A National Youth HIV Prevention Strategy for South Africa 2022-2025

REPUBLIC OF SOUTH AFRICA

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

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Civil Society Forum
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Contents

1. Introduction

The three-year Youth HIV Prevention Campaign rests on the **integration** of critical **health and social services and youth development programmes,** social and behaviour **change communication,** and **mobilisation** for more **better access** to and **improved quality** of health products and services.

It is led by the South African National AIDS Council (SANAC), coordinated primarily by provincial AIDS Councils (PCAs), and activated by a range of government departments and civil society organisations.

The campaign is a venture with a history, as the successor to the She Conquers campaign which ran nationally from 2016 to 2019 and aimed to prevent HIV infection among adolescent girls and young women (AGYW).

The Youth HIV Prevention Campaign borrows from the past and seeks to build on this foundation. Features to look for in this Youth Campaign are:

- A continued focus on promoting young people's access to a package of health products and health and social services.
- Strengthening the inclusion of youth development initiatives – including employability and livelihoods programmes – in HIV prevention activities.
- The addition of a strong mass communication element, with health literacy and social and behaviour change goals and methods.
- The introduction of social mobilisation to address barriers to access to key services.
- Incorporation of key learnings from

  She Conquers:
  - Stronger national management and coordination of the campaign
  - The inclusion of youth voices in campaign planning, management and creative production (SANAC, 2020).

This campaign takes advantage of the expansion of tools for HIV prevention in recent years and the fact that there are now options for all young people, whatever their sex, gender, sexual orientation, HIV status, relationship status, and social and personal values.

The campaign will be implemented primarily in 2021-2023 and, since this period overlaps substantially with South Africa's National Strategic Plan on HIV, TB and STIs 2017-2022 (NSP), it uses various concepts featured in the NSP (SANAC, 2017).

She Conquers

Had strong branding

Prioritised AGYW

Promoted access to comprehensive package of health products and social and health services

Aimed to strengthen the impact of existing services through coordinated provision to AGYW

New Youth Campaign

Will have strong branding

Is gender-inclusive but retains a strong focus on AGYW

Promotes access to a priority package of health products, health services and social services

Recognises the contribution of youth development programmes

Features a strong social and behaviour change communication (SBCC) element

Includes mobilisation to address barriers to service access

It relies partly on focusing and drawing together existing services and programmes, but also creates a new mass communication element

2. How this campaign was developed

SANAC initiated the process to develop this campaign shortly after the national lockdown in response to the coronavirus, or COVID-19, pandemic commenced. This impacted on the order in which various steps in the process unfolded. It also demanded the replacement of various face-to-face consultations with virtual consultations. The main elements of the process were:

- A literature review which encompassed quantitative and qualitative evidence of:
  - The pattern of HIV among young people.
  - The impact of social and structural drivers.
  - Knowledge, attitudes and practices relevant to HIV prevention.
  - Well-documented interventions in the broad area of HIV prevention, including those impacting on social drivers.
- Consultations with panels of young people, in the tradition of human centred design of communication products. These provided valuable insights into knowledge and attitudes related to HIV prevention and sources of influence on young people in relation to sexual behaviour.
- Consultation with members of the following SANAC structures:
  - Provincial Councils on AIDS (PCAs) Heads of Secretariats.
  - Civil Society Forum.
  - National Youth Sector Leadership.
  - HIV Prevention Technical Working Group.

3. Who is this campaign designed for?

This is a campaign for youth in all their diversity. The concept of "youth" is a rich catch-all term, not an indication of bland sameness. For the purposes of this campaign, it refers to the 15-24 year age group and this is an age range that:

- Embraces different life stages and roles, from dependent "child", to student, to breadwinner or young parent.
- Includes youth in school, youth in post-school education and training, young workers, and young people not in employment, education or training (NEET).
- Displays the full range of sexes, gender identities, and sexual orientations
- Includes an estimated 700 000 young people living with HIV. (UNAIDS, 2020)

In South Africa, just being a young woman means you are extremely vulnerable to HIV infection. In addition, many young people belong to key and vulnerable populations identified in the NSP.

Key and vulnerable populations that include young people

Sex workers

Lesbian, gay, bisexual, transgender and intersex (LGBTI) populations

Men who have sex with men

People with disabilities

People who use drugs

Orphaned youth

Residents of informal settlements

Mobile populations and migrants

Total number of youth (15-24) 9.57 million (Statistics SA, 2020)

About 3.6 million in Grades 9 – 12 at school (Statistics SA, 2018)

About 1.7 million in universities and TVET colleges (DHET, 2020)

About 3.2 million NEET (Statistics SA, 2020)

4. Why focus on youth prevention?

Young people in South Africa – and especially young women – are exceptionally vulnerable to HIV and require dedicated attention in the national HIV response. At the same time, youth have demonstrated a concern about HIV and desire to protect themselves through above-average adoption of some methods of HIV prevention. They have shown an interest in innovation and a capacity to drive change, recording the sharpest declines in new infections between 2010 and 2019 (Johnson L, 2020).

A focused HIV prevention campaign is therefore demanded by the level of vulnerability – and the health rights of young people – and it is encouraged by past progress and new options for prevention.

Vulnerability

Disproportionate number of new infections

Youth in the 15-24 years age group account for a disproportionate number of new HIV infections. In 2017 an estimated 22 000 young men and 66 000 young women in this age group acquired HIV (Simbayi et al, 2019, referred to HSRC 2017). 2019 estimates produced by the Thembisa 4.3 model put new infections at about 55 000 for young women and 14 000 for young men.

Early infection extends treatment

By the age of 24 years, one in seven young women is HIV-positive and will carry a lifelong healthcare responsibility. The comparable figure among young men is one in 24 (Thembisa 4.3). Although HIV prevalence is lower among men, evidence suggests men are, on average, less likely to utilise healthcare services and HIV-related deaths among men outnumber those among women (Feizzadeh, 2019).

Below average achievement on 90-90-90

Evidence suggests two-thirds of young women and only one-quarter of young men who are HIV-positive know their status (bottom graph, page ■■■).

- Of these, 40% of young women and 43% of young men are linked to ART, with viral suppression below 50% in both instances (HSRC 2017).
- The "prevention bonus" of ART, which has had a massive positive impact in South Africa overall, is clearly not benefitting 15-24-year-olds as much.

Significant levels of sexual risk taking

Some sexual behaviours carry an increased risk

of acquiring HIV. While these are not the norm among young people, they are fairly common and need to be interpreted within the social environment that youth inhabit. About 25% of young men and 9% of young women have had at least two sexual partners within a year and one

in three young women has a partner at least

five years older than her. These figures have tended to rise in the face of behaviour change campaigns, rather than decline, suggesting that there are social and economic factors that sustain them (HSRC 2017).

Opportunity

As in all age groups, HIV among 15-24-years-olds has declined in recent years. Young people have demonstrated an openness to adopting some practices that reduce their risk of HIV infection.

Leading adopters of prevention methods

Historically in South Africa, young people have recorded better uptake of condoms and medical male circumcision (MMC) than adults over the age of 25. However, the general decline in condom use recorded since 2008 has also been observed in 15-24-year-olds. Young men have consistently reported higher rates of condom use than young women (HSRC, 2017). This is usually ascribed to the limited ability of young women to negotiate condom use in relationships where male partners are dominant. It might also be affected by lack of access to female condoms.

Youth are receptive to social and behaviour change (SBC) interventions

SBC interventions aimed at young people, whether through mass communication or more individualised methods, have achieved change in terms of uptake of HIV testing, condoms and medical male circumcision (Johnson et al, 2013; Johnson et al, 2018; Kincaid et al, 2012012; Letsela, 2019).

New methods offer more individual agency

Until recently the male condom has been the primary method of HIV (and STI) prevention. Ideally condom use should be by mutual agreement, but all too often the dissent of one partner – usually the male who has more agency in relation to male condoms – appears to result in unprotected sex.

Pre-exposure prophylaxis (PrEP) levels the protection playing field because it is gender non-specific and discreet. Consequently, the individual can exercise self-care, making and carrying through a decision about protection independently of his/her partner

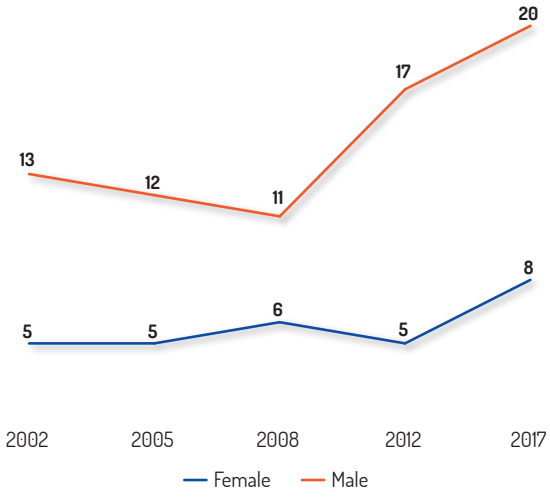
For HIV-positive individuals, the reality of antiretroviral treatment (ART) reducing the virus to undetectable and untransmissible levels (U=U), is also a game-changer in terms of reducing the risk of transmission to a partner.

There is therefore, a massive need for strengthening HIV prevention initiatives for young people, and there is also a real prospect of progress, given past experience and the doors that open with new prevention technologies.

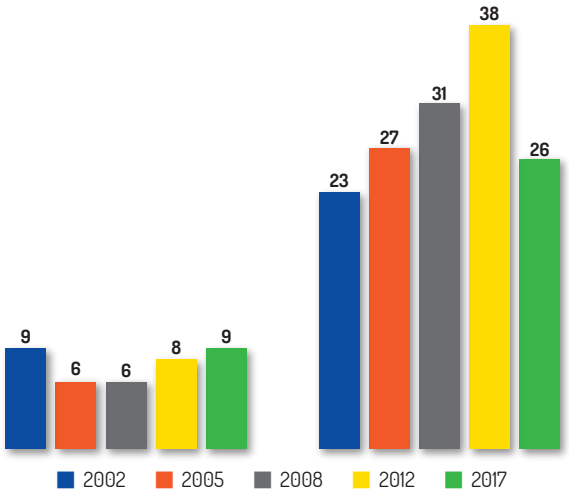
Longer term trends suggest that HIV prevention interventions have been more successful at promoting health-seeking behaviour and the uptake of biomedical prevention methods than changing sexual behaviours that increase the risk of acquiring HIV. This suggests that the Youth Campaign should focus more on biomedical prevention and the barriers to using these methods, as well as on the social and economic factors behind high risk sexual practices.

Trends in sexual risk behaviour

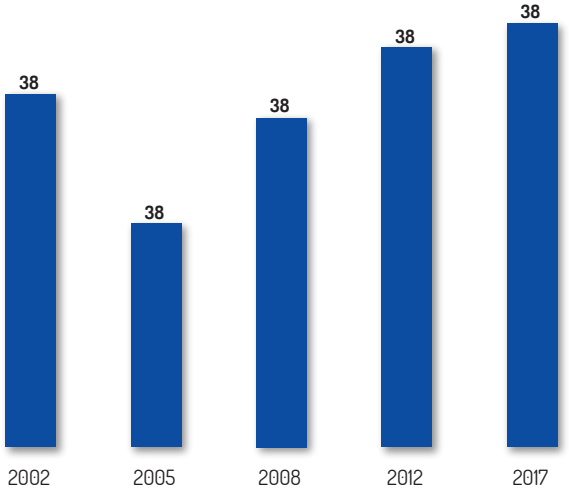
Percent of youth have six < 15 years



Percent of youth with multiple partners

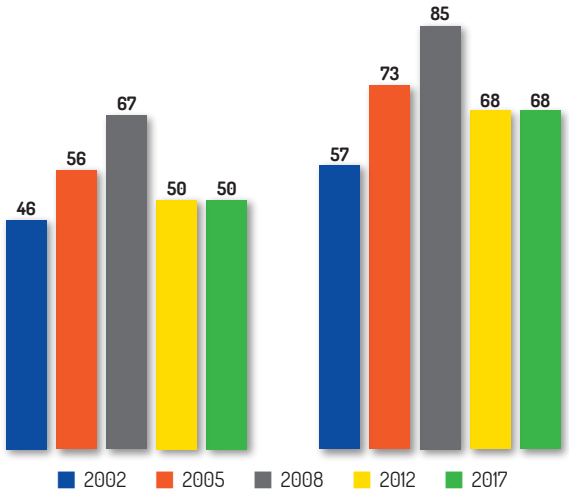


Age-disparate relationships: AGYW 15-19

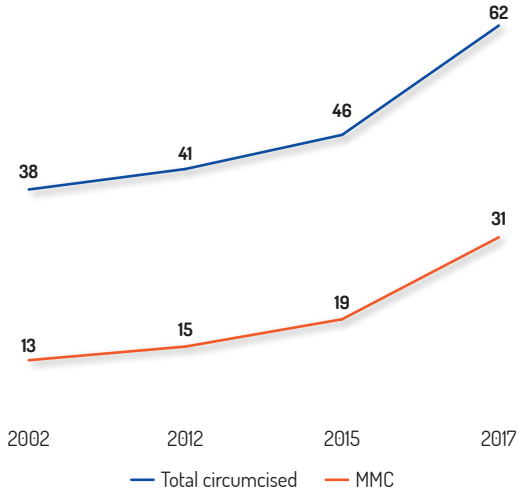


Trends in biomedical prevention

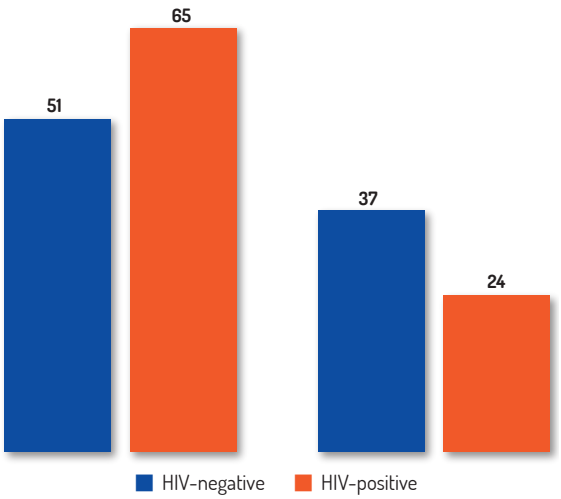
Percent reporting condom use at last sex



Percent reporting MMC



Percent aware of HIV status



All figures from HSRC 2017 and refer to 15-24 years age group, unless otherwise indicated. Figures rounded to full number.

5. What makes youth more vulnerable to HIV infection?

Any health issue is embedded in a web of psycho-social and socio-economic factors that impact on how it needs to be approached and what the chances of effective intervention are. Epidemics of sexually transmitted infections (STIs), including HIV, are more complex than most because of the moral values that most societies attach to sex, and especially the sexual behaviour of the youth.

This document does not attempt a full analysis of the factors contributing to youth vulnerability to HIV. The main factors are briefly summarised below, to provide the necessary context for the objectives and interventions set out in the campaign.

Individual factors

Individual characteristics play a role in determining how vulnerable an individual may be to HIV infection. Factors such as one's knowledge and understanding of HIV transmission, the values one holds in relation to sex, one's confidence in the conduct of intimate relationships, and one's ability to negotiate the "adult world" of clinics and social services impact on behaviour, either increasing or decreasing exposure.

Limited knowledge of HIV prevention

While the preventive value of condoms is almost universally recognised among young people, only a minority have more extensive understanding of HIV transmission and prevention. The HSRC 2017 survey found that only one in three youth had correct knowledge of all five HIV-related questions asked. The HIPPS survey of 2018, conducted only in KwaZulu-Natal, had similar findings. Young people engaged for purposes of developing this campaign were either unaware of PrEP or poorly informed.

Low and unrealistic perception of risk

Fully 85% of youth respondents in HSRC 2017 believed they would "definitely" or "probably" not become infected with HIV (although some already were). The most common reasons were "I am faithful" and "I trust my partner". Qualitative research over the years has painted a similar picture.

Negative perceptions of condoms

The gap between knowledge about the value of condoms and the actual use of condoms may be partly explained by negative perceptions of condom use, which are held more commonly by men than women. These include the perception that sex without a condom is more pleasurable and that an attempt to introduce condoms may in some way offend one's partner (Mbelle et al, 2014; Epicentre Health research, 2018).

Contradictory values relating to sex

A factor not well documented in quantitative research but reliably raised in workshops and similar discussions, is the clash in values relating to sex that young people experience. In their homes, their parents often represent extremely conservative values – usually based on religious beliefs – and there is little communication about sex beyond warnings not to get pregnant or make a girlfriend pregnant. The culture conveyed by the mass media is much more permissive sexually and often unrealistic. While young people report using the internet for factual information on sex, many lack guidance that would assist them exercise judgment in relation to sex and intimate relationships.

Social and structural factors

Research reveals a range of "drivers" of the epidemic – factors in the social fabric of society and in the economy – that aggravate the biological risk of infection. These drivers work in different ways:

- Some deny young people access to the resources and services that would help protect them against infection.
- Others contribute to young people engaging in behaviour that exposes them more to infection risk.

- And yet others operate at a psychological level, sapping the confidence and initiative that is needed for individuals to make beneficial life-decisions.

A comprehensive Youth HIV Prevention Campaign should address as many of these socio-economic drivers of the epidemic as practically possible.

Teenage sex, social norms and stigma

Conservative attitudes to teenage sex are not confined to the home. They are sufficiently common among the parental generation to be considered a norm, and there is extensive anecdotal evidence of some nurses passing judgment on young users of sexual and reproductive health (SRH) services. This attitude among nurses, and the perception among young people that services are not confidential, constitute a significant barrier to youth using SRH and HIV prevention products and services. Self-stigmatisation affects a considerable number of people living with HIV (PLHIV) and it is arguable that social attitudes to sex contribute to this (Cameron, 2019; Cloete et al, 2014).

Poverty

Six out of 10 young people in South Africa live in households with an income below the poverty line (De Lanay et al, 2015). Poverty is an acknowledged driver of HIV and it works in a number of ways including:

- Limiting educational opportunity. While virtually all youth are in school at the age of 15 years, by the time they reach the age of 18, one-third have dropped out and do not complete secondary school, often for socio-economic reasons (Statistics SA, 2018). Lower levels of education are associated with higher HIV risk. Not only do schools provide a protective environment, but those who have not completed school are least likely to find decent work and transactional sex may be a way to survive.
- Limited access to services: While primary healthcare services are free in South Africa, long waiting times, limited choice, and external costs of seeking care (such as loss of income or transport costs) may effectively limit access to HIV care and SRH services.

Unemployment

Unemployment weighs most heavily on the young: one in three 15-24-year-olds is NEET (Statistics SA, 2020). Forced into economic dependence on their families, young people in disadvantaged communities are in a precarious position: some become victims of economic or sexual exploitation. Transactional sex in various degrees is fairly widespread, especially among young women from impoverished circumstances (Cawood et al, 2020; Mathews et al, 2020). The high incidence of depression and other mental health problems among the NEET population has been documented in a variety of countries and arguably undermines motivation for HIV prevention (Hernandez et al, 2012; Lepper, 2020) In contrast, evaluation studies of recent interventions for AGYW found low rates of depression (Cawood et al, 2020) and high scores for wellbeing (Mathews et al, 2020) among AGYW, many of whom were still in school.

Intergenerational inequality and "woundedness"

Poverty, economic inequality and unemployment all have a pronounced racial character. Black South Africans – and especially Africans – are far and away the most disadvantaged group and the intergenerational impact of apartheid is beyond dispute. Social scientists are studying the psychological and health impacts of being a victim of political system that was supposedly buried decades ago. They have used the concept of "intergenerational woundedness" to refer to the disempowerment and dispossession experienced (Ramphele, 2018; Ngcaweni, 2018). The fatalism about HIV infection that is sometimes expressed in qualitative research accords with this analysis.

Gender norms

Patriarchy in South Africa is expressed through a wide range of economic, social and cultural forms of discrimination against women. Cumulatively these lay the foundation for extraordinarily high rates of rape and other violence against women. Rape is overwhelmingly a crime against young women and a significant HIV risk (SAPS Official Crime Statistics, 2019).

Members of the young LGBTI community commonly experience stigma and discrimination and, sometimes, physical violence.

Masculine norms also have a harmful impact on men in terms of exposing them to violence and stifling health-seeking behaviour. In the context of HIV, more South African women than men are living with HIV but HIV-related mortality is higher among men (Feizzadeh, 2019).

Pervasive violence

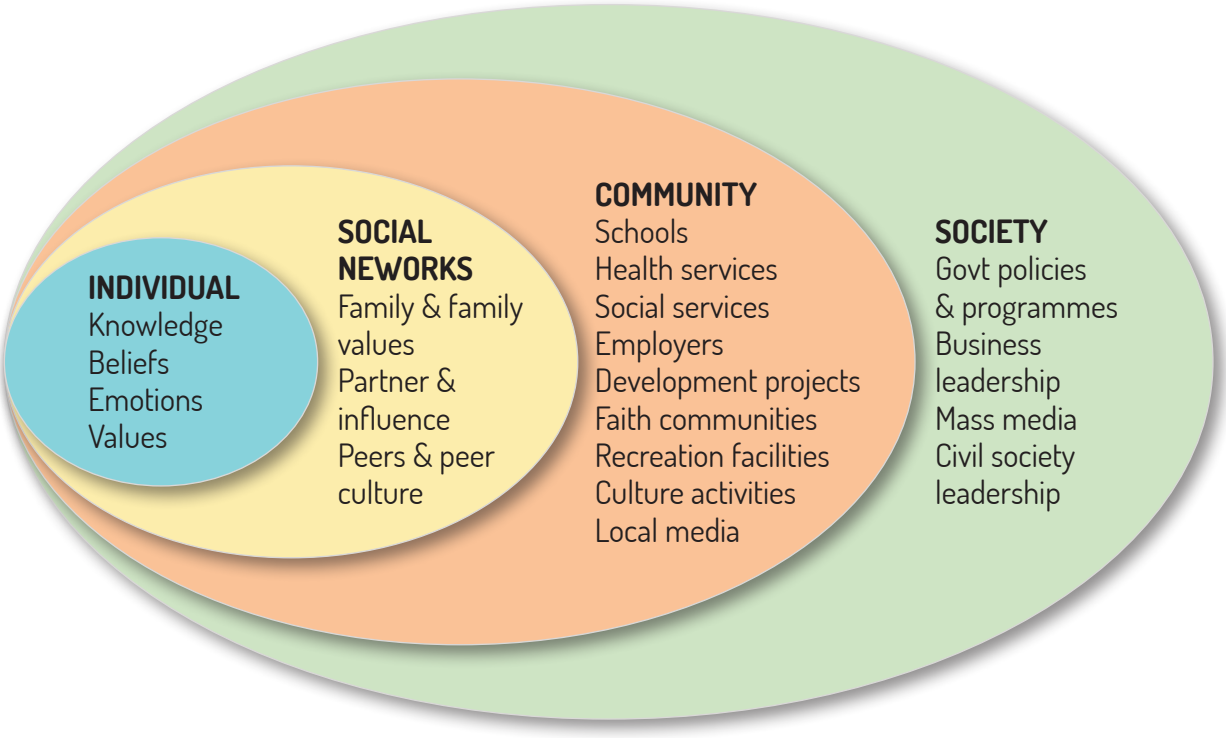
Gender-based violence is one facet of an extremely violent society. Non-natural deaths (homicides, suicides and accidents) are the main cause of death among young men – accounting for 57% of deaths among those aged 15-19 years and 66% in the 20-24 years age group (Statistics SA 2018). The figures speak to a significant number of youths living on the edge, taking risks without a safety net.

Substance epidemics

South Africa has an epidemic of hazardous alcohol use in a society where the majority abstains from alcohol consumption. Binge drinking has been reported by 30% of male high school learners and 20% of females (Reddy, 2013). The extent to which illegal substances are used is not reliably documented, but it is clearly widespread. Several surveys have established a link between alcohol and substance use and unprotected sex.

6. Shaping the response to youth vulnerability

In the field of HIV prevention, the social ecology model – which considers the interaction between people and their social environment – has been widely used to organise and understand the host of factors impacting on the individual's health decision-making and behaviour. The model highlights the extent to which social forces enhance or limit the options available to individuals. It argues for the coordination of initiatives to produce change at a variety of levels, in order to empower the individual. It is useful to use the social ecology "template" to identify the range of potential touchpoints of resources for change in a Youth HIV Prevention Campaign.



The individual

The individual's own engagement with HIV prevention is the foundation for building a stronger youth response. If we are able to make young people aware both of the risks of inaction and the options for action, answer their questions and address their doubts, and build their self-esteem and confidence to act, step one of our job is done.

Social networks

Parents and other family members, intimate partners and friends are major influences on youth. It is therefore important to build knowledge and acceptance of HIV prevention methods within such networks and, if possible, to leverage their influence in support of young members' action for prevention.

Community

Many organisations in the community can improve HIV prevention among the youth by:

Providing essential HIV products and services.

Providing other health, educational and social services and social benefits

Educating on HIV and influencing social norms

Building youth resilience, self-esteem and motivation for self-protection.

Some of these organisations need to modify their activities in order to play their part.

Society

This system corresponds to national and provincial spheres and for the Youth Campaign is most significant in terms of:

Effective leadership and coordination.

The provision of core resources.

Creation of effective national communication platforms.

7. What enables individuals to adopt new behaviour?

Access to information and the consolidation of knowledge are necessary but insufficient conditions for the adoption of new ways of thinking and acting. Behind the much-discussed digital divide is a deep information divide and the implications of this for HIV prevention cannot be under-estimated. Discussions with young people, HIV stakeholders and fragments from surveys show that, while HIV programming has forged ahead, public awareness is stuck in the era of abstaining, being faithful and condomising (ABC).

There is a critical need to inform and enable people to assimilate the information on progress in HIV prevention. This falls squarely into the health literacy tradition and is one of the primary tasks of this campaign for young people.

However, aspects of the campaign must take account of the complexity of change and of factors that determine whether knowledge will translate into health-seeking behaviour. It has been suggested by theorists that three critical factors are:

- Intention – Is the recommended HIV product or course of action acceptable or appealing enough to create interest in change?
- Norm perception – What is the expected reaction of others? Will the new behaviour win approval from those whose opinion matters or will it incur difficulties? Is it motivating or discouraging?
- Self-efficacy – Is there the level of skill and self-belief required to succeed in this new course of action?

The social and behaviour change communication (SBCC) components of this campaign will be conceptualised with this kind of theoretical framework in mind.

To these considerations should be added external factors: does the environment provide support – for example, through accessible services or peer support – or does it throw up obstacles? This campaign, with its emphasis on comprehensive service provision and developmental youth programmes, certainly attempts to mobilise environmental support for individual change

In addition, it aims to:

- Win the support of individuals within the social networks of young people – their parents and their partners, for example – in order to encourage youth to make these difficult sexual health choices.
- Create a more open and accepting social environment in terms of uptake of HIV prevention and treatment services as well as SRH.

8. What do we aim to achieve?

The overall goal of the campaign is to reduce by 40% the incidence of HIV and STIs among South African youth, primarily in the 15-24-year-old category and especially among young women.

(The baseline would be the 2018/19 estimates in the Thembisa 4.3 model: 1.3% for young men and 0.33% for young men.)

Objective 1

Increase the appreciation among young people of their considerable risk of HIV infection.

Sub-objectives

- Increase uptake of HIV testing among all young people
- Build awareness of factors that increase the HIV infection-risk of unprotected sex, including:
  - Early initiation of sex
  - Multiple partners
  - Abusive relationships
  - Exposure to sexual abuse/violence
  - Substance use.

(Note: Action on this objective should always be combined with building awareness of options for prevention, so that there is added motivation for use of prevention tools in situations where risks themselves may not be reduced.)

Objective 2

Improve uptake of the main methods of biomedical prevention of HIV.

Sub-objectives

- Increase appreciation of condoms as a three-in-one solution: preventing HIV, STIs and pregnancy.
- Increase use of condoms among young people.
- Create widespread awareness of the use of ARVs in prevention (both PrEP and U-U).
- Build adequate understanding of PrEP to enable its effective use.
- Ensure general access to PrEP services so it is a viable prevention option.
- Increase awareness and understanding of U=U, including the importance of ART adherence.
- Improve linkage to ART and viral load suppression.
- Increase contraceptive use, especially among young women using ARVs for prevention.
- Increase uptake of MMC in this age group.

Objective 3

Improve uptake of SRH services and products

Sub-objectives

Increase uptake of contraception and reduce unplanned pregnancy by:

- Continuing to ensure contraceptive information in school-based sexuality education.
- Promoting contraception within the notion of SRH rights for young women.
- Ensuring a choice of contraceptive methods at public health services and providing counselling on selection of method.

Reduce incidence of STIs by:

- Increasing awareness of the serious health implications of some STIs.
- Promoting condoms as a three-in-one solution: preventing HIV, STIs and pregnancy.
- Increasing knowledge of signs and symptoms of STIs.
- Improving treatment-seeking for STIs.

Objective 4

Address barriers to youth having genuine access to HIV prevention products and SRH services.

Sub-objectives

- Create more youth-appropriate health facilities, offering comprehensive SRH services.
- Expand non-clinical condom distribution systems.

- Undertake special service outreach to marginalised sub-populations of young people.
- Ensure robust supply chain management systems for uninterrupted supply of products.

Objective 5

Alleviate poverty and reduce psycho-social effects of poverty.

Sub-objectives

- Maximise youth's use of the social security net
  - Increase percentage of learners who complete grade 12.
  - Facilitate uptake of child and youth support grant.
  - Facilitate access to National Student Financial Aid Scheme (NSFAS) bursaries.
- Improve youth prospects of employment or generating a livelihood.
  - Link young people to employability and entrepreneurship programmes and livelihood-generation initiatives.
  - Provide useful information on learnerships and apprenticeships.
  - Strengthen relationships with the private sector to maximise opportunities for youth employment.
- Address the psycho-social impacts of poverty, inequality and unemployment on the youth population
  - Strengthen collaboration with youth development programmes that focus on nurturing self-belief, resilience and inclusion.
  - Increase engagement of NEET youth in social, cultural and developmental programmes that build resilience, self-esteem and life-skills.
  - Integrate health promotion – including HIV prevention – into these programmes.

Objective 6

Promote gender equality as a fundamental value and human right within the HIV response

Sub-objectives

- Operate all health, education, social, cultural, and developmental programmes on the principle of gender equality.
- Generate awareness that gender is not binary and that gender identity is not set at birth.

Objective 7

Contribute to the prevention of gender-based violence (GBV) – including sexual violence – and improve access to services for survivors

Sub-objectives

- Rally behind and advocate for effective implementation of the National Strategic Plan on Gender-based Violence and Femicide.
- Participate in GBV awareness campaigns coordinated in terms of the above plan.
- Encourage and empower young people to exercise zero tolerance and call out abusive behaviour.
- Assist young women in abusive relationships to seek help by making referrals to counselling services, shelters and legal aid services.
- Ensure high access to information about where to get help for GBV.
- Encourage youth participation in efforts to support community-based facilities offering assistance to those affected by GBV.

Objective 8

Contribute to the reduction of substance use among youth and facilitate access to relevant services for dependent users.

Sub-objectives

- Raise awareness of the health risks of excessive alcohol use and use of other substances.
- Provide access to information on services to assist dependent users.
- Facilitate linkage to substance abuse programmes.

Objective 9

Raise awareness among youth of mental health and facilitate access to mental health services.

Sub-objectives

- Include mental health in health promotion activities and platforms for young people.
- Incorporate referral for mental health services into youth-appropriate health services.

9. What are our guiding campaign principles?

Enhancing existing programmes and services and building anew only where necessary

Many of the services and programmes required to achieve the stated objectives already exist. Some – for example, the health and social services and South African Social Security Agency (SASSA) – make a contribution just by doing their job. In some cases, however, they need to gear up to fulfil their potential to assist HIV prevention among young people. This campaign aims to help them do so by:

- Defining their possible contribution to HIV prevention more clearly.
- Including them formally in the network of implementers.
- Equipping their staff to incorporate HIV prevention more effectively by:

  Capacity building.

  Provision of key resources.

In addition, some critical services – such as primary healthcare clinics – may need to undergo major change in the way they serve young people and the campaign seeks to mobilise collective action to help them do this.

Youth participation in all critical aspects of the campaign

The slogan "Nothing about us without us" must apply to this campaign. Implementation planning, creative development of communication materials, revitalisation of the concept of youth-appropriate facilities, and monitoring of delivery must all be undertaken by action systems that combine adult expertise and youth insight. Wherever possible young people should also be in the frontline of mobilisation for HIV prevention and services relevant to this campaign.

Inclusivity without fragmentation or duplication of effort

The campaign will embrace all young people in (and close to) the target age range. It does this by acknowledging the diversity of youth within a single broad campaign not by patching together separate initiatives for individual vulnerable and key populations. The campaign will collaborate with organisations working with key and vulnerable populations in order to enable them to reach their younger members.

Culturally appropriate communication that is tone-sensitive

Every generation has its own culture, which is a product of South African and international influences. Within this, there are many variations shaped by geographic location, ethnic culture, traditional and modern influences and many other factors. While the content of campaign communication will be technically informed, the way it is expressed – through words, images and sounds – must be true to the South African generation we are talking to. The tone of communication needs to match major psychosocial objectives: empowerment, building self-esteem and developing resilience. The creative execution of campaign communication products is critical to achieving this principle. Face-to-face communication and use of community media can fine-tune messaging for specific local contexts.

National in reach with options for high intensity focus

In order to impact on the overall course of the epidemic, the campaign must reach virtually the entire youth population. It must therefore use methods that are capable of achieving this, including mass media which have demonstrated the widest reach. However, the campaign also recognises that some youth are more marginalised and vulnerable, and additional effort is justified to ensure these young people are not left behind and benefit equally.

Working within the realities of COVID-19

It is not possible to predict the extent to which collective activities – such as education in school rooms and lecture halls, workshops of youth development groups, and youth sports and cultural activities – may be limited in the next two years by the realities of the COVID-19 pandemic. All face-to-face engagement envisaged in the Youth Campaign will adhere to and adapt to prevailing regulations. The campaign's inclusion of mass media and digital media elements provides a degree of assurance about its capacity to continue even under stringent lockdown provisions.

10. The major components of the campaign

The campaign's major categories of intervention are described below. Ideally there will be a high degree of collaboration across categories and cross-referral of young people to enrich their experiences.

Critical services

The package of services included in the campaign comprises:

- Primary healthcare services – youth-appropriate, wherever possible – including:
  - HIV counselling and testing and linkage to ART.
  - Biomedical HIV prevention services and products: condoms, PrEP, MMC, post-exposure prophylaxis (PEP), and U=U approach within the ART service.
  - SRH services including contraception including emergency contraception, STI testing and treatment, early detection of breast, cervical and prostate cancer, pregnancy testing and referral for termination or antenatal care.
  - Mental health screening and services.
- Services that respond to the social and/or structural drivers of HIV:
  - Social services: family support, child protection, substance use, mental health, domestic violence and GBV.
  - Social security services: administration of child and youth support grant.
  - Educational services: schools, TVET and other colleges, universities.

Youth development programmes

This category refers to youth programmes that seek to build self-belief, resilience, self-efficacy and social integration of youth. It includes:

- Social and behaviour change (SBC) programmes of Department of Social Development.
- SBC programmes of non-governmental organisations (NGOs).
- Youth employability and livelihoods programmes.
- Arts and cultural programmes.
- Sports programme.
- Faith-based youth programmes.
- Youth interventions with community service or activist agendas.

Mass communication programmes for social and behaviour change

Television and radio interventions focused directly on HIV prevention, including HIV prevention literacy.

Television and radio interventions focused on social drivers of HIV.

Coordinated face-to-face communication campaigns.

Digital communication platforms with HIV, sexual health or youth focus, such as B-Wise and LOLA.

Advocacy and social mobilisation for improved services

Dedicated joint action to improve access to and quality of HIV services.

Advocacy on policy related to social and structural drivers.

11. Organising and scheduling campaign elements

Creating and priming your operational system

Identifying critical participants and "recruiting" them Formal induction into the campaign Trainings on content and messaging	A period of two-months is allowed for Provincial AIDs Councils (PCAs) to identify participating structures at provincial and district level, invite them formally to join the campaign, brief them and induct their key implementers into the campaign. As the campaign unfolds, with different themes and topics, training on content and messaging will be provided. The campaign will capitalise on experience gained across South Africa in 2020 in the use of digital communication for coordination and capacity building. There will be a strong emphasis In SANAC and PCAs on organising digital sessions to build capacity for implementation.

Delivering the package of services

Health services: Full range of HIV products and services, comprehensive SRH services, mental healthcare, and related in-facility health promotion activities (See page 19 for list). In addition, outreach services are envisaged to engage and assist marginalised youth. **Social services:** individual and family services as described on page 19, including HIV and SRH counselling. **Education services** **Schools:** Secondary school curriculum, including comprehensive sexuality education, communication to parents on sexuality education, school health services, National School Nutrition Programme and proactive assistance of vulnerable learners to prevent non-completion of schooling. **Colleges and universities** – peer education programmes on HIV and social drivers, plus campus clinic services with full range of HIV and SRH services, plus the development of mental health and GBV services.	The predictable availability of a full range of health, social and educational services is the foundation of an HIV prevention campaign. Responsibility for this is vested mainly in the government departments responsible to health, basic education and social development at provincial and district level and in the management of individual clinics, schools, colleges and universities. However, vital supplementary services are also provided by NGOs and private institutions. Social services are frequently provided by NGOs or community-based organisations (CBOs) receiving grants from government. Most of the specified elements of service are either contained in NSP or in the relevant sector's own plans. There are very few "add on" elements and therefore attention falls on improving delivery rather than establishing it.

National multi- media campaigns

Two annual multi-media campaigns on the theme of prevention and new options. Strong primary focus areas are PrEP and condom promotion, and addressing the perceptual factors influencing uptake.

The campaigns recur every six months for a period of two to three weeks and messaging evolves over this period.

The campaigns combine:

- Nationally created PSAs on national radio and TV
- Provincially selected out-of-house media (taxis, billboard)
- Utilisation of the existing Department of Health B-Wise and MyPrEP websites for youth and optimising various social media to drive traffic to the websites
- National production of packaged content for community radio use
- A strong face-to-face component, with national design of information, education and communication (IEC) materials. This will:
  - Focus on vulnerable populations.
  - Deepen and clarify mass media messaging.
  - Include selected influencers of young people.
  - Include discussions designed to create awareness of infection risk.
- Robust training and refresher training for campaign managers and frontline implementers

SANAC will take the lead in conceptualising the campaigns and creating mass media, social media and IEC materials and arranging the broadcast of PSAs nationally.

Provincial and district AIDS councils will coordinate the extensive face-to-face campaign supported by community radio, drawing on existing human resources and available communication budgets.

A strong mass media component is essential to create national awareness of PrEP across a population approaching 10 million and to sustain interest in PrEP and condom use on this scale. To contain production costs, it is suggested the first set of creative products be used in short concentrated bursts over a period of 18 months, and a second set for the next 18 months.

Digital platforms require regularly refreshed creative, interactive content but this is relatively low cost.

Similarly, the creation of packaged below the line content or live reads for community radio is relatively economical.

The actual costs of community radio slots, out-of-house media, and reproduction of IEC materials should be carried provincially.

Themed on-the-ground campaigns

Three communication themes in addition to the major multimedia campaigns will be designated each year by SANAC in consultation with provincial and youth stakeholders.

Each theme will prevail for a period of two months

The themes will guide and coordinate ongoing face-to-face, digital and community media campaigns through the year.

SANAC and PCAs will provide digital communication training for all frontline health promoters: community health workers (CHWs), peer educators, school health nurses, life orientation (LO) teachers, youth workers

IEC collateral will be regularly refreshed and available digitally and in print-ready format in multiple languages

Community media kits will be produced

A frequent observation among AIDS council stakeholders is the lack of common direction, clear content and shared messaging for frontline health promoters.

Activity is taking place through health days, door-to-door campaigns and imbizos but the content has not been updated and there is a lack of IEC collateral to support work.

This intervention seeks to invigorate systems for inter-personal communication and give them purpose and resources.

Themes could include:

- A focus on personal risk and knowing your status
- Educating the public on U=U and how young people living with HIV can have normal sex lives while protecting partners
- Building knowledge about STIs
- Supporting other national campaigns – for example, the national gender-based violence response led by Department of Social Development

Integrating HIV into youth development programmes

A range of programmes set out specifically to empower young people, strengthen their resilience, and build their personal efficacy. They include:

- The SBC programmes of the DSD and various NGOs.
- Organisations for young women.
- Employability and livelihoods programmes for youth.
- Developmental arts, cultural and sports programmes.
- Faith-based youth programmes.
- Community service groups.

Inclusion in the campaign requires that they add an HIV awareness and education dimension to their programmes.

Many of these role players help reduce youth vulnerability to HIV simply by doing their job of building identity, resilience and social capital among young people.

The small additional request is that they provide quality HIV-related information to young people whose agency for prevention might be relatively high.

This might be as simple as displaying a poster, keeping pamphlets on hand or on their digital platforms, or holding a discussion as part of a broader awareness campaign

Mobilising for access

In year one every PCA will establish a project team for youth-appropriate services, in consultation with the provincial health department. There will be strong youth representation on the project team

The role of the project team will differ from province to province, depending on the state of youth-appropriate facilities in the province

In some cases, it will need to produce a locally relevant blue print for establishing youth-appropriate facilities and implement this incrementally across all districts over a period of three years

In other cases, it will produce and implement a service enhancement plan for functioning youth-appropriate services

In year two, the same team will look into condom distribution systems and ease of access for youth. It will produce a plan for improved access for consideration by the PCA and actioning.

The idea is to rally practical support for provincial and district health services in order to make youth-appropriate services more achievable.

Various non-profit organisations already offer elements of a youth-appropriate service and by co-locating them with public health services a stronger service-offering for youth could be created.

The involvement of youth groups would add a further dimension.

By simply reconfiguring the various contributions – and adding very few new resources – something entirely new and exciting could be created.

The same principal of using existing opportunities to better advantage, and using youth voices as the compass, should apply to the expansion of non-clinical condom access points.

National Youth Campaign schedule of activities

Year One

Months 1-2	Months 3-4	Months 5-6	Months 7-8	Months 9-10	Months 11-12
Set up coordinating structures	On-the-ground campaign	National multi-media campaign	On-the-ground campaign	On-the-ground campaign	National multimedia campaign
Develop branding		Initiate Youth Friendly Project	Youth Friendly Project unfolds	Youth Friendly Project unfolds	Youth Friendly Project unfolds
Plan baseline research	Conduct baseline research				
Essential package of services delivered					
Youth development programmes delivered					

Year Two

Months 1-2	Months 3-4	Months 5-6	Months 7-8	Months 9-10	Months 11-12
Annual planning	On-the-ground campaign	National multi-media campaign	On-the-ground campaign	On-the-ground campaign	National multimedia campaign
	Review of condom distribution system	Expansion of non-clinical condom access points			
Essential package of services delivered					
Youth development programmes delivered					
Youth friendly clinics process moves forward					

Year Three

Months 1-2	Months 3-4	Months 5-6	Months 7-8	Months 9-10	Months 11-12
Annual planning	On-the-ground campaign	National multi-media campaign	On-the-ground campaign	On-the-ground campaign	National multimedia campaign
			Planning end-point research		End-point research conducted
Essential package of services delivered					
Youth development programmes delivered					
Youth friendly clinics process moves forward					
Expanded network of non-clinical condom access points supplied and sustained					

12. Branding and messaging

Branding

The Youth Campaign comprises a wide range of diverse interventions and it is important for its unity to be signalled by a strong and memorable visual identity.

In keeping with the principles of youth participation and a youthful aesthetic, the campaign's name should be selected through a participatory process coordinated by SANAC. The logo and other elements of visual identity will take their cue from the name.

SANAC will develop a policy on co-branding that is practical for a campaign with so many participating organisations and fair in its acknowledgement of partners.

Core messaging

Messaging is the skeleton of communication. It is **lean and it prioritises** a few critical points. It serves to **frame, shape and support a** broader conversation with your audience. But sometimes it is necessary to put flesh on the bones – that is, to **add more detailed information** in order to build health literacy. Main messages may be all you need for a 30-second radio or TV advert – but a leaflet or website Q&A will use a combination of main messages and additional information, as will a radio interview or group presentation and discussion.

Messaging **tells you *what* to say:** it comprises a carefully considered set of statements. But it **does not prescribe exactly *how*** to express the thought. There is room for flexibility and creativity in expressing a message – as long as we remain true to the original thought. Different levels of literacy and conceptual ability can be accommodated by expressing messages in different ways.

Various messages can, and should, be used in combination to **appeal both to the head and the heart.** Clearly, good factual information is the starting point for any reasoned decision. In addition, if we are encouraging someone to behave in a particular way, we need to relate to the feelings this course of action awakens and speak to those emotions.

Important messages can sometimes be **translated from words into images.** Pictures and videos often connect more powerfully and immediately with audiences than words and enable us to say a lot in a short time. For example, if a product is intended for diverse users, you can indicate this by the photos and videos you use.

For the purposes of the Youth Prevention Campaign, seven message sets have been developed each comprising four or five messages. Depending on the nature of the communication, a **single message set** can be used, or **message sets can be combined.** For example, because condoms remain the cornerstone of prevention selected condom messages would frequently be used in combination with other messaging.

Clusters of core messages

Clusters of core messages on aspects of the Youth Campaign are presented below, together with an explanatory note on the informational and motivational intention of the messages.

HIV prevention – more options than ever before
HIV is still a serious matter in South Africa. We need to face it, but we don't need to fear it. Our generation has the benefit of new tools to protect us from HIV. There is now a prevention method to suit everyone, regardless of your sex, gender or sexual orientation. Condoms remain an ideal option for many, but others may find a daily pill suits them. The choice is yours – *really* yours, because some options don't require your partner's agreement. Whatever life throws at you, remember you are precious and put your health first. Find out more at [website address] or your local clinic.
Providing factual information The factual information at the heart of the message is that new prevention tools exist, they give agency to more people, and individual choice is a reality. **Addressing ideational barriers** The intention is to impact positively on risk-perception (which is too low), create a sense of inclusiveness, address concerns about agency for protection, and affirm self-esteem even in adverse circumstances.

PrEP – the anti-HIV pill that empowers
Around the world ARVs are used by HIV-negative people to prevent HIV. This is called PrEP. The most common form of PrEP is a daily pill that is available at many government clinics. PrEP gives you control over your *own* health – it does not need your partner's consent. PrEP must be taken regularly – whether you have sex that day or not – to provide protection against HIV when you need it. It is safe and effective for men and women, young and mature adults, and people of all sexual orientations. It sometimes has slight side-effects but these usually clear up after a few weeks of use. Find out more about PrEP at [website address] or at your local clinic.
Providing factual information The messages contain many facts about PrEP. This emphasis on information is necessary because awareness and knowledge of PrEP are extremely low. We have to build the foundation. **Addressing ideational barriers** The messages attempt to address commonly mentioned concerns. They try to "normalise" ARV use by people who don't have the virus and address worries about safety and side-effects. They also build on the advantage of solo agency. However, additional, more personalised communication will be necessary to help those who opt for PrEP achieve sustained, regular use and ensure they understand they are not protected against pregnancy and STIs.

Condoms – the multitool of HIV prevention
Condoms remain a great health product for couples who care and want to protect each other. The condom stands alone in its power to prevent HIV, most other STIs and unintended pregnancy. Good quality condoms are widely available for sale and for free. Male and female condoms do an equally good job if used correctly and consistently. The more you use condoms, the better the experience. Practice makes perfect!
Providing factual information Condoms are the best-known method of HIV prevention and so the messaging does not focus much on factual information – apart from the unique triple protection condoms offer. **Addressing ideational barriers** There are negative perceptions about condoms and the messages address some of them. We position condom use as a sign of trust and harmony between partners – rather than an indication of mistrust. We indicate that free condoms are also good quality products. We suggest that the pleasure of sex with a condom increases with practice.

Knowing your HIV status is non-negotiable
HIV is so widespread that we are all at risk of infection. We need to accept this and test periodically for HIV. Whatever your age, you have a right to free and confidential HIV testing at a public health facility. Don't allow fear to stop you from testing. Whatever the result, knowing your status puts you in a stronger position to take care of yourself. Encourage others to test. Denial of HIV still causes many people to suffer unnecessarily from HIV-related illnesses. ARV treatment is effective and freely available at public health facilities. It enables people with HIV to be well and live long lives. It also helps them enjoy sex safely and have healthy children.
Providing factual information There is quite a lot of factual information, but it relates more to the HIV situation in South Africa and ARV treatment than the HIV testing process itself, because the latter is reasonably widely understood. **Addressing ideational barriers to action** Research tells us that fear of the test result and concerns about confidentiality are major barriers to testing. We assert the right to confidential testing and talk about ART to reduce fear of an HIV-positive result. At the same time, we try to motivate people by mentioning the benefits of testing and the consequences of inaction.

ARV treatment contributes to safe sex
ARV treatment is an excellent way for people living with HIV to ensure they do not pass the virus to their partners. But treatment only provides protection when ARVs are taken without fail and the amount of virus in the body is reduced to such an extent that it cannot be detected in a test. When the virus cannot be detected it cannot be transmitted. If you are living with HIV, treatment can improve your health *and* give you peace of mind about keeping the person you love free of infection. It is still advisable to continue using condoms to protect yourself from reinfection. Find out more from [website address] or visit your community clinic.

Providing factual information

Test-and-treat as a prevention strategy is not widely communicated in SA, so the messaging is strong on factual content in order to build public understanding.

Addressing ideational barriers

Barriers to HIV testing and treatment uptake include concerns about the impact of a positive test result on intimate relationships and enjoyment of sex. Self-stigmatisation by PLHIV includes avoidance of sexual relationships. The messaging attempts to address these factors.

Give STIs the respect they demand
We should take STIs seriously because they can change our lives. Many STIs are curable. But some are not – they remain with us forever. Prevention is always better than cure. Condoms are our *only* protection against most STIs. Early treatment is also important because it will stop serious complications. Don't be embarrassed. Don't delay. If you suspect you have an STI, get medical attention right away. It's free at public health facilities. For more information on STIs go to [website address].

Providing factual information

There is a fair amount of factual information. Although it is fairly general, it highlights the seriousness of STIs which is often not appreciated. However, additional detailed information must be made available on individual STIs and the challenge of asymptomatic STIs.

Addressing ideational barriers

The main intention is to increase risk perception in relation to STIs by emphasising some are irreversible and complications can be serious.

Access to contraception is every young woman's right
Don't let an unplanned pregnancy rob you of your dreams. Protect your ambitions by preventing unintended pregnancy. You have a right to free contraception at a public health facility. You have a right to respectful, non-judgmental advice on contraception. Your health facility should offer a choice of contraceptive methods. Find out more at [Website address] or visit your public health facility.

Providing factual information

Information focuses on sexual and reproductive health rights rather than details of contraception.

Addressing ideational and service barriers

The hostile attitude of *some* clinic staff to young people seeking SRH services is indisputable. This has given rise to a perception among young people that they are not welcome to seek SRH services. By asserting the rights of users, the messages seek to sensitise health workers to the needs of young people as well as affirm users in their expectation of respectful service.

13. Governance, coordination and management

The Youth Campaign adopts many of the recommendations of the She Conquers Campaign Assessment Report in relation to governance, coordination and oversight.

Governance

The Youth Campaign will be formally adopted as a national initiative by the SANAC Plenary and the Chair of the Plenary will communicate this to all PCAs along with the fact that the SANAC Secretariat will be responsible for national coordination of the campaign and oversight of implementation at the provincial sphere.

A dedicated National Campaign Coordinating Committee will be established, comprising members of the Youth Sector and representatives of PCAs. Its role will be to guide the SANAC Secretariat on the many operational decisions to be made and ensure effective engagement with PCAs about the practicalities of running the campaign.

National coordination and oversight

The role of the SANAC Secretariat centres on:

- Operational planning – identifying aspects of this campaign framework that require direct action and determining how they will be actioned.
- Coordination and communication – ensuring all role-players in this campaign understand their roles and responsibilities and are regularly informed about campaign developments.
- Mobilising resources for national coordination, the national media component and other information resources, as well as training for implementation.
- Commissioning of the creation of communication materials and oversight of the process.
- Developing systems for the induction and training of campaign role-players and conceptualising and delivering ongoing capacity building.
- Overseeing reporting in compliance with the M&E framework and commissioning cost-effective impact research.

In many respects the SANAC Secretariat will work through its counterparts in the provinces.

Provincial coordination

PCA secretariats will be responsible for direct coordination of major role-players responsible for delivering key elements of the campaign. Every province will have a Provincial Campaign Coordinating Committee, comprising the youth sector members and representatives of major implementers of the campaign.

14. Monitoring and evaluation

The Youth Campaign seeks to achieve many of the prevention objectives of the NSP as well as some related to addressing social and structural drivers of the HIV epidemic. The NSP has an extensive monitoring and evaluation (M&E) framework, with most data disaggregated by age and sex. Therefore, information on service uptake and the reach of certain SBC and communication interventions is already being collected. There is no need to duplicate reporting but arrangements will be made to access the youth data, disaggregated by sex, for the relevant variables.

The list of relevant items in the NSP M&E framework appears in Appendix A of this campaign plan.

Because behaviour change is an incremental process, many Youth Campaign objectives relate to building knowledge and changing attitudes, as change at this level may be a precursor to the adoption of the desired behaviour.

The most realistic and economical way to measure evolving knowledge and attitudes is to conduct baseline and end-point surveys of a representative sample of young people. Ideally this should be achieved through inclusion in a wider "omnibus" survey, where the costs of sampling, interviewing and analysis are shared with other organisations. The aim would be to:

- Establish campaign reach and recall of the campaign name and recognition of the logo.
- Establish top-of-mind recall of messaging.
- Measure self-reported HIV testing practices.
- Measure risk perception in respect of HIV.
- Measure knowledge of various HIV prevention options, especially PrEP.
- Measure attitudes to various HIV prevention options.
- Measure perceptions about access to HIV products and services.
- Measure self-reported uptake of HIV products and services.

The survey questions will be closely tied to the messaging of the national multimedia campaigns which are scheduled to occur every six months.

15. Budget

SANAC costs

	Units	Unit cost	Total
Personnel costs			
SANAC Secretariat: Campaign coordinator			
Youth ambassador			
Coordination and capacity-building costs			
Travel			
Accommodation			
Venues			
Digital webinars			
Campaign content creation, design and production			
Logo design and CI			
Scripting and production: TV and radio PSAs			
Writing and design: digital materials and print materials			
Content calendar, content and design: social media			
New mobi-site or BWise expansion			
Campaign paid media costs			
TV PSAs			
Radio PSAs			
Out-of-house (Nationally important locations)			
Print materials (National events)			
Social media boosting			

Provincial costs

Provincial AIDS Councils would need to allocate funding for coordination meetings. Most operational costs would be allocated to departments, private and non-profit stakeholders represented on PCAs and integrated into their regular activities. The added costs would in most cases be marginal, except for printed materials and paid content in community media. Reprioritisation of departmental budgets for these items would be a way of meeting these costs.

Appendix A

Monitoring and Evaluation Framework Based on NSP 2017 – 2022

All figures are to be reported for population aged 15-24 years (unless otherwise specified), disaggregated by sex

NSP Goal 1: Accelerate prevention to reduce new HIV (and TB) infections					
Indicator number	**Indicator**	**Baseline (Year before campaign)**	**End Year 1**	**End Year 2**	**End Year 3**
1	Number of new HIV infections				
4	In facility deliveries: mothers aged 10-19 (% of all deliveries)				
5	Couple year protection rate				
6	Number of medical male circumcisions				
7	Number of people tested for HIV				
8	Number of male condoms distributed				
9	Number of female condoms distributed				
10	Number receiving PrEP for first time				
11	Number of learners reached through combination prevention aimed at retaining in school				
12	Percent of schools providing enhanced comprehensive sexuality education				

NSP Goal 1: Accelerate prevention to reduce new HIV (and TB) infections					
Indicator number	**Indicator**	**Baseline (Year before campaign)**	**End Year 1**	**End Year 2**	**End Year 3**
NSP Goal 2: Reduce morbidity and mortality through treatment care and support (Note: Our interest in this area is treatment as prevention or U=U among youth)					
Indicator number	**Indicator**	**Baseline (Year before campaign)**	**End Year 1**	**End Year 2**	**End Year 3**
2	Percent of PLHIV who know their HIV status				
3	Total number of PLHIV on ART				
4	Percent of PLHIV still on ART 12 months after start				
5	Percent of PLHIV with HIV viral load suppressed				

NSP Goal 4: Address social and structural drivers of HIV and STIs					
Indicator number	**Indicator**	**Baseline (Year before campaign)**	**End Year 1**	**End Year 2**	**End Year 3**
3	Number of youth/parents* benefiting from DSD social and behaviour change programmes				
5	Number of youth receiving social grants*				
7	Number of youth reached by substance abuse prevention programmes*				
Add on	Number of youth in employability programmes with "soft skills" component				
Add on	Number of youth in livelihoods programmes with "soft skills" components				

**Special disaggregation by age may need to be requested by SANAC to DSD and SASSA.*

A dedicated reporting stream will be created for employability and livelihoods programmes.

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HIV – SYMPTOMS

Muscle aches

Chills

Mouth ulcers

Fever

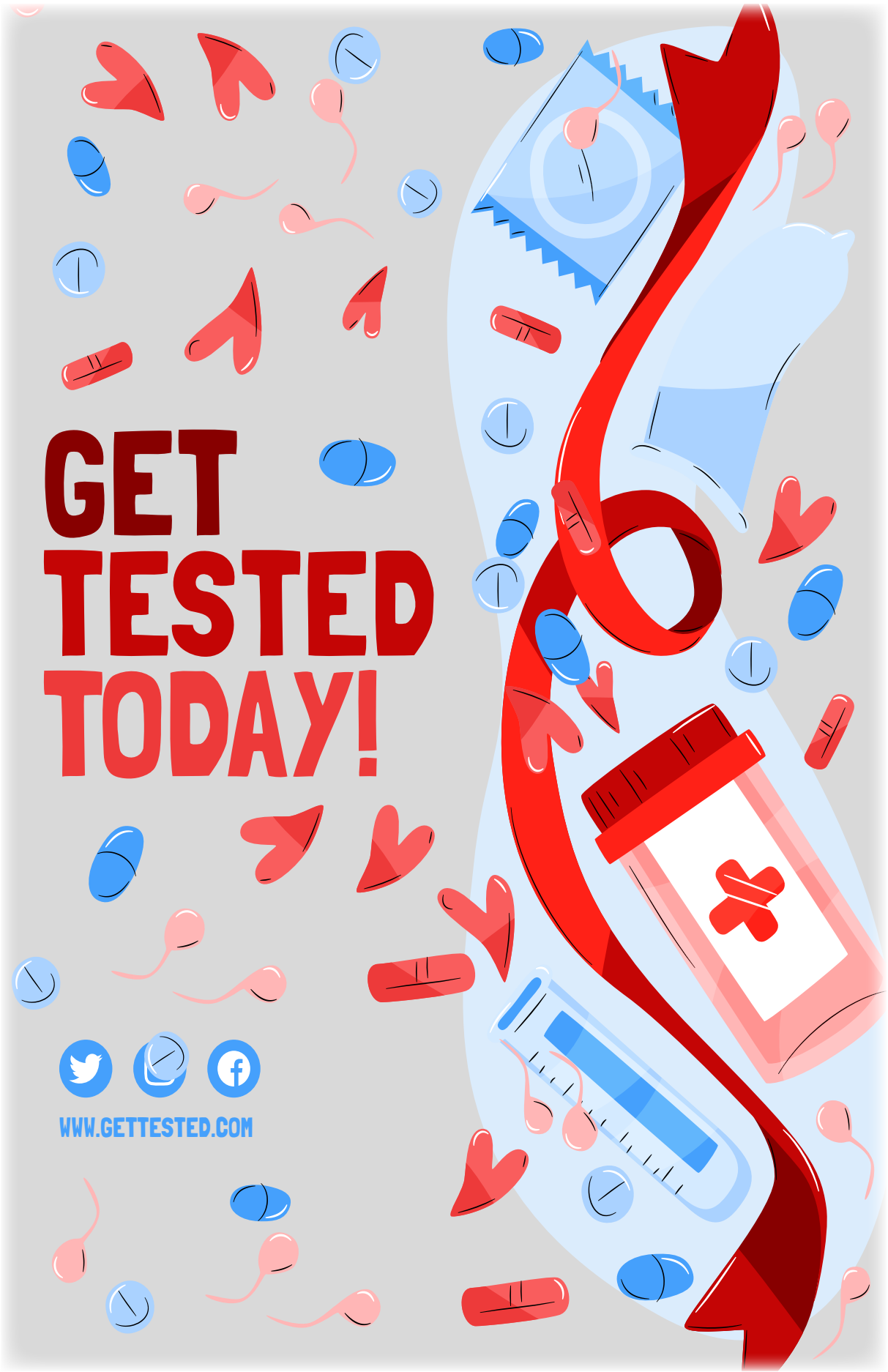
Sore throat

Fatigue

Night sweats

Swollen lymph nodes

Skin Rashes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