



## Urgent need for demonstration projects in Portugal to produce pre-exposure prophylaxis-related data

Dear Editor,

In Portugal, the HIV epidemic is concentrated in key populations (KP), e.g. people who inject drugs, men having sex with men (MSM) as well as male/female sex workers.<sup>1–3</sup> In the last decade, HIV prevention activities for KPs were implemented, such as CheckpointLX. This community-based facility in Lisbon, run by the non-governmental organization (NGO) GAT, offers, in an MSM-friendly atmosphere, free testing for HIV and other sexually transmitted infections (STIs), medical consultations, and peer counseling. Despite these initiatives, the epidemic is still uncontrolled, in particular among MSM, whose incidence rate was recently estimated at 2.8/100 person-years.<sup>4</sup> Consequently, Portugal urgently needs additional strategies to control HIV.

Oral pre-exposure prophylaxis (PrEP) is a prevention tool, directed at seronegative people highly exposed to HIV. Numerous clinical trials showed that the combination of antiretroviral drugs tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) protected participants who took the drugs as recommended from HIV infection, with a very high efficacy (>90%). The level of adherence was the main factor associated with PrEP efficacy.<sup>5</sup> PrEP is now recommended by many organizations, in the framework of a combination prevention package. As of March 2016, Truvada<sup>®</sup> has been authorized as a preventative biomedical intervention in six countries worldwide (i.e. Canada, Israel, France, South Africa, Kenya, and the United States).<sup>6</sup>

Despite these encouraging results, many political, legal, economic, and social issues regarding PrEP need to be better understood. The WHO encourages countries to implement trials, in particular demonstration projects, to identify how to include PrEP in real life. Each country must now identify the best strategy for the introduction and the scaling-up of PrEP.

Several PrEP initiatives have recently been launched in various cities around the world (e.g. San Francisco, Baltimore, Sao Paulo, and Amsterdam). In Europe, the Netherlands and Belgium initiated demonstration projects in 2015 (AmPREP and Be-PrEP-ared). In addition, the British PROUD study is still going on as an open-label project, offering PrEP to participants of both arms. Finally, Paris will also be launching its initiative in the next few months.

Regarding PrEP in Portugal, data are scarce. A PrEP acceptability study, conducted in Lisbon during the 2014 gay pride fair and involving 110 HIV-negative MSM, concluded that 57% of participants would be willing to take PrEP if available in Portugal and 66% would participate in a clinical trial in Portugal. Among the MSM of the Lisbon cohort (2183 individuals between 2011 and 2014), 80% were eligible for PrEP according to the Centres for Disease Control and Prevention recommendations. The country now needs a demonstration project to identify the target and the best way to deliver PrEP. Considering the role of civil society in HIV prevention, it would be essential to involve the community and community-based NGOs in this process, ensuring a good acceptability of PrEP in the community. Community-based facilities, like the CheckpointLX, would be good settings to implement a PrEP demonstration project for MSM. There is now an urgent need to produce data about PrEP in Portugal and consider the introduction of PrEP for the most at-risk seronegative people!

### References

1. European Center for Disease Prevention and Control (ECDC). *Thematic report: People who inject drugs. Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2014 progress report*. Stockholm, <http://ecdc.europa.eu/en/publications/Publications/dublin-declaration-people-who-inject-drugs.pdf> (2015, accessed 1 April 2016).
2. European Center for Disease Prevention and Control (ECDC). *Thematic report: Sex workers. Monitoring implementation of the Dublin declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2012 progress*.

- Stockholm, <http://ecdc.europa.eu/en/publications/Publications/dublin-declaration-sex-workers.pdf> (2013, accessed 1 April 2016).
3. Marcus U, Hickson F, Weatherburn P, et al. Prevalence of HIV among MSM in Europe: comparison of self-reported diagnoses from a large scale internet survey and existing national estimates. *BMC Public Health* 2012; 12: 978.
  4. Meireles P, Lucas R, Carvalho C, et al. Incident risk factors as predictors of HIV seroconversion in the Lisbon cohort of men who have sex with men: first results, 2011–2014. *Euro Surveill* 2015; 20: 14.
  5. van der Straten A, Van Damme L, Haberer JE, et al. Unraveling the divergent results of pre-exposure prophylaxis trials for HIV prevention. *AIDS* 2012; 26: F13–9.
  6. PrEP Watch. National policies & strategies, <http://www.prepwatch.org/policies-and-programs/national-policies-strategies/> (accessed 1 April 2016).
- Miguel Rocha<sup>1</sup>, Alexandra Deniel<sup>2</sup>, Paula Mereiles<sup>3</sup>, Ricardo Fuertes<sup>1</sup>, Henrique Barros<sup>3</sup> and Adeline Bernier<sup>2</sup>
- <sup>1</sup>*Grupo de Ativistas em Tratamentos, Lisbon, Portugal*  
<sup>2</sup>*Coalition PLUS*  
<sup>3</sup>*EPI Unit, Institute of Public Health of the University of Porto, Portugal*
- Corresponding author:*  
*Adeline Bernier, Coalition Internationale Sida, Tour Essor, 14, rue Scandicci, 93500 Pantin, France.*  
*Email: [abernier@coalitionplus.org](mailto:abernier@coalitionplus.org)*