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# **PREP CHAMPION PROJECT FINAL REPORT**

**A project funded by Public Health England (PHE) HIV  
Innovation Fund**



# **ACKNOWLEDGEMENTS**

Thank you to the PrEP Champions; volunteers recruited from targeted communities, without whom this project would not have been possible.

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## SUMMARY

In 2017, GMI Partnership and PrEPster collaborated to run the PrEP Champion Project (PCP), which trained and deployed PrEP Champions to tackle gaps in knowledge and awareness of PrEP for all abovementioned groups, including MSM, women, BAME and people of trans experience.

PCP launched in December 2017. Over a 12month period, the project trained 54 PrEP Champions and delivered 172 PrEP focussed engagement sessions, reaching a total of 1124 people (1056 from targeted groups), reflecting the diverse communities targeted, with 51 enhanced evaluations of the project itself.

The PCP also ran 4 PrEP awareness sessions for women, people of trans experience and MSM, 12 trainings for agencies who come into contact with people who could benefit from PrEP.

PrEPster created a comprehensive outreach FAQ guide, a A5 sized booklet, for workers across the sector generally, based on PrEP Champion feedback at our training events.

1056 informants from target communities participated in the project. They were categorised into six groups: white MSM, BAME MSM, white women, BAME women, people of trans experience and heterosexual BAME men.

Participants were aged between 16 and 71, with an average age of 35. Most of them (85%) were London residents.

Over half of the participants were having HIV tests as intended, while 42% reported less than they intended, especially among heterosexual BAME men. MSM reported testing for HIV more frequently than other groups. Most women tested for HIV irregularly and not as frequently as they intended to.

Slightly less than half of the participants had heard of PrEP. However, PrEP awareness level was significantly higher among MSM, especially white MSM (86%). The proportion was much lower among white women, BAME women and heterosexual BAME men with only 24%, 21% and 13% respectively having heard of PrEP.

Over half of MSM and one third of people of trans experience already knew someone using PrEP. Women and BAME men were less likely to know someone that was using PrEP, with only 7%, 5%, and 6% knowing someone using PrEP amongst white women, BAME women and BAME men respectively. The difference could be as a result of there being less PrEP users amongst the non-MSM population and the possibility that conversations around sexual health and wellbeing are less popular within some communities.

Just under 10% of participants reported having used PrEP. 85% of these people were MSM. 48% of current PrEP users were getting their PrEP from channels other than the IMPACT trial. A quarter of PrEP users were following an event-based dosing regimen.

Almost half of respondents (45%) agreed that they would use PrEP when they needed to. Women overall were less likely to reject PrEP out of hand compared to MSM and people of trans experience and yet less likely to use it due to their perception of low HIV risk. People of trans experience were less likely to use PrEP due to concerns around side effects, drug interactions and other STIs.

Most PrEP supporters believed that PrEP reduced anxiety around HIV acquisition and provided an additional option for HIV prevention. However, 21% of PrEP supporters also believed that PrEP enabled them to have sex without condoms.

25% of PrEP critics were concerned about side-effects. 21% indicated that the stigma associated with using PrEP was a barrier, as well as PrEP's association with having risky sex or multiple partners.

A large proportion of people (44%) regarded a lack of knowledge around PrEP as the major barrier to its uptake. One third of respondents also mentioned that the cost of PrEP would be a burden for many. The ranked order of the identified barriers varied among different communities, with cost being the top concern among MSM and people of trans experience, while a lack of knowledge was the top concern for women and heterosexual BAME men.

All groups identified that up-to-date information, free or low cost of PrEP and increased accessibility would help promoting PrEP within the communities.

86% of respondents reported that they had learned more about PrEP and 85% knew more about how to access PrEP after discussion with the PrEP Champions. Women and heterosexual BAME men reported greater improvement of knowledge of PrEP and how to access it.

After PrEP conversations with Champions, BAME women and heterosexual BAME men were more likely to talk about PrEP and recommend it to people they know. White women and BAME men were more likely to access PrEP if the need occurred.

Results from enhanced evaluations showed respondents had a positive attitude towards PCP work. 75% of participants agreed that the work was good for the community. 45% appreciated being offered new options to prevent HIV and 27% thought the interaction was useful.

Feedback from PrEP Champions demonstrated that accessing and applying for PrEP was the main areas of interest for MSM and people of trans experience, while basic PrEP knowledge was the area of interest from BAME women. This echoes the PrEP barriers identified by the different groups themselves.

PrEP Champions also pointed out that stigma and discrimination towards HIV still exists which hinders PrEP promotion.

## **BACKGROUND**

The PrEP Champion Project (here after PCP) was a joint project designed and delivered by the GMI Partnership (Spectra, Positive East and METRO Charity) in collaboration with PrEPster.

GMI Partnership agencies have been delivering multiple daily outreach across London for the last 10 years, focussing on MSM, black and minority ethnic communities and people of trans experience, as well as work targeted at women. PrEPster delivers up-to-date online information, training, sector development and resources around PrEP.

Following the evidence found in the PROUD Study [1], in August 2017, NHS England announced the start of an implementation trial to provide Pre-Exposure Prophylaxis (PrEP) to people at high risk of HIV infection [2].

During the same period, grassroots organisations started questioning the PrEP readiness among local communities. Feedback from agencies working with different communities indicated that knowledge of PrEP varied, with extremely low levels among BAME communities, as well as low levels of knowledge of Treatment as Prevention (TasP), and low involvement in clinical trials for PrEP.

GMI's own surveillance also found that nearly one third of MSM survey participants needed more information, or wouldn't take PrEP, suggesting there was a further information need even within this relatively high PrEP literate group[3].

In 2017, GMI Partnership and PrEPster collaborated to run the PCP, with Spectra acting as lead commissioned agency. The project sought to train and deploy PrEP Champions alongside GMI's regular outreach workers, as well as alongside internal agency workers. The PrEP Champions intensively supported identified gaps in knowledge and awareness of PrEP for all abovementioned groups, including MSM, women, BAME and people of trans experience. This proposal was approved and funded through PHE's HIV Innovation Fund later in the same year (contract award November 2017).

The six objectives of the PCP were:

1. Increase knowledge of PrEP
2. Increase knowledge of how to access PrEP
3. Decrease in stigma associated with PrEP and people accessing PrEP
4. Increase in access to the PrEPster website
5. Increase in professional awareness of and expert knowledge around PrEP
6. Upskilling and deployment of PrEP Champions within the targeted communities

# PREP CHAMPION PROJECT

PCP launched in December 2017. Over a 12month period, the project trained 54 PrEP Champions and delivered 172 PrEP focussed engagement sessions, reaching a total of 1124 people, reflecting the diverse communities targeted, with 51 enhanced evaluations of the project itself. The PCP also ran 4 PrEP awareness sessions for women, people of trans experience and MSM, 12 trainings for agencies who come into contact with people who could benefit from PrEP (Table 1).

The above represents an overachievement of the PHE HIV Innovation Fund contracted deliverables:

Table 1 Performance Overview

Contracted delivery	Actual delivery
40 PrEP Champions delivering 140 PrEP focussed engagement sessions, reaching a total of 840 people, with 50 enhanced evaluations.	54 PrEP Champions and delivered 172 PrEP focussed engagement sessions, reaching a total of 1124 people, reflecting the diverse communities targeted, with 51 enhanced evaluations of the project.
2 PrEP awareness events for women, people of trans experience.	4 PrEP awareness events for women, people of trans experience and MSM.
2 stakeholder trainings for agencies who come into contact with people who could benefit from PrEP.	12 trainings for agencies who come into contact with people who could benefit from PrEP.
	3 PrEP Bulletins, A5 sized F&Q booklet and referral card for PrEP Champions

## PrEP Champions

PrEP Champions were trained through two formal training sessions delivered by PrEPster. The training covered comprehensive information about PrEP, how to deliver the PrEP Assessment Tool (see below) and how to engage the target groups. Thereafter, additional training of PrEP Champions in-agency was facilitated through the development of a video tool, as well as through PrEP Champions training other outreach workers (cascade training) (<https://youtu.be/VWx0rBWofw0>).

PrEP Champions were specifically upskilled to deliver common information around PrEP, which was tailored to be relevant to each targeted group, as well as addressing the knowledge/acceptability differences between the target communities, e.g. potential hormone interactions in people of trans experience, thus ensuring information delivered was appropriate.

## PrEP Assessment Tool

A PrEP-ready assessment tool (Appendix B) was designed to measure levels of PrEP awareness, knowledge, confidence and acceptability among different communities, as well as record individuals' intentions around PrEP.

It was purposely decided not to conduct the assessment in a survey style. Instead, PrEP Champions were trained to perform fluid, guided conversations which responded to the individual they were talking to, while conducting the assessment and fill the data captured after the conversation, so as to maintain a dialogue. The PrEP assessment results and evaluation are presented in the Findings chapter.



The Assessment Tool Guide is included in the appendices below (Appendix C).

## PrEP Awareness Events

PCP set out to also deliver two PrEP awareness events with communities at risk of HIV, namely with women and people of trans experience. These events were successfully delivered, and feedback was gathered through the use of the PrEP Assessment Tool.

At the same time, because of PCP's inroads with communities, PCP ran two additional PrEP awareness events, one for MSM at Rupert Street, and another Facebook Live event targeted at women.

## Training and Workshops

Within the HIV sector, there had been many different interagency meetings around PrEP specifically. Therefore, the PCP originally sought to facilitate two practitioner meetings for agencies involved with communities at risk of HIV, but who were not themselves specialist HIV agencies. The rationale for convening these meetings was to raise awareness in agencies, who themselves are not HIV specialists, but who come into contact with those who would benefit from PrEP knowledge. Consequently, we undertook a full scoping exercise and surveyed interested organisations. As a result of these surveys, and the lack of uptake from community organisations within the PHE commissioned community forums, we made the decision to shift the emphasis from providing practitioner meetings, to delivering training for a broader category of interested parties.

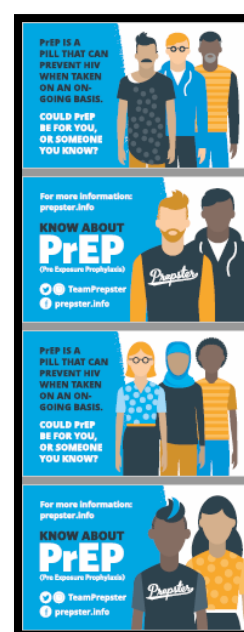
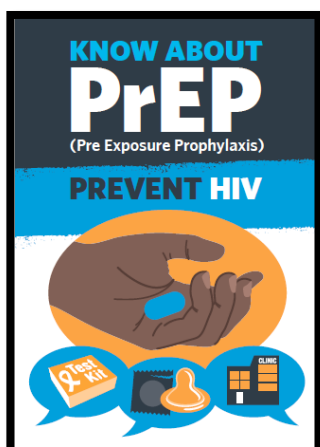
The PCP devised an evaluation tool and had high a level of uptake from homelessness services, young people's sexual health providers and local pharmacists, delivering 12 trainings overall.

## Productions

Outside of the set project aims, through the delivery of the PCP, the following opportunities arose and were developed. After gathering feedback and conducting a needs assessment at the initial PrEP Champion training, PrEPster developed a monthly PrEP Champion Bulletin, which ensured the 54 PrEP Champions were kept up to date on PrEP information and developments in the sector (Appendix D) and that their feedback and experiences were captured and incorporated into evolving engagement. A credit-card sized referral card was also

produced to facilitate the PrEP outreach work.

In addition, PrEPster created a comprehensive outreach FAQ guide, a A5 sized booklet, for workers across the sector generally, based on PrEP Champion feedback at our training events. PrEP Champions trained through the programme also delivered feedback on the outreach guide, which has since been published (<https://prepster.info/wp-content/uploads/2018/06/PrEP-QA-booklet-e-use.pdf>).



# FINDINGS

## From Clients

From December 2017 to November 2018, 1124 people were assessed for their PrEP readiness. 68 (6%) people accessed were white heterosexual cis male and not the PCP's target audience hence their data is not presented in this report. The remaining 1056 (94%) of them were classified as PCP's target audiences as categorised in table 2.

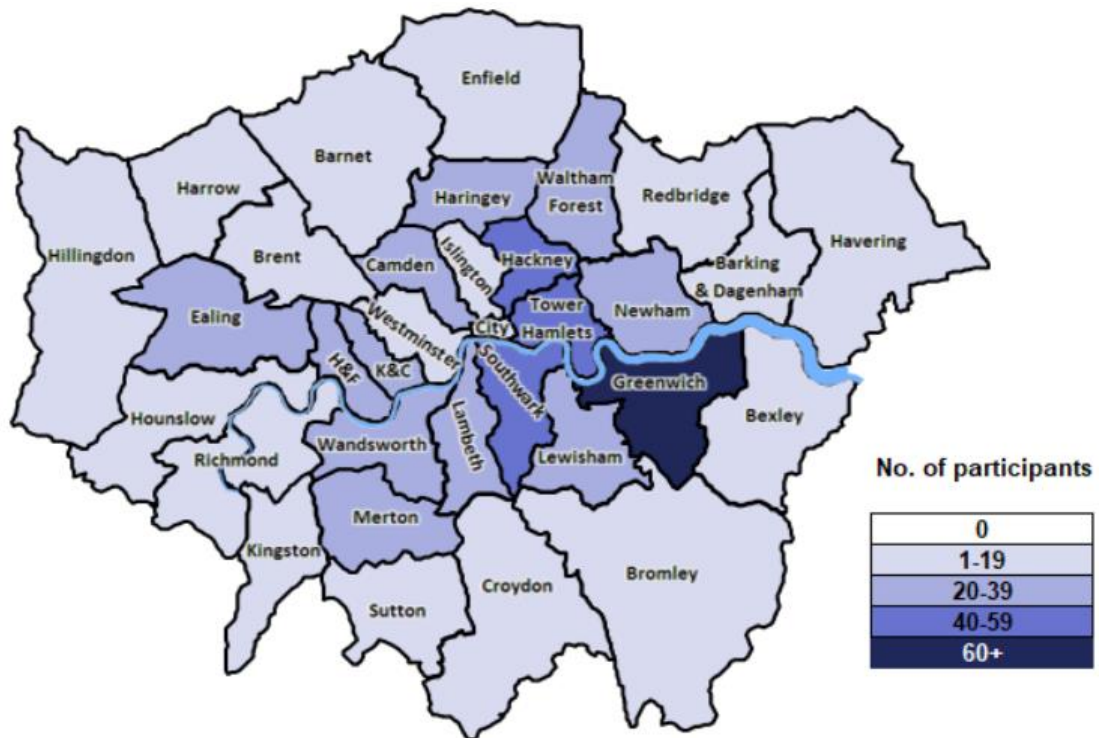
## DEMOGRAPHIC INFORMATION

Table 2 Age by target group

Age	White MSM	BAME MSM	White Women	BAME Women	Trans	Heterosexual BAME Men
16-25	59	15	53	48	10	18
26-35	111	63	73	88	20	31
36-45	62	45	37	72	17	37
46-55	43	14	14	35	7	15
56-65	21	4	2	10	1	8
>=66	4		1	1	2	
N/A	3	5		5	1	1
<b>Total</b>	<b>303</b>	<b>146</b>	<b>180</b>	<b>259</b>	<b>58</b>	<b>110</b>
<b>Average</b>	<b>36</b>	<b>35</b>	<b>31</b>	<b>36</b>	<b>36</b>	<b>37</b>

897 (85% of 1056) participants were London residents from all 33 boroughs. 84 (8%) were from outside London. 75 (7%) people didn't share their residential area (Figure 1).

Figure 1 Distribution of Londoners



## HIV TESTING PATTERN

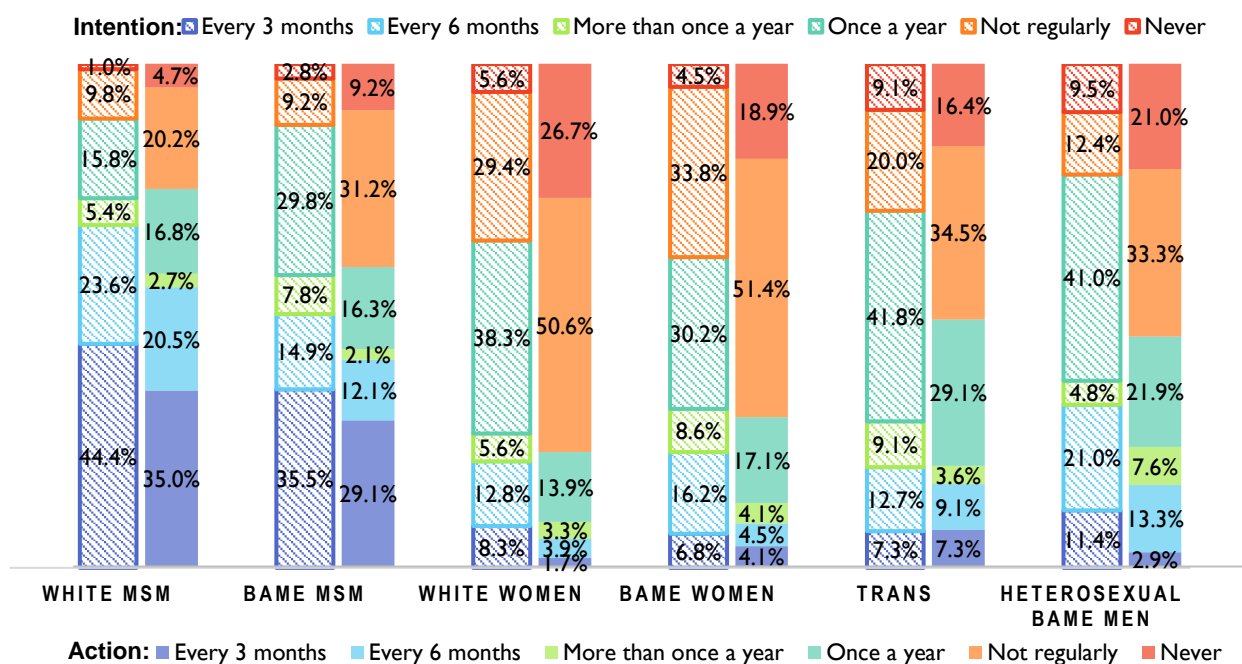
56 people (5%) assessed had already been diagnosed as being HIV positive. The HIV positive proportion was significantly higher within BAME female (14%) followed by BAME male (5%) groups. This could be a sampling bias introduced by PCP's service delivery setting, which was heavily focus around HIV high risk groups and venues and events which were frequented by HIV positive BAME people.

Among the 1000 people who did not report being HIV positive, 51.6% were having HIV tests as they intended (i.e. they reported testing as frequently as they thought that they should be). 6.6% were having more HIV tests then they felt that they should. The rest 41.8% were testing less frequently then they believed they should be, which was more common among women and BAME men as shown in table 3.

Table 3 Less HIV testing then intended among different groups

Testing less than intended	White MSM	BAME MSM	White Women	BAME Women	Trans	Heterosexual BAME Men
%	33%	36%	54%	45%	36%	49%
Total Number	297	141	180	222	55	105

Figure 2 HIV testing intention Vs action



The majority of respondents, 34% (363), reported testing for HIV infrequently. Among different groups, as displayed in figure 2, the intention and action of quarterly and biannual HIV testing was significantly higher among MSM, especially white MSM participants. Other groups favoured annual HIV testing frequency. Women were more likely to test infrequently in their reported behaviour.

## PREP AWARENESS

Overall, 513 participants (49% of 1056) had heard about PrEP. Higher PrEP awareness was observed among MSM, especially among white MSM participants (86% of 303). This was followed by BAME MSM (70% of 146) and participants of people of trans experience (66% of 58). The ratio was low among women, with only 24% white women and 21% BAME women

having heard of PrEP prior to the conversation. Under 13% of BAME male participants were aware of PrEP, which was significantly lower than other groups.

Those who had heard of PrEP were asked whether they were also aware of some of UK based PrEP websites, including *I want PrEP now*, *PrEPster* and *PrEP for Women*. The result shows that most people were not aware of any of these sites, and the recognition varied across different risk groups (Table 4).

**Table 4 Popularity of PrEP websites**

Heard of PrEP \ Heard of website	White MSM (261)	BAME MSM (102)	White Women (43)	BAME Women (55)	Trans (38)	Heterosexual BAME Men (14)
None	53%	56%	56%	55%	34%	36%
I want PrEP now	34%	29%	12%	9%	50%	29%
PrEPster	27%	28%	26%	9%	42%	36%
PrEP for Women	2%	3%	16%	25%	24%	36%

29% of all 1056 participants reported knowing someone using PrEP. Again, this proportion was higher among MSM groups, with 59% among white MSM and 51% among BAME MSM. 35% trans participants reported knowing someone on PrEP. Women and BAME men were less likely to know someone that was using PrEP, with only 7%, 5%, and 6% among white women, BAME women and BAME men respectively. This could be as a result of less PrEP users among the non-MSM population and the possibility that conversations around sexual wellbeing were less -normalised within some communities.

## PREP EXPERIENCE

82 (8% of 1056) people reported taking PrEP at the time of assessment and 16 (1.5%) people had taken PrEP in the past. Most of these (62% of 98) were white MSM, followed by BAME MSM (23%) and people of trans experience (8%).

Among the 82 current PrEP users, 52% were getting the medication from the IMPACT trial [2]. 38% were purchasing PrEP online. 17% purchased the medication directly from outside the UK.

**Table 5 PrEP user**

PrEP Use	White MSM	BAME MSM	White Women	BAME Women	Trans	Heterosexual BAME Men
Currently taking	17%	13%	2%	0%	9%	2%
Used to	3%	3%	0%	0%	5%	0%
N =	303	146	180	259	58	110

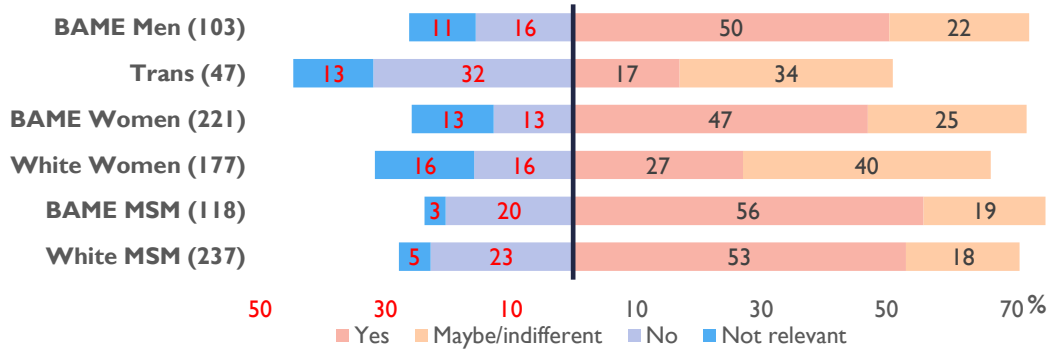
89 people (both current and past users) informed us of their PrEP dosing routine; 67 (75%) were following daily dosing. 22 (25%) were following event-based dosing.

87 people (both current and past users) shared their general experience of using the medication. 80 (92%) reported a generally positive experience. A few people reported negative experiences (3,3%) or not feeling much of a difference (3,3%). One participant expressed anxiety around lack of adherence to his daily PrEP and asked for support to improve adherence.

## PREP ATTITUDES

903 people were neither living with HIV nor taking PrEP at the point of assessment. 404 (45%) stated they would use PrEP when needed, 231 (26%) might consider PrEP if needed, 165 (18%) would not use PrEP and 103 (11%) believed PrEP was irrelevant to them. Figure 4 below shows the breakdown of different attitudes among different target groups by percentage.

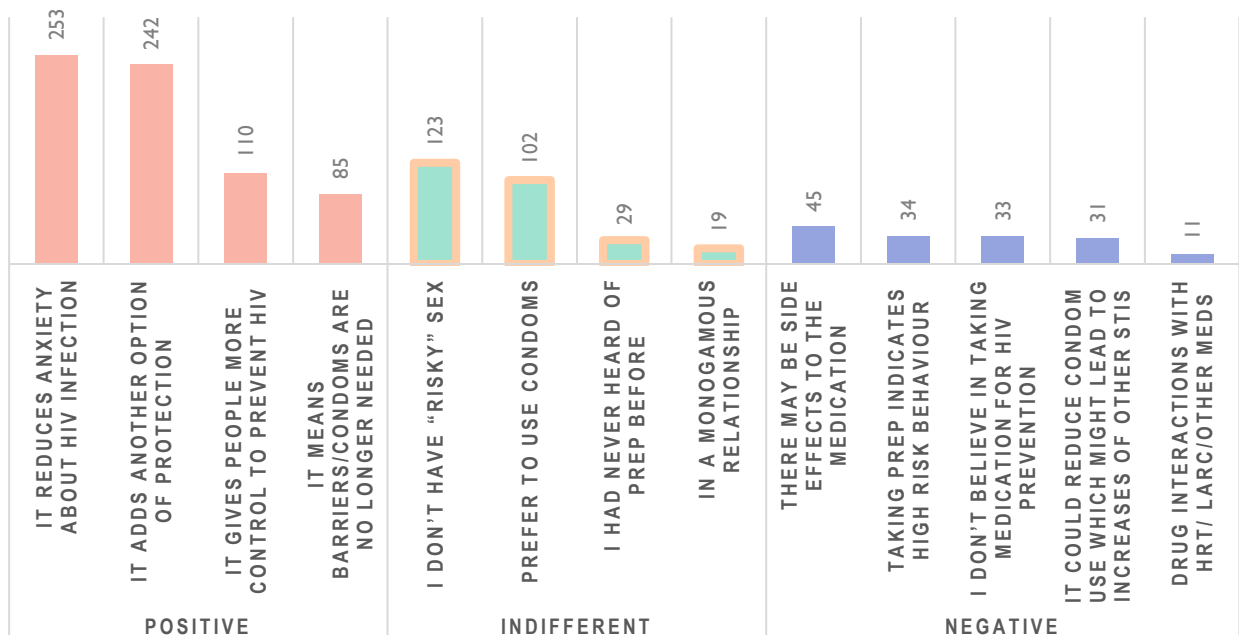
Figure 3 Would you use PrEP?



Women were significantly less likely to reject PrEP out of hand compared to MSM and people of trans experience. On the other hand, white women and trans were less likely to use PrEP themselves.

The responses behind these options were grouped into 12 statements under three main attitudes: positive, negative and indifferent. The majority of PrEP supporters believed that PrEP reduced anxiety around HIV acquisition (63%) and provided individuals with an extra safety option (60%). However, 21% of those who were generally positive towards PrEP also believed that PrEP enabled them to have sex without condoms. Among those who felt negative towards PrEP, 27% were afraid of possible side-effects and 21% indicated the stigma associated with using PrEP and having risky sex or multiple partners.

Figure 4 Attitudes to PrEP and rationales

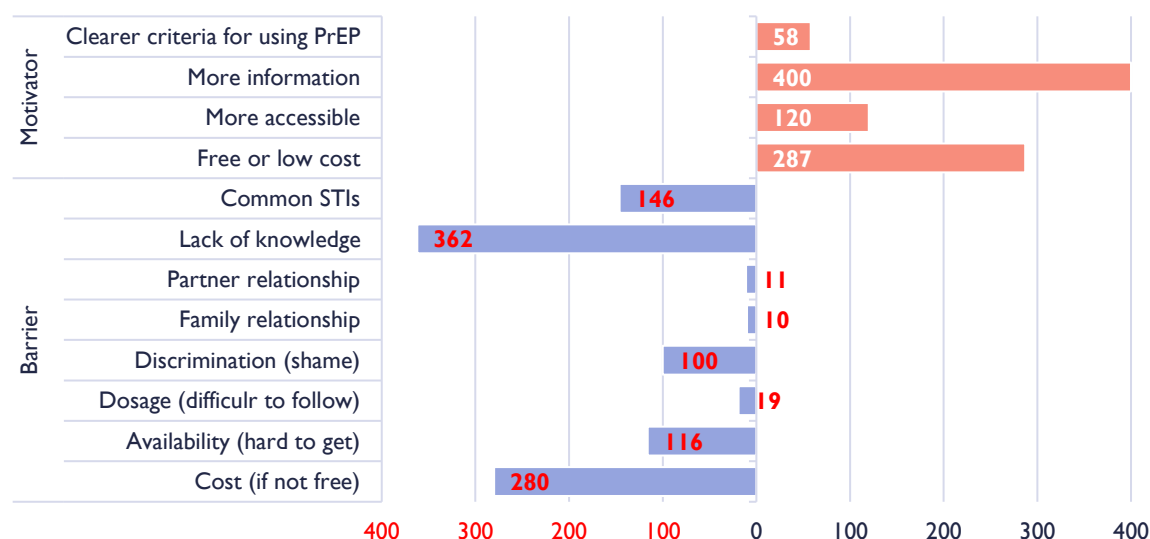


Many people also held an attitude of indifference towards the medication; 25% of those who didn't say that they had used PrEP before (499) claimed that they did not have "high risk" sex and 20% stated that they prefer using condoms.

## BARRIERS AND MOTIVATORS

People were also asked what they regarded as barriers and motivators for promoting the use of PrEP within their communities. Their answers were categorised into themes showed in the chart below.

Figure 5 Barriers & Motivators for PrEP promotion



Overall, most people (44% of 815 respondents) regarded a lack of knowledge around PrEP as the major barrier to its uptake. 34% also mentioned that the cost of PrEP would be a burden for many. 18% assumed that the fact that PrEP doesn't provide protection to other STIs and the possibility of PrEP-encouraged condomless sex added another barrier to PrEP promotion. 14% were concerned about PrEP's consistent availability and 12% believed that discrimination and stigma associated with PrEP use (related to multiple partners) could discourage people accessing the medication. The ranked order of the identified barriers did vary among different communities. Table 6 below displays the discrepancies between target communities.

Table 6 Top barriers

Top 3 barriers named	White MSM	BAME MSM	White Women	BAME Women	Trans	Heterosexual BAME Men
No. 1	Cost	Cost	Knowledge	Knowledge	Cost	Knowledge
No. 2	Knowledge	Knowledge	STI	STI	STI	Cost
No. 3	Availability	Availability	Cost	Cost	Knowledge	Shame

In terms of motivators, namely what would encourage PrEP uptake within specified communities, 53% of respondents mentioned that up-to-date information was essential. 38% believed that PrEP would be better received if it was free or with a low cost. 16% regarded making PrEP more accessible as important for its promotion. 8% stated that clearer criteria for PrEP use would help people to identify their own need and thus improve PrEP use within the communities. The same order of ranked importance, as with barriers to PrEP use, was shared across all individual target communities.

## PCP EVALUATION

All participants were asked three evaluation questions at the end of the PrEP conversation, which were designed to quickly identify any improvement of knowledge and attitude. Overall, 86% of 1056 respondents reported that they had learned more about PrEP and 85% knew more about how to access PrEP after discussion with the PrEP Champions (Table 7).

Table 7 PrEP knowledge post PCP

Evaluation	I have learned more about PrEP			I know more about how to access PrEP now		
	Yes	Already knew	No	Yes	Already knew	No
White MSM	73%	25%	2%	75%	22%	3%
BAME MSM	84%	16%	1%	83%	14%	3%
White Women	91%	8%	1%	89%	7%	4%
BAME Women	97%	2%	1%	93%	4%	3%
Trans	83%	12%	5%	83%	12%	5%
Heterosexual BAME Men	94%	5%	2%	91%	5%	5%
<b>Total</b>	<b>86%</b>	<b>12%</b>	<b>2%</b>	<b>85%</b>	<b>11%</b>	<b>3%</b>

Women and heterosexual BAME men reported greater improvement of knowledge of PrEP and how to access it. BAME MSM also reported to have benefited more from the conversation than white MSM.

When asked how they felt about PrEP after the conversation, 826 (78% of 1056) people responded. 56% of these people believed that they would be able to talk about PrEP more openly and confidently, 36% had decided to access PrEP when in need, and 33% would recommend PrEP to people they know.

Table 8 PrEP attitude post PCP

	White MSM	BAME MSM	White Women	BAME Women	Trans	Heterosexual BAME Men	Total
I will be able to talk about PrEP more openly and confidently	46%	53%	63%	64%	41%	71%	56%
I will try to access PrEP when I need it	34%	37%	27%	37%	22%	51%	36%
I will recommend PrEP to someone I know	24%	22%	29%	46%	22%	60%	33%
Nothing changed, it's great	22%	13%	16%	9%	28%	3%	15%
Nothing changed, I still disapprove of it	4%	5%	1%	3%	6%	2%	3%
Still not sure	6%	6%	7%	11%	6%	7%	7%
<b>Total N</b>	<b>271</b>	<b>135</b>	<b>112</b>	<b>180</b>	<b>32</b>	<b>96</b>	<b>826</b>

Compared with the overall responses, BAME women and heterosexual BAME men were more likely to talk about PrEP and recommend it to people they know. BAME men were more likely to access PrEP if the need occurs. In contrast, MSM, especially white MSM, and people of trans experience reported less likely to talk more about PrEP or recommending it to others after the conversation when compared with other groups.

## ENHANCED EVALUATION

In the last month of the project, an enhanced evaluation (Appendix B) was adopted to further understand how this project was received in target communities. Participants were asked to answer a few additional evaluation questions after the PrEP conversation. 51 people accepted the short interview.

Informants were recruited using quota sampling method. The result was a representation from all target communities within this group, including 15 MSM, 10 white women, 17 BAME women, 3 people of trans experience and 6 BAME men. Questions in the enhanced evaluation were all open ended. Findings from these conversations were coded into themes and analysed quantitatively.

Over half of people evaluated mentioned that the first impression when being approached by PrEP Champions was curiosity, both towards PrEP and the work the Champions were conducting. One third of them said it was the first time someone had approached them to talk about a sexual health related topic in public. One third of individuals regarded PrEP as an interesting subject to have a conversation about. One person described the first thought as “*Oh no, I should know more about this!*”. Two people admitted that they weren’t interested at all but were impressed with the conversation later.

*People don't talk about it. It's good I have got to know more about PrEP, and now I am able to inform and educate others as well.*

When asked what the conversation had achieved, 75% said they had learned something new. 63% agreed that they had gained some useful information. One third of those who completed the evaluation believed that they would be able to discuss this with people they know in the future. 3 people acknowledged that the conversation changed their mindset about using PrEP.

*I will try to access PrEP as soon as possible through the IMPACT*

20% said they would do some internet research and find out more about PrEP after the conversation. 16% will keep an eye on PrEP.

All respondents gave positive feedback about the PCP work. 75% agreed that the work was good for the community. 45% expressed appreciation to being offered with new options to prevent HIV.

*I had no idea of this product and now I feel there is possibly a future for HIV to be much less prevalent for the next*

*I think this is a very good idea to help people in my community and others, thank you.*

27% thought it was useful and 12% marked it as necessary. 22% mentioned that they were impressed by the quality of information provided.

## From Champions

At the end of the project, PrEP Champions were surveyed (Appendix E) to explore and evaluate PCP from the perspective of the outreach workers. 13 champions completed the evaluation survey.

According to the champions’ estimation, a PrEP intervention can last between 5 to 30 minutes depending on the individual. 23% of people they encountered had refused further



conversation, 66% were curious about PrEP and 61% were interested in having a conversation with the outreach workers.

The main reasons for rejection were identified as not being interested (25%), being in a relationship (22.5%), not having sex (15%) and being on PrEP already (12.5%).

Champions were asked to rate their level of comfort during the different processes of a PrEP intervention from 1 to 5 (not comfortable at all to very comfortable). Explaining PrEP seemed to be the easiest amongst all the processes while handling rejection was the hardest (Table 9).

**Table 9 PC's level of comfortable during PCP activities**

Activity	Score
Selecting a client	4.62
Approaching a client	4.54
Explaining what is PrEP	4.85
Answering PrEP related questions	4.62
Being rejected	4.31
<b>Average</b>	<b>4.59</b>

PrEP Champions were asked to select 5 main PrEP topics that came up most frequently among MSM, BAME women and trans audiences. Their answers demonstrated a slight difference between the communities (Table 10).

**Table 10 PC identified popular PrEP topics**

Rank	MSM	BAME Women	Trans
1	Accessing PrEP	What is PrEP / PrEP definition	Accessing PrEP
2	Applying for PrEP Trial	Accessing PrEP	Applying for PrEP Trial
3	Side effects	Dosage of PrEP	What is PrEP / PrEP definition
4	Dosage of PrEP	Side effects	Side effects
5	What is PrEP / PrEP definition	Suitability for using PrEP	Suitability for using PrEP

Champions also identified some challenges with the work, which were categorised into three main areas:

1. Stigma and discrimination towards HIV: There was still resistance when approaching people with HIV related topics, which makes promoting HIV prevention methods difficult.
 

*Speaking to some NHS staff while doing outreach, some of them can be very judgemental about people*
2. Targeting sensitivities: A number of Champions were questioned about why the intervention was being targeted at specific populations – for example, people from specific ethnicities or sexualities. Whilst this presented a challenge to the prevention work, it also highlights an area of development that outreach workers might benefit from (that is, being better able to explain that HIV disproportionately impacts on key groups of people).

3. Low PrEP availability: The Champions fed back around the difficulty of promoting something that was not widely available. Some participants expressed their disappointment even disapproval towards the champions during conversation.

# CONCLUSION

Within the 12 months period, PCP successfully delivered its intended outcomes. Our outreach staffs were able to make PrEP conversation with 1124 people across London. 1056 of these people were categorised into PCP's target groups, which include: MSM, women, trans and heterosexual BAME men.

## **Service delivery model**

The PCP built on a unique service delivery model - of using an existing partnership of outreach projects, and building on that expertise with specialist knowledge from a community PrEP organisation. Utilising an existing service delivery model meant that an infrastructure was in place for reaching into communities. PrEPster was able to build on outreach worker's existing knowledge with bespoke training, and on-going follow-up, support, and responsive resource development, as outreach workers fed-back on their needs as the project iteratively developed. This partnership model also facilitated development of core PrEP knowledge and capacity within GMI (e.g. initial training was delivered by PrEPster; on-going PrEP training was delivered by trained outreach coordinators).

## **Building PrEP knowledge**

This report highlights the feasibility of reaching significant numbers of individuals with in-depth PrEP health promotion interventions, with substantial self-reported increases in knowledge of and access to PrEP. The findings help to better define the knowledge needs of different communities, and how future interventions might be tailored to meet the more specific sub-groups within the target group. The report highlights that knowledge about PrEP is the key barrier to heterosexually identified people, whilst cost is more of an issue for MSM and trans people.

## **Outreach as a service model**

The PCP further identifies the opportunities and challenges of using a PrEP based outreach model. Whilst such a model reaches relatively small numbers of people, compared with mass media or social media health promotion, this intervention demonstrates that significant numbers of individuals from key targeted communities can benefit from PrEP related outreach. Those who encountered the intervention benefited in a way that they were unlikely to do by only encountering a mass media intervention, for example.

The project further highlights ways that outreach might be built upon, including equipping outreach workers to respond to queries about the targeting of the intervention, and developing ways of better targeting those within key sub-populations who are most likely to benefit from PrEP.

## **Targeted approach**

PCP's findings demonstrated different levels of PrEP knowledge, attitudes and needs between different target groups. Barriers to PrEP use were identified, which include lack of knowledge, cost, concern for other STIs, PrEP availability and stigma.

Barriers of lack of knowledge, protection from other STIs, and cost are generally individual and behavioural factors, which can generally be overcome by increased self-learning and improvement of socio-economic status. Whereas availability and stigma can be considered

structural factors. Structural factors are usually determined by the policy environment, demographic changes, issues of structural violence and discrimination and legal structures. Removing barriers at the structural level are usually the most difficult (eg resource-wise) but are usually considered the most effective preventative measures in the long term.

When considering promoting PrEP among different target groups, consideration should be taken to tackle the issues and barriers that matter the most for the particular group.

### **Further study for suitable interventions**

As PrEP is implemented throughout London and the UK in the upcoming years, it is important to understand all factors that hinder and support PrEP use, especially among high risk groups. Further study would be essential for designing and delivering the most effective and efficient interventions.

# APPENDICES

## A. Abbreviations

BAME	Black, asian, and minority ethnic
BME	Black and minority ethnic
GMI	GMI Partnership
HIV	Human immunodeficiency virus
MSM	Men how have sex with men
NHS	National Health Service
PCP	PrEP Champion Project
PHE	Public Health England
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infections
TasP	Treatment as prevention

## B. PrEP Assessment Tool with enhanced evaluation



PrEP Combined  
Assessment vE.docx

## C. Assessment Tool Guide



PrEP Assessment  
Tool Guide.docx

## D. PrEP Champion bulletin



PrEP-Champs-Bullet  
in 1.pdf



PrEP-Champs-Bullet  
in 2.pdf



PrEP-Champs-Bullet  
in 3.pdf

## E. PrEP Champion Survey



PrEP Champion  
Survey.docx

## REFERENCE

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- [2] 'NHS England » NHS England announces world's largest single PrEP implementation trial to prevent HIV infection'. [Online]. Available: <https://www.england.nhs.uk/2017/08/nhs-england-announces-worlds-largest-single-prep-implementation-trial-to-prevent-hiv-infection/>. [Accessed: 06-Dec-2018].
- [3] 'GMI Partnership - Celebrating 10 Years', GMI Partnership, 2018. <https://www.gmipartnership.org.uk/>
- [4] T. Lancet, 'Conspiracy theories of HIV/AIDS', *The Lancet*, vol. 365, no. 9458, p. 448, Feb. 2005.