



**WOMEN'S HEALTH
IN WOMEN'S HANDS
COMMUNITY HEALTH CENTRE
STRENGTHEN • SHARPEN • BUILD**

November 2025

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Developed with support from Gilead Sciences Canada Inc.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

TABLE OF CONTENTS

1.	FOREWORD	4
2.	INTRODUCTION	5
3.	LISTENING SESSION MEETING SUMMARY	7
4.	FORUM MEETING SUMMARY	7
5.	SNAPSHOT OF OVERARCHING RECOMMENDATIONS TO ENGAGE BLACK WOMEN	9
6.	EXECUTIVE SUMMARY	10
	Perceptions of HIV Risk and Risk Management	10
	Perspectives on the Impact of Alcohol and Drug Use.....	11
7.	DETAILED REPORT	16
	Perceptions of HIV Risk and Risk Management	16
	Perceptions on the Impact of Alcohol and Drug Use	18
	Insights on Factors that Shift Risk Awareness and Prevention Over Time	19
	HIV Testing: Practices, Barriers, and Enablers	20
	Knowledge and Attitudes Toward PrEP	21
	Perspectives on PrEP Delivery and Regimens.....	25
	Access, Equity, and Confidentiality.....	26
	Trusted Sources of Information	27
8.	APPENDIX	29
	Discussion Guide.....	29

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

1. FOREWORD

Despite significant advances in HIV prevention, inequities in knowledge, access and utilization of pre-exposure prophylaxis (PrEP) persist—particularly for Black women in Canada. These gaps are not the result of individual choice or awareness alone, but of longstanding structural barriers rooted in racism, gender inequity, migration status, economic precarity, stigma, and exclusion from health systems intended to provide relevant supports to optimize Black women’s health. This report emerges from Women’s Health in Women’s Hands Community Health Centre’s (WHIWH) sustained commitment to addressing these inequities through community-led, evidence-informed, and culturally grounded approaches to HIV prevention.

Developed in partnership with Gilead Sciences Canada, this report brings together community insights, programmatic experience, and emerging evidence to explore PrEP knowledge, access, and utilization among Black women. It reflects what we learnt directly through listening sessions with Black women—across diverse identities, migration pathways, and life stages—about how PrEP is understood, negotiated, accessed, and, too often, rendered inaccessible and through a community forum with community members, service providers and funders. These collective voices underscore a critical reality: biomedical innovation alone cannot close HIV prevention gaps without parallel investments in supports to build trust, ensure culturally safe care, and systems accountability to eliminate anti-Black racism and other barriers that limit access and utilization of HIV prevention services.

This report also highlights the urgent need to move beyond universal approaches toward policies that explicitly address inequity. This includes eliminating financial barriers to PrEP, integrating PrEP into primary and reproductive health care, investing in community-based delivery models, and embedding race and gender-responsive frameworks into HIV policy and funding decisions.

The findings also reinforce the importance of trauma- and violence-informed, culturally safe, and anti-racist models of care. PrEP uptake is strongest when services are delivered by trusted providers, supported by peers, and grounded in the lived realities of Black women’s lives.

Finally, to Black women: this report is for you and because of you. It affirms your right to accurate information, meaningful choice, bodily autonomy, and prevention options that fit your life. Your leadership, resilience, and advocacy continue to shape a more just HIV response.

WHIWH is proud to contribute this report as both a reflection of our work with Gilead Canada and a call to action. Achieving HIV prevention equity for Black women requires collective responsibility—across policy, practice, funding, and research—rooted in partnership with the communities most affected. The path forward is clear; what remains is the will to act.

Wangari Tharao

Director, Research and Programs

Women’s Health in Women’s Hands Community Health Centre (WHIWH)

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

2. INTRODUCTION

Women and Black communities have historically been underrepresented in HIV prevention research, programming, and clinical trials. This exclusion has resulted in critical gaps in outreach and engagement strategies. Despite women making up 30% of HIV cases in Canada, and 28% of cases within Black communities in Ontario, Black women remain underrepresented in HIV care settings. Currently, 98% of PrEP users in Canada are men, assumed to be primarily white gbMSM. This disparity demonstrates that Black women are underserved in HIV care underscoring the urgent need for inclusive, community-led approaches to HIV prevention that target Black women.

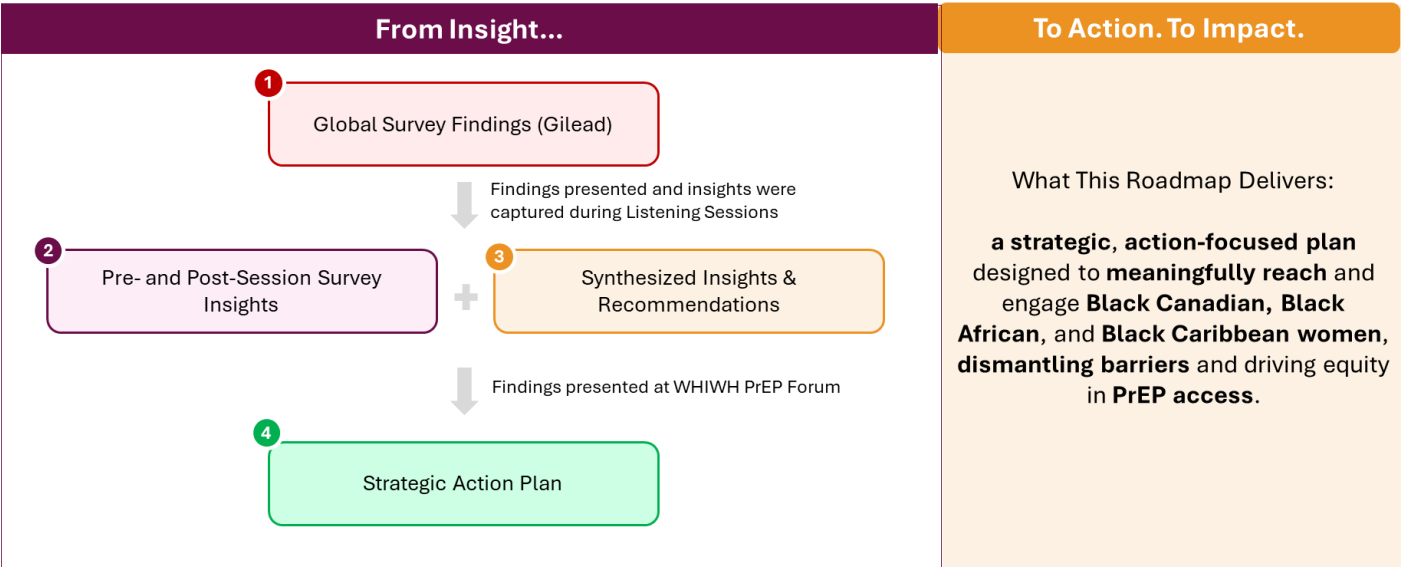
The purpose of this initiative was to seek insights on how to best reach and engage Black Canadian, Black African or Black Caribbean women with no prior PrEP experience or in HIV prevention services in order to shape actionable insights to address barriers and close gaps in PrEP access. WHIWH, a community health centre with deep roots in African, Caribbean, Latin American, and South Asian communities, plays a vital role in promoting culturally responsive care and tackling systemic barriers to HIV prevention. WHIWH's longstanding expertise in engaging women around HIV and PrEP access grounds this project in the realities of those most impacted, supporting the shared mission of WHIWH's and Gilead Sciences Canada to reduce disparities and improve support for underserved groups. In collaboration with Gilead Sciences Canada, this supports both organizations' broader goal of addressing disparities in PrEP access by generating actionable insights to better reach and engage underserved populations.

This detailed report provides an overview of actionable insights to address barriers and close gaps in PrEP access for Black Canadian, Black African, and Black Caribbean women with no prior PrEP use following the listening sessions that took place on Thursday, September 25th, 2025 and Saturday, September 27th, 2025. This report highlights data collected from the pre- and post-session surveys completed by listening-session participants, which informed the development of key takeaways and recommendations shared by participants. These findings were presented at the WHIWH PrEP Forum on October 31, 2025, which involved a panel discussion and group discussion, resulting in an action plan based on the insights gathered. The Empowered by PrEP Forum brought together community members, healthcare providers, researchers, and service organizations to advance dialogue on PrEP equity for African, Caribbean, and Black women and gender-diverse people. The event created space to share community-informed research, lived experiences, and program insights, while identifying ongoing gaps in awareness, access, and culturally responsive care. Discussions highlighted the importance of trusted, community-led approaches to HIV prevention and strengthened connections among stakeholders working toward shared goals. Insights from the forum will inform ongoing program development and service improvements at Women's Health in Women's Hands Community Health Centre and contribute to broader efforts to improve equitable access to PrEP.

Additionally, this report provides personal stories shared by clients of WHIWH to contextualize existing findings from Gilead's Global Prevention Survey to better understand the experience of Black women with HIV prevention and PrEP. Given the two types of data presented in this report, participants in listening sessions are referred to as "participants", whereas survey respondents in Gilead's Global Prevention Survey are referred to as "respondents". See the visual below for the schematic of how data was obtained for this report.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report



Abbreviations used in this report are listed in the table below:

gbMSM	Gay, bisexual, and other men who have sex with men
HIV	Human immunodeficiency virus
HCP	Healthcare professional
MSM	Men who have sex with men
PrEP	Pre-exposure prophylaxis
U=U	Undetectable = Untransmittable
WHIWH	Women’s Health in Women’s Hands

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

3. LISTENING SESSION MEETING SUMMARY

Title: Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Dates: Thursday, September 25th, 2025 and Saturday, September 27th, 2025

Location: Women's Health in Women's Hands (WHIWH) Community Health Centre

Duration: 2 hours (with 0.5 hours for lunch)

Time: 12:00 to 2:00 PM; 1:00 to 3:00 PM

ATTENDEES

- **Facilitator:** Natasha Lawrence; WHIWH Community Health Worker, Research and Programs
- **Participants:** WHIWH Clients (Day 1: 7; Day 2: 9)
- **Notetakers:** WHIWH (x2); Gilead (x1)

MEETING OBJECTIVES

1. Validate existing findings and add context/personal stories to the data collected to better understand the experience of black women with HIV prevention and PrEP.
2. Generate actionable insights to address barriers and close gaps in PrEP access for Black Canadian, Black African or Black Caribbean women with no prior PrEP use

4. FORUM MEETING SUMMARY

Title: Our Health, Our Bodies: Advancing PrEP Equity for Black Women

Dates: Friday, October 31st, 2025

Location: Toronto People With AIDS Foundation, 163 Queen Street East, 4th floor, Toronto, ON M7A 2H6

Duration: 6 hours, 45 minutes (with 45 minutes for breakfast, and 50 minutes for lunch)

Time: 9:15am – 4:00pm

ATTENDEES

- **Master of Ceremonies/Moderator:** Natasha Lawrence; WHIWH Community Health Worker, Research and Programs
- **Guest Speakers:** Muna Aden, Research and Equity Expert; Dr. Wale Ajiboye, BPharm, MPharm, PhD; Logan Kennedy, Senior Medical Manager – Community Medical Affairs, HIV Treatment & Prevention, Gilead Sciences Canada; Veronica Segbedzie, Nurse Practitioner, The PrEP Clinic; community member panelists (x2)
- **Participants:** Community members, researchers, health care providers, service providers (n=87)
- **Facilitators:** Six peer facilitators
- **Notetakers:** Two peer notetakers

Unmet Needs in PrEP Among Black African, Black Caribbean, Canadian Women

Detailed Report

MEETING OBJECTIVES

1. Share community-informed knowledge and evidence on PrEP access, awareness, and uptake among African, Caribbean, and Black women and gender-diverse people, drawing on research findings, program data, and lived experience.
2. Identify persistent structural, social, and service-level barriers that affect equitable access to HIV prevention tools, including culturally responsive care, provider knowledge, and system navigation challenges.
3. Facilitate dialogue across sectors by bringing together community members, healthcare providers, researchers, and service organizations to exchange insights and strengthen relationships.
4. Inform program development and service delivery improvements within Women's Health in Women's Hands Community Health Centre by integrating community feedback, research findings, and implementation lessons.
5. Generate community-driven recommendations from the listening sessions to support more accessible, trusted, and culturally grounded PrEP programming for Black women and gender-diverse communities.
6. Strengthen collective action toward PrEP equity by encouraging shared commitments, partnerships, and next steps among stakeholders working in HIV prevention and sexual health.




Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

5. SNAPSHOT OF OVERARCHING RECOMMENDATIONS TO ENGAGE BLACK WOMEN

Below is an overview of the overarching recommendations and key takeaways communicated during the listening sessions and from the larger Forum Discussion, which serve to support discussions and engage Black women. Detailed insights can be found in the Detailed Report section.

PrEP Perceptions and Awareness	Access, Equity and Confidentiality	Education and Stigma Reduction
<ul style="list-style-type: none"> ✓ Develop gender-and culturally-relevant campaigns that position PrEP as a prevention tool for diverse communities, not just MSM, by incorporating data, testimonials, and lived experiences from Black women. ✓ Use trusted messengers and advocates (e.g., Black women healthcare providers, peer educators) to normalize conversations around HIV and reduce stigma. ✓ Provide clear, accessible information on side effects, safety, and effectiveness, particularly among Black women to increase trust and comfort with PrEP, and to support informed decision-making. 💡 Educate on diversity of PrEP options available to accommodate different patient needs, reduce barriers like discomfort with injections, treatment adherence challenges, and limitations of accessing care provider/health system. 	<ul style="list-style-type: none"> ✓ Expand PrEP access in trusted community clinics and explore PrEP delivery options which address barriers to access (e.g., distance to clinic) and increase confidentiality. 💡 Launch educational campaigns for HCPs on the importance of initiating conversations about HIV testing and prevention as part of routine care to increase access. ✓ Reinforce the significance of confidentiality and discretion to HCPs by contextualizing it as an enabler for HIV care to increase access and awareness. 👥 Bring education directly where Black women already gather (e.g., churches, salons, shelters, community centres, Women's sports events, newcomer organizations, residential buildings). 👥 Improve provider practices (routinely offer HIV testing, cultural competency training, confidentiality enforcement, PrEP and PEP explained in simple language). 👥 Increase access (mobile testing, walk-in PrEP consultations, low-barrier clinics, clear directions on how to get PEP immediately). 	<ul style="list-style-type: none"> ✓ Engage community members and leaders in HIV education initiatives to increase awareness of HIV risk and substance-use-associated risk. 💡 Launch campaigns framing HIV prevention as routine health care, emphasizing U=U and PrEP benefits to reduce shame and fear. ✓ Deliver culturally tailored sexual health and PrEP education through trusted community spaces (clinics, peer programs, schools, places of worship), integrating mental health support. ✓ Use workshops and peer-led programs to promote HIV testing and prevention as routine, preventive health measures. 👥 Peer-led and woman-led models (peer educators, community ambassadors, youth mentors, women's circles). 👥 Normalize conversations about PrEP/HIV (use social media creators, storytelling from Black women, casual talks in trusted spaces, workshops/support groups).

 Symbol marks new insights captured during the listening session
  Symbol marks validations of existing approaches or insights
  Symbol marks action plan based on the PrEP forum

Purple text denotes recommendations specific to Black women, while **blue text** denotes generalizable recommendations.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

6. EXECUTIVE SUMMARY

Below you will find a summary of recommendations and insights shared by participants.

Perceptions of HIV Risk and Risk Management

Global Survey Data

Perception of overall personal HIV risk (N = 29)

Risk Perception	Number of Participants
Very low	1
Low	13
Neither low nor high	11
High	4
Very high	0
I don't know what HIV is	0

Condom use with unknown HIV status partners (N = 29)

Response	Percentage
Yes	59%
No	41%

What We Learned from Listening Sessions

- Awareness of Risk:** HIV risk increases with multiple partners and unprotected sex.
- Barriers to Risk Assessment:**
 - lack of education
 - stigma around partner count,
 - reliance on visual symptoms
 - partner reassurances
 - mistrust in relationships
- Risk Management Strategies:**
 - abstinence
 - condom use
 - regular HIV testing
 - avoidance of alcohol/drugs
 - PrEP.
- Enablers for Risk Management:**
 - transparent communication with partners
 - awareness of HIV prevalence,
 - educational initiatives

Session Survey Data

What is your current level of awareness about PrEP?

Awareness Level	Pre-Session	Post-Session
Low	10	0
Moderate	3	4
High	2	11

■ Pre-Session ■ Post-Session

“By taking this PrEP discussion, I think it helps me to understand that this is what I have to do, and that if I do this, this is the risk. Having the PrEP community classes [is helpful].”

Recommendations:

- Continue to launch community-level educational initiatives for Black women that highlight HIV risk assessment and risk management strategies.
- Launch educational initiatives for men in the Black community on transparency regarding sexual partners and increase partners' awareness of HIV risk and potential need for prevention strategies.

Action Plan

- Information tables at community events (pop-up booths, IEC materials, handouts/flyers - PrEP + sexual health)
- Support groups (SLB, BCF, workshops, seminars, women-led safe spaces)
- Designing things or trinkets/souvenirs (items that spark conversation, youth-friendly materials)
- Pop-up nail salons/hair braiding sites (mobile education)

- Women's sports events (information tables, tournament banners promoting PrEP)
- Social media outreach (TikTok, Instagram, creators like July Black, myth-busting videos)
- Shelters (posters, pamphlets, partnerships with shelter programs)
- Employment & social service organizations (outreach workers, resource table days)
- Sex-ed classes (after school or weekend programs, newcomer youth sessions)

- Lobbying in buildings with large Black populations (posters, digital screens, flyers, collab with building management)
- Peer-to-peer conversations (small circles, informal chats, youth mentors)
- Women's church groups (bible study women's circles, Church-based education)
- Addressing gatekeepers (emphasize the importance of collaboration)

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Perspectives on the Impact of Alcohol and Drug Use

What We Learned from Listening Sessions

- Participants agreed that substance use increases HIV risk due to lowered inhibitions, including emotion-driven and impulsive decisions.
- Participants emphasized the need for community-based education, including through places of worship, and forums, to address substance-related risk.
- Participants felt it important to include the need for relationship building with organizations that may be a good place to host these discussions, but are not open to collaborating due to stigma and discrimination.

Recommendations:

1. Incorporate education on substance-use related risk into community educational initiatives in places of worship or community forums to increase awareness and promote risk management.

Action Plan

- Increase awareness programs about how alcohol and drug use increases sexual risk.
- Deliver harm reduction education through community groups, women's shelters, schools, and churches.
- Include PrEP information when speaking about harm reduction.
- Normalize conversations about sexual health and HIV prevention when teaching substance-use prevention.
- Prioritize relationship building with gatekeepers to increase access to community spaces where ACB women congregate.

Insights on Factors that Shift Awareness and Prevention Over Time

What We Learned from Listening Sessions

- Participants indicated that becoming more knowledgeable and mature, led to safer sexual practices in adulthood.
- Participants noted the importance of early HIV education, beginning in sexual education classes in schools, since young women tend to engage in higher-risk sexual behaviours.
- Education and advocacy were noted as critical for reducing stigma and increasing openness to PrEP.
- Mental health and emotional well-being were noted as factors that influence prevention choices and risk tolerance.
- Participants emphasized the importance to continue to engage women as they mature, as they may see HIV prevention as less of a concern as they age.

"When you're younger, you're kind of risky with who you're having sex but when you get older, it's like, 'Ok I could possibly have been exposed to X, Y and Z.' But you gain more knowledge."

"Many people in the community are lacking knowledge about HIV, for example, even washing sex toys. [Greater] knowledge may change how they interact with partners."



"It would be nice if the school would teach that too. It should start at a young age when they're teaching sexual health."

Recommendations:

1. Continue to launch campaigns that frame HIV prevention as routine health care, emphasizing U=U and PrEP benefits to reduce shame and fear.
2. Deliver culturally tailored sexual health and PrEP education through trusted community spaces (i.e., clinics, peer programs, schools), integrating conversations around mental health support to address its influence on sexual health.

Action Plan

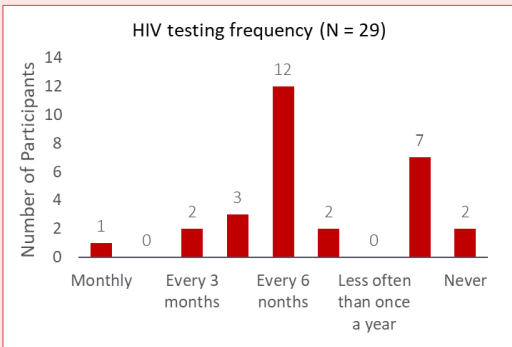
- Strategies to overcome barriers: increase awareness at a young age, promote PrEP access, and reduce stigma by normalizing discussions.
- Improve access to STI/HIV testing (mobile clinics, schools, community spaces).
- Host targeted workshops/seminars for women.
- Use stories and lived experiences ("storytelling") to reduce fear.
- Improve access to condoms and sexual health resources.
- Ensure people living with HIV have access to treatment and support.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

HIV Testing: Practices, Barriers, and Enablers

Global Survey Data



One respondent reported testing monthly, two tested every 3 months, three tested every 4 months, twelve tested every 6 months, and two tested yearly. Seven respondents reported testing situationally, and two reported never testing for HIV.

Notably, a significantly higher proportion (41.4%) of Black women respondents reported testing every 6 months compared to respondents of other races and ethnicities (1.7%).

What We Learned from Listening Sessions

- Testing frequency varies, with fear of confidentiality breaches, stigma, and lack of proactive engagement by healthcare providers cited as barriers to HIV testing.
- Education, life changes, workshops, concern for children, and distrust in partners were motivators for testing.
- Participants suggested annual sexual health conversations with providers to empower Black women to get tested for HIV.

“Sometimes the agencies, sometimes people know them and are from same community so they’re afraid that people will disclose.”

“HCPs should be having a sexual health conversation at least once per year” and that “[your] family doctor is the person who should be having this conversation with you [...] It really falls on the family doctor to get rid of that stigma.”

“Mostly, people don’t want to [test] because they are afraid; before you know it, it’s spread all over [the community].”

“Many people are afraid to have that conversation about higher risk among black women. Health providers should just lead with that: ‘Your community are more affected by HIV transmission.’”

“Stigma discourages [Black women] from being tested.”

Recommendations:

1. Develop a culturally responsive HIV testing and prevention conversation guide for HCPs. This resource can serve to foster trust with women in racialized communities and reduce stigma and fear around HIV testing. This resource can serve to foster trust with women in racialized communities, reduce stigma and fear around HIV testing, and increase HCPs capacity to initiate stigma-free sexual health discussions with their patients/clients.
2. Use workshops and peer-led programs to promote HIV testing as a routine, preventive health measure.

Action Plan

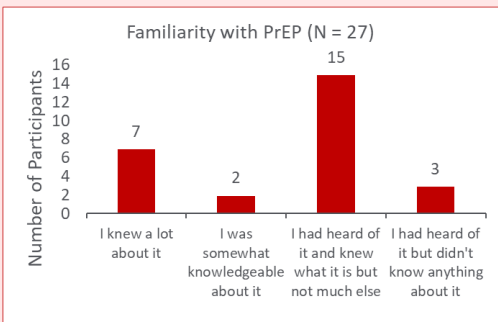
- Increase mobile testing services.
- Offer community-based pop-up testing (salons, shelters, church groups).
- Provide education about the importance of routine testing.
- Normalize HIV testing in primary care (“ask everyone routinely”).
- Support women by offering testing at events and women’s social gatherings.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

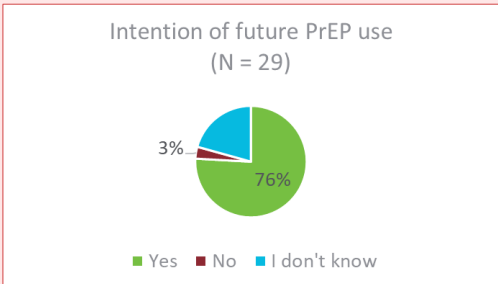
Detailed Report

Knowledge and Attitudes Toward PrEP

Global Survey Data



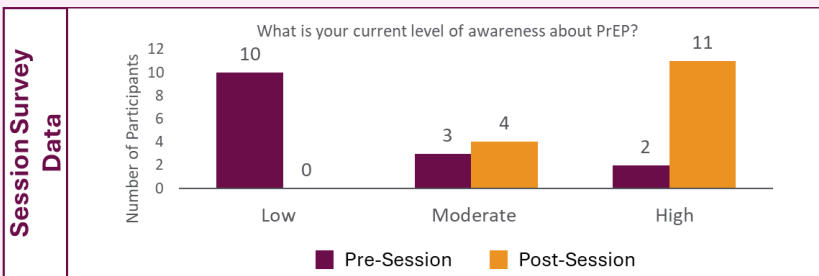
The majority (15 respondents) reported that they had heard of PrEP and knew what it is but not much else. Respondents indicated they knew a lot about it, while two were somewhat knowledgeable. Three respondents had heard of PrEP but didn't know anything about it.



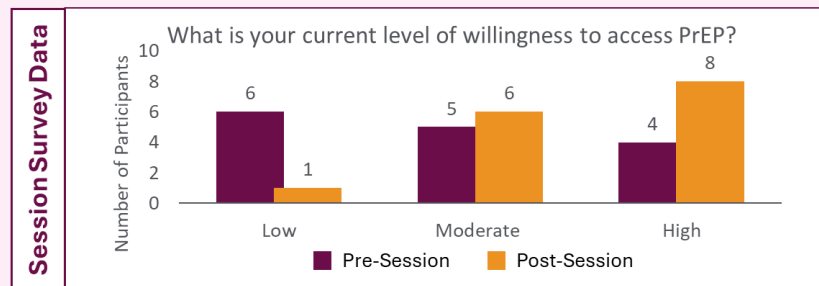
The majority (76%) indicated they intend to use PrEP in the future, while 21% were unsure, and 3% reported they do not intend to use PrEP.

What We Learned from Listening Sessions

- Limited awareness of PrEP prior to this session, and expressed mixed attitudes towards taking PrEP, due to differences in perceived HIV risk.
- Increased knowledge, peer experiences, and inclusive education were seen as key drivers for PrEP adoption.



- Awareness and openness to PrEP increased following the session.
- Concerns around PrEP included side effects, underlying health issues, financial constraints, deep mistrust of pharmaceutical companies stemming from historical mistreatment of Black communities, and stigma.



Recommendations:

1. Develop culturally relevant campaigns that position PrEP as a prevention tool for diverse demographics.
2. Incorporate testimonials and lived experiences into outreach strategies.
3. Use trusted messengers and advocates (e.g., Black women healthcare providers, peer educators) for HIV campaigns targeted towards Black women to normalize conversations and reduce stigma.
4. Provide clear, accessible information on side effects, safety, and effectiveness to increase trust in and comfort with PrEP.
5. Develop culturally relevant campaigns that position PrEP as a prevention tool for diverse demographics.
6. Incorporate testimonials and lived experiences into outreach strategies.
7. Use trusted messengers and advocates (e.g., Black women healthcare providers, peer educators) for HIV campaigns targeted towards Black women to normalize conversations and reduce stigma.
8. Provide clear, accessible information on side effects, safety, and effectiveness to increase trust in and comfort with PrEP.

Action Plan

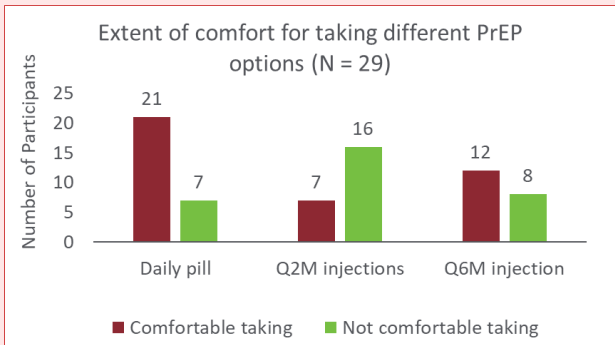
- Increase education on PEP vs PrEP in community spaces.
- Provide simple, accessible messaging (visual timelines).
- Inform women where to get PEP immediately (clinics, ER, sexual health clinics).
- Include PEP in all sexual health workshops and social media content.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Perspectives on PrEP Delivery and Regimens

Global Survey Data



Most respondents (21) reported being comfortable taking a daily pill, while 7 were not. For Q2M (every 2 months) injections, 7 respondents were comfortable, whereas 16 were not. For Q6M (every 6 months) injections, 12 respondents were comfortable and 8 were not.

What We Learned from Listening Sessions

- Many participants hypothetically favoured the investigational 6-month injection due to access and treatment adherence considerations, with some preferring daily pills due to discomfort with needles.
- Participants were not favourable to the 2-month injection, citing high frequency of clinic visits as a logistical challenge, with many noting they would prefer the daily pill to twice monthly injections.
- Community clinics were the preferred setting for PrEP access, and participants expressed interest in home-based injection options to reduce clinic visits.

“my only aversion to taking an injection would be if you are going to be dizzy or nauseous for a day after taking. [My choice] would depend on the side effects.”

“[[Prefer the 6-month] because [they] would have peace of mind, so [they] would know that [they]’ve got coverage” and that a 6-month injection is favourable “for ease and convenience.”

“If 6 months is higher dose and has negative side effects, I wouldn’t want to go to the doctor every 2 months. If there was an option for self-administration, I would be more likely to do that.”

Recommendations:

1. Approve and facilitate access to investigational HIV prevention regimens to increase PrEP adherence by providing diverse options to meet individual patient needs.
2. Continue to incorporate education on oral and injectable PrEP options to accommodate different lifestyle preferences and reduce barriers like needle-phobia or treatment adherence challenges.
3. Clearly communicate effectiveness, side effects, and safety for each PrEP option to support informed decision-making and increase trust.

Action Plan

- Reach women in: church groups, social groups, shelters, clinics, community centres.
- Provide education and awareness workshops, including: women’s groups, Black women’s clinics, faith-based programs.
- Peer and community ambassador programs: peer educators, salon talks, community mentor programs.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Access, Equity, and Confidentiality

What We Learned from Listening Sessions

- Participants emphasized the need for discretion in healthcare interactions, noting that breaches of confidentiality discourage engagement.
- Participants highlighted the importance of culturally competent care and trust in healthcare providers, especially Black women professionals.

"I'd go to the place where I feel like it's more private. When I go to the doctor, the person at the front asks your question out in the public. Community clinic would be more comfortable for me," with others agreeing they "would feel more comfortable at sexual health clinics."



"[a] session like this is beneficial. Sometimes hearing from other people and questions they may have, and the rapport is helpful," and that "you may be self-conscious and worried about privacy. In a group setting, it's like it's not just you."

Recommendations:

1. Ensure that educational initiatives are built on principles of cultural sensitivity, with Black women delivering initiatives to increase trust.

Action Plan

- Provide cultural competency training for providers.
- Ensure information is available in multiple languages.
- Promote better provider–client communication.
- Offer interpretation services where needed.
- Ensure clinic environments prioritize confidentiality.
- Tailor PrEP messaging to Black women's lived realities.

Trusted Sources of Information

What We Learned from Listening Sessions

- Participants trust facilitators, doctors, and community healthcare workers for accurate and supportive information. Black women serving in these roles were identified as the most trusted messengers within the community.
- Group settings and peer programs were favoured over one-on-one interactions for comfort and community support. Participants emphasized the importance of healthcare providers initiating discussions and tailoring messaging to the needs of Black women.

"[a] Black HCP in a group setting would gather a lot of Black women to educate themselves rather than a one-on-one. I think one-on-one would be intimidating and comraderies would be helpful."



Recommendations:

1. Engage Black women HCPs and community leaders as primary messengers in HIV and PrEP education campaigns that are targeted towards Black women.

Action Plan

- Promote PrEP awareness targeted to Black women.
- Strengthen confidentiality practices.
- Decrease stigma by normalizing conversations.
- Expand peer groups and safe spaces.
- Use virtual spaces (social media, online groups).
- Champion ACB (African, Caribbean, Black) women to lead campaigns.
- Use word-of-mouth and community ambassador models.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

7. DETAILED REPORT

Perceptions of HIV Risk and Risk Management

- Participants in both listening sessions emphasized an awareness that HIV risk increases with multiple partners and unprotected sex, while knowledge and protective measures reduce risk.
- They noted that non-monogamous relationships, including polyamory and polygamy, increase one’s risk due to multiple partners.
- While participants generally reported a moderate level of HIV awareness prior to the session, the majority (86.7%) reported having a high awareness about HIV following the session (Figure 1).

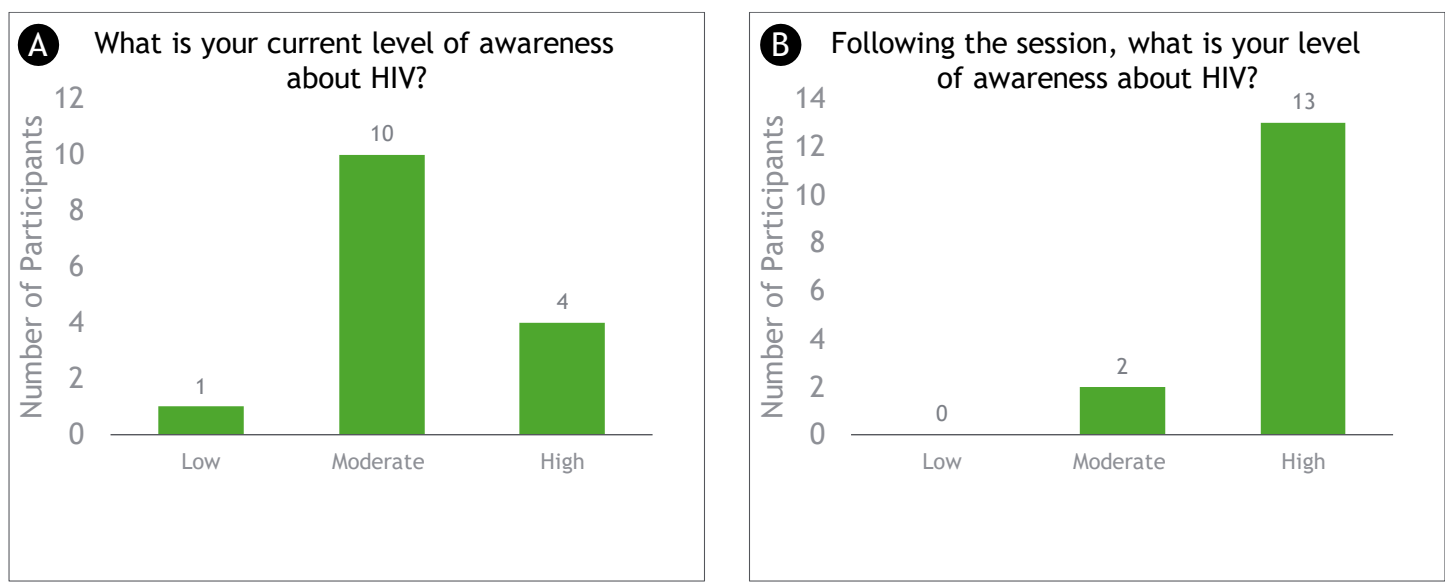


Figure 1 Awareness About HIV Before and After the Session: (A) The majority (66.7%) of participants reported having a moderate level of awareness prior to the session. (B) Following the session, the majority (86.7%) of participants reported a high level of HIV awareness, with only 2 participants reporting a moderate level of awareness.

- In Gilead’s Global Prevention Survey, most Black women respondents perceived their HIV risk as low (Figure 2A), despite 59% reported not using condoms with partners of unknown HIV status (Figure 2B). While low perception of HIV risk was reported across races and ethnicities, condom use with a partner of unknown HIV status was significantly lower among Black women compared with other respondents. Given these responses, participants of the listening sessions noted the following barriers to accurately assessing one’s HIV risk:
 1. Undisclosed sexual behaviours in relationships, such as men having sex with men, which can expose women to HIV.
 2. Lack of education, even within healthcare settings.
 3. Stigma around partner count may overshadow actual sexual practices in assessing HIV risk.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

4. Reliance on visible symptoms or verbal assurances from partners to assess risk, leading to false perceptions of safety.
5. Mistrust in relationships and lack of open communication.
6. Long-distance relationships, due to lack of awareness of partner behaviour.

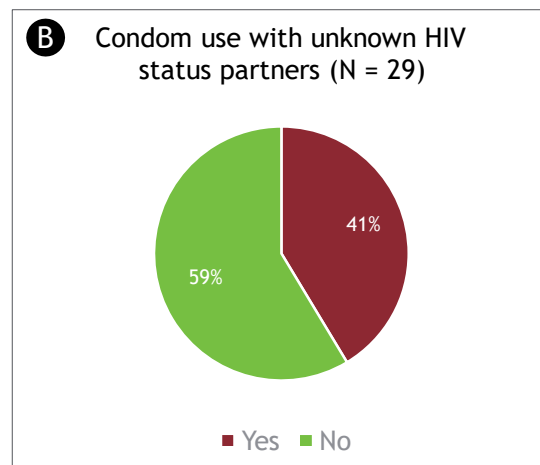
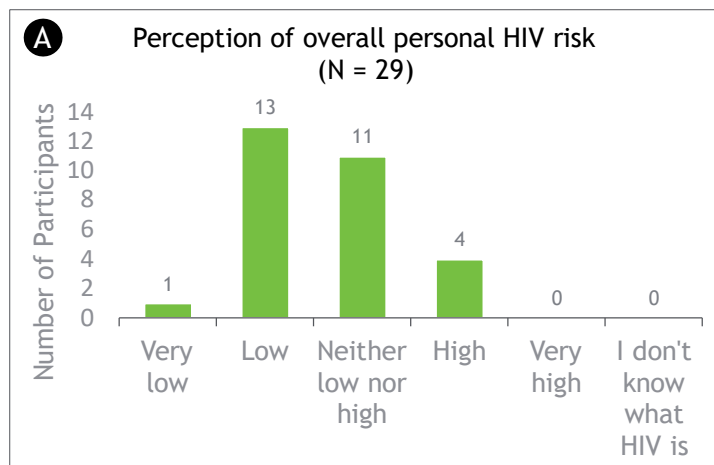


Figure 2 Perceived HIV Risk and Condom Use with Partners of Unknown HIV Status Among Respondents: (A) Most respondents perceived their HIV risk as low (13 respondents) or neither low nor high (11 respondents), while 4 respondents considered their risk high. Only 1 respondent reported a very low risk, and none indicated very high risk or uncertainty about HIV. (B) A majority (59%) reported not using condoms, while 41% indicated condom use during sexual encounters with partners whose HIV status was unknown.

- Abstinence was identified as the only scenario with zero risk; otherwise, participants agreed that sexual activity inherently carries exposure risk.
 - Participants identified risk management strategies including regular HIV testing, abstaining from drugs and alcohol, using barrier methods like condoms, and requesting that partners get tested before sex.
 - Following a hypothetical scenario where participants were asked about preventative measures that they themselves, and/or Black women could leverage, some participants noted that PrEP use could reduce risk for themselves or for Black women in their communities.
- Participants highlighted the following as enablers to accurately assessing and managing HIV risk:
 - Honesty and awareness about one's sexual practices and one's partner's sexual practices.
 - Awareness of HIV prevalence within the community.
 - Discussions held by community organizations to help clarify personal risk and prevention strategies, including PrEP.
 - One participant shared, *"By taking this PrEP discussion, I think it helps me to understand that this is what I have to do, and that if I do this, this is the risk. Having the PrEP community classes [is helpful]."*
 - Increased education for Black men in the community on HIV prevention, since some men's sexual practices may put their partners at risk.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

- Several participants noted hearing that many men in the Black community have undisclosed sexual relationships with men, which can cause Black women to be unknowingly exposed to HIV.

Action Plan

- Information tables at community events (pop-up booths, IEC materials, handouts/flyers - PrEP + sexual health)
- Support groups (SLB, BCF, workshops, seminars, women-led safe spaces)
- Designing things or trinkets/souvenirs (items that spark conversation, youth-friendly materials)
- Pop-up nail salons/hair braiding sites (mobile education)
- Women's sports events (information tables, tournament banners promoting PrEP)
- Social media outreach (TikTok, Instagram, creators like Jully Black, myth-busting videos)
- Shelters (posters, pamphlets, partnerships with shelter programs)
- Employment & social service organizations (outreach workers, resource table days)
- Sex-ed classes (after school or weekend programs, newcomer youth sessions)
- Lobbying in buildings with large Black populations (posters, digital screens, flyers, collab with building management)
- Peer-to-peer conversations (small circles, informal chats, youth mentors)
- Women's church groups (bible study women's circles, Church-based education)
- Addressing gatekeepers (emphasize the importance of collaboration)

Perceptions on the Impact of Alcohol and Drug Use

- Participants agreed that substance use lowers inhibitions and increases vulnerability to HIV.
 - They noted that people often disregard risk when under the influence of drugs or alcohol.
 - Emotional and impulsive decisions during substance use were seen as contributing to unprotected sex.
- Injectable drug use was perceived as higher risk behaviour.
- Participants emphasized the need for community-based education, including through places of worship and forums, to address substance-related risk.

Action Plan

- Increase awareness programs about how alcohol and drug use increases sexual risk.
- Deliver harm reduction education through community groups, women's shelters, schools, and churches.
- Normalize conversations about sexual health and HIV prevention when teaching substance-use prevention.
- Include PrEP information when speaking about harm reduction.
- Prioritize relationship building with gatekeepers to increase access to community spaces where ACB women congregate.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Insights on Factors that Shift Risk Awareness and Prevention Over Time

- Participants reported gaining more knowledge and maturity over time, leading to safer sexual practices compared to at a younger age.
 - One participant shared that, *“when you’re younger, you’re kind of risky with who you’re having sex but when you get older, it’s like, ‘Ok I could possibly have been exposed to X, Y and Z.’ But you gain more knowledge.”*
 - Another participant echoed this sentiment: *“[Risk perception] changes for sure as you gain more knowledge and you also get more mature.”*
 - They expressed appreciation for PrEP education sessions, noting that these provide actionable strategies for safer sex.
 - One participant summarized this, saying that after this session, *“if I want to have sex now, I will know what to do.”*
- Age and life stage were seen as influencing sexual activity and risk perception, with menopause and lifestyle changes affecting interest and behaviour.
- Being misled or cheated on by partners was cited as a factor that shifts HIV risk awareness.
 - Some participants shared personal challenges in consistently using condoms, even when aware of HIV risk.
- Mental health and emotional well-being were identified as factors that may influence prevention choices and risk tolerance.
- Following the educational portion of the listening sessions, participants agreed that HIV is no longer viewed as a death sentence, and that stigma reduction and care options like U=U have changed attitudes.
- Schools were identified as important venues for early sexual health education.
 - When discussing the importance of early HIV education, one participant noted that *“it would be nice if the school would teach that too. It should start at a young age when they’re teaching sexual health.”*
- Knowledge about transmission methods, including sex toys and drug use, was seen as important for adapting prevention strategies.
 - One participant noted that *“many people in the community are lacking knowledge about HIV, for example, even washing sex toys. [Greater] knowledge may change how they interact with partners.”*
- Advocacy, media exposure, and social campaigns were noted as drivers of changing perceptions and increased openness to PrEP.
- Participants emphasized the importance of reducing shame around women’s sexual activity and reproductive choices.

Action Plan

- Strategies to overcome barriers: increase awareness at a young age, promote PrEP access, and reduce stigma by normalizing discussions.
- Improve access to STI/HIV testing (mobile clinics, schools, community spaces).
- Host targeted workshops/seminars for women.
- Use stories and lived experiences (“storytelling”) to reduce fear.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

- Improve access to condoms and sexual health resources.
- Ensure people living with HIV have access to treatment and support.

HIV Testing: Practices, Barriers, and Enablers

- Testing practices varied, with some participants testing annually, and others testing during relationship changes. These responses mirror similar findings in Gilead’s Global Prevention Survey, depicted in the graph below (Figure 3).
 - One participant from the listening sessions noted hearing that sex workers test monthly.

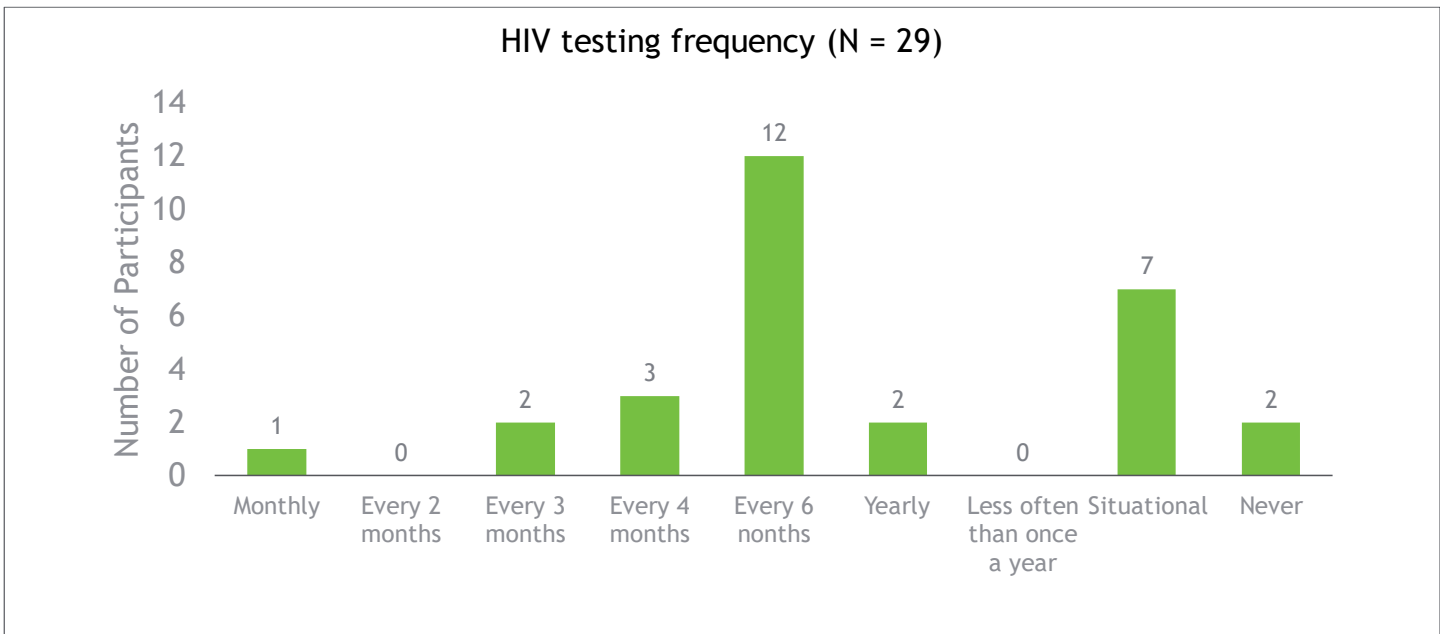


Figure 3 HIV Testing Frequency Among Respondents. One respondent reported testing monthly, two tested every 3 months, three tested every 4 months, twelve tested every 6 months, and two tested yearly. Seven respondents reported testing situationally, and two reported never testing for HIV. Notably, a significantly higher proportion (41.4%) of Black women respondents reported testing every 6 months compared to respondents of other races and ethnicities (1.7%).

- Participants generally agreed that barriers to testing included fear of confidentiality breaches, stigma, and lack of proactive healthcare provider engagement.
 - One participant shared that *“Mostly, people don’t want to [test] because they are afraid; before you know it, it’s spread all over [the community].”*
 - Other participants shared that *“stigma discourages [Black women] from being tested.”*
 - Some participants noted a lack of HCP discretion as a barrier to accessing HIV care in general, with one noting *“Sometimes the agencies, sometimes people know them and are from same community so they’re afraid that people will disclose.”*

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

- Another participant highlighted concerns around a lack of discretion within clinics, stating *“some doctors are not discreet; my doctor is loud.”*
- Participants noted that HIV testing is often included in prenatal screening but not routinely offered during other sexual health visits.
 - Some participants described having to explicitly request HIV testing, with one stating, *“I love my family doctor, but I have to ask her ‘I want to test for every STD’ and then she asks if I want to be tested for HIV.”*
 - Another participant agreed, sharing *“No HCP has ever asked me if I want to be tested for HIV, even after I’ve been sexually active.”*
- Enablers included education, life changes, participation in workshops, and concern for children and family.
 - One participant noted *“now that I have that information, I’m more willing to get tested [for] this now to protect myself.”*
- Distrust in partners and long-distance relationships were cited as motivators for consistent testing.
- Participants suggested that annual sexual health conversations with HCPs are needed to ensure comprehensive care, particularly in light of higher prevalence of HIV in certain communities.
 - Participants highlighted the importance of regular sexual health conversations, stating that *“HCPs should be having a sexual health conversation at least once per year”* and that *“[your] family doctor is the person who should be having this conversation with you [...] It really falls on the family doctor to get rid of that stigma.”*
 - One participant highlighted that HCPs should be transparent about health disparities to ensure that patients are informed, stating, *“Many people are afraid to have that conversation about higher risk among black women. Health providers should just lead with that: ‘Your community are more affected by HIV transmission.’”*

Action Plan

- Increase mobile testing services.
- Offer community-based pop-up testing (salons, shelters, church groups).
- Provide education about the importance of routine testing.
- Normalize HIV testing in primary care (“ask everyone routinely”).
- Support women by offering testing at events and women’s social gatherings.

Knowledge and Attitudes Toward PrEP

- Most participants had limited prior knowledge of PrEP; many expressed that they learned about it during the listening session.
 - One participant stated they had *“medium knowledge about HIV and zero knowledge of PrEP.”*
 - Multiple participants stated that they had received information indicating PrEP was intended exclusively for MSMs.
- Responses in Gilead’s Global Prevention Survey (Figure 4) were similar; most respondents reported having heard of PrEP but having limited knowledge about it. Notably, in this survey, PrEP knowledge was most frequently reported

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

as the reason Black women had never taken PrEP; 48.1% of Black women reported not knowing about PrEP in a situation where they could have needed it, compared to 20.5% of women of other races or ethnicities. The second most frequently reported reason for not taking PrEP was that they were afraid people would think they have HIV, with 37.0% of Black women reporting this reason compared to 15.4% of women of other races or ethnicities.

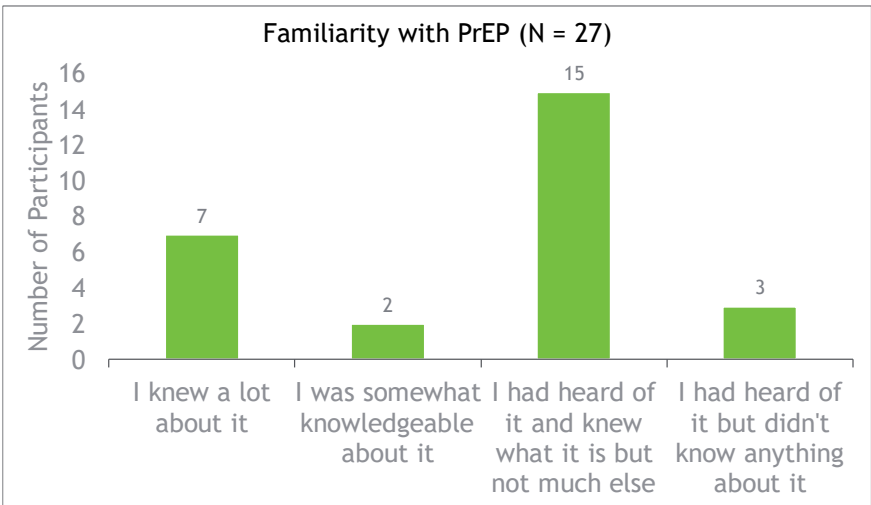
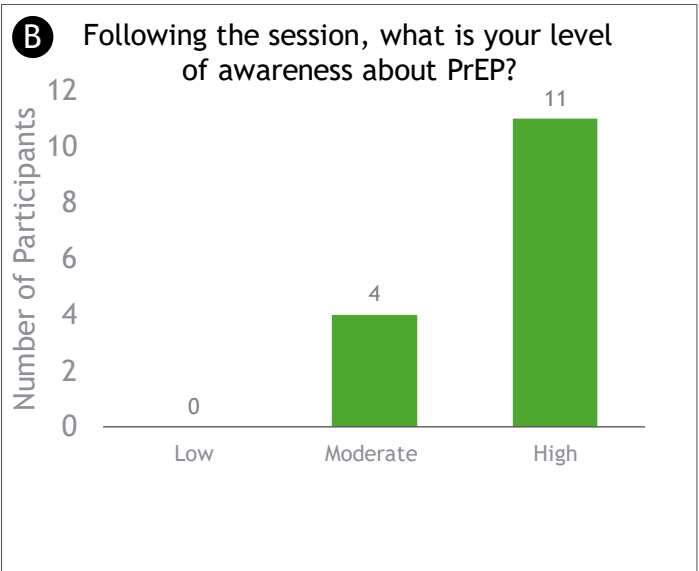
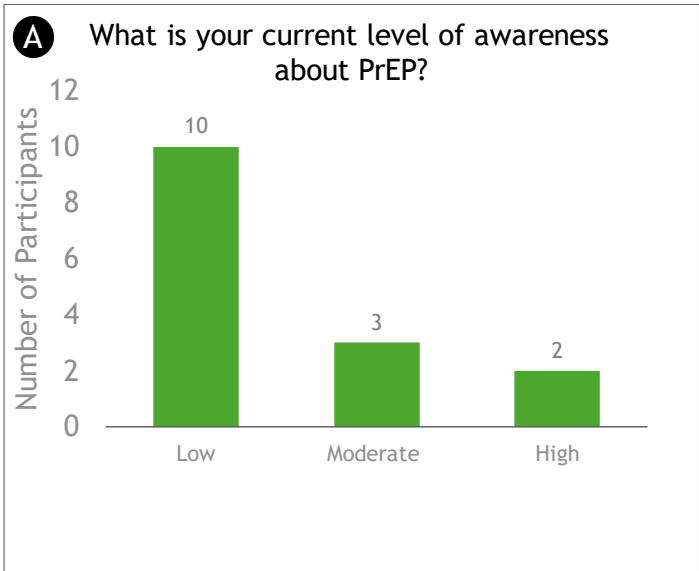


Figure 4 Familiarity with PrEP Among Respondents. The majority (15 respondents) reported that they had heard of PrEP and knew what it is but not much else. Respondents indicated they knew a lot about it, while two were somewhat knowledgeable. Three respondents had heard of PrEP but didn't know anything about it.

- Sources of awareness included ads, podcasts, celebrity testimonies, and healthcare work, but depth of understanding was low. However, following the discussion, most participants reported having a high level of awareness of PrEP (Figure 5).



Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Figure 5 Awareness About PrEP Before and After the Listening Session: (A) The majority (66.7%) of participants reported having a moderate level of awareness about PrEP prior to the session. (B) Following the session, the majority (73.3%) of participants reported a high level of PrEP awareness, with only 4 participants reporting a moderate level of awareness.

- Attitudes toward PrEP varied, with some participants expressing willingness to use it for added protection and others expressing a perceived lack of need after participating in the sessions (Figure 6).

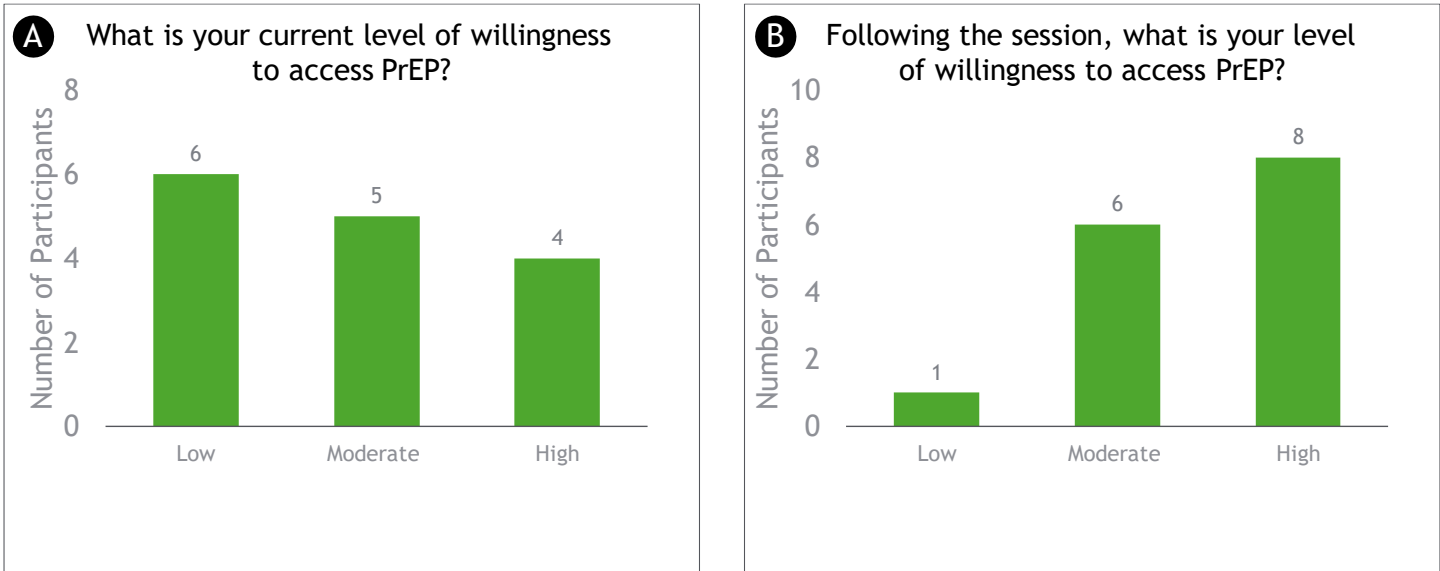


Figure 6 Willingness to Access PrEP Before and After the Listening Session: (A) Prior to the session, willingness to access PrEP was mixed, with 6 participants reporting low willingness, 5 moderate, and 4 reporting high willingness to access PrEP. (B) Following the session, willingness to access PrEP increased, with 1 participant reporting low willingness, 6 moderate, and 8 reporting high willingness to access PrEP.

- In Gilead’s Global Prevention Survey (Figure 7), a majority of Black women respondents reported an openness to future PrEP use. Intention for future PrEP use was significantly higher among Black women (75%) than other survey respondents (23%).

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

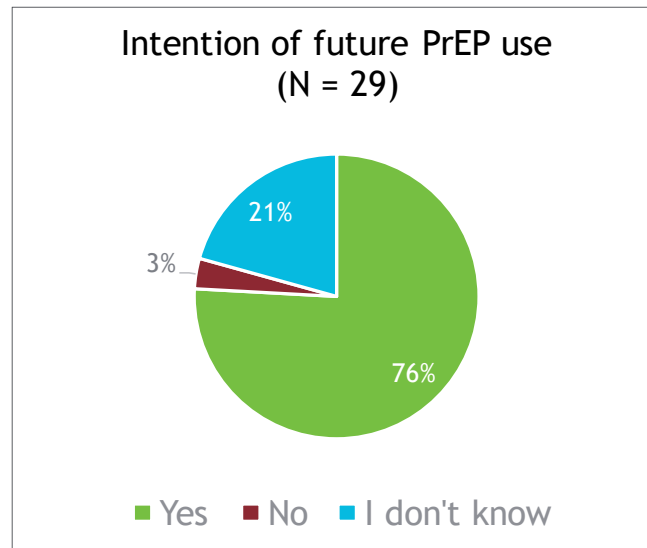


Figure 7 Intention of Future PrEP Use Among Respondents. The majority (76%) indicated they intend to use PrEP in the future, while 21% were unsure, and 3% reported they do not intend to use PrEP.

- Participants' concerns around PrEP included side effects, underlying health issues, financial barriers, and mistrust of pharmaceutical companies.
 - Participants indicated that historical instances of unethical, nonconsensual medical experimentation on Black women have resulted in mistrust of the pharmaceutical industry. Additionally, concerns about an underrepresentation of Black women in clinical trials may contribute to concerns about the safety and efficacy of PrEP for Black women.
 - Stigma and mistrust were identified as major barriers to PrEP uptake, especially among Black women.
- Participants appreciated learning that PrEP was covered under certain health programs but noted challenges for uninsured or undocumented individuals.
- Motivators for PrEP use included increased knowledge, desire to protect oneself, and peer experiences with PrEP.
- Participants suggested that PrEP marketing and education should be more inclusive to reflect diverse communities and sexual practices.

Action Plan

- Increase education on PEP vs PrEP in community spaces.
- Provide simple, accessible messaging (visual timelines).
- Inform women where to get PEP immediately (clinics, ER, sexual health clinics).
- Include PEP in all sexual health workshops and social media content.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

Perspectives on PrEP Delivery and Regimens

- Preferences for potential future PrEP use were split between pills and long-acting injections, with many favoring the investigational 6-month injection to improve adherence and persistence by meeting the individualized needs of the patient.
 - Some participants expressed concerns around potential side effects with the investigational 6-month injection due to its increased dosage.
 - Participants identified adherence challenges related to the frequency of clinic visits required for the 2-month injection. Some expressed a preference for pills due to comfort and adherence considerations, while others noted that home-based injection options could potentially improve adherence.
 - One patient summarized these insights noting that if she had concerns about side effects associated with a 6-month injection, she would not be interested in a 2-month injection as an alternative, unless home self-administration was an option: *“If 6 months is higher dose and has negative side effects, I wouldn’t want to go to the doctor every 2 months. If there was an option for self-administration, I would be more likely to do that.”*
 - Generally, participants expressed a future preference for the investigational 6-month injection option, once approved, due to adherence considerations. They expressed interest in wanting to learn more about its safety and efficacy data once this option becomes available in Canada.
 - Participants generally agreed that they would prefer PrEP injections that are administered every 6 months *“because [they] would have peace of mind, so [they] would know that [they]’ve got coverage”* and that a 6-month injection is favourable *“for ease and convenience.”*
 - However, participants expressed an interest in hearing more about safety data, with one participant shared, *“my only aversion to taking an injection would be if you are going to be dizzy or nauseous for a day after taking. [My choice] would depend on the side effects.”*
- In contrast, in Gilead’s Global Prevention Survey (Figure 8) the majority (21) of respondents expressed comfort with daily pills, with fewer respondents (7) reporting comfort with 2-month injections, and with many (12) reporting comfort with the 6-month injection.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

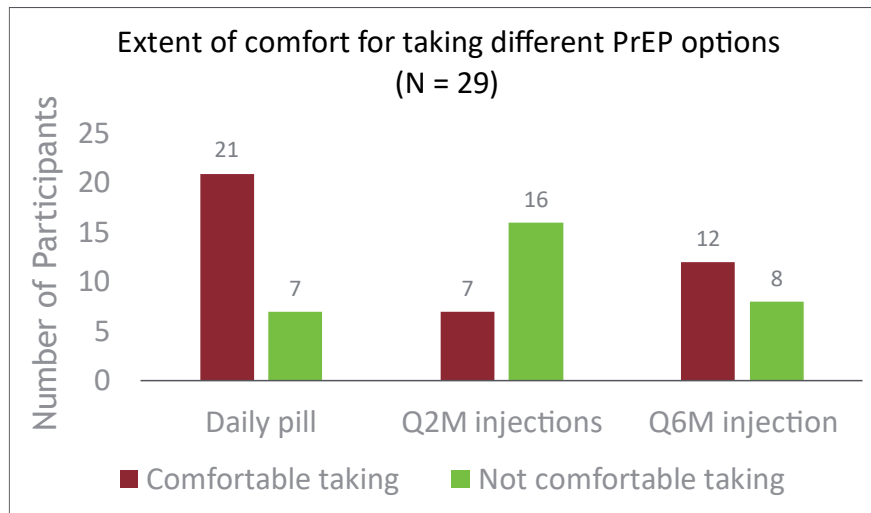


Figure 8 Comfort Level with Different PrEP Options Among Respondents. Most respondents (21) reported being comfortable taking a daily pill, while 7 were not. For Q2M (every 2 months) injections, 7 respondents were comfortable, whereas 16 were not. For Q6M (every 6 months) injections, 12 respondents were comfortable and 8 were not.

- Understanding side effects and effectiveness was important in choosing a delivery method.
- Community clinics were the preferred location for accessing PrEP due to comfort, privacy, and trust.

Action Plan

- Reach women in: church groups, social groups, shelters, clinics, community centres.
- Provide education and awareness workshops, including: women's groups, Black women's clinics, faith-based programs.
- Peer and community ambassador programs: peer educators, salon talks, community mentor programs.

Access, Equity, and Confidentiality

- Participants emphasized the importance of privacy and discretion in healthcare interactions.
 - Participants noted that some doctors lack discretion around HIV testing and treatment, making community clinics that specialize in sexual health a preferred alternative.
 - Regarding accessing HIV care, one participant stated, *"I'd go to the place where I feel like it's more private. When I go to the doctor, the person at the front asks your question out in the public. Community clinic would be more comfortable for me,"* with others agreeing they *"would feel more comfortable at sexual health clinics."*
- Peer-led programs and group settings were seen as effective for reducing stigma and increasing comfort.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

- Several participants shared the sentiment that “[a] session like this is beneficial. Sometimes hearing from other people and questions they may have, and the rapport is helpful,” and that “you may be self-conscious and worried about privacy. In a group setting, it’s like it’s not just you.”
- Participants noted that trust in healthcare providers, especially Black women and culturally competent professionals, is critical for engagement.
- Participants called for proactive conversations from HCPs that acknowledge disparities and invite open dialogue.
- Group education sessions and community outreach were recommended to build rapport and disseminate accurate information.

Action Plan

- Provide cultural competency training for providers.
- Ensure information is available in multiple languages.
- Promote better provider–client communication.
- Offer interpretation services where needed.
- Ensure clinic environments prioritize confidentiality.
- Tailor PrEP messaging to Black women’s lived realities.

Trusted Sources of Information

- Participants stated that they trust discussion facilitators, doctors, and community healthcare workers for accurate and supportive information.
- Black women were identified as the most trusted messengers within the community.
 - Several participants echoed that the kind of individual most trusted by Black women to deliver accurate and supportive information about HIV and HIV prevention is “definitely a Black woman” due to increased trust and comfort.
- Public health campaigns, ads, and internet resources were also valued, though participants emphasized the need for fact-checking.
- Group settings and peer programs were preferred over one-on-one interactions for comfort and community.
 - One participant stated that “[a] Black HCP in a group setting would gather a lot of Black women to educate themselves rather than a one-on-one. I think one-on-one would be intimidating and comraderies would be helpful.”
- Participants stressed the importance of healthcare providers initiating conversations and tailoring messaging to the needs of Black women.
-

Action Plan

- Promote PrEP awareness targeted to Black women.
- Strengthen confidentiality practices.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

- Decrease stigma by normalizing conversations.
- Expand peer groups and safe spaces.
- Use virtual spaces (social media, online groups).
- Champion ACB (African, Caribbean, Black) women to lead campaigns.
- Use word-of-mouth and community ambassador models.

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

8. APPENDIX

Discussion Guide

1. In your community, how do you think Black women decide if they are at low, medium or high-risk of getting HIV?
 - a. What do you think would make someone feel they don't need to worry about HIV?
2. What situations might change how Black women think about their HIV risk?
 - a. Might it change throughout their lifespan?
 - b. Might it change depending on alcohol or drug use, including weed?
 - c. What strategies do you or black women in your community use to manage risk.
3. How often do you or Black women in your community get tested for HIV? What encourages, or discourages, them from testing for HIV?
 - a. For those who have had an HIV test, was it something you chose to do voluntarily, or was it part of a required medical exam, such as for immigration or another application?
4. Before today, what had you or other Black women in your community heard about PrEP? Where did that information usually come from?
 - a. What it is. What it's used for. The different options. The efficacy. How and where to access it.
5. What are some reasons you or other Black women in your community might want to use PrEP? And what are some reasons they might not?
6. After hearing more about PrEP today, what do you think would motivate you or other Black women in your community to start PrEP today?
7. Thinking about the different PrEP options (approved or who might become available soon - like a daily pill, an injection every 2 months, an injection every 6 months*), what is your preferred option or options and why?
8. If a woman in your community wanted to get PrEP, where do you think she would feel most comfortable going (e.g., doctor, pharmacy, community clinic, peer program)?
 - a. What would be the best way for them to engage you or a Black women in a conversation about PrEP?
 - b. What other supports or services might you or black women in your community need for optimal PrEP use?
9. Who do you or other Black women in your community trust most to share accurate and supportive information about HIV and HIV prevention?

Unmet Needs in PrEP Among Black African, Black Caribbean, and Black Canadian Women

Detailed Report

10. Over time, how do you think women's sense of HIV risk changes? What would help them adapt their prevention choices as their lives or circumstances shift?