

Preferences for Pre-Exposure and Post-Exposure Prophylaxis for HIV Services Integrating HIV Self-Testing and Telehealth Consultation

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BACKGROUND

- HIV pre-(PrEP) and post-exposure prophylaxis (PEP) services typically require clinic attendance, potentially delaying initiation and limiting uptake.
- Online PrEP/PEP services, where client can “Click” to access telehealth and “Collect” PrEP, PEP and HIV self-testing (HIVST) from their preferred locations, offer a rapid and lower-cost alternative to traditional clinic-based care, leading to more equitable access.
- A discrete choice experiment (DCE) is used to understand people’s preferences by asking them to choose between hypothetical options to understand the trade-offs people are willing to make between them.
- We used DCEs to identify preferences for online PrEP/PEP services in Australia.

METHODOLOGY

- DCE attributes and attribute levels were determined through a literature review and expert consultation.
- D-efficient experimental designs were generated using NGENE.
- One survey with two DCEs was created in Qualtrics, pilot tested with 10 clients to assess comprehension.

- The survey was distributed via a gay dating application (i.e., Grindr) and via SMS to clients who attended Melbourne Sexual Health Centre in the past 12 months.
- Individuals aged at least 18 years old, living in Australia and without prior HIV diagnosis, completed the survey between October 2025 and January 2026.
- Preferences were estimated using mixed multinomial logit model and latent class model using STATA.

RESULTS

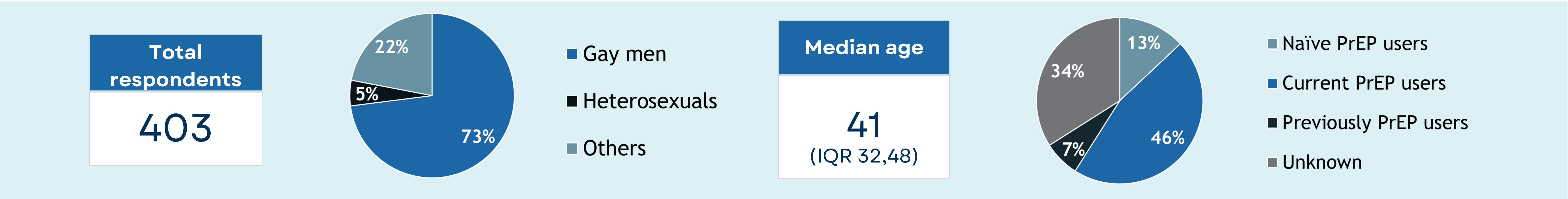


Table 1. Uptake of PrEP for the most and least preferred PrEP service configurations (n=403)

Scenarios	Initial PrEP prescription	Ongoing PrEP prescription	HIVST and PrEP pickup location	Reporting HIVST results	HIVST support system	Data storage	Cost
Most preferred (100% uptake)	Telephone/ video call β 0.4042	β 0.2381	Sexual health clinics β 0.5325	Messaging or emailing β 0.1810	Telephone helpline β 0.1222	A private online PrEP database β 0.2924	FREE β 3.2978
Least preferred (32% uptake)	Clinically supervised chatbot prescriber β -0.3487	Face-to-face consultation β -0.2554	Community organisations β -0.5199	Return kits to a designated location β -0.2390	Chatbot β -0.0834	A single data, allowing access from one location β -0.2924	\$50 per month β -3.0867

PrEP=pre-exposure prophylaxis; 403 completed only the PrEP DCE.

Table 2. Uptake of PEP for the most and least preferred PEP service configurations (n=305)

Scenarios	Initial consultation to receive PEP	Time to access PEP medication	Location for receiving PEP and HIV testing	Type of HIV testing for initial PEP	Linkage to PrEP services	Service fee including PEP medication
Most preferred (100% uptake)	Face-to-face consultation β 0.2010	Within the same day β 0.8021	Pharmacy β 1.0217	Laboratory HIV testing β 0.1937	In-person PrEP services β 0.0734	No fee β 4.4903
Online PEP services (100% uptake)	Telephone/ video call β 0.1980	Within the same day β 0.8021	Home delivery β 0.2251	HIV self-testing β -0.0700	Online PrEP services β 0.0255	FREE β 4.4903
Least preferred (1% uptake)	Chatbot with built-in risk assessment AI β -0.3874	Next day β -0.8021	General practitioner β -0.5203	POC by healthcare professional β -0.1239	No linkage to PrEP services β -0.0989	\$350 β -4.9134

PEP=post-exposure prophylaxis; POC=point of care; 305 completed both DCEs

CONCLUSIONS

- Participants preferred affordable online PrEP services with flexible collection options.
- Free, same-day, and pharmacy-based or online PEP services (except chatbot-led prescribing) were the preferred model.
- These findings support the development of digitally enabled PrEP and PEP services in Australia.