

Thresholds for testing and treatment: a practical approach to reach a high- risk population



alias.brussels

Alias (vzw, asbl)



- ✦ Provides psychosocial and medical support for people involved in sex work (MSM and trans persons)
- ✦ Proactive outreach (parks, bars, Yser, saunas, at home), individual and collective activities, presence on internet (apps and dating sites), medical consultations
- ✦ Anonymous and free (!)



Our public

- ✧ Very diverse
- ✧ 'Invisible', often no access to health care
- ✧ Sometimes accumulation of taboos (SOGI, sex work, undocumented, migrant, mental health or drug abuse problem)



The context...

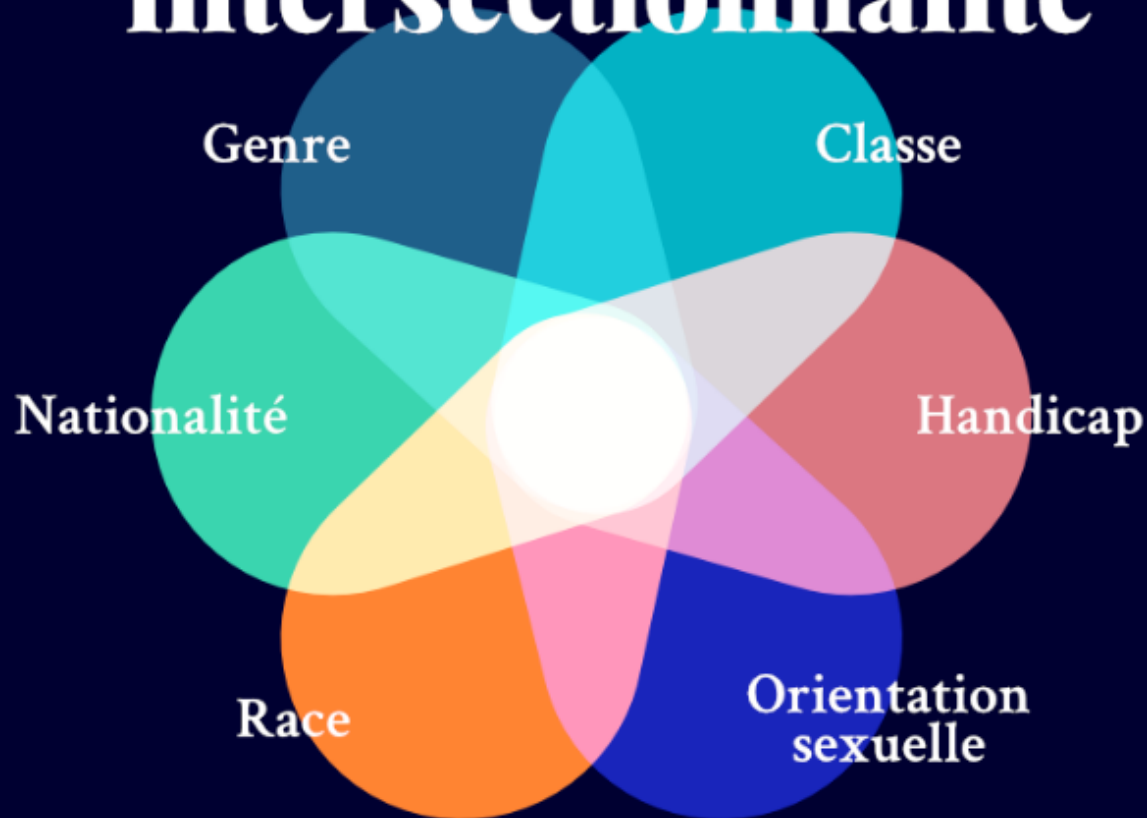


- ✧ ...very complicated
- ✧ Some accumulate social problems (education, poverty, early violence)
- ✧ Over the years always the same prejudices (sex work, migration, SOGI, psychiatry, homelessness, poverty, drugs)
- ✧ If context not well understood and analyzed:
 - ✧ Judging, imposing values
 - ✧ Breaking your therapeutic relationship
 - ✧ Reducing to a diagnosis



Intersectionality

Représentation graphique du concept intersectionnalité



Typology social (systemic) violence with important influence on health

- Violence **between people**
- **Gouvernmental** violence
- **Criminal** violence
- **Political** violence
- **Symbolic** violence
- **Economic** violence
- **Labour-related** violence
- **Pathological** violence
- **Cyber**violence
- **Administrative** violence

VIOLENCE



Epidemiology



Alias has been in existence for over 10 years

More than 1500 different people have been in contact with the association

In 2021, 441 people came to Alias

The medical permanence celebrates its 10th anniversary

2012 : 16 people for 45 consultations

2021 : 202 people for 588 consultations

2022 : 2021 numbers were exceeded as of September



Epidemiology (2021)

Origins

- ✦ **Latin america (59%)**
- ✦ Europe(21%) : 3% Eastern ; 8% Western; 10% Belgium
- ✦ Africa/Middle East (18%) : 17% North Africa/Middle East

Access to care

- **None (55%)**
- Mutual insurance (30%)
- FEDASIL (8%)
- CPAS (7%)

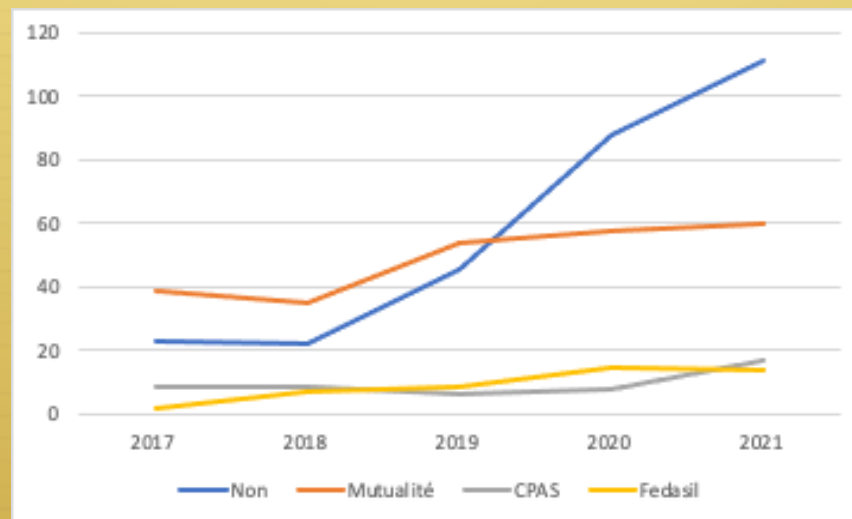
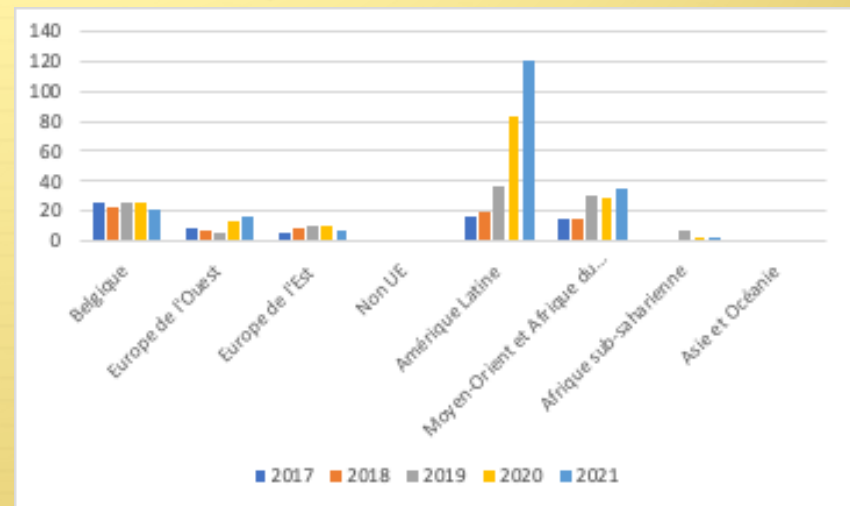
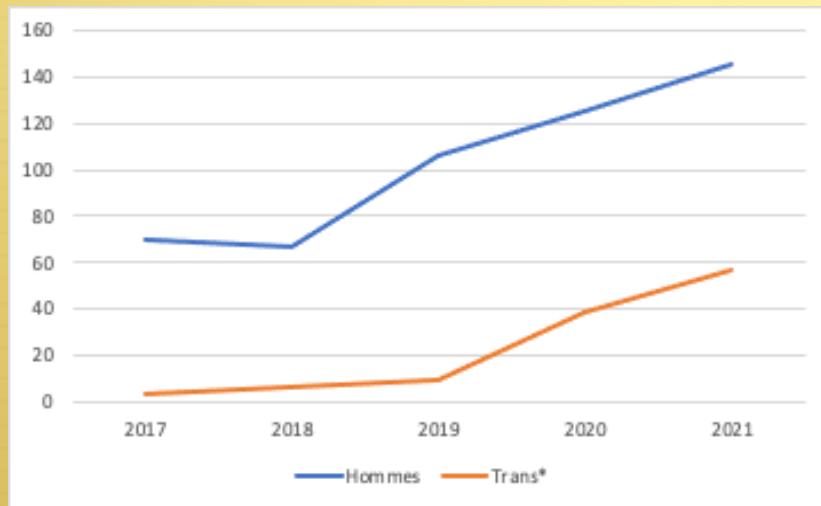
Attending physician

- **No (74%)**
- Yes (26%) : The doctor is almost never aware of the SW activity

✦ 35% Transgender 65% MSM cisgender



Epidemiology (2021)



Epidemiology (2021)



- ✦ 7 new HIV diagnoses in 2021 (3.5% incidence)

Probable seroconversion in the past year

- ✦ 42 diagnoses already known (24% prevalence)

Access to care



Perspectives :

- ✦ **Mutual insurance** (few have access)
- ✦ If **tourist** (health insurance in the country of origin, if it is taken, it is often not taken for the duration of the stay (3 months))
- ✦ **FEDASIL** (Request a statement from FEDASIL before each medical appointment, fear of outing to the center's doctor, asylum request = heavy procedure)
- ✦ **AMU** (Urgent Medical Aid) via the CPAS (administrative burden that does not fit with the nomadic life of sex workers)
- ✦ **Prison** (taken in charge by the justice, blockage in access to medication)



Access to care



✧ Example of a blocking situation:

Mrs. A, a Brazilian trans woman who has been in Europe for two months and one week, she took out tourist health insurance for a month so she could travel, arrived via Portugal, is in Belgium since two weeks, known to be HIV positive, came with two months of Odefsey treatment, presents herself at Alias because she has been off treatment for a week. She has no prospect of applying for asylum, has no fixed address, works between Namur, Brussels and Antwerp. She can go to the Netherlands or Germany from one day to the next and has no medical documents with her except for her empty Odefsey box.



Access to care

✦ What blocks:

You have to wait 3 months on Belgian territory to be able to apply for the AMU and have a fixed address.

A social investigation with a home visit is necessary. Several appointments must be made before the application can be submitted.

The delay between the submission of the application and the reception of the medical card can last more than a month.

Once the medical card is obtained, it must be renewed every 3 months

All the procedures are generally done in French/Dutch, during office hours

Request a statement from the CPAS before each medical appointment



Access to care



✦ **What works:**

Contacts with the HIV reference centers

"Privileged" contacts with certain social workers in the CPAS

Social workers who speak the language/belong to the same community as the person seeking help and accompany the person to each appointment



Access to care

✧ **How is this situation likely to end?**

Probably donation of a drug treatment via an HIV referral center, she will probably not open her rights to care in Brussels and will find "emergency" solutions for several months or years until the referral centers can no longer make donations to her

✧ **What would make it easier?**

Easy and immediate access when it comes to treatment related to an epidemic disease

Free treatment?

Real political will to manage HIV and the policy of ending the epidemic including migration and health actors and simplify the administrative complexity?

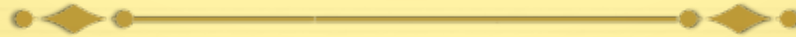




Psycho-medico-social consultation at Alias

Reception at the lowest possible threshold

Psycho-social consultation



- ✦ **Free, anonymous and without appointment**
- ✦ Presence of volunteers from the gay and trans community who speak Spanish/Portuguese
- ✦ To create a warm and welcoming space and to offer a non-judgmental space to talk about sexual practices, drug use, residence permits, etc.
- ✦ Use of games and tools to make the interview as relaxed as possible
- ✦ Do not force the discussion if you feel that the subjects are too sensitive at that moment
- ✦ Using the waiting room as a community space to talk about health
- ✦ Aim to build a lasting relationship over time without neglecting the urgency of treatment
- ✦ Horizontal, peer-to-peer, authentic, non-authoritarian relationship (often already have a negative experience of the care relationship)
- ✦ Therapeutic proximity rather than therapeutic distance



Psycho-social consultation

✦ Projects and prospects :

Creation of a community activity in Arabic, by a person from the public around prevention and sexual health.

Hiring of a peer in the team for social accompaniment.

Creation of tools adapted to the languages and realities of the public (video clips, etc.)

<https://youtu.be/KHFnXPKU6P4>



Psycho-social consultation



Protect yourself... without prejudice !

views il y a 2 ans

Alias ASBL VZW
40 abonnés

S'abonner

J'aime Partage



C'est quoi ?

L'*anilingus*/ *Rimming* : Léchage l'anus de son partenaire

Prises de risques/mode de transmission ?

- Risque d'attraper des IST¹ car contact :
 - entre la langue et l'anus,
 - avec les selles,
 - entre la langue et le sang (si petites lésions, blessures sur l'anus ou da bouche)

Conseils de RDR :

- Si tu as de petites blessures (rasage, herpès, saignement des gencives), évite tout co avec le sang, le sperme ou le liquide pré-éjaculatoire
- Après t'être brossé les dents, attends au moins 30 min. avant de pratiquer l'anuli (*rimming*). En te brossant les dents, tu pourrais causer de petites blessures par lesq tu peux être contaminé.
- Il est conseillé d'utiliser un carré de latex (encore appelé digne dentaire)

CPAS / OCMW

Como fazer um pedido de Ajuda Médica Urgente (= ajuda médica para pessoas sem permanência)

Onde pode fazer o seu pedido de Ajuda Médica Urgente
Você deve pedir a Ajuda Médica Urgente (= Aide Médicale Urgente) no CPAS do município onde você mora habitualmente. CPAS é a palavra francesa para o Público de Ajuda Social. Em neerlandês, é OCMW.



Our medical consultations



- ✦ Mostly giving information, sometimes the first consultation we don't ask a lot of questions
- ✦ In their language, 'down to earth'
- ✦ Visual tools to transfer the message (messages, pictograms, dildo, RDR-material)
- ✦ Follow their rhythm, they make the agenda
- ✦ Informing about possible choices, with respect for autonomy, responsibility and confidentiality



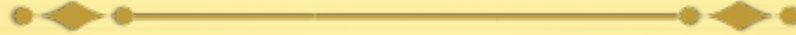
STI/HIV-consultation



- ✦ Blood sample (HIV, syphilis, HepC, PREP) (always when asked)
- ✦ Chlamydia (LGV) and gonorrhoea: samples on three sites
- ✦ Vaccination: HepB, HepA, HPV (\$)
- ✦ Week after: results and immediate treatments/vaccines (shortened scheme)



PREP-Project



- ✦ Observation of important demand for PREP among uninsured people
- ✦ People who take PREP in the wild
- ✦ Collaboration with S-clinic for PREP-care
- ✦ Free and low threshold



Various



- ✦ HST?
- ✦ Rapid Test Devices (TRODs) on different places: HIV, syphilis, hepC
- ✦ Medicolegal reports (eg history of SOGI-oriented violence, important in asylum case)
- ✦ Political work? (access to health care, cabinet/RIZIV, 'further than HIV'? Health and migration?)
- ✦ Importance of multidisciplinary



Networks!

- ✦ sexntina.nl
- ✦ chemsex.be
- ✦ Myprep.be
- ✦ <https://www.formaprep.org/>
- ✦ www.aides.org
- ✦ SETISbx1, Bruxelles accueil
- ✦ CPVS: www.320ruehaute.be
- ✦ www.o-yes.be, gotogyneco.be
- ✦ www.exaequo.be
- ✦ trestresbonmedecin.be (info voor artsen, lijst veilige artsen)
- ✦ Genrespluriels.be
- ✦ RDR: Modus Vivendi en Modus Fiesta, Technoplus
- ✦ violett.be/nl/sekswerkers/veilig-werken/sekstechnieken/veilig-in-bdsm/
- ✦ www.hiv-druginteractions.org/checker

