

# Identifying the PrEP Gap: An exploration of health equity in the HIV Pre-Exposure Prophylaxis Care Continuum

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*Research Department of Primary Care and Population Health*

*PhD upgrade presentation*

*25<sup>th</sup> May 2021*

**Principal supervisor:** Dr Lorraine McDonagh (PCPH)

**Subsidiary supervisors:** Professor Greta Rait, Dr John Saunders, Dr Hamish Mohammed



World Health  
Organization

**38.0 million**

People living with HIV

**+ 24%**

Relative to 2010



**1.7 million**

People newly infected

**- 23%**

New infections/year  
relative to 2010

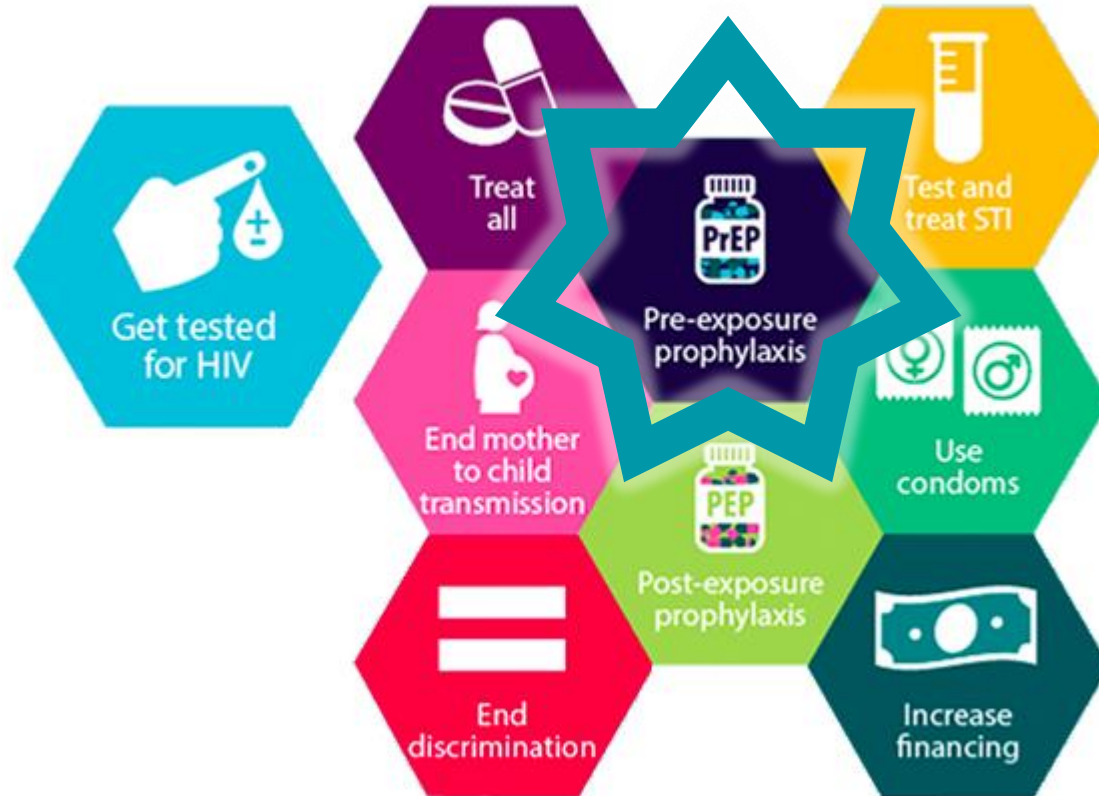
**0.7 million**

HIV-related deaths

**- 39%**

Deaths/year  
relative to 2010

# Combination HIV prevention strategies



Introduction and Background

PhD aims and objectives

Study 1: Systematic Review

Future Work - Study 2: Qualitative Interviews

Future Work - Study 3: Survey Design and Analysis

Introduction and Background

PhD aims and objectives

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Biomedical intervention for reducing HIV acquisition

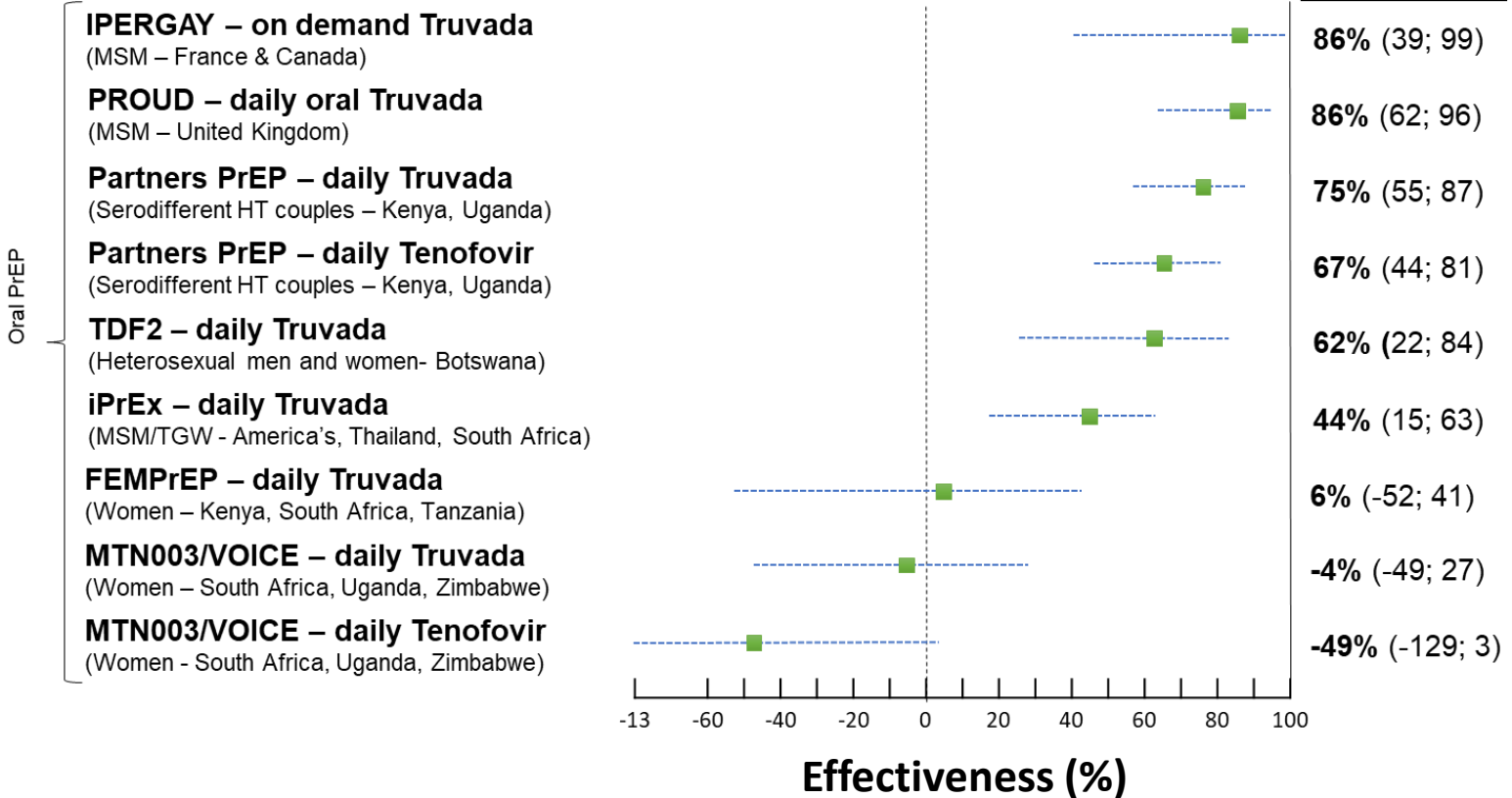
Antiretroviral medication taken **before** exposure

Highly **effective** and **safe**

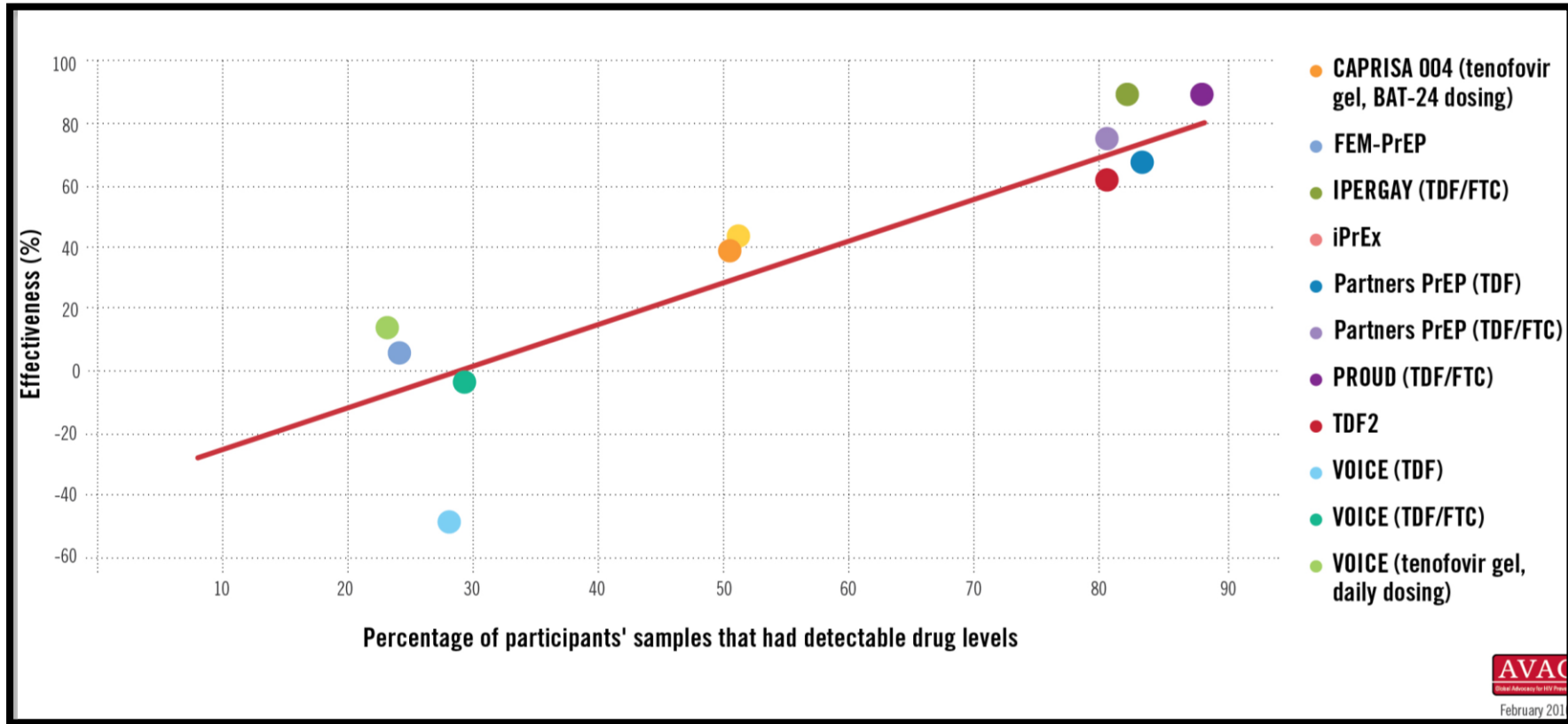


# Evidence for PrEP Efficacy

## Study



# Differences in efficacy largely explained by adherence





# Different forms of PrEP are available



Pipeline: other formulations, implants, long acting injectables

**BASHH**



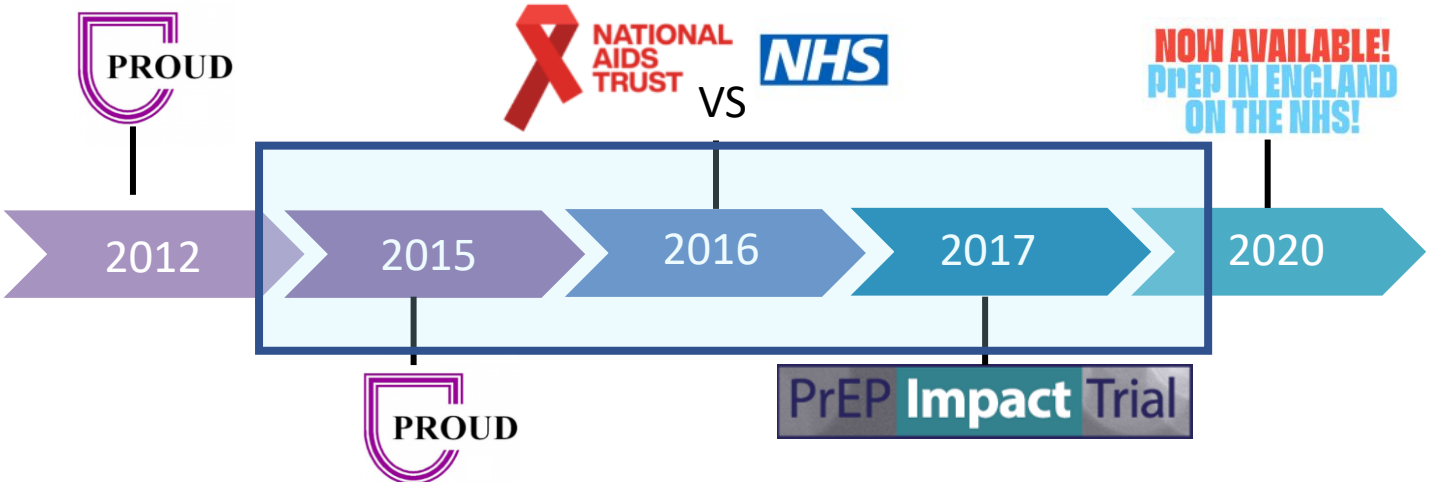
**British Association for  
Sexual Health and HIV**

Recommended for people who are HIV negative and at **higher risk of acquiring HIV**



Available from **sexual health clinics**

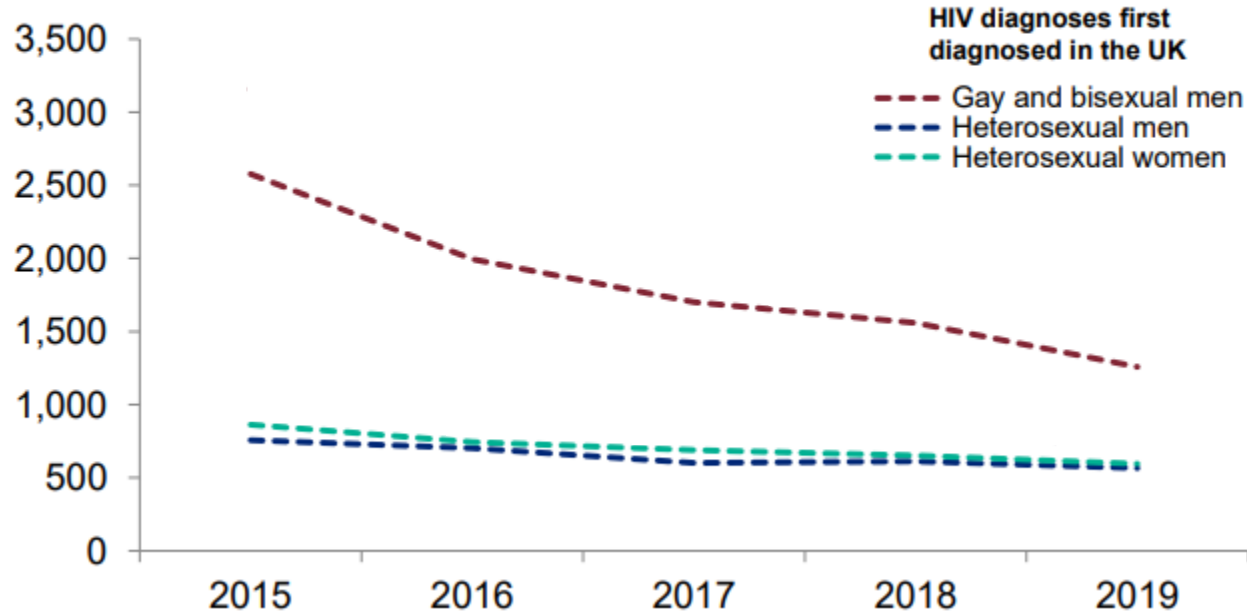
# PrEP in England



*Where systematic differences in health are judged to be **avoidable** by reasonable action globally and within society they are, quite simply, unjust. It is this that we label **health inequity**.*

- Closing the gap in a generation: Health equity through action on the social determinants of health (WHO commissioned report on Social Determinants of Health)

New HIV diagnoses in the UK by probable exposure group, 2015 to 2019



PROGRESS-Plus is an acronym used to identify characteristics that stratify health opportunities and outcomes.



**P**lace of residence



**R**ace/culture/ethnicity



**O**ccupation



**G**ender/sex



**R**eligion



**E**ducation



**S**ocioeconomic position

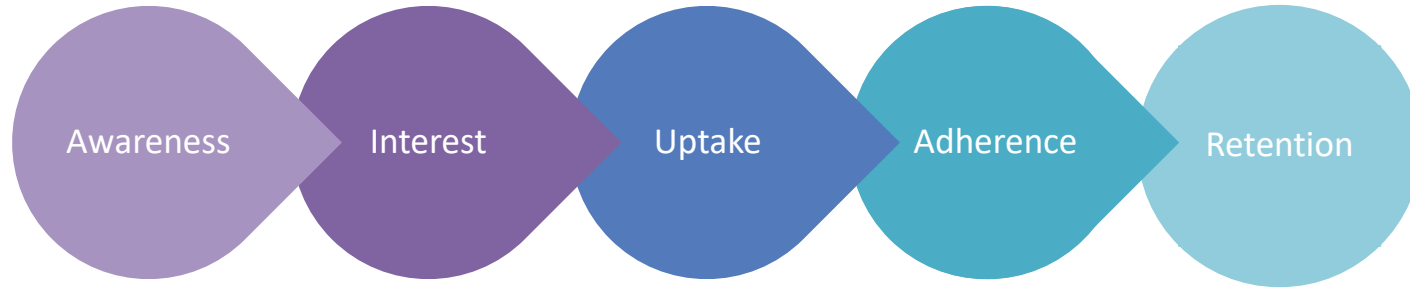










**S**ocial capital



Additional categories that can attract discrimination, for example:

- Personal characteristics (e.g. age, disability)
- Relationship features (e.g. caring responsibilities)

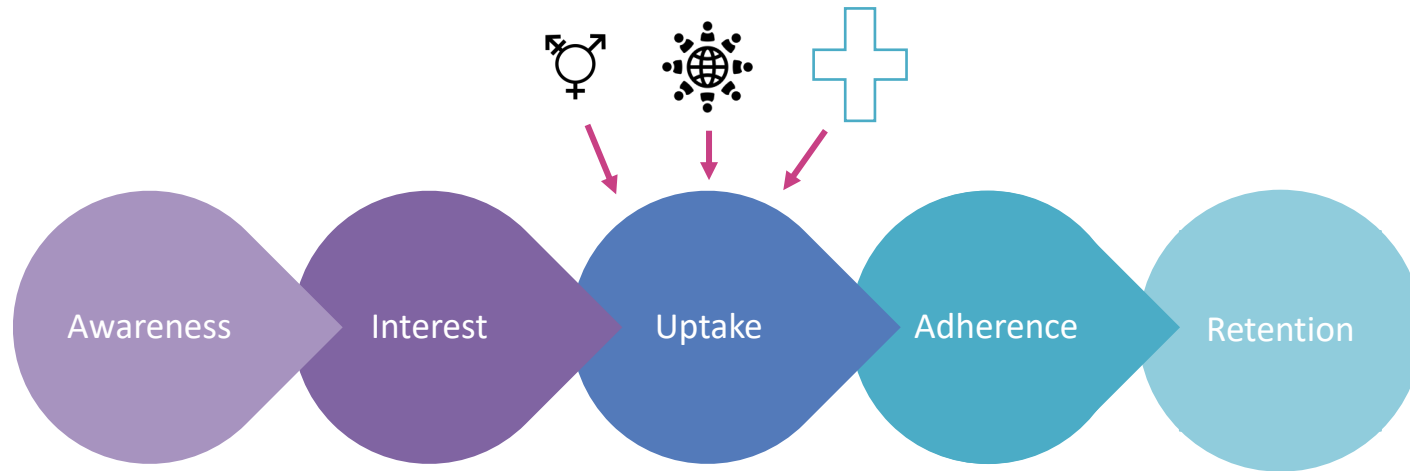


-  **P**lace of residence
-  **R**ace/culture/ethnicity
-  **O**ccupation
-  **G**ender/sex
-  **R**eligion
-  **E**ducation
-  **S**ocioeconomic status
-  **S**ocial capital

## **Plus**

Additional categories that can attract discrimination, for example:

- Personal characteristics (e.g. age, disability)
- Relationship features (e.g. caring responsibilities)

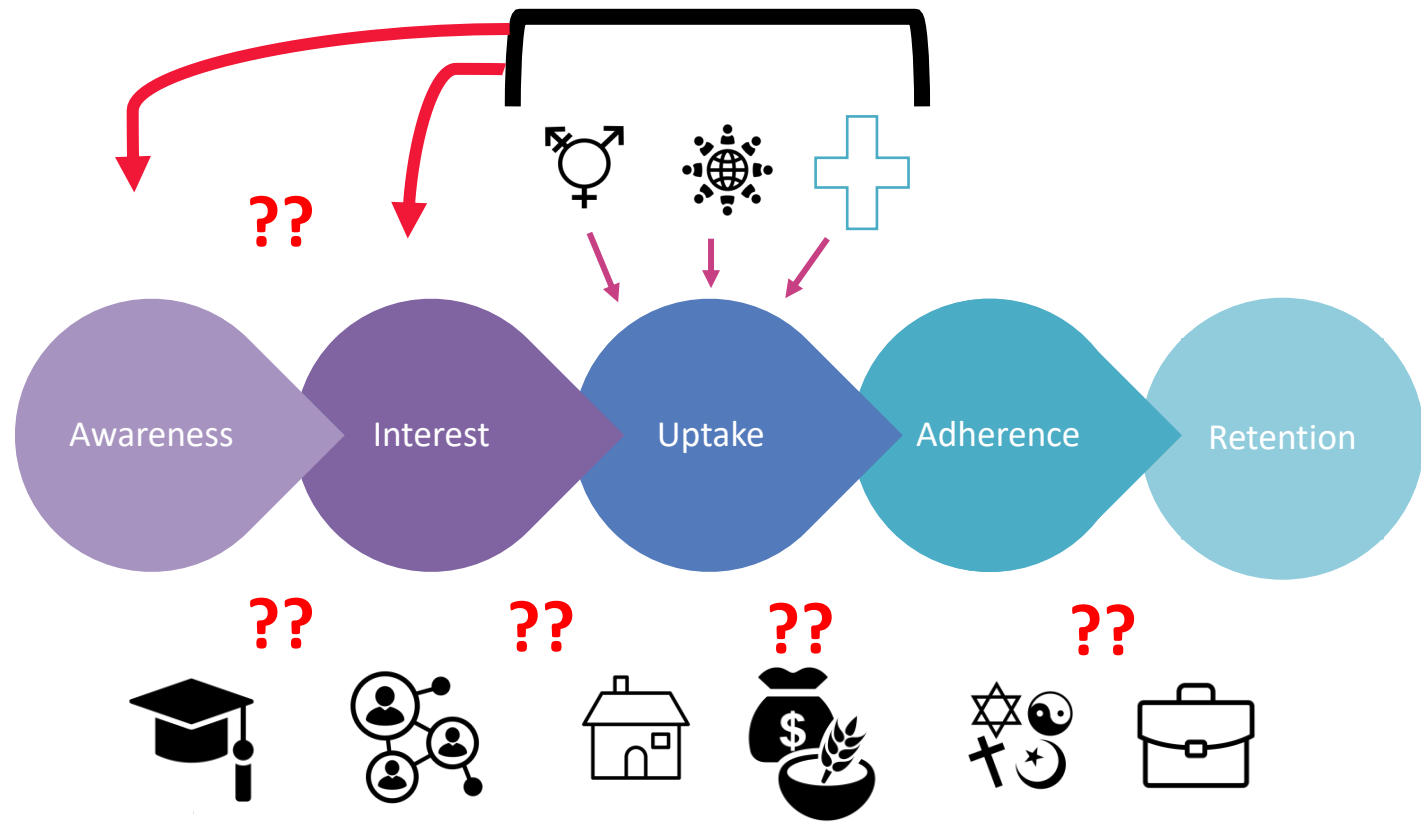


Impact trial: **>95% Men who have sex with men (MSM)**; low use among **younger** MSM

2019 PrEP user survey: **85%** white, low use among **women** and **non-binary people**  
385 respondents had tried to access PrEP on the Impact trial but **weren't able to**



# Disparities in PrEP use in England



Introduction and Background

PhD aims and objectives

Study 1: Systematic Review

Future Work - Study 2: Qualitative Interviews

Future Work - Study 3: Survey Design and Analysis

To improve our understanding of how inequities in PrEP provision can be **identified** and **addressed**

1. Describe and characterise how outcome measures of the PCC are **defined** and **reported** in real-world settings in high income countries
2. Explore how equity parameters are **currently being considered** in evaluations of PrEP provision programmes
3. Investigate which factors that influence health equity are important for **women** regarding the early stages of the PCC (**awareness and interest**)
4. Identify **inequities in PrEP awareness and interest** for women in England

1. Describe and characterise outcome measures definitions
2. Explore how equity parameters currently considered
3. Investigate which factors are important for women's awareness and interest
4. Identify inequities in awareness and interest

**Study 1:** Systematic review of scientific literature published from 2012-2020

**Study 2:** Qualitative interviews with women in England

**Study 3:** Cross-sectional survey

1. Describe and characterise outcome measures definitions
2. Explore how equity parameters currently considered
3. Investigate which factors are important for women's awareness and interest
4. Identify inequities in awareness and interest



Introduction and Background

PhD aims and objectives

**Study 1: Systematic Review**

Future Work - Study 2: Qualitative Interviews

Future Work - Study 3: Survey Design and Analysis


**Identify** and **collate** definitions for outcome measures of the PCC and describe how, and the extent to which, **characteristics that influence health equity are taken into account** in these measures in high income countries




1. Describe how outcome measures of the PCC are **defined** and **reported** in real-world settings in high income countries
2. Explore how PROGRESS-Plus categories are **described** for **study populations**
3. Describe how PROGRESS-Plus categories are **considered** when reporting outcome measures of the PCC

HIV/AIDS  
Protocol



Equity considerations in outcome measures of the HIV pre-exposure prophylaxis care continuum in high-income countries: a systematic review protocol 

 Melissa Cabecinha <sup>1</sup>, Danielle Solomon <sup>2</sup>, Greta Rait <sup>1, 3</sup>, John Saunders <sup>3, 4</sup>, Hamish Mohammed <sup>5, 6</sup>, Lorraine Katherine McDonagh <sup>1, 3</sup>

Correspondence to Melissa Cabecinha; [m.cabecinha@ucl.ac.uk](mailto:m.cabecinha@ucl.ac.uk)

**Databases:** MEDLINE, EMBASE, PubMed, CINAHL, ASSIA

Search terms based on:

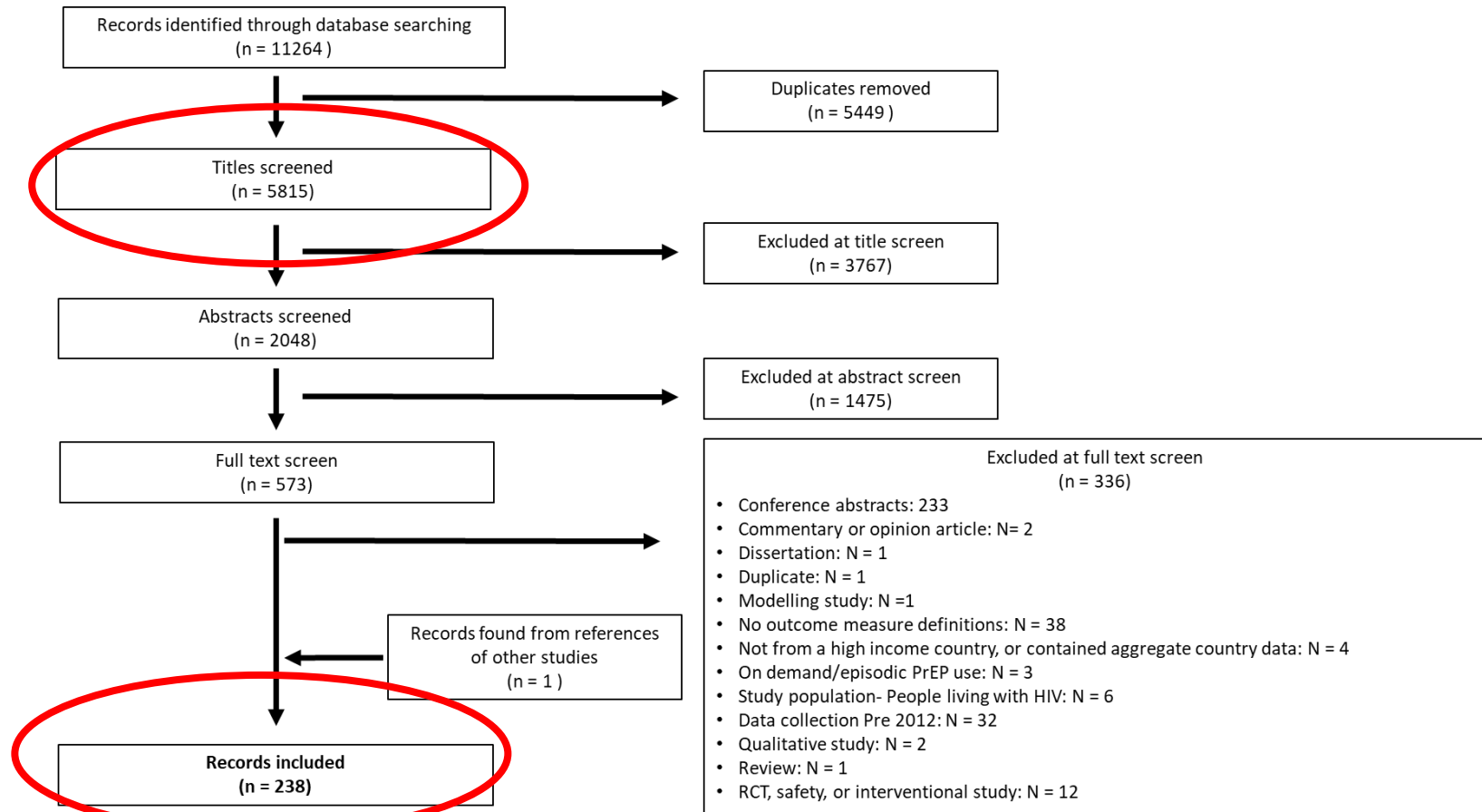
- **PrEP:** e.g. Pre-Exposure Prophylaxis, PrEP, HIV chemoprophylaxis
- **PCC outcome measures:** e.g., awareness, knowledge, interest, acceptability, uptake, use

Limited to articles published between **Jan 2012** and **March 2020**

# Systematic Review: inclusion/exclusion

	<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<b>Population</b>	People resident in high-income countries with a national PrEP provision programme or demonstration/implementation project	People resident in countries without a national PrEP provision program or demonstration/implementation project; people resident in low- or middle-income countries.
<b>Intervention</b>	Studies reporting an outcome measure definition for at least one stage of the PCC in a real-world setting	Studies that do not report an outcome measure definition for the PCC in a real-world setting
<b>Context</b>	Studies conducted in high income countries, as defined by the World Bank country classifications.	Studies conducted in low- or middle- income countries.
<b>Outcomes</b>	Definition for at least one of the following stages of the PCC: awareness, interest, uptake, adherence, retention	Outcomes not in the inclusion criteria
<b>Study Design</b>	Quantitative research studies including non-experimental observational studies	Qualitative studies, review articles, case studies, studies not involving oral emtricitabine/tenofovir disoproxil fumarate as PrEP, randomised controlled trials

# Systematic Review: Screening



## **Extraction**

Bibliographic information

Study objectives and design

Study populations and demographics

- PROGRESS-Plus categories

Outcome measures

- Definitions
- PROGRESS-Plus categories

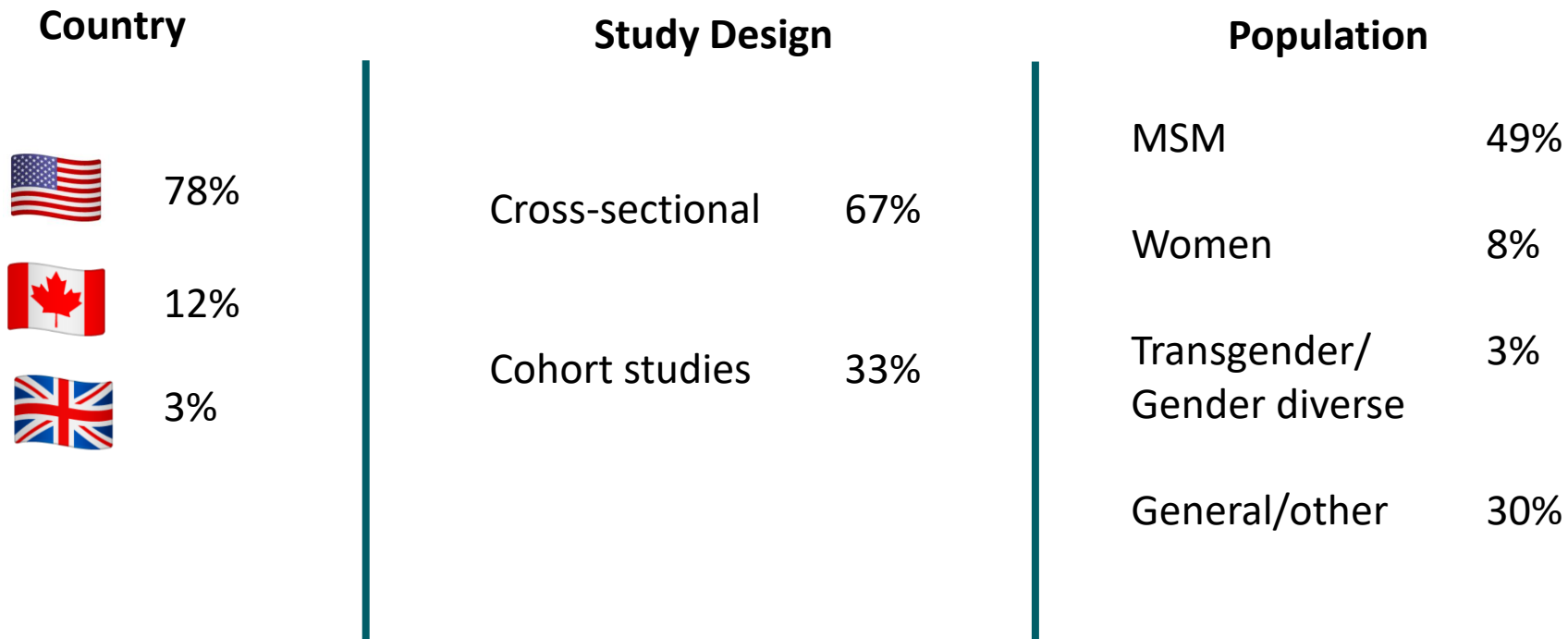
## **Analysis**

- Narrative synthesis

<b>PROGRESS-Plus Category</b>	<b>Example</b>
<b>Place of Residence</b>	Rural/Urban, country/state/city, housing characteristics
<b>Ethnicity/culture</b>	Ethnic background, country of birth
<b>Occupation</b>	Employment status, employment type (e.g. Professional, skilled, etc)
<b>Gender/sex</b>	Male or Female
<b>Religion</b>	Religious background
<b>Education</b>	Years in/left of education, highest level of education attained, school type
<b>Social capital</b>	Neighbourhood/community/family support
<b>Socio-economic position</b>	Income, means tested benefits, affluence measures

PROGRESS-Plus Category	Example
<b>Plus</b>	Age
	Physical or mental/emotional disability
	Sexual orientation
	<b>Other vulnerable groups:</b> Experience of sex work (current or former)
	<b>Other vulnerable groups:</b> Experience of homelessness or unstable housing (current or former)
	<b>Other vulnerable groups:</b> History of incarceration
	<b>Other vulnerable groups:</b> Experience of intimate partner violence
	<b>Other vulnerable groups:</b> Substance users

## 238 Included studies





1. Describe how outcome measures of the PCC are **defined** and **reported** in real-world settings in high income countries
2. Explore how PROGRESS-Plus categories are **described** for **study populations**
3. Describe how PROGRESS-Plus categories are **considered** when reporting outcome measures of the PCC

Outcome Measure	% Reporting outcome measure
Awareness	54%
Interest	50%
Uptake	51%
Adherence	15%
Retention	17%
>1 reported	67%

# Objective 1: Results



Awareness

**54%**, 129/238 papers

“**Have you ever heard of PrEP?**” (Yes/No)

Cross-sectional surveys

**No eligibility criteria** taken into account



Interest

**50%**, 119/238 papers

“**Interested in PrEP?**” (Yes/No), “**How likely would you be to take PrEP...?**” (Likert scale)

Scenario dependent interest (e.g., cost, efficacy)

Cross-sectional surveys

**No eligibility criteria** taken into account



**51%**, 121/238 papers

## Use

“Are you taking/have you ever taken PrEP?” (Yes/No)

Cross-sectional surveys

**No eligibility criteria** taken into account

## Uptake

**Rate of initiation/Number of PrEP prescriptions given**

Cohort studies: demonstration projects, health care records

Among population assessed to be **eligible for PrEP**



Adherence

**15%**, 35/238 papers

“**High**” or “**effective**” adherence

Cross-sectional surveys: **Self report**

Cohort studies: **prescription records**,  
**biological biomarkers**

Previously validated measures



Retention

**17%**, 35/238 papers

**Retention at x weeks/months**, maintaining  
recommended **appointment schedule**

**Discontinuation at x weeks/months:**

Gap of x months between visits

Stopping PrEP

Loss to follow up

Cohort studies

1. Describe how outcome measures of the PCC are **defined** and **reported** in real-world settings in high income countries
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3. Describe how PROGRESS-Plus categories are **considered** when reporting outcome measures of the PCC

# Objective 2: Results

<b>PROGRESS-Plus Category</b>	<b>% (N)</b>
Place of Residence	31% (73)
Ethnicity/culture	82% (196)
Occupation	26% (61)
Gender/sex	97% (230)
Religion	0.84% (2)
Education	61% (145)
Social capital	9.2% (22)
Socio-economic position	57% (135)

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# Objective 2: Results

<b>PROGRESS-Plus Characteristic</b>	<b>N (%)</b>
<b>Plus-</b> age	89% (213)
<b>Plus-</b> physical or mental/emotional disability or difficulty	8.8% (21)
<b>Plus-</b> sexual orientation	79% (187)
<b>Plus-</b> experience of sex work/transactional sex	6.7% (16)
<b>Plus-</b> history of incarceration	4.2% (10)
<b>Plus-</b> experience of physical/sexual abuse, intimate partner violence	1.7% (4)
<b>Plus-</b> experience of homelessness or housing instability	12% (28)
<b>Plus-</b> substance use	26% (63)

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## How are PROGRESS-Plus factors reported?



Income; Area level deprivation; “Do you have enough money to meet your basic needs every month?”



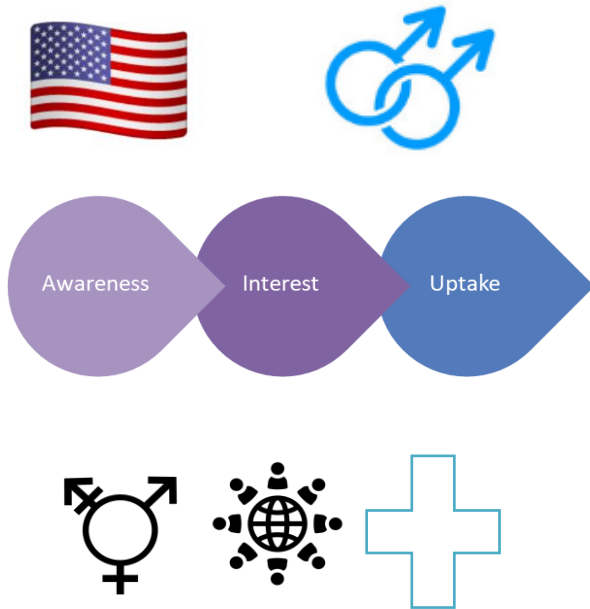
Urban vs Rural; State/County; City



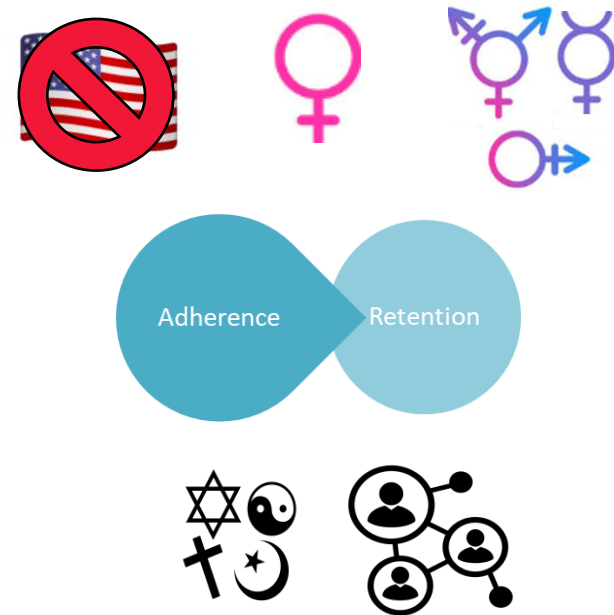
Having a support network; feeling a sense of “community”

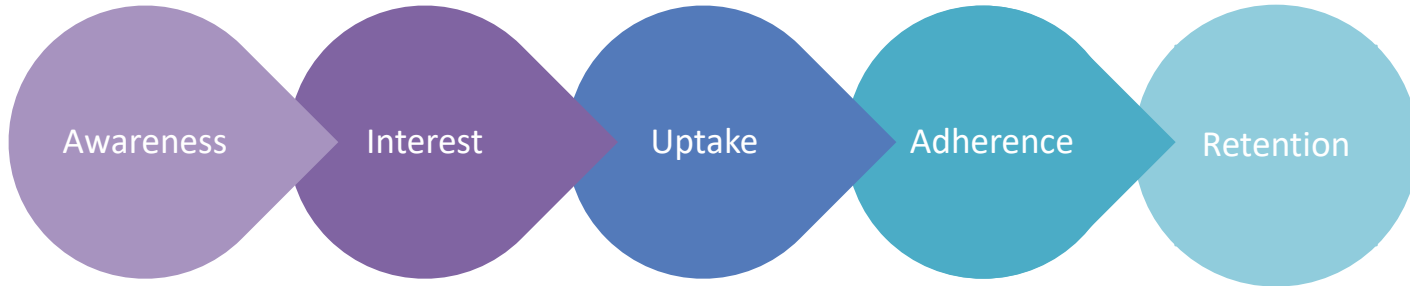
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## Well represented

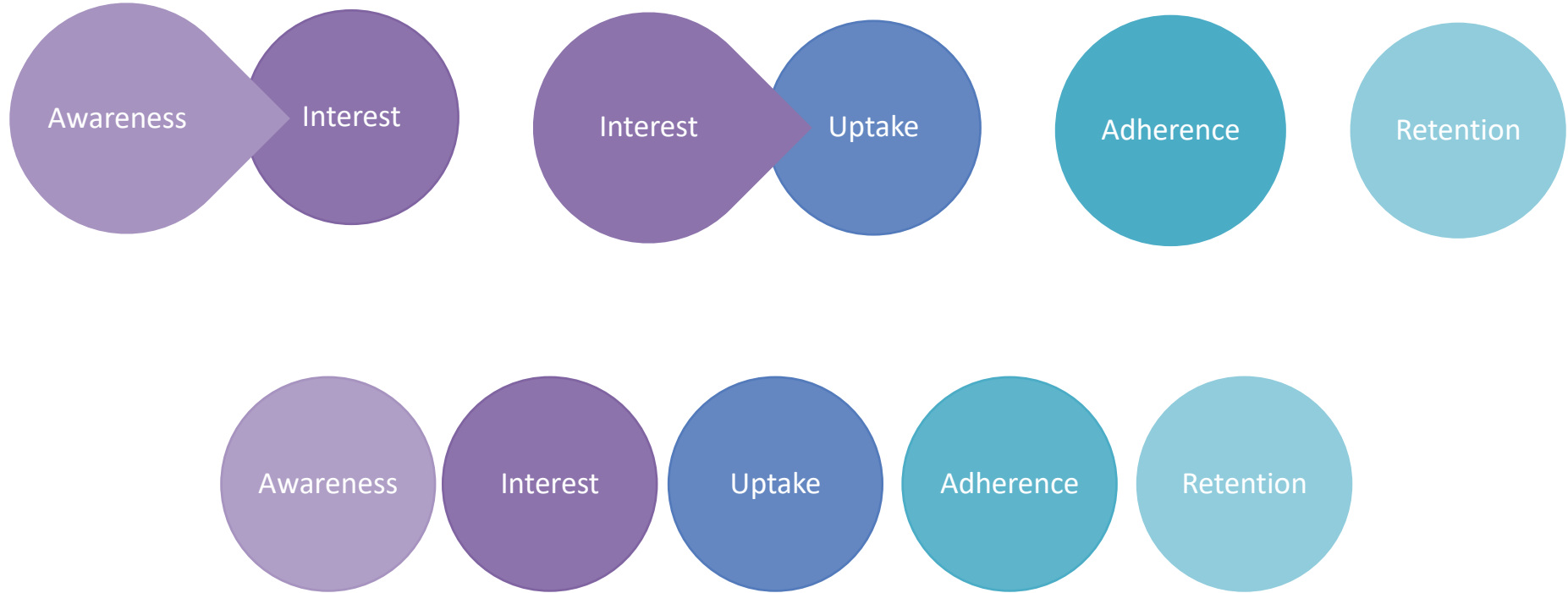


## Poorly represented









**First to collate outcome** measures for the PCC in real-world settings

Demonstrates how factors that influence health equity are **described in baseline populations**

Highlighted **gaps** in existing PrEP research

- Populations other than MSM

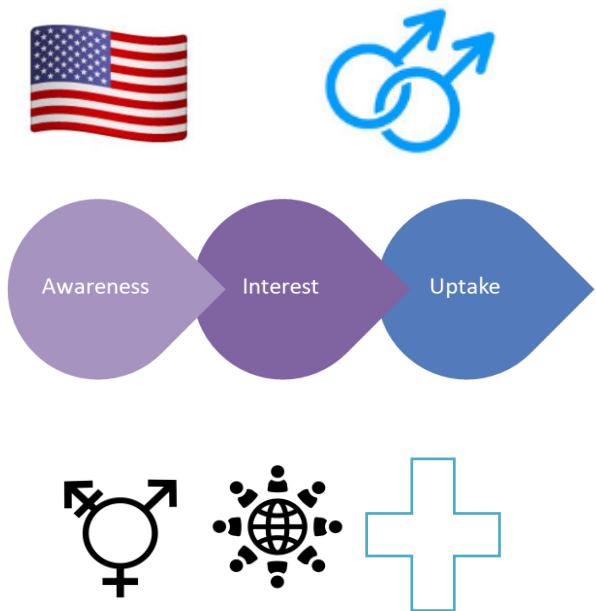
- PROGRESS-Plus categories

Only **English language** studies included

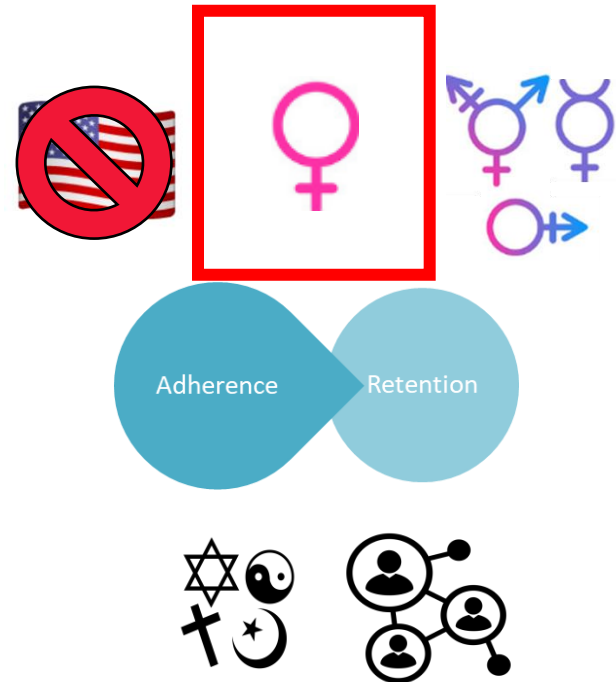
Only observational- cannot comment on how **equitable** PrEP provision is

**Fast moving** field!

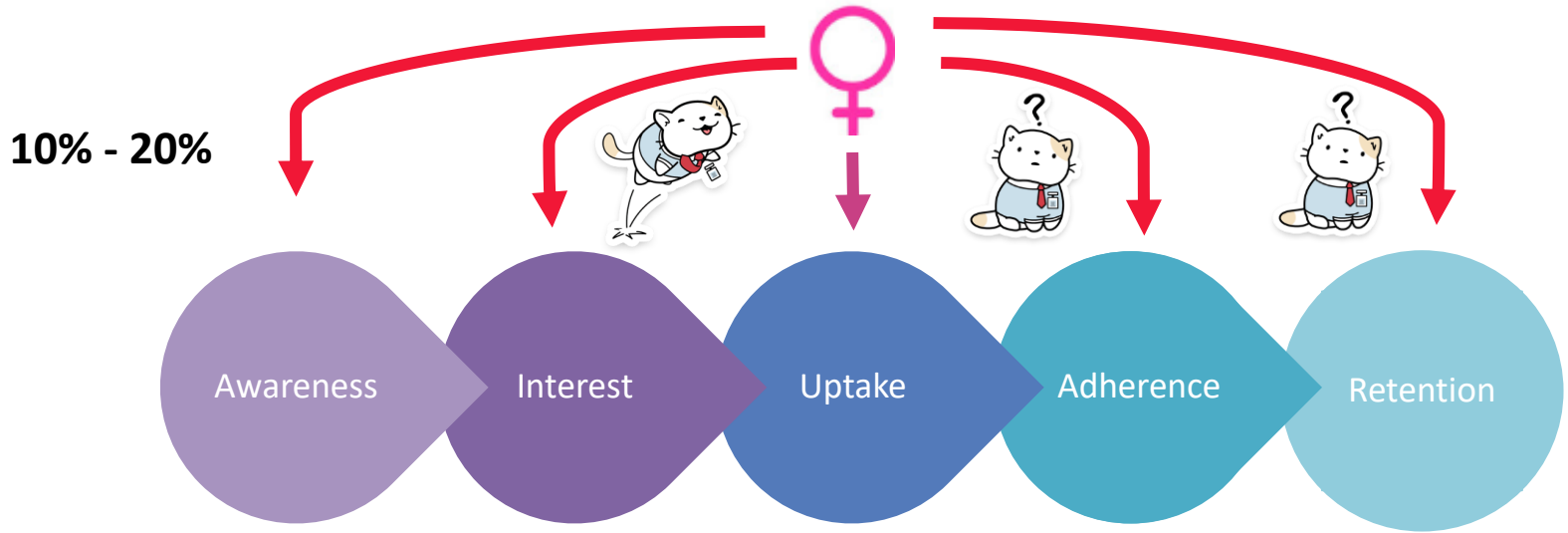
## Well represented



## Poorly represented



# Disparities in PrEP Engagement for Women



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1. Describe and characterise how outcome measures of the PCC are **defined** and **reported** in real-world settings in high income countries
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4. Identify **inequities in PrEP awareness and interest** for women in England

Introduction and Background

PhD aims and objectives

Study 1: Systematic Review

Future Work - Study 2: Qualitative Interviews

Future Work - Study 3: Survey Design and Analysis

Explore **awareness** and **interest** in PrEP among women in England and investigate how **factors that influence health equity** may **impact** women's engagement with HIV prevention and PrEP



1. Explore women's current **awareness** and **knowledge** of PrEP
2. Investigate whether current PrEP service delivery meets the **prevention needs** and **preferences** for women
3. Discuss how PROGRESS-Plus categories **impact** women's **engagement** with HIV prevention and PrEP

## Semi-structured interviews 20 – 30 interviews with women in England

What do you know about PrEP?

Who do you talk to about your sexual health?

Does where you live/ your job/ your friends influence decisions about sexual health?

Preferences for accessing HIV prevention?

Is PrEP useful for you or people you know?

## Participants

Women 18+ living in England

## Recruitment

Various strategies including: advertisements on social media, HIV prevention outreach sessions, snowball sampling

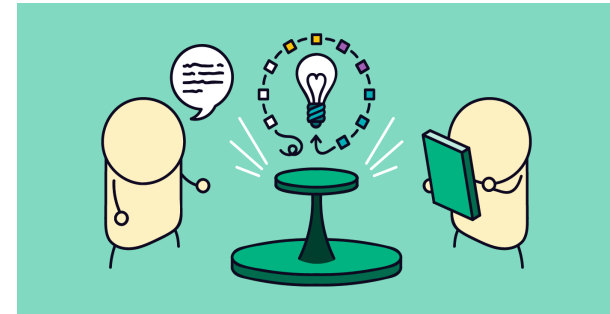
Purposive sampling



## Data collection

Semi-structured interviews via telephone, web conferencing or face-to-face (if permitted)

Topic guides informed by literature review, Study 1 results, and PPI activities



## **Data management**

Nvivo software

## **Thematic Analysis**

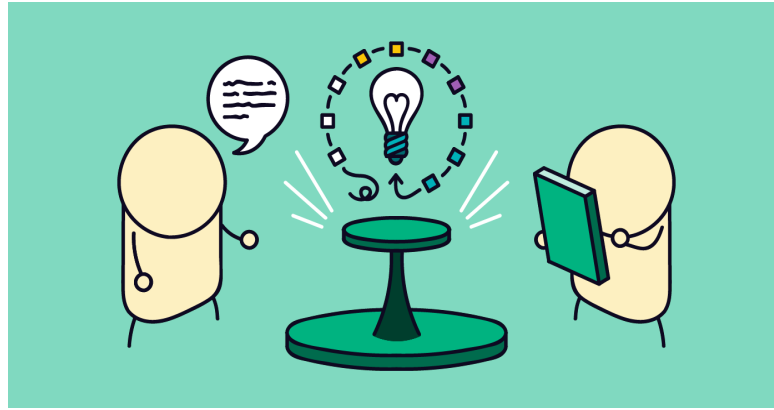
Familiarisation with transcripts

Coding to identify patterns and generate themes

Themes mapped to existing models/frameworks if appropriate

## **Results**

To inform design of **Study 3**



Ethics forms on track for submission (**June 4<sup>th</sup>**)

Draft materials (**advertisements, topic guides** etc.) underway

Introduction and Background

PhD aims and objectives

Study 1: Systematic Review

Future Work - Study 2: Qualitative Interviews

Future Work - Study 3: Survey Design and Analysis

Examine women in England's **awareness**  
**and interest** in PrEP and **identify**  
**inequities** in PrEP awareness for women

1. Assess women in England's **awareness of**, and **interest in**, PrEP
2. Identify and quantify **relationships** between **factors influencing health equity** and women's awareness of **PrEP**
3. Investigate women's **preferences** for PrEP service delivery in England



## Design

Cross-sectional, self-completed online survey

## Participants

Women 18+ living in England

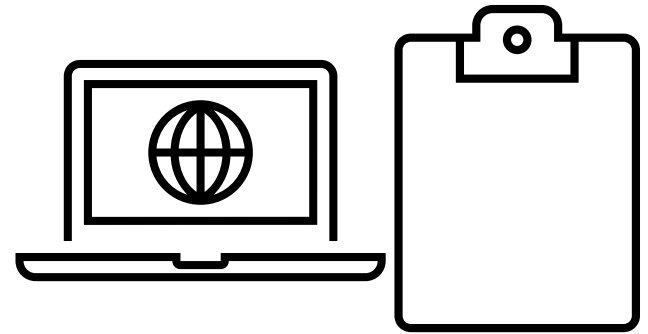
## Recruitment

Similar methods to Study 2

## Data Collection

Online questionnaire using UCL's Research Electronic Data Capture (REDCap) software

Questionnaire informed by literature review, results of Study 1 and Study 2, and PPI activities



## **Data Management**

R and R studio

## **Analysis**

Descriptive statistics for demographics, PrEP interest and awareness

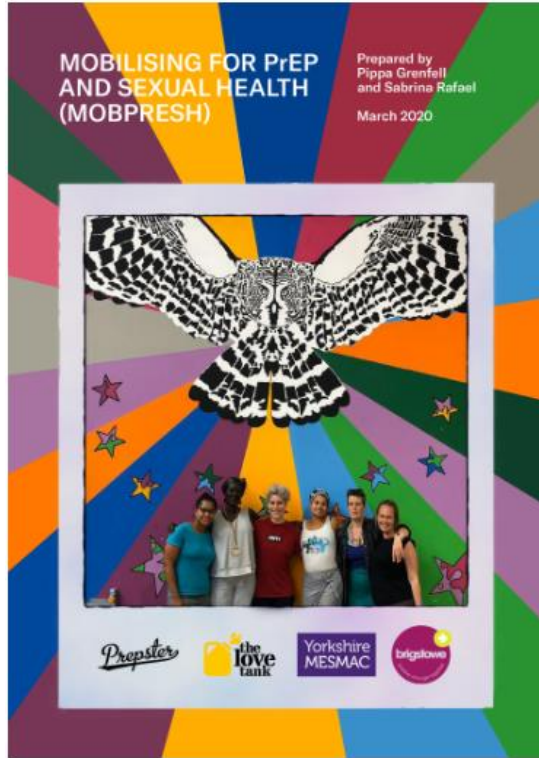
Regression analysis to evaluate the relationship between PrEP awareness and key equity factors

## **Project support and design**

Survey design and analysis course (June 2021)

1. Identify equity factors that **important for women** in regards to PrEP
2. Provide a **benchmark** for PrEP awareness and interest for women in England
3. Inform **interventions/campaigns** to increase PrEP awareness

# Some great work is already being done



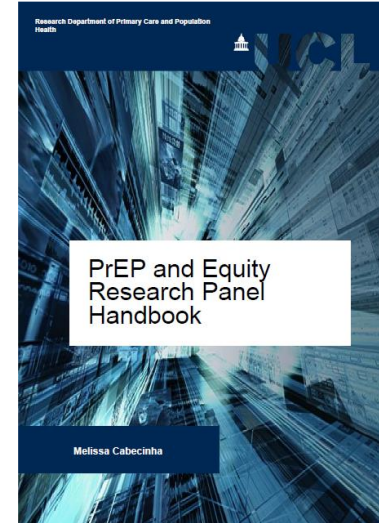
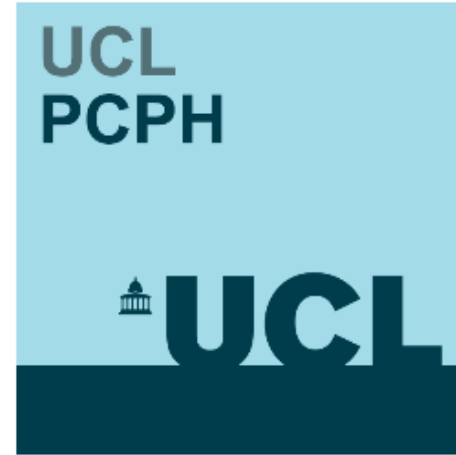
<https://prepster.info/>

[www.womenandprep.org.uk](http://www.womenandprep.org.uk)

# Many Thanks



Leading science for better health



## Supervisors

Dr Lorraine McDonagh  
Professor Greta Rait  
Dr John Saunders  
Dr Hamish Mohammed

## 2<sup>nd</sup> Reviewer

Dr Danielle Solomon

Grant code: MR/N013867/1