BREAKING THE CYCLE OF TRANSMISSION

A human-centered approach to increase adoption and adherence to HIV prevention among high-risk adolescent girls and young women (AGYW)

November 2018
Prevention Market Manager

Work with partners across the prevention research to rollout spectrum to:

• Ensure expanded portfolio of px options are available, accessible, funded and used by those who need them most
• Accelerate new product introduction
• Create a platform to inform product development
• Help build sustainable HIV prevention delivery platforms
Prevention Market Manager Objectives

End User

Research & Development

Basic
Pre Clinical
Clinical
Implementation Science
Introduction Initiatives
Roll Out

Product Development

Product Introduction & Scale Up

Country Decision-making

Global Coordination
Prevention Market Manager Workflow

Workstream 1
End user insights and understanding will allow us to:

Workstream 2
Help payers make better decisions

Workstream 3a
Improve/focus oral PreP programs
Inform market introduction plan for CAB-LA
Influence future product development

Workstream 4
Create efficiencies across all parties working in Px
Breaking the Cycle of Heterosexual Transmission

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

PSI’s Test & Treat Project is aimed at improving uptake of HIV testing & improved linkage and adherence to treatment for men 18-29.

Gates-funded VMMC project aimed at understanding behavioral drivers to increase VMMC uptake in 15-29 year old men.

When teen women with HIV reach mid-20s, if they aren’t on effective ART, then they may transmit to partners of the same age—and vice versa.
Objectives

1. How can we better understand adolescent girls’ and young women’s decisions and behaviours with regard to HIV testing, prevention and treatment?

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, testing and treatment?
### Qualitative Respondent Types and Numbers

#### Respondents across KZN and MPU

- **375**

#### AGYW

- **240**
  - Across two age groups (15-19 years and 20-24 years)
  - Conducted in groups of 5
  - Stage wise recruitment
  - Sexually active, had unprotected sex in the past 6 months, more than one sexual partner in past 12 months or believes partner has other sexual partners

#### Influencers

- **135**
  - Male partners
  - Matriarchal figures
  - Community health workers
  - Nurses
  - Conducted in groups of 5 participants
  - Rural nurses were IDI’s
Multi-method Approach

We leverage interdependent research methods to develop a systemic understanding of the problem context.

The synthesis and outputs of these steps is a composite narrative and not one where findings are mapped by each stage.
Localized Learning & Feedback

RESULTS
Engagement with stakeholders produced input and guidance that optimized tools, plans and actions.

COMMUNICATION
// Formal written support
// Regular invitation to key events

CONSULTATION
// Fine-tuned hypothesis
// Continuous confidence in methodology

REPRESENTATION
// Feedback and input reflected in efforts
// Iterative sessions

PARTNERING
// Referral support for participants
// Contacts in field

CO-PRODUCTION
// Cultural commentary
// Validation of findings
Key Insights

01-12
AGYW currently do not have an HIV prevention journey.

They progress through the journey from a context of relationship management (exclusive of HIV) to one of healthy and safe sexual routines (inclusive of HIV).

Currently, relationship goals are overweighed

“I have got one steady partner and even though I know about HIV, we don’t protect ourselves during sexual intercourse. I know about HIV yet I still carry on without protecting myself when having sex because I trust my partner.”
AGYW do not associate prevention with HIV.

AGYW want to PREVENT pregnancy, but they seek to AVOID or TREAT HIV.

Prevention is passive / reactive
For AGYW, risk and rewards are feelings.

Feeling of HIV risk comes in blips whereas rewards seem continuous. Current environment is overloaded with rewards against HIV prevention. AGYW need to make ambiguous risk-reward trade-offs.

“We as girls are easily impressed, we like things. Around here there are taverns and some other girls like going to the functions and things like that – that’s why you find them with the virus.”
AGYW have a distorted perception of those at-risk.

Use subjective differentiation to distance themselves from risk of HIV.

AGYW overestimate their ability to judge risky partners simply by appearance.
AGYW prevention strategies are reactive.

Testing is perceived as prevention. A negative test result often reinforces risky behaviors.

An HIV-negative result can “reset” risk.
Improved HIV treatment makes HIV prevention less of a priority.

AGYW overestimate their ability to live with HIV.
Current prevention methods require a high self-control.

Deliberate and consistent enforcement of prevention measures often conflicts with AGYW’s relationship goals.

Desires and expectations around new prevention products are anchored around low/high self control.
Preferences towards prevention methods not static.

Some preferences change as goals and context changes. AGYW try different prevention strategies, but some may be unable to cope with negative implications of these strategies.
The shift from focus on others to focus on self is key.

This key transition from an external perspective to an internal perspective is connected to low self-efficacy.
Support network to enable prevention is missing.

Those who empathize with AGYW are not knowledgeable. Those who are knowledgeable cannot empathize.

Partners, the single biggest influencers, are a largely negative influence.
Positively intentioned influencers view AGYW in poor light..

Matriarchs and community health care workers (CHWs) tend to have a poor evaluation of AGYW’s cognitive abilities.

This leads to using authoritative, risk and education based communication.

Additionally, it provides influencers with an easy rationalization for their inefficacy to help AGYW.
AGYW’s strong desire to feel safe may be used by influencers to move her forward OR hold her back.

Negative “protectors” are providing a sense of safety to AGYW tied to high-risk behaviour. Currently they have more effective tactics. Friends may be influential but are not considered a trustworthy or knowledgeable source.
Recap of 12 insights and implications

<table>
<thead>
<tr>
<th>Prevention from the AGYW Perspective</th>
<th>Risk, Reward &amp; Self Control</th>
<th>Influencers</th>
</tr>
</thead>
<tbody>
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<td>• AGYW view HIV prevention in the context of broader sexual health and relationship management goals, not as a separate journey or priority.</td>
<td>• AGYW process risk and rewards as feelings, not cognitive assessments.</td>
<td>• Negative views of AGYW and lack of empathy inhibit the effectiveness of positively-intentioned influencers.</td>
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<td>• Messages associated with test and treat frame prevention as reactive.</td>
<td>• Risk comes in transitory blips. Rewards of high-risk behavior are ongoing.</td>
<td>• The desire among AGYW for a feeling of safety can be leveraged by protectors to help AGYW forward OR hold them back from healthy sexual practices.</td>
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<td>• Effective HIV treatment could reduce perceived importance of HIV prevention.</td>
<td>• A negative HIV test result can reinforce high-risk behavior by sending the message that the current approach is working.</td>
<td>• A social support network to enable prevention practices is critical but missing.</td>
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<td>• Preferences for prevention methods are not static.</td>
<td>• Prevention messaging needs to maintain a risk-reward balance.</td>
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# Opportunities for further learning

<table>
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<tr>
<th>Complementary programs</th>
<th>Health care system</th>
<th>Shared risk with male partners</th>
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**Complementary programs**

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**Shared risk with male partners**

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INTEGRATED JOURNEY FRAMEWORK
**Framework**

<table>
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<tr>
<th>Stage</th>
<th>Description</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Shaping My View</td>
<td>opinion formed</td>
</tr>
<tr>
<td>1</td>
<td>Seeing Reality</td>
<td>idealized rule created</td>
</tr>
<tr>
<td>2</td>
<td>Identifying Boundaries</td>
<td>act on rule for self</td>
</tr>
<tr>
<td>3</td>
<td>Embedding My Rule</td>
<td>integrated into lifestyle</td>
</tr>
<tr>
<td>4</td>
<td>Advising Others</td>
<td>act as role model</td>
</tr>
</tbody>
</table>
“HIV is not for girls like me. I take care of myself. The truth is that I don’t use condoms all the time, but I test regularly with my partner.
– AG, Mpumalanga

“With HIV, you just take your pill at 8. When you are at a party, you go behind the rooms and you just take it.
– AG, KwaZulu Natal

“I tell my boyfriend if I am not comfortable and I would also tell him that we can rather go our separate ways if he refuses to use protection”.
– YW, Mpumalanga

“If you do prevention, I don’t think it would have a negative impact on your life, because I have a future. The partner I have now is not my husband and I want to be clean when I meet my husband”
– YW, Mpumalanga
Emerging Opportunity Spaces

**ACCELERATE THE PATH TO Px**

- **REFRAME RISK + REWARDS:** Help AGYW understand the rewards for healthy sexual routine
- **AMPLIFY ROLE MODELS:** Effective HIV prevention over testing + treatment
- **BUILD SELF-AGENCY:** Help them negotiate with partners (prevention = distrust)
- **TARGET FOR Px?** Support habit formation: Ensure action without deliberation by making the right choice the easy choice
- **ENGAGE ROLE MODELS:** Recruit and engage positive peer influence of AGYW

**ENGAGE IN A CAUSE**

- **ENGAGE IN A CAUSE:** Act as role model

**SHAPING MY VIEW**

- opinion formed
- view challenged
- idealized rule created

**SEEING REALITY**

- act on rule for self

**IDENTIFYING BOUNDARIES**

- integrated into lifestyle
- build habit loop

**EMBEDDING MY RULE**

- establish “portfolio of rules”

**ADVISING OTHERS**

- act as role model
Opportunities to consider through the framework

→ How could programs change to provide the roles needed by AGYW at various stages?
→ What roles might an organization play? What role might a product play?
→ How could programs negate the negative influences acting on AGYW?
→ How could programs change to help AGYW achieve the milestones at various stages?
→ Which programs support building agency for AGYW?
→ Where are the gaps? What new programs do we need?
→ How could we create a portfolio of programs that are built from the start to holistically work across the journey?
→ How might we:
  ○ Reframe risk and reward?
  ○ Amplify role models?
  ○ Build AGYW’s agency?
  ○ Support habit formation?
  ○ Engage more role models?
Finalization of unique AGYW segments and their decision pathways.

Segmentation will allow us to understand differences between groups and distribution across geographies to inform targeting and roll-out strategies.

- Develop stable and coherent high-risk AGYW segments defined by person attributes relevant in HIV prevention
- Estimate population size of high-risk AGYW segments within target geography, and by journey stages
- Quantify relative impact of drivers and barriers by segments, and by journey stages
- Quantify preferences of static (not DCM) product profiles by segments, including both product-specific and product-agnostic attributes
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- National Department of Health, Provincial Departments of Health in KZN and MPU
- Premier’s Office/Provincial AIDS Council in KZN and MPU
- District teams in Ehlanzeni, eThekwini, Gert Sibande, King Cetshwayo, Nkangala, Ugu, uMgungundlovu and Zululand
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- Implementing partners including Anova, BroadReach, CCI, CHAI, FHI 360, Foundation for Professional Development (FPD), Health Systems Trust, MatCH, NACOSA, PSI/SFH, Right to Care, and Sonke.
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THANK YOU