

TO INNOVATION AND BEYOND: ALTERNATIVE ORAL PrEP SERVICE DELIVERY MODELS AND POLICY, LEGAL, AND REGULATORY CONSIDERATIONS FOR THEIR IMPLEMENTATION IN AUSTRALIA

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Background/Purpose:

HIV pre-exposure prophylaxis (PrEP) has contributed to decreasing HIV diagnoses in Australia, but uptake is lower among some higher-risk populations. Australia can learn from innovative international oral PrEP service delivery models and domestic healthcare models that increase affordability, accessibility, and convenience. We aimed to explore these models and their potential implementation in the Australian policy, legal, and regulatory environment.

Approach:

A narrative review of models was conducted using peer-reviewed and grey literature. The review was conducted iteratively, informed by semi-structured interviews with six subject matter experts. PrEP models were cross-referenced with relevant policies, legislation, and regulations.

Outcomes/Impact:

PrEP models explored included free access to PrEP, task-shifting from medical practitioners to other healthcare workers (e.g. registered nurses, pharmacists, key populations), and new technologies (telehealth, self-sampling kits, and HIV point-of-care tests and self-tests). Some PrEP models require only funding to be implemented or expanded, such as the NSW registered nurse-supplied PrEP program, which is pending implementation; private telehealth PrEP models, whose affordability relies on time-limited Medicare items; and pilot public telehealth PrEP services, which are limited to existing patients at pilot sites using temporary funding arrangements. Policies could be amended to integrate self-sampling kits, or HIV point-of-care tests and self-tests into PrEP models; however, the latter tests are less sensitive than laboratory-based tests for detecting recent infections, and lack Medicare subsidisation. Policies could also be updated to allow 6–12-month PrEP follow-up intervals and 60-day PrEP prescriptions. Pharmacy-led and key population-led healthcare models exist or are being trialled domestically, however integrating PrEP into these models will likely need to be legislated. Any innovative PrEP model should include sufficient training and clinical oversight to ensure quality healthcare delivery.

Innovation and Significance:

Our findings can be used to inform new and innovative PrEP models. They reaffirm and build upon recommendations presented by the federally established HIV Taskforce.

Disclosure of Interest Statement:

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