



FIRST RESULTS

COORDINATION GROUP



STUDY GROUP



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WHAT IS PREP?

PrEP (pre-exposure prophylaxis) refers to the use of an HIV antiretroviral drug by an HIV-negative individual for preventive purposes, that is, to prevent HIV infection. Truvada® is the main drug used as PrEP. Up to October 2016, France was the only European country where PrEP could be prescribed and reimbursed.

PrEP does not provide protection against other sexually transmitted infections (STIs).

PrEP is not to be confused with PEP (post-exposure prophylaxis, or “emergency treatment”) which is a combination of HIV antiretroviral drugs to prevent HIV **after** exposure to the virus.

WHAT WERE THE OBJECTIVES OF THE FLASH! PREP IN EUROPE ONLINE SURVEY?

The goal of this research was to better understand knowledge, attitudes towards, willingness to take and current use of PrEP across Europe to inform sexual health policy making.

The Flash! PrEP in Europe online survey took place simultaneously in 12 European countries from the 15th of June to the 15th of July 2016. This document presents the first results of the survey at the European level.

Most respondents were recruited thanks to advertising and promotion on dating apps/websites, Facebook® and Twitter®, the pages of NGOs involved in the project, websites with LGBTI audience and distribution of cards and flyers during regular activities.

WHERE DID RESPONDENTS COME FROM?

Overall,
15,880
persons

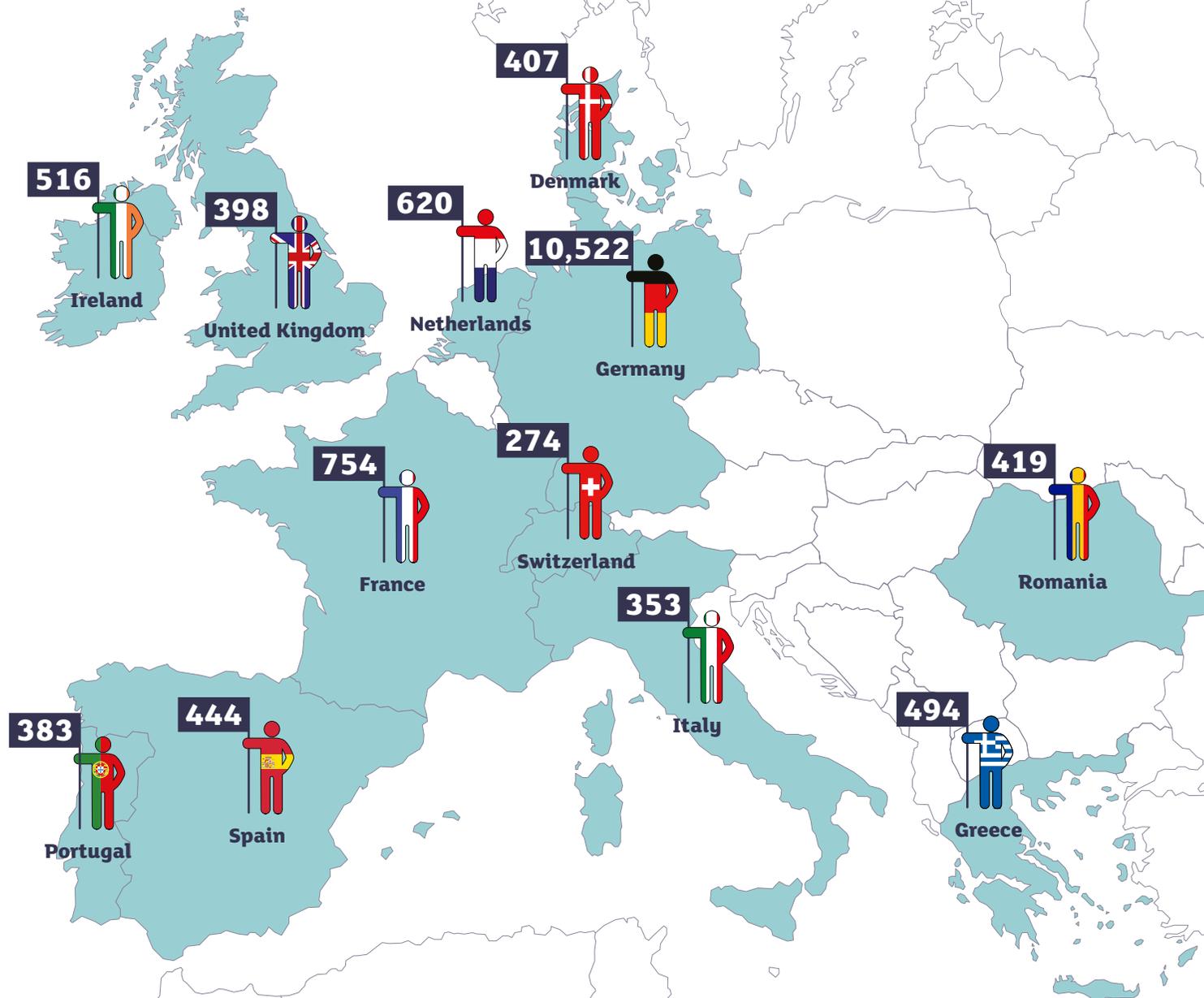
took part in the survey!
We extend warm thanks
to all the participants,
without whom nothing
would have been possible.

205

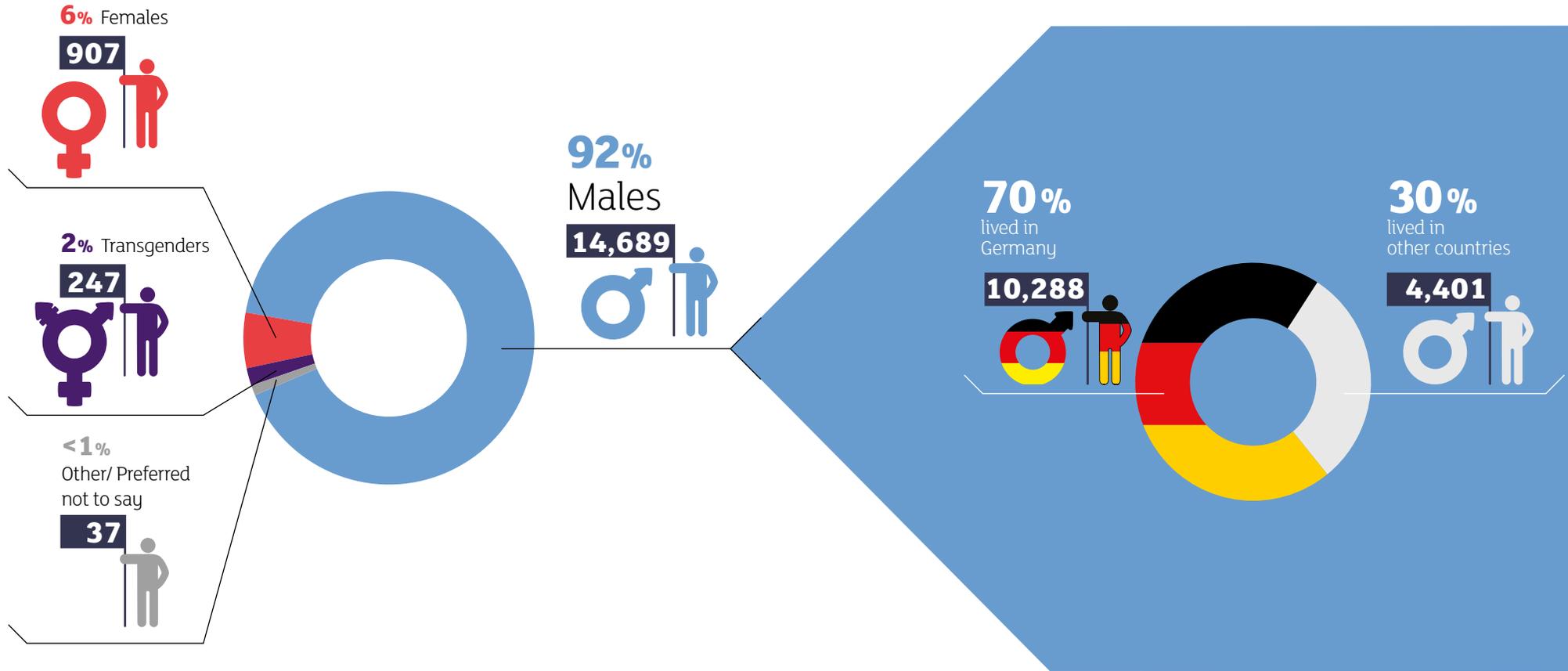
Other European countries

91

Other countries



DISTRIBUTION OF RESPONDENTS ACCORDING TO GENDER



Due to unbalanced distribution of the sample, the results of the following subpopulations are presented separately: men living in Germany, men living in other countries, women and transgenders.

Due to translation problems in the questionnaire, the Romanian sample is not included in the following presentation, and will be studied separately in further analyses.

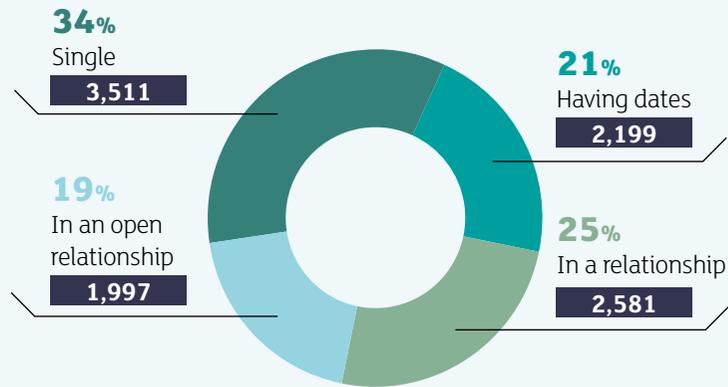


Men living in Germany were largely recruited through the gay/MSM dating app and website Planet Romeo®.

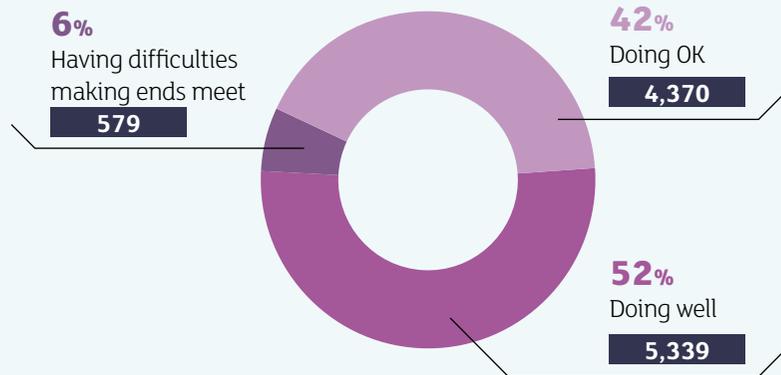
1 WHO ANSWERED THE SURVEY?

← Half of them were **37 years of age or under.**

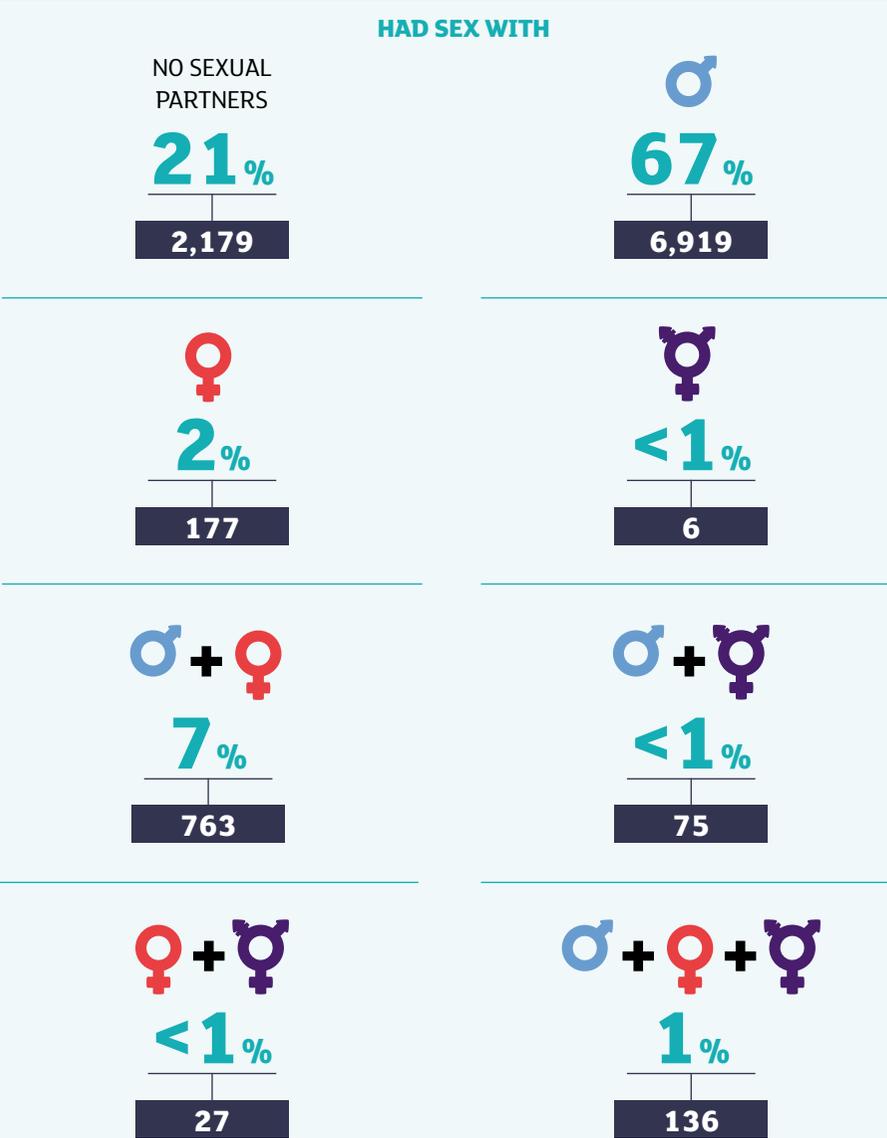
RELATIONSHIP STATUS



FINANCIAL SITUATION



SEXUAL ACTIVITY IN THE LAST 6 MONTHS





2 KNOWLEDGE AND ATTITUDES TOWARDS PREP

37% said they knew what PrEP was prior to taking the survey.

Among these, almost

80% had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

44% were interested in using it. Main reasons:

- “I would feel safer”
- and
- “I would feel less anxious”

Main reasons for NOT being interested:

- “I’m worried about the side effects”
- and
- “I don’t want to take medication every day”

44% thought PrEP would meet their prevention needs.

3 PREFERRED CONDITIONS OF DELIVERY

Almost **80%** felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

- General Practitioner’s (GP)
- and
- Community-based health centers

were identified as the most appropriate places for future PrEP delivery.

40% of the respondents would like PrEP to be free of charge for those who need it and a further **41%** thought PrEP should be covered at least in part by health insurance.

4 INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey, just under

4% (n=147) were already using PrEP outside of a formal framework.

They obtained their PrEP tablets mostly

- via medical prescriptions from doctors (“off label” use),
- using PEP tablets as PrEP
- or
- from an HIV-positive friend who gave them tablets.

However, more than

70% of these “informal PrEP users” declared having no or irregular medical supervision for their PrEP taking.



Men living in other countries were more likely to be in touch with associations working in the field of HIV prevention.

MEN LIVING IN OTHER COUNTRIES

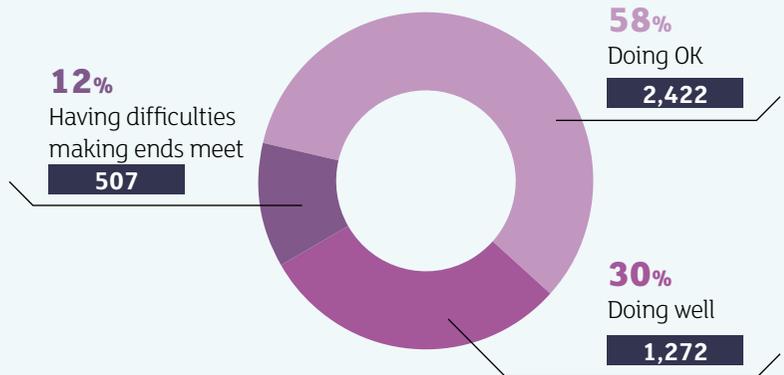
1 WHO ANSWERED THE SURVEY?

← Half of them were **36 years of age or under.**

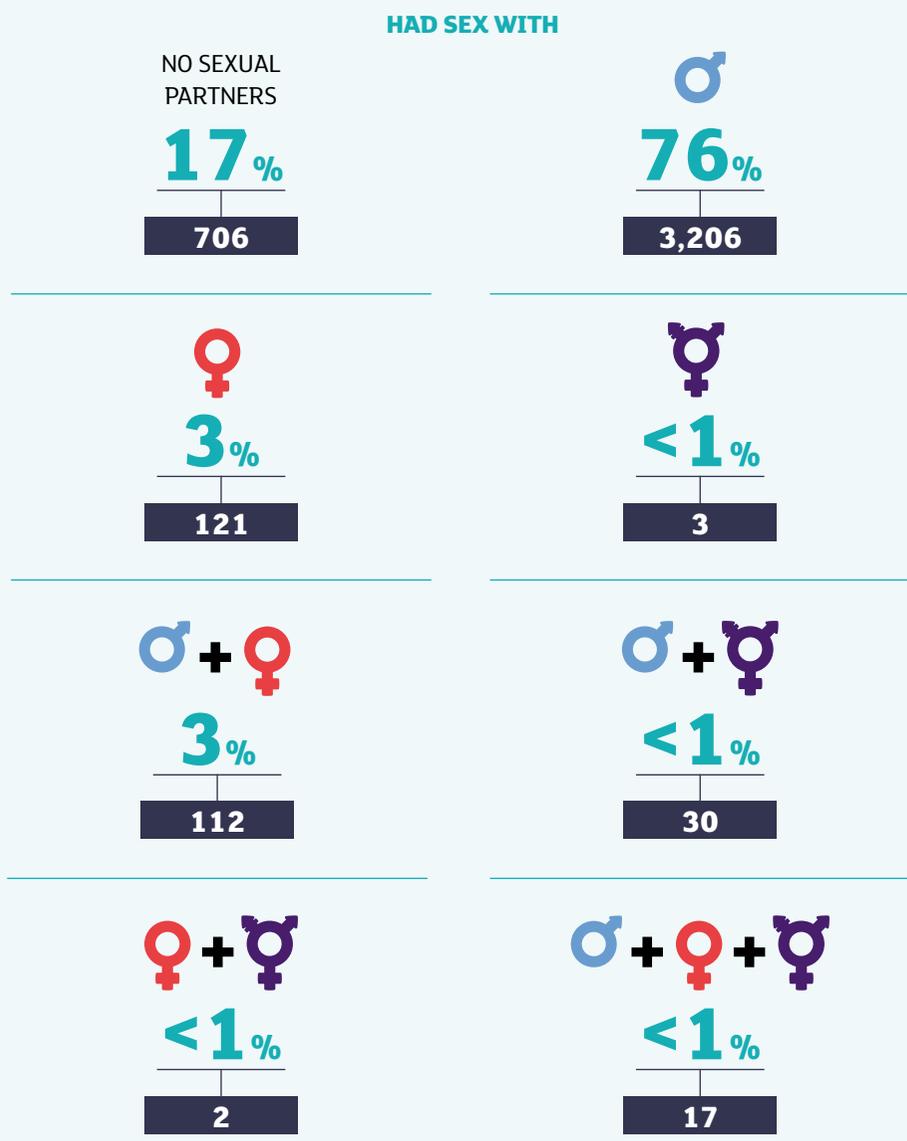
RELATIONSHIP STATUS



FINANCIAL SITUATION



SEXUAL ACTIVITY IN THE LAST 6 MONTHS



2 KNOWLEDGE AND ATTITUDES TOWARDS PREP

77% said they knew what PrEP was prior to taking the survey.

Among these, almost **80%** had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

54% were interested in using it. Main reasons:

- "I would feel safer"
- and
- "I would feel less anxious"

Main reasons for NOT being interested:

- "I don't need to change how I protect myself"
- and
- "I don't want to take medication every day"

57% thought PrEP would meet their prevention needs.

3 PREFERRED CONDITIONS OF DELIVERY

85% felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

- Community-based health centers
- and
- General Practitioner's

were identified as the most appropriate places for future PrEP delivery.

51% of the respondents would like PrEP to be free of charge for those who need it and a further **38%** thought PrEP should be covered at least in part by health insurance.

4 INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

5% (n=156) were already using PrEP outside of a formal framework.

They obtained their PrEP tablets mostly

- by purchasing them online,
- using PEP tablets as PrEP,
- or
- via medical prescriptions from doctors ("off label" use).

However, more than **2/3** of these "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.

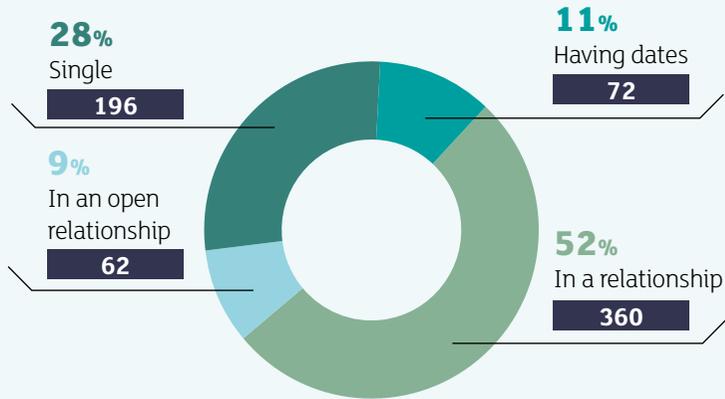


The majority of the women respondents came from 3 countries: Germany, Switzerland and Portugal.

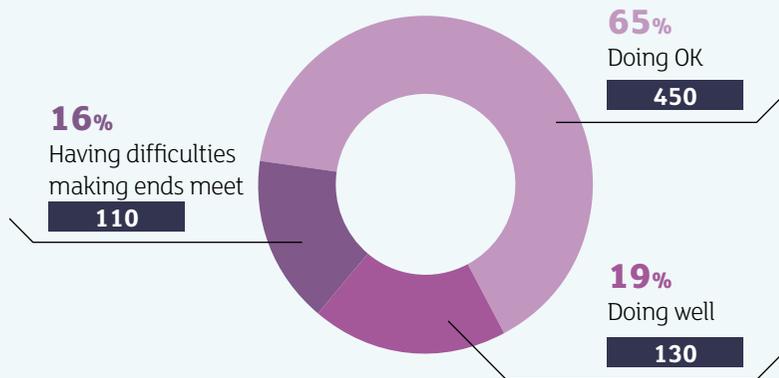
1 WHO ANSWERED THE SURVEY?

← Half of them were **30 years of age or under.**

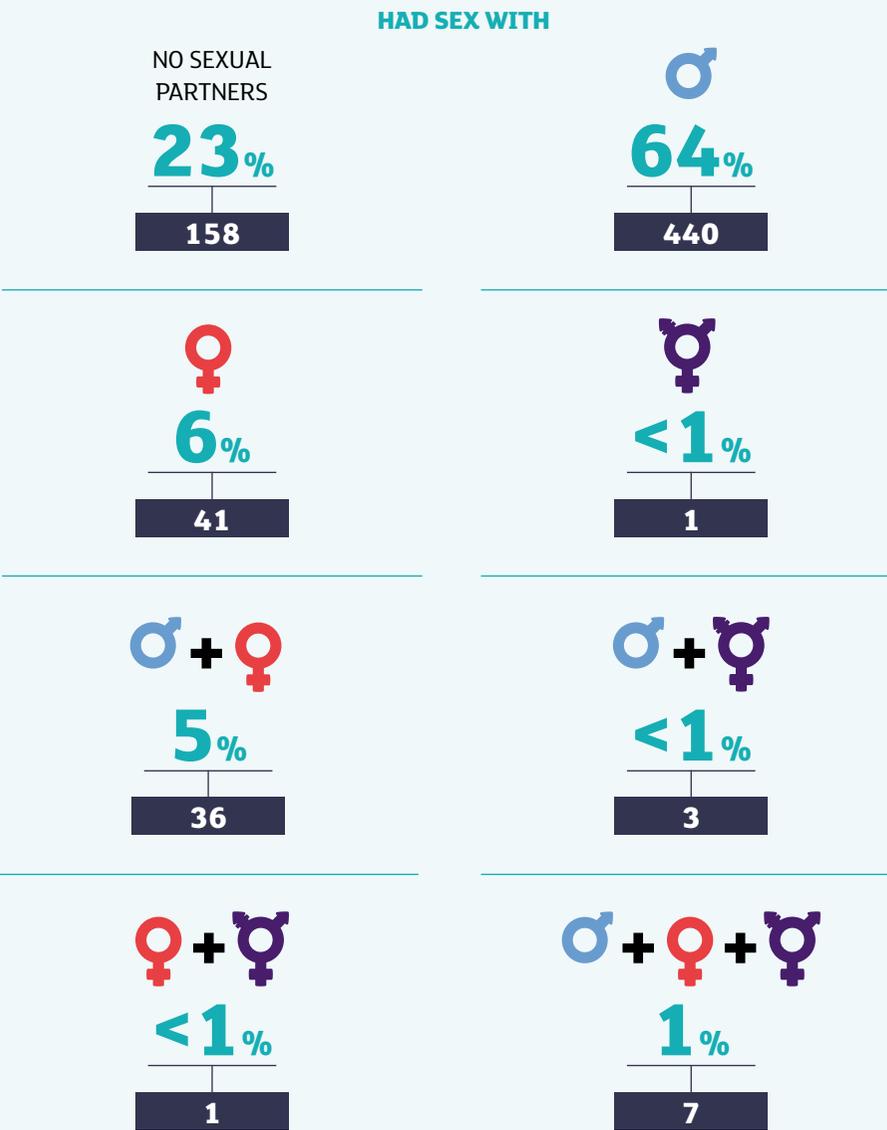
RELATIONSHIP STATUS



FINANCIAL SITUATION



SEXUAL ACTIVITY IN THE LAST 6 MONTHS



2 KNOWLEDGE AND ATTITUDES TOWARDS PREP

47% said they knew what PrEP was prior to taking the survey.

Among these, **74%** had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

18% were interested in using it. Main reasons:

- "I would feel safer"
- and
- "I would feel less anxious"

Main reasons for NOT being interested:

- "I don't need to change how I protect myself"
- and
- "I don't think I'm at risk of being infected by HIV"

29% thought PrEP would meet their prevention needs.

3 PREFERRED CONDITIONS OF DELIVERY

84% felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

- Community-based health centers
- and
- General Practitioner's

were identified as the most appropriate places for future PrEP delivery

60% of the respondents would like PrEP to be free of charge for those who need it and a further **29%** thought PrEP should be covered at least in part by health insurance.

4 INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

1% (n=4) were already using PrEP outside of a formal framework.

They obtained their PrEP tablets via

- medical prescriptions from doctors ("off label" use),
- medical prescriptions saying they were HIV positive,
- an HIV positive friend who gave them tablets
- or
- another PrEP user.

These **4** "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.



In total, 245 transgender participants answered the survey, of whom 145 (59%) were Male-to-Female and 100 (41%) Female-to-Male. These two categories are not distinguished in the following presentation, due to low numbers.

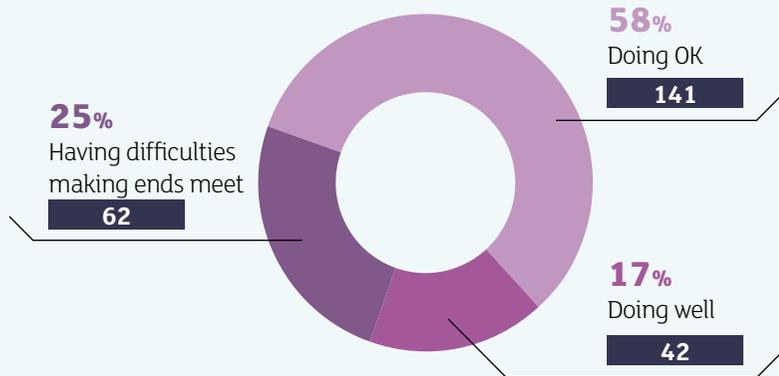
1 WHO ANSWERED THE SURVEY?

← Half of them were **28 years of age or under.**

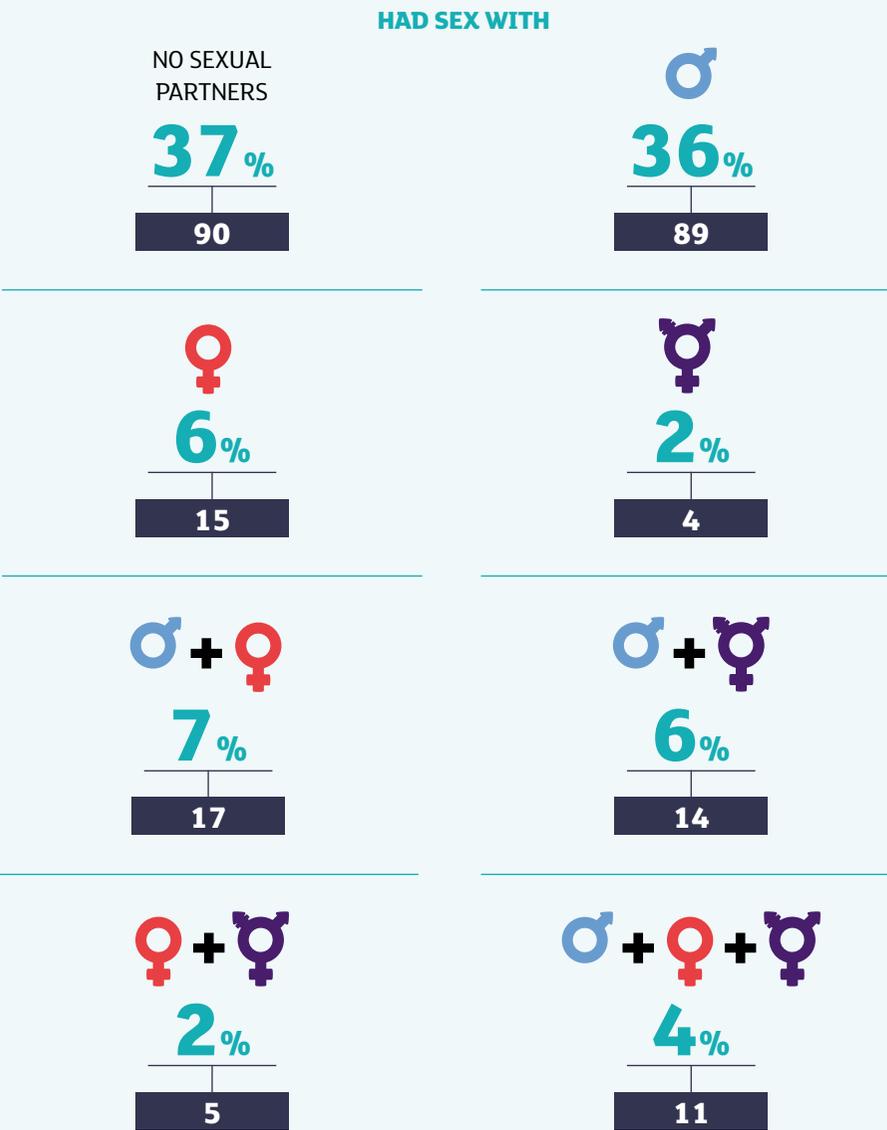
RELATIONSHIP STATUS



FINANCIAL SITUATION



SEXUAL ACTIVITY IN THE LAST 6 MONTHS



2 KNOWLEDGE AND ATTITUDES TOWARDS PREP

55% said they knew what PrEP was prior to taking the survey.

Among these, almost **75%** had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

44% were interested in using it. Main reasons:

- “I would feel safer”
- and
- “I would feel less anxious”

Main reasons for NOT being interested:

- “I’m worried about the side effects”
- and
- “I don’t want to take medication every day”

45% thought PrEP would meet their prevention needs.

3 PREFERRED CONDITIONS OF DELIVERY

84% felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

- Community-based health centers
- and
- General Practitioner’s

were identified as the most appropriate places for future PrEP delivery

64% of the respondents would like PrEP to be free of charge for those who need it and a further **25%** thought PrEP should be covered at least in part by health insurance.

4 INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

4% (n=5) were already using PrEP outside of a formal framework.

They obtained their PrEP tablets

- from an HIV positive friend who gave them tablets,
- by purchasing them online,
- by purchasing generics in other countries of the world
- or
- from a participant in a PrEP clinical trial.

3 of these “informal PrEP users” declared having no or irregular medical supervision for their PrEP taking.

CONCLUSION

Depending on the recruitment method, **respondents' profiles varied a lot.**

It strongly influenced the results of the survey.

The level of knowledge was strongly dependent on the respondents' profiles, ranging between 37% and 77%.

Among the participants who knew what PrEP was prior to taking the survey, **a great majority of them had a correct knowledge about PrEP.**

Interest in PrEP was relatively high among respondents, albeit lower for women.

It seems that **PrEP would meet the prevention needs** of a great number of respondents.

Most of them felt **PrEP should be delivered in the framework of a comprehensive prevention package** (including peer-support).

A great majority of respondents thought that **PrEP should either be free, or at least covered in part by a health insurance.**

Most of the respondents would like **PrEP to be delivered in community-based settings, either at community-based health centers or at GPs'.**

A non-negligible number of respondents are already taking PrEP informally, frequently without adequate medical follow-up.

