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)

Webinar - Quantitative Research and Segmentation
May 21st 2019
HIV PREVENTION MARKET MANAGER

Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact

Supported by the Bill & Melinda Gates Foundation

May 2019
OUR WORK: Smarter Rollout Today, Faster Rollout Tomorrow

Driving Product Introduction and Access

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.
Learning Together, Sharing Knowledge for Better Results

How our work informs HIV prevention from research through roll-out

We're learning about the experiences and prevention preferences of adolescent girls and young women, and other high-risk and underserved groups, so future prevention tools can be designed to meet their needs.

Product developers better understand the prevention needs of individuals at risk for HIV, and in-country product distribution channels and challenges, to better deliver HIV prevention options that are more likely to be used.

Funders can make more thoughtful decisions about their prevention investments when they have confidence that HIV prevention options entering the market can be distributed effectively to, and will be used by, those who need them most.

Government decision-makers share what they know with peers and partners in real-time, enabling more informed decisions and make programmatic adjustments.

By sharing lessons learned broadly, implementers in any country can modify or develop new systems that support more rapid scale-up and introduction of future HIV prevention options.
PMM Approach: PX challenges and solutions

The approach

- The Challenge
- The Risk
- PMM Response/Progress
- By end of 2020

The landscape

A. The users of prevention
B. Oral PrEP
C. Long-acting injectable PrEP, Cabotegravir
D. Next generation prevention
## The Users of Prevention

<table>
<thead>
<tr>
<th>The Challenge</th>
<th>Even the safest, most effective prevention options only work if they get used by individuals in need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Risk</td>
<td>Product developers and funders could develop new options that are not wanted or used by the people who need them most.</td>
</tr>
</tbody>
</table>
| PMM Response/Progress | Initiate innovative behavioral economics and human-centered design project to provide in-depth understanding of HIV prevention needs, wants, challenges and opportunities among adolescent girls and young women.  
  - Qualitative data identified nuanced insights that px is embedded within a journey of relationship management and healthy sexual routines  
  - Developed journey framework, or map, that recognizes the usual linear understanding of px was not accurately representing reality  
  - Quantitative data identified discreet and identifiable segments of adolescent girls and young women |
| By end of 2020 |  
  - Disseminate findings and support policymakers, implementers and communities to use findings to improve programming and increase access to prevention products.  
  - Feasible, research-based tools that enable implementers to reach and serve priority segments  
  - Identify best messages and messengers for each segment to support their prevention journeys  
  - Segment-specific information to support adoption and adherence of current and future products  
  - Identify product preferences for each segment to improve product introduction and market sizing |
WHY SEGMENTATION?

Demographic information alone may not be enough to design programs and products. For example:

• A white male born in 1948.
• Raised in England with his parents and three or more siblings.
• Divorced and currently in a second marriage, with two or more grown children.
• A successful businessman with an income over $1 million, and prominent public figure in his community.
• Spends his winter holidays in the Alps.
• Likes dogs.
WHY MARKET SEGMENTATION?

Demographic information alone may not be enough to design programs and products.

For example: A white male born in 1948. Raised in England with his parents and three or more siblings. Divorced and currently in a second marriage, with two or more grown children. A successful businessman with an income over $1 million, and prominent public figure in his community. Spends his winter holidays in the Alps. Likes dogs.

Charles, Prince of Wales

Ozzy Osbourne, Rock Star
WHAT IS SEGMENTATION?

Segmentation divides a population into groups based on attitudes, behaviours, psychographics, and/or demographics.

**Distinct**
- No overlap in the segments
- Easily identifiable and recognisable
- Easily described (in terms of attitudes and behaviours)

**Meaningful**
- Based on attitudes and behaviours that are relevant to the product or service being developed/offered

**Actionable**
- Informs prioritisation of segments to target (and why), how to find them and how best to engage with them
Scope and Objectives

Overarching Questions

1. How can we better understand adolescent girls’ and young women’s decisions and behaviors 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?

Two Phases

User-centred research—talking directly to adolescent girls and young women to gain a better understanding of individual, social and structural barriers and enablers

Human-centred design and piloting—developing an integrated strategy and tools to support stakeholders in creating more effective interventions, and piloting interventions informed by the research findings
Project Status

Quant Research Segmentation

What’s Next

- Dynamic Product Preferences by Segment (DCM / June 2019)
- Programmatic Implications (Integrated Strategy / July 2019)
- Concepts and Solutions (HCD Phase Aug 2019 - Feb 2020)
**Research Design**

**High-risk inclusion criteria**

**AGYW (N=1987)**

**AG (Adolescent Girls)**
Ages 15-19 years

**YW (Young Women)**
Ages 20-24 years

**KWAZULU - NATAL**
1. eThikwini
2. King Cetshwayo
3. UMgungundlovu
4. Ugu
5. Zululand

**MPUMALANGA**
1. Ehlanzeni
2. Gert Sibande

- **1 Partner**
- **2 or More Partners**

- **PAST 6 MONTHS**
- **AND AGYW aware he has other sex partners**
- **Sex without a Condom in past 6 months**

**15%**
Or higher HIV Prevalence amongst AGYW in District
The qualitative research identified several big-picture insights.
The frame is relationship management, not HIV.

For most AGYW, a healthy emotional relationship is the primary goal, with embedded goals around relationship preservation, navigation, control and trust.

HIV prevention is not an explicit goal or priority. At best, it is one of the sub-goals embedded within relationship management.

HIV prevention strategies therefore need to align with AGYW relationship goals in order to have relevance.
Prevention Context

Prevention is not a simple habit loop to create.

Prevention is **not an isolated behavior or action**. It exists within a social and interpersonal context.

Prevention **motivation is transient**. There’s an asymmetry between motivation and actual risk.

There are **no explicit or immediate rewards** for prevention behaviors, only maintenance of the status quo. (She does not gain anything, she simply maintains her current status.)

Existing habit models, which are generally based on a trigger-action-reward loop, are therefore too simplistic.
AGYW are developing unstable, unhealthy habits.

- **Unstable:** dependent on variable external influences and circumstances
- **Externally focused:** centered on what others want or expect
- **Unhealthy:** increasing her risk of contracting HIV

Habits are influenced by the ability and motivation to negotiate healthy behaviors and to cope with adverse consequences. Our aim is to support AGYW in breaking (or ideally never developing) unhealthy habits and in developing healthy habits.
Journey to healthy relationships

1. Shaping my Opinion
   Filtering what I see in the community and forming an opinion based on my relationship goal.

2. Reality Check
   Experiencing a reality check in relationships changes my opinion and this change provides me comfort.

3. Re-evaluating Relationships
   Forming new ways to deal with partners, driven by my goals & ability to cope.

4. Embedding Habits
   Trying to make new choices because I want to realign my relationships with my goals.

5. Evolving Habits
   Sticking consistently to my choices without deliberation, and adapting my routine as my life changes.

Externally focused

Internally focused

OPINION FORMED
NEW RESOLUTIONS
THE BIG FLIP
LIFE-STYLE AlIGNED
CONTINUALLY EVOLVING
<table>
<thead>
<tr>
<th>1 SHAPING</th>
<th>OPINION FORMED</th>
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<th>5 EVOLVING</th>
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</thead>
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<tr>
<td>I filter what I see in the world and learn what to expect based on my goals, and form my opinion accordingly.</td>
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<td>I start forming new ways to deal with my partners driven by my needs and my ability to cope.</td>
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</table>

### Key Elements:

- **Positive Sexual Health Behaviors**
  - Stable + internally focused + healthy habit
  - Unstable + externally focused + unhealthy habit

- **Negative Sexual Health Behaviors**
  - Unstable + internally focused + unhealthy habit
  - Stable + internally focused + healthy habit
Different people navigate relationships in different ways.

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

**Segments**

- **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
  - 51% Partner gets angry to use condoms

- Willing to trade risk for emotional rewards
  - 33% Partner decides most often/always
  - 30% Partner gets angry to use condoms

- Most perceived control and negotiating power
  - 28% Partner decides most often/always
  - 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
  - 60% Hopeless

- Likely to trigger avoidance
  - 67% Hopeless
  - 37% Confused

- Likely to trigger action (fight/flight)
  - 72% Scared
  - 31% Angry

*Weighted estimates from sample n=2,069 for preliminary population projections*
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
**Relationship Expectations & Dynamics**

- Relationships more likely to be functionally driven
- Less likely to be in sustained relationships

**Power Balance / Control**

- Cedes control over sexual decision-making in exchange for achievement of lifestyle goals
- Most concerned about a partner getting angry if she wants to use a condom

### What do you most want from your partner?

- **33%** Buy me expensive gifts
- **21%** Makes me feel safe

### Had sex with a man in the past 6 months for

- **45%** Money/Cash
- **37%** Cellphone/Airtime

### How often he decides when to have sex

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>9%</td>
</tr>
<tr>
<td>Not Often</td>
<td>17%</td>
</tr>
<tr>
<td>Half the Time</td>
<td>24%</td>
</tr>
<tr>
<td>Most of the Time</td>
<td>32%</td>
</tr>
<tr>
<td>Always</td>
<td>18%</td>
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</table>

### How often he gets angry if you want him to use a condom

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Risk Perceptions

- Highest relative perception of risk (but may still be underestimated)
- Experiences fear & hopelessness as an emotional response to HIV, which may lead to a freeze response
- Less concerned about transmitting HIV to a partner
- Relatively more misconceptions about HIV risk and HIV prevention

Perceived HIV Risk Relative to Other AGYW in Her Community

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot More Likely</td>
<td>18%</td>
</tr>
<tr>
<td>Slightly More Likely</td>
<td>18%</td>
</tr>
<tr>
<td>Same Odds as Other Women</td>
<td>33%</td>
</tr>
<tr>
<td>Slightly Less Likely</td>
<td>16%</td>
</tr>
<tr>
<td>A Lot Less Likely</td>
<td>16%</td>
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Knowledge

- 10% HIV can be spread by sharing food
- 78% Most healthcare workers themselves have HIV
- 14% Washing after sex can flush out the HIV virus
- 13% "Muti" can protect against HIV

Emotional Response to HIV

- 67% Scared
- 60% Hopeless
- 49% AGYW say HIV can kill people
- 18% say HIV can be passed onto loved ones.

Weighted estimates from sample n=2,069 for preliminary population projections
Sexual Experiences

- More likely to have multiple partners
- Higher average number of partners
- Largest age gap between her and her partners
- More impulsive and prone to risk-taking
- Exerts control not by negotiating with partners but rather by changing partners

Impulsivity Measures

- I enjoy new and exciting experiences (most of the time / always) - 37%
- I enjoy taking risks (most of the time / always) - 26%

Reasons for not using a condom during sex

- I cannot ask a man to use condom if he gives me things or money - 69%
- The man will break up with me if I suggest we use condom - 65%

Average Age at First Sex: 16.2 years
Average Age of Respondent: 20.8 years
Average Age of Primary Sexual Partner: 27.5 years
**Holding Her Back**

Dissatisfaction with her material situation, leading her to cede control to partners who can provide for her

Concerns about the material consequences of losing a partner

Belief that HIV treatment is ‘not a big deal’, which may prevent her from taking prevention as seriously

**Driving Her Forward**

Dissatisfaction with her material situation, which can motivate her to take action

Examples within her community of women who have achieved the lifestyle that she wants and to whom she can look in integrating HIV prevention with her lifestyle goals

Awareness of the challenges of living with a chronic condition like HIV, which may help to shift her perspective on HIV prevention as a priority

**HER PRIMARY NEED**

Support in achieving her lifestyle goals and choosing partners who can help her achieve those goals, in both the near and long term, without compromising her health.
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
Relationship Expectations & Dynamics

Relationships more emotionally driven, with a desire for sustained affection and safety

Also seeks affirmation from her peers

Power Balance / Control / Agency

Desire for validation can make her susceptible to pressure from her partner as well as peer pressure from her friends

Control over sexual decision-making moderately higher than the Lifestyle Seeker segment
Risk Perceptions

Perceives her HIV risk to be similar to other AGYW or lower

Experiences hopelessness & confusion as an emotional response to HIV, which may lead to an avoidance response

More concerned about transmitting HIV to a partner

Relatively fewer misconceptions about HIV risk and HIV prevention

Perceived HIV Risk Relative to Other AGYW in Her Community

<table>
<thead>
<tr>
<th>Risk Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot More Likely</td>
<td>6%</td>
</tr>
<tr>
<td>Slightly More Likely</td>
<td>15%</td>
</tr>
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Knowledge

- HIV can be spread by sharing food (6%)
- Most healthcare workers themselves have HIV (66%)
- Washing after sex can flush out the HIV virus (10%)
- "Muti" can protect against HIV (7%)

Emotional Response to HIV

- Hopeless (67%)
- Confused (37%)
- 48% AGYW say HIV can kill people
- 24% say HIV can be passed onto loved ones.

Weighted estimates from sample n=2,069 for preliminary population projections.
Sexual Experiences

- Desire for sustained affection drives stability in relationships
- The most likely to have one partner
- Lower age gap with her partner than Lifestyle Seeker segment.
- Impulsive and prone to take risks to meet her emotional needs.
Holding Her Back

Her prioritization of being socially liked / popular at the cost of risking her health

Concerns about the emotional consequences of losing a partner

Her tendency to compare herself to others may impede her from making healthier decisions.

Driving Her Forward

Desire to avoid the stigma and burden of living with HIV, and to avoid transmitting it to her partner

Social connection and belonging, which can fulfill her desire for affirmation

Positive influencers whose opinion and approval she values, including older female relatives

HER PRIMARY NEED

Support in finding positive sources of affirmation and validation (internal and external) in order to reduce her vulnerability to those who would encourage unhealthy decisions.
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
Relationship Expectations & Dynamics

Relationships driven by a desire for mutual respect, where her opinions are valued and she has more control.

Likely to forego a relationship rather than settle one where she does not feel respected.

Longer-term view of relationships and greater relationship stability.

Power Balance / Control

More control over sexual decision-making.

Prioritizes goals such as education and work in addition to relationships.

Least likely to experience violence in relationships.

![Graphs showing frequency of decisions and anger levels in relationships.]

Weighted estimates from sample n=2,069 for preliminary population projections.
**Risk Perceptions**

Perceives her HIV risk to be much lower than other AGYW, due to her selectivity in partners (but likely overconfident in this regard)

Experiences fear & anger as an emotional response to HIV, which is more likely to lead to action (fight or flight)

More concerned about transmitting HIV to a partner

Fewest misconceptions about HIV risk and HIV prevention

**Perceived HIV Risk Relative to Other AGYW in Her Community**

- A Lot More Likely: 7%
- Slightly More Likely: 9%
- Same Odds as Other Women: 23%
- Slightly Less Likely: 27%
- A Lot Less Likely: 35%

**Emotional Response to HIV**

- Scared: 72%
- Angry: 31%
- 51% AGYW say HIV can kill people
- 20% say HIV can be passed onto loved ones.
**Sexual Experiences**

- Highest average age of sexual debut
- Most likely to have gaps between relationships
- Lowest average age gap between her and her partner
- Lowest measures of impulsivity and risk-taking

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**Impulsivity Measures**

- 27% I enjoy new and exciting experiences (most of the time / always)
- 14% I enjoy taking risks (most of the time / always)

**Reasons for not using a condom during sex**

- 11% I cannot ask a man to use condom if he gives me things or money
- 14% The man will break up with me if I suggest we use condom

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**Average Age at First Sex**

<table>
<thead>
<tr>
<th>Number of Partners</th>
<th>Average Age Gap</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Partner</td>
<td>16.8 years</td>
<td>3 years</td>
</tr>
<tr>
<td>2 Partners</td>
<td>19.9 years</td>
<td>4.6 years</td>
</tr>
<tr>
<td>3 Partners</td>
<td>20.7 years</td>
<td>Average Age of Primary Sexual Partner</td>
</tr>
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</table>

Weighted estimates from sample n=2,069 for preliminary population projections
Holding her back

Her focus on other goals, which may divert her attention away from sexual health

Her belief that someone’s misfortunes are caused by their own mistakes, which can make her overconfident (‘not the kind of person to get HIV’)

Her belief that she can manage HIV risk through selecting the right partner(s)

Driving her forward

Her level of confidence in prioritizing her own goals and needs, which can reduce her vulnerability to pressure from her partner(s)

Her belief that someone’s misfortunes are caused by their own mistakes, which can prompt a proactive response of learning and change

HER PRIMARY NEED
Support that builds on her self-confidence in prioritizing measures to protect her sexual health and that of her partner, in the context of a mutually respectful relationship.
Understanding Path to Progress

1. **Shaping**
   - Opinion Formed

2. **Reality Check**
   - New Resolutions

3. **Re-Evaluating**
   - ‘The Big Flip’: Internal Reorientation

4. **Embedding**
   - Lifestyle Aligned

5. **Evolving**
   - Contingually Evolving

### Universal
- **Opinion Formed**
- **New Resolution**
- **‘The Big Flip’: Internal Reorientation**
- **Lifestyle Aligned**

### Lifestyle Seeker
- If someone cares about me, they should show me (with gifts)
- I need to make sure men are going to provide for me
- I don’t need to risk my health to live the lifestyle I desire
- My relationships are aligned to a successful lifestyle

### Affirmation Seeker
- I should be with partners that make me feel desirable
- One partner is not satisfying my emotional needs
- Relationships can fulfill my emotional needs without compromising health
- I am emotionally fulfilled in my relationships

### Respect Seeker
- I can keep myself safe by making good partner choices
- I need to wait until I find men that are trustworthy
- I am able to take more control in protecting my health
- Sexual health is a shared relationship goal

### Lifestyle Aligned
- Healthy Sexual Relationships
- Relationships aligned to lifestyle goals
- Relationships that provide sustained affection
- Mutually respectful relationships
**Journey Progression**

- **60%** of high risk women are in stages BEFORE the flip.
- **40%** of high risk women are still in an UNSTABLE habit.

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**BEFORE THE FLIP (STAGES 1, 2 & 3)**

- Lifestyle Seeker
- Affirmation Seeker
- Respect Seeker

**AFTER THE FLIP (STAGES 4 & 5)**

- Lifestyle Seeker
- Affirmation Seeker
- Respect Seeker

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a) Based on claimed responses (not behavioral).
b) Weighted data after excluding Women 18 or older in Stage 0.
### Early Implications

<table>
<thead>
<tr>
<th><strong>Lifestyle Seeker</strong></th>
<th><strong>Affirmation Seeker</strong></th>
<th><strong>Respect Seeker</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk-reduction based communication</td>
<td>Peer and social norms based communication</td>
<td>Self-efficacy based communication</td>
</tr>
<tr>
<td>Less likely to adopt products that require negotiation with partners</td>
<td>Partner approval and likeability could be a critical factor in product adoption</td>
<td>Higher willingness to negotiate product usage with partner</td>
</tr>
<tr>
<td>Secrecy from partner may be an important factor for service delivery and product adoption</td>
<td>Emotional support may be more important from service delivery standpoint</td>
<td>Overconfidence may act as a barrier to effective service delivery</td>
</tr>
<tr>
<td>Lifestyle prioritization focused support network may be needed</td>
<td>Emotional and social validation focused support network may be needed</td>
<td>Support network promoting ownership of HIV protection among AGYW may be needed</td>
</tr>
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Next Steps

Discrete Choice Modeling (DCM)
- Understand dynamic product preferences by segment

Integrated strategy
- Identify programmatic implications
- Identify prevention product implications

Strategic tools
- Develop tools and guidelines to support implementers in creating effective interventions

Prototyping and piloting
- Develop intervention concepts to increase adoption and sustained use of HIV prevention
- Pilot interventions and assess results
Thank you!

Any questions?

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