


Expanding Pre-Exposure Prophylaxis (PrEP) Utilization in the Philippine HIV Crisis

Journal of Primary Care & Community Health
Volume 14: 1–2
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DOI: 10.1177/21501319231163643
journals.sagepub.com/home/jpc


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Dear Editor,

In a recent article, Sell et al¹ emphasized that expanding and strengthening pre-exposure prophylaxis (PrEP) provision in rural and suburban primary care settings might be a critical strategy for increasing PrEP utilization and reducing HIV transmission. In addition, they highlighted various factors that may facilitate primary care providers' prescribing behavior and utilization of PrEP, including electronic medical record order sets, costs, and education.¹ In this letter, I argue that facilitative policies and programs are also needed to increase PrEP utilization outside urban areas, as exemplified by its possible benefits for the Philippine HIV crisis.

The Philippines has an HIV crisis that mainly affects young men who have sex with men.^{2,3} It has the fastest-growing HIV epidemic in the Western Pacific between 2010 and 2017.³ As of September 2022, three-quarters of patients newly diagnosed with HIV are located outside Metro Manila, the country's urban center.² Nonetheless, it's only available in Metro Manila.³ Thus, expanding PrEP utilization outside Metro Manila may be crucial in stemming the HIV crisis in the country.

Another problem compounding the use of PrEP in the Philippines is the disparities in PrEP awareness.⁴ While evidence suggests that Filipino MSM are aware and interested in taking PrEP, those from lower economic backgrounds, have less education, and have previous experiences of discrimination from healthcare staff were less likely to be aware of PrEP.⁴ Thus, there is a need to address the barriers to PrEP awareness among vulnerable MSM to comprehensively address the Philippine HIV crisis.

Advocates and government agencies can undertake several steps to expand the utilization of PrEP in the HIV prevention program in the country. First, there is a need to expand its availability outside Metro Manila. Government and pharmaceutical companies can collaborate to increase its availability to hospitals, clinics, and other treatment centers outside Metro Manila. Second, disparities in PrEP awareness can be addressed by focusing on impoverished areas, developing and increasing PrEP awareness programs,

providing information fliers about PrEP and its benefits, and instituting comprehensive anti-discrimination policies at health institutions. Third, HIV care providers outside Metro Manila might be unfamiliar with PrEP since it is unavailable in their localities. Hence, training programs, supervision, and electronic guides can be developed and expanded as PrEP availability increases. Fourth, its costs may need to be subsidized by the government since the most affected population is young and may have a limited income at their disposal.

Overall, PrEP utilization outside urban areas may help curtail the Philippine HIV crisis. Its utilization can be enhanced by expanding its accessibility outside Metro Manila, addressing PrEP awareness disparities, providing HIV care provider training, and subsidizing its cost.

Acknowledgments

None.

Author Contribution

RA contributed substantially to the design, drafting, revision, acquisition, interpretation, and final approval of the data and work.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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Ethics Approval and Consent to Participate

Informed consent and ethical approval are not necessary for this study. No human participant was involved.

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