



## PrEP in Australia: is it equitable now? What is needed?

Andrew Grulich

IUSTI Asia Pacific Sexual Health Congress | 2 November 2018



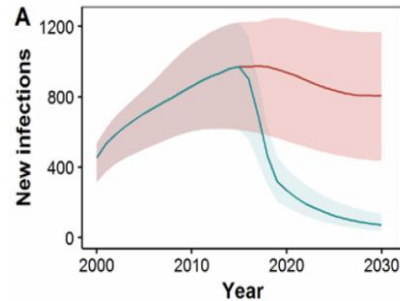
## Why is equity important in the PrEP response?

- **Human rights**
- **Effectiveness of the PrEP response**

## PrEP Effectiveness requires high-level roll-out

Mathematical modelling suggests...

- Target to **high-risk** gay men, aim for **high coverage** (90%), roll-out PrEP **quickly**
- **Herd protection** is a critical part of the population-level effect
- Equity is critical to population-level effectiveness



*Slide courtesy of Richard Gray*

## Equity in PrEP scale-up

- **Equity is required for population-level prevention**
- **A lack of equity will lead to lower than required coverage**
- **Inequity in our HIV response will impair HIV epidemic control**

## Equity in PrEP roll-out, NSW

### Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study

Andrew E Grulich, Rebecca Guy, Janaki Amin, Fengyi Jin, Christine Selvey, Jo Holden, Heather-Marie A Schmidt, Iryna Zablotska, Karen Price, Bill Whittaker, Kerry Chant, Craig Cooper, Scott McGill, Barbara Telfer, Barbara Yeung, Gesalit Levitt, Erin E Ogilvie, Nila J Dharan, Mohamed A Hammoud, Stefanie Vaccher, Lucy Watchirs-Smith, Anna McNulty, David J Smith, Debra M Allen, David Baker, Mark Bloch, Rohan I Bopage, Katherine Brown, Andrew Carr, Christopher J Carmody, Kym L Collins, Robert Finlayson, Rosalind Foster, Eva Y Jackson, David A Lewis, Josephine Lusk, Catherine C O'Connor, Nathan Ryder, Emanuel Vlahakis, Phillip Read, David A Cooper\*, for the Expanded PrEP Implementation in Communities New South Wales (EPIC-NSW) research group

**Lancet HIV 2018**

Published Online

October 17, 2018

[http://dx.doi.org/10.1016/S2352-3018\(18\)30215-7](http://dx.doi.org/10.1016/S2352-3018(18)30215-7)

5

## PrEP prescription in EPIC-NSW

- **State-wide coverage (> 20 clinics)**
  - Concentration in inner gay suburbs, but
  - Rural and outer suburban coverage through publicly funded sexual health services
- **Low cost**
  - PrEP provided free of charge
  - Most clinics consultation free of charge
- **Language**
  - Recruitment materials in English and 6 most common immigrant languages

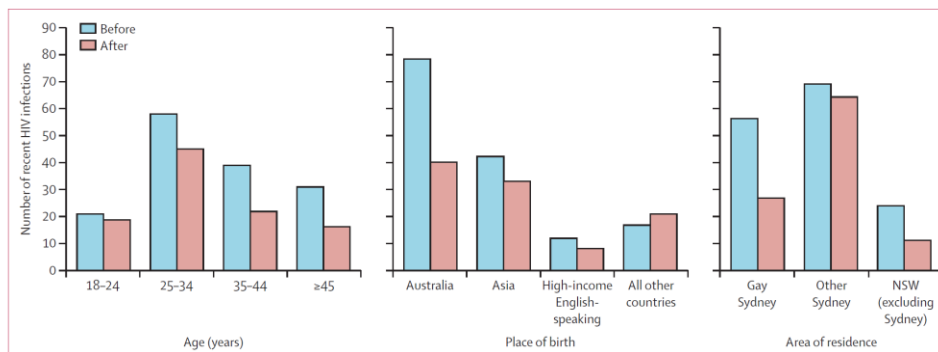
6

## Recruitment characteristics

	Number (%)
<b>Age (years)</b>	
18-24	297 (8%)
25-34	1356 (37%)
35-44	1086 (29%)
≥45	961 (26%)
<b>Gender</b>	
Male	3676 (99%)
Female	1 (<1%)
Transgender, male to female	15 (<1%)
Transgender, female to male	7 (<1%)
Other	1 (<1%)
<b>Sexual identity</b>	
Gay or homosexual	3534 (96%)
Bisexual	149 (4%)
Heterosexual	9 (<1%)
Other	8 (<1%)
<b>Country of birth</b>	
Australia	2057 (56%)
Canada, Ireland, New Zealand, USA, or UK	422 (11%)
Asia	328 (9%)
Europe (excluding UK and Ireland)	155 (4%)
Africa	78 (2%)
South America, Central America, or Caribbean	119 (3%)
Other countries	60 (2%)
Missing	481 (13%)
<b>Area of residence</b>	
Sydney, gay postcodes*	1413 (38%)
Other Sydney	1847 (50%)
Other	423 (11%)
Missing	17 (<1%)

7

## Recent HIV infections declined by 32% state-wide



**Figure 2: Number of recent HIV infections in New South Wales**

Figure shows data for the 12 months before commencement of recruitment to EPIC-NSW (n=149, "before") and the 12 months after the 3700th EPIC-NSW participant was recruited (n=102, "after") by age, country or region of birth, and area of residence. NSW=New South Wales.

8



UNSW Sydney KPMG

## New structural inequalities in HIV prevention

- The new HIV prevention environment demands health literacy and access to health services
- Public funding of PrEP, although critical, is only part of the response
- Education and demand creation with under-served subgroups is required

## **What is needed (1)?**

**Monitoring: ongoing matching of PrEP uptake with data on new HIV infections by**

- **Age**
- **Geographical location**
- **Country of birth**
- **Gay-community attachment**
- **Indigenous status**
- **Transgender**

---

11

## **What is needed (2)?**

**HIV risk is now characterized by a lack of use of highly effective strategies in the medical domain**

- **Nationwide education and demand creation**
- **Attention to marginalized communities**
- **Education of medical practitioners**
- **Sustained long-term commitment**

---

12

## PrEP is part of Combination Prevention

**HOW DO YOU DO IT?**  
CONDOMS PrEP UVL

[TEST OFTEN] + [TREAT EARLY] + [STAY SAFE] = [END HIV]

ENDINGHIV.ORG.AU/YOUCHOOSE

**I DO IT ON THE GO**  
Choosing condoms keeps me healthy and my partner's safe. How do you do it?

**I DO IT WITH MY DOCTOR**  
Knowing I'm undetectable keeps me healthy and my partner's safe. How do you do it?

**I DO IT EVERY DAY**  
Choosing daily PrEP keeps me healthy and my partner's safe. How do you do it?

**I DO IT ALL THE TIME**  
Choosing condoms keeps me healthy and my partner's safe. How do you do it?

**I DO IT DAILY**  
Staying undetectable keeps me healthy and my partner's safe. How do you do it?

**I DO IT WITH MY MOUTH**  
Choosing daily PrEP keeps me healthy and my partner's safe. How do you do it?

ENDINGHIV.ORG.AU/YOUCHOOSE