

**THE DUAL PREVENTION
PILL INSPIRATION
GUIDE**

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THE DUAL PREVENTION PILL IS SET TO MAKE A MEANINGFUL IMPACT ON SEXUAL AND REPRODUCTIVE HEALTH

Cisgender women and girls have overlapping unmet need for HIV prevention and contraception in many settings. In sub-Saharan Africa, women and girls aged 15-49 comprise 68% of new HIV infections in this age group. 15% of women and girls aged 15-49 have an unmet need for family planning (FP) in lower-income countries.

The Dual Prevention Pill (DPP) is a **healthcare innovation which has the potential to transform women and girls' lives by helping respond to the unmet need for HIV prevention and FP**. The DPP combines oral pre-exposure prophylaxis (PrEP) and oral contraception into a single tablet for dual HIV and pregnancy prevention.

As a multi-purpose prevention technology (MPT) – a product designed to simultaneously address more than one sexual and reproductive health (SRH) need – **the DPP would be the first product since condoms to provide women with a single option for HIV and pregnancy prevention**. It is a user-controlled method that aims to enhance agency, discretion, and convenience. It could also support increased adherence to PrEP and mitigate stigma associated with HIV prevention due to the added contraceptive element.

Together these benefits could result in better health outcomes for women and lay the groundwork for the introduction of future MPTs.

DPP can go a long way in assisting women to reach their dreams

Rural end user, Zimbabwe,
HCD Validation Workshops



HOW THE DPP WORKS

What is the DPP?

The DPP is a daily pill that combines oral PrEP (TDF/FTC) with an oral contraceptive pill (OCP) (levonorgestrel/ethinyl estradiol) for simultaneous protection against HIV and pregnancy. It is a co-formulated, bi-layer tablet developed and manufactured by Viatrix.

How would the DPP be used?

The DPP has a 28-day regimen, similar to OCP packs. The first three weeks contain 21 combined PrEP/OCP pills (pink), and the last week contains 7 PrEP-only pills (yellow), which are intended to maintain protection against HIV during menstruation. End users preferred differentiated colours for the two pill types in the DPP pack to know which pill they were taking at a given time, and chose these colours among seven options in human-centred design (HCD) research conducted in South Africa and Zimbabwe.

The DPP would be packaged in an accordion-style wallet pack, with instructions printed on the pack to guide correct use. Each week will include a perforation, allowing end users to tear off sheets weekly. This design was chosen to resemble OCP packs, as these are associated with less stigma than PrEP pill bottles.

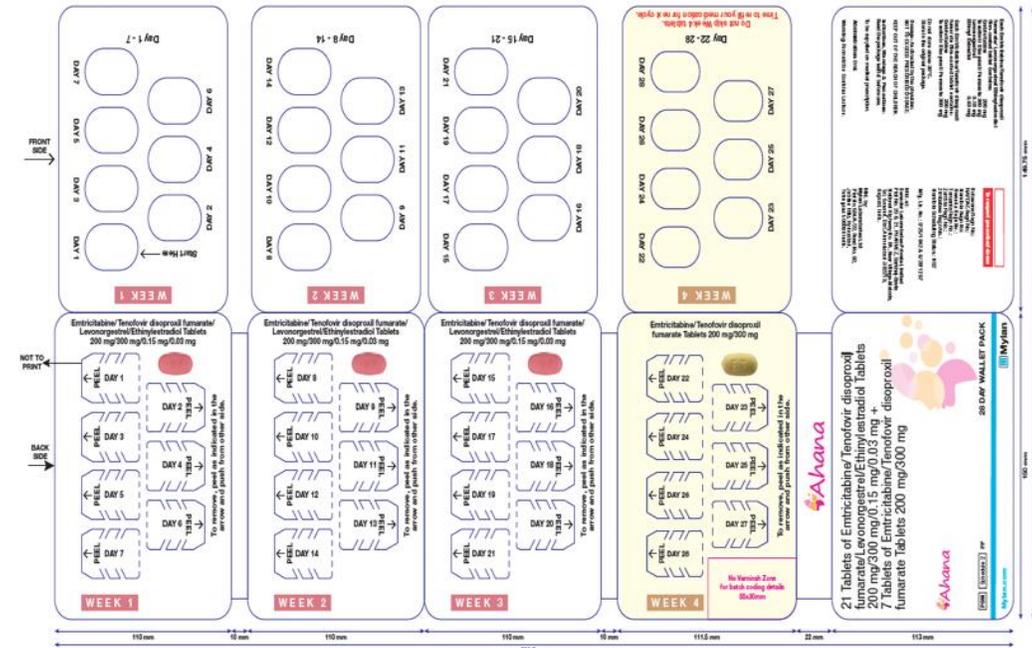
DPP tablet colours



DPP packshot



DPP packaging



INTRODUCING THE DPP'S BRANDING: THE NAME

THE NAME:

AHANA

WHY IT WORKS

The name “Ahana” was chosen based on research with OCP users in South Africa and Zimbabwe. It performed strongly because it was easy to remember, simple to pronounce, and carried associations with confidence.

In Shona and Tswana, *Ahana* means “do not want” or “one has nothing.” In testing, some women connected this meaning directly to not wanting or not having HIV and unintended pregnancy. Others felt the meaning could carry negative associations over to the DPP brand. Communications for the DPP must therefore build positive associations with the brand name.

Read on to see how we propose addressing this.

INTRODUCING THE DPP'S BRANDING: THE LOGO

THE LOGO:



WHY IT WORKS

The logo builds on the meaning of the name by capturing the power of choosing to say no – of not having something you don't want – and of protecting yourself.

Its feminine, vibrant design gives this idea a bold and uplifting expression.

The communications strategy outlined later in this toolkit directly informed how the concept of “do not want / one has nothing” was shaped into the logo. The result is a bright logo with a bubbling sense of freedom and movement that aligns with the wider brand story – reinforcing empowerment, choice, and positivity in our communications.

OBJECTIVES OF THE INSPIRATION GUIDE

This “inspiration guide” for the DPP is the result of two years of HCD research, strategic planning, and creative work across a consortium of partners. It is designed to equip implementers, health practitioners, public health advocates, and community leaders with the proven methods, insights, and creative strategies needed to effectively market and communicate the DPP to relevant audiences. This guide is tailored to focus on the DPP, rather than looking broadly at MPTs or other SRH products, though learnings may have wider applicability.

<p>Our objectives</p> <hr/>	<p>Increase audience understanding</p>	<p>Provide guidance on the creation of communications, creative, and messaging</p>	<p>Provide guidance on reaching audiences</p>
<p>What we will give you</p> <hr/>	<p>Insights and frameworks</p>	<p>Positioning and prototype campaign outputs, campaign adaptation tools</p>	<p>Campaign implementation tools, potential go-to-market strategies</p>



WHAT THIS GUIDE OFFERS

We will take you through the journey we've been on to create marketing and communications outputs to launch the DPP. This will enable you to adapt our proven approach and creative prototypes to suit your market, or to create a unique path towards content that aligns better with your market's needs.

INSIGHTS AND FRAMEWORKS	POSITIONING AND PROTOTYPE CAMPAIGN OUTPUTS	CAMPAIGN IMPLEMENTATION AND ADAPTATION TOOLS	POTENTIAL GO-TO-MARKET STRATEGIES
Introduction to variety of HCD research methods	Insights-driven positioning process and example platform for the product	Tone of voice guidance	Guidance on how to tailor to different countries and contexts
Introduction to the framework	Prototyped campaign assets, for different audiences and channels, separated by communications phase	Key messaging based on audiences	Guidance on how to tailor to different audience personas
Insights on barriers, motivators, habits and trigger moments of potential DPP users, and their influencers		Visual moodboard and example look and feel for the campaign	Example communications plan
Audience personas that represent the different needs and experiences of end-users		Design guidelines	Example media touchpoints with creative outputs
In-field feedback from all relevant audience groups during co-creation and validation workshops			



THE PROCESS WE UNDERTOOK

AVAC and M&C Saatchi World Services led a consortium of partners to undertake qualitative, HCD research in Kenya, South Africa, and Zimbabwe to identify the barriers and motivators influencing DPP uptake. By integrating these insights with best practices in marketing and communications, we developed a holistic approach that aims to shape attitudes, social norms, and beliefs regarding the DPP.

PHASE 1 Collecting Research and Insights	PHASE 2 Strategy, Creative Development and Testing	PHASE 3 Implementation and Adaptation
Data collection using HCD practices and analysis of insights	Distillation of key insights and development of brand positioning and creative style Co-creation & validation workshops with end-users and influencers, followed by evolution of campaign creative based on in-field feedback	Dissemination of findings, marketing strategy, and example campaign creative
45 Ethnographic immersions	03 Strategic positionings developed	01 Example communications plan developed
34 Key informant views	03 Potential campaign platforms developed	01 Example channel plan developed
12 Friendship circles	23 Interviews for co-creation/validation	16 Prototyped campaign assets developed
01 In-depth research report produced	24 Workshops for co-creation/validation	
	01 Chosen campaign platform	

Strategic positionings are internal articulations of what makes your product different from your peers', while campaign platforms are one punchy lines that captures your positioning for public-facing communications

CHAPTER I

→ Understanding potential
DPP users



THE METHODOLOGY

We knew that for our strategy to be effective it would need to resonate with end-users, male partners and healthcare practitioners, in an authentic and powerful way.

This made the HCD approach perfect for us as it is rooted in a rich understanding of your audience's needs and psychologies.

HCD approaches inspired our whole process and meant that the incorporation of robust qualitative and ethnographic research was vital. We used research not only at the start to comprehend audience barriers and motivators, but also to test positionings and creative work (e.g., messaging, look and feel). It was especially important for us to go deeper, rather than broader so that our insights weren't superficial. To do this, we had repeat engagements and included a variety of qualitative techniques that inspire thoughtful and honest responses.

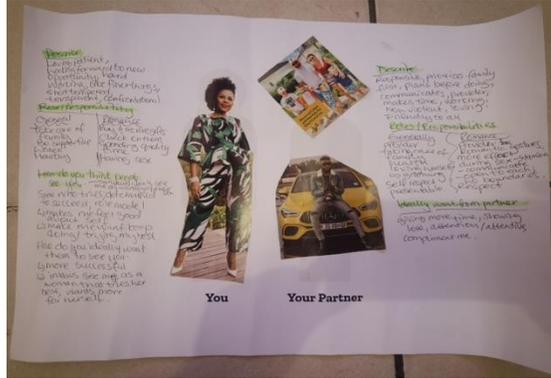
HCD is an approach to design that places real people at the center of problem-solving. At every phase of the design process, consideration of your customers and their context comes first.

UX Design Institute



Photograph of a female friendship circle, Kenya HCD research

OUR RESEARCH METHODS



Social network mapping investigated who participants would seek advice from (and who they would avoid) in different SRH-related scenarios.



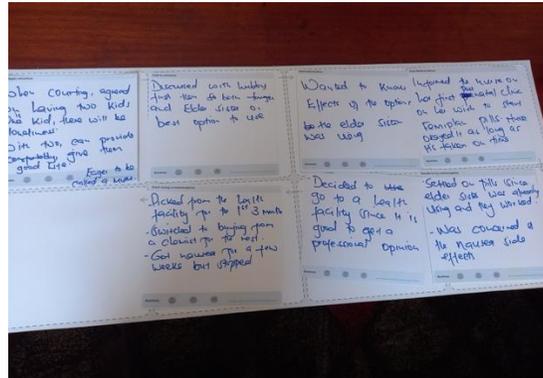
Mini-Mes were used to learn about the tensions participants experience when it comes to their personal values, aspirations, roles, responsibilities, and relationship goals.



Friendship circles helped to see how participants interacted with and were influenced by their social circles when making SRH-related decisions in their daily lives.



In-person user journeys captured user habits and product usage in real-life contexts.



Journey mapping was used to understand how participants came to use oral PrEP and/or OCP and their experiences using the product.



Key informant interviews gave rich insight into the perceptions participants had of SRH products and decisions

WHO WE SPOKE TO

	END USERS Women ages 20-40 who were current OCP users, current oral PrEP users, and non-users of OCP, oral PrEP and long-acting reversible contraceptives (LARCs), with a mix of relationship statuses across the sample	MALE PARTNERS Men in a current relationship with a woman, with a mix of attitudes toward the acceptability of PrEP and contraceptive use by female partners	HEALTH PRACTITIONERS HCPs currently providing contraception and/or HIV prevention services and represented a cross-section of cadres, including doctors, nurses, pharmacists and providers working for non-governmental organizations	CULTURAL COMMENTATORS Commentators with the ability to provide insights on trends, nuances and idiosyncrasies that define how sex, relationships and SRH are conceptualized and discussed in their local cultural contexts
KENYA 	47	20	24	3
SOUTH AFRICA 	47	20	24	3
ZIMBABWE 	47	20	24	4
283				

OUR ADAPTED CATEGORY ENTRY POINTS FRAMEWORK

The Category Entry Points (CEP) framework* tells us that **the more relevant associations consumers have with a brand, the more likely they are to purchase it.**

We reframed the traditional CEP framework, including the 5W's, to fit the context of the DPP.

These adapted 5 Questions help us understand different ways into the minds of potential end users and their key influencers, and ultimately help build relevant associations with the DPP.

WHY?

What is the why behind the why? What are the implicit or unspoken reasons and motivations for people deciding to take, or not take, contraception or oral PrEP? What are the influences within their broader lifestyle and habits?

WHERE?

Which need states, triggers, and occasions could the brand drive relevance around? From dating and social occasions, to relationship stages or life stages?

WHEN?

Where are people having conversations about sexual health and which channels will cut through? Bars, at home, community centres, clinics?

WITH WHOM?

What are the dynamics of influence between our audience and those who impact decisions around sex and relationships? How do their opinions shape the opinions and actions of our audience?

HOW?

What strategies are proving effective in the SRH space? How do they navigate barriers to 'buying' into this space?

THE WHY BEHIND THE WHY

What are the implicit or unspoken reasons and motivations for people deciding to take, or not take, contraception or oral PrEP? What are the influences within their broader lifestyle and habits?

When making the decision to use DPP, end users often juggle three competing sets of values: **self-focussed, relationship-focussed, and community-focussed.**

The pursuit of these values regularly impacts the day-to-day lives and lifestyles of end users. Any decisions about SRH may be informed by values at one or several of these levels simultaneously, as they weigh the gains and risks of different options in terms of their various goals.



SELF-FOCUSSED VALUES

Career, enjoyment

Focuses on maximising the personal development, achievements, pleasure, excitement, wealth, and prestige of the self.



RELATIONSHIP-FOCUSSED VALUES

Relationship goals, family values

Focuses on values around the importance of preserving strong relationships with romantic partners, family, and friends.



COMMUNITY-FOCUSSED VALUES

Religious/traditional values, social status

Focuses on values emphasising the importance of demonstrating compliance with socio-cultural norms and expectations.

IMPLICATIONS

Women need a product that acknowledges the different values they juggle and acts as a helping hand while they do. Different women prioritise different values, so communications on the DPP need to be able to flex across them.

THERE WAS ONE INSIGHT THAT STOOD OUT

Relationship-focussed Values

WOMEN STRUGGLE WITH THE UNPREDICTABILITY OF LIFE, OFTEN FUELLED BY THE ACTIONS OF THEIR PARTNERS

This stood out because a diverse range of end users strongly related to this feeling, and it directly connects to DPP's key emotional benefit of helping women feel in control.

This insight made a big impact on our positioning, which you can see us build from page 26.

Quotes from: DPP HCD immersion participants (female) in Kenya, South Africa, Zimbabwe



“Men are like that and there’s nothing you can do to change him so find your own happiness.”

“If I asked him not to come inside me, he would still do it.”

“I thought life will be easy, but no, all of a sudden: boom, an uphill. It’s better you fall down with a pot because you can go back to the river. Stay safe in case of an accident or divorce.”

Image from 'Launching V'

THE WHEN

Which need states, triggers and occasions could the brand drive relevance around?

Common moments that led to SRH product use:

Finding out their partner is unfaithful

Finding out their partner kept their HIV status secret

Having an unintended pregnancy

Starting to casually date or have a 'tit for tat' affair

Going on a night out

Having a new baby, and wanting to space children after

STI testing needed for them or their partner

Triggers for OCP/ PrEP use were largely negative, with women responding to risks outside their control

- In **Kenya**, partner infidelity prompted some women to start their own affairs ("tit for tat")
- In **South Africa**, some participants described men cheating on HIV tests or spending their wife's money on side-chicks
- In **Zimbabwe**, women mentioned being in relationships they saw as higher risk, e.g. with gold panners

More positive triggers included delaying pregnancy to focus on the well-being and happiness of their current child.

"I started taking them when I met him because I didn't want another child."

Female Immersion Participant, South Africa

"I felt that since he started cheating, I have to protect myself."

Female Immersion Participant, Zimbabwe

IMPLICATIONS

Mostly negative triggers led to SRH consideration, but we don't want to veer into fear-mongering territory. Find a way to build positive associations with them, spotlighting DPP as a solution to risks.

THE WHERE

Where are people having conversations about sexual health and which channels will cut through?

Conversations about sex and SRH are not as taboo as they once were, but are still influenced by the legacy of hush-hush culture around sex and SRH.

WHERE DO THEY TALK ABOUT IT?

Conversations about the specifics of a personal relationship or SRH issue tend to be restricted to spaces like hair/beauty salons or bars where they won't be overheard, specialised healthcare spaces, and social media channels like WhatsApp, Facebook, and anonymous online groups.

"I do not like it when I have to air my things in the open. At some point, if a secret is between two people, then it is not a secret anymore."

Female Immersion Participant, Kenya

Place/Space categories for conversations about SRH

	PHYSICAL	ONLINE	HEALTHCARE
PUBLIC	<ul style="list-style-type: none"> • Bars/clubs/beer halls • Restaurants/Shisha nyama (South Africa) • Shopping malls • Fast food restaurants • Hair/beauty salons (women only) • Sports games (men only) • Community meetings/dialogues (rural only) 	<ul style="list-style-type: none"> • Facebook groups • Public WhatsApp groups 	<ul style="list-style-type: none"> • Waiting rooms • Pharmacies/chemists/queues for product pick-up • PrEP clubs
PRIVATE	<ul style="list-style-type: none"> • Participant's home • Close friend/confidant's home • Driving in the car • Public spaces considered busy enough to prevent overhearing (e.g. a loud club or private table) 	<ul style="list-style-type: none"> • Google • WhatsApp conversations • Personal Instagram/Facebook pages 	<ul style="list-style-type: none"> • Assessment rooms

IMPLICATIONS

Leverage touchpoints in women's day-to-day lives to reach them where opinions are formed before and when they arrive at the healthcare centre.

THE WITH WHOM

What are the dynamics of influence between our audience and those who impact decisions around sex and relationships?

Women speak openly and humorously about sex in the abstract, but only confide in one or two close friends

TRUSTED INNER CIRCLES

Close confidant

Feels more comfortable around trusted friend or older sister who shares similar experiences

Aunties and Sengas

Goes to them for advice when they are worried about disclosing personal life to mothers

Anonymous/impartial confidants

Finds anonymous circles of trust with hairdressers and manicurists, women's health groups

End user:
Women aged 20-40

OUTER CIRCLES

Male partner

Employs diverse tactics to hide OCP/PrEP from them in order to maintain relationship, as men tend to view most SRH products as a threat to norms

Family and in-laws

Struggles to speak openly with mother and prioritises the appearance of respectability

Wider friendship circle

Performs different identities with church friends vs. night-out friends

Healthcare Practitioners

Less influenced by them in their SRH product choice, but do help users adhere to chosen product

IMPLICATIONS

The inner circle can be used as sources of influence and advocates, while the outer circle, especially male partners, should be engaged and represented in communications to create a positive environment for DPP users.

THE WITH WHOM

AUDIENCES, OUTSIDE OF THEIR PARTNER, THAT END USERS MOST WORRY ABOUT WHEN MAKING SRH DECISIONS

PARENTS AND IN-LAWS

“Young women are also fearful as they know that the nurses are a part of the community and are afraid that if they ask for contraception the news will reach their parents.”

Female Immersion Participant, Zimbabwe

WIDER FRIENDSHIP GROUP

“There are some things you’d rather not share. Sometimes when you cry to your friends about relationship issues, they don’t always have the best advice, and they will judge.”

Female Immersion Participant, South Africa

IMPLICATIONS

Discreet channels where communications can reach potential end users are key, as they want to feel reassured that these groups won’t find out about their SRH product use and considerations.

THE WITH WHOM

MALE PARTNERS

At a societal level, we found significant male resistance to the idea of the DPP, for instance because it was perceived as potentially offering women greater license to cheat on their partner and therefore threatened masculine gender norms. However, there were two impactful ways to turn men into allies:

APPEALING TO THEIR PROTECTIVE INSTINCT

- Male partners across all three countries saw themselves as the protectors of the women in their lives and took pride in this position. When the DPP's benefits to their sisters and female friends were made clear, they felt like encouraging DPP use could help them fulfil their protector role.
- Male partners were still reluctant to encourage DPP use with their wives because they were more concerned about how other men could treat their sisters or female friends, and how this could affect their lives and health, but did not want to look at their own actions and relationships as much.

REPRESENTING THEIR ENJOYMENT-DRIVEN LIFESTYLE

- Male partners often talked about their enjoyment-driven way of life, and how they were the 'fun friend'. This was often connected to a desire to avoid the negative consequences of this fun lifestyle.
- When the DPP was positioned as a way for them to protect themselves and their lifestyles, they were much more likely to become supporters of it. It makes them realise that the DPP made their lives easier too.

IMPLICATIONS

To increase the acceptability of the DPP among men, we would need to develop a strand of communications for them that positions the DPP in a way that is consistent with their values, desires, and beliefs.

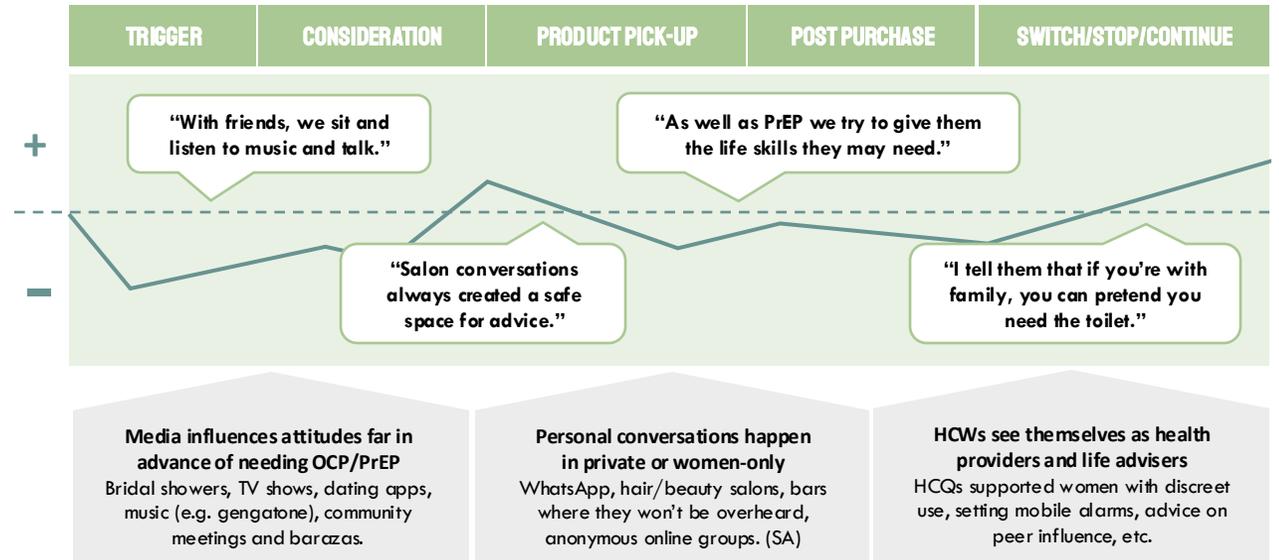
THE WITH WHOM

HEALTHCARE PRACTITIONERS

All HCPs interviewed believed that the DPP could provide positive benefits in their respective countries and said they would be happy to recommend the DPP to clients, assuming it proved to be effective, did not carry undue health risk, and did not cause excessive side effects. There were some key insights on what role they could most effectively take on when encouraging DPP use.

HELPING THEM ENCOURAGE ADHERENCE

- HCPs struggled to change product preferences but were critical to overcoming adherence challenges. This is because media, online, peer, and family influences tend to create preferences right at the start of the user journey.
- HCPs are aware of how important their role is in adherence, with many of them highlighting that for the DPP to be adopted effectively, they needed to be more than a point of access for SRH products. They needed to be life counsellors who supported clients to use the product where there is limited acceptance from their partner or family.
- They believed they could do this with check-ins about any concerns (e.g. discretion, side effects), as well as providing resources that aid adherence (e.g. reminders).



IMPLICATIONS

To make long-term usage of the DPP possible, HCPs are key, which means supporting them with communication tools (messages and campaign assets) and additional resources (packaging, information booklets, reminder apps) to make their role as a “life counsellor” easier.

THE HOW

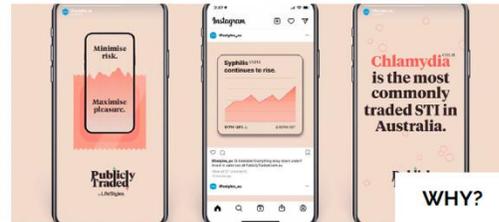
What strategies are proving effective within the SRH space?

HOW HAVE OTHER BRANDS DONE IT?



WHY?

Hana | Taking control of decisions at different life stages, e.g not wanting a second child



WHY?

Lifestyles | Reinforcing the risk of STIs when a different risk-reward trade-off is top of mind



WHERE?

Kuwa True | Building associations with the places people can let go and be themselves



Care | Creating trust and breaking stigmas around the female condom by starting conversations in women-only spaces, like hairdressers



WITH WHOM?

Viagra | Focusing on how couples negotiate erectile issues together

IMPLICATIONS

Many successful brand launches focus in on one insight, build their communications around it, but then use other insights to support creative, messaging, and dissemination. For the DPP, we can similarly highlight one insight and make it the heart of our approach.

KEY CULTURAL DIFFERENCES IN THE THREE MARKETS



Women are navigating competing values

Women wanted to find 'empowerment in secret', e.g. through equality in sexual relations, in order to maintain community-focussed values

Greater evidence of self-focussed values, including sexual pleasure. Priority is given to social status that comes with being in a successful relationship, putting emphasis on relationship-focussed values

Demonstrating adherence to community-focussed values (e.g. religion, tradition) was a priority

Women speak openly and humorously about sex in the abstract, but only confide in one or two close friends

Aunties and sengas are influential in more rural settings

Users were more guarded due to fears about their social status

Women look to confidants they see as more mature, e.g. mamacane

Male partners believe the DPP could threaten gender norms

Men in Kisumu wanted to be involved in DPP rollout to maintain control of SRH decisions; in Nairobi, they were more positive about women making independent decisions

More single women and informal marriage structures (lobola) can reduce the involvement of men in SRH decision-making

Men were likely to support the DPP when the decision supported their role as a leader and contributor in their community

IMPLICATIONS

DPP communications need to be able to flex across different cultural nuances and needs.

AUDIENCE PERSONAS

Based on the insights captured from primary research, potential triggers and motivations for SRH product uptake were identified, which informed the development of five personas. We based the five personas on the five key need states that lead to SRH product use. These personas help give us a complete view of the different end user audiences we need to engage and represent with our communications.

To see how you can adapt the campaign to these personas, go to page 55

Married, new mother, started using OCP after birth, wants to delay next pregnancy

Early 20s, started using OCP after boyfriend refused to wear a condom

Early 20s, urban, started using OCP after leaving home and starting to date

Early 30s, started using PrEP after beginning an affair with another man

Started using PrEP when she suspected her husband had been unfaithful



'It is challenging at times, but it is fun. It is awesome being a mum.'

'If your husband has HIV, you love him and you do not want to part ways... I cried that day, I won't lie, because I had a fear that I had contracted it.'

'I don't know if I was ignorant or if I was not aware that I can go to the clinic and get any method to prevent me from getting pregnant. But for me, it was said if I knew about abortion by the time, I would have aborted the baby.'

'I used to fight, before I used to fight; but later, I learnt that this is this man's nature. I need not fight. It won't change anything; fighting won't change anything.'

'What made me want PrEP is the behaviour of my partner. You know people get lost and at times you are called by someone else's name or some messages get lost and end up in my phone. I realised that there were many of us and decided to protect myself.'

CHAPTER 2

→ Developing the product positioning & creative



A POWERFUL AUDIENCE INSIGHT INSPIRED BY OUR CAMPAIGN



“I thought life will be easy, but no, all of a sudden: boom, an uphill.”

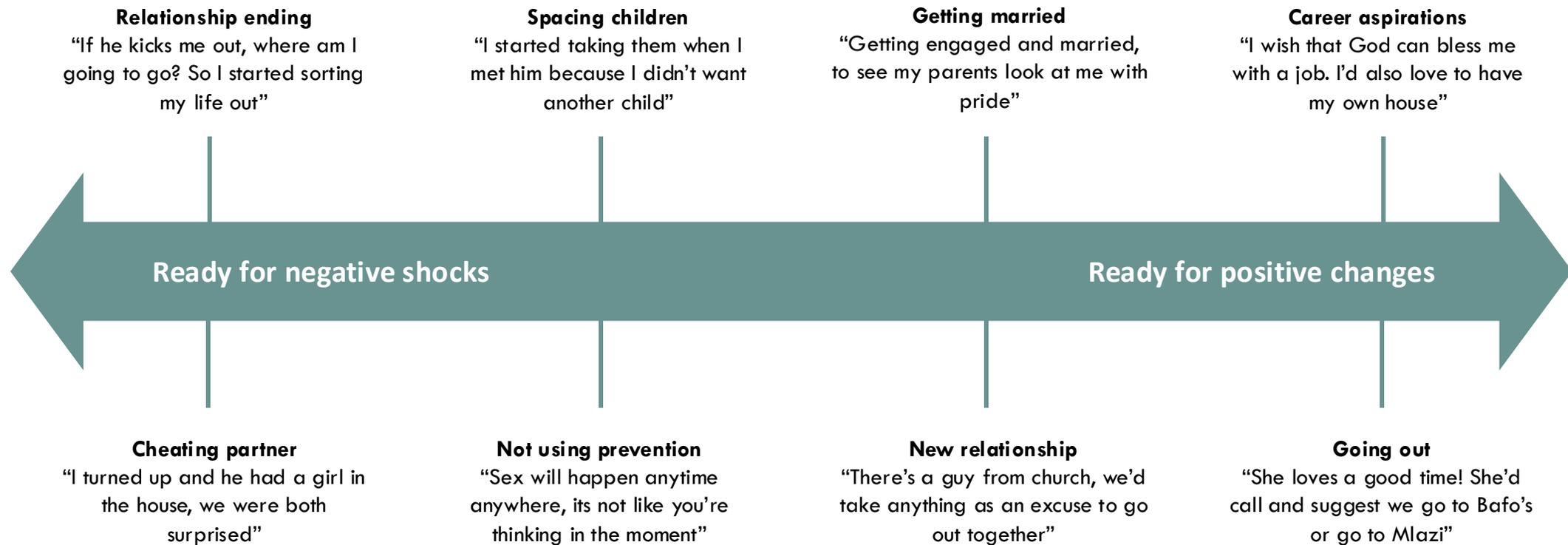
WOMEN STRUGGLE WITH THE UNPREDICTABILITY OF LIFE, OFTEN FUELLED BY THE ACTIONS OF THEIR PARTNERS

“Men are like that and there’s nothing you can do to change him.”



A PRODUCT THAT GIVES WOMEN BACK CONTROL – NO MATTER THE SITUATION – WAS APPEALING TO MANY

Positioning the product as one that can help women deal with many different types of unpredictable changes and needs would be powerful.



THERE WAS A SHIFT WE NEEDED TO MAKE

From only associating the DPP with unexpected and negative health shocks

**‘I HAVE TO USE THE DPP
BECAUSE OF NEGATIVE RISKS
OUTSIDE MY CONTROL’**

Instead of being a last-minute choice for when risks get too high, it can be an easy and desirable choice ahead of time.



To associating the DPP with a whole range of life moments – the good, the bad, the mixed

**‘I WANT TO USE THE DPP
BECAUSE IT MAKES ME FEEL
READY FOR THE GOOD AND
BAD OF LIFE’**

Instead of only being associated with negative triggers, we want it to feel more broadly relevant to life, and like a tool for empowerment.

THE POSITIONING WE REACHED

AUDIENCE TRUTH

It's impossible to predict what will happen next in your life or your relationship – women want to feel ready no matter what comes their way

BRAND TRUTH

DPP instils confidence that nothing will get in the way of living life the way you want



READY FOR ANYTHING

'READY FOR ANYTHING' MANIFESTO

Relationships are unpredictable. Messy. Spontaneous.
You can't always know what's going to come your way,
But there's some things you can still prepare for.

And doesn't it feel good when you feel ready to take them on?
The confidence, the peace of mind, the anticipation.
That no matter what happens, you've got this.

It's the feeling when you switch on your getting ready playlist.
It's planning your night out with friends. Finding the perfect going out outfit.
Feeling like nothing's going to get in the way of living life the way you want to live it.

DPP is one more way to help you feel ready for whatever comes your way.

Ready for the unexpected, be it good or bad.
Ready for the first date. Or the third one.
Ready to take things to the next level. Or if he turns out to be 'that guy'.
Ready for if the condom breaks. Or when protection's not the first thing on your mind.
Ready for your first child. But not your second.

Ready to live life the way you want to live it?
DPP helps you feel ready for anything.

The manifesto helped inspire our creative development process, and brought the positioning to life in a more vibrant and human way

CREATING A CAMPAIGN PLATFORM FOR THE DPP

Strategic Positioning

Identifying and articulating what makes your product different from others

READY FOR ANYTHING



We made it engaging, simple and memorable by using the first-person and a positive and empowered tone to represent an aspirational DPP user

Campaign Platform

One punchy line that captures your positioning and is made for public-facing communications

I'M READY

DEVELOPING THE 'I'M READY' BRAND PERSONALITY

EMPOWERING



VIBRANT



RELATABLE



BOLD



'I'M READY' PERFORMED STRONGLY IN CO-CREATION WORKSHOPS

WITH END-USERS

Across Kenya, South Africa, and Zimbabwe and end users, male partners, and HCPs, **'I'm Ready'** performed strongly. End users especially liked that **the unpredictability of life was addressed** and the **confidence** the campaign evoked.

Many said that since the archetypal DPP user we presented in the imagery is the type of women they'd like to be. It helped them understand how DPP can similarly empower them. The agency and personalisation that came from the first-person language resonated with them too.

WITH MALE PARTNERS AND HCPs

While male partners liked that they were included in the campaign, they asked for their voices to be more authentically integrated, as otherwise they feared that the DPP would have negative consequences for them. They appreciated that 'I'm Ready' didn't villainize or isolate them and instead took a positive and collaborative framing.

HCPs responded well to how 'I'm Ready' can represent and highlight their supporting role, and how much it related to the experiences of their patients. They felt like it would avoid scaring off potential clients and instead create a more comfortable environment for them.

EXAMPLE CREATIVE STIMULS TESTED



FOUR WAYS WE PROGRESSED 'I'M READY'

For No. 1, we can use the 'Why' and 'When' insights from the primary research

1

Connecting 'I'm Ready' to a variety of goals and moments that matter

People liked 'I'm Ready' when it was connected to career, education, and lifestyle goals, or to key moments women experienced in their lives that create a need for the DPP. On its own, some questioned what the DPP made you ready for.

2

Strengthening 'I'm Ready' with learnings from other creative ideas

Balance independence and tradition by ensuring that the empowerment angle doesn't overtake the realities of life. Be sensitive to the trade-offs women make in SRH decisions.

3

Ensuring clarity in product messaging

Avoid vague or potentially ambiguous messaging. Especially because the DPP is a new product, people tended to feel confused if something wasn't simple and clear.

4

Depicting the DPP users as aspirational and confident

Break down stigma around taking PrEP and OCP by attaching positive personas to the archetypal users in communications.

CHAPTER 3

The
Promotion Materials



KEY MESSAGES

The research done with end users, male partners, and HCPs helped us identify the key motivators for using or accepting DPP that we can incorporate into our messages. You'll especially see 'the Why,' 'the with Whom,' and 'the When' insights from Chapter 1 represented below. When used in a campaign, we need to share these messages in a way that complements our platform, tone, and creative, but they can also be to aid general communications (e.g. conversations between HCPs and clients).

The DPP helps you feel ready for anything!

Product messaging	End-user messaging	Male-partner messaging	HCP messaging
<p>Highlight product benefits:</p> <ul style="list-style-type: none">• Protects them from unintended pregnancy and HIV• One pill instead of two saves time (one trip to clinic, one pill to take a day)• One pill instead of two makes it easier to adhere and take discreetly	<p>Create relatability with the archetypal DPP user's ambitions:</p> <ul style="list-style-type: none">• Helps you achieve personal/enjoyment goals• Helps you achieve career goals• Helps you achieve relationship or family goals• Helps you protect yourself from community judgment <p>Show them key moments the DPP can help them with:</p> <ul style="list-style-type: none">• Casual dating and nights out• Long-term relationship – enduring infidelity or adapting to a serodiscordant relationship• New relationship• New child or desire to space children	<p>Relate to their personal/ enjoyment goals:</p> <ul style="list-style-type: none">• Helps them continue to enjoy their life as it is (without becoming a dad, or having to confront their infidelity) <p>Make them feel like a protector:</p> <ul style="list-style-type: none">• Protects your sister/friend/side-chick's dreams• Protects your sister/friend from the actions of untrustworthy men	<p>Encourage other HCPs to support the DPP:</p> <ul style="list-style-type: none">• Allows them to be there for clients' diverse needs• Helps them empower women by giving them control and increasing preparedness

ELEVATING THE LOOK & FEEL



DYNAMIC & POSITIVE IMAGERY

We want to show women, and those around them, feeling empowered and confident because of the DPP, which means imagery that represents this is vital.

SPLIT SCREEN

By using two colours with a split screen device we can visually represent the duality of the DPP, and start with the relatable messaging followed by product-focused messaging.

HANDWRITTEN FONT

A handwritten font matches the first-person tone we've used, and makes the messaging feel more relatable and personal.

BOLD & FEMININE COLOURS

To illustrate the positive approach we're taking and grab our audience's attention, we need bright and distinctive colours.



THE UPDATED MOOD BOARD: *BRINGING THE LOOK AND FEEL TO LIFE*



DYNAMIC & POSITIVE IMAGERY



I'M READY

HANDWRITTEN FONT

My girlfriends and I love having a night out together and living our best lives. It's just good vibes and cute guys. But let's be real, talking about safe sex with a new guy is never easy.

I'M PROTECTED



She takes one pill a day to protect her from unplanned pregnancy and HIV, so we're ready to enjoy our lives together.

BOLD & FEMININE COLOURS

APPLYING THE 'I'M READY' DESIGN SYSTEM

We have outlined some fixed and flexible elements of the design system to help you achieve the same look and feel, and the copy style if desired.

	Fixed elements	Opportunities to adapt
Design	Split screen device	
	Use of lifestyle imagery that leans into the spontaneity of relationships	Can be empowering and defiant or intimate and personal depending on the scenario
	Handwritten typography	
	Colour scheme – green and pink	
	Image of a pill and the Ahana logo somewhere in the creative	As a packshot or pill itself. Can be included as part of the lifestyle image or on its own in the creative somewhere
	Capitalisation of words for emphasis	
Copy	Always connected to a product or benefit	
	'I'm Ready' always in the headline	Can be either side of the split screen. Can also be a variation, such as 'We're Ready' in couples' messaging or HCP messaging to end users
	Personal, confident, casual tone of voice	
	Includes a personal insight one wouldn't ordinarily reveal	

APPLYING THE 'I'M READY' TONE OF VOICE

To help you create an engaging tone of voice for the campaign

The key messages need to be communicated in a way that resonates across our audiences.

We use first-person (I/we) across our campaign messages, which immediately gives us the chance to represent archetypal DPP users' and supporters' voices. But we needed to figure out what their voice should sound like in the context of the campaign. We came to these 3 attributes because research showed us how audiences liked a voice that they connected to personally, but that also came across as self-assured and aspirational.

PERSONAL

We talk to them like they're a close friend, and we're revealing our secrets, desires, and annoyances.

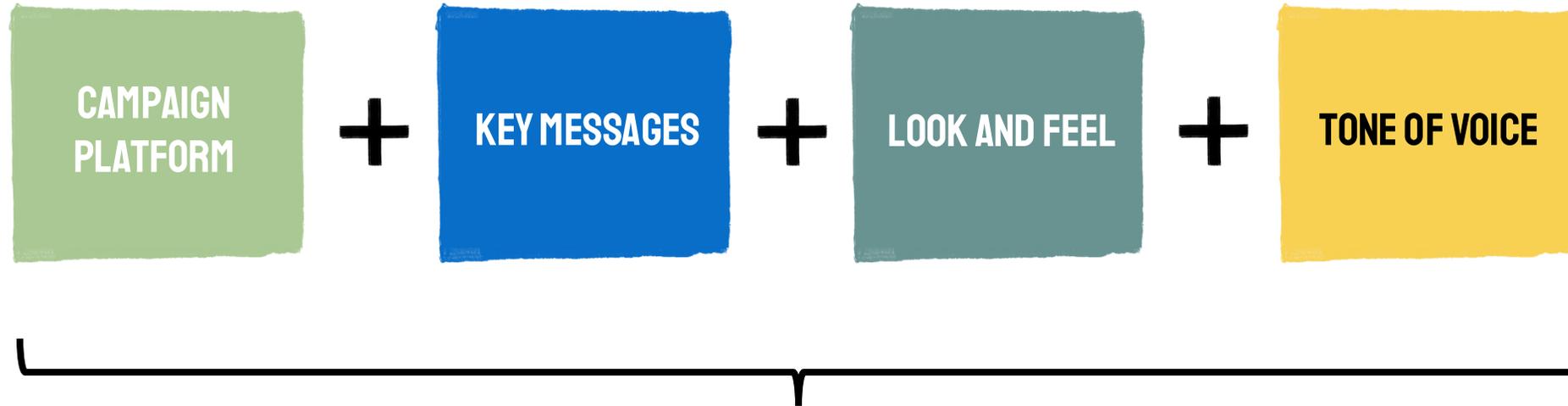
CONFIDENT

We want to represent the empowering nature of DPP through a bold and positive voice.

CASUAL

We don't need to use jargon; instead, we stay down-to-earth and accessible. This means we use common slang and simple language.

ALL THE CAMPAIGN ELEMENTS BROUGHT TOGETHER



The 'I'm Ready' prototype campaign

A FIRST LOOK AT THE PROTOTYPE CAMPAIGN



I'M READY

I have put in so much towards my career goals and will not let unplanned pregnancy get in my way.

BECAUSE I'M CONFIDENT



Thanks to the Dual Prevention Pill, I can have the success I have always dreamed of. One pill a day protects me from both unplanned pregnancy and HIV.

Ahana



SHE'S READY

Brother, this life is for enjoyment but it gets chaotic. If you don't come prepared, just like that you can become a baby daddy. Your dreams are now put on hold and you're working twice as hard to support your family.

IF WE SUPPORT HER



By taking the Dual Prevention Pill, your lady can be kept safe from unplanned pregnancy and HIV with just one pill a day. That way you're both ready for whatever life brings.

Ahana



I'M READY

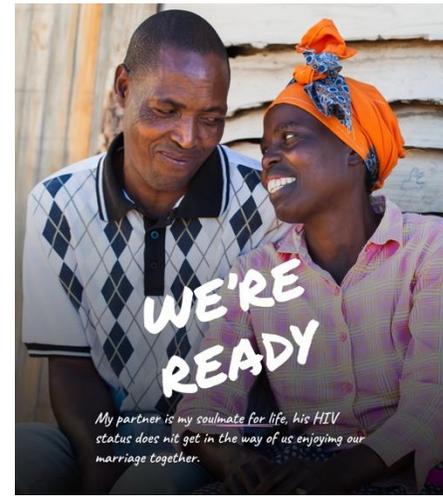
To take the next step with my man. But let's be real talking about safe sex is never easy.

I'M IN CONTROL



Taking the Dual Prevention Pill means I can be protected from both unplanned pregnancy and HIV. So I'm ready to enjoy date nights even when I'm not ready for THAT conversation.

Ahana



WE'RE READY

My partner is my soulmate for life, his HIV status does not get in the way of us enjoying our marriage together.

NOTHING CAN STOP US



One pill a day protects me from unplanned pregnancy and HIV, so I'm ready for date nights even when he doesn't want to wear a condom.

Ahana

I'M READY

I had my first baby a few months ago, and she has become my world. My hubby already wants another kid but I'm not ready yet.



BECAUSE I'M IN CONTROL



One pill a day keeps me safe from unplanned pregnancy and HIV. I take the Dual Prevention Pill so I can live stress free knowing I'll be able to wait, and focus on my baby, before we have our next kid.

A CAMPAIGN THAT BRINGS NEW MEANING TO AHANA

The name **Ahana** carries strength in its original meaning –“do not want / one has nothing” – connecting to not wanting or not having HIV and unintended pregnancy. At the same time, cultural nuance means it could sometimes be read as not wanting or having the product itself.

With a bold, positive campaign like *I'm Ready*, we add a new layer of meaning to the name. *I'm Ready* is about empowerment and control across life's key moments. Inspired by the idea of *Aha!* moments, we make **Ahana** about clarity, choice, and control in these same moments.

In this way, *Aha!* moments become **Ahana moments** – the moments that matter most in women's lives. The campaign brings these moments to life, drawing on the *When* insights section. Whether shown directly in messaging or used as inspiration, they consistently reinforce empowerment, protection, and control – reframing the name **Ahana** through the campaign's approach of focusing on the DPP for moments that matter.

THE WHEN

Which need states, triggers and occasions could the brand drive relevance around?

Common moments that led to SRH product use:

Finding out their partner is unfaithful	Finding out their partner kept their HIV status secret	Having an unintended pregnancy	Starting to casually date or have a 'tit for tat' affair	Going on a night out	Having a new baby, and wanting to space children after	STI testing needed for them or their partner
-----------------------------------------	--------------------------------------------------------	--------------------------------	----------------------------------------------------------	----------------------	--------------------------------------------------------	----------------------------------------------

Triggers for OCP/ PrEP use were largely negative, with women responding to risks outside their control

- In Kenya, partner infidelity prompted some women to start their own affairs ("tit for tat")
- In South Africa, some participants described men cheating on HIV tests or spending their wife's money on side-chicks
- In Zimbabwe, women mentioned being in relationships they saw as higher risk, e.g. with gold panners

More positive triggers included delaying pregnancy to focus on the well-being and happiness of their current child.

"I started taking them when I met him because I didn't want another child"
Female Immersion Participant, South Africa

"I felt that since he started cheating, I have to protect myself"
Female Immersion Participant, Zimbabwe

IMPLICATIONS

Mostly negative triggers led to SRH consideration, but we don't want to veer into fear-mongering territory. Find a way to build positive associations with them, spotlighting DPP as a solution to risks.

END USERS HAD POSITIVE REACTIONS TO THE CAMPAIGN

They felt like the look and feel was compelling and made the messaging easier to understand. The messaging resonated with their experiences and gave them genuine hope for the change the DPP could bring.

“The design makes the message feel even more relatable.”

Urban end user, South Africa

“The images were positive, which will make us want to read and find out more.”

Rural end user, Zimbabwe

“The key message is she allows the DPP to look after her – it is a ‘me thing.’”

Urban end user, Kenya

“It is like the messaging was reading my mind... DPP can go a long way in assisting women to reach their dreams.”

Rural end user, Kenya

MALE PARTNERS FELT LIKE THE CAMPAIGN WAS EFFECTIVE AND INCLUSIVE

Male partners liked how they could relate to the communications with a male voice. They felt it opened their eyes to how the DPP could benefit the women they loved, and themselves in the long-term.

“Everyone of us can relate to this scenario and we do want the best for the women in our lives.”

Male partner, South Africa

“It is important to support the side-chicks to be taking the DPP as the relationship with them can easily ruin the relationship with the main chick/wife.”

Male partner, Kenya

HCPS APPRECIATED THE EMPOWERING TONE OF THE CAMPAIGN

HCPs responded especially well to the positivity of the campaign – from the creative to the messaging. They were tired of the victim-framing narrative, which focused on fear-mongering or pity for their clients, and liked how the campaign has a different, refreshing approach. Additionally, they felt the campaign made it easier for HCPs to understand the unique benefits of the DPP.

“It is a plus for women as it gives them a chance to reduce the burden of HIV and to space the family.”

HCP, Kenya

“The messaging is very positive and puts us at the centre of empowering women to make their own decisions based on what works best for them.”

HCP, Zimbabwe

HOW VALIDATION WORKSHOPS INSPIRED FINAL MESSAGING CHANGES

The validation workshops conducted across audiences and the three markets influenced the final messages. You can see the key changes below:

SOFTENING LANGUAGE

“It hurts to admit that my man cheated on me. I want to trust him but it’s easier said than done.”

“We may not like how blunt the message is, but this is reality.”

Urban end user, Zimbabwe



“It hurts to admit that my man has been unfaithful. I want to trust him but it’s easier said than done.”

AVOIDING AMBIGUITY

“The Dual Prevention Pill protects me from unplanned pregnancy with something a little extra so there won’t be any unwelcome surprises.”

“That phrase ‘the DPP protects me with something a little extra’... is it the context because I feel it is phrased wrong.”

Urban end user, Kenya



“The Dual Prevention Pill protects me from unplanned pregnancy with the added benefit of preventing HIV.”

BROADENING SCENARIOS TO INCREASE RELATABILITY

“Campus days are the best days. Strictly good vibes and cute guys. But let’s be real, talking about safe sex is never easy.”

“It’s not only campus days that are fun. This is how we live now.”

Rural end user, South Africa



“I’m living my best life, and there’s no shortage of cute guys around, but let’s be real, talking about safe sex when dating is never easy.”

CHAPTER 4

Customising the Messaging



WHAT YOU WILL GET FROM THIS SECTION

**Guidance on how
to tailor to different
audience personas**

**Guidance on how
to tailor to different
countries and contexts**

In this chapter, we show you how to flex our messaging and creative across different audiences and countries. We know that the DPP will be launched and promoted in different markets and with different personas, which means guidance on how to tailor the materials can help make this more successful and personalised.

We'll begin by sharing examples of how assets have been tailored to different audiences, personas, and countries, and then explain how you can use the existing assets or create new ones to adapt to your needs.

THERE ARE PROTOTYPE ASSETS THAT WORK FOR DIFFERENT... AUDIENCE GROUPS

These are examples of prototype assets that work for different audience groups. They adapt to the voice and motivations of each audience.

To see which messages and assets work better for end users and for male partners/family members, refer to chapter 5



Ahaha

WE'RE READY

My partner is my soulmate for life, his HIV status does not get in the way of us enjoying our marriage together.

NOTHING CAN STOP US



One pill a day protects me from unplanned pregnancy and HIV, so I'm ready for date nights even when he doesn't want to wear a condom.

End users



Ahaha

IF WE SUPPORT HER



SHE'S READY

Brother, this life is for enjoyment but it gets chaotic. If you don't come prepared, just like that you can become a baby daddy. Your dreams are now put on hold and you're working twice as hard to support your family.

By taking the Dual Prevention Pill, your lady can be kept safe from unplanned pregnancy and HIV with just one pill a day. That way you're both ready for whatever life brings.

Male partners or family members



ARE WE READY?

I love my lady but I admit there are temptations out there. I don't want to hurt her or involve her with my side chick drama.

YES



I support her to take the Dual Prevention Pill and I feel good knowing I'm not putting her at risk. One pill a day protects her from both HIV and unplanned pregnancy.

AUDIENCE GROUPS



*When it comes to safe sex I want to help women **STAY IN CONTROL**. The DPP is a **NEW** contraception that prevents unplanned pregnancy and HIV, so women can be prepared for whatever comes their way in relationships.*

*I'M **READY** to help women **STAY IN CONTROL**. The DPP is a **NEW** contraception that prevents unplanned pregnancy and HIV, so women can stay ready for whatever comes their way.*

ONE pill a day protects you from unplanned pregnancy and HIV.

Ask about it at your local health care clinic.

 Ahana

Healthcare practitioners

END-USER PERSONAS

These are examples of prototype assets that work for different end-user personas. They adapt to the need states and trigger moments of each persona.

To learn more about the personas we created, refer to page 25



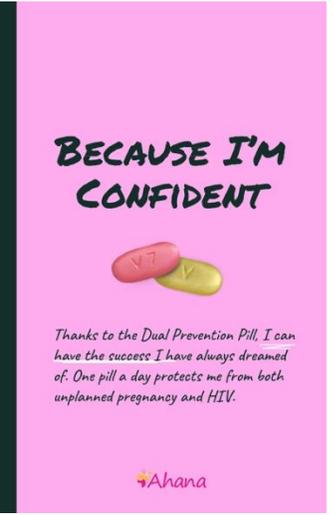
Lindiwe: Maintaining Relationship
Having a partner living with HIV



Elsie: Enjoyment Outside Marriage
Dating casually



Thandiwe: Young and Career Driven
Fulfilling career goals



END-USER PERSONAS

These are examples of prototype assets that work for different end-user personas. They adapt to the need states and trigger moments of each persona.

I'M READY FOR
RELATIONSHIP
HURDLES

It hurts to admit that my man has been unfaithful. I want to trust him but it's easier said than done.

Faith: Unfaithful Partner
Having to deal with infidelity

BECAUSE I'M
IN CONTROL



*With the Dual Prevention Pill, one pill a day protects from unplanned pregnancy and HIV, so I'm **READY** for whatever surprise he throws at me next.*

 Ahana

I'M READY

I had my first baby a few months ago, and she has become my world. My hubby already wants another kid but I'm not ready yet.

Vicky: New Mother
Wanting to space children

BECAUSE I'M
IN CONTROL



One pill a day keeps me safe from unplanned pregnancy and HIV. I take the Dual Prevention Pill so I can live stress free knowing I'll be able to wait, and focus on my baby, before we have our next kid.

 Ahana

COUNTRIES

These are examples of prototype assets that work for different countries. They adapt to the cultural sensitivities, language preferences and priorities of each country.

We found that end-users in South Africa resonated with self-care benefits, while in Zimbabwe convenience benefits were much more effective. Therefore, we created versions for each benefit which can be used flexibly to suit cultural nuances.

This is just one example of how it can flex across countries. To learn more on adapting to these three countries or others, go to page 55



Ahana

I'M READY. To take care of myself. Looking after my man, job and family can get hectic. So, I allow the Dual Prevention Pill to look after me. ONE pill a day protects me from unplanned pregnancy and HIV.

ONE pill a day protects you from unplanned pregnancy and HIV.

Ask about it at your local health care clinic.

South Africa



Ahana

I'M READY. To have more time for the things that matter. I just have to take one trip to the clinic for my one pill a day. Now I can focus on ME, and live stress free from pregnancy and HIV.

ONE pill a day protects you from unplanned pregnancy and HIV.

Ask about it at your local health care clinic.

Zimbabwe

HOW TO ADAPT BY END-USER PERSONA

The 5 different end-user personas capture 5 different need states women experience. If there are specific personas you want to engage, it is best to use messaging that they can relate to. You can decide how relatable a message is for them by seeing if it represents (1) their goals and (2) their DPP trigger moments. Below we have sorted the prototyped campaign assets by the personas they suit most. To learn more about the personas, [click here](#).

Married, new mother, started using OCP after birth, wants to delay next pregnancy

Early 20s, started using OCP after boyfriend refused to wear a condom

Early 20s, urban, started using OCP after leaving home and starting to date

Early 30s, started using PrEP after beginning an affair with another man

Started using PrEP when she suspected her husband had been unfaithful



Goals

- Self-care
- Convenience
- Family dreams

Trigger moments

- Partner with HIV
- Spacing children

Goals

- Soulmate with HIV
- Two-in-one

Trigger moments

- Infidelity
- Partner with HIV

Goals

- Career goals
- Campus days
- Dating life
- Two-in-one

Trigger moments

- Next steps
- Night out

Goals

- Career goals
- Dating life
- Self-care
- Convenience
- Two-in-one

Trigger moments

- Infidelity
- Next steps
- Night out

Goals

- Family dreams
- Self-care
- Soulmate with HIV
- Convenience
- Two-in-one

Trigger moments

- Infidelity
- Two-in-one

HOW TO ADAPT BY COUNTRY

Each country had specific cultural nuances that you can reflect in the messages you choose to use or create in your market. For example, even though all prototyped campaign assets performed strongly across Kenya, South Africa, and Zimbabwe, we found key differences that would influence which assets are prioritized in each place. Below we share some country-based insights that relate to SRH decisions or the messages we tested, so you can see how they impact the prioritization of messaging on the next slide.



Insights

Women were conscious of appearing respectable, but still wanted to find empowerment in secret, e.g. experience enjoyment values discreetly

Men were most determined to be involved in DPP rollout and maintain control in Kisumu (rural), but were more open to women making their own SRH decisions in Nairobi (urban)

Men were least positive about the serodiscordant couples messaging (partner living with HIV); however, it did make women want to talk to their healthcare providers about the DPP

Career-focused messaging especially resonated with women in Kenya

HCPs were cautious of using the phrase 'cheating boyfriends' in the messaging, as they don't want women to feel uncomfortable

Women felt more comfortable spending time on their enjoyment values, like sexual pleasure, socializing, and the 'finer things'

More single women and informal marriage structures result in women having more decision-making power

Women were especially passionate about messages that were inclusive, regardless of gender, HIV status, and life stage

In rural South Africa, women most liked messages relating to self-care and home life

Both messages from the HCP voice were equally liked

Women were most conscious of religious and traditional values, meaning appearing modest and devout were priorities

Men were likely to support the DPP if the decision helped them uphold their role as a leader in the community

Women particularly responded to 'Campus days' (dating at university) messaging because they felt like younger women should be represented more

Messages about the convenience of taking the DPP were responded to best

HCPs especially liked the use of 'cheating boyfriends' in the messaging because they felt it best represented how their clients talk

HOW TO ADAPT BY COUNTRY

KENYA



Messages to prioritise

Career goals

Messages that represented career ambition resonated strongly

From the HCP voice: trigger moments

They preferred the softer language used

Protect his sister

This was shown to be especially persuasive with men who wanted control/ dominance, so would work well in Kisumu

Messages to deprioritise

More direct HCP messaging

HCPs were unsure of the direct language in reference to infidelity

SOUTH AFRICA



Self-care

Messages that represented self-care resonated strongly

Dating life

This message is about dating, but doesn't tie it to one life stage, and this level of inclusivity was desired

Night out

They were more open and positive about enjoyment values

Centering male partners

As South African end-users, especially those in urban areas, were more determined to move away from traditional norms, they may not agree with the messaging that is created for more conservative male audiences

ZIMBABWE



Campus days

They wanted representation for younger women in university

Convenience

Two-in-one. Messages relating to the ease of use were responded to positively

From the HCP voice: in control

They liked the use of direct language

Temptations

Men were concerned with maintaining public appearance despite infidelity/ nights out, which this message tackles

Night out

They prioritize modesty so may not feel comfortable having private enjoyment-focused moments like this mentioned in public

HOW TO APPLY THIS TO OTHER COUNTRIES

We'd recommend using country-specific insights about the key audiences, especially end users, to create or adapt messaging. These are the two main ways you can do this:

Once you've created new messaging or adapted existing messaging, you can see an example of how to select country-specific insights and use them to prioritise messaging on the last two slides



For example, when we found that career aspirations were especially important in Kenya, we made sure to have messages that related this to the DPP.

Through immersion research, you can answer 'the Why' and 'the When' of your audiences



For example, when we found that the word "cheated/cheating" felt too direct in these three countries, but especially Zimbabwe, we changed it to "infidelity."

Through validation workshops, you can test messaging and tone

CHAPTER 5

The Communications &
Channel Plan



WHAT YOU WILL GET FROM THIS SECTION



Example communications plan

Example channel plan and activation ideas

In this chapter, we will take you through the process of building a communications plan for the DPP, so that you can fully utilize the example we share or create your own. The communications plan will include objectives, audience outcomes, motivations, and key messages by audience type.

This communications plan would then need to be brought to life through a tailored channel mix, which we will show you how to make and share an example.

Lastly, we will share guidance on how to flex the channel plan and how to come up with activation ideas for different end-user personas, audience types, audience income levels, and markets.



THE COMMUNICATIONS PLAN: HOW TO BUILD ONE

There's a journey that needs to take place before clients choose your product.

First, before they can want to choose it, they need to know it exists and understand what it is (1). Then they need to understand how it's relevant to them and its benefits (2). Next, they need to be nudged to act and know how to choose your product (3). Lastly, they need to regularly use your product to make its use effective (4).

Marketers typically illustrate this process with a 4-phase funnel*. The funnel shows how if you take them through this journey using your communications, you can make them more likely to choose your product.

On the next page, we build out this 4-phase plan to be specific to the DPP, our campaign, and the learnings we have gathered so far.

*Adapted version of Phillip Kotler's 5A's from 'Marketing 4.0'

There are alternative models that can be used, for example the flywheel, which you can read about here: [Vazirani, K., & Jaiwant, S. V. \(2023\). The Flywheel: A New Marketing Model.](#)



THE COMMUNICATIONS PLAN: PURPOSE OF EACH PHASE



AWARENESS



CONSIDERATION



ACTION



ADHERENCE

Objective

Create awareness and positive sentiment, and remove negative perceptions, for the product across end users and their influencers



Increase interest in the DPP by highlighting how it responds to key end-user needs



Convert interest to action by reaching people around the areas where products are accessed



Convert short-term use of the DPP to long-term use by showing how it makes long-term use easier and providing support throughout



End-user outcome

"The DPP could be for someone like me"

Talks to friends, family, online health groups, etc.

"I want to find out more about the DPP"

Goes to website/HCP for more information

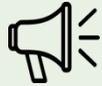
"I'm ready to try the DPP"

Feels comfortable going to buy/access the DPP

"I want to keep using the DPP and feel able to do so"

Feels comfortable regularly using the DPP

THE COMMUNICATIONS PLAN: KEY MESSAGING BY PHASE



AWARENESS



CONSIDERATION



ACTION



ADHERENCE

Motivations

- Connects with identity, aligns with aspirations, e.g. career goals, family values, enjoyment
- Becomes aware of benefits

- Relates to triggers for category entry, e.g. first child, finds partner is cheating, starts new relationship

- Believes DPP is easy to access
- Has a positive perception of HCPs
- Is reminded of immediate benefits

- Believes the DPP is the right choice for the long-term

Key messages based on motivations

Prototyped campaign asset names

End-users

- Career goals
- Campus days
- Dating life
- Self-care
- Partner living with HIV
- Family dreams

- Next steps
- Infidelity
- Partner living with HIV
- Spacing children
- Night out

- Convenience
- Two-in-one
- From the HCP voice: trigger moments

- Long-term

The key messages from page 69 are represented in the campaign assets, but are categorized into the phase they are most relevant to based on desired outcomes and 'Motivations'

THE COMMUNICATIONS PLAN: PURPOSE & KEY MESSAGING FOR AUDIENCES OF INFLUENCE

	Male Partners	HCPs
Purpose	<p><i>“The DPP could actually help protect her and protect my lifestyle”</i></p> <p>Talks to partner, family, friends</p>	<p><i>“The DPP could help me protect my clients”</i></p> <p>Introduces DPP to clients it could work for</p>
Messaging (Prototyped campaign asset names)	<ul style="list-style-type: none">• Temptations• Protect partner from HIV• Enjoyment• Protect sister/friend from actions of other men	<ul style="list-style-type: none">• In control• Be prepared

SNEAK PEEK AT ASSETS IN AWARENESS

These are two examples of prototyped campaign assets that live in the awareness phase.

Objective

Create awareness and positive sentiment, and remove negative perceptions, for the product across end users and their influencers

Motivations

- Connects with identity, aligns with aspirations, e.g. career goals, family values, enjoyment
- Becomes aware of benefits



I'M READY

I have put in so much towards my career goals and will not let unplanned pregnancy get in my way.

BECAUSE I'M CONFIDENT



Thanks to the Dual Prevention Pill, I can have the success I have always dreamed of. One pill a day protects me from both unplanned pregnancy and HIV.

Ahana

Career goals



SHE'S READY

I've always got my SIS's back. I know what guys can be like. If her man messes up I don't want it to get in the way of her dreams.

IF WE SUPPORT HER



That's why I support her taking the Dual Prevention Pill. It keeps her safe from unplanned pregnancy with the added benefit of protecting her from HIV. So she can be free to reach the sky.

Ahana

Protect his sister

SNEAK PEEK AT ASSETS IN CONSIDERATION

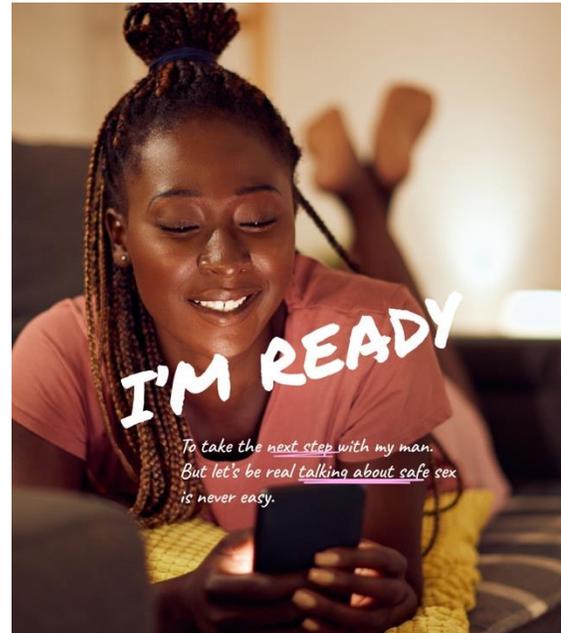
These are two examples of prototyped campaign assets that live in the consideration phase.

Objective

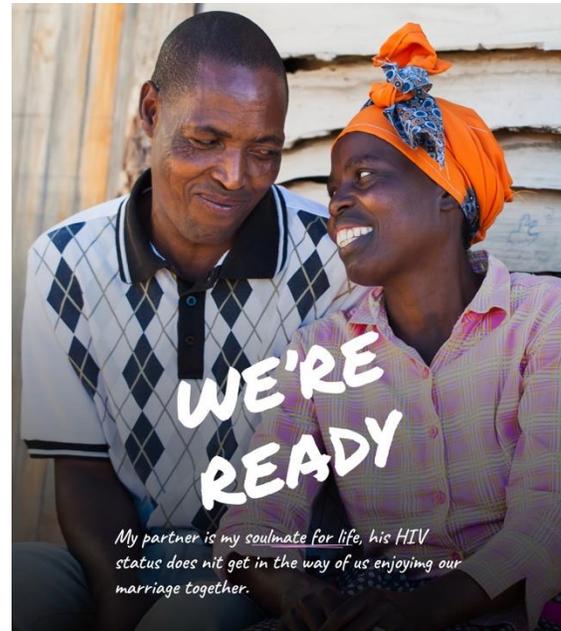
Increase interest in the DPP by highlighting how it responds to key end-user needs

Motivations

- Relates to triggers for category entry, e.g. first child, finds partner is cheating, starts new relationship



Next steps



Partner living with HIV

SNEAK PEEK AT ASSETS IN ACTION

These are two examples of prototyped campaign assets that live in the action phase.

Objective

Convert interest to action by reaching people around the areas where products are accessed

Motivations

- Believes DPP is easy to access
- Has a positive perception of HCPs
- Is reminded of immediate benefits



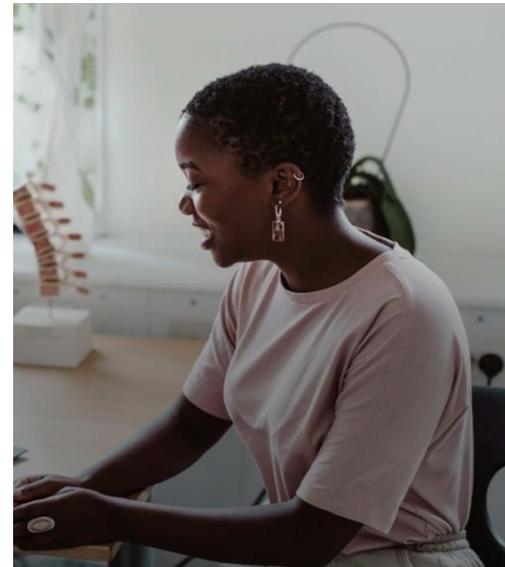
Ahana

*I'M READY. To enjoy intimate moments with my partner, without worrying about getting pregnant. The Dual Prevention Pill protects me from unplanned pregnancy, with the **ADDED BENEFIT** of preventing HIV. One pill a day ensures there won't be any unwelcome surprises in our relationship.*

ONE pill a day protects you from unplanned pregnancy and HIV.

Ask about it at your local health care clinic.

Two-in-one



Ahana

If you're worried about infidelity and your partner giving you HIV, or spacing your next child so you can focus on your career, talk to us! There's a new product that we might be able to prescribe you.

WE'RE READY to support you, so you can stay in control of life's unpredictable moments.

ONE PILL a day protects her from unplanned pregnancy and HIV

Ask about it at your local health care clinic.

HCP voice:
trigger
moments

SNEAK PEEK AT ASSETS IN ADHERENCE

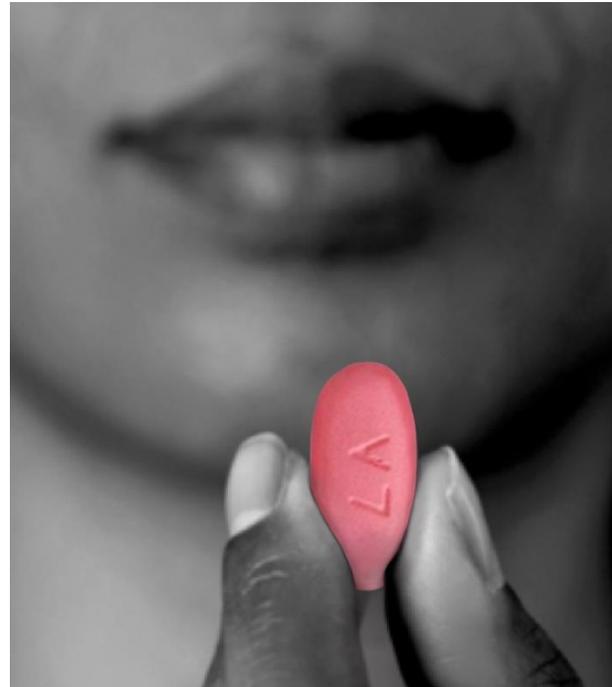
This is an example of a prototyped campaign asset that lives in the adherence phase.

Objective

Convert short-term use of the DPP to long-term use by showing how it makes long-term use easier and providing support throughout

Motivations

- Believes the DPP is the right choice for the long-term



Having to take more than one pill to protect myself from unplanned pregnancy and HIV was too much for me. I could only keep up with it for a few weeks before I'd forget. But now, with the Dual Prevention Pill, just one pill a day ensures there won't be any unwelcome surprises in my life.

Ask about it at your local healthcare clinic.



Long-term

BRINGING YOUR COMMUNICATIONS PLAN TO LIFE WITH A TAILORED CHANNEL MIX

To bring your communications plan to life, you need to select the right **channels to reach your audience**.

Here are some considerations to help you choose the right channels.

Audience insight for efficiency:

Previous studies suggest that women who are already using OCP and/or PrEP are among the most likely to want to use the DPP. In the three markets we looked at, the number of OCP users is far greater than the number of PrEP users.

SELECTING THE RIGHT CHANNELS

TAILORING THE CHANNEL PLAN TO YOUR AUDIENCE

- Conduct thorough research to define the target demographic, psychographic and behavioural traits of your audience (e.g. age, income bracket, attitudes, current OCP usage)
- Leverage **moments that matter** to choose channels that your audience tends to engage with, or that relate to trigger moments for DPP consideration
- If appropriate, create **audience personas** to guide the channel plan, especially because they can influence which moments that matter you choose to prioritise

ENSURING A HIGH-REACH, BUT INCLUSIVE, APPROACH

- Ensure the channels balance efficiency and equity:
 - Efficiency** – selecting channels which help ensure that communications have high reach with your relevant audiences and engage audiences most likely to use the DPP
 - Equity** – selecting channels that reach relevant and underserved or marginalized audiences (e.g. rural areas, low literacy)

DEVELOPING THE CHANNEL PLAN TO FIT WITHIN YOUR BUDGET AND RESOURCES

KEY CHANNELS FOR THE DPP: LEVERAGING MOMENTS THAT MATTER

Based on the research conducted in Kenya, South Africa and Zimbabwe, the following are some key channels that emerged. However, do not feel limited to them as adapting to your audience and market for channel choice is important.

These channels were shown to be especially influential for our audiences and for communicating about the DPP (as you can see from insights on page 17).

CHANNELS

Social media and online channels: Facebook, Instagram, influencer content, websites (e.g. MoH site)

WhatsApp groups: Women's Groups, Women's Health Groups

Social settings: bars, clubs, Shisa nyama (SA), malls, restaurants, beauty and hair salons (women only), community groups/ meetings, universities/ institutions, festivals, cinemas.

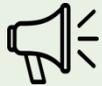
Sports games, beer halls, workplaces (men only).

Healthcare spaces: waiting rooms in pharmacies, chemists, queues for healthcare product pick-up, PrEP clubs, assessment rooms

Partnerships: working with aligned organisations and peer providers who create safe spaces and provide education, for example, young women's groups, FSW support, new mothers and nutrition groups

KEY CHANNELS FOR THE DPP: BY PHASE

Different channels suit different parts of the communications plan better. Below we have questions in the 'how to choose channels by phase' section, to help you think about what channels you want to use for which phase. We have included our suggestions, but these would be tailored to your needs and plan.

Phase	 AWARENESS	 CONSIDERATION	 ACTION	 ADHERENCE
How to choose channels by phase	<ul style="list-style-type: none"> Which channels will excite audiences and capture their attention? Which channels will reach relevant audiences who haven't heard of the product before? 	<ul style="list-style-type: none"> Which channels can we retarget with, to bounce off initial awareness? Which channels will audiences go to when looking to learn more or start conversations about SRH decisions/products? 	<ul style="list-style-type: none"> Which channels live close to the moment of purchase? Which channels will audiences go to when they know they are about to choose a SRH product? Which channels can create a sense of safety and confidentiality? 	<ul style="list-style-type: none"> Which channels will audiences use to discuss their continued use of the DPP? Which channels are relevant to the check-in points DPP users will have? (e.g. clinic check-ups, advice groups)
Social media and online channels				
			Partnerships	
Social settings			Healthcare spaces	
WhatsApp: general			WhatsApp: healthcare-related	

UNDERSTANDING THE DIFFERENT TYPES OF CHANNELS YOU CAN USE

The next step is learning about the different channel types **that can help you use the channels from the last page in practice**. For example, we know we may want to use social media, but what forms of social media do we want to use? (e.g. paid ads, influencer content, partner posts).

Paid, **Owned** and **Earned** are three distinct channel types, which we've included definitions for and examples of on the right. By balancing paid, owned and earned channels thoughtfully you can enhance the visibility of the product, build credibility, and increase engagement with your target audiences.

The most effective approaches tend to use all three channel types collectively rather than relying on one type alone. For example:

- **Paid channels** can drive traffic to **Owned channels**, such as websites or social media pages.
- **Earned channels** can increase the visibility and credibility of the content hosted on **Owned channels**.
- **Owned channels** can serve as the base for content that gains traction in **Earned channels** and is promoted through **Paid channels**.

Paid

These are channels we pay to use but usually help achieve high reach.

Examples:

- Radio advertising
- TV advertising
- Billboards
- Print advertising
- Sponsored/promoted content on social media
- Paid influencer partnerships/collaborations

Owned

These are channels that we own, and thus the publishing of content on them is free. This can also include platforms and spaces that your partners own and are willing to use for your communications.

Examples:

- Website
- Social media pages
- Mobile apps
- Email newsletters
- Vehicle branding
- In-house branding
- Community-run/HCP/advocacy meetings and talks

Earned

These are channels that are organic and typically come from external sources. This happens when your communications have gained publicity or exposure.

Examples:

- Media coverage (news articles, TV and radio coverage)
- Unsolicited social media mentions
- Reviews and testimonials
- Word-Of-Mouth (WOM)

Paid Channels

Other Channels

EFFICIENCY: KEY CHANNELS FOR THE DPP BY PHASE

When trying to achieve efficiency (mass reach), these are a few of the channels to prioritize for each phase. They aren't as targeted and tailored to niche audiences; instead, their strength is ensuring broad reach and talkability. Some examples of taking an intentionally high-reach approach are: using national radio instead of local radio, putting ads and posters in popular public spaces instead of women-only spaces, or choosing high-footfall social settings like malls and bars.

Media Type	AWARENESS	CONSIDERATION	ACTION	ADHERENCE
Paid	Social media ads: Facebook, Instagram, Influencers Programmatic and Display National radio TV			
	Ads/posters/merch in social settings: bars, clubs, malls, universities, taxis, workplaces, popular town squares and meeting areas			
Owned			Posters/flyers in healthcare spaces: waiting rooms in pharmacies, chemists Website content Social media content: (our own and partners') WhatsApp groups: Women's, Women's Health	
Earned		Social media engagement: organic shares and mentions, influencer endorsements Press coverage: news articles, feature stories, interviews		

THE ROLE OF HCPS IN ADHERENCE

We know that HCPs are key to the adherence phase (look on page 22 to see our insights on this), and in a way that goes beyond the communications materials and channels (posters, leaflets, WhatsApp groups) we've discussed so far. It's important for us to support them in encouraging continued use of the DPP through a variety of other methods. This is how we've done this so far.

Key messages

On page 37 we shared messages that were found to be effective with end users and male partners.

These can help HCPs understand the types of messages that work best with their audience, and they can be used to aid initial conversations about the DPP.

KEY MESSAGES

The research done with end-users, male partners and healthcare practitioners helped us identify the key motivators for using or accepting DPP that we can incorporate into our messages. You'll especially see 'the Why' 'the with Whom' and 'the When' insights from chapter 1 represented below. When used in a campaign, we need to share these messages in a way that complements our platform, tone and creative, but they can also be used to aid general communications (e.g., conversations between HCPs and clients).

The DPP helps you feel ready for anything!			
Product messaging	End-user messaging	Male-partner messaging	HCP messaging
Highlight product benefits: <ul style="list-style-type: none"> Protects them from unplanned pregnancy and HIV One pill instead of two saves time (one trip to clinic, one pill to take a day) One pill instead of two makes it easier to adhere and take discreetly 	Create relatability with the archetypal DPP user's ambitions: <ul style="list-style-type: none"> Helps you achieve personal/ enjoyment goals Helps you achieve career goals Helps you achieve relationship or family goals Helps you protect yourself from community judgment Show them key moments the DPP can help them with: <ul style="list-style-type: none"> Casual dating and nights out Long-term relationship – enduring infidelity or adapting to a serodiscordant relationship New relationship New child or desire to space children Share the HCP desire to support end-users: <ul style="list-style-type: none"> Allows them to be there for patients' diverse needs Helps them empower women by giving them control 	Relate to their personal/ enjoyment goals: <ul style="list-style-type: none"> Helping them continue to enjoy their life as it is (without becoming a dad, or having to confront their infidelity) Make them feel like a protector: <ul style="list-style-type: none"> Taking DPP protects your sister/friend/sidekick's dreams Taking DPP protects your sister/friend from the actions of untrustworthy men 	Encourage other HCPs to support the DPP: <ul style="list-style-type: none"> Helps them empower women by giving them control and increasing preparedness

Prototyped campaign assets

We have created 3 different campaign assets which use messaging from the HCP's perspective.

Some of these messages encourage HCPs to become advocates of the DPP, while others help them communicate the benefits of the DPP to their clients. All of these use an empowering and supportive tone of voice to represent the desire from HCPs to be "life counsellors" for their clients.



Ahana

If you're worried about infidelity and your partner giving you HIV, or spacing your next child so you can focus on your career, talk to us! There's a new product that we might be able to prescribe you.

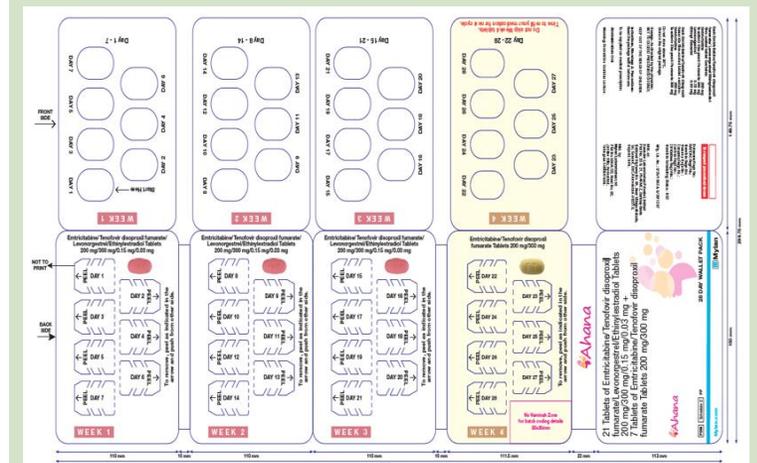
WE'RE READY to support you, so you can stay in control of life's unpredictable moments.

ONE PILL a day protects her from unplanned pregnancy and HIV

Not shown. See at your local health care clinic.

Packaging

We have created the DPP packaging to look like OCP packaging, following the suggestion of HCPs and end users. This was to avoid the stigma of PrEP affecting OCP use, and to ensure discreetness.



THE IMPORTANCE OF DISCREET CHANNELS

Research conducted by Matchboxology found that end users wanted safer channels of communication for informed choice. Many participants described the stigma associated with using SRH products as pervasive and harmful. Because of risks of judgement from those close to them and in their community, and of gender-based violence, it is vital that end users are engaged through some channels that are more targeted and private.

“You find that generally the society takes it that a lady who uses it and walks with these kits is a prostitute. Society thinks you are ready for sex anytime that is why you are walking with the kits.”

Male Immersion Participant, Kenya

“Young women are also fearful as they know that the nurses are a part of the community and are afraid that if they ask for contraception the news will reach their parents.”

Female Immersion Participant, Zimbabwe

Certain messages, for example ones that go against cultural norms and traditional gender roles (e.g. in the Night Out and Dating assets), are more likely to provoke more conservative audiences of influence. These messages are better suited to more discreet channels, where women can safely read them and discuss them. Below are some examples of channels that were recommended as safe spaces:

Hair/beauty salons

Women’s bathrooms
(e.g. in bars,
universities)

Assessment rooms
with HCP

Drop in-centres
(DICEs)

Anonymous or
trusted WhatsApp
groups

Women-only
community groups
(run by HCPs or
partners)

THE IMPORTANCE OF PARTNERSHIPS

Another way to create discreet communications is through partnerships. Partners are not only experts in responsibly engaging with and supporting key end-user groups, but also already have safe spaces and events which we can leverage.

Partnerships are especially important to use for more vulnerable groups, who require an extra level of privacy. Some of the groups most suited to a partnership approach are:

Young women and adolescents

Although society often disapproves of younger women being sexually active and using SRH products, they are among the groups most impacted by HIV and unintended pregnancies.

Female sex workers

Female sex workers in key markets have some of the highest rates of HIV and unintended pregnancy but are often scared of judgement and exclusion from key spaces.

Women at risk of intimate partner violence

Women in potentially unsafe relationships will need to find trustworthy and private spaces, as their partner may react negatively to their use of SRH products.

TAILORING YOUR CHANNEL PLAN BY...

AUDIENCE SOCIO-ECONOMIC STATUS

When trying to reach your key audiences, you'll need to consider their socioeconomic status (SES) as this affects the channels they're more likely to interact with or have access to.

For example, those with high SES are more likely to use social media and be in more expensive/ exclusive social settings (e.g. bars, clubs), while those with lower SES would benefit from more community-based outreach.

This is especially important to consider when trying to achieve equity, as low SES audiences are often underserved.

END-USER PERSONA

We shared the five different end-user personas we created to represent the most common need states potential DPP users experience. Each persona has a different lifestyle, which affects the spaces and places they spend time in.

This gives you the opportunity to prioritise channels that you think are more relevant to the personas you want to target (e.g. younger women starting to date could be reached on campus or in bars nearby, or new mothers can be reached at baby clubs or through parent influencers).

COUNTRY

Each country has its own cultural nuances to take into account, and which will affect channel choice.

For example, we showed you how some messages are less appropriate or accepted in certain countries. The same applies for channels.

We will share some insights we found in the three markets in which we conducted research (Kenya, South Africa, and Zimbabwe) to show you how to use country-specific insights to influence your channel choices.

AUDIENCE SOCIOECONOMIC STATUS

KEY CHANNELS FOR LOW-SES END USERS

When trying to reach low-SES audiences, you need to consider what channels they realistically have access to and what areas they are more likely to be in (e.g. rural areas). One key consideration when adapting for low SES audiences is ensuring the use of more offline or non-traditional channels, as they are less likely to spend as much time on online channels. Community-based channels like local radio or town hall meetings have been shown to be most effective, and easy to implement, with these audiences.

Media Type	AWARENESS	CONSIDERATION	ACTION	ADHERENCE
Paid		<p>Social media ads: Facebook</p> <p>Local or community radio</p>		
Owned	<p>Ads/posters/merch in social settings: malls, restaurants, community-owned beauty salons, youth groups, popular town squares and meeting areas (in rural areas)</p>		<p>Posters/flyers in healthcare spaces: pharmacies, chemists, queues for healthcare product pickups</p> <p>WhatsApp groups: Women's, Women's Health</p> <p>SMS campaigns</p> <p>Community groups/town hall meetings/ groups run by partners</p> <p>Websites</p> <p>Advocacy training workshops</p>	
Earned			<p>Social media engagement: organic shares and mentions</p> <p>Events: local markets</p>	

AUDIENCE SOCIOECONOMIC STATUS

KEY CHANNELS FOR MIDDLE- AND HIGH-SES END USERS

When trying to reach middle- or high-SES audiences, you can lean into online channels and target urban areas more as they're more likely to spend time there. You can see more traditional channels like Instagram, influencers, and press coverage are prioritized here because these audiences are also more likely to interact with these channels in their day-to-day lives. Instead of choosing places which are known for their affordability and accessibility, you can start to choose places which are more expensive or 'exclusive' like private clinics or new clubs for high-SES audiences.

Media Type	AWARENESS	CONSIDERATION	ACTION	ADHERENCE
Paid	<p>Social media ads: Facebook, Instagram, X, Influencers Programmatic and Display National and local radio</p>			
	<p>Ads/posters/merch in social settings: bars, clubs, malls, beauty salons, festivals, universities, cinemas, popular town squares and meeting areas (in urban areas)</p>			
Owned			<p>Posters/flyers in healthcare spaces: chemists, pharmacists, private clinics Website content Social media content: (our own and partners') WhatsApp groups: Women's, Women's Health</p>	
Earned		<p>Social media engagement: organic shares and mentions, influencer endorsements Press coverage: news articles, feature stories, interviews Online forums: expert Q&As, discussion on forums, support groups</p>		

NEW MOTHER MARRIED, WANTING TO DELAY NEXT PREGNANCY



Touchpoints

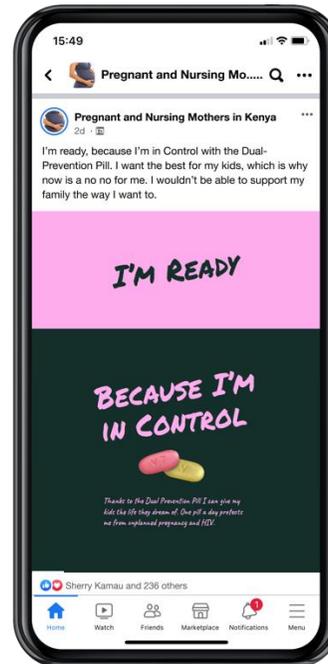
- Bridal parties
- Baby showers
- Antenatal/postnatal visits
- Family WhatsApp groups
- Mothers' groups

Key Channels

- Attending campus fairs (University)
- Receiving brochures and samples (Clinics, Pharmacies)
- Browsing social media (Instagram, Facebook)
- Listening to the radio, especially when studying or getting ready for weekend events (Radio)
- Watching influencer content, especially about younger mothers, lifestyle or career advice (Instagram, Facebook)
- Participating in social events/parties (Bars/clubs)
- Using dating and music apps (Apps)
- Using WhatsApp to interact with friends (WhatsApp)
- Going to professional networking nights (Events)

Ideas for Tactical Activations

These are some activation ideas based on channels new mothers are more likely to use. You can adapt these or create your own ideas based on the key channels; they're just here to provide inspiration.



Facebook Mother's Group post

Posting on new mothers Facebook and Instagram pages, to promote awareness and discussion on DPP use.



In-person parenting or nutrition group leaflets

Sharing leaflets with organisations that run parenting or nutrition groups so they can hand them out to attendees.

END-USER PERSONAS

KEY CHANNELS FOR THE NEW MOTHER PERSONA

When trying to reach the 'new mother' persona, you'll want to use channels that they interact with regularly. The channels this persona is most likely to use are those that relate to their parental identity and needs (e.g. baby clubs, momfluencers). You can apply this same process to create a channel process for the other personas or your own (e.g. with young, career-driven mother, choosing channels that relate to their career goals, new mother status, young and social university lifestyle).

Media Type	AWARENESS	CONSIDERATION	ACTION	ADHERENCE
Paid	<p>Social media ads: new mothers' parenting groups on Facebook and Instagram, influencer partnerships with momfluencers</p> <p>Digital Display on popular parenting websites</p> <p>Community radio especially those with parenting and relationship advice</p>			
	<p>Ads/posters/merch in social settings: baby clubs, baby shower venues, beauty salons</p>			
Owned			<p>Posters/flyers in healthcare spaces: chemists, pharmacies, maternity clinics (during antenatal/postnatal check ins)</p> <p>Website content</p> <p>Social media content: (our own and partners' who specialize in supporting parents)</p> <p>Partnership-run events and groups (online or in-person)</p> <p>WhatsApp groups: parenting groups, Women's Health</p>	
Earned		<p>Social media engagement: organic shares and mentions, momfluencer endorsements</p> <p>Press coverage: news articles, feature stories, interviews in online parenting magazines/sites</p> <p>Online forums: pregnancy and parenting expert Q&As, discussion on parenting forums, how-to YouTube videos for new mothers</p>		

YOUNG AND CAREER-DRIVEN

EARLY 20S, URBAN, STARTING TO DATE



Touchpoints

- Friends' WhatsApp groups
- Night clubs, bars
- Dating apps
- TV shows
- Music (e.g. Gengatone)
- Entrepreneur events/networking

Key Channels

- Attending campus fairs (University)
- Receiving brochures and samples (Clinics, Pharmacies)
- Browsing social media (Instagram, Facebook)
- Listening to the radio, especially when studying or getting ready for weekend events (Radio)
- Watching influencer content, especially about lifestyle or career advice (Instagram, Facebook)
- Participating in social events/parties (Bars/clubs)
- Using dating and music apps (Apps)
- Using WhatsApp to interact with friends (WhatsApp)
- Going to professional networking nights (Events)

Ideas for Tactical Activations

Countdown Radio Show



Hosting a count-down radio show that airs every Friday or Saturday evening, targeting moments when the youth are preparing for their weekend activities, to promote the DPP.

Bathroom Stall Ads



Placing advertisements in bathroom stalls in malls, restaurants, and bars to promote DPP.

Pop-Up Booths at Campus Fair or with Youth Groups



Setting up engaging pop-up booths during campus events, health fairs, and youth groups where students can learn about the DPP through interactive activities.

Festival Posters



Using the popularity of festivals with young people, like Nyege Nyege, to start and normalise conversations about the DPP.

MAINTAIN RELATIONSHIP: HER HUSBAND IS LIVING WITH HIV AND THEY ARE HAPPILY MARRIED



Key Channels

- Listening to the radio during breakfast, especially shows with relationship advice (Local Radio Stations)
- Searching for advice on a partner living with HIV/being in a serodiscordant relationship (Google)
- Attending community health events (Community centres)
- Browsing social media (Facebook, Instagram, TikTok)
- Watching health and relationship TV programs (Local TV Programs)
- Going to the pharmacy, assessment centres for HIV tests (Pharmacies)
- Going to PrEP clubs run by HCPs (Clubs)

Touchpoints

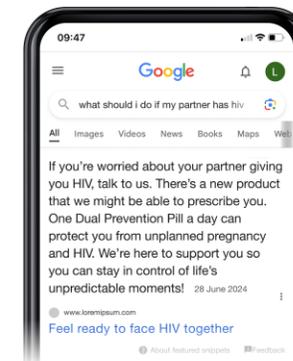
- Google
- Social media (Facebook/Instagram/TikTok)
- WhatsApp/mobile phone
- HIV testing clinic
- Pharmacy

Ideas for Tactical Activations



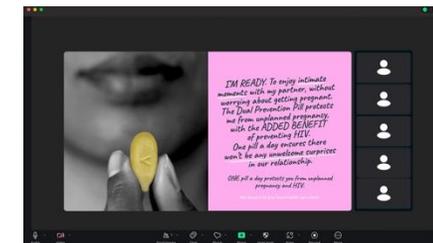
Bus ads

Buses cover extensive geographical areas, reaching a wide and diverse audience. We can use this to our advantage by sharing our communications on the back or sides of buses. This could work especially well to help normalise discussions around serodiscordant couples.



Search

When our end-users find out that their partner is or could be living with HIV, one of the first things they'll do is search for advice on Google and other search platforms. If we can pay for search or use key words that enable our result to come up top, it would make it easier to find out about the DPP in a time of need.



Online Zoom Groups for Women

Working with Women's groups that have weekly or monthly online call sessions to incorporate our messaging into their events. These sessions are sometimes anonymous and a safe space, making them an ideal place to have SRH-related conversations.

ENJOYMENT OUTSIDE OF MARRIAGE BEGINNING AN AFFAIR WITH ANOTHER MAN



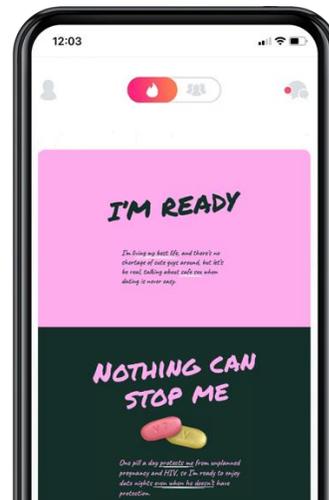
Touchpoints

- Dating apps
- Entrepreneur events
- Professional networks
- Party venues (clubs, bars)
- Pharmacy

Key Channels

- Using Dating Apps (Apps)
- Participating in Online Forums (Forums)
- Watching YouTube videos on lifestyle, beauty, trends (YouTube)
- Visiting HCPs for regular check-ups and tests (Clinics/Pharmacies)
- Listening to Radio Shows about dating (Radio)
- Going to entrepreneur events (Events)
- Going to bars and clubs away from home (Bars/clubs)
- Talking to close friends about nights out and hangouts (WhatsApp)

Ideas for Tactical Activations



Dating app ads

Leveraging in-app advertising in widely used dating apps, like Tinder, to promote health messages and the DPP among our target audience.

Pill pouches

Being discreet about SRH product use will be especially important for personas like this one. Thus, giving out pill pouches, alongside DPP prescription or information, that make it easier to hide use could help encourage end users to try or regularly use the DPP if it's right for them.



Hair salons

Showcasing our campaign in women-only hair and beauty salons. They are places for open conversation away from men, meaning a poster or flyer there about the DPP could be safely and actively engaged with.

UNFAITHFUL PARTNER SUSPECTS HER PARTNER HAS BEEN CHEATING



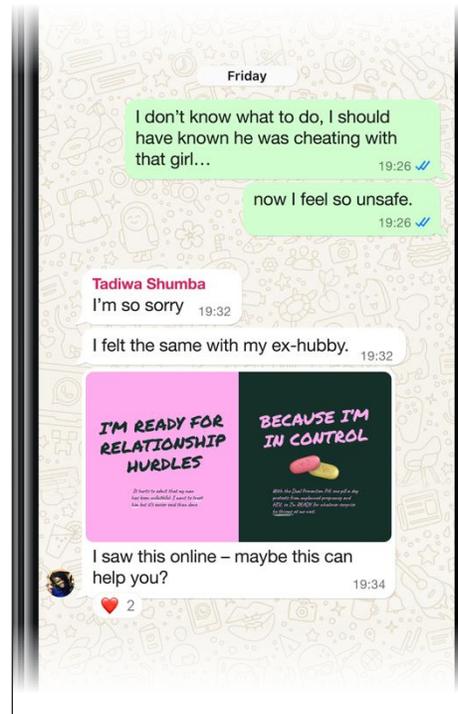
Touchpoints

- TV dramas
- Community outreach programmes
- Local health clinic
- WhatsApp groups
- PrEP clubs (led by HCPs)

Key Channels

- Visiting HCPs for tests and check-ups (Clinics)
- Watching Health and Relationship TV Programs (TV)
- Listening to Radio Shows about relationship advice (Radio)
- Engaging with Online Support Groups (Forums)
- Opening up to close friends or seeking advice on WhatsApp groups (WhatsApp)
- Following influencers or social media pages that give relationship advice (Facebook, Instagram, Influencers)
- Going to community meetings run by HCPs (Community meetings)

Ideas for Tactical Activations



WhatsApp Groups

Talking to close and trusted friends or in safe (and potentially anonymous) Women's Health groups about their situation and concerns, often seeking advice on how to protect themselves.

Women-only community meeting with HCPs

Attending HCP-run (or advocacy group-run) workshops, which are safe spaces for women to learn tips on how to protect themselves or start important conversations with their partner.



ADAPTING YOUR CHANNEL PLAN TO YOUR MARKET

Using our research, we have found that there are three main cultural differences which affect channel choice in Kenya, South Africa, and Zimbabwe. If you are implementing in another market, it is important to understand if there are any cultural differences like these, which directly affect which channels audiences are more likely to engage with or are most comfortable with.

Need for discreet, women-only communications

KENYA



End users in all three countries wanted discreet, women-only channels.

However, end users and male partners in **Kenya** and **South Africa** were most comfortable with communications in public spaces, while those in **Zimbabwe** were least comfortable.

In **rural areas** there was also a sense of discomfort with communications in public spaces due to a sense of tradition and gender expectations.

SOUTH AFRICA



ZIMBABWE



Use of WhatsApp groups

While end users in all three countries were shown to use women's health-related WhatsApp groups, end users in **South Africa** were shown to most engage with these groups.

This is because they often felt like they had fewer confidants to speak to and were less comfortable going to in-person healthcare visits.

Use of healthcare facilities

In **Kenya**, end users were most likely to use the pharmacy after being prescribed the DPP, while in **South Africa** and **Zimbabwe**, end users were most likely to still to use public service delivery channels like the clinic and hospital.

In **rural areas** there was a fear of being spotted queuing for SRH products, which made end users less likely to go to healthcare facilities, unless they had discreet options.

KEY CHANNELS FOR END USERS IN ZIMBABWE

When reaching end users in Zimbabwe, it is important to consider the cultural differences we discussed on the page before. For example, there was a desire for more private or discreet communications in social settings and for public service delivery channels in healthcare like hospitals, in general, but especially in rural areas. Additionally, while WhatsApp groups were used, they tended to be between close friends, rather than women's health groups.

Media Type	AWARENESS	CONSIDERATION	ACTION	ADHERENCE
Paid		Social media ads: Facebook, Instagram National and local radio		
	Ads/posters/merch in social settings: malls, women-only beauty and hair salons, (in urban and rural areas), bars, clubs, restaurants (in urban areas)			
Owned			Posters/flyers in healthcare spaces: clinics, hospitals, private assessment rooms Website content Social media content: (our own and partners') WhatsApp groups: Women's, peer groups SMS campaigns Private community (women's only) gatherings/1-1 meeting with HCPs or advocacy groups	
Earned		Social media engagement: organic shares and mentions		

A FINAL WORD

This guide was created to provide implementers with insight-driven approaches, strategies and creative that help effectively promote the DPP.

We have shared...

- **Insights**, gathered from HCD research, to inform the barriers and drivers of key audiences to DPP use. This HCD methodology can be applied in your market and for your target audience if there are further insights you need.
- **A validated campaign platform ('I'm Ready') and prototyped assets** to release in your market or to use as inspiration. This platform, and all its elements, have been tested multiple times with key audiences to ensure effectiveness.
- **Recommended channels and example channel plans** to help you build the rollout of your campaign or any communications.
- **Guidance on adaptation** to make it easy to adjust the tools to your own needs, or even replicate the method from start to finish.

We hope this summation of two-years' worth of research and content creation will support your launch and communication of the DPP. None of the work within this guide would have been possible without our partners and collaborators, who we would like to sincerely thank for their contributions.

THANK YOU!

Please contact kate@avac.org or wawira@avac.org if you have any questions.

You can also find the prototyped assets, image bank, and full insights report at the link below:

Asset Bank

Password: R6fKp7TXP83Q

<https://mcsaatchi.egnyte.com/fl/84vgwC4qpKhh>



THANK YOU!

