

IDENTIFYING BARRIERS AND FACILITATORS TO ORAL HIV PRE-EXPOSURE PROPHYLAXIS USE IN HIGH-INCOME ECONOMIES: A SCOPING REVIEW USING THE CONSOLIDATED FRAMEWORK FOR IMPLEMENTATION RESEARCH

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Background:

Barriers to oral HIV pre-exposure prophylaxis (PrEP) initiation, continuation, and prescribing limit its population-level impact. We aimed to gain a holistic understanding of the determinants (barriers and facilitators) of PrEP use to inform effective PrEP implementation.

Methods:

We searched PubMed, Scopus, and Web of Science for peer-reviewed articles published from Jan 2018-Dec 2023 exploring determinants of PrEP use in high-income economies. Determinants were extracted, counted, and categorised into 'initiation' and 'continuation' (consumer determinants), and 'prescribing' (provider determinants); and mapped to the Consolidated Framework for Implementation Research (CFIR).

Results:

Of the 184 included articles, most (k=107, 71.3%) focused on men who have sex with men, and healthcare providers (k=40, 21.7%). Disaggregated data from intersecting and marginalised populations (e.g. First Nations, trans and gender diverse individuals, migrants, women) were limited. Most articles studied 'initiation' determinants (n=123, 66.8%), followed by 'continuation' (k=74, 40.2%) and 'prescribing' (k=35, 19.0%). 124 determinants were identified, reported 887 times. The most frequently reported barriers were cost (k=40, 32.5%), perception of low risk (k=20, 27.0%), and lack of PrEP knowledge (k=14, 40.0%), for initiation, continuation, and prescribing, respectively. The most frequently reported facilitators were perceived risk of HIV acquisition (k=36, 29.3%), decreased anxiety about HIV acquisition (k=13, 17.6%), and the availability of clinical PrEP guidelines and decision-making tools (k=8, 22.9%) for initiation, continuation, and prescribing, respectively. Most studies were observational, and did not explore direct links between determinants and implementation or PrEP use outcomes.

Conclusion:

Our review identified determinants that PrEP implementers should consider when designing interventions to help maximise PrEP use. These determinants may facilitate effective PrEP implementation; however, additional research is needed to assess underlying drivers of outcomes. Future studies should also focus on

expanding research on determinants affecting PrEP discontinuation and prescribing, as well as those affecting intersecting and marginalised populations.

Disclosure of Interest Statement:

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