

# Generating and Sustaining Demand for PrEP



Initial country introduction of oral PrEP often prioritized offering PrEP to populations deemed “high risk,” such as female sex workers, men who have sex with men and serodiscordant couples. While this approach was assumed to improve the cost-effectiveness of PrEP provision, it often led to a perception of PrEP as a product designed primarily for certain groups, inadvertently contributing to stigma and thwarting demand generation efforts. Program implementers soon realized that more comprehensive, sustained and user-centered efforts to generate demand were needed to increase awareness and acceptance of oral PrEP by individuals and communities.

Implementers found that PrEP is most appealing when framed in a broad context of HIV prevention: deemed important for everyone, not only those labeled high risk. While specific products can and should be tailored, and marketed to, specific groups, the careful positioning of such products as options that meet a universal need—HIV prevention—helps keep them from acquiring negative or stigmatizing connotations that might suppress their appeal to those who need them.

The following lessons—learned through initial experiences with oral PrEP—can help pave the way to more effective introduction and uptake of new products as they emerge.

## Lessons for Generating and Sustaining PrEP Demand

- Create appealing, easy-to-use products.
- Appeal to people’s real concerns and desires.
- Build a supportive context.

## Create appealing, easy-to-use products

Demand generation starts with product development. For example, minimizing side effects is especially important for prevention products like PrEP, since people are less likely to tolerate discomfort or inconvenience than they might be with a treatment product. To make it easier to fit PrEP into daily routines, product dosing and frequency should align as much as possible with that of contraceptives or other medications.

Developers should engage end users early on to better understand which side effects and dosing strategies might be acceptable, and which are not. For example, end-user research found that a representative sample of South African adolescent girls and younger women (AGYW) in two provinces would prefer PrEP as a 3-month injectable, although many were also open to the idea of a monthly pill.<sup>1</sup>

Potential users can also provide valuable input on questions of product branding and packaging. Market research with young people shows they want PrEP packaging to be fun and engaging, but discreet. It’s also important to keep PrEP packaging distinct from ART packaging, to reduce potential user fears of HIV-related stigma.

This is one in a series of four issue briefs highlighting key insights from a decade of oral PrEP programs and their implications for next-generation prevention products, programs and platforms. Developed as part of the AVAC-led HIV Prevention Market Manager project, all four briefs can be found at [prepwatch.org/PrEP-Lessons](http://prepwatch.org/PrEP-Lessons).

**HIV Prevention  
Market Manager**

Accelerating Product Introduction  
Informing Product Development  
Reducing Time to Impact

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25 Years and Counting

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*“When I started taking Truvada, my husband and his friends got in... When people left he said, ‘My friends were laughing at me that your wife has been taking ARVs.’ It stirs quarrels in marriages... He said, ‘I am being labeled that I am sleeping with you and you are labeled that you have HIV.’”* —20-year-old woman in Harare explaining why she discontinued PrEP.<sup>2</sup>

Oral PrEP program experiences show that many people can successfully use PrEP cyclically and prefer this, stopping use as their HIV risk declines and restarting when risk escalates. PrEP can substantially reduce HIV acquisition even when users discontinue, and most do at least once.<sup>3</sup> To accommodate such “seasons of risk,” developers should create products and regimens that are easy to stop and restart. As the introduction of new products expands from a single PrEP method to a category of prevention options, developers should aim to make it easy for users to switch from one method to another as their preferences or circumstances change.

## Appeal to people’s real concerns and desires

[Research among South African AGYW](#) underscores that, while these young women are aware of HIV, HIV prevention is not a top priority in their daily lives.<sup>4</sup> What they care most about—and what can motivate them to take action—are their personal relationships. PrEP branding and marketing should acknowledge that HIV prevention is embedded in a social, interpersonal context. Product marketers and program implementers need to help adolescents and young women see how PrEP use can support them to better manage their relationships and contribute to reaching personal goals. While facts about PrEP’s efficacy and the importance of HIV prevention should not be minimized, a messages built on personal empowerment is more likely to generate product demand and effective use.

Using this approach requires market research and segmentation to understand and address the motivations of each group of potential users. For example, research conducted in Malawi and Zimbabwe<sup>5</sup> suggests that PrEP marketing to adolescent girls and young women should focus on empowerment and address partners and families as well as young women themselves. Meanwhile, MSM and female sex workers are best reached through peer-led services where it’s safer to discuss identity and sexuality. When designing marketing campaigns, implementers should also engage potential users to help identify and discuss their specific motivations and preferences. This process should be iterative as programs evolve.

As more HIV prevention products receive regulatory approval and are introduced, demand generation should focus on increasing public awareness of HIV prevention more generally and not on specific products. Broad campaigns that address the benefits of HIV prevention, especially in the context of relationships, families and communities, can help build awareness and acceptance of PrEP without relying on the availability of any particular method.<sup>6</sup> Such campaigns are an effective way to build a market for PrEP in places where product-specific medical marketing is uncommon or prohibited.

Health workers also serve as valuable sources of information, as well as critical gatekeepers, in creating demand for PrEP. Ideally, a wide range of providers including community health workers, pharmacists, counselors, nurses and clinicians should be able to provide accurate information about how PrEP works and who should consider using it. Providers, especially those with the authority to prescribe PrEP, should also receive training in how to assess risk as well as examine their own biases, as these may impact their rapport with clients and the prevention methods they choose to offer individuals.

## Peer Ambassadors in Zimbabwe

The OPTIONS Consortium and Collective Action developed an [HIV Prevention Ambassador Training Package](#) to prepare AGYW to provide peer information and support as PrEP is rolled out in their communities. Through interactive activities, discussion, and action planning, the training also prepares Ambassadors to build community support for PrEP. In one Zimbabwe district, oral PrEP uptake among AGYW increased by more than 30 percent after the training was introduced.<sup>7</sup>



## Build a supportive context

Efforts to create demand for PrEP also need to consider and address the community context in which potential PrEP users make their decisions. Targeting messaging to entire communities can help to minimize stigma, normalize PrEP use and build networks of mentors and influencers who can help those at risk use PrEP effectively. Community engagement efforts for PrEP products can build upon successful campaigns for related interventions such as HIV testing and PMTCT. Connecting to other HIV prevention interventions also helps frame PrEP as one element of HIV prevention more generally, rather than as a niche option for certain populations only.

Peers can be especially effective PrEP mentors and ambassadors. Research among various groups at high risk for HIV, including AGYW, MSM and sex workers, shows that all respond most strongly to messages and support delivered by peer champions. Peers are inherently credible and can relate to users' practical questions and concerns.

Providers may want to consider allowing clients to conduct self-risk assessments and offering PrEP to all those who say they need it, even if they don't meet a set of standardized risk requirements. As the HIV prevention arsenal expands, securing the early support and buy-in of providers and reaching them with key information about new products in the early stage of introduction is important.

## Key Considerations for Generating and Sustaining PrEP Demand

### Product developers can:

- Conduct market research to better understand potential users' preferences in product, packaging and branding, both before and after a new product is introduced.
- Leverage existing end user research on motivators and barriers to adoption to inform product development early on, before key decisions on attributes are made.
- Create products with minimal side effects that users can easily start and stop using as their HIV risk or product preferences change.

### Ministries of Health and PrEP implementers can:

- Create marketing campaigns that engage communities and influencers as well as potential users, and that promote HIV prevention broadly, rather than a specific PrEP product.
- Use empowerment framing rather than risk-based framing when developing marketing and outreach materials, especially for AGYW.
- Expand peer-led programs, especially focused among key populations at risk for HIV, including AGYW, sex workers and MSM; include additional support, training and professional development for peers and lay providers.
- Support programs to increase community awareness in order to normalize PrEP use and reduce stigma.
- Supplement clinical training with empathy and communication skills building in initial and in-service trainings for various levels of health professionals.

### Funders can:

- Increase investment in marketing campaigns with sufficient funding to sustain them over time as products are scaled up.
- Support research to monitor the impact and cost-effectiveness of demand generation efforts for PrEP.
- Identify opportunities where marketing for PrEP can be integrated into broader health or social marketing campaigns (i.e., family planning or other infectious diseases).

## For more information:

PrEP Communications Accelerator, <https://accelerator.prepwatch.org>

Reaching and Targeting More Effectively: The application of market segmentation to improve HIV prevention programmes, <https://www.prepwatch.org/resource/reaching-targeting-effectively/>

Breaking the Cycle of Transmission, <https://www.prepwatch.org/resource/breaking-cycle-transmission/>

Designing PrEP Messages That Work for Young Women: Learning from the Jilinde PrEP project in Kenya, <https://www.prepwatch.org/prep-messages-for-young-women/>

Demand Creation for PrEP Video Series, <https://www.prepwatch.org/insight2impact/videos/>

<sup>1</sup> Breaking the Cycle of HIV Transmission: A human-centered approach to increase adoption and effective use of HIV prevention among high-risk adolescent girls and young women in South Africa. Internal project update prepared for the Bill & Melinda Gates Foundation.

<sup>2</sup> Vellozo J et al. The influence of HIV-related stigma on PrEP disclosure and adherence among adolescent girls and young women in HPTN 082: a qualitative study. *J Int AIDS Soc.* 2019;23(3): e25463. <https://doi.org/10.1002/jia2.25463>.

<sup>3</sup> Koss CA et al. Lower than expected HIV incidence among men and women at elevated HIV risk in a population-based PrEP study in rural Kenya and Uganda: Interim results from the SEARCH study. International AIDS Conference. Abstract OAC0805; Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. 2019; HIV Incidence Among Women Using Intramuscular Depot Medroxyprogesterone Acetate, a Copper Intrauterine Device, or a Levonorgestrel Implant for Contraception: A randomized, multicentre, open-label trial. *Lancet.* 394(10195):303-313. doi:10.1016/S0140-6736(19)31288-7. Published correction appears 27 July 2019. *Lancet.* 394(10195):302.; Smith DK et al. Evidence of an Association of Increases in Pre-exposure Prophylaxis Coverage With Decreases in Human Immunodeficiency Virus Diagnosis Rates in the United States, 2012-2016. *Clin Infect Dis.* 2020 Dec 15;71(12):3144-3151. doi: 10.1093/cid/ciz1229. <https://pubmed.ncbi.nlm.nih.gov/32097453/>.

<sup>4</sup> HIV Prevention Market Manager. Breaking the Cycle of Transmission: Increasing uptake and effective use of HIV prevention among high-risk adolescent girls and young women in South Africa. Qualitative findings shared November 2018, <https://www.avac.org/event/breaking-cycle-transmission-effective-hiv-prevention-among-AGYW>. Quantitative findings shared May 2019, <https://www.avac.org/event/breaking-cycle-transmission>.

<sup>5</sup> AVAC. CAB-LA END USER RESEARCH: Landscaping Analysis for HIV Prevention Product Launch Considerations. July 1, 2020.

<sup>6</sup> CHOICE. Creating Demand for PrEP Among Adolescent Girls & Young Women Review of HIV, PrEP and Contraceptive Focused Projects in Sub-Saharan Africa. March 2020. [https://www.prepwatch.org/wp-content/uploads/2020/11/CreatingDemand\\_for\\_PrEP\\_Among\\_AGYW.pdf](https://www.prepwatch.org/wp-content/uploads/2020/11/CreatingDemand_for_PrEP_Among_AGYW.pdf); Bass E et al. Demand creation for primary biomedical prevention: identifying lessons across interventions to inform daily oral preexposure prophylaxis programs. *Curr Opin HIV AIDS* 2019 Jan;14(1):28-40. doi: 10.1097/COH.0000000000000518. <https://pubmed.ncbi.nlm.nih.gov/30451699/>.

<sup>7</sup> OPTIONS. Mazowe Ambassador Training Field Test – Final Report. February 2020. [https://www.prepwatch.org/wp-content/uploads/2020/02/Mazowe\\_HIVpreventionAmbassadorTraining.pdf](https://www.prepwatch.org/wp-content/uploads/2020/02/Mazowe_HIVpreventionAmbassadorTraining.pdf).



The HIV Prevention Market Manager (PMM), led by AVAC and CHAI with funding from the Bill & Melinda Gates Foundation, works with partners to expand the portfolio of HIV prevention options and ensure appropriate products are available, accessible and used. Since 2016, the PMM has generated key insights into HIV prevention programming, centering the people who most need, want and can use prevention, including the identification of motivators and barriers to product use and adherence. PMM has also supported evidence-based PrEP implementation strategies in multiple countries and catalyzed solutions to improve HIV prevention delivery and monitoring of PrEP impact. PMM isn't about a specific HIV prevention product; it's about paving the way for more robust and comprehensive options; accelerating their delivery; and reducing time to impact.

PMM also established the Biomedical Prevention Implementation Collaborative (BioPIC), an innovative mechanism that coordinates key stakeholders including product developers, civil society, donors, researchers, policy makers, normative agencies, and implementers to develop a product introduction strategy for emerging and future biomedical prevention options, including injectable cabotegravir and the dapvirine vaginal ring.

A [summary of PMM activities is online](#), and a wide range of relevant data, research insights and practical PrEP implementation tools created by PMM is available at [prepwatch.org](https://prepwatch.org).