



PrEP and Health Promotion activity

Summary of findings from a mapping exercise

Background and aims

There is currently limited information available on the extent of activities being conducted to raise awareness and knowledge on the availability and benefits of HIV pre-exposure prophylaxis (PrEP). In collaboration with academic and non-governmental partners we aimed to assess the volume of activity that is occurring across England in order to:

- Identify population groups who appear to be receiving little or no targeted health promotion related to PrEP
- Identify geographical areas which appear to have little or no health promotion activity related to PrEP
- To assess the range of methods being used to raise awareness about PrEP

Methods

All level 2 and level 3 sexual health services in England (excluding those based within GP surgeries) were invited to participate (n=179, some covering more than one clinic). A list of relevant community organisations was compiled from expert knowledge including PHE input, academic and a leading PrEP awareness organisation (n=320). An online survey was distributed to these organisations at the end of March 2018 with 3 weeks for completion. Organisations were asked to cascade as they felt appropriate. The survey allowed organisations to include information on up to 10 different activities which they were conducting. Information on any activity or intervention related to PrEP was requested with the exception of activities which were funded by the Impact trial, such as recruitment of participants.

Findings

A total of 48 organisations submitted a valid response: 19 NHS organisations and 29 community organisations. Almost half (21) of organisations submitted information on more than one activity (range 1-10), resulting in information on 106 separate activities: 35 activities from NHS organisations and 71 from community organisations.

Activities by population group

Only 19 (18%) of reported activities targeted one group alone, 66 (62%) targeted more than one group (range 2 to 6 population groups) and 21 (20%) did not report targeting any group. Most activities were not targeted solely at one group but instead named multiple groups at

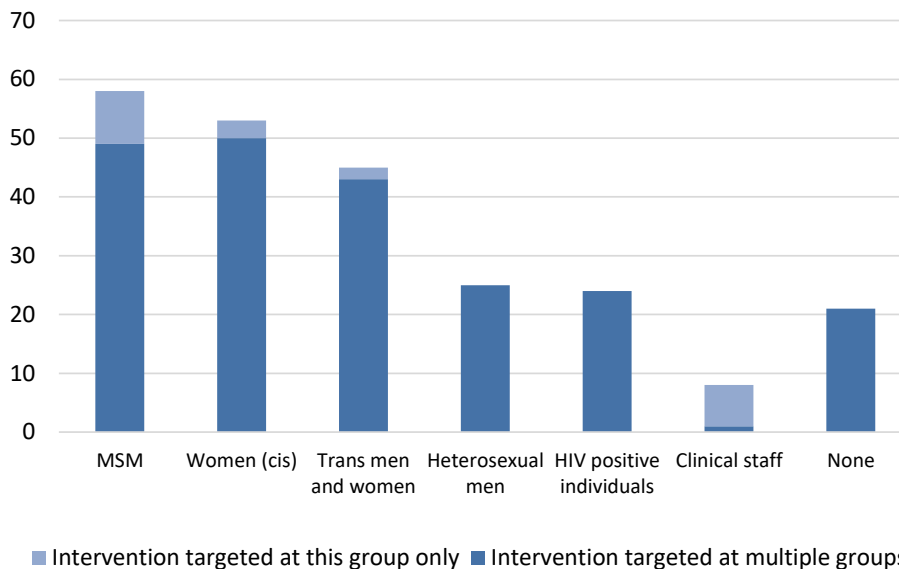


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increased risk of HIV as their target populations. Broad population groups targeted by reported activities are shown in Figure 1.

- **Men who have sex with men (MSM):** MSM were the most commonly cited target population (58 reported activities in total). MSM also had the highest number of activities targeted solely at them (n=9) and no other population groups. Of all the interventions targeted at MSM, 5 specifically cited BME MSM as a target group. However, all of these also cited BME women as a target group.
- **Women:** There were 53 interventions targeted at women; 41 cited black and minority ethnicity (BME) women as a particular target group. However, the majority of these (n=32) were also targeted at other groups of women with higher risk of HIV acquisition at the same time and the remaining 9 targeted BME women with other groups such as MSM. No activities targeted BME women alone.
- **Heterosexual men:** There were no activities focused solely on heterosexual men.
- **Trans men and women:** Only 2 focussed solely on trans men and women, the other activities which cited transmen and women as target groups (n=43) also focussed on MSM and other groups of women at higher risk of HIV acquisition.

Figure 1: Number of activities reported, by population group which they target





Activities by geographic region

Overall, two thirds of all reported activities were focussed in a specific geographic region. However, 39% of activities conducted by community organisations had a wider geographic reach. London was the area with the highest number of activities taking place (Table 1). The areas with the fewest activities were West Midlands, North East and the East of England.

Table 1: Number of activities targeted in each geographic region

Region	Activities conducted by NHS organisations	Activities conducted by community organisations	Total
East Midlands	3	7	10
East of England	0	2	2
London	13	14	27
North East	1	0	1
North West	3	7	10
South East	3	2	5
South West	4	1	5
West Midlands	1	0	1
Yorkshire and Humber	0	8	8

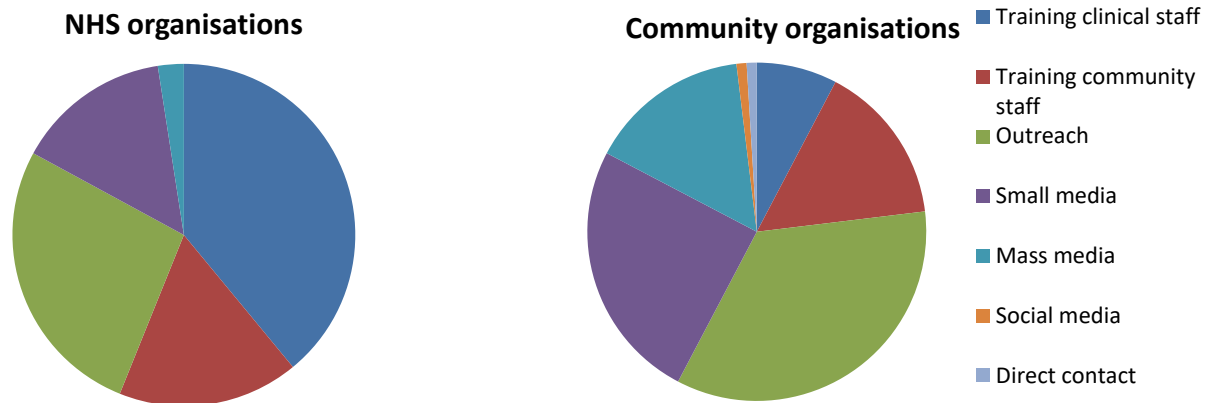
Characteristics of activities being conducted

A range of different types of activities were reported. The largest proportion of activities carried out within NHS organisations were training sessions for staff while the largest proportion of activities carried out for community organisations was outreach (**Error! Reference source not found.**). More than half of interventions were planned to last more than one year and 58% of activities were expected to be encountered by more than 100 individuals.

Figure 2: Types of PrEP awareness and educational activities reported to the survey



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Summary

Most reported activities do not target one population group and are more wide reaching. In particular, it appears that individuals from BME communities, trans-individuals and heterosexual men have few activities which are specifically targeted to their needs, since activities often targeted more than one group. Most activities were focussed in particular geographic regions although there were some more wide reaching activities being conducted by community organisations. London appears to have the highest concentration of health promotion activities focussed on PrEP while other areas appear to be underserved (for example, West Midlands, North East, East of England).

Recommendations

- Service providers and community organisations should consider ways to ensure the sustainability of the activities they are conducting in the long term.
- Service providers and community organisations should share knowledge on effective activities and learn from each other to ensure maximum impact of any future activities.
- The PrEP Impact trial and community advisory board (CAB) should facilitate communication between organisations to share learnings from activities being conducted to raise awareness of PrEP.
- Development of future health promotion activities focussed on PrEP should take into consideration those population groups and geographies which appear to have few activities currently occurring.
- Health promotion activities which are conducted to raise awareness of and knowledge about PrEP should be evaluated in order to build an evidence base of the types activities which are successful.



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Notes to readers:

1. PrEP is a new way for people to reduce their risk of acquiring HIV. More information on PrEP and the PrEP Impact Trial can be found online at:
 - a. <https://www.prepimpacttrial.org.uk/>
 - b. <http://prepster.info/prep-faqs/>
2. This briefing has been developed by Alicia Thornton, Luis Guerra, Will Nutland, Mitzy Gafos and Anthony Nardone. For more information please contact Alicia Thornton Alicia.Thornton@phe.gov.uk
3. Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.