

Using Human Centered Design and Marketing to Unpack U=U in Zimbabwe

AUTHORS

Nigel Kunaka, Kumbirai Chatora, Jabulani Mavudze, Malvern Munjoma – Population Solutions for Health (PSH)
 Mercy Nhamo-Murire, Tom Ngaragari, – Population Services International (PSI)

Background

Undetectable = Untransmittable (U=U) remains abstract in Zimbabwe. We used human-centered design to inform a multi-level marketing campaign to articulate the benefits of HIV treatment and viral load suppression (VLS) in a way that resonates with U=U among clinical providers and people living with HIV (PLHIV).

What We Did

Job aids complemented the campaign to help providers communicate VLS. 3 “B OK” bead bottles adapted from South Africa’s ‘Coach Mpilo’ were used to demonstrate how HIV treatment works with illustrations attached to each bottle to guide provider interpretation of client viral load (VL) test results.

Lessons Learned:

VL testing at pilot sites increased by 132% during the pilot. Providers cited increased efficacy to communicate results.

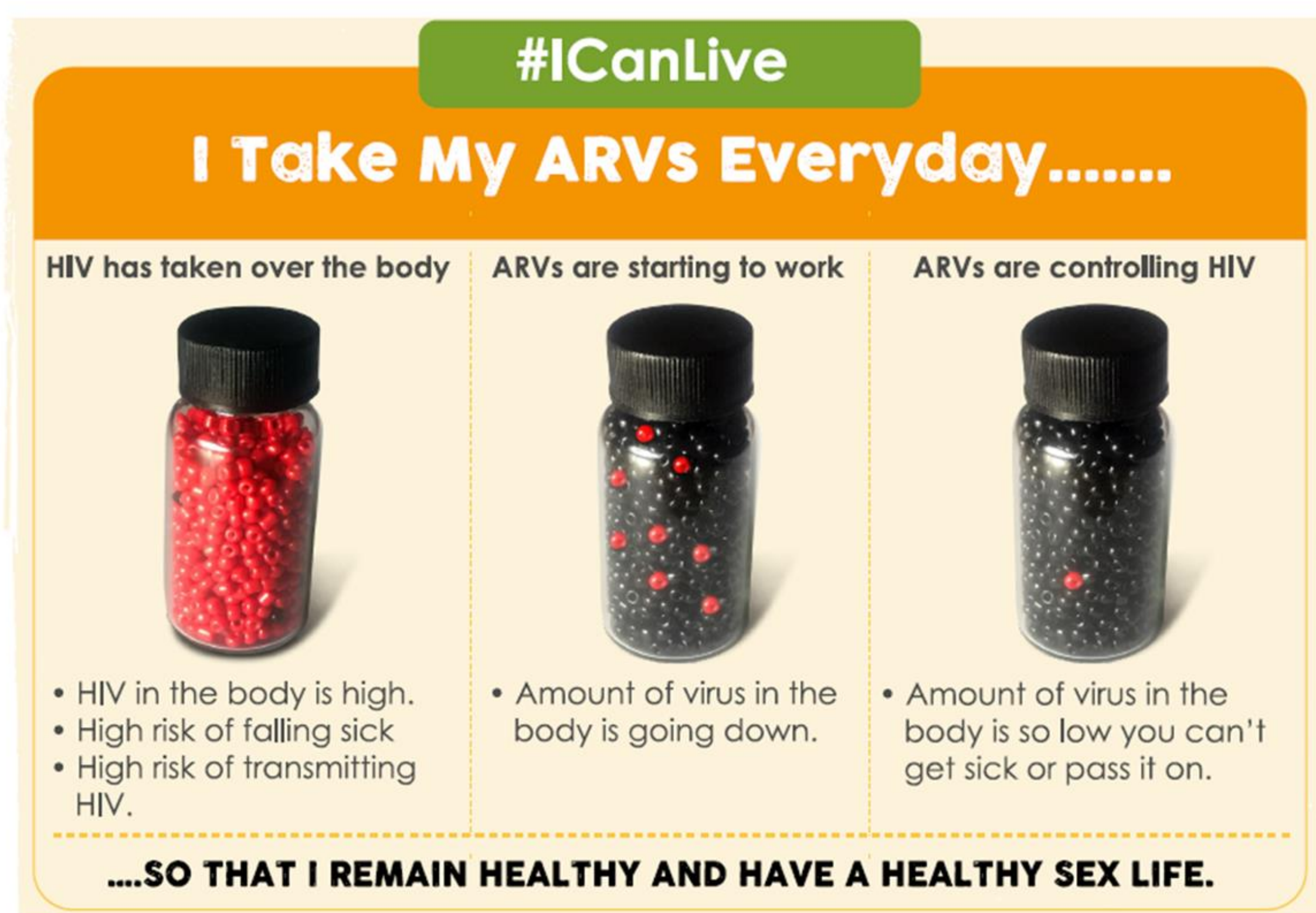
“I have seen these tools work and they simplify my way of counselling. Before these tools, I wasn’t as confident to explain viral suppression.” [Clinician]

ART Champions reported increased understanding of VLS among their peers.

“Before these tools, people were not aware that adhering to ART would lead to TND (Target Not Detected) which means you are less likely to pass HIV to others. This was difficult for people to understand. When you use these tools, you can give vivid examples. I use 3 bottle beads and each bottle represents my body.” [ART Champion]

ART Clients expressed motivation to achieve VLS.

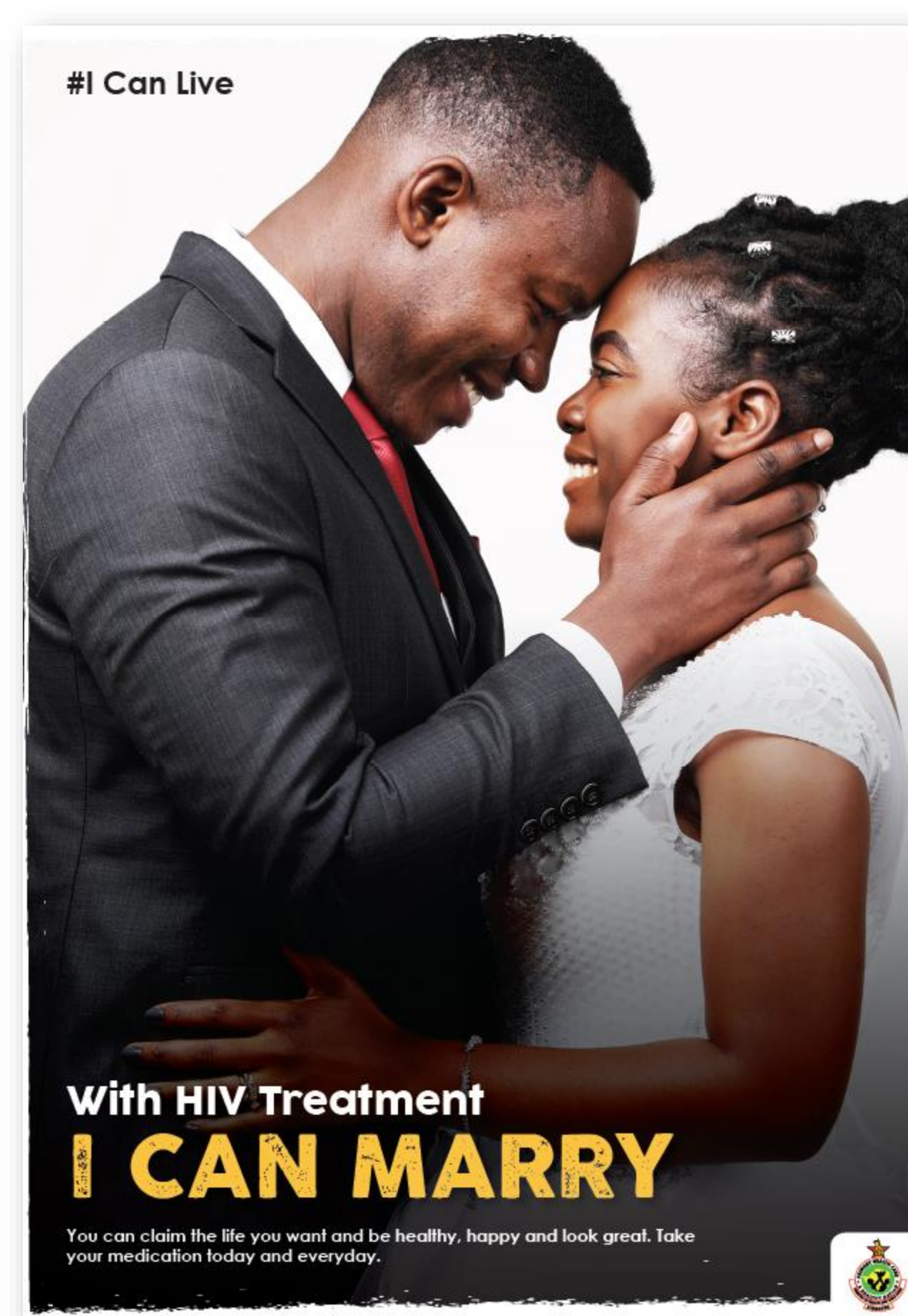
“After the demonstration, I understood that I was in the first bottle and I was motivated to move to the third one. I wanted to experience the benefits of being virally suppressed” [ART Client]



A ‘wheel’ illustration to help providers identify treatment knowledge gaps was also developed.



37 ART Champions living with HIV were trained to inspire ART adherence among their peers by sharing HIV treatment testimonies. A pilot was implemented between September 2021 and September 2022 across 3 facilities.



Conclusions/Next Steps:

- Combining marketing and human centered design drove simple, relatable messaging and uptake of the communications interventions.
- Simplifying complex medical concepts helps providers and recipients of care to communicate benefits of VLS.
- Effectively communicating U=U in Zimbabwe and beyond requires relatable language and models to unpack VLS and create demand among recipients of care, potentially reducing provider follow-up burden.
- The campaign and tools could be adapted for implementation in other contexts.