Pre-Exposure-Prophylaxis (PrEP) to sub-Saharan African migrants in Europe

CONSIDERATIONS FOR ITS IMPLEMENTATION

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WHO guidelines on PrEP (2015)

People at substantial risk of HIV infection should be offered PrEP as an additional choice:

- HIV incidence > 3 per 100 person–years in the absence of PrEP
  - ✓ MSM
  - ✓ Transgender women
  - ✓ Heterosexual women and men who have sexual partners with undiagnosed or untreated HIV infection

- Thresholds for offering PrEP may vary depending on a variety of considerations, including **available resources and the relative costs**, feasibility and **demand for PrEP** and other opportunities.

PrEP in Western Europe

- PROUD
- IPERGAY
- AMPrEP
- Be-PrEP-ared

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- Men who have sex with men (MSM)
- Transgender men

→ New diagnosis among MSM in 2015:

- Western Europe: 43.4% (ECDC, 2016).
- Belgium, 50% (Sasse et al.2016)

Other groups at substantial risk of HIV infection?

New HIV-diagnosis, 2015

- **Heterosexual people**
  - W-Europe: 33% Belgium: 45%
  - Sub-Saharan African origin

- **People with injecting drug use**
  - W. Europe: 3.3% Belgium: 2%
  - Eastern Europe: 26.4%

→ ***Overlooked in the European PrEP research agenda***

SAM eligible for PrEP in Belgium (rembursement since June 1st 2017)

TRUVADA® (emtricitabine/tenofovir disoproxil) in profylaxe vóór blootstelling (PrEp)

Risicofactoren die een terugbetaling toelaten

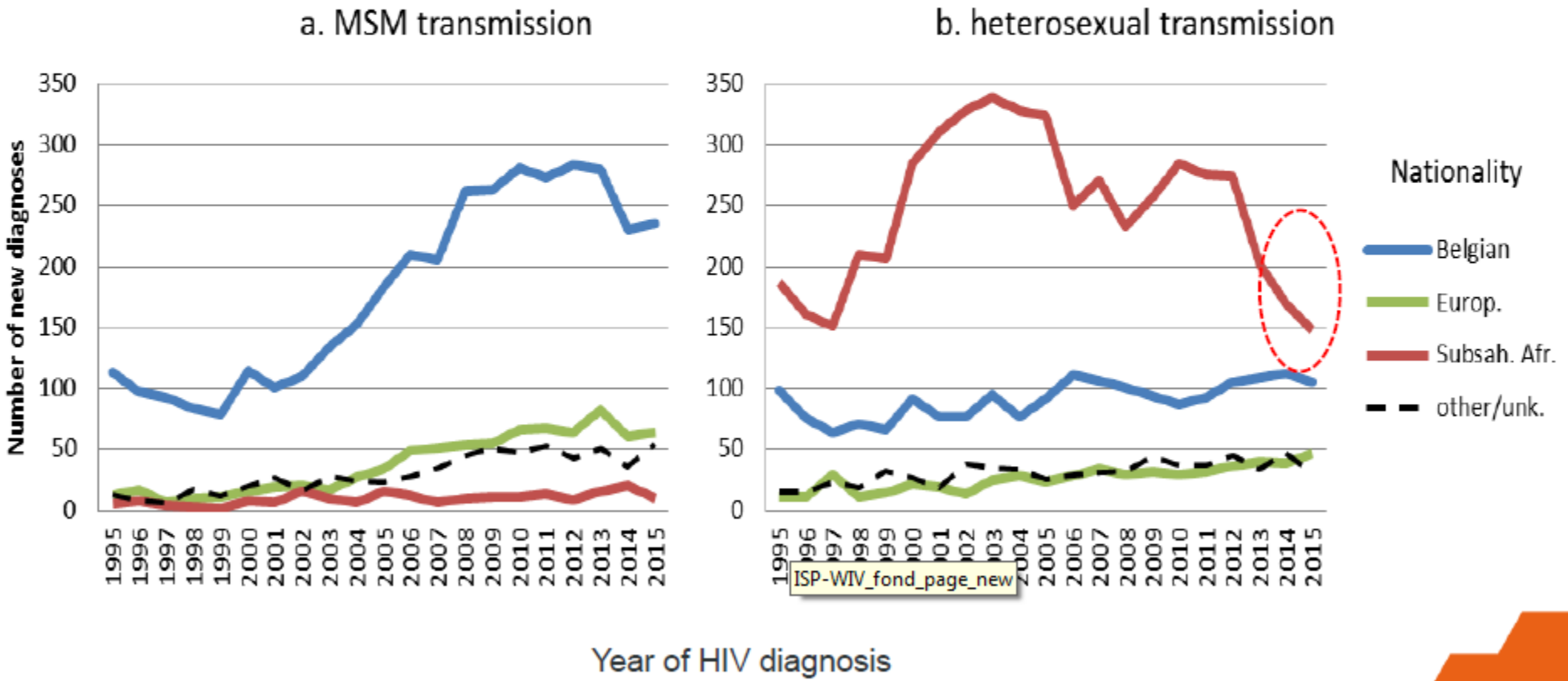
❖ **MSM (men having sex with men):**

- die onbeschermde anale sex met minstens 2 partners in de laatste 6 maanden hebben gehad
- die een multipele SOA (Syfilis, Chlamydia, Gonococcus of een primo-infectie met hepatitis B of C) gedurende het laatste jaar hebben gehad
- die meerdere keren PEP nodig hadden per jaar
- die psychoactieve substanties gebruiken tijdens seksuele activiteiten.

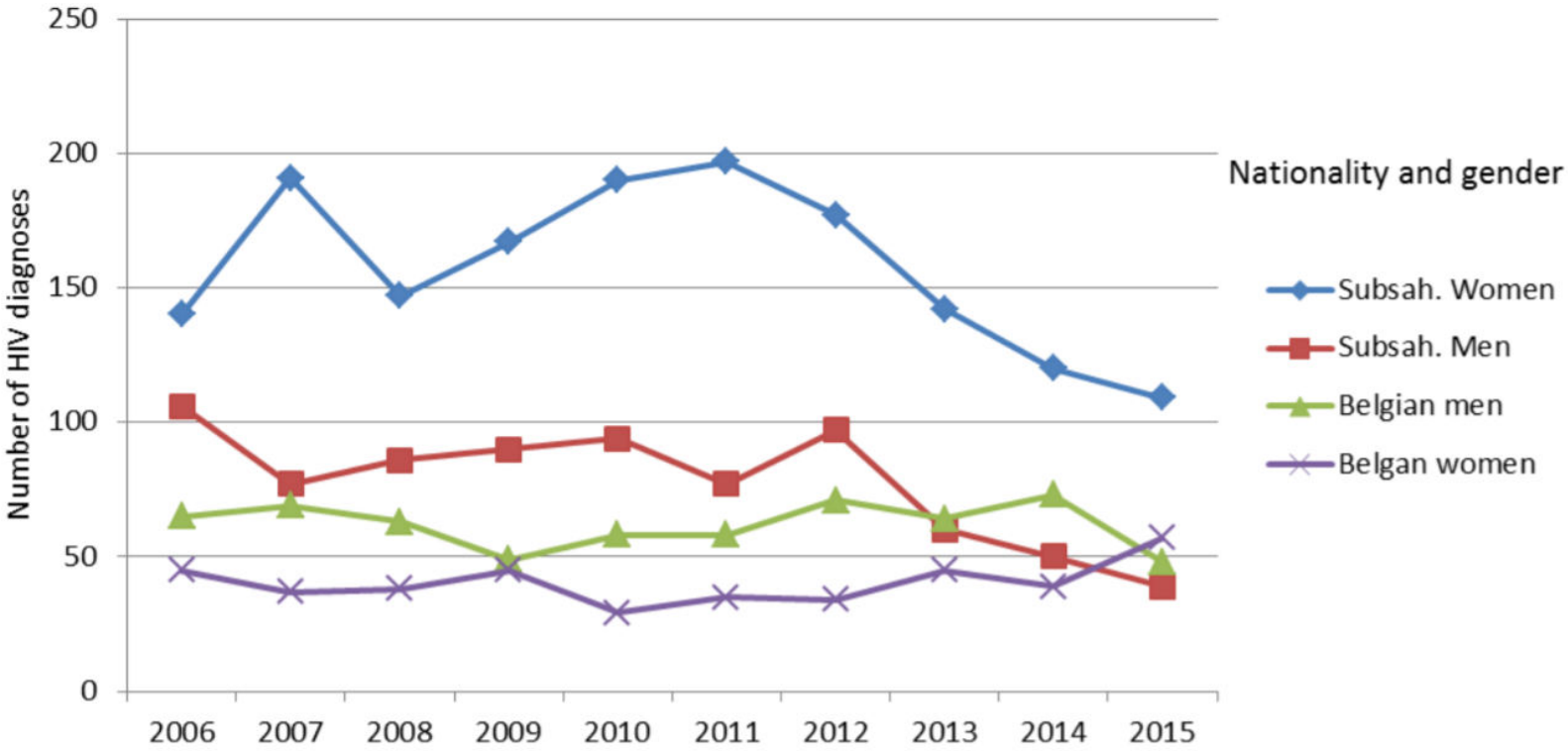
❖ **Hoogrisico-personen:**

- PWID (People who inject drugs) die naalden delen
- Mensen in de prostitutie die worden blootgesteld aan onbeschermde seks
- Mensen in het algemeen die worden blootgesteld aan onbeschermde sex met een hoog risico op HIV-infectie
- Partners van HIV-positieve patiënten zonder virale suppressie (nieuw onder behandeling of geen virale suppressie met een adequate behandeling)

Evolution of HIV diagnoses by probable mode of transmission and nationality (1995-2015)



New HIV diagnoses among **heterosexuals**, per nationality and gender, Belgium, 2006-2015



SAM eligible for PrEP

- **Studies**
  - HIV prevalence among SAM communities in Antwerp: 4.8% *(Loos et al. 2017*)

    → 5.9% (women) vs 4.2% (men)
  - 29.6% acquired HIV in their home country (47.8% no data) *(Genotte, 2015*)
  - 22.7% of HIV-patients acquired HIV in Belgium *(Genotte, 2015)*

SAM eligible for PrEP

- Undiagnosed HIV infections /testing
  - Antwerp: 65% unaware of HIV-infection (*Loos et al. 2017*)
  - Late HIV diagnosis (<350 CD4/ml): 47% (*WIV, 2015*)
  - SAM don't spontaneously ask an HIV test, they rely on Doctors's decision
- Barriers for HIV testing
  - ✓ Fear of death
  - ✓ Fear of HIV + test result → stigma and discrimination
  - ✓ Lack of information (why, where, cost)
  - ✓ Lack of preventive culture (consultation when you are very sick)
  - ✓ Low self-perceived HIV risk

→ Undiagnosed HIV infection: reservoir for ongoing transmission

→ Belgian National HIV Plan

- ➢ Provider-initiated HIV testing
- ➢ Decentralized and demedicalized HIV testing
- ➢ 1 test/year

SAM eligible for PrEP

Factors associated to post-migration HIV-acquisition

- ANRS PARCOURS study (Degrées du Loû et al. 2016)
  - Sub-Saharan African migrants who acquired HIV in France
  - Gendered sexual risk: **women: transactional- and casual relationships**
    men: concurrency- and casual relationships
  - Hardship facilitates sexual risk behavior
- TOGETHER life-histories study (Loos, 2015)
  - Women: Human trafficking → sexual exploitation
  - Men: Undocumented status → dependency

Demand→(Lack of) information

- France
  - PrEP available since December 2015/reimbursed since January 2016
  - Travel clinic: 7% of SAM women had heard of PrEP (July 2016, N= 77, Cordel et al. 2017 ECCMID)

- Belgium
  - Centre Elisa: 8% of women and 9% of men had heard of PrEP
    - MSM- SAM: 25% (2014, N= 492, Genotte A.F. & La Morté C. 2017, not published)

Demand? → Acceptability

First studies

- France: explorative, qualitative, community based study (Hadj et al. 2016)
  - Occasional sex
  - New relationships
  - Stable couple :
    → women can't negotiate condom use
    → partners who live in different places
    ✓ PrEP on demand (when risk is high)

- Belgium: rapid qualitative assessment
  - Informal conversations with volunteers HIV-SAM Project

→ Community perspective!

Demand? → Acceptability

"I am encouraged by the news of PrEP. This is what we were missing in prevention" *(prevention volunteer HIV-SAM Project)*

- Double advantage: risk-takers & partners of risk-takers
  - Concurrency: 34% of SAM in a relationship was concurrent in the last year (Loos et al. 2017)
- Welcome alternative for condoms
  - Continue to face multiple barriers: breakable, uncomfortable, alcohol use, religious convictions, visual diagnosis of sexual partners, relationship dynamics

Demand? → Barriers

- HIV prevention is often not a priority
- Cost (consultation, medication)
- Doubts about efficacy

  "If a single pill can prevent HIV, why don't they cure it then or develop a vaccine?"

  "I have stomach problems. I would doubt if PrEP works properly since you can never now for sure if it is digested properly"

- Fear of secondary effects
  - In migrant LGBT community rumors about severe side effects
  - Effect on fertility and child bearing
  - Interactions with other medication or alcohol

Demand? → Facilitators

"It is important to inform the people. You should tell them about the options: 'Protect yourself in a way that fits you' is my motto."
(prevention volunteer HIV-SAM Project)

- Collaboration with community organizations
- Via trusted key-persons
- PrEP information in combination with sensibilization on sexual risks and HIV transmission modes

Demand? → Perspective of potential PrEP users

- Low self-perceived HIV-risk is barrier to prevention uptake (Alvarez-del Arco et al. 2013, Prost et al. 2008)
  - HIV associated to promiscuity → transgression of community norms
  - Fear of stigma and social exclusion

- HIV risk associated to hardship (Degreés du Loû et al. 2016)
  - Access to health care
  - Dependence on compatriots: comply with community norms
  - Sexual agency

Effectiveness→ in heterosexuals

- HIV among sub-Saharan African migrants has a female face
  - HIV-prevalence 5.9% among women and 4.2% among men in Antwerp (Loos et al. 2017)

- PrEP trials with women in Africa gave mixed results (Marrazzo et al.2015, Van Damme et al. 2012, Tigpen et al. 2012, Beaten et al. 2012)

→ Adherence key to effectiveness

Low self-perceived risk → low adherence (Van Damme et al. 2012)

Effectiveness → Adherence

- **Belgian cascade** (Van Beckhoven et al. 2015)
  - SAM high ART uptake: SAM (86.4%) vs Belgian (83.8 %) (OR: 0.81)
  - SAM less likely to be virally suppressed (compared to Belgians: AOR 1.25)
    - ✓ 81.3% of SAM in ARC care in 2011 undetectable viral load
    - ✓ Insecure legal situation and practical barriers?

- Qualitative research: costs

  "People will save up by choosing the on-demand regime. Taking PrEP daily is a luxury…"

Feasibility?

- Access to health care (Loos et al. 2017)
  - 67.4% of SAM in Antwerp consulted a medical doctor in the last 6 months, mostly a general practitioner (68.7%)
  - Vulnerable SAM consult GPs less often
- Access to HIV-related services
  - SAM avoid being seen at HIV-services to prevent gossiping in the community (Manirankunda et al. 2009)
  - France:
    - ✓ PrEP prescription in hospitals is barrier to uptake (Hadj et al. 2016)
    - ✓ Prefer prescription at GP or gynecologist

Conclusion: Bridge the knowledge gap

- **We appraise the Belgian policy on PrEP (inclusive)**
  - **Equal access to prevention is a human right**
  - **Lack of information (demand, acceptability, feasibility, adherence)**
- **Investment in PrEP research , also create new preventive opportunities**
  - PrEP to sub-groups at increased risk vs every SAM who requests the pill
  - Acceptability and barriers to PrEP

    → Cultural aspects of preventive reasoning → improve preventive messages

    → Attitude of health professionals
  - Adherence to PrEP
  - Impact of PrEP on condom use and HIV testing

- **Community involvement** in research and campaigns from the start
  - Increase the communities' understanding of HIV-transmission and preventive options

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