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

CONSIDERATIONS FOR ITS IMPLEMENTATION

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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
- AMPPrEP
- Be-PrEP-ared

→ 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 1\textsuperscript{st} 2017)

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<th>TRUVADA\textsuperscript{®} (emtricitabine/tenofovir disoproxil) in profylaxe vóór blootstelling (PrEP)</th>
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<td>Risicofactoren die een terugbetaling toelaten</td>
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- MSM (men having sex with men):
  - die onbeschermdé 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 onbeschermdé seks
  - Mensen in het algemeen die worden blootgesteld aan onbeschermdé 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)

**a. MSM transmission**

**b. heterosexual transmission**

- **Nationality**
  - Belgian
  - Europ.
  - Subsah. Afr.
  - other/unk.

**Year of HIV diagnosis**
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
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 (Degréés 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)


→ 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