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Family planning providers' role in offering PrEP to women

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ABSTRACT

Pre-exposure prophylaxis (PrEP) provides a radically different HIV prevention option for women. Not only is PrEP the first discrete, woman-controlled method that is taken in advance of exposure, but it is both safe and highly effective, offering over 90% protection if taken daily. While multiple modalities of PrEP are in development ranging from vaginal rings to injectables and implants, only PrEP with oral tenofovir/emtricitabine is currently FDA-approved. Family planning clinics provide key access points for many women to learn about and obtain PrEP. By incorporating PrEP services into family planning care, family planning providers have the opportunity to meet women's expectations, ensure women are aware of and offered comprehensive HIV prevention options, and reverse emerging disparities in PrEP access. Despite real and perceived barriers to integrating PrEP into family planning care, providing PrEP services, ranging from education to onsite provision, is not only possible but an important component of providing high-quality sexual and reproductive healthcare to women. Lessons learned from early adopters will help guide those in family planning settings initiating or enhancing PrEP services

Pre-exposure prophylaxis (PrEP) provides a radically different HIV prevention option for women. Not only is PrEP the first discrete, woman-controlled method that is taken in advance of exposure, but it is both safe and highly effective, offering over 90% protection if taken daily [1]. While multiple modalities of PrEP are in development ranging from vaginal rings to injectables and implants, only PrEP with oral tenofovir/emtricitabine is currently FDA-approved.

The Centers for Disease Control and Prevention (CDC) estimate that 468,000 women in the United States (U.S.) are eligible for PrEP, defined as having condomless sex in the prior 6 months with a man living with HIV, a man who has sex with men or a man who injects drugs [2]. However, to date, only approximately 19,000 women have ever been prescribed PrEP, and that number appears to have stabilized [3,4]. Moreover, while black women in the U.S. are 20 times more likely to acquire HIV than white women and have 1 in 54 lifetime risk of acquiring HIV [5], disproportionately fewer black women have been prescribed PrEP or know about PrEP [4,6]. Latina women also have approximately 4 times the lifetime risk of acquiring HIV when compared to white women but have received disproportionately fewer PrEP prescriptions [4,5]. Who will take responsibility for PrEP implementation for women in the U.S.?

1. The case for PrEP provision at family planning clinics

Multiple groups have called on family planning providers to lead PrEP implementation for women in the U.S.. The CDC and Office of Population Affairs identify STI/HIV testing, treatment and prevention as a core family planning service [7]. The United States Women & PrEP Working group identified family planning's critical role in PrEP implementation in their 2015 position statement [8]. The broader HIV prevention community frequently highlights the role of family planning providers in PrEP rollout for women in the U.S. [9–11].

More important than organizations' calls to action, data suggest that women *expect* HIV prevention services at family planning visits. In focus groups with over 150 women from around the U.S. who reported increased vulnerability to HIV, participants identified family planning clinics as places where they saw "trusted providers" and where they would want to learn about PrEP. Moreover, as early as 2013, women reported feeling "angry" at not having heard about PrEP from healthcare providers [12]. In a survey of approximately 2000 women attending family planning clinics in Northern California, over 80% reported expecting to receive integrated sexual and reproductive healthcare, including comprehensive HIV prevention services, at the time of their visit [6].

Finally, family planning clinics may be the *only* way to reach some women and educate them about the first woman-controlled HIV prevention method. Forty percent of women in the U.S. exclusively access

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Table 1
Lessons learned from family planning to inform PrEP implementation.

Lesson learned	Evidence	Application to PrEP
Activities in clinical encounters		
Ask women; listen to women; share decisions	In contraceptive care, women prefer a shared decision-making approach [28].	Listening to women's preferences and desires may support uptake of PrEP and other HIV prevention methods.
Discuss side effects	Anticipatory guidance improves continuation rates and patient satisfaction of contraception [29].	PrEP counseling about short- and long-term side effects, particularly as new data emerge, may support adherence.
Provide contingency counseling	Contraceptive contingency counseling is associated with decreased rates of unintended pregnancy at 6 months [30].	For PrEP, clinic-based programs that facilitate appointments, refills and access to short courses of drugs (including PEP and emergency contraception) when nonadherence occurs can all be part of contingency planning. Proactive discussion of potential adherence and access issues may empower patients and increase uptake.
Screen for violence	Discrete contraceptive methods such as intrauterine devices can assist women in exercising reproductive rights and avoiding reproductive sabotage [31].	As a woman-controlled method, PrEP offers the first discrete HIV prevention option.
Activities targeting community and structural barriers		
Identify unique interventions for subpopulations	Family planning has innovated care for adolescents [32], women postpartum [33], women postabortion [34] and women with complex medical conditions [35], improving health outcomes in particularly vulnerable groups.	PrEP needs implementation strategies for specific populations, including pregnant and breastfeeding women, women planning conception, sex workers, young women, women who inject drugs, transgender people, among others. Embracing diverse HIV prevention methods and implementation strategies may facilitate care of women most vulnerable to HIV.
Expand the method mix	Worldwide, one additional contraceptive method made available to half the population correlates with a 4%–8% increase in contraceptive use [36].	Women have diverse preferences, needs and goals with respect to pregnancy and HIV prevention methods. Expanded methods and dosing may increase women's utilization of HIV prevention options.
Train providers	A randomized trial of evidence-based provider training on counseling about and insertion of long-acting reversible contraception reduced unintended pregnancy rates at 1 year [37].	Clinicians' lack of knowledge about PrEP and beliefs about sexual practices impede women's accessing HIV prevention methods [38].
Provide effective, accessible and inexpensive prevention methods	The CHOICE Project demonstrated that when cost and access barriers were removed, women chose the most efficacious and long-acting contraceptives. Pregnancy rates were reduced, and abortion rates were less than half the national and regional rates [39].	To facilitate uptake of HIV prevention methods, financial and access barriers must be removed.
Activities promoting health equity		
Identify & investigate disparities	Sixty-nine percent of pregnancies in black, 56% in Latina, and 42% in white women are unintended [40]. Black and Latina women have lower satisfaction and more frequently experience racism in family planning encounters [41]. Providers have been found to recommend certain contraceptives more frequently to poor black and Latina women [42].	Similar trust issues and racial profiling are also likely to exist with PrEP provision. Acknowledging inequities and patient experiences in the context of a long history of racism, and investigating ways to best address stereotypes within systems and ourselves may counteract disparities.
Develop trust	Quality interpersonal care during contraceptive counseling is associated with contraceptive continuation at 6 months [43].	While PrEP implementation is still in its infancy, focus groups in U.S. women reveal that they are "angry" at not hearing about PrEP and want to learn about it from trusted providers. Barriers to PrEP implementation already exist as women feel betrayed by the healthcare system [12]. Shared decision-making with a focus on women's preferences and desires may facilitate trust.

reproductive healthcare, including pregnancy and family planning care [13]. Title X providers serve a racially and ethnically diverse population. Of the 4 million family planning users served by Title X in 2015, 30% self-identified as nonwhite (black or African American, Asian, Native Hawaiian or Pacific Islander, or American Indian or Alaska Native), 32% self-identified as Hispanic or Latino, and 13% were limited English proficient [14]. Title X clinics are one of the few places that uninsured immigrant women may access sexual and reproductive health services; many of these women experience increased vulnerability to HIV through their own or their partners' sexual practices in the U.S. and/or when traveling to areas of high HIV prevalence. Family planning clinics provide key access points for many women to learn about and obtain PrEP. By incorporating PrEP services into family planning care, family planning providers have the opportunity to meet women's expectations, ensure women are aware of and offered comprehensive HIV prevention options, and reverse emerging disparities in PrEP access.

2. Lessons learned from family planning are highly applicable to PrEP implementation

Oral PrEP and oral contraceptives both involve individuals taking a pill daily for prevention. Both are dependent on adherence for efficacy, and both have suffered from concerns about risk compensation [15,16]. Just as family planning care provision requires regular assessment of changing pregnancy intentions and sexual practices, HIV prevention care requires regular assessment of changing vulnerabilities to HIV and risk perception [17,18]. Just as family planning clinics have adopted a low-barrier approach to care through quick-start protocols, same-day PrEP provision is increasingly offered to facilitate clients' initiation of PrEP. Similar individual, community and structural determinants of health affect HIV infections and unintended pregnancies, demonstrating how incorporating each woman's preferences, goals and context is crucial to service delivery [19]. Family planning providers have addressed

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