



O13 Barriers and facilitators to PrEP access in Black women in England: Perspective from multiple stakeholders

Flavien Coukan, MSc PhD
Imperial College London
(he/him)



Conflict of Interest

This study was funded by the NIHR Applied Research Collaboration Northwest London, the Imperial College London Societal Engagement Seed Fund and the BHIVA/ViiV Implementation Science Scholarship.

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Introduction

- HIV Pre-Exposure Prophylaxis (PrEP) is highly effective at preventing HIV acquisition.

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Table 2: Number and proportion of individuals prescribed PrEP for the first time by gender and gender of sexual partners, Scotland, 1 July 2017 to 30 June 2019.¹

Gender	Gender of Sexual Partners	Number of Individuals	Proportion (%)
Female	Men and women	*	*
	Men only	17	0.5
	Unknown	*	*
Male	Men and women	741	22.1
	Men only	2,525	75.3
	Women only	17	0.5
	Unknown	34	1.0
Unknown/other		11	0.3
Total		3,354	100

1. Note: gender of sexual partners relates to an individual's reported sexual history over their lifetime.

Implementation of HIV PrEP in Scotland: Second Year Report.
Health Protection Scotland; 2019.

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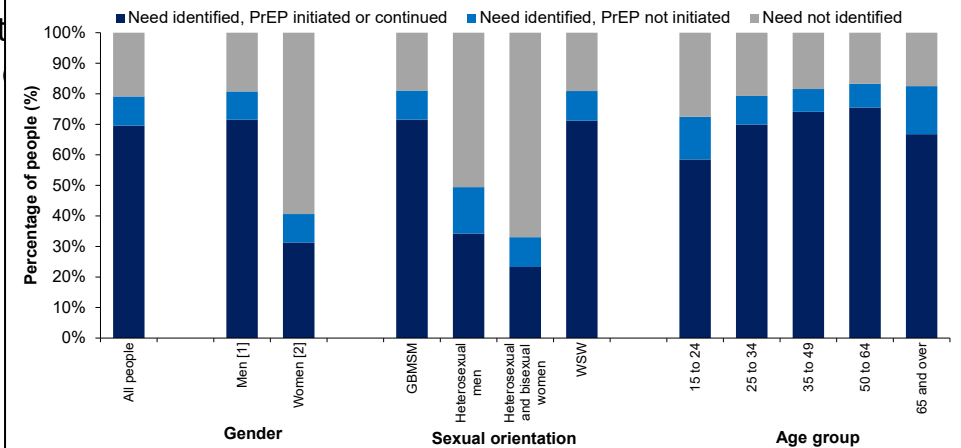
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Implementat
Health Prote

Proportion of people with PrEP need identified and initiating or continuing PrEP among people with PrEP need by demographics: England, 2021



HIV in England: 2022 Slide Set (version 1.1, published 4 October 2022)

[1] includes transgender men [2] includes transgender women

Lester J, Martin V, Shah A, Chau C, Mackay N, Newbigging-Lister A, et al. HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report. The annual official statistics data release (data to end of December 2021). London 2022.

Introduction

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- HIV PrEP was first available for free on the NHS in England via the limited PrEP Impact trial and fully commissioned in 2020.
- Black women were shown to be some of the most under-represented key populations in England*.

*Coukan F, Sullivan A, Mitchell H, *et al.* Impact of national commissioning of pre-exposure prophylaxis (PrEP) on equity of access in England: a PrEP-to-need ratio investigation. *Sexually Transmitted Infections* 2024;**100**:166-172.

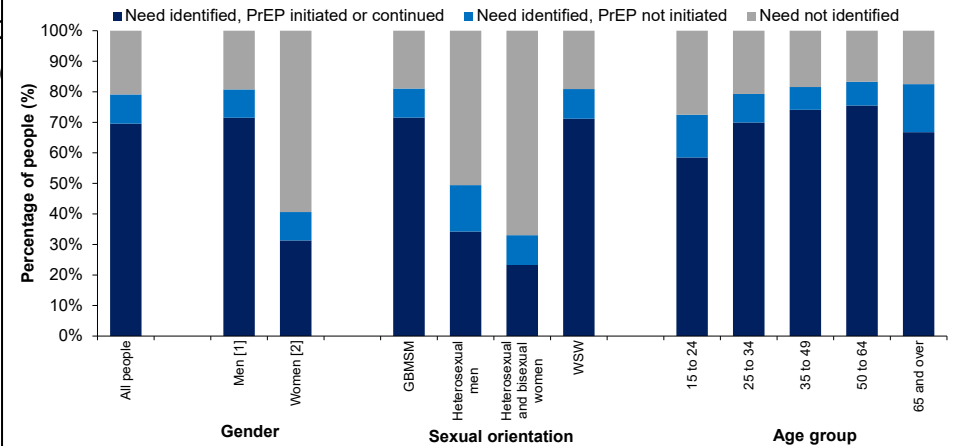
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Study Background

- Recent systematic reviews have shown that:
 - Limited focus on Black women in existing PrEP studies, predominantly focused on MSM;
 - Lack of studies exploring provider and system-level barriers along with individual-level factors.



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Barriers and facilitators to HIV Pre-Exposure Prophylaxis (PrEP) in Specialist Sexual Health Services in the United Kingdom: A systematic review using the PrEP Care Continuum

Flavien Coukan , Keitumetse-Kabelo Murray, Vasiliki Papageorgiou, Adam Lound, John Saunders, Christina Atchison, Helen Ward

First published: 19 April 2023 | <https://doi.org/10.1111/hiv.13492>

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Abstract

Objectives

HIV pre-exposure prophylaxis (PrEP) delivery in the UK is inequitable; over 95% of PrEP users were men who have sex with men (MSM) despite making up less than 50% of new HIV diagnoses. We conducted a systematic review to identify modifiable barriers and facilitators to PrEP delivery in the UK among underserved populations.

Methods

We searched bibliographic/conference databases using the terms HIV, PrEP, barriers, facilitators, underserved populations, and UK. Modifiable factors were mapped along the PrEP Care Continuum (PCC) to identify targets for interventions.

Study Background

- Recent systematic reviews have shown that:
 - Limited focus on Black women in existing PrEP studies, predominantly focused on MSM;
 - Lack of studies exploring provider and system-level barriers along with individual-level factors.
- **Study objective:** *To explore the modifiable barriers and facilitators to PrEP access experienced by Black women in England and the reasons why Black women are the most underserved by PrEP*



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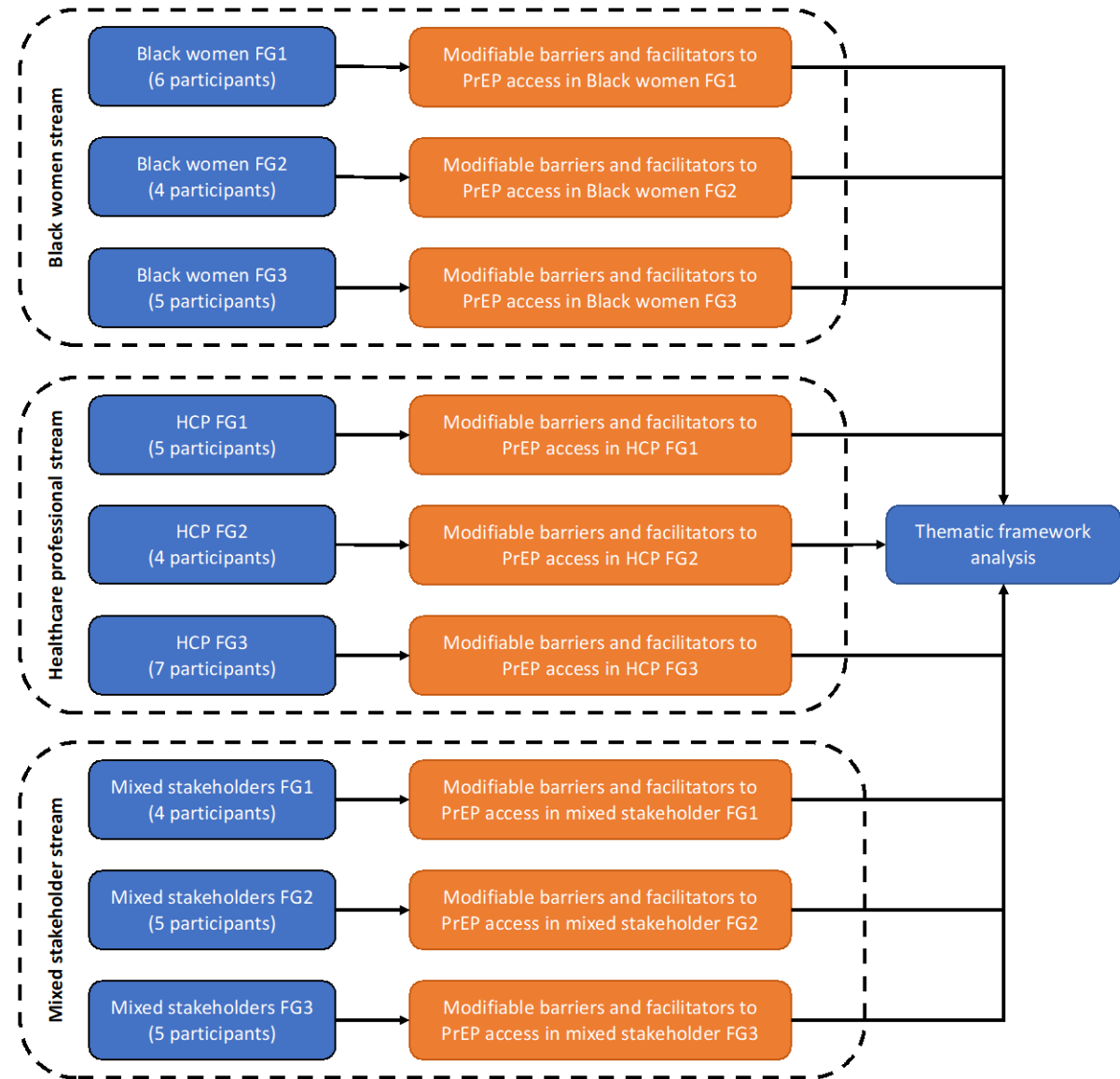
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Study Methods (1)

Focus groups

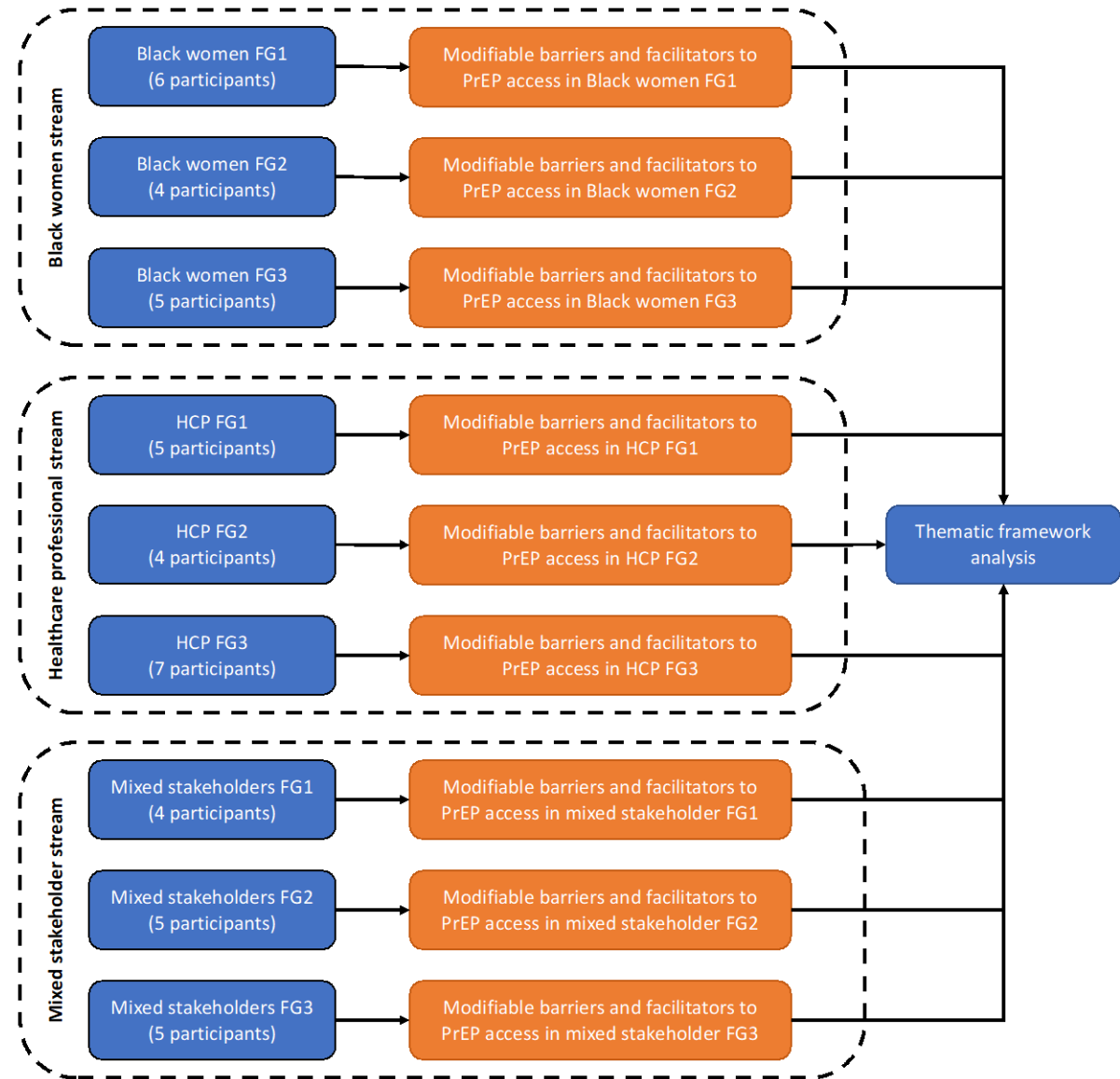
- Completed 3 focus groups across 3 streams of stakeholders:
 - Black women themselves
 - Healthcare professionals
 - Mixed of both



Study Methods (1)

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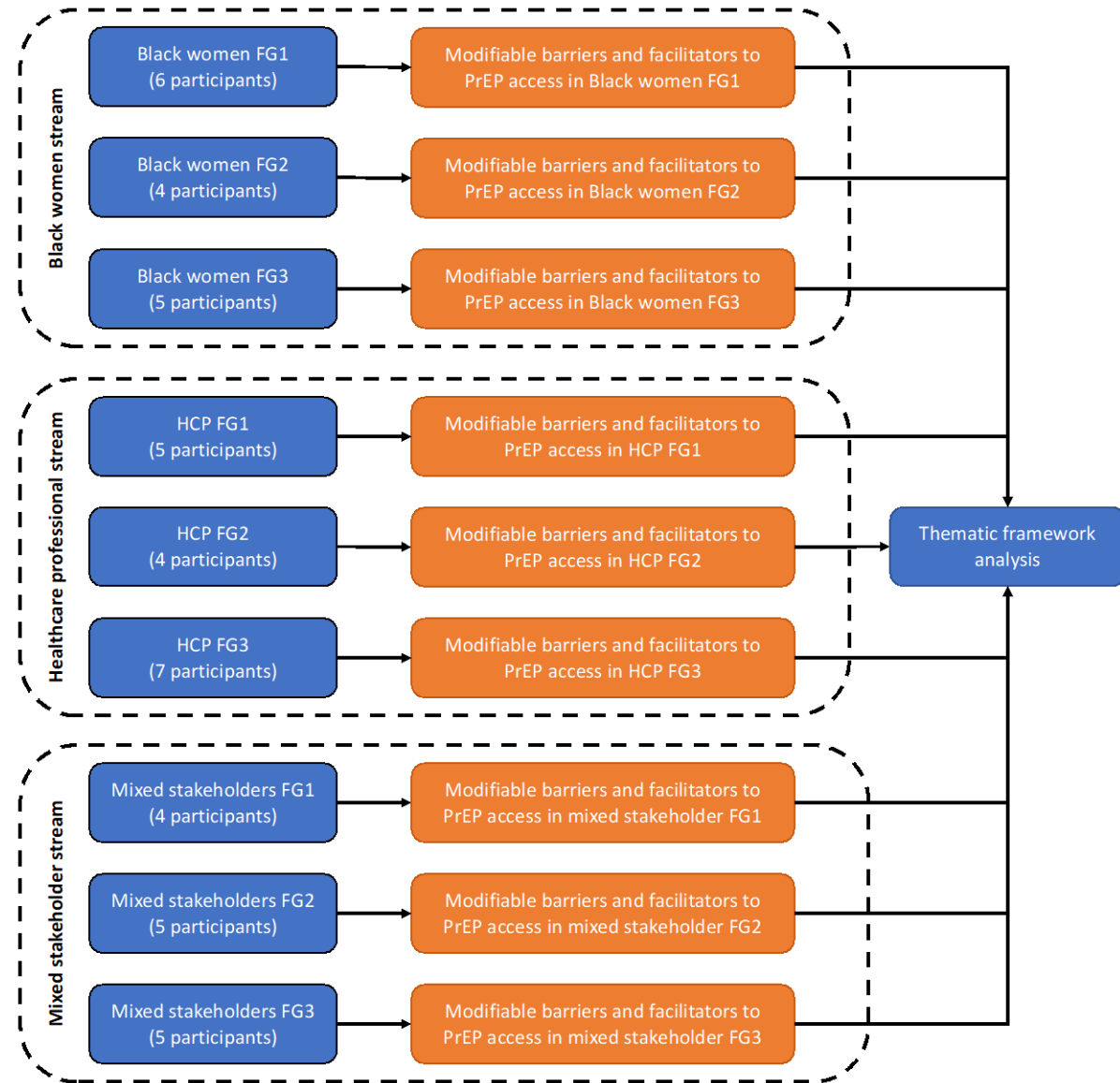
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- Completed 3 focus groups across 3 streams of stakeholders:
 - Black women themselves
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 - Mixed of both
- This discussion format allowed for a consensus-building-exercise of the modifiable barriers and facilitators to PrEP access deemed most important
- Peer researchers were involvement along every steps of the research cycle



Study Methods (2)

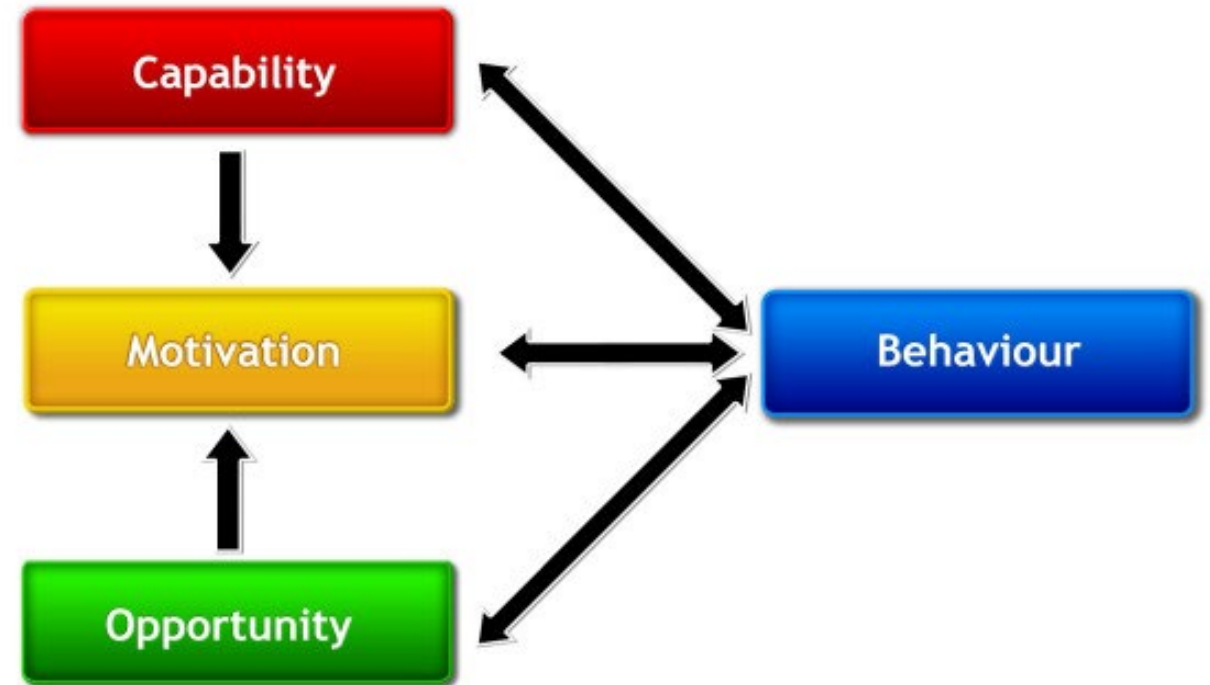
Behaviour Change Framework

- There are a lot of Theories of Behaviour Change (TBC) available
 - Few have been used in the field of sexual health as many are not suited to understanding sexual health-related behaviours;
 - HIV-specific TBCs place too much emphasis on the behaviour(s) putting someone at risk of HIV acquisition and focus on the individual risk of HIV acquisition.

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- The *Capability, Opportunity, Motivation and Behaviour* (COM-B) model was used*.

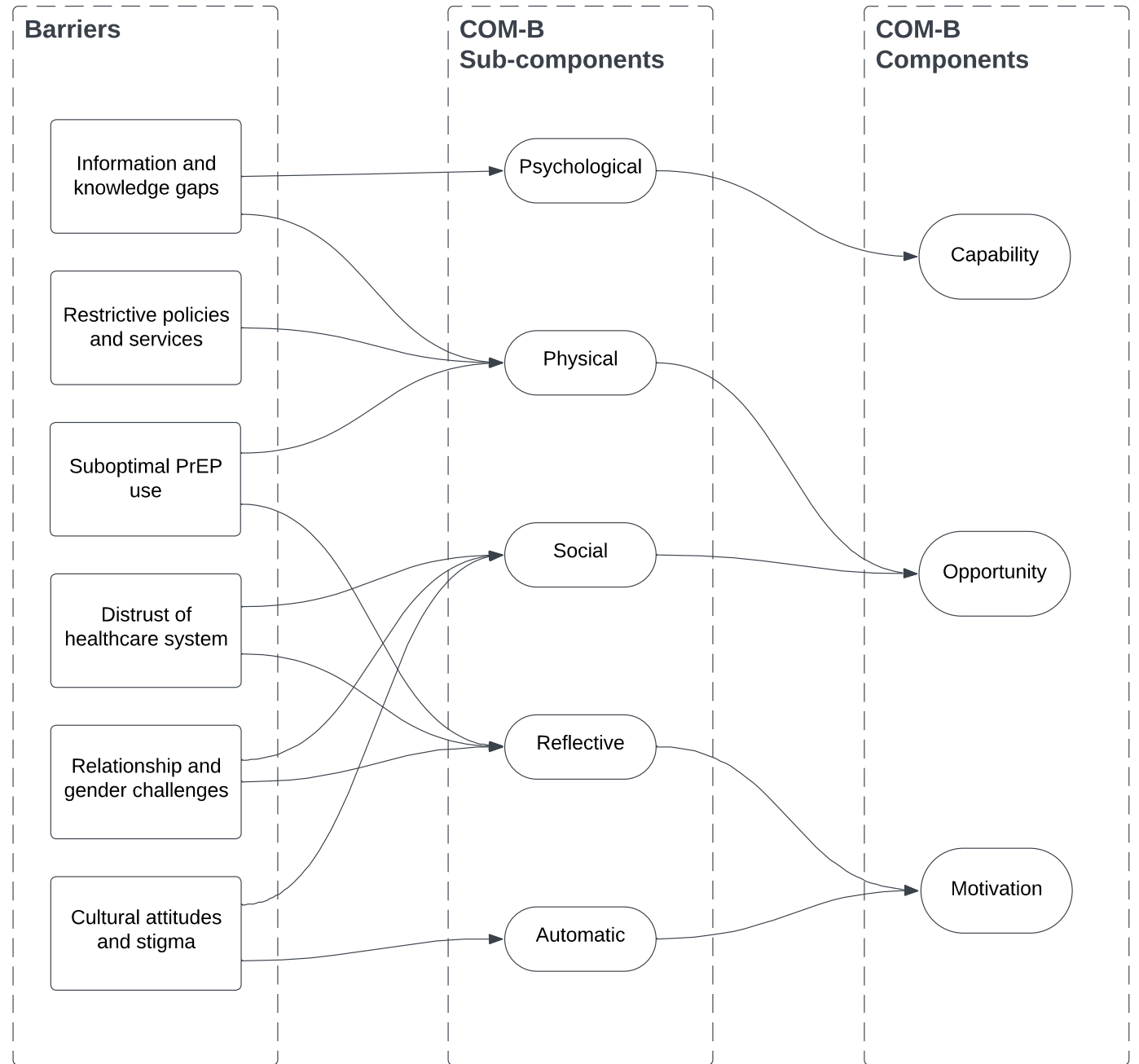


*Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*. 2011;6:42.

Key findings (1)

Barriers

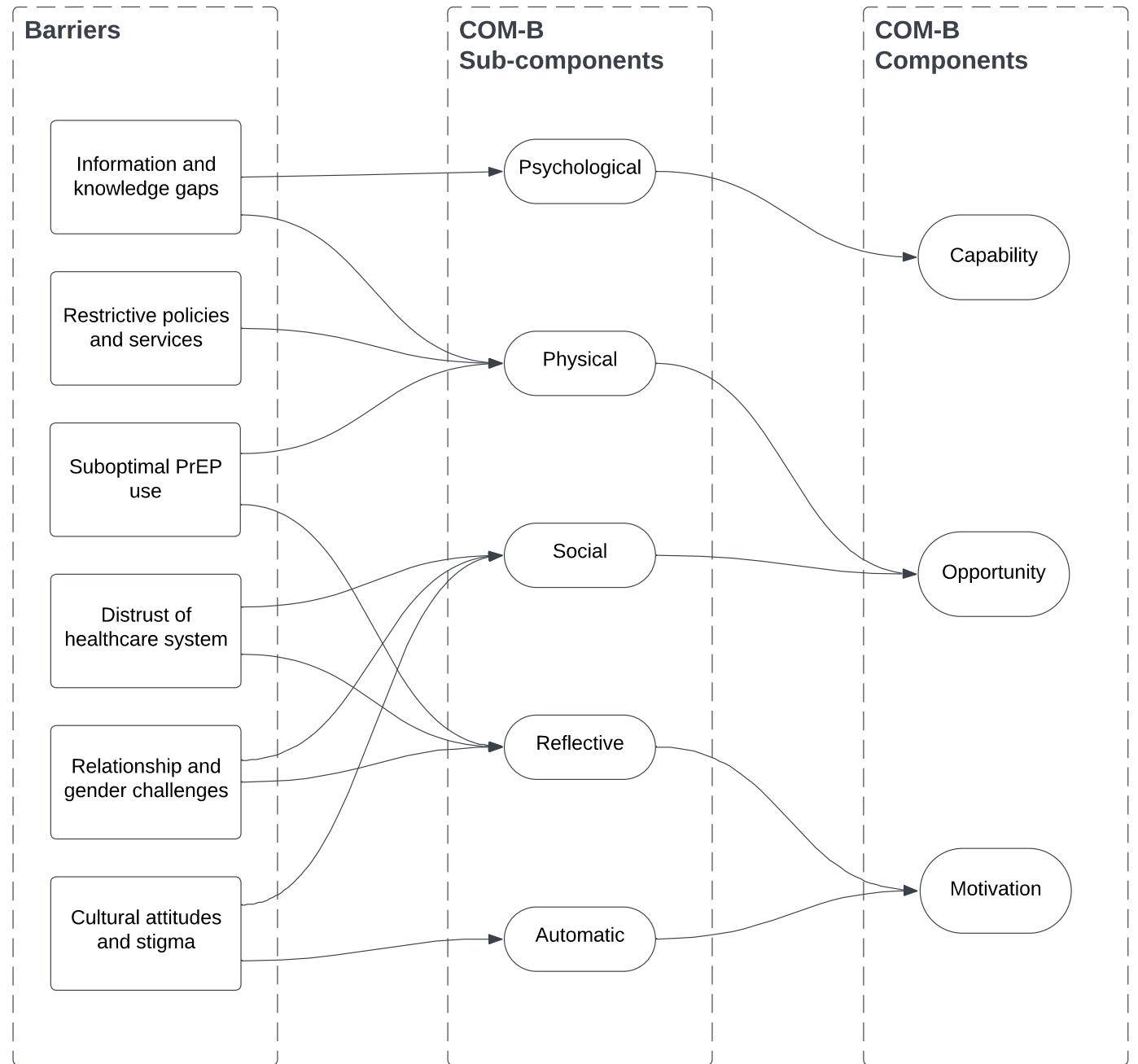
- Six thematised barriers were identified



Key findings (1)

Barriers

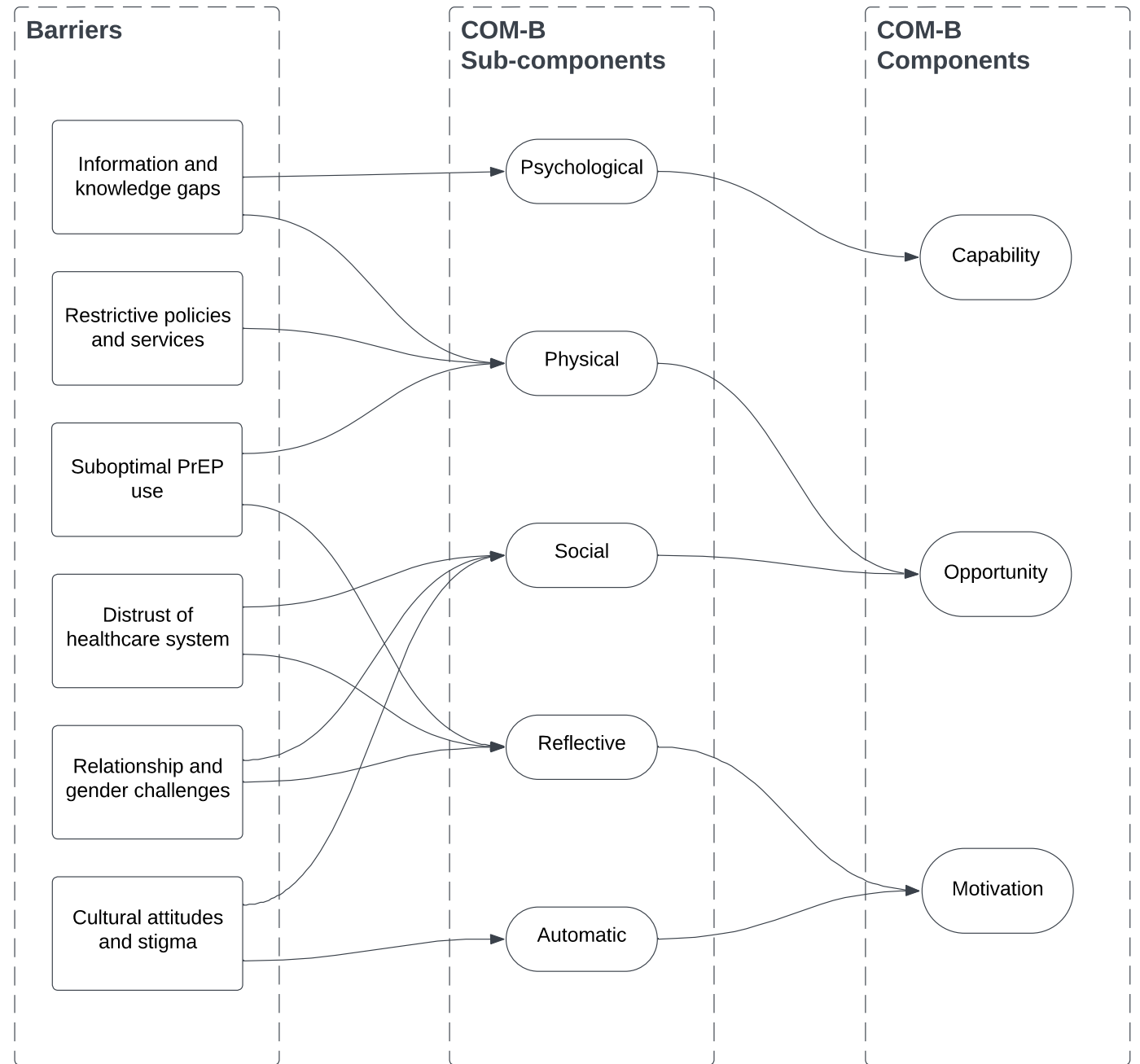
- Six thematised barriers were identified
- The COM-B model highlighted the complex interplay between the individual capabilities, provider and systemic opportunities and their impact on Black women's motivation to use PrEP



Key findings (1)

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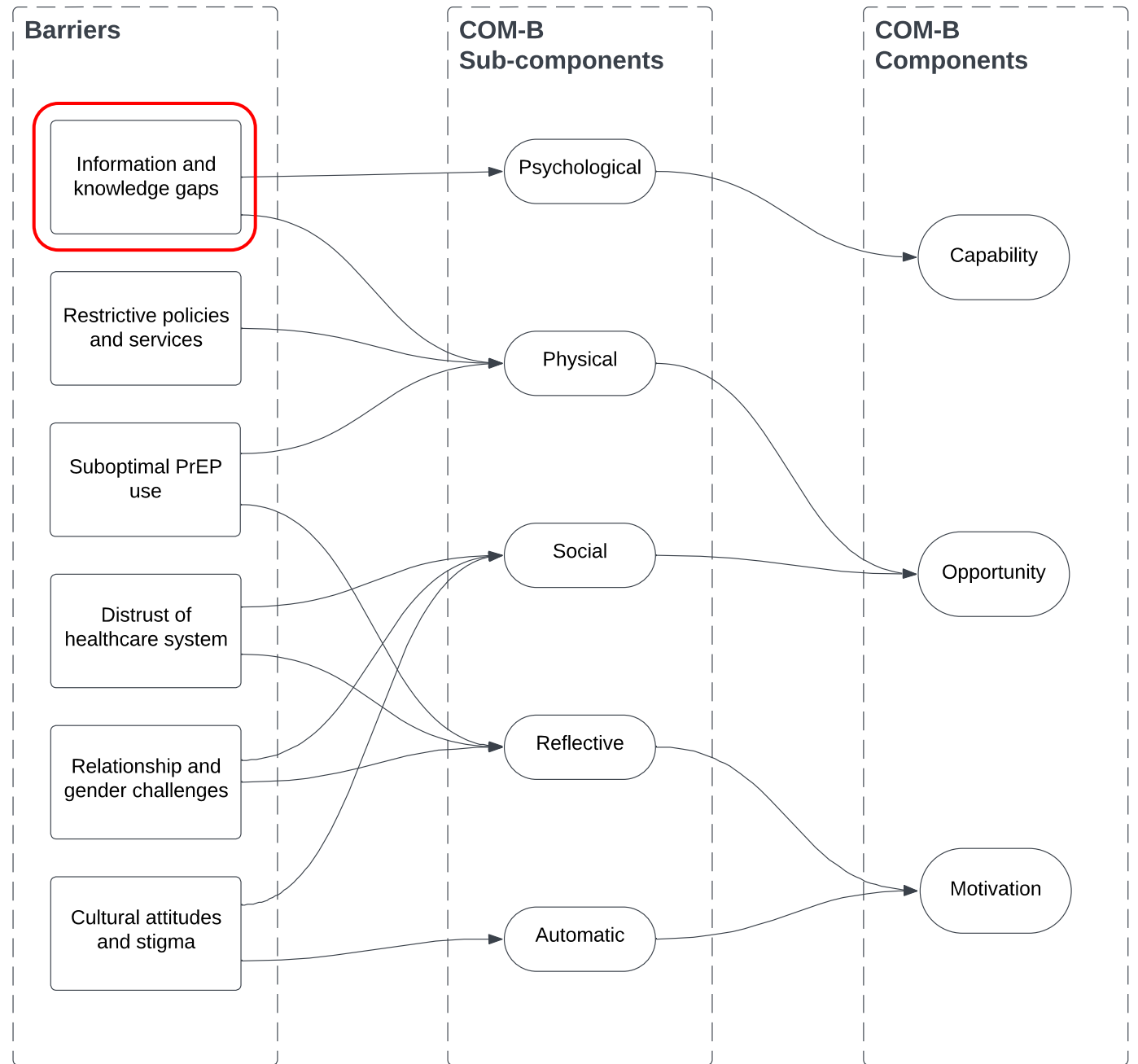
- Six thematised barriers were identified
- The COM-B model highlighted the complex interplay between the individual capabilities, provider and systemic opportunities and their impact on Black women's motivation to use PrEP
- Wide range of provider and systemic opportunities played an important role in Black women being underserved by PrEP



Key findings (1)

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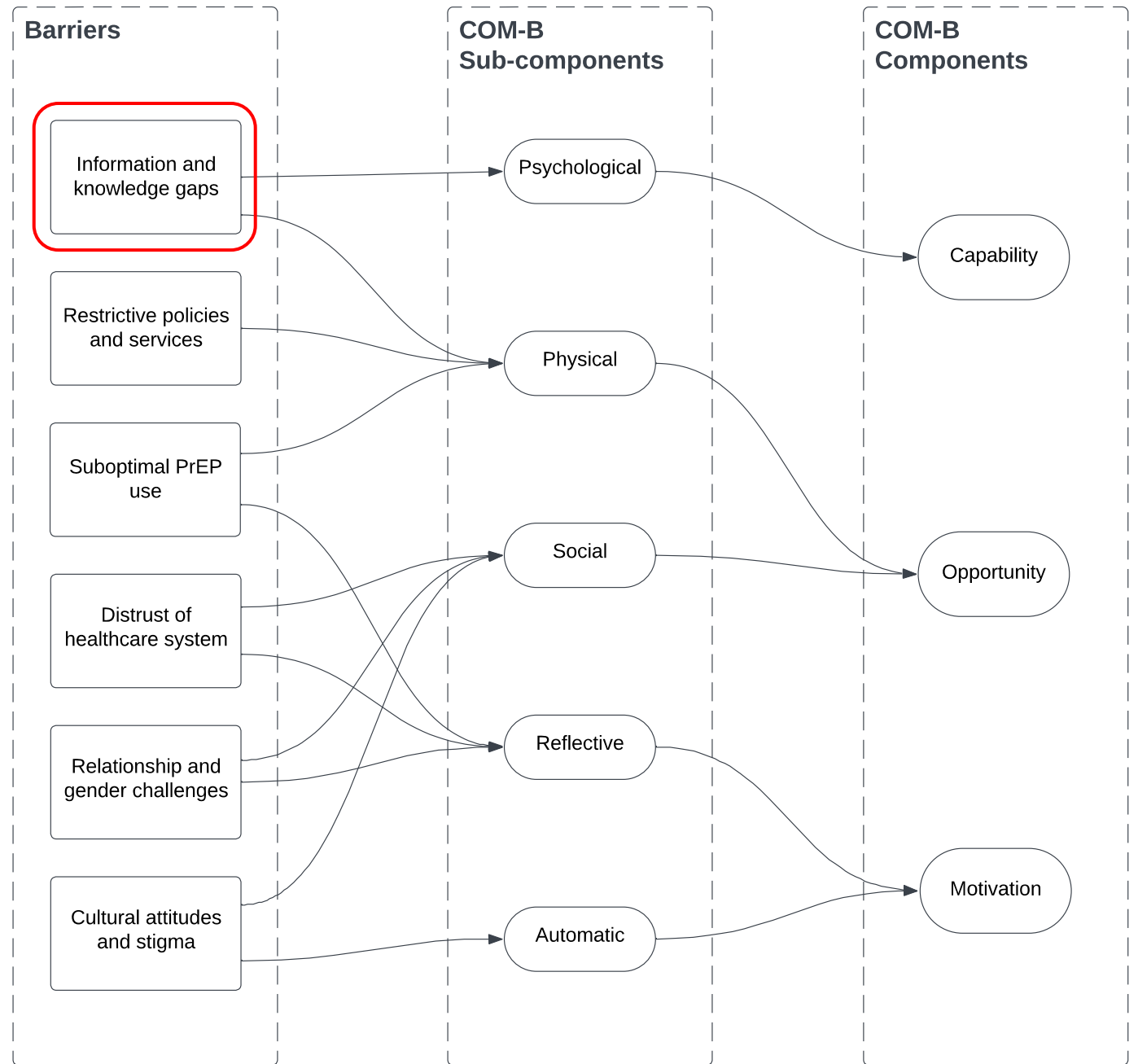
- Information and knowledge gaps:



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- Information and knowledge gaps:
 - Combination of lack of knowledge among Black women and insufficient information dissemination by providers and NHS
 - Voted as most important barrier

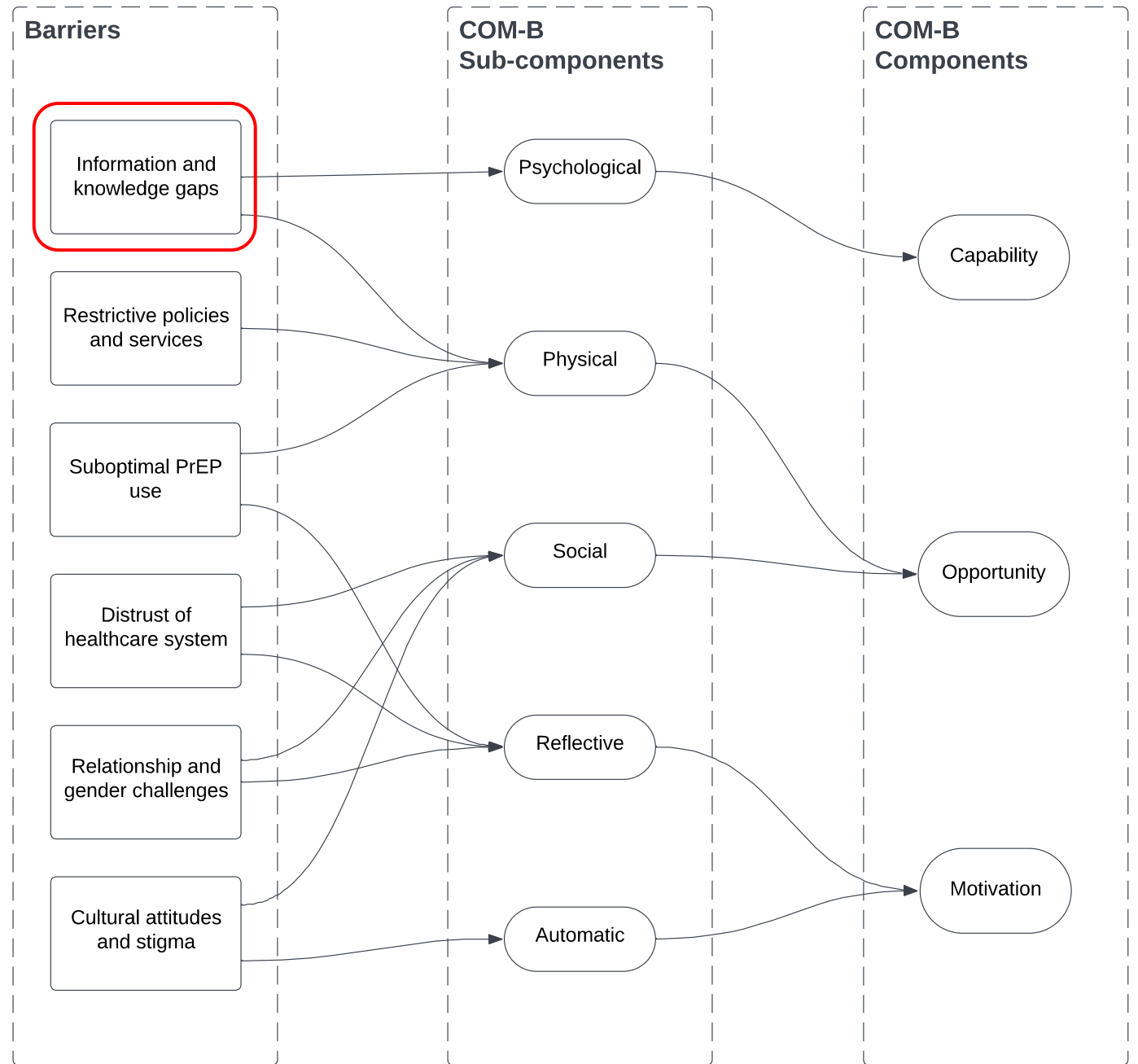


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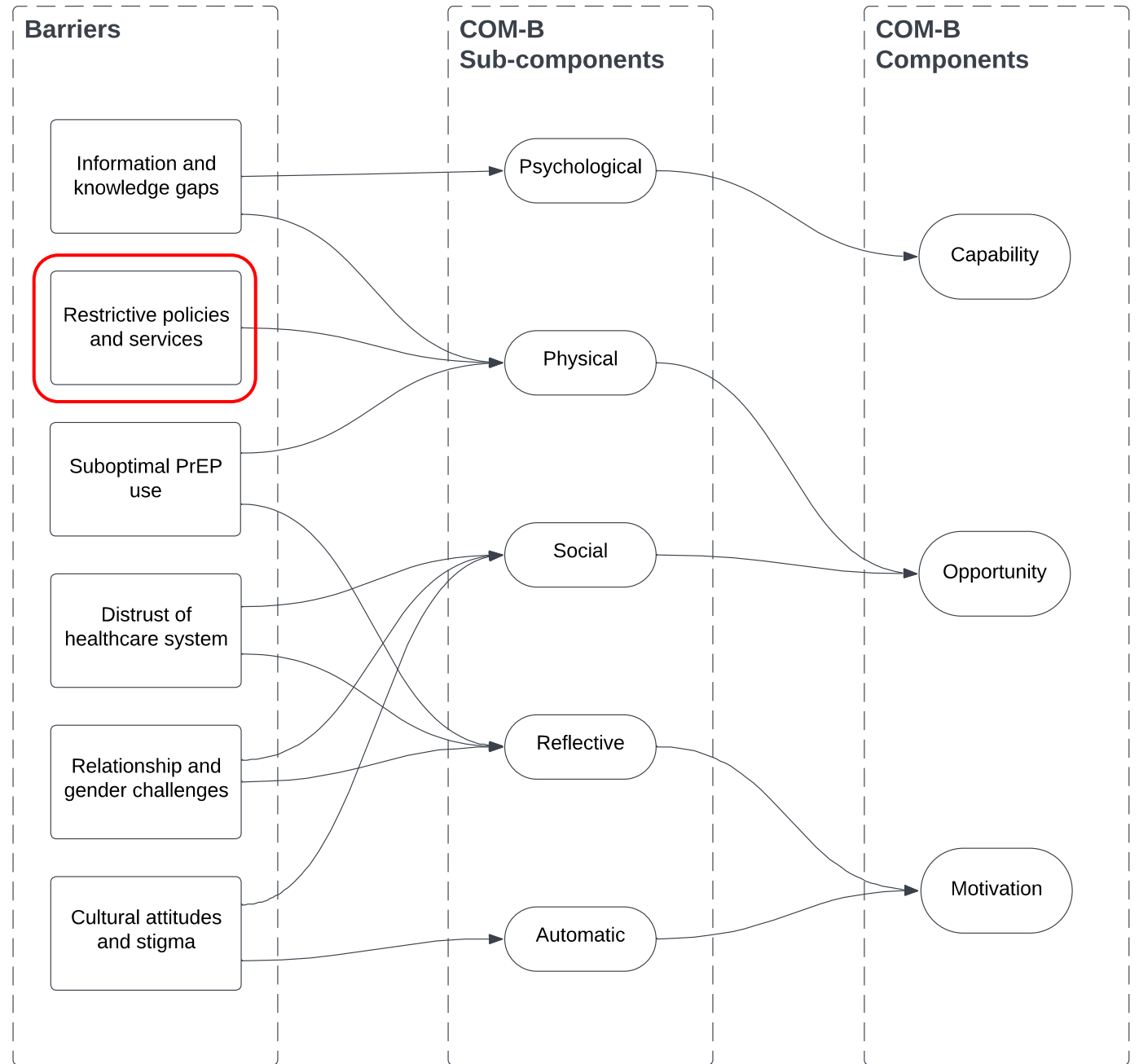
“There's nowhere to find out about PrEP as a black woman, because it doesn't feel like it's targeted to me.” – Participant in Black women-only FG3



Key findings (1)

Barriers

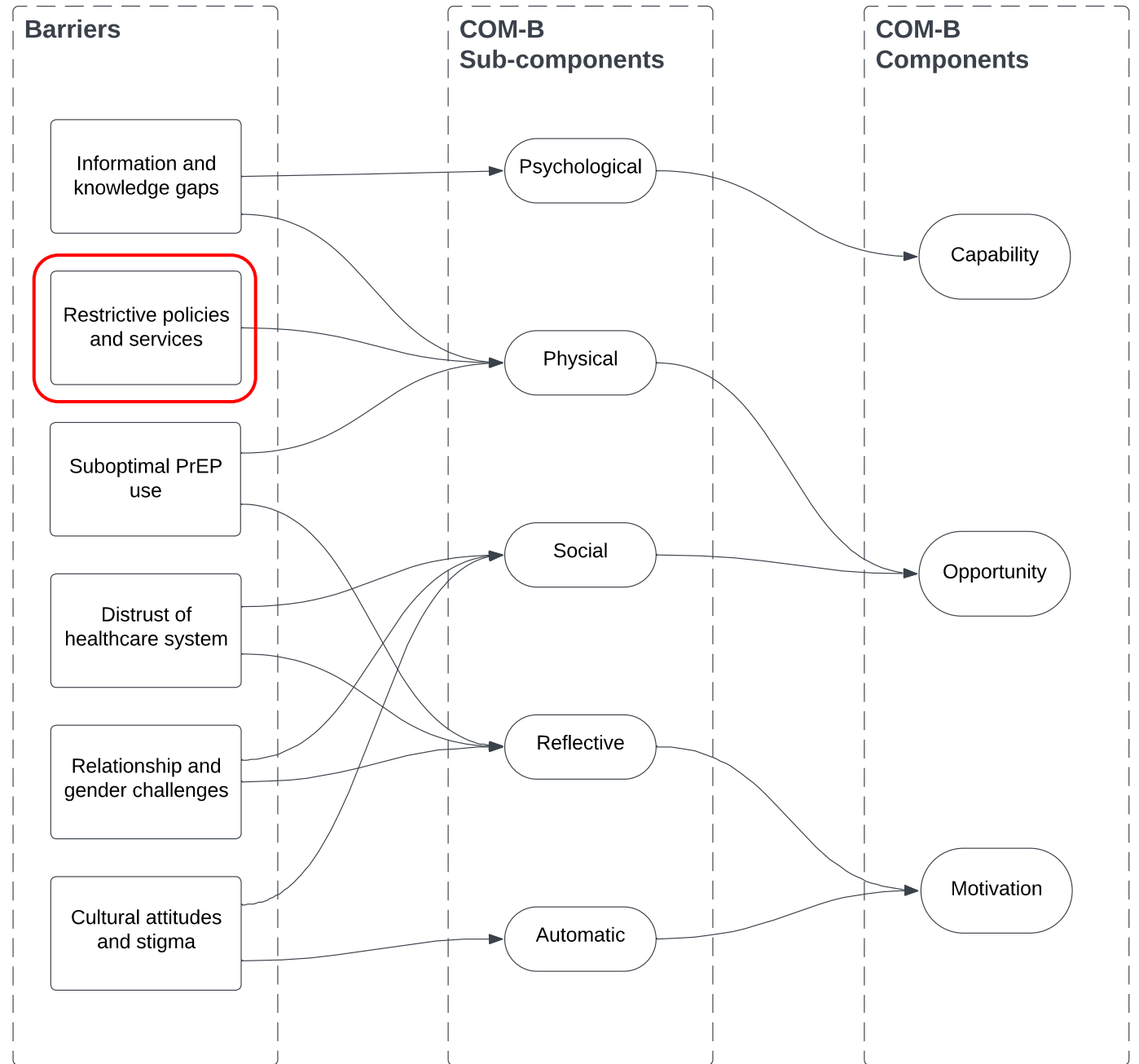
- Restrictive policies and services:



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- Restrictive policies and services:
 - PrEP commissioning constraints, a lack of an integrated healthcare system, inadequate PrEP eligibility and guidelines and a lack of prioritisation of sexual health from policymakers
- Strongest provider and system-level barrier

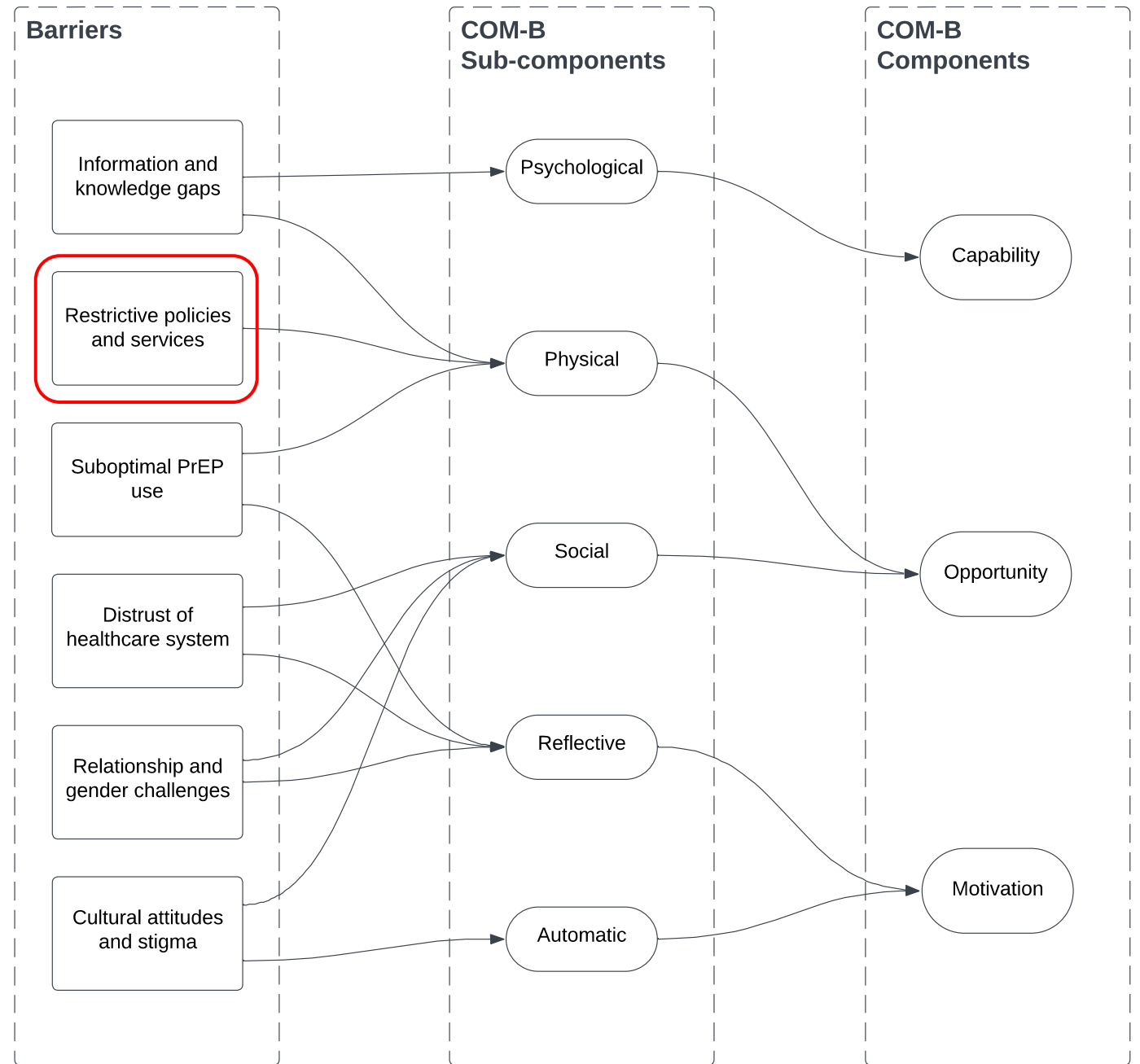


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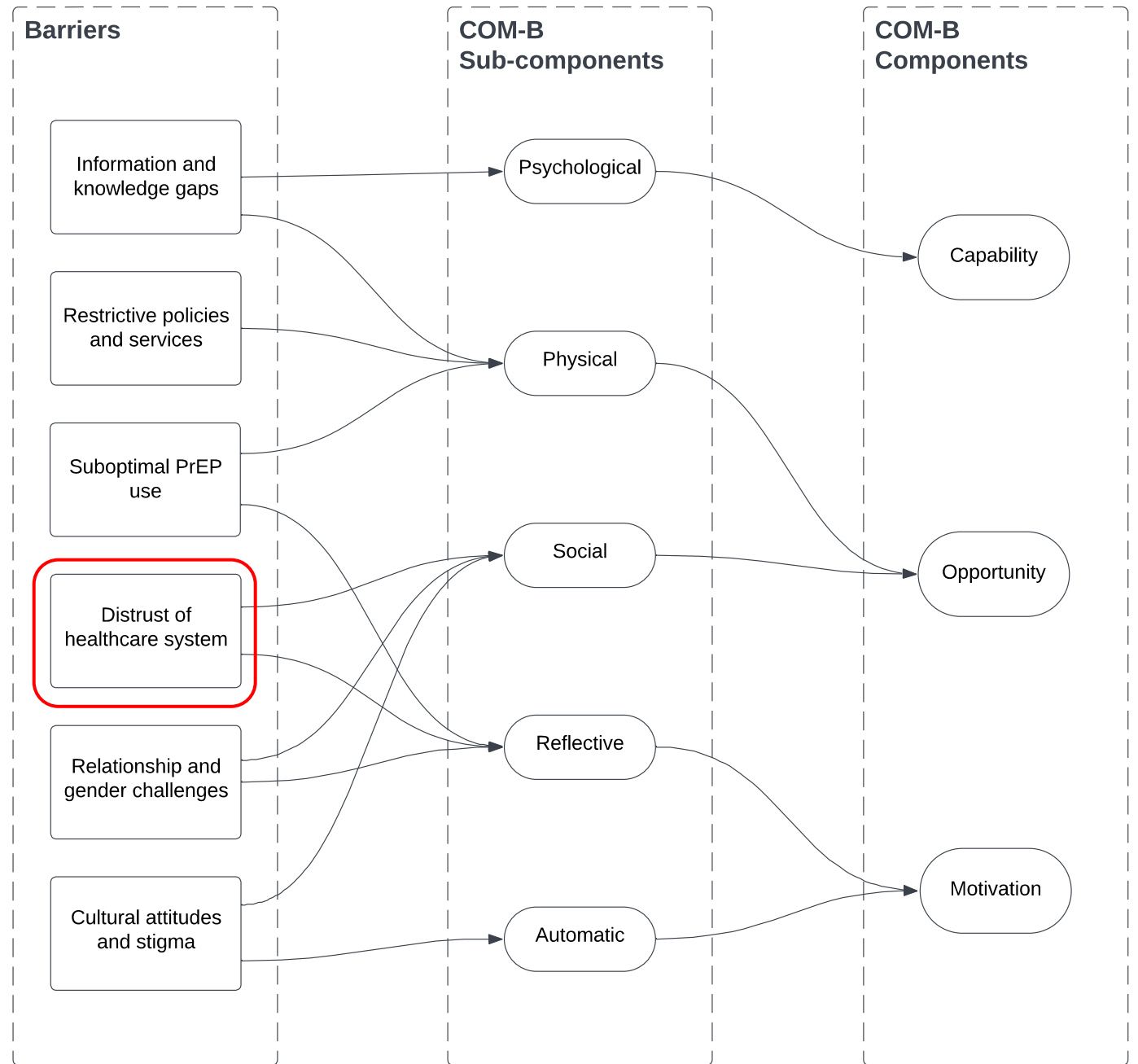
"One approach or one size fits all isn't ever the right model, and doesn't address inequalities or increase equity" – Participant in HCP-only FG2



Key findings (1)

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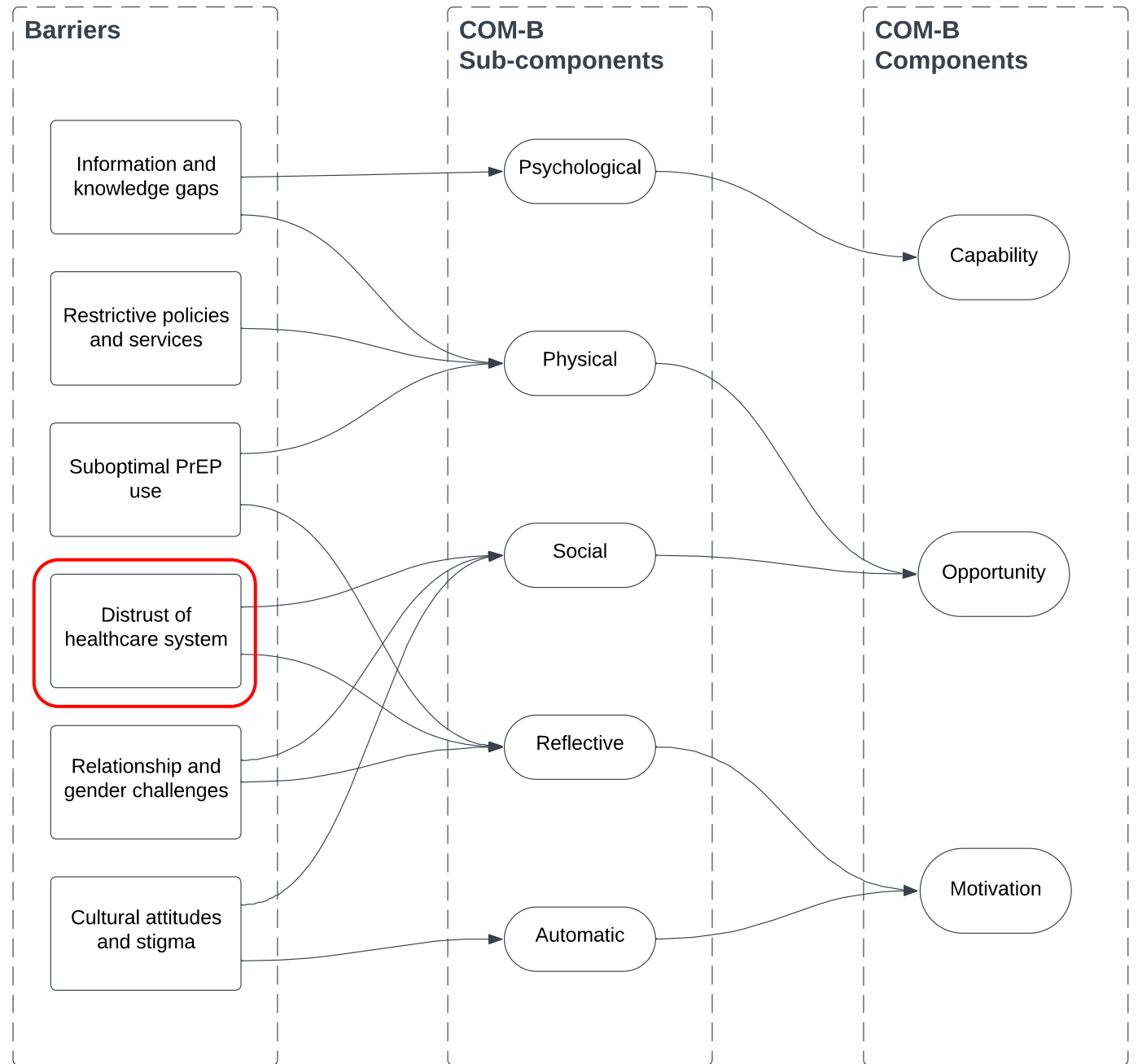
- Distrust of the healthcare system:



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Barriers

- Distrust of the healthcare system:
 - Due to prior negative experiences with the healthcare system because of institutional racism and intersectional prejudice
 - Results in medical de-prioritisation



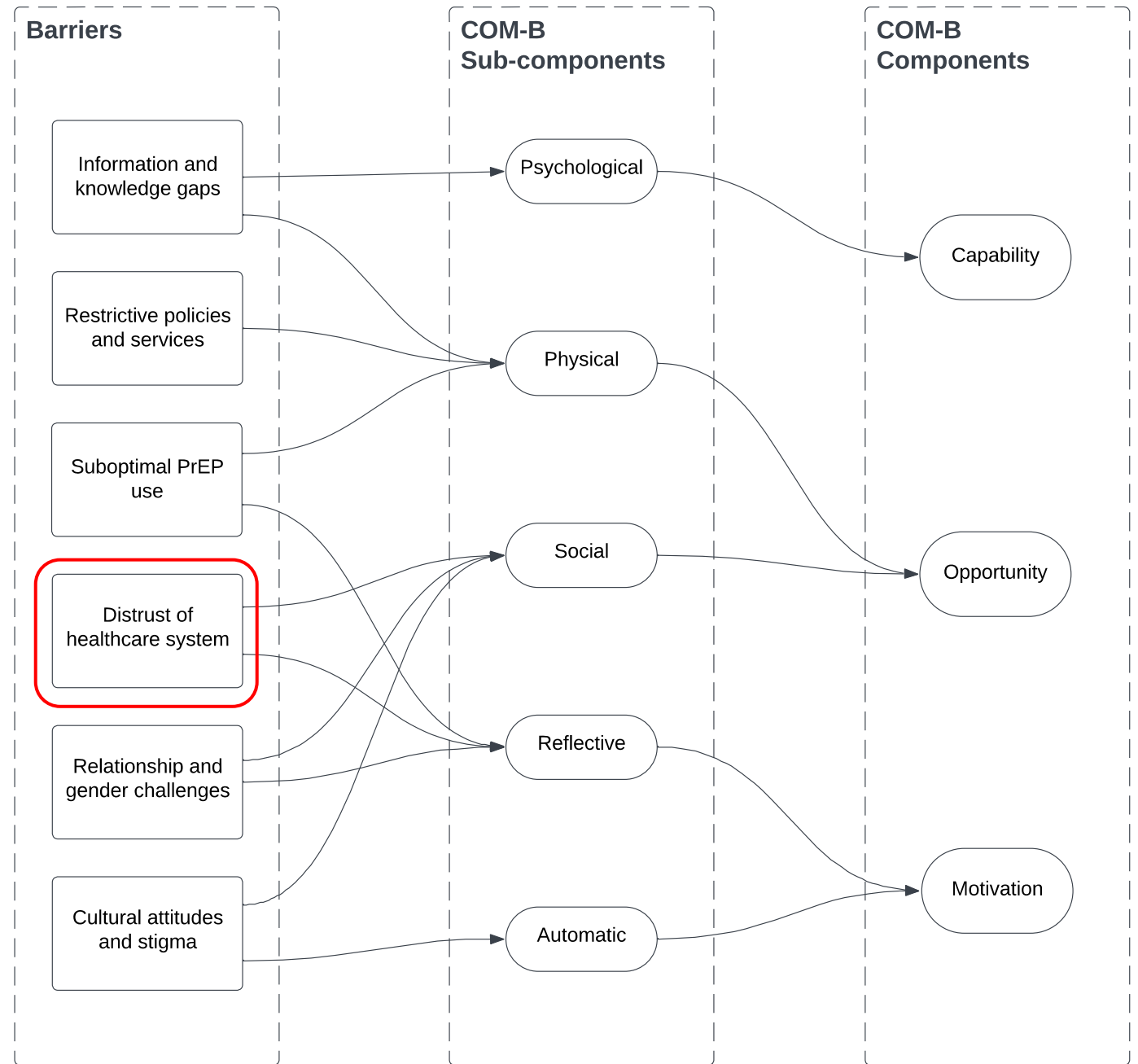
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“Our bodies and experiences are not seen as worthy or as valuable” – Participant in Black women-only FG2

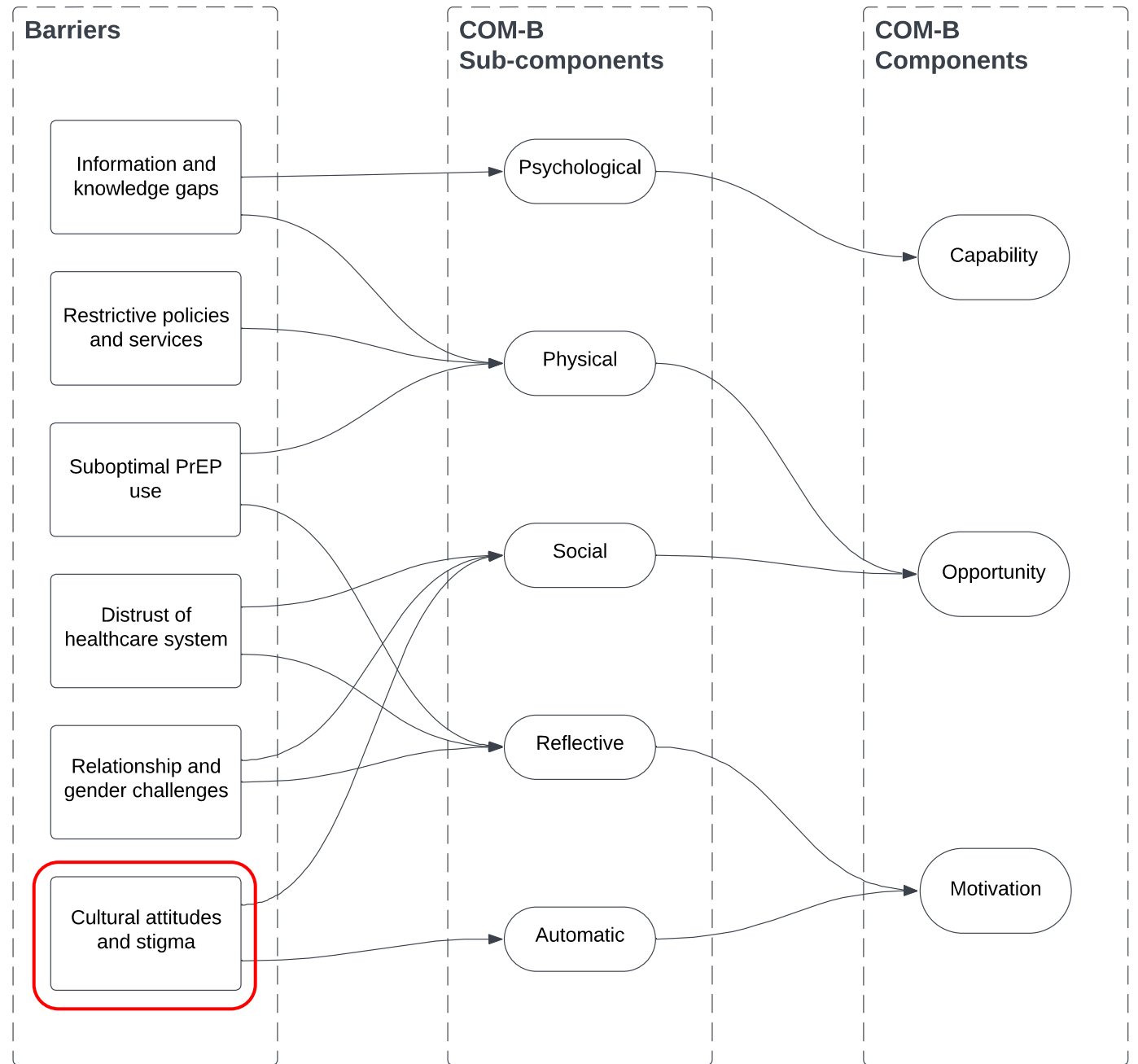
“Is there another underpinning element to it that is more accurate at assessing why these people struggle to access services, rather than just say the colour of the skin?” – Participant in HCP-only FG1



Key findings (1)

Barriers

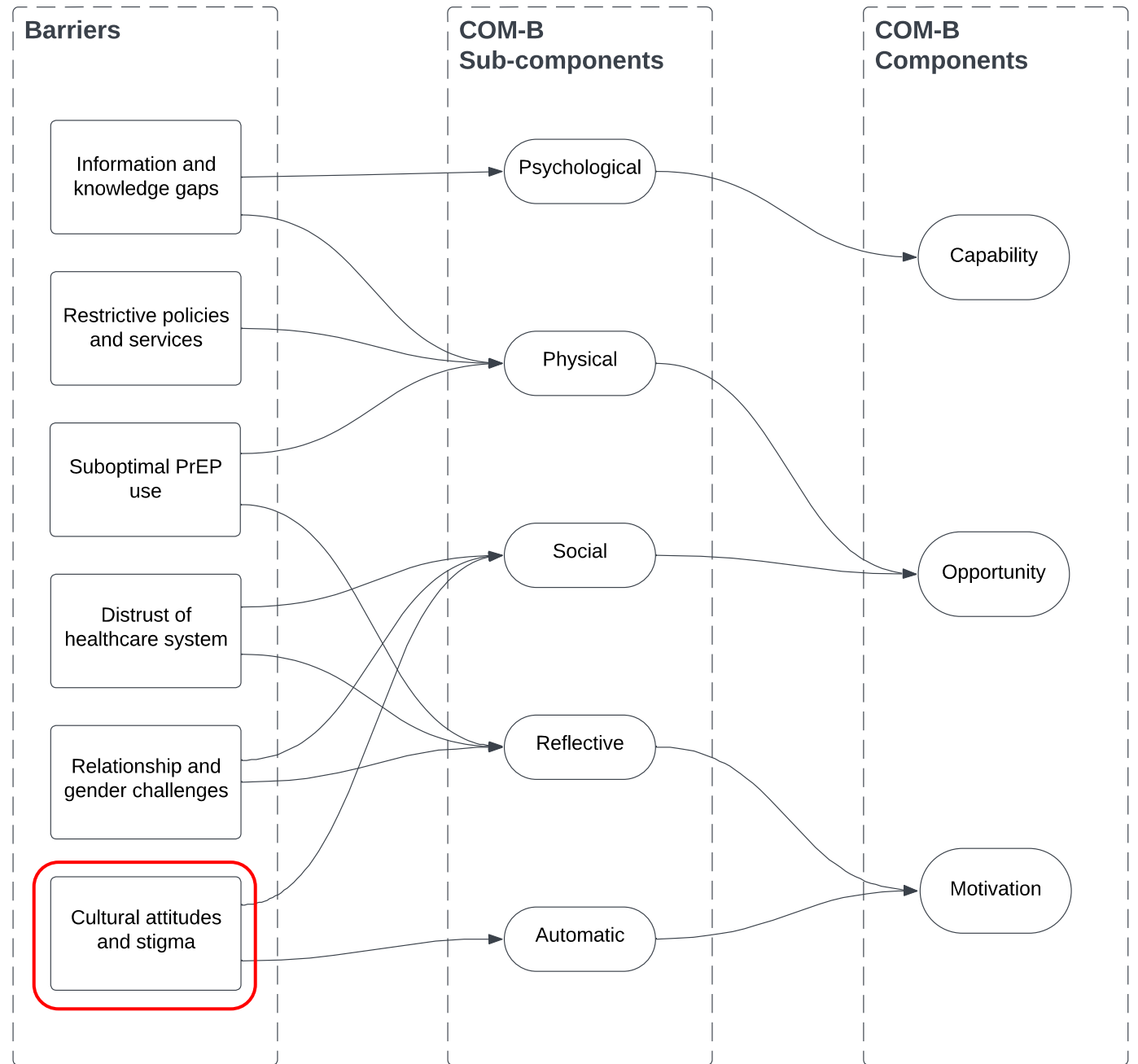
- Cultural attitudes and stigma:



Key findings (1)

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 - Religious beliefs, homophobia, stigma of HIV and PrEP and taboo around sex
 - Resulted in underestimation of HIV acquisition risk and lack of PrEP willingness

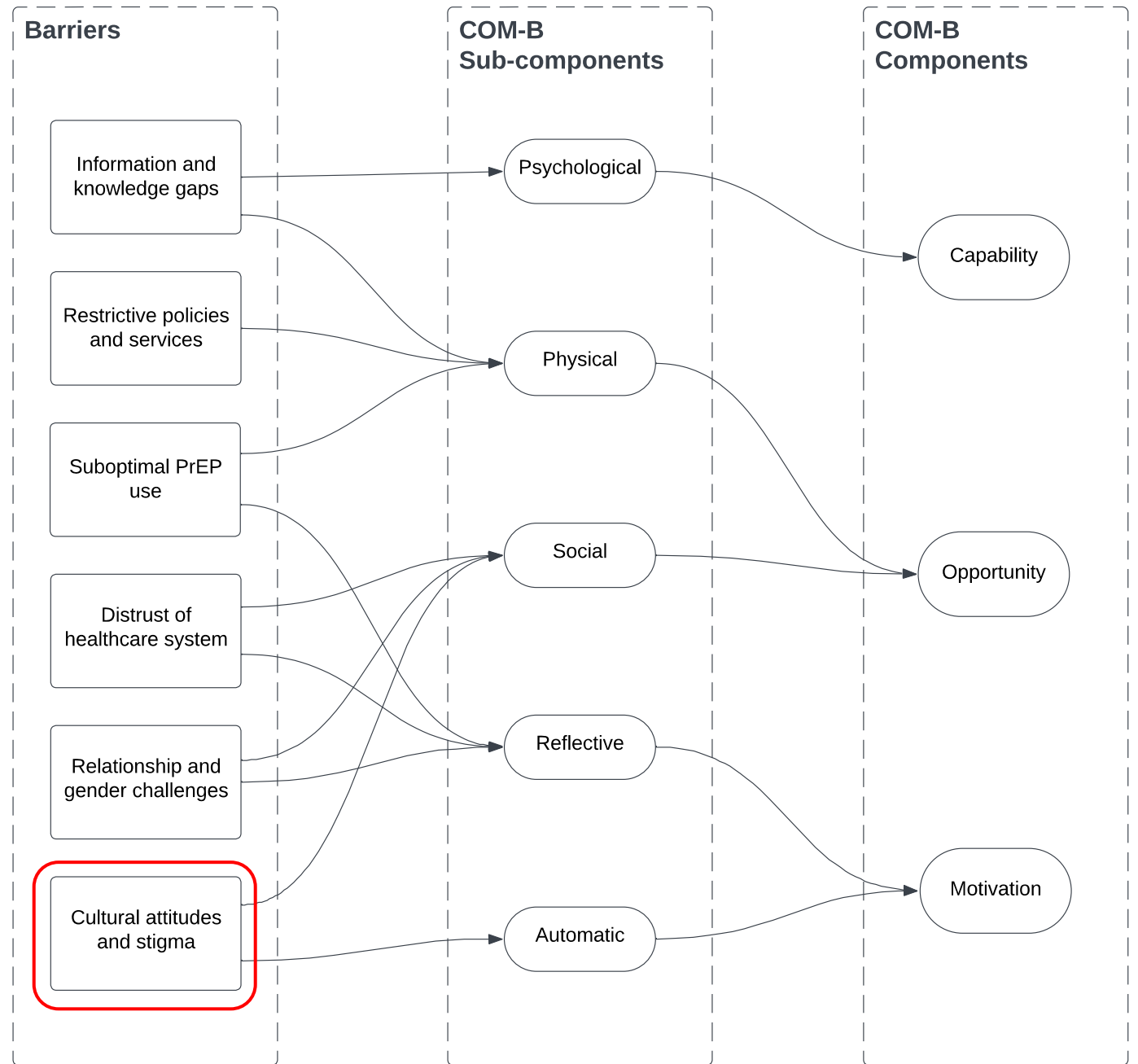


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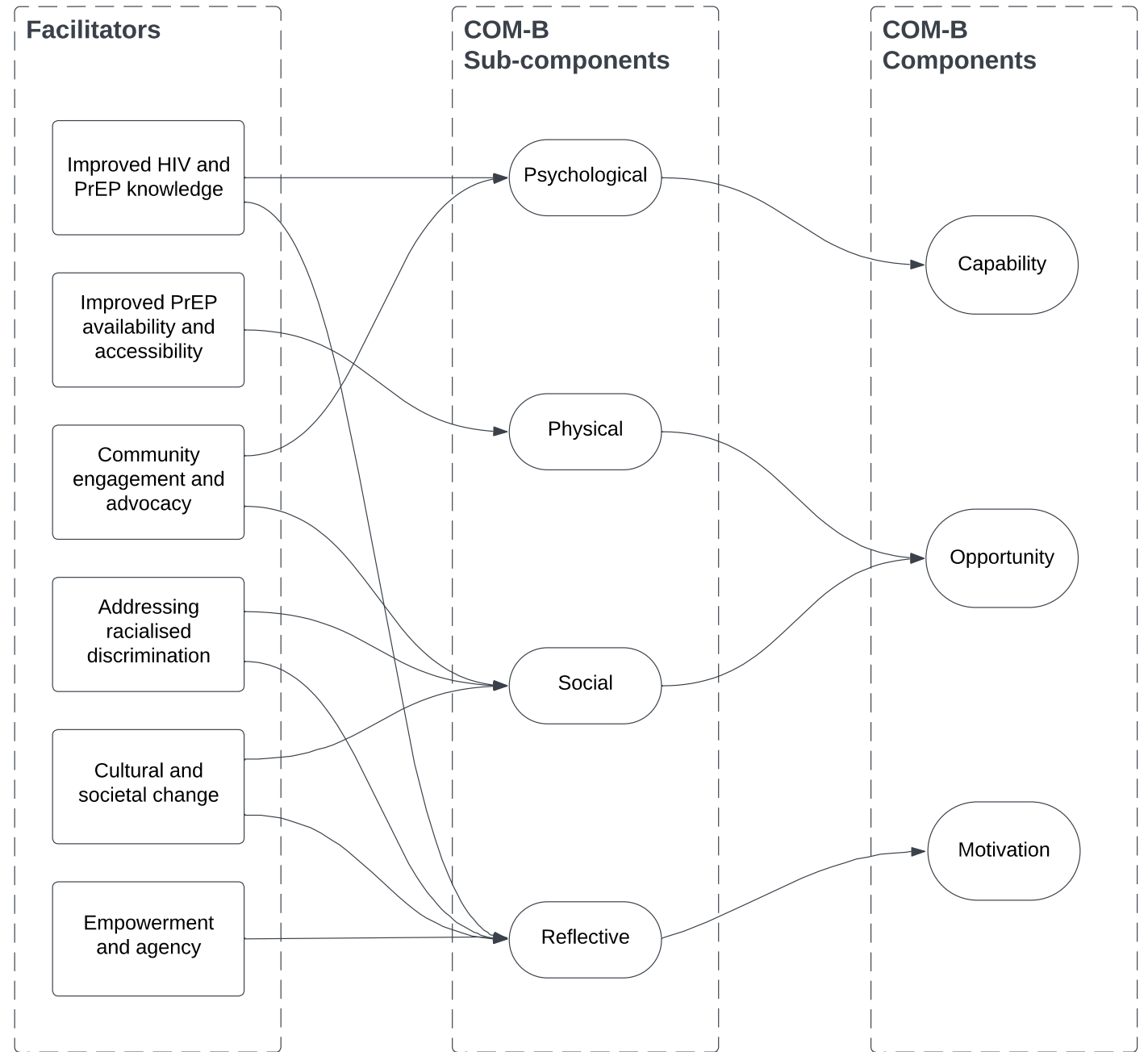
“So faith, I think, is a big deal in our culture as black women.” – Participant in Black women-only FG2



Key findings (2)

Facilitators

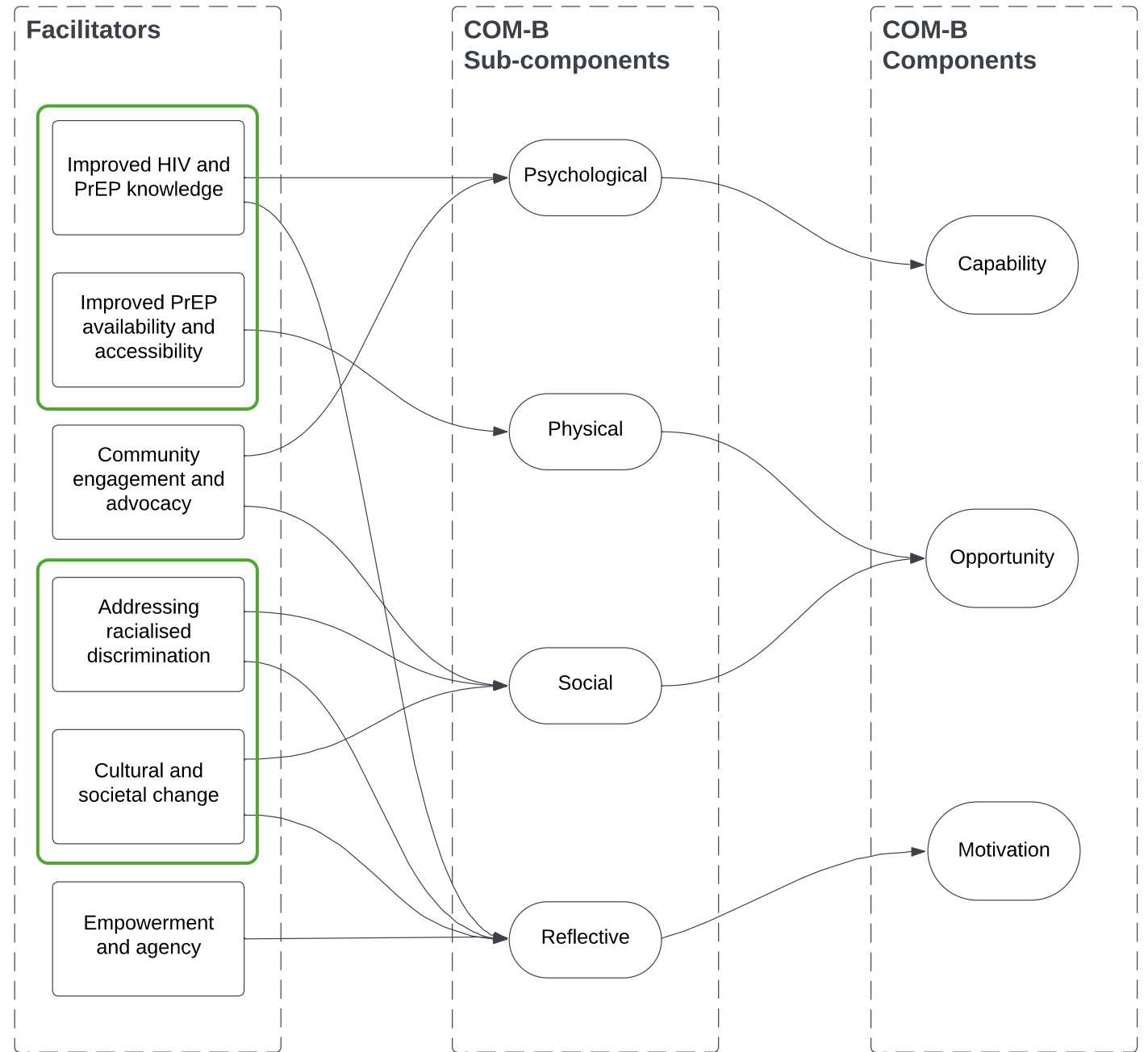
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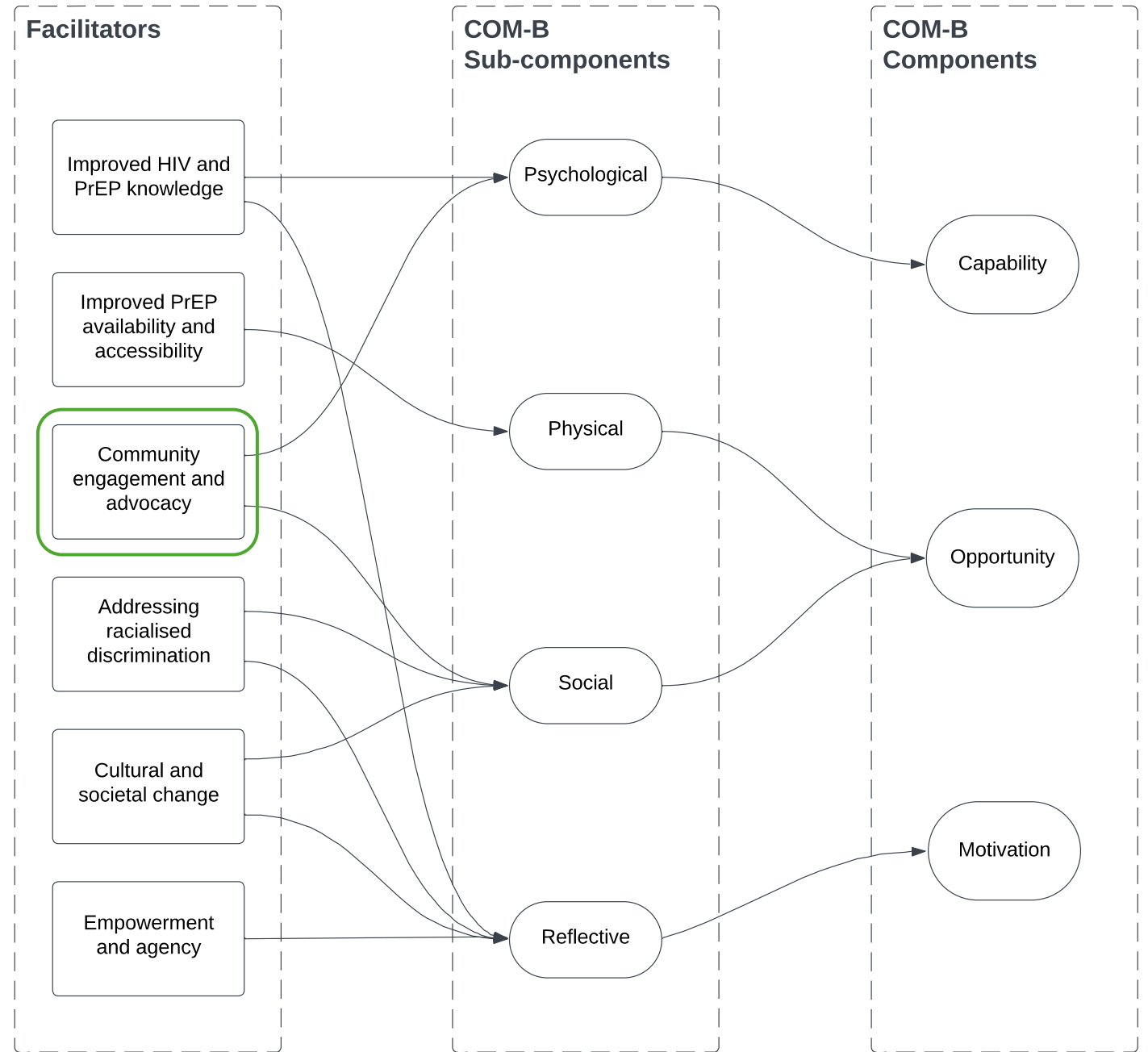
- Six facilitators were found
- Majority of the facilitators could act as counterbalance to the barriers



Key findings (2)

Facilitators

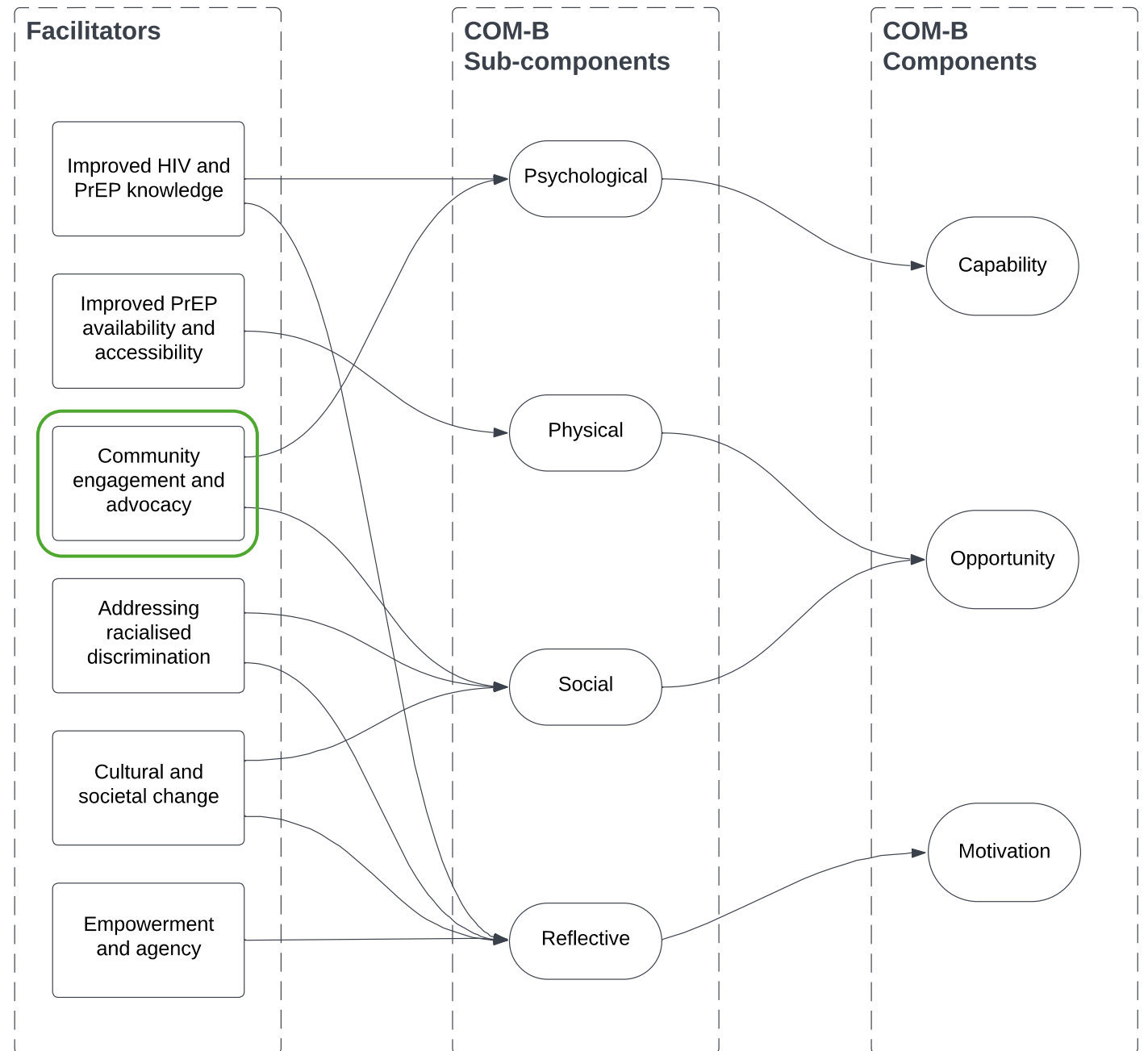
- Community engagement and advocacy:



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 - Community outreach, community-led information and education, and peer support and advocacy
 - Seen as promoting trust, knowledge and PrEP uptake in Black women

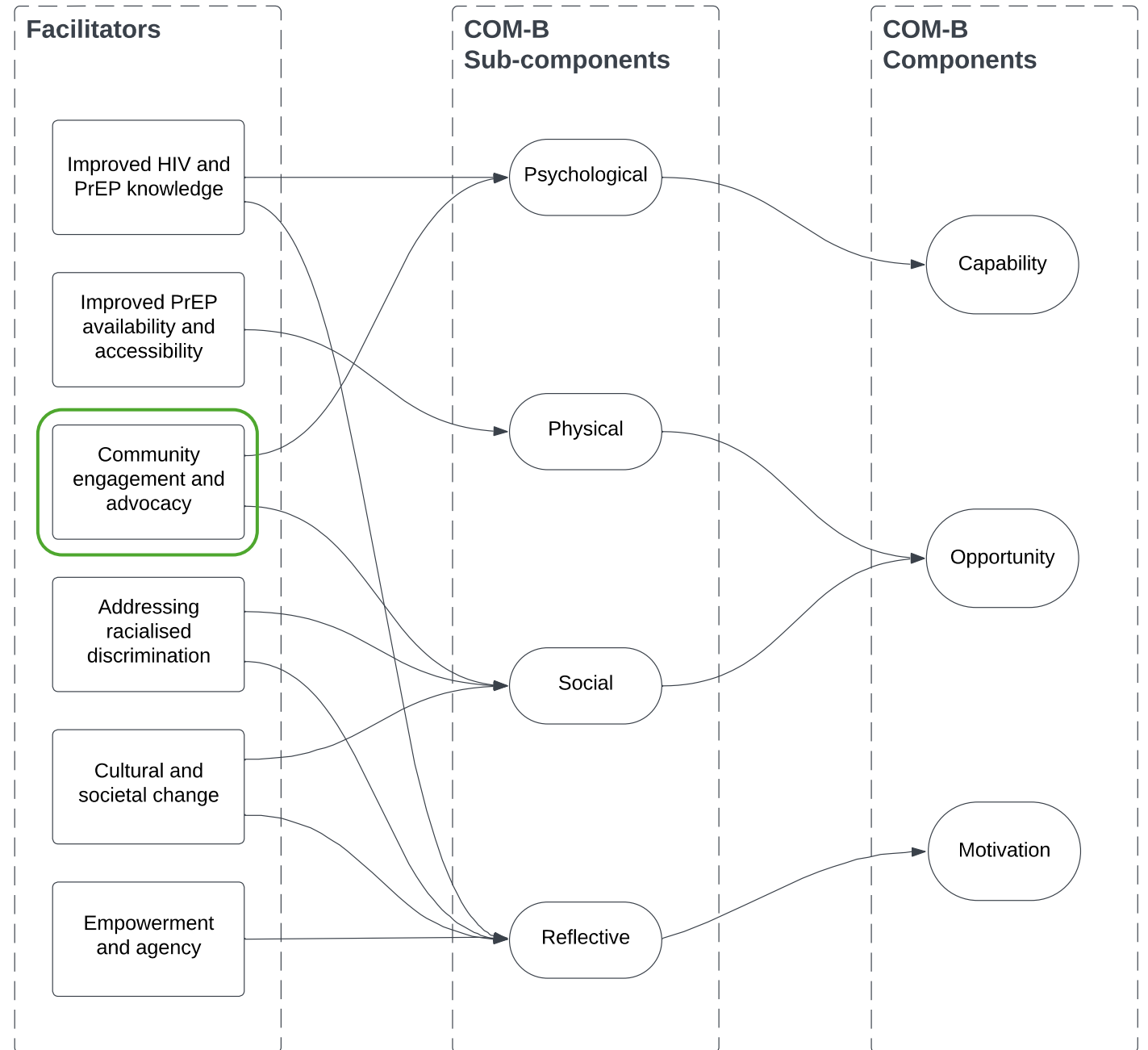


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“I believe it has to be explained in the community by people they can relate to, not like, I’m not being racist, but these white people, they just want to test us or decided that they just want to try something, or they want to use us. Sometimes this is the mentality that we have.” – Black woman participant in mixed-stakeholder FG3

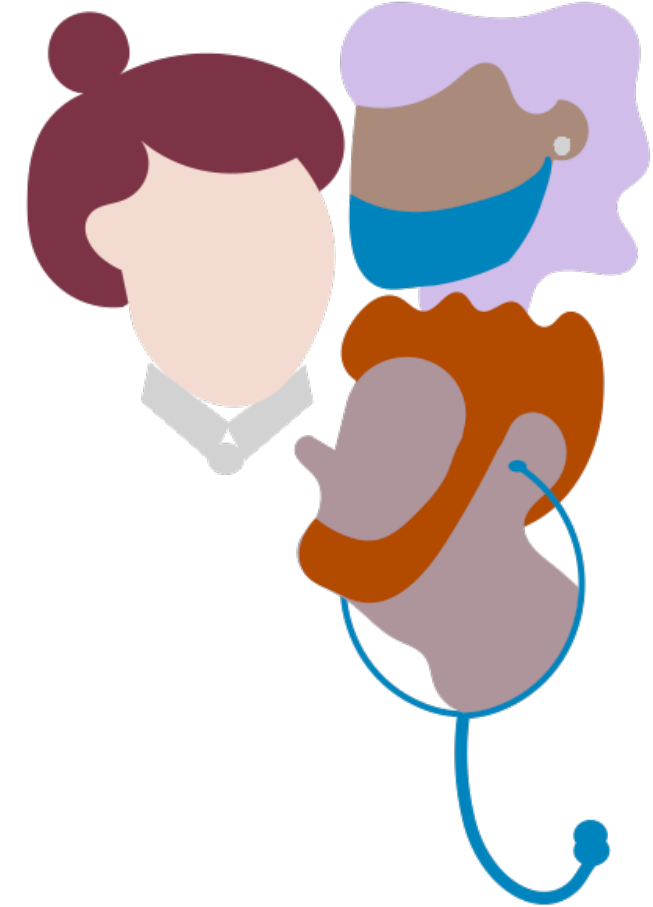


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 - PrEP community provision
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- These will require collaborations with minoritised populations



IMPERIAL

Thank you

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- 30/04/1992