BREACH Symposium 2017

Reaching out key communities in times of new prevention tools

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PLATE-FORME PRÉVENTION SIDA

Ex Aequo

Demedicalised testing and PrEP : reaching out to the gay community in a changing landscape

Community outreach to MSM

Example of PrEP and / or chemsex

- Counselling before and during PrEP – during rapid testing (sexual health 'consultations' (permanences), actions in gay bars, virtual actions (dating apps, FB group, etc.), discussion groups

- Careful: not all psycho-active substance use takes place in a sexual context; not all substance use is experienced as problematic

- Support to an auto-support group on chemsex

- Harm reduction attitude: respecting the user's choices, empowerment through providing information and creating individual and collective discussion spaces to reduce risks related to overdoses, HIV, HCV and STIs, mental health, etc.

Community testing for MSM

- TROD INSTI HIV + syphilis (HCV soon)
- Free, anonymous, confidential, low-threshold, rapid

- 2 weekly moments at EA (gay neighborhood of the city center) + outreach in sauna's and cruising places
- Via appointment + outreach work in the street, bars, online (meeting apps, Facebook, etc.)

- Training volunteers: HIV & STIs, manipulation of the test, pre- and post counseling methods, orientation protocols + regular technical updates and group intervision
- From semi-structured questionnaires to 'client-centered dialogue': informed consent, harm reduction, empowerment

2015 data collection

	2013	2014	2015	2016
Number of HIV tests at Ex Æquo	260	469	297	418
Number of reactive/positive tests at Ex Æquo	2	11	12	9
Prevalence at Ex Æquo	0.76%	2.35%	4.04%	2.17%
Number of positive tests in Brussels (general public) [ISP]	246	201	227	/
Impact of Ex Æquo in Brussels (general public)	0.81%	5.47%	5.28%	/
Number of positive tests in Brussels (MSM) [ISP]	120	92	104	/
Impact of Ex Æquo in Brussels (MSM)	1.67%	11.96%	11.53%	/
Positive tests per 100 in LRS Brussels Capital Region [ISP]	0.106%	0.108%	0.107%	/
Performance Indicator (Project Prev / LRS Prev)	7.16	21.76	37.76	/

2015 key results (n = 297)

Risk behavior

33% of tested persons declared having had another STI (mainly gonorrhea, chlamydia and syphilis

32% were not vaccinated or were unaware of their vaccinal status concerning hepatitis B

63% declared having taken a risk concerning HIV or other STIs in the last 12 months

21% declared having snorted or sniffed drugs

Barriers to medical testing and care

32% of the people tested did not have a general physician

42% of the people who did have a GP, had not informed him/her about their sexual relations with men

15% had no health insurance – significant correlation with lack of financial resources

30% did not know the concept of post-exposure treatment

10% never had a test before coming to EA

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Liège : the peer-professional alliance among key populations

Peer consultation & training

Monitoring

- The needs/demands
- The issues in terms of prevention

Empowerment

- Popularize the scientific updates
- Adapt the prevention messages

Outreach

Prevention & promotion

- Condoms & lub
- STIs transmission modes
- Vaccines & anal follow-up
- Chemsex
- PEP
- PrEP

Testing

- Rapid, free, anonymous & confidential
- HIV+syphilis+HCV
- Early confirmation + other STIs
- Early linkage to care

	2015	**2016**	**2017** (oct)
n contacts	790	786	500
IST +	2,02% (16)	2,80% (22)	3,20 % (16)
LtoC	75,0% (12)	63,6% (14)	62,5% (10)

PrEP community support

Meeting

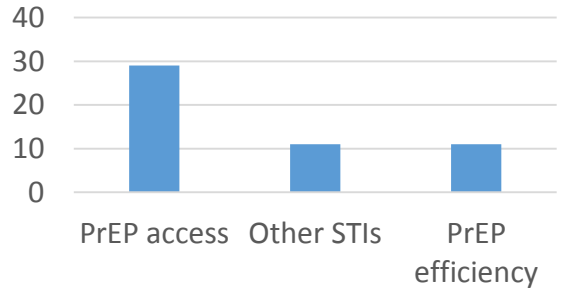
10-15p/workshop

Online

Email

30% of Liege's preppers

Top 3 topics



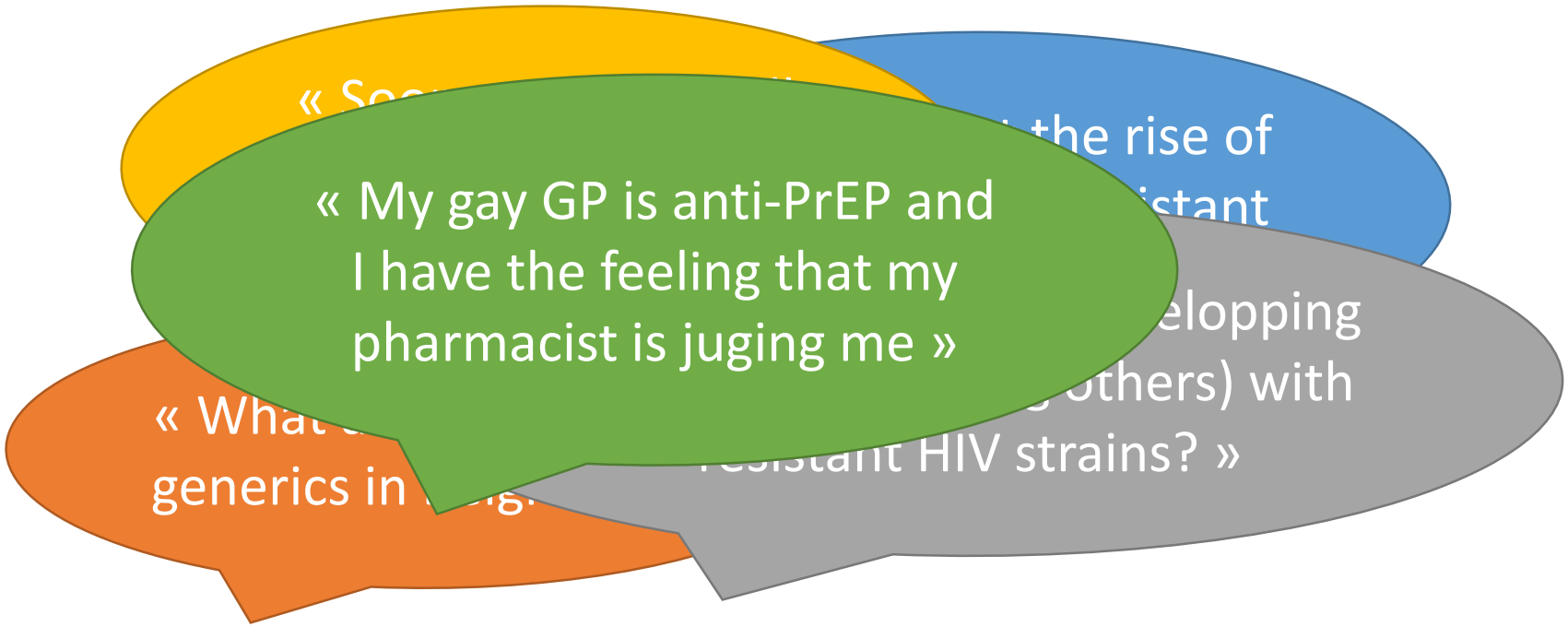
Facebook

248 members

Positive effects

- Diminution de la peur d'être contaminer au VIH
- Sentiment de liberté
- Se passer du préservatif avec des partenaires réguliers non exclusifs
- Diminution des troubles érectiles
- Oser plus souvent être passif
- Ne plus avoir la pression du risque de refus de sexe en négociant le préservatif
- Vivre plus sereinement en couple ouvert

Some concerns (heard in CS)



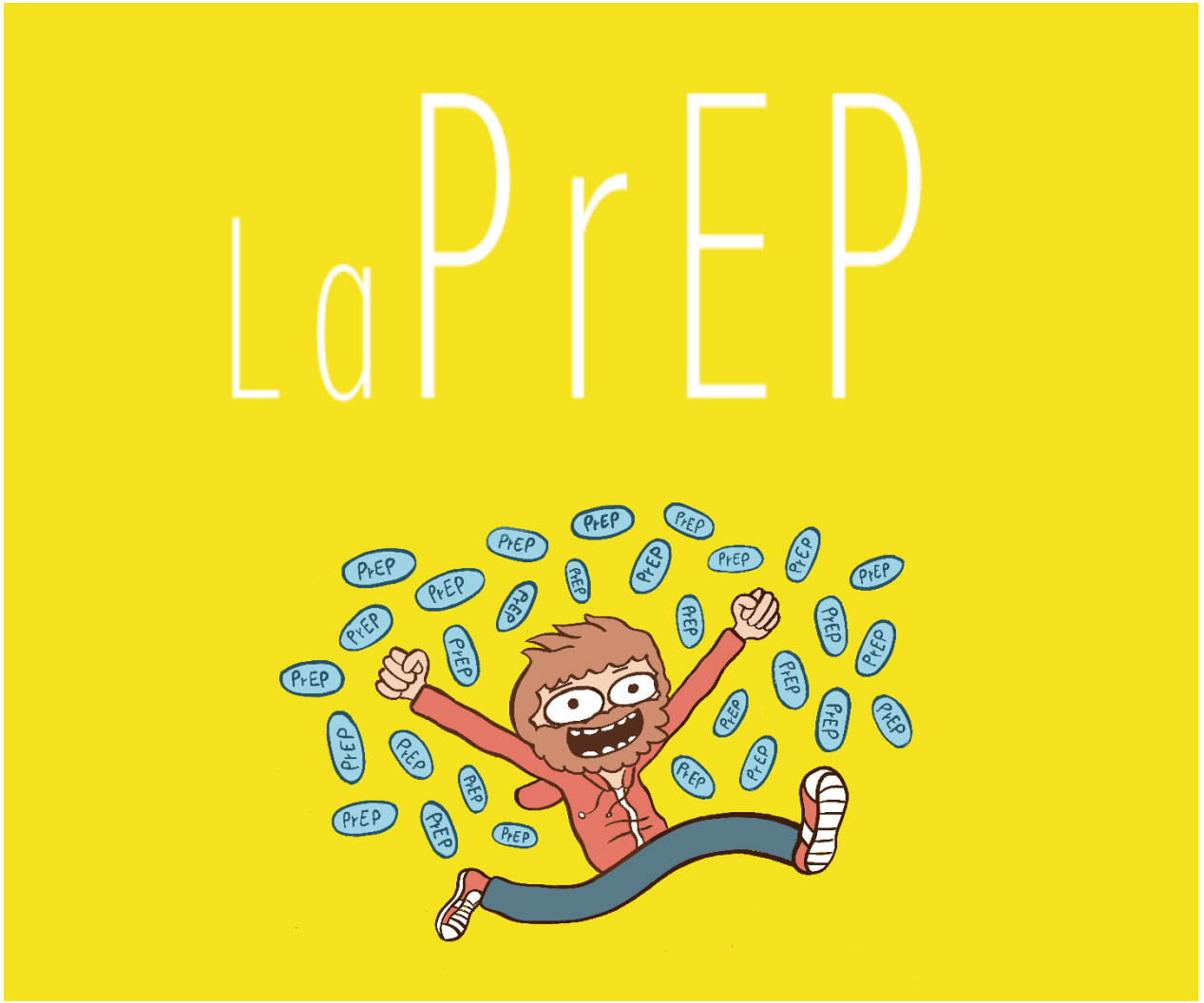
PrEP Guide

Made with :

- Peer volunteers
- Community workers (MSM, SAM & Trans)
  - Nurses
  - Psychologists
  - GP
- Infectiologists (ARC)

For :

- (futur) prepers
- Health/prevention workers



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GENRES PLURIELS

SIDAIDS MIGRANTS

OBSERVATOIRE DU SIDA ET DES SEXUALITÉS

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ACTION TEST:

The first HIV rapid testing community project for SAM in Brussels

Thierry MARTIN, Plate-Forme Prevention Sida

INTRODUCTION

❖ SAM living in Brussels represent 7% of foreign origin population but cumulate more than half cases of heterosexual contamination

❖ SAM represent a key population, as they have one of the highest incidence for HIV in Belgium

❖ aMASE study showed that migrants didn't use prevention services for many reasons (structural barriers, individuals)

❖ No community based testing for SAM in Brussels (vs HIV SAM project in Anvers, Sidasol project in Liege, Sida IST Charleroi-Mons)
❖ Interest of the politics for demedicalised and decentralised HIV testing for key population

→ Necessity to implement a SAM project in Brussels : **ACTION TEST**

An interassociative project between Plate-Forme Prevention Sida/Sidaids-Migrants/Observatoire du Sida et des Sexualités

OBJECTIVES

- **General Objective :** Improving the sexual health of SAM communities by reducing vulnerability to HIV and others STIs
- **Specific Objecives:**

1. Reduce the incidence of HIV among SAM living in Brussels
2. Ensure a maximum coverage of HIV testing in SAM communities
3. Increase the number of PLWHIV who know their serological status and facilitate their access to the health care system

METHODOLOGY

- **Strategies**
  - Fixed, Bus (outreach), Partners (outreach), on demand appointements.
- **Community work and communication**
  - Identification of community associations ; Recruitment and training of volunteers ; Mobilisation and sensibilsation of communities via several tools (flyers, posters, webpages, social network, health radio show)
- **Material**
  - TROD INSTI, electronic questionnaire
- **Analysis**
  - On demand appointments (n=12) & options « prefer not to answer » were excluded.

RESULTS AND DISCUSSION (1/2)

Strategy :	1. Fixed		2. Bus		3. Partners		Total	
Average # of tests per event	1,3		13,1		5,1		4,8	
	n_{tot}	%	n_{tot}	%	n_{tot}	%	n_{tot}	%
Reactive TROD	46	2,2	105	1,0	87	1,2	238	1,3
From SSA origin (vs No)	33	65,1	105	61,9	85	63,5	233	63,1
Male gender (vs female)	46	65,2	105	76,2	87	78,2	238	74,8

- 250 persons were tested for HIV between February and October 2017. 238 of them were reached with 3 strategies. The global prevalence rate was high (1,3%), with no difference between strategies. 3 tests were reactive, among 2 men and 1 woman.

- The outreach strategies (2 and 3) allowed to reach more people per event than the fixed one (13,1 and 5,1 tests/event vs 1,3)
- 63,1% were SAM, the median age was 34 years old (IQR=28-41) and 74,8% were men.

RESULTS AND DISCUSSION (2/2)

	Strategy :	Fixed		Bus		Partners		Total	
		n_{tot}	%	n_{tot}	%	n_{tot}	%	n_{tot}	%
Risk exposition	**Had no partners in the last year**	40	**0,0[3]**	86	**7,0[3]**	81	21,0	207	54,6
	MSM[a]	25	**16,0[2]**	77	1,3	66	**12,1[2]**	168	7,7
	Had unprotected sex in the last year[b]	38	76,3	90	70,0	81	59,3	209	77,0
	Ever had an STI	39	20,5	83	8,4	83	18,1	205	14,6
	Practiced anal sex	35	22,9	85	8,2	78	14,1	198	13,1
	Ever paid for sex[a]	24	20,8	66	9,1	65	16,9	155	14,2
Risk awareness	**Came for no particular reason[c]**	43	16,3	97	**85,6[1]**	84	**82,1[1]**	224	71
	Never tested for HIV before	44	29,6	96	41,7	85	40	225	38,7
	Don't know what PEP is	41	46,3	85	67,1	81	**70,4[1]**	207	64,3
	Don't know what PrEP is	46	58,7	85	**82,4[1]**	80	**95,0[1]**	206	84,0

[a]Among men. [b]Without a condom, PrEP or TasP. [c]Reason chosen was « none » (vs routine testing, exposed to risk, pregnancy planning or to start a relationship) and people specified opportunity, occasion, curiosity or because they saw the bus. **Bold** : there is a significant difference between groups. Significant difference between groups: [1] different from 1; [2] different from 2; [3]different from 3.

- Those who used strategy 1 (Fixed) :
  - Had a higher risk exposition than those in group 2 (Significantly more were MSM) and than those in group 3 (Significantly more had at least one partner in the last year).
  - Had a higher awareness of HIV risk than those in strategy 2 and 3 : significantly more came for a particular reason and were aware of PEP or PrEP.
- Those who used strategy 2 (Bus) :
  - Seemed to have a lower risk exposition than those in groups 1 and 3 (significantly less were MSM and less than 10% ever had an STI, practiced anal sex or ever paid for sex against more than 20% in group 1) even though 70% reported unprotected sex in the last year.
- Those who used strategy 3 (Partners) :
  - Seemed to have a mixed risk exposition : significantly more were MSM, but significantly more had no partners in the last year. Moreover, they were less than in group 1 but more than in group 2 to have ever had an STI, practiced anal sex or paid for sex.

CONCLUSION

- Outreach strategies allow to reach people that aren't aware of their risk exposition and that won't go and get tested on their own ;
- Our different strategies seemed to reach different sub-populations:
  - **Fixed** : high risk exposition and high risk awareness
  - **Outreach** (Bus & Partners) : mixed risk exposition and low risk awareness
- Community-based HIV testing must be combined with classic screening to reach the most vulnerable populations and facilitate their access to the health care system
- But some challenges regarding the mobilisation of the community still needs to be overcome:

-The fear of HIV

-The fear of discrimination

-The taboos surrounding sexuality

-The disbelief in HIV

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