

IUSTI – Europe Statement on HIV Pre-exposure Prophylaxis Provision – Key Steps for Clinicians

Europe and near Asia are facing different problems with controlling the HIV epidemic. In making this statement IUSTI- Europe wishes to identify the important steps governments, agencies, healthcare providers and individuals can take to promote the availability, accessibility and take up of Pre-exposure prophylaxis (PrEP) against HIV . Although these have been clearly articulated in the WHO PrEP Guidance² and the review of PrEP provision that the ECDC¹ has recently issued we consider it important that clinicians recognise the urgency with which this needs to be undertaken.

HIV PrEP is a key component in the prevention of HIV acquisition. In combination with other strategies, it has become an important tool for combating new HIV infections. The evidence for its clear effectiveness across most at risk groups for HIV is incontrovertible and both Governments and clinicians need to take advantage of its availability. PrEP is now licensed across most of Europe and Near Asia but there are wide disparities between countries and regions in terms of its availability and uptake and there often remain structural barriers to its widescale usage.

1. We strongly recommend that governments in countries with no HIV PrEP availability and a rising epidemic to take immediate action to provide access to PrEP.
2. Health care providers and governments need to be cogniscent of the personal financial barriers that PrEP (or its associated monitoring) may pose to some individuals. Arrangements should be in place to ensure that affordable schemes are available, and consideration be given to free and easy access to PrEP- for most at risk populations who are in greatest need.
3. Clinicians working in areas where they may come across most at risk populations for HIV acquisition should become familiar with the use of PrEP, and be comfortable in HIV testing and PrEP prescribing. This is particularly important for those working in STI management.
4. Clinicians should continue to provide care and monitoring to those individuals that choose to source PrEP through community organisations and alternative providers; this may be for reasons of cost and stigma. If PrEP availability through their own services is restricted, clinicians should signpost patients to alternative providers including third sector organisations.
5. Ideally, PrEP provision should be linked to a regular sexually transmitted infections (STI) screening program. If this is unavailable, then schemes to scale up STI screening should be undertaken. In their absence, clinicians should not delay the provision of PrEP.
6. In countries with an increasing demand for PrEP, clinicians need to consider showing flexibility around monitoring procedures without compromising the quality and minimal standards of care and monitoring. The prerequisite for PrEP monitoring is regular HIV testing, which should be included in each visit. On the other hand, where STI monitoring is not available consideration should be given as to whether this in itself may pose a rate-limiting barrier for PREP roll out – STI monitoring should be recommended but not be insisted upon for the continuation of PREP.

References

¹ Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2020/2021 progress report.

https://www.ecdc.europa.eu/sites/default/files/documents/DD_PrEP_brief_May%202022-revised-final.pdf

² Differentiated and simplified pre-exposure prophylaxis for HIV prevention Update to WHO implementation guidance. Technical Brief. 2022.

<https://www.who.int/publications/i/item/9789240053694>