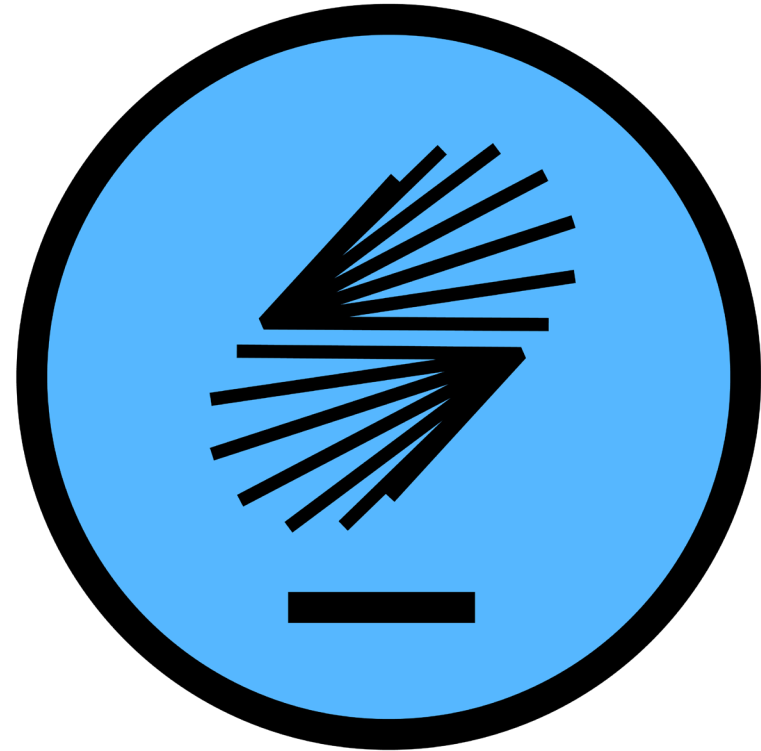


Driving Demand, Creating Access for PrEP

Kenyon Farrow

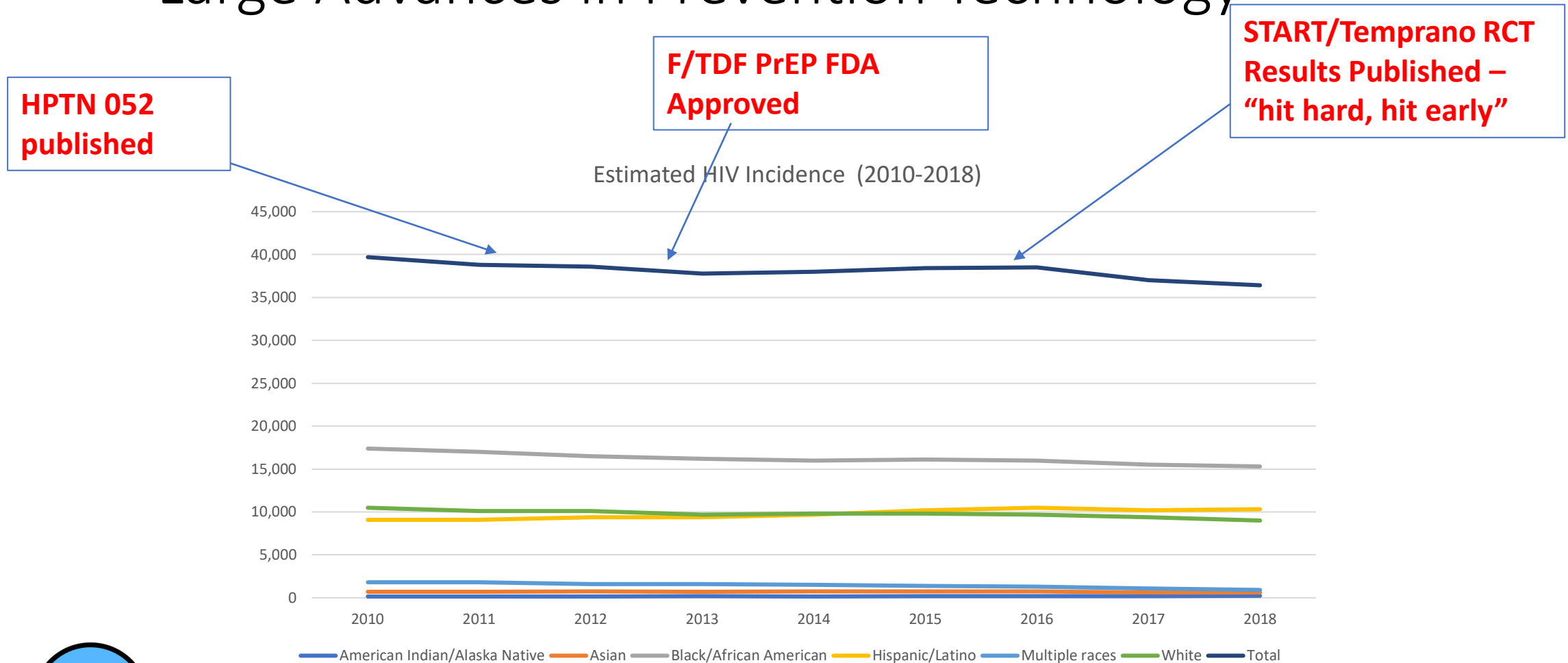
PACHA Meeting

March 15, 2022



PrEP4ALL

Progress in HIV Prevention Has Stalled -- Despite Large Advances in Prevention Technology

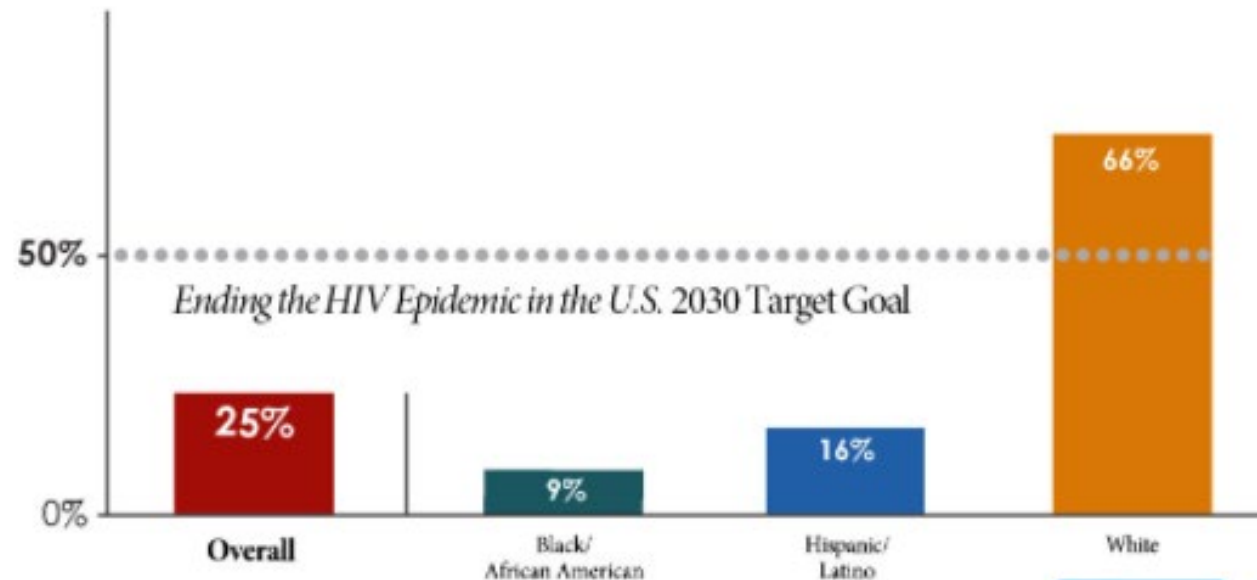


Source: Data From CDC NCHSSTP Atlas

PrEP Utilization: Disparities Not Surprising

WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL

PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020



For more information, visit
cdc.gov/nchhstp/newsroom



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



PrEP4All

PrEP Use Remains Underutilized

- TDF/FTC PrEP has been FDA approved since 2012
- Despite this, progress has been slow in scaling up PrEP uptake and access
- Federal agencies, particularly CDC, had been extraordinarily reluctant to prioritize PrEP as a public health tool
 - Took ~2 years from FDA approval to issue first guidance (+80,000 new HIV infections)
 - Took ~5 years to begin tracking PrEP utilization (+200,000 new HIV infections)
 - Took ~8 years to begin dealing with financial barriers (+280,000 new HIV infections)
- Even today, *no* federal programs exist that cover the continuum of PrEP care for uninsured individuals
 - CDC until recently was resistant to providing \$\$\$ for lab services and medication
 - Federally Qualified Health Centers and ASOs incentivized to keep prescribing expensive brand name PrEP due to perverse system of high drug costs helping finance care for un/underinsured via 340B Program
 - Still no national awareness campaign
- A decade long focus on “risk” undermined access, in addition to payer

Problem: If PrEP uptake is going to be increased equitably, a nationwide, universal access program must be designed and implemented for PrEP access that covers the entire continuum of care.

Solutions to Address the Demand Gap

Fight Mis/Disinformation

Research the drivers/solutions of mistrust, hesitancy, conspiracies, fund interventions to demystify public health systems and preventative medications

Increase Communications/Messaging Research and Implementation

Communication/messaging work for too long has been an afterthought and needs much more robust research, implementation and dissemination of effective messaging

Increase # of PrEP Prescribers

Most people who need PrEP don't access our HIV prevention CBOs/ASOs. We need them AND providers who see people and educate/offer/connect them to PrEP services.

Reframe Risk

Most people do not see themselves as “at risk” for HIV, and that frame becomes a barrier to talking about prevention options as opposed to facilitating a conversation.

National Education Campaign

Sexually active people need to know their options. And a massive national public education/mobilization campaign on PrEP/U=U is critical—much like “Heightened National Response” did for HIV testing efforts for African Americans in the mid-2000s.



Solutions to Address the Access Gap

Center Equity

Engineer a system to customized to serve the needs of the most vulnerable patients and *then* add services for less vulnerable patients

Maximize Flexibility and Accessibility

Engineer a system that allows the most vulnerable to access PrEP as easily as possible, this means a system which (to the fullest extent possible) is universally useable at all providers, where people already go for care.

Strengthen System Sustainability

Engineer a system that allows institutions that increase uptake of PrEP to increase revenue and further strengthen/expand services

Go Big

Even if modestly effective, a universal PrEP system will generate massive savings for the healthcare system. (for every 1000 infections averted, we save the system \$420 million)



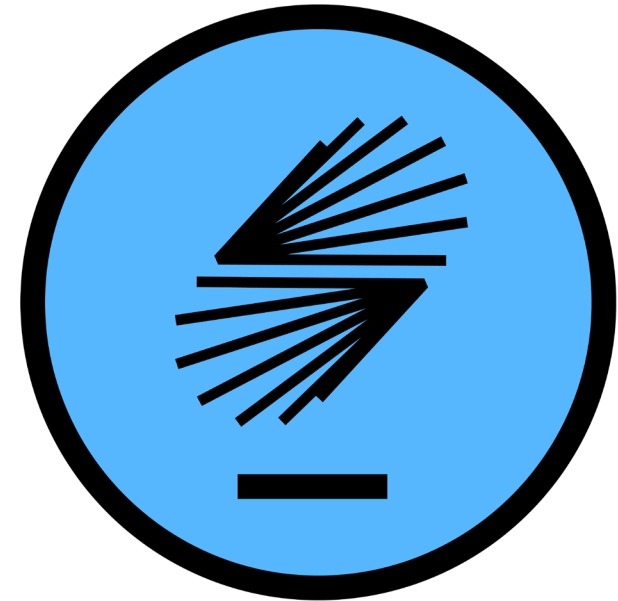
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THANK YOU!

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