

Breaking the cycle of transmission:

A human-centered approach to increase adoption and sustained use of HIV prevention among high-risk adolescent girls and young women (AGYW) in South Africa

October 2020

**HIV Prevention
Market Manager**

Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact



Supported by the Bill & Melinda Gates Foundation



Outline

1. Background on the Px Market Manager
2. Project Scope and Design
3. Top Insights
4. Journey Framework
5. Segments
6. DCE and Product Preferences
7. Pilots
8. Dual Prevention Pill (DPP)

HIV Px Market Manager

Smarter Rollout Today, Faster Rollout Tomorrow



Understand the end user

Improve understanding of end-users to maximize impact through targeted risk assessment, segmentation, improved uptake, adherence and correct use, with focus on AGYW.

Research & Development

Basic

Preclinical

Clinical

Implementation
Science

Introduction
Initiatives

Rollout



Improve R&D pipeline

Improve acceptability and accessibility of priority HIV prevention products in the pipeline.



Accelerate introduction of prevention products

Determine what makes product introduction successful, support scale up and apply lessons for future products.



Understand the payers of prevention

Ensure availability of sustainable resources for HIV prevention.

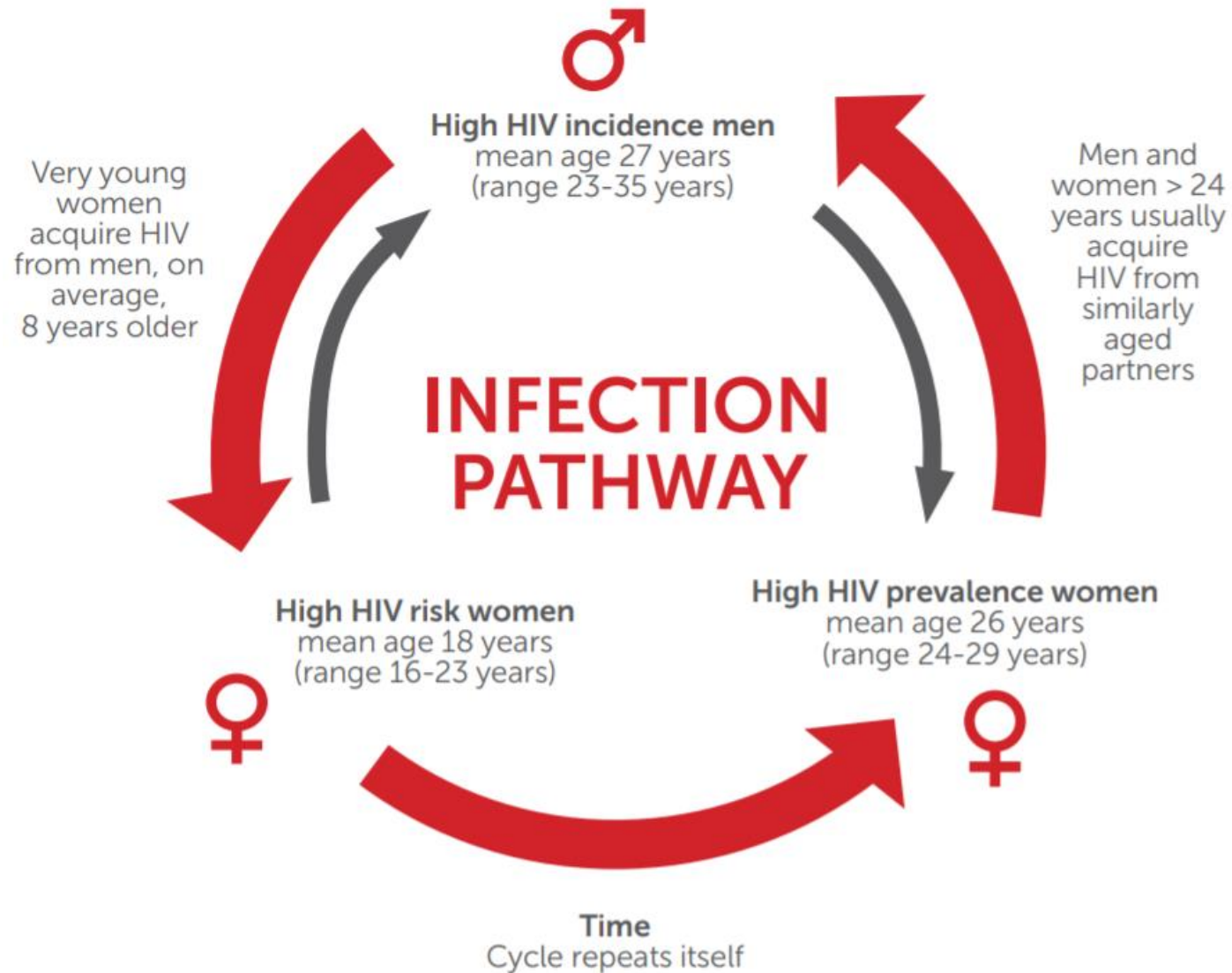


Enhance global coordination

Find the best mechanisms to create efficiencies across all parties working in prevention.

Challenge

AVAC & the **HIV Prevention Market Manager** project is aimed at fostering uptake & adherence of new HIV prevention options among adolescent girls and young women



Objectives

Overarching Questions

1. How can we better **understand adolescent girls' and young women's decisions and behaviours** with regard to HIV prevention?
2. How can we **identify different segments** of AGYW to enable better tailoring/targeting?
3. How can we **reach each segment more effectively** with HIV prevention?

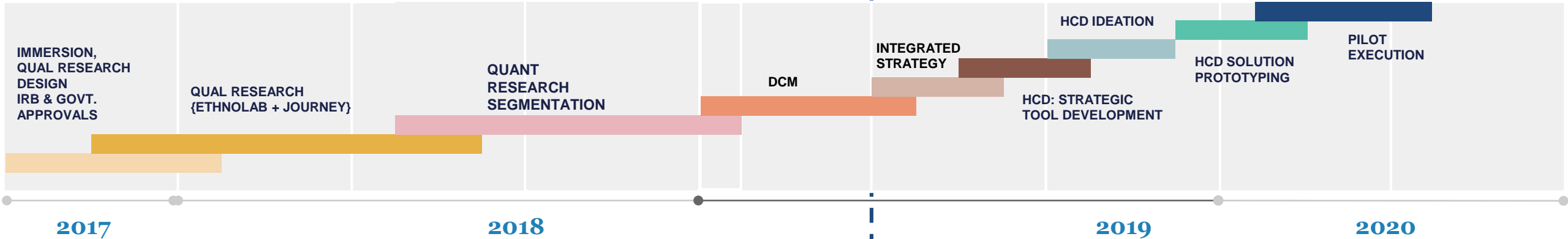
Two Phases

- I. **User-centred research**—talking directly to adolescent girls and young women to gain a better understanding of individual, social and structural barriers and enablers
- II. **Human-centred design and piloting**—developing and testing some new tools and approaches based on what we have learned

Project Overview

Phase 01 USER-CENTRED RESEARCH

Phase 02 HUMAN-CENTRED DESIGN & PILOTING



Study Design

Geographic focus

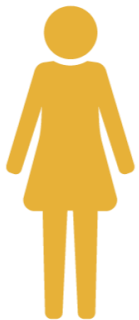
- 5 districts of KwaZulu-Natal (eThekweni, King Cetshwayo, Ugu, uMgungundlovu, Zululand)
- 3 districts of Mpumalanga (Ehlanzeni, Gert Sibande, Nkangala)

Demographic focus

- Adolescent girls and young women 15-24, sexually active, unprotected sex in the past 6 months, more than one sexual partner in past 12 months or believes partner has other sexual partners

Sample sizes

Qualitative



240 AGYW



135 Influencers

Quantitative



2000 AGYW

DCE



1000 AGYW

Insights & implications from the qualitative research

01

AGYW do not have a specific HIV prevention journey.

They prioritise relationship management (exclusive of HIV) and may eventually incorporate a priority of healthy and safe sexual routines (inclusive of HIV).

IMPLICATIONS FOR: CONTEXTUALIZING PREVENTION

Implications

Align choices and service delivery channels of HIV prevention methods with AGYW goals along the journey of establishing healthy sexual routines.

Focus on building coping ability and goal alignment (motivation) with respect to relationship management and sexual health. Provide support for making healthy choices within the context of relationships.

02

AGYW do not associate the language of prevention with HIV.

They want to *prevent* pregnancy, but they seek to *avoid* or *treat* HIV.

Their approach to HIV is generally reactive rather than proactive.

IMPLICATIONS FOR: CONTEXTUALIZING PREVENTION

Insights

Differing emotional appraisals (risk perceptions, goals, coping ability, norms) lead to different action tendencies: active prevention behaviors for pregnancy versus avoidance behaviors for protection from HIV.

Implications

When introducing HIV prevention technologies in family planning contexts, need to align messaging based on differences in risk perception.

03

Risk and rewards are feelings, not cognitive assessments.

Feelings of HIV risk come in blips, whereas rewards can feel continuous. Their current environment is overloaded with rewards for not practicing effective prevention. AGYW are forced to make ambiguous risk-reward trade-offs.

IMPLICATIONS FOR: TARGETING & FRAMING

Insights

AGYW do have transitory instances of feeling 'at risk'. However, even in those moments they still make suboptimal risk-reward trade-offs.

Male partners are constantly deploying counter-measures to impede safe behaviors.

Rewards that encourage safe behaviors are non-existent or too distant, while costs are certain and immediate (especially relationship conflict).

Implications

- Build intermittent rewards based on AGYW goals across the journey.
- Using a risk frame to drive adherence is likely to be less effective.
- Use an empathetic support network to reinforce positive behaviors during blips of risk – e.g., counseling by younger nurses.

04

AGYW have a distorted perception of those at risk.

They often use relative and subjective probabilities to distance themselves from risk of HIV. They often overestimate their ability to judge risky partners simply by appearance.

IMPLICATIONS FOR: TARGETING & MESSAGING

Insights

Social norms associate HIV+ status with immoral and 'loose' behaviors, and the community is heavily judgmental.

Many AGYW see only girls/women who have multiple irregular partners ("different partners everyday") as being 'at-risk'.

Many AGYW still believe they can accurately judge someone's HIV status by appearance, with "looking healthy" equating to being HIV negative.

Implications

A trigger event (e.g., an STI diagnosis) reduces the perceived gap between self and the "at-risk other" and provides an opportunity for engagement on HIV prevention.

Need for communication to address reliance on visual cues to predict HIV status.

05

Testing is often seen as a prevention strategy.

A negative test result often 'resets' risk perception and reinforces risky behaviors.

IMPLICATIONS FOR: SERVICE DELIVERY

Implications

Need for post-test counseling after a negative HIV test result which emphasize missteps (or near misses) rather than giving the feeling that a negative result means that whatever the AGYW is doing is working and is sufficient, in order to avoid resetting of negative behaviors.

Opportunity to reinforce positive, self-protective behaviors by presenting testing as a step (instead of destination / outcome) toward adopting a new strategy or set of behaviors.

06

Improved HIV treatment makes HIV prevention less of a priority.

AGYW overestimate their ability to live with chronic conditions like HIV.

IMPLICATIONS FOR: MESSAGING

Implications

Reframe communication about HIV prevention to align with AGYW's relationship goals and the ways that an HIV diagnosis could negatively impact those goals.

Shift from prevention messaging that focuses on 'test and treat' (which primes a reactive rather than preventive strategy) toward messaging around positive, self-protective behaviors that frames testing as a response to missteps.

07

Current prevention methods require a high level of self-control.

Deliberate and consistent enforcement of prevention measures often conflicts with relationship goals. Desires and expectations around new prevention products are anchored around low/high self control.

IMPLICATIONS FOR: MESSAGING, PROGRAM DESIGN

Implications

Develop tools to help AGYW build self-efficacy to adhere to positive sexual health practices.

Build coping strategies to deal with relationship conflict or loss due to negotiation of sexual health decisions.

The level and frequency of support needed to overcome low self control may vary by different segments.

08

Preferences around prevention methods are not static.

Some preferences change as goals and context changes. AGYW also try out different prevention strategies, but some find it hard to cope with negative/difficult aspects of those strategies.

IMPLICATIONS FOR: **PRODUCT CHOICE, VALUE PROPOSITIONS**

Implications

AGYW will build their own choice sets even when only one method is available.

Service providers need to plan for early and continuous engagement with AGYW to help frame value propositions of various methods, align with changing preferences, and strengthen ability to cope with negative aspects of different methods.

09

Support networks for positive sexual health decisions are lacking.

Those who empathize with AGYW are not knowledgeable. Those who are knowledgeable often do not empathize.

IMPLICATIONS FOR: **ADVOCACY, INCENTIVES**

Implications

Need for new approaches to training and supporting nurses and CHWs on engaging with AGYW empathetically.

Need for alternative models that provide holistic advice and support for managing relationships and sexual health overall, rather than focusing only on HIV prevention.

10

The shift from focus on others to focus on self is key.

This transition from an external perspective (focused on others) to an internal perspective (focused on self/family) is connected to low self-efficacy.

IMPLICATIONS FOR: FRAMING

Implications

- HIV prevention practices may need a higher social sanction for adolescent girls as compared to young women.
- Strengthen positive personal norms and use internal drivers of self-image (e.g., 'strong', 'smart') to increase self-efficacy.

11

Positively intentioned influencers view AGYW negatively.

Matriarchs, nurses and community health care workers tend to have a poor opinion of AGYW's cognitive abilities. This leads to use of authoritarian, one-directional communication strategies. It also provides influencers with an easy rationalization for their inefficacy in helping AGYW.

IMPLICATIONS FOR: INTERVENTION DESIGN

Insights

Negative mental models held by matriarchs, CHWs and nurses lead to lack of:

- Trust in AGYW's behavior
- Respect for AGYW's decision making
- Concern and effort in providing guidance and support

AGYW perceive this lack of empathy, which drives them away from positive influencers to negative ones, leading to the formation of inaccurate views and high-risk practices related to sexual health.

Implications

Bridge the empathy gap by helping influencers understand the AGYW context and the implications of their attitudes and communication style on AGYW decision making.

Overcome the tendency to rationalize that “nothing more can be done” by providing tools that can enable influencers to better persuade AGYW.

12

Matriarchs and nurses/CHWs have different and potentially complementary strengths as influencers.

Positive influencers often operate in silos and express inability to deal with the multitude of negative forces that drive AGYW behavior.

IMPLICATIONS FOR: INTERVENTION DESIGN

Insights

Matriarchs express a desire to leverage the skills and knowledge of CHWs and nurses.

CHW and nurses express concern that their engagement with AGYW is generally brief rather than ongoing.

Both groups express concern that their desire to influence AGYW positively is being overcome by the efforts of negative influencers (e.g., peers, male partners).

Implications

Create opportunities for communication and collaboration among positive influencers (while still respecting AGYW need for confidentiality).

Increase the efficacy of influencers by providing them with the right set of tools.

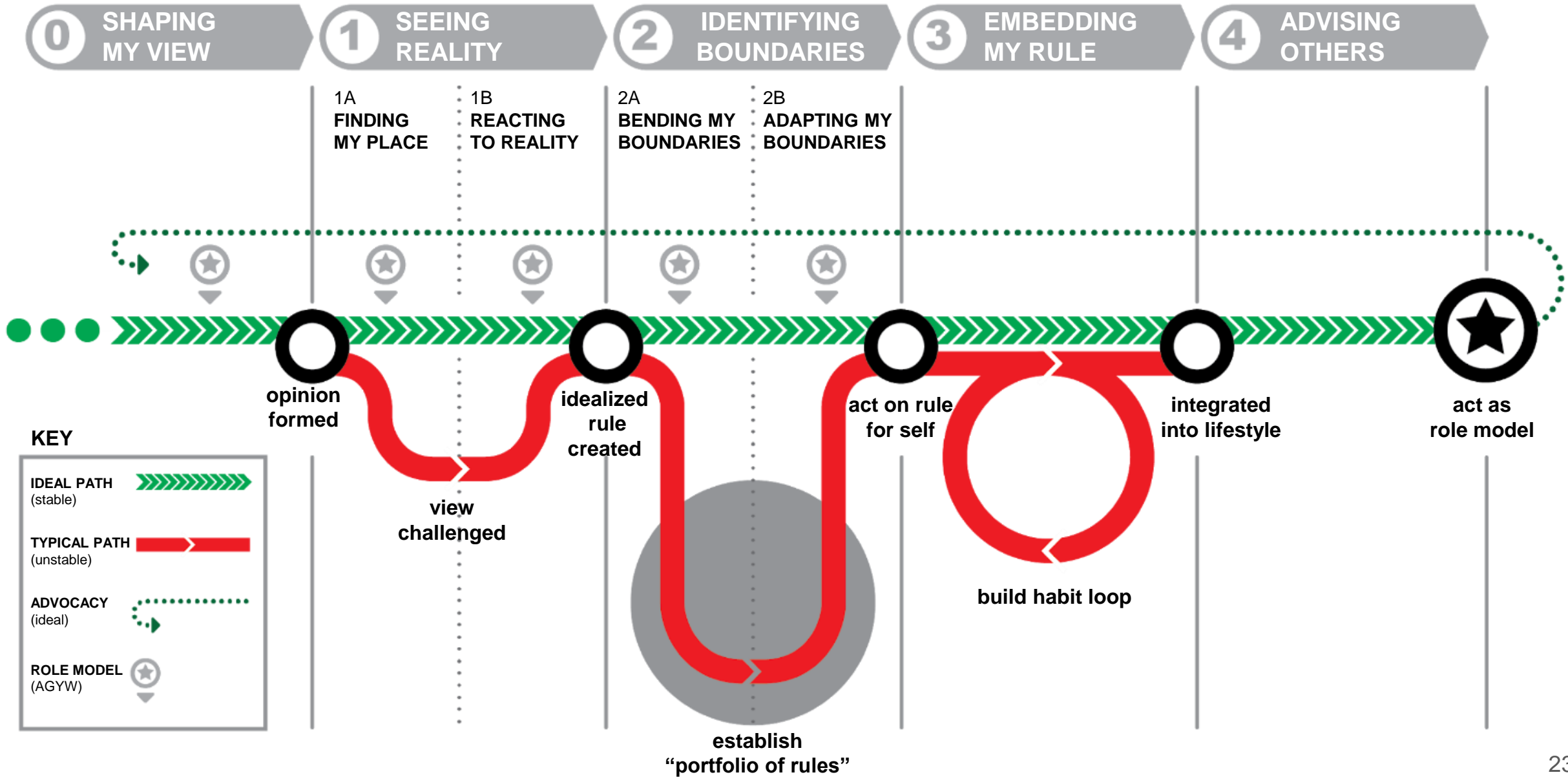
A new journey framework

New perspective, new framework

In order to create a strategy that will resonate with AGYW, we need a journey framework that aligns with their perspective:

- AGYW are not focused on HIV prevention in any sustained manner as a significant issue or meaningful priority.
- At best, their focus is on balancing the adoption of healthy sexual behaviors (preventing pregnancy, avoiding STIs and HIV) while successfully navigating their relationship(s), with relationship preservation generally carrying much greater influence.
- An HIV-focused journey would not be in line with the actual AGYW journey and the lens through which they consider healthy sexual practices.
- Building a successful HIV prevention strategy means supporting AGYW in their journey to navigate healthy sexual behaviors and relationship management overall.

Journey stages & milestones



Segmentation

Segments

Different people navigate relationships in different ways.

Among high-risk AGYW, we see 3 distinct segments, each with unique motivations and therefore unique pathways to effective HIV prevention in the context of relationship management.

01

Lifestyle Seeker



Seeking alignment with her lifestyle needs

27%

02

Affirmation Seeker



Seeking affection, desirability and safety

37%

03

Respect Seeker



Seeking respect and equality

36%



Relationship Expectations

("What do you want from partner?")

Functional/Material

55% Provides gifts and other material needs

Emotional Validation

60% Makes me feel safe and desired

Mutual Respect

76% Respects me

Power Balance in Sexual Decision-Making

Ceded sexual decision making to partner

51% Partner decides most often/always

Willing to trade risk for emotional rewards

33% Partner decides most often/always

Most perceived control and negotiating power

28% Partner decides most often/always

51% Partner gets angry to use condoms

30% Partner gets angry to use condoms

23% Partner gets angry to use condoms

Perceived HIV Risk

(Relative to other AGYW)

Minority number of AGYW believe they are lower risk

32% Believe less likely

Almost half number of girls believe they are lower risk

48% Believe less likely

Overconfident - Majority believe they are lower risk

62% Believe less likely

Emotional response to HIV

Likely to trigger freeze response

67% Scared

Likely to trigger avoidance

67% Hopeless

Likely to trigger action (fight/flight)

72% Scared

60% Hopeless

37% Confused

31% Angry

01

Lifestyle Seeker



I aspire to maintain a lifestyle that makes me look and feel successful, and I look for partners who can help me achieve the lifestyle I want. In return, I let them make most of decisions related to sex. After all, the relationship has to be mutually beneficial. I know that I am sometimes putting myself at risk. It does scare me but I don't see better alternatives for achieving my goals.

“I am not a person who cares about what people say about me having multiple partners because even if they can talk, I’ll be wearing that Jordan sneaker, I will have the money and I will be wearing that Brazilian hair. Yes, I got it the way I got it, but I don’t care.” – MPU urban, 15 - 19

02

Affirmation Seeker



I am a romantic at heart and I like a man who appreciates me. It makes me feel safe and desired and it makes me look good in front of my friends as well. Maintaining my relationship is a high priority. Sometimes, that may require taking risks. I do occasionally worry about not using condoms. But it's not my primary concern. At the end of the day, I love my partner and I want to keep him happy.

"It's difficult. What if he leaves me [if I want to use condoms]? I love him. These days it's hard to start a new relationship from scratch. This one knows me already and he understands things like my curfew at home that someone else might not be able to understand." – 20-24, MPU rural

03

Respect Seeker



I deserve an equal say in my relationships and I won't settle for less. What I think and what I want matter just as much as what he thinks and wants. So I am pretty smart about selecting a partner. If I trust him, I am comfortable relaxing my rules around condoms. But I am still a lot safer than most women. I feel that I know what I'm doing.

“He can buy alcohol that can fill up the whole table and other things for all I care. But this is my body and future, so no, I won't. Okay, say I go and sleep at his house and have sex with him. Tomorrow he calls another one to come. Then who will get sick at the end? It's me, not those other girls...” – 15-19, KZN rural

Product Preferences

Implications & Findings from Discrete Choice Modelling

Product Attributes Tested in DCE

Discrete Choice Modeling in this study was performed on product concept & attributes varying in terms of the following:

- **Format** – 4 levels: Pill, Injection, Implant, V-Ring
- **Frequency of Dosing** – 3 levels : low, medium, high levels corresponding to Format levels above
- **Side Effects** – 3 levels: Headache, Nausea/Diarrhea/Stomach pain, Site Pain
- **Site of administration** – 2 levels: Default or Alternative
- **Provider – Location – 6 levels:** Doctor in Hospital, Nurse in Hospital, Nurse in Clinic, Nurse in Mobile Clinic, Pharmacist in Pharmacy, Community Healthcare Worker



PILL



IMPLANT



INJECTION



VAGINAL RING

Most Appealing Product Profile

Profile preference are more or less the same across segments with the only difference found amongst Respect Seekers preferring Nurse in Clinic as provider location.

	Overall	Lifestyle Seeker	Affirmation Seeker	Respect Seeker
Format	Injection	Injection	Injection	Injection
Frequency of Dosing	3 months	3 months	3 months	3 months
Common Side Effect(s)	Nausea / Diarrhea / Stomach Pain	Nausea / Diarrhea / Stomach Pain	Nausea / Diarrhea / Stomach Pain	Nausea / Diarrhea / Stomach Pain
Site of Administration	Injection in Thigh	Injection in Thigh	Injection in Thigh	Injection in Thigh
Provider & Location	Nurse in Mobile Clinic	Nurse in Mobile Clinic	Nurse in Mobile Clinic	Nurse in Clinic

Key Learnings

1. The 3-month injection was the most preferred prevention product across AGYW segments.
2. Prior experience with contraceptive methods influence HIV prevention product preferences.
3. Dosing frequency was not linear i.e. lowest frequency is not the most preferred.
4. Administration by a nurse (at a mobile clinic / clinic) is preferred over other providers.
5. Site Administration for injection (buttock vs thigh) & implants (abdomen vs arm) were less important drivers of preference.

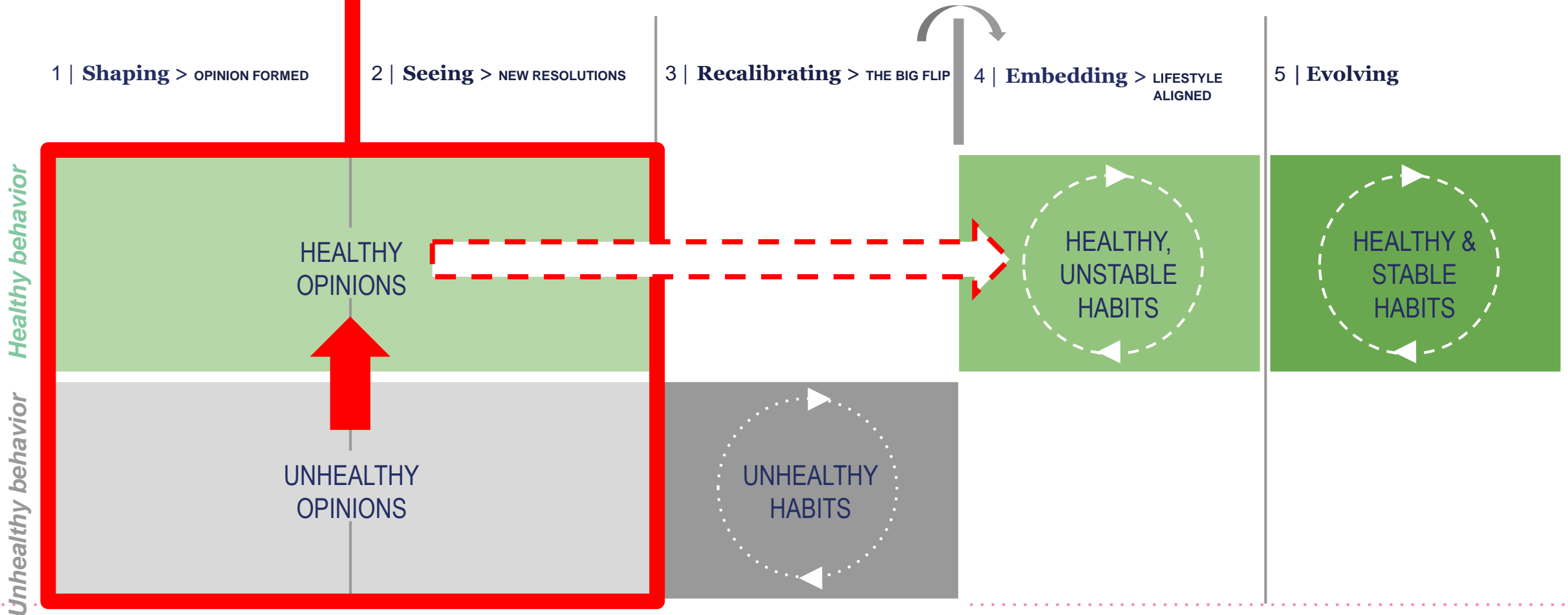
Strategic Objectives

Prioritization of Opportunity Areas

Strategic Objective

GOAL 1:

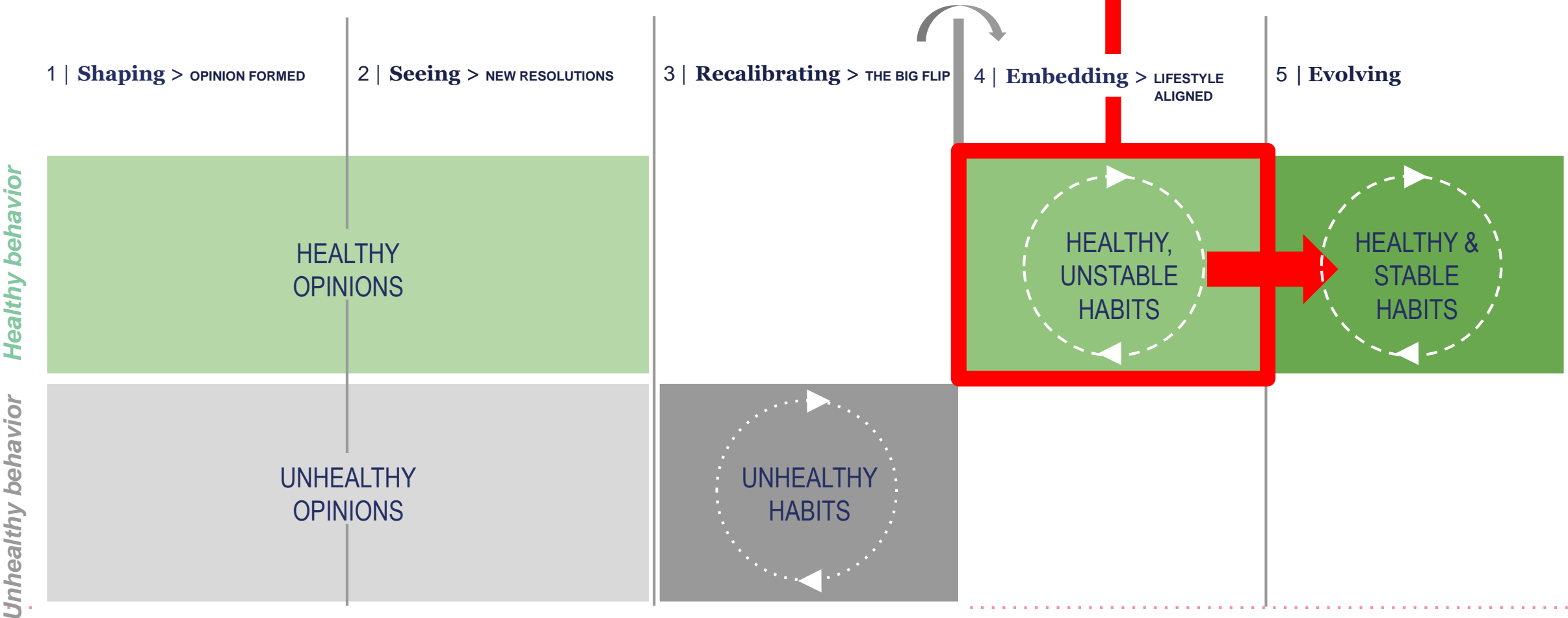
Help form positive opinions to drive the formation of healthy habit



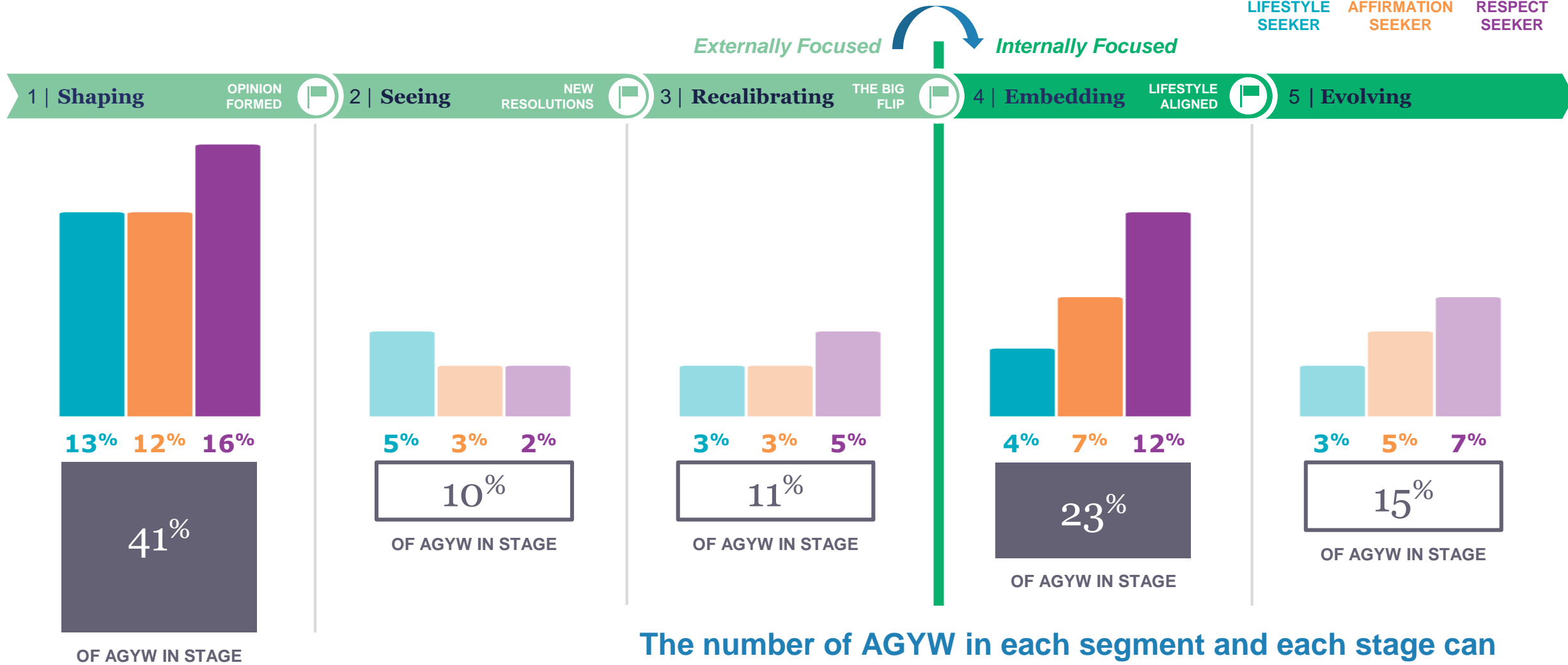
Strategic Objective

GOAL 2:

Establish healthy prevention habit in relationships



Based on AGYW population distribution, we focused on behavior change opportunity areas in stages 1 and 4




The number of AGYW in each segment and each stage can reveal where our efforts can make the most impact.

Opportunity areas and challenges

We identified 15 challenges under 4 main opportunity areas, by segment and journey stage, selected based on potential for greatest impact with the largest number of AGYW.

Stakeholders then prioritized three opportunity areas, one per segment, for ideation and preliminary prototyping.


Create plan: Help her create a personal plan for life goals.

 RESPECT SEEKER <i>See alternatives</i> <i>Help her to see other ways to receive respect and not rely on sexual relationships.</i>	1	Help her connect to other women who are self-reliant 1A	Help her feel confident in her plan to achieve her life goals. 1B	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Internalize risk: Help her internalize risk

 LIFESTYLE SEEKER <i>Personalize consequences</i> <i>Help her personalize consequences of using sexual relationships to achieve lifestyle.</i>	2	Help her see safer ways of achieving the lifestyle she desires. 2A	Help her see how dating older partners puts her lifestyle goals at risk. 2B	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	


Manage influences: Help her deal with negative influences.

 AFFIRMATION SEEKER <i>Increase independence</i> <i>Help her feel she fits in without relying on people that encourage risky behavior.</i>	3	Help her get healthy sexual relationship advice without feeling judged. 3A	Help her feel accepted for seeking information about sexual relationships. 3B	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	


STAGE 1

STAGE 4


Internalize risk: Help her internalize risk

 RESPECT SEEKER <i>Recognize ongoing risk</i> <i>Help her recognize the need to maintain sexual health in stable relationships.</i>	4	Help her remember that HIV prevention can be used without reducing trust. 4A	Help her deal with partners who question trust in the relationship if she wants to use HIV prevention. 4B	Help her build confidence to be consistent with HIV prevention even when her relationships are changing. 4C
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manage influences: Help her deal with negative influences.

 RESPECT SEEKER <i>Defend preferences</i> <i>Help her defend her HIV prevention preferences</i>	5	Help her be ready to speak up for her sexual health. 5A	Help her deal with situations that challenge her HIV prevention preferences. 5B	Help her feel admired for making her own health decisions. 5C
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengthen identity: Help her feel part of a healthy group.

 AFFIRMATION SEEKER <i>Feel belonging</i> <i>Help her feel she is fitting in when making positive lifestyle habit decisions</i>	6	Help her connect with groups who have safe lifestyle habits. 6A	Help her ignore those who judge her because of her healthy habits. 6B	Help her feel proud of being the kind of person who always protects her sexual health. 6C
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IDEATION WORKSHOP

Durban, November 7-8 (AGYW & Stakeholders)



Challenges prioritized by stakeholders

GOAL 1 (for AGYW in Journey Stages 1-3)
Help form a healthy mindset to move toward healthy habits

GOAL 2 (for AGYW in Journey Stage 4)
Help establish healthy, stable prevention habits

CHALLENGE:

Inspire her to choose safer ways to achieve her relationship goals.

THEME: **Internalize risk**

Help her internalize risk

OPPORTUNITY:

Personalize consequences

Help her personalise consequences of using sexual relationships to achieve lifestyle.

CHALLENGE:

Help her get healthy sexual relationship advice without feeling judged.

THEME: **Manage influences**

Help her deal with negative influences.

OPPORTUNITY:

Increase independence

Help her feel she fits in without relying on people that encourage risky behavior.

CHALLENGE:

Help her build confidence to be consistent with HIV prevention when relationships change.

THEME: **Internalize risk**

Help her internalize risk

OPPORTUNITY:

Recognize ongoing risk

Help her recognize the need to maintain sexual health in stable relationships.

The workshop generated 22 solution concepts

GOAL: Help her see safer ways of achieving her relationship goals

02. "ASK A LULU" - LIFESTYLE APP

A digital platform that provides lifestyle and fashion tips, along with messaging that inspires safe sexual behavior.

03. LULU TALK

Scannable posters allow Lulu's to leave secret messages for each other in real life locations in a code that only they understand.

04. LIFESTYLE FESTIVAL

A fun festival that also provides a platform for positive messaging and opportunities for revenue creation for AGYW.

05. LIFESTYLE NETWORK

A portal for AGYW to network about topics important to them, without being judged.

06. DECISION-MAKING GAME

A gamified app to help her explore decision-making strategies to protect her sexual health.

07. LULU WALLET

Sexual pleasure package in a designer handbag that includes sex toys, lubricants, massage oils, and where and how to get PrEP.

08. SCAN YOUR MAN

App that allows AGYW to view men's HIV status to provide "proof" of their health, if men elect to disclose it.

GOAL: Help her get healthy sexual relationship advice without feeling

09. PUBLIC SAFE SPACE

Peer support group, lead by social worker, and held in public space that is acceptable to parents such as a church or library.

10. CONFESSIONAL SPACE

A location optimized for anonymous discussions about sexual health between AGYW and professional counsellors.

11. ANONYMOUS DIGITAL PLATFORM

Digital healthy sexual relationships platform that allows her to learn from others and express herself anonymously.

12. GUIDED REFLECTION

A journaling and counseling platform that provokes reflection on sexual health advice to ensure the topic remains top-of-mind.

13. SISTERHOOD RADIO

Call-in radio show focused on building self-esteem, including health and relationship themes.

14. SOAP OPERA INFOTAINMENT

A TV or radio drama that serves as a vehicle to help AGYW to learn about relationships and sexual health.

15. BIG SISTER PROXY

Parent-endorsed older sister figure serves as mediator between parents and children to explore sensitive topics.

16. PARENT AWARENESS PROGRAM

Group counselling sessions for parents to help them be more approachable for sex related discussions from their daughters.

GOAL: Build her confidence to be consistent with HIV prevention

01. PrEP ANONYMITY APP

App that allows her to order, pick up, and receive rewards for using PrEP without anyone else knowing about it.

20. SELF-EXPRESSION CLASSES

Group classes that help AGYW discover hobbies to develop confidence, assertiveness, and interpersonal skills.

17. VIRTUAL PARTNER ROLE PLAY

Digital platform that allows her to practice important partner interactions about HIV prevention before having them in real life.

21. "DR. LOVE" RADIO SHOW

Radio show hosted by relationship expert that serves as a role model for AGYW as they navigate relationship situations.

18. COUPLES COACHING

Couples coaching that facilitates HIV prevention conversations between she and her partners.

22. PrEP NUDGE APP

Phone-based app or messaging platform to provide timely reminders and motivation to take PrEP.

19. "REAL TALK AUNTIE" SUPPORT

Support group resource to allow AGYW to share stories with each other lead by a mentor figure that will challenge them.

TECH BASED INTERVENTIONS

COMMUNITY BASED SUPPORT

MASS MEDIA

Pilot goals

- Improve uptake of HIV prevention information/resources/support, plausibly contributing to improved HIV prevention behaviors and habits
- Improve the quality of the user experience for AGYW in HIV prevention programs
- Help government and implementers achieve their targets for HIV epidemic control

Criteria for selection of pilot concepts

- Potentially impactful
- Measurable
- Scalable/sustainable
- Aligned with plans and priorities of government/implementing partner(s)
- Able to be prototyped and implemented over a relatively short period of time

Criteria for selection of pilot partner

- Currently funded for and implementing programs on HIV prevention for AGYW
- Committed to co-designing and co-implementing the pilot intervention at all levels of the organization
- Respected/influential in the HIV sector in South Africa
- Able to dedicate technical, programmatic and M&E staff (and ideally budget) to piloting
- Flexible and willing to experiment and iterate throughout the process
- Engaged in previous phases of the work (e.g., via the Advisory Board)
- Operating in KwaZulu-Natal and/or Mpumalanga (preferred)

Relationship workshop

The Relationship Workshop concept is a synthesis of the Public Safe Space and Confessional Space concepts. It also incorporates key themes from several other concepts.

It is a segment-specific series of five interactive half-day sessions co-led by master facilitators and peer educators in community space with ongoing engagement and connection to digital channels.

AVOID JUDGMENT

To be able to discuss sexual relationships without being judged

(inspired by Confessional Space concept)

ANTICIPATE CHALLENGES

Help defining what healthy relationships look like

(inspired by Scan Your Man concept)

NAVIGATE SITUATIONS

Help navigating difficult relationship situations

(inspired by Decision-Making Game and Virtual Role Play concepts)

ONGOING SUPPORT

Mentorship advice from someone they relate to and respect

(inspired by Real Talk Auntie concept)

"I can do even better."

**DAY 1
REAFFIRM GOALS**

Icebreaker: TBD

1. SISTERHOOD
Explore relationship goals and see what is common with the group.

2. SUPERPOWERS
Identify personal strengths and how she uses them in her life.

3. FUTURE HAPPY PLACE
Define and visualize her personal growth goals and desired future.

4. CURRENT RELATIONSHIPS
Reflect on her expectations of current relationships and if met or unmet.

"I see what better looks like."

**DAY 2
SEE HEALTHY RELATIONSHIPS**

Icebreaker: QUEEN FOR A DAY
Feel powerful and inspired to think about her ideal self.

1. RELATIONSHIP DYNAMICS
See how relationships can help us or hold us back.

2. FIT FOR A QUEEN
Identify relationship characteristics that are fit for a Queen.

3. POSITIVE EXPERIENCES
Reflect on positive characteristics of own relationships to strive for.

4. IDEAL RELATIONSHIPS
Personalise ideal vs deal breaker relationship characteristics

"I know what I intend to do."

**DAY 3
LINK HEALTH AND GOALS**

Icebreaker: HAPPY PLACE
Dramatization of being in their "Happy Place".

1. MIND HEART BODY
See how goals can be fully realized when we consider needs of whole self.

2. PERSONAL VISION
Visualize their near-future having made it to their "Happy Place".

3. CROSSING THE BRIDGE
Recognize the changes they wish to make to reach their Happy Place.

4. HEALTH AND GOALS
Realize the role of health for the achievement of mind and heart goals.

"I know what to expect."

**DAY 4
NAVIGATE CHALLENGES**

Icebreaker: TBD

1. OBSTACLES TO EXPECT
Explore and prioritize challenging partner situations around sexual health.

2. WAYS AROUND OBSTACLES
Explore examples of how others have successfully navigated obstacles.

3. PARTNER COMMUNICATION
Understand and practice communicating to achieve outcomes.

4. NEEDED SKILLS
Review obstacles and identify skills needed to get to her Happy Place.

"I know who's with me."

**DAY 5
BUILD SUPPORT NETWORK**

Icebreaker: SUPPORT WEBS
See how interconnections between people create strength and resiliency.

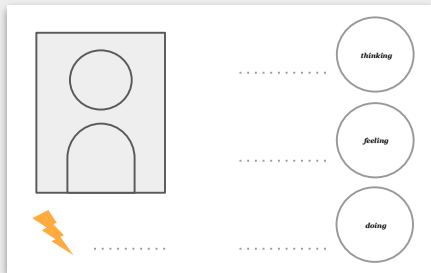
1. PERSONAL SUPPORT MAP
Reflect and identify the gaps in her network.

2. COMMITMENTS FOR CHANGE
Create a social commitment to specific changes.

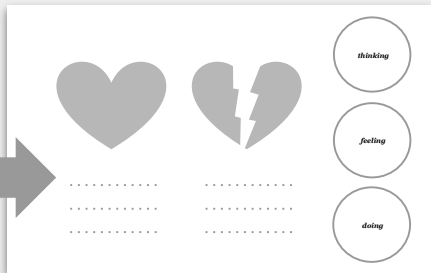
3. SUPPORT COMMITMENTS
Identify a peer with complementary skills for support and accountability.

4. PROGRAM COMMITMENTS
Connect desire for change to available programs and resources.

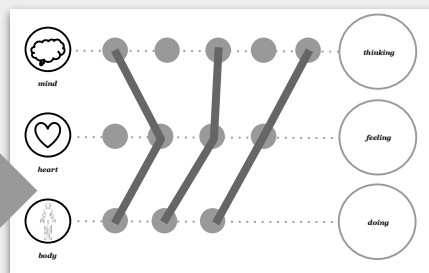
OUTPUTS:



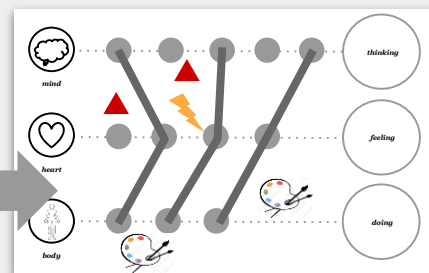
**SUPER POWERS +
FUTURE "HAPPY PLACE"**



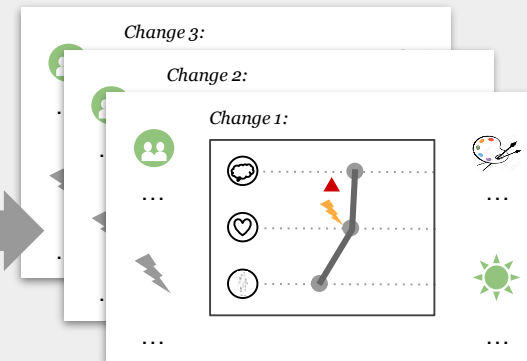
IDEAL RELATIONSHIP CRITERIA



**CHANGES TO MAKE
(ACROSS HEART, MIND, BODY)**



**OBSTACLES TO OVERCOME +
SKILLS NEEDED**



**INTENTIONS FOR CHANGE +
PLAN TO GET TO "HAPPY PLACE"**

What are we aiming to accomplish?

Changes in knowledge, attitudes and intentions...

- Increased priority of her sexual health, including HIV prevention (progress toward 'the flip')
- Self-reported improvement in relationship skills (communication, negotiation, and decision making)
- Adoption of a plan for safer ways to achieve relationship goals and counter negative influences
- Increased interest in and readiness for HIV prevention
- Connection to an ongoing supportive social network (in-person or remote)

...that create the conditions for changes in behavior

- Increased uptake of PrEP
- Better continuation on PrEP
- Improved health seeking behaviors and sexual health decision-making overall

Metrics

- Increased priority of her sexual health, including HIV prevention (progress toward ‘the flip’)
- Self-reported improvement in relationship skills (communication, negotiation, and decision making)
- Adoption of a plan for safer ways to achieve relationship goals and counter negative influences
- Connection to an ongoing supportive social network (in-person or remote)
- Increased interest in and readiness for an HIV prevention strategy
- Increased uptake and sustained use of HIV prevention products (e.g., oral PrEP)

Dual Prevention Pill

Developing Insights into women's perceptions and attitudes towards the use of combined oral PrEP and oral contraceptive pill

Primary Objective – Target market behaviours

- Develop insights into the perceptions, barriers and motivators that the relevant influencers might have with regard to the Dual Prevention Pill (DPP)
- Develop insights into the perceptions, barriers and motivators that women of reproductive age [18–39] might have regarding the DPP
- Provide documentation of a deeper understanding of the challenges and opportunities for the uptake of the DPP, the barriers related to its uptake and potential solutions that may be offered.

Secondary Objective – Product Characteristics

- Establish a view on which shape and colour of pill appeals to our target market (urban and rural women aged 18-39) to inform Mylan's initial production of pills and placebos
- Test prototypes of pills and packaging among target markets in order to identify preferences and dislikes that might be the cause of both motivators and barriers to current and future pill taking
- Provide a ranked preference for pill packaging, colour and shape for the target market

Process

1. Review of existing literature in order to focus our efforts and frame the project
2. Small focus group among commercial pharmacists (n=8) re acceptability of DPP in South Africa
3. Pill and packaging survey (n=409) in SA and Zimbabwe
4. Established lines of inquiry for human centred design insight gathering and immersions

PRODUCT ADOPTION | RESEARCH & GAPS

1: AWARENESS

What does she need to know about the DPP, prevention and SRH? Where, how and why is she learning it?

STRATEGY
DRIVERS
BARRIERS
CONTEXT
BEHAV.

2: EVALUATION

What are the most persuasive barriers and motivators in her decision-making process?

STRATEGY
DRIVERS
BARRIERS
CONTEXT
BEHAV.

3: UPTAKE

Once she's interested how hard is it for her to access? And what influences initiation?

STRATEGY
DRIVERS
BARRIER
CONTEXT
BEHAV.

4: ADHERENCE

What are the barriers and motivators to keeping up with the regimen?

STRATEGY
DRIVERS
BARRIERS
CONTEXT
BEHAV.

5: CHAMPIONING

How likely is she to be an advocate to others? Why? What support would she need?

STRATEGY
DRIVERS
BARRIERS
CONTEXT
BEHAV.

“Rural and urban women preferred the light, soft coloured pills. They associated the bright coloured pills with chronic medication and also felt that they would be too attractive for kids who might mistake them for sweets”

Outputs

- Identified the desirability for a DPP
- How and what marketing communication to encourage DPP use
- Identify individual barriers and social norms influencing uptake, e.g., concerns that a combined pill may mean increased side effects
- Responses to “How Might We’s”, e.g., influence social norms to support DPP uptake
- Collaborative solutioning process that identifies possible ways in which to overcome barriers, leverage motivators [Prototypes]
- Within the degrees of freedom (e.g., manufacturing and FDA approval) what is the desired pill colour, shape and size as well as packaging

Resources

- [HIV Prevention Market Manager Summary Document](#)
- [End User Resources](#): A collection of materials developed by the Prevention Market Manager team and partners to support end-user work
- [The Landscape For End User Research: Mapping and Findings](#)
- [Qualitative findings](#)
- [Quantitative findings & segmentation](#)
- [*Understanding HIV prevention in high-risk adolescent girls and young women in two South African provinces*](#)
- [DPP Project Brief](#)
- [Key HIV/SRH Integration Materials and Findings](#), including integration-focused work in Kenya and Zimbabwe, and applying FP lessons to HIV px intro