ECOM

# DIALOGUE WITHOUT BARRIERS: A GUIDE TO PREP COMMUNICATION

ETHICAL SCRIPTS,
SECURE CHANNELS,
AND READY-TO-USE TOOLS
FOR TEAMS

2026
ECOM

Dialogue Without Barriers: A Guide to PrEP Communication: Ethical scripts, secure channels, and ready-to-use tools for teams / ECOM — Eurasian Coalition on Health, Rights, Gender and Sexual Diversity. — Tallinn, 2026. — 119 p.

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# TABLE OF CONTENTS

# LIST OF TERMS, ABBREVIATIONS, AND ACRONYMS

| | |
|---|---|
| **2FA** | Two-Factor Authentication — is an additional layer of account protection (code from an app, SMS, key) |
| **Adherence** | Consistent and correct use of PrEP as recommended |
| **API** | Application Programming Interface — a programming interface that allows different services to exchange data |
| **CAB-LA/Long-Acting Cabotegravir** | A long-acting injectable form of pre-exposure prophylaxis |
| **CRM** | Customer Relationship Management — a system for managing customer/inquiry relationships |
| **CTA** | Call To Action: a short phrase or interface element that prompts the audience to take the next step ("Learn More," "Sign Up," "Message the Bot," "Download the Guide") |
| **ECOM** | Eurasian Coalition on Health, Rights, Gender and Sexual Diversity — is a regional network of organizations and activists working to improve health outcomes, including HIV prevention, stigma reduction, and expanded access to services in the EECA region. In the context of the guide: initiator of the guide's development, provider of methodological support, source of expertise, and point of contact for questions regarding the adaptation of materials. https://ecom.ngo/ |
| **ID** | Identifier: an internal number used to anonymously log inquiries in place of a name |
| **GA4** | Google Analytics 4 — a web analytics system |
| **KPI** | Key Performance Indicators — key performance metrics for a campaign |
| **Look-a-Like** | An audience that is "similar" to the target audience (a targeting tool in advertising platforms) |
| **Person-first** | "Person-first" approach: language that does not reduce a person to a diagnosis, status, or identity (e.g., "person living with HIV" rather than "HIV-infected person") |
| **PrEP** | Pre-Exposure Prophylaxis — HIV pre-exposure prophylaxis (taking antiretroviral drugs to prevent infection) |
| **QR code** | Quick Response code — a two-dimensional barcode that leads to a link, contact, or resource |
| **SMM** | Social Media Marketing, marketing on social media |
| **TDF/FTC** | Tenofovir / emtricitabine — a drug regimen used for PrEP |

| | |
|---|---|
| **VK / VKontakte** | The largest social media platform in the EECA region. Use with caution and check privacy settings |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS. A source of global recommendations for HIV prevention (including PrEP), strategic targets (95-95-95), epidemic data, and standards for working with vulnerable populations. UNAIDS reports and guidelines are often used to justify programs to donors and ministries of health in the EECA region |
| **UGC** | User-Generated Content — content created by users (reviews, stories, photos, videos, comments) |
| **UTM tags** | Parameters in a link for tracking the source, channel, and campaign in analytics (e.g., utm_source=telegram&utm_campaign=prep_launch) |
| **Outing** | The public disclosure of a person's sexual orientation, gender identity, or HIV status without their consent |
| **Safety (in the context of the guide)** | A set of measures to protect the audience, team, and data: digital hygiene, "shielded" phrasing, incident response algorithms |
| **EECA** | Eastern Europe and Central Asia |
| **HIV** | Human Immunodeficiency Virus |
| **HIV status** | The presence or absence of HIV infection in a person |
| **WHO** | World Health Organization |
| **Hepatitis** | A viral liver disease; important to consider when prescribing PrEP, as abrupt discontinuation of TDF/FTC can cause a flare-up |
| **Healthy Lifestyle** | A targeting category in advertising platforms |
| **STI** | Sexually Transmitted Infections |
| **LGBTQ+ / LGBTIQ+** | Lesbian, Gay, Bisexual, Trans, Queer, Intersex People, and others (+) |
| **PLHIV** | People Living with HIV |
| **Opinion Leaders / Influencers** | In the context of the guide: key agents in disseminating information — peer counselors, bloggers, activists, allied doctors, whose messages the audience trusts |
| **PWUD** | People Who Use Drugs |
| **MSM** | Men who have Sex with Men |
| **NGO** | Non-Governmental Organization |
| **CSPI PF** | The Center for Scientific and Practical Initiatives Public Foundation, Kazakhstan (Almaty) — a non-governmental organization working in the field of HIV prevention, harm reduction, prevention of gender-based violence, and support for vulnerable populations. cspisf.org |

| | |
|---|---|
| **PD** | Personal Data |
| **Retargeting** | Showing ads again to users who have already interacted with the content or website |
| **Sex-positive approach** | An approach that normalizes sexuality as part of a healthy life, without moral judgment or stigma |
| **Screening** | Preliminary examination for the presence of a disease (e.g., an HIV or STI test) |
| **Screen reader** | A program that reads aloud text on the screen for people with visual impairments or other information-processing needs (NVDA, JAWS, VoiceOver, TalkBack) |
| **Triage** | (from French "trier" — "to sort", "to select") — A system for rapid assessment and prioritization of requests that helps determine clients' needs |
| **TA** | Target Audience: a group of people to whom communication or a service is directed |
| **“Shielded” phrasing** | Neutral wording that conveys meaning to the target audience without attracting the attention of regulatory bodies or hostile groups |
| **GHRCCA** | The Global Health Research Center of Central Asia, Kazakhstan (Almaty) — A research and educational center affiliated with Columbia University, engaged in research and programs on HIV, public health, gender-based violence, and the development of evidence-based practices in Central Asia. ghrcca.org |
| **UNESCO** | United Nations Educational, Scientific and Cultural Organization |

# INTRODUCTION

## 0.1. PURPOSE OF THIS GUIDE

In the EECA region, stigma, legal restrictions, and low awareness remain the main barriers to accessing HIV pre-exposure prophylaxis (PrEP). People don't ask about PrEP not because it's ineffective, but because they fear disclosure, don't know where to get information without being judged, or encounter clinical language that alienates rather than explains.

This guide was created to shift PrEP communication from "informing" to building trust. We're not teaching you how to prove the drug's effectiveness: you already know what PrEP is, how it works, why it matters, and what evidence supports it. We are focused on something else: how to communicate the benefits of PrEP to the target audience (TA) — ethically, clearly, and safely — and how to bring people to the service without pressure or stigma.

It's important to state upfront: PrEP is not an isolated service, ***but an entry point into comprehensive care****. In quality services, HIV prevention is naturally integrated with regular STI screening, reproductive health, mental health support, and navigation to related services. We understand that the prevention paradigm is changing: ***long-acting injectable forms have already become a reality***, and we'll cover them in detail in upcoming publications. In this guide, we focus on what's available and scalable today, and how to build effective communication around it.

> *Recommendations for integration with STI, mental health, and reproductive services can be found in the brochure "Analysis of National HIV Pre-Exposure Prophylaxis Guidelines in Seven Countries of Eastern Europe and Central Asia," by Aisuluu Bolotbaeva, Nikolay Lunchenkov, Pietro Vinti, ECOM, 2023 https://ecom.ngo/library/analiz-protokolov-prep/*
>
> *For the rationale behind integrating mental health into PrEP communication, see, for example, the brochure "Risk Behavior and Adversity of Male PrEP Users in Ukraine during the COVID-19 Pandemic: Pre-War Needs Assessment," by Nikolay Lunchenkov, Janina Isabel Steinert, ECOM, 2022 https://ecom.ngo/en/library/police-brief-ukraine-during-the-covid-19-pandemic/*

## 0.2. WHO THIS GUIDE IS FOR

This tool was created for those who stand between the audience and the service every day:

- ***Communications and marketing staff at NGOs/projects*** who plan campaigns, create content, and are responsible for KPIs.
- ***Peer counselors and navigators*** who engage in daily dialogues, alleviate fears, and accompany people to clinics.
- ***Program coordinators and managers*** who allocate resources, build reporting systems, and seek arguments to present to donors.

- ***Doctors, heads of HIV Centers and clinics*** that provide PrEP: to understand the barriers and fears patients face, to build stigma-free communication at the entry point, to align internal processes with the work of peer counselors and NGOs, and to improve retention in the program through clear, ethical language and support.
- ***Partner organizations and donors*** who want to understand how to invest in building demand for PrEP measurably, safely, and with minimal risk.

## 0.3. HOW TO WORK WITH THE GUIDE: STRUCTURE AND NAVIGATION

The guide consists of 7 modules, structured as a single communication funnel:


**Target audience personas** | **Stages of demand** | **Language and ethics** | **Channels and formats** | **Ad creatives, budgets, and KPIs** | **Scripts and dialogues** | **Safety and protocols**

Navigation is flexible: you don't have to read the guide linearly. Use it as a constructor. If your team is already strong in analytics but struggles with live conversations, go to Module 6. If you're launching a campaign with zero budget, use Module 5. If you're preparing a launch in a complex legal environment, go straight to Module 7.

Each module follows the same logic: context → practice → ready-to-use tools. You'll definitely find in it:

- An introductory block with goals, the "key idea," and a clear connection to previous steps.
- Step-by-step sections where theory is immediately followed by practical algorithms.
- Ready-to-use tools: tables, checklists, dialogue scripts, action plans.
- The "Key takeaways and links to other modules" block, showing how to use this material in conjunction with the rest of the guide.
- An appendix with templates, flowcharts, and quick-reference sheets that can be printed, saved to your phone, or adapted for your organization.

## 0.4. KEY RULES FOR USING THIS GUIDE

### MATERIALS AND IMPLEMENTATION

There's a lot of material here — don't rush to implement everything at once. Choose 1–2 tools that address your most pressing needs right now. Even one new script template, one revised post, or one adjusted safety checklist is already a step forward. If, after reading this, you implement at least one tool that makes communication about PrEP a little more human and safe, we'll consider the guide's goal achieved.

### LIMITATIONS AND ETHICS

This guide doesn't replace clinical protocols, legal advice, or crisis support. All recommendations are adapted to EECA realities, but require local verification before implementation.

### MINIMAL DATA PRINCIPLE

In every section, we operate on the principle: collect only what's necessary for the service, store it anonymously, and delete it according to protocol.

### ADAPTABILITY

Language, channels, examples, and contacts can and should be adapted to your country, city, and culture. The principles of non-stigmatizing communication and safety remain unchanged.

### FEEDBACK

If you found an error, added your own successful script, or encountered a new barrier, share it with the ECOM team. We update materials based on practice, not theory.

## 0.5. OVERVIEW OF DIGITAL CAMPAIGNS ON PREP

Before diving into the modules, we recommend a quick look at this overview. It's focused primarily on what's already working. Each example is a ready-to-use mechanic that can be adapted to your region, channel, and audience.

### HOW TO USE THIS OVERVIEW

- Don't read it straight through. Open 2–3 examples relevant to your context (country, channel, target audience).
- Ask yourself: "Which of these can I implement this week?"
- Adapt, don't copy: language, visual, channels — everything should work for your audience, not just mirror "how they did it."
- Bookmark the links: you'll return to some examples when working on Module 4 (channels) or Module 5 (ad creatives).

## 0.5.1. EECA COUNTRIES: LOCAL EXAMPLES

For a detailed analysis of PrEP program implementation, see, for example, the ECOM report "Pre-Exposure Prophylaxis (PrEP) in Eastern Europe and Central Asia: First Lessons," Tinatin Zardiashvili, ECOM, 2019 (in Russian) https://ecom.ngo/library/prep_report_cases/

The document contains case studies on PrEP implementation in EECA countries, describing various implementation processes and service delivery models, taking into account political context, healthcare systems, epidemiological situation, and funding.

| COUNTRY / ORGANIZATION | WHAT WORKED | KEY INSIGHT FOR YOU | LINK |
|---|---|---|---|
| ECOM's regional campaign (EECA) | "Bros fantasy" aesthetic + eroticized, but non-clinical visual. Emphasis on normalization: PrEP as part of modern life, not "treatment for the sick." Multilingual, with community involvement in content creation. | Don't be afraid of a "non-medical" tone. If your TA lives in a culture where sexuality is part of their identity, speak that language. But always keep a "shielded" version for public platforms. | https://ecom.ngo/en/news/ecom-campaign-popularize-prep-eeca/ |
| Georgia, Equality | One of the first pilots in EECA. Work through peer counselors, simple language, emphasis on accessibility: "you don't need to be an expert to get started." | Peers are your main channel. If you don't have a budget for advertising, invest in peer training and support. Their trust > reach. | https://equality.ge/en/prep-en |
| Ukraine, Alliance for Public Health | Clear segmentation: separate messages for MSM, trans people, sex workers. Slogans aimed at normalization: "Your body, your choice." | Segment not by diagnoses, but by needs. One post "for everyone" performs worse than three narrow but precise ones. | https://aph.org.ua/en/home/ |
| Ukraine, "Do It Your Way. Do It Safe Way" | Visual aimed at youth: illustrations, short videos, a symbol of protection — a blue pill. Idea: "Any relationship is normal if it's safe." | Symbol > lecture. Find a simple visual anchor (like a blue pill) that will be associated with safety, not fear. | https://goldendrum.com/en/showcase/1302021GD22-do-it-your-way-do-it-safe-way |
| Ukraine, Long PrEP (CAB-LA) | A rare example of a campaign about the injectable form. Content people want to watch and share: entertainment format rather than educational. | Move from "need to know" to "want to watch." If the topic is complex (injections, new forms), present it in a format that isn't intimidating. | https://long.prep.com.ua/ |
| Moldova, GENDERDOC-M | Deep engagement with specific communities: not "for all LGBTQ+ people" but "for trans men in Chisinau." Navigation | Narrow TA = higher conversion. It's better to reach 100 people who actually show up | https://gdm.md/ |

| COUNTRY / ORGANIZATION | WHAT WORKED | KEY INSIGHT FOR YOU | LINK |
|---|---|---|---|
| Kazakhstan, AmanBol PrEP | A digital ecosystem: targeted ads + NGO training + engagement with healthcare professionals. Result: a 10x increase in demand. Its success led to the introduction of SMM specialist positions in government institutions. | Combined approach > isolated efforts. Advertising works when it's backed by team training and clinic readiness. Invest in the whole system, not just one channel. | https://cspisf.org/?page_id=107&lang=en |
| Russia, SAFE PREP | Short, reliable, no overload. Focus on simplicity: "how to start," "where to get it," "what to say to your doctor." | Fewer words, more trust. If the audience is scared or doesn't trust "official sources," just give them the essentials. Save the rest for dialogue. | https://prep.love/ |

## 0.5.2. LESSONS FROM OTHER REGIONS: WHAT CAN BE ADAPTED

| CAMPAIGN / COUNTRY | WHAT WORKED | POSSIBLE TAKEAWAYS | LINK |
|---|---|---|---|
| #PrEP4Love (USA) | Bold, inclusive, positive sexual imagery. PrEP is presented as part of a desirable, modern lifestyle, not as "protection from horror." | Normalization through aesthetics. If it's safe in your context, try framing prevention as care rather than fear. | https://pmc.ncbi.nlm.nih.gov/articles/PMC7083076/<br><br>https://www.sciencedirect.com/org/science/article/pii/S2369296019000425 |
| Systematic Review: Social Media & PrEP (international review) | Platform analysis: which audience is where, what content works, which metrics matter. | Don't spread yourself thin. If your TA is on Telegram, don't waste your budget on TikTok. Rely on data, not trends. | https://pmc.ncbi.nlm.nih.gov/articles/PMC8563493/ |
| PrEPárate (USA, Latino/a/x audience) | Culturally relevant content: language, humor, references that resonate. | Adapt not only the language but also the cultural code. What works in one country may not work in another, even within the same region. | https://formative.jmir.org/2024/1/e52842 |
| PrEPster (United Kingdom) | A navigator platform: not just "what is PrEP," but "where to get it, how to start, what to do if..." | Build a "one-stop shop." If you don't have the resources for a campaign, create a simple landing page with answers to 10 frequently asked questions. | https://www.prepster.info/ |
| Princess PrEP (Thailand) | Working through popular influencers from the community. Trust in "one of us" > trust in "official sources." | Peers are your influencers. If you don't have a budget for celebrities, invest in training and supporting peer counselors. Their voice is the most convincing. | https://pubmed.ncbi.nlm.nih.gov/30249317/ |

| CAMPAIGN / COUNTRY | WHAT WORKED | POSSIBLE TAKEAWAYS | LINK |
|---|---|---|---|
| Brazil (national campaign) | Scale + localization: a unified strategy adapted for regions, languages, and subcultures. | Unified core — flexible implementation. Build a "core" set of messages, but give the team freedom to adapt the format to the local context. | https://pmc.ncbi.nlm.nih.gov/articles/PMC8920052/ |

## HOW TO USE THIS OVERVIEW IN PRACTICE

| YOUR TASK | WHAT TO TAKE FROM THE OVERVIEW |
|---|---|
| Launching the first campaign from scratch | Start with the SAFE PREP example: brief, honest, one channel. Test it, gather feedback, then scale. |
| The audience needs to be segmented | Use the approach of the Alliance (Ukraine): separate messages for MSM, trans people, and sex workers. Not "for everyone" but "for each." |
| I want the content to get shared | Look at Long PrEP (Ukraine) or #PrEP4Love: entertaining format + strong visual anchor. |
| Working under legal restrictions | Adapt the "shielded" version from the ECOM campaign: the message is for your TA, the format is for algorithms and reviewers. |
| No budget for advertising | Invest in peers, like in Georgia or Thailand: their trust > paid reach. |

## 0.5.3. TRENDS IN PREP MARKETING IN EECA

This section isn't a history of "how it was" — it's a navigator: where the field is heading, what formats are working now, and why this guide was created specifically in 2026.

| PERIOD | CONTEXT | KEY COMMUNICATION TRENDS | WHAT THIS MEANS FOR YOU |
|---|---|---|---|
| 2015–2018 | PrEP is virtually unknown to the general public. Pilot projects, advocacy. | • Messages from NGOs, for NGOs.<br>• Medical, "expert" language.<br>• Focus on evidence base rather than user experience. | You are not starting from scratch. There's already research, protocols, and first case studies. Your task isn't to prove that PrEP works — it's to explain how to start. |
| 2019–2021 | The first regional assessments emerge. PrEP moves out of the "lab" and into everyday life. | • Language becomes less medical, more human.<br>• Channels where the TA is active come into play: Instagram, Grindr, Tinder.<br>• Focus on everyday experience: "how does this fit into my life?" | Speak the language of your audience, not a report. If your post looks like a clinical recommendation, people will scroll past it. |

| PERIOD | CONTEXT | KEY COMMUNICATION TRENDS | WHAT THIS MEANS FOR YOU |
|---|---|---|---|
| 2022–2026 | New forms of prevention (CAB-LA), new platforms, new legal restrictions. | • Short videos, TikTok, meme culture, AI tools.<br>• Sex-positive approach: prevention as part of a desirable life, not fear.<br>• Content localization and queer aesthetics.<br>• Shifting the narrative: from "HIV prevention" to "sexual well-being."<br>• "LGBT propaganda" laws are changing approaches: "shields" are needed, but without losing meaning. | Be flexible. Formats change fast. What worked in 2023 might not work in 2026. Adapt, test, measure. And always have a Plan B. |

# MODULE 1

# TA PERSONAS: WHO IS OUR PREP USER?

*Not "MSM in general," but specific archetypes with barriers and triggers.*

In the EECA region, the demand for PrEP varies, shaped by different life contexts, hidden barriers, and levels of readiness. Before choosing channels and texts, it's important to understand who we are writing to and why.

Module 1 replaces abstract "key populations" with concrete audience personas based on field data and the experience of peer counselors. This isn't labeling, but a tool for precision and empathy. When you know who you're talking to, the choice of channels, language, scripts, and metrics stops being guesswork and becomes a working system.

### WHAT YOU'LL LEARN

- How to segment the audience by actual barriers, not by status.
- How to create working personas the whole team can understand.
- How to adapt channels, tone, and language to context, while preserving safety and relevance.

In the practical part of the module: ready-to-use personas, behavioral markers, and checklists

### THE KEY IDEA OF THE MODULE

Understanding the specific needs of an individual will provide more opportunities to "reach" them.

## 1.1. WHAT IS A TARGET AUDIENCE IN THE CONTEXT OF PREP?

The target audience (TA) isn't abstract categories ("MSM," "key populations"), but specific people with unique contexts, barriers, and needs. Statistics don't have fears — people do. In PrEP promotion, the TA is those who would benefit from prevention but face stigma, fear of disclosure, or distrust of information. In simple terms: the TA is your clients — people you're helping choose PrEP, start it, and stick with it.

### WHY IS IT CRUCIAL TO STUDY THE TA?

PrEP is a prescription medication with proven efficacy and known side effects. This isn't an impulse purchase item (not a burger or coffee from a fast-food chain). Universal calls to action ("Start today!") don't work where the risks of discrimination are high.

### MISTAKE

Generic messages → RESULT: Low conversion, increased stigma.

### OUTCOME

Studying the TA transforms dry "awareness-raising" into personalized support in understandable language.

## 1.2. WHY DO WE NEED AUDIENCE PERSONAS?

A persona is not abstract statistics, but a working image of a person that helps the team accurately choose channels, language, and formats. ***It includes:***

- Demographics: age, city, occupation
- Psychographics: fears, values, motivators
- Context: family, experience with healthcare, disclosure risks
- Media consumption: where they look for information, who they trust

The more precise the persona, the higher the conversion and communication safety.

### WHY DOES IT MATTER FOR NGOS?

| WITHOUT A PERSONA | WITH A PERSONA |
|---|---|
| "Tell MSM about PrEP" | "Tell Azamat, 19, who's afraid his mom will find out." |
| Generic messages that don't resonate: PrEP is HIV protection | Personalized messages that resonate: PrEP is free and confidential HIV protection (Verify local conditions: PrEP isn't free everywhere. Don't promise what isn't confirmed.) |
| Low conversion to sign-up because "the message is for someone else, not for me" | High conversion because "the message is for me" |

## 1.3. METHODOLOGY FOR CREATING A PERSONA

The full "Build your own TA persona" template is in the Appendix. Fill it in as you gather data; blank fields are acceptable. As an example, we'll use a short version with questions:

| CATEGORY | WHAT IT DESCRIBES | SAMPLE QUESTION |
|---|---|---|
| Demographics | Age, city, occupation | "How old are you? Where do you live? What do you do?" |
| Family/status | Who they live with, whether their status is disclosed | "Does your family know about your orientation/behavior?" |
| Experience with HIV services | Testing, PrEP knowledge, stigma | "Have you been to any friendly clinics? What was it like?" |
| Barriers to PrEP* | Internal (shame) and external (cost, access)** | "What's stopping you from starting PrEP right now?" |
| Safety risks | Legal, social, digital threats | "What could go wrong if you go to the clinic?" |

| CATEGORY | WHAT IT DESCRIBES | SAMPLE QUESTION |
|---|---|---|
| Behavioral HIV risks | When protection lapses (condom refusal, substance use, spontaneity) | "In what situations do you not use a condom?" |
| Triggers | What would prompt the first step | "What would convince you to try it?" |
| Media consumption | Where they look for information, whom they trust | "Where do you read about health? Who do you trust?" |
| Language and tone | Which words work / put them off | "What kind of messages feel trustworthy to you?" |

**The barrier "Unwillingness to visit HIV centers" is common across all countries in the EECA region. See the report "Pre-Exposure Prophylaxis (PrEP) in Eastern Europe and Central Asia: First Lessons," Tinatin Zardiashvili, ECOM, 2019 (in Russian)* https://ecom.ngo/library/prep_report_cases/

For how to handle the objection "I don't want to visit HIV centers," see Module 6 — Scripts

*For an analysis of external barriers — specifics and possible obstacles to access — see the brochure "Analysis of National HIV Pre-Exposure Prophylaxis Guidelines in Seven Countries of Eastern Europe and Central Asia," Aisuluu Bolotbaeva, Nikolay Lunchenkov, Pietro Vinti, ECOM, 2023* https://ecom.ngo/library/analiz-protokolov-prep/

## 1.4. EXAMPLES OF PERSONAS FOR THE EECA REGION

Below are ready-to-use personas developed based on the media consumption study by the Center for Scientific and Practical Initiatives Public Foundation (CSPI PF) in Kazakhstan (2021–2022, with the support of UNESCO) and the practical experience of the Global Health Research Center of Central Asia (GHRCCA) and CSPI PF teams in the region. Use them as a starting point: adapt the language, channels, and local examples to your country and city, while maintaining the principles of safety, confidentiality, and non-stigmatizing communication.

For more examples of personas, see, for instance, the brochure “Risk Behavior and Adversity of Male PrEP Users in Ukraine during the COVID-19 Pandemic: Pre-War Needs Assessment,” Nikolay Lunchenkov, Janina Isabel Steinert, ECOM, 2022 https://ecom.ngo/en/library/police-brief-ukraine-during-the-covid-19-pandemic/

### PERSONA 1: "SABINA, 29, TRANS WOMAN"

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Capital or major city |
| Occupation | Freelance / creative profession / NGO |
| Family | Has steady partners, open about her identity within a chosen circle |
| Experience with HIV services | Has faced transphobia in medical facilities, avoids clinics |

| CATEGORY | DESCRIPTION |
|---|---|
| Barriers | ● Transphobia from medical staff ("Are you a man or a woman?")<br>● Lack of understanding of trans-specifics health needs (interaction of PrEP and hormone therapy)<br>● Fear of "double stigma" (HIV + trans status) |
| Риски | ● Discrimination: transphobia from medical staff (denial of service, inappropriate questions).<br>● Psychological: trauma due to misgendering.<br>● Safety: outing (disclosure of trans status) through medical documents. |
| Behavioral HIV risks | ● Avoids conversations about safe sex not to provoke transphobia from partners.<br>● Hormone therapy may affect libido and spontaneity in decision-making.<br>● Partners may refuse condoms, citing "trust" or "special intimacy". |
| Triggers | ● Clinics with confirmed trans-friendly experience<br>● Stories of other trans people on PrEP<br>● Clear answers about compatibility with hormones |
| Media consumption | ● Telegram, TikTok, private trans community chats<br>● Trusts opinion leaders from the trans community<br>● Prefers visual content (videos, infographics) |
| Язык и тон | ● What works: inclusive language (correct pronouns)*, respect for identity<br>● What doesn't work: gender stereotypes, "women's/men's" health |

***Sample message for Sabina:*** "PrEP is compatible with hormone therapy. Here are the stories of trans people already taking PrEP. Here's a list of clinics and specialists who'll understand you without having to explain.".

> **In Russian, this includes, for example, using past tense verbs without gender-specific endings, or "you" constructions instead of "he/she" where appropriate. For more on language, see Module 3 "How to talk about PrEP without scaring people away: ethics and destigmatization."*

## PERSONA 2: "AIZHAN, 42, KAZAKH-SPEAKING WOMAN IN A SMALL TOWN

***(possibly involved in sex work, requires verification))"***

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Small town or village* |
| Occupation | Service industry / retail / housewife |
| Family | Married, has children, not open, husband works on a rotational basis |
| Experience with HIV services | Almost none; only tested during pregnancy |
| Barriers | ● Language barrier (materials only in Russian)<br>● Stigma in a small town ("everyone knows everyone")<br>● Lack of information in the Kazakh language |

| CATEGORY | DESCRIPTION |
|---|---|
| Risks | • Social: in a small town, "everyone knows everyone" — a visit to the clinic will become known.<br>• Family: threat of divorce or domestic violence if her status/behavior is disclosed.<br>• Language: misunderstanding complex instructions leads to errors in prevention |
| Behavioral HIV risks | • Doesn't discuss contraception with her husband due to cultural taboos.<br>• Afraid to offer condoms to potential clients so as "not to offend" them.<br>• Lack of knowledge: believes that HIV is an "MSM issue," not something affecting heterosexual couples. |
| Triggers | • Materials in the Kazakh language<br>• Option for remote consultation<br>• Flexible PrEP regimens.<br>• Guarantees of full anonymity |
| Media consumption | • WhatsApp, Instagram, local community groups<br>• Trusts word-of-mouth and authority figures (doctors, teachers)<br>• Prefers audio and video over text |
| Language and tone | • What works: Kazakh language, respectful tone, no slang<br>• What doesn't work: Russian slang, LGBTQ+ terminology, medical terms |

> **PrEP coverage remains uneven across regions, with services primarily concentrated in major cities. Rural populations, migrants, and some key populations continue to face barriers related to geographic distance, stigma, and low awareness (for more context, see the analytical review "Barriers and facilitators for PrEP delivery in Kazakhstan," Nikolay Lunchenkov, Elena German, ECOM, 2025 https://ecom.ngo/library/dkp-kazakhstan-barery-fasilitatory/)*

***Sample message for Aizhan:*** "Денсаулық — ең басты байлық. PrEP туралы толық ақпарат алу үшін мына сілтемеге өтіңіз. Анонимді. Тегін" ("Health is our greatest wealth. Follow this link for full information about PrEP. Anonymous. Free.")

## PERSONA 3: "RUSLAN, 45, LABOR MIGRANT"

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Major city |
| Occupation | Construction, utilities/maintenance, courier delivery; low/medium income, unstable schedule |
| Family | Wife and children in home country; lives in a rented room with other migrants |
| Experience with HIV services | Almost none. Afraid to visit HIV centers for fear of deportation or document-related issues |
| Barriers* | ● Language: little information available in his native language.<br>● Legal: fear that medical data will be shared with the immigration authorities.<br>● Financial: priority is sending money to family; cutting down on healthcare expenses.<br>● Isolation: no access to the LGBTQ+ community, feels lonely |
| Risks | ● Legal: a visit to the clinic may become known to the employer or immigration authorities.<br>● Social: ostracism among other migrants if status/orientation is disclosed.<br>● Physical: living in a dormitory/room reduces privacy for taking pills |
| Behavioral HIV risks | ● Loneliness: regular sex with other men (sometimes commercial) as a way to cope with isolation.<br>● Low condom use: trusts "compatriots" or work partners.<br>● Delayed testing: "I won't see a doctor until I'm actually sick." |
| Triggers | ● Guarantee of full confidentiality (no records kept).<br>● Information in his native language (audio/video).<br>● Ability to access services near work / where he lives |
| Media consumption | ● WhatsApp (groups of compatriots), YouTube.<br>● Trusts opinion leaders from his home country.<br>● Prefers voice messages and videos over text. |
| Language and tone | ● What works: simple language, no activism, focus on "health for work."<br>● What doesn't work: LGBTQ+ slang, radical slogans, complex medical terminology |

***Sample message for Ruslan:*** "Health is what lets you work and support your family. PrEP protects you confidentially. No paperwork. No questions about documents. In your language."

**Verified field-sourced barriers to complete TA personas can be found, for example, in the brochure "Barriers and Facilitators to Accessing HIV Pre-Exposure Prophylaxis in the Republic of Tajikistan," Nikolay Lunchenkov, Elena German, ECOM, 2025 (in Russian) https://ecom.ngo/library/dostup-dkp-vich-tadzhikistan/*

## PERSONA 4: "SASHA, 20, NON-BINARY PERSON, CHEMSEX CONTEXT"

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Major city |
| Occupation | Freelance, volunteering; low/unstable income |
| Family | Not open with family, lives with a partner or friends (chosen family) |
| Experience with HIV services | Negative or none. Fears judgment due to gender identity and substance use |
| Barriers | ● Stigma: double stigma (transphobia + stigma around substance use).<br>● Interaction: doesn't know how PrEP interacts with substances used at parties.<br>● Schedule: chaotic schedule makes it difficult to take pills daily |
| Risks | ● Police: risk of detention at parties or when buying substances.<br>● Violence: high risk of physical/sexual violence at private events.<br>● Medical: denial of care or improper treatment in clinics due to appearance/identity |
| Behavioral HIV risks | ● Chemsex: substance use before/during sex → reduced control over condom use.<br>● Multiple partners: sex parties, group sex, high viral load exposure within the network.<br>● STIs: frequent co-infections that weaken local immunity |
| Triggers | ● Harm reduction approach (no moralizing about drugs).<br>● Flexible PrEP regimens.<br>● Peer support from the same group. |
| Media consumption | ● Telegram (private channels), Dating apps (Grindr, Tinder), Twitter/X.<br>● Trusts friends, party organizers, harm reduction activists.<br>● Visual content, memes, short videos. |
| Language and tone | ● What works: inclusive language (they/them), recognition of the right to pleasure, focus on maintaining control.<br>● What doesn't work: Judgment about substance use ("you should quit"), binary gendered language ("man/woman"), moralizing lectures |

***Sample message for Sasha:*** "Parties are about fun and safety. PrEP helps manage risks, even when the night takes a spontaneous turn. Without judgment. Confidential. Fits your lifestyle."

Context for communication in the chemsex environment: examples of a harm reduction approach without moralizing can be found, for example, in the brochure "Risk Behavior and Adversity of Male PrEP Users in Ukraine during the COVID-19 Pandemic: Pre-War Needs Assessment," Nikolay Lunchenkov, Janina Isabel Steinert, ECOM, 2022 https://ecom.ngo/en/library/police-brief-ukraine-during-the-covid-19-pandemic/

## PERSONA 5: "AZAMAT, 19, STUDENT"

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Small town |
| Occupation | University student, works part-time in the service industry |
| Family | Lives with parents, not open, family doesn't know about his orientation |
| Experience with HIV services | Tested anonymously 1-2 times, heard about PrEP from friends or on social media |
| Barriers | ● Fear that his parents will find out (pill bottle, calls from the clinic)<br>● Lack of money (student budget)<br>● Internalized stigma: "This is for those who 'behave badly'" |
| Risks | ● Social: disclosure of status to parents.<br>● Digital: targeted ads could "expose" his interests on social media.<br>● Medical: a call from the clinic to his personal phone may be overheard by family. |
| Behavioral HIV risks | ● Doesn't carry condoms "just in case," relies on spontaneity.<br>● Drinks alcohol and sometimes uses psychoactive substances at parties → reduces control over using protection.<br>● Takes partners "at their word" regarding status, avoids conversations about testing. |
| Triggers | ● Confidentiality<br>● Stories from "people like him"<br>● Free or subsidized programs |
| Media consumption | ● Instagram, TikTok, Telegram channels<br>● Trusts peer bloggers rather than official sources<br>● Looks for information at night, in incognito mode |
| Language and tone | ● What works: informal, no moralizing, with humor<br>● What doesn't work: intimidation, medical terms, "at-risk groups" |

***Sample message for Azamat:*** "PrEP is like a seatbelt. You buckle up not because you're planning to crash. It just makes you feel safer. Confidential. Free. No additional questions asked."

## PERSONA 6: "DMITRY, 22, SEX WORKER, MAJOR CITY"

| CATEGORY | DESCRIPTION |
|---|---|
| Geography | Large city with active nightlife |
| Occupation | Sex work (primary or supplementary income) |
| Family | Single, rents housing with friends, family doesn't know about his occupation |

| CATEGORY | DESCRIPTION |
|---|---|
| Experience with HIV services | Tests regularly, well-informed about HIV, but not about PrEP |
| Barriers | • Stigma towards sex work ("it's your own fault")<br>• Unstable schedule (difficult to make an appointment)<br>• Priority is immediate earnings, not prevention |
| Risks | • Legal: a visit to the clinic may attract police attention (profiling).<br>• Stigma: judgment from healthcare professionals ("yit's your own fault").<br>• Economic: loss of income if clients find out he's taking some kind of medication |
| Behavioral HIV risks | • Clients offer extra payment for sex without a condom → economic pressure.<br>• Use of substances to relieve stress → reduced control over boundaries.<br>• Unstable schedule → difficult to plan regular visits to the clinic to get new PrEP bottles |
| Triggers | • Flexible clinic hours (evening/night)<br>• Quick start (get on PrEP in 1 visit)<br>• Support from peer counselors from within the same community |
| Media consumption | • Private chats, dating apps<br>• Trusts "his own" (other sex workers, peer counselors)<br>• Short messages, straight to the point |
| Language and tone | • What works: being direct, no moralizing, respect for his choices<br>• What doesn't work: judgment, calls to "quit," moralizing lectures |

***Sample message for Dmitry:*** "You know more about HIV than others. PrEP is another layer of protection. Fast. Confidential. No questions about work. Here's a chat with a peer counselor. Message whenever works for you."

**IMPORTANT:** Behavioral risks in these personas aren't a reason for judgment ("it's their own fault"). They're an entry point for empathetic communication: "Life can be spontaneous. PrEP is insurance in case protection 'falls out' of the script."

Group-specific considerations:

- ***Migrants*** — anonymity; no ID/registration required; information in their native language
- ***People who use drugs/PWUD*** — harm reduction approach; no abstinence required; no moralizing
- ***Trans and non-binary people*** — full inclusion; correct pronouns; respect for identity; trans-friendly services

Always check against Module 7 and your country's laws and protocols before launching campaigns for these groups.

## 1.5. KEY TAKEAWAYS FOR A COMMUNICATIONS SPECIALIST AND LINKS TO OTHER MODULES

4 rules on how to work with personas:

- ***A tool, not a label*** — a persona replaces an abstract "group" with a person who has understandable barriers and triggers
- ***Segment by barriers*** (confidentiality, stigma, budget), not by diagnoses → higher conversion
- ***Anxiety = Content*** — knowing your audience's hidden fears provides ready-to-use messages that lower resistance
- ***Persona = Foundation*** — without it, channels, language, and scripts turn into guesswork

### LINKS TO OTHER MODULES

Module 1 answers the question "Who?", and this answer initiates the entire communication chain: you know who you're talking to → Module 2 shows what stage they are at, Modules 3 and 4 provide the language and channels for dialogue, and Modules 5, 6, and 7 turn strategy into safe, measurable practice.

## 1.6. APPENDICES

### 1.6.1. TEMPLATE FOR CREATING LOCAL PERSONAS "BUILD YOUR OWN TA PERSONA"

***How to use it:***

- Copy the table → fill it out based on surveys/interviews with peers/clients
- Don't assume — ask. Blank fields are acceptable; you can come back later
- Create 3–5 personas per campaign; TAs can overlap (e.g., MSM + migrant + PWUD)
- Test on real people: show it to 2–3 TA representatives → if <70% say "that's me" → revise it
- Check against Module 7 (Safety)
- Update personas every 1–2 years

***Validation checklist. How to check if the persona is working?***

- Show the persona to 2–3 TA representatives
- Ask: "Would you recognize yourself in this description?"
- If <70% say "yes" → revise barriers/language

## "BUILD YOUR OWN TA PERSONA"

| CATEGORY | CATEGORY | YOUR ANSWER (fill in based on local context) |
|---|---|---|
| Basic information | Name (placeholder) | |
| | Age | |
| | City / town / village | |
| | Occupation / source of income | |
| | Family status | |
| | Openness about LGBTQ+ identity / behavior / status (with family, friends, at work) | |
| Experience with HIV services | Gets tested for HIV / how often | |
| | Knows about PrEP / from where | |
| | Experienced stigma/discrimination in healthcare | |
| | Attitude towards clinics and NGOs (trusts / avoids) | |
| Barriers to PrEP | Internal (shame, fear, disbelief) | |
| | External (cost, access, logistics, stigma) | |
| | Language / cultural barriers | |
| Safety risks | Legal (police, immigration, registration) | |
| | Social (status disclosure, ostracism, violence) | |
| | Digital (advertising, data leaks, calls) | |
| | Medical (denial of service, diagnosis disclosure) | |
| Behavioral HIV risks | Use of condoms (regularly / sometimes / rarely) | |
| | Situations when protection lapses (alcohol, substance use, spontaneity) | |
| | Number of partners / type of contacts | |
| | Attitude towards partner testing | |
| Triggers to action | What might prompt the first step (anonymity, free access, stories from "people like them") | |
| | What guarantees are needed (confidentiality, speed, no questions asked) | |

| CATEGORY | CATEGORY | YOUR ANSWER (fill in based on local context) |
|---|---|---|
| Media consumption | Where they look for health information (social media, chats, friends, doctors) | |
| | Who they trust (bloggers, peers, doctors, partners) | |
| | Content formats (video, text, audio, stories) | |
| Language and tone | Which words / phrases work | |
| | Which words / phrases put them off | |
| | Preferred language of communication (Russian, national language) | |
| Sample message for this persona | Write 1–2 sentences that might interest this person | |

# MODULE 2

# STAGES OF DEMAND: FROM UNAWARENESS TO ADHERENCE

*A funnel adapted to the specifics of PrEP in EECA.*

Knowing your audience personas (Module 1), it's easy to go wrong if you talk to everyone the same way. This module presents a person's journey to PrEP as a 4-stage process — with unique questions, fears, and needs at each stage.

### WHAT YOU'LL LEARN

- How to recognize which stage a client is at and avoid skipping steps
- How to tailor messages to the current need: raising awareness → addressing doubts → simplifying access → supporting adherence
- How to connect the personas from Module 1 to funnel stages: Azamat's path ≠ Ruslan's path
- How to measure success at each stage: separate metrics for awareness and for adherence

### THE KEY IDEA OF THE MODULE

The right message in the right place works better than the same message for an abstract audience.

## 2.1. CUSTOMER JOURNEY MODEL FOR PREP

We use an adaptive marketing model that describes a person's journey to a decision. ***In a nutshell:***

1. Unaware — hearing about PrEP for the first time
2. Aware, but hesitant — weighing risks and trust
3. Ready to try — making the decision
4. Using — forming a habit and attitude

Why this matters: to understand where barriers arise, so you can offer support in time rather than push. ***Why this is critical for EECA:*** in conditions of stigma and disclosure risks, decisions about prevention are rarely made quickly. A person needs time to:

- Learn about PrEP without pressure
- Check source credibility
- Assess personal risks and context
- Make a decision at their own pace

Bottom line: don't skip stages. You can't move a person from "Unaware" to "Using" with a single message.

The client journey from initial attention and screening through retention is aligned with global standards. See the WHO cascade model for PrEP in the communiqué "Results of the second regional consultation on pre-exposure prophylaxis (PrEP) in Central Asia," ECOM, 2024 https://ecom.ngo/library/ecom_communique2/

# 2.2. STAGES OF DEMAND

## 2.2.1. DETAILED DESCRIPTION OF THE STAGES

***So, for each of the 4 stages, we define:***

1. Communication goal (what we want to achieve).
2. Key audience questions (what's on the person's mind).
3. Suitable formats.
4. Channels.
5. Sample messages.
6. Success metrics.
7. Link to Module 1.

### STAGE 1: UNAWARE

The person hasn't heard of PrEP or only has a vague idea.

| CATEGORY | DESCRIPTION |
|---|---|
| Communication goal | Provide basic information without pressure, intimidation, or stigma. Make PrEP "visible" in the information space. |
| Key questions | "What is PrEP?", "Is this about me?", "Where am I even reading this?" |
| Suitable formats | ● Short videos (up to 60 sec): "PrEP in 1 minute"<br>● Infographics in stories<br>● Introduction posts: "5 facts about PrEP"<br>● Mentions in podcasts, blogs, chats |
| Channels | Instagram, TikTok, Telegram, YouTube, offline locations (barbershops, saunas, NGOs) |
| Sample message | "PrEP is a pill for HIV prevention. Take it before contact. 99% effective. Confidential. Free of charge in your city." |
| Success metrics | Reach, number of saves, link clicks, DMs |
| Link to Module 1 | ***For Azamat (student)***: TikTok + peer stories.<br>***For Ruslan (migrant)***: YouTube + information in his native language.<br>***For Aizhan (Kazakh-speaking)***: Audio format, WhatsApp. |

**IMPORTANT!** Do not include a call to action at this stage ("Start today!"). The person doesn't yet understand why they need this. First — inform.

## STAGE 2: AWARE, BUT HESITANT

A person has heard of PrEP, but there are barriers: myths, stigma, fear, distrust.

| CATEGORY | DESCRIPTION |
|---|---|
| Communication goal | Dispel myths, normalize PrEP, show stories of "people like me," reduce internalized stigma. |
| Key questions | "Is this safe?", "What if people find out?", "I don't want to go to the HIV Center," "Is this only for MSM?", "Are there side effects?", "What if I'm not in a risk group?" |
| Suitable formats | ● Real user stories (text, video, audio)<br>● FAQ: doctor's answers to frequently asked questions<br>● Myth/Reality: cards debunking stereotypes<br>● Live sessions with experts (Q&A) |
| Channels | Telegram channels, private chats, NGO websites, peer counselors, hotlines |
| Sample message | "Myth: PrEP is only for people with lots of partners. Reality: PrEP is for anyone who wants to be in control. It's like a seatbelt: you buckle up not because you're planning to crash." |
| Success metrics | Number of comments, consultation requests, live stream participants, FAQ downloads |
| Link to Module 1 | ***For Sabina (trans person)***: Stories of other trans people on PrEP.<br>***For Dmitry (sex worker)***: Guarantee of confidentiality, no judgment.<br>***For Sasha (chemsex context)***: Harm reduction approach, no moralizing. |

**IMPORTANT!** Avoid moralizing. Not "you must," but "you can choose." See Module 3.

## STAGE 3: READY TO TRY

The person has made the decision, but needs concrete steps: where to go, what to say, how much it costs.

| CATEGORY | DESCRIPTION |
|---|---|
| Communication goal | Simplify the first step. Provide clear instructions. Reduce anxiety before the visit. |
| Key questions | "Where do I go?"*, "What do I say to the doctor?", "How much does it cost?", "Do I need my ID?", "How quickly can I start?" |
| Suitable formats | ● Map of friendly clinics (online)<br>● Checklist: "How to prepare for your first visit"<br>● Script: "What to say to the doctor"<br>● Online booking or chat with a counselor |
| Channels | NGO website, messaging apps (WhatsApp, Telegram), hotline, peer counselors |

| CATEGORY | DESCRIPTION |
|---|---|
| Sample message | "3 Steps to PrEP: 1) Fill out the anonymous form. 2) A counselor will contact you. 3) Come to the clinic at a time that works for you. No line. No unnecessary questions." |
| Success metrics | Number of consultation requests, clinic appointments, first visits |
| Link to Module 1 | ***For Ruslan (migrant):*** Not tied to a place of residence.<br>***For Aizhan (small town):*** Remote consultation, confidentiality.<br>***For Dmitry (sex worker):*** Flexible schedule, evening hours. |

> **Practical tip: Note that staff at the reception or front desk of the facility where PrEP is provided need to know what PrEP is (PrEP, prevention, HIV pills, etc.). In our experience, there have been cases where clients — not knowing or having forgotten the room number — approached the reception desk and asked, "Where do I get PrEP?", were told something like "We don't have that here," turned around and left. Once a client is lost this way, getting them back to the clinic is very difficult, and sometimes impossible.*

For information on procedures before and after starting PrEP, see the brochure "Analysis of National HIV Pre-Exposure Prophylaxis Guidelines in Seven Countries of Eastern Europe and Central Asia," Aisuluu Bolotbaeva, Nikolay Lunchenkov, Pietro Vinti, ECOM, 2023 https://ecom.ngo/library/analiz-protokolov-prep/

**IMPORTANT!** At this stage, any additional barrier (a phone call, a line, a "why" question) can become a reason to drop out. Simplify the path as much as possible.

## STAGE 4: USING → SUPPORTING ADHERENCE

Adherence isn't just "taking it / not taking it" — it's sustained behavior: taking it regularly according to the recommended regimen. The effectiveness of PrEP depends almost directly on adherence.

| FACTORS REDUCING ADHERENCE IN EECA | WHAT SUPPORTS RETENTION |
|---|---|
| Stigma (fear of pills being seen) | Simple rituals (linking it to brushing teeth, coffee) |
| Irregular schedule, chaos | Reminders: alarms, bots, apps |
| "I don't need it right now" — lowered sense of risk | Support: friends, community, peer counselors |
| Side effects or fear of them | Clear explanation of how the protection works |
| Access: interruptions, bureaucracy, cost | Normalization: "it's just a regular part of self-care" |
| Distrust of the healthcare system | Flexible regimens (where possible) + support after missed doses |

***Typical interruption scenarios:***

- Skips days → risk of reduced protection
- Takes it "from time to time" → the most risky scenario
- Stops once anxiety decreases → needs a gentle way back

**IMPORTANT FOR COMMUNICATIONS SPECIALISTS!** You won't address all fears with one message. Work gradually, together with doctors and peers. Praise every step. Don't blame people for missed doses — help them get back on track. See Module 6 (Scripts for handling objections).

***Our long-term goal (impact)***: reducing new HIV cases through sustained adherence — not coverage, not "pretty reports," not budget execution.

***Evidence base:*** A study in Ukraine showed that with peer support and flexible regimens, adherence holds up even under stress ("Risk Behavior and Adversity of Male PrEP Users in Ukraine during the COVID-19 Pandemic: Pre-War Needs Assessment", Nikolay Lunchenkov, Janina Isabel Steinert, ECOM, 2022 https://ecom.ngo/en/library/police-brief-ukraine-during-the-covid-19-pandemic/

| CATEGORY | DESCRIPTION |
|---|---|
| Communication goal | Support regular use, answer questions along the way, prevent discontinuation. |
| Key questions | "What to do if I missed a pill?", "What if there are side effects?", "How long do I need to take it?", "Can I take a break?" |
| Suitable formats | ● Medication reminders (chatbot*, SMS)<br>● Mini check-ins: "How's it going with the pills?"<br>● Stories from long-term users<br>● Chat support (peers, counselors) |
| Channels | Messaging apps, chatbots, support groups, follow-up clinic visits |
| Sample message | "Hi. How's your week? Is everything okay with the pills? If you forget about it, it's okay. Here's what to do. We're here for you." |
| Success metrics | Percentage of people continuing PrEP at 1/3/6 months, number of follow-up visits, satisfaction |
| Link to Module 1 | ***For Azamat (student):*** Reminders on Telegram, gamification.<br>***For Sasha (non-binary person):*** Flexible regimens (as needed), non-judgmental support.<br>***For Ruslan (migrant):*** WhatsApp reminders in his native language. |

**Make sure the bot/chat meets confidentiality requirements (encrypted, auto-deletes messages, doesn't collect excessive data). See Module 7.*

For practical, region-tested retention techniques, see, for example, the brochures:

"Barriers and Facilitators to Accessing HIV Pre-Exposure Prophylaxis in the Republic of Tajikistan," Nikolay Lunchenkov, Elena German, ECOM, 2025 (in Russian) https://ecom.ngo/library/dostup-dkp-vich-tadzhikistan/

"Barriers and facilitators for PrEP delivery in Kazakhstan," Nikolay Lunchenkov, Elena German, ECOM, 2025https://ecom.ngo/library/dkp-kazakhstan-barery-fasilitatory/

## 2.2.2. TRANSITION MARKERS: HOW TO TELL WHEN SOMEONE HAS MOVED TO THE NEXT STAGE?

The transition between stages is rarely accompanied by a direct "I'm ready." To avoid getting "stuck" with an aggressive call to action or missing a moment where support is needed, track behavioral signals:

| TRANSITION | DIGITAL MARKERS | OFFLINE/BEHAVIORAL MARKERS |
|---|---|---|
| 1 → 2<br>(Unaware → Hesitant) | Saving a post, following a link to the FAQ, a DM question, watching >80% of a video | Remembering the term "PrEP," mentioning it to a peer, requesting more information |
| 2 → 3<br>(Hesitant → Ready to try) | Requesting an anonymous consultation, downloading the clinic map, asking "how much does it cost?/what documents do I need?" | Visiting an NGO for a test, requesting a script for the conversation with a doctor, asking about clinic hours |
| 3 → 4<br>(Ready → Using) | Booking an appointment, requesting instructions for the regimen, joining a support chat | First clinic visit, receiving the first pack, a notification that they've started |
| 4 → Retention/Return | Responding to a reminder, asking "I missed a pill, what do I do?", clicking the map link again | Regular visits, reporting a missed dose, requesting to switch regimens |

For examples of proven conversion incentives at different funnel stages, see, for instance, the brochure "Barriers and Facilitators to Accessing HIV Pre-Exposure Prophylaxis in the Republic of Tajikistan," Nikolay Lunchenkov, Elena German, ECOM, 2025 (in Russian) https://ecom.ngo/library/dostup-dkp-vich-tadzhikistan/

***How to use this in practice:***

- If someone hits a transition marker → automatically shift the tone and format of the messages
- If there are no markers for 2–3 weeks → move back one stage or send a "soft" reminder without pressure
- Regression to a previous stage is normal. Don't remove them from your outreach, keep the door open

**EXAMPLE**: A client started PrEP (Stage 4) but is asking questions about side effects again after a break (Stage 2). It's okay. Bring them back to a support format, not "sales."

### FOR TEAMS USING AUTOMATION, CRM, OR ANALYTICS

***Set up segmentation in your CRM/bots based on these actions:***

- Telegram/WhatsApp bots: response buttons + CRM tags
- Analytics: filter "saves" and "link clicks" as 1→2 markers
- Website: track clicks on "Download FAQ," "Open map" via UTM
- Offline: a checklist for peers ("Asked about documents? → Stage 3")

***Why this is critical:*** Without markers, campaigns get "stuck" at one stage — they either push for an appointment too early (scaring people off), or inform for too long (losing people who are ready). Clear indicators let you automate 60–70% of communication and accurately measure conversion between stages.

## 2.2.3. SPECIFICS OF WORKING WITH EACH STAGE

- Stages are non-linear. A person can move backward (for example, after a break in taking it) — this is normal, not a failure.
- Not everyone will reach the end. Some will stay at Stage 2 — don't push; leave the door open.
- Missed does ≠ dropout. Support rather than judge: adherence builds up gradually.
- Safety comes first. Always check against Module 7 before launching activities.

## 2.2.4. CROSS-STAGE METRICS: HOW TO SEE THE FUNNEL AS A WHOLE

In addition to in-stage metrics, track transitions between stages — this helps identify "bottlenecks" and optimize resources.

| METRIC | WHAT IT MEASURES | WHY IT'S NEEDED |
|---|---|---|
| Conversion 1→2, 2→3, 3→4 | % of people who moved to the next stage | Understand where you're losing your audience |
| Retention at 30/90/180 days | % still taking it at 1/3/6 months | Measure long-term impact, not just "acquisition" |
| Average transition time | How many days the journey between stages takes | Identify delays in the funnel |
| Biggest drop-off point | Which transition loses the most people | Prioritize improvements |

**PRACTICAL TIP**: don't chase perfect analytics from day one.

Start with 2–3 metrics:

- Conversion 2→3 (readiness for action)
- Conversion 3→4 (actual start)
- Retention at 90 days

That's enough to spot gaps and adjust your communication.

## HOW TO IMPLEMENT THIS IN PRACTICE?

Use a tool that works best for you:

| TOOL | WHAT TO SET UP | EXAMPLE |
|---|---|---|
| CRM / Chatbot | Stage tags + automatic transition counting | A person clicks "Download FAQ" → tagged Stage 2; requests a consultation → tagged Stage 3; CRM calculates conversion |
| GA4 / Meta's core analytics tools | Goals for key actions: view FAQ, click map, submit form | Goal "Book a consultation" = conversion 2→3 |
| Spreadsheet/Dashboard | A simple summary table in Google Sheets, updated weekly | Columns: Week |
| Offline tracking | A checklist for peer counselors: to record at which stage the client is | "Requested a script for the conversation with a doctor" = marker 2→3 |

**IMPORTANT FOR EECA!** When setting up analytics, follow data-minimization principles. Don't collect names, phone numbers, or geolocation without explicit consent. Use anonymous IDs and aggregated data (Module 7)..

## WHY THIS IS CRITICAL FOR NGO PRACTICE

- ***Resource savings***: You see which channels actually lead to PrEP initiation, not just views.
- ***Evidence for donors***: Instead of "we reached 10,000 people" — "15% of those reached proceeded to consultation, 8% started PrEP, 70% continued at 3 months."
- ***Fast iteration***: If the 3→4 conversion drops, you immediately understand that the problem isn't with the content, but, for example, with the clinic's operations or logistics.
- ***Ethics + effectiveness***: You don't "push" people at early stages, but rather provide targeted support to those who are ready.

## 2.3. CHEAT-SHEET TABLE: "STAGE → FORMAT → MESSAGE"

Let's figure out how to connect the personas from Module 1 to the stages and communication messages. Let's fill out the table. You'll find a blank table in the Appendix. Copy it, adapt it for the personas from Module 1, and use it for campaign planning.

| STAGE | PERSONA | GOAL | FORMAT | CHANNEL | MESSAGE | KPI |
|---|---|---|---|---|---|---|
| Unaware | Azamat, 19 | Informing | TikTok video (30 sec) | TikTok, Instagram | "PrEP in 3 facts. No complications" | Reach, saves |
| Unaware | Ruslan, 45 | Informing | Audio FAQ in his native language | WhatsApp, YouTube | "5 questions about PrEP. Answered by a doctor." | Listens, questions |
| Aware, but hesitant | Sabina, 29 | Removing barriers | First-person story (video) | Telegram, Instagram | "I'm a trans person on PrEP. Here's my experience." | Comments, reposts |
| Aware, but hesitant | Aizhan, 42 | Removing barriers | Audio message in Kazakh | WhatsApp, Instagram | "PrEP is about your health. Anonymous." | Listens, calls |
| Ready to try | Dmitry, 22 | Simplifying the first step | Chat with a peer counselor | Telegram, WhatsApp | "Write at your convenience. No questions about work" | Requests, appointments |
| Ready to try | Sasha, 20 | Simplifying the first step | Clinic map + online booking | Website, chatbot | "The nearest friendly clinic is 2 km from you." | Requests, appointments |
| Using | Azamat, 19 | Retention in prevention | Chatbot with reminders | Telegram, SMS | "Hi. Time for a pill. All good?" | % continuing at 1 month |
| Using | Ruslan, 45 | Retention in prevention | Support chat (peer counselor) | Telegram, WhatsApp | "Missed a pill? Don't panic. Here's what to do." | % continuing at 3 months |

## 2.4. KEY TAKEAWAYS FOR A COMMUNICATIONS SPECIALIST AND LINKS TO OTHER MODULES

- ***Don't skip stages***. You can't move a person from "Unaware" to "Using" with a single message.
- ***Measure each stage***. Reach ≠ Requests ≠ Adherence. Each stage has its own KPIs.
- ***Adapt for personas***. Use the table below to connect stages with the personas from Module 1.
- ***Provide support at every step***. The most common mistake is focusing on acquisition and ignoring adherence.
- ***Test and adjust***. If a particular stage has a high drop-off rate, review the messages and formats for it.

### LINKS TO OTHER MODULES

Module 2 builds on the TA personas (Module 1), uses ethical language (Module 3), formats and channels (Module 4), scripts for handling objections (Module 6), and safety protocols (Module 7).

## 2.5. APPENDICES

### 2.5.1. TEMPLATE FOR PLANNING CAMPAIGNS BY STAGE

***How to work with this template:***

- Fill in the table for each campaign.
- Use the personas from Module 1.
- Adapt the messages to the language and tone of each persona.
- Check against Module 7 (Safety) before launching.
- After the campaign, analyze KPIs and adjust your approach.

| STAGE | PERSONA | GOAL | FORMAT | CHANNEL | MESSAGE | KPI |
|---|---|---|---|---|---|---|
| Unaware | Azamat, 19 | Informing | TikTok video (30 sec) | TikTok, Instagram | "PrEP in 3 facts. No complications" | Reach, saves |
| | | | | | | |

# MODULE 3

# HOW TO TALK ABOUT PREP WITHOUT SCARING PEOPLE AWAY: ETHICS AND DESTIGMATIZATION

*Words matter. One wrong word, and a person shuts down.*

Knowing the persona (Module 1) and the stage of demand (Module 2), it's easy to ruin everything with one wrong word. This module teaches how to talk about PrEP, HIV, and behavior:

- Without reinforcing internalized stigma
- Without putting people off with moralizing
- Without violating security and confidentiality

### WHAT YOU'LL LEARN

- How to use stigma-free language (UNAIDS principles) and avoid trigger phrasing
- How to adapt terminology (PrEP / national languages) to a specific audience
- How to explain medical concepts in simple language (the "school-age rule")
- How to honestly explain the difference "anonymous ≠ confidential"
- How to adjust tone to the personas from Module 1 and check texts against a checklist before publishing

### THE KEY IDEA OF THE MODULE

Language that respects a person works better than language that judges their behavior.

## 3.1. PRINCIPLES OF NON-STIGMATIZING AND ACCESSIBLE LANGUAGE (BASED ON UNAIDS PRINCIPLES)

### WHY DOES THIS MATTER FOR THE EECA REGION?

In a region where homosexuality, sex work, and substance use can be criminalized, language is a matter of safety.

| IF LANGUAGE STIGMATIZES | IF LANGUAGE RESPECTS |
|---|---|
| The person feels ashamed and shuts down | The person feels safe and opens up |
| Internalized stigma increases ("I'm bad") | Internalized stigma decreases ("I'm taking care of myself") |
| Risk of status/behavior disclosure | Risk is minimized through safe phrasing |
| The person leaves the service | The person stays and comes back |

**IMPORTANT!** According to UNAIDS, language can embody stigma and discrimination, which directly affects access to testing, HIV risk, and engagement in treatment.

## PRINCIPLE 1: PERSON-FIRST LANGUAGE*

Some communities use identity-first language (for example, part of the LGBTQ+ community prefers "queer person" over "person with a queer identity"). For HIV/PrEP, UNAIDS and national guidelines unequivocally recommend person-first language. When working with a new audience, check their preferences.

> **We understand that in national languages, terms and phrasing will differ in translations, nuances, and meanings. The authors originally prepared this guide in Russian. The examples below are adapted English translations of the Russian terms and phrases.*

| DON'T USE | USE |
|---|---|
| "HIV-infected," "HIV patient" | "Person living with HIV," "HIV-positive" |
| "Drug addict," "drug abuser" | "Person who uses drugs" |
| "Prostitute" | "Sex worker" |
| "High-risk groups," "groups vulnerable to HIV" | "Key populations," "populations at increased risk" |
| "Contracted HIV," "became infected" | "Acquired HIV", "HIV transmission" |

**WHY**: Labels reduce a person to a diagnosis or behavior. Person-first language centers the person, not their condition.

## PRINCIPLE 2: HIV IS NOT A DEATH SENTENCE

| DON'T SAY | SAY |
|---|---|
| "HIV is a disease / epidemic / deadly virus" | "HIV is a virus / status / chronic condition" |
| "Fighting HIV," "War against AIDS," "War against the epidemic" | "Ending the HIV epidemic," "HIV response" |
| "HIV victim," "person suffering from HIV" | "Person living with HIV" |

HIV is not a fatal disease. HIV is a chronic condition caused by a virus. HIV can and should be managed.

**IMPORTANT**! Language is changing, stay updated.

Official names and terms are evolving towards less stigmatizing language. It's important to use current terminology, even if "older" names still come up in everyday conversation.

***Example from Kazakhstan***

| BEFORE | AFTER | WHY IT MATTERS |
|---|---|---|
| "Republican Center for AIDS Prevention and Control" (until 2018) | "Kazakh Scientific Center of Dermatology and Infectious Diseases" | The word "AIDS" (stigmatizing) and "fight" (militaristic rhetoric, used in the Russian version of the name) were removed. The emphasis shifts to health rather than conflict. |
| "Regional/City AIDS Control Center" (until the 2020s) | "HIV Prevention Center" | "HIV infection" is a medically accurate term. "Prevention" sounds supportive, not punitive. |

***How to use this in communications:***

- Use the current official names of institutions in your country. For example, "HIV Prevention Center," not "AIDS Center." Or in short — ***HIV Center.***
- If the audience is used to the old name, you can add a clarification in parentheses: "HIV Prevention Center" (formerly the AIDS Center).

## PRINCIPLE 3: NO MORALIZING OR JUDGMENT

| DON'T SAY | SAY |
|---|---|
| "You must / you have to" | "You can choose" |
| "Right / wrong behavior" | "Safe / less safe behavior" |
| "Quit it," "quit using" | "Here's how to reduce risks if you continue" |
| "It's your own fault," "risky behavior" | "Life can be spontaneous," "situations when protection lapses" |

***We NEVER:***

- Judge
- Criticize
- Condemn
- Compare

## PRINCIPLE 4: INCLUSIVITY AND GENDER SENSITIVITY

| DON'T USE | USE |
|---|---|
| "Men and Women" (binary) | "People," "partners," "clients" |
| "He/she" (if gender is unknown) | Ask: "How should I address you?", "What gender or pronoun (he/she/they, or something else) are you most comfortable with?" |
| "A trans," "a transsexual" | "Transgender person," "trans person" |
| "Changed sex," "became a man / woman" | "Transition," "gender-affirming care," "change of gender marker" |

***Choosing pronouns and forms of address:***

- Offer a choice: the client can name their pronoun, say "whatever's convenient," or "doesn't matter"
- If the client says "doesn't matter" → use neutral phrasing, or whatever form sounds natural. Don't press for a specific answer
- Don't correct clients if their phrasing shifts mid-conversation. Trust and comfort are more important than linguistic accuracy

***Practical rules (adapted translation from the Russian language)***

| AVOID | USE |
|---|---|
| Verbs with gender-specific endings (if applicable for your language) | Imperatives or other structures without gender-specific endings |
| "He/she" when the gender is unknown | "You," neutral structures |
| Structures implying a binary gender | Universal phrasing: "client," "person," "partner" |

For examples of proven, validated phrasing for inclusive communication with trans people, see, for instance, the brochures:

- "Considerations for Online Counseling of MSM and Trans People," Marina Didenko, Elena German, Diana Alieva, Marina Kushnirenko, ECOM, 2024 (in Russian) https://ecom.ngo/library/onlayn-konsuljtirovaniya-msm-trans-ludey/
- "How to Talk About HIV and PrEP," Kostya Andriiv, 2025 (built on a sex-positive and trans-inclusive approach, with practical examples of adapting materials for different audiences. Link: https://ecom.ngo/library/how-write-hiv-prep/ )
- "Ethical Media Reporting Guide on LGBTQI Issues and HIV," 2026 (practical material for NGOs, journalists, and communications specialists, developed jointly with UNAIDS. Link: https://ecom.ngo/library/ethical-media-reporting-lgbtqi-hiv/)

## PRINCIPLE 5: SAFETY AND CONFIDENTIALITY

| DON'T SAY | SAY |
|---|---|
| "Come to the AIDS Center," "Register" | "Visit a friendly clinic," "get the service" |
| "We'll share your data with the doctor" | "We don't collect or share personal data" / "We don't share data with third parties without your consent. We only require the data needed to provide the service, to the extent required by law." |
| "You need to show your ID" | "There are options without an ID / anonymously" |
| "Tell your partner your status" | "You have the right not to disclose your status" |

A person living with HIV has the right not to disclose their status, and no one else has the right to disclose someone else's status or demand such disclosure. For a detailed breakdown of ***confidentiality and anonymity***, see Principle 8.

**IMPORTANT**: When communicating via messaging apps, warn clients: "Use secret chats, don't save conversations in shared folders, don't send scans of documents over regular messengers. Your digital hygiene is part of confidentiality."

## PRINCIPLE 6: TERMINOLOGY SHOULD BE UNDERSTANDABLE TO THE AUDIENCE

While implementing projects in Kazakhstan, we noticed that different communities use different terms for PrEP. So we used whichever term was familiar to each specific TA.

| AUDIENCE | WHICH TERM | WHY |
|---|---|---|
| MSM (urban, 18–35) | PrEP (Latin script)<br>ПрЕП (Cyrillic script) | A familiar term from blogs, social media, and international context. "ДКП" (the Russian abbreviation) can sound like bureaucratic jargon. |
| People who use drugs<br>Sex workers | ДКП (Cyrillic) | This is what doctors and peer counselors in harm reduction programs call it. "PrEP" may be unclear. |
| Kazakh-speaking audience | Medication for HIV prevention before exposure (or locally agreed term) | Official translations in Kazakhstani documents use different phrasing: the Code on Public Health uses "қатынасуға дейінгі профилактика," while Order No. RK DSM-137/2020, uses "жанасуға дейінгі профилактика." Both mean "before contact," but they use different words for "contact" (қатынасу — interaction, жанасу — physical contact). Important: Before publishing materials in the national language, check the term with local experts and your target audience. |
| General audience, small towns | HIV prevention pill before sex | No abbreviations, no medical jargon. Clear on first read. |

Use the term that your TA understands, not the one that's convenient for you. Test the phrasing on 2–3 audience representatives before launch.

***How to use this in practice:***

- Ask your audience: "What do you call the pill that prevents HIV before sex?"
- Check with local NGOs: what terms do peer counselors in your city use?
- Add a brief explanation the first time you mention it: "PrEP is..."
- Be consistent: pick one term for the whole campaign so you don't confuse your audience

***And, once again, a reminder***: Reception staff at facilities dispensing the medication should know what PrEP/"HIV pills" are in order to correctly direct clients. Otherwise, the person may leave without receiving the service.

## PRINCIPLE 7: SIMPLE LANGUAGE = FASTER UNDERSTANDING

Medical language creates unnecessary barriers and can confuse people, especially when they're stressed. Plain language ensures your message is understood correctly, right away.

| COMPLEX MEDICAL LANGUAGE | SIMPLE, CLEAR LANGUAGE |
|---|---|
| "Seronegative window," "incubation period" | The time when the test can't detect HIV yet |
| Transmission of the virus through blood plasma | HIV is transmitted through blood, semen, vaginal fluid, breast milk... |
| Development of resistance due to low adherence | If you skip pills often, protection weakens |
| Glomerular filtration rate monitoring is necessary due to the risk of nephrotoxicity | The doctor will check your kidney function with a blood test. This is for your safety |

***The "school-age" rule:***

- If a teenager wouldn't understand the text → rewrite it
- Short sentences (under 15 words)
- One message = one idea
- No participial phrases or passive voice
- Active verbs: "protect," "learn," "get"

**IMPORTANT!** Simplify, but don't infantilize. Keep a respectful tone for adults.

***Accessibility:***

- Avoid abbreviations without explanation
- Provide text alongside audio
- Use high-contrast fonts in visuals

**EXAMPLE:**

***Complex:*** "PrEP is a highly effective means of HIV pre-exposure prophylaxis, provided it is taken regularly and in accordance with medical guidelines."

***Simple:*** "PrEP protects against HIV if you take it every day. It's safe. It's free. It's confidential."

## PRINCIPLE 8: "ANONYMOUS" ≠ "CONFIDENTIAL" — EXPLAIN THE DIFFERENCE

Many people use these words as synonyms, but for clients, the difference is crucial.

| TERM | WHAT IT MEANS | EXAMPLE IN HIV/PREP CONTEXT (Kazakhstan) |
|---|---|---|
| Anonymous | No personal data is collected. A person is identified only by a secret code (e.g., MAPA188). | ● Rapid HIV test: no ID, no phone number, just a code.<br>● PrEP consultation via chat: no name, no contact information. |
| Confidential | Personal data is collected (full name, ID number), but strictly protected and not shared with third parties without consent. | ● Confirmation of HIV-positive status: requires an ID.<br>● Getting PrEP: requires an ID. |

## WHY THIS MATTERS FOR COMMUNICATION

| IF YOU DON'T EXPLAIN THE DIFFERENCE | IF YOU EXPLAIN THE DIFFERENCE |
|---|---|
| A person comes in for "anonymous" PrEP, is asked to show an ID → feels deceived, leaves | A person knows in advance: "Consultation is anonymous, getting the medication requires an ID, but the data isn't shared" → trusts, comes in |
| A client is afraid of being "found out" → doesn't get tested, doesn't start PrEP | A client understands the confidentiality protocols → feels safe |
| The NGO gets a reputation for being "dishonest" | The NGO gets a reputation for being "transparent and reliable" |

## HOW TO TALK ABOUT THIS SIMPLY AND CLEARLY

| DON'T SAY | SAY |
|---|---|
| "Everything here is anonymous" (if it's not) | "Consultation is anonymous (no documents needed). Getting the service is confidential (ID required, but data isn't shared)" |
| "Your data is safe" (too vague) | "We don't share your data with HIV centers, police, or your employer. Your data stays with the doctor only" |
| "No one will find out" (unrealistic) | "Your status/behavior won't be disclosed to family, coworkers, or neighbors. Confidentiality protocols — as required by law" |

**EXAMPLE FROM KAZAKHSTAN:**

***A phrase that helped reduce clients' anxiety:*** "PrEP is provided free of charge to citizens of Kazakhstan over 18. An ID is needed to confirm your right to the free service."

### SCRIPT TEMPLATE: "EXPLAINING THE DIFFERENCE IN 30 SECONDS"

"Anonymous = no documents. Confidential = with documents, but kept private.

- ***HIV test — anonymous***: you come in, give a code, get tested, pick up your results using the code.
- ***PrEP consultation — anonymous***: you message in chat without a name → get a response
- ***Getting PrEP — confidential***: you show your ID (required by law) → the data isn't shared with anyone."

## 3.2. TONE OF VOICE

Tone of Voice/TOV is a set of rules that define how a project communicates with its audience: word choice, intonation, dialogue structure. In the context of PrEP in EECA, this is a matter of safety: one wrong word can disclose someone's status, put off a client, or breach ethical standards.

***How to get your team aligned:*** "We choose words not for political correctness, but for effectiveness. Language that invites rather than pushes people away directly affects trust and service uptake. This is a matter of safety and outcomes, not personal taste."

| WITHOUT TOV | With TOV |
|---|---|
| Different authors, different styles → no consistency | Unified style → brand recognition |
| Risk of stigma and mistakes | Protection through clear rules |
| Audience doesn't understand "who's speaking" | Audience trusts a predictable tone |
| Internalized stigma grows | Respectful language reduces stigma |
| Random, inconsistent phrasing | Unified communication standards |

### AT WHAT STAGE SHOULD YOU WORK ON YOUR TOV?

| STAGE | WHAT TO DO |
|---|---|
| Before the campaign starts | Develop the TOV together with the team and TA representatives |
| Before writing materials | Confirm that all authors know and use the TOV |
| Before publishing | Check the text against the TOV and the checklist in section 3.6.3 of the appendix. |
| Every 6–12 months | Revisit the TOV: your audience changes, and so does language |

**IMPORTANT**! TOV isn't created once and for all. Adapt it for new groups, channels, and contexts.

## WHAT TO INCLUDE IN THE TOV FOR A PREP PROJECT?

| COMPONENT | WHAT IT DESCRIBES | EXAMPLE |
|---|---|---|
| Address and gender | Formal/informal? How to address someone if their gender is unknown? | Informal. If gender is unknown → ask: "How should I address you?" |
| Tone and pressure | Emotional register; is pressure acceptable? | Calm, friendly, no pressure. Respond to questions with arguments, not lecturing |
| Judgment | Is judgment acceptable? | Never judge, condemn, or criticize |
| Terminology | Which words do we use/avoid? | "Person living with HIV," not "HIV-infected" |
| Safety | What can't be promised? | Don't promise anonymity where it isn't legally possible |
| Languages | What languages do we communicate in? | Russian, Kazakh, Uzbek — with local validation |

**EXAMPLE:**

***NO:*** "You have to start PrEP because you're in a risk group."

***YES:*** "PrEP is one of the ways to protect yourself. I'm happy to tell you more if you'd like."

# 3.3. ADAPTING LANGUAGE TO THE PERSONAS FROM MODULE 1

Each persona from Module 1 requires its own language settings. Here's how to adapt the language:

| PERSONA | TERM FOR PREP | LANGUAGE AND TONE | WHAT WORKS | WHAT DOESN'T WORK |
|---|---|---|---|---|
| Sabina | PrEP (international term) | Inclusive, with correct pronouns | "Trans people on PrEP," "compatibility with hormones" | "Men's / women's health," binary forms of address |
| Aizhan | Local term | Kazakh language, respectful tone, no slang | "Денсаулық — ең басты байлық," audio format | Russian slang, LGBTQ+ terminology without explanation |
| Ruslan | Term in his native language | Simple language, in his native language, focus on "health for work" | "No paperwork. No questions about documents." | LGBTQ+ slang, radical slogans |
| Sasha | PrEP or ДКП (ask in chat) | Inclusive (they/them), recognition of the right to pleasure | "No judgment," "harm reduction approach" | "You should quit," moralizing about substance use |

| PERSONA | TERM FOR PREP | LANGUAGE AND TONE | WHAT WORKS | WHAT DOESN'T WORK |
|---|---|---|---|---|
| Azamat | PrEP (Latin script) | Informal, with humor, no moralizing | "PrEP is like a seatbelt," TikTok format | Scare tactics, medical terms |
| Dmitry | ДКП (what doctors call it) | Direct, no moralizing, respect for his choices | "No questions about work," "confidential" | "Quit it," judgment of sex work |

## 3.4. "BEFORE / AFTER" EXAMPLES

Below are concrete examples of reframed phrasing. Use them as a template to adapt your materials.

| **BEFORE** (stigmatizing) | **AFTER** (respectful) | WHY |
|---|---|---|
| "MSM is a high-risk group for HIV" | "MSM is a community where regular testing matters" | Removes the "risk group" label |
| "Protect yourself from HIV infection" | "PrEP helps you stay HIV-negative" | Focus on care, not fear |
| "If you use drugs, you're in danger" | "If you use substances, here's how to reduce risk" | No judgment, offers a solution |
| "Get tested because you're in a risk group" | "Get tested to know your status and feel at ease" | Focus on control, not risk |
| "Don't have sex without a condom" | "Condoms + PrEP = maximum protection" | Positive framing instead of a prohibition |
| "You have to take PrEP every day" | "You can choose a regimen that works for you together with your doctor" | Autonomy of choice instead of pressure |
| "HIV-infected people" | "People living with HIV" | Person-first language |
| "Fighting AIDS" | "Ending the HIV Epidemic" | No militaristic rhetoric |
| "HIV victims" | "People living with HIV" | No victimization |
| "Illegal migrants" | "People on the move" | No criminalization |

**IMPORTANT**! In the appendix, you'll find the checklist "Check the message before publishing." Before publishing a post, launching an ad, or sending a message, check it against this checklist.

## 3.5. KEY TAKEAWAYS FOR A COMMUNICATIONS SPECIALIST

- ***Language = safety***. One wrong word can disclose someone's status or push them away.
- ***Person-first is the standard.*** Center the person, not the diagnosis or behavior.
- ***No moralizing***. Don't judge, condemn, criticize, or compare.
- ***Adapt to the persona***. Language for a trans person ≠ language for a migrant ≠ language for a student.
- ***Checklist before publishing***. Check every text for stigma, safety, and inclusivity.
- ***Ethical guidelines.*** Check against the NGO Code of Ethics and UNAIDS principles.

**IMPORTANT! SPECIFICS OF WORKING WITH LANGUAGE IN EECA**

- ***Laws vary***. Check local laws on "propaganda," personal data, and NGOs
- ***Cultural context***. What works in Almaty might not work in Bishkek, adapt
- ***Language nuances***. Every language has its own nuances of stigma; validate with native speakers
- ***Terminology isn't universal***. Test a term with 2–3 TA representatives before launching
- ***National languages***. Check translations with local experts before publishing
- ***Simple ≠ simplified***. Short, clear text works better than "smart" but confusing text
- ***Anonymous ≠ confidential***. Don't promise anonymity where it isn't legally possible. Explain: "Your data is protected and not shared."
- ***Local examples***. MAPA188, HIV Centers are recognizable reference points. For other EECA countries, adapt to local realities

### LINKS TO OTHER MODULES

Module 3 is a "bridge" between theory and practice. In simple terms: first you learn how to speak correctly and safely, then you decide where and how to say it.

### ADDITIONAL RESOURCES

***We recommend consulting these ECOM guides:***

"How to Talk About HIV and PrEP," Kostya Andriiv, 2025 (built on a sex-positive and trans-inclusive approach, with practical examples of adapting materials for different audiences. Link: https://ecom.ngo/library/how-write-hiv-prep/ )

"Ethical Media Reporting Guide on LGBTQI Issues and HIV," 2026 (practical material for NGOs, journalists, and communications specialists, developed jointly with UNAIDS. Link: https://ecom.ngo/library/ethical-media-reporting-lgbtqi-hiv/)

# 3.6. APPENDICES

## 3.6.1. TOV TEMPLATE FOR YOUR ORGANIZATION

Copy and fill in this table for your project:

| COMPONENT | OUR TOV (filled in by the team) |
|---|---|
| Address | |
| Tone | |
| Pressure | |
| Name / Gender | |
| Judgment | |
| Terminology | |
| Safety | |
| Languages | |

***How to work with this template:***

- Fill in the table together with your team and TA representatives.
- Check that the TOV aligns with ethical principles and codes (UNAIDS and your own codes).
- Use the template as a checklist before publishing materials.
- Revisit the TOV every 6–12 months.

## 3.6.2. TEMPLATE: ADAPTING A MESSAGE TO A PERSONA

| PERSONA (from Module 1) | ORIGINAL MESSAGE | ADAPTED MESSAGE | LANGUAGE / TONE | CHANNEL |
|---|---|---|---|---|
| | | | | |
| | | | | |

***How to work with this template:***

- Take your original message (e.g., from a general campaign).
- Adapt it for each persona from Module 1.
- Check it against the checklist in 3.6.3.
- Check against Module 7 (Safety).
- Test it with TA representatives before launching.

## 3.6.3. CHECKLIST "CHECK THE MESSAGE BEFORE PUBLISHING"

Before publishing a post, launching an ad, or sending a message, check it against this checklist:

| CATEGORY | QUESTION | YES / NO |
|---|---|---|
| Language and tone | Does it use person-first language? (person living with HIV, not "HIV-infected") | |
| | Is it free of stigmatizing words? ("risk group," "got infected," "victim") | |
| | Is it free of moralizing or pressure? ("you must," "you have to," "quit") | |
| | Does it account for gender inclusivity? (pronouns, non-binary forms of address) | |
| | Is there a positive frame? (self-care, not fear of infection) | |
| | Is the language adapted to the TA persona? (see section 3.3) | |
| | Does it use a term this specific audience will understand? (PrEP / ДКП / translation in simple words) | |
| | Would a teenager understand this text? (no complex medical terms, short sentences) | |
| Safety and ethics | Is this message safe for the TA? (won't disclose status/behavior) | |
| | Is there a link to support or service? (where to get help) | |
| | Does this align with the NGO Code of Ethics and UNAIDS principles? | |
| | Is the difference between "anonymous" and "confidential" clearly explained (if relevant to the message)? | |
| | Does it use current names for services and organizations (without words like "AIDS," "fight," if those have been replaced)? | |
| Validation | Has the message been tested with TA representatives? (validation) | |

If even one answer is "No" — rewrite the message before publishing.

Yes, you're right — it might seem like an unrealistic task. But with more practice, over time you'll learn to write inclusive, simple, accessible materials.

# MODULE 4

# FORMATS AND CHANNELS: WHERE AND HOW TO TALK ABOUT PREP?

*The right message in the right place works better than a perfect message in the wrong place.*

You already know who your audience is, what stage of demand they're at, and what language to use. But even knowing all of that, you can still miss the mark if you:

- Choose a channel where your audience isn't looking for information
- Use a format that doesn't match the stage of demand
- Break digital safety principles

## WHAT YOU'LL LEARN

- How to choose channels based on TA personas (not every platform suits everyone)
- How to match formats to the stage of demand: informing → addressing doubts → conversion → support
- How to prepare templates: posts, video scripts, scripts for peers, flyers
- How to adapt online/offline efforts to local context and budget
- How to maintain safety when choosing channels (Modules 3 + 7)

**IMPORTANT FOR EECA**! In a region where digital safety is a matter of protection, choosing the wrong channel may be more dangerous than the content of a message.

| WRONG CHANNEL | RIGHT CHANNEL |
|---|---|
| The message doesn't reach the TA | It reaches the audience's "home" environment |
| Risk of status disclosure | Safe environment (private chats, bots) |
| Wasted budget | Every dollar works towards conversion |
| Audience ignores/blocks | Audience trusts and engages |

Channel selection should minimize risks to the audience. In some EECA countries, certain platforms may be under surveillance.

## THE KEY IDEA OF THE MODULE

The audience tells you where to find them and how to talk to them.

## 4.1. ONLINE FORMATS: WHERE YOUR TA IS ACTIVE

Online spaces are the environment where your audience is already looking for information, talking to peers, and making decisions about their health. The choice of format should be based on:

- TA personas (Module 1) → where they spend their time
- Stage of demand (Module 2) → what content is relevant right now
- Safety (Modules 3, 7) → how to avoid exposing the client

| CHANNEL / FORMAT | PERSONAS | STAGES | EXAMPLE | SAFETY |
|---|---|---|---|---|
| Telegram | Sabina, Sasha, Azamat | 1–3 | Short posts, chat with a peer, private channel | Private channels, secret chats |
| Instagram / TikTok | Azamat, Sasha | 1–2 | Stories, short videos (up to 60 sec), memes | Don't target based on LGBTQ+ interests |
| WhatsApp | Ruslan, Aizhan | 2–4 | Voice messages, PDF check-lists, reminders | Secret chats, self-de-structing messages |
| YouTube | Ruslan, Dmitry | 1–2 | Interviews with experts, user stories (5–10 min) | Anonymous accounts, no faces shown |
| Dating apps | Dmitry, Azamat | 1–2 | Native banners, links to anony-mous chat | Option to not use real name/age in profile |
| Chatbots | Azamat, Sasha | 2–4 | Auto-replies to common ques-tions, reminders to take PrEP | Anonymous login, no data collection |
| Gamification | Azamat, Sasha | 3–4 | Adherence challenges with points, adherence rewards | No public leaderboards* with names |
| Private chats | Sabina, Sasha, Dmitry | 2–3 | Peer support, experience shar-ing, no stigma | Moderation, chat rules, anonymity |
| Quizzes | Azamat, Aizhan | 1–2 | "Check what you know about PrEP," "Find out your risk" | Contact details not collected, results in the chat |
| Micro-podcasts | Ruslan, Aizhan | 1–2 | 3–5 min audio: stories, doctor Q&A, in native language | Anonymous upload, no name |
| Collaborations with LOLs (Local Opinion Leaders)** | All personas | 1–3 | Barbershops, fitness clubs, coffee shops, NGOs (not only LGBTQ+) | Neutral materials, QR codes |

**Leaderboards are a gamification element that displays participant rankings. In the EECA regional context, we don't recommend using public leaderboards with names, since this could disclose someone's participation in a PrEP program and create safety risks for them. Instead, use anonymous usernames, personal progress trackers, or hidden rankings. Adapt gamification safely. For example, "Your personal progress: 160 days of PrEP in a row!", "You're in the top 20% of participants! " (without names), competing against yourself: "Beat your record!"*

***For who LOLs are and how to work with them, see the LOLs subsection below*

## DETAILS ON ONLINE FORMATS

Let's break down some online formats by their purpose, implementation examples, and mandatory digital safety measures. Use this table as a reference: choose the format and tool that fits your TA persona, check the risks in the "Safety" column, and adapt the example to your local context (city, language, services). Don't forget to test it before scaling and document the results for future campaigns (what worked and what didn't).

| FORMAT | PURPOSE | EXAMPLE | SAFETY |
|---|---|---|---|
| Telegram | Fast message delivery, private channels, peer chats, bots. | Short posts with PrEP facts, a private chat "Questions without stigma," a clinic navigator bot. | Secret chats, self-destructing messages, anonymous usernames. !!! Do not target ads based on LGBTQ+ interests. |
| Instagram / TikTok | Visual engagement for young people, viral potential, stories format. | 60-sec video "3 facts about PrEP," carousel infographics, Q&A stories. | Don't use direct mentions of PrEP in hashtags/bio. Neutral visuals. Anonymous accounts for the TA |
| WhatsApp | Access for audiences with lower digital literacy, voice messages, works well in small towns. | Voice consultations with peers, PDF checklists, reminders to take pills | Secret chats, self-destructing media. !!! Don't save document scans in group chats. Remind people about digital hygiene. |
| YouTube | Trust through expert content, long-form storytelling, access in native language. | Interview with a doctor (5–10 min), stories from people on PrEP with subtitles, answers to common questions. | Anonymous accounts, no faces on screen, subtitles instead of voiceovers for names. !!! Disable comments or moderate them strictly. |
| Dating apps | Precise targeting of the TA at the moment they're looking to connect; access to built-in health tools (Grindr Health, Hornet Ambassadors). | Profile banner: "Protection starts with a question. Get tested anonymously →," link to a chatbot. Banner "Learn about PrEP anonymously →" link to a chatbot; guest post from a peer counselor in the "Health" section. | You can use direct mentions of PrEP here. !!! Align phrasing with local laws. Don't collect data in third-party forms. Drive traffic to anonymous channels. |
| Chatbots | Anonymous answers 24/7, reminders to take pills, client triage*. | A Telegram bot that asks 3 questions and directs the person to the right clinic. | Don't collect names, phone numbers, geolocation. Anonymous login. |
| Gamification | Increases adherence, engages young people. | "7 days with PrEP" — a challenge with points that can be exchanged for condoms or merch. | No public leaderboards with names. Without linking to personal data. |
| Private chats | Support, sharing experience, reducing isolation. | "PrEP community" chat with moderation and rules (no stigma, no judgment). | Entry by invitation only. Vetting new members. Confidentiality rules. Moderation. |
| Quizzes | Interactive information, collecting feedback. | "5 myths about PrEP — test yourself" → link to a consultation at the end. | Without collecting contacts. Results in the chat. No questions about HIV status. |

| FORMAT | PURPOSE | EXAMPLE | SAFETY |
|---|---|---|---|
| Micro-podcasts | For audiences who prefer audio (migrants, people on the move). | 3 minutes: a story of a person on PrEP + a doctor's answer to a common question. | Anonymous upload. No names. Anonymous voices. Without mentioning cities/clinics. |
| Collaborations with LOLs | Trust through figures not associated with the LGBTQ+ community. | A barber talks about health in stories, a fitness trainer mentions PrEP in the context of a healthy lifestyle. | Neutral phrasing. No rainbow symbols in certain countries. QR codes to anonymous resources. |

**Client triage is "sorting" incoming requests: a bot or counselor quickly clarifies what the person needs and directs them to the right resource. In the context of PrEP, this helps reduce anxiety around the first contact, saves the team's time, and preserves anonymity at the outset.*

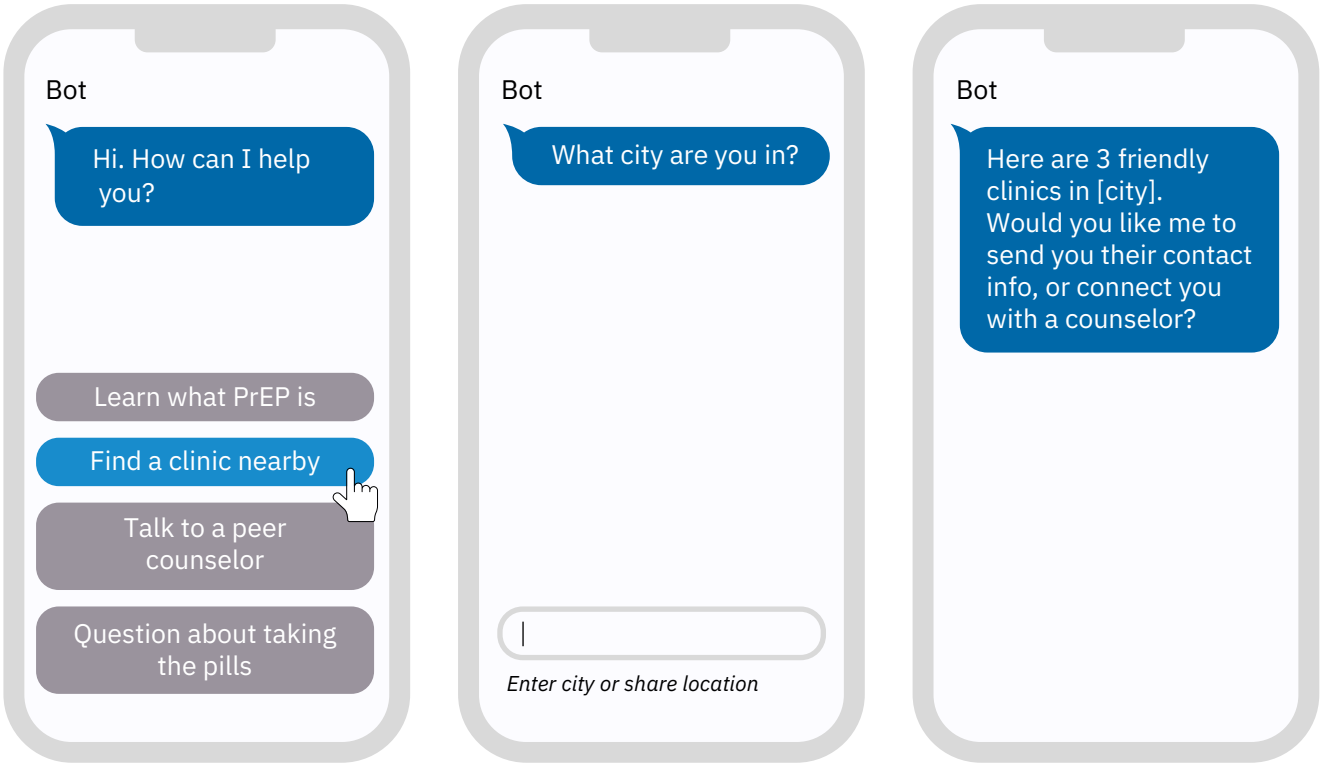
Ask the client 2–3 clarifying questions at the beginning of the conversation to understand:

- ***What does this person need?*** (learn about PrEP / find a clinic / get support / ask an anonymous question)
- ***What stage are they at?*** (heard about it / ready to start / already taking it and has a question)
- ***Where should they be directed?*** (an informational article / clinic map / chat with a peer counselor / doctor)

## IMPORTANT FOR SAFETY

- Don't collect unnecessary data during triage (city is enough, you don't need an exact address).
- Don't ask about HIV status, orientation, or details of behavior in the first conversation.
- Provide the option to skip triage and go straight to a live counselor.
- Give a heads-up: "This chat is anonymous, but getting PrEP requires documents; it's confidential."

## EXAMPLE OF TRIAGE IN A BOT




## IMPORTANT NOTE ON DATING APPS

***Some platforms have already integrated health topics:***

- Grindr: built-in Health Programs with information on testing and PrEP
- Hornet: partnerships with "health ambassadors" and NGOs

***What this offers you:***

- Access to your audience at the moment they're thinking about connecting with someone and about protection.
- Ready-to-use tools: banners, chatbot links, native integrations.
- Trust: users already see these platforms as a space for health care.

***How to start a partnership:***

- Find contacts: look for "For NGOs" / "Health Partners" / "Contact" sections on the app's website
- Suggest a format: a banner with a QR code to an anonymous chat, a guest post from a peer, integration into the "Safety" section
- Highlight the value: you → expert content and local services; platform → access to the TA and analytics

### IMPORTANT NOTE ON VKONTAKTE/VK

We can't skip mentioning VK, since in Kazakhstan it's brought a significant number of clients into PrEP programs. In Russian-speaking EECA countries, this social network remains one of the popular and accessible platforms for your audience.

***If you use VK, follow three safety rules:***

- Don't collect personal data (full name, phone number, address)
- Warn clients about platform-related risks
- Use neutral phrasing and visuals

If VK brings you clients and you follow digital safety protocols, then using the platform is justified. But always have a "backup" anonymous channel (bot, website, chat in another messenger) for those who prefer maximum confidentiality.

For ready-to-use tables on choosing a format based on persona and stage of demand — including a comparison of synchronous (video, chat, audio) and asynchronous (email, forums, messaging apps) online counseling formats, with pros and cons — see the brochure "Considerations for Online Counseling of MSM and Trans People," Marina Didenko, Elena German, Diana Alieva, Marina Kushnirenko, ECOM, 2024 (in Russian) https://ecom.ngo/library/onlayn-konsuljtirovaniya-msm-trans-ludey/

## 4.1.1. LOLS (LOCAL OPINION LEADERS): HOW TO WORK WITH LOCAL OPINION LEADERS

### WHO ARE LOLS?

Not bloggers with millions of followers, but people trusted in specific communities: admins of local chats, barbers, fitness trainers, event organizers. Their value lies in being trusted as "one of us," not in their reach.

### WHAT MAKES THEM VALUABLE FOR US?

- They bypass "banner blindness" and skepticism towards official NGOs.
- They translate medical topics into their audience's language, without stigma.
- They create a social-proof effect: "If someone I know/admire is talking about this, then it's safe."

### HOW TO FIND THEM

- Through peer counselors: "Who has credibility in the chats?"
- Analyzing local community groups, geo-tags, and active members
- Recommendations from partner NGOs and clients

## HOW TO APPROACH THEM

- ***A conversation, not a brief***: learn their interests, boundaries, and attitude towards health topics
- ***Mutual value***: training, access to experts, joint live sessions — not just "post this for us"
- ***Ethics***: no promises of "cure," confidentiality, inclusive language

## WAYS TO COLLABORATE

- Guest posts/stories with Q&A
- Short live sessions with a doctor/peer counselor
- Neutral QR codes in content or at their workplace
- Personal recommendations after a briefing

## RISKS AND HOW TO MINIMIZE THEM

| RISK | HOW TO REDUCE IT |
|---|---|
| Misinformation ("PrEP cures HIV," "condoms aren't necessary") | • Ready-made FAQ + briefing in advance<br>• Agree on 3–5 key points |
| Disclosure of affiliation (with the NGO or the LOL's status) | • Anonymous formats, neutral phrasing<br>• The LOL's right not to disclose the partnership |
| Commercialization / pressure | • A written agreement on the non-commercial nature of the collaboration<br>• Monitoring posts, with the right to request corrections |
| Safety of the LOL (in a conservative environment) | • Assess the local context before starting<br>• Digital hygiene + a withdrawal plan in case of threats |

## IMPORTANT: LOLS CHANGE QUICKLY

***Problem:*** today one blogger or chat admin is popular, tomorrow it's someone else. Their relevance depends on the city, community, and moment.

***What to do:***

- Look for LOLs yourself, using the criteria from this section
- Test in a trial format before scaling
- Update your contact database every 3–6 months
- Don't invest in a single LOL for too long. Build a network of contacts, not dependence on one person.

**NEED HELP**

Reach out to the ECOM team — colleagues can share contacts of trusted LOLs in your region or advise where to look for them.

## 4.2. OFFLINE FORMATS: WHEN DIGITAL DOESN'T WORK

Offline spaces are places where trust is built through personal contact, and information is perceived through atmosphere and attitude.

For the rationale behind expanding access points beyond HIV Centers and NGOs — as well as a ready-to-use tool for replicating the model in your own country — see, for example, the brochure "Best Practice: Provision of PreP through a Pharmacy Chain in Kazakhstan," Miroslava Andrushchenko, ECOM, 2025 https://ecom.ngo/library/best-practice-prep-pharmacies-kazakhstan/

For evidence that delegating to various associations, initiative groups, etc. increases conversion, see the report "Pre-Exposure Prophylaxis (PrEP) in Eastern Europe and Central Asia: First Lessons," Tinatin Zardiashvili, ECOM, 2019 (in Russian) https://ecom.ngo/library/prep_report_cases/

| FORMAT | PERSONAS | STAGES | LOCATION | EXAMPLE ACTIVITY | SAFETY |
|---|---|---|---|---|---|
| Fitness clubs and gyms | Azamat, Dmitry | 1–2 | Locker rooms, reception | Flyers with a QR code to an anonymous chat | Neutral design, no LGBTQ+ symbols |
| Barbershops, saunas, bath-houses | Dmitry, Ruslan | 1–2 | Waiting areas | Brochures "About sexual health," "About HIV prevention" | Neutral phrasing |
| Events / testing days | All personas | 1–2 | Parks, NGO spaces | Rapid test + consul-tation + business card | Safe location, evacu-ation plan |
| Small gatherings in trusted spaces | Sabina, Sa-sha, Dmitry | 2–3 | Apartments, coworking spaces, NGO hubs | Living libraries, Q&A with a doctor | Private invitations, vetting of attendees |
| Living libraries with people already on PrEP | Azamat, Ruslan | 2–3 | NGO sites, online | First-person stories, questions without stigma | Anonymity of speak-ers, moderation |
| Pharmacies and clinics | Aizhan, Ruslan | 2–3 | Stands at the reception desk | QR codes to an anon-ymous consultation | No explicit mention of PrEP |

## WHAT'S IMPORTANT TO CONSIDER

| STAGE | WHICH OFFLINE FORMATS WORK | WHY |
|---|---|---|
| Stage 1: Unaware | Fitness clubs, barbershops, street events | Neutral locations where the person isn't yet looking for information about PrEP |
| Stage 2: Aware, but hesitant | Living libraries, small gatherings, pharmacies | Personal contact with peers reduces fear and stigma |
| Stage 3: Ready to try | Small gatherings, clinics, testing days | The ability to get a referral or make an appointment right away |
| Stage 4: Using | Online tools. Support adherence through chatbots, reminders | |

## DETAILS ON OFFLINE FORMATS

Let's break down some offline formats by their purpose, implementation examples, and mandatory safety measures, as we did in the online formats subsection. Use this table as a reference: choose the format and tool that fits your TA persona, check the risks in the "Safety" column, and adapt the example to your local context (city, language, services). Don't forget to test it before scaling and document the results for future campaigns (what worked and what didn't).

| FORMAT | PURPOSE | EXAMPLE | SAFETY |
|---|---|---|---|
| Fitness clubs and gyms | PrEP in the context of a healthy lifestyle, not "risk groups." Access to an audience that doesn't engage with NGOs. | A flyer in the locker room: "Protect yourself in the gym and out of if. PrEP is part of taking care of your health." + QR code. | Neutral design, no LGBTQ+ symbols. QR code to an anonymous resource. Approval from the administration. |
| Barbershops, saunas, bathhouses | Places where MSM and sex workers feel comfortable. Trust through "one of us." | Brochure in the waiting area: "About HIV prevention" + a peer counselor's business card. | Neutral phrasing. No explicit mentions of PrEP in plain sight. Coordination with staff. |
| Events / testing days | Quick reach, the chance to get tested and consult on the spot. | An NGO tent at an event: rapid test + consultation + business card with contact info. | A safe, crowded location. An evacuation plan. Testing confidentiality. Coordination with organizers |
| Small gatherings in trusted spaces | Personal contact, reduced isolation, real-time questions in a safe environment. | 5–10 people, a moderator, a peer counselor, a doctor (online). Topics: "My experience with PrEP", "Questions without stigma". | Private invitations. Vetting of attendees. Confidentiality rules. An evacuation plan. |
| Living libraries with people already on PrEP | Stories from real people work better than brochures. Reduces the fear "I'm the only one like this." | A "human book" — a participant shares their experience (anonymously), others ask questions. Moderation. | Anonymity of speakers (masks, pseudonyms, voice modulation). Question moderation. No photos/videos. |
| Pharmacies and clinics | People are already in a "medical" mindset. A chance to gently direct them to a friendly service. | A stand at the reception desk: "Free HIV prevention consultation" + QR code to a chat. | No visible mention of PrEP (to avoid exposing the client). Neutral phrasing. |

## 4.2.1. HOW TO WORK WITH OFFLINE VENUES

### WHICH VENUES ARE USEFUL

Places where the TA spends time in a relaxed or trusting environment: barbershops and men's hair salons, gyms and fitness clubs, bathhouses/saunas, coffee shops near nightclubs, anti-cafes, neutral pharmacies, coworking spaces, and many others, depending on your region.

### WHERE TO LOOK

- Field mapping: where does the TA spend time?
- Recommendations from peer counselors and clients
- NGO partnership networks, business associations

### HOW TO APPROACH THEM

- Frame it as a health partnership, not "advertising for a niche group"
- Highlight benefits for the business: care for clients, loyalty
- Offer a "ready-to-use solution": materials, staff training at your expense

### WAYS TO COLLABORATE

- Neutral stands with flyers and a QR code to an anonymous chat
- Brief training for staff (15-20 min): how to respond, where to direct people
- Placing posters in private areas (locker rooms, offices)
- Joint promotions: a "health care kit" (condoms + instructions + QR code)

### RISKS AND HOW TO MINIMIZE THEM

| RISK | HOW TO REDUCE IT |
|---|---|
| Staff might disclose context | Clear confidentiality rules, training, written agreement |
| Pressure on the venue owner | Have a Plan B: swap materials for neutral ones, legal support |
| The client feels "exposed." | Emphasis on QR → chat, placement in private areas, discreet design |
| Materials get damaged/misused | Regular monitoring (every 2 weeks), simple contacts for replacement |

## IMPORTANT NUANCES FOR OFFLINE FORMATS IN EECA

Offline work in the EECA region comes with a high cost of error: here, visibility is less important than safety and trust. This table helps you assess risks in advance and adapt the format to the local context, so the activity is not only effective but also safe for your audience.

| NUANCE | WHY IT MATTERS | HOW TO ACCOUNT FOR IT |
|---|---|---|
| Visual neutrality | Rainbow symbols may attract unwanted attention | Use neutral visual: health, care, control |
| Location | A public location may "expose" a client | Choose trusted spaces, don't share them publicly |
| Staff | Employees may not know about PrEP or have stigma | Conduct mini-training: "What to say if a client asks?" |
| Materials | Paper flyers may remain with the client | Focus on QR codes → anonymous chat |
| Plan B | A risk may arise at any moment | Have an evacuation plan, support contacts, an emergency action plan |

# 4.3. KEY TAKEAWAYS FOR A COMMUNICATIONS SPECIALIST

- TA → channel, not the other way around. Use personas from Module 1 as your key reference when choosing a location.
- Test formats. What works for Azamat may not work for Ruslan.
- Online + offline = synergy. Don't rely on digital formats only — combine channels.
- Templates are a starting point, not a dogma. Adapt to the local context, language, and culture.

**IMPORTANT: SPECIFICS OF WORKING WITH FORMATS IN EECA**

- ***Digital safety***. Check local laws and platform-related risks before launching
- ***Cultural context***. What works in Almaty might not work in Bishkek — validate it
- ***Language nuances***. Review texts with native speakers: Russian, Kazakh, Uzbek, Tajik
- ***Visual safety***. Use neutral visuals: health, care, control — without trigger markers
- ***Offline safety***. Evacuation plan, vetting of participants, private invitations — always

## LINKS TO OTHER MODULES

Module 4 is a "bridge" between strategy and implementation. In simple terms: you know who your audience is, what stage they are at, and how to talk to them. Module 4 answers the question of where and in what format to deliver a message so that it's noticed, understood, and trusted.

# 4.4. APPENDICES

This section is your "first aid kit" for creating materials. Post, video, and flyer templates have been developed taking into account audience personas, stages of demand, and principles of non-stigmatizing language and safety.

## 4.4.1. 6 POST TEMPLATES FOR DIFFERENT TAS (STAGE 1)

The phrasing takes into account the persona, stage of demand, ethical language, channels, and safety. Use it as a starting point → test with your TA → adapt for city/language.

| PERSONA | PLATFORM | POST TEXT | VISUAL | WHY IT WORKS (TOV + Module 1) |
|---|---|---|---|---|
| Sabina | Telegram | Fear or guesswork shouldn't stand in the way of your self-care. PrEP is safe to use alongside hormone therapy, and you'll be treated with respect at friendly clinics. Here are the stories of those who've already chosen peace of mind. Text me, and I'll share the contacts of trusted specialists. | Inclusive visual: abstract art, soft colors, no binary markers. | Focus on respect and compatibility with therapy. Avoids labels, provides a clear next step. |
| Aizhan | Instagram / WhatsApp | Денсаулықты күту — өзіңе деген құрмет. PrEP — АИТВ-дан қорғайтын сенімді әдіс. Ешкімге айтпай, тегін кеңес алуға болады. Бізге жаз, барлық сұрағыңа жауап береміз. | Neutral design, large high-contrast font, calm colors. | Culturally relevant phrasing, simple language, a clear promise of confidentiality and free access. |
| Ruslan | WhatsApp / YouTube | Work and family take a lot of energy, and your health is the foundation. PrEP helps you protect yourself without unnecessary questions or paperwork. The consultation is free, and everything is confidential. If needed, we'll communicate in your native language. Just send us a message — we're here for you. | Audio/video with subtitles, neutral urban background, no clinics mentioned. | Shifts the focus from "risk" to "stability." Highlights language support and lack of bureaucracy. |
| Sasha | Telegram / Twitter (X) | Life doesn't always go according to plan, and that's okay. PrEP gives you the opportunity to relax and not to worry about unnecessary risks. No lectures, no labels. Just another tool for your comfort. If you'd like to learn more, feel free to message us, it's anonymous. | Minimalist graphics, neon/gradient, no gender or age markers. | Acknowledges spontaneity, uses a harm reduction approach, avoids moralizing. |

| PERSONA | PLATFORM | POST TEXT | VISUAL | WHY IT WORKS (TOV + Module 1) |
|---|---|---|---|---|
| Azamat | Instagram / TikTok | Planning is about confidence, not fear. PrEP is like a backup parachute: you get it in place once and then get on with your life. Free of charge, without any forms or unnecessary conversations. Want to learn how it works? Check out the quick guide below. | Dynamic editing, on-screen text, neutral graphics without faces. | Shifts the framing from "protection against a threat" to "confidence about the future." Brief, without bureaucratic jargon. |
| Dmitry | Telegram / Dating apps | You already know how to take care of yourself. PrEP is just another layer of confidence that works without unwanted attention or comments. Fast, private, and without intrusive questions about your personal life. Text a peer counselor — we'll discuss everything on your terms. | Minimalist visual, neutral colors, clean typography. | Respects professional experience, emphasizes autonomy and confidentiality, avoids stigmatizing language. |

## 4.4.2. 6 SHORT VIDEO SCRIPTS (STAGE 1)

| TITLE | PERSONA | STRUCTURE (SEC) | TEXT / VISUAL | PLATFORM | SAFETY / NOTES |
|---|---|---|---|---|---|
| "PrEP and hormones: can you take them together?" | Sabina | 0–5: Question ("I've heard you can't...")<br>5–25: Doctor's response (non-stigmatizing)<br>25–45: Community experience<br>45–60: CTA ("List of clinics → link") | Voiceover (or text), visual: hands / silhouette / abstract. Inclusive terms, without binary forms of address. | Instagram / Telegram | Emphasize confidentiality. Link only to trusted friendly services. |
| "Денсаулық — ең басты байлық" | Aizhan | 0–5: Proverb / hook<br>5–25: What is PrEP in simple terms<br>25–45: Anonymous consultation + confidential appointment<br>45–60: CTA ("Толық ақпарат → сілтеме") | Calm voice-over in Kazakh, large text, neutral visual. No medical jargon. | WhatsApp / Instagram Stories | Check the translation of the term with local experts. CTA → audio consultation or chat. |
| "Health is the foundation for work" | Ruslan | 0–5: Hook ("Work takes energy")<br>5–20: Fear of disclosure → reality<br>20–40: PrEP for free, in your native language<br>40–60: CTA ("Message us → we'll send contacts") | Video with subtitles in the native language. Neutral background (urban / work theme). No specific clinics shown on screen. | WhatsApp / YouTube | Anonymous upload. CTA leads to a chat in his native language. Don't ask about status in the first messages. |

| TITLE | PERSONA | STRUCTURE (SEC) | TEXT / VISUAL | PLATFORM | SAFETY / NOTES |
|---|---|---|---|---|---|
| "Parties are about having fun. PrEP is about control" | Sasha | 0–5: Hook ("Life can be spontaneous")<br>5–20: Acknowledging context without judgment<br>20–40: How PrEP reduces HIV risk<br>40–60: CTA ("Anonymous chat → questions without stigma") | Minimalist animation, neon/ text. Modulated voice or captions only. No gender markers. | TikTok / Twitter(X) / Telegram | Don't mention specific substances. Emphasis on "harm reduction" and "choice." QR → anonymous bot. |
| "PrEP: 3 facts in 30 sec" | Azamat | 0–5: Hook ("PrEP: 3 facts about protection")<br>5–20: Free<br>20–35: Confidential<br>35–50: Effective when taken as prescribed<br>50–60: CTA ("Link in the description") | On-screen text, fast-paced ed-iting, neutral graphics. No faces or personal data. | TikTok / Reels | Don't use hashtags that reveal orientation. Emphasis on "self-care," not "risk." |
| "Your protection — your choice" | Dmitry | 0–5: Hook ("Professional protection")<br>5–20: No questions about your profession<br>20–40: Condoms + PrEP = risk control<br>40–60: CTA ("Peer chat → Message us at your convenience") | Clean on-screen text, minimal-ist design. No explicit shots or faces. Neutral colors. | Telegram / Dating apps Stories | Neutral phrasing. Don't use the word "work" directly if it's risky in the region. CTA → peer chat. |

## HOW TO WORK WITH THE SCRIPTS

- Timing: strictly ≤60 sec. To make it shorter, cut the hook/CTA, not the core message.
- Visual: it's safer to use abstract art, on-screen text, silhouettes, or objects. Avoid faces and explicit shots.
- Safety: before publishing, check against the Module 3 checklist (ethics/language) and Module 7 protocols (digital safety).
- CTA: the link should lead only to an anonymous chat/bot or contacts for local friendly services (not a general NGO website).

## 4.4.3. ADAPTABLE FLYER TEMPLATES

*Template 1: Neutral flyer*
*(for pharmacies, clinics, fitness clubs)*

[NGO logo — optional]

**PROTECT YOURSELF.**
**CONFIDENTIAL.**
**FREE.**

PrEP is a medication for HIV prevention.

- Take it before contact
- 99% effective (when taken as directed)

Anonymous chat consultation

[Adapt to your needs: add city, phone, website]

*Template 2: Flyer for LGBTQ+ spaces*

[NGO logo]

**PREP IS ABOUT CONTROL.**
**NOT ABOUT RISK.**
**NOT ABOUT SHAME.**

- Free
- Confidential (data isn't shared)
- Compatible with hormone therapy

Chat with a peer counselor

[Adapt to your needs: add city, phone, website]

*Template 3: For trans-friendly spaces*

[Neutral visual: abstract / silhouette]

**YOU HAVE THE RIGHT TO PROTECTION.**
**PREP IS COMPATIBLE WITH HORMONE THERAPY.**

• Free • Confidential • No judgment

• A list of clinics where you don't have to explain anything

Support chat for trans people

[Adapt to your needs: add city, contacts, links to trans resources]

***Note:*** Use inclusive language, avoid binary forms of address (e.g., "guys/girls"), check terminology with local activists.

*Template 4: For migrants*

[Visual: neutral, work context / city]

**HEALTH IS WHAT LETS YOU WORK AND SUPPORT YOUR FAMILY.**

PrEP protects you confidentially.

- No proof of residency required
- Consultation in your language

Chat with a peer counselor in [Uzbek/Tajik/ Kyrgyz]

[Adapt to your needs: add city, phone number, link to an audio consultation]

***Note:*** Duplicate key phrases in the audience's native language. Avoid complex abbreviations. Emphasis on "health for work," not "risk groups.".

*Template 5: For party spaces*

[Visual: minimalism / neon / abstract, no gender markers]

**PARTIES ARE ABOUT FUN.**
**PREP IS ABOUT CONTROL.**

• No judgment • Confidential • Free
• Fits your lifestyle

Anonymous chat: questions about HIV, PrEP, harm reduction

[Adapt to your needs: add city, peer chat, links to harm reduction resources]

***Note:*** Avoid direct mention of specific substances. Use neutral phrasing ("the night took a spontaneous turn," "substances"). Emphasis on "reducing risk," not prohibition.

## GENERAL RECOMMENDATIONS FOR ALL TEMPLATES

| ELEMENT | RECOMMENDATION |
|---|---|
| Design | Neutral colors, no rainbow symbols in regions where it's prohibited. Large, high-contrast font. |
| Text | Short sentences (up to 15 words). One idea per block. Active verbs: "protect," "learn," "get." |
| QR code | Should lead to an anonymous chat/bot, not to a page with a registration form. Make sure the link works. |
| Contacts | Leave space for local contacts: city, phone number, website, peer chat. |
| Safety | Don't include words on the flyer that could "expose" a client (e.g., "MSM," "LGBT," "sex work" in certain contexts). |

## CHECKLIST BEFORE PRINTING FLYERS

- Language is clear (the "school-age" rule, Module 3)
- No stigma ("risk group," "got infected," "must")
- Person-first language ("person living with HIV," not "HIV-infected")
- PrEP term is adapted (see Principle 6, Module 3)
- "Anonymous ≠ confidential" is explained
- Neutral design
- QR code leads to a working anonymous resource
- Space is left for local contacts
- "Adapt to your needs" note is removed

## 4.4.4. TABLE "CHANNEL → FORMAT → MESSAGE"

This table is your tool for campaign planning: it connects the TA persona (Module 1), the stage of demand (Module 2), and the chosen channel (Module 4) into a single logic of "who → where → what → how to measure." Use it as a checklist when launching: if every cell is filled in and aligned with safety principles, your activity has a strong chance of success..

| STAGE | PERSONA | CHANNEL | FORMAT | MESSAGE | KPI |
|---|---|---|---|---|---|
| Unaware | Azamat | TikTok | 30-sec video | "PrEP in 3 facts" | Reach, saves |
| Aware, but hesitant | Sabina | Telegram | Post + chat | "Stories from trans people on PrEP" | Comments, clicks |
| Ready to try | Ruslan | WhatsApp | Voice message + PDF | "Where to go in your city" | Requests, appointments |
| Using | Dmitry | Telegram | Chatbot | Medication reminders | % continuing at 1 month |

# MODULE 5

# MINI CAMPAIGN PLANS: HOW TO WORK WITH ANY BUDGET

*Precision matters more than budget size, ethics matter more than reach, a system matters more than one-off efforts.*

You already know who your audience is, what stage of demand they're at, what stigma-free language to use, and where and in what format to deliver your message. Now let's connect strategy to financial reality.

This module will teach you how to build working campaigns with any budget, and how to use the results to secure additional resources.

## WHAT YOU'LL LEARN

- How to plan 30-day campaigns for $0 / $100 / $500 budgets, with clear goals and timelines
- How to set KPIs for complex audiences: goal breakdown, micro-conversions, trust metrics
- How to use free tools: organic reach, pixels, referral mechanics, barter with LOLs
- How to connect channels (Module 4) and language (Module 3) to metrics → to understand what works and what wastes resources
- How to scale results: turning a zero-budget start into a strong grant proposal
- How to follow safety protocols (Module 7) even with minimal resources

NGO reality: Marketing gets funded last. But without bringing in new clients, projects won't hit their targets for testing, PrEP uptake, and retention.

This guide is your tool for making the case — it's been translated into English and will help you secure funding. Show your management and donors that minimal investment produces measurable results, and that a lack of budget can be offset by systematic audience engagement.

For arguments supporting sustainability and long-term planning, see the report "Pre-Exposure Prophylaxis (PrEP) in Eastern Europe and Central Asia: First Lessons" Tinatin Zardiashvili, ECOM, 2019 (in Russian) https://ecom.ngo/library/prep_report_cases/

## THE KEY IDEA OF THE MODULE

Don't wait for the perfect budget. Start with what you have and turn every result into an argument for the next step.

# 5.1. HOW TO SET KPIS CORRECTLY: PRINCIPLES FOR A COMPLEX AUDIENCE

***KPIs (Key Performance Indicators)*** aren't just numbers, but markers of trust and safety. They answer the question: "How do we know the campaign worked without causing harm?"

| CLASSIC KPI | ADAPTED KPI FOR PREP IN EECA |
|---|---|
| Reach, clicks | + Anonymous questions in chat, saves, shares to friends |
| Conversion to start | + No complaints about status disclosure, neutral tone in comments |
| Number of appointments | + Depth of engagement: returning with new questions, % continuing |

***In simple terms:*** a good KPI considers not only the result but also the cost at which it was achieved.

***For EECA:*** working with PrEP isn't about "quick sales." It's about trust, safety, and a person's long journey to a decision. So:

- Measure micro-conversions (saving a post, a DM question, downloading the guide)
- Include safety metrics (zero complaints, auto-deletion of data, neutral visuals)
- Track retention (30/90/180 days), not just the first visit

We suggest using classic marketing metrics, adapted for our context.

## PRINCIPLE 1: GOAL DECOMPOSITION (REVERSE FUNNEL)

Don't set an abstract goal like "we want more clients." Break down the final goal into steps and calculate the reach you need at the start.

**EXAMPLE**

***Goal:*** 20 people started PrEP this month through free posts.

| STAGE | WHAT HAPPENS | HOW MANY PEOPLE* | METRIC |
|---|---|---|---|
| Reach | Post seen in the feed | ~1,500 | Unique users |
| Engagement | Asked a question in chat / saved the post | ~100 | Clicks, comments, saves |
| Interest | Expressed interest in getting PrEP | ~70 | Consultation / navigation requests |
| Decision | Agreed to go to the clinic | ~40 | Appointments, confirmed visits |
| Result | Received and started taking it | ~20 | Confirmed starts (via clinic/peer) |

**This is a planning model, not a guarantee. Actual conversion rates depend on the region, creative, and stage of demand. Use it as a benchmark, and calibrate after the first 2 weeks.*

***Why this matters:***

- You can see where the bottleneck is (e.g., many questions but few appointments → a problem with peer scripts or navigation).
- You can justify the budget: "To get 20 starts, we need 1,500 reach. Right now organic reach gives us 800. Give us $50 for seeding, and we'll reach the target."
- You don't wait for a miracle, you manage the process.

**IMPORTANT**! The journey through the stages can take a long time — weeks, months, even years. A person might see a post today, ask a question six months later, and start PrEP a year later. Don't dismiss people who haven't converted yet. Build a database of warm contacts and gently re-engage them: run retargeting ads, send them informational messages, or do friendly check-ins ("We saw your question. If it's still relevant, we're here.")

## PRINCIPLE 2: TRUST MATTERS MORE THAN REACH (TRUST > REACH)

For a stigmatized audience, 100 loyal followers in a private chat are more valuable than 10,000 reach on a public feed.

| WHAT TO MEASURE | WHY IT MATTERS | HOW TO MEASURE |
|---|---|---|
| Depth of engagement | Saving a post, forwarding it to a friend, asking again = a high level of trust. | Saves, DM shares, returns to chat |
| Quality of questions | Questions like "Is it free in my city?" are more valuable than. | Percentage of questions showing intent (stage 2–3) |
| Peer loyalty | If a peer counselor gets 5+ questions a week from "their own" community — the channel is working. | Peer surveys, inquiry logs |

## PRINCIPLE 3: MICRO-CONVERSIONS ARE ALREADY A SUCCESS

Don't wait for someone to start PrEP to count it as a "win." Every step towards trust is a result.

| MICRO-CONVERSION | WHY IT MATTERS |
|---|---|
| A person saved the post | Got interested, will return later |
| Asked an anonymous question | Overcame the fear of the first step |
| Clicked the link to the clinic map | Exploring options |
| Asked to forward the material to a friend | Became an "agent of influence" |

**TIP.** Keep track of micro-conversions in a simple spreadsheet. After 3–6 months, you'll see which ones most often lead to starting PrEP, and you can optimize your efforts accordingly.

## PRINCIPLE 4: SAFETY IS A METRIC TOO

When working with vulnerable groups, "do no harm" is a baseline KPI.

| WHAT TO TRACK | HOW TO MEASURE |
|---|---|
| No complaints about status disclosure / pressure | Feedback log, client surveys |
| Zero data-leak incidents | Internal audit, peer report |
| Neutral visuals / texts (checked with local experts) | Pre-launch checklist |

If a campaign resulted in 5 PrEP initiations, but one client felt "exposed," then it's not a success.

## PRINCIPLE 5: COHORT APPROACH AND QUALITATIVE DATA

People come at different times and with different backgrounds. Don't compare "month to month" — compare cohorts (groups that arrived in the same period).

| APPROACH | HOW TO APPLY IT |
|---|---|
| Cohorts | Track it: "People who came from TikTok in January" → how many of them started by March? |
| Qualitative insights | Collect stories: "Why did you decide to start now?", "What helped you make the decision?" This explains the numbers. |
| Feedback from peers | Regularly ask counselors: "What questions come up most often? Where do people drop off?" |

## CHEAT SHEET: WHICH KPIS TO SET FOR DIFFERENT GOALS

| CAMPAIGN GOAL | QUANTITATIVE KPIS | QUALITATIVE / SAFETY |
|---|---|---|
| Informing (Stage 1) | Reach, saves, link clicks | Tone of comments, no stigma in discussions |
| Addressing doubts (Stage 2) | Number of questions asked, repeat inquiries | Depth of questions, trust in answers (survey) |
| Conversion to start (Stage 3) | Requests → appointments → starts | Feedback on "why they started," no complaints about disclosure |
| Supporting adherence (Stage 4) | % continuing at 1/3/6 months. | Success stories, requests for help with side effects |

When working with this cheat sheet, use "Module 2. Stages of demand: from unawareness to adherence"

Now that you know how to measure results, let's look at which tools work best, even when the budget is limited.

For other concrete, measurable metrics, such as CDC/PEPFAR indicators for donor reporting, see the communiqué "Results of the second regional consultation on pre-exposure prophylaxis (PrEP) in Central Asia," ECOM, 2024 https://ecom.ngo/library/ecom_communique2/

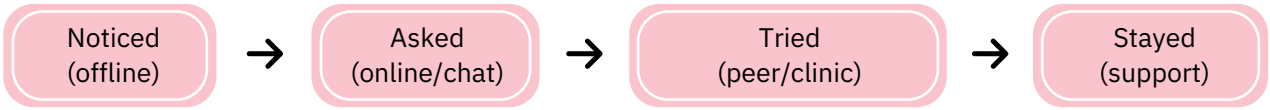
## 5.2. WHY YOU SHOULDN'T FOCUS ONLY ON PRINTED MATERIALS

***Problem***: Flyers and posters are convenient for reporting purposes, but

- Clients often throw away the paper immediately
- Under stress or in a hurry, people don't notice posters ("banner blindness")
- Offline formats don't leave room for questions or anxiety reduction

| PRINCIPLE | HOW TO IMPLEMENT IT |
|---|---|
| Offline → digital | Print = a "bridge" to a private chat: flyer with QR → bot → peer → clinic |
| Combining channels | Offline grabs attention → online gives room for questions → personal contact reduces anxiety |
| Be where the TA is | "Show up" in people's phones ethically: Telegram, WhatsApp, private chats, dating apps — wherever people make decisions about their health |

Don't replace one format with another — link them into a single funnel:




## 5.3. HOW TO WORK WITH ZERO BUDGET: REAL-LIFE EXAMPLES

A zero budget doesn't mean a lack of options — it means focusing on what you already have: time, audience trust, and partnerships. Below are real cases showing how to build a warm audience without investment, test channels, and track metrics. These mechanics work like a foundation: when funding becomes available, you'll be able to launch campaigns on an already tested, loyal base instead of starting cold.

| EXAMPLE | WHAT WE DID | RESULT |
|---|---|---|
| Building an audience without paid targeting | Installed Facebook and Google pixels on the project's website. Posted in free VK groups, Telegram channels, forums, and various platforms. Drove traffic to useful materials (guides, quizzes, stories). | Built a warm audience over a year. When the marketing budget became available, launched ads to the collected base + a lookalike audience. Reached the right people precisely, without wasting budget on "cold" traffic. |
| Referral button on the thank-you page | After a client confirmed a consultation appointment or received a service (for example, an HIV test), added the button "Book the service for a partner." | Increased conversion by 20% for free. People brought in their partners at no extra cost. |
| Q&A sessions in private Telegram chats | In existing communities (interest groups, peer channels), ran a text Q&A with a peer counselor once a month. Questions were collected in advance through a free form with no email or phone number required; answers were posted in a single thread. | Built a loyal audience, reduced fears and anxiety, dispelled myths, drove traffic to our services. |
| Audio stories "Voices of people on PrEP" (WhatsApp / Telegram) | Collected short voice messages from people on PrEP (with written consent, no names/cities). Edited them into a short podcast with multiple episodes. Asked counselors to share it with people who might find it useful via WhatsApp / Telegram. | Precisely targeted people who were already interested but hesitant. |
| Cross-promotion with friendly organizations | Partnered with NGOs and other platforms. Placed neutral stickers with a QR code: "Do you know your status? Add PrEP to your protection." In exchange, gave partners a QR code to our services. No money — only traffic exchange and mutual support. | Reached an audience that we couldn't identify on our own. |

For examples of how systematic community engagement can replace paid targeting, see, for instance, the brochure "Best Practice: Provision of PreP through a Pharmacy Chain in Kazakhstan" by Miroslava Andrushchenko, ECOM, 2025 https://ecom.ngo/library/best-practice-prep-pharmacies-kazakhstan/

For proven organic reach mechanics without paid targeting, see the report "Barriers and facilitators for PrEP delivery in Kazakhstan," Nikolay Lunchenkov, Elena German, ECOM, 2025 https://ecom.ngo/library/dkp-kazakhstan-barery-fasilitatory/)

## WHAT YOU CAN DO RIGHT NOW, WITHOUT A BUDGET

| TOOL | HOW TO USE IT | METRIC |
|---|---|---|
| Pixels / analytics | Install on your website / landing page. Build an audience for retargeting later. | Number of visitors, time on site |
| Free platforms | Telegram groups, communities, forums, dating apps. Post expert content, not ads. | Clicks, saves, questions in chat |
| Referral mechanics | Button "For your partner," business cards with a QR code "Share it with someone who might need it," posts "Send to a friend." | Number of link clicks / scans |

| TOOL | HOW TO USE IT | METRIC |
|---|---|---|
| Partnerships with LOLs | Barbers, trainers, chat admins share content in exchange for access to expert information or merch. | Reach, mentions, QR scans |
| Organic reach + UGC* | Ask clients on PrEP (anonymously) to record a voice/text message about "why I use PrEP." Publish it as a carousel/podcast. | Saves, reposts, questions |

Log every action in a spreadsheet (e.g., a free Google Sheet or Excel file). Use free UTM generators, track clicks from chats, and log the date/channel/result. Even a $0 campaign should have a log: "what we did → how many people responded → what we'll change next time." When funding becomes available, you'll approach management/donors not with a request: "give us money," but with a report: "we've already built a base of 3,000 warm contacts, give us $100 for retargeting, and the conversion rate will be X%."

> **Organic reach + UGC is free promotion through content created by the audience itself.*
>
> *Organic = reach without paid advertising (posts, reposts, word of mouth, search).*
>
> *UGC (User-Generated Content) = content from the audience: reviews, stories, photos, videos, comments from real people.*

**EXAMPLE.** A client on PrEP anonymously shares a story about "why I use PrEP" → you publish it as a post/carousel → the audience trusts it more than official advertising, and shares it further.

For how to safely collect and publish UGC examples, see Module 7.

## 5.4. AI AS A FREE TOOL

If your budget is limited, you can use AI tools (Canva Magic Studio, ChatGPT, Claude, Midjourney, and similar) to generate ideas, draft text, or create visuals. But remember: AI doesn't know your audience the way you do. Always adapt the result to your local context and check it against the safety checklist (Module 7).

| WHERE AI IS USEFUL | HOW TO USE IT SAFELY |
|---|---|
| Generating ideas for creative assets (headlines, visuals, metaphors) | Only use neutral, impersonal prompts. Don't upload real stories, photos, or names. |
| Draft texts (posts, FAQ answers, tone adaptation) | Always check the facts, especially medical information. AI can "hallucinate" — confidently present falsehoods. |
| Translation and localization | Use it as a first draft. Have a native speaker or peer counselor do the final edit. |
| Analysis of anonymized data (trends, patterns in metrics) | Only aggregated, anonymized data. No names, statuses, or geolocations. |
| Script practice (simulated dialogues for team training) | Only with synthetic data. Don't use real conversations with clients. |

## 5.5. BUDGET BENCHMARKS: WHAT CHANGES WITH MONEY

The budget doesn't replace strategy, but it determines the scale and speed of its implementation. This table shows exactly what changes as you move from $0 to $100 to $500: from manual organic reach and barter to precise targeting, professional content, and systematic analytics. Use it as an upgrade guide: plan your campaign around your current resources, and understand clearly which tools become available at each new funding level. Below you'll find sample campaign plans for different budgets.

| TOOL | NO BUDGET | UP TO $100 | UP TO $500 |
|---|---|---|---|
| Video* | Filming on a phone + subtitles + free editing (CapCut) | Phone + stabilizer + paid templates/fonts | Professional editing + animation + voiceover |
| Targeting / promotion | Organic reach, free groups, reposts, bartering with LOLs | A micro-budget for 1–2 posts/stories ($50–80) + promotion in Telegram channels | Targeting by interests/geo + lookalike + retargeting on your built audience |
| Printing | Self-printed, black and white, double-sided, on regular paper | Color printing, lamination, QR code with a UTM tag | Professional layout, print run of 500–1,000 copies, stands / business card holders |
| Analytics | Google Analytics / Meta's analytics tools, Yandex.Metrica**, manual spreadsheets | Paid hosting for the landing page, basic UTM tags, mailing services | A/B testing of formats, paid dashboards, conversion tracking |
| Partnerships | Barter with LOLs, peer counselors, volunteers | Compensations for LOLs for content / live sessions, merch for clients | Fees for LOLs, venue rental for a small event, compensation for peer counselors |

> **When creating video, ALWAYS add subtitles; when publishing images, add screen-reader descriptions. This is important for inclusivity and reaching people with disabilities.*
>
> ***Yandex.Metrica*

What Yandex.Metrica offers — Webvisor, click maps, conversion tracking — are powerful tools for evaluating content and audience behavior.

But there's a critical nuance: data is collected and stored on servers under the jurisdiction of the Russian Federation. For the EECA region, this creates confidentiality risks for clients (as do other products: VK, the Max messenger, Mail.ru).

***If you use Yandex.Metrica, follow 3 rules:***

1. Don't share personal data (full name, phone number, geolocation)
2. Disable form collection and session recording on sensitive pages
3. Configure filtering for HIV/PrEP/LGBTQ+ related URLs

For high confidentiality requirements, consider privacy-first solutions: Matomo, Plausible, Plausible Cloud, or server-side analytics (GA4/Meta CAPI with hashing).

## 5.6. READY-TO-USE MINI CAMPAIGN PLANS (30 DAYS)

We've prepared three sample 30-day campaign plans for $0, $100, and $500 budgets. Each plan already connects TA personas, stages of demand, safe channels, and ethical language into a clear system with goals, formats, and KPIs. Use them as a starting framework: launch, measure the result, adapt to your region, and scale only those approaches that have proven effective.

### 5.6.1. PLAN 1: BUDGET $0

| CATEGORY | DESCRIPTION |
|---|---|
| Goal | Bring in 50 new inquiries to the anonymous chat within 30 days |
| TA | Azamat, Sasha |
| Stage | 1–2 (Unaware / Aware, but hesitant) |
| Channels | Telegram, free groups, referral buttons, LOLs (barter) |
| Formats | 4 carousel posts, 2 short videos (shot on a phone + subtitles), QR codes on black-and-white flyers at 3 locations, a "For your partner" button on the website |
| Timeline | Week 1: publish content + install pixels/analytics<br>Week 2: post in groups + LOL reposts<br>Week 3: collect questions in chat + peer responses<br>Week 4: analyze UTMs, log conversions, prepare a report |
| KPI* | 50+ chat clicks, 15 consultation appointments, 20% referral traffic |
| Safety | Neutral visuals, no identifying hashtags, a chat with no name collection, a reminder about digital safety |

**Use the KPI matrix from section 5.1 to configure metrics.*

### 5.6.2. PLAN 2: BUDGET UP TO $100

| CATEGORY | DESCRIPTION |
|---|---|
| Goal | Bring in 120 inquiries, 30 clinic appointments |
| TA | Sabina, Ruslan |
| Stage | 2–3 (Hesitant / Ready to try) |
| Channels | Telegram seeding, WhatsApp messaging campaign, color flyers with QR codes, micro-targeting on Instagram |
| Formats | 3 video stories (anonymous, voiceover + subtitles), 1 post-guide "How to get PrEP," flyers at 5 locations, $60 for seeding in 2 Telegram channels, $40 for micro-targeting |
| Timeline | Week 1: design materials + confirm locations<br>Week 2: print + launch seeding / targeting<br>Week 3: peers handle inquiries, keep a question log<br>Week 4: retarget people who clicked but didn't book |

| CATEGORY | DESCRIPTION |
|---|---|
| KPI | 120 clicks, 30 appointments, targeting CTR >2%*, cost per inquiry < $3 |
| Safety | Targeting broad interests only (health, healthy lifestyle), no precise geolocation, chat with auto-deleting messages |

**Baseline benchmarks. In health/PrEP niches, CTR is often lower due to moderation and TA caution. Optimize based on the first 7–10 days of actual performance.*

### 5.6.3. PLAN 3: BUDGET UP TO $500

| CATEGORY | DESCRIPTION |
|---|---|
| Goal | Bring in 300 inquiries, 80+ appointments, build a base for retargeting |
| TA | Dmitry, Aizhan, general audience |
| Stage | 1–4 (full cycle) |
| Channels | Targeting (lookalike + retargeting), dating app banners, a small event at a coworking space*, professional videos, paid LOLs |
| Formats | 3 videos (editing + animation), 6 posts, banners in 2 dating apps, a "Living library" event (10 people), flyers with UTM, chatbot with triage |
| Budget | $200 targeting/retargeting, $100 banners, $100 video/editing, $50 event/rental, $50 LOLs (or barter+merch, and the remaining $50 for banners) |
| Таймлайн | Week 1: prepare creative assets + set up analytics<br>Week 2: launch targeting + event + seeding<br>Week 3: process inquiries, webinar/live session with a doctor<br>Week 4: retargeting + lookalike + donor report |
| KPI | 300 clicks, 80 appointments, CPA < $6, retargeting base of 1,500+ contacts, consultation NPS >4.5/5 |
| Safety | All materials reviewed by a lawyer/expert, invitation-only event, chatbot that doesn't collect documents, cancellation plan in case of risks |

**Only in neutral/trusted locations, by invitation only, with a cancellation plan*

## 5.7. KEY TAKEAWAYS FOR A COMMUNICATIONS SPECIALIST

- ***Goal → KPI → format***. First, define success, break it down into micro-conversions, then choose channels
- ***Budget ≠ result***. Systematic approach, understanding your TA, and ethical language work at any budget level; money only scales what already works
- ***Starting at $0 isn't the end***. Test channels for free, build a "warm" database, track metrics → this is the foundation for a grant
- ***Trust > reach.*** 100 loyal contacts in a private chat are more valuable than 10,000 "cold" reach. Measure depth of engagement

- ***Connect formats into a funnel***. Flyer + QR + chat + peer + clinic = client's journey. A break at any stage = loss
- ***Scale only what works***. Disable "trendy" but ineffective ads. Resources are limited — spend them on what drives conversions
- ***Measure everything, even without a budget.*** Reach, saves, chat clicks, questions, appointments. Without numbers, it's just activity — with numbers, it's a case for funding
- ***Safety doesn't depend on budget***. Anonymity, confidentiality, and non-stigmatizing language are a mandatory baseline, not an option "if funds allow"
- ***"Do no harm" is a baseline KPI Track***. zero disclosure complaints, neutral visuals, digital hygiene
- ***Your case to donors is a report, not a request***. "We tested 3 channels, gathered 1,200 contacts, consultation conversion rate is 14%. Give us $100 for retargeting, and we'll bring in 50 more inquiries."

For guidance on avoiding common scaling mistakes, see, for instance, the brochure "Best Practice: Provision of PreP through a Pharmacy Chain in Kazakhstan," Miroslava Andrushchenko, ECOM, 2025 https://ecom.ngo/library/best-practice-prep-pharmacies-kazakhstan/

**IMPORTANT: SPECIFICS OF WORKING IN EECA**

| NUANCE | WHY IT MATTERS | HOW TO ACCOUNT FOR IT |
|---|---|---|
| Legal risks | In a number of EECA countries, homosexuality, sex work, or substance use are criminalized. Direct mentions of PrEP or LGBTQ+ themes in public campaigns could draw attention from authorities or lead to blocking. | Use neutral phrasing ("health care," "prevention," "pill before contact"). Drive traffic to anonymous channels. Review ad creatives with lawyers/experts before launch. |
| Цифровая слежка и политики платформ | Алгоритмы соцсетей, законы о хранении данных и блокировки меняются быстро. Коммерческие платформы не гарантируют конфиденциальность переписки. | Не собирайте ФИО, телефоны или статусы в публичных формах. Предупреждайте клиентов о рисках. Дублируйте важную информацию в защищённых мессенджерах (секретные чаты, боты). Регулярно обновляйте протоколы безопасности. |
| Low digital literacy among part of the TA | Migrants, older age groups, people in small towns, and others may not use complex apps, or may only trust voice/personal contact. | Pair online formats with offline bridges (QR → WhatsApp/voice messages). Use audio, simplify navigation. Do not require registration or form completion for the first contact. |

## LINKS TO OTHER MODULES

You've learned who your audience is (Module 1), what stage they are at (Module 2), how to talk to them (Module 3), and where to find them (Module 4). Module 5 brings all of this together into practical plans tailored to your budget. And then, scripts (Module 6) handle incoming inquiries, and safety (Module 7) reduces risk.

# 5.8. APPENDICES

## 5.8.1. TEMPLATE: 30-DAY CAMPAIGN PLAN

This table is your template for planning a 30-day campaign. It helps you break down the goal into weekly tasks, assign responsibilities, and immediately link each activity to a metric and KPI. Fill it in before launch, check actual results against the targets at the end of each week, and use it to prepare reports for donors or management.

| WEEK | TASK | CHANNEL / FORMAT | RESPONSIBLE PERSON | METRIC | KPI (GOAL) | LEAD NURTURING* | RISKS / PLAN B | RESULTS |
|---|---|---|---|---|---|---|---|---|
| 1 | Publish 2 carousel posts about PrEP + start collecting questions for Q&A in the chat | Telegram, Instagram (organic reach) | Content manager + peer counselor | Saves, chat clicks, number of questions asked | ≥ 50 saves,<br>≥ 15 chat clicks,<br>≥ 10 questions | | Risk: Post rejected by moderation, or chat gets blocked.<br>Plan B: Rephrase the text (neutral wording, no markers), direct people to a private Telegram/WhatsApp bot, place a QR code on printed materials at partner locations. | |
| 2 | | | | | | | | |
| 3 | | | | | | 15 messages | | |
| 4 | | | | | | 25 messages | | |

**Friendly reminders for those who clicked but didn't book (no pressure)*

## HOW TO USE THE TEMPLATE

- Before launching, set realistic KPIs for each task (based on the breakdown in section 5.1).
- At the end of the week, compare actual results with your targets.
- If you didn't achieve them, it's not a "failure," but an insight: "The post got 20 saves instead of 50 → this means the visual or headline didn't resonate. Let's change it and test again.".
- If you exceed the target, scale this format in the next cycle.

## AN IMPORTANT NOTE ON THE "RISKS / PLAN B" COLUMN

Use it as a "safety net." In the EECA context and when working with vulnerable audiences, the following scenarios are most relevant:

| RISK TYPE | REAL-LIFE EXAMPLE | READY-TO-USE PHRASING FOR "PLAN B" |
|---|---|---|
| Moderation/ blocking | Algorithms remove posts mentioning PrEP/testing; account temporarily restricted. | "Reduce the frequency of mentions, replace with 'health care,' drive traffic to a private chat/bot." |
| Data security | Chat hacked, screenshots leaked, full names collected in open forms. | "Enable 24h auto-deletion, disable forwarding, switch to an anonymous survey with no email/ phone number." |
| Low TA activity | Few clicks, high barriers (fear, low digital literacy). | "Launch an audio format (voice messages from peers), simplify navigation, add an offline bridge (QR → WhatsApp)." |
| Legal/local | Changes in legislation, pressure on the venue, partner withdrawal. | "Shift the activity to trusted NGO networks, use neutral visuals, activate a backup communication channel." |

# 5.8.2. CAMPAIGN LAUNCH CHECKLIST

We've put together a one-page checklist for launching campaigns based on the formula:

Persona → Stage → Language → Channel → Safety → KPI

## 1 TA PERSONA

- A specific archetype is selected: Sabina / Aizhan / Ruslan / Sasha / Azamat / Dmitry
- Barriers considered: _____
- Triggers considered: _____
- Validation completed: text shown to 2–3 TA representatives → ≥70% said "That's me"

## 2 STAGE OF DEMAND

- The current stage is identified: 1 Unaware / 2 Hesitant / 3 Ready / 4 Using
- The communication goal matches the stage (informing → addressing barriers → simplifying the step → retention)
- No skipping ahead: we don't ask people to book an appointment if they're still "Unaware"
- Transition markers are set (saves, DM questions, map downloads, "how much does it cost" requests)

## 3 LANGUAGE AND TONE

- Person-first language ("person with...," no labels like "risk group," "got infected")
- Moralizing and pressure removed ("you must/have to" → "you can choose")
- The term is adapted to the TA: PrEP / ДКП / "prevention pill"
- The "school-age" rule: understandable to a teenager, short sentences, one idea = one message
- If relevant: "anonymous ≠ confidential" is clearly explained

## 4 CHANNEL AND FORMAT

- A channel is chosen based on the persona: TG / IG&TikTok / WA / YouTube / Dating apps / Offline locations
- The format matches the budget:
  - $0 → organic reach, barter, LOLs, pixels, referral buttons
  - $100 → micro-targeting, TG seeding, color printing, basic UTMs
  - $500 → lookalike, retargeting, professional editing, events, CRM
- Funnel is connected: Offline → QR → Anonymous chat → Peer → Clinic
- Analytics is set up: pixels/metrics, UTM tags, bot tags, a log in Google Sheets

## 5 SAFETY AND ETHICS

- We don't collect full names, HIV status, orientation, exact address, or geolocation
- Neutral visuals (no rainbow symbols / explicit imagery in conservative regions)
- If using VK/open platforms: risk warning included + secure chat alternative provided
- There's a "Plan B" in case of moderation/blocking/threats: neutral phrasing, a backup channel, an event cancellation plan
- Scripts for peers are ready. "Red flags" (suicide, acute reactions, violence) → referral to a specialist
- Text has been checked against the Module 3 checklist: "Check the message before publishing"

## 6 KPIS AND METRICS

- The goal is broken down: Reach → Engagement → Interest → Decision → Result
- KPIs are chosen for each stage:
  - Stage 1: Reach, saves, link clicks
  - Stage 2: Questions, depth of engagement, FAQ downloads
  - Stage 3: Requests → appointments → first visits
  - Stage 4: % continuing at 1/3/6 months, follow-up visits
- Safety = KPI: zero disclosure complaints, neutral tone, no stigma in comments
- Micro-conversion tracking and a cohort approach are set up (comparing groups that arrived in the same period)
- A weekly report template is ready: Plan → Actual results → Insight → Adjustment

## HOW TO USE IT

1. ***Before launch***: complete the checklist together with the team. If at least one item is "no" → revise.
2. ***After 7 days***: compare actual results with the plan. Didn't meet your KPIs? That's not a failure, it's an insight → change the format/channel/text.
3. ***After 30 days***: scale only what resulted in conversions. Drop "pretty but ineffective" tactics (keep in mind: if clients aren't responding to your "pretty" campaign, it means it only looks good to you).
4. ***For a donor report***: use the completed checklist as evidence of systematic work: "We tested 3 channels, gathered X contacts, consultation conversion rate is Y%, safety = 0 incidents.".

Yes, you're right — it might seem like an unrealistic task at first glance. But with more practice, over time you'll learn to launch effective campaigns very quickly.

# MODULE 6

# SCRIPTS FOR PEER COUNSELORS: OBJECTIONS, DIALOGUES, RETENTION

*An objection isn't a "no." It's a signal: "I need to understand more"*

You already know who your audience is, what stage of demand they're at, what stigma-free language to use, where and in what format to deliver the message, and how to plan and measure campaigns. Now, the main tool: ready-to-use dialogues.

***The reality of this work:*** Peer counselors and communications specialists don't always have the energy to gently ease fears, dispel myths, and answer "already-covered" questions, day after day. It can be hard when, after a long conversation, a client goes quiet, blocks you, or drops out of the program.

It's okay. It's not about your competence, and it's not about the client being "ungrateful." It's simply the nature of work in a field where anxiety, stigma, and a long journey to a decision are part of the process.

The purpose of this module is not to memorize phrases, but to provide a working framework that:

- Reduces cognitive load and protects against burnout
- Turns repetitive questions into manageable funnel steps
- Provides support when you run out of words, and helps maintain trust

Scripts aren't meant to replace human warmth, but they'll save you from reinventing the wheel every day.

**IMPORTANT!** We won't cover every possible question — we'll go through the most common and universal ones.

## WHAT YOU'LL LEARN

- How to turn the questions from Module 2 into working scripts for different stages of demand
- How to respond to common objections without pressure, while preserving trust and ethics
- How to handle refusal: the "accept → clarify → act" algorithm
- How to bring back people who "stalled," "didn't book," or "paused"
- How to set up automated message sequences based on transition markers (Module 2)
- How to work with ready-to-use tools: the "Objection → Response → Context" table, a checklist for peers, adaptation templates

## THE KEY IDEA OF THE MODULE

A script isn't a dogma — it's a framework. Adapt it to the voice, context, and situation. Your main goal is to preserve trust, not "win" the argument.

# 6.1. WHAT IS AN "OBJECTION" IN OUR CONTEXT? A MARKETING PERSPECTIVE

In classic marketing, ***an objection = a data point***. When working with PrEP and our audience, it's also an indicator of safety and trust. Let's look at how to work with it using the examples below:

| STAGE — WHAT THE CLIENT SAYS | UNDERLYING CONCERN — FEAR / WHAT IT MEANS IN MARKETING TERMS | HOW TO RESPOND |
|---|---|---|
| ***Unaware*** — "What is PrEP?", "Is this about me?", "Where am I even reading this?", "Why do I need PrEP?" | "I don't want to get it wrong, I don't want to feel out of place" — Fear of making mistakes / Request for simplicity | Provide 2–3 facts without jargon. Ask: "Would you like a quick guide, or should we just talk?" |
| ***Hesitant*** — "Is this safe?", "What if people find out?", "I don't want to go to the HIV Center," "Is this only for MSM?", "Are there side effects?", "What if I'm not in a risk group?" | "I'm afraid of judgment, disclosure, harm to health" — Fear of labels, confidentiality barrier, fear of disclosure and institutional stigma / Seeking social proof, request for alternatives | Validate the fear. Give a real-life example. Offer an anonymous chat / voice message. Give options: NGO, mobile unit, teleconsultation. Normalize it: "PrEP is for anyone who wants to lower their risk. Here are stories from people with different experiences..." |
| ***Ready to try*** — "Where do I go?", "What do I say to the doctor?", "How much does it cost?", "Do I need my ID?", "How quickly can I start?" | "I'm afraid of bureaucracy, shame, long waits" — Navigation/bureaucracy barrier: ready to start, but afraid of complications, shame, or wasted time | Give a clear route: address, hours, a phrase to say at reception ("I'm here for PrEP"). Offer support throughout the process*. Ease the anxiety. Explain the mechanism: "ID is just to confirm you're 18." |
| ***Already using*** — "What to do if I missed a pill?", "What if there are side effects?", "How long do I need to take it?", "Can I take a break?" | "I'm afraid it's all for nothing, that I'll be judged for missing a dose, I don't know how to take it correctly" — Fear of judgment for missing a dose, need for support | Normalize the pause. Give an action plan. Remind them: a break ≠ a setback, but it requires follow-up. Address feelings of guilt: "It's okay. Here's what to do if you've missed 1–2 pills..." |

For examples of real audience concerns to practice empathy and validation, see, for instance, the brochure "Barriers and Facilitators to Accessing HIV Pre-Exposure Prophylaxis in the Republic of Tajikistan," Nikolay Lunchenkov, Elena German, ECOM, 2025 (in Russian) https://ecom.ngo/library/dostup-dkp-vich-tadzhikistan/

**Keep in mind the functions of counselors: informing, screening, ongoing support. Report "Pre-Exposure Prophylaxis (PrEP) in Eastern Europe and Central Asia: First Lessons," Tinatin Zardiashvili, ECOM, 2019 (in Russian) https://ecom.ngo/library/prep_report_cases/*

***For indications/contraindications for PrEP — clear, protocol-based response wording — see the brochure "Analysis of National HIV Pre-Exposure Prophylaxis Guidelines in Seven Countries of Eastern Europe and Central Asia," Aisuluu Bolotbaeva, Nikolay Lunchenkov, Pietro Vinti, ECOM, 2023 https://ecom.ngo/library/analiz-protokolov-prep/*

**THE MAIN RULE IS DO NOT TRY TO PERSUADE**

Clarify → Normalize the doubt → Provide a fact → Offer a micro-step → Check for agreement

**FOCUS.** Don't push. Work with those who've shown interest. Don't spend your energy on persuasion.

Let's go through this in more detail with examples in the next section.

## 6.2. PLAIN-LANGUAGE SCRIPTS: HOW TO TALK SO PEOPLE ACTUALLY LISTEN

- ***What this is:*** Ready-to-use answer frameworks for real dialogue — simple, jargon-free, pressure-free. Each example takes into account the persona, the stage, and ethical language.

- ***How to use it:***

- Use it as a starting point → adapt it to your voice and context
- Maintain respect, clarity, and the client's freedom to choose

- ***About AI:***

| CAN | CAN'T |
|---|---|
| Use it to draft answers to frequently asked questions | Use it as an "online counselor" for real clients |
| Generate phrasing options | Convey empathy, ethical assessment, understanding of context |

Empathy and responsibility are human competencies. AI doesn't feel or empathize.

- ***Rule:*** one response = one idea.

- ***Why:*** People don't read long texts, and in messaging they feel alarming and reduce trust.

- ***How to do it*:**

- Answer briefly and to the point
- Give only one micro-step
- Wait for a reaction before writing more

If a person needs more information, they'll ask. A script is not a lecture, but the beginning of a dialogue.

## 6.2.1. RESPONSE TEMPLATES FOR QUESTIONS AT EACH OF THE 4 STAGES

### TEMPLATE — STAGE 1

- ***Client***: "What is PrEP? Is this about me? I don't seem to be in the risk group..."
- [***Response structure***: Empathy → Clarification → Fact without jargon → Micro-step → Agreement check]
- ***Counselor***: "I understand why this question comes up. PrEP is a pill for HIV prevention. It's for anyone who wants to lower their risk, regardless of orientation, occupation, or lifestyle. Do you want me to send you a quick 2-minute guide? Or should we just talk about what's on your mind?"
- ***Why it works:***

- ✓ It doesn't label ("risk group"), but normalizes the question.
- ✓ Offers a choice of format (guide/conversation), giving control back to the client.
- ✓ Leads to a micro-step, not a lecture.

### TEMPLATE — STAGE 2

- ***Client:*** "Is this safe? What if people find out? I work in a government institution, I can't risk it."
- [***Response structure***: Empathy → Clarification → Fact without jargon → Micro-step → Agreement check]
- ***Counselor***: "I understand why this is worrying. For a lot of people, confidentiality is the biggest concern. At friendly clinics, your data isn't shared with third parties, and at the first appointment you can discuss everything without documents. Do you want me to send you a list of clinics that definitely don't ask unnecessary questions? Or we can discuss it by voice message if that's more convenient."
- ***Why it works:***

- ✓ It doesn't dismiss the fear ("don't worry"), but validates it ("I understand why this is worrying").
- ✓ Offers a specific safety mechanism, not vague reassurance.
- ✓ Offers a choice of format (text/voice/clinic), giving control back to the client.
- ✓ Closes the dialog with a permission-seeking question, not an instruction.

### TEMPLATE — STAGE 3

**(works as a bridge between online request and offline visit)**

- ***Client:*** "Where do I go? What do I even say to the doctor? Will they ask for my ID? I don't want to stand in line and get asked a bunch of questions."
- [***Response structure***: Empathy → Clarification → Fact without jargon → Micro-step → Agreement check]

- ***Counselor***: "I understand, the first visit is always stressful, especially when you don't know what to expect. At friendly clinics, doctors already know why people come in for prevention, so there's no need to explain anything. Just say: 'I was referred for a PrEP consultation.' Your ID is usually only requested for registration before you start. It's all free, and there's no waiting in line. Do you want me to send you the exact address and hours, and you can just show up?"

- ***Why it works:***

- Validates the anxiety before the first visit without denying it.
- Gives a ready-to-use phrase for the reception desk, removing the fear of "saying the wrong thing."
- Explains document requirements honestly: doesn't hide them, but clearly distinguishes between the initial consultation and the registration process.
- Offers a choice: get information now or agree without any extra steps.
- Closes the dialog with a concrete action, not a vague promise.

## TEMPLATE — STAGE 4

- ***Client:*** "I've forgotten to take my pill two days in a row. Is it all for nothing? Do I have to start over? I don't want the doctor to judge me."

- [***Response structure***: Empathy → Clarification → Fact without jargon → Micro-step → Agreement check]

- ***Counselor***: "I understand that this is worrying. Everyone misses a dose sometimes; it's not a failure and not a reason to blame yourself. If you've missed 1–2 days, you can just continue as usual. If it's more than 3 days, get tested and talk to your doctor about how to get back on track safely. Would you like me to send you the clinic's address again? Or I can send you a short guide on what to do if you've missed a dose."

- ***Why it works:***

- Removes the guilt ("not a failure," "happens to everyone") — a key barrier at Stage 4.
- Gives a clear, simple protocol without scare tactics ("1–2 days → continue," ">3 days → see a doctor")
- Offers a choice of support (appointment / guide), giving control back to the client.
- Doesn't judge or lecture — preserves trust for future inquiries.

For a ready-to-use five-step counseling framework (building rapport → gathering information → structuring → working → closing) for trans people, see the brochure "Considerations for Online Counseling of MSM and Trans People," Marina Didenko, Elena German, Diana Alieva, Marina Kushnirenko, ECOM, 2024 (in Russian) https://ecom.ngo/library/onlayn-konsuljtirovaniya-msm-trans-ludey/

### BONUS: TEMPLATE "I DON'T WANT TO VISIT HIV CENTERS"

- ***Client:*** "I want to try, but I don't want to go to the HIV Center. There are lines, judgmental looks, and honestly... "

- [***Structure***: Empathy → Validation → Alternative → Micro-step → Agreement check]

- ***Counselor***: *Option 1: "I completely understand. For many people, the HIV Center is associated with lines, paperwork, or the fear that someone might see you there. That's a normal reaction. I can stay in touch with you while you're walking there. We can agree on a signal if it gets uncomfortable."*

  *Option 2: "Good news: in many cities, there are alternatives — friendly NGOs, mobile units, pharmacies with delivery, or teleconsultations + a neutral pickup point. Do you want me to send you a list of options in your city where you can start without visiting the HIV Center? Or we can discuss what exactly is worrying you, and find the most comfortable route."*

- ***Why it works:***

- ✓ It doesn't dismiss the fear ("don't worry, everything's fine there"), but validates it ("I understand, that's a normal reaction").
- ✓ Offers concrete alternatives, not vague reassurance.
- ✓ Gives control back to the client: they choose the format, rather than accepting "the only" path.

**IMPORTANT: DON'T PROTECT THE SYSTEM, PROTECT THE CLIENT.** Your job isn't to convince someone that "the HIV Center is fine" — it's to help them find a safe way to access the service. If there are no alternatives in your city yet, honestly say so and, as an option, offer support throughout the process.

## 6.2.2. RELATED QUESTIONS: PREGNANCY, HEPATITIS, STIS

PrEP is an entry point into comprehensive care, not an isolated service. When a client asks about pregnancy, STIs, or their emotional state, they're often not just looking for a fact, but for a sense of safety: "How does all this fit into my life?".

In this section, we provide response frameworks for the most common "adjacent" questions. They help:

- ✓ Ease initial anxiety, without medical jargon or lectures.
- ✓ Honestly define the boundaries: PrEP only protects against HIV.
- ✓ Gently redirect to a relevant specialist when a question requires clinical expertise.

Important to remember: you're not a doctor, gynecologist, or psychotherapist. Your job is to listen, validate the concern, and give a concrete micro-step (contacts, a guide).

If the question involves prescribing treatment, interpreting test results, managing a pregnancy, or an acute psychological reaction — refer the client to a specialist ***(see the section "'Red flag' marker: immediate referral to a specialist" below)***

Use the scripts below as a reference. Adapt them to your voice, preserve the client's freedom to choose, and close every response with one concrete step.

For recommendations on integrating PrEP with STI care, mental health, and reproductive services, see the brochure "Analysis of National HIV Pre-Exposure Prophylaxis Guidelines in Seven Countries of Eastern Europe and Central Asia," Aysuluu Bolotbaeva, Nikolay Lunchenkov, Pietro Vinti, ECOM, 2023 https://ecom.ngo/library/analiz-protokolov-prep/

- ***Client:*** "Can I use PrEP during pregnancy / when planning a pregnancy?"
- [***Structure***: Empathy → Fact without jargon → Micro-step → Agreement check]
- ***Counselor:*** "Good question. According to WHO, the TDF/FTC regimen (the basis of PrEP) is considered safe during pregnancy and breastfeeding. Many people continue prevention to protect both themselves and the child. Would you like me to send you contacts for a doctor who works with pregnant patients and knows about PrEP? Or I can briefly explain how it works first."
- ***Why it works:*** it doesn't give medical advice in place of a doctor, but eases initial anxiety and offers a clear next step.
- ***Client:*** "Does PrEP protect against hepatitis / syphilis / gonorrhea?"
- [***Structure:*** Empathy → Honest fact → Positive reframe → Micro-step]
- ***Counselor:*** "It's important to clarify: PrEP only protects against HIV. It doesn't protect against other infections — hepatitis, syphilis, gonorrhea. But the good news is, all of those can be checked with simple tests, and clinics can screen for them for free and anonymously. Do you want me to send you a list of places where you can get tested?"
- ***Why it works:*** honest, no scare tactics, focused on a solution rather than the problem.
- ***Client:*** "What if I have Hepatitis B? Can I take PrEP?"

  (This is a critical safety point — abruptly stopping TDF/FTC in someone with chronic hepatitis B can cause a flare-up)
- [***Structure:*** Empathy → Key safety fact → Micro-step]
- ***Counselor:*** "This is an important point: PrEP medications (TDF/FTC) also work against hepatitis B. If you have it, you shouldn't stop taking PrEP abruptly — it might cause a flare-up. It's best to discuss this with a doctor who knows your medical history. Would you like me to help you find a friendly specialist, too?"
- ***Why it works:*** it flags a safety marker the counselor shouldn't miss, without resorting to scare tactics.

## 6.2.3. PHRASES TO AVOID VS. BRIDGE PHRASES

This table is a quick cheat sheet based on the principles from Module 3. It shows how to replace stigmatizing, pressuring, or generalizing phrases with wording that gives people choice, eases anxiety, and preserves trust. Use it as a filter before responding in chat or in person: the phrases in the middle column work towards engagement, not pushing people away.

| DON'T SAY (stigma / pressure / labels) | SAY (bridge / choice / facts) | STAGE |
|---|---|---|
| "This is only for MSM / risk groups" | "PrEP is for anyone who wants to lower their risk, regardless of orientation or lifestyle" | 1–2 |
| "Don't worry, it's completely anonymous" | "Here's exactly how confidentiality works: your data isn't shared with third parties" | 2 |
| "The HIV Center is fine, don't overthink it" | "I understand why this is worrying. Here's what can help ease the fear" | 2 |
| "At the clinic, just say you're from us, and we'll arrange everything." | "Just say: 'I'm here for a PrEP consultation.' Here's the address and hours" | 3 |
| "You must take it strictly every day" | "There are different regimens. Let's find one that fits your schedule without feeling like a burden" | 2–4 |
| "If you missed a dose or stopped, it's all for nothing — start over" | "Missing a dose happens. If it's <3 days, continue as usual. If it's more, let's do a test and discuss it with the doctor" | 4 |

# 6.3. HOW TO BRING CLIENTS BACK: TACTICS BY STAGE

A client who "stalled," "didn't book," or "paused" isn't lost. In the table below, we've put together strategies for gently re-engaging them. Use them as a navigator: determine at what stage a person has stopped, and offer the next micro-step without pressure, maintaining trust and the ability to return at any time.

| DROP-OFF STAGE | RE-ENGAGEMENT STRATEGY | SAMPLE MESSAGE / ACTION |
|---|---|---|
| Stage 1 → Reaction to post, but no question or request | Lower the entry barrier, provide a "safe" first step | "Hi. Saw your reaction to the post about prevention. If the topic is relevant, here's a 2-minute guide. No registration, no name. If you have any questions, feel free to message us." |
| Stage 2 → "Stalled" after questions | Provide social proof + lower the entry barrier | "Here's a short voice message from a guy who was also having doubts six months ago. If you want to discuss your fears, I'm here." |
| Stage 3 → Doesn't ask for the clinic's address and opening hours | Remove the bureaucratic barrier | "I can suggest a convenient time to visit when there's no line. You just need to pick a day. An ID isn't necessary right now." |

Drop-off at stage 4 is covered in a separate section below.

**IMPORTANT FOR ALL STAGES.** If the client asks you not to contact them again, then don't — leave the door open and end the communication (unsubscribe them from future messages, turn off re-engagement, set status to ➜ ***Closed***).

# 6.4. ALGORITHM FOR HANDLING REFUSAL AND DROPOUT FROM THE PROGRAM

As we already discussed in section ***"2.2.1. Detailed description of the stages"*** in Module 2, you won't be able to address all fears, needs, and anxieties; you won't be able to help the client develop adherence with a single message. Don't respond to refusal or dropout from the program with phrases like: "Why not?", "Why are you quitting?", "Don't you want to live?", "This is your status.".

Within your competence, you can understand what fears a client has and what scares them. It's important to remember that refusal or paused treatment isn't a failure, but data to work with. Step-by-step algorith:

1. Accept without pressure: "Thank you for writing. This is your decision, and we respect it."
2. Gently ask about the reason: "If you don't mind me asking, what was the main reason? Side effects, schedule, fear, or you simply decided not to continue for now?"
3. Categorize and act:
   - a. ***HIV status changed***: Support. Provide contacts for a friendly psychologist + HIV service contacts. PrEP is no longer required; it's important to gently refer the client for follow-up support. "You're not alone. Here are services where you can get support without judgment." Close the client case.
   - b. ***Risks have changed / motivation is gone***: Leave the door open. "If the situation changes or you have questions, write anytime."
   - c. ***Side effects / schedule***: Suggest a flexible regimen, communication with a doctor, ongoing support.
   - d. ***Suspected or diagnosed STI***: Normalize → provide guidance on testing/treatment → follow up after some time and ask about treatment outcomes. "Thank you for sharing. Here's a list of places where you can get tested without judgment. Do you want me to help you make an appointment? Or I can send you a memo 'What to do if you've been diagnosed with an STI.'"
   - e. ***Moving:***
     - i. Another city in your country → provide local contacts + offer a handover of support + leave the door open. "I understand, here are some contacts in [city]: they know the local clinics and will help you navigate quickly. If something goes wrong, or you need updated contacts — text me, I'm here to help."
     - ii. Another country → politely close support + provide international resources. "Thank you for letting me know. In another country, PrEP access rules may differ, so here are international resources that'll guide you to relevant services there. If you have any questions related to adaptation, feel free to write, and we'll try to help."
4. Log without personal data: Date → Stage → Reason → Action → Status (pending/closed).
5. Gentle re-engagement plan (in 40–60 days, excluding people living with HIV, those who moved and those who asked not to be contacted) — a friendly, non-judgmental reminder: "Hi! Just checking in. If PrEP is relevant to you again, or you need the clinic contacts, let me know. We're here to help."

**IMPORTANT! "Red flag" marker: immediate referral to a specialist**.

You are not doctors, lawyers, or crisis psychologists. Making a referral is a matter of safety, not a refusal to help.

***Stop the conversation and make a referral if the client:***

- Expresses suicidal thoughts, plans, or acute panic after disclosure of status/trauma
- Describes an acute reaction to the medication (swelling, difficulty breathing, severe rash, temperature >38.5°C)
- Mentions chronic hepatitis B or other STIs
- Reports coercion to take/refuse PrEP or violence related to status/prevention
- Is experiencing an acute mental health crisis (delusions, hallucinations, disorientation, inability to speak)

***Algorithm (3 steps):***

1. Don't ask follow-up questions. Briefly validate: "Your safety is the most important thing right now. I'll forward your request to someone who can help right away."
2. Provide direct contact information: a crisis hotline, a trusted doctor/psychiatrist, or emergency services (keep up-to-date contacts for your region at hand).
3. Log without details: Date → Assigned to specialist → Status: closed. Don't continue the dialogue; unsubscribe them from future messages immediately.

For the rationale behind STI screening and scripts for responding to violence, see, for instance, the brochure “Risk Behavior and Adversity of Male PrEP Users in Ukraine during the COVID-19 Pandemic: Pre-War Needs Assessment,” Nikolay Lunchenkov, Janina Isabel Steinert, ECOM, 2022 https://ecom.ngo/en/library/police-brief-ukraine-during-the-covid-19-pandemic/

For practical tools to stabilize a client before referring them to a specialist (crisis online counseling techniques), see the brochure "Considerations for Online Counseling of MSM and Trans People," Marina Didenko, Elena German, Diana Alieva, Marina Kushnirenko, ECOM, 2024 (in Russian) https://ecom.ngo/library/onlayn-konsuljtirovaniya-msm-trans-ludey/

## CHECKLIST: "ARE WE READY FOR DIALOGUE?"

Take 30 seconds to review this checklist before starting a conversation or meeting with a challenging client.

- [ ] I use a neutral tone, without judgment or "shoulds"
- [ ] I don't request full name, address, status, orientation
- [ ] I offer a choice of format (text/voice/meeting/nothing)
- [ ] I explain how confidentiality works
- [ ] I have a plan B if the client asks for a live doctor/psychologist

- I log the request without personal data (only date/stage/topic)
- I don't give medical advice in place of a doctor, but I know where to refer the client gently
- I know the alternatives to the HIV Center in my city and can offer a choice

If the answer to even one statement is "no" or "unsure," take a break or hand the conversation over to a colleague. Your composure = client safety.

## 6.5. AUTOMATED MESSAGE SEQUENCES BASED ON TRANSITION MARKERS

***This section is intended for teams using automation, CRM, and analytics***.

In Module 2, we looked into ***2.2.2. Transition markers: how to tell when someone has moved to the next stage?*** and ***2.2.5. Cross-stage metrics: how to see the funnel as a whole***. In this section, we'll explore how to build automated message sequences based on transition markers.

Automation doesn't replace empathy, but eliminates routine. This table shows how to set up message sequences (e.g., in WhatsApp/Telegram) that are triggered by client behavior (opened → clicked → asked a question → went silent). Each trigger is tied to a stage of demand, channel, and metric. Use these templates as a starting point: adapt the texts to your voice, but keep the essentials — an option to unsubscribe, anonymity, and a neutral tone.

| TRANSITION MARKER | STAGE | AUTOMATED SEQUENCE | CHANNELS | KPI |
|---|---|---|---|---|
| Opened the post → clicked the link → didn't ask a question | 1 | ***Day 0:*** "Thanks for stopping by. Here's a 2-minute guide."<br>***Day 3:*** "Any questions? You can ask anonymously, without a name."<br>***Day 7:*** "Is the topic still relevant? Feel free to message us." | Telegram/ bot | % of returns to chat |
| Asked a Stage 2 question → got an answer, silent for 5 days | 2 | ***Day 5:*** "I understand that it takes time. Here's the story of someone who also had doubts."<br>***Day 10:*** "Are you still interested in a consultation?" | WhatsApp/ Telegram | depth of engagement |
| Clicked the link → didn't ask for the clinic's address and opening hours | 3 | ***Day 1:*** "Here's a checklist of questions the doctor may ask."<br>***Day 4:*** "Do you need help finding your way to the clinic?" | QR → chat | conversion to PrEP use |
| Had an appointment → stopped responding / missed check-up | 4 | ***Day 14:*** "Just a reminder about your free follow-up test. You can reschedule it for a more convenient day."<br>***Day 21:*** "If you decided to take a break, that's okay. I can tell you how to do it safely." | Chatbot | retention at 1/3 months |

***How to set it up with no budget (as of July 2026):***

- ***Telegram***: Use @BotFather + Manybot/PuzzleBot (free plans). Set up trigger buttons and auto-replies.
- ***WhatsApp***: WhatsApp Business → "Quick Replies" + "Greeting message" + labels (New / Hesitant / Using / Pause), as well as color labels.
- ***CRM/Spreadsheet***: Keep a log in Google Sheets. Columns: Entry date | Stage | Last action | Next step | Status. Filter by Status = pending and run manual re-engagement once a week
- ***Testing***: Before launch, test the sequence with 2–3 colleagues. Make sure that messages aren't duplicated, buttons work properly, and the option to unsubscribe is available.

***Safety rules for automated sequences:***

- The ability to unsubscribe with one click.
- No collection of full names, geolocation, or other personal data.
- Neutral tone, without "you must/have to."
- The ability to quickly switch to a counselor if the client expresses distress or asks to speak to a person.

## 6.6. TABLE "OBJECTION → RESPONSE → CONTEXT"

This table is your quick cheat sheet for real-life conversations. It links typical clients' objections to ready-to-use response scripts, next steps, and safety notes. You'll find an editable version in the appendix. Use it as a template: adapt the phrasing to your voice, city, and context, but keep the "objection → response → micro-step" structure. The more often you refer to it, the more confident you'll feel in chats or during meetings.

| STAGE | TYPICAL CLIENT PHRASE | RESPONSE SCRIPT (TEMPLATE) | NEXT STEP | SAFETY NOTE |
|---|---|---|---|---|
| 1 | "What is PrEP? Is this about me?" | "PrEP is a pill for HIV prevention. It's for those who want to lower their risk, regardless of orientation or lifestyle. Would you like a quick guide, or should we just talk?" | Send the guide / schedule a call | Do not ask about status, orientation, or details of risky behavior |
| 2 | "What if people find out? I can't risk it" | "I understand your concern. Friendly clinics don't share your personal information. An ID isn't required for a consultation. Would you like a list of trusted clinics?" | Send the map / connect with a counselor | Don't save document scans, warn about platform-related risks |
| 3 | "Where do I go? What do I say to the doctor?" | "Here's the address and time. At the reception, you can say: 'I'm here for PrEP. I was referred by an NGO.' I can stay in touch during your visit if that would help." | Schedule an appointment / provide checklists | Don't draw attention to the visit, use neutral phrasing |
| 4 | "I forgot to take a pill. Was it all for nothing?" | "Missing a dose happens. If it's <3 days, continue as usual. If it's more, it's better to discuss it with a doctor. We can choose the date and time." | Ease the anxiety / refer to the doctor | Don't judge, normalize the pause, provide a clear algorithm |

## 6.7. KEY TAKEAWAYS AND LINKS TO OTHER MODULES

1. ***Objection = data, not a refusal***. The more precisely the script matches the stage and persona, the higher the conversion rate.
2. ***Don't try to persuade***. Clarify → validate → provide a fact → offer a micro-step. This maintains trust and reduces anxiety.
3. ***Pause ≠ failure***. The drop-off algorithm protects the client and the team from burnout.
4. ***Automation eliminates routine, but doesn't replace empathy***. The sequences must be easy to disable, anonymous, and ethical.
5. ***Scripts are a framework, not a dogma*** — Adapt to the local language, culture, and the actual situation in the chat.

### LINKS TO OTHER MODULES

Module 6 is the "engine" that turns strategy into dialogue. You've learned who your audience is, what stage they are at, how to talk to them, where to find them, and how to measure results. The scripts in this module handle incoming inquiries: they turn questions into trust, objections into micro-steps, and silence into data for re-engagement. And then Module 7 (Safety) ensures that none of the stages of this journey will cause harm.

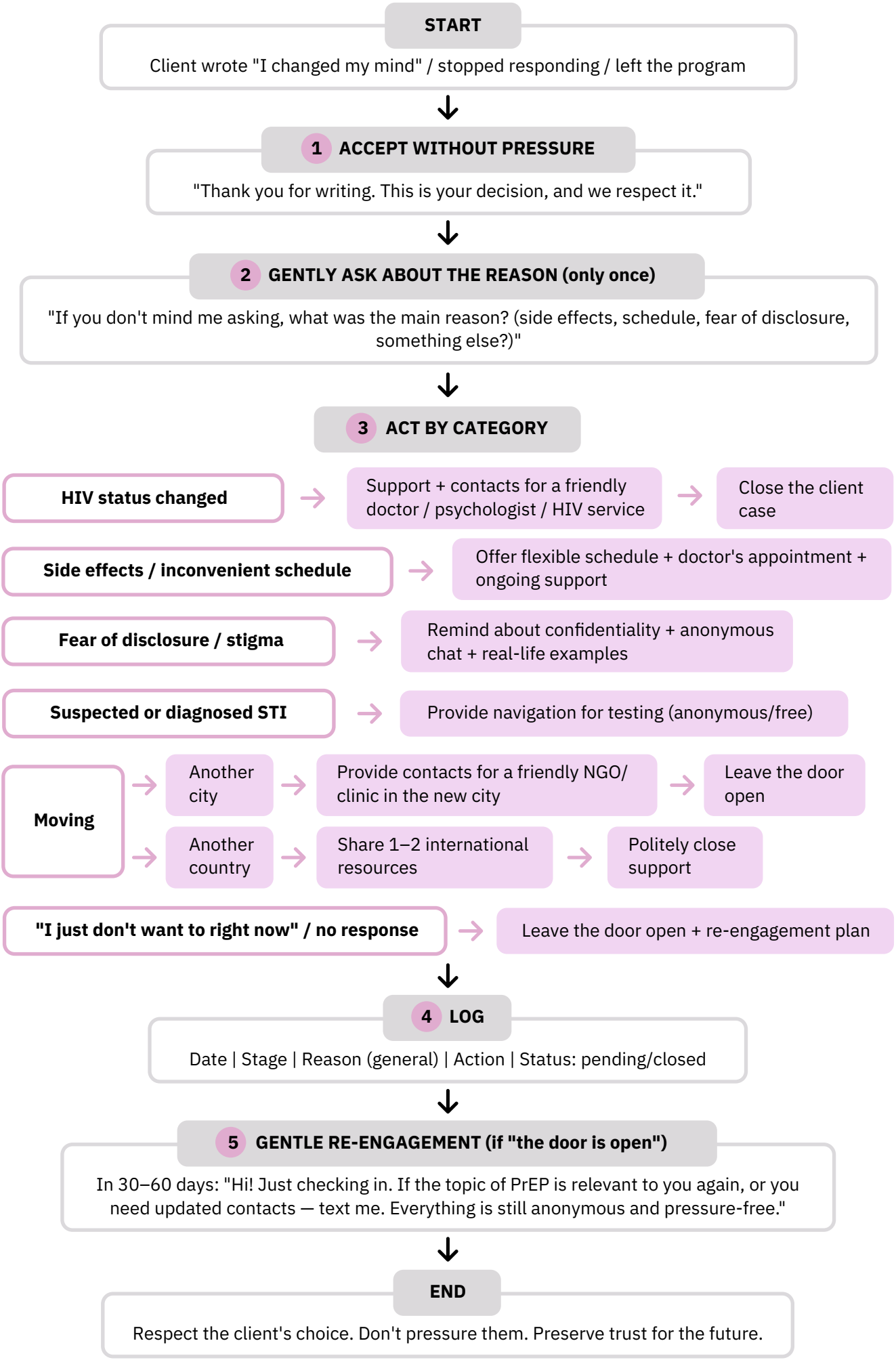
## 6.8. APPENDICES

### 6.8.1. TABLE "OBJECTION → RESPONSE → CONTEXT"

| STAGE | TYPICAL CLIENT PHRASE | RESPONSE SCRIPT (template) | NEXT STEP | SAFETY NOTE |
|---|---|---|---|---|
| | | | | |
| | | | | |

### 6.8.2. ALGORITHM: "REFUSAL → ACTION" (a flowchart for printing/bookmarking)

Save it as a screenshot, print it in A6 format, or put it into your planner. It works as a CRM-status for counselors.


START
Client wrote "I changed my mind" / stopped responding / left the program
1 ACCEPT WITHOUT PRESSURE
"Thank you for writing. This is your decision, and we respect it."
2 GENTLY ASK ABOUT THE REASON (only once)
"If you don't mind me asking, what was the main reason? (side effects, schedule, fear of disclosure, something else?)"
3 ACT BY CATEGORY
HIV status changed
Support + contacts for a friendly doctor / psychologist / HIV service
Close the client case
Side effects / inconvenient schedule
Offer flexible schedule + doctor's appointment + ongoing support
Fear of disclosure / stigma
Remind about confidentiality + anonymous chat + real-life examples
Suspected or diagnosed STI
Provide navigation for testing (anonymous/free)
Moving
Another city
Provide contacts for a friendly NGO/ clinic in the new city
Leave the door open
Another country
Share 1–2 international resources
Politely close support
"I just don't want to right now" / no response
Leave the door open + re-engagement plan
4 LOG
Date | Stage | Reason (general) | Action | Status: pending/closed
5 GENTLE RE-ENGAGEMENT (if "the door is open")
In 30–60 days: "Hi! Just checking in. If the topic of PrEP is relevant to you again, or you need updated contacts — text me. Everything is still anonymous and pressure-free."
END
Respect the client's choice. Don't pressure them. Preserve trust for the future.

## 6.8.3. MINI-CHECK: "PAUSE BEFORE YOU HIT SEND"

Before you click "Send," ask yourself 3 questions. It takes 5 seconds, but saves you from emotional burnout and unethical reactions:

- Am I in the right state of mind to respond, or am I feeling irritated/resentful?
- Am I avoiding promises I can't keep (e.g., "I guarantee results," "I'll handle everything for you")?
- If the client doesn't respond or refuses, will I be able not to take it as a personal failure?

If you feel drained after a difficult conversation, take a break. Your resilience is part of the client's safety.

***How to use it:*** Print it out and keep it on your desk / pin it as a sticky note in your work chat / add it as a CRM note. If the answer to at least one question is "no" or "unsure," take a break, have a glass of water, come back to the conversation in 10 minutes, or hand it over to a colleague.

## 6.8.4. ONE-PAGE NAVIGATOR: "TOP 10 OBJECTIONS → SHORT RESPONSE"

***Rule***: 1 response = 1 idea. Validate → Fact → Micro-step.

| OBJECTION | SHORT RESPONSE PHRASE |
|---|---|
| 1. "What is PrEP? Is this about me?" | "PrEP is a pill for HIV prevention. It's for anyone who wants to lower their risk. Want a 2-minute guide?" |
| 2. "Is it safe? What about side effects?" | "PrEP is approved by WHO. Side effects are rare and usually mild. Do you want me to explain how to minimize them? |
| 3. "What if people find out? I can't risk it" | "I understand your concern. Friendly clinics don't share your personal information. And you can get a consultation without any documents. Should I send a list of addresses?" |
| 4. "Is this only for gays / risk groups?" | "PrEP is for anyone who wants to be in control. It's like a seatbelt: you buckle up not because you're planning to crash." |
| 5. "Where do I go? What do I say to the doctor?" | "Here's the address and time. At the reception, say: 'I'm here for PrEP. I was referred by an NGO.' I can stay in touch during your visit." |
| 6. "Do I need an ID? Will there be a record?" | "ID is just to confirm your age. Data isn't shared with third parties. Confidential." |
| 7. "How much does it cost?" | "PrEP is free for citizens 18+. So is the consultation" (it's free not in all EECA countries) |
| 8. "I missed a pill. Was it all for nothing?" | "Missing a dose happens. If it's <3 days, continue as usual. If it's more, let's discuss it with a doctor. Don't blame yourself." |
| 9. "How long do I need to take it? Can I pause?" | "Take it as long as there's risk. A pause is okay if you discuss it with a doctor. I'll remind you how to get back on track safely." |
| 10. "I changed my mind / I don't want to right now" | "Thank you for writing. It's your decision. If it becomes relevant again, text us." |
| Pregnancy, STIs, special cases, violence, threats — redirect to medical and other specialists | |

***How to use it***: Print it out and keep it on your desk / pin it as a sticky note in your work chat / add it as a CRM note. Or take a screenshot and save it to your Favorites album under the name "PrEP Scripts".

# MODULE 7

# SAFETY: HOW TO PROTECT YOUR AUDIENCE AND TEAM

*How to do no harm: ethics, digital hygiene, legal risks.*

In Module 1, we learned who our audience is. In Module 2, we discussed what stage they're at. Module 3 taught what stigma-free language to use. Module 4 showed where to find them, Module 5 — how to launch campaigns and measure results, and Module 6 provided ready-to-use dialogues. Now it's time to bring it all together into a single safety framework.

We know the realities of working in the EECA region: laws change, platforms block content, and one wrong step can put both the client and the team at risk. Safety is the foundation — without it, no script, post, or flyer will work.

## WHAT YOU'LL LEARN

- How to set up targeting and choose channels without revealing that your audience belongs to vulnerable groups.
- How to use "shielded phrasing" to talk about PrEP clearly, but without attracting the attention of regulatory bodies.
- What data you can collect, and what you absolutely cannot — even "for statistics."
- How to respond if your campaign gets noticed by "the wrong" people, or a platform blocks your materials.
- What to do before launching any activity.

## THE KEY IDEA OF THE MODULE

Safety isn't a limitation. Safety is the foundation of trust and resilience for your campaign, team, organization, and community.

## WHY WE DON'T COVER LEGAL RISKS IN DETAIL

We deliberately don't include a detailed breakdown of legal risks in this guide. Laws in the EECA region are changing quickly, and unfortunately, not in our community's favor. What's legal in one country today could become grounds for pressure in another tomorrow.

***What you should do:***

- Study local legislation: keep track of changes in laws on "propaganda," personal data, NGOs, and healthcare in your country.
- Look for free legal support: many human rights organizations, NGOs, and legal associations offer consultations for activists and peer counselors.
- Contact the ECOM team: if you don't know where to start, message the ECOM team — they'll help you navigate the situation and find the right resources.

This guide provides tools for communication and safety. Legal protection is a distinct, critically important area of work. Leave it to professionals.

For example, for guidance on minimizing risks when interacting with the police and recommendations for dealing with law enforcement, see the brochure "Barriers and Facilitators to Accessing HIV Pre-Exposure Prophylaxis in the Republic of Tajikistan," Nikolay Lunchenkov, Elena German, ECOM, 2025 (in Russian) https://ecom.ngo/library/dostup-dkp-vich-tadzhikistan/

### AN IMPORTANT NOTE FOR THE COMMUNITY

We understand that, in order to increase visibility and protect rights, our community needs to be named directly: LGBTIQ+. The use of euphemisms and "shielded" phrases is a necessary compromise that may go against our values of openness and our conscience. However, if laws in your region restrict the mention of LGBTIQ+ or interpret it as "propaganda," then to continue the work, preserve access to services, and most importantly, protect the safety of clients and the team, these requirements must be observed.

Activism, advocacy, and rights protection are fundamentally important areas. Without them, there's no systemic change. The purpose of this guide isn't political advocacy, but practical HIV prevention and building safe demand for PrEP. In the context of legal restrictions, neutral wording allows us to stay connected with people who need help right now, without exposing them or ourselves to unnecessary risk. This isn't about giving up visibility — it's a strategy for preserving access to healthcare.

## 7.1. SAFETY IS YOUR RESPONSIBILITY

We can't cover all levels of safety in a single guide. Virtual and physical safety are your top priority, as is your personal safety.

An unlocked work phone while you step away to the printer. An open laptop on a table in a coffee shop while you choose your coffee. Clients' personal phone numbers in a notebook you accidentally left on the bus. Unprotected devices and databases with contact information. A chatty friend you let stay at your place overnight, and much more — all of this can pose a risk.

***What to do:***

- Regularly audit your habits: devices, passwords, paper records, personal boundaries.
- Train your team in collective practices, so safety isn't the responsibility of just one person.
- Ask the ECOM team or partner organizations for workshops on building safety protocols for your team.

This guide provides a framework for building safety when working on PrEP demand creation. Adapt it to your context, and stay vigilant.

## YOUR DIGITAL "BEST FRIENDS": 2FA AND SECURE TOOLS

Passwords get compromised, devices get lost, accounts get hijacked. That's why two-factor authentication (2FA) and hardware security keys are the basic minimum for anyone working on PrEP and with vulnerable populations.

***What you should already set up today:***

- 2FA wherever possible: DUO Mobile, Google Authenticator, Authy, Microsoft Authenticator. Enable it for email, messengers, ad platforms, cloud storage, and so on.
- Hardware security keys (YubiKey, Google Titan) for the most sensitive accounts (primary email, admin panels, databases).
- Password managers (Bitwarden, KeePass, 1Password): to avoid reusing the same password for 10 services or writing them down in a notebook.
- Device encryption: password/biometrics lock, auto-lock after 1–2 minutes, remote wipe if lost.
- For important correspondence, use email with end-to-end encryption and a jurisdiction outside the EECA region — for example, Proton Mail (Switzerland), where even the provider can't access the content of your emails.
- Be cautious with public networks: don't log into work accounts, ad accounts, or client databases over public Wi-Fi (cafés, transport, coworking spaces). If necessary, connect via mobile data or use a trusted VPN service (only in jurisdictions where it's legal).

Today, this is the standard for handling data whose leak could cost someone their safety, reputation, or freedom.

# 7.2. DIGITAL SAFETY IN TARGETING: HOW TO AVOID EXPOSING YOUR AUDIENCE'S LGBTQ+ IDENTITY

Ad platform algorithms, content moderation, and local laws might unintentionally expose your audience. The task of a communications specialist is to reach the right people without leaving a digital footprint that can be traced or used against them.

| WHAT INCREASES RISK | HOW TO DO IT SAFELY |
|---|---|
| Targeting by interests: LGBTQ+, MSM, gay clubs, trans communities | Targeting by broad categories: health, healthy lifestyle, travel, fitness, education |
| Geolocation down to specific addresses (clubs, NGO locations, hospitals) | A 3–5 km radius from neutral locations (metro stations, shopping malls, parks) or city-wide targeting without further narrowing |
| Using lookalike audiences based on open lists with sensitive data | Lookalike audiences built only from data collected via anonymous bots, QR scans, or organic reach |
| Direct calls to action in ad creatives: "Only for MSM," "LGBTQ+ safe" | Neutral phrasing: "For anyone who cares about their health," "Prevention without judgment" |

***Practical rules:***

- Test ad creatives with 3–5 TA representatives and 1–2 security experts.
- Don't test your audience through ads. Build a "warm" audience organically, and use targeting only for re-targeting or scaling creatives that have already been tested.
- Disable data retention in ad accounts where possible. Use UTM tags for analytics instead of passing data to platforms.
- Direct traffic to secure channels: Telegram (secret chats), WhatsApp (encryption), anonymous bots without collecting names.
- Regularly update protocols: algorithms and laws change. Review your targeting settings with local experts every 3 months.
- Set up automatic keyword filters for comments.
- Keep the contacts for crisis psychologists and lawyers at hand for the team.

In the appendix, you'll find an extensive checklist "Hate wave moderation." Use it as a reference tool.

## 7.3. "SHIELDED" PHRASING: HOW TO TALK ABOUT PREP WITHOUT DRAWING ATTENTION FROM LAW ENFORCEMENT OR PROVOKING HATE FROM HOSTILE GROUPS

In a number of EECA countries, public materials about PrEP, or references to sex work or LGBTIQ topics, may attract the attention of regulatory authorities (resulting in blocking, fines, or pressure on NGOs), conservative activists, organized hate groups, and may also trigger coordinated waves of online harassment. Social media algorithms often amplify polarizing content, drawing unnecessary attention to an ordinary post. "Shields" aren't just about legal safety. They're about de-escalation: phrasing that conveys meaning to the TA without becoming "fuel" for aggressors. It's important to remember: no matter how carefully we choose our wording, those who want to find a reason for criticism or pressure will always find something to seize on. So trying to fully hide our work isn't just pointless — it's counterproductive. Our goal isn't to become invisible, but to skillfully reduce risk, preserve access to services, and defend our audience's right to health and safety.

| DIRECT PHRASING — TRIGGER/HATE RISK | "SHIELDED" PHRASING | CONTEXT OF USE |
|---|---|---|
| "PrEP for MSM / the LGBTQ+ community" | "HIV prevention for those who want to lower their risk" | Posts, banners, targeting |
| "Safe sex at clubs / on dates" | "Protection for an active social life" | Dating apps, offline locations |
| "Confidential for gay / trans people" | "No unnecessary questions. Data isn't shared" | Chatbots, websites, QR flyers |
| "Support for sex workers" | "Help for those working in the service industry" | Partnerships, flyers, events |
| "HIV test for vulnerable groups" | "Rapid health testing" | Testing days, volunteer events |

## HOW TO WORK WITH SHIELDS WHEN THERE'S A RISK OF ONLINE HARASSMENT

- ***Keep 2 versions of creatives:*** "direct" — for private/trusted channels (chats, messaging campaigns, peers); "shielded" — for public platforms where people might take a screenshot and distribute the content beyond the TA.
- ***Avoid "trigger markers"***: rainbow symbols, hashtags like #PrEP4MSM, direct references to orientation or subcultures in public posts. Algorithms and hate aggregators instantly pick them up.
- ***Prepare your comment section in advance***: turn on keyword filtering, turn off notifications for the first 2 hours after publication, assign a moderator who will remove insulting comments without engaging in arguments.
- ***Shield ≠ euphemism***: the meaning remains clear to your audience, but doesn't provoke a "viral" backlash. It links back to Module 3: neutral tone + person-first + choice.

# 7.4. ANONYMITY IN DATA COLLECTION: WHAT YOU CAN/CAN'T ASK A CLIENT

## 7.4.1. DATA COLLECTION

Collecting data comes with increased responsibility. Even "for statistics" or "for the donor," unnecessary information creates risks for the client and the team.

| WHAT YOU CAN ASK<br>(the minimum needed for the service) | WHAT YOU CAN'T ASK<br>(risk of disclosure, stigma, legal problems) |
|---|---|
| City/region (no exact address) | Full name, passport details, address |
| Age range (18–24, 25–34, etc.) | HIV status, partner's status |
| Preferred contact method (chat/call/bot) | Sexual orientation, gender identity |
| Stage of interest (learn more / make an appointment / questions about the medication) | Occupation, income, details of behavior, or context of exposure |
| Convenient time for a consultation | Occupation, income, details of behavior, or context of exposure |

## RULES FOR SAFE DATA COLLECTION

- ***Data minimization principle***: collect only what's necessary to provide the service. Any additional information is optional, with an explanation of why it's needed.
- ***Anonymous IDs***: use internal numbers instead of names in logs and CRM systems (e.g., MAPA188).
- ***Transparency***: clearly explain how data is stored, who has access, and how to delete it. Example: "We don't save your name or phone number. The conversation is automatically deleted after 24 hours. To get PrEP, you'll need documents. That's the clinic's requirement, not ours."
- ***Separate your data streams***: data for analytics (reach, clicks, UTM) ≠ data for the service (appointments, navigation). Don't mix them in the same spreadsheet.

### PROACTIVE ANALYTICS SETUP

Turn on automatic alerts in GA4 (or your CRM/analytics tool) for new URL parameters, unusual traffic sources, or changes to platform policies. Analytics should measure effectiveness, not collect unnecessary data.

***Real case***: In 2022, following changes in legislation in the Russian Federation, Yandex began automatically adding hidden tags to external links, collecting additional user data. GA4 detected the anomaly, alerted the team, and suggested blocking those parameters.

***How to set it up once so the system works for you:***

- Turn on alerts for changes in URL parameters and new referrers.
- In privacy settings, disable transmission of sensitive fields and enable IP masking.
- Regularly check the list of collected parameters against the data minimization principle (table above).
- For high anonymity requirements, use privacy-first solutions (Matomo, Plausible) or server-side analytics (see Module 5).

## 7.4.2. HOW TO SAFELY COLLECT AND PUBLISH UGC

Stories from "people like us" build trust better than any ad. But without protection, they can become a source of risk.

| STEP | WHAT TO DO | WHY IT MATTERS |
|---|---|---|
| 1. Explicit consent | Always ask for permission to share a story, even anonymously. | Confirm: "Is it okay to publish your feedback with no name or photo?" Protects against claims and gives the client control. |
| 2. Anonymization | Remove full names, faces, unique identifying details (tattoos, interiors, geotags), screenshots with names, phone numbers. | Prevents outing and de-anonymization through "recognizable" details. |
| 3. Shielded phrasing | Adapt the text per section 7.2: meaning for the TA, form for the public. Avoid trigger markers (#PrEP4MSM, rainbow imagery, direct references). | Reduces the risk of blocking, hate, or attention from regulatory authorities. |
| 4. Publication channel | Publish in private/trusted channels (bot, private chat); for public platforms, use only neutral versions. | Limits the audience that sees sensitive content. |
| 5. Right to withdraw | Give the author the option to withdraw their consent at any time: "If you change your mind — just message us, and we'll take it down." | Preserves trust and gives a sense of safety after publication. |
| 6. Storing originals | Store originals containing personal data encrypted, separately from public versions. Access limited to the coordinator only. | Protects the client database in case of a leak or device seizure. |

UGC isn't "free content." It's trust that needs to be carefully built and protected. If you have doubts, don't publish. The client's safety is more important than virality.

### 7.4.3. CAUTION WITH AI: DIGITAL HYGIENE RULES

Artificial intelligence speeds up work but creates new leak risks. Public AI tools (ChatGPT, Gemini, and similar) may use your prompts to further train their models, meaning any data you enter stops being confidential. This subsection covers simple rules for using AI without putting clients or your team at risk.

- Don't enter personal data, client stories, screenshots of conversations, or medical details into public AI tools.
- Fact-check: AI may confidently produce false medical information. Check against WHO protocols, ECOM brochures, and local guidelines.
- Don't rely on an algorithm when it comes to ethics: AI is trained on general data and can reproduce stigma, stereotypes, or cultural inaccuracies. The final edit is always up to a person.
- Use local/offline solutions if you are working with sensitive data (e.g., local LLMs, private instances).
- Log AI use in your internal reporting: what was generated, who reviewed it, what edits were made.

## 7.5. RESPONSE PROTOCOL IF YOUR CAMPAIGN GETS NOTICED BY "THE WRONG" PEOPLE (AUTHORITIES, HOSTILE GROUPS, HATE WAVES)

A blocked post, a request from a platform, pressure on a partner venue, attention from regulatory authorities, or a coordinated hate wave from conservative/hostile groups shouldn't cause panic. In the EECA region, campaigns often face not only legal risks but also digital attacks: mass reporting, trolling, attempts at de-anonymization, coordination in private chats. Follow these steps:

| STEP | ACTION | WHY IT MATTERS |
|---|---|---|
| 1. Pause + document | Stop the post/targeting. Take screenshots, save links, log the date/time, aggressor account IDs, and comment texts. | Don't delete it "in a panic." Documentation is needed for reporting, analysis, legal support, and team protection. |
| 2. Secure your digital perimeter | Hide follower/friend lists, enable 2FA, switch accounts to "private" mode if needed, disable geotags, check profile visibility settings. | Prevents outing, mass complaints, and leaks of partner or client contacts. |
| 3. Switch to the "shielded" version | Replace creatives/texts with neutral equivalents (section 7.2). Redirect traffic to a backup channel (bot, private chat, WhatsApp group). | Reduces the risk of blocking and protects your audience from unwanted public exposure. |
| 4. Notify the team and partners | Inform peers, navigators, venue owners: "Materials have been temporarily changed. Use version B. Don't comment publicly. In case of pressure, contact the coordinator." | Prevents chaos, protects staff and partners from pressure, maintains a unified protocol. |

| STEP | ACTION | WHY IT MATTERS |
|---|---|---|
| 5. Support clients + moderate | If inquiries have already come in, give a clear response: "Materials have been temporarily updated. Consultation is available in the chat/bot. Your data is safe." Turn on keyword filters, remove abusive comments, don't engage in arguments. | Maintains trust, reduces anxiety, prevents public escalation. |
| 6. Analyze + report + recover | Compile an incident report: what happened, how you responded, what you'll change. Update the checklist. Provide psychological support to the team. | Turns risk into systemic improvement. Required for donors. Protects counselors' capacity. |

***Red lines:***

- Don't engage in public arguments with regulators, trolls, or organized groups. Algorithms amplify conflict, not arguments.
- Don't delete your inquiry history without first exporting it to secure storage.
- Don't disclose client, partner, or internal contact data under pressure. Consult an NGO lawyer.
- If there's a threat to life, health, or an attempt at de-anonymization — immediately move communication offline/to a private channel and activate the emergency support plan.
- Keep a ready "Plan B" at hand — a pre-prepared protocol in case your main campaign, channel, or phrasing stops working because of:
  - platform blocking or moderation,
  - attention from law enforcement,
  - a coordinated wave of hate/trolling,
  - pressure on a partner venue,
  - data leaks or de-anonymization risk.

***What to include in your "Plan B":***

- 2–3 "shielded" versions of key creatives (neutral phrasing, no trigger markers)
- A backup communication channel (bot, private chat, offline location) — tested in advance
- A contact list: lawyer, crisis psychologist, tech support, partners
- A brief protocol for the team: who makes decisions, who changes the content, who notifies partners
- An incident report template for documentation and reporting

You need a Plan B not "just in case." You need it so that, in a moment of crisis, your team doesn't waste time panicking, but follows a prepared response plan.

### "GRAY AREA" SCENARIOS FOR TEAMS

Not every incident involves a block or a hate wave. There are situations when "things are quiet, but something is wrong.".

| SITUATION | SIGNS | ACTION |
|---|---|---|
| "Silent" moderation | The post wasn't removed, but reach dropped 10x | Check settings, switch to the "shielded" version, test in a private channel |
| Pressure on a partner | The venue owner asks to remove materials | Activate Plan B, move the activity to a backup channel |
| Suspicious activity in analytics | New referrers, unusual URL parameters | Turn on alerts, check collection parameters, block sensitive fields |

## 7.6. KEY TAKEAWAYS AND LINKS TO OTHER MODULES

- Safety starts at the planning stage, not after an incident. Checklist and "shields" are your safety net.
- ***Targeting ≠ disclosure***. Broad categories, neutral creatives, and protected channels work just as well, but they're safer.
- ***Data comes with responsibility***. Collect the minimum, store it anonymously, delete according to protocol.
- ***An incident isn't a failure***. Algorithm 7.4 turns risk into a report, a report into an improvement, and an improvement into resilience.
- ***Safety = trust***. Audiences come back to places where they aren't exposed, judged, or let down.

### LINKS TO OTHER MODULES

Module 7 brings the cycle developed throughout the previous sections to its logical conclusion: you know who your audience is, what stage they are at, what language to use to talk to them, where to find them, what campaigns to launch, and how to build dialogues. Safety completes this cycle. At every step, from the first post to client retention, Module 7 helps protect your audience, team, and partners from risks, transforming strategy into a sustainable tool for the realities of EECA.

# 7.7. APPENDICES

## 7.7.1. SAFETY CHECKLIST BEFORE LAUNCHING A CAMPAIGN

Go through this checklist before launching any campaign (online/offline, $0/$500, post/event). If the answer to even one item is "no" or "unsure," don't proceed until the risk is eliminated.

| # | ITEM | READY | NOTE |
|---|---|---|---|
| 1 | TA persona and stage of demand are identified (Modules 1, 2) | | |
| 2 | Texts are checked against non-stigmatizing language principles and adapted for "shields" (7.2) | | Including protection from hate waves |
| 3 | Channels are chosen with digital safety in mind (Module 4 and 7.1): targeting by broad interests, no trigger markers | | |
| 4 | Data collection is minimized: not asking for full names, status, orientation, or details of behavior (7.3) | | |
| 5 | Analytics are set up without transmitting sensitive data: IP masking, forms disabled, privacy-first solutions where needed | | See the GA4/privacy-first section in 7.3 |
| 6 | Two-factor authentication (2FA) is enabled on all work accounts; Proton Mail or equivalent is used | | DUO, Google Authenticator, YubiKey — mandatory |
| 7 | There's a backup communication channel (bot, private chat, offline location) in case of blocking or a hate wave | | Access tested |
| 8 | The team knows the incident response protocol (7.4) and has the "Hate wave moderation" checklist at hand (Appendix 7.7) | | |
| 9 | Peer scripts are aligned with safety and anonymity protocols | | Including "Pause before you hit send" |
| 10 | KPIs include safety metrics: no complaints, neutral tone, auto-deletion of data | | |
| 11 | Plan B is documented: phrasing, channels, responsible persons, timelines + emergency support contacts (lawyer, crisis psychologist) | | |
| 12 | The team has been briefed: "We don't provide legal advice. For questions about laws, we refer people to specialists" | | See the section "Why we don't cover legal risks" |

***How to use it:***

- Copy it, add columns "Launch date | Campaign name
- Print it out or save it on your phone.
- Go through the checklist together before launch.
- Record the date, campaign name, and responsible person.
- Update it after every incident or change in legislation / platform policies.

## 7.7.2. CHECKLIST "HATE WAVE MODERATION"

The checklist will help you avoid panic and act systematically: protect your audience, support your team, and learn from the incident. Save it, print it, or pin it in your work chat. Go through it in 60 seconds at the first signs of a coordinated attack. Update it after every incident: add new stop words, update support contacts, adapt "shields."

### BEFORE LAUNCH (Prevention)

| READY | ITEM | NOTE |
|---|---|---|
| | Creatives are checked for "trigger markers" (rainbow imagery, hashtags, direct references) | Section 7.2: "Shields" |
| | Automatic keyword filters for comments are set up. | Telegram/Instagram: a list of 20–30 words |
| | A moderator is assigned for the first 2 hours after publishing | Not the author — a separate person |
| | A "quiet version" of the creatives is prepared (neutral phrasing) | Section 7.2 and Plan B |
| | Backup communication channel is ready (bot, private chat, WhatsApp) | In case the main channel gets blocked |
| | The team knows the protocol in 7.4 and has emergency support contacts | Lawyer, crisis psychologist, coordinator |

### DURING THE ATTACK (First 60-120 minutes)

| READY | ACTION | WHY IT MATTERS |
|---|---|---|
| | Don't engage in arguments with trolls, don't respond to abuse | Algorithms amplify conflict, not arguments |
| | Turn on filtering: hide/delete comments with threats, doxxing, or calls for violence | Protects the audience and team from escalation |
| | Turn off notifications for 30–60 minutes to prevent burnout | Preserves your capacity for decision-making |
| | Take screenshots: texts, accounts, time, links | For reporting, legal support, analysis |
| | Switch traffic to the "shielded" version or a backup channel | Reduces the risk of blocking, protects the TA |
| | Notify the team briefly: "We're activating Plan B. Don't comment publicly." | Prevents chaos, maintains a unified protocol |

### READY-MADE RESPONSE TEMPLATES FOR YOUR AUDIENCE

Save these in your team's notes or pin them in your work chat. When facing a block or hate wave, use copy-paste; it's faster and safer than writing a response on the fly. All phrases have been checked for trigger markers and are neutral for algorithms.

***If a post is blocked/removed:*** "We're updating our materials. The service is operating as usual. All consultations are available in our secure bot/chat: [link]. Your data is safe."

***If there are questions about confidentiality, or pressure in the comments:*** "We don't share personal data with third parties. Conversations are encrypted, and your inquiry history is deleted automatically. For contact, please use only the official channels listed on our website."

***During a coordinated hate wave or mass inquiries:*** "We see your interest. To get an accurate and safe consultation, please move to our backup channel: [link]. We respond to everyone privately."

## AFTER THE PEAK (Analysis and recovery)

| READY | ACTION | WHAT IT MATTERS |
|---|---|---|
| | Compile an incident report: what happened, how you responded, what you'll change | Turns risk into systemic improvement |
| | Create an encrypted backup of the incident report, screenshots, and attack metadata. Store it on an external drive or in secure cloud storage with restricted access. | Protects your evidence base in case your main device is compromised, seized, or an account is blocked. Ensures data is preserved for internal reporting, donors, and legal support |
| | Provide psychological support to the team (debriefing, pause, supervision) | Prevents burnout, preserves capacity |
| | Update stop words, filters, "shielded" phrasing | Adapts to new tactics from aggressors |
| | Thank those who showed support (if appropriate and safe) | Maintains audience trust |
| | Include the lessons learned in your donor report: "Tested resilience, updated protocols" | Presents it as systematic work, not a "problem" |

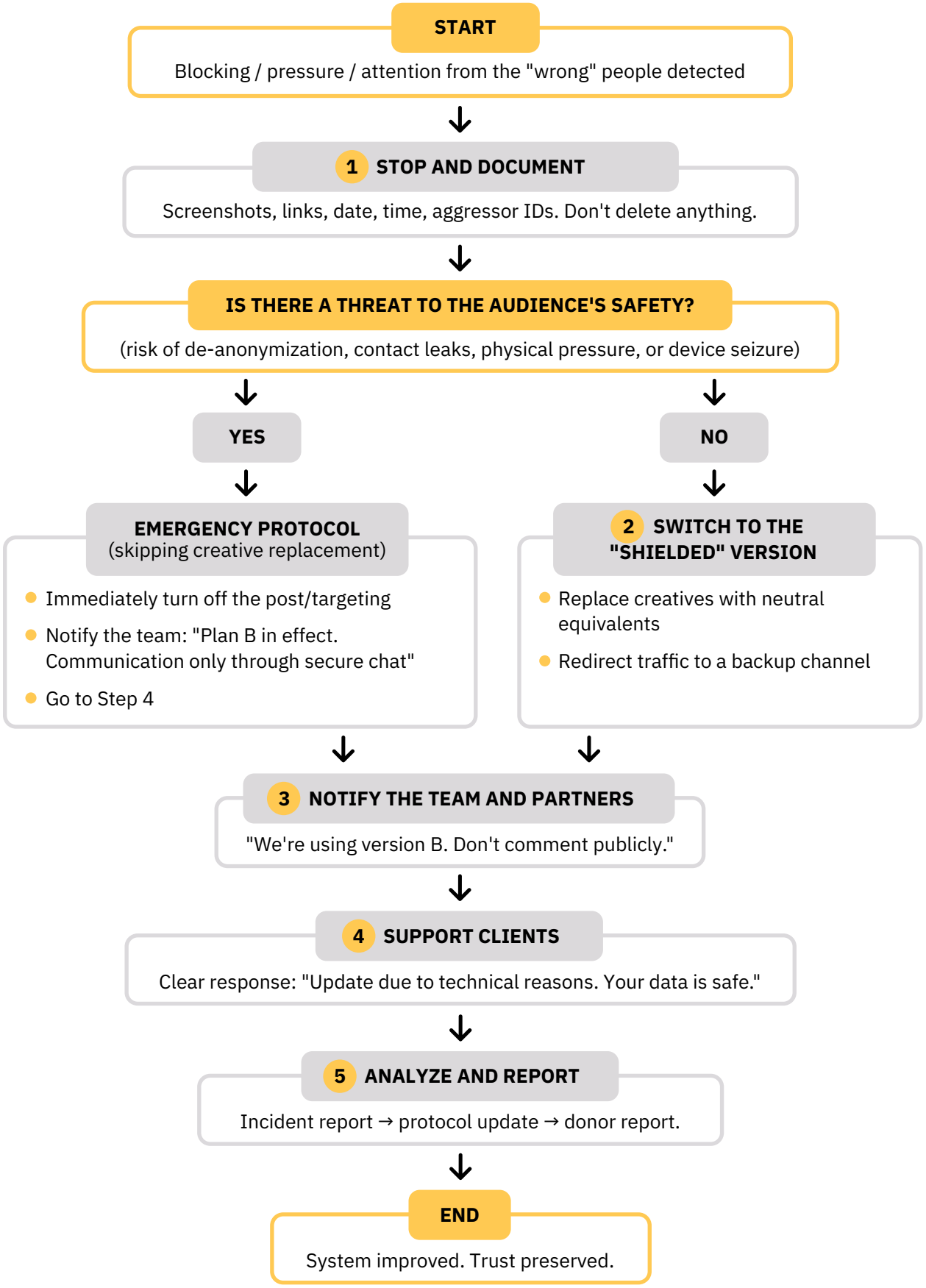
## NEVER DO THIS

| ACTION | WHY IT'S DANGEROUS |
|---|---|
| Engage in public arguments with aggressors | Escalation, attracting the attention of algorithms and new trolls |
| Delete all correspondence without screenshots | Loss of evidence for report, legal defense, analysis |
| Disclose client, partner, or team data under pressure | Direct safety threat, legal risks |
| Ignore the team's psychological state after an attack | Burnout, turnover, decline in communication quality |
| Blame the audience ("they provoked it") | Loss of trust, stigmatization, recurring incidents |

## 7.7.3. QUICK REFERENCE: "DIGITAL HYGIENE IN 10 MINUTES"

- Enable 2FA on email, messaging apps, ad accounts (DUO/Google Authenticator)
- Set up a password manager (Bitwarden/KeePass) — and strong passwords for all services
- Enable device encryption + auto-lock after 1–2 minutes
- Set up auto-deletion of messages in work chats (24–72h)
- Make sure analytics doesn't collect full names, status, or geolocation
- Save to phone: crisis hotline contacts, NGO lawyer, partners
- When working outside the office: only mobile data or an approved VPN
- Test your backup channel: "If the main channel gets blocked → go here"

## 7.7.4. "INCIDENT → ACTION" FLOWCHART



## 7.7.5. INCIDENT REPORT TEMPLATE FOR INTERNAL REPORTING

*Date of incident:* _____

*Channel/platform:* _____

*Description of the situation:* _____

*Measures taken:* _____

*Audience Status:* ☐ Data is safe ☐ Additional support required

☐ Backup created and stored according to protocol [specify location]

*Conclusions and protocol changes:* _____

*Responsible person:* _____ *Signature:* _____

# CONCLUSION

This guide isn't about marketing theory or clinical protocols. It's about real conversations that happen every day: in private messages, in peer chats, at clinic reception desks, in comments. We've gone from analyzing your target audience's needs to ready-to-use scripts, safety checklists, and metrics that measure trust, not just reach. Everything in this guide is built for everyday work in the EECA context.

## THREE PRINCIPLES THIS GUIDE IS BUILT ON

| PRINCIPLE | WHAT IT MEANS IN PRACTICE |
|---|---|
| Inclusivity | We speak the language of people, not diagnoses. PrEP isn't "for risk groups," but for anyone who wants control over their health. We leave behind stigma, labels, and moral judgments. |
| Safety | Physical, digital, and emotional. Without it, a campaign doesn't work. Every creative, every bit of collected data, every response in chat goes through the filter of "do no harm to the client, team, or partners." |
| Practicality | This guide is a toolkit which goes straight to the point. Only working frameworks, tables, templates, and phrasing that you can copy, adapt to your city/channel, and launch today. |

## LOOKING AHEAD

HIV prevention continues to evolve. Long-acting injectable forms are already being implemented, platform algorithms are changing, laws are being adapted, and the demand for comprehensive care (STIs, mental health, reproductive support) is growing. This guide isn't a final destination, but a living resource that will be updated as new data, requests from you, and changes in the field emerge. Share with us your phrasing that worked well, questions you've encountered, and case studies that have proven effective in your region. Together, we are transforming prevention from a "protocol-driven service" into a normal, understandable, and safe part of healthcare.

Thank you for choosing trust over pressure, safety over virality, and people over reports. Your work is important.