

AVAC/BioPIC in collaboration Mann Global Health and MOSAIC

Tuesday and Wednesday, 7-8 June 2022 | Meeting Summary

Background/Rationale

For decades, biomedical options for HIV prevention were limited to male and female condoms and voluntary medical male circumcision (VMMC). The past decade has seen multiple HIV biomedical prevention modalities become available, including anti-retroviral (ARV)-based prevention. None of these HIV biomedical prevention options will be THE choice for all people, all the time – or for one person, all the time; each will carry trade-offs between convenience, side-effects, and acceptability, emphasizing how the idea of choice for prevention will become increasingly important.

Experience from the contraception field shows that individuals want a range of options to meet their needs at different times in their lives and the availability of choice actually expands the proportion of persons accessing effective prevention. Increased choice has been associated with increased persistence on chosen method, and better health outcomes.

As multiple HIV biomedical prevention tools become available, there is a need to develop a robust user-centered prevention platform – whereby clients are proactive in driving their own prevention agenda. The platform would offer potential users a ‘buffet’ of HIV prevention tools to choose from depending on their need, preferences and circumstances, and support tailored messaging at the point of care.

As such, a layered HIV prevention demand generation approach will increase general awareness of HIV prevention products and services, mobilize communities to help normalize PrEP use and support individual choice and preferences at the point of care. A multi-product market will require tools to support clinicians and clients to make choices that fit patient values and lifestyles at a given time, while recognizing that switching among modalities may become the new norm.

Through analysis of past programs and research, there is evidence of successful practical strategies for demand generation for preceding HIV prevention interventions such as condom use, VMMC, and oral PrEP, as well as family planning. As the HIV field shifts toward greater choice in prevention, there is a need to ensure that demand generation efforts build on these learnings, as well as employ strategies that have been effective.

In light of the emerging need to (re-)define how to generate demand for choice in HIV biomedical prevention, AVAC, under BioPIC, convened program implementers; social and behavioural change communication, marketing, and design thinking experts; behavioral economists; researchers; donors; and civil society to identify proven and promising strategies and models to more effectively reach and engage different populations. Nine experts / organizations drawn from both the HIV and family planning sectors shared insights from their previous and current demand generation interventions for different populations and geographical contexts. Presentations and Jamboard discussion summaries can be found [here](#).

Meeting Objectives:

1. Identify key insights from previous HIV prevention demand generation to inform approaches to HIV prevention choice
2. Identify key insights from the provision of FP choice to inform HIV prevention in the era of choice.
3. Identify potential gaps and promising innovations to support demand for HIV prevention choice.

Summary Insights

- Building general **awareness of options is a prerequisite** to informed choice; awareness especially of newer options is low, and addressing this will be key.
- **Position and market HIV prevention as lifestyle choices** not products, avoid risk-based communications, leverage immediate, emotional and positive drivers such as pleasure, empowerment and relationship goals.
- **Word of mouth is primary**: In the end, the community drives the narrative more than programs, researchers or policy makers do. Focus on how to drive positive narratives about new products, engage opinion leaders and get satisfied users to share their stories.
- **Listen first; offer options second**. People can feel overwhelmed by choice – and define “quality” as being listened to and understood. Providers should ask questions first and then tailor options based on a user’s needs and preferences.
- Consider channels and **targeting opportunities to reach people when they are more receptive** to starting a prevention option.
- Build a **positive case for prevention and products** and avoid existing negative associations.
- Employ a **cocktail of social behavior change (SBC) strategies, customized** to consider cultural realities, needs of population, and literacy rates.
- **Engage all the players within the ecosystem** – supply side (e.g. product developers and providers); demand side (clients and the community); and policymakers to ensure that we are creating an enabling environment.
- **Integrate demand generation from the beginning** with service delivery and corresponding monitoring and evaluation (M&E) indicators from the outset, with sufficient budget allocation for monitoring.
- **Ministry of Health (MOH) and community engagement from the design stage is critical for sustainability** of demand generation interventions, in addition to use of digital platforms, leveraging existing community structures, and investing in adaptable tools.

How might we: Key issues in generating demand for choice that require more attention moving forward

- How might we balance awareness-building through mass campaigns vis a vis targeted interpersonal communications (IPC) interventions?
- How might we implement effective integrated demand generation for choice? Appreciating the multiple levels for integration across different health areas, within HIV programming, through communication channels, and considerations of how to prioritise messages;
- How might we measure and evaluate demand generation interventions?
- How might we resource and sustain demand generation interventions, and promote ownership for demand generation from the MoH and community?

Learnings from Previous and Current Demand Generation Interventions for HIV and Family Planning

At the User/Individual Level

- People's assessments of HIV risks are complex and often flawed by heuristics, biases, level of psychosocial development, and effective trust in partners.
- Major life stages and mindset shifts can trigger adoption of a prevention method.
- User decisions are influenced by a complex web of connections.
- Relationship goals are often most relevant, not HIV prevention, and distinct segments are driven by their relationship goals.

Community Engagement

- Perceptions of HIV prevention options are strongly shaped by social values, norms and narratives; similarly, in family planning service provision, it's been demonstrated that word of mouth is primary, and the community drives the narrative, further highlighting the value of community engagement.
- Users are heavily influenced by peers, parents, male partners, and community leaders, so including these groups in demand generation interventions is key.
- AGYW in particular are influenced by peers, social networks, and male partners. For some AGYW, a “big flip” occurs when their decisions on HIV prevention transition from being partner led to self-led, and demand generation strategies need to be responsive to these changes.
- Community engagement is a critical aspect of any demand generation strategy, including investing in communities to develop interventions and lead demand generation activities.

At the Provider Level

- Providers offering HIV prevention methods need to be trained on effective counselling, which includes empathy, listening, and communication, as well as a clear understanding of methods available.
- There are often conflicting narratives between providers and clients, such as around adherence. Providers need to bridge this gap to centre conversations around choice.
- To truly offer choice, providers need to listen to users first and offer options second. Adolescents in particular want someone who will listen to them and prefer informal counselling.
- Provider bias can be a barrier to choice and should be addressed; with family planning as well as HIV prevention, marital and child-bearing status have been shown to drive provider bias.
- Providers often have many competing priorities, as well as targets, and providing choice gets more complex every time a new method is introduced. To ensure provider buy-in as well as set them up to successfully provide choice, providers should be involved in the integration process.

Communication positioning, messaging and strategies

- Demand generation interventions should be informed by a deep understanding of the target audience and context.
- The most effective messaging is empowering, optimistic, and simple, focussing on community protection, healthy relationships, pleasure, and empowerment. Messaging around risk, fear, and shame can be counterproductive and should be avoided.
- Nuanced messaging is key, going beyond segmentation to understand users' individual situation and motivations, which may change over time.
- Lifestyle benefits are more meaningful to users than particular product benefits and should be emphasised in messaging.
- Users need to accept they are at risk and actively decide to take control of their HIV prevention before they will consider taking up PrEP, so messaging should take into account users' personal risk perception.
- An impactful way to frame HIV prevention messaging for AGYW is around a "[relationship journey](#)"; the MOSAIC Journey Tool app, currently in development ([draft version available here](#)), will use this framing to help AGYW explore HIV prevention methods based on their needs, preferences and lifestyle requirements.
- With integrated communication, there may be a limit to how much information users can take in at one time; it's important to assign a message hierarchy and determine what is most critical based on user context.
- There is a fine line between informing users and pushing them to take up specific methods; to maintain choice, messaging needs to be informational rather than proscriptive.
- Effective integration requires overcoming siloed approaches to ensure messaging is integrated from the start, and empowering individuals with information on lifestyle benefits of different methods to help them avoid choice fatigue. Providers need to be offered the right training and support to effectively assist end users in making their decisions.

Impact Measurement

- Indicators should measure outputs, such as awareness and credibility of messaging, as well as impact.
- Collaborating with supply side actors on measurement is key so that potential confounders can be identified and impact can be linked directly to demand generation activities.
- Demand generation should be built into a programme's Theory of Change and corresponding M&E indicators from the outset, with sufficient budget allocation for monitoring.
- M&E frameworks should be designed to take account of user insights.
- Understanding the cost effectiveness of activities is a key part of measuring impact and should be included in M&E frameworks.

Resourcing and sustaining demand for HIV prevention choice

- Developing successful strategies to influence MoH to invest in effective demand generation activities is still a challenge and an area where further work is needed.
- Working with both national and local governments to design demand generation interventions can help promote government buy-in and ownership.

- Digital platforms provide an opportunity to conduct demand generation at a large scale for a reduced cost and should be explored further.
- Embedding demand generation within existing community platforms, such as with community leaders and Community Health Workers (CHWs), can help ensure that demand is sustained even after specific activities have ended.
- Tools and frameworks that can easily be adapted and contextualised by implementing partners, community-based organisations, and MoH are more likely to be sustainable.

Next Steps

To maintain engagement around the critical questions for demand generation in the era of choice, AVAC/BioPIC will continue to convene targeted Think Tanks to dive deeper into the prioritized issues i.e. use of demand generation tools, integration, monitoring and evaluation, and resourcing and sustaining demand generation. In the meantime, there is an opportunity to leverage existing platforms such as [PrEPWatch](#) to continue sharing existing tools for demand generation.

Additional Resources:

- [Comprehensive HIV Risk Reduction Interventions for 2020 and Beyond: Product choices and effective service delivery platforms for individual needs and population level impact](#) – *Current Opinion in HIV and AIDS*, September 2019
- [PrEPWatch Demand Creation Materials](#) – AVAC
- [Salient Constructs for the Development of Shared Decision Making Tools for HIV Pre Exposure Prophylaxis Uptake and Regime Choice: Behaviours, behavioural skills, and beliefs](#) – *AIDS Patient Care and STDs*, June 2021
- [Dual Prevention Pill Desk Review Insights](#) – AVAC and M&C Saatchi
- [Dual Prevention Pill Scoping Review](#) – AVAC
- [Breaking the cycle of transmission: A human-centered approach to increase adoption and sustained use of HIV prevention among high-risk adolescent girls and young women \(AGYW\) in South Africa](#) – AVAC, CHAI, Upstream, and Final Mile