PREFERENCES FOR ACCESSING PRE-EXPOSURE PROPHYLAXIS AMONG MEN WHO HAVE SEX IN AUSTRALIA

Authors:

Ong JJ^{1,2}, <u>Tieosapjaroen W^{1,2}</u>, Chan C³, Bavinton BR³, Schmidt HA^{4,5}, Phanuphak N⁶, Fraser D³, Wright E^{7,8,9}, Murphy D^{3,10}, Cornelisse VJ^{1,3,11}, Zhang L^{1,2,12}

¹Central Clinical School, Monash University, Melbourne, Australia, ²Melbourne Sexual Health Centre, Alfred Health, Melbourne, Australia, ³Kirby Institute, UNSW Sydney, Sydney, Australia, ⁴UNAIDS, Geneva, Switzerland, ⁵WHO, Geneva, Switzerland, 6Institute of HIV Research and Innovation, Bangkok, Thailand, ⁶Alfred Hospital, Central Clinical School, Monash University, Melbourne, Australia, ³The Burnet Institute, Monash University, Melbourne Australia, ®The Peter Doherty Institute for Infection and Immunity, Melbourne Australia, ⁴Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, ¹¹Olew South Wales Health, North Coast Sexual Health Services, Lismore, Australia, ¹¹Clinical Medical Research Center, Children's Hospital of Nanjing Medical University, Nanjing, Jiangsu Province, China

Background:

PrEP usage remains below the national 75% coverage target. This study examined PrEP choice drivers, predictors of uptake for different program models, and identified subgroups with similar preferences among MSM in Australia.

Method:

MSM aged ≥18 years with no prior HIV diagnosis and residing in Australia completed an online discrete choice experiment (DCE) between May and November 2022. They were recruited through dating apps and local MSM community organisations. We used random parameters logit (RPL) models to estimate each attribute's relative importance and predict PrEP uptake for varied program configurations. A latent class model (LCM) was used to explore sub-groups with similar preferences for PrEP programs.

Result:

Overall, 1,892 MSM participated, with a mean age of 40 (±12.7) years. Cost was the most important driver of PrEP program choice, followed by the type of PrEP, side effects, extra sexually transmitted infection (STI) testing, location and visit frequency. The least preferred PrEP program, which resulted in 48% predicted uptake, consisted of a cost of AU\$100, a removable PrEP implant with potential rare kidney problems, and access to PrEP via hospital every two months without STI testing. Our model predicted that the uptake could increase up to 100% with the most preferred PrEP program, which included free long-acting oral PrEP with no side effects, accessing PrEP via a pharmacy annually, and including STI testing. The LCM identified four groups of MSM: "Longacting oral or injectable PrEP from STI clinics" (22%), "Daily oral PrEP from pharmacy"

(5%), "Long-acting oral PrEP from pharmacy" (52%), and "injectable PrEP from the hospital" (22%).

Conclusion:

There is a growing demand for alternatives to oral daily PrEP, with the majority of MSM in Australia preferring long-acting oral or injectable PrEP. Decentralising access of PrEP through pharmacies was also preferred by the majority.

Disclosure of Interest Statement:

No authors reported conflicts of interest.