Why should we change our thinking about HIV prevention?

What we are doing today is not working.

The sector is falling short on "meaningful engagement of adolescent girls and young women in the design and implementation of the programs that impact their lives."

- Global Fund

This is a symptom of the public health view of prevention as a challenge of health system access, rather than a behavioural challenge.

Public health professionals and AGYW exist in parallel universes with different perspectives of the same situation.

Most prevention programs are not able to reach their targets with respect to uptake of biomedical services.

The "treatment approach" to developing and measuring prevention programmes has focussed on getting AGYW to uptake biomedical solutions. This approach is not grounded in an understanding of AGYW's life, behaviours, and many choices beyond those offered by the health system.

As a result, most programmes fall short of supporting the development of healthy prevention habits.

"Despite considerable progress in some areas of prevention and treatment, most interim 2020 targets across the strategies have not been reached."

- WHO

How should we change our thinking about HIV prevention?

Understand the world through AGYW's perspective.

> *"I know about HIV, yet I still carry on without protecting myself when having sex because I trust my partner."*
>
> - Young woman in Mpumalanga

1. Think relevance. Not risk reduction.

AGYW do not think about HIV prevention. Because AGYW underestimate their risk of contracting HIV, prevention is not an explicit goal or priority for them.

48%

think they are at lower risk of contracting HIV compared to their peers

2. Think habit, not adoption.

Prevention is not a simple habit or single behavior to change. Designing for prevention requires a more holistic approach than designing for a one-off decision. For healthy habits to form, interventions must first build the intent to cultivate them.

62%

are not ready for prevention methods

3. Think relationships, not HIV.

AGYW are focussed on their relationship goals and not HIV. To be relevant, HIV Prevention strategies need to align with AGYW's relationship goals.

> *"I am not worried about HIV... because I have got one boyfriend and we go for blood tests every 3 months. This is to gain trust and to ensure that he is not cheating on me."*
>
> - Adolescent Girl in, Mpumalanga

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4. Think needs. Not demographics.

All AGYW are not the same. To create relevant programmes, we need to understand the unique needs of people we hope to serve.

There are 3 distinct segments of AGYW based on their relationship goals. AGYW experience the journey towards healthy relationships differently based on these goals.

5. Think ecosystems. Not interventions.

Habit formation is complex and requires a series of interventions, rather than one-off solutions to create results.

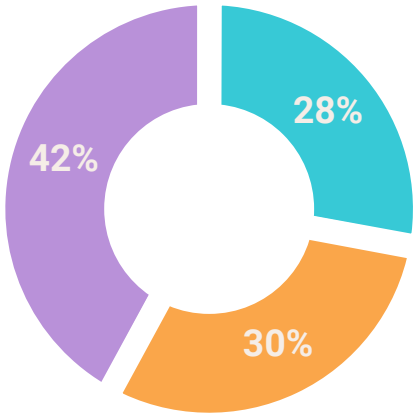
As relationship contexts change, interventions need to respond to changing needs.

6. Think options. Not preferences.

Product preferences aren't fixed - they shift based on changing relationship contexts. There are no universal preferences for HIV prevention products.

To be effective, prevention programmes must also consider choices wider than biomedical solutions that include partner selection, trust, and other relationship dynamics.

The segments should be used to create tailored programmes rather than one-size-fits-all solutions.



Lifestyle Lulu
prioritizes functional or material needs

Affirmation Ayabonga
looks for emotional support, validation, and understanding

Respect Rethabile
looks for equity and being heard

Results from Discrete Choice Modeling show that:

- Relative appeal of HIV prevention products is influenced by prior experience of contraceptive methods.
- Relative product choice variation amongst segments suggest that choice of HIV prevention is driven by a combination of elements, especially format and provider location.
- The injection format was most preferred overall, and greatest among the Respect Rethabile segment, though comparable to a pill from Lifestyle Lulu's perspective.
- Provider location was important to all segments, though most among the Respect Rethabile segment.

How should we change our thinking about HIV prevention?

Understanding their journey through their eyes allows us to engage AGYW more successfully.

The 5 stages of the journey described by AGYW reveals that HIV prevention isn't how they view things. Instead, relationships and how they manage them are the central focus that ultimately influences their sexual health.

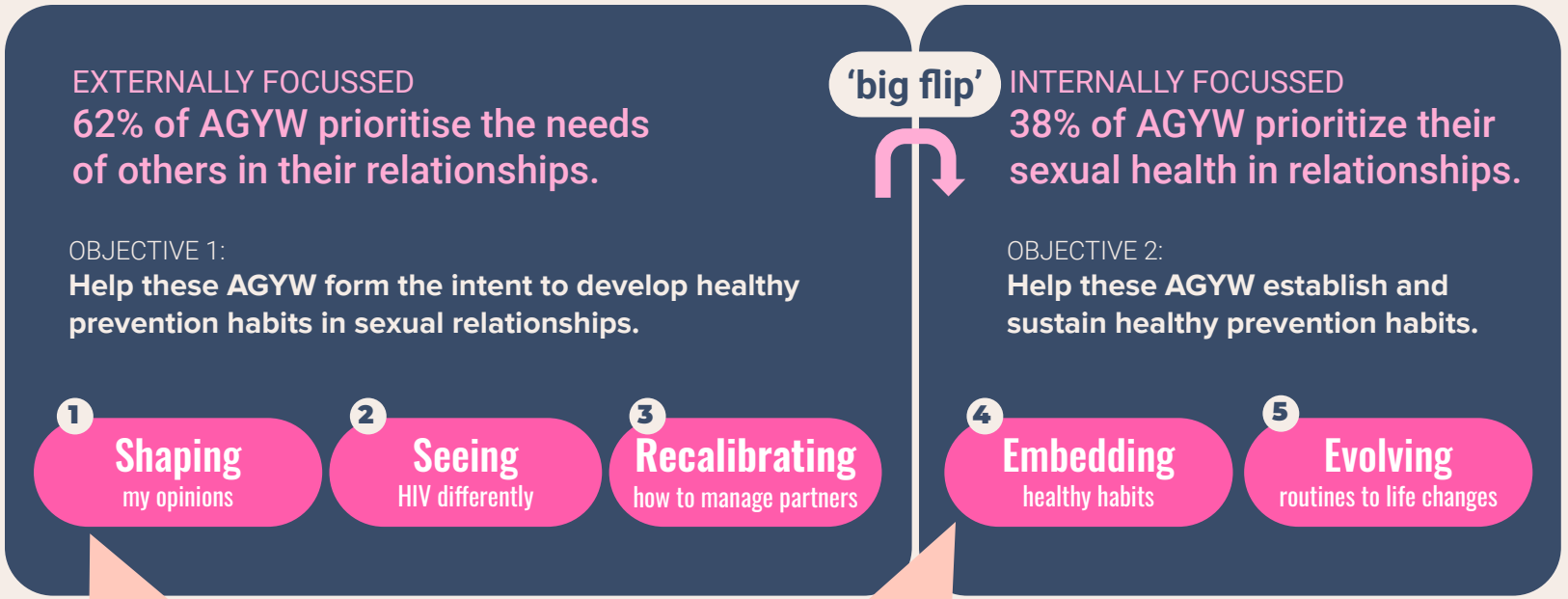
This change of thinking has significant implications. One example is that the challenge of HIV prevention and associated products isn't about awareness, but relevance to relationships.

AGYW progress through a journey towards the "big flip" - the key transition point to prioritising their own sexual health.

The majority of AGYW (62%) are in the "pre-flip" portion of their journey and therefore not ready for product introduction.

Our primary objective should be to prepare the market for product introduction by helping AGYW form the intent to develop healthy prevention habits and achieve the "big flip".

Focussing on stage 1 challenges is the most effective way to progress AGYW toward the "big flip" and avoid the formation of unhealthy sexual health habits.



"Sometimes we think that... he will go and find someone else that is willing to have unprotected sex with him. We're afraid that if we use a condom when we have sex with a boy, he will leave you."

- Adolescent girl in Mpumalanga

"I protect myself all the time and if it happens that I don't agree with my partner that means nothing will happen. I abstain. If he doesn't want to use protection. If we leave each other then we leave each other. Life goes on."

- Young woman in Mpumalanga

HIV Prevention Market Manager

AVAC Global Advocacy for HIV Prevention | Clinton Foundation

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avac@avac.org

Contact the project team at:
Upstream Thinking or Final Mile Consulting

upstream finalmile. a fractal company