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COMMUNICATION STRATEGY OUTLINE

FOR ART AND TB SERVICE PROVISION

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Submitted to: Bradley Corner, CTO
Office of Health, Population, and Nutrition
United States Agency for International Development/Ethiopia
Addis Ababa, Ethiopia



Abt Associates Inc. ■ 4550 Montgomery Avenue, Suite 800 North ■
Bethesda, Maryland 20814 ■ Tel: 301.347.5000. ■ Fax: 301.913.9061
■ www.PSP-One.com ■ www.abtassoc.com

In collaboration with:

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COMMUNICATION STRATEGY OUTLINE FOR ART AND TB SERVICE PROVISION

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARC	AIDS Resource Center
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CDC	United States Centers for Disease Control and Prevention
DOTS	Directly Observed Treatment Short Course
FDC	Fixed-Dose Combination
FHI	Family Health International
HCT	HIV Counseling and Testing
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HCT	HIV Counseling and Testing
HEC	Health Education Center
HIV	Human Immunodeficiency Virus
HSDP-III	Health Sector Development Plan-III
IEC	Information, Education and Communication
JHU/CCP	Johns Hopkins University/Center for Communication Programs
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
OI	Opportunistic Infections
PEPFAR	President's Emergency Plan For AIDS Relief
PITC	Provider Initiated Testing and Counseling
PLWHA	People Living with HIV and AIDS
PMTCT	Preventing Mother-to-Child Transmission
PPM	Public-Private Mix
PPP	Public-Private Partnership
PSP	Private Sector Program
RFP	Request for Proposals

RHB	Regional Health Bureau
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

Tuberculosis and HIV/AIDS are major public health problems for Ethiopia. The country ranks 7th among the 22 countries with the highest tuberculosis (TB) burden in the world. While TB is a leading cause of morbidity and mortality, the burden of HIV/AIDS is also significant. Based on estimates using the 2005 DHS (Central Statistical Agency [Ethiopia] and ORC Macro, 2006) and ANC surveillance data, Ethiopia's national adult HIV prevalence for 2007 was estimated at 2.1%, with a 7.7% urban rate and a 0.9% rural rate. The HIV prevalence among TB patients is considerably higher than in the general population.

In response to these efforts, the USAID-supported Private Sector Program for HIV and TB in Ethiopia (PSP-Ethiopia) supports the Ministry of Health (MoH), Regional Health Bureaus (RHBs) and private health facilities to implement private sector initiatives and plans via technical and financial support to strengthen HIV and AIDS-related services, as well as TB-DOTS diagnostic and treatment services. As free ART becomes more readily available through private sector facilities, there is a need to design communication messages and materials that help expand the uptake of HIV/AIDS treatment services. Related to this, additional efforts are needed to increase delivery of TB treatment services.

This document provides a summary of research, policy and program data to inform the design of a behavior change communication strategy that will meet the needs of HIV/AIDS and TB patients, along with their caregivers, while improving communication and counseling skills of private sector health care providers. The primary target audience of this communication strategy is individuals with HIV/AIDS who qualify for ART (based on their CD4 counts and other criteria) and have some amount of disposable income. A key subset of this group is patients who are at risk of and/or show symptoms of TB. A secondary, or influencing audience, is caregivers. Caregivers can be related to the patient, such as a spouse or other relative, or in other instances the caregiver could be a friend, co-worker, another individual living with HIV/AIDS, or someone in the community. The third audience segment consists of private sector health care providers, especially nurse-counselors and doctors. These providers are receiving technical training on ART regimens and related topics such as counseling and testing, interpersonal communication skills, and follow up care.

The main BCC points for each group are summarized below:

I.1 PATIENTS

- Objectives
 - Know and demand rights/quality/standards of care
 - Know policy guidance
 - Know TB treatment
 - Know ART treatment
 - Know positive prevention/positive living
- Strategic Approach
 - Interpersonal, empowerment, rights, efficacy
- Message Considerations
 - Every day for life

- New – Fixed Dose Combination
- New – finger prick HIV test
- Incentives – e.g. coupons
- Community conversations

I.2 CAREGIVERS

- Objectives
 - Increase motivation and self-efficacy
 - Improve interpersonal communication skills
 - Increase ability to use job aids and other resources
- Strategic Approach
 - Validate and reward caregivers, as they play a key role in patient treatment, care and support
- Message Considerations
 - Emotional, empathetic, emphasize link between caregiver and improved health of patients

I.3 HEALTH CARE PROVIDERS

- Objectives
 - Norm aim to treat patients without discrimination or stigmatization
 - Improve provider communication and patient counseling skills
 - Improve use of job aids
 - Set and follow standards of quality care
- Strategic Approach
 - Appeal to professional ethics
 - Work in team environment at facility level, explore case manager idea, using PLWHA to help counsel
- Message Considerations
 - Empathy – medical staff are overworked and underpaid
 - Incentive to change behaviors – patients will do better, put reward system in place
 - This will help you do your job better

In terms of implementation plans and next steps, PSP-Ethiopia will fund and manage this communication strategy. A local advertising agency will be hired through a competitive bid process to create the campaign. A Request for Proposals (RFP) was issued in September 2008 for advertising services. All bids were reviewed and evaluated, and the winning agency was selected. A subcontract is currently being drafted and creative work will commence before the end of 2008.

The target date for launching the ART and TB campaign in the pilot areas of Addis Ababa is no later than March 2009. The exact timing will be coordinated with other members of the PSP-Ethiopia team

who are responsible for training providers. The pilot phase will run through the end of September 2009. Based on the results of this campaign, PSP-Ethiopia in conjunction with USAID/Ethiopia will decide on next steps for scaling up the communication activities.

2. BACKGROUND

Tuberculosis and HIV/AIDS are major public health problems for Ethiopia. The country ranks 7th among the 22 countries with the highest TB burden in the world. While TB is a leading cause of morbidity and mortality, the burden of HIV/AIDS is also significant. Based on estimates using the 2005 DHS (Central Statistical Agency [Ethiopia] and ORC Macro, 2006) and ANC surveillance data, Ethiopia's national adult HIV prevalence for 2007 was estimated at 2.1%, with a 7.7% urban rate and a 0.9% rural rate. The HIV prevalence among TB patients is considerably higher than in the general population.

Reviews of HIV/AIDS mitigation responses to-date indicate that, at present, there are more HIV infections every day than AIDS-related deaths. The trends in increasing infections pose a major threat to the national response to AIDS. The trend analysis in the national single point estimates of 2006, 2007, and 2008 confirm this. More than 125,000 new infections were estimated to occur in 2007 alone. During the same year, 55,000 people living with HIV and AIDS (PLWHAs) were started on antiretroviral therapy (ART). For every one patient put on ART, there were almost three new HIV infections in 2007.

Analysis of current data and responses demonstrates that the epidemic is heterogeneous. Despite high awareness, comprehensive knowledge on HIV/AIDS is low, with substantial levels of unprotected sex. Moreover, compounding factors that fuel transmission such as scattered prevention activities, weak monitoring and documentation, inadequate program coverage, lack of standards and poor data qualities contribute to the problem.

The Government of Ethiopia has recognized the importance of Behavior Change Communication (BCC) as one of the key tools in the fight against HIV/AIDS. During the Nine-Month Joint Review and Planning Meeting of the Multisectoral HIV/AIDS Response in Ethiopia, Speaker of the House of the Tigray Regional Government, Dr. Wrufael, noted that while Ethiopia has made progress in voluntary counseling and testing (VCT) and ART, additional efforts are needed in BCC, social mobilization, mainstreaming, care and support.

Ethiopia's government also recognizes the importance of engaging the private sector in light of the increasing burden of diseases such as TB and HIV/AIDS. The HSDP-III (FMOH, Planning and Programming Department, 2005) states that, "The objectives and targets of the health sector cannot be met by the sole effort of the government." It continues to state that, "...for TB, Malaria and HIV/AIDS, it is crucial to collaborate proactively with NGOs and the private sector to achieve the set goals and objectives." As part of these guiding principles and consistent with the government's initiatives, the private sector has been engaged in providing pre-ART and ART through free antiretroviral (ARV) services offered by the MoH. The TB program has also started engaging the private sector in providing directly observed treatment short course (DOTS) and diagnostic services. The effort includes the development and endorsement of PPM – DOTS Implementation Guidelines.

In response to these efforts, The USAID-supported Private Sector Program for HIV and TB in Ethiopia (PSP-Ethiopia) supports the MoH, RHBs and private health facilities to implement private sector initiatives and plans via technical and financial support to strengthen HIV and AIDS-related services, as well as TB-DOTS diagnostic and treatment services. PSP-Ethiopia implements HIV and TB workplace programs, mobile HIV counseling and testing services, and private clinical services in Addis, Amhara and Oromia.

Since private health facilities are preparing to expand delivery of free ART and TB services, it is important to prepare the public, patients, caregivers and healthcare providers themselves. An effective

communication strategy must inform patients about the availability of services, including quality standards of care and what to expect from their providers. Caregivers must also be engaged in supporting patients in areas such as treatment adherence, emotional needs, and coping with opportunistic infections (OIs) and nutritional challenges. Health providers, including clinic support staff, need strong interpersonal and counseling skills to enhance the service delivery experience for patients and combat stigma and discrimination. Communication efforts will target all three audiences simultaneously. Without a comprehensive and targeted behavior change communication (BCC) strategy, both the government and the private sector will fall short of their HIV/AIDS and TB mitigation goals.

2.1 SUMMARY OF KEY FINDINGS FROM LITERATURE REVIEW AND STAKEHOLDER INTERVIEWS (SEE ANNEX A FOR COMPLETE REFERENCE LIST):

Key Findings from Literature Review

- *Health Sector Strategic Plan (HSDP-III) 2005/6-2009/10*
 - Key Findings:

Inappropriate and Low Quality of IEC/BCC Services

The major public health problems of the country are communicable diseases, such as diarrheal diseases, malaria, tuberculosis, HIV/AIDS and maternal and neonatal conditions. Improving the health knowledge, attitudes, and practices through basic hygiene and sanitation education and behavioral change communication is a cost-effective method of preventing these health problems. Moreover, strategic health communication is an integral part of quality health services, and an important means of creating demand for use of services and motivating positive attitude and practices to ensure health-promoting behavior.

Cognizant of this fact, information, education and communication (IEC)/BCC has been articulated into the HSDP. However, while the role and importance of IEC/BCC has been recognized, its translation into a vehicle through which behavioral change could be effected has not been fully realized. It was indicated that no comprehensive communication intervention has been undertaken in the regions, mainly due to a lack of proper direction, leadership and technical know-how. IEC/BCC activities that have been implemented thus far have not focused on social mobilization for effective awareness raising nor positive behavioral change to tackle the preventable health problems prevailing in the country. The major reasons for this are the lack of a national health communication strategy, shortage of health education and communication specialists, high turnover of the few who have some knowledge and skills and inadequate institutionalization of IEC/BCC in the health system structures. There is also inadequate allocation of financial resources to IEC/BCC activities at regional and lower levels. Lack of coordination of the many players within the government, non-governmental organizations (NGOs) and the private sector, has resulted in duplication and unfocused efforts. The produced IEC messages are also of poor quality that could not adequately respond to the national disease burden. The recent achievement in initiating training of health education and communication specialists at Jimma University is a significant step towards alleviating the human resource constraint in the area of IEC/BCC. However, a lot remains to be done to realize the contribution of IEC/BCC to effective social mobilization and improvement of the health status of the population.

Coordination of Activities and Management of NGOs and the Private For-profit Sector

The basis on which sector wide approaches are built is the principle of strong government

ownership, political commitment and major responsibility to coordinate actors within (public, private, NGOs) and outside the sector. This is especially crucial in the health sector, as the objectives and targets of the health sector cannot be met by the sole effort of the government.

As the Global Initiatives expand to tackle TB, Malaria and HIV/AIDS, it is crucial to collaborate proactively with NGOs and the private sector in order to achieve the set goals and objectives. This is mainly due to the limited capacity of the health personnel, particularly in terms of their presence in remote areas, and the existence of health and health related issues that lie outside the formal domain of the health sector. Therefore, capitalizing on the experience and preparedness of the HSDP-III, involvement of the other stakeholders (mainly NGOs and the private sector) in these important initiatives will significantly complement the public sector's capacity in tackling public health problems.

Furthermore, development of a coordinated approach is much more likely to reap good results rather than maintain parallel systems. In the HSDP context, the private and NGO sectors have been involved over a long period of time in health promotion and service delivery. Promotion of the participation of the private sector and NGOs in health care is also well pointed out in the National Health Policy. There is encouraging development of collaboration of the public, private, and NGOs sectors in the HSDP. A task force was established to strengthen public-private partnerships (PPP), develop a series of guidelines to improve working relationships, and update the standards of practice for the private sector as part of the government's commitment to PPP; to date progress has been slow. Other examples of collaboration include: inclusion of the NGOs in the Central Joint Steering Committee, support provided from the health sector to establish the Medical Association of Physicians in Private Practice, and initiation of private sector involvement in the planning process by some RHBs. Moreover, there is an increasing trend in the involvement of the private sector in the training of health professionals.

Although these are laudable initiatives by the health sector, the process of creating a firm framework of collaboration, effective integration, and monitoring and evaluation of the activities of these stakeholders is still in its infantile stage. This is manifested by difficulty to quantify the contribution of the private sector and NGOs due to lack of a clear information exchange system; inadequate involvement of the public health sector in the licensing and controlling the quality of teaching in the private training institutions; and lack of an effective monitoring system to ensure the application of the conventional rules, regulations and guidelines of the health sectors.

- *Ethiopia National ART Strategic Communication Framework (March 2005)*
 - Key Findings: p.8 - Clients and providers identified the following priority needs:
 - Ongoing counseling for psychosocial support, managing side effects, and drug adherence
 - Patient confidentiality
 - Patients should disclose their status to at least one person
 - Nutritional guidance and access to good nutrition
 - Continued efforts to combat stigma and discrimination
 - Key messages for physicians (p. 15) include:
 - Good client-provider communication will improve treatment adherence
 - Increased adherence means less drug resistance
 - Take time to explain to patients how to follow their regimen in a comprehensible language

- Be empathetic to the emotional, psychological and economic conditions of the patient
- Improving the health of your patient is rewarding
- *Federal MOH National Health Communication Strategy, Ethiopia 2005-2014*
 - Key Findings:
 - Tuberculosis is the leading health problem in Ethiopia in terms of morbidity, admissions and mortality (p.3). A total of 111,719 TB cases were registered in the DOTS implementing areas in 2001 alone.
 - The Health Policy of Ethiopia is directly relevant to BCC (p. 10). The role of health communication includes enhancing awareness of: self-responsibility in health, healthy lifestyles and attention to personal hygiene, and common communicable and nutritional diseases and the means for prevention. Other health communication priorities include: participatory community health; discouraging harmful traditional practices and promoting beneficial traditions; discouraging behaviors such as cigarette smoking, alcohol consumption, drug abuse and irresponsible sexual behavior; increasing awareness about rational drug use; and enhancing autonomous health systems development.
 - In the past, communication efforts often took the form of IEC (p.14). Recently, BCC principles promoting changes in social and individual behavior through targeted, specific messages and difference communication approaches have broadened the scope of health communication efforts.
 - HIV/AIDS communication priorities are focused on helping youth postpone/delay the onset of sexual relations (p. 21) through specific messages and channels that reach young people.
- *Guidelines for Implementation of the Antiretroviral Therapy Programme in Ethiopia, Federal HIV/AIDS Prevention and Control Office, Federal Ministry of Health, (July 2007)*
 - Key Findings:
 - Persons with HIV should be treated with respect, and with complete consideration for human rights, ethics, privacy and confidentiality, informed consent, autonomy and dignity (p.2)
 - Active involvement of people living with HIV will be ensured at all levels of programme management (p.2)
 - The programme will strive for equitable and universal access to ART (p.2)
 - The kebele/community level plays an important role in facilitating integration of ART into ongoing HIV prevention, care and support activities (p.8)
 - The main role of the community is in promoting HIV prevention, care and support, including efforts to reduce stigma and improve treatment adherence (p.8). Responsibilities of the kebele HIV/AIDS committee include providing training on IEC/BCC approaches (p.9)
 - The clinical service minimum package by level of facility (p. 17) outlines the role of providers and specific services such as voluntary counseling and testing (VCT), provider initiated testing and counseling (PITC), prevention of mother-to-child transmission (PMTCT), TB, sexually transmitted infection (STI) and OI services, and palliative care.

- *HIV/AIDS and Tuberculosis Prevention and Control Extension Package*, Federal Democratic Republic of Ethiopia, Ministry of Health (September 2004)
 - Key Findings:
 - The objective of this effort is to create a conducive environment in communities for the prevention and control of HIV/AIDS, and to reduce the spread of the virus and death from AIDS (p.3)
 - Primary implementation strategies include:
 - Provide ongoing education to raise awareness about HIV/AIDS and induce behavioral changes by involving professionals working in government, non-government and private organizations
 - Priority groups include women, children and youth, as well as those most likely to be exposed to the disease such as seasonal workers and traders
 - Make condoms easily available to those who want them
 - Facilitate easy access for those affected by HIV/AIDS to proper treatment, support and advisory services (p.4)
- *Assessment on the Needs of IEC/BCC Materials and Job Aids for TB/HIV Services at Private Health Settings*, Century International Consulting PLC on behalf of PSP-Ethiopia (August 2008)
 - Key Findings:
 - There is a lack of IEC/BCC materials and job aids on TB/HIV. None of the health facilities visited use this type of material to educate patients or provide services. Only the occasional post on World TB Day was observed.
 - Several organizations are working on rectifying this situation and materials such as leaflets and posters, along with a drama script are in development.

Key Findings from Stakeholder Interviews

A complete list of individuals and organizations consulted during the strategy development process can be found in Annex B. The principal insights and findings generated by these interviews are as follows:

- BCC efforts in HIV/AIDS are focused on a combination of general prevention activities and care/treatment/support for PLWHA.
- While the AIDS Resource Center (ARC) has a database of existing materials produced through the ARC, a broader database cataloguing all HIV/AIDS materials, along with distribution tracking information is lacking. This gap, both regionally and nationwide, was commonly mentioned by stakeholders. Many believe this lack of coordination and networking has resulted in duplication of efforts and misuse of scarce resources. Some of the specific concerns include: lack of a monitoring and evaluation system of communication efforts; material production is often not timely and inadequate; material development is frequently not based on audience needs; replenishment has not been adequately addressed and stockouts occur regularly; there is no regular review and upgrading of materials; and lastly, there appears to be a lack of accountability regarding materials storage and distribution.
- A shortage of trained personnel with strong technical capacity in communication strategy and materials development is considered the major constraint.
- The Health Education Center (HEC) is the lead agency in Ethiopia with the mandate to produce,

distribute and provide technical support for the production of health communication materials in the country. However, the role of HEC in producing and distributing communication materials on ART and TB is minimal. Currently, there are no ART/TB related materials developed by HEC specifically to be used in TB/HIV care and treatment settings.

- The HIV/AIDS Prevention and Control Office (HAPCO) provisional health department is responsible for technical inputs to develop ART client and promotional materials, as well as provider job aids. HAPCO works closely with ARC to implement this mandate. According to interviews conducted with HAPCO officials, the private sector has not played a proactive role in the HIV/AIDS response thus far. HAPCO is developing a PPP strategy in part to address this issue.
- The ARC/JHU/CCP program, which is funded by PEPFAR/CDC, is the only effort developing ART-related communication materials. ARC has been working on communication related to ART, PMTCT and VCT for the last five years. Their methodology includes qualitative research with audience groups to pre-test and refine messages and materials. They distribute materials to public facilities using the US university partners. There is no mechanism to distribute materials to private settings, however. Similarly, ARC lacks a system for monitoring and evaluating the impact of their materials. The ARC does not focus on TB-related materials since they do not have funding for this particular intervention. The communication channels used by the ARC include: print and electronic material development, clearing house, communication through radio and TV, including radio serial dramas, hot lines and warmlines for health providers.
- In 2006, the ARC and its partners produced client materials on ART (e.g. side effects of ARV, general description of ARV, adherence tips, and OI concerns), along with provider job aids, based on the national ART communication strategy. The materials were only distributed to public settings. The client materials didn't target low literate audiences. It was reported that messages for low literate audiences are to be conveyed through home based care takers and literate family members.
- Some patient materials have been produced with the benefit of pre-testing, as in those created by the ARC, but in several cases production has occurred without attention to commonly used languages, literacy levels, and other contextual factors.
- Mekdim, a local NGO supporting PLWHA, established the first home-based care (HBC) program in Ethiopia using PLWHA themselves as volunteers to support other patients. In addition to helping combat stigma and discrimination, the HBC volunteers, along with Mekdim staff, provide counseling, massage, bathing, laundering, hygiene products, and general psychosocial support to PLWHA. They also assist with transportation and medical services as necessary. Each HBC worker completes a training program and quality assurance/monitoring mechanisms ensure consistent delivery of high quality support services. Mekdim was the first organization to provide free ART services and currently one staff member is dedicated to this function. Mekdim has documented their protocols not only for their HBC and ART programs, but also for additional efforts related to: income generating activities, community saving and self-help groups, Children, Community and Care (PC3), coffee ceremonies/community education, and integration of reproductive health with HIV and AIDS services.
- On the clinical side, HIV counseling and testing resources are currently being used by PSP-Ethiopia to train healthcare providers (doctors, nurses, health officers, and lay counselors) in a variety of private facilities about issues such as assessing risk of HIV, risk reduction, the HIV testing process, conducting the HIV test, providing HIV-negative results, providing HIV-positive results, and quality assurance/supervision. Training on VCT is geared towards nurses and lay counselors since doctors and health officers are generally not involved. However, all providers are trained in PICT and expected to deliver this service. Within the training materials for HIV services, units on HIV counseling and testing (HCT), ART adherence, care and treatment for children with HIV (including

disclosure), and medical ethics are included. Within these units there are sections on counseling and education however there is not a standardized way of teaching overall interpersonal communication skills.

Status of Testing and Treatment Efforts:

- Currently, according to Federal HAPCO, treatment with fixed dose combinations (FDC) of antiretroviral drugs will be the mainstay in the near future. The rationale for changing the standard regimen to FDC is based on: improvements in quality of service and adherence, proven safety and efficacy, low pill burden, simplified schedule, less stigma, and smooth logistics management. As part of the roll out process, adult and pediatric drugs are identified, quantified and procured. Adult and pediatric ART guidelines have been updated and an implementation strategy prepared. Moreover, in collaboration with the ARC, communication materials for health providers and clients have been prepared and promotional activities and drug distribution to facilities is underway.
- Stigma and discrimination continue to limit access to treatment, care, and support for PLWHA.
- Though a lot of progress has been made in community conversation, it has not progressed to the point of producing community action plans. Moreover, despite wide dissemination, its impact is not assessed.
- Interviewees feel that the service linkage from HCT to ART is still insufficient and the number of patients “lost to follow up” is high. A study to assess the problem of service linkage and adherence is being carried out by HAPCO with the aim of providing evidence-based solutions.
- Over 2,674 cohabiting couples were tested for HIV in the 2005 DHS. In 97.9% of the cases, both partners tested negative for HIV. Of the remaining 2.1%, 85% of those couples were discordant. HIV prevalence among cohabiting individuals is notably high in urban areas (10.9%); of whom about 72% (i.e. 7.8% of the total) of cohabiting couples are discordant.
- In total, 1% of HIV-negative married men are living with infected wives and 0.8% of HIV-negative married women are living with infected husbands. In rural areas, these numbers are very similar with 0.6% of HIV-negative married men living with infected wives, and 0.7% of HIV-negative married women living with infected husbands. However, these numbers are higher in urban areas where 5.6% of HIV-negative married men are living with infected wives, and 2.2% of HIV-negative married women are living with infected husbands.
- There is evidently a high level of risk of HIV transmission within marriage that can only be averted through education and behavior change and affected through couple HCT. Nevertheless, the availability of couple HIV counseling in the country is extremely limited. Hand-in-hand with the development of couple counseling should be increased efforts to reduce stigma and encourage status disclosure to partners. However, this is also dependent on changes in attitudes and behavior. Long-standing imbalances in gender relationships, power dynamics and the status of women in and out of marriage are issues not easily resolved simply by initiating couple counseling services.
- HBC takers and case managers (mainly PLWHAs) are being trained by MSH, FHI and other NGOs to be placed at health institutions and communities to work on adherence, defaulter tracing, risk reduction, and prevention education.

Primary Messages and Campaigns To-Date:

Annex C provides a comprehensive list of ART communication products for various audiences and objectives. The AIDS Resource Center (ARC) warehouses these materials and manages the inventory list. Another relevant document is the *Ethiopia expansion and support of HIV/AIDS/STI/TB IEC/BCC: Inventory of technical, counseling and client materials and different*

HIV/AIDS related trainings that have been collected at Ethiopian organizations and at the PEPFAR hospitals, produced by Academy for Educational Development (AED) and Centers for Disease Control (CDC) (2006).

3. AUDIENCE SEGMENTATION

The term “audience segmentation” means dividing and organizing an audience into smaller groups of people who have similar communication-related needs, preferences and characteristics. In the case of ART service promotion through private facilities, the primary target audience of this communication strategy is individuals with HIV/AIDS who qualify for ART (based on their CD4 counts and other criteria) and have some amount of disposable income. A key subset of this group is patients who are at risk of and/or show symptoms of TB; approximately 40% of TB patients tested for HIV were found positive (WHO 2008). Limited experience to-date in Ethiopia shows that patients who follow the TB-DOTS regimen are virtually 100% likely to enroll in ART and to adhere to that regimen as well. Given the strong correlation of TB and HIV, members of this target group will be routinely offered screening for both illnesses as part of the strategy to link patients with needed services.

A secondary, or influencing audience, is caregivers. These people may be related to the patient, such as a spouse or other relative, or in some instances the caregiver could be a friend, co-worker, another individual living with HIV and AIDS, or someone in the community. Caregivers play a critical role in helping patients on ART adhere to their regimens, maintain their medical appointments, and get the nutritional support they require. Caregivers are also an important source of encouragement and psychosocial support to the patient. Because caregivers are often exposed to different infections and diseases, this target audience should also be educated on how to prevent infection and cross contamination among the patients they care for.

The third audience segment consists of private sector health care providers, especially nurse-counselors and doctors. These providers are receiving technical training on ART regimens and related topics such as counseling and testing, interpersonal communication skills, and follow up care. This communication strategy suggests ways in which providers’ interpersonal and counseling skills can be strengthened and addresses the issue of provider bias and discrimination as well.

4. COMMUNICATION STRATEGY BY AUDIENCE GROUP

Annex D contains the full creative briefs for the three target audiences. The main BCC points for each group are summarized below:

4.1 PATIENTS

- Objectives
 - Know and demand rights/quality/standards of care
 - Know policy guidance
 - Know TB treatment
 - Know ART treatment
 - Know positive prevention/positive living
- Strategic Approach
 - Interpersonal, empowerment, rights, efficacy
- Message Considerations
 - Every day for life
 - New – Fixed Dose Combination
 - New – finger prick HIV test
 - Incentives – e.g. coupons
 - Community conversations

4.2 CAREGIVERS

- Objectives
 - Increase motivation and self-efficacy
 - Improve interpersonal communication skills
 - Increase ability to use job aids and other resources
 - Reduce cross contamination and increase infection prevention
- Strategic Approach
 - Validate and reward caregivers, they play key role in patient treatment
- Message Considerations
 - Emotional, empathetic, emphasize link between caregiver and improved health of patients
 - Educational information on preventing infections and cross contamination among patients

4.3 HEALTH CARE PROVIDERS

- Objectives
 - Norm should be treating patients without discriminating or stigmatizing
 - Improve provider communication and patient counseling skills
 - Improve use of job aids
 - Set and follow standards of quality care
- Strategic Approach
 - Appeal to professional ethics
 - Work in team environment at facility level, explore case manager idea, using PLWHA to help counsel
- Message Considerations
 - Empathy – medical staff are overworked and underpaid
 - Incentive to change behaviors – patients will do better, put reward system in place
 - This will help you do your job better

5. MANAGEMENT, TIMELINE, AND BUDGET

5.1 ROLES AND RESPONSIBILITIES

PSP-Ethiopia will fund and manage this communication strategy. A local advertising agency will be hired through a competitive bid process to create the campaign. In-country staff will collaborate with Abt Associates' home office experts in BCC to ensure the highest quality results. The communication campaign activities will be coordinated with efforts on clinical aspects to train medical personnel in the private sector facilities that are part of this pilot effort.

PSP-Ethiopia will also liaise with relevant stakeholders in the donor community, within the Ethiopian government, and with NGOs working on related issues. PSP-Ethiopia and the relevant partner organizations will coordinate issues such as ensuring a steady supply of medicines, as well as establishing ongoing linkages between facilities and the ARC for resupply of job aids and patient materials.

5.2 TIMELINE

A Request for Proposals (RFP) was issued in September 2008 for advertising services. All bids were reviewed and evaluated, and the winning agency has been selected. A subcontract is currently being drafted and create work will commence before the end of 2008.

The target date for launching the ART and TB campaign in the pilot areas of Addis Ababa is no later than March 2009. The exact timing will be coordinated with other members of the PSP-Ethiopia team who are responsible for training providers.

The pilot phase will run through the end of September 2009. Based on the results of this campaign, PSP-Ethiopia in conjunction with USAID/Ethiopia will decide on next steps for scaling up the communication activities.

5.3 BUDGET

The estimated budget for advertising services through September 2009 is \$75,000. Discussions are currently underway to determine whether additional resources are available to perform suggested monitoring and evaluation activities (as detailed in the M&E plan in Section 5.)

6. MONITORING AND EVALUATION FRAMEWORK FOR PRIVATE SECTOR ART AND TB COMMUNICATION CAMPAIGN

6.1 PROPOSED MONITORING AND EVALUATION DESIGN

The design of the monitoring and evaluation plan will include the following components. This is a proposed design and will be developed in detail before implementation:

- Introduction
 - Purpose of program; specific need for M&E activities, and their importance
- Guiding principles
 - Problem Statement
 - Goal
 - Objectives
 - Description of campaign (target audiences, duration, geographic location, etc.)
 - Logic Model
- What activities to monitor and evaluate?
- Monitoring and Evaluation Design
 - Indicators
 - Targets
 - Means of verification
- Data collection plan
 - Timing of data collection and persons involved
 - Data sources / Tools
 - Recording and reporting
 - Includes facility- and program-level records and reporting.
 - Structured Program Observations
 - Non-participatory direct observations
 - Feedbacks
 - Pre- and post-campaign focus group discussions and in-depth patient interviews to obtain information on patient experiences with caregivers, ART services, disclosure,

etc.

- Pre- and post-campaign informant interviews with providers and caregivers to obtain information on views of stigmatizing attitudes, interpersonal communication and counseling skills learned and used, etc.
- Capacity Building Plan
- M&E budget
- PSP-Ethiopia and Abt staff in charge of M&E

6.2 SUMMARY OF M&E PLAN

ART PROVIDER CAMPAIGN

Objectives	Process indicators and means of verification	Output indicators and means of verification	Outcome indicators and means of verification
Increase the number of healthcare providers working on ART and TB treatment and care at private settings that have non-stigmatizing and non-judgmental behavior and attitudes to HIV and TB patients	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of training materials created for provider stigma training <i>Target:</i> TBD <p>-# of trainers trained to conduct provider training</p> <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -# of workshops conducted on providers stigma <i>Target:</i> TBD <p>- # of providers oriented on provider stigma</p> <p><i>Target:</i> TBD</p> <p>- # of facilities with trained providers on provider stigma</p> <p><i>Target:</i> 15 private facilities</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> -Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -Reduced stigmatizing attitude and behavior of providers <i>Target:</i> X% of providers in 15 pilot facilities have non-judgmental behavior and attitudes to HIV and TB patients <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Pre- and post-campaign focus group discussions with patients - Pre- and post-campaign in-depth interviews with patients - Pre- and post-campaign key informant interviews with providers
Increase the number of healthcare providers working on ART and TB treatment and care at private settings that have the proper interpersonal communication and counseling knowledge and skills for communicating issues on disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of training materials created for interpersonal communication and counseling training for providers <i>Target:</i> TBD <p>- # of trainers trained to conduct training</p> <p><i>Target:</i> TBD</p> <p>- # of standardized</p>	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -# of workshops conducted on interpersonal communication and counseling <i>Target:</i> TBD <p>- # of providers trained on interpersonal communication and counseling</p> <p><i>Target:</i> TBD</p>	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -Improved interpersonal communication and counseling knowledge and skills among providers <i>Target:</i> X% of providers in 15 pilot facilities have improved interpersonal communication and counseling knowledge and skills when working with HIV and TB patients

Objectives	Process indicators and means of verification	Output indicators and means of verification	Outcome indicators and means of verification
	<p>training guidelines on interpersonal communication and counseling skills developed.</p> <p><i>Target:</i> 1 set of guidelines</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<ul style="list-style-type: none"> - # of trainings conducted using standardized guidelines on interpersonal communication and counseling skills <p><i>Target:</i> TBD</p> <ul style="list-style-type: none"> - # of facilities with trained providers on interpersonal communication and counseling <p><i>Target:</i> 15 private facilities</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Pre- and post-campaign focus group discussions with patients - Pre- and post-campaign in-depth interviews with patients - Pre- and post-campaign key informant interviews with providers - Non-participatory direct observation

CARE GIVERS CAMPAIGN

Objectives	Process indicators and means of verification	Output indicators and means of verification	Outcome indicators and means of verification
Increase the number of ART patients who feel supported in their treatment by their caregiver.	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of materials created to target caregiver sensitization <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -# of communities receiving messages targeting caregiver sensitization <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -Increased # of ART patients who feel supported in their treatment by their caregiver. <p><i>Target:</i> X% of ART patients feel supported by their caregiver with their treatment</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Pre- and post-campaign focus group discussions with patients - Pre- and post-campaign in-depth interviews with patients - Pre- and post-campaign key informant interviews with providers

TB AND ART PATIENT CAMPAIGN

Objectives	Process indicators and means of verification	Output indicators and means of verification	Outcome indicators and means of verification
Increased number of patients that know where to go for high quality, confidential TB and ART services	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of promotional materials for ART developed <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -# of promotional activities conducted <p><i>Target:</i> TBD</p> <ul style="list-style-type: none"> - # of patients with knowledge on where to receive TB and ART services with quality standards <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -Increased # of patients that know where to seek high quality, confidential TB and ART services <p><i>Target:</i> X% of patients can identify where to seek high quality, confidential TB and HIV services</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Pre- and post-campaign focus group discussions with patients - Pre- and post-campaign in-depth interviews with patients
Increased number of patients adhering to ART and TB treatment as part of a healthy lifestyle	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of promotional materials on adherence developed <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of ART promotional activities on adherence conducted <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - Increased # of patients adhering to ART and TB treatment <p><i>Target:</i> X% of HIV+ people seeking ongoing ART and TB treatment</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Facility-level records
Increased number of patients disclosing their HIV status to a trusted person, such as a spouse or friend	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - # of promotional materials developed surrounding disclosure <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> -# of promotional activities on disclosure conducted <p><i>Target:</i> TBD</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Program-level records 	<p><i>Indicators:</i></p> <ul style="list-style-type: none"> - Increased # of ART patients disclosing to a trusted person <p><i>Target:</i> X% of ART patients disclosing to a trusted person</p> <p><i>Means of verification:</i></p> <ul style="list-style-type: none"> - Pre- and post-campaign focus group discussions with patients - Pre- and post-campaign in-depth interviews with patients

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ANNEX B: LIST OF STAKEHOLDERS INTERVIEWED

Abt Associates

Konjit Yilma, Technical Advisor, Social Marketing/Capacity Building
Solomon Hagos, HMIS Officer
Sara Mengistu, Senior Program Officer

AIDS Resource Center

Gashaw Mengistu, AIDS Resource Center Coordinator
Sisay Fantahera, BCC Team Leader

Astar Advertising

Geta Mekonnen, Managing Director
Sid Swarup, General Manager

Bethel Teaching Hospital

Dr. Wondessen Amogne

Bethezatha Hospital and Clinic

Dr. Ermias Mulugeta, Managing Director
Dr. Endale Berhanu, Clinician at Bethezatha Clinic
Dr. Amsalu Garomsa, Clinician at Bethezatha Hospital
Rahel Biru, Nurse Counselor at Bethezatha Clinic

Cactus

Paul Sullivan
Creative Director

Century International Consulting Plc.

Dr. Gebeyaw Tiruneh, Managing Director

Family Health International

Abaynesh Biru, Senior BCC Officer

Federal HAPCO

Dr. Elias Abebe, HIV Care, Treatment and Support

Mekdem Clinic

Tilahun Sheko, Program Coordinator
Genet Liguba, Home Based Care Department Head

Ministry of Health

Kifle Sede, Head, Health Education Department

PSP-Ethiopia

Sileshi Kassa, Senior VCT Supervisor
Dr. Atsede Takele, Training Coordinator
Dr. Tekl-Ab Zaid, ART Program Director
Abinet Leykun, Program Manager
Ms. Kathleen Poer, Deputy Chief of Party
Mr. Yoseph Burka, Chief of Party
Dr. Lance Berman, Pfizer Global Health Fellow

Regional Health Bureau, Addis Ababa

Yemane Tesfaye, Head, Social Mobilization and Communication Department

USAID

Brad Corner, Senior Health Systems and Policy Advisor

US Centers for Disease Control and Prevention

Dr. Endale Workalemahu, BCC Coordinator

World Learning Ethiopia

Dr. Zelalem Gizaw, Deputy Chief of Party

ANNEX C: ART COMMUNICATION MATERIALS ORDER FORM

ART COMMUNICATION MATERIALS ORDER FORM

*Materials under development

Order code	Material titles	Material type	Literacy level	Languages	Description	Number of Copies	Language
A	Audience: Health Service Providers						
A1	Interpersonal Communications and Counseling Skills	Manual	High	Amharic	For providers with HIV/AIDS clients. Includes group exercises for provider skills development.		
A2	Adult Fixed Dose Combination Quick Reference	Laminated sheet	High	English	For providers with adult ART clients to facilitate transition of single to fixed dose combinations.		
A3	Pediatric Fixed Dose Combination Quick Reference	Laminated sheet	High	English	For providers with pediatric ART clients to facilitate transition of single to fixed dose combinations.		
*A4	Smart Patients Road Map	Poster	Medium	Amharic Orominya Tigrinya	Provider job aid: the road ahead for people who have tested HIV positive.		
*A5	ART Counseling Job Aid	Desktop flipchart	High/Medium	Amharic Orominya Tigrinya	For providers to facilitate ART counseling. Contains many illustrations and images.		
B	Audience: People Living with HIV/AIDS						
B1	ART	Booklet	Medium	Amharic *Orominya *Tigrinya	For clients on ART to improve understanding about ART, why and how to take it.		
B2	Positive Living	Booklet	Medium	Amharic *Orominya *Tigrinya	For people who have tested positive on how to change to a healthy lifestyle.		
B3	Opportunistic Infections (OI)	Booklet	Medium	Amharic *Orominya *Tigrinya	For people who have tested positive to better understand the symptoms, prophylaxis and treatment of OI .		

Order code	Material titles	Material type	Literacy level	Languages	Description	Number of Copies	Language
B4	Stages of HIV	Leaflet	Medium	Amharic *Orominya *Tigrinya	For people who have tested positive to understand the four stages of HIV/AIDS.		
B5	CD4 Counts	Leaflet	Medium	Amharic *Orominya *Tigrinya	For people who have tested positive to understand what CD4 counts are and why they are important.		
B6	Risky Behaviors (addictions)	Leaflet	Medium	Amharic *Orominya *Tigrinya	For ART clients to understand how smoking, drinking and chewing khat can be harmful to their health and effectiveness of their treatment. Includes suggestions on ways to stop these habits.		
B7	Drug Information (12 drugs)	Booklet	Medium	Amharic *Orominya *Tigrinya	For ART clients: A series of booklets providing information on each ART drug available in Ethiopia; how they should be taken, interactions with other drugs, side-effects etc.		
B8	Fixed Dose Combination Sensitization	Leaflet	Medium	Amharic	For ART clients to explain the difference between the newly introduced Fixed Dose Combinations and single ART drugs.		
B9	ART (1)	Poster	Medium	Amharic *Orominya *Tigrinya	For people who tested positive: A poster of a woman taking her medication. Message: My medication for my bright life.		
*B10	ART (2)	Poster	Medium	Amharic Orominya Tigrinya	For people who tested positive: Poster of a smiling, healthy looking woman leaning on a tree. Message: My medication for my bright life.		
B11	Healthy Eating	Poster	Medium	Amharic *Orominya *Tigrinya	For people who tested positive: A poster of a woman washing vegetables. Message: It is also my responsibility to be healthy.		
*B12	Active Living + Productivity (1)	Poster	Medium	Amharic Orominya Tigrinya	For people who tested positive: A poster of a carpenter at work. Message: I take my ART drugs. I am working		

Order code	Material titles	Material type	Literacy level	Languages	Description	Number of Copies	Language
B13	Active Living + Productivity (2)	Poster	Medium	Amharic *Orominya *Tigrinya	For people who tested positive: A poster of 2 women washing clothes. Message: We take our ART drugs. We are working.		
*B14	Smart Patient Questions	Poster	Medium	Amharic Orominya Tigrinya	For ART clients: Various cartoons indicating the types of questions “smart patients” should be asking their health service providers.		
*B15	ART Users Diary	Diary	Medium	Amharic Orominya Tigrinya	For ART clients to help monitor their adherence and keep a log of their general treatment and well-being.		
C	Audience: The Community						
C1	Caregivers' Booklet	Booklet	Medium	Amharic Orominya Tigrinya	For care givers of people with HIV/AIDS on home-based care and support.		
C2	Time of Death	Leaflet	Medium	Amharic Orominya Tigrinya	For care givers of people with HIV/AIDS on bereavement and mourning.		
*C3	Religious Leaders Training of Trainees and Advocacy Manual	Manual	Medium	Amharic Orominya Tigrinya	For Ethiopian Orthodox Church HIV/AIDS prevention and treatment advocates (??) to facilitate training and provide suggestions for advocacy topics and methods with the community.		

Name of organization _____

Regions you work in _____

Name and title of contact person _____

Would you like to order through ARC? (If yes please respond by the 15th of July, 2008)

Yes

No

Would you like soft copies of materials to print yourself?

Yes

No

Preferred method of material delivery:

By own organization

By ARC to the following address:

Please indicate if you are willing to cover printing and distribution costs

Yes

No

Signed by (name): _____

Signature _____

Date of Order _____

ANNEX D: CREATIVE BRIEFS FOR PSP-ETHIOPIA TB AND ART PATIENT, PROVIDER, AND CAREGIVER CAMPAIGNS

CREATIVE BRIEF

PSP-ETHIOPIA TB and ART PATIENT CAMPAIGN

1. **BACKGROUND** – (What is the problem you are trying to solve?)

- Many people with TB and/or HIV are unaware of their status.
 - People with TB and/or AIDS symptoms often come into the treatment system late with advanced disease.
 - Issues of stigma and disclosure can restrict patients' access to treatment, care and support
 - Elevated default levels occur with ART due to patient complaints about temporary side effects and misconceptions
-

2. **AUDIENCE(S)** – (Whom do you want to reach with your communication? Be specific.)

- People in Addis Ababa with TB and/or HIV who are not on treatment and who have some amount of disposable income (total estimated cost for TB and AIDS treatment-related expenses is about 500Birr). Sub-groups of particular concern include pregnant women and young people aged 15-30.
-

3. **OBJECTIVE(S)** – (What will the audience do after they hear, watch or experience this communication?)

- They will know where to go for high quality, confidential TB and AIDS services
 - They will be motivated to commit to ongoing treatment as part of their new lifestyle
 - They will engage a “buddy” such as a spouse or friend to help them adhere to treatment
 - They will participate in couple/partner counseling
-

4. **OBSTACLES** – (What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired objective?)

- Fear of stigma and discrimination
 - Belief in alternative treatments such as holy water
 - Side effects that lead to non-adherence
 - Time and cost associated with transport – many patients travel long distances to seek care at a facility where they will not be recognized
 - Patients are largely unaware of their rights as health care consumers and what to expect/demand of their providers
 - Patients can feel overwhelmed by volume and complexity of related information re: opportunistic infections (OI), nutrition, side effects, other sexually transmitted infections (STIs), partner disclosure, couple counseling, positive prevention, etc.
 - Many people are unaware of the services at private settings
 - Practicing high risk behavior and tending to unhealthy life styles when patients become stable
-

5. **KEY PROMISE** – (Select one single promise/benefit that the audience will experience upon hearing, seeing or reading the objective(s) you’ve set.)

- Taking prompt action to get TB and/or ART services at high quality, confidential private facilities will allow me to work and provide for my family for many years to come
 - “Every day for life” (Logo and tag line of the AIDS Resource Center materials)
-

6. **SUPPORT STATEMENTS/REASONS WHY** – (These are the reasons why the Key Promise/Benefit outweighs the obstacles; the reasons that what you’re “promising”/promoting is beneficial. These often become the messages.)

- Treatment will keep me strong and productive
 - Treatment is easy (Fixed Dose Combination Therapy is new)
 - I will be supported by my treatment “buddy” and my health care providers
 - Treatment is inexpensive (medicine is free; lab tests and consultation fees are relatively modest)
 - Treatment is available at numerous facilities nearby
 - I can take holy water and ART at the same time
-

7. **TONE** – (What feeling or personality should your communication have? Should it be authoritative, light, emotional..? Pick a tone.)

- Respectful, empathetic, confidential
-

8. **MEDIA** – (What channel(s) or form will the communications take? Television? Radio? Internet? Newspaper? Poster? Community channels/interpersonal? Point-of-Purchase? Flyer? All of the above?)

- Word-of-mouth is a highly trusted source of information about HIV/AIDS services; personal testimonials are effective, coffee ceremonies have worked well

- Patients with HIV and AIDS value peer education and service provided by other people living with HIV and AIDS (PLWHA)
 - Patients who develop an ongoing relationship with their health care provider are more motivated to comply with treatment regimens (but – there is a high degree of staff turnover in private health care facilities)
 - Radio – e.g. Betengna program well liked (especially by illiterate, older women?)
 - Newspaper – especially for announcing new services
 - In-clinic patient education materials – posters, brochures, videos (waiting room video under development by ARC; PMTCT film done by JHU; 3 films in development through CDC)
 - AIDS Talkline (not well known or used to-date?)
 - Mekdem drama/music group and trained spokespersons
-

9. **OPENINGS** – (What opportunities (times and places) exist for reaching your audience?)

- Community events
 - Peer group meetings
 - Markets/informal sector businesses
 - Seasonal events such as World AIDS Day (Dec.), World TB Day (March), VCT month (Sept)
 - Using influential people and figureheads
-

10. **CREATIVE CONSIDERATIONS** – (Anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented? Etc.)

- Amharic for Phase I in Addis Ababa
- A portion of the audience is illiterate (hard to quantify)
- Doctors report that patient profile favors women over men and younger people (age 20-35) more than older patients
- Need attractive ways to display in-clinic/hospital materials – e.g. display racks on wall, “take one” signs etc.

CREATIVE BRIEF

PSP-ETHIOPIA TB and ART PROVIDER CAMPAIGN

1. **BACKGROUND** – (What is the problem you are trying to solve?)

1. Providers stigma
2. Providers limited interpersonal and counseling skills related to communicating issues on disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT
3. Lack of providers job aids on TB
4. Lack of providers communication aids at private clinics as opposed to public setup
 - i. Job aids on positive prevention (disclosure, partner testing, sexual risk reduction), adherence, alcohol, STI, PMTCT) present at CDC
 - ii. ARC/JHU/CCP is developing ART counseling job aid
 - iii. JHU/CCP/ARC developed reference material on interpersonal and counseling for health care providers working on in HIV care and treatments settings.

2. **AUDIENCE(S)** – (Whom do you want to reach with your communication? Be specific.)

Health care providers - (physicians, health officers, nurses, counselors) working on HIV/AIDS and TB treatment and care settings in the private health sector

3. **OBJECTIVE(S)** – (What will the audience do after they hear, watch or experience this communication?)

5. Health care providers working on ART and TB treatment and care at private settings will have non stigmatizing and non judgmental behavior and attitude to HIV and TB patients
6. Health care providers working on ART and TB treatment and care at private settings will have the proper interpersonal communication and counseling knowledge and skills communicating issues on disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT
7. Health care providers working on ART and TB treatment and care at private settings will have the right skill using job aids on disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT

4. **OBSTACLES** – (What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired objective?)

- The stigma attached to HIV in the society
- Less attention/value given to interpersonal communication and counseling given by clinicians
- ART and TB medicines are free, counseling takes a lot of time, so the minimal financial benefit to a private provider may be a barrier
- Shortage of health care providers that constrain giving time for education and counseling
- Clinic owners may not give time to providers to attend trainings
- Poor logistic system, including distribution, refill

5. **KEY PROMISE** – (Select one single promise/benefit that the audience will experience upon hearing, seeing or reading the objective(s) you’ve set.)

- Your patients will get stronger and better through your TB and ART support services

6. **SUPPORT STATEMENTS/REASONS WHY** – (These are the reasons why the Key Promise/Benefit outweighs the obstacles; the reasons why what you’re “promising”/promoting is beneficial. These often become the messages.)

- Health care providers have an ethical responsibility to provide non judgmental and un-stigmatised/non-discriminatory services
- Providers will become more skilled and knowledgeable and be better prepared to do their jobs well
- Practices need to be in line with the national stranded of care
- Because there is no continued education program designed for health care providers in Ethiopia, this training is an opportunity to cater the gap

7. **TONE** – (What feeling or personality should your communication have? Should it be authoritative, light, emotional..? Pick a tone.)

- Emotional, empathetic

8. **MEDIA** – (What channel(s) or form will the communications take? Television? Radio? Internet? Newspaper? Poster? Community channels/interpersonal? Point-of-Purchase? Flyer? All of the above?)

- Warmline
- Newspaper
- Poster
- Flyer
- Trainings/workshops, including interpersonal communication guide
- In clinic – badges, labcoats etc that say “Ask me about ART” etc.

9. **OPENINGS** – (What opportunities (times and places) exist for reaching your audience?)

- Posters can be posted at examination rooms and in the vicinity of the clinic
- Integrating the intervention with the ART/TB trainings
- Integrating intervention in MAPPP (Medical Association of Physician in Private Practice) activities and its annual association meetings
- Seasonal events such as World AIDS Day (December), World TB Day (March 24), VCT month (Sept), etc.
- Promotions – consider offering a one-time coupon or voucher for reduced fees to encourage new patients

10. **CREATIVE CONSIDERATIONS** – (Anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented? Etc.)

- Using both English and Amharic versions
- Using model health care providers in the shots
- Adapting the communication materials developed by ARC and others to a private setting

CREATIVE BRIEF

PSP-ETHIOPIA TB and ART CARE GIVERS CAMPAIGN

1. **BACKGROUND** – (What is the problem you are trying to solve?)

8. Care givers are not available in private health settings, though patients prefer to get psycho-social support by PLWHAs because they understand them and get the psychological support they need from them
 9. Lack of care givers at community level who can give education, counseling, care to bed ridden patients
 10. Care givers at other settings have limited interpersonal and counseling skills
 11. Shortage of care givers job aids on TB and ART (disclosure, partner testing, sexual risk reduction, adherence, healthy life style, STI, PMTCT)
-

2. **AUDIENCE(S)** – (Whom do you want to reach with your communication? Be specific.)

- Two types of care givers - 1) Case Managers who themselves are PLWHA based at health facilities (may or may not be paid) and 2) Home-based Care Takers (may be PLWHA or family members/friends) who are not paid
-

3. **OBJECTIVE(S)** – (What will the audience do after they hear, watch or experience this communication?)

12. Care givers will be motivated to become trained and deployed in the community and private clinics
 13. Care givers will feel prepared with the proper interpersonal communication and counseling knowledge and skills to provide patients with support on: psychosocial issues, disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT, positive prevention
 14. Care givers will be comfortable using job aids on disclosure, partner testing, sexual risk reduction, adherence, healthy life styles, screening on STIs, TB and PMTCT, etc.
-

4. **OBSTACLES** – (What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired objective?)

- The stigma attached to HIV in the society
 - Poor logistic system, including distribution, refill
 - Potential reluctance of clinic owners to accept the placement of care givers in the clinic
 - Lack of financial incentives for caregivers to invest time in performing this function
 - Challenges in maintaining a strong volunteer network due to turnover and other factors
-

5. **KEY PROMISE** – (Select one single promise/benefit that the audience will experience upon hearing, seeing or reading the objective(s) you've set.)

- You will feel good about seeing patients' mental and physical health improving by playing a key role in patient treatment
-

6. **SUPPORT STATEMENTS/REASONS WHY** – (These are the reasons why the Key Promise/Benefit outweighs the obstacles; the reasons why what you're "promising"/promoting is beneficial. These often become the messages.)

- No one can feel the pain of the disease and its social consequence than the patient with HIV. PLWHAs can provide appropriate counselling with a better passion and commitment. The life experience of PLWHAs, including the experience of patients with the antiretroviral and OIs drugs is an opportunity to educate patients.
 - Care givers will become more skilled and knowledgeable and be better prepared to do their jobs well
 - For care givers who have a close personal relationship with the patient, they will feel good about strengthening the family - everyone has a role to play in fighting TB and HIV/AIDS
-

7. **TONE** – (What feeling or personality should your communication have? Should it be authoritative, light, emotional..? Pick a tone.)

- Emotional, empathetic
-

8. **MEDIA** – (What channel(s) or form will the communications take? Television? Radio? Internet? Newspaper? Poster? Community channels/interpersonal? Point-of-Purchase? Flyer? All of the above?)

- Trainings/workshops, including interpersonal communication guide
 - Radio, newspapers, posters - to encourage community members to do their part in supporting PLWHA
-

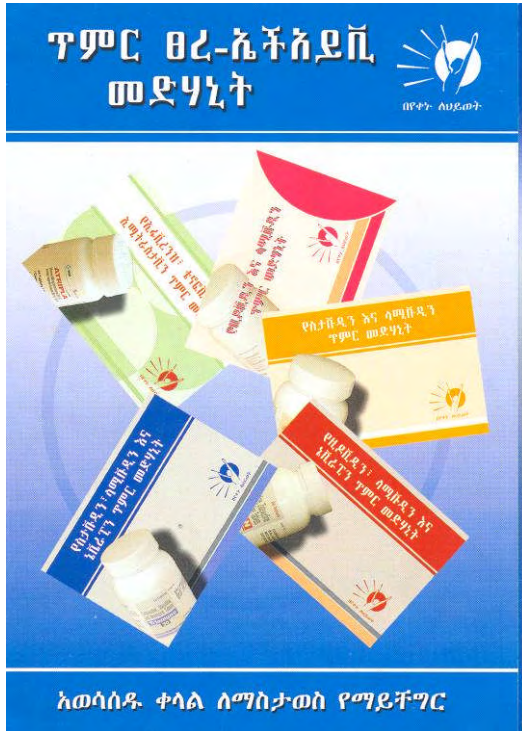
9. **OPENINGS** – (What opportunities (times and places) exist for reaching your audience?)

- Integrating the intervention with the basic home based care trainings through Mekdem, FHI and other partners
 - Integrating intervention in MAPPP (Medical Association of Physician in Private Practice) activities
 - Community events, special events (World AIDS Day etc)
-

10. **CREATIVE CONSIDERATIONS** – (Anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented? Etc.)

- Using Amharic language
- Adapting the communication materials developed by ARC and others to a private setting

ANNEX E: SAMPLE MATERIALS



Brochure

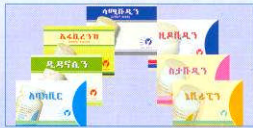
ፍችአይቪ መድሃኒቶች

መድሃኒቶች:-

ጥምር ፀረ-ኤችአይቪ የመራባት ሂደት መቆጣጠርና ስ ስ ይችላል።

ቸው ውስጥ የሚገኝባቸው ስዎችን በሽታ ም ያጠናክራሉ።

ና አገልግሎት ከቅርብ ጊዜ ወዲህ በሃገራችን ይገኛል። በሃገራችን በስፋት ጥቅም ላይ ችሏል። መድሃኒቶች



ጥምር ፀረ-ኤችአይቪ መድሃኒቶች ለምስት ዓይነት አዘገጃጅ አላቸው። አነርሱም:-

- 1) ሁለት ፀረ-ኤችአይቪ መድሃኒቶችን በማጣመር የሚዘጋጁ
 1. ዚዶቪዲን እና ሳዊቲዲንን በማጣመር የሚዘጋጅ ነጠላ አንክብል
 2. ኒታቮይን እና ሳዊቲዲንን በማጣመር የሚዘጋጅ ነጠላ አንክብል
- ለ) ሶስት ፀረ-ኤችአይቪ መድሃኒቶችን በማጣመር የሚዘጋጁ
 3. ዚዶቪዲን፣ ሳዊቲዲን እና ኔቪራፒንን በማጣመር የሚዘጋጅ ነጠላ አንክብል
 4. ኒታቮይን፣ ሳዊቲዲን እና ኔቪራፒንን በማጣመር የሚዘጋጅ ነጠላ አንክብል
 5. ኢፋቪረንገዙ፣ ቲዮፎኒር እና ኢሚትራሲታቪንን በማጣመር የሚዘጋጅ ነጠላ አንክብል

አባባሎር ናቸው።

እነዚህ ፀረ-ኤችአይቪ መድሃኒቶች በነጠላ አንክብል መልክ በየቀኑ የሚወሰዱ ናቸው።

ጥምር ፀረ-ኤችአይቪ መድሃኒት

ጥምር ፀረ-ኤችአይቪ መድሃኒት ማለት የሆኑ ፀረ-ኤችአይቪ መድሃኒቶች ይህ አንክብል መልክ የተዘጋጀ ፀረ-ኤችአይቪ

እነዚህን ልዩነቶች በሚከተለው ምሳሌ ማየት ይቻላል:-



ወ/ሮ ዘነቡ በአዲሱ አወሳሰድ ልትወሰድ የምትችሉው (ጥምር ፀረ-ኤችአይቪ መድሃኒት)

ሟታ 1 አንክብል ሟታ 1 አንክብል በ 1 ቀን የምትወስደው አንክብል 2 ይሆናል ማለት ነው።

ወ/ሮ ዘነቡ በነጻ አወሳሰድ የምትወስደው (ነጠላ ፀረ-ኤችአይቪ መድሃኒት)

ሟታ 3 አንክብል ሟታ 3 አንክብል በ 1 ቀን የምትወስደው አንክብል 6 ሲሆን



- ጥምር ፀረ-ኤችአይቪ መድሃኒቶች ወደ ሃገር ውስጥ ገቡ ማለት ሁሉም የፀረ-ኤችአይቪ ህክምና ተጠቃሚዎች አዲሱን መድሃኒት መጠቀም ይጀምራሉ ማለት አይደለም።
- የህክምናው ተጠቃሚዎች የትኛው የመድሃኒት ዓይነት እና አወሳሰድ እንደሚገባቸው የሚወስኑ የጤና ባለሙያው ነው።

በአጠቃላይ፡ መድሃኒቶች በሙሉ የሚወሰዱት አግባብነት ያላቸውና የሰለጠኑ የጤና ባለሙያዎች በሚያዘኩት መሰረት ብቻ ነው።

መድሃኒቶች የሚለዩት ሆኖ እና ባህርያቸው ከነጠላ ላይ መድሃኒቶች በዋናነት ክብል ብዛት በመቀነሳቸው ናቸው ነው።





Posters



Job Aid

Fixed Dose Combinations and Single ARVs Available for adults in Ethiopia



የዮቅን ለህይወት

Fixed Dose Combination or Single ARVs	Dosage	Side-Effects	Interactions
TRIPLE ART FDCs			
TDF+FTC+EFV	300mg TDF + 200mg FTC + 600mg EFV One tablet daily	CNS toxicity Teratogenicity in the first trimester of pregnancy Rarely renal insufficiency	Avoid during 1st trimester pregnancy Avoid fatty meal
D4T + 3TC+ NVP	30mg d4T + 150mg 3TC + 200mg NVP one pill twice daily after initial 2 weeks of NVP given as single 200mg tablet daily	Skin rash, hepato-toxicity, pancreatitis, peripheral neuropathy, lactic acidosis/ fatty liver lipoatrophy	Avoid: NVP with Rifampin D4T with ddl, D4T with AZT
(AZT) ZDV + 3TC + NVP	300 mg AZT + 150mg 3TC + 200mg NVP One pill twice daily after initial 2 weeks of NVP given as single 200mg tablet daily	Marrow suspension (anemia/neutropenia), Myopathy, GI disturbance (nausea/vomiting) Lactic acidosis/ fatty liver, lipoatrophy, skin rash, hepato-toxicity	Avoid: NVP + Rifampin D4T + AZT D4T + ddl
DUAL ART FDCs			
D4T + 3TC	30mg D4T + 150mg 3TC One pill twice daily	Hepato-toxicity, pancreatitis Peripheral neuropathy, Lactic acidosis/ fatty liver Lipoatrophy	Avoid: D4T + ddl D4T + AZT
ZDV + 3TC	300mg ZDV + 150 mg 3TC One pill twice daily	Marrow suspension (anemia/neutropenia) myopathy, GI upset, Lactic acidosis/ fatty liver	Avoid: D4T + AZT
SINGLE ARVs			
Zidovudine (ZDV)	300mg twice daily	GI upset, marrow suppression, asthenia, myopathy, rarely lactic acidosis	Avoid combination with D4T
Didanosine (ddl EC)	250mg, 400mg once daily	Lactic acidosis/ HS, pancreatitis, peripheral neuropathy, GI intolerance	Avoid ddl + TDF, d4T + ddl, ddl + Ribavirin take on empty stomach
Lamivudine (3TC)	150 mg twice daily or 300mg once daily	Well tolerated; rare side-effects	Avoid: 3TC + FTC (same drug)
Stavudine (d4T)	30mg twice daily	Peripheral neuropathy, Pancreatitis, Lactic acidosis, fatty liver, lipoatrophy	Avoid using AZT
Tenofovir (TDF)	30mg one pill once daily	Rare renal insufficiency; Requires dose adjustment in renal failure	Avoid: TDF + ddl TDF + ABC
Abacavir (ABC)	300mg one pill twice daily	Hypoersensitivity reaction	Avoid: ABC + TDF
Nevirapine (NVP)	200mg daily for first 14 days; then 200mg twice daily	Rash - mild and severe, SJS Hepatotoxicity	Avoid: NVP + Rifampin
Efavirenz (EFV)	600mg EFV once at bedtime	CNS Toxicity Teratogenicity in first trimester of pregnancy	Avoid: EFV + fatty meal Pregnancy

Special Scenarios and Regimens to be used

1	First line: Standard regimen	- (TDF or ZDV) + (FTC or 3TC) + (EFV or NVP) (Preferred). - D4T + 3TC + (EFV or NVP) (Alternative)
2	First line: Women who may become pregnant	- ZDV + 3TC + NVP (Preferred) - d4T + 3TC + NVP (Alternative)
3	First line: Pregnancy - First trimester - Beyond first trimester	- ZDV + 3TC + NVP (Preferred) - d4T + 3TC + NVP (Alternative) First Line Standard: - (TDF or ZDV) + (FTC or 3TC) + (EFV or NVP) (Preferred) - D4T + 3TC + (EFV or NVP) (Alternative)
4	First line: Concomitant TB Rx	- (TDF or ZDV) + (FTC or 3TC) + EFV (Preferred) - D4T + 3TC + EFV (Alternative)
5	First line: Pregnancy and TB - First trimester - Beyond first trimester	- Triple NRTI (ABC + 3TC + ZDV) - (TDF or ZDV) + (FTC or 3TC) + EFV or NVP (Preferred) - D4T + 3TC + EFV or NVP (Alternative)
6	First line: Toxicity to standard regimen (1)	- ZDV induced anemia substitute d4T - D4T related peripheral neuropathy and pancreatitis substitute ZDV - D4T related severe lipodystrophy substitute TDF or ABC same is true to d4T caused LA and HS
7	First line: toxicity to drug 1 after prior switch	TDF or ABC
8	First line: toxicity to drug 1, pregnant	No difference
9	First line: toxicity to drug 1, contraindication to standard switch	TDF or ABC
10	First line: toxicity to drug 3	- NVP to EFV in hepato-toxicity, severe skin reaction - NVP to PI in severe life-threatening skin reactions (SJS and TEN) and NVP induced hepato-toxicity - EFV to NVP in severe neuropsychiatric problems
11	First line: toxicity to drug 3 after prior switch	PI
12	First line: Incident pregnancy	- If on EFV in first trimester, switch to NVP - If on EFV in second and third trimester, continue - If on NVP continue with NVP
13	First line: incident TB	- Switch NVP to EFV - If duration of ART is > 6/12 consider Rx failure
14	First line: incident pregnancy and TB	First line switch to triple NRTI Second and third trimester NVP to EFV

How to switch to Fixed Dose Combination (FDC) in patients who are taking ART now:

1. Patients on d4T + 3TC + NVP will be switched to triple FDC of same drugs to be taken one pill bid.
2. Patients on AZT + 3TC + NVP will be switched to triple FDC of same drugs to taken one pill bid.
3. Patients on d4T + 3TC + EFV will be switched to double FDC of d4T + 3TC and EFV.
4. Patients on ZDV + 3TC + ETF will continue taking combivir and EFV.

Treatment naive patients who will be started with the updated ART guidelines will take:

1. TDF + FTC + EFV as triple FDC unless there is contraindication to this combination.
For the alternative regimens see the above table.

- 1 Severe lipodystrophy is: 1) changes noticed by the patient 2) stigmatizing
3) affecting quality of life and 4) accompanied by dyslipidemia.



An HIV and AIDS Treatment Information Service for Health Professionals in Ethiopia
www.etharc.org/fitun

June 2008, Ethiopia

