

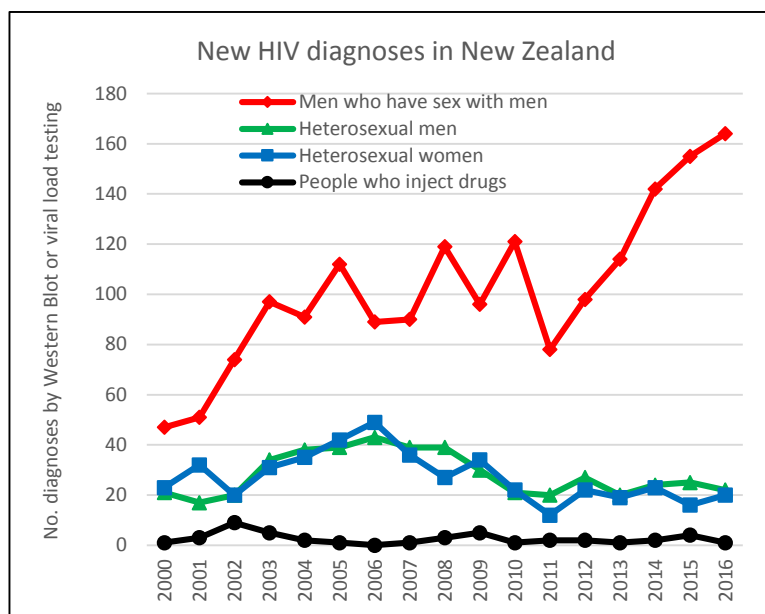
Consensus statement on comprehensive HIV prevention in Aotearoa/New Zealand

National HIV/AIDS Forum 31 May 2017

“The HIV epidemic can be reversed in Aotearoa/New Zealand by implementing effective HIV prevention actions urgently, to scale and in partnership. These include condoms, injecting equipment, prompt HIV treatment on diagnosis, ongoing retention in HIV care, HIV pre-exposure prophylaxis for those most-at-risk, more frequent HIV testing, and thorough STI screening. These actions need to be supported by a capable workforce, surveillance of infection and of behaviours, and the elimination of HIV stigma.”

Introduction

HIV poses a serious threat to public health. In Aotearoa/New Zealand HIV transmission has been relatively well controlled, particularly over the first 15 years of the epidemic. This was due to effective responses based on scientific evidence, timely action, progressive policy and law reform, and partnerships between communities, non-government organisations (NGOs), clinicians and the state. However the current situation is worsening, with 2016 recording the highest annual HIV diagnoses on record.¹ As the annual cost of treating HIV has doubled over 5 years to \$32 million, this calls for urgent, focussed action utilising the latest scientific evidence and renewed partnerships. Members of the National HIV Forum which represents key stakeholders in HIV prevention and care in Aotearoa/New Zealand formally recommend that “comprehensive” HIV prevention be adopted as the national agenda for such responses.



Source: AIDS Epidemiology Group. Includes infections acquired in NZ and overseas.

“Comprehensive” HIV prevention

Comprehensive HIV prevention means:

- using a combination of evidence-informed behavioural, biomedical and structural HIV prevention approaches strategically and simultaneously, as recommended by UNAIDS;²
- initiating these approaches in multiple domains e.g. individual, relationship, community and society;
- **implementing strategies at a sufficient scale to reverse the epidemic.**³

Comprehensive HIV prevention responds to two important developments in HIV prevention science:

- evidence published since 2015 on the early use of HIV antiretroviral therapy (ART) to achieve and sustain viral suppression. This improves the health of people living with HIV⁴ and minimises HIV transmission risks.^{5,6} ART can also be used strategically as pre-exposure prophylaxis (PrEP) to dramatically reduce HIV acquisition among uninfected people;⁷
- mathematical modelling of the large potential impact on HIV transmission at the population-level of increased HIV testing, prompt HIV treatment and PrEP for most-at-risk people.⁸ This includes epidemic reversal if scale-up targets are met.

Comprehensive HIV prevention therefore takes globally established best-practice and focusses national investment towards the realistic goal of reducing HIV incidence.

Actions

Reversing the HIV epidemic will require multiple simultaneous prevention strategies. To focus efforts and invest wisely for maximum impact, the following six priority actions are recommended:

Action	Purpose
(1) Sophisticated promotion of condoms to protect against HIV and STIs during anal and vaginal intercourse, and continuation of needle and syringe exchange programmes	To interrupt HIV and STI transmission
(2) Timely, more frequent and widespread HIV testing by improving access to testing services in clinical and community settings	To reduce the number with undiagnosed HIV infection
(3) HIV antiretroviral treatment to be offered promptly following diagnosis, and ongoing retention in health care, to achieve and maintain an undetectable viral load	To minimise transmission and maximise personal wellbeing of people with confirmed HIV infection
(4) Pre-exposure prophylaxis (PrEP) and quarterly STI screening made available to people without HIV at high risk and unable to sustain behavioural risk reduction	To target the most vulnerable individuals who also play a disproportionate role in onward HIV transmission
(5) Improved access to comprehensive STI vaccination, screening and treatment	To control resurgent STI epidemics and synergistically enhance HIV control
(6) Ongoing surveillance and research into HIV and STI infection and risk behaviours	To enable evidence-based decision making, evaluate progress and prompt agile responses

(Table adapted from [3])

Principles

The full spectrum of public health activity, skills and strategy will be needed to successfully implement these actions:

- these range from individual interventions to policy reform, utilising approaches such as sexuality education, health education, community development, health promotion, harm reduction and social marketing;⁹
- responses should be targeted to most-at-risk populations and their partners, especially men who have sex with men (MSM), migrant communities, people who inject drugs and sex workers;
- services should be inclusive and respect diversity, and recognise the importance of peer-delivered services including Māori-led responses and the involvement of people living with HIV;
- HIV stigma must be challenged to improve the lives of people living with HIV and to motivate engagement in HIV prevention and care;
- health workforce capacity, training and guidelines need to keep pace with demand, especially in specialist sexual health services and primary care;
- new prevention efforts should be carefully crafted and coordinated to minimise risk compensation and to ensure the effects are additive. For example, PrEP should not displace condoms and the outcome should be a net gain (i.e. it prevents more HIV infections).

Leadership

To achieve and sustain this goal, communities, NGOs, clinicians and the Government need to work in partnership. The proposed Sexual and Reproductive Health Action Plan provides an umbrella framework for partnership and this Comprehensive HIV Prevention Consensus Statement complements the Action Plan.

With a common understanding, a shared purpose, a clear roadmap of actions and a commitment to ending transmission the HIV epidemic can once again be reversed in Aotearoa/New Zealand.

¹ AIDS Epidemiology Group. *AIDS – New Zealand*. Issue 76. Dunedin: University of Otago, 2017. <http://dnmeds.otago.ac.nz/departments/psm/research/aids/newsletters.html>

² UNAIDS. *Combination HIV Prevention: Tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections*. Joint United Nations Programme on HIV/AIDS (UNAIDS), 2010.

³ Saxton P, Hughes A, Giola M. HIV prevention today: with coordinated action, we can end transmission. *New Zealand Medical Journal*, 2015; 128 (1426): 8-15.

⁴ The INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. *New England Journal of Medicine*. 2015; 373:795-807.

⁵ Cohen MS, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. *New England Journal of Medicine*. 2016;375:830-9.

⁶ Rodger A, et al. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA*. 2016;316:171-81.

⁷ McCormack S, et al. Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. *The Lancet*. 2016 8;387:53-60.

⁸ Punyacharoenin N, et al. Effect of pre-exposure prophylaxis and combination HIV prevention for men who have sex with men in the UK: a mathematical modelling study. *The Lancet HIV*. 2016; 3:e94-104.

⁹ Hughes A, Saxton P. Thirty years of condom-based HIV prevention among gay men in New Zealand. *New Zealand Medical Journal*, 2015; 128 (1426): 19-30.