

EUROPE: FIRST EDITION

# HIV PREVENTION HANDBOOK



global  
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caucus

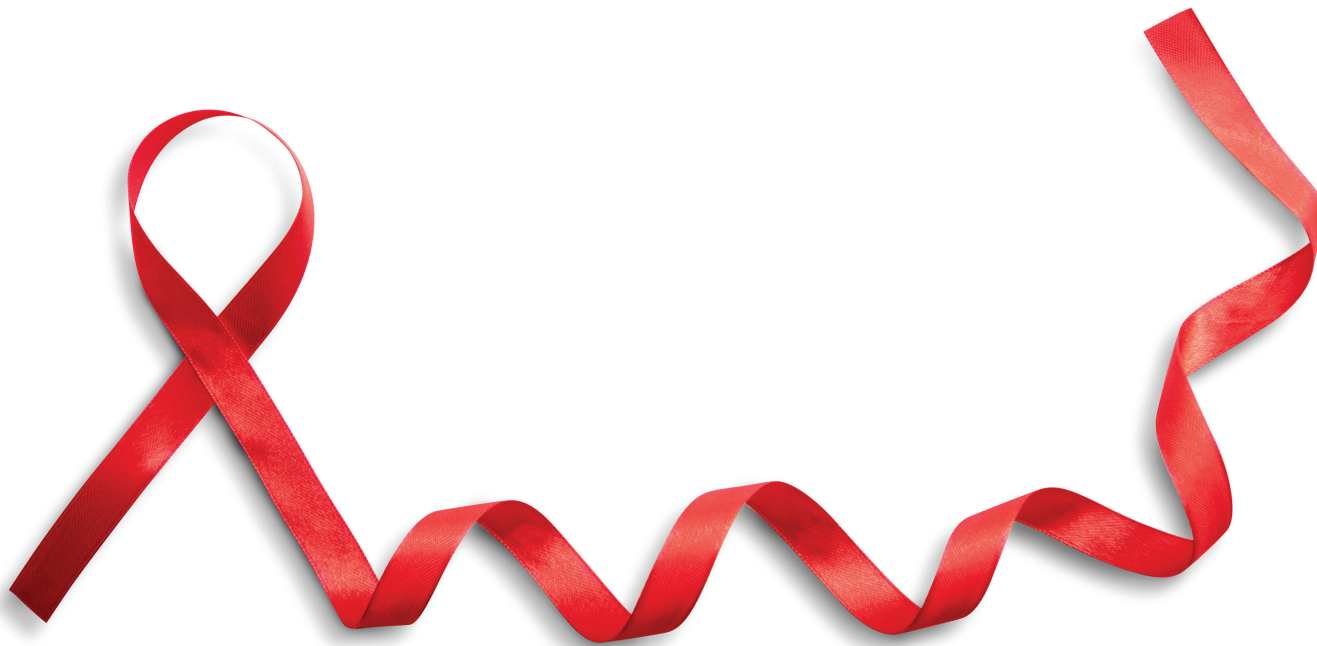
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**BEST  
PRACTICES  
FOR LEGISLATORS**

**HIV** PREVENTION  
HANDBOOK

# BEST PRACTICES FOR LEGISLATORS

EUROPE: FIRST EDITION



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### The HIV Prevention Handbook

is a product of the Global Equality Caucus, part of a wider programme to bring the impact of the HIV epidemic on LGBT+ populations to the attention of legislators. The handbook outlines different prevention strategies and how legislators can advocate in their assemblies for policies that will end the epidemic.

This handbook focuses on the Europe region.

First Edition  
September 2022

### The Global Equality Caucus (<https://www.equalitycaucus.org>)

is an international network of parliamentarians and elected representatives dedicated to tackling discrimination against LGBT+ people. Membership is open to any current or former elected official who supports LGBT+ equality, regardless of their sexual orientation, gender identity or sex characteristics.

Our members, in partnership with civil society organisations, LGBT-inclusive businesses, and our global network of public supporters, push for laws in their jurisdictions that aim to improve the lives of LGBT+ people. Our work covers multiple strands, including advocating for decriminalisation, anti-discrimination laws, improved data monitoring, better funding for LGBT organisations, and higher standards in the provision of healthcare for LGBT+ people.

### ViiV Healthcare

is a specialist pharmaceutical company dedicated to HIV medicines and research. We are grateful to ViiV for supporting this work.

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# The HIV epidemic



## FACTS & FIGURES

### Current state of the epidemic

The HIV epidemic is now into its fifth decade. Since the first identified cases in the 1980s, **around 40 million people have died of HIV-related illnesses globally.**

Due to advances in science and medicine, HIV is now a manageable chronic condition if treated properly and it cannot be transmitted if a person living with HIV is virally suppressed.

*Through a combination of prevention strategies, we can end the epidemic if they are deployed effectively.*

### Ongoing epidemic: global statistics

- 38.4 million** people living with HIV in 2021
- 1.5 million** people newly infected with HIV in 2021
- 650,000** people died from AIDS-related illnesses in 2021
- 28.7 million** people accessing antiretroviral therapy in 2021
- 84.2 million** people infected with HIV since the start of the pandemic

Source: UNAIDS

## Why is the LGBT+ community disproportionately affected?

### DISCRIMINATION!

- Laws that restrict access to healthcare, employment and housing for LGBT+ people
- Cultural shame & difficult family relationships can drive individuals into engaging in risky behaviours
- Fear of harassment or prejudice dissuading people from getting tested or treated

### Ending the epidemic: 95-95-95

We can end the HIV epidemic within a matter of years but it will take a concerted push by lawmakers to ensure governments are meeting international targets. All countries are committed to achieving the 95-95-95 targets by 2025, agreed by the UN:

<b>95%</b> of people living with HIV should know their status	<b>95%</b> of people who know their status should be accessing treatment	<b>95%</b> of people accessing treatment should be virally suppressed
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In **2021**, these percentages stood at **85-88-92**. There is work to do.

## RISK OF ACQUIRING HIV IN LGBT+ POPULATIONS

**28 x higher**  
in men who have sex with men than adult men

**14 x higher**  
for trans women than adult women

**66 x higher**  
for trans women than general population aged over 15

**7 x higher**  
for trans men than general population aged over 15

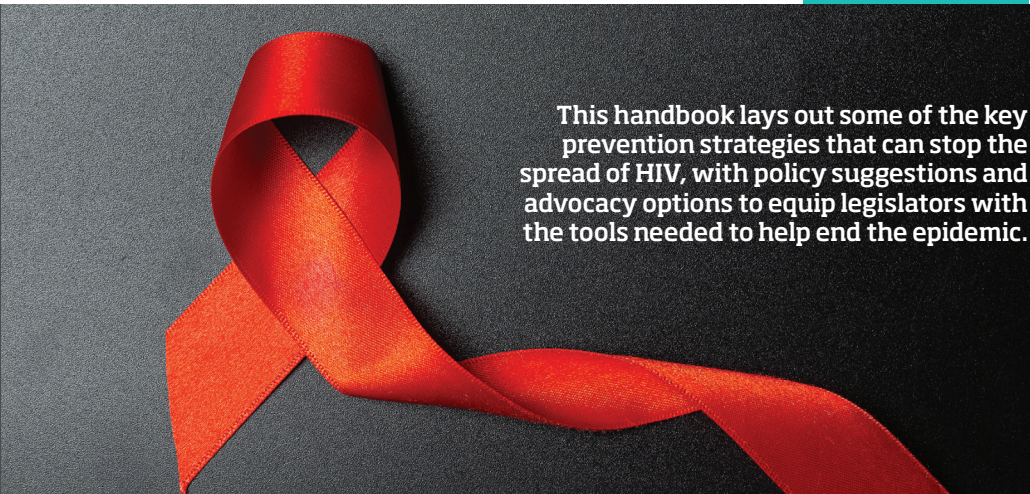
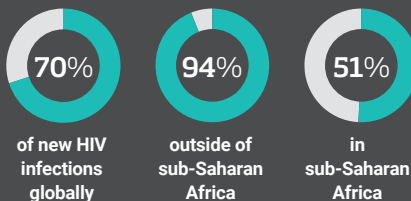
Source: UNAIDS, PLOS One

## KEY POPULATIONS

Certain communities are at disproportionate risk of acquiring HIV:

- Gay & bisexual men and other men who have sex with men (MSM)
- Transgender people
- Sex workers and their clients
- People who inject drugs

In 2021, key populations and their sexual partners accounted for:

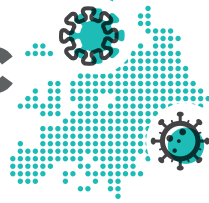


This handbook lays out some of the key prevention strategies that can stop the spread of HIV, with policy suggestions and advocacy options to equip legislators with the tools needed to help end the epidemic.



# The HIV epidemic

IN EUROPE



## Effects of the COVID-19 pandemic

The COVID-19 pandemic has impacted responses to HIV.

In the latest ECDC/WHO European data published in 2021:

- Countries that reported a reduction in case detection estimated an average 20% reduction in HIV testing during this period
- Concerns that the pandemic has led to limited surveillance capacity
- Reduction in people seeking testing and care services

Despite issues associated with under-reporting and under-diagnosis, **104,765 newly diagnosed HIV infections were reported in 46 of the 53 countries** in the WHO European Region in 2020.

## Big differences across the region

	WHO EUROPEAN REGION (WEST)	WHO EUROPEAN REGION (EAST)
New infections per 100,000 population	<b>3.7</b>	<b>32.6</b>
Main reported transmission mode	Men who have sex with men	Heterosexual sex, injection drug use

- \* Between 2011 and 2019, new HIV infections increased by 5% across the WHO European Region, mainly driven by upward trends in the East. The East also has a disproportionately higher rate of HIV incidence than the West and Centre.
- \* Reported cases of transmission through sex between men remains low in the East. This could be due to **lingering discrimination against LGBT+ people**, where fears of prejudice stop gay & bisexual men from being truthful to authorities about the mode of transmission.
- \* **Transmission through sex between men is the predominant mode of transmission** in the West (39.2%), Centre (28.0%), and across the EU/EEA (38.8%).

FIGURE 1

Percentage of new HIV diagnoses with known mode of transmission, by transmission route and country, EU/EEA, 2020 (n = 10 949)

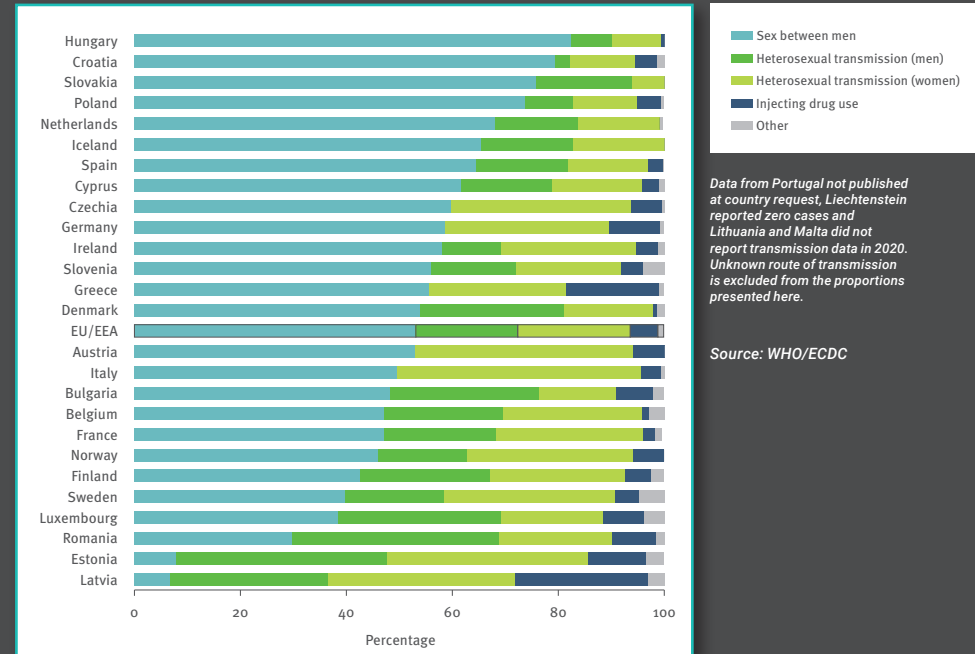
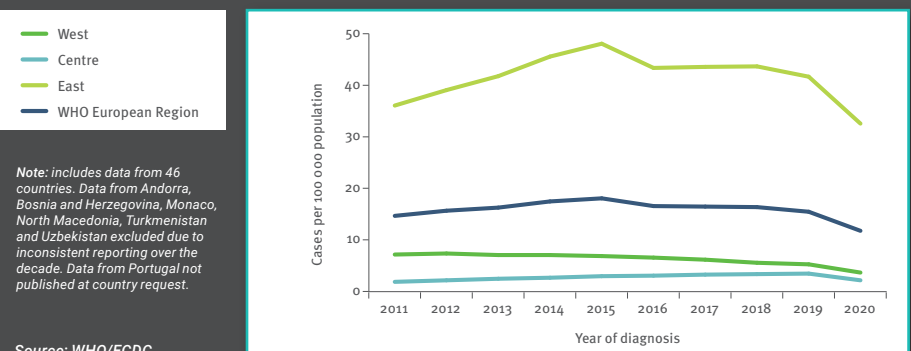


FIGURE 2

New HIV diagnoses per 100 000 population, by year of diagnosis, WHO European Region, 2011–2020



# HIV prevention

IN EUROPE



## Ending the epidemic by preventing new infections

To prevent new HIV infections and slow the spread of the epidemic, **countries must continue to implement a number of prevention strategies** that target populations at increased risk. These include **healthcare interventions and structural interventions**, with the precise combination varying based on the nature of the epidemic per country.

**This handbook highlights several prevention options that most effectively deal with the epidemic in Europe:**



Making **PrEP** available for high-risk groups

pp.12-13



Making **condoms** freely and widely available

pp.14-15



Effectively treating people living with HIV so their viral load is **undetectable & untransmissible**

pp.16-17



Promoting **harm reduction initiatives** for people in certain situations

pp.18-19



**Ramping up testing** including for other diseases and sexually transmitted infections

pp.20-21



**Introducing LGBT-inclusive laws** to tackle stigma and structural discrimination

pp.22-23

## ROLE OF LEGISLATORS

Legislators have a key role to play in tackling the epidemic in Europe. They have the power to pass laws, vote funds, influence debate, and hold governments to account.

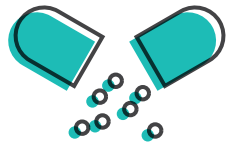
By exercising these powers, legislators can help to improve understanding about HIV, broaden access to HIV services, institute prevention options, and ensure governments are implementing programmes effectively.

Pass Laws	Vote Funds	Influence Debate	Accountability
<p>Destigmatise &amp; decriminalise HIV.</p> <p>Introduce anti-discrimination laws for marginalised populations.</p>	<p>Ensure HIV testing and treatment services have adequate funding.</p> <p>Ensure health budgets have ringfenced funding to meet HIV targets.</p>	<p>Dispel misunderstandings about HIV to media and by educating colleagues.</p> <p>Give a platform to community voices and raise their concerns in parliament.</p>	<p>Make representations to ministers to ensure they are implementing programmes.</p> <p>Push for transparency &amp; objectivity in surveillance data.</p>

Following these general principles, in the pages that follow we identify tailored policies and options for legislators for each of the key prevention strategies.

Each information sheet draws on the European HIV experience and European data, but headline suggestions and principles may still be of use to legislators elsewhere.





# PrEP

## WHAT IS PrEP?

### Pre-exposure prophylaxis (PrEP):

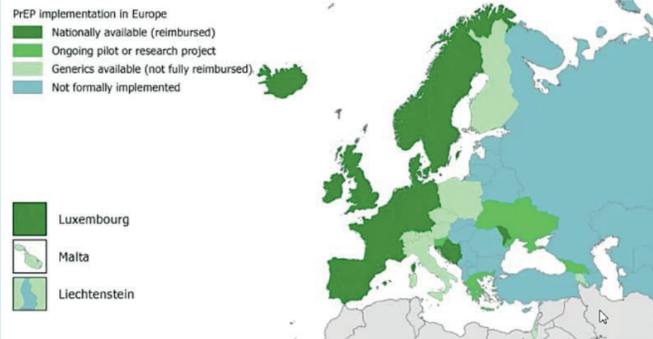
a combination drug taken as a single tablet by HIV-negative people to prevent HIV infection.

If taken as instructed, studies show it can be up to 99% effective in preventing HIV infection.

### Where in Europe is PrEP available?

- Available for free through national health services in much of Western & Central Europe
- Some countries restrict availability through prescription and do not reimburse the cost
- No systematic provision in over 20 countries in Eastern Europe

#### Status of formal PrEP implementation in Europe as of 19.10.20



\*Based on latest available ECDC data. Finland now provides PrEP for free as of July 2021 and a pilot has started in North Macedonia

### Getting PrEP provision right

The vast majority of PrEP users are gay and bisexual men, primarily because awareness campaigns in Europe have been targeted at them and they are more likely to visit sexual health clinics.

Health authorities need to consider ways to improve PrEP uptake among other dis-proportionately impacted groups, including trans men and women, sex workers, migrants, drug users, and cis women who may be exposed to HIV through sex or drug use.

Aside from education campaigns, possible solutions include offering PrEP to women through family planning services as an extra protection option, and equipping NGOs to provide PrEP to key populations who may not wish to engage with state authorities.



### CASE STUDY: PREP ROLLOUT IN THE UK

- 2014** ● Initial trial with 545 gay and bisexual men concludes and reports 86% effectiveness in preventing HIV infection
- 2017** ● Second trial recruits 26,000 'high-risk' participants, 95% of participants are gay & bisexual men. Those not receiving PrEP through trials can buy generic PrEP online, but this is unregulated
- 2020** ● UK Government announces routine commissioning in England with £16 million funding to help local authorities with delivery
- 2021** ● PrEP freely available in all four constituent nations of the UK for anybody who needs it, provided through sexual health clinics. In England, those who request PrEP are encouraged to test for HIV and other STIs every three months
- 2022** ● New HIV diagnoses in heterosexual people overtake those in gay men.

Successful uptake of PrEP amongst the gay community

Promotion of routine testing linked to PrEP provision

Rapid initiation of treatment for those diagnosed positive

### What can legislators do

- ▶ If necessary, vote to make PrEP available through public health systems
- ▶ Approve funding for implementation and delivery, and ensure the government is buying PrEP at the best market price to maximise availability
- ▶ Tell your colleagues about PrEP and collectively push for targeted education campaigns
- ▶ Request anonymised data from health authorities to ensure PrEP is reaching the right populations
- ▶ Approve funding for community NGOs who can work with impacted groups and act as PrEP providers where appropriate





# Condoms

Studies show condoms reduce the risk of HIV transmission by 85-91% when used correctly.

## Effectiveness in reducing risk

Condoms serve as an effective physical barrier to the exchange of bodily fluids during sex and help prevent transmission of various STIs, including HIV.

Risk of transmission is further reduced when condoms are used with other prevention tools such as PrEP.

## Condom distribution

Condoms are available commercially throughout Europe, but **condom distribution programmes** (CDP) can help to widen access by providing free condoms to high-risk groups. They also help to **educate** and **connect at-risk individuals with support services**.



### Netherlands

Nationwide CDP in gay bars with darkrooms and gay saunas led to increased condom use and an annual HIV incidence decrease of 7.62%.

For every €1 spent on condoms, €5.51 was saved in future HIV healthcare costs.



### Germany

In 2018 the German AIDS Service Organization provided free condoms to refugees and migrants from countries with high rates of HIV, with the packaging including links to further information on HIV prevention.

CDPs can be a useful structural intervention as they help to change social and economic environments by increasing **availability, accessibility** and **acceptability** of condom use.

## CASE STUDY: CONDOM SUBSIDIES IN FRANCE

- \* Since 2018, the cost of condoms bought in pharmacies with a doctor's prescription is reimbursed by the state health insurance – 60% of the price for adults, 100% for minors aged over 15
- \* Condoms available for free from:
  - Family Planning and Education Centres
  - Sexual health screening centres
  - HIV community organisations
- \* In 2019, France reported fewer than 5,000 new HIV infections for the first time in a decade

## What can legislators do

- Subsidise the cost of condoms in state health budgets
- Approve funding for condom distribution programmes
- Work with local community groups to increase awareness of condom benefits
- Support sex education programmes for young people



# U=U

**UNDETECTABLE = UNTRANSMISSIBLE**



When a person diagnosed with HIV is on effective treatment and their **viral load is suppressed** to undetectable levels, **they cannot pass on HIV** during sex.

## Antiretroviral therapy

HIV prevention should not be targeted solely at HIV-negative people. The spread of the epidemic can also be controlled by **ensuring people living with HIV are on effective treatment**.

Antiretroviral therapy (ART) has existed since the 1990s, when scientists discovered a combination of several drugs could reduce the viral load of HIV and restore immune function.

Multiple studies have since shown that if ART is taken properly and the level of HIV in the blood is **undetectable** (below 200 copies/ml) then **a person living with HIV effectively has no risk of passing the virus on to an HIV-negative partner** even if a condom isn't used.

### CASE STUDY: ART IN PORTUGAL

- \* Portugal has one of the highest rates of HIV prevalence in Europe and efforts have been focused on bringing down new infections through a combination of prevention strategies.
- \* A major component has been getting more people onto effective ART. World Bank data shows:
  - \* In 2010, 48% of people living with HIV were on ART. In 2020 this increased to 87%
  - \* In 2010, incidence in the population aged 15-49 was 0.3%. In 2020 this dropped to 0.1%



### Quality HIV Care

Ensuring a baseline standard in HIV healthcare, with services resourced to treat HIV patients without stigma and discrimination



### Testing & Treatment

Making testing and treatment accessible and affordable, with regular viral load testing for people living with HIV



### Retention

Keeping people living with HIV engaged with health services and making sure they are taking ART as directed

### What can legislators do

- ▶ Pass laws that contribute to a legal environment free of discrimination, making marginalised communities more assured to access testing and treatment
- ▶ Scale up testing programmes, ensuring they are properly funded and community groups are supported in delivery
- ▶ Pressure governments to commit to provide free antiretroviral therapy through state health programmes indefinitely
- ▶ Promote U=U education campaigns, especially those targeted at communities with high rates of HIV incidence





# Promoting Harm Reduction

## Limiting exposure and supporting wellbeing

Policies and public health practices which reduce risk of HIV exposure and promote wellbeing are vital to any national HIV action plan. These interventions take a more holistic approach to physical and mental health, and aim to prevent the spread of HIV by reducing and mitigating exposure to harmful situations.

### EXAMPLES OF POLICY AREAS THAT SUPPORT HIV PREVENTION INCLUDE:

- ▶ **Addressing “chemsex”** – where groups of sexually active people take recreational drugs and have sex with multiple partners – with support services and community engagement.
- ▶ **Providing HIV prevention information in places where sex occurs on premises**, including gay saunas and darkrooms in clubs & bars.
- ▶ **Supporting sex workers** through legal protections and accessible healthcare.
- ▶ **Harm reduction programmes for drug users**, including supervised consumption sites and needle exchange programmes.
- ▶ **Addressing homelessness**, including support for homeless LGBT+ youth as well as HIV information and community engagement in shelters.
- ▶ **Tackling intimate partner violence**, ensuring infrastructure and resources exist to support victims.



### CASE STUDY: CHEMSEX IN SPAIN

- ✱ In 2016, researchers estimated around 33% of gay men in Spanish cities had practiced chemsex.
- ✱ Between 29% and 37% of people taking part in chemsex were HIV positive.
- ✱ A further study found chemsex participants had a higher prevalence of problems related to both physical and mental health, and higher rates of HIV infection.
- ✱ An integrated support service has been set-up by an HIV NGO, which offers both in-house services and referrals to the public health system. They provide psychological support as well as online resources such as a blog to share experiences. The service also arranges activities such as gym training and museum visits.
- ✱ A dedicated chemsex unit has been established at a hospital in Barcelona but there are concerns about a lack of mental health services available nationwide.

### ADDRESSING INTERSECTIONAL NEEDS

To prevent HIV means **ensuring support services are targeted, and advertised in the right places**, such as apps and gay saunas.

Many LGBT+ people who access these services may have multiple needs. Integrated mental health services should be tailored to the individual and should have the power to refer users to more appropriate medical professionals if necessary.

### What can legislators do

- ▶ Ensure national HIV plans include harm reduction strategies and support for community-based support programmes
- ▶ Approve major investment in specialist mental health services available through national health systems
- ▶ Fund practical harm reduction initiatives including needle exchanges and education programmes
- ▶ Fund community-based NGOs working directly with impacted groups
- ▶ Pass legislation that guarantees anonymous support for sex workers as well as people facing violence, homelessness, and/or people who use drugs
- ▶ Approve national campaigns to eliminate structural drivers of the epidemic, including poverty, racism and LGBT-phobia



# Testing



## The importance of testing

One in two people living with HIV in the EU/EEA are diagnosed late in the course of their infection.

This also suggests that a substantial amount of people living with HIV are unaware of their positive status and could have been unknowingly transmitting the virus to others.

Testing for HIV is an entry point to treatment and care. Transmission can be prevented by getting more people onto effective treatment and through tracing contacts who may have been exposed to the virus.

### TESTING FOR OTHER STIs

**Being infected with another sexually transmitted infection can increase the risk of contracting HIV and make it easier to transmit** – for example, through a sore, ulcer or break in the skin.

Some viruses may also have common modes of transmission, such as viral hepatitis. It is important that STI and HIV testing go hand in hand to ensure cases are picked up.

## Ramping up testing post-COVID

HIV testing services in Europe have been badly affected by the COVID-19 pandemic:

01

Lack of appointment slots in clinics

02

Closure of community testing sites

03

Redeployment of healthcare workers

04

Significant reduction in levels of testing

While testing services and capacity have started to recover since the onset of the pandemic, health services continue to be stretched. This has been highlighted by the response to the spread of the monkeypox virus, with sexual health clinics cancelling services to prioritise vaccination programmes.

## CASE STUDY: EXPANDING ACCESS TO TESTING IN CROATIA

- \* Croatia has had successive national action plans to tackle HIV since the 1990s, laying out a framework for prevention including testing, harm reduction and funding for ART.
- \* A Global Fund project helped to scale up free and anonymous testing with integrated counselling services for the most impacted populations.
- \* Since 2012, the Ministry of Health has collaborated with NGOs to deliver community-based testing, with rapid tests available onsite at the Zagreb LGBT centre.
- \* The Internet has been utilised to target information campaigns at impacted groups, encouraging them to get tested regularly.
- \* A pilot demonstrated home tests can reduce the testing gap for MSM who have never been tested for HIV.



## What can legislators do

- Approve a national testing strategy that incorporates a monitoring and evaluation framework
- Provide resources for clinics and NGOs to expand community-based testing
- Address stigma of HIV testing through dialogue with community-based organisations best placed to reach diverse populations
- Legalise self-testing and ensure the availability of affordable STI home testing kits
- Sanction and normalise routine HIV testing in all healthcare settings, such as in primary care and in pharmacies
- Press governments to ensure they are on track to meet the 95-95-95 targets by 2025



# LGBT-inclusive laws

## The impact of discriminatory laws on HIV prevalence

Structural factors such as discrimination against LGBT+ people, often state-sanctioned through laws that criminalise same-sex relationships or deny equal rights, can hinder HIV prevention efforts:



- **Limited uptake of testing and treatment services amongst LGBT+ populations**
- **Limited access to quality healthcare**
- **Increased likelihood of risky behaviour as a coping mechanism, such as substance abuse or unprotected sex**
- **Lack of familial support and financial stability, leading to poverty and homelessness**

Research demonstrates that **HIV prevalence is higher in countries with more anti-LGBT+ laws**, particularly in those that still criminalise homosexuality.

## CASE STUDY: COMBINING HEALTH, BEHAVIOURAL AND STRUCTURAL INTERVENTIONS IN NORTH MACEDONIA

- \* Although North Macedonia has low HIV prevalence, new infections have been increasing.
- \* The Ministry of Health supports multiple NGOs to work with key populations and deliver integrated community-based strategies, including condom distribution, needle exchanges, voluntary counselling and testing, and psychosocial support services.
- \* An anti-discrimination law passed in 2019 introduced legal equality across a range of state institutions including in employment, social security & healthcare, housing, justice and education.
- \* LGBT+ causes have become more visible nationally, with the formation of a parliamentary LGBT+ group.
- \* The 2021 HIV Prevention Programme introduced a PrEP pilot as part of a wider package of sexual health services, becoming one of the first Balkan countries to do so.

## What does the route to LGBT inclusion look like?

Inclusion begins with reforms to create an environment where LGBT+ people do not fear legal repercussions for simply existing, and instead feel like equal members of society. This means:

Decriminalising same-sex intimacy and abolishing laws that restrict LGBT+ people and organisations

Passing legislation that affords protections to LGBT+ people in institutions such as employment, housing and healthcare

Being actively pro-LGBT+, challenging stigma in all its forms

## What can legislators do

- ▶ Pass legislation that protects LGBT+ people from discrimination in all walks of life, including healthcare, employment, housing and the justice system
- ▶ Approve LGBT-inclusive education, with guidelines that normalise same-sex relationships and promote acceptance of different identities
- ▶ Form parliamentary caucuses that highlight LGBT+ issues and work to progress inclusive legislation
- ▶ Work with colleagues across borders to share experiences in LGBT+ advocacy and strategies in HIV prevention



# ENDING THE EPIDEMIC IN EUROPE

## We can end the HIV epidemic in Europe within several years. We have the tools to do so.

With the region opening up again following the COVID-19 pandemic, lawmakers & officials need to recommit to the HIV response, which has been tested by pandemic pressures.

Although health systems are under strain, it is possible to achieve the 95-95-95 UN targets by 2025 through coordinated action – working as a continent and community, sharing data and knowledge, and implementing integrated HIV prevention strategies, some of which have been identified in this handbook:

- **Funding PrEP and making it available to groups that need it**
- **Making condoms available and accessible, working in-community to espouse their benefits**
- **Getting more people living with HIV onto effective treatment so the virus cannot be passed on**
- **Implementing harm reduction strategies & promoting wellbeing**
- **Ramping up testing, diversifying testing options and technology, ensuring services are free and anonymous**
- **Creating a legal structure that is inclusive of LGBT+ people and marginalised groups**

Legislators have a responsibility to ensure these tools are funded, implemented, and should hold governments to account over effective monitoring and programming.

Deploying some or all of the policy & advocacy suggestions in this handbook will move the region closer to a future with no new HIV infections.

## REFERENCES AND FURTHER RESOURCES

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<https://www.unaids.org/en/resources/fact-sheet>

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### PREP

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<https://preventionaccess.org/resources/>

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## REFERENCES AND FURTHER RESOURCES

### SUPPORT IN HIGH-RISK SITUATIONS

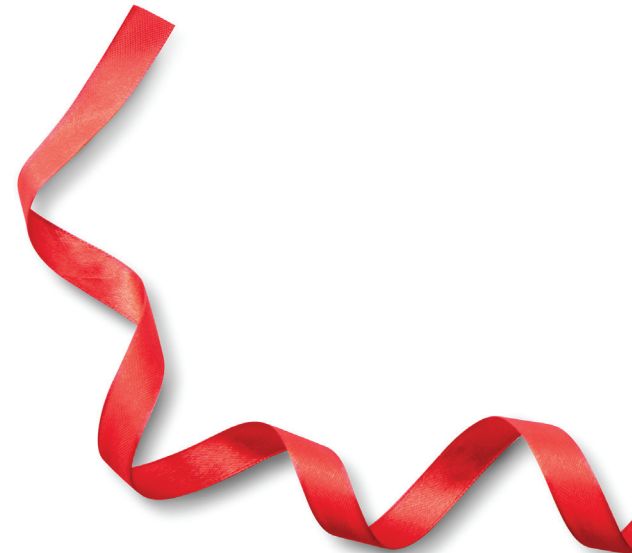
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### TESTING

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