Evaluating the Attitudes of Healthcare Providers in Asia towards PrEP Prescription
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Design and Layout: Hidayah Syahputra (APCOM)
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Within the context of high HIV transmission rates among MSM in Asia, Pre-Exposure Prophylaxis (PrEP) has emerged as an effective preventative tool to be incorporated within national prevention strategies. While the drug offers new opportunities, there is still a lack of knowledge and support available to the healthcare providers and counsellors who may prescribe and/or encourage the use of PrEP to their MSM patients.

In order to further assess the status and support needs of service providers in the region, APCOM launched a survey of health care service providers’ attitudes towards PrEP. The survey was conducted from July to August 2015, prior to PrEParing Asia – the region’s first community-led dialogue in PrEP roll out, organised by APCOM on 23rd to 25th of September. The survey questions were based on the earlier MSMGF global survey, along with additional input and questions from a committee of technical experts. Sampling was conducted through APCOM’s social media and website and UNAIDS Asia Pacific’s healthcare provider network. While it is necessary to recognize that this survey may not provide a full picture of the full range of attitudes held and the issues facing service providers across different national contexts, the survey results are intended to guide preliminary discussion and inform subsequent action relating to PrEP provision.

Of the 82 responses received, 54 have been analyzed and considered within the context of this report. The other 26 were excluded due to either representing regions outside of Asia and/or providing incomplete or duplicative data.
Responses received came from healthcare providers across Asian region. The country origin breakdown of the 52 respondents can be seen through the graphic below.

Among those surveyed, 49% were working at CBO-run clinics, with 23% working in public health facilities, and 16% working in private health facilities. Those surveyed work across different roles. Over 30% of those surveyed reported working within managerial and clinical capacities. 25% defined their primary role as health education. An additional 27% of respondents identified as playing a counseling role, while 23% identified community mobilization as among their main roles.
Experience with PrEP

95% of providers surveyed reported experience providing HIV, STI, and other sexual health services to gay men and MSM, with 36% catering exclusively to clientele from gay and MSM communities. Among those surveyed, 88% were aware of PrEP; however, only 42% of those surveyed have ever recommended or prescribed PrEP to patients. This demonstrates that in many places the knowledge and awareness gap may actually be quite limited in comparison to other structural barriers to the feasibility of PrEP as a prevention option.

Reasons for why PrEP has not been recommended or prescribed varied, yet predominantly pertained to the availability of the drug and its affordability to patients. Providers in Japan referred to the fact that PrEP is not covered within insurance schemes, while providers in Singapore referred to a lack of licensing for their country. Providers in India pointed to the fact that PrEP is not affordable to their clients, while those in Malaysia and the Philippines referred to restrictive national protocols. Providers in Vietnam expressed interest, but referred to a lack of funding within their NGO to provide PrEP services. Within China, the majority of service providers surveyed reported having recommended PrEP, with those not having recommended it indicating that they are still in the process of holding community consultations.

While 42% of the respondents have recommended PrEP to patients, even fewer of these service providers actually have PrEP delivery services in place. Only 8 providers (14% of those surveyed) actually recommend and provide PrEP services directly to patients. Of these eight providers, two were located in China, with the other six being located in India, Mongolia, Japan, Singapore, Pakistan, and Nepal respectively.
Even among those who have recommended PrEP, 75% of respondents identified a lack of up-to-date knowledge and information regarding PrEP suppliers as a major obstacle to PrEP’s inclusion within their HIV prevention services. A comprehensive list or database of PrEP providers at a country level could prove useful in connecting HIV service providers with PrEP providers.

Furthermore, 73% of respondents identified a consistent and reliable supply of PrEP as a necessary precursor to their ability to incorporate PrEP services within their HIV service provisions. Here, barriers in access to the drug are reflected within service providers’ inability to incorporate PrEP within their regular service provisions.

Service providers also identified deficiencies within the realm of education and support as a major obstacle. 70% of respondents identified the lack of education and support within the gay and MSM community with regard to PrEP as being a major obstacle to PrEP service provision. This corresponds to 75% of respondents identifying a need for training and orientation on how to prescribe PrEP, with an additional 64% indicating a need for Standard Operating Procedures (SOPs) for health care facilities to manage and dispense PrEP.

35% of respondents also referred to their inability to provide kidney function testing as a major inhibitor to their ability and willingness to distribute PrEP. Other responses with regard to support needs included: the need to provide livelihood support to the ultra-poor at high risk of HIV (Bangladesh); more stories and sharing of experiences from people who have taken PrEP (Mongolia); and community based orientation and education programs (Nepal).

The response from Mongolia was notable in that PrEP is readily available in Mongolia, yet members of the MSM community remain largely unaware of this prevention option. The respondent identified lack of sex education and social stigma as responsible for this discrepancy between availability and access. This serves to remind that PrEP advocacy must be dual in its approach, with a focus on both raising knowledge and awareness, as well as fighting barriers to accessibility.
Despite a host of barriers across contexts in terms of affordability and access, attitudes toward the incorporation of PrEP as a prevention tool have been widely positive and supportive. 89% of respondents in this survey indicated that they either support or strongly support the use of PrEP as a prevention option for MSM. 9% reported being undecided, while only 2% (a single respondent) selected to “strongly disagree” with the use of PrEP as an HIV prevention option. The respondent did not explicitly state the reason within survey response, but did express concern over the cost and the potential effects of PrEP on condom use within the context of responses to other questions in the survey.

75% of those surveyed responded that they view PrEP as an important or very important tool to offer additional HIV prevention measures to clients with a high-assessed risk of HIV infection. This consensus, however, is also contrasted with a lack of consensus on whether or not this is a cost-effective strategy for certain contexts.

In terms of the types of institutions within which services should be based, 60% of respondents articulated that services would be best located within community-based health services. Within the 22% respondents said that they should be provided within HIV clinics (NGO or government operated), while 9% said general hospitals would be most suitable. While the results of this survey certainly show a strong preference for PrEP provision services to be based within CBO’s, it should be acknowledged that this could merely be a reflection of the survey sample, within which over 50% of respondents operate primarily within CBO clinics.
In response to the survey data collected, the following actions should be taken in order to support and guide further advocacy:

- **Country specific advocacy plans should be devised in order to make the case for PrEP as a financially viable HIV prevention tool.** By offering additional preventative measures, the cost burden of treatment can ultimately be reduced. This PrEP advocacy should work towards country level licensing (in cases where there are still barriers) and the incorporation of PrEP into public insurance schemes. By highlighting the drugs usefulness as a prevention tool and encouraging its incorporation into existing public health budgets and initiatives, we can work towards addressing the issue of affordability.

- **A comprehensive database and network of PrEP service providers should be created, as well as updated and maintained as availability of services expands.** This network will assist HIV service providers who do not yet provide PrEP services in providing additional information to those interested or those at high risk who could benefit from PrEP.

- **CBOs who are engaged with gay and MSM communities should launch social media campaigns geared towards sharing the stories and experiences of individuals who have taken PrEP.** In places where these stories may be far and few, stories and experiences from PrEP users from other parts of the region should be made available and accessible.

- **Guidelines and resources for workshops providing training and orientation towards PrEP service provision should be created and circulated across regional networks of HIV service providers.** Sample SOPs should be devised in order to provide a model framework for respective organizations to reference as they begin to craft their own operating procedures.
We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.