

let's test

TOOLKIT

**Together, we can keep
our communities healthy.**

Hello!

Welcome to the “Let’s Test” Toolkit, a comprehensive resource to support advocacy for increased supply of, and demand for, quality tests around the world.

The COVID-19 pandemic exposed global gaps in testing for communicable and noncommunicable diseases, and these gaps disproportionately affect individuals and families in low- and middle- income countries (LMICs). **A staggering 81% of the population in LMICs don’t have access to many of the most simple tests available (Lancet, 2021).¹**

UNICEF has responded to this global gap in testing by developing the “**Let’s Test**” Toolkit, which aims to support Advocacy Champions in their goal to increase the **use of quality testing in their own communities**, through both increased supply and demand generation.

This Toolkit, utilizing evidence based strategies, provides step-by-step guides and assets to support **impactful and productive engagement with policymakers** to advocate for increased supply of quality testing.

Communications assets, facilitation tools, memorable info-bites and content for social media campaigns are also provided to **drive informed community-level demand** and use of quality testing in LMICs.

The “**Let’s Test**” Toolkit has been informed by research in five LMICs and was designed with consideration for global health best practices for engagement, advocacy and social behavior change communication (SBCC). Practical guidance is also included to enable users of the Toolkit to tailor advocacy and communication assets for specific country and community contexts.



¹Lancet Commission on Diagnostics: transforming access to diagnostics (2021)

Toolkit Roadmap



Here, you'll find the "Let's Test" Toolkit at a Glance! Within the Toolkit you'll find helpful information about factors that prevent access to testing, assets to address these factors, and how to adapt the assets to your context. The full asset library can be found [here](#).



Toolkit Background Information

TARGET AUDIENCES



TARGET DISEASES



FACTORS



Messaging Matrix

Policymakers

Community

DIGITAL ASSETS



Video Static Posts GIFs

CONVERSATION STARTER



MODULAR PPT DECK



DIGITAL ASSETS



Video Static Posts GIFs

IPC TOOLS



Games Quiz Posters

How to Use and Adapt the Assets

FORMATIVE RESEARCH

BEHAVIORAL FRAMEWORK

JOURNEY MAPPING

PRETESTING

CREATIVE BRIEF

IMPLEMENTATION

MONITORING

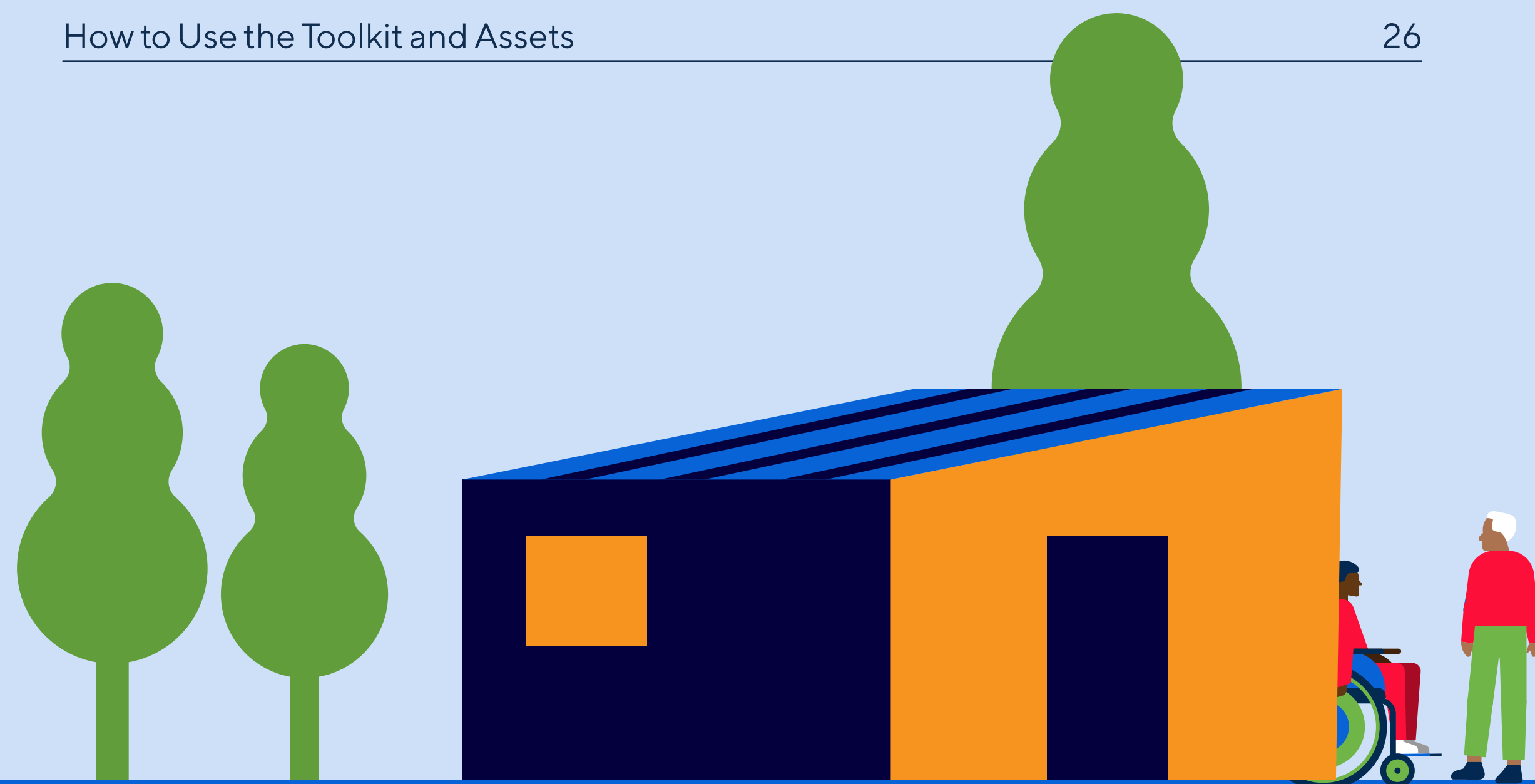
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Abbreviations & Definitions

Assets - A tool that can be used with the target audience

LMIC - Low- and Middle- Income Countries

WHO - World Health Organization

WHA - World Health Assembly

UHC - Universal Health Coverage

HIV - Human Immunodeficiency Virus

ACT-A - Access to COVID-19 Accelerator

IPC - Interpersonal Communication

SBCC - Social Behavior Change Communication

IDI - In-Depth Interview

MOH - Ministry of Health

Acknowledgements

We would like to thank UNICEF colleagues at Country, Regional and Headquarters for their kind cooperation and support for the development of the resource; ACT-A Diagnostics Pillar Country Support Working Group members for their engagement throughout the process; 17 Triggers for leading the research and design process; and lastly the many diagnostics champions who engaged in the development of this Toolkit and are already working across LMICs to advocate for strengthened diagnostics capacity and demand.

Special thanks go to all of the respondents who took part in the interviews and focus group discussions, whose valuable experiences ultimately shaped this Toolkit. Their contributions are significant and appreciated.



Current Situation

47% of the global population has little to no access to diagnostics while **81% of people in low and low-middle income countries** (LMICs) do not have access to testing other than HIV and malaria ([Lancet, 2021](#)).² Globally there is a lack of testing, and inequitable access to quality, affordable tests for multiple illnesses including but not limited to COVID-19.

Why testing matters

Low testing rates for infectious diseases and other common illnesses can result in increased spending on misdiagnoses, delayed and incorrect treatments, and the catastrophic effects of widespread disease.

While there is a long list of public health priorities in LMICs, **testing before treatment** is key to saving lives and using health resources optimally. In the absence of data from testing, Ministries of Health are working without the essential information needed to make informed and impactful policy decisions.

Testing is crucial in reducing the spread of diseases and **providing appropriate treatment**. It allows healthcare providers to correctly identify when treatment is needed and to take preventative steps to reduce transmission to others. **Testing empowers individuals to protect themselves and others in their communities**. It enables public health officials to monitor the spread of disease and make informed decisions on interventions to control outbreaks. Testing is critical to a well-functioning healthcare system, and it is essential to **address both supply and demand-side barriers** to improved health outcomes.

Global Agreements & Important Resources

Global Agreements

[WHA Resolution on Strengthening Diagnostics Capacity \(2023\)](#)
[WHO Lists of Priority Medical Devices \(ongoing\)](#)
[WHO Model List of Essential In Vitro Diagnostics \(2021\)](#)
[Declaration of Astana \(2018\)](#)
[Sustainable Development Goals \(2015\)](#)
[Alma Ata Declaration \(1978\)](#)

Important Resources

[ACT-A Dx Knowledge Hub \(2023\)](#)
[Lancet Commission on Diagnostics \(2021\)](#)
[FIND Diagnostics Website](#)
[Access to COVID-19 Tools \(ACT\) Accelerator \(2020\)](#)
[Our World in Data \(ongoing\)](#)

¹[Lancet Commission on Diagnostics: transforming access to diagnostics \(2021\)](#)



Supply

Of the nearly 5.7 billion COVID-19 tests conducted globally, only 20% were in LMICs, where half of the world's population reside. Testing was more common early in the COVID-19 pandemic, but as of mid-2022, testing rates remain below the benchmark that global progress was monitored against.³

The link between **access to testing and national priorities for universal health coverage (UHC)** is not always clear to policymakers. Some factors that influence limited access to testing include skepticism about the feasibility of testing at lower levels of the health system, challenges associated with the procurement of tests, slow regulatory approvals, and quality assurance.

“As many as 1.1 million deaths annually could potentially be averted by better access to basic diagnostics leading to treatment.” - Lancet, 2021⁴

Demand

In many cases, communities in LMICs who need access to testing most are also those with the lowest understanding and perceived need for testing. Factors limiting demand for testing in LMICs include confusion about the benefits associated with testing and skepticism about the severity of the illness. There are also myths and misconceptions that prevent people from testing. These include the belief that rapid testing results are not accurate, fear of stigma, or in the case of COVID-19, the misbelief that testing is not necessary after vaccination.

For people to test where, when, and how they need, the following conditions are required:



Availability - quality assured tests and services need to be in-country and near communities



Affordability - quality assured test products and services need to be affordable, including costs associated with the test itself and getting to the testing site



Accessibility - quality assured test products and services need to be offered at convenient locations, and during times that are feasible



Awareness and informed demand - communities need to understand the benefits of testing when they experience symptoms, before seeking generic, locally available treatment options

³ <https://apps.who.int/iris/bitstream/handle/10665/342002/WHO-2019-nCoV-lab-testing-2021.1-eng.pdf?sequence=1&isAllowed=y>

⁴ Lancet Commission on Diagnostics: transforming access to diagnostics (2021)

Toolkit Users

The Toolkit is designed to be used by **Advocacy Champions with the potential to communicate with and influence policymakers and communities in LMICs**. This may include: UN Agencies, donors, government partners, faith-based organizations, health workers, civil society organizations, grassroots organizations, and other health partners who regularly engage with policymakers or communities, and need practical assets to enable them to **effectively advocate and communicate the importance of diagnostic testing**. Advocacy Champions act as an important channel of information to communities and policymakers.

Advocacy Champions may typically have very little face time with policymakers - and when meetings occur, they are often linked to Technical Working Groups or other relatively high-level meetings organized through Ministries of Health, the World Health Organization, or donors. These types of meetings require substantial preparation and technical inputs, which can be challenging for Advocacy Champions to prepare for, given other priorities such as implementing community-level programs.

In addition to advocacy work with policymakers, many Advocacy Champions are also engaging with communities to influence access to and demand for quality testing and other health services.

With varying levels of capacity, time, and resources available to drive SBCC to increase demand for testing, there is often a gap in the scale and impact of SBCC focused on testing.

This Toolkit is specifically designed to **make it easy for Advocacy Champions to engage in the discussion around testing** with policymakers and communities, even if the main area of expertise is outside of testing.

There is no expectation that the Toolkit user is already well-versed in testing, in fact, engagement by Advocacy Champions who are part of a broader audience can increase the visibility and advocacy for testing.

If you'd like to learn more about testing, there are resources available in the **Resources** section.



Toolkit Target Audiences

There are two intended target audiences of the assets in this Toolkit: **Health Policymakers** and **Communities** in LMICs.

Policymakers



Call to action: prioritize diagnostic testing as a key element of the national health system and ensure quality-assured tests are available, affordable, and accessible.

The primary target audience of the supply-side assets and messages in this Toolkit are health policymakers in LMICs.

Health policymakers are often extremely busy with **multiple competing priorities**. If testing is not one of the main priorities identified in national strategic plans, or is under-resourced due to competing priorities, it may receive less attention compared to investments in other health interventions, such as treatment or vaccination.

Policymakers attend multiple meetings with people at various levels – international donors, national policymakers, subnational governments, and the private sector. These meetings are often well prepared with an agenda, objectives and presentation materials shared in advance. Policymakers also receive technical updates and other information through memos and other written communications. Less formal ways of communicating with policymakers include quick conversations during meeting breaks, personal connections, or online messaging channels such as WhatsApp or Telegram.

Communities



Call to action: improve health seeking behavior and demand for testing through enhanced understanding of the value of testing, especially when symptomatic.

The target audience of the demand-side assets in this Toolkit are community members in LMICs at risk of COVID-19 or other prioritized illnesses. Sub-groups who are **at risk of serious health complications and the under-tested** should be prioritized for SBCC around informed demand for testing. For example, during the pandemic, under-tested segments included individuals with comorbidities, rural populations, elderly individuals, and migrant laborers.

Given the global nature of the Toolkit, the assets were developed with cross-cutting research and findings from multiple LMICs and are generic. Community members receive information from a variety of sources including leadership, health workers, social media, private messaging, radio, and word of mouth.

In many communities, **access to quality, affordable testing remains limited**, thus when considering which assets to use, it is important to ensure access to testing, even when working on demand generation.



Target Disease Areas

Globally, there is a **gap in testing for both communicable and noncommunicable diseases**.

This Toolkit was created based on research around barriers to testing for COVID-19, which may overlap with factors that hinder access to testing for other diseases of public importance. The **assets developed can be adapted and contextualized** to increase access, demand for and use of **any type of testing** using global best practices around SBCC. The guides included in the Toolkit for formative research, behavioral analysis, and pre-testing are designed to enable Toolkit users, with varying degrees of prior advocacy and SBCC experience, to adapt the advocacy and SBCC assets to address testing challenges in their context.

Factors Influencing Access

This Toolkit is structured around the multiple factors that prevent access to testing, for both the policymaker and community target audiences. These factors were identified through research in LMICs on COVID-19 in 2022.

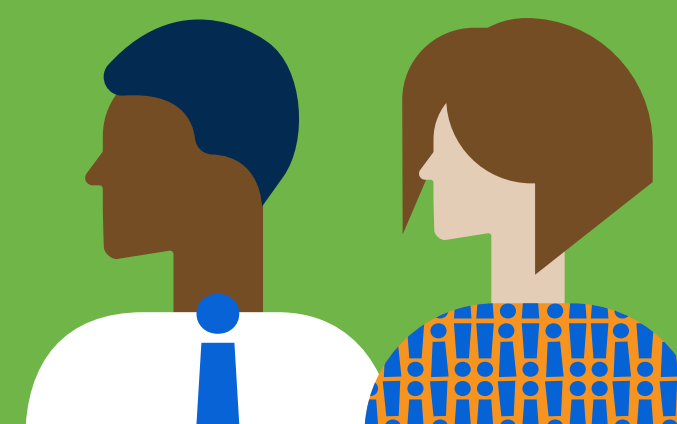
When defining factors that influence access, you have to consider what your target audience knows or believes to be true, what they feel and what motivates them, and their environment and culture. These areas can help us see that there are many factors that influence testing, and also many ways to address and move past these factors themselves to achieve the goal of increased access to testing.



What is a factor that influences access to testing, from the policymaker's perspective?

Factors that influence policymakers range from their beliefs about the importance of testing in their health system, the volume of information and decisions that they have to make, their hopes and goals for the professional lives, and the policymaking and national environment in which they're operating.

Effective advocacy means identifying factors in your context and then specifically addressing them. For example, if the factor that is preventing access to testing in your context is that policymakers believe that testing isn't a national priority - show them how testing supports their national priorities and that in fact, it is central to the achievement of their goals.



What is a factor that influences access to testing, from the community member's perspective?

Factors that influence communities range from their beliefs about the importance of testing as part of their healthcare, multiple limiting myths and misconceptions that inhibit their desire to test, and the availability, affordability, and accessibility of tests.

Effective SBCC means identifying factors in the community members' context and then specifically addressing them. For example, if the factor that prevents use of testing is that community members believe that treatment before testing has no risks - show them the risks of treating before testing, and encourage them to test before treatment, to avoid those risks.



Polycymaker Factors

This section covers the common **factors that influence access to COVID-19 testing in LMICs**, from a policymaker's perspective. Each factor is described with a brief explanation and linked with associated sub-factors, communication objectives, and advocacy assets.

This section covers the common factors that influence access to COVID-19 testing in LMICs, from a policymaker's perspective. Each factor is described with a brief explanation and linked with associated sub-factors, communication objectives, and advocacy assets.

Factors are highly contextual, and **each context may have multiple factors**. Prioritize factors that are the greatest impediment, have a large impact, and are feasible. When prioritizing factors, consider current policies, essential diagnostics lists, current guidelines, strategic plans, implementation plans, influencers of policymakers, and political will. Select factor chapters that resonate with the ones you've identified.

Remember that **contextualization is an extremely important part of developing communication that makes a difference**, because it mobilizes the motivations of your target audience and makes the messages relevant to them. This means you need to review your communication objectives, and modify the assets and messages accordingly.

To view all of the factors, sub-factors, communication objectives, and messages, please access the [Messaging Matrix](#).

The assets developed include: a Modular Powerpoint Deck, Conversation Starter Tools, Videos, Digital Static Posts, and GIFS.

To view all of the policymaker assets, including both final assets and editable assets that can be modified to fit your context, click below.

 Download Assets

POLICYMAKER FACTORS

Summary



- 1** | What is the value of testing?
- 2** | Do communities want to test and can they correctly self-test?
- 3** | Why should testing be on a list of competing priorities?
- 4** | If facility-based PCR testing is the most sensitive, why do we need rapid testing?
- 5** | Can lower level facilities and Community Health Workers provide testing?
- 6** | Do we still need to test when vaccination rates are rising and mortality is falling?
- 7** | How and why should we engage with the private sector?
- 8** | If we test too much, won't we have more lockdowns and closures?
- 9** | How can we make testing more affordable?
- 10** | How can we ensure that tests are high quality and trustworthy?

POLICYMAKER FACTOR 1

What is the value of testing?

There is a **low understanding of the value proposition of testing**. Policymakers facing multiple priorities and limited resources often prioritize treatment and vaccination over testing. With these assets, you will be able to emphasize how the benefits of testing extend beyond a specific health area to also build resilient health systems, protect communities and improve efficient use of resources.

[Download Assets](#)

Sub-Factor 1

Lack of understanding of the value of testing

Asset examples:



POLICYMAKER FACTOR 2

Do communities want to test and can they correctly self-test?

Often, there is a **belief that communities don't want to access rapid or self-use tests and that they would not be able to use them correctly**. This is sometimes linked to limited understanding of the simplicity of recently developed rapid and self-use tests. With these assets, you will be able to show that communities want testing, are able to test, and the results are reliable when they are trained and supported to test correctly.

[Download Assets](#)

Sub-Factor 1

Belief that communities no longer want testing, are tired of testing, and don't demand testing

Asset example:



Sub-Factor 2

Disconnect between COVID-19 and other rapid diagnostics already used in the health system

Asset example:



Sub-Factor 3

Belief that individuals won't be able to self test

Asset examples:



POLICYMAKER FACTOR 3

Why should testing be on a list of competing priorities?

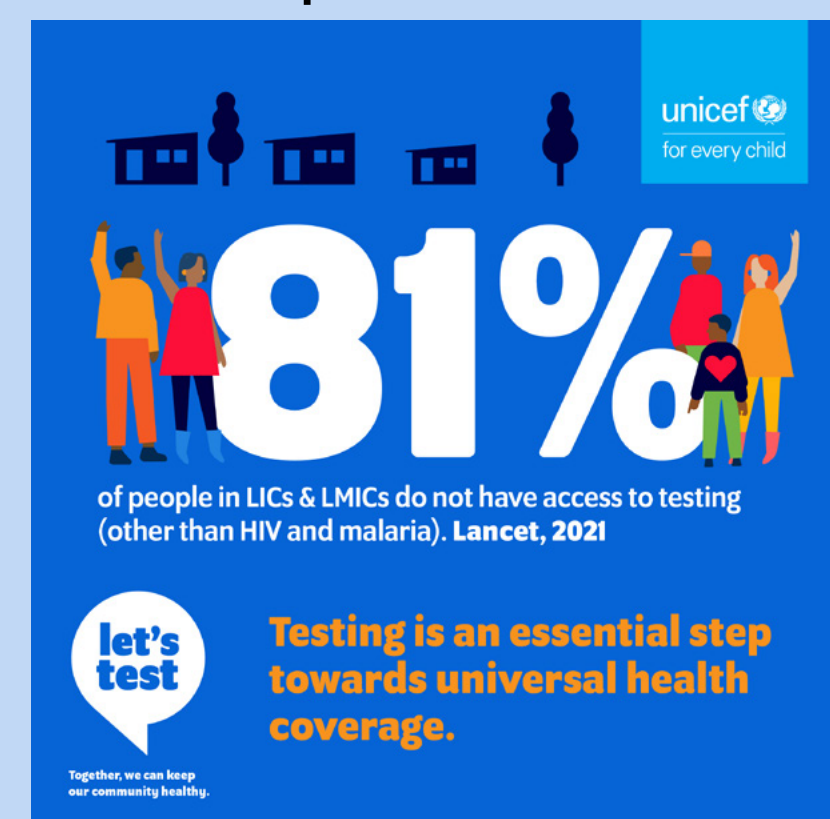
Policymakers may not focus on the potential for **improved access to testing to contribute to other cross-cutting priorities**, including universal health coverage, health system strengthening, antimicrobial resistance, and pandemic preparedness. With these assets, you will be able to show that national health priorities cannot be accomplished without improved access to quality, affordable testing for all.

[Download Assets](#)

Sub-Factor 1

Lack of clarity around the link between testing, universal health coverage, and emergency response is not clear to policymakers

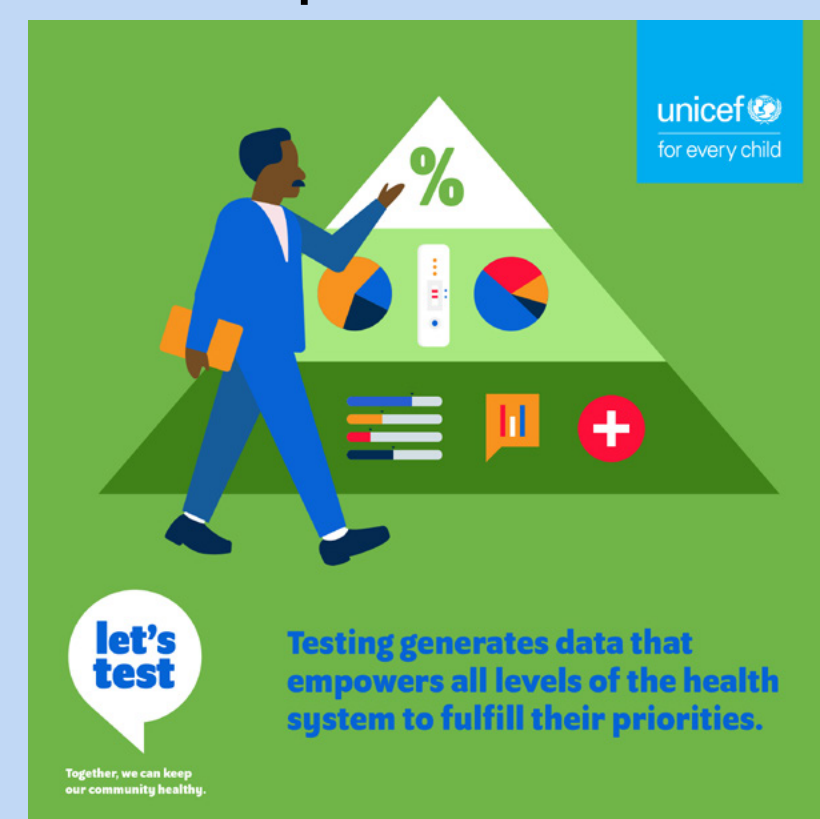
Asset example:



Sub-Factor 2

Competing health priorities overshadow testing

Asset example:



Sub-Factor 3

Belief that it is difficult to integrate testing into the health system

Asset example:



POLICYMAKER FACTOR 4

If facility-based PCR testing is the most sensitive, why do we need rapid testing?

There is a belief that lab-based or **PCR testing is the gold standard**, and testing access should be kept at higher level facilities instead of in communities. Lab-based testing is often prioritized by policymakers in LMICs. However, in many LMICs, **access to laboratory testing is limited** for a number of structural and other reasons. In this context, **expanding community-level access to testing**, by expanding laboratory and rapid testing access beyond higher level referral health facilities, is key. With these assets, you will be able to show that PCR and rapid testing are two components of a robust testing strategy that prioritizes access to testing for all.

[Download Assets](#)

Sub-Factor 1

Limited understanding of the need for testing apart from laboratories in health facilities

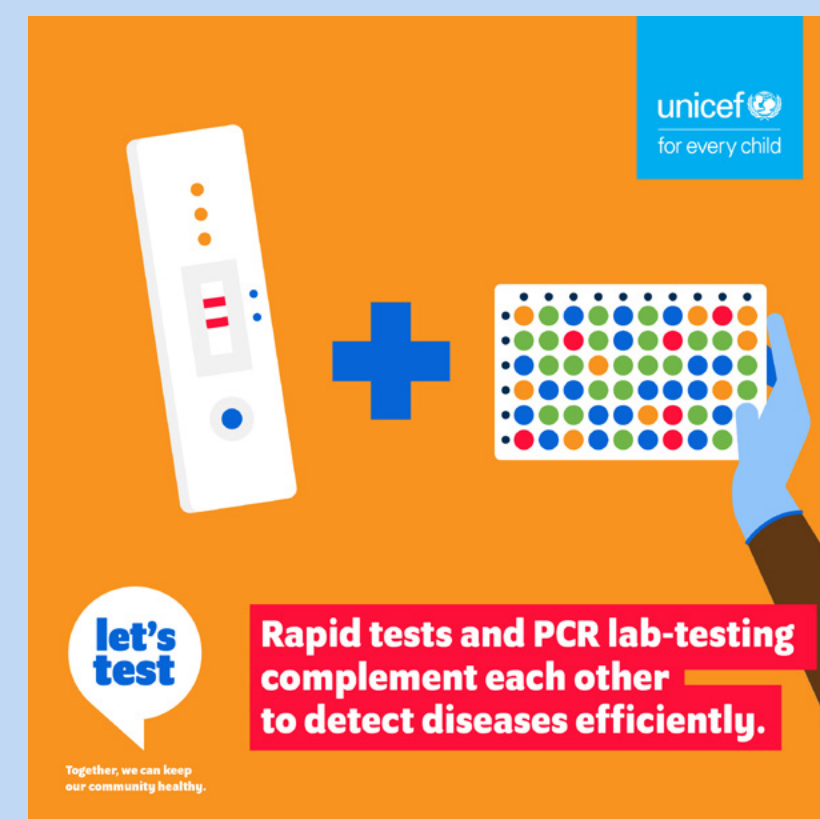
Asset example:



Sub-Factor 2

Preference for PCR testing for its sensitivity and specificity, although it is not always accessible for all

Asset example:



Sub-Factor 3

Mistrust of rapid tests

Asset example:



Sub-Factor 4

Belief that only PCR tests give us the most important surveillance information

Asset example:



POLICYMAKER FACTOR 5

Can lower level facilities and Community Health Workers provide testing?

Given capacity and resource limitations, health policymakers may be **skeptical of the feasibility of community-level testing**. There is a global track record demonstrating the feasibility of trained, supervised community level health workers offering rapid testing for common diseases, and encouraging increased access to testing. With these assets, you will be able to remind policymakers of this track record, both in lower level facilities and through community level outreach.

[Download Assets](#)

Sub-Factor 1

Perception that community health workers can't facilitate and are not adequate providers of testing.

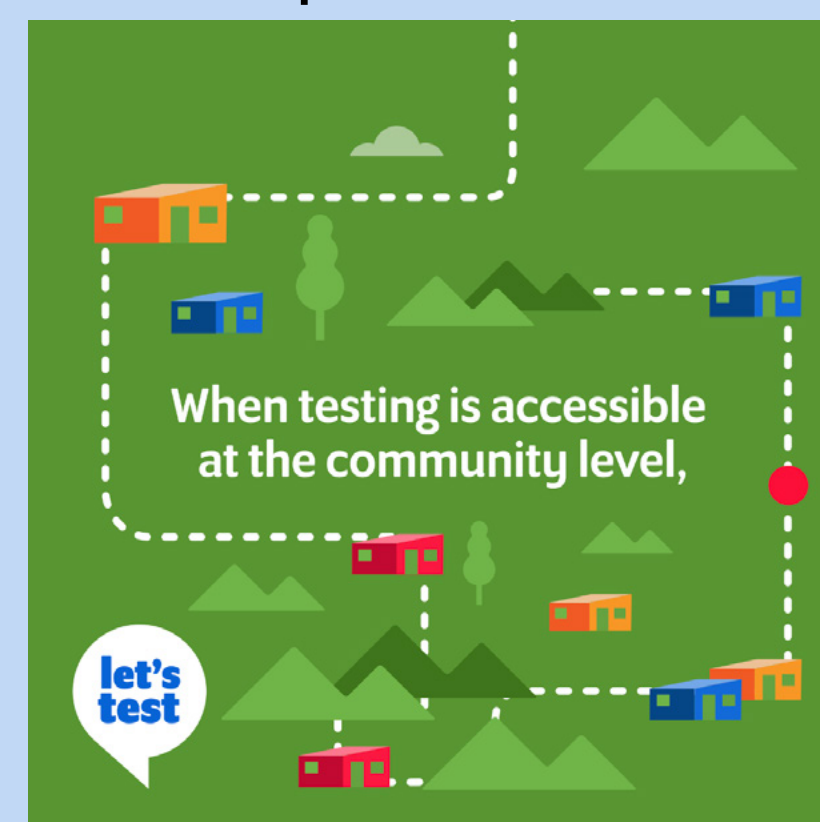
Asset example:



Sub-Factor 2

Belief that lower health facilities are not able to test

Asset example:



Sub-Factor 3

Belief that lower levels of the health system don't have capacity to provide high sensitivity testing

Asset example:



POLICYMAKER FACTOR 6

Do we still need to test when vaccination rates are rising and mortality is falling?

Testing may be deprioritized in cases where vaccination coverage is high and mortality rates associated with COVID-19 or other illnesses are declining. With these assets, you will be able to emphasize the importance of continued focus on testing in these circumstances given breakthrough cases and the importance of protecting the most vulnerable community members.

[Download Assets](#)

Sub-Factor 1

Belief that testing is less important now that vaccine coverage is rising and mortality is falling

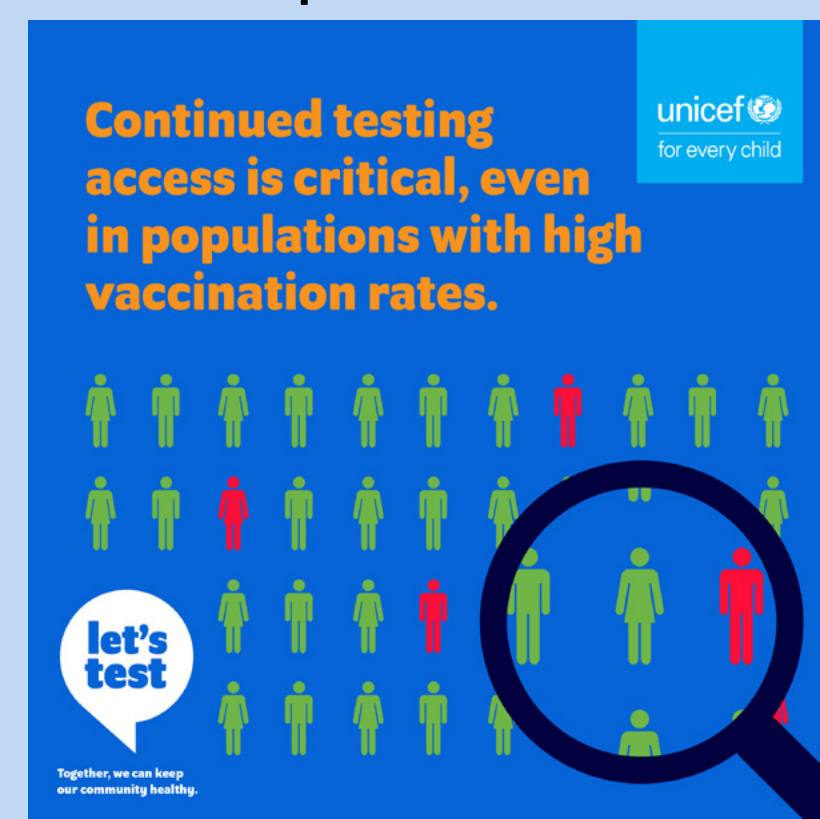
Asset example:



Sub-Factor 2

Perception that vaccination coverage negates the need for testing

Asset example:



Sub-Factor 3

Perception that milder COVID-19 cases do not require testing

Asset example:



POLICYMAKER FACTOR 7

How and why should we engage with the private sector?

Private providers, including clinicians, pharmacy or drug shop staff and traditional healers, are **often viewed skeptically** and they are **not always included** in national program training and reporting systems. With these assets you will be able to show that private sector engagement is critical in meeting communities where they seek care, and can be managed through oversight and regulation.

[Download Assets](#)

Sub-Factor 1

Mistrust of private sector interests during an emergency

Asset example:



Sub-Factor 2

Skepticism around private sector engagement with communities

Asset example:



POLICYMAKER FACTOR 8

If we test too much, won't we have more lockdowns and closures?

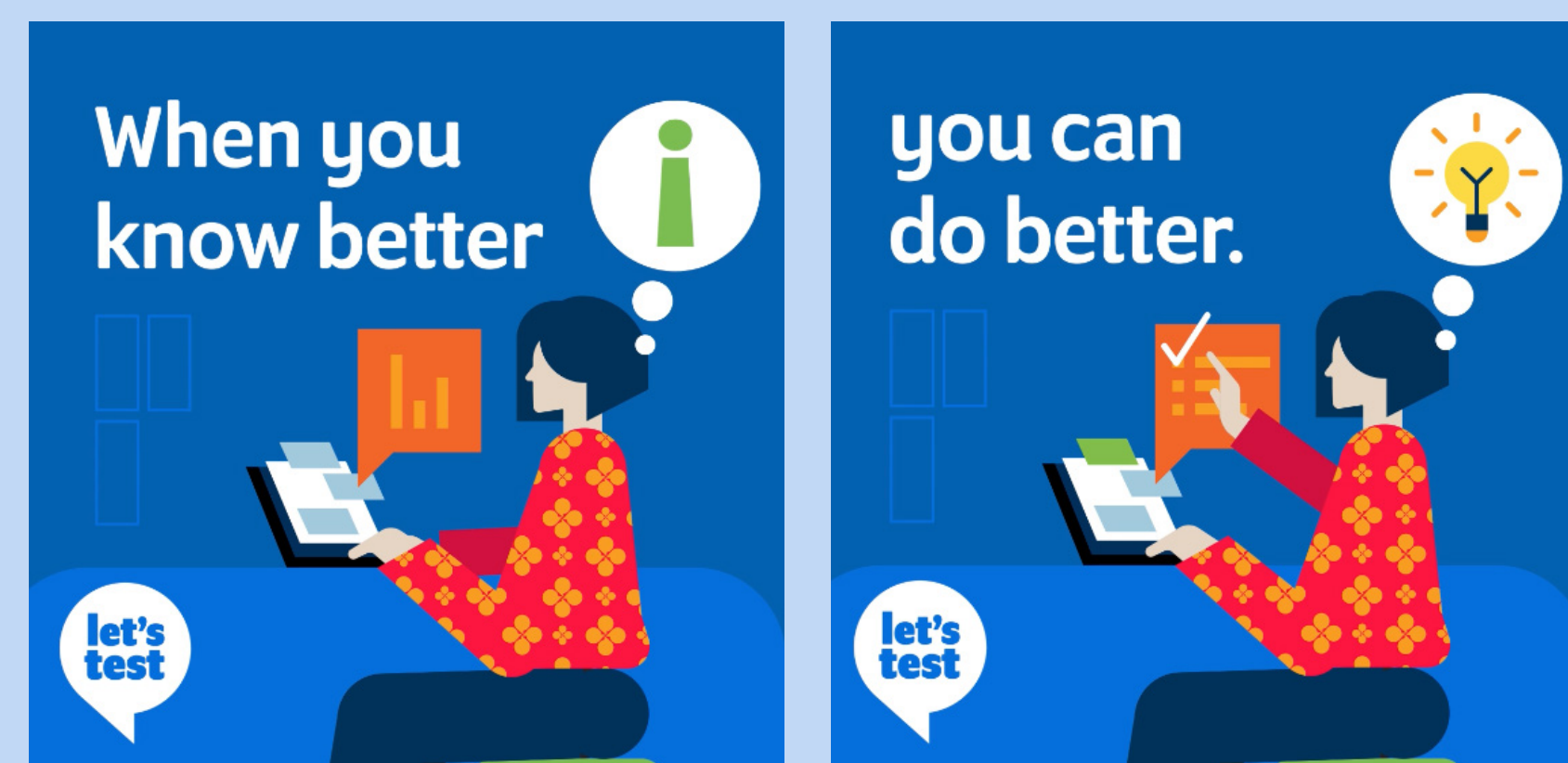
Particularly during the pandemic, **some worried that testing may reveal data that could lead to negative consequences** such as lockdowns, reduced economic investment and growth, or school closures. With these assets, you will be able to position testing as key to early detection and effective pandemic management, which can reduce the risk of negative consequences outlined.

[Download Assets](#)

Sub-Factor 1

Belief that more testing could lead to negative consequences for the country

Asset example:



POLICYMAKER FACTOR 9

How can we make testing more affordable?

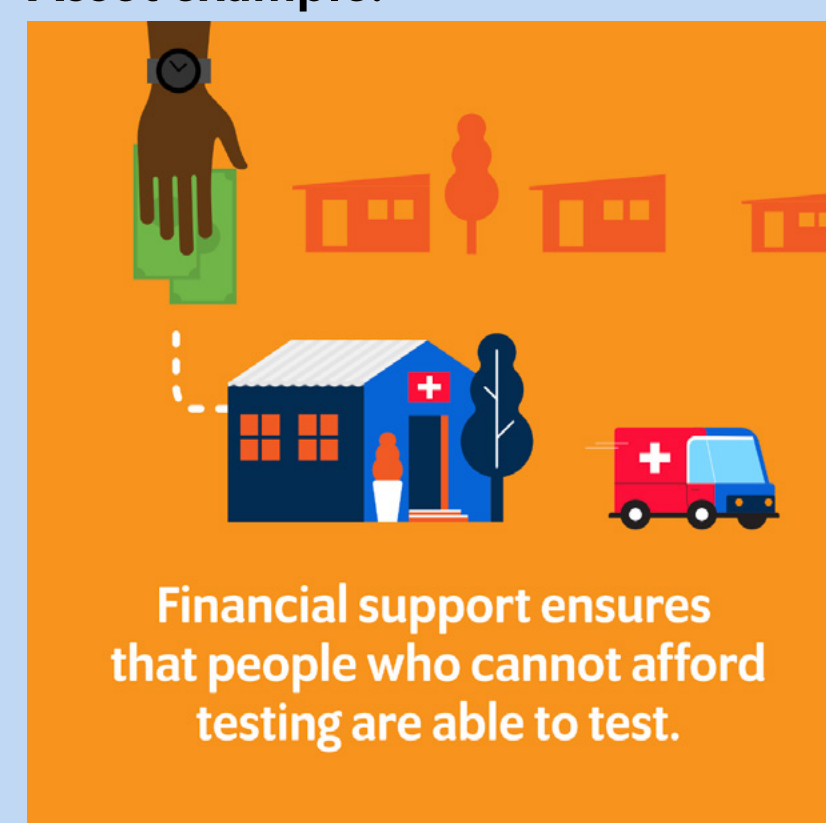
Governments and policymakers have **many levers to pull to make tests more affordable for communities** including: price caps, subsidies, or coverage through insurance. With competing public health priorities, national budgets face multiple demands. Remind policymakers of the importance of **prioritizing resource allocation for testing**, particularly in the context of the WHA Resolution on Diagnostics in May 2023. With these assets you will be able to show that access is impossible without affordability and demonstrate how targeted subsidies for testing can make a difference.

[Download Assets](#)

Sub-Factor 1

Low perceived need for price caps or subsidies leads to lack of affordable, quality assured testing

Asset example:



Sub-Factor 2

Lack of awareness of the costs of accessing testing for communities that go beyond the cost of the test (time, transportation, potential treatment, emotional stress)

Asset example:



POLICYMAKER FACTOR 10

How can we ensure that tests are high quality and trustworthy?

The lack of transparency and challenges associated with requesting accelerated regulatory reviews in LMICs is a major barrier in many countries. **Local registration of new tests** often requires more time than policymakers can afford - especially when trying to increase access during an outbreak or pandemic. With these assets you will be able to emphasize the value of tests that have been approved by a Stringent Regulatory Authority (SRAs.)

[Download Assets](#)

Sub-Factor 1

Limited understanding of the importance of health policymakers advocating to accelerate regulatory reviews for prioritized, SRA tests

Asset example:



Community Factors

This section covers common **factors that influence demand for COVID-19 testing** from a community member's perspective. The factors included in this section are a misunderstanding of the value proposition of testing and a number of myths and misconceptions about testing. To address a lack of access, please refer to the [Policymaker Factors](#).

Factors are highly contextual, and **each context may have multiple factors**. Prioritize factors that are the greatest impediment, have a large impact, and are feasible. When prioritizing factors, consider the beliefs about testing and health in context, the emotions and motivations associated with health and well-being, and the environment within which community members seek testing. **Select factor chapters that resonate** with the ones you've identified.

Remember that **contextualization is an extremely important part of developing communication that makes a difference**, because it mobilizes the motivations of your target audience and makes the messages relevant to them. This means you need to review your communication objectives, and modify the assets and messages accordingly.

To view all of the factors, sub-factors, communication objectives, and messages, please access the [Messaging Matrix](#).

The assets developed include: Digital and Static Posts, GIFs, Videos, and In-Person Assets and Games.

To view all of the community assets, including both final assets and editable assets that can be modified to fit your context, click below.



Download Assets

COMMUNITY FACTOR

Value Proposition

A major factor that prevents community members from testing is that they do not understand why they need to seek testing. In many contexts, when people have mild symptoms of disease, they do not feel that they need to take a test. Often, treatment is more accessible than testing, creating an incentive to treat without confirmation. With these assets, you will be able to address the value of testing, from a community member's perspective.

[Download Assets](#)

Sub-Factor 1

Unclear benefit associated with testing

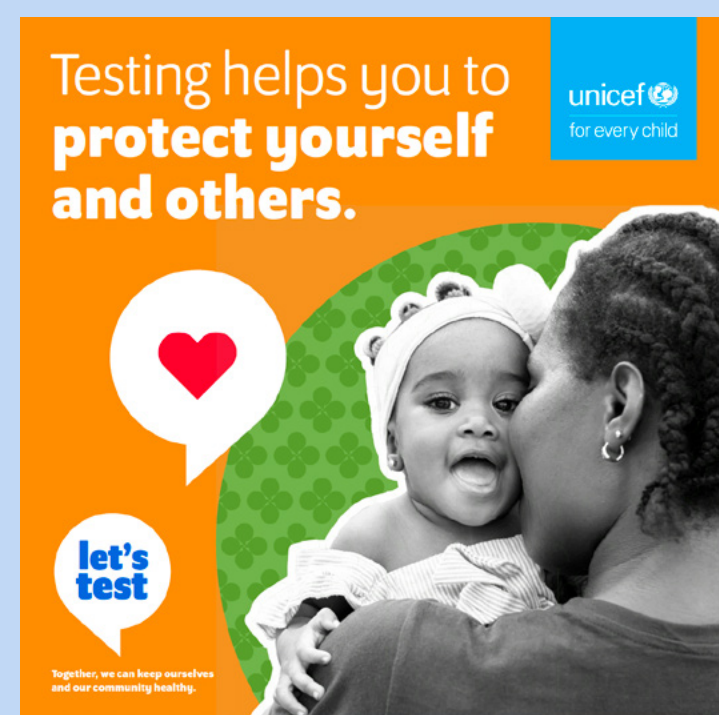
Asset example:



Sub-Factor 2

Low perceived need for testing

Asset example:



Sub-Factor 3

Skeptical about the severity of COVID-19

Asset example:



Sub-Factor 4

Misconception that "I know my body best and can tell if I have COVID-19 without a test"

Asset example:



Sub-Factor 5

Preference for self-treatment

Asset example:



COMMUNITY FACTOR

Myths and Misconceptions

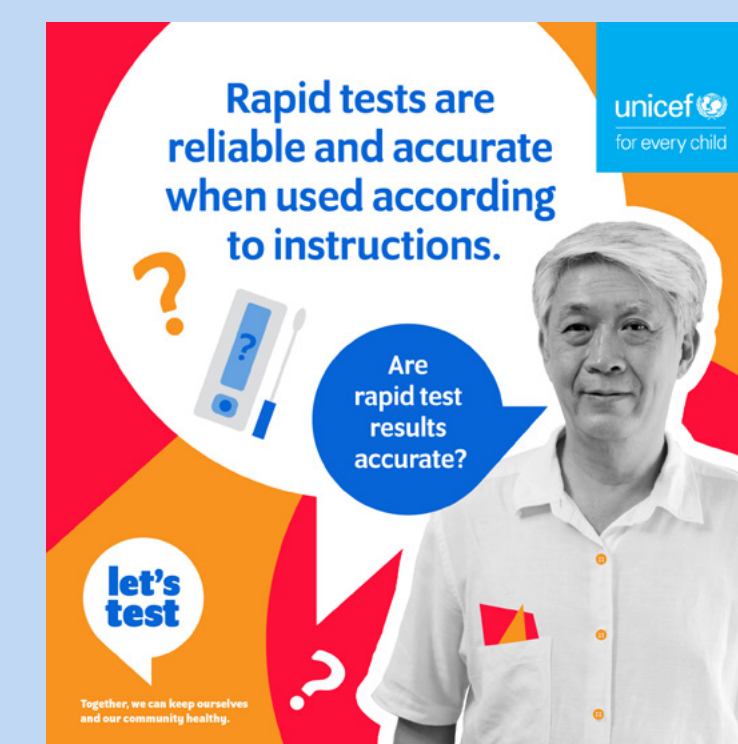
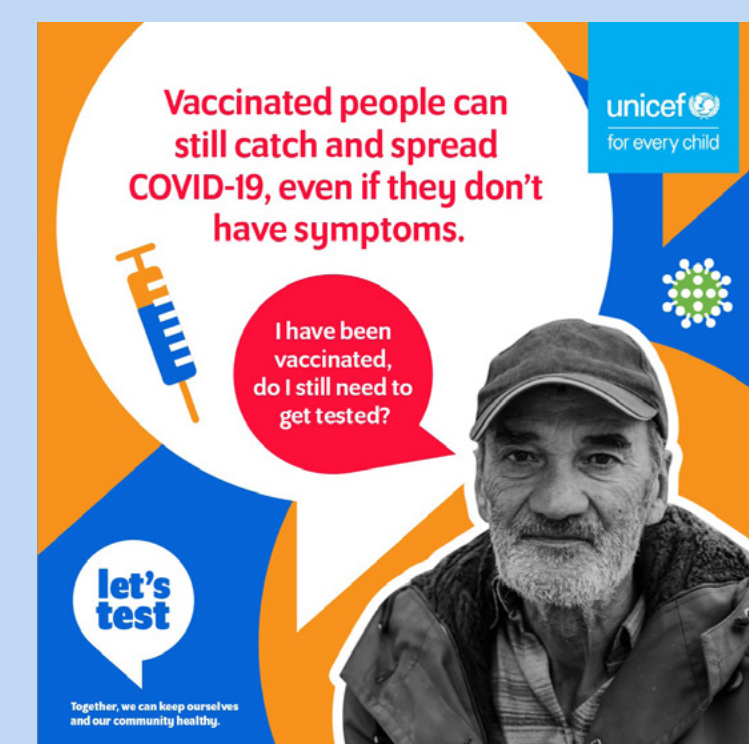
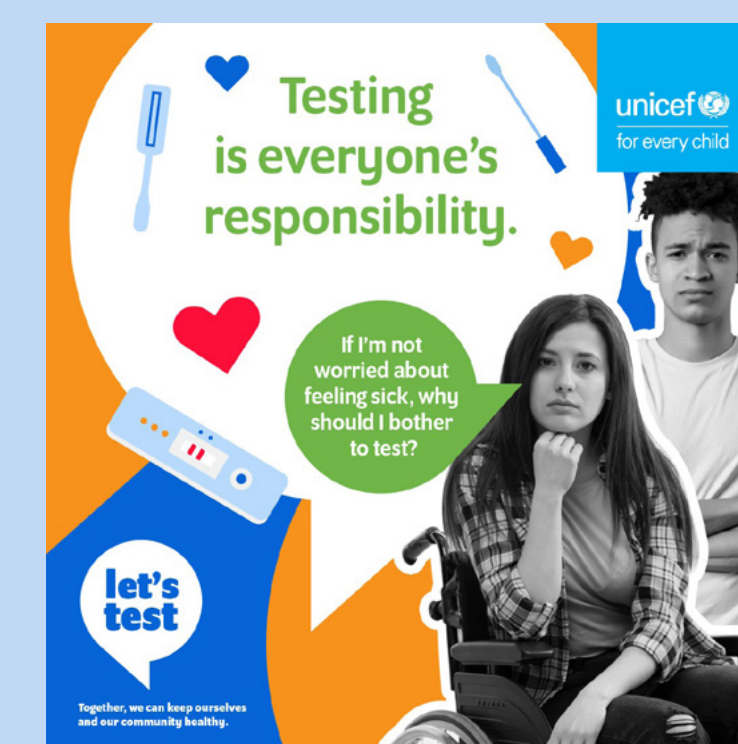
Globally, there are multiple myths & misconceptions about COVID-19 testing. Myths and misconceptions act as barriers to testing because they spread quickly within communities and become commonly held beliefs that reduce demand for testing. They are highly contextual, so you should investigate and address them in your context. Always lead with and emphasize the truth. With these assets, you will be able to address common myths and misconceptions about COVID-19 and testing.

[Download Assets](#)

Common Myths Addressed

- Testing hurts
- (Rapid) testing results aren't accurate
- People will stigmatize me if I test
- I know my body best and can tell if I have COVID-19 without a test
- Getting a negative test result is a waste of time and money
- Only people who travel outside of their community need to get tested
- If I'm vaccinated I don't need to be tested
- Knowing my test results does not change anything
- Young and healthy people do not need to test for COVID-19
- I can effectively self-medicate without testing
- Testing is only about my health

Asset examples:

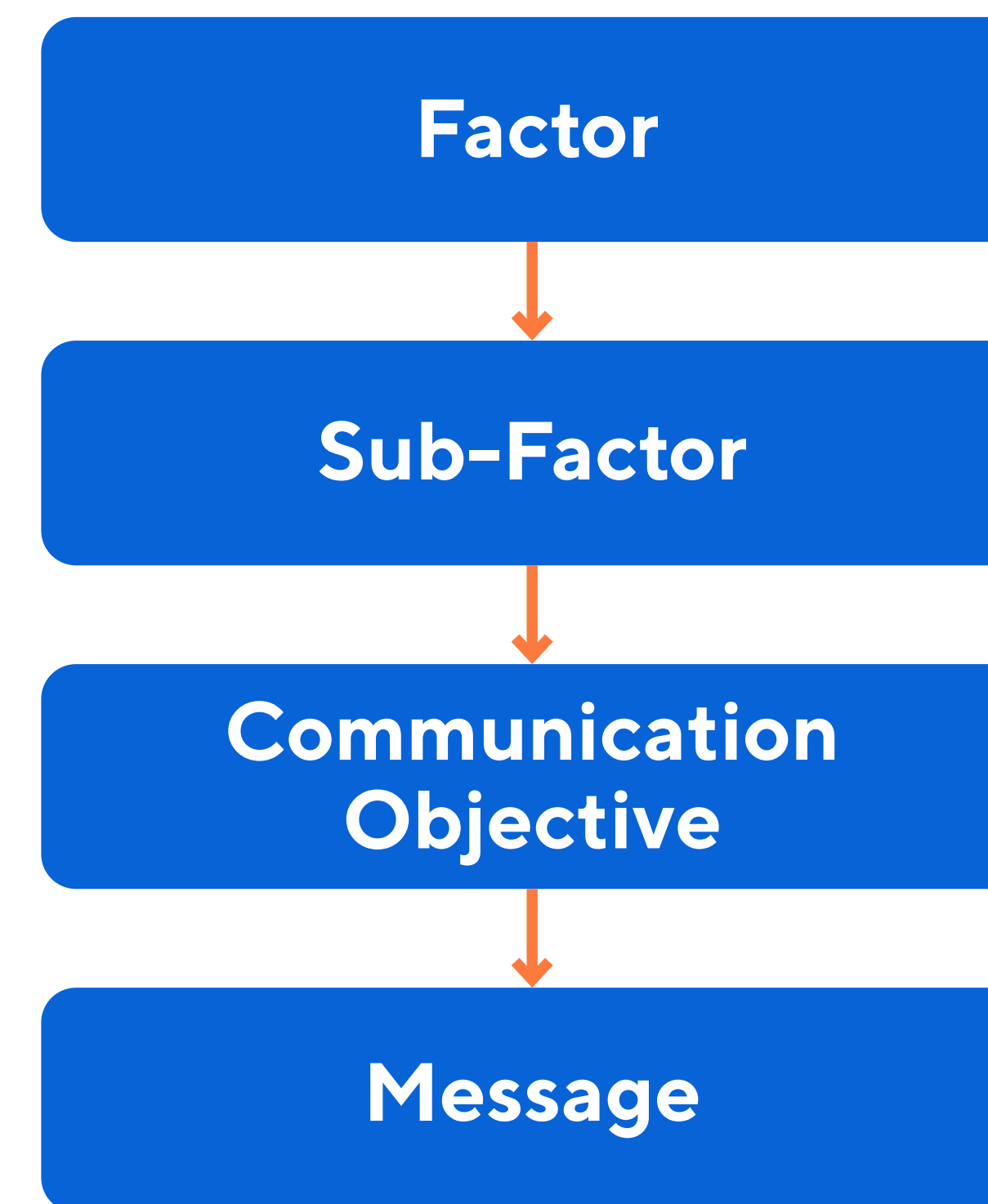


Summary of Assets

Messaging Matrix

The Toolkit includes a summary of factors and sub-factors related to testing for COVID-19 and other infectious diseases, and their associated communication objectives and key messages which have been compiled in a Messaging Matrix. This tool is **designed to help you identify appropriate advocacy and SBCC assets and develop persuasive content** for their specific testing behaviors, contexts and audiences. The Messaging Matrix may be helpful to prioritize your advocacy and communication objectives, and to identify assets that need to be adapted for optimal results in your context. [Access the Messaging Matrix here.](#)

Note: in the Messaging Matrix, messages in bold are included in the assets available in the Toolkit. In addition, the Messaging Matrix includes text that is recommended to be used as supportive content or captions.



Policymaker assets

The assets for use with policymakers are designed to support face-to-face conversations, digital interactions, and longer, technical discussions with policymakers and other stakeholders involved in testing access policy and program decisions.

DIGITAL CONTENT

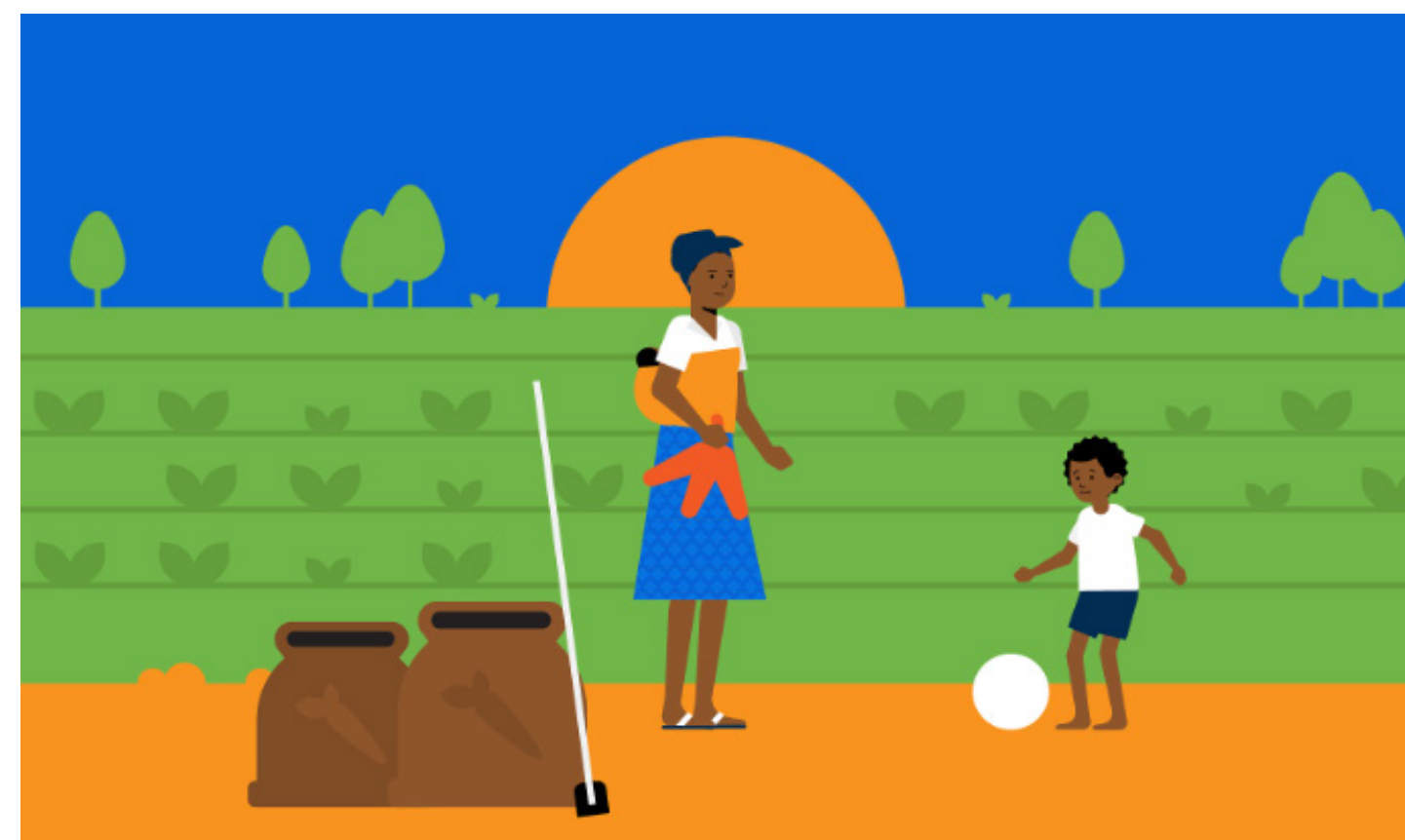
Digital assets enable **quick interactions with a large number of policymakers and influential stakeholders**, by sharing on social media platforms or via messaging platforms and groups.

[Access all Digital Content here.](#)

Hero Video: A 2-minute animated video brings the **value of testing** to life for policymakers by unpacking the problem and showing how testing can inform better policy and national health program decisions. This video can be used on digital and social media, presented during meetings, and shared through messaging platforms and in group conversations. [Access the Hero Video here.](#)



Short Videos: Short, 30-second videos give more engaging explanations of key messages related to testing. They frame solutions in more detail and give longer explanations for content that is more technical.



Static Visual Posts: Static visual posts with brief messages and explanations are designed to help policymakers understand the benefits of increasing access to testing. There are also panels, which are made up of 3-4 static posts uploaded together to offer more detailed information.



GIFs: Simple animated GIFs are eye-catching and stand out from other content on a busy social media feed or messaging channel. The GIF messages are short and animation helps bring stories to life.



The digital static posts are **editable for easy adaptation and translation** for your specific context. The GIFs and Videos can be used as is, or act as inspiration for your team to create your own versions - in this Toolkit, they are not editable.

When using digital content, consider whether the content aligns with your **communication objectives, and is compatible with the internet connectivity and messaging platforms** used by the target audience.



CONVERSATION STARTERS

Many opportunities for advocacy start with a quick, informal conversation at an event or meeting. The Conversation Starters Asset is designed for easy **use in these face-to-face interactions to land ideas and reframe problems** that are top of mind for policymakers. Key advocacy messages and reference materials are organized by factor, and presented in a simple, visual way. Conversation Starters in PDF format is designed to be easily used on a mobile device or printed. [Access the Conversation Starters here.](#)

? Is testing part of my country's national priorities?

Testing for all is an essential step toward health for all.

As countries work toward goals of primary health care (PHC) and universal health coverage (UHC), testing is a key component of the process leading people from symptoms to treatment and management. PHC and UHC cannot happen without access to testing.

"Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them"- WHO



? What is the value of testing?

Testing saves lives and supports national priorities.

Testing ensures the health of communities by helping them protect themselves and others. It is already used in the identification of cases, management of diseases, outbreak response, and disease surveillance.

"Diagnostics are central and fundamental to quality health care".
- Lancet, 2021



MODULAR POWERPOINT DECK

Developing comprehensive and engaging presentation materials to advocate for greater access to quality, affordable testing can be time consuming; requiring content research, technical inputs, as well as effective visual layouts. The Modular Powerpoint Deck contains **technical information presented in a clear and engaging layout** to help you prepare for technical meetings with policymakers and other influential stakeholders. The Powerpoint Deck is organized so that you can **pull and adapt** the most relevant sections for impactful advocacy, for each specific meeting or discussion with policymakers in your context. The slides are arranged by factor so, once you've prioritized relevant factors for a specific type of testing and context, you can easily find associated slides in the Powerpoint Deck. [Access the Modular Powerpoint Deck here.](#)

COMMUNITY TESTING

Testing before treatment saves communities time, and health systems money


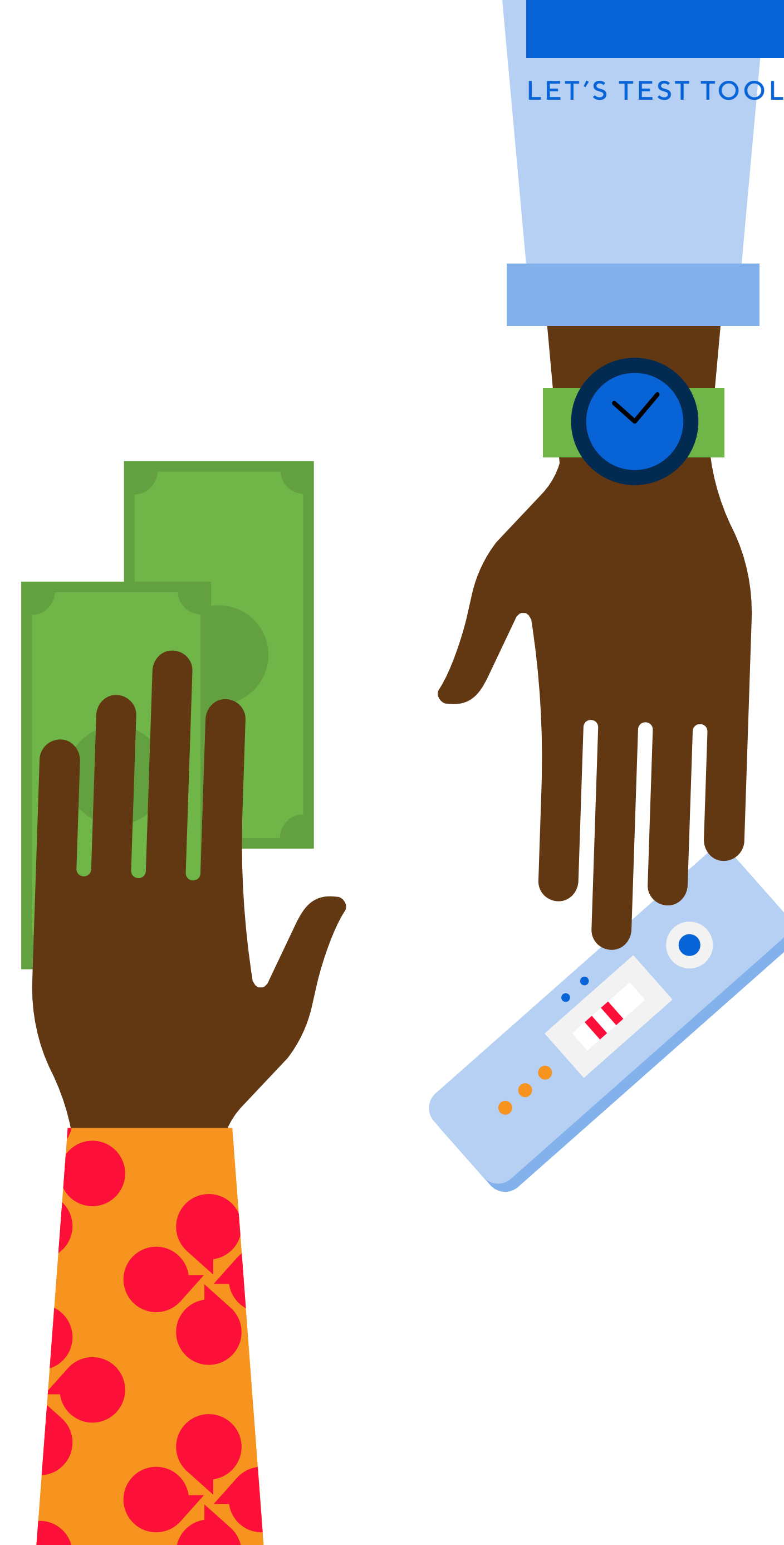
Community members who experience symptoms often seek treatment before testing, because **treatment is accessible.**

However, **mistreatment of disease can cause a number of problems** including non-alleviation of symptoms, drug resistance, unwanted side effects, and increased spending for more severe conditions.

More broadly, **when communities don't test, there may be outbreaks** that are unnoticed and can spread, which can lead to a diminished workforce, school closures, and increased costs of care.

At a national level, outbreaks can grow and **national resources have to be redirected** to manage these outbreaks. In addition, with medication misuse there can be an increase in antimicrobial resistance (AMR).

"The biggest gap is in provision of diagnostics at the level of primary health care, which is also the entry point to the care cascade"
- Lancet, 2021

Community assets

The assets for use within communities are designed to **emphasize the benefits of testing and address common myths** that limit informed demand among community members who need testing. In addition, the myth-busting assets are designed to emphasize truths, to avoid the risk that discussing myths increases misinformation and confusion at the community level. There are a variety of assets for the community level, since communities are varied in terms of the factors that inform demand for testing. There is global evidence of the need for **exposure and engagement through multiple SBCC channels over time**, to motivate behavior change.

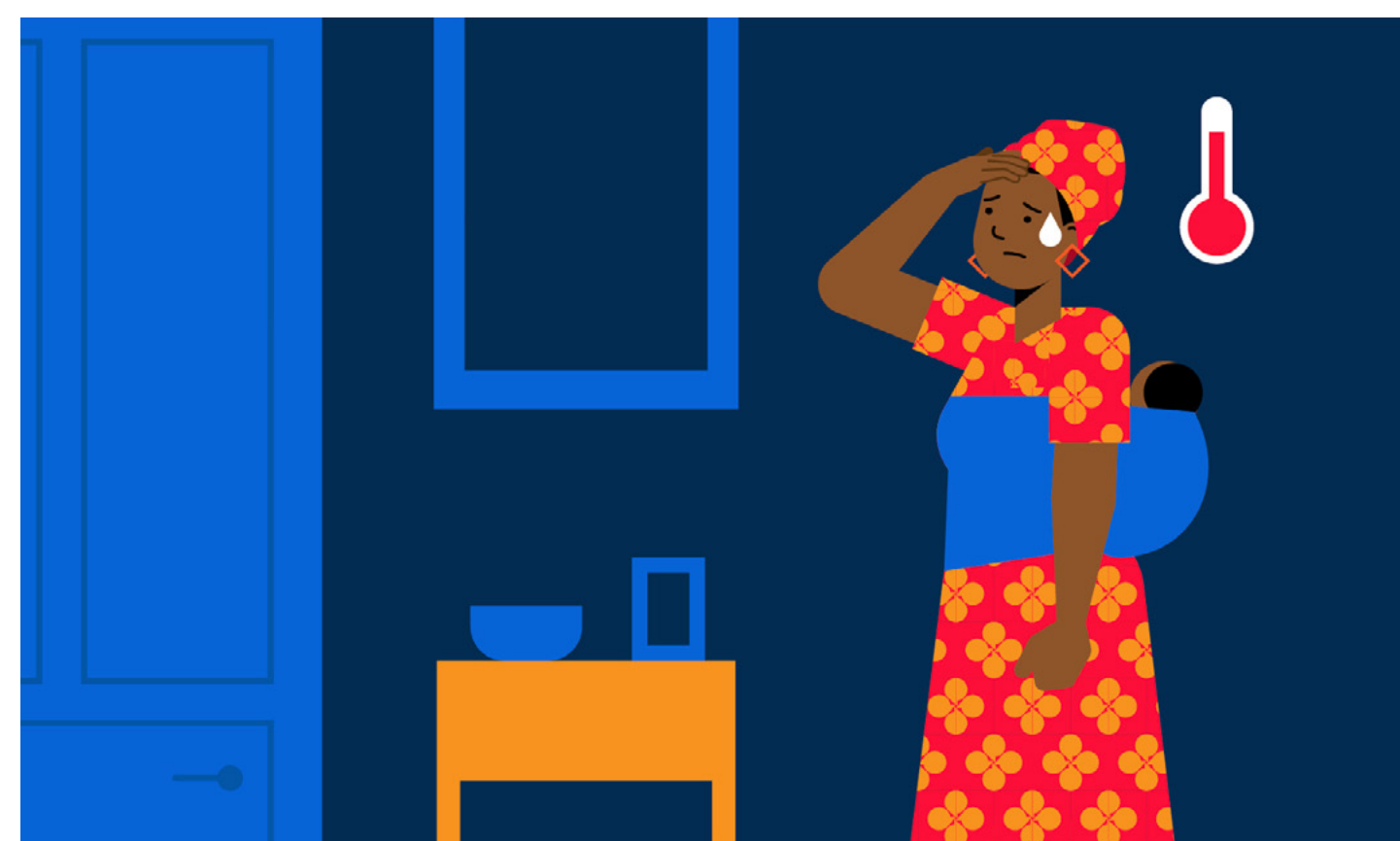
The community-facing assets are designed for use in both digital channels such as Facebook, WhatsApp, or Telegram, and offline channels such as community meetings, events, and other outreach activities. When selecting assets, **consider varying connectivity and the offline nature** of some components of community outreach.

Remember, adaptation of these global assets using locally relevant myths and insights is recommended.

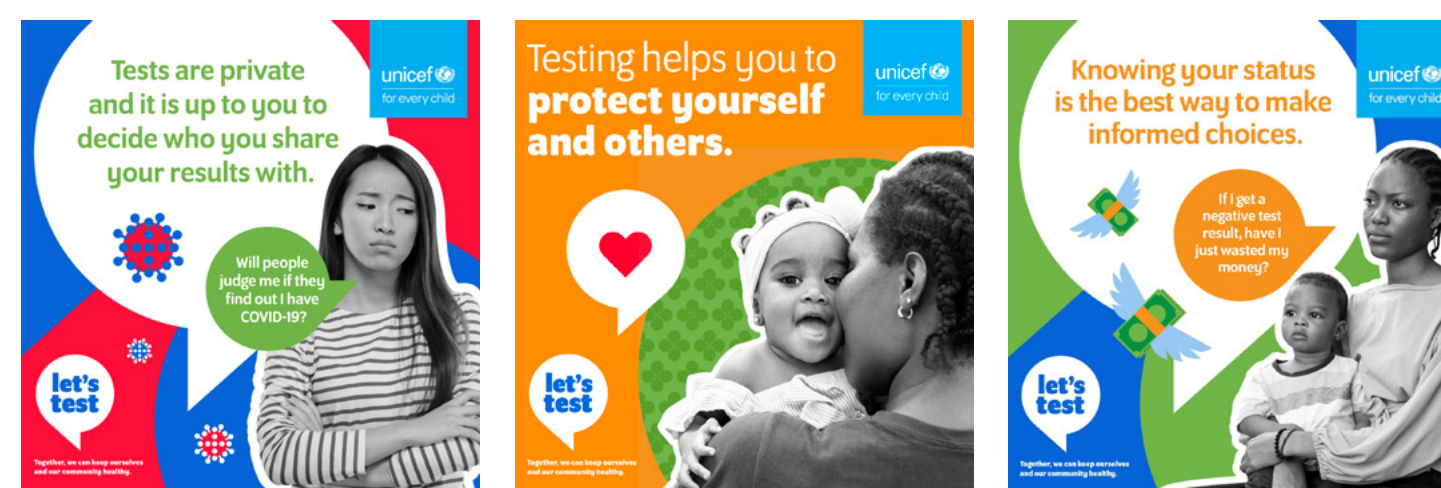
DIGITAL CONTENT

A selection of messaging about the value proposition of testing and myth busting has been developed into digital posts that can be used to emphasize the value of testing, bust myths, and increase informed demand for testing. **Access all Digital Content here.**

Hero Video: A 2-minute animated video brings the **value of testing** to life for community members by highlighting the benefits of testing, with a focus on protecting more vulnerable family and community members. This video is designed to be used on digital platforms including social media, but can also be used in community meetings, events, and other outreach activities. **Access the Hero Video here.**



Static Posts: Static visual posts with brief messages and explanations help communities understand the importance of testing.

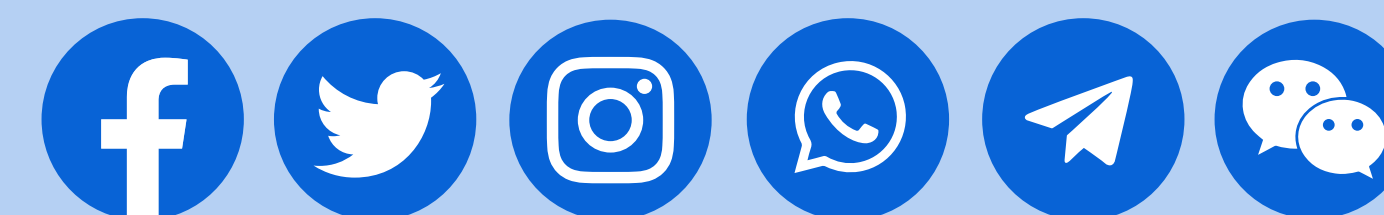


GIFs: Simple GIFs bring short messages to life with the help of animated visuals that allow these messages to stand out from other content. **Access the GIFs here and here.**



Digital Quiz: A digital quiz includes a script and simple graphics to enable community members to engage in a reflective, interactive activity that allows them to check their knowledge of the facts about testing.

All community-facing digital assets can be used on social media platforms and digital channels.



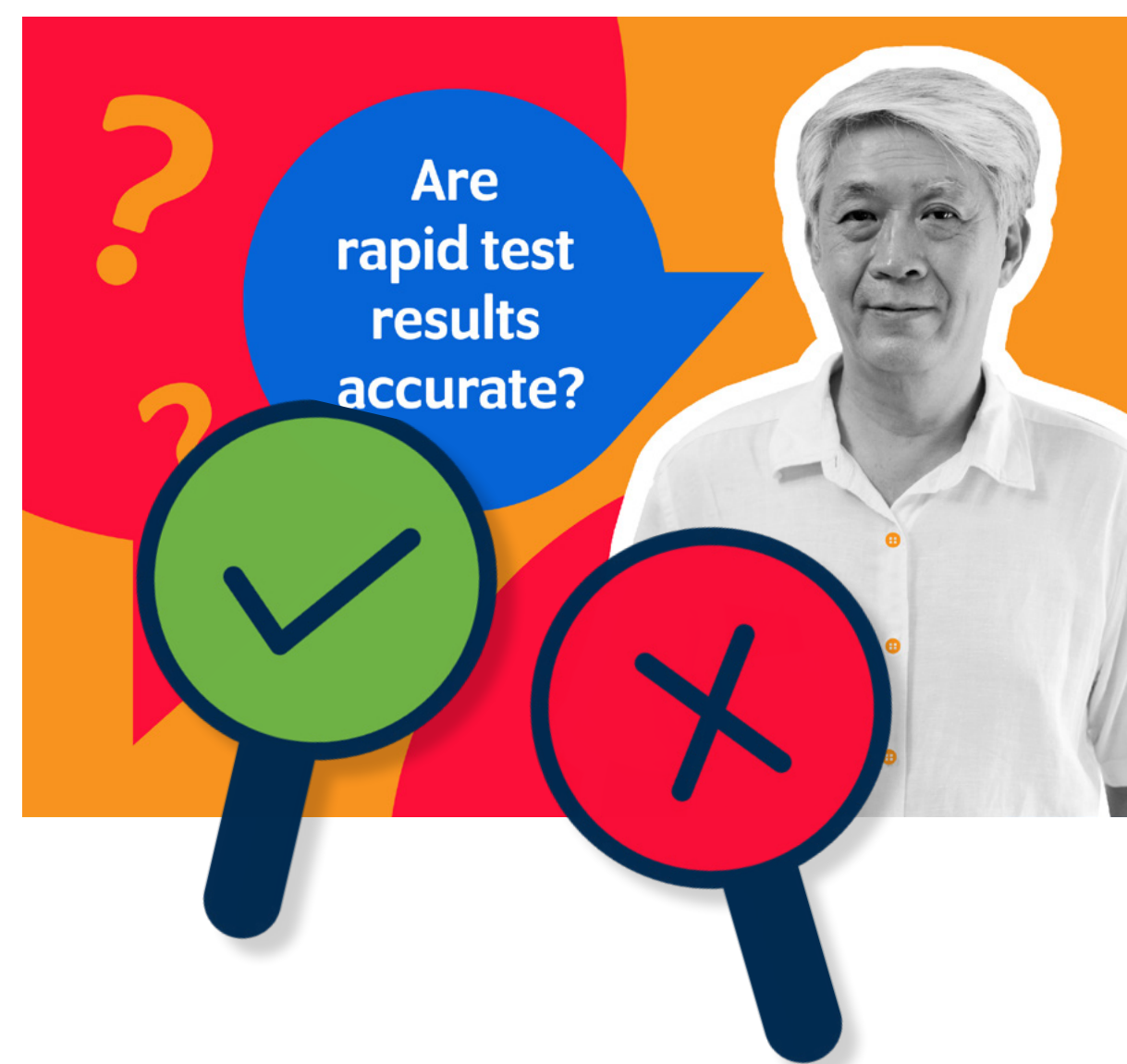
INTERPERSONAL COMMUNICATION ASSETS

Not all community members are able to access online platforms. The messages and visuals from the digital tools have been adapted for use in interpersonal communication (IPC) sessions to reach these audiences in the community. Access all IPC content here. [Access all IPC Content here.](#)

“What If” IPC Session: The value of testing is brought to life through a series of short stories that follow five characters as they experience symptoms and try to decide whether or not to take a test. The stories are told by the facilitator using a flipbook or through interactive role play and group decision making with the participants. At the end of the exercise, a group discussion promotes the correct testing behaviors and posters highlight the key messages for takeaway.



Myth Busting IPC Session: Common myths around testing are debunked using an interactive quiz. Participants vote using “true/false” panels and correct answers are revealed and discussed by the facilitator along the way. A set of posters highlight the key messages for takeaway.



How to Use the Toolkit and Assets

The advocacy and SBCC assets included in the Toolkit are based on research specifically focusing on factors influencing access to testing for COVID-19 in LMICs during the pandemic. Given the potential use of these assets across disease areas, contextualization is an extremely important part of effective advocacy and SBCC, as it ensures that final messaging will resonate with target audiences, and prompt policy and behavioral changes.

So, how do you use the toolkit and adapt assets?

- 1. Identify which disease area and type of test** you are addressing. For example, advocacy and SBCC to improve testing for COVID-19 in primary health care facilities may be very different compared to advocacy and SBCC for self-testing for HIV.
- 2. Identify your target audience.** Remember, it's best to have a very specific target audience, often known as a segment, so that you know what to ask them to do, their motivating reason to do it, and any additional information that might move them toward action. For example, the factors preventing urban women aged 25-29 working at factories in an urban center from testing for COVID-19 are likely different from factors preventing rural male farmers aged 40-55 from testing. Or as another example, policymakers who work heavily on HIV have different challenges from those who work on noncommunicable diseases.
- 3. Identify the prioritized factors** that prevent increased access to testing in your context. One segment can have multiple factors, so prioritize factors that are the greatest impediment, have a large impact, and are feasible.
- 4. Review the communication objectives** and make sure they align with your stated objectives. If they don't, you can adjust them so that the final messages you use are aligned with the goals of the communication.
- 5. Select and adjust messages** based on the communication objective, barriers, target audience, and type of test. When writing messages, try to work with a copywriter to ensure messages are straightforward, accurate, and align with your communication objective.
- 6. Select appropriate assets** for your target audience and preferred mode of communication
- 7. Modify** the rest of the asset using the checklist below.

CHECKLIST FOR ADAPTING ASSETS

Use this checklist to ensure that your assets are fully adapted:



Message content: Is the communication objective and message within the asset appropriate for your objective and context?



Message language: Is the message in a language that your target audience readily understands?



Visual content: Check the characters in illustrations or photos – do they look appropriate for the target audience? Are they wearing the right clothes? Do they have the correct skin, hair, and eye colors? Is their expression correct?



Visual background: Check the context of the visual – does it look like the right environment? Are there any additional or different signifiers you can use to contextualize the background?



Conducting Formative Research

As part of your adaptation process, you are encouraged to conduct qualitative interviews with the target audience and their influencers, so that you can **understand who they are, what motivates them, and the barriers they face** in performing the final behavior.

In this section, you'll find some background information about qualitative research methods. A proposed method is in-depth interviews (IDIs) but you can consider focus group discussions if there are logistical or other reasons to conduct group discussions instead of one-on-one interviews. The sample size and composition will depend on your target audience, as well as logistical considerations including budget and time availability.

While qualitative research is not designed to generate representative findings, including a mixture of demographic profiles (gender, age, ethnicity, urban/rural) in the interviews is recommended, depending on the target audience. For example, if your objective is to assess barriers and enablers to testing for HIV testing among adolescents in urban hotspots, 15-19 year olds representing a mixture of gender, ethnicity and disability profiles should be interviewed.



Policymaker research

The objective of qualitative in-depth interviews with health policymakers in low-and-middle-income countries (LMICs) and other stakeholders who work closely with health policymakers; is to understand perceived barriers and enablers to improve access to testing for a specific illness.

This could be related to:

- Steps in policymaking: from how priorities are set to how priorities become policy
- Psychographic profile of a specific target audience: understanding emotional as well as functional perceived benefits of testing (attitudes, aspirations, and other psychological criteria)
- Key channels and influencers

The target audience for the health policymaker interviews is any individual who influences, or has knowledge of, national or subnational policy and program decisions related to access to testing for the prioritized illness/es of interest. By understanding the perceived barriers and enablers to testing access among policymakers, your program will be able to develop evidence-based advocacy materials to increase access to testing.

Community research

The objective of qualitative in-depth-interviews with community members is to understand barriers and enablers related to testing for a specific illness as a result of qualitative insights.

These are related to:

- The testing “journey”: reasons to seek testing, challenges in accessing the right test at the right time, treatment, and recovery, management, or escalation
- Psychographic profile of a specific target audience: understanding emotional as well as functional perceived benefits of testing (attitudes, aspirations, and other psychological criteria)
- Prioritized barriers to testing

The target audience for the community interviews is aligned with the target audience for your community health program. In-depth-interviews should be conducted with individuals who are i) at relatively high risk for focus diseases and ii) less likely to seek testing before treatment. By understanding the barriers and enablers to testing among this under-tested group at risk, your program will be able to develop evidence based SBCC materials to increase demand for testing.

Behavioral Frameworks

Elephant, Rider, Path

What is the Elephant, Rider, Path (ERP) framework?

How do you motivate behavior change?

Psychologists have discovered that our behavioral decisions and actions are governed by two competing systems: the rational mind and the emotional mind. The rational mind knows we should get tested for COVID-19; while the emotional mind doesn't want to be inconvenienced.

Psychologist Jonathan Haidt calls the emotional mind “the elephant” and the rational mind “the rider.” The elephant is instinctive and acts on emotions. It avoids discomfort, and loves routine. The rider, on the other hand, is the planner and thinker. Each person has an emotional *elephant* side and a rational *rider* side. In order to achieve change, you have to reach both. And then you have to create a path for them to succeed.

The **ERP behavior change framework is designed to help partners designing solutions for behavior change**, to identify and plan to address the most important factors (i.e. barriers and enablers) relevant to a given behavior.

The ERP Framework was used to inform this Toolkit and the associated assets.

Why use the ERP framework?

When it comes to behavior change, people often think “if only someone knew the behavior or knew the benefits, then they would do the desired action.” But the reality is, when the elephant and rider disagree on where to go, the rider usually loses.

In designing any solution, it's important to go broader and examine factors beyond knowledge that could be influencing behaviors, such as emotional motivation or environment.

Using a behavior change framework is an important step in developing a responsive strategy for both advocacy and SBCC. It helps practitioners to organize thinking, analyze in a consistent way, identify prioritized factors, and develop responsive ideas and solutions. Behavior change strategies without an underlying behavior change framework are unlikely to succeed in motivating behavior change. The ERP framework is a simple and straightforward framework that can help you ensure that your advocacy and SBCC campaigns work.

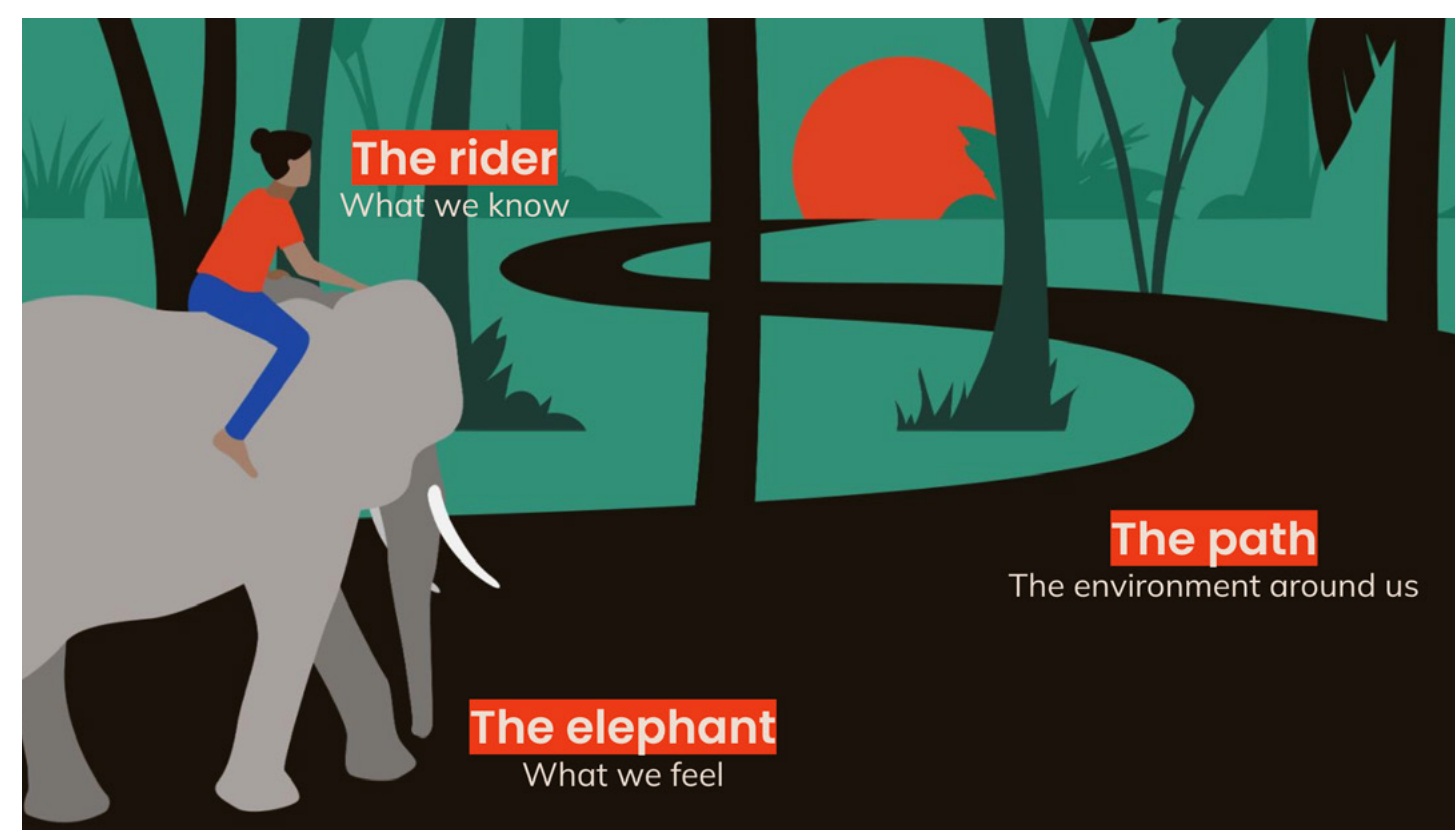


How to use the ERP framework?

ERP is a practical and easy-to-use behavioral framework that can be used to identify the barriers or enablers you need to focus on in order to achieve change. Refer to *The Switch Framework* to learn specific strategies on how to direct the rider, motivate the elephant, and shape the path.

Here is a list of steps for using the ERP framework:

- 1. List assumptions** - prior to research, make a list about what factors might cause or prevent the target audience from practicing the desired behavior, based on desk research and what you already know.
- 2. Organize factors into ERP assumption table** - determine whether the factors are emotion-, knowledge-, or environment-related, and organize them into elephant, rider, and path columns.



- 3. Incorporate ERP factor assumptions into your research guides** - include questions and probes in your research guides that allow you to dig deeper and validate your ERP assumptions during research.
- 4. Apply ERP framework in your analysis** - when reviewing formative data and synthesizing findings; validate whether the factor-based assumptions were accurate, based on what you uncovered during research and revise the original factors accordingly.
- 5. Prioritize factors based on the ERP framework** - once you've learned what is causing or preventing the target audience from practicing the desired behavior, use the ERP framework to prioritize which factor to focus on to achieve the biggest change and impact. Is the biggest barrier a rider, elephant, or path problem?
- 6. Plan and execute advocacy or SBCC messages consistent with the prioritized factors** and other insights from formative research with your target audience/s.



Journey Mapping to Understand Health Seeking Behaviors



Guide on journey mapping to understand health seeking behaviors

When you are conducting research on demand for testing, it is important to understand how your target audience seeks healthcare, which is often called their “health-seeking” behavior. This allows you to dig deeper into the factors that prevent them from seeking testing. For example, if self medication before testing is common in your context, this will steer you towards messaging about the benefits of testing before health provider-endorsed treatment.

Using mapping to understand health seeking journeys

To understand the varying health seeking journeys, you can use formative research findings to map the target audience’s experience when seeking testing. When you are asking questions about how your respondent seeks out healthcare, you can sketch each step with the respondent, and probe on factors that act as barriers and enablers for testing throughout the journey. You can mark key moments on the journey to signify where the respondent experiences factors that prevent them from seeking testing, and probe further about what would help them overcome that factor.

In the end, you’ll have a deeper understanding of the target audience’s actions when seeking care. This may cover symptom identification, and touch on topics like self-medication, traditional practitioners, private sector influencers, and even channels of information. If you develop visuals during interviews with the target audience, you can consolidate them together and show the key moments in a simple graphic that is helpful not only to you but also to other stakeholders.

Maps are easy visual aids to use during presentations or stakeholder meetings to align on prioritized factors to address in your campaign.

Benefits of using mapping to understand health journeys

- Participatory activity which serves to engage respondents during research.
- Allows researchers and designers to understand the health journey in their context, to identify factors that may influence capability to text.
- Analyzing journey maps with barriers and enablers can be done rapidly

Journey mapping research questions pulled from a formative research guide:

Q: Can you describe the most typical “journey” for a person in your community who experiences ___ symptoms?

Probe:

- *Would they recognize these symptoms as an indication they may be ill with ___? Why or why not?*
- *Where or from whom would a person with these symptoms seek advice? What would motivate someone with these symptoms to seek testing?*
- *Where would they seek testing? Probe: public or private health facility, pharmacy, community health worker. Local, provincial or national?*
- *What type of test/testing would they want to use? Why?*
- *What is their experience with testing?*
- *What challenges might they have encountered as they sought testing? Probe: how much do they have to pay for testing? Is the location where they seek testing far away? Do they need to wait? Are they able to receive good guidance during and after the test?*
- *What happens if someone tests positive?*
- *What could make the testing journey easier for this type of person in your community?*

Pretesting Assets

Purpose of pretesting

In order to ensure that your final advocacy and SBCC assets are appropriate for your specific target audience and context, it's important to collect user feedback during the design process through a step we call "pretesting."

This section is based on the [Compass for SBC](#)⁵, which is an excellent resource that includes How-To Guides which are: "short guides that provide step-by-step instructions on how to perform core social and behavior change tasks." In this section, you'll find an adapted version of the [Pre-testing guide](#).⁶

Objectives of pretesting

Pretesting saves money, time, and energy by ensuring that what is being designed is fit for the needs of the target audience. Resulting advocacy and SBCC assets are more likely to effectively motivate behavior change, which increases their impact.

The objective of pretesting is to gather feedback from the target audience in regards to the following:

- **Comprehension:** Are the messages and materials understood by the priority audience? Do they recognize the benefits of taking action?
- **Attractiveness:** Do the materials capture the audience's attention?
- **Acceptance:** Is there anything about the materials that is offensive or inappropriate?
- **Believability:** Are the materials believable and realistic to the audience?
- **Involvement:** Does the audience identify with the material? Does it 'feel right' to them?
- **Relevance:** Are the materials related to the issues faced by the audience?
- **Motivation/Persuasion:** Does the audience understand the call to action and are they inspired to act?
- **Improvement:** Is there anything that can be done to improve the materials? What are specific suggestions from the priority audience?

⁵<https://thecompassforsbc.org/how-to-guides>

⁶<https://thecompassforsbc.org/how-to-guide/how-conduct-pretest>

Methods of pretesting

Pre-testing should be completed after formative research, behavioral analysis, factor prioritization, and message and draft asset development; and before components of the communications campaign are finalized, produced and disseminated.

Pretesting is often done through qualitative interviews with participants from your target audience and the sample size can be between 10-20 people.

To note: Pretesting can take anywhere from 2 weeks to 2 months. Length will vary depending on the number of assets that are tested as well as the number of revisions required.

Here is a list of steps on how to conduct pretesting. For more details of each step, refer to: [How to Conduct a Pretest - The Compass for SBC](#).



- 1. Outline pretest objectives** - describe the goals of the pretest and the information to be gathered
- 2. Choose the pretest method** - different methods are fit for different needs. Consider what objectives you've outlined in order to determine the most appropriate methods for your pretest.
- 3. Plan the pretest** - this step includes planning out logistics, such as identifying the location and meeting site, recruiting participants, identifying facilitators and interviewers, determining incentives, and designing survey questionnaires or focus group discussion guides as needed.
- 4. Develop a pretesting guide** - the purpose of this guide is to use as a reference to keep the activity on track.
- 5. Develop questions** - the goal of pretest questions is to understand the value of the materials and gather feedback on their effectiveness. Tip: go for open-ended questions rather than close-ended (yes or no) questions to gain qualitative input.
- 6. Conduct pretest** - a couple things to keep in mind when conducting the pretest are to collect consent forms as well as good notes.
- 7. Analyze data and interpret results** - look for trends in responses and determine what revisions need to be made to assets.
- 8. Summarize the results** - results of the pretest should be communicated to the larger team before moving forward with revisions.
- 9. Revise materials and retest** - in the ideal world, the revised version of assets could also be pretested if budget and time allow.

Creative Brief for Assets

The purpose of a creative brief is to ensure that your strategic direction is aligned with the creative execution. This means that your target audience, key behaviors, factors relevant to these behaviors, and other important learnings from formative research are integrated into your creative execution. This is a simple document that should help creative teams, agencies, and other partners to understand and help develop SBCC that will resonate with the target audience to motivate behavior change.

Explain the challenge

Briefly describe the overall problem you are trying to solve, and the key behaviors you want your target audience to practice.

Key background information

Share key background information that creative partners need so that they can understand and help address the challenge. Share the minimum context including key factors that influence the behavior, important channels of communication, and other messaging that the target audience is exposed to so that your solutions are complementary and not duplicative.

Target audience

Define the target audience that your assets will speak to, in terms of

- Socio demographics – age, geography, gender, education
- Media habits – preferences and preferred channels for SBCC
- Psychographics – including hopes, dreams, goals, priorities in life, and influences (who and what)

You can also consider the target audience's influencers and do a similar analysis.

Summarized research findings

Share supporting data that can inform the campaign and content. Provide a summary of any qualitative and quantitative research findings using the behavioral framework and analysis. Specifically, list out behavioral drivers (barriers or enablers) that the target audience may experience related to the desired behavior.

Communication objectives

- Share what you aim to communicate to individuals who are exposed to this campaign.
- Link the prioritized behavioral drivers that you aim to address to the communication objectives.
- Go beyond awareness where possible.

Campaign positioning

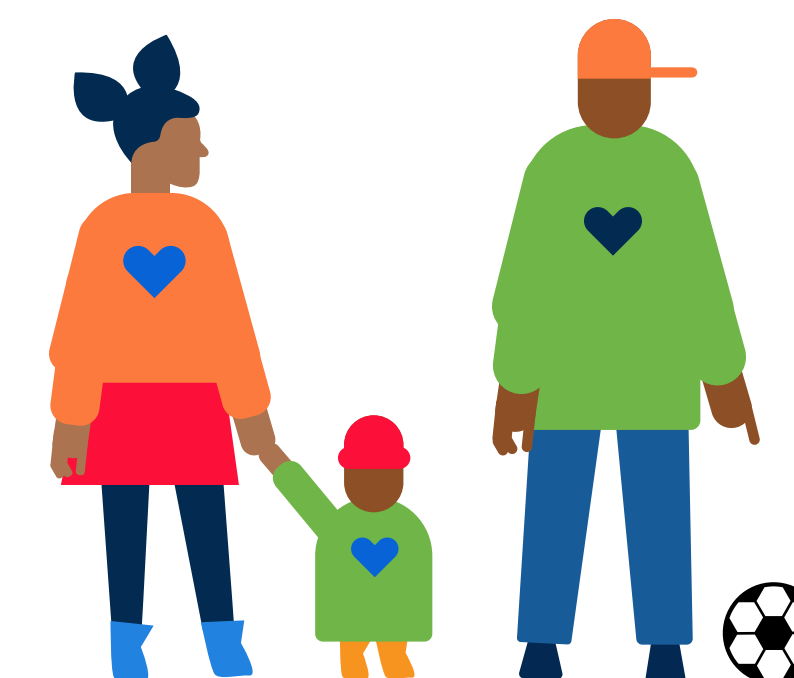
In a sentence, share the clear and believable benefit of the behavior that resonates with the target audience. Ideally, the positioning is true but not obvious, and strikes an emotional chord with the audience. Try to make your positioning different from the positioning of other campaigns, to capture attention. Try to link to locally meaningful concepts relevant to your target audience.

Other Creative Guidance

Provide any other guidance that your creative team might need. You can include information about tone, content that must or must not be addressed, formats, etc.

Timelines and Responsibilities

Include a timeline and responsibilities for all major milestones in the creative process, considering commitments to your funders, Ministries of Health, and other partners, as well as time required for creative development, pretesting, finalization, and necessary approvals prior to your campaign. Specify roles of in-country and global teams, as well as the creative and/or production agency or consultants, to clarify who leads and who supports at key points in the process.




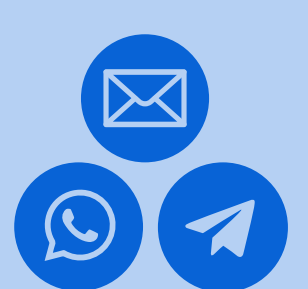


Implementing the Toolkit

To the right, please find an illustrative timeline to implement the full “Let’s Test” Toolkit process. As explained earlier in the Toolkit, the advocacy and SBCC assets have been designed to be mixed/matched in any sequence, depending on the specific type of testing, target audience and contextual considerations. This timeline includes key steps in the process to localize global advocacy or SBCC assets. In cases where additional formative or testing research and creative design steps are not needed to tailor global assets to local context, this timeline can be shortened to begin with implementation activities (see bold rows.)



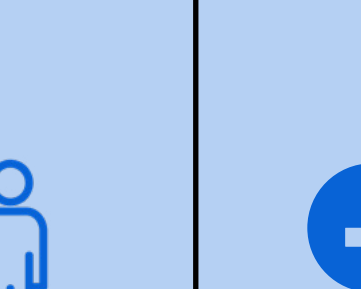
The illustrative timeline to the right reflects the importance of addressing supply-side barriers before generating informed demand, for optimal results in terms of testing use. However, the frequency and sequence with which advocacy and SBCC assets are used will vary by context as explained above, as well as depend on timelines and resources available, including budget support and capacity. For best results, continuous engagement with policymakers and community members is recommended using multiple assets and channels over an extended period of time. The two tables on the following page provide additional guidance about the ways in which multiple assets can be used simultaneously.

ACTIVITY	TIMELINE (months)							
	Optional Upfront Dev	1	2	3	4	5	6	7
PROJECT RESEARCH AND ADAPTATION								
Identify your prioritized type of testing & target audience(s)								
Review available data to identify priority factors to be addressed in your context and/or research gaps								
Conduct formative research to address research gaps								
Analyze research findings using ERP or another behavior change framework to identify priority factors								
Identify advocacy/communication objectives + key messages for the prioritized factors & your context								
Select and adapt relevant assets or develop new locally relevant assets								
Pre-test your adapted assets & finalize with feedback from the target audience								
IMPLEMENT POLICYMAKER ADVOCACY ACTIVITIES								
Use hero video as advocacy call-to-action								
Use Conversation Starter Cards to trigger advocacy discussions								
Use Digital Assets to reinforce key advocacy points (e.g. targeted email & messaging campaigns)								
Use Modular Powerpoint Deck to make a case for policy change (e.g. at Technical Working Groups etc.)								
IMPLEMENT COMMUNITY SBCC ACTIVITIES								
Use short video and other assets to launch SBCC								
Use digital assets to expose and engage community members to promote the value of testing								
Use interpersonal assets to engage communities in discussions about the value of testing and to promote truths								
Monitor results & identify priorities for year 2								

Overview of how multiple advocacy assets can be used simultaneously through different channels to engage policymakers:

	 Small meeting	 Messaging	 Larger Technical Meeting	 Online
Conversation Starters	✓			
Hero Video			✓	
Short Videos		✓		✓
Animated GIFs		✓		✓
Static posts		✓		✓
Powerpoint Deck			✓	

Overview of how multiple SBCC assets can be used simultaneously through different community engagement channels to increase demand for testing:

	 Launch	 Community Outreach	 Digital Campaign
Hero Video	✓		✓
Animated GIFs			✓
Static posts			✓
Posters	✓	✓	
Stories + Role Play		✓	
Digital Quiz		✓	✓
Myth Busting Quiz		✓	

Monitoring

Monitoring and evaluation (M&E) of testing advocacy and SBCC is essential to track the extent to which interventions are producing desired effects, and to identify changes needed to generate greater improvements in access to, demand for and use of testing. An overall M&E plan should ideally be developed at the beginning of a program – this will summarize which indicators will be tracked using which methods to assess advocacy and SBCC progress. It is important that M&E plans are updated as needed, particularly for multi-year advocacy and SBCC initiatives.

Key documents which typically feed into a M&E plan for an advocacy and SBCC program include:

- Theory of Change which guided the identification of advocacy and communication objectives and key messages.
- Baseline values of indicators related to testing access, demand and use.
- Key monitoring or evaluation objectives agreed upon with stakeholders supporting the testing advocacy and SBCC.

Using M&E Data

M&E data alone is not useful until someone puts it to use! It is critical to plan regular reviews of M&E data with team members responsible for designing and deploying advocacy and SBCC assets to identify areas where progress is being made, and to agree on any changes that are needed to generate greater progress in the future. The best use of M&E data involves a consultative approach to analyzing and interpreting data, together with a mixture of research and M&E team members and program staff involved in designing and implementing the advocacy and SBCC program.

M&E Resources

Please refer to the following links for more detailed guidance about [Advocacy M&E Tools](#)⁷ and [SBCC M&E Planning](#).⁸



⁷https://www.betterevaluation.org/sites/default/files/Advocacy_Toolkit_Companion_%25281%2529.pdf

⁸<https://thecompassforsbc.org/how-to-guide/how-develop-monitoring-and-evaluation-plan>

Together we can improve access to testing for all.

**Together we can keep
our communities healthy.**

www.lets-test.org