

PrEP use among men who have sex with men in the Netherlands

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IMPACT PARAGRAPH

Men who have sex with men (MSM) are at increased risk of HIV. Pre-exposure prophylaxis (PrEP) is an established form of biomedical prevention strategy that greatly reduces the risk of HIV transmission. The main goal of this dissertation was to investigate the attitudes of MSM towards PrEP and the experiences of PrEP users during the early years of the introduction of PrEP in the Netherlands.

The studies in this thesis are among the first studies in the Netherlands on the informal use of PrEP outside a standard healthcare setting. We focused on MSM who obtain PrEP through informal channels, such as in clinics and pharmacies abroad. Previous concerns about incorrect PrEP use (and subsequent potential HIV resistance) seem unjustified, as most informal PrEP users in our studies used PrEP correctly and engaged in regular testing. Most informal PrEP users have made a smooth transition to formal PrEP use as soon as PrEP became more affordable in the Netherlands in 2018. Now that the price of PrEP has dropped, and PrEP has also become available through the public health centers, PrEP will be accessible to a broader audience. It is important that these MSM are well informed about PrEP, which is why the information on the website mantotman.nl has been extended with information about PrEP. This information was created in the project We Are PrEPared in collaboration with GGD Amsterdam, GGD Gelderland-Zuid and SoaAids Nederland. The findings of the studies in this thesis on PrEP interest and PrEP knowledge among MSM provided insights for the needs assessment and the development of this information.

In the Netherlands, PrEP services have been implemented in the public health centers in a project with room for 6,500 people. However, it can still be possible that MSM go to the general practitioner for PrEP care, for example when there is no place in the local GGD, or when it is more convenient for them (e.g. due to travel distance). It is therefore important that healthcare professionals outside the public health centers, such as general practitioners, are also well informed about PrEP. This PrEP-related healthcare should also be accessible to informal PrEP users. The PrEP users in our research indicated that general practitioners were often not well informed about PrEP, or even refused to prescribe PrEP, highlighting a need for improving PrEP knowledge among general practitioners. Improving the knowledge of healthcare professionals was also part of the goals of the working group We Are PrEPared.

The findings of our studies are also relevant for PrEP use in other countries. In most countries in Europe and Central Asia PrEP is not yet available or formally implemented, so MSM who want to use PrEP are dependent on informal PrEP use. Nevertheless, informal PrEP use

is not widely discussed in the scientific literature. In the studies in this thesis we found that informal PrEP users are highly self-reliant. This does not imply that formal implementation of PrEP should be discontinued. The formal implementation of PrEP is important, because it makes PrEP accessible to more people. Our research showed that the price of PrEP is a significant barrier to PrEP uptake, and this barrier can be removed when PrEP is included in the national healthcare system and reimbursed by health insurance. This will ensure that people in vulnerable financial situations also have access to PrEP. In addition, when implementing PrEP, the accessibility of PrEP for other vulnerable groups such as migrants and transgender people should also be taken into account, by increasing PrEP awareness among these groups.

The studies in this thesis fit into the scientific debate on PrEP in which there is an increasing demand for sociobehavioral studies on PrEP. Initially, research focused on the effectiveness and safety of PrEP. However, PrEP use has implications that go beyond just HIV prevention. In the studies in this thesis we found that PrEP has psychosocial benefits in addition to its preventive effect. PrEP users reported an increase in quality of sex life, and this was mainly related to a decrease in fear of HIV. Decreased fear of HIV and increased comfort were also reported in the context of having sex with men living with HIV. This shows that PrEP can play a role in reducing HIV stigma: PrEP users are more open to having sex with men living with HIV. HIV community organizations could promote and emphasize the role of PrEP in stigma reduction campaigns.

PrEP should be seen as part of a range of HIV prevention strategies that can be combined. Promoting the psychosocial benefits in addition to its preventive effect may help to increase PrEP uptake and to reach the full potential of PrEP in preventing new HIV infections. Combining multiple HIV prevention strategies is essential to reach the Aidsfonds goal of zero new HIV infections in the Netherlands.