

Key Considerations for Community-led Demand Creation for Pre-exposure prophylaxis (PrEP) among Key Populations

Position Statement

In 2017, the International Treatment Preparedness Coalition (ITPC) embarked on an initiative to develop and implement innovative community-led demand creation solutions for access to and use of oral pre-exposure prophylaxis (PrEP) of HIV by key populations. This initiative included a preliminary literature review of global community perspectives on PrEP, the Community-led Consultative Think Tank Meeting on PrEP, and development of the Key Population Activist Toolkit on PrEP. The following seven points were developed from this consultative process and articulate key PrEP messages from key population networks and PrEP experts:

1. To reach global targets set on HIV prevention, interventions that target key affected populations are necessary.

Although there has been a gradual decrease in the global rate of HIV infection, incidence rates have remained high among key populations of sex workers, MSM and other gay men, people who inject drugs and others at high HIV risk including girls, young women, HIV sero-discordant couples, and adolescents. Compared to adults in the general population, UNAIDS reflects that recent studies suggest that people who inject drugs are 24 times more likely to acquire HIV than adults in the general population, sex workers are 10 times more likely to acquire HIV and gay men and other men who have sex with men are 24 times more likely to acquire HIV. In addition, transgender people are 49 times more likely to be living with HIV and prisoners are five times more likely to be living with HIV than adults in the general population.¹

Thus, enhancing key population demand for access to and uptake of HIV prevention services including PrEP, is central to the global HIV prevention response.



Focussing on HIV prevention interventions for key populations is one of the HIV prevention pillars set by the United Nations General Assembly and the target is to ensure that by 2020, 90% of people at high risk of infection access comprehensive prevention services.

2. PrEP is a program, not just a pill.

Findings of more than ten randomized clinical trials demonstrate that PrEP is both effective in preventing HIV infection and is safe for use. Additionally, the World Health Organization (WHO) recommends that oral PrEP be offered to people who are HIV negative and at increased risk of

HIV infection. PrEP is recommended in addition to and in combination with other HIV prevention services, such as condoms, male circumcision, antiretrovirals (ARVs) for people living with HIV (PLHIV) and harm reduction services.

3. The preliminary findings of and lessons learnt from PrEP implementation and demonstration projects suggest that PrEP programming for key populations should be scaled up at national levels, and integrated into existing combination prevention services.

Results published thus far, report low changes in condom use, and low levels of seroconversion. Individuals at a higher risk of HIV infection and are PrEP literate, are accessing PrEP more significantly.

There is a need to shift from PrEP demo projects to integration and roll-out of PrEP as part of combination prevention programmes.

4. Enabling access to PrEP will require that PrEP drugs and services, are affordable and accessible to key populations.

Implementation studies and demonstration projects typically offer PrEP drugs and related sexual health services free-of charge as part of the design of the programmes. However, outside of these projects, where available, PrEP users often have to pay for PrEP drugs privately. Governments that initiate state-run PrEP programmes or permit their private service delivery, must ensure that PrEP and related services are affordable for those in need. Governments must take the necessary steps to keep the price of PrEP medications as low as possible through enabling intellectual property and patent laws. This is especially important where PrEP drugs are only available for private purchase.

5. Mobilising and empowering communities to demand access to PrEP services is an important strategy towards the achievement of global HIV prevention goals.

In countries where PrEP is readily available, individuals who are knowledgeable about and value the benefits of PrEP are more likely to access PrEP services. There is preliminary evidence that demonstrates individuals at relatively higher risk of HIV infection and knowledgeable on PrEP, are accessing PrEP services

more readily and more consistently. On the other hand, in countries where PrEP is not readily available - for instance in cases where the cost of PrEP is prohibitively high thus hindering affordability - educating, mobilising and empowering communities to demand PrEP access will be a critical first step for scaling up PrEP services at country level.

6. To promote demand for, access to and uptake of services by key populations PrEP programmes must be designed to respond to community needs and to mitigate against social, legislative and structural barriers to access.

PrEP policy makers and implementers must consult a wide range of community stakeholders to obtain better insights on community contexts that will enable a comprehensive HIV prevention approach to PrEP. These approaches must be linked to other programmes designed to address barriers. Additionally, more community-led participatory research, and consultation is needed to better understand & address systematic barriers.

7. In the implementation of PrEP programmes, governments must take the necessary steps to ensure that PrEP is offered in a safe and friendly environment where health-related rights are respected, protected and fulfilled.

Key populations have raised concerns that PrEP services may contribute to or exacerbate already prevalent stigma and discrimination perpetrated by health care workers in health care settings. They have also raised fears that they will be forced to take PrEP and that there is a risk that the confidentiality of their health status and information will be compromised. Criminalised groups such as sex workers, people who inject drugs and men who have sex with men, are concerned that information from their health care records may be used as prosecutorial evidence against them.

To learn more, visit www.itpcglobal.org/PrEP

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