

PrEP Power Toolkit

Adapting the My PrEP, My Choice campaign materials for key populations in your country

A GUIDE FOR IN-COUNTRY PARTNERS WORKING WITH MEN WHO HAVE SEX WITH MEN, TRANS AND GENDER DIVERSE PEOPLE, SEX WORKERS AND PEOPLE WHO USE DRUGS. BUILT FROM HUMAN-CENTERED DESIGN WORKSHOPS IN ESWATINI, KENYA AND ZAMBIA

GLOBAL BLACK GAY MEN CONNECT
Access Bridge
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PrEP Power* Toolkit for Partners Working with Key Populations

What this document is for

The PrEP Power materials are intended for use by local partners working with key populations: men who have sex with men (MSM), trans and gender diverse people, sex workers and people who use drugs. The PrEP Power project ran human-centered design (HCD) workshops with community members in Eswatini, Kenya and Zambia. Everything in this toolkit came out of those conversations. These creative materials were shaped by the communities they intend to serve. Extensive in-country adaptation is needed to make them a success. This toolkit gives you everything you need to adapt and use the PrEP Power creative materials in your country.

This document does three things:

- Summarizes what we learned in the workshops: the beliefs, barriers, and motivations that should shape how you communicate about PrEP
- Tells you how to adapt the creative materials for your country
- Gives you a checklist so nothing gets missed before you launch

Who this is for

This is a working guide for in-country partners. We worked with communities to create this guide. Considerable input from local partners is necessary to make these materials a success, so please do review them carefully!

*__PrEP Power__ is a collaborative initiative designed to increase the accessibility and uptake of long-acting PrEP by tailoring delivery methods to the specific needs of key populations. Funded by Gilead, ViiV Healthcare, and MSD, and implemented by Global Black Gay Men Connect, Access Bridge, and AVAC, this three-year initiative focuses on providing innovative solutions to prevent HIV in the communities most at risk.

What we learned

Our workshops asked community members about their lives, not just about PrEP. What follows are the six findings that most directly shape how these materials should be used. The full set of human-centered design findings can be downloaded at prepwatch.org/preppowertoolkit

1. Hustle comes first

Across all three countries, economic survival ranked as a daily priority. This is the reality of living in a community where not earning today means not eating today. PrEP messaging that asks people to prioritize their health in isolation will not be a success. Messaging that **connects health to the ability to earn is essential**.

What to do with this

Frame PrEP as something that protects your ability to earn, provide, and keep moving. Lead with life, not with health risk.

2. People want to choose themselves

The most consistent theme across all workshops was self-determination. This means not being told what to do, not needing permission and being able to make decisions about their own bodies without explaining themselves to anyone. **PrEP should be framed as an act of self-respect**; something you do for yourself because you know your worth. This resonates far more strongly than PrEP as a response to risk.

What to do with this

Avoid language that positions PrEP as a response to danger or risk. PrEP is a choice made by someone in control of their life.

3. Long-acting PrEP solves a problem for key populations

A major barrier to oral PrEP is the pill burden and visibility of pills. People hide their pills, describe them as vitamins, and fear being seen with them. Long-acting options promote discretion as well as adherence.

What to do with this

Lead with the practical difference long-acting options make: fewer clinic visits, no pills to hide, no daily reminder of risk. Emphasize the benefits of long-acting PrEP but do not stigmatize oral PrEP.

4. Meet people where they are

People are not avoiding PrEP because they don't care about their health. They are avoiding it because HIV services force visibility and can reinforce stigma. Specific messaging for different key populations should be distributed in places that are relevant to that group including key-population-friendly health facilities.

What to do with this

Choose channels and spaces that are already safe for your community: WhatsApp groups, dating apps, peer networks, trusted community spaces.
If you are linking to a specific service, make sure it is genuinely friendly to key populations before you do.

5. The basics are missing at scale

Large numbers of participants across all three countries were confused about the difference between PrEP, PEP, and ART. Some believed that taking daily oral PrEP means you are HIV positive. Some believed PrEP prevents pregnancy and other STIs. Some believed injectable PrEP is a vaccine. These beliefs circulate through peer networks and stop people from accessing PrEP. Our materials must cover HIV basics and then build on demand creation for PrEP.

What to do with this

Use the health information flyer to address the most common misconceptions directly. The scenario cards are a good format for real questions to be answered with no judgment or fear.

6. Stigma, fear and myths

Participants in all three countries asked for materials that feel encouraging, not frightening. Naming stigma on a poster can repeat the very fear you want to lift, so the creative pieces lead with life, choice and protection. The harder conversations belong with you. Myths travel fast through peer networks: that PrEP causes weight gain, affects fertility or hormones, increases libido, prevents pregnancy, causes drug resistance or memory loss, or is a "slow poison". These beliefs stop people from starting PrEP and from staying on it. They are best answered face to face, in peer sessions and trusted WhatsApp groups, where people can ask the next question.

What to do with this

Keep printed materials positive. Prepare your peer educators to answer the most common myths simply and accurately, and check every answer against national guidance.

A note on trust

Everything in this package rests on trust. You are the last link in that chain. The accuracy of the information you put out and the quality of the services you point people to are what determines whether these materials work. The creative can create curiosity and openness. What people find when they act on that curiosity is co-created with you.

The HCD process reminds us that key populations are experts in their own lives, with real aspirations, real constraints, and real capacity to lead. These materials exist to support that leadership.

What this means for how you adapt the materials

Lead with language

Everything in these materials should be translated and localized before anything else, not just word for word, but reworked into the language your community uses. Clinical language creates distance. Community language creates trust. Use the words you hear in real conversations, especially for body parts and for the acts being discussed.

A slang and vernacular reference for Eswatini, Kenya and Zambia, drawn directly from workshop participants, is available as a separate document to support in-country adaptation of creative pieces. You can find it at prepwatch.org/preppowertoolkit.

Feature people who look like the community

It is important to show people that feel like they come from your country. It is ideal to use images of real people from your community. Ensure you have their informed consent and are transparent about how and where the images will be used. The more authentic and local the imagery, the stronger the connection.

Create a decision-making team in your organization to decide on who to feature in the materials. This individual represents PrEP in your community, so it is important that you choose your brand ambassador or “face” wisely. Their behavior and attitude can reflect on the campaign and your message.

Match the channel to the tone

A WhatsApp post needs to feel like a message from a friend. A clinic poster can be more general and factual. Informal spaces are where people learn from each other and take risks like asking sensitive questions.

Trust lives in peer networks

In all three countries, the most trusted source of PrEP information was peers; friends, community members, people who had been through the same things. Official communications from clinics and governments were among the least trusted. These materials should travel through peer networks and community organizations.

Always include specific access information

People across all three workshops said they were excited about long-acting PrEP but immediately asked: "Will it actually be available for us?" Generic encouragement to 'find a clinic' does not answer that question and it can feel like a broken promise if services are not accessible. Key populations need specific, accurate, up-to-date access information for your country. This will change as rollout progresses. Keep it current.

Creative pieces to make your own

1. Scenario cards

Below are four question-and-answer cards, each built around a real question that came out of the workshops.

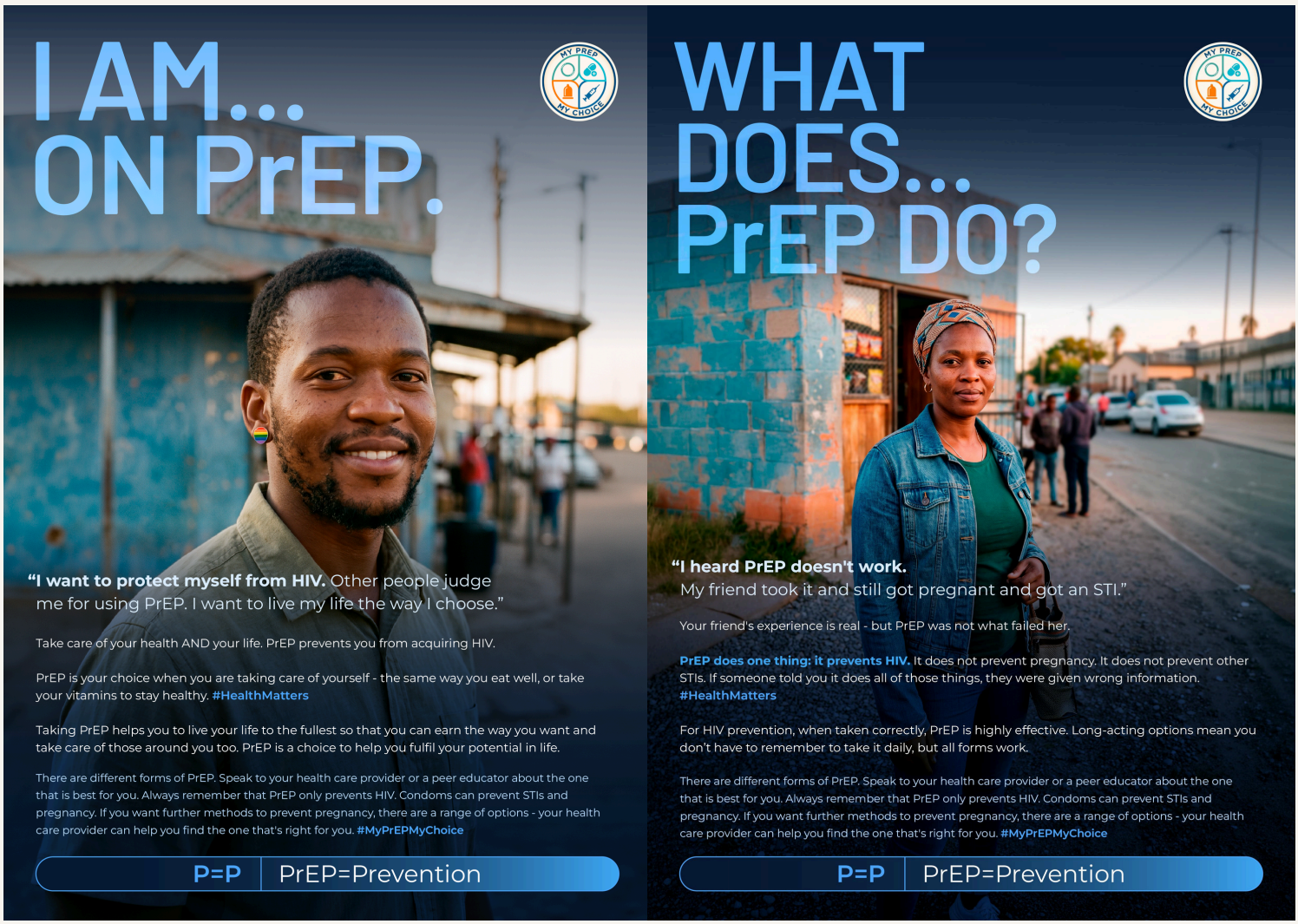
What you can change

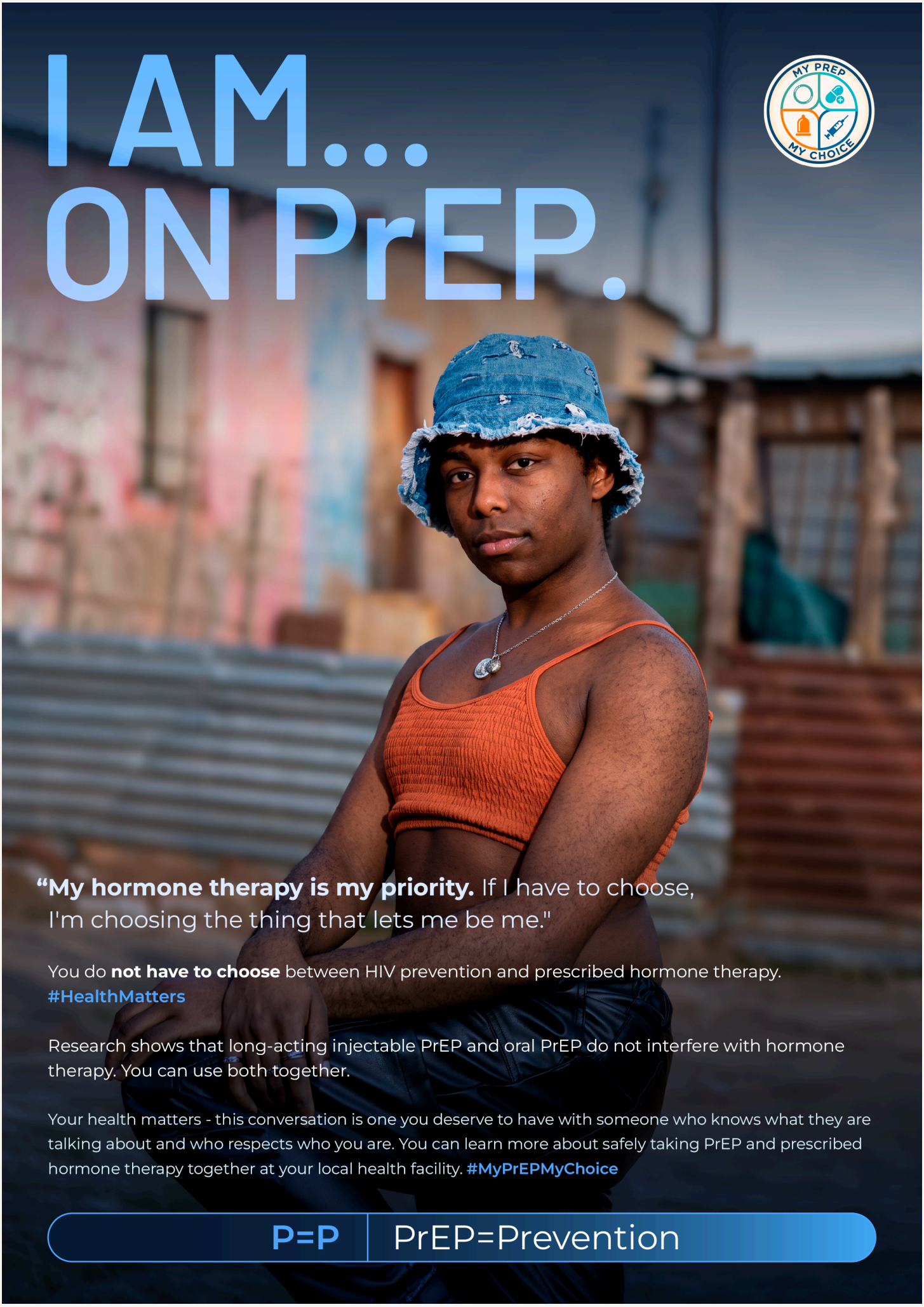
- The question - you can rewrite it in the words your community actually uses
- The language and tone of the answer
- The specific access information at the end of each card
- The images and any localized references

What must not change

- The factual content: check current national guidance before publishing
- The warm, non-judgmental tone
- The basic format: one question, one clear answer, one next step

Think about where each card will be seen. On a phone screen in a WhatsApp group, you have a few seconds. The question must be instantly recognizable. The answer must fit without scrolling. On a poster in a salon or community center, you have more time. You may want different versions for different channels.




I AM...
ON PrEP.
MY PREP
MY CHOICE
"My hormone therapy is my priority. If I have to choose, I'm choosing the thing that lets me be me."
You do not have to choose between HIV prevention and prescribed hormone therapy. #HealthMatters
Research shows that long-acting injectable PrEP and oral PrEP do not interfere with hormone therapy. You can use both together.
Your health matters - this conversation is one you deserve to have with someone who knows what they are talking about and who respects who you are. You can learn more about safely taking PrEP and prescribed hormone therapy together at your local health facility. #MyPrEPMyChoice
P=P
PrEP=Prevention


I AM...
ON PrEP.
MY PREP
MY CHOICE
"I am on PrEP. One of my partners is living with HIV, the other isn't. Are we all protected?"
PrEP protects you from HIV when you are taking it correctly, including from a partner who is living with HIV.
Your HIV-negative partner is not protected by your PrEP. PrEP only works for the person taking it. They can consider going on PrEP themselves for their own protection.
If your partner living with HIV is on ART and they have an undetectable viral load, they cannot pass HIV to you or to anyone else. They should know their viral load if they do not already.
U=U | Undetectable=Untransmittable.
There are different forms of PrEP. Speak to your health care provider or a peer educator about the one that is best for you. Always remember that PrEP only prevents HIV. Condoms can prevent STIs and pregnancy. If you want further methods to prevent pregnancy, there are a range of options - your health care provider can help you find the one that's right for you. #MyPrEPMyChoice
P=P
PrEP=Prevention

2. Health information flyer

A single-sided flyer covering HIV transmission basics and what to ask for at a health facility.

What you can change

- Language and examples to make the information locally relevant
- The 'what you can ask for' section. This needs significant localization by country
- Update PrEP options in your country as needed

What must not change

- The HIV transmission facts as these are universal
- The tone: matter-of-fact, confident, like a knowledgeable friend explaining something useful
- Medical accuracy. Verify all access details against current national guidance

Before you finalize this piece, confirm: Which PrEP products are actually available right now in your country?

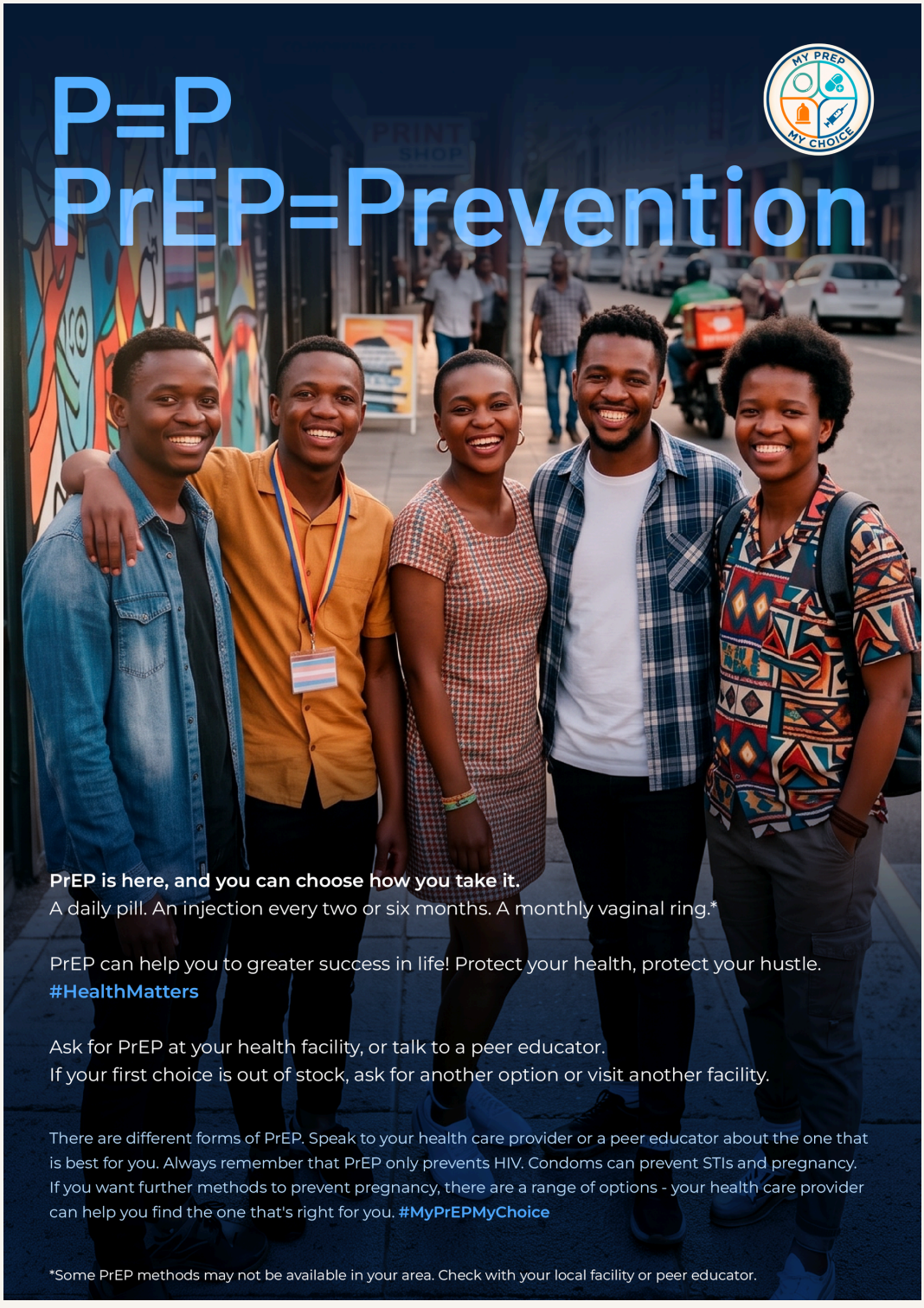


3. Demand creation campaign

This is the material with the most room to make it your own. We have provided basic imagery and messaging. Please adjust for your context. The specific images and language should feel like they belong to your country and context. We have provided some visual image options in the pack, but it is yours to develop and change further.

This piece does not need to carry a lot of information. Its role is to create a feeling and prompt curiosity. Keep the copy short. Let the image do most of the work.

Co-design note: The most resonant creative in the workshops came from participants themselves. If you have capacity to run even a short co-design session before finalizing your adaptation, do it. You will end up with something better.



Before you go live checklist

Work through this before distributing any adapted material.

Foundation

☐ You have read the full HCD Insights Deck and are familiar with the context behind these materials
☐ You have consulted with community members about adaptations you want to make, even informally
☐ All materials have been reviewed for medical and policy knowledge for your country context

Language and localization

☐ All materials have been translated into the primary language(s) of your audience; not word for word, but genuinely local
☐ Community language has been used for body parts and sexual acts and clinical terms have been replaced (you can consult the supplied list and feel free to add further)
☐ Additional language and explanation has been added if necessary

Images

☐ Additional visual imagery has been chosen for each element and is fit for purpose
☐ Images show people who look like the community you are reaching
☐ Images feel real and local, not aspirational stock photography
☐ If using photos from within your community, obtain explicit, informed written and verbal consent to use subjects' image for this purpose
☐ In some places, photo images might not be appropriate. If this is your situation, you can use AI to generate illustrated images to use in the materials instead
☐ Using AI to generate images can be very effective. We suggest that you provide references of relevant local artwork and campaigns that are good examples. In your prompt, orient the AI that this is a non-judgmental, inclusive HIV prevention campaign for key populations

Access information

☐ You have confirmed which PrEP products are currently available and where
☐ You have a process to update access information as rollout progresses

Medical accuracy

☐ PrEP, PEP, and ART are clearly distinguished; confusion between them has been addressed directly
☐ The materials do not imply PrEP prevents pregnancy or other STIs
☐ Injectable PrEP is not described or implied to be a vaccine or superior in efficacy to other forms of PrEP
☐ All factual content has been checked against current national guidance
☐ Standard procedure for stockouts and unavailability is included

Channel and distribution

☐ You have matched the content of materials to the key population group you are reaching in that area

☐ Distribution is planned through peer networks and community organizations, using local knowledge of where key population groups are found

☐ Any digital formats are sized and readable on mobile

☐ You have matched the distribution locations to where the KP group is found and feels comfortable. Some examples include: hair salons (physical space), WhatsApp groups, Facebook groups, dating apps (virtual spaces)

Scenario cards

☐ Questions have been rewritten in language that suits your context

☐ Answers are medically accurate for your country

☐ Each card is distributed with local access information

Health information flyer

☐ The 'what you can ask for' section has been fully localized

☐ All named products and facilities are currently available

☐ Each flyer is distributed with local access information

Demand creation campaign

☐ Copy is short and image is prominent and relevant to your key population group

☐ Each card is distributed with local access information

Editable templates

Each material comes with an editable PowerPoint template, available at prepwatch.org/preppowertoolkit. Open the file and follow the instructions on the first slide. You will need to install two free fonts, Barlow and Montserrat, before you start.