Perceptions, Preferences, and Unmet Need for PrEP: Results from a Multi-Country Survey

THPEC173

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Conclusions

- This multi-country survey captured participants' perspectives on pre-exposure prophylaxis (PrEP) across the US, Canada, the UK, and South Africa
- Despite high overall awareness of PrEP, many participants who had heard of PrEP had never previously used it, highlighting a gap between awareness and uptake
- While general awareness of PrEP was widespread, knowledge of newer PrEP modalities was lower among PrEP-naïve individuals, particularly for long-acting injectable options
- Key motivators of PrEP use included belief in PrEP effectiveness, healthcare provider (HCP) recommendation, and perceived risk of HIV acquisition
- Participants preferred PrEP options that minimize side effects, maintain effectiveness, and reduce dosing frequency
  - Weekly oral and 6-monthly injectable PrEP options were associated with greater comfort than daily oral, event-driven, and 2-monthly injectable modalities
- These findings suggest that longer-acting PrEP options have the potential to address unmet need for HIV prevention

Plain Language Summary

- PrEP is a medicine that can help stop people from getting HIV. However, not everyone who could use it is taking it
- In a survey of over 1200 people from four countries, most people had heard of PrEP. However, people who had never used PrEP were less aware of newer PrEP options, such as shots that only need to be taken every few months
- People were more likely to use PrEP if they thought it worked, if a doctor or nurse told them to use it, or if they felt they might get HIV. Some people did not start or stopped PrEP because they were worried about side effects, had trouble taking it every day, could not afford it, or felt their HIV risk had changed
- People liked PrEP options that are easy to use, have fewer side effects, and do not need to be taken often. More people said they liked pills you take once a week or shots you get every 6 months, than pills that you have to take every day or more often
- These results show that PrEP options that last longer may make it easier for some people to stop getting HIV. Making PrEP easier to get, helping people learn about it, and getting support from doctors and nurses may help more people start and keep using PrEP

Background

- PrEP is an effective strategy for preventing HIV acquisition,[1] but its overall impact is limited by suboptimal uptake and persistence globally[2]
  - Maximizing the preventive benefits of PrEP depends on consistent and sustained use[1]
- Engagement with PrEP is influenced by a complex set of behavioral factors, including perceptions of HIV risk, stigma, and barriers to access[2]
  - In addition, preferences such as dosing frequency and mode of administration can play an important role in shaping decisions to initiate and continue use[3]
  - The availability of long-acting PrEP options introduces new opportunities to better align prevention strategies with individual needs and lifestyles[3]
- Understanding these behavioral drivers across diverse populations and geographic settings is key to informing more person-centered approaches and improving PrEP uptake and persistence globally

Objective

- To evaluate PrEP awareness, drivers of use, and preferences for oral and long-acting injectable PrEP modalities among people who would benefit from PrEP across diverse geographic and healthcare settings in four countries

Methods

- This was a cross-sectional, observational, multi-country study conducted in the US, Canada, the UK, and South Africa
- People aged 18–65 years who would benefit from PrEP based on self-reported PrEP use history and/or HIV risk factors were included; participants comprised current PrEP users, former PrEP users, and PrEP-naïve individuals
- Participants were recruited using targeted, non-probability sampling through online panels, local community outreach, and patient advocacy group networks across all four countries
- Data were collected through an online quantitative survey and assessed multiple domains, including sociodemographic characteristics, PrEP awareness and knowledge, attitudes and perceptions of PrEP, drivers and barriers to use of PrEP, and preferences for different PrEP modalities
  - Survey questions were designed based on the results of a targeted literature review and cognitive pre-test interviews
  - For applicable survey questions, participants could select all options that applied, unless otherwise specified
  - All analyses were descriptive in nature

Results

Study Population

- A total of 1262 participants were included from four countries, with the largest proportion from the US (40%), followed by Canada (21%), the UK (20%), and South Africa (20%)
- The mean participant age was 36 years, with 42% of participants identifying as men, 53% as women, and 5% as non-binary or gender non-conforming
- Participants comprised current PrEP users (38%), former users (12%), and PrEP-naïve individuals (50%); additional key population characteristics stratified by PrEP use are presented in **Table 1**

Table 1. Key Population Characteristics by PrEP Use

Key population, n (%)	All participants N=1262 (100)	Current PrEP user n=477 (38)	Former PrEP user n=149 (12)	PrEP-naïve n=636 (50)
Gender identity				
Cis women	648 (51)	189 (40)	84 (56)	375 (59)
Transgender/non-binary	102 (8)	27 (6)	17 (11)	58 (9)
Sexual orientation and ethnicity				
MSM	339 (27)	206 (43)	43 (29)	90 (14)
BIPOC	321 (25)	124 (26)	31 (21)	166 (26)
BIPOC MSM	126 (10)	86 (18)	17 (11)	23 (4)
Sociodemographic characteristics				
Migrant	180 (14)	95 (20)	17 (11)	68 (11)
Low income or underinsured	577 (46)	97 (20)	86 (58)	394 (62)
Age groups				
Young adults (<25 years)	129 (10)	31 (7)	28 (19)	70 (11)
Older adults (>50 years)	136 (11)	18 (4)	5 (3)	113 (18)

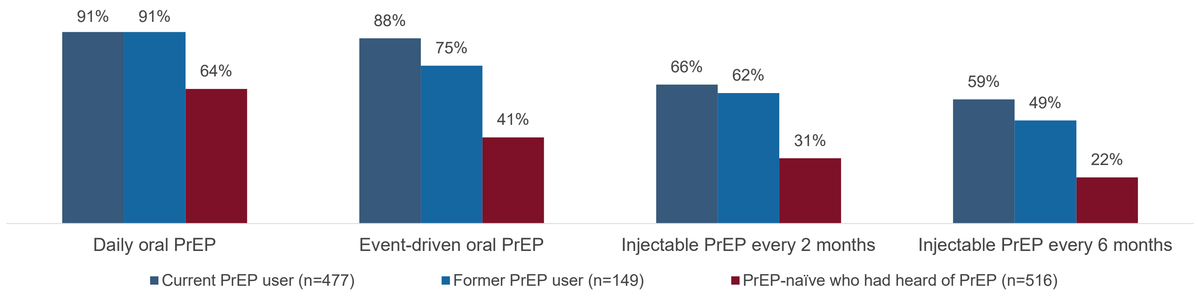
BIPOC, black, indigenous and people of color; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis.

Awareness of PrEP

- In the overall study population, 10% of participants reported no prior awareness of PrEP
- Lack of awareness was highest in Canada and the UK (14% each), compared with the US (7%) and South Africa (6%)
- Among PrEP-naïve individuals, 81% had heard of PrEP, while 19% were unaware of PrEP
  - Familiarity with PrEP medication options was lower among PrEP-naïve participants who had heard of PrEP, compared with current or former PrEP users, particularly for injectable modalities (**Figure 1**)

Results

Figure 1. Awareness of PrEP Medication Options



Since participants were able to select multiple options, responses were not mutually exclusive and percentages may exceed 100%.
PrEP, pre-exposure prophylaxis.

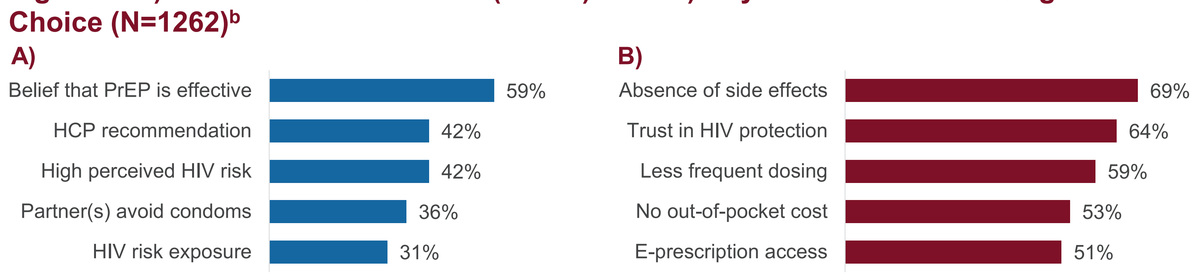
Motivators of PrEP Use

- Belief in PrEP effectiveness was the most frequently reported motivator of PrEP use (59%), followed by recommendation from an HCP (42%) and high perceived risk of HIV acquisition (42%) (**Figure 2A**)
- Belief in effectiveness was more commonly reported among current PrEP users (62%) compared with former users (50%)

Attributes Influencing PrEP Choice

- Attributes most likely to be ranked as 'most important' for influencing PrEP choice were absence of side effects (69%), trust in effectiveness (64%), and less frequent dosing (59%) (**Figure 2B**)
- Among current users, most were satisfied with PrEP effectiveness (85%) and convenience (79%), with 81% reporting a good lifestyle fit
  - 84% of participants reported high satisfaction for continuation, 83% for understanding, and 83% for overall satisfaction of current PrEP option; 84% would recommend PrEP to others

Figure 2. A) Motivators to Use PrEP (n=626)[a] and B) Key Attributes Influencing PrEP Choice (N=1262)[b]

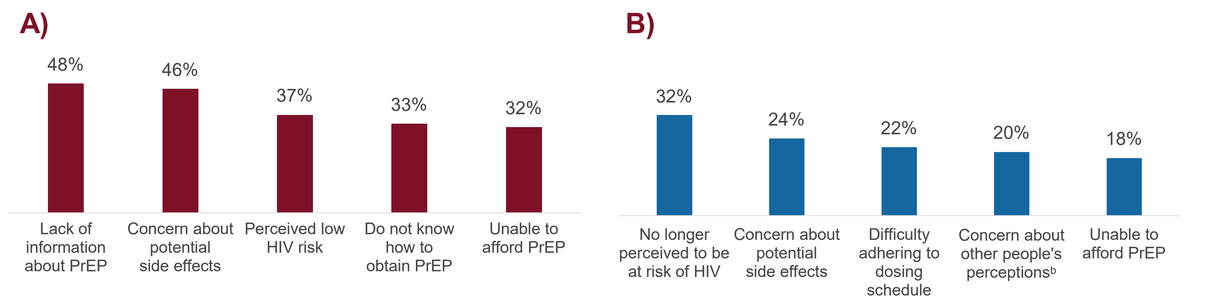


Since participants were able to select multiple options, responses were not mutually exclusive and percentages may exceed 100%. [a]Figure 2A includes current and former PrEP users (n=626); [b]Percentages in Figure 2B represent the mean probability of selecting each attribute as the 'most important' factor influencing PrEP choice from a subset of possible attributes in a best-worst scaling exercise. HCP, healthcare provider; PrEP, pre-exposure prophylaxis.

Barriers to PrEP Uptake and Persistence

- Key barriers to PrEP uptake among PrEP-naïve individuals included limited knowledge, concerns about side effects, and perceived low risk of HIV (**Figure 3A**)
- Among former users, discontinuation was driven by changes in perceived HIV risk, side effects, and challenges with dosing schedules (**Figure 3B**)

Figure 3. A) Barriers to PrEP Uptake Among PrEP-Naïve Individuals (n=516)[a] and B) Reasons for Discontinuation Among Former PrEP Users (n=149)

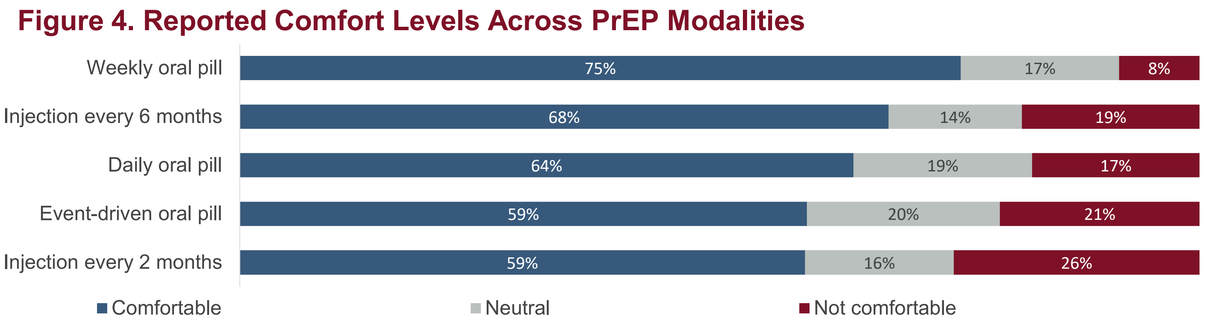


Since participants were able to select multiple options, responses were not mutually exclusive and percentages may exceed 100%. [a]Responses from PrEP-naïve individuals who had heard of PrEP but never used it; [b]For presentation purposes, two conceptually related survey responses were combined: fear of being perceived as HIV-positive and fear of stigma or judgement from others if they knew the participant was taking PrEP.
PrEP, pre-exposure prophylaxis.

Comfort with PrEP Modalities

- Among the total population, comfort with different PrEP modalities varied by dosing frequency (**Figure 4**)
- Weekly oral PrEP was associated with the highest level of comfort, with 75% of participants reporting that they were somewhat or very comfortable with this option, which participants attributed to its ease of use and minimal disruption to daily life
- Subcutaneous injection every 6 months was associated with the next highest level of comfort (reported by 68%), which participants attributed to a lower risk of missed doses and reduced dosing frequency
- Daily oral, event-driven, and 2-monthly injectable PrEP were associated with lower levels of comfort, with participants reporting concerns about forgetting doses and inconvenience for oral regimens, and fear of needles and discomfort for injectable options

Figure 4. Reported Comfort Levels Across PrEP Modalities



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References **1**. Grant RM, et al. *N Engl J Med*. 2010;363:2587–99. **2**. UNAIDS. *Global AIDS Update*. 2024. **3**. Landovitz RJ, et al. *N Engl J Med*. 2021;385:595–608.