

Long-Acting PrEP for Key Populations: Considerations for Implementation

This document is intended for program implementers, advocates, policymakers, and other stakeholders who influence the rollout of long-acting options for pre-exposure prophylaxis (PrEP). The document was developed in partnership with Global Black Gay Men Connect (GBGMC) with insights from the Global KP HIV Prevention Advisory Group. Quotations included in the document were provided by GBGMC from community members and advocates.

Key population individuals (**sex workers, men who have sex with men [MSM], transgender individuals, people who inject drugs, and those in enclosed settings such as prisons**) continue to be left behind in the global fight against HIV. In 2022, at least half of all key population individuals were not reached with prevention services.¹ Marginalization, criminalization, stigma, violence, and discrimination against key population individuals persist in driving people away from health and other services, including HIV prevention services.¹ In some contexts—and often in response—to these structural factors, some key population individuals move frequently, and others may have no fixed address or are homeless.^{2,3} This mobility compounds the challenges they face in accessing health services and adhering to PrEP regimens.

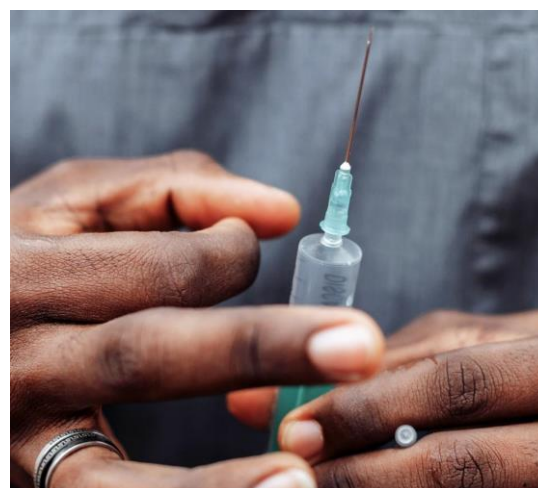


Photo credit: Thirdman

A person holding a syringe with needle

Oral PrEP has been proven safe and effective in preventing HIV. Carrying around or storing bottles of oral PrEP pills can be challenging for mobile populations, heightening the burden of taking a daily oral pill and impeding effective use. Some key population individuals also fear the stigma and other consequences of being mislabeled as having HIV because oral PrEP and antiretrovirals to treat HIV have similar packaging.⁴ For example, among sex workers, the misperception that one is living with HIV could lead to increased stigma, loss of revenue, and experiences of violence.

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The introduction of long-acting PrEP options such as injectable cabotegravir (CAB PrEP) and other methods in the development pipeline presents an opportunity to improve PrEP uptake and effective use, particularly among key population individuals.⁵ Long-acting PrEP offers a strategy for key population individuals who are facing logistical, legal, or social barriers to oral PrEP use and has the potential to accelerate efforts to reduce HIV incidence in these populations as part of comprehensive prevention.

To ensure the new technologies are a transformative approach to HIV prevention for key population individuals, we must engage with their communities to carefully consider strategies for acceptably and adequately addressing all the barriers to uptake and effective use. This document highlights some of the considerations for long-acting PrEP implementation for key population individuals.

Considerations for Implementing Long-Acting PrEP

RECOGNIZE OUR EXPERTISE

“ We are experts in HIV prevention and treatment, not just outreach workers. Value our input and knowledge. ”

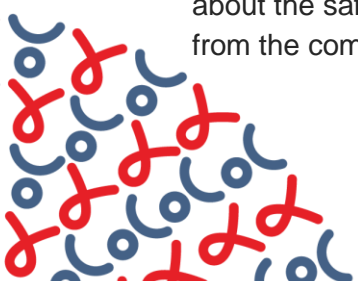
Involving key population individuals in advocacy, design, implementation, monitoring, and decision-making processes throughout planning and implementation of HIV prevention programs is critical. This involvement includes applying lessons and best practices from the experiences of key population community leaders, peer educators, service providers, and advocacy groups, working closely with them to ensure that HIV prevention services are accessible, and engaging them in technical working groups and guidance development to establish enabling governance and policies.

Community engagement is indispensable for ensuring responsive implementation, appropriate services, and client-facing informational materials that meet the needs of both clients and their providers. Engaging the community in ongoing dialogue enables programs to disseminate information that addresses key population individuals' concerns about the safety, efficacy, and accessibility of new interventions and to receive feedback from the community about how to make services user-friendly. Such dialogue also gives

WHY FOCUS ON KEY POPULATIONS?

HIV Burden: Most (80%) of all new HIV infections outside of sub-Saharan Africa and 25% of new infections in sub-Saharan Africa in 2022 occurred among key populations and their sexual partners. This marks a significant increase from 44% globally in 2010, underscoring the growing vulnerability of these groups.¹

Compared to the general population globally, **gay men and other men who have sex with men** were 23 times more likely to acquire HIV; **transgender women** were 20 times more likely; **people who inject drugs** were 14 times more likely; and **sex workers** were 9 times more likely. HIV prevalence among **people in prisons and other enclosed settings** was twice that of the general population.¹



key population communities opportunities to influence global and national guidelines and to advocate for community-based prevention and other strategies to address their unique needs.

RECOGNIZE OUR DIVERSITY

“ *Key population individuals are not homogeneous. We need diverse solutions to fit our unique needs.* ”

One size does not fit all, and options are required. Long-acting PrEP should be one part of a comprehensive HIV combination prevention service package allowing for choice. Any HIV prevention strategy must offer access to all available HIV prevention and harm reduction options to cater to the specific needs, preferences, lifestyles, and risk factors of each individual. No option should be prioritized or used to replace other effective options, and policies and guidelines should reflect and enable choice.

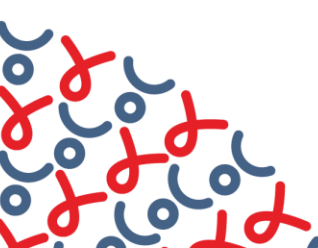
Not all recommended options have been rolled out optimally, including oral PrEP. Enabling access to all options will require advocating for long-acting options alongside continued scale-up of other HIV prevention and harm reduction options. In addition, advocacy and interventions to address structural barriers must not be neglected.

Diversity must also be reflected in tailored counseling, messaging, and demand creation efforts that resonate with the daily lives and diverse realities of key population individuals. Community-based and peer-led education and outreach through multiple channels that leverage trusted individuals from within the key population community are effective and can ensure that messages supporting PrEP choice and dispelling misconceptions about PrEP are delivered in relatable and accessible ways. Messaging must address related topics such as drug interactions with gender-affirming hormone therapy, contraception, and drugs related to harm reduction, as well as normalizing cycling on and off of PrEP as part of an individual's evolving prevention needs.

SCALE UP ACCESSIBILITY

“ *The push for scale and accessibility must be increased. We demand widespread availability of long-acting PrEP. Ask us how, where, and when we want it—don't impose assumptions.* ”

Differentiated service delivery (DSD) models include provision of PrEP through community-based sites, drop-in centers, mobile clinics, key population-led facilities, and telemedicine. DSD models that deliver services in locations convenient for key population individuals with flexible hours of operation and supportive, friendly staff are indispensable to achieving accessibility at scale. Integrated provision of comprehensive services for key population individuals—such as sexually transmitted infection (STI) prevention, HIV and STI testing, monitoring for any adverse events of prevention and treatment, gender-based violence



response, mental health support, and harm reduction—allows individuals easy, one-stop access to all necessary services.

Advocacy for policies to enable community-based provision of integrated services, including long-acting PrEP, is a priority. Specifically, to avoid re-medicalizing HIV prevention, we need policies allowing administration of PrEP injections outside traditional facilities in locations where key population individuals can access them safely and easily from trusted providers. Training and policies that support task shifting are necessary to allow for differentiated, decentralized, and integrated services (e.g., training and accreditation of community providers to administer injections). Policies and systems to create an enabling environment for decentralized service provision will be critical in addressing structural barriers and creating a path for swift scale-up.

ADDRESS RESEARCH GAPS

“ *The currently available data doesn't capture all of our experiences and realities. We need research that better reflects our needs and conditions.* ”

As new HIV prevention products are introduced, questions about preferences, feasibility, safety, and efficacy limit scale-up among key population communities. Many key population individuals use other drugs and therapies, including gender-affirming hormones, contraceptive hormones, nonhormonal contraceptives, drugs related to harm reduction therapies, recreational drugs, and alcohol. The safety and efficacy of new HIV prevention products and any potential interactions with these products must be researched and confirmed to inform guidance. Key population individuals can be exposed to HIV through sharing injection equipment as well as sexually; focused research is needed to understand options for protecting against parenteral HIV exposure.

Implementation science research must address the feasibility of and preferences for differentiated delivery of new HIV prevention products to inform policies and optimize design, including for task-shifting and the use of telehealth. Research is also needed on the feasibility of community-based models. For example, research to determine whether CAB PrEP, which is administered through subcutaneous gluteal injection, could be injected in another part of the

TRAIN PROVIDERS ON KEY POPULATION-FRIENDLY SERVICES AND CULTURAL COMPETENCY TO PROMOTE TRUST

A critical component of services that promote trust among key population individuals is training providers on key population-friendly services, including counseling clients with nonjudgmental understanding of their specific needs, challenges, and concerns. Such training is important to ensure providers are ready to support key population individuals with choice counseling to make genuine informed decisions about their prevention options. Providers must be prepared to address issues such as stigma, discrimination, and criminalization as well as concerns about side effects and common misconceptions. Enabling individuals to choose their prevention methods builds confidence in the chosen strategy and can enhance effective use.

body might make it possible to end the current exclusion from eligibility of some key population individuals with gluteal implants. Identifying alternative injection sites on the body could also facilitate differentiated and decentralized provision of injections, thus improving access.

Surveillance systems are required to monitor the impact of long-acting PrEP on HIV incidence and other outcomes among key population individuals, along with regular evaluations to assess program effectiveness, identify areas for improvement, and inform policy decisions.

Finally, continuous community-driven research on the preferences and needs of key population individuals is needed to guide advocacy, further research, and tailoring of HIV prevention options. Such inclusive strategies will also foster trust, strengthen engagement, and enhance prospects for long-term success in HIV prevention.

SUSTAIN IMPACT

“ We are key population individuals—where are the key resources to ensure long-acting PrEP is reliably accessible and sustainable for us? ”

PrEP options, including long-acting PrEP offer a promising solution to rising new HIV infections among key populations. However, without sustained and strategic investment, this promise may never be fully realized. To ensure success, programs must be tailored and supported by well-trained providers who understand the unique challenges facing key population individuals, and research must be community driven. Rollout of long-acting PrEP options must be accelerated, and equitable pricing must be provided. Consistent community engagement, strategic demand generation, user-friendly services, and interventions against structural barriers will be crucial to maximize and sustain the impact of long-acting PrEP and ensure these options reach and benefit those most in need.

Civil society plays a crucial role in holding global stakeholders, including governments and pharmaceutical companies, accountable for fulfilling their commitments regarding resources, pricing, and prioritization, supply chain issues, and regulatory approvals. Honoring these commitments is essential to ensuring that long-acting PrEP becomes widely available, and not just a solution for the privileged few. The future of HIV prevention and epidemic control depends on making long-acting PrEP part of a comprehensive, community-centered strategy that prioritizes equity and accessibility for key population individuals globally.

¹ The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 [cited 2024 Oct 30]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf.

² Davey C, Cowan F, Hargreaves J. The effect of mobility on HIV-related healthcare access and use for female sex workers: a systematic review. *Soc Sci Med*. 2018;211:261-273. doi:10.1016/j.socscimed.2018.06.017

³ 2024 Global AIDS update thematic briefing note: HIV and people who inject drugs. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 [cited 2024 Nov 25]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-people-who-inject-drugs_en.pdf.

⁴ Stoebenau K, Muchanga G, Ahmad SS, et al. Barriers and facilitators to uptake and persistence on PrEP among key populations in Southern Province, Zambia: a thematic analysis. *BMC Public Health*. 2024;24(1):1617. doi:10.1186/s12889-024-19152-y.

⁵ Moyo PL, Nunu WN. Exploring barriers and facilitators that influence uptake of oral pre-exposure prophylaxis among men who have sex with men in Bulawayo, Zimbabwe: key stakeholder's perspectives. *Am J Men's Health*. 2024;18(1). doi:10.1177/15579883231223377.