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Background

Pre-exposure prophylaxis (PrEP) remains underutilized in Latin America. For PrEP programs to succeed, people at high HIV risk must engage along the **PrEP care continuum**:

awareness, acceptability, uptake, adherence, and retention.

ImPrEP - Demonstration project offering PrEP to men who have sex with men (MSM) and transwomen (TW) in Brazil, Peru and Mexico

Study's goal - To describe the perceptions and experiences regarding the components of the PrEP care continuum among ImPrEP users, ex-users, and potential users in Mexico



Methods

ImPrEP-Mexico

- **Duration:** 2018-2021
- **Four sites:** one public HIV clinic and three AIDS Services Organizations
- **Eligibility criteria:** ≥18 years, MSM or TW, and reporting recent HIV risk factors
- **Services:** counseling, HIV/STI testing, medical consultations, and PrEP prescription
- **Follow-ups:** at 1 month and afterward trimonthly

Study design

- **Participants:**
 - ✓ ImPrEP's users, ex-users, and potential users (the latter are eligible but never enrolled)
 - ✓ Balanced between MSM and TW
- Online consent form and interviews in 2020
- Interview guide and codebook based on the PrEP care continuum
- Coding with MAXQDA11-Plus, identifying main themes

Results

Twenty-four participants: 10 users, six ex-users, and eight potential users, of which 14 were MSM and 10 TW.

Awareness – TW wanted more information, presented by peers

- **Sources of information:** informative talks, HIV testing services, friends, post-exposure prophylaxis services, and websites
- **Quality of information:** most participants reporting lacking information, especially with regard to safety and efficacy

"What we wanted was to see a person that already had like some time on the medicine to see what type of reactions it carries in the long-term" (TW)

Acceptability – Fear of side-effects was reported by all participants, especially by potential users

- **Facilitators:** sexual risk behaviors, wanting extra protection, fear of HIV, wishing to make PrEP available and reduce HIV incidence in the community
- **Barriers:** fearing side-effects, doubting efficacy, and stigma

"It [PrEP] was like presented as experimental... [What if] we're getting medicated just to see how it works, and like later on we'll all end up dead or infected [laughs]" (TW)

Uptake - Potential users missed their enrollment appointment and did not (know how to) reschedule

"I didn't know who to contact to reschedule... It was something from school and so I couldn't [attend] anymore" (MSM)

Adherence - TW reported missing more pills than MSM

- **Facilitators:** routines, social support, fearing HIV, desiring protection to enjoy sex
- **Barriers:** routine changes, fearing side-effects, and stigma

"It made me feel confident in my sexual encounters ... my sexual encounter was more enjoyable" (MSM)

Retention - Most ex-users quit PrEP without diminishing their HIV risk

- **Facilitators:** caring for one's physical and emotional health, and social support
- **Barriers:** fearing long-term side-effects and difficulties attending appointments

"Emotionally it makes me feel a little bit more in control of my health and my body, that's the main one, but physically it keeps me healthy" (MSM)

Conclusions

- **Fear of side-effects was a barrier reported at each step of the PrEP care continuum**, also among PrEP users. Potential users did not enroll because of this, and ex-users stopped using PrEP being unsure about potential long-term side-effects.
- **Logistical challenges interfered with enrolling and retention** in that it requires a lot of effort from participants to attend the appointments.
- There was a strong desire to be **protected from HIV**, linked to both **sexual pleasure** and the **aspiration to promote PrEP**.

Inclusive awareness activities, tackling misbeliefs regarding side effects, and more flexible services may improve PrEP usage and enhance its impact.