

Preventive use of HIV medication

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Executive summary

Health Council of the Netherlands



Over recent decades, the HIV epidemic has been substantially reduced by the availability of effective antiretroviral drugs and prevention strategies. Even so, each year approximately 800 new HIV infections occur in the Netherlands. A relatively new way to prevent HIV is by using antiretroviral drugs: Pre-Exposure Prophylaxis (PrEP). In 2016, the European Medicines Agency (EMA) registered a combination of antiretroviral drugs for use as PrEP. In various countries, PrEP is reimbursed as a preventive drug for HIV. The price dropped from € 536 a month in 2015 to € 48 a month at the beginning of 2018. Both stakeholders and health care professionals are advocating the provision of PrEP in the Netherlands. The Minister of Health, Welfare and Sport has asked the Health Council of the Netherlands for advice on this matter. Should PrEP be regarded as essential care that should be available to the target group? What would the consequences of its introduction be on the incidence of HIV, the

development of resistance and the incidence of other sexually transmitted infections (STIs)? In order to answer these questions, the Health Council set up the PrEP Committee.

Significant burden of disease

The Committee is of the opinion that the burden of disease associated with HIV is high enough to consider the procurement of PrEP. In the Netherlands, around 20,000 people are infected with HIV. It is estimated that there are another 2,600 people who are infected but unaware of it. With the correct treatment, HIV is still a severe chronic disease. Left untreated, the virus causes AIDS, which may lead to death. New cases still occur despite promotion of condom use, testing and early tracing and treatment to prevent the further spread of HIV. Two-thirds of the new infections occur in men who have sex with men (MSM). Over a quarter occur in heterosexual men and women, mainly in migrants from countries where HIV is endemic.

PrEP is effective if taken correctly

PrEP offers effective protection against HIV infection when taken correctly. It makes no difference if PrEP is taken daily, or only around high-risk sexual contact. The Committee expects that the introduction of PrEP will also have a positive effect on the HIV epidemic, but it is uncertain to what extent. It is important to reach the right target group, i.e. people who are at highest risk for HIV. Adherence among PrEP-users is also one of the essential factors. It cannot be predicted what the precise effect will be on sexual risk behaviour and the transmission of other STIs.

Medical follow-up is essential

Medical follow-up is essential in order to guarantee the safe use of PrEP. The side effects of PrEP are usually mild (gastro-intestinal symptoms, headache, weight loss), but a minimal (reversible) deregulation of kidney function may occur. In addition, users must also



be tested for HIV and other STIs. Furthermore, the potential development of resistance should be monitored.

PrEP appears to be cost effective

The cost effectiveness of the introduction of PrEP depends on its price, amongst other things. Recently this has dropped considerably as generic drugs have come on to the market. Other determinant factors are which group is targeted to get PrEP, and how it will be implemented. Only when it is actually introduced will its effectiveness in practice in the Netherlands become clear. The Committee expects that at a cost of € 40 to € 50 a month, PrEP will be cost effective – or even cost saving – when used in a high-risk group who adhere to therapy.

Role of the government

The Committee sees a role for the government in offering PrEP to high-risk MSM. It is of the opinion that PrEP offers an opportunity to lower the incidence of HIV in this group, where further gain from other preventive strategies appears unlikely. In addition, MSM are a vulnerable group, as HIV and AIDS are still associated with stigma. PrEP encourages people at risk of HIV to take their own responsibility to protect themselves (agreement from a partner not being necessary). The Committee thinks it important that PrEP is available to this target group. Because people have a responsibility for their individual risk, the Committee proposes to consider a personal contribution towards the costs. As the exact effect of the introduction of

PrEP on the HIV incidence is still uncertain, good monitoring is essential.

Recommendation

The Committee recommends to make PrEP available for high-risk MSM in combination with a well-organised medical follow-up system. This latter recommendation is urgent, as the recent fall in price could lead to people starting to use PrEP on their own initiative without proper guidance. In addition, the Committee recommends that the long-term effects of PrEP should be carefully monitored and that the provision of PrEP should be reviewed after a period of five years.



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The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

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