



Access to ARV-treatment for vulnerable populations

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

Breach 2025

Population characteristics and barriers

When linking to ARV, it goes wrong when accumulation of:

- **Taboos** : sexual orientation, gender identity, migration, no papers, mental health, drug consumption,...
- **Discriminations**: homophobia, transphobia, 'pauvrophobie', serophobia,...
- **Fragilities**: mental disability, mental health, drug use,...
- **Intersectionnalities** : socio-economic class, ethnicity, SOGI, nationality,...
- **Access to rights**: access to care (mental health care), housing, papers, financial problems, health insurance,...
- **Forms of violence**: administrative, interpersonal, institutional, economical, medical, ...

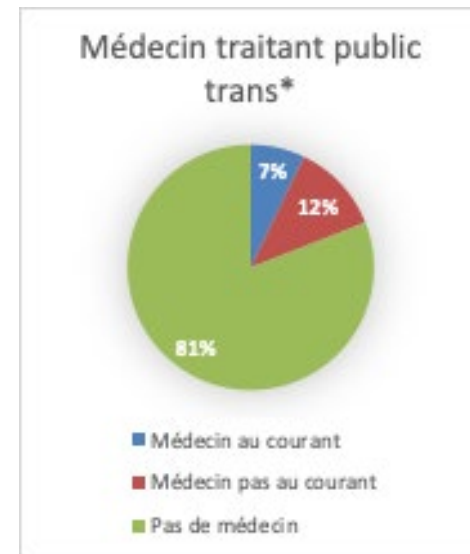
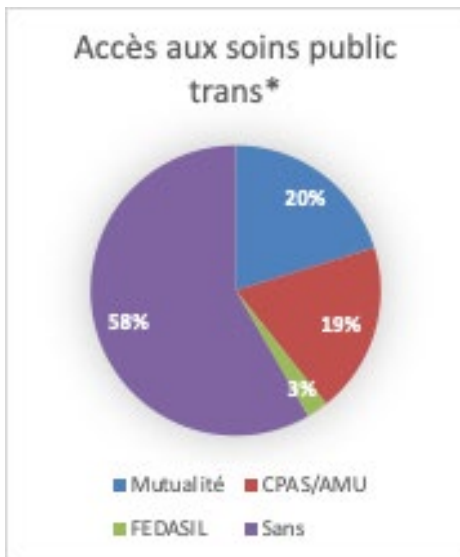
Example: the epidemiology with male and transgender sex workers (Alias asbl)

278 sex workers seen by our doctors, 500 sex workers seen by social workers, 1000 in Brussels Region??

HIV prevalence of 17,6%, 64 AMU applications, 7 persons HIV newly discovered

Cis men : 215
Trans people: 85

New to the organization : 153
Already known before : 147



- ▶ Every week we see people without access to ARV
- ▶ +- 100% of our population eligible for PrEP or ARV



High proportion of post-migration HIV acquisition in migrant men who have sex with men receiving HIV care in the Paris region, and associations with social disadvantage and sexual behaviours: results of the ANRS-MIE GANYMEDE study, France, 2021 to 2022

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➔ Lost opportunities!

Access to care: perspectives

- **Regular health insurance**
- **Tourist:** health insurance in the country of origin
- **FEDASIL** (Request a statement from FEDASIL before each medical appointment, fear of outing to the center's doctor, asylum request = heavy procedure)
- **AMU/DMZ** (Urgent Medical Aid) via the CPAS (administrative burden that does not fit with daily living conditions)
- **(Prison)**

▶ *Incompatibilities with accumulation of factors...*

The cost-effectiveness of interventions

Lessons from access to PrEP:

- avoiding costs of social work
- avoiding costs of additional infections
- avoiding comorbidities

The future?

-Inspiration for more accessible, direct ARV-treatment? Safety net budget before we establish a more definitive solution?

→ *public health and cost-effectiveness approach*



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