



In Developing Nations, PrEP Use Lags in Sex Workers, Gay Men, Trans Women

The U.S. PEPFAR program analyzed PrEP scale-up patterns and found that growth was greater among cisgender heterosexuals.

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Among nations sponsored by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) that have implemented the use of pre-exposure prophylaxis (PrEP), scale-up has been much steeper among cisgender (non-transgender) heterosexuals. The rate of increase of the HIV prevention method has lagged behind in what are known as key populations, including men who have sex with men, female sex workers and transgender women.

An estimated 54% of new infections globally occur among key populations and their sexual partners.

As described in Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention investigators analyzed PrEP scale-up rates in 15 of the 35 nations the international program sponsors. They determined the number of new PrEP clients added during each quarter between October 2016 and September 2018.

Across all 15 nations, there were 888 new PrEP clients during the fourth quarter of 2016 and 30,644 new clients during the third quarter of 2018. This represented a 35-fold increase in the quarterly initiation rate. Among the general population, the quarterly rate increased 54-fold during the study, compared with a 20-fold increase among key populations.

There was a 36-fold increase in the quarterly initiation rate among men who have sex with men, representing the highest increase seen among members of key populations. Among trans women, the rate increased just 6-fold during the study period.

During all the quarters analyzed, the proportion of new PrEP clients who were members of key populations ranged between 29% and 56%. During the most recent quarter analyzed, the third quarter of 2018, that proportion was 32%.

Factors associated with more rapid scale-up of PrEP included active ownership of the national PrEP

program by governments as well as innovations in PrEP service delivery. Other factors tied to the acceleration of PrEP uptake included innovations in the marketing of PrEP, including promoting it outside of clinical settings, such as at drop-in centers frequented by key populations, on social media, at sex clubs and gay bars and through peer outreach.

“PrEP implementation in PEPFAR-supported country or regional programs is gradually increasing among general and key populations,” the study authors concluded. “Scale-up of this HIV prevention method in all populations at substantial risk and sharing best practices could contribute to faster HIV epidemic control. Cost effectiveness and mathematical modeling studies might be useful to help identify subpopulations for PrEP delivery to achieve the greatest HIV prevention impact in resource-limited settings, including other PEPFAR programs.”

To read the CDC report, [click here](#).

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