

# Launching V

A Human-Centered  
Approach to PrEP

LAUNCHING V

An Implementer's Guide



IDEO + CONRAD  
A USAID/PEPFAR  
FUNDED PROJECT

An Implementer's  
Guide

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Project EMOTION

A USAID/PEPFAR FUNDED PROJECT

AID-OAA-A-15-00033

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## Project Background

CONRAD, a leading organization in reproductive health research and development, is dedicated to developing new ways for women to protect themselves from HIV/AIDS, unintended pregnancy and other infections. Funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) through generous assistance from the American people, CONRAD received an award in July 2015, Project EMOTION (Cooperative Agreement AID-OAA-A-15-00033), in support of a Human-centered Design (HCD) strategy to increase demand, use and adherence of HIV prevention products for high risk women in Africa.

## A human-centered approach

Human-centered Design is a methodology that starts with a deep understanding of people's desires, and ends with tangible, new solutions that are tailor-made to suit their needs and shift their behavior. It's a methodology that has its origins in the concepts of Participatory Design, User-centered Design and Product Design, which were pioneered in the 1970s, and has been evolving through increasingly diverse applications ever since. Our process begins with deep empathy for the people we are designing for and invites them into the process to design with us.



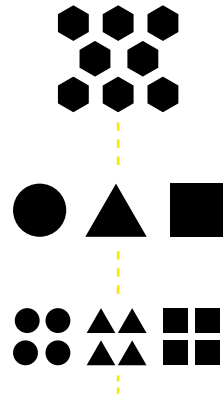
*Prototypes developed by IDEO.*



*Collaborative moment between CONRAD and IDEO.*

# Project Phases

## 1 Phase One Ideation



### STARTING DOSAGE FORMS

We began with a selection of eight dosage forms, ranging from long-acting to short-acting, in various stages of development.

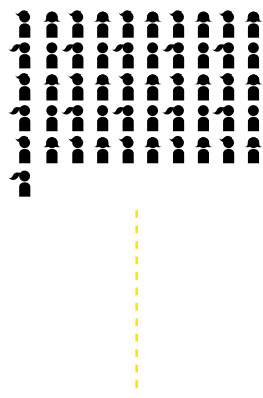
### BRAINSTORM CONCEPTS

Based on previous project insights and “How Might We” prompts, we brainstormed early concepts and developed three high-level design directions expressed via sacrificial prototypes for research.

### PROTOTYPE PREP

We designed prototypes and other materials to provoke conversations and uncover insights in the field. We focused on messaging frameworks, dosage forms & accessories, packaging and service design.

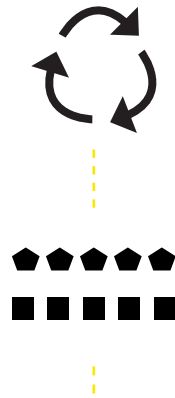
## 2 Phase Two Design Research



### SOUTH AFRICA RESEARCH

We went wide to speak with a range of people in Johannesburg and surrounding sub-urban and rural areas. In total, we spoke with 51 people who range in background, education, and perspectives on HIV.

## 3 Phase Three Strategy



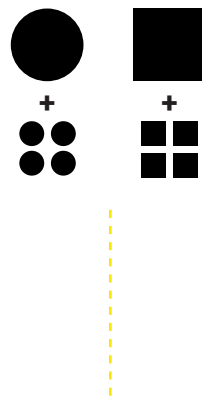
### SYNTHESIS

We spent a week debriefing our observations and sense-making. This includes organizing, pruning and filtering data to forge connections and reach conclusions. All 8 dosage forms had distinct encouragers and discouragers. No one product will be right for all women or even for one woman at various times in her life.

### INSIGHTS + DESIGN PRINCIPLES

We looked across all our research to find patterns in user needs and observations. We then formed design principles, which are succinct sentences that convey a sense of possibility and guide the design process.

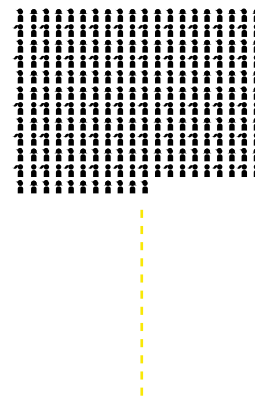
## 4 Phase Four Design



### PRELIMINARY DESIGN

We created preliminary designs for two dosage forms (a lead microbicide candidate, oral tablet, and a microbicide currently in development, vaginal/rectal insert), including brand and touchpoints for a holistic experience, across two design directions.

## 5 Phase Five Design Research



### SOUTH AFRICA RESEARCH

We returned to South Africa, this time to both Johannesburg and Durban. From the informal settlement in Kliptown to the rural village of Ladysmith to the urban influencers of Braamfontein, we had over **237 interviews and interactions** over the course of 2 weeks.

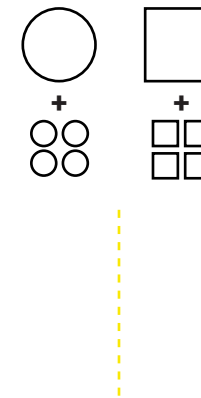
## 6 Phase Six Strategy



### SYNTHESIS + ITERATION

A last round of synthesis allowed us to make adjustments on the design based on in-field feedback.

## 7 Phase Seven Design + Communication



### SYNTHESIS + ITERATION

Final design recommendation for the dosage forms, packaging, brand and experience blueprint.

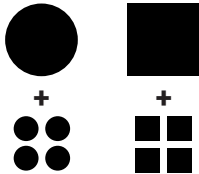
### LEAD PARTNERS

IDEO, a global design company focusing on creating positive impact through design.

Instant Grass International, a youth research company.

# Project Phases (cont'd)

## 8 Phase Eight Design



PRELIMINARY DESIGN

*We adapted current messaging to South African regulations and created additional further messaging options to test across a broader population and in different geographic areas within South Africa.*

## 9 Phase Nine Design Research



SOUTH AFRICA RESEARCH

*These messages were tested with 253 participants across 15 immersion sessions with potential users, their influencers, and Healthcare Providers in Orange Farm, Soweto, Khayelitsha, and Ngqolosi in KwaZulu Natal.*

## 10 Phase Ten Strategy



SYNTHESIS + STRATEGY

*A last round of synthesis confirmed the current direction and provided further insights on messaging.*

**LEAD PARTNERS**

Matchboxology, design for impact specialists

Abt Associates, experts in communications and behavior change.

# A sneak peak into our methods



*We created two brands with different messaging concepts — one boldly graphic and the other focusing on hygiene. We traveled across South Africa understanding what resonated with people and why.*



*By visiting and talking with people where they live, we are able to have a better understanding of who they are, their complex situation and how to design solutions that fit into their lives.*



*We prototyped a wide variety of different interventions to test with users. We find that by putting tangible initial concepts into people's hands, we are able to have richer, more meaningful conversations.*



# Insights

**Insights are key synthesized learnings. Each one is supported by multiple research activities including behaviors, quotes, photos and other environmental observations. We have broken them down into:**

- 1. Cultural Insights***
- 2. Relationship Insights***
- 3. HIV Category Insights***
- 4. Product Insights***
- 5. HCP + Pharmacy Insights***

## Cultural Insights

Cultural Insights explore how external cultural forces impact deeply held South African beliefs and perceptions.



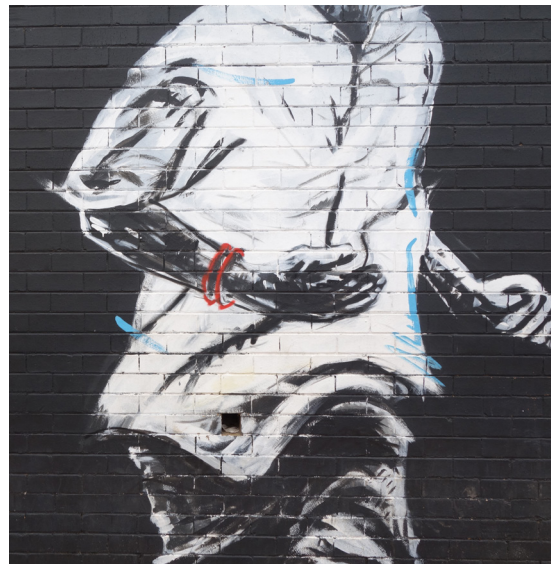
# 1

### As a generation marked by scarcity, young people are willing to risk tomorrow for today.

The youth are experiencing unprecedented unemployment rates in South Africa, making it difficult to think about tomorrow as today is uncertain. So, people live for the moment. Women worry about immediate issues like finding work, moving to a better place or having enough money. Or they worry about pregnancy. They don't worry about HIV infection because the consequences feel so far removed. In order to get validation from their peer group through social media, they are willing to risk the consequences that may arise tomorrow for the status approval found today, even if it means getting involved with blessers and others means of transactional sex.



**"A girl should have three boyfriends: The benten, the straight one, and the blesser."** - Young woman in Ladysmith



**"People were trying to get HIV so that they could get the government grant."** - Instant Grass employee

# 2

### People are cautious of being conned.

With conmen and ripoffs being commonplace, people are always on their toes and watching out for themselves. As women look at the products, they wonder: "Is this product the real thing?" Whether it's buying something or looking at an Instagram post, people are looking for cues of trust and confidence. Known brands are better than unknown—with some willing to pay the premium for the lasting value. Buying condoms from a proper store feels better than getting it at the Tuck Shop or local clinic. Confidence is found in packaging that is printed in English, and not just a local language. All of this points to a shared mental model for recognizing trust.

# 3

### Trends come and go very quickly, making novelty a necessity.

Within a period of months, a campaign or trend quickly becomes dated. A popular meme on Instagram quickly finds a new unfavorable interpretation. And thanks to their living for today, young people constantly crave the next trend. In the public health space, this means messages need to be refreshed to stay emotionally relevant and continue to generate awareness and reflection in the target population. Private sector approaches to brand architecture can provide a model of how to navigate the tension between novelty/attention and consistency/trust.



## **4** **In South Africa, word of mouth can make or break you.**

All over the world, word of mouth is seen as having a significant influence on a product or brand's success, but that especially rings true in South Africa. Someone's personal experience with a product carries much more weight than what it is written on the packaging, especially if that person is from your local community. Side effects experienced by friends mean much more than any mentioned by a medical professional. Today, with word of mouth's influence amplified by the sharing power of the Internet and social networks, companies that use social campaigns and leverage brand ambassadors are better positioned to find success.



*"As women we've got to stand up for what we believe in."  
- Woman in Dieptslot*

## **5** **Female empowerment has become culturally aspirational.**

While South Africa very much remains a patriarchal society, young women are starting to challenge that assumption. On the ground, there's chatter that it's no longer entirely "just about him", but about what's best for me and my life. There is desire to be empowered, and seen as successful and intelligent. And while younger, single women are getting more comfortable embodying that aspiration publicly, the older married generation keeps that aspiration more private. For that reason, messaging and design should address this sentiment, especially in terms of individual empowerment, but it should also acknowledge that it's not something that every woman in South Africa can wear on her sleeve.

## **6** **'Ubuntu' is deep-seated in the psychology of a South African.**

Ubuntu, translated to mean "humanity to others," is a South African paradigm that speaks to human connectedness and a universal bond. It's reflected in the way multiple families help co-raise children, in moments where one person pays for a stranger's meal, or in the desire among young people to help others in need, especially when it's about women helping and empowering other women. Tapping into the special power of Ubuntu is another way to motivate young women and drive new behaviors.

## **7** **Belief in spells and myths impacts reality.**

In more rural or uneducated areas, when people get sick, it is not because of an ailment or virus but because someone has cast a spell on them. TB is a curse from a neighbor, HIV rears its ugly head only during the first round of sex, and anything in a woman's vagina could potentially be a spell to try ensnare a man. Many people's first stop when sick is their traditional healer, a sangoma. This is partly because of this tradition and partly because a traditional healer will divert the blame for your illness—if you are sick, it is because you were "bewitched" by someone in your community. Conversely, western medicine directs the blame at the individual patient.

## **8** **For younger girls, their moms are a key influencer in adoption.**

A mother is the key influencer in a young woman's life and often can be the primary driver of the adoption of PrEP. Parents need to understand the importance of PrEP as a category so they can support their children.

# Relationship Insights

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Relationship Insights look at the way that men and women engage in dating, relationships and sex.



## **1** Relationships are often more about seeking financial stability than creating higher meaning.

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In the absence of financial security and independence, women look to relationships to fill the void. As such, the time couples spend together revolves more around sex and intimacy than it does around bonding. And in lacking relationship clarity, it's difficult to be fully confident and trusting of a relationship.

## **2** When relationships are associated with self-esteem, a woman's health can be in jeopardy.

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Relationships are highly valued (more so the further one moves away from self-assured students). To be in one plays an important role in self-actualization and self-esteem. Young women will more often than not follow the wishes of the boyfriend irrespective of the impact on their own health. They would rather not use condoms than lose a partner. In these relationship, the boyfriend is the main influence on a woman's usage and should not be excluded.

## **3** "Blesser" Relationships are seen as mutually beneficial.

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"Blessers," the latest term for sugar daddies, are commonly sought after and are not only a way to finance your life but a status symbol. Dating a Blesser is an 'in' thing—flying off to fancy places, getting a new handbag or just getting extra minutes for your cell phone. They also lack the strong pejorative associations that exist in other cultures. So while women are putting themselves at risk, they don't often see it that way, because the reward outweighs that risk. Furthermore, the relationships go both ways, with each side getting something out of it.

# 4

### Trust is proven through unprotected sex.

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While one-night stands and early relationship sex involves sporadic condom use, the condom quickly falls away as the relationship becomes more formal. Men and women both use the lack of a condom as a symbolic marker for commitment. Using a condom in a more serious relationship becomes an insult. As such, later on in the relationship it becomes difficult for the woman to introduce condoms—or even carry one in her purse—because it implies she’s promiscuous.

# 5

### A woman’s handbag is generally off-limits or intentionally ignored.

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It’s common for men to be concerned about his partner’s belongings, whereabouts and activities. However, anything that appears to be “women’s things” are typically passed over or overlooked. Men are generally uninterested in snooping into make-up, hygiene products, or other female items because they have been deemed irrelevant and harmless. Or because they are worried that it will contain things they’d rather not know about. Kids are also often taught to avoid mom’s purse—in very tightly shared living conditions, this is often respected as the only private area.



*“My kids go through all of my stuff. Except for my purse.”  
- Young woman in Tembisa*



*“I don’t look through a woman’s purse. I’m too afraid of what I would find. I’d rather not know.” - Man in Folweni*

# 6

### With couples often living in different houses, secrets are the norm.

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Men go off to the city for a month and find other girlfriends, women lie about where they are going for the evening and meet up with their blesser. Both men and women approach secrets with an “out of sight, out of mind” mentality. If it’s not happening in front of their eyes, it’s considered okay to look away, though both parties are constantly living in a world of suspicion. Some even go as far as to see it as a source of pride as they’ve figured out how to master the game. As a result, many women felt comfortable—and even would prefer—keeping their use of HIV prevention products to themselves, and not informing their partner(s).

# 7

### With men, the best approach is to say nothing. Or to reveal everything.

---

Every relationship is different, with some men more supportive than others. In general, however, when male partners receive just half the story about something newly introduced into the relationship, they tend to assume the worst and act accordingly. For instance, an unfamiliar bottle is thought to be a muti, spell or an indication that their partner has HIV. An old condom in a woman’s nightstand is a sign that she’s sleeping around. As such, it can be a good idea to either intentionally hide these items from more distrustful partners, or—if he’s of the kind that is likely to be supportive—disclose the entire story up-front.

# HIV Category Insights

HIV category insights consider how HIV is perceived in the context of other life worries.



### **1** By destigmatizing HIV, prevention has taken a backseat to other more immediate needs. And the reality of AIDS feels forgotten.

In a very human rights-oriented culture, everyone knows how to talk about HIV and that people living with HIV shouldn't be stigmatized. The irony is that the push for acceptance of people living with HIV has created a more relaxed attitude towards its prevention. Pregnancy is frequently seen as a more life altering and fear-inducing than HIV.

### **2** Testing often requires an incentive or excuse.

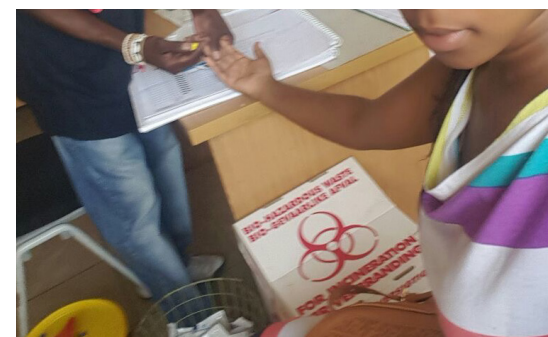
While some are openly committed to regularly being tested so as to know their status, many require an excuse or an additional benefit in order to go through with it. People don't like to admit they are at risk, so they need a different reason to tell their friends and partners. It's "just for the Discovery Vitality points" is one reason. Or the test gets tacked on to another appointment or procedure, because "I was already there."

### **3** If worried about their status, people like to get tested alone.

Women are very sensitive to finding out if they are positive and having people in their community know about it or bumping into people immediately post-test. Many travel to the clinic one town over for the anonymity and others prefer activations close to where they live so that they can immediately return home if the test is positive.

### **4** A negative HIV test brings a wave of relief, but doesn't offer confidence for the next test.

A negative test is a moment for celebration. It's also one of the biggest opportunities for introducing prevention as people look for more ways to prove and celebrate their test results. But without comprehensive options for prevention, every proceeding HIV test has the same negative feelings and fear associated with it.



*"My boyfriend didn't want to come with me; it was terrifying even though I knew I was negative" - Young woman from Soweto*

### **5** For many women, a product that puts them in control of their HIV status is the product they've been waiting for.

For too long, women have felt out of control about their ability to keep themselves negative. Their male partners refuse to wear condoms, putting them in a tough position when it comes to the future of their relationship. A product that puts the power back in their hands to protect themselves against HIV is truly a reason for many women to rejoice.

### **6** Using the words "HIV" and "ARV" causes uninterest.

Due to the high saturation of HIV messaging, even when the word HIV is placed in the context of phrases like "prevent HIV" or "HIV negative", it still acts as a turn-off. While the idea of a product that can keep one negative is highly desired, the word "HIV" acts as a cue for disengagement.

# Product Insights

Product insights explore the perception and behaviors related to microbicide products.



## 1 There's no such thing as a silver bullet.

Short of a vaccination, we don't believe any one HIV prevention technique will eliminate HIV on its own. Just as we see with birth control, there is no single dosage form that will universally create desire or serve the needs of all women. Every person's circumstances and comfort levels – and thus dosage forms – are different, even within similar demographic profiles. As such, a portfolio of solutions that are tailored to different lifestyles and attitudes—including ones that are both daily as well as event-driven—would be more successful in preventing HIV than a single generalized solution meant to work for everyone. Moreover, the very act of choosing creates a sense of ownership and empowerment that can increase adherence.

## 2 If it's medical, you're sick.

Pills and medical packaging are the markers of sickness, even if they are preventative. But people can think of prevention in a different way than treatment. The dosage form, the packaging, the messaging and the service surrounding them influences how people perceive prevention vs. treatment. Anything that reads as obviously medical will create the assumption that the person with it is sick.



**"If it [the pill box] has days of the week written on it, you must really be sick." - Man in Pretoria Elansfontein**

# 3

## **Efficacy is one thing, but perfect use is another.**

In considering the efficacy of the different dosage forms, women brought up their ability to adhere. “What if I forget it at home?” or “Do I need to take the tablet at the same time every day?” For that reason, women selected their preferred dosage form by doing a mental calculation that includes not just efficacy but lifestyle factors.

# 4

## **It’s not about being discreet, but about being in control.**

There are moments to be discreet and moments to call attention to yourself. Yes, people want discretion when it comes to HIV/AIDS. But really what people want is control. If a woman chooses to share her secret, be it openly or through a reveal to friends, it needs to be up to her. By building in that kind of security and flexibility, we give agency to the end users.

# 5

## **With a complex marketplace and a literal audience, it’s important to be explicitly clear.**

Instructions work best when they’re straightforward, simple and devoid of metaphors. They should simply state whether it combines contraceptive or not, as well as whether it’s used before or after sex. Ads also need to be explicitly clear whether a product is for prevention or treatment.

# 6

## **Using a product before sex creates confidence in the moment.**

It fits with their mental model of how the product works (i.e. blocks the HIV is there when you need it). Using it before also helps women not have to worry during sex (Where did I put it? Do I have any left?). While there may be a time and place for an ‘emergency’ option to give women the flexibility they need, it isn’t seen as one that’s part of a daily or regular prevention strategy.

# 7

## **A female product is more discreet by being boldly graphic.**

Because women’s products are often bold and bright, a loud brand is easily disguised in that context. When seeing products that are glossy and use bright saturated colors, men simply assume they are “women’s things”. On the contrary, anything too subdued or medical-looking immediately raises suspicion.



*"It's gotta be about status. It's like, 'wow, she's using such and such product'" - Young woman in Ladysmith*

# 8

## **There’s a real sensitivity to having foreign objects remain inside the body for extended periods of time.**

Will it have side effects? Will he feel notice or feel it? Also, there is an emphasis on what is natural. Having something like the IUD or ring inside the body for long periods of time felt very unnatural for many. It was also a clear barrier with men, who were especially resistant to objects that remained in the vagina for a period of weeks, months or years. Women were opposed to anything that could leave evidence of something inserted in their vagina prior to sex, such as a colored tablet, and thus be used to accuse them of witchcraft.

9

**Concerns over side effects can prevent use.**

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Woman and men were universally concerned about side effects of PrEP, especially of oral pills or other systemic dosage forms. Hearing about someone in your community experiencing bad side effects could prevent use, and trial participants tended to stop use immediately upon experiencing anything out of the ordinary, such as headaches or changes in their complexion.

10

**Disposable products feel financially wasteful and can create complications.**

---

This is particularly true when products are made of plastic, such as a single-use applicator. While some women liked the hygienic benefit that comes along with disposable products, it was outweighed by their sensitivity to cost and increased material waste. The moment of disposal can also be a factor, as there is the potential to arouse suspicion.

11

**In rural areas, women are more comfortable touching their own vagina.**

---

In urban areas, there is an aversion to fingers in the vagina. For those that feel uncomfortable, an applicator is a good solution. If women have used other vaginal products that contain applicators, they are also more likely to expect the vaginal insert to come with one as well.

12

**The sound of rattling pills is a red flag worth avoiding.**

---

It's a very recognizable noise that people associate with sickness. Furthermore, partners are already sensitive to routine changes and the added cue makes it quickly discovered and difficult to hide. In the CAPRISA PreP trial, women made it a habit to transfer pills from bottles into plastic bags and other containers as to avoid the auditory feedback. In multiple interviews, the first thing women did was pick up the pill bottle and shake it to show the noise.

13

**A product with rectal application is not a major driver of uptake.**

---

Most women didn't see rectal use as an additional incentive for use. Furthermore, because most women haven't used rectal suppositories, there isn't much intuition as to whether certain shapes or sizes would be practical for rectal application.

14

**A product that's seen (and paid for) in the private sector first builds both desire and trust.**

---

Even at the lower ends of the economic spectrum, women had low interest in and placed low value on things given to them for free, unless they already knew its actual market value. For example, urban and peri-urban women don't trust clinics, but do trust from Clicks. In more rural areas, women are aware of products that are popular in the "big city," making them more appealing. Moreover, free distribution of a product that lacks a known commercial value can actually prevent use, as women feel that it is something they are being told to use, not something they are choosing to use. But women were excited about getting something for free if they had seen an advertised price in a context they trust, like a store in a mall. Without an existing mental model of a product's price, women were more likely to use a product that they paid for, even if it was a nominal amount.



## HCP + Pharmacy Insights

Health Care Providers + Pharmacy insights look at perceptions among women that impact their interaction with nurses, doctors, pharmacists and other caretakers.



## 1 Health-Care Providers need their own set of reminders, cues and incentives to talk about products.

Doctors and nurses are constantly being inundated with new health information and product offerings. As such, it can be difficult to keep the most critical information top of mind. Until prevention products become the go-to standard, physical and digital reminders targeted at HCPs can help. Furthermore, other types of incentives, including monetary compensation (like the government compensation per circumcision performed) or career benefits (such as certifications) can be another way to get the product in front of more patients. In the South African public sector in particular, doctors didn't believe it was their responsibility to persuade people to use PrEP but that of the nurses.

## 2 HCPs are craving a novel approach to engage a difficult audience.

They were weary of anything too medical looking or too boring, as this technique hasn't historically worked with a young female audience. Today's medical ads and pamphlets get lost in a sea of white and bleached yellow and do not help HCPs engage their patients. However, nurses' default position is that of conservatism or abstinence over prevention and that by condoning PrEP, they'd be condoning sexual activity.

## 3 People are willing to go out of their way to visit private clinics and pharmacies where they can receive better service.

Even those who couldn't truly afford to pay for medical care often made the investment. Furthermore, the shorter and quicker the journey the better. A long journey with multiple steps increases the effort and time required to get the product. It also has the potential to incur an additional cost of transport, which is just another barrier to potential use.

# Design Principles

**Design principles provide a consistent experience across all interactions. They are actionable reflections of our insights and are used as an internal tool for guiding our design going forward. As new elements are designed or modification are made, they can be used as a set of criteria with which to evaluate options and make decisions.**

**1**

**Be Delightfully Discreet**

**2**

**Spark Confidence + Trust**

**3**

**Give Me A Reason to Care**

**4**

**Empower Me With Choice**

**5**

**Build On Existing Moments**



# 1

## Be Delightfully Discreet.

*I want discretion, but that doesn't mean I want boring. Bring me surprise and delight, especially in the face of something so dark.*

---

#### FOR EXAMPLE

- Build in moments of delight and surprise throughout the experience to create excitement and prolonged engagements.
- Ensure that your design has no cues of anything medical.
- Create product, brand and experience moments that put women in control of whether to share her secret.
- Design products that have a sense of vibrancy and can blend in on a shelf with other women products like makeup or perfume.



*There's so much to be skeptical of, especially when it comes to medical products. Help me get over my pessimism and give me something to trust enough that I give you my loyalty.*

---

**FOR EXAMPLE**

- Use word-of-mouth marketing from trusted sources to drive awareness and build credibility of the brand/product.
  - Launch in private stores prior to distribution in government clinics to create a mental anchor point.
- Create a big brand feel through media like TV, billboard, print, web and radio.
- Ensure that any information is thorough, simple and non-judgmental.
- Create packaging with common cues for legitimacy (for instance, high-quality materials).
- Provide product feedback that helps women know it's being used correctly.

# 3

## Give Me a Reason to Care.



*HIV isn't the first thing on my list—especially not today. Provoke me, get my attention through word-of-mouth, or give me tangible benefits for other priorities.*

---

#### FOR EXAMPLE

- In South Africa, this means linking the brand to the concept of female empowerment—both on an individual basis and as a collective, as well as positioning the product as a woman's product, like makeup or skincare.
- Do not use the word "HIV"—it acts as a beacon which immediately turns people away.
- Provide other benefits or rewards that motivate (both intrinsically and extrinsically).

# 4

## Empower Me With Choice.



*Don't tell me what to do; show me respect by giving me thoughtful options from which to choose. I want to protect myself, but it has to fit my life.*

### FOR EXAMPLE

- While only Oral PrEP is available, in the future it is recommended to provide multiple dosage forms with obviously differentiated use cases and users. Allow the women to self select so they have ownership over the dosage form they choose.

Throughout the journey, empower women with choice—whether or

- not they want to reveal their usage of the product, having a choice of tools to help adherence, with the forms they can choose from and how they choose to spread the word.



# 5

## Build on Existing Moments.

*Make the product part of my bathing or make-up routine. Turn the HIV test into a moment to celebrate, with tools to help me stay negative. Instead of creating entirely new rituals, piggyback on behaviors that I already have.*

#### FOR EXAMPLE

- Ensure that whatever you design is convenient—don't make women work to get your product, or understand it, or use it.
- Create a habit by linking the dosage to associated behaviors—such as getting ready in the morning or putting on make-up—and by using visual cues as a prompt.
- Piggyback on other appointments and services to offer or advertise the HIV test and product.

# Research Summary

Research was conducted over multiple studies with various iterations of design and all done in South Africa. Below is a snapshot of the key numbers.

## RECRUITMENT FOCUS

Young women (ages 18-30 with a focus on 18-24)

Socio-economically deprived households within high HIV prevalence communities

Have limited or no schooling

Have histories of sexually transmitted infections and/or pregnancy

Discriminatory cultural norms

Gender-based violence

## PARTICIPANTS

Women

Men

Nurses and Doctors

Pharmacists

Traditional Healers

Clinical Trial Staff

Sex Workers

## RESEARCH ENVIRONMENTS

In-Home interviews

In-Clinic interviews

Group Sessions

Ambassador Party

CAPRISA Clinic Visits

Van Live Prototype

## LOCATIONS

Greater Johannesburg Area (including Soweto and Orange Farm)

Ladysmith

Greater Durban Area (including Ethekwini and Ngqolosi)

Vulindlela

Greater Cape Town Areas (including Khayelitsha)

## WHAT WE BROUGHT WITH US

Product Prototypes

Packaging Prototypes

Digital Prototypes

Dual-branded Van

Messaging Concepts

Business Model Prototypes

**541**  
**Five Hundred and  
Forty One Participants  
across Three Studies**



# Thank You

IDEO  
CONRAD  
USAID  
CAPRISA  
Instant Grass  
Abt Associates  
Matchboxology  
PEPFAR