



PrEP Learning Network:

Using Human-Centered Design to Bridge the Disconnect Between Providers and End Users in PrEP Programming

January 23, 2020



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OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

OPENING

DEFINITIONS OF RESEARCH APPROACHES

INSIGHTS FROM SOUTH AFRICA AND KENYA TO HELP INCREASE UPTAKE AND ADHERENCE

INSIGHTS FROM ZAMBIA TO HELP INFORM TOOL DEVELOPMENT

WHAT'S NEXT WITH THE LEARNING NETWORK



Today's discussion: HCD in PrEP Programming

Anabel Gomez, Global Marketing
Manager: Product Introduction &
Access, AVAC

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Prevention and Behavioural
Interventions, JSI

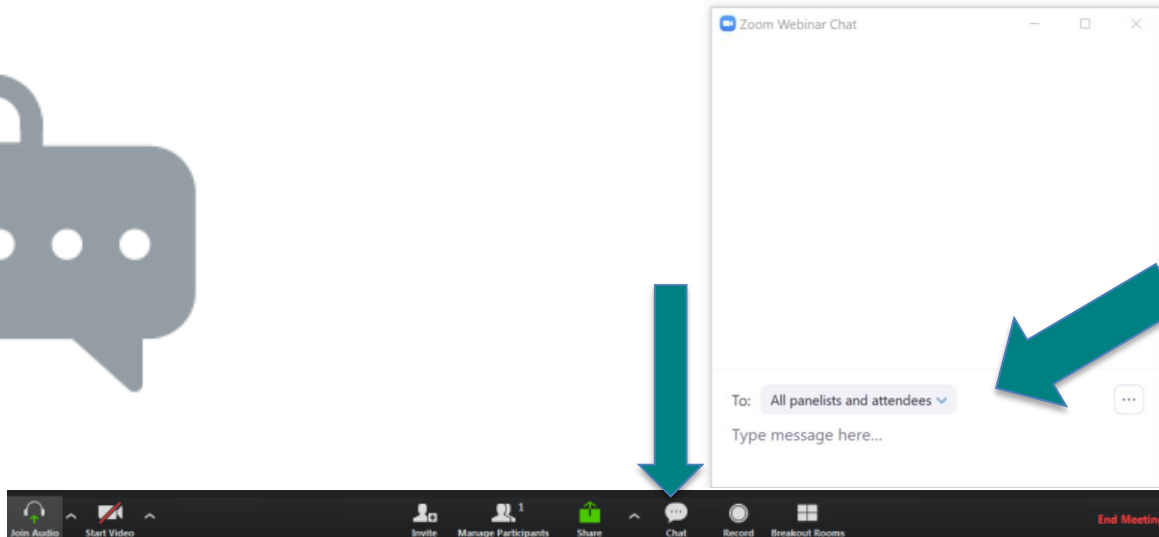
Today we will explore the use of HCD in PrEP Programming and how it has been used to strengthen PrEP programming:

- Definition of research approaches
- Insights from two projects, one in South Africa one in Kenya, on how to help drive uptake and adherence of PrEP
- HCD insights used to inform the development of Healthcare Worker tools for the rollout of PrEP in Zambia



Use the “Chat” feature to ask questions!

There is dedicated Q&A two times during our webinar — please feel free to ask questions during this time or type your questions into the chat box at any point during the presentations



Make sure to share your chat with “All panelists and attendees” not just panelists.

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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)

Anabel Gomez | January 2020
AVAC

**HIV Prevention
Market Manager**

Accelerating Product Introduction
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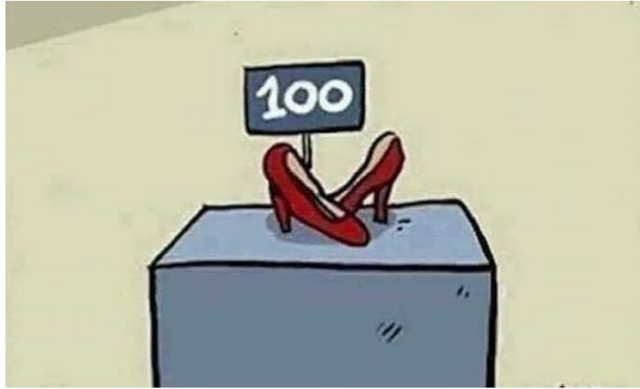


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PROVINCE OF KWAZULU-NATAL

Together we will cover

- Definitions of research approaches you are likely to hear more about in the field
- Outputs from two projects (South Africa and Kenya) in order to learn how to help people who you use to drive uptake and adherence of PrEP

What is behavioral economics & how has it been used



A data-driven approach to understanding the psychology behind human behaviors and attitudes

While human choices often seem non rational, this can be predicted...

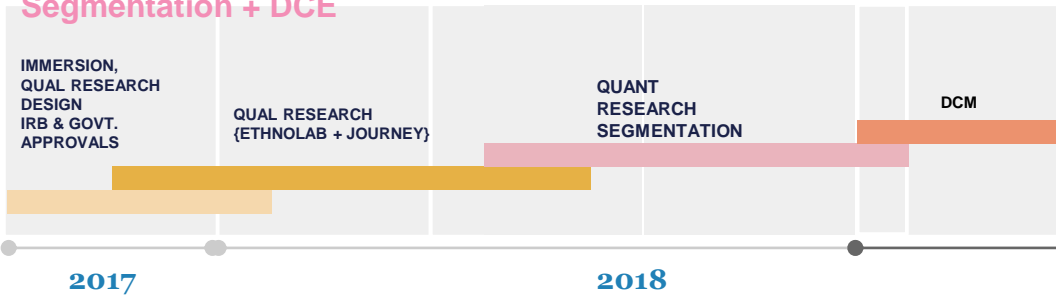


What is human centered design & how has it been used



Study objective: to help maximize uptake, adherence & correct use of prevention products by answering who are the likely AGYW users of prevention products, how to reach them & with what intervention

Journey Mapping + Behavioral Research Quantitative Segmentation + DCE

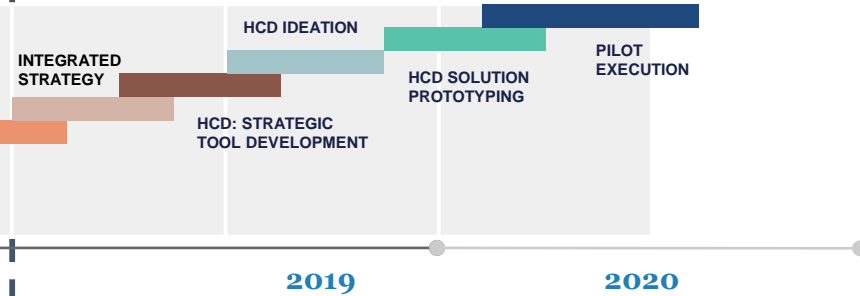


Research with AGYW

Data collection and in-depth understanding of segments of high-risk adolescent girls' and young women's decisions and behaviors journey concerning HIV prevention.

Specific product choices of segments.

Human Centered Design + Pilot



Actionable Human Centered Design

Development of strategic tools to best empower implementation partners to influence behavior change.

AGYW and CHW – who we spoke to

375

**Total
Respondents
across KZN and
MPU**



240 AGYW

Across two provinces
(120 from KZN and MPU each)

Across two age groups
(age 15-19 and age 20-24)

Conducted in groups of 5
participants

Stage wise recruitment



135 Influencers

- Male partners
- Matriarchal Figures
- Community Health Workers
- Nurses

Conducted in groups of 5
participants.

Rural Nurses were IDIs

CHWs and Nurses =N40 each

What we learned about AGYW's path to SRH

There is a 5 step journey with clearly identifiable stages and 1 key pivot point



Implications of what we learned

- AGYW do not have an HIV prevention journey; conversations between CHW and AGYW must be about SRH
- CHW incentives currently do not align with helping AGYW with prevention they are more focused on T+T
- CHW have a limited toolkit of advice for HIV prevention and what they have is incongruent with AGYW SRH goals therefore met with resistance
- AGYW either avoid or lie to CHW unless they feel at risk. This can lead to CHW frustration

Implications of what we learned

- Nurses and CHW tend to have a poor opinion of AGYW's cognitive abilities. This leads to using authoritative, one-directional communication strategies.
- Support networks for positive sexual health decisions are lacking.
- Those who empathize with AGYW are not knowledgeable. Those who are knowledgeable cannot empathize
- Influencers (matriarchs, CHW, nurses) want to collaborate to improve their efficacy in helping AGYW

How AGYW and CHW see each other

THROUGH EYES OF AGYW

CHW are a credible source of information and their information carries weight

Relative to nurses they are seen more as peers, are more relatable and better able to contextualize their messages to an AGYW's life

Relative to nurses they are seen as less judgmental and more matter of fact

Similar to nurses they are seen as quite harsh at times and AGYW fear their confidentially being breached

THROUGH EYES OF CHW

Unanimously feel that AGYW would be better off if they learned to love themselves

Feel sexually active AGYW are at risk mostly because they don't use condoms, therefore stress abstinence especially with AGYW who say they have not had their sexual debut

Attribute AGYW low efficacy to negative external influences, specifically partners and peers

Feel they don't have enough technical knowledge to effectively counsel AGYW

How AGYW and CHW see each other

A girl who is consistently protecting herself from HIV, is a good girl because it means that she thinks and she knows what she wants out of life. And she knows her goals and she also knows what she wants to achieve in life she knows. These are the ones who abstain. That are not having sex but abstaining and I am waiting for someone that will marry me.

– Mpumalanga - Rural

Because she (friend) is the same age as them I think they will listen to her better than any other person that they do not know (CHW).

– Mpumalanga - Rural

What can CHW do to be more effective

- CHW need to listen and ask about the AGYW relationship management goals and discuss how prevention options help her cope and align with her goals
- Encourage AGYW to build and set intermittent rewards based on their relationship and sexual health goals across their journey to agency.
- Risk is sporadic so using a risk frame to drive adherence is likely to be less effective. CHWs must use an empathetic approach to reinforce positive behaviors during periods when an AGYW feels at risk
- Post-test counselling after a negative HIV test results is an opportunity to reinforce positive, self protective behaviors by presenting testing as a step (instead of a destination) toward adopting new behaviors

How can programs help CHW be more effective

- Current prevention methods require high self-control. Programs must develop tools to help AGYW build self-efficacy to adhere to new methods
- Programs need to plan for early and continuous engagement with AGYW to help build coping abilities, and to reframe value propositions of various methods to align with changing preferences
- Align messaging with changing preferences of the AGYW along the relationship management and sexual health journey. Don't assume what she needed and wanted yesterday is the same today
- AGYW have different needs. Programs must assist AGYW recognise these different needs and help them cope with them

How to enable CHW align their work with AGYW prevention needs

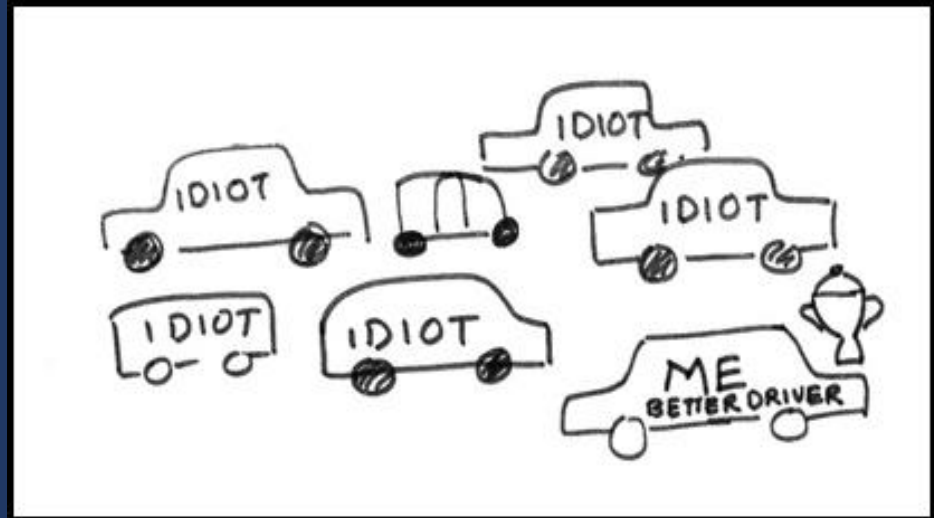
- CHW are the first line of authority figures that the AGYW go to (not peers, partners or parents). They also recognize the need of self-efficacy amongst AGYW. In order to align CHW with AGYW context:
 - Build HIV prevention as a key focus area for CHW
 - Enable CHW with know-how to build self-efficacy of AGYW
 - Provide coping strategies to deal with the demands their job entails, e.g. group sessions to share effective strategies in shaping AGYW behavior

Summary of learnings and implications

- AGYW need to be provided with coping strategies upfront: e.g: how to deal with potential side effects. Generally, CHW/Nurses are hesitant to do this
- Frame discussions with AGYW on the importance of sexual health in terms of her own ability to manage the relationship (internally focused decisions)
- A balance between Test & Treat incentives and Prevention incentives for CHW needs to be found
- Move preventive communication hinging on ‘test and treat’ (which primes a reactive rather than preventive strategy) toward more positive, self protective behaviors
- To amplify the ability of CHW to be a positive touchpoint retraining would be required

Thank you

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Q&A



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WHAT'S NEXT WITH THE LEARNING NETWORK

Human Centred Design (HCD) Insights inform development of Healthcare Worker tools for the rollout of pre-exposure prophylaxis (PrEP) in Zambia

MS. MWANSA NJELESANI-KAIRA, 23 JANUARY 2020

CONTEXT & BACKGROUND

USAID DISCOVER-Health spearheaded the development of a national **Social and Behavioural Change Communication Strategy** to support the national rollout of PrEP in 2018.

Subcontracted Media365 to carry out a broader **HIV Prevention HCD study** with these objectives:

- Define target populations' understanding of HIV risk and the factors that influence risk perception.
- Knowledge, beliefs, attitude and practices towards HIV prevention products and services (including PrEP).
- Client interaction with the health system and health workers, when accessing products and services.



HCD STUDY



- Undertaken in **Kitwe, Kabwe, and Lusaka.**
- In-depth interviews (group and individual) with **177 people.**
- Rapid person on the street interviews with **263 people.**
- Study populations (urban/peri-urban) with:
 - Adolescent Girls & Young Women (AGYW) 18 – 24
 - Males 25 – 34
 - Healthcare Workers
 - HIV serodiscordant couples
 - People living with HIV
 - MSM

HCD INSIGHTS: HEALTHCAREWORKERS

398 INTERVIEWS WITH: AGYW ; MEN ; HCWS



Widely seen as being both a barrier or influencer in the uptake of services.

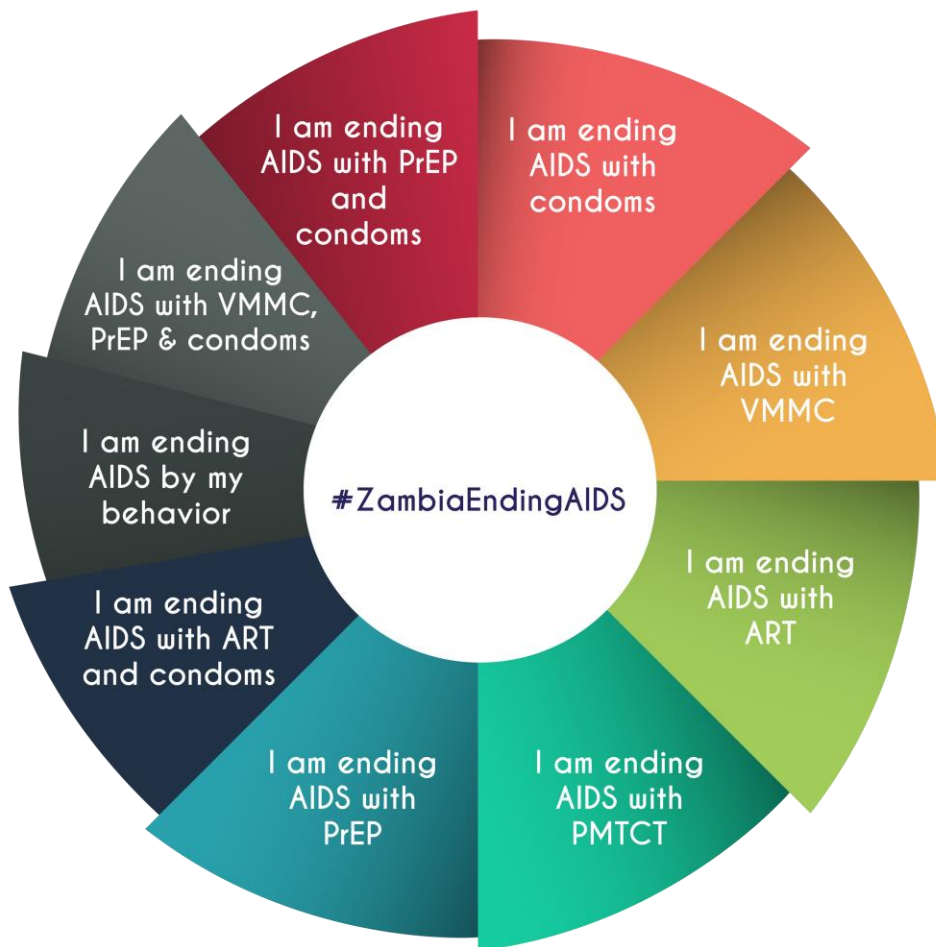
Often viewed as judgmental especially towards young sexually active women with multiple partners.

Widely perceived as not completely respectful of client information confidentiality. Some are perceived not to be very knowledgeable about PrEP.

Still viewed to be a credible and trusted source of PrEP/health information.

Well-positioned to play an active role in creating and enabling an environment to discuss HIV Prevention options, including PrEP, with the appropriate support and equipping.

TRANSLATING HCD INSIGHTS INTO A NATIONAL HIV PREVENTION SBC STRATEGY



- **Raise awareness** about HIV risk and the menu of HIV prevention products and services available.
- **Generate demand** for HIV prevention products and services available, emphasizing choice to meet the user's needs and circumstances.
- **Educate users** how to effectively access and use products and services.
- **Empower healthcare workers** to be facilitators in generating demand. Educate and support them to show empathy in service delivery.

DEVELOPED HCW TOOLS

1 EDUCATE AND COUNSEL

2 DETERMINE ELIGIBILITY

3 TEST FOR HIV

4 CONDUCT BASELINE SCREENING AND LABORATORY TESTS

5 PRESCRIBE PREP

REMEMBER!

IF YOUR CLIENT TESTS HIV POSITIVE

Clinic Poster

ZAMBIA ENDING AIDS
Healthcare Provider App

Email: Sam

Password: [dots]

LOGIN SIGN UP

HCW App

TOOL

- HCW Training Animation
- PrEP Job Aide
- Clinic Poster; Site Seller
- PrEP Management System
- Healthcare Worker App
- HCW Training & mentorship

STATUS

- Completed
- Completed
- Completed
- Completed
- Pre-test

Incorporates: value clarification exercises

Screening	Profile	Client Locator	Client Initial	Follow-Up	Adherence
Client's basic details					
Names*	John	Region*	Select region	Client's facility and categorization	
Mobile Numbers*	+2096577006	Province*	All Provinces	Hub*	All Hubs
NRC Number*	Enter NRC here	Facility*	All Sites	Agent*	Unspecified
Age*	Enter age here	Population category	General	Implementing Partner:	USAID DISCOVER-Health
Email:	Enter email address here	Client source of knowledge of service:	USAID DISCOVER-Health Staff		
Sex:	M				

PrEP Management System

• EVERYTHING ABOUT PrEP •

PrEP

HCW Training Animation

ZAMBIA ENDING AIDS

Let's review your sexual health?

Together we will briefly review your sexual health and ways to manage any concerns or needs you may have.

There are many different reasons for taking PrEP and your reasons for taking PrEP may change over time.

Risk reduction counselling

Instructions

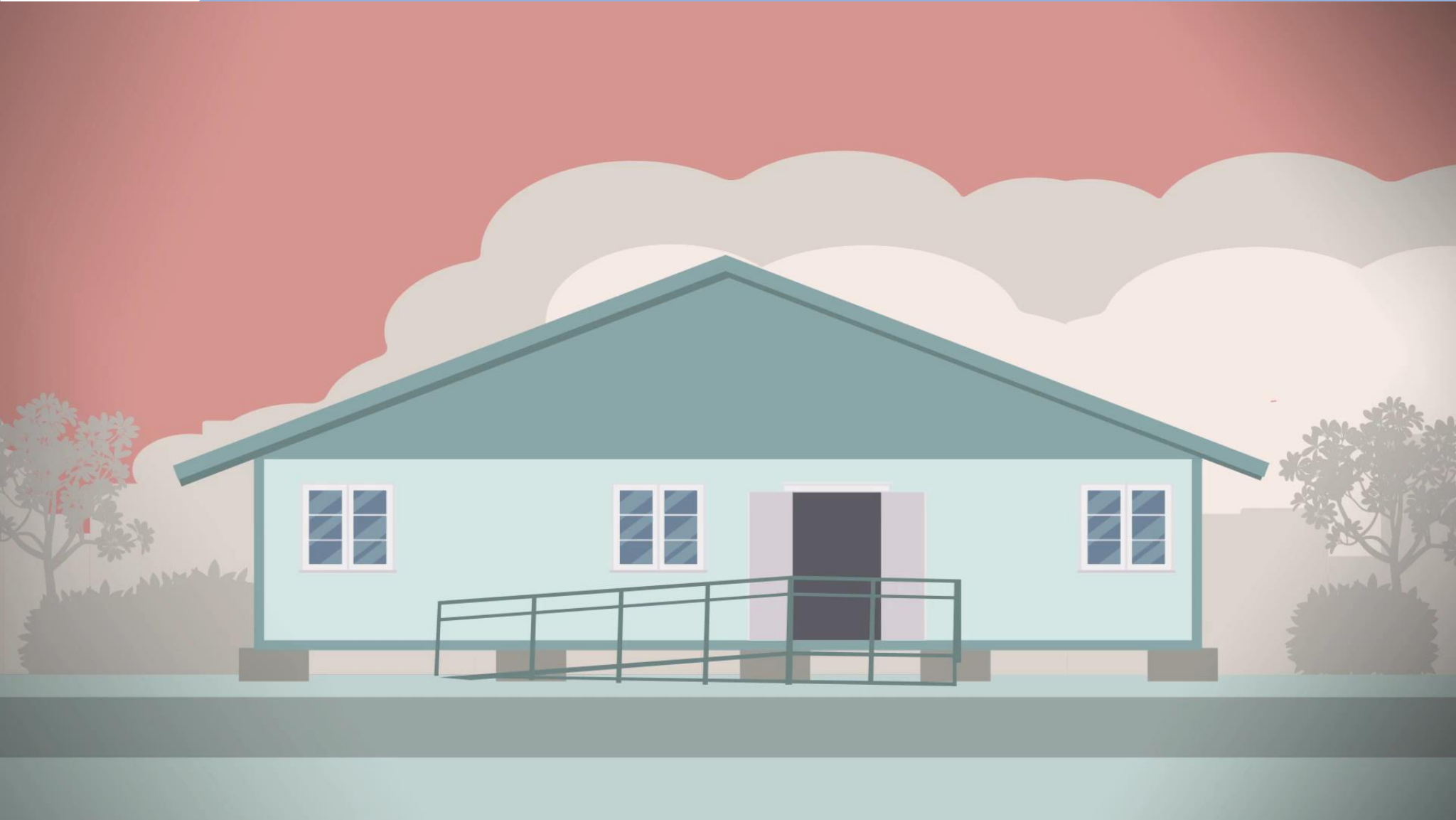
Talking Points

Key Messages

Let's Review

Documents

PrEP Job Aide



HEALTHCARE WORKER TRAINING ANIMATION



HEALTHCARE WORKER APP

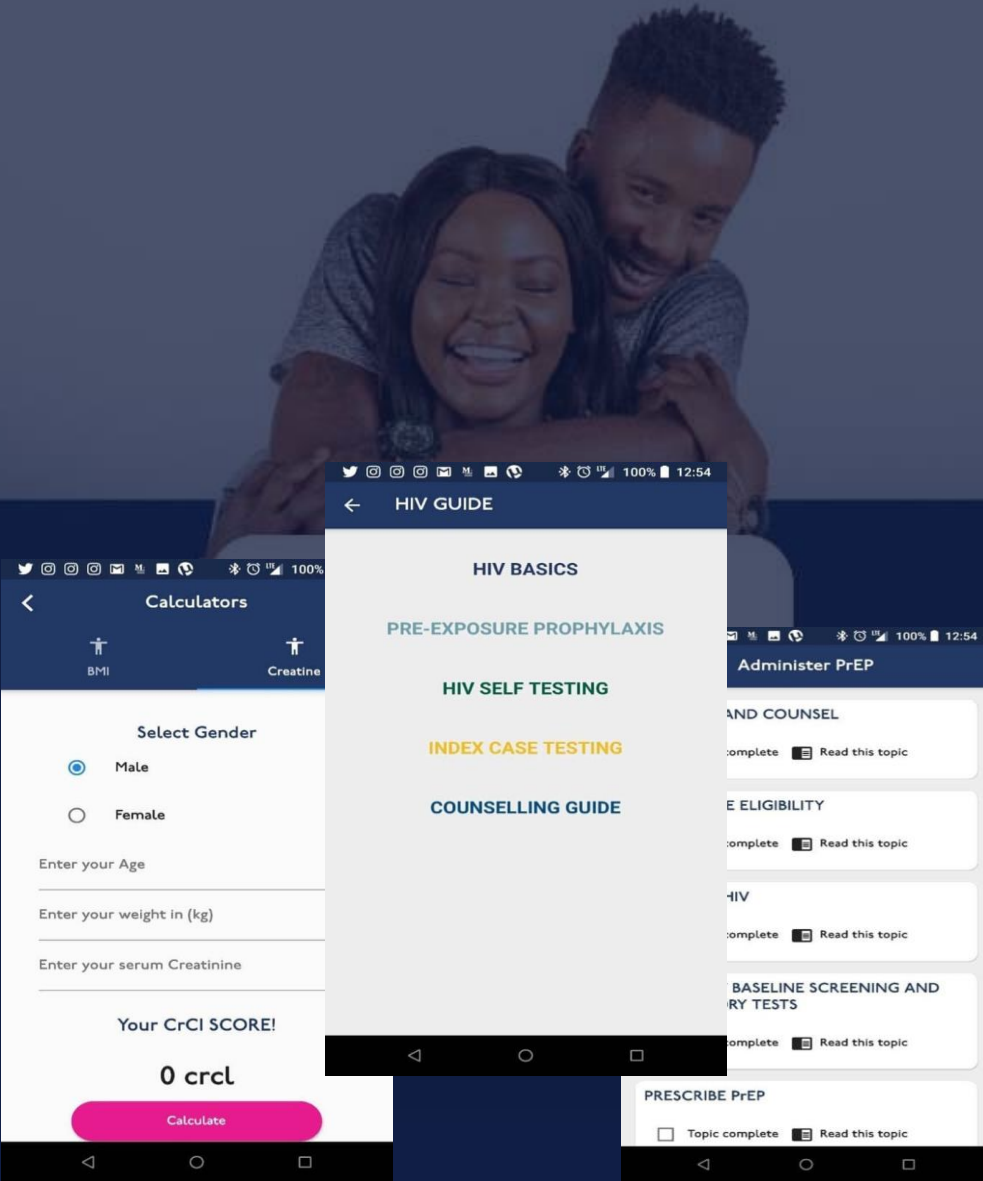
In line with HCD Findings, the App focuses on knowledge & counselling skills

Provides Information on:

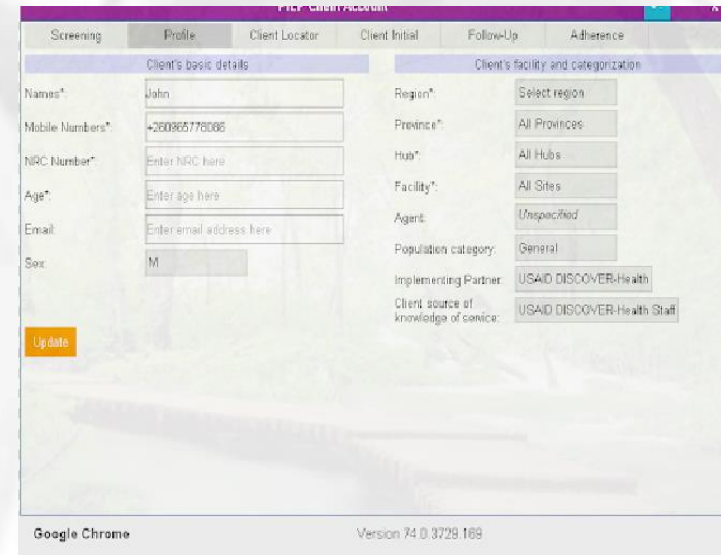
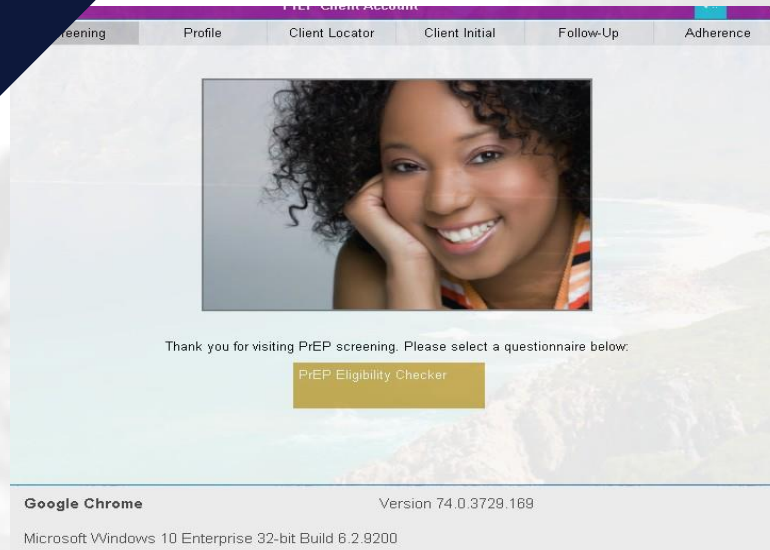
- HIV basics
- Administering PrEP
- Carrying- out Index case testing
- HIV self-testing
- Counselling guide

Includes:

- BMI & Creatinine Clearance Calculators
- National HIV Risk Assessment Tool
- HCW Animation
- Client-centred support videos



PrEP MANAGEMENT SYSTEM



System Objectives:

- Strengthen capacity of healthcare providers to administer PrEP
- Strengthen tracking of PrEP cohorts
- Strengthen adherence, using automated message system (reminders & scheduler)

System Outcomes:

- Consulted providers to ensure that system was responsive to their needs
- 81% of all DISCOVER PrEP clients now entered on system
- 31,218 messages sent (Oct 1 – Dec 31st)

CONCLUDING REMARKS



- Anticipated that **developed tools** will support the goal of increasing the knowledge of healthcare workers and supporting them to administer PrEP, in a confidential and non-judgmental manner.
- Continuous **mentorship & support** is required, especially as it relates to values clarification for healthcare workers.
- Important to take a **positive & empathetic approach**. Empower healthcare workers to carry-out their work more effectively, rather than demonizing them.
- **Behavioural change is a process** and is incremental, do not expect over-night results.

USAID DISCOVER-HEALTH PROJECT

THANK YOU

#ZAMBIAENDINGAIDS
#IMINCONTROL

MS. MWANSA NJELESANI-KAIRA, 23 JANUARY 2020

Q&A



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WHAT'S NEXT WITH THE LEARNING NETWORK



Upcoming sessions: Register today!

Jan
23

Feb
27

Up next:

**PrEP for Pregnant
and Breastfeeding
Women**

Upcoming Sessions

- **February 27th:** PrEP for Pregnant and Breastfeeding Women
- **March 26th:** Interventions to Improve PrEP Continuation and Effective Use
- **April 23rd:** HIV Resistance and PrEP
- **May 28th:** Relationship Dynamics and Gender Based Violence and PrEP
- **June 25th:** POWER Study

Visit <https://www.prepwatch.org/virtual-learning-network> to register!



Go to PrEPWatch for additional resources

- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date
- **Additional resources** that are complementary will also be included on PrEPWatch—including related research articles, tools and more to dive deeper into specific topics
- Registration for **upcoming webinars** can also be found on PrEPWatch

Virtual Learning Network

The PrEP Learning Network, hosted by OPTIONS, EpiC and RISE, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up.

Its monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics.

Webinars

– PrEP Learning Network Launch Session

Thursday, August 22

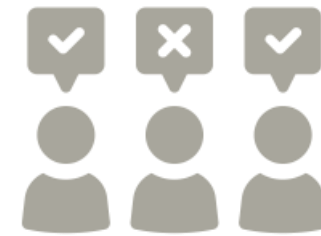
During this first webinar session, implementing partners from three countries (Lesotho, Zimbabwe, and South Africa) shared their experiences with PrEP scale-up including current status of scale-up, successes, challenges encountered and key insights learned.

[Recording](#) / [Slides](#) / [OPTIONS Tools and Resources](#) / [Resource Sheet](#)



<https://www.prepwatch.org/virtual-learning-network/>

Poll:
What did you think of
today's session?





Thank you!

