



INTERNATIONAL
PARTNERSHIP FOR
MICROBICIDES

Advancing Women's Empowerment: *Innovations in HIV prevention and SRHR*

Sharyn Tenn, Senior Director, External Affairs
International Partnership for Microbicides (IPM)

UN CSW Parallel Event
NY, NY , 20 March 2016

Developing HIV Prevention *Products*
for **Women** *worldwide*

IPM's Mission

To develop HIV prevention products and new sexual and reproductive health solutions for women in developing countries

About us

- Nonprofit product developer
- Founded in 2002
- Offices in South Africa and the United States



Where We are Today

- HIV/AIDS is the *leading cause of death among women of reproductive age*
- Young women and adolescent girls make up almost **60% of new infections** among young people aged 15-24
- **Nearly 60%** of adults with HIV in sub-Saharan Africa (SSA) are women
- Young women ages 15-24 account for **25% of new adult infections** in SSA
- Women **can be more than five times as likely as men** to acquire HIV in SSA



Where We are Today

- An estimated **25% of pregnancy-related deaths** in the region are due to HIV/AIDS
- Complications due to **unintended pregnancy** are a **leading cause of maternal mortality**.
- An estimated **225 million women** in developing countries have an unmet need for effective, modern contraceptives.
- In 2015 **303,000 women died from pregnancy and childbirth**; 99% occurred in developing countries.

Factors in Women's Vulnerability

- **Gender inequities**
 - *Gender-based and intimate partner violence*
 - *Financial dependence on male partners*
 - *Difficulty negotiating condom use*
- **Young women at even higher risk**
 - *Limited access to SRH information and health services*
 - *Perception of risk*
 - *Early marriage*
 - *Intergenerational sex*



The Promise of New Technologies

- **Women-initiated technologies** are a key component of a comprehensive prevention package
- No one option will suit everyone; to end the epidemic, **women need multiple options** that meet their various needs, including:
 - Oral PrEP, long-acting rings, MPTs, injectables and vaccines



Oral PrEP



Vaccine



Injectable



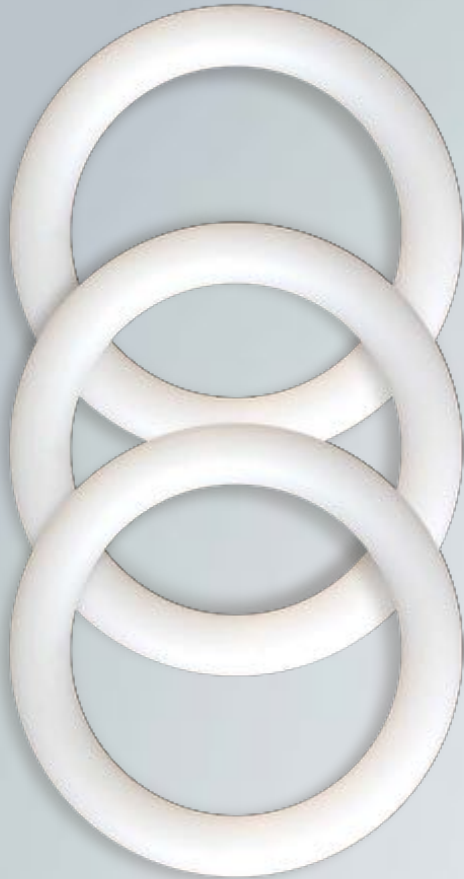
Vaginal
Ring

Monthly Dapivirine Ring



- *Discreet and woman-controlled*
- *First long-acting HIV prevention method for women*
- *Self-inserted* monthly
- *Slowly releases ARV drug dapivirine*
- *Found to be safe and effective*

Dapivirine Ring Study Results



- In 2016, IPM's monthly dapivirine ring was found to safely and effectively protect **one in three women** or approximately 30% overall
- Higher protection seen in women older than 21 – up to 56%
- Exploratory analyses suggest 75% and higher efficacy with near-perfect use

What's next for the dapivirine ring?

- *Two open-label extension studies* that provide the ring to former trial participants



- Additional safety, adherence studies on *ring and PrEP use among females ages 16-21.*
- *Submissions to regulatory authorities* in 2017
- Preparations for *possible market introduction in 2019*
- *End-user focused research to identify the prevention needs of younger women*

New tools for women to prevent HIV and protect their sexual and reproductive health could advance women's empowerment and support the achievement of the SDGs



#Innovate4Her



Goal 3.

Ensure healthy lives and promote well-being for all at all ages

Microbicides would reduce the burden of HIV/AIDS and improve the health and well-being of women and their children.

Goal 4.

Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

New and practical HIV prevention options would help girls and young women stay in school and improve their chances for employment later.



equitable education



#Innovate4Her

Goal 5.

Achieve gender equality and empower all women and girls

New female-initiated HIV prevention products are a crucial part of a rights-based toolkit that will empower women and girls to protect their own well-being.



gender equality

Goal 8.

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

New HIV prevention tools for women would lower HIV infection rates, allow healthy women to pursue employment, and help sustain strong and productive workforces.



productive employment



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Thank You



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AVAC

Global Advocacy for HIV Prevention



HIV Prevention Choices for AGYWs

Anabel Gomez
Global Marketing Manager of
Product Introduction & Access,
AVAC
March 20 2017

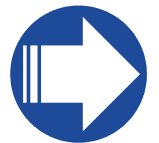
Prevention market manager



Understand the end user



Understand the payers of prevention

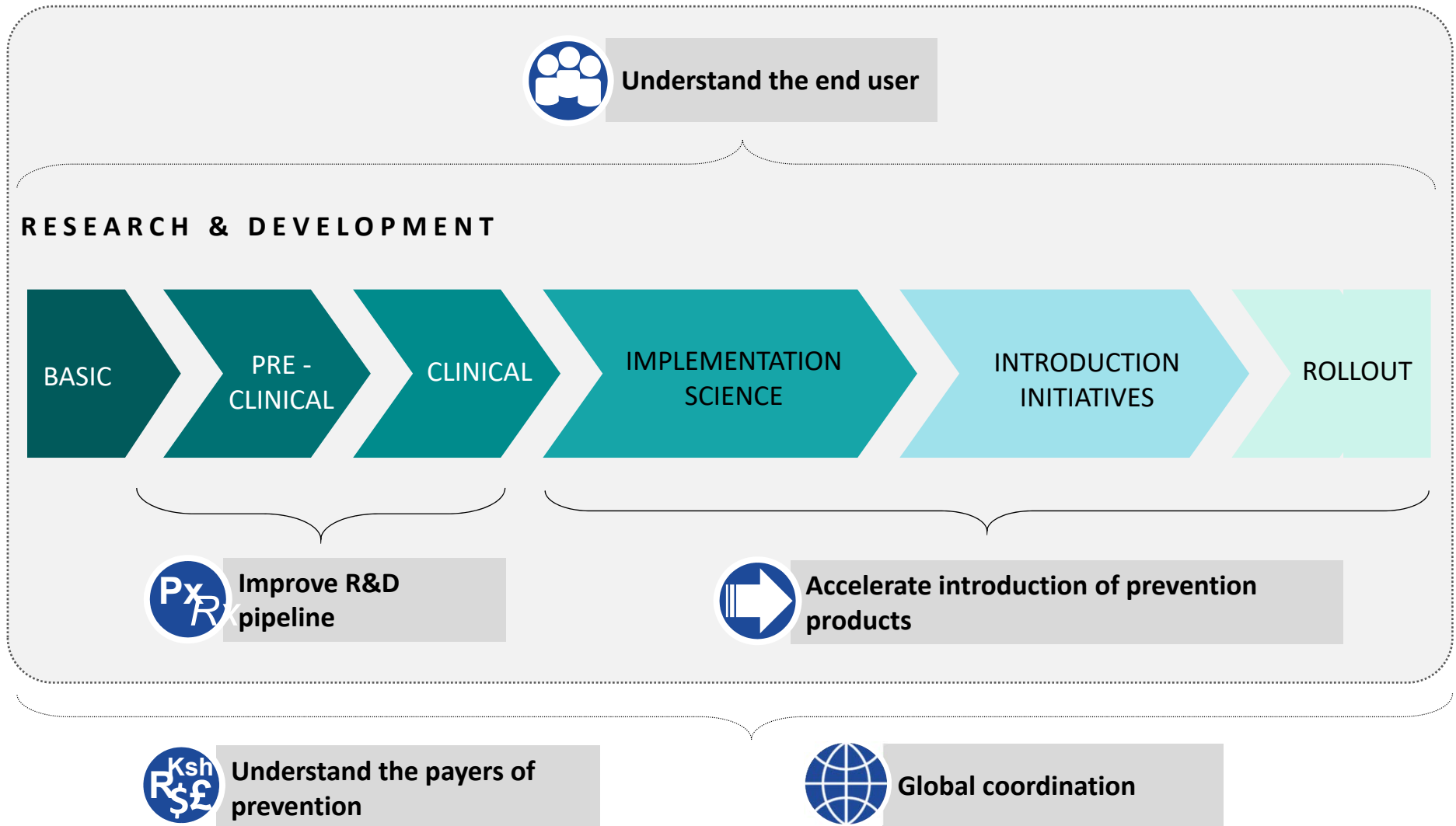


Accelerate introduction of prevention products



Global coordination

Research to Rollout Continuum



True or false

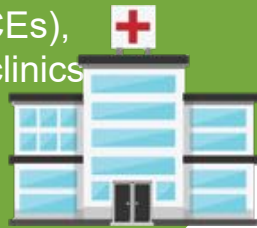
- Contraceptive use is greater when more methods are available?
- Does improving features of current FP methods, or introducing new methods increase uptake?

Jilinde Goal 1:

Supply

Strengthen service delivery sites that KP and AGYW already frequent by integrating PrEP into existing combination prevention activities

Drop in Service Centers (DICEs), social franchise and private clinics, public health facilities, youth friendly centres



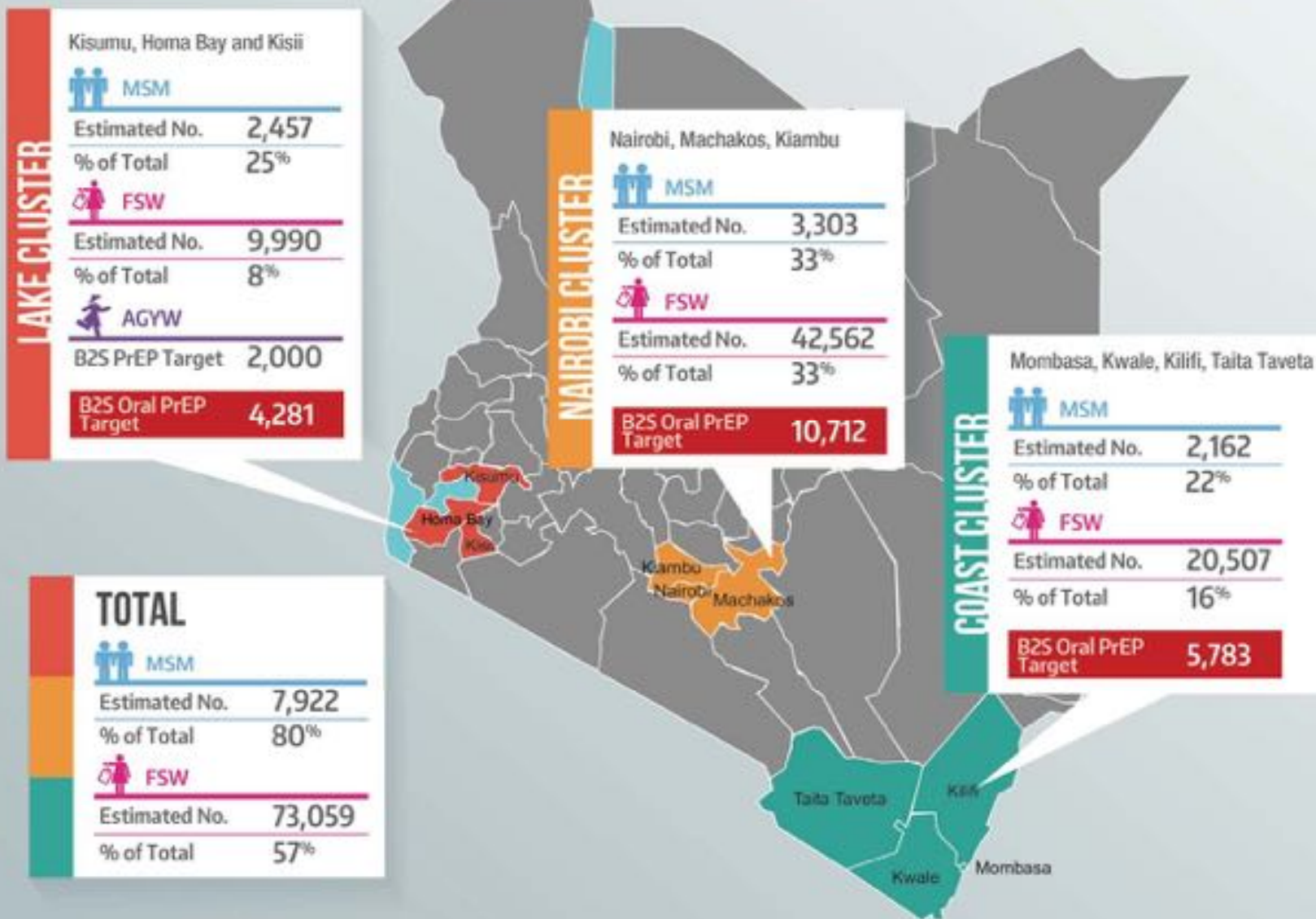
Demonstrate that oral PrEP works to reduce HIV incidence among key populations and AGYW when implemented at a population level in “real life” routine service delivery

Demand

Promote PrEP and encourage retention & adherence using human-centered design methodologies and behavioral economics



TARGET POPULATION AND GEOGRAPHIC LOCATION



*Source: Estimates from University of Nairobi and University of Manitoba program and survey data. % of total refers to the total estimated number of MSM and FSW calculated in a mapping exercise conducted by NASCOP in 2013.

True or false

- Fewer girls than boys, aged 15-19, have basic knowledge about how to protect themselves from HIV/AIDS?
- Children's participation in formal schooling is decreasing in African countries with the highest prevalence of HIV?

Thank You and Questions



UNCSW WORKSHOP

Crossover opportunities to improve the lives of young women

*Generating opportunities for partnership
between economic empowerment and
sexual reproductive health agendas*

MARCH 20, 2017



Partners: Who are we?



Project Partner

Office of HIV & AIDS
Center for the Acceleration
of Innovation & Impact



Project Partner

DPV ring developers

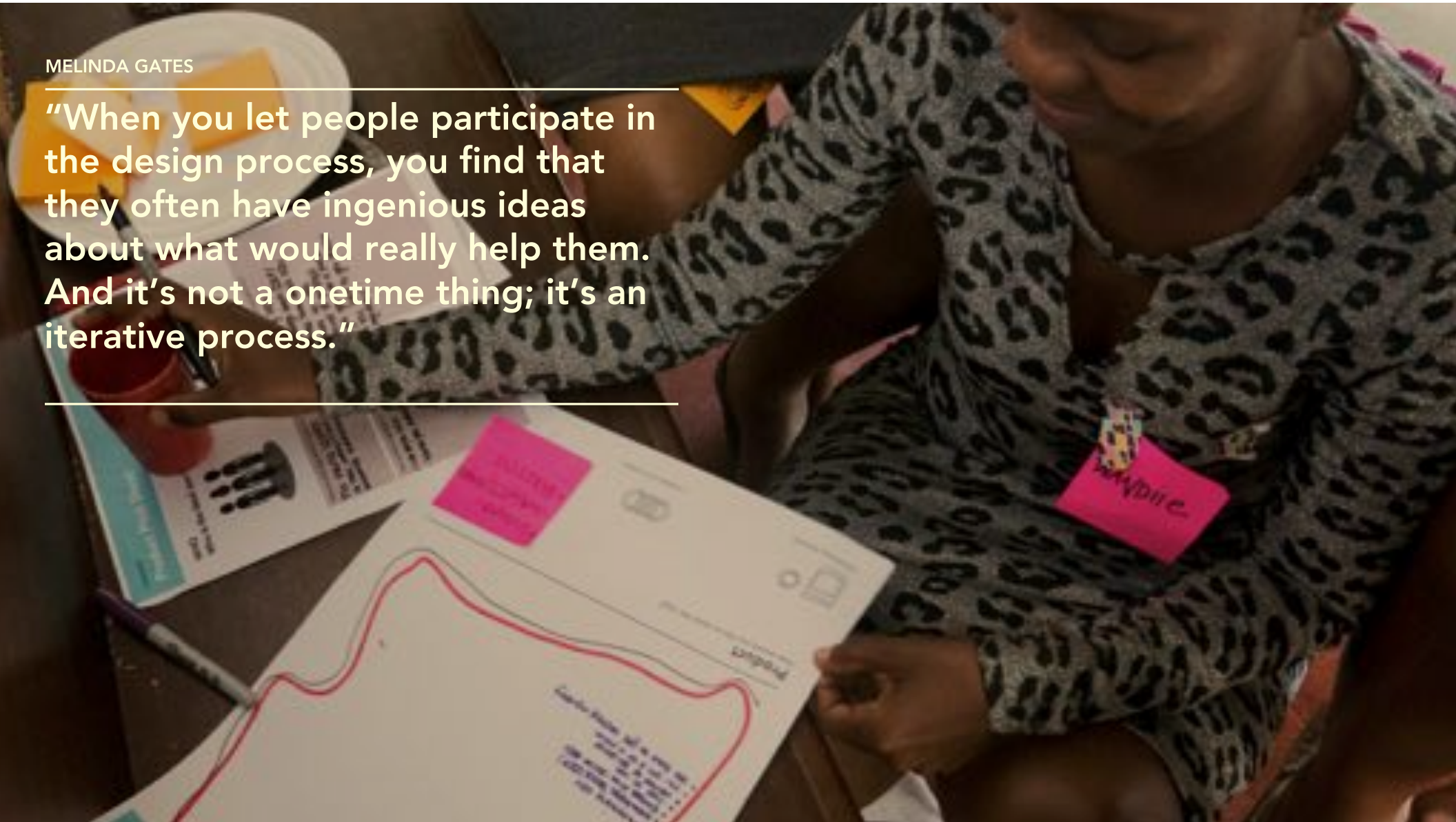


Research & Design Partner

Design Impact Group

MELINDA GATES

"When you let people participate in the design process, you find that they often have ingenious ideas about what would really help them. And it's not a onetime thing; it's an iterative process."



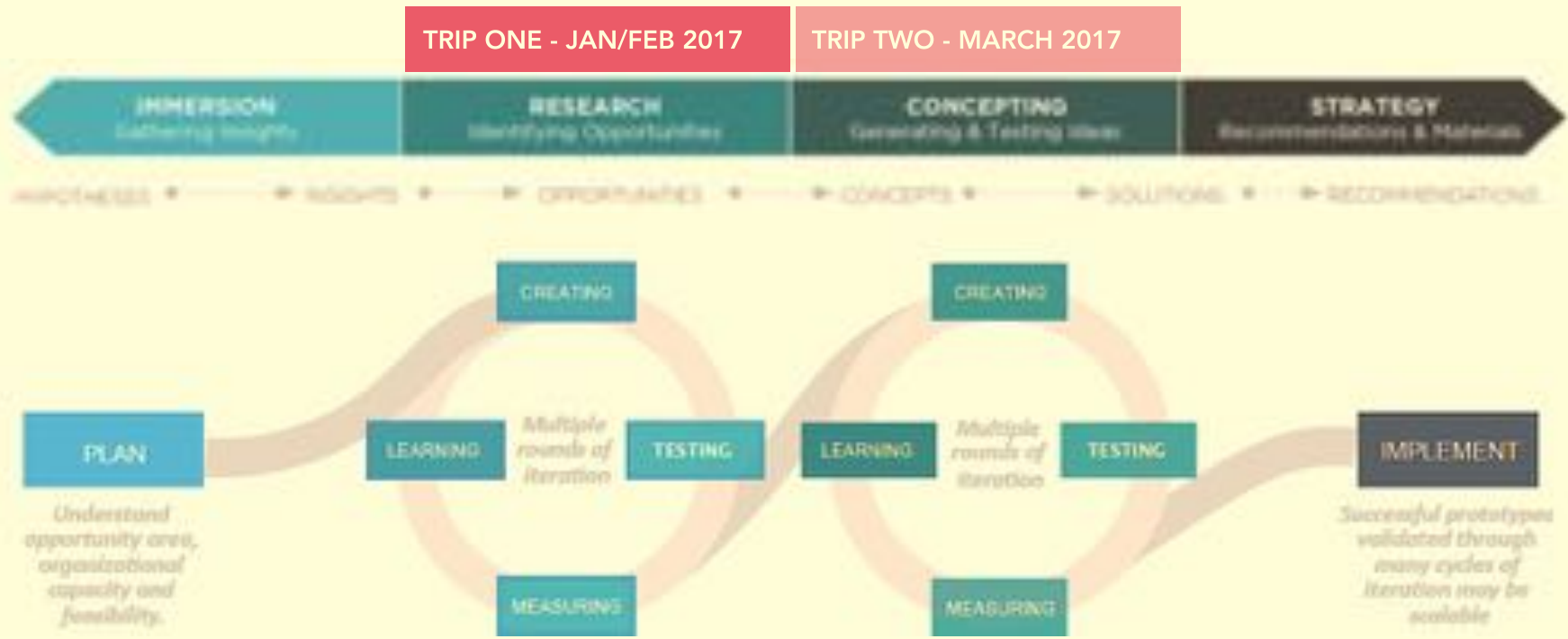
How does Human Centered Design fit into health research?

HCD can be thought of as a **qualitative approach** that complements **social and behavioral research** and **market research**. Additionally, HCD is **generative** and can support better understanding of users and stakeholders to inform design in areas such as:

- **Product development:** Behavioral insights from HCD can inform how a product can be best designed to be intuitive, useful, and easy-to-use for users.
- **Access and engagement:** Creative ways to fit into the lives of users and their influencers
- **Entry strategy:** Novel ways to enter the market and engage new users.



Human-Centered Design (HCD) Process



HCD User Research



50

Young Women Engaged



Individual Interviews
Workshops

South Africa

7

Health Practitioners Interviewed



Individual & Small Group Interviews

Uganda

South Africa

20

Young Men Engaged



Workshop

South Africa

28

Community Leaders Engaged



Meetings & Conversations

Uganda

South Africa

2

Women's Social Events



South Africa

Approach: Methodologies

We used a variety of HCD approaches that are interactive, visual, and generative.



THE REALITY

Women often bear the burden of sexual reproductive health management in their relationships, both decisions and consequences.

“A woman tests negative [for HIV], and then the man doesn’t want to test. She [the wife] then doesn’t know [for sure] the status of her husband.”

*“I stay alone. I raise these children by myself.”
“My husband has the money... I can’t get enough to pay (for family planning) on my own”*

“Women may get treatment for an STI, but they get reinfected because of their partners.”



CONNECTING THEMES

- 1. Individual:** Agency & Reactivity
- 2. Relationships:** Men & Gender Norms
- 3. Social:** Support & Connectivity
- 4. Societal:** Economic Participation

Individual: Reactivity & Agency

Sex is taboo, especially teen sex. Meaningful discussion about sexual reproductive health tends to be reactive, often **only initiated following an adverse event.**

“My mom, we talk (about sex) now... but not until after I gave birth. If she would have talked to me about it earlier, I might not have gotten pregnant.”

-Illovo Workshop 01



Relationships: Men & Gender Norms

In relationships, men must at least feel in control, so women assert personal preferences in secret and conceal anything that could create conflict. **Decisions women make independently, without consulting their partners, are regarded with suspicion.**

“I (would) feel disappointed if she got the implant. She must tell me first. It is our decision.”

-Male participant



Social: Support & Connectivity

Positive social gatherings and forums for discussion on women's issues are rare. Women are hungry for safe spaces to open up – share stories, information, and personal aspirations.

“We become friends because of something bad, not something good.”

-Female participant



Societal: Economic Participation

A woman's education & employment participation is tied to sexual and reproductive health. Unplanned pregnancies and HIV-stigma often leads to changed plans or limited economic options.

"I had my child when I was 15. I couldn't go to school. I wanted to be a nurse... now I just try to do our neighbors' laundry when I can. It's a very hard life."

-Young Woman



Connecting the Dots

MATERNAL, NEONATAL & CHILD HEALTH

How might we help her to take better care of herself so she can have a healthier child?

EMPLOYMENT

How might we help her access skills and tools to find employment and / or start a microenterprise?

AGRICULTURAL DEVELOPMENT

How can we develop a tool that allows her to produce a higher yield of products?



DIGITAL ACCESS

How might we help her access digital tools and service to reduce her sense of isolation and increase here access to information and services?

SAVINGS

How might we help her save for her future and maintain control over her savings?

CREDIT / CREDIT SCORE

How might we help her access credit to invest in her future at more fair and sustainable terms, while building up a credit a score?

FAMILY PLANNING

What types of contraceptives will she be comfortable using?

EDUCATION

How might we help her remain in school and delay starting a family until she is ready?



15 min

Activity One

Completing Her Journey



Personas

What is a persona?

Personas are stylized descriptions of users representing target segments, each with idealized needs, motivations, and behaviors. They are often composites of research participants, often provoked or exaggerated to highlight differences.

How is a persona used?

Personas are used to explore need states and use cases in depth. They aid a more in-depth and tailored approach to designing for particular types of users, such as those segmented along behavioral or attitudinal lines.

Grace: Alone & vulnerable



"I was young. I did not know about love then."

AGE: 20
RELATIONSHIP: Casual boyfriend
CHILDREN: 2 (3 year old and 1 year old)

BACKGROUND

Grace has faced some difficult times in her life. Born to a poor mother and absent father, who were unable to provide much for her, Grace moved around to several different neighborhoods growing up. As a result, she does not have many friends or family members on whom she can rely. She has had several boyfriends in the past, but the relationships have often been short-lived, and they tended to be controlling and sometimes abusive men.

She had her first child, a son, when she was 17 and still in school. Her pregnancy forced her to leave school temporarily, which left her behind her classmates, leading her to not pass her final exams when the time came. After school, at 19, she had a second child, a girl. Right now, Grace is living in a small one-room apartment with her now two children, struggling to make ends meet. She loves her children dearly, but is resigned to her lot in life, believing that things cannot and will not change much. She does, however, aspire to find a steady job that will allow her to feed her children and herself. She is currently involved casually with a man who lives nearby, but he does not support her in any way.

INTERNAL SUPPORT

How empowered is she?

Grace feels strongly about her children's healthcare. However, she is not very empowered on a personal level, either for her own health nor her relationships.

RISK FACTORS

- Sleeping with a man who is likely not faithful to her
- Unsure of her HIV status

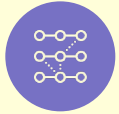
EXTERNAL SUPPORT

How supported is she?

Grace's mother lives far away and does not keep in touch much, although Grace asked for her advice a few times, especially during her pregnancies. No close friends or family nearby, but does have a few less intimate friends who she sees on occasion. She relies primarily on the health workers at her nearby clinic for health advice and care.

HEALTH-SEEKING BEHAVIORS

- Regularly takes her children to clinics for their vaccinations, check ups, etc
- Started receiving birth control injections after her second child
- Goes in approximately every three months for her injections, whenever they coincide with her children's appointments
- Consults a nearby sangoma on occasion



Journey: Bringing the Journey & Personas to Life

What is a journey map?

A visualized collection of *consolidated insights* mapped *chronologically* along a product/service experience. Journey maps also *identify opportunities* based on an *end-to-end understanding* of the customer experience.

How do you use a journey map?

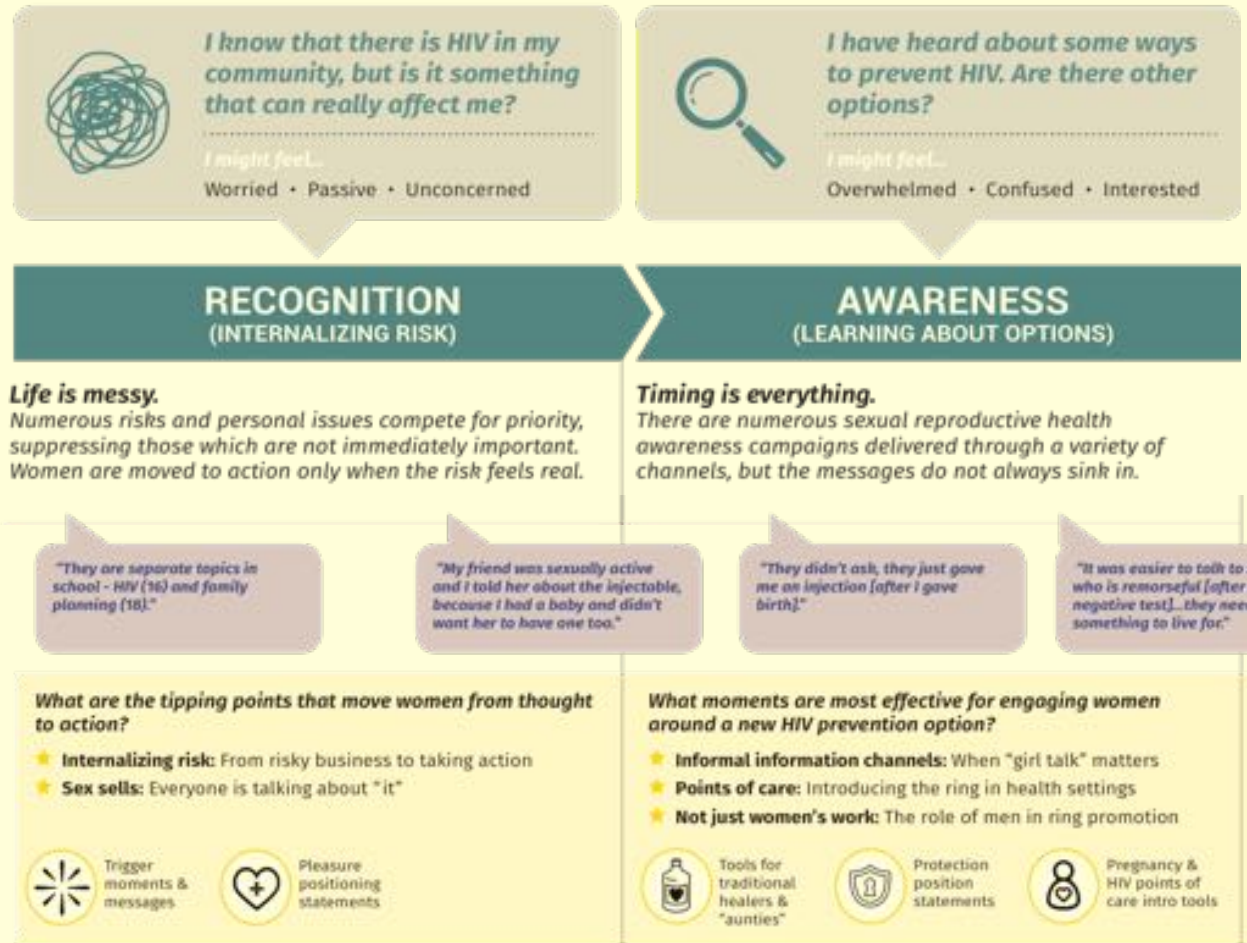
Journey maps can help describe the *current user experience* by highlighting *gaps, barriers, and opportunities*. They can also illustrate the *ideal experience*.

Journey Map: Overview

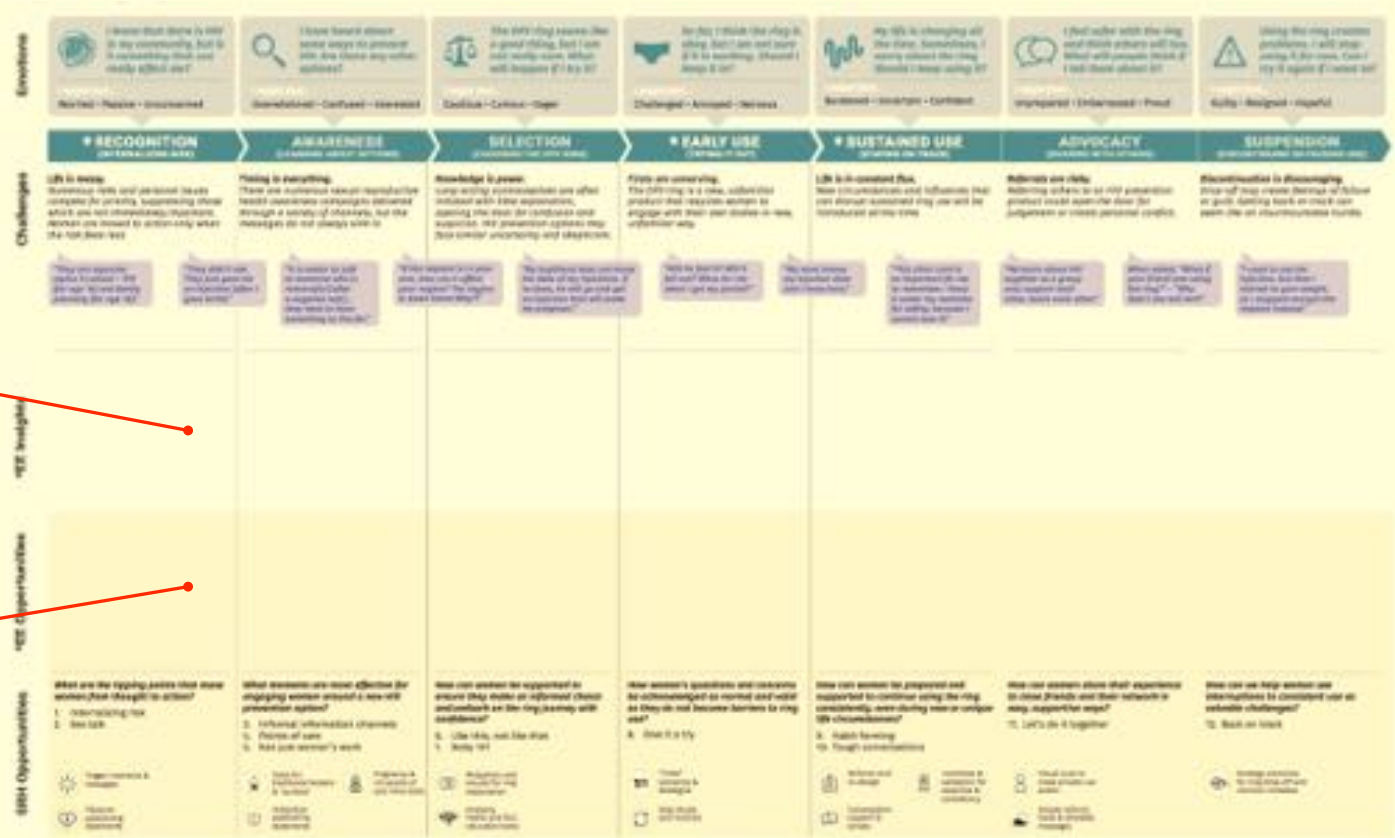
User voice:
Driving question
Potential emotions

Journey Stages & Challenge Statements
What makes each stage difficult?

Opportunity Areas & Examples



Small Group Work: Bringing the Journey to Life



Insights from Economic Empowerment: add additional related insights from your experience with economic empowerment

Opportunity Areas & Examples: add examples and opportunities from your experience with economic empowerment

Inspiration: Completing the Journey

What are the common barriers or opportunities for your persona's journey across both EE and SRH?





20 min

Activity Two

From Opportunities to
Crossover Concepts

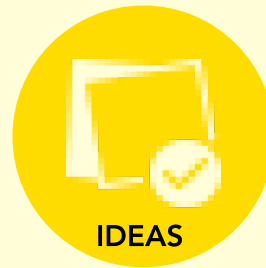
Select Opportunity Areas: From Opportunities to Ideas



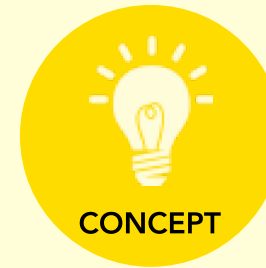
20 min
total



Increase young women's ability to **access** and **share information** related to **SRH**



Whatsapp bot! Soap operas! Providing information and services thru **hair salons!**



Young Africa Live or Soul City

Small Group Work: From Opportunities to Ideas



20 min
total

In small groups, discuss and brainstorm concepts that would address the challenges in your journey map. Look for concepts that support both women's economic & sexual reproductive health needs.

1.

Define your opportunity

Identify your problem statements or "How might we..." prompts.

2.

Brainstorm ideas

Generate ideas that satisfy your opportunity area.

3.

Create your concept

Select your top ideas and build out your concept(s) with key features, users, and next steps.

Refine: Crafting problem statements from opportunity areas



20 min
total

1. **Refine your opportunity**
Identify your problem statements or “How might we...” prompts.



Opportunity
Area



Brainstorming
Prompt

EXAMPLE

How might we...

help (individual)
do/solve/capture/fulfill
(challenge/opportunity/need)
in order to (impact/goal/
outcome)?

EXAMPLE

How might we...

redesign (specific experience or
opportunity area) for
(individual) in order to
(impact/goal/outcome)

Brainstorm: Rules of brainstorming



20 min
total

1. Be open-minded.
2. Build on ideas.
3. Go for quantity.
4. Be visual.
5. Stay focused.



Small Group Work: From Opportunities to Ideas



20 min
total

3.

Create your concept

Select your top ideas and build out your concept(s) with key features, users and a quick sketch. Describe how it will positively impact both EE and SRH.

The worksheet is titled "CAPTURE: Crossover Concepts" and features the NGO CSW logo. It is divided into three main sections: "Tell us more", "Make it visual", and "Impact".

- Tell us more:** Contains three text boxes. The first is for the "Title: Give it a catchy name!". The second is for the "Description: Briefly explain what it is.". The third is for "Stakeholders: Describe who will be involved."
- Make it visual:** A large text box for "Using words and drawings, sketch the concept."
- Impact:** Two text boxes. The left one asks "How would your concept support women's economic empowerment?". The right one asks "How would your concept support women's sexual & reproductive health?".

At the bottom, it reads "CSW UN Workshop: Advancing Women's Empowerment | March 20, 2017".



Thank you!

Share Out: From Opportunities to Ideas



25 min

Share your 2-minute pitch
Discuss & deepen ideas as
a group.



Theme: Fear and control

Insight

Social isolation, whether self-prescribed or enforced, is often a mechanism for protection from risky situations or conflict.

It is easier to be removed from the equation than to fight battles every day.

Young people are often shielded from reality and the “temptations of sex”. As a result, isolated women may have a narrower range of social influences and access to information, and may regard new products or treatments with greater suspicion.

Theme: Trust and secrecy


Insight

Public health services are regarded poorly.

Health practitioners must go the extra mile to earn, and keep, the trust of their patients.

Experiences with health practitioners, especially regarding sexual reproductive health are largely described as uncomfortable and often judgmental. Developing trusted relationships with young women takes time and consistent support, free of judgement.

Through experience older women have generally developed greater confidence and tolerance in navigating the healthcare system, but youth are more easily deterred.



Nonthando, KwaDukuza

“The nurses are too cheeky...they asked me so many rude questions before my HIV test that I just left without getting a test! [but I went back].”



Makhosi, Illovo

“I didn’t go back to the clinic. I stayed at home. One nurse at the clinic came to my home to help...I was happy that the nurse came because someone cared about me. I still ask her for help.”

Five Cross-cutting Themes

1. Support and care-taking
2. Trust and secrecy
3. Fear and control
4. Knowledge gaps
5. Social stigma

Theme: Knowledge gaps

Insight

Clinics are reliable for general sexual reproductive health services, but rushed patient interactions and limited counseling often create more questions than answers.

Women are left to fill in the gaps on their own.

When it comes to gaining deeper understanding or finding reliable advisers, the clinic experience falls short. Staff are often overburdened or carry unfavorable personal biases. Because of this resource constraint, young women often walk out the clinic door with unanswered questions or partial truths. These gaps in knowledge are often filled with misguided logic or hearsay, often making little distinction between fact and fiction.

A young woman with dark skin is sitting on a light-colored couch. She is wearing a red baseball cap and a colorful tank top with a floral pattern in shades of blue, pink, and white. She is looking directly at the camera with a neutral expression. The background is a plain, light-colored wall.

Cebisile, KwaDukuza

“My boyfriend does not know date of my injections. If he does, he will go and get an injection that will make me pregnant.”

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Precious, Illovo

"I'm always here, I don't go out much."



Samke, Illovo

"I'm staying alone. I'm not in touch with friends... Even my mother never told me about those things."



Thembile, Illovo

"I want to focus on school [so I stay inside]. I only use my phone, but my friends are on WhatsApp and Facebook."



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