

Progress toward virtually eliminating HIV transmissions in New Zealand

RICH J G¹, MYERS J M¹, SHAW M P¹, LUDLAM A H¹, SAXTON P J²

¹ New Zealand AIDS Foundation, ² School of Population Health, University of Auckland

joe.rich@nzaf.org.nz

Background

Gay and bisexual men (GBM) continue to be over-represented in HIV diagnoses in New Zealand and until 2016 new cases were continuing to rise.¹ While sustained promotion of condoms had kept HIV prevalence low, evaluation data suggested that sexual risk behaviour was on the rise. Expanded HIV prevention options, including biomedical prevention, were identified as being urgently needed to reverse HIV incidence.

New Zealand AIDS Foundation (NZAF) developed a comprehensive behaviour-change strategy incorporating condoms, pre-exposure prophylaxis (PrEP), scaled-up testing and prompt treatment to achieve an 80% reduction in HIV transmissions among GBM by 2025.

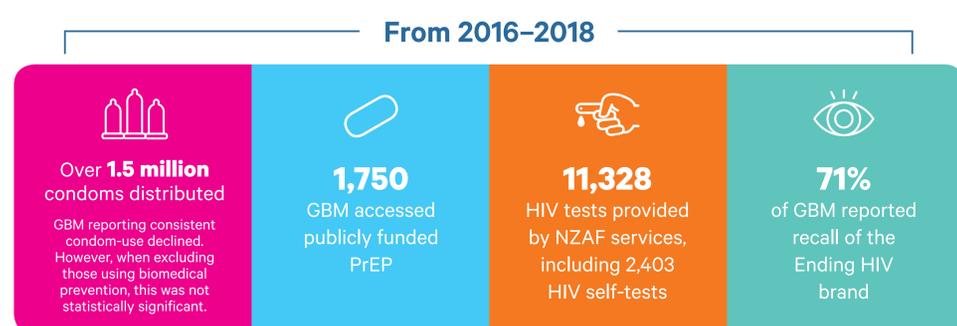
Approach

Multiple interventions included:

- Development of a national consensus statement on comprehensive HIV prevention. This call for change was signed by over 100 clinicians, community organisations and researchers (<https://hivconsensus.org.nz/>);
- Multi-level advocacy targeting regulators, workforce, health officials and Government, resulting in public funding of PrEP on 1 March 2018 and the removal of the CD4 threshold on accessing HIV treatment;
- Supporting a capable workforce by partnering with clinicians and professional bodies to develop PrEP education resources, workshops and other educational events;
- Improving access to services by developing PrEP service locator map, community-based HIV rapid testing drop-in clinics, outreach testing at sex-on-site venues and distribution of HIV self-testing kits.
- Launching a multi-channel behaviour change campaign, *Ending HIV*, to empower GBM with updated HIV information and mobilise them to take action to end new HIV transmissions.

Outcomes

From 2016-2018 new diagnoses of preventable HIV among GBM (i.e. where infection occurred in NZ) decreased by 39%. Diagnoses of incident HIV (CD4 count >500) halved from 44 to 22. During the same period, reporting of HIV testing <12mths increased from 47% to 61% among GBM participants of a large online community survey.



Innovation and Significance

A multiple and interconnected approach to changing policy and behaviour has:

- achieved supportive health funding and policies;
- reoriented health services to meet the needs of GBM;
- cultivated a community that is more informed and engaged in HIV prevention, and;
- contributed to reduced incident HIV diagnoses.

Ongoing challenges include resurgent STIs, inconsistent PrEP readiness in primary care and no recent behavioural surveillance.



Figure 1. Clockwise from top left: Then Prime Minister, Rt Hon Sir Bill English, greeting researchers in the PrEP tent at the Ending HIV Big Gay Out; A PrEP community education forum held in Auckland; A point-of-care rapid HIV test delivered by a peer at a gay community event; NZAF booth at the South Island GP Conference, raising awareness of PrEP among the health workforce; Ending HIV outdoor advertisements encouraging regular HIV testing; HIV testing outreach van providing tests on Auckland's Karangahape Road.

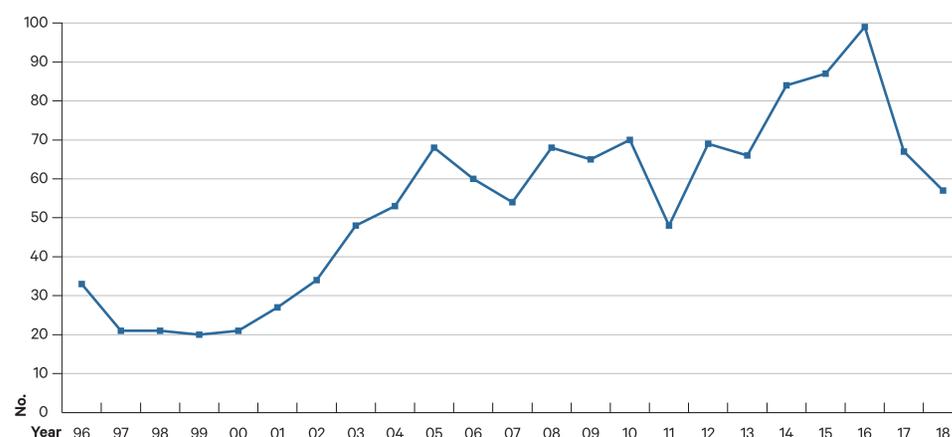


Figure 2. Annual number GBM diagnosed with HIV in New Zealand, where infection occurred in New Zealand: 1996-2018¹

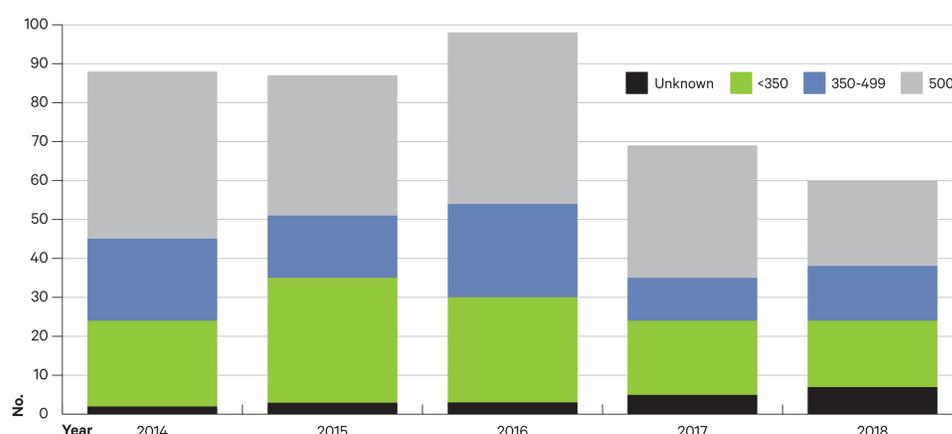


Figure 3. Initial CD4 count of GBM diagnosed and infected in New Zealand: 2014-2018¹

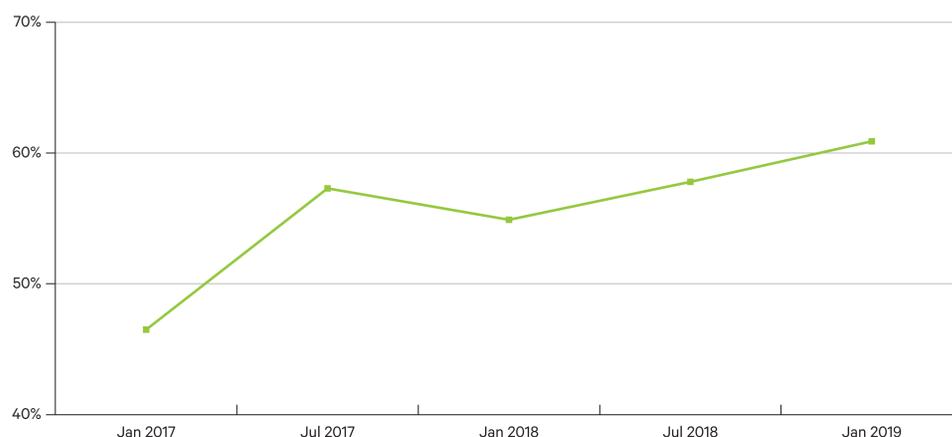


Figure 4. Proportion of GBM in Ending HIV evaluation surveys who self-report HIV testing in previous 12 month

References

- 1 McAllister S et al. 2017 AIDS - New Zealand. Dunedin: AIDS Epidemiology Group, University of Otago, 2017; issue 76.
- 2 Saxton PJ, Hughes AJ, Giola M. HIV prevention today: with coordinated action, we can end transmission. NZ Med J. 2015; 128 (1426): 8-15.