired outcomes.

- Assessing Communication Needs and Resources and SWOT Analysis
- Conducting an Implementing Partner Analysis
- Assessing Capabilities of Implementing Partners Services and Products to Meet Demand

Develop a U=U Communication Strategy

A **U=U Communication Strategy** is a comprehensive plan outlining the situational analysis, goals, intended audience, U=U messaging, communication channels, and activities to effectively convey information and achieve desired outcomes. It serves as a roadmap for your U=U communication efforts and ensures consistency, relevance, and effectiveness in reaching its intended audience.

Using a Social and Behavioral Change Communication approach to develop a U=U Communication Strategy increases the ability of U=U messaging to promote social and behavioral change, providing a supportive (enabling) environment for people to initiate and maintain positive health outcomes of HIV prevention and treatment services.

Social and Behavioral Change Communication (SBCC) is a systematic and evidence-based approach to promoting positive social and behavioral changes at individual, community, and societal levels. It combines communication theories, behavior change models, and social science principles to design and implement strategies influencing attitudes, norms, beliefs, and behaviors to reach desired health and social outcomes. The strength of SBCC lies in its ability to go beyond simply disseminating information. It focuses on understanding the intended audience's context, beliefs, and motivations. It uses communication strategies to influence behaviors by addressing barriers, fostering positive attitudes, and promoting sustainable social change.

To successfully affect social and behavioral change, implementing U=U requires a systematic process beginning with formative research and behavior analysis, followed by communication planning, implementation, and M&E.

SWOT ANALYSIS

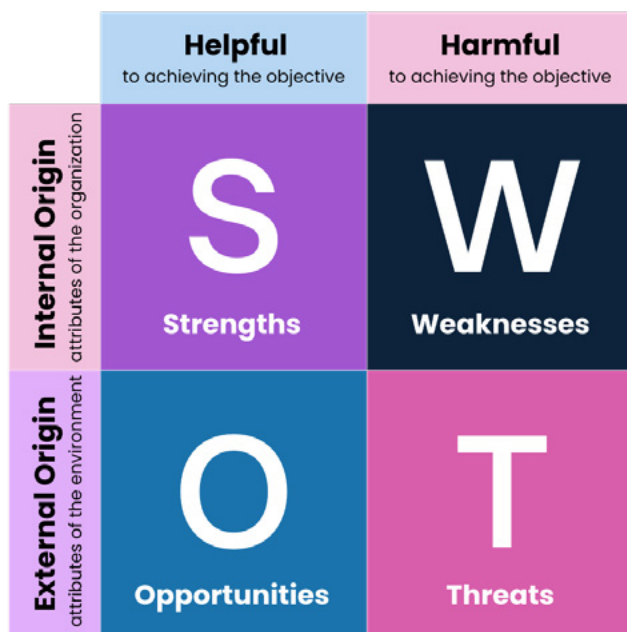


Figure 7. SWOT Analysis

A **SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis** is a strategic planning technique used to help an organization identify its strengths, weaknesses, opportunities, and threats related to project planning.³⁶

See Section 1. Analyze the Situation of the “[Developing a U=U Communication Strategy](#)” resource for a detailed description of several program readiness tools, including:

The main components of a U=U Communication Strategy include:

- A Situational Analysis
- Identification of Focus Populations and Audience Segmentation
- Communication Objectives
- Communication Strategic Approaches
- A Positioning Statement
- Implementation Plan
- Monitoring and Evaluation Plan

A **situational analysis** is a systematic process of gathering and analyzing information about the current conditions, trends, opportunities, and challenges within a specific context or setting.

Use your situational analysis to summarize the **core challenge(s)** you wish for your U=U activities to address, identify potential priority groups, assess their communication needs and resources, and assess the capabilities of potential implementing partners.

Identifying Focus Populations

Focus populations refer to the people or groups who directly receive or engage in U=U messaging or activities. They are the intended recipients of the U=U activities, services, or support.

Example focus populations include people living with HIV, caregivers of people living with HIV, partners of people living with HIV, health workers, community institutions and organizations, and the general population.

After identifying focus populations, divide them into primary and influencing audiences.

The **primary audience** refers to the main group of people for whom U=U messaging is primarily developed. They are the primary recipients of the communication and the group whose message is designed to engage, inform, or influence. They are the critical contributors with the most interest, relevance, or influence in conveying the message.

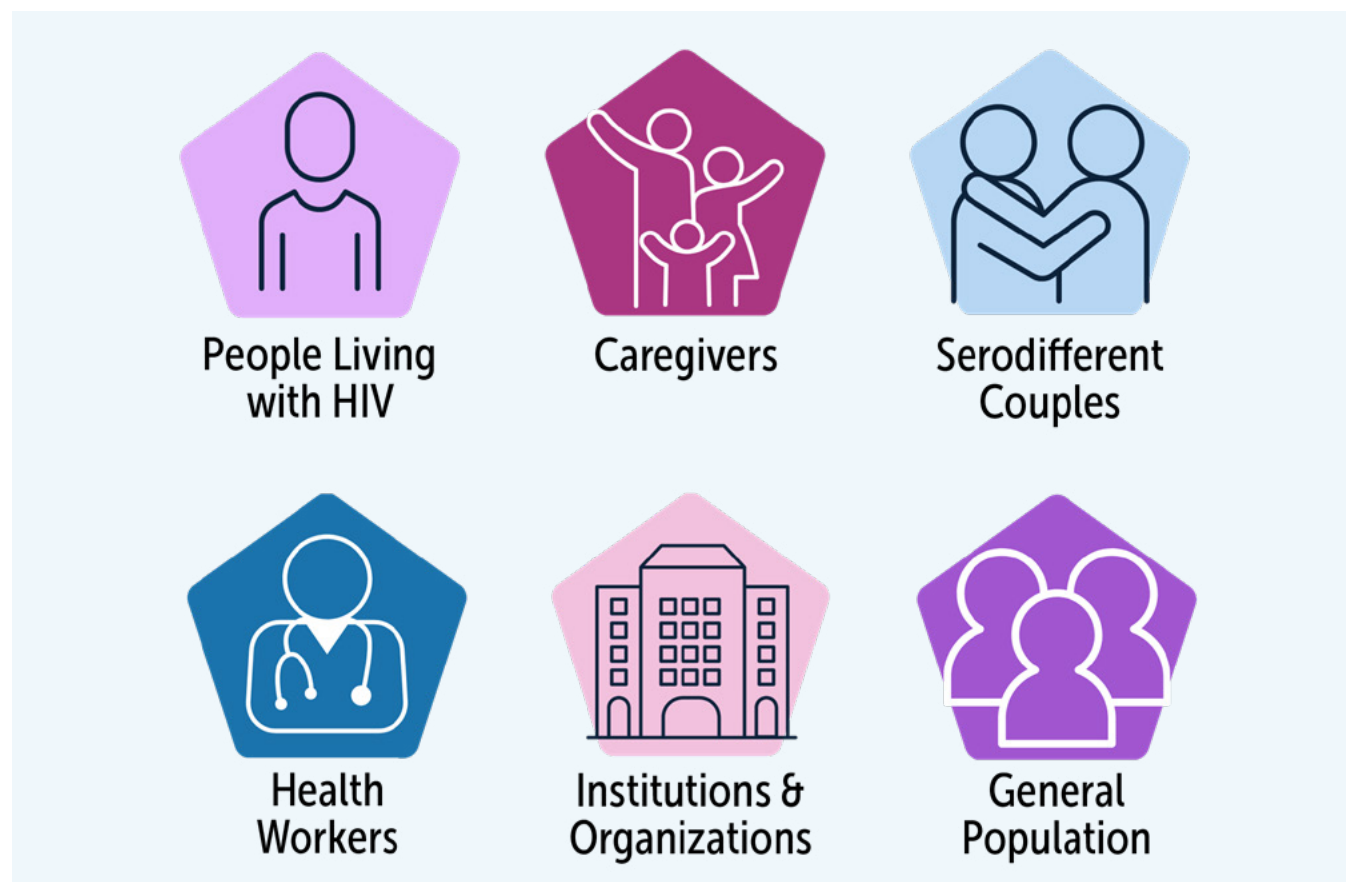


Figure 8. Example Focus Populations

The **influencing audience** refers to the people, groups, or organizations that persuade, convince, or guide the primary audiences' beliefs, attitudes, behaviors, or actions.

Both primary and influencing audiences are further segmented (audience segmentation) within your U=U Communication Strategy.

Audience segmentation divides a more extensive primary or influencing audience into smaller, more distinct groups or segments based on specific characteristics, behaviors, or demographics. It involves analyzing data and identifying commonalities among people within the primary or influencing audience to create meaningful and actionable pieces.

Segmenting your priority groups helps you determine the specific audiences within them to focus on. Next, develop and implement the most effective and appropriate activities for your exact audiences, focusing on customized messaging and materials that best suit these groups.

Communication objectives are specific goals or outcomes your U=U Communication Strategy aims to achieve through your communication activities. These objectives provide a clear direction and purpose for your communication activities, guiding the planning, execution, and evaluation of your strategic communication approaches.

Communication activities refer to the various actions, methods, or strategies used to convey U=U messaging to an intended audience. These activities facilitate effective communication and engage the audience to achieve specific communication goals. Depending on the context and objectives, communication activities can occur through different channels and formats.



Remember to apply the S.M.A.R.T framework to customize the Strategic Plan and Communication Strategy's Objectives.

HERE ARE SOME EXAMPLE U=U COMMUNICATION OBJECTIVES:

Increase Awareness. To raise awareness and provide accurate information about U=U. This includes educating people about the scientific evidence supporting it, the benefits of maintaining an undetectable viral load, and the impact it has on the risk of sexual transmission among people living with HIV, healthcare workers and the general public.

Improve HIV Testing Outreach and Uptake. To improve HIV testing services and outreach among those with unknown status by reducing the fear associated with knowing one's status and misconceptions that HIV is a death sentence.

Reduce HIV-Related Stigma and Discrimination. To challenge and reduce the stigma and discrimination faced by people living with HIV by promoting the understanding that a person living with HIV who maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.

Improve HIV Literacy. Support people living with HIV by providing them with accurate information and knowledge about U=U, enabling them to make informed decisions, engage in open conversations about their sexual health, and reduce anxiety and fear related to HIV transmission.

Enhance Treatment Adherence Among People Living with HIV. To support people living with HIV in maintaining optimal adherence to ART by highlighting the connection between consistent treatment adherence, maintaining an undetectable viral load, and the associated prevention benefits.

Improve Health Worker Knowledge. To enhance the knowledge and understanding of U=U among health workers, ensuring they can effectively communicate the concept to their clients and provide appropriate counseling and support.

Strategic Areas of Intervention

U=U Strategic Areas of Intervention refer to the method used to create awareness around U=U and disseminate U=U messaging and IEC materials. Strategic areas of intervention include 1) differentiated service delivery, 2) community engagement and mobilization activities, and 3) mass media campaigns.

Intervention Area 1: Differentiated Service Delivery. **Differentiated Service Delivery** is a client-centered approach, simplifying and adapting services to better meet the needs of people living with HIV and reducing unnecessary burdens on the health care system. This strategic intervention involves capacitating health workers to provide U=U messaging and disseminating IEC materials across HIV prevention, care, treatment services, locations, and modalities.

Intervention Area 2: Community Engagement and Mobilization focus on creating supportive environments for people living with HIV by raising awareness of U=U, identifying U=U champions, and addressing policies and practices that increase HIV stigma and discrimination.

Intervention Area 3: Mass Media Campaigns focus on addressing misconceptions about HIV, raising awareness about U=U, including what U=U means and the availability of ART, through strategic communication approaches (e.g., mass media, community-based media, social mobilization, etc.).

Strategic communication approaches are your organized U=U communication activities; they are the “**how**” you will meet your U=U communication objectives through tools, channels, vehicles, and media. Simply, the method you will use to disseminate your message to your focus populations.

Additional information on using each area to address communication objectives, including monitoring indicators and measures of success, can be found in [Part V. Monitoring & Evaluating U=U](#), in the section “[Aligning Communication Objectives and Activities with Process and Outcome Indicators.](#)”

Map out each communication objective, which focus populations it applies to, strategic area(s) of intervention, and strategic communication approaches you will use to achieve that objective.

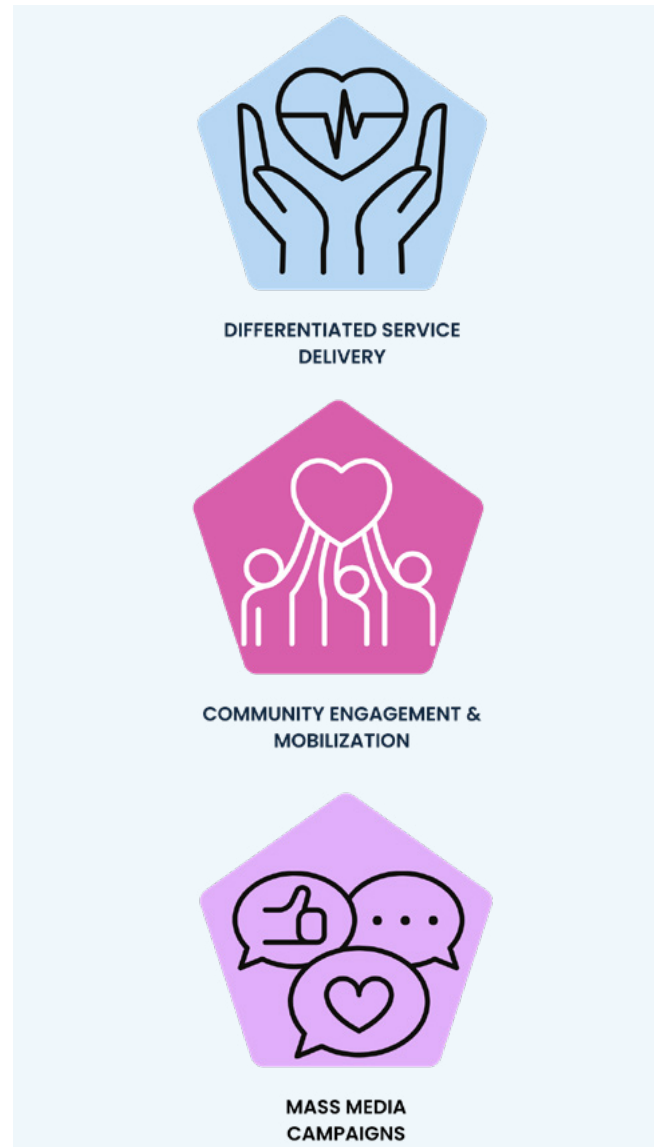


Figure 9. U=U Strategic Areas of Intervention



Having multiple strategic communication approaches helps to **increase the reach** and **repetition** of messaging.

Strategic Communication Approaches³⁷



Advocacy

Operates at the political, social, and individual levels. Works to mobilize resources, encourage allocating resources equitably, and remove barriers to policy implementation.



Community-Based Media

Reach communities through locally established outlets (radio stations, community newsletters/ newspapers, rallies, public meetings, sporting events, etc.).



Community Mobilization

A capacity-building process in which community individuals, groups, or organizations plan, carry out and evaluate activities on a participatory and sustained basis to successfully identify and address their needs.



Counseling

Includes digital media such as websites, e-mails, listservs, Internet news feeds, chat rooms, virtual learning, eLearning, toolkits, and message boards. Disseminate highly tailored messages to the intended audience and receive feedback, encourage real-time conversations.



Distance Learning

This learning platform does not require attendance at a location. You can access content via radio, email, telephone calls, SMS texts, chat rooms, or Internet sites. It can focus on training communication specialists, community mobilizers, health educators, and service providers.



Information & Communication Technology

One-to-one communication with a trusted, influential communicator (counselor, teacher, or health worker). Counseling tools or job aids are produced to improve clients' and counselors' interactions. Service providers are trained to use the tools and aids.



Interpersonal Communication / Peer Communication

One-to-one communication, e.g., parent-child communication, peer-to-peer communication, or communication with a community leader or religious leader.



Mass Media

Reach large audiences cost-effectively through radio, television, and newspapers. A well-executed campaign following an effective campaign design can affect health knowledge, beliefs, attitudes, and behaviors. Given its broad reach, it can have a significant public health impact.



Social Mobilization

Bring relevant sectors (organizations, policymakers, networks, and communities) together to raise awareness, empower individuals and groups to take action, and work towards creating an enabling environment and effecting positive behavior and social change.



Support Media / Mid-Media

Reach is less than mass media; it includes posters, brochures, and billboards.

Consider having **multiple strategic communication approaches** to address audiences across different socio-ecological levels.

For example, take the communication objective “**Reduce HIV-Related Stigma and Discrimination**”:

Communication Objective: To challenge and reduce the stigma and discrimination faced by people living with HIV by promoting the understanding that a person living with HIV who maintains an undetectable viral load has no risk of transmitting HIV to their sexual partners.

EXAMPLE FOCUS POPULATION	STRATEGIC COMMUNICATION APPROACH(ES)	INTENDED OUTCOME
Health Workers	• Peer communication • Counseling • Information and communication technology	• Increased awareness of U=U. • Decrease stigmatizing attitudes and discriminatory behaviors toward people living with HIV.
General population	• Community-based media • Mass media	• Increased awareness of U=U. • Decrease in stigmatizing attitudes and discriminatory behaviors toward people living with HIV.
Policy Makers	• Advocacy • Community mobilization • Social mobilization	• Increased awareness of U=U. • Change in laws that criminalize HIV. • Increased integration of U=U into policies and guidelines.

Creating a **U=U Strategic Communication Framework** assists in mapping out your communication objectives, primary and influencing audiences, strategic communication approaches, and intended outcomes. A strategic communication framework visually represents how your U=U communication activities are expected to achieve the goals.

This framework outlines the change process of your U=U communication activities and creates a visual that is easy to share among U=U contributors.

Strategic Communication Framework

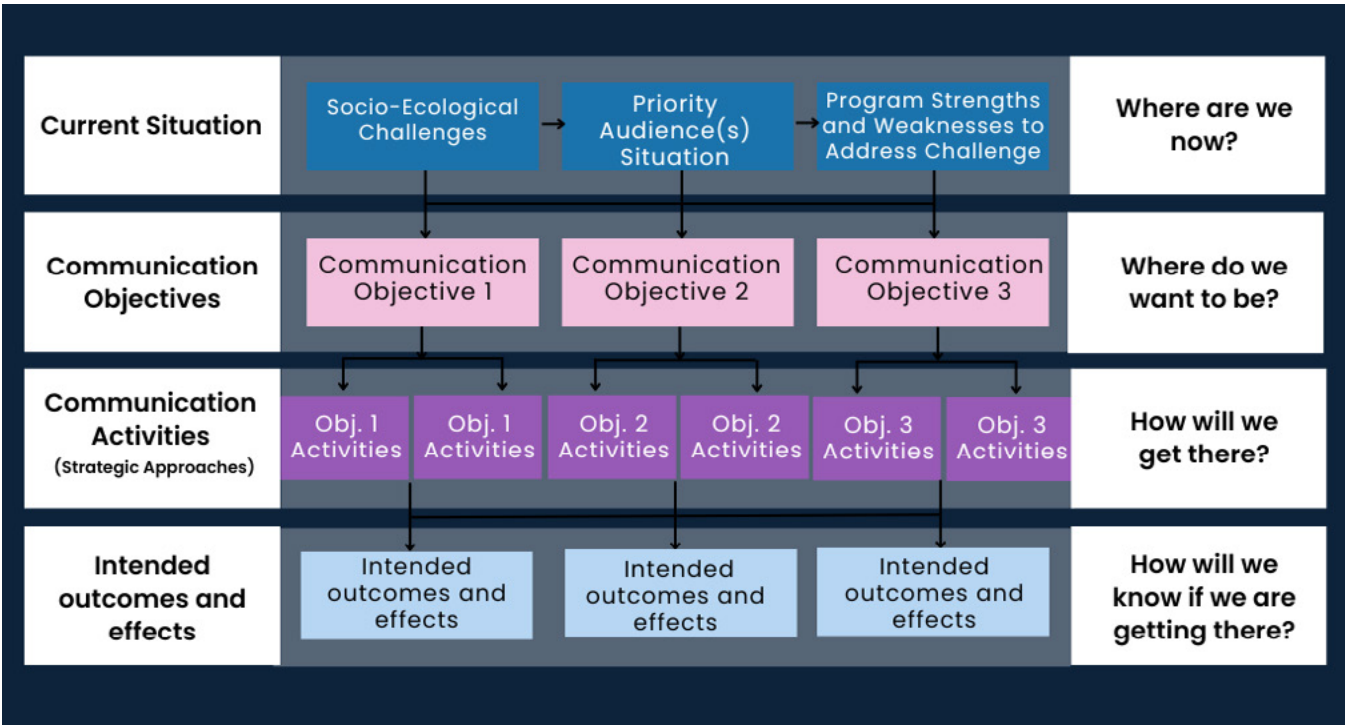


Figure 10. Strategic Communication Framework³⁸

Positioning Statement

A **positioning statement** is a concise and focused statement that defines how an organization or program wants to be perceived by its audience or contributors. It encapsulates the unique values, benefits, and qualities that differentiate the organization or program from others in the field. A positioning statement helps shape the overall messaging and U=U Communication Strategy to convey the intended identity and positioning to the audience effectively.

A positioning statement in public health or healthcare might highlight the specific expertise, services, or approaches an organization or program offers. It aims to establish a clear and compelling identity and position in the audience's minds, ensuring they understand the organization's or program's distinct value and relevance.

The positioning statement influences the development of creative materials (such as IEC, posters, brochures, or videos), media planning, community engagement, and messaging tailored to the needs and preferences of the primary and influencing audiences.



Credit: Prevention Access Campaign

EXAMPLE POSITIONING STATEMENT

“UNDETECTABLE = UNTRANSMITTABLE (U=U):

**EMPOWERING INDIVIDUALS, ELIMINATING STIGMA,
AND REDEFINING HIV PREVENTION”**

Explanation: The positioning statement highlights the key elements and impact of the “Undetectable = Untransmittable” (U=U) message. It emphasizes the message's empowering nature, its role in eliminating the stigma associated with HIV, and its potential to redefine HIV prevention strategies.

**THE POSITIONING STATEMENT COMMUNICATES
THE FOLLOWING:**

Empowering Individuals. U=U empowers people living with HIV by providing accurate knowledge and scientific evidence that reaching and maintaining an undetectable viral load through consistent adherence to ART enables them to live fulfilling lives and engage in healthy sexual relationships without the fear of transmitting HIV.

Eliminating Stigma. U=U seeks to challenge and eliminate the stigma surrounding HIV. By promoting the understanding that a person

living with HIV who maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners, it aims to combat the misconceptions, fear, and discrimination often associated with HIV, ultimately reducing stigma and fostering inclusivity.

Redefining HIV Prevention. U=U introduces a paradigm shift in HIV prevention strategies. Highlighting the importance of maintaining an undetectable viral load through treatment encourages a comprehensive approach to traditional prevention methods and the engagement of people living with HIV in prevention efforts. In addition, it emphasizes the power of U=U and its potential to reduce new HIV transmission significantly.

Overall, the positioning statement captures the essence of the U=U message, emphasizing its transformative influence on people, communities, and the broader field of HIV prevention. It conveys a message of engagement, inclusivity, and the potential for a future free from the burden of HIV-related stigma and fear.

Develop an Implementation Plan

An **implementation plan** is a detailed document or roadmap outlining the steps, actions, and resources required to achieve the goals and objectives of the U=U Strategic Plan and U=U Communication Strategy. It provides a structured approach for executing a program or strategy effectively and efficiently. An implementation plan includes partner roles, responsibilities, activities, timeline, budget, and management considerations.

An implementation plan covers the following:

- **Who** will lead activities outlined in the U=U Strategic Plan and Communication Strategy?
- **What** activities are being implemented?
- **How** activities in the U=U Strategic Plan and Communication Strategy are implemented (i.e., intermediate steps, timeline, and budget).



Download an example
[U=U Implementation Plan template](#)
as a Word document.

Implementation Plan Template

Objective 1: ENGAGE			
Proactively engage U=U contributors to foster community support and mobilization for U=U activities.			
Coordinating body:			
Subcommittees:			
Lead implementer:		Expertise	
Implementing partners:			
Activity 1:			
Intermediate Steps	Implementing Partners	Timeline	Budget
Activity 2:			
Intermediate Steps	Implementing Partners	Timeline	Budget

Develop a Monitoring and Evaluation Framework

Monitoring and evaluating U=U activities helps to do the following:

- Ensures the implementation of activities outlined in the U=U Strategic Plan and Communication Strategy.
- Measure attitude and behavior change (i.e., demand generation, improved quality of life among people living with HIV, reduced HIV-related stigma and discrimination).
- Determine the influence of U=U messaging on testing, adherence, retention in care, an undetectable viral load, and quality of life.
- Sustain momentum and reach of U=U messaging.

[Part V. Monitoring and Evaluation](#) of this resource guide provides a detailed framework and plan for monitoring and evaluating your U=U Strategic Plan and Communication Strategy.



[“Developing a U=U Communication Strategy”](#) is an interactive presentation that walks through the steps, discussion questions for contributors, and activities to successfully create a U=U Communication Strategy using an SBCC strategic approach.

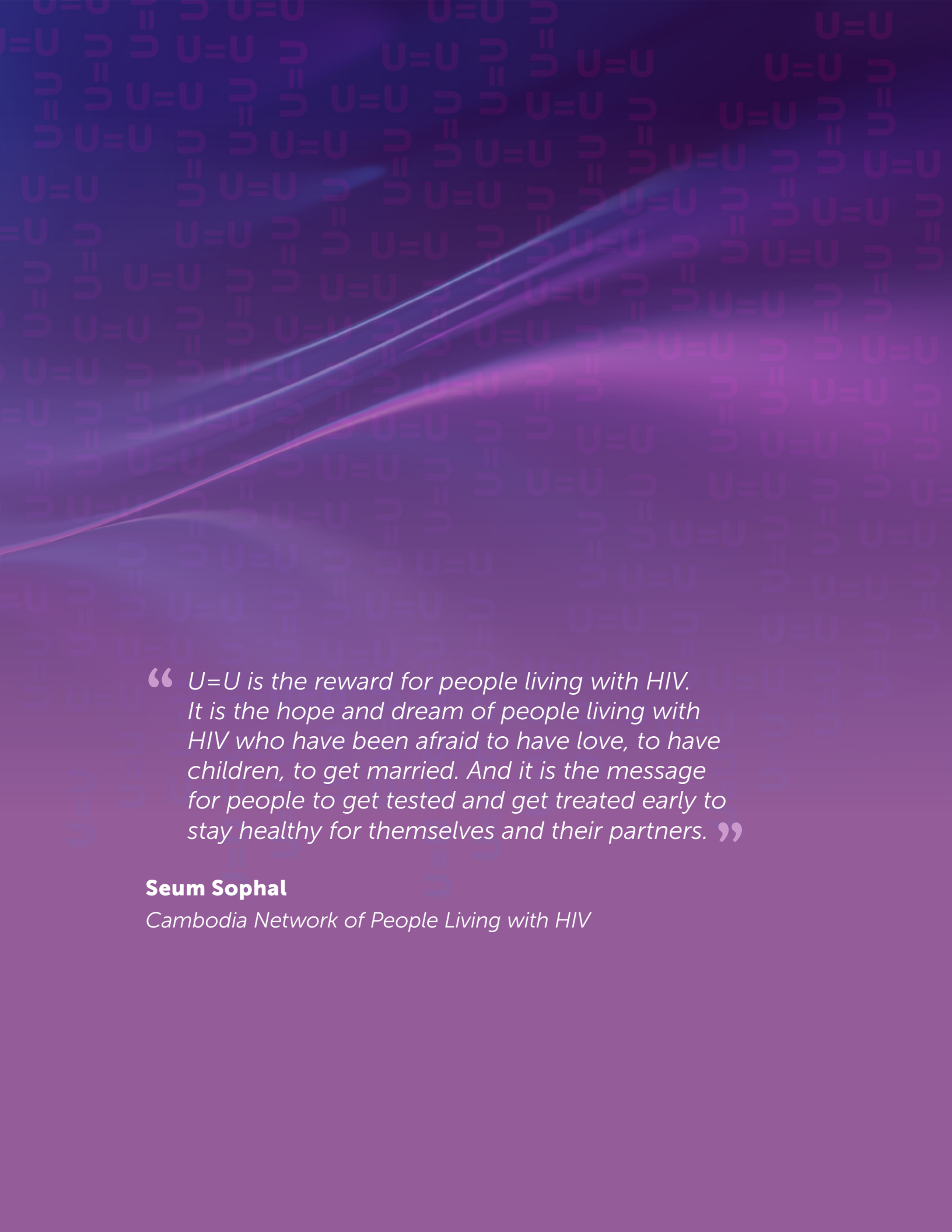


The development of your Strategic Plan may take multiple engagements with U=U contributors. Additionally, smaller groups of U=U contributors may lead the development of deliverables such as the communication strategy, implementation plan, and M&E framework. Ensure members of the focus population are involved in all planning, development, and implementation stages.



See Cambodia’s [“U=U Communication Strategy”](#)





“ U=U is the reward for people living with HIV. It is the hope and dream of people living with HIV who have been afraid to have love, to have children, to get married. And it is the message for people to get tested and get treated early to stay healthy for themselves and their partners. ”

Seum Sophal

Cambodia Network of People Living with HIV

PART IV.

IMPLEMENTING U=U

The next step after strategic planning is implementing the agreed-upon activities to achieve your desired outcomes. Part IV Implementing U=U, covers strategic objectives: 3) [Develop Materials](#), 4) [Capacitate](#), 5) [Integrate Messaging](#), and 6) [Disseminate Materials](#).

SECTION HIGHLIGHTS

Strategic Objective 3: Develop Materials, including:

[Example activities for Strategic Objective 3](#)

The resource “[Demand Creation 101](#)” guides you through the development process from campaign inception to M&E.

Considerations for [adapting and tailoring materials](#)

Strategic Objective 4: Capacitate, including:

[Example activities for Strategic Objective 4](#)

[Strategies for Capacitating Those Providing U=U Messaging](#)

The online U=U Provider training resource “[Can’t Pass it On.](#)”

Strategic Objective 5: Integrate Messaging, including:

[Example activities for Strategic Objective 5](#)

[U=U Message Integration into Service Delivery Model](#)

Strategic Objective 6: Disseminate Materials, including:

[Example activities for Strategic Objective 6](#)

[Piloting Strategic Communication Approaches](#)

STRATEGIC OBJECTIVE 3. DEVELOP MATERIALS

Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment.

STRATEGIC OBJECTIVE 3. EXAMPLE ACTIVITIES

- ☐ Identify communication partners with marketing, health communication, demand creation, and IEC material development expertise.
- ☐ Work with communication partners to develop U=U IEC materials for:
 - ☐ All audience segments of people living with HIV.
 - ☐ Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).
- ☐ Health workers providing U=U messaging, including branding and training materials for facilities, venues, and those providing U=U messaging.
- ☐ The general population for dissemination (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.

STRATEGIC OBJECTIVE 3 PROMOTES:

- Developing IEC materials that reflect the U=U core message, guiding principles, and communication approach. It also allows for the harmonization of visuals in all communication formats.
- IEC materials are grounded in scientific evidence that uses the sociological model to address multiple levels of intervention.
- Ownership by focus populations and IEC materials reflective of their needs.
- IEC materials that highlight the benefits of behavior change on quality of life.
- IEC materials of high quality that can be shared and disseminated widely.

Information, Education, and Communication (IEC) is used in public health to promote awareness, understanding, and behavior change among people and communities. **Information** refers to providing accurate, relevant, evidence-based knowledge and facts about a particular topic or issue. This includes disseminating information about health risks, preventive measures, available services, and resources. **Education** involves creating opportunities for learning and building knowledge and skills. It aims to enhance understanding and equip people to make informed decisions and take appropriate actions. Education may include formal or informal training sessions, workshops, seminars,

awareness, and anti-stigma and discrimination campaigns. **Communication** is sharing information and facilitating dialogue between people or groups. It involves using various communication channels and strategies to engage with intended audiences effectively. Communication efforts may include mass media awareness, anti-stigma and discrimination campaigns, interpersonal communication, social media, community mobilization, and advocacy.³⁷

Utilize communication partners to develop IEC materials in collaboration with focus populations appropriate for each chosen communication

strategic approach. Topics to consider include ART availability, starting and staying on ART, the importance of routine viral load testing, communicating with sexual partners, maintaining an undetectable viral load, and stigma reduction in the community.

The ability to Develop IEC materials the 1) align with your communication objectives and desired outcomes, 2) are attractive and address the needs and concerns of your focus populations, and 3) are disseminated using the most appropriate channels for each focus population are central for the success of your communication strategy.



A common mistake when implementing U=U and many other demand-creation strategies is starting with creative material development without following a systematic process.

Untested IEC material development can undermine the success of your communication strategy and your ability to meet desired outcomes if done incorrectly.

Enlist the help of communication partners with a successful track record of developing campaign strategies, creative concepts, and dissemination plans.

If enlisting the help of communication/marketing partners is not an option, multiple resources are available to guide you through developing effective IEC materials for your U=U communication activities.

Although developed to create demand for PrEP, the [PrEP Communication Accelerator](#) is an online interactive resource that assists in creating audience profiles and a step-by-step process for developing, testing, and disseminating IEC materials.



Access the PrEP Communication Accelerator
[Demand Creation 101](#)

This online interactive resource walks through each step of your communication IEC material development and includes valuable tools and templates.

This resource is divided into the following modules:

Phase 1: Campaign Inception

Phase 2: Formative Research

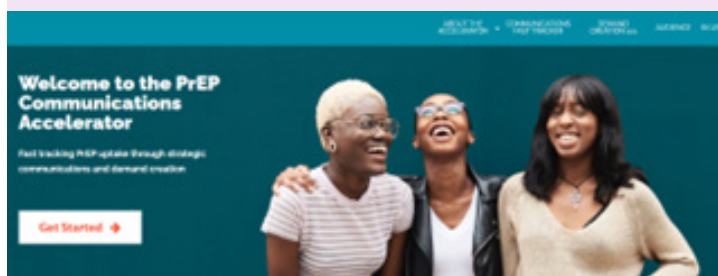
Phase 3: Strategy Development

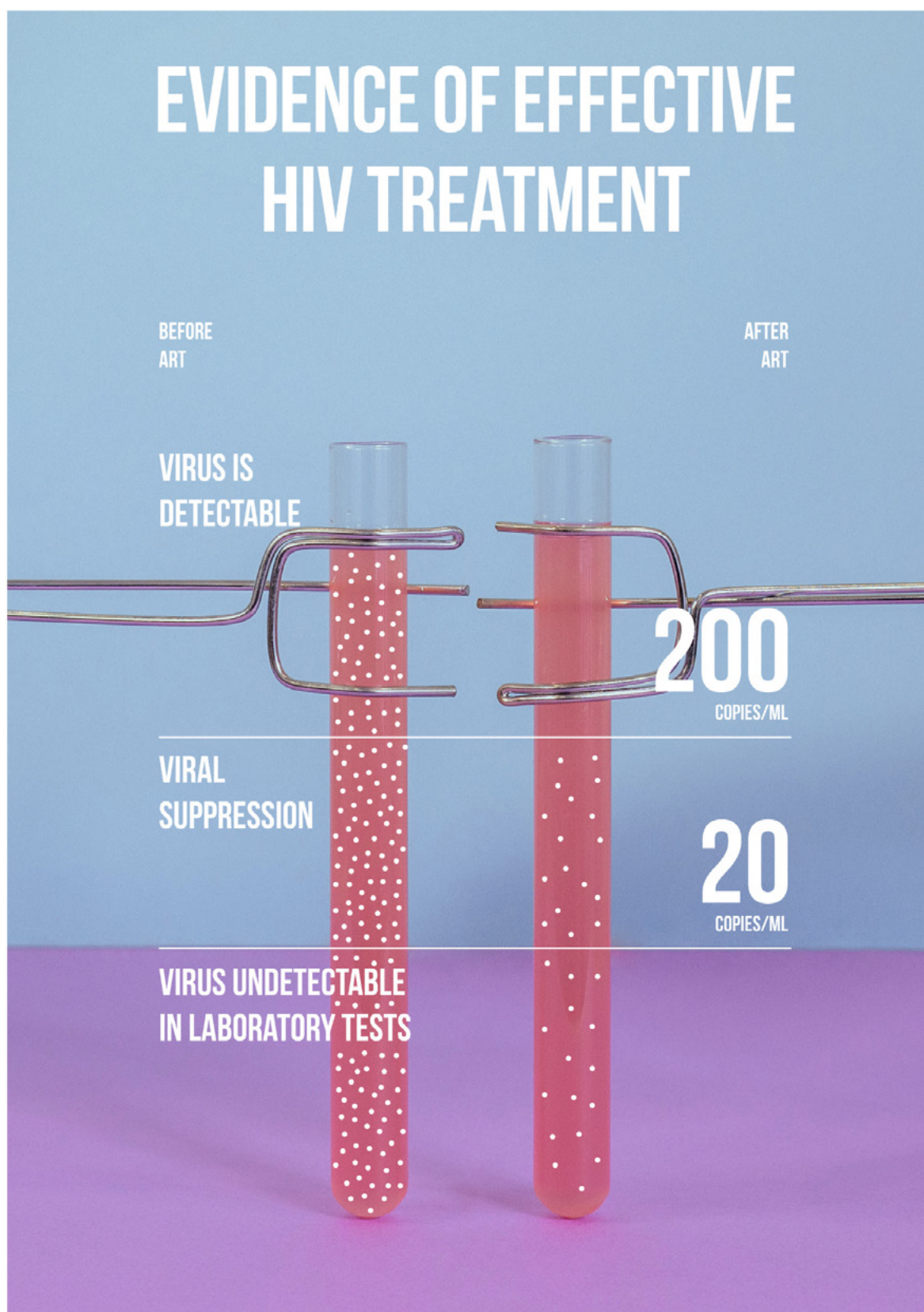
Phase 4: Generating Creative Concepts
(including testing creative concepts)

Phase 5: Create a Media Plan

Phase 6: Engage Journalists

Phase 7: Plan for Monitoring & Evaluation
Tools & Templates





K=K KHÔNG PHÁT HIỆN
KHÔNG LÂY TRUYỀN



HAIVN
Health Advancement in Vietnam

Figure 11. Evidence of Effective HIV Treatment Poster

HELP YOUR PATIENTS KNOW ABOUT U=U, IT'S IMPORTANT AND MEANINGFUL FOR THEM

COUNSEL THEM ON THE NECESSITY OF
STAYING UNDETECTABLE
FOR U=U TO WORK.

UNDETECTABLE



EDUCATE THEM ON THE IMPORTANCE OF
TAKING HIV MEDICATIONS EVERY DAY
**TO STAY HEALTHY AND ALSO
PREVENT TRANSMISSION**
TO THEIR SEXUAL PARTNERS.



EXPLAIN AND REINFORCE THAT WHEN
THE VIRUS IS SUPPRESSED,
THEY WILL NOT TRANSMIT HIV
TO PARTNERS.

**ENCOURAGE PATIENTS TO
KNOW THEIR VIRAL LOAD**

BY KEEPING THEIR MEDICAL APPOINTMENTS
SO THEY AND THEIR PARTNERS ARE SURE OF
THEIR UNDETECTABLE STATUS.

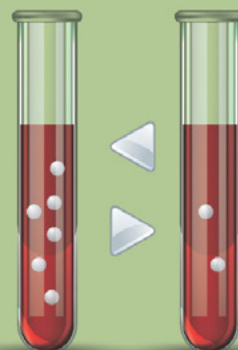


Figure 12. Help Your Patients Know About U=U Poster

U = U

OR

UN
DETECT
ABLE

UN
TRANSMIT
TABLE



U=U IS A SCIENTIFICALLY PROVEN STATEMENT:

**CONTINUOUS EFFECTIVE
HIV TREATMENT**

AND A DURABLE UNDETECTABLE VIRAL LOAD OF UNDER 200 COPIES/ML

ELIMINATE ALL RISKS OF SEXUAL TRANSMISSION IN PEOPLE LIVING WITH HIV.

K=K KHÔNG PHÁT HIỆN
KHÔNG LÂY TRUYỀN



HAVN
Health Advancement in Vietnam

Figure 13. Undetectable = Untransmittable Poster

U=U ONLY PREVENTS:

SEXUAL TRANSMISSION OF HIV

A DURABLE UNDETECTABLE VIRAL LOAD

ELIMINATES ALL RISK OF SEXUAL TRANSMISSION.



NOT APPLICABLE TO:

MOTHER-TO-CHILD

HOWEVER, A DURABLE UNDETECTABLE

VIRAL LOAD SIGNIFICANTLY REDUCES

THE TRANSMISSION RISK

THROUGH THIS ROUTE.



THROUGH BLOOD

(NEEDLES)

INJECTING USERS AND THEIR INJECTION

PARTNERS NEED TO UTILIZE SAFE

INJECTION PRACTICES AND OTHER

FORMS OF HIV RISK REDUCTION.

K=K KHÔNG PHÁT HIỆN
KHÔNG LÂY TRUYỀN



HAVN
Health Advancement in Vietnam

Figure 14. U=U Only Prevents Poster

Crafting Materials by Communication Channel³⁹

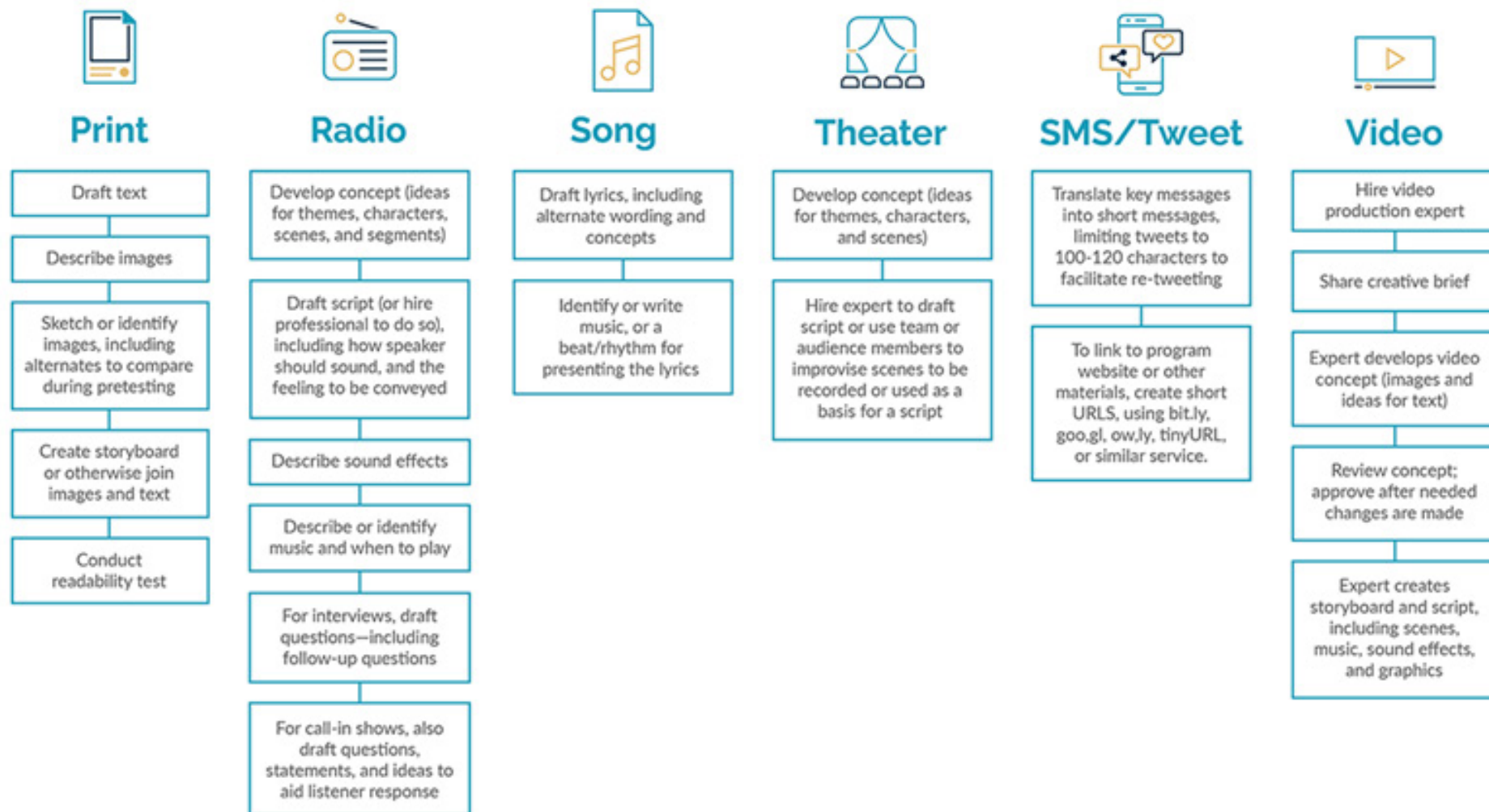


Figure 15. Step-by-Step Guide to Creating Drafts of Different Types of Materials

Adapting and Tailoring IEC Materials

Consider tailoring and adapting your IEC material to fit your local context. We encourage tailoring and adapting IEC materials to ensure they are relevant, culturally appropriate, and effective for the intended audience.



Tailoring and adapting IEC materials goes beyond translating the language or choosing culturally appropriate images.

Make sure your IEC materials speak to the needs and concerns of your intended audience, fit well with your other prevention initiatives and messaging, are easily understood by the people you seek to reach, and are something people are willing and able to believe.

Involve the Community. Engage community members, leaders, or influencers in the IEC material development process and implementation of U=U. Seek their input, feedback, and endorsement to ensure IEC materials are relevant and trusted within the community. Community involvement is essential for increasing the likelihood of message acceptance and behavior change.

Understand the Intended Audience. Gain a deep understanding of the intended audience's characteristics, including demographics, cultural norms, beliefs, values, language preferences, and literacy levels. Then, conduct audience research, surveys, or focus groups to gather insights and identify their specific needs and preferences.

Use Clear Language. Use clear and straightforward language that is easy for the intended audience to understand. Avoid technical jargon or complex terminology. Use clear communication principles, such as using short sentences and familiar words and avoiding ambiguous or confusing terms.

Consider Cultural Sensitivity. When developing IEC materials, consider cultural nuances and sensitivities. Adapt the content to align with the intended audience's cultural beliefs, practices, and traditions. Avoid stereotypes or generalizations that may be offensive or inappropriate.

Address Relevant Concerns. Identify the specific concerns, barriers, or misconceptions the intended audience may have regarding U=U. Then, address these concerns directly in the content and provide accurate information to dispel myths and misconceptions.

Highlight Benefits and Relevance. Communicate the benefits and relevance of adopting healthy behaviors or following recommended actions. Connect the health issue to the audience's daily lives, priorities, and aspirations. Highlight how the behavior change positively impacts their well-being, relationships, or quality of life.

Use Storytelling and Personal Narratives. Incorporate storytelling techniques and personal narratives to make IEC materials relatable and engaging. For example, share real-life stories, testimonials, or experiences of people overcoming similar challenges. This helps to create an emotional connection and motivates behavior change.

Utilizes Visuals and Multimedia. Utilizes visuals, images, videos, or infographics that resonate with the intended audience. Visual aids enhance message comprehension and retention. Ensure that the visuals represent the diversity of the audience and are culturally appropriate.



Click to see Myanmar's U=U awareness and anti-stigma and discrimination [video campaign](#).





Adapt and tailor IEC materials without losing the U=U core message!

Adapting and tailoring IEC materials is ongoing and iterative. Regularly review the materials, gather feedback, and stay attuned to the evolving needs and preferences of the intended audience to ensure the materials remain effective over time.



It is best practice to share potential communication materials with members of your intended audience to solicit their feedback and suggestions for improvement.



Visit the [Prevention Access Campaign's U=U Resources page](#) for examples of country adaptations, U=U images, and campaign graphics.



Credit: Adobe Stock

STRATEGIC OBJECTIVE 4. CAPACITATE

Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence.

STRATEGIC OBJECTIVE 4. EXAMPLE ACTIVITIES

- ☐ Identify partners with training expertise.
- ☐ Collaborate with training partners to create curricula for health workers providing U=U messaging, including best practices and key messages to have at each phase of the prevention, care, and treatment cascade and other vital areas for U=U message integration (e.g., sexual health & reproductive services, adolescent health services, prevention of perinatally acquired HIV, harm reduction services, tuberculosis (TB), hepatitis B and hepatitis C testing).
- ☐ Collaborate with training partners to create supporting materials (e.g., counseling tools, flipcharts, visuals, webinars, etc.) for health workers and others providing U=U messaging.
- ☐ Provide routine opportunities to capacitate and refresh the knowledge of health workers and others, providing U=U messaging.
- ☐ Create a forum to facilitate knowledge-sharing among health workers and others providing U=U messaging.
- ☐ Create opportunities for exchange visits to learn best and innovative practices.

STRATEGIC OBJECTIVE 4 HELPS:

- Expand the knowledge of those providing U=U messaging.
- Improve the clear, consistent, confident, and conscious delivery of U=U messaging.
- Foster open conversation about HIV prevention, care, and treatment.



Capacitate those providing U=U messaging to ensure the effectiveness and consistency of your U=U Communication Strategy.

Strategies for Capacitating Those Providing U=U Messaging

Develop Training Materials. Create comprehensive training materials that cover U=U messaging, objectives, intended audience, and desired outcomes of your U=U Communication Strategy. Include key talking points, supporting evidence, and any specific guidelines for delivery.

Conduct Orientation. Start by providing an orientation session to familiarize the trainees with the overall goals, strategies, and desired outcomes. Share the background information about U=U, the intended audience, and the rationale behind the

chosen communication approaches. This helps build a foundation of understanding and commitment to integrating U=U messaging.

Train on Communication Techniques. Provide training on effective communication techniques and strategies. This may include training on active listening, empathy, non-judgmental attitudes, cultural sensitivity, and clear messaging. Emphasize tailoring messaging to the intended audience and using appropriate language and tone.

Role-play and Practice Sessions. Organize role-playing exercises and practice sessions where trainees simulate real-life scenarios they may encounter while providing U=U messaging, such as Training of Trainers. The **Training of Trainers (TOT) model** is intended to engage master trainers in coaching new trainers who are less experienced with a particular topic or skill or with training overall.

This allows them to practice their communication skills, receive feedback, and build confidence in delivering messages effectively. Encourage trainees to ask questions and engage in discussions to enhance their understanding.

Provide Knowledge Updates. Ensure the trainees have up-to-date and accurate knowledge about U=U and relevant research or evidence. Provide regular updates on any new developments or findings related to U=U. This helps them stay informed and increases their credibility when providing the message.

Address Challenges and Concerns. Discuss potential challenges or concerns the trainees may face while providing the messaging. This may include dealing with resistance, managing difficult conversations, or addressing misconceptions. Provide the strategies and guidance from [Part II's Addressing Hesitancy and Resistance](#) to handle such situations effectively and sustain a positive and constructive approach.

Monitor and Provide Feedback. Continuously monitor the trainees' progress and provide constructive feedback. Offer guidance on areas for improvement, such as clarity of messaging, delivery style, or addressing specific audience needs. Regular feedback sessions help refine their communication skills and enhance the overall effectiveness of the communication messaging.

Encourage Peer Learning and Support. Foster an environment that encourages trainees to learn from each other and share their experiences. Establish peer support networks or forums where trainees exchange ideas, seek advice, and discuss challenges while providing U=U messaging. This collaborative approach enhances learning and promotes ongoing improvement.

Evaluate Training Effectiveness. Assess the effectiveness of the training by conducting post-training evaluations. Gather feedback from the trainees regarding the usefulness of the training materials, the relevance of the content, and their confidence in providing U=U messaging. Use this feedback to refine the training program for future trainees.

Remember, ongoing support and supervision are essential to sustain the skills and motivation of the people providing U=U messaging. Regular refresher training, sharing success stories, and recognizing their contributions enhance their engagement and commitment to U=U activities.



Capacitation and training needs will differ by type of health worker (e.g., clinicians, nurses, peer mentors, community outreach workers, youth leaders) and others providing U=U messaging.

A “one-size-fits-all approach” may not be sufficient.



Access the Terrence Higgins Trust “Can’t Pass It On” Training for Healthcare Providers

This training course for health workers aims to increase awareness and understanding of Can't Pass It On/Undetectable = Untransmittable, enabling you to discuss this in practice with patients and colleagues competently.

This training is divided into modules:

- The evidence supporting U=U
- Talking to patients about U=U
- Difficult questions
- Discussing U=U in primary care
- The patient’s perspective
- The global perspective
- Training Resources
- Patient Resources
- Background research



Credit: Prevention Access Campaign



Access CDC’s [Understanding the Training of the Trainers Model](#)



The Training of Trainers (ToT) Model

The Training of Trainers (ToT) model is intended to engage master trainers in coaching new trainers that are less experienced with a particular topic or skill, or with training overall. A ToT workshop can build a pool of competent instructors who can then teach the material to other people. Instead of having just one trainer who teaches a course for a long time, there are multiple trainers teaching the same course at the same time in the ToT model. This means a new participant typically gets to watch an experienced trainer teach, complete the exercises, and then practice teaching segments to other

Understanding the Training of Trainers Model



See Vietnam’s Health Worker Campaign “[3 Moments of K=K](#)” (U=U) to teach health workers the three critical moments for discussing U=U with clients.

This resource includes a video for health workers to watch, flip-charts with scripts for the client and health worker, and more!

3 Moments of K=K

U=U Campaign for Health Providers

Three key moments to discuss U=U with their clients.

1. **TESTING**-The first touch. U=U to let you know your status.
2. **TREATMENT**- Promote treatment continuity and reduce stigma.
3. **SUPPRESSION**- Take your viral load test and confirm U=U for quality of life.



See India’s “[U=U Counseling Flipchart](#)” for Health Workers.



STRATEGIC OBJECTIVE 5. INTEGRATE MESSAGING

Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

STRATEGIC OBJECTIVE 5. EXAMPLE ACTIVITIES

- Collaborate with U=U general provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into routine health visits.
- Collaborate with U=U HIV provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

STRATEGIC OBJECTIVE 5 HELPS:

- Increases demand generation for HIV testing, treatment (ART), routine viral load testing, and monitoring.
- Encourages early initiation of ART.
- Supports contact tracing.
- Promotes retention in HIV care.
- Encourages consistent adherence to ART.
- It helps people living with HIV to reach and maintain an undetectable status.

HIV Testing Services for Prevention and Treatment provides a model for Strategic Objective 5, integrating U=U messaging during service delivery.

As the entry point for prevention and care, health workers may provide clients with U=U messaging and IEC material during HIV testing services, including HIV self-testing kits.

Providing U=U messaging may improve the uptake of HIV testing services by alleviating the anxiety associated with not knowing one's HIV status and fear of the stigma associated with being diagnosed with HIV.

Prevention Services. If a client tests negative, provide U=U messaging and IEC materials as a part of improving HIV literacy and as an opportunity to link them to other prevention (i.e., PrEP, PEP, condoms) and supportive services to stay HIV-negative.

Additional areas to provide U=U messaging and IEC materials include sexual health and reproductive services, adolescent health services, prevention of perinatally acquired HIV, harm reduction services, and during TB, Hepatitis B, and C testing.

Treatment Services. If a client is diagnosed with HIV, provide U=U messaging to encourage early initiation of treatment by promoting the benefits of treatment and obtaining an undetectable status. Encouraging messages may reduce feelings of hopelessness associated with being diagnosed with HIV and support sharing or discussing one's HIV status with sexual partners by reducing the client and partners' fears of sexual transmission and improving efforts with contact tracing.

Continue to provide clients with U=U messaging and IEC materials during 1) individual counseling, 2) follow-up appointments, and 3) support and peer groups to encourage routine viral load monitoring and treatment adherence.



U=U Messaging

- ARTs are available to treat HIV and maintain a healthy everyday life.
- A person living with HIV who maintains an undetectable viral load has zero risk of transmitting HIV to their sexual partners.

U=U Data Collection

[PROCESS INDICATORS]

Was U=U messaging provided to the client

- By health worker (verbal)?
- Through IEC materials?
- Both?

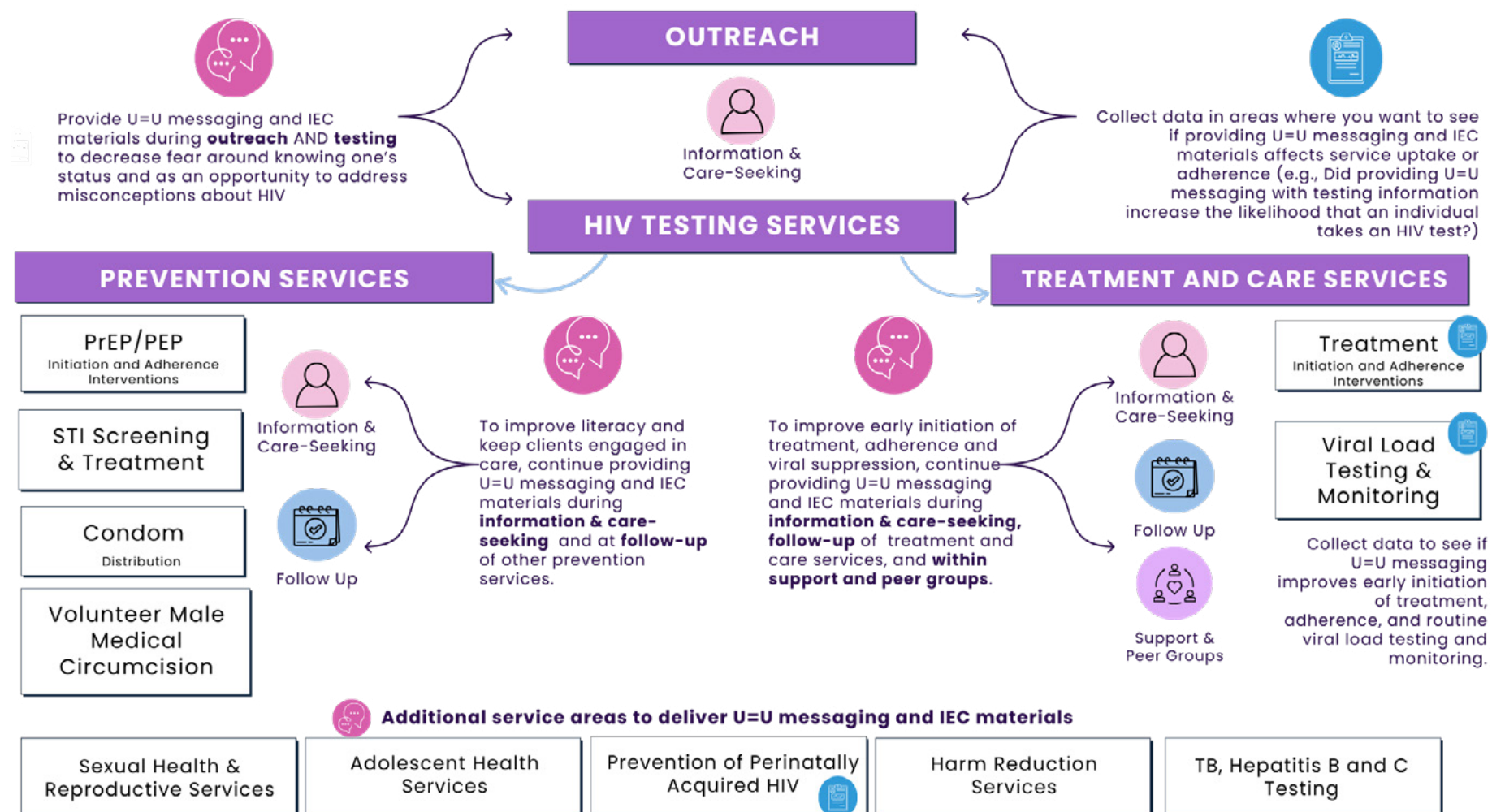
[OUTCOME INDICATORS]

Did clients receiving U=U messaging:

- Get tested for HIV?
- Provide sexual partner(s) contact information?
- Initiate ART?
- Request viral load test?
- Reach an undetectable status?
- Adhere to treatment?

The [U=U Message Integration into Service Delivery Model](#) illustrates a model for integrating U=U messaging during service delivery, one of the three strategic areas of intervention for U=U activities.

U=U Message Integration into Service Delivery Model



This graphic's messaging and data collection points are suggested and not prescriptive.

Figure 16. U=U Message Integration into Service Delivery Model

STRATEGIC OBJECTIVE 6. DISSEMINATE MATERIALS

Disseminate U=U IEC materials to focus populations tailored to each audience segment.

STRATEGIC OBJECTIVE 6. EXAMPLE ACTIVITIES

- ☐ Work with communication partners to identify the best communication channels for dissemination.
- ☐ Work with communication partners to disseminate U=U IEC materials via identified strategic approaches to:
 - ☐ Audience segments of people living with HIV.
 - ☐ Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).
 - ☐ The general population (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.
- ☐ Create an online forum to house developed U=U IEC materials for broad dissemination.

STRATEGIC OBJECTIVE 6 HELPS:

- Address misconceptions about HIV.
- Increase awareness of the availability and importance of ARVs.
- Foster communication about HIV prevention, care, treatment, and sexual health.
- Generate demand for HIV prevention, care, and treatment services.
- Reduce HIV-related stigma and discrimination toward people living with HIV.

Pilot Strategic Communication Approaches

Piloting your U=U strategic communication approaches within your chosen areas of intervention involves testing and refining each on a small scale before implementing it more broadly.

It allows you to gather feedback, assess the effectiveness of strategic communication approaches, and adjust as needed.

Here are some steps to piloting your activities:

Refer to Communication Objectives. This will help guide the pilot testing process and ensure the activities align with your communication goals.

Select IEC Materials. Based on your U=U Communication Strategy's objectives and audience, select appropriate IEC materials, such as messaging, visuals, videos, or brochures. Ensure the materials are culturally appropriate, engaging, and easy to understand.

Select Pilot Sites. Choose a few pilot sites or locations where you can implement your communication activities and strategic approaches on a small scale. Consider factors such as geographic diversity, accessibility, and audience representation.

Recruit Participants. Identify people or organizations that can participate in the pilot as recipients of the communication messaging or as critical informants for feedback. Engage them by explaining the purpose of the pilot and their role in providing valuable insights.

Implement the Pilot. Launch your U=U activities in the selected pilot sites using the IEC materials and channels you have developed. Ensure that the U=U activities are carried out as planned, including material distribution, media placement, or community engagement events.

Gather Feedback and Data. Collect qualitative and quantitative data during the pilot phase. This includes surveys, interviews, focus groups, or observation of audience interactions. Gather feedback on the IEC materials, delivery methods, and overall impact. Also, assess whether U=U activities reach and resonate with the intended audience.

Analyze and Evaluate. Analyze the data collected during the pilot phase to assess the effectiveness of communication activities and strategic approaches. Evaluate whether the objectives are being met and identify strengths, weaknesses, and areas for improvement. Look for patterns, trends, and critical insights that inform adjustments to U=U activities and strategic approaches.

Refine U=U Activities and Strategic Communication Approaches. Refine IEC materials or communication strategies based on the feedback and evaluation findings. Adjust to enhance IEC materials and strategic communication approaches' ability to address gaps or concerns.

Remember that piloting IEC material and strategic communication approaches is an iterative process. It involves continuously learning, refining, and adapting based on the feedback and insights gathered during the pilot phase. By conducting a pilot, you fine-tune your IEC material and strategic communication approaches and increase their chances of success when implemented on a larger scale.



In addition to using formative research to determine the best media channels to disseminate your IEC materials, consider which communication channels are best for achieving your desired outcomes.



For additional guidance and considerations on scaling up, access the “[Intervention Scalability Assessment Tool](#),” which was developed to help practitioners, policymakers, program managers, and researchers determine the scalability of a discrete health program or intervention.



Intervention Scalability
Assessment Tool

Launching and Scaling up Strategic Communication Approaches

Once you have refined your IEC materials using strategic communication approaches within your chosen areas of intervention based on the pilot results, proceed with scaling up and implementing them more broadly.

Use the lessons learned from the pilot to inform the full-scale implementation, ensuring that IEC materials and strategic communication approaches are optimized for maximum impact.

Selecting Appropriate Media Channels⁴⁰

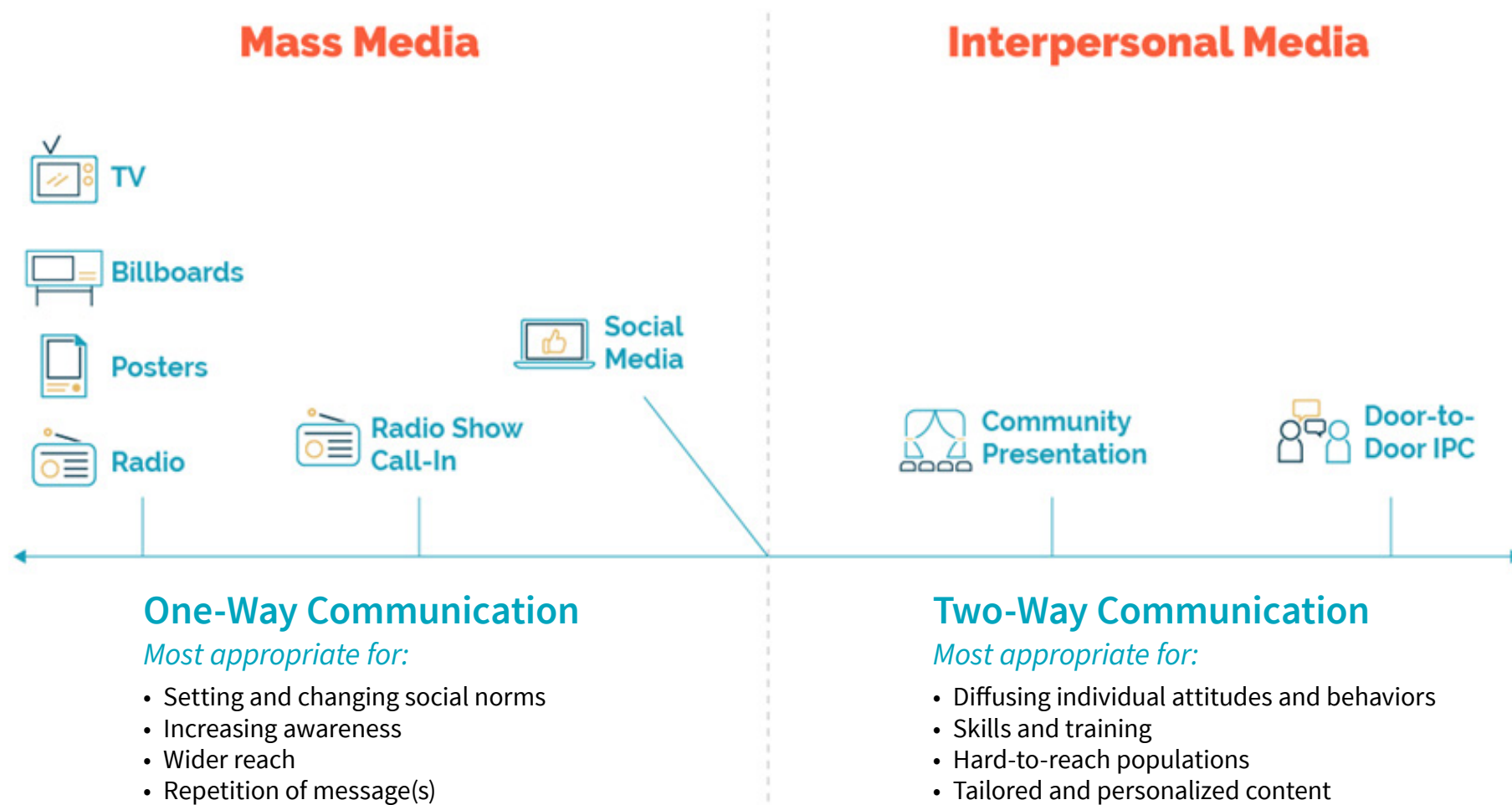


Figure 17. Selecting Appropriate Media Channels



“ The U=U message has empowered young men living with HIV to prioritize safe love and self-care. It's a beacon of hope, ensuring that they can manage their medication effectively with the knowledge that they cannot sexually transmit HIV to their partners. This assurance fosters a sense of responsibility and optimism, promoting overall well-being and healthier relationships. ”

William Matovu

*Founding Member, Love to Love Organization, Uganda
U=U Africa Forum, Founding Steering Committee Member*

PART V.

MONITORING AND EVALUATING U=U

Part V covers the last strategic objective, 7) [Monitor and Evaluate](#). Monitoring and evaluating your U=U activities provides valuable insights into the reach of your IEC materials and strategic communication approaches, helps identify improvement areas, ensures that objectives are met, and provides an in-depth understanding of your efforts' effectiveness and overall success. Although presented as the last section of the resource guide, planning for your M&E activities begins with the first strategic objective while determining your U=U contributors. It continues through the strategic planning and implementation phases.

SECTION HIGHLIGHTS

Strategic Objective 7: Monitor and Evaluate, including:

[Example activities for Strategic Objective 7](#)

[A plan for monitoring U=U Strategic Plan activities](#)

[Monitoring and Evaluating U=U Communication Strategy Activities](#) and how to select process indicators

[Example U=U Process Indicators by Strategic Areas of Intervention](#)

[Conducting an Outcome Evaluation for U=U Communication Strategy Activities](#) and how to select performance indicators for measuring success

[Example U=U Outcomes by Focus Population](#)

Case examples of [aligning communication objectives and activities with M&E indicators](#)

Considerations for [Sustaining Communication Activities](#)

[An example U=U Monitoring and Evaluation Framework template](#)

STRATEGIC OBJECTIVE 7. MONITOR AND EVALUATE

Monitor and evaluate U=U Strategic Plan and U=U Communication Strategy activities.

STRATEGIC OBJECTIVE 7. EXAMPLE ACTIVITIES

- ☐ Identify monitoring and evaluation (M&E) partners.
- ☐ Work with M&E partners to identify critical M&E questions (What do we need to know?)
- ☐ Work with M&E partners to identify which M&E systems and indicators exist and which are needed.
- ☐ Work with M&E partners to identify sites, venues, and activities for routine and enhanced M&E.
- ☐ Work with M&E partners to outline routine and enhanced M&E data collection plans.
- ☐ Work with M&E and communication partners to develop and disseminate an M&E plan(s) for your Communication Strategy activities.
- ☐ Collect data.
- ☐ Report and disseminate findings.

STRATEGIC OBJECTIVE 7 HELPS:

- Ensure the activities outlined in the U=U Strategic Plan and Communication Strategy are implemented.
- Measure attitude and behavior change resulting from communication activities.
- Sustain momentum and reach U=U messaging.

U=U Strategic Plan Monitoring and Evaluation Framework

Developing a monitoring plan for your U=U Strategy is essential for tracking if activities are happening and within the desired time frame.

A **Monitoring and Evaluation Framework** describes how the U=U Strategic Plan and Communication Strategy need to be monitored and evaluated. It outlines how monitoring and evaluation will occur at different stages in the program's life cycle. The framework is useful when a complex or large-scale program requires a whole-of-government approach, system reforms, and multi-agency implementation.

A **Monitoring Plan** is an operational plan that outlines how the U=U Strategic Plan and Communication Strategy activities will be monitored. It can be one or multiple plans that address different communication activities.

Both provide a structured approach for collecting data, tracking progress, and assessing the performance and effectiveness of your activities over time. A monitoring plan typically includes monitoring objectives, indicators, data collection methods, data sources, an outline of data analysis, reporting, a timeline, and roles and responsibilities.

In addition to assessing the implementation of strategic plan activities, monitoring the U=U Strategic Plan is essential for:

Accountability and Reporting. Monitoring helps establish accountability for your U=U activities. It provides evidence-based data for reporting to U=U contributors, funders, or governing bodies. Demonstrating your U=U activities' effectiveness through monitoring data strengthens its credibility, enhances transparency, and facilitates ongoing support and funding.

Learning and Knowledge Generation. Monitoring generates valuable insights and lessons learned that apply to future U=U activities. By documenting what works and what does not, you build a knowledge base of best practices, practical strategies, and pitfalls to avoid. This knowledge then informs the design and implementation of future activities, leading to continuous improvement and more impactful communication efforts.

Table 1 U=U Strategic Plan Monitoring Framework includes activities for the seven strategic objectives of the U=U Implementation Framework introduced in [Part III. U=U Strategic Planning](#). Included are example indicators, outputs, and data sources. Use the example below to refine your monitoring framework and include additional information such as data collection methods, reporting frequency, and responsible party.

Table 1. U=U Strategic Plan Monitoring Framework

Engage (Strategic Areas of Intervention 1, 2, and 3)

OBJECTIVE 1: Proactively engage U=U contributors to foster community support and mobilization for U=U activities.

PROCESS MONITORING QUESTION: To what extent were U=U contributors proactively engaged in U=U activities?

ACTIVITIES	OUTPUTS	INDICATORS
Identify U=U contributors and champions representing all segmented populations of people living with HIV, including youth and key populations, to serve as U=U champions.	Identification of U=U contributors and champions representing all segmented populations of people living with HIV, including youth and key populations, to serve as U=U champions.	#/% of U=U contributors and champions representing all segmented populations of people living with HIV, including youth and key populations, to serve as U=U champions.
Identify U=U health worker contributors, including HIV and general providers, to serve as U=U champions (e.g., collaborating on developing IEC materials and supporting ongoing training, delivery, facility branding, monitoring, and evaluation of U=U activities).	Identification of U=U health worker contributors and champions, including HIV and general providers	#/% of U=U health worker U=U contributors and champions, including HIV and general providers
Identify U=U community-level U=U contributors and champions (e.g., collaborate on developing IEC materials and support the dissemination of U=U messaging within their organizations and networks, including community-based organizations, civil society, and faith-based organizations).	Identification of U=U community-level U=U contributors and champions	#/% of U=U community-level U=U contributors and champions

Table 1 continued on the next page ➡

ACTIVITIES	OUTPUTS	INDICATORS
Identify U=U education contributors and champions to support the dissemination and integration of U=U messages into the curriculum at the primary level, institutions of higher learning, and medical programs.	Identification of U=U education contributors and champions	#/% of U=U education contributors and champions
Identify U=U MOH and other governmental agency contributors and champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).	Identification of U=U MOH and other governmental agency contributors and champions.	#/% U=U MOH and other governmental agency contributors and champions
Identify U=U policy contributors and champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).	Identification of U=U policy contributors and champions	#/% of U=U policy contributors and champions
Hold regularly scheduled meetings, calls, and events with U=U champions to ensure progress updates and sustain momentum.	Activities and plans that have buy-in from and are reflective of all contributors and champions	# of regularly scheduled meetings, calls, and events with U=U contributors and champions to ensure progress updates and sustain momentum # of U=U contributors and champions attending regularly scheduled meetings, calls, and events
Create a forum, listserv, and opportunities for U=U champions to strategize, share best practices, and provide updates on U=U activities.	A forum, listserv, and opportunities for U=U champions and contributors to strategize, share best practices, and provide updates on U=U activities	# of individuals accessing the forum or listserv to strategize, share best practices, and provide updates on U=U activities

Table 1 continued on the next page ➡

Strategize (Strategic Areas of Intervention 1, 2, and 3)

OBJECTIVE 2: Create a U=U Strategic Plan and U=U Communication Strategy, including a Monitoring & Evaluation Framework and Implementation Plan with U=U contributors, including focus populations.

PROCESS MONITORING QUESTION: To what extent did the strategy development process create a U=U Strategic Plan and Communication Strategy to implement U=U activities successfully?

ACTIVITIES	OUTPUTS	INDICATORS
Hold a strategic planning workshop(s) /event(s) with all U=U contributors, especially focus populations, and develop a U=U Strategic Plan.	U=U Strategic Plan	#/% of U=U contributors and focus populations attending strategic planning workshop(s) / event(s) readiness assessment, and development of U=U Communication Strategy
Conduct a readiness assessment with U=U contributors to assess preparedness to implement the U=U Strategic Plan.	Program Readiness Assessment	
Work with U=U contributors to develop a U=U Communication Strategy.	U=U Communication Strategy	
Work with U=U contributors to develop an implementation Plan.	U=U Implementation Plan (for Strategic Plan and Communication Strategy activities)	
Work with U=U contributors to develop a Monitoring and Evaluation Framework for the Strategic Plan.	U=U Monitoring and Evaluation Framework for Strategic Plan	

Table 1 continued on the next page ➡

Develop Materials (Strategic Areas of Intervention 1, 2, and 3)

OBJECTIVE 3: Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment.

PROCESS MONITORING QUESTION: To what extent were U=U IEC materials developed for focus populations tailored to each audience segment?

ACTIVITIES	OUTPUTS	INDICATORS
Identify communication partners with marketing, health communication, demand creation, and IEC material development expertise.	Partners with marketing, health communication, demand creation, and IEC material development expertise identified	
Work with communication partners to develop U=U IEC materials for:	A mix of U=U IEC materials tailored to each focus population's audience segment in multiple formats that can be utilized and disseminated through selected strategic communication approaches	
All audience segments of people living with HIV.		# of developed U=U IEC materials for each audience segment of people living with HIV
Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).		# of developed U=U IEC materials for the support networks of people living with HIV (i.e., partners, family, parents, and caregivers)
Health workers providing U=U messaging, including branding and training materials for facilities, venues, and those providing U=U messaging.		# of developed U=U IEC materials for health workers and others providing U=U messaging, including branding and training materials for facilities, venues, and those providing U=U messaging
The general population for dissemination (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.		# of developed U=U IEC materials for the general population for dissemination

Table 1 continued on the next page ➡

Capacitate (Strategic Areas of Intervention 1 and 2)

OBJECTIVE 4: Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence.

PROCESS MONITORING QUESTION: To what extent were curricula and supporting materials developed for those providing U=U messaging? To what extent were those providing U=U messaging capacitated?

ACTIVITIES	OUTPUTS	INDICATORS
Identify partners with training expertise.	Partners with training expertise identified	
Collaborate with training partners to create curricula for health workers and others providing U=U messaging, including best practices and key messages to have at each phase of the prevention, care, and treatment cascade and other vital areas for U=U message integration (e.g., sexual health & reproductive services, adolescent health services, prevention of perinatally acquired HIV, harm reduction services, tuberculosis (TB), hepatitis B and hepatitis C testing.)	Curricula developed for health workers and others providing U=U messaging.	# of curricula for health workers and others providing U=U messaging, including best practices and key messages to have at each phase of the prevention, care, and treatment cascade and other vital areas for U=U message integration. # of health workers and others providing who received U=U curriculum
Collaborate with training partners to create supporting materials (e.g., counseling tools, flipcharts, visuals, webinars, etc.) for health workers and others providing U=U messaging.	Training materials developed for health workers and others providing U=U messaging	# of supporting materials (e.g., counseling tools, flipcharts, visuals, webinars, etc.) for health workers and others providing U=U messaging % of health workers and others providing U=U messaging using supporting materials.
Provide routine opportunities to capacitate and refresh the knowledge of health workers and others, providing U=U messaging.	Training sessions offered to health workers and others providing U=U messaging Trained health workers and others providing U=U messaging	# of sessions offered to capacitate health workers and others providing U=U messaging #/% of health workers attending routine opportunities to capacitate and refresh their knowledge
Create a forum to facilitate knowledge-sharing among health workers and others providing U=U messaging.	A forum to share best and innovative practices, including opportunities for exchange visits	# of individuals who accessed the forum
Create opportunities for exchange visits to learn best and innovative practices.	Exchange visits to learn best practices	# of exchange visits #/% of health workers participating in exchange visits

Table 1 continued on the next page ➡

Integrate (Strategic Areas of Intervention 1)

OBJECTIVE 5: Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

PROCESS MONITORING QUESTION: To what extent was U=U messaging integrated into HIV prevention, care, treatment, and other routine service delivery in facility and community settings?

ACTIVITIES	OUTPUTS	INDICATORS
Collaborate with U=U general provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into routine health visits.	U=U messaging integrated into routine service delivery	# of U=U general provider champions identified % of identified U=U general provider champions trained and disseminating U=U IEC materials and messaging into routine health visits
Collaborate with U=U HIV provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into differentiated forms of HIV prevention, care, and treatment service delivery.	U=U messaging integrated into HIV service delivery	# of U=U HIV provider champions identified % of identified U=U HIV provider champions trained and disseminating U=U IEC materials and messaging into differentiated forms of HIV prevention, care, and treatment service delivery

Disseminate Materials (Strategic Areas of Intervention 1, 2, and 3)

OBJECTIVE 6: Disseminate U=U IEC materials for focus populations tailored to each audience segment.

PROCESS MONITORING QUESTION: To what extent were U=U IEC materials disseminated to focus populations tailored to each audience segment?

ACTIVITIES	OUTPUTS	INDICATORS
Work with communication partners to identify the best communication channels for dissemination.	Dissemination of a mix of U=U IEC materials tailored to each focus population's audience segment in multiple formats through selected strategic communication approaches	
Work with communication partners to disseminate U=U IEC materials via identified strategic approaches to:		
Audience segments of people living with HIV.		# of U=U IEC materials disseminated via identified strategic approaches to each focus population to each audience segment of people living with HIV

Table 1 continued on the next page ➡

ACTIVITIES	OUTPUTS	INDICATORS
Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).		# of U=U IEC materials disseminated via identified strategic approaches to support networks of people living with HIV
The general population (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.		# of U=U IEC materials disseminated via identified strategic approaches to the general population
Create an online forum to house developed U=U IEC materials for broad dissemination.	Forum to house resources, tools, training materials, posters, banners, and other U=U IEC materials for broad dissemination online	# of individuals accessing materials on the forum # of accessed/ downloaded materials

Monitor and Evaluate (Strategic Areas of Intervention 1, 2, and 3)

OBJECTIVE 7: Monitor and evaluate U=U Strategic Plan and U=U Communication Strategy activities.

PROCESS MONITORING QUESTION: To what extent were the Strategic Plan and Communication Strategy activities monitored and evaluated?

ACTIVITIES	OUTPUTS	INDICATORS
Identify monitoring and evaluation (M&E) partners.	M&E partners identified	
Work with M&E partners to identify critical M&E questions (What do we need to know?)	Development of critical M&E questions	Dissemination of critical M&E questions
Work with M&E partners to identify which M&E systems and indicators exist and which are needed.	List of monitoring and evaluation systems and indicators	# of needed monitoring and evaluation systems and indicators identified
Work with M&E partners to identify sites, venues, and activities for routine and enhanced M&E.	List of sites and venues for routine and enhanced monitoring and evaluation	# of sites and venues identified for routine and enhanced monitoring and evaluation
Work with M&E partners to outline routine and enhanced M&E data collection plans.	Development of routine and enhanced M&E data collection plans.	Dissemination of routine and enhanced M&E data collection plans.
Work with M&E and communication partners to develop and disseminate an M&E plan(s) for your Communication Strategy activities.	Development of monitoring and evaluation plan(s) for Communication Strategy activities	Dissemination of final communication strategy monitoring and evaluation plan(s)
Collect data.	Collected data	Dissemination of collected data
Report and disseminate findings.	Report of findings	Dissemination of findings report(s)

Monitoring and Evaluating U=U Communication Strategy Activities

Developing a monitoring and evaluation plan for the activities outlined in your U=U Communication Strategy is essential for determining the success of your U=U program.

Monitoring your U=U Communication Strategy activities is essential for:

Assessing Strategic Activities. Monitoring allows you to evaluate the implementation of your activities. Determining whether your actions achieve the intended outcomes by tracking key metrics such as reach, engagement, behavior change, or knowledge acquisition. Monitoring helps answer questions like “Are people receiving and understanding the messaging?” “Are the messages influencing attitudes, beliefs, or behaviors?” “Are messages reaching the intended audience effectively?”

Collecting Feedback. Monitoring provides a means to collect feedback from the intended audience and U=U contributors involved in U=U activities. This feedback helps to identify the strengths and weaknesses of your U=U activities, identify areas for improvement, and make informed decisions regarding adjustments or adaptations to strategies, messaging, or channels. This information will help to determine what is working well and what needs to be modified to enhance the effectiveness of your IEC material and strategic communication approaches.

Cost-Efficient Resource Allocation. Monitoring allows you to assess the cost-effectiveness of your U=U activities by measuring their effectiveness relative to the resources invested. By analyzing data on reach, engagement, or behavior change, determine the most effective strategies or channels and allocate resources accordingly. Monitoring helps to optimize resource allocation and ensures that efforts are focused on the most impactful components of your U=U activities.

Real-Time Adaptation. Monitoring provides real-time information that enables you to adapt and adjust your U=U activities as needed. By closely tracking the progress of your U=U activities and early indicators of success or challenges, you

can make timely modifications to maximize effectiveness. Monitoring helps identify emerging trends, shifts in audience preferences, or unforeseen barriers, allowing for agile decision-making and course corrections.

Selecting Process Indicators for Communication Strategy Activities

Process indicators measure the program’s activities and outputs (direct products/deliverables of the activities). Together, measures of activities and outputs indicate whether the program is being implemented as planned. Many people use output indicators as process indicators. Producing strong outputs means that the program’s activities have been implemented correctly. Others may collect measures of the activities and separate output measures of the products/deliverables produced by those activities. Regardless of how you slice the process indicators, if they show the activities are not being implemented with fidelity, then the program risks not being able to achieve the intended outcomes.⁴¹

In addition to selecting indicators to determine if your communication activities were implemented, it is just as important to choose indicators that monitor how effective your communication activities are. Indicators that help you monitor how well your activities are doing are known as key performance indicators (KPIs). KPIs generally fall under one of three categories:

1. **Reach:** How many people see/hear your content?
2. **Engagement:** How many people like, comment on, and share your content? How many people attend or participate in your activity or event?
3. **Conversion:** How many (or a percentage of) people take a desired action? (e.g., access or request additional information, fill out a form, sign up email or for listserv).

Table 2 provides examples of U=U implementation indicators and KPIs for monitoring your communication strategy activities by area of intervention.

Table 2. Example U=U Process Indicators by Strategic Area of Intervention
Strategize and Engage

**DIFFERENTIATED
SERVICE DELIVERY**

of facilities identified for message integration

Identification of U=U Health Worker champion at each selected facility

of community-service delivery events identified for message integration

Identification of U=U Health Workers champion for community-based delivery services

of members from each focus population involved in developing training curricula and materials (e.g., job aids, knowledge and awareness branding materials, and wearables).

**COMMUNITY ENGAGEMENT &
MOBILIZATION**

Identification of U=U Education Champions

Identification of U=U Policy and Law Champions

Identification of U=U Ministries of Health (MOH) champions

Identification of U=U Youth Champions

Identification of U=U Faith-based champions

Identification of U=U champions among CBOs and CSOs for people living with HIV

Identification of U=U champions in workforce settings

Identification of U=U Key Population champions

of members from the focus population involved in the development of community-based activities, events, IEC materials, and assessment of needed services

of HIV-related policies, laws, and practices assessed

of mediums, channels, outlets, and activities identified for dissemination of U=U IEC materials for community-based events and settings

MEDIA CAMPAIGNS

of mediums, channels, and outlets identified for dissemination of U=U campaign materials

Identification of U=U Media champions

Identification of partners with marketing/health communication/demand creation expertise

of members from each focus population involved in the development of campaign strategies, key messages, and creative concepts

Table 2 continued on the next page ➡

Develop Materials

DIFFERENTIATED SERVICE DELIVERY

of Job aids developed for health workers in facility settings.

of Job aids developed for health workers in community-based settings.

of [type of] U=U knowledge and awareness materials developed for facility branding (e.g., posters, banners, door decals, brochures, etc.)

of [type of] U=U knowledge and awareness materials developed for community-based branding (e.g., posters, banners, door decals, brochures, palm cards, stickers, etc.)

of [type of] U=U awareness promotion wearables developed (T-shirts, helmets, key chains, lab coats, tote bags, buttons, etc.)

COMMUNITY ENGAGEMENT & MOBILIZATION

of [type of] U=U knowledge and awareness materials developed to capacitate those providing U=U messaging

of [type of] U=U knowledge and awareness materials developed for community-based branding (e.g., posters, banners, door decals, brochures, palm cards, stickers, etc.)

of [type of] U=U awareness promotion wearables developed (T-shirts, helmets, key chains, lab coats, tote bags, buttons, etc.)

MEDIA CAMPAIGNS

of surveys/ interviews/ focus groups held with focus populations to test campaign strategies, key messages, and creative concepts

of TV ads created for [focus population]

of Billboards created for [focus population]

of Posters created for [focus population]

of Radio ads created for [focus population]

of Social Media posts created for [focus population]

Capacitate

DIFFERENTIATED SERVICE DELIVERY

#/% of health workers at selected facilities who have received U=U training

#/% of health workers at selected community-service delivery events who have received U=U training

COMMUNITY ENGAGEMENT & MOBILIZATION

of community-based events/ classes held to raise U=U knowledge and awareness

of attendees at community-based events/ classes held to raise U=U knowledge and awareness

MEDIA CAMPAIGNS

Table 2 continued on the next page ➡

Integrate

DIFFERENTIATED SERVICE DELIVERY

#/% of health workers reporting consistent delivery of U=U messaging to clients in facility settings

#/% of health workers reporting consistent delivery of U=U messaging to clients in community-based settings

#/% of clients reporting health workers discussed U=U with them in facility settings

#/% of clients reporting health workers discussed U=U with them in community-settings

#/% of health workers in facility-based settings who report using U=U messaging job aids

#/% of health workers in community settings who report using U=U messaging job aids

#/% of selected facilities with visible U=U branding materials

#/% of selected community settings with visible U=U materials or wearables

#/% of health workers in facility-based settings in U=U awareness promotion wearables

#/% of health workers in community settings in U=U awareness promotion wearables

COMMUNITY ENGAGEMENT & MOBILIZATION

#/ % of CBOs/events with supportive services for people living with HIV and their support networks

of people utilizing supportive services for people living with HIV and their support networks at CBOs/events

MEDIA CAMPAIGNS

of U=U campaign [type of media] displayed in facility settings

of campaign [type of media] displayed in community settings

Table 2 continued on the next page ➡

Disseminate

DIFFERENTIATED SERVICE DELIVERY

#/% of health workers in facility-based settings who have received U=U messaging job aids

#/% of health workers in community settings who have received U=U messaging job aids

#/% of facilities who have received U=U knowledge and awareness branding materials

#/% of community settings who have received U=U knowledge and awareness branding materials

#/% of facilities who have received U=U awareness promotion wearables developed (T-shirts, helmets, key chains, lab coats, buttons, etc.)

#/% of community settings who have received U=U awareness promotion wearables developed (T-shirts, helmets, key chains, lab coats, buttons, etc.)

#/% of clients in facility settings who have seen/ received U=U knowledge and awareness branding materials or wearables

#/% of clients in community settings who have seen/received U=U knowledge and awareness branding materials or wearables

COMMUNITY ENGAGEMENT & MOBILIZATION

of attendees at U=U community-based events

#/% of selected community-based events/activities with visible U=U branding materials

#/% of selected community-based events/activities disseminating U=U IEC materials

#/% of selected community-based services with visible U=U branding materials

#/% of selected community-based services with disseminating U=U IEC materials

of [type of media] sharing information on HIV-related policies, laws, and practices

MEDIA CAMPAIGNS

of TV ads created for [focus population] aired

of billboards created for [focus population] posted

of posters created for [focus population] posted

of radio ads created for [focus population] ran

of social media posts created for [focus population] posted

Average viewership of TV ads aired.

Average viewership of billboards/posters

Average # of listeners for radio ads

of people visiting websites

of clicks, likes, shares

of downloads

of people accessing information through QR codes

Demographics or other characteristics of the audience

Conducting an Outcome Evaluation for U=U Communication Strategy Activities

An **evaluation plan** outlines the systematic approach and methods for assessing the efficiency and effectiveness of your U=U communication activities. It is a structured plan that guides the evaluation process. It provides a roadmap for collecting, analyzing, and interpreting data to draw conclusions about your outcomes and inform decision-making. An evaluation plan typically includes evaluation objectives, evaluation questions, evaluation design, data collection methods, how data will be managed and steps for quality assurance, how data will be reported and disseminated, and a timeline.

Evaluating your U=U Communication Strategy activities supports the following:

Assessing Effectiveness. Evaluation helps determine the extent to which your U=U activities have achieved their intended objectives. It provides insights into whether your U=U activities have effectively reached and engaged the intended audience, influenced their knowledge, attitudes, beliefs, and behaviors, and contributed to the desired health outcomes. Evaluation allows you to gauge the overall effectiveness of your U=U activities and identify areas for improvement.

Evidence-Based Decision Making. Evaluation generates data and evidence that informs future decisions and strategies. It helps identify the strengths and weaknesses of the IEC materials and strategic communication approaches, allowing you to make informed adjustments and adaptations based on the findings. By relying on evidence, you refine IEC materials, target specific audience segments, or explore new communication channels, leading to more impactful and targeted communication efforts.

Accountability and Reporting. Evaluation provides a means to demonstrate accountability to U=U contributors, funders, and the community. By rigorously evaluating the outcomes of your U=U activities, you report on the allocation and use of resources, demonstrate the return on investment, and communicate your U=U activities' achievements. Evaluation enhances transparency,

builds trust, and helps secure ongoing support and funding for future initiatives.

Learning and Improvement. Evaluation facilitates a process of continuous learning and improvement. By assessing the performance of your U=U Communication Strategy's activities, identify what worked well and what did not, leading to valuable insights and lessons learned. Evaluation helps build a knowledge base of best practices, effective strategies, and pitfalls to avoid in future communication activities and strategic approaches. Share this knowledge with other practitioners and apply it to improve the effectiveness of health communication efforts.

Enhancing Program Sustainability. Evaluation is crucial in ensuring the long-term sustainability of your U=U activities. By demonstrating the effectiveness of the activities through evaluation data, you make a compelling case for continued investment and support. Evaluation helps identify successful strategies or components of the activities to replicate or scale up in the future, contributing to sustained and improved health outcomes.

Selecting Outcome Indicators for Communication Strategy Activities

Outcome indicators measure whether the program achieves the expected effects/changes in the short, intermediate, and long term.⁴² Some programs refer to their longest-term/most distal outcome indicators as **impact** indicators (see [U=U Program Logic Model](#) in Part III. U=U Strategic Planning).

Because outcome indicators measure the changes that occur over time, establish baseline measurements of selected indicators before U=U strategic activities to compare with measurements after activities occur.

Long-term outcomes are often difficult to measure and attribute to strategic activities. For this reason, **it is essential that U=U contributors set clear and realistic expectations for what outcomes will be used to determine the success of strategic activities.** However, determine how your U=U strategic activities contribute to impacts of interest (e.g., viral suppression, decreased transmission, reduction in stigma and discrimination).



Effectiveness measures for strategic communication activities often fall within three categories:

1. Knowledge and Awareness
2. Attitudes, Intentions, Motivation, Experiences
3. Practices and Behavior

[Table 3](#) provides examples of U=U outcomes in each of these three categories by focus population.



Download the CDC's [Criteria for Selection of High-Performing Indicators: A Checklist to Inform Monitoring and Evaluation](#). Designed to help those responsible for monitoring and evaluation identify high-performing, resource-efficient indicators in collaboration with contributors.



Table 3. Example U=U Outcomes by Focus Population**Knowledge and Awareness Outcomes****PEOPLE LIVING WITH HIV**

Increase awareness of U=U concept, logo, and message.

Increase in knowledge of U=U meaning.

HEALTH WORKERS

Increase awareness of U=U concept, logo, and message.

Increase in knowledge of U=U meaning.

SUPPORT NETWORKS AND GENERAL POPULATION

Increase awareness of U=U concept, logo, and message.

Increase in knowledge of U=U meaning.

COMMUNITY SETTINGS

Increase awareness of U=U concept, logo, and message.

Increase in knowledge of U=U meaning.

Attitudes, Intentions, Motivation, and Experiences Outcomes**PEOPLE LIVING WITH HIV**

Reduction in internalized stigma

Reduction in anticipated stigma

Reduction in experienced stigma and discrimination

Reduction in fear of transmitting HIV to sexual partners

Reduction in fear of sharing HIV status with others

Improved quality of life

HEALTH WORKERS

Increased confidence in disseminating U=U messaging to clients

Reduction in fear of acquiring HIV from nontransmissible contact

Reduction in stigmatizing attitudes and reported discriminatory behaviors towards people living with HIV.

SUPPORT NETWORKS AND GENERAL POPULATION

Reduction in fear of acquiring HIV from nontransmissible contact

Reduction in stigmatizing attitudes and reported discriminatory behaviors towards people living with HIV.

COMMUNITY SETTINGS

Reduction in fear of acquiring HIV from nontransmissible contact

Reduction in stigmatizing attitudes and reported discriminatory behaviors towards people living with HIV.

Table 3 continued on the next page ➔

Practices and Behavior Outcomes

PEOPLE LIVING WITH HIV

Increase uptake of care and treatment services (e.g., engagement in care, treatment initiation)

Improve contact tracing

Increase in treatment adherence and continuation (e.g., ART)

HEALTH WORKERS

Increased dissemination of U=U messaging to clients

Increase in quality of services and care

Reduction in discriminatory behaviors toward people living with HIV, including key populations

SUPPORT NETWORKS AND GENERAL POPULATION

Increase in uptake of prevention services (e.g., HIV testing)

Reduction in discriminatory behaviors toward people living with HIV, including key populations.

COMMUNITY SETTINGS

Increase dissemination and integration of U=U messaging.

Increase in access to care and treatment.

Increase in supportive services and environments for people living with HIV and their support networks.

Reduction in discriminatory behaviors toward people living with HIV, including key populations.

Changes in HIV-related policies, laws, and practices to support equitable access to knowledge, treatment, and care and eliminate HIV-related discrimination.



Download the Global Partnership For Action to Eliminate all Forms of HIV-Related Stigma and Discrimination's "[Monitoring and Evaluating Programmes to Eliminate HIV-related Stigma and Discrimination in Six Settings](#)"

Each section lists intervention activities, outputs, outcomes, impacts, indicators, and data sources for the following settings:

Community
Workplace
Education
Healthcare
Justice
Emergency



Aligning Communication Objectives and Activities with Process and Outcome Indicators

Aligning your communication objectives, activities, and measurements for success while developing your U=U Communication Strategy is essential for successful implementation and evaluation.

The following examples, using scenarios across each of the three U=U strategic intervention areas, show how to align communication objectives, activities, and measurements for success.

Intervention Area 1: Differentiated Service Delivery

The strategic planning group wishes to focus on HIV clinic-based facilities within a specific geographic region with low viral suppression rates. Their focus populations are health workers and people living with HIV.

Focus Population 1: Health Workers

Problem: *(What problem are we trying to solve?)*

- Lack of awareness of U=U
- Lack of dissemination of U=U messaging to clients
- Poor health worker-client communication skills
- Stigmatizing or judgmental attitudes toward people living with HIV, especially key populations

Communication Objective:

Improve health worker knowledge and messaging of U=U to increase the number of health workers within [geographic region] delivering U=U messaging to clients during service delivery by [%] by the year [20##].

Communication Goals: *(What do we hope our communication activities achieve?)*

- Increase awareness of U=U
- Improve health worker-client communication skills
- Increase dissemination of U=U messaging to clients
- Decrease stigmatizing or judgmental attitudes toward people living with HIV, especially key populations.

Solution: *(Strategies and activities to solve the problem)*

[Information & Communication Technology]

Create health worker training to increase awareness of U=U and address stigma toward people living with HIV, especially key populations.

Develop health worker job aids to assist with knowing when and how to deliver U=U messaging.

Process Indicators: *(Are our strategies and activities taking place as planned?)*

of health worker job aids developed

of health worker job aids disseminated

#/% of health workers who have received training to increase awareness of U=U and address stigma toward people living with HIV and key populations

Outcome Indicators (Measures of Success): *(How do we know we solved the problem successfully?)*

#/% of health workers aware of U=U

#/% of health workers reporting consistent delivery of U=U messaging to clients in facility settings

#/% of health workers who report feeling confident in disseminating U=U messaging to clients

continued on the next page ➡

[Peer Communication]

Hold TOT events where health workers can practice delivering messaging and improve health workers' client communication skills with other health workers.

[Support Media]

Disseminate U=U messaging IEC materials within facilities via posters, banners, and wearables.

#/% of health worker TOT events held

#/% of health workers who have attended TOT events

#/% of facilities who received U=U IEC materials

#/% of facilities displaying/ utilizing U=U IEC materials

#/% of health workers who report less stigmatizing or judgmental attitudes toward people living with HIV, especially key populations

Focus Population 2: People living with HIV

Problem: *(What problem are we trying to solve?)*

- Lack of U=U awareness
- Low ART adherence rates
- Low motivation for ART adherence
- Low viral suppression rates

Communication Objective:

Increase the number of people living with HIV accessing health facilities in [geographic region] who have an undetectable viral load by [%] by the year [20##] by increasing U=U awareness and treatment adherence.

Communication Goals: *(What do we hope our communication activities achieve?)*

- Increase awareness of U=U and its benefits
- Increase early initiation of ART
- Increase motivation for ART adherence
- Increase health and well-being of people living with HIV

Solution: *(Strategies and activities to solve the problem)*

[Interpersonal Communication/ Peer Communication]

Capacitate health workers to know when and how to deliver U=U messaging to clients (see activities under health workers).

Have support groups for priority and key populations, which deliver U=U messages to improve adherence motivation and HIV treatment literacy.

Process Indicators: *(Are our strategies and activities taking place as planned?)*

#/% of clients who received U=U messaging

of peer mentor support groups for priority and key populations of people living with delivering U=U messages to improve motivation, adherence, HIV literacy, and quality of life.

of clients attending peer support groups

Outcome Indicators (Measures of Success): *(How do we know we solved the problem successfully?)*

#/% of clients reporting higher levels of adherence motivation

% of clients with an undetectable viral load

% of priority and key populations with an undetectable viral load

continued on the next page ➡

[Support Media]

Increase the amount of U=U messaging within facilities via posters, banners, door signs, and wearables (e.g., buttons, lab coats, T-shirts).

% of priority and key populations of people living with HIV attending peer support groups

Intervention Area 2: Community Engagement and Mobilization

The strategic planning group wishes to work with FBOs to raise awareness about U=U within their communities and provide additional support to people living with HIV and their support networks. They believe working with FBOs will raise awareness and understanding of U=U, reduce stigma and discrimination, and increase supportive services and environments for people living with HIV.

Focus Population: Faith-Based Organizations

Problem: *(What problem are we trying to solve?)*

- Lack of awareness of U=U
- Internalized stigma among people living with HIV.
- Lack of supportive services and environments for people living with HIV and their support networks.
- Stigmatizing attitudes and discriminatory behavior toward people living with HIV.

Communication Objective:

To increase the number/ % of FBOs by [amount] within [geographic region], providing supportive environments for people living with HIV and their supporting networks by [date/year].

Communication Goals: *(What do we hope our communication activities achieve?)*

- Increase awareness of U=U and its benefits
- Decrease internalized stigma among people living with HIV.
- Increase the number of supportive services and environments for people living with HIV and their support networks.
- Decrease stigmatizing attitudes and discriminatory behavior toward people living with HIV

Solution: *(Strategies and activities to solve the problem)*

[Community Mobilization]

Work with U=U champions within FBOs to identify needs and potential activities to raise awareness and provide services to people living with HIV and their supportive networks.

Process Indicators: *(Are our strategies and activities taking place as planned?)*

[Dissemination/Reach]

of meetings held with faith-based champions and their organizations to identify needs and potential activities to raise awareness and provide services to people living with HIV and their supportive networks

Outcome Indicators (Measures of Success): *(How do we know we solved the problem successfully?)*

% of members in FBOs are aware of the U=U message, meaning, or logo

% knowledge increase of U=U among faith-based champions and U=U contributors providing U=U messaging

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Capacitate U=U champion and other U=U contributors within FBOs on U=U knowledge and providing U=U messaging

[Support Media]

Develop U=U IEC materials to display at faith-based community events and include in existing communications to faith-based communities.

Develop U=U IEC materials to disseminate to people living with HIV and their support networks during supportive services and community events.

[Interpersonal]

Have supportive services (e.g., support groups, information about or provide additional social services) for people living with HIV and their support networks.

[Social Mobilization]

Display /disseminate U=U IEC materials during faith-based services and community events

Identification of faith-based community needs and potential activities to raise awareness about U=U and provide services to people living with HIV and their supportive networks

of events held to capacitate U=U champion and other U=U contributors within FBOs on U=U knowledge and providing U=U messaging

of people capacitated at events

of U=U IEC materials developed to display at faith-based community events and include in existing communications to faith-based community

of U=U IEC materials developed to disseminate to people living with HIV and their support networks during supportive services

#/ % of FBOs that have supportive services for people living with HIV and their support networks

of people utilizing supportive services for people living with HIV and their support networks at FBOs

#/ % of faith-based community events displaying/disseminating U=U IEC materials

of attendees at faith-based community events displaying/disseminating U=U IEC materials

% of members in FBO reporting changes in (negative) attitudes toward people living with HIV

#/% of members living with HIV who feel welcomed/supported within their faith community

#/% of support networks of people living with HIV who feel welcomed/supported within their faith community

Intervention Area 3: Mass Media Campaigns

The strategic planning group wishes to raise awareness about U=U within the general population. They believe that raising the general population's awareness of understanding of U=U will have the combined benefits of reducing fear around HIV testing and knowing one's HIV status, decreasing internalized stigma among people living with HIV, decreasing the general population's fear of people living with HIV transmitting HIV, and the resulting stigma and discrimination people living with HIV experience.

Focus Population: The general population

Problem: *(What problem are we trying to solve?)*

- Misconceptions about HIV
- Lack of awareness of U=U and HIV treatment
- Internalized stigma among people living with HIV
- Stigmatizing attitudes and discriminatory behavior toward people living with HIV

Communication Objective:

To reduce stigmatizing attitudes and discriminatory behavior toward people living with HIV within [geographic region] by increasing awareness and knowledge of the U=U concept through a mass media campaign that will run from [date/year] to [date/year].

Communication Goals: *(What do we hope our communication activities achieve?)*

- Decrease misconceptions about HIV
- Increase awareness of U=U and HIV treatment
- Decrease internalized stigma among people living with HIV.
- Normalize people living with HIV
- Decrease stigmatizing attitudes and discriminatory behavior toward people living with HIV.

Solution: *(Strategies and activities to solve the problem)*

[Mass Media]

Work with a health communication/ marketing partner to develop a U=U campaign design that promotes awareness of the benefits of U=U and anti-stigma and discrimination messaging, to be shared online, on television, and on radio stations.

[Support Media]

Post large posters/billboards with QR codes in well-trafficked areas such as bus stops, train stations, shopping centers, markets, sporting events, etc.

Process Indicators: *(Are our strategies and activities taking place as planned?)*

[Dissemination/Reach]

Amount of time given to messages by radio or television.

Print coverage and estimated readership.

of ads or materials distributed by communication channel

[Response/Engagement]

of people visiting websites

of clicks, likes, shares

of downloads

Outcome Indicators (Measures of Success): *(How do we know we solved the problem successfully?)*

% of the intended audience aware of the campaign message, name, or logo

% knowledge increase of U=U among the intended audience

% knowledge increase about HIV

% change in negative attitudes toward people living with HIV among the intended audience after being exposed to the campaign.

continued on the next page ➡

of people accessing information through QR codes

[Audience (*Who are we reaching? Are we reaching our intended audience?*)]

Demographics or other characteristics of the responding audience.



Mass media campaigns are best for increasing awareness and knowledge and changing attitudes in larger audiences. While some behavior change may occur, it will likely happen over time and with repeated message exposure. Therefore, behavior change is not the best indicator for measuring the success of mass media campaigns.



See Vietnam's protocol for "[Assessing Understanding and Confidence in the Undetectable = Untransmittable Message Following a Social Media Campaign to Raise Awareness in Vietnam](#)."

Sustaining Communication Activities

Sustaining your U=U communication activities requires careful planning, ongoing evaluation, and adaptation to ensure their effectiveness and longevity.

Sustainability refers to the ability of your U=U Strategic Plan and Communication Strategy to strengthen or support its intended outcomes and benefits over the long term, even after the initial funding or support ends. It involves establishing mechanisms, strategies, and practices that enable your strategic plan to continue delivering its intended benefits and achieving its goals beyond the initial implementation phase.

Here are some key strategies to sustain your U=U Communication Strategy activities:

Adaptation and Flexibility. Be willing to adapt the U=U activities based on evaluation findings and changing circumstances. Stay updated on emerging trends, new research, and developments in your intended audience's preferences or needs. Flexibility allows you to refine your IEC materials, channels, or strategies to sustain relevance and effectiveness.

Partnerships and Collaboration. Collaborate with relevant U=U contributors, such as public health organizations, community groups, health workers, or advocacy organizations. Partnering with these entities can enhance your U=U activity's credibility, extend its reach, and provide access to additional resources or expertise.

Consistency and Frequency. Maintain a consistent presence and frequency of communication to keep your U=U activities at the forefront of your

audience's minds. Consistency builds trust and reinforces messaging. Regularly update your communication channels with fresh content to sustain interest and engagement.

Engage and Support Your Audience. Encourage active participation from your intended audience through interactive activities, contests, or online discussions. Please support them in becoming advocates or ambassadors for your U=U activities, amplifying their message and impact within their communities.

Collaborative Learning. Foster a culture of collaborative learning within your U=U team. Regularly share insights, best practices, and lessons learned. Embrace a culture of continuous improvement, encouraging creativity, innovation, and shared responsibility for the success of your U=U activities.

Long-Term Funding. Secure sustainable funding to support the ongoing implementation and evaluation of your U=U activities. Seek partnerships with funders or organizations that share your vision and recognize the importance of long-term investment in your U=U activities' efforts. Diversify funding sources to reduce reliance on a single funding stream.

Implementing these strategies can increase the chances of sustaining your U=U activities and effectively promoting behavior change and improved health outcomes among your audiences.



Access the CDC's "[Framework for Evaluation in Public Health](#)." It is a practical, nonprescriptive tool designed to summarize and organize essential elements of program evaluation.



Download an example [U=U Monitoring and Evaluation Framework](#). This resource includes the 1) U=U Program Logic Model, 2) the U=U Strategic Activities, with columns for data sources, data collection methods, reporting frequency, and responsible party, and 3) example monitoring and evaluation process and outcome questions as a Word.doc. Access **Tables** from [Part V. Monitoring & Evaluation Tables](#) in a Word document.

Annexes

ANNEX 1.

SUPPORTING GLOBAL STRATEGIES TO END HIV WITH U=U

U=U is included in and supports the following global strategies to end HIV.

- UNAIDS Global AIDS STRATEGY 2021–2026 (95–95–95)
- [Reimagining PEPFAR’s Strategic Direction](#)
- [UNAIDS HIV Prevention 2025 Roadmap](#)
- [2023–2028 Global Fund Strategy](#)
- [2022–2030 WHO Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections](#)

UNAIDS GLOBAL AIDS STRATEGY 2021–2026 (95–95–95)

The Joint United Nations Programme on HIV and AIDS (UNAIDS) released the new Global AIDS Strategy (2021–2026) with a focus on reducing the inequalities that drive the AIDS epidemic using a person-centered approach to end AIDS by 2030 while setting ambitious new targets of 95% of people living with HIV aware of their HIV diagnosis, of which 95% are on HIV treatment, and of which 95% are virally suppressed (virus undetectable).

New within the 2021 Political Declaration on HIV and AIDS, U=U is recognized as a powerful component of combination HIV prevention (since people living with HIV who have undetectable viral loads cannot transmit HIV to others). **HIV combination prevention** is the comprehensive approach of using multiple strategies such as biomedical, behavioral and structural, to reduce transmissions. It recognizes that no single prevention method is effective to combat the HIV epidemic, and a combination of techniques is needed.

Within the strategy, U=U is also identified as an approach to accelerate anti-stigma and discrimination efforts, supporting people living with HIV, key populations, and people at risk of HIV to enjoy human rights, equality, and dignity, free from discrimination.



Access the [UNAIDS Global AIDS STRATEGY 2021–2026](#).





Figure 18. Achieving 95-95-95 with U=U

REIMAGINING PEPFAR'S STRATEGIC DIRECTION

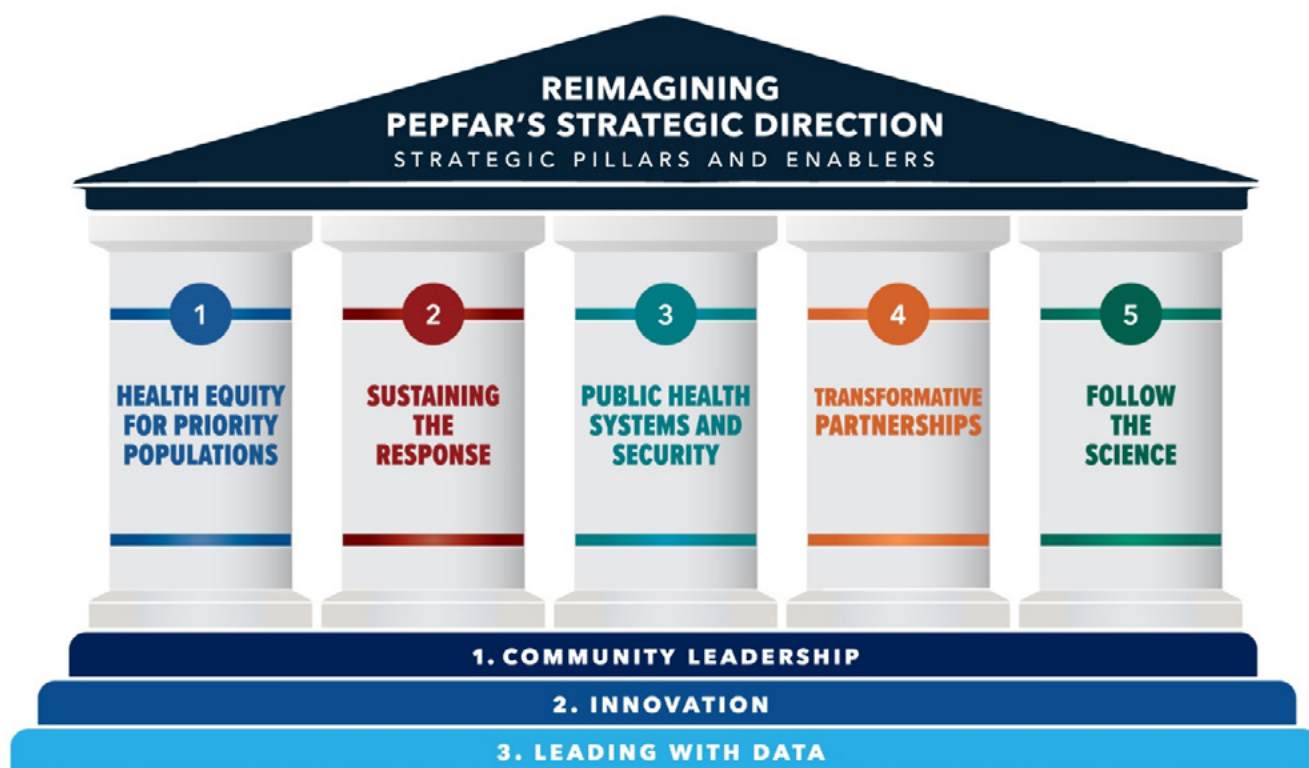


Figure 19. PEPFAR 5x3 Strategic Pillars

In 2022, The President's Emergency Plan for AIDS Relief (PEPFAR) released Reimagining PEPFAR's Strategic Direction: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030. This is PEPFAR's five-year strategy to guide the United States contribution to reaching the United Nations Sustainable Development Goal of ending the global AIDS pandemic as a public health threat by 2030. The plan comprises five strategic pillars, corresponding focus areas, and three enablers, PEPFAR's 5X3.

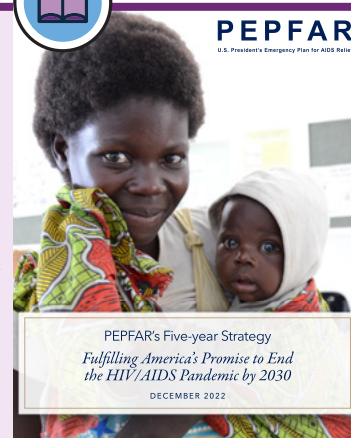
While U=U supports multiple pillars within the 5x3, it is highlighted in Pillar 1: Health Equity for Priority Populations, Focus Area 4: Transforming Key Population service delivery through Key Populations, which calls for U=U messaging to emphasize the power of treatment adherence, reduce stigma among specific populations, and create an enabling environment for testing.



U=U is a Core Standard (13) within COP/ROP23 Guidance for all PEPFAR-supported countries.



Access the [Reimagining PEPFAR's Strategic Direction 2022](#)



U=U also contributes to Pillar 5: Follow the Science, Focus Area 1: Mainstreaming Behavioral and Social Science into HIV Program, “Intentionally identify and scale-up systematic, evidence-based interventions in behavioral and social science—especially aimed at persistent barriers faced by vulnerable populations being effectively reached by and sustained on HIV prevention, diagnostic, and treatment services, including stigma reduction and client empowerment. These include approaches

such as marketing, behavioral economics, social and behavior change communication, and human-centered design.”

U=U supports the social and behavioral components of the TasP biomedical intervention, including HIV awareness, ART initiation and adherence, and retention in care.

(See [Annex 2. U=U in PEPFAR](#) for a detailed overview of U=U’s location.)

Credit: Prevention Access Campaign



UNAIDS HIV PREVENTION 2025 ROADMAP

To reach the targets set in the Global AIDS Strategy (2021–2026), the UNAIDS HIV Prevention 2025 Roadmap outlines country-level actions in a ten-step roadmap guided by five pillars for HIV prevention.

Pillar 5 within the roadmap calls for broader access to ART-based prevention, including efforts to increase the knowledge of HIV prevention benefits of treatment using U=U.

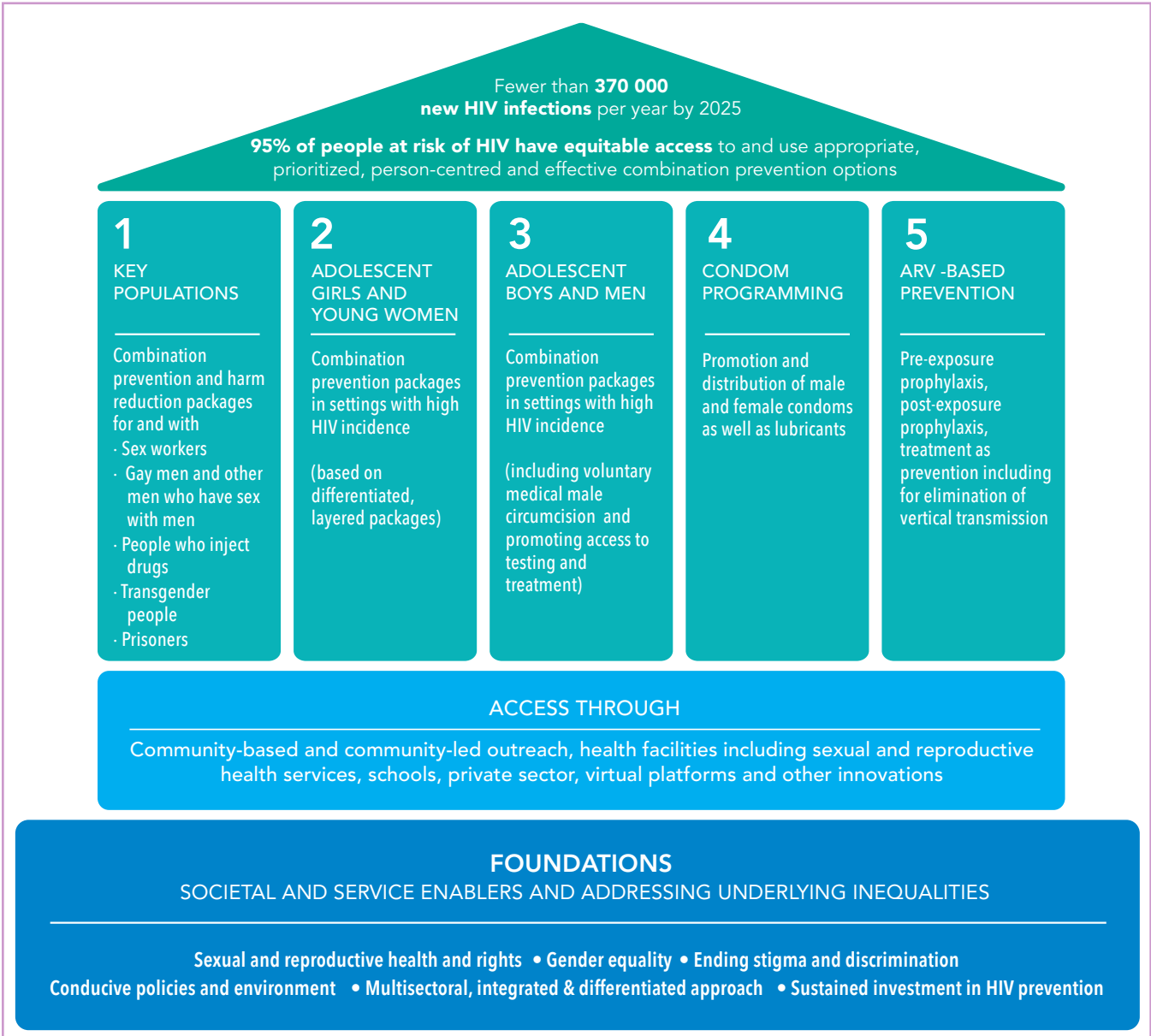
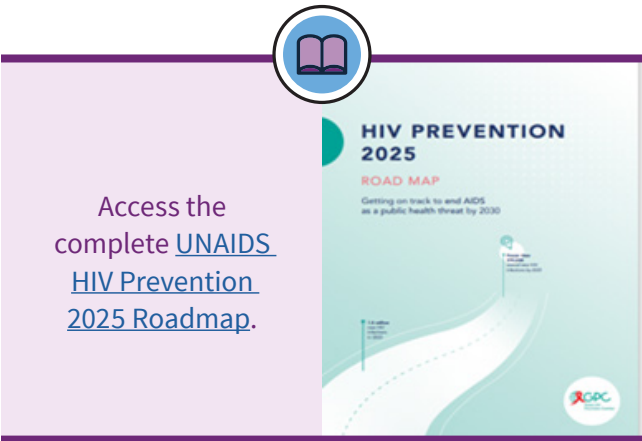


Figure 20. UNAIDS HIV Prevention 2025 Roadmap Pillars

2023–2028 GLOBAL FUND STRATEGY

As a part of the 2023–2028 Global Fund Strategy, the Global Fund’s HIV Information Note—Allocation Period 2023–2025 documents program essentials and prioritized interventions identified by the Global Fund and partners considered in the funding request.

Through Program Essential 13, Global Fund requires applicants to “Ensure resources are available for interventions to improve treatment literacy so that individuals understand the importance of knowing one’s viral load and that virologic suppression is for one’s health and to prevent onward HIV transmission in line with the ‘undetectable=untransmittable’ (U=U) concept.”

2022–2030 WHO GLOBAL HEALTH SECTOR STRATEGIES ON HIV, VIRAL HEPATITIS, AND SEXUALLY TRANSMITTED INFECTIONS

The WHO 2022–2030 WHO Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections consolidate guidelines on HIV prevention, testing, treatment, service delivery, and monitoring and bring together existing and new clinical and programmatic recommendations across different ages, populations, and settings.

Action 38 calls for the increased scale-up of biomedical, behavioral, and structural interventions, like U=U. Additionally, Action 39 (ARVs for HIV Prevention) calls for ART to be provided to all people living with HIV, focusing on the use of WHO-recommended treatment regimens, viral load monitoring, and retention in care to reach undetectable viral loads to prevent onward sexual transmission.



U=U is a Program Essential for Global Fund.



Access the [2023–2028 Global Fund Strategy](#)

Fighting Pandemics and Building a Healthier and More Equitable World
Global Fund Strategy (2023–2028)



You can access the [2022–2030 WHO Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections](#).

Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030



ANNEX 2.

U=U IN PEPFAR

PEPFAR'S 5-YEAR STRATEGY⁴²

Document: **PEPFAR's 5-Year Strategy**

Strategic Pillar 1: Health Equity

Focus Area 4: Transforming KP service delivery through key population leadership.

Page: 12

We recognize that key populations are best served when KP-led organizations have actively designed their programs in partnership with the KPs they know and represent. We also understand that each KP is distinct and have differentiated needs, challenges, and ways that care is most effectively provided. For us to be successful in helping to close the gaps, it will be important that we have members of KPs in the lead of the design of solutions to expand testing, access to treatment, retention, and prevention services. We will also continue supporting U=U (undetectable equals untransmittable) messaging to emphasize the power of adherence to treatment, reduce stigma among certain populations, and create an enabling environment for testing.

COP/ROP23 GUIDANCE FOR ALL PEPFAR SUPPORTED COUNTRIES.⁴³

Section 3: COP/ROP priorities, strategy & enablers

3.3: Core Standards (17)

Page: 124–125

13. Offer treatment and viral-load literacy: HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.

FY2024 TECHNICAL CONSIDERATIONS⁴⁴

Section 6: Technical Considerations 6.1: Continuity of Treatment & Ensuring Programs Work for PLHIV Page: 42	The foundation to empowering people in their treatment journey is treatment literacy. Providers should describe new treatment paradigms using hopeful language that includes the benefits of viral suppression (including the science of U=U) achieved by consistently taking ARVs. See Section 6.1.1.
Section 6: Technical Considerations 6.1.1: Linkage to ART, Early Engagement & Treatment Literacy Page: 51	Research from Malawi, South Africa, and Zimbabwe suggests that what people living with HIV are learning about ART is not motivating many of them to stay on treatment. This motivation gap is partly due to a knowledge and confidence gap among providers, who often leave out information about the benefits of treatment, including its role in preventing transmission (U=U) when talking to patients. The significance of viral suppression with respect to health, sexual “normalcy,” and preventing viral transmission should be emphasized.
Section 6: Technical Considerations 6.2.4.1: Prevention in ANC and PMTCT Page: 110–111	In addition, it is important to expand messaging to PBFW on the substantial impact of viral load suppression to undetectable levels on improving maternal health and preventing vertical transmission. While the U=U criteria used for sexual transmission do not strictly apply to MTCT, evidence shows that when HIV is diagnosed, ART is initiated, and viral suppression (to <50 copies/mL) is achieved prior to conception and maintained over the course of pregnancy and breastfeeding, the risk of vertical transmission is extremely low. Expanding the messages in U=U campaigns to emphasize early ART start and viral suppression before and throughout pregnancy and breastfeeding could have an important impact on MTCT.
Section 6: Technical Considerations 6.3: HIV Testing Services Strategies: reaching & maintaining global 95–95–95 Page: 140	All communications around HIV testing (including demand creation, group pre-test information, and post-test counseling) must align with current national and PEPFAR minimum standards, program priorities, and population/individual needs. HTS programs should provide non-judgmental, positive, consistent messaging to all supported persons and communities on the benefits of appropriate testing services, prevention services (including PrEP and VMMC), partner and index testing services, and HIV treatment (including U=U). Additionally, it is imperative for programs to establish and maintain strategic partnerships with community and subpopulation organizations that are a part of the communities and populations PEPFAR serves.

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FY2024 TECHNICAL CONSIDERATIONS⁴⁴

Section 6: Technical Considerations 6.3.1.8.: Targeted Community-Based Testing Services Page: 173	Studies show that community-based testing strategies are most effective when paired with demand generation activities. One of the Faith and Community Initiative hallmarks has been investment in creating materials that capacitate FBOs and faith and traditional communities to disseminate new Messages of Hope across their religious parent body infrastructures. This suite of communication prototypes provides accurate information about HIV and COVID-19, respectively, and affirms messages about testing, prevention, and advances in HIV treatment (e.g., U=U) for dissemination through sermons and across traditional mass media channels and digital and social media platforms to reduce stigma and increase uptake of targeted HIV testing.
Section 6: Technical Considerations 6.4.5.: Approach to Viral Load Testing Page: 256	Creating demand for VL remains a challenge in many national HIV programs. The following education points should be widely disseminated by all providers, community health workers and counselors doing HIV testing. A suppressed viral load is critical to ensuring healthy living with HIV. U=U. It is widely accepted that virally suppressed individuals cannot pass HIV to their sexual partners. Effective therapy significantly reduces the risk of vertical transmission and transmission to individuals with whom they may share drug-using equipment. To address this, partners should ensure there is dissemination of information to peer educators and counselors regarding routine VL testing, significance of results, and clinical management. Systems such as SMS could be incorporated to remind people of their VL appointment in line with other efforts to ensure continuity of clinical care. Treatment literacy efforts should include education of healthcare workers on the benefits of treatment to prevent onward transmission (U=U), national HIV treatment guidelines or algorithms, explaining the importance of VL and management of high VL results.

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FY2024 TECHNICAL CONSIDERATIONS⁴⁴

Section 6: Technical Considerations 6.5.1.3.: Continuity of Treatment for KP: Initiation to Undetectable Page: 309–310	Scale-up of Undetectable = Untransmittable (U=U) messaging for Key Populations: The U=U campaign was launched after four large studies conducted from 2007 to 2016 among thousands of serodifferent couples did not show a single case of sexual HIV transmission from a virally suppressed partner. The idea that someone living with HIV, who is both on treatment and virally undetectable, cannot transmit the virus to a sexual partner is revolutionary. Data are lacking on non-sexual exposures to HIV, but it is likely that the risk of HIV transmission related to parenteral exposure is greatly reduced when individuals are virally suppressed. Similarly, it is unclear whether this messaging should apply to vertical transmission related to breastfeeding. U=U messaging has the potential to reduce stigma toward PLHIV, including self-stigma; increase demand for HIV testing and ART, including early initiation of treatment; improve treatment adherence; and increase understanding that a suppressed VL is important to maintain the long-term health of PLHIV. The concept of U=U can also strengthen advocacy efforts for universal access to effective treatment and care, and messaging around U=U should be well-integrated into HIV prevention, care, and treatment programs, including those serving key populations. Demand creation toolkits to develop U=U campaigns are available to all PEPFAR agencies. Prevention Access Campaign is the leading site for U=U information, resources, and news.
Section 6: Technical Considerations 3.1.1.4: Addressing Barriers to Health Equity: Stigma, Discrimination, and Human Rights Page: 461	Key Interventions: Total Facility Approach to reducing stigma and discrimination in Health Facilities (PEPFAR best practice ready for adaptation and scale) Psychosocial support activities for people living with HIV, key populations to address/mitigate internalized, or self-, stigma (e.g., group therapy treatment, support groups, peer mentors, etc.) Providing technical assistance to communities to analyze and use data from CLM and the PLHIV Stigma Index 2.0 to influence change at a local and national level. Activities to reduce the key actionable drivers of S&D (fear of infection through nontransmissible contact, shame/blame, lack of knowledge of how harmful stigma is) across all relevant levels (individual, family, community, organizational, and policy). For example, U=U activities in clinic and community settings.

ANNEX 3.

CONSIDERATIONS FOR PRIORITY POPULATIONS

Priority populations describe groups of people who, in a specific geographical context (country or location), are essential for the HIV response because they are at increased risk of acquiring HIV or being disadvantaged when living with HIV due to a range of societal, structural, or personal circumstances. In addition to people living with HIV and the globally defined key populations, countries may identify other priority populations for their national responses if there is clear local evidence for an increased risk of acquiring HIV or experiencing different adverse HIV-related health outcomes among other people.³³

For U=U, priority populations may include but are not limited to adolescents and youth, serodifferent couples, key populations (see [Annex 4](#)), pregnant, chestfeeding, and breastfeeding people.

When developing U=U activities for priority populations, remember the importance of a person-centered approach. A **person-centered approach** recognizes the importance of involving people living with HIV as active participants in their care. It shifts the focus from solely treating the disease to addressing the person's holistic needs and preferences.

Increasing access to comprehensive HIV treatment and care is essential to scaling up U=U.

This includes access to ART, regular monitoring of viral load and CD4 counts, and management of co-occurring conditions. It's essential to ensure that priority populations have uninterrupted access to HIV medications and receive appropriate medical care.

Integrate U=U activities to support the unique critical needs of priority populations.

The needs listed for each population do not represent all needs but are meant to highlight important ones for consideration.

ADOLESCENTS AND YOUTH

Addressing the needs of adolescents and youth living with HIV requires a youth-centered and inclusive approach.

Collaboration between parents and caregivers, health workers, educators, youth organizations, and support networks is crucial to ensure that adolescents and youth living with HIV receive comprehensive care, support, and opportunities to thrive.

Here are some critical needs of adolescents and youth living with HIV to consider while integrating U=U messaging:

Age-Appropriate Education. Youth living with HIV require age-appropriate education and information about their condition, treatment, and prevention strategies. Providing accurate and accessible information helps equip them with knowledge to understand their health, make informed decisions, and manage their condition effectively.

Psychosocial Support. Youth living with HIV may face unique psychosocial challenges, including stigma, discrimination, sharing or discussing one's HIV status, mental health issues, and navigating relationships and sexuality. Providing psychosocial support services, including counseling, peer support, and access to mental health professionals, helps address these challenges and promote overall well-being. Use U=U messaging to support youth's psychosocial challenges, including stigma, discrimination, sharing or discussing one's HIV status, mental health issues, and navigating relationships and sexuality.

Peer Support and Youth Engagement. Engaging youth in U=U peer support groups and youth-led initiatives creates a sense of belonging, reduces isolation, and provides a platform for sharing experiences, information, and support. Peer networks and youth-led organizations offer a safe and supportive space for youth living with HIV to connect and learn from their peers.

Sexual and Reproductive Health. Along with U=U messaging, youth living with HIV need access to comprehensive sexual and reproductive health services. This includes information on contraception options and support for family planning decisions.

PrEP Education and Access. Provide youth information about the benefits and availability of PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Addressing Sexuality Stigma. In many contexts, it may be necessary to address the stigma surrounding adolescent sexuality that impedes open communication between adolescents and their parents, caregivers, health workers, and educators. For adolescents living with HIV, U=U messaging can reduce feelings of internalized stigma and support them to stay on treatment, remain virally suppressed, and engage in healthy sexual activity.

Transition to Adult Care. As youth transition to adulthood, there is a need for smooth and well-supported changes from pediatric to adult HIV care services. This involves ensuring continuity of care, addressing service gaps, and providing support for navigating adult healthcare systems.

Education and Employment Support. Youth living with HIV require support for their educational and employment goals. This includes assistance with education continuity, school accommodations, vocational training, and job placement services. Supporting youth with education and employment opportunities improves their well-being.

STI Prevention Education. Equip youth with comprehensive STI prevention education. This includes education on regular STI testing and addressing risk factors associated with youth experiences.

Non-Discriminatory Environments. Creating non-discriminatory, youth-friendly environments in schools, healthcare settings, and communities is essential for the well-being of youth living with HIV. Promoting acceptance, understanding, and empathy helps reduce stigma and discrimination and facilitates their access to healthcare, education, and support services.



Learn about [Nigeria's U=U Campaign](#) for Young Adults (18–35 years)



Access [UNAIDS Young People and HIV](#) for more information about engaging adolescents and young people in HIV prevention.



SERODIFFERENT COUPLES

Serodifferent couples, where one partner is living with HIV and the other is not, face unique challenges when managing HIV.

Here are some critical needs of serodifferent couples to consider while integrating U=U messaging:

HIV Treatment. Encourage the partner living with HIV to use effective ART as prescribed to remain undetectable. This improves their health and eliminates the risk of transmitting HIV to the partner not living with HIV.

Regular STI Screening. Encourage both partners to get regular STI screenings. This helps in early detection and treatment of any infections.

PrEP Education and Access. Provide serodifferent couples with information and support regarding PrEP for themselves or others at risk of HIV transmission. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Open Communication. Honest and open communication is crucial, with both partners feeling comfortable discussing their sexual health, concerns, and any changes in their HIV status.

Support and Counseling. Dealing with HIV can be emotionally challenging, and professional help can provide guidance and emotional support. Provide support from health workers, HIV support groups, or couples counseling.

Family Planning. If the couple wishes to have children, encourage them to consult health workers to ensure regular viral load testing and monitoring to ensure the partner living with HIV remains undetectable, eliminating the risk of HIV transmission to the HIV-negative partner and reducing the risk of perinatally acquired transmission.

Legal and Social Considerations. Be aware of legal and social factors that may affect the couple, such as disclosure laws and discrimination. Link

couples to information on their rights and seek legal advice if needed.

Tailor HIV management in serodifferent couples according to their circumstances. It's essential to consult with health professionals specializing in HIV care to create a personalized plan that prioritizes the health and well-being of both partners.

PREGNANT, CHESTFEEDING, AND BREASTFEEDING PEOPLE

Pregnant, chestfeeding, and breastfeeding people living with HIV have unique needs that can be understood and addressed to ensure their health, the well-being of their infants, and the successful management of HIV.

Addressing the needs of pregnant, chestfeeding, and breastfeeding people living with HIV requires a collaborative approach involving health workers, obstetricians, pediatricians, counselors, and support networks. Ensuring access to quality prenatal care, appropriate ART, prevention of perinatally acquired HIV services, counseling, and ongoing support is crucial for the childbearing parent's and infant's health and well-being.

Here are some critical needs of pregnant, chestfeeding, and breastfeeding people living with HIV to consider while integrating U=U messaging:

Prenatal Care. Access to comprehensive prenatal care is crucial for pregnant people living with HIV. Regular medical check-ups, monitoring of viral load and CD4 counts, and managing co-occurring conditions are essential to optimize the health of the childbearing parent and the unborn child.

Prevention of Perinatally Acquired HIV. In addition to eliminating the risk of sexual HIV transmission, research indicates that taking HIV medication and maintaining an undetectable viral load also offers additional prevention advantages for pregnant, chestfeeding, and breastfeeding people living with HIV.

Pregnant people with HIV need access to prevention of perinatally acquired HIV services to reduce the risk of transmitting the virus to their infants. This includes measures such as starting ART and achieving viral suppression before pregnancy or as early in gestation as possible, delivery planning, providing antiretroviral prophylaxis to the newborn, and continued monitoring during chestfeeding and breastfeeding.

It is best to reach viral suppression before conception and as early as possible if viral suppression did not happen before conception. This includes when the pregnancy is unplanned and the HIV diagnosis occurs during pregnancy.

HIV transmission during pregnancy, delivery, chestfeeding, and breastfeeding¹⁸

- Available evidence suggests that if the child-bearing parent living with HIV takes ART and maintains a suppressed viral load during pregnancy, delivery, chestfeeding, and breastfeeding, the risk of vertical HIV transmission can be as low as <1%.^{45–47}
- If the child-bearing parent takes ART and is undetectable before and throughout pregnancy and delivery, there is no risk of transmitting to the infant during pregnancy.
- Vertical HIV transmission during pregnancy, delivery, chestfeeding, and breastfeeding is considerably more frequent when the child-bearing parent's viral load is unsuppressed.

WHO guidance indicates that a child-bearing parent living with HIV whose viral load is suppressed within four weeks of delivery is at low risk of transmitting HIV to their infant. It recommends chestfeeding or breastfeeding for the child-bearing parent taking ART.^{48–49}

Infant Feeding Counseling and Support. Provide chestfeeding and breastfeeding people living with HIV guidance and support regarding infant feeding options that reduce the risk of transmission while promoting infant health. This may include education on exclusive chestfeeding and breastfeeding, adherence to ARVs, safe formula feeding, or using a combination feeding approach based on individual circumstances and available resources.

Nutrition and Lifestyle Support. Pregnant, chestfeeding, and breastfeeding people living with HIV require guidance and support to sustain optimal nutrition and healthy lifestyle choices. This includes information on a balanced diet, appropriate weight gain, avoiding harmful substances, and adherence to ART.

Counseling and Support. Pregnant, chestfeeding, and breastfeeding people living with HIV may experience emotional and psychological challenges related to their diagnosis, concerns about transmission, and the well-being of their infants. Counseling and support services, including peer support and access to mental health professionals, can provide emotional support, address fears and concerns, and promote overall well-being.

Postpartum Care. Continuity of care is essential during the postpartum period. Health workers can monitor the health of both the parent and the infant, assess adherence to ART, provide guidance on infant feeding, and support the transition to ongoing HIV care for the parent and ongoing pediatric HIV care for the child.

Supportive and Non-Discriminatory Environments. Provide pregnant, chestfeeding, and breastfeeding people living with HIV with supportive and non-discriminatory environments throughout their journey. This includes addressing stigma, ensuring confidentiality, and promoting respectful and culturally sensitive care that supports pregnant, chestfeeding, and breastfeeding people living with HIV to make informed decisions about their health and the well-being of their infant.



Access [“The Global Alliance to End AIDS in Children”](#) to learn more about the prevention of vertical transmission and early initiation of treatment.



ANNEX 4.

CONSIDERATIONS FOR KEY POPULATIONS

The needs listed for each population do not represent all needs but are meant to highlight important ones for consideration.

SEX WORKERS

Sex workers living with HIV have specific needs that ensure their health, well-being, and access to appropriate care when addressed.

It is essential to adopt a comprehensive and holistic approach when addressing the needs of sex workers living with HIV, recognizing their rights, agency, and unique challenges. In addition, collaboration between health workers, community organizations, peer networks, and policymakers is essential to ensure the delivery of appropriate and supportive services.

Here are some critical needs of sex workers living with HIV to consider while integrating U=U messaging:

Safe Working Conditions. Safe working conditions are crucial for sex workers' health and safety. This involves addressing issues such as violence, exploitation, harassment, and discrimination that sex workers may face. Promoting their safety and rights contributes to their well-being and reduces the risk of further HIV transmission.

Harm Reduction and Prevention Services. **Harm reduction services** are practical strategies and interventions to reduce the negative consequences of certain behaviors or conditions, particularly substance use or high-risk behaviors. Harm reduction aims to promote people's health, well-being, and safety, even if they continue engaging in high-risk

behaviors. Harm reduction services recognize that complete abstinence from the behavior may not be achievable or desirable for everyone. Instead, they focus on minimizing the potential harms and risks associated with certain behaviors. Examples of harm reduction services include needle and syringe programs, safer drug use education, opioid substitution therapy, supervised consumption sites, outreach and support services, HIV and Hepatitis testing and treatment, sexual health services, overdose prevention, and naloxone distribution.

Sex workers living with HIV benefit from harm reduction and prevention services tailored to their needs. This includes access to free condoms, lubricants, other barrier methods, education on regular STI testing, and linkage to and support for retention in care for those diagnosed with HIV.

PrEP Education and Access. Provide sex workers living with HIV with information and support regarding PrEP for their partners or others at risk of HIV transmission. This includes education about the benefits and availability of PrEP and links to appropriate health workers or resources to access PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Psychosocial Support. Sex workers living with HIV may encounter various psychosocial challenges, including stigma, discrimination, social isolation, and mental health issues. Psychosocial support services, including counseling, peer support, and access to mental health professionals to address challenges and promote overall well-being.

Legal and Human Rights Protection. Protecting the legal and human rights of sex workers is essential. This involves advocating for decriminalizing sex work, combating stigma and discrimination, and ensuring access to justice and legal representation. In addition, protecting their rights contributes to their safety, well-being, and access to healthcare.

Accessible Healthcare Services. Sex workers living with HIV need access to healthcare services that are sex-worker-friendly, non-judgmental, and culturally sensitive. This includes ensuring confidentiality, providing language interpretation services, and addressing specific healthcare needs related to sex work.

Peer-Led Initiatives and Support. Peer-led initiatives and support networks are crucial in addressing the unique needs of sex workers living with HIV. Encouraging the involvement of sex worker-led organizations and peer networks provides a supportive environment, shares experiences, and advocates for the rights and well-being of sex workers.

Addressing Social Determinants of Health. Sex workers often face socio-economic challenges such as poverty, lack of housing, limited access to education, and limited employment opportunities. Addressing these social determinants of health through support services and programs helps improve the overall health and well-being of sex workers living with HIV.

GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Gay men and other men who have sex with men living with HIV have specific needs to ensure their health and well-being.

Addressing the needs of gay men and other men who have sex with men living with HIV requires a comprehensive and inclusive approach that combines HIV treatment and care, prevention education, mental health support, and addressing social determinants of health. In addition, collaboration among health workers, community organizations, peer networks, and advocacy groups is essential to meet their specific needs and promote their overall health and well-being.

Here are some critical needs of gay men and other men who have sex with men people living with HIV to consider while integrating U=U messaging:

STI Prevention Education. Ongoing STI prevention education is essential for gay men and other men who have sex with men living with HIV. Gay men and other men who have sex with men need accurate information about using condoms to prevent the transmission of other STIs. Emphasize regular STI testing.

Mental Health and Psychosocial Support. Gay men and other men who have sex with men living with HIV may face mental health challenges, including depression, anxiety, and stigma-related stress. Access to mental health services, counseling, support groups, and peer networks helps address these challenges and promote overall well-being.

Sexual Health Services. Gay men and other men who have sex with men living with HIV need access to comprehensive sexual health services beyond HIV treatment. This includes routine screening and treatment for other STIs, regular sexual health check-ups, and support for sexual well-being and sexual satisfaction.

PrEP Education and Access. Provide gay men and other men who have sex with men living with HIV with information about the benefits and availability of PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically



Use the [UNAIDS HIV and Sex Work Fact Sheet](#) as an IEC material.



HIV AND
SEX WORK

necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Supportive and Non-Discriminatory

Environments. Creating supportive and non-discriminatory environments in healthcare settings and communities is crucial for the well-being of gay men and other men who have sex with men living with HIV. This includes addressing HIV-related stigma, promoting cultural competency among health workers, and providing a safe and welcoming space for their care.

Addressing Social Determinants of Health.

Gay men and other men who have sex with men living with HIV may face additional challenges related to social determinants of health, such as discrimination, homelessness, substance use, and lack of access to healthcare. Addressing these challenges through support services and community resources improves their overall health outcomes.

Peer Support and Community Engagement.

Peer support networks and community engagement are essential in supporting gay men and other men who have sex with men living with HIV. Peer-led initiatives, support groups, and CBOs provide valuable support and information sharing that understand their unique needs and experiences.

Routine Health Screenings and Preventive Care.

Provide gay men and other men who have sex with men living with HIV with routine health screenings and other health parameters. Additionally, address preventive care such as vaccinations (e.g., for hepatitis, pneumococcus) and cancer screenings (e.g., anal cancer).



Use the [UNAIDS Gay Men and Other Men who have sex with men Fact Sheet](#) as IEC material.



**HIV AND GAY MEN AND OTHER
MEN WHO HAVE SEX WITH MEN**

TRANSGENDER PEOPLE AND OTHER GENDER- DIVERSE PEOPLE

Transgender people and other gender-diverse people living with HIV have unique needs that, when addressed, ensure their health, well-being, and access to appropriate care.

Addressing the needs of transgender people and other gender-diverse people living with HIV requires a comprehensive and inclusive approach. Collaborating with transgender-led organizations, engaging health workers with transgender people and other gender-diverse people in health literacy efforts, and involving transgender people in decision-making processes help ensure equitable access to healthcare and support services.

Transgender women, specifically, may prioritize other health issues over HIV treatment. In a survey of 157 transgender people—predominantly transgender women—living with HIV, respondents' top health concern was receiving patient-centered health care without stigma, followed by hormone therapy and mental health care.⁵⁰ ART was the fifth most important health priority. Developing a care plan that addresses all the health concerns of transgender people in conjunction with HIV treatment can improve ongoing engagement and trust.⁵¹

Here are some critical needs of transgender people and other gender-diverse people living with HIV to consider while integrating U=U messaging:

Gender-Affirming Healthcare. **Gender-affirming** refers to actions, practices, or interventions that support and affirm an individual's gender identity. It involves respecting and acknowledging a person's self-identified gender rather than relying solely on assigned sex at birth or societal expectations. Gender-affirming approaches recognize that people have the right to define and express their gender identity, which may not align with the sex they were assigned at birth. These approaches aim to create an inclusive and supportive environment

where people are affirmed and respected in their gender identity. Gender-affirming practices may include social affirmation, medical interventions, mental health support, legal recognition, education, and awareness.

Access to gender-affirming healthcare is essential for transgender people and other gender-diverse people living with HIV. This includes access to hormone replacement therapy, gender-affirming surgeries, and other gender-affirming interventions.

Culturally Competent Care. Ensure health workers are culturally competent and knowledgeable about transgender issues, including transgender-specific healthcare needs and the impact of social determinants of health on transgender people. Providing care in a non-judgmental, respectful, and affirming manner is essential.

Mental Health Support. Transgender people and other gender-diverse people living with HIV may face mental health challenges, including depression, anxiety, and gender dysphoria. Access to mental health services, counseling, and support groups can help address these challenges and promote overall well-being.

Support for Gender Transition. Some transgender people and other gender-diverse people undergo gender transition processes, which may involve social, medical, and legal aspects. Access to support and resources related to gender transition, including counseling, support groups, and assistance with name and gender marker changes, is essential.

Addressing Stigma and Discrimination. Transgender people and other gender-diverse people living with HIV often face intersecting forms of stigma and discrimination based on their gender identity and HIV status. Addressing stigma and discrimination through education, advocacy, and legal protection is crucial to ensure their rights, well-being, and access to healthcare.

Prevention Education. Prevention education tailored to the specific needs of transgender people and other gender-diverse people is essential. This includes education on access to STI testing and addressing risk factors associated with transgender experiences.

PrEP Education and Access. Provide transgender people and other gender-diverse people living with HIV with information about the benefits and availability of PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Community Support and Networking. Building strong community support networks and access to transgender-specific resources and organizations can provide crucial support and connection for transgender people and other gender-diverse people living with HIV. Peer support and community engagement contribute to their overall well-being and resilience.

Legal and Human Rights Protection. Protecting the legal and human rights of transgender people and other gender-diverse people is crucial. This includes advocating for anti-discrimination laws, access to healthcare without bias, legal recognition of gender identity, and ensuring access to justice and legal representation.



Use the [UNAIDS Transgender people and other gender-diverse people Fact Sheet](#) as an IEC material.



**HIV AND TRANSGENDER AND
OTHER GENDER-DIVERSE PEOPLE**



See more [IEC material for transwomen](#) developed by [Trans*Health Philippines](#).

Gandang Ligtas = Beautifully Safe

IEC Materials

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PEOPLE WHO INJECT DRUGS

People who inject drugs living with HIV face unique needs that, when addressed, ensure their health and well-being.

Addressing the needs of people who inject drugs living with HIV requires a comprehensive and compassionate approach that combines harm reduction strategies, HIV treatment and care, mental health support, and addressing social determinants of health. Collaboration among health workers, harm reduction programs, substance use treatment centers, community organizations, and peers helps meet their needs and promote their overall health and well-being.

Here are some critical needs of people who inject drugs living with HIV to consider while integrating U=U messaging:

HIV Transmission through Needle Sharing. U=U may reduce HIV acquisition risk for people who inject drugs.

Scientists do not have enough data to know whether having a suppressed or undetectable viral load prevents HIV transmission through sharing needles, syringes, or other injection drug equipment (for example, cookers). It very likely reduces risk, but it's unknown by how much.⁵²

Access to Harm Reduction Services. People who inject drugs living with HIV require access to harm reduction services, such as needle and syringe programs, opioid substitution therapy (e.g., methadone or buprenorphine), and supervised injection facilities. These services help reduce the risk of HIV transmission, overdose, and other harms associated with drug use.

Integrated Substance Use and HIV Care. Integrating substance use treatment and HIV care services enhances the outcomes for people who inject drugs living with HIV. Integrated care that addresses their HIV management, substance use, and other services, including mental health and basic life needs such as housing and food, provides a holistic approach to their health.

Mental Health and Psychosocial Support. People who inject drugs living with HIV often face mental health challenges, including depression, anxiety, and trauma. Access to mental health services, counseling, and support groups helps address these challenges and promote overall well-being.

Prevention Education and Safer Injection Practices. Providing people who inject drugs with information and education about safer injection practices, such as using clean needles, syringes, and other injection equipment, reduces the risk of HIV transmission and other bloodborne infections. Use prevention education to cover strategies to minimize the risks associated with drug use.

PrEP Education and Access. Provide people who inject drugs with information about the benefits and availability of PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Support for Medication Adherence. People who inject drugs living with HIV may face unique challenges in adhering to their medication regimen due to various factors such as unstable housing, substance use, and mental health issues and offering support mechanisms, including reminder systems, adherence counseling, and peer support and navigation, to assist them in maintaining optimal adherence to their HIV medication.

Addressing Social Determinants of Health. People who inject drugs living with HIV often face multiple social and economic challenges, including homelessness, poverty, and stigma. Addressing these social determinants of health through access to housing, employment support, legal assistance, and stigma reduction efforts is crucial for their overall well-being and engagement in care.

Peer Support and Community Engagement. Peer support networks and community engagement are significant in supporting people who inject drugs living with HIV. Peer-led initiatives, support groups, and CBOs provide valuable support and resources that understand their unique needs and experiences.

Outreach and Mobile Services. Reaching out to people who inject drugs in non-traditional settings, such as street-based outreach or mobile healthcare services, improves their access to HIV care, testing, harm reduction services, and support. Meeting them where they are helps overcome barriers to healthcare engagement.



PEOPLE IN PRISONS AND OTHER ENCLOSED SETTINGS

People in prisons and other enclosed settings living with HIV have specific needs that, when addressed, ensure their health, well-being, and access to appropriate care.

Addressing the needs of people in prisons and other enclosed settings living with HIV requires a collaborative approach involving correctional health services, community health workers, and relevant support organizations. In addition, it's essential to consider the health, well-being, and human rights of people in prisons and other enclosed settings living with HIV to ensure they receive equitable and comprehensive care throughout their incarceration and beyond.

Here are some critical needs of people in prisons and other enclosed settings living with HIV to consider while integrating U=U messaging:

Confidentiality and Privacy. Protecting the confidentiality and privacy of people in prisons and other enclosed settings living with HIV is essential. Put measures in place to prevent unauthorized sharing or discussion of one's HIV status and ensure one's medical information is confidential.

Continuity of Care. Maintaining continuity of care during incarceration and upon release is essential. Establishing collaboration between correctional health services and community health workers ensures a smooth transition and uninterrupted access to HIV treatment and support services post-release.

Psychosocial Support. People in prisons and other enclosed settings living with HIV may face various psychosocial challenges, including stigma, discrimination, isolation, and mental health issues. Psychosocial support services such as counseling, peer support, and access to mental health professionals help address these challenges and promote overall well-being.

Prevention Education. Provide people in prisons and other enclosed settings living with HIV with comprehensive prevention education to reduce the risk of transmitting the virus within the prison environment. This includes education on harm reduction strategies, needle and syringe programs, and access to condoms and other preventive measures.

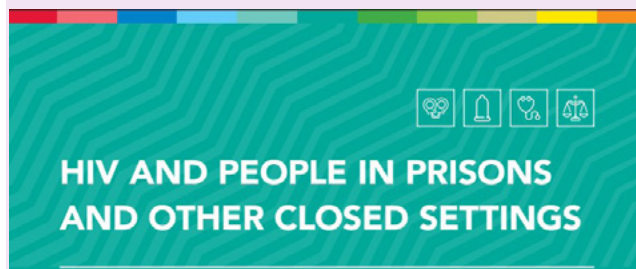
PrEP Education and Access. Provide people in prisons and other enclosed settings living with HIV with information about the benefits and availability of PrEP. To eliminate confusion or anxiety around U=U, clearly communicate that PrEP is not medically necessary to prevent HIV transmission to a serodifferent sexual partner if the person living with HIV maintains an undetectable viral load.

Reentry Support. People in prisons and other enclosed settings living with HIV face unique challenges upon release, such as healthcare, housing, employment, and social support. Offering reentry programs and support services that address these needs helps facilitate successful community reintegration and continuity of HIV care.

Legal and Human Rights Protection. Ensuring people's rights in prisons and other enclosed settings living with HIV are protected is essential. This includes protection against discrimination, access to healthcare, right to confidentiality, and appropriate legal representation when needed.



Use the UNAIDS
[People in Prisons and other enclosed settings
Fact Sheet](#) as an IEC material.



Credit: Prevention Access Campaign



ANNEX 5.

HIV LITERACY

HIV LITERACY

HIV Literacy refers to the capacity of individuals, communities, and organizations to obtain, interpret, and understand basic HIV prevention, testing, and care information, skills, and services and the competence to use such information to prevent HIV, further transmission, and related stigma and discrimination; to know of and understand their HIV status, ART regimen, and test results; to enhance the physical, mental, and social well-being of all, especially people living with HIV.⁵³

U=U increases HIV literacy, leading to the following outcomes:

Increases Knowledge and Engagement.

Knowledge about HIV treatment options, adherence, and managing side effects allows people to participate in their health and treatment decisions actively. In addition, it helps them understand the importance of adherence to ART and engage in self-care practices that promote their overall well-being.

Improved Health Outcomes. HIV literacy contributes to better health outcomes. When people understand their treatment options and how to adhere to their medication regimen, they are more likely to reach and maintain an undetectable viral load. This reduces the risk of disease progression, opportunistic infections, and virus transmission to others.

Reduced HIV-Related Stigma and Discrimination.

HIV literacy helps dispel misconceptions and myths surrounding HIV. Accurate knowledge about HIV treatment can challenge stigma and discrimination by promoting understanding, empathy, and support for people living with HIV and reducing fear of HIV transmission through non-transmissible contact with people living with HIV.

Prevention and Risk Reduction. HIV literacy is crucial in prevention efforts. When people are knowledgeable about U=U, PrEP, PEP, and other prevention strategies, they can make informed decisions to protect themselves and their partners from HIV transmission.

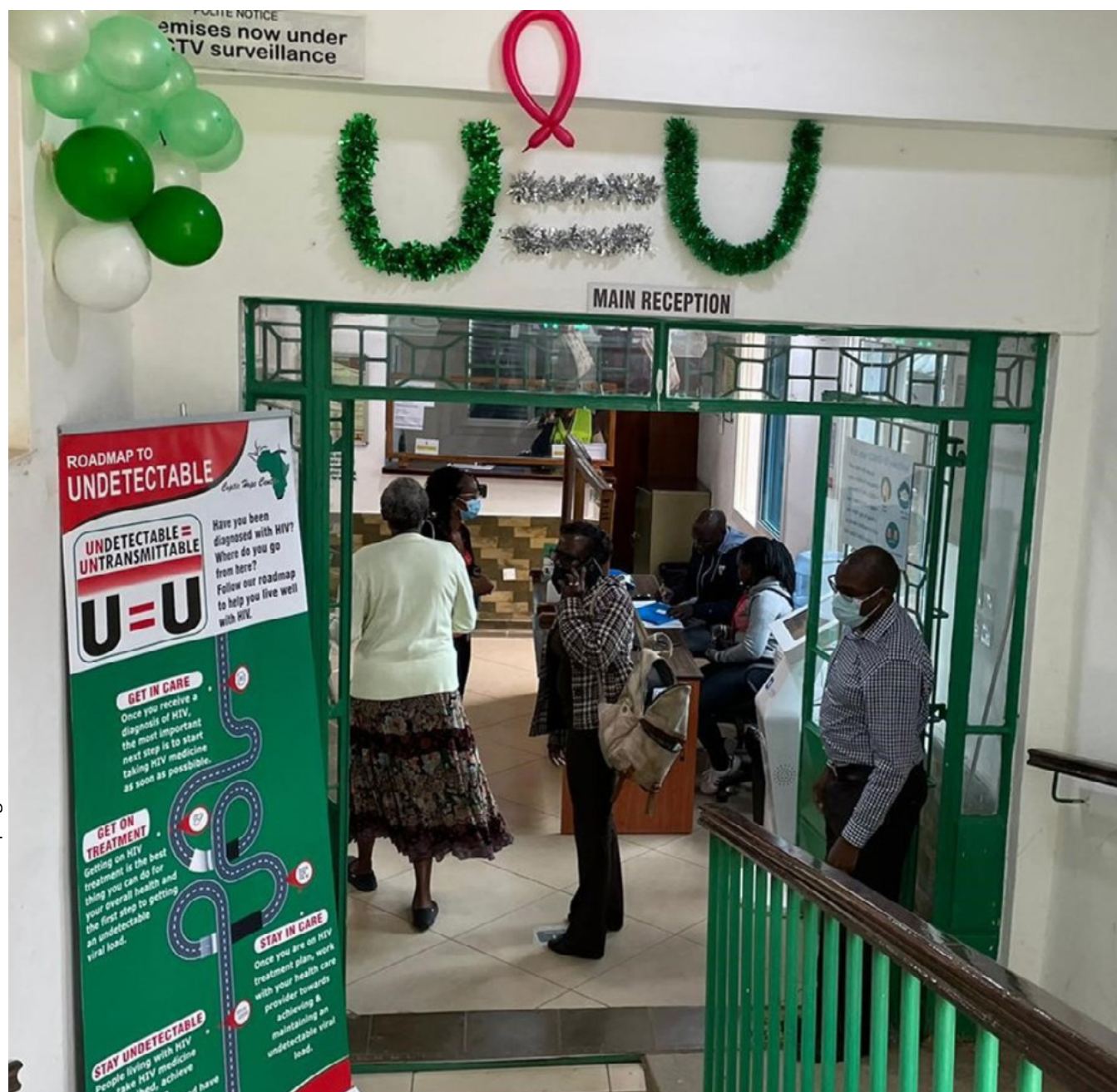


Credit: Prevention Access Campaign



Informed Healthcare Decision-Making. To provide comprehensive care, health workers need a strong understanding of HIV prevention and treatment options, guidelines, and advancements. HIV-literate health workers can share decision-making with their patients, discuss treatment plans, address concerns, and support adherence to HIV medications.

Community Engagement. HIV literacy fosters community engagement and support efforts. It enables people and communities affected by HIV to advocate for access to quality care, affordable medications, and supportive services. In addition, informed people can actively participate in HIV-related initiatives, stigma and discrimination-reduction efforts, policy development, and community education.



Credit: Prevention Access Campaign

ANNEX 6.

HEALTH EQUITY

HEALTH EQUITY

U=U is essential in advancing health equity for people living with HIV.

Health Equity refers to the principle of ensuring that every individual has an equal opportunity to reach optimal health outcomes, regardless of their social, economic, or demographic characteristics. It recognizes that differences in health status and access to healthcare should not be determined by factors such as race, ethnicity, gender, socioeconomic status, geographic location, or other social determinants of health.⁵⁴

Integrating U=U messaging supports the following Health Equity goals:

Improve Health Outcomes. U=U messaging helps people living with HIV reach and maintain an undetectable viral load, improving their health and eliminating the risk of HIV transmission to others. The U=U message can be paired with messaging that promotes access to ART for all people regardless of their socioeconomic status, race, ethnicity, or other social determinants and health disparities related to HIV, leading to more equitable health outcomes.

Reduce HIV-Related Mortality. U=U messaging promotes ART, which has been highly effective in reducing HIV-related mortality and prolonging the lives of people living with HIV. By fostering equitable access to ART, more people can benefit from the timely initiation of treatment, resulting in improved survival rates across diverse populations.

Prevent New HIV Transmissions. When people with HIV reach and maintain an undetectable viral load through ART, the risk of transmitting the virus to others through sex is eliminated. By promoting widespread access to antiretroviral treatment, particularly for populations disproportionately affected by HIV, health equity can be achieved by reducing new HIV transmissions in those communities.

Addresses Disparities in HIV Care. Historically, key populations have faced barriers to HIV care, including inadequate healthcare infrastructure, discrimination, stigma, and lack of resources. Promoting equitable access to ART involves addressing these barriers and creating an inclusive, culturally sensitive healthcare system that provides comprehensive care for all people living with HIV, regardless of their background or circumstances.

Engage Key Population Communities. U=U activities that focus on health equity actively engage and involve key populations. By engaging communities in developing and implementing U=U activities, their unique needs and perspectives are considered and incorporated, ensuring that interventions are tailored to their specific circumstances and challenges.

Integrate Services. Integrating U=U messaging into other essential healthcare services, such as sexual and reproductive health, mental health, substance use treatment, and social support, contributes to health equity. By addressing the holistic needs of people living with HIV, including those related to social determinants of health, health disparities can be reduced, leading to more equitable health outcomes.

Eliminate Treatment Disparities. Health equity in the context of U=U requires efforts to eliminate disparities in treatment initiation, adherence, and retention in care. This involves addressing barriers such as cost, transportation, stigma, and discrimination that may prevent people from accessing and adhering to ART. By removing these barriers, all people can have equal opportunities to benefit from the life-saving effects of antiretroviral treatment.



Access the [Report by the NGO Representative Undetectable = Untransmittable Universal Access \(U=U=U\): A foundational, community-led global HIV health equity strategy.](#)

This report outlines U=U as a foundational, community-led global health equity strategy, offering a multitude of benefits, including:

Reducing HIV stigma and discrimination.

Furthering the establishment of enabling environments to support key and vulnerable populations where dangerous systemic and structural inequalities serve as persistent hindrances to engagement in the HIV testing, treatment, and care cascade and the reaching of U=U.

Acknowledging the community leadership of people living with HIV within the global HIV response and serving as a sound argument for continual investments in community systems, leadership, and responses.

Serving as equity-informed access to medicines, diagnostics, viral load testing, health technologies, and innovations.

Presenting a cost-benefit perspective: Research shows that U=U is a strong argument for equity-oriented, HIV combination implementation strategies to reduce long-term healthcare costs and ensure reductions to incidence-related disparities and health inequity measures in racialized communities.

**REPORT BY THE NGO
REPRESENTATIVE**

**Undetectable = Untransmittable =
Universal Access (U=U=U):
A foundational, community-led global
HIV health equity strategy**

ANNEX 7.

HIV-RELATED STIGMA & DISCRIMINATION

HIV-RELATED STIGMA AND DISCRIMINATION

HIV-related stigma refers to the negative beliefs, stereotypes, and prejudices associated with HIV. It often leads to social exclusion, marginalization, and labeling of people as being “dirty,” immoral,” or “undesirable.” Stigma can manifest in different ways, such as gossip, social rejection, verbal or physical abuse, or denial of rights and opportunities.

HIV-related discrimination refers to the unfair treatment or differential behavior towards people based on their HIV status. It can be seen in various settings, including healthcare, education, employment, housing, and within families and communities. Discrimination can lead to denial of healthcare services, loss of employment or educational opportunities, and violation of human rights.

Addressing stigma and discrimination is crucial for improving the lives of people with HIV. Efforts can focus on increasing awareness of what stigma is and how it is harmful, challenging misconceptions about HIV and people living with HIV, promoting empathy and acceptance, and creating supportive environments prioritizing dignity, respect, and equal rights for all people, regardless of their HIV status.

Stigma and discrimination profoundly affect people living with HIV, exacerbating their challenges and hindering their overall well-being.

U=U messaging supports the following HIV Stigma and Discrimination Reduction and Mitigation goals:

Reduce Psychological and Emotional Impact of HIV. Stigma and discrimination contribute to shame, guilt, fear, and self-blame among people with HIV. They may experience anxiety, depression, social isolation, and diminished self-worth. The psychological toll can affect their mental health and quality of life. Positive U=U messaging can eliminate the guilt and fear of potentially transmitting HIV to loved ones and partners, thereby relieving stress, depression, and anxiety.

Increase Early Testing and Treatment Initiation. Fear of stigma and discrimination, or anticipated stigma, can deter people from getting tested for HIV or seeking timely treatment. Concerns about confidentiality breaches, rejection, or negative social consequences may lead to delayed diagnosis and treatment initiation, negatively impacting their health outcomes. Consistent U=U messaging reduces anxiety associated with HIV and has been shown to increase HIV testing rates. U=U messaging, coupled with training for health workers on HIV, human rights, key populations, stigma reduction, nondiscrimination, gender sensitization, and medical ethics, will reduce the level of anticipated stigma in communities more broadly, thereby increasing HIV testing and initiation of care and treatment services.

Increase Adherence to Treatment. Stigma and discrimination can impede ART adherence. Fear of sharing or discussing one's HIV status or being associated with HIV may cause people to hide their medication or skip doses, leading to suboptimal treatment outcomes, drug resistance, and increased risk of disease progression. U=U messaging can inspire maintained adherence by understanding the links between adherence, an undetectable viral load, and zero risk of transmission during sex.

Encourage Sharing or Discussing One's HIV Status and Increase Support. Stigma often leads to reluctance to share or discuss one's HIV status, even to close friends and family members. This secrecy can isolate people and prevent them from receiving the emotional support, understanding, and care they need. It may also hinder their ability to access relevant HIV services and resources. U=U messaging can encourage sharing or discussing one's HIV status with partners by equipping people living with HIV with the facts about maintaining an undetectable viral load and zero sexual acquisition risk.

Reduce Negative Impact of HIV on Social and Interpersonal Relationships and Intimacy. HIV-related stigma can strain personal relationships, including partnerships, friendships, and family connections. Fear of rejection or abandonment may lead people to avoid forming new relationships or disclosing their HIV status, hindering their ability to experience fulfilling and supportive connections. People living with HIV may face social rejection and discrimination in employment, housing, education, and healthcare settings due to their HIV status.

This discrimination can limit their opportunities, negatively affect their financial stability, and lead to social exclusion and marginalization. Ensuring that U=U messaging reaches employers, trade unions, and human resource professionals across fields (i.e., education, healthcare, etc.) is critical to minimize discrimination against people living with HIV in the workplace.

Increase Access to HIV Prevention. Stigma and discrimination surrounding HIV can hinder prevention efforts. It may discourage people from seeking HIV testing and accessing preventive measures such as PrEP. This perpetuates the cycle of new transmissions and limits the effectiveness of prevention strategies. U=U messaging in the community can reduce fears about an HIV diagnosis, encouraging more people to test for HIV and initiate treatment early if diagnosed with HIV.

Improve Access to Healthcare. Stigma and discrimination may deter people from seeking regular healthcare or accessing HIV-related services. Discriminatory attitudes and practices among health workers can further hinder access to quality care, leading to disparities in healthcare provision and substandard treatment experiences. Consistent U=U messaging, coupled with training for health workers on HIV, human rights, key populations, stigma reduction, nondiscrimination, gender sensitization, and medical ethics, can reduce the level of anticipated stigma in communities more broadly, thereby increasing HIV testing and initiation of care and treatment services.

Credit: Prevention Access Campaign



ANNEX 8.

U=U IMPLEMENTATION CHECKLIST

STRATEGIC OBJECTIVE 1. ENGAGE

Proactively engage U=U contributors to foster community support and mobilization for U=U activities.

Activities

- ☐ [Identify U=U contributors](#) and champions representing all segmented populations of people living with HIV, including youth and key populations, to serve as U=U champions.
- ☐ Identify U=U health worker contributors, including HIV and general providers, to serve as U=U champions (e.g., collaborating on developing IEC materials and supporting ongoing training, delivery, facility branding, monitoring, and evaluation of U=U activities).
- ☐ Identify U=U community-level U=U contributors and champions (e.g., collaborate on developing IEC materials and support the dissemination of U=U messaging within their organizations and networks, including community-based organizations, civil society, and faith-based organizations).
- ☐ Identify U=U education contributors and champions to support the dissemination and integration of U=U messages into the curriculum at the primary level, institutions of higher learning, and medical programs.
- ☐ Identify U=U MOH and other governmental agency contributors and champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).
- ☐ Identify U=U policy contributors and champions (e.g., raising awareness and supporting system-level change through HIV-related policies and laws).
- ☐ Create a forum, listserv, and opportunities for U=U champions to strategize, share best practices, and provide updates on U=U activities.
- ☐ Hold regularly scheduled meetings, calls, and events with U=U champions to ensure progress updates and sustain momentum.

STRATEGIC OBJECTIVE 2. STRATEGIZE

Create a U=U Strategic Plan and U=U Communication Strategy, a [Monitoring & Evaluation Framework](#), and an Implementation Plan with U=U contributors, including focus populations.

Activities

- ☐ Hold a [strategic planning workshop\(s\) /event\(s\)](#) with all U=U contributors, especially focus populations, and develop a U=U Strategic Plan.
- ☐ Conduct a readiness assessment with U=U contributors to assess preparedness to implement the [U=U Strategic Plan](#).
- ☐ Work with U=U contributors to develop a [U=U Communication Strategy](#).
- ☐ Work with U=U contributors to develop an [Implementation Plan](#).
- ☐ Work with U=U contributors to develop a Monitoring and Evaluation Framework for the Strategic Plan.

STRATEGIC OBJECTIVE 3. DEVELOP MATERIALS

Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment.

Activities

- ☐ Identify communication partners with marketing, health communication, demand creation, and IEC material development expertise.
- ☐ Work with communication partners to develop U=U IEC materials for:
 - ☐ All audience segments of people living with HIV.
 - ☐ Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).
 - ☐ Health workers providing U=U messaging, including branding and training materials for facilities, venues, and those providing U=U messaging.
 - ☐ The general population for dissemination (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.

STRATEGIC OBJECTIVE 4. CAPACITATE

Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence.

Activities

- ☐ Identify partners with training expertise.
- ☐ Collaborate with training partners to create curricula for health workers and others providing U=U messaging, including best practices and key messages to have at each phase of the prevention, care, and treatment cascade and other vital areas for U=U message integration (e.g., sexual health & reproductive services, adolescent health services, prevention of perinatally acquired HIV, harm reduction services, tuberculosis (TB), hepatitis B and hepatitis C testing).
- ☐ Collaborate with training partners to create supporting materials (e.g., counseling tools, flipcharts, visuals, webinars, etc.) for health workers and others providing U=U messaging.
- ☐ Provide routine opportunities to capacitate and refresh the knowledge of health workers and others, providing U=U messaging.
- ☐ Create a forum to facilitate knowledge-sharing among health workers and others providing U=U messaging.
- ☐ Create opportunities for exchange visits to learn best and innovative practices.

STRATEGIC OBJECTIVE 5. INTEGRATE MESSAGING

Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

Activities

- ☐ Collaborate with U=U general provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into routine health visits.
- ☐ Collaborate with U=U HIV provider champions to identify opportunities to meet, train, and disseminate U=U IEC materials and messaging into differentiated forms of HIV prevention, care, and treatment service delivery.

STRATEGIC OBJECTIVE 6. DISSEMINATE MATERIALS

Disseminate U=U IEC materials to focus populations, tailored to each audience segment.

Activities

- ☐ Work with communication partners to identify the best communication channels for dissemination.
- ☐ Work with communication partners to disseminate U=U IEC materials via identified strategic approaches to:
 - ☐ Audience segments of people living with HIV.
 - ☐ Support networks of people living with HIV (i.e., partners, family, parents, and caregivers).
 - ☐ The general population (e.g., social media, radio, TV, venues, and billboards) focusing on U=U awareness, addressing misconceptions about HIV, and anti-stigma and discrimination.
- ☐ Create an online forum to house developed U=U IEC materials for broad dissemination.

STRATEGIC OBJECTIVE 7. MONITOR AND EVALUATE

[Monitor and evaluate U=U Strategic Plan](#) and [U=U Communication Strategy activities](#).

Activities

- ☐ Identify monitoring and evaluation (M&E) partners.
- ☐ Work with M&E partners to identify critical M&E questions (What do we need to know?).
- ☐ Work with M&E partners to identify which M&E systems and indicators exist and which are needed.
- ☐ Work with M&E partners to identify sites, venues, and activities for routine and enhanced M&E.
- ☐ Work with M&E partners to outline routine and enhanced M&E data collection plans.
- ☐ Work with M&E and communication partners to develop and disseminate an M&E plan(s) for your Communication Strategy activities.
- ☐ Collect data.
- ☐ Report and disseminate findings.



Download a printable copy of the [U=U Implementation Checklist](#)

ANNEX 9.

ACCESSIBLE EXPLANATION OF FIGURES

Figure 1 HIV Treatment as Prevention from HIV.gov

At the top of Figure 1, the all-caps text reads “HIV TREATMENT as PREVENTION. A highly effective strategy to prevent the sexual transmission of HIV.” Underneath, a bright blue box contains a white icon of a clipboard, pill bottle, and photo of two men standing side. The text inside this box reads, “People with HIV who take HIV medication as prescribed.” A small white arrow points down to a blue box with a white icon of a blood vial with dots inside, and two small white arrows point to another vial of blood without dots. There is a picture of a man smiling. The text reads, “and get and keep an undetectable viral load.” A small white arrow points down to a red box with a white icon of two holding hands and a picture of a male and female smiling at each other. The text reads, “will not transmit HIV to their negative partners through sex. Underneath that box, black text on a white background read, “LEARN MORE AT HIV.GOV/TASP.

Figure 2 WHO “Three categories of viral load levels”

This graphic from the WHO 2023 policy brief on viral suppression illustrates three traffic lights. The first traffic light is red with a number three in the center of the red circle, representing the third category of viral suppression, unsuppressed. The second traffic light is yellow with a number two in the center of the yellow circle, representing the second category of viral suppression, suppressed. The third traffic light is green, with the number one in the center of the green circle, representing the first category of viral suppression, undetectable. The text to the right side of the illustration defines each of the three categories of viral suppression

and reads, “Undetectable (not detected*): no measurable virus—zero risk of transmission to a sexual partner(s); minimal risk of mother-to-child transmission. Suppressed (detected but ≤ 1000 copies/mL): some virus replicating and present: could be due to missing doses, recent treatment initiation, or drug resistance. Almost zero or negligible risk of transmission to a sexual partner(s). Unsuppressed (>1000 copies/mL): Significant virus replication and presence could be due to missing doses, recent treatment initiation, or drug resistance. Increased risk of falling ill and passing the virus on to sexual partner(s) or children.” The asterisk text reads, “Not detected by the test or sample type used.” Below the illustration, the text reads, “The ultimate goal for all people living with HIV is to reach and sustain undetectable viral loads. Taking antiretroviral therapy as prescribed will support this goal, prevent transmission to their sexual partner(s) and children, and improve their clinical well-being.” The scripted asterisk text referring to the undetectable category reads, “Not detected by the test or sample type used.”

Figure 3 Socio-Ecological Model of Behavior Change

This graphic consists of four concentric circles, each representing a socio-ecological model level. The innermost circle text reads “Individual.” The second circle text reads “Social Networks. Partners, Family, Peers.” The third circle text reads “Community: Organization, Services, Products. Leaders, Providers.” The fourth, outermost circle text reads “Enabling Environment: Policy/Legislation, Politics/Conflict, Economics, Religion, Technology, Natural Environment. Government, NGOs.” A pie-slice-shaped figure intersects the left side of the circles. The text inside this figure reads “INFORMATION,

Knowledge. MOTIVATION, Attitudes, and Beliefs. ABILITY TO ACT, Skills, Self-Efficacy, Access”, and “NORMS, Perceived, Sociocultural, Gender.

Figure 4 U=U Basic Messaging Approach

This infographic illustrates the U=U Basic Messaging Approach using a flow diagram of three connected text boxes. In the first text box, the text reads “CREATE AWARENESS.” Underneath the text box reads “Have you heard of U=U.” In the second middle text box, the text reads “FOSTER UNDERSTANDING.” Underneath the text box reads “Do you know what U=U means?”. The last text box reads “EXPLAIN WHY IT MATTERS.” Underneath, the text box reads, “Let me explain why U=U is important to you.”

Figure 5 U=U Implementation Framework

Figure 4 outlines the U=U Implementation Framework. The first text box reads, "01 ENGAGE. Proactively engage U=U contributors to foster community support and mobilization for U=U activities. The second text box reads, "02 STRATEGIZE. Create a U=U Strategic Plan and U=U Communication Strategy, including a Monitoring & Evaluation Framework and Implementation Plan with U=U contributors, including focus populations. The third text box reads, "03 DEVELOP MATERIALS. Develop U=U information, education, and communication (IEC) materials for focus populations tailored to each audience segment. The fourth text box reads, "04 CAPACITATE. Capacitate those providing U=U messaging by developing curricula and supporting materials to build their awareness, expertise, and confidence. The fifth text box reads, "05 INTEGRATE MESSAGING. Integrate U=U messaging into differentiated forms of HIV prevention, care, and treatment service delivery. The sixth text box reads, "06 DISSEMINATE -Disseminate U=U IEC materials for focus populations tailored to each audience segment. The last text box reads, "07. MONITOR AND EVALUATE. Monitor and evaluate U=U Strategic Plan and U=U Communication Strategy activities.

Figure 6 Approach to Community Engagement

This infographic consists of five rounded bars. Within each bar is a step for community engagement. Starting from the top bar and going down, the text of the first bar reads, “Build Trust. Develop and maintain trust among contributors.” The text of the second bar reads, “Enlist Allies and Resources. Ensure programs, initiatives, and services are culturally tailored, cost-effective, and sustainable. The third middle bar text reads, “Create Better Communication. Create and maintain effective lines of communication between shared leadership and partnerships.” The text of the fourth bar reads, “Improve Health Outcomes. Improve overall health systems that impact a nation's health security.” The text of the fifth bottom bar reads, “Include Key Populations. Enhance outreach to keep key populations engaged.”

Figure 7 SWOT Analysis

Figure 7 is a box diagram of a SWOT analysis. The diagram focuses on four equal-sized squares, two on top and two on the bottom. The first box has a large letter S. Underneath the letter S is the word “Strengths.” To the right of the S box is the second box containing a large letter W. Underneath the letter W is the word “Weaknesses.” Below the S box is the third box containing a large letter O. Underneath the letter O is the word “Opportunities.” The last box below the W includes a large letter T. Underneath the letter T is the word “Threats.” Surrounding the four boxes is a text script. Over the top of the boxes in the strengths and opportunities column, the text reads, “Helpful to achieving the objective.” Over the top of the boxes in the weaknesses and threats columns, the text reads, “Harmful to achieving the objective.” To the right of the strengths and weakness row, the text reads, “Internal Origin attributes of the organization.” To the right of the opportunities and threats row, the text reads, “External Origin attributes of the organization.”

Figure 8 Example Focus Populations

Figure 8 illustrates six different types of U=U focus populations. There are two rows, with three icons of populations on each. On the top row is an icon of a person. The text underneath reads, “People living with HIV.” Next, the second icon is of two adults and one child. The text beneath reads, “Caregivers.” The third icon is of two adults facing each other in a hug. The text underneath reads, “Serodifferent Couples.” On the bottom row is an icon of a person wearing a stethoscope. The text beneath reads, “Health Workers.” Next, the second bottom icon is of a building. The text underneath reads, “Institutions & Organizations.” The third bottom icon is of three people. The text beneath reads, “General Population.”

Figure 9 U=U Strategic Areas of intervention

Figure 9 illustrates the three main areas of U=U intervention. The diagram consists of three vertical icons. The top icon is of two hands. Between the two hands is a heart with a zig-zag line across it, indicating a pulse. Underneath this icon, the text reads, DIFFERENTIATED SERVICE DELIVERY. The middle icon is of two hands. Between the two hands is a heart with a zig-zag line across it, indicating a pulse. Underneath this icon, the text reads, DIFFERENTIATED SERVICE DELIVERY.

Figure 10 Strategic Communication Framework

This graphic visually represents a strategic communication plan. The graphic includes four rows of five text boxes going across and four text boxes going down. In the first left column. The first text box, starting from the top row and going across the text, reads “Current Situation.” The following text box on the top row text reads “Socio-Ecological Challenges.” The third text box reads “Priority Audiences Situation.” The fourth text box reads “Program Strengths and Weaknesses to Address Challenge.” The fifth text box, on the right, reads “Where are we now?” On the second row going down, the first text box reads “Communication Objectives.” The second text box reads “Communication Objective 1.” The third

text box reads “Communications Objective 2.” The fourth text box reads “Communication Objective 3.” The fifth text box on the right reads, “Where do we want to be?” On the third row going down, the first text box reads “Communication Activities (Strategic Approaches).” The text boxes across read “Obj. 1 Activities.” This and the following three text boxes correspond to the text boxes above them that read “Communication Objective” and corresponding number, reading “Obj. [number] Activities”, respectively. The last, fifth text box on this row reads, “How will we get there?” In the fourth row, the first text box reads “Intended Outcomes and Effects.” This text repeats in the following three text boxes across the row. The fifth text box reads, “How will we know if we are getting there?”

Figure 11 Evidence of Effective HIV Treatment Poster

Figure 11 is an example of an effective IEC poster about U=U. At the top of this light blue poster that fades to purple, the title at the top reads in white font, “EVIDENCE OF EFFECTIVE HIV TREATMENT.” Underneath the title are two vials of blood. Two thin white horizontal lines cross both vials to divide the vials into thirds visually. The vial to the left is filled with many small white dots from top to bottom. Over the left vial, the text reads, “BEFORE ART” and “VIRUS DETECTABLE” under that text. Over the right vial, the text reads, “AFTER ART.” A few visible white dots are in the top third of the right vial, representing after-treatment. At the first white line, the text reads “200 COPIES/ML.” Just underneath that line reads “VIRAL SUPPRESSION.” The following white line, the text reads “20 COPIES/ML.” The left vial (before treatment) has many white dots between these two lines, and the right vial (after treatment) has a few white dots. Underneath the last white line representing 20 COPIES/ML, the text reads, “VIRUS UNDETECTABLE IN LABORATORY TESTS.” There are no visible white dots in the bottom third of the right vial, representing after treatment.

Figure 12 Help Your Patients Know About U=U Poster

Figure 12 is an example of an effective IEC poster about U=U. At the top of this light green poster, in a darker green banner, the title reads in white, “HELP YOUR PATIENTS KNOW ABOUT U=U; IT’S IMPORTANT AND MEANINGFUL FOR THEM.” The remainder of the poster is divided into four sections. The top section text reads, “Counsel them on the necessity of staying undetectable for U=U to work,” with a graphic of a red stamp mark that says UNDETECTABLE. The second section text reads, “Educate them on the importance of taking HIV medications every day to stay healthy and also prevent transmission to their sexual partners,” with a graphic of two white medicine tablets. The third section reads, “Explain and reinforce that when the virus is suppressed, they will not transmit HIV to partners with a white graphic of two hands holding the other inside a white heart. One hand has a plus icon, and the other has a negative icon. The last section reads, “Encourage patients to know their viral load by keeping their medical appointments so they and their partners are sure of their undetectable status,” with a graphic of two vials of blood, one with many small white dots, the other with two small white dots.

Figure 13 Undetectable = Untransmittable Poster

Figure 13 is an example of an effective IEC poster about U=U. At the top of this teal poster that fades to yellow, the title at the top reads in white font, “U=U or UNDETECTABLE = UNTRANSMITTABLE.” In the middle of the poster is a graphic of a calendar opened to a month page, with check marks in each of the day’s boxes. Under the graphic is the text “U=U is a scientifically proven statement: Continuous effective HIV Treatment and durable undetectable viral load of under 200 copies/ML eliminates all risks of sexual transmission in people living with HIV,

Figure 14 U=U Only Prevents Poster

Figure 14 is an example of an effective IEC poster about U=U. At the top of this light orange poster, the title at the top reads in white font, “U=U ONLY PREVENTS:” and the text underneath the title reads “Sexual Transmission of HIV. A durable, undetectable viral load eliminates all risk of sexual transmission.” Underneath this text is a graphic of a chocolate heart. The following text line reads, “NOT APPLICABLE TO:” followed by “Mother-to-child, however a durable undetectable viral load significantly reduces the transmission risk through this route,” followed by a graphic of a baby pacifier and bottle. To the left of this text and image is an image of a syringe needle with text that reads, “THROUGH BLOOD (NEEDLES) Injecting users and their injection partners need to utilize safe injection practices and other forms of HIV reduction.”

Figure 15 Step-by-Step Guide to Creating Drafts of Different Types of Materials

This infographic provides steps for crafting drafts of different materials. The first column reads “Print.” Below print, the steps going down read “Draft text,” “Describe images,” “Sketch or identify images, including alternatives to compare during pretesting,” “Create a storyboard or otherwise join images and text,” and “Conduct readability test.” The second row reads “Radio.” Below radio, the steps going down read “Develop concept (ideas for themes, characters, scenes, and segments),” “Draft script (or hire professional to do so), including how speaker should sound, and the feeling to be conveyed,” “Describe sound effects,” “Describe or identify music and when to play,” “For interviews, draft questions-including follow-up questions,” and last, “For call-in shows, also draft questions, statements, and ideas to aid listener response.” The third row reads “Songs.” Below songs, the steps read, “Draft lyrics, including alternative wording and concepts,” and “Identify or write music, or a beat/rhythm for presenting the lyrics.” The fourth row reads “Theater.” Below theater, the steps going down read, “Develop concept (ideas for themes, characters, and scenes,” and last, “Hire an expert to draft script or use team or audience members to improvise scenes to be recorded or used as a

basis for the script.” The fifth row reads “SMS/Tweet.” Below SMS/Tweet, the steps going down read “Translate key messages into short messages, limiting tweets to 100–120 characters to facilitate re-tweeting” and lastly “To link to the program website or other materials, create short URLs, using bit.ly, goo.gl, ow.ly, tiny URL, or similar service.” The sixth, last row reads “Video.” Below the video, the steps going down read “Hire video production expert,” “Share creative brief,” “Expert develops video concept (images and ideas for text),” “Review concept approve after needed changes are made,” and last “Expert creates storyboard and script, including scenes, music, sound effects, and graphics.”

Figure 16 U=U Message Integration into Service Delivery Model

This infographic provides a flow chart that shows different places to integrate U=U messaging and collect data on outcomes. A purple circle icon with two message bubbles is at the top left corner of the infographic. Beside this icon, the text reads, “Using an HIV Testing Services for Prevention and Treatment approach, provide U=U messaging and IEC materials during service delivery, regardless of a client’s HIV status. Below this text is a blue circle icon with a clipboard. Beside this icon, the text reads, “Collect data in areas where you want to see if providing U=U messaging and IEC materials affects service uptake or adherence (e.g., Did providing U=U messaging with testing information increase the likelihood that an individual takes an HIV test?).” In the middle of the graphic, a text box reads “ENTRY INTO CARE”, underneath is a text circle that reads “Information & Care-Seeking,” with a purple circle icon indicating a place to provide U=U messaging. Underneath this is a text box that reads HIV-testing with a blue indicating a place for U=U data collection. Underneath the HIV-testing text box is a “Follow Up” text circle with a purple circle icon indicating a place to provide U=U messaging. To the left and right of this text, the circle includes a text circle that reads “Information & Care-Seeking” with a purple circle icon. The left circle is attached to an arrow leading to a text box that reads “PREVENTION SERVICES.” Underneath prevention services include “PrEP/PEP, initiation and adherence interventions,” “Condom distribution,”

“STI Screening & Treatment,” “Behavioral Risk Interventions,” “Behavioral Health & Social Services, Screening Linkage and Navigation,” and “Volunteer Male Medical Circumcision.” A pink text circle next to each of these prevention services indicates that each is a place to provide U=U messaging. To the right of the HIV Testing text box are arrows connecting to a text box that reads “TREATMENT AND CARE SERVICES.” Underneath treatment and care services include “Treatment Initiation and Adherence Interventions,” including a blue circle icon; “Viral load Testing & Monitoring,” including a blue circle icon; and “Behavioral Health & Social Services, Screening, Linkage, and Navigation.” To the left of these services include two pink text circles attached to purple circle icons, which read “Follow Up” and “Support & Peer Groups.” At the bottom of the graphic, the text reads “Additional service areas to deliver U=U messages and IEC materials with the following services reading right to left, “Sexual Health & Reproductive Services,” “Adolescent Health Services,” “Prevention of Perinatally Acquired HIV” with a blue circle icon indicating a place for U=U data collection, “Harm Reduction Services,” and “TB Hepatitis B and C Testing.”

Figure 17 Selecting Appropriate Media Channels

This infographic is a linear representation of types of communication from “Mass Media” on the right side of the linear graphic to “Interpersonal Media” on the left. To the far right of the linear graphic include “TV,” “Billboards,” “Posters,” and “Radio.” Moving to the left, “Radio Show the left, in.” At the midpoint of the line between the two types of communication is “Social Media.” To the left of social media, on the interpersonal media side, is “Community Presentation.” The farthest left is “Door-to-Door IPC.” Below the linear graphic, to the far right [Mass Media] reads “One-Way Communication. Most appropriate for setting and changing social norms, increasing awareness, wider reach, and repetition of messages.” In the linear graphic to the far left, [Interpersonal Media] reads, “Two-way Communication appropriate for setting and changing social norms, increasing awareness, wider reach, and repetition-reach populations, and tailored and personalized content.”

Figure 18 Achieving 95–95 with U=U

1st 95: 95 percent of people living with HIV know their status	Educating about U=U is a demand-generation activity for testing outreach that reduces anxiety & increases testing rates. Provide U=U messaging with pre-testing information, including HIV self-testing kits. For clients who test negative, link to prevention services, e.g., PrEP, PEP, condoms). For clients who test positive, provide U=U messaging to reduce fear/stigma around providing contacts to improve contact tracing.
2nd 95: 95 percent of people who know their status receiving treatment	Educating about U=U is a powerful motivator to start and stay on treatment and engaged in care. For clients who test positive, provide U=U messaging to emphasize the importance of early initiation of treatment and the benefits of getting to an undetectable viral load.

3rd 95: 95 percent of people on HIV treatment are virally suppressed	Educating about U=U leads to higher viral suppression rates and fewer transmissions. During follow-ups, support groups, and peer mentoring, provide U=U messaging to encourage viral testing, monitoring, and suppression. Emphasize that the benefits of U=U are sustained by treatment adherence.
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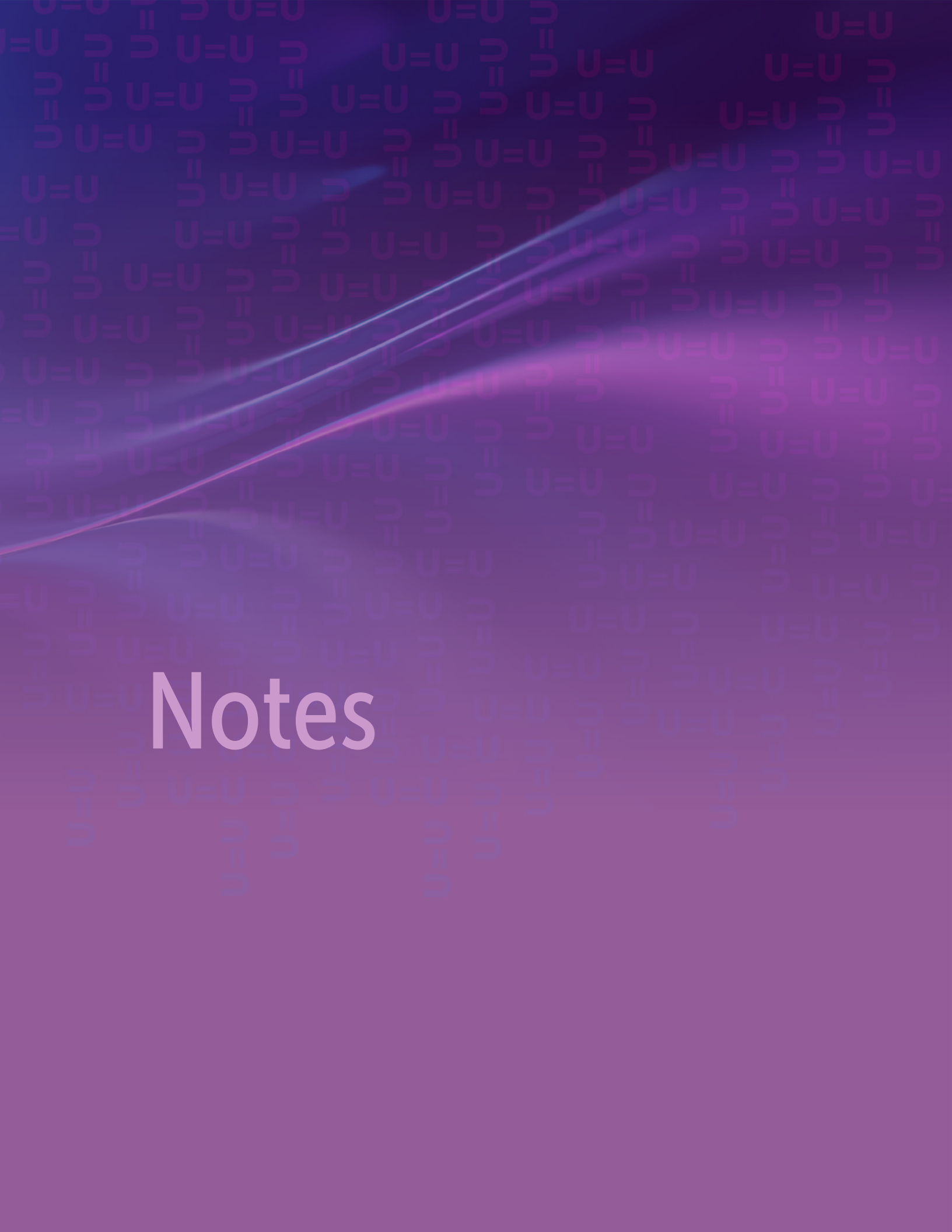
Figure 19 PEPFAR 5x3 Strategic Pillars

At the top of this graphic is a triangle with text reading “REIMAGING PEPFAR’S STRATEGIC DIRECTION. STRATEGIC PILLARS AND ENABLERS’.

Underneath this triangle are five pillar-shaped columns. The first column reads “1. HEALTH EQUITY FOR PRIORITY POPULATIONS.” The second column reads “2. SUSTAINING THE RESPONSE.” The third column reads “3. PUBLIC HEALTH SYSTEMS AND SECURITY.” The fourth column reads “4. TRANSFORMATIVE PARTNERSHIPS.” The fifth column reads “5. FOLLOW THE SCIENCE.” A text bar under the five pillars reads, “1. COMMUNITY LEADERSHIP.” The second text bar below reads “INNOVATION.” The third and last text bar reads “LEADING WITH DATA.”

Figure 20 UNAIDS HIV Prevention 2025 Roadmap Pillars

At the top of this graphic is a triangle with text reading “Fewer than 37000 new HIV infections per year by 2025. 95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centered, and effective combination prevention options.” Underneath this triangle are five pillar-shaped columns. The first column reads “1. KEY POPULATIONS. Combination prevention and harm reduction packages for and with sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners.” The second column reads “2. ADOLESCENT GIRLS AND YOUNG WOMEN. Combination prevention packages in settings with high HIV incidence (based on differentiated, layered packages).” The third column reads “3. ADOLESCENT BOYS AND MEN. Combination prevention packages in settings with high HIV incidence (including voluntary medical male circumcision and promoting access to testing and treatment).” The fourth column reads “4. CONDOM PROGRAMMING. Promotion and distribution of male and female condoms as well as lubricants.” The fifth column reads “5. ARV-BASED PREVENTION. Pre-exposure prophylaxis, post-exposure prophylaxis, treatment as prevention, including eliminating vertical transmission.” A text bar under the five pillars reads, “ACCESS THROUGH community-based and community-led outreach, health facilities including sexual and reproductive health services, schools, private sector, virtual platforms, and other innovations.” A text bar below reads “FOUNDATIONS SOCIETAL AND SERVICE ENABLERS AND ADDRESSING UNDERLYING INEQUALITIES. Sexual and reproductive health and rights, Gender equality, Ending stigma and discrimination, Conducive policies and environments, Multisectoral, integrated & differentiated approach, and Sustained investment in HIV prevention.”

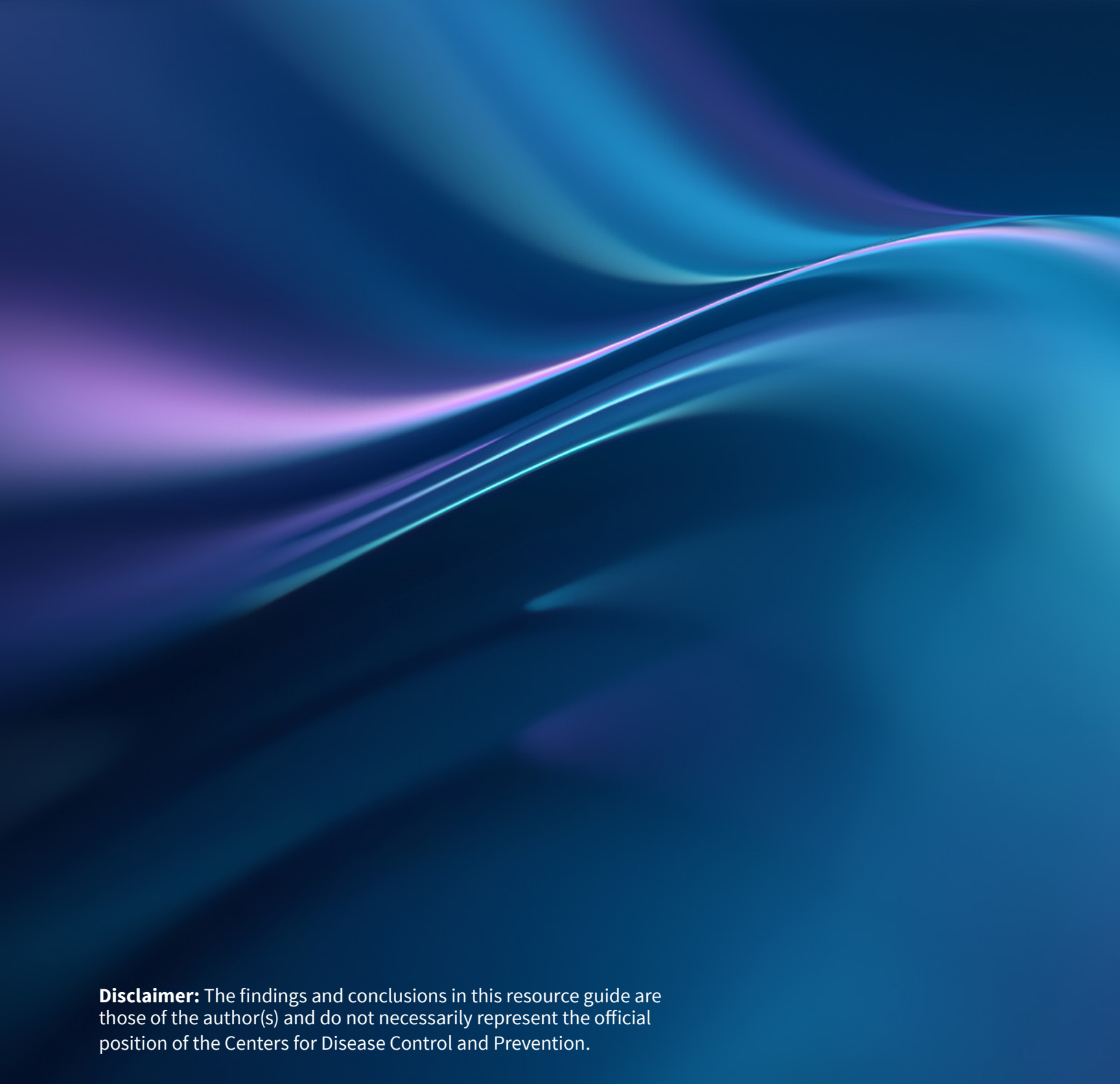


Notes

- 1 Centers for Diseases Control and Prevention (CDC) “[Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV](#)” Accessed 18, December 2023
- 2 Taggart, Tamara, et al. “Messaging matters: achieving equity in the HIV response through public health communication.” *The Lancet HIV* 8.6 (2021): e376–e386.
- 3 Prevention Access Campaign. *Undetectable=Untransmittable*. Accessed 18, December 2023 <https://www.preventionaccess.org/undetectable>
- 4 Eisinger, Robert W., Carl W. Dieffenbach, and Anthony S. Fauci. “HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable.” *Jama* 321.5 (2019): 451–452.
- 5 Bor, Jacob, et al. “Changing knowledge and attitudes towards HIV treatment-as-prevention and “undetectable= untransmittable”: a systematic review.” *AIDS and Behavior* 25.12 (2021): 4209–4224.
- 6 Smith, Philip, et al. “Undetectable= untransmittable (U= U) messaging increases the uptake of HIV testing among men: results from a pilot cluster randomized trial.” *AIDS and Behavior* 25.10 (2021): 3128–3136.
- 7 Okoli, Chinyere, et al. “Undetectable equals untransmittable (U= U): awareness and associations with health outcomes among people living with HIV in 25 countries.” *Sexually transmitted infections* (2020).
- 8 Ferreira, Rayane C., et al. “HIV knowledge and its correlation with the Undetectable= Untransmittable slogan in Brazil.” *Revista de Saúde Pública* 56 (2022).
- 9 UNAIDS (2022) Report by the NGO Representative [Undetectable=Untransmittable=Universal Access \(U=U+U\) a foundational, community-led global HIV health equity strategy](#) Accessed 22, May 2023
- 10 Bor, Jacob, et al. “Changing knowledge and attitudes towards HIV treatment-as-prevention and “undetectable= untransmittable”: a systematic review.” *AIDS and Behavior* 25.12 (2021): 4209–4224.
- 11 Calabrese, Sarah K., and Kenneth H. Mayer. “Stigma impedes HIV prevention by stifling patient–provider communication about U= U.” *Journal of the International AIDS Society* 23.7 (2020).
- 12 Ngunjiri, Kenneth, et al. “I just believe there is a risk” understanding of undetectable equals untransmittable (U= U) among health providers and HIV-negative partners in serodiscordant relationships in Kenya.” *Journal of the International AIDS Society* 23.3 (2020): e25466.
- 13 Cohen, Myron S., et al. “Antiretroviral therapy for the prevention of HIV-1 transmission.” *New England Journal of Medicine* 375.9 (2016): 830–839.
- 14 Rodger, Alison J., et al. “Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy.” *Jama* 316.2 (2016): 171–181.
- 15 Bavinton, B. R., et al. “Opposites Attract Study Group Viral suppression and HIV transmission in serodiscordant male couples: an international, prospective, observational, cohort study.” *Lancet HIV* 5.8 (2018): e438–e447.
- 16 Rodger, Alison J., et al. “Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study.” *The Lancet* 393.10189 (2019): 2428–2438.
- 17 HIV.gov “HIV Treatment as Prevention.” <https://www.hiv.gov/tasp/> . Accessed 31, August 2023
- 18 World Health Organization. “The role of HIV viral suppression in reducing transmission and improving individual health: policy brief.” (2023).
- 19 Help Stop the Virus (2022) “Helpful HIV treatment terms.” https://www.helpstopthevirus.com/pdf/HSTV_Key-Definitions-Leave-Behind_Digital-Update_2022.pdf Accessed 5 September 2023.
- 20 Sync (2022) “What is a key message and why it matters for your business” <https://syncpr.co/2022/10/12/what-is-a-key-message/> Accessed 22, May 2023
- 21 Graphic adapted from Diala, Chamberlain C., et al. “Perceptions of intermittent preventive treatment of malaria in pregnancy (IPTp) and barriers to adherence in Nasarawa and Cross River States in Nigeria.” *Malaria Journal* 12.1 (2013): 1–16.
- 22 Graham, J. “Target Risk: Dealing with the Danger of Death, Disease and Damage in Everyday Decisions.” *Injury Prevention* 4.2 (1998): 162.

- 23 Gao, Yanxiao, et al. “Association between medical male circumcision and HIV risk compensation among heterosexual men: a systematic review and meta-analysis.” *The Lancet Global Health* 9.7 (2021): e932–e941.
- 24 Murchu, Eamon O., et al. “Oral pre-exposure prophylaxis (PrEP) to prevent HIV: a systematic review and meta-analysis of clinical effectiveness, safety, adherence, and risk compensation in all populations.” *BMJ open* 12.5 (2022).
- 25 Doyle, Joseph S., et al. “Effects of HIV antiretroviral therapy on sexual and injecting risk-taking behavior: a systematic review and meta-analysis.” *Clinical infectious diseases* 59.10 (2014): 1483–1494.
- 26 Calabrese, Sarah K., Kenneth H. Mayer, and Julia L. Marcus. “Prioritising pleasure and correcting misinformation in the era of U= U.” *The Lancet HIV* 8.3 (2021): e175–e180.
- 27 Calabrese, Sarah K., et al. “The Potential Role of Undetectable= Untransmittable (U= U) in Reducing HIV Stigma among Sexual Minority Men in the US.” *AIDS and Behavior* (2024): 1–17.
- 28 CATIE. The third U= Universal: Viral Load Does Not Equal Value (V≠V). 2023; <https://www.catie.ca/uu-a-guide-for-service-providers/the-third-uuniversal-viral-load-does-not-equal-value-vv> Accessed 11 February 2024
- 29 Stephens C. Viral Load Does Not Equal Value: ensuring health equity for all people living with HIV. POZ February 18, 2019. <https://www.poz.com/article/viral-load-equal-value-charles-stephens> Accessed 11 February 2024
- 30 Grace, Daniel, et al. “Challenges to communicating the Undetectable equals Untransmittable (U= U) HIV prevention message: Healthcare provider perspectives.” *Plos one* 17.7 (2022): e0271607.
- 31 Adapted from Atto Time’s “[What is a project champion, and does your business need one?](#)” Accessed 31, August 2023
- 32 “Global Progress Report on HIV, Viral Hepatitis and Sexually Transmitted Infections, 2021. Accountability for the Global Health Sector Strategies 2016–2021: Actions for Impact.” 2021, <https://core.ac.uk/download/479385551.pdf>. Accessed 1 December 2023
- 33 UNAIDS Global AIDS Strategy 2021–2026 https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf Accessed 1 December 2023
- 34 Centers for Disease Control and Prevention “[7.3 SMART and SMARTER goals | CDC](#)” Accessed 31 August 2023
- 35 Center for Theory of Change “[What is Theory of Change](#)” Accessed 1 December 2023
- 36 Silva, Carlos Nunes (2005). “[SWOT analysis](#)”. In Caves, Roger W. (ed.). *Encyclopedia of the city*. Abingdon; New York: Routledge. pp. 444–445
- 37 Graphic adapted from Step 4: Strategic Approaches—SBCC Implementation Kits. <https://sbccimplementationkits.org/lessons/step-4-strategic-approaches/> Accessed 31 August 2023
- 38 Breakthrough ACTION. Health Communication Capacity Collaborative [SBCC Implementation Kits—SBCC Implementation Kits](#) Accessed 31 August 2023
- 39 PrEP Communications Accelerator Guide to Creating Drafts of Different Types of Materials. [Creative Concepting—PrEP Communications Accelerator \(prepwatch.org\)](#) Accessed 31 August 2023
- 40 PrEP Communications Accelerator Guide to Selecting Appropriate Media Channels. [Creative Concepting—PrEP Communications Accelerator \(prepwatch.org\)](#) Accessed 31 August 2023
- 41 CDC Approach to Evaluation “Indicators” <https://www.cdc.gov/evaluation/indicators/index.htm> Accessed 14 December 2023
- 42 PEPFAR’s 5-year Strategy: <https://www.state.gov/pepfar-five-year-strategy-2022/> Accessed 31 August 2023
- 43 COP/ROP23 Guidance for All PEPFAR supported countries: <https://www.state.gov/wp-content/uploads/2023/07/PEPFAR-2023-Country-and-Regional-Operational-Plan.pdf> Accessed 31 August 2023
- 44 FY2024 Technical Considerations: www.state.gov/wp-content/uploads/2023/02/FY-2024-PEPFAR-Technical-Considerations.pdf Accessed 31 August 2023

- 45 Gill, Michelle M., et al. "24-month HIV-free survival among infants born to HIV-positive women enrolled in Option B+ program in Kigali, Rwanda: The Kabeho Study." *Medicine* 96.51 (2017).
- 46 Myer, L., et al. "HIV viremia and mother-to-child transmission risk after antiretroviral therapy initiation in pregnancy in Cape Town, South Africa." *HIV medicine* 18.2 (2017): 80–88.
- 47 Townsend, Claire L., et al. "Earlier initiation of ART and a further decline in mother-to-child HIV transmission rates, 2000–2011." *Aids* 28.7 (2014): 1049–1057.
- 48 World Health Organization. *Consolidated guidelines on HIV prevention, testing, treatment, service delivery, and monitoring: recommendations for a public health approach*. World Health Organization, 2021.
- 49 World Health Organization. "Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus." *Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus*. 2021.
- 50 Harrison, Jack, Jaime Grant, and Jody L. Herman. "A gender not listed here: Genderqueers, gender rebels, and otherwise in the National Transgender Discrimination Survey." *LGBTQ Public Policy Journal at the Harvard Kennedy School* 2.1 (2012): 13.
- 51 Centers for Disease Control and Prevention, "Obstacles to Health Care for Transgender People" <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/prevention-and-care-data.html> Accessed 18 December 2023
- 52 Broyles, Laura N., et al. "The risk of sexual transmission of HIV in individuals with low-level HIV viremia: a systematic review." *The Lancet* (2023).
- 53 The South African National AIDS Council (SANAC) "National HIV Treatment Literacy Implementation Framework" <https://sanac.org.za/national-hiv-treatment-literacy-implementation-framework-2/> Accessed 18 December 2023
- 54 Centers for Diseases Control and Prevention (CDC) "[What is Health Equity](#)" Accessed 18 December 2023



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