### **PROMISE project: update**



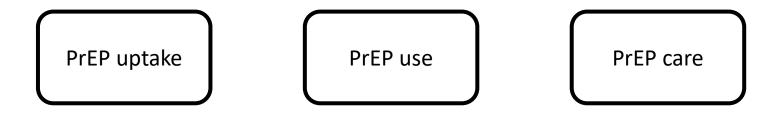
#### THIJS REYNIERS (ON BEHALF OF THE PROMISE TEAM)











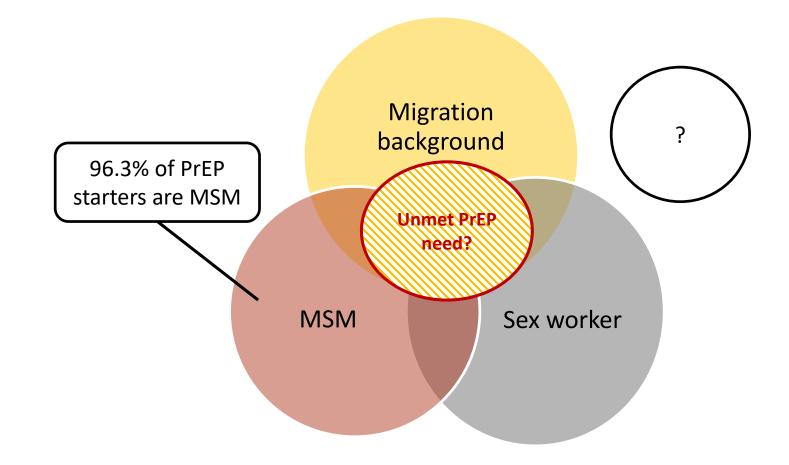
Preliminary results & insights





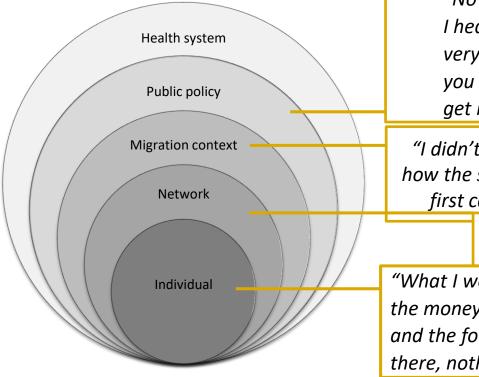
#### Are we reaching those most in need for PrEP?







# **Barriers experienced among people with migration background** – in-depth interviews (n=23)

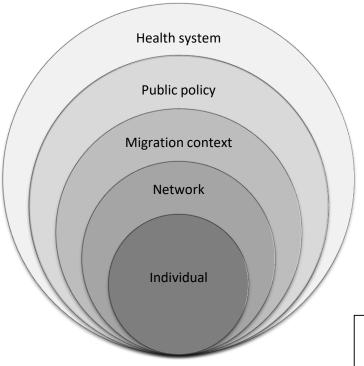


"No health insurance means no PrEP. I heard from the pharmacy PrEP is very expensive – almost €100. But if you have health insurance, you can get it for €12"

"I didn't know where to go, how the system works when I first came to Belgium " "My friends don't understand HIV (...) They think you will

"What I worry about is having king or the money to pay for the house and the food. That, and from there, nothing else."

# **Barriers experienced among people with migration background** – in-depth interviews (n=23)



To optimise PrEP uptake we need more structural support on different levels for people with a migrant background

Ella Van Landeghem et al., "As a rejected person, this is difficult for me" – leaving a structurally disadvantaged group behind in PrEP care; Poster presented at BREACH symposium La Hulpe. Nov 2021



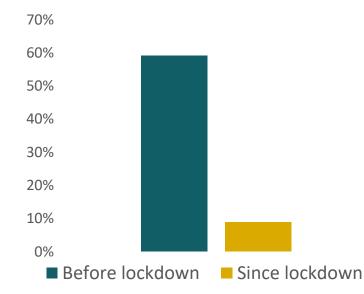
#### What was the impact of the first COVID-19 lockdown on PrEP use?

#### How well do PrEP users know how to safely start/stop with PrEP?



### Reduced PrEP use among Belgian MSM during first COVID-19 lockdown – online survey (April 2020, n=694)

Proportion of MSM who had sex with non-steady partners



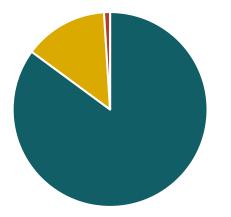
PrEP use before lockdown		PrEP use during early lockdown		
	Total	None	Event-driven	Daily
	n (%)	n (% of 'before')	n (% of 'before')	n (% of 'before')
Event-driven	90 (45.5)	51 (56.7)	35 (38.9)	4 (4.4)
Daily	108 (54.5)	42 (38.9)	4 (3.7)	62 (57.4)
Total	198 (100%)	93 (47.0)	39 (19.7)	66 (33.3)

Thijs Reyniers et al. Reduced sexual contacts with non-steady partners and less PrEP use among MSM in Belgium during the first weeks of the COVID-19 lockdown: results of an online survey. STI 2021; 97:414-19

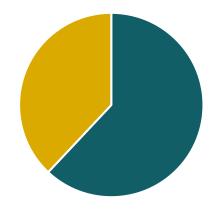


**Knowledge on safely starting and stopping with PrEP** – online survey among PrEP users (June 2021, n=208)

Self-perceived knowledge



Actual knowledge



Very good knowledge
General knowledge
Unsure



\*



Jezelf beschermen tegen hiv hoeft niet complex te zijn. Herbeginnen met PrEP hangt af van hoelang geleden je een laatste pil nam. Ontdek hier hoe je dat concreet aanpakt.



PrEP werkt preventief tegen een hiv-besmetting. Je kan PrEP enk...

Meer informate



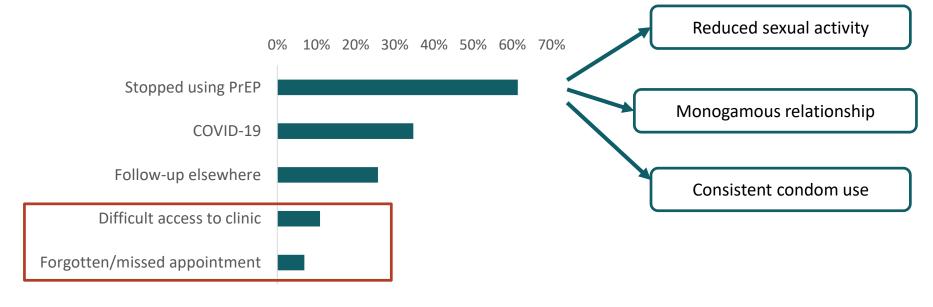
What are the reasons why PrEP users do not return for follow-up?

How do HIV reference centers cope with the growing demand?

Which other care providers can be involved?



# **Reasons for not returning** – telephone and email survey among ITM PrEP patients lost-to-follow-up (n=101)

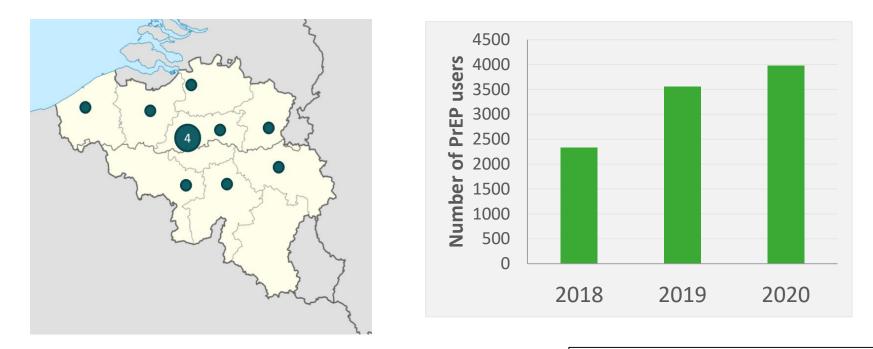


A minority of PrEP users may need additional support to remain in follow-up

Thibaut Vanbaelen et al., "Why do PrEP users not return for their follow-up?; Poster presented at BREACH symposium La Hulpe. Nov 2021



### **Current PrEP provision in Belgium**



Sciensano, Epidemiologie van aids en hiv-infectie in België. Toestand op 31 december 2020. Nov 2021

×

### **Adaptations to the organization of PrEP care** – Multiple case study among Belgian HRCs

Simplification	• E.g. remove 1-month visit after initiation		
Task-shifting	• E.g. counseling done by nurse		
Differentiation	• E.g. 'stable' vs. 'vulnerable' patients		
De-centralization	• E.g. alternating visits with family physician		



## **family physicians' self-perceived roles in PrEP care**– Focus group discussions (n=16; 105 participants)

Despite low awareness of PrEP

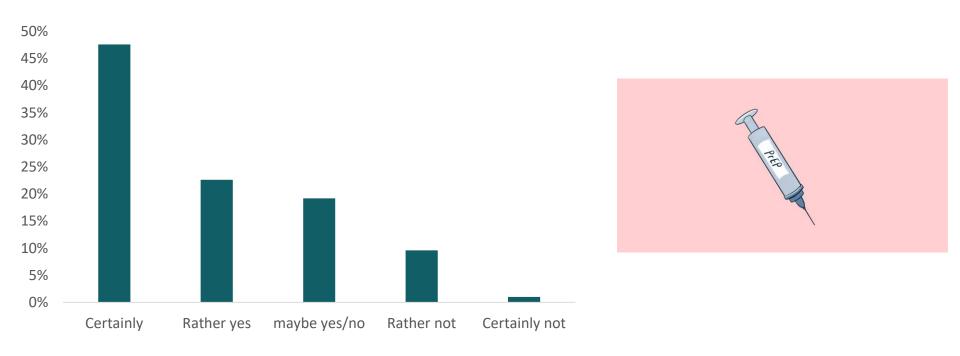
High interest and willingness to be engaged



Jef Vanhamel., Roles and opportunities for the family physician in providing PrEP; Poster presented at BREACH symposium La Hulpe. Nov 2021



## Willingness to use injectable PrEP – online survey among PrEP users (n=208)





#### **Lessons learned**

To optimise PrEP uptake: need for strengthening efforts on multiple levels to reach migrant population with an unmet PrEP need.

To optimise **PrEP use:** need to better support users in stopping and (re)starting the use of PrEP.

To optimise **PrEP care:** consider the involvement of family physicians in the provision of PrEP to cope with the growing demand.



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  - CHU Charleroi



