

France: The State of Play (AIDES' point of view)

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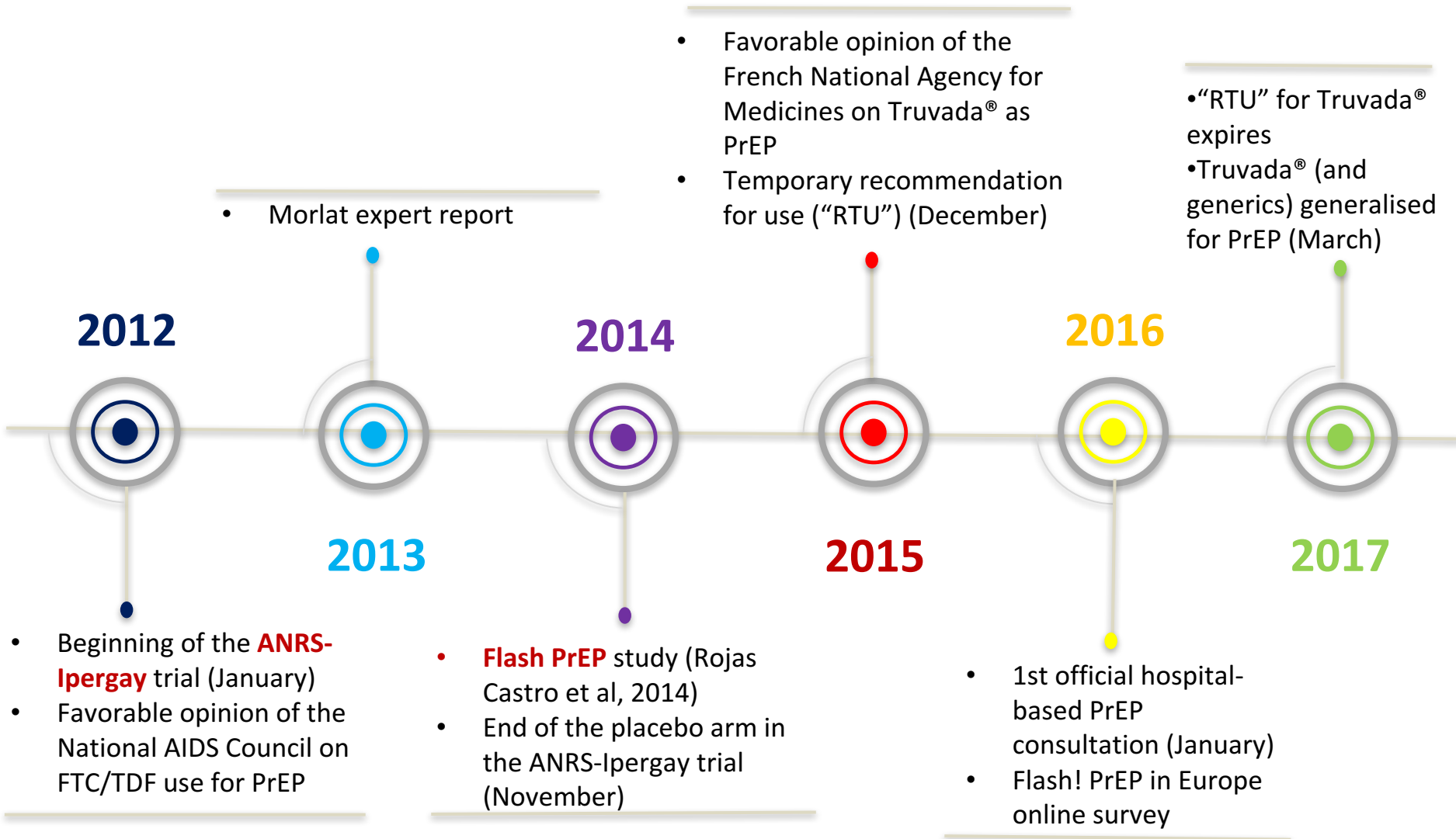
AIDES

Coalition PLUS

PrEP in Europe Summit, Amsterdam, 9-10 February, 2018

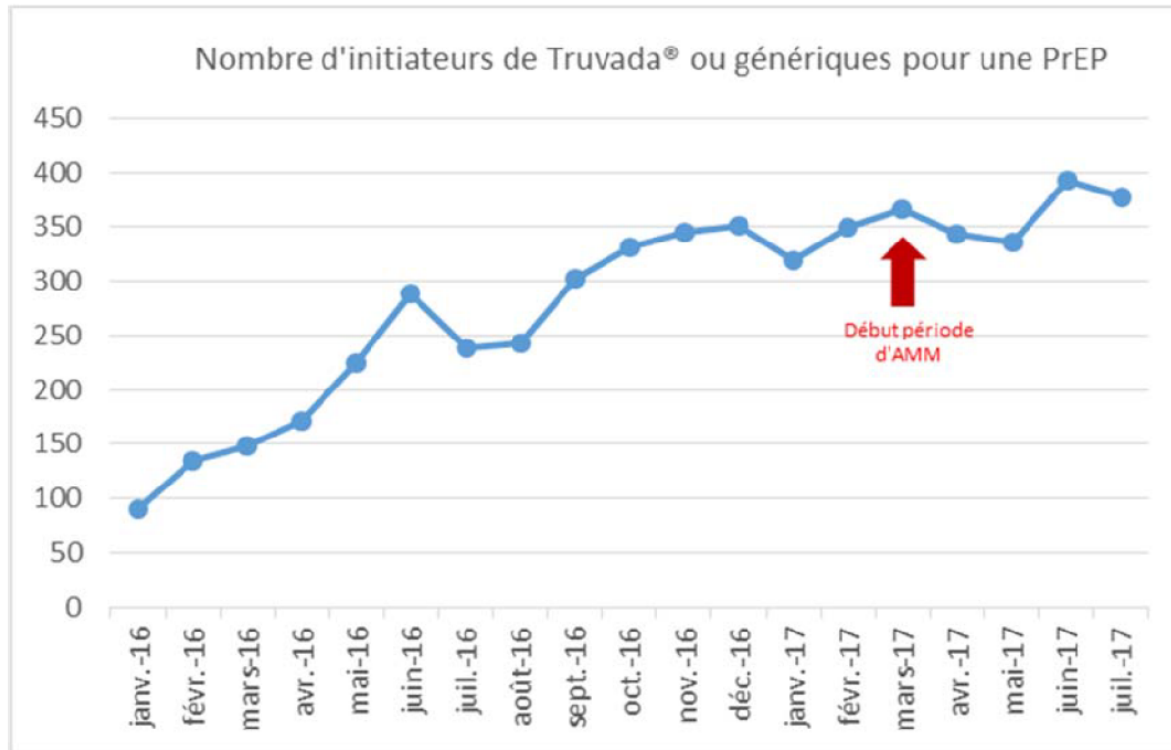


What have we done?



Where are we now?

Official figures from ANSM 1 December 2017



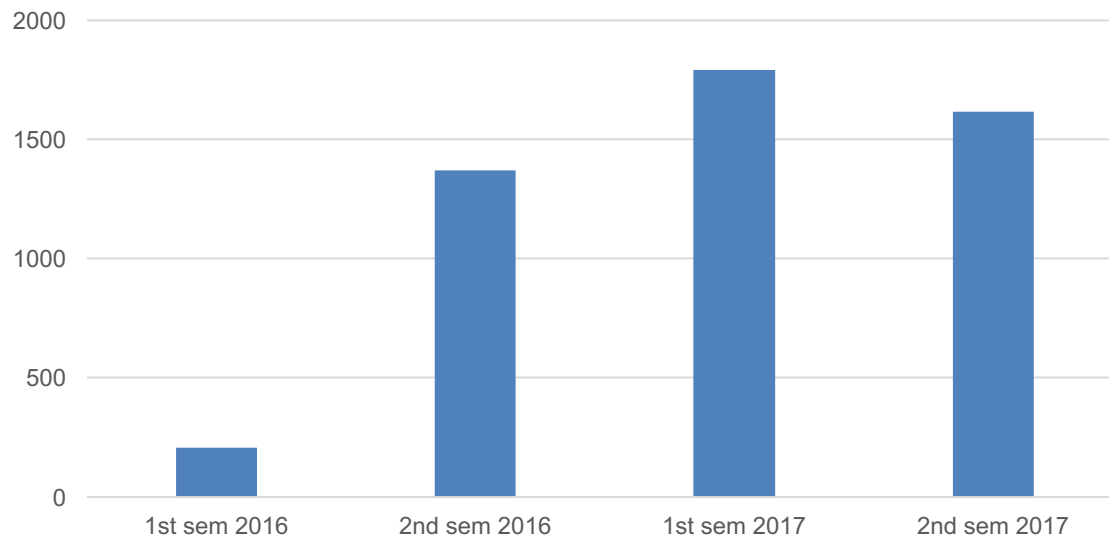
Between 1 January 2016
and 31 July 2017,
5 352 started PrEP

Figure II. Nombre de personnes ayant initié un traitement par Truvada® ou génériques pour une PrEP, par mois entre le 1^{er} janvier 2016 et le 31 juillet 2017

Where are we now? (AIDES)

In 2016, **1 580 interviews** regarding PrEP follow-up were conducted.

In 2017*, the number of PrEP interviews has doubled: **3 407**



Between 2016 and 2017: **4987 interviews** were conducted among **3317 people** by **138 activists**

Data: AIDES, 2016, 2017; *all 2017 data are preliminary



Where are we now? (AIDES)

Characteristics of PrEP users at their last RDV with an AIDES peer counsellor (2016)

37

Âge moyen



99,5 %

sont des hommes



86 %

sont nées en France



3 %

consomment des drogues en intraveineuse



60 %

consomment des drogues par un autre mode que par injection



7 %

ont reçu de l'argent ou des drogues pour des rapports sexuels



99,8 %

ont des rapports sexuels avec des hommes



65

partenaires sexuels en moyenne au cours des 12 derniers mois



66 %

pratiquent le sexe en groupe

Preliminary results from 2017* show that profile of PrEP users has not changed from 2016

In 2017, a question regarding chemsex was added:

29% reported chemsex

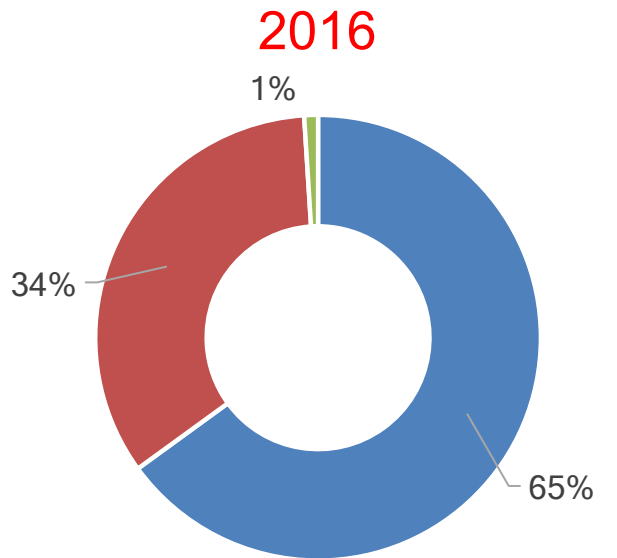


Data: Rapport d'activité AIDES 2016; *all 2017 data are preliminary

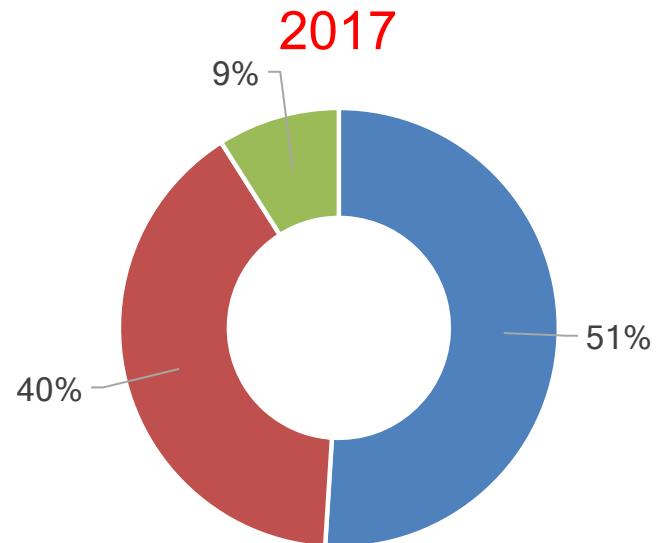


Where are we now? (AIDES)

PrEP regimen as reported during the last PrEP interview



■ On demand ■ Daily ■ No reponse



■ On demand
■ Daily
■ Alternate between the two regimes

Data: AIDES 2016, 2017; *all 2017 data are preliminary



Disappointing results?



The current number of PrEP users is **insufficient** to have an impact on the epidemic

Mainly reaching **white, MSM between 30-40 years old**

- Work on information, access to PrEP for other communities : migrants, trans people, women, young people, sex workers

Why?

- Reluctance within communities (perceptions of PrEP/stereotypes)
- Lack of coordination between stakeholders
- Access to PrEP remains complex (certain centers are overwhelmed by demand; initial visit at hospital/CEGGID)
- Other reasons?



What needs to be done now?

- Political will on behalf of the Health Minister
- Frank communication through diverse channels
- Improve communication on the on-demand regime: health professionals and potential PrEP users
- Stakeholders who are proactive and motivated to make change
- Integration of PrEP in a global approach to sexual health



Research is needed to understand potential barriers for vulnerable populations

Thank you!

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