Bundled PrEP pathways for underserved communities: co-designed interventions across Women's Health Hubs, Asylum, Refugee and Migrant outreach and community engagement

ELTON JOHN AIDS FOUNDATION

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Key Messages

- **PrEP works best when embedded in trusted community settings**
- **On site initiation at first contact is essential to prevent disengagement**
- **Trust building and tailored awareness drive engagement**
- **Partnership delivery strengthens confidence and reach**

Background

Access to pre-exposure prophylaxis (PrEP) has improved significantly for gay and bisexual men who have sex with men (GBMSM), yet new HIV diagnoses continue to rise in non-GBMSM groups where PrEP uptake remains low. Women (inclusive of trans, non-binary and gender-diverse people accessing women's services), people seeking asylum, refugees and migrants (ARM) and other underserved populations face compounding structural barriers such as stigma, low perceived relevance, digital exclusion, logistical barriers and distrust of clinical settings.

This pilot, funded by the Elton John AIDS Foundation (EJAF), aims to increase PrEP awareness and access through co-designed, bundled pathways across Brighton & Hove, West Sussex and Liverpool, using a place-based approach embedded in existing community infrastructure.

Methods

Study design

Multi site, mixed methods service development pilot

Intervention model

- PrEP 'bundled' discussions embedded into existing pathways including routine appointments, triage, outreach encounters and initiatives around period poverty
- On site PrEP initiation introduced where feasible
- Community co-design work happening concurrently to iteratively inform and refine messaging and pathways

Settings

Women's Health Hubs (WHH)
Brownlow (Liverpool) existing weekly hub with on-site PrEP initiation available, North (Liverpool) and Worthing (West Sussex) weekly hubs with signpost referral model implemented

ARM outreach services
Fortnightly outreach work undertaken by Alliance for Better Care (ABC) in Crawley (West Sussex) and at Brownlow (Liverpool)'s existing weekly ARM clinic with on-site PrEP initiation available

Community Organisations and Settings
Distribution of Period Packs and PrEP awareness training to staff and service users across multiple community organisations and settings across Brighton & Hove as part of the PrEPared initiative

Community Co-design engagement
Community organisations and settings across Brighton & Hove, West Sussex and Liverpool.

Results

Women's Health Hubs

At Brownlow (Liverpool) during the first 5 months of the pilot from end-October 2025 (with on-site PrEP made available since March):

26 women seen at Brownlow → 24 screened for PrEP → 3 women issued PrEP

Early indications from the Worthing (West Sussex) and North (Liverpool) signposting pathways show that embedding questions around HIV and PrEP has received mixed reactions from service users indicating a more nuanced approach is required. Early pathway modifications include adding pre-emptive questions at the online booking stage.

PrEPared Period Packs

- 1359 packs distributed across 25 community organisations in Brighton & Hove
- 65 staff trained
- 162 QR code scans
- 16 outreach session conducted
- 80 PrEP conversations initiated
- 8 women commenced PrEP

Scaling to West Sussex underway initially with custody centres across the region followed by women specific community services.

Further information about the initiative can be found on poster A021 - PrEPared to thrive: Integrating menstrual health and HIV prevention: A pilot project

ARM Outreach

- 84+ sexual health conversations recorded in ARM health check and outreach settings (September 2025 – March 2026 in West Sussex
- Translated materials improved awareness and helped build trust; community members reported increased willingness to engage following their use
- On-site PrEP initiation being embedded from Spring 2026
- Brownlow (Liverpool) ARM clinic launched in March and initial data confirms high need with first session identifying immediate candidates for PrEP

Community Co-design Insights

1. Ambivalence towards HIV and PrEP was extremely high across all groups.

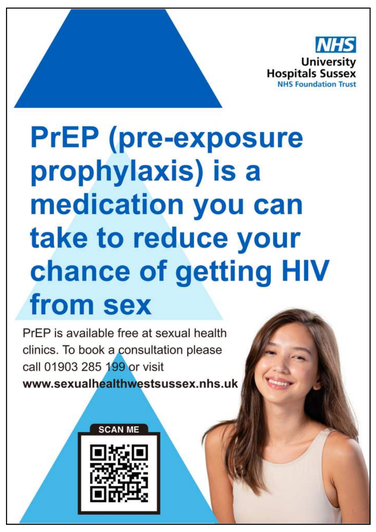
- Some still perceiving HIV as a "gay virus,"
- Prevention messaging felt irrelevant to some cisgender women, heterosexual women and some migrant communities.
- Lack of trans-specific PrEP information (e.g. interaction with hormone therapy)

Once introduced, interest in PrEP was high suggesting awareness, not acceptability, was the primary gap.

2. Access anxiety emerged as the dominant barrier across pathways.

- Fear of judgement
- Being seen or overheard
- Misgendering especially for trans and non-binary people
- Fear of perceived cost
- Previous negative healthcare experiences
- Layered cultural and systemic barriers such as religious and cultural taboos
- Increased vulnerability associated with interpreter-mediated care

Some groups (especially female sex workers), had a strong preference for PrEP access to be normalised in the same way as routine appointments and prescriptions alongside more discreet text-based and self-directed communication.



Examples of assets created for our Women's Health Hub and ARM clinics and outreach

3. Place-based, trusted settings were consistently preferred over clinical environments (e.g. sexual health clinics).

- Community hubs
- Pharmacies
- Universities and other familiar local spaces

Clinics were often viewed as stigmatising, visible and difficult to navigate without prior knowledge.

4. Services were perceived as insufficiently tailored to diverse lived realities with structural and systemic barriers.

- Childcare responsibilities
- Transport
- Digital exclusion
- Learning differences
- Language needs
- Fear of confidentiality breaches
- Immigration related concerns
- Trauma from healthcare encounters both in the UK and abroad
- Fear of phone-based access

For some participants their perception was that PrEP and HIV conversations were not a priority given the complex nature of their lives (e.g. the asylum process and homelessness).

5. Digital pathways were valued but not universally accessible.

- Online booking reduced anxiety and enabled autonomy for some but excluded those without reliable internet access or digital knowledge,familiarity with UK systems or private living arrangements.

Participants consistently emphasised that no single access model can meet all needs.

Conclusions

- **Bundling PrEP within existing community pathways and spaces** is feasible and effective when considering the many diverse needs and requirements of our population
- **On-site PrEP initiation at first contact is critical** - referral to separate services results in significant attrition, particularly for homeless, asylum-seeking and vulnerably-housed populations
- **Trusted relationships and knowledge building** and tailored awareness is key to supporting underserved populations; this takes time and sustained investment
- **Partnership working** across sexual health, community organisations, commissioners and NHS services enables misperceptions to be addressed and builds community confidence and awareness

Acknowledgement

The Elton John AIDS Foundation, together with Fast-Track Cities, Gilead Sciences and ViiV Healthcare, is investing over £1 million in two innovation pilots designed to improve awareness and access to pre-exposure prophylaxis (PrEP). The pilots will focus on reaching groups that have, to date, been underserved by existing PrEP models, including women and Black African communities, with the aim of bringing the UK closer to ending new cases of HIV by 2030.

This pilot would not be possible without the partnership working across community and local authority support all of which are acknowledged below. For more information on the project please email **EJAFProject@liverpoolft.nhs.uk**

1. University Hospitals Sussex NHS Foundation Trust 2. NHS University Hospitals of Liverpool Group 3. BHA For Equality 4. Terrence Higgins Trust (THT)
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