

Preliminary results of research project: ‘Should PrEP for men who have sex with men be publicly reimbursed in the Netherlands?’

Background: Although oral pre-exposure prophylaxis (PrEP) is currently promoted by the WHO as a prevention choice for people at a substantial risk of HIV infection¹, it is also considered highly controversial. There has been a lot of debate among stakeholders due to the high costs and nature of the intervention.^{2,3} In order to support Dutch decision making, we aim to identify which aspects stakeholders find important when determining whether PrEP for men having sex with men should be publicly reimbursed.

Methods: We conducted in-depth interviews with relevant stakeholders (n=21). A stakeholder analysis was used to identify stakeholder groups from which initial respondents were recruited: decision makers, non-governmental organizations for HIV/aids, healthcare workers in the field of HIV/aids, experts in the field of HIV/aids and sexually transmitted diseases, potential PrEP-users and civilians (defined as not belonging to any of the other groups). See table 1 for a description of the included respondents per stakeholder group.

All interviews were started with the question: “what aspects or considerations do you find important when deciding if PrEP should become available in the Netherlands”. Anonymous results from completed interviews, in terms of aspects put forward, were reflected on by respondents in subsequent interviews. By doing so we aimed to actively explore these aspects and better understand disagreement among stakeholders. In addition, we aimed to identify possible solutions to overcome these disagreements.

Interpretative frames⁴ were used to analyze interviews by breaking the transcripts down into 1) the aspects that respondents find important in the decision of publicly reimbursing PrEP, 2) why they find these aspect important 3) what their underlying preferences are, and 4) what they see as solutions. Interviews lasted 45 – 90 minutes and were carried out between March and August of 2015.

Findings: The following aspects were considered important by stakeholders: effectiveness, cost-effectiveness, budget impact, side effects, resistance, effect on condom use and sexually transmitted infections, black market formation, adoption, necessity, moral obligation, own responsibility, equal access and accessibility of care. Furthermore, stakeholders defined criteria in different ways. For example with regard to the effectiveness of PrEP, some claimed that being free of fear for HIV infection when having sex should be covered by a definition of effectiveness, whereas others clearly disagreed with this definition.

References:

¹ World Health Organization. (2015). Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/> (accessed September, 2015).

² Ali H. Hiv-preventiepil biedt homo's seks zonder angst. (2015). <http://www.volkskrant.nl/wetenschap/hiv-preventiepil-biedt-homo-sseks-zonder-angst~a4159995/> (accessed Oct 10, 2015).

³ Sevil M. Hiv-remmer PrEP in Amsterdam preventief verstrekt. (2015). <http://www.parool.nl/parool/nl/4/AMSTERDAM/article/detail/4085973/2015/06/22/Hiv-remmer-PrEP-in-Amsterdam-preventief-verstrekt.dhtml> (accessed Oct 11, 2015).

⁴ Grin J, et al. (1977). Technology Assessment through Interaction. A guide, Den Haag.

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Stakeholder group (number of respondents included):	Description of respondents
Decision makers (2)	An employee of the Ministry of Health, Welfare and Sport
	An employee of The National Health Care Institute (advises the Minister of Health, Welfare and Sport on public reimbursement decisions)
NGOs (6)	Three employees of Soa Aids Nederland, with different backgrounds and expertise on HIV/aids, sexually transmitted diseases and men who have sex with men (MSM)
	One employee of COC Netherlands, Dutch advocacy group for LGBT rights
	One employee of HIV Vereniging Nederland, representing people living with HIV
	One member of the National Network Bisexuality, representing bisexual MSM
Healthcare Providers (3)	An internist infectiologist working at the Amsterdam Municipal Health Facility and involved in the Dutch Amsterdam PrEP (AMPrEP) demonstration project
	An internist-infectiologist working at the Academic Medical Center in Amsterdam and member of the Dutch Association of HIV-treating physicians
	An HIV-consultant and nursing specialist with a focus on sexology and sexually transmitted diseases working at the Radboud university medical center
Experts (3)	A researcher working at the National Institute for Public Health and the Environment
	A researcher working at Stichting HIV Monitoring, investigating the course and changes in the HIV epidemic in the Netherlands
	A professor and international HIV consultant working at the Erasmus Medical Center in Rotterdam
Potential users (4)	MSM, currently in a monogamous relationship
	MSM, in a sero-discordant relationship until shortly before the interview
	MSM, a self-reported consistent condom user
	MSM, open about his preference for non-condom use and having unprotected anal intercourse
Civilians (3)	Heterosexual, atheist, left political preference, 25 years old
	Heterosexual, atheist, left political preference, 63 years old
	Heterosexual, atheist, right political preference, 27 years old