

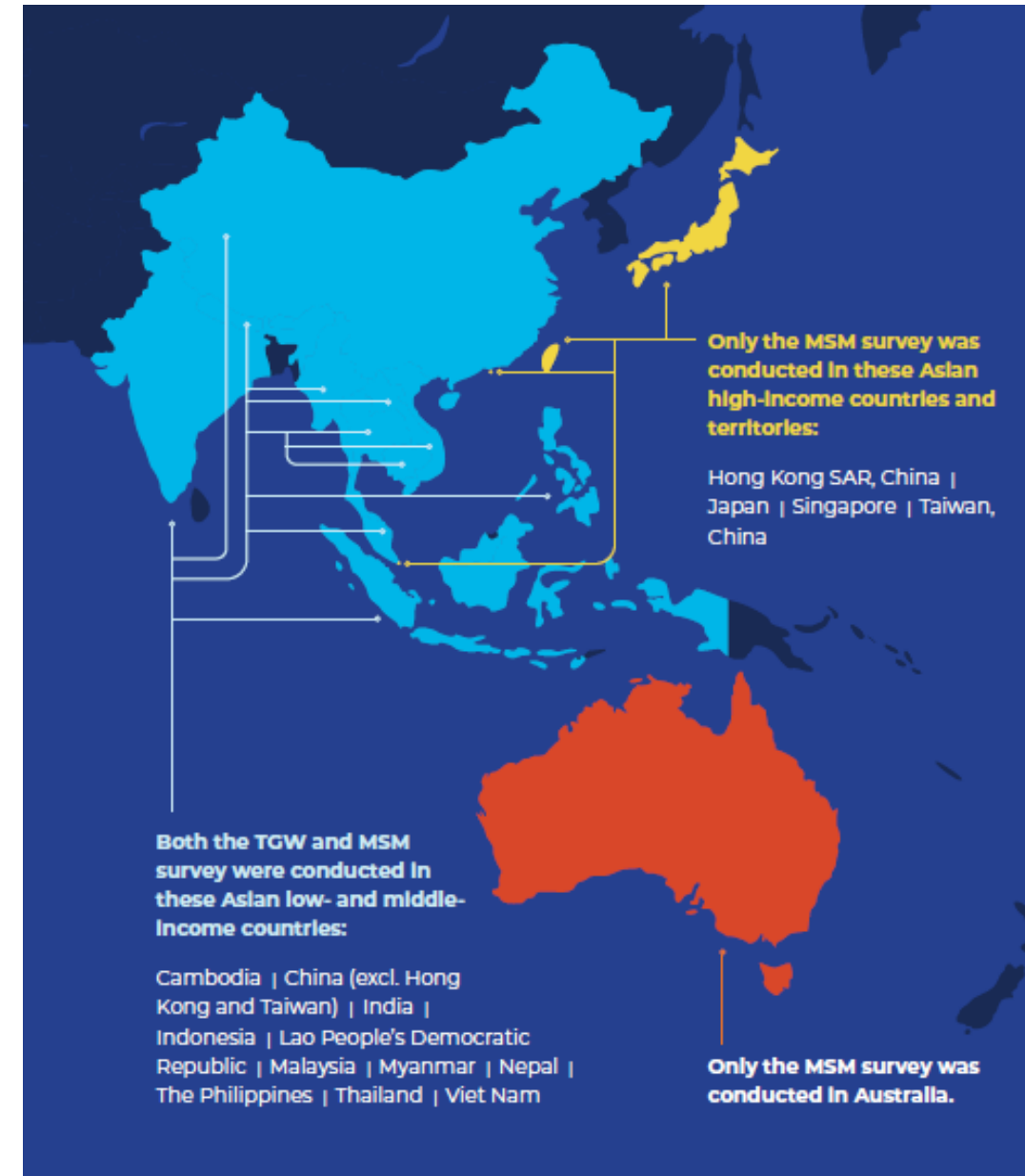
Awareness, Values and Preferences of Injectable PrEP among Key Populations: A regional overview

Curtis Chan | November 5th 2025

cchan@kirby.unsw.edu.au

Results from PrEP APPEAL

- Survey of 17,032 MSM and 1,260 trans women between May-Nov 2022.
- Conducted in 15 countries in Asia and Australia.
- Assessed awareness, preferences, and use of PrEP



Identifying gaps

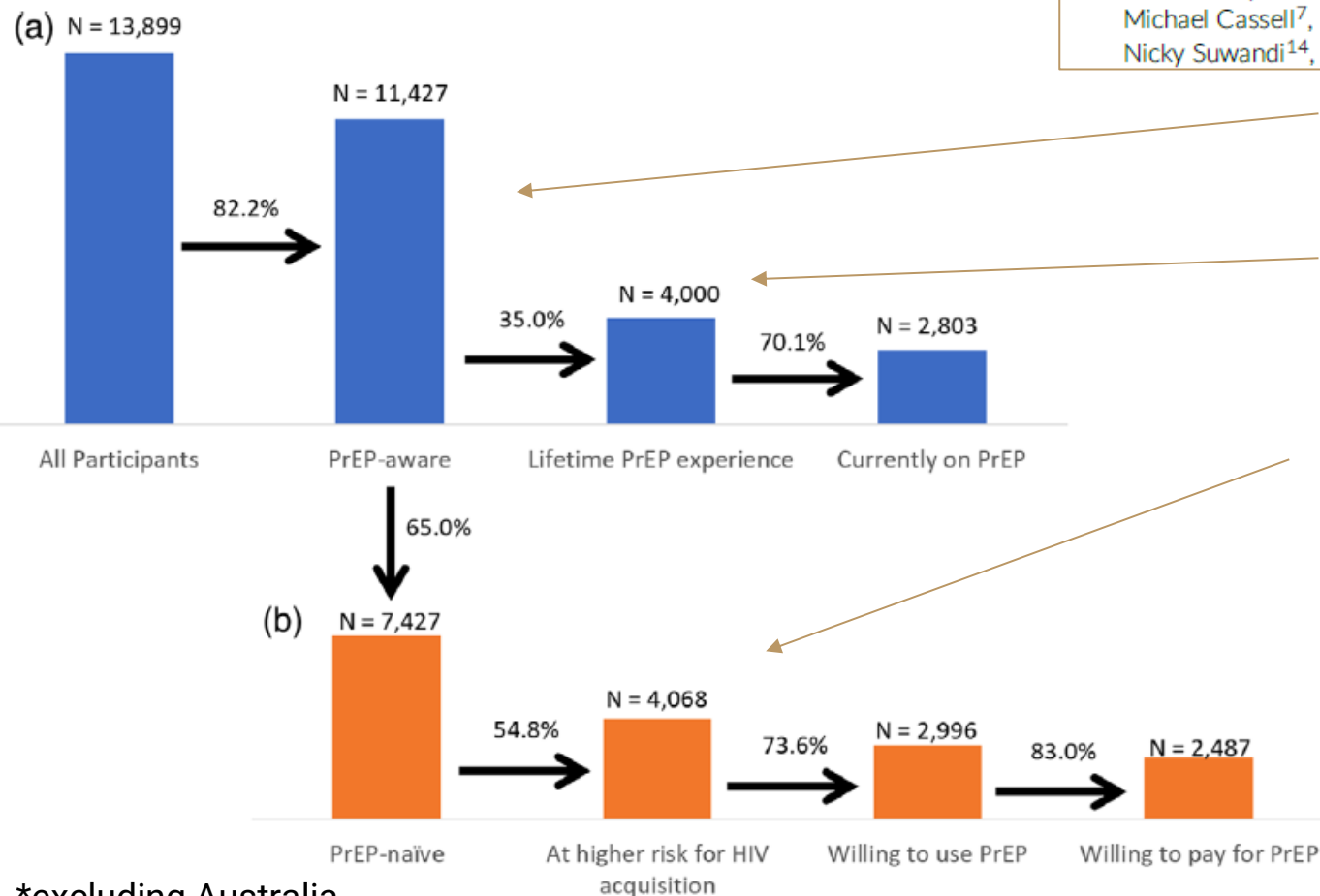
RESEARCH ARTICLE

PrEP use and willingness cascades among GBMSM in 15 Asian countries/territories: an analysis of the PrEP APPEAL survey

Gede Benny Setia Wirawan^{1,2} , Heather-Marie Schimdt^{3,4} , Curtis Chan¹ , Doug Fraser¹, Jason J. Ong^{5,6}, Michael Cassell⁷, Lei Zhang^{5,8,9}, Warittha Tieosapjaroen⁵ , Nittaya Phanuphak¹⁰ , Weiming Tang^{11,12,13} , Nicky Suwandi¹⁴, Kimberly E. Green¹⁵, Timothy Dobbins¹⁶ and Benjamin R. Bavinton^{1,8} 

Awareness and use

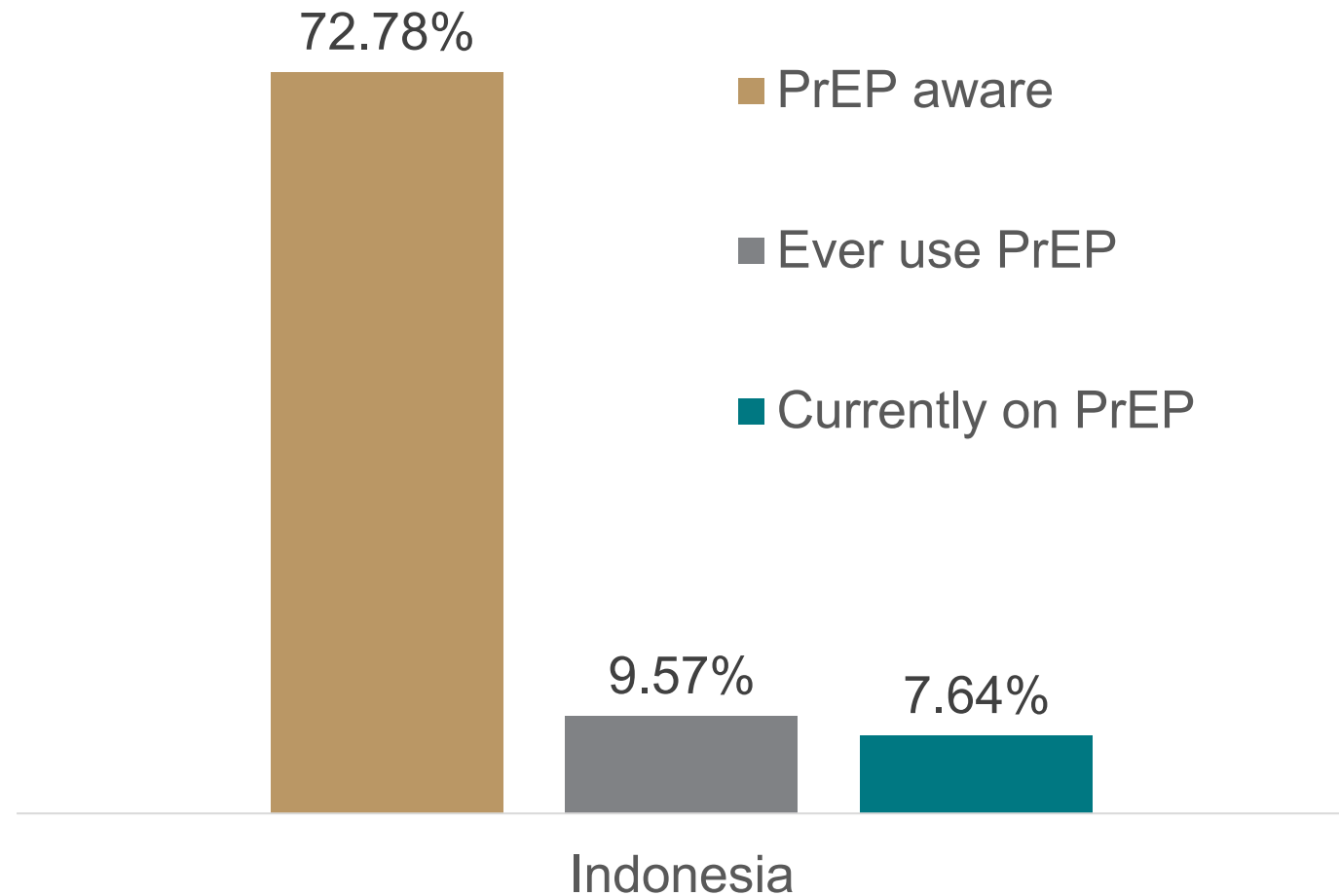
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- Substantial gap from being aware of PrEP to ever using it.
- Having less frequent sex, cost, and side effects were common reasons to discontinue PrEP.
- Willingness to use PrEP among PrEP naïve participants could also be improved
 - Not knowing where to get it (58%) or being too expensive (43%) were the most common reasons for not taking PrEP among willing participants

Case study: Indonesia

- Among 1,139 participants in Indonesia
 - Lower overall awareness compared to whole sample
 - Lower lifetime use
- While there was high willingness to take PrEP, about half (46.5%) were not willing to pay for PrEP



Determining important factors for PrEP implementation

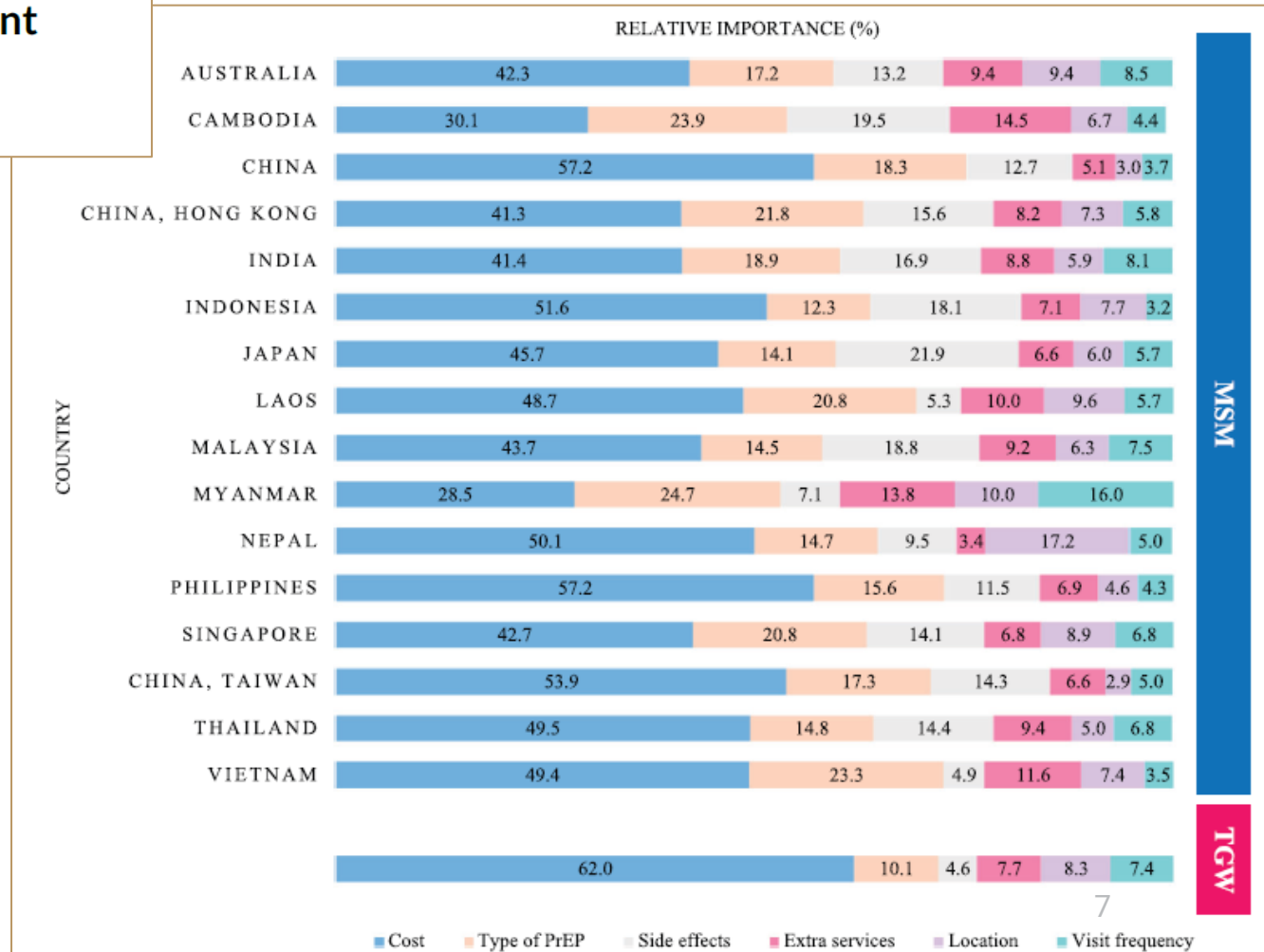
RESEARCH ARTICLE

Preferences for HIV pre-exposure prophylaxis among men who have sex with men and trans women in 15 countries and territories in Asia and Australia: a discrete choice experiment

Warittha Tieosapjaroen^{1,2} , Benjamin R. Bavinton³ , Heather-Marie A. Schmidt^{4,5} , Curtis Chan³ , Kim E. Green⁶, Nittaya Phanuphak⁷ , Midnight Poonkasetwattana⁸, Nicky S. Suwandi⁹, Doug Fraser³, Hua Boonyapisompan⁹, Michael Cassell¹⁰, Lei Zhang^{1,2}, Weiming Tang¹¹ , and Jason J. Ong^{1,2,12,§}

- Cost was the most important driver of choice for PrEP in all countries for MSM and trans women.
 - Typically followed by either type of PrEP or side effects
- This varied by PrEP use experience and risk of HIV acquisition

Drivers of choice for PrEP



PrEP Product Awareness, Preferences, and Past Experiences among Transgender Women and Men Who Have Sex with Men in Asia and Australia: The PrEP APPEAL Study

Curtis Chan¹, Doug Fraser¹, Heather-Marie Schmidt^{2,3}, Kimberly E. Green⁴, Michael M. Cassell⁵, Jason J. Ong^{6,7,8}, Warittha Tieosapjaroen^{6,8}, Nittaya Phanuphak⁹, Nicky Suwandi¹⁰, Hua Boonyapisompan¹¹, Midnight Poonkasetwattana¹⁰, Lei Zhang^{6,12}, Weiming Tang¹³, Benjamin R. Bavinton¹

Thailand

There were 1223 MSM participants and 222 TGW participants¹⁴ from Thailand. The mean age was 33.2 years in MSM and 29.3 years in TGW. 81.7% of MSM identified as gay, 12.8% of MSM identified as bisexual. Three quarters of MSM (75.5%) and TGW (71.2%) had a university degree with 70.3% of MSM and 62.0% of TGW being in full time employment (Table C.15.1).



From the results of the discrete choice experiment among MSM, the most preferred combination of attributes for a program were monthly oral PrEP, at a community clinic run by MSM, no cost, no side effects, 6-monthly visits, and with STI testing. The least preferred combination of PrEP program attributes were implant, at an STI clinic, 1000 baht a month, interactions with other medications, 2-monthly visits and mental health counselling (Table C.15.6). The most important driver of choice to use PrEP was cost and the least important was location (Table C.15.7).

Case study: The Philippines

- **Types of PrEP:** preferred on-demand oral PrEP and long-acting oral PrEP.
- **Service delivery location:** Preference for CBO-clinics
- **Cost per month:** Increasing cost was least preferred.
- **Side effects:** Preference to not interact with other medications
- **Frequency:** Once a year
- **Extra services:** STI testing preferred

The awareness and preferences in PrEP access, type of service delivery, and willingness to pay among men who have sex with men in the Philippines: a discrete choice experiment

Rodenie Arnaiz Olete^{A,B,*} , Patrick Eustaquio^A , Warittha Tieosapjaroen^C , Kate Leyritana^A, Michael Cassell^D, Jason J. Ong^C , Heather-Marie A. Schmidt^{E,F} , Nittaya Phanuphak^G , Curtis Chan^H , and Benjamin R. Bavinton^H 

significant preferences across a range of PrEP attributes. Participants showed positive and statistically significant preferences for on-demand PrEP ($\beta = 0.14$, $P < 0.001$) injectable PrEP ($\beta = 0.08$, $P = 0.066$) and long-acting oral PrEP ($\beta = 0.07$, $P = 0.050$). In contrast, the PrEP implant was significantly less preferred ($\beta = -0.33$, $P < 0.001$; Table 3).

For service delivery location, participants significantly preferred accessing PrEP through CBO-led clinics ($\beta = 0.12$, $P = 0.001$), whereas telehealth ($\beta = -0.09$, $P = 0.024$) was less preferred. Increasing PrEP cost was associated with a

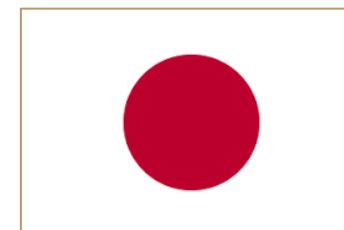
Preferences and willingness to use pre-exposure prophylaxis for HIV among men who have sex with men in mainland China and Hong Kong

Jiajun Sun^{A,B} , Jason J. Ong^{A,B,C} , Heather-Marie Schmidt^{D,E} , Curtis Chan^F , Benjamin R. Bavinton^F , Kimberly Elizabeth Green^G , Nittaya Phanuphak^{H,I} , Midnight Poonkasetwattana^J, Nicky Suwandi^K, Doug Fraser^F, Weiming Tang^L , Michael Cassell^M, Hua Boonyapisompan^K, Edmond Pui Hang Choi^N , Lei Zhang^{A,B,O,P,*,#}  and Warittha Tieosapjaroen^{A,B,*,#}



Exploring user preferences for PrEP service delivery models in Japan: a discrete choice experiment among men who have sex with men

Chunyan Li^{A,#} , Kailu Wang^{B,#}, Junko Tanuma^{C,D}, Akira Shibamura^E, Stuart Gilmour^F, Curtis Chan^G , Nittaya Phanuphak^H , Warittha Tieosapjaroen^I , Jason J. Ong^J , Lei Zhang^{I,J}  and Benjamin R. Bavinton^{G,*} 



Preferences for pre-exposure prophylaxis service package among men who have sex with men in Australia: a discrete choice experiment

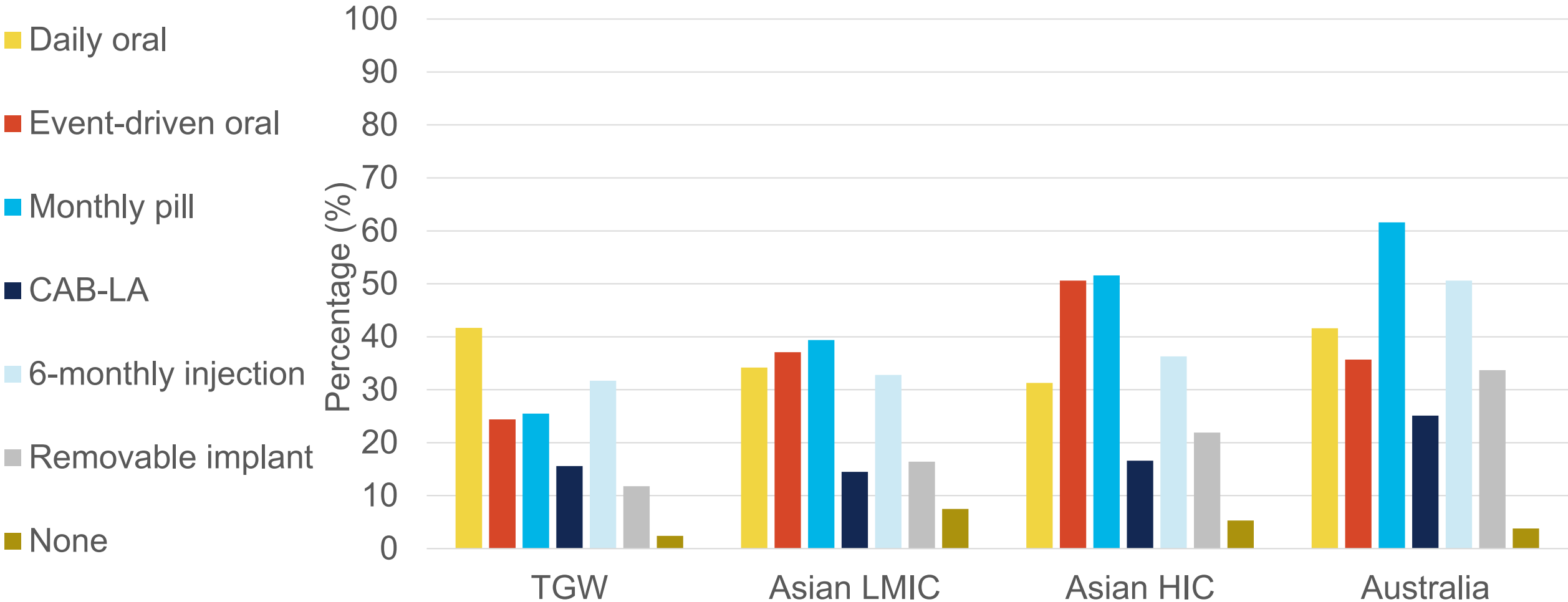
Warittha Tieosapjaroen,^{1,2} Curtis Chan ,³ Doug Fraser,³ Kimberly E Green,⁴ Michael Cassell,⁵ Dean Murphy,⁶ Benjamin Robert Bavinton,³ Heather-Marie A Schmidt,⁷ Nittaya Phanuphak,⁸ Lei Zhang ,² Weiming Tang ,⁹ Jason J Ong ,^{1,2,10}



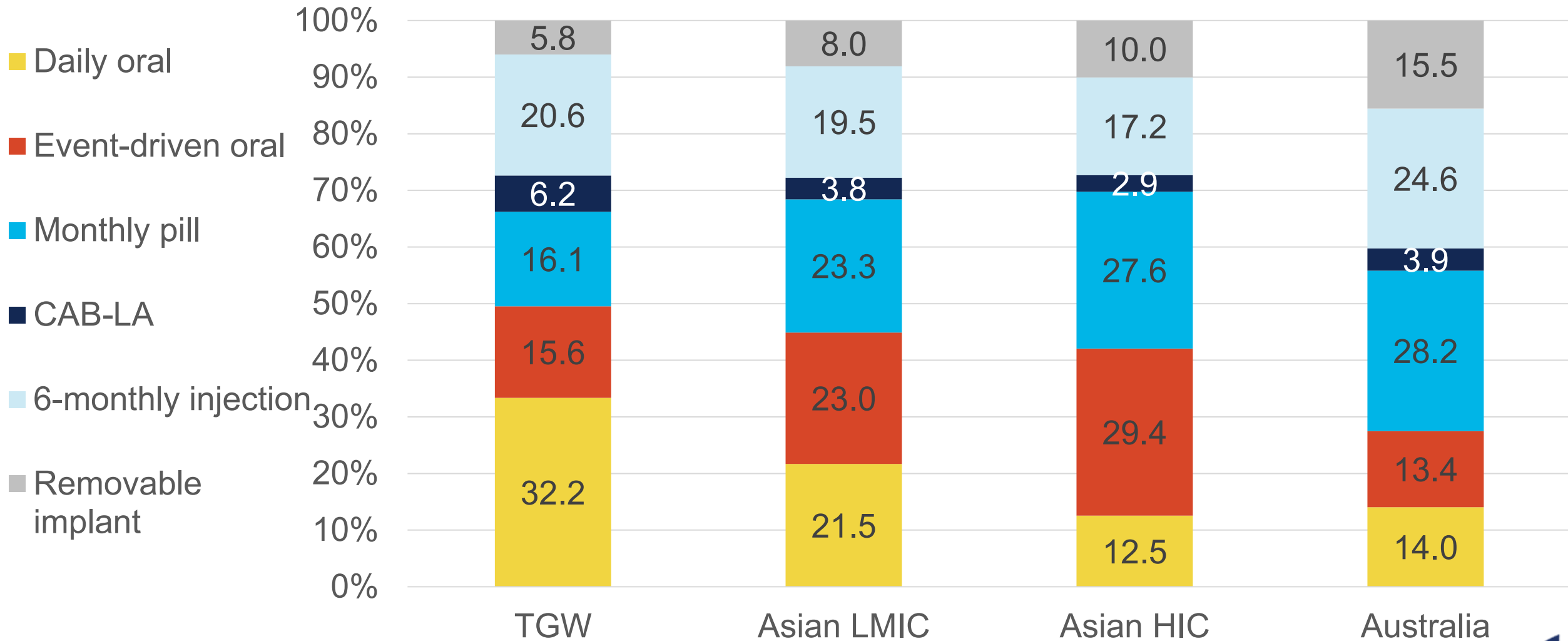
The future of PrEP options



Interest to use PrEP methods (select all that apply)



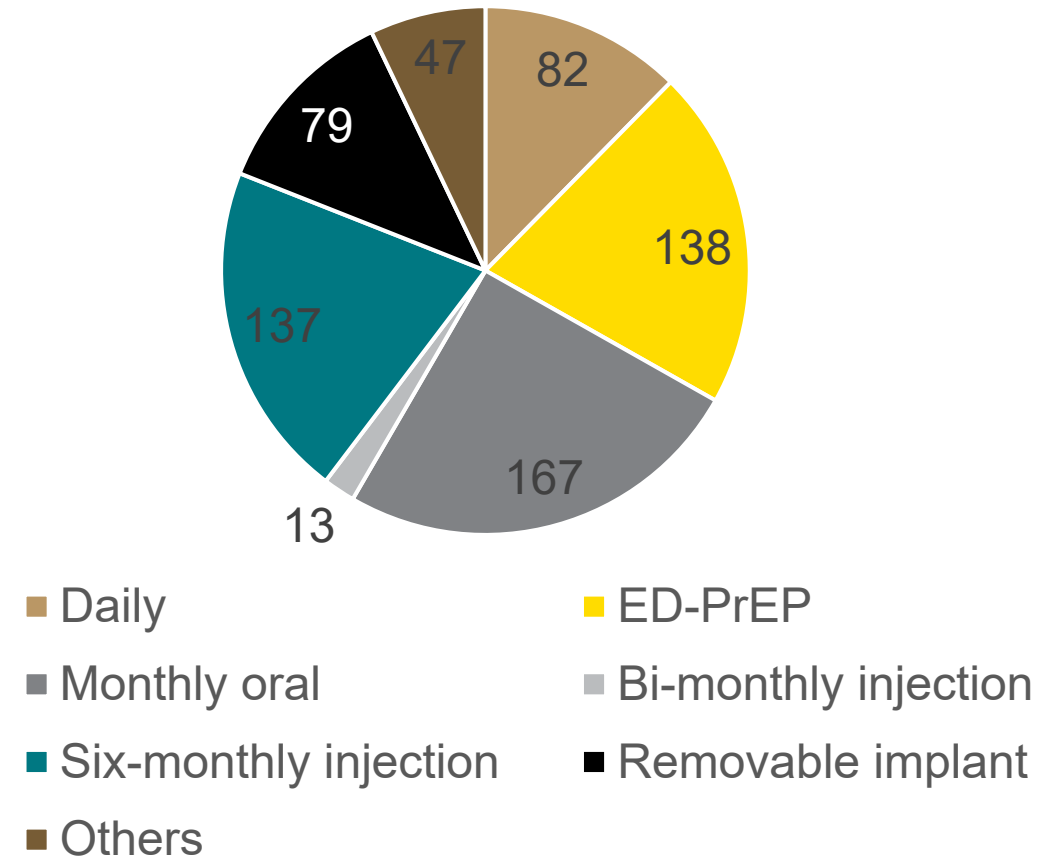
Top preference (select one)



Case study: Malaysia

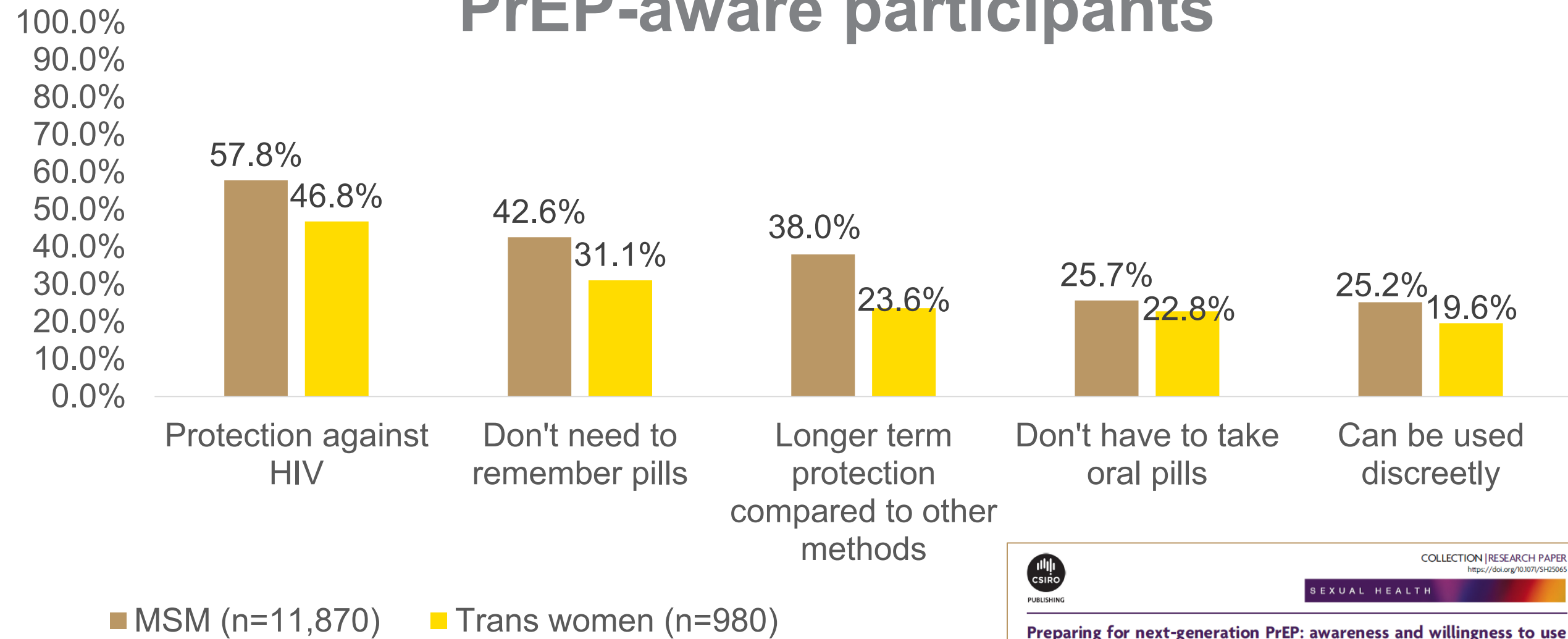
- Spread of preference across all forms of PrEP
 - Preference for six-monthly injections over two-monthly
 - Preference for monthly oral PrEP over daily or ED-PrEP
- Six-monthly was attractive for PrEP-naïve participants or those who discontinued

Top preference among MSM in Malaysia (n=663)



Insights about CAB-LA for injectable PrEP

Top 5 reasons to like CAB-LA among PrEP-aware participants



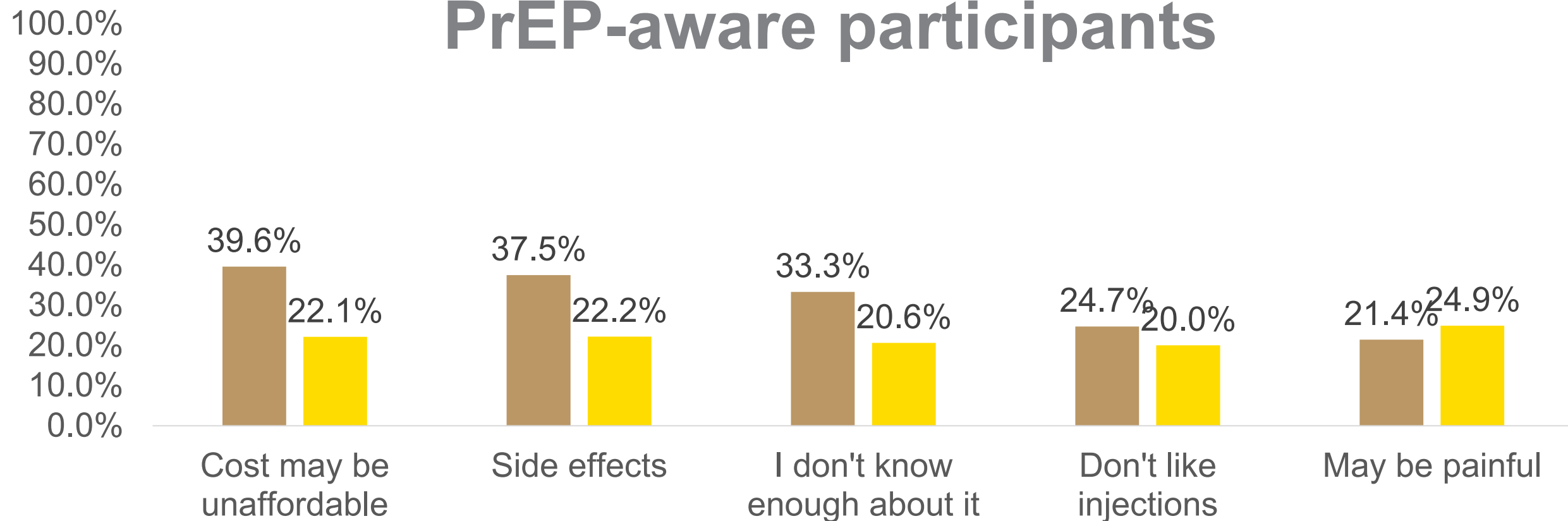
COLLECTION | RESEARCH PAPER
<https://doi.org/10.1071/SH25065>

SEXUAL HEALTH

Preparing for next-generation PrEP: awareness and willingness to use long-acting injectable cabotegravir among men who have sex with men and trans women across Asia

Heather-Marie A. Schmidt^{A,B,*} , Curtis Chan^C , Polin Ung^D, Tiara Nisa^E, Jason J. Ong^{F,G} , Warittha Tieosapjaroen^{F,G} , Kimberly E. Green^H , Nittaya Phanuphak^I , Michael M. Cassell^J, Nicky Suwandi^K, Hua Boonyapisompan^L, Midnight Poonkasetwattana^K, Lei Zhang^{G,M,N,O} and Benjamin R. Bavinton^C

Top 5 concerns about CAB-LA among PrEP-aware participants



■ MSM (n=11,870) ■ Trans women (n=980)

Australian participants

N (%)

I would only want to try long-acting PrEP injections every two months ("Cabotegravir") if I could switch back and forth to other forms of PrEP.

654 (40.3%)

It will be easy to switch between long-acting PrEP injections and oral PrEP.

425 (26.4%)

Long-acting PrEP injections every two months ("Cabotegravir") will be more effective at preventing HIV than daily oral PrEP.

374 (23.1%)

Long-acting PrEP injections every two months ("Cabotegravir") will be more effective at preventing HIV than on-demand oral PrEP.

554 (34.3%)

1687



Most preferred place to receive CAB-LA in Australia

	N (%)
Sexual health clinic	642 (38.1%)
General practitioner	548 (32.5%)
Trained to administer it themselves at home	247 (14.6%)
Pharmacy	110 (6.5%)
Community HIV testing service	77 (4.6%)



Key takeaways

- **Key populations want options:** No single PrEP option was the dominant preferred choice among participants.
- **Cost is a substantial barrier and concern:** The most important driver of choice, one of the most common barriers to PrEP use now, and most common concern relating to CAB-LA.

Key takeaways

- **Injectable PrEP options should complement existing oral PrEP:**
 - Switching between options is an important consideration for future PrEP implementation.
 - Attractive alternative for those who do not want oral PrEP.
- **No “one-size-fits-all” model:** Differences between regions and between individuals within each region on preference for service delivery.
 - What does this mean for task-shifting with injectable PrEP in community clinics and pharmacies?

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