



PrEP Power

Human-Centered Design Insights

July 2026

Kenya, Eswatini, Zambia



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Setting the scene

The PrEP Power Project

What We Did

The PrEP Power Project is led by **GBGMC**, in partnership with **AVAC** and **Access Bridge**. **PrEP Power** sought insights into key populations' understanding and perceptions of PrEP:

- How PrEP is spoken about and accessed in communities.
- Barriers and drivers of PrEP uptake.
- Personal life factors (circumstances, aspirations, fears).

This work was conducted in **Eswatini, Kenya** and **Zambia**.

Methodology

PrEP Power used human-centered design (HCD) to gather the insights in this deck. HCD is a **transdisciplinary design methodology**, geared towards developing contextual working understanding of the perceptions, opinions and system touchpoints that **shape behaviour and decision-making**.

- HCD employs deep empathy and curiosity to understand how and why people make decisions and systems thinking to understand how this impacts health systems in particular.
- HCD is not qualitative or quantitative research but can provide targeted insight into creating more impactful system and communication design.
- HCD can also be used highly effectively as a problem-solving framework.

The PrEP Power HCD project was commissioned by Health Access Bridge, AVAC and GBGMC, with experienced HCD practitioners working in South Africa, engaging with facilitators from relevant organisations in Eswatini, Kenya and Zambia.

Who We Spoke To

+/- 30 community members from key populations groups were invited to a one-day workshop in each country:

- Men who have sex with men (MSM)
- Trans and gender-diverse people (TGD)
- Sex workers
- People who use drugs (PWUD)

Participants were a combination of PrEP-aware and PrEP-naïve and members of community-based organisations and lay people.

Country	Participants
Eswatini	31*
Kenya	29*
Zambia	33*

*This includes facilitators who are members of key population organisations and were an integral part of the workshop, guiding activities and sharing personal experiences.

Participants were recruited by in-country facilitators, using their networks and knowledge of their communities.



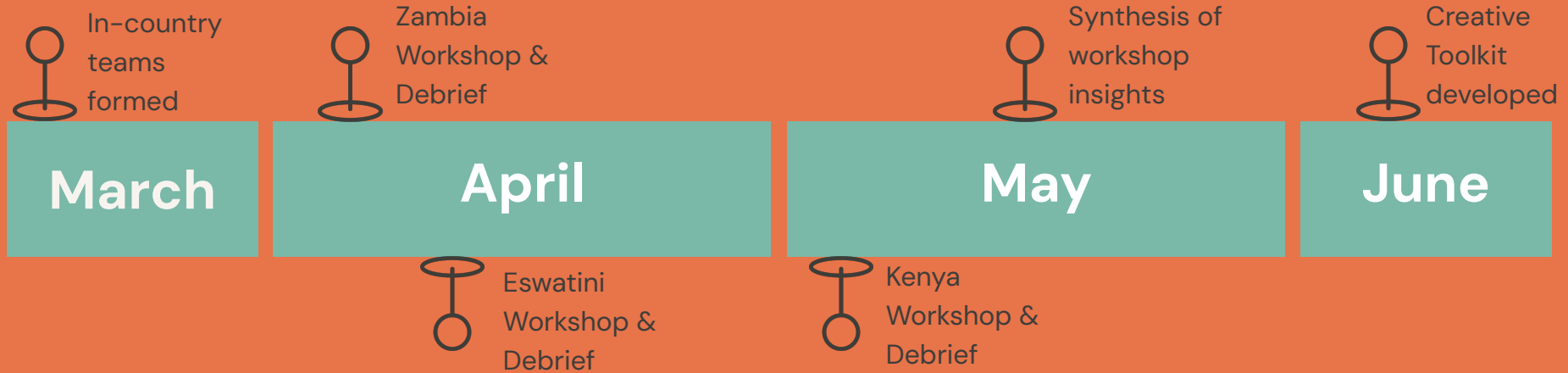
Our work covered three countries across the African continent, working hand in hand with local partners from community-based organisations

**Zambia: Latu
Human Rights
Foundation**

**Kenya: Hoymas, Key Population
Consortium of Kenya**

**Eswatini: Data Lab Consultancy,
HealthPlus 4 Men, Voice of our Voices and
TransSwati**

Project Timeline and Deliverables



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Who is our audience?

Dreams, Fears & Considerations



HHHH Framework

Home, Heart, Health and Hustle are four discussion areas the PrEP Power Project used to strategically probe and understand the lives of our audiences now and their aspirations.

The HHHH framework and what we can learn from it

HEALTH

What makes you feel healthy and how do you know you are healthy? **How you feel physically, mentally and emotionally?**

HUSTLE

What are the ways you keep moving forward? **How do you earn money?**
What does your daily grind look like?

HEART

What are the parts of your life that make you feel like you belong? **Who do you love and who loves you?** How do you express this?

HOME

What does home mean to you?

Where do you feel you have community? Where do you live and feel safe?

Home, Heart, Health, Hustle

Across all three countries, **HUSTLE is the driving force of people's lives.**

HUSTLE means money and money is freedom and respect.

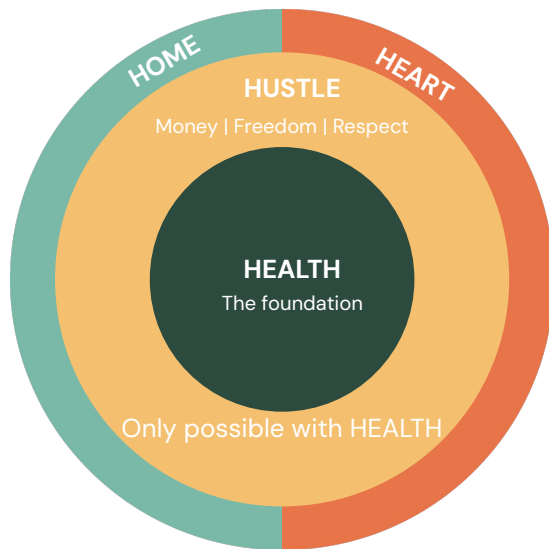
Money is the key to your survival and the survival of your family.

Money is your spokesperson.

It demands respect and makes being a member of a key population more socially acceptable.

It is an opportunity and agent for a better life where you can:

- access better HEALTH services
- have more time to devote to your HOME and HEART.



Underlying this focus on hustle is the understanding that
HEALTH is wealth.

Without being healthy, you can't hustle.

What people care about and worry about **NOW** is different to their dreams for the **FUTURE**

This shapes the way PrEP is thought about and prioritised

NOW

Hustle & Health

Hustle is the most important factor; it is economic freedom, which is health freedom. But without your health, it's hard to hustle.

PrEP is important in that it can keep you healthy but when faced with other priorities, it becomes less urgent.

It is easy for people to think about the 'now' because they are in it and trying to survive.

Home & Heart

Your place in the home often depends on your ability to bring home money; families expect income yet equivalent love and support is not always shown.

It's hard to find a home, a place of support and self actualisation.

Love is aspirational. Experiences of loss and rejection have prompted emotional withdrawal and self-reliance.

"PrEP is like music in a club that keeps people dancing—important, but not necessarily the central focus."

Eswatini

The uncertainty of the future makes it hard for people to imagine

FUTURE

"I can get services here
without shame."

Kenya

"To access protection without
being judged."

Zambia

"More privacy and quicker - that's
what we need."

Eswatini

When people dream of the future, it's a holistic dream.

People dream of a better life for themselves and those they care about.

The link between PrEP and a brighter future is not immediate and needs to be sparked by communications.

When people do speak about how PrEP features in their future lives, it's all about **easy, stigma-free access**.

HEART

When people think about HEART, they situate self-love at the centre. They want to choose themselves and love themselves.

The centrality of self comes through in all elements of the HHHH with people wanting to create a better life for themselves as well as for those around them.

This has implications for choosing to access PrEP.

Positioning PrEP as...

- *a mechanism for self-love, respect and empowerment*
- *a key element for the health to wealth pipeline*

...could drive uptake.



3

What we know (and don't know) about PrEP

General understandings of:

- **HIV prevention**
- **Transmission**
- **Treatment**

still remain critically low.

Even when people have some knowledge, there is confusion between technical terms and different prevention options.



HIV Back to Basics

Overwhelmingly, we heard that **HIV transmission basics need to be refreshed in key population communities.**

Otherwise, a conversation about long-acting PrEP is de-prioritised before it starts.

- HIV testing and HIV self-testing (HIVST) are still difficult to navigate/access in some countries, putting PrEP enrolment at risk.
- Some key populations have low awareness of what they can ask for in public health facilities in terms of HIV prevention.

“Can I get infected if I am using the coil and I do oral or anal sex with someone who is positive?”

Kenya

“People think PrEP are just ARVs... so mostly in homosexual relationships, people end relationships, not knowing the difference.”

Zambia

“There is a need for more comprehensive HIV prevention education, moving beyond product-focused messaging to include broader discussions on risk in various dimensions, vulnerability, and real-life contexts.”

Kenya

The A-to-Z of HIV

A persistent, significant barrier in all three countries is confusion between PrEP, PEP and ART. Many participants associate any HIV-related medication with living with HIV. This drives stigma, relationship conflict and avoidance of services.

This lack of HIV transmission understanding drives reluctance to initiate PrEP.

These workshops were designed to be warm and inclusive, breaking down social norms and power dynamics. Following these, a number of participants became open to enrolling in PrEP. There is a learning here not only around the importance of refreshing the HIV basics, but also in the **way that message is delivered.**

“Taking a pill every day makes people think you are HIV positive.”

Kenya

“My boyfriend doesn’t know I’m on PrEP. Hiding pills was stressful... I was always scared he would find them.” **Zambia**

“Maybe we need a distinction between PrEP and ARVs for treatment.”

Zambia

“You take it because you fear exposure.”

Eswatini



Transmission Confusion

Confusion around HIV transmission patterns impact PrEP uptake and choices.

This is especially true for on-demand PrEP and the vaginal ring, where questions around the types of sex people are having and how PrEP protects you in those situations dominate the narrative.

A lack of awareness and misinformation around how HIV is transmitted has implications on:

- perceptions of risk
- need for PrEP
- type of PrEP people opt to take.

PrEP vs PEP

Across all three countries, there is confusion around the difference between PrEP and PEP.

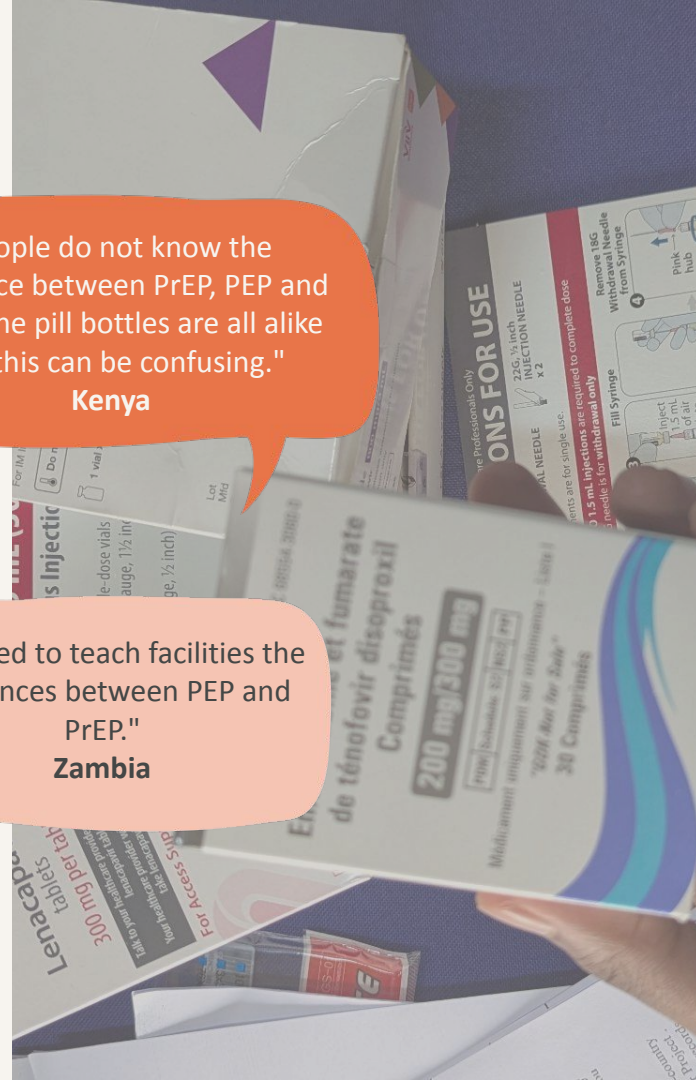
- This has implications for efficacy, as taking the incorrect medication for the situation can impact your protection levels.
- There is a clear need for education around differences between PEP and PrEP which extends to both users and healthcare providers.
- Further sensitization to key populations' needs is essential for healthcare providers.

"People do not know the difference between PrEP, PEP and ARVs. The pill bottles are all alike and this can be confusing."

Kenya

"We need to teach facilities the differences between PEP and PrEP."

Zambia



What Does PrEP Actually Do?

Myths and misconceptions around PrEP are common and move through social networks fast.

Social media networks and lack of awareness and information drive misunderstandings around PrEP.

Some common myths and misconceptions across all 3 countries::



PrEP prevents pregnancy



Long-acting injectable PrEP is a vaccine



PrEP prevents other STIs



PrEP is only for certain people and I am not eligible*



PrEP can increase your risk of getting HIV

(The need to take an HIV test to be prescribed PrEP causes this belief)

**Perceived target group differed depending on national rollout strategies e.g., Zambia's focus on pregnant and breastfeeding women.*

What Do People Want to Know?

It is clear that key populations have a lot of questions and fewer spaces they feel comfortable asking them in. Frequently asked questions can be made into scenario-based learning tools to directly answer them.

I took PrEP but it didn't work. I still got pregnant and an STI and everyone should know PrEP doesn't work.

Why would I take medicine to keep me from getting sick? That makes no sense.

I don't take PrEP because I don't think I can afford it. It must be expensive and I have bigger, more immediate issues than PrEP. Maybe if it was free it would be different.

What We Heard

I really want to take PrEP but I know if I do that people will judge me and think I have HIV/am a whore/am cheating on my partner. I want to protect myself and do this for me but I'm scared and don't know who I can talk to or what my options are.

Everyone who takes PrEP gets sick. They vomit and have headaches and get dizzy and then they get diabetes and kidney issues. I won't risk it.

As a trans person, my hormone therapy is my priority! How will taking PrEP impact my hormones, because if I have to choose I am going to choose the thing that allows me to be me!

4

Access realities

Access is POWER

Linked to low awareness of HIV prevention services are very real access issues. Key populations noted:

Oral PrEP has low availability in public health facilities, particularly after funding shocks have closed key population-dedicated facilities.

Long-acting PrEP has extremely low availability, with allocated doses finished within weeks of delivery and short of demand.

- **Questions of trust** arise around a health system which provides a product to you but does not have it available when you want to access it.
- **Rural areas have even more limited access** to PrEP than urban and peri-urban.

"PrEP is not everywhere. There are places where you do not get PrEP."

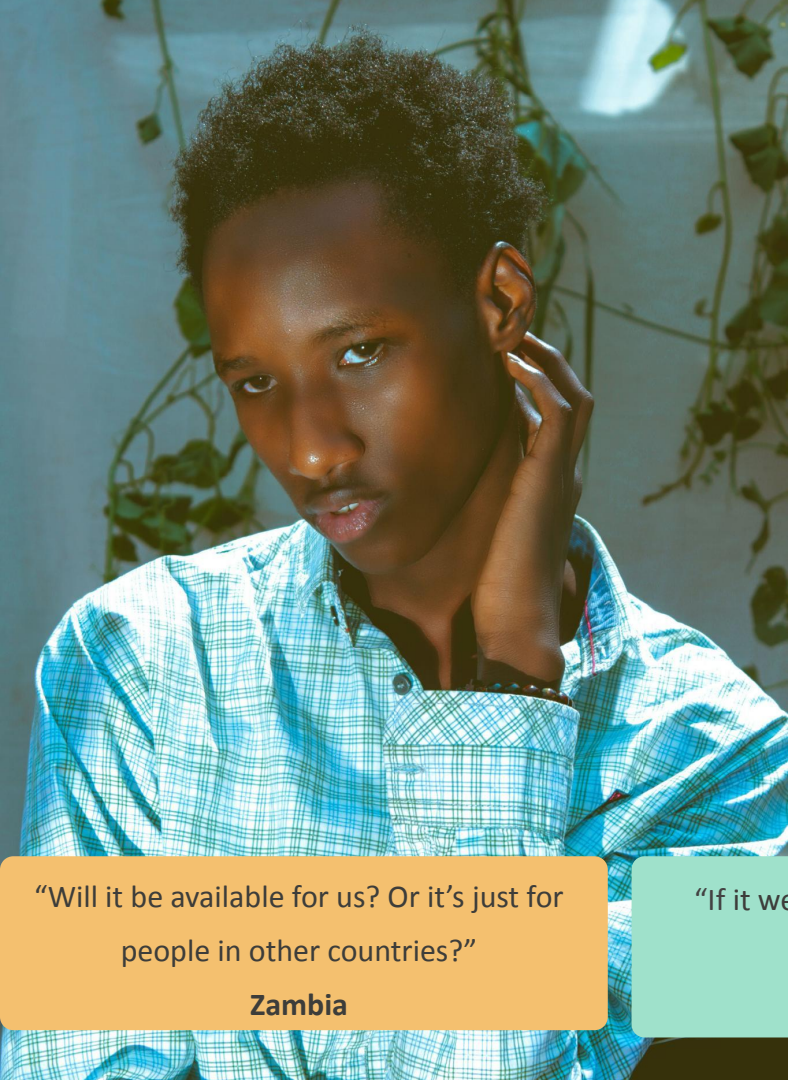
Kenya

"Sometimes we hear about these good things, but they take too long to reach us... we are also at risk now."

Zambia

"We, as Kankras (MSM/gay men), when there were wellness centres in different districts, it was easy to have PrEP, I started the experience of PrEP through the wellness centre as Oral PrEP, then when I heard of long acting, I heard it's only for pregnant women."

Zambia



Access Frustrations

Key populations are looking to access PrEP but the design and feel of existing service delivery prohibit this.

In all three countries, we heard that access to PrEP in public health facilities is road-blocked for key populations by

- limited HIV service availability
- lack of empathy from providers
- lack of comprehensive knowledge by providers
- concerns about the perceived cost of PrEP

Excitement about long-acting PrEP is tempered by skepticism of whether new products will be accessible, affordable and reliably stocked.

“Will it be available for us? Or it’s just for people in other countries?”

Zambia

“If it were to be sold, we would not be able to afford it.”

Kenya

“Make sure that once LEN is available, the country is able to continue providing.”

Kenya

Barriers to Access

Supply

Limited supplies of PrEP products in-country are a major barrier to access which increases with newer, long-acting products. When even daily oral PrEP cannot be sustainably accessed due to supply issues, accessing newer and more expensive products which are being meted out in finite batches seems unrealistic.

"We need to be able to trust that government will continue to provide lenacapvir (and that there will not be stockouts)."

Kenya

Policy

As policy is a determining factor for who can access PrEP, country-specific policies around the age-of-consent and US government policies which prioritise access for specific demographics (e.g., pregnant and breastfeeding women) inhibit uptake for key population groups.



Zambia – LEN for PrEP rollout is perceived to be focused on pregnant women, excluding MSM and trans men.



Kenya – under 18's are below the age of consent leaving them unable to access services including PrEP.

Barriers to Access

Stigma: The clinic is not (yet) the answer

Previous functional access to PrEP through wellness centres run by key population organisations has been lost. Government health facility experiences include visibly-labelled HIV service rooms and stigmatizing interactions with providers.

“At the wellness centre, we were free... no judgement. But now at the government clinic, they look at you from head to toe.”

Zambia

“Sometimes the healthcare workers ask too many questions — you don’t feel safe.”

Kenya

Structural and identity-based barriers

Specific barriers compound access challenges, including mismatches between legal identity documents and gender expression. Fear of law enforcement adds a layer of risk to public engagement with KP services.



Eswatini – prevailing political beliefs are anti-LGBTQIA, limiting KP access to services.

Barriers to Access

Cost: Perceptions and Confusion

Various barriers, both real and perceived, around PrEP cost exist across the three countries. These include uncertainty if long-acting methods such as LEN are free like oral PrEP. Reflections also showed the abuse of lack of knowledge of key populations looking to access services.

“And what about the cost?
Because if it's expensive then it's
not for us.”

“People believe that LEN is
charged at facilities”
Kenya

“And If it were to be sold, we
would not be able to afford
it.” **Kenya**

“This thing with PrEP is us, the KPs, we are exploited when we don't have information. I remember before I knew I could get PrEP for free, someone charged me to connect me to a facility”
Zambia



Implication for Access Design

PrEP access systems must be designed with the specific realities of key population groups in mind: not just generalised 'friendly' services, but **spaces structured to handle gender diversity, legal vulnerability, and trauma from past negative encounters.**

"For a Ganana (gay man), you never know when you can be arrested."

Zambia

"Presenting as male, but identifying as female... it is difficult to get PrEP."

Zambia

Long-acting PrEP changes the access equation

The introduction of long-acting PrEP, particularly Lenacapavir, generated significant excitement precisely because it addresses the access and adherence challenges participants described. **Fewer clinic visits, no daily pill-taking, and no risk of visible pills at home** all make long-acting options significantly more compatible with participants' lives. The social risk associated with PrEP's taboo status decreases with fewer interactions with PrEP products and services. You are safer when people don't see you getting PrEP, owning PrEP or taking PrEP.

"For the first time, I feel like prevention fits into my life... not the other way around."

Zambia

"Six months? That sounds easier — no stress of remembering."

Kenya

"You mean we won't be having that Bukhohlokhohlo (rattling of pills) anymore?"

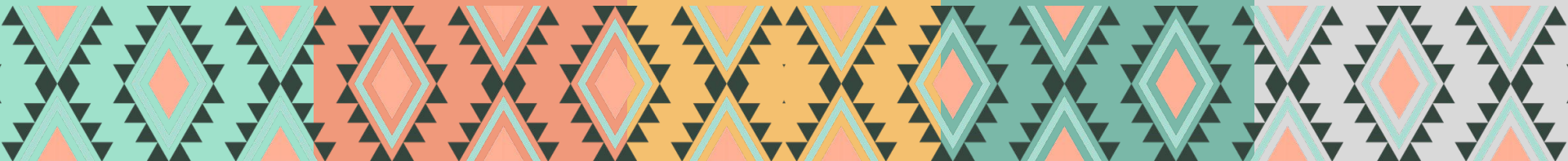
Eswatini

"Imagine just coming twice a year... no daily pills, no frequent clinic visits. That's real freedom."

Zambia

What Key Populations are Looking For

<i>Privacy and discretion</i>	<i>Non-judgemental key populations providers</i>	<i>Community-based, decentralised delivery</i>	<i>Flexible hours and fast service</i>	<i>Reliable supply and continuity</i>
Access without “eyes”: This means private consultation spaces, unmarked rooms, integrated testing and services. Participants compared the ideal to how condoms are accessed: routine, available, no judgement...	KP would rather travel further to a provider who treats them with dignity than face stigma and misgendering at a local clinic. Sensitivity training for healthcare workers was cited in all three countries as essential.	Drop-In Centres, mobile clinics, peer-led distribution, and outreach were preferred over central facilities. Participants want PrEP to meet them where they are – in hotspots, in spaces where they already feel safe.	Sex workers and informal workers need facilities that operate after hours and on weekends. Long waiting times are a real cost for people whose livelihoods depend on time. Access to test results and easy access to HIV testing and HIVST are essential.	Stock-outs have eroded trust in the health system’s ability to deliver. Consistent supply is front-of-mind for community members and shapes willingness to initiate. Distribution should be linked to demand – both current and forecasted.



5

How we talk about PrEP

African Contextualisation

Language

- Connect with audience in their native tongue.
- Use common language – especially for body parts, sex and sexual orientation.

Images

- Do not just use glossy images that are unrealistic.
- Use local people who look real and authentic.

Places

- Informal spaces were identified as a safe space for knowledge sharing and questions.
- Formal spaces (clinics) are appropriate places to learn new information. There is trust there.





African Contextualisation

Spaces

- Communication channels should be discreet and targeted. Use what exists.
- Social media platforms (WhatsApp groups, dating apps, Facebook) are great dissemination platforms already used by key populations.

Explain Access

- Access is critical: let key populations know where they can access PrEP in their country.

Peers and Referrals

- Include examples of key population or public health organizations that can be facilitators.
- Use peer networks.

For the People By the People



Demand generation materials should not be produced *for* communities but *with* them.

Community members expressed a real hunger for human-centered design style engagements and drive to be involved in creating tools that help their communities.

A co-design approach should be built into the development of any campaign or material.

"You're telling us we are the experts... that already makes me feel seen."

Kenya

"Sometimes we have the answers, but no one asks us."

Kenya

"We need more of these workshops until our KP community is empowered."

Kenya

Scenario-Based Comms

People wanted to know:

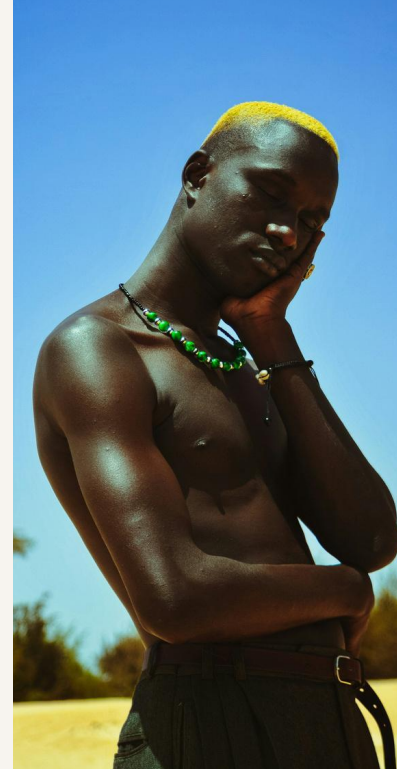
“If I do this... what will happen?”

Scenario-based communication emerged as a way to convey information that

- answers the questions people have
- is targeted and flexible
- mimics real-life interactions and conversations

Using creative text and imagery, this can simulate conversations or shout out information in an easily digestible way. It is explicit that the communications answer questions heard with information that is accurate and appropriate.

These tools are also easy to adapt to a local context and easy to disseminate through various platforms.



The scenario that sparked it all:

"I'm on PrEP and my partner is HIV negative but I also have another partner that's HIV positive. Will my HIV negative partner be safe even when I have sex with both of them?"

Kenya

This question provides an opportunity to communicate:

- What PrEP does
- How it protects you
- How HIV transmission works
- PrEP options for discretion
- Non-judgemental, empathetic care

Scenarios like this bring to life the real questions people have about PrEP but may not be able to ask. This translates into an easy to deploy way to prompt demand.

By bringing these scenarios to life and prompting key populations to get in touch with local community organisations, we help drive demand for PrEP with community-centered messaging.

Translating Insights into Action

- Key populations face multiple access barriers including social and cultural stigma, lack of dedicated facilities and tailored services.
- Key populations want to learn about PrEP in a way that fits into their lifestyles and promotes the value of PrEP without shying away from the realities.
- People are curious and excited but they don't want to get their hopes up for a life changing product that will never be theirs.
- Demand generation materials for long-acting PrEP need to be clear, honest and informative.

Scenario cards

Health information flyer

Demand creation posters

*We built a toolkit to help partners
act on these insights.*

Access the toolkit at www.prepwatch.org/preppowertoolkit



Recommendations for Partners

Access

- Access varies across the 3 countries of this HCD investigation. MoH mandated access does not always line up with the lived experience or perceptions of key populations represented in this work.
- Building trust around access to PrEP with key populations, following the funding shocks should be carefully considered through access spaces and services that are tailored to key populations.
- Using HCD to develop access spaces that work for key populations is highly recommended.

Communication

- Communication channels should be discreet and targeted. Social media platforms are already trusted by key populations. Existing peer networks and trusted public health organizations builds on trust.
- Communication should build on the context in which it is intended for, including local language and relevant imagery.
- Scenario-based communication as well as HIV 101 type communications are simple, powerful tools to improve PrEP communication with key populations.
- Demand generation and communication materials should be designed with key populations, using methodology such as HCD.

Looking Ahead: Beyond Current Scope

Validation participants asked for one source of multiple forms of information about HIV transmission, prevention and PrEP. A website with accurate information on PrEP to be used as a general referral portal could provide this resource but is beyond the current scope of this work. Some topics this web repository could cover are included below.

<i>All forms of PrEP</i>	<i>Side-effects</i>	<i>HIV basics and myths</i>	<i>Stock and switching</i>	<i>More scenario cards</i>
How each one works, and how to choose the best option for yourself. Every option with description and images: daily pills, the monthly ring, and injections every two or six months.	What to expect and what to do about it, including pain and nodules at the injection site. Participants in all three countries asked for this detail.	Transmission, prevention, PrEP, PEP and ART, with clear answers on weight gain, fertility, hormones and drug resistance, and myths and misconceptions around PrEP.	What to do when your PrEP is out of stock, including for a second injection. How to switch between forms, and when new batches arrive in-country.	• Talking to family • PrEP and the Church • Older partners • Headaches and side-effects • How to generate further scenario cards

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Suggestions for Further Work on PrEP

Materials and adaptation

- A product visual guide: photos of each form of PrEP and one icon system that tells the options apart with more information on each.
- A example of one piece adapted into local language, including community terms for body parts and sex.
- An imagery guide setting out the benefits and risks of community photography, illustration, non-identifiable images and hands with products, with an AI illustration example.
- Further adaptation of these materials for use in other global regions, with a particular suggestion to engage HCD methodology or approach.

Systems and channels

- Alignment with country Ministry of Health campaigns and the PrEP basket, with clear messaging on whether long-acting PrEP is being rolled out or piloted.
- Guidance on safer distribution: when open public placement puts users at risk, and how to work with influencers and youth events.
- Support for communities to write and test their own scenario cards and demand creation materials.