



# Malawi National Communication and Advocacy Strategy for Pre-Exposure Prophylaxis (PrEP) 2020 – 2023



**USAID**  
FROM THE AMERICAN PEOPLE



MALAWANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS  
**PEPFAR**





## TABLE OF CONTENTS

Foreword.....	2
Acknowledgements.....	3
Acronyms .....	4
Executive Summary.....	5
Purpose of the Strategy.....	7
Linkage to national HIV prevention priorities.....	7
Process of developing this strategy.....	7
HIV in Malawi .....	8
HIV situation and at-risk populations .....	8
Coverage of other HIV prevention strategies.....	8
Guiding Model of Behaviour Change .....	9
Behavioural Objective .....	11
Situational Analysis.....	12
Known factors influencing PrEP use and their relevance in Malawi.....	12
Internal and external scan of Malawi's HIV prevention programme.....	14
Priority Audiences and Their Influencers .....	15
Strategic Priorities.....	17
Communication Objectives.....	18
Suggested Behaviour Change Techniques, Key Messages, and Communication Channels.....	20
1. Suggested BCTs, key messages, and communication channels for AGYW.....	20
2. Suggested BCTs, key messages, and communication channels for FSW.....	24
3. Suggested BCTs, key messages, and communication channels for MSM.....	26
4. Suggested BCTs, key messages, and communication channels for SDC.....	29
Creating an Enabling Environment for PrEP Use .....	31
Key influencing audiences .....	31
1. Suggested BCTs, key messages, and communication channels for parents/family, religious and community leaders, and sexual partners.....	32
2. Suggested BCTs, key messages, and communication channels for health care providers and support staff .....	34
3. Suggested BCTs, key messages, and communication channels for media (reporters and editors).....	35
MOH and NAC Policymakers .....	36
Management and Coordination among Stakeholders .....	37
Monitoring and Evaluation.....	38
Annex A: Citations.....	41
Annex B: Key stakeholders consulted .....	44
Annex C: Participants in co-design workshop.....	45
Annex D: COM-B Model construct definitions .....	46
Annex E: Priority audience profiles.....	47

## FOREWORD

Evidence shows that oral pre-exposure prophylaxis (PrEP) reduces the risk of contracting HIV during sexual intercourse by more than 90% when taken daily. It is for this reason the National HIV Prevention Strategy 2015-2020 (2018 Revision) emphasises the role of pre-exposure prophylaxis (PrEP) in reducing new HIV infections in Malawi. The Ministry of Health has prioritised PrEP use among the populations most at-risk of HIV infection in Malawi: young women ages 10 to 24 years, sero-discordant couples, female sex workers, men who have sex with men, and other priority populations (such as members of the uniformed services, prisoners, and mobile populations).

*The National HIV Prevention Strategy emphasises the role of pre-exposure prophylaxis (PrEP) in reducing new HIV infections in Malawi.*

Supporting these populations to initiate and continue PrEP use will require well-coordinated efforts to create demand and support continuation, which is the purpose of this National Communication and Advocacy Strategy for PrEP. The strategy draws from both global and local research to outline key barriers to PrEP initiation and continuation and suggests evidence-based interventions to address these barriers. It is intended to coordinate demand creation efforts by ensuring all partners share common objectives, approaches, and messages to achieve increased PrEP uptake and continuation among priority populations.

It is my expectation that a broad cross-section of partners, from both the public and private sectors, will find this strategy useful in supporting their work to contribute to Malawi's goal of reducing new HIV infections. As it was developed through an inclusive process engaging many partners working in PrEP, I hope most will find it provides a complete foundation upon which they might build their own implementation plans.

**Dr. Dan Namarika**  
Secretary for Health

## ACKNOWLEDGEMENTS

This national communication and advocacy strategy was developed through a collaborative process that included the participation of multiple stakeholders. The following individuals participated in design sessions and provided critical feedback:

### **Ministry of Health**

Lydia Chimtembo, Jessie Chirwa, Yonasi Chisi, Michael Elia, Alinafe Kalanga, Lucia Matambo, Chikondi Milanzi, Veronica Ng'oma, Washington Ozituousauka, Alvin Phiri

### **U.S. Agency for International Development**

Erick Mlangi, James Odek

### **Lighthouse Trust**

Ackisa Sankhani, Josephine Tiyanjane Chinele

### **Elizabeth Glazer Pediatric AIDS Foundation (EGPAF)**

Happy Mpawa

### **FHI 360**

Dunia Chiwala, Fatsani Gadama, Pius Mtike

### **University of North Carolina (UNC) Project**

Friday Saidi

### **U.S. Centers for Disease Control and Prevention (CDC)**

Fatima Zulu

### **Clinton Health Access Initiative (CHAI)**

Dyson Telela

### **Female Sex Worker Association (FSWA)**

Damaless Dzingovera

### **LITE**

Alkei Tembete

### **Centre for the Development of People (CEDEP)**

Maria Ngulube

### **Partners in Hope**

Maria Sanena

*The MOH-DHA would like to acknowledge USAID's Optimizing Prevention Technology Introduction on Schedule (OPTIONS) project, which provided financial support through the U.S. President's Emergency Plan for AIDS Relief and technical assistance to realise this strategy.*

## ACRONYMS

<b>AGYW</b>	Adolescent girls and young women
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>BCT</b>	Behaviour change technique
<b>COM-B</b>	Capability-Opportunity-Motivation for Behaviour Change
<b>CSO</b>	Civil society organisation
<b>DA</b>	District Assembly
<b>DHA</b>	Department of HIV and AIDS
<b>FSW</b>	Female sex workers
<b>HCP</b>	Health care provider
<b>HEU</b>	Health Education Unit
<b>HIV</b>	Human immunodeficiency virus
<b>MDHS</b>	Malawi Demographic Health Survey
<b>M&amp;E</b>	Monitoring and evaluation
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>NAC</b>	National AIDS Commission
<b>NGO</b>	Non-governmental organisation
<b>PrEP</b>	Pre-exposure prophylaxis
<b>SDC</b>	Sero-discordant couple
<b>STI</b>	Sexually transmitted infection
<b>SRH</b>	Sexual and reproductive health

# Executive Summary

The National Communication and Advocacy Strategy for Pre-Exposure Prophylaxis (PrEP) is intended to improve the targeting and coordination of demand creation interventions implemented to motivate priority audiences to use PrEP. Programme designers and implementers are expected to refer to this strategy when selecting communication objectives for priority audiences and should use it as a reference when designing communication activities.

The strategy contributes to priorities outlined in the National Strategic Plan for HIV and AIDS (2015-2020) and HIV Prevention Strategy (2015-2020), and specifically to the objectives of the HIV Prevention Strategy, which applies a combination prevention strategy centred on biomedical, behavioural, and structural interventions. This strategy was developed through a systematic and collaborative process that included several key tasks, including a desk review, consultations with key PrEP stakeholders, dialogue sessions with priority audience members, and a co-design workshop to create consensus on the strategic objectives and approaches, key messages, and interventions to be included in this strategy.

UNAIDS estimates that 38,000 new HIV infections occurred in Malawi in 2018. [1] Other studies have found that the distribution of the new HIV infections varies according to socio-demographic factors. HIV incidence among adolescent girls and young women (AGYW) ages 15-24 years is estimated to be 8-fold higher than it is among adolescent boys and young men of the same age group (0.38% versus 0.05% per year). [2] The Malawi Demographic Health Survey (MDHS) 2015/16 found that 8.4%

of the couples were HIV discordant, potentially risking HIV transmission to the uninfected partners. [3] Other populations considered at high-risk of HIV infection include female sex workers (FSW), clients of FSW, and men who have sex with men (MSM). Although no data on HIV incidence is available for these populations, HIV prevalence was estimated to be markedly higher in FSW (62.7%) and MSM (23.1%) than in the general population (8.8%). [3-5]

The coverage of most biomedical interventions is sub-optimal in Malawi. For example, in 2016, only 28% of Malawian men were reported to be circumcised; 50% of females and 75% of males reported using condoms during last high-risk sex, and less than half (42-46%) of people with STI reported seeking recommended treatment services. [3] The reported use of condoms among MSM and FSW was 44% and 65%, respectively. [6]

*The National Communication and Advocacy Strategy for Pre-Exposure Prophylaxis (PrEP) is intended to improve the targeting and coordination of demand creation interventions implemented to motivate priority audiences to use PrEP.*

In 2018, the National AIDS Commission (NAC) launched the Revised HIV Prevention Strategy (2018-2020), which includes PrEP as an additional primary HIV prevention intervention. The behavioural objective of this strategy is to increase the proportion of each priority audience who use PrEP as an additional primary HIV prevention

*Programme designers and implementers are expected to refer to this strategy when selecting communication objectives for priority audiences and should use it as a reference when designing communication activities.*

method. To achieve this objective, this strategy applies the Capability-Opportunity-Motivation for Behaviour Change (COM-B) model to categorise findings from global evidence

and audience dialogue sessions and to guide the selection of communication objectives and behaviour change techniques (BCTs). Lessons learned by programme implementers in Malawi, as well as evidence from available research, were used to develop key messages and communication channels for each priority audience. The strategy recommends a variety of interventions to reach priority audiences with suggested BCTs and key messages, including radio, social media, community edutainment events, print materials (e.g., pamphlets, wall posters), and interpersonal communication delivered by peers and providers. The strategy also recommends advocacy interventions to create an enabling environment for PrEP use by addressing social and structural barriers, such as national-level policy changes within the Ministry of Health (MOH) and NAC.



# Purpose of the Strategy

The purpose of this strategy is to improve the targeting and coordination of demand creation interventions implemented to motivate priority audiences to use pre-exposure prophylaxis (PrEP). This strategy ensures all implementing partners share common objectives, approaches, and messages to achieve increased PrEP uptake among priority audiences. Programme designers and implementers are expected to refer to this strategy when selecting communication objectives for priority audiences and should use it as a reference when designing communication activities.

## Linkage to national HIV prevention priorities

This strategy contributes to priorities outlined in the National Strategic Plan for HIV and AIDS (2015-2020) and HIV Prevention Strategy (2015-2020), two reference documents guiding all HIV prevention activities in Malawi. Communication activities to promote PrEP use contribute specifically to the objectives of the HIV Prevention Strategy, which applies a combination prevention strategy centred on biomedical, behavioural, and structural interventions.

## Process of developing this strategy

This strategy was developed through a systematic, collaborative process that included several key tasks. A desk review of existing research, demand creation guidelines and strategies, and PrEP programme reports from Malawi and the region (including Eswatini, Kenya, Zimbabwe, and South Africa) was completed to identify known factors influencing PrEP uptake and to understand how national and demonstration programmes have sought to address these factors. (See Annex A for a list of the literature and resources reviewed.)

Consultations were held in Malawi to understand the programming priorities and successes and challenges experienced by key stakeholders working on PrEP or with priority audiences for PrEP use in Malawi. (See Annex B for a list of key stakeholders consulted.) Audience dialogue sessions were conducted with priority audience members to generate insights on perceptions, fears, and motivating factors among current and potential PrEP users, as well as to identify influencing audiences.

Findings from these key stakeholder consultations and audience dialogue sessions were triangulated with findings from the desk review and fed into a three-day co-design workshop with key stakeholders to create consensus on the strategic objectives and approaches, key messages, and interventions to be included in this strategy. (See Annex C for a list of participants in the co-design workshop.) And finally, outputs from the workshop were consolidated to produce a draft of this strategy, which was then reviewed, revised, and validated. This strategy document is complemented by a PowerPoint slide deck and one-page priority audience summaries to support its dissemination and enhance ease of use for programme designers and implementers.

# HIV in Malawi

## HIV situation and at-risk populations

UNAIDS estimates that 38,000 new HIV infections occurred in Malawi in 2018. [1] Other studies have found that the distribution of the new HIV infections varies according to socio-demographic factors. HIV incidence among adolescent girls and young women (AGYW) ages 15-24 years is estimated to be 8-fold higher than it is among adolescent boys and young men of the same age group (0.38% versus 0.05% per year). [2] The MDHS 2015/16 found that 8.4% of couples were HIV discordant, potentially risking HIV transmission to the uninfected partners. [3] Other populations considered at high risk of HIV infection include female sex workers (FSW), clients of FSW, and men who have sex with men (MSM). Although no data on HIV incidence is available for these populations, HIV prevalence was estimated to be markedly higher in FSW (62.7%) and MSM (23.1%) than in the general population (8.8%). [3-5]

Multiple contextual factors have been associated with HIV infection among these populations. Among AGYW, these factors include alcohol abuse, poverty, transactional sex, and having a cohabitating partner who travels. [7] Among sero-discordant couples (SDC), poor spousal communication and HIV disclosure, gender-based inequality characterised by male

dependence and intimate partner violence, and unprotected sexual intercourse are some of the major factors associated with HIV transmission. [8, 9] Among FSW, human rights violations, intimate partner violence, limited access to quality SRH services, sexually transmitted infections (STIs), and fatalistic attitudes have been associated with HIV acquisition. [10] Similar factors, except fatalistic attitudes, are associated with HIV transmission risk among MSM, although HIV risk perception is also generally low among MSM. [11]

## Coverage of other HIV prevention strategies

The coverage of most biomedical interventions is sub-optimal in Malawi. For example, in 2016, only 28% of Malawian men were reported to be circumcised, 50% of females and 75% of males reported using condoms during last high-risk sex, and less than half (42% to 46%) of people with STIs reported seeking recommended treatment services. [3] The reported use of condoms among MSM and FSW was 44% and 65%, respectively. [6] In 2018, the National AIDS Commission launched the Revised HIV Prevention Strategy (2018-2020), which includes PrEP as an additional primary HIV prevention intervention.

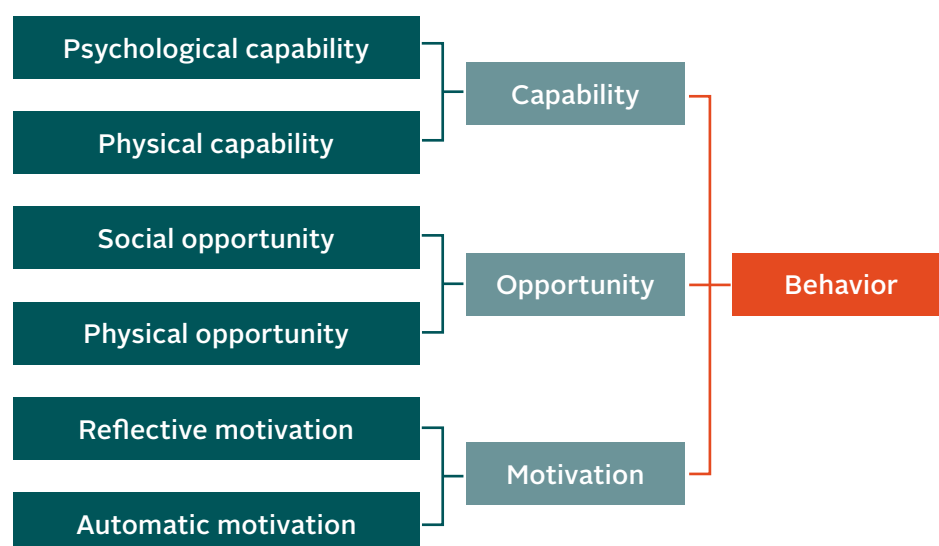
# Guiding Model of Behaviour Change

Behaviour change theories and models are used by programme planners to “explain behaviour and suggest ways to achieve behaviour change.” [12] In the development of a communication or demand creation strategy, behaviour change theories and models ensure evidence guides the selection of communication objectives, which inform the design of approaches and activities.

This strategy applies the Capability-Opportunity-Motivation for Behaviour Change model. COM-B is an ecological model suggesting that individual behaviour change occurs only when

an individual has the capability, opportunity, and motivation to adopt the promoted behaviour. [13,14] Figure 1 illustrates the key components of the model.

**FIGURE 1:** COM-B Model



Capability is defined as an individual's psychological and physical capacity to practice the promoted behaviour. Opportunity is defined as all the external factors, both physical and social, that determine if it is possible for an individual to practice the promoted behaviour. And finally, motivation is defined as the internal brain processes, both reflective and automatic, that energise and direct actions to practice the promoted behaviour. [13] These three conditions (capability, opportunity, and motivation) interact and affect each other as part of a system that influences behaviour.

Capability, opportunity, and motivation are defined and measured through several constructs (see Annex D for definitions), which include:

- **Capability** – (1) knowledge; (2) skills;
- **Opportunity** – (3) environmental context and resources; (4) social influences;
- **Motivation** – (5) beliefs about consequences (positive and negative); (6) beliefs about risk; (7) perceived action efficacy; and (8) beliefs about capabilities.

As noted above, the COM-B model was used to categorise findings from the desk review of global literature and the audience dialogue sessions and to guide the selection of communication objectives and BCTs outlined in this strategy document.

# Behavioural Objective

---

Referencing the revised HIV Prevention Strategy (2018-2020), the behavioural objective of this strategy is to increase the proportion of each priority audience who use PrEP as an additional primary HIV prevention method during perceived seasons of risk. Seasons of risk are defined as periods in an individual's life when they are at increased risk of HIV infection. [15, 16] Seasons of risk might include the first few months of a new sexual relationship, when trying to conceive a child with an HIV-positive sexual partner, or when exchanging sexual acts for gifts or money.

# Situational Analysis

## Known factors influencing PrEP use and their relevance in Malawi

By end of 2019, PrEP use in Malawi had been limited to individuals participating in implementation science projects. These projects assessed PrEP acceptability, including potential factors influencing PrEP use, feasibility of integration of PrEP in public health systems and tolerability among female sex workers. In qualitative studies involving FSW in Lilongwe [17] and MSM in 4 urban and rural districts in Malawi [18], PrEP was highly acceptable, mostly due to the fear of HIV-associated illness and the desire to maximise HIV prevention. Major potential barriers cited in these studies were fear of side effects and stigma. FSW cited as additional barriers adherence difficulties and the potential for PrEP to promote risky sexual behaviour as additional barriers. MSM cited low risk perception, the need to combine PrEP with condom use, inadvertent disclosure of MSM status, and a lack of MSM-friendly health service delivery points as potential barriers for PrEP use. In a separate study [19], policy makers and programme implementers in Malawi sought additional local evidence to demonstrate the relevance and sustainability of PrEP as an HIV prevention method and to confirm that PrEP does not result in HIV resistance.

Because few studies have been completed to understand PrEP use in Malawi, a review of global literature was used to identify factors to inform the selection of communication objectives for this strategy. To contextualise

the results of the global literature review, dialogue sessions were completed with purposively selected audiences of FSW, MSM, AGYW, married women, and health service providers. These sessions suggested that the likelihood of PrEP use was low among AGYW and “hidden” MSM who are not yet engaged in prevention programmes, due mostly to their low HIV risk perception and the negative influences of partners or immediate family members. Conversely, the potential to initiate PrEP was reported to be high among FSW, SDC, and MSM engaged in HIV prevention programmes (self-identified MSM).

Nevertheless, consistent with published Malawian studies [17, 18], all groups expressed concerns over the potential side-effects of PrEP, poor adherence due to the need for daily intake, the potential for PrEP to promote risky sexual behaviour, and the stigma associated with PrEP because it looks like ART for HIV. In addition, FSW who declined to initiate PrEP had misconceptions about the frequency and volumes of blood collected for diagnostic tests during PrEP initiation and follow-up.

Findings from these audience dialogue sessions were layered with the results of the global literature review to identify factors relevant to the Malawi context. Table 1 summarises the results of the global literature review and highlights where audience dialogue sessions confirmed the relevance of key factors in Malawi (indicated with a ✓ mark).

Table 1: Factors influencing PrEP use and continuation<sup>1</sup>

<b>Capability factors</b>	<ul style="list-style-type: none"> <li>▶ (✓) Aware of PrEP [20-27]</li> <li>▶ (✓) Have correct information about PrEP [27-33]</li> <li>▶ Have good HIV knowledge [34]</li> <li>▶ Aware PrEP is used by healthy people [35]</li> <li>▶ Aware of likelihood of side effects (providers only) [36, 37]</li> <li>▶ Aware PrEP does not lead to resistance (providers only) [37]</li> <li>▶ (✓) Able to screen clients for PrEP (providers only) [36]</li> </ul>
<b>Opportunity factors</b>	<ul style="list-style-type: none"> <li>▶ Feel PrEP is easy to access (convenience, distance, hours) [21, 25, 26, 38-41]</li> <li>▶ Able to pay cost [21, 24, 32, 41-43]</li> <li>▶ (✓) Feel providers will treat them well (respect, confidentiality) and understand their needs (MSM, AGYW, FSW only) [20, 25, 30, 39, 44]</li> <li>▶ (✓) Believe main partner will support use [22, 26, 30, 32, 39, 44, 45]</li> <li>▶ (✓) Believe peers, clients (FSW only), and parents/family (AGYW only) will support use [25, 26, 30, 45-49]</li> </ul>
<b>Motivation factors</b>	<ul style="list-style-type: none"> <li>▶ (✓) Do not worry about side effects [17, 18, 21, 26, 27, 30-33, 35, 39, 43, 47, 48, 50-52]</li> <li>▶ (✓) Believe PrEP is safe to take (FSW, MSM, providers only) [35, 37, 43, 47]</li> <li>▶ (✓) Do not worry about HIV- or sexual behaviour-related stigma [17, 18, 25, 27, 30, 31, 33, 44, 45, 47, 49, 52-57]</li> <li>▶ Believe PrEP will enhance sexual pleasure (“live sex”) [55, 57, 58]</li> <li>▶ (✓) Believe PrEP improves trust (SDC only) and reduces stress (SDC, MSM only) [31, 57]</li> <li>▶ Want to prevent HIV infection (self or others) (MSM, women only) [20, 30, 32, 39, 42, 51, 52, 55]</li> <li>▶ (✓) Believe they are at risk of HIV infection [21-23, 27, 29, 30, 34, 38, 39, 46, 59-62]</li> <li>▶ (✓) Believe PrEP effectively prevents HIV [22, 30, 32, 33, 35, 37, 39, 43, 45, 47, 50, 54, 58]</li> <li>▶ Believe PrEP provides additional effectiveness over current measures (SDC only) [31]</li> <li>▶ (✓) Feel confident in their ability to take daily (easy to use) [17, 18, 22, 31, 33, 38, 39, 45, 52, 63]</li> <li>▶ (✓) Aware it does not need to be a “lifelong” commitment [35, 42, 49]</li> <li>▶ Believe it can be taken “covertly” (MSM only) [27, 33, 47, 57, 64]</li> </ul>

<sup>1</sup> Nearly all the global research included in the desk review examined PrEP acceptability as the primary outcome. Few applied a behaviour change theory or model to categorise findings, and none measured the importance or “weight” of individual factors on PrEP uptake. As a result, findings were subjectively categorised using the COM-B model and the determination of importance was based primarily on the abundance of evidence and programmatic considerations (e.g., time, ability, and budget).

## Internal and external scan of Malawi's HIV prevention programme

Successful implementation of PrEP communication and advocacy activities will depend on many factors, including the policy environment, readiness of stakeholders to implement PrEP, level of community engagement, and the capacity of the health system to deliver PrEP. Stakeholders who participated in the development of this strategy conducted an internal and external scan analysis to understand the strengths and challenges of

the national HIV prevention programme, under which PrEP activities will be coordinated, as well as the external opportunities and threats to the programme. Table 2 provides a summary of key findings from this exercise.

To address system weaknesses and mitigate external threats affecting PrEP use among priority audiences, the Ministry of Health (MOH) will collaborate with development partners and other stakeholders to strengthen the infrastructure and human resources in the health sector.

*Table 2: Key findings from the internal and external scans*

INTERNAL SCAN	
STRENGTHS	CHALLENGES
<ul style="list-style-type: none"> <li>▶ Existing policies and strategies promote PrEP use, prioritise HIV prevention services for key populations, and promote couples counselling and youth access to comprehensive SRH services.</li> <li>▶ Existing service delivery platforms can be leveraged to improve PrEP access (through HIV testing and counselling sites, family planning clinics, and drop-in centres) and trained health service providers can be oriented to support PrEP promotion and delivery (such as HIV diagnostic assistants, peer educators, and peer leaders).</li> <li>▶ Existing structures can be used to support PrEP promotion and advocacy among AGYW (in schools through the life skills curriculum and in communities through community-based organisations, youth clubs, and Go Girls clubs).</li> </ul>	<ul style="list-style-type: none"> <li>▶ Laboratory infrastructure to conduct the tests required for PrEP initiation is limited, and continuation affects efforts to expand access.</li> <li>▶ Limited availability of client-centred health facilities constrains access for key populations, especially MSM, FSW, and AGYW.</li> <li>▶ Health facilities are overburdened by curative services, which limits the time health service providers can commit to PrEP services.</li> </ul>
EXTERNAL SCAN	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>▶ Support and enthusiasm exist among development partners to support the delivery of PrEP services.</li> <li>▶ Local civil society organisations and international non-governmental organisations (NGOs) have shown strong support and advocacy for PrEP.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Inadequate legal protections for key populations, specifically MSM and FSW, affect the reach of programme interventions.</li> <li>▶ High illiteracy may limit the reach of cost-effective interventions to promote PrEP services among priority audiences in rural areas.</li> <li>▶ Over-dependence on donors makes PrEP programmes vulnerable to shifts in funding priorities.</li> </ul>



# Priority Audiences and Their Influencers

The revised HIV Prevention Strategy (2018-2020) designates AGYW ages 10 to 24 years, FSW, MSM, and SDC as priority audiences for PrEP use. Demographic, behavioural, and attitudinal data were used to further segment these audiences and have contributed to the development of detailed audience profiles for each (see Annex E).

The purpose of these audience profiles is to support programme designers and implementers to better target interventions according to the attitudes, life situation, and

needs of each segment. Priority audience segments and the audiences who influence them are summarised in Table 3.

**Table 3: Priority audience segments and their influencing audiences**

PRIORITY AUDIENCE <sup>2</sup>	INFLUENCERS
<b>Young women (18-24)</b> <b>Audience profile: “Angela”</b>	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Parents/family</li> <li>▶ Sexual partners</li> <li>▶ Teachers, religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
<b>Female sex worker, hot spot-based</b> <b>Audience profile: “Alice”</b>	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Family</li> <li>▶ “Big Mamas”</li> <li>▶ Clients</li> <li>▶ Regular, non-paying sexual partner</li> <li>▶ Hot spot owners</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
<b>Female sex worker, home-based</b> <b>Audience profile: “Mary”</b>	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Clients</li> <li>▶ Family</li> <li>▶ Regular, non-paying sexual partner</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>

<sup>2</sup> Demand creation activities are often targeted to specific segments of a larger population. This is done to ensure key messages resonate with the greatest number of individuals. These audience segments may be narrower than national guidelines for delivery of PrEP services. Programmes should refer to the HIV Prevention Strategy for indication of which population groups are eligible for PrEP services.

PRIORITY AUDIENCE <sup>2</sup>	INFLUENCERS
<p><b>Men who have sex with men (18-30), self-identifying gay</b>  <i>Audience profile: "Thomas"</i></p>	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Sexual partners</li> <li>▶ Parents/family</li> <li>▶ Religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
<p><b>Men who have sex with men (30-45), "hidden" bisexual</b>  <i>Audience profile: "Joseph"</i></p>	<ul style="list-style-type: none"> <li>▶ Sexual partners</li> <li>▶ Religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
<p><b>Sero-discordant couple</b>  <i>Audience profile: "Maziko and Lucy"</i></p>	<ul style="list-style-type: none"> <li>▶ Family and community members</li> <li>▶ Religious and community leaders</li> <li>▶ Peers</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>

# Strategic Priorities

Based on the data and evidence reviewed, the following six strategic priorities were identified to guide the development of communication objectives and activities outlined in this strategy.

1. General awareness raising should be a priority in the first few months of implementation to ensure that the general population understands the basic facts about PrEP and does not associate it only with key populations.
2. Messages about PrEP should be simple, translated into relevant dialects, and tailored to each audience to ensure their comprehension and internalisation.
3. Myths and misconceptions should be monitored and responded to immediately through dissemination of clear and correct information.
4. PrEP uptake should not be at the expense of other prevention methods. PrEP messaging should emphasise the importance of other methods and should focus on PrEP as another HIV prevention option that may not be right for everyone.
5. Advocacy efforts should target MOH and NAC policymakers to encourage them to improve access among priority populations by expanding service delivery approaches through differentiated models of service delivery and task shifting.
6. Health care providers and support staff should be targeted, to improve their skills and address negative attitudes that affect the quality of services offered to priority audiences.

# Communication Objectives

Findings from the global literature review, stakeholder consultations, and audience dialogue sessions were used to identify factors influencing PrEP uptake among priority audiences. The importance and changeability of each factor were examined to prioritise those to be addressed and were used to formulate communication objectives. Results are presented in Table 4.

*Table 4: Prioritised factors and communication objectives for each priority audience*

PRIORITY AUDIENCES	PRIORITISED FACTORS	COMMUNICATION OBJECTIVES
<b>Adolescent Girls and Young Women (AGYW)</b>	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Perceived social support for PrEP use</li> <li>▶ Perceived risk of HIV acquisition</li> <li>▶ Perceived efficacy of PrEP</li> <li>▶ Confidence in ability to take PrEP</li> </ul>	<p>CAPABILITY</p> <ol style="list-style-type: none"> <li>1. ↑ proportion of targeted AGYW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk,” where to access).</li> </ol> <p>OPPORTUNITY</p> <ol style="list-style-type: none"> <li>2. ↑ proportion of targeted AGYW who state that their peers support using PrEP.</li> </ol> <p>MOTIVATION</p> <ol style="list-style-type: none"> <li>3. ↑ proportion of targeted AGYW who state that they are at risk of HIV infection.</li> <li>4. ↑ proportion of targeted AGYW who believe that PrEP is effective at preventing HIV acquisition.</li> <li>5. ↑ proportion of targeted AGYW who feel confident in their ability to take PrEP every day during “seasons of risk.”</li> </ol>
<b>Female Sex Workers (FSW)</b>	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Perceived social support for PrEP use</li> <li>▶ Confidence in ability to take PrEP</li> </ul>	<p>CAPABILITY</p> <ol style="list-style-type: none"> <li>1. ↑ proportion of targeted FSW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk,” where to access).</li> </ol> <p>OPPORTUNITY</p> <ol style="list-style-type: none"> <li>2. ↑ proportion of targeted FSW who state that they do not worry about being stigmatised for using PrEP.</li> </ol> <p>MOTIVATION</p> <ol style="list-style-type: none"> <li>3. ↑ proportion of targeted FSW who feel confident in their ability to take PrEP every day during “seasons of risk.”</li> </ol>

PRIORITY AUDIENCES	PRIORITISED FACTORS	COMMUNICATION OBJECTIVES
<b>Men who have Sex with Men (MSM)</b>	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Perceived partner support for PrEP use</li> <li>▶ Perceived risk of HIV acquisition</li> <li>▶ Perceived efficacy of PrEP</li> <li>▶ Confidence in ability to take PrEP</li> </ul>	<p>CAPABILITY</p> <ol style="list-style-type: none"> <li>1. ↑ proportion of targeted MSM who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk,” where to access).</li> </ol> <p>OPPORTUNITY</p> <ol style="list-style-type: none"> <li>2. ↑ proportion of targeted MSM who state that their main sexual partner supports their use of PrEP.</li> </ol> <p>MOTIVATION</p> <ol style="list-style-type: none"> <li>3. ↑ proportion of targeted MSM who state that they are at risk of HIV infection.</li> <li>4. ↑ proportion of targeted MSM who believe that PrEP is effective at preventing HIV acquisition.</li> <li>5. ↑ proportion of targeted MSM who state that they do not worry about being stigmatised because they use PrEP.</li> </ol>
<b>Sero-Discordant Couples (SDC)</b>	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Perceived benefits for relationship</li> <li>▶ Perceived efficacy of PrEP</li> <li>▶ Confidence in ability to take PrEP</li> </ul>	<p>CAPABILITY</p> <ol style="list-style-type: none"> <li>1. ↑ proportion of targeted SDC who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk,” where to access).</li> </ol> <p>MOTIVATION</p> <ol style="list-style-type: none"> <li>2. ↑ proportion of targeted SDC who state that PrEP improves intimacy and trust in their relationship.</li> <li>3. ↑ proportion of targeted SDC who believe that PrEP is effective at preventing HIV acquisition (and transmission, if pregnant).</li> <li>4. ↑ proportion of targeted SDC who feel confident in their ability to take PrEP every day during “seasons of risk.”</li> </ol>

# Suggested Behaviour Change Techniques, Key Messages, and Communication Channels

The suggested key messages and communication channels outlined in this section are based on the lessons learned by programme implementers in Malawi, as well as evidence from available research. In a departure from traditional communication strategies, this strategy also suggests BCTs that should be integrated into activities to contribute to the communication objectives. BCTs are evidence-based methods for changing one or more factor influencing behaviour and are the “active ingredients” in behaviour change interventions. [65] The BCTs suggested in this strategy are drawn from the work of the Human Behaviour Change Project<sup>3</sup> of the University College London and lessons learned from PrEP projects implemented throughout eastern and southern Africa.



## 1. Suggested BCTs, key messages, and communication channels for AGYW

**Call to Action:** Talk to a health provider to find out if PrEP is right for you.

**Key promise of PrEP use for AGYW:** PrEP allows you to protect your social standing while also protecting your future.

<sup>3</sup> <https://www.humanbehaviourchange.org/about>

**1.1. Increase the proportion of targeted AGYW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).**

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> </ul>
<p><b>Key messages</b> So AGYW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects you from HIV infection.</li> <li>▶ PrEP empowers you to prevent HIV infection when you feel you are at risk.</li> <li>▶ You should take one PrEP pill every day at the same time to be protected.</li> <li>▶ PrEP does not prevent pregnancy or other STIs, so you should use it along with condoms and another modern contraceptive method.</li> <li>▶ PrEP does not need to be taken for life. You need to take PrEP only during a limited period when you feel you are at risk of HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of young women like you.</li> <li>▶ Side effects with PrEP are very rare. If you experience a side effect, it will usually disappear after a few weeks.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio (integrated into music programmes)</li> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Community edutainment events</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Peer-led individual or small group discussions in schools, church youth groups, and community settings (using standard discussion guide and tools)</li> </ul>

**1.2. Increase the proportion of targeted AGYW who state that they are at risk of HIV infection.**

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about the consequences of HIV infection.</li> <li>▶ Explore the consequences of not using PrEP, with the aim of making them more memorable and relevant to the individual.</li> </ul>
<p><b>Key messages</b> So AGYW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Certain practices can put you at increased risk of HIV infection. If you are sexually active and             <ul style="list-style-type: none"> <li>• do not use condoms,</li> <li>• have sexual partners who are older than you,</li> <li>• have many sexual partners,</li> <li>• have a sexual partner who has other sexual partners,</li> <li>• abuse alcohol or drugs, or</li> <li>• exchange gifts or money for sex,</li> </ul>             you may be at risk of HIV infection.           </li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in schools, church youth groups, and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in community settings and health facilities (using standard discussion guide and tools)</li> </ul>

### 1.3. Increase the proportion of targeted AGYW who state that their peers support using PrEP.

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Highlight how similar AGYW are using PrEP, allowing participants to compare their PrEP use intentions to those of other AGYW.</li> <li>▶ Provide information about what other AGYW think about PrEP use, highlighting that other AGYW approve of actions that help young women stay healthy.</li> <li>▶ Advise the individual to identify and compare reasons for wanting to take PrEP and not.</li> <li>▶ Offer discreet over-packaging for PrEP.</li> </ul>
<p><b>Key messages</b> So AGYW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Using PrEP does not say anything about someone's sexual behaviour. PrEP is for anyone who wants to stay HIV-negative and ready for the future.</li> <li>▶ Using PrEP does not say anything about someone's HIV status.</li> <li>▶ Other young women like you are using PrEP to stay HIV-negative during their seasons of HIV risk.</li> <li>▶ Support your peers to learn more about PrEP and its benefits. If it might be right for them, encourage them to talk to a provider.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Community edutainment events</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in schools, church youth groups, and community settings (using standard discussion guide and tools)</li> </ul>

### 1.4. Increase the proportion of targeted AGYW who believe that PrEP is effective at preventing HIV acquisition.

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide a verbal or visual message from a credible source promoting PrEP.</li> </ul>
<p><b>Key messages</b> So AGYW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ When taken correctly, PrEP is one of the most effective methods to prevent HIV infection.</li> <li>▶ Other young women like you are using PrEP during their seasons of risk to stay HIV negative because they know it works.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in schools, church youth groups, and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in community settings and health facilities (using standard discussion guide and tools)</li> </ul>



**1.5. Increase the proportion of targeted AGYW who feel confident in their ability to take PrEP every day during “seasons of risk.”**

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Counsel AGYW on individual barriers affecting their ability to take PrEP every day and generate strategies to overcome those barriers and improve adherence.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> <li>▶ Help individuals identify a cue or prompt that can help them remember to take their PrEP.</li> <li>▶ Encourage AGYW that they can successfully use PrEP correctly, dispelling any self-doubts and asserting they can and will succeed.</li> </ul>
<p><b>Key messages</b> So AGYW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Taking PrEP every day is easy.</li> <li>▶ Young women just like you take PrEP successfully every day, and you can too.</li> <li>▶ Some people take PrEP at the same time they do something else regularly, like brushing their teeth or eating dinner, and some people set a reminder on their phone.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in schools, church youth groups, and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in community settings and health facilities (using standard discussion guide and tools)</li> </ul>



## 2. Suggested BCTs, key messages, and communication channels for FSW

**Call to Action:** Talk to a health provider to find out if PrEP is right for you.

**Key promise of PrEP use for FSW:** PrEP defends you against HIV, so you are ready when the time comes to settle down and get married.

*2.1. Increase the proportion of targeted FSW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> </ul>
<p><b>Key messages</b> So FSW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects you from HIV infection.</li> <li>▶ You should take one PrEP pill every day at the same time to be protected.</li> <li>▶ PrEP does not prevent pregnancy or other STIs, so you should use it along with condoms and another modern contraceptive method.</li> <li>▶ PrEP does not need to be taken for life. You can take PrEP during a limited period when you feel you are at risk of HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of women like you.</li> <li>▶ Side effects with PrEP are very rare. If you experience a side effect, it will usually disappear after a few weeks.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Activation events in hot spots and drop-in centres</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Peer-led individual or small group discussions in hot spots, drop-in centres, and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>

*2.2. Increase the proportion of targeted FSW who state that they do not worry about being stigmatised because they use PrEP.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Highlight how similar women are using PrEP, allowing participants to compare their own PrEP use intentions to those of other women.</li> <li>▶ Provide information about what similar women think about PrEP use, highlighting that they approve of any action that helps someone stay healthy.</li> <li>▶ Advise the individual to identify and compare reasons for wanting to take PrEP and not.</li> <li>▶ Offer discreet over-packaging for PrEP.</li> </ul>
<p><b>Key messages</b> So FSW understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Using PrEP does not say anything about someone's sexual behaviour. PrEP is for anyone who wants to stay HIV negative and ready for the future.</li> <li>▶ Other women like you are using PrEP to stay HIV negative.</li> <li>▶ Support your peers to learn more about PrEP and its benefits. If it might be right for them, so encourage them to talk to a provider.</li> </ul>

**Communication channels**

These interventions can be delivered through:

- ▶ Activation events in hot spots and drop-in centres
- ▶ Peer-led individual or small group discussions in hot spots, drop-in centres, and community settings (using standard discussion guide and tools)
- ▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)

### 2.3. Increase the proportion of targeted FSW who feel confident in their ability to take PrEP every day during “seasons of risk.”

**Behaviour change techniques**

To contribute to this communication objective, interventions should:

- ▶ Counsel women on individual barriers affecting their ability to take PrEP every day and generate strategies to overcome those barriers and improve adherence.
- ▶ Share advice and guidance from current users on how to use PrEP correctly.
- ▶ Help individuals identify a cue or prompt that can help them remember to take their PrEP.
- ▶ Encourage women that they can successfully use PrEP correctly, dispelling any self-doubts and asserting they can and will succeed.

**Key messages**

So FSW understand and internalise that:

- ▶ Taking PrEP every day is easy.
- ▶ Women just like you take PrEP successfully every day, and you can too.
- ▶ Some people take PrEP at the same time they do something else regularly, like brushing their teeth or eating dinner, and some people set a reminder on their phone.

**Communication channels**

These interventions can be delivered through:

- ▶ Peer-led individual or small group discussions in hot spots, drop-in centres, and community settings (using standard discussion guide and tools)
- ▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)



### 3. Suggested BCTs, key messages, and communication channels for MSM

**Call to Action:** Talk to a health provider to find out if PrEP is right for you.

**Key promise of PrEP use for MSM:** PrEP is a discreet way to stay in control of your own health.

*3.1. Increase the proportion of targeted MSM who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> </ul>
<p><b>Key messages</b> So MSM understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects you from HIV infection.</li> <li>▶ You should take one PrEP pill every day at the same time to be protected.</li> <li>▶ PrEP does not protect you from other STIs, so you should use it along with condoms.</li> <li>▶ PrEP does not need to be taken for life. You can take PrEP during a limited period when you feel you are at risk of HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of men like you.</li> <li>▶ Side effects with PrEP are very rare. If you experience a side effect, it will usually disappear after a few weeks</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio</li> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Activation events in hot spots</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Peer-led individual or small group discussions in drop-in centres and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>

*3.2. Increase the proportion of targeted MSM who state that they are at risk of HIV infection.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about the consequences of HIV infection.</li> <li>▶ Emphasise the consequences of not using PrEP with the aim of making them more memorable and relevant to the individual.</li> </ul>
<p><b>Key messages</b> So MSM understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Certain practices can put you at increased risk of HIV infection. If you are sexually active and             <ul style="list-style-type: none"> <li>• do not use condoms,</li> <li>• have sexual partners who are older than you,</li> <li>• have many sexual partners,</li> <li>• abuse alcohol or drugs, or</li> <li>• exchange gifts or money for sex,</li> </ul>             you may be at risk of HIV infection.           </li> <li>▶ Anal sex is the riskiest form of sexual intercourse for acquiring HIV.</li> </ul>

<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in drop-in centres and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>
--	--

### 3.3. Increase the proportion of targeted MSM who state that they do not worry about being stigmatised because they use PrEP.

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Highlight how similar men are using PrEP, allowing participants to compare their own PrEP use intentions to those of other men.</li> <li>▶ Provide information about what similar men think about PrEP use, highlighting that they approve of any action that helps someone stay healthy.</li> <li>▶ Advise the individual to identify and compare reasons for wanting to take PrEP and not.</li> <li>▶ Offer discreet over-packaging for PrEP.</li> </ul>
<p><b>Key messages</b> So MSM understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Using PrEP does not say anything about someone's sexual behaviour or their HIV status. PrEP is for anyone who wants to stay HIV negative and ready for the future.</li> <li>▶ Other men like you are using PrEP to stay HIV negative.</li> <li>▶ Support your peers to learn more about PrEP and its benefits. If it might be right for them, encourage them to talk to a provider.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Activation events in hot spots</li> <li>▶ Peer-led individual or small group discussions in drop-in centres and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>

### 3.4. Increase the proportion of targeted MSM who believe that PrEP is effective at preventing HIV acquisition.

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide a verbal or visual message from a credible source promoting PrEP.</li> </ul>
<p><b>Key messages</b> So MSM understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ When taken correctly, PrEP is one of the most effective methods to prevent HIV infection.</li> </ul>

<p><b>Communication channels</b></p> <p>These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in drop-in centres and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>
---	--

*3.5. Increase the proportion of targeted MSM who feel confident in their ability to take PrEP every day during “seasons of risk.”*

<p><b>Behaviour change techniques</b></p> <p>To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Counsel men on individual barriers affecting their ability to take PrEP every day and generate strategies to overcome those barriers and improve adherence.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> <li>▶ Help individuals identify a cue or prompt that can help them remember to take their PrEP.</li> <li>▶ Encourage men that they can successfully use PrEP correctly, dispelling any self-doubts and asserting they can and will succeed.</li> </ul>
<p><b>Key messages</b></p> <p>So MSM understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Taking PrEP every day is easy.</li> <li>▶ Men just like you take PrEP successfully every day, and you can too.</li> <li>▶ Some people take PrEP at the same time they do something else regularly, like brushing their teeth or eating dinner, and some people set a reminder on their phone.</li> </ul>
<p><b>Communication channels</b></p> <p>These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp, Facebook, Instagram, Twitter)</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led individual or small group discussions in drop-in centres and community settings (using standard discussion guide and tools)</li> <li>▶ Provider-led individual or small group discussions in drop-in centres, community settings, and health facilities (using standard discussion guide and tools)</li> </ul>

## 4. Suggested BCTs, key messages, and communication channels for SDC



**Call to Action:** Talk to a health provider to find out if PrEP is right for you and your relationship.

**Key promise of PrEP use for SDC:** PrEP restores intimacy and trust in your relationship without the fear of HIV infection.

*4.1. Increase the proportion of targeted SDC who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> </ul>
<p><b>Key messages</b> So SDC understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily by the HIV-negative individual in your couple, protects that individual from HIV infection.</li> <li>▶ The HIV-negative individual should take one PrEP pill every day at the same time to be protected.</li> <li>▶ PrEP does not prevent pregnancy, so you should use it along with a modern contraceptive method.</li> <li>▶ PrEP does not need to be taken for life. The HIV-negative individual in your couple can take PrEP during a limited period when they feel they are at risk of HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of HIV-negative individuals in sero-discordant relationships, including pregnant women.</li> <li>▶ Side effects with PrEP are very rare. But if you experience a side effect, it usually will disappear after a few weeks.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio</li> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Activation events in communities and churches</li> <li>▶ Peer-led couple or small group discussions in treatment support groups and homes (using standard discussion guide and tools)</li> <li>▶ Provider-led couple or small group discussions in treatment support groups and health facilities (using standard discussion guide and tools)</li> </ul>

*4.2. Increase the proportion of targeted SDC who state that PrEP improves trust in the relationship.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Highlight how similar couples are using PrEP, allowing participants to compare their own PrEP use intentions to those of other couples.</li> <li>▶ Advise the couple to identify and compare reasons for wanting to take PrEP and not.</li> </ul>
<p><b>Key messages</b> So SDC understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP can help restore trust and intimacy in your relationship, since it helps the HIV-negative partner defend against HIV infection.</li> </ul>

<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Peer-led couple or small group discussions in treatment support groups and homes (using standard discussion guide and tools)</li> <li>▶ Provider-led couple or small group discussions in treatment support groups and health facilities (using standard discussion guide and tools)</li> </ul>
--	---

*4.3. Increase the proportion of targeted SDC who believe that PrEP is effective at preventing HIV acquisition.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide a verbal or visual message from a credible source promoting PrEP.</li> </ul>
<p><b>Key messages</b> So SDC understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ When taken correctly, PrEP is one of the most effective methods to guard against HIV infection.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Wall posters</li> <li>▶ Peer-led couple or small group discussions in treatment support groups and homes (using standard discussion guide and tools)</li> <li>▶ Provider-led couple or small group discussions in treatment support groups and health facilities (using standard discussion guide and tools)</li> </ul>

*4.4. Increase the proportion of targeted SDC who feel confident in their ability to take PrEP every day during “seasons of risk.”*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Counsel couples on barriers affecting their ability to take PrEP every day and generate strategies to overcome those barriers and improve adherence.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> <li>▶ Help couples identify a cue or prompt that can help them remember to take their PrEP.</li> <li>▶ Encourage couples that they can successfully use PrEP correctly, dispelling any self-doubts and asserting they can and will succeed.</li> </ul>
<p><b>Key messages</b> So SDC understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ Taking PrEP every day is easy.</li> <li>▶ Couples just like you take PrEP successfully every day, and you can too.</li> <li>▶ Some people take PrEP at the same time they do something else regularly, like brushing their teeth or eating dinner, and some people set a reminder on their phone.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Client takeaway materials (e.g., pamphlets)</li> <li>▶ Peer-led couple or small group discussions in treatment support groups and homes (using standard discussion guide and tools)</li> <li>▶ Provider-led couple or small group discussions in treatment support groups and health facilities (using standard discussion guide and tools)</li> </ul>



# Creating an Enabling Environment for PrEP Use

As indicated in the COM-B model, ensuring a favourable environmental and social context will be essential to ensuring individuals have the Opportunity to use PrEP. Because communication activities targeting priority audiences cannot effect change across these factors, this strategy also outlines advocacy activities targeting key influencing audiences and highlights priorities for national-level policy changes within the MOH and NAC.

## Key influencing audiences

Communication activities targeting key influencing audiences will seek to create broad social support for PrEP use. Influencing audiences to be targeted include parents and families, sexual partners, religious and community leaders, and health care providers.<sup>4</sup> Key influencing audiences and the desired supportive behaviour(s) are outlined in Table 5.

*Table 5: Key influencing audiences and supportive behaviours to promote*

KEY INFLUENCING AUDIENCE	SUPPORTIVE BEHAVIOUR(S) TO PROMOTE
<b>Parents/Family</b> <b>Teachers, religious and community leaders</b> <b>Sexual partners</b>	<ul style="list-style-type: none"> <li>▶ Support your daughter/son/community members/sexual partners to access PrEP services.</li> </ul>
<b>Health care providers and support staff</b>	<ul style="list-style-type: none"> <li>▶ Provide PrEP services according to national guidelines.</li> <li>▶ Provide respectful care to all clients.</li> </ul>
<b>Media</b>	<ul style="list-style-type: none"> <li>▶ Report accurately on PrEP.</li> </ul>

Factors affecting the adoption of supportive behaviours by influencing audiences are presented in Table 6, with corresponding communication objectives.

<sup>4</sup> Although peers are indicated as influencing audiences for most priority audiences, it is expected that they will be reached with the same messages and interventions designed for priority audiences.

Table 6: Prioritised factors and communication objectives for influencing audience

INFLUENCING AUDIENCES	PRIORITISED FACTORS	COMMUNICATION OBJECTIVES
Parents/Family Religious and community leaders Sexual partners	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Perceived efficacy of PrEP</li> <li>▶ Attitudes about PrEP use</li> </ul>	<ul style="list-style-type: none"> <li>▶ ⬆ in the proportion of individuals at risk of HIV who know their HIV risk.</li> <li>▶ ⬆ in the proportion of individuals at risk of HIV who believe that engaging in unprotected, transactional, and intergenerational sex or having multiple partnerships puts them at increased risk for HIV.</li> </ul>
Health care providers (HCPs)	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Skills to provide PrEP services</li> <li>▶ Perceived efficacy of PrEP</li> <li>▶ Attitudes about PrEP use</li> </ul>	<ul style="list-style-type: none"> <li>▶ ⬆ proportion of HCPs who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, low incidence of side effects, does not contribute to drug resistance).</li> <li>▶ ⬆ proportion of HCPs who say they have the skills to screen clients for PrEP eligibility.</li> <li>▶ ⬆ proportion of targeted providers who say they have the skills to counsel eligible clients about PrEP.</li> <li>▶ ⬆ proportion of HCPs who believe that PrEP is effective at preventing HIV acquisition.</li> <li>▶ ⬇ proportion of HCPs who believe PrEP leads to an increase in risky sexual behaviours.</li> </ul>
Media	<ul style="list-style-type: none"> <li>▶ Awareness of PrEP</li> <li>▶ Correct information about PrEP</li> <li>▶ Skills to report accurately about PrEP services</li> </ul>	<ul style="list-style-type: none"> <li>▶ ⬆ proportion of reporters and editors who have accurate information about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).</li> <li>▶ ⬆ proportion of reporters and editors who say they have the skills to report accurately on PrEP services.</li> </ul>



## 1. Suggested BCTs, key messages, and communication channels for parents/family, religious and community leaders, and sexual partners

**Call to Action:** Support your daughter/son/community members/sexual partners to access PrEP services.

**Key promise for supporting PrEP use:** PrEP strengthens your entire community and your relationships.

### 1.1. Increase the proportion of the influencing audience who have correct knowledge about PrEP (pill to prevent HIV, taken daily, and safe).

<b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users on how to use PrEP correctly.</li> </ul>
<b>Key messages</b> So influencing audiences understand and internalise that:	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects someone from HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of people to defend against HIV infection.</li> <li>▶ Side effects with PrEP are very rare. If you experience a side effect, it will usually disappear after a few weeks.</li> </ul>

<p><b>Communication channels</b></p> <p>These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio</li> <li>▶ Community edutainment events</li> <li>▶ Wall posters</li> <li>▶ Peer- or provider-led small group discussions (using standard discussion guide and tools)</li> </ul>
---	--

### 1.2. Increase the proportion of the influencing audience who believe that PrEP is effective at preventing HIV acquisition.

<p><b>Behaviour change techniques</b></p> <p>To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide a verbal or visual message from a credible source promoting PrEP.</li> </ul>
<p><b>Key messages</b></p> <p>So influencing audiences understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ When taken correctly, PrEP is one of the most effective methods to prevent HIV infection.</li> <li>▶ Other young women like you are using PrEP during their seasons of risk to stay HIV negative because they know it works.</li> </ul>
<p><b>Communication channels</b></p> <p>These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio</li> <li>▶ Community edutainment events</li> <li>▶ Peer- or provider-led small group discussions (using standard discussion guide and tools)</li> </ul>

### 1.3. Increase the proportion of the influencing audience who have positive attitudes about PrEP use.

<p><b>Behaviour change techniques</b></p> <p>To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide information about the consequences of not supporting PrEP use by someone at risk of HIV infection.</li> <li>▶ Present verbal or visual communication from a credible source in favour of supporting PrEP use by someone at risk of HIV infection.</li> <li>▶ Help the person identify the pros and cons of supporting PrEP use by someone at risk of HIV infection.</li> </ul>
<p><b>Key messages</b></p> <p>So influencing audiences understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP allows someone to stay healthy and HIV-free so they can continue to contribute to our families and communities.</li> <li>▶ Our role as parents/family/leaders is to protect the people we care about.</li> <li>▶ The HIV protective benefits of PrEP use far outweigh any changes in risk behaviour by individuals.</li> </ul>
<p><b>Communication channels</b></p> <p>These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Radio</li> <li>▶ Community edutainment events</li> <li>▶ Peer- or provider-led small group discussions (using standard discussion guide and tools)</li> </ul>



## 2. Suggested BCTs, key messages, and communication channels for health care providers and support staff

**Call to Action:** Provide PrEP services according to national guidelines, including respectful care.

**Key promise of PrEP use for health care providers and support staff:** PrEP allows you to better serve the needs of your clients and community and contribute to the objectives of your health facility.

*2.1. Increase the proportion of targeted providers and support staff who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, low incidence of side effects, does not contribute to drug resistance).*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide correct information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> </ul>
<p><b>Key messages</b> So providers understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects clients from HIV infection.</li> <li>▶ Clients should take one PrEP pill every day at the same time to be protected.</li> <li>▶ PrEP is for any client who wants to avoid HIV infection.</li> <li>▶ PrEP does not prevent pregnancy or other STIs, so clients should be encouraged to use it along with condoms and another modern contraceptive method.</li> <li>▶ PrEP does not need to be taken for life. Clients can take PrEP during a limited period when they feel they are at risk of HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of people.</li> <li>▶ Side effects with PrEP are very rare. If a client experiences a side effect, it will usually disappear after a few weeks.</li> <li>▶ There is no evidence that PrEP contributes to HIV drug resistance.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ Social media (WhatsApp)</li> <li>▶ Provider takeaway materials (e.g., pamphlets)</li> <li>▶ In-service training and ongoing coaching</li> </ul>

*2.2. Increase the proportion of targeted providers and support staff who say they have the skills to screen clients for PrEP eligibility.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Advise on how to screen clients for PrEP eligibility screening.</li> <li>▶ Provide opportunities to practice client PrEP eligibility screening one or more times to increase habit and skill.</li> </ul>
<p><b>Key messages</b> So providers understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ It is important to consistently apply national guidelines to screen all clients to determine their eligibility for PrEP services.</li> <li>▶ It is easy to screen clients for PrEP eligibility when applying nationally approved tools.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ In-service training and ongoing coaching</li> </ul>

### 2.3. Increase the proportion of targeted providers and support staff who believe that PrEP is effective at preventing HIV acquisition.

<b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:	<ul style="list-style-type: none"> <li>▶ Provide a verbal or visual message from a credible source for promoting PrEP.</li> </ul>
<b>Key messages</b> So providers understand and internalise that:	<ul style="list-style-type: none"> <li>▶ During risky seasons, PrEP can effectively prevent you from HIV infection. When taken correctly, PrEP is one of the most effective methods to prevent HIV infection.</li> </ul>
<b>Communication channels</b> These interventions can be delivered through:	<ul style="list-style-type: none"> <li>▶ Provider takeaway materials (e.g., pamphlets)</li> <li>▶ In-service training and ongoing coaching</li> </ul>

### 2.4. Decrease the proportion of targeted providers and support staff who believe that PrEP leads to an increase in risky behaviours by clients.

<b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:	<ul style="list-style-type: none"> <li>▶ Provide information about the changes in risk behaviours among individuals enrolled in PrEP programmes.</li> <li>▶ Raise awareness of the regrets a provider might experience for not offering PrEP to clients who might benefit from it.</li> </ul>
<b>Key messages</b> So providers understand and internalise that:	<ul style="list-style-type: none"> <li>▶ PrEP does not lead to an increase in risky behaviours.</li> <li>▶ Taking PrEP does not indicate someone's sexual behaviours.</li> <li>▶ Data show that condom use and other HIV protective behaviours are not significantly different between users and non-users of PrEP.</li> <li>▶ The HIV protective benefits of PrEP use far outweigh any changes in risk behaviour by individuals.</li> </ul>
<b>Communication channels</b> These interventions can be delivered through:	<ul style="list-style-type: none"> <li>▶ In-service training and ongoing coaching</li> </ul>

## 3. Suggested BCTs, key messages, and communication channels for media (reporters and editors)



**Call to Action:** Report accurately on PrEP.

**Key promise for reporting correctly on PrEP:** Accurate reporting is a professional responsibility that will make your community trust and respect you more.

*3.1. Increase the proportion of media (reporters and editors) who have accurate information about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Provide accurate information about PrEP.</li> <li>▶ Provide information about who could benefit most from using PrEP.</li> <li>▶ Share advice and guidance from current users about PrEP.</li> </ul>
<p><b>Key messages</b> So influencing audiences understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ PrEP is a pill that, when taken daily, protects someone from HIV infection.</li> <li>▶ PrEP is safe and is taken by millions of people to defend against HIV infection.</li> <li>▶ Side effects with PrEP are very rare. If someone experiences a side effect, it will usually disappear after a few weeks.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ In-service training and ongoing coaching</li> <li>▶ Print materials (e.g., talking point brochures, PrEP factsheets)</li> </ul>

*3.2. Increase the proportion of media (reporters and editors) who say they have the skills to report accurately on PrEP services.*

<p><b>Behaviour change techniques</b> To contribute to this communication objective, interventions should:</p>	<ul style="list-style-type: none"> <li>▶ Advise on how to conduct background research related to PrEP.</li> <li>▶ Provide opportunities to practice writing articles with accurate information about PrEP.</li> </ul>
<p><b>Key messages</b> So providers understand and internalise that:</p>	<ul style="list-style-type: none"> <li>▶ It is important to consistently provide accurate information about PrEP in your articles.</li> <li>▶ There are experts you can consult when you need information about PrEP.</li> </ul>
<p><b>Communication channels</b> These interventions can be delivered through:</p>	<ul style="list-style-type: none"> <li>▶ In-service training and ongoing coaching</li> <li>▶ Print materials (e.g., talking point brochures, PrEP factsheets)</li> <li>▶ Press releases</li> <li>▶ Project beneficiary spotlight reports</li> </ul>

## MOH and NAC Policymakers

The PrEP Task Force will also drive an agenda to advocate for policies that improve the availability and accessibility of PrEP services. Two key policy changes that will be advocated include:

1. Expansion of national investments to make PrEP service delivery and demand creation activities more sustainable, and
2. Implementation of differentiated service delivery models and task shifting to improve access to PrEP services, especially among key populations, such as MSM and FSW.

# Management and Coordination among Stakeholders

The Ministry of Health Department of HIV and AIDS (DHA), which is mandated to lead the biomedical HIV response at the national level, will serve as the technical lead in the implementation of communication and advocacy activities for the PrEP programme. It will ensure optimal coordination of funding agencies, international NGOs, and other national level stakeholders in planning and delivering PrEP.

Through the HIV Prevention and Management Act, the National AIDS Commission (NAC) is legally mandated to review and approve all HIV-related communication materials. Thus, the NAC will work closely with the MoH DHA to ensure the accuracy of all PrEP messages. The NAC will also coordinate national-level stakeholders through the HIV Prevention Technical Group and PrEP Task Force to ensure optimal PrEP demand creation activities and to evaluate successes and failures.

The MoH Health Education Unit (HEU) will provide technical input to the NAC and DHA in the design of all communication materials and tools to ensure they conform with the national Health Education and Communication Strategy. The HEU will collaborate with the Media Institute of Southern Africa, Malawi Chapter (MISA Malawi), to ensure the design and delivery of accurate and acceptable communication activities and materials, considering the social, cultural, and religious context in Malawi. The HEU and MISA Malawi will participate in the monitoring and evaluation of communication and advocacy activities and will make recommendations for any modifications. Specifically, the HEU will monitor

any community misconceptions arising from the PrEP communication activities.

The Malawi Network for AIDS Service Organisations (MANASO) will coordinate civil society organisations (CSOs) and local NGOs in the implementation of this strategy at the national level. They will liaise with CSOs that focus on specific priority populations, including MSM, FSW, AGYW, and SDC. In this respect, MANASO's key partners in PrEP will include the Centre for Development (CEDEP), the Sex Workers Alliance, the Family Planning Association of Malawi, and the Malawi Interfaith Agency.

District assemblies (DA), under the leadership of the District Commissioner, will coordinate all sectors responsible for the implementation of PrEP communication and advocacy activities at the district and sub-district levels, including those involved in the implementation of this strategy. The sectors will include the ministries of Health; Education; Gender, Women, Children and Social Welfare; Youth, Sport and Culture, and Manpower Development; and Homeland Security. All NGOs working at district-level will report their outputs to the DA.

# Monitoring and Evaluation

Outcome and activity level indicators are important to monitor the progress in implementing communication activities to achieve the behavioural objective of increasing the proportion of priority audiences who use PrEP as an additional primary HIV prevention method during perceived seasons of risk. These indicators will be collected through special surveys and standardised activity report forms, which will be submitted to the PrEP Task Force and analysed on a regular basis. Key indicators at each level are outlined in Table 7.

*Table 7: Key monitoring indicators*

OBJECTIVE	INDICATOR	DISAGGREGATION	DATA SOURCE
<b>BEHAVIOURAL LEVEL</b>			
Increase proportion of priority audiences who use PrEP as an additional primary HIV prevention method during perceived “seasons of risk”	% of eligible clients who enrol in PrEP services	<ul style="list-style-type: none"> <li>▶ Audience type (AGYW, FSW, MSM, SDC)</li> <li>▶ Region</li> <li>▶ Age</li> </ul>	HMIS
<b>OUTCOME LEVEL</b>			
<b>Adolescent Girls and Young Women (AGYW)</b>			
Increase proportion of targeted AGYW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).	% with correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”)	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted AGYW who state that their peers support using PrEP.	% who state that their peers support using PrEP	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted AGYW who state that they are at risk of HIV infection.	% who state that they are at risk of HIV infection	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted AGYW who believe that PrEP is effective at preventing HIV acquisition.	% who state that PrEP is effective at preventing HIV acquisition	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted AGYW who feel confident in their ability to take PrEP every day during “seasons of risk.”	% who state that it is easy for them to take PrEP every day during “seasons of risk”	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys



OBJECTIVE	INDICATOR	DISAGGREGATION	DATA SOURCE
<b>OUTCOME LEVEL (continued)</b>			
<b>Female Sex Workers (FSW)</b>			
Increase proportion of targeted FSW who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).	% with correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”)	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted FSW who state that they do not worry about being stigmatised for using PrEP.	% who state that they do not worry about being stigmatised for using PrEP	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted FSW who feel confident in their ability to take PrEP every day during “seasons of risk.”	% who state that it is easy for them to take PrEP every day during “seasons of risk”	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
<b>Men who have Sex with Men (MSM)</b>			
Increase proportion of targeted MSM who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).	% with correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”)	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted MSM who state that their main sexual partner supports their use of PrEP.	% who state that their main sexual partner supports using PrEP	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted MSM who state that they are at risk of HIV infection.	% who state that they are at risk of HIV infection	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted MSM who believe that PrEP is effective at preventing HIV acquisition.	% who state that PrEP is effective at preventing HIV acquisition	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted MSM who state that they do not worry about being stigmatised for using PrEP.	% who state that they do not worry about being stigmatised for using PrEP	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
<b>Sero-Discordant Couples (SDC)</b>			
Increase proportion of targeted SDC who have correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”).	% with correct knowledge about PrEP (pill to prevent HIV, taken daily, safe, can be taken during “seasons of risk”)	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted SDC who state that PrEP improves intimacy and trust in the relationship.	% who state that PrEP improves intimacy and trust in the relationship	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
Increase proportion of targeted SDC who believe that PrEP is effective at preventing HIV acquisition.	% who state that PrEP is effective at preventing HIV acquisition	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys

Increase proportion of targeted SDC who feel confident in their ability to take PrEP every day during “seasons of risk.”	% who state that it is easy for them to take PrEP every day during “seasons of risk”	<ul style="list-style-type: none"> <li>▶ Region</li> <li>▶ Age</li> </ul>	Special surveys
<b>ACTIVITY LEVEL</b>			
Reach of mass media activities	# of mass media communication products produced and placed	<ul style="list-style-type: none"> <li>▶ Channel</li> <li>▶ Audience group</li> <li>▶ Message</li> </ul>	Partner activity reports
Reach of community activities	# of community edutainment events conducted	<ul style="list-style-type: none"> <li>▶ Channel</li> <li>▶ Audience group</li> <li>▶ Region</li> </ul>	Partner activity reports
Reach of interpersonal communication activities	# of individuals reached through interpersonal communication activities	<ul style="list-style-type: none"> <li>▶ Audience group</li> <li>▶ Age</li> </ul>	Partner activity reports
Coverage of PrEP-branded channels	% of audience who recall (spontaneously and aided/prompted) seeing or hearing about PrEP campaign brand	<ul style="list-style-type: none"> <li>▶ Spontaneous or aided/prompted</li> <li>▶ Audience group</li> <li>▶ Age</li> <li>▶ Region</li> </ul>	Special surveys
Coverage of PrEP messages	% of audience who recall (spontaneously and aided/prompted) seeing or hearing a specific PrEP message	<ul style="list-style-type: none"> <li>▶ Spontaneous or aided/prompted</li> <li>▶ Audience group</li> <li>▶ Age</li> <li>▶ Region</li> <li>▶ Channel</li> </ul>	Special surveys

## ANNEX A

## Citations

1. UNAIDS, UNAIDS Data 2019. 2019, UNAIDS: Geneva, Switzerland.
2. Ministry of Health, Malawi, Malawi Population-Based HIV Impact Assessment (MPHIA) 2015-2016: Final Report. 2018, Ministry of Health: Lilongwe, Malawi.
3. National Statistical Office (NSO) [Malawi] and ICF, Malawi Demographic and Health Survey 2015-16. 2017, NSO and ICF: Zomba, Malawi, and Rockville, MD, USA.
4. National Statistical Office (NSO) [Malawi], Malawi Biological and Behavioural Surveillance Survey (BBSS), 2013-2014. 2014, NSO: Zomba, Malawi.
5. Wirtz, A.L., et al., Geographical disparities in HIV prevalence and care among men who have sex with men in Malawi: results from a multisite cross-sectional survey. *Lancet HIV*, 2017. 4(6): 260-e269.
6. Weir, S., Priorities for Local AIDS Control Efforts (PLACE) II Study. 2018, University of North Carolina: Chapel Hill, North Carolina.
7. Price, J.T., et al., Predictors of HIV, HIV risk perception, and HIV worry among adolescent girls and young women in Lilongwe, Malawi. *J Acquir Immune Defic Syndr*, 2018. 77(1): 53-63.
8. Anglewicz, P., et al., Disclosure of HIV status between spouses in rural Malawi. *AIDS Care*, 2011. 23(8): 998-1005.
9. Anglewicz, P.A., et al., HIV risk among currently married couples in rural Malawi: what do spouses know about each other? *AIDS Behav*, 2010. 14(1): 103-112.
10. Kathewera-Banda, M., et al., Sexual violence and women's vulnerability to HIV transmission in Malawi: a rights issue. *Int Soc Sci J*, 2005. 57(186): 649-660.
11. Chard, A.N., et al., Perceptions of HIV seriousness, risk, and threat among online samples of HIV-negative men who have sex with men in seven countries. *JMIR Public Health Surveill*, 2017. 3(2): e37.
12. Glanz, K., et al., *Health Behavior and Health Education: Theory, Research, and Practice*. 4th ed. 2008, San Francisco, CA: Jossey-Bass. p.12.
13. Michie, S., et al., The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci*, 2011. 6: 42.
14. Cane, J., et al., Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implement Sci*, 2012. 7: 37.
15. Namey, E., et al., When and why women might suspend PrEP use according to perceived seasons of risk: implications for PrEP-specific risk-reduction counselling. *Cult Health Sex*, 2016. 18(9): 1081-1091.
16. Elsesser, S.A., et al., Seasons of risk: anticipated behavior on vacation and interest in episodic antiretroviral pre-exposure prophylaxis (PrEP) among a large national sample of U.S. men who have sex with men (MSM). *AIDS Behav*, 2016. 20(7): 1400-1407.
17. Shea, J., et al., "The drug will help protect my tomorrow": perceptions of integrating PrEP into HIV prevention behaviors among female sex workers in Lilongwe, Malawi. *AIDS Educ Prev*, 2019. 31: 421-432.
18. Mpunga, E.P., et al., Qualitative Assessment of Readiness to Use HIV Pre-exposure Prophylaxis among Men Who Have Sex with Men (MSM) in Malawi. 2019, FHI 360: Durham, North Carolina.
19. Zimba, C., et al., The landscape for HIV pre-exposure prophylaxis during pregnancy and breastfeeding in Malawi and Zambia: A qualitative study. *PLoS One*, 2019. 14(10): e0223487.
20. Celum, C.L., et al., HIV pre-exposure prophylaxis for adolescent girls and young women in Africa: from efficacy trials to delivery. *J Int AIDS Soc*, 2019. 22 Suppl 4: e25298.
21. Han, J., et al., PrEP uptake preferences among men who have sex with men in China: results from a National Internet Survey. *J Int AIDS Soc*, 2019. 22(2): 25242.
22. Wang, Z., et al., Prevalence of actual uptake and willingness to use pre-exposure prophylaxis to prevent HIV acquisition among men who have sex with men in Hong Kong, China. *PLoS One*, 2018. 13(2): e0191671.
23. Hoagland, B., et al., High pre-exposure prophylaxis uptake and early adherence among men who have sex with men and transgender women at risk for HIV Infection: the PrEP Brasil demonstration project. *J Int AIDS Soc*, 2017. 20(1): 1-14.
24. Lim, S.H., et al., Willingness to use pre-exposure prophylaxis for HIV prevention among men who have sex with men in Malaysia: findings from an online survey. *PLoS One*, 2017. 12(9): e0182838.
25. Mack, N., et al., Barriers and facilitators to pre-exposure prophylaxis (PrEP) eligibility screening and ongoing HIV testing among target populations in Bondo and Rarieda, Kenya: results of a consultation with community stakeholders. *BMC Health Serv Res*, 2014. 14: 231.
26. Lanham, M., et al., Healthcare providers' attitudes and experiences delivering oral PrEP to adolescent girls and young women: implementation research to inform PrEP rollout in Kenya, South Africa, and Zimbabwe, in 10th IAS Conference on HIV Science. 2019: Mexico City, Mexico.
27. Wahome, E., et al., Factors associated with refusing or stopping PrEP among at-risk MSMs in Kenya, in

Conference on Retroviruses and Opportunistic Infections. 2019: Seattle, Washington.

28. Zheng, Z.W., et al., Preexposure prophylaxis comprehension and the certainty of willingness to use preexposure prophylaxis among men who have sex with men in China. *Int J STD AIDS*, 2019. 30(1): 4-11.
29. Martin, M., et al., Factors associated with the uptake of and adherence to HIV pre-exposure prophylaxis in people who have injected drugs: an observational, open-label extension of the Bangkok Tenofovir Study. *Lancet HIV*, 2017. 4(2): e59-e66.
30. Yi, S., et al., Awareness and willingness to use HIV pre-exposure prophylaxis among men who have sex with men in low- and middle-income countries: a systematic review and meta-analysis. *J Int AIDS Soc*, 2017. 20(1): 21580.
31. Patel, R.C., et al., "Since both of us are using antiretrovirals, we have been supportive to each other": facilitators and barriers of pre-exposure prophylaxis use in heterosexual HIV serodiscordant couples in Kisumu, Kenya. *J Int AIDS Soc*, 2016. 19(1): 21134.
32. Ogunbajo, A., et al., Knowledge and acceptability of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in Ghana. *AIDS Care*, 2019. 32(3): 330-336.
33. Wilcher, R., PrEP, U=U, and Index Testing in Eswatini: Insights from Community Dialogues with MSM, FSW, and Transgender People. 2018, FHI 360: Mbabane, Eswatini.
34. Sineath, R.C., et al., Knowledge of and interest in using preexposure prophylaxis for HIV prevention among men who have sex with men in Thailand. *J Int Assoc Provid AIDS Care*, 2013. 12(4): 227-231.
35. Ngongo, P.B., et al., A survey of stakeholder perceptions towards pre-exposure prophylaxes and prospective HIV microbicides and vaccines in Kenya. *J AIDS Clin Res*, 2017. 8(3): 678-678.
36. Murire, M.R., et al. Service provider insights: Implications for national training and support for PrEP provision in South Africa, in 13th INTEREST Conference. 2019: Accra, Ghana.
37. Sirijatuphat, R., et al., Attitudes, confidence and knowledge towards antiretroviral pre-exposure prophylaxis (PrEP) prescription among healthcare providers in Thailand, in 10th IAS Conference on HIV Science. 2019: Mexico City, Mexico.
38. Mayer, C.M., et al., Distance to clinic is a barrier to PrEP uptake and visit attendance in a community in rural Uganda. *J Int AIDS Soc*, 2019. 22(4): e25276.
39. Liu, C., et al., Factors influencing uptake of pre-exposure prophylaxis: some qualitative insights from an intervention study of men who have sex with men in China. *Sex Health*, 2018. 15(1): 39-45.
40. Ongwande, S., et al., Implementation of a Test, Treat, and Prevent HIV program among men who have sex with men and transgender women in Thailand, 2015-2016. *PLoS One*, 2018. 13(7): e0201171.
41. Tan, K., et al., Cost and anonymity as factors for the effective implementation of pre-exposure prophylaxis: an observational study among gay, bisexual and other men who have sex with men in Singapore. *Sex Health*, 2018. 15(6): 533-541.
42. Wang, X., et al., Understanding willingness to use oral pre-exposure prophylaxis for HIV prevention among men who have sex with men in China. *PLoS One*, 2018. 13(6): e0199525.
43. Koechlin, F.M., et al., Values and preferences on the use of oral pre-exposure prophylaxis (PrEP) for HIV prevention among multiple populations: a systematic review of the literature. *AIDS Behav*, 2017. 21(5): 1325-1335.
44. Were, D., et al., Manifestations of stigma in the context of a national oral pre-exposure prophylaxis (PrEP) scale-up programme in Kenya, in 10th IAS Conference on HIV Science. 2019: Mexico City, Mexico.
45. Eakle, R., et al., Understanding user perspectives of and preferences for oral PrEP for HIV prevention in the context of intervention scale-up: a synthesis of evidence from sub-Saharan Africa. *J Int AIDS Soc*, 2019. 22 (Suppl 4): e25306.
46. Ramadhani, H.O., et al., Determinants of preexposure prophylaxis cascade among Nigerian MSM, in Conference on Retroviruses and Opportunistic Infections. 2019: Seattle, Washington.
47. OPTIONS Consortium, Key Insights and Communications Implications for Oral PrEP Demand Creation among Adolescent Girls and Young Women (AGYW) in Kenya. 2018. Available at: [https://www.prepwatch.org/wp-content/uploads/2018/05/OPTIONS\\_AGYW\\_April2018.pdf](https://www.prepwatch.org/wp-content/uploads/2018/05/OPTIONS_AGYW_April2018.pdf). Accessed 30 Oct 2019.
48. Oldenburg, C.E., et al., Antiretroviral pre-exposure prophylaxis preferences among men who have sex with men in Vietnam: results from a nationwide cross-sectional survey. *Sex Health*, 2016. 13(5): 465-473.
49. Kambutse, I., et al., Perceptions of HIV transmission and pre-exposure prophylaxis among health care workers and community members in Rwanda. *PLoS One*, 2018. 13(11): e0207650.
50. Hu, Y., et al., Associations between perceived barriers and benefits of using HIV pre-exposure prophylaxis and medication adherence among men who have sex with men in Western China. *BMC Infect Dis*, 2018. 18(1): 575.
51. Pintye, J., et al., "I did not want to give birth to a child who has HIV": experiences using PrEP during pregnancy among HIV-uninfected Kenyan women in HIV-serodiscordant couples. *J Acquir Immune Defic Syndr*, 2017. 76(3): 259-265.

52. Karuga, R.N., et al., “How I wish this thing was initiated 100 years ago!” Willingness to take daily oral pre-exposure prophylaxis among men who have sex with men in Kenya. *PLoS One*, 2016. 11(4): e0151716.
53. Golub, S.A., PrEP Stigma: implicit and explicit drivers of disparity. *Curr HIV/AIDS Rep*, 2018. 15(2): p190-197.
54. Bourne, A., et al., Willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia: findings from a qualitative study. *J Int AIDS Soc*, 2017. 20(1): 21899.
55. Eakle, R., et al., Motivations and barriers to uptake and use of female-initiated, biomedical HIV prevention products in sub-Saharan Africa: an adapted meta-ethnography. *BMC Public Health*, 2017. 17(1): 968.
56. Idoko, J., et al., “Why should I take drugs for your infection?”: outcomes of formative research on the use of HIV pre-exposure prophylaxis in Nigeria. *BMC Public Health*, 2015. 15: 349.
57. Venkatesan, C., et al., Acceptability of HIV pre-exposure prophylaxis (PrEP) and implementation challenges among men who have sex with men in India: a qualitative investigation. *AIDS Patient Care and STDs*, 2015. 29(10): 569-577.
58. Nakku-Joloba, E., et al., Beyond HIV prevention: everyday life priorities and demand for PrEP among Ugandan HIV serodiscordant couples. *J Int AIDS Soc*, 2019. 22(1): e25225.
59. Koss, C.A., et al., Early adopters of human immunodeficiency virus preexposure prophylaxis in a population-based combination prevention study in rural Kenya and Uganda. *Clin Infect Dis*, 2018. 67(12): 1853-1860.
60. Uthappa, C.K., et al., Pre-exposure prophylaxis (PrEP): attitudes, preferences and risk compensation behavior among men who have sex with other men (MSM) in India. *IntJ Inf Dis*, 2016. 45: 271-271.
61. Corneli, A., et al., Perception of HIV risk and adherence to a daily, investigational pill for HIV prevention in FEM-PrEP. *J Acquir Immune Defic Syndr*, 2014. 67(5): 555-563.
62. Celum, C., et al., Adherence 3 months after PrEP initiation among young African women in HPTN 082, in Conference on Retroviruses and Opportunistic Infections. 2019: Seattle, Washington.
63. Wilson, E.C., et al., Barriers and facilitators to PrEP for transwomen in Brazil. *Global Public Health*, 2019. 14(2): 300-308.
64. Shamu, P., et al., PrEP and condom use among female sex workers: findings from a study in South Africa, in 13th INTEREST Conference. 2019: Accra, Ghana.
65. Michie, S., et al., Behaviour change techniques: the development and evaluation of a taxonomic method for reporting and describing behaviour change interventions (a suite of five studies involving consensus methods, randomised controlled trials and analysis of qualitative data). *Health Technol Assess*, 2015. 19(99): 1-188.

## ANNEX B

## Key stakeholders consulted

Stakeholder Entity	Name of Interviewee	Position
Department of HIV and AIDS	Dr. Washington Ozitiosauka	PrEP Coordinator and Chief Programme Officer
National AIDS Commission	Ms. Tione Chilambe	Acting Director of Policy and Programmes
	Dr. Barinaadaa Afirima	Senior Technical Advisor
	Mr. Eric Dakamau	Coordinating Officer
	Dr. Andrina Mwansambo	Head of Policy Support and Development
	Mr. Dominic Gondwe	HIV Prevention and Management Officer
	Mr. Ellious Chasukwa	HIV Prevention and Management Officer
UNC Project	Dr. Friday Saidi	Research Medical Officer
USAID/LINKAGES, FHI 360	Eliza Mpunga	Senior Technical Officer
	Dunia Chiwala	Behavioural Change Communication Advisor
Family Planning Association of Malawi (FPAM)	Tazirwa Chipeta	Director of Programmes
ACTION AID	Innocent Malomo	Technical Lead, HIV
	Gladson Mopiwa	AGYW Coordinator
	Janet Mbwadzulu	Communication Officer
Lighthouse Trust	Christine Kamamia	M&E Technical Assistant
	Friday Pharaoh	Research Coordinator
	Ackim Sankhani	Medical Programmes Officer
JournAIDS	Dingaan Mithi	Programmes Manager
JHPIEGO	Daniel Pindani	KP/PP Project Officer
	Charles Gona	Project Coordinator, CEDEP
	Mayeso Mpaso	KP/PP Technical Specialist
	Gervas Mgoli	District Technical Lead
	Mary Busiley	District Technical Lead
	Alice Munthali	DREAMS Program Coordinator
	Ibrahim Nedson	HTS/ART Supervisor, Umunthu Foundation
EGPAF	Felix Genti	District Technical Officer
	Lucy Khonyongwa	District Technical Lead
	Charles Sekani	District Technical Officer
	Wezzie Luhanga	District Technical Officer
	Happy Mpasa	District Technical Officer
	Patrick Ngwira	TB CEC
	Innocent Kafakalawa	Quality Improvement Officer
	Pakachere	Simon Sikwese
Grace Kumwenda		Chief of Programmes
One Community	Glory Mkandawire	Chief of Party
	Thomas Ofem	Senior Advisor-Prevention

## ANNEX C Participants in co-design workshop

Participant	Stakeholder Entity
Ackisa Sankhani	Lighthouse Trust
Alinafe Kalanga	Mulanje District Health Office
Alkei Tembeta	LITE
Chikondi Milanzi	Machinga District Health Office
Damaless Dzingovera	Female Sex Worker Association (FSWA)
Dunia Chiwala	FHI 360
Dyson Telela	Clinton Health Access Initiative (CHAI)
Fatima Zulu	U.S. Centers for Disease Control and Prevention (CDC)
Fatsani Gadama	FHI 360
Friday Saidi	University of North Carolina (UNC) Project
Happy Mpawa	Elizabeth Glazer Pediatric AIDS Foundation (EGPAF)
James Odek	U.S. Agency for International Development (USAID)
Jessie Chirwa	Ministry of Health
Lucia Matambo	Salima District Health Office
Lydia Chimtembo	Ministry of Health
Maria Ngulube	Centre for the Development of People (CEDEP)
Maria Sanena	Partners in Hope
Michael Elia	Ministry of Health
Pius Mtike	FHI 360
Veronica Ng'oma	Blantyre District Health Office
Washington Ozituosauka	Ministry of Health
Yonasi Chisi	Salima District Health Office

## ANNEX D COM-B Model

# construct definitions

### CAPABILITY

1. **Knowledge** – an awareness of the existence of something.
2. **Skills** – an ability or proficiency acquired through practice.

### OPPORTUNITY

3. **Environmental context and resources** – aspects of a person's situation or environment that discourage or encourage the behaviour.
4. **Social influences** – those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours.

### MOTIVATION

5. **Memory, attention and decision-making processes** – the ability to retain information, focus selectivity on aspects of the environment, and choose between two or more alternatives.
6. **Beliefs about consequences** – acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation.
7. **Beliefs about risk** – perceptions of the likelihood that the person is vulnerable to the threat.
8. **Perceived action efficacy** – belief that the promoted behaviour will reduce the risk of a person being affected by the problem or threat.
9. **Beliefs about capabilities** – acceptance of the truth, reality, or validity about an ability, talent, or facility that a person can put to constructive use.

Definitions taken from: Cane, J., et al., *Validation of the theoretical domains framework for use in behaviour change and implementation research*. *Implement Sci*, 2012, 7: 37.



## ANNEX E

## Priority audience profiles

PRIORITY AUDIENCE	YOUNG WOMEN (18-24)
<b>Name</b>	<b>Angela</b>
	<p>Angela is 18 years old and, although she is not currently enrolled in school, has some education. She lives with her parents in a peri-urban area and has limited privacy, since she shares space with her siblings. She spends her days helping her mother around the house and socialising with friends, and sometimes selling things in the market to make some money. She hopes to start a family someday, but for now, she relies on other people to meet her basic needs. She is already sexually active and usually has at least one older sexual partner who will provide her with gifts and money. She doesn't always use condoms, because she relies on her partners to supply condoms, which they don't often do, preferring "live sex." She has incomplete knowledge about HIV prevention methods in general and had never heard of PrEP. However, she might be open to anything that allows her to protect what's important to her, like her independence and social standing. She does question if a pill could really defend her from HIV. She also worries about potential side effects and what her friends and family would think if they learned she was using PrEP. She doesn't want to be thought of as promiscuous or HIV-positive.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Has sex with older men as well as age-mates</li> <li>▶ Does not tend to use condoms consistently</li> <li>▶ Has never gotten an HIV test</li> <li>▶ Drinks alcohol</li> </ul>
Best way to reach her	<ul style="list-style-type: none"> <li>▶ Radio, especially music and drama series programmes (e.g., Zathu)</li> <li>▶ In-person discussions (e.g., groups led by peer educators or champions, health care providers, etc.)</li> <li>▶ Community edutainment events (e.g., market days, mobile vans, etc.)</li> <li>▶ Print materials (e.g., easy-to-read leaflets, pamphlets, etc.)</li> <li>▶ Social media (e.g., WhatsApp, data-free Facebook pages, etc.)</li> </ul>
Key influencers in her life	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Parents/family</li> <li>▶ Sexual partners</li> <li>▶ Teachers, religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about her	<ul style="list-style-type: none"> <li>▶ Likes: to spend time with her friends, gossiping and talking about their own lives</li> <li>▶ Wants: to live a comfortable life where she is seen as keeping up with trends</li> <li>▶ Thinks: that maintaining a good relationship is more important than worries about her longer-term health</li> <li>▶ Believes: she is not at great risk of HIV infection</li> </ul>

PRIORITY AUDIENCE	FEMALE SEX WORKER, HOT SPOT-BASED
<b>Name</b>	<b>Alice</b>
	<p>Alice, 23 years old and single, rents a room in a house in a peri-urban area where she lives with her young son. She started selling sex a few years ago, shortly after the birth of her son, to make money to support them. She spends most of her evenings in local “hot spots,” where she drinks and finds clients. She understands her HIV risk but worries more about losing clients by always insisting on condoms. She has been tested for HIV during outreach conducted by local organisations and has tested negative so far, so she feels lucky. She has heard of PrEP but doesn't know much about it, only that it is a pill you take every day. She does worry what her friends and clients would think if they discovered she was using PrEP. They might think she was HIV-positive, which could be bad for business. She also questions if she would be able to take a pill every day, given her lifestyle of late nights and drinking, and worries about potential side effects.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Sells sex to men she meets in “hot spots”</li> <li>▶ Uses condoms when her clients accept them</li> <li>▶ Drinks alcohol</li> </ul>
Best way to reach her	<ul style="list-style-type: none"> <li>▶ In-person discussions (e.g., groups led by peer educators or champions, health care providers, etc.)</li> <li>▶ Activations in hot spots (e.g., outreach, mobile vans, etc.)</li> <li>▶ Outreach through drop-in centres</li> </ul>
Key influencers in her life	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Family</li> <li>▶ “Big Mamas”</li> <li>▶ Clients</li> <li>▶ Regular, non-paying sexual partner</li> <li>▶ Hot spot owners</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about her	<ul style="list-style-type: none"> <li>▶ Likes: to look healthy and attractive</li> <li>▶ Wants: to watch her child grow up and get ahead in life</li> <li>▶ Thinks: she has a responsibility to provide for her family</li> <li>▶ Believes: being associated with HIV would make her less “marketable” to clients</li> </ul>

PRIORITY AUDIENCE	FEMALE SEX WORKER, HOME-BASED
<b>Name</b>	<b>Mary</b>
	<p>Mary is 32 years old and a divorced mother with two children. She rents a smart house in an urban area and runs a small saloon to make money. She also does some cross-border business and will have sex with men in exchange for money. She doesn't think of herself as a sex worker, because she doesn't frequent "hot spots" and has other sources of income. Many of her clients are "regulars" whom she knows well. She has heard of PrEP but doesn't know much about it, only that it is a pill you take every day. She does worry what her friends and clients would think if they discovered she was using PrEP. They might think she was HIV-positive, which could be bad for business. She also questions if she would be able to take a pill every day, given all the things happening in her life, and worries about potential side effects.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Sells sex to men she meets in saloons and through her other businesses</li> <li>▶ Only uses condoms when her clients accept them</li> <li>▶ Drinks alcohol</li> </ul>
Best way to reach her	<ul style="list-style-type: none"> <li>▶ In-person discussions (e.g., home-visits by peer educators or champions, health care provider counselling and referrals, etc.)</li> <li>▶ Outreach through drop-in centres</li> </ul>
Key influencers in her life	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Clients</li> <li>▶ Family</li> <li>▶ Regular, non-paying sexual partner</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about her	<ul style="list-style-type: none"> <li>▶ Likes: to look good and spend time with her children</li> <li>▶ Wants: to be admired by her peers and watch her child grow up</li> <li>▶ Thinks: living independently is the best way to live</li> <li>▶ Believes: being associated with HIV would make her less "marketable" to clients</li> </ul>

PRIORITY AUDIENCE	MEN WHO HAVE SEX WITH MEN (18-30), SELF-IDENTIFYING
<b>Name</b>	<b>Thomas</b>
	<p>Thomas is 23 years old and single. He self-identifies as gay and socialises with other men like him, whom he's met through his social network or at events at drop-in centres. He isn't "out" to his family: they don't talk about his relationships, but he knows they wouldn't approve of his sexuality. He lives in an urban area with his parents, so he doesn't have much privacy. He has been sexually active since he was 17 years old and has had a few regular partners. His sexual partners are sometimes older men who don't self-identify as gay, and he's usually the receptive partner when he has sex. He got an HIV test a few months ago but doesn't worry much about HIV, since he doesn't have sex with women. He has heard of PrEP but doesn't know how it works. He worries how his sexual partners would react if they learned he was using PrEP and doesn't want them to think he is promiscuous or HIV-positive. Also, getting PrEP from a health facility would mean he would be subject to the judgment of health care providers, which he wants to avoid. He questions how one pill a day could really prevent HIV infection and worries about side effects and his ability to remember to take a pill every day.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Has multiple male sexual partners</li> <li>▶ Does not tend to use condoms consistently</li> <li>▶ Usually the passive partner ("bottom") during sex</li> <li>▶ Has exchanged sex for money or gifts in the past</li> <li>▶ Will typically meet partners at clubs (executive) or hotels</li> <li>▶ Does not get tested regularly for HIV</li> <li>▶ Drinks alcohol</li> </ul>
Best way to reach him	<ul style="list-style-type: none"> <li>▶ Radio music programmes</li> <li>▶ In-person discussions (e.g., groups led by peer educators or champions, health care providers, etc.)</li> <li>▶ Community edutainment events (e.g., market days, mobile vans, etc.)</li> <li>▶ Print materials (e.g., easy-to-read leaflets, pamphlets, etc.)</li> <li>▶ Social media (e.g., WhatsApp, data-free Facebook pages, etc.)</li> </ul>
Key influencers in his life	<ul style="list-style-type: none"> <li>▶ Peers</li> <li>▶ Sexual partners</li> <li>▶ Parents/family</li> <li>▶ Religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about him	<ul style="list-style-type: none"> <li>▶ Likes: to spend time gossiping with friends</li> <li>▶ Wants: to have a longer-term boyfriend</li> <li>▶ Thinks: HIV isn't something he needs to worry about</li> <li>▶ Believes: that being true to himself is important but doesn't want to upset his family relationships</li> </ul>

PRIORITY AUDIENCE	MEN WHO HAVE SEX WITH MEN (30-45), “HIDDEN” BISEXUAL
<b>Name</b>	<b>Joseph</b>
	<p>Joseph is a 35-year-old married man who lives in an urban area with his wife and two children. He self-identifies as a straight man but likes to have sex with young men he meets at executive clubs and hotels or through dating apps/websites. He's a successful businessman and travels a lot for work, which is when he usually finds young men to have sex with. He will sometimes give these men gifts or money after they have sex with him. He doesn't perceive himself as being at high risk of HIV because he's very careful about the young men he selects for sex and tries to get to know them before he has sex with them. He's never gotten an HIV test himself but assumes he's negative because his wife tested negative a few years ago when she was attending antenatal care services. He has never heard of PrEP. Since he is married, he might be worried about using PrEP because his wife might find the pills and question him. He would also be reluctant to access services at a health facility because that would mean “outing” his behaviour to a health care provider.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Has multiple male sexual partners</li> <li>▶ Does not tend to use condoms with male partners</li> <li>▶ Has given sexual partners money or gifts in the past</li> <li>▶ Will typically meet partners at clubs (executive) or hotels or through dating apps/website</li> <li>▶ Has never gotten an HIV test</li> <li>▶ Drinks alcohol</li> </ul>
Best way to reach him	<ul style="list-style-type: none"> <li>▶ Sexual partner networks (e.g., referrals through Enhanced Peer Outreach Approach, etc.)</li> <li>▶ Activations in executive clubs (e.g., casinos, hotel bars, VIP clubs, etc.)</li> <li>▶ Social media (e.g., WhatsApp, dating apps/websites)</li> </ul>
Key influencers in his life	<ul style="list-style-type: none"> <li>▶ Sexual partners</li> <li>▶ Religious and community leaders</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about him	<ul style="list-style-type: none"> <li>▶ Likes: to drink and socialise with other successful men</li> <li>▶ Wants: to be viewed as a successful family man</li> <li>▶ Thinks: having sex with other men does not make you gay</li> <li>▶ Believes: he is not at risk of HIV infection because he is careful about who he has sex with</li> </ul>

PRIORITY AUDIENCE	SERO-DISCORDANT COUPLES
<b>Name</b>	<b>Maziko and Lucy</b>
	<p>Maziko and Lucy are a married couple. They have been together for over 12 years. Maziko is well educated, and Lucy has some education as well. They live in a peri-urban area with their two children and are a traditional family, with Maziko making most of the decisions. They both desire more children and want a big family. They've been a sero-discordant couple for about seven years, which has brought some strain and stress to their relationship. They've been enrolled in an antiretroviral treatment (ART) programme, which has help them work through the strain by improving their communication. They feel that the risk of the uninfected partner becoming HIV-positive is low. They've never heard of PrEP and would be open to it, because it might improve trust and intimacy in their relationship. They would worry about potential side effects, because they have first-hand experience with ART drugs and know how they affect people. They would also need to know how well PrEP works to defend against HIV transmission and would need support for daily pill-taking.</p>
Current risk behaviours	<ul style="list-style-type: none"> <li>▶ Both have side partners they see occasionally</li> <li>▶ Inconsistent use of condoms</li> <li>▶ Enrolled in an ARV treatment programme</li> </ul>
Best way to reach them	<ul style="list-style-type: none"> <li>▶ Radio and TV</li> <li>▶ In-person discussions (e.g., home-visits by peer educators or champions, health care providers, etc.)</li> <li>▶ Outreach in treatment programme services</li> <li>▶ Social media (e.g., WhatsApp, data-free Facebook pages, etc.)</li> </ul>
Key influencers in their life	<ul style="list-style-type: none"> <li>▶ Family and community members</li> <li>▶ Religious and community leaders</li> <li>▶ Peers</li> <li>▶ Health care providers and support staff</li> <li>▶ Media</li> </ul>
Key insights about them	<ul style="list-style-type: none"> <li>▶ Like: to spend time with their children and friends</li> <li>▶ Want: to be admired by their friends and other families</li> <li>▶ Think: men have a responsibility to make decisions for the family</li> <li>▶ Believe: HIV has created tension in their relationship and has made intimacy more stressful</li> </ul>



