

**NOT JUST FOR MSM – HEALTH EQUITY FOR HIV  
COMBINATION PREVENTION MATTERS**

**FAST TRACK CITIES CONFERENCE  
RAI AMSTERDAM CONVENTION CENTRE  
TUESDAY 26<sup>TH</sup> SEPTEMBER, 13 - 14.30 PM**

# AGENDA

2 min	<b>Introductory remarks</b> <ul style="list-style-type: none"> <li>• <b>Linda Duits</b>, Moderator</li> </ul>
<b>Presentations</b>	
10 min	<b>Sharing of best practices</b> <ul style="list-style-type: none"> <li>• <b>Jorge Garrido</b>, Apoyo Positivo</li> </ul>
5 min	<b>AUDIENCE Q&amp;A</b>
<b>Panel discussion</b>	
50 min	<b>Panel discussion</b> <ul style="list-style-type: none"> <li>• <b>Dinah Bons</b>, Trans United Europe/ ESWA</li> <li>• <b>Jorge Garrido</b>, Apoyo Positivo</li> <li>• <b>Mark Vermuelen</b>, aidsfonds</li> </ul>
15 min	<b>AUDIENCE Q&amp;A</b>
5 min	<b>Closing remarks</b> <ul style="list-style-type: none"> <li>• <b>Linda Duits</b>, Moderator</li> </ul>

# MODERATOR & SPEAKERS



**MODERATOR**

**LINDA DUIT**



**SPEAKERS**

**JORGE GARRIDO, APOYO  
POSITIVO**



**DINAH BONS, TRANS UNITED  
EUROPE**



**MARK VERMEULEN,  
AIDSFONDS**



# POLICYMAKERS (VIA VIDEO)

**FLORENCE ESHALOMI, MP UK**



*"I'm not leaving the House of Commons until we have ended new cases of HIV"*

**FRANCES FITZGERALD, MEP**



*"I call for EU wide action to improve the quality of life for all people living with HIV"*

**KIM VAN SPARRENTAK, MEP**



*"We have to continue fighting the stigma, fighting for our rights"*

**ANDREW ULLMAN, MP, GERMANY**



*"Let us move together with our efforts in science and in politics"*

# DISCLOSURES

## **Linda Duits**

- Received honoraria for chairing this symposium, ViiV Healthcare

## **Jorge Garrido**

- Received honoraria for speaking this symposium, ViiV Healthcare

## **Dinah Bons**

- Received honoraria for speaking this symposium, ViiV Healthcare

## **Mark Vermeulen**

- No disclosures

# Side effect reporting

At ViiV Healthcare we take the safety of our patients and consumers very seriously. We know that side effects can happen but it is not always possible to predict who will get them. For this reason, it is vital for us to continuously monitor the safety of our products. By hearing about your experiences and others like you, we are able to offer the best possible advice to those using GSK's products.

## How to report a possible side effect?

Follow the link:

<http://www.gsk.com/en-gb/contactus/report-a-possible-side-effect>

Scan the QR code with  
your mobile device



To help us process your information quickly and effectively, please remember to report as much relevant information as possible. At a minimum you will need to provide the following:

- / The initials of the person who experienced the possible side effect and/or other identifiers, such as gender, date of birth
- / The contact information of the reporter, namely the person who is reporting the issue
- / A description of the possible side effect itself, such as the signs and symptoms experienced, date the possible side effect started and the result of the possible side effect
- / The name of the GSK product involved

# SHARING BEST PRACTICES: CASA COMMUNITY CENTERS

A safe place for the diverse community

Jorge Garrido, CEO



## APOYO POSITIVO ([WWW.APOYOPOSITIVO.ORG](http://WWW.APOYOPOSITIVO.ORG))

Apoyo Positivo (1993) is a charity resource of **community social innovation** that promotes diversity, sexuality and emotional education, and sexual and reproductive rights, as an essential complement to personal development through 4 main areas of work: **HEALTH, EDUCATION, RIGHTS, and COMMUNITY R&D.**

Our movement, in turn, transmits values of peace and social action/entrepreneurship in favor of a more fair, egalitarian, and sustainable coexistence.



### OUR VISION

**INEVITABLY DIVERSE. INSPIRE THE WORLD IN SOCIAL CHANGE THROUGH DIVERSITY (2030)**

Lead in Spain, and Europe, the implementation, defense, and promotion of DIVERSITY, and the response to stigma and related discrimination, through community social innovation.

### OUR MISSION

**LEAVE NO ONE BEHIND**, in the promotion and defense of diversity.

### OUR VALUES

Equality and non-discrimination, internal democracy, solidarity and social justice, respect for plurality, respect for human rights, transparency, gender perspective, and promotion of sustainable networking.





# OPERATIONAL GOALS & AREAS

our commitment:  
**community and innovation**

## CENTROS CASA. A COMMUNITY MODEL OF EXCELLENCE AND GOOD PRACTICES FOR SEXUAL AND EMOTIONAL HEALTH

Specialized comprehensive sexual health program, and services, to address, and innovate in, sexuality education, sexual health, and sexual rights, based on successful community checkpoint models around the world.

- GOAL 1. Promote SEXUAL HEALTH, and its sustainable care, among the most vulnerable populations with less equal access to the health care system, through an innovative community checkpoint.
- GOAL 2. Develop a specialized and sustainable EMOTIONAL HEALTH care model based on diversity and sexuality.



madrid  
 torremolinos  
 ourense  
 cádiz



## WE LOVE: DIVERSITY EDUCATION INNOVATION PROGRAMME

Specialized area to address, and train, sexuality education, from the perspective of diversity and the HUMAN SEXUAL IDENTITY MODEL.

- GOAL: Develop a reference model of SEXUALITY EDUCATION in diversity that facilitates generations of young promoters of sexual and reproductive, human, and environmental rights.



## COMMUNITY R&D. AEP

INCUBATOR, area of COMMUNICATION and audiovisual and creative PRODUCTION BASED ON DIVERSITY

- GOAL: Co-create, together with the target communities, creative, innovative, and sustainable ideas of entrepreneurship, coexistence, and community social research, to provide them with WELL-BEING, QUALITY OF LIFE, and PERSONAL DEVELOPMENT, from the prism of diversity.

# CASA CHECKPOINT

“the test as a gateway to engage in a personalized itinerary of comprehensive SEXUAL health and diversity services”.



- **STI checkpoint:** HIV, hepatitis A, B & C, syphilis, gonorrhea, and chlamydia (rapid test & PCR)
- **Sexual health counseling service**
- **AsePrEP: PrEP counseling service**
- **Psychosocial care service** for HIV+ & Sexuality
- **Sexology service**
- **Chemsex program: SEX, DRUGS & YOU**
- **Harm reduction program**
- **Support groups & Peer Educator Program**
- **Training & health psychoeducation**
- **MIMO:** online platform for psychosocial care
- **PrEPParaDXS:** HIV, PrEP, and sexual health management app
- **UNFOLLOWtheVIRUS:** YouTube Channel



# 2022 DATA

## CASA Madrid & CASA Torremolinos

Point of care screening activity for HIV and other STIs at a community center in Madrid and Torremolinos (2022)

**Madrid: 28 HIV-positive reactive (25 CisM, 1 CisW, 2 TransW; 25 migrants)**

**Torremolinos: 10 HIV-positive reactive (9 CisM; 1 TransW; 3 migrants)**

N or %	MADRID	TORREMOLINOS	Total	
<b>HIV total screenings</b>	<b>1,546</b>	<b>622</b>	<b>2,170</b>	
Age – years; mean (SD)	32,2 (26,3)	36,6 (15,6)	33,45 (23,2)	
<b>Sexual identity %</b>				
	Cis M	77,1	89,9	80,8
	Cis W	18,9	6,3	15,3
	Trans W	1,6	0,3	1,4
	TM, NB+	2,4	3,5	2,5
<b>Sexual orientation %</b>				
	Hetero	24,1	13	20,9
	Homo	58,9	76,7	64,0
	Bi / Pan+	15,3	10,1	14,5
<b>Sexual partners m (SD)</b>	16,3 (35,1)	34,2 (66)	21,5 (47,2)	

N or %	MADRID	TORREMOLINOS	Total	
<b>Ethnic origin %</b>				
	caucas.	70,1	87,5	75,1
	latino	25,8	8,2	20,7
	other	4,1	4,3	4,2
<b>Administrative situation %</b>				
	irregular	2,9	1,6	2,5
No risk practices %	9,9	7,6	9,3	
Geoapps %	62,8	70,6	65	
Sex bars – cruising & client / sex workers %	20,7	42,6	27	
PrEP %	3,4/5	6,3/7,7	4,2/5,8	
<b>HIV prevalence %</b>	4	4	4	
<b>Drug sex / chemsex %</b>				
	no	44,3	29,7	40,1
	chemsex	25,2	42,6	30,1
	slamsex	0,7	2,2	1,2
<b>HIV (ELISA 3G/4G)</b>	N/react%	1450/1,9	594/1,8	2040/2
<b>Syphilis</b>	N/react%	1331/2,1	498/5,4	1824/3,1
<b>HCV (serology)</b>	N/react%	1227/0,3	578/0,7	1804/0,4
<b>HBV (AgHBs)</b>	N/react%	328/0	439/0,7	767/0,4
<b>PCR gonorrhea chlamydia</b>	N/react%	217/9,2	39/12,9	256/11

# 2022 DATA

## Other checkpoint services from CASA

Some data about the impact of the personal itinerary in our integral services.

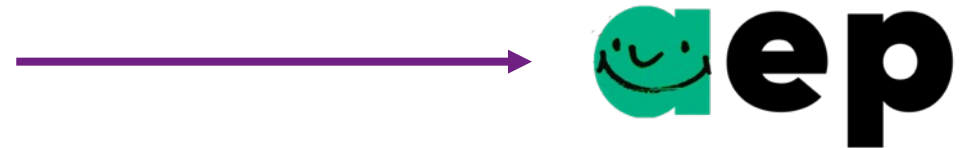
N		MADRID	TORREMOLINOS	Total
<b>Sexual health counseling</b>		<b>2.667</b>	<b>1.573</b>	<b>4.240</b>
<b>AsePrEP</b>	<b>access</b>	<b>195</b>	<b>258 /167 link</b>	<b>453</b>
	<b>follow up</b>	<b>35</b>	<b>167</b>	<b>202</b>
<b>SEX, DRUGS &amp; YOU</b>	Psy.Care	181	55	236
	HDR	54	24	78
	Psychia.	12	2	14
	DAC w.	146	-	146
	DAC link	34	-	34
	Groups	79	10	89
	Training	445	25	470

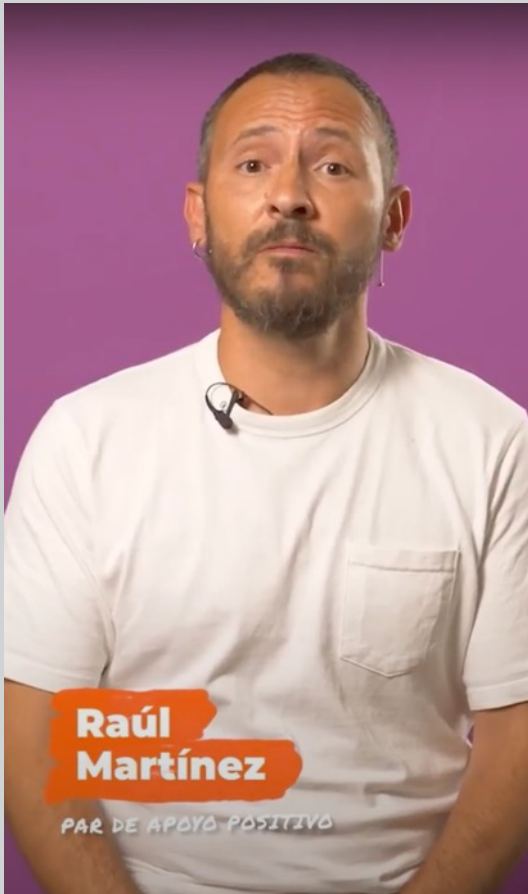
# sex, drogas y tú

PreParaDXS

VIH UNFOLLOW THE VIRUS

N		MADRID	TORREMOLINOS	Total
<b>Sexology</b>		32	29	61
<b>HIV Peer educator</b>		93	202	295
S.H. Training	work/Par	15/145	3/37	18/182
<b>TAR access (migrants)</b>		197	35	232
HDR 2.0		637	774	1411
<b>HIV Psychological care</b>		70	39	109
<b>UNFOLLOWtheVIRUS</b>		1840 subscribers /46 videos / 254.622 views		





**Raúl Martínez**

PAR DE APOYO POSITIVO



apoy

**SERGIO SILVA**  
te inVIHta



**SIN VALENTÍN**  
la salud sexual que tú quieres

**testeo**  
Sauna Apolo  
VIH, sífilis y  
hepatitis A, B y C

**16 febrero**

Sauna Apolo Cabaret  
Av. Carlota Alessandri, 105

Hora: 16h a 20h

**torremolinos**

*Apolo*

**casa** centros comunitarios **apoy** apoypositivo.org

cita previa 655 32 59 73

educadormalaga@apoypositivo.org C/ Doña María Barrabino, 16 Torremolinos

**+100.000 condoms delivered**  
Special program for sex workers



## ACCESS TO COMBINATION PREVENTION

Around 18,000 people take PrEP in Spain

- ECDC estimates that in Spain at least **45,000 people would benefit from PrEP**.
- PrEP was **introduced** into the Spanish health system **in 2019**.
- **Access criteria** prioritized MSMGBs and transgender women with frequent unprotected practices, frequency of STIs, and/or use of PEP on more than one occasion in a year. This already meant **limiting** access to **certain profiles**.
- **Madrid**, the Spanish city with HIV highest rates (800-1000 per year) **had only one center (Sandoval) dispensing PrEP until mid-2022**, when different hospitals joined.
- Despite implementation, **not enough human and material resources have been allocated to it, nor has enough information been disseminated to make PrEP a sufficiently successful strategy**. Despite this, **new HIV infections are decreasing**, both in our CASA data and in general epidemiological data.

PreParaDXS 

### What's next with PrEP?

In the context of Spain, **we have reached a significant percentage of the priority population on PrEP**, due to the prevalence of new HIV infections, as is the case of the **MSMGB group**, many of them on PrEP, but there is still a gap towards some communities that are related to the new percentages of infections in Spain and the maintenance of late diagnosis (39% migrants; 50% late diagnosis)\*:

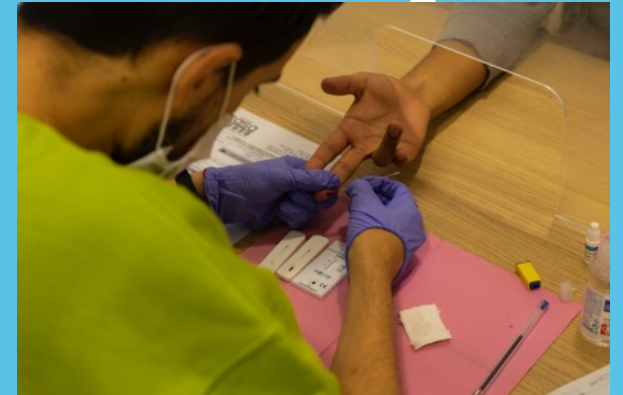
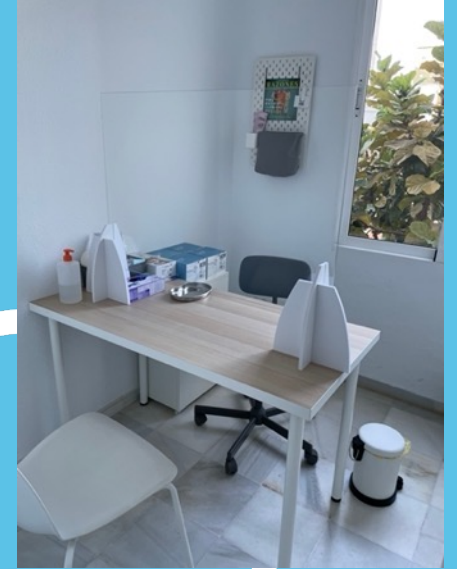
- Migrants
- Trans community
- Cis woman
- Others

### Strategies to link:

- Specialized social care: labour, legal and administrative guidance
- Access to Health Care System / Legal status
- Special workshops for women: CASA femme
- Training other NGO working with these communities in sexual health. Conducting outreach testing
- CORONA program: food aid and commodities for transgender women
- Special actions for the trans community
- Access to innovation in combination prevention, including other STI prevention and testing



**casa**  
centros  
comunitarios



## FINAL THOUGHTS

*“Combination prevention, and its innovation, must be a priority in the coming years, and accessible to anyone who requests it, without barriers, to achieve the UNAIDS 2030 targets.”*

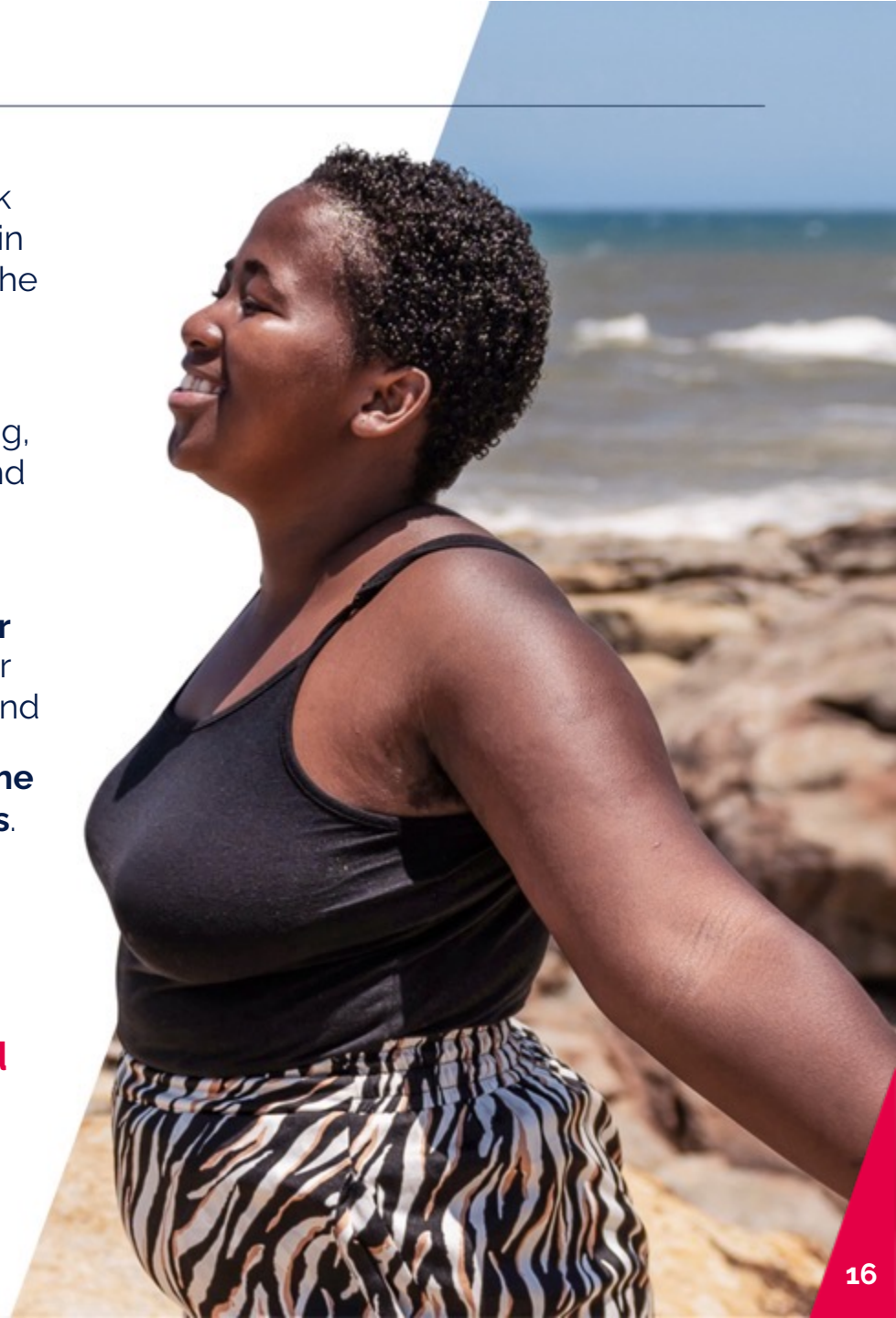
Jorge Garrido  
Apoyo Positivo CEO  
coordinacion@apoyopositivo.org



# ¡GRACIAS!

- **The Seville Declaration** (Fast Track Cities – UNAIDS 2022) establishes, in order to achieve these goals, that the community must lead:
- **30% of HIV testing and treatment services**, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- **80% of HIV prevention services for high-risk populations**, including for women within those populations; and
- **60% of programming to support the implementation of social enablers.** We will engage in multilateral collaboration with subnational and national governments to advance these goals

**To achieve such participation and leadership we need political and administrative will to move resources and legal barriers to guarantee it.**





# PANEL DISCUSSION AND AUDIENCE Q&A

# **VIDEO 1: ANDREW ULLMAN ON THE CURRENT STATUS OF THE EPIDEMIC**

# CURRENT STATUS ON THE EPIDEMIC

# **VIDEO 2: ANDREW ULLMAN AND FLORENCE ESHALOMI ON THE IMPORTANCE OF THE FIGHT AGAINST STIGMA ON HIV**

# **IMPORTANCE OF TACKLING STIGMA IN THE FIGHT AGAINST HIV**

# **VIDEO 3: MEP FITZGERALD AND MP ESHALOMI ON COMMUNITY TAILORED SERVICES**

# COMMUNITY TAILORED SERVICES PROVISION

# **VIDEO 4: MEP FITZGERALD ON THE ROLE OF THE EU ON THE FIGHT AGAINST HIV**



**WHAT CAN THE EU DO?**

# **VIDEO 5: MEP VAN SPARRENTAK REMARKS ON FAR – RIGHT TENDENCIES**

# **FAR-RIGHT TRENDS AND THEIR IMPACT IN THE FIGHT AGAINST HIV**

# **VIDEO 6: FINAL REMARKS OF THE VIDEO – PANELLISTS**

# FINAL REMARKS

# Q&A WITH THE AUDIENCE

# CLOSING REMARKS

**THANKS ALL FOR YOUR ATTENDANCE!**

***ENJOY THE REST OF THE  
CONFERENCE***