

M A R C H 2 0 2 0

Creating Demand for PrEP Among Adolescent Girls & Young Women

Review of HIV, PrEP and Contraceptive Focused Projects
in Sub-Saharan Africa

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic



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Why this report?

In September 2015 the WHO recommended Oral Pre-Exposure Prophylaxis (PrEP) as “an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.”

Since then, a number of demonstration projects, research studies, and implementation initiatives have been conducted to introduce PrEP as a key tool in a combination HIV prevention strategy. This report reviews programs and studies focused on adolescent girls and young women (AGYW), and especially those that incorporated a human-centered design approach.

This report aims to collate the key insights, lessons learned, strategies, and examples from past and current programs and studies reaching AGYW with PrEP messages and services. It will hopefully serve as a helpful starting point and framework for countries introducing PrEP for AGYW and provide examples of what has worked in other country settings.



Why Adolescent Girls and Young Women?



Adolescent Girls and Young Women

(AGYW) are disproportionately affected by HIV and can face many personal, social, and systemic barriers to access, uptake, and use of traditional HIV prevention methods, such as accessing and negotiating use of condoms. Widespread gender-based violence and harmful gender norms further undermine HIV testing and prevention efforts and exacerbate risk for AGYW.

Global estimates indicate that AGYW make up 60% of new HIV acquisitions among young people, and that 80% of the world's AGYW living with HIV live in sub-Saharan Africa. Addressing this uneven burden is a high priority in the global HIV response, especially in the context of the “youth bulge.”

PrEP is a new, effective, discreet and individually controlled prevention method that could have significant benefits for AGYW in being able to control and navigate their own HIV prevention strategies.

Projects we learned from

A number of projects, programs, and research initiatives from sub-Saharan Africa as well as resources from the PrEP Community informed this report. Some of these projects, programs, and research initiatives include:

Adolescents 360 (A360)
(Tanzania, Ethiopia, Nigeria)

EMOTION
(South Africa)

LEARN
(Kenya & Uganda)

POWER
(South Africa & Kenya)

Bridge to Scale/Jilinde (Kenya)

EMPOWER
(Tanzania)

Next T
(Tanzania)

PrEP Watch

DREAMS
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HIV Prevention Market
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(South Africa & Kenya)

OPTIONS
(South Africa, Kenya,
Zimbabwe)

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Cross-Cutting Insights & Opportunities

Several cross-cutting insights and opportunities emerged across many of the programs and studies reviewed. These, in addition to country specific insights and understanding, can help programs create relevant and resonant messages that speak to AGYW's lives and priorities.



Maintaining relationships takes precedence over HIV prevention.

AGYW are generally more concerned about maintaining a positive relationship than preventing HIV. The risk of HIV feels far away and uncertain, whereas the risk of hurting the relationship feels very immediate and real. While AGYW do worry about negative health outcomes like HIV or unplanned pregnancy, relationship preservation generally carries much greater influence than healthy sexual behaviors.

Some AGYW are driven to have romantic relationships that provide them monetary or social benefit. The AGYW in these relationships have very little power to negotiate condom use with their partners, as they feel that receiving these benefits from their partners gives them an obligation to give up their decision-making power.

Being seen as a desirable partner is incredibly important. Because these relationships are so important to AGYW's wellbeing, social status and identity, being perceived to have HIV would make them less desirable. They avoid situations that may cause others to believe they have HIV, including going to a clinic or taking medication every day.

AGYW are worried about creating conflict within an existing relationship. Using PrEP may indicate distrust or that she is being unfaithful. Like many groups, fear that an HIV positive result may lead to conflict or end a relationship may keep an AGYW from getting tested. Insisting on using prevention methods is perceived to cause relationship conflict. AGYW are particularly intolerant of relationship dissonance.

OPPORTUNITY

How might we help AGYW choose safer ways to achieve their relationship goals?

Risk perception is complex and dynamic, changing over time and context. Both an overestimation and an underestimation of risk can lead to inaction.

Whether or not there is a change in behaviors, perceptions of risk change over time.

AGYW overestimate the risk of a single exposure, but vastly underestimate the risk of cumulative exposures. AGYW experience episodes of risk, and trigger events (like having a notably risky sexual encounter) may motivate her to seek out care or advice. Negative test results after an episode of in risk could lead to a wave of relief and a feeling that what she is doing is working to keep her safe, reinforcing her risky behaviors.

Risk perception changes in different contexts. AGYW report using condoms more frequently with short term partners than with long term partners, even if they don't know their partner's status. Both men and women report that most people have at least 2+ partners, but most say that they trust their main partner. Many AGYW have an overreliance on visual cues that someone looks healthy when determining the risk of a partner.

AGYW can rationalize and distance themselves from risk. When AGYW think they have been risky but receive a negative result, they can rationalize their negative status through stories or perceived "immunity." They may believe that they are protected by God, immune to HIV, or that the information is inaccurate, causing HIV risk to lose salience.

An overestimation of risk can also lead to inaction. Some AGYW in high-risk contexts have a fatalistic overestimation of their risk. Believing that it is inevitable that they will get HIV, they see little point in trying to prevent it.

OPPORTUNITY

How might we reframe the conversation about HIV prevention away from that of *risk* and toward something more resonant?

How might we leverage alarming episodes of risk to encourage positive behaviors?

AGYW have a complicated relationship with and understanding of HIV, which makes decision-making complex and often results in a passive approach to prevention.

Personal experiences coupled with new information and the legacy of fear-based messaging leads to a complex relationship with HIV. Most AGYW have personal experiences of both knowing someone who lives a long life with HIV, and someone who has died. While they talk about HIV as a common and manageable illness that is like flu, they also have great fear that it can kill you. They understand that even if they are HIV+ they can live a long and healthy life, but would rather not know, worrying that knowing a positive status will bring an early death by causing more stress.

Clinical awareness lives together with myths, which leads to complex decision making around HIV prevention and treatment. While many people know the basics of medical transmission of HIV, they also cited that it could be obtained through witchcraft and that traditional or religious treatments could be used to cure HIV.

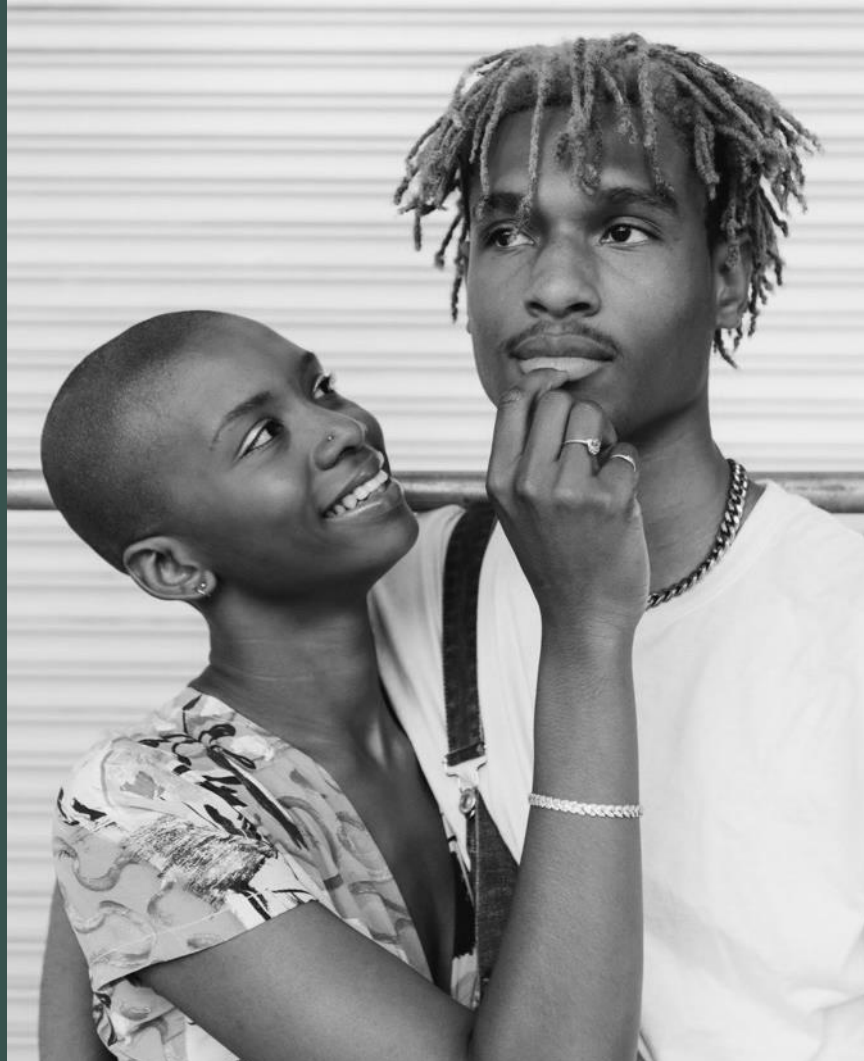
AGYW worry about testing positive disrupting their lives, plans, relationships and social lives. They fear it will prevent them from having children and from being able to provide for their families. AGYW believe they will face extreme challenges along their HIV service journey, which prevents them from testing even before they face those barriers. As a result, the first test is the hardest.

Most messaging about HIV has been focused on testing and treatment. But AGYW express that they try to passively avoid (rather than actively prevent) the abstract risk of HIV. Girls rationalize this passive approach to prevention by distancing themselves from their risk. Testing negative can reassure AGYW that their avoidance strategies (based on intuition about partner choice) are working.

OPPORTUNITY

How might we encourage a more proactive approach to HIV prevention by focusing on empowerment, rather than fear.

Consistent adherence to a positive habit is required for effective HIV prevention; however, HIV prevention is comprised of multiple layers of complex behaviors, making habits difficult to create.



Prevention is not one single behavior

and may involve a variety of behaviors in different situations (taking oral PrEP, negotiating condom use, avoiding risky partners, etc.). The motivation for these behaviors is transient and changes with changing perceptions of risk.

Healthy HIV prevention behaviors often do not have immediate or perceivable benefits, while carrying immediate negative consequences.

Personal motivations (for example, feeling proud) may act as an intrinsic reward for building a desired habit, but AGYW must connect deeply with these motivations for them to outweigh the consequences they experience.

OPPORTUNITY

How might we assist AGYW to build positive prevention habits by helping them identify intrinsic rewards and build resilience in the face of challenge?

Preventative care is uncommon; as a result, taking medication is linked to being seen as sick, which AGYW fear.



AGYW are very fearful of being perceived as having HIV and worry it will affect their standing in the community or their ability to attract partners. They fear that if someone sees them taking oral PrEP or visiting a clinic, they will think they have HIV.

Concerns about this stigma often leads to concealed use of PrEP, which can lower adherence.

Furthermore, many users have concerns about taking pills when they are not sick themselves, questioning how taking a pill every day to prevent HIV is any different from taking a pill everyday if they have HIV.

OPPORTUNITY

How might we remove PrEP from the context of “sickness” (e.g. as a lifestyle product)?

How might we position PrEP at the community level to be understood as a preventative method signaling health rather than a treatment signaling illness?

Taking PrEP raises unexpected identity questions among AGYW.



Some users avoid taking PrEP because it makes them feel ashamed. Insights from family planning programs also indicate that taking proactive preventative measures can force AGYW to face the reality that their decisions and behaviors may not align with the identity that have created for themselves. Confronting their sexuality or risky behaviors can be challenging.

Others, who conceal their use of PrEP, question their identity and morality, stemming from their ability to lie to their family or partner about it.

OPPORTUNITY

How might we help AGYW feel like PrEP is the good and right thing to do and help them find their personal motivations for staying on PrEP?

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Segmentation & Journey Mapping

Several programs have created wonderful examples of audience segmentation and journey maps. While some of these examples are setting-specific, several can provide useful frameworks for countries to build from if they are unable to conduct their own segmentation or journey mapping research.



Why segment?

To effectively reach our target users, we need to know who they are and what they care about. AGYW are a varied group and each AGYW is going through a rapid period of change during adolescence. Understanding who she is and where she is in her adolescent journey can help us better determine how to reach her with compelling and salient messages.

Segmentation divides populations into groups based on attitudes, behaviors, emotions, psychographics and demographics. Demographics alone are not enough to design good products and programs, and understanding our users more deeply can help us be impactful.

For segmentation to be useful, it must be: **Distinct** | **Meaningful** | **Actionable**

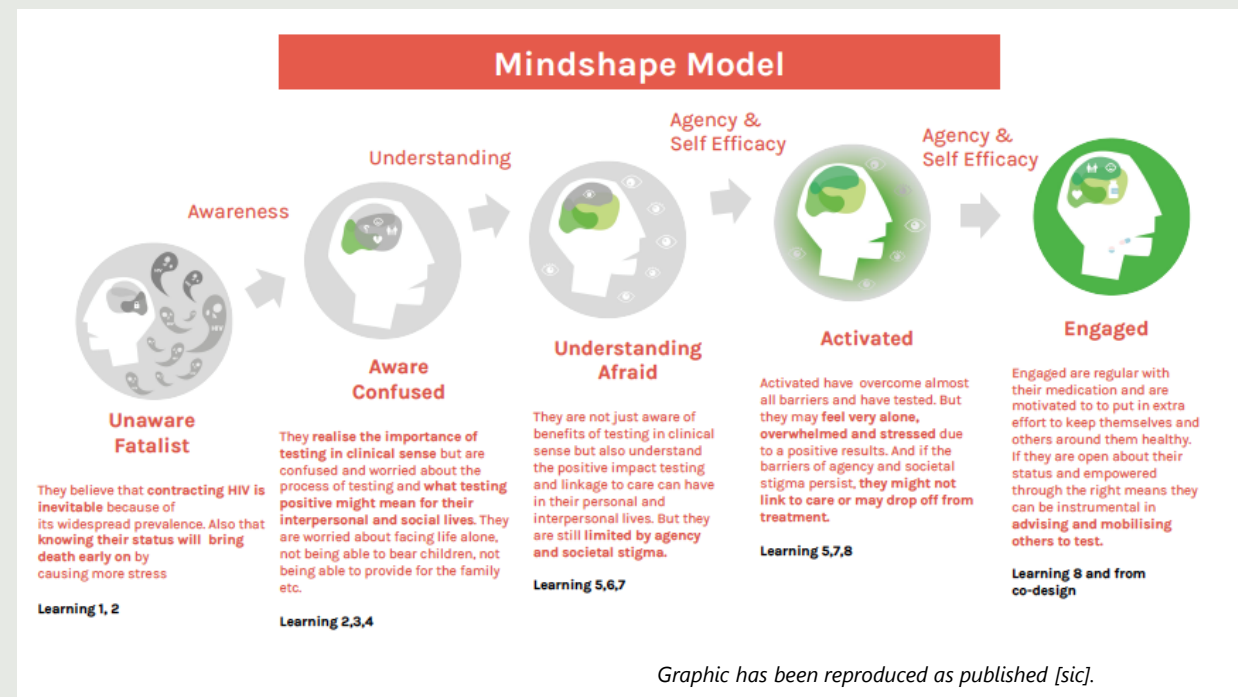
Point-in-time Segmentation

The following three segmentations represent point-in-time segmentations. The key differentiating factors between these segments are related to where they are in their journey—whether that is their HIV journey, their relationship journey, or their developmental journey.

This type of segmentation recognizes that people may transition in or out of a segment as they progress in their journey.

Next T

Next T used in-depth interviews, exploratory and co-creation workshops, focus group discussions, self-documentation, and observation to identify five segments related to a user's journey from unaware to activated and engaged. The Mindshape Model was developed in relation to HIV testing and treatment but can likely be applied to other HIV related services as well.



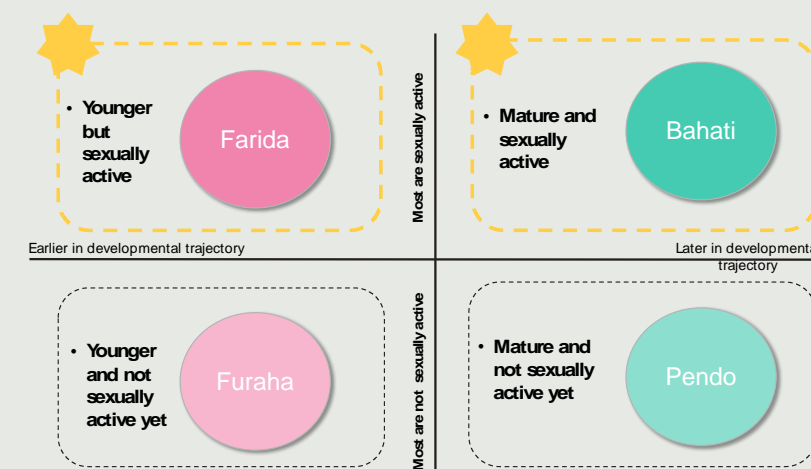
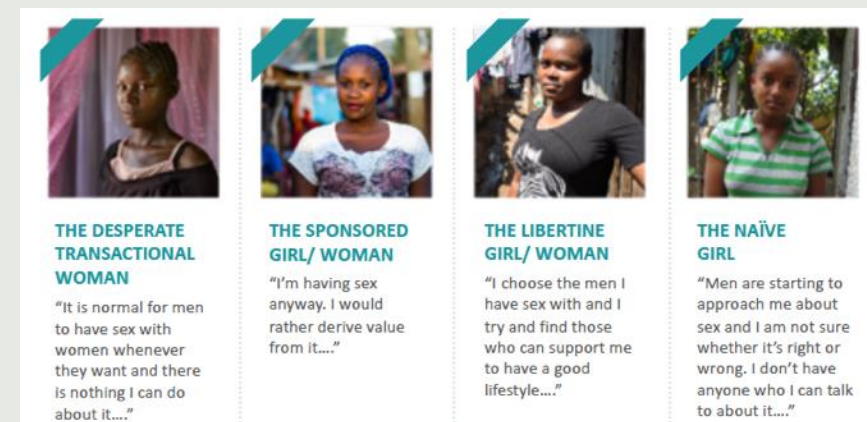
Point-in-time Segmentation

Jilinde

Jilinde in Kenya used both a qualitative and quantitative approach that combined HCD and Behavioral Economics and identified four audience segments within the AGYW population. The primary aim of the segmentation was to understand the decision-making characteristics of the identified segments and to generate thematic areas of interest for each. Jilinde hypothesizes that AGYW may transition in and out of these segments. Usually starting as the Naïve Girl, she may transition into another segment based on her sexual initiation and other key inflections points in her journey.

Adolescents 360

Adolescents 360 in Tanzania used a behavioral segmentation study based on developmental stage and behavioral drivers to segment AGYW. Since these segments are related to developmental trajectories and sexual initiation, AGYW transition from one segment to another over time. Targeted programs and communications are designed to meet segments' specific needs, but also to engage with them over time as they experience these transitions.



Motivation Segmentation

The following segmentation is not based on a point-in-time, but rather segments by relational motivations which stay consistent over time.

The key differentiating factors between these segments is what they seek in their relationships.

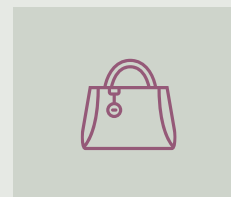
PMM South Africa

PMM SA used multi-method qualitative user-centered research to inform quantitative segmentation among high-risk AGYW in South Africa.

The research identified 3 segments, **each with unique relationship motivations** and therefore unique pathways to effective HIV prevention in the context of relationship management.

01

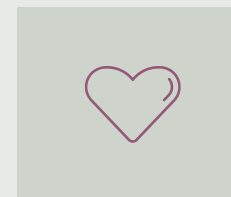
Lifestyle Seeker



Seeking relationships that align with her lifestyle needs

02

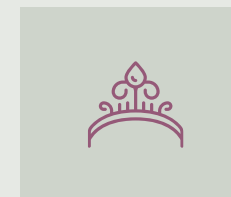
Affection Seeker



Seeking sustained affection and safety

03

Respect Seeker



Seeking respect and equality in relationships

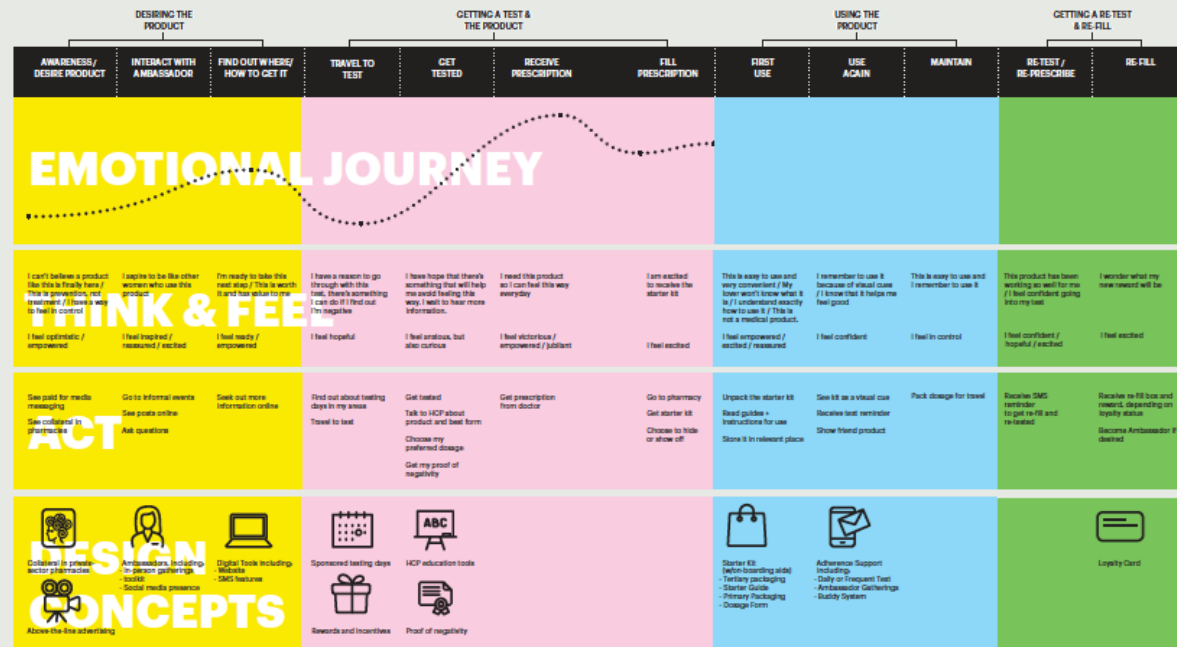
Journey Maps

Journey Maps are a useful tool for understanding users' experiences over time.

Journey maps can be used to understand the user's experience accessing a service, or even the overarching journey of a lifetime. These journeys could be overlaid to design activities that fit within the larger context of her life as well as to design specific service experiences that delight and meet her needs.



User Experience Journey Map

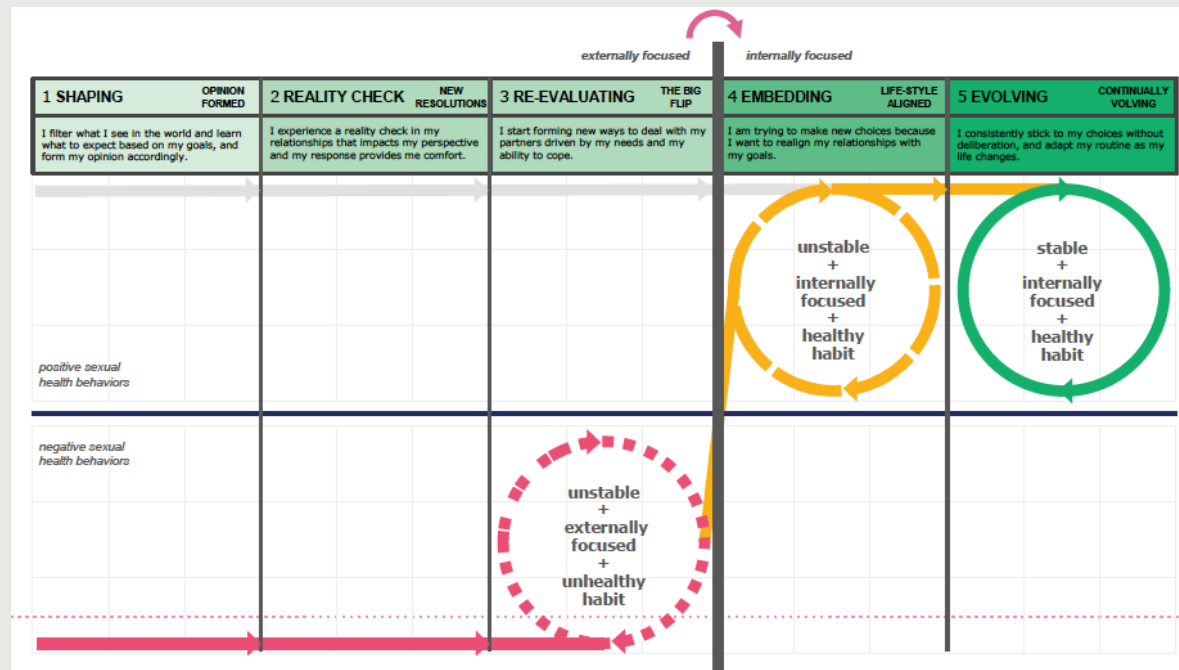


V created a journey map focused on AGYW experience of the brand, V.

The journey maps how AGYW feel, think and act during different interactions with V.

Specific design concepts are also mapped across these interactions, to ensure that every interaction is thoughtfully designed to meet her needs at that point in her journey.

Relationship Management Journey Map

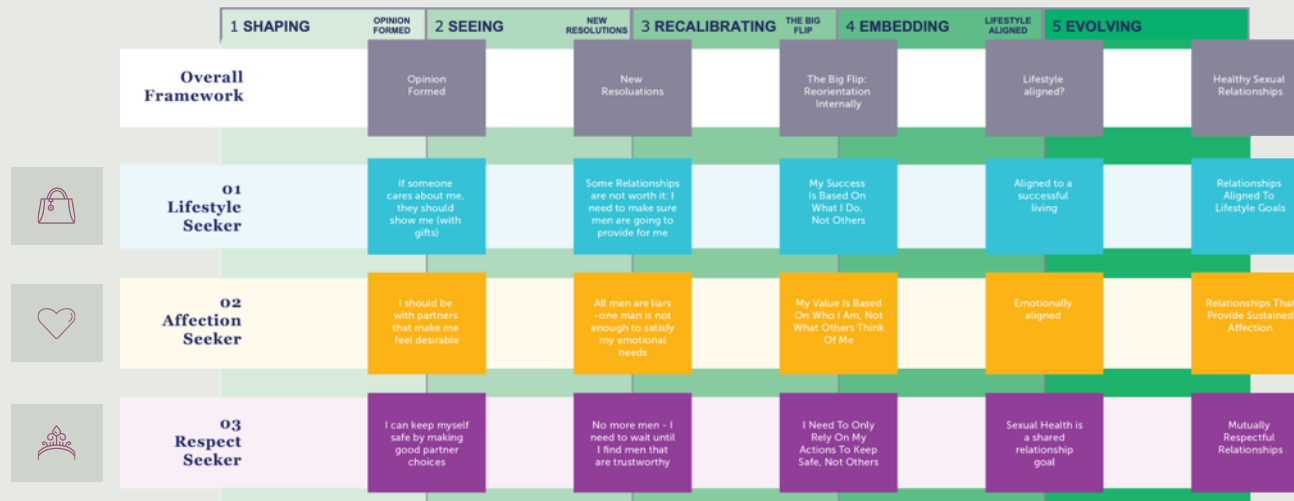


PMM SA created a journey map that captures AGYW's decision-making process by centering it around relationship management.

The journey recognizes that HIV management is not an explicit goal or priority for AGYW—at best, it is a sub-goal embedded within relationship management. HIV prevention strategies must align with relationship goals to be relevant to them.

The key milestone in this journey is “The Big Flip,” the point at which an AGYW reevaluates her perceptions and behaviors and shifts from being externally focused to internally focused, which would include making choices and behaviors that are healthy for her.

Bringing Segmentation and Journey Maps Together



As PMM SA demonstrates, different segments will feel and behave differently during the various stages of the journey.

Combining segmentation and journey mapping allows programs to design very specific messages or experiences for key interactions with specific segments.

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Six Key Programmatic Elements

This review has identified six programmatic elements that most programs agree are necessary for successful PrEP introduction and implementation.

Examples of how these elements have been implemented highlight how concepts can be replicated and adapted for a specific context.

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Introduce PrEP broadly

2

Give her reason to care about PrEP

3

Speak to *her*

4

Equip her to make an informed choice about PrEP

5

Delight her where she thinks she'll falter

6

Right Person, Right Time

Introduce PrEP Broadly

Begin with a broad introduction of PrEP, targeting influencers and gatekeepers to build trust in PrEP and to avoid stigmatization through association with any specific type of person.

Aim to build confidence and trust in PrEP effectiveness, create excitement for the new product, and position it as a product for any HIV negative person who wants to stay negative.

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Right Person, Right Time

Introduce PrEP Broadly – Category vs Product

If you're introducing PrEP into a market for the first time, introduce it broadly as a **category** (HIV prophylaxis) before specifically focusing communications on **products** (oral PrEP) targeted to specific users. This can ensure that potential consumers are primed when other products enter the market, which will ultimately give consumers more choice and ownership over their HIV prevention methods.

Leave the door open for new PrEP methods to enter the market.



Oral PrEP



Dapivirine Vaginal Ring



Long-Acting Injectable PrEP

Introduce PrEP Broadly – Examples

Jilinde in Kenya implemented a comprehensive advocacy and awareness strategy during the launch of PrEP in Kenya. The national campaign Jipende Ji PrEP was launched through mass media, social media and print materials to introduce PrEP as a new category of treatments and focused broadly on all potential users of PrEP.

Jhpiego Lesotho learned that crafting early mass-media introduction messages to target populations like MSM and FSW ultimately backfired, as it stigmatized PrEP as a product only for those groups. The program had to reframe the introductory messages to promote PrEP as a product for all people at risk of HIV and targeted their priority segments through other channels and communications.



Jilinde in Kenya

Give Her Reason to Care about PrEP

Frame conversations and messaging about PrEP within the context of what AGYW care about. Avoid focusing on HIV risk, and instead respond to how PrEP fits within her relationships (with partners, parents, friends and others), and how it relates to her own identity.

Use proactive, self-protective, and empowering messaging to frame PrEP in a positive way. Use your segmentation and journey map to identify what these reasons to care are.

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Give Her Reason to Care about PrEP– Examples

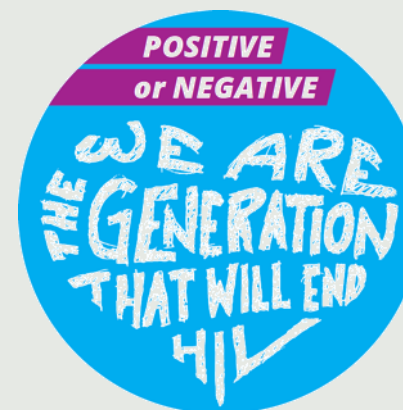
Jilinde in Kenya connects PrEP to the concept of Brighter Futures. This event-based channel offers PrEP and reproductive health services alongside other activities like bead making and entrepreneurship lessons. This helps AGYW connect the use of PrEP to their ability to achieve their goals. This concept is similar to the contraceptive-focused Kuwa Mjanja events and messaging in Tanzania developed by **Adolescents 360**.



A360 in Tanzania

V in South Africa aims to shift the narrative from “don’t get HIV” to “Empower yourself.” Messages focused on self-care and empowerment dominate this brand-centric program. V positions oral PrEP as a self-care product that can be fun and bold, like makeup. V is focused on confidence, empowerment, and bravery.

V in South Africa



National Campaign in South Africa

OPTIONS worked with the **South Africa National Department of Health** to position taking PrEP as something bigger than oneself, and in fact, something that a generation can do to make the world a better place. This campaign taps into the idea that people have the right *and duty* to live HIV-free and that staying “woke,” getting tested, and getting on either ARVs or PrEP will help stop the spread of HIV.

Speak to *Her*

Once an AGYW cares about PrEP, help her find her internal motivation to act. Help her tap into a personal sense of purpose that will continue to motivate and reward her for using PrEP.

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Right Person, Right Time

Speak to *Her* – Examples

V encourages AGYW to take a moment to define for themselves why they take PrEP. Taking a moment to reflect and define what your personal motivation is can help build resilience and strength when barriers might get in the way.



Know why you're doing this!

Write down why you don't want HIV—it's the reason you want to take this every day!

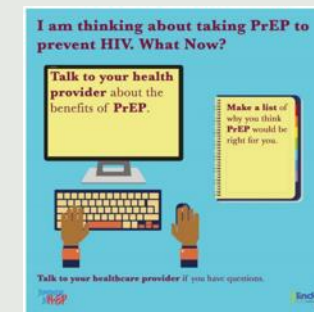
I will take PrEP every day because:

V in South Africa

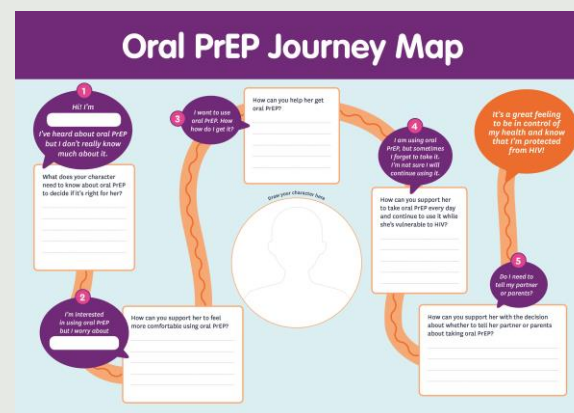
PMM SA has developed a prototype in which AGYW journal in response to prompts given by counsellors at group sessions. This guided introspection may help her reflect on advice, keep adolescent sexual and reproductive health top of mind, and identify personal motivations for staying on PrEP.

Jilinde is working on finding ways to help users find their personal mantra which can serve as a daily reminder of purpose or positive ritual of self-affirmation.

"I'm popping power, like Pac Man!" "It reminds me I have a future that can look different than today." "It reminds me that I love my husband and can be close to him without fear."



Jilinde in Kenya



OPTIONS in Kenya, South Africa, and Zimbabwe

The **OPTIONS HIV Prevention Ambassador Training Package** guides AGYW ambassadors to create a character and support her through her oral PrEP journey, including identifying information she will need, concerns she may have, barriers she may face, and strategies to support her to consider her options and make her own decisions. Ambassadors also create a personal action plan to think about how they can contribute toward their goal, considering their passions interests, strengths, and areas of influence.

Equip Her to Make an Informed Choice

While information alone is not enough for behavior change, basic knowledge is critical for AGYW to feel informed and confident. Share information about HIV and PrEP in a compelling, comprehensible, and memorable way so AGYW feel confident that they are making an informed choice and know they are protected.

Focus on teaching AGYW how HIV is transmitted, how PrEP works and the cumulative nature of its protection, what to expect (or not), and how it should be used.

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Right Person, Right Time

Equip Her to Make an Informed Choice about PrEP – Examples (1/2)



<https://www.youtube.com/watch?v=TBIVMfJKqY&feature=youtu.be>

A360 in Tanzania

Information doesn't have to be boring! **This video** from Adolescents 360 about **Eggy** is an example of a funny and memorable video that also delivers health information to AGYW about how their menstrual cycle and pregnancy work. The project's insight gathering phase found that AGYW were less scared of contraceptive methods when they understood how they worked.



<https://www.youtube.com/watch?v=rHkQq--anmo>

This video, Get PrEPared: What African Women Need to Know, gives a visual explanation of how PrEP works and how it protects against HIV to help users understand the protection mechanism and the need for adherence.

Equip Her to Make an Informed Choice About PrEP – Examples (2/2)



<https://www.prepwatch.org/prep4youth/>

OPTIONS in South Africa

OPTIONS in South Africa created five short, powerful **PrEP4Youth videos** that encourage oral PrEP as an acceptable HIV prevention method for AGYW. In line with the recommendation, above, the videos position PrEP as a source of aspiration, empowerment, and independence, as well as presenting facts. Each video features talented actresses from the popular MTV Shuga: Down South series and answers critical questions about HIV testing, combination prevention, PrEP side effects, PrEP stigma, and PrEP adherence.



Discover Health in Zambia

<https://www.youtube.com/watch?v=xUqNvQYVePE&t=36s>

JSI Discover Health Project in Zambia created a series of videos explaining PrEP and demonstrating its use. This video, **How to Take PrEP** visually demonstrates the entire process of using PrEP from first going to a clinic for an HIV test and counseling to taking PrEP every day. The video clearly lists the steps required to the user knows what to expect.

Delight her where she thinks she'll falter

Address continuation and adherence from the outset and help AGYW overcome the barriers they will face by acknowledging them, creating delightful* yet feasible solutions, and supporting AGYW to recognize and plan for these challenges.

Some challenges to address include:

- Maintaining discretion and privacy
- Burden of taking a pill each day (habits, lack of food, irregular schedules)
- Seasons and blips of risk
- Relational conflict or loss

**Note: An explicit effort to make experiences “delightful” is a core tenant of the HCD approach. One of the challenges of traditional programming is that we don’t always think of clients as customers, and so we often design solutions to solve a problem, forgetting that the user experience is determinant. It is currently assumed that solutions would need to be feasible and realistic. HCD invites us to also make them delightful, which drives continued engagement.*

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Delight her where she thinks she'll falter – Examples (1/2)



V in South Africa

A unique carrying case designed to look like lip balm carries a week worth of PrEP discreetly. By disguising both the appearance and the sound of medication, this empowers AGYW to decide if they want to disclose their PrEP usage or not. It makes it more convenient and delightful to carry their daily dose. Making the case bold, bright, and girly allows the item to “hide in plain sight” and brings delight to the act of taking medication. The cases distributed through Jhpiego Lesotho are in high demand.

V in South Africa



Phone reminders (voice, SMS, WhatsApp, App-based) are recommended as effective tools for helping to maintain adherence. Several projects, studies and resources employ or recommend phone-based reminders, including V, TSEPO Lesotho, WHO Implementation Tool, and PMM SA.

Simple, low-cost solutions based on AGYW's feedback can also increase adherence and continuation. Jhpiego **Lesotho** used a participatory approach to design solutions with users that have shown to be effective.

In addition to some of the examples already given, this includes an **observed start** and **multi-month refills**, when possible.



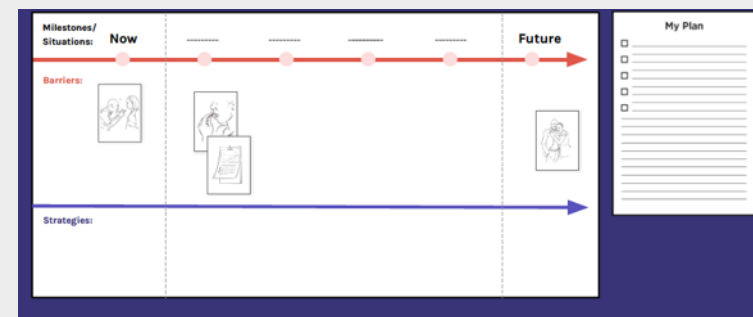
Delight her where she thinks she'll falter – Examples (2/2)



Digital or in-person support networks can help AGYW maintain adherence through giving advice, answering questions and making sure she knows she's not alone. In Lesotho, Generation Aspire PrEP users' clubs are proving effective at reducing early discontinuation. Several projects, studies and resources (TSEPO Lesotho, Jilinde in Kenya, She Conquers in South Africa, Discover Health in Zambia, PMM SA, WHO Implementation Tool) recommend support groups for AGYW using PrEP.*

* The Empower study did not find in-person clubs to be an effective strategy for reducing discontinuation, so if programs decide to implement this, they should be designed and monitored for effectiveness carefully.

Next T in Tanzania



A **provider counseling protocol** was prototyped by Next T that helped providers map potential barriers to uptake and adherence with AGYW, identify redressal strategies for those challenges, and make an individualized plan of action for how to implement those strategies.



Activities to help AGYW navigate the tricky relationship management challenges associated with taking PrEP can prepare AGYW for these difficult moments. PMM SA is testing several prototypes aimed at helping AGYW build coping mechanisms for dealing with relational conflict and challenges. **One of these prototypes is a Virtual Partner Role Play to help AGYW practice how they would interact with their partners in these situations.**

Right Person, Right Time

Equip key influencers (peers, nurses, community health workers) to be both knowledgeable and empathetic, and to meet AGYW where they are with informed and compelling information.

Reach AGYW during blips of risk to reinforce positive behaviors rather than risky ones during these moments .

1

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Speak to her

4

Equip her to make an informed choice about PrEP

5

Delight her where she thinks she'll falter

6

Right Person, Right Time

Right Person, Right Time – Examples

Community Health Workers often serve as this first line resource for AGYW during blips of risk.

PMM SA recommends equipping CHWs to empathetically engage and refer AGYW during these moments.

Equipping nurses to connect these blips of risk with positive behaviors can help AGYW take positive measures to protect their health when they are best primed to do so and amenable to advice. Post-test counseling following a negative test result can highlight missteps or near misses, rather than “resetting” risk and encouraging her to continue her poor protective behaviors.

Peer mobilizers or ambassadors are an effective channel used by many programs. Jhpiego Lesotho leveraged early adopters of PrEP by supporting them to become PrEP Champions (Volunteer Community Advocates). As PrEP users themselves, they were able to speak to the motivations, experience, side effects, and other concerns AGYW have. With the introduction of these VCAs, adoption rates among AGYW increased quickly. A less formalized satisfied user referral system called PrEP Stars was also later introduced, which contributes fewer numbers than VCAs but is hypothesized to be important to support continuation.

Using the **OPTIONS HIV Prevention Ambassador Training Package**, 174 AGYW were trained as ambassadors in Kenya, South Africa, and Zimbabwe. Trained ambassadors promoted PrEP for AGYW in their communities through awareness raising activities with peers and discussions with local health officials. They also trained peers to be ambassadors and supported the development and launch of the GarawaPrEPa campaign in Zimbabwe and the Chagua PrEP, Chagua Life campaign in Kenya.



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Beyond Demand Creation

This report focuses on insights and lessons about demand creation for PrEP, but most projects also highlight several other important elements for a successful program.

Empathetic and Non-judgmental Providers

Provider biases are reported in most programs and combating these biases will be essential for a successful program. Several provider training examples exist to help providers build empathy for AGYW and to understand the complex decision-making calculus involved in HIV prevention.

Accessibility & Friendliness of Service Spaces

Even showing up at the clinic can be a difficult step for AGYW. Designing creative service delivery approaches may make AGYW more willing and able to access them. Several programs have implemented mobile testing and counseling that can connect HIV negative AGYW to PrEP on site. Youth-friendly and confidential spaces are important for AGYW to feel welcome and that they belong.

Counseling & Decision-Making Tools

Reframing counseling tools to help AGYW make more informed and confident decisions can help prepare AGYW for the challenges they may face with adherence. Decision-making or planning tools can help AGYW take to heart the real-life implications of using PrEP and prepare themselves to manage them.

Researching New PrEP Methods

While oral PrEP offers an amazing new opportunity to take control of their own HIV prevention, it is not the method of choice for all AGYW. The burden of daily pills poses a real barrier to many AGYW. New methods would provide more options to AGYW.

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Tanzania Considerations: HIV Experience

A significant amount of the research and implementation experience that exists on delivering PrEP for AGYW comes from South Africa. While there are some learnings from Tanzania and neighboring countries, it is noteworthy that much of the experience is coming from countries with different contexts and potentially different experiences of HIV.

Several Tanzanian programs have indicated that there is a certain level of acceptability to discuss HIV, and some insights indicate that discussing HIV with AGYW is more acceptable than discussing unplanned pregnancy. This contradicts the experience of programs outside of Tanzania.

Tanzania Considerations: Adaptation & Appropriate Channels

Any prototypes or messaging examples taken from other settings should be tested with target users for suitability in the Tanzania context. Lessons from programs in Tanzania may indicate that elements of the V branding, for example, may not resonate in Tanzania. Insight gathering from Adolescents 360 indicates aspirations and attributes identified by V in South Africa (bold, sassy) may not resonate in Tanzania, where aspirations were focused more on being good, smart, and proud.

Appropriate channel selection will be critical in delivering messages. Many of the existing successful programs have included significant digital components such as social media or phone-based communications. However, programs in Tanzania have found interpersonal communication and in-person activities to be critical and more accessible than digital solutions. While most AGYW do not own a cell phone, many have access to one through family members or friends.

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Recap & Final Tips

Know your audience.

Review insights and opportunities from other programs

- Maintaining Relationships
- Dynamic Perceptions of Risk
- Complicated Relationship with HIV
- Building Prevention Habits
- Fearful of Being Perceived as Sick
- Unexpected Identity Questions

Define your target segments

Map her journey

Design or test concepts for the six Key Program Elements

1. Introduce PrEP broadly
2. Give her reason to care about PrEP
3. Speak to *her*
4. Equip her to make an informed choice about PrEP
5. Delight her where she thinks she'll falter
6. Right Person, Right Time

Avoid these traps:

- Stigmatizing PrEP when introducing it by positioning it for key populations
- Focusing on risk or fear
- Promoting only reactive messaging (test and treat)
- Ignoring or sugar-coating AGYW's (real or perceived) barriers
- Making it too medical – medical framing implies illness
- Talking to all AGYW the same way
- Skipping testing or adapting existing concepts to context
- Limiting PrEP to pills only, as rings and injections are coming soon



This report was written by Madeleine Moore (HCD Consultant, CHOICE) with technical guidance from Manya Dotson (Senior Technical Advisor, Jhpiego) and Brian Pedersen (Technical Advisor, FHI 360).

For more information, e-mail: info@PrEPNetwork.org



Thank you!



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