

Arts & Social Sciences
Centre for Social Research in Health

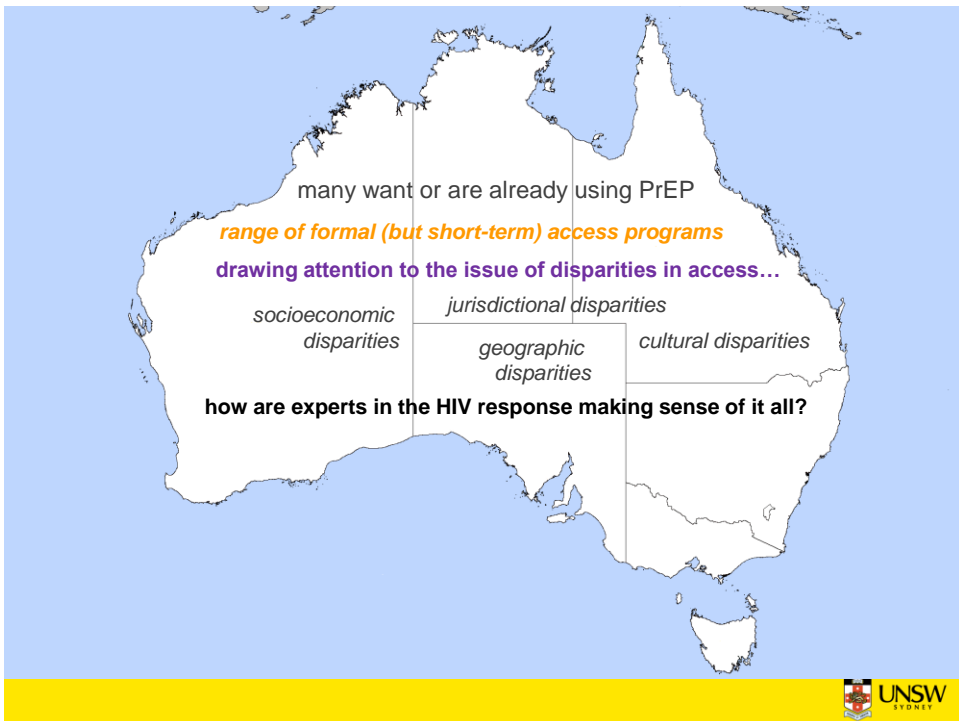


UNSW SYDNEY Australia's Global University

How 'equitable access' is conceptualised by key stakeholders in the Australian HIV response

A/Prof Christy E. Newman and A/Prof Martin Holt
UNSW Sydney, Centre for Social Research in Health

Dr Shana D. Hughes and A/Prof Hong-Ha M. Truong
UCSF, Centre for AIDS Prevention Studies



many want or are already using PrEP


range of formal (but short-term) access programs

drawing attention to the issue of disparities in access...

socioeconomic disparities jurisdictional disparities

geographic disparities cultural disparities

how are experts in the HIV response making sense of it all?



Pilot research: Understanding disparities in PrEP access



- UCSF Centre for AIDS Prevention Studies (CAPS) collaboration
- Qualitative interviews exploring stakeholder views on PrEP access: n=21 face-to-face (13) or phone/skype (8) interviews (May-Aug 2017)
- Interview transcripts deidentified to protect participant confidentiality

Jurisdiction: single state/territory (14) (all but NT represented); national scope (7)

Organisation type: government (11), non-government/community (5), university (5)

Primary responsibilities: policy only (6), clinical (5), research (5), policy and advocacy (3), health promotion (2)

Areas of expertise: HIV/STI/BBV policy/prevention/epidemiology/research, LBGTI health promotion and policy, sexual health medicine, sex work policy/research

Ages: 30s (5), 40s (8), 50s (7), 60s (1)

Gender identities: female or ciswoman (10), male or cisman (11)

Sexual identities: gay (9), heterosexual (6), lesbian (2), queer (2), bisexual (1), NA (1)

Cultural identities: White/Caucasian/Anglo-Australian (14), English-speaking overseas heritage (4); Non-English speaking overseas heritage (3); (No ATSI)

Highest qualification: doctorate (7), masters (6), fellowship (4), bachelor (3), Jurisdoctor (1)



1. Who do these stakeholders think PrEP is for?
2. Why does equitable access to PrEP matter?
3. What does this mean for our ways of working?



Who do these stakeholders think PrEP is for?



Those who *recognise they are at risk and are highly motivated...*

Certainly for men who ... identify as either **gay or bisexual**, who have more than one partner [and] **quite a lot of regular sex with different partners**, we know [it can be] difficult, for a variety of reasons, to always be able to use condoms... or [they] **just don't want to**. So for them, obviously PrEP is gonna make a big difference. (P14: NGO advocate)

Those who are *highly motivated, even if not at high risk...*

PrEP has been targeted to high-risk populations because ... we needed to prove [it] ... could **lead to a big difference**. [But] if there are other reasons for prescribing PrEP, which would include somebody who's [anxious], and **there are many gay men who are almost phobic about sex**, then why not? (P19: researcher)



Who do these stakeholders think PrEP is for?



Those who *would potentially benefit from PrEP, even if they don't know it (yet) and are not easy to reach...*

In **lieu of a universal access** through primary care with a PBS listing, jurisdictions have had to assume the cost burden for creating access to PrEP for at-risk communities. Unfortunately, **the bank isn't endless** [which] has created inadvertent disparities of access. Whilst it's created good access for gay and bisexual men ... the hard work [is in reaching] those communities **who don't find access easy**. So it could be **Aboriginal** [people] who inject drugs. It could be people from **high-prevalence countries, travellers** ... It could be **young people** who are just kind of coming into their kind of sexual lives ... we need to **redirect our efforts** into the future, to ensure that those communities will benefit from access to PrEP as well, and all that that means within **different cultural contexts**. (P11: govt policymaker)



Why does equitable access to PrEP matter?



Because it is *simply good public health practice...*

It's always **the people who need it most, who are the people least likely to get it**. You know, you have to be quite organized ... [But] alcohol and drug issues, difficulty with adherence, all of those issues that put someone at great, at very high risk for HIV, [mean they] probably won't access this sort of service, easily ... [So] there's always gonna be people who are outside, in **those hard-to-reach groups, that are difficult**. (P13: clinician)



Why does equitable access to PrEP matter?



Because it is *strong prevention science*

We do run the risk in this situation of HIV **becoming a real disease of the marginalised...** Gay, community-attached, high-risk men all wanna be on PrEP ... So epidemiologically, then, I think we are interested in the margins. So **equity becomes epidemiology** ... And unless we get [to] those margins, there'll always be new introductions of virus back into the mainstream. (P19: researcher)



Why does equitable access to PrEP matter?



Because it is *fundamental to a partnership approach...*

This is a *real sliding-doors moment for our response to HIV* .. We're all in this together, whether you are an injecting drug user, a woman, a heterosexual man, a gay man, an immigrant, whatever you are, you are deserving ... of the same treatment ... So no, I don't think [PrEP access] is equitable ... [And HIV] will not be eliminated for some. Who those 'some' are, we don't know, but *we can kind of guess where this is going*. (P6: government policymaker)



What does this mean for our ways of working?



Maintaining a *long-term perspective*

[Because] we wanna make sure this is equitable ... we can get a bit down on ourselves that we haven't, sort of, *everything hasn't happened already*. And I just think we have to constantly remind ourselves this is just the *very beginning of PrEP* ... [And] we've got to *resist any urge* that comes from policymakers or funders, or anything, just to say, "Oh yeah, that HIV thing, that's just done now." (P20: researcher)



What does this mean for our ways of working?



Sustaining attention to the needs of *minority populations*

While it absolutely should be made available to anybody who wants it ... It's *part* of the toolkit but it's not *the* answer ... For certain communities, it's just not a practical solution ... This idea that the targets will be met if we get PrEP on the PBS and access to PrEP. And it's like, yeah, well maybe targets may be met for a certain population of men who have sex with men. (P15: NGO policymaker and advocate)



What does this mean for our ways of working?



Lobbying for the *necessary funding and support*

The areas that would have been ... working with disadvantaged populations have been so gutted by *state and federal health cuts*, budget cuts, over the last couple of years, that a lot of those people are ... already working beyond capacity. And *it's a numbers game*. They go, "Well, we agree this should be available and we want it to be available. But we're talking relatively small risk numbers, compared to other things." ... [But] so what if we're talking about a few guys, you know? This is huge and it impacts them for the *rest of their life*. (P14: NGO-based health promotion officer)



What next?



- Views on PrEP access reveals contemporary context of HIV response
- Key principles are being both reaffirmed and challenged right now
- Commitment to supporting access, but frustration in how to achieve this
- Creative solutions required to make HIV prevention accessible to all
- Comparative analysis across settings can inform future directions



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