

Access to PrEP for vulnerable populations

BREACH 2024

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Meet and greet



CB organizations for sex workers

Wide access to healthcare

Low-threshold care, anonymous, free, non-judgmental

Outreaching



Meet and greet: when sex is your job

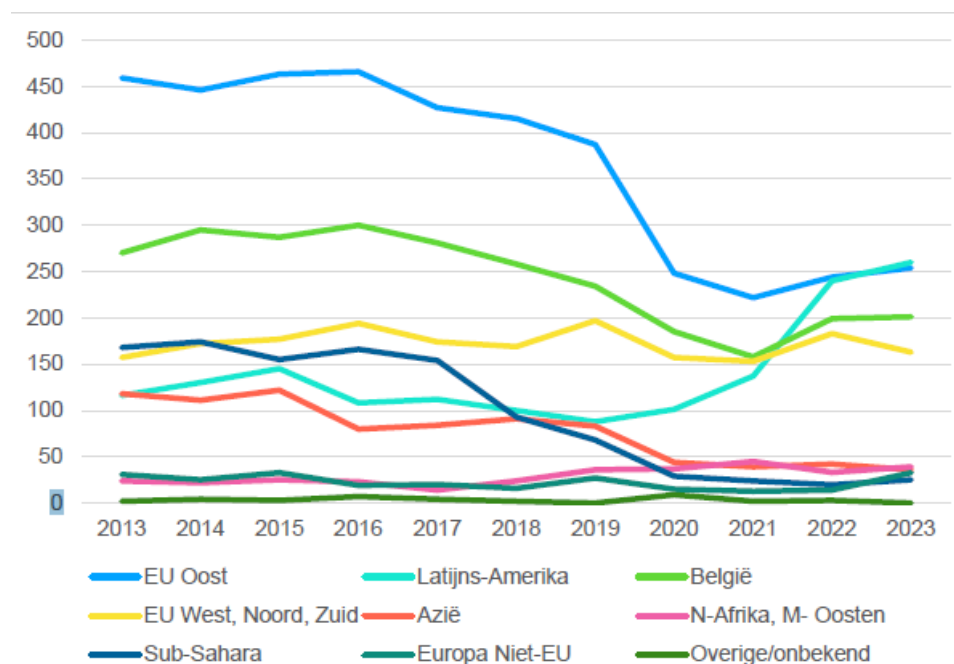


Sex workers

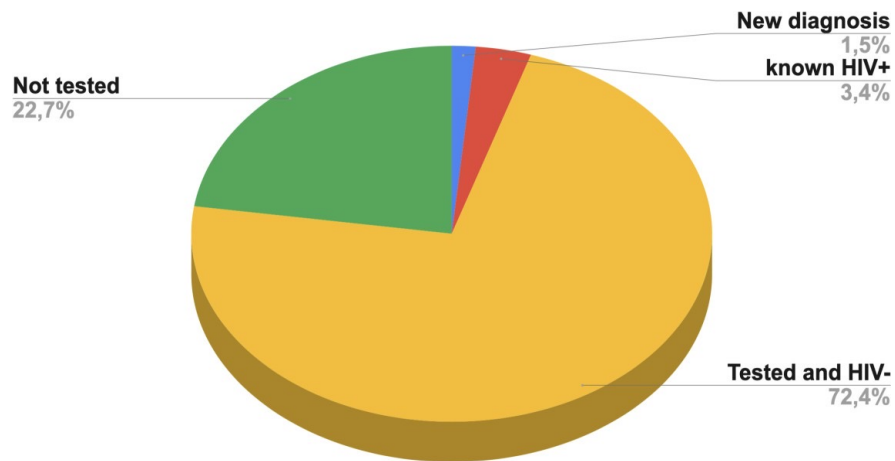
- Gender
- Age
- Nationality
- Mobile
- Fast-changing

Sex work

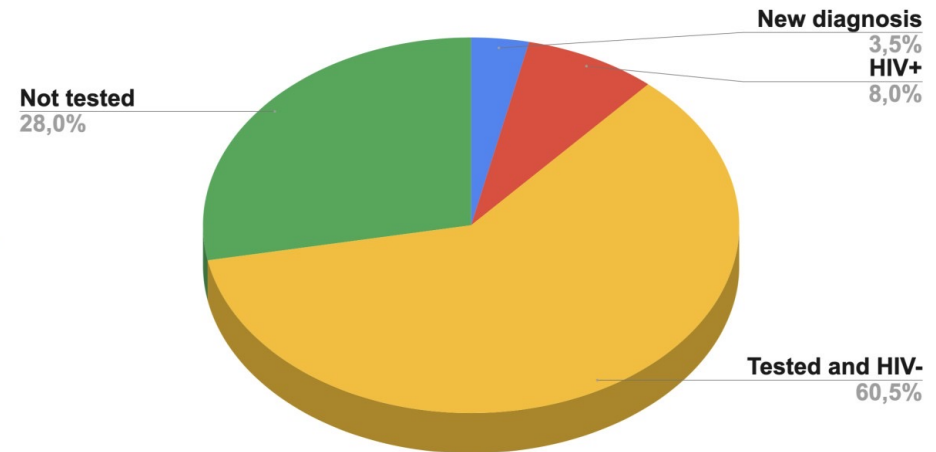
- Any sexual service in exchange for ...
- Money
- Gifts
- Basic needs
- Documents



Violett Antwerp HIV testing 2023



Total sex workers n=1011
Prevalence 3,4%
Incidence 1,5%



Male sex workers n= 298
Prevalence 8%
Incidence 3,5%

PrEP: priority populations



- 7.7% higher among MSM
- 3% higher among sex workers
 - 5% higher among PWID
- 9.2% higher among transgender people

Source: UNAIDS

Accumulation of risks

No income is not an option



Access to PrEP: Why is it so hard?



Awareness

What, why, where, how
Actively inform

Structural

Low-threshold access

Medication

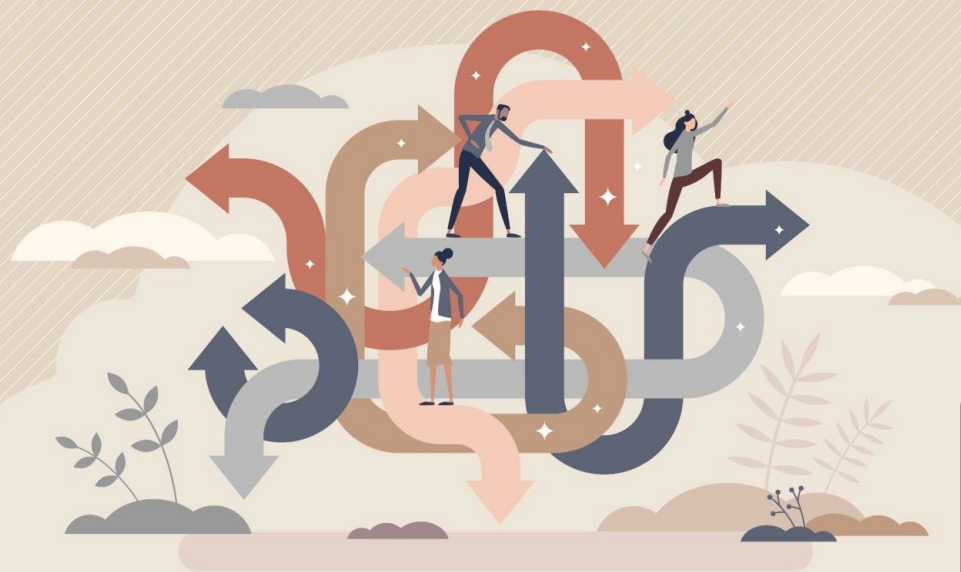
Is it good for me?
Customised information

Socio-cultural

Language, stigma
Open minded approach

Behavioural

Own risk, chems
Motivation



Access to PrEP: .. and even harder ...



Vulnerable situations

Income, Housing, Basic needs
Substance use, Mental health issues
Social isolation

➔ Consider lower priority

Lack of information

Limited access
Poor awareness
Communication

➔ Tailored approach

Financial resources and access to health insurance

Limited
36% medical insurance
4% Fedasil or UMC
60% uninsured

➔ Opportunities

Access to PrEP: speed up the pace



2019-2024
Violett PrEP project
uninsured sex workers
2023 n=51
Free samples/prescriptions

Future project
CBO Sex workers

low-threshold access

decentralized approach

cooperation





Alias.brussels

Access to treatment for vulnerable populations

-Objective: not 'how to help sex workers' but: how to tackle obstacles in access to health, intersectionnalities, taboos, discrimination,...

Breach 2024

Alias Brussels

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Cause and effect...

- Epidemiology (Alias prevalence HIV of 15-25%)
- Every week we see a person without access to ARV, and several people without access to PrEP (always accumulation of fragilities)
- +- 100% of our population needs ARV or PrEP
- When the project stops...
- Importance of collaboration and multidisciplinary: CBOs working with partners, HRCs and RIZIV/gouvernement

The cost-effectiveness of interventions

PrEP- project

- chronology and implementation of the project
- avoiding costs of social work
- avoiding ARV-treatment
- avoiding costs of new infections (from persons who take a lot of risks)

The future?

- What about populations **not** coming to Violet or Alias?
- Inspiration for more efficient ARV-treatment/PEP?

→ *public health and cost-effectiveness approach*

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