



New Zealand AIDS Foundation
Te Tūāpapa Mate Āraikore o Aotearoa



Briefing to the Incoming Parliament

2020–2023

The New Zealand AIDS Foundation (NZAF) has been at the forefront of the community response to HIV in Aotearoa New Zealand for 35 years, a history we are very proud of.

With the same passion and commitment as those who came before us, we are working hard to prevent HIV and STI transmission, reduce stigma, and maximise the wellbeing of those most affected.

Through our community outreach, behaviour-change marketing campaigns, testing and therapeutic support services, research, policy and advocacy we reach people across the country.

We also coordinate the National HIV and AIDS Forum, a national multi-disciplinary body committed to advancing the implementation of comprehensive HIV prevention and care in New Zealand.

As a registered charity, our work is made possible through funding from the Ministry of Health, philanthropy and fundraising. Together, we are working towards an Aotearoa with zero HIV transmissions where people living with or affected by HIV flourish.

Photo by Rémi Walle on Unsplash

Tēnā koutou

The emergence of COVID-19 this year has impacted lives around the world and forever changed the face of public health in Aotearoa New Zealand.

We hope this renewed national focus on public health will gain further momentum as the *Health and Disability System Review* is implemented. The New Zealand AIDS Foundation is well placed to work collaboratively with government, our communities and the sector to improve HIV, STI and sexual health outcomes in the future of the health system.

We have seen the impact of a dedicated, combination HIV prevention approach, with three years of declining local HIV transmissions among men who have sex with men (MSM). Yet the epidemic continues and soaring rates of syphilis and gonorrhoea remain concentrated in this community, compounding existing health inequities.

Now is not the time to be complacent.

We need urgent action to address the HIV and growing STI epidemics, we've identified three priorities for Government and the Minister of Health:

- 1 Priority One:** Implement a national strategy to enable and guide action on HIV and STIs
- 2 Priority Two:** Develop a health workforce and system that provides culturally appropriate sexual health care to MSM and those living with and most impacted by HIV
- 3 Priority Three:** Invest in HIV and STI surveillance capacity

SEE PAGES 14–19

We have also highlighted immediate actions we can take now to scale up combination HIV prevention in Aotearoa New Zealand and address rising STIs (Page 18).

We look forward to working with you over the next three years to further reduce the number of new HIV infections, challenge HIV stigma and provide support to communities most impacted by HIV and STIs.

Ngā mihi nui,



Jason Myers
Chief Executive



Our Vision

Moemoeā

An Aotearoa with zero HIV transmission where people living with or affected by HIV flourish

Kia kore ngā mate Whakaruhi Ārai Kore, kia hiki te oranga o te tāngata i roto o Aotearoa, kia puawai

Our Mission

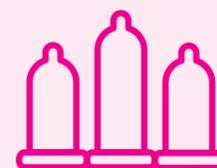
Whakatakanga

Prevent transmission, reduce stigma and maximise the wellbeing of those most affected by HIV

Whakakahore te mate, whakaiti te poapoa me whakakaha te oranga o ngā tāngata e pā ana ki te Whakaruhi Ārai Kore

Our Goals

Whāinga



Goal One

Prevent HIV and STI transmission



Goal Two

Increase HIV and STI testing



Goal Three

Maximise the wellbeing of people living with HIV



Goal Four

Enable ongoing organisational success

Everything Has Changed

What you need to know about HIV

COMBINATION HIV PREVENTION

So much has changed in HIV prevention. Scientific breakthroughs have refocused HIV prevention globally and we now have a proven set of tools available to end the transmission of HIV. We have worked together with community and the HIV sector to enable combination HIV prevention in Aotearoa New Zealand, creating and reinforcing norms around safe behaviour, and driving remarkable results.

Local HIV transmissions continue to trend downwards. Now is the time to maximise these gains and ensure equity of uptake across Aotearoa New Zealand.

Combination HIV prevention is a set of interventions that meet the needs of communities most impacted by HIV and delivered at scale for maximum impact.

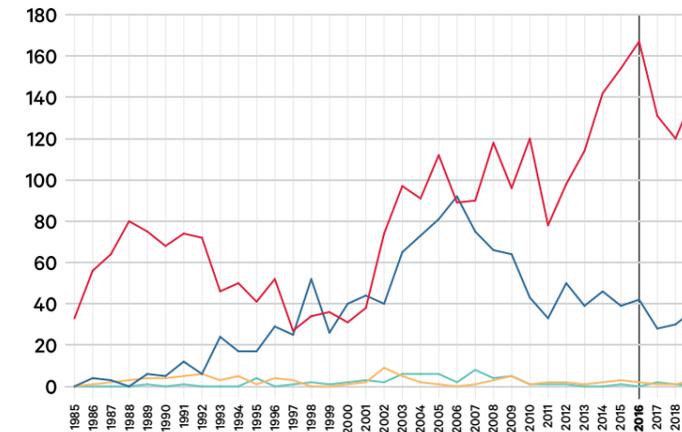
It includes:



CONDOMS	PRE-EXPOSURE PROPHYLAXIS	TESTING	EFFECTIVE TREATMENT
Condoms are a cornerstone of the HIV response, effective at preventing HIV and most other STIs	PrEP is a medication taken by someone who is HIV-negative at risk of HIV infection. When taken as prescribed, it is extremely effective at preventing HIV.	To break the chains of HIV and STI infections, early diagnosis is required. Early diagnosis greatly reduces the health burden of HIV, allowing PLHIV to live healthy and fulfilling lives.	Someone living with HIV who is on effective treatment cannot pass HIV to their sexual partners. Also referred to as Undetectable = Untransmittable (U=U).
Support consistent condom use to protect against HIV and STIs	Increase PrEP uptake and education	Increase testing to reduce levels of undiagnosed HIV and STIs	Support prompt treatment access for people diagnosed with HIV to improve health, and support people living with HIV to reach an undetectable viral load.

HIV and STI prevalence

In Aotearoa New Zealand



Record high HIV transmissions in 2016

In 2016, we saw the greatest number of new HIV notifications ever recorded, with 244 new diagnoses.

HIV notifications with known route of infection



Declining local HIV transmissions

2019 marked the third year in a row of declining locally acquired HIV transmissions among MSM.

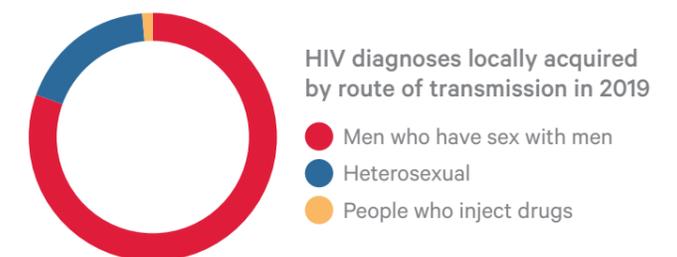


212 HIV notifications in 2019

While overall numbers of new notifications rose by 15% from 2018, this was driven by people previously diagnosed overseas and returning or migrating to Aotearoa New Zealand.

MSM continue to be disproportionately affected by HIV.

In 2019, MSM constituted over 80% of all people who acquired HIV locally in Aotearoa New Zealand, with a known route of infection.



Syphilis and gonorrhoea: MSM 179x & 34x more likely

MSM are 179 times more likely to be diagnosed with infectious syphilis and 34 times more likely to be diagnosed with gonorrhoea compared to heterosexual males and females.¹

2,899 people receiving subsidised ART

There are 2,899 people living with HIV receiving subsidised antiretroviral therapy (ART). MSM and African populations are overrepresented amongst people living with HIV.

¹: Saxton, P., Ludlam, A., & McAllister, S. (2020). Population standardised rates of HIV, syphilis and gonorrhoea diagnoses by sexual orientation in New Zealand. Paper presented at the Joint Australasian HIV&AIDS and Sexual Health Conference, Virtual.

Success so far

Implementing HIV combination prevention in Aotearoa New Zealand



- NZAF adopts Strategic Plan 2016-19 based on Combination HIV prevention approach

- NZAF launches Ending HIV brand
- NZAF holds PrEP forums for community and clinicians to increase PrEP knowledge and acceptability
- NZAF submits community application to PHARMAC to fund PrEP



- NZAF launches Pamoja – combatting stigma and improving the wellbeing of African people in Aotearoa New Zealand who are living with or affected by HIV.
- NZAF works with the sexual health sector and ASHM to develop and run PrEP workforce education
- NZAF Undetectable = Untransmittable (U=U) education tour
- NZAF HIV self-testing pilot launches, providing new ways of testing to reach those who have never tested before



- NZAF launches new Strategic Plan 2020-2023
- NZAF launches the Condom Fitkit – targeting young men to find their correct fit and encourage condom use
- NZAF launches a marketing campaign to promote HIV self-testing, which increases testing uptake among communities that are traditionally difficult to engage
- NZAF launched pilot of HIV self-test vending machines at community venues
- NZAF submits community application to PHARMAC to update patient eligibility for post-exposure prophylaxis (PEP) and align prescribing criteria with PrEP. Application supported by Anti-Infective Subcommittee, and currently waiting on further consultation.
- NZAF submits community application to PHARMAC to widen and modernise the range of antiretroviral treatments funded.
- NZAF works with Body Positive and Positive Women Inc to launch Sperm Positive, a PR-focussed initiative to educate the general public about U=U and break down HIV stigma
- NZAF, Odyssey and NZ Drug Foundation launch the Rewired: Auckland harm-reduction programme – An eight-week therapeutic programme for MSM in Auckland who want to change their relationship with meth.

- NZAF launches STI self-testing pilot
- NZAF launches 'Break the Chain', encouraging Kiwis to test for HIV and STIs before resuming having sex outside of their COVID-19 bubbles
- NZAF submits application to MOH/MBIE working group advocating for the removal of HIV from the list of high cost conditions within immigration policy
- NZAF offer virtual and phone counselling services during COVID-19 lockdowns
- NZAF organises the 21st Ending HIV Big Gay Out, an annual community event designed to bring the LGBTQ community together to deliver HIV education messaging and HIV testing.

TIMELINE

2016

2017

2018

2019

2020

- Medsafe approves PrEP for sale in NZ
- HIV Consensus Statement released by National HIV and AIDS Forum
- PHARMAC removes CD4 threshold which enables all people living with HIV to access treatment, regardless of CD4 count
- Health (Protection) Amendment Act 2016
 - HIV and gonorrhoea become notifiable diseases
 - Enables universal access to HIV treatment, regardless of immigration status
- PrEP Demonstration Project launched

- PHARMAC funds PrEP for those at high risk of acquiring HIV
- HIV Forum and sector statement in support of Undetectable = Untransmittable (U=U)
- Stigma Index Project launches to understand stigma and discrimination experienced by PLHIV in NZ



- PHARMAC funds a wider range of condom sizes and thicknesses
- PHARMAC switches funding to generic PrEP, further reducing costs of PrEP and some antiretroviral treatments
- PHARMAC widens PrEP prescriber group to include sexual health physicians, GPs, nurse practitioners
- Ministry of Health launch the national syphilis action plan



- PHARMAC temporarily removes STI test requirement for prescribing PrEP in response to COVID-19 lockdown and impact on testing services
- Aotearoa New Zealand People Living with HIV Stigma Index 2020 Report released.



Key challenges threatening our response to HIV and STIs

THERE HAS BEEN NO HIV AND STI STRATEGY SINCE 2003

The HIV Action Plan (2003) is embarrassingly outdated. It does not respond to significant advances in the prevention, treatment and care landscape, along with important epidemiological changes.

Recent attempts by the Ministry of Health to create a new Sexual and Reproductive Health Action Plan did not succeed, meaning there is no framework or strategy guiding the work of the sexual health sector.

80% OF MSM ARE NOT RECEIVING COMPREHENSIVE STI SCREENING IN PRIMARY CARE²

Only half of respondents in the 2019 Ending HIV survey reported having had an STI test or treatment in previous 12 months and only 22% reported a comprehensive STI screening. Pacifica MSM are less likely to report comprehensive STI screening than European MSM, suggesting inequities in access and care.

A LACK OF ROBUST INFECTIOUS DISEASES SURVEILLANCE SYSTEMS FOR HIV AND STIS IS IMPACTING EFFORTS TO TARGET PUBLIC HEALTH INTERVENTIONS

The latest complete STI report was released in 2016, despite ongoing and increasing STI epidemics. MSM are an invisible population group in health data e.g NHI, therefore enhanced surveillance and additional resources are required.

GROWING STI EPIDEMICS AND RISING DEMAND FOR HIGH QUALITY SEXUAL HEALTH CARE HIGHLIGHTS THE CRITICAL NEED TO PRIORITISE AND ADEQUATELY FUND THE SEXUAL HEALTH SECTOR

Access to quality sexual health care is dependent on where someone lives. Sexual health services in the main centres provide high quality sexual health care for MSM however they continue to be severely underfunded and under-resourced. Due to this they are unable to meet the ongoing demand for PrEP, or make significant progress to trace and end the transmission of STIs such as syphilis.

²: Anglemeyer A, Saxton P, Ludlam A. *Comprehensive sexual health screening among gay and bisexual men in Aotearoa/New Zealand*. NZ Sexual Health Society Conference 15 November; Wellington 2019.

Combination HIV prevention



PREP USE GROWING BUT WELL BELOW TARGET

- Despite high acceptability and demand for PrEP, PHARMAC data shows that active PrEP users (those who initiated or renewed in last 3 months), are only 25% of the estimated 5,847 people for funded PrEP in Aotearoa New Zealand.
- Over half of young MSM in the Ending HIV survey were not using PrEP despite wanting to, highlighting access barriers.



CONDOM USE DECREASING OVER TIME

- Condom use amongst MSM has been well-maintained in Aotearoa New Zealand relative to other countries, however it has been steadily decreasing over time. This follows global trends appearing before the introduction of PrEP in 2018.
- There is a wider range of funded condoms available but lubricant, essential for anal sex, remains unfunded.



WIDER RANGE OF HIV TESTING OPTIONS AVAILABLE BUT NEED TO BE SCALED UP

- Innovations in community and self-testing are reaching people who have never tested for HIV. However, we know that 19% of MSM have never tested for HIV, and only 32.8% had heard of home testing as an option.



POST-EXPOSURE PROPHYLAXIS (PEP) UNDERUTILISED

- The criteria for accessing post-exposure prophylaxis are outdated and not aligned with PrEP prescribing, with eligibility for accessing funded PEP limited to a small group of individuals. All prevention tools need to be optimised to engage people at risk of HIV into ongoing prevention and care.

HIV STIGMA UNDERMINES THE EFFECTIVENESS OF OUR HIV RESPONSE

As is evident in the recently released *Aotearoa New Zealand People Living with HIV Stigma Index 2020 Report*, HIV stigma continues to have a negative impact. Participants reported high levels of discrimination across employment, housing, and healthcare.³ This affects not only their wellbeing, but their ability to seek medical care. HIV stigma also negatively impacts the uptake of HIV testing, HIV status disclosure, engagement in care, and adherence to treatment, thereby fuelling transmission.

ISSUES THAT CONTINUE TO IMPACT PEOPLE LIVING WITH HIV

Treatment

Clinicians' ability to meet the health needs of people living with HIV and comply with the Australasian (ASHM) antiretroviral guidelines is restricted as there are limited publicly-funded HIV treatment options and no INSTI-based single tablet regimens available in Aotearoa New Zealand. Our population of people living with HIV is ageing, and many individuals have been on treatment for a long time. They are now juggling age-related comorbidities with accumulating medication toxicity. Newer treatments are more tolerable and easier to take (single tablets), which enables improved acceptability and adherence.

Immigration

Aotearoa New Zealand is one of the few countries that maintain outdated HIV-related visa travel restrictions. The cost of HIV treatment has reduced significantly and it is time to remove HIV from the list of conditions deemed to impose high costs to health services within immigration policy.

Disclosure

PLHIV continue to be coerced into disclosing their HIV status in situations (e.g. employment and health) that impinge on their privacy and human rights. People living with HIV risk prosecution for HIV non-disclosure before sex within the criminal justice system despite the Public Health Act providing a more appropriate and targeted management of HIV. HIV prosecutions in Aotearoa New Zealand continue to reflect and entrench existing discrimination against vulnerable populations, e.g. LGBTI, Māori and Pacific peoples. HIV Justice Network places Aotearoa New Zealand in the top three countries with disproportionate number of HIV criminalisation cases, reflecting the need to move from a punitive criminal law approach to effective public health responses.

³: The Aotearoa New Zealand People Living with HIV Stigma Index. "The Aotearoa New Zealand People Living with HIV Stigma Index Participant Report" Auckland, 2020.

COVID-19

COVID-19 is impacting people living with and most affected by HIV. The nationwide lockdown directly interrupted HIV and STI service provision, as many resources for managing HIV and sexual health were redeployed, and clinics became either inaccessible or overburdened. Demand for COVID-19 testing overwhelmed lab services and reduced capacity for STI and HIV testing.

We also know existing vulnerabilities affecting our communities have been exacerbated due to COVID-19. However it is not yet known what the long-term impact will be.

NZAF campaigned to "Break the chain of transmission" following the unique opportunity presented after COVID-19 lockdown levels 3 and 4. Assuming many people hadn't had casual sex for six weeks, this would interrupt HIV and STI transmission, providing a rare opportunity to get ahead of the epidemics. The Ending HIV campaign encouraged people to test (and treat) to break the chain of transmission before HIV or other STIs could be passed on. Empowered communities can mobilise behaviour change, prevent panic, and confront stigma.



IMPACT OF COVID-19



Successes

HIV SELF-TESTING

We continue to innovate and expand the range of HIV testing services we provide in response to community needs. In 2019 NZAF created custom smart vending machines that distribute HIV tests, as an innovative way to ensure those most at risk of acquiring and transmitting HIV can test often. During a pilot in late 2019, we placed a vending machine in an MSM venue in Auckland. Over this pilot, 162 people ordered home tests from the vending machine.



28%
of vending machine pilot users had not tested for HIV in the last 12 months



12%
of vending machine pilot users were Māori and 66% were non-European



REWIRED: AUCKLAND

Rewired: Auckland is an eight-week harm reduction programme delivered in partnership by NZAF, Odyssey and the NZ Drug Foundation. It is a non-judgemental programme for MSM who want to change their relationship with methamphetamine.

Feedback of Rewired: Auckland has been overwhelmingly positive. This targeted programme is geared to meet the unique needs of participants, currently underserved by existing services. We are looking into the possibility of expanding this programme further.



CONDOM FITKIT

In 2019 we launched the Condom FitKit, helping young people find the right condom fit early to encourage consistent, life-long condom use. The youth-focussed offering included 9 different types of condoms, lube and a masturbator to encourage users to test the comfort and pleasurability of their perfect fit.



Three priorities for an effective response to HIV and STIs

At a time when the HIV landscape has become more complex than ever, STI rates continue to rise and COVID-19 is impacting our communities, it is important that we can deliver a coordinated response.

To respond to these ongoing and emerging challenges we have identified **three priorities** for HIV and STIs among key populations.

PRIORITY

1
Tahi

Implement a national strategy to enable and guide action on HIV and STIs

PRIORITY

2
Rua

Develop a health workforce and system that provides culturally appropriate sexual health care to MSM and those living with and most impacted by HIV

PRIORITY

3
Toru

Invest in HIV and STI surveillance capacity

Photo by Aditya Wardhana on Unsplash



Implement a national strategy to enable and guide action on HIV and STIs

Now is the time to maximise the impact of the combination HIV prevention tools we have available. The last national HIV strategy was published in 2003. At the time, it was effective in establishing a partnership-based approach to HIV, bringing together government, affected communities, researchers, and clinicians. Now is the time to refocus our efforts, reinvigorate these partnerships and establish a new strategy.

Strong leadership is needed to address the public health challenges we are facing at this time, addressing the impact of COVID-19 and enabling a coordinated and collaborative national HIV and STI response. We must focus national investment and resources to reach impacted communities and ensure we are still on track to achieve the realistic goal of ending new HIV transmissions and reducing incidence of STIs.

Community organisations like NZAF have the skills and experience to reach affected communities but require sustainable resourcing and a health system that supports efforts to address inequitable access to sexual health care.

Recommendations

1. Develop a national HIV and STI strategy to enable a collaborative approach, sustainable funding and targets to address HIV and rising rates of STIs.

PRIORITY

2

Rua

Develop a health workforce and system that provides culturally appropriate sexual health care to MSM and those living with and most impacted by HIV

Sexual health is a key health inequity faced by MSM, with HIV and STIs disproportionately affecting this population. Research shows that half of MSM in Aotearoa New Zealand are not open with their GP about their sexual orientation or behaviour.⁴ These barriers were greater among non-European ethnicities, due to issues in accessing and navigating healthcare. MSM are not currently receiving appropriate or comprehensive STI screening in primary care.

PrEP sexual health programmes provide an opportunity to engage MSM into ongoing sexual health care, increasing comprehensive STI testing and treatment and HIV testing for those not consistently using condoms during casual sex. However, the primary health workforce must be upskilled and supported to deliver HIV and STI services, as well as efficient PrEP programmes that are appropriate and rainbow-friendly.

These services also need to be available nationally to ensure MSM can access them no matter where they live.

Progress has been made in Auckland to reduce HIV incidence, yet this is not reflected nationally. Inequitable access and uptake of HIV and STI prevention and care persists outside the main centres.

The rapid response to COVID-19 has shown that we can innovate and respond to barriers e.g. telehealth or the removal of restrictive access criteria. We must embed these innovations in regular health policies to ensure PrEP criteria and access, as well as sexual health services and HIV and STI prevention, are meeting the needs of our communities and most importantly takatāpui, Māori, and Pacific Peoples.

4: Ludlam A, Saxton P, Dickson N, Hughes A. General practitioner awareness of sexual orientation among a community and internet sample of gay and bisexual men in New Zealand. Journal of Primary Health Care. 2015;7(3):204-12.

Recommendations

2. Commit to upskilling the health workforce to provide culturally appropriate sexual health care for MSM (e.g. include mandatory education components within medical and allied professional training curricula, as well as in continuous workforce development)
3. Fund the New Zealand Sexual Health Society to provide ongoing review of the STI and HIV management guidelines
4. Invest in NZAF to deliver workforce development in primary care focusing on culturally appropriate sexual health care and PrEP provision for MSM
5. Prioritise and sustainably fund sexual health services in primary and secondary care

PRIORITY

3

Toru

Invest in HIV and STI surveillance capacity

There is a lack of sustainable HIV and STI behavioural surveillance due to limited and ad-hoc funding. There are also systemic issues with the collection and reporting of accurate, timely national STI case notification data.

The most recent STI data available from ESR is from March 2019, with the last report released in 2016. This is detrimental to efforts to identify and target populations most at-risk and is woeful amid rising STI epidemics.

Ongoing issues with accountability, software and data capture also continue to hamper the timeliness and accuracy of HIV surveillance data since HIV became a notifiable disease in 2017 and integrated into the RedCap health data system.

We are pleased that a commitment has been made to fund one round of behavioural surveillance, as research was last collected in 2014 through the 2014 Gay Auckland Periodic Sex Survey (GAPSS) and the Gay Online Sex Survey (GOSS). However, by definition surveillance is “ongoing”, therefore funding must also be ongoing in order to provide the certainty necessary to plan successive rounds and develop and retain skilled workforce. This will ensure relevant data is available to understand Aotearoa New Zealand’s HIV and STI epidemics and ensure our response is evidence-based, targeted and equitable.

For effective, responsive, and sustainable public health programmes that respond to HIV and STIs, the World Health Organisation (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) recommend two mutually dependent forms of surveillance:

First generation – Case notification – relies on clinical diagnoses and laboratory notification of HIV cases.

Second generation – Behavioural surveillance – concentrates data collection in key populations at higher risk of HIV exposure to compare information on behaviours that transmit HIV and build up an informative picture of changes in the epidemic over time.

Recommendations

6. Commit to funding ongoing behavioural research for MSM.
7. Sustainable resourcing and accountability to enable the delivery of timely, accurate HIV and STI surveillance data.

Take Action Now

What needs to happen to realise combination HIV prevention in Aotearoa New Zealand?

In addition to addressing the three key priority areas there are immediate actions we can take to scale up our efforts to end HIV and address rising STIs.

PRIORITIES 2021-2023

- 1 Priority One: Implement a national strategy to enable and guide action on HIV and STIs**
 1. Develop a national HIV and STI strategy to enable a collaborative approach, sustainable funding and targets to address HIV and rising rates of STIs

- 2 Priority Two: Develop a health workforce and system that provides culturally appropriate sexual health care to MSM and those living with and most impacted by HIV**
 2. Commit to upskilling health workforce to provide culturally appropriate sexual health care for MSM and those living with and most impacted by HIV (e.g. include mandatory education components within medical and allied professional training curricula, as well as in continuous workforce development)
 3. Fund the New Zealand Sexual Health Service to provide ongoing review of the STI and HIV management guidelines
 4. Invest in NZAF to deliver workforce development in primary care focusing on culturally appropriate sexual health care and PrEP provision for MSM
 5. Prioritise and sustainably fund sexual health services in primary and secondary care

- 3 Priority Three: Invest in HIV and STI surveillance capacity**
 6. Commit to funding ongoing behavioural research for MSM
 7. Sustainable funding and resourcing to enable the delivery of timely, accurate STI and HIV surveillance data.

Actions for combination HIV prevention

	Condoms, PrEP, PEP	HIV and STI Testing	Treatment	Stigma & Discrimination	Intersecting health issues
ENABLE COMBINATION HIV PREVENTION					
Ministry of Health	Increase funding of targeted and innovative HIV and STI prevention behaviour change campaigns for MSM.	Fund the scale up of innovative HIV testing options such as self-testing for HIV to reach people at risk of HIV.		Fund counselling support for people living with HIV, their friends and whānau and MSM at-risk of acquiring HIV.	Fund high-quality services that address the unique needs of MSM experiencing intersecting health issues (Programmes like Rewired: Auckland).
	Invest in NZAF to lead PrEP sector workforce development in primary care.	Fund the scale up of self-testing options for STIs.		Support activities that reduce HIV Stigma among general population i.e scale-up education campaigns and guidelines.	
		Complete the review of the STI and HIV notification systems outlined in the Syphilis Action Plan.			
REMOVE DISCRIMINATORY IMMIGRATION AND JUSTICE POLICY					
Collaborative government response Ministry of Health, Ministry of Business, Innovation and Employment, Immigration NZ, Ministry of Justice, NZ Police				Remove HIV from the list of high-risk conditions within Immigration policy.	
				Reduce the cost threshold for calculating the 'burden' of health conditions to being judged over 10 years (rather than a lifetime).	
				HIV transmission must be managed within the public health system. End the use of the criminal justice system to address cases of HIV non-disclosure, exposure or transmission.	
MAXIMISE HIV PREVENTION AND CARE					
PHARMAC	Fund water-based lubricant to maximise acceptability and accessibility of condoms for anal sex. Expand eligibility criteria for PrEP to enable increased and equitable uptake. Align PEP prescribing with PrEP to enable provision through primary care and expand eligibility criteria.		Modernise the range of HIV treatment options funded to meet the needs of PLHIV.		

How we can work together

to accelerate the HIV and STI response?

As Aotearoa New Zealand's leading HIV prevention and support organisation, we are looking forward to the opportunity to work in partnership with government to support people living with or affected by HIV, end new HIV transmissions and take action against the growing STI epidemics.

We strongly support the efforts being made to strengthen population and public health capability at the Ministry of Health. However, we are concerned that expertise and capacity in HIV, STIs and sexual health within the Ministry of Health is limited and has been eroded over time. This has been further exacerbated during the COVID-19 pandemic as infectious disease expertise across the country has been redirected to manage the pandemic response.

We need your support to build confidence, leadership, and a clear strategy for the HIV and STI sexual health sector. As a community NGO we are well-connected to our communities and the wider sector, and we have a strong understanding of the social determinants impacting on sexual health and wellbeing. We would like the opportunity to work together with the Ministry of Health to ensure the priorities we've identified are consolidated within any implementation of the *New Zealand Health and Disability System Review*.



Get in touch

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Celebrating Diversity

Left-to-right, top-to-bottom: Combination HIV Prevention – Ending HIV campaign, Sweat with Pride campaign, RED Friday, Testing campaign, Ending HIV Big Gay Out 2020



Left-to-right, top-to-bottom: Pamoja programme, Pamoja programme, World AIDS Day Fundraising, Condom packing





New Zealand AIDS Foundation
Te Tūāpapa Mate Āraikore o Aotearoa

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