



PLAN 4 RING TOOLKIT

PrEP Ring Demand Creation Lessons Learned



This is part of the
PLAN 4 RING TOOLKIT,
a suite of resources and tools designed
to support planning for dapivirine ring
introduction and scale-up.

The toolkit contents, listed below, can be downloaded at
www.prepwatch.org/plan4ring-toolkit



PrEP Ring Language Considerations

PLANNING

- Introduction Framework
 - Situation Analysis Template
 - Guidelines Template
 - Rollout Scenarios Analysis Template
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DELIVERY

- Service Delivery Channel Analysis Template
 - Facility Readiness Assessments
 - Healthcare Provider Training Considerations
 - Implementation Study Protocol Template
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PROMOTION

- Demand Creation Design Guide
 - Demand Creation Lessons Learned
-

Considerations for Monitoring and Evaluation

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Purpose

Document the lessons of dapivirine vaginal ring (“the ring”) clinical trials and oral pre-exposure prophylaxis (PrEP) programs to **identify promising strategies and approaches** to create consumer demand for the ring and other PrEP products.

Methods

- Discussions with ring researchers engaged in clinical trials in Kenya, South Africa, Uganda, and Zimbabwe and representatives from key oral PrEP programs in Kenya, South Africa, and Zimbabwe.
- Semi-structured discussion guides used to explore lessons learned from clinical trials and oral PrEP rollout and opportunities for ring demand creation.
- Discussions took place from October 2020 – February 2021 over conference calls lasting approximately 1 hour.



	Ring Researchers Consulted	Oral PrEP Programs Represented
KENYA	<p>Kenya Medical Research Institute (KEMRI)</p> <ul style="list-style-type: none"> ▪ Nuva ring ▪ Chair of REACH 	<ul style="list-style-type: none"> ▪ LVCT Health ▪ WACI Health ▪ Jhpiego ▪ AVAC (Fellow)

	Ring Researchers Consulted	Oral PrEP Programs Represented
SOUTH AFRICA	<p>Wits Reproductive Health and HIV Institute (Wits RHI)</p> <ul style="list-style-type: none"> ▪ MTN-020/ASPIRE ▪ MTN-025/HOPE ▪ MTN-034/REACH [adolescent girls and young women (AGYW)] ▪ MTN-042/DELIVER (pregnant women) ▪ MTN-043/B-PROTECTED (breastfeeding women) ▪ MTN-041 (influencers of pregnant and breastfeeding women) 	<ul style="list-style-type: none"> ▪ Project PrEP ▪ National Department of Health ▪ Wits RHI – Implementation Science ▪ Ibis Reproductive Health
ZIMBABWE	<p>University of Zimbabwe Clinical Trials Research Centre (UZ-CTRC)</p> <ul style="list-style-type: none"> ▪ ASPIRE ▪ HOPE ▪ REACH ▪ DELIVER ▪ B-PROTECTED ▪ MTN-041 ▪ MTN-045 	<ul style="list-style-type: none"> ▪ Population Services International (PSI) Zimbabwe ▪ Population Services Zimbabwe ▪ AVAC (Fellow) ▪ Centre for Sexual Health and HIV/AIDS Research (CeSHHAR) ▪ Zimbabwe Technical Assistance, Training and Education Center for Health (Zim-TTECH) ▪ Clinton Health Access Initiative (CHAI) ▪ Ministry of Health ▪ United Nations Population Fund (UNFPA)
UGANDA	<p>Makerere University–Johns Hopkins University (MU-JHU) Research Collaboration</p> <ul style="list-style-type: none"> ▪ ASPIRE ▪ HOPE ▪ REACH 	

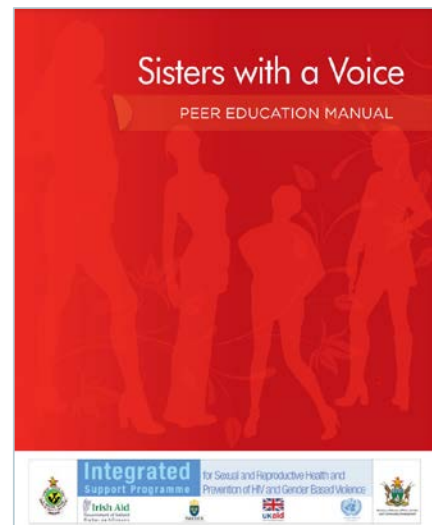
Summary of Lessons Learned

Make PrEP promotion fun

Fun makes audiences, especially young audiences, more receptive to discussing sensitive topics and, most importantly, keeps them engaged.

In South Africa, Project PrEP organizes large and small engagements, called Youth VIP Parties, to deliver information about oral PrEP along with fun activities. These “parties” are limited to young people, so that they feel comfortable talking about oral PrEP. In Zimbabwe, game-based activities are used to engage audiences while sharing information about oral PrEP.

CeSHHAR’s **Sisters with a Voice** peer education model uses small group discussions and games to capacitate female sex workers in a fun way. The model has been updated to include information about oral PrEP. You can view the model and download manuals at <http://ceshhar.org/resources/>.



Keep it local

Ring researchers found that **women have lots of questions** about the ring since it is not a common product formulation (i.e., vaginally inserted). Researchers would **ensure that study staff were available to answer questions and demystify the ring, which helped women overcome personal barriers to its use.**

This same lesson was expressed by oral PrEP program implementers, who found that despite the proliferation of digital and social media communication tools, audiences still want to interact with someone who can answer their questions.

Keep demand creation interventions local by using a multitude of in-person approaches that can be more easily tailored to local cultural norms. In South Africa, oral PrEP programs rely heavily on interpersonal communication activities facilitated by trained outreach workers.

In Kenya, peer educators and well-informed providers at antenatal care (ANC) services and health clinics engage key audiences in discussions to answer questions and help them determine if oral PrEP is the right choice for them. In Zimbabwe, local health agents help to bridge services to communities and introduce oral PrEP, since they are already trusted by community members.

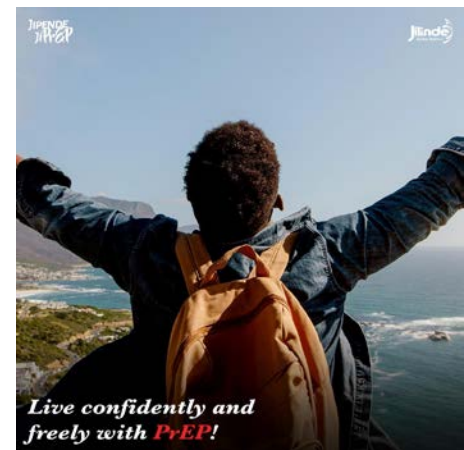
Normalize use

Ring researchers worry that some countries will target the ring and other future PrEP products to specific populations, which could stigmatize those products and limit their future expansion. Instead, **the ring should be offered as an HIV prevention method for all women in the community to avoid creating stigma.**

Oral PrEP programs found that raising general awareness about oral PrEP not only helps generate interest but helps to normalize use by reducing the risk that it will be associated with one audience type.

Avoid positioning the ring and other PrEP products as something for “certain” populations. Raise and sustain general awareness of the products through long-term campaigns that complement targeted demand creation approaches that reach those who could benefit most from PrEP. In both South Africa and Kenya, national campaigns were used to raise awareness but were too short-lived to achieve demand creation saturation goals.

Kenya’s **Jilinde** project raises awareness about PrEP among all young women it engages. This helps to normalize PrEP use and contributes to efforts to promote it as a lifestyle product. You can learn more about Jilinde at <https://www.jilinde.org/>.



Build skills and confidence

Ring researchers found that **many women view insertion as an initial barrier to ring use, especially since inserting something into the vagina is new for many women.**

Pelvic models and sample rings were used to conduct demonstrations, which helped to increase women’s skills and confidence with insertion. These demonstrations were complemented by illustrated pamphlets that women could take home as reminders of how to insert and remove the ring. Researchers found that these skills-building activities increased women’s comfort with and confidence in ring insertion.

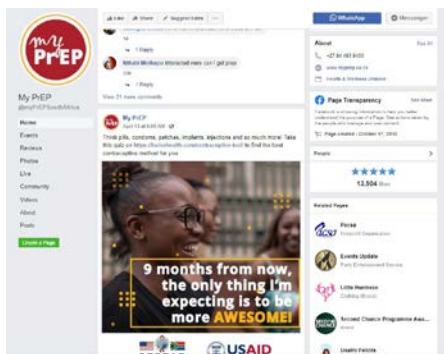
The **HOPE** study produced a simple, illustrated leaflet to remind women of the steps involved with proper ring insertion.



Use social media to reinforce

Oral PrEP programs found that **social media offers an opportunity to reach audiences that prefer anonymity.** It also helps to maintain connection to audiences between in-person events and provides reinforcement of key messages and information.

Use social media to reinforce and maintain connection with audiences. In South Africa, oral PrEP programs use digital and social media (e.g., chatbots, Facebook) to raise awareness about oral PrEP and provide audiences with on-going support and encouragement. Oral PrEP information is also interspersed with entertainment (e.g., relationship quizzes, tips, etc.) to keep audiences engaged.



South Africa’s **MyPrEP** campaign maintains an active Facebook presence, where individuals can go to learn more about PrEP, ask questions, and find links to other information. You can visit the Facebook page at <https://www.facebook.com/myPrEPSouthAfrica>

Use simple analogies to inform choice

Ring researchers found that simple **analogies and illustrations were the best way to help women understand ring efficacy**. Understanding efficacy is important to ensure informed choice.

Rather than talk about percentages in group discussions, use simple demonstrations and analogies to ensure women understand efficacy well enough to make informed decisions about their HIV prevention methods. Some ring researchers, like those in South Africa, used locally relevant analogies to emphasize how use patterns might impact efficacy (e.g., “if you want stronger tea, you leave the tea bag in the hot water longer; it is the same with the ring: the longer you leave it in, the stronger the protection”).

Amplify the experiences of current users

Ring researchers found that **peers with personal experience were the best recruiters** since they could allay concerns and build trust in the product. They were also best placed to push back on harmful myths and misconceptions, especially about side effects and fertility, before they took root.

Some study sites organized informal “tea parties” wherein ring “ambassadors” would share their experiences, answer questions, and support women to use the ring. Oral PrEP programs have also used user success stories to position oral PrEP as a product “for people like me” but to also push back against myths and misconceptions about it.

Integrate personal testimonials into appropriate demand creation interventions and engage product champions to fulfill the role of local advocate and peer supporter. In Kenya, success stories from peers have helped to build trust in PrEP services with audiences, especially among marginalized groups. In Zimbabwe, oral PrEP champions support clients to initiate and continue using PrEP, helping new clients overcome barriers to PrEP use.

The **HIV Prevention Ambassador Training Package and Toolkit** is designed for community-based organizations and other groups



to train HIV Prevention Ambassadors, with the goal of promoting the meaningful engagement of communities and potential and current PrEP users in the rollout of oral PrEP for HIV prevention. You can find and download it, along with a package adapted specifically for programs working with AGYW, at <https://www.prepwatch.org/hiv-prevention-ambassador-training-materials/>.

Make PrEP about more than HIV

Ring researchers found that associating the ring with HIV risk discouraged some women from seeking it out. Also, distributing the ring through antiretroviral therapy (ART) clinics further aligned the ring with HIV. Oral PrEP programs similarly concluded that **audiences respond better to demand creation efforts that position oral PrEP as something more than an HIV prevention product.**



Align PrEP with audience needs by helping them to make the link between PrEP use and the satisfaction of other life needs. Also, offer the ring and other PrEP products through non-HIV service outlets and use local values and preferences for healthy living (rather than HIV risk) to promote them. In Kenya, programs avoid messaging about HIV risk and instead focus on the aspirational benefits of PrEP. Audiences, especially AGYW, have responded well to lifestyle focused-messaging that helps them accept PrEP use as an essential step along their journey to achieving that lifestyle, (e.g., “To love yourself, PrEP yourself”). In Zimbabwe, other health topics, such as menstrual hygiene management, are used to introduce PrEP.

“V” aimed to shift the narrative from “don’t get HIV” to “empower yourself.” Messages in this brand-centric campaign that focused on self-care and empowerment dominated. “V” positioned oral PrEP as a self-care product that can be fun and bold, like makeup, and aimed to build confidence and bravery.

Equip users to confront potential stigma

Stigma around HIV and antiretroviral (ARV) medications still exists and will affect uptake of any ARV-based prevention method.

Oral PrEP programs learned that while some of this stigma can be avoided by positioning PrEP as more than an HIV prevention product, it is still likely that users will experience negative reactions when someone discovers their PrEP use.

Equip PrEP users, especially young people, to confront potential stigma they may face when others find out about their PrEP use. In South Africa, oral PrEP programs use role plays and peer discussions to help prepare users for these conversations.

“De-individualize” HIV risk

Oral PrEP use is still influenced heavily by local attitudes about sexual behavior and HIV.

Oral PrEP programs reported that potential PrEP users worry about being associated with any of the typical “risk behaviors” for HIV infection. Use caution when discussing PrEP use in the context of HIV risk.

In South Africa, programs use community dialogues to increase community awareness about PrEP and talk about community-level HIV risk and its impact on that community, instead of talking about individual HIV risk behaviors. These programs have found that by “de-individualizing” HIV risk, communities come to accept PrEP, which creates an enabling environment for its use.

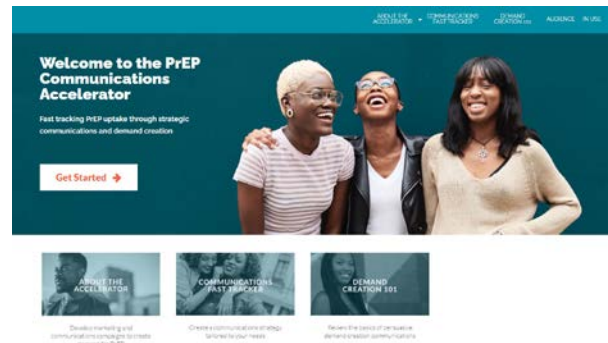
Engage journalists early and often

In many countries, **journalists and the media still have critical sway over public opinions** about things like oral PrEP.

Oral PrEP programs have learned that even when programs limit the promotion of oral PrEP, the media will eventually publish stories about the service and describe the experiences of users or their communities. Engage with media early so that they have the right information about PrEP and can respond quickly to any myths or misconceptions shared through the media. In all three

countries—Kenya, South Africa, and Zimbabwe—oral PrEP programs learned that it is important to engage the media early and often to make sure correct information gets out to the public sooner and is continuously reinforced.

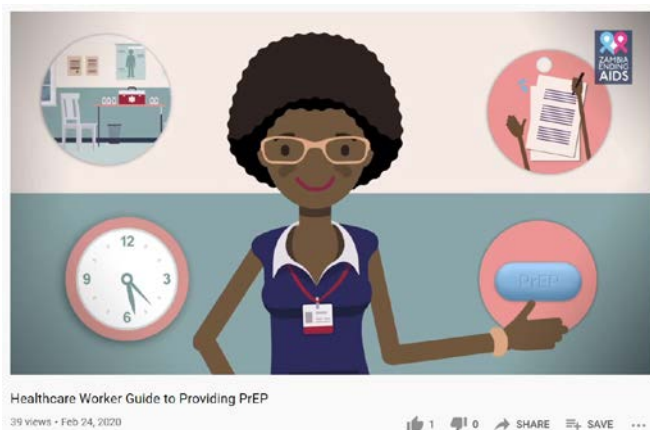
The PrEP Communications Accelerator includes a module to support programs to develop a plan to engage journalist stakeholders early and keep them involved throughout rollout. You can access the module at <https://accelerator.prepwatch.org/demand-creation/phase-6/>.



Get providers on board first

Providers are one of the most important gatekeepers for any service delivered in a clinical setting.

Oral PrEP programs have found that addressing their skills and attitude gaps is one of the best ways to ensure access to PrEP services. In South Africa, programs work with providers to make sure they are comfortable counseling audiences on oral PrEP. In Kenya, providers who are supported as PrEP champions have been more motivated to keep the service at the forefront among competing clinical priorities. In Zimbabwe, programs adjusted their approach to address provider skepticism about PrEP and offered simple tools to make it easier for them to screen and counsel clients on oral PrEP.



The **USAID DISCOVER-Health Project** produced a video for providers, offering simple tips and guidance to provide judgment-free PrEP services. You can watch the short video at <https://www.youtube.com/watch?v=GSZgITpW3VM>.

Key Messages

The key to creating demand for the ring might be to...

- Make ring promotion fun
- Keep it local
- Normalize use
- Build skills and confidence
- Use social media to reinforce
- Use simple analogies to inform choice
- Amplify the experiences of current users
- Make the ring about more than HIV
- Equip users to confront potential stigma
- De-individualize HIV risk
- Engage media early and often
- Get providers on board first