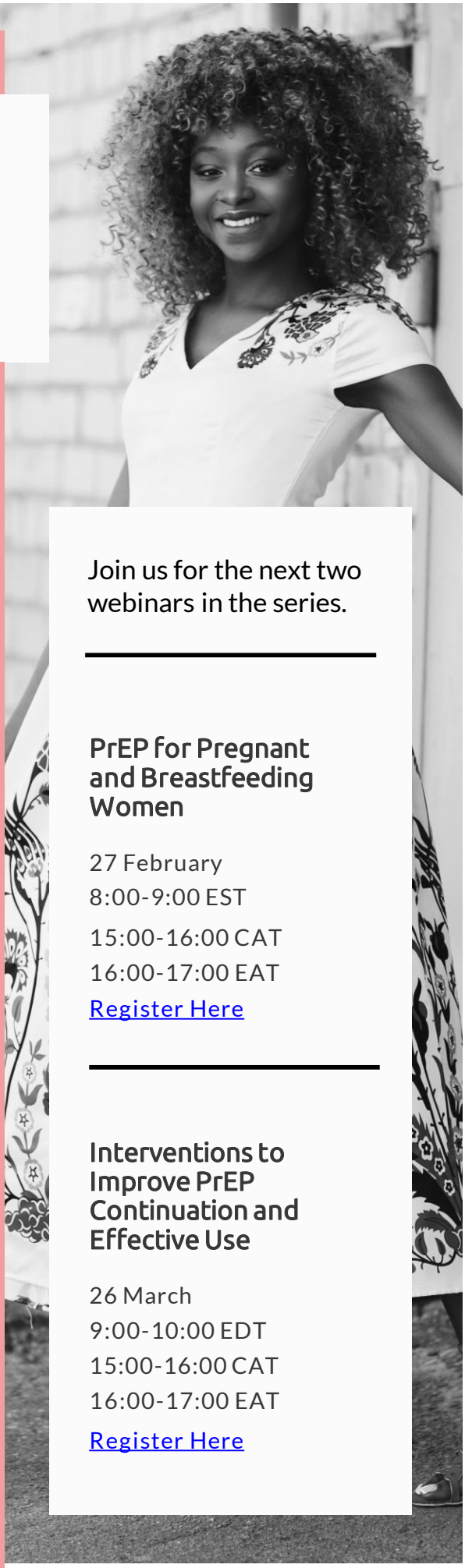
23 JANUARY 2020 | WEBINAR 7

Using Human-Centered Design to Bridge the Disconnect Between Providers and End Users in PrEP Programming

PrEP Learning Network Webinar Series



Thank you to our speakers from AVAC and John Snow, Inc. (JSI), as well as attendees who participated in the seventh PrEP Learning Network webinar. In this webinar, technical experts and implementing partners shared human-centered design (HCD) approaches and collected insights from health care workers (HCWs) and community health workers (CHWs) that strengthen PrEP provision to adolescent girls and young women (AGYW) in South Africa and Zambia. If you missed it, you can access the webinar recording here.

Top 4 Questions

Four key questions were raised during the webinar. Learn more by listening to the webinar recording, accessing complementary resources, signing up for future webinars, or visiting the PrEP Virtual Learning Network page.

1. How have HCD findings in South Africa been translated into practice?

Prevention Market Manager is currently translating findings and entering the pilot phase of this work. A multi-disciplinary workshop was held in November and concept development is currently underway. The team is also working with South Africa's National Department of Health and implementers to apply findings in their programs.

Join us for the next two webinars in the series.

PrEP for Pregnant and Breastfeeding Women

27 February
8:00-9:00 EST
15:00-16:00 CAT
16:00-17:00 EAT
Register Here

Interventions to Improve PrEP Continuation and Effective Use

26 March
9:00-10:00 EDT
15:00-16:00 CAT
16:00-17:00 EAT
Register Here

Top 4 Questions (continued)

2. **Have any of these studies been conducted with sex workers?**

In Zambia, female sex workers and men who have sex with men were engaged in the process but representation was not as great as other sub-populations. HCWs felt the tools provided for a more general population were helpful as is, but one-pagers (condensed and simplified information) could be helpful for certain sub-populations, particularly in the case of low-literacy. It was also noted that some programs have found that key populations appreciate materials that are more geared toward the general population, so they are not visually represented or identified as target populations for HIV prevention programs.

3. **How was HCD used in the development of the tools showcased in the Zambia presentation?**

The HCD process guided the development of tools and informed the development of a social and behavior change strategy, which includes information on target audiences (in this case, HCWs), behaviors we would like to influence (for example, lack of knowledge about administering PrEP and the need for HCWs to be customer focused, confidential, and empathetic to their clients), which messages would resonate with HCWs, and which tools would be most appropriate.

4. **How does HCD differ from the body of work carried out in the 1990s and 2000s about quality of care in family planning post-Cairo?**

There are key differences between HCD and the in-depth qualitative work that has been more traditionally carried out. Among these:

- HCD wants to delight - as well as educate - the client. It is not just about building knowledge and risk perception, but also about meeting client emotional needs and desires within the holistic context of their lives. HCD-informed interventions seek to create a compelling experience for a client, rather than compelling the client to use a service that may be disconnected from their perceived needs and desires.

Top 4 Questions (continued)

- HCD uses grounded theory as a theoretical model, in which the answers drive the questions more than the questions driving the answers. Personal narrative allows clients to go 'off-topic,' allowing programmers to recognize and understand the ways in which people think and journey through decision-making.
- HCD invites the 'experts' (often those with opinions and knowledge) to question whether they know what is best for clients. The HCD process engages clients as the experts of their own experience and to share these perspectives in meaningful ways that drives decisions.
- There is a strong focus on empathy in HCD. The process applies the skillset of the design world to help encourage personalization and true personal connection to strengthen interactions with clients.

ADDITIONAL RESOURCES

Additional resources and more detailed findings from the Prevention Market Manager HCD work in South Africa include:

- A poster presented at ICASA 2019 that presents the HIV prevention decision-making factors identified among AGYW
- A research output of qualitative and segmentation research (March 2019)
- A publication in the *South African Health Review*, Understanding HIV prevention in high-risk AGYW in two South African provinces, that highlights key findings from the qualitative component of the work (240 high-risk AGYW and 135 influencers)
- The audio recording and slide deck from November 2018 that presents initial qualitative research findings from the project
- The audio recording and slide deck from May 2019 that presents quantitative findings and segmentation work carried out with nearly 2,000 AGYW in South Africa

Other resources include:

- Pathfinder's Beyond Bias project approach
- An article that details considerations for HCD in global public health
- A report on traditional socio-behavioral research and HCD