

MI-CARE TRAINING PROGRAMME: Bridging the Gap: Improving PrEP Access for Migrant Communities in Europe

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CONTENT



Setting the scene



PrEP:

- Guidelines
- Indication
- Dosage
- Side effects
- Monitoring



• Patient journey



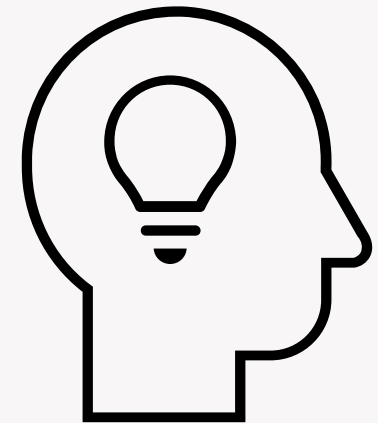
• Key take home messages

LEARNING OBJECTIVES



By the **end of this session**, you will be able to:

- 1.Explain why migrants face barriers to PrEP access.
- 2.Describe available PrEP options and dosing.
- 3.Support clients in accessing and adhering to PrEP.



INTRODUCTIONS

- Name, job role, country of work and what you would like to get out of this session



MIGRANT ACCESS TO PREP

- Why and what unique challenges do migrant populations in your country face in accessing and continuing PrEP? Please start with your country of work in the text.



PREP CONFIDENCE

“How confident do you feel explaining PrEP to someone who’s never heard of it?”

(1 = not confident, 5 = very confident)



SETTING THE SCENE: WHY IT MATTERS?

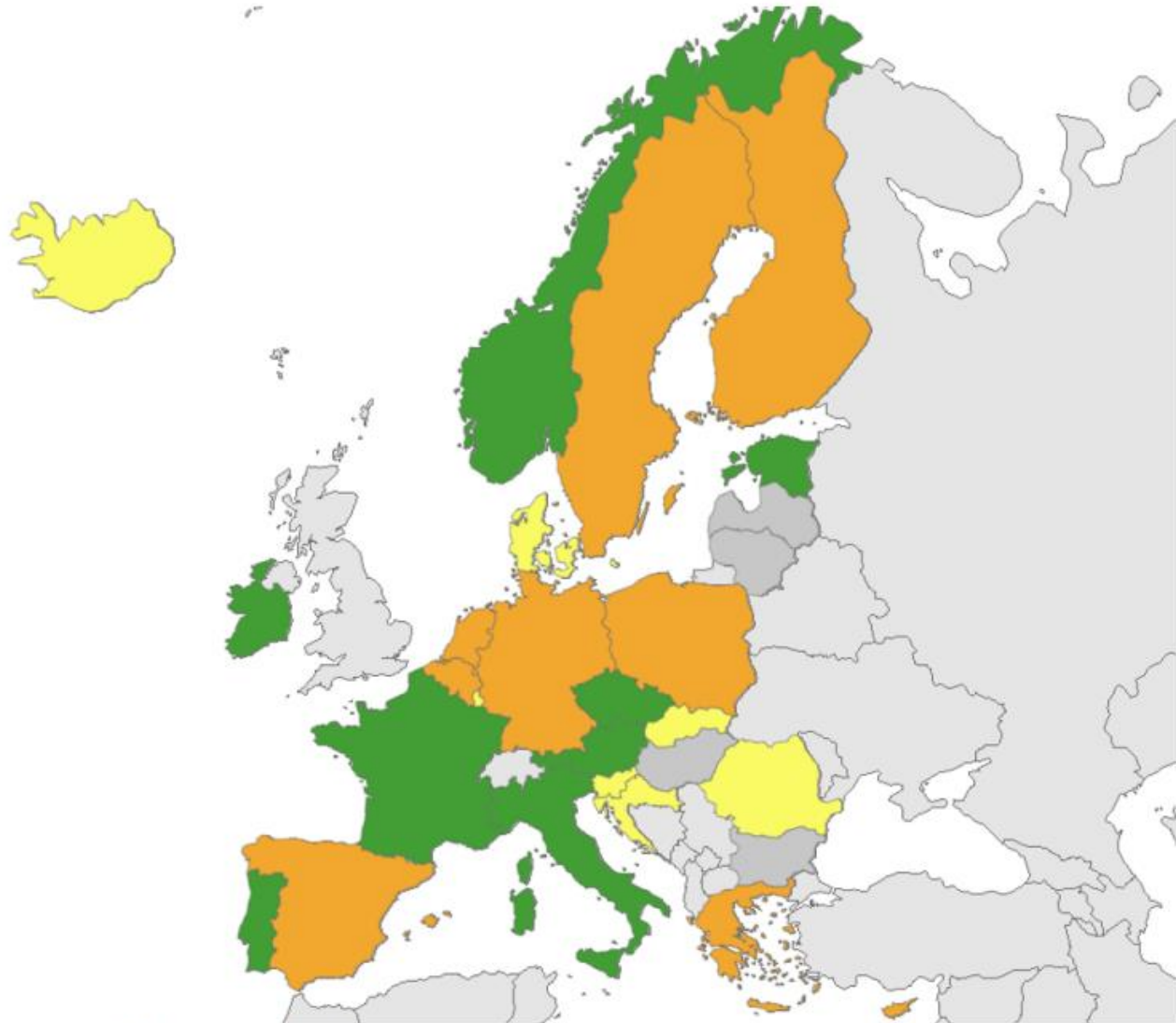
Figure 13. Accessibility of PrEP for undocumented migrants in EU/EEA, 2024* (n=26)

Accessibility of PrEP for undocumented migrants in EU/EEA

- Undocumented migrants have access to PrEP if meet eligibility criteria
- Undocumented migrants do not have access to PrEP
- Other
- No data

Countries not visible in the main map extent

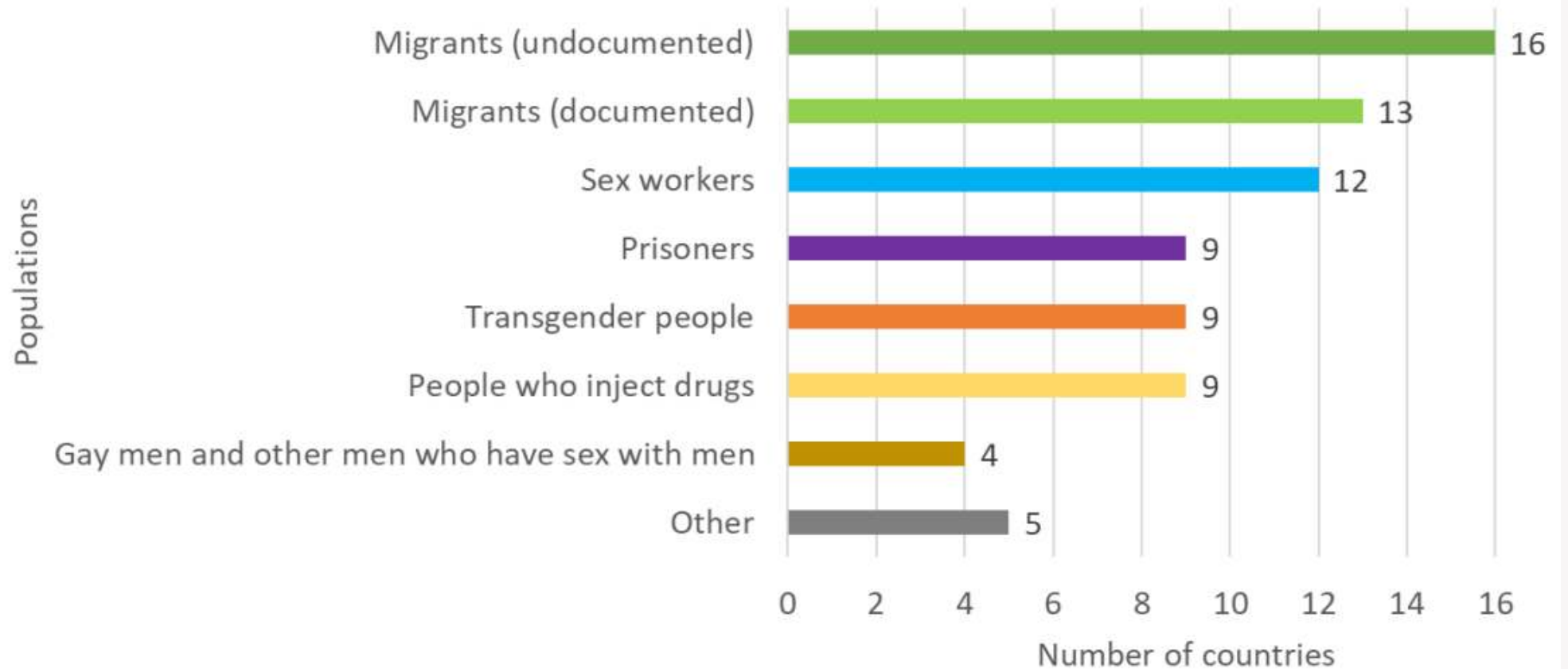
- Liechtenstein
- Luxembourg
- Malta



* 2024 or most recent year with available data (2019 or later).

https://www.ecdc.europa.eu/sites/default/files/documents/hiv-migrants-dublin-declaration-november-2024.pdf?utm_source=chatgpt.com

Figure 10. Number of countries experiencing difficulties in reaching certain key population groups with pre-exposure prophylaxis for HIV, 2024* (n=30)



* 2024 or most recent year with available data (2019 or later).

https://www.ecdc.europa.eu/sites/default/files/documents/hiv-migrants-dublin-declaration-november-2024.pdf?utm_source=chatgpt.com

SETTING THE SCENE:

Why migrant populations face unique challenges in accessing and continuing PrEP.

Many undocumented migrants or migrants with insecure residence permits have **limited or no access** to PrEP.

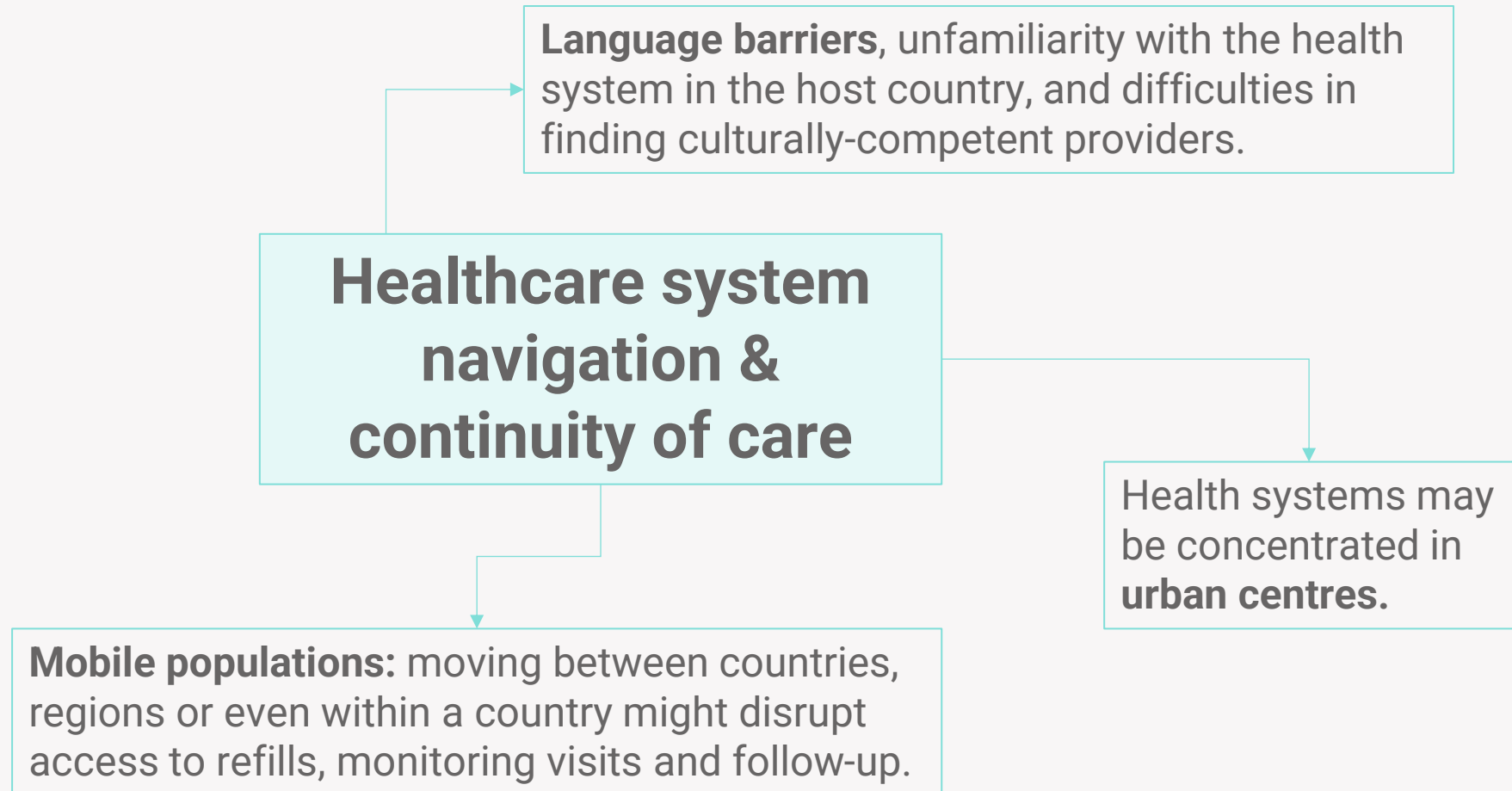
Legal / administrative status & eligibility barriers

Eligibility criteria for PrEP often restricted to “officially registered” residents or those with insurance.

Restrictive migration policies (e.g., fear of deportation, reluctance to register health issues due to immigration consequences)

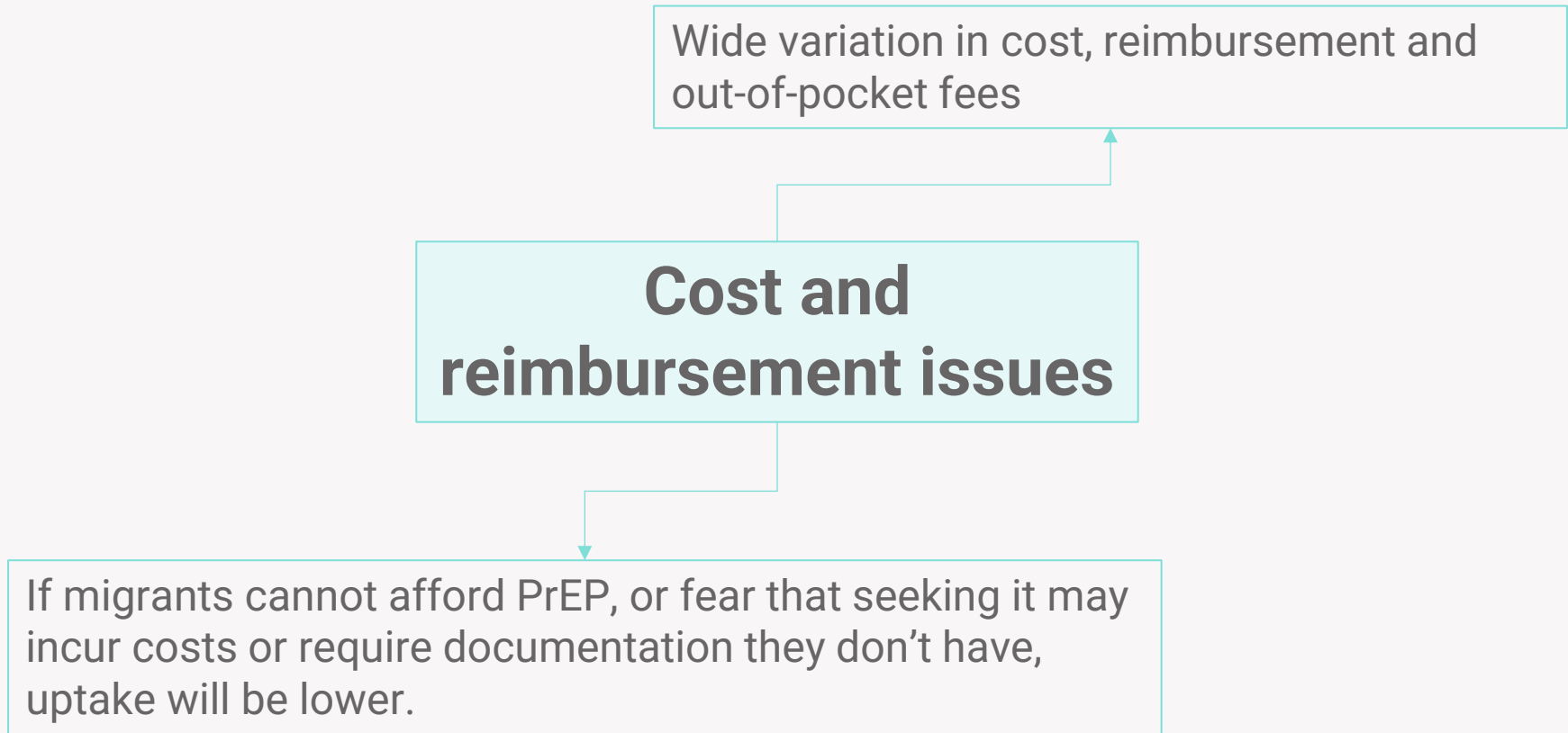
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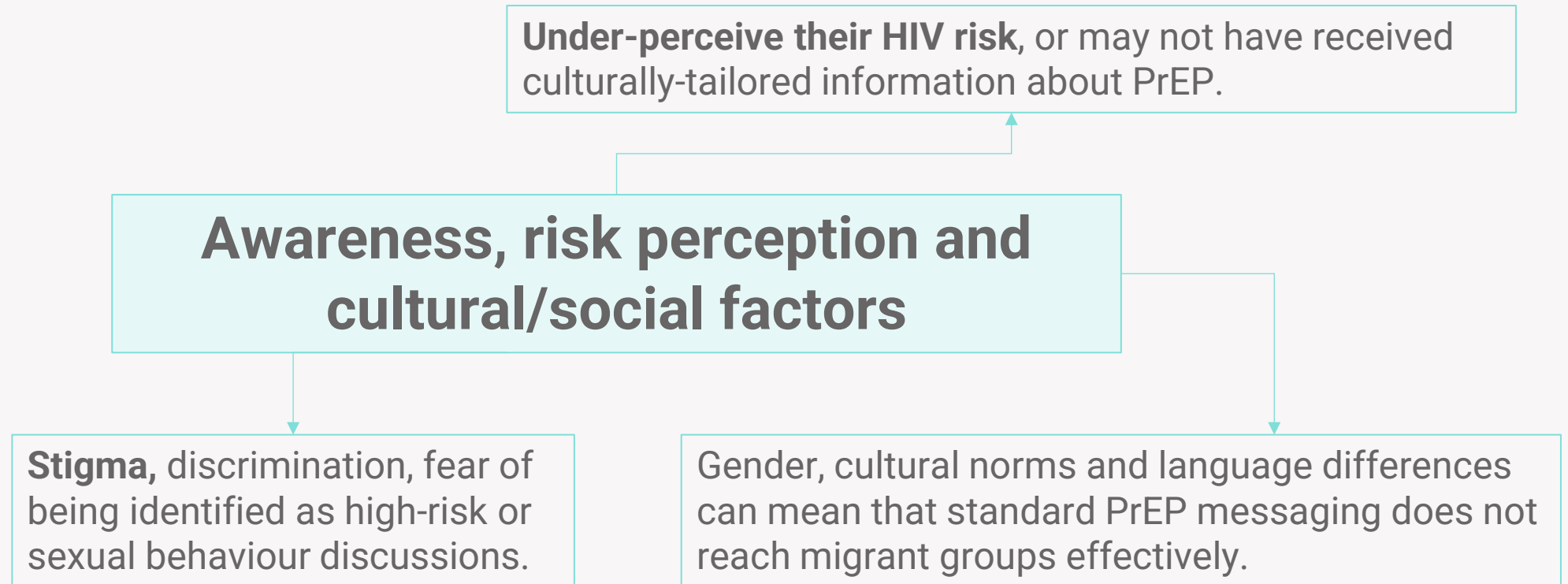
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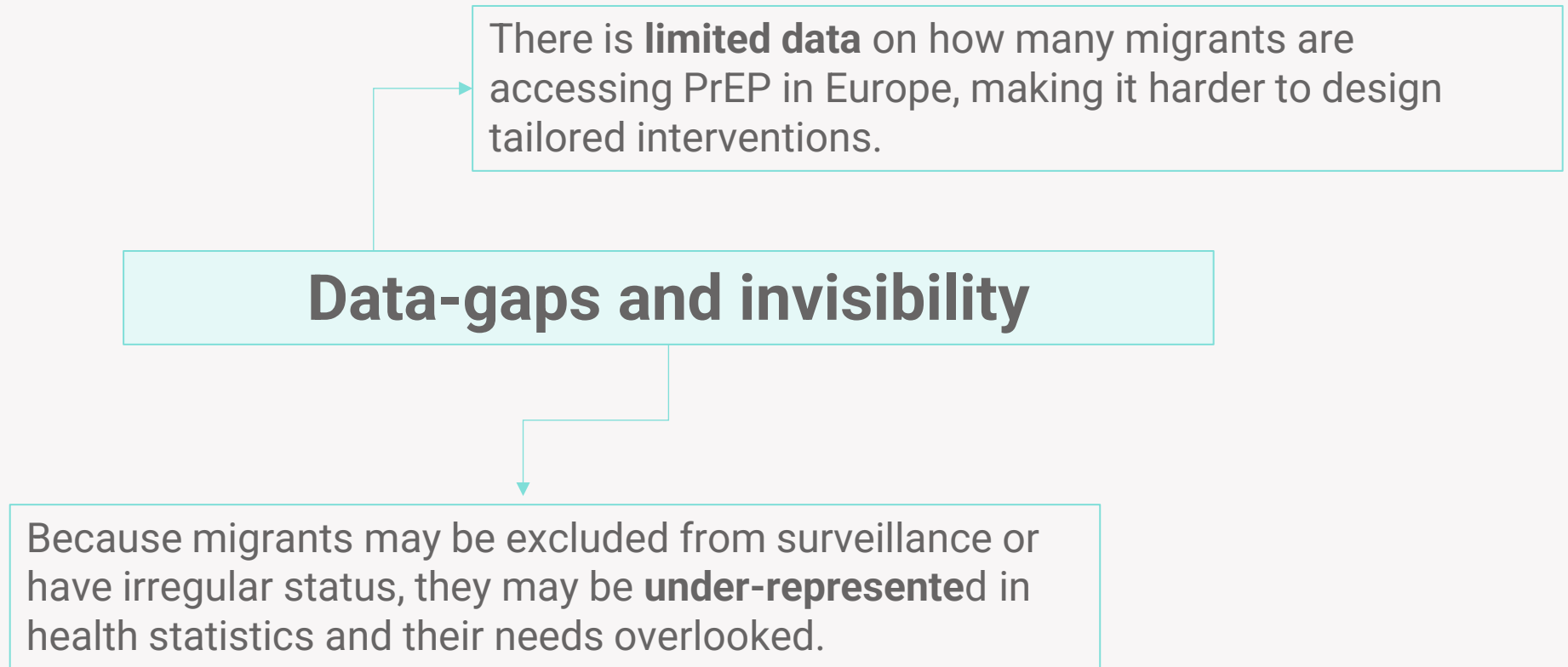
PrEP requires ongoing **monitoring** (e.g., HIV testing every 3 months, renal function, STI screening) and consistent drug refills.

Monitoring, follow-up and mobility issues

Migrants may **fall through the cracks** when crossing borders: different countries have different PrEP eligibility, guidelines, and healthcare registration systems, which can disrupt continuity of care.

SETTING THE SCENE:

Why migrant populations face unique challenges in accessing and continuing PrEP.



SETTING THE SCENE:

Why migrant populations face unique challenges in accessing and continuing PrEP.

Data-gaps and invisibility

- Only four countries were able to report data on the number of migrants accessing PrEP in 2023.
 - 22% for Portugal (984 out of 4,499 people)
 - 24% for Cyprus (4 out of 17 people)
 - 13% for Czech Republic (166 out of 1,317 people)
 - <1% for Malta (1 out of 267 people).

SETTING THE SCENE: HIV STATISTICS

- One report notes that although migrants account for nearly **half of new HIV diagnoses** in the EU/EEA (47.9% in 2023) many are also under reported and therefore underrepresented.
- In 2023, 24, 731 HIV diagnoses were reported in 30 countries of the EU/EEA, resulting in a rate of 5.3 per 100, 000 population.

2022		2023		Cumulative total ¹	Country, territory or area*
N	Rate	N	Rate		
EU/EEA					
197	0.8	194	2.1	11 294	Austria
1 058	6.1	1 119	9.5	38 074	Belgium
328	5.1	253	3.9	4 333	Bulgaria
113	2.9	97	2.5	2 096	Croatia
218	24.1	162	17.6	1 961	Cyprus
870	8.3	402	3.7	5 346	Czechia
258	4.4	227	3.8	8 785	Denmark
250	18.8	183	13.4	10 784	Estonia
271	4.9	282	5.1	5 061	Finland
4 237	6.2	4 981	7.3	110 621	France
3 279	3.9	3 321	3.9	82 841	Germany
599	5.7	680	6.5	18 442	Greece
224	2.3	228	2.4	4 913	Hungary
40	10.6	44	11.3	589	Iceland
880	17.4	911	17.3	12 498	Ireland
2 140	3.6	2 349	4.0	57 948	Italy
229	12.2	188	10.0	8 914	Latvia
1	2.5	1	2.5	73	Liechtenstein
252	9.0	267	9.3	4 102	Lithuania
76	11.8	60	9.1	3 637	Luxembourg ²
60	11.5	114	21.0	886	Malta
996	5.7	834	4.7	31 592	Netherlands
245	4.5	332	6.0	7 470	Norway
2 604	7.1	2 189	6.0	32 918	Poland
989	9.6	924	8.8	68 627	Portugal
696	3.7	703	3.7	28 008	Romania
203	3.7	142	2.6	1 640	Slovakia
57	2.7	44	2.1	1 095	Slovenia
3 308	7.0	3 196	6.6	71 424	Spain
446	4.3	304	2.9	14 961	Sweden
25 124	5.3	24 731	5.3	650 933	Total EU/EEA

HIV statistics

Rate per 100,000 people.

The **highest rates** reported by:

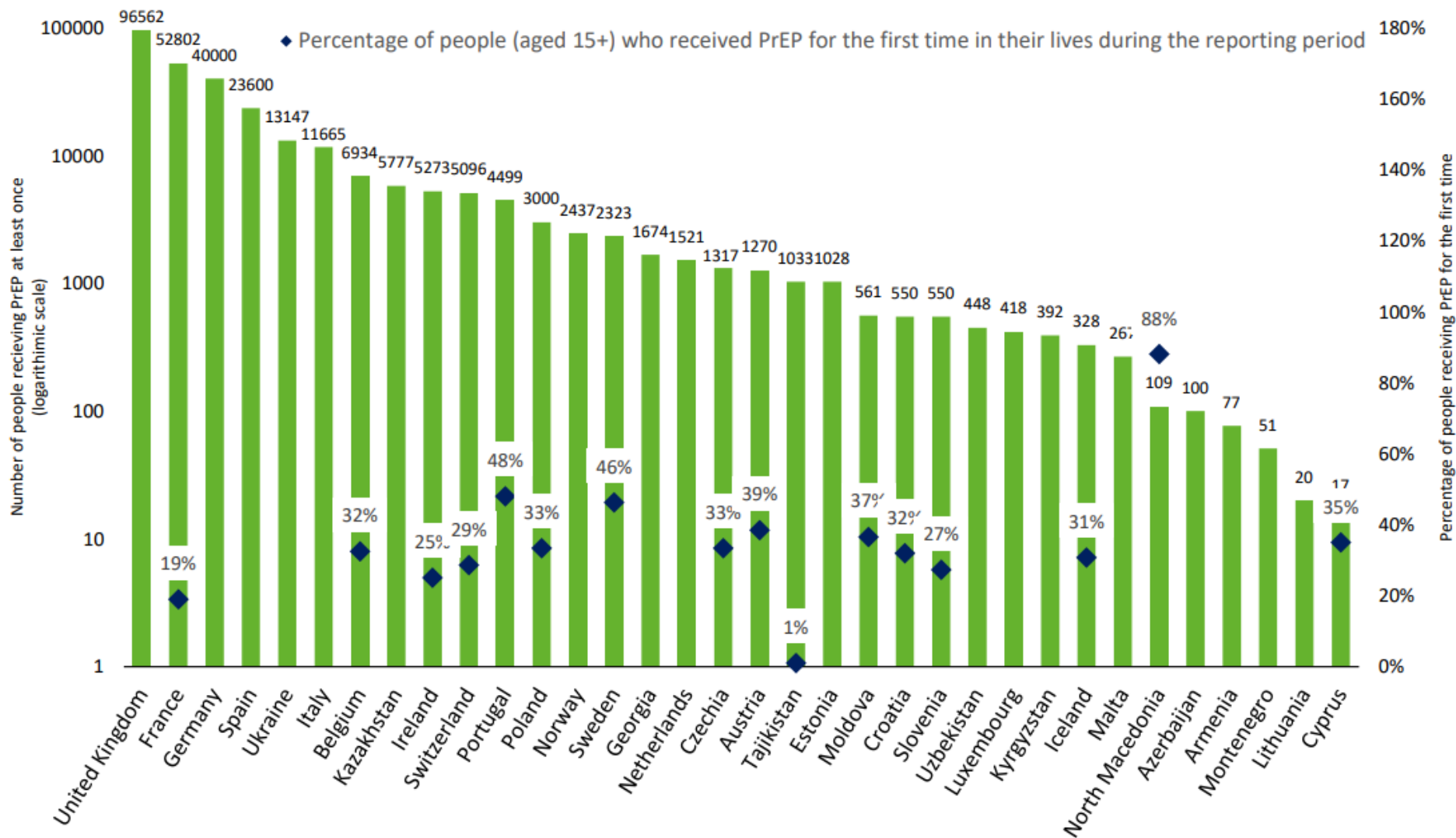
- Malta (21.0; 114 cases)
- Cyprus (17.6; 162 cases)

The **lowest rates** reported by:

- Slovenia (2.1; 44 cases)
- Austria (2.1; 194 cases)

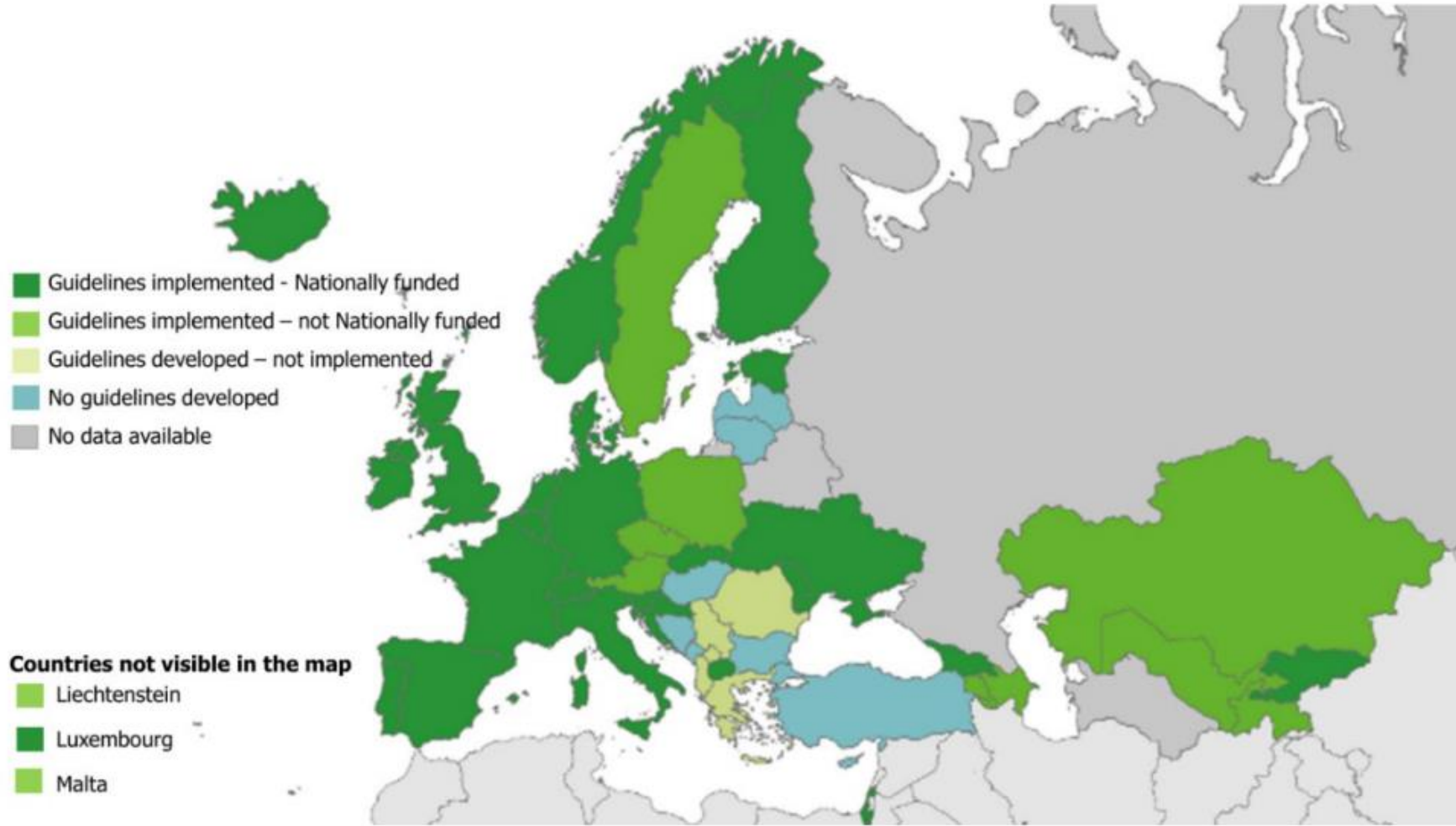
PrEP uptake

Figure 8. Number of people (aged 15+) who received PrEP at least once during the reporting period, Europe and Central Asia, end of 2023* (n=34)



PrEP Guideline Implementation

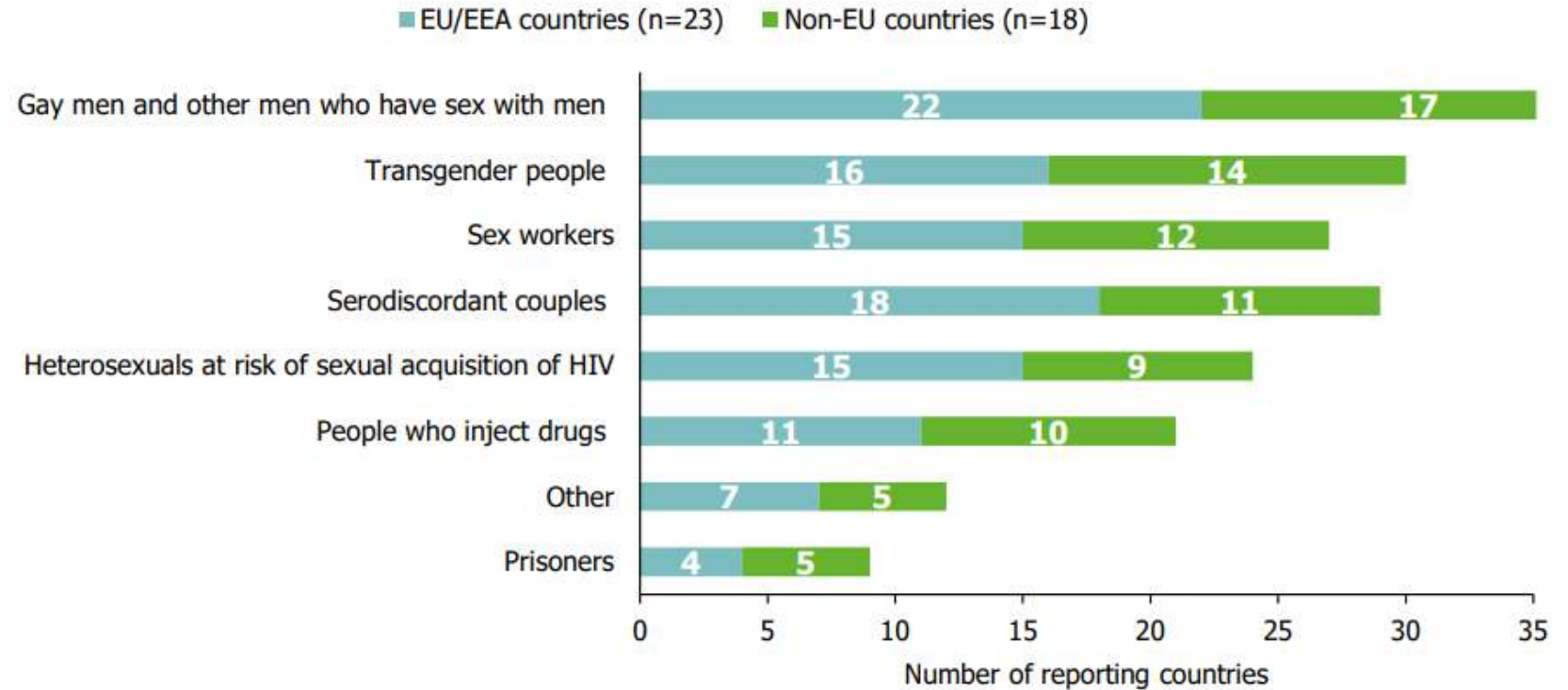
Figure 1. Status of PrEP implementation, Europe and Central Asia, end of 2023* (n=52)



* 2023 or most recent year with available data (2019 or later).

PrEP Eligibility

Figure 2. Populations eligible for PrEP according to national guidelines, Europe and Central Asia, end of 2023* (n=41)



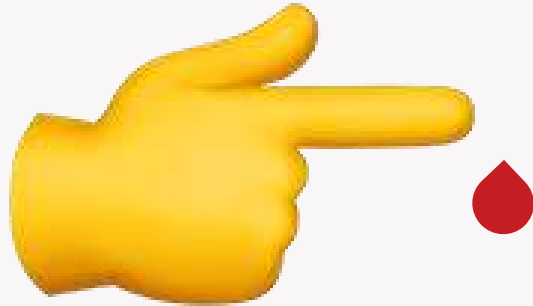
* 2023 or most recent year with available data (2019 or later).

Note: No data were available from Andorra, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Cyprus, Greece, Hungary, Latvia, Lithuania, Monaco, Montenegro, San Marino, Tajikistan, Türkiye, and Turkmenistan.

PRE-EXPOSURE PROPHYLAXIS (PrEP)

PREVENTION STRATEGIES

Testing



Circumcision



Condoms



Treatment as Prevention U=U



PrEP
STANDS FOR
PRE-EXPOSURE
PROPHYLAXIS

PrEP

PEP

PEP
STANDS FOR
POST-EXPOSURE
PROPHYLAXIS

How effective is PrEP?

- PrEP when taken correctly is **more than 99% effective** for **everyone**.
- Rare cases of new HIV infections are generally due to:
 - When PrEP is not taken correctly
 - When PrEP is started when someone already has HIV
 - This is why it is good to have another HIV test six weeks after either the most recent risk or after starting PrEP.
- PrEP is just as **safe and effective** for people who are transgender or non-binary as it is for cisgender* people.

To PrEP or not to PrEP?

PrEP is NOT required if you are HIV negative and...



You always use condoms.



You only have sex with HIV positive people who are on HIV treatment and who have a low level of virus in the blood (undetectable viral load).



You don't use condoms but your partner is low risk.

PrEP IS required...

- If you have used PEP*
- Partake in group sex
- Taking drugs whilst engaging in sex (chemsex)
- Have had a recent STI
- If you are worried about HIV.
- Difficult or impossible to get your partner to use a condom
- If you have sex for money, or receive gifts for sex.
- **If you or your partner(s) have sex with people living in countries with a high HIV prevalence****
- If your partner (s) might be at risk of HIV, e.g.
 - Partner(s) has other partners
 - Partner(s) inject drugs and share injecting equipment (e.g. needles).



*PEP is Post exposure prophylaxis - this involves taking HIV medication taken for 1 month after sex to prevent HIV transmission

**Countries with high HIV prevalence: <https://www.unaids.org/en/regionscountries/countries/angola>

WHO PREP IMPLEMENTATION



Dapavirine vaginal ring

2021



Lenacapavir long-acting injection

2025

2015

Tenofovir disoproxil & emtricitabine oral PrEP



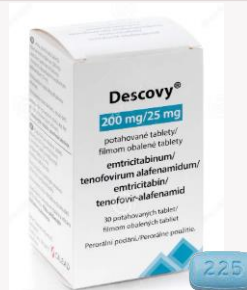
Tenofovir disoproxil & lamivudine oral PrEP

Or



2019

Tenofovir alafenamide & emtricitabine (Descovy) oral PrEP



2022

Cabotegravir long-acting injection



Tenofovir disoproxil & emtricitabine oral PrEP

Tenofovir disoproxil & lamivudine oral PrEP



Or



Interchangeable

Last updated: 11 November 2025

PREP AVAILABLE IN EUROPE

- Which PrEP medication do you have available in your country?



PREP ELIGIBILITY

- List all the populations groups you believe would benefit from HIV PrEP?







WHO IS PREP FOR?

- Addressing myths and fears
E.g. “PrEP is only for gay men”



PREP ELIGIBILITY GUIDELINE



Guideline	Eligibility
<p>WHO</p> 	<p>Anyone who is HIV-negative and at high risk of acquiring HIV should have access to PrEP. This includes people who have condomless sex, particularly with partners of unknown or detectable HIV status, and those who share injecting equipment. Eligibility is based on risk, not specific demographic groups, and depends on a person's behaviour and risk of exposure to HIV.</p>
<p>EACS</p> 	<p>Individuals at high risk of HIV exposure who have inconsistent condom use. This includes HIV-negative men who have sex with men (MSM), transgender individuals, and heterosexual men and women. Eligibility is determined by factors such as inconsistent condom use, recent sexually transmitted infections (STIs), a history of using post-exposure prophylaxis (PEP), and sex with partners who have HIV and are not virally suppressed.</p>
<p>CDC</p> 	<p>Individuals who are HIV-negative and are at high risk of HIV exposure through sex or injection drug use consider PrEP. Key eligibility factors include having anal or vaginal sex in the past six months and also having a sexual partner with HIV, having not consistently used condoms, or having been diagnosed with a sexually transmitted infection (STI) in the last six months. Pregnant and breastfeeding individuals may also be options.</p>
<p>BHIVA/BASHH</p> 	<p>PrEP eligibility focus on risk assessment rather than strict trial inclusion criteria and are designed to improve equity of access. Eligibility is generally for HIV-negative individuals at increased risk of acquisition, including but not limited to: men who have sex with men, transgender women, individuals in serodiscordant relationships, and those with a history of sexually transmitted infections (STIs)</p>

PREP MODEL OF CARE IN THE UK



PrEP routinely available in level 3 Sexual health services since 2020 (2017 in Scotland, 2020 in Wales)

- Commissioned by local authorities (in England)
- Funded through public health grant
- PrEP medicines funded by NHSE specialised commissioning
- Free on the NHS, no registered address or migration status confirmed or required



PrEP offer based on

- Prescribing criteria with NHSE clinical commissioning policy
- BHIVA/BASHH clinical guidelines

References:

[Fast-Track - Ending the AIDS epidemic by 2030 | UNAIDS](#)

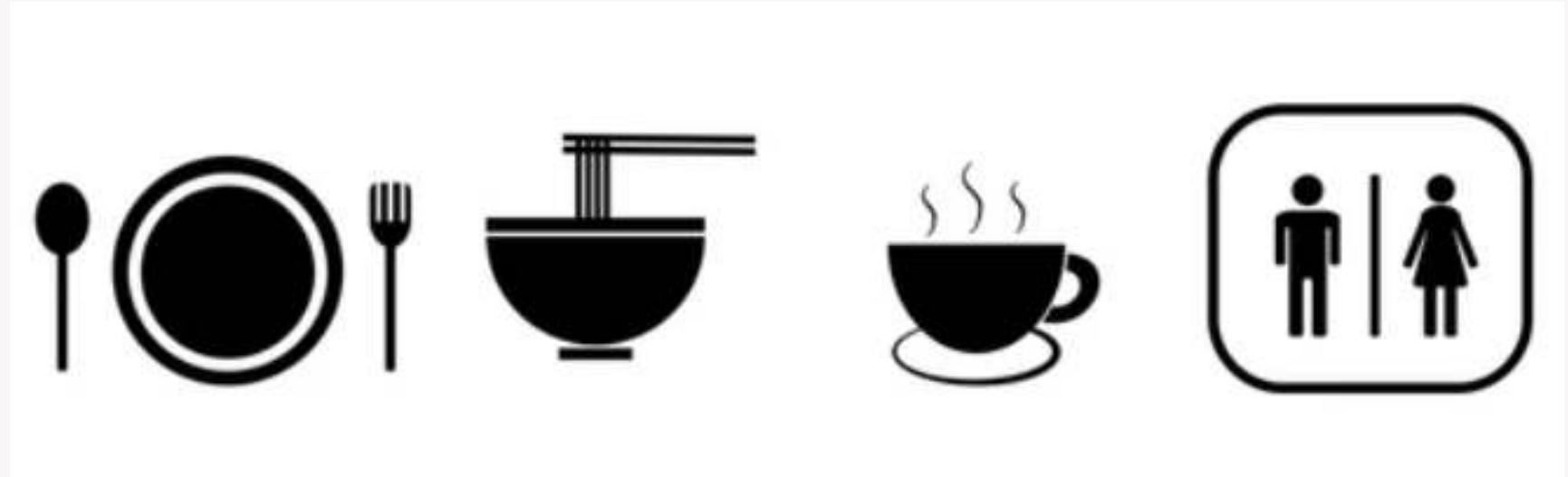
[Implementation of HIV Pre-Exposure Prophylaxis \(PrEP\) in Scotland: Minimum Dataset Reporting, 1 July 2017 to 31 December 2019 - Implementation of HIV Pre-Exposure Prophylaxis \(PrEP\) in Scotland: Minimum Dataset Reporting, 1 July 2017 to 31 December 2019 - Publications - Public Health Scotland](#)

<https://www.england.nhs.uk/publication/reimbursement-for-the-use-of-generic-drugs-for-pre-exposure-prophylaxis-prep-for-the-prevention-of-hiv/>

<https://www.bhiva.org/PrEP-guidelines>

COMFORT BREAK

- 10 mins

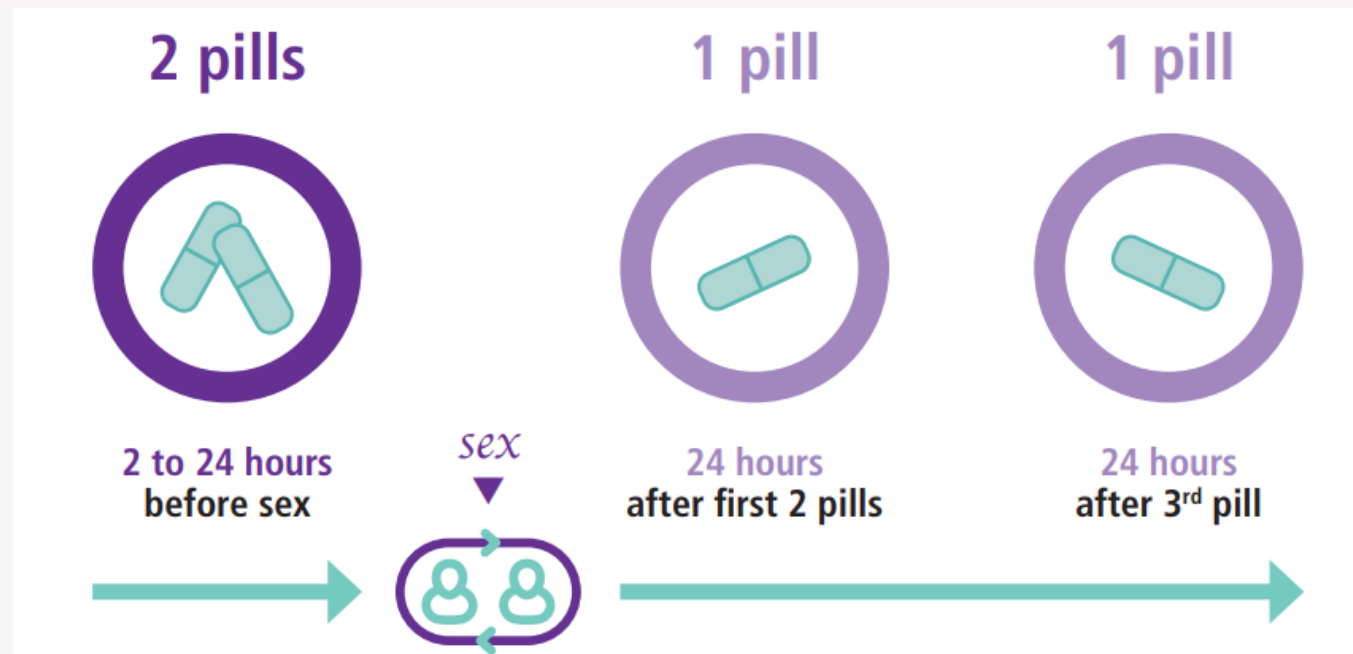


PREP DOSAGE SCHEDULE: ORAL

Guideline	Daily	Event based dosing
WHO TDF/FTC or TDF/3TC	One tablet ONCE daily (ALL)	2:1:1 – 2 tabs 2-24hours before sex then one tab daily for 2 days after sex MSM only
EACS TDF/FTC or TDF/3TC	One tablet ONCE daily (ALL)	2:1:1 – 2 tabs 2-24hours before sex then one tab daily for 2 days after sex MSM or TGW only
BHIVA/ BASHH TDF/FTC or TAF/FTC	One tablet ONCE daily (ALL) (start with double dose)	<ul style="list-style-type: none"> • 2:1:1 – 2 tabs 2-24hours before sex then one tab daily for 2 days after sex (receptive or insertive anal sex or insertive vaginal sex) • 2:7 – 2 tabs 2-24hours before sex then one tab daily for 7 days after sex (receptive vaginal sex, PWID)

TDF: Tenofovir disoproxil, FTC: Emtricitabine, 3TC: Lamivudine, TAF: Tenofovir alafenamide
PWID: People with injecting drug use

EVENT BASED: 2-1-1 DOSING



- 2 pills 2-24 hours before sex then 1 pill every day for 2 days after sex

DAPAVIRINE PREP DOSE SCHEDULE

- One Dapivirine Vaginal Ring is inserted into the vagina and kept in until replaced each month with a new ring.
- 25 mg dapivirine vaginal ring
- Inserted once every 28 days (**monthly**)
- Can be inserted by the user or a healthcare provider.

Figure 1: Positioning for Inserting the Dapivirine Vaginal Ring

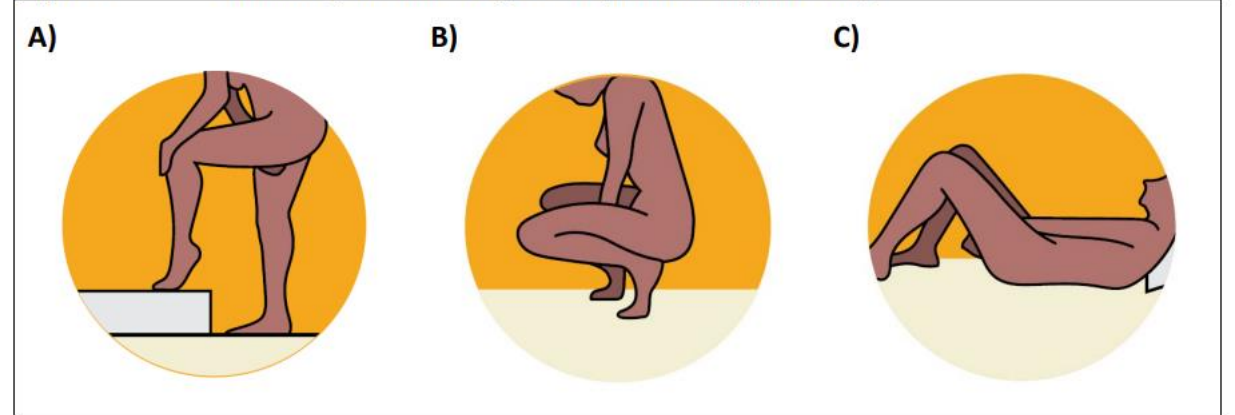
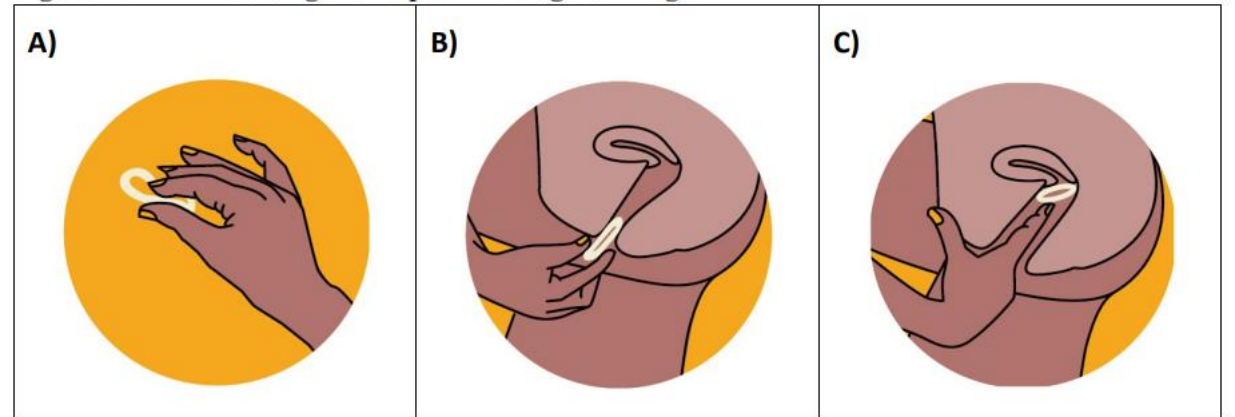
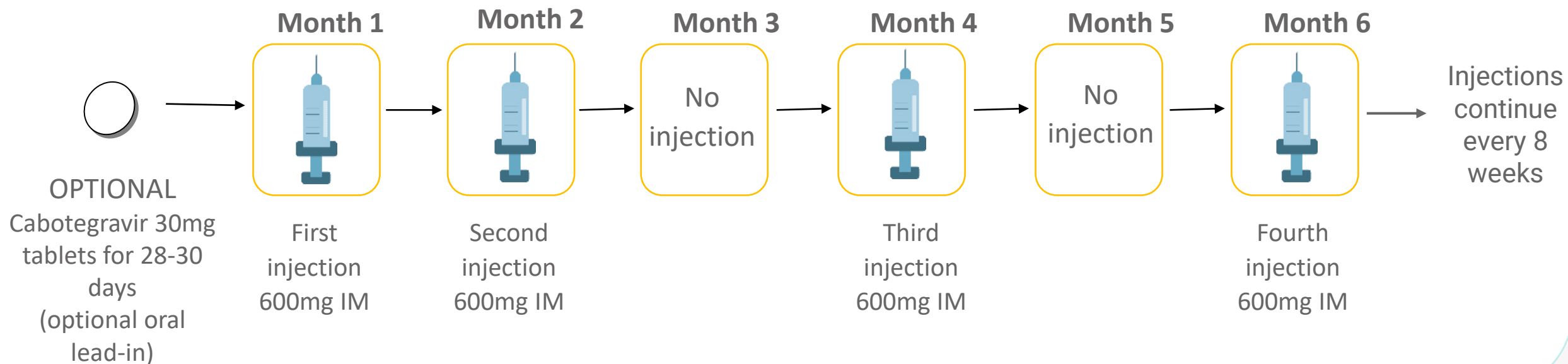


Figure 2: Inserting the Dapivirine Vaginal Ring



CABOTEGRAVIR-LA PREP DOSING SCHEDULE

VIA INTRAMUSCULAR (IM) INJECTION

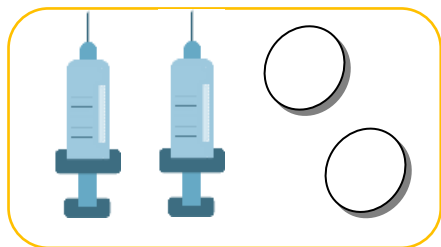


LENACAPAVIR-LA PREP DOSING SCHEDULE

VIA SUBCUTANEOUS (SC) INJECTION

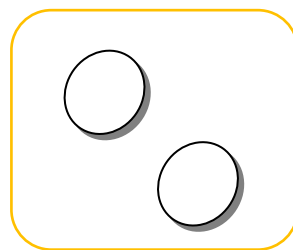


Day 1



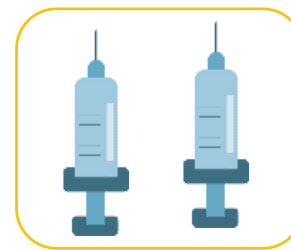
927mg SC injection
(2 x 1.5mL injections) PLUS
600mg orally
(2 x 300mg tablets)

Day 2



600mg orally
(2 x 300mg tablets)

Month 6



927mg SC injection
(2 x 1.5mL injections)

Injections
continue every
6 months

PREP SIDE EFFECTS?

- Addressing myths and fears
E.g. “PrEP damages the kidneys”



PREP SIDE EFFECTS – TENOFOVIR DISOPROXIL/EMTRICITABINE



Short term (mainly at initiation, rarely persists)

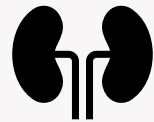


- o Gastro-intestinal: nausea, vomiting, diarrhoea, bloating, flatulence



- o CNS: headache, dizziness, insomnia

Long term (occurs after prolonged exposure: mild, identifiable and usually reversible)



- o Chronic kidney disease

- o For consideration in those with renal risk factors: age, HTN, T2DM , nephrotoxic drugs



- o Reduction in bone mineral density (osteoporosis)

- o For consideration in those with risk factors: age <18yrs or >50yrs, post menopausal women

PREP SIDE EFFECTS – TENOFOVIR ALAFENAMIDE/EMTRICITABINE



Short term (mainly at initiation, rarely persists also less common than with TD)



o Gastro-intestinal: Nausea, vomiting, diarrhoea, bloating, flatulence



o CNS: headache, dizziness, insomnia



o Weight gain?

PREP SIDE EFFECTS – CABOTEGRAVIR



o Injection site reactions: Pain, soreness



o Gastro-intestinal: diarrhea



o CNS: headache, low mood, anxiety



o Weight gain



PREP SIDE EFFECTS – LENACAPAVIR



- o Injection site reactions: Pain, swelling, redness, pain, swelling, redness, itching or a small lump where the injection was given



- o Gastro-intestinal: nausea

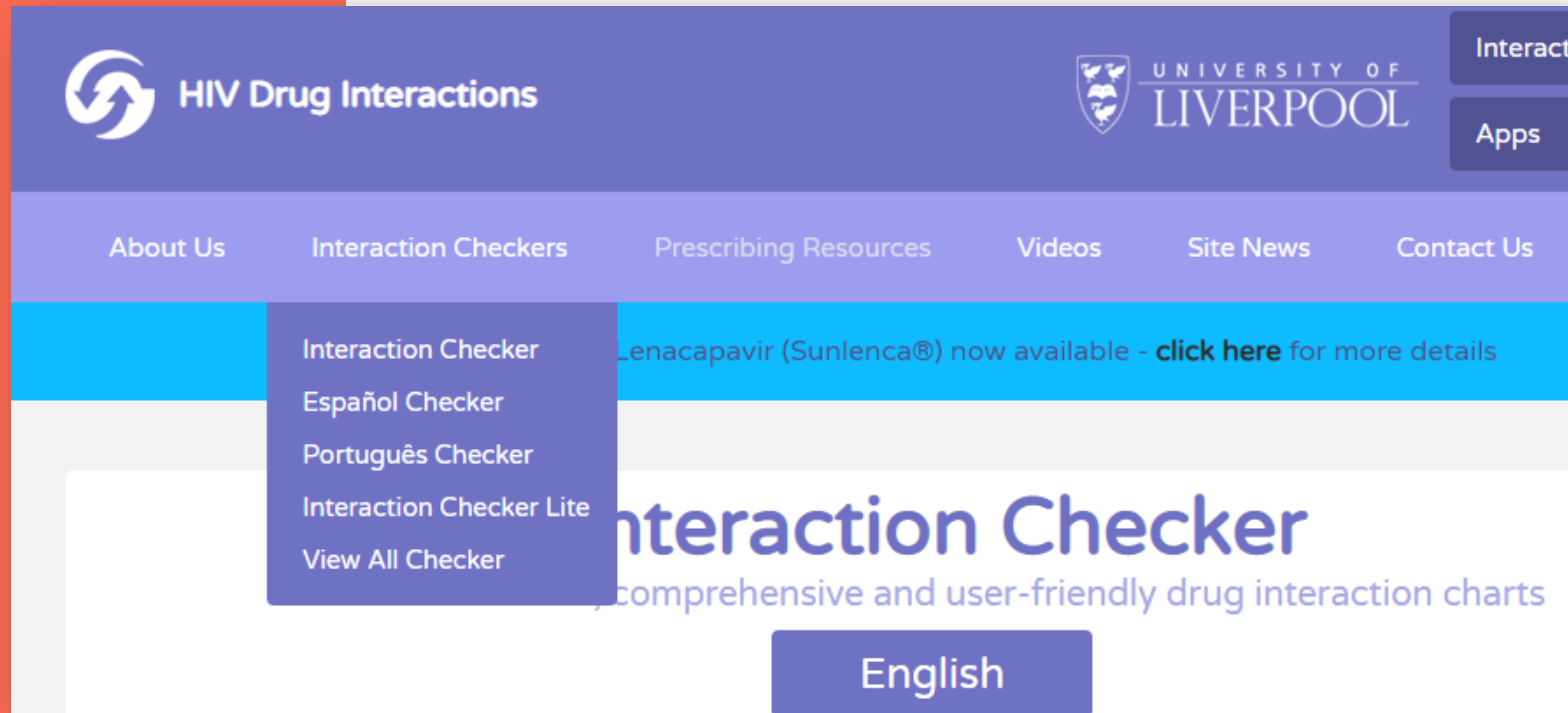
PREP SIDE EFFECTS – DAPAVIRINE

- Urinary tract infection
- Vaginal discharge
- Vulvovaginal pruritus
- Vulvovaginitis
- Pelvic pain



PREP DRUG INTERACTIONS

LIVERPOOL INTERACTION CHECKER



Scan the QR code
To load the website

TENOFOVIR DISOPROXIL/ EMTRICITABINE ORAL PREP

Medicine	Why this is important
Non-steroidal anti-inflammatory drugs (NSAIDs) used for pain relief: ibuprofen, diclofenac or naproxen	<p>Tenofovir disoproxil in PrEP can cause problems with the kidneys.</p> <p>NSAIDs like ibuprofen can also affect the kidneys, therefore it is important to be cautious if the two are used together.</p> <p>It may be acceptable to use occasional doses but advise to please contact the clinic if frequent use NSAIDs, as they will be able to monitor kidneys and can provide further advice.</p>

DAPAVIRINE PREP

- The risk of systemic drug-drug interactions is considered **low** and drug-drug interaction studies were focused on medicinal products potentially co-administered locally in the vagina.
- Caution with other medicines administered vaginally such as clindamycin, metronidazole and clotrimazole.

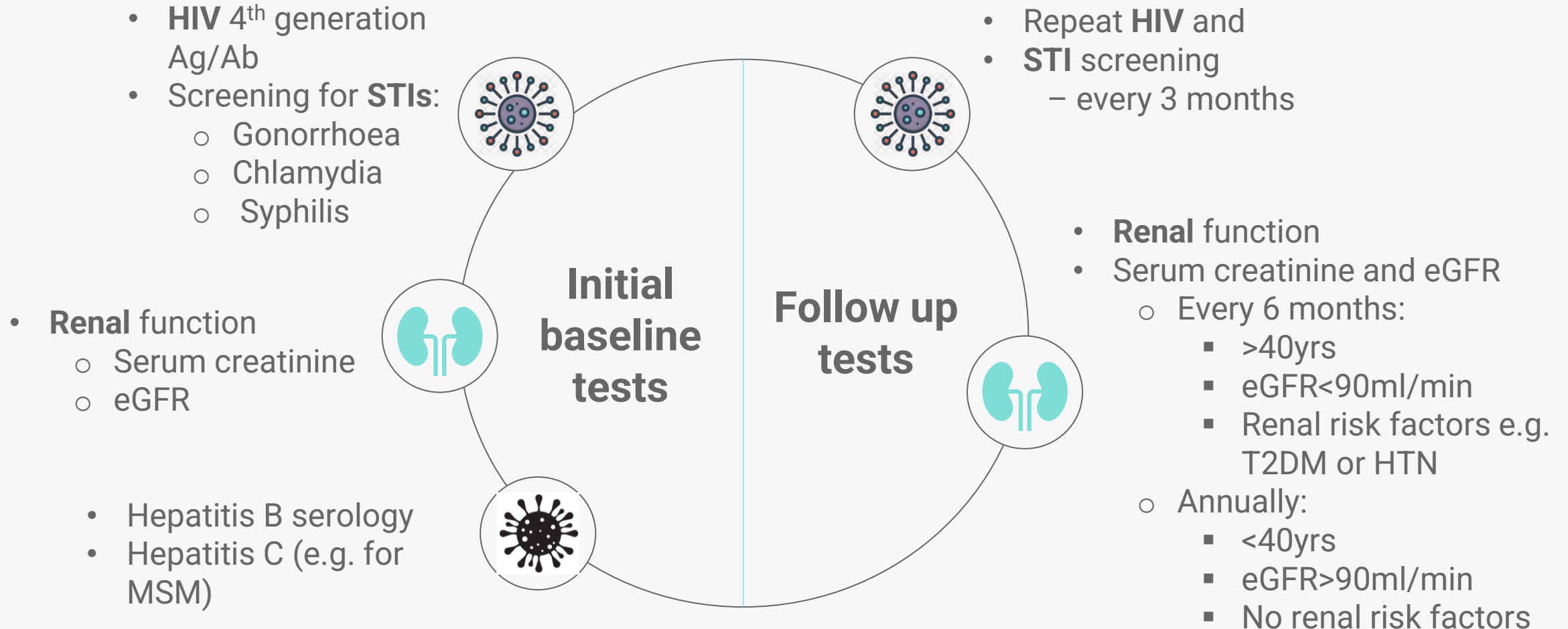
LENACAPAVIR PREP

Medicine	Why this is important
Statins (cholesterol-lowering medicines)	Some statins are affected by lenacapavir which may lead to more side effects.
Anti-seizure medicines e.g. carbamazepine, phenytoin	Some anti-seizure medications can reduce the amount of lenacapavir in the body. These medicines should not be taken together.
St John's wort (a herbal remedy for depression)	Do not use this medicine as it reduces the amount of lenacapavir in the body, meaning it may be less effective at suppressing the virus.
Rifampicin or rifabutin	These medicines most commonly used to treat TB infection can reduce the amount of lenacapavir in the body, meaning it may be less effective at suppressing the virus.

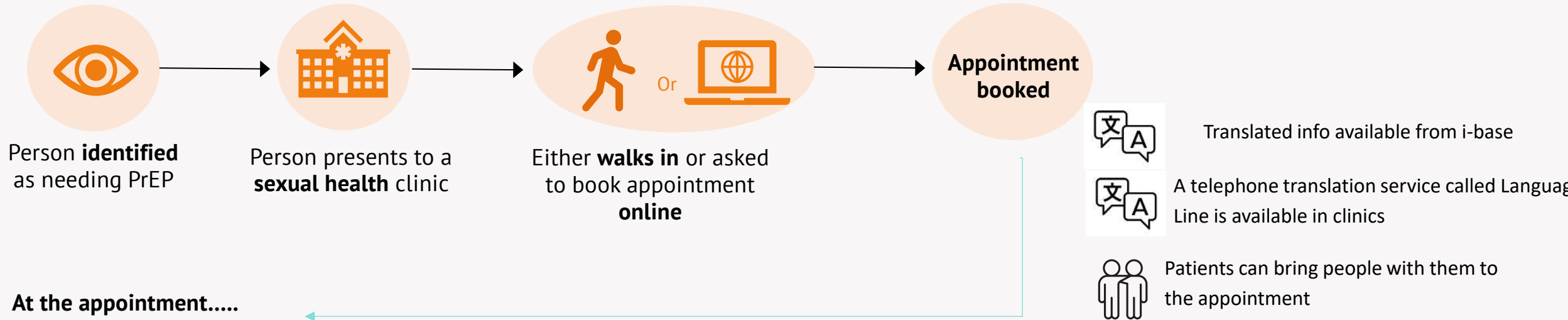
CABOTEGRAVIR PREP

Medicine	Why this is important
<p>St John's Wort (a herbal remedy used to treat depression)</p> <p>Anti-TB drugs: Rifampicin & rifabutin</p> <p>Anti-seizure medicines e.g. carbamazepine, phenytoin (carbamazepine is also sometimes used to treat pain.)</p>	<p>Do not use these drugs as they can reduce the levels of CAB-LA PrEP in the body and can cause it to stop working properly. Do not start taking these medicines and inform your doctor.</p>
<p>Multivitamins, supplements or antacids that contain: Calcium, magnesium, aluminium, zinc, or iron.</p>	<p>These can stop you from absorbing cabotegravir tablets properly. They should be taken at least 2 hours before or 4 hours after cabotegravir tablets. This interaction only applies to the tablets, so once you have moved over to the injections this interaction is no longer relevant.</p>

PREP MONITORING



Patient journey to PrEP



Discussion around PrEP:

- Eligibility
- What PrEP is
- How to take it
- Side effects



Clinician will ask some **questions**, documents are all confidential:

- Sexual history
- Past medical history
- Drug history
- Social questions around mental health, domestic violence



Blood test

- HIV
- Syphilis
- Hepatitis B, C
- Chlamydia & gonorrhoea
- Kidney function
- +/- urine sample



Medication

- PrEP given out on the day

Key PrEP messages

1

Reflect on key information the person you are speaking to wants/needs

2

PrEP is also for Black women, non-binary and trans communities - it is not just for white gay men

3

PrEP is very effective - almost 100% when it's taken as prescribed

4

PrEP is FREE from NHS sexual health clinics

5

Because NHS sexual health clinics are FREE and CONFIDENTIAL for everyone, PrEP is available for free to anyone regardless of their immigration or residency status

6

PrEP is having a big impact on HIV diagnoses

7

PrEP can only be used by a person who is not living with HIV - so it is important to have an HIV test before starting

8

PrEP have few side effects - most are minor and clear up quickly

Key PrEP messages

9

PrEP can be used during pregnancy and whilst breastfeeding; it can be safely used with contraception; it can be safely used with hormone therapy

2

10

Most people take PrEP as a daily pill, but it can be taken in other ways for some people

11

PrEP can be taken for short periods when there is increased risk of contracting HIV - it does not have to be taken for life

12

PrEP does not prevent pregnancy or other STIs - so other prevention options need to be considered

13

PrEP is one option amongst many options, including condoms, PEP, and U=U.* This is called combination HIV prevention

PREP CONFIDENCE

“How confident do you feel explaining PrEP to someone who’s never heard of it?”
(1 = not confident, 5 = very confident)



Resources

- **WHO PrEP implementation tool**
<https://www.who.int/tools/prep-implementation-tool>
- **EACS PrEP guidelines**
<https://eacs.sanfordguide.com/en/eacs-hiv/art/eacs-pre-exposure-prophylaxis>
- **BASHH/BHIVA PrEP guidelines:**
<https://bhiva.org/clinical-guideline/PrEP-guidelines/>
- **ECDC SURVEILLANCE AND MONITORING PrEP for HIV prevention in Europe and Central Asia:**
<https://www.ecdc.europa.eu/sites/default/files/document/s/PrEP-europe-central-asia-2024-progress-report.pdf>
- **ECDC HIV and migrants in the EU/EEA**
<https://www.ecdc.europa.eu/sites/default/files/document/s/hiv-migrants-dublin-declaration-november-2024.pdf>
- **Ibase PrEP booklet:**
<https://i-base.info/guides/prep>
- **Liverpool HIV drug interaction website:**
<https://www.hiv-druginteractions.org/>

National Aids Trust
<https://nat.org.uk/>

PrEP & prejudice campaign
<https://www.prepandprejudice.org.uk/resources>

I want PrEP now
<https://www.iwantprepnw.co.uk>

Sophia forum
<https://www.womenandprep.org.uk/>

Africa Advocacy Foundation
<https://www.africadvocacy.org/>

PrEPster
<https://www.prepster.info/>

Terrence Higgins Trust
<https://tth.org.uk/hiv/protection/prep-pre-exposure-prophylaxis>

QUESTIONS???

Thank you!
Please give feedback!



Google form: <https://forms.gle/myVRuvrkYTvqhse17>

Contact details

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