

Barriers and Facilitators To Pre-exposure Prophylaxis (PrEP) Access: An Integrative Review

Jose Benito Tovillo, BScN, RN - Ph.D. Student, University of Alberta
Dr. Vera Caine, RN, Ph.D. - Professor, University of Alberta
Thomas Trombetta- Freddie (Canada)

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BACKGROUND

- The rate of HIV globally is increasing, despite well-established prevention and diagnostic strategies.
- PrEP is a cornerstone of HIV prevention and a highly effective strategy for reducing the risk of HIV acquisition, particularly in populations at high risk of contracting the virus. In 2015, the World Health Organization released treatment guidelines recommending PrEP for all populations at substantial risk of HIV infection.
- Barriers to access remain and influence the potential impact on the number of new HIV infections among different populations.

PURPOSE

- Identify the barriers and facilitators to PrEP access across different populations at higher risk for HIV.
- Identify potential interventions and recommendations that can mitigate access to PrEP.

METHODOLOGY

- We conducted an integrative review of the literature that allowed the inclusion of diverse research methodologies.
- Inclusion Criteria: 1) Study Design: Primary qualitative and quantitative studies with varying designs. 2) Language: English. 3) Year: Studies published between 2012 to December 2019. 4) Country: All. 5) Sample: All populations seeking access to PrEP.
- The following were searched: MEDLINE, EMBASE, PsycINFO, Global Health, CINAHL, LGBT Life with Full Text, Cochrane, Scopus, WOS Core, ProQuest Dissertations & Theses Global, and Sociological Abstracts, ScienceDirect, Google Scholar, and grey literature sources and websites (e.g., CATIE, UNAIDS, World Health Organization, Center for Disease Control and Prevention).
- Articles: 2,880 articles from initial search. 1,111 after duplicates were removed. 276 articles were included for full-text screening. 48 final articles were included in the review.

FINDINGS

- 11 populations at higher risk for HIV were identified in the 48 studies: general MSM (16), young MSM (5), MSM involved in sex work (2), incarcerated MSM (2), transgender men (1), women- general (5), women experiencing intimate partner violence (1), transgender women (4), people who inject drugs (1), homeless young adults (2), and general population (unspecified) (9). Most of the research involves the MSM population.
- We identified several barriers and facilitators to PrEP access that are experienced by the 11 different populations mentioned above. We grouped the most frequently reported barriers and facilitators into themes.
- We also named barriers and facilitators to PrEP access specific to particular populations.

BARRIERS TO PrEP ACCESS (MAIN THEMES)

- **Stigma-related Barriers:** PrEP related-stigma, shame, and confidentiality
- **Socioeconomic Barriers:** cost, geographical and physical access to PrEP care, low socioeconomic status, and lack of healthcare insurance
- **Medication-related Barriers:** side effects, issues related to PrEP compliance and adherence, low-risk perception, lack of trust in the medication, and doubts related to the efficacy and effectiveness of PrEP
- **Relationship Barriers:** confidentiality and problems with partners.
- **Healthcare Provider Barriers:** lack of access to PrEP providers, providers' lack of knowledge about PrEP, and medical mistrust.

FACILITATORS TO PrEP ACCESS (MAIN THEMES)

- **Socioeconomic Facilitators:** cost and availability of healthcare insurance
- **Healthcare-related Facilitators:** healthcare providers' availability, availability of and access to healthcare services, availability of supports that promote PrEP access, ability to safely disclose information, and trust and good relationships with healthcare providers
- **Information-related Facilitators:** knowledge about PrEP and having a trusted source of PrEP information
- **Medication-related Facilitators:** having minimal to no side effects, PrEP efficacy, and risk perception
- **Relationship Facilitators:** safe sexual practices while on PrEP, support from partner and family and others, and having a sense of empowerment

GAPS IN RESEARCH

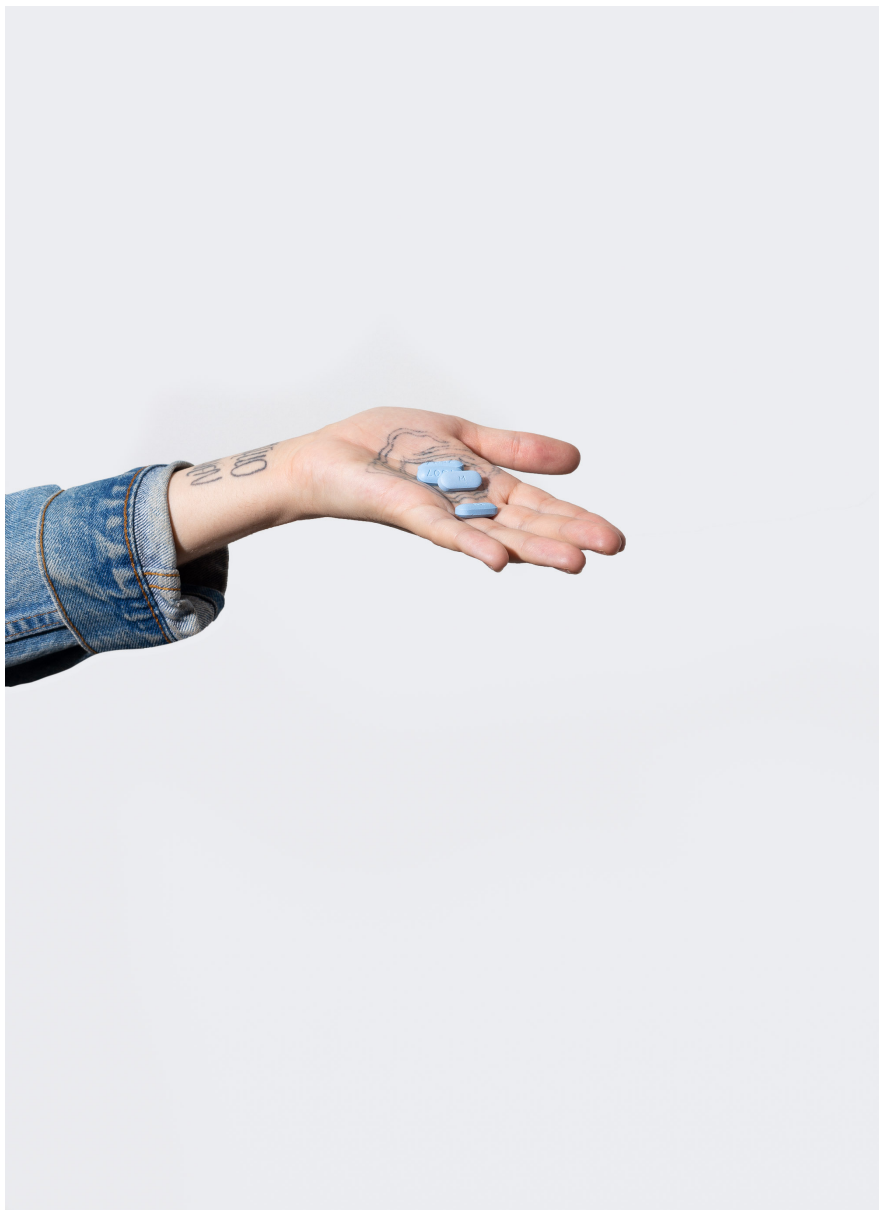
- Gaps in PrEP research related to PrEP access and uptake exist. These gaps include the lack of intersectional analysis that considers multiple minority-stress factors acting simultaneously, the lack of community-based research practices, and the lack of assessing the impact of peer-support involvement in public health measures to improve PrEP access.

POTENTIAL INTERVENTIONS AND RECOMMENDATIONS

- Including a broader array of populations and intersections must become commonplace in HIV research. Despite the prevalence of MSM-based literature, many communities may still benefit from PrEP as an HIV prevention method.
- Further research and public health measures must prioritize a more complex understanding of identity and power, particularly their impact on access to services that support sexual wellness.
- A deeper analysis of intersecting marginalization is urgently needed if public measures are to reflect the diversity and barriers of impacted communities.
- Research must recognize communities as holding agency over their health and decision making. Individuals must be understood as the agents of their own health by partaking in spaces of decision making, and advising of healthcare, as well as research endeavours.
- An anti-oppression framework, critically studying power dynamics within healthcare access, would greatly enrich research and subsequent public health measures.
- There is a need for further studies and approaches that look into the importance of increasing access to peer support. Peer-support has the potential to increase community participation in decision-making processes, support and employ communities impacted by HIV, and increase access to low-barrier healthcare.

LIMITATIONS

- The limitations of this systematic review are the heterogeneity of studies and the inability to pool data, making it difficult to make broad recommendations on how to address barriers and facilitators. Given the lack of quality assessment in integrative reviews, studies with poor quality were potentially not excluded from the review.



Photos from Freddie by Liam Mackenzie

CONTACT INFORMATION

Jose Benito Tovillo, BScN, RN, Ph.D. in Nursing Student
josebeni@ualberta.ca
780-938-1999

CONFLICT OF INTEREST DISCLOSURE

The authors have no conflict of interest to declare.



freddie