

DECEMBER 2023

Provider Support of PrEP Use Among Adolescent Girls & Young Women

A REVIEW OF LEARNINGS ON PROVIDER BEHAVIOR TO INFORM SERVICES IN MULTI-METHOD MARKETS



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Executive Summary

There has been little research to date focusing specifically on providers of PrEP for AGYW in sub-Saharan Africa, and what does exist is primarily descriptive rather than experimental.

Current research does not define provider behaviors or their drivers in the level of detail required to inform behavior change interventions. Current research on providers is also largely focused on oral PrEP, with limited understanding of provider behavior in the context of a multi-method market.

Shifting norms and behaviors among providers has the potential to increase both demand for and adherence to PrEP among AGYW. A more holistic understanding of providers' experience, from initial preparation to offering PrEP methods through counseling, adherence support, and ongoing service provision, would likely reveal new opportunities to enhance the quality and efficiency of services.

More strategic provider-facing interventions, with a clear focus on specific behaviors and their most influential drivers, would likely yield improvements in impact and cost-effectiveness.

EVIDENCE-BASED KEY DRIVERS* OF PROVIDER BEHAVIOR:

- Lack of knowledge
- Misalignment between professional roles and personal values
- Excessive workloads, limited staffing, and time constraints

*For complete evidence-based drivers see "Current Approaches and Better Practices" section.

Key Insights

This review identified overarching insights about providers and PrEP service provision for AGYW that were commonly mentioned in referenced literature.

- 1) **Trust** between providers and AGYW is critical to PrEP adoption and adherence.*
- 2) Providers do not feel **heard or valued** by AGYW.
- 3) Providers recognize the disproportionate HIV risk faced by AGYW and believe PrEP can help AGYW **take control and protect themselves**.
- 4) Providers **question AGYW's decision-making abilities** and responsibility.
- 5) **Concerns about adherence** influence providers' willingness to prescribe PrEP to AGYW.
- 6) Providers are deeply concerned about **behavioral disinhibition** among AGYW PrEP clients.
- 7) Providers don't always see themselves as **part of the problem** (and thus, can't see themselves as part of the solution).
- 8) Providers are **influenced by prevailing norms** prohibiting sexual activity among AGYW.
- 9) Providers worry that prescribing PrEP to AGYW may open them to **reputational risk**.
- 10) Providers are **concerned about adding a new service** to an already overburdened health system.
- 11) **Iterative learning and practice modifications** support introduction and integration of PrEP.

*While trust for both providers and clients is critical, stigma and judgement from providers towards AGYW is also a significant factor, see page 13 of this report for additional context.



Providers and multi-method PrEP markets

At the time of this review, little research exists exploring provider perspectives around provision of multiple PrEP methods. Findings from existing research should be further explored for implications to provider interventions and provider-facing communication.

Providers may have different perceptions of products than their clients, including different perceptions of the benefits, drawbacks, and biases of specific products.

- Provider concerns regarding AGYW adherence may encourage them to promote the PrEP ring or CAB PrEP over oral PrEP.⁵⁷
- Client age and marital status may also influence which methods providers recommend⁵⁶, with some providers less likely to prescribe to unmarried and adolescent clients.^{49,50,62}

Providers will need to change how they work to successfully introduce new PrEP methods.

- Choice counseling may be a challenge for those who are new to providing choice of products.⁵⁷
- Availability of multiple PrEP methods implies a greater need for counseling around method switching among existing users.⁵⁷
- Introduction of new PrEP methods and the need to provide additional counseling and client education may exacerbate provider concerns regarding workload.⁵⁷

Recommendations

1

Adopt an approach to provider-facing work that is holistic, strategic, and behaviorally-focused.

Approaching providers as a behavior change audience and systematically diagnosing barriers to the provision of evidence-based, client-centered care has the potential to improve both the motivation and performance of providers and client experience of care and service utilization. The emergence of multi-method PrEP markets in many countries offers an opportunity to rethink provider-facing approaches.

2

Consider implications of a multi-method PrEP market for provider behavior and client-provider interaction.

Understanding provider perspectives around the full range of available PrEP methods, particularly as pertains to AGYW, is important to effective interventions and communication with providers. Research suggests that benefits and drawbacks of different methods as perceived by providers may differ from benefits and drawbacks as perceived by clients. Additionally, introduction of new PrEP methods may require new ways of working by providers.

3

Promote effective approaches to measuring provider behavior.

Formative research should consider not only those issues that are well-known (i.e., provider bias), but a broader range of potential drivers of PrEP-related behaviors. Change should be measured showing output, outcome, and impact to better show causal pathways between interventions, provider behavior, and client uptake and continued use of PrEP. Improvement of routine measurement of provider behavior through supportive supervision and other performance monitoring approaches is needed.

While this review does not explore existing literature around the importance of youth involvement outside of the focus on provider behavior, youth-led activities to ensure services meet the needs of clients are a critical component to addressing provider behavior.

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Why this report?

Several new biomedical HIV prevention products are moving closer to introduction in sub-Saharan Africa. Soon, a range of options will become available, including injectable cabotegravir for PrEP (CAB PrEP) and the dapivirine ring (PrEP ring).

While demand generation and marketing efforts so far have focused on oral PrEP, we have an opportunity now to jumpstart the process of understanding how to communicate the new PrEP product portfolio with choice in mind. As we move forward with introduction, we need to understand how to address provider behavior in a multi-method market and effectively communicate to providers as the “gatekeepers” of HIV prevention products.

This report aims to collate the key insights, lessons learned, strategies, and examples from past and current programs and studies that focus on providers of PrEP for AGYW. It aims to uncover both what is known and what opportunities exist to further understand provider behavior to inform multi-method service provision in a rapidly expanding PrEP market.

In PrEP-focused projects, providers have emerged as key gatekeepers of PrEP access among AGYW.

CHANGING PROVIDER BEHAVIOR REQUIRES A MORE HOLISTIC UNDERSTANDING OF THEIR PERSPECTIVES.

- There is a need to better understand the functional and emotional drivers of provider behavior in order to better design and roll out provider-facing materials, tools, and trainings.
- While some research exists around provider bias towards young PrEP clients, other normative and attitudinal drivers of provider behavior have not been sufficiently explored.
- Much of the existing research is focused exclusively on oral PrEP.

ENABLING METHOD CHOICE REQUIRES NEW WAYS OF WORKING.

- As the market expands, it will be critical to support providers in effectively communicating method choice to AGYW. Research reveals that choice-based counseling in particular poses challenges for providers.

Methodology

The basis of this resource is a desk review including both peer-reviewed and grey literature. This review did not follow PRISMA guidelines for a systematic review and should not be considered as such. This review is not inclusive of anecdotal evidence or unpublished research but does acknowledge that evidence and understanding of providers exists within ongoing studies, projects, and programs that can supplement and add to the insights included in this review. It does not include all provider-facing materials, tools, and trainings on PrEP or assess interventions but rather focuses on insights on provider behavior and learnings from provider-facing communication and interventions.

Peer-reviewed literature

55 peer-reviewed articles

Inclusion Criteria

- Countries in sub-Saharan Africa
- Published between 2016-present
- English
- Key search terms: PrEP, provider, Africa, motivation, attitudes, norms, stigma, barriers
- Bibliographic back-referencing

Grey literature

14 grey literature sources

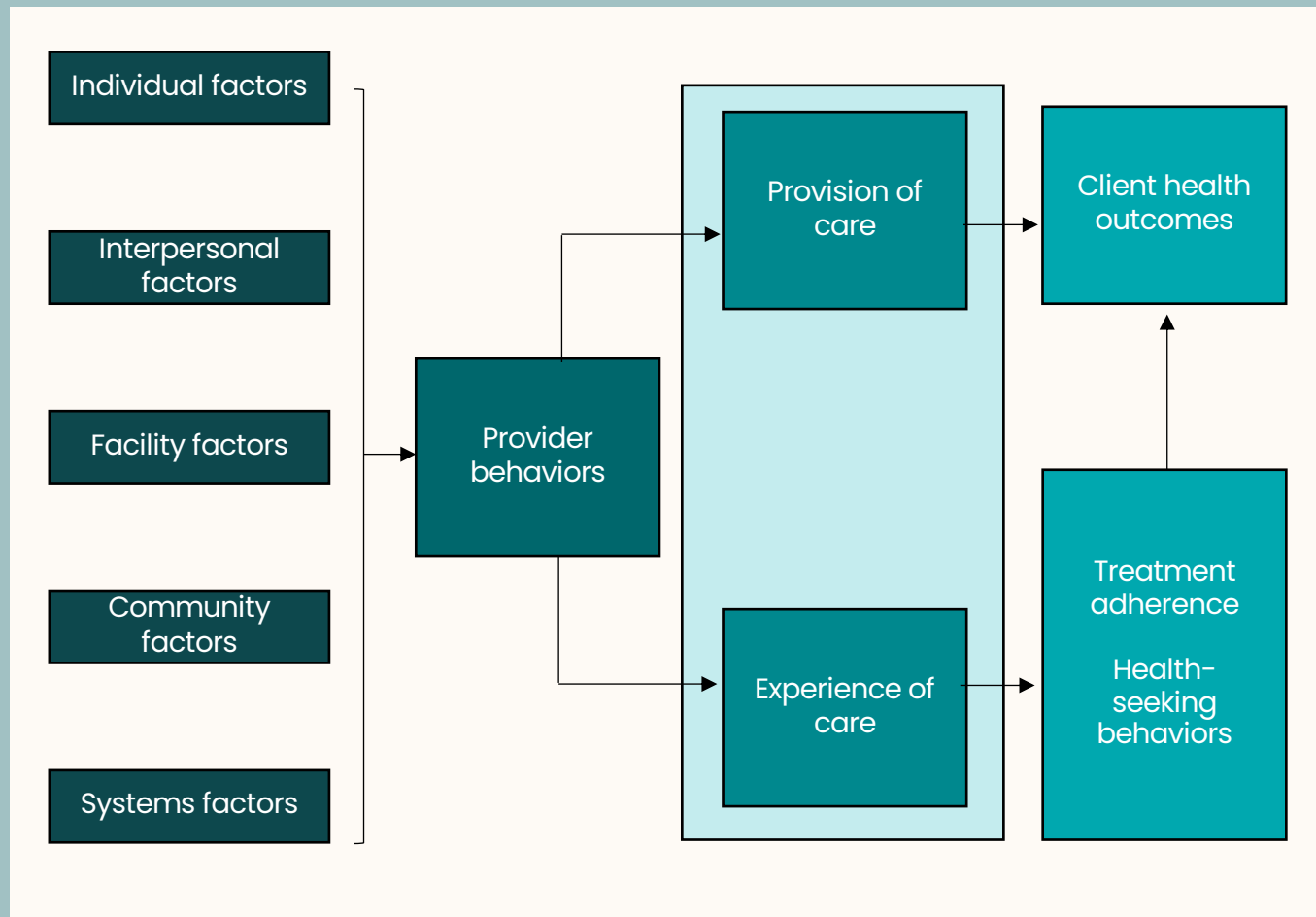
Inclusion Criteria

- Countries in sub-Saharan Africa
- Published between 2016-present
- English
- Key search terms: PrEP, provider, Africa, motivation, attitudes, norms, stigma, barriers
- Projects considered:
 - HIV/AIDS and PrEP projects: MOSAIC, OPTIONS, PROMISE, Project Emption/V, POWER, CHARISMA, HPP
 - FP/RH projects: Beyond Bias, A360, Breakthrough Action

Why are providers important?

Provider behavior, including both provision of clinical care and verbal and non-verbal communication with clients, influences client health outcomes. Research has clearly demonstrated that providers' ability to communicate, demonstrate respect, and tailor services to client needs and preferences supports not only client satisfaction, but adherence and health-seeking behaviors.

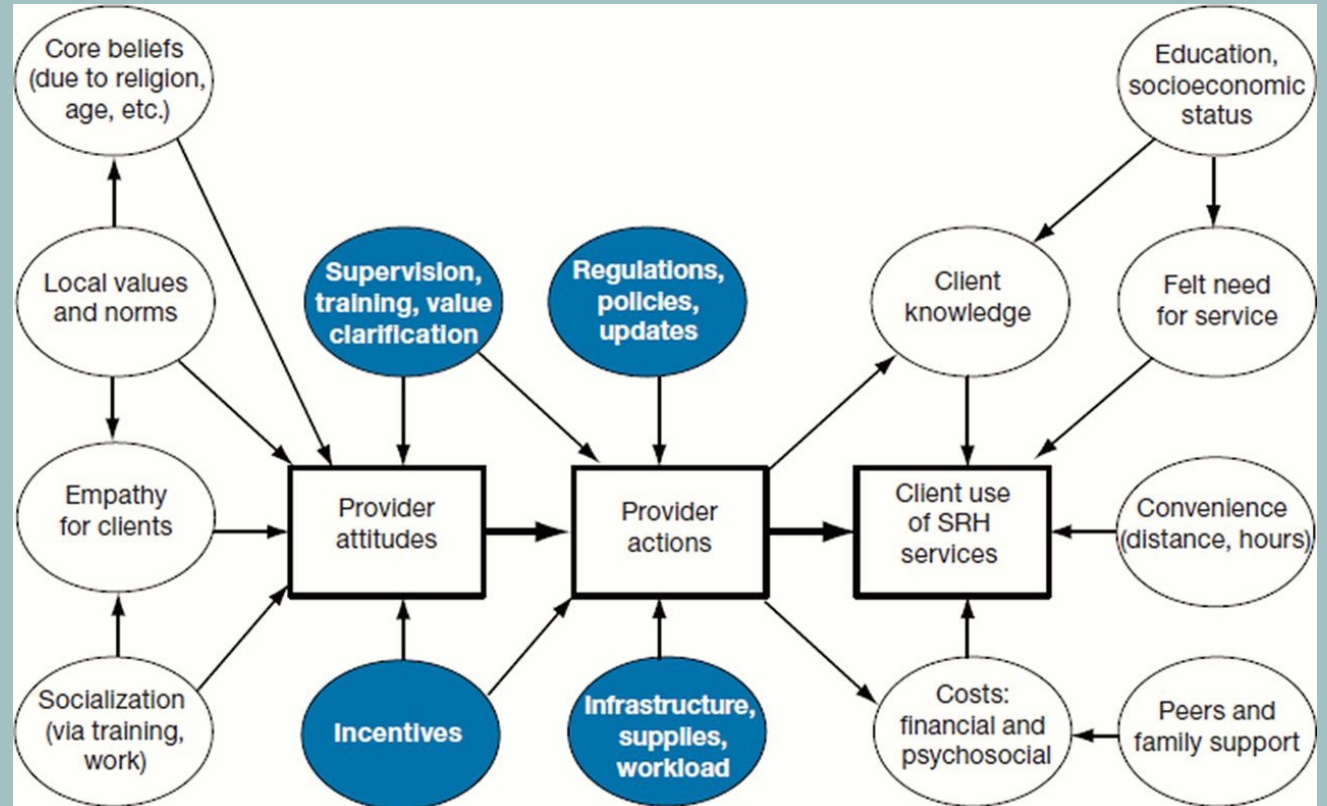
Quality of care



Framework for Provider Influence on Client Use of Services

Providers and AGYW are influenced by distinct behavioral drivers that overlap during the client-provider encounter and impact client use of health services. The "Conceptual Framework of Providers' Influence on Client Utilization of SRH Services" illustrates this impact.

Conceptual Framework of Providers' Influence on Client Utilization of SRH Services



Source: Tavrow, P. (2010). "Promote or discourage: how providers can influence service use." In: Malarcher S, ed. Social Determinants of Sexual and Reproductive Health: informing future research and programme implementation. Geneva: World Health Organization.



Who are PrEP providers?

Providers involved in provision of PrEP may include doctors, nurses, clinical officers, counselors, pharmacists, and lay workers.

Provider perspectives and behavior may be influenced by identity, experience, role expectations, and many other factors.

Provider perspectives may vary widely. For examples of provider personas that have been developed of PrEP and SRH providers by research and participatory design activities, see the Existing Resources & Better Practices section of this review.

Both clinical and non-clinical staff interact with clients and may influence experience of care and service-seeking behaviors.

Providers' Role in the PrEP Adoption Journey

PrEP effectiveness requires access, adherence, and persistence.¹⁶ All three of these require significant commitment and support from providers.

Positive provider–client rapport supports client involvement in healthcare and correct use of prescription medication.⁵¹

Stigma may influence both whether services are provided, and the manner in which they are provided.⁴⁹ Judgmental provider attitudes towards unmarried and adolescent women have been shown to discourage use of services.^{49,50,62}

“

“[Providers] play a critical role in the introduction and promotion of new services and are recognized as **important catalysts for change**...their willingness to make adaptations to existing services...may determine the success and failure of new health technologies but **providers may lack the necessary motivation to introduce new methods.**” ^{32,55}

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How providers perceive and interact with AGYW

How providers perceive themselves

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Cross-Cutting Insights

Cross-cutting insights emerged across many of the programs and studies reviewed. These, in addition to country specific insights and understanding, can help programs create relevant and resonant interventions and communication that aid in provider behavior towards supporting PrEP use among AGYW. Insights focused on three overarching areas, and many are interrelated:

- How providers perceive and interact with AGYW
- How providers perceive themselves
- How providers perceive the contexts in which they live and work

Trust between providers and AGYW is critical to PrEP adoption and adherence.

- **Initial counseling and engagement prior to PrEP initiation is a critical opportunity** to build trust between client and provider; conversely, poor counseling, including hesitation to prescribe, or pressure to initiate may generate distrust.¹⁰
- **Repeated client-provider contacts** help build rapport and trust and may contribute to reduced risk behaviors over time.^{7, 55}
- **Perceived judgment** by providers diminishes client trust.^{30,56,62}
- **Privacy and confidentiality** are key concerns among AGYW.^{30,62}
- **Trusting relationships with providers foster self-confidence and motivation** among AGYW and improves client-provider problem solving around adherence.⁶²

Illustrative approaches for improving trust between providers and AGYW:

- Ensure that provider training includes concrete strategies for building trust with AGYW clients.²
- Verbally reiterate confidentiality in all client encounters.⁵⁵
- Post provider confidentiality pledge in consultation rooms and other areas of facility.²⁰
- Ensure clear and appropriate accountability mechanisms are in place for violations of patient confidentiality.²⁴
- Values clarification and norms shifting strategies.^{18, 55}

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we reframe the client-provider exchange as an ongoing trusting relationship with multiple interactions and decision points?

Providers do not feel heard or valued by AGYW.*

- **Providers often communicate** in ways that do not resonate with AGYW and are met with resistance.^{27,64}
- **AGYW may avoid or lie to providers** unless they feel at risk.²⁷
- **Providers feel that AGYW do not listen** to them and instead prioritize input from their partners and peers.²⁷
- **Providers feel misunderstood** by AGYW.⁵⁵

Illustrative approaches for helping providers understand their value to AGYW:

- Establish client feedback mechanisms.¹⁸
- Empathways, to help providers develop empathy for youth clients.**
- Utilize co-design or human-centered design approaches to develop solutions to communication challenges.

*While this review does not explicitly cover perspectives of youth or AGYW on service delivery and provider encounters, it is important to note that youth and AGYW often encounter disrespect in their interactions with providers.

**Empathways was developed to help providers develop empathy for young clients and spark youth-centered service delivery. It was not developed to support empathy development in clients.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we improve feelings of respect between AGYW and providers?

Providers recognize the disproportionate HIV risk faced by AGYW and believe PrEP can help AGYW take control and protect themselves.

- **Providers are concerned** that younger women have difficulty negotiating condom use and misinterpret the level of risk in their relationships.¹³
- **The potential to help AGYW gain agency** and protect themselves motivates providers to offer PrEP.¹³

Illustrative approaches for providers to help AGYW take charge of their sexual health:

- Demonstrate to providers that PrEP enables AGYW to protect themselves and take control (e.g., client testimonials).
- Support development of provider champions (i.e., through use of Gen-N provider-oriented tools, including provider manifesto and dialogue guide).
- Application of choice counseling and use of job aids such as the HIV Prevention User Journey Tool to support choice effective counseling.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we equip providers with the language/framing for method choice to ensure AGYW are Informed and in control of their choice to use PrEP?
- How might we frame method choice for providers as an opportunity for AGYW to take greater control of their health?

Providers question AGYW's decision-making ability and responsibility.

- **Providers are concerned** that AGYW may not be able to assess their own risk accurately.^{13,30}
- **Providers question AGYW's decision-making skills**, which encourages them to use authoritarian, one-directional communication.^{18,42,49}
- **Adolescence and young adulthood offer a “window of opportunity”** to establish positive SRH norms, choices, and practices.²⁹

Illustrative approaches for helping providers see AGYWs' potential as active consumers of health:

- Highlight AGYW's ability to make responsible decisions (e.g., through PrEP Ambassadors or other peer educators).
- Create opportunities for providers to interact with youth leaders.²³
- Demonstrate how providers' actions support AGYW in taking responsibility for their health.⁵⁰

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we demonstrate to providers that AGYW can achieve and maintain good health when equipped with the necessary information and resources?
- How might we reframe providers' understanding of adolescence and young adulthood as a time to establish a positive lifelong relationship between a client and the healthcare system?

Concerns about adherence influence providers' willingness to prescribe PrEP to AGYW.

- **Trusting relationships with providers** improve accurate reporting of adherence by AGYW, which supports effective client-provider problem solving.²
- **Providers are concerned** about the structural barriers AGYW face to access PrEP, their ability to adhere to PrEP, and the disapproval from their parents and peers around PrEP use.^{6,42}
- **With oral PrEP, providers have concerns** about AGYW's ability to take a daily pill.⁵⁷

Illustrative approaches for shifting provider mindset about their role as gatekeepers of PrEP:

- Emphasize the relationship between positive client-provider interaction and adherence.⁵⁰
- Offer examples of AGYW who have successfully adhered to PrEP.
- Convey to providers that some level of protection is better than none.^{10*}
- Promote solutions that support adherence (e.g., enhanced counseling, SMS reminders).^{8,42,57}

*Provider concerns around drug resistance with intermittent adherence did not arise in the existing literature reviewed but have arisen anecdotally.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might providers better support AGYW in adhering to different PrEP methods?
- How might we reassure providers that AGYW are capable of adhering to PrEP?
- How might we increase providers' comfort with planned discontinuation of PrEP, and equip them with the skills to counsel AGYW about method switching and safe discontinuation?

Providers are deeply concerned about behavioral disinhibition among AGYW PrEP clients.

- **Concerns about disinhibition** among PrEP clients lead providers to emphasize condom use in counseling.^{34,53}
- **Dislike of condoms and inability to negotiate condom use** are motivators of PrEP use among AGYW.¹⁰
- **Repeated client-provider contact helps build rapport** and trust and may contribute to reduced risk behaviors over time.^{7,55}

Illustrative approaches for addressing provider concerns regarding PrEP and behavioral disinhibition:

- Collect and share data regarding PrEP and sexual risk behavior among AGYW with providers.
- Work with AGYW and providers to develop counseling approaches and content that acknowledges the realities of young people's sexual lives while addressing provider concerns regarding efficacy and behavioral disinhibition.^{18,29,55,57}

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How can we shift providers' perceptions of their role in the lives of their clients?
- How might we prepare providers to communicate about PrEP and condom use in a manner that resonates with AGYW?

Providers don't always see themselves as part of the problem (and thus, can't see themselves as part of the solution).

- **Providers may believe that they are “hiding” judgment** towards AGYW more effectively than they actually are.⁴⁹
- **Providers may perceive AGYW** as “imagining” stigma and discrimination.⁴⁹
- **Even when providers acknowledge judgment** towards AGYW, they may believe that it does not impact the care that they provide.⁴⁹

Illustrative approaches for helping providers recognize the impacts of their bias:

- Prioritize values clarification.^{18,26,55}
- Establish client feedback mechanisms.¹⁸
- Involve youth in monitoring of providers (i.e., mystery clients visits, youth advisory boards, youth-led monitoring) and provide direct feedback.
- Use standardized patients in training and quality assurance.^{33,38}
- Empathways, to help providers develop empathy for youth clients.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we help providers acknowledge and confront their biases without vilifying them?
- How might we help providers appreciate the ways that their behavior impacts AGYW clients?
- How might we understand and address provider bias as it relates to specific HIV prevention methods?

Providers are influenced by prevailing norms prohibiting sexual activity among AGYW.

- **Provider bias towards young and unmarried** clients contributes to discriminatory behavior and poor client care.^{40,49,53}
- **Both clinical and non-clinical staff** influence client experience of care.^{40,48,49}
- **Stigma is most acute** towards younger women and unmarried women.^{20,48,49,50,53}
- **In settings where PrEP services are nurse-led and nursing is dominated heavily by women** (e.g. RSA), the large majority of providers involved in provision of PrEP are female, which may influence the care provided to AGYW clients.^{28,55,*}

Illustrative approaches for promoting non-judgmental care for unmarried AGYW:

- Include non-clinical staff in trainings.^{33,35,48,49}
- Emphasize expectations regarding confidentiality with all facility staff.^{48,49}
- Recognize and reward warm, respectful, confidential treatment of clients.
- Prioritize values clarification.^{18,55}
- Explore gender in formative research.²⁸
- Create opportunities for providers to interact with AGYW (e.g., collaborative design activities, testimonials).¹⁸

*There's increasing recognition that provider gender influences behavior towards clients. For example, in MCH, there's some evidence that lower-status, female-dominated cadres are more likely to enact disrespectful and abusive treatment of clients, in part because they themselves feel disrespected and abused in the workplace. In FP/RH, we see that female providers sometimes "over identify" with young clients and fail to provide recommended services because they are trying to "protect" the client. (Hancock, 2023).

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we reduce the tension between personal values and professional duties experienced by providers?
- How might we position respectful and empathetic care as a professional expectation for all cadres of providers offering PrEP?

Providers worry that prescribing PrEP to AGYW may open them to reputational risk.

- **Providers fear community disapproval** if they are seen to condone sexual activity among AGYW.²⁰
- **Providers worry that behavioral disinhibition** secondary to PrEP use will result in increased STIs or unintended pregnancies among young people, and that these will be viewed as evidence of poor professional performance.^{6,34,53}
- **Providers are concerned** about clients' ability to adhere and being labeled "failures" if clients are non-adherent.⁶

Illustrative approaches for emphasizing the benefits of providing youth-friendly SRH services:

- Celebrate providers who provide high-quality, youth-friendly services.
- Share and discuss evidence regarding behavioral disinhibition among PrEP users.
- Review service statistics measuring SRH and HIV outcomes among PrEP users.⁵⁶
- Implement social accountability activities that help providers understand community perspectives and priorities.¹⁸
- Peer-to-peer influence models.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we frame provision of PrEP as a core element of providers' professional mandate?
- How might we reduce real or perceived tensions between community expectations and provision of youth-friendly SRH services?

Providers are concerned about adding a new service to an already overburdened health system.

- **Providers are concerned about the time** required to provide high-quality counseling.^{55,57}
- **Providers worry that providing services to healthy PrEP clients** will impede their ability to care for clients who are ill and require curative care.⁵⁵
- **Facility-level interventions addressing workflow** are underutilized and have the potential to yield benefit to both clients and providers.⁶⁰

Illustrative approaches for mitigating impacts of PrEP on provider workload while ensuring high quality of care:

- Use client priming (e.g., decision support tools, waiting room education) to reduce provider workload.^{8,57,62,68}
- Task-shift elements of PrEP delivery to non-clinical staff/lower cadres.^{4,35,40,67}
- Explore opportunities to streamline workflow (e.g., centralizing service points, records, and supplies).⁶⁰
- Consider emphasizing the benefits of taking more time with clients, and/or emphasizing that counseling will take less time over time.⁵³

CONSIDERATIONS FOR
IMPROVED PROGRAMMING

- How might we adjust workflow to offset the time and staffing requirements associated with provision of multiple PrEP methods?
- How might we aid the counseling conversation as new PrEP products are added to the method mix?

Iterative learning and practice modifications support introduction and integration of PrEP.

“ The more [providers] perceive a service as meaningful and useful, the more likely they are to [implement it].⁵⁰ ”

- **Contextual modifications** have been shown to increase PrEP initiation and continuation rates.³⁴

Illustrative approaches for empowering providers to enact practice change:*

- Employ quality improvement processes to allow providers and other facility staff to track progress and generate facility-specific solutions to challenges on an ongoing basis.^{23,34}
- Introduce mechanisms for social accountability and client feedback to help providers and supervisors better understand how service delivery modifications influence client experience of care.¹⁸
- Engage providers in data review.

*Focus is on approaches that engage providers in problem solving process. Other approaches can and should include youth engagement.

CONSIDERATIONS FOR IMPROVED PROGRAMMING

- How might we introduce sustainable processes for regular review and improvement of PrEP provision at the facility level?
- How might we encourage providers to participate in ongoing, facility-level data review and problem-solving regarding provision of PrEP services?

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Current Understanding of Provider-Facing Work for PrEP

Better Practices Relevant to Provider-Facing Work for PrEP

Spotlight on Counseling

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Putting Provider-Facing Interventions in Context

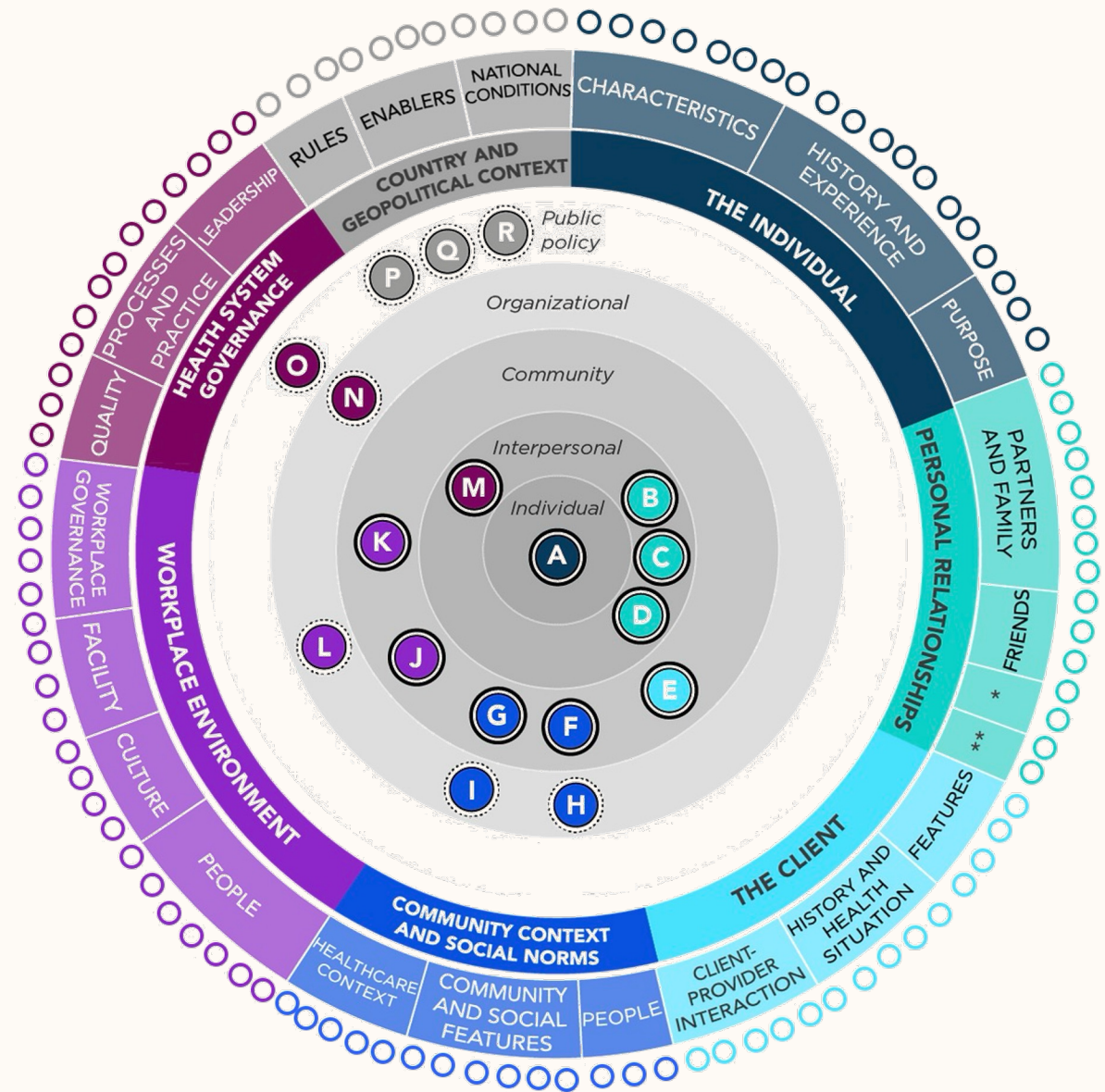
Interventions seek to change the behavior of healthcare providers, with the ultimate aim of improving client experience and health outcomes. Interventions draw upon quality improvement, social behavior change, behavioral science, and other disciplines. In provider-facing interventions across the health sector there is an increasing focus on provider empathy, motivation, and performance as critical elements of quality health services.

There is growing recognition that shifting provider behaviors often requires multi-component interventions, and interventions that focus exclusively on development of clinical skills (e.g., training, clinical job aids) are not typically sufficient to affect change. Two current challenges with provider interventions are an over-reliance on provider training and job aids, and provider training and job aids are not designed per best practice and therefore don't produce positive outcomes.

Understanding the drivers of provider behavior

Research demonstrates that provider behavior is influenced by a wide range of interrelated factors at the individual, interpersonal, facility, community, and systems levels.

Formative research and intervention design activities should explore the full range of potential drivers and identify those that most directly influence priority behaviors.²⁸



Source: Breakthrough Action and Research. (2021). Provider behavior ecosystem map. <https://breakthroughactionandresearch.org/wp-content/uploads/2022/01/Provider-Behavior-Ecosystem-Map-Guide.pdf>



Current Understanding of Provider-Facing Work for PrEP

Our current understanding of provider behaviors across the PrEP clinical cascade from existing research is limited. In general, provider behaviors associated with PrEP provision are poorly defined in research and programming, much existing work either considers clinical processes comprising multiple behaviors (e.g., counseling) or use of specific tools. We have provided a summary of known drivers of provider behavior, gaps in understanding provider behavior, current interventions, and existing resources along the PrEP journey.

Frequently cited drivers of provider behavior

- **Lack of knowledge** has been identified as a major barrier to prescribing PrEP by providers.^{35,43}
- **Misalignment between professional roles and personal values** is a key determinant of provider motivation, which has been identified as a key determinant of professional performance.⁵⁵ In PrEP provision, providers experience tension between a sense of professional duty and fear of encouraging promiscuous or immoral behavior, especially among younger and unmarried AGYW who consequently face pervasive provider stigma and discrimination.^{20,50,53}
- **Excessive workloads, limited staffing, and time constraints** inhibit provider performance and motivation and may present significant barriers to quality counseling in the context of PrEP method choice.^{30,50,57,59,65}



Skills-based training, national guidelines, and basic materials (e.g., PrEP medication) facilitate the ‘can do’ of PrEP integration, [but] intrinsic motivation is essential to whether providers will do so.⁵⁰

Drivers of provider behavior identified in **current research**

BARRIERS

Individual

- Lack of training/knowledge, including confidence discussing side effects and strategies for starting/stopping PrEP
- Preference for other prevention methods

Interpersonal

- Lack of understanding of the complex contextual challenges facing AGYW in their relationships that restrict their agency
- Perception that AGYW, especially adolescents, are not interested in protecting themselves, “do not listen,” or are incapable of making responsible decisions
- Perception that AGYW are “imagining” stigma and discrimination
- Perception that provider stigma is “managed” and behaviors are not discriminatory
- Concerns that PrEP will encourage behavioral disinhibition, including reduced use of condoms
- Concerns regarding AGYW adherence

Facility

- Workload
- Concerns that counseling will be too time-consuming
- Concerns that adding an additional service will impede their ability to care for clients who are ill and require care or reduce quality of services

Community

- Influence of community social norms on provider behavior
- Discomfort with or disapproval of adolescent sexuality and sexual activity among unmarried AGYW, including tendency to view AGYW clients as “daughters”
- Perception that AGYW should seek approval from parents or partners

System

- Limited understanding of the rationale for provision of PrEP to AGYW

ENABLERS

Individual

- Knowledge and self-efficacy secondary to training
- Provider professional identity and professional commitment to keeping AGYW healthy
- Perception that PrEP is a valuable tool for helping keep AGYW healthy, and a means to help AGYW gain control over HIV prevention

Interpersonal

- Appreciation of AGYW risk

Facility

- More time spent with clients
- Support for counseling as a means to overcome challenges regarding adherence

System

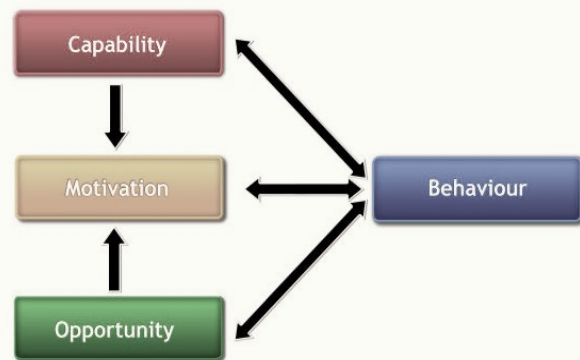
- Reinforcement of PrEP as a health system priority

Understanding current programming through the lens of key **behavior change** frameworks

Mapping current work against common behavior change frameworks such as COM, PRECEDE, and the socio-ecological model (SEM) suggests an over-emphasis on some drivers of provider behavior, and an under-emphasis on others.

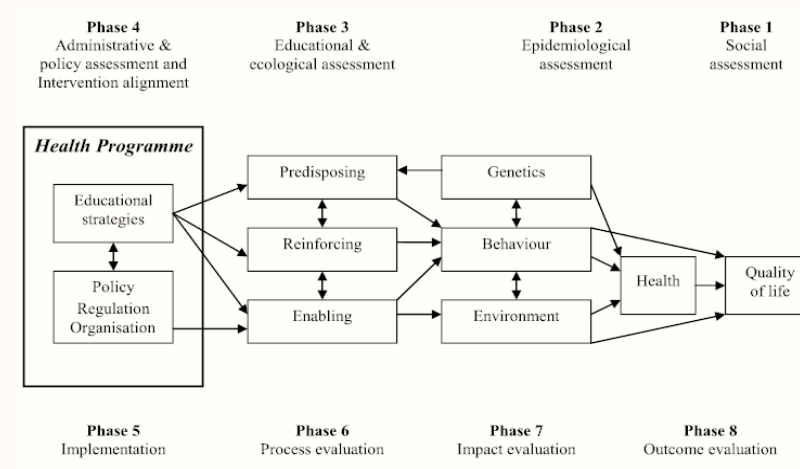
COM*

The bulk of current programming focuses on provider **capability**, with less attention to motivational factors, and less still to opportunity factors.



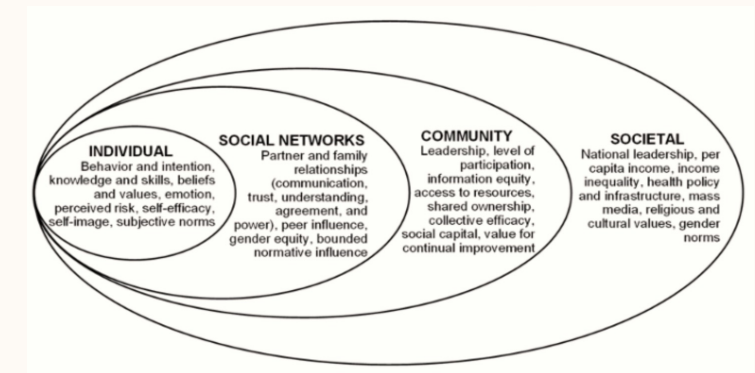
PRECEDE**

The bulk of current programming focuses on **predisposing** factors of provider behavior. There is very little work addressing enabling or reinforcing factors.



SEM***

The bulk of current programming focuses at the **individual** and **interpersonal** levels. There is less work at the facility, community, and systems levels.



*Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1). <https://doi.org/10.1186/1748-5908-6-42>

**Porter, C. M. (2016). Revisiting preceed-proceed: A leading model for ecological and ethical health promotion. *Health Education Journal*, 75(6), 753-764. <https://doi.org/10.1177/0017896915619645>

*** A socio-ecological model of communication for social and behavioral change. (2022). The Communication Initiative Network. <https://www.comminet.com/global/content/socio-ecological-model-communication-social-and-behavioral-change>

Illustrative provider role along the PrEP journey

Organizing provider behaviors along a continuum similar to the client journey illuminates current areas of investment and opportunities for future work. An illustrative provider journey* is proposed here; this should be refined and validated via additional research moving forward.

The provider journey mirrors and overlaps with that of PrEP clients. **Validation of this journey map should include review against existing client journey maps to identify points of intersection, illuminate areas for potential intervention, and go beyond the functional to understand the emotional role of providers.**



*Role included is illustrative and derived from existing resources.
**There is a shift away from use of risk assessments in the PrEP field.

Mapping types of **current interventions** across the provider journey

Current programming focuses heavily on tools and strategies to enhance counseling.

	Preparing to offer PrEP	Priming the client for counseling	Counseling	Supporting new clients	Counseling returning clients	Supporting clients in adhering	Sustaining high-quality services
Commonly used in PrEP programs	<ul style="list-style-type: none"> Training: PrEP Training: youth-friendly services Reflection exercises: stigma and bias 	<ul style="list-style-type: none"> Decision-making tools (self-administered) Risk assessment tools (self-administered)* Client education (group) Peer-to-peer interventions 	<ul style="list-style-type: none"> Conversation starters Risk assessment tools (provider-administered)* Job aids Counseling guides Counseling training Provider manifestos 	<ul style="list-style-type: none"> Conversation starters Job aids Counseling guides Counseling training Provider manifestos 	<ul style="list-style-type: none"> Conversation starters Job aids 	<ul style="list-style-type: none"> Reminders Client support groups (in-person or virtual) 	<ul style="list-style-type: none"> Mentorship Supportive supervision Changes to staffing and workflow
Used in other health programs	<ul style="list-style-type: none"> Team-based diagnostic and planning processes 	<ul style="list-style-type: none"> Client empowerment ("Smart Client" approaches) Facility open days and walk-throughs 		<ul style="list-style-type: none"> Client-provider contracts 			<ul style="list-style-type: none"> Peer support groups Positive deviance/model provider interventions Recognition and non-financial incentives Social accountability interventions Client feedback mechanisms

*There is a shift away from use of risk assessments in the PrEP field.

Mapping **existing resources** across the provider journey

Preparing to offer PrEP	Priming the client for counseling	Counseling & supporting new clients	Counseling returning clients	Supporting clients in adhering	Sustaining high-quality services
HP+ Stigma Toolkit	HIV Prevention User Journey Tool (digital)	HIV Prevention User Journey Tool (paper-based)	HEART/CHARISMA	MSF/RSA WhatsApp groups	JSI/Zambia HCW training and mentorship
JSI/Zambia HCW training and mentorship	MyPrEP ADVICE Chatbot	RSA risk assessment tool (guidelines)	Gen-N Counseling for Continuation		Partners Scale Up One-Stop Shop facility modifications
Gen-N Common Concerns infographic	HIV Prevention Ambassador Training	JSI/Zambia HCW app, job aid	Options in HIV Prevention adherence counseling tools		Options counseling fidelity monitoring model
Beyond Bias - Summit (adapt)	V in-clinic posters and pamphlets	V flipchart and provider swag			Beyond Bias - Connect and Reward (adapt)
		Gen-N manifesto			
		Gen-N Empathways			
		Gen-N Counseling for Continuation			
		Gen-N ACE counseling			
		EPIC motivational counseling training			
		C4C, BCS+ (adapt)			

Note: See references section for resources included in this table. Resources listed are those accessible for review purposes, unpublished or resources not publicly available have not been included.

A close-up, slightly blurred photograph of a person's hand holding a small, light-colored pill. The hand is positioned over a document with some text and a grid, possibly a calendar or a form. The lighting is soft, and the overall tone is muted and professional.

Better Practices Relevant to Provider-Facing Work for PrEP

It is important to center providers in any provider intervention and provider-facing communication. We need to understand them as individuals within the context of their work and their broader communities. Limited work has been done to profile and develop personas of providers in the PrEP space, but what is known should be built on and applied so that interventions can be tailored to specific types of providers, especially as new PrEP products are introduced to markets.

Providers are people, too— not just professionals

Shifting provider behaviors requires approaching providers as a behavior change audience and not simply a channel for communicating information to clients.

Programs and projects can:

- Explore provider experience and perspectives in research, monitoring, and evaluation
- Assess attitudinal and normative drivers of provider behavior
- Recognize differences in identity, experience, and role between different cadres of provider
- Consider positive deviants or model providers
- Segment and profile provider audiences and ensure that content is reflected in intervention design
- Include self and collective care efforts

Past efforts that can help inform our work:

- Beyond Bias – provider segments and guidance on segmentation research
- Gen N – provider personas
- Breakthrough Action



Provider perspectives may vary widely as reflected by the personas below, which were informed by research (Beyond Bias) and participatory design activities (Gen-N).

Project	Provider Personas					
<p>PROMISE/Gen-N, Nigeria (PrEP)</p>	<p>The Moralist</p> <ul style="list-style-type: none"> • Very religious • See themselves as moral example for community • Disapproves of sex outside marriage • Does not want to encourage “immoral” behavior 	<p>The Loving Auntie</p> <ul style="list-style-type: none"> • Wants to help AGYW • Worried about STIs • Worried about AGYW who need PrEP and wants to help them • Conflicted about what it means to “help” 	<p>The Activist</p> <ul style="list-style-type: none"> • Enthusiastic about PrEP • Passionate about working with young people • Believes everyone should have the SRH services they need • Progressive attitudes 	<p>The Worrier</p> <ul style="list-style-type: none"> • Will prescribe PrEP because it is their job • Not sure if it is the right thing to do • Fears community backlash • Fears consequences for themselves 	<p>The Rule Follower</p> <ul style="list-style-type: none"> • Not emotionally attached to this issue 	
<p>Beyond Bias, Tanzania, Burkina Faso, Pakistan (FP/RH)</p>	<p>Paternalistic Clinician</p> <p>Busy older doctors who, despite some progressive attitudes, show strong marital and parity bias</p>	<p>Sympathetic Guardian</p> <p>Well-intentioned, and though somewhat misinformed, provides high-quality youth SRH services</p>	<p>Impromptu Sister</p> <p>Most connected with young clients, but also prone to believe they know what’s best</p>	<p>Content Conservative</p> <p>Generally open-minded and youth-friendly, but distrustful of modern methods and independent women</p>	<p>Detached Professional</p> <p>Well-trained, though emotionally disconnected from youth</p>	<p>Average Passive</p> <p>Aware of SRH practices among youth, but somewhat biased and relatively unsympathetic towards young people</p>

Spotlight on Counseling

- Counseling is the backbone of the client-provider interaction, and the component that providers frequently think of as most necessary for supporting initiation and adherence, but it is not the only way that providers can support clients in informed health decision making and sustained behavior change.
- As PrEP programs expand, provider cadres with limited experience in counseling may be called upon to provide this service.
- Poor quality of counseling can dissuade AGYW from using SRH services.⁴¹
- AGYW prefer conversational counseling approaches. AGYW and providers desire counseling that is accompanied by visual tools (e.g., provider job aids, client materials) and product demonstrations.
- Provider counseling training alone may not significantly impact client behaviors. Counseling training should be complemented with additional activities (e.g., coaching, auditing, self-directed reference materials) to ensure fidelity and quality.



Counseling Recommendations

- 1 Acknowledge that **counseling is a specific area of clinical competency**, and prior training and skills may vary among provider cadres. Assess provider counseling competency at baseline.
- 2 Provide counseling tools, **avoiding scripted approaches or pre-set messages**. Consider integrating key components of proven approaches such as motivational interviewing.
- 3 Consider offering **client segmentation/typing tools** or tools that incorporate these concepts for providers.
- 4 **Retrain for counseling** and emphasize that:
 - AGYW are not a monolithic group, and their needs and priorities may vary widely,
 - Choice is central to patient-centered care,
 - The best choice is the one that the client can comfortably use and adhere to,
 - Client preferences may shift over time, and
 - Characteristics of PrEP methods that appeal to providers may not be the same as those that are valued by clients.
- 5 Assess **quality of counseling** via monitoring and supervision.

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Recommendation 1

Adopt an approach to provider-facing work that is holistic, strategic, and behaviorally-focused

- Most current programs do not approach provider behavior in a holistic manner: interventions to improve provider knowledge are distinct from interventions addressing bias and quality improvement initiatives. Social norms change and values clarification exercises need to be integrated.
- Provider behavior is not clearly linked to client experience of care or outcomes in research or programming.

“ **Approaching PrEP implementation as a behavioral intervention for providers may help ensure that providers have the requisite capability, opportunity, and motivation to adopt the clinical innovation.** ⁵⁹

- Approaching providers as a behavior change audience and systematically diagnosing barriers to the provision of evidence-based, client-centered care has the potential to improve both the motivation and performance of providers and client experience of care and service utilization.
- The emergence of multi-method PrEP markets in many countries offers an opportunity to rethink provider-facing approaches to maximize choice, demand, and adherence.

Recommendation 2

Consider the implications of a multi-method PrEP market for provider behavior and client-provider interaction

There is little existing research exploring provider perspectives around the full range of available PrEP methods, particularly as pertains to AGYW.

Existing research suggests that benefits and drawbacks of different methods as perceived by providers may differ from benefits and drawbacks as perceived by clients.

- “Women’s [SRH method] decisions are influenced by mechanistic product attributes (e.g. mode of administration, frequency of use), method effects (e.g. efficacy, side effects, effect duration), social or cultural factors (e.g. partner support, religious values), or practical considerations such cost or geographic availability of services.”⁶⁸
- Providers’ concerns regarding adherence may encourage them to promote the PrEP ring or CAB PrEP over oral PrEP.⁵⁷
- Client age and marital status may influence which methods providers recommend, as they perceive older clients and clients in stable relationships to be better equipped to manage daily dosing than younger women.⁵⁶

Introduction of new PrEP methods may require new ways of working by providers.

- Perspectives on client choice and experience with choice-based counseling may vary considerably among types of providers.⁵⁷
- Introduction of new methods and the requirement to provide additional counseling and client education may exacerbate provider concerns regarding workload.⁵⁷
- Availability of multiple methods implies a need for greater focus on counseling around method switching among existing users.⁵⁷



Recommendation 3

Promote effective approaches to measuring provider behavior



- **Ensure that formative research includes attention to provider perspectives and practices**, with consideration not only of “known” issues such as lack of detailed knowledge and provider bias, but a broader range of potential drivers of PrEP-related behaviors at the individual, interpersonal, facility, community, and systems levels.
- **Measure change** at output, outcome (provider behaviors and their drivers), and impact (client experience of care, client behaviors) levels to better illuminate the causal pathway between interventions, provider behaviors, and client uptake of and adherence to PrEP.
- When possible, **triangulate client data against provider data and direct observation**.
- **Improve routine measurement of provider behavior** through supportive supervision and other performance monitoring approaches.



Further research is needed to better understand and address fundamental gaps in our understanding of provider behaviors and their drivers, especially in the context of a **multi-method PrEP market**.

Key gaps for further exploration include:

What are provider behaviors across the PrEP clinical cascade, and which of these behaviors most directly influence client experience of care and health outcomes? And what factors at the individual, interpersonal, facility, community, and systems levels most strongly influence key provider behaviors across the PrEP clinical cascade? **Consider provider behaviors across the PrEP clinical cascade and identify areas of weakness (e.g., failures to adhere to protocol, areas where client-provider communication is challenging or bias is common), with attention to different PrEP methods. Leverage factors that enable or reinforce key provider behaviors in programs.**

How does provider profile, including demographic, psychographic, and experiential characteristic, influence practice of key behaviors across the PrEP clinical cascade? How might we better tailor interventions to different subgroups? **Consider segmenting or profiling provider audiences to improve provider recruitment and tailor provider-focused behavior change interventions and communication.**

How do AGYW and providers understand trust in the context of health service delivery, and how is trust manifested in client-provider interactions with AGYW? **Consider defining provider characteristics and behaviors that providers and AGYW view as positive and trustworthy (i.e., what defines trust in a provider-client relationship). Adapt interventions and tools as necessary.**

How can providers most effectively counsel returning clients with choice in mind, including reevaluating risk, managing side effects, and exploring new methods? **Consider exploring provider behavior in the counseling setting around method switching. Adapt counseling approaches as necessary.**

What is the impact of provider behavior change approaches? **Consider exploring how suggested approaches may impact provider behavior in real world settings.**

How can underlying power and gender inequalities be addressed in the provider-client relationship, including reframing of risk and dismantling misconceptions about AGYW? **Consider understanding power and gender inequalities and exploring how to address them in the context of the provider-client relationship.**

Final Take-Aways

Enhancing provider trust, motivation, and performance may help increase demand for and adherence to PrEP among AGYW.

Current work with providers could be rendered more effective by:

- Considering the provider journey holistically across the PrEP cascade.
- Maintaining an explicit focus on specific provider behaviors.
- Deepening our understanding of providers in their diversity, including the social and professional norms and dynamics that inform their work with AGYW.
- Exploring how the introduction of new PrEP methods influences provider behaviors and client-provider interaction, and developing interventions that enable providers to effectively support clients in their decision making.
- Addressing underlying power and gender norms.



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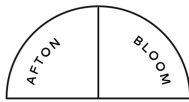
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Resources

- [Provider Behavior Ecosystem](#)
- [Provider Behavior Change Toolkit](#)
- [HIV Prevention User Journey Tool](#)
- [HIV Prevention Ambassador Training Package and Toolkit](#)
- [RTI Stigma Reduction Toolkit](#)
- [Beyond Bias Intervention Description and Tools](#)
- [Online Course: SBC in Health Service Delivery](#)
- [Briefer: Measuring Provider Behavior](#)
- [Gen-N Materials](#)
- [CHARISMA Toolkit](#)

ACKNOWLEDGMENTS

This review was written by Hope Hempstone (Mann Global Health) and Zoe Mungai-Barris (Mann Global Health), with technical guidance from Emily Donaldson (FHI 360), Casey Bishopp (FHI 360), and Donna Sherard (Mann Global Health).



MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.

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