

SUMMARY: Public Involvement Meetings with PrEP users enrolled in the PROUD study and trans service users from cliniQ, in the draft stages of the World Health Organisation's PrEP Implementation Guidelines

cliniQ held a series of public involvement meetings in Central London in June 2015, in order to inform the draft stages of the World Health Organisation's *PrEP Implementation Guidelines*. The meetings included a range of gay/MSM PrEP users who were participating in the PROUD study, and a range of HIV negative trans people who have previously accessed sexual health services at cliniQ.

Key Points

- A third of trans participants had not heard of PrEP before the meeting, however the majority said they would take PrEP if it were available on the NHS.
- The majority of PrEP users at the meeting heard about PrEP via social media, and described how they had benefited from PrEP not only decreasing their risk of HIV but also their anxieties and guilt associated to their sexual choices.
- Elements that supported adherence to PrEP included a clinic review after 4 weeks of initial use and support from health advisors, followed by check-ups every 3 months.
- The participants highlighted the importance of community-led initiatives to increase awareness of PrEP.

Recommendations

- Public Health messages need to convey that taking PrEP is a positive act of self-empowerment and a tool for self-protection, but do so without further stigmatizing people living with HIV.
- PrEP should be framed as part of a comprehensive range of options people can choose from, in order to protect themselves from HIV infection.
- Outreach needs to be culturally appropriate to reach the diversity of individuals who could benefit from PrEP (for example potential users from BAME populations) and include outreach in sex-on-premises environments, bars & clubs, as well as social networking and sex finder apps.
- Guidance about PrEP should be trans inclusive, for example using terms such as "people with vaginas" instead of gendered language when discussing dosing requirements.
- PrEP, as part of wider sexual health services, should be provided as part of 'Gender Care' pathways with information specific to trans people such as discussions about PrEP use alongside hormone therapy.
- Providers need to be able to offer accessible information about:
 - PrEP efficacy, such as PrEP being "as good or better than condoms" for HIV prevention,
 - PrEP adherence such as daily, less than daily or on-demand dosing depending on individual needs and considering different levels of drug forgiveness for anal or vaginal exposure,
 - PrEP interruptions, such as when to stop and restart depending on changing patterns of HIV risk (i.e. at the beginning or end of a relationship), and
 - PrEP communication such as supporting discussions with sexual partners and ways to challenge stigma about PrEP use.
- Mechanisms to support PrEP users need to be explored such as the promotion of PrEP champions or peer support via social networks or forums.