

A consensus statement on comprehensive HIV prevention in Aotearoa/New Zealand: How will we monitor progress?

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The authors would like to acknowledge the NZ Sexual Health Society and members of the National HIV Forum in developing the Consensus Statement

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BACKGROUND

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<https://hivconsensus.org.nz/>

"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."

Context

- Rising HIV diagnoses in NZ; rapidly changing HIV prevention toolkit, no high-level policy

Purpose

- Identify if there is consensus within the HIV sector
- Discuss, debate and clarify
- Distil common ground into consensus statement that HIV sector can "point to"
- Demonstrate leadership in the HIV response

Outcome

- Consensus Statement on Comprehensive HIV Prevention in Aotearoa/NZ
- 6 Actions, 6 Principles

Take it to scale, do it now, and do it together

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RESULTS:

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Green= Milestone Orange= Priority

Action	Purpose	Source & Progress
Behaviour change (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	<ul style="list-style-type: none"> • Behavioural surveillance of condom use (GBM) • NZ Health Survey Sexual and Reproductive Health module (Het) • NEP data (PWID)
Prompt HIV diagnosis (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	<ul style="list-style-type: none"> • Behavioural surveillance of HIV testing • Epidemiological surveillance (CD4 count) • HIV prevalence sentinel studies (undiagnosed fraction)
U=U (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	<ul style="list-style-type: none"> • HIV Care Cascade
PrEP (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	<ul style="list-style-type: none"> • PrEP prescriptions • Behavioural surveillance of PrEP awareness, acceptability and uptake
STI control (5) Improved access to comprehensive STI vaccination, screening and treatment	To control resurgent STI epidemics and synergistically enhance HIV control	<ul style="list-style-type: none"> • HPV vaccinations from National Immunisation Registry • ESR surveillance of testing rates and diagnoses
Surveillance (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	<ul style="list-style-type: none"> • Epidemiological, behavioural and clinical surveillance systems and workforce

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U=U (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	<ul style="list-style-type: none"> • HIV Care Cascade <p><i>Universal ART on diagnosis by PHARMAC July 2017</i></p>
PrEP (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	<ul style="list-style-type: none"> • PrEP prescriptions • Behavioural surveillance of PrEP awareness, acceptability and uptake <p><i>PrEP funded by PHARMAC Mar 2018</i> <i>PrEP training resources for primary care</i></p>
STI control (5) Improved access to comprehensive STI vaccination, screening and treatment	To control resurgent STI epidemics and synergistically enhance HIV control	<ul style="list-style-type: none"> • HPV vaccinations from National Immunisation Registry • ESR surveillance of testing rates and diagnoses <p><i>HPV 9-valent vaccines funded for boys and girls to age 26</i></p>
Surveillance (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	<ul style="list-style-type: none"> • Epidemiological, behavioural and clinical surveillance systems and workforce

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Prompt HIV diagnosis (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	<ul style="list-style-type: none"> • Behavioural surveillance of HIV testing • Epidemiological surveillance (CD4 count) • HIV prevalence sentinel studies (undiagnosed fraction) <i>Home HIV testing</i> <i>Ending HIV social marketing of frequent HIV testing, U=U, PrEP and condoms</i> <i>Add sexuality to NHI to interpret HIV testing laboratory data (Submission with MoH)</i>
U=U (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	<ul style="list-style-type: none"> • HIV Care Cascade <i>Universal ART on diagnosis by PHARMAC July 2017</i> <i>Invest in HIV Care Cascade (AIDS Epidemiology Group study in progress)</i>
PrEP (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	<ul style="list-style-type: none"> • PrEP prescriptions • Behavioural surveillance of PrEP awareness, acceptability and uptake <i>PrEP funded by PHARMAC Mar 2018</i> <i>PrEP training resources for primary care</i> <i>Widen access to PrEP prescribers (Submission with PHARMAC)</i>
STI control (5) Improved access to comprehensive STI vaccination, screening and treatment	To control resurgent STI epidemics and synergistically enhance HIV control	<ul style="list-style-type: none"> • HPV vaccinations from National Immunisation Registry • ESR surveillance of testing rates and diagnoses <i>HPV 9-valent vaccines funded for boys and girls to age 26</i> <i>Chronic shortage of Sexual Health Specialists (8 FTE in NZ)</i> <i>Primary care training</i>
Surveillance (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	<ul style="list-style-type: none"> • Epidemiological, behavioural and clinical surveillance systems and workforce <i>Invest in surveillance systems and workforce</i>

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CONCLUSIONS/IMPLICATIONS:

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- Consensus Statement can provide **rational & comprehensive framework** for HIV prevention action, to monitor progress and keep sector accountable
- Significant milestones have been achieved in **policy space (PHARMAC)**
- Urgent priorities include **surveillance systems, sexual health clinical workforce, NGO funding**

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