



GENERATING DEMAND FOR PrEP: A DESK REVIEW

SEPTEMBER 2019



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ACRONYMS

AGYW	adolescent girls and young women
AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
ART	antiretroviral therapy
ARV	antiretroviral
BHESP	Bar Hostess Empowerment & Support
CDC	U.S. Centers for Disease Control and Prevention
FSW	female sex worker
HTC	HIV testing and counseling
IEC	information, education, and communication
JSI	JSI Research & Training Institute, Inc.
MSM	men who have sex with men
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
SBCC	social and behavior change communication
SDC	serodiscordant couple
STI	sexually transmitted infection

BACKGROUND

Pre-Exposure Prophylaxis

Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medication by people who are HIV-negative to prevent them from acquiring HIV. The data are clear: PrEP works if taken correctly and consistently. The World Health Organization recommends PrEP for people who do not always use condoms and are at substantial risk of HIV infection, defined as background HIV incidence rate of three per 100 person-years. The decision to use PrEP rests with the individual. When presented with other HIV prevention options in a non-stigmatizing environment, individuals can choose the prevention strategy that is appropriate for them (Fonner et al. 2016; UNAIDS 2015).

PrEP delivery is more than distribution of a pill. It is based on a comprehensive strategy, including essential communication interventions that target potential users by providing current and correct information regarding PrEP benefits and risks. Members of several populations are typically targeted as potential users based on the prevalence of behaviors that put them at increased risk for acquiring HIV. These include:

- Men who have sex with men (MSM).
- Female sex workers (FSWs).
- Adolescent girls and young women (AGYW).
- Serodiscordant couples (SDCs).

Social and Behavior Change Communication

Social and behavior change communication (SBCC) can be used by governments and stakeholders for priority populations to create demand for PrEP initiation and help maintain adherence. A number of SBCC materials already have been developed to support demand creation for PrEP. For example, the online clearinghouse developed by AVAC, [PrEP Watch](#), features posters, brochures, and other materials developed for PrEP demand creation efforts. Instead of developing new materials, adapting existing ones, when appropriate, can save time and money, and avoid duplicating efforts.

As more countries begin rolling out PrEP, they will need effective SBCC approaches and materials to support awareness-raising, demand creation, and counseling efforts for clients and community tailored to priority audience segments. Effective communication will need to address the known barriers and motivating factors for each of the priority subpopulations. In addition, health care providers, who are an important entry point for PrEP, need training, tools, and job aids to enable them to provide informed-choice counseling for clients interested in PrEP.

Finally, general advocacy and community outreach are needed to create a supportive environment, to increase acceptability, and to reduce stigma.

Purpose of Desk Review

To build on the experience gained to date from PrEP interventions, this review aimed to inform key stakeholders in Botswana of several key approaches as they prepare to roll out PrEP:

- Communication approaches used to increase awareness and demand for PrEP in other countries in the region.
- SBCC materials developed in other countries that could be adapted.
- Key communication lessons learned from those implementing PrEP in other countries.

The desk review includes a discussion of priority populations and their barriers and facilitators to PrEP uptake, as well as best practices for engagement. It also reviews several demand creation strategic approaches that are used to generate demand for and maintain adherence to PrEP in several countries in Africa, as well as key lessons learned regarding communication efforts for PrEP in these countries. Finally, the review features a select set of examples of SBCC materials focused on PrEP from these countries.

Sources of Information for Review

The following sources informed this review:

- Desk review to support the development of a PrEP SBCC strategy and materials in Mozambique from May 2018 (includes PubMed search on barriers and facilitators of PrEP uptake among priority populations).
- PrEP Watch clearinghouse (prepwatch.org).
- Reports, case studies, success stories, and SBCC materials from U.S. Government implementing partners supporting PrEP rollout in sub-Saharan Africa.
- Phone interviews with implementing partners in South Africa, Mozambique, Zimbabwe, and Kenya (May 2018 and February, March, and April 2019, respectively).

Note: The PrEP Watch clearinghouse, in particularly the [PrEP Watch Communications Accelerator](#), contains information similar to that in this desk review. However, AIDSFree intentionally aimed not to duplicate but rather leverage the work of PrEP Watch, incorporating only a small selection of case studies to give the reader ideas of successful strategies and to provide examples of best practices for engagement with MSM and AGYW. The vast majority of the desk review is based on articles from a PubMed search, phone interviews with implementing partners in four countries, and reports and materials that they shared with the authors regarding their countries' PrEP rollout.

GENERATING DEMAND FOR PrEP:

EXPERIENCE FROM SUB-SAHARAN AFRICA

As countries begin to roll out PrEP and each develops its own communication roadmap, such locally grounded strategies and approaches must also build on the knowledge and experience gained from current and past interventions with the target populations in other countries in the sub-Saharan African region. While each country context is unique and countries will need to seek additional information about the behavioral determinants of each of its priority populations for PrEP, the following provides an overview of the common barriers and motivators discussed in the literature for PrEP uptake and adherence for each population, as well as lessons to date from other countries implementing PrEP about effective communication and approaches for reaching these populations.

Men Who Have Sex with Men

Key Barriers and Motivators

Men who have sex with men are at elevated risk for acquiring HIV; they also experience stigma due to cultural attitudes towards same-sex behavior. In addition, sex between men is criminalized in most sub-Saharan African countries. The legal and structural barriers to living openly as a gay man can prevent MSM from receiving social support, accessing health services, and communicating openly about the positives and negatives of same-sex behavior. Stigma and criminalization of homosexuality in these countries often lead to high rates of mental health issues, lack of opportunities for formal or steady employment, and lack of friendly health services for MSM. Depression and anxiety can prevent engagement with health services, including seeking PrEP. When MSM do access health services, many experience stigma from providers, deterring continued utilization or follow-up. For MSM across many countries, service provider stigma and experiencing homophobia are associated with reduced access to services (Ayala et al. 2013).

At the individual level, lack of education and poor knowledge of PrEP, concerns about its effectiveness and safety, fear of side effects, low perception of HIV risk, concerns that taking antiretrovirals (ARVs) will mistakenly identify them as HIV-positive, and the need to adhere or take medicines all act as barriers and reduce willingness of MSM to use PrEP (Yi et al. 2017;

Karuga et al. 2016). Perceived risk is a key factor for PrEP initiation among MSM, which is impacted by education; there is some literature to suggest that adherence increases during instances of higher sexual activity and/or number of partners, when users might perceive themselves most at risk. The impact of non-adherence on HIV risk was also not always well-understood by users. In contrast, PrEP users report that decreased anxiety over risk of HIV infection and an increased sense of control was a strong motivator for beginning and adhering to PrEP; this is especially important since a portion of MSM surveyed in Kenya reported having felt pressured to have sex against their will (Optimizing Prevention Technology Introduction on Schedule (OPTIONS) 2018). The desire for greater intimacy of sex without condoms with a partner can also motivate MSM to begin PrEP. Other factors that can impact PrEP initiation and adherence include travel/mobility, transactional sex, and income.

At the interpersonal level, being able to disclose PrEP use to close family, friends, and peers is a significant facilitator to PrEP uptake and adherence (Ayala et al. 2013). For MSM, sharing with friends and peers was particularly important, as many had not disclosed their sexual identity to their families at the risk of experiencing stigma, discrimination, and violence.

Best Practices for Engagement

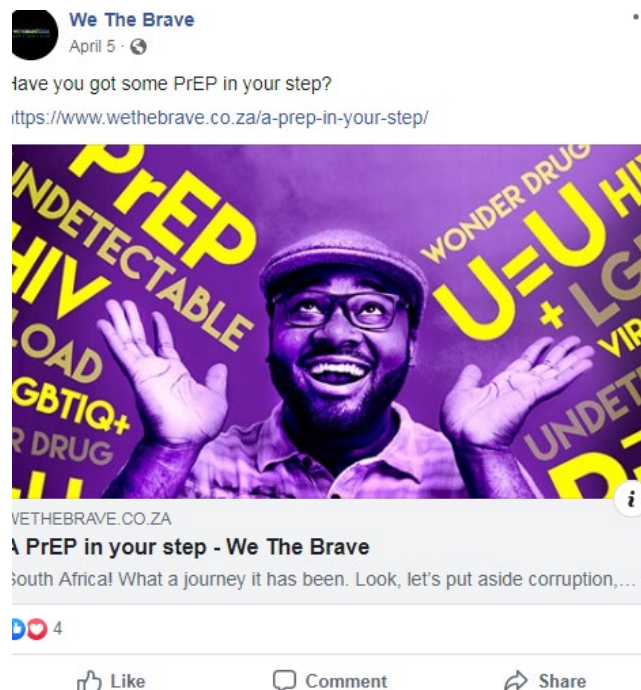
Effective strategies for reaching MSM for PrEP uptake and adherence include peer education and social support. Peer education is a key tool to improve knowledge and attitudes toward PrEP, as well as to affect MSM's perceived risk and therefore motivation to begin PrEP. Peer educators and satisfied PrEP users can play a critical role in engaging this group and gaining their trust. Social support, particularly feeling connected to the gay community and community engagement, is associated with increased access to care, including PrEP (Ayala et al. 2013).

Provider education and training on PrEP and MSM issues also are critical to uptake, as many MSM who do overcome barriers and access care experience stigma from providers and also may encounter providers who are unaware of PrEP as an option for HIV prevention. Provider training is also necessary on PrEP adherence counseling that uses evidence-based practices such as cognitive behavioral therapy, which may also assist MSM in overcoming barriers (Baral et al. 2013). It is important to note that MSM may seek health services from specific clinics or institutions that are known in their community to be MSM-friendly. For instance, MSM in Kenya indicated a preference for hospitals and clinics run by nongovernmental organizations over public or government-run hospitals and dispensaries. As MSM may be more comfortable and willing to consider PrEP within this setting, it may be beneficial to prioritize training for providers at these locations (Optimizing Prevention Technology Introduction on Schedule (OPTIONS) 2018). It is critical that these providers understand the importance of confidentiality due to the

criminalization of same-sex behavior in many African countries and the potential legal repercussions for clients, as well as the risks of violence, stigma, and abuse if a patient is outed. Home-based testing and counseling may be an option to address barriers.

Social media can be used to communicate with MSM about PrEP, to broadcast information and advice, and to build and maintain an online community of MSM. Research in Kenya found that some MSM may now be meeting one another online on dating sites, indicating that these may be familiar channels on the internet for some and could be a good way to reach MSM where they already are. Younger MSM primarily access sexual health information through social media, among other channels, and in a study in Kenya, recommended reaching other MSM about PrEP through channels such as instant messenger apps (e.g., WhatsApp). Apps and web-based material (such as information, podcasts, and video content) can be pushed out via online platforms that are popular with MSM (PrEPWatch 2019).

Figure 1. Facebook Post on PrEP for MSM in South Africa



Source: South Africa Department of Health

Female Sex Workers

Key Barriers and Motivators

Female sex workers in sub-Saharan Africa are generally aware of PrEP, although their understanding of PrEP methods and benefits is often low. In South Africa, key barriers for FSWs included fear of PrEP being mistaken for ART and being labeled HIV-positive, concerns over having to take a daily pill, and lack of protection from sexually transmitted infections (Eakle et al. 2018). FSWs in Kenya also cited the stigma of testing for HIV as a prerequisite to confirm HIV-negative status before initiating PrEP as a barrier (Mack et al. 2014).

Lack of social support can also hinder PrEP uptake and adherence among FSWs. Due to combined stigmas, FSWs are often unable to disclose PrEP usage and/or sex work to close friends or family, making it difficult to receive social support for adherence. FSWs may risk

violence if disclosing PrEP uptake to intimate partners, as this is perceived as an indication of infidelity. Women also risk violence, discrimination, and punishment if identified as sex workers in countries where sex work is illegal, which can deter them from seeking health services for fear of being reported for criminal activity (Mack et al. 2014).

The perceived benefits of taking PrEP, including decreased anxiety over risk of HIV infection, is a strong motivator for beginning and adhering to PrEP among FSWs. FSWs reported that not contracting HIV and not becoming sick would allow them to continue sex work and provide for themselves and any dependents, or allow them to have HIV-negative children. PrEP provides choice and control for FSWs, reducing their vulnerability to violence from partners and clients who prefer or insist upon sex without condoms. Having additional protection when other prevention methods are unavailable, or when condoms break, for example, is perceived by FSWs in several studies as a benefit of PrEP. Focus groups with FSWs in South Africa found that women frequently found themselves in vulnerable positions with clients. PrEP gives them personal control over a method of protection for situations that can be hard to plan for (Eakle et al. 2018). Additionally, intimate partners (partners who are not clients or from whom FSWs do not receive financial payments but may receive other forms of support; i.e., clothes, rent, food) may play an important role in FSWs' choice to use PrEP and in providing adherence support.

Best Practices for Engagement

Peer education and support are key facilitators to PrEP uptake and adherence among FSWs. FSWs are often a tight-knit community who trust and rely on one another for support, as many are unable to disclose their status as sex workers to their families and therefore lack that source of social support. It is therefore vital that peer educators be current or former FSWs themselves. PrEP users who receive social support—from peers or otherwise—have improved self-efficacy and are able to overcome adherence barriers, such as alcohol use, mental health issues, difficulty accessing health services, and logistic challenges. However, peer educators and PrEP champions must be well-trained, supported, and equipped with communication tools and job aids to reach this population. Other interpersonal communications strategies that rely on fellow FSWs, peer educators, and female community health care workers include reaching them through community-based organizations, social groups, health centers, drop-in centers, work hotspots, condom dispensary locations, mobile testing sites, and clinics.

Structural factors can either impede or encourage uptake and adherence. Since many FSWs sleep during daytime and work at night, alternative locations and times for outreach and services can facilitate access to PrEP. High mobility among this population can make it more difficult for FSWs to access health services and begin and adhere to PrEP, as well as make it difficult to find FSWs to share information and materials on PrEP. Printed materials such as leaflets, posters, postcards, or stickers may be used to reach FSWs at work hotspots, which

include bars, clubs, beaches, bus stops, and the street. Condom dispensaries may be effective hotspots for reaching FSWs with materials; these sites include public health facilities, pharmacies, shops, supermarkets, and clubs (PrEPWatch 2019). Finally, supportive, nonjudgmental services and a positive clinic experience are critical for success with this population (Eakle et al. 2018).

Adolescent Girls and Young Women

Key Barriers and Motivators

Adolescent girls and young women face multiple barriers in accessing PrEP due to their age—and often therefore legal status for seeking medical services—gender, and lifestyle. The lack of availability and accessibility of health services, as well as the cost of PrEP, also are barriers for young women who may not have an independent source of income, such as student or those living with family. Even if PrEP services are accessible, they may not be youth-friendly or sensitized to the needs of AGYW. Girls who are under the legal age may be concerned about providers reporting their sexual behavior or PrEP prescription to parents and guardians. Fear of stigma and discrimination can dissuade AGYW from accessing PrEP, both from providers who may perceive the request for PrEP as an indication of sexual activity or promiscuity, and due to the concern that the ARV will mistakenly indicate that they are HIV-positive (World Health Organization 2018).

Low HIV risk perception may prevent AGYW from considering PrEP. Among those who do see themselves at risk for HIV, the perceived benefits of PrEP, including decreased anxiety over their risk of HIV infection, can motivate AGYW to initiate PrEP. Fear of gender-based violence can prevent AGYW from beginning PrEP, as disclosing PrEP use to partners can imply the existence of other partners, leading to sexual or physical violence (Amico et al. 2017). Some adolescents may feel the need to seek their partner's permission to begin PrEP or feel pressured to disclose PrEP usage. However, lack of trust in male partners can act as a motivator to initiate and adhere to PrEP to prevent acquiring HIV from that partner (Eakle et al. 2017). Among those in healthy relationships, partner support can motivate AGYW to begin and adhere to PrEP. Peer, family, and community support and encouragement can also play a critical role in motivating AGYW. However, adherence to PrEP can be particularly challenging for AGYW.

Best Practices for Engagement

Provider training, youth-friendly services, peer support, and social media campaigns are strategies for PrEP uptake and adherence among AGYW, who account for a large percentage of new HIV infections in sub-Saharan Africa. Training can help address the discriminatory attitude of some providers that prescribing PrEP to AGYW is condoning or promoting promiscuity.

Youth-friendly health services are important to prevent young women who do access care from having negative experiences with a provider that may dissuade them from initiating PrEP or prevent them from properly understanding how to adhere to PrEP (Corneli et al. 2016; World Health Organization 2018). Peer support groups—both in-person and virtual—have also helped with PrEP adherence (Pulerwitz 2018). According to Daniel Were of Jhpiego Tanzania, peer-driven models work well with satisfied clients who are ambassadors talking to their peers about PrEP. Framing PrEP as a lifestyle choice that helps girls and young women achieve their goals, protect themselves, and be empowered can help change the perception of PrEP away from a medicalized, risk-avoidance approach to one that resonates with girls' hope for the future and emphasizes that HIV prevention is within their control (see: the [V campaign](#)). PrEP ambassadors and other peers can play a large role in promoting PrEP with this message via in-person communication, social media, websites and online posts, and other means. Mass media campaigns, educating partners and parents, and school and community meetings have been useful at improving awareness and acceptance of PrEP among those close to adolescent girls, who often influence adolescents' access to resources, decision-making, and health-seeking behavior. Other effective strategies to drive community support have included local theatre groups performing shows on PrEP, community radio programs, and vans with loudspeakers in marketplaces spreading the word about PrEP. It is important to build community support for PrEP in order to give adolescents the confidence to seek PrEP.

Figure 2. V Campaign Ambassador Toolkit



Source: V Campaign.

Serodiscordant Couples

Key Barriers and Motivators

Serodiscordant heterosexual couples have a particular set of challenges with PrEP adherence and uptake. Couples often avoid publicly disclosing their HIV status to the community due to stigma and discrimination, limiting the likelihood that they will access health services such as PrEP. These couples may face psychological issues, which can lead to a breakdown in their relationship (Mack et al. 2014). For example, research in Nigeria indicated that one partner may resent having to take medication for the other's infection (Idoko et al. 2015). However, the

physical benefits of staying healthy for their current or future children was a strong motivator to begin PrEP, particularly in women looking to become pregnant who want to prevent mother-to-

Figure 3. Poster from Kenya for SDCs



child transmission of HIV. PrEP can allow couples to have sex without condoms, providing them a renewed form of intimacy. As one woman indicated in qualitative research in Kenya, “When I take PrEP I feel good; it means that I get to be close to my husband” (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019).

PrEP also provides a way to share the task of HIV prevention among two people, instead of relying solely on the HIV-positive partner to adhere to their ART regimen and/or one partner to wear condoms. Being on PrEP can also reduce fear and anxiety during sex around HIV transmission.

An additional barrier to PrEP uptake is a lack of local health providers who are trained on issues relevant to SDCs. These issues include the stigma and discrimination that SDCs face; the need to provide couple counseling to help them

understand discordant status and how to avoid HIV transmission; and the psychological issues that couples face when one partner is HIV-positive and one HIV-negative, potentially leading to a breakdown in their relationship (Mack et al. 2014). Lack of trained providers also affects the ability of health facilities to provide active adherence monitoring and counseling support to the couple if they do enroll on PrEP.

Geographic and transportation barriers can prevent SDCs from visiting a clinic for PrEP counseling and uptake. In Uganda, distance to a clinic was found to be a significant predictor of PrEP uptake and follow-up visit attendance among SDCs and other PrEP-eligible adults (Mayer et al. 2019). General HIV stigma at the community and family level can make it difficult to provide HIV-related services, including PrEP, to SDCs (Mack et al. 2014).

Best Practices for Engagement

Public awareness of PrEP and provider training can help SDCs access and adhere to PrEP. Serodiscordant heterosexual couples often avoid publicly disclosing their HIV status due to stigma and discrimination from the community, which can prevent them from accessing PrEP services. Public awareness and media campaigns can help address the stigma of both being an SDC and can increase understanding of PrEP as a prevention option for HIV-negative people.

SDCs often need joint counseling from community workers or health providers to help them navigate their discordant status and avoid HIV transmission. Counseling also can address how to deal with stigma and discrimination if SDCs do disclose their status. Training of local health providers on issues relevant to SDCs can reduce barriers to PrEP uptake. This training can improve the ability of health facilities to provide active adherence monitoring and counseling support to the couple if they do enroll on PrEP. Other forms of social support—such as those provided by HIV-positive partners, children, extended family members, and the larger community—are sometimes available to fill this gap in supporting PrEP adherence. One study indicated that social resources outside of the formal health system are abundant and that couples are likely to use them (Ware et al. 2015).

DEMAND CREATION STRATEGIC APPROACHES

There are many different approaches to creating demand for PrEP that vary by level of engagement and population. The following strategies are organized by level, with indications if they are especially pertinent to a particular population. These recommendations are based on a review of the literature and are derived from examples and interviews from countries that have implemented PrEP.

Provider Level

Provider Training

Regularly training health providers at many levels of the health system on PrEP eligibility and counseling can help increase the number of clients initiating and adhering to PrEP. It is important to sensitize providers to the behaviors that put individuals at increased risk for HIV and thus make them eligible for PrEP, not just to the populations that are understood as priorities for PrEP uptake (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019). Focusing solely on a certain population can increase stigma for those clients, particularly MSM and FSWs, and potentially decrease their likelihood of engaging with the health facility and using PrEP. It is also important to train providers on adolescent-centered care. In Tanzania, training and education helped address providers' negative attitudes toward adolescent sexuality and concerns that providing PrEP would increase adolescent girls' risky sexual behavior, factors that can lower providers' willingness to prescribe PrEP (Pilgrim et al. 2018).

Providers need specific training on counseling SDCs and their unique circumstances. Providers may see one partner for regular ARV pick-up and adherence counseling, but not think to suggest PrEP for the other partner. Providers need to be aware of the specific issues facing SDCs as well as the need for joint counseling. Other important issues that all providers need to be aware of regarding PrEP include stigma reduction, addressing myths and misinformation, addressing safety and efficacy concerns, and managing side effects.

In South Africa, training providers on counseling for PrEP uptake and adherence, as well as on how to use demand creation materials, has helped increase PrEP use. For example, Wits University held a two-day training for clinicians and providers on counseling, working through case studies of PrEP users, and getting feedback on the information, education, and communication (IEC) materials and approaches (Interview with Elmarie Briedenhann, Wits Reproductive Health and HIV Institute in South Africa, May 29, 2018). The program offered

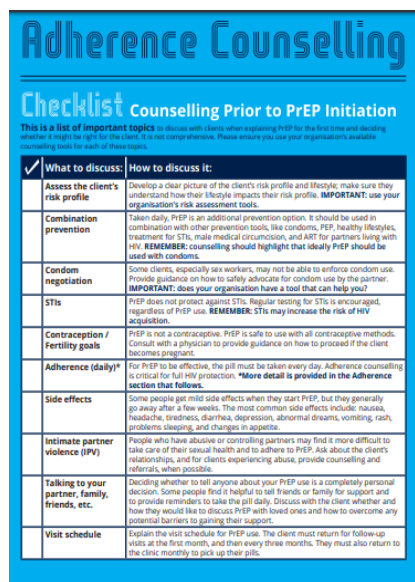
refresher training every six months and provided training to sites that had newly adopted PrEP. The intervention improved PrEP uptake at sites newly offering PrEP.

In Zimbabwe, provider training is a key component of the overall national rollout plan for PrEP. Providers are given guidelines on PrEP, and those in select regions are receive training on how to answer questions and prescribe PrEP as the country introduces PrEP at more facilities over time (Interview with Varaidzo Mabhunu, PSI Zimbabwe, March 19, 2019).

Job Aids

When counseling clients, providers need effective tools to support them in sharing information and resources about PrEP. Counseling tools or job aids help clients and counselors improve their interactions and reinforce key communications, particularly when supplemented with training for service providers on how to use these materials. Flipcharts, checklists, and frequently asked question (FAQ) pamphlets, among other job aids, can enhance the client-provider interaction. Peer educators can use these materials to help potential and current users understand basic facts and to answer questions about PrEP. Job aids such as a palm card can operate as a “cheat sheet” to give health workers or peer educators easy access to key information, such as the side effects of PrEP, during counseling sessions. Checklists have proven to be popular with providers, which include all the topics to cover with different clients before and after initiating PrEP. Job aids that focused on youth-friendly care, tools to identify who needs PrEP, and other tools have been requested by providers in different countries.

Figure 4. Provider Checklist from South Africa



What to discuss:	How to discuss it:
Assess the client's risk profile	Develop a clear picture of the client's risk profile and lifestyle. Make sure they understand how their lifestyle impacts their risk profile. IMPORTANT: use your organization's risk assessment tools.
Combination prevention	Taken daily, PrEP is an additional prevention option. It should be used in combination with other prevention tools, like condoms, PrEP, healthy lifestyles, treatment for STIs, male medical circumcision, and ART for partners living with HIV. REMEMBER: counselling should highlight that ideally PrEP should be used with condoms.
Condom negotiation	Some clients, especially sex workers, may not be able to enforce condom use. Provide guidance on how to safely advocate for condom use by the partner. IMPORTANT: does your organization have a tool that can help you?
STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use. REMEMBER: STIs may increase the risk of HIV acquisition.
Contraception / Fertility goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
Adherence (daily)	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection. *More detail is provided in the Adherence section that follows.
Side effects	Some people get mild side effects when they start PrEP, but they generally go away after a few weeks. The most common side effects include: nausea, headache, tiredness, diarrhea, depression, abnormal dreams, vomiting, rash, problems sleeping, and changes in appetite.
Intimate partner violence (IPV)	People with abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP. Ask about the client's relationships, and for clients experiencing abuse, provide counselling and referrals, when possible.
Talking to your partner, family, friends, etc.	Deciding whether to tell anyone about your PrEP use is a completely personal decision. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with the client whether and how they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
Visit schedule	Explain the visit schedule for PrEP use. The client must return for follow-up visits at the first month, and then every three months. They must also return to the clinic monthly to pick up their pills.

Source: Republic of South Africa Department of Health.

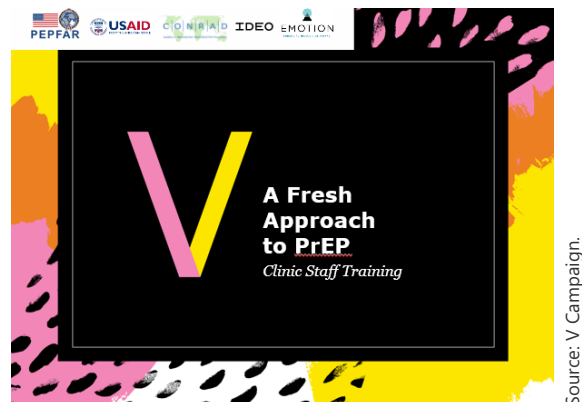
Facility/Systems Level

Youth-Friendly Health Facilities

Youth-friendly clinics provide a forum where AGYW can access care with supportive providers. Clinics that are open at convenient times and places for AGYW to access can increase uptake.

These clinics and their providers must be sensitive to adolescents' need for privacy and confidentiality, and must avoid shaming young women for their sexual health and behavior. Experiences with stigma and discrimination from providers can dissuade young women who do access care from initiating PrEP or prevent them from properly understanding how to adhere to PrEP, so sensitizing providers is critical (World Health Organization 2018).

Figure 5. V Campaign Health Facility Staff Training Presentation



In South Africa, [the V campaign](#), which aims to increase PrEP uptake among young women, promotes more positive relationships with health care workers and friendlier clinic environments. The V campaign provides specific resources to change the clinical experience and empower health care workers with resources designed to resonate with a young female audience, so that when potential PrEP users visit the clinic, they are received in a positive way and are more likely to initiate PrEP (see Figure 5).

In addition, best practices include incorporating PrEP into existing HIV and youth health services. Zimbabwe is integrating PrEP in with existing youth health services, such as sexual and reproductive health, and ensuring it is available at health facilities where AGYW seek care in order to provide better access for youth (Interview with Varaidzo Mabhunzvi, PSI Zimbabwe, March 19, 2019).

Client/Community Level

Client Education

In South Africa and Kenya, posters, fact sheets, and FAQ brochures were created as tools to educate PrEP users. South Africa also used a PrEP pocketbook for those initiating PrEP. This pocketbook was very popular with MSM, as it is discreet (pocket size) and contains all the relevant information on what an individual can expect once they have initiated PrEP, including

side effects and time to protection. The pocketbook also contains a place to write in the dates of clinic visits and follow-up tests, a feature that came as a request from the target audience when the pocketbook was being developed.

Posters & Information, Education, and Communication Materials

In Kenya and South Africa, posters were used to create awareness of PrEP and were placed in key spots, such as health facilities, mobile clinics, and outside sex worker hot spots. The posters emphasize PrEP as an additional prevention option, positioning PrEP within a range of HIV prevention methods. Posters, pamphlets, brochures, and other handouts can build familiarity with PrEP and prompt users to ask questions and seek more information from health providers and peer educators. The impact of IEC materials in South Africa is described in Box 1 (Briedenhann et al. 2018).

Box 1. Impact of South Africa's "We Are the Generation that Will End HIV" Campaign and IEC Materials on PrEP Uptake

South Africa launched its national PrEP rollout in 2016, with accompanying IEC materials. An evaluation of the materials and their impact on PrEP uptake among sex workers and MSM was conducted in 2017–2018.

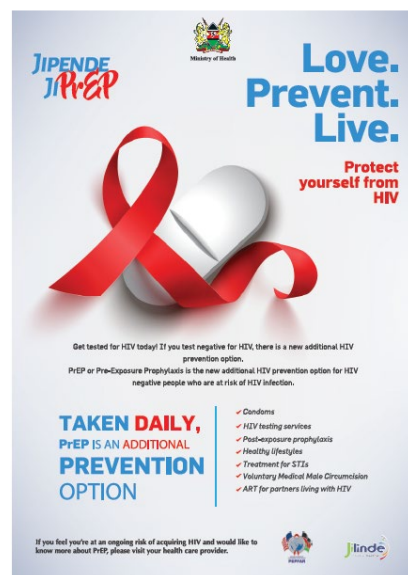
The majority of participants had heard of PrEP (87 percent); of those, 78 percent had seen the campaign graphic and slogan. Ninety percent liked it and 82 percent said it was empowering.

Among current and past PrEP users interviewed, 88 percent said the IEC materials had influenced their decision to initiate PrEP, and 92 percent of current users said the materials motivated them to continue using PrEP. The poster and the fact sheet were most often mentioned as influencing decision-making.

The evaluation concluded that the branded IEC materials in South Africa played a positive role in PrEP decision-making among sex workers and MSM. This conclusion demonstrates the impact that well-researched and pretested IEC materials can have on PrEP uptake.



Figure 6. Poster from Kenya



Source: Kenya Ministry of Health.

Public Awareness and Advocacy Campaigns

Advocacy campaigns to decrease stigma around HIV prevention and increase general knowledge of and familiarity with PrEP are an important tool for effective PrEP uptake. SDCs in several countries have reported that community stigma prevented them from beginning PrEP, and that better education and social marketing in the community on how PrEP differs from HIV treatment and why couples would choose it could help address the perception that anyone on ARVs is HIV-positive (Mack et al. 2014). AGYW and FSWs have expressed hesitation about seeking information or initiating PrEP due to stigma and the perception around using ARVs. Media campaigns at the community and national level (such as We The Brave, Box 2) can help promote widespread knowledge of PrEP, its target audience, and its usage, to inform the public of how PrEP differs from ART and who is eligible to use PrEP. These campaigns help share correct information on PrEP and tackle misinformation and myths, such as the claim that PrEP will cause infertility or kidney failure. Addressing myths via multiple channels, including digital media, community radio, health providers and their job aids, and others, is critical. Once PrEP is well-known and perceived as more acceptable, it becomes easier to target PrEP to specific populations without creating additional stigma.

Media campaigns should focus on, in addition to the general population, key stakeholders, influencers, and decision-makers in the lives of potential users. These can include political, religious, and community leaders, as well as policymakers, parents, school administration, partners, and peers. They will help build community support for PrEP as well as support for individual users to begin and adhere to the medication.

Box 2. WeTheBrave.co.za

We The Brave is a sexual health campaign for MSM based in South Africa. It is the first large-scale campaign ever in South Africa to specifically address gay men and other men who have sex with men. Over the past few years, they have run the campaign across the country in a fun, in-your-face but informative way, because “being #BraveEnough to spread the word and not the virus is what we are all about.”

Spearheaded by the Anova Health Institute, and funded by the Elton John AIDS Foundation, the WeTheBrave.co.za campaign addresses both prevention and treatment issues in an affirming, nonjudgmental, and sex-positive way to be both entertaining and engaging.

This campaign includes a component called “A PrEP in Your Step” to increase awareness of PrEP as a prevention option for MSM.

Learn more [here](#).

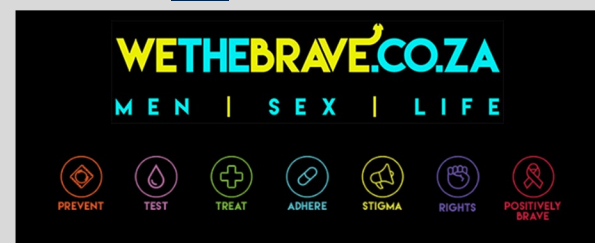
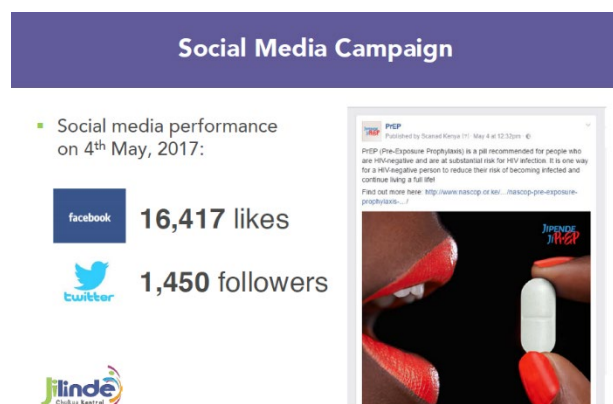


Figure 7. Social Media Performance in Kenya on PrEP Launch Day



In Tanzania, mass media campaigns, educating partners and parents, and school and community meetings all helped foster support for adolescent girls taking PrEP (Pulerwitz 2018).

In Kenya, the *Jipende Ji PrEP* national campaign involved a large mass media and social media campaign to increase awareness of PrEP. The program embraced the media as a key partner and held journalist and spokesperson trainings, created a WhatsApp group together with

the media, and coordinated print articles and broadcasts around PrEP. On launch day, there were more than 50 PrEP mentions on TV, radio, and in print.

The program also developed a social media campaign in light of formative research that indicated that 83 percent of Kenya's target audience (adults age 18+) use a mobile phone. Social media performance on Facebook and Twitter was tracked (see Figure 7) and indicated a high level of engagement: on launch day in May 2017, PrEP was the number one trending topic on Twitter in the Kenya area. These strategies—engaging stakeholders, training the media, and using digital platforms—have helped to foster positive public dialogue on PrEP in Kenya (Were 2017).

In South Africa, the V campaign was created to increase uptake and adherence of PrEP for AGYW at high risk of acquiring HIV. Co-designed with young women using human-centered design and extensive research into what young women want when it comes to PrEP, the V campaign aims to rebrand PrEP for AGYW as a trendy lifestyle option instead of a medical regimen. The initiative includes several strategies for creating demand among AGYW, including a strong advertising campaign. This advertising campaign seeks to mimic the feeling associated with a private-sector product or big brand, and can involve print, radio, social media, and other channels, depending on the country context. Social media is particularly pivotal, as AGYW have reported that they want and seek health information through the internet.

Figure 8. Billboard Advertising the V Campaign in South Africa



An additional way to spread messages about PrEP is through radio. Radio can be a powerful tool to reach rural communities, those with low literacy levels, and those who speak only a local language. In Mozambique and Kenya, there has been success in holding radio programs and creating messages for radio hosts to frame the public debate about PrEP and counter myths. Listeners can call in with questions and the radio show acts as a forum to discuss issues such as side effects and PrEP eligibility, while at the same time countering myths and misinformation. Having guests such as PrEP champions, counselors, and community leaders, on radio programs to speak to the benefits of PrEP can spread correct and positive information.

Peer Educators & Peer Support

Peer educators have proven to be very effective at engaging with priority populations, especially FSWs, MSM, and AGYW. In Kenya, there are peer educator programs specifically aimed at reaching vulnerable AGYW in Nairobi's informal settlements (see Box 3). Peer educators and peer outreach teams require initial and refresher trainings and continued support on how to conduct outreach, how to use SBCC materials, and how to answer questions from potential and current PrEP users. Ideally, peer educators should come from the local community. These can include PrEP champions—satisfied clients selected because they have successfully used and adhered to PrEP—who are often particularly effective at reaching these populations and building trust, as well as addressing stigma and other concerns around using PrEP by relying on their firsthand experience.

Box 3. Peer Educators Help Adolescent Girls Protect Themselves with PrEP

In Kenya, the Bar Hostess Empowerment & Support Programme (BHESP) helps vulnerable adolescent girls and young women to protect themselves from HIV infection through strategies that include PrEP.

As a local nongovernmental organization, BHESP trains young women from Nairobi's vast informal settlements to serve as peer educators, develops youth-oriented public awareness campaigns, provides HIV testing and counseling at its youth-friendly drop-in clinics, and educates AGYW about PrEP. Peer educators hold weekly support groups to help young women understand their risk of HIV infection and get tested, and to encourage those who are negative to consider PrEP to stay that way.

BHESP's 15 PrEP champions have first-hand experience with taking PrEP and are mentored to be ambassadors in their communities. The ambassadors help BHESP create demand for PrEP by discussing their experiences with other eligible AGYW. PrEP champions play a critical role in addressing myths, rumors, and concerns that often stand in the way of adolescents trying PrEP.

Implemented through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) Innovation Challenge, funded by the U.S. President's Emergency Plan for AIDS Relief and managed by JSI Research & Training Institute, the program plays an important role in addressing HIV risk for AGYW. Learn more [here](#).

In South Africa, sites with peer educators had significantly more success in enrolling and supporting PrEP clients than those without peer educators. Peer outreach teams help give PrEP credibility in the eyes of their peers and address barriers to uptake.

In Zimbabwe, these PrEP champions have been educated to act as brand ambassadors for PrEP to other members of their community. Because PrEP is a new product, the fact that the PrEP champions can present themselves as satisfied users helps convince others to begin PrEP. These PrEP champions provide specific information on their experience with side effects and address related questions, which helps reduce the discontinuation that often occurs in the first few weeks when clients experience side effects and decide to stop taking PrEP.

In South Africa, and in Zimbabwe where it is being adapted, the V campaign relies heavily on brand ambassadors to promote uptake among AGYW. As young women themselves, these V ambassadors function as peer champions and influencers in their local communities, and become trusted resources for other women. V ambassadors receive resources to promote PrEP in-person and on social media; such resources include an ambassador guide that provides information on how to craft effective messages, create a social media campaign, host events, encourage women to use PrEP, and act as a role model.

Peers can also be useful in helping current PrEP users adhere to the medication. In Tanzania, in-person and virtual support groups proved helpful with AGYW in adhering to PrEP (Pulerwitz 2018). In Kenya, support groups for FSWs, MSM, and AGYW were tested as part of the country's PrEP introduction demonstration project. This project found that support groups were one of the most important resources for maintaining adherence. Consisting of 10 to 15 people, these groups were self-led and met regularly to share experiences and challenges in using PrEP, such as dealing with side effects. Service providers also attended to correct any misinformation on PrEP usage. These peer support groups can help users overcome the initial few weeks of beginning PrEP and associated side effects, and can promote adherence over time (Itunga n.d.).

LESSONS LEARNED FROM PrEP

COMMUNICATION IN THE REGION

Other countries and organizations that have implemented PrEP can offer key lessons learned in demand creation processes, approaches, and successes.

Key lessons include the following:

Strategic Communication Framework

Creating a strategic communication framework helps countries set the tone and direction for demand creation efforts, so that all communication activities, products, and materials work in harmony to achieve the desired change. The creation of a framework allows stakeholders and partners to provide input and agree on a way forward, rather than create and implement separate strategies and materials, so that actions are unified. The framework identifies priority audiences as well as groups who influence their opinion of a product, communication objectives, strategic approaches to be used, positioning, key message points, and targeted channels. The framework also should identify partners' and stakeholders' roles and responsibilities and outline a timeline for implementation.

Stakeholder Engagement

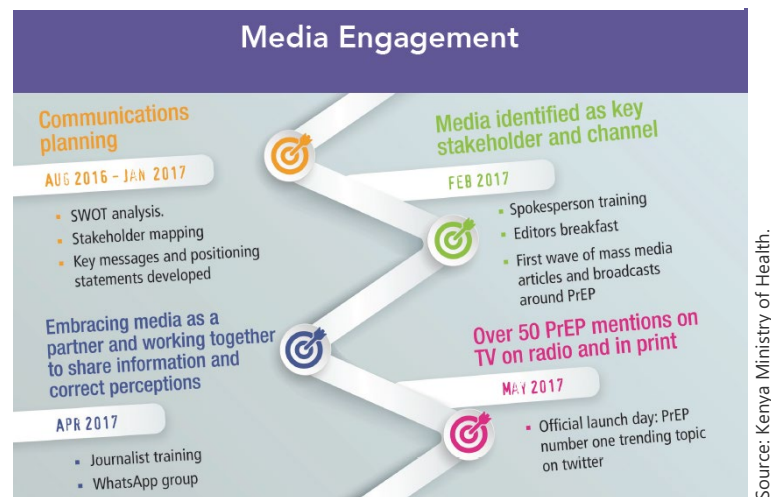
Stakeholders from the national and subnational government, donors, implementing partners, and civil society and advocacy organizations can be engaged in developing a demand creation strategy. The Ministry of Health often leads efforts and can coordinate among other stakeholders, such as donors including the United States Agency for International Development and the U.S. Centers for Disease Control and Prevention, and implementing partners of those donors. This engagement with the government also ensures that demand generation efforts are aligned with existing PrEP product rollout strategies and provider training, such as in Zimbabwe.

In Mozambique, the Ministry of Health had a PrEP technical advisory group that created a smaller communications working group to address demand creation. This body was heavily involved in the entire process of developing a strategic framework and subsequently the communication materials, which decreased the turnaround time for approvals (Interview with Mario Marrengula, AIDSFree consultant, Mozambique, February 14, 2019).

In Kenya, the National AIDS & STI Control Programme created the National PrEP Technical Working Group to address national PrEP scale-up; the panel launched a framework for PrEP in Kenya in May 2017. Engaging with the media as key stakeholders was a critical piece in

launching the country's PrEP campaign. Media engagement forums were held to convey the campaign's messaging, which targeted audiences based on behavior (e.g., multiple sexual partners), not on population, so the media would avoid further stigmatizing priority populations by describing them as the primary audience for PrEP (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019). Working closely with the media led to a high level of engagement and distribution of information on and after launch day.

Figure 9. Timeline and Steps for Media Engagement in Kenyan PrEP Launch



Formative Research: Understand and Address Key Behavioral Determinants

Understanding the barriers and motivators to PrEP uptake and adherence among the priority populations is critical to developing effective demand creation materials. This often involves conducting research in the scientific literature to see what has been published on PrEP and similar HIV prevention strategies with the groups of interest in similar regions. One example of this approach is looking specifically at work with AGYW in sub-Saharan Africa.

After reviewing the literature, conducting focus groups and carrying out other qualitative research with these populations can help ensure that the recommendations are applicable in context. This step includes research on the barriers and motivators to take PrEP among priority populations, as well as general information on their health-seeking behaviors, understanding of HIV prevention, and preferred channels or methods for accessing health information. In Zimbabwe, focus groups with adolescent girls identified lack of information on PrEP and stigma about taking ARVs as key barriers to initiating PrEP, indicating the need for general communications materials and FAQ sheets for peer educators and mobilizers. Similar barriers were found in research in South Africa among female university students who encouraged better communication around HIV prevention and testing in general as well as PrEP (Interview with Elmarie Briedenhann, Wits Reproductive Health and HIV Institute in South Africa, May 29, 2018).

Members of these populations can also help develop the messaging and types of materials needed to share information on PrEP. In South Africa, for example, sex workers and MSM were heavily involved in developing the concept for the “We Are The Generation That Will End HIV” campaign, its slogan, and its range of materials, including posters, a FAQ brochure, a fact sheet, and a pocketbook (Briedenhann et al. 2018). Research with priority populations can help determine the best channels in which to invest scarce resources. In Zimbabwe, research identified social media as a channel which AGYW were using and wanted to use for receiving health information, helping Zimbabwe prioritize developing materials for this medium (Interview with Varaidzo Mabhunu, PSI Zimbabwe, March 19, 2019).

Target Audiences versus General Population: Begin with General Advocacy Campaign to Create Supportive Environment

Several population groups are prioritized for PrEP services in sub-Saharan Africa due to the frequency of behaviors that put them at increased risk of HIV; such groups include MSM, FSWs, SDCs, and AGYW. However, introducing PrEP into a country as an HIV prevention method specifically for these populations can result in it being stigmatized. Multiple forms of communication are needed to ensure PrEP eligibility based on risk behavior, not population, is widespread and well-understood.

National mass media campaigns can publicize PrEP among the general population, helping to normalize it and create a supportive, enabling environment for uptake among priority populations. In Mozambique, the Ministry of Health opted to avoid focusing on specific target populations and to begin with a general campaign to make the population aware of PrEP. In improving awareness of PrEP, the government hoped to correct the idea that ARVs are only treatment and the implication that anyone taking a pill must be HIV-positive. Moving forward, the campaign’s general materials will be adapted for specific populations in Mozambique.

Mozambique’s approach is similar to that in Kenya, which focused on raising awareness of PrEP broadly and identifying PrEP eligibility based on behavior, such as multiple sexual partners, not on population. Understanding their local context, implementers knew that how PrEP was introduced would be critical. “Key populations are highly stigmatized in Kenya. Our fear was that if PrEP was introduced for key populations, then it would be immediately stigmatized,” explained Daniel Were of Jilende project. Instead, Kenya opted for a two-layered communication approach, which consisted of “above-the-line communication” and “below-the-line communication.” The initial introduction of PrEP was the above-the-line communication, and focused on wider acceptance of PrEP at the population level. This introduction was done through media engagement forums with editors and journalists, and national-level SBCC materials, which presented PrEP as a product for anybody who meets the criteria, identified by

risk behavior rather than by population. This initial communication also included radio spots and integrating discussion of PrEP into radio talk shows. The initial communication was followed by the below-the-line communication, a much longer process lasting nearly two years, using the human-centered design approach to develop materials to address the unique needs of each priority population, including MSM and SDCs. Other countries such as South Africa have coupled general awareness campaigns with specific materials to increase uptake among priority populations.

Channels & Approaches

Countries have used a variety of channels to communicate about PrEP. These have included radio, television, toll-free phone lines, social media, and in-person events.

Radio

Radio can be an effective tool for framing public discussion and reaching audiences with low literacy levels. Interactive radio programs with listener call-in can feature PrEP champions, providers, and community leaders who respond to audience questions. In Mozambique, where community radio has proven to be an effective channel for other HIV prevention interventions, the PrEP Advisory Group decided to develop a guide for community radio on PrEP, with practical tips and information to inform radio programming on PrEP (Interview with Mario Marrengula, AIDSFree consultant, Mozambique, February 14, 2019). In South Africa, university campus radio stations have been used to spread messages to young women. In Kenya, a former chaplain developed an extensive radio program to share messages on HIV prevention and PrEP and to respond to questions from potential users. This approach has been particularly effective at reaching women and girls in rural communities (see Box 4).

Box 4. Using Radio to Reach Communities with PrEP Messages

A former chaplain in Kisumu, Kenya, initiated a program delivering HIV prevention messages to radio listeners across the country. These messages helped correct misinformation, counter myths, explain scientific concepts, and frame public health debates around PrEP and HIV. Over the last ten years, Joel Odondi has informed the community about PrEP research studies and developed messages in the local language specifically for rural women and girls. He created many radio shows to talk about PrEP.

Radio is a powerful tool to reach rural communities and those with low literacy levels. Radio can also provide a forum for answering questions when users call in. In this way, radio can provide information on key issues for PrEP, including eligibility and side effects, and dispel myths. This [community tool](#) can help others design effective education campaigns for the radio.

Source: [Baron, PrEPWatch](#)

Toll-Free Phone Lines

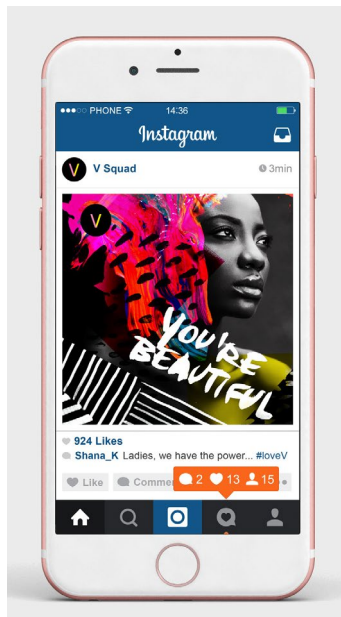
Having a dedicated toll-free phone line allows potential and current users to ask questions about PrEP. In Mozambique, the Ministry of Health's toll-free HIV number, known as "Alo Vida," appears on all the PrEP communication materials as a call to action. The Alo Vida operators were trained and equipped with an FAQ tool to enable them to respond to callers' questions and concerns about PrEP. Kenya also established a phone number—included on all posters and other materials—for potential clients to call with questions. Having a phone number on IEC materials has proven to be important for users initiating PrEP, particularly those seeking information about managing side effects.

Figure 10. Hotline Included on all PrEP Materials in Mozambique



Source: Mozambique Ministry of Health.

Figure 11. Sample Social Media Post for the V Campaign



Source: V Campaign.

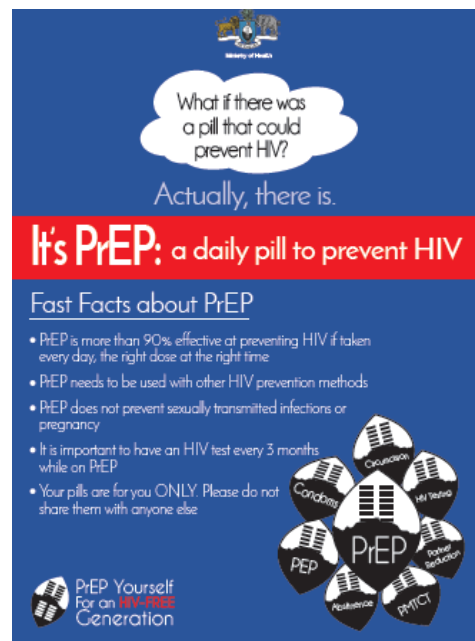
Social Media: Reach Audiences Where They Already Are

Online spaces, social media, and messaging platforms have been effective in sharing information and creating supportive communities for PrEP users. In South Africa, FSWs and MSM have closed WhatsApp and Facebook groups. Peer educators who are in those communities have shared information through those groups and are available to answer questions and champion PrEP. In South Africa and Zimbabwe, the V campaign uses young women as brand ambassadors to promote PrEP over social media, where ambassadors invite users to engage in conversations about initiating PrEP and answer their questions. Kenya's Jipende Ji PrEP campaign uses Facebook and Twitter heavily to promote messages for different audiences and information on PrEP, including who is eligible, where to access PrEP, and how often users need to be retested while on PrEP.

Positioning PrEP and Taglines: Choose Hope and Empowerment over Fear and Risk

Positioning means presenting a service or product in such a way that it stands out from other comparable or competing services or products in an appealing and persuasive manner. A positioning statement can focus on different messages. Once all stakeholders have agreed on the positioning statement—which describes the benefit of the product to the target market—that positioning can be used as the basis for developing a tagline, or slogan. In South Africa, for example, PrEP has been positioned as empowering—the idea that by taking PrEP a user can be part of something bigger, make a difference, and contribute. From this evolved the tagline “We Are the Generation that Will End HIV.” Similar empowering messages resonated well with FSWs and AGYW, forming the basis for the V campaign in South Africa and its appeal to young women to take charge of their health and prevent HIV with slogans such as “Girl, take care of yourself!” and “It is in your power to stay negative, sista!” Zimbabwe will adapt the V campaign to its context and use its messages of female empowerment and medical self-care. Eswatini adapted the South African tagline and modified it to “PrEP Yourself for an HIV-Free Generation” to present within a broader package of prevention options. The Eswatini poster uses the traditional Swazi shield as a powerful image of protection. The poster labels one shield as “PrEP” and surrounds it with other shields labeled with “condoms,” “PMTCT,” “PEP,” and other prevention options, emphasizing PrEP as one of many important HIV prevention methods.

Figure 12. Eswatini Poster Featuring PrEP Shield Imagery



Source: Kingdom of Eswatini Ministry of Health

Figure 13. Poster from South Africa



Source: South Africa Department of Health

Figure 14. Mozambique Slogan for PrEP



Source: Mozambique Ministry of Health

Positioning that may work in one country or context may not work well elsewhere. When the tagline of “We are the generation that will end HIV” was presented to the PrEP Advisory Group in Mozambique as an option to consider adapting, it became clear that it would not resonate in their context. The formative research in Mozambique found that it was perceived as a benefit that the ability to prevent HIV relies on the individual decision with PrEP and not on a partner or client. Initially, a number of taglines were considered, such as

“It’s your decision to prevent HIV infection” and “HIV prevention is in your own hands,” and “Love yourself by protecting yourself.” After pretesting several taglines, the feedback led the group to select the tagline “amor com protecção,” or *love with protection*.

In Kenya, self-care messages resonated best with target audiences. All PrEP materials were branded with the “Jipende, ji PrEP” tagline, which translates to “Love yourself, prep yourself” Individual materials have additional taglines and messages for different audiences, such as “Love beyond your status,” emphasizing PrEP as an option for SDCs who are concerned with sharing HIV from one partner to another. Many posters emphasize “A PrEP a day keeps HIV away,” and frame PrEP as a supplemental prevention option, acknowledging the importance of PrEP in the compendium of HIV prevention strategies. In formative research and pretesting, MSM and FSWs in Kenya were clear that they did not want to be patronized or have messaging focused on risks or disease avoidance, and that what resonated with them were positive depictions of their lifestyle, such as loving relationships. Kenya found that risk aversion did not motivate PrEP use; hope and empowerment were much stronger motivators (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019). Messages of self-determination, focusing on the priorities that users have in their lives—safety and protection, greater intimacy with their partners, being part of ending the HIV epidemic—appear to be more effective than more traditional fear- and risk-based messages at getting users to begin and sustain PrEP usage.

Preventing Stigma

Potential users are often concerned about the stigma of taking an ARV and having others perceive them to be HIV-positive due to a lack of understanding of PrEP as a prevention, not treatment, tool for HIV. Mass media and communications campaigns have helped spread awareness of PrEP, which can help SDCs and AGYW who are particularly concerned about receiving support from their families and communities in accessing PrEP.

Alternately, there has been a focus on offering discreet packaging of PrEP pills and materials to avoid stigma. For MSM, the pocketbook developed in South Africa provides information on PrEP and allows them to record scheduled clinic appointments. For AGYW, the V campaign developed a “V kit” that is designed to look like a makeup bag and to allow young women to discreetly transport and take PrEP without making it clear that they are on medication or taking an ARV. This tactic is part of the V campaign’s broader messaging of framing PrEP as a lifestyle option for empowered young women.

Figure 15. V Campaign's V Kit, With Discreet Packaging for PrEP Pills



Source: V Campaign.

Role of Health Providers: Focus on Providers from Day One!

As PrEP is a bio-behavioral intervention, health providers play a critical role in implementing PrEP. They need to be well-informed about PrEP management, willing to prescribe it, trained on eligibility criteria and screening, and equipped with job aids and counseling tools. Providers’ attitudes, and the provider-client interaction and communication, can have a significant influence on uptake and adherence. As evidenced by experience with other HIV interventions, focusing on the quality of interpersonal communication and counseling is a critical factor for success. Even the best demand creation efforts will be derailed if providers treat patients in a stigmatizing, judgmental, or discriminatory way. Merely training them on the clinical aspects of PrEP is insufficient; it is important to also address any biases they may have regarding sexual health services for adolescent girls, for example (Pilgrim et al. 2018). Training should include sensitivity to priority populations and their unique challenges to create a supportive environment. For example, in the Kenyan Jipende Ji PrEP program, one of the key lessons learned was that initially there was insufficient focus on providers. It was later acknowledged

that provider-client communication was particularly important for AGYW (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019).

It is important to include health providers in the strategic communications framework research and design. Individual in-depth interviews with providers and community counselors should be part of the formative research to inform strategy and determine priority needs. Job aids such as flipcharts and counseling checklists need to be pretested with providers and counselors, not only for determining appeal, acceptability, and comprehension of the materials, but also to help identify their training needs. In Mozambique, for example, pretesting a counseling flipchart with community counselors in one province demonstrated that counselors had never used a flipchart before and that literacy levels of counselors were lower than anticipated, which had significant implications for training going forward (Interview with Mario Marrengula, AIDSFree consultant, Mozambique, February 14, 2019.)

Side Effects: Don't Underestimate Their Importance

Experiences from countries implementing PrEP have shown that concerns around potential side effects are a key barrier to uptake and that experiencing side effects poses a barrier to adherence. A survey conducted in South Africa among MSM and FSWs found that side effects such as nausea, headaches, and dizziness were by far the most common reason given for stopping PrEP. For communicators, the lesson is to not underestimate the importance of side effects and to include honest discussion of possible side effects

and their management in all communications. Implementers have found that when side effects are acknowledged upfront as a temporary issue lasting two to three weeks, they become less of a barrier to potential users. Providing information on how to manage side effects also reassures users that they can work through this period without discontinuing the medication.

In South Africa, addressing side effects up front helped avoid clients stopping PrEP in the initial stages due to discomfort (Interview with Elmary Briedenhann, Wits Reproductive Health and HIV Institute in South Africa, May 29, 2018). Effective strategies and information used in South Africa and Kenya include acknowledging the existence of side effects, giving potential clients estimates of how many people are affected by side effects, describing procedures on treatment and mitigation of specific side effects, noting how long side effects might last, describing how to

Figure 16. Information on Side Effects from Mozambique



Source: Mozambique Ministry of Health.

contact a provider for help, and explaining the importance of not stopping PrEP if side effects arise. This information is often included in FAQ pamphlets and brochures on side effects of PrEP and PrEP in general.

Many strategies to address concerns of side effects rely on trained peer educators to advocate for PrEP and communicate with potential users, so involving members of the priority populations from the beginning is key. Rumors and myths about side effects can derail PrEP usage, so peer educators can address those with potential users and the general population. Implementers in Kenya found that providing a phone number on all materials helped PrEP users have someone to call and to help with managing any side effects. Satisfied clients or PrEP champions who have personally dealt with and managed side effects can be a trusted resource, much like satisfied voluntary medical male circumcision clients who can best address concerns around pain.

Adherence

Adherence to daily PrEP for the duration of one's period of risk is a challenge, particularly for younger populations. Research in South Africa found that it may encourage adherence if providers give patients a clear description of how PrEP works, including how long it takes for PrEP to be optimally protective in the body and how a PrEP user can manage side effects. In Kenya, PrEP implementers found that while it is not difficult to get MSM and FSWs to try PrEP, getting people to become committed PrEP users is more challenging (Interview with Daniel Were, Jhpiego Kenya, April 16, 2019). In order to sustain users once they begin PrEP, Kenya had to reframe its PrEP strategy and focus on longevity rather than just initiation. Peer educators and providers can assist with adherence reminders and overcoming challenges to adherence, such as side effects and stigma. Experience from other countries implementing PrEP has shown success with a number of adherence strategies, including phone calls; text message reminders to clients, home visits by peer educators or community health workers, transport reimbursements for clients in need, interaction with peer counselors and PrEP champions, support groups; and support at community-based organizations in between clinic visits.

CONCLUSION

As Botswana plans to roll out PrEP, it will be important to build on the experience that has been gained by other countries implementing this intervention. Partners implementing PrEP in South Africa, Mozambique, Zimbabwe, and Kenya generously shared their lessons learned for this review. From those discussions, the key lessons from countries' experiences to date when communicating about PrEP include the following:

- Focus on providers from day one, as their attitudes and communication with clients impacts uptake and adherence; training should go beyond the clinical aspects of PrEP.
- When positioning PrEP, choose hope and empowerment, not fear- and risk-based messages.
- Galvanize and build community support to engage AGYW and give them the confidence to access PrEP.
- Strengthen peer education and use satisfied PrEP users as peer educators.
- Do not underestimate the importance of side effects.
- Address myths and misinformation about PrEP via multiple channels.

REFERENCES

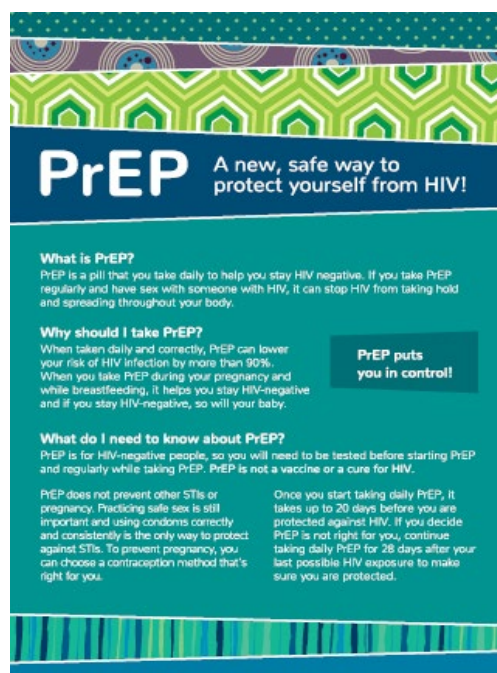
- Amico, K. Rivet, Melissa Wallace, Linda Gail Bekker, Surita Roux, Millicent Atujuna, Elaine Sebastian, Bonnie J. Dye, Vanessa Elharrar, and Robert M. Grant. 2017. "Experiences with HPTN 067/ADAPT Study-Provided Open-Label PrEP Among Women in Cape Town: Facilitators and Barriers Within a Mutuality Framework." *AIDS and Behavior*. <https://doi.org/10.1007/s10461-016-1458-y>.
- Ayala, George, Keletso Makofane, Glenn-Milo Santos, Jack Beck, Tri D. Do, Pato Hebert, Patrick A. Wilson, Thomas Pyun, and Sonya Arreola. 2013. "Access to Basic HIV-Related Services and PrEP Acceptability among Men Who Have Sex with Men Worldwide: Barriers, Facilitators, and Implications for Combination Prevention." *Journal of Sexually Transmitted Diseases*. <https://doi.org/10.1155/2013/953123>.
- Baral, Stefan, Andrew Scheibe, Patrick Sullivan, Gift Trapence, Andrew Lambert, Linda Gail Bekker, and Chris Beyrer. 2013. "Assessing Priorities for Combination HIV Prevention Research for Men Who Have Sex with Men (MSM) in Africa." *AIDS and Behavior*. <https://doi.org/10.1007/s10461-012-0202-5>.
- Briedenhann, E., D. Pillay, M. Murire, P. Shamu, H. Subedar, L. Lunika, K. Stankevitz, K. Ridgeway, and Lanham M. 2018. "Creatively Empowered: The Role of a Creative Concept and IEC Materials in Influencing Decision-Making to Use Oral PrEP." *AIDS Research and Human Retroviruses* 34 (Supplement 1): 264. <https://doi.org/http://dx.doi.org/10.1089/aid.2018.5000.abstracts>.
- Corneli, Amy, Brian Perry, Kevin McKenna, Kawango Agot, Khatija Ahmed, Jamilah Taylor, Fulufhelo Malamatshe, Jacob Odhiambo, Joseph Skhosana, and Lut Van Damme. 2016. "Participants' Explanations for Nonadherence in the FEM-PrEP Clinical Trial." In *Journal of Acquired Immune Deficiency Syndromes*. <https://doi.org/10.1097/QAI.0000000000000880>.
- Eakle, Robyn, Adam Bourne, Caitlin Jarrett, Jonathan Stadler, and Heidi Larson. 2017. "Motivations and Barriers to Uptake and Use of Female-Initiated, Biomedical HIV Prevention Products in Sub-Saharan Africa: An Adapted Meta-Ethnography." *BMC Public Health*. <https://doi.org/10.1186/s12889-017-4959-3>.
- Eakle, Robyn, Adam Bourne, Judie Mbogua, Nyaradzo Mutanha, and Helen Rees. 2018. "Exploring Acceptability of Oral PrEP Prior to Implementation among Female Sex Workers in South Africa." *Journal of the International AIDS Society*. <https://doi.org/10.1002/jia2.25081>.
- Fonner, Virginia A., Sarah L. Dalglish, Caitlin E. Kennedy, Rachel Baggaley, Kevin R. O'Reilly, Florence M. Koechlin, Michelle Rodolph, Ioannis Hodges-Mameletzis, and Robert M. Grant. 2016. "Effectiveness and Safety of Oral HIV Preexposure Prophylaxis for All Populations." *AIDS*. <https://doi.org/10.1097/QAD.0000000000001145>.
- Idoko, John, Morenike Oluwatoyin Folayan, Nancin Yusufu Dadem, Grace Oluwatosin Kolawole, James Anenih, and Emmanuel Alhassan. 2015. "Why Should I Take Drugs for Your

- Infection?': Outcomes of Formative Research on the Use of HIV Pre-Exposure Prophylaxis in Nigeria." *BMC Public Health* 15 (1): 349. <https://doi.org/10.1186/s12889-015-1690-9>.
- Itunga, Alfred. n.d. "Support Groups a Driver to PrEP Rollout in Kenya." *PrEP Watch* <https://www.avac.org/blog/prep-support-groups-kenya>.
- Karuga, Robinson Njoroge, Serah Nduta Njenga, Rueben Mulwa, Nduku Kilonzo, Prince Bahati, Kevin O'Reilley, Lawrence Gelmon, et al. 2016. "'How I Wish This Thing Was Initiated 100 Years Ago!' Willingness to Take Daily Oral Pre-Exposure Prophylaxis among Men Who Have Sex with Men in Kenya." *PLoS ONE*. <https://doi.org/10.1371/journal.pone.0151716>.
- Mack, Natasha, Jacob Odhiambo, Christina M. Wong, and Kawango Agot. 2014. "Barriers and Facilitators to Pre-Exposure Prophylaxis (PrEP) Eligibility Screening and Ongoing HIV Testing among Target Populations in Bondo and Rarieda, Kenya: Results of a Consultation with Community Stakeholders." *BMC Health Services Research*. <https://doi.org/10.1186/1472-6963-14-231>.
- Mayer, Christopher M., Asiphas Owaraganise, Jane Kabami, Dalsone Kwarisiima, Catherine A. Koss, Edwin D. Charlebois, Moses R. Kamya, Maya L. Petersen, Diane V. Havlir, and Britta L. Jewell. 2019. "Distance to Clinic Is a Barrier to PrEP Uptake and Visit Attendance in a Community in Rural Uganda." *Journal of the International AIDS Society*. <https://doi.org/10.1002/jia2.25276>.
- Optimizing Prevention Technology Introduction on Schedule (OPTIONS). 2018. "Key Insights and Communications Implications for Oral PrEP Demand Creation among Men Who Have Sex with Men (MSM) in Kenya." OPTIONS. https://www.prepwatch.org/wp-content/uploads/2018/08/OPTIONS_MSM_Kenya_July2018.pdf.
- Pilgrim, Nanlesta, Nrupa Jani, Sanyukta Mathur, Catherine Kahabuka, Vaibhav Saria, Neema Makyao, Lou Apicella, and Julie Pulerwitz. 2018. "Provider Perspectives on PrEP for Adolescent Girls and Young Women in Tanzania: The Role of Provider Biases and Quality of Care." *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0196280>.
- PrEPWatch. 2019. "PrEP Communications Accelerator." 2019.
- Pulerwitz, Julie. 2018. "HIV Prevention in the Hands of Adolescent Girls and Young Women: Acceptability & Feasibility of Oral PrEP in Tanzania." *PEPFAR Meeting 2018, Amsterdam, Netherlands, 22 July 2018*.
- UNAIDS. 2015. "Oral Pre-Exposure Prophylaxis—Putting a New Choice in Context." Geneva, Switzerland: UNAIDS. https://www.unaids.org/en/resources/documents/2015/Oral_pre-exposure_prophylaxis_putting_a_new_choice_in_context.
- Ware, Norma C., Emily E. Pisarski, Jessica E. Haberer, Monique A. Wyatt, Elioda Tumwesigye, Jared M. Baeten, Connie L. Celum, and David R. Bangsberg. 2015. "Lay Social Resources for Support of Adherence to Antiretroviral Prophylaxis for HIV Prevention Among Serodiscordant Couples in Sub-Saharan Africa: A Qualitative Study." *AIDS and Behavior*. <https://doi.org/10.1007/s10461-014-0899-4>.
- Were, Daniel. 2017. "PrEP Scale-Up in Kenya: Bridge to Scale Project Bridge to Scale Project."

- Nairobi, Kenya: Partners Scale-Up Project. <https://slideplayer.com/slide/12799029/>.
- World Health Organization. 2018. "Module 12: Adolescents and Young Adults." In *WHO Implementation Tool for Pre-Exposure Prophylaxis (PrEP) of HIV Infection*.
- Yi, Siyan, Sovannary Tuot, Grace W. Mwai, Chanrith Ngin, Kolab Chhim, Khoundyla Pal, Ewemade Igbinedion, Paula Holland, Sok Chamreun Choub, and Gitau Mburu. 2017. "Awareness and Willingness to Use HIV Pre-Exposure Prophylaxis among Men Who Have Sex with Men in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis." *Journal of the International AIDS Society*. <https://doi.org/10.7448/IAS.20.1.21580>.

ANNEX 1. KEY EXAMPLES OF PrEP SBCC MATERIALS FOR CLIENTS

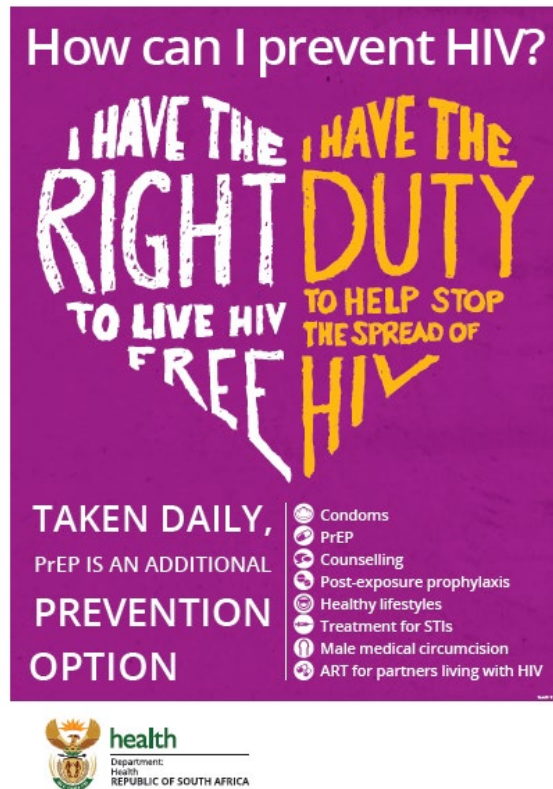
Leaflets, Brochures, and Pamphlets



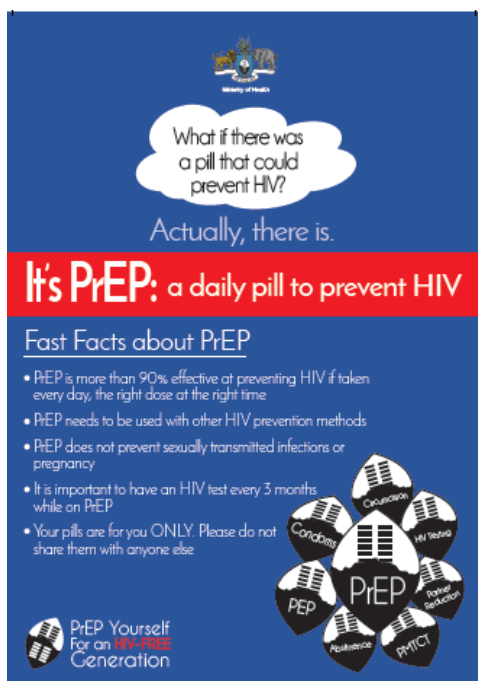
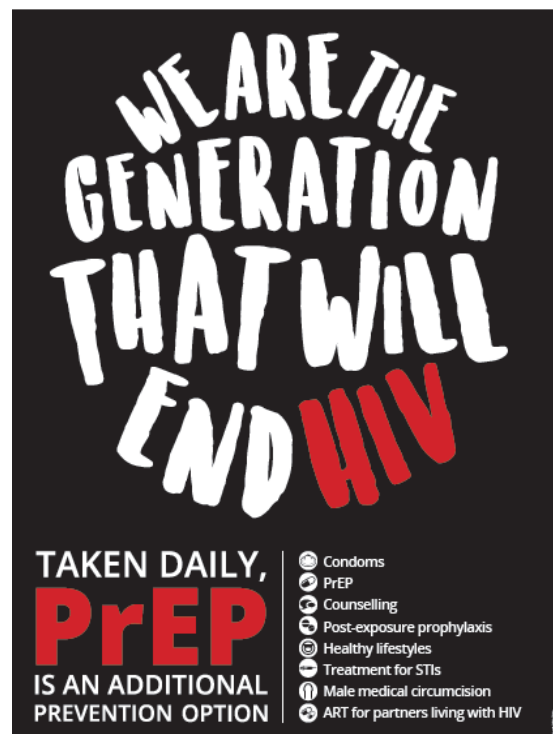
Leaflet from Namibia.



Posters



Posters from South Africa (South Africa Department of Health).



Poster from Eswatini (Kingdom of Eswatini Ministry of Health).



Poster from Kenya (Republic of Kenya Ministry of Health).

FAQs

Can I use PrEP and contraception together?

Yes, PrEP can be taken with any kind of contraception.

Can I share PrEP with other people, my HIV-positive partner or use someone else's HIV medication?

It is important not to share your PrEP pills. Using other people's ART pills can lead to side effects, allergic reactions, make the medicine less effective, or result in not having enough medication.



Does PrEP have side effects?

Some people get mild side effects when they start PrEP. The most common side effects include nausea, headache, tiredness, diarrhoea, depression, abnormal dreams, vomiting, rash, problems sleeping, and changes in appetite.

In most people, these side effects go away after a few weeks.



What happens if you take PrEP and you are HIV-positive?

PrEP should not be used as HIV treatment. HIV-positive people need a combination of three ARVs for treatment, given by the healthcare provider, according to their needs.

Sept 2016 V2

PrEP works when used together with other effective HIV prevention methods.

It does not prevent STIs or pregnancy.

If I take PrEP, can I stop using condoms when I have sex?

PrEP is an extra HIV prevention option and where possible, should be used in combination with condoms. Using condoms is still the best way to prevent HIV infection. Condoms protect against STIs and pregnancy when used correctly and consistently.

Is PrEP for me?

Taking a pill everyday for ongoing protection from HIV might not be for everybody, but it is an excellent option for people at high risk of getting HIV. Most people can safely use PrEP, but a healthcare provider will need to determine if there is any reason why you should not take it.

Where can I get PrEP?

Currently in South Africa PrEP is being provided through a limited number of service delivery sites. If you feel you are at risk of getting HIV, and want to find out more about PrEP, please visit or call:



Frequently Asked QUESTIONS

on Pre-Exposure Prophylaxis (PrEP)



health

Department: Health
REPUBLIC OF SOUTH AFRICA

What is PrEP?

PrEP is the use of anti-HIV medication that keeps HIV-negative people from getting HIV.

How well does it work?

HIV-negative people who take PrEP every day can lower their risk of HIV by more than 90%.



What is the difference between PrEP, PEP, and ART?

All three contain antiretroviral medicines in different combination for different purposes:

- PrEP is a pill that has 2 anti-HIV medicines taken daily to prevent HIV for HIV-negative people
- PEP is taken within 72 hours after exposure to HIV (eg after rape) for 28 days to prevent HIV
- ART is a 3-medicine treatment for HIV-positive people to reduce the levels of HIV in a person's body

PrEP is only for people who are HIV-negative.

PrEP is recommended for people with high risk for HIV exposure.

How often do I need to take PrEP?

You need to take it once a day at more or less the same time. You can take it within a few hours of your normal time - as long as you only take one pill a day.

Is PrEP Safe?

PrEP has been shown to be very safe. PrEP is also safe with alcohol and drugs, as well as contraceptives and other medicine.

How long does it take for PrEP to work?

It takes up to 20 days to be fully protected. PrEP must be taken daily!

Can I get HIV from taking PrEP?

No, you cannot get HIV from PrEP. The medications in PrEP work to prevent HIV.

What happens if I miss a pill?

If you missed a pill, take it as soon as you remember, and continue to take daily as before.

If I take PrEP, does this mean I have to take it for the rest of my life?

No. It is important that you take PrEP daily while at risk of getting HIV, but when you feel that you are no longer at risk you can talk to your healthcare provider about stopping PrEP.

What if I want to stop taking PrEP?

If you decide PrEP is no longer useful, discuss stopping with a healthcare provider. You will get information for how long after you should continue to make sure you are properly protected.

Can I take PrEP for one night only?

No. You need to take the pill once a day for at least 20 days before you are fully protected.

Does PrEP provide other protection?

No. It only protects against HIV infection. PrEP does not protect against pregnancy or other sexually transmitted infections.

Can I use PrEP and contraception together?
Yes, PrEP can be taken with any kind of contraception.

Can I share PrEP with other people, my HIV-positive partner or use someone else's HIV medication?
It is important not to share your PrEP pills. Using other people's ART pills can lead to side effects, allergic reactions, make the medicine less effective, or result in not having enough medication.

Does PrEP have side effects?
Some people get mild side effects when they start PrEP. The most common side effects include nausea, headache, tiredness, diarrhoea, depression, abnormal dreams, vomiting, rash, problems sleeping, and changes in appetite.

In most people, these side effects go away after a few weeks.

What happens if you take PrEP and you are HIV-positive?
PrEP should not be used as HIV treatment. HIV-positive people need a combination of three ARVs for treatment, given by the healthcare provider, according to their needs.

March 2017 v1

PrEP works when used together with other effective HIV prevention methods.
It does not prevent STIs or pregnancy.

If I take PrEP, can I stop using condoms when I have sex?
PrEP is an extra HIV prevention option and where possible, should be used in combination with condoms. Using condoms is still the best way to prevent HIV infection. Condoms protect against STIs and pregnancy when used correctly and consistently.

Is PrEP for me?
Taking a pill everyday for ongoing protection from HIV might not be for everybody, but it is an excellent option for people at high risk of getting HIV. Most people can safely use PrEP, but a healthcare provider will need to determine if there is any reason why you should not take it.

Where can I get PrEP?
Currently in South Africa PrEP is being provided through a limited number of service delivery sites. If you feel you are at risk of getting HIV, and want to find out more about PrEP, please visit or call:

Frequently Asked QUESTIONS
on Pre-Exposure Prophylaxis (PrEP)

WE ARE THE GENERATION THAT WILL END HIV

TAKEN DAILY, PrEP IS AN ADDITIONAL PREVENTION OPTION



FAQ brochure for MSM from South Africa (Republic of South Africa Department of Health).

MINISTRY OF HEALTH

JIPENDE JI PrEP

FREQUENTLY ASKED QUESTIONS ABOUT PrEP

Q. What are the side effects of PrEP?
Some people who take PrEP may experience side effects that last for a **SHORT PERIOD**. These may include: headache, weight loss, nausea, vomiting and abdominal discomfort. These side effects often reduce or stop after a few weeks of taking PrEP.

headache
vomiting
nausea

Q. How should I take PrEP Pills?
For PrEP to be effective, one needs to take it for at least **7 DAYS BEFORE ANY EXPOSURE** to a risky sexual encounter. Thereafter the PrEP pill should be taken once a day for as long as the person remains at risk of HIV infection (or as advised by a health care provider).
You should not take two pills at the same time or on the same day to make up for a missed dose. To protect against other STIs and unwanted pregnancies, it is best to use PrEP alongside other prevention methods such as condoms.

Q. Am I protected from HIV if I miss a PrEP pill?
When you miss one or more pills, you are greatly reducing the ability of PrEP to provide you with full protection against HIV infection. Evidence has showed that PrEP provides the best protection from HIV if it is **TAKEN CONSISTENTLY EVERY DAY**.

3

FAQ brochure from Kenya (Republic of Kenya Ministry of Health).

Billboards



A billboard advertisement featuring a young couple. The woman is wearing a black hat and sunglasses, and the man is wearing a white cap and a light blue shirt. They are embracing. The background has vertical stripes in orange, purple, and green. The text on the billboard reads: "Be part of the generation that will end HIV", "Take PrEP to reduce the chances of HIV infection", and the phone number "5934 6315". There is a pink heart graphic with the text "-RE- MOIKO TLA ELISA HIV". Logos for the Lesotho Ministry of Health, jhpiego, and USAID are visible at the bottom right.

Be part of the generation that will end HIV

Take PrEP to reduce the chances of HIV infection

5934 6315

-RE- MOIKO TLA ELISA HIV

LESOTHO MINISTRY OF HEALTH | jhpiego | USAID

Billboard in Lesotho (Lesotho Ministry of Health).



A billboard advertisement for the V campaign. The billboard has a colorful background with pink, yellow, and black polka dots. The text on the billboard reads: "GIRL, YOU GOTTA TAKE CARE OF YOU." and a large "V" logo. The billboard is mounted on a pole with the number "67654-01" and the word "CONTINENTAL" visible. The background shows a road and trees.

GIRL, YOU GOTTA TAKE CARE OF YOU.

V

67654-01

CONTINENTAL

Billboard advertising the V campaign in South Africa.

Websites & Online Resources



A health resource for
men who have sex with men

[Home](#) | [About Us](#) | [Services](#) | [Find a Clinic](#) | [Info Center](#) | [The Library](#) | [Contact Us](#)



What Men Should Know



Find your nearest
gay-friendly
clinic



Start Search



PrEP₄life

THE DAILY PILL FOR HIV PREVENTION

[Health4Men](#), a health resource for South African MSM.

Social Media Posts

Kenya's Jipende Ji PrEP Campaign

[Facebook](#) (@PrEPKenya - 142,257 followers) and [Twitter](#) (@NimejiPrEP – ~13,500 followers)



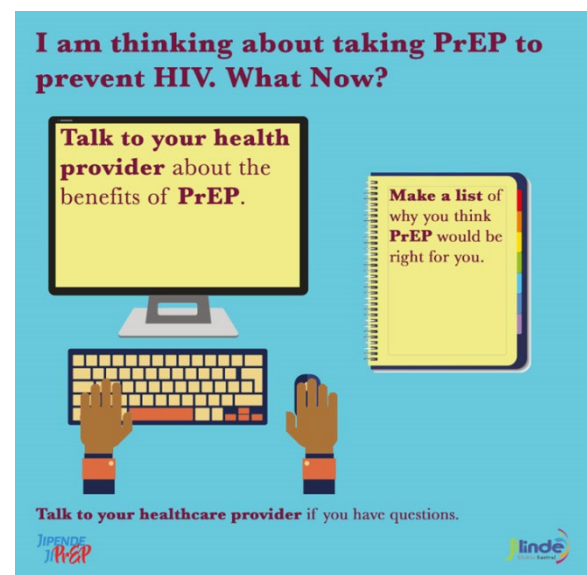
"Kuzi familia! Despite your partner's HIV status, hope is still there for you to raise a family, be that mum or dad you always wanted to be. #JipendeJiPrEP" (Marcy 18, 2019)



"With PrEP, you and your partner can enjoy life together even if your partner tests HIV positive. PrEP has no age limits! #JipendeJiPrEP." (November 5, 2018)



"Nothing is better than that feeling of confidence. Live your life to the fullest and be empowered with PrEP. What are you confident about today? #FearlessFriday" (June 22, 2018)



"Take the necessary steps to empower yourself. #JipendeJiPrEP Learn more: nascop.or.ke/index.php/prep-faq/ (November 10, 2017)

ANNEX 2. KEY EXAMPLES OF PREP SBCC MATERIALS FOR HEALTH PROVIDERS

Job Aids

The screenshot displays the South African Department of Health website. The header includes the department's logo and navigation links: "IS PREP FOR ME?", "USERS", "PROVIDERS", "EVERYONE", and "DOWNLOAD". The main content area is titled "Counselling Guidelines" and features a list of topics with expandable arrows. The first topic, "Why is counselling about PrEP so important?", is expanded, showing a detailed explanation of the importance of counseling for PrEP initiation and follow-up. The second topic, "What is PrEP?", is also expanded, providing a definition of PrEP as a new and safe method for HIV-negative people to reduce their risk of becoming infected. The third topic, "How long does it take for PrEP to work?", is expanded, stating that after taking oral PrEP for 7 days, people are fully protected, but they must continue to take it daily to remain protected. The fourth topic, "PrEP does not", is expanded, stating that PrEP does not protect against other sexually transmitted infections (STIs). The fifth topic, "How often should PrEP be taken?", is expanded, stating that PrEP should be taken daily. The sixth topic, "Counselling should be:", is expanded, listing the following counseling topics: Condoms, Counselling, Medical male circumcision, Healthy lifestyles, PrEP, and PEP.

Counselling Guidelines

- > Why is counselling about PrEP so important?
- > What is PrEP?
- > How long does it take for PrEP to work?
- > PrEP does not
- > How often should PrEP be taken?
- > Counselling should be:

Why is counselling about PrEP so important?

HIV-negative people interested in PrEP should receive counselling prior to PrEP initiation and at follow-up visits while they are actively taking PrEP.

The information you will find here, is a quick reference guide to support consistent counselling efforts and provide helpful reminders for important topics to cover. It is a supplement for existing counselling practice and guidelines, not a comprehensive replacement.

What is PrEP?

PrEP = NEW + SAFE + HIV Prevention Method

PrEP is a new and safe method for HIV-negative people to reduce their risk of becoming infected. It is a pill that has 2 anti-HIV medicines: 200 mg of emtricitabine and 300 mg of tenofovir.

HIV-negative people who take PrEP every day can lower their risk of HIV by more than 90 percent.

PrEP is the use of an ART medication for HIV negative people for HIV Prevention.

How long does it take for PrEP to work?

After taking oral PrEP for 7 days people are fully protected, but they must continue to take it daily to remain protected.

PrEP is an extra HIV prevention option and where possible, should be used in combination with other prevention methods which include:

- Condoms
- Counselling
- Medical male circumcision
- Healthy lifestyles
- PrEP
- PEP

[Counseling materials on PrEP for providers](#) from the South African Department of Health.



Flipchart for training providers in Mozambique.

Adherence Counselling

Checklist Counselling Prior to PrEP Initiation

This is a list of important topics to discuss with clients when explaining PrEP for the first time and deciding whether it might be right for the client. It is not comprehensive. Please ensure you use your organisation's available counselling tools for each of these topics.

✓	What to discuss:	How to discuss it:
	Assess the client's risk profile	Develop a clear picture of the client's risk profile and lifestyle; make sure they understand how their lifestyle impacts their risk profile. IMPORTANT: use your organisation's risk assessment tools.
	Combination prevention	Taken daily, PrEP is an additional prevention option. It should be used in combination with other prevention tools, like condoms, PEP, healthy lifestyles, treatment for STIs, male medical circumcision, and ART for partners living with HIV. REMEMBER: counselling should highlight that ideally PrEP should be used with condoms.
	Condom negotiation	Some clients, especially sex workers, may not be able to enforce condom use. Provide guidance on how to safely advocate for condom use by the partner. IMPORTANT: does your organisation have a tool that can help you?
	STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use. REMEMBER: STIs may increase the risk of HIV acquisition.
	Contraception / Fertility goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
	Adherence (daily)*	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection. *More detail is provided in the Adherence section that follows.
	Side effects	Some people get mild side effects when they start PrEP, but they generally go away after a few weeks. The most common side effects include: nausea, headache, tiredness, diarrhea, depression, abnormal dreams, vomiting, rash, problems sleeping, and changes in appetite.
	Intimate partner violence (IPV)	People who have abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP. Ask about the client's relationships, and for clients experiencing abuse, provide counselling and referrals, when possible.
	Talking to your partner, family, friends, etc.	Deciding whether to tell anyone about your PrEP use is a completely personal decision. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with the client whether and how they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
	Visit schedule	Explain the visit schedule for PrEP use. The client must return for follow-up visits at the first month, and then every three months. They must also return to the clinic monthly to pick up their pills.



AIDSFree

2733 Crystal Drive, 4th Floor

Arlington, VA 22202 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aids-free.org

Web: aidsfree.usaid.gov