Perceptions of Civil Society Organizations on Demand, Access, and Adherence to PrEP in Brazil

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Executive Summary

This study presents the results of research conducted with leaders of civil society organizations, collectives, and institutions working in the fields of human rights, healthcare, HIV/AIDS prevention, and support to populations facing social, economic, and epidemiological vulnerability, as well as other social markers of exclusion.

The objective was to map institutional perceptions regarding demand, access, adherence, and communication strategies related to HIV Pre-Exposure Prophylaxis (PrEP) in Brazil.

The data indicate that the main bottleneck identified by organizations is informational: a lack of awareness about PrEP and a lack of information on how to access it are the most frequently cited barriers. However, this information barrier does not operate in isolation. It is compounded by stigma, fear of judgment, regional inequalities, the perceived lack of preparedness among SUS public healthcare professionals, and specific barriers faced by different population groups.

Among the key findings, the following stand out:

52%

cite transgender people among the groups most affected by these barriers.

61%

report that their teams have received specific training on PrEP.

62%

cite people in situations of social and economic vulnerability as a group that is particularly affected.

69%

identify the people experiencing homelessness as one of the groups most affected by these barriers.

The priority recommendations arising from the findings are:

1. Strengthen community education initiatives on PrEP, using accessible language appropriate for the different beneficiary populations..
2. Expand training for SUS public healthcare professionals on prescribing, counseling, and monitoring PrEP use.
3. Improve the dissemination of information on where to access PrEP and the care pathways available in each region.
4. Develop tailored strategies for populations most exposed to access barriers, such as people experiencing homelessness, those in situations of social and economic vulnerability, transgender individuals, and youth/adolescents.
5. Support the work of civil society organizations as mediators between public policy, public healthcare services, and the populations they serve.

70%

believe that SUS professionals are not prepared to prescribe and monitor PrEP use.

75%

> of organizations cite a lack of awareness about PrEP as one of the main barriers to access.

> cite a lack of information as the main barrier to accessing PrEP.

78%

of organizations conduct PrEP education initiatives.

82%

advocate for in-person initiatives as a strategy to raise awareness about PrEP.

92%

consider social media an effective communication channel for addressing the issue.

6 Expand digital and in-person campaigns, coordinating social media, local initiatives, events, seminars, traditional media, and community health workers.

Collectively, the results reinforce that expanding PrEP in Brazil requires more than simply ensuring its formal availability within the public healthcare system. Information must be transformed into effective access, access into continuity of care, and biomedical availability into a concrete possibility for prevention for diverse populations. In this process, civil society organizations play a strategic role by making information accessible, building trust-based relationships, identifying barriers, and connecting the people they serve with healthcare services to public health policies.

Overview

The study titled *"Perceptions of Civil Society Organizations on Demand, Access, and Adherence to PrEP in Brazil"* emerges from Fundo Positivo's long-standing track record, commitment, and leadership in strengthening community-based responses to HIV in the country.

For more than a decade, Fundo Positivo has worked with civil society organizations engaged in prevention, care, health promotion, and rights advocacy initiatives, closely monitoring the advances brought about by Pre-Exposure Prophylaxis (PrEP), recognized as one of the most important combined prevention strategies.

At the same time, the experience accumulated on the ground by community-based civil society organizations has highlighted the many challenges that still hinder the implementation of PrEP in Brazil, especially with regard to the dissemination of information, the expansion of access, and adherence to this prevention strategy among populations experiencing greater social, economic, and epidemiological vulnerability, marked by structural inequalities and persistent processes of exclusion.

This research is grounded in the understanding that the generation of data and evidence is indispensable for social transformation. By enabling a critical reading of reality, identifying inequalities,

and highlighting often-neglected challenges, data become a strategic tool for guiding concrete change. In this sense, the knowledge produced strengthens advocacy and policy advocacy, contributing to the improvement of public policies and the promotion of the right to healthcare in a more equitable manner.

Fundo Positivo developed this study with the aim of generating high-quality input for public debate, strengthening policy advocacy processes, and contributing to the improvement of responses to HIV in Brazil. More than just a research initiative, it is a commitment to the production of knowledge as a tool for social transformation, based on the conviction that analyses built from the experiences of civil society organizations can broaden understanding of the prevention challenges, promote access to rights, address structural inequalities, and contribute to the formulation of more effective public policies aligned with the needs of the most vulnerable populations.

PrEP is recognized worldwide as one of the most effective strategies for HIV prevention. Several countries that have adopted robust policies for implementing this technology have reported stabilization or a significant reduction in the number of new infections, highlighting its strategic role in combating the epidemic.

In addition to its proven effectiveness, PrEP is constantly evolving, driven by the development of new technologies capable of expanding access, adherence, and protection for the most vulnerable populations. Recent advances include long-acting injectable PrEP, which provides protection for up to six months and a once-monthly pill that is currently in phase three of clinical trials,

These innovations expand prevention options, offering alternatives better suited to people's different needs and circumstances, further strengthening PrEP's potential as a central tool in the global response to HIV.

However, despite the progress made in implementing PrEP in Brazil, significant challenges remain regarding the scaling up and consolidation of this strategy. For more than a decade, Fundo Positivo has worked to strengthen community-based responses to HIV by supporting initiatives aimed at promoting PrEP and other combined prevention strategies in different regions of the country. This track record has made it possible to identify persistent barriers related to knowledge about the strategy, access to healthcare services, and people's adherence to and retention in preventive care.

Although these insights have emerged repeatedly in the supported initiatives, it has become essential to understand this reality in a more structured and evidence-based manner. The generation of high-quality data is essential not only to broaden our understanding of existing challenges but also to inform policy advocacy, refine

implementation strategies, and strengthen public policies for HIV prevention.

Given this context, Fundo Positivo identified the need to conduct a study that would engage directly with the actors working on the front lines of community-based responses to HIV: the leaders of civil society organizations. Present in local communities and in constant contact with the most vulnerable populations, these organizations play a strategic role in promoting health, disseminating qualified information, strengthening other combined prevention strategies, combating stigma and discrimination, and connecting communities to healthcare services.

Their day-to-day work provides unique insight into the dynamics that influence demand for, access to, adherence to, and continued use of PrEP, enabling the identification of challenges that are often overlooked by formal information systems. Their perspectives are therefore a vital source for understanding the progress made, the obstacles that remain, and the opportunities to strengthen HIV prevention strategies in Brazil.

By valuing the long-standing experience of civil society organizations, this study reaffirms the importance of knowledge generated from local communities and their concrete experiences, recognizing their essential role in formulating and improving more equitable public policies aligned with the population's needs.

This study aims to provide a comprehensive overview of the levels of knowledge regarding PrEP, the barriers that still limit access to it, the factors that influence adherence and retention in preventive care, as well as the main challenges to scaling up this strategy in Brazil. By gathering the perspectives of civil society organizations that work directly with the most vulnerable populations, the study contributes to a deeper understanding of the dynamics surrounding the implementation of PrEP in the Brazilian context.

The expectation is that the results presented here will inform the improvement of public policies, enhance prevention strategies, and strengthen evidence-based advocacy processes. The research also reaffirms the fundamental role of civil society organizations in promoting health, defending human rights, and building increasingly effective and inclusive community-based responses to HIV.

By transforming knowledge into action, this initiative reaffirms the Fundo Positivo's commitment to generating evidence capable of driving concrete change, contributing to expanded access to prevention, the reduction of healthcare inequalities, and the development of responses that are more equitable, sustainable, and aligned with the real needs of communities.

PrEP represents much more than a prevention technology: it symbolizes the concrete possibility of reducing inequalities,

expanding rights, and transforming the course of the HIV epidemic. However, its potential will only be fully realized when access to information, a welcoming environment, and continuity of care are guaranteed equitably to all people who need it. May this research help strengthen this path, transforming evidence into action, challenges into opportunities, and the commitment to prevention into a reality capable of reaching all territories, bodies, and lives, without leaving anyone behind.

Executive Coordination – Fundo Positivo
Harley Henriques do Nascimento
and Élida Miranda dos Santos

Introduction

HIV Pre-Exposure Prophylaxis (PrEP) is a biomedical strategy that involves the use of antiretroviral medications by people who do not live with HIV to reduce the risk of infection prior to potential exposure to the virus (BRASIL, 2022; DORIN et al., 2021).

Brazil was a pioneer in Latin America in incorporating oral PrEP into the Public Health System (SUS) in December 2017, making it available free of charge as of 2018 (CASTRO et al., 2024; SILVA et al., 2024). This achievement was not merely technical but the result of intense collaboration between academia, the government, and social movements, which fought against moral and market barriers to guarantee access to this technology (CASTRO et al., 2024; PIMENTA et al., 2022).

PrEP is part of the Combined Prevention strategy, which integrates biomedical, behavioral, and structural interventions while respecting each individual's autonomy and circumstances (SILVA et al., 2025; BRASIL, 2022). However, despite advances in availability, epidemiological data reveal profound inequalities in access (PIMENTA et al., 2022; SILVA et al., 2024). Currently, the predominant profile of PrEP users in Brazil consists of white, highly educated, cisgender men who have sex with men (MSM) (SILVA et al., 2024; SILVA

et al., 2025; GRANGEIRO et al., 2024). In contrast, populations facing greater social and economic vulnerability — such as transgender people, sex workers, and Black and mixed-race youth — remain underrepresented due to structural barriers such as racism, transphobia, and social stigma (PIMENTA et al., 2022; SILVA et al., 2024; CÁRDENAS; MONTEIRO, 2025).

In this context, civil society organizations (CSOs) and community-based organizations emerge as key mediators. While conventional healthcare services may be perceived as stigmatizing or bureaucratic environments, CSOs offer a more humane approach and use language that is closer to the reality of the populations they serve (PIMENTA et al., 2022; GRANGEIRO et al., 2024). The role of these institutions is strategic for the success of "outreach initiatives," which take prevention efforts beyond healthcare facilities, reaching populations that have historically faced difficulties accessing the formal healthcare system (BRASIL, 2025; GRANGEIRO et al., 2024).

Studies indicate that PrEP provision facilitated by community-based organizations improves access for adolescents and vulnerable groups, as it employs peer educators who share similar life experiences and help reduce the fear of discrimination (GRANGEIRO et al., 2024; PIMENTA et al., 2022). These organizations not only disseminate technical information but also work to dismantle stigmas that associate PrEP use with promiscuity or HIV itself, transforming PrEP into a symbol of self-care and sexual autonomy (SILVA et al., 2025; DORIN et al., 2021).

Given the importance of these institutions to the sustainability of the HIV response in Brazil, this study seeks to explore social organizations' perceptions of PrEP use among their served populations. Identifying the opportunities and barriers perceived by these institutions is essential for improving public policies and ensuring that technological innovation translates into equity and well-being for all populations.

I. Objective

This study aims to map th perceptions of civil society organizations, collectives, and institutions active in the fields of human rights, healthcare, HIV/AIDS prevention, and assistance to socially and economically vulnerable populations regarding the demand for, access to, and adherence to HIV Pre-Exposure Prophylaxis (PrEP) in Brazil.

More specifically, the study seeks to understand how these organizations assess: the level of knowledge among the target populations regarding PrEP; interest in using PrEP; the factors that facilitate or hinder its uptake; the main barriers to accessing services; the challenges related to adherence and continued use; the perceived differences among population groups; and the communication strategies considered most appropriate for increasing information, awareness, and access to PrEP.

By prioritizing the perspective of these organizations, the study does not directly measure the individual experiences of PrEP users or potential users, but rather identifies how community and institutional actors — such as the civil society organizations consulted, which work with different target audiences — perceive the obstacles, opportunities, and pathways to strengthening HIV prevention in the country.

Listening to these organizations provides insight situated between the everyday experiences of the populations they serve and the implementation of public policies, offering a perspective that complements both the data produced by government agencies and individual accounts. This approach is particularly relevant because civil society organizations track recurring demands, shared barriers, patterns of access, and adherence challenges that often do not immediately appear in official statistics or in isolated individual interviews.

II. Methodology

The study aimed to map the organizations' institutional perceptions of demand, access, and adherence to HIV Pre-Exposure Prophylaxis (PrEP) in Brazil, taking into account the long-standing experience of these organizations with the populations they serve. Therefore, the data produced does not directly measure the individual experiences of PrEP users or potential users, but rather synthesizes the assessments of stakeholders who monitor, guide, refer, and engage in daily dialogue with different populations in their respective regions. The study was conducted online with civil society organizations, collectives, and institutions working in the fields of human rights, healthcare, and HIV prevention.

A total of 102 leaders affiliated with 93 civil society organizations working in different thematic areas and regions across the country participated in the study. The study included organizations that carry out activities focused on promoting human rights, preventing sexually transmitted infections (STIs), responding to HIV/AIDS, promoting health, providing support, and other initiatives aimed at populations in situations of social and economic vulnerability.

The responses were provided by organizational leaders, based on their institutional experience and their perceptions of the target audience. In some cases, more than one leader from the same organization participated in the survey, which is why the number of leaders exceeds the number of organizations represented. For this reason, the results should be interpreted as the perceptions of institutional leaders, rather than a strict count of individual organizations.

Data collection was conducted using a structured questionnaire made available on an online platform. The questionnaire consisted primarily of closed-ended and multiple-choice questions, organized into thematic sections designed to capture characteristics of the leaders,

organizational profiles, approaches to PrEP, and perceptions regarding knowledge, interest, access, adherence, and communication.

The questionnaire covered the following areas: characterization of user profiles; characterization of participating organizations; organizations' involvement in PrEP-related activities; target populations served; perceived level of knowledge about PrEP among the target population; interest in using PrEP; factors that facilitate or hinder seeking care; barriers to access; common misconceptions about PrEP; adherence and continuity of use; perceived differences among population groups; assessment of PrEP availability within the public health system; perceptions regarding the preparedness of SUS professionals; and communication strategies considered most effective. This framework made it possible to gather both descriptive information about the organizations as well as their perspectives on the main obstacles and opportunities for expanding access, adherence, and the dissemination of accurate information about PrEP.

Furthermore, the information presented reflects the perceptions of the participating leaders and does not directly correspond to the experiences or opinions of PrEP users. In some cases, a single organization was represented by more than one respondent, which could result in different institutional perspectives within the same institution.

Despite these limitations, the study offers an informed perspective on the social dimensions of PrEP implementation in Brazil by gathering insights from organizations that work directly with diverse populations — who are often more exposed to barriers related to information, access, and continuity of care. By capturing the perspectives of these community-based and institutional actors, it sheds light on the challenges that are not always sufficiently reflected in administrative records or official statistics, such as recurring questions from the population served, geographical obstacles, experiences of stigma, difficulties with referrals of services, and gaps in communication regarding PrEP. Thus, the data should not be interpreted as a direct representation of the user population, but rather as a contextualized assessment of how organizations perceive the necessary steps to expand knowledge, access, and adherence to PrEP in the country.

III. Characterization of Respondents

Since the study sought to capture institutional perceptions regarding demand, access, and adherence to PrEP, it is important to note who these leaders are, what positions they hold within their organizations, and their perceptions of social backgrounds of the populations they serve. The data indicate a diverse group of respondents in terms of age group, race/ethnicity, gender identity, sexual orientation, and education level, with a predominance of individuals in coordination or management roles.

The study's 102 respondents represent a wide range of ages, with the highest concentration in the older age groups. It is noted that 18% are 60 years of age or more, followed by the 35–39 age group (15%) and the 45–49 age group (14%). The 50–59 age group accounts for 24% of the total, while the youngest group (ages 20–29) represents 13% of the participants, indicating a predominance of middle-aged and older respondents (Table 1, Appendix A).

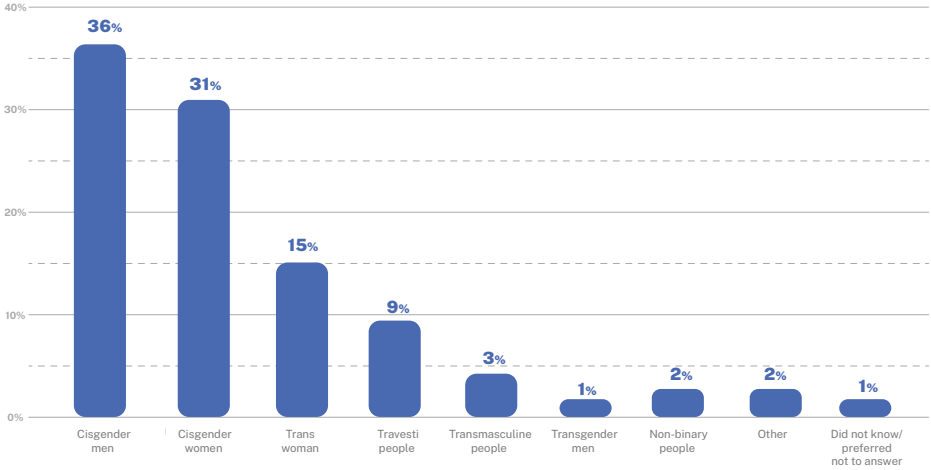
In addition to age diversity, the leadership profile also reveals a heterogeneous racial composition. With regard to race/color, there is a predominance of mixed-race individuals (42%), followed by white individuals (29%) and Black individuals (25%). Indigenous individuals represent 3% and Asian individuals 1% (Table 2, Appendix A).

Black and mixed-race people together account for 67% of respondents, indicating that Black people constitute the majority in the survey.

The distribution by gender identity also reveals diversity in the respondents' profiles. Cisgender men account for 36% of the total, and cisgender women, 31%. Among transgender people, transgender women (15%) and "travesti people" (9%) stand out, along with transmasculine people (3%), non-binary individuals (2%), and transgender men (1%) (Graph 1). In total, these categories indicate significant participation by transgender, transvesti

people, and non-binary individuals in the study, which is relevant for research on PrEP, given that these groups are among the populations historically most affected by barriers to access to prevention, health care, and HIV/AIDS policies.

Figure 1 - Gender identity of respondents

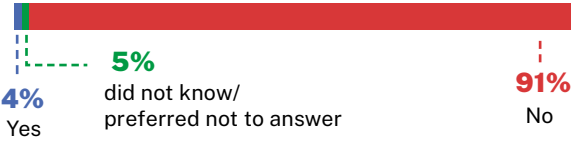


Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Variations in sex characteristics refer to congenital differences in sex-related physical traits — such as chromosomes, reproductive glands, hormones, genitalia, or other sex characteristics — that do not fully fit typical medical definitions of male or female bodies. Regarding this indicator, 91% of respondents reported having no variations in sex characteristics, while 4% reported having them, and 5% did not know or preferred not to answer (Figure 2).

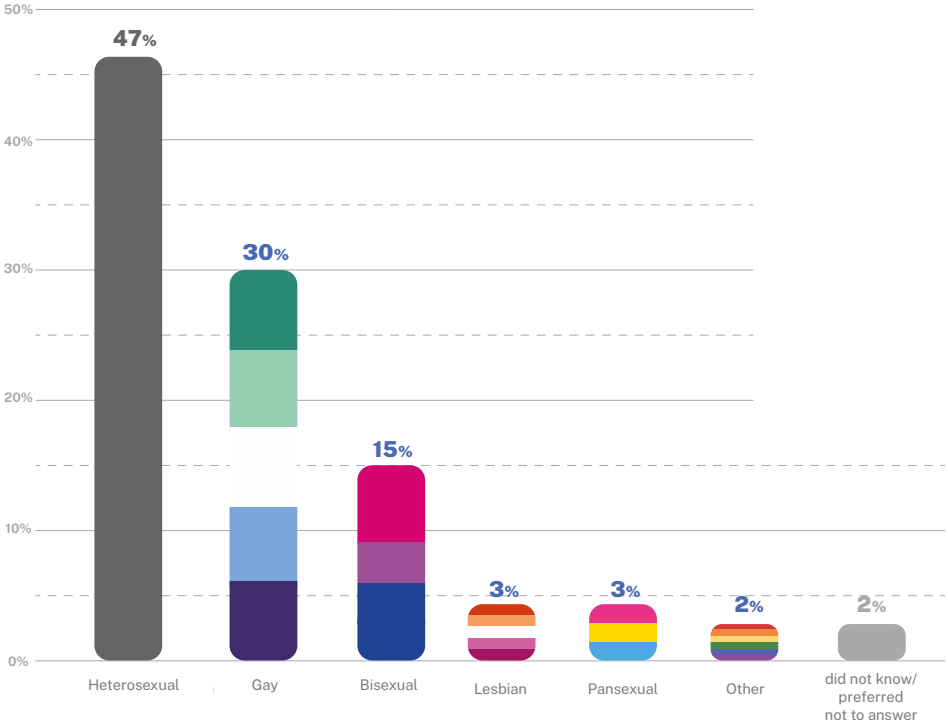
Although this represents a small portion of the sample, this finding is significant because it acknowledges the presence of people with bodily variations associated with intersex conditions within the study population.

Figure 2 - Respondents with variations in sex characteristics



Regarding sexual orientation, there is a higher concentration of heterosexual (47%) and gay (30%) respondents, followed by bisexual individuals (13%). Lesbians account for 3%, pansexual people 2%, and other sexual orientations 2%, while 3% did not know or preferred not to answer (Graph 3). This distribution indicates a diversity of sexual orientations among participants and should be interpreted in conjunction with the gender identity data, since sexual orientation and gender identity constitute distinct dimensions of the respondents' experiences.

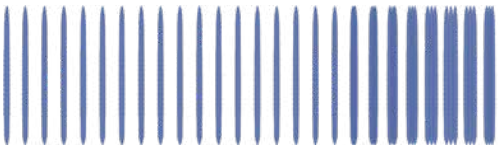
Figure 3 - Respondents' Sexual Orientation



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

With regard to levels of education, a high level of education is observed among the respondents. Most have completed (26%) or are in the process of completing (21%) higher education, followed by non-doctoral graduate studies (19%) and master's degrees (10%). Additionally, 4% hold a doctoral degree. The remainder have completed high school (18%), have not completed high school (1%), or have completed elementary school (2%) (Table 3, Appendix A). This profile suggests that a significant portion of the respondents have an academic background compatible with roles in management, coordination, advocacy, training, or technical work within the organizations.

Regarding the primary role performed within the organization, a majority of respondents hold coordination or management positions (59.8%). The remaining roles are distributed among community educators or social facilitators (10.8%), volunteers (7.8%), administrative staff (6.9%), health professionals (5.9%), social workers (3.9%), community or field workers (2%), and other roles (2.9%) (Table 4, Appendix A). The concentration of respondents in coordination or management positions is significant because it suggests that a substantial portion of the responses reflects an institutional perspective on the organizations' operations, their target populations, and the challenges related to PrEP. Therefore, the survey participants represented a qualified group.



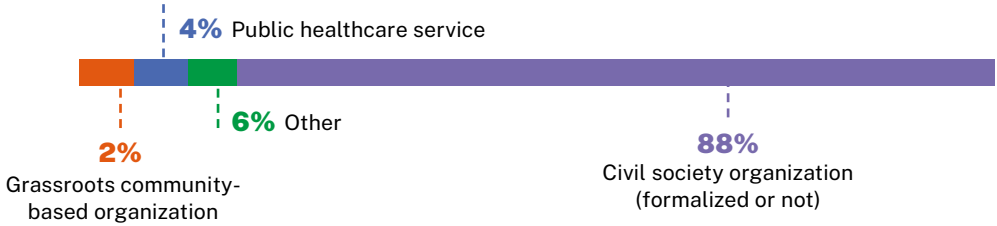
IV. Characterization of Participating Organizations

Characterizing the participating organizations makes it possible to contextualize the institutional landscape from which the perceptions analyzed in this study emerge. Since the study seeks to understand demands, barriers to access, adherence challenges, and communication strategies related to PrEP, it is essential to identify the types of organizations that responded to the survey, the regions in which they operate, and the populations they serve. These elements help interpret the results, as perceptions about PrEP are shaped by the organizations' concrete experiences in their regions, the networks in which they operate, and their day-to-day interactions with diverse populations.

4.1 Institutional Profile

The profile of the organizations participating in the survey is characterized by a strong predominance of civil society organizations (88%), including both formal and informal institutions. To a lesser extent, the group consists of public health services (4%), grassroots community organizations (2%), and other types of organizations (6%) (Figure 4).

Figure 4 – Respondents' Organization Type



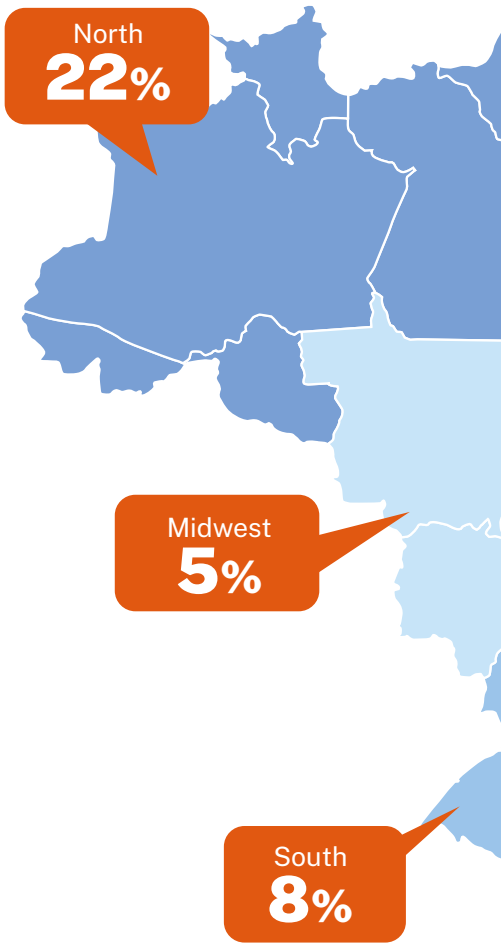
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

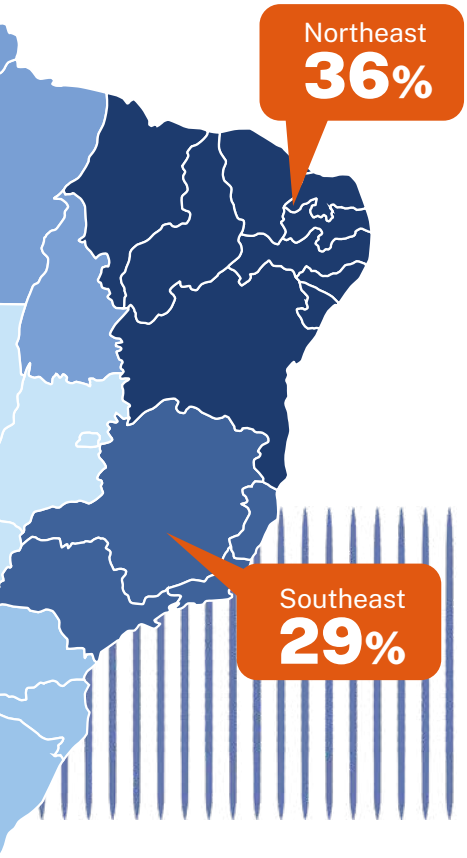
4.2 Regional Distribution

The regional distribution of the responding organizations shows a higher concentration in the Northeast (36%), followed by the Southeast (29%) and the North (22%). The South (8%) and MidWest (5%) regions participated the least in the survey. This profile reveals a significant presence of organizations from different regions of the country, notably including participation from areas outside the Southeast, which broadens the regional diversity of the perceptions collected.

The higher concentration of responses in the Northeast, combined with the significant participation of the North, is particularly important for interpreting the data, as it allows for the incorporation of perspectives from organizations operating in contexts characterized by varying conditions regarding service provision, information flow, and access to prevention policies. At the same time, the lower participation from the South and the Midwest should be considered a limitation in the comparative analysis across regions, since the results do not allow for regional generalizations but help identify trends perceived by the participating organizations as a whole.

Figure 5 – Regional Distribution of Organizations Surveyed

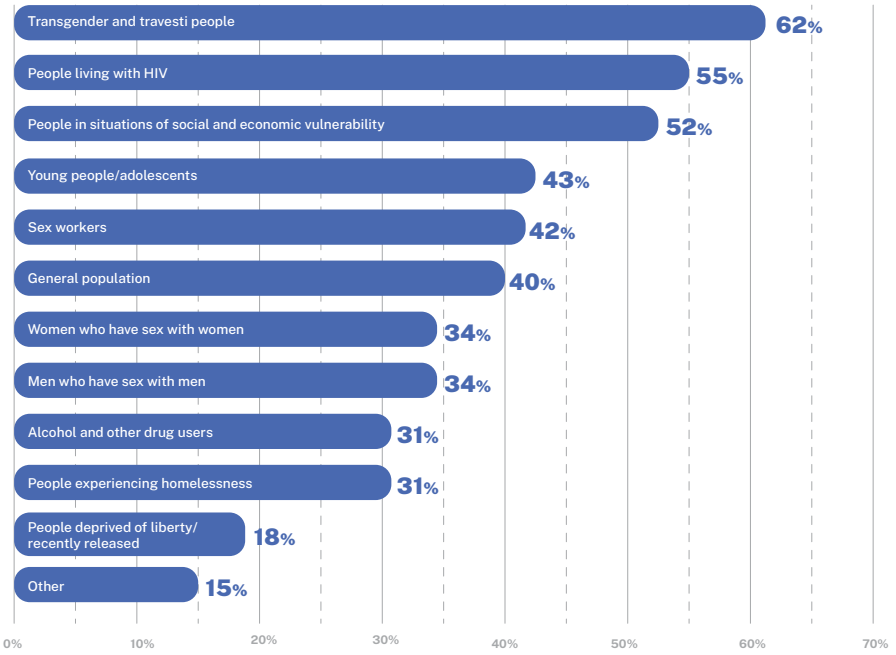




4.3 Target Populations

The main target groups served by the responding organizations are diverse and encompass various key populations and those in situations of social and economic vulnerability. The groups reported in the highest proportions include transgender and travesti people (62%), people living with HIV (55%), and people in situations of social and economic vulnerability (52%). Young people (43%) and sex workers (42%) also appear frequently. These and the other groups served by the organizations can be seen in figure 6, highlighting the broad reach of the participating organizations across different segments of the population.

Figure 6 - Main target audience served by the organizations



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The composition of the target audiences reinforces that the study reached organizations directly linked to priority populations for HIV prevention and the expansion of PrEP. The significant presence of organizations working with transgender and travesti individuals, people living with HIV, socially vulnerable individuals, young people, and sex workers indicates that the perceptions gathered stem from institutional experiences closely tied to socially and economically vulnerable populations who face specific barriers related to information, access to services, stigma, and continuity of care. This profile is central to interpreting the following results, especially in the sections on knowledge, barriers to access, adherence, and inequalities among populations in situations of greater social and economic vulnerability.

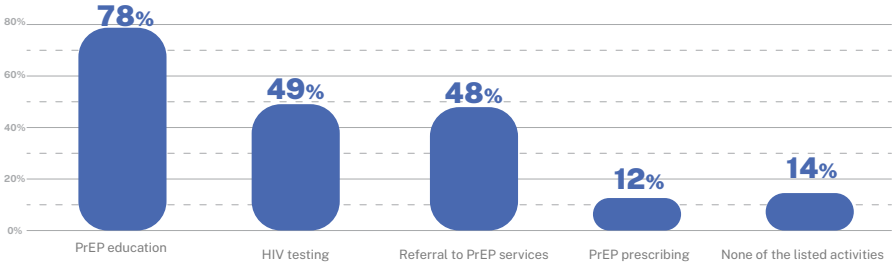
V. Institutional Capacity to Address PrEP

This section examines the institutional capacity of participating organizations to address issues related to PrEP, considering both the activities they already carry out and the level of preparedness of their teams to counsel their clients on Prophylaxis. The objective is to understand the extent to which these organizations serve as hubs for information, raising awareness, referrals to health services, and support for HIV prevention.

5.1 Activities Carried Out

With regard to the activities carried out by the organizations, there is a greater focus on PrEP education (78%), followed by HIV testing (49%) and referrals to PrEP services (48%). PrEP prescribing is less common (12%), reflecting the organizations' limited involvement in the direct provision of the medication. It was also found that 14% of the organizations do not carry out any of the listed activities above (Figure 7).

Figure 7 - PrEP- Related Activities Carried Out by Participating Organizations



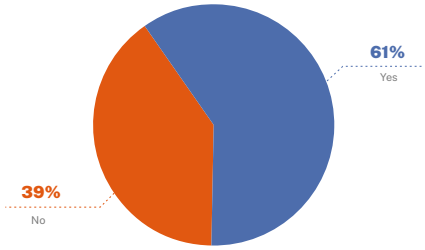
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Overall, the data indicate that organizations are primarily active in mobilization, education, and coordination with the healthcare network, playing an important role as a gateway to information and referrals for the public they serve to PrEP services. At the same time, the low proportion of organizations that prescribe PrEP reinforces that their work focuses less on the direct provision of clinical care and more on mediating between the populations they serve and healthcare services. In other words, most organizations act as mediators between citizens and public policy..

5.2 Staff Training

Regarding staff training, 61% of the organizations reported that their professionals received specific training on PrEP, while 39% did not undergo any type of structured training on the topic (Figure 8). This data indicates a significant spread of training initiatives, although it is not yet universal among the participating organizations.

Figure 8 - Staff Training on PrEP



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

This result suggests the existence of an institutional base that is already mobilized to work with PrEP, but it also points to a significant training gap. Given that organizations play a central role in disseminating information, providing initial guidance, and referring their clients to services, the lack of specific training among some of them may limit their ability to answer questions, address misconceptions, and support continued use of PrEP.

When analyzing perceptions regarding the level of preparedness of teams to provide guidance on PrEP, a divided picture emerges.

Approximately 43% of respondents believe their teams are prepared to provide guidance on the strategy, while a similar proportion, 42%, assess that the teams are still unprepared for this activity. Others 15% take an intermediate position, considering that the teams are neither prepared nor unprepared (Figure 9).

Figure 9 – Team Preparedness to Provide Guidance on PrEP

Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

This balance between positive and negative perceptions indicates that training on PrEP remains uneven among participating organizations. Although a knowledge base is in place, the data point to the need to strengthen the technical skills of staff, especially since these organizations play a strategic role in providing initial guidance, identifying concerns, and referring their clients to healthcare services.

VI. Knowledge and Interest of Target Poulations by CSOs

This section analyzes how participating organizations perceive the level of knowledge and interest among their target populations regarding PrEP. It is important to consider these two aspects together because the demand for PrEP depends not only on the existence of the technology or its availability in health services, but also on raising awareness among the recipients so they recognize PrEP as a prevention strategy, understand how it works, and identify tangible ways of accessing it.

6.1 Knowledge of PrEP

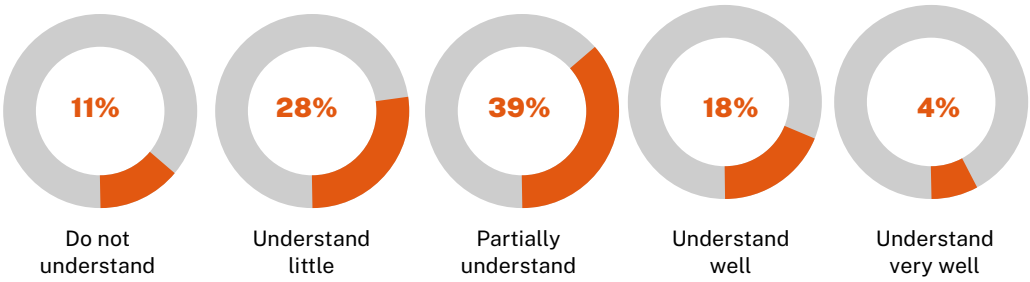
Regarding the level of knowledge about PrEP among the target population, 58% of respondents rated this knowledge as low or nonexistent. In contrast, 31% consider knowledge to be moderate, while only 11% rate it as high or very high (Figure 10). This data indicates that, in the organizations' perception, knowledge about PrEP remains limited among the target populations, reinforcing the need for information as one of the key areas of focus to increase demand for and access to PrEP.

Figure 10 - Organizations' perceptions of the level of knowledge among the populations they serve regarding PrEP

Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

According to the participating organizations' assessment, the target populations' understanding of how to use PrEP remains limited. Most respondents believe that the target populations partially understand the strategy (39%), while 28% believe they understand it only a little, and 11% state that they do not understand it at all. On the other hand, 22% believe that the target population understands how PrEP works, well (18%) or very well (4%) (Figure 11).

Figure 11 - Understanding of PrEP Use Among the Target Populations Served by the Organizations



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

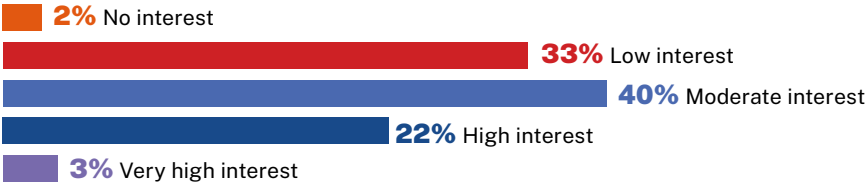
This result reinforces that knowledge about PrEP remains one of the main barriers to its expansion among the populations served by these organizations. The predominance of assessments indicating low or nonexistent knowledge suggests that PrEP is not yet sufficiently widespread or well understood among the public, even in institutional contexts closely tied to HIV, health, human rights, and populations facing social and economic vulnerability.

In addition to general knowledge about the existence of PrEP, the study also sought to understand how organizations assess their clients' understanding of how to use it.

6.2 Interest in Using PrEP

With regard the level of knowledge about PrEP among the target audience, 58% of respondents rated this knowledge as low or nonexistent. In contrast, 31% considered it to be moderate, while only 11% rated it as high or very high. This result indicates that, in the perception of the participating organizations, understanding of PrEP remains limited among the populations they serve, reinforcing the need for information as one of the key areas of focus to increase demand, access, and the appropriate use of Prophylaxis.

Figure 12 - Level of knowledge about PrEP among the target populations served by the organizations

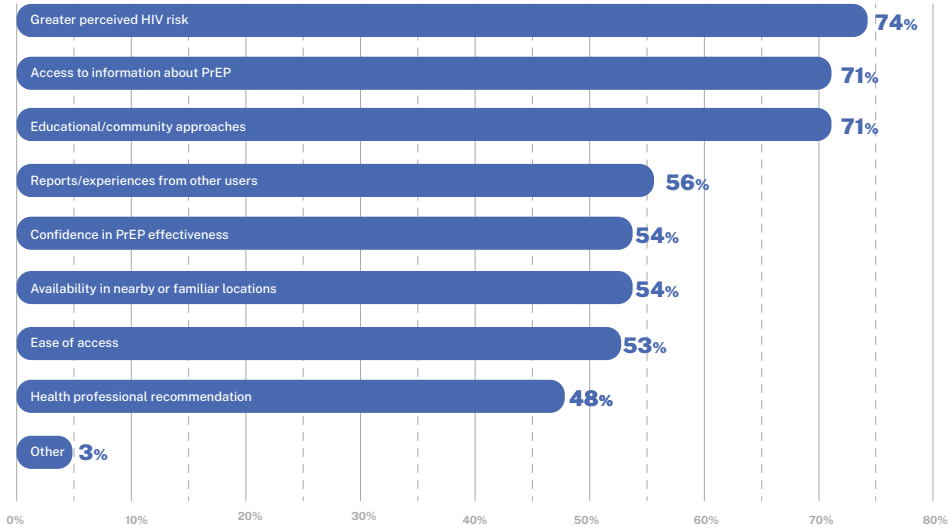


This finding reinforces that knowledge about PrEP remains one of the main bottlenecks to its expansion among the populations served by these organizations. The predominance of assessments indicating low or non-existent knowledge suggests that PrEP is not yet sufficiently widespread or well-understood among the target populations, even within institutional contexts closely aligned with agendas related to HIV, healthcare, human rights, and socially and economically vulnerable populations.

6.3 Factors That Increase Interest

Among the factors that, in the respondents' view, increase interest in PrEP among the target population, the following stand out: a greater perceived risk of HIV exposure (74%), access to information about PrEP, and educational and community-based approaches — both mentioned by 71% of respondents. Also frequently cited were reports and experiences of other users (56%), confidence in PrEP's effectiveness (54%), availability at nearby or familiar locations (54%), and ease of access to this service (53%). Recommendations by healthcare professionals were mentioned by 48% of respondents, while 3% cited other factors (Figure 13).

Figure 13 - Factors that increase interest in PrEP among the target populations



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The research indicates that interest in PrEP is strongly influenced by informational, relational, and territorial factors. The presence of access to information, educational approaches, and accounts from other users among the most frequently cited factors suggests that demand for PrEP can be increased when it is presented in accessible language, through community-based strategies, and in contexts of trust. Furthermore, mentions of availability at nearby or familiar locations and ease of access reinforce that interest does not depend solely on an individual's perception of access, but also on the practical conditions for seeking out and starting PrEP.

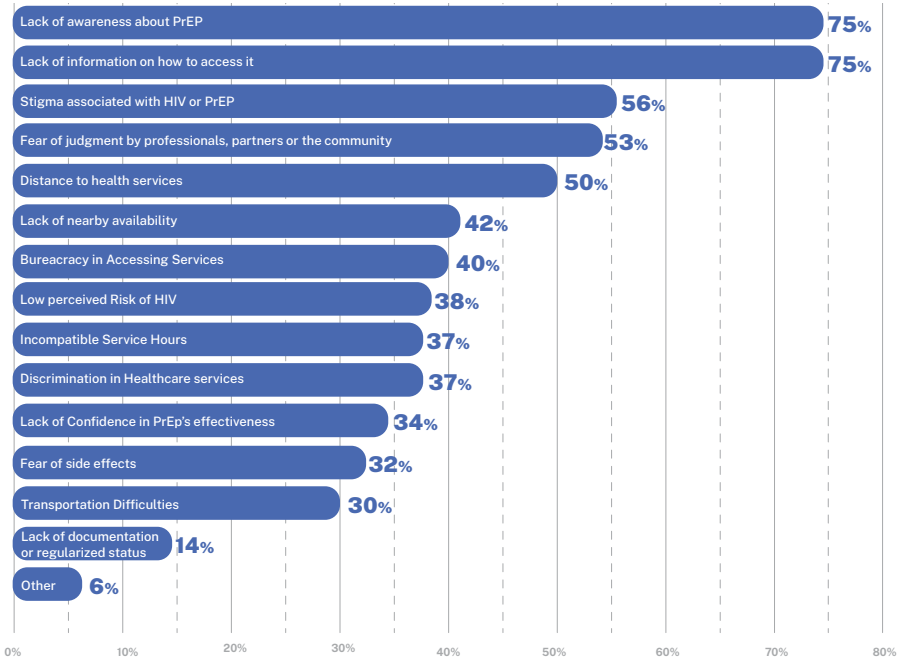
VII. Barriers to Accessing PrEP

This section presents the main barriers to accessing PrEP identified by the participating organizations. The analysis considers that access to PrEP depends not so much on the availability of services as on informational, social, territorial, and institutional conditions that affect the target population's ability to learn about, seek out, and use this prevention strategy.

7.1 Main Barriers

From the perspective of the participating organizations, the main barriers to accessing PrEP are related to information and knowledge about PrEP. Lack of awareness about PrEP and lack of information on how to access the service were the most frequently mentioned factors, cited by 75% of respondents. Next were the stigma associated with HIV or PrEP (56%) and the fear of judgment by healthcare professionals, partners, or the community (53%). Distance to healthcare services also emerged as a significant barrier, mentioned by half of the respondents (50%) (Figure 14).

Figure 14 - Main Barriers to PrEP Access Among the Target Populations



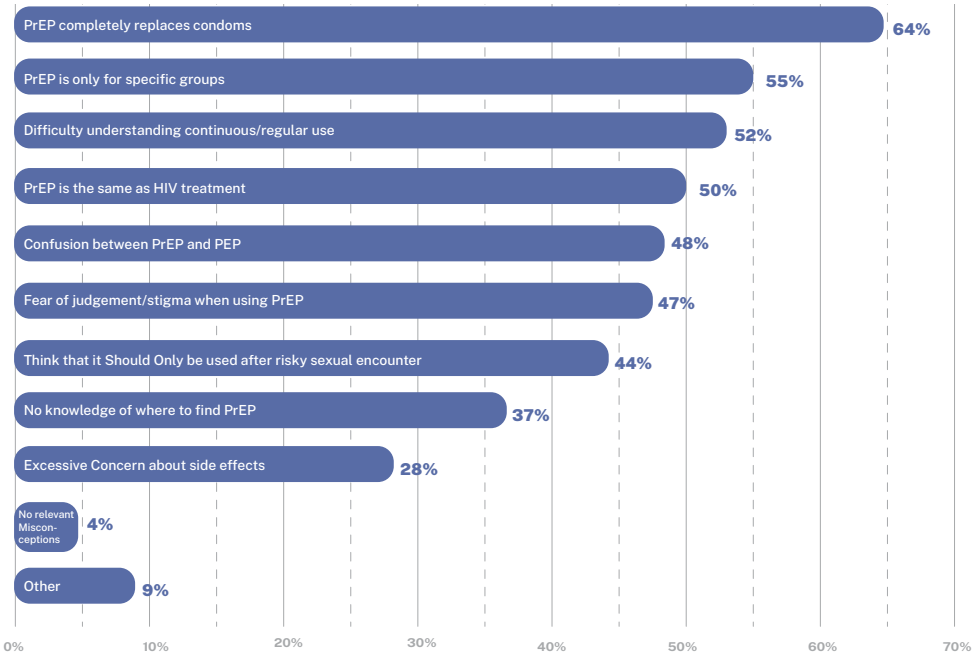
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Overall, the data indicate that barriers to PrEP access go beyond the formal availability of the prophylaxis in health care services. For the participating organizations, access is limited by an interconnected set of factors: lack of information, unfamiliarity with access pathways, stigma, fear of judgment, distance from services, and difficulties associated with the organization of the network. This finding reinforces that expanding PrEP requires not only supply but also effective communication, a welcoming environment, and strategies capable of bringing services closer to the target populations.

7.2 Most Common Misconceptions

Participating organizations identified several misconceptions related to PrEP among the target population. The most common is the belief that PrEP completely replaces condom use (64%), followed by the perception that Prophylaxis is intended only for specific populations (55%). Also notable are the difficulty in understanding the need for continuous or regular use (52%), the belief that PrEP is the same as HIV treatment (50%), and confusion between PrEP and PEP (48%) (Figure 15).

Figure 15 - Main misconceptions among target audiences regarding PrEP



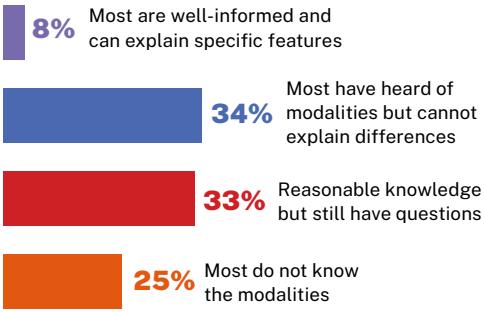
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The results indicate that informational barriers are not limited to a lack of awareness about the existence of PrEP or where to access it. There are also persistent questions about how it works, its objectives, its target audience, and its relationship with other prevention and care strategies, such as condoms, PEP, and HIV treatment. These misconceptions may limit demand for PrEP and its proper use, reinforcing the need for communication strategies capable of explaining PrEP in a simple, contextualized, and technically accurate manner.

7.3 Knowledge of PrEP Modalities

Regarding knowledge of the different types of PrEP (daily, on-demand, and long-acting), it is observed that most of the served population has limited knowledge on the subject. According to respondents, 34% state that most people served have heard of these modalities but cannot explain their differences, while 25% estimate that most are not even aware of them. On the other hand, 33% believe that the served population has reasonable knowledge, although they still have questions, and only 8% estimate that most people are well-informed about the different types of PrEP and can explain their specific characteristics (Figure 16).

Figure 16 - Level of knowledge among the target populations regarding the different types of PrEP (daily, on-demand, and long-acting)



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Knowledge about the different forms of PrEP, therefore, remains limited among the target populations. This finding reinforces the assessment of informational barriers, showing that the issue is not merely knowing that PrEP exists, but also understanding how it is used, its differences, and how it can be adapted to different real life circumstances. Expanding this knowledge is essential so that the target population can recognize Prophylaxis as a viable prevention option and make informed decisions about its use.

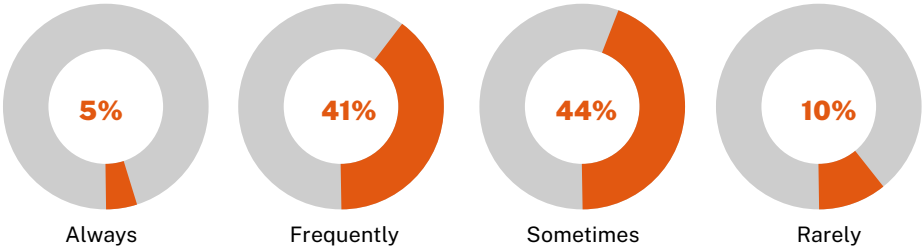
VIII. Challenges to Adherence and Continuity

This section analyzes the challenges related to adherence and continuity of PrEP use among the target populations who begin prophylaxis. Unlike barriers to access, which concern reaching information and services, adherence challenges involve maintaining use over time, health monitoring, incorporating PrEP into daily routines, and sustaining the perception of ongoing support.

8.1 Continuity of Use

Regarding the regularity of PrEP use among the target populations who begin prophylaxis, it is perceived by the leaders of the participating organizations that adherence tends to be predominantly intermittent, with regular maintenance still limited. Most respondents (44%) report that use occurs "sometimes," while 41% indicate frequent use. Only 5% state that use is maintained "always," and 10% report rare use (Figure 17).

Figure 17 - Maintenance of regular PrEP use among the target populations



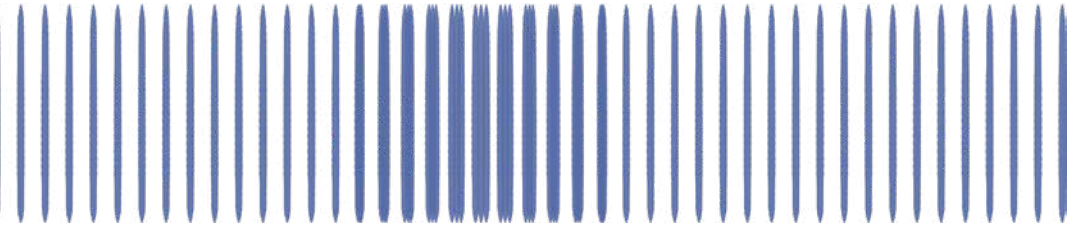
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

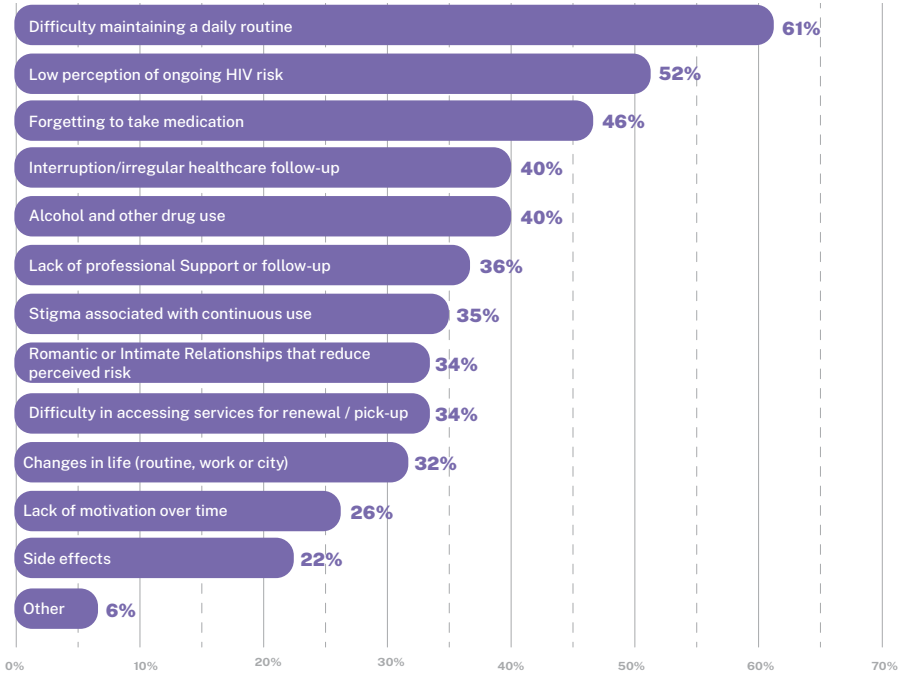
Nevertheless, the low proportion of responses indicating that use is “always” maintained suggests that continued PrEP use should not be assumed after the start of prophylaxis. The results highlight the importance of follow-up strategies, guidance on different modes of use, and support for incorporating PrEP into the routines and needs of the target population, while avoiding the interpretation of any variation in use as discontinuation or failure to adhere. These data should be interpreted with caution, as the category “sometimes” may indicate difficulties with maintaining regular use but may also reflect non-continuous or situational forms of PrEP use, depending on the regimen adopted and the context of risk exposure.

8.2 Limiting Factors to Adherence

With regard to barriers to adherence and continued use of PrEP, the results indicate that the main difficulties are maintaining a daily routine (61%) and a low perception of ongoing exposure to HIV (52%). Next are forgetting to take the medication (46%), interruption or irregularity in healthcare follow-up (40%), and the use of alcohol and other drugs (40%) (Figure 18). These data suggest that adherence challenges involve less a rejection of prophylaxis itself and more the conditions necessary to sustain its proper use, considering routines, follow-up, and the perception of exposure to HIV in different life circumstances.

Figure 18 – Limiting Factors to adherence/ continuity of PrEP use among the target populations





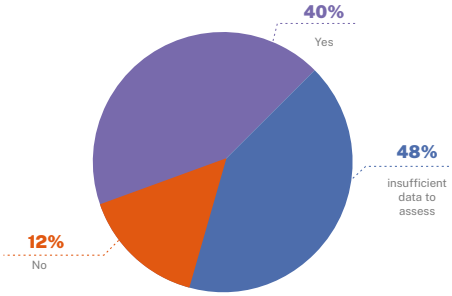
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

In general, barriers to adherence and continuity of PrEP use appear to be associated with behavioral, organizational, and contextual factors rather than strictly biomedical aspects. Difficulty in maintaining a daily routine, a low continuous perception of exposure to HIV, forgetting to take medication, and irregular follow-up indicate that maintaining prophylaxis depends on qualified guidance, monitoring, and adaptation to the specific living conditions of the target population. This finding should be interpreted with caution, since not all variation in use necessarily corresponds to discontinuation or low adherence: in some cases, it may reflect non-continuous or situational patterns of use, depending on the indication and context of HIV exposure.

8.3 Perceived Changes After Starting PrEP

Nearly half of the participating organizations (48%) reported noticible changes in the sexual behavior of their target populatons after they began using PrEP. On the other hand, 12% stated they did not observe any changes, while 40% reported not having sufficient data to assess this issue (Figure 19). This result should be interpreted with caution, as it reflects the organizations' perceptions of the populations they serve, rather than a direct measure of the individual experiences of those populations.

Figure 19 - Perceived changes in sexual behavior of the target populations after starting PrEP

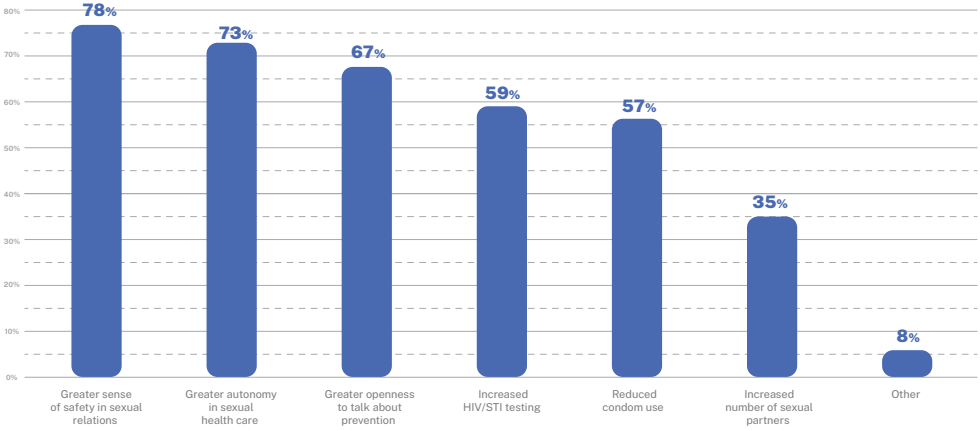


Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Among the organizations that reported perceived changes (n=49), the most frequently observed changes were a greater sense of safety during sexual relations (78%) and greater autonomy in sexual health care (73%). Also notable was more openness in discussing prevention (67%) and an increase in the frequency of testing for HIV and other STIs (59%). A reduction in condom use was mentioned by 57% of respondents, while an increase in the number of sexual partners was reported by 35% (Figure 20).

The data suggest that, in the organizations' perception, the start of PrEP is primarily associated with changes related to safety, autonomy, and greater openness to sexual health care. A reduction in condom use and an increase in the number of sexual partners were also mentioned by respondents, but these should be interpreted within the broader context of combined HIV/AIDS prevention strategies and different approaches to managing sexual health care. The simultaneous presence of increased testing, greater dialogue about prevention, and greater autonomy indicates that PrEP can help expand care options, provided it is accompanied by reliable information, appropriate guidance, and regular access to healthcare services.

Figure 20 - Perceived changes in the sexual behavior of the target populations after the start of PrEP



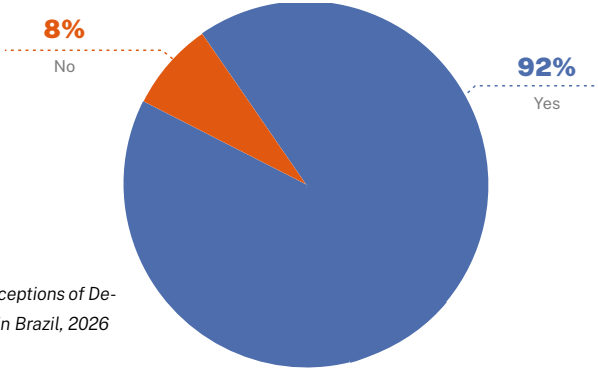
IX. Populations Most Affected by Barriers

This section analyzes whether, in the perception of the participating organizations, barriers related to PrEP affect the served population in a similar or unequal manner. This issue is central to understanding that the challenges of access, use, and continuity of prophylaxis are not distributed uniformly but can be exacerbated by social, territorial, economic, racial, generational, and gender-based factors, as well as greater social and economic vulnerability.

9.1 Are the barriers the same for everyone?

The perception that barriers to PrEP use differ among the target population is widely held, as indicated by 92% of the leaders of participating organizations. Only 8% report observing no differences among the target population (Figure 21).

Figure 21 - Differences in barriers to PrEP use among the target population, according to participating organizations



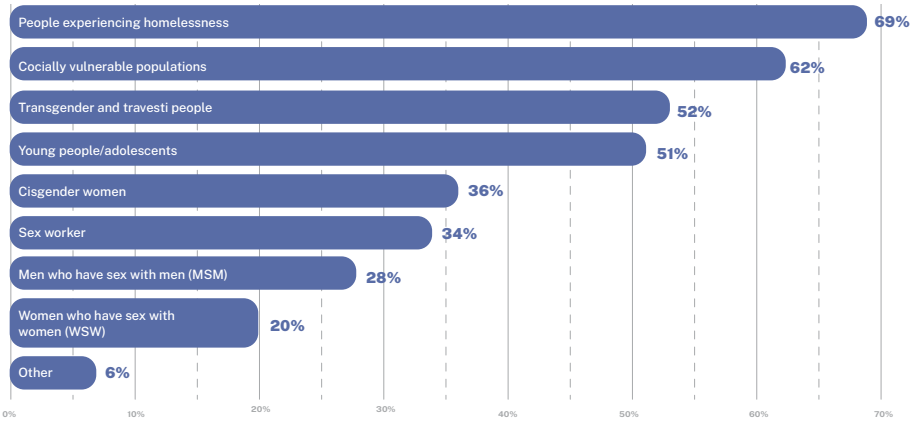
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

This result indicates that, for the responding organizations, barriers to PrEP cannot be treated as a single or uniform problem. On the contrary, the near-unanimity of the responses points to the need for differentiated strategies capable of taking into account the specific conditions faced by each population, such as access to information, connection to healthcare services, experiences of stigma, housing conditions, income, mobility, and exposure to discrimination.

9.2 Most Affected Populations

Among the groups considered most affected by barriers to access and use of PrEP are people experiencing homelessness (69%), people in situations of social and economic vulnerability (62%), transgender and travesti individuals (52%), youth/adolescents (51%), and cisgender women (36%).

Figure 22 - Groups most affected by barriers to PrEP use, according to participating organizations



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Overall, the results indicate that organizations perceive profound inequalities in access to and use of PrEP. The greater intensity of barriers among the homeless population, people in situations of social and economic vulnerability, transgender and travesti individuals, and youth/adolescents suggests that expanding PrEP requires specific strate-gies for populations most exposed to social, economic, territorial, institutional, and care-related obstacles. Thus, access to PrEP should not be understood solely in terms of the availability of the medication, but also as the effective ability to access services, receive appropriate guidance, and maintain a connection with the healthcare system.

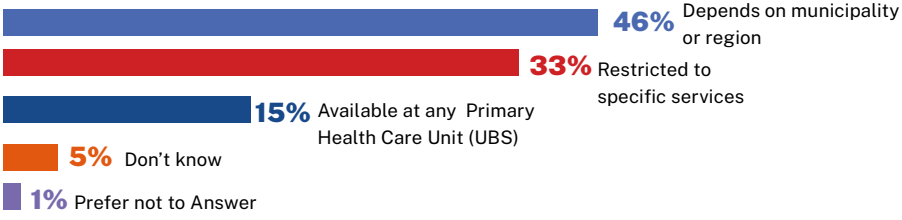
X. Assessment of the Public Healthcare System's Response

This section presents the participating organizations' assessment of the healthcare system's response to PrEP, considering two main aspects: the availability of PrEP within the system and the preparedness of SUS public healthcare professionals to prescribe and monitor its use. These elements are important because the expansion of PrEP depends on the organizations' efforts to raise awareness and refer patients, as well as on the capacity of public services to welcome, guide, and ensure continuity of care.

10.1 Availability of PrEP

Regarding the availability of PrEP within the healthcare system, it is observed that most respondents (46%) believe its availability depends on the municipality or region, indicating territorial variations in the organization of the service. In addition, 33% state that PrEP is restricted to specific services, while 15% believe it can be accessed at any Primary Health Care Unit (UBS) (Figure 23).

Figure 23 - Perceptions of PrEP availability in healthcare services



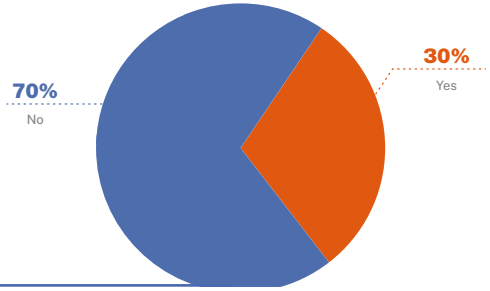
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The data indicate a perception of significant regional variation in PrEP availability. For the participating organizations, access to PrEP appears to depend not only on the existence of the policy within SUS but also on how each municipality or region organizes its healthcare network, designates service locations, and publicizes access pathways. This perception aligns with the barriers previously identified, especially the lack of information on where to access PrEP and the distance to healthcare services, reinforcing that expanding PrEP requires greater outreach, clear guidance for the public, and coordination between healthcare services and community organizations.

10.2 Training of SUS Professionals

The vast majority of organizations believe that SUS health care professionals are not prepared to prescribe and monitor the use of PrEP (70%). In contrast, 30% believe that these professionals are prepared to perform this role (Figure 24).

Figure 24 - Perceptions regarding the preparedness of SUS professionals to prescribe and monitor PrEP



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The perception that SUS professionals are ill-prepared to prescribe and monitor PrEP points to a significant weakness in the implementation of the strategy. For the participating organizations, expanding access depends on the availability of PrEP within the system and the capacity of healthcare services to welcome, inform, guide, and monitor users in a professional manner. This finding reinforces the importance of ongoing training initiatives for SUS professionals, particularly in collaboration with community-based organizations that work with populations most exposed to barriers to access, stigma, and misinformation.

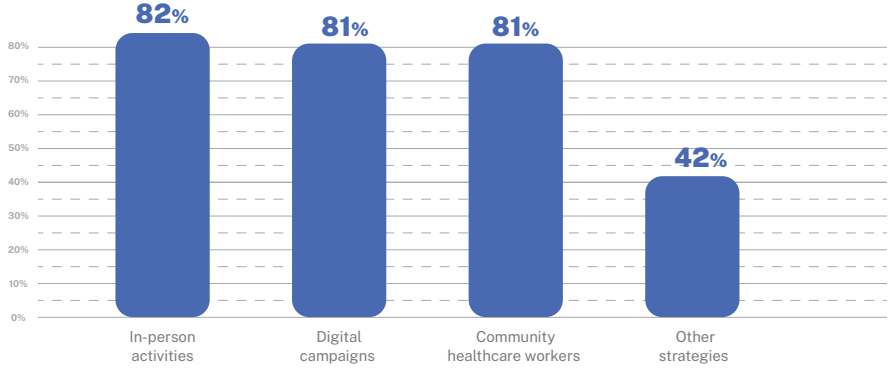
XI. Communication and Strategies for Expanding PrEP

This section presents the strategies that, in the view of the participating organizations, can help raise awareness, facilitate the dissemination of accurate information, and expand access to PrEP. The data underscore that communication about PrEP must combine different formats and channels, integrating in-person activities, digital campaigns, community outreach, and spaces for dialogue capable of reaching diverse audiences.

11.1 Strategies Considered Most Effective

Among the strategies identified by the organizations to raise awareness about PrEP, in-person activities stand out (82%), followed by digital campaigns and the use of community healthcare workers (both at 81%). Other strategies were mentioned by 42% of respondents (Figure 25).

Figure 25 - Strategies for Raising Awareness About PrEP



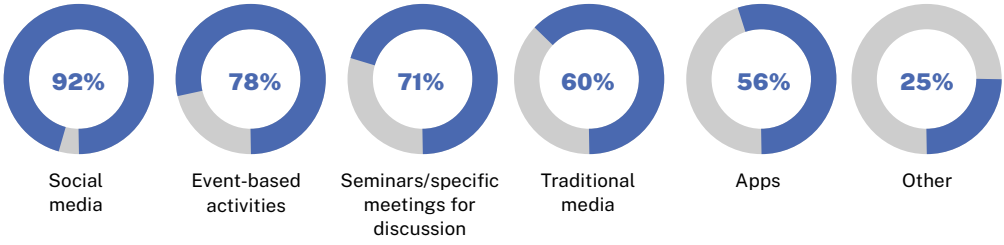
Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The results indicate strong consensus around combined approaches, integrating digital, in-person, and community-based strategies as priority avenues for expanding knowledge and raising awareness about PrEP among the various target audiences.

11.2 Most Effective Channels

Among the communication channels considered most effective for addressing PrEP, social media stands out (92%), followed by activities at events (78%) and the organization of seminars and specific meetings to discuss the topic (71%). Traditional media (60%) and communication apps (56%) were also mentioned, while 24% of respondents indicated other channels (Figure 26).

Figure 26 - Most effective communication channels for promoting PrEP



Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

The results reinforce the central role of social media and collective mobilization spaces as means to expand the dissemination of information about PrEP. The combination of digital channels, events, seminars, traditional media, and communication apps indicates that no single medium is sufficient to reach the diverse audiences served by these organizations. Therefore, communication strategies regarding PrEP tend to be more effective when they integrate accessible language, local presence, digital outreach, and direct dialogue with communities.

XII. Final Considerations

The research findings indicate that the expansion of PrEP in Brazil still faces significant challenges related to information, access, adherence, and the responsiveness of health care services. In the view of the participating organizations, the main bottleneck remains informational: a lack of awareness about PrEP and a lack of information on how to access it are the most frequently cited barriers, indicating that the availability of Prophylaxis is not sufficient when the target populations are unaware of the strategy, do not understand how it works, or do not know where to obtain it.

At the same time, the data show that access to PrEP is perceived as unequal. Barriers do not affect all groups in the same way and tend to intensify among populations more exposed to social, economic, territorial, and institutional vulnerabilities, such as people experiencing homelessness, those in situations of social and economic vulnerability, transgender and transvestite individuals, and young people/adolescents. This underscores that expanding PrEP requires specific strategies capable of taking into account the concrete conditions of life, mobility, housing, income, access to services, and exposure to stigma and discrimination.

The research also shows that civil society organizations already play a strategic role in the PrEP response, particularly through education, mobilization, counseling, and referral efforts. These organizations act as mediators between the target populations and public policy, helping to translate technical information, identify recurring barriers, and bring the target populations closer to healthcare services. However, the data also point to gaps in training and preparedness, both among the staff of these organizations and, more notably, in the perceptions held by SUS professionals

Finally, communication strategies emerge as a central dimension for addressing the identified challenges. The simultaneous emphasis on in-person activities, digital campaigns, traditional media, community health workers, social media, events, and seminars indicates that expanding PrEP depends on combined approaches, featuring accessible language, a local presence, and coordination with community players. Thus, strengthening the PrEP response in Brazil requires not only expanding access but also improving the quality of information, reducing inequalities in access, training professionals, and supporting organizations that work directly with the populations most affected by barriers to prevention.

In this regard, strengthening civil society organizations must be understood as a strategic component of the PrEP expansion policy itself. Through their presence in local communities, the relationships they have built with populations most exposed to barriers to access, and their ability to translate technical information into context-specific guidance, these organizations act as mediators between public policy and its concrete implementation. Valuing their work, expanding their training, and integrating them in a more structured way into healthcare networks can help ensure that PrEP ceases to be merely a technology available within the system and instead becomes, in fact, an accessible, understandable, and sustainable option for HIV prevention for different populations in Brazil.

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APPENDIX A - Supplementary Tables

Source: Civil Society Organizations' Perceptions of Demand, Access, and Adherence to PrEP in Brazil, 2026

Table 1 - Age Range of Respondents

20 a 24	5%
25 a 29	8%
30 a 34	9%
35 a 39	15%
40 a 44	9%
45 a 49	14%
50 a 54	12%
55 a 59	12%
60 +	18%
Total	**100%**

Table 2 – Race / Color of Respondents

Race/color	**%**
White	29%
Black	25%
Brown / Mixed race	42%
Yellow	1%
Indigenous	3%
Total	**100%**

Table 3 - Education Level of Respondents

Education level	**%**
Completed elementary school	2%
Incomplete high school	1%
High School Graduate	18%
Incomplete higher education	21%
Completed higher education	26%
Postgraduate specialization	19%
Master's degree	10%
Doctorate	4%
Total	**100%**

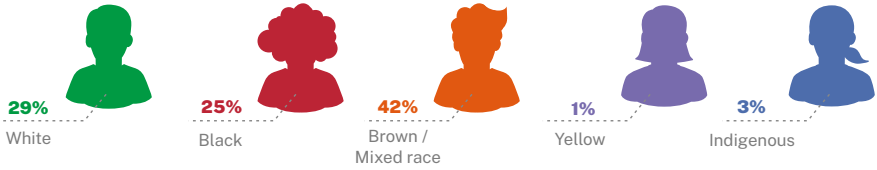

Table 4 - Main Role Performed by Respondents in the Organization

Main role in the organization	%
Coordination / management	59.8%
Health professional (physician, nurse, psychologist, etc.)	5.9%
Social educator or facilitator	10.8%
Social worker	3.9%
Community or field worker	2.0%
Administrative staff	6.9%
Volunteer	7.8%
Other	2.9%
Total	**100%**