Driving Demand, Creating Access for PrEP

Kenyon Farrow
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Progress in HIV Prevention Has Stalled -- Despite Large Advances in Prevention Technology

Estimated HIV Incidence (2010-2018)

- HPTN 052 published
- F/TDF PrEP FDA Approved
- START/Temprano RCT Results Published – “hit hard, hit early”

Source: Data From CDC NCHSSTP Atlas
PrEP Utilization: Disparities Not Surprising

While 25% of people eligible for PrEP were prescribed it in 2020, coverage is not equal.

Prep coverage in the U.S. by race/ethnicity, 2020:

- Overall: 25%
- Black/African American: 9%
- Hispanic/Latino: 16%
- White: 66%

Endings the HIV Epidemic in the U.S. 2030 Target Goal
PrEP Use Remains Underutilized

- TDF/FTC PrEP has been FDA approved since 2012
- Despite this, progress has been slow in scaling up PrEP uptake and access
- Federal agencies, particularly CDC, had been extraordinarily reluctant to prioritize PrEP as a public health tool
  - Took ~2 years from FDA approval to issue first guidance (+80,000 new HIV infections)
  - Took ~5 years to begin tracking PrEP utilization (+200,000 new HIV infections)
  - Took ~8 years to begin dealing with financial barriers (+280,000 new HIV infections)
- Even today, no federal programs exist that cover the continuum of PrEP care for uninsured individuals
  - CDC until recently was resistant to providing $$$ for lab services and medication
  - Federally Qualified Health Centers and ASOs incentivized to keep prescribing expensive brand name PrEP due to perverse system of high drug costs helping finance care for un/underinsured via 340B Program
  - Still no national awareness campaign
- A decade long focus on “risk” undermined access, in addition to payer

Problem: If PrEP uptake is going to be increased equitably, a nationwide, universal access program must be designed and implemented for PrEP access that covers the entire continuum of care.
Solutions to Address the Demand Gap

**Fight Mis/Disinformation**
Research the drivers/solutions of mistrust, hesitancy, conspiracies, fund interventions to demystify public health systems and preventative medications

**Increase Communications/Messaging Research and Implementation**
Communication/messaging work for too long has been an afterthought and needs much more robust research, implementation and dissemination of effective messaging

**Increase # of PrEP Prescribers**
Most people who need PrEP don’t access our HIV prevention CBOs/ASOs. We need them AND providers who see people and educate/offer/connect them to PrEP services.

**Reframe Risk**
Most people do not see themselves as “at risk” for HIV, and that frame becomes a barrier to talking about prevention options as opposed to facilitating a conversation.

**National Education Campaign**
Sexually active people need to know their options. And a massive national public education/mobilization campaign on PrEP/U=U is critical—much like “Heightened National Response” did for HIV testing efforts for African Americans in the mid-2000s.
Solutions to Address the Access Gap

**Center Equity**
Engineer a system to customized to serve the needs of the most vulnerable patients and *then* add services for less vulnerable patients.

**Maximize Flexibility and Accessibility**
Engineer a system that allows the most vulnerable to access PrEP as easily as possible, this means a system which (to the fullest extent possible) is universally useable at all providers, where people already go for care.

**Strengthen System Sustainability**
Engineer a system that allows institutions that increase uptake of PrEP to increase revenue and further strengthen/expand services.

**Go Big**
Even if modestly effective, a universal PrEP system will generate massive savings for the healthcare system. (for every 1000 infections averted, we save the system $420 million)
THANK YOU!

Kenyon Farrow
Managing Director, Advocacy/Organizing
PrEP4ALL
www.prep4all.org
@prep4allnow