KENYA PrEP COMMUNICATIONS LANDSCAPE GAP ANALYSIS

WHAT DO WE NEED TO KNOW?

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The Optimizing Prevention Technology Introduction On Schedule (OPTIONS) consortium is one of five projects funded by USAID in partnership with PEPFAR to expedite and sustain access to antiretroviral-based HIV prevention products by providing technical assistance for investment scenarios, market preparation strategies, country-level support, implementation science and health systems strengthening in high priority countries and populations.

A key aim within OPTIONS is to develop a market preparation and communications guide for the introduction and uptake of PrEP in Kenya, led by the OPTIONS partners including FHI 360, McCann Global Health, and LVCT Health in Kenya.

McCann Global Health will conduct a national market intelligence study and develop a national market preparation and communications strategy to support demand creation efforts of PrEP in Kenya. This strategy aims to offer a cohesive, strategic, and coordinated launch of PrEP* as well as forthcoming ARV prevention products in Kenya.

Prior to the start of the market intelligence, McCann has conducted a landscape analysis of all available communications about the target audiences, HIV prevention, and PrEP uptake in Kenya, to identify key knowledge gaps for further exploration in the market intelligence. The following presentation outlines the research gaps uncovered from the overall landscape analysis.

* Unless specifically referred to as “oral PrEP,” “PrEP” connotes the category of PrEP products that are and/or will potentially become available in Kenya
As the first step in a larger market preparation and communications plan, and in accordance with our 5C Process, McCann Global Health (New York) has conducted a landscape analysis of available information and knowledge on the demand creation and uptake of PrEP among vulnerable populations in Kenya, including serodiscordant couples, adolescent girls and young women, men who have sex with men, female sex workers and people who inject drugs. In addition to vulnerable populations, we also researched health care workers as the gatekeepers to HIV prevention products, services and information.

The objective of the landscape analysis is to uncover and/or confirm key findings, insights, tension points, gaps and needs for further investigation.

In order to deeply understand and build upon previous research that explored our targets’ motivations and attitudes regarding HIV prevention behaviors and products, we:

1. Conducted multiple qualitative interviews with key stakeholders in Kenya and
2. Performed desk research which entailed collecting and reviewing all pertinent and available published and gray literature, including research, governmental and organizational reports, conference proceedings, working papers, white papers, evaluations, partner literature reviews etc.

In short, we dug in the places that mattered from the unique perspective of understanding insights about PrEP communications!
WHERE WE ARE GOING

Conduct market intelligence that supports the development of an evidence-based and insight-driven communications strategy for driving demand of the PrEP category in Kenya.
ABOUT THE 5 C’S
We start with the central problem and work to identify the drivers around that problem, uncovering the core truths across the category, culture, connections, company and consumer.

From there, the truths lead to a powerful communications strategy that informs communications for the target audiences.
Understanding the consumers as a whole must go beyond the individual, as cultural beliefs are one of the strongest forces shaping the consumer mindset. Sometimes they work in our favor, but they can also signify potential hurdles.

**CONSUMER**
Foundational understanding of consumers beyond demographics to include attitudes/beliefs and behaviors.

**CONNECTIONS**
Understanding how consumers interact and influence each other, as well as the impact from other sources.

**CATEGORY**
Seeing the category through the eyes of the consumer, as well as competitors within the category, can help uncover points of tension and opportunity for our efforts.

**COMPANY**
The product, organization or offering (PrEP), and the perceptions surrounding them.
5 C’S GAP ANALYSIS
Cultural beliefs or trends shaping our consumer mindsets and behavior.
To what extent are the "healthy living" and personal care trends influencing our audiences? If they are, can we tap into any relevant behaviors to help us communicate PrEP in an unique and compelling way?

Explore how and to what extent music can help us connect with our audiences, specifically gospel music for serodiscordant couples and secular music for AGYW.
Our foundational understanding of consumers, beyond demographics, and including attitudes, beliefs, knowledge and behaviors.
What are the general attitudes of the community regarding serodiscordant couples having children - is it viewed negatively or positively? Is it true that attitudes around the belief that HIV+ individuals and couples shouldn’t have children is changing within the community?

Gather further evidence of who this audience goes to for credible information relating to SRH.

To what extent does this audience engage in routine preventative behaviors (antenatal visits/prenatal vitamins, healthy eating, talismans, protective charms, etc.)? Are there any preventative behaviors that we can tap into when communicating about PrEP?

What’s the extent of the influence that male partners have on our audience when it comes to decisions regarding her/his/the couple’s health, and how do they navigate this dynamic?

How can we best engage men in the PrEP conversation so that their wives/female partners positively perceive PrEP and are able to maintain their adherence if/when they do start on PrEP?

Further investigate the claim that “clinics are for women.” Is this a very prevalent perception that results in men not attending health care clinics? Where, how, when should we reach men if this is the case?

Will PrEP offer an opportunity for these couples to stay together/resume a normal life? What are some other ‘human problems’ PrEP can solve for them?
KNOWLEDGE GAPS: ADOLESCENT GIRLS AND YOUNG WOMEN

- Do AGYW consider themselves at risk for contracting HIV? And are they making the connection between gender-based violence and HIV risk?

- How are health workers currently helping girls navigate the sea of misinformation around HIV prevention (if at all)?

- To what extent does this audience engage in routine preventative behaviors (antenatal visits/prenatal vitamins, healthy eating, talismans, protective charms etc.)? And why?

- What is the extent of the influence that male partners have on this audience when it comes to decisions regarding her/his/the couple’s health, and how do they navigate this dynamic?

- Further investigate the claim that “clinics are for women” and how we can engage men/male partners within the context of this key population.

- Will PrEP offer an opportunity for these girls to feel more empowered? What will ‘empowerment’ mean for them? What expressions can it take? What are some other ‘emotional problems’ PrEP can solve for them?
KNOWLEDGE GAPS: MEN WHO HAVE SEX WITH MEN

- How widespread is the notion of fatalism in the MSM community? And how does it impact their SRH?
- Explore the dichotomy between a group that engages in sexually risky behaviors (inconsistent condom use and multiple/concurrent partners) and still high levels of HIV testing. Are they in denial about the risks they face?
- To what extent does this audience engage in routine preventative behaviors (healthy eating, talismans, protective charms, etc.)? And why?
- Will PrEP offer an opportunity for these men to express themselves more freely (without giving them a license to have unsafe sex)? What are some other ‘emotional problems’ PrEP can solve for them?
KNOWLEDGE GAPS: FEMALE SEX WORKERS

• Do they self-identify as sex workers in part or at all? What words do they use to describe the work that they do (other jobs + sex work)?

• To what extent do sex workers have other jobs to supplement their income? To what extent is this influenced by where they live (rural vs. urban, informal vs. middle and upper class settlements)?

• To what extent does this audience engage in preventative behaviors (antenatal visits/prenatal vitamins, healthy eating, talismans, protective charms etc.)? And why? (Not only related HIV prevention)

• Will PrEP offer an opportunity for these women to feel more empowered? Is empowerment meaningful for FSW? What are some other ‘emotional problems’ PrEP can solve for them?
KNOWLEDGE GAPS:
PEOPLE WHO INJECT DRUGS

• Are there any “friendly” healthcare services for this population?

• What role, if any, does fatalism play as a barrier to accessing treatment and care?

• Have most PWID tested for HIV because of their fear of unsafe needles or unsafe sex? How aware are PWID that unsafe sex and unsafe injecting practices puts them at risk of contracting the HIV virus?

• To what extent does this audience engage in routine preventative behaviors (antenatal visits/prenatal vitamins, healthy eating, talismans, protective charms etc.)? And why?

• Explore the nature of this group’s relationship with non-PWID and how they act as a bridge to the general population.

• Will PrEP offer an opportunity for these women and men to feel more empowered? What are some other ‘emotional problems’ PrEP can solve for them?
KNOWLEDGE GAPS: HEALTH CARE WORKERS

• What are some of the motivations, if any, behind becoming a health care worker given the high risk/low reward nature of the profession?

• How are frequent transfers of HCW’s affecting the continuity of services, the quality of delivery of services as well as patient/provider relationships?

• Is there a way to reconcile/better understand the challenges female HCW may have faced as young women (e.g. unwanted pregnancy, sexual violence, early sexual debut etc.) and her personal biases that result in her not providing judgment-free services to AGYW today?

• What opportunities can PrEP offer for this audience? What ‘emotional problems’ can PrEP solve for them?

• Need to better understand a HCW’s customer journey towards coming to understand and accept PrEP as an effective method of HIV prevention, thus offering it to high risk patients.

• When, where, and how do health care workers receive training or information related to HIV prevention services and/or new protocols?

• What is the process for training (any kind of training, including sensitivity training)? Is it mandatory or do they need to volunteer for new training?

• Where, when, how do health care workers connect with each other (besides at work)?

• Who can they go to for leadership, emotional support, etc.?

• What are HCW’s attitudes and beliefs surrounding the private sector (vs. the public sector)? Is it more desirable to work in the private sector? Are many HCW’s moving from the public to the private sectors or vice versa?

• The uptake of post-exposure prophylactics among HCW’s is astonishingly low (4% of those who had NSIs). Why is this?
The overall category dynamics and conventions relevant to HIV prevention
KNOWLEDGE GAPS: CATEGORY

How will the devolution of the health care system impact the distribution of PrEP?
Our understanding of how consumers interact and influence one another, as well as the impact from other sources.
KNOWLEDGE GAPS: CONNECTIONS

• Need further detail as our audience’s influencers, including healthcare workers. Who do they look up to? Who do they respect on an individual, community and public level (including political leaders, celebrities, etc.)?

• How and to what extent can religious leaders help spread the message about PrEP as part of an effective combination prevention strategy?

• Need to better understand our audience’s consumer journey in coming to the decision that PrEP is right for them.

• To what extent and how do religious leaders influence our audiences when it comes to making decisions about SRH and protecting themselves from HIV?
The product, organization or offering (PrEP), and the perceptions surrounding them.
KNOWLEDGE GAPS: COMPANY

- Need further information on Kenya’s plans to introduce new PrEP products in the market.
- Need to understand current awareness levels of oral PrEP and preferences for different PrEP products; as well ways to incorporate men in conversation about PrEP uptake.
- Is ‘empowerment’ a message that works across audiences? What different forms can this message take (‘empowerment’ is a broad term and concept that could cover a lot of different ideas), depending on the audience?
THANK YOU