

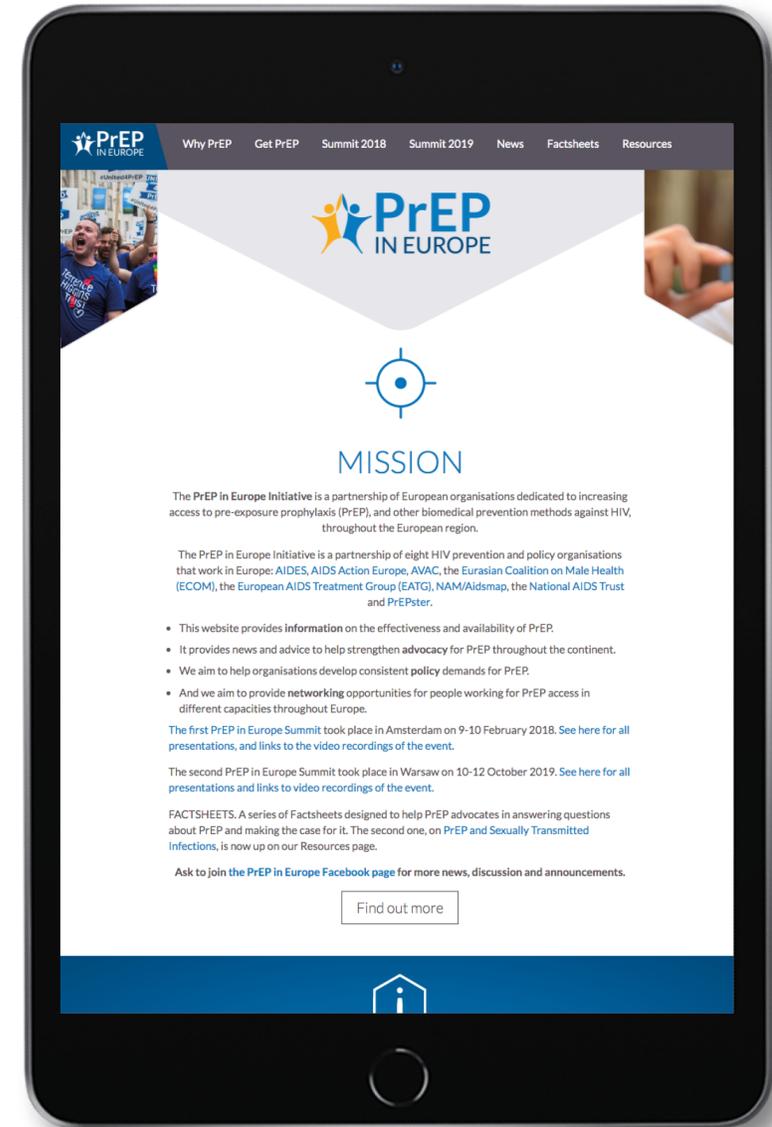
# PrEP for women in Europe: webinars

Summary of webinars  
on 22 June & 13 July 2021

Gus Cairns, co-ordinator, PrEP in Europe

# PrEP in Europe

- PrEP in Europe has been a partnership of European NGOs aiming to improve knowledge of, provision of, and access to PrEP throughout the WHO European region
- Active since 2016, it convened two pan-European summits in Amsterdam and Warsaw, conducted webinars and wrote research briefs on PrEP for European populations
- It will continue as a clearing house for PrEP news and materials, and as a Facebook Group. See [www.prepineurope.org](http://www.prepineurope.org)
- PrEP in Europe is administered by NAM aidsmap, see [www.aidsmap.com](http://www.aidsmap.com)
- Our webinars and conference presentations are on our YouTube channel [here](#)



# First webinar on PrEP for women in Europe



## PrEP for women in Europe

**Part one:** Tuesday 22 June 2pm UK time | **Part two:** Tuesday 13 July 2pm UK time



**Sylvain Chawki**  
Infectious disease physician,  
Paris



**Irene Ogeta**  
Associate Program Officer,  
ATHENA network, Nairobi



**Ana Silva-Klug**  
STD clinician,  
Barcelona

# Issues explored by presenters



**SYLVAIN CHAWKI, infectious disease physician**  
Hôpital Saint-Louis, France

- PrEP is potentially just as effective for cis women as for gay men and trans women
- HPTN 084 showed 89% additional efficacy of injectable cabotegravir in cis women, over and above already considerable efficacy of oral PrEP
- HPTN 083: in trans women (12.4% of study population) cabotegravir had 66% additional efficacy over oral PrEP. Gender-affirming hormone therapy lowered PrEP levels in some studies
- Dapivirine vaginal ring: not approved by EU because only 39% efficacy in ASPIRE open-label study
- TDF/FTC levels in female genital tract are lower than in rectum and 7-day lead-in required. France decided to recommend 7-day washout period too. WHO still recommends 21 days
- Caution over TAF/FTC (*Descovy*): levels in female genital tract 100x lower than in rectum
- Implants/subcutaneous injections (islatravir, lenacapavir) very promising but still in phase 1-2

# Take home messages from Sylvain Chawki

## PrEP IS HIGHLY EFFECTIVE IN WOMEN

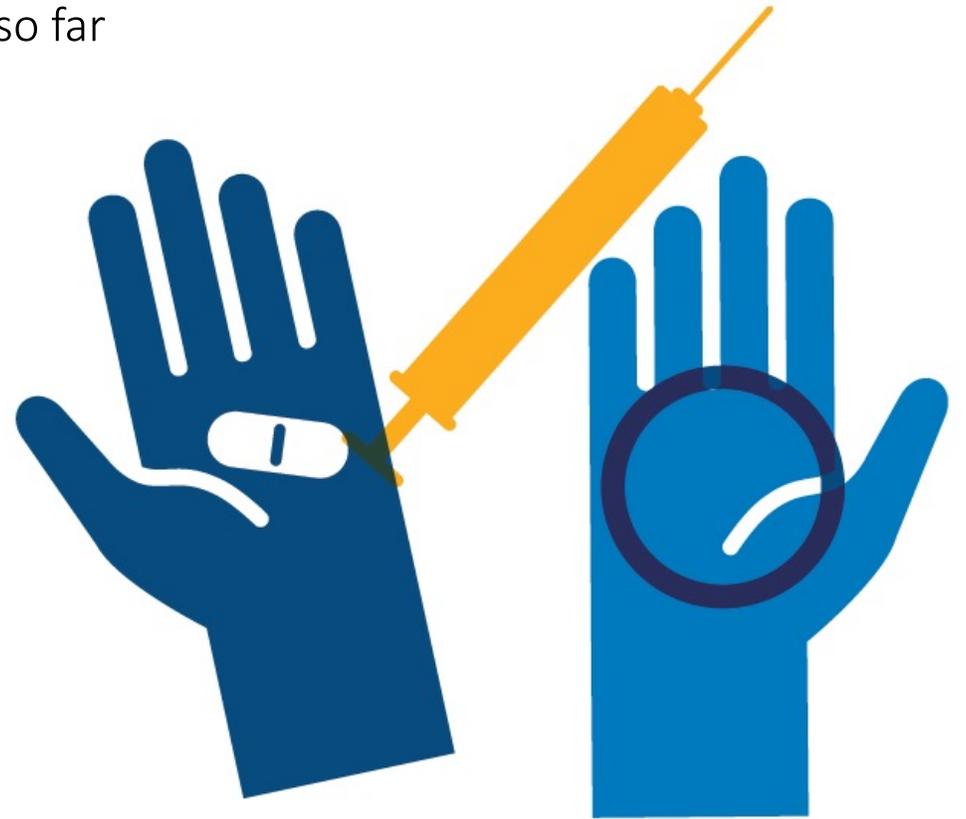
- Cis and trans
- Daily TDF/FTC is the main recommended treatment so far
- Dapivirine ring
  - For cis with receptive vaginal intercourse

## ALTERNATIVES ARE ON THEIR WAY

- Long-acting CABOTEGRAVIR seems very effective
- TAF/FTC for trans (receptive vaginal intercourse?)
- On-demand? Not likely

## PERSPECTIVES

- Implants
- bNAbs?, vaccine?



# Issues explored by presenters



**IRENE OGETA, Associate Programme Officer**  
**ATHENA Network, Kenya**

- LEARN project in Kenya and Uganda. Peer ambassadors to explore knowledge, views and preferences of adolescent girls and young women 15-24 years old
- Peer and community mobilisation: 240 participants in 10 dialogues
- Top themes: TRUST in PrEP: ACCESS to PrEP: CONTROL over use, especially short-term use
- PROS: safety from HIV; relief from stress about sex & relationships; HIV infection disrupts education; can be combined with contraception; some found reduction in stigma and gender-based violence
- CONS: Some disliked pills, would wait for injections; multiple pills if also oral contraception; worry about STIs; moral concerns; worry about side effects (some associated with TDF/FTC, but others such as neurocognitive ones clearly from received data about ART)
- CHALLENGES: double stigma (moral stigma associated with PrEP and health stigma associated with suspected HIV); practical clinic access issues; distrust of HCWs etc
- Took learnings to Ministry PrEP working group, emphasising importance of peer support and learning, agency and choice, up to date info



# ATHENA GLOBAL NETWORK

## . LEARN PrEP Research Project

IRENE OGETA / ATHENA Network 2021

# Issues explored by presenters



ANA SILVA-KLUG, STD physician  
University Hospital of Bellvitge, Spain

- Why such slow introduction of PrEP in Europe, including Spain?
- In western Europe generally NHS access now, but quite specific criteria for non-MSM:
  - In Spain, guidelines recommend PrEP for MSM and others with HIV+ unsuppressed partners, sex workers, people who inject drugs, or people “with social care vulnerabilities”
  - But in coverage document for hospital pharmacies (only way to get PrEP – online buying in Spain illegal), only women mentioned were sex workers
- Lesson: restrictive criteria lead to even more restrictive distribution
- As well as no online access, also no public promotion campaigns; promotion by/for gay community
- Even if women are and disclose as sex workers, find it hard to talk about vulnerability
- PrEP access via, and training for, HCWs who women trust and meet: gynaecologists, midwives, GPs

# NHS coverage criteria

HIV-negative MSM and transgender people over 18 years of age with at least two of the following criteria:

- More than 10 different sexual partners in the last year
- Unprotected anal sex in the last year
- Chemsex use in the last year
- Administration of post-exposure prophylaxis on several occasions in the last year
- At least one bacterial STI in the past year

HIV-negative female sex workers who report condomless sex.



# Webinar 1: Questions/discussion

- Dapivirine ring: only 39% efficacy but approved in Africa: why not Europe?
- Mobilise knowledge/demand criterion in migrants/refugees
- PrEP should be available in retail pharmacies especially as now 30 TDF/FTC can cost less than 30 condoms (though still pricey elsewhere: £90 in UK was quoted)
- Criteria not good on 'seasons of risk' and even worse on people entering risk
- Women often underestimate their risk and overestimate their ability to control it (esp if e.g. coercive partners – see Olga's presentation)
- Once they are well informed about efficacy and risk, data show they are generally good judges of their specific risk
- Criteria should be based more on questions of demand and less on decisions on supply
- But PrEP literacy and trusted providers are key

# Second webinar on PrEP for women in Europe



## PrEP for women in Europe

**Part two:** Tuesday 13 July 2pm UK time



**Kim Leverett**  
Nurse practitioner,  
Barts NHS Trust, UK



**Sophie Strachan**  
Sexual health advisor and Director  
of the Sophia Forum, UK



**Olga Denisiuk**  
Head of Program Optimisation,  
Alliance for Public Health, Ukraine

## Issues explored by presenters



Kim Leverett, nurse practitioner  
Barts Health NHS trust, UK

- Advantage of already running a twice-weekly sexual health clinic for female sex workers in London. Small group of five consistent and trusted staff
- Service users 80% migrants: esp. Brazil, Romania, Poland. Ages 18-62. Mainly cis, few trans
- NETREACH communication and support model
- WhatsApp bookings and consultations. Translation (live, Google translate) widely used
- No cis service users had heard of PrEP: advantage of few preconceptions of misgivings
- Only prevention methods condoms or PEP till IMPACT trial
- Once this started, all who'd had condomless sex in last 3 months offered PrEP. Most started it
- PrEP discussion check box added to health check proforma
- Follow-up call 2 weeks after starting PrEP, then a month, then three-monthly
- Encouraged peer communication; many service users chat between clients
- Communication with wider staff group at hospital to clarify issues, challenge mindsets
- Dissemination of work in sex worker conferences, support groups. Need female PrEP champions

# Promoting PrEP use in a UK sex work clinic

## Trust and Championing

- Women had existing trust in our service
  - Small group of consistent staff
- Need for PrEP champions to promote *and* deliver the care for ongoing continuity.



## Issues explored by presenters



### OLGA DENISIUK, Head of programme optimization and research, Alliance for Public Health, Ukraine

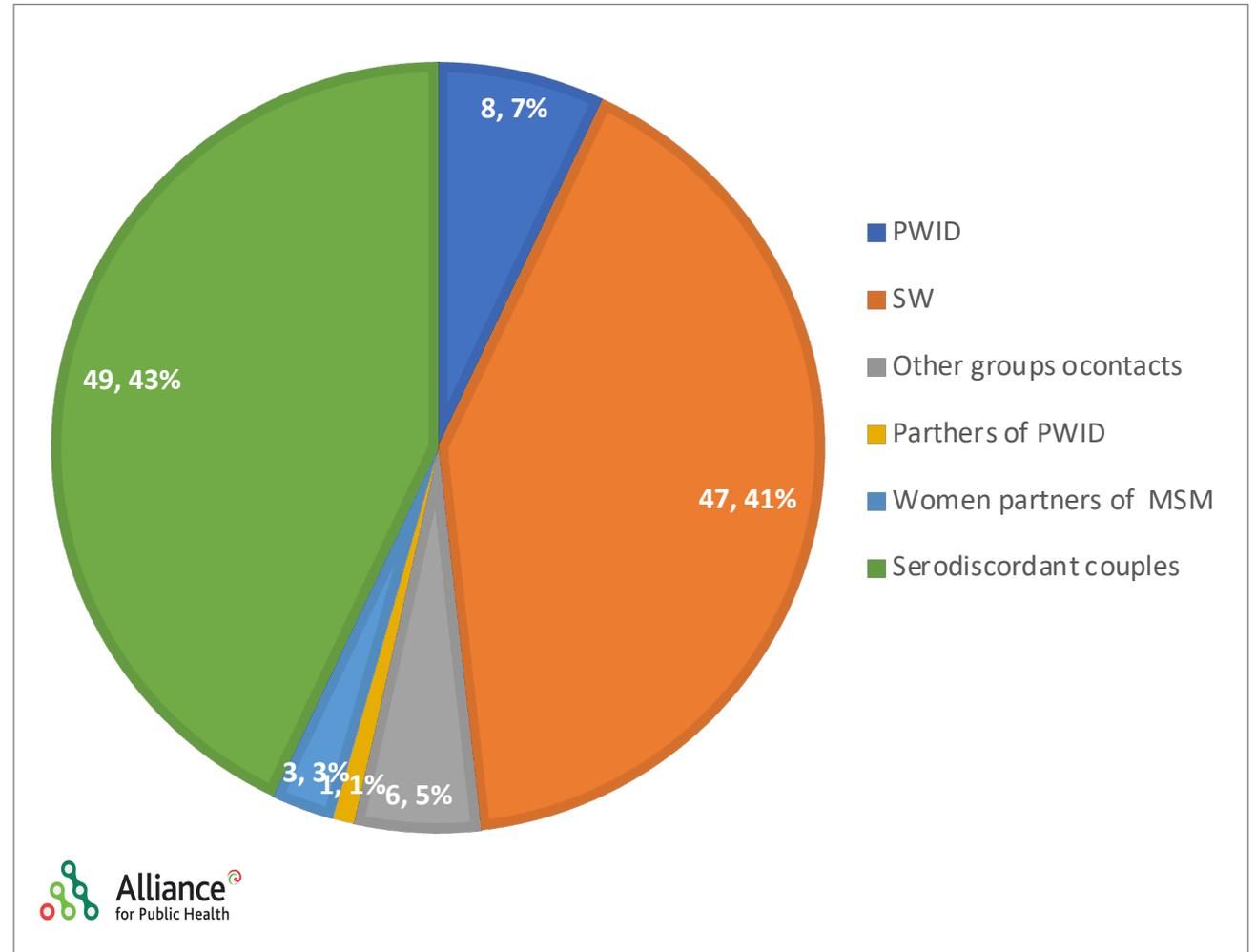
- Eastern Europe and central Asia growing HIV epidemic, diagnoses rose 72% 2010-2019
- ‘PrEP gap’ in Europe: lack of funding, lack of awareness, lack of national guidelines
- In women, strong association between HIV risk and violence/coercion
- Disability/refugee or displaced, <30s or >40s, unpaid work, children at home, all risk factors
- Relationship risk should be added to sexual health and behavioural risks as PrEP indicator. Women who experience violence often blame themselves for HIV/risk rather than partner
- April 2020 - March 2021: 1440 people started PrEP in Ukraine of whom 216 non-MSM of whom 114 women. 252 women on PrEP or re-started during period
- Predominantly partners of people living with HIV or sex workers, small numbers of others
- Mixed referral model: PrEP seekers assessed at clinic, or indirectly at NGO before referral to clinic
- Should be expanded to GPs. Ob/Gyn, refuges, drug services, services for women in conflict zones
- Significant population of young women not in key populations who are unreached: need for social media messaging that “PrEP is about freedom of choice, equity and self-confidence”, not just about sex

## PrEP in Ukraine: women\*

During April 2020 - March 2021  
252 women clients of NGOs were  
on PrEP (with social support) .

114 women clients of NGOs have  
started PrEP for the first time or  
restarted in this period.

\* APH preliminary data/key populations



OLGA DENISIUK / Alliance for Public Health 2021

# Issues explored by presenters



SOPHIE STRACHAN, Director, Sophia Forum  
Non-MSM co-chair in IMPACT trial, UK

- Initial discussions about “preparing women for PrEP”
- Association with violence, yes, but limiting discussion only to vulnerability risks disempowerment
- Collaborated with i-Base to develop resources and knowledge for cis and trans women about PrEP
- See [www.womenandprep.org.uk](http://www.womenandprep.org.uk)
- Videos, posters, discussion groups. Staged model of adoption: PrEP literacy -> PrEP candidacy -> PrEP uptake
- Risk assessment more complex than for men, no clear indicators set out in guidelines
- Questionnaire developed for IMPACT trial for all female STD clinic users increased recruitment
- Non-MSM in IMPACT trial: 1038 out of 24255 = 4.3%. Of these, 359 trans women and 333 cis women = 3.85%.
- Lack of offer as much a cause of low uptake as lack of demand: low HIV risk perception shared by clinicians and service users

# Sophia Forum Strategy: Ensuring PrEP for ALL

*There is an urgent need to develop and implement evidence-based interventions to increase prep candidacy and uptake amongst women and other groups at risk for HIV infection.*

*People need access to competent, affirming, sex-positive, safer-sex information that is specifically geared toward their bodies, relationships, and community concern.*

## ■ EDUCATION:

### ■ Communication to change the narrative of PrEP

- Redefining the perception of risk and vulnerability
- To be targeted at potential PrEP users and PrEP providers to ensure they appropriately identify those at risk

### ■ Communication to disseminate the work of the subgroup

- Policy statement
- Enhance social media profile of sub-group by independent social media accounts or via aligned organisations

### ■ PrEP demand creation and conversation

- Via Videos
- Via posters
- Via podcasts, Facebook live and TED talks



## ■ ADVOCACY:

### ■ Develop defining policy statement

- Lobby commissioners, Public Health England and other stakeholders outside of the HIV and Sexual Health sector

## ■ RESEARCH:

- Identify and reflect on **what we know already** about PrEP and women and other groups

- Identify **barriers to PrEP** that are specific to different groups

- Identify solutions or responses to these specific barriers

- **Desk top review** of community initiatives / community and research data in Europe around women and other groups' knowledge and access to PrEP

- Mapping /scoping/analysing

- Identify the themes and gaps in research related to women and other groups

- **Rollout of Women and PrEP questionnaire**

- Qualitative sub-study – One 2 one interviews and focus group discussions

SOPHIE STRACHAN / Sophia Forum 2021

## Two UK PrEP users – Akiko and Glenda

### AKIKO

- I heard about PrEP from my clinic and Sophie but had already heard about it through friends
- I am Filipina and come from a conservative religious country where open discussion of sexual risk just doesn't happen
- Sexual health advisors should work on reassuring individuals that PrEP is OK and can discuss it in their social circles. Social media is all very well but there is nothing like word of mouth.
- Eventually this could develop into “PrEP influencers”
- I have been taking PrEP since IMPACT trial and use it on-demand, when I get ready for a sexual partner. It definitely puts me at ease

### GLEND A

- I heard about PrEP from Dean St clinic [the largest sexual health clinic in Europe] but had also already heard about it through friends, including Akiko
- This made talking to a sexual health advisor and admitting I was quite “active” (or used to be) easier
- I also use it on-demand, have been doing it about a year

# Sophia Forum campaign



Women and PrEP   About Us   PrEP   PrEP in the UK   HIV

## #PrEP4Every1

## #1pilladay

Have you heard of PrEP?

It's a safe, daily pill that prevents you from getting HIV.

Find out all you need to know about PrEP to help you decide if it's right for you.

see [www.womenandprep.org.uk](http://www.womenandprep.org.uk)

## Webinar 2: Questions/discussion 1

- The dapivirine ring should be available in Europe. Women should have choice, everywhere in the world
- Undocumented people, including sex workers face big problem in many other European countries, unlike in the UK, where sexual health services are available regardless of status
- Considerable interest in hearing more about women who use drugs – moreover, many sex workers use drugs as well. Also regarding services in prisons, as many drug users and sex workers end up in prison
- Not much discussion on people who inject drugs in the UK, though more in Scotland which saw a recent epidemic in drug users
- Should the COVID epidemic have provided us with more options re digital health – e.g. ‘tele-PrEP’, with contact, assessment and drug delivery?
- We need to move to better ‘normalising’ of PrEP for our broader communication outside of HIV specialists and activists. Including within the medical community. PrEP should be just another no-brainer option for any person who is sexually active. Like condoms and lubricants

## Webinar 2: Questions/discussion 2

- We should take PrEP awareness and offers to women where they access services already: drugs services, GPs, contraception/menopause support, abortion clinics rather than expecting them to be proactive and at the same levels of PrEP literacy that we know took years for gay men to acquire
- Ukraine (ALLIANCE.GLOBAL, NGO), are now planning to launch a national information and advertising campaign to other categories of the population at increased risk of HIV infection (including people who inject drugs, sex workers, discordant couples and others) – with the support of the Public Health Center the Ministry of Health of Ukraine.
- As you see in Ukraine, some people who inject drugs including women were covered as well: among women starting, restarting or using PrEP, 49% were drug users, though people who inject drugs only formed 3% of PrEP starters in 2020-21 as so many were gay men
- It should not be so hard in Ukraine where there is already a large harm reduction service serving over 200,000 people a year. We have also started a social network strategy to approach partners of people who inject drugs who may not be so aware of their risk

## Webinar 2: Questions/discussion 3

- What is the thought behind not giving it to drug-using women? Intravenous drug using people are prioritised for hepatitis C treatment
- The lack of specific provision for people who inject drugs in western Europe may be due to only having one randomised study that proved PrEP worked for drug users. In addition, in some western European countries harm reduction has meant that the proportion of people who inject drugs who have HIV is quite low (unlike HCV).
- We are now seeing new infections among gay men who inject drugs during chemsex and ironically this may lead the way to a new awareness of the need to address people who inject drugs. Many sex workers and trans women use drugs similarly
- We need to understand that women may have different attitudes to and understanding of their risks of HIV than gay men, and place them in a different context: move away from medical criteria assessments towards empowering self-assessment for HIV risk and one's need for PrEP – What would need to change?
- The language of PrEP needs to change
- Funding and time is a reality too, many services for vulnerable women are already overstretched. We can help by assisting them in applying for funding for a PrEP service

## Summary: four main points from two webinars

- One theme heard is the need to move more towards awareness raising and demand-side work – PrEP familiarity – and see initiating PrEP as a dialogue between provider and seeker
- The second follows on: women may think and talk about their HIV and sexual health risk in quite different ways from gay men and in a broader context. We need to meet them where they are
- The third is that PrEP for people who inject drugs and their partners and providing it through harm reduction services will be an important issue in many countries in Europe
- And the fourth is that we need to enable PrEP provision in the places women use for sexual health, and train, fund and raise awareness and skills in professionals

With thanks to:



GS:SG

Gemeinnützige Stiftung Sexualität und Gesundheit

Sophia



Alliance<sup>®</sup>  
for Public Health

‘PrEP is more than  
just HIV prevention  
– it is about freedom  
of choice, equity  
and self confidence’

