English HIV and Sexual Health Commissioners Group (EHSHCG) - PrEP Insight Project Summary

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hitchmarketing.co.uk

Hitch Marketing Ltd.
Suite 3.2A, Gateway House,
New Chester Road,
Bromborough,
Wirral CH62 3NX

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The English HIV and Sexual Health Commissioners Group (EHSHCG) and Hitch would like to thank all organisations and participants who contributed towards this research.

1.0 Executive Summary

Introduction

The English HIV and Sexual Health Commissioners Group (EHSHCG) commissioned Hitch to deliver in-depth research to build intelligence around the use of Pre-exposure prophylaxis (PrEP). PrEP is an antiretroviral medication that can be taken by HIV-negative people to reduce the risk of HIV acquisition.[1]

Evidence to date suggests PrEP has had a positive impact on HIV rates, particularly among gay, bisexual, and other men who have sex with men.[2] There is now an increased focus on advancing the equity of PrEP and wider commissioning of PrEP.

This project aimed to explore the barriers and facilitators among Black African women, Trans and Non-binary people, and Sex Workers, to access PrEP. These audiences are referred to as 'underserved audiences' throughout this report. The research also informed recommendations to improve uptake of PrEP among underserved audiences.

Methods

The project commenced by holding semi-structured interviews with five stakeholders from organisations that provide support or services to one or more of the underserved audiences. The interviews explored stakeholder's views on the barriers and facilitators for underserved audiences to access PrEP. Interviews also influenced the methodology of the project as well as the development of recommendations to improve PrEP uptake.

Additionally, organisations that provide support or services to one or more of the underserved audiences were engaged to conduct qualitative research on behalf of Hitch. This method was adopted to ensure research was localised and delivered by a trusted facilitator. Representatives from each organisation either conducted 20-minute one-to-one interviews, or a focus group with individuals from one of the underserved audiences.

Forty-seven participants took part in this research. This included sixteen participants who were recruited by organisations that provide support to Sex Workers, twenty women who identified as 'Black or Black British – African' or 'Black African'; and eleven individuals who identified as Trans, Non-binary or who self-describe.

Discussion guides aimed to explore potential barriers and facilitators to accessing PrEP and were framed according to the COM-B model for behaviour change.[3] Thus, barriers and facilitators related to underserved audience's capability, opportunity and motivation were considered. Associated barriers and facilitators to access healthcare and sexual health services, were also explored.

[1] https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis
[2] https://www.nat.org.uk/press-release/statement-we-want-access-all-who-need-prep-equitable-access-prep-now
[3] https://discovery.ucl.ac.uk/id/eprint/10095640/

Barriers and facilitators were also labelled as relevant at a Personal, Provider or System level. This aimed to highlight how barriers and facilitators that can help or hinder an individual's access to PrEP interact, and how behaviour change is not the sole responsibility of an individual.

Findings

Psychological capability

Increasing awareness of PrEP was found to be a key influence to increase uptake of PrEP. Similarly, increasing knowledge about PrEP was also a key influence, specifically, understanding PrEP efficacy, who PrEP is for, risk perception and relevancy of PrEP, how to access PrEP, and understanding the potential side effects.

These findings were also mirrored at a provider level. Data highlighted instances where healthcare professionals had low levels of awareness of PrEP, misconceptions of who PrEP is for, and a lack of knowledge of how to refer individuals to sexual health services to enquire about or access PrEP.

At a system level, a key barrier for underserved audiences was a lack of available information about PrEP, relevant to each audience, in services or settings that they already use.

Physical opportunity

Improved access to healthcare and sexual health services to increase PrEP uptake was mentioned across all audiences. The following issues were highlighted: improving access to appointments, a greater choice related to the format of appointments (online, face-to-face, date and time), and a joined-up approach between providers to make access to sexual health services (and consequently PrEP), as easy as possible. It was also suggested that providing a greater variety of settings to receive sexual health support (and PrEP), including in non-clinic settings, was relevant to all audiences.

Community and grassroots organisations were perceived as providing trusted settings and messengers by all audiences. Offering PrEP in a greater variety of formats, such as longer-lasting pills, implants, and event-based dosing for all audiences, was identified as a potential facilitator to increasing uptake of PrEP. Likewise, offering a format of PrEP that could protect against a wider range of STIs and pregnancy, was also highlighted as a facilitator.

Additionally, ensuring routine conversations about sexual health, HIV, and PrEP take place at the provider level, in settings audiences already use, was recommended. Further, participants felt this should be considered alongside training and resources for healthcare professionals to learn more about PrEP, and how to ask sensitive questions about sexual history, for a diverse range of audiences. A need for sexual health services to cater for linguistically diverse audiences was also identified.

Social opportunity

While social opportunity factors were less commonly identified, stigma was highlighted as a key barrier for all audiences. The influence of experiencing stigma within society and when accessing healthcare or sexual healthcare, due to the discrimination and prejudice towards Sex Work and Trans or Non-Binary people, and racism were barriers

relevant to accessing PrEP. For many participants, social opportunity was complex and often involved intersecting forms of discrimination, including race and gender identity. At a personal level, the potential for peers to normalise discussions about sexual health and subsequently increase the likelihood to find out more about PrEP, was discussed as a potential facilitator by all audiences.

Automatic motivation

Worries and concerns were present among all audiences. This included worries about PrEP, such as the potential side effects, its efficacy, and adhering to taking a daily pill. Concerns about transmission of other STIs were also cited.

Reflective motivation

Previous experiences of accessing healthcare and sexual health services were identified as both a facilitator and barrier to PrEP uptake across all audiences. However, previous experiences were diverse and often differed across and within audience groups. The extent to which an individual prioritises sexual health was highlighted as a key influence that could facilitate increased PrEP uptake.

However, the extent to which participants prioritised sexual health was varied. It was evident that prioritising sexual health was related to an individual's needs and lifestyle, and they may have needs that are prioritised over sexual health (and subsequently PrEP), such as issues related to health and wellbeing more widely or housing and finance. This highlights the need to frame PrEP as a choice, relevant to an individual's life, that may suit their lifestyle and needs at a specific period of time.

A number of influences were more pertinent for specific audiences. A common theme, identified among research conducted with Sex Workers and those who identified as Black African, was that condoms can be preferable because of the protection they offer against a wider range of STIs, as well as pregnancy.

Additionally, a need to provide routine conversations and sexual health support in non-clinic settings, particularly in primary healthcare and community settings, was a theme that appeared most pertinent from the research conducted with Black African women. Initiatives that aim to normalise discussions relating to sexual health, address stigma, and potential negative associations with PrEP such as through peer-to-peer influence were also particularly relevant for this audience.

A requirement to improve physical opportunity at a provider level, by enabling Trans and Non-binary individuals to state pronouns at the first point of accessing healthcare or sexual health services and for correct gender pronouns to be used, were influences identified as relevant to Trans and Non-binary individuals.

The research showed that an individual can be part of multiple underserved audiences. These audiences may have pressing sexual health needs and may face additional barriers to accessing sexual health services.

Further consideration should be given to whether these audiences should be prioritised and similarly, to what extent demographics or behaviours are used to determine risk and relevancy for PrEP. Related to this, challenges were identified by the languages and labels used to describe underserved groups such as 'Sex Workers', which may not adequately reflect the diverse range of needs or effectively engage individuals.

Recommendations and Behaviour Change Wheel

The Behaviour Change Wheel, which aligns to the COM-B model, was used to identify recommendations to increase PrEP uptake at a personal, provider and system level. Recommendations include increased support for community and grassroots organisations to promote PrEP in suitable settings relevant to each audience, mobilising a peer-educator network programme, providing training for healthcare staff and promoting tools that enable an individual to assess their own risk and PrEP relevancy.

2.0 Summarised Findings

The following tables represent the key themes identified from the qualitative research conducted with audiences. Key themes have been labelled as barriers or facilitators, relevant for each COM-B construct and labelled as a personal, provider or system level barrier. The full report provides findings from the stakeholder interviews and further detail on key themes identified.

Black African Women Research:
COM-B **BARRIERS** to access PrEP

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Levels of knowledge of how to access healthcare and sexual health services	●		
		Lack of information of how to access healthcare and sexual health services			◆
		Language barriers	●	■	
		Skills and confidence to communicate a healthcare problem	●		
		Levels of digital skills	●		
		Awareness and knowledge of HIV and risk perception	●		
		Low levels of awareness of PrEP	●		
		Low levels of knowledge about PrEP and how to access	●		
		Misconceptions about who PrEP is for	●		
		Levels of knowledge and skills to provide services for diverse audiences		■	
		Forgetting to take PrEP daily	●		
	Physical capability	N/a			
OPPORTUNITY	Physical opportunity	Levels of contact with healthcare	●	■	◆
		Lack of time to prioritise health	●		
		Stretched healthcare resources and staff turnover		■	◆
		Difficulty booking appointments, long waiting-times and appointments not available at convenient times		■	◆
		Additional barriers for asylum seekers to access healthcare		■	◆
		Gender/ethnicity representation among healthcare professionals		■	◆
		Healthcare professionals levels of cultural awareness		■	◆
		Lack of HIV and PrEP promotion from healthcare professionals		■	◆
		Easy access to condoms	●		◆
		Information and adverts not culturally sensitive		■	◆
	Social opportunity	Culturally insensitive marketing contributing to stigma		■	◆
		Cultural norms and stigma to accessing healthcare and sexual healthcare	●		
		Stigma towards discussing sex and sexual health	●		
		Stigma towards HIV	●		
		Stigma towards sexual health and PrEP /promiscuity	●		
		Stigma towards sexual health and PrEP /HIV+	●		
		Lack of partner support to take PrEP	●		
MOTIVATION	Reflective motivation	Negative perceptions/lack of trust of the healthcare system	●		
		Sexual health not a priority (especially preventative)	●		
		Previous negative side effects of contraceptives	●		◆
		Established use of condoms / contraceptive a priority	●		
		PrEP only protects from HIV			◆
		PrEP has to be taken daily			◆
	Automaticmotivation	Embarrassment to discuss sexual health	●		
		Intrusive medical questions		■	◆
		Feelings of sadness and oppression	●		
		Fear of HIV and stigmatisation	●		
		Trauma and sadness	●		
		Concerns about people finding PrEP medication	●		
		Concerns about PrEP efficacy	●		
		Intention / action gap	●		◆

Black African Women Research:
COM-B **FACILITATORS** to access PrEP

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	More information about sexual health services		■	◆
		Greater awareness and understanding of HIV	●		
		Levels of PrEP awareness, among some	●		
		More information about PrEP			◆
		Improving levels of awareness of PrEP	●		
		More/clearer information about who PrEP is for, such a criteria tools			◆
		More information about PrEP possible side-effects			◆
		Information about PrEP in primary healthcare settings		■	◆
		Outreach activity to increase awareness of PrEP		■	◆
		Engage/train community groups to promote information about PrEP		■	◆
		Peer mentor / PrEP champions		■	◆
	Physical capability	N/A			
OPPORTUNITY	Physical opportunity	Established contact with a GP, offering the same GP		■	◆
		Greater choice of date/time of appointments		■	◆
		Female healthcare professionals		■	◆
		Confidential healthcare services		■	◆
		Choice of format of sexual healthcare services – in-person or online		■	◆
		PrEP available in non-healthcare settings		■	◆
		Sexual health services that offer holistic support		■	◆
		Translated services and resources		■	◆
	Social opportunity	Normalising sex	●		
		Comfortable to discuss sex with friends	●		
		Normalising discussions about HIV and addressing stigma	●	■	
		Inclusive marketing of PrEP		■	◆
		Engage and gain support of men/partners	●	■	◆
		Lack of condom negotiation opportunities/partner stigma towards condoms	●		
		Peer-to-peer promotion of PrEP	●		
MOTIVATION	Reflective motivation	Positive perceptions towards healthcare, particularly GPs	●		
		Importance and personal responsibility of maintaining health	●		
		Importance, personal responsibility, and sense of control of maintaining health	●		
		Relevance of HIV	●		
		New relationship status, being single/dating triggers thoughts about sexual health and risk	●		
		PrEP offers benefits to women experiencing domestic violence	●		
		Dislike of condoms	●		
		Planning ahead for potential unprotected sex	●		
	Automatic motivation	Fear and worries of HIV and STIs	●		
		Worries about condoms not offering complete protection	●		
		Worries of partner infidelities/trust	●		
		PrEP can be seen as empowering	●		
		PrEP information can address concerns/common worries relating to stigma	●	■	◆
		PrEP can be viewed as private/discreet, addressing concerns about medication being found	●		

Sex Worker Research:
COM-B **BARRIERS** to access PrEP

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Levels of knowledge of how to access sexual health services	●		
		Lower levels of knowledge of how to access healthcare among asylum seekers	●		
		Lower levels of knowledge of preventative sexual health measures among asylum seekers	●		
		Lack of information/advertising of sexual health clinics			◆
		Lack of sexual health information for independent Sex Workers			◆
		Levels of digital skills	●		
		Lack of awareness of PrEP among some	●		
		Misconceptions about who PrEP is for	●	■	
		Misconceptions about risk perception	●		
		Healthcare professionals levels of knowledge and understanding of Sex Work		■	◆
		Forgetting to take PrEP daily	●		
	Physical capability	Unable to take PrEP/medication due to side effects	●		
OPPORTUNITY	Physical opportunity	Difficulty obtaining appointments		■	◆
		Low number of sexual health clinics			◆
		Healthcare/sexual health services not provided in a range of languages		■	◆
		Digital/online services confusing		■	◆
		Healthcare waiting rooms lack privacy		■	◆
		Lack of promotion on range of preventative measures from sexual health services		■	◆
	Social opportunity	Stigma towards Sex Work		■	◆
		Stigma to disclose unprotected sex	●	■	
		Cultural barriers to discuss sexual health	●		
		Lack of relevancy of HIV, for some	●		
MOTIVATION	Reflective motivation	Negative experiences of healthcare/sexual health services	●	■	◆
		Dislike pills/taste of medicine	●		
		Established use of condoms	●		
		PrEP only prevents against HIV			◆
		PrEP seen to increase unprotected sex and STIs	●		◆
	Automatic motivation	Concerns about judgement	●		
		Concerns about confidentiality	●		
		Concerns about PrEP side effects and effects on other medication	●		
		Worries about other STIs	●		

Sex Worker Research:
COM-B **FACILITATORS** to access PrEP

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Confidence to seek healthcare and sexual healthcare	●		◆
		Knowledge of how to navigate sexual health services, for some	●		
		High levels of awareness/risk perception knowledge, among some	●		
		Wider societal sex education			◆
		Awareness of PrEP, for some	●		
		Word of mouth promotion of PrEP	●		
		Sexual health Information in parlours		■	◆
		More information about PrEP, particularly to increase knowledge of side effects			◆
		Providing information about PrEP, in one centralised place/website			◆
		More promotion/adverts about sexual health and clinics		■	◆
		Promote information on relevant Sex Worker sites		■	◆
	Physical capability	Pills viewed as easy to take, by some	●		
OPPORTUNITY	Physical opportunity	Time and means to maintain sexual health and access clinics	●		
		Regular contact with healthcare and sexual healthcare	●	■	
		Offering confidential and discreet sexual health services, including home visits		■	◆
		Translation of services/resources		■	◆
		Information about PrEP that can be read in private/is discreet		■	◆
		Regular contact with, and promotion of PrEP via sexual health charities	●	■	
		In-person healthcare services		■	◆
		Sexual health clinics best setting to access PrEP		■	◆
		PrEP offered in other settings, as an option		■	◆
		Long term prescriptions of PrEP			◆
		Online repeat prescriptions of PrEP			◆
		Provide option of PrEP format			◆
	Social opportunity	Relevancy of HIV, for some	●		
		Peer support to take PrEP	●		
MOTIVATION	Reflective motivation	Importance and personal responsibility of health and sexual health	●		
		Additional barriers to using other forms of protection (eg condoms) for some audiences	●		
		Benefits of PrEP for porn industry	●		
		Changing type of Sex Work, triggers thoughts about risk, prevention, and PrEP	●		
		Client demand for condomless sex	●		
		Experience of STIs, condom splitting or having unprotected sex triggers thoughts about risk and prevention	●		
		Positive perceptions of PrEP, particularly being preventative	●		
	Automatic motivation	Worries about HIV risk	●		
		Feeling embarrassed to have an STI	●		
		PrEP can provide a sense of security	●		
		PrEP can offer a sense of control	●		
		Worries about condoms not offering complete protection	●		

Trans and Non-binary Research:
COM-B **BARRIERS** to access PrEP

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Lack of information about PrEP			◆
		Misconceptions about PrEP	●	■	
		Low levels of awareness within healthcare about Trans health issues		■	◆
		Lack of sexual health and PrEP information for Trans and Non-binary audience		■	◆
		Low levels of knowledge within healthcare services about Trans health issues		■	◆
	Physical capability	N/a			
OPPORTUNITY	Physical opportunity	Difficulty obtaining appointments			◆
		Lack of promotion about sexual health from healthcare services		■	◆
		Healthcare services are 'gendered'		■	◆
		Healthcare system is difficult to navigate		■	◆
		Poor and often sporadic communication from healthcare providers		■	◆
		Trans healthcare underrepresented compared to other LGBTQIA+ audiences		■	◆
		Lack of / poor quality sex education, especially LGBTQIA+ sex			◆
		Lack of permanent address	●	■	◆
		Not being registered to a GP / lack of contact with healthcare	●	■	
	Social opportunity	Being misgendered		■	◆
		Experiencing stigma, bigotry, and intolerance		■	◆
		Lack of conversations about sexual health with friends (taboo)	●		
MOTIVATION	Reflective motivation	Negative experiences with healthcare professionals relating to gender	●	■	
		Perceived pressure to take PrEP or lack of perceived choice	●		
		Hesitancy to access healthcare	●		
		Health as a low priority	●		
	Automatic motivation	Anxiety (general and health anxiety) associated with seeking healthcare	●		

Trans and Non-binary Research: **COM-B FACILITATORS to access PrEP**

	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Greater knowledge and awareness within healthcare about Trans health		■	◆
		Advertise PrEP more widely		■	◆
		Provide PrEP information on clinics/GP websites		■	◆
		Promote PrEP information through clinics and Trans organisations/ venues. Such as offering leaflets and displaying posters		■	◆
	Physical capability	N/a			
OPPORTUNITY	Physical opportunity	Routine promotion of sexual health / PrEP discussions within healthcare settings		■	◆
		Opportunity to order PrEP online			◆
		Online systems that improve access to GP/clinic appointments/ prescriptions		■	◆
		Ensure healthcare systems enable choice to provide correct gender, pronoun, and name		■	◆
		Provide education or training about PrEP for staff who work in clinics and trans organisations / venues		■	◆
	Social opportunity	Using correct gender pronouns		■	◆
		Peer-to-peer social influence and word of mouth	●		
MOTIVATION	Reflective motivation	A feeling of choice and autonomy about decision to take PrEP	●		
		Being able to take event-based PrEP	●		◆
		PrEP can be perceived as liberating	●		
		PrEP a proactive form of preventative protection	●		
	Automatic motivation	Humour	●		

3.0 Recommendations and Discussion

3.1 Discussion of findings and recommendations

This research used the COM-B model of behaviour change to underpin the identification of barriers and facilitators to accessing PrEP. These barriers and facilitators were labelled as relevant to the COM-B constructs: *Capability* (psychological capability such as awareness, knowledge and skills, physical capability such as physical strength), *Opportunity* (physical opportunity relating to the physical environment, social opportunity relating to social influences), and *Motivation* (reflective motivation relating to internal decision-making processes, automatic motivation relating to habit and emotions).

Additionally, barriers and facilitators were labelled as relevant for one or more of the following: *System* (relating to wider healthcare structure, political or economic factors), *Provider* (relevant to primary, secondary healthcare or commissioners), or *Personal* (relating to an individual, community or society). Evidently, themes often relate to multiple COM-B constructs and types of barriers and facilitators, highlighting the multiple, interlinked factors that influence increasing PrEP uptake. A discussion of the key themes, and recommendations of how to improve PrEP uptake, is provided below.

When reviewing the identified barriers and facilitators aligned to the COM-B model, it is possible to identify common influences related to increasing PrEP uptake across all underserved audiences. Influences relating to **psychological capability** and **physical opportunity** are relevant for all underserved audiences and arguably, these are the COM-B components that appear to be most frequently referenced.

Relating to **psychological capability,** increasing awareness of PrEP is, unsurprisingly, a key influence on increasing PrEP uptake - as is greater levels of knowledge about PrEP, specifically; understanding PrEP efficacy, who PrEP is for, risk perception and relevancy of PrEP, how to access PrEP and knowledge of potential side effects.

These findings are not only relevant at a personal level, but also a provider level, with stakeholder interviews and qualitative research with audiences highlighting instances of healthcare professionals with low levels of PrEP awareness, misconceptions about who PrEP is for and, among some healthcare providers, low levels of knowledge of how to refer individuals to sexual health services to enquire about, or access PrEP.

Additionally, at a system level, a lack of available information about PrEP relevant for different audiences, particularly in places where audiences already access information, was also highlighted throughout the research. Evidently, psychological capability needs to be improved at all levels (personal, provider, and system), to increase PrEP uptake and this is likely to be a pressing priority. These influences are heavily interwoven with levels of awareness and knowledge regarding sexual health and how to access sexual health services. Additionally, at a provider level, they also relate to awareness and knowledge of providing care for a diverse range of audiences.

Relating to **physical opportunity** at a system level, a need to improve access to healthcare and sexual health services appeared to be a universal requirement to improve PrEP uptake, across all audiences. Specifically, improving access to appointments, a greater choice relating to format of appointments (online, face-to-face, date/time etc.), a joined-up approach between providers to make access to sexual health services (and PrEP) as easy as possible, and a greater variety of settings available to receive sexual health support and potentially PrEP medication, including in non-clinic settings, were relevant to all audiences.

Many of these influences are compounded by system barriers related to stretched resources in healthcare and sexual health services. It is worth highlighting that community and grassroots organisations were evidently trusted settings and messengers, for all audiences. Ensuring spaces outside of clinical setting are available, enabling conversations about PrEP and sexual health, and increased outreach activity in these settings is recommended. The benefit of providing spaces to enable conversations about PrEP is evident, as participants involved in the qualitative research cited *"sessions like this",* in reference to the focus groups and interviews, as a positive example of what would encourage them to consider using PrEP.

Additionally, a greater variety of PrEP formats (e.g., longer-lasting pill, implant, event-based dosing), was identified as a requirement to increase PrEP uptake. At a provider level, more routine conversations about sexual health, HIV (including offering more routine HIV tests), and PrEP, alongside providing training and resources for healthcare professionals to learn more about PrEP and how to ask sensitive questions related to sexual history, for a diverse range of audiences, was recommended. Should any training or resources be produced, it is recommended that underserved audiences co-create elements of the training.

Influences relating to **social opportunity** were less commonly identified, although there were significant social opportunity influences identified from the research conducted with Black African women. However, the influence of stigma was clearly relevant for all audiences. At a system and provider level, among all audiences, the influence of experiencing stigma within society and when accessing healthcare or sexual healthcare, due to stigma towards Sex Work, Trans and Non-binary individuals or racism were mentioned as barriers relevant to accessing PrEP.

Stigma to disclose behaviours such as unprotected sex was also identified, relevant for a personal and provider level. At a personal level, the positive influence and potential for peers to normalise discussions about sexual health, address stigma, and to increase likelihood to find out more about PrEP, for all audiences, was clear.

Automatic motivation influences show that there were common themes of 'worries and concerns', among all audiences. This included worries about PrEP, particularly around potential side effects, concerns about efficacy, and adhering to a daily pill. There were also worries about STIs and HIV risk. Additionally, within the stakeholder interviews, it was noted that concerns about how PrEP may interfere with hormone treatment, breastfeeding or have implications during pregnancy, were also present among underserved audiences.

Therefore, increasing confidence around PrEP is key, this will relate to increasing psychological capability (awareness and knowledge), and physical opportunity (resources, more routine conversations, spaces for conversations). Increasing awareness, knowledge and skills at a system and provider level, to enable healthcare professionals to have sensitive but informative conversations about sexual health with a diverse range of audiences, will also help to mitigate worries and concerns. Similarly, ensuring there are spaces and the support for conversations to happen in non-clinic settings, potentially provided by community organisations, will again help to mitigate worries and concerns.

When considering **reflective motivation** themes uncovered by the research that were relevant for all audiences, previous experiences of accessing healthcare and sexual health services were a key influence that could facilitate or hider, PrEP uptake. However, participants previous experiences within each audience group were diverse.

Similarly, prioritising sexual health was also a key influence that appeared across all audiences but again, the extent to which individuals prioritised their sexual health was varied across individuals within each audience. It is worth noting that it is evident that this also related to an individual's needs and lifestyle, and they may have needs that are prioritised over sexual health (and PrEP), such as issues relating to health and wellbeing more widely or housing and finance.

Evidently, **motivation** to access PrEP will be interlinked with levels of capability and opportunity, such as awareness, knowledge and the social and physical environment that enables someone to access PrEP. However, when reviewing motivation influences, there is perhaps a much more personal element for individuals *within* audience groups to consider using PrEP, compared to capability and opportunity themes. This shows that *how* information about PrEP is framed and communicated is of utmost importance. It is recommended that PrEP is framed as a *choice* that can provide empowerment for some, that can be an urgent need, provides a sense of safety or control for others, or that it might be relevant for someone in a specific period in their life.

Additionally, as recommended in the stakeholder interviews, PrEP should be provided as part of a wider health and wellbeing offer, where sexual health support is just one element of this offer and PrEP is just one part of the sexual health offer. This is perhaps most pertinent for those with multiple, pressing needs and it should be considered whether providing a wider health and wellbeing offer is best suited to settings outside of clinics.

There are influences identified as particularly pertinent to specific audiences. For example, a common theme identified in the research with Black African women and Sex Workers was that condoms can be seen as preferable, largely because they provide protection from a wider range of STIs, and pregnancy.

Similarly, a hesitation around PrEP was whether taking PrEP could increase risk of STI transmission. Therefore, a recommendation relevant for physical opportunity at a system level, is for PrEP, in the future, to ideally be available in a format that provides preventative protection for more than just HIV to cater to these needs. A requirement to ensure clinics cater for linguistically diverse audiences was also a relevant theme

identified from the research conducted with Black African women and Sex Workers but is likely to also be relevant for a broader audience. Providing information and resources in multiple languages, and ensuring there are translators available in clinics, such as on specific drop-in sessions, is recommended.

Additionally, increasing levels of physical opportunity at a provider level, by providing more routine conversations about sexual health and PrEP in non-clinic settings women already use, particularly primary healthcare and community settings, appeared most relevant to Black African women, due to lower levels of accessing sexual health services, comparative to other audiences.

Improving social opportunity for this audience was also key. At a personal level, normalising discussions about sexual health and PrEP, and increasing peer support for PrEP, is key to address potential stigma around PrEP, such as associations with promiscuity. This could be achieved by peer networks or ambassadors and greater outreach activity. Worries about others finding PrEP, an automatic motivation influence, was also particularly relevant for this audience. Therefore, potentially framing PrEP as discreet for this audience should be considered further, although this message could detract from efforts to normalise PrEP.

When reviewing themes identified from the research conducted with Sex Workers, there were perhaps greater levels of reflective motivation to prioritise sexual health, with many participants noting that sexual health was a personal and important responsibility, which could be capitalised upon to increase PrEP uptake. However, as noted throughout the research, the type of work, experiences and needs of individuals in the Sex Industry is incredibly diverse and this conclusion will not be relevant for all Sex Workers.

Related to this, individuals involved in Sex Work that are street-based were noted as likely to have lower levels of awareness and knowledge about PrEP and sexual health services more widely. Therefore, prioritising this subgroup and increasing levels of psychological capability (awareness, knowledge) with this audience should be considered. Promoting information on apps or websites that may be used by this audience, and greater outreach activity, should be explored further.

A requirement to improve physical opportunity at a provider level, by enabling Trans and Non-binary individuals to state pronouns at the first point of accessing healthcare or sexual health services and for correct gender pronouns to be used, were influences identified as relevant to Trans and Non-binary individuals. Additionally, relating to psychological capability, greater levels of knowledge and skills among healthcare professionals relating to Trans and Non-binary needs, was also relevant to this audience.

Although not specific to the COM-B model, it was noted throughout the research, that individuals can have multiple needs and be part of multiple audiences or population groups. Within the stakeholder interviews, 'queer migrants' were identified as an audience that should be prioritised. Additionally, from the research conducted with audiences, themes which suggested greater barriers to accessing healthcare, sexual health and perhaps comparatively greater sexual health needs, were identified as particularly relevant for asylum seekers and refugees. It should be considered whether migrants, asylum seekers and refugees, who may also be Black African, Trans and Non-

binary, or engaged in Sex Work, should be prioritised for initiatives to improve PrEP uptake. Related to this, further consideration should also be given towards to what extent behaviours or demographics are used to determine an individual's risk and relevancy for PrEP and how questions to determine relevancy, are sensitively delivered.

More generally, initiatives to increase PrEP uptake should build upon positive work currently being conducted by charities, community and grass roots organisations. Learnings should be identified and localised models used where possible in other areas.

3.2 Behaviour Change Wheel

Throughout this report, a COM-B diagnoses has been used to identify influences, in the form of barriers and facilitators, that effect uptake of PrEP among underserved audiences. Associated and interwoven influences to accessing healthcare and sexual health services have also been explored.

To support the identification of recommendations to increase PrEP uptake, the Behaviour Change Wheel (BCW) has been used to explore potential intervention types that can help to change behaviour at a personal, provider and system level. Within the BCW, intervention types are the different methods that can be enacted to support the required behaviour change, for example, behaviour can be changed by educating or persuading. The BCW complements the COM-B model. As shown in figure 3 below, the COM-B components are at the core of the BCW. The mid-circle outlines nine potential intervention types that can be considered to support behaviour change.

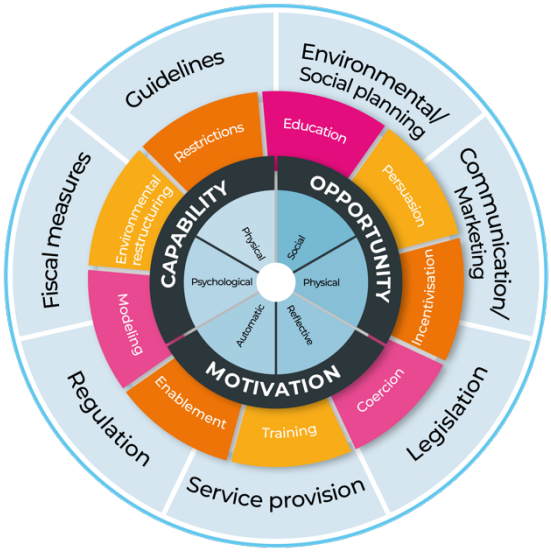

Figure 3: Behaviour Change Wheel[4]

The nine intervention types are as follows:

- Education – informing or explaining to increase knowledge or understanding

[4] http://www.behaviourchangewheel.com/about-wheel

relating to a behaviour.

- Persuasion – using words or images to encourage people to feel a liking or disliking for something in order to influence behaviour.
- Incentivisation - applying rewards to a behaviour.
- Coercion – applying costs or punishments to a behaviour.
- Training – using demonstration, feedback and practice to improve physical or psychological skills such as the ability to analyse information and plan based on that information.
- Enablement – providing physical or social support or material or financial resources that make it possible, or easier to, enact a behaviour.
- Modelling – providing an example for people to imitate, learn from, or aspire to.
- Environmental restructuring – shaping the physical or social world inhabited by a person to make a behaviour easier or more difficult, to appear more or less normal, or to add or remove prompts.
- Restriction – using formal social rules to set boundaries for a behaviour.

Each COM-B component relates to specific intervention types, and more than one intervention type can be used alongside each COM-B component. For example, interventions such as 'education', 'training' and 'enablement', can be used to increase levels of psychological capability, such as to increase awareness knowledge and skills. The relevant intervention types for each COM-B subcomponent are shown in Table 1 below.

COM-B component	Education	Persuasion	Incentivisation	Coercion	Training	Restriction	Environmental Restructuring	Modelling	Enablement
Physical Capability					X				X
Psychological Capability	X				X				X
Physical Opportunity					X	X	X		X
Social Opportunity						X	X	X	X
Automatic Motivation		X	X	X	X		X	X	X
Reflective Motivation	X	X	X	X				X	

Table 1: BCW intervention types, by COM-B component

The BCW also supports the identification of 'policy options', relating to how the interventions identified can be implemented. Seven policy options are displayed in the outer circle of the BCW (figure 3). The seven options are as follows:

- Guidelines – creating and disseminating guidelines.
- Environmental and social planning – formal planning processes to create and implement changes to the physical or social environment.
- Communication and marketing – using communication channels, including electronic, print and broadcast media, and correspondence, to deliver messaging.
- Legislation – developing and enacting laws.
- Service provision – providing services or resources.
- Regulation – creating and implementing regulations short of legislation.
- Fiscal measures – implementing financial rules, including taxation.

The BCW advises that the following policy options are best suited for specific intervention types, as displayed in Table 2 below.

COM-B component	Communication/ marketing	Guidelines	Fiscal measures	Regulation	Legislation	Environmental/ social planning	Service provision
Education	X	X		X	X		X
Persuasion	X	X		X	X		X
Incentivisation	X	X	X	X	X		X
Coercion	X	X	X	X	X		X
Training		X	X	X	X		X
Restriction		X		X	X		
Environmental restructuring		X	X	X	X	X	
Modelling	X						X
Enablement		X	X	X	X	X	X

Table 2: BCW policy options, by intervention type

The influences that were most commonly highlighted throughout the research, relevant to all audiences, and that arguably, have the greatest impact on improving PrEP uptake, have been considered using the BCW framework to identify recommendations at a personal, provider and system level, as shown in Table 3 below. The influences aim to mitigate barriers, and harness facilitators, to access PrEP. The influences and recommendations identified are not exhaustive. The discussion of key findings highlighted previously in this chapter provides an additional overview of influences and potential recommendations, specific to each audience.

Recommendations are often relevant for multiple influences and COM-B constructs. Where applicable, recommendations have been noted more than once. It is worth highlighting that recommendations can be relevant for more than one level (system, provider, personal), with recommendations often relevant for both provider and system levels. The risks highlighted within the stakeholder interviews, noted in section 5.1 of the full report, should be considered further when reviewing the recommendations.

COM-B construct	Key influence	Personal	Provider	System
Psychological capability	Increase awareness and knowledge of PrEP.	Targeted awareness campaigns or initiatives (e.g., train-the-trainer type programmes), encouraging and equipping people with the knowledge, skills and confidence to speak about PrEP to others. Initiatives should engage key decision makers in communities (e.g., church leaders).	Greater outreach activity in key settings to promote information about sexual health services and PrEP.	Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required. Information about PrEP available from one trusted source that appears at the top of search engines, links to other organisations for specific information relevant for diverse audiences. Information on other forms of protection, should include a link to PrEP information. Tools to understand if PrEP is for you and to assess risk much more widely promoted, such as IwantPrEP now PrEP tool.[5] Information in locations/settings/websites/apps audiences already access/use (e.g., pharmacies, GPs, settings relating to reproductive health, women's organisations, grass roots/community organisations etc.). This should include non-healthcare settings that underserved audiences already use and settings such as emergency temporary accommodation. Consider including PrEP in age-appropriate sex education to improve long-term awareness and knowledge.

COM-B construct	Key influence	Personal	Provider	System
Physical capability	Provide PrEP in a range of formats that may meet physical capability needs (e.g., unable to take pills).			PrEP available in a variety of formats in the future (pill, longer-lasting pill, injection) and formats that protect against other STIs and pregnancy.
Physical opportunity	Enable more routine conversations about PrEP for diverse range of audiences in settings they *already* use.		Clinics cater for diverse range of languages (E.g., drop-in sessions specific for relevant languages). Greater outreach activity in key settings to promote information about sexual health services and PrEP. Training/increased support for community/ grass roots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.).	More resources about PrEP available for healthcare professionals to use to support discussions about PrEP/provide information for a patient to read at home. Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required.

[5] https://www.iwantprepnow.co.uk/prep-tool/

COM-B construct	Key influence	Personal	Provider	System
	Make it easy / as easy as possible to access PrEP.		PrEP advice/consultations available in non-clinic settings. For example, include non-clinic settings in the customer journey to access PrEP (e.g., consultation, bloods in non-clinic setting, attend clinic to receive medication). Remote prescription, ability to get PrEP from chemists. Enable regular forums/spaces for clinicians and service users to discuss barriers to accessing sexual health clinics (and PrEP). (e.g., meeting/workshop where service users are paid to attend).	Standardise access to PrEP as much as possible (e.g., same process across the country), patients to not have to go to their local clinic. Consider moving away from a criteria led model to assess PrEP candidates, to an individual risk assessment model, provide guidelines and training to enable a conversation with individuals about risk assessment. Enable people to opt in and opt out of PrEP. Provide a system that if they take a PrEP holiday, they do not have to begin the process all over again. Consider prescriptions that last a period of time and easier repeat prescription models.
Social opportunity	Peer-to-peer support for PrEP.	Targeted awareness campaigns or initiatives (e.g., train-the-trainer type programmes), encouraging and equipping people with the knowledge, skills and confidence to speak about PrEP to others. Initiatives should engage key decision makers in communities (e.g., church leaders).		Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors. Create resources that address stigma and misconceptions surrounding PrEP.

COM-B construct	Key influence	Personal	Provider	System
Reflective motivation	Make PrEP relevant for individual needs.		Training/increased support for community/grassroots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.) – likely to have greater knowledge of individual needs and a level of trust.	Information frames PrEP as a choice, that can meet individual's needs, at a period in their life. Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors. Able to offer holistic support/navigate support from other organisations. Future PrEP available in a variety of formats (pill, longer-lasting pill, injection) and protect against other STIs and pregnancy.
Automatic motivation	Make people feel as comfortable and supported as possible to discuss sexual health and disclose behaviours, to enable positive experiences.		Training/increased support for community/grassroots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.).	Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors. Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required.

Table 3: Recommendations identified us