Chapter 5

Anticipating Policy, Orienting Services, Celebrating Provision: Reflecting on Scotland's PrEP Journey

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5.1 Introduction

Scotland made pre-exposure prophylaxis (PrEP) available through National Health Service (NHS) sexual health services in July 2017. As the first country in the UK to make PrEP available through state-funded health services, free at the point of access, there was much celebration. Scotland was heralded as a leader in HIV prevention (Boseley 2017; Nandwani 2017). Scotland's journey to PrEP has been shaped in no small part by global HIV debates, international research and health policies (WHO 2014; McCormack et al. 2016), governance and cost-effectiveness debates in health policy and provision (Khan et al. 2017; Sandset and Wieringa 2019), and promissory biotechnological narratives about the end AIDS (Kippax and Stephenson 2012; Duncombe et al. 2019). But what should we make of this journey? While it is important to consider how we got 'here', it is also important to understand what 'here' is. What does the journey to and celebration of PrEP in Scotland tell us about what this new HIV biotechnology is, how it could be made available within and across communities, and how its access and use is oriented by activist, research and policy work?

Adams, Murphy and Clarke argue that anticipation, or 'thinking and living toward the future' (Adams et al. 2009, p. 246) has become characteristic of daily life. Anticipation as an 'affective state', they argue, is 'not just a reaction, but a way of actively orienting oneself temporally. . . [towards a] future that may or may not be known for certain, but still must be acted on nonetheless.' (p. 247). These anticipatory regimes shape health, prevention and risk practices in efforts to avoid or enable imagined futures. Anticipatory regimes configure technoscience and biomedical

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practices by orienting actors and networks towards a particular or hoped for future by making demands in the present. It is important, then, to examine how and where these anticipatory regimes emerge and shape imagined futures through the imperative to act—or react—in the present. Others have drawn on this work to explore shifting technoscientific methods, such as the role of adaptive trials (Montgomery 2017), and HPV vaccinations (Moldanado 2017) and the ‘end of AIDS’ (Lloyd 2017). The journey to PrEP in Scotland allows us to examine how activist practices, clinical and policy debates and investments in particular biotechnological orientations work towards a particular future. Within this chapter I explore the Scottish PrEP journey as a site of anticipatory regimes, oriented towards a particular imagined PrEP future, invested in specific systems of health provision, and community sexual and activist practices.

5.2 A Note About Methods

This chapter charts the PrEP journey based on my research, observation and participation in PrEP engagement, debate and policy between 2011 and 2020. As a qualitative researcher, invested in working collaboratively with community and clinical partners, I have undertaken multiple qualitative PrEP research projects in Scotland: anticipating PrEP provision (Young et al. 2014); considering the critical HIV literacy demands of PrEP (Young 2019); exploring UK PrEP activism; and evaluating Scottish PrEP services. I have also worked with community, clinical and policy partners in Scotland and England through numerous engagement activities, working groups, writing groups and committees in relation to PrEP decisions and policy during this time (Nandwani et al. 2016; Brady et al. 2018; HPS and ISD 2019). This chapter, then, is grounded in the perspectives and concerns of someone who has both observed and been a part of the PrEP journey in the UK; that is, it is academically grounded, reflexively situated and community invested.

The UK does not have one central health system; health policy and provision fall under the jurisdiction of the separate health systems of England, Scotland, Wales and Northern Ireland, each of whom have varying levels of ‘devolved’ powers or self-governance. In this chapter, the Scottish journey is charted alongside key PrEP developments in England, a country whose health developments dominate UK national media coverage and with which most devolved UK country health policies are compared. This is not intended to sideline Wales or Northern Ireland in their efforts to make PrEP available, but to focus on the Scottish community, activist and policy experiences in relation to its larger neighbour. Original quotations, where presented in this chapter, come from focus group participants made up of PrEP

activists, as part of the Sex, Drugs and Activism project (2018–2019) that explored PrEP activism in the UK.¹

5.3 Anticipating Policy, 2012–2015

The early years of PrEP in Scotland could be characterised as quiet contemplation. Although PrEP globally emerged as one of two tools heralded to bring an 'end to AIDS' (Havlir and Beyrer 2012) with considerable buzz around its potential at international conferences in the run up to and following the 2012 FDA approval, this enthusiasm was not shared amongst very many HIV stakeholders in Scotland. One community HIV activist described excitement about PrEP at the 2012 AIDS conference but found little engagement upon return.

...so that was 2012 AIDS Conference, I came back and I couldn't find people to talk to about PrEP in Scotland...we'd be talking about it in the office and keeping our heads out to see is anyone having this conversation in any way and what we found routinely was either people having no idea what we were talking about or very aggressive no's, so not wanting to discuss it. We started raising it with HIV clinical leads for several years trying to get them to make a statement about it, even if their statement was 'we have no statement' like something. Nothing.

Noting either the silence or rejection of PrEP, community activists described the considerable labour they put into getting PrEP recognised as something to discuss in relevant HIV and/or sexual health fora. After repeated failed attempts to get PrEP 'on the agenda', one HIV activist summarised what they considered to be the attitude from Scottish policymakers to PrEP:

I... said 'this is outrageous we have been raising PrEP for the longest time you could have a two-hour meeting on PrEP alone' and then we were responded to and told this is not considered a significant enough matter and it won't be discussed.

Although PrEP within international HIV circles had been gaining traction, with increasing attention paid to how it might be implemented, the repeated rejection of early community attempts to get PrEP on the agenda meant any critical discussion of what PrEP could be was done in isolated pockets of community and clinical activists,

¹As part of this project, I organised and took part in interactive focus groups/oral history 'workshops' with PrEP 16 community activists across Scotland and England. These workshops featured discussions of PrEP 'activist artefacts', explorations of PrEP activist strategies and reflections on the PrEP journeys in and across both countries. Participants were invited from a range of community organisations who had been involved in PrEP activism and advocacy in some way. These workshops were co-facilitated by a social science researcher and a community practitioner, both of whom were familiar with the HIV activist, research and policy field in the UK. Ethics approval was provided by the Usher Institute Ethics Research Group at the University of Edinburgh. Given the small size of PrEP activists in the UK, no identifying features have been indicated for extracts presented in this article to protect the anonymity of workshop participants. This research was supported by a Wellcome Trust Seed Award Sex, Drugs and Activism (207928/Z/17/Z).

and often amongst those with connections to other UK or international networks of HIV activists.

In their 2012 joint statement, the British HIV Association (BHIVA) and the British Association of HIV and Sexual Health (BASSH) (McCormack et al. 2012) declared there was insufficient evidence that PrEP would work in a UK context. This statement—offered in advance of FDA approval and in the context of growing enthusiasm—officially established a ‘lack of evidence’ as the primary reason for not considering PrEP implementation across the UK. Scottish community activists described multiple conversations with HIV clinicians, policy makers or others who might be in a position to make decisions about PrEP provision where they were repeatedly told ‘there’s not enough evidence on this and we’re not sure.’ This uncertainty is important to note. What is ‘enough evidence’? Or perhaps more accurately, on whose bodies should PrEP evidence be based (Epstein 2007)? While FDA approval was based on evidence from multiple trials with heterosexual men and women, and gay and bisexual men, concerns surrounding the failure—or flat results—of PrEP trials with women played an important role in shaping how reliable this evidence was for UK clinicians.

I remember having a conversation with [an HIV clinician] at that point and [the clinician] going ‘if the, was it the Voice trial the one that failed, if the Voice trial had just worked...

Implying that just *one more trial* with results might have convinced UK—including Scottish—clinicians and policy makers seems at odds with the claims made in the joint statement that there was not enough evidence for *UK specific* services. Regardless of whether it was the gendered bodies who ‘failed’ to comply with PrEP adherence (van der Straten et al. 2014), or the (non-Global North) national health system contexts of PrEP users who did comply with PrEP adherence, policy actors in the UK—including Scotland—required further evidence of PrEP’s effectiveness.

Results from the PROUD trial released in 2015 dramatically shifted PrEP narratives. PrEP had been shown to reduce risk of HIV transmission in gay and bisexual men by 86% (McCormack et al. 2016). On the basis of these results, PrEP in a UK context was hailed as a ‘game-changer’ with activists and clinicians now openly calling for it to be made available now that robust evidence had been provided (Young et al. 2020). Most UK media focused on the plans of the larger health services in England. There was limited coverage of the PROUD trial results in Scottish-specific media, with only one article including any Scottish voices. Amongst statements by London-based clinicians and policymakers, HIV Scotland’s CEO stated that PROUD confirms PrEP effectiveness and that there was an obligation for NHS Scotland to make PrEP available.

We are calling for action and asking the Scottish Government and the NHS to expedite making PrEP available. The evidence on PrEP is clear; time after time it is a highly effective prevention initiative. (Valiotis as cited in Tufft 2015).

Although this call was not in relation to a specific population, the article proceeded to focus on the benefits for gay and bisexual men. Here we see a

dominance of England-based voices for a UK-wide issue that would eventually affect health provision in four distinct UK health systems; with an increasing focus on PrEP as an intervention for gay and bisexual men emerging from PROUD, and the framing of this 'game-changing' PrEP evidence nationally, the anticipation of what PrEP is (an effective, robust HIV prevention intervention), who it is for (gay and bisexual men) and where it should be accessed (NHS *England*), began to take shape.

PrEP activism in England became more visible following the release of the PROUD results. PrEP was a key feature of London Pride in 2015, and two activist groups launched in October 2015: PrEPster and Iwantprepnnow.com. Multiple third sector organisations, activist groups and individuals formed the #united4prep coalition in early 2016 to advocate for PrEP on the NHS, consolidating a coalition of community actors more publicly advocating for PrEP (Portman 2017). Scottish-based activists described an absence of this community activism and expressed frustration at what they perceived as attempts to stifle PrEP activist efforts in Scotland.

We just said 'we're going to promote it, we don't really care what your response is we're just going to promote it' and then they actually took it on board. But it's that, they come up with excuses and you hear them in conversations 'well if somebody got HIV and we would be held accountable and we're not quite feeling secure enough yet to send out that message'.

The frustration in lack of policy action shaped English PrEP activism and was made visible through seemingly coordinated online and physical #united4prep activities and campaigns driven by a network of HIV and LGBT community activists, third sector leaders and HIV researchers. Where policy hesitancy was identified, there also appeared to be a collective response to this gap from this group. In contrast, frustration around hesitancy of existing policy makers, clinicians and community organisations to coordinate PrEP advocacy in Scotland continued to shape *individual* activist efforts; those who sought to make PrEP a health and human rights issue in Scotland continued to work in isolation and/or in collaboration with largely non-Scottish-based partners.

5.4 Orienting Services 2016–2017

With a growing community activist movement in England and a solid clinical and cost-effectiveness evidence-base, the decision of NHS England in March 2016 to not fund PrEP came as a surprise to many (Lancet 2016). Although ultimately defeated, this decision was seen to reflect health policy views that PrEP was ultimately a 'lifestyle' drug for gay men to have risky sex (Mowlabocous 2019). Court challenges by the National AIDS Trust (NAT) and subsequent media debates centring on deserving citizens and homophobic rhetoric (Mowlabocous 2019) helped to consolidate the gendered framing of PrEP as an HIV intervention for gay and bisexual men instead of a tool for anyone at risk of HIV. A British Broadcasting Corporation

(BBC) documentary cast this controversy as the ‘people’ vs the NHS, setting the needs of gay and bisexual men, haunted by a long history of HIV trauma as in particular need of this ‘game-changing’ HIV prevention tool (Henderson 2018; Jones et al. 2020). That activists responded (rightly) to the ongoing homophobic responses by defending PrEP use of gay and bisexual men as responsible also helped to shape not only who PrEP was for, but how it might be used effectively. Moreover, this framing of PrEP as a viable and responsible clinical option for gay and bisexual men was further bolstered through visible coalitions of gay community *and* clinical activists, primarily in England (Portman et al. 2016; Portman 2017).

Although debates concerning the NHS England decision centre largely on how gay and bisexual men’s health needs were seen to be problematically viewed by health policy makers, (Mowlabocus 2019), we also need to consider the governance structures which contribute to or enable these policy decisions. Khan et al. (2017) outline how the re-organisation of NHS Services in England following the 2012 Health and Social Care Act shifted responsibility for services and treatment and the allocation of funding. Confusion, overlap and debate about where or with whom responsibility lies for the commissioning of PrEP services—either within clinical health services or by local authorities now responsible for public health—illustrates how PrEP provision is shaped by the very services and policy that make it available. In Scotland, HIV prevention policy and provision fall to NHS Scotland and is overseen by the Scottish Government’s Sexual Health and Blood Borne Virus (SHBBV) Framework (Scottish Government 2011). This Framework has driven a significant shift in Scottish policy and funding of sexual health services since 2011 to improve sexual health and wellbeing (Scottish Government 2015). Framework governance was directed at this point by the Executive Leads group, comprised of HIV and sexual health clinical stakeholders, Scottish Government and third sector representatives. In 2016, the SHBBV Framework Executive Leads agreed to a PrEP Short Life Working Group (SLWG) to consider if and how PrEP might be made available in Scotland. An observer described how despite a lack of consensus at policy level about PrEP, a few members of this group successfully argued for and actioned the SLWG in anticipation of Scottish provision: “‘actually we need to be prepared’” and I don’t think there was agreement in the room but [the chair of the meeting] just said “this needs to be prepared””. The mechanisms of the Framework, enabled here by leadership within the structure of Framework governance, rather than consensus, allowed for the decision to be made to prepare for PrEP provision. It also shaped how this preparation was undertaken.

While the SHBBV Framework enabled action on PrEP, it also shaped the possibilities of provision. The PrEP SLWG, which ran from March—October 2016, was comprised of sexual health and HIV practitioners, community pharmacists, third sector actors, academics, community members and observers from the Scottish Government and the Scottish Medicines Consortium (SMC). Apart from a community pharmacist, no non-sexual health and/or HIV practitioner participants took part. The parameters of group discussions and the final report focused on the provision of PrEP almost entirely by sexual health services; the lack of specific sexual health services in the smaller health boards meant PrEP would be

exceptionally delivered through primary care, in line with existing provision of sexual health care in these areas. A 'lack' of quantitative PrEP acceptability evidence on which to base estimates of potential uptake meant the SLWG report drew on research with and referenced gay and bisexual men only, reflecting ongoing disparities in sexual health research with diverse populations (e.g. trans* communities, black and ethnic minority communities). Finally, the recommended eligibility criteria drew heavily on the PROUD trial protocols; only an additional category of equivalent risk was added after *significant* discussion and debate to address PrEP use for those who did not fit into these clinical criteria based on research with gay and bisexual men (Nandwani et al. 2016).

The acceptance of this report in October 2016 meant that PrEP was approved for provision in Scotland, subject to the licensing of Truvada (emtricitabine tenofovir disoproxil) for PrEP use (requiring the patent holder Gilead filing an application with the Scottish Medicines Consortium (SMC)). Concerns were aired at the meeting that this decision could encounter the same 'homophobic' media attack seen during the NHS England decision and subsequent court battles (Mowlabocus 2019).

[Someone] at the meeting said: 'we can't let what's happened in England happen here, we need to be on top of it, we need to go to the media and control the message and say this is what we're doing' and then [this proactive media strategy] was completely pulled back.

While one of the approving members advocated for directly addressing the anticipated negative media coverage—assuming that PrEP would be seen as an HIV intervention for gay and bisexual men—there was sufficient *opposition* to this proactive approach. This meant there were no formal plans for the SHBBV Framework leads or NHS services to actively engage with the media about the potential PrEP and homophobic stigma at this stage. However, HIV Scotland—an HIV and human rights policy organisation—in collaboration with other third sector, academic and clinical partners, organised a series of PrEP community to generate discussion, interest and engagement amongst communities who might benefit from PrEP. These events held across the country in November and December 2016 featured a screening of the Proud Study film (Feustal 2015) which explained PrEP and described experiences of its use, and a panel comprised of an academic (myself), clinical practitioners, policy and gay men's sexual health activists who could answer questions about and provide evidence on PrEP. Although attempts were made by organisers and local partners to include a wide range of communities affected by HIV, the events were almost exclusively attended by—and ultimately geared towards—gay and bisexual men and some sexual health professionals. An absence of diverse community participation meant that discussions focused on now well-rehearsed debates about reduced condom use and PrEP, and featured arguments between 'older' and 'younger' gay men about what responsibility was and if and how PrEP challenged community histories of safer sex strategies. Panel and attendee responses largely positioned PrEP use as an act of responsibility in the changing world of HIV prevention and emphasised the need to draw on this narrative to challenge existing—and anticipated—PrEP stigma. Interwoven in these discussions

were debates not only about what PrEP was, but what gay community itself was *and could be* in light of potential new HIV prevention options.

In April 2017, the SMC approved Gilead's submission to licence Truvada for use as PrEP. This meant that NHS Scotland was obliged to offer PrEP by July. This announcement was met with celebration and reflection. Dr. Rak Nandwani, chair of the PrEP SLWG, described the role of activism and collaboration in making PrEP a reality in the Scottish context, claiming that 'Scotland now also has the advantage of a firmly established community alliance built on the back of the PrEP work' (Nandwani 2017, p. 239). As in other parts of the UK, well-established collaborations between Scottish community organisations have been constrained due to reductions in and fragmentation of HIV funding over the past 10 years. Although previous collaborative HIV work between organisations had historically been undertaken, the PrEP work helped to strategically focus newly imagined collaborative endeavours. While significant in its contribution to the SMC community consultation, this community alliance included organisations who work in and across HIV, but did not include other community specific voices, such as those working with or lived experience of sex work, trans* communities, and/or people who use drugs (SMC 2017). The alliance built through leadership of key community organisations and actors to navigate a complex regulatory system should not be under-valued, but also highlights how these processes and existing organisational capacity can exclude those already marginalised voices and experiences. Nandwani situates this policy achievement in the wider context of Scottish nationalism in relation to sexual rights.

There is an emerging sense of Scotland seeing itself as a forward-looking nation. Part of this is the shedding of homophobia, sometimes aligned to strongly held faith views. In 2016, Scotland found itself as a country where four of the leaders of its six main political parties were out as lesbian, gay, or bisexual. (Nandwani 2017, p. 238).

That LGBT rights and a sense of Scottish identity as a nation is used to frame the PrEP decision is significant; in opposition to the battles of NHS England and ongoing homophobia, the Scottish PrEP decision became something to celebrate as an achievement for a progressive, LGBT-inclusive Scottish health system, further pointing to the imagined primary beneficiaries of this new biotechnology. PrEP was made available in Scotland through NHS sexual health services in July 2017, with no additional funding for either the medication or additional services that PrEP provision would entail.

5.5 Celebrating PrEP 2017–2019

The provision of PrEP in Scotland was celebrated across UK media. This coverage often framed Scottish PrEP provision in contrast to the lack of provision in England. PrEP became a tool to illustrate not only the differences between the two national health systems, but to influence and shame health policy makers in England.

This game-changing prevention tool has the potential to massively reduce HIV rates and turn Scotland into a model internationally of how to do HIV prevention well. The speed and decisiveness of the Scottish process contrasts starkly with delays in the other three UK nations (Gold, as cited in Boseley 2017).

The first-year report on PrEP provision (HPS and ISD 2019) was also met with simultaneous celebrations of Scottish efforts and disdain for the lack of progress in England. News coverage and statements by HIV organisations drew on Scottish data to further illustrate *English* failure, with one article in a mainstream national newspaper entitled: 'Scotland's introduction of HIV drug PrEP "puts England to shame"' (Brooks 2019). The release of the second year Scottish PrEP report resulted in similar commentary on limited progress in England, this time including a statement by a new CEO of HIV Scotland that addressed many of the ongoing achievements of PrEP provision, highlighted ongoing gaps, but ended with a strike at the lack of PrEP provision in England. 'It's high time NHS England... followed Scotland's lead and makes PrEP available on the NHS' (Sparling 2019). Within the first few years of provision, Scotland's PrEP programme has been repeatedly drawn on to illustrate not only PrEP's effectiveness, but the wider impact on sexual health.

Scotland is leaps ahead, having made PrEP available through the NHS several years ago. That's another crucial lesson that we've learned from the earlier implementation of PrEP in Scotland: offering the drug brings people into sexual health services who otherwise wouldn't be using them. PrEP in Scotland has become a wonder intervention that also draws people towards HPV vaccination, hepatitis testing and treatment, and psychosexual services (Nutland 2020).

The mobilisation of and enthusiasm for Scottish PrEP provision by UK activists as a '*wonder intervention*' highlights how provision itself and the imagined effect it could have on sexual health was the cause of celebration. But beyond celebrating PrEP *provision*, there has been little interrogation of how well that provision has been implemented, sustained and who is—and is not—able to access PrEP under these conditions. In other words, while these national 'celebrations' point to presence of health policy, they do not engage in what resources, support and efforts are needed for its effective implementation or impact.

Within the Scottish health sector, the experience of PrEP provision was not *entirely* celebratory. In spite of the praise in the national press, PrEP activists were again stymied in their attempts to announce the provision of PrEP within Scotland itself.

When we agreed that [PrEP] would be made available and we were talking about doing a big PR exercise, the public health said no, absolutely not. One because they didn't want to embarrass themselves to pretend that they weren't already on it, but underneath all that it was really clear they weren't on it, they didn't know how to respond if the press got in touch with them. And we said we should be talking to the media and the press but they wouldn't do it, they would not. They blocked us at every avenue.

The absence of a campaign—or even a plan—about the launch of PrEP provision was in contrast with the launch of the HPV vaccination for boys that took place at the same time (Scottish Government 2017). Activists felt that the lack of a PrEP

campaign was not only about lack of resources or coordination, but an ongoing uncertainty of PrEP itself, and what it might mean for services.

I think it really was down to a lot of people in the public health sector not having a scooby about PrEP, they just didn't know how it worked, they didn't know who it would affect, what the criteria was, it was about their own insecurities...

That there were no national campaigns to publicly launch PrEP in July 2017 did not stop local activists and services from telling those they worked with about PrEP. Community service providers, and especially those working with gay and bisexual men actively campaigned about PrEP within their outreach and support work. Again, those involved in PrEP campaigning before the official decision largely worked in or had specific roles in organisations supporting HIV and sexual health for gay men. The absence of national campaigns that might support PrEP use across communities affected by HIV, such as Black African men and women, trans* communities, people who use drugs and people who sell sex were noticeably absent from the discussions and engagement.

5.6 Postscript: After the PrEP Party

Reports from the first two years of PrEP provision highlight much higher numbers of PrEP prescriptions for gay and bisexual men than originally anticipated (HPS and ISD 2019). The higher than predicted numbers continue to challenge services, with a constant demand and no sign of levelling off of new PrEP users (HPS 2019). Significant numbers of gay and bisexual men prescribed PrEP were new and/or lapsed sexual health service users (HPS 2019; HPS and ISD 2019). The 'success' of PrEP for communities of gay and bisexual men should not be underestimated, and the anticipation of PrEP as an intervention for gay and bisexual men has indeed been borne out; data from the first two years of PrEP services report that *less than 1 per cent* of people prescribed PrEP in this time period were *not* gay or bisexual men. (HPS 2019) So what does this mean? An absence of PrEP access by women, trans* communities and those from Black African communities certainly points to an orientation of provision which maintains or exacerbates existing sexual health inequalities; people who are diagnosed with HIV from these communities continue to be affected by higher rates of 'late diagnosis' and in some cases, difficulties in maintaining an undetectable viral load (Brown et al. 2017; O'Halloran et al. 2019). This confirms (again) that provision of a new biotechnology would not—in and of itself—respond to the complex sexual health and wellbeing needs of such communities.

The absence of access to PrEP in the UK by diverse communities has not gone unnoticed. Discussions and eventually campaigns about access for PrEP for women, trans* and Black African communities began to emerge from around 2017 (AVAC 2017; Sophia Forum 2017; PrEPster 2019) and there has been a growing push for PrEP information and support to be *adapted* to suit the needs of these communities.

Here we see how PrEP provision—and support—is premised on a ‘universal’ PrEP user, where clinical criteria maps neatly onto the gendered and sexualised bodies of gay men. While the growing activism by communities themselves in relation to PrEP has begun to be supported in England (Positive East 2018; Africa Advocacy Foundation 2019; GMI Partnership and PrEPster 2019; My Genderation 2019) there has been, to date, little activity or support in Scotland. In an attempt to move past the generic ‘what about women’ or #prep4women trope that has emerged in UK PrEP activism, a Scottish workshop in September 2018 brought together community, clinical and academic stakeholders to consider which women we were talking about and what specific needs might be (Young and Calliste 2019). This workshop identified how Black African women, women who engage in sex work, women who use drugs and trans* communities (including women, men and non-binary people) more broadly see and experience (sexual) health services as hostile environments that reinforce discrimination, prejudice and exclusion on the basis of race, gender, drug use and sex work. While conversations and strategies to address some of these issues within existing sexual health services began to take place at this workshop, participants agreed that attention to language, exploring multiple forms of peer support and offering PrEP through non-traditional or outside of sexual health services (including but not limited to general practice), could go some way to encouraging discussion, access and improved support. It is unclear, however, if any of these specific issues have been taken on board by Scottish health services; structural change to address these considerable—and longstanding—health inequality issues have not explicitly been on the agenda for those making policy decisions about PrEP at a local service and surveillance level. The only exception to this has been the introduction of the option to record gender different to that at birth within the Scottish National Sexual Health System (NaSH), an electronic records system which is used in 11 of the 14 territorial health boards in Scotland (ISD 2016). That trans* communities may now have their (binary) gender identity accurately recorded, however, has not addressed the wider barriers of access to services, nor clarity around eligibility criteria for PrEP for those who do secure a consultation.

5.7 Conclusion

The Scottish PrEP journey has been particularly gendered, nationalised and embodied specific sexual—and health—practices. It has been shaped by debates around *sufficient* and *appropriate* clinical evidence, opportunities for and mechanisms of leadership in health governance and policy, assertions of national identities through championing sexual rights, and sustained community activist efforts. The orientation of provision and the configuration of community networks who lobbied for and might access PrEP suggest how anticipatory regimes of biomedical HIV prevention shape and are shaped by existing structural forces which prioritise specific forms of evidence, imagined PrEP users and biomedical hierarchies. Although Scotland provided PrEP through state-funded health services before other UK countries, it

is not currently ‘ahead’ in how it imagines and enables access to PrEP for more ‘diverse’ communities of those who may benefit from it. This raises key questions around PrEP futures imagined in community activism. With PrEP provision the ultimate goal, PrEP became an object to be added to and enhance existing health structures, whose primary beneficiaries were gay and bisexual men, rather than the means to reimagine and re-orient HIV prevention in ways that might engage with heterogeneous communities affected by HIV. As PrEP in Scotland continues to evolve, and begins to engage more widely with those beyond the ‘usual suspects’, we will need to continue to pay attention—and respond—to how ongoing anticipatory regimes shape and enable particular promissory PrEP narratives.

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