



# Evidence Review: Effectiveness of Social and Behaviour Change (SBC) Interventions in Scaling ARV-Based Prevention Use Across Africa

2026

An Evidence Review  
by **INSIGHT 2 IMPLEMENTATION**



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# Definition of key terms and guiding framework

**Social and behaviour change:** Social and behaviour change (SBC) interventions use systematic, evidence-driven approaches to influence knowledge, attitudes, norms, and practices across multiple levels of the socio-ecological model: individual, interpersonal, organisational, community and policy levels

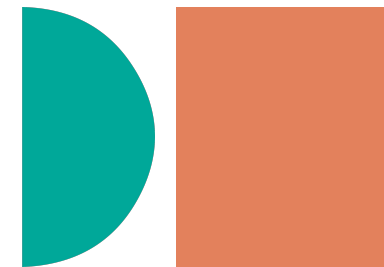
**Anti retroviral based prevention:** ARV-based prevention includes pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), treatment as prevention (TasP), and prevention of vertical transmission.

This review focuses on PrEP, PEP and TasP and uses the socioecological model as a guiding framework



Fig 1: Socioecological model

# Effective SBC strategies are essential to improve population-level use of ARV-based prevention



- This review was conducted in response to requests from country champions within the [South to South Learning Network \(SSLN\)](#) who sought clearer insight into effective strategies for increasing demand for PrEP.
- The findings provide a practical resource for HIV prevention stakeholders across SSLN countries as they design and refine demand-generation strategies for long-acting injectable PrEP.
- ARV-based prevention tools are clinically effective, but they have not yet achieved their full potential:
  - By the end of 2024, 8 million people had initiated PrEP.
  - These numbers are lower than the global **target of 10 million people using PrEP by 2025.**(UNAIDS, 2024)
  - According to a 2025–2030 forecast, 11.16 million person-years of PrEP are needed annually by 2030 among key populations to reduce new infections by 90%. (GBGMC, 2025)
- Evidence-based social and behaviour change (SBC) strategies are essential to strengthen knowledge, increase intention to use, and improve uptake of PrEP as it becomes more widely available

# Objectives of the Review



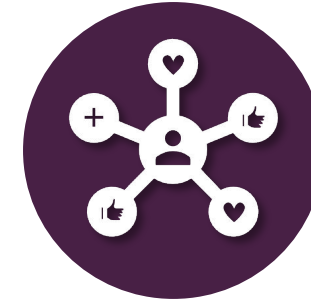
## Objectives



1. To map the types of SBC interventions that have been used and where they have been implemented

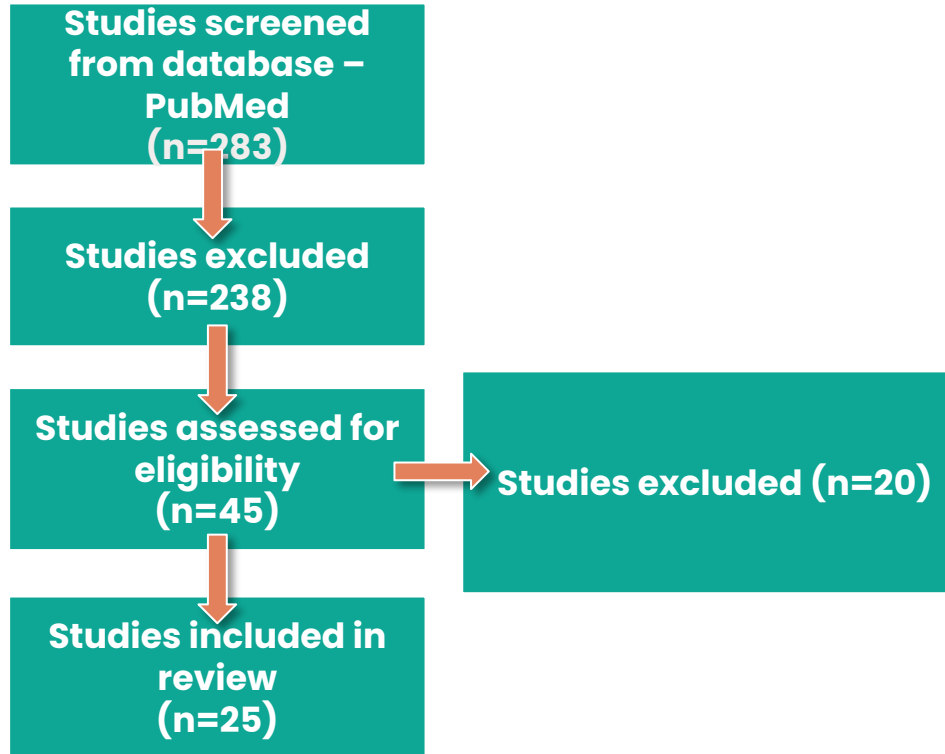


2. To examine **how** these interventions have improved knowledge/awareness, intention to use and uptake of ARV-based prevention



3. To **identify** the key design, sustainability, and implementation factors, that influence the effectiveness of SBC interventions

# We conducted a scoping review of SBC ARV-based prevention literature published between 2015–2025



## The criteria for inclusion in the review include:

- Focus on PrEP, PEP or treatment as prevention for HIV prevention
- SBC intervention implemented and evaluated
- Conducted in one of the 15 SSLN countries<sup>1</sup>
- Measured at least one outcome: knowledge, intention to use or uptake
- Published in English
- Published between 2015 - 2025

## Data Analysis

**Quantitative Analysis:** We conducted descriptive analyses using frequency distributions and cross-tabulations to examine patterns across intervention characteristics, outcome measures and implementation factors.

**Qualitative Analysis:** We used thematic analysis to synthesise study description, barriers and facilitators to intervention effectiveness reported across studies.

<sup>1</sup>. Cote d’Ivoire, Eswatini, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Republic of Congo, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe



# Review Question 1

Which SBC interventions have been implemented for ARV-based HIV prevention and where they have been deployed?



# This review analysed 25 studies, with 85% concentrated in three countries: South Africa (12), Kenya (5), and Uganda (5)

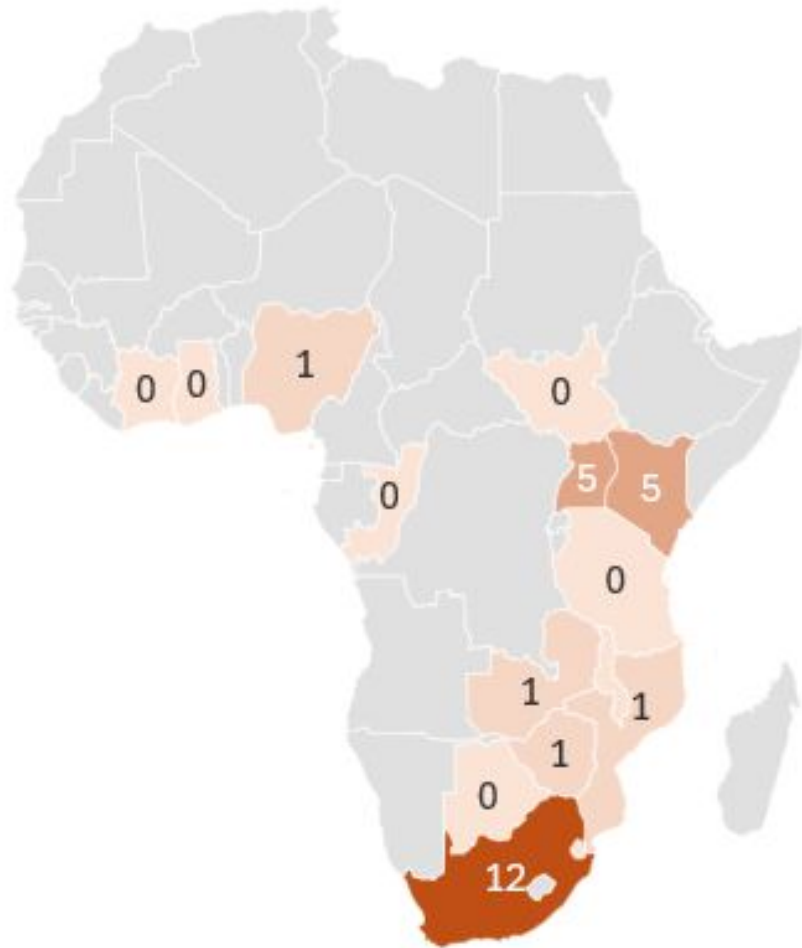


Fig 2: Number of studies by SSLN country (n=25)

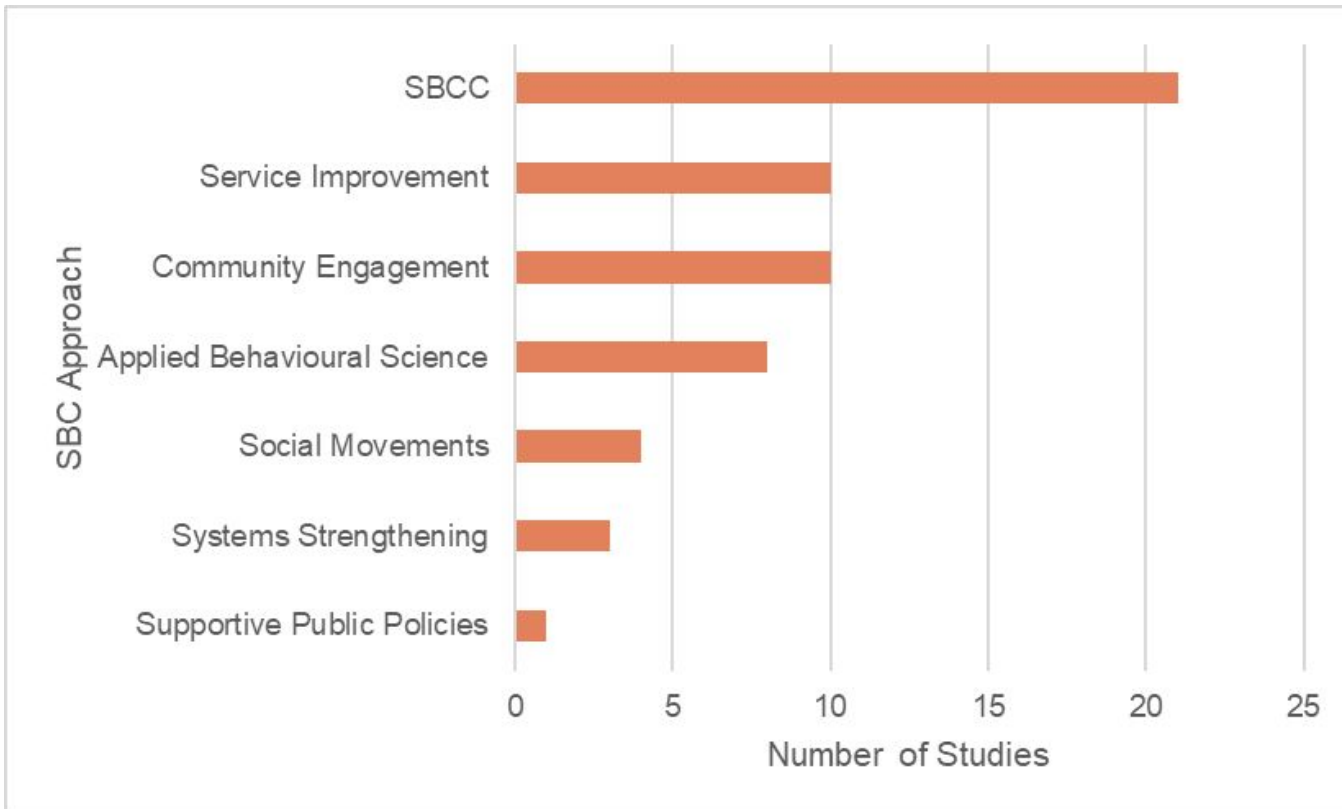
- The evidence on ARV SBC is concentrated mainly in three countries; South Africa (12 studies), Kenya (5 studies), and Uganda (5 studies).
- Other countries with at least one study are: Zambia (1), Zimbabwe (1), Nigeria (1), Mozambique (1)
- The concentration of studies in few countries suggest that findings may not be generalisable to SSLN countries with different health systems, epidemic profiles, or cultural contexts than South Africa, Kenya, and Uganda
- The absence of published studies in six countries suggest that potentially effective and ineffective local innovations remain undocumented

# Seven distinct SBC approaches were identified, of which communication strategies and community engagement were the most frequently implemented

Intervention Category	Intervention Types	Key Examples
1. Social and Behaviour Change Communication (SBCC)	Media campaigns, digital platforms, interactive materials.	<a href="#">MTV Shuga</a> (Multimedia) , <a href="#">Chatbot</a> (Digital Engagement) , <a href="#">MyPrEP Journey App</a> (Gamification).
2. Community Engagement	Peer networks, clubs, community dialogue.	<a href="#">Tu'Washindi</a> (Clubs, Social Support) , <a href="#">Masibambane</a> (Peer counseling) , <a href="#">Hair Salon Intervention</a> (Embedded in community setting).
3. Health Service Improvement	User-centered, accessible, high-quality service delivery points.	<a href="#">Project PrEP</a> (Youth Zones in clinics) , PrEP Choice Counseling (Visual aids like demonstration rings).
4. Health Systems Strengthening	Capacity building and co-location.	<a href="#">PAC PrEP Integration</a> (Used existing PAC/FP clinics) , MSF Youth Clinic (Built on youth-friendly clinic infrastructure).
5. Supportive Public Policies	Advocacy, guidelines, and resource mobilisation.	<a href="#">Project PrEP</a> (Policy advocacy).
6. Applied Behavioural Science	Application of behaviour and social science theories to develop and implement effective HIV prevention policies	<a href="#">"V" Brand Strategy</a> (Reframed PrEP as empowerment)
7. Social Movement	Sustained collective action and shared identity.	<a href="#">Sustained Peer Recruitment</a> (up to 8 months)

# Multiple SBC interventions were often used, with SBCC being the most common

## Distribution of SBC approaches



- SBC communication strategies including mass media, print materials, storytelling, and digital platforms were most prevalent
- Effective SBCC interventions shared design features: aspirational messaging, cultural and linguistic adaptation, and privacy-enabled channels
- Supportive public policies was the least common approach, used in only one intervention

Fig 2: Distribution of SBC approaches

# Most interventions in the review addressed multiple levels but are anchored in individual-level action

## Distribution of interventions by number of SEM levels targeted

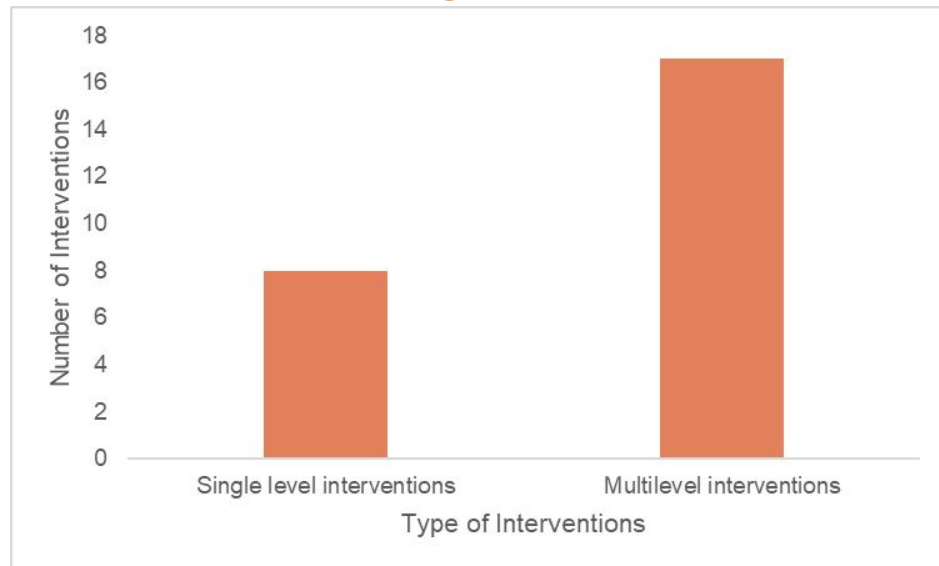


Fig 3: Distribution of interventions by number of SEM levels targeted

## Distribution of interventions by SEM levels

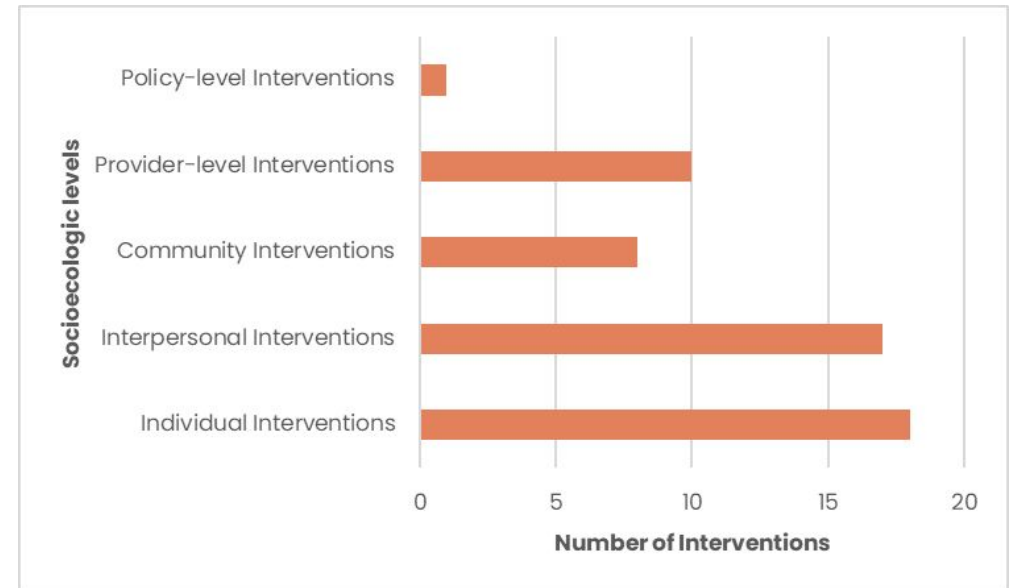


Fig 4: Distribution of levels of intervention

- The majority of interventions (68%, n=17) addressed more than one socio-ecological level, reflecting a pattern of integrated programming
- Programme design remains anchored at the individual and interpersonal levels, which were targeted in 18 out of 25 interventions
- Findings indicate a pattern of layering strategies to address barriers across individual behaviour, social relationships, and community norms

# Evidence is concentrated among AGYW, leaving key populations understudied

## Number of interventions by target population

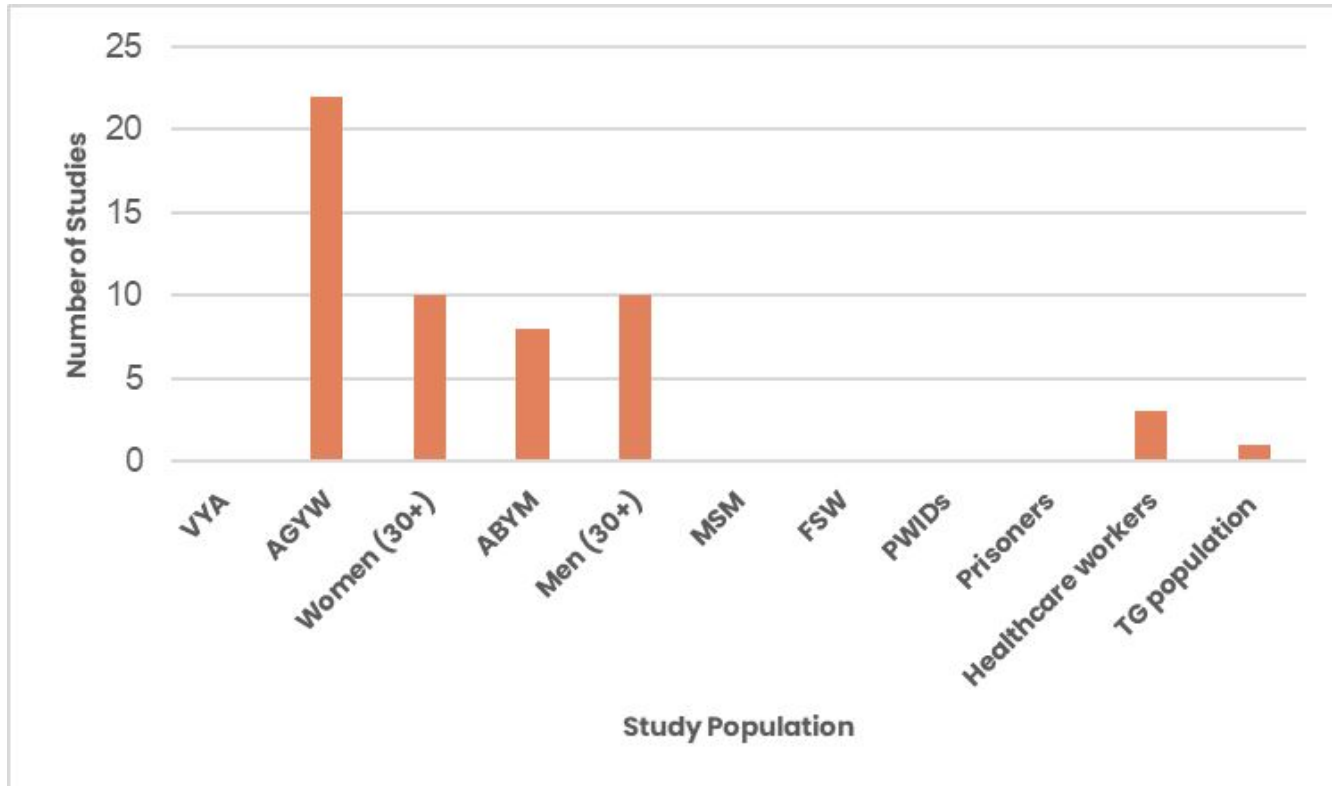


Fig 5: Number of interventions by target population

- AGYW were the primary focus of most of the studies, reflecting global ARV prevention programme priorities
- Key populations, including men who have sex with men, female sex workers, and transgender people, remain severely understudied despite high HIV risk
- All 25 studies also assessed PrEP (alone or with PEP), none evaluated treatment as prevention, highlighting a critical evidence gap



## Review Question 2

**How have SBC interventions improved knowledge/awareness, intention to use and uptake of ARV-based Prevention**



# SBC interventions demonstrate a strong association with improved outcomes across multiple indicators

## Comparison of total measured vs. improved SBC outcomes across 25 studies

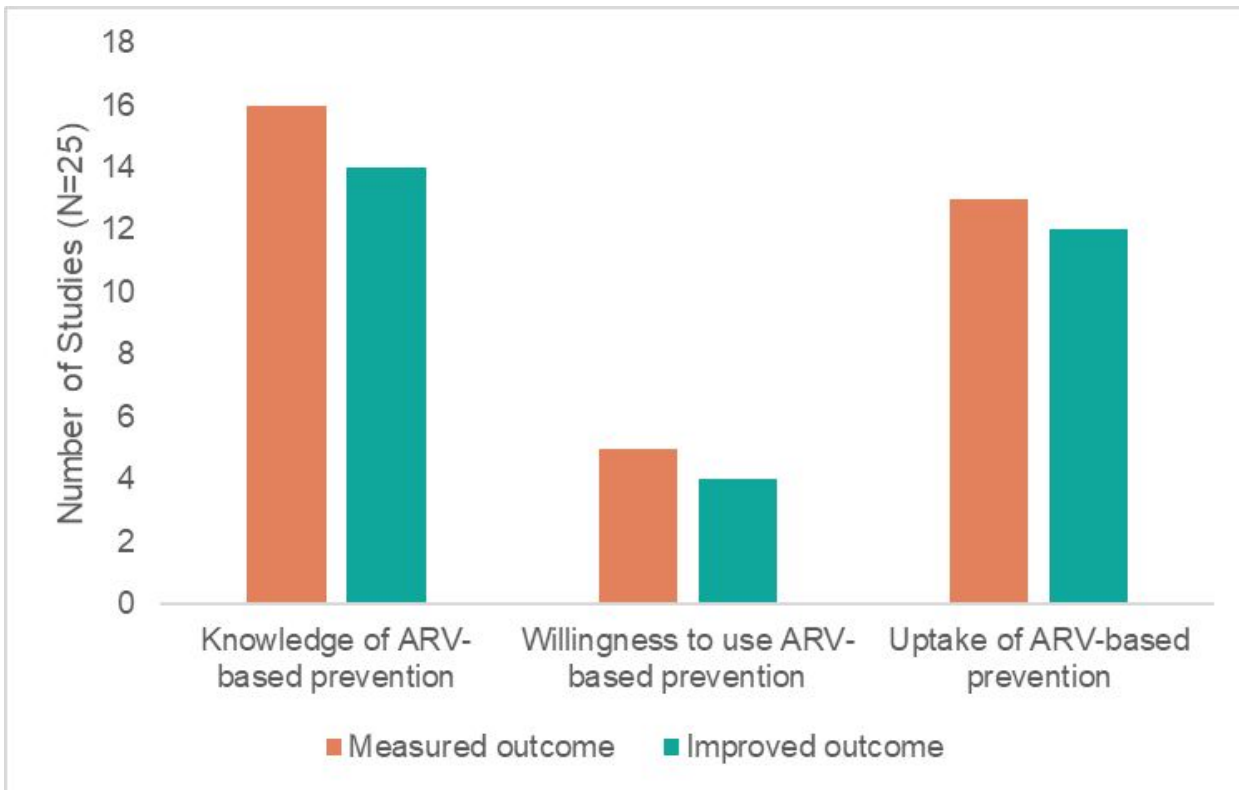


Fig 6: Distribution of measured and improved outcomes

- **Knowledge and awareness** outcomes were most frequently measured and showed the highest likelihood of improvement, particularly in interventions employing mass media, digital platforms, and aspirational messaging.
- **intention ARV-based prevention** improved in a smaller subset of studies, with positive effects concentrated in interventions using empowering, culturally resonant, and positively framed messages.
- **Improvements in ARV-based prevention uptake** were least common overall but were more consistently observed in interventions that combined demand-generation with service integration, referral strengthening, peer engagement, or delivery through familiar platforms.

# Evidence from the review indicates a strong association between community co-creation and increased awareness, intention and uptake of ARV based prevention methods

## Comparison of outcome achievement in interventions with versus without co-creation

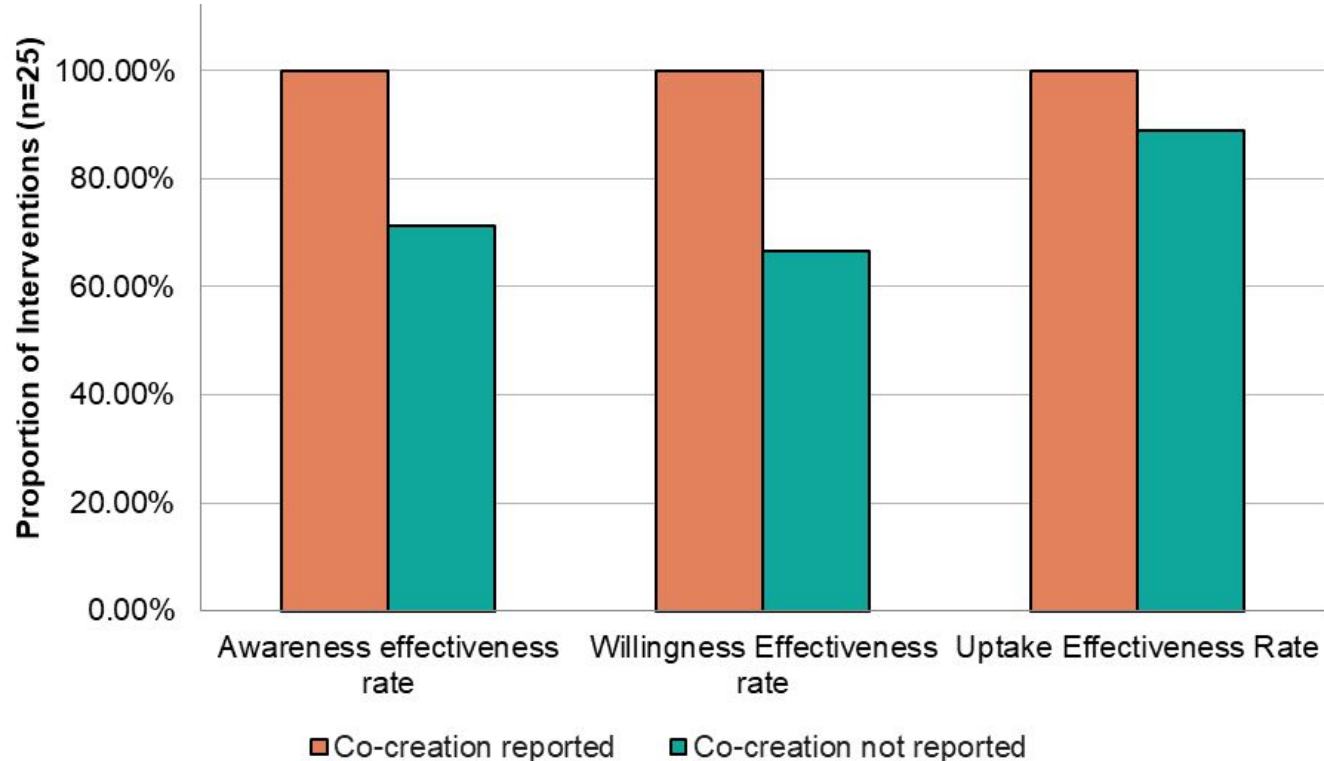


Fig 7: Distribution of outcomes by co-creation

- Co-creation was explicitly reported in less than half (44%, n=11) of the reviewed interventions and was associated with improved outcomes across studies in the review
- Co-creation modalities primarily featured participatory content development, user-centered workshops, and the establishment of advisory groups
- Co-created interventions achieved higher effectiveness rates because they used iterative feedback loops to refine components based on community input, ensuring cultural relevance and addressing locally identified barriers



# The 'V' campaign demonstrates how aspirational branding can neutralise stigma by reframing PrEP as a lifestyle choice for empowered AGYW

## Study Overview

- V-campaign was a social marketing intervention in South Africa designed to address low PrEP uptake among adolescent girls and young women
- The intervention aimed to de-medicalise PrEP by creating a coded brand identity that allowed for social acceptability and private discussion among peers

## Implementation Strategies

- Co-developed with AGYW as the "V" brand; a secret code for inner strength and virtue
- Utilised peer-led "V-Parties" and social media influencers to position the brand as a fashionable, desirable lifestyle choice rather than a clinical necessity

The campaign was associated with increased reported comfort and appeared to mitigate perceived stigma, AGYW's comfort, acceptability, and motivation to engage with and initiate PrEP



# MTV Shuga leveraged multi-channel SBC strategies to drive PrEP awareness and demand at scale

## Study Overview

- The intervention utilised a high-reach drama series to model SBC behaviours and facilitate observational learning among adolescents and young adults in South Africa
- Distribution via national television was strategically paired with community-level ground activation to reinforce messaging and drive local engagement

## Implementation Strategies

- Intervention **co-designed with youths**
- Online distribution occurred over 10 weeks of television airing
- Offline distribution strategies included: Peer-led group discussions, community viewing events, and print/graphic novel distribution to bridge the digital gap

Exposure to MTV Shuga was associated with 27% higher PrEP awareness among youths aged 15-24, more positive attitudes toward prevention, and increased motivation to seek PrEP services

# Evidence indicates a strong association between service integration and improved PrEP uptake

## Frequency of service integration among interventions reporting improved outcomes (n=16)

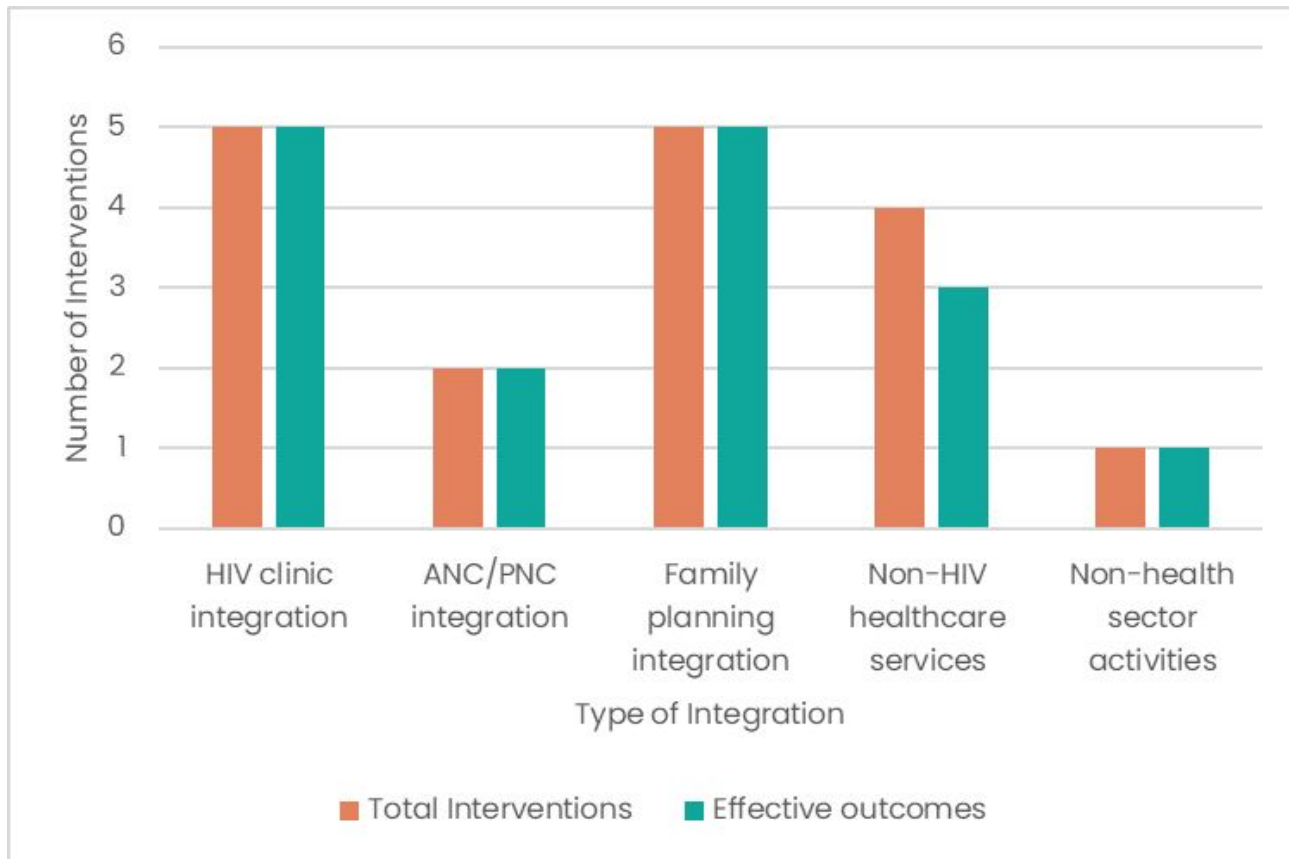


Fig 6: Distribution of effective outcomes by service integration

- Service integration was a prominent feature, utilised by 64% (n=16) of the reviewed interventions
- Integration occurred most frequently within existing HIV testing and family planning services, offering PrEP to target audiences already seeking care
- Only one study utilised non-facility based healthcare delivery strategy (hair salons) leaving this largely underexplored
- Effective integration extends beyond co-location, with other factors such as provider training, workflow redesign, and sustained institutional support contributing to its effectiveness



# The PrEP-ANC Study demonstrates that physical co-location is insufficient to drive uptake without addressing provider-level barriers

## Study Overview

- A prospective implementation study in Western Kenya assessing the feasibility of integrating PrEP into routine Antenatal (ANC) and Postnatal Care (PNC) for pregnant and breastfeeding women

## Implementation Strategies

- Systemic workflow integration within existing ANC/PNC pathways
- Comprehensive provider training to align the intervention with clinical standards and institutional capacity
- Multidisciplinary provider support with tailored job aids and structured, ongoing mentorship

This integration approach was found to be highly feasible for primary care nurses to implement, uptake was recorded up to six months post-study; 14% of breastfeeding mothers and 12% of pregnant women initiated PrEP



## Review Question 3

**What factors facilitate or hinder the effectiveness of SBC interventions?**



# Co-created and positively framed messages were identified as elements of effective interventions

## Patient Tailoring and Co-creation

- Human-centered design (HCD) and co-creation were associated with significant improvements in intervention acceptability, relevance, and implementation fidelity
- Participatory approaches utilised culturally adapted scenarios and local vernacular, which appeared to strengthen community trust and intervention resonance

## Positive messaging and Framing

- Positive framing appeared to enhance the desirability and social acceptability of PrEP, aligning the behaviour with AGYW aspirations and potentially enabling broader community diffusion effects

# Multi-level design and service integration were also identified as structural elements of effective interventions

## Multi-level Intervention Design

- Multilevel interventions are characterised by a holistic approach that addresses intersecting barriers across the Socio-Ecological Model, specifically at the individual, interpersonal, community, and structural levels
- Evidence suggests that the simultaneous layering of educational content, personalised counseling, and structural linkage is highly effective; addressing multiple ecological levels appears to mitigate the risk of single-barrier interference and supports sustained behavioural change

## Service Integration

- Service integration aims to transition SBC interventions from standalone projects to sustainable components embedded within existing health and community systems
- Leveraging established infrastructure, such as youth-friendly clinics or community hubs like hair salons, appeared to reduce patient-level access barriers and may enhance the long-term scalability of these models

# Key Barriers that hindered SBC Intervention Effectiveness

## Structural Barriers


- While SBC interventions effectively generated demand, their impact was frequently mediated by structural constraints
- Evidence from the review indicates a 'translation gap' where structural weaknesses prevented motivated clients from converting intention into ARV prevention uptake
- The findings suggest that the effectiveness of future scale-up is likely contingent successfully pairing demand-generation with health system strengthening

## Interpersonal and Community Barriers


- Interpersonal and community-level barriers appeared to moderate the effectiveness of SBC interventions, as social stigma was frequently associated with diminished individual intention to use and lower service uptake
- Evidence suggests that prevailing social taboos can cultivate an unsupportive environment; in these contexts, even motivated individuals were less likely to seek information or engage with services

## Design Features

- Operational challenges and design-context misalignment were observed to impact intervention effectiveness, particularly in resource-constrained settings
- Findings suggest that high theoretical fidelity does not always translate to implementation success; interventions appeared most resilient when grounded in rigorous, user-centered feasibility testing



**Summary of findings and  
recommendations for ARV SBC  
policies, programmes &  
evidence generation**



# Summary of key findings

## **Evidence concentration limits generalisability**

- 85% of studies from three countries (South Africa, Kenya, Uganda).
- All 25 studies focused on PrEP; AGYW were the primary population targeted.

## **Co-created and multi-level interventions were highly effective**

- Although only 44% reported co-creation, these interventions reported positive outcomes across all measured indicators
- Multi-level approaches consistently outperformed single-level interventions.

## **SBCC was the most common SBC approach deployed**

- SBCC deployed across majority of interventions using mass media, peer education, and digital tools.
- Positive messaging outperformed risk-based approaches in driving intention to use and uptake.

## **Service Integration is a key strategy**

- 7 of 12 interventions that increased uptake (58%) integrated PrEP into existing services.
- Successful integration: reproductive health (family planning, ANC/PNC), primary care (youth zones), and non-health sectors (hair salons)

# Programme level recommendations: Prioritise multi-level, co-created interventions and track the entire cascade of SBC outcomes



- **Implement multi-component SBC interventions.** Prioritise the design of multi-component interventions that address intersecting barriers across the Socio-Ecological Model, aligning individual intent with interpersonal support and structural access
- **On the ground layering of mass-media/digital campaigns.** When utilising mass media for broad-reach awareness, strategically synchronise airings with "ground-level" community activation to bridge the gap between information exposure and service utilisation.
- **Prioritise human-centered design and co-creation.** Move beyond standard consultation to deep co-creation with AGYW to ensure intervention resonance and cultural alignment
- **Adopt aspirational, "coded" branding.** Shift from risk-based clinical messaging to "lifestyle" branding that decouples PrEP from HIV stigma

# Policy level recommendations: Prioritise service integration, strengthen digital connectivity, functionality of existing youth-friendly centres and stigmatisation campaigns



- **Shift from co-location to functional integration.** Ensure PrEP is readily available as a routine, seamless part of the maternal health workflow for ANC/PNC, Family planning and post abortion care
- **Invest in sustained provider mentorship.** Move away from one-off trainings toward ongoing clinical mentorship to address gaps in provider behaviour
- **Institutionalise simplified screening tools.** Reduce the cognitive and administrative burden on providers through job aids that facilitate rapid, non-judgmental eligibility assessments
- **Translating evidence to new modalities.** Utilise associated drivers of oral PrEP success, such as aspirational branding and stigma-neutralising codes, to proactively guide the SBC considerations for the introduction of long-acting injectables

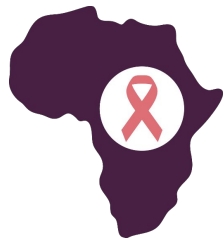
# Recommendations for Evidence Generation to Strengthen SBC programmes for ARV-based prevention



- **Diversify geographic evidence concentration.** Prioritise research investment in under-represented regions to move beyond current "evidence hubs" (South Africa, Kenya, Uganda)
- **Prioritising provider-focused SBC research.** Shift research focus from patient-facing demand generation to behavioural studies on healthcare providers to identify the specific behavioural nudges that increase "provider-initiated PrEP"
- **ARV product diversity.** Most of the evidence generated in the review are from literature about oral PrEP. There is need for evidence regarding other types of ARV-based prevention including, injectables, the PrEP ring, PEP and treatment as prevention

# Thank You

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