
# Reframing Risk in the Context of PrEP

Experience with oral PrEP introduction has deepened and shifted understanding of how to talk about PrEP, who can benefit from using it, and for how long. PrEP is intended for use by people at risk for HIV, but perceptions of HIV risk are complex, subjective and influenced by community beliefs and attitudes. Being at risk for HIV acquisition may be a function of both environment (e.g., living in a community with high underlying HIV incidence) and individual factors (e.g., having a partner with untreated HIV).

HIV risk is also fluid, with many people experiencing periods or "seasons" of risk followed by periods of lower risk. To maximize the preventive power of PrEP, programs and policies need to reframe risk to better align with the context, priorities and experiences of those it aims to help. This reframing affects the way risk is measured and how it is discussed, especially with people who may benefit from PrEP. The following key themes and lessons have emerged over the first decade of PrEP programs.

**Lessons for Reframing Risk**

- HIV risk changes over time – so can PrEP use.
- Risk-based messaging may not be effective for reaching many people who could benefit from PrEP.
- Conventional risk assessments can discourage or overlook people who could benefit from PrEP.

## HIV risk changes over time–so can PrEP use

Following the model of HIV treatment, oral PrEP was initially positioned as a product that, once initiated, people were expected to use daily and indefinitely. But many people don't need indefinite daily PrEP; they experience seasons of HIV risk. For example, an adolescent girl living at school may be able to pause daily PrEP while at school and restart a week or so before travelling home for holidays. A sex worker may take a break from using PrEP during periods when they're not working, or switch to using condoms. A change in a relationship status from casual to more formal or long-term may also prompt an individual to stop or pause using PrEP. This strategy of cycling on and off PrEP, if intentional and implemented appropriately, may be a form of effective use.

The Dapivirine Vaginal Ring and other longer-lasting methods on the horizon that eliminate the need for daily dosing should make PrEP adherence easier. Users may still choose to discontinue PrEP—for example removing the ring—and it will be important for implementers to understand when discontinuation reflects a problem versus when it means a user's risk has changed.

As new prevention options emerge, people may also want to switch from one to another, just as women often switch contraceptive methods. Products should be designed to make stopping, starting and switching methods seamless to ensure sustained HIV protection for users.

This is one in a series of four issue briefs highlighting key insights from a decade of oral PrEP programs and their implications for next-generation prevention products, programs and platforms. Developed as part of the AVAC-led HIV Prevention Market Manager project, all four briefs can be found at prepwatch.org/PrEP-Lessons.

HIV Prevention Market Manager
Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact
AVAC 25 Years and Counting
Clinton Health Access Initiative
Supported by the Bill & Melinda Gates Foundation

## Risk-based messaging may not be effective for reaching many people who could benefit from PrEP

Women and girls represent nearly two-thirds of new HIV cases in sub-Saharan Africa, and many PrEP programs in Eastern and Southern Africa conduct targeted outreach to AGYW. Yet research shows that HIV prevention is not a priority goal for many of them. Instead, they prioritize relationship management and sexual health. So talking to AGYW exclusively about how PrEP can help prevent HIV may not encourage them to learn more about it, initiate use, or use it effectively.

Instead, an innovative program in South Africa positions PrEP within the framework of a personal "journey" of self-empowerment that helps AGYW visualize future personal goals and identify the changes, obstacles, and support—including help protecting their sexual health—they'll need to get there.[1]

Programs like this help AGYW transition from externally-driven decision-making, focused on the needs and expectations of others (partners, families, community, health providers) to internally-driven decision-making, focused on their personal goals and priorities. This healthier mindset, in turn, helps AGYW form healthy habits including self-care and acting to protect their sexual health.

More generally, providers and program implementers should help clients assess their goals and their understanding of how PrEP use, by reducing the risk of HIV, can contribute to these goals. Among the reasons people might want to take PrEP, even if they don't consider HIV prevention a high priority, are to reduce anxiety, take control over their own sexual health, increase sexual satisfaction and intimacy, stay safe and healthy, and have a better future.[2]

*AGYW in South Africa completed Crossing the Bridge posters to help them envision their paths to "Becoming a Queen" in their relationships*

## Conventional risk assessments can discourage or overlook people who could benefit from PrEP

Oral PrEP has been offered primarily to key populations at elevated HIV risk. Studies have shown, however, that identifying PrEP use with stigmatized populations or stigmatized behaviors can discourage people who could benefit from it.[3]

> *" My mom would ask a lot of questions. She would think, 'Now you wanna do things because you are taking PrEP.' I feel like some people now think I can sleep with this one and this one…I don't want [to take it] because I don't wanna explain it."*
>
> —24-year-old woman in Johannesburg explaining why she declined PrEP.[4]

Marketing PrEP as a niche intervention for certain groups can also miss people who could benefit. In the SEARCH study, more than a third of participants receiving enhanced PrEP counseling had self-identified their elevated HIV risk, even though they didn't fit into any of the expected risk categories.[5] If PrEP had been limited or marketed exclusively to specific groups, these individuals who could benefit from PrEP might have been missed. Research among MSM in the United States similarly shows that quantitative measures of HIV risk, such as the number of a person's sexual partners, are poor predictors of an individual's real or perceived likelihood of HIV acquisition.[6]

In this context, public communications targeting certain populations "at risk" may miss many people who could benefit from PrEP while simultaneously generating HIV-related stigma that discourages PrEP uptake. Instead, general prevention messaging that positions oral PrEP and new products in a broader context of HIV prevention allows people to learn about PrEP in a more neutral way and supports informed decision-making.

## Key Considerations for Reframing PrEP Risk

### Implementers can:

- Train providers to emphasize PrEP use and HIV prevention as a form of self-care that can help users achieve their relationship and life goals.
- Allow potential users to self-identify risk rather than limiting PrEP to those in particular risk groups.
- Provide comprehensive, integrated HIV and SRH services, including STI testing and treatment and family planning.
- Engage peer ambassadors to help normalize PrEP use.
- Develop broad social marketing campaigns that promote the importance of HIV prevention for all.

### For more information:

***Risk Assessment Tools and the Identification of Individuals at High- Risk of HIV infection in the Delivery of Oral PrEP***, https://www.prepwatch.org/wp-content/uploads/2019/03/Risk_assessment_tools_and_analysis.pdf

***Oral PrEP Risk Assessment Tools***, https://www.prepwatch.org/risk-assessment-tools/

***Oral PrEP Risk Assessment Tools at a Glance***, https://www.prepwatch.org/wp-content/uploads/2018/10/Oral_PrEP_Risk_Assessment-Tools_at_Glance.pdf

[1] HIV Prevention Market Manager. Breaking the Cycle of Transmission: Increasing uptake and effective use of HIV prevention among high-risk adolescent girls and young women in South Africa. Qualitative findings shared November 2018, https://www.avac.org/event/breaking-cycle-transmission-effective-hiv-prevention-among-AGYW, Quantitative findings shared May 2019, https://www.avac.org/event/breaking-cycle-transmission.

[2] Golub S. PrEP Messaging: Taking "Risk" Out of the Pitch. HIV Research for Prevention (HIVR4P), Madrid, October 2018. Presentation SY07.03.

[3] Velloza J et al. The influence of HIV-related stigma on PrEP disclosure and adherence among adolescent girls and young women in HPTN 082: a qualitative study. J Int AIDS Soc. 20 Mar;23(3):e25463. https://doi.org/10.1002/jia2.25463.

[4] Same as reference 2.

[5] Koss CA et al. Uptake, engagement, and adherence to pre-exposure prophylaxis offered after population HIV testing in rural Kenya and Uganda: 72-week interim analysis of observational data from the SEARCH study: *Lancet HIV*. 2020 Apr; 7(4): E249-E26. https://doi.org/10.1016/S2352-3018(19)30433-3.

[6] Same as reference 1.

The HIV Prevention Market Manager (PMM), led by AVAC and CHAI with funding from the Bill & Melinda Gates Foundation, works with partners to expand the portfolio of HIV prevention options and ensure appropriate products are available, accessible and used. Since 2016, the PMM has generated key insights into HIV prevention programming, centering the people who most need, want and can use prevention, including the identification of motivators and barriers to product use and adherence. PMM has also supported evidence-based PrEP implementation strategies in multiple countries and catalyzed solutions to improve HIV prevention delivery and monitoring of PrEP impact. PMM isn't about a specific HIV prevention product; it's about paving the way for more robust and comprehensive options; accelerating their delivery; and reducing time to impact.

PMM also established the Biomedical Prevention Implementation Collaborative (BioPIC), an innovative mechanism that coordinates key stakeholders including product developers, civil society, donors, researchers, policy makers, normative agencies, and implementers to develop a product introduction strategy for emerging and future biomedical prevention options, including injectable cabotegravir and the dapvirine vaginal ring.

A summary of PMM activities is online, and a wide range of relevant data, research insights and practical PrEP implementation tools created by PMM is available at prepwatch.org.