

Terrence Higgins Trust: Briefing on pre-exposure prophylaxis (PrEP)

Terrence Higgins Trust is the UK's largest HIV and sexual health charity. In 2017 we welcomed the commencement of a three-year pre-exposure prophylaxis (PrEP) trial in England for up to 10,000 people who are at risk of HIV. However we were clear that the trial was not sufficient and that NHS England must make good on its word to delivering a national PrEP programme as soon as possible. Uptake of the trial has been higher than expected by the trial organisers, resulting in several oversubscribed trial sites turning people away.

PrEP has been routinely available to those at risk of HIV on the NHS in Scotland since July 2017 and via an uncapped pilot in Wales since July 2017. The World Health Organisation has recommended PrEP should be made available immediately for those at risk of HIV.

We are calling for:

- **NHS England and local authorities to expedite discussions to make PrEP routinely available on the NHS as soon as possible through a national programme.**
- **In the interim, the trial to be enlarged so that no one is turned away when trying to access the PrEP trial.**

What is PrEP?

PrEP is a highly effective way to protect HIV-negative people from becoming infected with HIV and involves people taking anti-HIV drugs when they are at risk of exposure to HIV. Currently, the generic version of the drug Truvada used as PrEP in the IMPACT Trial is Mylan, which combines two anti-HIV drugs that have been used routinely for many years.

Why is PrEP needed?

Like HIV treatment, HIV prevention has evolved over time. Condoms are effective at preventing HIV but consistent condom use is not always a reality. Those most at risk of HIV transmission need a range of options and choices to best meet their individual needs and circumstances. PrEP – alongside other prevention interventions such as condom use, behaviour change and regular HIV testing – must be a part of this.

PrEP is effective

The results of the UK based PROUD study of PrEP (2015) evaluated the effectiveness of PrEP in a high-risk group of men who have sex with men (MSM) which reflected 'real life' use of the anti-HIV drug. In total 545 men were randomly allocated to either take the PrEP drug Truvada straight away or to defer starting PrEP for a year. Both groups then had regular three-monthly clinic check-ups. The results clearly showed that PrEP was highly effective at preventing HIV infection. Daily PrEP reduced the number of HIV infections by 86% in this group – only three men became HIV positive during the trial and these individuals either didn't take PrEP as prescribed, or were HIV positive at the start of the trial but had not yet been diagnosed. When taken properly the effectiveness of PrEP is near 100%.

National PrEP Trial

In December 2016, NHS England announced it would conduct a three-year trial to better understand how a national programme could be delivered. The trial commenced in October 2017 but as of June 2018, 13 trial sites have filled up and people who could benefit from PrEP are being turned away. In addition, 14 trial sites have still to open, which exacerbates inequalities in access to the trial. Within only eight months of the trial starting, over 7,000 people had been recruited.

In June 2018, NHS England announced it will consider increasing the places on the trial by 3,000. However, this is not a long-term solution and with sustained high demand for PrEP, the trial will again be full within a few months of the increase. A recent survey commissioned by Public Health England found that nearly one quarter of people who want to access PrEP in England cannot get it. The survey also revealed that people living outside of London are 40% less likely to get access to PrEP, with access in the north of England particularly challenging.

NHS England is also behind on PrEP provision compared to Scotland and Wales, where there is no cap on the number of people who can access the drug. We cannot wait until the end of the Trial – 2020 – for action to be taken on making PrEP routinely available on the NHS.

NHS England and local authorities must expedite negotiations to agree on funding arrangements so a national programme can be introduced as soon as possible.

Next steps

PrEP must be available for everyone who could benefit from it. NHS England is expected to publish an interim report on the trial in early 2019. This should provide all relevant parties with the adequate information they need to deliver a comprehensive national PrEP programme. In recognition that the trial – even with additional places – is likely to be completely full by the end of 2018, delaying routine commissioning for a further two years will not provide any new substantial data about trial participants as no new ones will be recruited. PrEP is game changer in the UK's HIV response, it is highly effective in reducing new HIV infections and must be made available to everyone who could benefit from it.

We can't afford not to provide PrEP on the NHS now when it will prevent HIV infection.