

INPLASY PROTOCOL

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None declared.

HIV Prevention Combination Among Men who have Sex with Men: a scoping review protocol

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Review question / Objective: To map the evidence regarding the combination of prevention strategies used by MSM to manage their HIV risk, assessing how this has been studied and how HIV prevention strategies are being combined by MSM.

Eligibility criteria: We will include published scientific documents found through the search expression in the Web of Science, PubMed, and Scopus databases, about HIV prevention in HIV negative MSM. Studies about non-human animals and females will be excluded, as well as non-scientific documents and reports, editorials, opinion papers, comments, revisions, or journalistic material. Documents with no original data, such as reviews and systematic reviews, will also be excluded. Randomized controlled trials and control clinical trials will also be excluded since this type of study does not answer the scoping review questioning. Both quantitative and qualitative, as well as mixed-methods studies, will be included. The specificities of these studies will be properly acknowledged.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 18 October 2022 and was last updated on 18 October 2022 (registration number INPLASY2022100071).

INTRODUCTION

Review question / Objective: To map the evidence regarding the combination of prevention strategies used by MSM to manage their HIV risk, assessing how this has been studied and how HIV prevention strategies are being combined by MSM.

Background: Men who have Sex with Men (MSM) share a disproportionate burden of human immunodeficiency virus (HIV) infection all over the world. Even though there is a lot of information about HIV prevention, how it is spread, and how it affects people, this information does not mean that people will automatically follow HIV-preventive behaviors. While knowledge

about prevention and risk perception can impact preventive behavior, MSM also accumulate a range of specificities that must be taken into consideration together with individual's background and social context, to fully understand how they use and combine HIV prevention strategies.

In the preventive arsenal, there are several HIV prevention tools related to sexual transmission: sexual abstinence or maintaining sexual activity while refraining from riskier sexual practices; seroadaptation and disclosure of HIV serostatus and viral loads to sexual partners; condom and lubricant use; biomedical strategies such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), voluntary medical male circumcision (VMMC); HIV testing. Consistent condom use is one of the most effective prevention tools regarding HIV, sexually transmitted infections (STI) and unwanted pregnancy. Nevertheless, none of the existing prevention strategies is completely effective, and their availability has been unequally distributed. Therefore, there is a public health recommendation by the World Health Organization (WHO) together with the Joint United Nations Programme on HIV/AIDS (UNAIDS) to combine HIV prevention strategies as a crucial dimension in achieving the 2025 HIV targets. The UNAIDS 2025 targets work within a combined prevention strategy that puts key populations at the center, aiming at designing evidence-based interventions using a human rights approach. This scoping review will focus only on HIV prevention combination related to sexual HIV transmission among MSM.

HIV prevention combination is defined as using two or more strategies combined to reinforce protection and prevent acquiring HIV or prevent infecting others. To optimize the use of the available prevention tools, HIV testing and serostatus disclosure to sexual partners are crucial as MSM will engage in and negotiate HIV prevention according to their serostatus and their partners', allowing early diagnosis, and immediate treatment, accelerating HIV viral load suppression. It is established that when the HIV viral load is undetectable, HIV

becomes untransmittable. Moreover, evidence shows that most people who are diagnosed with HIV are likely to adopt behaviors to reduce the risk of HIV transmission to others. Evidence also suggests that the efficacy in preventing the sexual transmission of HIV relies on combining barriers like consistent condom use with biomedical strategies, such as early ART administration to HIV-positive MSM and timely PrEP provision to high-risk HIV-negative MSM.

In high-income countries, MSM tend to report frequent HIV testing, PrEP uptake, and a reduction in the number of sexual partners as the main prevention strategies used and combined. In this regard, PrEP constitutes a paradigmatic case since some MSM, due to the perception of PrEP's high effectiveness, can increase risky sexual behavior while on PrEP or, on the other hand, they can use PrEP as an additional protection measure together with condoms and lubricants or frequent testing. Despite the COVID-19 pandemic and PrEP provision inequities, the global uptake of PrEP has been increasing, with approximately 845,000 people in at least 54 countries receiving PrEP during 2020. However, it is still far behind the UNAIDS target of having 3 million people on PrEP by that same year. Additionally, sexual behaviors, as well as HIV prevention strategies, can vary over time and according to context, sociodemographic characteristics, or relationship status. Besides, if these variabilities happen regarding PrEP, they might also happen regarding other prevention strategies and their combination options.

Rationale: There are no current or ongoing systematic or scoping reviews that address the review question or objectives completely. Despite having found reviews about HIV prevention in MSM, those studies were mainly focused on stigma reduction interventions, technological innovations, and HIV prevention, counseling, testing, and treatment, and some reviews focused on HIV prevention strategies or on measuring the effectiveness of prevention strategies or interventions. This preliminary search

showed that there is a lack of scoping reviews about all HIV prevention strategies available to MSM related to sexual transmission, as well as about the combination of prevention tools, the context of use, and the way prevention strategies and different combinations might change over time and accordingly with different contexts.

METHODS

Strategy of data synthesis: Two tables will be used for data extraction and data synthesis purposes: a table with the overall summary statistics of the included studies and a table of data extraction. PRISMA-ScR guidelines and tools will also be used in this regard.

Eligibility criteria: We will include published scientific documents found through the search expression in the Web of Science, PubMed, and Scopus databases, about HIV prevention in HIV negative MSM. Studies about non-human animals and females will be excluded, as well as non-scientific documents and reports, editorials, opinion papers, comments, revisions, or journalistic material. Documents with no original data, such as reviews and systematic reviews, will also be excluded. Randomized controlled trials and control clinical trials will also be excluded since this type of study does not answer the scoping review questioning. Both quantitative and qualitative, as well as mixed-methods studies, will be included. The specificities of these studies will be properly acknowledged.

Source of evidence screening and selection: We will upload all the retrieved results to the Rayyan.ai. software and remove the duplicates. After that, an exclusion by title and abstract will be performed by three reviewers. The reviewers will read the full-text of the included studies and include that studies or exclude them based on the inclusion criteria. In this phase, the reasons for exclusion full-text articles will be reported and discussed among the reviewers.

Data management: We will use the PRISMA-ScR guidelines and instruments for data management, as well as, the tables for reporting the excluded studies, the summary statistics table, the data extraction table and the JBI instrument for qualitative and mixed-methods studies data extraction.

Reporting results / Analysis of the evidence: We will follow the JBI and PRISMA-ScR guidelines.

Presentation of the results: We will use the tools (flow diagrams and tables) from the JBI and according to PRISMA-ScR guidelines.

Language restriction: No, it will not.

Country(ies) involved: Portugal and Spain.

Keywords: Men who have Sex with Men – HIV Prevention – Combination Prevention - Scoping Review Protocol.

Dissemination plans: We plan to publish the scoping review protocol, to disclose the preliminary results at a scientific conference, and to publish the scoping review final document in an international scientific journal related to this topic.

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