

MIGRANT HEALTH MATTERS:

“Understanding HIV Risks, PrEP and Continuity of Care”

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AGENDA

- House Keeping
- Introductions
- Aims
- HIV and PrEP Landscape
- Continuity in Care
- Case Study

HOUSE KEEPING

- Mute if not speaking
- Use virtual reactions
- Be respectful
- Phones on silent
- Have FUN!

INTRODUCTIONS

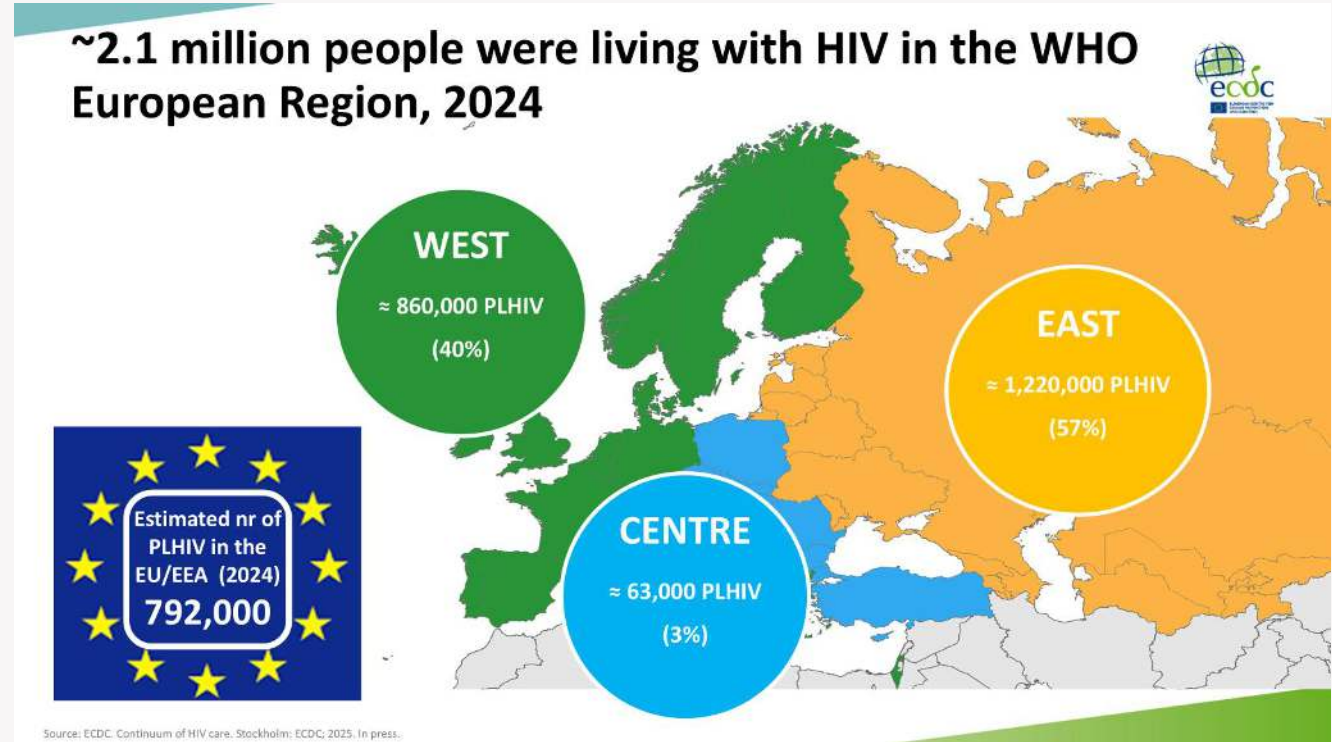
- Name
- Organisation and Country
- Brief description of what you do
- What do you want out of this session?
- What is your claim to fame?

AIMS

- HIV Basic and Migrant sensitive Understand current PrEP Landscape in Europe
- HIV Epidemiology in Europe
- HIV Prevention tools
- What you need to know about PrEP
- The role of peer support networks

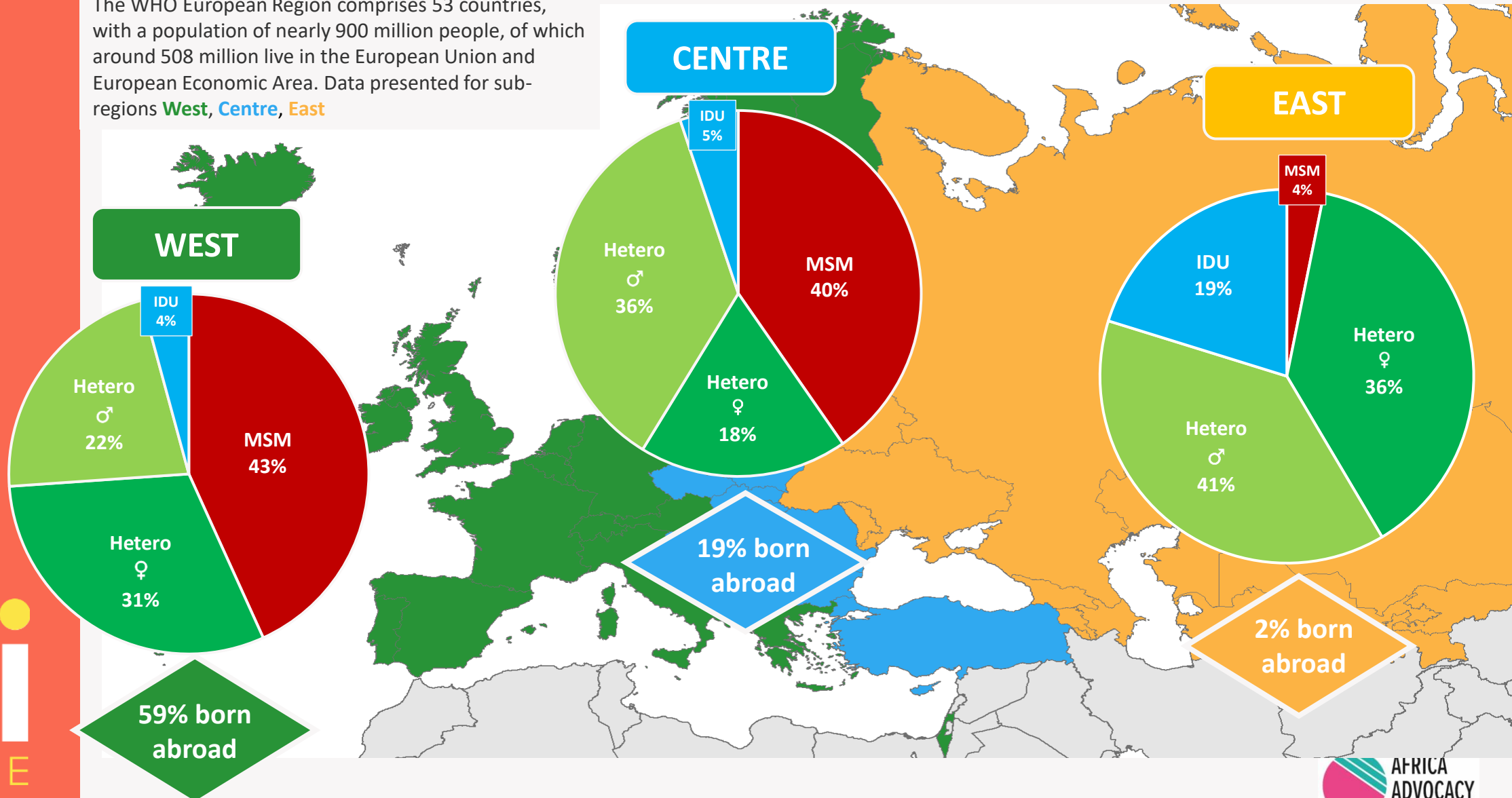
BACKGROUND

- ❑ Migrants are disproportionately affected by HIV in the EU
- ❑ Migrants account for 56% of the EU population accessing care, but account for more than half 58% of diagnosed HIV cases in 2025
- ❑ A significant proportion of migrants acquire HIV after they arrive to the EU
- ❑ Migrants have very low uptake of primary prevention programmes, incl. PrEP and Condoms.

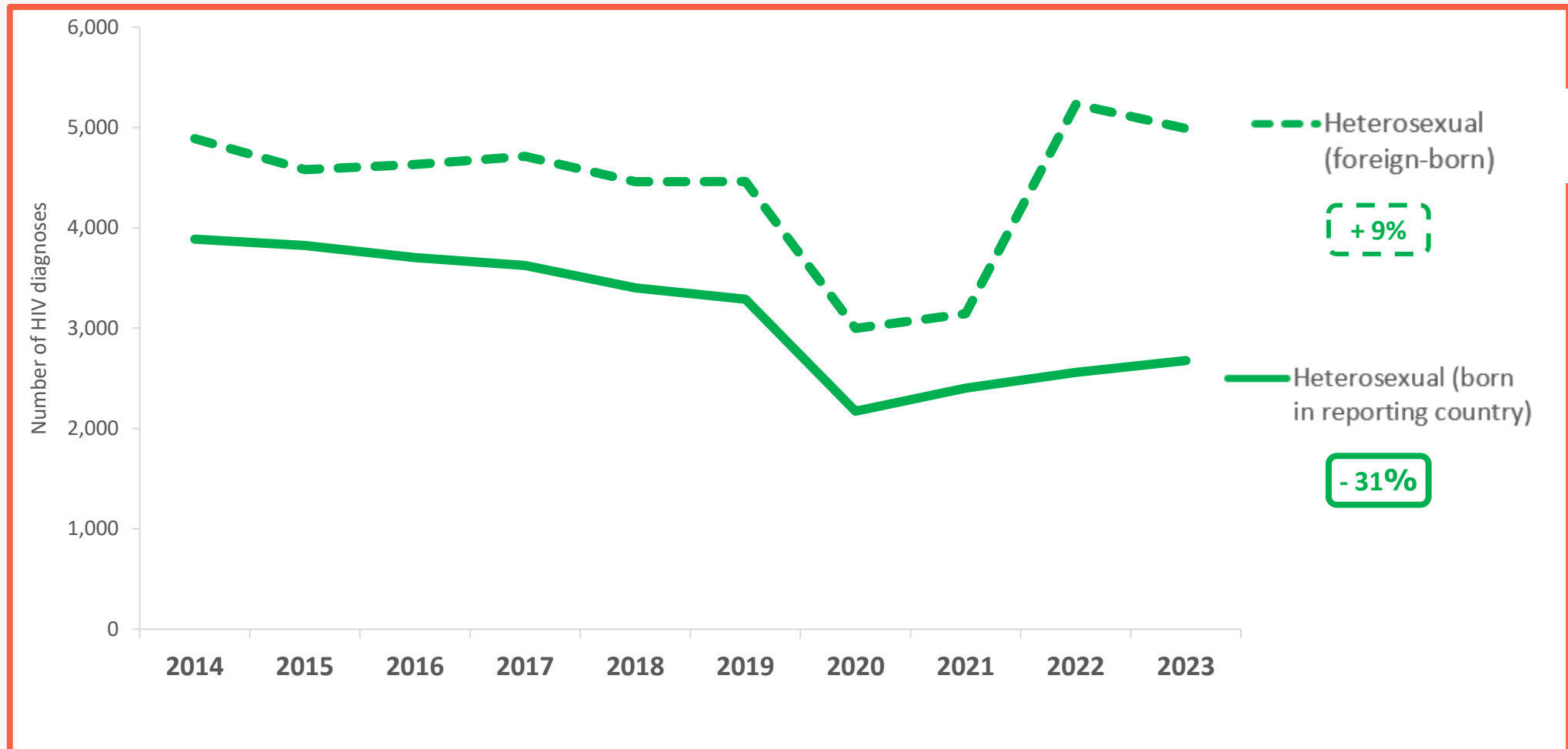


KNOWN ROUTES OF TRANSMISSION BY SUB-REGIONS, 2023

The WHO European Region comprises 53 countries, with a population of nearly 900 million people, of which around 508 million live in the European Union and European Economic Area. Data presented for sub-regions **West**, **Centre**, **East**

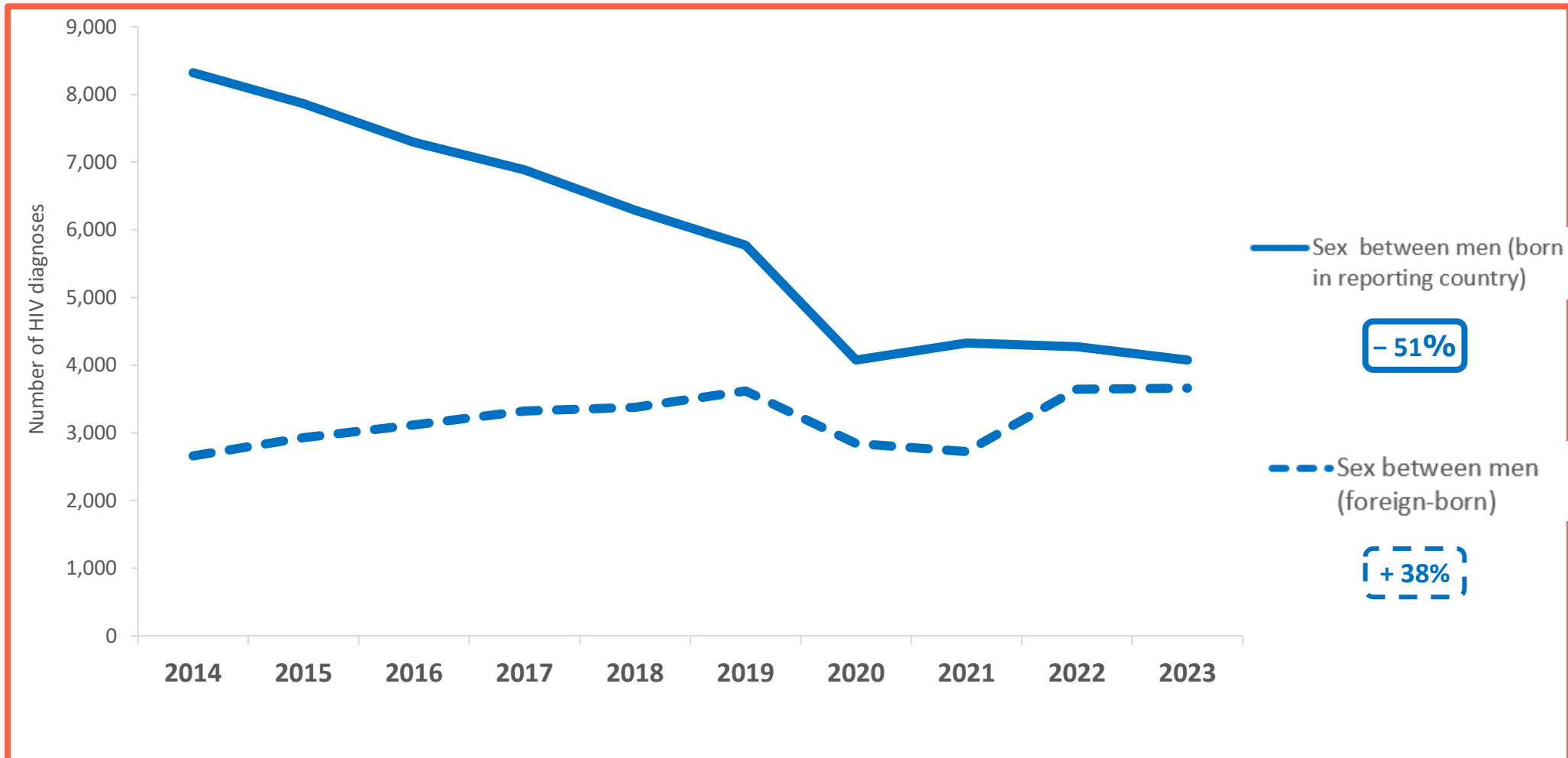


NEW HIV DIAGNOSES, BY TRANSMISSION ROUTE AND MIGRATION STATUS, EU/EEA, 2014-2023



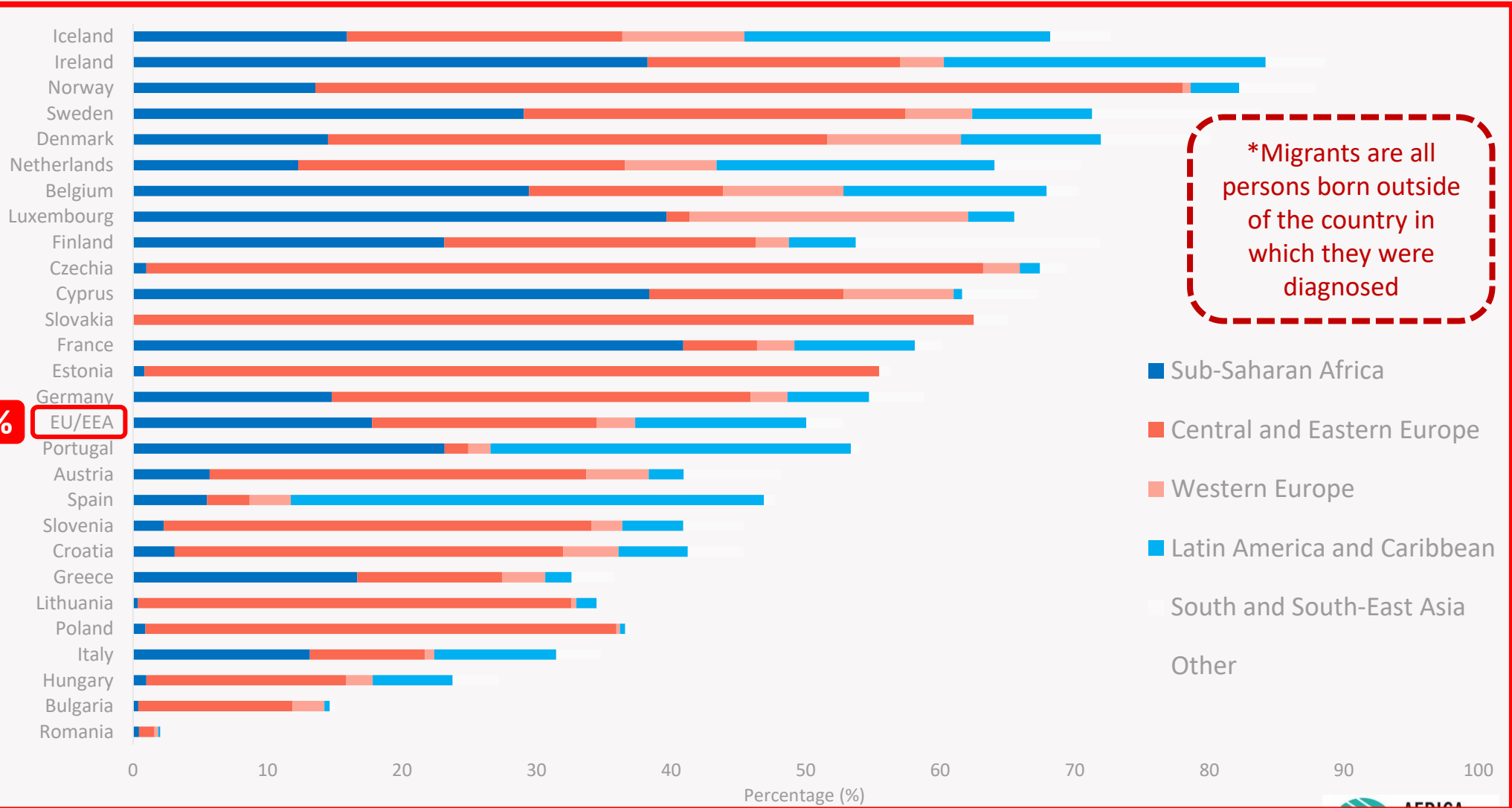
Source: ECDC/WHO (2024). HIV/AIDS Surveillance in Europe 2024 (2023 data): www.ecdc.europa.eu/en/publications-data/hiv-aids-surveillance-europe-2024-2023-data

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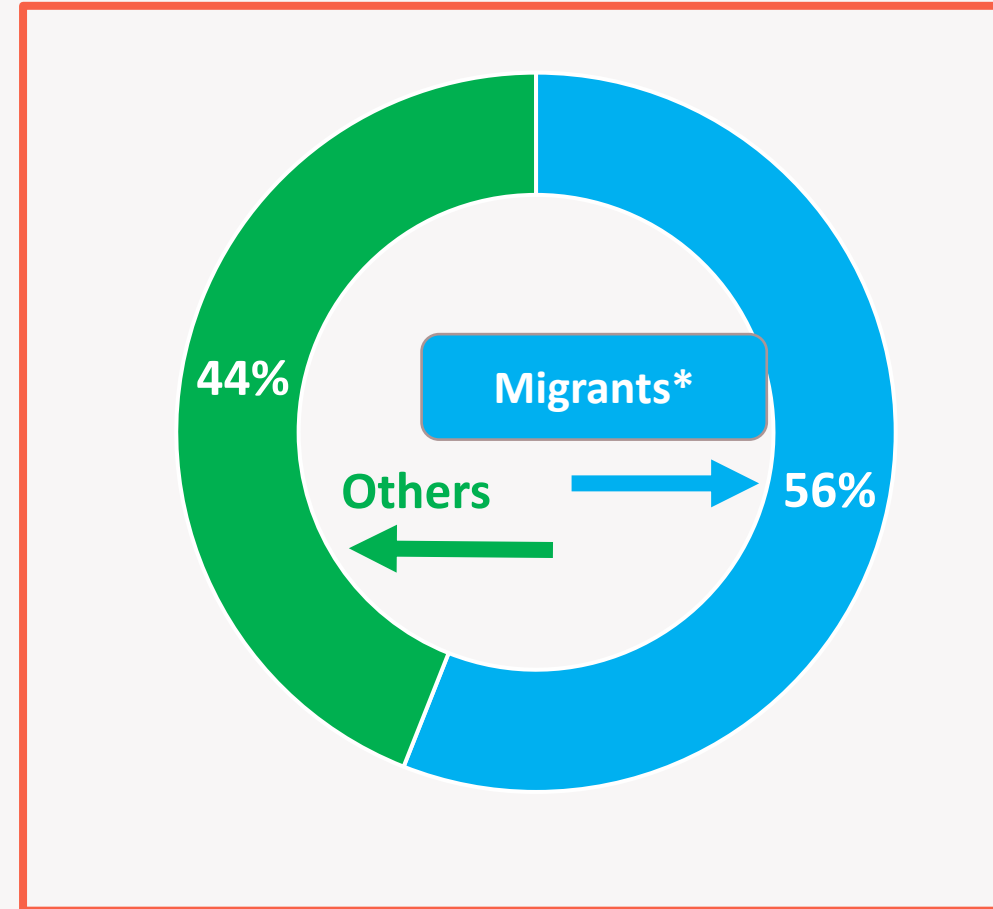
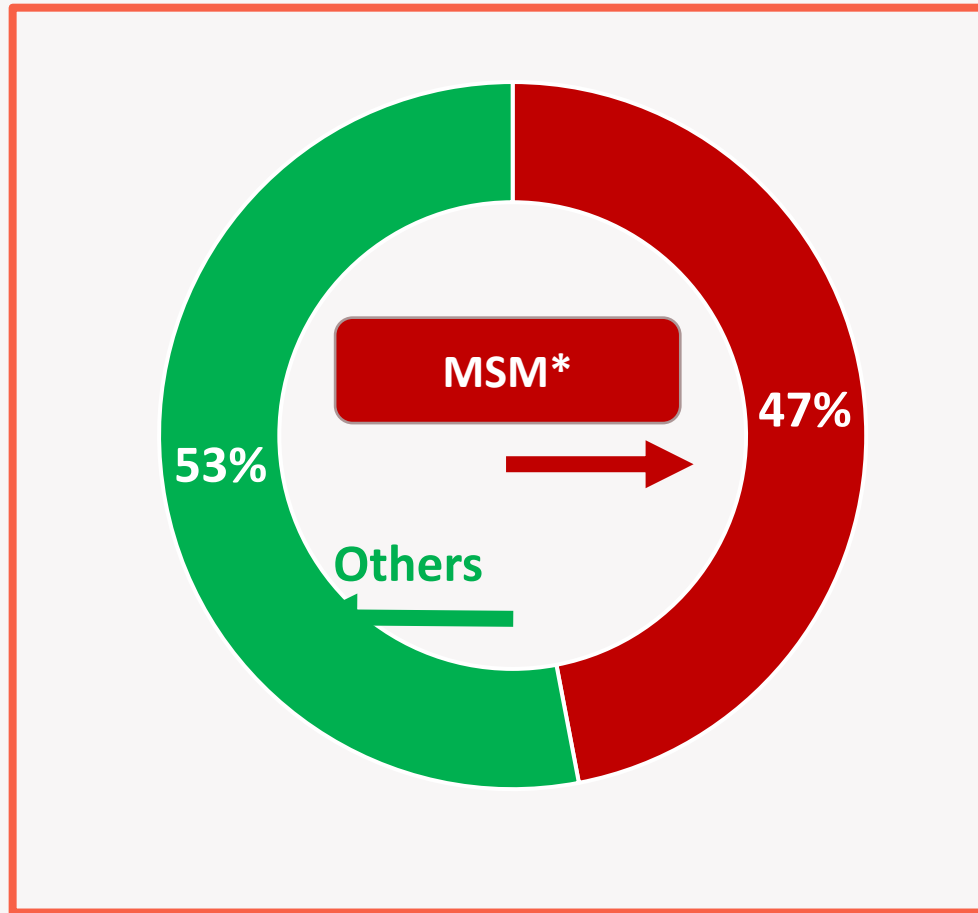


PROPORTION HIV DIAGNOSES IN MIGRANTS* BY ORIGIN OF REPORT, EU/EEA 2023 (EXCLUDING UNKNOWNNS)

56%



HIV IS CONCENTRATED AMONG MSM* AND MIGRANTS* EU/EEA, 2023



*Where transmission mode is known

WHAT IS HIV AND HOW IT IS TRANSMITTED

- ❑ Human Immuno-deficiency Virus
- ❑ HIV is a virus that attacks the immune system
- ❑ Mostly acquired through sexual contact
- ❑ It is a long-term manageable health condition.
- ❑ It is treatable but there is not currently a cure for HIV
- ❑ Acquired Immune-deficiency Syndrom
- ❑ There is no such illness as AIDS
- ❑ It is a diagnosis covering several AIDS-defining opportunistic infections or illnesses Kaposi sarcoma; PJP pneumonia; TB, forms of lymphoma; encephalopathy...
- ❑ Low CD4 count Indicates advanced or late-stage HIV and a severely compromised immune system
- ❑ Can you recover from an AIDS diagnosis?

HIV TRANSMISSION

Quantity

HIV needs to be present in a sufficient amount of fluid:

- Blood
- Semen
- Vaginal fluids
- Breast milk
- Anal Mucus

Quality

Good quality virus
(enough copies of the virus in the fluid sample)

- Someone with a sustained undetectable viral load (longer than 6 months) can't pass on HIV

U=U

Undetectable=Uninfectious

Route

For the virus to get from the bodily fluid of the HIV positive person into the blood stream of the negative person

Even if exposure happens it is not certain that transmission will take place

Last updated: 2 December 2025

CD4 AND VIRAL LOAD

CD4 cell count is the level of immune system

Viral Load is the level of virus in blood



IDENTIFYING PREVENTION NEEDS IN MOBILE POPULATIONS

Group Discussion

FACTORS INCREASING VULNERABILITY AMONG MIGRANTS

- ❑ Legal Status, Mobility , Limited access to health
- ❑ Stigma, language barriers, cultural norms
- ❑ Economic precarity and unsafe work/living conditions

IDENTIFYING PREVENTION NEEDS IN MOBILE POPULATIONS

BARRIERS

- Disclosure
- Criminalisation
- Confidentiality
- Travel restrictions
- Can be devastating News
- Stigma/myths around HIV
- Fear
- Ignorance

INCENTIVES

- Peace of mind
- Treatment options
- Plan for the future
- Condom use
- SH clean slate
- Access to services
- Prolonged life
- Not passing HIV on to others.

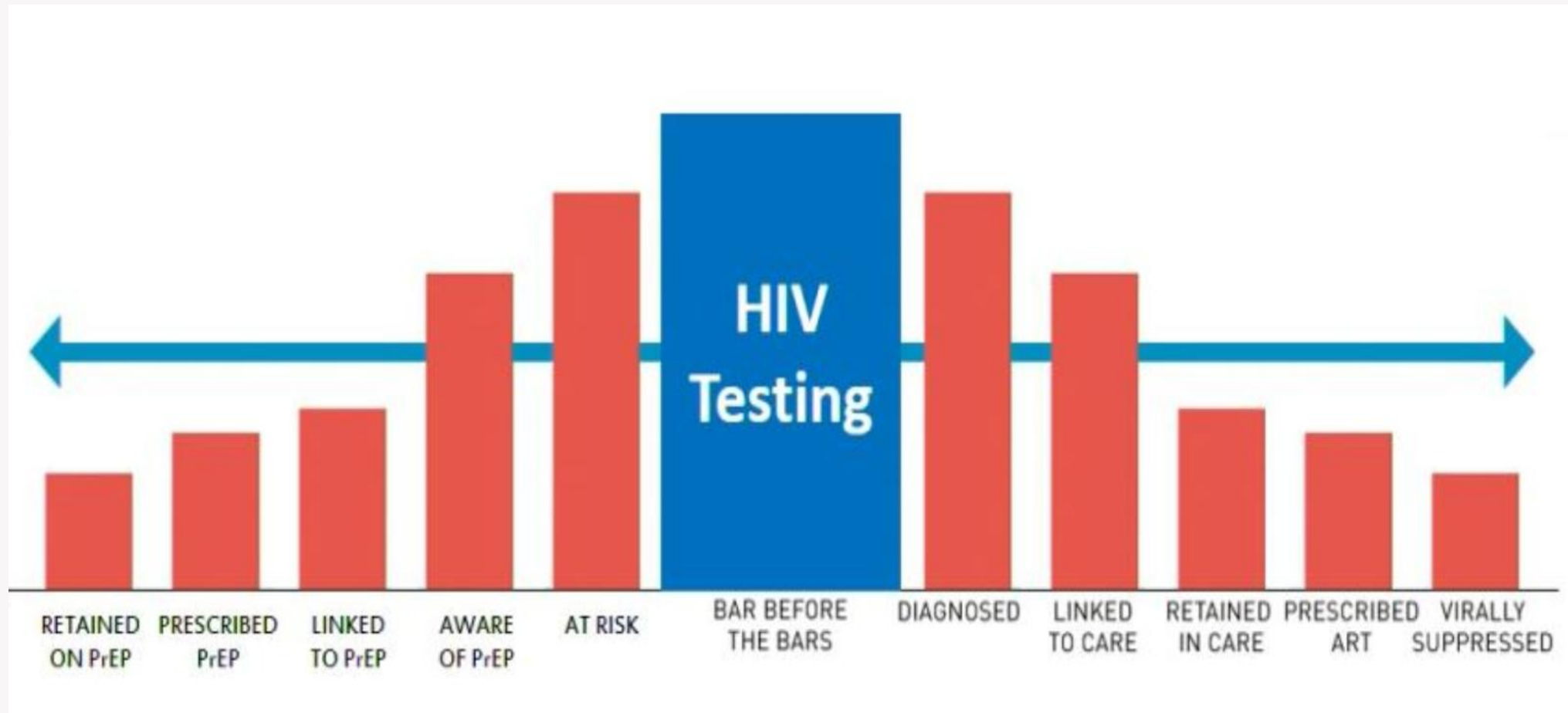
TIME FOR A
BREAK



HIV PREVENTIONS

- Testing Treatment as Prevention
- Undetectable Viral Load
- PrEP
- PEP
- Condoms

BEFORE THE BARS



TREATMENT AS PRESENTATION

- Someone living with HIV and on effective treatment CAN'T PASS IT ON.
- We use the term U=U which stands for Undetectable = Untransmittable
- Between 2014-2018, expert studies showed no HIV transmissions after 126,000 occasions of condom less sex between sero-discordant couples.



HIV PREVENTIONS

Barrier Methods

- Condoms
- Femidoms
- Dental dams

Condoms provide a thin barrier that stops sperm, bacteria and viruses getting from one person and into another

- When used correctly condoms are the best protection against STIs and HIV when having vaginal, anal or oral sex
- It's important to find the right fit and feel for you and your partner-consider the size, fit and materials

INTRODUCTION TO PREP PREVENTIONS

We have come a long way



BIOMEDICAL INTERVENTIONS



Pre-exposure prophylaxis

Post exposure prophylaxis

Treatment as prevention

Diagnosis and treatment of STIs

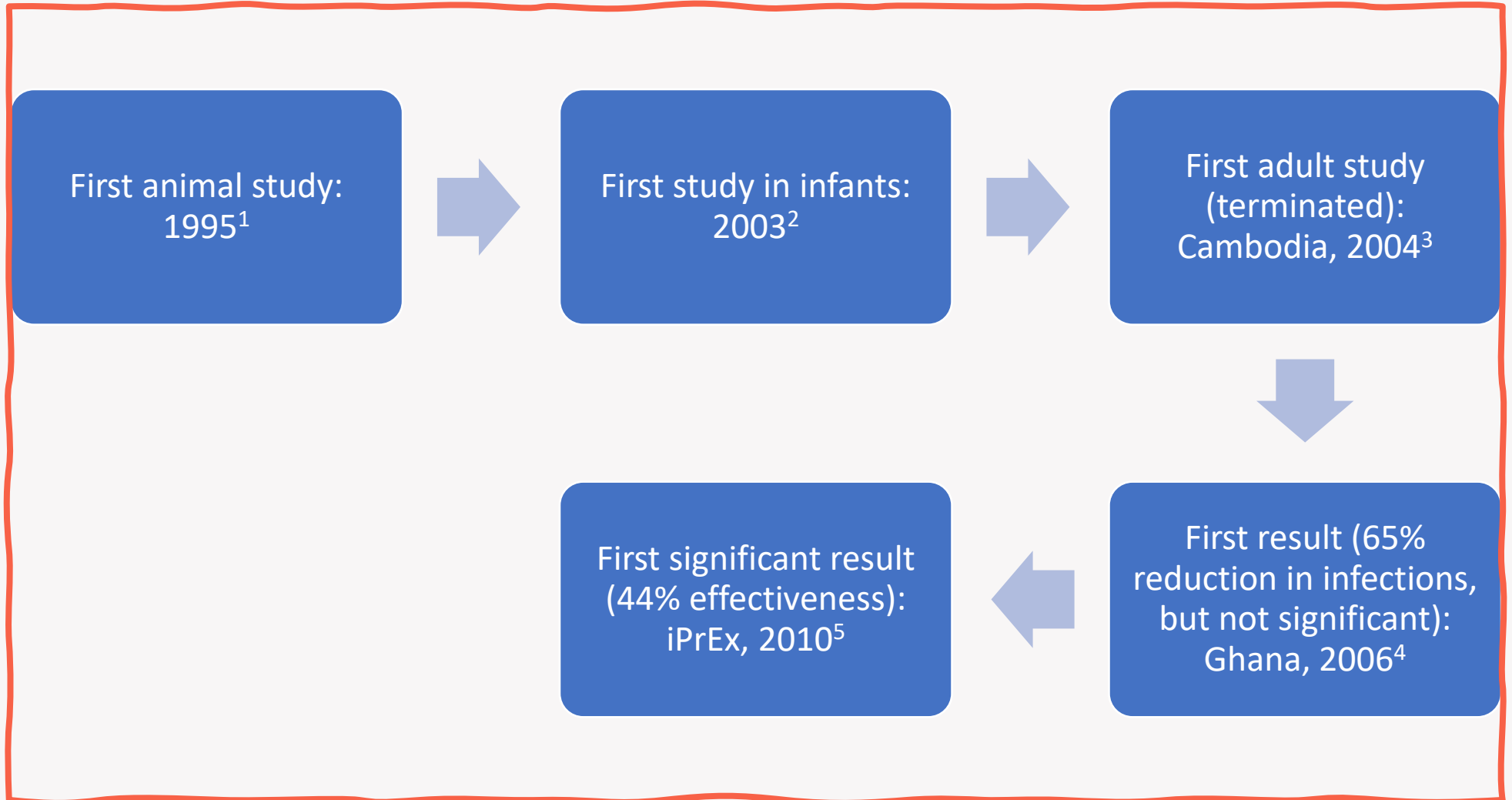
Voluntary male circumcision

Microbicides

Blood safety

Injection safety

PREP GUIDELINES



MORE EVIDENCE

Source: Adapted from: Sheena McCormack – HIV Pre-exposure prophylaxis - RCP 2016

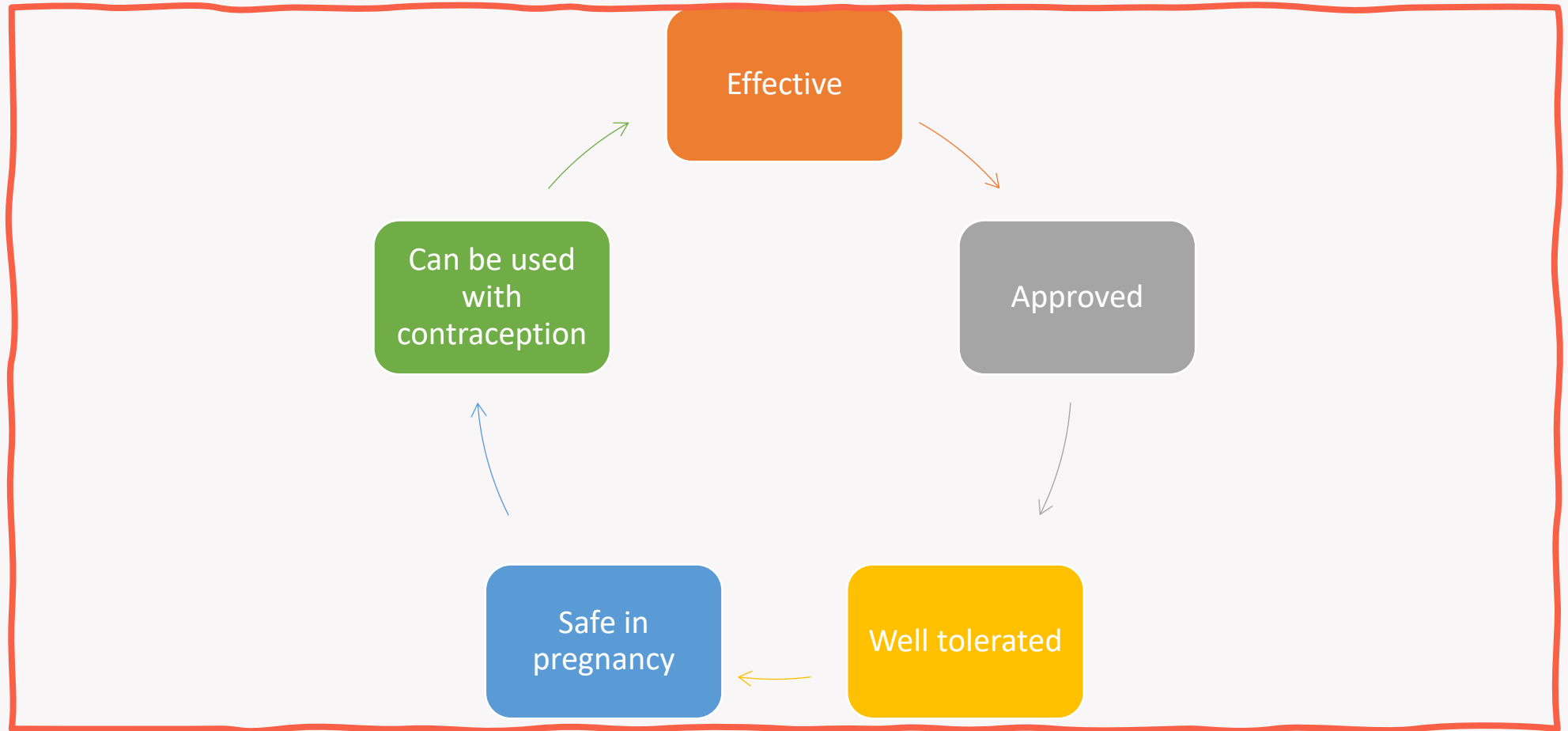
Population	Trials	Reduction in HIV Incidence	Drug, delivery, regimen
MSM and transgender	iPrEX	44%	TDF/FTC
	PROUD	86%	Oral
	IPERGAY	86%	Daily/on demand
Heterosexual men and women	Partners PrEP	63 - 84%	TDF +/- FTC
	TDF ₂	62%	Oral Daily
Women	CAPRISA	39%	TDF +/- FTC
	FACTS	0%	Gel/Oral
	FEM-PREP	6%	Daily/on demand
	VOICE	-49% - 15%	
	ASPIRE	27% - 61%	Dapivirine
	The Ring	31%	IVR, monthly
People who inject drugs	BTS	49%	TDF Oral Daily

PROUD STUDY



- Pre-exposure Option for reducing HIV in the UK: immediate or Deferred
- MRC CTU at UCL and Public Health England
- Launched in 2012 - 545 participants -13 sexual health clinics in England
- Randomised participants to receive PrEP immediately or to receive PrEP after a period of 12 months
- Deferred group offered PrEP ahead of schedule

SAFETY



INTRODUCTION TO PREP PREVENTIONS

What PrEP is and how it works

- ❑ Drug given to HIV uninfected individuals before and after exposure to HIV
- ❑ At present - antiretrovirals or CCR5 inhibitors
 - ❑ Commonest form – oral pill
 - ❑ **Truvada**
 - ❑ **TDF** – Tenofovir disoproxil fumarate – nucleoside reverse transcriptase inhibitor
 - ❑ **FTC** – Emtricitabine - nucleoside reverse transcriptase inhibitor
 - ❑ Other modes of delivery
 - topical (gel, pessary, released from intravaginal ring), injectable or implant



PREP IN THE PIPELINE

- ❑ long-acting PrEP development
 - ❑ Cabotegravir (CAB) –bi-yearly
 - ❑ Lenacapavir (LEN) – bi-monthly
 - ❑ Monthly Tablets

- ❑ Monthly Vaginal Ring
 - ❑ Dapivirine Vaginal Ring

- ❑ Mircobicides

SUPPORTING PREP ADHERENCE AND CONTINUITY OF CARE FOR MOBILE POPULATIONS

- Practical strategies for supporting adherence

- Clear counselling , pill reminders, mobile –friendly follow up

- Flexible refills systems, cross-boarder care coordination when possible

- Address myths, stigma and cultural concerns

- Continuity-of-care models for mobile communities

SUPPORTING PREP ADHERENCE AND CONTINUITY OF CARE FOR MOBILE POPULATIONS

Challenges for migrants:

Mobility

Documentation

Cost

Fear of authorities,

Instability

FOLLOW-UP CARE, MONITORING & MANAGING SIDE EFFECTS

- Required baseline assessment
- Ongoing monitoring schedule:
 - HIV testing
 - STI screening
 - Renal function checks
 - Adherence discussion

IMPORTANCE OF REGULAR HIV/STI TESTING

- ❑ Why testing regularly (3-6 months) is critical
- ❑ Testing access challenges for migrants and strategies to overcome them HIV
- ❑ Confidentiality and migrants rights

Discussion of how this can happen in practice

THE ROLE OF PEER SUPPORT NETWORKS

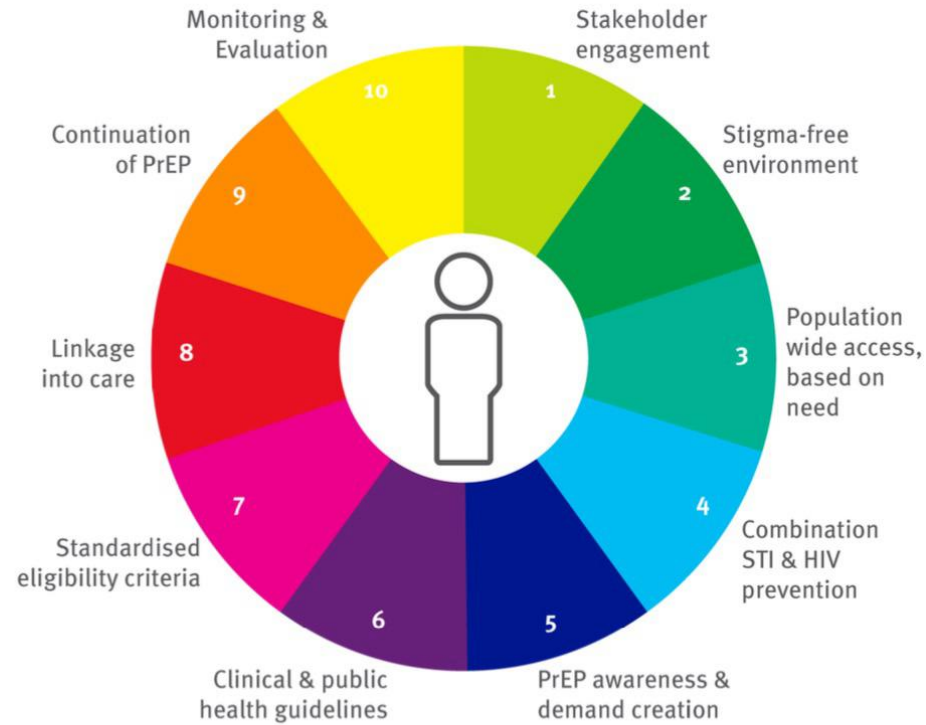
- ❑ The role of peer educators and community navigator in supporting uptake and continuity
- ❑ Building Trust, reduce stigma improves engagement

Discussion: Examples of effective community –led programmes

KEY PRINCIPLES FOR EFFECTIVE PREP PROGRAMME IMPLEMENTATION

HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring TECHNICAL GUIDANCE

Figure A2. Key principles for effective PrEP programme implementation



How men influence young women's perspectives from young women, male partners, and male peers in Siaya county, Western Kenya - BMC Women's Health

BMC Women's Health, open access
<https://bmcwomenhealth.biomedcentral.com/articles/10.1186/s12925-024-00414-2>

Abstract

Background

Daily oral pre-exposure prophylaxis (PrEP) is an effective HIV prevention option for those who are most vulnerable to HIV infection, especially young women (YW). Obstacles to PrEP use include lack of support from male sexual partners and peers. We explored the views of YW, and male partners and male peers of YW in Siaya County, Western Kenya, to illustrate how men influence, and can support, YW in using PrEP.

Methods

We used Photovoice to capture the views of YW aged 18-24 who were currently or previously enrolled in the DREAMS program and with current or previous experience taking PrEP. We also captured the views of YW's sexual partners and male peers. The YW completed eight photo assignments that focused on identifying factors influencing their PrEP use, and male participants completed four photo assignments focused on identifying ways men support or hinder YW's PrEP use. Photographs were presented and discussed in same- and mixed-gender groups using the SHOWED method. YW also participated in in-depth interviews. The analysis focused on identifying themes that described men's influence on YW's PrEP adherence and persistence.

Results

Among YW, a restricting male influence on PrEP use emerged in the majority of photo assignments such that YW's photographs and discussions revealed that men were more often viewed as barriers than supporters. YW perceived that they had little autonomy over their sexual lives and choice to use PrEP. YW's PrEP use was perceived to be hindered by stigmatizing community narratives that influenced men's support of PrEP use among women. Male participants suggested that men would support YW's PrEP use if PrEP use was better promoted in the community and if men were more knowledgeable about its benefits.

Conclusions

A lack of support from male partners and peers and stigmatizing community narratives influence YW's PrEP use. Community-based programs should include education about PrEP specifically for male partners and peers of YW to positively influence PrEP use.

PEPFAR Access Strategies for Success
 More info, register: <https://tinyurl.com/equitablepr>

Public PrEP Programs Lower HIV Incidence in Australia

Nicholas Medland, M.B.B.S., Ph.D., of University of New South Wales, presented study results finding that PrEP prescriptions lowered Australia's HIV incidence. Using anonymized prescription data between 2018 and 2023 from the country's public health system, the researchers estimated how often people taking PrEP acquired HIV by noting whether they later began antiretroviral therapy.

Medland described the rate of HIV incidence among the roughly 66,000 people included in the analysis—most of whom were gay and bisexual men—as “very low.” Over the five-year period, 207 cases occurred, which amounted to an incidence rate of 1.07 cases per 1,000 person-years.

Reviewing the prescription data, Medland and his colleagues further estimated the percentage of days people had PrEP to take. People who received only a single PrEP prescription in the five-year evaluation period experienced the highest HIV incidence rate. About 20% of people fell into this category, which constituted 30% of the new cases observed (2.6 per 1,000 person-years).

The fewest cases (15%) occurred in people who had PrEP available for more than 60% of the time during the study (0.5 HIV acquisitions per 1,000 person-years). People in this high-coverage group saw a reduction in HIV incidence of 79% relative to the single-prescription group, while those who had it available less than 60% of the time (but still more than once) saw a 62% reduction in incidence. “This is great news for PrEP programs,” said Medland.

Encouraging Results for African Women

New results from the INSIGHT study—a 20-site study across six African countries—showed that providing point-of-care urine tests helped African women take oral PrEP more regularly.

Brenda Mirembe, M.B.Ch.B., M.Sc., from the Makerere University and Johns Hopkins University Research Collaboration, presented the study, which enrolled more than 3,000 sexually active women between the ages of 16 and 30. After the first, third, and sixth month of starting PrEP (with oral emtricitabine/tenofovir disoproxil fumarate), the women were provided with adherence counseling and took urine tests to detect drug levels.

A positive urine test indicated good PrEP adherence, and 65% to 72% of the women tested positive for tenofovir during the three tests. Mirembe reported that the biggest challenge to staying on PrEP reported by the participants was forgetting to take the pills. Nonetheless, 64% of the women said the testing improved their motivation to keep taking it.

“We saw high PrEP uptake of more than 90%. PrEP persistence was also high throughout the six months,” said Mirembe, later adding that “greater than 90% received refills at all visits.” During the study, HIV incidence was 1.4%, but Mirembe noted that this was lower than the 1.8% incidence measured during the HPTN-084 trial that helped lead to the U.S. approval of injectable PrEP with cabotegravir.

State PrEP Coverage and U.S. HIV Incidence

One study presented at CROI 2024 showed that PrEP coverage in the U.S.—i.e., the percentage of people with a clinical indication for PrEP who receive a prescription—correlated to HIV incidence. Patrick Sullivan, D.V.M., Ph.D., of Emory University, and his colleagues compared publicly available PrEP prescription data to annual changes in HIV diagnoses between the years 2012 and 2021.

The researchers expected states with higher coverage to show steeper declines in HIV cases. “And that’s basically exactly what we saw,” Sullivan said.

The work adds to a 2020 analysis looking at similar trends between 2012 and 2016. As in the previous study, the researchers sorted states into five groups, arranged from lowest to highest PrEP coverage.

<https://www.thebodypro.com/article/croi-2024-prep-hiv-incidence-access>

Snip:

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Read the full article:
<https://www.thebodypro.com/article/croi-2024-prep-hiv-incidence-access>

CASE STUDIES

The UK government is dangerously neglecting sexual health services

Deborah Gold of the National Aids Trust, Dr Will Nutland of PrEPster and Ian Green of the Terrence Higgins Trust write



“We’re hearing of waiting times climbing for the HIV prevention drug PrEP, and some clinics have reported a 90% reduction in their ability to provide PrEP and other services.” Photograph: Rungroj Yongrit/EPA-EFE

Progress on vaccine supply alone isn’t enough to support sexual health services, which are critically overburdened and need additional funding now (UK trials smaller doses of monkeypox vaccine as supplies run low, 22 August). Due to a lack of support from the government, they are struggling to deal with monkeypox, HIV prevention and STIs. We’re hearing of waiting times climbing for the HIV prevention drug PrEP, and some clinics have

HOME HEALTH | Lilongwe, Blantyre becomes first beneficiaries of long-acting injectable PrEP

Lilongwe, Blantyre becomes first beneficiaries of long-acting injectable PrEP

<https://malawi24.com/2024/03/26/lilongwe-blantyre-becomes-first-beneficiaries-of-long-acting-injectable-prep/>

The United States government through PEPFAR International has delivered to Malawi Government the first shipment of injectable Pre-exposure prophylaxis (PrEP) medicine for HIV prevention, making Malawi the third country in Africa to offer injectable PrEP.

The Director of Programs at National Aids Commission (NAC) Chimwenwe Mablekisi commended the introduced of long-acting injectable PrEP saying it will help to complement their efforts of ending HIV threat by 2030.

“As you are aware, our goal is to end HIV as a public health threat by 2030 and for us to achieve that we need to ensure that we have as many HIV prevention as we can” said Mablekisi.

She added “One of the guiding principles for HIV response in Malawi is the human rights approach, to give people options to their HIV prevention choices that they can take so we feel that injectable PrEP will really help us to reduce new HIV infections in particular that we are targeting those most at risk to contracting HIV”.

Mablekisi further advised people to keep using the combination prevention methods to avoid contracting different STI’s since long-acting injectable PrEP is only for HIV prevention.

In January 2021, Malawi rolled out the implementation of oral PrEP for HIV prevention following a successful pilot phase within the country. As of today, over 100,000 individuals are on oral PrEP.

However, almost half of those clients are continuing on Oral PrEP for various reasons.

PREP FOR PREP

WHAT IS PREP? CAN YOU USE PREP WHILE ON HORMONES? WHO IS PREP FOR? IS PREP RIGHT FOR YOU? EXPLORE THESE QUESTIONS AND MORE IN THIS COMMUNITY FORUM.

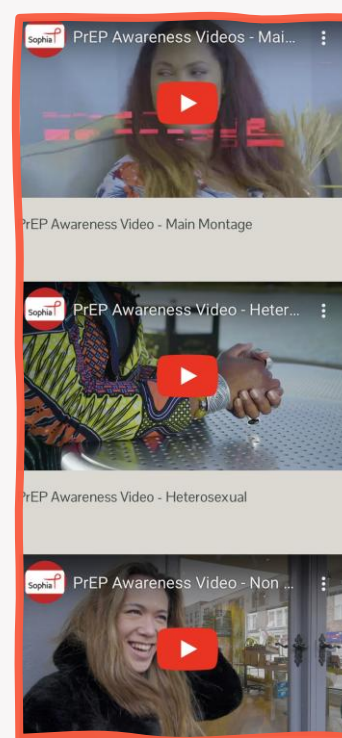
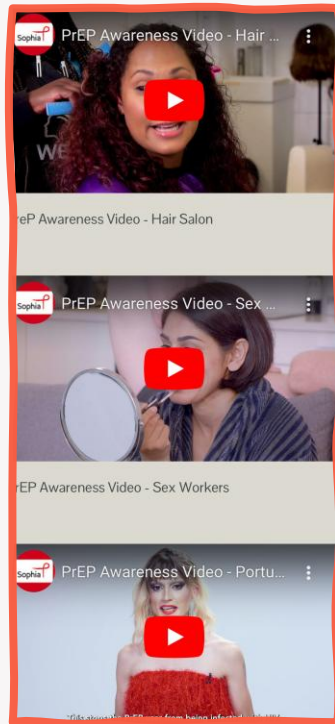
ENGLISH PREP WORKSHOP
 BY CALLEN-LORDE
 6PM-8PM
 THURS, MAY 14, 2015
 AUDRE LORDE PROJECT
 THIRD FLOOR
 147 WEST 24TH ST
 CALLEN LORDE
 COMMUNITY HEALTH CENTER

SPANISH PREP WORKSHOP
 6PM-8PM
 THURS, MAY 7, 2015
 AUDRE LORDE PROJECT
 THIRD FLOOR
 147 WEST 24TH ST
 LAYING ON AIDS 25 years

MEAL & METROCARD PROVIDED
 THIS IS AN ACCESSIBLE SPACE
 EMAIL CLEO@ALP.ORG WITH QUESTIONS

Examples of PrEP programmes from different parts of the world.





- Awareness**
 - Outreach
 - Peer mobilisers/champions
- Delivery**
 - Sexual Health
 - Online
 - Community-based organisations
 - Primary care
 - Pharmacy

CASE STUDIES

EXPLORE YOUR OPTIONS. SET YOUR BOUNDARIES. BE RESPONSIBLE WITH YOUR FREEDOM.

FAQs tips blog provider list

Teens have multiple choices for sexual health and HIV prevention – what are yours?

You deserve access to relevant information related to PrEP for HIV prevention, as well as clear and empowering sexual health and wellness resources beyond HIV.

No local authority in England reported more than 5 women accessing PrEP

#NotPrepared report reveals major barriers to the HIV prevention pill in England – while 7 people are newly diagnosed with HIV every day.

Sophia Prepster WOVCE

April 2024

Could combined support be the key to increasing PrEP use among young people?

PrEP use among young people who received text messages, online peer support and coaching increased from 11% to over 25%

REVIEW

Revisit list of things you wanted to learn from today's session

Key Takeaways

Reflections

Evaluation and next steps

THANK YOU

