September 2024

Communicating PrEP Choice to Providers

INTERIM FINDINGS

PEPFAR

USAID FROM THE AMERICAN PEOPLE

MOSAIC
Maximizing Options to Advance Informed Choice for HIV Prevention

What we'll cover

- Challenge & overview

- Key themes

- Learnings & takeaways

CHALLENGE & OVERVIEW

OUR CHALLENGE

As HIV prevention options rapidly expand, how do we **communicate** products and product choice to providers in a way that motivates them?

OUR PROCESS

WE ARE HERE

PHASE 1
IMMERSION

WHAT

Summarize insights on providers and demand generation for PrEP, with a focus on PrEP choice, and illuminate gaps in existing evidence.

HOW

Review of published and grey literature to identify overarching insights about providers and PrEP service provision for AGYW

PHASE 2
DISCOVER

WHAT

Market research (Phase I and II) to fill gaps identified to ensure robust insights brought forward into positioning strategy and communication guidance.

HOW

In-depth interviews with providers from urban, peri-urban, and rural areas across South Africa and Kenya toward the development of an insights report

PHASE 3
CO-DEVELOP

WHAT

Workshops to develop the positioning strategy and communication guidance

HOW

Analysis of information and translation into insights towards developing the positioning direction

PHASE 4
VALIDATE

WHAT

Final positioning direction validated with provider advisors and final strategy and guidance developed.

HOW

Positioning and guidance validation workshop with provider advisors

Activation Session with MOSAIC country partner teams to socialize final strategy

Discussions with PrEP providers were held in Kenya and South Africa to understand provider needs, perceptions, and relationship dynamics with clients.

We explored the provider perspective on the following areas:

1. Functional and emotional journey to provision of PrEP choice

2. Category and product perceptions

3. Provider-client relationship dynamics
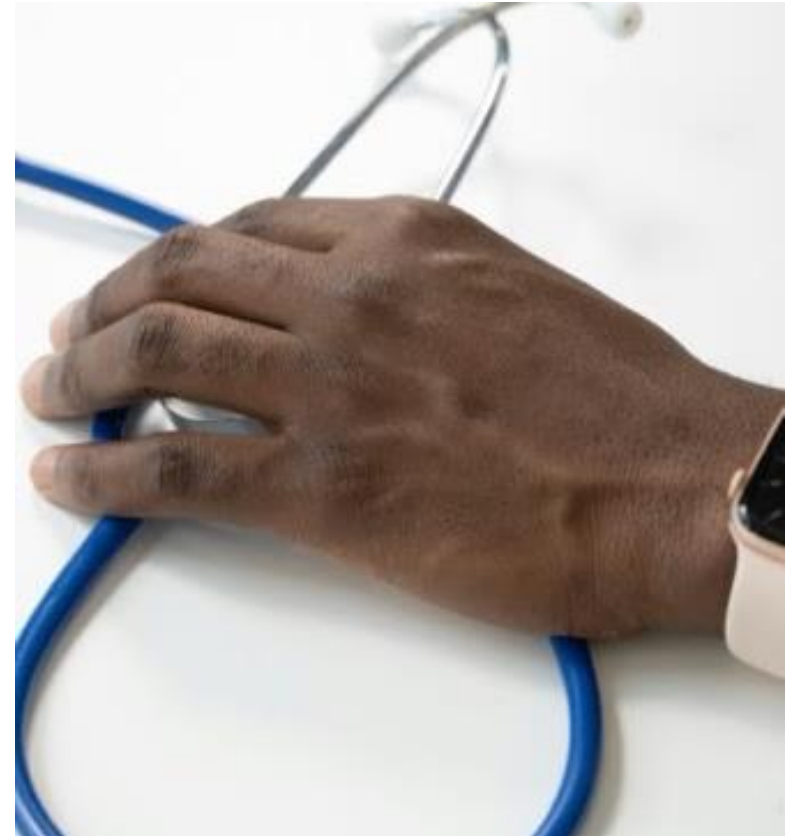
We started by collating insights from existing published literature on PrEP providers.

Drivers of provider behavior identified in current research

BARRIERS

Individual
- Lack of training/knowledge, including confidence discussing side effects and strategies for starting/stopping PrEP
- Preference for other prevention methods

Interpersonal
- Lack of understanding of the complex contextual challenges facing AGYW in their relationships that restrict their agency
- Perception that AGYW, especially adolescents, are not interested in protecting themselves, "do not listen," or are incapable of making responsible decisions
- Perception that AGYW are "imagining" stigma and discrimination
- Perception that provider stigma is "managed" and behaviors are not discriminatory
- Concerns that PrEP will encourage behavioral disinhibition, including reduced use of condoms
- Concerns regarding AGYW adherence

Facility
- Workload
- Concerns that counseling will be too time-consuming
- Concerns that adding an additional service will impede their ability to care for clients who are ill and require care or reduce quality of services

Community

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ENABLERS

Individual
- Knowledge and self-efficacy secondary to training
- Provider professional identity and professional commitment to keeping AGYW healthy
- Perception that PrEP is a valuable tool for helping keep AGYW healthy, and a means to help AGYW gain control over HIV prevention

Interpersonal
- Appreciation of AGYW risk

Facility
- More time spent with clients
- Support for counseling as a means to overcome challenges regarding adherence

System
- Reinforcement of PrEP as a health system priority

DECEMBER 2023

Provider Support of PrEP Use Among Adolescent Girls & Young Women

A REVIEW OF LEARNINGS ON PROVIDER BEHAVIOR TO INFORM SERVICES IN MULTI-METHOD MARKETS

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Illustrative provider role along the PrEP journey

Organizing provider behaviors along a continuum similar to the client journey illuminates current areas of investment and opportunities for future work. An illustrative provider journey* is proposed here; this should be refined and validated via additional research moving forward.

The provider journey mirrors and overlaps with that of PrEP clients. **Validation of this journey map should include review against existing client journey maps to identify points of intersection, illuminate areas for potential intervention, and go beyond the functional to understand the emotional role of providers.**

Preparing to offer PrEP
- Understand clinical content on PrEP
- Provide youth-friendly services
- Acknowledge stigma and discrimination
- Develop empathy and trust-building

Priming the client for counseling
- Conduct screening/eligibility assessment (risk assessment**)
- Provide empowering and effective communication

Counseling
- Assess interest in PrEP
- Introduce methods
- Conduct HIV testing

Supporting clients in adhering
- Link to clinic services, (i.e., appointment reminders)
- Link to social support

Counseling returning clients
- Assess adherence
- Assess side effects
- Revisit needs
- Counsel on switching and new methods (as needed)

Supporting new clients
- Manage side effects
- Discuss strategies for safe disclosure
- Discuss strategies for adherence

Sustaining high-quality services (clinic)
- Review metrics
- Adjust staffing or workflow
- Practice supportive supervision
- Garner client feedback
- Provie peer support
- Offer recognition and non-financial incentives

*Role included is illustrative and derived from existing resources.
**There is a shift away from use of risk assessments in the PrEP field.

The literature suggests that:

▸ **Trust** between providers and AGYW is critical to PrEP adoption and adherence.

▸ Providers **do not feel heard** or valued by AGYW.

▸ Providers recognize the disproportionate HIV risk faced by AGYW and **believe PrEP can help AGYW** take control and protect themselves.

▸ Providers **question AGYW's decision-making abilities** and responsibility.

...and more.

Key themes in our exploration of the journey of the provider of PrEP choice for AGYW:

1 Providers see more PrEP products for their clients to choose from as enabling them to *be more successful* at their job.

2 Lack of confidence in their own knowledge of a product means a provider may not offer that product since they think it will diminish trust with their clients.

3 Peer-to-peer support is invaluable—in discussing challenging cases, filling knowledge gaps for new products and services, and for the mental/emotional load.

4 Empathy is seen as critical to building a trusting relationship with their clients – but in practice it may not be empathy but instead understanding.

LEARNINGS & TAKEAWAYS

Much of what we read in the literature was confirmed in our interviews.

But some findings were more nuanced and warrant further exploration.

Providers feel successful when the client feels heard and supported—they see being able to offer clients a choice as contributing to a successful visit.

This is **what they *most want* out of a visit with a client**, though they also want to see that the client is adhering to their prevention method and is virally suppressed.

Providers voiced that empathy is a critical element of their relationships with their clients. At the same time, during discussions, they expressed and sometimes were aware of their own judgements and biases (i.e., referring to clients as careless or promiscuous).

Providers are focused on *gaining knowledge of* their clients' feelings (understanding) versus *personally aligning with* those feelings (empathy).

Our next step is to further investigate our findings in workshops in order to develop a draft **positioning** for validation with providers.

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THANK YOU

"[Providers] play a critical role in the introduction and promotion of new services and are recognized as **important catalysts for change**...their willingness to make adaptations to existing services...may determine the success and failure of new health technologies but **providers may lack the necessary motivation to introduce new methods**."
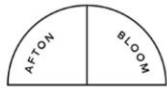
Scan to view the literature review.

ACKNOWLEDGMENTS