

# PrEP implementation among gay and bisexual men in a policy vacuum: the power of cross-sector collaboration in New Zealand

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Presented at the 22nd International AIDS Conference –  
Amsterdam, the Netherlands



New Zealand AIDS Foundation  
Te Tūāpapa Mate Āraikore o Aotearoa



AIDS 2018

# Background

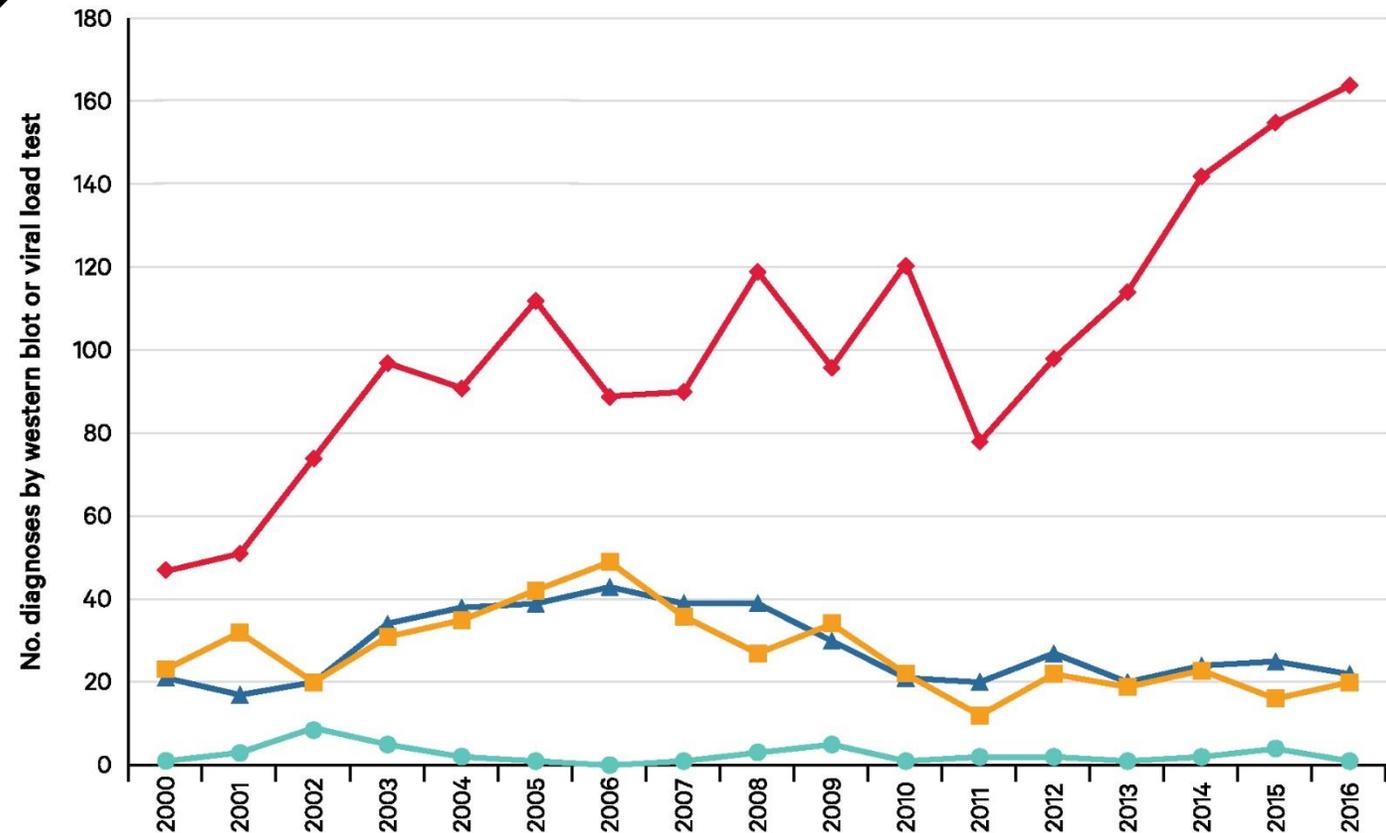
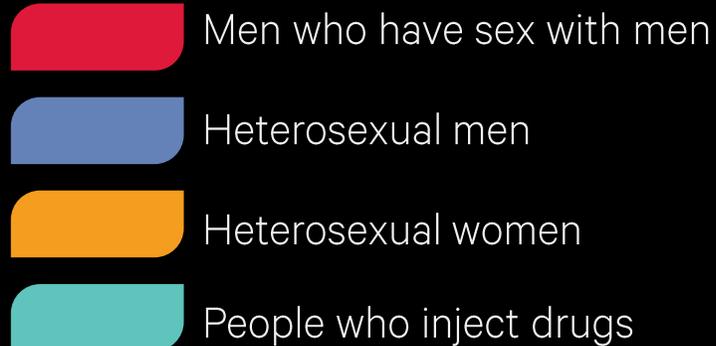
In 2016 New Zealand recorded the fifth consecutive increase – and highest number since records began – in HIV diagnoses among gay, bisexual and other men who have sex with men (GBM)<sup>1</sup>. Expanded HIV prevention options were urgently needed<sup>2</sup>, yet the national HIV strategy had not been updated since 2003 and there was (and still is) no policy on HIV pre-exposure prophylaxis (PrEP). Rising awareness of PrEP among GBM, regulatory approval, and improved availability of low-cost generics had increased demand and access. However, the absence of policy placed communities and prescribers at risk of using PrEP unsafely and ineffectively.

PrEP is a sexual health programme not just a prescription. Concerns about improper use, workforce readiness and community knowledge prompted the GBM-led New Zealand AIDS Foundation (NZAF) to partner with clinical and community stakeholders to improve knowledge and access to ‘grey market’ PrEP, while advocating for publicly funded access.

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.

# HIV diagnoses in New Zealand 2000-2016



# Description

In collaboration with the Medical Protection Society, lawyers, clinicians and community representatives, we devised a patient consent form to overcome medicolegal risks that clinicians faced in relation to prescribing PrEP for personal importation.

We worked with clinicians to develop an online PrEP training module for general practitioners (GPs) and shared PrEP prescriber resources at conferences targeting GPs.

Community education booklets were developed and distributed to clinics; online educational materials developed, including a map of doctors who were prescribing PrEP for self-importation; and educational forums targeting GBM were hosted in four key cities.

A Facebook support group was developed for PrEP users to provide peer support and education regarding accessing generic medicines from overseas pharmacies.

# Description



Figure 1. Community education video developed by NZAF.

# Description

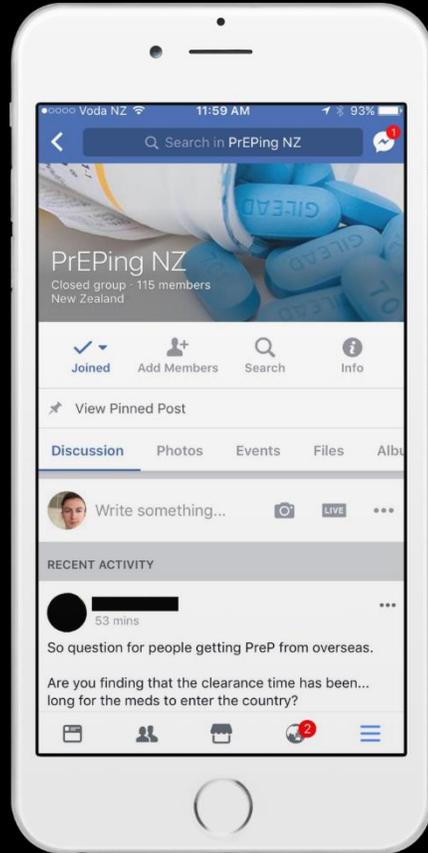


Figure 2. PrEPing NZ Facebook Group

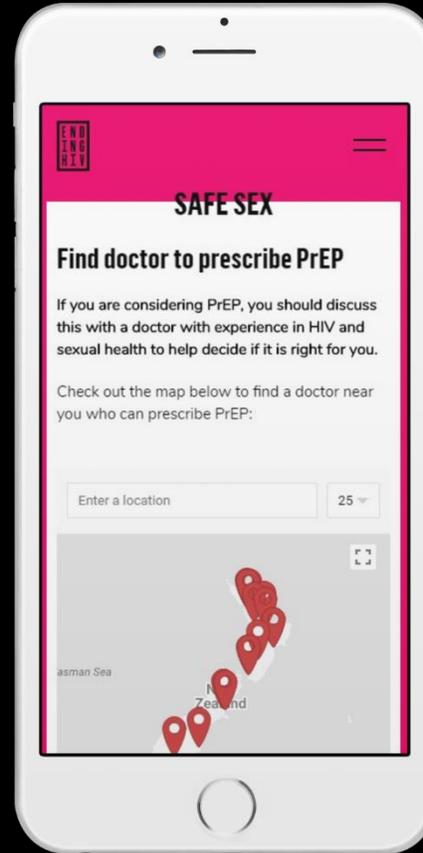


Figure 3. Online map of doctors prescribing PrEP

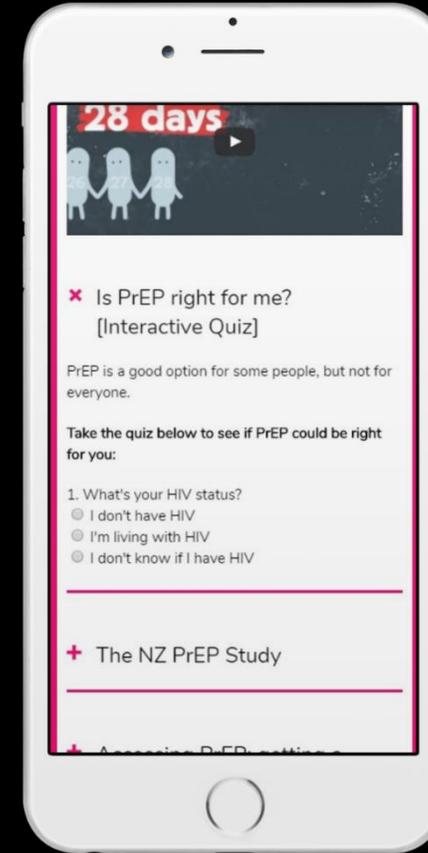


Figure 4. Online "Is PrEP right for me?" quiz

# Description

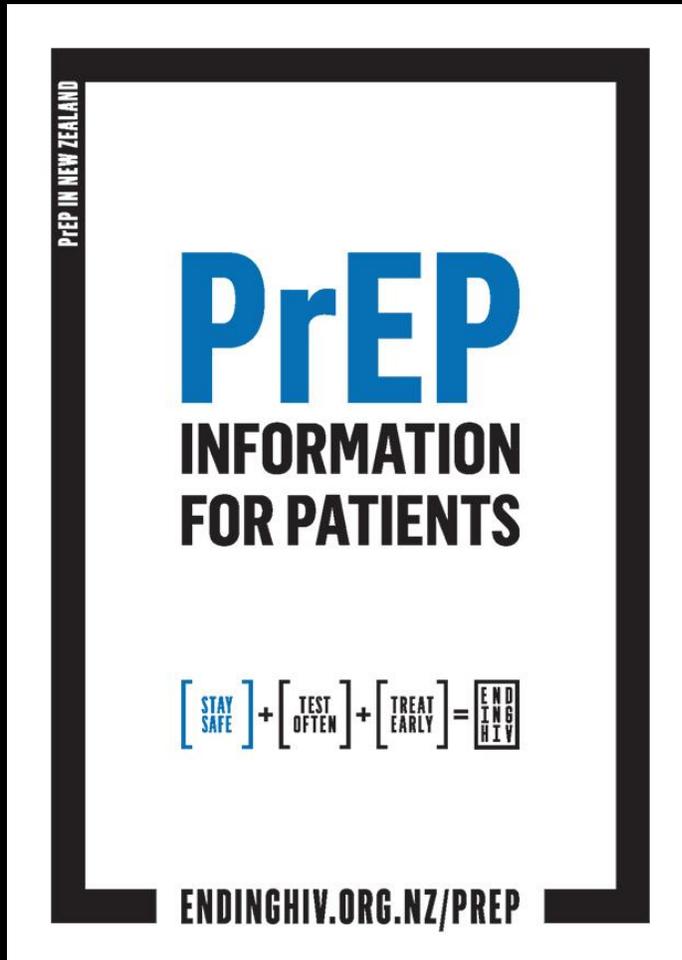


Figure 5. PrEP patient information booklet for clinicians to provide to patients

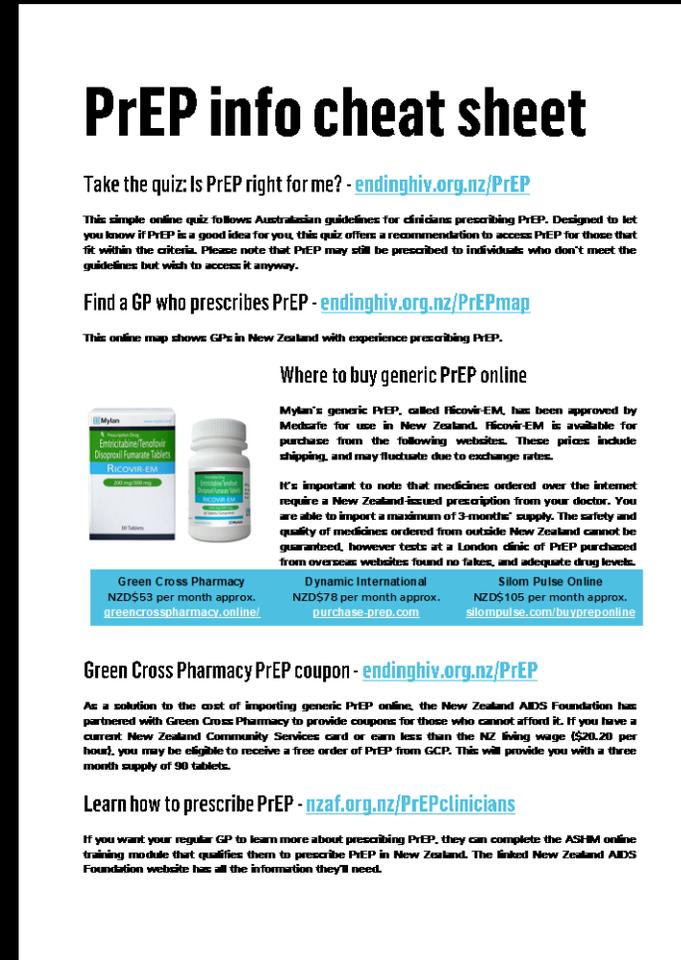


Figure 6. Cheat sheet for importing PrEP form overseas

# Lessons Learned

In the absence of policy, cross-sector collaboration can empower communities and workforce to use new technologies safely. From 0 in 2016 there are now 25 providers across ten cities listed on [endinghiv.org.nz](http://endinghiv.org.nz) as being knowledgeable about PrEP and prescribing for personal importation.

NZAF regularly surveys knowledge and behaviour of GBM as part of its Ending HIV campaign evaluation. Between November 2016 and December 2017, self-reported PrEP use among GBM increased from 0.7% to 5.7% and awareness from 51% to 78%.

# Self-reported PrEP use among GBM

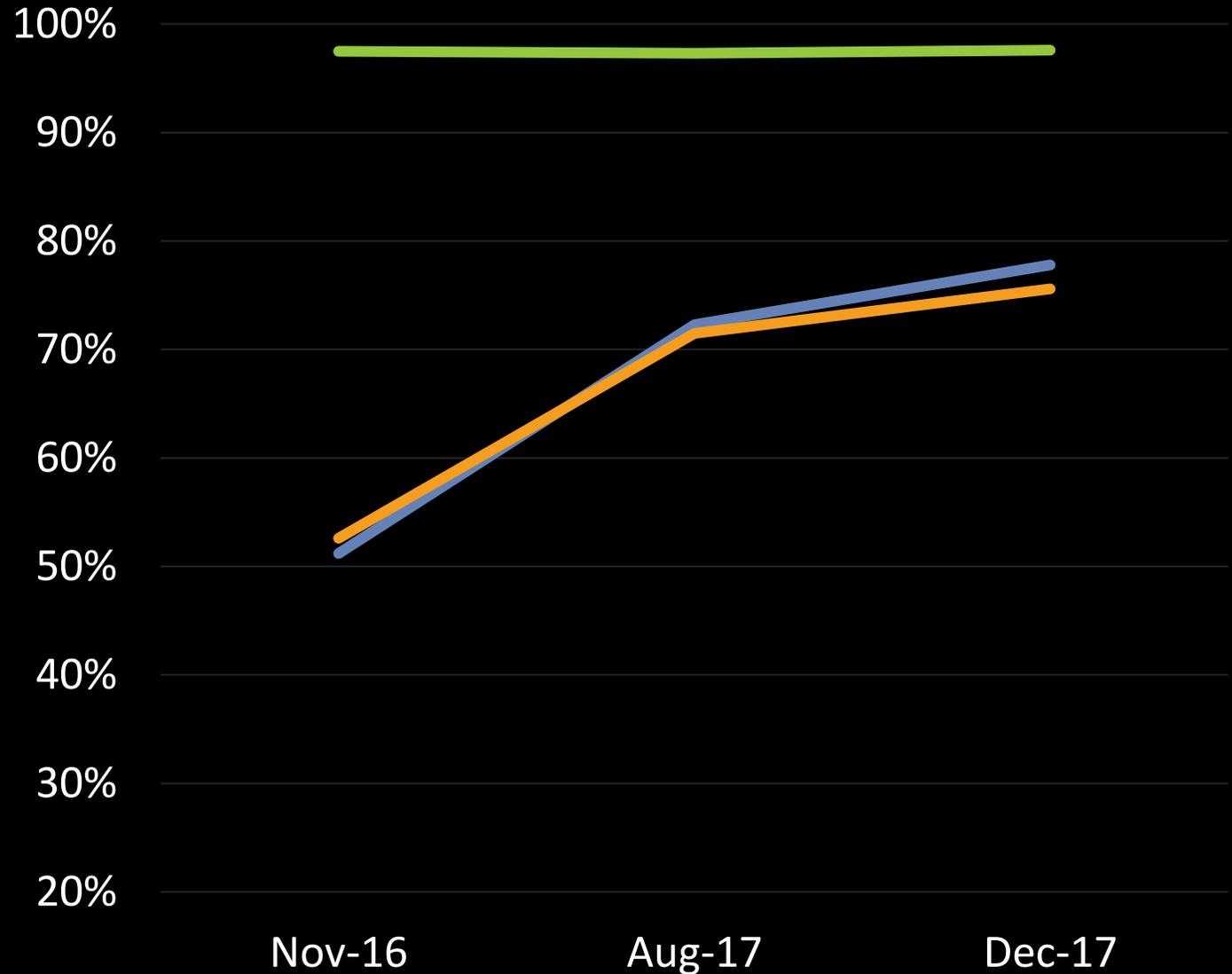
Ending HIV evaluation  
surveys.



# Knowledge of PrEP among GBM

Ending HIV evaluation surveys.

- Condoms are the most effective way to prevent HIV and other STIs
- PrEP is a pill taken by HIV negative people that significantly reduces HIV risk
- PrEP reduces risk of HIV but not STIs



# Conclusions and next steps

For PrEP to play an effective role in New Zealand's HIV response among GBM it must be implemented at scale and supported by Government policy.

PHARMAC, the national drug buying agency, began public funding of PrEP for individuals at high risk of HIV from March 2018. This will further accelerate supply, yet there is still no policy or strategy to support its use. Challenges include workforce capacity in sexual health clinics, lack of PrEP awareness and knowledge among GPs, an overly restrictive list of prescribers who can initiate PrEP, and product pricing that discourages pharmacies from holding stock.

Without urgent action to address these issues, there is continued risk of PrEP being used sub-optimally.

# Thank You

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