

**Improving Access and Awareness of PrEP for Women from
Black African and Other Marginalized Communities in Leeds:
A Stakeholder Engagement Approach.**

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PrEP Access Inequities for Black African Women in the UK

- **Increase in HIV Diagnoses Among Black African Women:**
 - The proportion of Black African women diagnosed with HIV in England increased from 8% in 2017 to 10% in 2021.
- **Decrease in PrEP Uptake Among Women:**
 - The proportion of PrEP users who were women, including Black African women, fell from 2.9% during the PrEP Impact Trial (2017-2020) to 2.0% in 2021.
 - Specifically, for Black African women, the PrEP-to-need ratio (PnR) only increased marginally from 0.1 to 0.3 between the trial period and 2021, indicating minimal improvement in PrEP coverage for this group.
- **Widening Equity Gap:**
 - The equity gap between White men and Black African women in PrEP coverage increased substantially. During the PrEP Impact Trial, the PnR gap was 78-fold, but by 2021, it had widened to 278-fold, **representing a 3.5 times higher equity gap between periods.**

Aidsmap, 2024

Aims & Objectives

Aim

To Increase Access to PrEP for Black African women and women from other marginalized communities

Objectives

- To improve knowledge about PrEP among Black African women and women from marginalized communities
- To identify and develop strategies to overcome Women's barriers to PrEP through stakeholder engagement with relevant stakeholders including Sexual Health clinicians, Policy makers/influencers, community health workers, and women from key populations

Progress Highlights



Method

- Stakeholder Engagement Session:**

Participants: Sexual Health Clinicians, Policy Influencers, Community Health Leads & Coordinators, Health Improvement Specialists, and Women from key populations.

- Approach:**

Adaptive Action Methodology: This is a dynamic, iterative strategy for addressing complex challenges that encourage collaboration, learning, and responsive action (S Mennin , 2021).

- We facilitated a learning space that focused on lived experiences and **equitable engagement** in answering the “What?”, “What then?” And “ What now?” questions

- Process:**

Group Discussions:

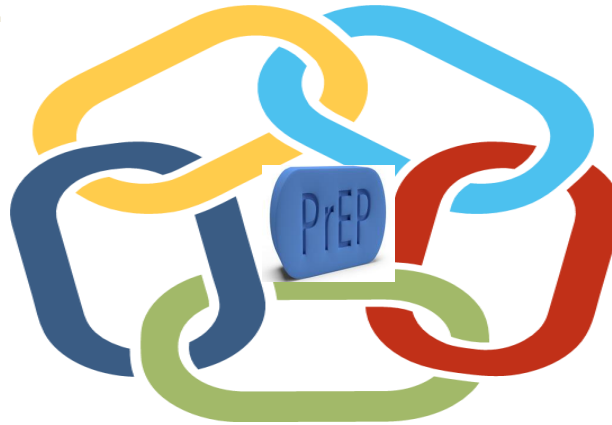
- Participants were divided into groups.
- Each group addressed one of the 5 A's of accessibility (Approachability, Acceptability, Availability, Affordability, and Appropriateness).
- Discussions aimed to identify barriers and co-produce potential solutions.



Five “A”s of Access

APPROPRIATENESS

Providing flexible and accessible healthcare services, to meet the needs of the target population



APPROACHABILITY

By making services visible, people are aware that they exist and know how to access them.



AVAILABILITY

The ease of access to health services on both a physical and timely basis



AFFORDABILITY

People's economic capacity to spend money and time to use appropriate services





ACCEPTABILITY

Ensuring that PrEP services are culturally sensitive and inclusive, making people feel welcomed and respected regardless of their background



Results

| Adaptive Actions | Barriers  | Co-produced Solutions  |
|------------------|---|--|
| Approachability | Language, service location, and technology issues | Use BSL and language interpreters, Enhance word-of-mouth outreach and accessible transportation, Engage in religious settings and media |
| Acceptability | Stigma, Misconceptions about eligibility, Cultural insensitivity, and trust issues. | Offer adaptable, inclusive knowledge dissemination, Challenge eligibility myths , Build trust and share PrEP information widely, Ensure sensitivity to disabilities and cultural differences |
| Availability | Limited to sexual health services, Transport issues, Childcare, and Inconvenient hours | Expand services to community centers, Integrate with other healthcare checks (e.g., midwives, health visitors) , Utilize C-Card schemes and ensure online access, Provide trauma-informed services |
| Affordability | Increasing transport, childcare, and resource costs, Challenges for unpaid carers | Increase outreach staff and budget, Provide transport support and babysitters, Fund community training and national media advertising, Ensure awareness that PrEP is free regardless of immigration status, Integrate PrEP into broader women's health agenda |
| Appropriateness | Cultural differences, limited resources, Telemedicine challenges, Stigma | Move away from appointment-driven services, Include patient and public involvement , Use AI for risk assessment, and Ensure culturally sensitive and customer-friendly services. |

Key learnings/ Recommendations

- **Lived Experience is Crucial:** To understand and address the actual barriers to PrEP access for Black African women and women from other marginalized communities, we must prioritize their lived experiences
- **Equitable Engagement is Key:** Involving all participants equally without blaming anyone leads to a more productive and inclusive discussion, which leads to more effective and relevant solutions.
- **Tailored Approaches are Essential:** A one-size-fits-all approach is insufficient. Strategies must be adapted to address the specific needs of marginalized communities, considering factors like cultural sensitivities, language barriers, and trust issues.
- **Systemic Barriers Require Systemic Solutions:** Addressing systemic barriers, such as stigma, misinformation, and service accessibility, requires comprehensive, system-wide strategies that go beyond individual-level interventions.
- **Collaborative stakeholder engagement:** Continued engagement between sexual health professionals, community leaders, and women from target populations to improve PrEP initiatives constantly is key.
- **Sustainable and Scalable Approaches:** The focus on building scalable and sustainable solutions, highlighted the session's commitment to equity and long-term impact

Stakeholder Feedback!

"Thank you for a great session! It was great to hear from people with such a wide variety of insights and experience. I will be taking this forward in my work but please do get in touch if there are any future opportunities for joint working on this"

"We need to work more with each other and share best practices and ideas"

"We need an Increased collaboration with communities."

"A fabulous mix of knowledge, experience, and expertise in one room. Thank you all for bringing everyone together"

"Humanize PrEP, not Clinicalise"

"Women can do this"

"Proactive, not reactive!"

"Nice to be in a room of women supporting women. Great to share ideas"

"Today was great, listening to everyone's contribution was valuable"

"We hope to meet in a year to celebrate the success of this."

"Can we share contacts, please, or a bit of forum to share ideas and check things"

Conclusion

- The Adaptive Action Model, by engaging relevant stakeholders with parity of esteem, significantly enhanced the project by identifying barriers, fostering collaboration, and promoting cultural sensitivity. This strategic approach is pivotal in closing the existing PrEP equity gap, particularly for Black African women and other marginalized communities
- Moving forward, it is essential to implement these solutions and ensure ongoing community engagement to address the evolving needs and sustain equity and impact in PrEP access for marginalized communities.