Roadmap to Zero

Common sense actions to get New Zealand to zero locally acquired HIV transmissions, by 2030.

Better medicine funding

Background

Modern HIV medicines give people living with HIV significantly better quality of life than what was available 10 or even 5 years ago. In addition to that, pre-exposure prophylactics (PrEP) and post-exposure prophylactics (PEP) are invaluable prevention tools. However, New Zealand is well behind the curve on both.

New Zealand funds fewer medicines than similar countries like Australia, and we take much longer to approve new medicines as well. This Medicines NZ report goes into more detail on the gap between us and peer nations.

Currently PrEP is not funded for short-term visa holders. As we learned with COVID-19, a virus doesn't discriminate and care what visa you hold. Making prevention accessible would reduce transmissions and help us avoid long term costs. We are currently self-funding a trail of PrEP in pharmacies to expand access.

What we want

- Fund the PrEP in pharmacies programme that allows those eligible to procure it without needing to visit their doctor.
- Expand access to PrEP to short-term visitors, tourists, and seasonal workers, because viruses don't care about a visa status.
- Funding for new medicines already available in comparable countries – starting with long-acting injectables like Cabuneva.
- Remove barriers preventing registration and funding of modern HIV medicines in New Zealand.
- Faster approval for new medicines through Medsafe.
- Develop a clear pathway for access to innovative HIV medicines and prevention technologies.

Increase Testing

Background

Last year (2025), almost half (47%) of all HIV diagnoses were late. Often this means people experiencing negative health impacts for years that treatment could have otherwise prevented. Getting people who have contracted HIV on treatment relieves their symptoms and prevents further transmission.

With modern anti-retroviral therapies (ART), the viral load can be reduced to undetectable levels, which means it is untransmittable and cannot be passed on to sexual partner(s). The New Zealand government has signed onto the U=U declaration, officially endorsing this evidence-based principle.

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A typical patient with HIV would incur an estimated lifetime cost of $1,170,000 ($550,000 in present value). The more we test, the earlier the diagnosis, and the lower the risk of further transmission and the associated costs.

What we want

- Make testing for HIV opt-out in Emergency Departments and as part of STI screening.
- Ensure HIV testing services are accessible to people who are not eligible for publicly funded healthcare.
- Increase funding and training for increased testing in community health centres and pharmacies.
- Increase investment in culturally appropriate HIV testing and prevention programmes for Māori, Pacific and migrant communities.

Close the health equity gap for Māori

Background

In 2025, Māori made up 25% of all local HIV diagnoses, while European New Zealanders made up just 21%. This lines up with the trend across our health system where Māori continue to experience disproportionately high HIV infection rates and poorer outcomes across several indicators. Future progress depends on solutions designed by, with and for Māori communities.

What we want

- Support kaupapa Māori HIV services designed, led and implemented by Māori.
- Fund targeted initiatives to improve PrEP access and uptake among Māori communities.
- Continue support for ongoing work on Māori data sovereignty in HIV monitoring and surveillance.

Destigmatise HIV

Background

In the 2024 Kantar survey, 41% of New Zealanders stated they were not comfortable having their food prepared by someone living with HIV, with 37% of people reporting they would not feel comfortable even having a flat mate who has HIV. And 23% of people would not be comfortable shaking hands with someone who has HIV.

Clearly a lot of Kiwis are still unaware of the fact that HIV cannot be transmitted so easily. The Government's decision to support the U=U declaration and the recent launch of the anti-stigma campaign are huge steps in the right direction, but clearly we have a long way to go to change these outdates attitudes.

These attitudes create an environment of shame and fear, which means those at-risk avoid testing, prevention and normalising HIV testing. Reducing stigma improves adherence to treatment, increase testing and most importantly takes away one of the hardest parts of living with HIV.

A real issue right now for people living with HIV is the criminalisation of non-disclosure, even if they are on treatment, meaning they cannot transmit the virus through sexual contact.

What we want

- Ongoing support for current public health marketing campaigns like the recently launched ‘The 80s Calling’, that help educate and reduce stigma.
- Ensure equitable access to peer and mental health support for everyone living with HIV, utilising the national peer support framework developed by all four HIV organisations in 2025, and committing to sufficient and sustainable funding for HIV sector services.
- Use your platform to talk about the latest advancements in HIV management, like U=U, and help remove the fear and prejudice that stems from ignorance.