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PrEP À-PORTER

PrEP in Motion

Back to PrEP à Porter?
Addressing lost to follow-up participants (LTFU) in a community-based multidisciplinary PrEP implementation strategy for transgender women in Paris

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AIDS 2026

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Declaration of Interests Statement

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Consultant / Advisory Boards: None

Honoraria / Speaker Fees: None

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Summary

PrEP à Porter Focus group, 2025, Paris,
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Main questions

What specific **access barriers** underlie discontinuation of a community-based PrEP program? Does stopping the program bring about a new **HIV risk** among former participants? If so, is **PrEP** still a viable **solution**?

Findings

PrEP-naive participants, those with low adherence, or non-French speakers are most likely to disengage. Interviews offered deeper insights into aspects such as **geographical distance, risk re-evaluation, side effects, adherence, psychological distress, and appointment scheduling dissatisfaction.**

Why is it important?

Understanding HIV prevention journeys will allow **public health interventions** to be precisely tailored to the **evolving needs** of specific populations.

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Context

Our migrant trans whore bodies will no longer be your battlefields
Existransinter march, 2024, Paris, ©Acceptess-T

Systemic transphobia +
Racism +
Administrative delays in regularization +
Laws forbidding the purchase of sexual services =
Self-management of health / reduced or foregone medical care / retention issues

ANRS – 0566 PrEP à Porter

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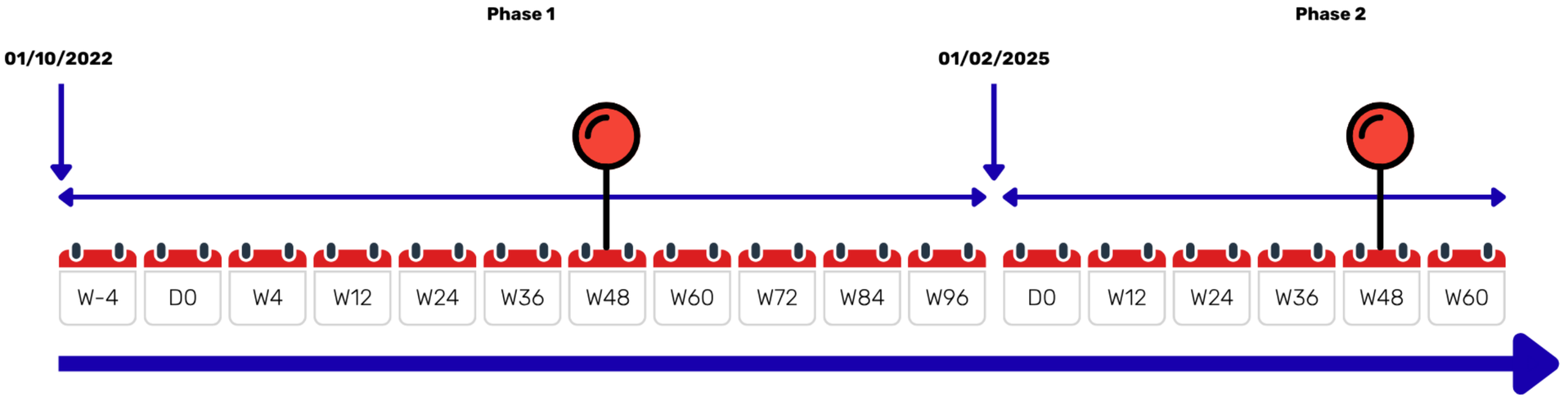
Methodology: descriptive, single-arm, single-center, national, adaptive study (2 phases)



Phase 1 : Monitoring of a cohort of 101 transgender women receiving PrEP through the multidisciplinary outreach program, supplemented by focus groups and individual interviews, leading to the development of a new strategy.

Phase 2 : Follow-up of the cohort with the implementation of new preventive measures focused on the needs of the users.

Primary evaluation criterion: Comparative analysis of retention rates between W48 of Phase 1 and W48 of Phase 2.

Objectives of the Sub-study on Lost to Follow Up

General objective: To assess **loss to follow-up** within a community-based PrEP program

Specific objective: To identify the **underlying reasons** for being **lost to follow-up**

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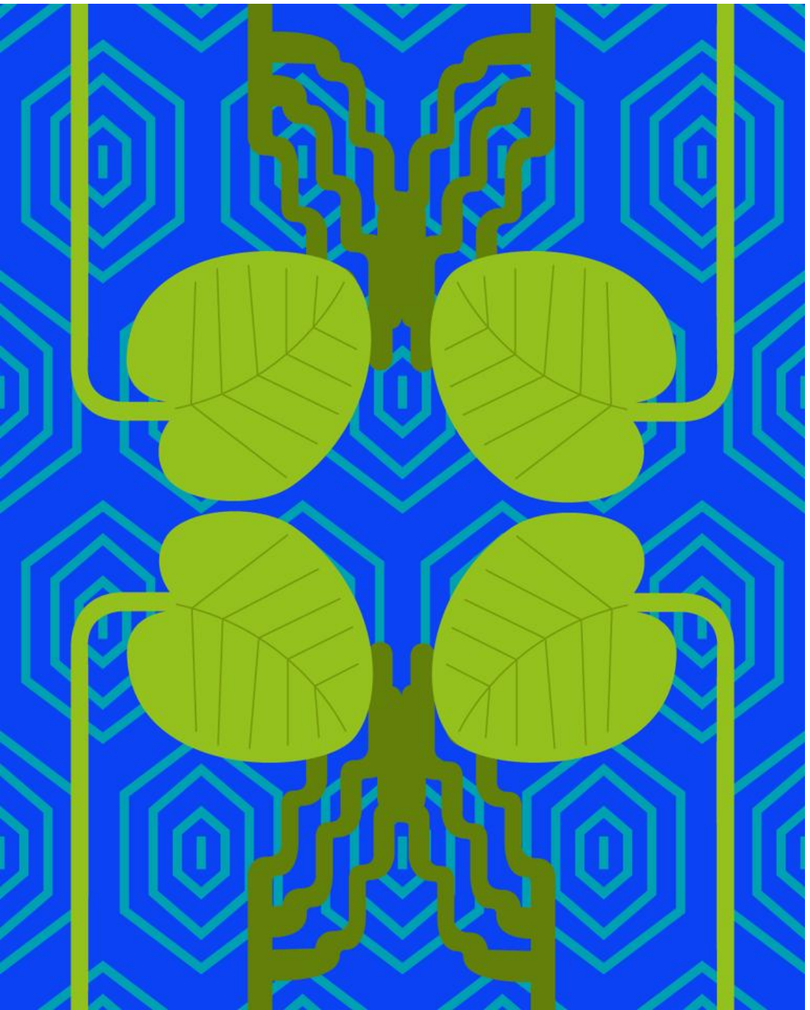


Methods

A mixed methods study:

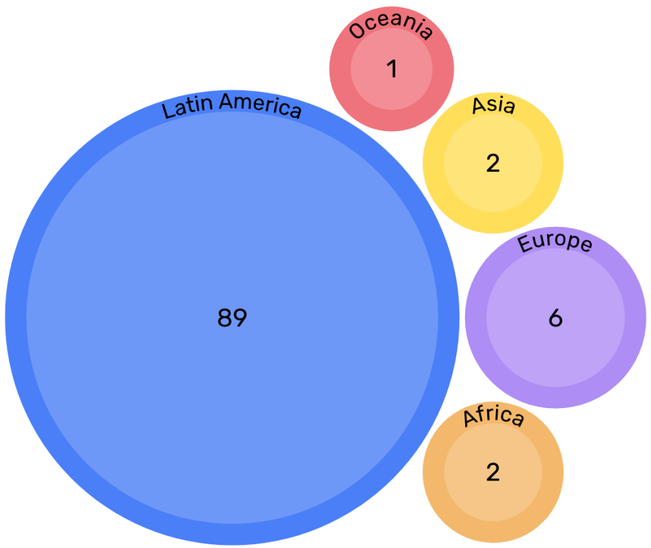
Definition: Lost to follow up (LTFU) was defined as **missing the last two scheduled visits of Phase 1 (W84 and W96)**. Because data extraction does not capture recent visits for late-enrolled participants, this information is missing for a portion of them.

- **Quantitative data**
  - On-paper surveys and medical records;
  - **Multivariate logistic regression GEE** (OR & 95%CI).

- **Qualitative data**
  - In-person/phone interviews with 15 LTFU;
  - Qualitative **thematic analysis**.

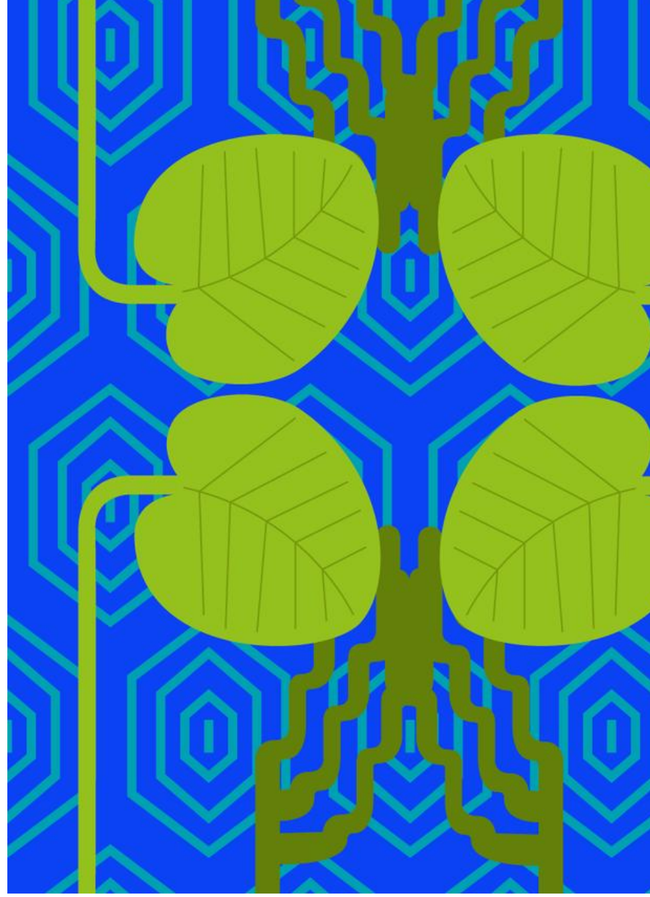
During LTFU recruitment for interviews, some LTFU were unreachable due to invalid or inactive phone numbers.

Socio-demographic Characteristics



Participants of the study	N=101
Age	
Median	34 [29,40]
Country of origin, n	
Peru	67
Brazil	10
Equador	7
Colombia	4
France	3
Social security, n	
No social security	51
State Medical Assistance (*AME*)	37
National health insurance card / Universal healthcare coverage	14
EPICES score >30, n	85
Sex work, n	92
Formal employment, n	9
Lifestyle habits, n	
Alcohol use (Regular or occasional)	78
Smoke	34
Substance use	44

Baseline Characteristics



Comorbidities	N =101 n
History of STIs	76
Feminizing hormone therapy	38
Past surgical history	86
Gender-affirming surgery (vaginoplasty)	5
Feminizing surgery	70
Silicone injection	67
Silicone complications	24

Participant wishes to benefit from:	N=101 n
Mental Health Hub	57
Social and administrative support	80
Legal Hub	45
Trans Social Action Fund	24

Group	N = 101 n
Already on PrEP at enrollment	60
PrEP initiation at enrollment	41

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Quantitative Results

MULTIVARIABLE ANALYSIS — FIRTH PENALIZED LOGISTIC REGRESSION

The Firth penalized logistic regression model used **N = 800** visit-level observations to identify the factors below associated with this outcome.

Among the 101 participants, 52 attended the W84 and/or W96 appointments, 16 did not attend W84 and W96 (=LTFU), 26 participants did not reach weeks 84–96 due to late enrollment, and 7 people withdrew.

Factors associated with a HIGHER risk of LTFU aOR [95% CI]

- PrEP-naive status **4.54 [2.93–7.03]**
- Low or unknown PrEP adherence **3.76 [2.28–6.20]**
- Not speaking French **2.37 [1.60–3.51]**

Factors associated with a LOWER risk of LTFU aOR [95% CI]

- Gender-affirming-related surgery **0.34 [0.16–0.71]**
- Silicone injection history **0.46 [0.29–0.73]**
- Identified financial difficulties **0.39 [0.27–0.59]**
- Association-hospital (combined) follow-up **0.17 [0.09–0.34]**
- Willingness to use mental health services **0.26 [0.17–0.39]**
- Willingness to use social services **0.30 [0.18–0.49]**

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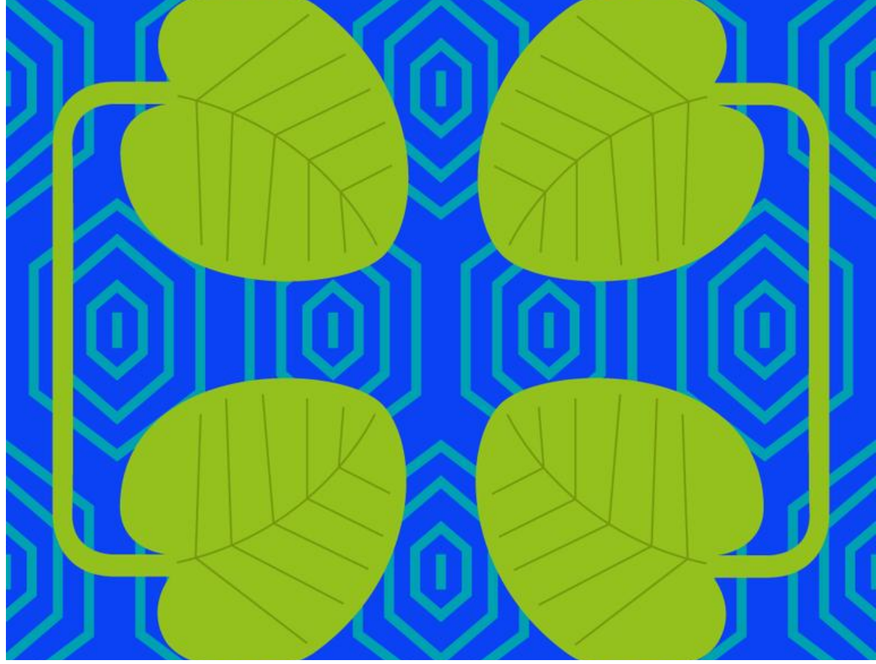
Qualitative Results (n=15 LTFU)



Main reasons for stopping community-based PrEP care

- Geographical short-term/long-term **distance**;
- Subjective-based risk **reevaluation**;
- **Psychological** difficulties putting sexual health on stand-by;
- Feared/perceived **side effects**;
- Dissatisfaction with **appointment** scheduling/**communication**.

Taking PrEP elsewhere

For some participants adherence seemed to be a challenge throughout PrEP journey

Nonetheless, all LTFU emphasized the importance of community-mediator outreach

Qualitative Results (n=15 LTFU)

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9/15 perceived themselves to still be at risk of contracting HIV

- Among them, 7 people are willing to get back to the program and are motivated by:
  - Online PrEP appointment;
  - Combining PrEP with feminizing hormone therapy;
  - On demand PrEP scheme.

- 2 individuals do not want to restart PrEP even though they recognized an ongoing risk of HIV infection from client pressure in sex-work:
  - 1 is because of sex work reduction;
  - 1 is because of fear/perceived side effects;
  - Both do not know about Post-exposure prophylaxis (PEP).

Irrespective of the reason of stopping the program, several participants have heard about long-acting injectable PrEP and would love to know more about it.

At least half of the participants continue to visit Acceptess-T's offices to access other programs

Among these LTFU, two people continue taking PrEP without doctor follow-up:

1 On-demand PrEP;

1 ineffective use of PrEP ("PEP-like" PrEP).

Conclusion

- Among the 101 participants, at W96, we have at least 16 participants who are considered LTFU.

- PrEP-naive individuals, non-French speakers, and those with low adherence are particularly vulnerable to disengagement. This disengagement also stems from a combination of structural barriers and personal challenges. Actual lost to follow-up participants can be brought back with:
    - An intensified follow-up strategy;
    - Innovations in PrEP and new multidisciplinary activities tailored to specific needs;
    - Better synergies between the different services of the community-based organization.

- **Potential post-discontinuation HIV seroconversions may be prevented by implementing re-engagement protocols for individuals lost to follow-up, diversifying PrEP service delivery and formats, and combining community-based medical care with peer navigation.**

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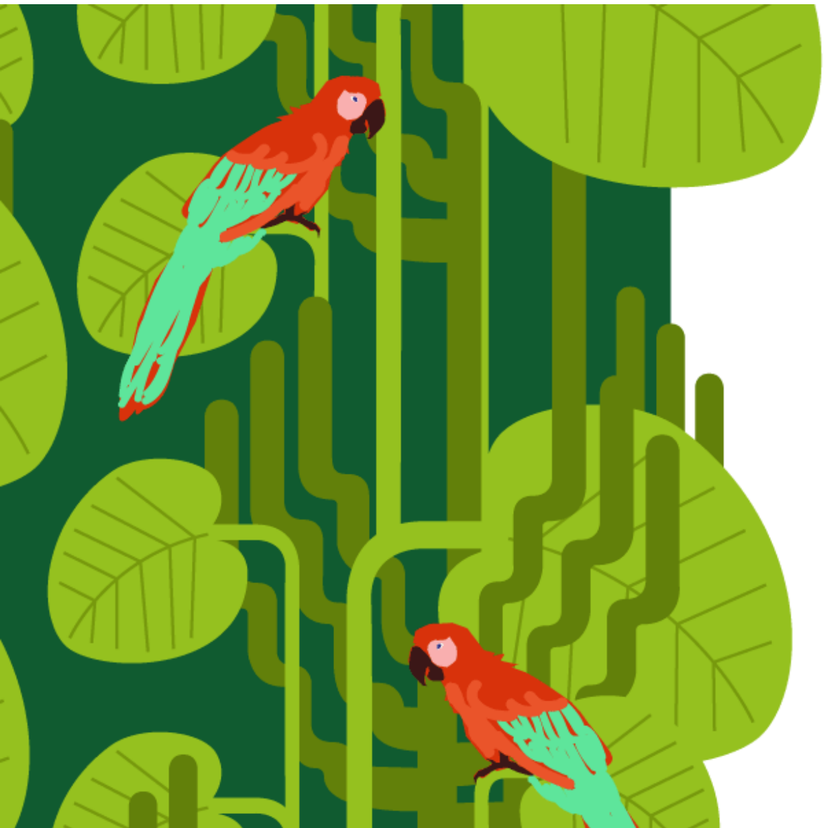
Merci! (Thanks)



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We thank all the women who agreed to participate in the study and its activities.

A special thanks also goes to the trans health navigators, without whom this project would not have been possible.

(See you at the poster exhibition area 😌)

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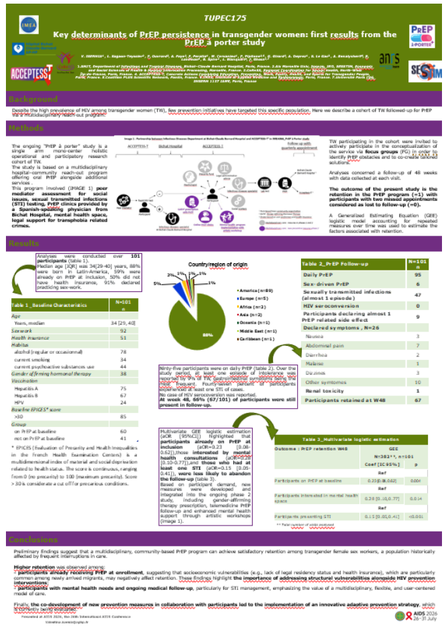

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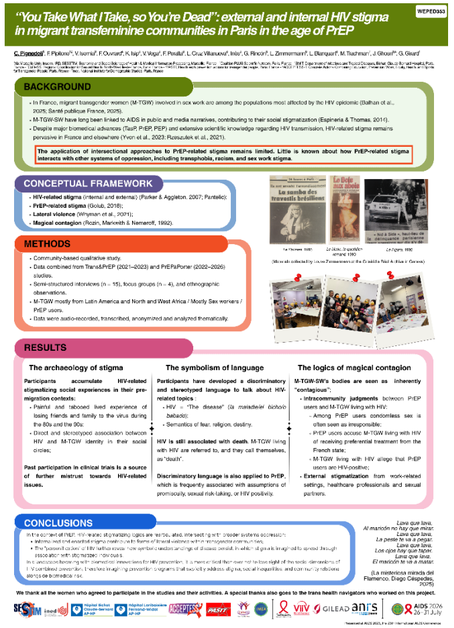

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